



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Refresh
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Lee Davies, Executive Director of Strategy and 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

This report is a follow-up to the [strategy update report](#) discussed at the November 2024 Public Board meeting. It considers the emerging scope for the strategic refresh and related matters. It is intended to be the second in a series of reports on the strategic direction, which will build the analysis, approach and options for the refresh. This report is primarily concerned with the scope for the strategic refresh, and should be read in conjunction with the Strategic Approach to Financial Recovery item, as that provides further analysis on the economic, demographic and productivity context.

Included as a sub-item to this report is an update on the plans for consultation on the Clinical Services Plan (CSP), following Board agreement in November 2024 to proceed to this phase.

Cefndir / Background

The update report on the strategy presented at the November 2024 Public Board outlined that, while the vision set out in the 2018 *A Healthier Mid and West Wales* (AHMWW) strategy remains valid, there is a need to review the route to realising this vision; given the time that has elapsed, delays with the capital investment programme and the broad set of impacts resulting from the pandemic (health of the population, economic challenges etc).

The AHMWW strategy was explicit that the model in Mid and West Wales is unsustainable. Factors such as the health of the population and health risk factors, over-reliance on hospital services, under-development of digital, primary care instability, and workforce and estate fragilities mean the health system has struggled to cope with growing demand and is not sufficiently resilient to respond to the anticipated challenges over the coming years. This can be seen in the pressures today and, in the intervening period since AHMWW, service change has been required across primary and secondary care as these risks (workforce, estate, clinical) have materialised.

In the November 2024 Board discussion, it was agreed that, while the fundamental principles of *A Healthier Mid and West Wales* remain valid, endorsed by the Nuffield Trust's review of the strategy, elements around the timing for delivery would need to change.

The design principles of *A Healthier Mid and West Wales* strategy include:

- A wellness service rather than an illness service
- A social model for health
- Citizens supported through technology and other means to stay healthy, independent and in their own homes
- Modern, fit-for-purpose infrastructure and estate
- Consolidated acute services to enhance resilience and improve standards

The recommendation at the November Public Board was to consider the following elements which could form the scope of a wider strategic refresh:

- Review of the purpose, vision and values of the Health Board
- Refresh of the strategic objectives
- A focus on digital, population health, social model for health and providing more care in the community
- Re-consideration of the infrastructure options, and sequencing, in support of this vision
- The role of each of the acute sites and the configuration of services in order to provide resilient and high quality services from within the existing hospital network
- Strengthening the relationship with the wider community to co-produce and co-deliver a future model of health care

Following the November Public Board meeting, a Board Seminar and a Board Development session have been held to explore some of these topics in more detail. This report consolidates these aspects and presents them for Board discussion. It is anticipated that subsequent Board reports will follow, building up a picture of the strategic choices, challenges and potential approaches, to support a broader discussion with our workforce, population and partners.

The report begins with the purpose and strategic objectives of the Health Board, to set the foundations for a strategic refresh, and then considers the strategic context facing the Health Board as it seeks to deliver the AHMWW vision.

Asesiad / Assessment

Scope of strategic refresh

As noted above, the November 2024 Public Board report set out the key elements which could form the scope of a strategic refresh. Subsequently, a Board Seminar was held in December 2024, where Board members considered further the reasons for undertaking the refresh, the potential scope of the work and early thoughts on the approach. The key conclusions from this session were as follows:

- **AHMWW vision** - the overall vision and principles articulated in *A Healthier Mid and West Wales* remain valid and can continue to guide the direction of the Health Board. The strategic refresh may lead to a refinement of this vision; however, the general thrust is unlikely to change, given the alignment to national policy direction (e.g. *A Healthier Wales*) and the evidence-base underpinning it.
- **Organisational purpose, values and strategic objectives** - whilst the vision of AHMWW is not expected to change, it was acknowledged in the Board Seminar that there was a need to revisit the Health Board's stated *purpose, values and strategic objectives* (explained in more detail below). Again, this is not because these have changed per se; however, given these

are also several years old, it would be prudent to review and update them as part of a strategic refresh.

