Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 July 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Services Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Morgan-Howard, Sarah Isaac, Alex Martin, Ben Rogers, Yvette Pellegrotti, Transformation Programme Office

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board has an agreed and recently refreshed strategy, 'A Healthier Mid and West Wales' (AHMWW), which sets out our vision for health and care across Hywel Dda, including the future configuration of services. The fragility and unsustainability of our services was a key driver for the strategy and remains a risk that has been further exposed through the COVID-19 pandemic and in the period since. The long-term vision, set out in AHMWW, for the future hospital network remains our direction of travel; however, the Board has recognised that, in light of capital availability and the time elapsed since 2018, it is necessary to review clinical service configurations within the existing estate.

The Clinical Services Plan (CSP) programme was established to develop a set of plans for the provision of key services over the medium-term. The purpose of this report is to provide assurance on the implementation planning outputs for the programme.

Cefndir / Background

The long-term plans for services remain as set out in our strategy; however, there is a need to consider service provision over the medium-term, particularly with the delays in the 'A Healthier Mid and West Wales' infrastructure programme. Prior to the pandemic, and in our strategy, it was recognised that many of our services are fragile, predominantly because our clinical teams are spread across multiple sites leading to an over-reliance on a small number of individuals. This remains the case and, in certain areas, that risk has materialised. Similarly, there are many services that have not returned to pre-pandemic waiting times, which is limiting access for patients, e.g. for those patients awaiting elective surgery.

At the Board meeting held in March 2023, it was agreed that the following services required focused support and would form a programme of work to deliver a Clinical Services Plan (note: the table below has been updated to indicate services in scope and changes of roles):

Table 1: Drivers for pathways within scope of the Clinical Services Plan programme updated to reflect services in scope and change in roles:

Service	Driver	Executive Lead
Critical Care	Response to service fragility, in particular at Prince Philip Hospital (PPH)	Chief Operating Officer
Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer
Emergency General Surgery	To respond to service fragility, particularly at Withybush Hospital (WGH), as referenced in the March 2023 operational update	Chief Operating Officer
Stroke	To meet standards and respond to service fragility	Executive Director of Allied Health Professions and Health Science
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer

At the Extraordinary Board meeting in February 2026 decisions were made in relation to the above services. These are described in the extract below from the CEO Report in March 2026 and are set out in the Clinical Services Plan update to the Strategy and Planning Committee in April 2026.

Decisions were confirmed for all services except Stroke. Decisions were based around time phases, considering what could be delivered within existing resources during the first two years (implementation phase) and what might be achieved within four years, subject to business case approval and further detailed assessments, to strengthen sustainability (improvement phase). In some areas, longer-term considerations were also discussed where these aligned with the Health Board's wider strategic direction.

- For Stroke, a new merged idea was explored, combining elements from two alternative options generated during the consultation to progress towards a 24-hour specialist Acute Stroke Unit in Glangwili Hospital (GGH) and an Acute Stroke Rehabilitation Unit in Bronglais Hospital (BGH). A detailed update is provided under the next agenda item on progress to date and next steps.
- Emergency General Surgery – centralising the emergency on-call rota at GGH and strengthening Surgical Same Day Emergency Care starting at GGH and WGH;
- Critical Care – developing an Enhanced Care Unit at PPH, supported by additional recruitment;
- Ophthalmology – consolidating some services at GGH while increasing activity at community sites;
- Orthopaedics – making temporary changes permanent, supporting regional working and increasing activity at sites including BGH;
- Dermatology – making temporary changes permanent, bringing services together at PPH supporting site reconfiguration;

- Urology – making temporary changes permanent, bringing together services at PPH to support a Urological Investigations Unit;
- Endoscopy – increasing activity at PPH through an additional procedure room;
- Radiology – developing seven-day routine diagnostics, with a cancer focus, at PPH and WGH, and responding to urgent needs in the service.

At the Board meeting in May 2026 the programme provided assurance that work is progressing to develop a detailed implementation plan for the eight services upon which final decisions were made at the February 2026 Extraordinary Board meeting, as well as the programme approach to completing the programme implementation planning phase.

Asesiad / Assessment

Programme Update

Delivery of the Clinical Services Plan is progressing in line with the phased roadmap described at the Board meeting in May 2026. Early implementation is focused on workforce-dependent capacity expansion during 2026–28, with later phases requiring more complex service consolidation and estate-enabled transformation.

