



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

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

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Health Board developed an Annual Plan for 2025/26, setting out the key delivery expectations for the organisation in response to Targeted Intervention and the broader challenges facing health services in the communities we serve across Carmarthenshire, Ceredigion and Pembrokeshire.

The Board approved the one-year Annual Plan for 2025/26 at its Public meeting in March 2025, which was subsequently submitted to Welsh Government on 31 March 2025.

This report provides an overview for Board on the progress against the 2025/26 Annual Plan and acts as a closure report.

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) Annual Plan 2025/26 was constructed through a structured process commencing in October 2024, involving comprehensive stakeholder engagement, demand and capacity (D&C) modelling, and alignment with national directives available at the time.

The Plan was developed in accordance with the NHS Wales Planning Framework 2025-28, issued by the Cabinet Secretary for Health and Social Care on 20 December 2024, which established five strategic priorities: Timely Access to Care, Population Health and Prevention, Building Community Capacity, Mental Health Access, and Women’s Health. The Planning Framework mandated delivery expectations and enabling actions on an “adopt or justify” basis, emphasising flexibility for local needs while integrating legislative requirements such as the Well-being of Future Generations (Wales) Act 2015.

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 Integrated Medium Term Plan (IMTP) by the end of March 2025 and instead would produce an Annual Plan for 2025/26.

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, established 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) but a deterioration on the previous year-end outturn.

Asesiad / Assessment

Overview

Over the past twelve months, we have delivered real and measurable improvements across the organisation. When the Health Board was placed in Level 4 Targeted Intervention in January 2024, concerns existed across every domain of the escalation framework. Since then, through sustained and focused effort, we have secured de-escalation in four areas: planned care and Child and Adolescent Mental Health Service (CAMHS) were de-escalated to Level 3 in March 2025; cancer was de-escalated to Level 3 in July 2025 and then to Level 1 routine arrangements in February 2026; CAMHS reached Level 1 in July 2025; and leadership and governance was also de-escalated to Level 1 in December 2025.

These are significant milestones that reflect the growing maturity, grip and determination of the organisation, and they represent real progress towards our ambition of building a reputation for professionalism and delivery that secures Hywel Dda's place as a trusted and sustainable part of the NHS in Wales. In urgent and emergency care, despite significant system challenges, February 2026 marked the best month in 23 months of recorded data across several key indicators, and our Fracture Liaison Service has already averted 169 hip fractures in its first seven months; a powerful example of what prevention and value-led care can achieve. These are achievements of which the whole organisation should be proud.

Nonetheless, from a financial perspective, Health Board enters 2026/27 with a substantial forecast underlying deficit of £53.7m. This figure is derived from the 2025/26 outturn position and reflects the recurrent gap between the cost of running services and the funding available once non-recurring items are removed.

Annual Plan metrics linked to Targeted Intervention (TI) De-escalation

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





- July 2025 - de-escalated to level 3 for cancer and to level 1 for CAMHS.
- December 2025 - de-escalated to level 1 for leadership and governance.
- February 2026 - the health board was further de-escalated to level 1 for cancer

	Measure	De-escalation criteria	Baseline	Goal	Last known position
Planned Care and Cancer	% patients starting first definitive cancer treatment within 62 days from point of suspicion	63% for 3 consecutive months (goal changed from 60% to 63% September 2025)	50% October 2023	63%	59.8%
	% open pathways waiting less than 52 weeks for a new outpatient appointment	100% for 3 consecutive months	95% November 2024	100%	100.0%
	% open pathways waiting less than 26	75% for 3 consecutive months	60%	75%	68.9%

UEC	weeks for referral to treatment		November 2024		
	% open pathways waiting less than 104 weeks for referral to treatment	100% for 3 consecutive months	98%	100%	99.9%
	% open pathways waiting less than 36 weeks for referral to treatment	80% for 3 consecutive months	71%	80%	77.1%
	Number of patients waiting for a follow up outpatient appointment delayed by over 100%	12% reduction 3 consecutive months, maintained for 3 months	16,682	11,368	15,182
	% ophthalmology R1 patient pathways waiting within their clinical target date or within 25% beyond their clinical target date	65% for 3 consecutive months	34%	65%	41.5%
	% patients waiting less than 8 weeks for diagnostic test - diagnostic endoscopy	85% for 3 consecutive months	57%	85%	86.1%
	% patients waiting less than 8 weeks for diagnostic test - NOUS	85% for 3 consecutive months	67%	85%	73.6%
	% patients waiting less than 8 weeks for diagnostic test - non cardiac MRI	85% for 3 consecutive months	50%	85%	81.7%
	% patients waiting less than 14 weeks for therapy (excluding Audiology and Weight Management Service)	90% for 3 consecutive months	76%	90%	78.0%
	UEC	Ambulance handovers over 1 hour	11% reduction 3 consecutive months, maintained for 3 months	964 (average Q3 2023/24)	680
Median time from arrival at ED to assessment by a clinical decision maker (mins) *		60	58	60	70
% patients waiting 12 hours or more in ED - Hywel Dda UHB		Continuous improvement towards no more than 7%	9.0%	7%	7.6%
Number of pathways of care delays		5% reduction 3 consecutive months and then maintained	203 (average Q3 2023/24)	174	220
CAMHS	% aged 0-17 LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral	80%	87%	80%	88.4%

	% aged 0-17 therapeutic interventions started within 28 days following an assessment by LPMHSS	70%	98%	70%	83.3%
			November 2024		
	% residents 0-17 years in receipt of secondary mental health services who have a valid care and treatment plan	85%	94%	85%	92.2%
			November 2024		
Infections	Number of laboratory confirmed C.difficile cases with hospital onset	25% reduction, maintained for 3 months	8 (average Q3 2023/24)	6	1
	Number of laboratory confirmed S.aureus bacteraemia cases with hospital onset	33% reduction, maintained for 3 months	3 (average Q3 2023/24)	2	4
	Number of laboratory confirmed E.coli bacteraemia cases with hospital onset	25% reduction, maintained for 3 months	7 (average Q3 2023/24)	5	4

Latest position key

	Goal achieved		Minimal progress made or decline from previous month
	Making good progress towards goal		Same as baseline or worse

Annual Plan to performance dashboard read-across

Using the 2025/26 Annual Plan as the baseline, the table below reads the main commitments directly across to the performance dashboards, the Targeted Intervention de-escalation tracker and the closure evidence. It is deliberately explicit where performance improved but fell short of the trajectory set in the plan.