- **Strategic plans** - as described in the November Board report, the context and key assumptions behind the plans set out in AHMWW have moved on over the last six years. Consequently, whilst the direction of travel may not change, the specific plans for delivering the AHMWW aspirations will need to be updated to reflect these realities. This will form the basis of the strategic refresh.

Purpose, Values and Vision

Before embarking on a refresh of the strategy, it is necessary for the Board to consider and define its fundamental beliefs, such as the purpose of the organisation, the core values of the organisation and the strategic imperatives.

Key Terms

Purpose (the “why”)

The *purpose* or *mission* describes the organisation’s reason for existing. Presently, the Health Board’s purpose is expressed as: “*Together we are building kind and healthy places to live and work in mid and west Wales*”.

Values

Our *values* express our beliefs about the culture and behaviours we wish to see within the organisation and with stakeholders. The Health Board has nine personal values:

- Dignity, respect and fairness
- Integrity, honesty and openness
- Caring, kindness and compassion

In addition to the personal values there are three organisational value statements:

- Putting people at the heart of everything we do
- Working together to be the best we can be
- Striving to deliver and develop excellent services

Vision (“the what”)

Our *vision* sets out our desired future state. It defines the direction of travel, guiding organisational decision-making. Hywel Dda’s vision is for “A Healthier Mid and West Wales” and, as stated above, can be defined by a set of principles:

- A wellness service rather than an illness service
- A social model for health
- Citizens supported through technology and other means to stay healthy, independent and in their own homes
- Modern, fit-for-purpose infrastructure and estate
- Consolidated acute services to enhance resilience and improve standards

Strategic objectives / goals

These are the broad goals we believe we will need to achieve to reach that future state. The Health Board currently has six *strategic objectives*, with the value statements the first three:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing for our individuals, families and communities
5. Safe sustainable, accessible and kind care
6. Sustainable use of resources

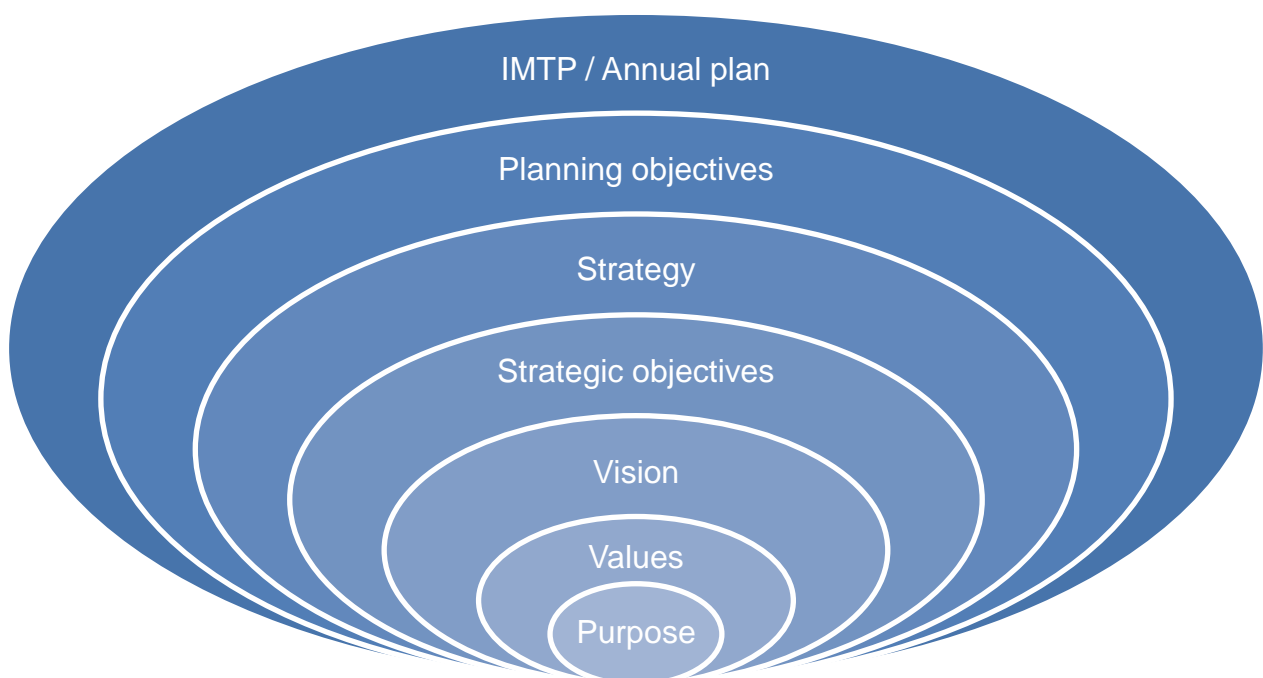
Strategy (“the how”)

