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Llywodraeth Cymru
Welsh Government

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Neil Wooding – Chair
Phil Kloer – Chief Executive
Hywel Dda University Health Board

23 December 2025

Dear Neil and Phil,

This letter follows the Public Accountability Meeting held with members of the Hywel Dda University Health Board on the 11 December 2025. Thank you for both you and your teams' attendance at the meeting, it was an opportunity to highlight the work that you and your team are delivering for the communities you serve. I was grateful for the evidence pack provided in advance of the meeting; this forms an important part of the meeting record. The meeting recording can be found at Hywel Dda UHB public accountability meeting.

This letter sets out my reflections from the meeting; we will continue to review these themes in our regular review meetings.

Whilst progress on your financial planning and management has been made, I remain concerned about the level of predicted financial deficit facing the Board and the underlying challenges. The revised control total set for 2025/26 is £22.1 million, which you must deliver. The Board is reasonably assured of achieving this, recognising ongoing operational risks and opportunities. You described a recurrent position that is unsustainable and explained that cost pressures are being driven by high agency staffing costs, inflationary increases in goods and services, and slippage on planned savings programmes. You highlighted that the Board has delivered only a fraction of its planned cost improvement programme on a recurrent basis, with a heavy reliance on non-recurrent savings and one-off measures that do not address the underlying gap. While these factors are understood, they cannot justify the scale of the deficit or the lack of pace in corrective action including significantly strengthening recurrent savings delivery. I expect the Board to focus on a financial roadmap to reach a balanced and sustainable position, with the Board focussing on how it will reduce reliance on agency staff, deliver efficiency savings, and contain costs without compromising patient safety as well as medium-term

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recovery choices, including shifting services into the community and addressing structural fragility.

Planned care performance continues to fall short of trajectory, with long waits for surgery and diagnostics impacting patient experience and clinical outcomes. You highlighted that workforce shortages, limited theatre capacity, and rising demand are key constraints, compounded by the complexity of cases and the need to prioritise urgent care. You also noted that the Board's ability to expand capacity is limited by estate constraints and recruitment challenges. You outlined plans to improve clinical pathways, adopt best practise models such as 'Getting It Right First Time', and enhance efficiency and productivity in planned care including increasing theatre utilisation, extending operating hours, and exploring regional collaboration to tackle the longest waits, particularly those exceeding 104 weeks.

Urgent and emergency care performance remains too variable, with some recent improvements noted but too many patients still wait over 12 hours for assessment. We discussed persistent ambulance handover delays, overcrowding in emergency departments, and long waits for patients requiring admission. You explained that these issues are driven by high bed occupancy, delayed discharges, and limited community capacity, compounded by seasonal pressures and fragility in social care provision. While I welcome the actions you outlined — enhanced discharge planning, better use of community beds, and closer collaboration with local authorities — these must deliver tangible improvements quickly. Workforce shortages, particularly in senior medical staff, limit the ability to provide timely clinical assessments, and the board is prioritising solutions to address these delays.

You acknowledged that performance against cancer waiting time targets remains below the national standard, with delays in diagnostics and treatment pathways, although the recent improvements against the cancer standard were noted. You explained that workforce shortages in radiology and oncology, combined with rising demand and complexity of cases, are major contributing factors. While I recognise the efforts being made to improve diagnostic capacity and streamline pathways, progress must accelerate, including actions to address diagnostic bottlenecks, optimise treatment scheduling, strengthen multidisciplinary working, reduce the backlog of patients waiting, and improve performance at challenged sites such as gynaecology.

Service change and clinical sustainability were also reviewed. You reaffirmed your commitment to the long-term clinical strategy and acknowledged the need for difficult decisions to ensure safe and sustainable services for the population of West Wales. You highlighted the challenges of delivering specialist care across a rural geography, the fragility of some acute services, and the need to shift routine care closer to home. While I welcome your commitment to engagement and transparency, these changes must move from planning to implementation. I expect a clear roadmap for

service transformation, including timelines, risk mitigation, and assurance that patient safety will remain paramount throughout the process. We also discussed the need to address patient transport challenges, including patient transfer and community transport solutions, in conjunction with service reconfiguration decisions, ensuring public confidence and minimising inequality in access.

Quality and patient safety remain fundamental. The meeting raised concerns about variability in governance and assurance, particularly in relation to incident reporting and learning. You acknowledged these weaknesses and committed to improving the timeliness of responses, eliminating the backlog, embedding revised management processes with a focus on early resolution and improved communication, strengthening Board-level oversight and embedding quality improvement across all services. You also confirmed that additional resources are being allocated to clinical governance teams.

Workforce challenges continue to impact service delivery and drive financial pressures. Vacancy rates remain high, sickness absence is rising, and reliance on agency staff is significant. You outlined plans to accelerate recruitment, reduce agency reliance, and improve staff wellbeing, including international recruitment campaigns and retention initiatives. You also noted the difficulty of attracting staff to rural areas and the need for innovative solutions such as flexible working and housing support. These plans must deliver measurable progress.

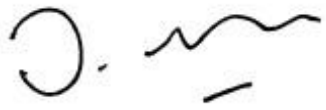
Beyond these areas, the meeting also touched on maternity and neonatal services, mental health and CAMHS, and community care. You acknowledged the need to strengthen safety and resilience in maternity pathways, address capacity and access issues in mental health, and improve integration between hospital and community services. Diagnostics capacity, particularly in radiology and endoscopy, was highlighted as an enabler for recovery across cancer and planned care. Estates and digital infrastructure were also raised, along with concerns about ageing facilities, compliance risks, and the need for investment in electronic patient records and cyber security. These areas must be reflected in your plans, with clear actions and timelines.

In summary, this was a helpful meeting, and the Board is making good progress against many areas. I do expect the Board to take the appropriate actions to deliver a year-end position that aligns with the financial control target, as well as making further progress on operational and financial grip and control, delivering zero 104-week waits, improved diagnostic and cancer positions, and continued improvements in urgent and emergency care. It is essential that you, as a Board, maintain good quality governance controls that ensure issues and concerns can be raised with the Board in an open manner, that supports clinical leadership at all levels and enables effective management of clinical risks. You must maintain a focus on service change and transformation whilst delivering a high quality and safe service. I expect your

clinical services plan to progress at pace, supported by effective engagement across the communities you serve and with your staff. This work must be underpinned by strong regional working and a shift to primary and community care, with a revigorated approach to public health as the main drivers of your approach.

In conclusion, I should like to re-iterate my thanks to you and all your colleagues for the undoubted progress you have made during the last year. Inevitably, and quite rightly, these meetings concentrate on areas where further assurance and improvement is still needed, but that shouldn't obscure the progress being made. In particular, I should like to thank all of your staff for their continuing commitment to providing the best possible care for all those they serve.

Yours sincerely,



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