What we said we would deliver in the 2025/26 Annual Plan	What performance looked like and whether we achieved it	Escalation expectation / sustained improvement read-across
Planned Care Deliver 100% of new outpatient pathways under 52 weeks; 100% of Referral To Treatment (RTT) pathways under 104 weeks; improve 26/36 week RTT compliance; reduce follow-up overdue; achieve 65% R1 ophthalmology compliance.	<ul style="list-style-type: none"> Partially achieved, with clear improvement but not full trajectory delivery. The strongest delivery was new outpatient waits under 52 weeks, which reached 100.0% in March 2026. RTT under 104 weeks improved to 99.9%, RTT under 26 weeks to 68.9%, and RTT under 36 weeks to 77.1%. Follow-up overdue reduced from 16,682 to 15,182, but remained above the 11,368 trajectory. R1 ophthalmology improved from 33.8% to 41.5% (latest available February 2026), but remained below the 65% expectation. 	<ul style="list-style-type: none"> TI expectations required sustained compliance, usually for three consecutive months. The 52-week outpatient metric reached the required level in March, but January and February were 99.9%, so the 100% requirement was not yet sustained for three full months. RTT, follow-up and R1 showed improvement, but remained short of the escalation thresholds.

<p>Cancer Increase Single Cancer Pathway performance and implement service/pathway improvements including seven-day Acute Oncology and tumour-site pathway redesign.</p>	<ul style="list-style-type: none"> Partially achieved. SCP performance improved from the October 2023 baseline of 50.2% to 59.8% in February 2026, but did not meet the Annual Plan ambition of 80% or the revised TI threshold of 63% at the latest available point. Delivery progress was nevertheless sufficient to support formal cancer de-escalation during the year. 	<ul style="list-style-type: none"> Cancer moved to Level 3 in July 2025 and then to Level 1 routine arrangements in February 2026. This is important external evidence of improvement, but the dashboard still shows that the latest SCP position was below the strengthened in-year expectation.
<p>Diagnostics Increase CT, MRI and non-obstetric ultrasound capacity; clear the SCP imaging backlog; reduce 8-week diagnostic breaches; implement digital phlebotomy booking.</p>	<ul style="list-style-type: none"> Partially achieved. Endoscopy waits under 8 weeks reached 86.1% in March 2026, above the 85% threshold. Non-obstetric ultrasound improved to 73.6% and MRI stood at 81.7%; both remained below the 85% trajectory. Therapy waits under 14 weeks reached 78.0% against the 90% trajectory. 	<ul style="list-style-type: none"> The March endoscopy position met the threshold at a point in time, but the three-month sustainability test was not yet met because January and February were below trajectory. NOUS, MRI and therapies showed improvement but remained below escalation expectations.
<p>Population Health and Prevention Improve immunisation uptake, expand smoking cessation, increase CO-validated quit rates, progress HIV/hepatitis elimination and strengthen prevention capacity.</p>	<ul style="list-style-type: none"> Partially achieved. HPV vaccination uptake was 77.1% in September 2025 against the Annual Plan ambition of 80%; MMR2/preschool booster was 89.6% against 90%; influenza uptake in people aged 65+ was 67.6% against the dashboard target of 75%. Smoking quit attempts were 2.4% in October 2025, below the 5% Annual Plan ambition, while CO-validated quits were 26.0%, above the 20% Annual Plan ambition. 	<ul style="list-style-type: none"> This area was not one of the headline TI metric groups in the de-escalation tracker. The evidence shows pockets of improvement, especially CO-validated quits, but the main prevention trajectories were not consistently achieved.
<p>Urgent and Emergency Care Reduce ambulance handovers over 1 hour and over 4 hours, reduce ED 12-hour waits, reduce length of stay over 21 days and reduce delayed pathways of care.</p>	<ul style="list-style-type: none"> Partially achieved with strong operational improvement. Ambulance handovers over 1 hour reduced to 514 in March 2026, better than the TI goal of 680 and the Annual Plan trajectory of 840. Handovers over 4 hours reduced to 148 in February 2026, better than the 177 Annual Plan trajectory. ED 12-hour waits improved to 7.6% in March 2026, below the plan threshold of <10% but still above the 7% TI ambition. Pathways of Care delays were 220 in March 2026 against the 174 trajectory. 	<ul style="list-style-type: none"> Sustained improvement is clearest in ambulance handovers, with January to March improving from 716 to 534 to 514. ED 12-hour performance also improved over the same period. Pathways of Care delays and clinical decision-maker assessment times remained short of escalation expectations.

<p>Primary Care and Community Services Approve and implement the Primary Care and Community Services Strategic Plan; review Local Enhanced Services; implement dental commissioning, WGOS and pharmacy developments.</p>	<ul style="list-style-type: none"> • Largely delivered as a planning/service milestone, but dashboard evidence is limited. The Planning Objective closure position records the Primary Care Strategy as complete. Dashboard indicators show 95.7% of practices meeting all National Access Standards at the latest available point, while dental access indicators remained low (adults 29.1%, children 41.5% in June 2025). 	<ul style="list-style-type: none"> • This was not a direct TI metric group in the tracker. Assurance is therefore mainly through milestone delivery and the Planning Objective status rather than a complete performance-dashboard trajectory.
<p>Mental Health and Learning Disabilities Maintain Mental Health Measure compliance, achieve 80% adult psychological therapy within 26 weeks by August 2025, improve neurodevelopmental assessment, and update the LD model.</p>	<ul style="list-style-type: none"> • Partially achieved. CAMHS metrics performed above expectation: assessments were 88.4%, interventions 83.3% and valid care and treatment plans 92.2% at the latest available point. • Adult psychological therapy was 57.0% in January 2026 against an 80% trajectory, and neurodevelopmental assessment was 18.9% against an 80% dashboard target; both remained materially below trajectory. 	<ul style="list-style-type: none"> • CAMHS de-escalated to Level 1 in July 2025, supported by sustained performance above the escalation thresholds. • Adult psychological therapies and neurodevelopmental waits remain clear areas where improvement has not yet translated into planned performance.
<p>Women's Health Begin delivery against the Women's Health Plan for Wales and develop a women's health hub.</p>	<ul style="list-style-type: none"> • Milestone progress is evidenced in the SBAR narrative, but there is no direct dashboard metric in the supplied performance workbooks that allows achievement to be assessed in the same way as planned care, UEC or CAMHS. The Annual Plan commitment should therefore be reported as delivery commenced, with performance benefits still to be quantified. 	<ul style="list-style-type: none"> • No specific escalation metric was identified for this commitment in the TI tracker. • Ongoing assurance should link future hub delivery to measurable access, pathway or experience indicators.
<p>Infection Prevention and Control Sustain reductions in C. difficile, Staphylococcus aureus and E. coli infections for at least three consecutive months in line with TI expectations.</p>	<ul style="list-style-type: none"> • Partially achieved and variable by organism. C. difficile was 1 case in March 2026 against a goal of 6, and E. coli was 4 against a goal of 5. Staphylococcus aureus was 4 against a goal of 2. February 2026 performance was above goal for C. difficile and E. coli, so the latest improvement was not yet consistently sustained across all three months. 	<ul style="list-style-type: none"> • The TI expectation is sustained reduction for three months. • March performance was strong for C. difficile and E. coli, but the three-month sustainability test was not consistently met, and Staphylococcus aureus remained above the escalation expectation.

