CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 March 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Annual Plan 2025/26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Shaun Ayres, Deputy Director of Operational Planning and Commissioning Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The report presents the Annual Plan for 2025/26 for consideration and approval by the Board, ahead of onward submission to Welsh Government by 31 March 2025.

Health Boards in Wales are required to produce a Board approved Integrated Medium-Term Plan (IMTP) and submit to Welsh Government for approval. It is a statutory requirement that the IMTP must be financially balanced over the three-year period. However, HDdUHB has been unable to produce a financially balanced plan and consequently does not have an approved IMTP, in breach of our statutory requirements. This is a very serious and unacceptable position for the Board and contributed to the escalation status of the Health Board being raised to Targeted Intervention for the entire organisation on the Welsh Government Joint Escalation and Intervention Arrangements.

Hywel Dda University Health Board (HDdUHB) continues to operate under Targeted Intervention (TI) across four of the six domains of the Welsh Government (WG) oversight and escalation framework: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; and Quality of Care. This reflects significant challenges in performance, service stability and financial management.

Following agreement at the January 2025 Board meeting, HDdUHB wrote to Welsh Government on 19 February 2025, to provide formal notification through an accountability letter that unfortunately the Health Board would again not be in a position to submit a financially balanced IMTP by the end of March 2025 and instead would produce an Annual Plan for 2025/26.

The Annual Plan for 2025/26 represents the second year of the TI programme and establishes a trajectory toward sustainable healthcare delivery. The Health Board is targeting a financial control total of (£31.55m) for 2025/26, representing a significant improvement on the underlying deficit of (£51.1m).

Cefndir / Background

Annual Plan 2025/26

The Annual Plan for 2025/26 builds upon our 2024/25 Annual Plan and our approach to de-escalation against each of the TI domains, which is at the core of the both the approach and formulation of our plan, whilst also responding to the expectations of Welsh Government within the NHS Wales Planning Framework (as set out in the letters of the 20 December 2024 from the Cabinet Secretary for Health and Social Care and the NHS Wales Chief Executive). The Framework identifies the ministerial priorities as:

- Timely access to care
- Population health and prevention
- Building community capacity
- Mental health access
- Women's health

HDdUHB's Annual Plan for 2025/26 has been developed through an iterative, collaborative approach, reflecting both immediate operational needs and longer-term service transformation. This Annual Plan sits within a three-year strategic context, recognising that many challenges, particularly those requiring major workforce or estate reconfigurations, cannot be definitively addressed in a single year. The Health Board has recognised that we are not yet at the stage where a financially balanced Integrated Medium-Term Plan (IMTP) would be possible, so this approach demonstrates progress as an organisation whilst working towards an IMTP.

Alignment with Welsh Government Frameworks

The Welsh Government's Planning and Performance Framework for 2025/28 underpins the Health Board's priorities. The Health Board has mapped each proposed initiative to these national objectives covering timely access, quality improvement, and population health ensuring that near-term actions also support sustainable service transformation. It is important to note, that whilst Targeted Intervention criterion remain the key focus, not all aspects of the latest frameworks are reflected in Targeted Intervention.

Focus on Short-Term Impact and Long-Term Sustainability

In response to current pressures (e.g. waiting times, capacity constraints), directorates have formulated proposed interventions and plans designed to deliver tangible benefits in 2025/26. These include process improvements, targeted recruitment, or temporary solutions such as outsourcing or insourcing. Longer-term aspirations include the shift towards population health, primary care and community, the Health Board's Clinical Services Plan (CSP) and an upcoming strategic refresh, ensuring that any major transformation is informed by appropriate engagement and consultation.

Targeted Intervention (TI) Context

2025/26 marks the second year of the Health Board's two-year journey to meet its Targeted Intervention (TI) requirements. Consequently, the plan emphasises deliverable, high-impact actions that drive performance improvements across key domains, from reducing waiting lists to streamlining emergency care pathways.

Robust Planning and Oversight

Throughout the plan's development, corporate teams (Planning, Finance, Workforce) have worked closely with operational and clinical leads/teams to collectively validate and work through assumptions, align resource requirements, and ensure each proposal is set against realistic baselines. Key forums such as the Integrated Quality, Financial Performance and Delivery Group (IQFPD) Group, Business Executive Team and Directorate Improving Together

sessions provide continuous review and challenge, preventing duplication and maintaining strategic coherence.

In essence, the 2025/26 Annual Plan supports a balance between short-term deliverability (to address urgent capacity and performance issues) and a multi-year vision (to enable substantive, sustainable changes in line with the 'A Healthier Mid and West Wales' strategy and the forthcoming strategic refresh).

The general approach and key considerations in the development of the Plan were presented to the Board during the Board Seminar in February 2025.

Asesiad / Assessment

Planning Objectives and Ministerial Priorities

The Annual Plan is structured around delivery of the ministerial priorities, underpinned by the Health Board's existing ten planning objectives. Delivery of the plan will be overseen through the established business arrangements, specifically three Executive-led groups focused on 'A Healthier Mid and West Wales', Value and Sustainability and Integrated Quality, Finance and Performance Delivery. The revised committee structure will continue to provide Board assurance on progress.

Value and Sustainability

Workforce stabilisation

Building on the success of the Nurse Stabilisation Programme, which has reduced agency reliance and improved care continuity, the Health Board will extend its nurse stabilisation approach to medical, allied health and healthcare science professionals. Key initiatives include:

- Enhancing retention through strengthened staff support programmes, leadership development, and personal growth opportunities
- Implementing Allocate E-Rostering to achieve a 30% reduction in premium locum shifts
- Converting key locum positions to substantive roles through competitive relocation packages and clear career pathways
- Introducing new advanced practitioner roles across multidisciplinary teams
- Embedding operational people planning within quality, safety, performance, risk, and financial frameworks

Performance targets include maintaining 85% compliance in mandatory training and Performance Appraisal and Development Reviews (PADRs), with targeted reductions in absence rates and turnover in identified areas.

Financial Recovery and Route Map

The financial plan for 2025/26 aims to deliver the (£31.55m) control total through a balanced approach to managing cost pressures and generating savings. The assessment of the financial position shows:

- Underlying deficit carried forward from 2024/25 - £51.1m (comprising £24.0m forecast deficit, £17.4m non-recurrent savings, £7.4m net non-recurrent underspends, and £6.7m macro/growth modelling offset by £4.4m recurrent savings)
- Recurrent cost pressures for 2025/26 - £45.6m (including £15.5m inflation, £3.2m volume growth, £14.5m unavoidable commitments, £0.5m pre-commitments, and £11.9m future commitments)
- Required savings - £19.0m recurrent and £25.4m non-recurrent

- Budget allocation from Welsh Government: £21.5m (£19.2m recurrent, £2.3m non-recurrent)

The savings programme will be overseen through the established business arrangements, described above. Areas targeted include non-pay efficiencies, clinical variation, medicines optimisation, and rationalisation of continuing healthcare. Directorate delivery will be supported through the Improving Together approach and the internal escalation framework.

Quality and Performance

Six Goals and the Transformation of Urgent and Emergency Care

The Six Goals programme forms the backbone of urgent care transformation, with performance targets including:

- Reduction in ambulance handovers over 1 hour by an average of 14% (from 974 to 840 monthly) and over 4 hours by 40% (from 295 to 177)
- Reduction in patients waiting over 12 hours in Emergency Departments by 20-30% (from 9-12% to 10% >)
- Reduction in lengths of stay over 21 days by 16.3% (from 367 to 307 patients)
- Reduction in Delayed Pathways of Care by an average of 19% (from 214 to 174)

The plan adopts a whole-system approach across three geographical areas:

- Carmarthenshire - Focusing on reducing length of stay through the Safe Hospital Care programme and embedding SAFER metrics
- Pembrokeshire - Reconfiguring inpatient capacity and expanding community-based prevention through Hospital@Home initiatives
- Ceredigion - Consolidating the Digital Ward within Hospital at Home framework and extending Single Day Urgent Care (SDUC) services

These initiatives directly address concerns highlighted in the June 2024 Getting It Right First Time (GIRFT) report for the three Emergency Departments, particularly around long waits for admission.

Planned Care, Diagnostics and Cancer

This objective encompasses three interrelated service areas:

Planned Care

- Achievement of 100% compliance for patients waiting <52 weeks for new outpatient appointments
- Achievement of 100% compliance for patients waiting <104 weeks from referral to treatment (save for Ophthalmology)
- Achievement of 65% R1 compliance in ophthalmology

The plan responds to the capacity challenges through comprehensive demand and capacity planning, outpatient transformation and theatre optimisation. Particular focus is given to addressing ophthalmology backlogs through expanded intravitreal therapy (IVT) capacity and recruitment of specialist staff for glaucoma services. Finally, a clear gap is recognised around how 104 week breaches for Ophthalmology (Cataracts) can be reduced to zero.

Cancer Services

- Increasing Single Cancer Pathway compliance to 80% by March 2026
- Expansion of the Acute Oncology Service to a seven-day model across all four acute sites
- Refinement of cancer pathways for six tumour sites, including the introduction of Faecal Immunochemical Testing (FIT) for Lower GI pathways and one-stop clinics for gynaecology

Diagnostic Services

- Providing an additional CT scanning capacity for 480 patients per month
- Deploying a mobile MRI service creating capacity for 560 additional patients monthly
- Introducing insourcing for non-obstetric ultrasound for 300 additional scans per month
- Clearing the Single Cancer Backlog Imaging Backlog by September 2025
- Subject to additional funding, clearing 8-week diagnostic breaches
- Implementing a new digital phlebotomy booking service

The diagnostics plan adopts a three-phase transformation approach: immediate backlog clearance in 2025/26, service stabilisation in 2026/27 and service excellence by 2027/28. A recurrent allocation of £3.4m is included to support this programme, with an additional £2M - £2.4M sought from Welsh Government.

Mental Health and Child and Adolescent Mental Health Services (CAMHS)

Key deliverables for mental health services include:

- Maintaining compliance with Mental Health (Wales) Measures, with 80% of adults beginning psychological therapy within 26 weeks by August 2025
- Improving neurodevelopmental assessment performance for children and young people, improving from the current 14.9% starting point
- Implementing an updated learning disabilities service model with a Lead Nurse role and digitised Health Equality Framework (HEF)
- Developing the first phase of a single-entry approach for adult mental health to provide consistent, needs-led support
- The plan includes a directorate-wide workforce strategy to mitigate national shortages in key roles, strengthening leadership pathways and nurse staffing reviews.

A Healthier Mid and West Wales

Clinical Services Plan

The Clinical Services Plan (CSP) programme, approved by the Board in March 2023, aims to address service fragilities and improve healthcare delivery based on principles of safety, sustainability, accessibility, and kindness. Phase 2 (options development and appraisal) was completed in 2024, and the plan for 2025/26 focuses on:

- Quarter 1-2 - Public consultation on service change options for nine services (Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology, and Stroke)
- Quarter 3 - Analysis of consultation feedback and Board decision-making
- Quarter 4 - Commencement of implementation for agreed service changes

The CSP represents a central element of the Health Board's strategy to address fundamental service challenges and establish sustainable clinical models for the future.

Primary and Community Strategic Plan

This planning objective centres on strengthening local healthcare delivery and reducing reliance on secondary care. Key initiatives include:

- Development of a Health Board-approved Primary Care and Community Services Strategic Plan
- Review of Local Enhanced Services to increase scope of service provision, including an Adult Attention Deficit Hyperactivity Disorder (ADHD) monitoring service and expanded women's health specifications
- Implementation of a new NHS Dental Commissioning Plan to improve access to routine care and reduce dependence on urgent services
- Full implementation of the Welsh General Ophthalmic Services (WGOS) framework, supporting the shift of glaucoma filtering/monitoring and other services into primary care
- Review of the Pharmaceutical Needs Assessment to guide community pharmacy's expanded role

These developments are supported by the Primary Care and Community Services Academy, which oversees implementation of funding from the Strategic Programme of Primary Care (SPPC) to strengthen the primary care workforce.

Estates Plans

The Infrastructure Investment Plan brings together capital aspirations across three portfolios:

- Health and Care Strategy implementation - Development of community infrastructure and planning for acute service reconfiguration
- Operational business continuity - Ensuring existing estate remains functional, including fire safety works at Withybush and Glangwili, and major infrastructure investment across all sites
- Business-as-usual capital programme - Allocation of the £10m Discretionary Capital Programme, including £3.96m pre-commitments, £1m contingency reserve, and targeted investments in refurbishment, equipment, and digital infrastructure

The plan is dependent on accessing the Health and Social Care Integration and Rebalancing Capital Fund (IRCF) for key community developments, including the Cross Hands Health and Wellbeing Centre and Carmarthen Hwb.

Digital Plans

The digital transformation programme spans four phases in 2025/26:

- February-May 2025 - Establishing governance frameworks, developing integration architecture, and scoping clinical systems
- May-August 2025 - Validating project charters, advancing data strategy, and designing the Patient Services Centre
- August-November 2025 - Rolling out Patient Flow, eObservations, and ePMA (electronic Prescribing and Medicines Administration) systems, and piloting virtual wards
- November 2025-February 2026 - Completing implementation of eObservations and patient engagement platforms

The plan is supported by a 10-year transformation partnership, providing additional capacity and expertise for complex implementations. It aligns with national digital standards and focuses on creating patient-centred systems that improve clinical workflows and organisational resilience.

Population Health

The population health plan focuses on prevention and addressing wider determinants of health:

- Increasing immunisation rates: HPV vaccination from 78% to 81%, MMR2 by age 5 from 88.2% to 91.2%, and flu vaccination in priority populations by 5%
- Expanding smoking cessation access, ensuring at least 5% of adult smokers attempt to quit, with CO-validated quit rates increasing from 8% to 20%
- Accelerating action to eliminate HIV and Hepatitis B & C through expanded screening and early detection
- Reducing drug-related harm through targeted interventions for at-risk groups
- Developing a Climate Change Adaptation Plan to strengthen health system resilience
- Embedding the Social Model for Health through strengthened community partnerships
- Expanding the prevention workforce through training for Making Every Contact Count

The plan adopts a "20-4-7" model targeting the 20% most deprived areas, addressing four key risk factors (Smoking, Nutrition, Alcohol, Physical Activity) and seven major preventable chronic diseases, with an initial focus on three of these conditions in 2025-26.

Regional Collaboration

The Annual Plan emphasises the importance of regional working to enhance service resilience and efficiency.

Swansea Bay University Health Board Collaboration:

- Focus on clinical service priorities including orthopaedics, eye care, diagnostics, cancer, and pathology
- Development of a regional wellbeing economy prioritising human, social, planetary, and economic wellbeing

Mid Wales Collaboration:

- Clinical priorities for 2025/26 including urology, rheumatology, dermatology, and pathways impacted by strategic service changes
- Social care priorities including residential children's accommodation, delayed pathways of care, and Welsh Community Care Information System (WCCIS)
- Rural Health and Care Wales workplan supporting preventative measures and social models of health

Risk Assessment and Mitigation

The Health Board recognises several material risks to the Annual Plan delivery:

Financial Sustainability

- **Risk** - Non-delivery of the £43.5m savings requirement (£19m recurrent, £24.5m non-recurrent)
- **Mitigation** - Three Executive-led oversight groups, active performance management, and regular benefits realisation reviews

Workforce Challenges

- **Risk** - Recruitment difficulties, particularly in specialist roles, and high turnover rates
- **Mitigation** - Competitive relocation packages, development of "grow your own" pipelines and enhanced retention strategies

Estate Infrastructure

- **Risk** - Ageing facilities, backlog maintenance and limitations on service expansion
- **Mitigation** - Prioritisation of capital expenditure, innovative use of existing space, and exploration of alternative delivery models

Operational Performance

- **Risk** - Non-achievement of access targets due to capacity constraints or demand fluctuations
- **Mitigation** - Detailed demand and capacity planning, continuous performance monitoring and escalation processes through the Improving Together framework and new Clinical Care Group structures

Service Fragility

- **Risk** – Further deterioration in vulnerable services due to workforce or infrastructure limitations
- **Mitigation** - Clinical Services Plan implementation, regional collaboration, and targeted investment in priority areas (Radiology)

Final Considerations

When viewed in its entirety, the HDdUHB Annual Plan for 2025/26 represents an ambitious improvement programme across all domains of Health Board activity. Rather than pursuing isolated improvements in selected areas, this plan addresses a number of challenges facing the Health Board including financial recovery, service transformation, workforce stability, digital modernisation and population health; recognising that sustainable improvement requires comprehensive change.

The plan's ambition becomes more apparent when understood in context: these improvements are targeted against a backdrop of increasing system pressures and in some cases deteriorating trends. In urgent and emergency care, planned care and radiology, our trajectories represent significant progress when measured against the likely deterioration that would occur without intervention. We are not simply seeking to improve upon last year's performance, but to actively reverse negative trends driven by multifaced issues and an increased demand for a number of key services.

Our financial approach exemplifies this ambition - targeting delivery of the £31.5m WG control total deficit represents a substantial improvement against an underlying position of £51.1m that would otherwise grow further. Similarly, our workforce stabilisation programme aims not just to maintain current staffing levels but to fundamentally transform our approach to recruitment, retention and sustainable deployment across all professional groups.

The introduction of Clinical Care Groups represents not merely an organisational restructure, but a reimagining of how services are led and integrated. Our digital transformation programme, regional collaborations and service reconfigurations, including vital diagnostic developments like the CT Sims project with Swansea Bay UHB, demonstrate our determination to create systemic, lasting change, rather than short-term fixes.

What makes this plan truly distinctive is not the ambition within any single area, but the collective scale of ambition being pursued simultaneously across all domains. The interdependencies between planning objectives create a reinforcing network of improvements that, taken together, provide a credible pathway toward de-escalation from Targeted

Intervention. Naturally, there are inherent risks associated with an improvement programme of this scale and the report highlights the key areas for Board consideration.

In summary, this Annual Plan represents one of the most comprehensive and ambitious programmes of work undertaken by the Health Board. It balances pragmatic recognition of our starting position with challenging but realisable aspirations for improvement, creating a roadmap that addresses both immediate performance challenges and long-term sustainability. The commitment to deliver this level of progress across all aspects of our Health Board demonstrates our determination to provide high-quality, sustainable healthcare for the communities we serve.

Argymhelliad / Recommendation

The Board is asked to:

- **RECOGNISE** that the financial plan for 2025/26 meets the Welsh Government Target Control Total but does not deliver against our breakeven duty; and recognise that this will mean that the Health Board is in breach of its statutory duty and will consequently receive a qualified regularity opinion.
- **AUTHORISE** that the Accountable Officer writes to Welsh Government that the Board's decision to approve a plan that does not meet the statutory requirements represents a novel or contentious action
- **APPROVE** the submission of the Annual Plan to Welsh Government, in line with the NHS Wales Act 2006, which mandates Health Boards to develop plans to improve the health of the population, improve the quality of healthcare services and integrate health and social care planning; whilst recognising that the financial deficit of the Health Board remains unacceptable as noted above.
- **APPROVE** the Long-Term Agreement (LTA) financial values for 2025/26 as detailed in the appendix of the Annual Plan:
    - Total LTA Commissioned Value: £199,227,388
    - Total LTA Provider Value: £23,997,525
    - Formally acknowledge a £400k JCC financial Variance to plan
- **APPROVE** the Continuing Healthcare (CHC) and Funded Nursing Care (FNC) financial values for 2025/26 as detailed in the appendix of the Annual Plan, with a total uplift cost of £4,650,909.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Planning Steering Group Public Board January 2025 Board Seminar February 2025 Strategic Development and Operational Delivery Committee (SDODC) Sustainable Resources Committee (SRC) People, Organisational Development and Culture Committee (PODCC)

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

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Healthier lives, well lived

Thriving teams | **Healthier communities** | **Great care** | **Positive futures**

Hywel Dda University Health Board Annual Plan 2025/26

Welcome to our 2025/26 Annual Plan

I am delighted to present Hywel Dda University Health Board's Annual Plan for 2025/26. As I reach the end of my first full year as Chief Executive Officer, I am immensely proud of what we have accomplished together and optimistic about our path forward.

This Annual Plan marks a significant milestone for our organisation. Having recently been substantively appointed as Chief Executive, I am committed to building upon the solid foundations established in recent years whilst driving the transformational changes needed to secure our future.

Our plan for 2025/26 is ambitious yet pragmatic. It confronts our significant challenges directly while establishing a path toward sustainable, high-quality healthcare for the communities we serve. We have made considerable progress over the past 12 months, particularly in stabilising our nursing workforce, reducing waiting times and improving our financial position.

The recognition of our improvement journey through the Cabinet Secretary's recent decision to de-escalate us further confirms the positive trajectory we are on. I am delighted to confirm that four key areas: Child and Adolescent Mental Health Services, Planned Care, Governance and Leadership have all moved from targeted intervention to enhanced monitoring status (Level 4 to Level 3). This external validation highlights the tangible impact of our collective efforts, though we remain focused on addressing the areas still requiring improvement and further improving on our successes to date.

The past year has demonstrated that focused, structured planning can drive real change, from reducing patients waiting over 104 weeks for treatment to strengthening nursing workforce stability through both local and international recruitment. However, we recognise that much work remains to achieve our vision of "Healthier lives, well lived."

Our approach combines addressing immediate operational priorities with advancing our longer-term strategic vision. We remain committed to the principles of our "A Healthier Mid and West Wales" strategy while recognising that deeper structural changes are needed to secure sustainable services for our population.

The plan outlines clear priorities and measurable targets across urgent and emergency care, planned care and diagnostics, mental health, workforce stabilisation and financial recovery. It also introduces our new Clinical Care Group leadership structure, which will place decision-making closer to patients and clinicians, creating greater accountability and enabling more responsive service delivery.

I want to acknowledge the extraordinary commitment of our 12,000 staff members who continue to deliver compassionate care despite significant pressures. Their dedication inspires us daily and reinforces my belief that together, we can overcome the challenges we face.

While we operate within financial constraints, we remain focused on quality improvement, innovation, and transforming care pathways. Our commitment to working in partnership with patients, communities, staff and our broader public sector colleagues also underpins everything we do.

I am confident that this Annual Plan provides a robust framework for improvement in 2025/26. By working collectively toward our shared goals, we will continue building a healthcare system that provides safe, sustainable, and high-quality services and improved health and well-being for the people of Carmarthenshire, Ceredigion, and Pembrokeshire, and those from Mid Wales that rely upon us.

Thank you for your continued support as we embark on this next chapter of our journey together.

Professor Phil Kloer, Chief Executive Officer
Hywel Dda University Health Board

Contents of our 2025/26 Annual Plan

How to read our plan

Our plan is divided into four main parts:

- **Section 1** provides an overview of our organisation and our approach to the 2025/26 Annual Plan
- **Section 2** focuses on how we will address our key priorities for 2025/26, including the Ministerial priorities and our Planning Objectives
- **Section 3** deals with other elements critical to enabling the plan
- **Section 4** is an overview of how we will deliver the plan through our Targeted Intervention (TI) de-escalation framework

The plan is supported by the Ministerial Templates, a number of technical documents and the Minimum Dataset.

Section 1: Context and approach

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hywel Dda University Health Board

Hywel Dda University Health Board (HDdUHB) is the planner and provider of NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties. Our 12,000 members of staff provide primary, community, in-hospital, mental health and learning disabilities services to just over 400,000 people across a quarter of the landmass of Wales. We do this in partnership with our three local authorities and public, private and third sector colleagues, including our volunteers, through:

- Four main hospitals: Bronglais General in Aberystwyth, Glangwili General in Carmarthen, Prince Philip in Llanelli and Withybush General in Haverfordwest.
- Five community hospitals: Amman Valley Hospital and Llandovery Hospital in Carmarthenshire, Tregaron Hospital in Ceredigion and Tenby and South Pembrokeshire Hospital Health and Social Care Resource Centre in Pembrokeshire.
- Two integrated care centres (Aberaeron and Cardigan, Ceredigion).
- Community facilities, including:
    - 46 General Practices (GP surgeries), 38 Dental Practices, 97 Community Pharmacies (chemists), 43 General Ophthalmic Practices (including eye health and low vision services), 9 Ophthalmic Domiciliary providers, 38 sites providing mental health and learning disability services, care within your own homes
- Highly specialised and tertiary services commissioned by the Joint Commissioning Committee and by Hywel Dda ourselves.

Introduction

As a Health Board we have a statutory duty to develop a three-year plan (an Integrated Medium-Term Plan, IMTP) to deliver care and support the health of our population within the resource envelope provided by Welsh Government (WG). Since its formation the Health Board has regrettably never been able to submit an IMTP, primarily due to our inability to break-even. This is a breach of our statutory duty and therefore an unacceptable position for ourselves and WG.

This along with other issues has contributed to the Health Board being in Targeted Intervention (TI) across all six domains of the WG oversight and escalation framework, reflecting significant challenges across key performance areas, service and workforce fragilities and a substantial financial deficit.

As Hywel Dda enters Year 2 of TI with growing evidence that dedicated focus and structured planning can drive real change. Over the past year, several service areas have seen important gains, from a steep reduction in patients waiting over 104 weeks for treatment to improved nursing stability through a blend of local and international recruitment. These achievements reflect targeted efforts to combine day-to-day operational fixes such as enhanced scheduling and clearer pathways for follow-up appointments with broader strategic goals, including the shift towards community-based care for both elective and unscheduled services.

Despite this progress, TI remains necessary. Not all targets have been reached or sustained, and the Health Board continues to face significant pressures in urgent care, planned care, diagnostic capacity, and financial control. Nonetheless, the positive outcomes of the last 12 months suggest that the Board can, and should, advance a more ambitious agenda in the second year of TI, as outlined in its new annual plan within a three-year plan context.

Although progress has been made in controlling variable pay and meeting targeted savings schemes, Hywel Dda still carries a substantial financial deficit, preventing it from submitting a fully approved three-year IMTP. Alongside improvement performance, the Health Board is expected to demonstrate credible progress toward financial balance by 2027/28, including working to a £31.55m control total for 2025/26.

Navigating these cost pressures means prioritising investments in areas that will generate the strongest returns, from digital prescribing systems that reduce medication errors to reconfigured community hospitals that unlock capacity in busy acute sites. The Board's longer-term route map to financial recovery also underscores the need for ongoing service change—particularly around consolidating acute services where necessary and channelling more resources into prevention and community-based pathways, which can lower recurrent hospital costs over time

The decision to frame the 2025/26 plan within a three-year horizon reflects the reality that quick operational improvements need to be backed up by deeper, structural change. While the Board's immediate goals such as clearing 52-week outpatient waits, improving urgent care handovers, and moving closer to 80% on the Single Cancer Pathway are challenging on their own, they form part of a roadmap designed to bring lasting gains to patients and staff.

Much hinges on integrating plans across different domains: workforce, finances, clinical models, and digital transformation. By ensuring each improvement links up coherently rather than creating isolated, short-lived fixes the Board aims to sustain the gains of Year 1 TI, deal head-on with the remaining bottlenecks, and embed the type of best practice that will see Hywel Dda leave TI in a stronger position. Ultimately, demonstrating consistent improvements over the next 12 months will be central to building trust with communities, WG, and staff themselves that the Health Board is truly on a path to long-term success.

Development of the Plan

Dynamic Initiation and Collaborative Workshops

From October 2024, our Health Board set the stage for the 2025/26 Annual Plan with a series of interactive workshops that brought together clinical leaders, operational managers, finance teams, and workforce planners. These sessions were characterised by dynamic, cross-disciplinary exchanges where a multitude of skills and perspectives converged. Participants not only identified immediate operational challenges such as waiting times and capacity constraints but also articulated longer-term ambitions, including innovative care models and estate reconfigurations. The energy in the room, fuelled by peer-to-peer discussions, ensured that every proposal was rigorously challenged and refined, setting a strong foundation for the plan.

Iterative Drafting and Triangulation of Plans

Between December 2024 and January 2025, directorates developed initial draft proposals that captured a wide range of ideas and insights. These drafts were collated and scrutinised in structured "check-and-challenge" sessions, where inputs from different parts of the Health Board were integrated. This robust triangulation process harnessed the collective expertise of different teams, ensuring that proposals were realistic, financially viable, and operationally sound. Although not every suggestion was incorporated, the dynamic

exchange of ideas enriched our final plan and highlighted potential avenues for future improvement.

Rigorous Governance and Iterative Refinement

The planning process was supported by a strong governance framework, with regular Board seminars and committee reviews providing high-level oversight. Continuous engagement with senior leadership and stakeholders ensured that every refinement was aligned with our strategic priorities and the WG's performance and planning framework 2025/28. This iterative process allowed us to continuously adjust and improve the plan, ensuring that clinical quality, safety, and patient outcomes remained at the forefront of our decision-making.

Consolidation and Final Approval

In the final phase, from February to March 2025, each directorate finalised their key metrics and milestones, which were then consolidated into a comprehensive plan. This stage, marked by thorough validation and final review sessions, ensured that the plan met our financial control target of £31.55m for 2025/26 and set a clear trajectory towards sustainable, long-term improvements. The plan will be formally endorsed at the Public Board meeting in March 2025 before submission to WG, cementing the collective efforts of our Health Board in addressing immediate challenges and laying the groundwork for future progress.

A Continuous and Collaborative Journey

The development of the 2025/26 Annual Plan demonstrates the Health Board's commitment to an inclusive, transparent, and revised planning process. While the plan has reached this stage through extensive input and robust review, we recognise that effective planning is an ongoing process. On-going workshops, regular review sessions, and open dialogue will remain essential as we refine and adapt our operational and corporate plans throughout the year. This approach ensures that the benefits of strong planning are visible across the organisation and that we remain responsive to emerging challenges and opportunities. By embracing a continuous planning mindset, we are not only delivering immediate improvements but also building a resilient foundation for the future of mid and west Wales

2025/26 Annual Plan Priorities

Value and Sustainability

Workforce stabilisation

Building on the success of the Nurse Stabilisation Programme, which has reduced agency reliance and improved care continuity, the Health Board will extend its Nurse stabilisation approach to medical, allied health and healthcare science professionals. Key initiatives include:

- Enhancing retention through strengthened staff support programmes, leadership development, and personal growth opportunities
- Implementing Allocate E-Rostering to achieve a 30% reduction in premium locum shifts
- Converting key locum positions to substantive roles through competitive relocation packages and clear career pathways
- Introducing new advanced practitioner roles across multidisciplinary teams

- Embedding operational people planning within quality, safety, performance, risk, and financial frameworks
- Performance targets include maintaining 85% compliance in mandatory training and Performance Appraisal and Development Reviews (PADRs), with targeted reductions in absence rates and turnover in identified areas.
- Interventions Not Normally Undertaken (INNUs) / Evidence Based Intervention (EBI)

INNU/EBI Procedures

Welsh Government is developing an updated policy on Interventions Not Normally Undertaken (INNU) and Evidence-Based Interventions (EBI), focusing on a top 10 list of procedures. Once finalised, HDdUHB will adopt and implement this policy. In the meantime, the Health Board have identified our own top 10 procedures for local oversight. These have been agreed upon by our clinical teams and will be closely monitored to ensure compliance with INNU/EBI criteria. We will track activity, review appropriateness, and align with best practice to ensure clinical and financial sustainability. Once the WG policy is confirmed, we will integrate any additional national requirements into our approach.

Financial Recovery and Route Map

The financial plan for 2025/26 aims to deliver the (£31.55m) control total through a balanced approach to managing cost pressures and generating savings. The assessment of the financial position shows:

- Underlying deficit carried forward from 2024/25 - £51.1m (comprising £24.0m forecast deficit, £17.4m non-recurrent savings, £7.4m net non-recurrent underspends, and £6.7m macro/growth modelling offset by £4.4m recurrent savings)
- Recurrent cost pressures for 2025/26 - £45.6m (including £15.5m inflation, £3.2m volume growth, £14.5m unavoidable commitments, £0.5m pre-commitments, and £11.9m future commitments)
- Required savings - £19.0m recurrent and £24.5m non-recurrent
- Budget allocation from Welsh Government: £22.4m (£20.1m recurrent, £2.3m non-recurrent)
- The savings programme will be overseen through the established business arrangements, specifically three Executive-led groups focused on "A Healthier Mid and West Wales", Value and Sustainability, and Integrated Quality, Finance and Performance Delivery. Areas targeted include non-pay efficiencies, clinical variation, medicines optimisation, and rationalisation of continuing healthcare. Directorate delivery will be supported through the Improving Together approach and the internal escalation framework.

Quality and Performance

Demonstrating quality consideration in strategic decision making

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduced the duty of quality. As a Health Board, we are dedicated to fulfilling this duty through quality-focused decision-making and planning, aiming to achieve better outcomes for everyone receiving care in our services.

In 2025/26, we will ensure that quality impacts are considered in all our strategic decisions by strengthening our quality management system approach and utilising the health and care quality standards as a guide.

Six Goals and the Transformation of Urgent and Emergency Care

The Six Goals programme forms the backbone of urgent care transformation, with performance targets including:

- Reduction in ambulance handovers over 1 hour by an average of 14% (from 974 to 840 monthly) and over 4 hours by 40% (from 295 to 177)
- Reduction in patients waiting over 12 hours in Emergency Departments (EDs) by 20-30% (from 9-12% to 10% >)
- Reduction in lengths of stay over 21 days by 16.3% (from 3306 to 2767 patients)
- Reduction in Delayed Pathways of Care by an average of 19% (from 214 to 174)

The plan adopts a whole-system approach across three geographical areas:

- Carmarthenshire - Focusing on reducing length of stay through the Safe Hospital Care programme and embedding SAFER metrics
- Pembrokeshire - Reconfiguring inpatient capacity and expanding community-based prevention through Hospital@Home initiatives
- Ceredigion - Consolidating the Digital Ward within Hospital at Home framework and extending Single Day Urgent Care (SDUC) services

These initiatives directly address concerns highlighted in the June 2024 Getting It Right First Time (GIRFT) report for the three Emergency Departments, particularly around long waits for admission.

Planned Care, Diagnostics and Cancer

This objective encompasses three interrelated service areas:

Planned Care

- Achievement of 100% compliance for patients waiting <52 weeks for new outpatient appointments
- Achievement of 100% compliance for patients waiting <104 weeks from referral to treatment (save for Ophthalmology)
- Achievement of 65% R1 compliance in ophthalmology

The plan responds to the capacity challenges through comprehensive demand and capacity planning, outpatient transformation and theatre optimisation. Particular focus is given to addressing ophthalmology backlogs through expanded intravitreal therapy (IVT) capacity and recruitment of specialist staff for glaucoma services. Finally, a clear gap is recognised around how 104 week breaches for Ophthalmology (Cataracts) can be reduced to zero.

Cancer Services

- Increasing Single Cancer Pathway compliance to 80% by March 2026
- Expansion of the Acute Oncology Service to a seven-day model across all four acute sites
- Refinement of cancer pathways for six tumour sites, including the introduction of Faecal Immunochemical Testing (FIT) for Lower GI pathways and one-stop clinics for gynaecology

Diagnostic Services

- Providing additional CT scanning capacity for 480 patients per month
- Deploying mobile MRI services creating capacity for 560 additional patients monthly
- Introducing insourcing for non-obstetric ultrasound for 300 additional scans per month
- Implementing a new digital phlebotomy booking service
- Introducing Electronic Prescribing and Medicines Administration (EPMA)

The diagnostics plan adopts a three-phase transformation approach: immediate backlog clearance in 2025/26, service stabilisation in 2026/27 and service excellence by 2027/28. A recurrent allocation of £3.4m is included to support this programme, with an additional £2m sought from Welsh Government.

