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**Context**

This evidence pack has been produced by the Hywel Dda University Health Board in support of the Public Accountability Meeting between Welsh Ministers and the Board on 11 December 2025. It has been produced in line with the guidance from Welsh Government.

**Date submitted** 27 November 2025

**Date of meeting** 11 December 2025

**Completed by** Hywel Dda University Health Board

## 1.0 Finance, planning and escalation

### 1.1 Finance

#### Current financial position

Hywel Dda University Health Board's (the Health Board) planned deficit was set at £31.5m at the start of the financial year. Following discussions with Welsh Government, and an expectation of an improvement in our position toward £24.1m, some expenditure plans were removed to restate the plan at £30.0m with an annual savings target of £46.4m.

We have continued to drive improvements in our financial position, and as at Month 7, the latest financial position is a deficit of £24.1m excluding the impact of increases within the Welsh Risk Pool. With the recognition of a £4.2m minimum impact of the Welsh Risk Pool increase, the reported year-end position has moved to a £28.3m deficit.

Ongoing work continues around recognising further opportunities that were progressed during the summer period. Additionally, the Health Board continues to monitor risks pertaining to medical agency usage, and Mental Health long term care packages. The following table confirms the in-month, year-to-date and end-of-year reported positions.

Table 1: Reported financial positions in-month, year-to-date, and end-of-year 2025/26

Key driver (£'m)	Current month variance to breakeven	Year to Date variance to breakeven	End of Year forecast to breakeven
Planned deficit	2.5	17.5	30.0
Unidentified/ (Identified) savings gap / (improvement)	(6.3)	(4.7)	(2.0)
Under / (Over) delivery of savings schemes	0.0	0.3	0.3
Core operational variation	4.4	3.2	3.3
Gross forecast	0.6	16.3	31.6
Future mitigating actions	0.0	0.0	(3.3)
<b>Reported position</b>	<b>0.6</b>	<b>16.3</b>	<b>28.3</b>

#### Accountability Arrangement Performance

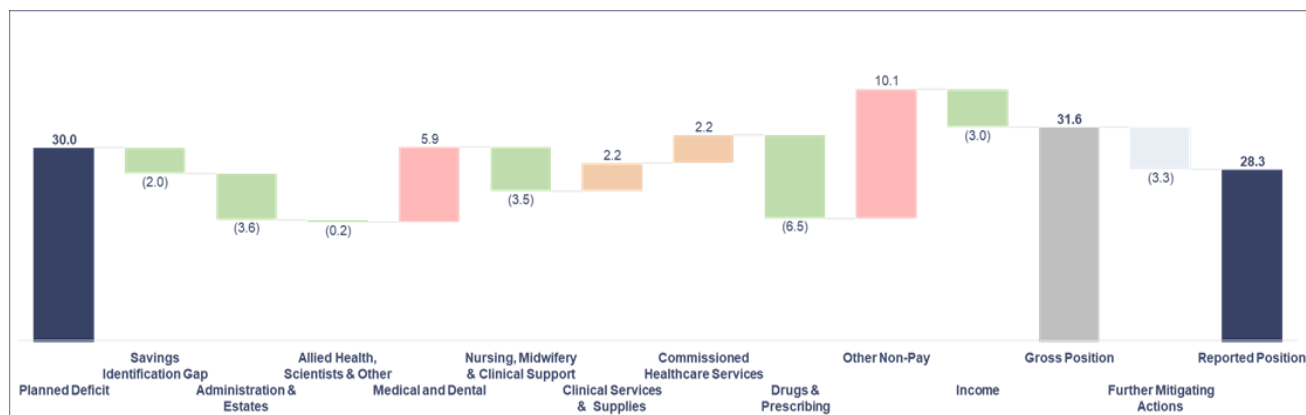
Accountability for savings delivery and core budget performance is monitored monthly and reported both through the Finance and Performance Committee and Public Board. Further escalation for those services who have yet to deliver their allocated savings target and achieve a break-even position on their core budget is via the Executive Recovery meetings. The table below, summarises the Clinical Care Groups / Executive Function performance against savings delivery and core budget management with a high-level explanation for the deviation.

Table 2: Clinical Care Groups/Executive Function performance against savings delivery and core budget management

Clinical Care Group (£'m)	Savings gap to target	Savings delivery vs plan benefits	Core operational variation	Total	Explanations
Planned deficit				30.0	
Chief Operating Officer Management	0.2	0.0	(0.5)	(0.3)	Vacancies held within Medical Records.
Community and integrated Medicine	4.2	0.0	1.1	5.3	Continuing Healthcare packages, purchase of incontinence products, premises costs and ongoing medical locum usage.
Mental Health and Learning Disabilities	0.7	0.0	2.1	2.8	Continuing Healthcare packages, purchase of Psychiatric intensive Care Unit beds, and ongoing usage of Medical locums.
Operational Allied Health and Health Sciences	3.3	0.0	0.1	3.4	Over-achievement of income and reduction in drug costs, offset by Physiotherapy and Occupational Therapy agency and variable pay
Planned and Specialist Care	3.2	0.3	(0.5)	3.0	Oncology drugs underspend, income overachievement, offset by theatres pressures and ongoing usage of Medical locums.
Primary care, Community Strategy & Long Term Care	1.9	0.0	(3.4)	(1.5)	Underspend relating to Dental contracts, General Medical Services and Community Pharmacy relating to flu services.
Executive Functions	(15.5)	0.0	4.4	(11.1)	Welsh Risk Pool pressure, increase in Emergency activity within Swansea Bay Long Term Agreements, offset by pay vacancies.
Sub total	(2.0)	0.3	3.3	1.6	
<b>Gross position</b>				<b>31.6</b>	
<b>Further mitigating actions</b>				<b>(3.3)</b>	
<b>Reported position</b>				<b>28.3</b>	

## In-Year Key Drivers

The end-of-year key drivers of financial performance are highlighted in the graph below:



The main spend categories and their key drivers impacting the position include:

- Administration and Estates – Prioritised choices for critical vacancies only, with administration and clerical roles generating an underspend.
- Medical and Dental – Premium costs to cover vacancies and roster absences within Mental Health, Community and Integrated Medicine, Planned and Specialist Care and Primary Care.
- Drugs – Oncology drug reductions due to price increases being lower than planned and delayed impact of NICE drugs being brought into pathways, which were expected to have a higher cost. Public Health underspend due to reduced expenditure on General Practice vaccination programme and further drugs underspend within Pembrokeshire and Carmarthenshire community settings.
- Other Non-Pay – Welsh Risk Pool Risk Share agreement increase is the main cost driver of the £4.2m, other drivers include increase in the volume of clinical negligence and losses claims and increased contract pressures across a number of areas including digital, maintenance, premises, energy, and laundry.
- £3.3m of continued mitigating actions are requiring robust plans to ensure unforeseen cost increases are managed, or reductions are implemented in other areas to net off.

## Financial deficit

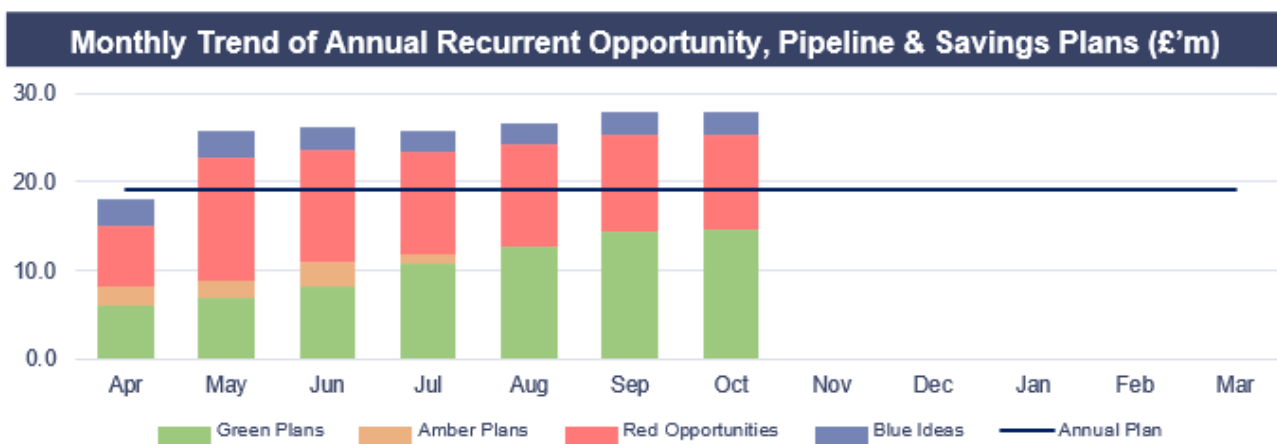
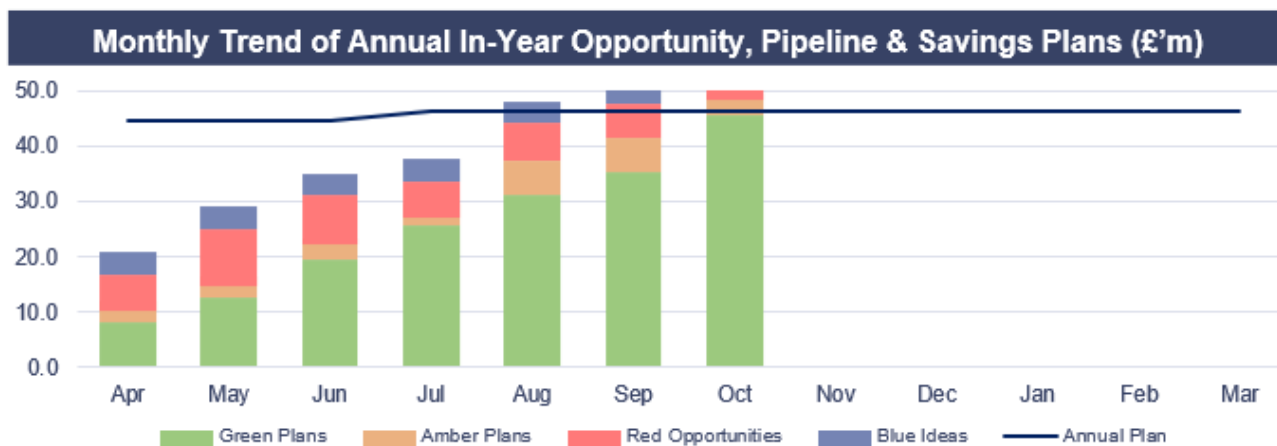
The underlying deficit as part of the financial planning cycle is £58.5m, which assumes £19.0m of recurrent savings delivery. As at Month 7, £14.6m of recurrent full year effect schemes have delivered, resulting in a deterioration in the underlying deficit to £62.9m.

A financial roadmap has been developed and updated, which clearly sets out the actions that are required to deliver a sustainable financial position is achieved for the 2027/28 financial year; with a focus on meeting expectations set out as part of conditional funding arrangements from 2024/25. Comprehensive assessments and scenarios have been modelled and included across a three-year horizon to 2028/29.

## Progress against savings plan

The annual savings target is £46.4m, split between £19.0m recurrent and £27.4m non recurrent. Of the annual savings target, £48.4m has been identified on an in-year basis resulting in a £2.0m over-identification, with a forecast delivery of £48.1m, leaving a £0.3m savings delivery gap against identified plans.

The monthly trend of annual in-year risk assessed savings delivery and annual recurrent risk-assessed savings delivery is shown in the graphs below:



While the total in-year savings delivery is forecast to exceed the target, this is being delivered across a different mix of services compared to what had been assumed in the financial plan. Executive functions are significantly over-delivering, with Clinical Care Groups under-delivering. There is an over-reliance on non-recurrent savings plans, with the in-year recurrent savings gap being £4.7m, and non-recurrent savings being over-delivered by £6.4m.

A key action for the Health Board is to ensure further options are converted from the opportunities framework and translated into robust recurrent savings plans to close the recurrent underlying deficit.

## Value and sustainability plans

Our local Value and Sustainability (V&S) group continues to implement the Welsh Government's Value and Sustainability framework across all mandated categories. Actions

undertaken, progress achieved, and next steps to ensure alignment with national priorities and financial recovery objectives are summarised for each section as follows:

#### 1. Workforce and Productivity

- Agency Spend Reduction:
  - Achieved a 30% reduction in agency expenditure year-to-date.
  - Achieved zero agency for Admin & Clerical, and Estates
  - Achieved zero agency spend for Healthcare Support Workers apart from a minor element remaining within Mental Health services, recognising the safety requirements within that CCG as sustainable solutions are progressed.
- Job Planning Compliance:
  - Current compliance: 87% of 90% Consultants with agreed job plans.
- Attendance Management:
  - Reinforced sickness absence policy and occupational health standards to reduce absence rates.

#### 2. Medicines Management and Prescribing

- Implemented biosimilars and generics across Secondary Care and Home Care pathways.
- Introduced prescribing restrictions for low-value medicines in line with V&S group guidance.

#### 3. Clinical Variation and Service Reconfiguration

- Fragile Services Framework:
  - Developed and operationalised to identify and stabilise fragile services.
- High Value Pathways:
  - Diabetes, MSK, Bone Health, and Heart Failure pathways standardised.
  - Virtual care models introduced for improved patient flow.
- Cancer Recovery:
  - FIT testing and one-stop clinics implemented to meet single cancer pathway compliance.

#### 4. Digital and Infrastructure

- Digital Waiting List initiative launched to improve transparency and reduce duplication.
- Transitioned clinical equipment maintenance from external contracts to in-house provision for cost efficiency.

#### 5. Procurement and Non-Pay

- Adopted mandated product choices with clinical endorsement for best value.
- Estate rationalisation programme underway to repurpose under-utilised sites.

#### 6. Environmental Sustainability

- Active participation in Welsh Sustainability Awards and Green Team initiatives.
- Waste Management Action Plan (2022–2030): Target: 70% recycling rate, halve avoidable food waste, achieve carbon neutrality by 2030.

## 7. Financial Recovery and Governance

- Continued development of a Financial Recovery Roadmap aligned to Welsh Government expectations.
- Forecast deficit: £24.1m for 2025/26 (excluding increases within Welsh Risk Pool).
- Savings programme embedded across services with monthly monitoring.
- Internal development and deployment of an escalation framework, balancing critical domains.

### Key Risks and Mitigations

- Workforce shortages: Mitigated through recruitment campaigns and agency reduction plans.
- Fragile services: Supported by escalation framework and regional collaboration.
- Financial pressures: Controlled via strict expenditure governance and savings delivery.

### Next Steps

- Complete agency spend elimination for targeted staff groups.
- Achieve full compliance on consultant job planning.
- Accelerate digital transformation and estate rationalisation.
- Continue embedding sustainability targets across all operational areas.

## 1.2 Enabling actions

### RAG Rating Definitions

Per Welsh Government definitions:

- **Green** - On track
- **Amber** - Delayed but will be achieved in year
- **Red** - Will not be achieved in year

### Enabling Actions Progress

The Health Board is tracking 37 enabling actions across six national strategic priorities. Between August and October 2025, we have demonstrated notable progress. In August 2025, four actions were rated Red, 12 Amber and 21 Green. By October 2025, whilst four actions remained Red and seven were Amber, 26 actions had been completed. The majority of activity is focused on planned care improvement (15 actions) and UEC (six actions), with robust governance arrangements in place through Board committees, Clinical Care Group (CCG) meetings, and regular engagement with Welsh Government through Integrated Quality, Planning and Delivery (IQPD) and Integrated Quality, Finance and Performance Delivery (IQFPD) fora. Smaller programmes of work are progressing around value optimisation (six actions), workforce productivity (five actions), maximising value for money (four actions), and population health and prevention (one action).

## **Ministerial Metric Table Overview**

The Ministerial Metric Table presents a mixed picture of performance against key national priorities:

- Whilst we are achieving or exceeding targets in mental health access (with Local Primary Mental Health Support Service (LPMHSS) assessments consistently above the 85% threshold for both adults and children), challenges remain in timely access to care.
- Despite improvement in its Single Cancer Pathway (SCP), 60.1% of patients are starting treatment within 62-days against a target of 72% (and an annual plan of 80%).
- Diagnostic waits show 1,944 patients waiting over eight weeks against a target of zero, whilst Referral to Treatment Time (RTT) performance has deteriorated with 80 patients waiting over 104 weeks in October 2025.
- Delayed pathways of care have increased to 258 against a target of 180 and an annual plan of 174 by March 2026.
- Ambulance handovers show improvement at 528 compared to the planned 736, and 12-hour emergency department waits remain at 8.5%, marginally above the sub-10% target.
- Primary care metrics around dental access and diabetes care processes indicate ongoing capacity constraints.

### **1.3 Clinical Services Plan**

The Clinical Services Plan is intended for presentation to Board at an Extraordinary Board meeting in February 2026, where the Board will be asked to make decisions on the next steps.

More than 4,000 responses, alongside engagement with over 1,800 individuals and written submissions, has resulted in a longer timeline for consultation finding reporting than initially expected. Initial outcomes saw the generation of over 200 alternative ideas. The alternative ideas were benchmarked against the hurdle criteria, and if they met these, were shortlisted ahead of a scoring session held on 19 November 2025.

Output reports from those sessions, along with the consultation findings, are scheduled for conscientious consideration in January 2026, ahead of the Extraordinary Board Meeting. This information will support the Board in their deliberations on sustainable changes to services, as well as considering what this would mean for our acute hospital sites to support wider clinical service planning.

A review of the Clinical Services Plan (Phases 0 - 2) has been undertaken alongside the most recent phase of work, to learn from the successes and challenges of the process. The purpose of this is to create a framework and set of recommendations for use when undertaking complex service change programmes of this nature in future.

It is anticipated that a second tranche of services will need to be considered, with work to carry out pre-initiation planning in Q4 of 2025/26. Once complete, the framework for undertaking complex service change programmes will be shared with other Health Boards in Wales.

## 1.4 Service Change

### Prince Philip Hospital Minor Injury Unit

#### Background

At its September 2024 meeting, the Board approved a temporary change to the opening hours of the Minor Injury Unit (MIU) at Prince Phillip Hospital (PPH) for a six-month period. It also agreed to develop options for a future service model, following a period of consultation.

This change was proposed due to a significant and continued lack of medical cover, leading to clinical concerns in relation to patient safety. Additionally, it was shown that a significant number of people attending the MIU had a higher acuity than the MIU was intended to deliver a service for. This position was reinforced by recommendations following a Healthcare Inspectorate Wales (HIW) Inspection visit and further correspondence from HIW requesting reassurance on patient safety issues.

Following this decision, the temporary reduced opening hours of the MIU came into effect from 1 November 2024, opening between 8am – 8pm, seven days per week, rather than the previous 24-hours a day, seven days a week.

#### Developing options for future service provision

Working with its clinical and management teams, alongside members of the public, Llais and Save our Services Prince Philip Action Network (SOSPPAN), the Health Board developed a long list of 12 options for future service provision at PPH MIU. Four of these options were suggested by community representatives. The 12 options were scored against a set of hurdle criteria to ensure that they were deliverable.

#### Options consulted upon

Stakeholders (including members of the public, Llais and SOSPPAN), as part of an options development process, shortlisted four potential options:

- **12-hour doctor led unit** - as per the temporary model in place now, this would be open to the public for 12 hours, with a further two hours staffing to allow patients in the unit to be treated
- **14-hour doctor led unit** - this would be open to the public for 14 hours, with a further two hours staffing to allow patients in the unit to be treated
- **Phased option, doctor-led from 12-hours up to 24-hours** – this would initially be open to the public for the current 12 hours, plus two hours staffing, moving to 16 hours, inclusive of two hours staffing, and ultimately 24 hours overall
- **14-hour urgent care treatment centre (Same Day Urgent Care type model)** - this would be open to the public for 14 hours with a further two hours to allow patients in the unit to be treated

Two of these shortlisted options were derived as a result of the option generation process with the stakeholders and members of the community.

These four options were formally consulted upon during a 12-week period from 28 April to 22 July 2025. As part of the consultation, in addition to feedback on the four options, a range of alternative options were also received. The consultation process had external assurance provided throughout.

### **Alternative options**

A total of 26 alternatives were received and were considered by members of the original options appraisal group. Six passed the hurdle criteria assessment and were added to the options to be considered by Board (in addition to the original four).

### **Public Board consideration**

At Public Board in September 2025, consideration was given to the original four options and the six alternative options submitted by the public during the consultation. Consideration included a full consultation report detailing all the feedback received via the different engagement methods; financial and workforce considerations; Quality Impact Assessments and Equality Impact Assessments.

Based on all the evidence presented, the Board chose option 4a: Urgent Care Centre – open 12 hours, 7-days a week, 8:00am – 8:00pm, with a further two hours staffing to allow patients in the unit to be treated

This new model will bring together our existing PPH Minor Injury Unit and Same Day Emergency Care (SDEC) services into one integrated centre. This means patients will be able to walk in and be assessed, diagnosed, and treated for a wider range of urgent but non-life-threatening conditions – including minor injuries, minor illnesses, and urgent medical needs that do not require an overnight hospital stay.

### **Next steps**

An implementation plan is currently being developed to support the next stage in the process. As outlined during the consultation, the intention is to deliver the new Urgent Care Centre at PPH within 6-12 months of the September 2025 Board meeting.

The Health Board will also evaluate the new service after six months of operation, looking at patient experience, medical outcomes, transport and staffing.

In the meantime, the PPH MIU will continue to operate from 8am to 8pm daily. Members of the local population, including visitors, who have a minor injury during the day (8am–8pm), can continue to be able to walk into the MIU.

### **Temporary change at Bronglais General Hospital Children's Ward (Angharad Ward)**

At the public Board meeting held on 26 September 2024, the Board agreed that children and young people in Bronglais needing more than 24 hours of hospital-based care, would be transferred to Glangwili General Hospital (GGH), to ensure safe delivery of care, as a result of a temporary reduction in availability of children's nurses. This temporary service came into effect on 1 November 2024 for a period of up to six months.

This temporary change was only for children and young people who needed to stay in hospital for more than 24 (and in some cases 36) hours. Most children and young people were discharged from hospital within those times, meaning that most families continued to receive all their care at Angharad Ward.

During the period of temporary change to the service in November 2024, Angharad Ward continued to provide a 24-hour-a-day, seven day-a-week service for children and young people. During this time, around 400 paediatric patients were treated at BGH, of which three patients were transferred onwards to other hospitals. Two of the three patients were transferred on medical grounds, meaning only one young patient and their family was impacted by the temporary change.

On 29 May 2025, the Board approved the return of a fully operational paediatric service at BGH's children's ward (Angharad Ward) following the recruitment of six new members of the nursing team. The unit is now fully staffed.

### **Tregaron Community Hospital Inpatient Beds/Cylch Caron**

At its public meeting on 26 September 2024, the Board approved a proposal for a community healthcare model in North Ceredigion. This followed the public engagement exercise that invited individuals to share their views about the potential decommissioning of the nine beds at Tregaron Community Hospital. The four-week period of engagement launched on 1 August 2024 until 29 August 2024.

The change involved the replacement of all nine beds in Tregaron Community Hospital with additional healthcare and support in, or close to, people's homes, as part of the broader Cylch Caron project. This change was introduced in response to the frailty of the staffing position at Tregaron Community Hospital and the challenges of being able to staff the rotas.

The change enhanced community-based support and helped avoid the risk of patients in hospital beds deteriorating when they are medically fit to be in their home environment. This also enhanced the palliative care nursing support service currently offered across Ceredigion.