<p>Workforce and OD Improve retention and well-being, roll out Allocate e-rostering, reduce locum dependence and costs, grow advanced practice and embed operational people planning.</p>	<ul style="list-style-type: none"> Partially achieved. Workforce dashboard evidence shows appraisal/PADR performance at 82.5% in February 2026 against an 85% target; core skills compliance was 89.5%; sickness absence was 6.6%, in line with the dashboard target; and agency spend was 1.8% of pay bill, within the dashboard threshold. Staff experience indicators remained mixed. 	<ul style="list-style-type: none"> Leadership and governance de-escalated to Level 1 in December 2025, giving external evidence of improved organisational grip. Workforce metrics show stabilisation, but PADR/core skills and experience measures indicate more improvement is required to evidence full trajectory delivery.
<p>Commissioning Strengthen commissioning and contracting oversight, including non-drug allergy, VUNHST, DEXA scans and LINAC provision.</p>	<ul style="list-style-type: none"> Milestone evidence is present in the SBAR, including formation of the Commissioning and Contracting Oversight Group, but the supplied dashboards do not contain a direct performance measure for this set of commitments. Achievement should therefore be described as governance/milestone delivery rather than dashboard-confirmed performance impact. 	<ul style="list-style-type: none"> No specific escalation metric was identified for these commissioning milestones. Future reporting should connect the oversight arrangements to measurable access, quality, financial or risk outcomes.
<p>Capital and Estates Progress A Healthier Mid and West Wales infrastructure, regional capital plans, strategic estate plans and agile working priorities.</p>	<ul style="list-style-type: none"> On track as a planning milestone rather than dashboard-measured delivery. The Planning Objective status records Estates as on track, with the revised Programme Business Case for A Healthier Mid and West Wales presented to Board in January 2026. Benefits are long-term and not fully measurable through the supplied performance dashboards. 	<ul style="list-style-type: none"> No direct TI metric was identified for capital and estates in the tracker. Continued assurance should focus on agreed milestones, capital approvals, risk reduction and delivery readiness.
<p>Finance and Financial Roadmap Deliver the 2025/26 financial plan, improve the in-year deficit position and continue the route map towards financial recovery.</p>	<ul style="list-style-type: none"> In-year performance was better than plan, but structural recovery remains off trajectory. The Annual Plan was built around a £30.0m planned deficit; Month 11 reporting showed a forecast 2025/26 deficit of £22.1m, with the dashboard showing an £18.1m year-to-date deficit at February 2026. However, the underlying deficit carried into 2026/27 is £53.7m. 	<ul style="list-style-type: none"> The improvement supports assurance on in-year grip, but the underlying deficit means the organisation has not yet achieved the financial recovery trajectory expected through escalation. This remains a core carry-forward issue for 2026/27.
<p>Overall read-across</p>	<ul style="list-style-type: none"> The Annual Plan delivered important gains, especially external de-escalation, UEC handovers, new outpatient 	<ul style="list-style-type: none"> The key assurance message is not simply achieved/not achieved. The Health Board has shown sustained

waits, CAMHS, endoscopy and in-year financial control.

- The Board should also be clear that several trajectories were only partially achieved, with improvement falling short in R1 ophthalmology, follow-up overdues, RTT 26/36 weeks, NOUS/MRI/therapies, adult psychological therapies, neurodevelopment, infections sustainability and the underlying financial deficit.

improvement and has been de-escalated in important areas, but a number of metrics remain below the thresholds needed to evidence full delivery against the Annual Plan and TI expectations.

Planning Objectives

A key element of the Annual Plan remains our 10 Planning Objectives. With respect to these, as at the end of March 2026, the status was reported as follows:

Planning Objective & Executive Lead	Status at the end of 2025/26
1 Workforce Director of Workforce and OD	Complete – the Planning Objective has two main components, the creation of a positive workforce culture; and providing compassionate experiences, both of which have met their metrics/actions for 2025/26
2 Financial roadmap Director of Finance	<p>Complete Having undertaken a number of reviews across the Executive Team, Board Seminar and Finance and Performance Committee and submitted a three-year financial plan as part of the 2026-29 planning cycle to Welsh Government.</p> <p>Whilst the expectation of the Roadmap was to align to the targeted intervention criteria, i.e. financial breakeven by 2027/28, with the recent budget allocation confirmations, the three-year plan/roadmap does not achieve this, but delivers a financial improvement to a structural deficit by 2028/29.</p> <p>There is a suite of opportunities in excess of the required savings requirement to achieve the targeted intervention criteria, but this level of change delivery is not deemed reasonable in a three-year period. It should be noted that a Welsh Government one year budget was committed, with clarity around 2027-28 and beyond not yet provided until the new government is confirmed post the May 7, 2026, Senedd elections</p>
3 Urgent and Emergency Care Chief Operating Officer	On Track to Achieve - The Majority of deliverables against the portfolio of work are complete, A minority remain behind due to resource, but mitigations are in place to address
4 Planned Care including cancer and diagnostics Chief Operating Officer	<p>the overarching progress is On Track, with the three individual components being:</p> <ul style="list-style-type: none"> • RTT – On Track • Diagnostics – On Track • Cancer – On Track
5 Mental Health Chief Operating Officer	On Track to Achieve - the overarching progress is on-track, with progress having been made in a number of key areas, although there is acknowledgement that there is more to do.