Measure stage – Phased assessment summary (complete)

The detailed review of option templates has been completed, moving from initial estimates to refined implementation requirements. A comprehensive phased assessment is also being developed to support detailed implementation plans for each service, monitored through programme governance.

Appendix 1 sets out the Clinical Services Plan implementation phasing plans, including a delivery timeline for this year and future years. Where option elements are likely to require capital investment, and will therefore be subject to a formal business planning process with Welsh Government, further detailed work will be required before an indicative implementation plan can be developed for these areas.

The implementation plan phasing summary uses a red, amber and green rating to highlight risks against three key deliverables: workforce, estates and safety.

Analyse stage – Detailed programme assessments (active)

Support services, including data science, workforce, capital, estates, and finance, continue to inform the refreshed assessments and implementation requirements. This work remains on track to support the Health Board's planning cycle later this year.

A Hospital Transfer Working Group has also been established, bringing together colleagues from partner transfer services to assess the refreshed findings following Board decisions and identify the best approach to managing changes in patient movement between sites. Its findings will inform the detailed implementation plans.

The timeline for the following stages is dependent on the outcomes and necessary checks and challenges on the above-described stage, which is active. The below stages have either not yet started for each service, or will commence in line with the attached phased summary assessment:

Design stage – Business case process – (not started)

As outlined in the Board update presented in May 2026, the Design Stage will focus on determining the requirements for the development of detailed business cases necessary to support implementation of the approved Clinical Services Plan options. The need for, scope of, and timing of business case development will be informed by the detailed programme assessments described above (based on current programme planning assumptions), alongside consideration of affordability, workforce, infrastructure, quality, operational and service impacts.

Where required, business cases will be aligned to approved implementation plans and progressed through the Health Board's annual planning cycle and established governance arrangements, including Clinical Care Groups and corporate approval processes that are represented within the programme governance structure.

Verify and Deliver stage – Programme Implementation – (not started)

This stage focuses on securing the approvals and assurances required to transition service changes into Phase 5 – Delivery. Verification requirements will be determined by the nature and scale of the proposed changes, and may include approval of business cases and confirmation of funding.

Progression through this stage will be subject to oversight through the programme's governance framework and relevant operational governance structures, providing assurance that all necessary conditions have been met prior to implementation.

Communications and Engagement

The Communications and Engagement teams continue to support the programme by providing updates and communicating progress and changes, as required, for each service within the Clinical Services Plan. The current priority is supporting the second phase of the consultation for Stroke services.

Emerging Programme Implementation Risks

Key services, including Critical Care and Emergency General Surgery, have clear delivery trajectories but remain dependent on resolving workforce gaps, agreeing operating models, including standard operating procedures, and sequencing interdependent changes. Progress is being made on areas such as rota development and initial capacity increases; however, critical dependencies and risks remain. These include the impact of activity validation on capital assessments and the potential implications of detailed workforce assessments. Risks are being managed through programme governance processes.

Stroke Services

A more detailed Stroke update is provided under the next agenda item, including the mid-point review and progress against the assurance framework.

Argymhelliad / Recommendation

The Board is asked to **NOTE** the progress made in delivering the Clinical Services Plan.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	1082 – (T&O) Lack of Major Trauma Weekend Theatre Sessions GGH (current score 10) 1383 (Endoscopy) Nursing Staffing Issues/recruitment (current score 9) 1254 - (Endoscopy) Prince Philip Reconfiguration (current score 12) 1531 - (General Surgery) Inability to safely support on call rota at WGH and GGH (current score 15) 1488 - (Endoscopy) Decontamination BGH (current score 20)
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
Nodau Cynllunio 2026/27 Planning Goals 2026/27	6. Safe, Timely, High Quality Care
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Clinical Services Plan followed the advice and direction provided by the Consultation Institute (tCI) for Phase 1 and most of Phase 2. For Phase 3 this advice is being provided by Hugh Irwin Company (HICO) under the Centre for Consultation (CfC) quality assurance framework. Following decision making Phase 4 pre implementation planning has been based on the DMADV concept from six sigma which is to Define, Measure, Analyse, Design (deliver) and Verify.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Previous Board and Committee meetings – Please see page 31 of the Phase 3 closing report for a directory of previously submitted SBARs to February 2026: hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/extraordinary-board-agenda-and-papers-18-and-19-february-2026/extraordinary-board-agenda-and-papers-18-february-2026/phase-3-closing-report-clinical-services-plan-final-pdf/ Strategy and Planning Committee (SPC) Staff Partnership Forum Executive Team Board SBAR February 2026 Board SBAR May 2026