The new model of care is in line with the Health Board's long-term vision for a healthier mid and west Wales. 24/7 care is now being provided to patients through the new community model (as is successful in south Ceredigion). The district nursing service is available from 8am – 8pm seven days a week. If a person requires services between 8pm and 8am, the out of hours GP service is available and works alongside 24-hours access to community nursing support. These services also work alongside the Welsh Ambulance Services University NHS Trust (WAST) to appropriately identify patients who may be safely cared for at home rather than transported to hospital.

The last inpatient was discharged from Tregaron Community Hospital on 22 October 2024. The hospital continues to provide a base for community staff and a facility for outpatient services.

## **Community Hubs**

In line with its long-term strategy, the Health Board is working with partner organisations on the delivery of a number of community hubs that seek to move health and care closer to home. These include:

### **Cross Hands**

The aim of the Cross Hands Health and Well-being Centre is to provide a base for health and care services, accommodating primary and community health services including two GP practices. The Health Board is leading the project in partnership with Carmarthenshire County Council and two local GP practices: Penygroes and Amman Tawe Partnership. Amman Tawe Partnership took over the General Medical Services (GMS) contract on 1 April 2024.

Recognising the specific needs of the area, the development will provide a hub for information, advice and assistance to support and empower the local population to manage their well-being needs. Adopting this approach and targeting wider aspects that affect people's health will provide a valuable contribution to improving the health and well-being of the present and future generations living in the Amman Gwendraeth locality.

Meetings are being held with Welsh Government to agree the scheme scope within the finance available. Some additional high level feasibility work is to be undertaken at pace with a further meeting to be held with Welsh Government Capital and IRCF teams.

### **Carmarthen Hwb**

The Health Board is one of the partners working with Carmarthenshire County Council on the development of the Health and Wellbeing Hwb. Once open, the Hwb will deliver a wide range of services to the public and bring together a number of health and well-being services in a central location. The building will also provide a new location for Health Board training teams.

### **Pentre Awel**

Pentre Awel is a multi-million-pound economic regeneration development across 83 acres of land in South Llanelli, which is led by Carmarthenshire County Council (CCC). It aims to create a new landmark infrastructure project that provides facilities for business, research, education, community healthcare, leisure and assisted living and establish an ecosystem for life sciences.

The Health Board is leasing part of the site for a Clinical Delivery Unit (CDU) to provide a range of therapy, nursing, audiology clinics, as well as research and development opportunities to develop health focused education and training opportunities and improved population health and well-being across all five stages of life. The Health Board will also provide services from the Hydrotherapy Pool, which has been made possible thanks to kind charitable donations.

### **North Pembrokeshire Health and Wellbeing Centre, Fishguard**

Fishguard Health and Well-being Centre will be a further development of the existing Fishguard Health Centre. It will enhance the services available to our communities in north

Pembrokeshire. The Centre will provide a range of health and well-being services, including GP services, and may include community services, such as district nursing, therapies and mental health.

The Health Board is working closely with the local authority, voluntary organisations and charities to ensure a joined-up approach to help and support wherever possible. The scheme is in the planning phase with land selection workshops planned.

### **Digital Cellular Pathology Business Justification Case**

At its meeting on 28 November 2024, the Board approved the Digital Cellular Pathology Business Justification Case (BJC), with approval given to undertake full procurement of a Digital Cellular Pathology solution and provide a commitment to provide funding. This cost will be offset by cash-releasing savings achieved through productivity and efficiency increases realised through the systems implementation, with tracking mechanisms established and reported periodically through the Finance and Performance Committee.

In approving the BJC, the Board noted the many benefits of adopting digitised Cellular Pathology, including attraction and retention of highly skilled staff, facilitation of training of Consultant Biomedical Scientists, qualification of new digitally trained consultant pathologists, and enhanced efficiency and accuracy in diagnostic processes.

### **Urgent and Emergency Paediatrics Implementation Plan at Withybush General Hospital (WGH)**

The Reinforced Autoclaved Aerated Concrete (RAAC) remedial work in WGH has delayed the progress in implementing the plan for urgent and emergency paediatrics at Withybush General Hospital (WGH).

In terms of the implementation of Paediatric services at WGH:

- Currently, the draft timeline ranges between 44 and 48 weeks and would indicate a return to full services in late 2026/27.
- The revised specifications for the new facilities, which includes the requirement for consultation rooms and patient facilities, are in the process of being finalised.

### **Ceredigion Community Mental Health Service**

In March 2025, the Board agreed to a temporary change to the GP referral pathway for routine mental health assessments in North Ceredigion, to ensure that the Health Board is able to provide safe and effective secondary care mental health services. The initial request was for six months and was extended by a further two months at the September 2025 meeting of Board. The temporary change was initiated in response to staffing shortages.

A request will be made to Public Board in November 2025 to extend the arrangements for the temporary change to the GP referral pathway for routine mental health assessments in Ceredigion. Following this temporary change, and feedback from service users, the service is also requesting Board to consider extending this change to referral pathway for service users in Carmarthenshire and Pembrokeshire, to provide a single model across the Health Board. The Board will be asked to consider this change and endorse a nine-week period of

engagement from early December 2025. The outcome of the engagement will be reported to the March 2026 meeting of Public Board.

### **Digital Maternity Cymru System**

A business case approved by the Board at its meeting on 27 March 2025 outlined the requirements and costs for the procurement and implementation of a Digital Maternity Cymru System for the Health Board. This initiative aims to replace the current paper-based system with a comprehensive digital solution that will improve clinical decision-making, reduce risks, and enhance patient engagement.

The maternity clinical system will be implemented across the full maternity pathway, starting in women's homes, in community environments, outpatients and inpatient maternity/obstetric services.

### **Opening of Leri Cancer Unit, Bronglais General Hospital**

The Leri Cancer Unit at BGH was officially opened on 10 May 2025. The £3 million funding for the chemotherapy day unit was raised primarily by charitable income. The Bronglais Chemo Appeal was launched by Hywel Dda Health Charities in 2021 to raise the final £500,000 needed for construction to start. The unit includes a large, purpose-built treatment area for patients, including an isolation facility, along with reception, outpatient and waiting areas, as well as consultation and examination rooms.

### **Proposed Fluoroscopy Replacement at Withybush General Hospital**

The Health Board has received Welsh Government funding to support a programme aimed at replacing outdated imaging and diagnostic equipment. This initiative focuses on modernising the Health Board's diagnostic tools to reduce waiting times and ensure the long-term sustainability of healthcare services. A key project within this programme is the replacement of imaging equipment, scheduled for completion in 2025/26. Planning and design work for new fluoroscopy imaging equipment is already underway, with funding allocated for 2025/26 integrated into this timeline. This will enhance the hospital's ability to provide up-to-date diagnostic services.

### **Primary Care**

St David's Surgery gave six months' notice to terminate its General Medical Services (GMS) contract with the Health Board on 18 April 2024, ceasing provision on 31 October 2024. Following governance processes, the Vacant Practice Panel met in May and July 2024 to review options and recommended a managed dispersal of the patient list to neighbouring practices. This approach was approved by the Board on 25 July 2025, with patients allocated to Solva Surgery, Fishguard Surgery, St Thomas's Surgery and Winch Lane Surgery, alongside plans to retain some nurse-led services at a Branch Surgery at Shalom House in St David's.

The Peninsula Working Group proposed the name 'Meddygfa Penrhyn/Peninsula Practice' for the expanded Solva Surgery, which serves approximately 4,700 patients from 1 November 2024.

Following the recent decision by the Trustees of Shalom House in St David's to close the charity from 31 October 2025, the Health Board is able to confirm that negotiations with the charity are progressing for the nurse-led branch surgery of Meddygfa Penrhyn at Shalom to remain open until 31 December 2025.

### **Dental Strategic Plan**

The Health Board's Dental Strategic Plan has been developed to manage and improve access issues that exist in NHS Dental services and to reflect some of the known and potential national strategic direction for the future of NHS Dental provision. The focus of the plan is to improve patient access to General Dental Services (GDS), primarily in Pembrokeshire and North Ceredigion where access is most challenged, through the commissioning of two new Dental contracts. If the Health Board should be successful in awarding these contracts, then up to 8,000 patients could be allocated to the Practice(s) over a three-year period. Contracts are at the award stage and are planned to be in place by 1 March 2026

Recognising the current commissioning challenges for GDS, the plan includes a new model utilising the provision of a salaried integrated GDS service provided from North Road Clinic in Aberystwyth, under the clinical supervision of the Health Board's Community Dental Services.

The integrated service will have capacity to see 4,000 patients per annum and is expected to reduce demand for access to urgent dental care by 7% in North Ceredigion. The plan includes additional funding for Tier 2 services, which include complex extractions, complex root fillings, interim special care and paediatric dentistry.

### **1.5 Regional working**

Due to our location, the Health Board operates within two regions – South West Wales, with Swansea Bay University Health Board (SBUHB) and Mid Wales, with Betsi Cadwaladr University Health Board (BCUHB) and Powys Teaching Health Board (PTHB).

#### **Regional Working with Swansea Bay UHB**

##### **Introduction and governance arrangements**

The two Health Boards have a longstanding regional relationship, and our approach is to consider regional partnerships and regional solutions as core principles of a whole system approach to the planning and delivery of services.

As part of the development of our approach to regional working, the two Health Boards have formally constituted a Regional Joint Committee to provide joint leadership for the regional planning, commissioning, and delivery of services for both UHBs. The committee takes into account the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through A Regional Collaboration for Health (ARCH).

## **Key deliverables for 2025/26**

- Transition from current regional working arrangements to the new Joint Committee, whilst retaining good practice and focus on performance and delivery.
- Set out the ambition of the ‘future state’ for the Region and the implications for the health and care services for the future population.

## **Clinical Service Priorities for 2025/26**

- Orthopaedics: including hand, ankle and arthroplasty
- Eye care: including Glaucoma, Paediatric, Cataracts and Medical Retina
- Diagnostics: including radiology and endoscopy
- Cancer: including oncology outpatients and radiotherapy
- Pathology: including a Pathology Operational Delivery Network

## **Data and Digital**

To explore how we can digitally enable better healthcare at a regional level by working collaboratively to share solutions, resources, expertise, experience and ideas:

- Remove digital friction – allowing seamless access systems across the region
- Explore the transition towards what an Electronic Health Record (EHR) Model would require the right information at the point of care regardless of organisational boundaries
- Empower the regional population with consistent access to digital information and tools

Building on our respective strengths including:

- Leveraging the Strategic Partner Model in the Health Board – how can we do this on a regional basis
- Leveraging the data for (Data Science / Advanced Analytics / Research / Innovation)

## **Research, Innovation, and Excellence**

Both Health Boards have strong approaches to research and innovation, with many examples of partnering together, and with industry and academia, to support the advancement of clinical trials and evaluations of new and novel approaches to improving care and health outcomes.

The Regional Joint Committee is committed to building on these foundations and will oversee a work programme over the next nine months to deliver options for strengthening the regional approach. The options will vary in scope from concentrating on those areas where there is a current or planned regional pattern of service delivery, through to a wider and deeper collaboration around all areas of research and innovation activity.

## **Wellbeing Economy**

Both Health Boards will build on regional partnerships and assets to develop plans for a regional Wellbeing Economy that will prioritise human, social, planetary and economic wellbeing, which constitute the well-being “capitals”. This will include important assets such as trust, social cohesion, participation, environmental sustainability and quality employment,

which are crucial for developing healthy, fairer and prosperous societies where people can thrive.

### **Further elements to support regional working**

To further support the work of the Regional Joint Committee, we will also explore the opportunities with regards to Workforce and Organisational Development (including Leadership Development Programmes), and Finance and Contracting. Additionally, we will develop and oversee a joint approach to the prioritisation of capital programmes as part of the Clinical Services Plans, which underpin the regional health economy approach.

### **Regional Working - Mid and West Wales**

The focus continues to be on a whole pathway approach with regional links between primary, secondary, community and social care with links to regional and national pathway work.

### **Clinical Priorities**

The clinical priorities for 2025/26 which the Mid Wales Clinical Advisory Group are focused on are Urology, Rheumatology, Dermatology and pathways impacted by the Strategic Service Change programmes of those organisations providing services to mid Wales.

### **Social Care priorities**

The social care priorities for 2025/26 are Residential Children's Accommodation with links to eliminating profit on small homes (Children's Services), Delayed Pathways of Care including Trusted Assessor and the 50-day challenge, and the Welsh Community Care Information System (WCCIS).

### **Rural Health and Care Wales**

The workplan for Rural Health and Care Wales for 2025/26 will continue to support the Joint Committee's priorities with more wide-ranging areas of work that encompass broader social models of health and ill health preventative measures.

### **Key Deliverables for 2025/26**

- Develop a programme of renewal for Urology pathways across the region which will support and link to the national pathway work.
- Complete the programme of work for prostate cancer PSA and Trial Without Catheter pathways.
- Increase capacity and access to Ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.
- Progress the proposal for a PTHB nurse led wet Age-related Macular Degeneration service in North Powys (Newtown) with the Health Board medical oversight and District General Hospital pathway.
- Continue exploring networking opportunities and joint pathway development, including PTHB working in the Health Board at the North Road clinic to inform PTHB pathway development and repatriation opportunities with eyecare Multidisciplinary (MDT) in Powys.

- Scope alternative options to the triumvirate mid Wales collaborative Ophthalmology consultant leadership post.
- Explore the available opportunities for the provision of primary care eye care services for South Gwynedd area.
- Identify opportunities for increasing provision and improving access to cancer services across mid Wales.
- Support the development of the Bronglais General Hospital Chemotherapy Unit.
- Continue the review of radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across mid Wales and identify what improvements can be made to cross organisational handover arrangements.
- Ensure the needs of the mid Wales population are considered as part of regional developments.
- Identify what improvements can be made to general NHS dental services provision across Mid Wales.
- Develop a pathway for the Health Board patients to access Endodontic treatment at the PTHB service provided at Llandrindod Wells Hospital.
- Explore the feasibility of establishing an integrated service for joint Paediatric General Anaesthesia at Bronglais General Hospital.
- Identify the impact on the mid Wales population of pathway changes proposed in organisational Strategic Service Change programmes.
- Review those pathways impacted by organisational Strategic Service Change programmes and support the development of regional and cross border solutions.
- Develop solutions to establish cross border workforce health and social care arrangements across mid Wales.
- Identify, maximise and share good practice, supporting challenges impacting training, education and development.
- Identify and maximise opportunities to share best practice that support workforce wellbeing.
- Continue to share good practice across the mid Wales region in relation to all aspects of Workforce and Organisational Development and use other networks to maximise efficiency.

## **1.6 Escalation**

### **Current escalation status**

- Finance, strategy and planning – Level 4.
- Urgent and emergency care – Level 4.
- Quality of care related to Healthcare Associate Infections – Level 4.
- Fragile services – Level 4.
- Planned care – Level 3.
- Cancer – Level 3.
- Governance and leadership – Level 3.
- Child and adolescent mental health services (CAMHS) – Level 1.

## **Oversight of escalation and intervention arrangements**

Since entering targeted intervention as an organisation in January 2024, the Health Board has achieved de-escalation in four areas, including CAMHS reaching Level 1 - routine monitoring.

### **Significant Areas of Progress by Domain**

- CAMHS (Level 4 to Level 1) - Full de-escalation achieved with sustained performance delivery across all metrics - 80% > assessments within 28 days, 70%+ therapeutic interventions commencing within 28 days, and 85% > care plans maintained up to date for consecutive quarters.
- Planned Care (Level 4 to Level 3) - 97% reduction in 104+ week waits across the monitoring period, theatre utilisation improved from 57.8% to 70%, and enabling actions framework embedded with monthly monitoring. Internal Audit awarded “Substantial Assurance” on performance management framework (April 2025).
- Cancer (Level 4 to Level 3) - Performance trajectory improved from 42% baseline through systematic, phased intervention targeting radiology capacity (122 additional reports/week), skin services expansion, urology pathway transformation, and lower Gastrointestinal (GI) improvements to an average of 63% April to September 2025. Tumour site-specific demand-capacity modelling has improved, enabling better targeted resource allocation.
- Governance and Leadership (Level 4 to Level 3) - Governance Maturity Matrix assessment concluded Level 3/4 across eight of ten domains, externally facilitated and validated through ARAC (May 2025). Corporate Governance Code achieved “comply” status across all principles. Power BI-based Integrated Performance Assurance Report now tracks 42 KPIs with 28 nationally benchmarked.

### **Development Priorities and Progress within Level 4 Domains**

The Health Board continues to focus on development of the remaining Level 4 domains, working in partnership with Welsh Government. The below represents the key challenged areas and the progress made to date:

### **Financial Recovery Journey: April 2024 to October 2025**

The Health Board’s financial position demonstrates progress over the eighteen-month period. From April 2024, when the Health Board faced a £96.4m underlying deficit with only £9.3m of deliverable savings identified (creating an £87.1m forecast trajectory against an approved plan target of £64m), the latest Month 7 position (October 2025) shows the Health Board £1.2m ahead of its planned trajectory. With savings delivery substantially exceeding targets and a forecast year-end position of approximately £28m deficit - representing around £60m improvement (notwithstanding this is not the underlying deficit).

This improvement reflects systematic financial management approaches, developed through targeted intervention - enhanced budget accountability, structured opportunities identification, and comprehensive oversight through Finance and Performance Committee and Audit and Risk Assurance Committee - which are now demonstrating measurable operational impact.

Whilst current savings appropriately reflect recovery phase characteristics, the organisation has progressed from April 2024's baseline where no credible recurrent plan existed, to a position where robust controls enable proactive opportunity identification and disciplined delivery. The forecast year-end position achieves the revised financial target, demonstrating that the organisation is developing the financial management capability required to progress its recovery trajectory in partnership with Welsh Government.

### **Urgent and Emergency Care (UEC)**

Ambulance handovers >1 hour have reduced by 46.4% from baseline (985 per month) to current performance (528 in October 2025). Improvement has been seen against this measure in recent months (September: 546, October: 528) and sustaining this for a further month would meet the de-escalation target (680 per month for three consecutive months). The number of patients waiting over 12-hours in Emergency Departments has also reduced by 26.2% from the baseline, with recent three-month average (8.2%) sustained below 10% threshold, down from winter peaks of 11-12%.

This demonstrates that the Six Goals Transformation Programme and associated improvement work is delivering measurable system benefits; however, Delayed Pathways of Care remain an area of challenge. Whilst the recent improvements are encouraging, the experience of patients in our Urgent and Emergency Care system remains an area of significant concern for the Health Board.

### **Healthcare Associated Infections (HCAIs)**

The recent three-month average for C.difficile (6.7 cases) represents a 23.1% reduction versus the previous three months (8.7 cases), including August and September 2025 both achieving the de-escalation target (four and five cases respectively), demonstrating capability for sustained performance, evidenced by the improvement group with Medical Director led antimicrobial stewardship delivering measurable impact. The challenge for the Health Board in this area is the volatility in the position, given the low numbers per month.

## 2.0 Improving access for all

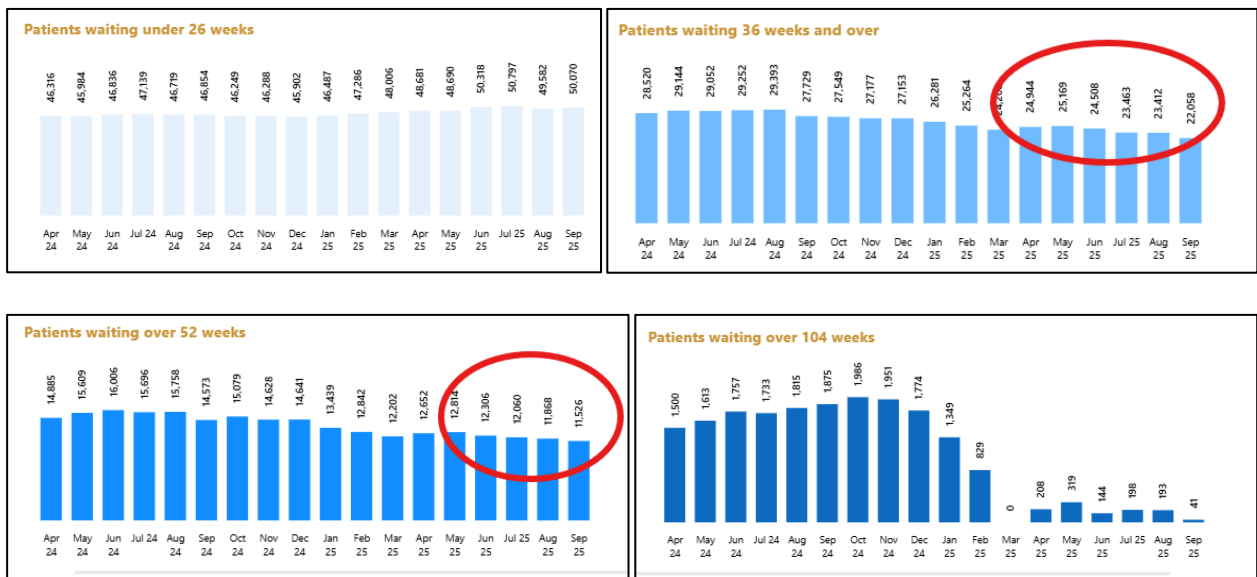
### 2.1 Performance overview

#### Planned care and diagnostics

The Health Board has a strong track record of achieving planned care recovery delivery targets and engages positively with the national Planned Care Programme in progressing the implementation of Clinical Implementation Network (CIN) guidance in related specialties and the supporting Optimisation Frameworks.

