

## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 May 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Annual Plan 2024/25 Closure Report and Annual Plan 2025/26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Shaun Ayres, Director of Delivery 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 Health Board developed an Annual Plan for 2024/25, setting out the key delivery expectations for the organisation in response to Targeted Intervention and the broader challenges facing health services in West Wales.

The 2024/25 plan concluded at the end of March 2025 and at the March 2025 Public Board meeting, Board approved the one-year Annual Plan for 2025/26, which was subsequently submitted to Welsh Government on 31 March 2025.

This report serves a dual purpose: firstly to update the Board on the 2025/26 plan and, secondly, to provide a comprehensive closure report on the 2024/25 Annual Plan.

#### Cefndir / Background

#### Annual Plan 2024/25

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 did not have an approved IMTP, in breach of the 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.

The 2024/25 Annual Plan represented year one of an improvement journey to respond to these challenges. As part of the Annual Plan for 2024/25, the Health Board set out a number of performance targets aligned to the de-escalation criteria for Targeted Intervention. It also set out 10 Planning Objectives and, as such, this report provides an overview regarding progress of the Planning Objectives and acts as a closure report for the Annual Plan 2024/25. In April/May 2025, each of the Board committees received and discussed the update reports for the relevant Planning Objectives assigned to that committee.

## Annual Plan 2025/26

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.

HDdUHB continues to operate under Targeted Intervention (TI) across four of the six domains of the Welsh Government 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. However, there has been recognition of the organisation's progress through the Cabinet Secretary's recent decision to de-escalate the Health Board to *enhanced monitoring* status (Level 4 to Level 3) in four key areas: Child and Adolescent Mental Health Services, Planned Care, Governance and Leadership.

At the March 2025 Public Board meeting, Board approved the one-year Annual Plan for 2025/26, which was subsequently submitted to Welsh Government on 31 March 2025. This plan, representing the second year of the Targeted Intervention (TI) journey, establishes a clear trajectory towards sustainable healthcare delivery, whilst targeting a financial control total of (£31.55m), a marked improvement on the Health Board's underlying deficit of (£51.1m).

## Asesiad / Assessment

### Annual Plan 2024/25 Achievements

Performance against the TI de-escalation criteria shows significant progress in several areas:

- **Planned Care** – The Health Board has exceeded the expectations within the original Plan by achieving a maximum wait of 104-weeks for referral to treatment and 52-weeks for first outpatient appointments. Overall waiting list volumes are at their lowest level since the start of the pandemic, with Stage 1 lists reduced from a peak of over 50,000 patients to 39,000. Activity levels now exceed pre-pandemic figures, with 2,076 more inpatient/day case treatments delivered compared to 2023/24. The implementation of *See on Symptom* and *Patient Initiated Follow-up* pathways now manages over 70,000 patients across 27 specialties.
- **Cancer Services** – Despite significant challenges mid-year, performance is on trajectory for a second month above 60% compliance with the Single Cancer Pathway by March 2025 (in line with the TI de-escalation criteria). Recurrent investment in Radiology has been provisionally agreed for 2025/26 and improvement plans are in place for Urology diagnostics.
- **Diagnostics** – The number of patients waiting over 8 weeks for a diagnostic test reduced to below 5,000 by March 2025; however, significant challenges remain with Radiology accounting for 95% of the 4,851 remaining breaches. For 2025/26, the plan is to implement additional CT scanning capacity for 480 patients per month, deploy a mobile MRI service for 560 additional patients monthly and introduce insourcing for non-obstetric ultrasound.

- **Urgent and Emergency Care** – While core metrics are not yet meeting TI targets regularly, all show improvement, despite increasing patient acuity and workforce challenges. For 2025/26, we are implementing a whole-system approach across the three counties: reducing length of stay in Carmarthenshire, expanding Hospital@Home in Pembrokeshire, and extending Single Day Urgent Care services in Ceredigion.
- **Mental Health** – The Health Board consistently exceeded targets across all three key metrics: 91% of mental health assessments undertaken within 28 days (versus 80% target), 83.1% of therapeutic interventions started within 28 days (versus 65% target), and 92.1% of patients with valid care and treatment plans (versus 80% target). These sustained improvements have led to de-escalation from TI to Enhanced Monitoring status. However, the position with regard to Neurodevelopmental services remains deeply concerning and will be a key focus for the Board throughout 2025-26.
- **Workforce Stabilisation** – A significant priority was the Nurse Stabilisation Programme, which has successfully reduced Band 5 nurse vacancies from 280.67 WTE to 18.9 WTE, substantially reducing the Health Board's use of Agency nurses.
- **Quality and Safety** – Nationally reported incidents have reduced by 50% and the response to complaints improved, with 77% of complaints investigated and settled within 30 working days, up from 63% in 2023/24. The data-driven improvement approach to Healthcare Acquired Infections has demonstrated progress, with appropriate plans to achieve the targets. Whilst the Health Board successfully met expectations for C. difficile during 2024-25, challenges remain with Staph aureus and E.coli infections, where rates continue to fluctuate month-by-month.
- **Financial Performance** – The Health Board delivered a £24.1m year-end deficit for 2024/25, significantly better than the £31.55m target. Savings delivery reached £31.5m against a plan of £32.4m.
- **Service Sustainability** – Phase 2 of the Clinical Services Plan, options development, was completed and presented to Board with agreement to proceed to Phase 3, public consultation. The future model for Prince Philip Minor Injuries Unit was also reviewed following the temporary change to opening hours and is currently subject to public consultation.
- **Regional Collaboration** – The establishment of a Regional Joint Committee with Swansea Bay UHB provides leadership for regional planning and delivery across south west Wales, building on the long-standing relationship through A Regional Collaboration for Health (ARCH). Similarly, HDdUHB continues to work with Betsi Cadwaladr and Powys University Health Boards, as part of the Mid Wales Joint Committee.
- **External Recognition** – In total, four areas - Child and Adolescent Mental Health Services, Planned Care, Governance and Leadership have moved from targeted intervention to enhanced monitoring status. The Health Board has also received several awards, including becoming the first in Wales to achieve 'Autism Understanding' status and recognition at the NHS Wales and Health Service Journal Patient Safety Awards.