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Programme estimates have been completed and assessed for each of the services in scope of the Clinical Services Plan. These are currently in the process of being refined to inform implementation.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The Clinical Services Plan has considered and completed Quality Impact Assessments (QIA) for each of the service options. These were reviewed and validated by the QIA Panel. These were submitted with Board papers in February 2026 Extraordinary Board agenda and papers 18 and 19 February 2026 - Hywel Dda University Health Board
Gweithlu: **Workforce:**	Programme estimates have been completed and assessed for each of the services in scope of the Clinical Services Plan. These are currently in the process of being refined to inform implementation. The estimates completed are contained within the supporting documents directory for public consultation.

Tegwch Iechyd: **Health Equity:**	The Clinical Services Plan has considered and completed Health Impact Assessments for each of the service options. These were reviewed and validated by colleagues in Public Health. These were submitted with Board papers in February 2026 Extraordinary Board agenda and papers 18 and 19 February 2026 - Hywel Dda University Health Board
Risg: **Risk:**	Programme level risks are managed through the Clinical Services Plan Sub-Group. Any risks relevant to this Board report will be contained within the body of the report.
Cyfreithiol: **Legal:**	The impact or likelihood of legal challenge around the first phase of consultation and decision-making process for the Clinical Services Plan has reduced due to the amount of time passed since the decisions were made. To ensure that the programme reduces legal risk, the programme continues to work with staff side representatives in social partnership and will undertake staff engagement as part of pathway changes in line with engagement legislation.
Enw Da: **Reputational:**	It is anticipated that there may be political and media interest in the implementation of these plans. The Communications and Engagement teams are supporting the Clinical Services Plan.
Gyfrinachedd: **Privacy:**	Relevant privacy statements are linked and described within the consultation documents. A Data Protection Impact Assessment (DPIA) has been completed for the programme.
Cydraddoldeb: **Equality:**	The Clinical Services Plan is intended to improve equality, and this will be further assessed as service plans are developed. Baseline Equality Impact Assessments have been undertaken based on current service provision. In addition to this Equality Impact Screening templates have been completed to consider the impacts within each of the proposed options. These were submitted with Board papers in February 2026 Extraordinary Board agenda and papers 18 and 19 February 2026 - Hywel Dda University Health Board

Clinical Services Plan
Phase 4 - Implementation Phasing Assessment

Multi Year Phasing Assessment

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

- The CSP programme have assessed deliverables based on workforce, estates and safety as described in the box to the right
- The following slides indicate progress in delivering elements of options in line with the current year (a 'quick win')
- Followed by planned elements that will be delivered within Annual Planning cycle within a three-year context from 2027/28 onwards
- The assessments made are based on the information currently available to us. Further analysis and dependencies may influence these actions and have been articulated within the slide with a Red, Amber and Green rating.

Key	Definition
Deliverability Workforce	Assessment on whether workforce needs can be met
Deliverability Estates	Assessment on whether estates needs can be met
Deliverability Safety	Assessment on whether option output can be delivered safely

Key	Definition
Red	May indicate implementation dependencies and associated risks not yet mitigated
Amber	Indicates deliverability but unknowns still exist at this stage including revenue consequences not yet agreed
Green	Indicates deliverability

Key: BGH – Bronglais Hospital, GGH – Glangwili Hospital, PPH – Prince Philip Hospital, WGH – Withybush Hospital

Year: 2026/2027 (current year)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Critical Care	Enhanced Care Unit in PPH	• ECU & front of house task & finish group established to define the workforce requirements • Finalise the development of job descriptions, education and implementation plan • AHP workforce modelling underway to understand and align requirements with GPICS standards and wider pathway interdependencies		• Standard Operating Procedures (SOP) to be agreed • Due to there not being an agreed Interim SOP there is confusion around admission and responsibility of patients
Endoscopy	Capacity can be increased in GGH	• Additional workforce recruitment of nurses and endoscopists, as outlined in the Annual Plan 2026/27	• Dependent on Urology vacating space, as outlined in the Annual Plan 2026/27	• Reconfiguration will require a review of appropriate staffing allocation

Year: 2026/2027 (current year)

