



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	'A Healthier Mid and West Wales' Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams, Assistant Director of Strategic Planning Alex Martin, Principal Programme Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The report provides an update on the work undertaken since the approval at Public Board in January 2026 of Hywel Dda's refreshed long term strategy, *A Healthier Mid and West Wales (AHMWW) – Healthier lives, well lived.*

This report covers:

- The activities undertaken to ensure that our refreshed strategy is accessible and available in multiple formats
- How we will take forward our updated strategy and bring it to life
- How we will measure and assess our delivery against the strategy, and
- How we will let people know about our refreshed strategy and what we aspire to deliver as an organisation.

Cefndir / Background

The refresh of the AHMWW strategy, *Healthier Lives, Well Lived*, was presented to Board in January 2026 and the content approved, subject to final proofing and edits.

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

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

The document is now available in the following formats:

- A main document containing the revised content as presented to Board in January 2026 available in English and Welsh, and
- A summary document containing the key elements of our strategy (such as our vision, our values and our goals which will shape delivery) available as a bilingual document in English and Welsh.

Translation of the summary document has also taken place to create a wider suite of accessible documents in the following formats:

- Youth friendly
- Easy read
- Large font
- Polish language
- Audio version
- British Sign Language

While we have been in the pre-election period we have not publicly shared documents or engaged on a wider basis; however, initial staff walkarounds and document drops at our acute hospital and community sites began in late April 2026, to give our staff the first opportunity to hear about and read our refreshed strategy.

Asesiad / Assessment

Now that the election period has passed and the full strategy refresh document suite is available, the intention is to carry out awareness raising of our strategy and engagement in two parts.

Following initial staff engagement through walkarounds and presentations, we will be proactively raising public awareness of the strategy for a limited time. This will centre on sharing the strategy with stakeholders and partners and making the strategy documents visible on our website. This will be a focused piece of work to reach out to groups that we previously engaged with, to let them know the outcome of the engagement and how their views have been incorporated into the updated strategy. This initial phase of public engagement will be condensed to avoid cross over with the upcoming engagement around stroke services, as part of the phase 2 Clinical Services Plan consultation.

We will also be engaging with our local authority partners about our refreshed strategy. We have noted in previous Board updates that the key principles of the strategy are mostly unchanged. We want to take this opportunity, as part of our continuous engagement, to reassure our partners that our ways of working remain and have been further strengthened in areas such as the Social Model for Health and Wellbeing and 20four7 approach to population health.

A longer period of continuous engagement will take place later in the summer, following the stroke engagement period, to further promote and engage on our strategy as part of an ongoing conversation about our longer term plans. This will involve attending events at which we would normally have a presence, such as agricultural and cultural shows.

We recognise that the development and publication of a strategy supports an organisation and its wider stakeholders to understand our vision but, by itself, it is not capable of creating a

change in culture and practice. Within the strategy we described how the eight goals meet our four aims; thriving teams, healthier communities, great care and positive futures and some of our strategic delivery plans are already in place to support these.

The 2026/27 Annual Plan has been developed with our aims and goals in mind, showing how the activity within the organisation is meeting our long term strategic aims. This supports our staff and stakeholders to understand how the work that they are contributing to meets our vision.

The next steps will be the development of strategic delivery plans for areas identified within the strategy where these are not currently in place. This will enable key programmes of work to identify the activities that will need to take place over a number of years so that they can be incorporated into future planning cycles and the delivery of these goals can be monitored.

Once we have a clearer understanding of where detailed plans are needed to deliver our strategy, we will need to agree priorities. This will include when and how we use our resources to develop detailed plans to meet our strategy; we have identified that there is a need to develop the required strategic delivery plans. Some plans may act as enablers, helping to address more complex challenges across other goals. Others may need to be progressed sooner to support improvements in the safety and quality of our services.

Alongside existing monitoring arrangements against the annual plan to demonstrate delivery of our strategy, the Board Assurance Framework (BAF) will be used to monitor ongoing performance against these areas over time, particularly as goals are delivered and new goals are identified as we progress against our aims. The BAF is being revised from July 2026 to reflect the changes to our aims and goals, recognising that it is essential that the planning goals have clear delivery plans, alongside refreshed outcome measures and principal risks.

As the work to implement the strategy progresses, there will be a shift from the activity being led by the strategy and planning team to being delivered through the organisation's structures. In the same way that our values and behaviours are recognised at all levels and throughout our organisation, this will mean embedding the key fundamentals of the strategy into operational planning and delivery.

Principles such as radical openness, radical trust and radical change will need to be encouraged and embedded across our organisation. We also need to support an ambition to be world leading in the areas identified in the strategy. This culture will be essential to delivering our longer-term vision. It will help us shift from an organisation that focuses mainly on treating illness, to one that supports health and wellbeing at home and in our communities.

We are aware that to change culture will require significant consideration and support, both internally with radical trust, and potentially externally to help us understand our gaps and support us to develop the strengths we need. Further work is required to develop a detailed plan for this activity; we anticipate this will be started with a series of Executive Team and Board Seminar sessions to identify the requirements and approach.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the work which has been carried out to date to create the final version of the strategy and alternative formats.

- Take **ASSURANCE** from the work carried out to engage with our staff on the strategy and future planning for public and stakeholder engagement.
- Take **ASSURANCE** that work is being undertaken to bring the strategy into operational delivery through the development of strategic delivery plans and the alignment of key monitoring and reporting structures, with these to be reported to relevant Committee meetings in June 2026.

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 within the body of the report, and as attachments.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board Seminar Executive Team Strategy and Planning Committee
Effaith: (rhaid cwblhau)	
Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The Programme Business Case (PBC) and Strategic Outline Case (SOC) sets out both the revenue and capital funding assumptions for the programme.
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.
Risg: Risk:	Risk 1196 Insufficient investment in facilities/ equipment/ digital infrastructure.

Cyfreithiol: Legal:	Implicit within the PBC.
Enw Da: Reputational:	Implicit within the PBC.
Gyfrinachedd: Privacy:	Implicit within the PBC.
Cydraddoldeb: Equality:	There is an Equality and Health Impact Assessment which will remain 'live' through the duration of the programme.