#### 104 and 52-Week Referral to Treatment Time (RTT) Pathways

The trend in improvement achieved by the Health Board in respect of total Planned care RTT pathway waiting times over the past two years is illustrated below:



This shows:

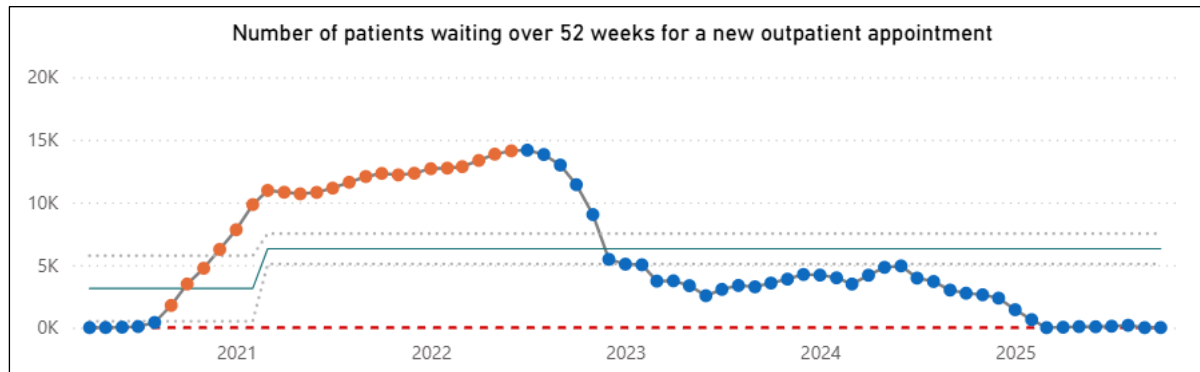
- Patients waiting over 104 weeks (total RTT pathway) reduced from 1,986 (Oct 2024) to 41 (Sep 2025), a total reduction of 1,945 patients breaching this waiting time target
- Patients waiting over 52 weeks (total RTT pathway) reduced from 24,944 to 22,058 over the last six months (2,886 patients)
- Patients waiting over 36 weeks (total RTT pathway) reduced from 12,814 to 11,526 over last six months (1,288 patients)

For 2025/26, the Health Board has refreshed its Planned Care Transformation Programme with priority workstreams in respect of:

- Waiting list management and validation
- Outpatient Transformation, and
- Theatre Optimisation (including adoption of national / GIRFT recommendations to support further improvements in productivity and efficiency)

## Stage 1 – no patients waiting longer than 52 weeks by March 2026

Performance in respect of the Stage 1 52-week target is shown below:



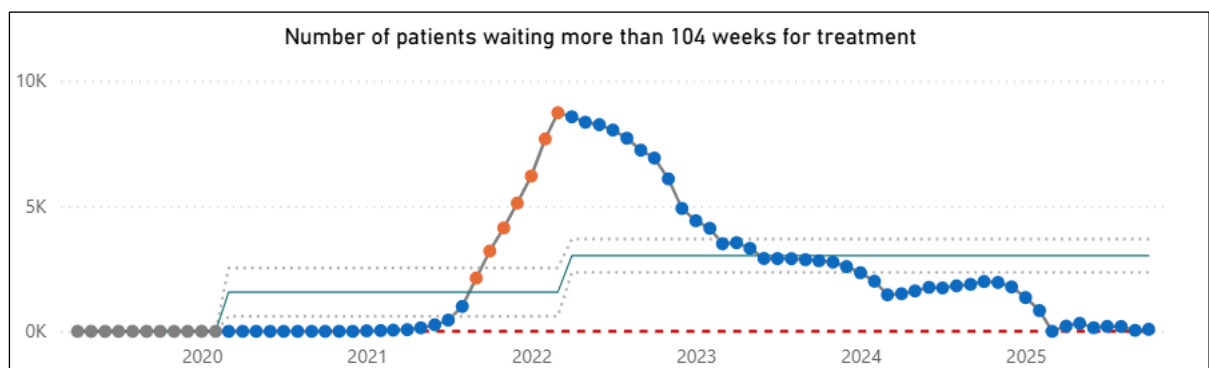
In October 2025, six patients were reported as waiting longer than 52 weeks:

- 1 x Pain Management (patient dated in November 2025)
- 5 x Rheumatology (due to the unplanned cancellation of clinic appointment during the final week of the month due to clinician sickness/absence)

The Health Board expects to recover these breaches during November 2025 and maintain waiting times within the maximum 52-week target through to March 2026.

## Total Pathway – no patients waiting longer than 104 weeks by March 2026

Performance in respect of the Stage 4 104-week target is shown below:



In October 2025, 80 patients were reported as waiting longer than 104 weeks:

- 44 x Ear Nose and Throat (ENT)
- 21 x Orthopaedics
- 15 x Ophthalmology

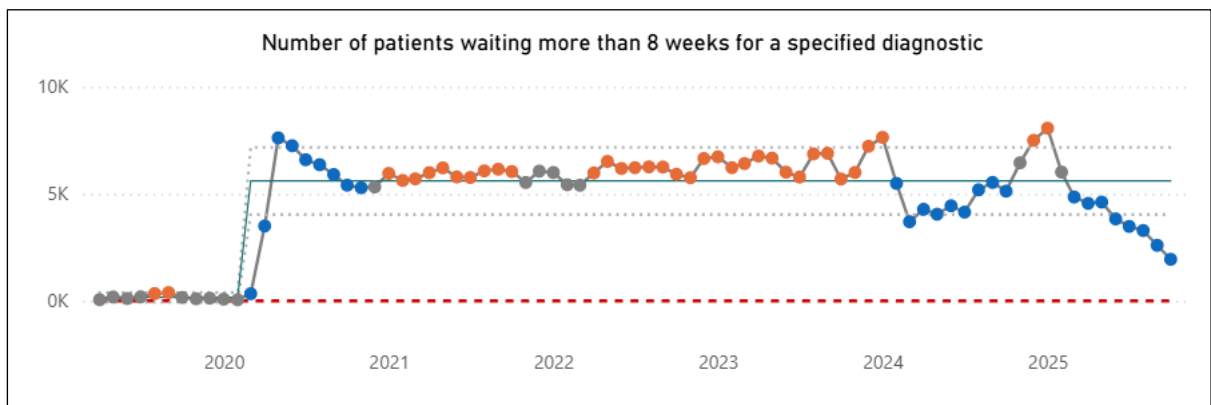
These breaches are a direct consequence of significant theatre staffing challenges at Glangwili General Hospital and the cancellation of planned theatre sessions year to date. This has also impacted Orthopaedic sessions at Prince Philip Hospital due to the reprioritisation of theatre staff to support Urgent and Emergency theatre lists at Glangwili General Hospital.

The Health Board continues to progress a range of recovery actions to improve this position, including temporary insourcing of external theatre staff, outsourcing of surgical procedures, exploration of opportunities to access theatre capacity at neighbouring Health Boards, and clinical team support of additional recovery sessions.

Subject to successful implementation of these recovery measures, the Health Board expects to achieve a maximum 104-week total pathway waiting time for all specialties by March 2026.

### 8-week Access to Diagnostics

Latest performance data in respect of Diagnostic Direct Access (maximum eight-week wait) performance is shown below:



Performance since January 2025 has shown a significant and sustained trend in improvement, with breach volumes reducing by over 76% during the period.

Whilst the majority of breaches remain in Radiology, the service has sustained a continued trend in improvement since January 2025. This improvement is supported by investment in Radiology service capacity, committed by the Health Board during 2025/26 as part of a wider Radiology Sustainability and Transformation Plan, alongside the targeted utilisation of additional recovery support. In October 2025, Radiology eight-week breaches were at their lowest level for nine months.

The Health Board has received additional diagnostic recovery support of £1.4m to enable further improvements in eight-week target performance. A supporting delivery plan has been developed to support recovery of a maximum eight-week waiting time in all diagnostic modalities, with the exception of the Non-Obstetric Ultrasound (NOUS) pathway. Due to current workforce challenges within the NOUS pathway, the Health Board is reliant on independent sector capacity to recover NOUS pathway performance by March 2026.

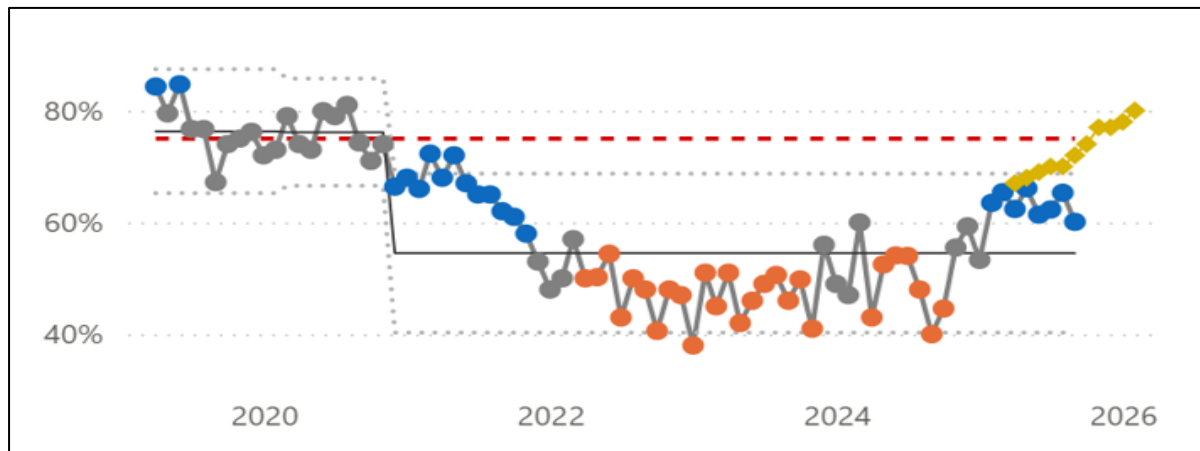
There are concerns about independent sector insource capacity to manage the additional volumes required, as a result the Health Board has identified a delivery risk of up to 798 patients by March 2026. Additional commissioning opportunities are currently being explored to mitigate this risk.

## Cancer

### Single Cancer Pathway

In September 2025, the Health Board treated 60.1% of patients on the Single Cancer Pathway (SCP) within 62 days.

#### % single cancer pathway patients starting treatment within 62 days



The Health Board has applied a range of improvement measures during 2025/26 to stabilise SCP performance and support an overall trend of improvement in the percentage of patients receiving treatment within 62-days of entering the pathway. These improvement measures include expansion of Radiology diagnostic capacity and targeted improvement actions in high volume breach tumour pathways, including Urology and Gynaecology.

After a period of significant performance variation during 2024/25, this improvement focus has enabled the Health Board to maintain SCP performance above 60% for eight consecutive months and has enabled the Health Board to be de-escalated for SCP performance.

The Health Board recognises that challenges remain in sustainably reducing the SCP backlog of patients waiting longer than 62-days. At the end of October 2025, the reported 62-day backlog was 570 patients. Patients being cared for on the high volume Lower Gastrointestinal and Urology pathways represent 62% of the total backlog; 77% of this backlog total relates to patients in the diagnostic phase of the pathway.

The Health Board has developed further targeted improvement actions designed to reduce this backlog volume during Q3 and support further improvement in overall SCP performance towards 70% by March 2026.

These improvement actions include the following:

#### 1. Urology:

- Outpatient pathway –
  - Prostate-Specific Antigen (PSA) Follow-Up Capacity Plan: Clinical Nurse Specialist (CNS) led PSA clinics implemented October 2025
  - PSA surveillance patients redirected to Remote Monitoring pathway.

- Diagnostic pathway –
  - Local Anaesthetic Transperineal Prostate (LATP) Biopsy Expansion: 22 patient capacity per week from October onwards including the CNS activity in Withybush General Hospital which has now commenced.
  - Magnetic Resonance Imaging (MRI) Expansion (linked to PROSTAD/CRUK Prostate pathway improvement plan): Outsourcing 16 scans with three-day reporting turnaround.
  - Flexi Cystoscopy Expansion: Flexi Cystoscopy currently sub 100 patients (circa 85) as per the plan for end of September 2025. Maintained at this level through October 2025. This has improved our 28-day diagnostic position in October by circa 15%
  - Nurse-Delivered LATP: +210 procedures/year. Goal: Enable CNS to independently deliver LATP biopsies. Commenced September 2025.
  - Patient Communication: Nurse-led support and Pathology Clinics introduced to improve experience and reduce anxiety.
- Treatment pathway –
  - Senior consultant clinical validation to identify long term monitored Prostate pathway patients to be signposted to active monitoring earlier within their respective pathway.

## **2. Gynaecology:**

- Consolidation of One stop pathway for Post Menopausal Bleeding Hysteroscopy. Revised pathway has improved timeline from point of suspicion to diagnosis from 143 days to 29 days.
- Improvement focus on improving time intervals from date decision to treat to first definitive treatment. The percentage of patients receiving treatment within 21 days of a decision to treat improved from 25% to 50% since March 2025.

## **3. Lower GI:**

- Implementation of realigned Primary Care Faecal Immunochemical Test (FIT) pathway in Autumn 2025.

## **Urgent and Emergency Care (UEC)**

### **Ambulance Handover Performance**

The Health Board has seen an overall trend of improvement in ambulance handover performance year to date, although weekly variation is being noted against the 45-minute ambulance handover introduced from 1 October 2025. During this period, hospital sites across the Health Board have noted a significant increase in ambulance demand.

The Health Board has developed a UEC Accelerated Transformation Programme, designed to deliver a step change improvement in UEC performance. The primary aims of the programme are to:

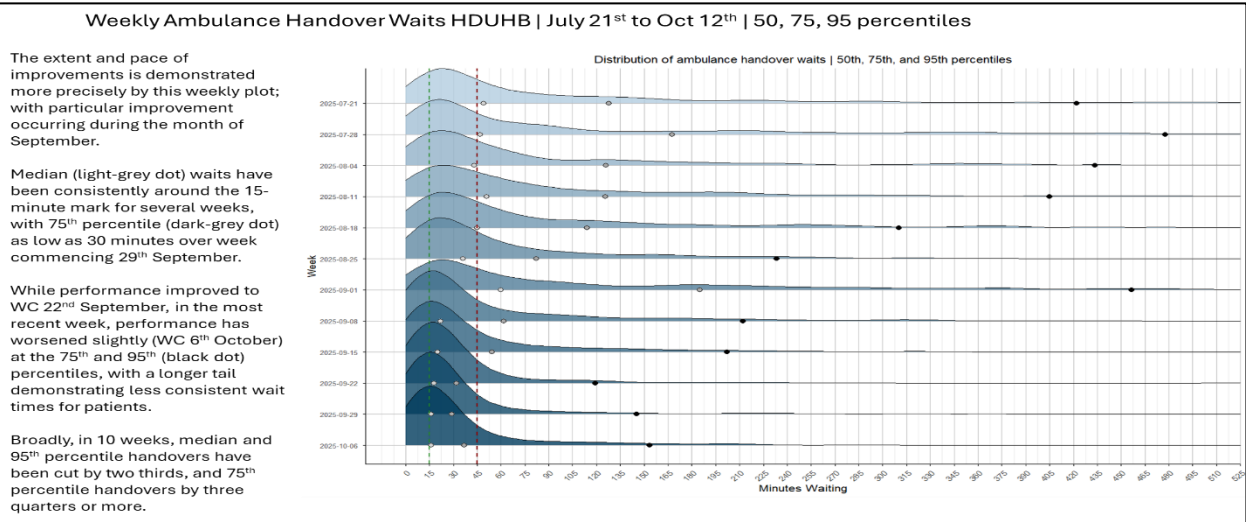
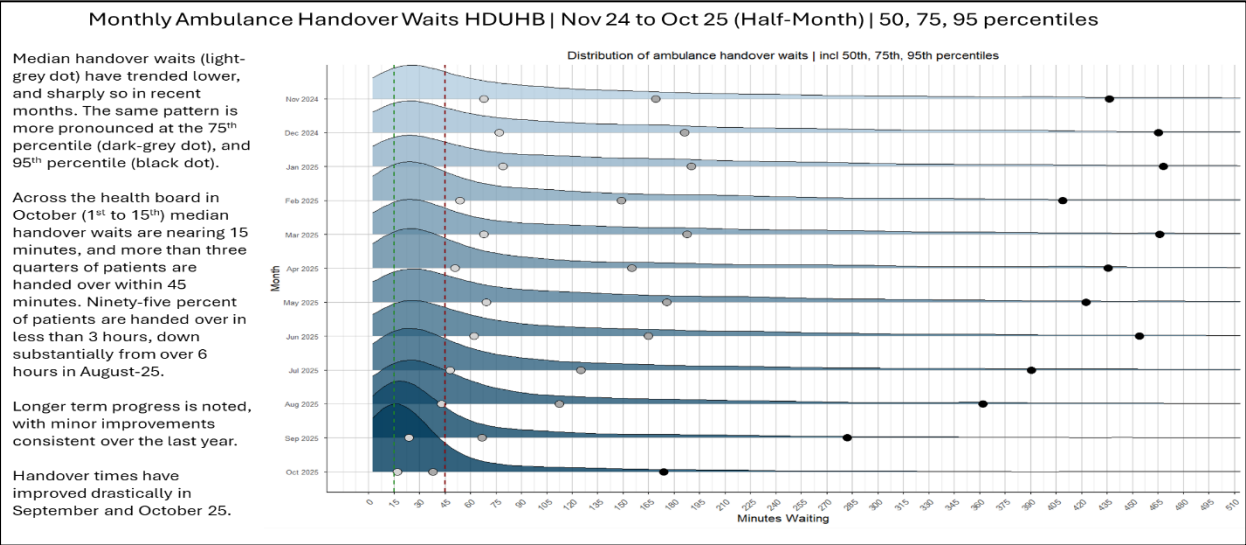
- Minimise attendance at an Emergency Department (ED) by providing appropriate, alternative pathways for patients.
- Reduce ambulance conveyance to ED including delivering a seven-day single point of access and a seven-day community-based falls response

- Reduce ED waiting times
- Improve length of stay
- Assure safety and oversight of the ED waiting room
- Enable optimal hospital patient flow (including prioritisation of discharges earlier in the day)
- Reduce delayed pathways of care

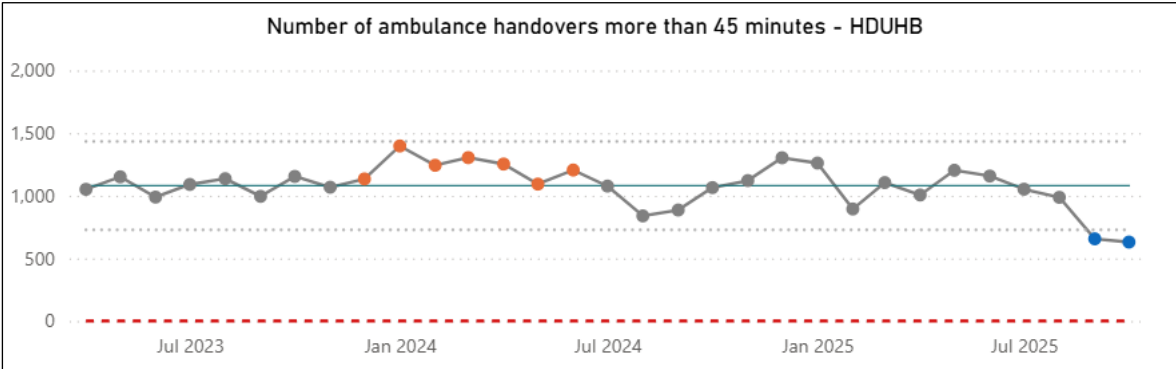
Key areas of operational focus include:

- Revised patient repatriation procedures to ensure signposting of patients to most appropriate pathway for their clinical needs
- Improved Same Day Emergency Care (SDEC) flow (including availability of Consultant Connect support to referrers)
- Streamlined Trauma Ambulatory Care pathways to reduce assessment and treatment delays
- Hospital @ Home wraparound services enabling community GPs to refer directly into SDEC, to treat and then refer patients back into Hospital @ Home, to support admission avoidance
- ED rapid assessment pathways enabling timely assessment
- Operational initiatives to enhance patient flow, including Flow Champions
- Measures to prioritise early discharge and improvements to discharge lounge utilisation
- Enhanced senior decision making and leadership managing the medical boarding patients in ED
- Infection Prevention and Control (IP&C) nurse presence in site meetings, supporting rapid access to screening
- Establishment of a Health Board Operational Delivery Unit (ODU) to coordinate daily patient flow between site and community teams.
- Launch of Internal Professional Standards to promote consistency of clinical practice and response in support of ED flow.

The graphs below illustrate the monthly and weekly trend improvement in ambulance handover turnaround times achieved:



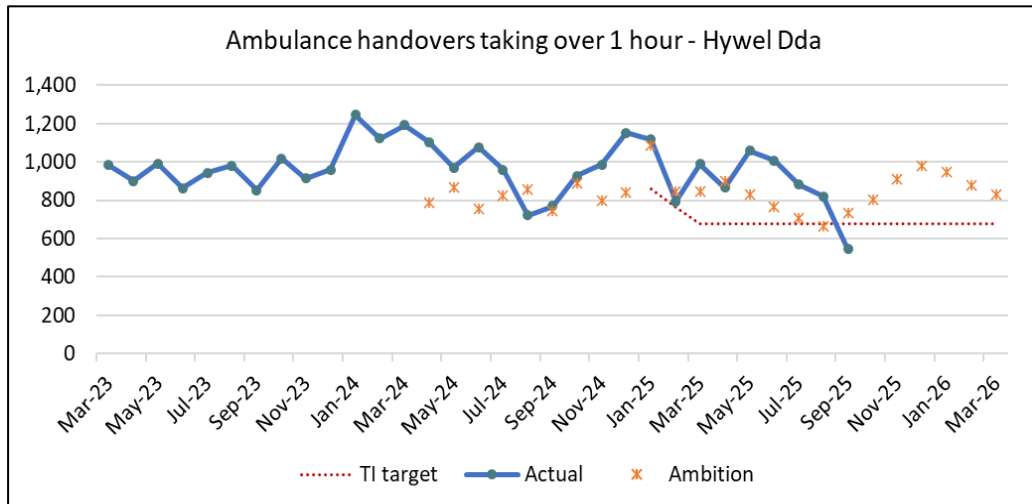
**Ambulance Waits < 45 minutes**



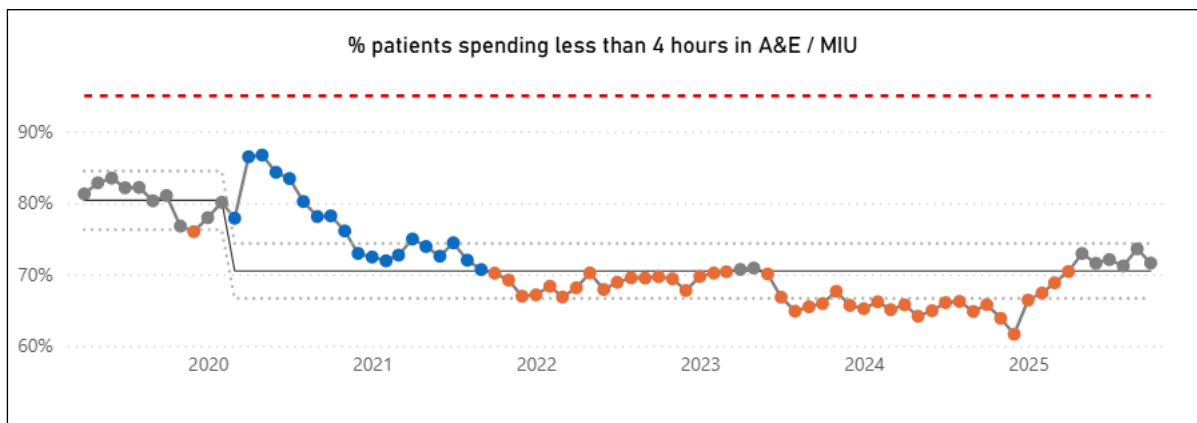
**Ambulance Waits > 1 hour**

As a result of improvement actions delivered, ambulance handover waits >1hr have shown an improving trend since May 2025 and reached their lowest recorded level in September 2025. In order to maintain and further improve performance, the Health Board has recently

launched a 'Call before Convey' service, whilst plans are progressed to develop a seven-day Clinical Streaming Model.