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Emergency General Surgery	Progress towards a single emergency rota at GGH	• Recruitment plans for GGH underway • Deliverability based on early consultation with medical teams on proposed rota changes • Further planning for wider AfC (Nursing, ACS and Therapies staff including SSDEC models)		• This supports the work towards a 1:12 rota end state
Orthopaedics	Review and optimisation of procedure basket and theatre efficiency for elective orthopaedics in WGH	• Anaesthetics, theatre and DSU capacity to support HB-wide increase in activity needed • Impact on Therapies to be assessed and community prehab/rehab models		

Year: 2026/2027 (current year)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Radiology	Removal of X ray service from Llandovery	• Contractual changes to be considered	• Estate as existing, not repurposed	• Patient travel to alternative sites
Radiology	Removal of X ray service from South Pembs.	• Minimal impact expected	• Estate as existing, not repurposed	• Patient travel to alternative sites
Urology	Capacity can be increased through phased migration of outpatient clinics and sessions towards PPH	• Additional workforce required to increase capacity, as outlined in the Annual Plan 2026/27 – delivery subject to confirmation of funding	• Dependent on suitable space becoming available • Further capacity improvements are constrained until the full Urological Investigations Unit (UIU) is completed and operational	

Year: 2027/2028 (IMTP Year 1)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Endoscopy	Capacity can be increased in PPH	• Additional workforce recruitment requires early planning to incorporate training times	• Dependent on Urology vacating space in PPH	• Reconfiguration will require a review of appropriate staffing allocation
Ophthalmology	AICC Diagnostic Hub	• Additional workforce will require early planning to consider training time. Recruitment underway to secure substantive medical staffing, based on current vacancy position		• Elective Patient transfer services
Radiology	Capacity can be increased through 7 day working at PPH	• Workforce pipelines dependent on utilising increased numbers of new graduates using streamlining service in year 0 • Regional working to be further explored		
Radiology	Capacity can be increased through 7 day working at WGH	• Workforce pipelines dependent on utilising increased numbers of new graduates using streamlining service in year 0		

Year: 2027/2028 (IMTP Year 1)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Dermatology	Primary Care GP Basal Cell Carcinoma (BCC) scheme implementation (ongoing as GP practice participation increases)	• A number of GPs already exist with dermatology diploma qualification undertaking minor operations (MOPs). Governance around this needs formalising • Assessment of current GP practices with existing skills, knowledge to uptake service, to assess feasibility of future training needs	• Additional MOP rooms at PPH would support training for additional GPs (scaling up of current training)	• Formalisation of the governance around the Primary Care GP BCC scheme is key to safe implementation

Year: 2028/2029 (IMTP Year 2)

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

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Emergency General Surgery	Strengthened Surgical Same Day Emergency Care (SSDEC) and rota for WGH & GGH	• Further work to enable rota changes • Potential for additional SAS doctors, dependent on confirmed rota changes (not included in option) • Further planning for wider AfC (Nursing, ACS and Therapies) staff and SSDEC models required	• RIBA Stage 1 currently indicates costs that would move this to the Capital Investments section	• Inter hospital transfer service operational • Admission and Transfer Protocols Approved • Theatre capacity through the NCPOD lists • Repatriation Beds at WGH and additional Beds at GGH to support flow
Endoscopy	Capacity can be increased in BGH and WGH	• Recruitment of additional staff, training time to be considered		• Reconfiguration will require a review of appropriate staffing allocation

Year: 2028/2029 (IMTP Year 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Critical Care	Capital requirement for changing facilities, storage, training simulation area/meeting space at GGH and a relatives' room closer to the unit at GGH	• Workforce additionality required, to consider training time	• Additional storage space on all site, patient shower room and staff changing facilities at BGH, office space and visitor room nearer the unit and training or simulation area and dedicated meeting space in GGH	• The requirement for additional space at each of the three sites (GGH/BGH/ WGH)

Year: 2028/2029 (IMTP Year 2)

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

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Orthopaedics	Additional theatre sessions x3 commence at BGH	• Anaesthetics, theatre and DSU capacity to support HB-wide increase in activity needed • Impact on Therapies to be assessed and community prehab/rehab models	• Impact on access to rehab space due to increased throughput • Concerns re. additional rooms required for pre-assessment	
Orthopaedics	Implementation of 7-day Therapies support at WGH, PPH and BGH	• Additional revenue funding requirement to support 7-day working • HEIW funded training places may impact future recruitment of AHPs	• Current Therapies spaces may not suffice for 7 day working and increased activity	

