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Hywel Dda
University Health Board

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communities**



**Great
care**



**Positive
futures**

Hywel Dda University Health Board Annual Plan 2025/26

2025/26 Annual Plan Priorities

Value and Sustainability

Workforce stabilisation

Building on the success of the Nurse Stabilisation Programme, which has reduced agency reliance and improved care continuity, the Health Board will extend its Nurse stabilisation approach to medical, allied health and healthcare science professionals. Key initiatives include:

- Enhancing retention through strengthened staff support programmes, leadership development, and personal growth opportunities
- Implementing Allocate E-Rostering to achieve a 30% reduction in premium locum shifts
- Converting key locum positions to substantive roles through competitive relocation packages and clear career pathways
- Introducing new advanced practitioner roles across multidisciplinary teams
- Embedding operational people planning within quality, safety, performance, risk, and financial frameworks
- Performance targets include maintaining 85% compliance in mandatory training and Performance Appraisal and Development Reviews (PADRs), with targeted reductions in absence rates and turnover in identified areas.
- Interventions Not Normally Undertaken (INNUs) / Evidence Based Intervention (EBI)

INNU/EBI Procedures

Welsh Government is developing an updated policy on Interventions Not Normally Undertaken (INNU) and Evidence-Based Interventions (EBI), focusing on a top 10 list of procedures. Once finalised, HDdUHB will adopt and implement this policy. In the meantime, the Health Board have identified our own top 10 procedures for local oversight. These have been agreed upon by our clinical teams and will be closely monitored to ensure compliance with INNU/EBI criteria. We will track activity, review appropriateness, and align with best practice to ensure clinical and financial sustainability. Once the WG policy is confirmed, we will integrate any additional national requirements into our approach.

Financial Recovery and Route Map

The financial plan for 2025/26 aims to deliver the (£31.55m) control total through a balanced approach to managing cost pressures and generating savings. The assessment of the financial position shows:

- Underlying deficit carried forward from 2024/25 - £51.1m (comprising £24.0m forecast deficit, £17.4m non-recurrent savings, £7.4m net non-recurrent underspends, and £6.7m macro/growth modelling offset by £4.4m recurrent savings)
- Recurrent cost pressures for 2025/26 - £45.6m (including £15.5m inflation, £3.2m volume growth, £14.5m unavoidable commitments, £0.5m pre-commitments, and £11.9m future commitments)
- Required savings - £19.0m recurrent and £24.5m non-recurrent
- Budget allocation from Welsh Government: £22.4m (£20.1m recurrent, £2.3m non-recurrent)
- The savings programme will be overseen through the established business arrangements, specifically three Executive-led groups focused on "A Healthier Mid and West Wales", Value and Sustainability, and Integrated Quality, Finance and Performance Delivery. Areas targeted include non-pay efficiencies, clinical variation, medicines optimisation, and rationalisation of continuing healthcare. Directorate

delivery will be supported through the Improving Together approach and the internal escalation framework.

Quality and Performance

Demonstrating quality consideration in strategic decision making

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduced the duty of quality. As a Health Board, we are dedicated to fulfilling this duty through quality-focused decision-making and planning, aiming to achieve better outcomes for everyone receiving care in our services.

In 2025/26, we will ensure that quality impacts are considered in all our strategic decisions by strengthening our quality management system approach and utilising the health and care quality standards as a guide.



Six Goals and the Transformation of Urgent and Emergency Care

The Six Goals programme forms the backbone of urgent care transformation, with performance targets including:

- Reduction in ambulance handovers over 1 hour by an average of 14% (from 974 to 840 monthly) and over 4 hours by 40% (from 295 to 177)
- Reduction in patients waiting over 12 hours in Emergency Departments (EDs) by 20-30% (from 9-12% to 10% >)
- Reduction in lengths of stay over 21 days by 16.3% (from 3306 to 2767 patients)
- Reduction in Delayed Pathways of Care by an average of 19% (from 214 to 174)

The plan adopts a whole-system approach across three geographical areas:

- Carmarthenshire - Focusing on reducing length of stay through the Safe Hospital Care programme and embedding SAFER metrics
- Pembrokeshire - Reconfiguring inpatient capacity and expanding community-based prevention through Hospital@Home initiatives
- Ceredigion - Consolidating the Digital Ward within Hospital at Home framework and extending Single Day Urgent Care (SDUC) services

These initiatives directly address concerns highlighted in the June 2024 Getting It Right First Time (GIRFT) report for the three Emergency Departments, particularly around long waits for admission.

Planned Care, Diagnostics and Cancer

This objective encompasses three interrelated service areas:

Planned Care

- Achievement of 100% compliance for patients waiting <52 weeks for new outpatient appointments
- Achievement of 100% compliance for patients waiting <104 weeks from referral to treatment (save for Ophthalmology)
- Achievement of 65% R1 compliance in ophthalmology

The plan responds to the capacity challenges through comprehensive demand and capacity planning, outpatient transformation and theatre optimisation. Particular focus is given to addressing ophthalmology backlogs through expanded intravitreal therapy (IVT) capacity and recruitment of specialist staff for glaucoma services. Finally, a clear gap is recognised around how 104 week breaches for Ophthalmology (Cataracts) can be reduced to zero.