### 2024/25 Planning Objectives

With respect to the Planning Objectives, as at the end of March 2025, the status for the 10 Planning Objectives was reported as follows:

Planning Objective	Executive Lead	Status at the end of 2024/25
1 Workforce	Director of Workforce and OD	On-track
2 Financial roadmap	Director of Finance	On-track
3 Urgent and Emergency Care	Director of Operations	On-track
4 Planned Care including cancer and diagnostics	Director of Operations	<ul style="list-style-type: none"> <li>• RTT – Complete</li> <li>• Diagnostics – Behind</li> <li>• Cancer – On-track</li> </ul>
5 Mental Health	Director of Operations	On-track
6 Clinical Services Plan	Director of Strategy and Planning	On-track
7 Primary Care Strategy	Director of Primary Care, Community and Long-Term Care	Behind
8 Estates	Director of Strategy and Planning	Behind
9 Digital	Director of Finance	Complete
10 Population Health	Director of Public Health	Complete

Highlight reports on each of the Planning Objectives can be found in Annex 3. Where actions extend beyond 2024/25, these are expected to continue as part of the Planning Objectives for 2025/26.

As noted in the Annual Plan for 2025/26, following the revision of the Health Board's purpose statement and strategic objectives, the planning objectives are being 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.

### Annual Plan 2025/26

HDdUHB received correspondence from Welsh Government (Annex 1) on 11 April 2025 that noted that, whilst the Health Board has submitted a Plan that meets the Target Control Total (TCT), the Board is also currently planning on deteriorating in 2025/26 from its forecast outturn position in 2024/25 of a £24m deficit. Welsh Government therefore asked the Health Board to:

- Improve upon and de-risk the financial position to improve upon the TCT for 2024/25 in 2025/26 in line with the improvement trajectory that is expected
- Set out the options and choices available to the organisation in order to improve further upon the current plan alongside the impacts of doing so
- Increase confidence in delivery of savings plan
- Set out the route map to in-year financial balance by 2027/28, as a second order requirement after detailing further improvement in 2025/26

In response, a comprehensive submission was made on 30 April 2025 (provided as Annex 2), which re-affirms the Health Board's ambitions whilst recognising the considerable challenges ahead. The response outlined:

- The need to progress and de-risk delivery of plans through quarter one 2025/26
- The intention to develop plans to improve upon this position in quarter two, aiming for a position which is below £30m

- The options and choices available to the organisation in order to improve further upon the current financial plan, in particular the circa £11.7m investments in priority areas
- The Health Board's commitment to establishing a clear route map to in-year financial balance by 2027/28

As outlined in the letter, the investments of circa £11.7m focus on cancer, diagnostics and ophthalmology; nurse staffing; the mitigation of estate risks; prevention, public health and value; as well as digital transformation. Consequently, they directly support the delivery of Ministerial priorities, alongside responding to the Health Board's most significant clinical risks.

Ahead of submitting the response, the letter from Welsh Government was discussed as part of the April 2025 Board Seminar.

The matter was further discussed at the Health Board's recent end of year Joint Executive Team (JET) meeting with Welsh Government and further dialogue is expected.

Given the integrated nature of the Annual Plan, any alteration to the financial plan is likely to result in changes to the key deliverables for 2025/26, including anticipated access and quality improvements. It will therefore be necessary to be explicit about the potential trade-offs and consider alternative means of responding to the most significant clinical and quality risks.

#### Argymhelliad / Recommendation

The Board is asked to:

- **RECOGNISE** the significant improvements delivered in 2024/25, particularly the elimination of 104-week RTT and 52-week outpatient waits, the delivery of £31.5m savings and the de-escalation of four key areas from Targeted Intervention to Enhanced Monitoring status.
- **ACKNOWLEDGE** the scale of ambition within the approved Annual Plan for 2025/26, balancing financial recovery (£44m savings) with access and quality improvements across urgent care, planned care, cancer services, diagnostics, and primary care.
- **CONSIDER** the Welsh Government correspondence on the Annual Plan and, in light of this, the Health Board's existing investment decisions.
- **ENDORSE** the response to Welsh Government, including the aim to de-risk the £31.5m financial plan in quarter one and to develop plans to improve upon this position in quarter two, aiming for a position which is below £30m.

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the SBAR
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Annual Plan 2025/26 submission – March 2025 Board Annual Plan 2025/26 response – April 2025 Board Seminar Planning Objective closure reports for 2024/25, the Committees to which the Planning Objectives are aligned (April and May 2025)

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Contained within the SBAR
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Contained within the SBAR
<b>Gweithlu: Workforce:</b>	Contained within the SBAR
<b>Risg: Risk:</b>	Contained within the SBAR
<b>Cyfreithiol: Legal:</b>	Contained within the SBAR
<b>Enw Da: Reputational:</b>	Contained within the SBAR
<b>Gyfrinachedd: Privacy:</b>	Contained within the SBAR
<b>Cydraddoldeb: Equality:</b>	Contained within the SBAR

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group



Llywodraeth Cymru  
Welsh Government

Phil Kloer  
Chief Executive  
Hywel Dda University Health Board

[Philip.Kloer@wales.nhs.uk](mailto:Philip.Kloer@wales.nhs.uk)

Our Ref: JP/PK/AP

11<sup>th</sup> April 2025

Dear Phil

## Hywel Dda University Health Board – Submission of Annual Plan 2025/26

Thank you for your Accountable Officer letter, dated 28<sup>th</sup> March along with the submission of your Annual Plan and supporting information.

I note that your Board has endorsed and submitted an Annual Plan for 2025-26 which meets the target control total (TCT) set for 2024-25. Whilst this is a clear baseline position, as we have discussed the expectation set by the Cabinet Secretary in 2024/25 and condition of additional funding was a plan that delivers an improvement trajectory towards in-year financial balance within three years. I would also reflect that whilst significant progress has been made and forecast delivery beyond the TCT set in 2024/25, the Board is currently planning on deteriorating in 2025/26 from its forecast outturn position in 2024/25 of a £24m deficit. This is an important milestone for the health board to continue on its improvement trajectory towards a sustainable and balanced financial position.