Mental Health and Child and Adolescent Mental Health Services (CAMHS)

- Maintaining compliance with Mental Health (Wales) Measures, with 80% of adults beginning psychological therapy within 26 weeks by August 2025
- Improving neurodevelopmental assessment performance for children and young people, improving from the current 14.9% starting point
- Implementing an updated learning disabilities service model with a Lead Nurse role and digitised Health Equality Framework (HEF)
- Developing the first phase of a single-entry approach for adult mental health to provide consistent, needs-led support
- The plan includes a directorate-wide workforce strategy to mitigate national shortages in key roles, strengthening leadership pathways and nurse staffing reviews.

A Healthier Mid and West Wales

Clinical Services Plan

The Clinical Services Plan (CSP) programme, approved by the Board in March 2023, aims to address service fragilities and improve healthcare delivery based on principles of safety, sustainability, accessibility, and kindness. Phase 2 (options development and appraisal) was completed in 2024, and the plan for 2025/26 focuses on:

- Quarter 1-2 - Public consultation on service change options for nine services (Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology, and Stroke)
- Quarter 3 - Analysis of consultation feedback and Board decision-making
- Quarter 4 - Commencement of implementation for agreed service changes

The CSP represents a central element of the Health Board's strategy to address fundamental service challenges and establish sustainable clinical models for the future.

Primary and Community Strategic Plan

This planning objective centres on strengthening local healthcare delivery and reducing reliance on secondary care. Key initiatives include:

- Development of a Health Board-approved Primary Care and Community Services Strategic Plan
- Review of Local Enhanced Services to increase scope of service provision, including an Adult ADHD monitoring service and expanded women's health specifications
- Implementation of a new NHS Dental Commissioning Plan to improve access to routine care and reduce dependence on urgent services
- Full implementation of the Welsh General Ophthalmic Services (WGOS) framework, supporting the shift of glaucoma filtering/monitoring and other services into primary care
- Review of the Pharmaceutical Needs Assessment to guide community pharmacy's expanded role

These developments are supported by the Primary Care and Community Services Academy, which oversees implementation of funding from the Strategic Programme of Primary Care (SPPC) to strengthen the primary care workforce.

Estates Plans

The Infrastructure Investment Plan brings together capital aspirations across three portfolios:

- Health and Care Strategy implementation - Development of community infrastructure and planning for acute service reconfiguration
- Operational business continuity - Ensuring existing estate remains functional, including fire safety works at Withybush and Glangwili, and major infrastructure investment across all sites
- Business-as-usual capital programme - Allocation of the £10m Discretionary Capital Programme, including £3.96m pre-commitments, £1m contingency reserve, and targeted investments in refurbishment, equipment, and digital infrastructure

The plan is dependent on accessing the Health and Social Care Integration and Rebalancing Capital Fund (IRCF) for key community developments, including the Cross Hands Health and Wellbeing Centre and Carmarthen Hwb.

Digital Plans

The digital transformation programme spans four phases in 2025/26:

- February - May 2025 - Establishing governance frameworks, developing integration architecture, and scoping clinical systems
- May - August 2025 - Validating project charters, advancing data strategy, and designing the Patient Services Centre
- August - November 2025 - Rolling out Patient Flow, eObservations, and ePMA systems, and piloting virtual wards
- November 2025 - February 2026 - Completing implementation of electronic observations and patient engagement platforms

The plan is supported by a 10-year transformation partnership, providing additional capacity and expertise for complex implementations. It aligns with national digital standards and focuses on creating patient-centred systems that improve clinical workflows and organisational resilience.

Population Health

The plan focuses on prevention and addressing wider determinants of health:

- Increasing immunisation rates: raising HPV coverage from 78% to 80%, MMR2 from 88% to 90%, and flu vaccination rates for priority populations by 3%, using rolling averages for monitoring.
- Expanding smoking cessation access, ensuring at least 5% of adult smokers attempt to quit, with CO-validated quit rates increasing from 8% to 20%
- Accelerating action to eliminate HIV and Hepatitis B & C through expanded screening and early detection
- Reducing drug-related harm through targeted interventions for at-risk groups
- Developing a Climate Change Adaptation Plan to strengthen health system resilience
- Progress embedding the Social Model for Health through strengthened community partnerships
- Expanding the prevention workforce through training for Making Every Contact Count

The plan adopts a "20-4-7" model targeting the 20% most deprived areas, addressing four key risk factors (Smoking, Nutrition, Alcohol, Physical Activity) and for 2025/26 focusing on at least three of the seven major preventable chronic diseases.

Regional Collaboration

The Annual Plan emphasises the importance of regional working to enhance service resilience and efficiency.

Swansea Bay University Health Board Collaboration:

- Establishment of a Joint Committee to provide leadership for regional planning and delivery
- Focus on clinical service priorities including orthopaedics, eye care, diagnostics, cancer, and pathology
- Development of a regional wellbeing economy prioritising human, social, planetary, and economic wellbeing

Mid Wales Collaboration:

- Clinical priorities for 2025/26 including urology, rheumatology, dermatology, and pathways impacted by strategic service changes
- Social care priorities including residential children's accommodation, delayed pathways of care, and Welsh Community Care Information System (WCCIS)
- Rural Health and Care Wales workplan supporting preventative measures and social models of health

Risk Assessment and Mitigation

The Health Board recognises several material risks to the Annual Plan delivery:

Financial Sustainability

- Risk - Non-delivery of the £43.5m savings requirement (£19m recurrent, £24.5m non-recurrent)
- Mitigation - Three Executive-led oversight groups, active performance management, and regular benefits realisation reviews

Workforce Challenges

- Risk - Recruitment difficulties, particularly in specialist roles, and high turnover rates

- Mitigation - Competitive relocation packages, development of "grow your own" pipelines and enhanced retention strategies

Estate Infrastructure

- Risk - Ageing facilities, backlog maintenance and limitations on service expansion
- Mitigation - Prioritisation of capital expenditure, innovative use of existing space, and exploration of alternative delivery models

Operational Performance

- Risk - Non-achievement of access targets due to capacity constraints or demand fluctuations
- Mitigation - Detailed demand and capacity planning, continuous performance monitoring and escalation processes through the Improving Together framework and new Clinical Care Group structures

Service Fragility

- Risk – Further deterioration in vulnerable services due to workforce or infrastructure limitations
- Mitigation - Clinical Services Plan implementation, regional collaboration, and targeted investment in priority areas (Radiology)

Final Considerations

When viewed in its entirety, the HDdUHB Annual Plan for 2025/26 represents an ambition improvement programme across all domains of Health Board activity meeting our commitment to improving quality through safe, timely, effective, efficient, equitable and person-centred care. Rather than pursuing isolated improvements in selected areas, this plan tackles a number of challenges facing the Health Board including financial recovery, service transformation, workforce stability, digital modernisation and population health; recognising that sustainable improvement requires comprehensive change.

The plan's ambition becomes more apparent when understood in context: these improvements are targeted against a backdrop of increasing system pressures and in some cases deteriorating trends. In urgent and emergency care, planned care and radiology our trajectories represent significant progress when measured against the likely deterioration that would occur without intervention. We are not simply seeking to improve upon last year's performance, but actively improve quality of care reversing negative trends driven by multifaced issues and an increase demand for a number of key services.

Our financial approach exemplifies this ambition - targeting delivery of the £31.5m WG control total deficit represents a substantial improvement against an underlying position of £51.1m that would otherwise grow further. Similarly, our workforce stabilisation programme aims not just to maintain current staffing levels but to fundamentally transform our approach to recruitment, retention and sustainable deployment across all professional groups.

The introduction of Clinical Care Groups represents not merely an organisational restructure but a reimagining of how services are led and integrated. Our digital transformation programme, regional collaborations and service reconfigurations, including vital diagnostic developments like the CT Sims project with Swansea Bay University Health Board, demonstrate our determination to create systemic, quality focussed, lasting change rather than short-term fixes.

What makes this plan truly distinctive is not the ambition within any single area, but the collective scale of ambition being pursued simultaneously across all domains. The interdependencies between planning objectives create a reinforcing network of improvements that, taken together, provide a credible pathway toward de-escalation from Targeted Intervention. Naturally, there are inherent risks associated with an improvement programme of this scale and the paper highlights the key areas for Board consideration.

In summary, this Annual Plan represents one of the most comprehensive and ambitious programmes of work undertaken by the Health Board. It balances pragmatic recognition of our starting position with difficult but realisable aspirations for improvement, creating a roadmap that addresses both immediate performance challenges and long-term sustainability. The commitment to deliver this level of progress across all aspects of our Health Board demonstrates our determination to provide high-quality, sustainable healthcare for the communities we serve.

An overview of the past year 2024/25

Our workforce

- We stabilised our nursing workforce through a combination of “grow your own” programmes and international nurse recruitment
- We recruited and started 42 new apprentices
- Implemented a successful multi-disciplinary simulation training strategy
- Delivered of over 140 bilingual school engagement sessions
- Continued to strengthen our work to identify and offer support to unpaid carers of all ages, including our staff who have a caring role.
- Increased the percentage of staff who have an up-to-date PADR from 75% in March 2024 to 83% in January 2025
- Increased our range of leadership development tools and programme
- Provided a wide range of occupational health and wellbeing support programmes to staff, including a *Recovery in Nature* programme
- Undertaken 222 equality impact assessments and delivered 57 equality, diversity and inclusion training sessions
- Had 20% of our workforce (2,397 staff) responding to the 2024 NHS staff survey
- Had 187 volunteers logging 10,500 volunteering hours

Access and patient flow

- We consistently met the 80% target for children and adults to receive their first mental health assessment within 28 days
- Following the introduction of group sessions for psychological therapies, we increased the percentage of people seen within the nationally agreed timeframe of 26 weeks, from 49% in March 2024 to 66% in December 2024
- The number of people waiting for a new outpatient appointment is now at the lowest level since May 2021 and we are on track to ensure no one is waiting over 52 weeks for their first outpatient appointment by 31st March 2025
- We have been working hard to reduce the number of patients waiting over 104 weeks from referral to treatment with 98.5% of patients now waiting less than 104 weeks. We are on track to achieve no patients waiting over 104 weeks across all specialities by 31st March 2025, with the exception of orthopaedics where we will have fewer than 100 patients waiting over 104 weeks (reduced from 1,458 for all specialties in March 2024)
- The money we spend each month on agency pay has significantly reduced from 4.5% of our total expenditure in March 2024 to 1.9% in January 2025
- Additional recovery funding from WG has enabled us to undertake more activity, including 527 more orthopaedic procedures, 371 more cataract procedures and 600 additional MRIs
- There has been a reduction in the number of patients staying in hospital >21 days
- The number of suspected cancer patients waiting over 14 days for their first outpatient appointment and over 28 days for a diagnostic test has reduced significantly
- Despite all the pressures the health board has faced in 2024/25, we have continued to meet the 90% target for patient satisfaction throughout. This is a tribute to the hard work and dedication of our staff

Service sustainability

- Substantial financial challenges remain, however we have delivered in excess of £30m of savings and will deliver our financial control total at the end of March 2025
- Agency costs, discharge delays and configuration are the most significant drivers of additional costs
- The clinical services plan (CSP) programme has been reviewing the sustainability of some of our key services and phase three (public consultation) is due to begin in May 2025
- This is also linked to a refresh of our Strategy ‘A Healthier Mid and West Wales’, partly in response to changing capital assumptions, post-pandemic pressures, and the time elapsed since the current strategy was drafted and approved
- Temporary service changes are in place for the Minor Injuries Unit in Prince Philip, and Paediatric Inpatient Provision at Bronglais
- Further service changes are anticipated to ensure sustainability and improved quality of care

Engagement

- Clinical Service Plan: Engagement continued with staff and patients to develop options for how nine clinical services could be delivered in future, ahead of public consultation, launching in late spring 2025
- Prince Philip Hospital Minor Injuries Unit: Prior to the temporary change in opening hours of the Minor Injuries Unit at Prince Philip Hospital in November 2024, information and early engagement was held with the population of Llanelli and surrounding area that included a public drop-in event and meetings with local town and community councils. Early engagement in the options development process was carried out in early 2025
- Primary and Community Care Strategic Plan: Engagement activity in autumn 2024 sought community input for the next stage of the strategic plan development. It also informed communities about Primary Care and Community services available
- Public Engagement for Tregaron Hospital: A four-week engagement period took place, including an in-person event, online webinar and stakeholder meetings, to assess impact of closing nine beds at Tregaron Hospital
- St. David's Surgery General Medical Services Resignation: A six-week engagement period assessing the impact of dispersing patients to nearby GP surgeries was completed, involving, in-person drop-in sessions and in-person meetings
- Llanelli Phlebotomy Services: A public engagement period took place in spring 2024, including a local drop-in event, to assess the impact on patients to the moving of services from the Antioch Centre to the Mass Vaccination Centre at Dafen, Llanelli
- Bronglais Chemotherapy Day Unit: engagement with service users and staff on how the future unit should look and feel to patients
- Continuous engagement by the Community Development Outreach Team who engage with seldom heard groups on a regular basis across our three counties

Our estate

- We continued the programme in relation to RAAC at Withybush Hospital to ensure safe infrastructure for our clinical services.
- Significant investment has continued at both Withybush and Glangwili Hospitals in relation to Fire Safety
- Community Developments continue to progress with particular progress with Carmarthenshire County Council on Pentre Awel and Carmarthen Hwb and the Cross Hands Health and Wellbeing Centre at the Final Business Case stage
- The Health Boards total capital spend in 2024/25 is projected to be circa £42.5m on a range of capital projects which include estates, digital and medical and diagnostic equipment priorities.

Quality of care

- We have increased the number of nurses and healthcare support workers in the community, which has enabled us to provide over 2,400 additional home visits
- We have introduced 7-day community care cover for palliative patients across Carmarthenshire, Ceredigion and Pembrokeshire
- We have had a 50% reduction in nationally reported incidents
- We have increased the proportion of complaints investigated and settled within 30 working days from 63% in 2023/24 to 77% in April 2024 - January 2025
- The National Paediatric Diabetes Audit concluded Hywel Dda to be the best performing health board in Wales

Achievements during 2024/25

As we reflect on 2024/25, we are proud to highlight some of the key achievements of our teams. These accomplishments are a testament to the unwavering dedication of our workforce, their innovation and commitment to improving the health and wellbeing of the population we serve across Carmarthenshire, Ceredigion and Pembrokeshire.

In 2024, the Health Board achieved several significant milestones and accomplishments:

- Autism Understanding Status: Hywel Dda became the first health board in Wales to achieve 'Autism Understanding' status.
- Partnerships in Technology Enabled Care (TEC) Award Hywel Dda, in collaboration with Llesiant Delta Wellbeing, received the 'Partnerships in TEC' award at the ITEC Awards 2023.
- Robot-Assisted Surgery Clinical Trial: Hywel Dda commenced the first clinical trial in Wales utilizing surgeon-guided robots for hip and knee replacement surgeries.
- The official opening of our £25.2m maternity and neonatal facilities at Glangwili
- Megan Ware, a Learning Disability Children's Community Nurse was awarded the 'Dame Elizabeth Fradd Memorial Prize for Outstanding Achievement' by the Queen's Nursing Institute.
- Our Maternity services won at both the NHS Wales and HSJ Patient Safety Awards
- The wards at Withybush affected by RAAC (Reinforced Autoclaved Aerated Concrete) were able to re-open.
- Our nursing team were recognised with two winners and one runner up at this year's Royal College of Nurses (RCN) Wales Nurse of the Year Awards.
- A number of our services were recognised as part of the Investors in Carers awards
- Other awards recognised have included a pathway to improve prostate cancer diagnosis; and support around sensory loss.
- The Willow Garden at Withybush, a peaceful, green space offering a sanctuary in nature for patients, staff and visitors away from the busy hospital environment was opened
- We appointed an Acute Kidney Injury (AKI) nurse specialist – the first role of its kind in Wales.
- Cerys Brown, a healthcare apprentice at Glangwili Hospital won the New Talent Award at the Coleg Cymraeg Annual Award.
- Carys Davies, a Senior Midwife and Neonatal lead at Gwenllian Maternity Ward was awarded the British Empire Medal (BEM).
- We officially launched our Arts and Health Charter – the first of its kind in Wales.

Our Strategic Direction / Strategic Refresh

Strategic Refresh of the A Healthier Mid & West Wales Strategy

Following extensive staff and public engagement in 2018, our long-term Health and Care strategy “A Healthier Mid & West Wales” (AHMWW) was established with the clear objective of placing people and communities at the heart of our healthcare model. The strategy marked a deliberate shift from a hospital-based model to one that emphasises wellness, prevention and care provided closer to home. While the original vision remains valid, the passage of time, delays in capital investment, and the substantial impacts of the recent Covid-19 pandemic necessitate a considered review of our route to realising these aspirations.

Reviewing Our Strategic Direction

Recent experience has underscored a number of critical challenges that demand a renewed focus. An ageing population and a rise in long-term conditions have led to growing pressures on both primary and secondary care. In addition, our over-reliance on hospital services has become increasingly unsustainable given current trends. There is also a recognised need to further develop our digital capabilities and community-based services, so that our preventative initiatives are both comprehensive and responsive. Workforce instability and an ageing infrastructure further amplify these challenges. By re-examining our strategic direction in this context, we aim to adapt our approach so that it is aligned with today’s realities and positioned to meet future demands.

Demographic and Economic Context

It is essential to acknowledge that West Wales faces significant demographic shifts. The ageing population and the associated increase in long-term health conditions, combined with broader economic and societal challenges requires a healthcare model that is both resilient and sustainable. These factors underpin the need for a strategic refresh that not only addresses current operational challenges but also anticipates future demand. By ensuring our services are equipped to respond to these demographic changes, we are positioning ourselves to deliver improved population health outcomes over the long term.

Core Principles and Proposed Transition

Building on the enduring principles of the original AHMWW strategy, the refresh is designed to refine our approach while preserving our core commitments. Our guiding principles remain steadfast -

- Wellness Over Illness - Transitioning to a model that prioritises preventive care and supports long-term wellbeing
- Social Model for Health - Embedding a social model that recognises the importance of community networks and support systems
- Empowerment Through Technology - Harnessing digital solutions to enable citizens to remain independent and maintain their health within their own homes
- Modernised Infrastructure - Investing in the renewal (or upgrading) of our facilities to address the challenges of an ageing estate and ensure service sustainability
- Resilient Acute Services - Consolidating acute services to bolster resilience and maintain high standards of care

In this refresh, we will also review our purpose, vision, values, and strategic objectives to ensure they are fully aligned with contemporary needs. This includes re-assessing the timing and sequence of our delivery plans, revising interim strategies, and re-evaluating proposals - such as the location for new facilities - to ensure every component supports our overarching vision.

Alignment with National Priorities and Digital Innovation

Our refreshed strategy is firmly aligned with Welsh Government priorities, including the commitment to 'A Healthier Wales'. Central to this alignment is the drive to leverage digital transformation and innovation. By integrating advanced digital tools such as enhanced electronic health records, artificial intelligence, and predictive analytics we aim to foster a more proactive, data-driven approach to healthcare for our population. This innovation will not only support the transition to a prevention-focused model but will also streamline service delivery and improve overall patient outcomes.

Integration with Broader Initiatives

The strategic refresh is designed to complement and integrate with our wider planning efforts. The outcomes from our Clinical Services Plan and the Primary and Community Strategic Plan will be integral to shaping this refreshed strategy. These initiatives provide essential insights into operational realities and future service requirements. By aligning the refresh with these broader programmes, we ensure that resource allocation, risk management, and service design are coherent and mutually reinforcing. This integrated approach enhances our ability to manage, ensuring that every decision contributes to a sustainable and responsive healthcare system.

Public Engagement and Ongoing Consultation

At the heart of our strategic refresh is a commitment to transparency and inclusivity. Recognising that our public population is central to our service delivery, we will continue to engage and consult with communities, patients, and stakeholders throughout this process. Their feedback is invaluable in shaping a strategy that is both responsive and reflective of local needs. The Health Board remains dedicated to serving and supporting the public, and this refresh will build on our history of extensive consultation to ensure that the future model of care genuinely reflects community aspirations.

Conclusion

The strategic refresh represents a thoughtful and necessary evolution of our long-standing AHMWW strategy. By addressing key challenges from demographic shifts and economic pressures to the imperative for digital transformation and enhanced public engagement we are ensuring that our approach remains both relevant and robust. This refresh is not a radical departure from our established vision; rather, it is a pragmatic update designed to enhance operational efficiency, stabilise services and improve the quality of care delivered to our communities.

Through this comprehensive review and integration with wider initiatives, we reaffirm our commitment to building healthier communities across Mid and West Wales. With clear, evidence based decision-making and a focus on continuous improvement, the refreshed strategy lays the foundation for a resilient, future-ready healthcare system that meets both current and emerging needs. In doing so, we ensure that every aspect of our service is geared towards delivering better health outcomes and a more sustainable future for the region.

Establishing Clinical Care Groups - Our New Operational Governance Approach

We are introducing a new Clinical Care Group (CCG) model to create a more integrated, patient-focused structure that ensures consistency and clarity in how services are planned, delivered, and monitored. Each CCG will have a senior leadership "triumvirate" (spanning managerial, medical, and nursing roles) that is accountable for service quality, performance, workforce (people), and financial matters. This structure aims to strengthen local ownership of care pathways while retaining robust Health Board-wide oversight of strategic priorities and risks.

Crucially, the CCG model recognises that true improvement must be driven by those best placed to understand the opportunities and pressures within a service. By placing decision-making authority closer to clinical teams, we intend to create an environment where innovation can flourish, and where operational adjustments can be made swiftly in response to emerging challenges.

Integrated Governance at the Core

Each CCG will establish an Integrated Governance Group (IGG), underpinned by defined terms of reference and standard agendas. These Groups will meet every two weeks to examine:

- Planning, Performance, and People (including financial performance and workforce metrics)
- Quality, Health, and Safety

This fortnightly rhythm ensures that the CCG leadership can actively manage day-to-day operational issues, celebrate local achievements, and escalate any larger concerns as needed. To maintain alignment across the Health Board:

- CCG IGGs will report to the Integrated Quality, Finance & Performance Delivery Group (IQFPDG), which is responsible for bringing together all relevant data on performance, quality, finance, and workforce from across the organisation
- In addition, the Clinical Care Groups will provide assurance, as directed, to the Health Board's assurance Committees and Sub-Committees. For example, each CCG will be required to provide assurance on their quality governance arrangements to the Quality, Safety and Experience Sub-Committee (QSESC) through the submission of a Clinical Care Group Quality Assurance Report twice a year

Through this structured approach, local staff are empowered to address problems rapidly, but also have a clear path to draw upon the Health Board's broader expertise and resources.

Clear Reporting and Meeting Rhythms

A key component of this governance model is a well-coordinated meeting schedule that synchronises local discussions with the overarching Health Board timetable. By sequencing fortnightly IGG sessions around topics of planning, performance, finance, people, quality, and health & safety, CCGs can ensure:

- Timely Submission of Action Notes - Each CCG IGG circulates highlights, achievements, and items requiring further input ("Alert, Advise, Assure") to the IQFPDG, which meets in a complementary fortnightly cycle.
- Avoidance of Duplication - A single, clear set of IGG action notes minimises the risk of confusion or repeated reporting, while giving the IQFPDG a unified view of each CCG's operational status.

- Proactive Issue Resolution - By reviewing local data early in the month, CCGs have the chance to address potential underperformance or budget variances before they escalate to a larger organisational concern.

For staff working in or across multiple CCGs, this consistent rhythm provides predictability and helps them understand where to direct questions or concerns, thus reducing administrative burden and enhancing focus on front-line care.

Tailored Terms of Reference and Standard Agendas

To support this new structure, we have developed:

- Model Terms of Reference - Outlining each IGG's responsibilities around performance management, risk assessment, financial accountability, and quality improvement. Membership typically includes the Service Director, Associate Medical Director, Assistant Director of Nursing, and leads for patient safety, finance, and workforce ensuring a comprehensive perspective on all major issues.
- Standard Agendas - Providing a clear template for IGG meetings, ensuring consistent coverage of essential topics. These agendas help leaders prioritise day-to-day business while still giving appropriate space to discuss emerging topics or urgent risks.
- Action Note Templates - Including fields for "Alert, Advise, Assure" reporting, allowing each CCG to highlight areas needing immediate Executive attention, signal appropriate action is being taken to respond to a developing challenge, or confirm robust local control of routine operations.

By standardising these processes, we minimise variability between CCGs and encourage a shared organisational culture where transparency and accountability are the norm. Ultimately, this framework makes it easier for staff to navigate governance requirements, while freeing them to concentrate on innovative service improvements and patient care.

Aligning with the Health Board's Wider Assurance System

Although CCGs will handle the majority of operational issues, some matters inevitably require broader organisational or Board-level attention. Through the IQFPDG, such items can be escalated to the relevant committee or sub-committee for assurance or discussion.

This multi-layered framework reinforces the principle that local teams are best placed to address routine challenges; but can quickly draw upon specialist advice or Board-level decision-making when a situation grows in complexity or scale.

Supporting the Transition

Recognising that directorates and specialties will need to adapt to the new model, we have developed a Standard Operating Procedure/Framework that provides practical guidance on:

- Leadership Roles - Clarifying the responsibilities of Service Directors, Associate Medical Directors, Assistant Directors of Nursing, and other leadership posts within each Care Group.
- Escalation Processes - Explaining how local issues should be flagged and resolved, and the points at which they should be referred to IQFPDG or other Health Board forums.

- Capacity Building - Offering training and support so that staff understand how to use new reporting templates, manage action notes, and plan effectively for IGG meetings.

We appreciate there may be a transitional period where older directorate-based structures overlap with the new CCGs. However, we are committed to ensuring that staff can navigate this shift smoothly. Over time, references to directorates in our plans will be phased out, replaced by the more clinically coherent CCG labels. The end goal is a consistent, well-understood system that makes it easier for teams to deliver high-quality, person-centred services without unnecessary administrative complexity.

Summary

By moving to Clinical Care Groups, we aim to streamline governance, empower local leadership, and enhance the visibility of both successes and challenges. With regular Integrated Governance Group meetings feeding into the IQFPDG, and onward to the relevant committees, we ensure that decision-making is both agile and informed by the Health Board's collective expertise.

This model is about more than just a change of structure it represents a commitment to continuous improvement, where quality, safety, people, and financial performance are viewed as interconnected pillars of excellent patient care. Over the coming months, we will refine these processes in partnership with clinical teams, ensuring each CCG is well-equipped to deliver on our strategic, planning and organisational objectives, manage risks proactively, and respond effectively to the needs of our communities. Through these steps, we anticipate a more dynamic, transparent, and responsive organisation, capable of meeting the evolving challenges of modern healthcare.

Section 2: Our key priorities for 2025/26 (incorporating the Ministerial priorities)

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planning objectives 2025/26

Our existing planning objectives (below), aligned to the WG Planning Framework, Ministerial Priorities and TI requirements, will initially continue into 2025/26. Following the revision of our purpose statement and strategic objectives, the planning objectives will be refreshed through quarter one, aligned to Chief Executive and Executive Director objective setting. Additional areas to be considered as part of this include the strategic refresh and a focus on transforming 'customer' service.

Value and sustainability		
Planning objective 1	Happy healthy workforce ensuring equality, diversity and inclusion	Critical enabler
Planning objective 2	Financial recovery and route map	Statutory duty
Quality and performance		
Planning objective 3	Six goals and the transformation of urgent and emergency care	Ministerial priority
Planning objective 4	Planned care, diagnostics and cancer	Ministerial priority
Planning objective 5	Mental health and child and adolescent mental health services (CAMHS)	Ministerial priority
A Healthier Mid and West Wales		
Planning objective 6	Clinical services plan	TI requirement
Planning objective 7	Primary and community strategic plan	Ministerial priority
Planning objective 8	Estates plans	Critical enabler
Planning objective 9	Digital plans	Critical enabler
Planning objective 10	Population health	Ministerial priority

Ministerial priorities

Our planning objectives incorporate the delivery of the Ministerial Priorities. The table below shows how they align:

Ministerial Priority	Planning Objective(s)
Timely Access to Care	PO4 – Planned care, diagnostics and cancer PO6 – Clinical Services Plan
Population Health and Prevention	PO10 – Population Health
Building Community Capacity	PO3 – Six goals and the transformation of urgent and emergency care PO7 – Primary and community strategic plan
Mental Health Access	PO5 – Mental health and CAMHS
Women's Health	PO4 – Planned Care, diagnostics and cancer
All Ministerial Priorities are underpinned by Planning Objectives: PO1 – Happy healthy workforce ensuring equality, diversity and inclusion PO2 – Financial recovery and route map PO8 – Estates plans PO9 – Digital plan	

Timely Access to Care

Planned Care, Cancer and Diagnostics (including radiology, pathology and medicines management)

Planned Care

By the end of 2025/26 for Planned Care we will have:

- Achieved 100% compliance for patients waiting <52 weeks for new outpatient appointments
- Achieved 100% compliance for patients waiting <104 weeks from referral to treatment (save for Ophthalmology)
- Achieved 65% R1 compliance in ophthalmology

The Planned Care priorities for 2025/26 present a focused approach to addressing service challenges through targeted operational improvements and pathway redesign. By concentrating efforts on priority areas identified in our TI framework; while pursuing efficiency improvements across all services, we will deliver sustainable enhancements in referral-to-treatment (RTT) and Diagnostic pathways.

Our approach directly addresses the Planning Framework 2025/28 requirements for operational efficiency in theatre utilisation and planned care optimisation, supporting both immediate performance improvement and longer-term sustainability. Regular performance monitoring through established governance arrangements will ensure resources are deployed effectively to enhance patient care, meet Welsh Government performance expectations (insofar as is reasonably possible) and progress toward meeting the TI de-escalation criteria.

The 2025/26 financial year represents an important foundation for sustainable service improvement and more timely access to care. While performance improvements are expected in several areas during this period, the full benefits of service transformation will develop over the medium term as new care models and workforce solutions are implemented in alignment with our three-year planning framework.

Overview

As we continue our post-COVID-19 pandemic recovery efforts, our Planned Care services have achieved considerable progress in reducing the volume of patients who have experienced the longest waiting times, supported by a strong clinical focus on effective demand management and assessment, modernisation of outpatient pathways, effective waiting list management practices, and incremental improvements in the optimisation of theatre utilisation. Notwithstanding the progress achieved, we recognise that waiting times for our population remain far too long, and there is much more to be done to recover access times to pre-pandemic levels and beyond.

The Welsh Government's performance framework for 2025/28 establishes clear expectations, including zero patients waiting more than 52 weeks for new outpatient appointments, zero patients waiting more than 104 weeks for RTT, and a reduction in the number of patients waiting beyond their target date for follow-up appointments compared to the previous year. Our TI framework specifically requires 100% compliance for three consecutive months for both the 52-week new outpatient and 104-week referral-to-

treatment standards, as well as 80% of open pathways waiting less than 52 weeks for three consecutive months.

Many of our Planned Care & Diagnostic services face considerable sustainability challenges as we enter 2025/26 and require systemic solutions if we are to maintain the rate of improvement already seen and consistently achieve our TI de-escalation commitments. We continue to experience workforce constraints across several specialties and support functions, infrastructure limitations particularly within theatre environments, and the operational complexity of delivering services across four geographically dispersed sites. While the Clinical Services Plan provides a medium-term strategic framework, we must implement immediate improvements and solutions during 2025/26 to sustain the progress made to date.

Outpatient Transformation

We remain on course to achieve a maximum 52-week waiting time for first outpatient appointments, and our total outpatient waiting list is at its lowest level in four years. We have all but eliminated total waits for treatment greater than two years, with the vast majority of our specialties now in recurrent demand-and-capacity balance. Our clinical teams have embraced new approaches to effective care, with over 70,000 patients now managed via SoS/PIFU pathways, supported by a focused approach to administrative and clinical validation and appropriate prioritisation of patients.

To continue reducing total pathway waiting times to pre-pandemic levels or beyond, further transformation is needed. Our improvement programme priorities include monitoring DNA/CNA rates for every outpatient clinic and adjusting scheduling for rates above 5%, fully implementing Clinical Implementation Network (CIN) follow-up criteria (both prospectively and for established follow-up waiting lists), further expanding patient-initiated follow-up (PIFU) and see-on-symptom (SOS) approaches, and carefully evaluating Community Health Pathways to better manage patient demand. Collectively, these measures align with the WG Performance Framework requirement to reduce the number of patients waiting more than 100% overdue for follow-up appointments compared to the previous year and the TI requirement to reduce this number to below 9469.

Demand and Capacity Management

Our approach is founded on comprehensive demand-and-capacity planning, aligning resources with clinical priorities. Building on the capability developed over recent years, all planned care specialties have engaged in detailed demand-and-capacity analyses, with assumptions tested against modelling data and productivity improvements. Each specialty has been challenged to deliver additional efficiency through optimised clinical templates, reductions in clinical variation, and pathway refinements that maximise available capacity.

This methodology is crucial for moving from current performance levels (averaging 96% for 52-week new outpatient appointments and 98.1% for 104-week RTT) to achieving 100% compliance with national targets (compliance for three consecutive months is required by our TI framework). For 2025/26, our modelling suggests a potential delivery gap of 619 patients for Stage 1 (52-week new outpatient) in ENT and Rheumatology if no additional solutions are found, and 3,301 patients for Stage 4 (104-week RTT) in Ophthalmology, Dermatology, Gynaecology, and Urology.

Addressing Stage 1 and Stage 4 Breaches Within Current Resources

Within our existing planned care recovery monies, we have set out a course of action to tackle virtually all Stage 1 and Stage 4 breaches. These include the potential 619 gap in ENT and Rheumatology at Stage 1 and the 1044 overall shortfall in Stage 4 (excluding Ophthalmology). However, Ophthalmology remains the single most challenging specialty in Stage 4, with 2,387 patients forming the bulk of the 3,431 gap, particularly for cataracts.

To manage the significant Ophthalmology backlog, the Board has identified a supplementary need. While 2,387 is the number of patients, the estimated cost required to deliver the necessary cataract work (including outsourcing and/or in-house capacity expansion) is anticipated to be in the region of £3 million. This figure exceeds what we can cover within current planned care allocations. Nonetheless, for all other specialties mentioned above, the existing recovery funding is sufficient to deliver the needed improvements in Stage 1 and Stage 4 pathways set out within the Planning and Performance Framework expectations.

Neurophysiology Commitment Within Existing Plan

Neurophysiology services particularly Electromyography (EMG), Nerve Conduction Studies, and EEGs have been affected by consultant changes, workforce constraints, and delayed diagnostics. We have reviewed the capacity shortfall and confirm that the Neurophysiology commitment can be met within the existing planned care recovery resources. This includes procuring specialist support and developing longer-term solutions to ensure patients requiring diagnostic investigations receive appropriate and timely intervention in 2025/26.

Theatre and Endoscopy Optimisation

Over the last year, we have made incremental improvements in utilisation of theatre and endoscopy services, surpassing pre-COVID-19 inpatient and day-case volumes. Nonetheless, infrastructure constraints, workforce challenges, and capacity limitations persist. Building on our 2024/25 gains, the Board will maintain a Planned Care Improvement Programme targeting:

- 90% protected planned care capacity by the end of Q1 2025/26
- Fewer than 20% late starts and 10% early finishes by March 2026
- Overall session utilisation of 85% by March 2026
- Expansion of day surgery rates to 70% from April 2025 and 80% by June 2025

R1 Ophthalmology - Context and Rationale (IVT & Glaucoma)

The Health Board is firmly focused on improving R1 performance in Ophthalmology, R1 focuses on patients who, if their target review date is missed, are at risk of irreversible harm or significant adverse outcomes including irreversible sight loss. Our commitment is to achieve 65% R1 compliance for at least three consecutive months. This is an ambitious but realistic goal that will enhance patient safety and deliver essential progress toward the longer-term national standard of 95%.