6 Clinical Services Plan Director of Strategy and Planning	Complete , 2025/26 Actions Achieved – Clinical Services Plan presented to Board in February 2026
7 Primary Care Strategic Plan Director of Strategy and Planning (previously Director of Primary Care, Community and Long-Term Care)	Complete , 2025/26 Actions Achieved – plan agreed by Board in January 2026
8 Estates Director of Strategy and Planning	On Track to Achieve - most elements are in train and the revised Programme Business Case for A Healthier Mid and West Wales presented to Board in January 2026, whilst other elements are in the plan for 2026/27
9 Digital Director of Finance	On Track to Achieve - Whilst the Health Board continues to make significant progress in its digital transformation journey, the deployment of national and local foundational digital systems remains a complex and evolving challenge. These programmes are critical to supporting clinical care, operational efficiency, and the delivery of strategic objectives aligned with national digital health priorities. Whilst some programmes are noting delays they are within project tolerances.
10 Population Health and Prevention Director of Public Health	On Track to Achieve - key deliverable actions for reporting period in quarter 4 are on track. The planning objective and key actions continue into 2026/27 programme of work, building on the achievements to date with new target outcomes.

Highlight reports demonstrating key achievements for each of the Planning Objectives can be found in Annex 1. Where actions extend beyond 2025/26, these are expected to continue as part of the Planning Objectives for 2026/27.

Enabling Actions

A further key element of the Plan was the enabling actions set by the Cabinet Secretary – these were reported on a quarterly basis. As at the end of March 2026 (Quarter 4), of 37 enabling actions:

- 3 were RAG rated Red (will not be achieved in year) – these are as follows, along with the rationale for why they were ranked red:
 1. Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%.
 - The Theatre Steering Group clinical lead is undertaking a manual audit to highlight areas of variation. A Theatre General manager will shortly be in post (6 month fixed) to help with all challenges in relation to theatres. This post is currently out to advert.
 - The Theatre Transformation Task and Finish Group provides strategic oversight and coordination of a developing programme of work aimed at improving theatre performance, effectiveness, and patient outcomes across Planned Care and Specialist Services. While progress has not yet advanced to the level we aspire to, a strong framework of workstreams is now in place to drive meaningful transformation. These include improving emergency access resilience, strengthening compliance with national standards such as National Confidential Enquiry into Patient Outcome

and Death and Getting It Right First Time (GIRFT), enhancing theatre productivity through Key Performance Indicator (KPI) driven monitoring, advancing day surgery and treat-in-turn performance, and supporting safer staffing and high-quality clinical practice.

- Through robust governance, regular review of risks, data and performance intelligence, and close collaboration with Clinical Implementation Networks and operational teams, the group is building the foundations required to deliver sustained theatre improvement and support the wider organisational priorities for planned care recovery and optimisation.
2. Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%
 - Rationale as above for the reduction of early finishes
 3. Continuing Health Care (CHC) - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.
 - Awaiting the outcome of the Business Case
- 12 were Amber (will be delivered but with delays)
 - 22 were Green (will be delivered / have been delivered)

A full update on the enabling actions and their RAG rating was presented to the Strategy and Planning Committee at their meeting in April 2026, with a full review with particular reference to the actions that remain as Red. Many of the enabling actions will be carried over into 2026/27 as part of the 2026/27 Planning Framework and, as such, are a critical element of the 2026/27 Annual Plan which was submitted to Welsh Government at the end of March 2026.

The progression through the year, by quarter, is as below:

Enabling Action	Quarter			
	1	2	3	4
Implementation of Clinical Implementation Network (CIN) follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	Green	Green	Green	Yellow
Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact	Green	Green	Green	Yellow
Improvement in the implementation and delivery of High Volume Low Complexity (HVLC) Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2	Yellow	Green	Green	Green
Implementation of the Single Point of Access (SPoA) Framework - 6 Goals Programme	Green	Green	Green	Green
Ensure effective utilisation of theatre capacity through - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	Red	Red	Yellow	Yellow
On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	Green	Green	Green	Green
Ensure monitoring of Did Not Attend (DNA)/Could Not Attend (CNA) rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	Yellow	Green	Green	Yellow
Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2.	Green	Green	Green	Green
Implementation of the Welsh Health Circular - Ambulance Guidance - 6 Goals programme	Yellow	Yellow	Yellow	Yellow

Implementation of the Optimal Hospital Flow framework - 6 Goals Programme				
Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.				
Implementation of acute frailty model at the Front Door - 6 Goals Programme				
Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025				
Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.				
Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%				
All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.				
Implementation of the Community Based Falls Response - 6 Goal Programme				
Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%				
Progress implementation of the national approach to Interventions not normally undertaken (INNU) Deliver the 8 priority procedures determined for implementation as part of Phase 1.				
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26				
Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.				
Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	n/a – this action sits with Digital Health and Care Wales			
Ensure progress with the Implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes				
Ensuring the full implementation of the nationally optimised pathways in the cancer recovery programme				
Ensuring full compliance with straight to test guidance.				
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health				
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)				
Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.				
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation				
Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.				
Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas				

(maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)				
Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.				
CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.				
Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.				
Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.				
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular				
Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.				
Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.				

Conclusion and Next Steps

What is the process when/if parts of the plan didn't deliver?

Although the Annual Plan focused on 2025/26, a number of the individual elements were written within the context of a 3 year cycle; therefore, many actions will continue into 2026/27 as part of the Plan submitted to Welsh Government in March 2026. Key trajectories and proposed deliverables have used the end of 2025/26 position as the basis for the end of year targets/ambitions for 2026/27.

The 2026/27 Plan has also been explicit in continuing to address the Ministerial Priorities and Enabling Actions, many of which have also been carried over from 2025/26. As such, the Annual Plan for 2026/27 sets out how HDdUHB will continue to deliver safe, sustainable and improving services for the communities it serves, whilst addressing the significant financial and operational challenges that have continued to emerge during 2025/26.

These will all continue to be monitored through 2026/27.