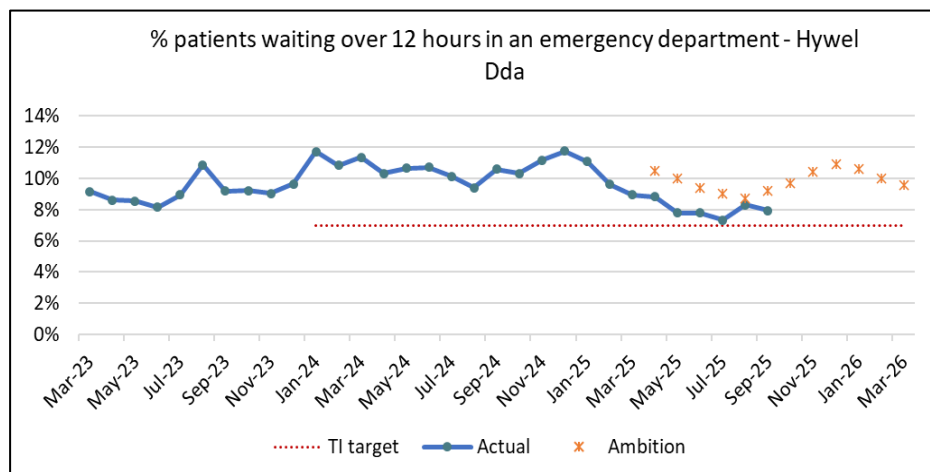


### Patients Waiting < 4 hours in an Emergency Department



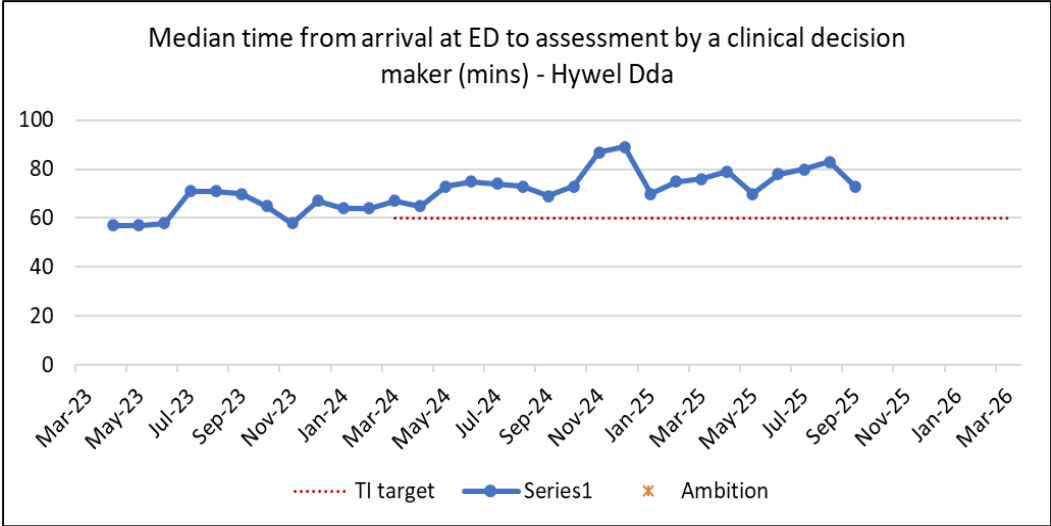
### Patients waiting > 12 hours in an Emergency Department

The Health Board also achieved a steady improvement in patients waiting >12 hours in an ED, with recent performance at 8%. Performance is being supported by a range of initiatives, including Optimal Flow Practitioner posts and revised policies and protocols for Patient Boarding, Home of Choice, Reluctant Discharge and Criteria Led Discharge.



**Time from arrival at ED to assessment by a Clinical Decision Maker**

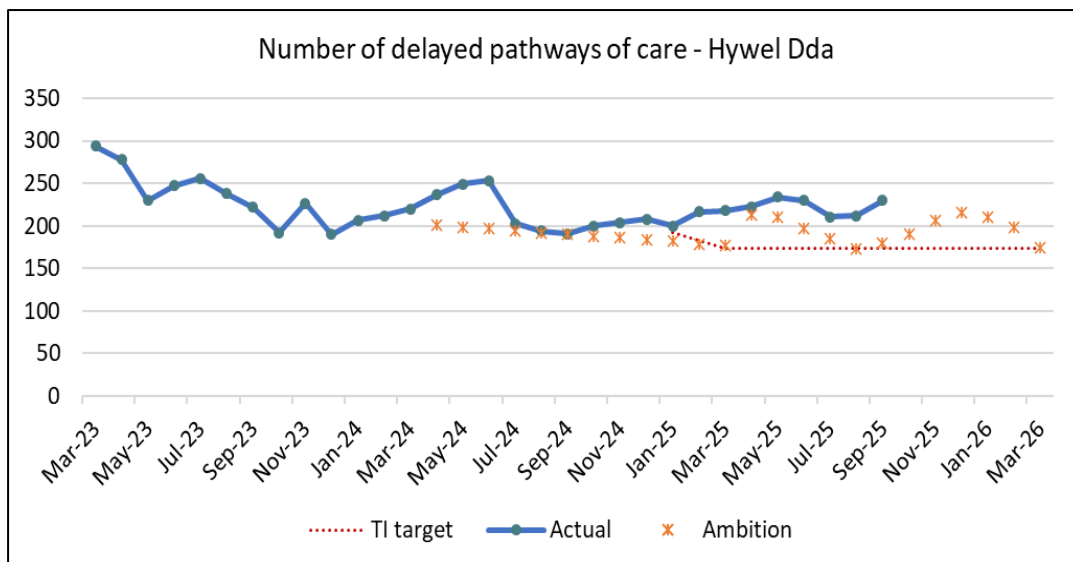
Median time to assessment by a Clinical Decision maker has remained relatively static with latest performance at 73 minutes. In addition to the improvement actions referenced above, the Health Board continues to pursue further measures aimed at relieving capacity pressures within EDs, to release clinical decision maker capacity. These include actions to embed 'Our Next Patient' to support the safe and timely allocation of patients to wards, and continued implementation of the Health Board's new Redirection Policy to signpost patients away from the ED to more appropriate support and services.



**Delayed Pathways of Care**

Whilst delayed pathways of care are operating at lower levels than in previous years, the Health Board has struggled to achieve sustained improvement during 2025/26. Ahead of the winter period, a range of additional improvement actions are being pursued, including:

- 'Backdoor Reset' week planned for November 2025.
- Optimal Hospital Flow (SAFER PG5) implementation - supported by an online Optimal Flow resource page.
- An online Discharge Toolkit has been launched to consolidate key discharge resources and guidance, including integrated discharge information on social care.
- Developing staff training and awareness videos to support patient flow and discharge planning.
- Planned launch of an integrated Strengths Based Collaborative Communication training programme to support discharge planning.



### Reducing ambulance conveyance to ED including delivering a seven-day single point of access and a seven-day community-based falls response

The Health Board is pursuing a range of measures designed to reduce rates of ambulance conveyance and promote consistency of service response across the seven-day period.

These include:

- Falls Service - Care Home Education and equipment for care homes to reduce ambulance conveyance for falls. Expected to launch in Autumn 2025.
- Single Point of Access (SPOA): Regional workshops to develop a joint SPOA between Swansea Bay and Hywel Dda UHBs are ongoing, and include Welsh Ambulance Services University NHS Trust (WAST), 111, and GP Out of Hours.
- Plans for development of a seven-day Clinical Streaming Hub (CSH) with integrated falls response. Workshops with key stakeholders to be held in September and October '25 to focus on finalising the Clinical Model, Workforce, Finance and Value, and Planning.
- CSH Mentorship Programme focusing on Clinical Streaming training, to increase positive risk etc. for current and potential staff working within Clinical Streaming in the Health Board. Planned to start in November 2025.

### Hywel Dda UEC RESET Week

In September 2025, the Health Board launched a UEC RESET week, informed by a planning workshop supported by the Welsh Government NHS Performance and Improvement team. The RESET week promoted a number of benefits including:

- Stronger teamwork and a culture shift across acute and community teams, driven by clinical and operational leadership.
- Significant improvements in ambulance handover times and reduction of lost hours.
- Improved patient flow through increased use of discharge lounges (pre-midday) and proactive discharge planning, including weekends.
- Proactive pull from ED

- 'Our Next Patient' model tested with clear accountability
- Community teams embedded on acute sites

The initiative also identified a range of learning opportunities including:

- Review of escalation protocols and action cards for standardisation.
- Improvement ideas re Criteria Led Discharge (CLD) protocols
- Review of opportunities to extend operating hours of existing discharge lounges.
- Continued implementation of "Our Next Patient"
- Development of a Clinically Optimised Standard Operating Procedure (SOP) to release medical workforce and reduce unwarranted diagnostic requests (medical reviews, daily bloods)
- Implementation of the ED Minor Injury Unit (MIU) Redirection Policy to support patient flow demand.
- Increase awareness of the online Hospital Discharge Toolkit to provide staff with advice and guidance to support timely discharges.

**Optimal Hospital Flow (discharges earlier in the day):**

To increase discharges by midday and support the achievement of the ministerial priority target of 33%, the following work is currently underway:

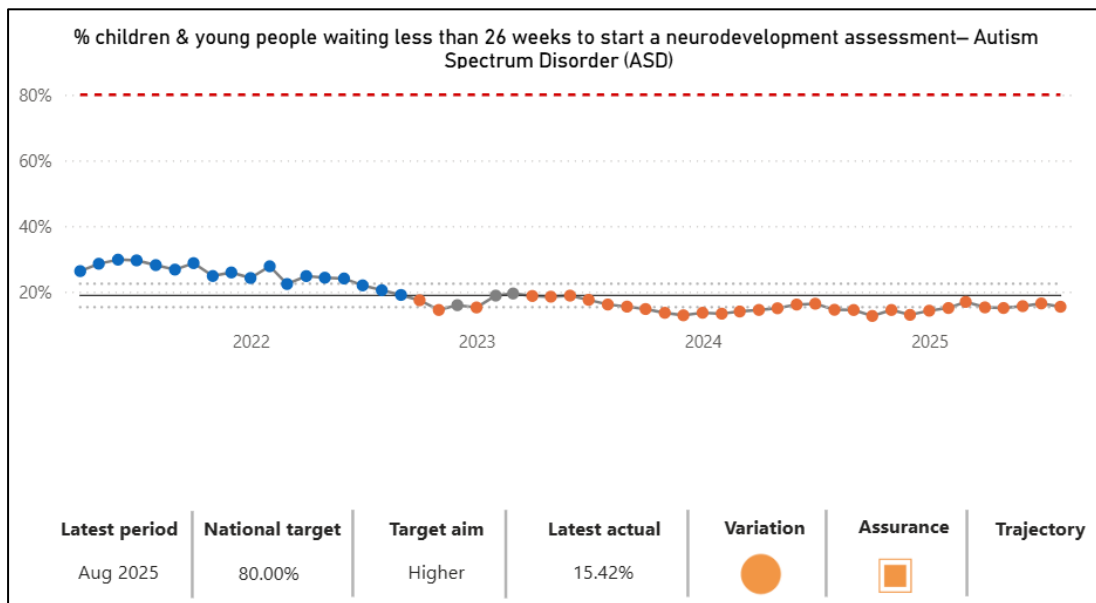
- Working with sites to review their discharge lounge activity and ensure optimal usage.
- Develop a suite of documents to support embedding of Criteria Led Discharge as business as usual.
- Scoping the development of staff training and awareness videos to provide guidance to staff on how to run an effective board round and afternoon huddle to support the application of the standardised guidance.
- Improving access to resources and guidance on the [Hospital Discharge Toolkit](#) to support timely discharge planning, currently at 1,400 views.
- Ongoing review of discharge data, discharge lounge and health related delay reasons to ensure appropriate escalation.
- A range of Health Board and site meetings are established to review data, identify and implement improvement solutions to enhance discharge planning.
- Establishment of a Health Board Preventing Deconditioning Oversight Group to provide strategic oversight and assurance for the Health Board's ongoing work to prevent deconditioning both in acute and community settings. Supported by the four projects participating in the National Safe Care Partnership Deconditioning programme.

The above will be supported by the 'Backdoor Reset' week planned for November 2025.

## Mental Health

### Children's ASD Waiting Times

Latest performance in respect of children's ASD waiting times is illustrated below:



In August 2025, 524 (15.4%) patients out of 3,399 were waiting less than 26 weeks to start a Neurodevelopmental assessment for Autism Spectrum Disorder (ASD), with 2,875 (84.6%) waiting more than 26 weeks.

Supported by the Ministerial statement about allocation of ring-fenced monies for Children's Neurodevelopmental services, the Health Board has ringfenced £980k to support actions to eradicate >three-year waits by 2026 and utilise 30% of resource to bring about transformational change to service provision.

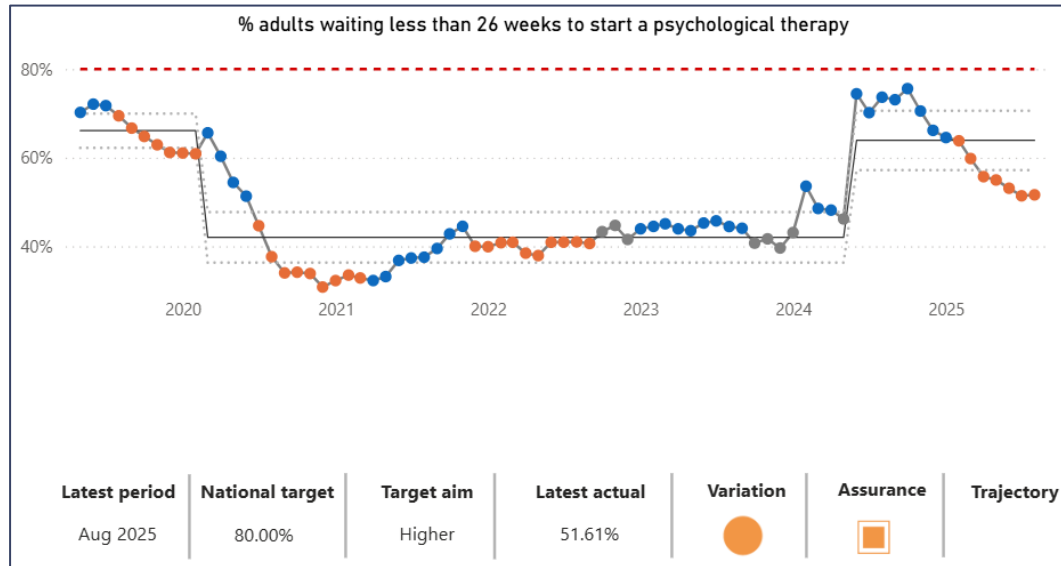
The Health Board's plan includes the following actions:

- Three-year improvement plan involving outsourcing, stabilising workforce, service re-design, undertaking waiting list initiatives and strengthening strategic partnership arrangements.
- Bi-weekly Neurodevelopmental Steering Group established to oversee improvement programme.
- Neurodevelopmental services are now included in Regional Partnership Board Children and Young People integrated Board priorities, focusing on the delivery of integrated, child and family Neurodevelopmental support through coordinated partnerships across health, education, social care and third sector organisations.
- Stakeholder mapping has commenced.
- Digital innovation – A national All-Wales pilot of the digital platform 'Magic Notes' to reduce administrative burden across diagnostic assessment pathway in Neurodevelopmental services is in progress. The Health Board is to be the second Health Board in Wales to pilot.

- Recruitment of additional staff underway.
- Waiting list - stratification of need underway.

### Adult Psychological Therapies

Latest performance in respect of adult psychological therapies waiting times is illustrated below:



In August 2025, the percentage of patients waiting less than 26-weeks for psychological therapy was 51.6%. This represents the first monthly improvement since October 2024.

Within the Integrated Psychological Therapies Service, 365 (52.5%) patients out of 695 were waiting less than 26 weeks to start psychological therapy, with 330 (47.5%) patients waiting more than 26 weeks.

After steady reduction in performance during 2025, performance has begun to stabilise following the introduction of several high intensity interventions to increase group capacity during Summer 2025, in turn increasing clinical activity. Four Psychological Intervention groups started in September 2025, which are anticipated to positively impact waiting time performance during the remainder of 2025/26.

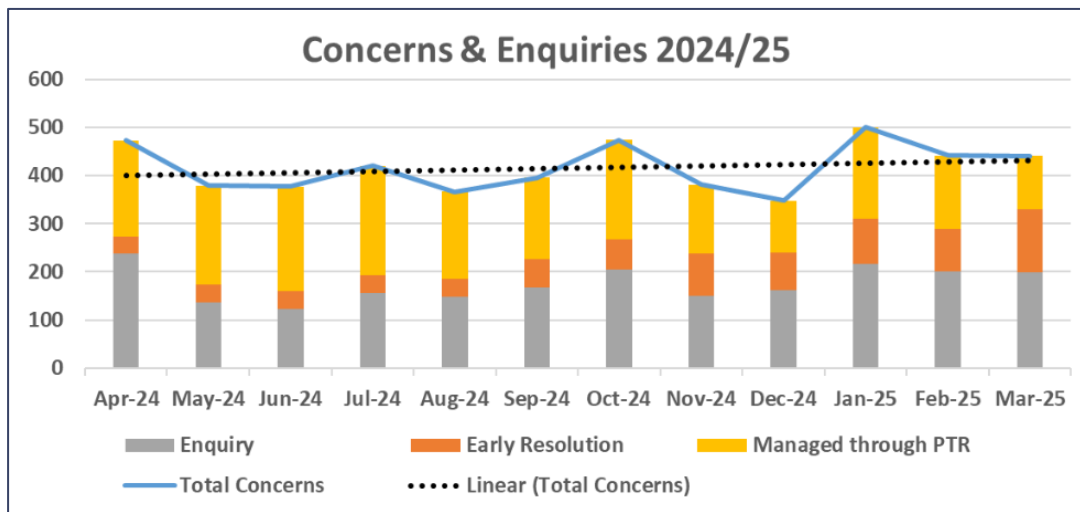
Key elements of the Health Board’s improvement plan are highlighted below:

- Phase 3 of the new group therapy model commenced in June 2025
- Model offers a group intervention (8-10 weeks) and a follow up session eight-weeks post completion of the group, to formulate whether the patient needs to progress onto further 1:1 intervention
- The first 26-week cycle will be completed in December 2025
- Parallel focus on expanding high-intensity evidence-based interventions (e.g. Cognitive Behavioural Therapy) whilst patients progress via the group model

Current indications suggest 80%+ uptake of the group offer, which is expected to lead to a reduction in breach numbers of approximately 80% when the first 26-week cycle is completed.

## 2.2 Quality and safety

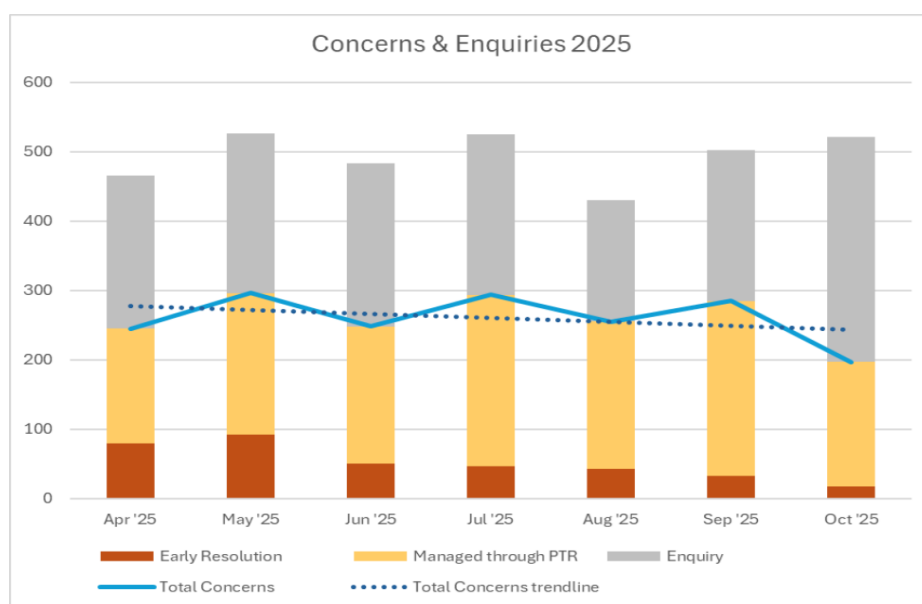
### Current position and trajectory against the quality and safety metrics



### Complaints and Concerns

In the financial year 2024/25, 6,486 new concerns and enquiries were received by the Patient Support Services Team; 897 of these were managed as early resolutions, 2,659 of the total number were handled under the Health Board’s formal complaints process, Putting Things Right (PTR). Weighed against the increase in early resolutions, there has been a general reduction in formal complaints through the course of 2024/25.

From April to end of October 2025, we have received a total of 3,455 concerns and enquiries. Of these, 1,635 classified as enquiries, 360 were resolved as part of early resolution and 1,460 were managed as a formal PTR complaint.



The Health Board’s current performance against the 30-working day target is 65%, including early resolution cases. The Health Board is making progress in this area and is on target to close all complaints over ten months by the end of December 2025.

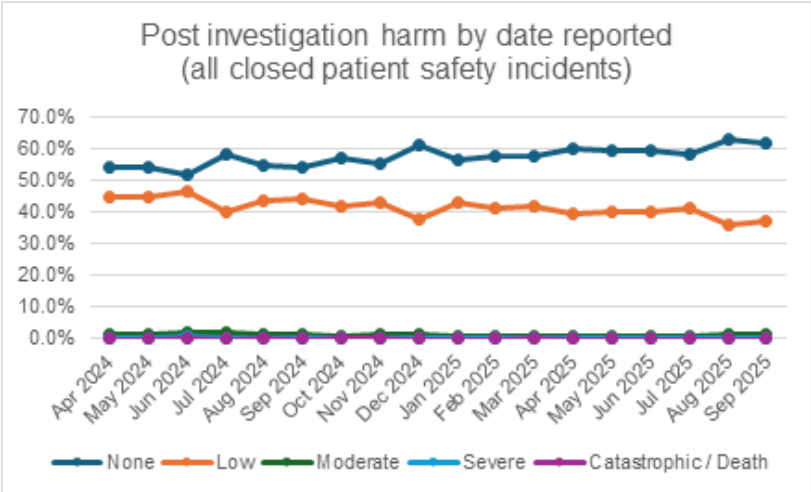
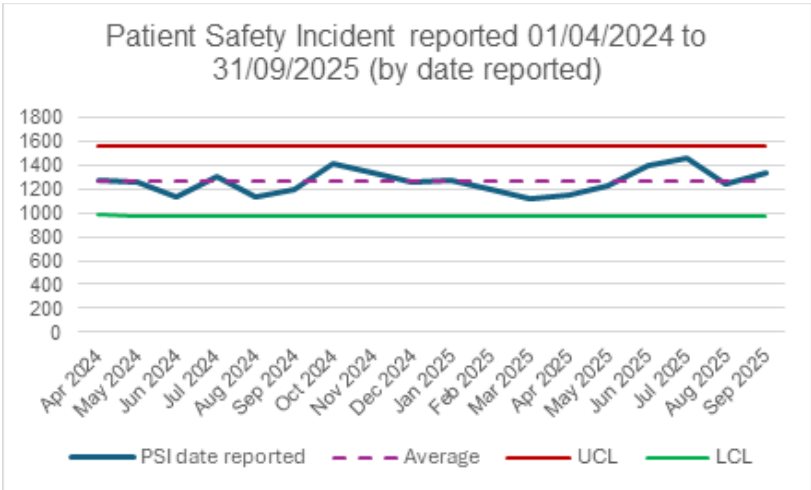
The highest volume of complaints related to clinical assessment and treatment, followed by appointment and communication related concerns. Services receiving the highest volume of complaints are the EDs, Orthopaedic services, General Medicine and Gynaecology.

These figures correlate to the areas with the highest volumes of patient activity and appointments.

**Incident Reporting**

There were 14,903 incidents reported between 1 April 2024 and 31 March 2025, of which 12,283 (82%) were patient safety incidents. Of the 12,283 patient safety incidents reported, 11,584 have been closed following investigation, with 143 incidents closed as moderate (117), severe (20) or catastrophic harm (6).

Between 1 April 2025 and 30 September 2025, 7,810 incidents were reported, of which 6,235 (80%) were patient safety incidents. Of the 6,235 patient safety incidents reported, 4,392 have been closed following investigation, with 25 incidents closed as moderate (24), severe (1) or catastrophic harm (0).



Timely investigation and closure of incidents is a metric within the quality domain of the 'Our Safety Dashboard', which informs the internal escalation arrangements. In comparison to October 2024, there has been a 47% reduction in the number of open incidents over 120 days as at the end of October 2025.