Intravitreal Therapy (IVT) Expansion

A key driver of improved R1 performance is the expansion of intravitreal therapy (IVT). By increasing the number of non-medical injectors, ensuring adequate drug supplies, and refining patient scheduling, we can treat a significantly higher volume of high-risk individuals in a timely and consistent manner. This will result in fewer serious adverse events, a more consistent injection schedule, and improved clinical outcomes for conditions such as wet AMD and diabetic macular oedema. With these enhancements, we expect an immediate

uplift in R1 coverage and a measurable reduction in the backlog of overdue injections, a key priority for the Health Board for 2024/25.

Glaucoma Service Strengthening

The second aspect of our plan addresses Glaucoma, which is equally crucial for improvement in R1 waiting times. We are actively recruiting two consultant posts and one SAS doctor, roles we believe will boost both clinical throughput and the sub-specialty expertise required to manage complex Glaucoma follow-ups. Alongside workforce recruitment, we are evaluating current clinical estates to determine how best to introduce “super clinics” or additional sessional capacity. Our intention is to ensure that newly appointed consultants and advanced practitioners have sufficient clinical rooms to operate effectively, thus translating these appointments directly into improved access for R1 patients.

Commitment to Action

We are confident that, by integrating IVT expansions and Glaucoma workforce improvements, we can reach at least 65% R1 compliance. The plan reflects a clear set of deliverables:

- Recruitment of critical Glaucoma staff in a timely manner
- Optimisation of available estate to maximise sessional capacity
- Refinement of patient flows and scheduling to reduce waiting times
- Regional working and opportunities between Health Boards

Collectively, these actions address the main factors limiting current Ophthalmology performance. While we will continue to refine and scale up as resources allow, our immediate plan ensures a substantial advance in safeguarding vision for the most vulnerable patients.

Planned Care Diagnostic Priorities

We have significantly reduced waiting times for Endoscopy and Cardiology investigations, but Radiology faces mounting demand-capacity challenges. We anticipate a 5% annual increase in demand, leading to a notable shortfall in scanning capacity in 2025/26. Addressing these constraints in Radiology is essential for supporting RTT, cancer, and urgent care pathways (Actions set out in the Diagnostic Section).

Endoscopy

Our endoscopy services are on track to achieve a maximum 8-week waiting time by March 2025, facilitated by improvements in direct access referrals, consistent JAG reaccreditation, and robust capacity management. Challenges remain in addressing a 1,300-patient capacity gap for surveillance (follow-up) demand (or a 1,152-patient potential gap for direct access referrals if we prioritise surveillance). Additional workforce requirements include - 4.5 WTE across Glangwili and Withybush, plus more sustainable staffing arrangements for ERCP. Additional endoscopy lists will be used to manage current demand while working on longer-term solutions and will manage the total demand within the 2025/26 planning resources, including the additional monies to support the 1300 gap in surveillance.

Complex Orthopaedic and Trauma Pathway Improvements

Trauma pathways at Glangwili continue to experience capacity and workforce constraints, often delaying scheduled care. Proposed solutions include additional trauma theatre capacity, co-location of trauma patients, improved junior doctor staffing, and a dedicated

pathway for complex revision arthroplasty. While these improvements will be scoped and developed during 2025/26, comprehensive transformation is planned over a longer three-year cycle.

Key deliverables for 2025/26 - Progress Towards De-escalation

Our 2025/26 planned care priorities explicitly target the metrics required for de-escalation from TI status:

Measure	Target	Anticipated Performance	Key Actions
% patients waiting <52 weeks for new outpatient appointment	100% for 3 consecutive months	100%	Enhanced D&C planning, outpatient transformation, targeted recovery funding
% patients waiting <104 weeks from referral to treatment	100% for 3 consecutive months	100% (except Ophthalmology)	Theatre optimisation, protected recovery capacity, TIs for high-risk specialties
% patients waiting <52 weeks from referral to treatment	80% for 3 consecutive months	over 80% (already averaged 85% for 2024/25)	Improved front-end capacity, enhanced validation and pathway redesign
Number of patients delayed by 100% for follow-up appointment	9,469	Improvement	Expanded PIFU/SOS, validation, additional capacity in high-volume specialties
% R1 ophthalmology patients within 25% of target date	65% for 3 consecutive months	65%	Service consolidation, expanded IVT capacity, non-medical injector roles, Glaucoma clinics

By systematically implementing these improvement actions ranging from outpatient transformation to additional capacity in high-risk specialties we will deliver sustainable improvements in patient access across RTT and Diagnostic pathways.

Summary

Our 2025/26 Planned Care approach builds on the significant progress we have already achieved in reducing waiting times and enhancing the efficiency of our outpatient, theatre, and diagnostic services. By actively focusing on key areas identified in the TI framework most notably Stage 1 (52-week) and Stage 4 (104-week) pathways we have developed a robust and clear set of actions that aim to deliver sustainable improvements in RTT and reduce the backlog of overdue follow-up appointments.

Progress to Date

- Outpatient Transformation - We are on course to meet the maximum 52-week target for first outpatient appointments, with our total outpatient list now at its lowest in four years. Most specialties have reached a recurrent demand-and-capacity balance, underpinned by modernised pathways (PIFU, SOS, and CIN criteria) and intensive administrative validation.
- Stage 1 & Stage 4 Coverage - Using the existing planned care recovery monies, we can address almost all specialty shortfalls except for the largest element within

Ophthalmology (2,387 cataract patients), which requires funding beyond current financial and workforce availability .

Continuing Commitments

- R1 Ophthalmology - We have set an ambitious but realistic goal of reaching 65% R1 compliance by expanding Intravitreal Therapy (IVT) capacity and actively recruiting two consultant posts and one SAS doctor for Glaucoma. These measures will safeguard high-risk patients from sight loss and bring us closer to the eventual 95% national standard.
- Neurophysiology - We will restore EMG, Nerve Conduction, and EEG capabilities within existing resources, ensuring that crucial diagnostics are not jeopardised.
- Diagnostics & Endoscopy - Our endoscopy services are set to achieve an 8-week maximum wait by March 2025, supported by targeted funding and workforce expansion; meanwhile, capacity challenges in Radiology will be met through a blend of internal optimisation and engagement with external partners to cater for rising demand.

Challenges and the Need for External Support

- Cataracts – The projected deficit of 2,387 cataract patients, requiring around £3.1 million in additional funding, remains a significant hurdle. Operational plans exist to deliver this level of activity however our current recovery monies do not cover this element of Ophthalmology and we will look to Welsh Government and regional collaborations for support.
- Workforce & Estate Constraints - Recruiting specialist staff (e.g., for Ophthalmology, Trauma) and creating sufficient clinic space is paramount to maintaining momentum. While we have concrete plans to address these gaps, some issues (notably the need for super clinics and advanced practitioner roles) will rely on ensuring that the estate is available

Looking Ahead

This plan provides a strong platform to respond to the Welsh Government performance framework and meet our TI requirements. Our focused actions, from outpatient modernisation to theatre utilisation improvements, are poised to enhance patient outcomes and reduce waiting times substantially. However, longer-term sustainability will hinge on securing appropriate support both financial and operational from WG and other stakeholders. By collaborating effectively at local, regional, and national levels, we can manage our existing backlog, mitigate systemic barriers, and continue developing an innovative, high-performing planned care service for the populations we serve.

Cancer

By the end of 2025/26 for cancer we will have:

- Increased Single Cancer Pathway compliance to 80%
- Expanded of the Acute Oncology Service to a seven-day model across all four acute sites
- Refined cancer pathways for six tumour sites, including the introduction of Faecal Immunochemical Testing (FIT) for Lower GI pathways and one-stop clinics for gynaecology

Overview

Cancer services within the Health Board are undergoing a number of developments to improve diagnostic and treatment capacity, ensuring timely access to care and driving sustainable improvements in patient outcomes. The ambition for the next financial year is to build on existing service improvements, strengthening cancer pathways to achieve a step-change in performance. This plan sets out the actions being taken to enhance service capacity, streamline pathways, and optimise resources, with the overarching goal of improving Single Cancer Pathway (SCP) compliance.

Going into the 2025/26 financial year, the Health Board expects to be at around 60% compliance with the Single Cancer Pathway. The focus now is on sustaining performance above 60% for at least three months, ensuring consistent improvements in access to care. The trajectory for the rest of the year aims to achieve 80% compliance by March 2026, with a continued reduction in backlog volumes and more timely diagnoses. While monthly treatment activity is expected to remain stable at around 270–280 patients, Targeted Interventions by tumour site will ensure these numbers are maintained, with additional capacity introduced where needed.

A fundamental assumption underpinning these improvements is the successful implementation of the Health Board's radiology plan. Given that timely access to imaging is a critical dependency for cancer pathways, any constraints within radiology have the potential to impact the delivery of this plan. Diagnostic capacity improvements particularly in MRI, CT, and endoscopy are essential to meeting SCP compliance targets and reducing treatment delays. Therefore, targeted investment in radiology will remain a central enabler for cancer service improvements and will require close alignment with the broader workforce and infrastructure planning processes.

Alongside service improvements, the Health Board is also facing growing financial pressures, particularly in relation to high-cost cancer drugs and wider pharmaceutical expenditure. Across acute services, drug costs are forecasted to increase by at least 2.2% in 2025/26, driven by both rising demand and treatment volume. However, macroeconomic factors, including inflationary price pressures, have led to cost growth as high as 7.8% in some areas. While not all of these increases are specific to cancer, oncology remains a major contributor to high-cost drug spending, and ensuring cost-effectiveness and financial sustainability remains a key part of service planning.

A key focus is ensuring that access to diagnostics and specialist input is both timely and effective. Investment in service redesign, additional workforce, and infrastructure improvements will enable the Health Board to reduce waiting times and deliver a more responsive service. The expansion of the Acute Oncology Service (AOS) is a critical part of

this approach, with plans in place to establish a seven-day presence across four hospital sites. This will ensure that patients experiencing cancer-related complications receive specialist support in a timely manner, reducing reliance on emergency admissions and improving overall patient flow.

The Health Board also recognises the need to balance service expansion with the challenge of ensuring a sustainable backlog reduction. This will require careful management of diagnostic demand, prioritisation of treatment capacity, and embedding long-term solutions that prevent future delays. A structured, system-wide approach is being taken to align these improvements with national frameworks, ensuring that cancer services remain fit for the future.

Key deliverables for 2025/26

Improving Cancer Pathways

Across the Health Board, work is ongoing to refine cancer pathways, improving efficiency and access to care.

In Lower Gastrointestinal (Lower GI) services, the introduction of Faecal Immunochemical Testing (FIT) within primary care is expected to eliminate delays of between 14 and 21 days from the traditional referral pathway. This will be supported by full adoption of the National Optimal Pathway (NOP) for lower GI, ensuring diagnostic capacity is used efficiently and that patients progress effortlessly from referral to diagnostic testing. Further investment in endoscopy services, including additional capacity for Bowel Screening Wales (BSW) colonoscopies, is expected to strengthen performance, particularly as the screening programme expands by 25%. Full implementation of FIT testing in primary care will be completed by the second quarter of 2025/26, with additional colonoscopy capacity aligning to the screening expansion.

In Gynaecology, the introduction of one-stop clinics at Glangwili and Withybush hospitals will provide a more streamlined diagnostic service, doubling the number of ‘see-scan-biopsy’ slots available and significantly reducing delays. Plans are also in place to establish an improved triage system for urgent referrals, ensuring that women with suspected ovarian and endometrial cancers are prioritised effectively. These clinics will be fully operational by quarter 3 of 2025/26.

In Urology, the focus is on ensuring stable outpatient capacity while introducing measures to improve access to MRI through the PROSTAD pathway. This will reduce the time taken to reach biopsy decisions, shortening referral-to-diagnosis times by up to four weeks. Increased provision of local anaesthetic transperineal (LATP) biopsies will help meet growing demand, while additional nurse-led cystoscopy services will provide a 30% uplift in capacity, enabling patients to be seen more quickly. Increased MRI access and expanded LATP biopsy capacity will be in place by the end of 2025.

In Head and Neck cancer, investment in transnasal oesophagoscopy equipment will allow for more rapid assessment and reduce the need for theatre-based diagnostic procedures. A dedicated neck lump clinic will provide same-day ultrasound and biopsy, improving patient flow and reducing delays. This service will be fully functional by quarter 3 of 2025/26.

Furthermore, in Lung Cancer services, the introduction of radial endobronchial ultrasound (rEBUS) will significantly reduce reliance on CT-guided biopsies, cutting diagnostic waiting

times and improving access for those requiring radical treatment. Recruitment of an additional lung cancer consultant will enhance specialist support and increase diagnostic capacity. The rEBUS service will be fully operational within endoscopy by early 2026.

In Dermatology, targeted teledermoscopy sessions will improve triage for urgent suspected skin cancer, reducing in-person clinic pressure while maintaining diagnostic accuracy. The model will be continuously monitored through weekly and quarterly demand-and-capacity reviews to adjust capacity as needed.

Expanding the Acute Oncology Service (AOS) in alignment with the Urgent Care Six Goals Programme

The Acute Oncology Service (AOS) plays a crucial role in providing urgent cancer support, helping to manage complications arising from cancer or its treatment. Plans are now in place to expand AOS to a seven-day model, ensuring specialist input is available across all four acute sites. A key driver for this expansion is the growing demand for urgent oncology support. Since the introduction of the 24/7 Cancer Treatment Helpline in 2020, call volumes have increased by over 308%, demonstrating the significant need for this service. By strengthening helpline capacity, more patients will be supported in the community, reducing unnecessary hospital attendances and admissions.

Crucially, this expansion aligns with the Six Goals for Urgent and Emergency Care programme, supporting the ambition to provide the right care, in the right place, at the right time. By the end of the 2025/26 financial year, the Health Board aims to have a fully established seven-day Acute Oncology Service across all four acute sites.

Summary

This plan sets out a clear and deliverable roadmap for improving cancer services across the Health Board in the 2025/26 financial year. The focus remains on initially sustaining SCP compliance above 60%, reducing the backlog, and ensuring diagnostic and treatment pathways are fit for the future. The plan then sets out a clear trajectory with underpinning actions to achieve 80% by March 2026.

By expanding diagnostic capacity, improving cancer pathways, and embedding a seven-day Acute Oncology Service, the Health Board is taking targeted steps to ensure patients receive timely access to care, reduced waiting times, and a more responsive cancer service overall. However, delivering these improvements is intrinsically linked to the implementation of the radiology plan, as many cancer pathways rely on timely access to imaging and diagnostics. Ensuring that radiology workforce, capacity, and infrastructure align with cancer service demand is a critical enabler of success, and any risks in this area will require mitigation and close monitoring throughout the year.

Alongside service improvements, the Health Board recognises that cost pressures in high-cost drugs and oncology treatments will continue to be a major factor. With some drugs seeing inflationary pressures of up to 7.8% and ongoing volume growth of 2.2%, ensuring financial sustainability remains a priority.

This plan is designed not only to deliver improvements but to ensure they are sustained, supported by the right diagnostic infrastructure, and embedded into a long-term strategy for cancer services across the Health Board.

Diagnostics

By the end of 2025/26 for diagnostics we will have:

- Provided an additional CT scanning capacity for 480 patients per month
- Deployed a mobile MRI service creating capacity for 560 additional patients monthly
- Introduced insourcing for non-obstetric ultrasound for 300 additional scans per month
- Cleared the Single Cancer Pathway imaging backlog by September 2025
- Subject to additional funding cleared 8-week diagnostic breaches
- Implemented a new digital phlebotomy booking service

Radiology

Overview

The Health Board faces significant pressures in diagnostic imaging, driven by rising demand for both urgent and routine scans. This plan sets out a three-year strategy to stabilise and transform Radiology services, ensuring that performance standards notably the Single Cancer Pathway (SCP) and 8-week diagnostic access are achieved and sustainably maintained.

A recurrent allocation of £3.4m has been earmarked for 2025/26, enabling essential groundwork to be laid particularly in backlog clearance and meeting the SCP requirements. This core investment will be complemented by efforts to secure an additional £2.0m £2.4m non-recurrent bridging arrangement in quarter 1 2025/26 from Welsh Government, aiming for a total of £5.4m–£5.8m to fully address workforce and capacity needs.

Core Investment - £3.4m Recurrent Allocation

To underpin immediate improvements in 2025/26, the £3.4m of recurrent funding will enable:

- Faster Cancer Pathway Turnaround - Clearing the Urgent Suspected Cancer (USC) imaging backlog by September 2025 (end of Q2), thereby significantly reducing reporting delays for cancer patients.
- SCP Improvements - Reducing scan-to-report turnaround times to support an 80% cancer performance by early 2026.
- Increased Capacity - Expanding CT, MRI, and ultrasound capacity through a combination of outsourcing, insourcing, and mobile diagnostics, alleviating immediate pressures on both urgent and routine scanning.
- Improved Patient Flow - Minimising bottlenecks in the diagnostic pathway, which in turn accelerates treatment decisions, reduces the risk of patient harm, and supports wider efforts to manage Emergency Department (ED) flow.
- Workforce Stabilisation - Using the recurrent funding to recruit and retain key clinical and support staff, easing reliance on expensive ad hoc solutions.

This £3.4m investment is forecast to deliver a significant reduction in waiting times and markedly improve cancer pathway performance by March/April 2026. However, projections indicate a residual 8-week diagnostic backlog would still persist at that point.

Bridging the Final Backlog: £2.0m–£2.4m Non-Recurrent

In order to fully eliminate the 8-week diagnostic backlog and achieve a zero-breach position by early 2026, initial modelling suggests an additional bridging arrangement of around £2.0m–£2.4m would be required. While these figures are indicative and subject to final refinement of the demand and capacity model, securing such additional support would enable the Health Board to:

- Reach Zero 8-Week Breaches - Expand short-term capacity to clear the final tranche of outstanding routine scans, thereby eradicating all 8-week waits by March 2026 (reversing the forecasted 8,713 breach position).
- Maintain Momentum on Cancer Targets - Ensure the improvements in turnaround times and backlog clearance particularly for cancer patients are not eroded by emerging routine pressures.
- Strengthen Workforce Wellbeing - Alleviate peak workload pressures and avoid a return of cyclical backlogs, creating a more stable environment for radiologists, radiographers, and support staff.
- Accelerate Service Transformation - Position the service for faster adoption of advanced technologies (e.g., AI) and more sustainable working patterns (e.g., shift systems), building upon the immediate gains realised in 2025/26.

Focus on Eliminating the 8-Week Backlog

By March 2026, projections indicate there could be 8,713 patients breaching the 8-week diagnostic standard if no further action is taken. The £3.4m earmarked for next year will not reduce this number, but the additional funds are necessary to achieve zero patients waiting more than 8 weeks by March 2026. These interim recovery methods will also free up radiographers and radiologists to focus on complex and urgent cases, ensuring backlogs are eliminated and performance is stabilised and greater quality is achieved.

Strengthening Single Cancer Pathway Turnaround Times

A principal driver for this investment is to improve the SCP and support the national ambition of achieving a 7-day turnaround for urgent scanning and reporting. The immediate priority is to clear the USC backlog by the end of Quarter 2 (2025/26), thus ensuring that critical imaging does not delay treatment decisions. With the full £3.4m in place, and the additional £2.0m–£2.4m bridging funding to enhance urgent care diagnostics, the Radiology service can maintain fast-tracked pathways, so that by March 2026, reporting delays on cancer pathways are minimised and an 80% cancer performance can be reliably sustained.

How the Funding Will Be Used

Whilst the long-term plan involves substantive workforce expansion and service reconfiguration, 2025/26 efforts will prioritise outsourcing and insourcing solutions particularly in CT, MRI, and Ultrasound. These measures address immediate scanning and reporting backlogs for both routine and urgent patients. The additional workforce that can be brought in under this funding will stabilise fragile areas, helping to offset the reliance on external providers over time and most importantly ensure the scans have the requisite quality to be read. By doing so, the Health Board not only improves performance but also begins to lay the groundwork for a lasting solution, as the newly recruited workforce can be integrated into future service models once finalised.

Key Outcomes by March 2026

When fully implemented (with both the £3.4m recurrent and £2.0m–£2.4m investment), these actions will deliver:

- Zero 8-Week Diagnostic Breaches - Completely eliminating the backlog of routine scans, thereby ensuring equitable, timely access to diagnostics.
- USC Clearance by Q2 2025/26 - Eliminating delays for urgent cancer pathways, aligned with a 7-day turnaround ambition for urgent imaging and reporting.
- Improved Cancer Performance - Enabling the Health Board to reliably achieve and sustain an 80% Single Cancer Pathway performance target.
- Robust Foundations - Mitigating the risk of unreported scans in advance of the new PACS system roll-out (targeted for September 2025) and laying the groundwork for a stable "grow your own" workforce model over the subsequent two years.

These achievements will also mitigate risks ahead of the new PACS system implementation by September 2025, as clearing reporting backlogs ensures no unreported scans are carried over.

Transformation Approach – Years 2 and 3

To address these challenges and build on the groundwork laid in 2025/26, the Radiology service is implementing a three-phase transformation plan over the next three years:

Phase 2 (2026/27) – Further Service Stabilisation

- Adoption of national guidance and standards
- Reduction of variable pay and outsourcing as recruitment progresses
- Implementation of (or further implementation of) any regional solutions
- Implementation of shift system to improve service delivery
- Efficiency gains from Radiology Information System implementation
- Centralised booking to reduce variation and improve patient experience
- Increased staffing, productivity, and efficiencies achieved via the diagnostic service transformation including Artificial Intelligence

Phase 3 (2027/28) - Service Excellence

- Service improvements and optimisation
- Research and adoption of further new technologies including AI
- Full implementation of optimal pathways
- Elimination of outsourcing for routine and emergency work
- Mobile diagnostics for urgent and emergency care
- Full staffing complement (or solutions) in place by the end of the 3-year period

Workforce Development Strategy

The workforce plan being worked through will propose a multi-faceted approach to address the current staffing challenges over the next 3 years:

- Career progression opportunities for radiographers through advanced practice roles
- "Grow your own" approach via training and fast-track programmes
- Direct recruitment of administrative and assistant positions

The intention is to have a three-pronged approach for radiologist recruitment:

- Clinicians via NHS jobs (building on recent success)
- Recruitment from National Imaging Academy Wales
- All-Wales recruitment of Specialty Grade Doctors from overseas

The final plan will consider the introduction of several new roles to strengthen service delivery:

- Principal Radiographers for MRI, US and CT to ensure consistent service delivery
- Research Radiographer to evaluate new technologies and coordinate clinical trials
- Health Board Ultrasound Governance Radiographer
- Quality Lead Radiographer to address regulatory compliance
- Additional radiologists with subspecialty interests

Key Service Improvements

The implementation of this plan over 2025/26 will deliver significant improvements:

- Stabilisation of diagnostic waiting times during 2025/26 through outsourcing, insourcing, and mobile diagnostics
- Improvement in cancer pathway imaging turnaround times in 2025/26
- Enhanced quality and governance structures
- Compliance with HIW standards and progress toward Quality Standard in Imaging (QSI) accreditation
- Improved working conditions and work-life balance for staff
- Introduction of new technologies and AI to improve efficiency
- Enhanced service quality and reputation

Critical Dependencies

The success of this plan depends on several key factors:

- Securing the necessary investment from Welsh Government to move from significant backlog reduction to complete elimination of 8-week waits
- Successful implementation of outsourcing solutions in 2025/26
- Ability to recruit key positions in a challenging marketplace
- Successful implementation of the new PACS system in September 2025
- Staff engagement and retention during transformation
- Effective training programmes for new recruits

Next Steps and Engagement

Discussions with Welsh Government are underway to secure the necessary investment to move from a significant backlog reduction to complete elimination of 8-week waits. Final demand-and-capacity modelling will confirm the precise funding requirements, ensuring the solution is both cost-effective and outcomes-focused.

Should this additional investment be confirmed, the Health Board will mobilise enhanced diagnostic capacity immediately—through a carefully coordinated mix of insourcing, outsourcing, and targeted recruitment to consolidate the performance improvements delivered through the recurrent £3.4m. This phased approach to Radiology transformation will ultimately safeguard patient care, bolster workforce wellbeing, and support national ambitions for cancer outcomes and diagnostic access.

Summary of the Radiology Plan

Overall Aim and Three-Year Strategy

The Health Board seeks to stabilise and transform its Radiology services over three years in response to sustained increases in diagnostic demand. By improving access for both

routine and urgent scans, the plan will ensure that 8-week diagnostic standards and SCP requirements are effectively sustained. This phased approach culminates in service excellence by 2027/28, including the elimination of routine outsourcing, the adoption of advanced technologies (e.g., AI), and a stable, well-trained workforce.

Immediate Priorities for 2025/26

A recurrent allocation of £3.4m complemented by an additional £2.0m–£2.4m funding in quarter 1 will enable the Health Board to address urgent and routine diagnostic backlogs through outsourcing, insourcing, and mobile diagnostics. The immediate aims are to achieve zero 8-week breaches by March 2026 (reversing the forecasted 8713 breaches) and to clear all urgent suspected cancer (USC) backlogs by the end of quarter 2 2025/26. These measures also mitigate risks ahead of the new PACS system implementation in September 2025 by ensuring unreported scans are not migrated over.

Strengthening Cancer Pathways

Central to the plan is improving the SCP by reducing reporting turnaround to 7 days for urgent cases and thereby supporting an 80% SCP performance by March 2026. The combination of funding, backlog clearance, and newly recruited staff will minimise reporting delays for cancer patients, ensuring timely imaging forms a robust part of the overall cancer treatment pathway.

Laying Foundations for Future Sustainability

Although 2025/26 efforts focus on short-term performance actions, the funding and targeted recruitment also pave the way for a sustainable workforce model. Through "grow your own" strategies, advanced practice roles, and recruitment initiatives, the Health Board will stabilise fragile areas and gradually reduce reliance on external providers. Phases 2 (2026/27) and 3 (2027/28) then concentrate on embedding a shift system, adopting national standards, and expanding AI and other new technologies, ultimately eliminating routine outsourcing and elevating Radiology to a service of excellence.

In summary, the £3.4m recurrent allocation allows the Health Board to tackle immediate radiology pressures and significantly improve cancer diagnostic turnaround in 2025/26. To fully eradicate the 8-week backlog and thereby maximise patient safety and performance further funding of approximately £2.0m–£2.4m will be pursued with Welsh Government.

Pathology

Pathology services in Hywel Dda are experiencing sustained growth in diagnostic activity, with year-on-year increases of approximately 8%. This trend reflects evolving demographics, higher clinical acuity, and greater emphasis on early and accurate diagnosis particularly along cancer pathways. Although this continuous rise in demand adds pressure to existing resources, the service remains committed to delivering high-quality and timely diagnostics, as evidenced by its dedication to meeting UKAS accreditation standards and maintaining ambitious turnaround targets for urgent suspected cancer (USC). These efforts align closely with the Health Board’s broader objectives for service improvement and patient-centred care over the coming three years.

The strategic priority for Pathology is to balance rising demand with sustainable resource planning, ensuring that patients benefit from prompt diagnostic reporting. Alongside the aim of processing 90% of USC cases within seven days, the service is refining its workforce,

estate, and digital strategies to meet these objectives. In line with national policy and regional ambitions, Pathology continues to explore collaborative opportunities that will shape both the immediate year ahead and the medium-term horizon.

Current Position and Performance

The service's performance remains strong overall, with a track record of meeting core standards for cancer diagnostics and maintaining quality benchmarks. However, existing vacancies in Cellular Pathology and Clinical Haematology create vulnerabilities, as reliance on locum or agency cover can place undue strain on staff and budgets. The current consultants work above the recommended thresholds set by the Royal College of Pathologists, which underscores the importance of ongoing recruitment and the development of innovative workforce models.

The existing estate, particularly at the Glangwili site, is no longer fit for purpose and poses significant challenges for upgrading equipment, providing sufficient training space, and implementing automation on a wider scale. In response, the Health Board has prioritised capital schemes that can modernise laboratory environments, thereby enhancing service resilience. Although achieving all necessary upgrades depends on securing appropriate funding and scheduling, Pathology teams have demonstrated flexibility and dedication in managing existing facilities to ensure safe and effective patient care. Our low backlog rates compare favourably to other services, reflecting the commitment to delivering timely diagnostics wherever possible.

Key deliverables for 2025/26

Regional Working

The Health Board remains fully committed to working collaboratively with Swansea Bay University Health Board in order to strengthen Pathology services across the region. A new Operational Delivery Network (ODN) is being established to coordinate and optimise resources, and to develop the Case for a proposed Regional Pathology Centre of Excellence at Morriston Hospital. Although the original case for the Centre has not advanced as initially anticipated, both organisations continue to explore a capital solution that best meets the needs of local populations.

In the present climate of financial constraints, the aspiration for a consolidated specialist facility at Morriston remains a key goal; however, the route to achieving this is being adapted to reflect the evolving funding landscape. The region is therefore undertaking a phased and pragmatic approach that focuses first on the most fragile or capacity-constrained services particularly Cellular Pathology while longer-term options for broader regional benefits are explored in tandem.

Current plans include two main streams of activity:

- Development of an ODN: Building on the Transitional Memorandum of Understanding (MOU), both Health Boards intend to finalise a dedicated management structure that ensures robust oversight and shared planning.
- In Quarter 1 of 2025/26, a joint review of the Transitional MOU will take place, aiming to confirm budget, financial management, and other arrangements for the ODN.
- If approved, leadership posts for the ODN will be agreed and recruited during Quarter 2, with the network commencing in a shadow form in Quarter 3.

- A phased delivery of core functions—focusing initially on Cellular Pathology and mortuary services—would begin in Quarter 4, supporting both service resilience and strategic collaboration.
- Phased Capital Plans - The Outline Business Case for a Pathology Centre at Morriston Hospital is being re-examined following WG's decision not to progress the original proposal at this time. Attention is currently turning to a more incremental approach in which the most urgent capacity or estate issues are addressed first. During quarter 1, regional options and associated costings for new laboratory facilities will be developed, with the precise implementation timeline dependent on the preferred option and available funding routes.

This strategy ensures that long-term aspirations for a centre of excellence remain on the agenda, but also recognises the immediate need for service continuity and stable, future-proofed provision of diagnostics. By working together through a formal ODN, the aim is to maximise the benefits of collaborative planning, joint procurement, and shared expertise, while adjusting capital plans to the realities of the current financial environment.

Mortuary Capacity

Planning for future mortuary needs is an integral part of the service's three-year roadmap. Permanent storage currently accommodates 114 deceased individuals; however, higher winter pressures and projections indicating a rising death rate up to 2044 highlight the importance of additional capacity. The Health Board is therefore developing a robust plan to expand facilities and modernise infrastructure, ensuring that the deceased are cared for in a manner consistent with regulatory standards and the values of dignity and respect.

This undertaking includes comprehensive design work to comply with Human Tissue Authority (HTA) requirements, investment in reliable refrigeration and preservation equipment, and possible enhancements to waiting and viewing areas. By taking a more strategic approach to mortuary services, the organisation seeks to reduce reliance on temporary storage solutions, minimise any impact on families during emotionally challenging times, and maintain public confidence in the quality of end-of-life care provision.

Planned Improvements and Service Developments

A central theme in Pathology's multi-year programme is the creation of a resilient and sustainable workforce. This includes active international recruitment campaigns, measures to convert locum posts into substantive roles, and the introduction of advanced practice for biomedical scientists. Working in tandem with the Medical Directorate, these initiatives are designed to ensure that consultants can focus on high-complexity reporting while other skilled staff contribute to dissection, reporting support, and patient-facing activities.

Efforts to manage demand growth remain paramount, with the Health Board refining test-request protocols in collaboration with clinical teams. Upgrading the Laboratory Information Management System (LIMS) forms a key part of this strategy, as a more flexible digital platform can help moderate unnecessary testing and streamline workflows. The ageing phlebotomy booking process will be replaced by a modern, bilingual system that reduces administrative burdens and offers improved data collection for long-term capacity planning. Through these combined measures, Pathology aims to uphold quality and safety standards, while exploring new ways to support clinicians and patients across Hywel Dda and beyond.

Timelines and Financial Sustainability

Pathology's priorities and initiatives form part of a three-year trajectory, with key developments phased across each annual cycle. Whilst cost-saving schemes are expected to contribute to financial stability, their delivery timelines depend on factors such as patent expiries for biosimilar drugs and changes to clinician requesting behaviours. Nonetheless, the commitment to balancing operational efficiency with clinical excellence underpins the service's approach to capital planning, workforce transformation, and digital innovation.

Key milestones within 2025/26 will include:

- Quarter 1 - Formal consultation on out-of-hours roster changes, aligning workforce capacity with actual overnight demand and progressing cost-improvements
- Mid-Year -Transition to a new LIMS platform, which will facilitate enhanced demand management and data analysis. Consolidation of recruitment and skill-mix reforms is anticipated during this period, driving a reduction in high-cost locum usage.
- Quarter 3 - Implementation of advanced practice roles for biomedical scientists, with an emphasis on ensuring comprehensive training and maintaining UKAS accreditation across relevant sites.
- Quarter 4 - Progress on potential facility improvements or relocations, alongside the deployment of a bilingual phlebotomy booking system designed to improve patient accessibility and reduce administrative inefficiencies.

These milestones feed into a broader three-year perspective, reinforcing Pathology's vision for continued integration of digital solutions, estate enhancements, and workforce growth. Although certain cost-saving initiatives may not yield immediate returns, the alignment of service investments with strategic objectives ensures that each step forward contributes to long-term sustainability.

Risks and Quality Impact

While Pathology's commitment to cross-team and cross-boundary working positions it well to navigate future challenges, certain risks persist. The shortage of consultants in specific specialties, scheduled retirements, and the ongoing evolution of estate requirements underscore the importance of proactive planning. Similarly, any delays in implementing new systems such as the LIMS upgrade or in securing capital allocations for laboratory and mortuary improvements could affect the pace and scale of service transformation.

Risks are managed through a combination of international recruitment partnerships, flexible estate planning, and targeted contingency measures. Demand management programmes are embedded within clinical pathways to ensure that any surge in activity is met with sufficient diagnostic capacity. Ongoing quality impact assessments show that completing key elements of the three-year plan namely the introduction of new digital platforms, the reconfiguration of out-of-hours rosters, and the modernisation of mortuary provision will have a positive effect on both patient experience and operational resilience. Should any realignment of staffing be required, the Health Board is committed to supportive staff engagement and robust mitigation strategies to maintain diagnostic safety and reliability.

Conclusion

Over the next three years, Pathology services will continue to adapt to rising patient demand, technological developments, and the evolving policy environment in Wales. The service has already demonstrated a capacity to remain agile and collaborative, and it is now seeking to consolidate these strengths through strategic investments in people, facilities,

and digital systems. Enhancing mortuary capacity, modernising estate infrastructure, and working with regional partners to explore coordinated solutions, the Health Board aims to deliver sustainable, patient-focused diagnostics benefitting communities across the region.

This forward-looking approach ensures that cancer pathway commitments and urgent diagnostic targets can be met, even in the face of ongoing workforce and financial pressures. Through careful planning, a willingness to embrace innovation, and a commitment to shared learning with neighbouring Health Boards, Pathology intends to remain at the forefront of service quality, safety, and value for our patients.