Whilst we are yet to fully appraise your submission, we have recognised that you do not plan to meet some of the targets set out in the strategic objectives and would urge you to reconsider this position in addition to the financial actions set out. I therefore ask you to undertake further work urgently on:

- Improving upon and derisking the financial position to improve upon the TCT for 2024-25 in 2025-26 in line with the improvement trajectory that is expected
- Setting out the options and choices available to the organisation in order to improve further upon the current plan alongside the impacts of doing so.
- Increasing confidence in delivery of your savings plan.
- Setting out the route map to in-year financial balance by 2027-28, as a second order requirement after detailing further improvement in 2025/26.

1

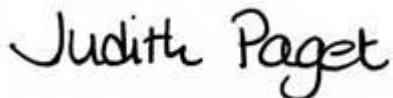
Whilst I understand and recognise the challenging financial position of the health board, the current position is not supportable. It is imperative that you address the concerns that have been highlighted. The Cabinet Secretary for Health and Social Care has been very clear on their expectations for the health board to continue the good progress made in 2024/25.

As part of the submission process, you were invited to a Scrutiny Session, where officials expressed their concerns against some areas of your plan. Whilst I note improvements were subsequently made to the final submission, some concerns remain.

The Welsh Government alongside the Cabinet Secretary have been very clear in their expectations of NHS organisation in Wales. I urge you to work with your executive team and Board to address the issues raised in this letter.

I expect to receive an updated position by 30<sup>th</sup> April and if you require any further guidance please let me know or contact Samia Edmonds or Hywel Jones in the first instance.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The signature is written in a cursive, slightly slanted style.

**Judith Paget CBE**

cc: Nick Wood, Deputy Chief Executive NHS Wales  
Samia Edmonds, Planning Programme Director  
Hywel Jones, Director of Finance, Health and Social Services Group



GIG  
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NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Ein cyf/Our ref: CEO.17201

Gofynnwch am/Please ask for: Kelly Sursona

Rhif Ffôn /Telephone: 01267 239569

Dyddiad/Date: 30<sup>th</sup> April 2025

Swyddfeydd Corfforaethol, Adeilad Ystwyth  
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building  
Hafan Derwen, St Davids Park, Job's Well Road,  
Carmarthen, Carmarthenshire, SA31 3BB

Mrs Judith Paget  
Director General Health and Social Services

By e-mail to: [Judith.Paget001@gov.wales](mailto:Judith.Paget001@gov.wales)

Dear Judith,

Thank you for your letter dated 11<sup>th</sup> April 2025 regarding our Annual Plan for 2025/26. As requested we have fully considered the content of your letter, initially in our Formal Executive Team meeting and subsequently within a Board Seminar.

As a Board we take extremely seriously our responsibilities to deliver on the ministerial priorities whilst operating within our allocated funding. As noted in your letter we have made significant strides over the past 12 months in responding to our service, workforce and financial challenges which have historically prevented us from delivering this. We wholeheartedly agree that it is paramount this improvement trajectory continues.

A key aspect of our approach over the last year has been setting ambitious expectations, underpinned by robust delivery plans. We believe this is essential to ensure plans are both bold and credible, and ultimately delivered upon. This however does not set a limit to our ambitions, as has been demonstrated through 2024/25 where we exceeded our annual plan expectations in a number of areas including planned care, nurse staffing and finances.

We commenced our planning process earlier this year and, as an organisation in Targeted Intervention, have worked closely with Welsh Government officers on the development of the plan. The main elements were considered by the Board in a Seminar in February and the document finalised in early March and subsequently published on our website as part of the Board papers. We are making complex decisions and, as a principle, we aim to be transparent with our Board, government and public about the trade-offs we are making within the plan.

The key deliverables within our Annual Plan were developed through a detailed assessment of demand and capacity, workforce redesign and recruitment plans, savings opportunities and service change aspirations. We have sought to strike a balanced approach, delivering improvements across all domains of access, quality and finance, in a sustainable manner. As a result, for the first time we are able to develop

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Cadeirydd / Chair **Dr Neil Wooding**  
Prif Weithredwr / Chief Executive **Prof Phil  
Kloer**

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda  
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

a plan that meets the Target Control Total, whilst simultaneously delivering improvements across the ministerial priorities and setting the foundations for longer-term transformation through the Clinical Services Plan and our programmes for Digital, Primary Care and Population Health.

Whilst this represents a highly ambitious set of plans, underpinned by £44m of savings, we fully accept that this does not yet move us towards financial balance. We also know we need to go further on urgent and emergency care and have aspirations to make progress in other areas, including going beyond 104 weeks for RTT performance.

The annual plan of course represents a point-in-time assessment and since the finalisation of the plan work has continued.

In the first instance it is necessary to progress delivery of the existing plans and our intention is to significantly de-risk the plan through quarter one, in line with the approach we took last year. Unlike last year, our recurrent savings plans of £19m are fully based on plans which have been developed by our operational and clinical teams. We are currently working to reduce the risk profile of these schemes to secure delivery in-year.

As part of our deliberations, the Board has also made the choice to assume £25m of non-recurrent opportunities continuing into 2025-26. Our focus will be on converting these non-recurrent opportunities into further recurrent savings.

We note that we are currently an outlier across Wales in our investments which are being made into the system. We have £11.7m in our planned investments this year. While significant, these have been thoroughly scrutinised, as follows:

### **1. Investment in cancer, diagnostics and ophthalmology**

We have recognised that our performance in our diagnostic 8 week target and single cancer pathway in particular requires improvement, alongside challenges in delivering our IVT service.

Within cancer and diagnostics, we have held a significant demand/capacity mismatch within these services for a number of years, the impact of which has grown and increased our backlog.

We have consequently provided additional funding of £1.5m in our plan to Radiology (in addition to allocating £1.8m of funding recurrently from our planned care recovery fund). We have also allocated an additional £0.7m to address endoscopy demand issues, which includes addressing our surveillance backlog.

Demand within our SACT units has grown significantly, and we have therefore invested £0.4m to maintain safe staffing levels across our units and maintain our delivery trajectory.

Within ophthalmology, we have recognised £1.6m of funding needed to support the delivery of the IVT service. This mainly relates to the cost of drugs.

## **2. Investment in nurse staffing**

You will be aware that we are currently managing a significant risk in Band 2/3 challenges across the Health Board. We have therefore set aside £2.3m which is the current best estimate of the potential full year impact of this challenge. We have addressed the likely liability of back-pay within our 2024/25 financial accounts.