Argymhelliad / Recommendation

The Board is asked to **TAKE ASSURANCE** on the delivery of the 2025/26 Annual Plan including the current escalation status; Ministerial Priorities; Planning Objectives; and enabling actions, noting that the 2026/27 Annual Plan builds upon these.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028 (Current Risk Score: 12, Target Risk Score: 4)
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
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 SBAR
Rhestr Termiau: Glossary of Terms:	Contained within the SBAR
Partion / 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 Planning Objective closure reports for 2026/26, the Committees to which the Planning Objectives are aligned (April and May 2025)

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

Ariannol / Gwerth am Arian: Financial / Service:	Contained within the SBAR
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the SBAR
Gweithlu: Workforce:	Contained within the SBAR
Risg: Risk:	Contained within the SBAR
Cyfreithiol: Legal:	Contained within the SBAR
Enw Da: Reputational:	Contained within the SBAR
Gyfrinachedd: Privacy:	Contained within the SBAR
Cydraddoldeb: Equality:	Contained within the SBAR

Key achievements and outcomes through 2025/26 / elements to be continued into 2026/27

- Staff engagement across the HB remained stable, with improved participation (22%) in the 2025 NHS Wales Staff Survey and positive movement across most areas. 71% of staff who responded indicated a consistent level of commitment and connection to the organisation.
- W&OD continues to promote flexible working with managers across the HB, encouraging them to embrace the ethos of "how we can make this happen?" as per the NHS Wales policy. Our 2025 Staff Survey positivity score for "We champion flexible working" was 64.8%, compared with 58.3% in 2023 and 63.7% in 2024, and +3.94% above the 2025 national benchmark. This was Hywel Dda's largest positive variance across all Staff Survey themes with a strong upward trend since 2023.
- Our ODRMs continue to provide proactive, responsive support to local teams to promote healthy and positive working cultures.
- More than 250 colleagues received one-to-one psychological support, and 60 attended our Recovery in Nature programme, helping to reduce stress and burnout.
- We have expanded simulation and digital learning, making training more practical and accessible. One hundred educators were trained to deliver simulation sessions, reaching over 600 staff across hospital and community services. This has helped teams practice safely, build confidence and improve care.
- More than 1,000 staff applied for individual continuing professional development, with hundreds more taking part in group learning.
- Our Support Worker Development Programme helped 247 healthcare support workers build new skills and move into different roles, supported by recognised qualifications through our Agored Cymru accreditation.
- Engaged with 8,500 pupils across all secondary schools in the region, with 4,727 learners taking part through the medium of Welsh, almost double the previous year.
- Our volunteering community grew to 245 volunteers, and our apprenticeship programme now supports 141 apprentices.
- Occupational Health have been consistently exceeding their Welsh Gov KPIs for service delivery for 2025/26. The KPI's cover management referrals, self referrals, pre-employment clearance, immunisations.

Key achievements and outcomes through 2025/26 / elements to be continued into 2026/27

- Leadership and management development continues to grow, with strong demand for programmes such as LEAP (126 completed/over 55 progressing), New Consultant Programme (5 cohorts delivered to 58 senior clinicians), Hywel Dda Manager and Foundations in Management, alongside an expanding network of 45 qualified coaches.
- We continue to embed a culture where staff feel safe and supported to speak up. Through our Speak Up, Make Meaningful Change initiative, concerns are increasingly raised sooner and informally, enabling constructive resolution without fear of reprisal.
- Working closely with Health Education and Improvement Wales, we now have 79 operational workforce plans in place. These are aligned with our Clinical Services Plan, helping ensure staffing, skills and future recruitment match changing models of care.
- Whilst workforce pressures remain a challenge, the latest NHS Wales Performance Report (March 2026) highlighted Hywel Dda as achieving the lowest workforce turnover rates across Wales, and we are proud to be the best-performing NHS organisation in Wales for nursing turnover since 2024.
- Our Hywel's Applause Awards returned as a more engaging and meaningful in-person event. Long Service Awards also remained important, with staff recognised for milestones ranging from 25 to an exceptional 60 years of service. Simple initiatives such as Employee Appreciation Day continued to grow, showing how much colleagues value recognising each other.
- Staff well-being remained a priority. More than 250 colleagues received one-to-one psychological support, and 60 attended our Recovery in Nature programme, helping to reduce stress and burnout.
- We actively promoted equality, diversity and inclusion through awareness raising, growing staff network engagement and via our EDI Task Force. 1,162 staff have accessed EDI training this year, a 10% increase on the previous year.
- Our EqlA training programme is available for all staff which supports them to enhance their knowledge and skills to support service and policy developments and changes and an internal audit programme has been to ensure a high quality, robust EqlA process.
- We have continued to deliver wellbeing at work webinars which are held monthly and are available to all Hywel Dda staff and have been well received. *"Very informative, explained clearly, great to have a live webinar where there is room for interaction, rather than a recorded playback."*
- Significant progress has been made on the Band 2/3 transition and work will remain ongoing for Q1 2026/27 to finalise the work needed to resolve ongoing queries. The majority of staff were completed by 31st March 2026.

Any other Comments

Matters for information:

Risks to delivery:

Any other comments: 60 people participated in the Recovery in Nature Programme and feedback has been very positive. *"Gave me the opportunity to reflect and appreciate that there are like-minded people around me with shared values"*. Due to ongoing staff capacity and financial challenges, the SPWBS is unable to plan deliver the Recovery in Nature Programme for 2026/27 year.

Progress against planned outcomes / trajectories / milestones:

Complete having undertaken a number of reviews across the Executive Team, Board Seminar and Finance and Performance Committee and submitted a three-year financial plan as part of the 2026-29 planning cycle to Welsh Government. Whilst the expectation of the Roadmap was to align to the targeted intervention criteria, i.e. financial breakeven by 2027/28, with the recent budget allocation confirmations, the three-year plan/roadmap does not achieve this, but delivers a financial improvement to a structural deficit by 2028/29. There is a suite of opportunities in excess of the required savings requirement to achieve the targeted intervention criteria, but this level of change delivery is not deemed reasonable in a three-year period. It should be noted that a Welsh Government one year budget was committed, with clarity around 2027-28 and beyond not yet provided until the new government is confirmed post the May 7, 2026, Senedd elections.

Activities completed in previous reporting period

- Launched recovery route map within finance, collaborating to ensure owners are identified for all component parts.
- Full submission to Welsh Government on 31 March 2026, with Executive Team, Finance and Performance Committee and Board endorsement.
- Updated modelling undertaken for all three-year horizon costs 2026-29.
- Insight provided for an approach to cap investments linked to academic evidenced prevalence demand within our region.
- Long list of opportunities to over-achieve the required levels of savings.
- New approach agreed in principle to ensure sustainability by converting non-recurrent savings.

Activities planned for next milestone and reporting period

- Functional savings plans to be received to achieve the targets set – **current high risk** to met expectation.
- Continuous monthly review required at each stage to ensure latest modelling is reflected in updated financial forecasts.
- Welsh Government feedback has been received stating the annual plan is not supportable or approvable with its current financial deficit. Board action requested to de-risk the delivery of the annual plan and assess options for further improvement for 2026/27 from £41m to £22.1m. Executive Team briefing has been proposed by Finance clarify a 4-step framework approach.