Medicines Management

The Medicines Management Plan focuses on improving governance, performance, and value in both primary and secondary care prescribing. This includes introducing new digital tools (such as Blueteq and e-Prescribing), strengthening collaboration with Finance and Clinical Directorates, and sustaining safe pharmacy technical services.

Planning, Finance, and Clinical Pathways

- Data Visualisation and Collaboration - A new medicines-use dashboard will be deployed, allowing directorates and Pharmacy teams to monitor prescribing costs, trends, and value opportunities; partnering with Finance business partners and clinical leads to reduce unwarranted variation.
- Managed Entry for Medicines - Updated processes ensure all new drug treatments are introduced safely, aligned with NICE/AWMSG guidance, and remain cost-effective. This approach ties closely to more systematic review of high-cost medicines, with the eventual use of Blueteq for approval and tracking.
- Clinical Pathways and Best-Value Drugs - Achieve best value from medicines by delivering opportunities presented by Value & Sustainability Board recommendations. This includes working with clinical teams to clarify treatment pathways and ensure that HDdUHB switches patients' treatment to more cost effective but equally clinically effective medicines at the earliest opportunity. Collaboration with value-based healthcare teams targets reduced brand-to-generic prescribing and quick adoption of post-LOE (loss-of-exclusivity) alternatives.

Performance and Outcomes

- RPS Review of Clinical Pharmacy Services - implementing WG actions focusing on closer clinical integration (e.g. advanced pharmacist prescribers in wards) and improved access to medicines.
- National Prescribing Indicators - Efforts in both primary and secondary care to optimise prescribing should free up resources and support safer patient care.
- Patient Experience - A new mechanism, to be developed with Digital Services and the Patient Experience Team, will capture feedback on services

Quality and Safety

- Medication Incident Management Policy- A multidisciplinary Medication Incident Management Policy to learn from errors across professional groups.
- Electronic Prescribing and Medicines Administration (EPMA) - the Health Board will start designing and planning EPMA implementation. This should reduce medication-related errors (e.g. transcription or duplication), improve formulary adherence and improve antimicrobial stewardship by providing real-time prescribing data.

Fragile Services and Technical Resilience

- Aseptic Facilities – Business cases are being developed for a demountable aseptic unit at Withybush Hospital, safeguarding in-house chemotherapy production. In the longer term, the Health Board will collaborate with the Transforming Access to Medicines (TrAMS) programme for a South West Wales manufacturing hub.
- Clinical Trials Capacity - Pharmacy aims to centralise dispensing for clinical trials, ensuring more consistent supply to all sites. This move should expand research opportunities and meet WG targets for patient recruitment.

Workforce

- Skill Mix and Recruitment - A workforce plan will explore how best to align pharmacists, technicians and support staff to meet the future needs of the Health Board. This includes partnerships with HEIW and local Schools of Pharmacy, plus improved “grow your own” training to address recruitment challenges.
- Advanced Clinical Practice – More Pharmacists will be trained as independent prescribers (IP) and will use their qualification for clinical practice across primary and secondary care. Pharmacy students graduating in 2026 as IP-ready will be provided with the training and governance arrangements. Advancing clinical practice of pharmacists will be supported with upskilling and advancing clinical practice of pharmacy technicians
- EPMA Rollout - Additional pharmacy support staff are needed during the two-year EPMA implementation phase. The plan also emphasises career development for existing staff, reducing turnover and retaining key expertise.

Key Risks

- Capital and Funding - Full EPMA rollout depends on purchasing £1.15m of new digital devices and additional funding for staff to implement the system; implementing a demountable aseptic unit also requires WG approval.
- Recruitment Challenges - Pressures in pharmacy technical services continue to threaten capacity for chemotherapy and clinical trials unless new staff are successfully recruited and trained.
- Implementation Delays - The scale of new digital systems (Blueteq, e-Prescribing) and reorganised medication pathways may require sustained stakeholder engagement to avoid partial or fragmented adoption.

Population Health and Prevention

By the end of 2025/26 for population health and prevention we will have:

- Increased immunisation rates: raising HPV coverage from 78% to 80%, MMR2 from 88% to 90%, and flu vaccination rates for priority populations by 3%, using rolling averages for monitoring
- Expanded smoking cessation access, ensuring at least 5% of adult smokers attempt to quit, with CO-validated quit rates increasing from 8% to 20%
- Accelerated action to eliminate HIV and Hepatitis B & C through expanded screening and early detection
- Reduced drug-related harm through targeted interventions for at-risk groups
- Developed a Climate Change Adaptation Plan to strengthen health system resilience
- Embedded the Social Model for Health through strengthened community partnerships
- Expanded the prevention workforce through training for Making Every Contact Count

Introduction

The Health Board has a strong commitment to prevention, aiming to reduce avoidable illness, lessen the strain on urgent and emergency care, and support healthier communities throughout mid and west Wales. This Annual Plan for 2025/26 sets out how we intend to build on current successes and address ongoing challenges, including improving vaccination coverage, expanding smoking cessation services, strengthening support for substance misuse recovery, and embedding a social model of health. We also recognise the growing impact of climate change on public health and plan to take decisive steps to ensure our services are resilient in the face of extreme weather events.

Throughout the coming year, we will align our local objectives with ministerial priorities and continue to make prevention everyone's business from hospital specialists to community volunteers. Our approach involves closer collaboration between healthcare services, local authorities, the third sector, and the communities we serve. By taking this more holistic view of health, we aim not only to tackle immediate risks but also to create sustainable foundations for improved wellbeing in the years ahead.

Our Vision for 2025/26

At the heart of our plan is a set of tangible improvements that reflect local and national priorities. By the end of 2025/26, we aspire to see significant progress in preventing avoidable illness and promoting better health outcomes. This means raising HPV vaccination from 78% to 80%, increasing MMR2 rates by age five from 88% to 90%, and achieving a 3% overall rise in flu vaccination among priority groups. We also intend to ensure that at least 5% of adult smokers in our region attempt to quit, with CO-validated quit rates moving from 8% to 20%, and to maintain high treatment completion rates of over 93% for individuals accessing substance misuse services.

Achieving these goals will require determined effort across the entire healthcare system. We will continue integrating prevention into routine healthcare pathways, ensuring that every contact with a patient or service user becomes an opportunity to support healthier behaviours. We will also strengthen our community partnerships, address the wider

determinants of health, and develop a Health Board Climate Adaptation Plan that fortifies our services against extreme weather events. Overall, our vision is of a healthcare system that places prevention at its core, uses resources efficiently, and invests in innovative approaches that bring lasting benefits to the population we serve.

Strengthening Prevention and Population Health Programmes

Improving Vaccination Uptake

A key focus for 2025/26 is increasing the uptake of routine immunisations, especially among children and other priority populations. We aim to raise HPV vaccination coverage among young people from 78% to 80%, and to improve MMR2 rates by age five from 88% to 90%. In addition, we plan to achieve a 3% rise in flu vaccination among those most at risk. These efforts will be supported by targeted outreach in areas with low uptake, a stronger collaboration with schools and GP practices, and clear public health messaging that highlights the importance of vaccines in preventing serious illness.

In tandem with these routine immunisations, we will sustain and expand our work towards the elimination of HIV and Hepatitis B & C, aligning with national and global goals for 2030. This will focus on improved testing to improve early detection and promoting broader community awareness to help reduce transmission.

Tackling Smoking and Substance Misuse

Smoking is still a major driver of preventable illness and we will continue to work with local, regional and national partners to advance coordinated tobacco control plans. From a clinical service perspective, our ambition is twofold: to see 5% of adult smokers attempt to quit through our specialist cessation service and to increase the proportion of CO-validated successful quitters from 8% to 20%. We intend to reach these targets by enhancing existing cessation programmes, expanding pharmacy-led interventions, and improving referral pathways from hospital settings and primary care. Strengthening data reporting and “Making Every Contact Count” (MECC) training will ensure that staff at all levels are equipped to offer consistent, evidence-based advice to those who smoke.

Substance misuse presents another considerable challenge, and we recognise that the best outcomes often arise from a joined-up approach. By maintaining our high completion rates of over 93% for treatment services and expanding support for people who use image and performance-enhancing drugs, women in addiction, and other at-risk communities, we hope to further reduce drug-related harms. Our plans include widening access to naloxone kits as a lifesaving intervention and ensuring better alignment with mental health and primary care pathways, so that individuals receive coordinated, holistic support.

Early Years and Schools

We believe that starting well is central to lifelong wellbeing. Building on progress made in previous years, our 2025/26 plan prioritises the expansion of health promotion in pre-school and school settings. We will offer dedicated support to services for initiatives improving physical health through improved nutrition and increased physical activity but also mental wellbeing, resilience, and emotional support.

An important new feature is a pilot infant feeding service, which will be introduced to help increase breastfeeding initiation and continuation rates. This service aims to provide more holistic and responsive support for mothers, covering everything from nutritional advice to

one-to-one coaching for new parents. By enhancing the quality of early interventions in children's lives, we can lay firm foundations for better health outcomes in the future.

Embedding Prevention into Healthcare Services

Integrating Prevention in Clinical Pathways

To make prevention a permanent fixture rather than an added extra, we will continue embedding it into routine patient care. Our bespoke and unique "20-4-7" model will focus on the 20% most deprived areas, addressing four key risk factors (Smoking, Nutrition, Alcohol, Physical Activity) and, during 2025/26, targeting at least three of the seven major drivers of the burden of preventable chronic disease: cancer, cardiovascular disease, and diabetes. By collaborating with both primary and secondary care teams, we can ensure that prevention features ever more prominently in clinical assessments, patient consultations, and care planning.

Additionally, we will uphold our commitment to accessible and timely screening programmes, aiming to maintain over 90% of eligible patients being offered an index colonoscopy within four weeks of booking their Specialist Screening Practitioner assessment appointment.

Working Together Across Primary and Secondary Care

Close working between GPs, hospital clinicians, and community teams is essential if we want to provide consistent and joined-up preventive care. Over the next year, we will emphasise open communication channels, shared objectives, and shared outcome measures across these different parts of the health system. We will focus this effort to support services working with the 20% most deprived parts of our community, where the burden of preventable disease concentrates. For instance, GPs will have more support to identify and refer patients to health promotion or weight management programmes, while hospital teams will identify high-risk patients—such as those admitted with smoking-related illnesses and quickly link them to post-discharge support. Our aim is for every individual, regardless of where or how they enter the system, to receive comprehensive help that addresses the wider determinants of their health.

Growing the Prevention Workforce

A robust prevention workforce is at the heart of our approach. Over the next year, we will prioritise training programmes that equip staff with the skills to deliver messages on healthier lifestyles in any care setting. Many of these activities will build on MECC, enabling healthcare professionals, support workers, and volunteers to have confident, empathetic conversations about quitting smoking, improving diet, or being more active. We will also strengthen specialist services, such as health coaching and weight management, to ensure that people who need additional help receive tailored support at the right time and in the right place.

Embedding the Social Model for Health and Wellbeing

Community Partnerships and Volunteering

Health outcomes are influenced by far more than just medical interventions, so we will continue to drive for a shift towards a social model of health that strengthens communities health and resilience by advancing our partnerships. By collaborating with local authorities, third sector organisations, schools, volunteers and communities themselves, we plan to support the development of community-led, non-clinical services that promote physical, mental, and emotional wellbeing. These may include walking groups, creative arts

sessions, community gardening, and expanded social prescribing initiatives, all of which seek to tackle issues such as loneliness and inactivity. Our Centre for Social Innovation (C4SI) will help design and evaluate these community-led solutions, identifying what works well and where further improvements can be made.

Addressing Priority Population-Level Risks

Climate Change Adaptation

We recognise the role that climate change is playing in shaping the health landscape. In 2025/26, the Health Board will finalise and begin implementing our Climate Adaptation Plan, designed to ensure that essential health services can continue operating effectively during extreme weather events. Through close collaboration across clinical teams, local authorities, emergency planners, and other partners, we will identify opportunity to improve the resilience of our buildings, digital infrastructure, services, and supply chains. By identifying potential vulnerabilities early, we can put robust plans in place, thereby safeguarding patient care as the frequency and severity of extreme weather events increases.

Reducing Health Inequalities

Health inequalities remain one of our most pressing concerns, and we intend to tackle these systematically in 2025/26. Initiatives such as the targeted immunisation programmes, expanded smoking cessation, and equitable screening access are specifically designed to support those communities experiencing the greatest burden of preventable disease. By tailoring our strategies and approaches whether in outreach, communications, or service design to meet local needs, we aim to narrow health gaps and ensure that everyone, regardless of where they live, has a fair chance of achieving better health.

Driving Innovation and System Development

Digital Public Health

Advances in digital technology offer new ways to reach people with preventive interventions and track public health outcomes. This year, we plan to pilot solutions that could range from AI-assisted screening tools to interactive apps for weight management. By investing in data analytics, we can better identify populations who might benefit from targeted interventions, monitor real-time progress, and refine our efforts accordingly. The ultimate goal is to use digital resources strategically, so that they complement our face-to-face services and enable us to reach more people more efficiently.

Research, Evaluation, and Funding

We remain committed to evaluating our preventive strategies thoroughly, using methods that capture both cost-effectiveness and health impact. By partnering with academic and research institutions, we can gain valuable insights into what works best within the unique rural and socio-economic contexts of mid and west Wales. This evidence will guide decisions on long-term investment, including business cases developed under value-based healthcare principles. By focusing on outcomes and ensuring that resources are channelled effectively, we aim to secure the funding needed to maintain and expand preventive services over the longer term.

Monitoring Progress and Measuring Impact

Throughout 2025/26, we will regularly review our progress to make sure that the plan’s objectives are on track. We will use a concise set of outcome measures such as immunisation coverage, smoking cessation and staff training completion rates to monitor

performance, identify any emerging challenges, and adjust our approach if necessary. These updates will be shared through appropriate governance channels, ensuring transparency and developing a culture of improvement.

Examples of the metrics we will track include:

- HPV vaccination - increasing coverage from 78% to 80%
- MMR2 by age five - raising the rate from 88% to 90%
- Flu vaccination - targeting a 3% rise in priority groups
- Smoking cessation - aiming for 5% of adult smokers to attempt to quit and CO-validated quit rates to reach 20%
- Substance misuse - maintaining over 93% treatment completion rates and widening the availability of naloxone

By monitoring these indicators, alongside patient feedback and qualitative reviews, we will be able to celebrate successes, diagnose problems, and ensure our interventions remain firmly evidence-based.

Summary

The Public Health plan for 2025/26 outlines a clear direction for embedding prevention into every aspect of healthcare, from early years interventions and immunisations to smoking cessation, substance misuse services, and community-led wellbeing initiatives. By integrating prevention into routine clinical practices, strengthening partnerships, and preparing for the effects of climate change, the Health Board aims to create a more resilient, efficient, and inclusive health system.

Through regular monitoring and rigorous evaluation, we will remain vigilant about our progress and adaptable in our approach. Our ultimate goal is to ensure that all residents of mid and west Wales have access to the support they need to stay healthy, while also safeguarding our services for future generations. With continued collaboration and a shared commitment to better health outcomes, we believe this plan can deliver tangible benefits for everyone we serve.

Building Community Capacity including Urgent and Emergency Care and Primary Care

By the end of 2025/26 for building community capacity we will have:

- Reduced ambulance handovers over 1 hour by an average of 14% (from 978 to 840 monthly) and over 4 hours by 40% (from 295 to 177)
- Reduced patients waiting over 12 hours in Emergency Departments by 20-30% (from 9-12% to <10%)
- Reduced lengths of stay over 21 days by 16%
- Reduced Delayed Pathways of Care by an average of 19% (from 214 to 174)

Urgent and Emergency Care

Overview - The Imperative for Transformation

Our urgent and emergency care system is at a pivotal juncture. Faced with increasing pressures, overcrowded emergency departments, fragmented care pathways and growing demands on resources we recognise that incremental changes will no longer suffice. Instead, we are embarking on a transformative journey. This plan is not a simple series of discrete actions; it is a comprehensive operational framework that redefines how care is delivered across West Wales.

At its core, the plan is driven by the conviction that care should be patient-centred, seamless and anticipatory rather than reactive. Informed by global trends in health service delivery, our vision is to shift care “left” moving away from reliance on acute hospital admissions toward more effective, community-based solutions. In doing so, we will not only improve patient outcomes but also create a resilient, sustainable service that meets both current challenges and future demands.

Overview of the Six Goals and System Impacts

Our Six Goals programme forms the backbone of urgent care transformation for 2025/26, providing a comprehensive framework that integrates and delivers all required enabling actions. The programme will implement:

A Health Board-wide Community Falls Response service that builds on our successful pilot which has already demonstrated significant impact in reducing ambulance conveyances. We will expand this service across all three counties, ensuring consistent level one and level two response availability seven days a week.

Remote clinical assessment capabilities through our Digital Ward and Clinical Streaming Hub models. The promising results from our initial implementation—where 63 patients were successfully "virtually admitted" in just two months—will be extended to support more patients at home, reducing unnecessary hospital attendances.

The Welsh Government's Ambulance Handover guidance across all acute sites, supported by the development of rapid assessment zones and standardised processes. Our detailed action plans following the NHSE handover audit will ensure we meet our targets of reducing handovers over 1 hour by 14% and over 4 hours by 40%.

The Optimal Hospital Flow Framework across all sites, with dedicated leads and QIST support. Our implementation will be data-driven through the Red2Green Dashboard,

allowing us to identify and address flow constraints in real time and reduce lengths of stay over 21 days by 16.3%.

An enhanced discharge planning process building on our 50-Day challenge achievements. Our newly launched Discharge Toolkit, patient-focused Discharge Booklet, and Criteria Led Discharge protocols will strengthen our approach, enabling earlier discharges and reducing Delayed Pathways of Care by 19%.

An integrated acute frailty model at the front door, with redesigned pathways to ensure frail patients receive Comprehensive Geriatric Assessment promptly upon arrival. This will reduce unnecessary admissions and improve outcomes for this vulnerable group.

Through these coordinated initiatives, we will deliver measurable improvements in urgent and emergency care performance across all sites, creating a more responsive, efficient system that provides the right care, in the right place, first time.

Rapid Ambulance Response

We aim to ensure that life-threatening emergencies receive an immediate response. This target is focused on reducing response times so that critically ill patients are attended to within eight minutes in at least 65% of cases each month. The goal is not only to save lives but also to provide the first critical link in the care chain with heightened urgency.

Efficient Triage and Clinical Decision-Making

Reducing the time from patient arrival at ED to both triage and clinical decision-making is essential. Our target is a median triage time of 15 minutes or less and a clinical decision-making time of 60 minutes or less. This ensures that patients are assessed rapidly, prioritised correctly, and directed to the appropriate care pathway.

Optimised Patient Flow

A key performance indicator is the percentage of patients spending less than four hours in Emergency Departments. By streamlining patient flow, identifying and reducing system constraints, and preventing hospital acquired deconditioning, we intend to work towards meeting or exceeding the 95% national target, recognising the current system is a significant distance from these performance levels and improvement to this degree will require time and transformative change. This involves refining the entire patient journey across all 7-days of the week starting from ED admission, through diagnostic and treatment processes, to discharge planning thus reducing overcrowding and improving patient and staff experience.

Enhanced Access to Specialist Care

Timely access to specialist input is crucial in delivering quality care; this includes measures to streamline referrals and utilise digital and telemedicine solutions to ensure that patients receive specialist assessments promptly, reducing delays in initiating targeted treatments.

Reduction of Extended Waits and Delayed Pathways

We are committed to addressing the inefficiencies that lead to prolonged ED stays and delayed care pathways. By improving discharge planning to enable more discharges earlier in the day and over weekends and coordinating better between acute and community services to support discharge to recover to assess pathways, we target a reduction in the number of patients experiencing delays whether these delays occur in the emergency department or in subsequent stages of care.

Overall System Efficiency

The final goal is to achieve integrated efficiency across the entire urgent care system. This encompasses reducing excessive ambulance handover times (both those over one hour and four hours), refining ED processes, and optimising hospital care and discharge procedures, and addressing wider system flow constraints. The aim is to create a consistent, data-driven approach that ensures every component of the system contributes to a faster, more effective patient journey.

These six objectives are not standalone initiatives; rather, they form the very backbone of our operational planning for next year. They are the performance anchors that every intervention is measured against. Whether it is through improving ambulance handover times, deploying advanced digital triage tools, reconfiguring ED layouts, or expanding community-based care models, every action is calibrated to move us closer to these targets.

Crucially, the Six Goals plan is integrated into a broader whole system approach, which is a long-term transformation strategy that also considers population health, workforce stability, and estate optimisation. While the Six Goals provide the measurable targets, the whole system approach addresses the broader context in which these improvements occur. It encompasses:

Timely Access to Care

This involves re-aligning services from the moment a patient contacts the system through to discharge. Innovations such as remote clinical assessments and expanded digital wards help pre-empt the need for acute admissions, reducing pressure on EDs.

Operational Productivity and Efficiency

We are committed to reducing hospital length of stay and streamlining patient flow through rigorous performance monitoring and data-driven evaluations. By embedding tools such as SAFER metrics and Red2Green, we can rapidly identify and address inefficiencies, ensuring that our Six Goals are met consistently.

Building Community Capacity

Recognising that many conditions can be effectively managed outside of hospital settings, our strategy promotes a shift towards community-based care. Initiatives such as hospital-at-home models and Integrated Care Hubs will support early intervention and preventive care, thereby reducing demand on acute services.

Workforce and Estate Optimisation

To support these operational changes, we are taking steps to stabilise our staffing levels and reviewing our estate. By reducing reliance on expensive locum staff and repurposing facilities, we create the resources needed to deliver on the Six Goals.

In summary, the Six Goals programme is the key driver of our urgent care transformation for 2025/26. It sets out the specific performance targets, rapid response, efficient triage, optimised flow, enhanced specialist access, reduced delays, and overall system efficiency that every local and board-wide intervention is designed to achieve. These goals are intricately woven into our broader whole system approach, which ensures that improvements are not only measurable but also sustainable and aligned with our long-term population health strategy. Together, they provide a cohesive and robust framework that

guides our operational plans across Carmarthenshire, Pembrokeshire and Ceredigion, ensuring that every aspect of urgent and emergency care is enhanced in a consistent, strategic manner.

Integrating Local Operational Plans into the Whole System/Six Goals Approach

Carmarthenshire - Enhancing Unscheduled Care and Optimising Patient Flow

In Carmarthenshire, the operational plan is designed to fundamentally reshape the unscheduled care landscape. Recognising that lengthy hospital stays and delayed transfers contribute significantly to inefficiencies, the plan initiates a rigorous programme aimed at reducing length of stay above 21 days > towards more sustainable benchmarks. The Safe Hospital Care programme, set to begin in quarter 4 2024/25, will lay the foundation for this change. Early in 2025/26, a deep dive into length-of-stay data will facilitate the embedding of SAFER metrics, ensuring that improvements are not only realised but sustained over time.

Complementing these efforts is the expansion of digital ward models. By introducing remote clinical assessment and virtual care pathways, Carmarthenshire aims to pre-empt unnecessary admissions. As this model scales from quarter 2 onwards, ongoing evaluations will focus on readmission rates and bed-day savings, thereby realigning the patient journey towards efficiency and improved outcomes. Additionally, measures to improve escalation processes and prevent deconditioning—such as daily audits and enhanced therapy input—will further reduce complications and shorten hospital stays.

Operationally, the estate rationalisation initiatives, including lease disposals and desk reductions, will create immediate savings and free up space for community-based services. These measures, along with the stabilisation of the medical and nursing workforce through refined variable pay controls, position Carmarthenshire to make significant improvements across the system.

Pembrokeshire - Reconfiguring Inpatient Capacity and Expanding Community Care

Pembrokeshire’s operational plan takes a dual approach. On one hand, it focuses on reconfiguring inpatient capacity by reallocating resources within hospital settings. Initiatives such as transferring bed capacity from Sunderland Ward to Withybush and conducting contract reviews for facilities like Tenby Park House Court are designed to release significant resources (with key milestones from quarter 1 through quarter 4). These actions are expected to alleviate pressure on emergency departments by freeing up acute beds and ensuring that available resources are redirected to community-based services.

On the other hand, Pembrokeshire is expanding its preventative and community-based care models. The operational plan prioritises the development of Hospital@Home initiatives, which are aimed at delivering care in the community and reducing the reliance on hospital admissions. A “Pembrokeshire Alliance” approach will be developed in quarter 1, with extended service hours (from 8 am to 8 pm) to support a continuum of care. This alliance is expected to enhance primary care risk stratification, facilitate early interventions and contribute to a reduction in ED waiting times.

The configuration review of the emergency department at Withybush is another critical element of Pembrokeshire’s plan. By reviewing front-door processes and surgical services where appropriate, the plan aims to improve patient flow and reduce operational delays. The timelines are clearly defined—beginning with planning and stakeholder engagement in quarter 1 and quarter 2, potentially followed by phased implementation and monitoring

through quarter 3 and quarter 4. These measures, coupled with a robust monitoring and accountability framework, ensure that Pembrokeshire's operational initiatives are directly aligned with the overarching system transformation.

Ceredigion - Expanding Community-Based Urgent Care and Optimising Resources

Ceredigion's operational plan centres on consolidating and expanding its community-based urgent care models. A flagship initiative is the rollout of a Digital Ward within the Hospital at Home framework, which is expected to generate significant annual cost avoidance while reducing hospital admission and most importantly delivering better care and outcomes. With a target to support an average of eight patients per day on this digital platform starting in quarter 1, the initiative will be scaled over the year to maximise its impact. Alongside this, the expansion of the Same Day Urgent Care (SDUC) model - already operating seven days a week - will be extended to both South and North Ceredigion, ensuring that urgent care services are uniformly available across the county.

Ceredigion is also addressing workforce stability by integrating temporary funded posts into core budgets. This not only stabilises the urgent primary care service but also creates a more predictable and sustainable service delivery model. In parallel, efforts to optimise the community estate, expanding SDUC and Integrated Services (SDUC Outreach) and enhancing outpatient services are scheduled across the year, with scoping and planning in quarter 1 and implementation phases in quarter 2 through quarter 4.

Furthermore, a dedicated review of the medical staffing establishment is underway to reduce locum reliance and ensure continuity of care. Supplementary efficiency measures, including improved cost control on non-patient expenditures, reflect a holistic approach to operational efficiency that is crucial for the long-term viability of the service.

Key deliverables for 2025/26 - Performance Impact on Access to Hospital and Specialist Care

Our suite of interventions is designed to achieve a transformative improvement in access to hospital and specialist care across the health board. These interventions will be measured against our TI targets as well as additional performance metrics. Based on the provisional trajectories derived from last year's data, the aggregated metrics across all sites provide the following anchor levels for our Annual Plan:

Health Board Trajectories	
Current position (2024/25)	**Target position by March 2026**
Ambulance Handovers Over 1 Hour (Monthly)	
Current Position -Average (2024/25) - 978	Target Position (Average) – 840 (14% Reduction)
Ambulance Handovers Over 4 Hours (Monthly)	
Current Position – Average (2024/25) - 295	Target Position (March 2026) -177 (40%)
Patients Waiting Over 12 Hours in ED (Percentage)	
Current Position (2024/25) – 9-12%	Target Position (March 2026) -< 10% (20-30% Reduction)
Length of Stay Over 21 Days (Patient Numbers)	
Current Position Annual (2024/25) - 3306	Target Position (March 2026) -2767 (16.3% reduction)
Delayed Pathways of Care	
Current Position Average (2024/25) - 214	Target Position (March 2026) – 174 (19% reduction)

Summary - Charting a Resilient, Integrated Future

In embracing this comprehensive approach, we are not only meeting current challenges head-on but also establishing the foundations for a more resilient future model, a future where every patient receives the right care, at the right time, in the most appropriate setting. Moreover, this multifaceted approach directly addresses the critical concerns highlighted in the June 2024 GIRFT report for our three Emergency Departments. The Six Goals Programme, particularly its focus on optimised patient flow and reduction of extended waits, responds to the most urgent GIRFT recommendation, reducing the harmful long waits for admission from ED, which currently average 15-22 hours for admitted patients at Bronglais, Withybush, and Glangwili. Our ambulance handover improvement targets (especially the reduction in extended handovers) specifically tackle the concerning statistic that 55-75% of handovers exceed 30 minutes.

Furthermore, our local operational plans align with site-specific GIRFT recommendations. The workforce stabilisation measures across all counties address the severe shortages in senior medical personnel and registered nurses identified at all sites. The Carmarthenshire SAFER metrics implementation will improve the poor specialty input highlighted at Glangwili, while the Pembrokeshire ED configuration review responds to space concerns. Meanwhile, Ceredigion's expansion of community-based urgent care models targets the inappropriately high ED attendance rates (37-39% of catchment population) by offering viable alternatives. By tracking our performance against clear metrics and timelines, we demonstrate our commitment to transparency in addressing the GIRFT concerns while implementing sustainable solutions that will improve patient safety, reduce clinical risk and enhance staff wellbeing across all three EDs. This integrated, detailed narrative serves as the crux of our operational trajectory, ensuring that our whole system transformation is both visionary and achievable.

Primary Care

By the end of 2025/26 for Primary Care we will have:

- Developed a Health Board-approved Primary Care and Community Services Strategic Plan
- Reviewed Local Enhanced Services to increase scope of service provision, including an Adult ADHD monitoring service and expanded women's health specifications
- Implemented a new NHS Dental Commissioning Plan to improve access to routine care and reduce dependence on urgent services
- Full implemented the Welsh General Ophthalmic Services (WGOS) framework, supporting the shift of glaucoma filtering/monitoring and other services into primary care
- Reviewed the Pharmaceutical Needs Assessment to guide community pharmacy's expanded role

Overview

The Primary Care element of the Annual Plan sets out a strategy to strengthen local delivery, reduce reliance on secondary care, and improve patient outcomes. A central element is developing a Board-approved Primary Care and Community Services Strategic Plan, guiding the expansion of clinical services in community settings, aligning with national policies on prevention and chronic condition management.

Sustainability of General Medical Services remains a top priority, with new or revised Local Enhanced Services ensuring that practices can offer a broader range of care (e.g., adult ADHD monitoring, extended women's health provisions). A new NHS Dental Commissioning Plan aims to boost access to routine NHS care and reduce reliance on urgent services. Similarly, implementing the Welsh General Ophthalmic Services (WGOS) framework will facilitate optometrist-led care (e.g., for glaucoma filtering/monitoring, possible YAG laser). The Pharmaceutical Needs Assessment review will guide community pharmacy's role, potentially expanding local supplementary services to improve accessibility.

A key workforce element involves investment from the Strategic Programme for Primary Care, supporting GP mentors, urgent care practitioners, and other roles to bolster recruitment and retention. The plan also emphasises robust contract management through national regulations, including the pilot use of CIVICA for patient feedback. Collectively, these measures create a more integrated, patient-centred approach to primary and community care meeting current demand, enhancing prevention, and building sustainable services closer to home.

Strategic Roadmap

The Primary Care Annual Plan for 2025/26 outlines a strategic roadmap for enhancing primary and community healthcare services, ensuring they are more accessible, sustainable, and aligned with patient needs. The plan focuses on expanding service delivery within local communities, reducing reliance on secondary care, and improving patient outcomes through targeted initiatives across multiple healthcare sectors.

A key priority is the development of a Health Board approved Primary Care and Community Services Strategic Plan, which will shape the future delivery of clinical services. This aligns with national policy and directive and aims to strengthen the role of primary and community care in preventive and long-term condition management.

General Medical Services

Sustainability of General Medical Services (GMS) continues to be a priority, with challenges in smaller rural practices in particular. Work is ongoing to support more fragile practices with their main challenges in areas of workforce, leadership, premises and financial sustainability. Proactive support to help practices better manage operational pressures identified through the WG Escalation tool is ongoing, and more in-depth support is targeted at struggling practices willing to engage. Work with the six Health Board Managed Practices across Carmarthenshire and Pembrokeshire is focussed on quality improvement, with stronger supporting data.

There is a focus on service delivery through the Contract Assurance Framework, a governance process for the evaluation of assurance against compliance on services delivered by GP Practices through the Unified Contract. The scope and range of service provision that is currently commissioned will be reviewed along with consideration for what can be commissioned through Supplementary Services. Through the Enhanced Services review group which has membership from the Local Medical Committee and Community Pharmacy Wales an Adult ADHD monitoring LSS was commissioned in the latter part of 2024. There is also a planned review of the current LARC specification with the ambition to consider its development into a wider Women's Health specification, in support of the national drive around Women's Health Hub development.

Access to General Medical Services remains a priority and whilst compliance against the GMS Access Commitment is good, feedback from stakeholders and patients' perception is that difficulties in accessing General Practice remain.

The demand for urgent appointments has remained static during the first three quarters of 2024/25. However the majority of the appointment data still shows that planned care or chronic disease management appointments contribute to the majority of appointment requests. Most Practices appear to operate with an average of a 5% DNA rate; an EQUiP project was undertaken in 2024/25 to look at how positive patient messaging can reduce DNAs in General Practice.

There is a focus on vaccinations and immunisations, uptake within Hywel Dda remains low in comparison to the All Walles uptake rates:

Area	Uptake (%) Children 2 – 3 years	Uptake (%) Clinical risk 6m – 64years	Uptake (%) 65 years and older
Carmarthenshire	42.1	31.8	66.6
Ceredigion	39.4	32.5	59.8
Pembrokeshire	32.1	31.7	66.6
Hywel Dda	38.2	31.9	64.9
Wales	43.8	36.7	70.1

Out of Hours Service

The transition of the Service into the Primary Care management team in January 2025 will enable further consideration of the future model of 24/7 care and the future model for delivery of Urgent Primary Care. The introduction of a rate card has seen a consistently improved shift fill rate on the rota to a consistent level 1. Work is progressing on improving data capture and use through the creating of a service dashboard, following the separation of the Adastra data from Swansea Bay University Health Board earlier this year.