Nurse staffing across 25A areas remains a concern, along with staffing within our MHLID inpatient service. We have therefore set aside £1.4m to address these areas. Because recurrent funding has not been provided to address these challenges in previous years, there has been a reliance on temporary staff costs. Allocating this funding will allow permanent recruitment and reduce our reliance on agency.

## **3. Mitigating estate risks**

The condition of our estate has created a significant level of risk, which we need to mitigate. To this end, in our plan, we have increased our maintenance budget by £0.4m, we have increased our budget to respond to the RAAC monitoring requirement by £0.2m, and have provided £0.2m for fire wardens at WGH as a mitigation deemed necessary by Mid and West Wales Fire and Rescue Service due to the reduced scope of fire compliance capital works. This has increased our budget in estate and facilities by £0.8m in total.

## **4. Prevention, public health and value**

We have recognised the success of the work of the VBHC team with Heart Failure and have needed to substantiate the costs of this service at £0.6m. While significant, there has been a notable improvement in our performance in Heart Failure. Unfortunately, this has not yet realised a cashable benefit to allow it to be self-funding. By substantiating, this provides an opportunity to consolidate the service and enables further VBHC work to progress into the new financial year.

We have recognised £0.3m for work which is required to begin to address underinvestment in our work on childhood obesity.

## **5. Other areas**

Following a robust process, we have accepted business cases for areas of digitally enabled transformation. In addition to delivering national programmes, we have recognised a requirement to introduce a flow and e-obs system to facilitate the improvements we need to see across our urgent and emergency care system. We are confident that the £1.8m allocated to this will allow us to deliver notable improvements and identify issues which cause delays at a patient level across our services. This will provide a key opportunity to deliver further savings into year 2 and 3 of our plan.

We have also recognised that the costs of litigation are increasing significantly and have allocated £0.3m to addressing this increased level of costs.

While this is a significant level of investment, there is a robust process in place, overseen by the Finance and Performance Committee, to scrutinise the investments before they are released from reserves and to track the impact of investments on improvements in performance, quality, safety and the delivery of return on investment.

At this point, while we have a line of sight to deliver our £31.5m control total, we do not have an assured plan to deliver against this. We are therefore focused on de-risking the savings requirement in quarter one to allow us to have greater assurance over our trajectory.

It is our collective commitment to work to de-risk our performance against £31.5m in quarter one and to develop plans to improve upon this position in quarter two, aiming for a position which is below £30m. Our aim is to assess the opportunities where it may be possible to go beyond what is in our plan, both in-year and in subsequent years. I would be keen for my Executive Team to work with your officers to undertake this assessment as we seek a path to in-year financial balance by 2027-28.

In respect of the options and choices to further improve upon the current plan, it is important to note the £44m savings assumption goes beyond last year, which itself was the highest savings delivery ever achieved by this Health Board. As noted above, we do not yet have an assured plan (green / amber rated savings schemes) to reach this level. On that basis we as a Board do not consider it credible to further extend our savings assumptions, at least at this stage.

Beyond savings, the key choices made by the Board are as set out above and in the presentation in our scrutiny session. This reflects the Board's judgement on the appropriate balance across access, quality and finance. As described above, financial provision has been made within the plan to address some (but not all) of the most significant clinical and delivery risks facing the Health Board, however not yet committed. Naturally, there are areas where we could go further to improve service provision and reduce clinical risk, equally there are options to delay or reduce these investments, with a corresponding improvement to our financial forecast, if these risks could be addressed through alternative means.

Since the plan was finalised there is increasing clarity on the national plan to reduce planned care waiting times and that will have a bearing on our local plans. Dialogue is ongoing with Welsh Government officers and I am optimistic this will allow us to secure and exceed our planned care trajectories. It may also allow us the opportunity to review our local investment plans as described above.

In summary, we are fully committed to eroding our financial deficit and agree that continuing our improvement trajectory is of paramount importance for 2025/26. We have an ambitious and balanced plan, including £44m of savings, improved delivery across each of the ministerial priorities and transformational change. In line with last year our approach is to progress and de-risk delivery of this plan through quarter one and we will pursue further improvements beyond this and into subsequent years.

Yours sincerely,



Dr Phil Kloer  
Chief Executive Officer

**Planning Objective: 1 Workforce stabilisation**

**Executive Lead: Lisa Gostling, Director of Workforce and Organisational Development**

**Overall status: On-track**

**Summary of Achievements - Development of a Workforce Plan**

- Variable Pay/Agency usage has reduced significantly from a high of 253wte in March 2024 to 91wte in October 2025, with no Nursing Off-Framework agency being used since June 2023.
- People Planning Stabilisation Programmes enhanced for Nursing and developed for Medical, Allied Health Professional, Healthcare Science and Administrative & Clerical accompanied by the development of People Plans through a "Professional" group lens. Understanding complexity in areas has been a key focus of work for medical stabilisation group to assess appropriate supply routes to meets gaps.
- Introduction of "Accelerated" Allocate Rostering System for Medical workforce to complement and align with Job plans.
- 76 People Plans are in place across the organisation

This element of the Planning Objective is on-track

**Summary of Achievements – Delivery of a Workforce Education and Development Plan**

- Supporting our communities to connect with careers, 42 apprentices were recruited, over 10,000 individuals engaged through school engagement, 10,000 volunteer hours supported and 330 work experience placements.
- A new robust process for selecting, appointing and managing senior leadership talent was introduced from July, with 23 senior appointments having been made.
- The internal coaching network now boasts 40 qualified, active coaches. To further enhance the coaching offer, collaboration with the 3 Local Authorities across the RPB, launched our Regional Coaching Network, providing 77 coaches across the region, providing support and development across health and social care.

This element of the Planning Objective is complete

**Summary of Achievements - Delivery of a retention plan**

- For the second year, the nursing turnover rate has further decreased from 5.52% to 5.31%, outperforming other NHS Wales organisations. Learning has informed our new AHP and HCS Retention Groups. There is ongoing engagement with the NHS Wales Community of Practice groups to support and ensure alignment.
- The 2024 Staff Survey response rate (20%) showed significant improvement. Dissemination of results organisation wide is driving local ownership and action plans. Our endeavours for staff voice has continued and 2024 saw the launch of our Speak Up platform, where staff can raise any concerns or ideas anonymously.
- Several Task and Finish Groups within WF&OD have driven improvement in areas such as Flexible Working, Retire and Return, CPD and Health and Wellbeing. Actions have been embedded into the next phase of our culture change programmes. In relation to flexible working, our Staff Survey showed improvement in all such questions.