Any other Comments:

Matters for information: The adopted Planning Coordinate Group approach to ensure leadership scrutiny and prioritisation has not achieved its set goal, resulting in uncertainty to some of the priority investments that will be required.

Risks to delivery: Similarly, operational pressures are noted as reasons for Savings Plans not being fully developed at this stage, signally an element of risk and assumption that is taken into the roadmap.

Any other comments: A continuous planning cycle should be embedded within the organisation, looking forward 3 to 5 years in the first instance, including all service and workforce changes and latest financial modelling with commitments aligned to the clinical services plan and transformational savings plans required.

PO3 –TUEC Ministerial Priority	Reflections on Key Achievements
UEC1: Implement effective Community Based Falls Response Services	<ul style="list-style-type: none"> • Proposal approved and underway to strengthen older person care homes falls response capacity for equipment and training case.
UEC2: Implement a robust 'Single Point of Access' (SPOA) for urgent and emergency care	<ul style="list-style-type: none"> • CSH seven-day Business Case developed and submitted to Public Board for approval. (TBC approval) • Launched the short term SPoA Transport service provided by external providers to transport patient and clinical items.
UEC3: Implement an Acute Front Door Frailty Service at all acute hospitals	<ul style="list-style-type: none"> • Appointed a Health Board Acute Frailty Lead • Established an Acute Frailty Delivery Group • Mapped acute frailty services against the National AF standards
UEC4: Implement the Welsh Health Circular - Ambulance Patient Handover Guidance	<ul style="list-style-type: none"> • Developed and ratified the Health Board ED / MIU Redirection Policy • Supported the operational teams to implement their ED G.I.R.F.T plans • Supported the operational teams to improve ED environment to prevent deconditioning , support nutrition and hydration and enhance privacy and dignity for patients.
UEC5: Implement actions described in the Optimal Hospital Flow Framework	<ul style="list-style-type: none"> • Completed the Strengths Based Collaborative Training Programme to support with discharge planning and collaboration • Developed and implementation of an integrated POCD action plan • Developed in house training videos Developed resources to support Optimal Flow i.e blue print • Established a Health Board Preventing Deconditioning Oversight Group • Established an Operational Delivery Unit (ODU) to support flow • Four projects took part in the National Safe Care Partnership Deconditioning Programme. • Implementation of Criteria Led Discharge • Launched the Hospital Discharge Toolkit to house discharge related resources and guidance online for our staff • Maintaining the Optimal Flow A–Z online staff • Monthly Optimal Flow site leadership and data monitoring meetings • Ratification and implementation of the Patient Boarding protocol • Supported the implementation of MIYA flow for e flow system
Additional information	<ul style="list-style-type: none"> • Strengthened our staff facing communications for Six Goals Programme • Changed our public facing communication plan for urgent emergency care to direct patients to alternative services rather than ED • Agreed a definition for our Hospital at Home service • Developed and ratified a Health Board Hospital at Home SOP

Planning Objective: PO 4 75% of patients on a USC pathway will receive their first definitive treatment within 62 days from their point of suspicion.

Executive Lead: Andrew Carruthers, Chief Operating Officer

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

The combined activities of sustainable pathway changes within LGI, changes to the FIT pathway to primary Care, additional radiology and pathology capacity have enabled a consistent improvement trajectory throughout 25/26 with performance above 60% improving to mid 60's allowing the health board in line with the TI de-escalation criteria to be de-escalated to level 1 for Cancer Performance.

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Predicted Performance	65%	67%	68%	69%	70%	70%	65%	65%	60%	60%	68%	70%
Actual Performance	62.5%	66.1%	61.4%	62.3%	65.3%	60.1%	66.4%	63.3%	65.8%	60.9%		

Activities completed in previous reporting period

1. Commenced Teledermoscopy for USC patients April 25
2. Increased provision of local anaesthetic trans-perineal (LATP) biopsies will help meet growing demand
3. Increase capacity for flexi cystoscopy by 30% by increasing nurse cystoscopist by 1 WTE
4. Development and launch of a third one stop clinic offer for the diagnosis of suspected endometrial cancer patients in Glangwili General hospital and a fourth in WGH.
5. Clinical Leadership for AOS in line with National Specification for AOS in NHS Wales and Royal College of Physicians Wales report "Cancer Care at the Front Door"
6. Transfer the faecal immunochemical testing (FIT) service from Secondary to Primary Care in line with the lower GI National Optimal Pathway30.9.25.
7. Dermoscopic attachments and cameras circulated in Primary Care to support referrals to improve triage for urgent suspected skin cancer, reducing in-person clinic pressure while maintaining diagnostic accuracy.
8. Outsourcing of CT commenced 5th January 26 until March 26. This equates to 350 CT scans a month.
9. 48-hour turnaround radiology reporting funded via recovery monies
10. Pilot Galeas Bladder commenced 10th March 26– 25 patients a week

Activities planned for next milestone and reporting period

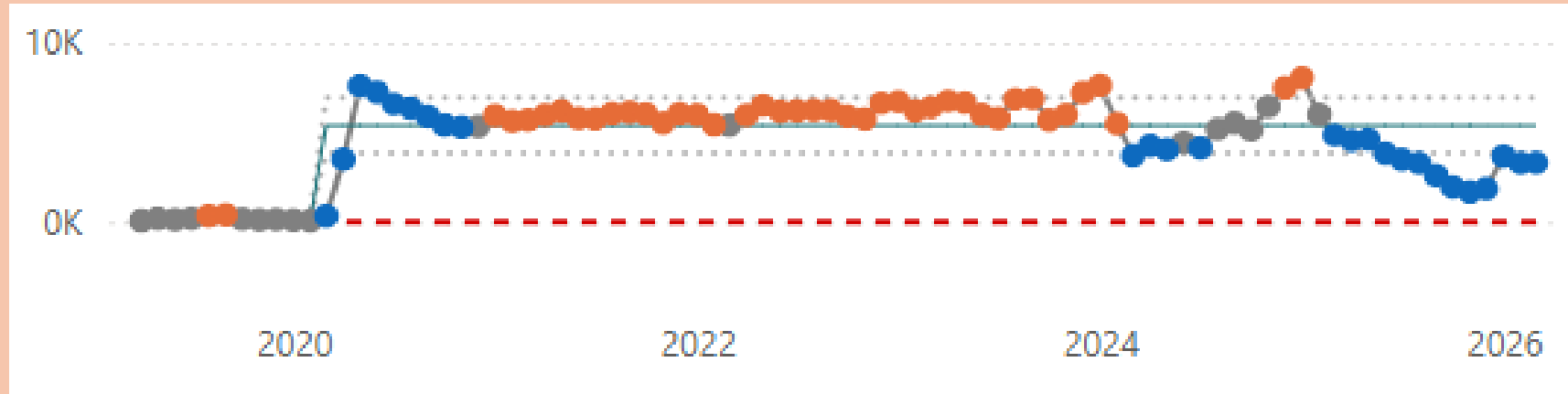
- 1 The PSC CCG has prioritised improvement of 26 diagnosis within the Annual Plan 26/27
- 2 Agreement to continue outsourcing of CT to continue in Q1 26/27
- 3 Agreement to continue to 48-hour radiology reporting
- 4 Agreement to undertake additional GA Hysteroscopy activity (33 patients)
- 5 Agreement to continue MRI outsourcing for Prostate