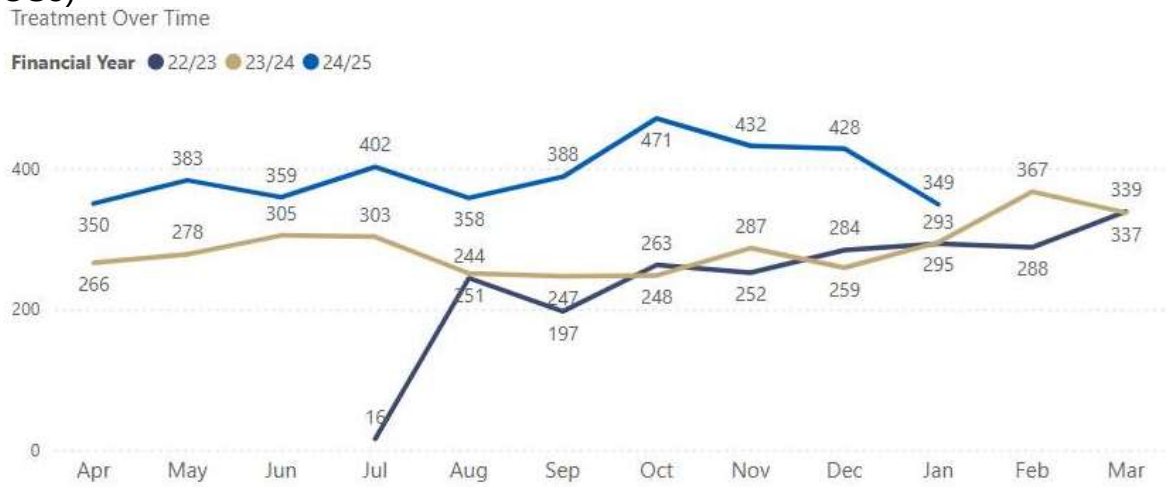
A new NHS Dental services Commissioning Plan is being developed to align with the strategic aim for the Health Board to improve access to routine care, prioritise prevention and reduce the demand for urgent dental care. The key areas for improvement are:

- Access to services: the all-Wales average access rate as at quarter 3 of 2024/25 is 30% compared to Hywel Dda achievement of 20%.
- Use of urgent dental care services: 17,260 of appointments currently provided are in relation to urgent care when compared to the pre COVID-19 of 5,203.
- Workforce: 40% of Dental Practices report dentist vacancies;
- Reducing the number of “high need” patients: 28% (13,000) of patients attending appointments are presenting with high need and require more than four treatment interventions to achieve improvements in their oral health.
- Sustainable NHS Dental provision: 22% of our NHS Dental Practices are not participating in the contract reform programme. These Practices may leave the NHS once the revised NHS Dental contract is issued.
- Waiting Lists: There are 14,000 residents on the Dental Access Portal (DAP).
- Develop an integrated model: The Community Dental Service (CDS) provides an opportunity to bridge the gap in General Dental Services provision with the development of an integrated service model. This will require changes to the current CDS model and the repurposing and modernisation of the CDS estate.
- Access to Community Dental Service: Current waiting times for CDS are on average two years. The service DNA rate is circa 10% with 16% of patients cancel appointments at short notice.
- Prevalence of dental decay: 32.4% of 5-year-old children in Wales have experienced dental decay. WG allocate funding via the Designed to Smile Programme to resource daily tooth brushing and twice-yearly fluoride varnish visits to top 3 quintiles of deprivation up to and including school year two (age 7). The evidence base through epidemiology studies have shown a reduction in caries in 5-year-olds in Hywel Dda from 47.4% in 2007/2008 to 28.4% in 2022/2023 however the numbers have plateaued since 2015/16. In year 2023/24 there were 574 pupils under the age of six seen by Designed to Smile did not have a routine NHS dentist but had dental decay.
- Commissioning of specialist services: Tier 2 Dental services are provided outside of the Hywel Dda area via Service Level Agreements (SLAs) with both independent contractors and private providers. There is a significant waiting list for assessment and treatment for Tier 2 Minor Oral Surgery, with patients some experiencing travel distances of up to 150 miles round trip to access care.
- Training: There are no Dental Foundation (DF) training Practices in Pembrokeshire and Ceredigion, and we cannot expand the Welsh Enhanced Recruitment Offer (WERO) scheme into these Counties without dentist trainers. The 2024/25 WERO scheme retained nine of the 10 working within the scheme. There are 15 dentists in the WERO scheme for 2025/26 which will end in August 2025. Without training Practices, there is no opportunity to grow our own Dentists and improve recruitment and retention.

Optometric Services

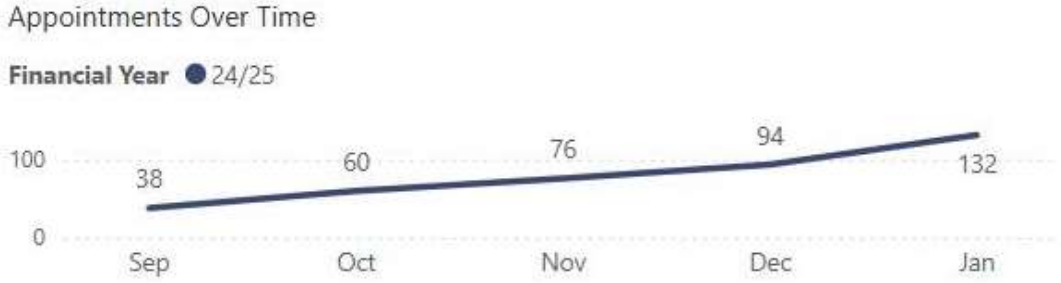
The plan also prioritises improvements in optometric services, with the full implementation of the Welsh General Ophthalmic Services (WGOS) framework and the development and publication of an Eye Health Needs Assessment. The number of Independent Prescriber (IP) Optometrists has grown to 24 since 2022/23. This ensures a robust WGOS5 service is available to support with the delivery of acute eye care closer to home. In line with WG aims to increase access to the service, there are currently 18 Practices approved to provide WGOS5, an increase from 13 in 2022/23. A further 5 Optometrists are due to obtain their IP qualification within 2025/26, which will further increase capacity in Primary Care. This increase in Practices providing the service has resulted in a year-on-year increase to the number of consultations provided to patients, a trend that is expected to continue.

Number of Consultations Provided by the Optometry Independent Prescribing Service (WGOS5)



Furthermore, the current level of Optometrists with additional qualifications in Glaucoma and Medical Retina means that implementation of WGOS4 pathways, to support the shift of Glaucoma filtering and monitoring, alongside Medical Retina and Hydroxychloroquine (HCQ) into Primary Care, is well supported. With pathways for Glaucoma commencing in September 2024 and Medical Retina in December 2024, the transition is in its early stages. However, the number of consultations provided under WGOS4 is showing a monthly increase that is expected to continue as the service becomes more established, patients are discharged from Secondary Care and more Optometrists complete the additional qualifications. This will support access to timely eye care services in both Optometric Practices and in secondary care Ophthalmology services. There is the potential for further work to be undertaken to explore the possibility of optometrist-led YAG laser treatment clinics.

Number of Consultations Provided under WGOS4

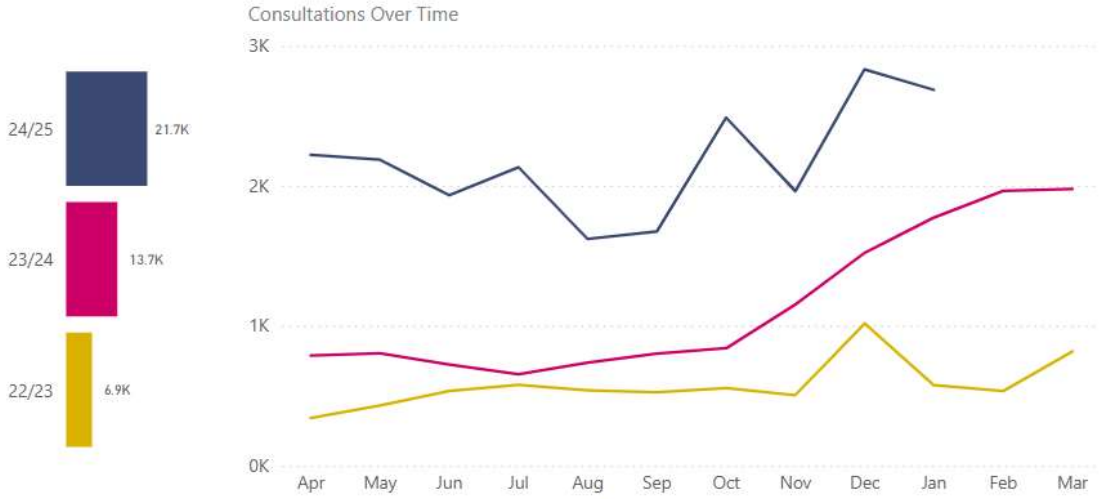


Pharmacy

The review of the Pharmaceutical Needs Assessment (PNA) in line with the Regulations will allow the Health Board to refresh and reconsider the range and scope of service provision across Community Pharmacies. Where the former Local Enhanced Services (now known as Local Supplementary Services) are subject to review, the opportunity to consider their expansion, where appropriate, into Community Pharmacies will be considered to ensure improved accessibility to services for patients.

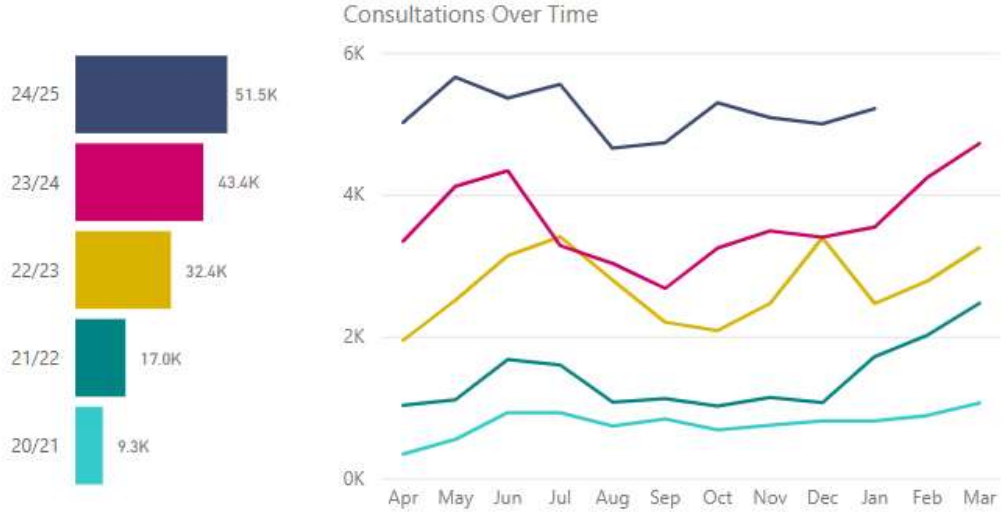
The number of Independent Prescribing Pharmacists within Community Pharmacy continues to grow in line with the WG target of every Pharmacy having an Independent Prescriber by 2030. Within Hywel Dda there has been continued year on year growth in the number of consultations provided which has increased to almost 22,000 consultations in 2024/25. This is expected to continue to grow in 2025/26.

Number of Consultations Provided by the Pharmacist Independent Prescribing Service



Within the Clinical Community Pharmacy Specification, the number of Common Ailment consultations provided by Community Pharmacy has also seen significant growth from 32,400 in 2022/23 to in excess of 51,000 in 2024/25. This growth is expected to continue in 2025/26 providing support to GMS Services.

Number of Consultations Provided by the Community Pharmacy Common Ailment Service



Workforce development

The Primary Care and Community Services Academy supports the Plan's focus on improving patient outcomes through developing and supporting a strong multi-professional primary care workforce through workforce development, education and training. It will continue during 2025/26 to oversee the implementation of funding from the Strategic Programme of Primary Care (SPPC) to support the implementation of the HEIW's Strategic Workforce Plan for Primary Care. Through this funding, several key posts have been appointed to, to support our ambition for recruitment and retention. The appointments have included a GP mentor to salaried/locum GPs, a GP mentor for Advanced Practitioners, Workforce Planner and Urgent Care Practitioners. The Academy will be evaluating the impact of these roles.

Through investment of the Strategic Programme for Primary Care (SPPC) Fund to support the implementation of the HEIW Strategic Plan for Primary Care Workforce a number of key posts have been appointed to, to support our ambition for recruitment and retention across the contractor professions. The appointments have included GP mentor to salaried/locum GPs, GP mentor for Advanced Practitioners, Workforce Planner and Urgent Care Practitioners. This programme of work is being overseen by the Primary and Community Services Academy.

Contract management is assured through an adherence to the individual contract Directions and Regulations with governance overseen through profession specific meeting with escalation into Health Board reporting meetings. Through the national review of the Primary Care Model for Wales there is the commitment to test CIVICA in a number of the Health Board Managed Practices alongside the Community Dental Service and Out of Hours.

In summary, the Primary Care Annual Plan represents a proactive, patient-centred approach to healthcare transformation, focusing on service accessibility, workforce sustainability, and enhanced patient outcomes. Through strategic planning and collaborative efforts, it aims to strengthen primary and community healthcare services for the future

Key deliverables for 2025/26

Primary Care & Community Services Strategic Plan

- Develop a Health Board-approved strategy to expand clinical services in primary and community care in order to increase accessibility through Primary Care and Community Services

General Medical Services

- Programme of review of Local Supplementary Services to increase scope and range of service provision in GP Practices and Community Pharmacies

Dental Services

- Implement an NHS Dental commissioning plan after contract negotiations in order to improve access to routine NHS Dental care, reducing the reliance on urgent dental services and improving oral health promotion and the preventative agenda

Optometry Services

- Full implementation of the Welsh General Ophthalmic Services (WGOS).
- Develop and publish an Eye Health Needs Assessment.

Community Pharmacy

- Review the Pharmaceutical Needs Assessment (PNA) in line with the Regulations

Primary Care Contract Management

- Ongoing contract management aligned with national Directions and Regulations to support sustainable service provision

Resource and Workforce Planning

- Introduction of a rate card for locum GPs in Health Board Managed Practices.
- Expansion of salaried GP workforce in Managed Practices.
- Review of pharmacist and pharmacy technician roles in managed practices

Performance, Risks, and Finance

- Testing the use of CIVICA in contractor professions to capture patient feedback
- Performance tracking and financial savings schemes will be monitored monthly.

Dependencies and Resource Sharing

- Collaboration with multiple directorates and stakeholders.
- Shared resource plans to optimise efficiencies

Pan Cluster Planning

Pan Cluster Planning work continues to be led and supported by our County based multi-professional groups. The work of the Groups is the foundation of our strategic plan, ensuring that the focus on service delivery and planning is based on a population health needs basis.

The aim of the Groups is to deliver the principles of the Social Services & Well-being Act (2014), the Wellbeing of Future Generations Act (2015), A Healthier Wales and the Primary

Care Model for Wales. This will ensure that there is increasing alignment and engagement between the Regional Partnership Board and Cluster arrangements to provide information, advice and assistance that meet the needs of our population.

Current achievements centre on:

- Identified agreed priority areas for improvement which require strengthened joint working to achieve better outcomes within available resources
- Developed and delivered a locality plan
- Promoted a culture which actively removes barriers, blockages and silos within organisations to ensure seamless services for the local population
- Engaged key stakeholders in communities, with specific reference to minority and marginalised group
- Supported joint working and where required gained appropriate authorisation within their own organisations for such
- Ensured that local government, NHS and third sector officers are able to work jointly within statutory and organisational governance arrangements that provide a framework of clear accountability
- Exercised oversight of the way in which resources are used, including relevant grants from WG
- Developed its capacity and capability for providing effective governance

Key deliverables for 2025/26

- Future priorities of the each of the groups will be determined by the integrated Community Plan and the priorities identified by the RPB and Clusters

Cluster Planning

HDdUHB has had a strong programme of Cluster level leadership and innovation for a number of years, andyears and has also supported and promoted a multi-disciplinary and agency approach to developing projects that best meet the needs of our population. Cluster plans are produced annually and set out each Cluster's priorities for the coming year. Cluster members review the Public Health Cluster Profiles and along with their own specialist knowledge from providing services in that geographical area, establish each cluster's local population health.

The Cluster plans are agreed at the Pan Cluster Planning Group with an assurance that these align with the Regional Planning Board priorities. Cluster projects are formulated to address the identified local population health needs and agreed cluster priorities As work has progressed in developing Cluster projects, we have improved our data gathering to enable us to evidence baseline data as well as project outcomes against a series of measures set out in the initial stages of project development.

Following the success of the Health Boards commitment to scale up and roll out three former Cluster developed projects (Social Prescribing, Respiratory Nursing and Pre diabetes) work is progressing to take forward a further three projects (First Contact Physiotherapy, MDT approach to pain management and children's and younger persons mental health services Tier 0/Tier 1) for scale up and roll out in 2025/26. In addition, we are reviewing the role of Cluster Pharmacists to ensure that we are able to maximise the skill set of the professionals working both within and across our Clusters.

Whilst significant progress has been made across all seven of our Clusters, with the development of a Primary and Community Services Strategic Plan for the Health Board in progress we hope to see the scope and remit of Clusters develop and grow in future years.

The Strategic Programme for Primary Care has requested that each Health Board submits a Cluster Yearbook which is available. The Yearbook sets out the headline information for each Cluster, both for the patient demographics and the service development priorities, summarising the achievements as well as the future ambition.

Collaboratives

In line with the contractual frameworks for GMS, Community Pharmacy and Optometry, professional Collaborative have been formed on a Cluster footprint with the leads attending Cluster meetings to ensure that the opportunities for service development are considered on a multi-professional basis. In addition, there is an overarching Community Nursing Collaborative and work is in progress for 2025/26 to establish a Therapies Collaborative.

Key deliverables / priorities for 2025/26 for the Clusters

Carmarthenshire

Amman Gwendraeth

- Making the case for scale up and roll out of a number of Cluster projects that the Amman Gwendraeth Cluster have developed and/or been part of, including the Persistent Pain Service.
- Supporting innovation around preventive health programmes e.g. childhood obesity.

Llanelli

- Making the case for scale up and roll out of a number of Cluster projects that the Llanelli Cluster has developed and/or been part of including mental health services for children and young people.
- Maintain a healthy community identifying disease at an early stage when it can be treated more effectively and less intensively.
- We will support our population to take control of their health and wellbeing.

Taf / Tywi (2Ts)

- Making the case for scale up and roll out of a number of Cluster projects that the 2Ts Cluster have developed and/or been part of.

Ceredigion

North Ceredigion

- The Cluster is in the process of recruiting new Collaborative Leads to its GP, Pharmacy, and Optometry professional collaborative groups due to recent resignations. These new relationships will bring new and invigorated ideas to the Cluster and help to develop better integration across Ceredigion which will contribute positively to the maturity of its Clusters.
- Collaborative Leadership training programmes are being explored so that clinical staff that would otherwise not have access to these types of training modules can develop their leadership skills. This will complement their clinical expertise to ensure

that each collaborative group functions well and integrates seamlessly with the Cluster and the Pan Cluster Planning Group.

South Ceredigion

- Making the case for scale up and roll out of a number of Cluster projects that the South Ceredigion Cluster have developed and/or been part of including First Contact Physiotherapy.

Pembrokeshire

North Pembrokeshire

- The Cluster has recently appointed a new Cluster Lead and is in the process of recruiting a new Collaborative Lead for Pharmacy.
- Discussions are currently underway with the county team to secure funding for the Care Co-ordinator initiative through RIFT, thereby moving away from Cluster funding.

South Pembrokeshire

- Making the case for scale up and roll out of several Cluster projects that the South Pembrokeshire Cluster have developed and/or been part of including First Contact Physiotherapy.
- Looking at improving technology through AI opportunities (AI Scribe) across clinical sectors within Pembrokeshire as an enabler for the integrated community care system.
- Exploring research opportunities for the economic value of the Schools Asthma Project via other funding workstreams.

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Mental Health and Learning Disabilities (MHLD)

By the end of 2025/26 for Mental Health and Learning Disabilities we will have:

- Maintained compliance with Mental Health (Wales) Measures, with 80% of adults beginning psychological therapy within 26 weeks by August 2025
- Improved neurodevelopmental assessment performance for children and young people, improving from the current 14.9% starting point
- Implemented an updated learning disabilities service model with a Lead Nurse role and digitised Health Equality Framework (HEF)
- Developed the first phase of a single-entry approach for adult mental health to provide consistent, needs-led support
- The plan includes a directorate-wide workforce strategy to mitigate national shortages in key roles, strengthening leadership pathways and nurse staffing reviews.

Introduction and Strategic Context

The Health Board continues to place mental health and learning disabilities (MHLD) at the heart of its commitment to safe, compassionate, and person-centred care. This plan outlines the Health Board's main priorities for 2025/26, focusing on improving access, refining service models, and supporting workforce development. All workstreams are designed to meet local needs and national targets in collaboration with WG and key stakeholders. Whilst the below is only part of a longer term set of priorities, this plan specifically seeks to address a number of key challenges in 2025/26.

Key deliverables for 2025/26

Adult Access to Psychological Therapy

HDdUHB aims to ensure that 80% of adults referred for psychological therapy begin treatment within 26 weeks. A clear improvement trajectory, agreed with WG, targets a steady 2% increase each month, reaching 70% by the end of 2024/25 and 80% by August 2025. Early progress includes stronger waiting list monitoring, more group-based interventions, and a Patient Access Policy to ensure timely, consistent provision of care.

During quarter one, services will review job plans and adopt a stepped model of interventions to maintain resilience when workforce gaps emerge. HDdUHB will also participate in national knowledge exchanges and pilot patient-reported outcome and experience measures (PROMs and PREMs). By quarter two, the service seeks to sustain 80% compliance, followed by a formal evaluation of the stepped model in quarter three. The final quarter will see an updated service specification, ensuring a durable framework.

Neurodevelopmental (ND) Assessment for Children and Young People

The Health Board's objective is to enhance performance against the WG requirement that 80% of children and young people (CYP) begin autism spectrum disorder (ASD) assessment within 26 weeks. The Health Board is aiming for a monthly improvement from its 14.9% starting point, subject to ongoing review and additional mitigations (below).

Key strategies are to review and optimise referral process and extend interfaces, developing a fast-track pathway to improve timely access to assessment, whilst ensuring clinical appropriateness through the application of well-defined criteria. To explore digital solutions to optimise the use of clinical time and conduct further work with partners seeking system wide improvements. Outsourcing remains an option to boost capacity and manage

specific age brackets. Quarter 1 will focus on consolidating fixed-term posts and implementing faster diagnostic pathways, while quarter two revisits improvement trajectories and strengthens collaboration with education services to address referral patterns. Quarters 3 and 4 will see a robust evaluation of these measures and determination of any further changes needed.

Learning Disability Service Model

An updated learning disabilities service model is underway, shaped by staff and public engagement. The model clarifies clinical pathways, reconfigures community and inpatient services, and introduces a Lead Nurse role to oversee professional practice. The Health Board has also conducted a quality and equality impact assessment, ensuring the approach aligns with the values of safety and inclusivity.

In quarter 1, the focus is on recruiting to the revised structure and reinforcing university links to attract newly qualified LD nurses. Digitising the Health Equality Framework (HEF) will enable the Board to better track outcomes for people using LD services. The goal is to reduce vacancies and progress towards 80% of individuals open to secondary learning disability services having a valid HEF, boosting accountability and quality of care.

Workforce Plan

A directorate-wide workforce plan underpins progress across mental health and learning disabilities services, aiming to mitigate national shortages in key roles. The Workforce Management Group will refine annual priorities in quarter 1, nurturing leadership pathways, implementing a Nurse Staffing Review to bring inpatient establishments closer to recommended levels and exploring the development of new roles.

Subject to Board approval of the workforce proposals and plans, that need to demonstrate their deliverability and impact; the focus in quarter 2 turns to developing and implementing the review's outcomes. Quarters 3 - 4 will see ongoing checks ensuring that service developments remain aligned with local financial and clinical needs. Reducing variable pay and strengthening retention are central performance indicators throughout the year.

Single Entry Pathway for Adult Mental Health

In 2025/26, HDdUHB plans to develop the first phase of a single entry approach for adult mental health, providing consistent, needs-led support while avoiding delays or repeated referrals. The EQIiP (Enabling Quality Improvement in Practice) approach will be used to begin in quarter 1 to define current access points, identify necessary improvements, and align with the wider "111 option 2" approach adopted nationally.

Quarters 2 - 4 will translate these findings into updated pathways, accompanied by benchmarking against other Health Boards in Wales. By optimising front-door processes and sharing best practices, HDdUHB seeks to reduce avoidable visits to EDs, better manage routine referrals to Community Mental Health Teams, and promote timely patient outcomes. Progress will be tracked monthly and reported both internally and to WG.

Conclusion

Over the course of 2025/26, HDdUHB's MHLD plan sets out a clear roadmap, focusing on timely psychological therapy, improved ND assessments for children and young people, an enhanced learning disability service model, strengthened workforce planning, and a refined entry pathway for adult mental health. Through close engagement with staff, service users, WG, and local partners, the Health Board aims to maintain safe, high-quality, and person-centred care while steadily advancing national performance objectives.

Women's Health

By the end of 2025/26 for women's health we will have:
- Begun to deliver against the expectations of the Women's Health Plan for Wales
- Have developed a women's health hub

Overview and Objectives
The Health Board is committed to advancing women's health services in line with the WG's recently published Women's Health Plan for Wales. By the end of 2025/26, the Health Board aims to begin delivering on the national plan's expectations, including establishing a dedicated women's health hub. This work is overseen by the Chief Operating Officer and a new Director of Midwifery and Professional Governance for Women and Children, supported by a Clinical Lead.

The Health Board has adopted a life-course approach reviewing how women's needs evolve from adolescence to older adulthood and embedding these insights within the community structure. An early priority focuses on menopause care, seeking to shift from a general "see-all" model to a more targeted specialist service. This approach also informs planning for other areas, including endometriosis, menstrual health, and pelvic health. Jointly with Swansea Bay University Health Board and the wider Women's Health Network, HDdUHB is exploring regional opportunities to share learning and resources.

Strategic Alignment with the Women's Health Plan
In December 2024, WG launched a 10-year plan targeting eight priority areas: menstrual health, endometriosis, contraception, preconception health, pelvic health, menopause, violence against women and girls, and ageing well. HDdUHB is integrating these themes into local delivery, supported by an Executive-led Oversight Group. Emphasis is placed on tailoring any changes to meet the specific needs of women across mid and west Wales, while ensuring alignment with national standards.

Key deliverables for 2025/26
Establishment of Women's Health Hubs
One of the national plan's key commitments is for every health board in Wales to develop a specialist women's health hub by 2026. HDdUHB has outlined a timetable to scope requirements in Quarter 1 of 2025/26, develop options and a business case in Quarters 2 and 3, and begin implementing the hub by the final quarter, with a goal to establish by March 2026. These hubs will offer timely access, promote prevention and self-management, and encourage women to engage more actively in their own health and wellbeing.

Governance, Collaboration, and Continuous Improvement
The Pelvic Health Steering Group will transition into a Women's Health Steering Group, encompassing eight national workstreams under one governance framework. Quarterly reviews at Integrated Planning, Quality, and Delivery sessions and regular discussion at Joint Executive Team (JET) meetings will provide robust oversight and enable service refinements. The Board recognises that strong partnerships—with clinicians, service users, and neighbouring health boards—are pivotal to success.

Two-Year Focus (2025/26 to 2026/27)

Alongside the overarching 10-year vision, the HDdUHB has identified a set of more immediate (0–2 year) priorities that pave the way for longer-term service transformation. These short-term actions directly address areas highlighted in the Women's Health Plan and respond to local clinical demands.

Oversight and Governance

The Executive Director of Nursing is taking on formal sponsorship of the Women's Health Plan, supported by a Senior Responsible Officer and Clinical Lead. The Women's Health Steering Group will guide and monitor eight key workstreams.

Menopause

A full review will benchmark current provision against NICE Guideline NG23 and national recommendations. The aim is to refine secondary care so that it targets complex cases, freeing capacity for less acute needs to be managed effectively in the community.

Contraception and Abortion Care

Contraception and abortion pathways are being integrated into the Annual and three-year plans, ensuring equitable funding and access for mid-trimester or complex procedures. Key performance indicators (KPIs) will be developed to monitor uptake and waiting times.

Sexual Assault Referral / VAWDASV

The Health Board already has a dedicated Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) lead who will continue to expand staff training, strengthen data collection, and align policies to statutory requirements. Referral pathways will be reviewed to ensure that all victims have prompt and inclusive access to specialist support.

Menstrual Health and Endometriosis

Clinicians are encouraged to "Make Every Contact Count" by asking women about menstrual or menopausal concerns at routine appointments. A scoping exercise is underway to create women's health hubs that streamline diagnostics and treatment for menstrual conditions. For endometriosis, HDdUHB will collaborate with Endometriosis Cymru on awareness and develop clear KPIs for diagnosis and intervention.

Pelvic Health and Continence

A single point of access is planned for Bladder & Bowel Services, aiming to reduce first-appointment waits to eight weeks or less. Multi-disciplinary teams will integrate psychological support, and a new pelvic health database is being commissioned to enable real-time tracking of capacity, performance, and patient outcomes.

Ageing Well

Workforce education will be enhanced to ensure older women receive care attuned to cultural and multiple health needs (e.g., cardiovascular disease, dementia risk). Partnerships with community groups and those with lived experiences are central to developing inclusive services.

A New 10-Year Strategy for Women's, Children's, and Family Services

In addition to women's health needs, HDdUHB's vision spans maternal, child, and family services. Immediate actions (0–2 years) focus on improving reproductive healthcare,

paediatric and neonatal pathways, and strengthening public health initiatives such as immunisations and the Healthy Child Wales Programme (HCWP). These include:

Bronglais Hospital Services
Collaboration with the Value-Based Healthcare Team to address falling birth rates, possible rotational rosters between Glangwili and Bronglais, and strategies for recruiting and retaining staff in rural settings.

Return of Paediatric Services to Withybush
A capital programme concluding in Quarter 1 of 2025/26 will enable outpatient services to return to Withybush Hospital, improving RTT performance and enhancing access for local families.

Obstetric Ultrasound Compliance
Training midwife sonographers and embedding national guidance (e.g., RCOG) for uterine artery and cervical length scans are priority areas, vital for detecting fetal growth restriction and reducing stillbirth risk.

Child and Adolescent Health
Efforts to address ADHD/neurodevelopmental wait lists include scoping outsourcing for older adolescents. School immunisation uptake will be improved through targeted campaigns, potential e-consent, and better engagement with education partners.

Financial, Workforce, and Performance Considerations
Most projects will rely on existing budgets, though some expansions such as new training programmes or additional clinic capacity require either business cases or external grants. The Health Board continues to explore potential efficiency gains from new pathways (e.g., freeing up radiology slots by using nurse-led scanning (as set out in the Diagnostic plan), reducing duplication in pelvic health). Performance will be monitored through established metrics: cancer referral compliance, RTT waiting lists, immunisation coverage, and alignment with WG standards for women's health.

Conclusion

Hywel Dda's Women's Health Plan unites immediate objectives (0–2 years) with a longer-term, 10-year strategy. By reinforcing governance structures, establishing new women's health hubs, and tackling specific challenges such as menopause care, endometriosis, paediatric service fragility, and ADHD waits, the Health Board seeks to embed high-quality, patient-centred care at every stage of a woman's life. Collaboration with WG, national task-and-finish groups, and local clinical teams ensures that both short-term milestones and future aspirations remain aligned. With strong partnerships, robust data, and continuous engagement with service users, HDdUHB aims to bring about lasting improvements for women, children, and families throughout mid and west Wales.

Infection Prevention and Control (IPC)

Overview and Targets

The Health Board remains committed to eliminating all preventable healthcare-associated infections (HCAIs). In 2025/26, our focus is on reducing hospital-onset cases of Clostridioides difficile, Staphylococcus aureus bacteraemia, and Escherichia coli.

We aim to achieve and then sustain the following reductions for at least three consecutive months in line with TI (clearly the aspiration is to go further):

- C. difficile (toxin-positive, antibiotic-associated): 25% reduction (from a monthly baseline average of 8 down to 6)
- Staphylococcus aureus bacteraemia: 33% reduction (from a monthly baseline average of 3 down to 2)
- E. coli infections: 25% reduction (from a monthly baseline average of 7 down to 5)

These targets reflect both our local priorities and wider WG objectives set out in the Welsh Health Circular AMR and HCAI Improvement Goals for 2024/25 (038-24). Our approach combines renewed policies, enhanced training, ongoing surveillance, and a focus on leadership at every level of the Health Board.

The IPC agenda will be driven by a set of priority actions designed to reduce infection rates and embed best practice across all acute and community sites:

Environmental Cleaning Policy
A renewed environmental cleaning policy will be rolled out to ensure national cleaning standards are consistently met. This includes increased monitoring, more robust audits, and additional training for cleaning operatives. Our Hotel Facilities leadership will work closely with estates and clinical teams to uphold these standards, reducing the risk of pathogen spread in high-footfall areas.

Automated Cleaning Technologies
Building on successful trials at Glangwili and Bronglais hospitals, we intend to spread and scale the use of hydrogen peroxide vapour (HPV) technology across all major sites. This technology supplements manual cleaning, offering a deeper disinfection process that helps to prevent Clostridioides difficile spore survival on surfaces.

Gloves Off' Campaign (May 2025)
To improve IPC practices, the Health Board will launch a Health Board-wide "Gloves Off" campaign. This initiative highlights appropriate glove use, reduces unnecessary glove-wearing, and promotes better hand hygiene. Besides reducing hospital-onset infections, this campaign has an important sustainability dimension by cutting waste and minimising the environmental impact of disposable gloves.

Hand Hygiene Product Review and Compliance
An ongoing review of hand hygiene products and dispensers will address user-friendliness, alignment with best-practice standards, and improved availability. In tandem, the Health Board will re-energise staff compliance campaigns, ensuring consistent use of alcohol-based rubs and soap-and-water protocols.

Aseptic Non-Touch Technique (ANTT)
The Health Board is increasing training, and competency checks for aseptic non-touch technique. Clinical staff who undertake procedures requiring asepsis must demonstrate competence through practical assessments, supplemented by an updated e-learning package targeting an 80% compliance rate (achieved in February 2025) which we will maintain or improve during 2025/26. Clinical care groups will release staff to serve as ANTT assessors so that best practice is consistently reinforced at ward level.

Leadership, Scrutiny, and Monitoring

All clinical care groups are expected to provide local leadership to meet and sustain these reduction expectations. They will use the Health Board's Safety Dashboard to track performance each month, identify emerging risks, and implement corrective actions. In addition, the IPC Team will continue to supply specialist advice and champion evidence-based practices across directorates.

A Health Board Infection Prevention Strategic Steering Group, supported by a dedicated AMG (Antimicrobial Management Group), will oversee scrutiny and provide strategic direction on the reduction of HCAIs. This includes:

- Standardising local HCAI assurance and scrutiny processes
- Establishing mechanism for conducting self-assessments against the C. difficile Framework for Wales and monitoring results
- Reviewing progress against WG's AMR & HCAI Improvement Goals (2024/25) and setting and monitoring actions where improvement is required

To further strengthen operational oversight, we plan to re-establish a structured environmental audit programme, prioritising high-risk areas. These audits will use an electronic tool (AMat) to capture real-time data and track performance more efficiently.

Key deliverables for 2025/26

Our infection prevention and control initiatives span all four quarters of 2025/26, with clear deliverables designed to embed practices that reduce infection rates sustainably:
Quarter 1 (by 30 April 2025)

- Roll out the new environmental cleaning policy, ensuring staff are trained and monitoring is in place.
- Complete trials of additional HPV machines at Glangwili and Bronglais using findings to inform potential wider procurement if external funding is secured.

Quarter 2 (by 31 July 2025)

- Re-establish the IPC environmental audit programme using AMat for real-time data entry.
- Complete the "Gloves Off" campaign launch across the Health Board in May, focusing on improved glove and hand hygiene practices.
- Demonstrate clear progress toward hospital-onset infection reduction targets, utilising monthly data from the Safety Dashboard.

Quarter 3 (October–December 2025)

- Achieve the reduction expectations for hospital-onset infections, assessing whether improved rates can be maintained. Progress is measured using the Quality Management System approach.
- Continue internal audits on MRSA decolonisation compliance where applicable and refine local policy as required.

Quarter 4 (by 31 January 2026)

- Sustain the reduction in hospital-onset infections and meet the de-escalation criteria established by the Health Board.
- Verify that all clinical care groups consistently maintain staff training compliance targets in IPC (level 1 and level 2) and ANTT proficiency.

Throughout each quarter, we will also address specific risks highlighted in our risk register. For instance, our lack of recommended airborne isolation suites at certain sites (Risk 1640) has minimal bearing on C. difficile rates, but we monitor it closely for broader IPC implications. Conversely, Risk 1490 concerning escalating C. difficile rates will be continually mitigated through updated cleaning protocols, additional HPV machines, and targeted assurance meetings with clear remedial actions being developed.