This element of the Planning Objective is on-track

**Summary of Achievements - Delivery of a targeted Recruitment Plan**

- 296 International Educated nurses were recruited and in receipt of NMC PINs, significantly reducing the vacancy position for Band 5 nurses from 280.67 in December 2021 to 18.9 WTE in December 2024.
- Sickness absence is a continuing challenge however we have reduced our monthly sickness figures since December 2024, with latest figures for March being 5.77%, the first time in 12 months it has been below 6%. One intervention includes ecotherapy retreats, supporting staff with high levels of work-related stress.
- Our Recovery in Nature programme is now in its fourth year. The programme offers single Recovery in Nature Days as well as 4 day Ecotherapy Retreats at different woodland sites and evaluation has shown it's clinical effectiveness on measures of wellbeing and burnout while personal stories from participants demonstrate the powerful impact that recovery in nature is bringing to our workforce.

This element of the Planning Objective is on-track

**Planning Objective: 2 Financial Routemap**

**Executive Lead: Huw Thomas, Executive Director of Finance**

**Overall status: On-track**

Significant progress in-year in respect of savings delivery, reduction in underlying deficit, achievement of Welsh Government Target Control Total. Plans emerging for more efficient service delivery through Clinical Services Plan, Annual Plan, etc. Emerging collaboration agenda with Swansea Bay University Health Board (SBUHB) may accelerate efficiency and productivity gains, reduce commissioning frictional losses, etc.

**Progress against planned outcomes / trajectories / milestones:**

- Compendium of variation updated to reflect current areas of opportunity to explore for savings generation
- Changes to internal control processes adopted to reduce expenditure in key “waste” areas – agency and locum spend, recruitment to non-essential A&C posts etc
- Opportunities identified from previous variation modelling being addressed – eg changes in MIU provision, intensive care, bed provision, out of hospital care (hospital at home) etc
- Further engagement sessions with Board, Execs and clinical leadership to address next steps in
- Emerging collaboration framework with SBUHB has potential to accelerate efficiency and productivity agenda and is being actively explored through commissioning and fiancé teams

**Activities completed**

- Refreshed compendium of variation
- Individual financial intelligence products in production, notably around end-of-life care and atlases of variation updates
- Revised / updated CHC and FNC benchmarking undertaken
- Value and Sustainability subgroup – mirroring that established at all-Wales level – undertaking detailed investigations into areas of financial opportunity

**Activities planned for next milestone and reporting period**

- Continue to undertake variation analysis to maintain list of variation / potential opportunities for efficiency, productivity, cost reduction
- Collaborate with SBUHB on developing a sub-regional assessment of demographic impacts, capacity modelling, opportunities to collaborate on joint solutions to respective financial challenges etc
- Revised approach to orthopaedic activity and cost sharing with SBUHB – moving away from outdated LTA arrangement to a bespoke / collaborative arrangement
- Assessment of impact of latest planning guidance from WG on financial performance, areas of investment / disinvestment therein

**Planning Objective: 3 Urgent and Emergency Care**

**Executive Lead: Andrew Carruthers, Chief Operating Officer**

**Overall status: On-track**

Majority of deliverables against the portfolio of work are complete, A minority remain behind due to resource, but mitigations are in place to address.

**Activities completed in previous reporting period**

- Integrated Urgent Model Blueprint clinically developed and approved locally and nationally for implementation.
- Clinically and Operationally co-produced ED/MIU Redirection Policy.
- Funding secured for technology enabled care / remote monitoring pilots to test the proof of concept of the proposed Hospital@Home model
- Successful board approval to procure E-flow or Eobs clinical system to deliver improvement across the health board
- Seven-day Regional Clinical Streaming Hub pilot business case approved currently in operation
- Single Point of contact for Health Board Clinical Streaming Hub model (in hours)
- Optimal Model for Clinical Streaming Hubs developed and approved
- ED / MIU Redirection Policy co-designed and principles approved
- Clinical Advisory Group established for Six Goals Programme
- EDQS action Group established, and plan developed
- Discharge Toolkit developed and utilised across Health Board
- A Hywel Dda Trusted Assessor Steering group has been established to provide a forum to share learning, monitor Trusted Assessor reports submitted to the Pathways of Care Delays (PoCD) group and regularly review and evaluate the Trusted Assessor models
- Surgical SDEC operational in Glangwili Hospital
- Criteria Led Discharge policy approved and being piloted across Health Board
- CSH Hub and Out of Hours integration through the development of a 24/7 Single Point of Contact (utilisation of Consultant Connect

**Planning Objective: 4 Planned Care (including Diagnostics and Cancer)**

**Executive Lead: Andrew Carruthers, Chief Operating Officer**

**Overall status:**

- **RTT – Complete**
- **Diagnostics – Behind**
- **Cancer – On-track**

**Activities completed in reporting period:**

RTT 52/104-week delivery objectives:

- Continuing focus on effective waiting list management practices, outpatient pathway transformation, treating/booking in turn and improving theatre productivity optimisation
- Outpatient waiting list volume at lowest level since April 2020 & total waiting volume at lowest level since August 2022
- 70k+ patients managed via SoS/PIFU pathways
- IP/DC activity volumes expanded above pre-pandemic levels
- Effective and targeted use of additional recovery resources to support supplementary activity volumes via internal and independent sector solutions

Direct Access Diagnostics (max. 8 week wait): 4,851 patients waited > 8 weeks as of 31 March 2025:

- Breach pressure predominantly due to significant demand and capacity deficits in Radiology imaging pathways. Radiology breaches (4,587) account for 95% of this total.
- Cardiology breaches reduced to 150, exclusively reflecting the capacity deficit for MPS (myocardial perfusion scanning) investigations delivered by single handed clinician All Echocardiogram breaches were resolved.
- Reported Endoscopy breaches reduced to 72, exclusively reflecting the impact of Urology non-SCP flexible cystoscopy investigations which are delivered via the Endoscopy Units at Glangwili Hospital, Prince Philip Hospital and Bronglais Hospital.