This is the approach we intend to take to reach our strategic goals and deliver the organisational vision. It is our long-term implementation plan. The “A Healthier Mid and West Wales” document, published in 2018, sets out the Health Board’s long-term strategy to deliver the vision.

Planning objectives

These are the programmes of work, the activities of the organisation, which will contribute to delivering the strategy. At present the Health Board has 10 planning objectives.

The relationship between these concepts can be visualised as follows:



Values

As noted above, the values of the organisation are our deeply held beliefs about the culture and behaviours we wish to see within the Health Board. Extensive work was undertaken on the organisational values in 2015/16, involving over 2000 staff. These remain guiding principles for the Health Board and, as part of the strategic refresh, it is anticipated we would wish to test and renew these for today’s organisation.

Draft refreshed purpose and strategic objectives

In the recent Board development session, the following was proposed as a refreshed purpose and a revised set of strategic objectives. These are not fixed but can be tested further with our workforce, population and stakeholders through the strategic refresh and, in the meantime, can serve as a guide to the organisation.

“Healthier Lives, Well Led”



**Thriving
Workforce**



**Healthier
Communities**



Great Care



Positive Futures

The intention behind this revision is to make the language simpler and more concise to support embedding the concepts into the organisation and guide daily decision-making. Board is asked to consider the revised purpose statement and strategic objectives and endorse them for inclusion in the annual plan for 2025/26 and as part of the strategic refresh, recognising that they may be further refined through this process.

The AHMWW Vision

As noted, at the Board seminar in December 2024, the consensus of Board members was that the vision and the key principles of “A Healthier Mid and West Wales” remain valid:

- A wellness service rather than an illness service
- A social model for health
- Citizens supported through technology and other means to stay healthy, independent and in their own homes
- Modern, fit-for-purpose infrastructure and estate
- Consolidated acute services to enhance resilience and improve standards

It is therefore not expected that there will be a significant deviation from these design principles; however, they will be explored and refined further through the course of the strategic refresh.

The strategy and strategic plans

As described above, whilst the strategic refresh may bring some renewal and refinement of the *purpose, values, vision* and *strategic objectives*, it is anticipated that this will largely be a continuation of what is already in place rather than a significant deviation.

The purpose of the strategic refresh will, therefore, be primarily focused on how to deliver these aspirations within today’s context, rather than fundamentally altering the direction of travel. Within this, there are some fundamental questions which the Board will want to explore and reach decisions upon. The existing planning objectives provide a framework for this, representing the component parts of the strategy. This is outlined below, with some potential areas for the strategic refresh to explore.