Resource Considerations

Achieving these objectives depends on sufficient staff time, training, and leadership support across all directorates. Therefore, we will prioritise releasing clinical staff to attend IPC training, complete ANTT competence checks, and engage actively in environmental audits. Hotel Facilities and Estates will collaborate on equipment placement, maintenance, and any building work required to support changes in cleaning approaches.

Where feasible, we will seek external funding or reallocate existing resources to invest in technology enhancements, such as hydrogen peroxide vapour machines. Simultaneously, the use of e-learning and digital audit tools aims to optimise staff time by reducing administrative burdens.

Governance, Assurance, and Quality Impact

A key element of sustaining progress on HCAIs is ongoing governance and quality monitoring. Each clinical care group is responsible for maintaining local oversight, but corporate level support will be provided by the IPC Team and the Strategic Steering Group. Any significant changes to clinical or cleaning protocols will undergo a quality impact assessment to ensure patient safety and experience are not compromised.

Areas that demonstrate success in reducing infection rates will share best practice through regular Health Board forums including the newly established CCGs, while areas requiring improvement will receive targeted support. Collectively, these steps form a consistent, evidence-based approach to embedding infection prevention and control into everyday clinical and operational processes.

Summary

By emphasising comprehensive cleaning policies, modern disinfection technologies, best-practice hand hygiene, and robust leadership at all levels, the Health Board aims to drive down the incidence of hospital-onset C. difficile, Staphylococcus aureus, and E. coli infections. Through quarterly milestones, improved training, and integrated monitoring tools, we are focused on not only achieving our reduction targets but also sustaining these improvements over the long term. This IPC plan represents a critical component of our broader commitment to patient safety, high-quality care, and continuous service improvement across the Health Board.

Therapies and Health Sciences
Therapies: Demand, Capacity, and Improvement Trajectories (2025/26)

Overview
The Health Board is dedicated to improving and sustaining timely access to therapy services throughout 2025/26. While the Board aims to reduce waiting times and enhance the patient experience, it must do so with an awareness of existing resource constraints, evolving referral patterns, and the imperative to maintain clinical quality. The following plan outlines how HDdUHB intends to manage demand and capacity in Physiotherapy, Podiatry, Occupational Therapy, Dietetics, Speech and Language Therapy (SALT), and Arts Therapies over the next year. It also provides a picture of the progress expected in each quarter, highlighting how best-practice models can guide meaningful improvements in wait-list management which will be explored throughout quarter 1.

Strategic Context
Therapy services in HDdUHB are crucial not only for rehabilitation and ongoing patient support, but also for prevention and early intervention. Rising demand in some areas most notably Physiotherapy has led to longer waits, requiring a structured plan that prioritises targeted service redesign and continuous refinement of current workflows. This approach aligns with the Board's overarching goals to deliver safe, effective care while ensuring that capacity reflects actual need as closely as possible.

The plan recognises that large-scale recruitment may not always be feasible within a single financial year and that workforce growth alone is unlikely to address all the issues tied to waiting lists. Instead, the emphasis rests on three core principles. First, the Health Board seeks to use existing resources to their fullest potential, relying on detailed demand-and-capacity (D&C) analysis to achieve a better match between staffing and the nature of referrals. Second, best-practice methodologies are being introduced or expanded, including group-based interventions, extended-scope roles, and digital platforms, to strengthen service delivery. Third, the Health Board will continuously monitor and update these approaches through a governance framework that identifies emerging risks early and adjusts programmes as needed.

Current Baseline and Projected Gains
A review of therapy waiting lists undertaken in January 2025 shows that Physiotherapy has in the region of 1,040 breaches, whereas Podiatry has circa 523. Early modelling suggests that by March 2026, Physiotherapy could reduce its backlog to approximately 251 a 75% improvement, while Podiatry might lower its breach numbers to around 355, representing about a 32% reduction. Smaller services such as Dietetics, SALT, and Arts Therapies already carry fewer breaches, potentially enabling them to reach or maintain near-zero levels over the next year.

These figures reflect preliminary modelling and could shift in response to variations in referral rates, workforce turnover, and other operational pressures. The Health Board anticipates that much of the overall improvement will be achieved by introducing innovative ways of working and by refining existing processes, rather than relying solely on additional staffing capacity.

Key deliverables for 2025/26

Quarter One (April – June 2025)

During the first quarter of 2025/26, HDdUHB will prioritise a comprehensive review of both demand and capacity across its therapy services. Data will be gathered on the frequency of new referrals, the clinical complexity associated with them, and any seasonal trends or pressures that typically emerge in the spring. This refined analysis is expected to highlight areas where triage methods, skill-mix strategies, or appointment scheduling practices might need to be strengthened.

Within Physiotherapy, it is recognised that the existing gap between capacity and incoming demand may lead to a short-term plateau or even a small rise in breach numbers. However, the Board views this as a necessary stage in establishing a more accurate baseline from which it can launch further interventions. Podiatry, Occupational Therapy, and the smaller services will likewise sharpen their focus on verifying whether the current workforce has the right balance of capacity to address the most urgent clinical needs. By the end of Quarter One, each therapy area aims to have clearly documented its backlog drivers and its immediate opportunities to make better use of available appointment slots.

Quarter Two (July – September 2025)

Building on the foundational work of Quarter one, the second quarter shifts emphasis to the proactive deployment of new or expanded service models. In Physiotherapy, advanced-practice roles may be used more extensively to address complex musculoskeletal cases, while routine or less intensive cases might benefit from group therapy or digital self-management programmes. In Podiatry, further streamlining of triage could ensure that the most urgent foot and lower-limb conditions are allocated to the right clinician at the right time.

By the close of Quarter two, the Health Board anticipates a gradual, consistent reduction in breach numbers, which should begin to alleviate any backlog growth observed earlier. Smaller therapies such as Dietetics or SALT, which were near or at zero breaches, will concentrate on maintaining their improved positions. Occupational Therapy and Arts. Therapies will refine their working patterns, especially if new interventions such as telehealth consultations show promise in reducing waiting times or improving patient flow. Although large decreases in breach numbers may be most visible in the latter half of this quarter, the progress made during these months is intended to set the course for more pronounced gains later in the year.

Quarter Three (October – December 2025)

In the autumn months, the Board expects to see sharper declines in backlog figures, particularly in services where best-practice innovations have had time to embed. Physiotherapy could move closer to 700 breaches by October, following a sustained reduction from its initial high of over 1,000 breaches. Podiatry, while still facing challenges, should also continue to improve, bringing its breach count steadily downward if triage refinements and extended-scope roles continue to prove effective.

Quarter Three will also feature robust evaluations of new service delivery methods. Virtual consultations, group interventions, and advanced-practice clinics can be highly beneficial, but their overall contribution to patient outcomes and wait-list management must be measured carefully. If the data indicates that some initiatives deliver only marginal benefits, teams will adapt quickly and shift efforts to more impactful solutions. This period is also

crucial for addressing any workforce retention issues that might arise; if staff turnover or sickness levels threaten the backlog trajectory, the Health Board will look to reallocate existing resources or refine operational priorities to maintain progress.

Quarter Four (January – March 2026)

As the 2025/26 year draws to a close, therapy services anticipate approaching or reaching their targeted backlog reductions. Physiotherapy is forecast to near 251 breaches, though the precise figure will reflect how effectively the preceding quarters' interventions have been sustained. Podiatry, having started from over 500 breaches, may settle at around 355, reflecting notable gains yet leaving a remainder that could require further focused effort in 2026/27. Other therapy services, which are likely to have managed minimal or zero breaches for some time, will consolidate their achievements and explore whether any fluctuations in referrals at the start of the calendar year pose a risk of regression.

Throughout this final quarter, the Health Board will prepare a reflective review of lessons learned. This process includes capturing evidence on the success of group-based therapies, extended-scoped practitioners, and digital self-management approaches. Insights gained will inform planning for the subsequent year, ensuring that any enduring backlog is further reduced and that early-stage interventions, such as triage and referral pathways, remain fine-tuned. The outcome of this reflection will shape the longer-term approach to therapy capacity and may inform any discussions with WG on resource allocation or broader transformation funding.

Best-Practice Approaches to Demand and Capacity

Over the course of 2025/26, HDdUHB will embed a series of best-practice measures to optimise the relationship between therapy demand and capacity. By identifying particularly effective ways of working, each service aims to reduce the wait-list burden without overextending current resources. One example is the potential for group-based physiotherapy classes for common musculoskeletal conditions, offering structured sessions with peer support. Another example is using telehealth to conduct follow-up appointments, freeing face-to-face capacity for those with more complex needs. These innovations are especially relevant for Podiatry, where integrating advanced-practice clinicians and refining triage methods can create a more efficient patient flow.

Similarly, smaller services such as Dietetics and SALT may benefit from digital triage tools or shared care pathways that facilitate earlier intervention in primary and community settings. This could help prevent unnecessary referrals from accumulating. Skill-mix reviews, moreover, will help identify ways for support staff and assistants to extend the capacity of registered therapists, ensuring that the right professional handles each aspect of care.

Governance, Monitoring, and Potential Risks

The Clinical Care Groups will uphold strong governance throughout this process by regularly tracking wait-list changes, workforce availability, and patient outcomes, most notably the Operational Allied Health and Health Sciences. Service leads will be responsible for flagging any divergences from projected reductions, allowing for a rapid, evidence-based response. Management oversight will be complemented by ongoing review of patient safety, quality indicators, and overall satisfaction levels.

There are, of course, potential risks that may alter the precise pace or scale of backlog reduction. These include unexpected surges in referrals, staff turnover or sickness, and financial constraints that limit the introduction of additional clinics. Where such pressures materialise, the Health Board remains committed to seeking collaborative solutions whether by reallocating resources, refining demand-management criteria, or exploring short-term waiting-list initiatives. At all times, the fundamental priority is to safeguard care quality while responsibly reducing waiting times as much as possible.

Summary

This Therapies plan for 2025/26 adopts a measured yet ambitious approach, grounded in detailed quarterly targets and informed by best-practice methodologies. The anticipated reduction from nearly 1,040 breaches in Physiotherapy and 523 in Podiatry, down to approximately 251 and 355, respectively reflects what can be achieved when existing resources are carefully targeted and innovative care models are consistently implemented. Although the Health Board recognises that factors such as referral spikes or workforce changes may necessitate refinements along the way, it remains optimistic that embedding robust demand-and-capacity processes will yield demonstrable progress. By balancing the drive for lower waiting times with a steadfast commitment to clinical quality, HDdUHB aims to deliver a meaningful and sustainable transformation in therapy services for the communities it serves.

Section 3: Enabling our plan for 2025/26

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Our People and Culture Plan

Overview

Our People and Culture Plan is the cornerstone of how we intend to nurture and develop our workforce. It is built on five strategic pillars: People Planning, People Operations and Resourcing, People Organisational Development, People Education and Development and Equality and Inclusion. It underpins our aspiration to create a safe, inclusive environment where staff thrive, patients receive high-quality care and our services remain resilient for the long term.

In 2025/26, we are introducing two new strategic themes:

- Fostering a Workplace Culture of Connection, Appreciation, and Positivity
- Creating a Compassionate and Inclusive Experience for Patients and Communities

These objectives reflect our belief that motivated, engaged staff are essential for delivering compassionate, effective healthcare. By focusing on these areas, we expect to see better retention, stronger team cohesion and improved patient outcomes.

Responding to Local Challenges

Although there are national and global issues, our rural and dispersed geography magnifies certain people pressures. We currently employ 12,278 staff (headcount), and around 9.2% have already surpassed the average retirement age for their role; a further 15.7% (1,935 colleagues) will reach that point by 2028. At the same time, our older population will grow over the next two decades, driving up service demand just as experienced staff are leaving.

We have historically relied heavily on locum and agency staff in some specialties. While this can plug short-term gaps, it often comes at a premium. In some cases, a single locum doctor post can cost £100k–£200k more per year compared to appointing a permanent consultant. Such expenditure can limit our ability to invest in other priorities that would enhance quality or staff well-being. Stabilising our people, particularly in medical, allied health and healthcare science professions it is not only a clinical necessity, but a financial imperative.

Building success through People Stabilisation Programmes

Our Nurse Stabilisation Programme has been built on our grow your own programme, substantive local and international recruitment and more efficient rostering which has reduced agency reliance, lowered variable pay and improved continuity of care. By integrating more robust operational and tactical people planning, we have been able to offer staff greater stability in their working patterns, which in turn has contributed to better retention and enhanced patient experience. The implementation of our Variable Pay and Agency Control Framework has been instrumental in this success, providing stringent governance via the Financial Control Group around agency usage, approval processes, and expenditure monitoring. This framework will be extended across all staff groups as we progress our nursing stabilisation work.

Extending this approach to our Medical, Allied Health and Healthcare Science professionals will involve adapting the same principles. However, each professional group has distinct requirements and pressures. For instance, in some medical specialties, the shortage of permanent staff is driven by national constraints or higher reliance on agency consultants. Similarly, certain Allied Health and Healthcare Science professional roles are hard to recruit

due to limited local training pipelines. Our stabilisation work will therefore be tailored to the specific needs of each group, guided by lessons learned from nursing.

We intend to pay particular attention to practical job planning and roster solutions (such as Allocate), locum-to-substantive pathways and advanced practice initiatives. This multi-layered approach reflects our commitment to addressing the root causes of instability through people planning initiatives, rather than relying on short-term fixes. In doing so, we aim to replicate and build upon the positive results seen in nursing, ensuring that our approach to sustainable models is prioritised through people now and for the future.

Key deliverables for 2025/26

To ensure these plans translate into measurable progress, we have set out five main priorities for the coming year which form part of our business as usual and align to our two strategic themes. Each deliverable is supported by specific activities designed to realise tangible benefits for both people and patients and align to strategic and tactical plans as noted:

Enhance Retention and Well-Being (People & Culture Strategy)

- Strengthen staff support programmes, including better access to Occupational Health, leadership development, and personal growth opportunities.
- Aim to lower turnover rates, especially in hard-to-fill specialties, by creating a positive workplace culture aligned with our new strategic themes.
- We provide exceptional mental health and resilience support, acknowledging the ongoing challenges of delivering care in a high-pressure environment, we strive to maintain and strengthen these services.

We know from experience that well-supported teams are more likely to stay, perform at a high standard and engage in improvement initiatives. By expanding our retention focus to encompass flexible working, structured career progression, and visible recognition, we can build the sense of belonging that underpins sustainable models of care.

Roll Out Allocate E-Rostering (Medical Stabilisation Programme)

- Complete phased implementation in our acute sites, aiming for a significant reduction in premium locum shifts by year-end (to achieve the 30% reduction target)
- Provide targeted training on the Allocate system, ensuring teams understand the benefits of real-time visibility over shift patterns.
- Implement our revised Job Planning policy with a target of 90% completion across all eligible clinical staff by December 2025, ensuring alignment with service needs, contractual requirements, and financial planning.

Implementing Allocate is not just about technology; it is about using data to forecast needs more accurately, prevent last-minute gaps, and secure safer staffing levels. By engaging frontline teams in the rollout, we hope to enhance local ownership of the new rostering approach.

Our implementation approach follows a carefully structured plan beginning with early adopter units in January 2025, followed by a phased deployment across all directorates through February 2026. This systematic rollout has been designed to prioritise high-impact areas first, with critical clusters sequenced logically across specialties to maximise benefits and manage change effectively. Early adopter experience in Mental Health & Learning

Disabilities and Unscheduled Care will inform subsequent phases, ensuring continuous improvement of the implementation approach.

Reduce Locum Dependence and Costs (Medical Stabilisation Programme)

- Target a reduction in locum spend by converting key posts into substantive roles (reflected in our respective operational and saving plans).
- Offer competitive relocation packages, flexible working, and clear career pathways to attract and retain permanent staff in rural areas.
- Establish a "locum-to-substantive" pipeline through our Certificate of Eligibility for Specialist Registration (CESR) portfolio pathway that outlines a clear path for long-term locums to transition into consultant posts.
- Achieve zero agency spend for Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff by September 2025 through enhanced bank utilisation, improved workforce planning, and targeted recruitment campaigns.

Our CESR pathway has already demonstrated notable success, with six former locums appointed substantively and three more in advanced recruitment stages. To strengthen this critical initiative, we have invested in two new part-time Clinical Support practitioners (starting April 2025) who will provide dedicated guidance to doctors navigating the CESR process. A comprehensive CESR Pathway framework document is currently in development to provide governance around the support offered and establish clear expectations regarding retention following successful completion.

International Recruitment Strategy

A key focus of our medical stabilisation effort is our international recruitment programme, which provides a vital pipeline for addressing persistent vacancies. We have submitted indicative numbers to Welsh Government and NHS Wales Shared Services Partnership (20 International Educated Nurses and 30 Medical staff) for the coming financial year, with the first international medic due to arrive on 31st March 2025.

To support this critical initiative, we have established an International Medical Recruitment Operational Delivery Group with bi-weekly meetings scheduled to oversee implementation and ensure appropriate support mechanisms are in place for international colleagues upon arrival. While this programme depends partly on Welsh Government funding allocations, we are developing contingency approaches to ensure continuity of this vital recruitment pipeline.

Success here requires collaborative efforts across professional groups, finance, HR and operational delivery teams. We recognise that effective marketing of our roles, prompt onboarding, and strong local support networks are critical in persuading talented clinicians to commit long-term to our Health Board.

Grow Advanced Practice and Role Redesign (People & Culture Strategy)

- Continue to introduce new advanced practitioner roles (e.g. Physician associates, Advanced Care & Consultant practitioner roles across multidisciplinary teams).
- Work closely with Health Education and Improvement Wales (HEIW) to "grow our own" talent pipelines and maximise benefit from student streamlining approaches.

- Enable tailored role redesign to local service needs, ensuring that new posts genuinely address identified gaps rather than duplicating existing skill sets which requires a commitment to pathway analysis and competency-based people planning.

Expanding advanced practice is a strategic priority. Having the right mix of expertise in each setting, whether that be a minor injuries unit, primary care or a specialist ward, allows us to deliver safe, timely care and make the most of our people supporting them to work at the top of their license.

Embed operational people planning through a Quality, Safety, Performance, Risk and Financial lens

- Establish regular reviews of roster performance, locum usage and workforce metrics through our Improving Together and Escalation structures (as set out under our revised Escalation Process section of the plan).
- Continue to link people data more closely with, performance, finance, risk and operational planning, ensuring that any deterioration promotes prompt action without compromising patient care.
- Maintain clear reporting lines so our Board remains fully appraised of progress against people stabilisation plans, critical risks and specific targets.
- Achieve zero agency spend for Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff by September 2025 through enhanced bank utilisation, improved workforce planning, and targeted recruitment campaigns.

Strong governance mechanisms are essential to keep our strategy and wider operational plans on track. Embedding an approach to demand and capacity that enables triangulation of all facets of good governance for effective people planning. By integrating operational planning, performance, quality, risk and financial information to our people plans, we can quickly identify where investments are working and where further interventions may be required.

Risk Management and Capacity Considerations

We recognise that several components of our plan face implementation challenges that require proactive management. Our workforce risk assessment has identified specific areas requiring focused attention:

- Mental Health & Learning Disabilities Services - Current exit plans for agency staff reveal significant operational challenges with workforce configurations that are difficult to establish, even on an agency basis. This presents a notable risk that requires dedicated mitigation strategies.
- Resource Capacity Constraints - Key enablers of our workforce plan face capacity challenges that could impact delivery timelines. We are reviewing resource allocation to ensure these critical roles receive appropriate support and dedicated time to deliver their objectives.
- Job Planning and Payroll Alignment - The complex technical work required to align job plans with payroll systems requires dedicated capacity. We are working to secure additional resource to expedite this work, as it provides a critical foundation for financial planning and accruals management.

These risks are being monitored through our People Themed Risk Register, with focused interventions planned for the highest-scoring risks (currently 55 risks cross service areas).

Regular reporting on risk mitigation progress will be incorporated into our governance framework.

Balancing Quality, People, and Finance

By prioritising sustainability in our people solutions, we reinforce not only our financial stability but also the quality of services we provide. Substantive staff are more likely to embed themselves in local improvement work, engage with continuing professional development and build trust-based relationships with colleagues and patients. This leads to safer care, better communication, and a stronger culture of learning, a direct reflection of our People and Culture Plan's aspiration to "shape our future" and "release our people's potential."

Looking Ahead - A Three-Year Perspective

While the actions described target the immediate 12 months, our roadmap extends over a three-year horizon and takes account of generational changes. This longer view recognises that challenges, particularly those linked to national skills shortages or demographic shifts that will require intense focus to resolve. It also ensures we remain focused on sustainable, evidence-based solutions rather than quick and unsustainable fixes. To this end, we will also have important developments taking place within our digital infrastructure for the people profession with the advent of the new National Workforce Solution which will replace ESR. This will come with significant changes from a management and cultural perspective to be managed across the Health Board which will be likely to take place in 2026/27, with early preparation taking place throughout the next 12 months.

Over the next three years we will continue to adapt our services to better align with new technologies, changing patient needs and emerging roles. This may include expanding telehealth options to support remote and rural communities (linked with our digital strategy), partnering with educational institutions to establish a greater variety of local developmental pathways and reflecting on how we may potentially provide specific services to maintain safe staffing levels across all acute sites and consider the deployment of new models of care within our rural and urban communities.

Assessing and Measuring our Success

Based on this, we will set targets that are realistic to achieve, as a minimum we will monitor ourselves against the following:

- Maintenance of Mandatory Training compliance at 85%
- Maintenance of PADR compliance at 85%
- Reduce our absence measure by previous year out turn
- Reduce our turnover by previous year out turn
- Agency Spend Reduction of up to 30%

To enable a holistic strategic framework, we will triangulate data sources across our People Pillar and map interventions and associated outputs and outcomes against a Theory of Change model to create direct links between our people interventions and patient care. We will also continue to assess and calibrate our learning from across our People Planning Tools i.e. People Themed Risk Register which gives us insight into current and future risks and other tools that we have developed. For example, we currently have 86 direct risks, of these the top 55 are located within 20 service areas. Based on the investments and interventions planned, our priority will be on the reduction of people themed risks and specifically a reduction in scores/number of risks indicated as Red in our Risk Matrix.

Summary

Ultimately, our People and Culture Plan sets the tone for how we intend to grow and support our people in a way that feels both ambitious and realistic. By knitting together deliverable people models, financial sustainability, clinical excellence and a deep commitment to staff well-being, we intend to build a Health Board that is truly fit for the future, capable of providing high-quality, patient-centred care to everyone in our region.

In pursuing these changes, we are mindful that the best care comes from confident, well-supported teams who feel valued in their roles. By reducing our dependence on locum and agency staffing, investing in sustainable solutions, and aligning our resources with strategic and operational priorities (both local and national), we strengthen our ability to deliver consistently safe, person-centred care. This reflects the heart of our People and Culture Plan, namely, a commitment to ensuring that everyone including our people, patients, and communities can thrive within a Health Board built on stability, compassion and continuous improvement.

Financial Plan

Overview

HDdUHB is committed to achieving a sustainable balance between delivering high-quality, timely care and maintaining a stable financial position. This section of our Annual Plan sets out how we intend to deliver services in 2025/26 with a target control total of £31.5m. In doing so, we will continue working towards financial sustainability over the medium term, aligning our resources with national and local priorities, and emphasising improvements in patient outcomes, experience, and service quality.

Our Financial Position

Our plan for 2025/26 is shaped by two core elements:

1. An Underlying Deficit carried forward from 2024/25, reflecting reliance on non-recurrent savings and underspends.
2. A Requirement to Control In-Year Costs and generate further savings in order to contain the deficit at £31.5m by year-end.

We recognise that performance, quality, and finance are inextricably linked. The investments we choose to make particularly in diagnostics, additional capacity, and clinical support are designed to improve planned care and cancer performance, while also addressing ongoing workforce and operational challenges. Our ambition is to ensure that, with the exception of specific high-pressure pathways such as ophthalmology, patients do not wait longer than 104 weeks for planned procedures. In parallel, we aim to safeguard our ability to meet urgent cancer targets by enhancing diagnostic and treatment capacity.

Underlying Deficit - Starting Position

The table below explains how our forecast 2024/25 deficit of £24.0m increases to an underlying deficit of £51.1m when non-recurrent factors and macro-economic pressures are taken into account. This underlying position forms the starting point for our 2025/26 financial plan.

Underlying Deficit Assessment	
Item	**£m**
2024/25 forecast end of year deficit	£24.0
Add - non-recurrent savings (2024/25)	£17.4
Add - Net impact of non-recurrent underspends	£7.4
Subtotal	**£48.8**
Add - 2024/25 macro and growth modelling	£6.7
Less - Full-year effect of 2024/25 recurrent savings	(£4.4)
Underlying deficit carried into 2025/26	**£51.1**

2025/26 Financial Plan - Key Components

Bridging the gap between the £51.1m underlying deficit and the £31.5m target control total requires a blend of recurrent and non-recurrent measures. The following table offers a consolidated view of the main cost drivers and offsets, showing how we arrive at the planned £31.5m deficit.

2025/26 Financial Plan Summary			
Item	**Recurrent (£'m)**	**Non-Recurrent (£'m)**	**Total (£'m)**
2024/25 underlying deficit carried forward	£51.1	–	£51.1
Macro-economic inflation price modelling	£15.5	–	£15.5
Volume and mix growth modelling	£3.2	–	£3.2
Contractual or unavoidable commitments	£14.5	–	£14.5
National pre-commitments	£0.1	£0.7	£0.8
Local pre-commitments (approved)	£0.4	£0.0	£0.4
Local future commitments (not yet approved)	£11.9	–	£11.9
Budget allocation letter funding	£(19.2)	£(2.3)	£(21.5)
Non-recurrent savings & underspends (75% of 2024/25)	–	£(25.4)	£(25.4)
BRAG savings ideas (assuming full conversion)	£(19.0)	–	(£19.0)
Planned Financial Deficit	**£58.5**	**£(27.0)**	**£31.5**

Macro-Economic Inflation and Demographic Growth

- Acute & Primary Care Drugs - Higher price inflation for prescribing, alongside incremental growth in patient demand.
- Continuing Healthcare (CHC) - Complex care packages continue to expand as more people live longer with multiple health needs.

Contractual and Unavoidable Commitments

- Joint Commissioning Committee (JCC) and NHS Wales LTAs - Essential to sustaining specialist services, including new NICE-approved drugs and treatments.
- National Pre-Commitments - For example, digital investments such as Cellular Pathology and the Laboratory Information Management System (LIMS).

- Local Pre-Commitments - Includes car parking contracts, capital-to-revenue transitions, and adjustments to HEIW nursing income.

Future Local Investments

We plan to invest in areas that directly underpin patient outcomes and key performance targets, particularly in diagnostics and high-volume specialties, such as:

- Diagnostic Capacity to support improved cancer pathways and improve compliance with national waiting times
- Planned Care expansions to ensure the majority of patients are seen within 104 weeks
- Service Modernisation in Ophthalmology, Radiology, and Endoscopy to meet rising referral demand
- Quality and Safety improvements, including nurse staffing expansions and acute oncology services

These investments are subject to business case approvals and may be phased to align with affordability and emerging service needs.

Budget Allocation Letter Funding

A 1.77% uplift from Welsh Government underpins our core allocations, including ring-fenced funding for areas such as Mental Health. Some top-slicing has occurred (e.g. central procurement of vaccines), but this remains broadly cost-neutral.

Savings Programme

To reach the £31.5m control total, we require £19.0m of recurrent savings, in addition to the continuation of delivery of £25.4m of non-recurrent savings as delivered in 2024/25. This will be managed through three Executive-led groups:

- A Healthier Mid and West Wales
- Value and Sustainability
- Integrated Quality, Finance and Performance Delivery

Focusing on non-pay efficiencies, clinical variation, medicines optimisation, and continuing healthcare rationalisation, these groups ensure that cost reductions do not compromise patient safety or quality of care.

Balancing Performance, Quality, and Finance

Despite prudent assumptions, several risks remain:

- Reliance on Non-Recurrent Measures - A delay in converting short-term savings into sustainable, recurrent efficiencies could inflate our future underlying deficit.
- Demand Volatility - Economic pressures or unforeseen health crises might increase service demand beyond current estimates.
- Unapproved Local Investments - Further slippage or re-prioritisation may be necessary if costs exceed available funding.
- Contract Negotiations - Final JCC/LTA values could diverge from assumptions, potentially driving additional cost pressures.

We will mitigate these risks through proactive governance, active performance management, and rigorous benefits realisation. Executive-led oversight groups are in place to monitor emerging pressures, ensuring that any corrective actions are taken promptly.

Summary and Next Steps

In setting a £31.5m deficit for 2025/26, we are taking a balanced approach, acknowledging our substantial £51.1m underlying deficit while continuing to invest in very fragile services that bolster patient care and performance. Over the coming year:

- We will strive to convert non-recurrent savings into sustainable, recurrent efficiencies.
- We will carefully phase the introduction of new local investments, prioritising those with the greatest impact on patient outcomes and compliance with key targets.
- We will continually evaluate the interplay of finance, service quality, and operational performance to ensure that all three elements remain aligned.

Our aim is to lay a foundation for longer-term financial sustainability, ultimately moving further towards financial balance by 2027/28. Through this plan, we reaffirm our commitment to the people of mid and west Wales, ensuring safe, high-quality healthcare underpinned by responsible and transparent financial management.

Commissioning

Three-Year Commissioning Strategy (2025/28)

Strategic Context and Intent

HDdUHB occupies a dual position in NHS Wales, functioning as both a direct healthcare provider and a commissioner of services for its population. This role necessitates a clearly articulated commissioning framework that enables the Board to determine whether to do, buy, or sell services in order to achieve the best clinical and financial outcomes. Although some services are most effectively delivered by HDdUHB's own teams, others require external commissioning arrangements for example, to provide high-complexity treatments or to harness specialist expertise not available in-house.

Currently, HDdUHB spends over £185 million annually on externally commissioned services, mainly through partnerships with Swansea Bay University Health Board, Cardiff & Vale University Health Boards, and the new NHS Wales Joint Commissioning Committee (JCC). This strategy aims to ensure that every commissioned arrangement supports consistent quality, timely access, and value for money, while maintaining robust oversight of cost growth and patient outcomes. Aligned with national policy, the Board will strengthen these partnerships, avoid duplication, and shape future demand so that resources are deployed where they can have the greatest impact.

Best Practice and Benchmarking

Commissioning approaches continue to evolve across the UK and internationally, shifting from transactional contracts to collaborative, outcome-driven models. In England, Integrated Care Systems (ICS) have introduced blended payments and risk-sharing incentives, and similar ideas have been adopted in Scotland's strategic commissioning of health and social care. While Wales benefits from an integrated NHS model, there remain lessons to be drawn from these approaches—particularly around performance management and shared accountability.

On the international stage, Sweden's "OrthoChoice" model for orthopaedic surgery exemplifies a bundled payment framework in which providers receive a single payment for a complete care episode. Evaluations show enhanced coordination, reduced variation, and a decline in complications. HDdUHB believes such episode-of-care or risk-sharing methods could be adapted to local pathways (e.g., selected ophthalmic or cardiac procedures),

building on the region's existing experiences in joint services with neighbouring health boards.

Priority Areas for Commissioning Reform

Secondary Care Commissioning

HDdUHB will refine its Long-Term Agreements (LTAs) with Swansea Bay and Cardiff & Vale University Health Boards to incorporate stronger performance metrics that link investment to outcomes such as waiting times and readmission rates. Collaborative capacity planning will underpin these agreements to ensure that patient demand is accurately forecasted and overperformance is controlled. The Board will also look to harmonise clinical pathways, delivering more elements of care internally if evidence supports a better patient journey and improved efficiencies.

Specialist Commissioning via the JCC

The JCC now oversees a significant portion of specialist services once handled by WHSSC. HDdUHB will remain fully engaged, advocating for service developments that reflect local population needs and collaborating on solutions to manage high-cost pressures in niche areas. The Board will continue to monitor specialist pathways to reduce multiple handoffs and maximise the alignment of follow-up or rehabilitation care within HDdUHB settings.

Outcome-Based and Innovative Payment Models

Building on best practices, HDdUHB will explore bundled payment pilots in high-volume specialties where a single payment for a defined episode of care could promote efficiency. Introducing elements of risk-sharing such as capping payment or linking a portion of reimbursement to clinical results can encourage continuous quality improvement and cost containment. The emphasis remains on patient-centred metrics, ensuring that any commissioning innovation is anchored in measures of safety, timeliness, and experience.

Governance and Oversight

A robust governance framework underpins the strategy's successful implementation. A Commissioning & Contracting Oversight Group will review the performance of externally commissioned services against financial, quality, and contractual metrics. At the Board level, committees focused on finance, performance, and quality will scrutinise outcomes, escalating any underperformance or emerging risks. An annual planning cycle will align commissioning decisions with updated population needs, enabling HDdUHB to adjust baseline activity projections and cost estimates each year.

This system of checks and balances includes maintaining a comprehensive risk register to flag uncertainties such as rising demand for particular specialties or unexpected cost inflation for new therapies. Mitigation measures may involve renegotiating contracts, exploring national frameworks through the JCC, or reprioritising services in line with local needs.

Integration into the Annual Plan

Commissioning workstreams do not stand apart from the Health Board's broader agenda; rather, they directly inform HDdUHB's Annual Plan and future Integrated Medium-Term Plan (IMTP). By interweaving commissioning aims with broader objectives such as urgent and emergency care improvements, scheduled care transformation, cancer pathway developments, and mental health reform the Board ensures that all decisions reflect both

immediate operational pressures and long-term ambitions for sustainability. This integrated approach supports the Health Board in meeting its statutory obligations, providing clarity to stakeholders about the role external commissioning plays in the local healthcare landscape.

Summary of Strategic Intent

HDdUHB's Three-Year Commissioning Strategy (2025/28) offers a structured roadmap for securing the right care at the right time, whether delivered internally or procured from external providers. By applying the "do, buy, sell" principle with clear standards of quality and cost-effectiveness, the Board will build on established partnerships across NHS Wales and the JCC to strengthen patient-centred care. Over the next three years, the strategy will be finalised and signed off by Board, before being rolled out in step with the Health Board's Annual Plan and wider strategic refresh, harnessing best practice innovations including outcome-based and risk-sharing contracts (where appropriate) and drawing on strong governance mechanisms to maintain rigorous oversight.

Ultimately, the Health Board's intention is to ensure that externally commissioned services complement internal provision, minimise duplication, and contribute to a sustainable and high-quality health system for residents of mid and west Wales.

Key deliverables for 2025/26

Commissioning Annual Plan: Year 1 Priorities

Below are the key initiatives being pursued in the first year (2025/26) to advance the above strategic intentions:

Commissioning & Contracting Oversight Group
A new group will be formed by Quarter 1 to standardise monitoring of financial commitments, service quality, and patient outcomes across commissioned services. This approach underpins accountability and helps align all contracts with the Health Board's strategic priorities.

Non-Drug Allergy Services
In collaboration with other health boards and WG, HDdUHB aims to formalise a commissioned service model for non-drug allergy care. The goal is to reduce waiting times, enhance local access, and develop a resilient, sustainable service in South-West Wales.