Year: 2029/2030 (IMTP Year 3)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Orthopaedics	Additional theatre sessions (extended hours) commence at PPH	• Anaesthetics, theatre and DSU capacity to support HB-wide increase in activity needed • Impact on Therapies to be assessed and community prehab/rehab models	• Impact on access to rehab space due to increased throughput • Concerns re. additional rooms required for pre-assessment	
Radiology	Further capacity increases delivered through efficiency gains from PPH estates solution	• May require dedicated additional workforce	• Estates solution for cannulation room	

Year: 2029/2030 (IMTP Year 3)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Radiology	Bring together inpatient interventional services at GGH	• Additional workforce required • Education and training time to be considered	• Estates solution required for Interventional space (options inc. additional room or theatre capacity)	• Hospital transfer service operational

Year: 2030/2031

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety

No identified implementation elements for this period

Year: 2031/32

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Progress towards implementation of the approved option	Deliverability Workforce	Deliverability Estates	Deliverability Safety
Dermatology	Service delivery from Cross Hands Health Centre (paediatric dermatology clinics)	• Existing staff with paediatric experience would cover clinics at the site	• Final development of the health centre is outside of the control of the Dermatology service; however, the service is involved in site planning	
Critical Care	Rural Intensive Care Unit (ICU) at Bronglais and Withybush	• Review medical rota model • Recruit Advanced Clinical Practitioner roles • Consider training time	• Improvements to ICU at the site	• Development of Health Board-wide use of technology (ICCA or WICIS to be confirmed)

Capital Investment Requirements

- The following slide outlines the option components that would move each option to its end state when implemented
- These elements are likely to require significant capital investment, and as a result, they would be subject to a formal business planning process with the Welsh Government
- Given the scale of investment required, further detailed work is needed on these elements, before an indicative phasing plan can be developed.

Capital Investment Requirements

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	Option component
Dermatology	Development of self-contained dermatology unit at PPH to consolidate the service
EGS	Surgical Same Day Emergency Care (SSDEC) in BGH
Endoscopy	Unit at PPH to be JAG accredited, with additional capacity (3rd room) and a new diagnostic hub for planned diagnostic endoscopy
Orthopaedics	Service move to dedicated space at BGH to comply with British Orthopaedic Association (BOA) Standards
Ophthalmology	Service co-located in GGH
Radiology	New regional hub for planned diagnostic radiology
Urology	Development of a Urological Investigations Unit (UIU) at PPH

Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 July 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Clinical Services Plan – Stroke Services – Phase 2 Consultation Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning and Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	Alexander Martin, Principal Programme Manager, Rian Furlong, Project Manager, Nichola Couceiro, Head of Engagement and Mererid Jenkins, Head of Communications

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Board agreed at its last meeting on 28 May 2026 to launch a second phase of the Clinical Services Plan consultation on stroke services for a period of eight weeks up until 26 July 2026.

The purpose of this report is to update Board on the activities undertaken during the consultation, share the quality assurance updates received, and seek agreement from Board on the reporting deadlines for consultation reporting in a decision making session.

Cefndir / Background

In February 2026, the Board considered the findings from the Clinical Services Plan consultation that took place in the summer of 2025. For eight of the nine services, the Board was able to make final decisions following the consultation; however, for stroke services, a final decision was not made.

In discussing the four options presented to the Board, two of which we consulted on and two that were provided as alternative options by the community, it was felt that none of those options by themselves fully addressed what we heard from our communities during the consultation and the issues and challenges faced by the service and the Health Board.

It was felt that bringing parts of two of the options together, to create a new preferred option, would better address the challenges. However, it was recognised this would need to be further developed, assessed and tested with our communities before a final decision could be made.

The consultation followed the same quality assurance process as the first phase. Work is being undertaken to analyse the responses and structure them into a consultation report, ahead of a future Board meeting to consider the findings and make a final decision on stroke services.

Asesiad / Assessment

Due to the timing of Board reports being written and circulated, the consultation was still open at the point of submitting this report. A verbal update can be shared during the meeting to support discussion, should there have been a change in response trajectory at the time of writing.

The pre-consultation quality assurance was completed prior to the launch of the consultation to ensure that the consultation:

- Was being developed in line with best practice,
- Allowed people to understand what was being considered,
- Contained the relevant information to allow that to take place, and
- Provided a view in a way which was unbiased.