Cancer Services

- Increasing Single Cancer Pathway compliance to 80% by March 2026
- Expansion of the Acute Oncology Service to a seven-day model across all four acute sites
- Refinement of cancer pathways for six tumour sites, including the introduction of Faecal Immunochemical Testing (FIT) for Lower GI pathways and one-stop clinics for gynaecology

Diagnostic Services

- Providing additional CT scanning capacity for 480 patients per month
- Deploying mobile MRI services creating capacity for 560 additional patients monthly
- Introducing insourcing for non-obstetric ultrasound for 300 additional scans per month
- Implementing a new digital phlebotomy booking service
- Introducing Electronic Prescribing and Medicines Administration (EPMA)

The diagnostics plan adopts a three-phase transformation approach: immediate backlog clearance in 2025/26, service stabilisation in 2026/27 and service excellence by 2027/28. A recurrent allocation of £3.4m is included to support this programme, with an additional £2m sought from Welsh Government.

Mental Health and Child and Adolescent Mental Health Services (CAMHS)

- Maintaining compliance with Mental Health (Wales) Measures, with 80% of adults beginning psychological therapy within 26 weeks by August 2025
- Improving neurodevelopmental assessment performance for children and young people, improving from the current 14.9% starting point
- Implementing an updated learning disabilities service model with a Lead Nurse role and digitised Health Equality Framework (HEF)
- Developing the first phase of a single-entry approach for adult mental health to provide consistent, needs-led support
- The plan includes a directorate-wide workforce strategy to mitigate national shortages in key roles, strengthening leadership pathways and nurse staffing reviews.

A Healthier Mid and West Wales Clinical Services Plan

The Clinical Services Plan (CSP) programme, approved by the Board in March 2023, aims to address service fragilities and improve healthcare delivery based on principles of safety, sustainability, accessibility, and kindness. Phase 2 (options development and appraisal) was completed in 2024, and the plan for 2025/26 focuses on:

- Quarter 1-2 - Public consultation on service change options for nine services (Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology, and Stroke)
- Quarter 3 - Analysis of consultation feedback and Board decision-making
- Quarter 4 - Commencement of implementation for agreed service changes

The CSP represents a central element of the Health Board's strategy to address fundamental service challenges and establish sustainable clinical models for the future.

Primary and Community Strategic Plan

This planning objective centres on strengthening local healthcare delivery and reducing reliance on secondary care. Key initiatives include:

- Development of a Health Board-approved Primary Care and Community Services Strategic Plan
- Review of Local Enhanced Services to increase scope of service provision, including an Adult ADHD monitoring service and expanded women's health specifications
- Implementation of a new NHS Dental Commissioning Plan to improve access to routine care and reduce dependence on urgent services
- Full implementation of the Welsh General Ophthalmic Services (WGOS) framework, supporting the shift of glaucoma filtering/monitoring and other services into primary care
- Review of the Pharmaceutical Needs Assessment to guide community pharmacy's expanded role

These developments are supported by the Primary Care and Community Services Academy, which oversees implementation of funding from the Strategic Programme of Primary Care (SPPC) to strengthen the primary care workforce.

Estates Plans

The Infrastructure Investment Plan brings together capital aspirations across three portfolios:

- Health and Care Strategy implementation - Development of community infrastructure and planning for acute service reconfiguration
- Operational business continuity - Ensuring existing estate remains functional, including fire safety works at Withybush and Glangwili, and major infrastructure investment across all sites
- Business-as-usual capital programme - Allocation of the £10m Discretionary Capital Programme, including £3.96m pre-commitments, £1m contingency reserve, and targeted investments in refurbishment, equipment, and digital infrastructure

The plan is dependent on accessing the Health and Social Care Integration and Rebalancing Capital Fund (IRCF) for key community developments, including the Cross Hands Health and Wellbeing Centre and Carmarthen Hwb.

Digital Plans

The digital transformation programme spans four phases in 2025/26:

- February - May 2025 - Establishing governance frameworks, developing integration architecture, and scoping clinical systems
- May - August 2025 - Validating project charters, advancing data strategy, and designing the Patient Services Centre
- August - November 2025 - Rolling out Patient Flow, eObservations, and ePMA systems, and piloting virtual wards
- November 2025 - February 2026 - Completing implementation of electronic observations and patient engagement platforms

The plan is supported by a 10-year transformation partnership, providing additional capacity and expertise for complex implementations. It aligns with national digital standards and focuses on creating patient-centred systems that improve clinical workflows and organisational resilience.