Velindre University NHS Trust (VUNHST)
As HDdUHB expands its internal oncology capacity through the South-West Wales Cancer Centre, reliance on Velindre's services has declined. The Health Board will continue to work with VUNHST to ensure that revised contracting arrangements accurately reflect changing patterns of demand not just in 2025/26 but over the coming 3-year period and beyond.

DEXA Scans at Swansea Bay University Health Board
HDdUHB will pursue further improvements in DEXA scan access and reporting times, aiming for no patients waiting over eight weeks by Quarter 3, and reducing the reporting turnaround to two to three weeks by Quarter 4. Updates will also consider the roll-out of Trabecular Bone Scoring (TBS) technology.

Linear Accelerator (LINAC) Provision
In collaboration with Swansea Bay University Health Board, we recognise the urgent need to progress planning for the fifth Linear Accelerator (LINAC) at the South West Wales

Cancer Centre during 2025/26, with the clear aim of operational readiness by 2026/27. At this stage, the Health Board has provided an agreement in principle, reflecting our commitment to addressing future capacity and demand challenges.

We acknowledge that further detailed work remains to be undertaken, including thorough financial, operational, and strategic assessments, prior to formal commitments and full governance approval.

NHS Wales Joint Commissioning Committee (NWJCC)
The Board will actively participate in the NWJCC to develop equitable, high-quality specialised services while maintaining a sustainable financial framework. Current priorities include major reconfigurations in cardiac surgery, TAVI, and other high-cost pathways, ensuring that resources are directed according to patient needs in a financially sustainable manner

Women's Health
Collaboration with providers and the NWJCC will support WG's ten-year Women's Health Plan. HDdUHB is committed to addressing identified service gaps, particularly in endometriosis care, by Quarter 4 to reduce inequalities and improve outcomes.

Contract Consolidation
Existing contracts will be reviewed to streamline the commissioning landscape, avoiding duplication and clarifying financial resources for each service area. The Commissioning and Contracting team intends to complete analysis of 1–2 specific services by the end of Quarter 2, allowing any agreed changes to take effect from 2026/27 ready for the next annual planning cycle.

Quality and Safety
HDdUHB will bolster quality and safety monitoring by requiring minimum quarterly updates from external providers on patient-reported outcome measures (PROMs), experience measures (PREMs) for appropriate services, and key indicators like complaints or concerns. This data will ensure continuous improvement and support the duty of candour obligations.

Through these measures, the Health Board ensures that commissioning decisions reflect population health needs, robust financial oversight, and a shared commitment to delivering outstanding care for all residents across Hywel Dda.

Capital and Estates

HDdUHB has developed an Infrastructure Investment Plan (available as a technical document) which brings together the capital aspirations of the organisation. This document pulls together how capital is an enabler to the delivery of our:

- Strategic Objectives
- Planning objectives which include the HDdUHB Health and Care Strategy, 'A Healthier Mid & West Wales; Our Future Generations Living Well'.
- Approach to the management of capital and infrastructure risks within HDdUHB

The enabling plan sets out the key components of each of the above categories and reflects HDdUHB's future Capital Investment Plans.

The plan is split into 3 portfolios of work:

- To support the implementation of our Health and Care Strategy through
  - the development of the Health Board Community infrastructure
  - agreeing with WG the next steps for the acute infrastructure requirement to implement the strategy
- To support the operational business continuity schemes in the interim years to ensure that the existing estate remains functional. Schemes in business case development currently include
  - Fire safety works in Withybush and Glangwili
  - Major Infrastructure Investment across all sites
- Supporting the business-as-usual replacements through the Discretionary Capital Programme (DCP). The level of our backlog around estates, equipment and digital infrastructure and the limited availability of this resource ensures that we have a robust prioritisation process for the allocation DCP. Our programme for 2025/26 will be allocated as follows:

Discretionary Capital Programme 2025/26	
	£m
Pre-Commitment	3.959
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	0.941
Spend to Save	0.300
Refurbishment of clinical areas	1.000
Statutory and estates programme	0.450
Equipment	0.500
Digital	0.500
Allocation via matrix	0.750
Total	**10.000**

Key enablers and constraints for our plan will be the availability of Health and Social Care Integration and Rebalancing Capital Fund (IRCF). This fund will support RPB's and their partners (including HDdUHB) to deliver a programme of local community hubs to co-locate front-line health and social care and other services. Some of the business cases are being developed to access resources in this fund are for the Cross Hands Health and Wellbeing Centre and for the Carmarthen Hwb development in conjunction with Carmarthenshire County Council. Our priority developments are included in the refreshed 10-year Regional Partnership Board's Strategic Capital Plan, and the outcome of the All-Wales Capital prioritisation process.

There are a number of regional business cases, particularly with SBUHB, that we are collaborating on, and include:

- CT Sims
- LINAC replacement / additional 5th LINAC

The outcome of the All Wales prioritisation exercise and the confirmation that the Regional Pathology Scheme is currently unaffordable will require further discussion to agree on next steps.

Key deliverables for 2025/26

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 10 to 15 years

- To agree the next steps for the with WG for the infrastructure associated with the delivery of AHMWW
- Regional capital plans as delegated to the RPB
- Strategic plans for all Health Board estate, both freehold and leased, including purchase of new buildings and new / changes to lease agreements
- Agile working and associated factors, such as desk-booking, building design, toolkit etc
- Essential estate infrastructure through the major infrastructure business case
- Decarbonisation initiatives and net zero approaches

Refresh long-term options for delivery of AHMWW *A Healthier Mid and West Wales* Strategy

- Working with WG to agree programme of work, products and timelines
- Management of Nuffield Trust report, management action plan

Interim Plans for acute sites

- Development of infrastructure/capital options
- Development of capital plan for implementation

Community Hub Development

- Review and refresh of regional 10-year capital plan
- Internal prioritisation of Community Hubs to progress - updated list of projects

Estates Rationalisation Modernisation and rationalisation scheme year 1-4 implementation

- Deliver on rationalisation / acquisition programme e.g. leasehold of WG Building as a new Corporate Hwb, disposal of Penlan etc.
- Progress against Business Case process for: Fishguard Health and Wellbeing Centre (HWBC); Carmarthen Hwb; Pentre Awel; Cross Hands HWBC ; Cylch Caron

Value and Sustainability Board

In April 2024, the Health Board established a Value and Sustainability Board, with a view to providing a defined and structured approach to improving service efficiency, value and reducing waste. This mirrors the approach undertaken at the all-Wales level – but extends the range of issues covered beyond those currently in scope in the National V&S group. The Board also acts as a central liaison point for other groups within the health board, notably the Financial Control Group, and also as an overseer of activity relating to the delivery of the overarching roadmap to financial sustainability.

In 2024/25, a number of areas have been investigated and appropriate actions undertaken to address any shortfalls in current planning or control arrangements. Some of these are ongoing and will be carried forward in the coming year. Areas covered so far include:

- Pathology and Chemotherapy
- Reviews of high value / high impact pathways, including respiratory care, T&O, bone health and diabetes
- Production and review of a compendium of variation to identify opportunities to reduce waste and variation
- An admin and clerical review workplan and associated actions
- Reviews of plans and targets for deployment of internationally-recruited nurses, and associated reductions in nurse agency expenditure
- Targeted actions relating to deployment of a modernised and enhanced system of control over medical rostering, use of locum / agency staff and development of a medical rate card
- Reviews of nursing enhanced and variable pay
- Financial assessment and financial control improvements

Key Deliverables for 2025/26

To ensure momentum of this important review and control function, a forward work plan has been devised for 2025/26. Most of the proposed work areas impact directly on financial sustainability and this has been set as a key goal. Other work areas aim to promote workforce sustainability and ensure reductions in key high cost / poor value staffing arrangements. Key areas planned for review in the coming year 2025/26 include:

- Variable pay in estates and facilities teams
- AHP and therapy staffing
- Training and development
- Creation of a patient services centre to not only improve efficiency but transform the “customer service” aspects of healthcare
- Tackling stubborn sickness absence areas
- Further initiatives in respect of agency staffing in targeted areas

Value Based Health Care

Value Based Health Care (VBHC) is an approach to the provision of healthcare services that seeks to make sure that all that we do, including the way we use resources, focuses on improving health outcomes that are important to our citizens.

Working through a national procurement framework and through a regional evaluation, we have procured and successfully implemented a new digital PROM collection solution and through this platform, we are now able to provide patient level visualisations for all services that we collect PROM data for. Additionally we have service level visualisation of cohorts of patients for service areas that identify common issues and enable the evaluation of novel approaches through the lens of outcomes that are important to our patients. We have also sought to collect patient reported data on treatment choices and goals as well as implementing a novel, shared decision-making tool to ensure that informed treatment choices are made jointly between clinician and patient.

The HDdUHB VBHC Team have worked with a range of operational services in order to deliver transformative change. Most notably this has included:

- Establishment of a comprehensive Fracture Liaison Service funded by the HDdUHB VBHC Delivery Fund.
- Established through the HDdUHB VBHC Delivery Fund, a transformative Vascular Podiatry Service, improving patient outcomes while reducing the cost of achieving them.
- Introduced opportunistic screening for Atrial Fibrillation (AF) in Podiatry Clinics, funded regionally through the NHS Executive, successfully identifying patients with AF and reducing their risk of stroke.
- Collaborated with Aberystwyth University to conduct economic evaluations of the Children's Epilepsy Specialist Nurse role and Same Day Emergency Care.
- Conducted research on the quality of life of lung cancer survivors, with findings selected for presentation at the British Thoracic Society Conference and published in the Thorax Journal.
- Continued to introduce new PROM collection pathways in services throughout the Health Board.

The HDdUHB VBHC Team also comprises of a Rapid Value function. The aim of the programme is to deliver rapid value / improvement work within 90 days using a Lean approach that focuses on the identification and elimination of waste that does not add to improved outcomes for our population. The work of the Rapid Value Programme delivers over £1.5m of productivity and cash releasing benefits per annum.

Supported the implementation of the first Acute Kidney Injury Nurse led clinic in Wales. Improving quality of care and preventing the progression of chronic kidney disease and associated costs.

- Facilitated the change in nitrous oxide delivery, improving safety for staff, reducing environmental impact and reducing waste by up to 90% along with cost savings.
- Supported the implementation of a one stop cataract clinic to reduce the number of appointments patients attend.
- Worked with the pharmacist in the Women and Children's directorate to optimise doses of drugs with direct cost savings.
- Supported the development of business cases to ensure that the proposed models were undertaken through the lens of Value.
- Undertaken Rapid Value evaluations with services to identify and reduce waste e.g. Early Supported Discharge, Paediatric Psychology Services, Paediatric Neurodevelopment Services.
- Supported the delivery of the hospital@home model in Pembrokeshire.

Key Deliverables for 2025/26

- Future work will focus on the support and improvement of the national 'high value, high impact' pathways along with preventative approaches and the promotion of wellness within our population.

Clinical Services Plan

Approved by the Board in March 2023, the Clinical Services Plan programme aims to address service fragilities and improve healthcare delivery based on the principles of care that is safe, sustainable, accessible, and kind. The objectives of the programme are to:

- Respond to Critical Care service fragility
- Respond to Emergency General Surgery service fragility

- Sustainably improve access and reduce waiting times for patients for Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics) and Diagnostics (Endoscopy and Radiology)
- Improve standards and respond to service fragility within the Stroke service

During 2024 we undertook Phase 2 of the programme: an options development and options appraisal process for the nine services within scope. This process resulted in a series of options for the nine services. In a public Board Meeting in November 2024, Board members received a Closing Report summarising all the work that had taken place during Phase 2.

Board agreed that public consultation is needed on the options and that:

- The whole-programme options developed in Phase 2 contain the building blocks for how individual services could potentially be organised differently in the future to deal with fragilities
- Funding implications of the options should be described
- We should seek to describe options in a simple way during consultation.

The Board reached agreement with Llais, in accordance with the WG Guidance on changes to health services 2023, that the proposals for change if supported would be a substantial change to services. The Board has a statutory responsibility to undertake consultation under Section 183 of the National Health Service (Wales) Act 2006.

The project plan for the consultation was considered by the Board at the public meeting on 30 January 2025.

The following matters have not yet been decided and are *open to influence* in the consultation, so we want to gather views on:

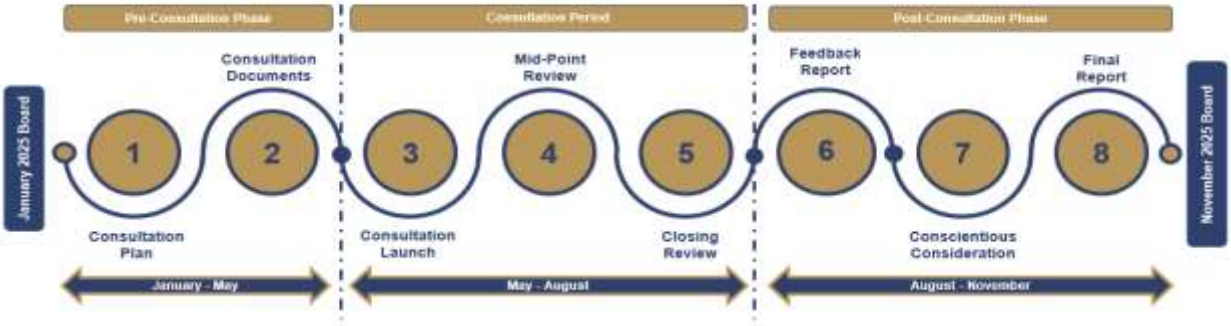
- The suitability of each of the service change options for the nine services in scope of the Clinical Services Plan
- The positive and negative impacts associated with each of the service change options for the nine services in scope of the Clinical Services Plan
- Any alternative options which should be considered for the nine services in scope of the Clinical Services Plan
- The future roles of the acute hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush hospitals)

The following matters have been decided and are *not open to influence* in the consultation:

- Any services other than the nine services within the scope of the CSP, agreed by the Board in March 2023
- The overall direction of the ‘A Healthier Mid and West Wales’ strategy agreed by the Board in 2018 which we anticipate will remain, i.e.:
    - Moving towards a wellness service rather than an illness service
    - Developing a social model for health
    - Supporting citizens through technology and other means to stay healthy, independent, and in their own homes
    - Significant capital investment to address ageing estate, and
    - The consolidation of acute services to enhance resilience and improve standards

We have contracted an independent research organisation Opinion Research Services (ORS) to collect and analyse all the feedback received as part of this consultation. ORS will provide an independent analysis and output report to the Health Board. This will be shared with Llais for their comments.

An output report to this consultation will be published, fully considered, and discussed as part of a Health Board meeting in Quarter 3. The diagram below provides an overview of the timeline for Phase 3 of the programme:



Key Deliverables for 2025/26

Phase 3: Public Consultation on service change options for the CSP and the impact of change on hospital sites (the steps will be supported by ORS and advised by HICO)

Quarter 1:

- Step 1 – Consultation Plan - Produce a consultation project plan and commence the development of a detailed consultation plan for public engagement.
- Step 2 – Consultation documents – develop and produce relevant documents and questionnaires as required within the plan for public engagement.

Quarter 2:

- Step 3 – Consultation launch – commence public engagement aligned to the consultation plan with workforce, communities and stakeholders.
- Step 4 – Mid-point review – review progress against the consultation plan. Within this monitoring progress of engagement and representation throughout our communities, workforce and stakeholders. Where identified deliver additional engagement activities where underrepresentation has been identified.
- Step 5 – Closing review – initial review of engagement process and findings.

Quarter 3:

- Step 6 – Feedback report – of public engagement with consideration of feedback and identification of alternative options being progressed to support step 7.
- Step 7 – Conscientious consideration – CSP programme information from Phase 1, 2 and 3 (public engagement) are objectively considered by Hywel Dda Board.
- Step 8 – Final report – CSP programme report for Phase 1, 2 and 3 as to support Board in making an informed decision on the services in scope of the CSP

Phase 4: Implementation – pending Board decision

Quarter 4:

- Step 1 – Implementation initiation – this will be dependant on the Board decision following an output of Phase 3 completion. Implementation would include the commencement of task and finish groups and project support to support service changes.

Working with National Organisations

Health organisations across Wales have come together over the last few months to consider the challenges facing the NHS in Wales and how we can collectively address these over the coming years. The aim is to build a service delivery blueprint which will describe ll in health outcomes and performance and reduce inequalities. This will be a collaborative effort, bringing together the thinking from within NHS organisations in Wales and utilising external expertise and international insights, and will support and enhance the WG's work on a National Plan.

This will be a blueprint that describes an integrated primary and community care system focused on prevention and early intervention, a future model for hospitals, technology enabled care and a future-focussed and enabled workforce. It will also set out a plan for how these changes will be delivered.

As this national work develops, Hywel Dda will commit to aligning the thinking into our plans for service change and improvement.

Health Education and Improvement Wales

Key operational delivery objectives for 2025/26

- Implement agreed 2025/26 commissioning recommendations for undergraduate and postgraduate/post registration education and training (Education and Training Plan)
- Continue to review and recommission education and training underpinned by contractual arrangements working with further and higher education (SREP2)
- Develop an infrastructure to support high quality and effective multi professional practice-based learning (Placements)
- Manage recruitment and secure delivery of high-quality postgraduate education and training to optimise trainee progression and deliver wider functions as the Statutory Education Body for Wale
- Continue to deliver effective additional support for trainees who need to access the Professional Support Unit
- Support transition into employment for students and trainees upon qualification
- Implement effective support for revalidation, appraisal and CPD through the Revalidation Support Unit on behalf of NHS Wales
- Support the delivery of apprenticeships within NHS Wales in line with Government strategy and Health Board requirements

- Support the creation of compassionate cultures in NHS Wales through leadership development, succession planning and talent management
- Implement the annual NHS Wales Staff survey
- Implement NHS Wales attraction campaigns through the Train Work Live Programme
- Provide quality improvement skills training programmes for healthcare professionals (QIST)
- Implement 'More Than Just Words' to support Cymraeg being embedded across health and social care services in Wales
- Support NHS Wales with workforce intelligence and deliver digital systems that support the efficient and effective delivery of workforce, education & training functions

Regional Working - **Swansea Bay University Health Board (SBUHB)**

Introduction and governance arrangements

HDdUHB and SBUHB continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally between the two Health Boards. Our approach is to consider regional partnerships and regional solutions as core principles of a whole system approach to the planning and delivery of services.

As part of the development our approach to regional working, the two Health Boards have formally constituted a Joint Committee in order to provide joint leadership for the regional planning, commissioning, and delivery of services for both University Health Boards taking into account the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through ARCH.

Key deliverables for 2025/26

- Transition from current regional working arrangement to the new Joint Committee, whilst retaining current good practice and focus on performance and delivery.
- Set out the ambition of the 'future state' for the Region and the implications for the health and the health and care services for the future population.

Clinical Service Priorities for 2025/26

- Orthopaedics including hand, ankle and arthroplasty
- Eye care including Glaucoma, Paediatric, Cataracts and Medical Retina.
- Diagnostics including radiology and endoscopy
- Cancer including oncology outpatients and radiotherapy
- Pathology including a Pathology Operational Delivery Network

Other service areas, such as Stroke, may become priorities as the work programmes linked to the Joint Committee continue to emerge.

Data and Digital

To explore how we can digitally enable better healthcare at a regional level by working collaboratively to share solutions, resources, expertise, experience and ideas:

- Remove digital friction – allowing seamless access systems across the region
- Explore the transition towards what an Electronic Health Record (EHR) Model would require to provide the right information at the point of care regardless of organisational boundaries

- Empower the regional population with consistent access to digital information and tools

Building on our respective strengths including:

- Leveraging the Strategic Partner Model in Hywel Dda – how can we do this on a regional basis
- Leveraging the data for (Data Science / Advanced Analytics / Research / Innovation)

Research, Innovation, and Excellence

Both Health Boards have strong approaches to research and innovation, with many examples of partnering together, and with industry and academia, to support the advancement of clinical trials and evaluations of new and novel approaches to improving care and health outcomes. The new Joint Committee is committed to building on these foundations and will oversee a work programme over the next nine months to deliver options for strengthening the regional approach. The options will vary in scope from concentrating on those areas where there is a current or planned regional pattern of service delivery, through to a wider and deeper collaboration around all areas of research and innovation activity.

Wellbeing Economy

We build on regional partnerships and assets to develop plans for a regional Wellbeing Economy that will prioritise human, social, planetary and economic wellbeing, which constitute the well-being “capitals”. This will include important assets such as trust, social cohesion, participation, environmental sustainability and quality employment, which are crucial for developing healthy, fairer and prosperous societies where people can thrive.

Further elements to support regional working

To further support the work of the Regional Committee we will also explore the opportunities with regards to Workforce & Organisational Development (including Leadership Development Programmes); and Finance & Contracting. Additionally, we will develop and oversee a joint approach to the prioritisation of capital programmes as part of the clinical service plans, which underpin the regional health economy approach.

Regional Working - Mid and West Wales

For 2025/26, the priority areas for joint working across mid Wales will support the WG’s expectation, as outlined in the NHS Wales Technical Planning Guidance 2025/28, for health and social care organisations to work together to plan and deliver regional solutions across organisational boundaries. The focus will continue to be on a whole pathway approach with regional links between primary, secondary, community and social care with links to regional and national pathway work. These priorities and areas of focus will be subject to review during the year to respond to organisational strategic changes.

Clinical Priorities

The clinical priorities for 2025/26 which the Mid Wales Clinical Advisory Group will focus on are Urology, Rheumatology, Dermatology and pathways impacted by the Strategic Service Change programmes of those organisations providing services to mid Wales.

Social Care priorities

The social care priorities for 2025/26 are Residential Children's Accommodation with links to eliminating profit on small homes (Childrens' Services), Delayed Pathways of Care including Trusted Assessor and the 50 day challenge and the Welsh Community Care Information System (WCCIS).

Rural Health and Care Wales

The workplan for Rural Health and Care Wales for 2025/26 will continue to support the Joint Committee's priorities with more wide-ranging areas of work that encompass broader social models of health and ill health preventative measures.

Key Deliverables for 2025/26

Develop a programme of renewal for urology pathways across the region which will support and link to the national pathway work.

- Complete the programme of work for prostate cancer PSA and Trial Without Catheter pathways.

Increase capacity and access to ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.

- Progress the proposal for a PTHB nurse led wet AMD service in North Powys (Newtown) with HDdUHB medical oversight / District General Hospital pathway.
- Continue exploring networking opportunities and joint pathway development including PTHB working in HDdUHB at the North Road clinic to inform PTHB pathway development / repatriation opportunities with eyecare Multidisciplinary (MDT) in Powys.
- Scope alternative options to the triumvirate mid Wales collaborative Ophthalmology consultant leadership post.
- Explore the available opportunities for the provision of primary care eye care services for South Gwynedd area.

Identify opportunities for increasing provision and improving access to cancer services across mid Wales

- Support the development of the Bronglais General Hospital (HDdUHB) Chemotherapy Unit.
- Continue the review of radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across mid Wales and identify what improvements can be made to cross organisational handover arrangements.
- Ensure the needs of the mid Wales population are considered as part of regional developments.

Identify what improvements can be made to general NHS dental services provision across Mid Wales.

- Develop a pathway for HDdUHB patients to access Endodontic treatment at the PTHB service provided at Llandrindod Wells Hospital.
- Explore the feasibility of establishing an integrated service for joint Paediatric General Anaesthesia at Bronglais General Hospital (HDdUHB).

Identify the impact on the mid Wales population of pathway changes proposed in organisational Strategic Service Change programmes.

- Review those pathways impacted by organisational Strategic Service Change programmes and support the development of regional and cross border solutions.

Develop solutions to establish cross border workforce health and social care arrangements across mid Wales.

- Identify, maximise and share good practice, supporting challenges impacting training, education and development.
- Identify and maximise opportunities to share best practice that support workforce wellbeing.
- Continue to share good practice across the mid Wales region in relation to all aspects of W&OD and use other networks to maximise efficiency.

Research and Development

The end of 2024/25 marked the conclusion of our last Research and Innovation Strategy (2021/24). To name just a few achieved over the period. We now have dedicated research facilities in each of our four counties, based at the District General Hospitals. We have secured dedicated time for researchers and innovators in important areas including women's health, stroke, cardiovascular disease, and diabetes. We have further matured our partnerships with universities and industry, including advancing evaluative studies in respiratory disease and advancing projects on behalf of the Wales NHS Executive.

In the early part of 2024/25, we commenced work on developing our new Strategic Plan, which will build upon our progress and take advantage of a positive research and innovation policy and funding context at a Wales and UK level. The strategic plan will cover a five-year period, taking us up until 2030 and will focus on:

- improving the access to and impact of research and innovation;
- developing a positive research and innovation environment and culture; and
- further strengthening our research and innovation partnerships with communities, universities, other public bodies, and the life science sector.

Key Deliverables for 2025/26

- The plan specifically for 2025/26 will include improving access to research studies in areas including cancer, respiratory and metabolic disorders, strengthening our regional approach to research and innovation, and entering new real world evaluation partnerships.

Digital

Overview

HDdUHB is undertaking an ambitious 12-month digital transformation journey that underpins our Annual Plan for 2025/26. Building on local healthcare priorities and aligning with national digital standards, our overarching goal is to create a patient-centred, modernised system of care. This means delivering strong digital tools that improve everyday clinical workflows, bolster organisational resilience, and ultimately make a tangible difference to the quality of care received by our communities.

Our approach is divided into four defined phases running from early 2025 through to early 2026. Each phase has been designed to ensure momentum, build on prior achievements, and tackle the practical challenges that come with introducing new technologies at scale. A 10-year transformation partnership underpins our efforts, providing additional capacity, expertise and strategic insight, especially as we adopt complex tools such as patient flow and electronic prescribing (ePMA), electronic observations (eObs), and emerging innovations in artificial intelligence (AI) and predictive analytics.

Crucially, this plan also places a strong emphasis on governance, workforce engagement, and clinical safety. We recognise that successful transformation involves more than rolling out new software; it requires a culture of constant improvement, clear accountabilities, and ongoing risk management. By February 2026, HDdUHB intends to have delivered a suite of fully integrated, secure, and user-friendly systems from virtual wards to a comprehensive patient engagement platform, alongside the processes and skills needed to ensure that our digital investments continue to deliver long-term benefits.
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Key deliverables for 2025/26

February to May 2025 – Laying the Foundations

During these early months, we concentrate on establishing the essential building blocks for digital transformation. This phase includes refining our strategic direction with our 10-year transformation partner CGI, ensuring robust governance, and defining clear roles and responsibilities. Alongside this, we start developing a new integration layer so that multiple clinical systems, like ePrescribing (ePMA) and electronic observations (eObs) can share data securely and consistently. Early engagement with clinical teams is fundamental; we want to ensure we are clinically driven so involve them in scoping these systems to ensure they are user-friendly, safe, and truly beneficial to patient care.

Concurrently, the Health Board begins assessing the requirements for ePMA so that a detailed rollout plan can be finalised well before the summer. Staff training schedules and supporting infrastructures are also planned, ensuring that once we move past May, implementation can gain momentum without unnecessary delays.

During our foundational phase, we will develop and implement a comprehensive cyber response plan to safeguard our digital ecosystem, with particular focus on the systematic eradication of all unsupported systems by December 2025. This proactive approach will be overseen by our dedicated security team, ensuring we maintain resilience against evolving cyber threats while meeting NHS Wales compliance standards. Our cyber plan will include regular penetration testing, staff security awareness training, and detailed incident response protocols to protect patient data and maintain service continuity.

May to August 2025 – Accelerating Progress

From late spring into the summer, we shift our focus from planning to action. By May, we revalidate each project's "charter" (or formal scope) to confirm that our objectives remain aligned with both Board and clinical needs. Once these charters are updated, our teams can accelerate readiness activities, which includes signing off technical designs, finalising contracts, and initiating staff training sessions.

Within this timeframe, we advance our Data Strategy and Approach, creating a framework to capture and analyse real-time data across the Health Board. This work underpins future innovations in areas such as artificial intelligence (AI) and predictive analytics. We will also undertake a review and consolidation of any "Shadow IT" services, streamlining our digital

landscape for better security and cost-effectiveness. Meanwhile, initial design work on the Patient Services Centre (sometimes called the Single Point of Contact) takes shape, laying the groundwork for a single point of patient contact that will integrate appointments, test results, and communications under one roof.

August to November 2025 – Rolling Out Core Systems

Late summer to early winter marks the period when several foundational solutions move from pilot or planning mode to wider deployment. One of the most significant steps is the start of the Patient Flow, eObservations, and ePMA rollout, bringing electronic prescribing and medicines administration into everyday use. This helps reduce medication errors and streamlines pharmacy operations. At the same time, we begin piloting virtual wards and telehealth systems, enabling some patients particularly those with chronic or long-term conditions to receive care in the comfort of their homes (which links to both the Six Goals Programme and wider strategic direction).

We also make progress on the Patient Services Centre, translating our earlier designs into a functional service management structure. By aligning staff training with system go-live dates, the Health Board ensures a smoother transition for both clinical teams and patients. Alongside these activities, service management protocols are formalised to guarantee that once systems are live, they operate reliably and benefit from ongoing support.

We will also continue to work with Digital Health and Care Wales to ensure plans are in place to flow data into the National Data Resource (NDR) and make fuller use of APIs available. Work is already underway to utilise the advance analytics capability of the NDR. As part of our approach the digital team are developing a local enterprise architecture will is in line with the national standards and alignment with the ongoing development of National Architecture. A clear plan will be developed for technology-enabled virtual wards, Hospital@Home or care, supporting 100 individuals or proportionally equivalent by the end of 2025/26 remotely. There is an increase in the use and uptake of appropriate electronic testing referrals in the Welsh Clinical Portal for radiology and pathology.

November 2025 to February 2026 – Completing Platforms & Sustaining Benefits

As we move towards early 2026, we finish rolling out eObs (electronic observations), making real-time vital sign monitoring a standard of care across our hospitals. In tandem, the Patient Engagement Platform reaches a mature stage, offering patients direct access to appointment bookings, results, and secure messaging channels. This platform will be integral to self-management and patient empowerment, both of which are vital aspects of our broader strategy.

During this period, we also undertake the discovery of our 360-Degree View or Patient Relationship Management (PRM) programme, enabling a more holistic perspective on patient interactions. This consolidated view assists clinical and administrative teams, improving the accuracy of appointments, referrals, and care plans. AI initiatives that have proven safe and beneficial; for example, AI-assisted clinical coding or stroke assessment are explored in conjunction with national partners like Health Technology Wales and NICE. Throughout every stage, the Health Board continues to prioritise cyber security, data protection, and clinical governance.

February 2026 – Onwards – Modular Electronic Health Record

By consolidating patient data from various sources into a single, unified system, we will be able access comprehensive and up-to-date information at the point of care. This integration

not only enhances the accuracy of patient records but also improves the co-ordination of care across different healthcare settings. For example, a patient's medical history, lab results, and treatment plans can be readily available to all relevant healthcare professionals, reducing the risk of errors and ensuring continuity of care. Additionally, the EHR system will support advanced functionalities such as clinical decision support, which can assist clinicians in making evidence-based decisions, ultimately leading to better patient outcomes. The integration of a Patient Relationship Management (PRM) system to manage all patient interactions through a single-entry point, managed by a Patient Services Centre, we will effectively design an operational EHR.

Strategic Partnerships

We acknowledge that our delivery is linked having strong partnerships. Delivering at pace has always been an issue for digital, however HDdUHB has introduced a 10-year digital transformation partner, to ensure that additional capacity, and expertise are available, which will play a crucial role in helping Hywel Dda achieve its digital transformation goals. They will support the development and implementation of an organisational-wide digital and data strategy that aligns with national policies and future state architecture.

The strategic partner will be instrumental in driving innovation through the adoption of AI and automation technologies. They help the Health Board adopt innovative approaches to improving patient care, reducing waiting lists, and enhancing administrative processes. By prioritising technologies that have undergone successful health technology assessments, the strategic partner ensures safe and ethical adoption of new technologies. This enables the Health Board to exploit opportunities for digital innovation in treatment, prevention, testing, monitoring, systems, and patient-level devices and tests, ultimately leading to better patient outcomes and more efficient healthcare delivery.

Ongoing Governance, Security, and Benefits Realisation

Throughout these 12 months, we maintain a strong emphasis on governance, clinical safety, and robust risk management. A new dedicated committee oversees digital, data, and innovation decisions, ensuring any emerging risks especially around AI are thoroughly assessed. Equally important is tracking benefits realisation: we monitor key indicators such as waiting times, prescribing error rates, and staff/patient feedback to verify that the programme delivers the intended improvements.

Our 10-year strategic partnership remains a crucial support mechanism, helping the Health Board sustain momentum and draw on external expertise. By February 2026, we will have established a suite of integrated digital systems, an empowered and digitally skilled workforce, and a patient focused suite of tools that markedly enhance healthcare experiences for our communities.

Summary

The Health Board’s 12-month digital transformation plan represents a major step forward in modernising patient care, strengthening operational efficiency, and meeting evolving health service demands. By integrating foundational technologies, adopting a patient engagement platform, and responsibly embracing AI, HDdUHB will be better placed to deliver timely, safe, and innovative healthcare. Our commitment is to align people, processes, and technology in pursuit of a sustainable, value-based health system one that fully supports our clinicians and consistently meets the needs of the people we serve.

Welsh Language

A high proportion of our population in Mid and West Wales – whether patients, service users, carers, or our staff - wish and have a need to communicate with the health service through the medium of Welsh. The bilingual needs of our communities is celebrated and embraced by our Health Board - we are proactive in supporting our colleagues to raise awareness of the importance of making sure information and services are available in both Welsh and English and how this will impact positively on our patient experience. We continue to report progress and key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Monitoring Report, which is published on our website annually.

The report includes how HDdUHB will continue to promote the use of Welsh language; support staff to use the Welsh language; and endeavour to comply with the Welsh language standards. We are committed, not only to complying with the Welsh Language Standards, but also their broader spirit to enhance Welsh culture and communities. While we are keen to deliver on our statutory duties in meeting all aspects of the standards, we recognise that the commitment is not always consistent across our sites. We appreciate that there is a need for continued support for behavioural and culture change for us to deliver a seamless bilingual service to our service users.

Key deliverables for 2025/26

HDdUHB has a clear vision for the development of Welsh language and culture during 2025/26.

- A key focus will be to continue to build upon the discovery process launched in 2022 to understand the Welsh language and cultural needs and aspirations of our communities – of staff, patients, service providers, and supporters.
- An important focus of the Welsh language Standards during the year will be the implementation of Standard 110 – providing a clinical consultation in Welsh.
- We will continue to deliver upon the board's priorities alongside the requirements of the Welsh Language Standards and the More than Just Words strategic plan

Section 4: Delivering the Plan for 2025/26

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

(De-) Escalation Framework 2025/26

Connecting the Revised Escalation Process to Clinical Care Groups (CCGs)

Our Improving Together framework underpins how we measure performance, escalate concerns, and support teams to resolve issues quickly. This framework was initially developed when services were organised into separate directorates. However, as we move to the new Clinical Care Group (CCG) model, the same guiding principles and escalation tiers remain relevant; the primary difference is that what used to be referred to as "directorates" or "specialties" will now be incorporated into Care Groups.

Identifying Patterns and Supporting Improvement

The Improving Together approach helps us identify both positive and negative trends in our services and whether that involves a measurement consistently exceeding quality targets or an area facing operational or financial pressures. Where previously we analysed performance data at the directorate level, we will now pivot to a CCG focus, so each can:

- Monitor performance against key metrics (including quality, workforce, finance, and population health) in a more coherent clinical setting.
- Celebrate success by sharing examples of good practice or innovation across other Care Groups, ensuring a culture of continuous learning and planning.
- Raise concerns early if performance signals fall below agreed thresholds, triggering additional support through the escalation routes detailed below.