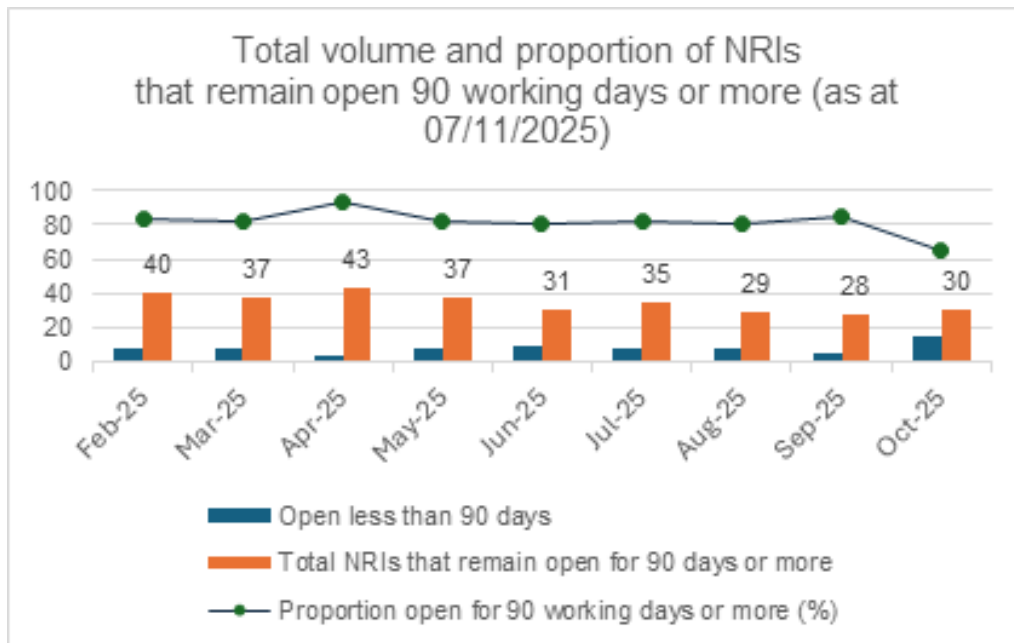
Incident Management Groups are held for all patient safety incidents reported as catastrophic or severe harm. A standard agenda template is used and includes consideration of any required immediate make safes, duty of candour, just culture tool, wellbeing of staff involved, terms of reference for the incident investigation including timescales for investigation, and requirement to report to NHS Wales Performance and Improvement.

**Nationally Reportable Incidents**

The Health Board reported 78 Nationally Reportable Incidents (NRIs) during 2024/25, and 21 NRIs during Qs 1 and 2 of 2025/26.

The top three NRI categories, between November 2024 and October 2025, are incidents relating to neonates (including still birth, unexpected admission to the neonatal unit), pressure ulcer developed or worsened during care, and clinical assessment or clinical diagnosis.

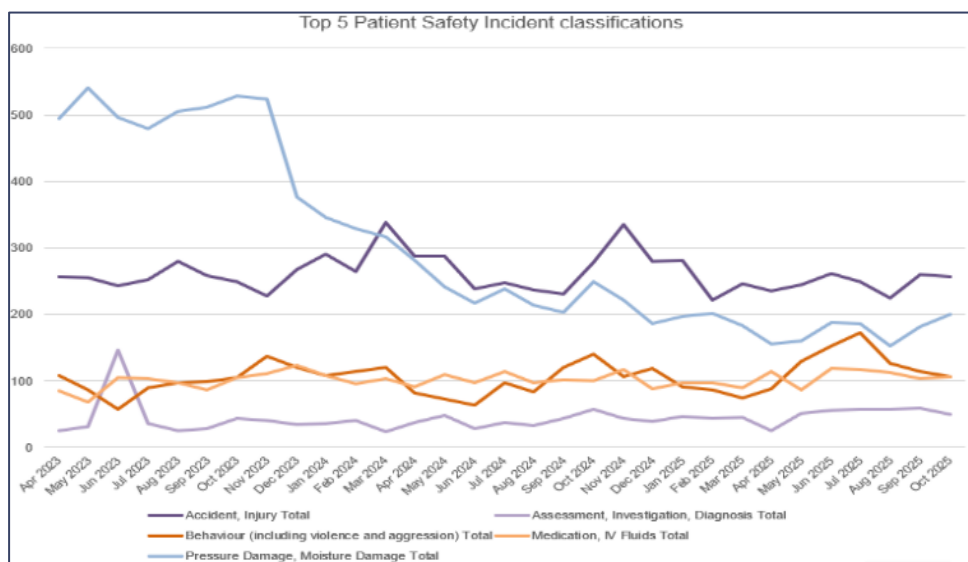
NRI category	Total
⊕ Neonate	10
⊕ Pressure ulcer developed or worsened during care in this clinical care area/caseload	4
⊕ Clinical assessment, clinical diagnosis	3
⊕ Communication issues	2
⊕ Maternal	2
⊕ Treatment or procedure issues	2
⊕ Administration errors	1
⊕ Compliance with bundle/ guidance	1
⊕ Diagnostic testing - Pathology	1
⊕ Healthcare record	1
⊕ Medical devices	1
⊕ Medication documentation errors	1
⊕ Mental Health Act Administration	1
⊕ Self-harm / self-injurious behaviour	1
⊕ Transfer	1
⊕ Unexpected death	1



Whilst improvement has been made in the timeliness of closure of NRIs, the Health Board recognises that continued improvement is required. Completion of investigations and submission of NRI outcome forms has been included as a metric within the quality domain of the internal escalation arrangements. The Executive Director of Nursing, Quality and Patient Experience and Executive Medical Director have also introduced a bi-weekly meeting to monitor the investigation of NRIs.

### Incident Classification

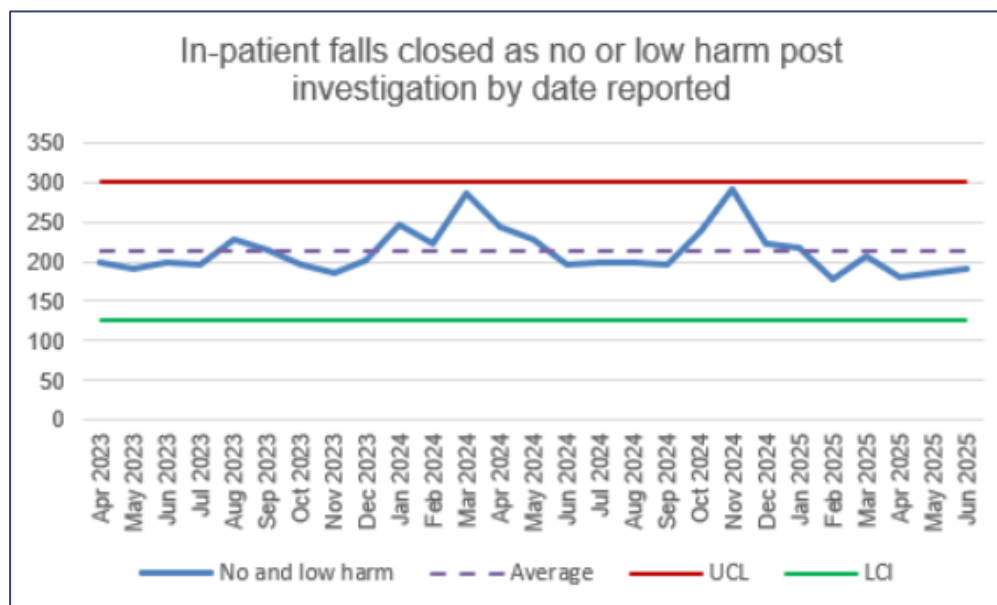
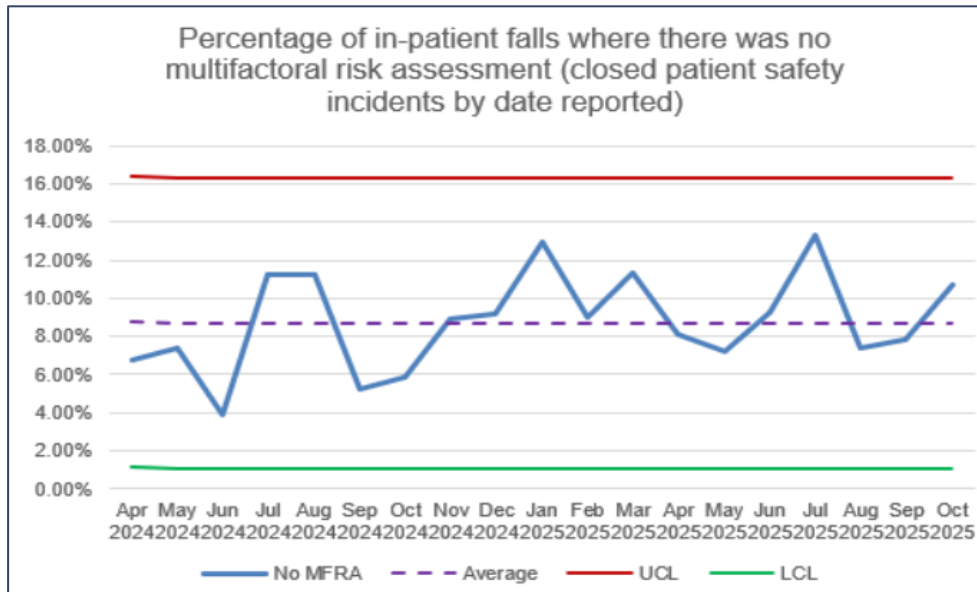
Analysis of the classifications and categories of patient safety incidents shows that Pressure and Moisture Damage, Accident and Injury (including slips, trips and falls) and Behaviour are the top three reported categories.



### Falls

Patient Safety Incidents reporting in-patient falls account for circa 85% of incidents within the Accident / Injury classification. During 2024/25, in 8.6% of incidents reporting an in-

patient fall, there was no multifactorial risk assessment in place. Falls learning meetings are held across the Health Board.



Falls prevention remains a key priority, with focused workstreams in place across all inpatient areas. Bronglais General Hospital has introduced decaffeinated drinks to help reduce nighttime and toileting related falls, with initial data showing a positive impact.

The Health Board is also collecting data for the National Audit of Inpatient Falls. Improvement work is underway including a focus on blood pressure and vision checks at Glangwili General and Prince Philip Hospitals. Nutrition and hydration initiatives, such as milkshake rounds and mobile drink stations, are being used to encourage mobility and address deconditioning, and the Health Board terminology is shifting from “falls prevention” to “safer mobility” to align with national messaging.

On receipt of the new All-Wales learning package for falls, the Health Board has committed to rolling this training out with prioritisation for areas with higher patient falls, in the first instance.

Additional measures include enhanced risk assessments, observation protocols for high-risk patients, piloting sensor technology, and ongoing data-driven improvement cycles, all contributing to reductions in repeat falls and harm severity. The Health Board is also working to improve how falls data is captured, focusing on harm rather than just the number of falls.

**Pressure Damage**

Patient safety Incidents reporting pressure damage account for circa 60% of incidents within the Pressure and Moisture Damage classification.

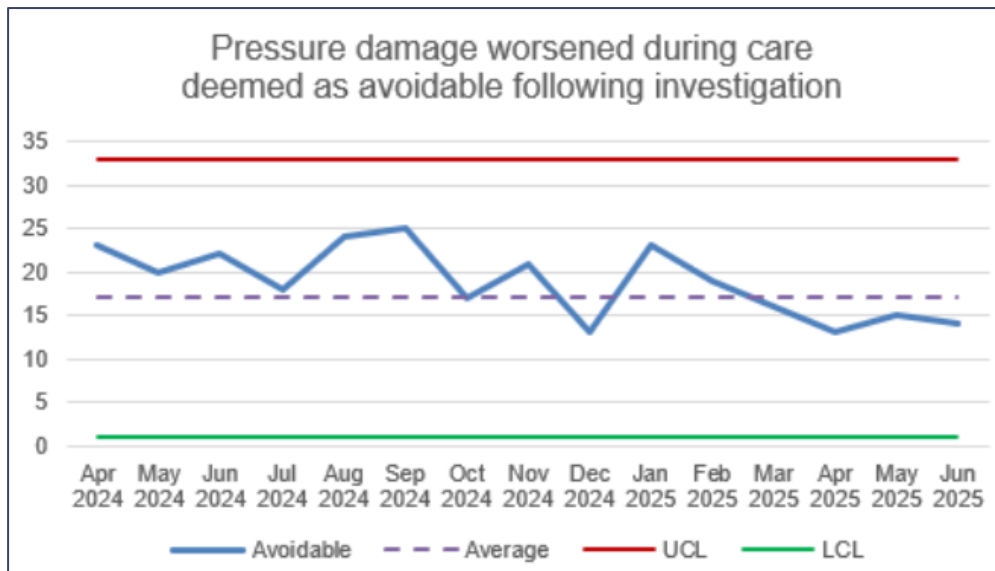
*Table 3: Number of pressure and moisture damage by classifications for 2023-24, 2024-25 and 2025-26*

	2023/24	2024/25	2025/26 (1/4/25-31/10/25)
Moisture-associated skin damage (MASD) developed before admission to this clinical care area/caseload	1,601	395	144
Moisture-associated skin damage (MASD) developed during care in this clinical care area/caseload	1,069	468	150
Pressure from medical device developed or worsened during care in this clinical care area/caseload	29	81	39
Pressure from medical device present before admission to this clinical care area/caseload	9	42	29
Pressure ulcer developed or worsened during care in this clinical care area/caseload	1,308	925	491
Pressure ulcer present before admission to this clinical care area/caseload	1,432	727	372

The reduction in reporting of pressure and moisture damage related incidents is due to two pieces of targeted work:

- Removing duplicated incidents through validation of reported incidents e.g.
  - Patient admitted to Ward A – pressure damage reported.
  - Patient then moved to Ward B – pressure damage reported again by second ward
- Improving understanding about the reporting of pressure damage identified on admission. A new process was rolled out Health Board wide in November 2023, which clarified the importance of clinical documentation of pressure damage on admission, rather than incident reporting if the patient was not known to health services prior to admission. As part of the work, the requirement for the reporting of moisture damage was clarified.

In 2024/25, avoidable pressure damage accounted for 25% of the incidents, reporting pressure damage which had developed during clinical care.



Pressure damage learning meetings are held across the Health Board, and we continue to drive improvements in the prevention and management of pressure damage through a multi-faceted approach. This includes the implementation of the updated Pressure Ulcer Prevention Bundle (PUPB), enhanced staff training, and the introduction of real-time data monitoring via the Safety Dashboard. We now have a fully established Tissue Viability team providing expert support within Community and Secondary Care settings.

A pilot of the [healthy.io wound care app](#) has been launched in Carmarthenshire. The solution enables community nurses to assess, document and monitor chronic wounds remotely, in a standardised approach to improve wound measurement and tracking, healing rates and patients' compliance with treatments, whilst reducing face-to-face contacts and associated costs.

Collaborative learning events are held across sites to share best practice and reduce variation. Early indications show a positive trend in reducing avoidable pressure damage incidents.

### **Duty of Candour**

The Duty of Candour annual report for 2024/25 was presented to the Quality Safety and Experience Committee (QSEC) on 10 June 2025, with the [final report](#) shared at the Annual General Meeting on 25 September 2025.

During Q1 and Q2 of 2025/26, both conditions were met and the duty of candour was triggered in 56 patient safety incidents. The classifications for these incidents where Duty of Candour was triggered were:

- Treatment / Procedural issues (23%)
- In-patient slips, trips or falls (16%)
- Delay in assessment / diagnosis, including diagnostic testing (16%)
- Pressure Damage developed or worsened whilst receiving healthcare (14%)
- Medication error / delay / omission (9%)

Of the 56 patient safety incidents, 18 incidents have been investigated and the record closed. Post investigation harm assessment shows that in 12 incidents, the investigator concluded that the incident did not, as a result of health care, cause moderate harm or above.

In the staff survey 2024/25, within the patient safety theme, some respondents indicated that:

- Staff feel unsafe in reporting errors, near misses or incidents.
- There is a perception that those that do report are treated unfairly and there is little feedback after doing so.

The organisation is enhancing learning and feedback by expanding newsletter and briefing content, reminding investigation managers to document feedback in Datix to value reporters' contributions, and collaborating with Clinical Service Groups to develop incident reporting triggers, especially where reporting is low. Scrutiny Panels are being refocused as Learning from Events Panels, and work is underway with pharmacy colleagues to ensure near-miss medication errors are captured, even if identified outside Datix. Additionally, all groups are reminded that sharing learning and actions through governance meetings and ensuring timely investigation and closure of incidents are key to improving staff perceptions and fostering a positive safety culture.

Through the Working in Confidence platform, the Health Board recognises that speaking up is not just about encouraging communication but about genuinely appreciating the insights that our team members bring to the table. Speaking up within the Health Board means sharing your voice to make a difference. It involves contributing ideas or raising concerns to improve our workplace and the care we provide. Speaking up is not just valued, it is vital for our collective success and wellbeing.

### **Learning from Events**

The Health Board is committed to acting on lessons learned from patient safety incident investigations. Patient experience stories and resulting actions are regularly presented to Quality, Safety and Experience Committee (QSEC), while the Listening and Learning Sub-Committee meets bi-monthly to share and scrutinise learning and drive innovation.

The Learning from Events Framework, accessible to all staff, underpins a culture of continuous improvement, supportive teamwork, and open communication. This framework is supported by a digital learning library and regular sharing of lessons through Viva Engage.

Incident data is reviewed by various scrutiny and learning panels, including those focused on medication errors, falls, and pressure damage, with Clinical Care Groups establishing their own learning groups. Key themes identified from investigations include communication and documentation failures, falls prevention, pressure ulcer management, medication safety, and challenges related to staffing, training, and resources.

## Infection Prevention and Control

The Health Board is dedicated to reducing Healthcare Acquired Infections (HCAIs), as well as preventing infections in primary and community settings. To support this commitment, regular assurance and learning meetings are held to discuss all HCAI cases, ensuring that lessons are identified and appropriate actions are taken. The themes arising from these discussions are also carefully considered.

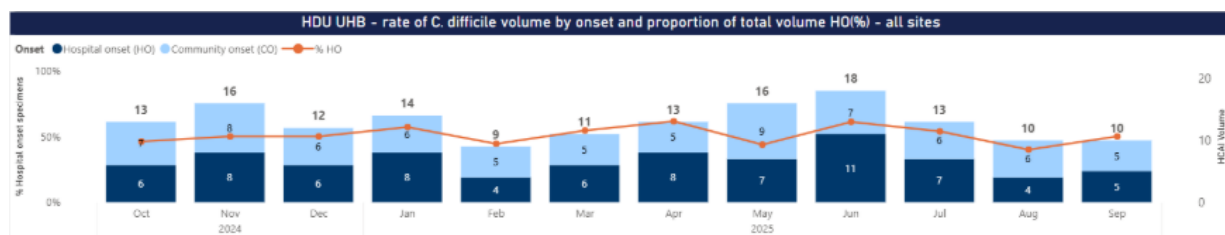
The environmental audit programme is undertaken for high-risk areas, with findings recorded on Audit, Management and Tracking System (AMaT) to provide assurance that improvement actions are completed. Observational audits are conducted regularly, and action plans are developed to address identified areas for improvement.

All acute sites have received High Consequence Infection Disease (HCID) and other infectious disease pathway training, and Hydrogen Peroxide Vapour (HPV) cleaning is in use at three of the four acute sites. Compliance with the Start Smart Then Focus (SSTF) antimicrobial stewardship programme is reviewed by the Antimicrobial Group and antibiotic pharmacists, with improvement actions identified as needed.

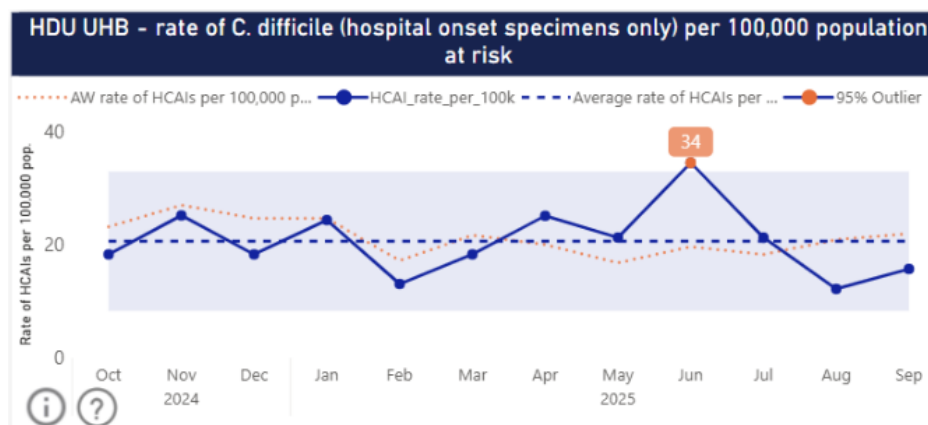
Our Hospital Epidemiologist produces infographics highlighting infection sources and learning points which are shared with Clinical Care Groups and managed GP practices to support ongoing improvement.