Population Health

The plan focuses on prevention and addressing wider determinants of health:

- Increasing immunisation rates: raising HPV coverage from 78% to 80%, MMR2 from 88% to 90%, and flu vaccination rates for priority populations by 3%, using rolling averages for monitoring.
- Expanding smoking cessation access, ensuring at least 5% of adult smokers attempt to quit, with CO-validated quit rates increasing from 8% to 20%
- Accelerating action to eliminate HIV and Hepatitis B & C through expanded screening and early detection
- Reducing drug-related harm through targeted interventions for at-risk groups
- Developing a Climate Change Adaptation Plan to strengthen health system resilience
- Progress embedding the Social Model for Health through strengthened community partnerships
- Expanding the prevention workforce through training for Making Every Contact Count

The plan adopts a "20-4-7" model targeting the 20% most deprived areas, addressing four key risk factors (Smoking, Nutrition, Alcohol, Physical Activity) and for 2025/26 focusing on at least three of the seven major preventable chronic diseases.

Regional Collaboration

The Annual Plan emphasises the importance of regional working to enhance service resilience and efficiency.

Swansea Bay University Health Board Collaboration:

- Establishment of a Joint Committee to provide leadership for regional planning and delivery
- Focus on clinical service priorities including orthopaedics, eye care, diagnostics, cancer, and pathology
- Development of a regional wellbeing economy prioritising human, social, planetary, and economic wellbeing

Mid Wales Collaboration:

- Clinical priorities for 2025/26 including urology, rheumatology, dermatology, and pathways impacted by strategic service changes
- Social care priorities including residential children's accommodation, delayed pathways of care, and Welsh Community Care Information System (WCCIS)

- Rural Health and Care Wales workplan supporting preventative measures and social models of health

Risk Assessment and Mitigation

The Health Board recognises several material risks to the Annual Plan delivery:

Financial Sustainability

- Risk - Non-delivery of the £43.5m savings requirement (£19m recurrent, £24.5m non-recurrent)
- Mitigation - Three Executive-led oversight groups, active performance management, and regular benefits realisation reviews

Workforce Challenges

- Risk - Recruitment difficulties, particularly in specialist roles, and high turnover rates
- Mitigation - Competitive relocation packages, development of "grow your own" pipelines and enhanced retention strategies

Estate Infrastructure

- Risk - Ageing facilities, backlog maintenance and limitations on service expansion
- Mitigation - Prioritisation of capital expenditure, innovative use of existing space, and exploration of alternative delivery models

Operational Performance

- Risk - Non-achievement of access targets due to capacity constraints or demand fluctuations
- Mitigation - Detailed demand and capacity planning, continuous performance monitoring and escalation processes through the Improving Together framework and new Clinical Care Group structures

Service Fragility

- Risk – Further deterioration in vulnerable services due to workforce or infrastructure limitations
- Mitigation - Clinical Services Plan implementation, regional collaboration, and targeted investment in priority areas (Radiology)

Final Considerations

When viewed in its entirety, the HDdUHB Annual Plan for 2025/26 represents an ambition improvement programme across all domains of Health Board activity meeting our commitment to improving quality through safe, timely, effective, efficient, equitable and person-centred care. Rather than pursuing isolated improvements in selected areas, this plan tackles a number of challenges facing the Health Board including financial recovery, service transformation, workforce stability, digital modernisation and population health; recognising that sustainable improvement requires comprehensive change.

The plan's ambition becomes more apparent when understood in context: these improvements are targeted against a backdrop of increasing system pressures and in some cases deteriorating trends. In urgent and emergency care, planned care and radiology our trajectories represent significant progress when measured against the likely deterioration that would occur without intervention. We are not simply seeking to improve upon last year's performance, but actively improve quality of care reversing negative trends driven by multifaceted issues and an increase demand for a number of key services.

Our financial approach exemplifies this ambition - targeting delivery of the £31.5m WG control total deficit represents a substantial improvement against an underlying position of £51.1m that would otherwise grow further. Similarly, our workforce stabilisation programme aims not just to maintain current staffing levels but to fundamentally transform our approach to recruitment, retention and sustainable deployment across all professional groups.

The introduction of Clinical Care Groups represents not merely an organisational restructure but a reimagining of how services are led and integrated. Our digital transformation programme, regional collaborations and service reconfigurations, including vital diagnostic developments like the CT Sims project with Swansea Bay University Health Board, demonstrate our determination to create systemic, quality focussed, lasting change rather than short-term fixes.

What makes this plan truly distinctive is not the ambition within any single area, but the collective scale of ambition being pursued simultaneously across all domains. The interdependencies between planning objectives create a reinforcing network of improvements that, taken together, provide a credible pathway toward de-escalation from Targeted Intervention. Naturally, there are inherent risks associated with an improvement programme of this scale and the paper highlights the key areas for Board consideration.

In summary, this Annual Plan represents one of the most comprehensive and ambitious programmes of work undertaken by the Health Board. It balances pragmatic recognition of our starting position with difficult but realisable aspirations for improvement, creating a roadmap that addresses both immediate performance challenges and long-term sustainability. The commitment to deliver this level of progress across all aspects of our Health Board demonstrates our determination to provide high-quality, sustainable healthcare for the communities we serve.