Cancer Care (Single Cancer Pathway):

- Key delivery challenges reflects demand & capacity deficits within diagnostic (Radiology) pathway impacting Urology & GI tumour sites predominantly and workforce deficits in Dermatology pathway earlier in 2024 (now resolved).
- Recovery plans focused on sustainable solutions to imaging & related diagnostic capacity
- Delivery plans for 2025/26 designed to support further improvement towards 80% performance threshold by March 2026
- 62-day backlog (489 patients) remains above forecast level – although 44% (214 patients) are on the GI tumour pathway with the majority not expected to receive positive diagnoses

**Planning Objective: 5 Mental Health and Learning Disabilities**

**Executive Lead: Andrew Carruthers, Chief Operating Officer**

**Overall status: On-track**

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

Art therapy: In March, 52 breaches and special cause concerning variation, with increases for 5 consecutive months. One therapist covering the Health Board catchment, impacting capacity, although delivery is supported through groups where possible to mitigate this. A new art group for 8 clients will commence on 25 March 2025, running until June 2025, with a further group planned in September 2025. In line with Integrated Psychological Therapy Service (IPTS), all clients waiting on the Art Therapy wait list have been offered groups as part of ongoing waiting list management.

Child neurodevelopmental waits: In January 2025, the overarching metric is showing common cause variation, with 19.7% having a neurodevelopmental assessment within 26 weeks, missing trajectory of 29%. Autism Spectrum Disorder (ASD) was 14.2%, and Attention Deficit Hyperactivity Disorder (ADHD) was 47.1%.

Adult neurodevelopmental waits: The 26-week target for ADHD assessments is showing improving variation. ASD performance has been consistently below 20% since September 2022 and continues to show concerning variation, with demand far outstripping capacity. An average of 116 referrals received per month during 2024 compared to 20 per month in 2016. Clinical posts to support ASD assessments have been recruited into and a skill mix has been introduced to teams to attract more interest in specialist roles and to promote a 'grow your own' culture.

Psychological therapy – the percentage of adults receiving a psychological therapy within 26 weeks is showing improving variation in the Integrated Psychological Therapies Service and Learning Disabilities with common cause variation in Adult Psychology. The overall trajectory for January 2025 was exceeded with compliance of 64.5% (target is 80%). Performance has dropped for the third consecutive month and by over 11% since October 2024. This is due to the scheduling of group sessions. Moving forward, the timetable for group interventions are being planned as 'rolling' groups rather than commencing and ending in blocks to prevent this dip in performance between groups.

**Activities completed in previous reporting period**

- Plans for Inpatient Services including creation of a dedicated establishment to underpin Section 136 provision, have recently been discussed at the Value and Sustainability Board.
- 111 Option 2 is operational 24/7 and its further development as a single point of assessment is being scoped.
- A proposal for a revised Learning Disabilities service model and staffing structure has been approved and recruitment is commencing.

**Activities planned for next milestone and reporting period**

- Deliver additional outsourced children's neurodevelopmental assessments
- Commence pilot of rapid pathway for children's neurodevelopmental assessments
- Review job plans and implementation of stepped care model in adult psychological therapies

**Planning Objective: 6 Clinical Services Plan**

**Executive Lead: Lee Davies Executive Director of Strategy & Planning / Mr Mark Henwood, Interim Medical Director**

**Overall status: On-track | Rationale for status: Gateway of Phase 1 (Issues Paper), 2 (Options Development Process) and 3 (Public Engagement). Monitored through PACE**

**Progress against planned outcomes / trajectories / milestones:**

**2023/24 Q4: (refresh)**

- All nine services (excluding Primary Care and Community Services) moved to phase 2 (on track). Primary Care was managed separately with its own project plan. Assurance was taken on the methodology for phase 2, and risks for phases 2 and 3 were noted.

**2024/25 Q1:**

- Key activities in this quarter included reviewing key points and minimum criteria during the Deliberative Session, presenting findings to stakeholders in Check & Challenge sessions, and developing a long list of options in Sprint 1. Service teams presented initial options, which were checked and scored. Data Drop-In sessions allowed for questions. Sprint 2 refined the options list, and Sprint 3 focused on feedback from the Clinical Reference Group, finalizing the shortlist through further development sessions.
- Board updates: The programme progressed in line with the Board agreed timeline. Phase 2 aims, objectives, and hurdle criteria were noted, along with outputs from the Deliberative session, Check and Challenges, and Sprint 1 sessions. Procurement of independent support and assurance was approved.

**2024/25 Q2 –**

- Key activities during this quarter included check and challenge feedback, SWOT analysis for the shortlist of options, refining the SWOT analysis, and scoring the shortlist.
- Board updates: The Evaluation Criteria for Phase 2 were endorsed by the Clinical Services Plan Steering Group. The timeline change to produce a report for a Board Decision in November 2024 was approved. The programme's progress to date and the shortlisting of four options were noted, along with output reports from the Consultation Institute.

**2024/25 Q3:**

- The Board approved the four options for Phase 3 – Public Consultation. This included simplifying options by service and considering phased assessments based on existing resources. The procurement process and utilisation of HICO for quality assurance were also approved, along with Opinion Research Services for independent analysis of questionnaire feedback. A phased assessment was conducted for the nine services, evaluating their varied options.

**2024/25 Q4:**

- The CSP Consultation Mandate was approved. Pre-consultation planning activities commenced, including questionnaire development and testing with a readers panel. Main consultation documents were drafted and progressed to design. The CSP Subgroup agreed on the alternative options process for the public consultation phase, utilizing the current Hurdle and Evaluation Criteria process from Phase 2. Development of the summary document, animation, and detailed consultation planning activities progressed. Regional Impact Assessments were shared with PTHB, BCUHB, and SBUHB for feedback following the QIA panel checks.

**Activities planned for next milestone and reporting period | Phase 3 Public Consultation**

**2025/26 Q1-Q4:** The process will be supported by ORS and advised by HICO. Activities include producing a detailed consultation plan, developing consultation documents, launching public engagement, conducting mid-point and closing reviews, preparing a feedback report, and conscientious consideration by the Hywel Dda Board. The final report will support the Board's decision on the services in scope. Implementation will begin pending the Board's decision, including task and finish groups and project support for service changes.