Performance de-escalation summary						Latest position key											
						<span style="color: green;">■</span> Goal achieved <span style="color: orange;">■</span> Making good progress towards goal <span style="color: red;">■</span> Minimal progress made or decline from previous month <span style="color: grey;">■</span> Same as baseline or worse											
Measure	De-escalation criteria	Baseline	Baseline (average Q3 23/24)	Goal	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25			
Infections	Number of laboratory confirmed C.difficile cases with hospital onset	25% reduction, maintained for 3 months	8	Baseline (average Q3 23/24)	6	6	8	4	6	8	8	11	7	4	5		
	Number of laboratory confirmed S.aureus bacteremia cases with hospital onset	33% reduction, maintained for 3 months	3	Baseline (average Q3 23/24)	2	3	4	4	4	3	3	3	4	5	4		
	Number of laboratory confirmed E.coli bacteremia cases with hospital onset	25% reduction, maintained for 3 months	7	Baseline (average Q3 23/24)	5	5	0	5	8	6	5	7	10	6	9		

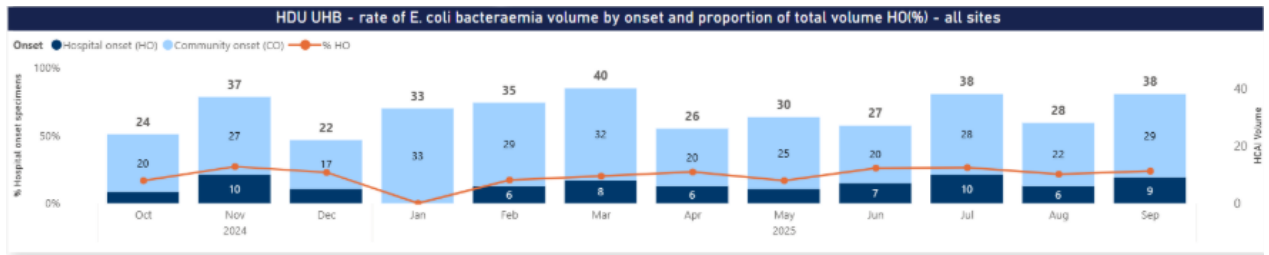
## C.difficile



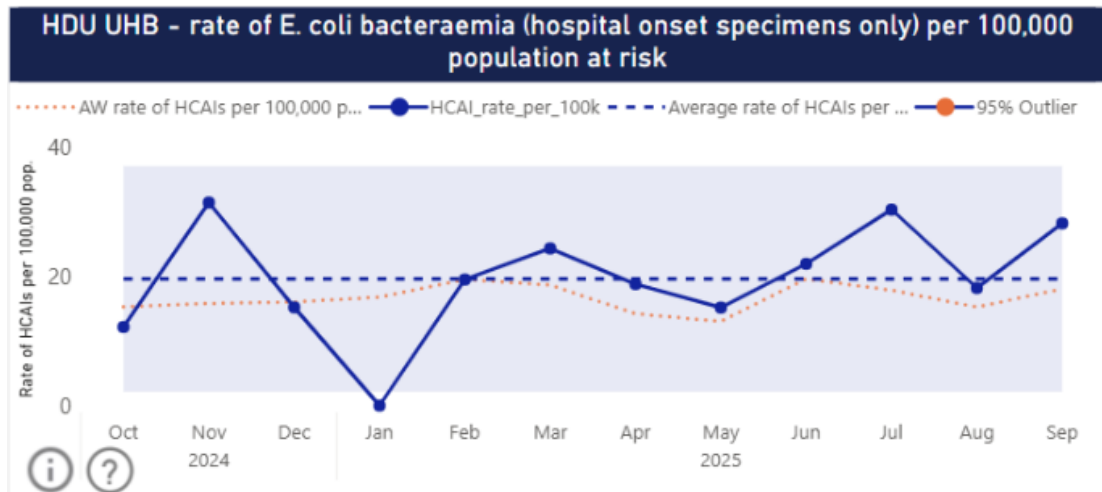
## Hospital onset



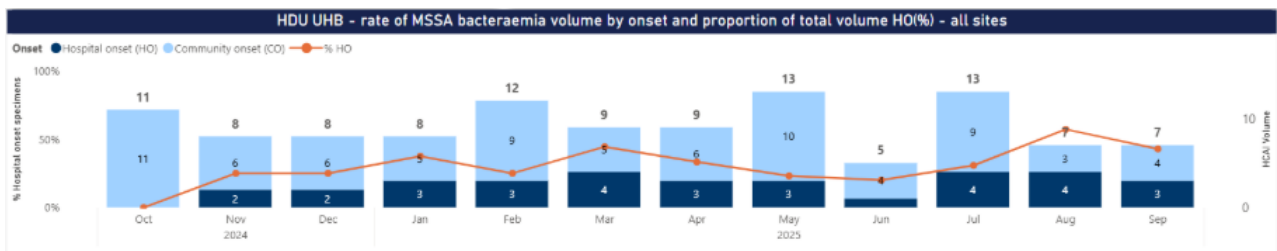
## E.coli bacteraemia



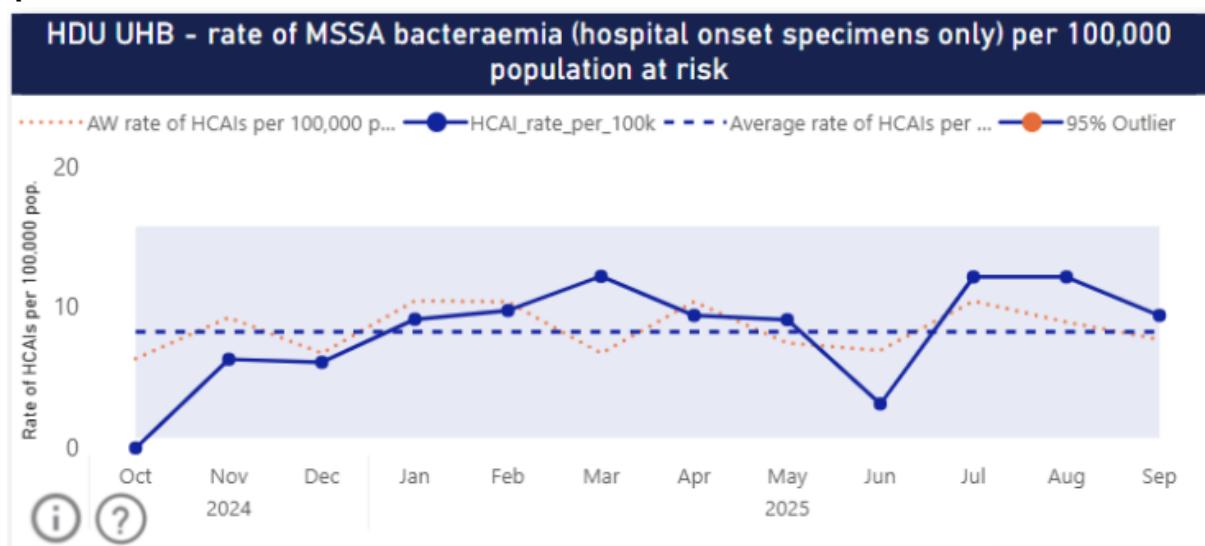
## Hospital onset



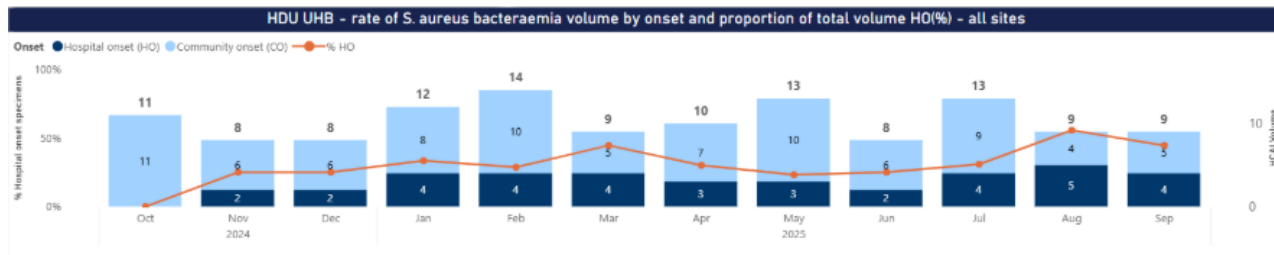
## MSSA bacteraemia



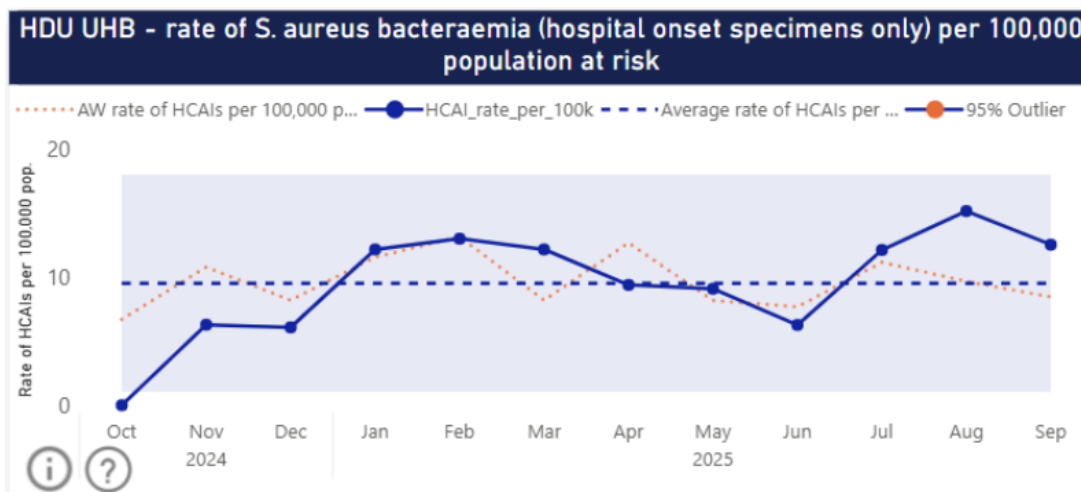
## Hospital onset



## S.aureus bacteraemia



### Hospital onset



## 2.3 External assessment

### Public Services Ombudsman for Wales (PSOW)

During 2024/25, the PSOW received 130 complaints about the Health Board and closed 131, which included some from the previous year. The intervention rate was 33%, which is due to the some of the delays encountered in completing responses in a timely manner.

The PSOW made 137 recommendations to our organisation during the year. We take compliance with these recommendations very seriously to ensure timely learning from events and remedial action is undertaken. Compliance within the agreed timeframes was achieved at 89%, which was the highest compliance rate in Wales.

In Q1 2025/26, there were nine interventions from PSOW, which included one new investigation. In Q2, there have been 12 interventions, including six new investigations. There have been 27 decisions not to investigate since the start of the financial year.

We received a Public Interest Report relating to the provision of and access to Learning Disability Epilepsy Services. This report will be presented to the Public Board in November 2025. A task and finish group has been established to oversee compliance with the recommendations.

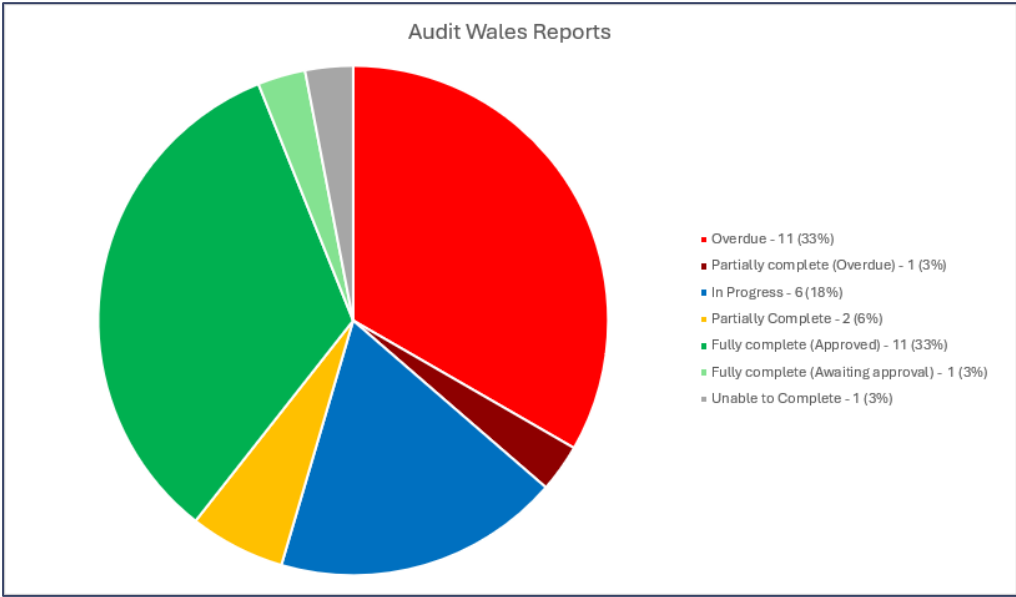
## Audit Wales

Audit Wales has undertaken the following reviews during 2025/26:

Report and date issued	Received at ARAC	Overall findings	Current status
Review of Capital Investment – May 2025	June 2025	The Health Board has a sound and improving approach to capital prioritisation, with good oversight of its approved investment plan. However, its feasibility remains uncertain due to significant backlog costs and limited funding. <i>One recommendation raised.</i>	Recommendation in progress, due for completion November 2025.
Urgent and Emergency Care: Arrangements for Managing Demand – May 2025	June 2025	Reforms to urgent and emergency care services are contributing to improved demand management, supported by reasonable planning and effective oversight. Challenges remain, notably in ambulance handover delays, and there is a need to enhance engagement with both staff and patients. <i>14 recommendations raised.</i>	Four recommendations overdue, five in progress and five completed. Overall completion date of report December 2025.
Tackling the Planned Care Challenges – May 2025	June 2025	The Health Board is making good progress on reducing long waits but must improve access to diagnostic and therapy services. With rising referral demand, it needs a sustainable plan to meet current and future needs, address service inefficiencies, and enhance how it identifies and reports harm from care delays. <i>Six recommendations raised.</i>	One recommendation overdue, two in progress, one reliant on external factors and two completed. Overall completion date of report March 2026.
Discharge Planning Progress Update (Follow Up from 2017 Review) – Aug 2025	October 2025	The Health Board has made limited progress in addressing the 12 recommendations from the previous report, with three fully implemented, four ongoing, four showing no progress, and one superseded. While a new organisation-wide discharge policy was introduced in 2025, longstanding issues remain including inconsistent training, variable use of discharge lounges, and data accuracy concerns in the digital discharge platform. Performance reporting has improved significantly and is now well aligned with national models. <i>One new recommendation raised.</i>	New recommendation in progress, due for completion March 2026.

Recommendations raised by Audit Wales and the Health Board's management responses to these are captured and implementation monitored through AMaT.

The following graph and table shows the status of the actions related to open Audit Wales recommendations:



An update on Audit Wales recommendations and management responses is included in the External Recommendations Assurance Report to the Audit, Risk and Assurance Committee (ARAC) at each alternate meeting (three times a year) – [Internal and External Recommendations and WHC Assurance Report](#).

Audit Wales has also recently concluded its Structured Assessment of the Health Board, and this will be presented to the ARAC on 9 December 2025, with the management response to be provided to ARAC in February 2026. This report will also be presented to the Board meeting in public in January 2026, along with the Annual Audit Report.

Audit Wales recognised that the Health Board remains strongly committed to public transparency and continues to have good governance arrangements, with only two minor recommendations made. The report noted that good quality information supports scrutiny, but there is an opportunity to clarify the Triple A process to ensure it effectively supports scrutiny. Since last year, the Board has stabilised, with no interim arrangements in the Executive Team.

There are strong arrangements to oversee risk, performance, service quality and safety and audit recommendations. The Health Board is taking steps to improve data quality and further strengthen governance arrangements for quality and safety. There is an opportunity to clarify committee oversight in the Board Assurance Framework dashboard.

The Health Board is refreshing its long-term strategy and maintains good oversight for developing and delivering corporate plans and strategies. While the Health Board is progressing its Clinical Services Plan, the plan currently only covers nine of its most fragile services.

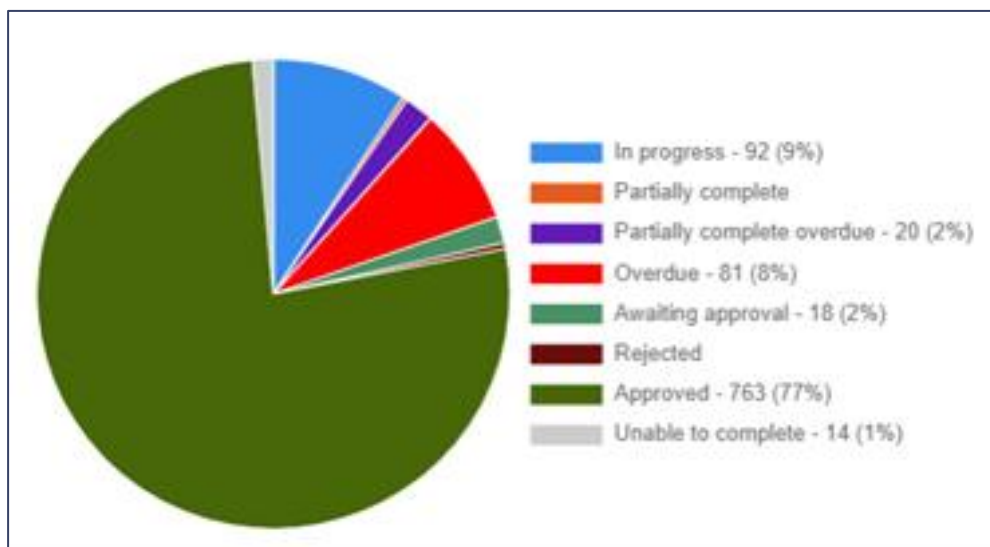
## Healthcare Inspectorate Wales (HIW)

HIW has undertaken or is scheduled to undertake the following inspections during 2025/26:

- May 2025 - Maternity Services at Glangwili General Hospital - the report has been published
- July 2025 – Emergency and Urgent Care Centre at Bronglais General Hospital – publication of report expected 27 November 2025
- August 2025 - Mynydd Mawr, Prince Philip Hospital– publication of report expected 20 November 2025
- September 2025 - Derwen Ward, Glangwili General Hospital– publication expected 4 December 2025
- June 2025 - Nuclear Medicine IRMER inspection – the report has been published.
- 10 and 11 November 2025 – scheduled inspection at Cwm Seren, Hafen Derwen, Carmarthen.

A Joint Inspection of Child Protection Arrangements (JICPA) was also undertaken in Pembrokeshire in March 2025 – the report has been published.

HIW inspections and the actions arising following a HIW inspection are captured and implementation monitored through AMaT.



The following table shows the status of the actions related to open HIW recommendations:

No. of inspections	MD	SD	WN	PIL	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
14	146/277 (53%)	1/1 (100%)	0	0	92	3	20	81	8	18	4	271

An update on HIW inspection recommendations and actions, including the detail on overdue actions is presented to QSEC at each meeting, through the [Quality Assurance report](#).

## Llais

The Health Board has a positive relationship with Llais officers and volunteers. In addition to ad-hoc meetings between service areas and Llais representatives, the Chief Executive,

Director of Planning and Strategy, and the Communications and Engagement Director meet on a monthly basis with the Regional Director and Assistant Director of Llais. These meetings offer an opportunity to discuss service change, patient experience, and areas of concern.

Llais also continue to have a seat at the Board table and the offer to contribute to the debate on any Board paper. Additionally, Llais have played an invaluable role in the Health Board's consultation activities by attending each public drop-in event in a listening capacity and offering constructive feedback to the Health Board on its approach.

Llais volunteers have also been members of the stakeholder groups for both the Clinical Services Plan process and the Prince Philip Hospital Minor Injuries Unit options development and consultation. While remaining independent, they have been able to share feedback and ask questions about how the service change will impact individuals.

Llais also continue to write to the Health Board to flag specific areas of concern, representing the voice of patients and communities in west Wales.

### **2.3 Quality management system**

The Quality, Safety and Experience Committee (QSEC) ensures that the Board receives clear, evidence-based and timely advice to help fulfil its statutory responsibilities regarding the quality and safety of NHS services. The Committee rigorously scrutinises the organisation's systems for safeguarding and improving the quality and safety of care, providing assurance to the Board and, by extension, to patients and the public. In the interest of transparency and public accountability, all Committee meeting agendas and papers are published online and can be accessed via [Quality, Safety and Experience Committee \(QSEC\) - Hywel Dda University Health Board](#).

The overarching aim of the Health Board's quality management system (QMS) strategic framework is to provide a system-wide approach to achieving quality of care in a way that secures continuous improvement. The strategic framework sets out our approach, structure and tools to empower staff to lead and deliver services that meet quality and safety expectations and standards.

The Health Board's governance arrangements have been developed in line with the Duty of Quality, ensuring a continual focus on high standards of care and the ongoing improvement of patient outcomes, in accordance with the core values and accountability expected within the NHS.

These arrangements have been strengthened during the first two quarters of 2025/26:

- Template terms of reference with a template agenda has been developed as a guide for the new Clinical Care Group structure on the arrangements they are required to have relating to Integrated Governance (including matters relating to quality)

- A monthly Integrated Quality, Finance, and Performance Delivery Group with a focus on quality is held. At this meeting, the Clinical Care Groups report on quality matters arising through their Integrated Governance Groups.
- The Quality and Safety Intelligence Group terms of reference (QSIG) have been revised to ensure that updates are from each of its reporting groups indicating the Health Board's position against the required legislation or standards, and agreed performance metrics/outcome measures in place, identifying any gaps in achieving these/compliance, and how these will be addressed through any actions required.
- A template for deep dives has been developed for use at QSEC, QSIG and other meetings to ensure that QSEC receive papers that focus on patient experience and the domains within the healthcare quality standards. At the meeting on 4 November 2025, QSEC received deep dives on Urology, Endoscopy and Dermatology Services; on 15 September 2025, the Committee received deep dives on Stroke, Elective General Surgery and Critical Care.
- A Quality Impact Assessment (QIA) panel has been established from 1 March 2024. The panel provides oversight to ensure that quality is the central principle in how health and care services are designed and delivered within the Health Board, in line with the *Health and Social Care (Quality and Engagement) (Wales) Act 2020*. The panel receives and considers quality impact assessments relating to strategic decisions including those decisions being made through the Clinical Services Plan. A QIA tool was developed for use across the Health Board to ensure that mitigation of risks relating to quality is considered.

The Duty of Quality annual report for 2024/25 was presented to the Annual General Meeting on 25 September 2025.

## **2.4 Fragile and challenged services**

The Health Board has developed a framework to assess and prioritise fragile clinical services. It outlines the criteria for identifying service fragility and the processes to support risk mitigation and service sustainability. The framework aims to define fragility in clinical services and establish criteria to identify and prioritise fragile services, ensuring the Board is aware of associated risks. It aligns with the Health Board's risk matrix, quality management system, and national Welsh health legislation and frameworks.

The work supports NHS Wales' oversight framework requiring effective recognition and response to fragile services and relates to the Health Board's Clinical Services Plan Phase 1 and a national project on service consolidation for sustainability. The methodology uses a 5x5 risk matrix supplemented by triggers identified from risk data. Fragility criteria inspired by Rafa Bengoa's work have been incorporated, focusing on outcome performance, viability, workforce sustainability, professional consensus on reconfiguration, and public support for change.

A flowchart approach is being developed to integrate governance processes and identify fragile services beyond risk registers. The Patient Safety Leadership Team have supported teams with self-assessments against the Framework for Safe, Reliable, and Effective Care.

The approach aims to demonstrate effective recognition and response to fragile services, influencing organisational culture and informing future clinical service planning.

## 2.5 Patient experience

The People’s Experience Survey is active across all Health Board areas, and the Friends and Family text and voice message feedback system is live in each area across our hospitals and community areas. The survey is available on our website and through QR codes at locations throughout our facilities, including primary care.

The following depicts the volume of feedback sent and received since April 2025, from voice and text messages.

Month	Surveys			Responses				Targeted Contacts	
	Number of Surveys with New Responses	Surveys with New Targeted Responses	Surveys with New Passive Responses	Total New Responses	# of New Targeted Responses	# of New Passive Responses	# of Responses in Welsh	# of Contacts by SMS	# of Contacts by IVR
Oct-25	1	1	1	786	691	95	8	4924	1315
Sep-25	1	1	1	874	811	63	16	5075	1326
Aug-25	1	1	1	1013	971	42	20	5403	1518
Jul-25	1	1	1	971	918	53	10	5262	1461
Jun-25	1	1	1	848	795	53	12	4956	1303
May-25	1	1	1	875	828	47	13	5143	1466
Apr-25	1	1	1	681	643	38	11	3730	1429

Targeted responses are those collected via SMS, IVR and Email. Passive responses are those collected via all other delivery methods such as QR codes and survey links

The following feedback has been received from the patient experience survey. Waiting times are the main cause of concern, which is impacting on the overall experience satisfaction score.