Applying Escalation Levels to Care Groups

The existing four escalation levels (from "reasonable assurance" through to "no assurance and significant concerns") will continue to apply, but now at the Care Group level. For instance, if a particular Care Group struggles to meet waiting-time targets or encounters staffing shortfalls, it can move through the same escalation ladder as a directorate once did. This ensures:

- Greater Alignment - Each Care Group is collectively accountable for its overarching performance, streamlining decision-making and reducing duplication.
- Targeted Support - If issues persist, the Recovery Meeting structure (monthly or quarterly, depending on the level) will be called upon, with leaders from both the Care Group and the relevant executive portfolio in attendance.
- Clarity for Staff - Instead of multiple directorates reporting different aspects of a service challenge, the relevant Care Group leadership will articulate a unified approach to resolving that challenge.

Strengthening Local Autonomy and Ownership

While the formal escalation steps remain the same, the move to Care Groups naturally places more day-to-day responsibility for performance in the hands of clinical teams. Rather than directorate leads, each Care Group (including its operational and clinical directors and managers) will handle core metrics, coordinate improvement initiatives, and work with corporate functions like Workforce, Finance, or Strategy when they need extra help. In practical terms:

- Recovery Meetings will be tailored to each CCGs needs, focusing on whether local action plans are on track and whether any external resources or expertise are required.
- Executive Improving Together Sessions remain a twice-yearly forum, but will be structured around Care Group reports and progress updates, rather than multiple directorate presentations.

- Data, Dashboards, and Reports (e.g. the IPAR, finance dashboards, or workforce updates) will be gradually reorganised to map neatly onto Care Groups. This creates a clearer, more intuitive picture of each service's standing.

Interaction with TI and Value & Sustainability

The escalation process is closely aligned with TI, which addresses fundamental concerns about a service's capacity to deliver safe and effective care within available resources. By grouping services into Care Groups, we can apply TI principles in an integrated manner, especially if a given group consistently underperforms. This may include:

- Specific Improvement Projects - Tailored to that Care Group's challenges, such as tackling locum spend or improving patient flow.
- Enhanced Governance - Joint meetings with the Value and Sustainability Board if cost efficiency or major service considerations/opportunities are needed to rectify performance issues.

Similarly, if a Care Group identifies opportunities for efficiency gains or waste reduction that align with the Value and Sustainability Board's priorities, they can collaborate directly on pilot initiatives or best-practice roll-outs. In this way, the new structure not only preserves but strengthens our ability to direct resources toward the areas with the greatest impact on quality and sustainability.

Acknowledging Transitional Arrangements

Because the Annual Plan was largely developed under the old directorate-based structure, references to "directorates," "specialties," or "clinical directorates" may still appear. This simply reflects the timing of the plan's development and does not affect the principles of Improving Together. In practical terms, these older labels will be phased out and/or into the Care Group structure once it is fully implemented and staff become familiar with the new accountability lines. Any measures or improvement goals previously assigned to a directorate will continue but will now sit under the relevant Care Group.

Summary

By linking the revised escalation process directly to Clinical Care Groups, we ensure that the strengths of the Improving Together framework robust data analytics, clear accountability, and tiered support carry into our evolving organisational model. With Care Groups leading on performance and improvement, local teams will benefit from faster problem-solving, closer alignment of financial and clinical priorities, and a shared sense of ownership in driving excellent patient care. Over time, we anticipate an integrated approach to governance and performance that places us in the best possible position to meet our strategic objectives and the needs of our communities.

Supporting our teams to deliver – Improving Together

Our Improving Together Framework sets out the health board's approach to embedding performance improvement through our governance. The framework is enabled by data at every level to support decision making and to drive service change with the ultimate aim of improving outcomes for our patients, staff, visitors and those living within Hywel Dda. Its successful implementation will help us to focus on what is important to the Health Board and enable us to provide efficient and effective services.

Improvements are focused around Quality and safety; Governance; Workforce; Population health; Finance; Strategy, planning and fragile services, and; Performance and outcomes

Key deliverables for 2025/26

The Our Improving Together Framework outlines performance improvement arrangements at each level in the organisation.

- At the most strategic level, the Board Assurance Framework (BAF) and Integrated Performance Assurance Report (IPAR) provide Board, Committees and the Executive Team with data and evidence to help us understand whether we are achieving and working towards the ministerial and local ambitions.
- We have established Executive Improving Together Sessions to ensure that each function (executive directorate and CCGs) across the health board is making progress towards their key priorities and support is provided to help unblock issues where needed.
- Teams, wards and services across the health board are required to set their team vision, identify key improvement measures, hold regular improvement focused meetings, find ways to solve problems they face and share good practice with others.

An escalation process is in place for those functions who are not achieving their given targets:

Level 1: Reasonable assurance	**Level 2: Limited assurance**	**Level 3: No assurance**	**Level 4: No assurance & insufficient actions**
Twice yearly Executive Improving Together Sessions	As level 1, plus quarterly recovery meetings held within the function	As level 1, plus monthly recovery meetings held within the function and areas flagged as cause for alert are required to attend a monthly executive recovery meeting.	The Executive for the escalated function and Domain Lead will attend a one-off Recovery Meeting with the Chief Executive to determine next steps.

Governance, risk and assurance of the plan

The Board Assurance Framework (BAF) enables the Board to focus its attention on areas of poor performance in terms of progress against delivery of planning objectives, slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, and where there is little confidence in the assurances provided. Delivery of planning objectives will also be regularly reviewed by Committees throughout the year. Committees may identify and alert and advise the Board of weaknesses in the assurances that have been provided to them in respect of the expected impacts and outcomes.

The BAF Dashboard Report, which is reported to Board on a triannual basis, provides a visual representation of the Health Board's progress against each of its strategic objectives by showing:

- The current delivery against each planning objective aligned to the strategic objective;

- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

Key deliverables for 2025/26

- The BAF will be updated to reflect the planned refresh of the Health Board's strategy/strategic objectives in 2025/26.

Risk

HDdUHB recognises that there are risks associated with the delivery of the plan it has set out for 2024/25. The most significant risks and mitigations are in respect of maintaining/improving performance within its workforce and financial constraints. These have been outlined throughout the plan, and HDdUHB will, through its governance structures, monitor delivery of the plan and that appropriate actions are taken to ensure that risks are appropriately managed. The plan has been developed considering these risks. HDdUHB is also cognisant that there are some key uncertainties that are out of our control, and that opportunities will need to be explored in line with our Risk Appetite Statement.

Corporate Directorates and Clinical Care Groups are responsible for ensuring risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed and managed to an acceptable level, i.e. within the Board's agreed risk appetite and tolerance. These are regularly reported through the Committee Structure to provide assurance that risks are being managed effectively and efficiently.

Key actions for 2025/26 are detailed within our Risk Management Strategy and include the following:

- Implement and embed the HDdUHB's refreshed risk appetite statements
- Support the strengthening of operational risk management arrangements
- Understand how established risk management processes currently contribute to the overall health of HDdUHB
- Design, development and implementation of a new Risk Management System

Assurance of our Plan

A refreshed Committee structure will be implemented from 1 April which will improve the alignment of the Health Board's Committees to the 6 domains of TI and strengthen the Health Board's focus on digital, finance, performance and strategic planning. All committees have a responsibility to seek assurance on delivery of key objectives set out in the Annual Plan that fall within their remit, with the new Strategy and Planning Committee holding overall responsibility for the development of our plan and assurance on its delivery.

Risk Management and Mitigation

The delivery of our Annual Plan for 2025/26 takes place within a challenging and complex environment. Given both the scale of our ambitions and our current Targeted Intervention status, we have developed a comprehensive approach to understanding and managing the risks to successful implementation. This section outlines the principal risks we face and how we intend to address them through structured mitigation strategies.

Financial Delivery Risks

Our financial recovery represents perhaps the most fundamental challenge within our plan. The requirement to deliver £43.5m in savings (comprising £19.0m recurrent and £24.5m non-recurrent) creates significant delivery pressures. Without these savings, we simply cannot achieve our (£31.55m) control total or progress towards longer-term financial sustainability.

To manage this risk effectively, we have established three Executive-led oversight groups focusing on different aspects of our savings programme: A Healthier Mid and West Wales, Value and Sustainability, and Integrated Quality, Finance and Performance Delivery. Each group provides structured governance for its portfolio of schemes, with monthly monitoring and early escalation of any slippage. We have and/or will develop detailed project plans for each savings initiative, complete with clear milestones and accountabilities to ensure consistent progress. Our transformation programmes are supported by dedicated teams, and we have prioritised schemes with both the highest confidence ratings and greatest financial impact to maximise our chances of success (via the BRAG status).

External economic pressures also pose significant risks to our financial position. Macro-economic factors are expected to create £15.5m of inflationary pressure, while demand growth adds a further £3.2m. Should these pressures exceed our planning assumptions, we would face additional in-year challenges. We have therefore established a prudent inflation contingency reserve held centrally, alongside monthly tracking of key cost drivers with quarterly reforecasting exercises. We have also implemented enhanced demand management programmes in high-growth areas and strengthened our contractual mechanisms with key suppliers to limit unexpected price increases during the year.

The reduction of agency and locum expenditure forms a critical element of our financial strategy, with a target reduction of 30% from our 2024/25 position. Failure to achieve this would significantly undermine both our financial projections and longer-term workforce sustainability. Our mitigation strategy centres on the implementation of Allocate E-Rostering to improve visibility and control of medical staffing, supported by enhanced controls through the Medical Workforce Group, which reviews requests on a weekly basis. We are developing a medical rate card with clear escalation processes for exceptions, while simultaneously pursuing targeted international recruitment to address persistent vacancies. For long-term locum positions, we are creating a "locum-to-substantive" conversion pathway through the CESR portfolio route, offering greater stability and reduced costs.

Operational Performance Risks

The achievement of our planned care recovery targets presents significant challenges, particularly in high-demand specialties and diagnostic services where capacity constraints are most acute. There is a genuine risk that, without sufficient intervention, waiting list targets may not be achieved.

Our approach to mitigating this risk begins with detailed demand and capacity modelling by specialty, allowing us to monitor progress against trajectories on a monthly basis. We have directed targeted investments towards expanding diagnostic capacity, particularly for CT, MRI and ultrasound examinations, which often create bottlenecks in patient pathways. Productivity improvements focus on protecting theatre time from emergency pressures and reducing late starts and early finishes, which can significantly impact throughput. We are also implementing alternative delivery models, including group-based interventions and digital self-management approaches, to maximise the efficiency of our clinical resources. Where appropriate, we are pursuing collaborative regional approaches with Swansea Bay University Health Board, particularly for high-pressure specialties where shared resources will benefit both organisations and their populations.

Urgent and emergency care performance remains vulnerable to system pressures that could prevent achievement of our ambulance handover and patient flow targets. The mitigation of this risk requires a truly whole-system approach, which we are delivering through our Six Goals programme with its consistent monitoring framework. We are enhancing community capacity through the Same Day Urgent Care model and Hospital@Home initiatives, which provide alternatives to hospital admission and support earlier discharge. Within our hospitals, we are implementing SAFER metrics and daily ward-based flow interventions to improve patient journeys and reduce delays. Particular attention is being given to increasing the proportion of discharges before midday and reducing delayed pathways of care, both of which significantly impact overall system flow. Digital enablement through patient flow systems and real-time capacity management tools will provide the data visibility needed to target interventions effectively.

Cancer pathway performance represents another key risk area, with challenges in progressing towards our target of 80% Single Cancer Pathway compliance. These challenges stem primarily from diagnostic constraints and increasing referral volumes.

Our mitigation strategy includes an enhanced diagnostic recovery programme with protected capacity for urgent suspected cancer cases. We have designed pathway-specific interventions for high-volume cancer sites, including Lower GI and Urology, to address particular bottlenecks. The expansion of our Acute Oncology Service to provide seven-day coverage will improve the management of cancer-related complications and reduce pressure on emergency departments. In primary care, we are introducing FIT testing to improve referral appropriateness for colorectal pathways, while simultaneously streamlining MDT processes to reduce decision-making delays.

Workforce and Capacity Risks

Workforce challenges represent some of our most persistent risks, with vacancy levels in key clinical roles potentially impacting both service delivery and financial performance. Medical specialties and diagnostic services are particularly vulnerable to these pressures.

Building on the success of our Nurse Stabilisation Programme, we are implementing a comparable Medical Stabilisation Programme to address these challenges. We are expanding our international recruitment partnerships, with particular focus on consultant-level positions where recruitment has historically been most challenging. In parallel, we are developing "grow your own" pipelines in partnership with universities and Health Education and Improvement Wales (HEIW), creating sustainable training pathways for the future workforce. Our retention strategy encompasses flexible working arrangements, structured

career development opportunities, and enhanced wellbeing support. Where traditional recruitment approaches prove insufficient, we are introducing new roles and skill-mix models to address persistent vacancy challenges.

Staff wellbeing and resilience present further risks, as the cumulative impact of service pressures and transformation demands may lead to reduced morale and increased absence.

To address this, we are implementing our refreshed People and Culture Plan, which places wellbeing at its centre. We have enhanced our occupational health support and mental health resources, ensuring staff have access to appropriate help when needed. Regular engagement forums provide opportunities for staff to contribute to service change and improvement initiatives, fostering a sense of ownership and involvement. We have also established recognition programmes to celebrate achievements and innovation, while deploying targeted interventions for services experiencing high absence or turnover rates.

The capacity to release staff for essential training and development activities creates a further risk to our transformation agenda. Without appropriate skills development, new ways of working and service models may not be successfully implemented.

Our approach includes integrated workforce planning that aligns service delivery requirements with training needs, alongside blended learning approaches that combine digital and face-to-face delivery to maximise flexibility. We have standardised our approach to backfill arrangements for critical training, ensuring consistent cover is available. The Primary Care and Community Services Academy provides centralised coordination of training activities, while quarterly monitoring of key competency and training compliance metrics enables us to identify and address gaps promptly.

Infrastructure and Enabler Risks

The pace of digital transformation represents a significant risk to our plan, as delays in implementing critical systems such as Patient Flow, eObservations, and electronic Prescribing and Medicines Administration (ePMA) would impact operational improvements and expected performance gains.

To mitigate this risk, we have adopted a phased implementation approach with clear milestones and dependencies, overseen by enhanced programme governance through dedicated Executive leadership. Our strategic partnership with an external provider offers additional capacity and expertise to support delivery. We have prioritised early clinical engagement to ensure systems meet operational requirements, while robust testing and piloting processes will be completed before full-scale deployment commences.

Our ageing estate presents further challenges, with infrastructure limitations and capacity constraints potentially hindering the implementation of new service models and expansion of critical areas.

In response, we have carefully prioritised our £10m Discretionary Capital Programme to align with plan delivery requirements. We are pursuing targeted estate optimisation initiatives to maximise the utilisation of available clinical space, alongside innovative approaches to shared facilities and agile working. Robust business continuity planning addresses risks associated with critical infrastructure failures, while we explore alternative

delivery settings including community hubs and virtual wards to reduce reliance on our constrained acute estate.

The implementation timeline for our Clinical Services Plan carries inherent risks, as delays in the public consultation or decision-making process would impact the schedule for service reconfiguration.

We have established a structured project management approach with detailed milestone planning to track progress and identify potential delays early. Early stakeholder engagement aims to identify and address potential concerns before they impact the formal consultation process. We are working in close partnership with Llais and community representatives to ensure effective engagement, while developing interim arrangements for our most fragile services where necessary. Contingency planning for delayed implementation scenarios provides additional assurance that essential services will remain sustainable even if reconfiguration timelines extend.

System and External Risks

External factors beyond our direct control present additional risks to plan delivery. Changes to Welsh Government funding allocations or policy priorities could impact plan deliverability or create additional requirements during the year.

We maintain regular dialogue with Welsh Government through accountability meetings to ensure shared understanding of our position and any emerging challenges. Quarterly reviews of planning assumptions against funding confirmations help us identify potential gaps early, while horizon scanning for policy developments enables timely impact assessment. We have adopted a flexible approach to prioritisation within our overall plan framework, allowing us to respond to changing requirements while maintaining focus on core objectives. Where funding or policy changes materially impact our ability to deliver, we provide transparent reporting of the implications to all stakeholders.

The effectiveness of our regional partnership working could be limited by differing priorities or capacity constraints among partner organisations.

To address this risk, we have established formal governance through Regional Partnership Board and Joint Committee structures, creating clear decision-making frameworks for collaborative initiatives. We develop shared planning assumptions and aligned trajectories where appropriate, supported by regular joint executive discussions to address emerging challenges. Our partnership frameworks include clear accountability arrangements for regional initiatives, alongside contingency arrangements for services with critical dependencies on regional partners.

Public health emergencies, including the emergence of new COVID-19 variants or other infectious disease outbreaks, pose an ongoing risk to service delivery and transformation.

We maintain escalation and response frameworks developed during previous pandemic waves, supported by comprehensive business continuity plans across all service areas. Regular scenario testing and tabletop exercises ensure our response capabilities remain current and effective. We have developed flexible workforce deployment models that would enable rapid response to emerging situations, while identifying ring-fenced capacity for essential services that must be maintained even during periods of escalation.

Governance and Oversight Arrangements

A fundamental element of our approach to risk management is the implementation of our new Clinical Care Groups (CCGs) structure from April 2025, which represents a significant enhancement to our governance framework. This new model places accountability closer to clinical teams, creating greater scrutiny, ownership, and transparency at every level of the organisation.

Each CCG is led by a senior leadership "triumvirate" spanning managerial, medical, and nursing roles, with collective accountability for service quality, performance, workforce, and financial outcomes. These leadership teams establish Integrated Governance Groups (IGGs) that meet fortnightly to examine planning, performance, people, quality, health, and safety matters. This regular cadence ensures emerging risks are identified and addressed promptly, with clear escalation routes where needed.

The IGGs report to our Integrated Quality, Finance & Performance Delivery Group (IQFPDG), creating a streamlined governance pathway that enables more effective monitoring and intervention. This represents a significant evolution from our previous directorate-based approach, providing greater cohesion across related clinical services and strengthening local ownership of care pathways while maintaining robust Health Board-wide oversight.

To complement this clinical governance structure, we monitor plan delivery risks through our Board Assurance Framework, with regular reporting to Board and Committees. Our Improving Together framework provides a structured, four-tier escalation model that triggers appropriate interventions when performance deviates from plan, with recovery meetings at appropriate levels depending on the severity of the situation.

We have integrated plan delivery risks within our corporate risk register, ensuring regular review and updating of risk scores and mitigation actions. Each planning objective has a designated Executive Lead who holds accountability for delivery oversight and risk management in their area. We have also developed a dashboard of leading indicators that enables early identification of delivery risks before they manifest in performance metrics, creating opportunities for preventative action.

Through this comprehensive approach to risk management, underpinned by our enhanced Clinical Care Group governance structure, we aim to maximise the likelihood of successful plan delivery while maintaining the agility to respond to emerging challenges. We recognise that the ambition within our plan necessitates acceptance of managed risk, but this is balanced by robust governance and mitigation strategies that provide appropriate assurance to our Board and wider stakeholders.

Concluding remarks

When viewed in its entirety, the HDdUHB Annual Plan for 2025/26 represents an ambition improvement programme across all domains of Health Board activity. Rather than pursuing isolated improvements in selected areas, this plan tackles a number of challenges facing the Health Board including financial recovery, service transformation, workforce stability, digital modernisation and population health; recognising that sustainable improvement requires comprehensive change.

The plan's ambition becomes more apparent when understood in context: these improvements are targeted against a backdrop of increasing system pressures and in some cases deteriorating trends. In urgent and emergency care, planned care and radiology our trajectories represent significant progress when measured against the likely deterioration that would occur without intervention. We are not simply seeking to improve upon last year's performance, but actively reversing negative trends driven by multifaced issues and an increase demand for a number of key services.

Our financial approach exemplifies this ambition - targeting delivery of the £31.5m WG control total deficit represents a substantial improvement against an underlying position of £51.1m that would otherwise grow further. Similarly, our workforce stabilisation programme aims not just to maintain current staffing levels but to fundamentally transform our approach to recruitment, retention and sustainable deployment across all professional groups.

The introduction of Clinical Care Groups represents not merely an organisational restructure but a reimagining of how services are led and integrated. Our digital transformation programme, regional collaborations and service reconfigurations, including vital diagnostic developments like the CT Sims project with Swansea Bay University Health Board, demonstrate our determination to create systemic, lasting change rather than short-term fixes.

What makes this plan truly distinctive is not the ambition within any single area, but the collective scale of ambition being pursued simultaneously across all domains. The interdependencies between planning objectives create a reinforcing network of improvements that, taken together, provide a credible pathway toward de-escalation from Targeted Intervention. Naturally, there are inherent risks associated with an improvement programme of this scale and the paper highlights the key areas for Board consideration.

In summary, this Annual Plan represents one of the most comprehensive and ambitious programmes of work undertaken by the Health Board. It balances pragmatic recognition of our starting position with difficult but realisable aspirations for improvement, creating a roadmap that addresses both immediate performance challenges and long-term sustainability. The commitment to deliver this level of progress across all aspects of our Health Board demonstrates our determination to provide high-quality, sustainable healthcare for the communities we serve.

Annexes

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Income and Expenditure - Long Term Agreement Financial Schedule

LTA Expenditure:	2025/26 Commissioned Value	2025/26 Provider Value
Aneurin Bevan	£323,948	£429,930
Betsi Cadwaladr	£335,215	£5,525,139
Cardiff & Vale	£6,787,717	£401,676
Cwm Taf Morgannwg	£556,127	£518,660
Powys	£224,972	£8,749,518
Public Health Wales	£2,767,923	£880,034
Swansea Bay	£42,033,654	£5,273,568
Velindre	£1,997,832	£0
JCC	£144,200,000	£2,219,000
Total	**£199,227,388**	**£23,997,525**

- Please note the JCC quantum is £400k above the Financial Assumptions within the Annual Plan. Therefore, this will need active in-year management alongside the JCC.

	Carmarthenshire	Ceredigion	Pembrokeshire	TOTAL
Funded Nursing Care	94,026	36,289	58,188	188,503
General Nursing - Base Rate	106,945	84,556	129,431	320,932
General Nursing - Bespoke	62,303	63,247	99,782	225,331
Elderly Mentally Ill - Base Rate	216,762	57,366	208,301	482,429
Elderly Mentally Ill - Bespoke	154,009	46,623	84,932	285,564
Adult Palliatve Care - Base Rate	12,150	14,023	45,624	71,797
Adult Palliatve Care - Bespoke	0	0	3,011	3,011
Community Based/Home Care Support	92,651	22,008	139,418	254,078
Long Term Care Uplift Cost 2025/26	738,846	324,113	768,687	1,831,646
Adult Mental Health	488,631	190,603	260,998	940,232
Learning Disability	772,921	361,981	697,726	1,832,627
Mental Health & Learning Disabilities Uplift Cost 2025/26	1,261,552	552,584	958,723	2,772,859
Children	11,092	17,437	17,875	46,404
TOTAL Uplift Cost 2025/26	**2,011,490**	**894,134**	**1,745,285**	**4,650,909**

Assumptions

- FNC estimated to increase by 5.4% - Interim All Wales 2025/26 FNC proposed rate is 5.07% and will be paid to providers whilst agenda for change pay negotiations continue
- LA rates estimated to increase by 8% - Average at a point in time, lower increases currently being discussed.
- Health Board estimated increase is 8% - Majority of 100% HB funded packages are Bespoke and uplift will be dependent on current weekly rate, review of accounts to establish areas of cost increase and comparison of similar packages in County

Underlying Deficit Assessment

- As part of the underlying deficit assessment any modelling assumption deviations from the prior planning cycle are included, together with the recurrent impact of savings plans and non-recurrent underspends

Current Financial Performance	£'m
Planned deficit (same as Target Control Total)	31.5
Savings identification Gap / (Surplus)	(0.3)
Non-recurrent savings schemes: Under / (Over) delivery	0.2
Recurrent savings schemes: Under / (Over) delivery	1.2
Net impact of macro price inflation and growth modelling changes and over/ under spends	(8.6)
2024/25 forecast end of year deficit (as at M10)	**24.0**

Underlying Deficit Assessment	
Item	**£m**
2024/25 forecast end of year deficit	£24.0
Add - non-recurrent savings (2024/25)	£17.4
Add - Net impact of non-recurrent underspends	£7.4
Subtotal	**£48.8**
Add - 2024/25 macro and growth modelling	£6.7
Less - Full-year effect of 2024/25 recurrent savings	(£4.4)
Underlying deficit carried into 2025/26	**£51.1**

Financial Plan Assessment

- The underlying assessment is identified at the start of the new financial year. Together with an assessment of the macro costs/ demographics, allocation funding and savings, the 2025/26 financial plan is summarised as follows

2025/26 Financial Plan Summary			
Item	**Recurrent (£'m)**	**Non-Recurrent (£'m)**	**Total (£'m)**
2024/25 underlying deficit carried forward	£51.1	–	£51.1
Macro-economic inflation price modelling	£15.5	–	£15.5
Volume and mix growth modelling	£3.2	–	£3.2
Contractual or unavoidable commitments	£14.5	–	£14.5
National pre-commitments	£0.1	£0.7	£0.8
Local pre-commitments (approved)	£0.4	£0.0	£0.4
Local future commitments (not yet approved)	£11.9	–	£11.9
Budget allocation letter funding	£(19.2)	£(2.3)	£(21.5)
Non-recurrent savings & underspends (75% of 2024/25)	–	£(25.4)	£(25.4)
BRAG savings ideas (assuming full conversion)	£(19.0)	–	(£19.0)
A handling strategy is required for c.£9.8m of challenges not included in the plan			
Planned Financial Deficit	**£58.5**	**£(27.0)**	**£31.5**

Macro-Economic Inflationary Price Modelling

Investment Description	Existing Impact (£'m)	2025/26 Impact (£'m)	Total Impact (£'m)	Additional Comments
Acute drugs	£0.30	2.8	£3.10	Based on 7.8% for 2025/26 impact
Primary Care prescribing	£0.90	1.9	£2.80	Based on 2.2% growth
Continuing Health Care (CHC)	-	4.1	£4.10	Excludes RLW impact that will be non-recurrently funded
Real Living Wage	£3.10	-	£3.10	CHC Real Living Wage element only, as Health Board to fund other inflationary increases outside of the RLW top-up from NMW
General goods and services (CPI)	-	1.9	£1.90	Based on 1.33%
Fuels and Utilities	-	-0.7	-£0.70	Includes reduction of Gas & Electricity forecasted of £0.9m
Specific Consumables price	£0.30	-	£0.30	CPAP machines
Specific Contracts price	£0.10	2.3	£2.40	Predominantly Digital Contract increases above CPI inflation
Medical & Dental and Agenda for Change Pay Award and National Insurance uplift for vacancy factor	-	£3.20	£3.20	WG only fund staff in post, not vacancies, so this element is an impact to the financial plan following the 2024/25 pay award. 75% of this is assumed to be an in-year further non-recurrent saving impact
Total	**4.7**	**15.5**	**20.2**	

Volume and Mix Growth Modelling

Investment Description	Existing Impact £'m	2025/26 Impact £'m	Total Impact £'m	Additional Comments
Acute drugs	1.3	1.6	2.9	Based on 2.2% growth
Primary Care prescribing	-	0.6	0.6	Based on 1.3% growth
Continuing Health Care (CHC)	-	0.5	0.5	Related to MH&LD CHC package complexity increases
Fuels and Utilities	-	-	-	Consumption to be maintained at existing budgeted levels
Medical & Dental and Agenda for Change spine point changes	-	0.5	0.5	WG do not fund spine point changes / incremental drift as part of pay award – modelled based on Payroll demographic at M9
Total	**1.3**	**3.2**	**4.5**	

Contractual or Unavoidable Investments

Investment Description	Existing Impact £'m	2025/26 Impact £'m	Total Impact £'m	Additional Comments
JCC Price	-	2.4	2.4	Based on 1.77% WG uplift
JCC Investments	-	3.1	3.1	Ongoing discussions being held. Worse case position is £5.1m, so this needs to be improved upon
LTA NHS Wales Investments	-	0.3	0.3	Based on 1.77% WG uplift
LTA NHS Wales Price	0.1	2.4	2.5	Based on 1.77% WG uplift
LTA/SLA Other Non NHS Wales Price	-	0.2	0.2	Based on 1.77% WG uplift
SLA NHS Wales Price	-	0.5	0.5	Based on 1.77% WG uplift
SLA NHS Wales Investments	-	0.2	0.2	Swansea Bay Cancer Consultant increase
NICE In-Year FYE Drugs	-	(0.1)	(0.1)	Haematology reduction
NICE In-Year PYE Non-Drugs	0.6	-	0.6	Monitored insulin pump adoption
NICE New-Year PYE Drugs	-	3.8	3.8	Cancer and acute adoption of drugs
NICE New-Year PYE Non-Drugs	-	1.7	1.7	Addition insulin pump & infrastructure costs
Total	**0.7**	**14.5**	**15.2**	

National Pre-Committed & Future Investments – Approved

Investment Description	Recurrent £'m	Non-Recurrent £'m	Total 2025/26 £'m	Return on Investment £'m	Approval Forum and or Additional Comments
Digital Cellular Pathology – Year 1 costs	0.1	-	0.1		Board paper
New Laboratory Information Management System (LIMS) to replace current system (NR)	-	0.7	0.7		Board paper
Total	**0.1**	**0.7**	**0.8**		

Local Pre-Committed & Future Investments – Approved

Investment Description	Recurrent £'m	Non-Recurrent £'m	Total 2025/26 £'m	Return on Investment £'m	Approval Forum and or Additional Comments
Revenue impact of capital projects – Carmarthen Hwb	0.01		0.01	-	Board approved
Revenue impact of capital projects – Pentre Awel	0.02		0.02	-	Board approved
Relocation of Service Records		0.04	0.04	0.11	Executive Team approved
Medical Examiners Service	0.04		0.04	-	Executive Team approved
Car Parking Contract GGH / PPH	0.03		0.03	-	Executive Team approved
Gwili Railway Car Park	0.06		0.06	-	Executive Team approved
Microsoft CoPilot Licences	0.03		0.03	-	Executive Team approved
Nursing HEIW Income	0.21		0.21	-	Correction to 24/25 Plan
Total	**0.40**	**0.04**	**0.44**	**0.11**	

Local Pre-Committed & Future Investments – Not Yet Approved

Investment Description	Recurrent £'m	Non-Recurrent £'m	Total 2025/26 £'m	Return on Investment £'m	Approval Forum and or Additional Comments
Acute Oncology Service (AOS) provision improvement	0.38	-	0.38		Awaiting Exec/Board decision
Nurse staffing act – 25A Wards	0.40	-	0.40		Awaiting Board paper
Nurse staffing act – 25B Wards – MH&LD	0.99	-	0.99		Awaiting Board paper
Nursing legal fees team	0.33	-	0.33		Awaiting paper
Fire Wardens required at WGH	0.18	-	0.18		Awaiting paper
Ophthalmology intravitreal injection therapy recovery	1.65	-	1.65		Awaiting paper
RAAC revenue pressure	0.15	-	0.15		Awaiting paper
Maintenance volume growth	0.40	-	0.40		Awaiting paper
Band 2/3 HCSW Pay	2.26	-	2.26		Estimated calculation
Radiology demand and capacity gap	1.50	-	1.50		Partially addresses challenge
Endoscopy demand and capacity gaps	0.70	-	0.70		Recurrently addresses challenge
Modular Electronic Health Record (inc Flow, Eobs)	1.80	-	1.80		Direction required, estimated
International Medical Recruitment	0.20	-	0.20		Estimated calculation
Childhood Obesity	0.30	-	0.30		Awaiting paper
Heart Failure VBHC replenishment	0.62	-	0.62		Awaiting paper
Total	**11.86**	**-**	**11.86**		

Funding Allocations: New

- Allocation updates following 20 December 2024 allocation letter

Core and Ringfenced allocation – New allocations	2025/26 Total Plan £'m	2025/26 FYE Uplift £'m	Comments
Core Cost and Demand Uplift 2025/26	16.9	16.9	Based on 1.77% uplift
Mental Health Services Core Cost and Demand	1.6	1.6	Based on 1.77% uplift
Optometry contract reform (pay agreement) 2024/25	0.5	0.5	
Optometry contract reform above 2024/25 baseline	1.0	-	
Topslice for central procurement of flu vaccines	(1.4)	-	Cost-neutral as costs will be procured centrally within NWSSP
Other	0.2	0.2	
Total	**18.6**	**19.2**	

Non-recurrent benefit to be considered for budget setting

- Non-recurrent support to the position cause an underlying impact, which could be negated within budget setting

Directorate as at Month 10 2024/25 (£'m)	Under Spends	Non-Rec Saving	Total Non-Rec	75%	66%	50%
Carmarthenshire System	1.0	0.6	1.5	1.2	1.0	0.8
Ceredigion System	0.6	0.1	0.7	0.5	0.4	0.3
Pembrokeshire System	1.0	0.5	1.6	1.2	1.0	0.8
Planned Care and Cancer	1.0	2.2	3.2	2.4	2.1	1.6
Mental Health and Learning Disabilities	2.0	2.7	4.6	3.5	3.1	2.3
Estates and Facilities	-	2.0	2.0	1.5	1.3	1.0
Operations Management	0.4	0.4	0.8	0.6	0.5	0.4
Diagnostics	0.0	0.5	0.5	0.4	0.3	0.3
Primary Care, Community Strategy and Chronic Conditions	4.9	0.1	5.1	3.8	3.4	2.5
Pharmacy and Medicines Management	0.3	0.5	0.8	0.6	0.6	0.4
Public Health	0.4	1.0	1.4	1.0	0.9	0.7
Therapies	-	1.6	1.6	1.2	1.0	0.8
Corporate (including Health Board wide)	1.9	5.2	7.1	5.3	4.7	3.5
Vacant role pay award funding (75% non-recurrent benefit)				2.2	2.2	2.2
Grand Total	**13.5**	**17.4**	**30.9**	**25.4**	**22.6**	**17.7**

Other funding solutions being pursued

Investment Description	Non-Recurrent £'m	Approval Forum and or Additional Comments
Management of the JCC investment position	2.0	£5.5m has been included in the plan, but JCC discussions are ongoing. The worst case scenario is £7.5m and if the JCC are unable to agree on a reduction of £2.0m against that position.
Modular Electronic Health Record (including Flow, E-Obs)	2.5	While the recurrent costs have been included in the plan, the non-recurrent implementation costs would be £2.5m. WG are unlikely to support this given their own resource constraints. In the absence of other models, we would seek approval to work with CGI for them to absorb implementation costs and charge these to us over the duration of the system (likely 5 years).
20/4/7 Public Health Model	1.1	This will need to be subject to further internal discussion and a call against the £0.9m VBHC funding and cluster funding opportunities.
Radiology diagnostic improvement	3.5	While the recurrent position is in the plan, the non-recurrent improvement required to secure SCP and 8 week waits in-year are likely to be a further £3.5m. This will need to be the first call on any further RTT funding from WG. We may need to go at risk during Q1 while further funding is confirmed.
Recovery of RTT	3.5	Recovery funding required to address core referral to treat (RTT) targets next year. £2.8m is available internally, the balance will be the second call on any available WG recovery funding.
RTT funding	(2.8)	Available internal funding.
Total risks to be managed	**9.8**	