Strategic Objective	Potential Areas for the Strategy Refresh to Explore
Thriving Workforce	
Workforce (PO 1)	Recruitment, training and retention of key staff groups; expansion of 'grow your own' scheme; education and simulation training
Further considerations	Equality, diversity and inclusion; horizon scanning of new skills and roles; clinical leadership; customer service
Healthier Communities	
Population health and prevention (PO 10)	Social innovation; social model for health opportunities; enhanced prevention; regional health economy
Primary and community services (PO 7)	Design options emerging from the work on the strategic plan
Further considerations	Community connection; continuous engagement; children and young person's shadow Board
Great Care	
Urgent and emergency care / Six goals (PO 3)	Scheduling 'unscheduled' care; hospital at home; rapid community response
Planned care, diagnostics and cancer (PO 4)	Robotic surgery; prehabilitation; regional service models; community diagnostics
Mental health and CAMHS (PO 5)	Mental health of children and young people; neurodevelopmental services; economic inactivity due to mental health conditions
Further considerations	Safety, experience and outcomes; women's health; children's health;
Positive Futures	
Clinical services plan (PO 6)	Roles of each acute hospital site; service models for ED/MIU, Trauma, Medicine, Children and Women's
Estates and infrastructure (PO 8)	Refreshed long-term options for delivery of AHMWW; interim plans for acute sites; community hubs; rationalisation of estate
Digital (PO 9)	Electronic health record; use of AI; modelling and predictive analysis; public use of digital information and tools
Financial stability (PO 2)	Efficiency, value and productivity themes; strategic shift of resources; value-based health care
Further considerations	Research and development opportunities

The table above is not intended to be exhaustive at this stage and Board members are invited to discuss and consider the key areas it would wish the strategic refresh to explore.

Strategic Context

Demographics and economic outlook

The Board report on the Strategic Approach to Financial Recovery provides important context for the strategic refresh. It presents a number of sobering facts about the realities for health services in West Wales, Wales and the UK. The population is ageing, as the 'baby-boomer' generation progresses into the older age categories. This is occurring at the same time as the

working age population across West Wales is falling (significantly in some areas, such as Ceredigion) and the economy of the UK is highly challenged, constraining the ability of governments to invest in public services.

Healthcare needs

As noted in the [Darzi review](#) (2024) for NHS England:

“An ageing population is the most significant driver of increased healthcare needs as it is associated with the development of long-term conditions such as diabetes, breathing difficulties, or depression. By the time people are aged 65-74, a majority will have at least one long-term condition and some 40 per cent will have two or more. By the time people are aged 75-84, this rises to nearly 60 per cent having two or more, and by the time people are aged 85 or above, 9 out of 10 will have at least one long-term condition.”

The [Science Evidence Advice report](#) (2023) provides an examination of the projected impact of long-term conditions and risk factors in Wales on the NHS over the next 10 years. It provides an evidence-based assessment of the likely changes in the population and trends for key disease areas.

Taking diabetes as an example, the number of patients aged 17 and over with diabetes in Wales has risen by almost 60,000 people in 13 years, to 212,716 in 2021-22. The report concludes that:

“If prevalence remained at current level, 218,000 people would be living with diabetes by 2035-36, a 2.5% increase. If current trends in diabetes prevalence are maintained, then this would be 260,000 and a high scenario where the rate of increase in diabetes continues at current trends would mean over 280,000 people. The main risk factor for type 2 diabetes is obesity and poor diet and if this continues to increase then incidence will increase more quickly than demographic growth alone would predict.”

These findings project both the likely growth in demand and, crucially, the range of modelled scenarios depending on the trends for key risk factors. More positively, it demonstrates that rising demand for health services is not inevitable - if the population can be supported to improve lifestyle factors such as diet and physical activity, it will reduce the risk of developing type 2 diabetes and correspondingly reduce the need for health care provision.

Implications for the strategy refresh

The conclusion that demands for health services can be influenced, and that a strategic shift towards a wellness service is necessary if the NHS is to mitigate demand growth, is not novel and has been the thrust of health policy and strategy for decades. Nevertheless, the proportion of NHS spend on public health and primary care has actually been reducing. The reasons for this are multi-factorial but include increasing demand for hospital services, new treatments, inflation (drug costs for example) and increasing standards (e.g. nurse staffing act). Each of these point to the real-life challenges of making a strategic shift to prevention – some aspects of these challenges are outside of the direct control of the NHS (demographics and inflation for example) and other aspects which, whilst within the control of the NHS, are actually highly desirable as they are evidenced-based and provide better care outcomes (NICE guidance, improved staffing standards etc).