Start Date: 11/1/2024 12:00:00 AM		End Date: 10/31/2025 11:59:00 PM													
Question:	Survey	2024	2024	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025	Benchmark
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct		
2. How would you rate your overall experience?	NHS Wales People's Experience Survey (PES)	-	-	-	-	-	79.1	79.7	78.4	80.5	80.9	78.8	86.0	85	
6. Were you able to communicate in your preferred language?	NHS Wales People's Experience Survey (PES)	-	-	-	-	-	94.7	95.6	96.5	96.8	95.4	95.3	96.3	85	
7. Was the time you waited:	NHS Wales People's Experience Survey (PES)	-	-	-	-	-	70.2	67.7	68.0	70.3	67.4	67.9	67.5	85	
8. Did you feel well cared for?	NHS Wales People's Experience Survey (PES)	-	-	-	-	-	83.7	83.9	82.0	84.6	83.8	81.8	83.4	85	
9. Were you treated with dignity and respect?	NHS Wales People's Experience Survey (PES)	-	-	-	-	-	91.1	91.6	90.2	92.0	91.6	90.8	90.9	85	
10. Did you feel that you were listened to?	NHS Wales People's Experience Survey (PES)	-	-	-	-	-	87.4	87.4	85.6	88.2	87.9	86.1	86.6	85	
11. Were you involved as much as you wanted to be in decisions about your care?	NHS Wales People's Experience Survey (PES)	-	-	-	-	-	87.1	86.5	85.1	87.9	87.7	85.9	86.5	85	
12. Were things explained to you in a way you could understand?	NHS Wales People's Experience Survey (PES)	-	-	-	-	-	91.2	90.0	89.5	90.9	91.0	89.3	90.5	85	
Overall		-	-	-	-	-	85.5	85.3	84.4	86.3	85.7	84.4	85.2		
Respondents		0	0	0	0	0	681	873	847	971	1011	874	785		

## **3.0 Getting services ready for the future**

### **3.1 Women's Health Plan**

Within the Health Board, our philosophy is to build a new system with women, for women, balancing science with sensitivity, pathology with presence, and policy with compassion.

The Women's Health Hub is not simply a pilot; it is the embodiment of prevention in practice and equity in action. Leadership is rooted in collaborative stakeholder engagement, ensuring that the redesign of clinical pathways is centred around patients lived experiences and shaped by genuine partnerships across staff, patients, and the wider community.

The programme delivers integrated, community-based services that address complex pelvic health and psychological needs, offering tailored support for conditions such as endometriosis, menopause, and chronic pain. This approach is congruent with the national Women's Health Plan for Wales, which sets a ten-year vision for equitable, holistic care, and is informed by the experiences and feedback of thousands of women across the country.

Funding is being invested in workforce development, structured education programmes, outreach and digitally enabled services, and targeted improvements to facilities, with oversight from Welsh Government and robust governance mechanisms to ensure transparency and impact. These investments support the Health Board's strategic objectives, enabling the delivery of high-quality, accessible care and demonstrating accountability in the use of public resources.

One stop clinics have been established as a result of the need to improve the gynaecology cancer pathway for patients. The previous model was failing to meet an increase in demand for gynaecological cancer diagnosis and included multiple appointments for patients to attend for an ultrasound scan, biopsy and hysteroscopy.

One Stop clinics allow for a same day ultrasound scan, biopsy or hysteroscopy for patients on a Single Cancer Pathway, thus supporting faster diagnosis and a reduction in unnecessary procedures. It also releases valuable capacity within the main Radiology Department.

Although formal Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) have not yet been implemented to capture patient feedback, patients are now receiving the benefit of a more efficient, effective and streamlined pathway which, will in turn, significantly improve the Health Board's gynaecological cancer performance

### **3.2 Maternity and Neonatal services**

#### **Learning from other Welsh and UK reviews to improve maternity services**

The maternity service continues to conduct systematic benchmarking against the Swansea Bay UHB review and other national reviews to ensure alignment with best practice and

continuous improvement. This ensures a timely and substantive response that reflects a consistent commitment to ongoing service development:

- Adoption of validated tools embedded throughout the service:
  - Birmingham Symptom-specific Obstetric Triage System (BSOTS triage): a structured maternity triage system designed to improve safety and efficiency in maternity units by providing a standardised, symptom-based approach to assessing pregnant or postnatal women who present with unscheduled or urgent concerns;
  - Maternity Early Warning Score (MEWS): a structured tool used in maternity care to identify early signs of clinical deterioration in pregnant or postpartum women; and
  - Newborn Early Warning Track and Trigger – V2 (NEWTT2): a national framework for monitoring newborns at risk of deterioration during the perinatal period NEWTT2) embedded throughout the service.
- Strengthened governance through Perinatal Risk and Governance Strategy and Healthcare Inspectorate Wales (HIW) commended processes.
- Exploring reciprocal case review arrangements to promote objective and externality in investigations / case review.
- Broad review of evidence base and development of maternity guidelines with 100% compliance with guideline currency (85 guidelines). Guidelines are developed through co-production and equality impact assessments.
- Staffing aligned with Birthrate+ recommendations, monitoring of acuity in real time with supported digital app (Birthrate+ Acuity App), with a broader intention to implement across antenatal and postnatal inpatient areas.
- Future workforce planning and alignment with Health Education and Improvement Wales Strategic Perinatal Workforce Plan, implementation of a strategic local approach, based on service needs and focusing on recruitment, education, leadership, and workforce transformation to improve safety and quality of care.

### **Impact of the MatNeo Safety Support Programme**

- Alignment with national priorities: safe care, leadership, workforce resilience, and multidisciplinary training.
- Rollout of MEWS and NEWTT2, plus BSOTS triage system implemented and audited.
- Introduction of 'Team of the Shift' and ATAIN (Avoiding Term Admissions to Neonatal Units).
- Digital maternity dashboard for real-time acuity and staffing oversight.
- Continuous improvement culture reinforced through audits and learning boards.

Priority next steps include a universal access card to support equitable access Maternity Triage for marginalised service users (notably non-English speakers or those with communication challenges).

### **Impact of Maternity & Neonatal Voices Partnership (MNVP)**

- The MatNeo Safety Support Programme recommends a funded MNVP model with a paid Lay Chair. The Health Board is exploring funding options, such as Charitable Funds, for a fixed-term pilot.

- Whilst the important work around the MNVP progresses, capturing service user feedback and engagement remains a key priority. Feedback is captured via a diverse mechanism and is integrated via surveys, Birth Afterthoughts service, bereavement meetings, and outreach to marginalized groups.
- Monthly thematic reports are published to inform practice.
- Advancing cultural competency through Diverse Cymru certification and mandatory EDI training.

### **HIW Glangwili Maternity Inspection (May 2025)**

The Health Board was commended for its:

- Its robust governance processes and open reporting culture.
- Positive EDI training provision and absence of discrimination reported by service users.
- Reasonable adjustments for individuals with protected characteristics and culturally sensitive care embedded in practice.

### **Overall position**

The Health Board demonstrates strong alignment with national safety programmes, robust governance, and a commitment to co-production and cultural sensitivity. Continued focus on external learning, digital tools, and service user engagement will further enhance safety and experience.

## **3.3 Mental Health**

The Health Board has undertaken a comprehensive programme of work to enhance inpatient safety across mental health units and reduce community waiting times. As a committed partner in the National Mental Health Patient Safety Programme, the Health Board has actively contributed to all work streams, notably chairing the Relational Safety Work Stream to promote therapeutic engagement and reduce harm.

A key development has been the implementation of Person-Centred Safety Planning using Quality Improvement (QI) methodology, fostering a cultural shift from 'doing to' towards 'doing with'. These plans are being expanded into Welsh Language and Easy Read formats to ensure accessibility and inclusivity. Efforts to reduce restrictive practices have intensified, with data-driven practice reviews, increased training uptake, and meaningful involvement of families and in some instances peers.

Oversight has been strengthened through ward-level reviews, and the Health Board is about to pilot the new national restrictive practice Datix module in sites within its Mental Health and Learning Disability services, aiming to improve incident reporting and analysis.

In parallel, targeted estates funding has supported the creation of safer environments, with a focus on ligature risk reduction and the resolution of all HIW estates-led actions. A multi-agency review of Section 136 provision has led to a proposal now pending Board approval to progress to public engagement.

Workforce stability has been addressed through a completed inpatient staffing review and investment in rostered roles, with active recruitment underway to reduce reliance on temporary staff and eliminate agency Health Care Support Workers.

The rollout of REQoL is underway across inpatient wards supporting the consistent collection of baseline Patient Reported Outcome Measures (PROMs) locally and nationally. Implementation of a new Learning Disabilities model has strengthened support and in-reach to individuals whilst they are in hospital, reducing lengths of stay.

A pilot in one locality has tested a revised Community Mental Health Team (CMHT) referral pathway via 111 option 2, promoting open access and freeing CMHT and Crisis Resolution and Home Treatment (CRHT) resources for urgent and complex cases. Strategic work to improve patient flow includes enhanced oversight of delayed pathways, improved system communication, the introduction of advanced practice roles to expedite clinical decisions and plans to implement a digital e-flow system to reduce out-of-area placements and streamline care.

MEASURE	Target if Appropriate	Submission Date									
		Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	
Number of adult acute and older adult functional mental health wards		3	3	3	3	3	3				
Number of people admitted to an adult acute or older adult functional mental health ward		20	20	19	23	31	12				
Number of people Discharged from adult acute or older adult functional mental health ward		20	16	17	24	27	13				
Number of staff that should be trained in appropriate risk assessment and risk management.		49	49	50	50	50	50				
Number of patients offered a post discharge follow up within 72 hours		19	16	15	24	24	13				
Percentage of patient offered a post discharge follow up within 72 hours	100%	95%	100%	88%	100%	89%	100%				
Number of patients that received a post discharge follow up with 72 hours		19	16	15	23	23	12				
Percentage of patient received a post discharge follow up within 72 hours	80%	95%	100%	88%	96%	85%	92%				
Number of staff that are trained in the appropriate risk assessment and risk management.		19	19	21	22	22	22				
Percentage of staff that are trained in the appropriate risk assessment and risk management	100%	39%	39%	42%	44%	44%	44%				
Number of adult acute and older adult functional mental wards with tripartite anti-ligature assessments complete in last 12 months		3	3	3	3	3	3				
Percentage of adult acute and older adult functional mental wards with tripartite anti-ligature assessments complete in last 12 months	100%	100%	100%	100%	100%	100%	100%				
Number of inpatients where care plan has been written or updated within 24 hours of admission (this includes CTP for relevant patient)		20	20	19	23	29	11				
Percentage of inpatients where care plan has been written within 24 Hours of admission (this includes CTP for relevant patients)	100%	100%	100%	100%	100%	94%	92%				
Number of inpatients with an updated risk assessment and risk management plans within 24 hours of admission		19	20	19	23	30	11				
Percentage of inpatients with an updated risk assessment and risk management plans within 24 hours of admission	100%	95%	100%	100%	100%	97%	92%				

### 3.4 Quality improvement and governance

The Health Board’s commitment and investment in quality improvement is demonstrated in its Quality Improvement Strategic Framework. The framework promotes and encourages engagement of staff, at all levels and in all disciplines, in quality improvement activities.

This engagement is enabled through the quality improvement skills development programme ‘Enabling Quality Improvement in Practice’ (EQIIP).

Operational teams attend a nine-month educational programme to collaborate on a real work project, supported by an Improvement Coach and operational sponsorship. Improvement projects are identified by their connection to the Health Board's quality improvement goals and strategic priorities.

To date, circa 800 staff and over 95 projects have been supported through the programme, and more than 40 improvement coaches have been developed. The Health Board has 18 improvement advisors and a network of staff engaged in national improvement activities through the National Safe Care Partnerships.

The Health Board will be recruiting an eighth EQIIP cohort in January 2026, whose focus and strategic priority will be Customer Service and Patient Experience.

### **3.5 Population Health**

#### **Improving Vaccination Uptake**

Improving vaccination uptake rates across all programmes are a key priority within the Annual Plan for population health objective. A communications campaign launched at the beginning of 2025/26 with a large-scale leaflet drop, through Royal Mail delivery, to all households across west Wales. These leaflets guided the household members to consider if anyone had missed any immunisations and to contact the Health Board's communication team or their GP to check and book or their vaccine if required. Approximately 197,000 leaflets were delivered successfully, resulting in a good response of household members contacting the Health Board to check their vaccinations status.

#### **Childhood Immunisation**

The Immunisation Team has worked alongside the Child Health Team to examine uptake across our childhood programmes to identify any children waiting for vaccinations at their local GP practice. An active offer of support and additional clinic capacity is provided to a GP Practice with 10 or more children awaiting their vaccination appointment. In Q1 2025/26, the uptake of routine childhood immunisations by age five years had improved on the previous quarterly uptake at 89.6%. Further targeted work is underway, in line with our Immunisation Equity Strategic Plan, to explore the lowest uptake areas and work collaboratively with GP Practices to improve access and offer to parents and guardians. Improved messaging through Health Visitor contacts is also being explored by examining children who have missed their vaccination offer and notifying their Health Visitor to enable a targeted conversation to enable informed consent for their vaccine.

#### **School-Aged Immunisation**

The school nursing team actively offer extra vaccination clinics alongside their routine campaigns throughout the school year from January to July. At the end of the school year for 2024/25, a targeted additional offer for HPV vaccination was undertaken. This continued into summer clinics alongside the Immunisation Team and also through attending schools during exam results days. During these days, the team ensured there was also an offer for any missed vaccinations. In an attempt to improve uptake of HPV vaccinations, this year the school nursing team is considering a change to the timing of their in-school delivery to bring

HPV vaccination forward to February to provide a longer opportunity for offering mop up of missed doses during the school year.

We continue to work at reaching electively home educating (EHE) families using social media, local authority links, and posters displayed in venues that hold EHE events. The aim of this campaign is to raise awareness of vaccinations in this group, who are not served by our school nursing service, and not actively invited for routine immunisations.

Summer childhood immunisation additional clinics targeting the EHE community and looked after children will continue to be offered by the Immunisation Team.

### **Winter Respiratory Immunisations**

The Health Board continues to approach the Winter respiratory vaccination planning cycle focusing on reducing inequities in uptakes across our communities and learning from previous campaigns. All Flu vaccinations this year will be recorded on the Welsh Immunisation System (WIS) enabling improved monitoring and reporting. The focus this year has been a hybrid approach, predominantly delivered by Primary Care contractors but supported closely by the Immunisation Team.

The annual seasonal Staff Flu Campaign launched in September 2025. The Occupational Health team, supported by the Immunisation Team, are delivering vaccinations on the four acute sites, community hospitals and Integrated Care Centres, with 142 peer vaccinators being trained at ward/departmental level. Additionally, staff can drop into any community pop up clinic as well as attend their GP or a Community Pharmacy. As of 31 October 2025, there have been 2,895 staff vaccinated (24.2%).

All 48 GP Practices and 90 out of 96 Community Pharmacies have agreed to support and deliver the flu campaign; 30 GP Practices have asked for support to deliver flu to eligible housebound patients. These patients will be incorporated with the Covid-19 programme and will be vaccinated by co-administration.

Care Home residents across Hywel Dda are being offered both Flu and Covid-19 vaccination through co-administration, with 23 GP Practices agreeing to support across a geographical cluster-based approach to an entire care home when visiting. The remaining care home residents will be offered by the Immunisation Team.

Vaccination of two and three-year-olds is primarily offered by GP Practices through an initial offer and commenced on delivery of the Flu vaccines in mid-September 2025. From October 2025, the Immunisation Team provided nursery-based vaccination clinics across all nurseries. This improved accessibility of vaccine provision for parents / guardians is to aid improvement in uptake rates across this eligible group. Early nurseries visited have varied in uptake from between 20% to 45% of those children contacted. Additional visits to nurseries will be offered alongside direct contact with parents/ guardians throughout the remainder of the campaign. We are working proactively and closely with Primary Care and the Local Medical Committee to enable better access for this season's immunisation programmes.

The annual schools flu plan commenced on 15 September 2025. School Nursing colleagues will vaccinate all school aged children 4–15 years in school and offer mop up sessions following the initial offer and clinics to capture those children not available on the day of their visit. The school nurses are also ensuring they are offering injectable Flu vaccines during the school visit for those children unable to receive the Flu vaccine to ensure an equitable offer for all children.

A number of key actions have been identified to adopt throughout the programme this year with the ultimate aim of improving uptake, and are detailed below:

- Communication plan with clear and concise messages prepared for our eligible groups. This includes a targeted approach for our two and three-year-olds, nurseries, and schools ensuring parents / guardians are aware of the location of the teams. We have undertaken targeted promoted social media messaging to areas of low uptake.
- A single point of contact during the programme for all eligible population, parents / guardians and healthcare staff to discuss appointment, vaccine information or any general enquiries through the communication hub.
- Improving School aged uptake by ensuring supply of live attenuated influenza vaccines (LAIV) and injectable Flu vaccines are available at school visit and reducing inequity of offer for our children.
- Scaling delivery in nurseries from previous pilots and offering vaccination in all nurseries for our two and three-year-olds alongside their GP offer, improving accessibility for parents / guardians.
- Increasing drop in opportunities for healthcare staff across our site from previous 'Flu Fridays' to ensure drop-in opportunities available in Occupational Health, as well as increased accessibility across shifts, both early morning and late evening offer to be included for part time and night duty staff.
- Improved communication and monitoring with all Primary Care contractors commissioned to deliver vaccinations through weekly lunchtime webinars to offer additional training, information sharing, and provide uptakes by Cluster and Practice to encourage learning across teams.
- Targeted invitation by letter for all COVID-19 eligible groups, excluding care home residents, through a local pop-up venue.
- Improve invitation offer across Primary Care through support for practices to invite by letter using the WIS system to improve on their current systems and evidence equitable offer made across population group.

## Improving Smoking Cessation Rates

For the last four years, the smoking cessation team has exceeded the Welsh Government target for 5% of smokers to make a quit attempt via smoking cessation services:

Table 4: Percentage of smokers to make a quit attempt via smoking cessation services 2012 to 2025

Year	% Achieved
2021-22	5.23%
2022-23	5.29%
2023-24	7.44%
2024-25	8.91%

It is important to note that during Q1 2025/26, the smoking cessation team has already achieved 3.12% of smokers making a quit attempt.

In October 2025, the smoking prevalence rate was confirmed to have dropped in Hywel Dda from 40,200 in 2024/25 to 25,200 in 2025/26. Across communities, smoking prevalence ranges from under 13% in some areas to over 40% in others.

- The Smoking Cessation team treated 3,540 smokers during 2024/25; a 19.35% (574) increase on the 2,966 recorded in 2023/24.
- The four-week quit rate during 2024/25 was 1,681 (47.49%) – this figure included Carbon Monoxide (CO) verified quits and client self-reported quits.
- During Q1 2025/26, the Health Board recorded 173 (22.9%) CO verified quits; an improving position having moved away from client reported quits.
- The smoking team received 2,586 inpatient referrals during 2024/25; a 93.52% (1,298) increase on the 1,388 received in 2023/24.
- During 2024/25, 928 inpatients were treated by the smoking cessation team; a 69.34% increase compared with 548 inpatients treated in 2023/24.

Smoking cessation key actions include:

- Continue and strengthen services provided across Mental Health, Young People, Maternity, Hospital and Community. The team has adapted to provide support over the telephone, face to face, on a 1:1 basis or in a group.
- Sessions provided in the community to reach others who would not normally access our services. We attend events for homeless people, mental health drop ins, and many other wellbeing events.
- Broadening our offer of support to reach further communities where smoking rates are higher, including LGBTQ+ community, people with mental health conditions, homeless people, people with substance use issues, traveller community, Black, Asian and Minority Ethnic (BAME) communities and work more to prevent uptake in young people.
- We are exploring ways to improve CO verified quits through discussions with Community Pharmacy and Third Sector opportunities to improve accessibility for our smokers attempting to quit.
- In October 2025, we commenced the Population Health domain. Metrics include compliance of recording smokers on admission and inpatient smoking referral targets across our CCGs.

- We are exploring strengthening the roll out of e-learning 'Supporting Smokers in Secondary Care' module during 2025/26.

### **Action to improve weight loss**

Two in three adults and one in four children in our region are living with overweight and obesity. The Healthy Weight Oversight Group brings together staff from various departments to coordinate healthy weight initiatives across clinical and community settings and has guided the development of a Healthy Weight Implementation Plan 2025/27 aligned with the four strategic strands of the Healthy Weight, Healthy Wales strategy.

### **A whole system approach**

Our whole systems approach to tackling obesity and overweight has regional focus on improving food access and creating healthier environments, supported through collective action across local Public Sector Boards. We are working with local food partnerships to make nutritious options more available and affordable, while collaborating with the Welsh Institute of Physical Activity and Sport to develop strategies that promote physical activity. A review of food options at Health Board sites is commencing to promote healthier choices. This initiative has been discussed with the Swansea Bay executive as part of a coordinated effort to develop the regional health economy.

### **Regional implementation of the All-Wales Weight Management Pathway.**

The Health Board delivers a tiered approach to weight management, ensuring equitable access to evidence-based interventions from community initiatives through to specialist services. Our focus is on improving outcomes, reducing waiting times, and expanding digital options to meet growing demand.

### **Level 0: Community-based support**

A wide range of community initiatives provides universal entry points for healthy weight support, including walking groups, sports partnerships, food access programmes, and family-focused interventions. These services promote physical activity and healthy eating across all age groups.

Service availability snapshot (number of initiatives by area):

*Table 5: Community based support service availability by area*

<b>Area</b>	<b>Number of offers</b>
Region-wide	9
Carmarthenshire	8
Pembrokeshire	5
Ceredigion	3

We are strengthening referral pathways from community offers into structured programmes and working with local partners to address inequalities in access, particularly in rural areas.

### **Level 1: Self-directed support**

Early intervention services include the National Exercise Referral Scheme, Healthy Weight Healthy You digital platform, and the Be Well Service. In our 16-week Your Health Matters programme, 76% of participants reduced their waist size, 70% maintained or lowered BMI,

and 87% improved blood pressure. We piloted a health coaching service focused on weight, nutrition, and physical activity, achieving 73% self-set goal completion for participants. Expansion is planned.

Cumulative Health Coach referrals and treatment by year:

Table 6: Number of cumulative health coach referrals and number treated between 2021 to 2025

Year (April – March)	Referrals	Treated
2024-25	561	57
2023-24	507	76
2022-23	216	52
2021-22	57	14

**Level 2: Multi-component weight management services**

The Health Board provides a range of structured interventions at Level 2 to support adults and targeted groups in achieving sustainable weight loss. The Actively Being Well programme offers group-based support focused on physical activity, healthy eating and positive behaviour change, with capacity for 180 participants. Those who complete the program report improvements in portion control, exercise habits, mindfulness and meal planning. Patient Reported Experience Measures show high satisfaction, averaging 9.1 out of 10, with participants valuing the sense of community, practical tools and facilitator expertise. Sessions are currently delivered virtually, with plans to reintroduce face-to-face delivery as capacity allows.

The Foodwise for Life programme provides an eight-week, evidence-based approach to weight management, supporting up to 126 participants. Evaluation shows strong outcomes, with 85% of participants losing weight, 91% reporting improved confidence in managing their weight and 97% making positive dietary changes, including significant improvements in HbA1c among those with pre-diabetes. Additional support is available through dietetic assistant practitioner one-to-one interventions, offering personalised 30-minute sessions on portion sizes, food labelling and goal setting, with capacity for 360 participants. For pregnant women with a BMI of 30 kg/m<sup>2</sup> or above, a dedicated service focuses on healthy eating, physical activity and minimising excessive gestational weight gain.

These programmes combine education, behavioural support and practical tools to help individuals make lasting lifestyle changes. Improvement actions include reducing waiting times, expanding blended delivery models and strengthening referral pathways to ensure timely access and equitable provision across the region.

**Level 3 weight management services**

Level 3 services provide intensive, multidisciplinary support for individuals with complex needs and act as the gateway for weight loss medication and bariatric surgery referral. Access is available via health professionals or self-referral, following the All-Wales Weight Management Pathway criteria. As of May 2025, the service has capacity for up to 500 participants. A single biopsychosocial assessment is now used at first contact, replacing

multiple assessments to improve efficiency and user experience. Since January 2025, 30 patients have been referred for Level 4 surgical intervention.