Any other Comments

Matters for information: Achievement of 75% cancer performance is reliant on securing additional diagnostic capacity provided by the AHP CCG. The Annual Plan/ Demand & Capacity 26/27 informs us that in the absence of access to WG recovery funding or HB support for In house funding, cancer performance will only be maintained to the mid 60% and will fail to achieve the 75 % WG target 26/27.

Risks to delivery: Inability to secure funding for diagnostic capacity within Radiology, Pathology & Endoscopy

Progress against planned outcomes / trajectories / milestones: 2630 end of March breach position



- March 26 breach position by modality
- CT – 343
- MRI – 612
- NOUS – 1556
- Others – 119

Figure – SPC chart of 8wk+ breaches

Activities completed in reporting period

- Mobile MRI van – January 25 – March 26 – 9336 patients scanned
- Mobile MRI van – August 25- March 26 – 1746 patients scanned
- Insourcing contract for ultrasound (April 25 – April 26) 4551 patients scanned.

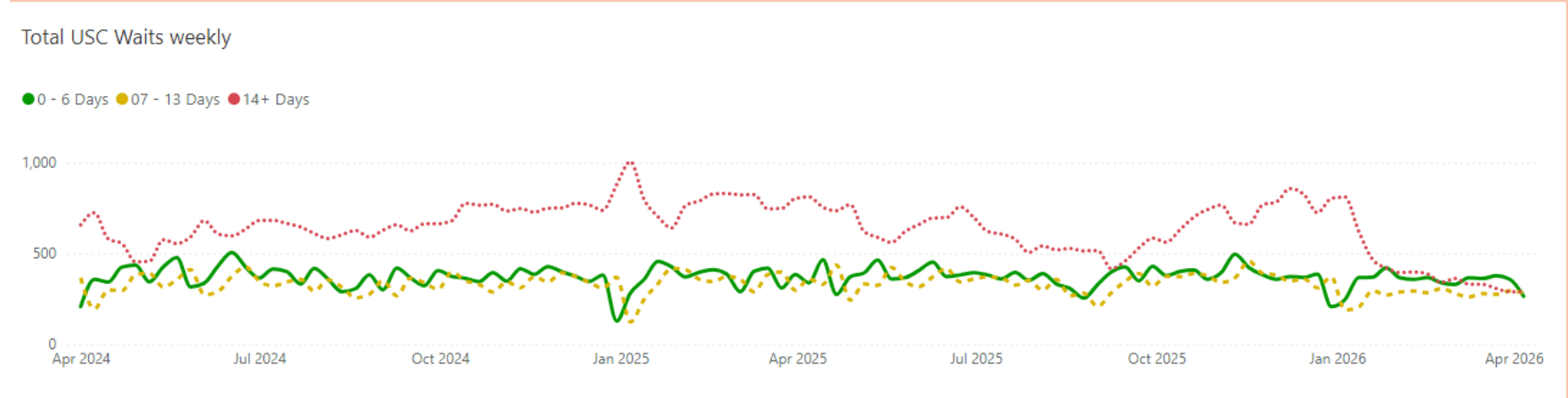
Activities planned for next milestone and reporting period

- MRI van – April – August 26 – 700 patients
- USS Insourcing to continue – contract to November (likely to extend)
- Annual Plan – stabilisation funding for Ultrasound to increase capacity meet demand. Three-year plan due to shortage of sonographers and two/three-year training programme.

Any other Comments:

Risks to delivery: Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts.

Progress against planned outcomes / trajectories / milestones: Total USC waiting list has decreased from 1508 April 25 to 361 Apr 26.



Waiting times (number of patients):

- 0-6 days – 337 (Apr 25) 354 (Apr 26)
- 7-13 days – 359 (Apr 25) 290 (Apr 26)
- 14+ days – 812 (Apr 25) 141 (Apr 26)

Figure - Weekly snapshot of USC waiting list

Activities completed in reporting period

- Mobile CT Van – Jan 26 – March 26 – 1400 USC and follow up cancer patients scanned
- Outsourcing of reporting 48 hrs turnaround time - Jan – Mar 26 (with additional funding).
- 2025/26 Stabilisation funding has resulted in 7 radiographers being recruited into CT and MRI to increase capacity (In training period); Advanced Practice Sonographer recruited Oct 26 – Wait for FNA neck patients from 6 weeks to under 2 weeks.
- Validation of Ultrasound Waiting lists – 12% reduction in USS breaches.

Activities planned for next milestone and reporting period

- Mobile CT Van – April 26 – June 26. – 1400 patients
- Move to 7-day MRI on one site -
- Recruitment of a clinical validation post – June 26.

Any other Comments:
Matters for information: Risks to delivery: Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts. Reliance on locum positions in CT particularly to staff out of hours if any sickness/ Maternity Leave.
Any other comments: MRI demand has increased and demand outstrips capacity – particularly MRI prostate, Neck and Liver for USC patients.

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

Art Therapy: Unable to increase substantive workforce due to financial constraints however creative approaches in place to increase capacity from student placements.

Psychological Therapies: Waiting times within the Integrated Psychological Service have not reduced as significantly as expected however, on completion of the roll-out of the group model by July 2026 we should see a reduction in the number of people waiting over 26 weeks.

Childrens ASD waits: Performance remains fairly static despite the additional Welsh Government funding and considerable volume of outsourcing. Further funds available from Welsh Government in 2026/27 which will support further outsourcing. The waiting list of those waiting over 4 years has been eradicated. Prioritisation will now be focussed on those waiting over 3 years.