The quality assurance letters for stages 1-4 (pre-consultation) can be found at Appendix 1.

A mid-point review was held on 29 June 2026, with representation from Llais, to review the progress of the consultation against the consultation plan. This is an important stage in quality assurance and allows us to assess whether we are meeting the expectations of the plan, whether there are gaps in responses, and take stock of any information arising to support messaging for the remainder of the consultation.

The mid-point review noted:

- Emerging findings from engagement findings, survey responses and equality monitoring surveys
- Review of communication and engagement activities, including media reach, sessions undertaken and sessions planned for the remaining engagement period
- Review of risks and achievements against the consultation project plan
- Llais noted that the attendance of Independent Members and clinical staff from the service has been a positive, also that many of the negative elements noted to date (travel and transport, care closer to home, treat and transfer model) were also heard by Llais

As a result, it was agreed that we would take the following actions:

- Report on template responses separately so that the entire response can be considered beyond just the coding of the response
- Ensure that Welsh Ambulance Services University NHS Trust engagement and views shared to date throughout the Clinical Services Plan is incorporated within the final closing report
- Continue working with community groups to respond to misconceptions about options proposed and general criticisms, and support informed communities to share messages

A separate quality assurance letter for the mid-point review, which covers this session, has also been included at Appendix 2.

During the consultation, we shared with our staff, members of the public, and stakeholders that we would like to return to Public Board in November 2026 with the consultation findings, to allow for a final decision to be made on stroke services. We did note that this would be dependent on the level of responses received and the time that would be needed to analyse and report on what people told us.

At the time of writing this report, it is believed that reporting to the November 2026 Board is still achievable. We would request that the consultation findings are included at a Board Seminar session in October 2026 as part of the conscientious consideration process, which would be concluded at the November 2026 Public Board meeting.
Argymhelliad / Recommendation The Board is asked to: • **SUPPORT** the activities carried out to date, as detailed in the report, along with any verbal updates received following consultation closure • **TAKE ASSURANCE** that the consultation has met pre-consultation quality assurance stages and undertaken mid-point reviews • **APPROVE** the reporting timeline to Board, with the final report being presented to the Public Board meeting on 26 November 2026

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	HDD233 (linked to HDD1649) – Insufficient therapy staff and lack of 7 day consultant (Risk score 8) HDD291 – Lack of 24/7 access to thrombectomy services (risk score 4) HDD1386 – Lack of Clinical Psychology provision for stroke care (risk score 4) HDD1649 – Insufficiently skilled workforce (risk score 12)
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
Nodau Cynllunio 2026/27 Planning Goals 2026/27	8. Fit for Purpose, Modern Facilities and Services

Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	The Clinical Services Plan followed the advice and direction provided by HICO under the Centre for Consultation (CfC) quality assurance framework.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Previous Board meetings Board Seminar Executive Team

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	An indicative financial estimate has been included within the programme and is contained within previous Strategy and Planning Committee updates
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The Clinical Services Plan is intended to improve Quality and Patient Care. Quality Impact Assessment screenings have been completed and have been considered at the Quality Impact Assessment Panel. These are provided in the supporting appendices.
Gweithlu: **Workforce:**	Indicative programme workforce assessments have been completed, and these are provided within previous Strategy and Planning Committee updates
Tegwch Iechyd: **Health Equity:**	Health Equity informed impact assessments have been carried out for the preferred option as part of the consultation and as part of the February 2026 Board papers for the previously considered options.
Risg: **Risk:**	As outlined above.

Cyfreithiol: **Legal:**	The quality assurance process undertaken is designed to mitigate any risk around legal challenge directed towards decision making and consultation process.
Enw Da: **Reputational:**	There is political and media interest in Board decision making. A Communications and Engagement plan has been developed as part of the programme to support post decision-making communications.
Gyfrinachedd: **Privacy:**	Relevant privacy statements are linked and described within the consultation documents. A Data Protection Impact Assessment (DPIA) has been completed for the programme.
Cydraddoldeb: **Equality:**	The Clinical Services Plan is intended to improve equality, and this will be further assessed as service plans are developed. Baseline Equality Impact Assessments have been undertaken based on current service provision. In addition to this Equality Impact screening templates have been completed to consider the impacts within each of the proposed options. These are provided in the supporting appendices.