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## Planning Objective: 7 Primary Care Strategy

Executive Lead: Jill Paterson, Director Primary Care, Community and Long Term Care

### Overall status: Behind

The timescale for delivery has always been recognised as being a challenge given the need to engage with four contractor professions as well as other professional groups to ensure that there is a consistent and cohesive approach to the development of the strategic plan

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

Work had been progressing against the planned milestones however with the development of a Clinical Reference Group at the end of February 2025 it was challenging to gain sufficient engagement and attendance to ensure meaningful development of service innovation, supporting the shift left which has resulted in the need to consider an alternative approach to ensure clinical engagement. Whilst there has been clinical engagement through the Strategic Development Group through its membership there has been insufficient ownership of the development of the plan.

### Activities completed in previous reporting period

- Establishment of a Primary and Community Services Development Group to have oversight of the work; the group's membership and TOR were revised in the latter part of 2024/25 to ensure a strategic focus to the plan's development .
- Public and workforce engagement in September 2024
- Executive team and Board Seminar engagement in the development of the underlying principles to support the development of the strategic plan

### Activities planned for next milestone and reporting period

- Undertake further scoping to develop a series of recommendations for a clinical reference group to consider and develop
- Board paper in May 2025
- Public and workforce engagement during Autumn 2025



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## Planning Objective: 8 Estates Plan

Executive Lead: Lee Davies, Executive Director of Strategy & Planning

### Overall status: **Behind**

- Whilst the Health Board has delivered against some of the outcomes contained in Planning Objective (PO) 8 we remain behind on the timeline for the completion and submission of a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC).
- The PBC was submitted to WG in February 2022 and remains unendorsed. Note that the Nuffield Review of the Clinical Model was supportive of the Clinical Strategy. The work on the SOC was suspended pending reset with WG.
- The UHB were invited to the Infrastructure Investment Board with Welsh Government (WG) on 23<sup>rd</sup> January 2025 to clarify the next steps for the infrastructure requirement to implement the AHMWW. At the meeting the following summary position was reached
  - WG are supportive of the development of a long term strategic solution for West Wales
  - There was agreement on the need to develop a strategy document. The precise form of that document and the content and component parts are to be the subject of a workshop to be held between WG and UHB officers within 6 weeks of the IIB meeting date
  - It was agreed there needs to be a plan which addresses the clinical services and estate fragility.
  - It was agreed the plan will need to include any regional opportunities most particularly with Swansea Bay University Health Board (SBUHB).
- WG welcomed the pragmatic approach being adopted by the UHB to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan. In November, 2025 the Board agreed a strategic refresh.

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

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Response to the Nuffield Trust Review to be presented to Infrastructure Investment Board (IIB)</li> <li>2. Secure Ministerial endorsement to AHMWW Programme Business Case (PBC)</li> <li>3. Completion and submission of Board approved SOC</li> <li>4. Review and refresh 10 year Regional Capital Plan</li> <li>5. Submission of Full Business Case (FBC) Cross Hands</li> <li>6. Submission of FBC for Pentre Awel</li> </ol> | <ol style="list-style-type: none"> <li>7. Submission of Business Justification Case (BJC) for Carmarthen Hwb</li> <li>8. Appointment of Supply Chain Partner Fishguard SOC/ Outline Business Case (OBC)</li> <li>9. Implementation of Property Asset Strategic Plan as a consequence of the limited response to the market testing exercise to inform the scheme target price</li> <li>10. Scoping agreed for Aberystwyth Integrated Care Centre (ICC)</li> <li>11. BJC's for major infrastructure</li> <li>12. Continued implementation of Hywel Dda University Health Board (HDdUHB) Decarbonisation Plan</li> </ol> |
|---|--|

### Activities completed

1. IIB discussion 23 January 2025 with WG and agreement of next steps for the PBC/SOC
2. Participated in the refresh of the 10 year Regional Capital Plan
3. Development of bids for Decarbonisation scheme through WG Invest to Save funding
4. Progress of Community Schemes (see also additional slide) to include:
5. Review of Cross Hands timeline and capital costs for refreshed FBC
6. Meeting with WG on Aberystwyth ICC February 12<sup>th</sup> 2025
7. Internal review of options for Fishguard Health and Wellbeing Centre



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## Community Schemes Update

The 19 schemes listed in the PBC as potential community Schemes for the UHB can be categorised as follows:

### Completed Schemes - Delivered:

- Cardigan Integrated Care Centre
- Aberaeron Integrated Care Centre

### Active Schemes – work is currently being undertaken:

- **Cross Hands** – the Health Board is reviewing the Full Business Case (FBC) which is under development, to ensure that it is deliverable within the new guidance issued on budgetary constraints. This will require a reduction in the scheme footprint, and this has been communicated to scheme stakeholders. Work is currently progressing with the scheme advisors and WG to understand what is deliverable within the cost envelope available.
- **Carmarthen Hwb** – The Board approved the signing under seal, of the contract documentation for the lease with Carmarthenshire County Council at their meeting on 25 July 2024. The current completion for this scheme is early 2026.
- **Pentre Awel** – The completion of the Hydrotherapy Pool element of this development is anticipated in April 2025 with the Clinical Unit expected towards the end of 2025. The final details of the Agreement for Lease are being worked on.
- **North Pembrokeshire Health and Wellbeing Centre in Fishguard** – A paper to inform the Executive Team on the options for scope and size of the scheme was presented to the Executive Team in November, 2024 with approval to progress with the business planning stage. The next steps include a site selection workshop with key partners
- **Cylch Caron** – A tender has now been issued by Ceredigion County Council for partners to work with us in a Competitive Dialogue procurement exercise, this tender will be live until 12<sup>th</sup> April 2025. A resource schedule has been submitted to WG calling out the costs of refreshing the current OBC.
- **Aberystwyth Integrated Care Centre** – A further meeting with Ceredigion County Council and Welsh Government has been arranged for mid February. WG colleagues were going to explore the possibility of funding a feasibility report into the development of a site plan for the Rheidol and WG buildings.