Adult ADHD: Is now the focus of a value-based health care approach. Alterations to the current pathway is to be explored in order to provide a timely response to those in need of this diagnostic service.

Activities completed in previous reporting period

- Inpatient establishment review and enhanced staffing is being successfully recruited to.
- The development of the North Ceredigion Adult Mental Health pathway implementation with further roll-out across the wider Health Board to be undertaken.
- In year savings target has been met.
- Successful recruitment into the revised Learning Disabilities service.

Activities planned for next milestone and reporting period

- As per Annual Plan submission 2026/27

Any other Comments:

Matters for information:

Risks to delivery: Various pieces of MH&LD Estate have been utilised for wider Health Board requirements and timescales on these have all over run, which has an impact on MH&LD service delivery. For example, the Single Point of Assessment service as part of 111#2 transformation.

Progress against planned outcomes / trajectories / milestones:**2025/26 Q1**

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

2025/26 Q2

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

2025/26 Q3

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

2025/26 Q4

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

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

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

Planning Objective: 7 – Primary Care Strategy

Executive Lead: Andrew Carruthers, Chief Operating Officer

Progress against planned outcomes / trajectories / milestones:

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

The PO aims to provide a strategic suite of plans to address the risks and inadequacies of all aspects of the current estate. It is anticipated this will be achieved through partnership working, new models of working and significant investment over a period of the next decade. Key deliverables against this PO are:

1. To agree the next steps with WG for the infrastructure associated with the delivery of the AHMWW strategy.
2. To deliver a Regional capital plans as delegated to the RPB
3. To progress strategic plans for all Health Board estate, both freehold and leased, including purchase of new buildings and new / changes to lease agreements
4. To progress plans for essential estate infrastructure through the Major Infrastructure Investment Programme (MIIP) business case (top 10 risks)
5. To develop decarbonisation initiatives and net zero approaches

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

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

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

Business Continuity Update

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

Fire Schemes

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

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

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

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

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

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

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

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

Decarbonisation of Estates/Energy - The Energy Performance Contract with Vital Energi Utilities Ltd is being progressed to deliver energy and carbon conservation measures across six Hywel Dda UHB healthcare sites via the Re:fit 4 framework. The investment grade proposal and business case was approved by the Salix Technical team and by WG and the first phase of improvement schemes have commenced on our sites to deliver energy and carbon savings at a value of circa £7.7m over two financial years, for completion by 31st March 2027. This follows the end of the 10-year Energy Performance Contract with Centrica, which ended 31st March 2025. To support the transition from Centrica, investment was secured via DCP to refurbish the Combined Heat & Power units at Withybush and Prince Philip hospitals, and new maintenance arrangements were established for these units and the biomass boiler at Glangwili Hospital. Furthermore, the Health Board was successful in attracting £1,709m of Targeted Estates Funding (TEF) to deliver energy and carbon saving schemes for 2026/27 including window replacements, heat pump project and electric vehicle (EV) infrastructure. Additionally, the South Pembrokeshire Hospital car park solar canopy scheme went live in Autumn 2026, as did building management system upgrades in parts of Bronglais and Glangwili hospitals.

PO 9 Digital – Annual Reflection Against the 2025/26 Operational Plan and Digital Objective 2025, Executive Lead: Huw Thomas, Director of Finance

Overview

2025/26 represented a year of consolidation, maturity, and disciplined delivery for Digital. The Digital Operational Plan deliberately shifted focus from rapid expansion to stabilisation, optimisation, and value realisation, in recognition of financial constraints, increasing regulatory scrutiny, and sustained operational pressure across the organisation. Against this context, Digital has delivered the core intent of Digital Objective 2025: ensuring that digital is a safe, reliable, and resilient enabler of care, rather than a source of operational or clinical risk.

Delivery Against the Digital Operational Plan

1. Strengthening Digital Foundations

The year prioritised investment in foundational digital capability:

- Improved stability and resilience of core infrastructure.
- Progression of critical upgrades using phased, risk-managed approaches.
- Closer alignment between digital operations, cybersecurity, and information governance.

These activities, while less visible, materially reduced risk and created a safer platform for clinical and corporate systems.

Delivery Against the Digital Operational Plan

2. Clinical Digital Enablement

Key clinical programmes progressed broadly as planned, recognising national dependencies and workforce constraints:

- Clinical systems were sequenced to protect patient safety and service continuity.
- Delivery routes were adapted where required, maintaining momentum while mitigating risk.
- Stronger links were established between technology delivery, clinical capacity, and informatics leadership.

This reinforced the importance of organisational readiness alongside technical implementation.

Delivery Against the Digital Operational Plan

3. Governance and Assurance

Digital governance matured significantly during the year:

- Clearer articulation of digital and cyber risk within corporate risk structures.
- More transparent reporting to Committees by exception, focusing on dependencies and mitigations.
- Improved alignment with national assurance frameworks and regulatory expectations.

This represents a shift from activity-based reporting to **risk- and outcome-focused assurance**.

PO9 Digital – Annual Reflection Against the 2025/26 Operational Plan and Digital Objective 2025

Progress Against Digital Objective 2025

Value and Sustainability

- Increased focus on benefits realisation and operational impact.
- Digital positioned as an enabler of wider organisational transformation rather than a parallel programme.

Workforce and Capability

- Clearer understanding of future capability needs across digital, data, and clinical informatics.
- Improved integration across digital operations, data, information governance, and transformation.
- Foundations laid for a more sustainable, clinically-informed digital operating model.

Overall Assessment

2025/26 can be characterised as a **credible and necessary consolidation year**. The organisation ends the year with:

- More resilient and reliable digital foundations.
- Stronger governance and assurance.
- Greater clarity on how digital, data, and clinical informatics enable safe, efficient care.

While challenges remain, particularly around capacity and affordability, the Health Board is **better positioned to move into the next phase of digital and clinical transformation with confidence, discipline, and realism**.

Progress Against Digital Objective 2025

Managing Risk and Constraint

A small number of high-impact programmes experienced delay at points during the year. These reflected:

- External and national dependencies.
- Estates and workforce capacity constraints.
- The scale and complexity of implementation.

Importantly, risks were **actively managed, transparently reported, and mitigated**, with patient safety and service continuity consistently prioritised over pace of delivery.

SCOPE

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

AIM

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

Key achievements:

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

Key Challenges:

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

Opportunities Identified

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