15 June 2026

Lee Davies
Executive Director of Strategic Development and Operation Planning,
Hywel Dda University Health Board,
Corporate Offices, Ystwyth Building,
Hafan Derwen, St Davids Park,
Jobswell Road, Carmarthen,
SA31 3BB

Dear Lee

Hywel Dda University Health Board Clinical Services Plan Phase 2 Stroke Services Consultation

The Centre for Consultation (CfC) is delighted to be working with Hywel Dda University Health Board (HDUHB), through HICO, to provide Quality Assurance for the public consultation on the Clinical Services Plan Phase 2 Stroke Services.

The Consultation Mark is awarded to public consultations which have met the standards set out in the Enhanced Consultation Framework (ECF). We have been working closely with Kathy Graham, your ECF Assessor, and Brian Parry, as ECF Verifier, to assess progress against the framework and ensure high standards of public consultation practice are maintained.

Based on the activities and documentation reviewed to date, we can confirm that:

- Stage 1: Pre-Consultation – Building the Foundations
- Stage 2: Scoping, defining and Governance and
- Stage 3: Consultation Material

have been successfully completed.

We also confirm that Stage 4: Consultation Planning has been successfully implemented during the pre-consultation stage and up to the launch of the consultation.

During the final quality assurance review, a recommendation was made to strengthen the signposting of travel information relating to the preferred option. The Health Board has confirmed that this will be addressed through additional explanatory text on the consultation webpage.

We look forward to the mid-point review, currently scheduled for 29 June 2026. During this meeting we would be keen to understand the uptake of alternative language documents, participation levels across key stakeholder groups and geographical areas to ensure that the planned engagement activity is achieving the intended reach, and whether any issues or gaps have emerged which may require additional activity during the remainder of the consultation period.

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Contact details

Email: info@centreforconsultation.org
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Please note that a final decision on the award of the Consultation Mark will be made following successful completion of all required stages, including delivery and reporting.

Yours sincerely

Bruce Whitear
Chair
Review Panel

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Mr Lee Davies
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06 July 2026

Dear Lee

Re: Quality Assurance for Hywel Dda University Health Board on the Clinical Services Plan Phase 2 Stroke Services Consultation - Mid-point Review

The Centre for Consultation (CfC), working with HICO, is pleased to continue providing Quality Assurance (QA) for the public consultation on the Clinical Services Plan Phase 2 Stroke Services.

As part of Stage 5 of the Enhanced Consultation Framework (Consultation Delivery), the Mid-point Review meeting on Monday 29 June was attended by Kathy Graham, your ECF Assessor, and Brian Parry, as ECF Verifier, alongside Donna Coleman of Llais. This was followed by a further discussion with the Health Board team on 1 July and the provision of additional information we requested.

Based on the presentation and documentation reviewed, we are content that Stage 5: Consultation Delivery is progressing in line with the consultation plan. All staff, public, online and council sessions scheduled to date have taken place as planned, and consultation materials are available in a range of languages and alternative formats, including British Sign Language, audio and Easy Read versions. At the mid-point, more than 1,360 members of staff and the public had been engaged through consultation activity and 349 questionnaire responses had been received.

In our previous letter (27th May 2026) we asked to understand the uptake of alternative language documents, participation levels across key stakeholder groups and geographical areas, and whether any gaps had emerged requiring additional activity. The mid-point presentation addressed these points through detailed monitoring of digital, social media and event participation. Responses are being received from across the Health Board area, although participation is currently lower in Carmarthenshire and among younger people. We support the actions identified by the team to address this, including targeted outreach to children and young people, continued engagement with seldom heard groups through the Community Development Outreach Team, and further staff sessions with a focus on therapies. We also note the Health Board's open reporting of negative public sentiment, including mistrust in the process, and the continued engagement activity in response.

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Following the meeting, the Health Board has clarified a number of points at our request. The risk log has been reviewed and, at this stage, does not indicate that an extension to the consultation period is required at this stage. We are content with this assessment.

On the basis of the information reviewed to date, we can confirm that there are no significant issues that would prevent the consultation continuing to its planned close on 26 July 2026. We look forward to the Closing Review, 22 July, at which we would expect to review the analysis and reporting plan and the approach to considering any alternative options received. Please note that a final decision on the award of the Consultation Mark will be made following successful completion of all required stages, including delivery and reporting.

Yours sincerely

Bruce Whitear
Chair
Review Panel

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