**Planning Objective: 9 Digital Plan** **Executive Lead: Huw Thomas, Executive Director of Finance**

**Overall status: Complete**  
 The objective was to secure a strategic partner for the Health Board to accelerate the transformation with Digital at the heart. In December a 10-year contract was awarded to CGI and they are now actively supporting the Health Board in its transformation journey

**Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):**  
 The Health Board is now working with CGI to create deployment plans for the accelerated rollout of Patient flow, ePMA and the underlying technical architecture

- Activities completed in previous reporting period**
- Formal award of the Strategic Partner
  - Contract Signed

- Activities planned for next milestone and reporting period**
- Deployment Plans for the foundation systems - Complete
  - Integration layer required for the underlying system architecture – Partial Complete

Reflecting on the achievement of Planning Objective 9, it is evident that the progress has been substantial, albeit with some challenges. The objective, which focuses on the Digital Agenda, has seen significant strides in various areas. The implementation of key digital strategies has been a cornerstone of this objective, aiming to enhance the overall digital infrastructure and capabilities within the organisation.

One of the notable achievements under Planning Objective 9 has been the appointment of a Digital Strategic Partner to assist with the implementation of key clinical systems, and the wider digital agenda. Already we have seen progress in the integration of advanced digital tools and platforms. We have our own integration engine which has allowed WPAS / patient flow and ePMA to be linked sharing Admissions / Discharges / Transfers and demographic data. (completed in 3 months) The use of tools like CrowdStrike and Microsoft Defender has bolstered the organisation's cybersecurity measures, ensuring that sensitive information remains protected.

.However, it is important to acknowledge that the journey has not been without its hurdles. The complexities involved in implementing new digital systems and the need for continuous adaptation to emerging challenges. Despite these challenges, the commitment to achieving the objectives remains strong. The collaborative efforts of various teams, including the Operational Teams and Digital Teams, have been instrumental in driving the progress of this objective.

Their contributions have ensured that the organisation remains focussed on delivery, there is a belief that the foundational systems which have been procured and are in implementation will bring real benefit to the patients and improve quality of care delivery.

In conclusion, while there have been some delays, the overall progress of Planning Objective 9 has been positive and was completed in Quarter 3 of the year. The achievements thus far reflect a dedicated effort to enhance the digital landscape of the organisation, paving the way for future advancements and continued success in the digital realm.

## Planning Objective: 10 Population Health

### SCOPE

- Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.
- Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care)
- Leadership and partnership working to strengthen health board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing. (Including support & collaboration with PSBs and RPB)

### Key achievements:

- **Give Children and Young People the best start in life**
  - RPB Children and Young People's Board re-established.
  - 100% of secondary schools and 74% of all schools are action planning for Whole School Approach to Emotional and Mental Wellbeing.
  - Early Years Needs Assessment completed and knowledge mobilisation activities undertaken.
- **Held a Social Model for Health & Wellbeing Summit** featuring keynote speakers to celebrate and promote the system-wide adoption of equity and wellbeing principles of the regional Social Model for Health and Wellbeing. This initiative is supported by a regional steering group with national leadership.
- **Community of Practice Housing & Health** Since September 2024, Hywel Dda has convened a Community of Practice on indoor warmth. This has worked with fuel poverty organisations, housing partners plus other agencies to deliver a range of offers to help people maintain adequate heat in their homes and thus help to reducing NHS pressures. This includes existing partners, such as the Welsh Government NEST project, plus new partners, including Warm Wales, SevernWye and Hope4U.
- **Health Protection – Assertive Outreach work** commenced in June 2024, in partnership with The Wallich, a homeless charity. 9 outreach days held across 'hot spot' areas in Llanelli, Carmarthen and Ammanford. 54 Contacts, 6 of whom only came forward due to receiving a blood transfusion prior to 1991 (Infected Blood Inquiry).
- **Health Protection – Find & Treat Bus** in partnership with Public Health Wales and University Hospital London a targeted TB and BBV screening service provided in Llanelli area for homeless, refugee/asylum seekers and at risk population.
- **Harm Reduction – Drugs & Alcohol** 93.2% of those accessing drug and alcohol services successfully completing treatment, 1<sup>st</sup> in Wales.

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

### AIM

To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and reduce the long-term trends of increasing burden of ill health on the Health Board.

### Outcomes:

- **Give Children and Young People the best start in life**
  - Number of health aspects completed by pre-school settings = 42
  - 86% of schools are engaged in an active Health Promoting Schools offer
  - 27 training courses provided for schools and pre-schools workforce with 859 participants attending in total
  - Pilot programmes commenced in Infant Feeding, First 1000 Days: Food, Nutrition & Movement, starting well - Arts in Health/Peri Natal Mental Health initiative.
- **Social Model for Health & Wellbeing Summit**
  - 98 people attended from 18 different organisations across the region. 7 speakers - 2 of them keynote and other high level representation from key partners. Social Model for Health and Wellbeing Charter supported by organisations. Key messages and learning from the day will inform next steps for embedding a Social Model for Health and Wellbeing
- **Community of Practice Housing & Health**
  - We are leading a Bevan Exemplar project on housing and health, which has potential for all-Wales 'spread and scale'. Using a novel performance system developed by a multi-agency group in phase 1 of the project, over the last 3 years the delivery of housing and health work has increased by 20% to 65%. The ambition is to continue the phase 2 on that trajectory over the next 3 years to achieve >85%, potentially leading to an all-Wales programme.
- **Health Protection – Assertive Outreach work**
  - 48 Blood borne virus (BBV) tests, 34 syphilis test, 23 Hepatitis B vaccinations provided (43% of contacts).
  - 10 Hepatitis C antibody positive (18.5%), 7 Hepatitis C PCR positive (13% ongoing infection).
- **Health Protection – Find & Treat Bus**
  - 85 people attended the screening in the local community – good response.
  - 84 chest x-rays completed, 85 blood tests completed. 4 Hepatitis vaccinations provided.

### Opportunities Identified

- **Testing of the 20-4-7 model** – Strengthening targeted prevention in high-need communities and priority issues and services.
- **Stronger integration of public health into annual and medium-term Health Board planning** – Positioning prevention as a strategic priority for long-term health system transformation.
- **New funding mechanisms** – Leveraging value-based healthcare, AI-driven efficiencies, and programme budgeting and marginal analysis for sustainable prevention investment business case development.
- **Scaling social & lifestyle interventions & digital innovation** – Using technology and non-medical interventions to improve population health outcomes and reduce inequalities.
- **Climate & health resilience leadership** – Positioning the Health Board at the forefront of climate adaptation in healthcare.