The result is that health systems face the challenging dilemma of seeking to shift resources away from areas providing high profile, highly regulated, acute services today and into services that will support people to live healthier lives tomorrow. Whilst intellectually this is the correct thing to do, experience shows that the practicalities of this are far more difficult.

A key consideration for the strategic refresh will, therefore, be how to approach this challenge and genuinely deliver the desired shift. An important aspect will be engaging the workforce and population on this key question. What is clear is that radical change will be required if the strategic objectives stated above are to be realised, given the medium and long-term outlook for health needs, the economy and workforce supply.

Whilst this will present challenges, it does offer an exciting opportunity to change the life course for individuals and focus on what really matters to people, maintaining good health and independence.

Revised Governance

The Health Board already has established governance arrangements for progressing the Planning Objectives. It is proposed that, in the first instance, an additional workstream is established under the AHMWW group to oversee the design and delivery of the strategic refresh. This will be chaired by the Executive Director of Strategy and Planning and include key Executive leads. The Strategic Development and Operational Delivery Committee (from April 2025, the Strategy and Planning Committee) will scrutinise the work on the strategic refresh with, as noted above, regular updates to the Board.

Infrastructure Investment Board

The Health Board is due to attend the Welsh Government Infrastructure Investment Board (IIB) on 23 January 2025 in relation to the AHMWW Strategic Outline Case (SOC). The purpose is to update the IIB on the revised position following the direction to explore 'a wider set of options' within the SOC and seek agreement on the way forward. It is anticipated that this will require a refresh of the Programme Business Case (PBC) before the SOC can be progressed. A further consideration is whether that revised PBC should consider only the 'end-state', as it did in 2022, or whether it should also incorporate the intervening period. There are pros and cons to each; however, clearly the latter would be a much more complex piece of work. Once the approach and scope is clarified, it will be necessary for the Board to consider the funding of this work, which is likely to be very significant.

Clinical Services Plan

Following the Board agreement in November 2024 to progress to consultation, the Clinical Services Plan (CSP) programme has developed the consultation project plan. This is a significant change programme which Board will wish to have close oversight of. Accordingly, a separate SBAR has been produced on the CSP, with the consultation plan, and is included as a sub-item to this report.

The CSP activity to develop a consultation project plan supports the wider strategy refresh, by including testing of the role of the four acute sites based on the learning from the options development process. Alongside this work, regional impact assessments will be carried out, to allow further engagement with partners to understand and shape future service delivery on a local and regional basis.

The CSP programme is in line with the existing strategic direction set out in AHMWW, while the options have also been assessed to ensure that they would not prevent any future thinking arising from the wider strategy refresh.

Argymhelliad / Recommendation

The Board is asked to:

- **ENDORSE** the revised purpose statement and strategic objectives for inclusion in the 2025/26 Annual Plan and strategic refresh
- **DISCUSS** and **CONSIDER** the key areas it would wish the strategic refresh to explore
- **ENDORSE** the revised governance arrangements
- **NOTE** the Health Board's attendance at the Welsh Government Infrastructure Investment Board (IIB)
- **ENDORSE** the Consultation Project Plan provided as part of the Clinical Services Plan update

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	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 in the body of the report
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Rhestr Termiau: Glossary of Terms:	AI – Artificial Intelligence ED – Emergency Department IMTP – Integrated Medium Term Plan MIU – Minor Injury Unit NICE – National Institute for Health and Care Excellence
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Board Seminar

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within key elements of the work programmes – overarching the Programme Business Case (PBC) and Strategic Outline Case (SOC) sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change
Gweithlu: Workforce:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change
	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure
Cyfreithiol: Legal:	Implicit within the PBC
Enw Da: Reputational:	Implicit within the PBC
Gyfrinachedd: Privacy:	Implicit within the PBC
Cydraddoldeb: Equality:	There is an Equality and Health Impact Assessment which will remain 'live' through the duration of the programme