Delivery is currently virtual, with plans to introduce hybrid options. Services are provided by a specialist team, including dietetics, psychology, occupational therapy and physiotherapy. Outcomes demonstrate strong engagement and significant improvements in behaviour and health outcomes.

The STRIVE multidisciplinary programme, delivered over 12-weeks, supported 92 participants in 2025, with 70 completing the course (76%). The programme achieved measurable improvements in weight-related behaviours, including portion control, healthier meal routines, increased physical activity and better sleep patterns. Patient experience scores averaged 7.9 out of 10, with most participants finding the programme helpful, though some reported challenges with digital access.

The Health Board delivers smaller, bespoke programmes to address complex eating behaviours and provide tailored support. The Food for Thought dietetic group achieved an 87.5% completion rate, with participants reporting improved awareness of emotional eating, adoption of cognitive behavioural strategies and greater confidence in managing lapses and cravings. The Mind Over Food psychology group enrolled 21 participants and achieved an 81% completion rate, with improvements in emotional eating scores, well-being and confidence in managing eating behaviours.

The CBT-T binge eating group supported eight participants, with four completing the course; despite the lower completion rate of 50%, all completers demonstrated improvements across psychological measures, including eating concerns, mood and anxiety. These programmes complement the wider pathway by tackling psychological and behavioural barriers to weight loss. Facilitators were consistently praised for empathy, understanding and expertise.

Going forward, we will introduce hybrid delivery models to address digital exclusion and improve engagement for those who prefer face-to-face support. Waiting list management will be strengthened through validation processes and pre-programme onboarding to reduce attrition. Medication initiation and referral protocols will be standardised to ensure timely access and consistent practice across the service.

#### **Level 4 weight management service**

Hosted by Swansea Bay UHB, this offers eligible patients from our region surgical interventions where appropriate; 30 patients have been referred since January 2025.

#### **Responding to growing demand**

The Health Board is addressing significant and rising demand for weight management services, with more than 4,100 people currently on Level 2 and Level 3 waiting lists - a growth of 1,000 in just four months, largely linked to the introduction of new GLP-1 inhibitors. This pressure has required a pause in routine reporting while capacity is managed. In response, we are implementing a series of measures to expand access and ensure sustainable delivery.

We are enhancing flexibility through digital solutions. Alongside healthy lifestyle tools available via the Health Board's app library developed with the Organisation for the Review of Care and Health Apps (ORCHA), we plan to procure a digital provider for Level 2 services and are developing a dedicated Tier 3 digital weight management service, in partnership with DDM Health. These initiatives will improve access and choice and reduce waiting times.

We are supporting the national Obesity Pathway Innovation Programme (OPIP) bid to pilot and evaluate new service models, including streamlined referral processes and enhanced multidisciplinary working. We intend to launch a Level 3 service for children and young people in the next financial year. Work is also underway to develop a Level 2 digital offer for younger populations, ensuring equitable access to evidence-based support.

Recognising the impact of rising demand on staff, we are investing in well-being initiatives and reviewing service models to create a more supportive working environment. This includes additional training, peer support and flexible working arrangements to maintain quality and resilience.

## **Action to improve diabetes prevention and management**

### **Diabetes prevention**

The Health Board delivers an enhanced Diabetes Prevention Programme (DPP) across all seven GP clusters, using practice data to identify at-risk individuals. Unlike the standard All Wales DPP, Hywel Dda allows self-referral and referrals from a range of healthcare professionals, improving access. In addition, a nine-week Foodwise for Life Plus programme element features weekly sessions combining nutrition, physical activity and diabetes-specific content. Sessions are longer than the All Wales DPP and held in local venues to reduce non-attendance. Delivered by Band 4 Health and Well-being Facilitators, the programme also provides digital tools and regular follow-up for ongoing support. DPP participants are referred to extra support as needed.

We are the first in Wales to offer a dedicated postnatal pathway for women with gestational diabetes. The programme supports diet and activity changes from four to six months after birth and includes personalised digital support via the MyDesmond Baby Steps app.

Between January 2023 and April 2025, 1,177 initial and 204 twelve-month follow-up DPP consultations were held, including 233 for gestational diabetes since April 2024.

Review of monitoring data shows that at twelve months from DPP commencement:

- 41.8% of participants returned to normal blood glucose levels.
- 24.2% improved but remained in the pre-diabetes range.
- None developed type 2 diabetes.
- 67.9% reduced their Body Mass Index (BMI), and a further 7.3% maintained their baseline weight.
- Patient experience was very positive, with significant improvements in knowledge of type 2 diabetes, and

- 97% felt listened to and said information was delivered in a way they could understand.
- 99% rated their overall experience in the DPP as good or very good.

Building on these strong outcomes, our next priority is to increase participation by turning more initial GP screenings into active engagement. Currently, around half of those identified with elevated blood glucose join the programme. We are working closely with GP practices and patients to improve this conversion rate, ensuring more people benefit from the support and tools available through the DPP. We are also focusing on closer evaluation of our innovation gestational diabetes service element within our prevention programme.

### **Patient self-management education**

The Health Board offers education programmes to support diabetes self-management. For type 1 diabetes (T1DM), the DAFNE course helps patients adjust insulin to suit their lifestyle, with 32 people completing it in 2023/24 and seeing an average HbA1c reduction of 6.8 mmol/mol after a year. Specialist dietitians also run group sessions on carbohydrate counting. For those starting insulin pumps, DAFNE Hybrid Closed Loop training is available, with 140 out of 371 referred patients completing the course by August 2025.

Adults with type 2 diabetes (T2DM) can access a variety of structured education programmes to support self-management, including DSMP, X-PERT Diabetes, X-PERT Insulin, Diabetes Awareness Sessions, individual sessions, and the digital MyDesmond platform.

### **Diabetes care pathways**

Adults with diabetes are diagnosed and monitored following national care pathways. T1DM is mainly managed in secondary care by multidisciplinary teams, as part of the Diabetes Super Six pathway. T2DM is chiefly managed in primary care, focusing on annual completion of the eight care processes.

There is notable variation and low completion rates for some of the eight recommended care processes across the Health Board, in particular regarding foot checks and urine albumin/creatinine testing.

We are addressing these challenges by investing in podiatry and insulin pump services to improve completion of the eight care processes and ensure consistency across GP clusters. Diabetes/Podiatry Footcare Assistants have been conducting in-person assessments and screen for atrial fibrillation during footcare visits.

### **Enabling remission from type 2 diabetes**

Remission from T2DM is now a realistic, evidence-based goal. In the All-Wales Diabetes Remission Service Pilot, 67% of Hywel Dda UHB participants achieved remission and 87% saw improved management. The Health Board is now considering sustainable funding for the service within value-based healthcare.

### **Diabetes services for children and young people**

Our paediatric diabetes service delivers multidisciplinary care across multiple sites, serving 215 children and young people with T1DM as of April–June 2025. While around 25% present with diabetic ketoacidosis at diagnosis, post-diagnosis rates fall to under 4%, reflecting effective management.

Diabetes technology is introduced from diagnosis, alongside the Wales SEREN education programme. For T1DM, education covers diagnosis, transition, pumps, and digital modules, with extra resources via Digibete. A SEREN T2DM pilot has started, but rollout is limited by the lack of a weight management service for young people.

The 2023/24 National Paediatric Diabetes Audit (NPDA) Unit Level Report shows our local median HbA1c for children and young people is the lowest in Wales and third lowest across England and Wales, at 51.5 mmol/mol (national average: 60 mmol/mol). Continuous glucose monitoring starts from diagnosis in 92.5% of cases, 77.4% begin insulin pump therapy early, and 75.4% use hybrid closed-loop technology, well above the England and Wales average of 62%.

According to the latest NPDA Dashboard data, the completion rate for the six key health checks in Hywel Dda is 49.2%, which is below the England and Wales average of 56.9%. This is due to the team's "one-stop shop" autumn reviews, which are undertaken between October and January, resulting in improved completion rates.

We are taking practical steps to reduce inequalities in diabetes care by “poverty proofing” services and improving access for families who may face financial or transport barriers. Additional clinics will bring care closer to home for communities in rural and deprived areas, supporting better attendance for checks and reviews.

### **Diabetes service awards and recognition**

Our diabetes teams and colleagues have received significant recognition for excellence in care and innovation:

- Secondary Care Nurse of the Year Award 2024 – *Amanda Hunter*
- Chair’s Commendation Award 2024 – *Pembrokeshire Community Diabetes CNS Team (shortlisted)*
- Community DSN of the Year Award 2024 – *Pembrokeshire Diabetes Team (finalist)*
- Inpatient DSN of the Year Award 2024 – *Debra Rees (finalist)*
- Diabetes Dietetics Team – *Winners of the AHA Welsh Government Award for Value-Based Care 2024*
- West Wales Health & Care Award 2023 – *Winners: Diabetes Remission Service, Excellence in Quality Health & Social Care*
- Welsh Healthcare Awards 2025 – *Finalists: Excellence in Diabetes Care*

Paediatrics:

- Dr Swe Lynn – *HEIW Consultant of the Year 2024/25*

### 3.6 Primary Care

Work has been progressing to develop a Strategic Plan for Primary and Community Services that articulates the ambition for a shift of services into Primary and Community Care. Engagement with the professional collaborations during the summer months has resulted in six priority areas being identified that will form the basis for the development of the Strategic Plan:

- **Prevention:** Provide Primary Care and Community Services that empower communities to support their own health and wellbeing by embedding the principles of a Social Model for Health and Well-being and reducing health inequalities
- **Partnership Working:** Primary, Secondary Care and Community Services will work in partnership to provide holistic care
- **Access:** Simplify, improve and enhance timely access to Primary Care and Community Services to ensure equity of access for patients and focusing on prevention
- **Digital Offer:** Improve digital and IT capabilities to enhance patient care, operational efficiency and outcomes
- **Estate and Infrastructure:** Review the estate needs across Primary and Community Services and ensure an effective strategy is place for delivering transformation, sustainability and contractual requirements within financial parameters.
- **Workforce and Sustainability:** Ensure that the current and future workforce are developed to ensure that they can meet the evolving needs of the organisation and patients

Underpinning this work is a commitment to supporting the 'Barbara Starfield's 4Cs approach' to delivering continuity of care to patients with an ambition to provide proactive care that considers the totality of their health conditions.

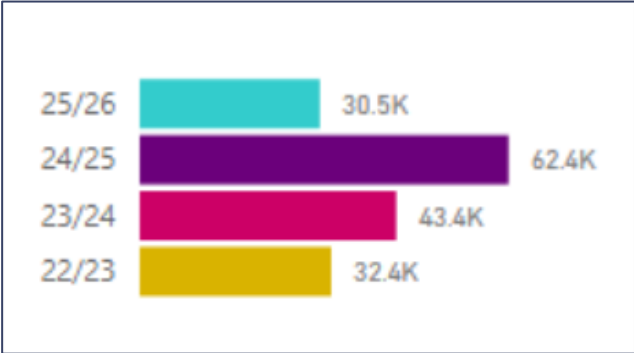
Two pharmacist led pilots are to commence in two Health Board Managed Practices, looking at patients with a coded diagnosis of Chronic Kidney Disease (CKD) and making a link to medically optimising their care with hypertension and the prescribing of statins; this work aligns with the 20-4-7 approach promoted by Public Health. The Value Based Healthcare team is engaged in supporting both pilots to ensure that the case for change can be supported. Feedback from Community Pharmacist and Medicines Management colleagues has supported greater consideration of chronic conditions management by Pharmacists.

Work is progressing to consider the development of a revised Local Supplementary Service for Long-Acting Reversible Contraception that can be commissioned across Community Pharmacy and GP Practices, delivering care for their registered population as well as on behalf of other Practices where they are able, with more specialist Hormone Replacement Therapy and Osteoporosis advice at Cluster level. A multi-layered, multi-professional approach is likely to improve the reach and accessibility of services to patients across the Health Board's geographical footprint.

Access to Community Pharmacy services continues to grow, with an increasing number of patients accessing the Common Ailments Service (CAS) and the Pharmacist Independent Prescribing Service (PIPS).

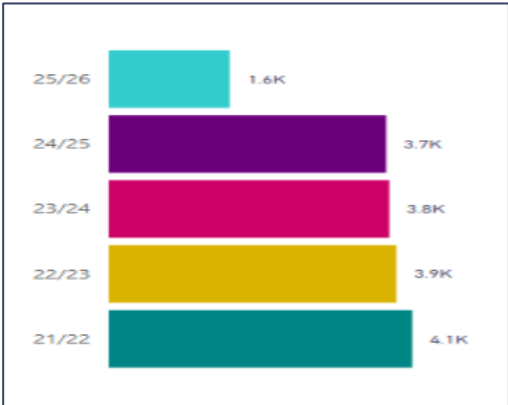
**Common Ailments Service**

In 2024/25, 63% of patients who accessed the CAS were female with the highest level of consultations in Amman Gwendraeth (12.8k), Llanelli (12.7k) and South Pembrokeshire (12.5k)



**Pharmacy Independent Prescribing**

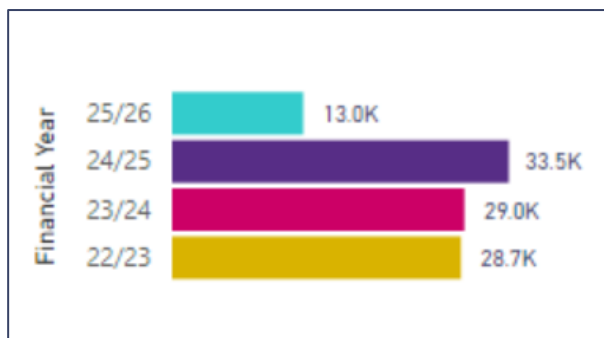
The highest level of consultations in the PIPS service mirrors the same spread of service provision as the Common Ailments Service.



**Integration of Hospital and Community based Eye Care Pathways**

Significant progress has been made in the implementation of the Optometry contract, Wales General Ophthalmic Services (WGOS), with the Health Board being recognised as the only Health Board across Wales achieving the 33% transfer of care as anticipated by Welsh Government.

WGOS2: 17.2k patients accessing WGOS2 were seen for Band 1 with a further 11.9k seen for Band 2.



WGOS3: In 2024/25, there were 1,291 claims for patients seen for Low Vision with a further 43 claims for Cerebral Visual Impairment. The majority of patients were seen in North Pembrokeshire, Tywi Taf and Llanelli.

WGOS4: In 2024/25, 355 patients were seen for Medical Retina Filtering and 26 for Medical Retina monitoring. The majority of patients were managed within the WGOS4 service or were discharged.

### **Increasing Community Nursing Capacity and Improving Access to Care**

Further faster funding has supported a 6% increase in District Nursing activity undertaken at weekends, through additional recruitment of Band 5 Registered Nurses, Band 4 Assistant Practitioners and Band 3 Health Care Support Workers.

Workforce reviews are being undertaken to support the increase of staff working weekends, in line with the National Community Nursing Specification, to increase capacity to support discharges at weekends.

Access to Specialist Palliative Care at weekends has increased, with a move from three county weekend cover for telephone advice and support, to in-county support for urgent face-to-face assessments, advice and support. This has resulted in patients receiving specialist review in a timely manner, reducing hospital attendances, and increased support for community teams.

### **Planned Care Initiatives**

Plans are being advanced to develop a community pain service, reducing reliance on secondary care provision. The Health Board continues to strengthen its community-based approach to Dermatology provision via the delivery of minor procedures by GPs with a specialist interest in Dermatology.

### **Embedding Transformative Change Within our Operational Structures**

Notwithstanding the progress described above, the Health Board is also seeking to further enable the transformation from traditional models of service delivery by strengthening the alignment between leadership structures within our Community and Integrated Medicine Clinical Care Group (which incorporates acute medicine and community services) and our Primary Care functions.

To enable progress towards a place-based care and neighbourhood focused delivery model, we are evaluating opportunities to further strengthen service provision across our

integrated localities, increasing the connection and integration between our hospital and community structures and our primary care clusters. This will enable a more integrated approach between medical sub-specialties and the management of chronic conditions and further enable the shift from historical more traditional models of care.

### **3.7 Digital**

Digital transformation in healthcare is no longer a future aspiration it is a present necessity. For the Health Board, embracing digital and innovation means reimagining how care is delivered, accessed, and experienced. The convergence of technology and clinical practice offers an unprecedented opportunity to improve patient outcomes, streamline operations, and create a more sustainable health system. From electronic patient flow and eObservations to advanced analytics and virtual care, these tools are reshaping the way clinicians work and patients engage with their health journeys.

However, technology alone does not deliver transformation; people and culture are at the heart of this change. Realising the full potential of digital innovation requires investment in skills, leadership, and governance to ensure adoption is meaningful and inclusive.

By fostering a culture of experimentation and continuous improvement, the Health Board is positioning itself to leverage emerging technologies responsibly and effectively.

This approach prioritises patient choice, accessibility, and efficiency, ensuring that digital solutions enhance, not replace, the human elements of care.

The Health Board is committed to leveraging digital innovation to enhance patient experience, improve accessibility, and deliver efficient healthcare services. Our approach focuses on empowering patients with greater choice and control over their care, while ensuring inclusivity and operational effectiveness. The Health Board's digital transformation is not just about technology, it is about people, both patients and staff. By prioritising patient choice, accessibility, and efficiency, we are creating a healthcare system that is inclusive, sustainable, and fit for the future.

Specifically, over the last year the Health Board has undertaken the following:

#### **Patient Choice through Digital Engagement**

The introduction of the Patient Hub has transformed how patients can interact with their healthcare journey.

This secure, user-friendly platform enables patients to:

- **Digital Letters and Notifications:** Patients receive appointment details and reminders online instead of by post. It allows patients to choose their preferred communication method, whilst recognising accessibility requirements, such as large font letters, braille, voice memos
- **Integration:** Works with the NHS Wales App and Patients Know Best for access to records.
- **Digital Inclusion:** Offers support for those with limited digital skills.

By providing these options, we are giving patients more autonomy and flexibility, aligning care delivery with their individual needs.

### **Improving Accessibility for All**

Inclusivity is central to our digital response. Recognising the diverse needs of our population, we have taken significant steps to ensure that digital tools do not create barriers. The first Braille outpatient letter has been developed, ensuring that visually impaired patients receive information in a format that meets their needs. This initiative reflects our commitment to accessibility across all communication channels, whether digital or physical.

Aligned with this the Health Board is committed to developing a Patient Services Centre. The proposed Patient Service Centre (PSC) represents a significant step towards modernising patient engagement and operational efficiency.

By leveraging advanced digital platforms, the PSC will centralise and streamline key functions, including:

- Appointment Management – Patients will have greater flexibility to book, reschedule, or cancel appointments through digital channels, reducing waiting times and improving convenience.
- Information and Guidance – A single point of access for accurate, up-to-date health information, empowering patients to make informed decisions about their care.
- Referral Coordination – Digital workflows will ensure timely and transparent referral processes, minimising delays and enhancing continuity of care.
- Follow-up Care and Support Services – Automated reminders and virtual support options will help patients stay engaged with their treatment plans.
- Data Management and Communication – Secure, integrated systems will enable real-time communication between patients and care teams, improving responsiveness and trust.

At the heart of this transformation is a comprehensive 360° view of patient information, supported by robust digital infrastructure. This unified record will allow clinicians and staff to:

- Access complete, accurate patient histories instantly.
- Make better-informed decisions based on real-time data.
- Coordinate care seamlessly across departments and services.
- Reduce duplication and administrative burden, freeing time for direct patient care.

By combining digital innovation with patient-centred design, the PSC will deliver:

- Greater Choice – Patients can interact with services in ways that suit their preferences, whether online, via mobile, or through assisted channels.
- Improved Accessibility – Digital tools remove barriers to care, particularly for those in rural or remote areas.

- Enhanced Efficiency – Streamlined processes and automation reduce delays, optimise resources, and improve overall service quality.

Ultimately, this initiative aligns with the Health Board’s vision of a modern, integrated health system where technology empowers patients and professionals alike, ensuring care that is timely, personalised, and sustainable.

### **Driving Efficiency and Sustainability**

Digital tools are reducing administrative burden and improving operational efficiency. By shifting from paper-based correspondence to digital platforms, we are:

- Minimising delays in communication.
- Reducing printing and postage costs, supporting our sustainability goals.
- Freeing up staff time to focus on direct patient care.

These efficiencies contribute to a more responsive and cost-effective health service. The Health Board is committed to deploying core clinical systems, including electronic patient flow and eObservations, to eliminate inefficiencies and establish a sustainable framework for optimising patient movement across hospitals.

### **Transforming Patient Journeys through Real-Time Flow**

The Health Board’s adoption of Alcidion’s Miya Precision platform marks a pivotal step in modernising patient care. The electronic patient flow solution provides real-time visibility of bed capacity and patient movement, enabling clinicians to make informed decisions quickly. By replacing manual processes with automated workflows, the system reduces delays in admission and discharge, ensuring patients are placed in the most appropriate setting for their needs. This proactive approach not only enhances operational efficiency but also supports patient choice by minimising unnecessary transfers and optimising care pathways.

### **Improving Accessibility and Safety through Integration**

The integration of electronic observations (eObs) alongside patient flow technology ensures that vital signs and early warning scores are captured and analysed automatically. This functionality alerts clinicians to deterioration promptly, improving patient safety and reducing the risk of harm. For patients, this means faster interventions and a smoother care experience. For staff, it eliminates duplication and manual data entry, freeing up time for direct patient care.

By embedding these tools into existing clinical systems, Hywel Dda is creating a seamless digital ecosystem that supports accessibility and continuity of care across acute and community settings.

### **Driving Efficiency and Resource Optimisation**

Efficiency gains are central to Hywel Dda’s digital transformation approach. Electronic patient flow technology enables better utilisation of beds and clinical resources, reducing bottlenecks and improving throughput across hospitals. Automated discharge planning and task management help avoid delays that can cascade through emergency departments and inpatient wards. These improvements translate into shorter waiting times, reduced length of

stay, and a more predictable operational environment, all critical for meeting rising demand and elective recovery targets. The Health Board's phased rollout, supported by training and change management, ensures that staff adoption is high and benefits are realised quickly.

### **Digital Inclusion: Bridging the Gap for All Patients**

Our Digital Inclusion Team is playing a pivotal role in ensuring that digital transformation benefits everyone, regardless of their digital confidence or access to technology.

Their work focuses on:

- **Supporting Patients / Staff with Low Digital Literacy**  
Through tailored guidance and one-to-one support, the team helps patients navigate platforms like the Patient Hub, ensuring they can confidently manage appointments and access health information online.
- **Community Outreach and Partnerships**  
Collaborating with local councils, libraries, and voluntary organisations, the team delivers digital skills training and promotes access to devices and connectivity for those who need it most.
- **Inclusive Design and Accessibility**  
The team advises on accessibility standards for all digital tools, ensuring compliance with Web Content Accessibility Guidelines (WCAG) and incorporating feedback from patients with disabilities. Initiatives such as the first Braille outpatient letter demonstrate our commitment to inclusive communication beyond digital channels.
- **Reducing Digital Exclusion Risks**  
By identifying patients who may struggle with digital engagement, the team provides alternative options, such as telephone support or printed materials, so that no one is left behind in our digital journey.

This work ensures that digital innovation enhances equity, not inequality, and that every patient has the opportunity to benefit from modern healthcare solutions.

## 4.0 Strengthening how we run the NHS

### Retention

At the beginning of our retention journey in 2021, we were the first Health Board in Wales to make a proactive investment in specific strategies to create environments that support, nurture and retain our workforce, as well as develop and expand our future pipeline. When our Nurse Retention Group was initially established in 2022, we committed to deliver a 1% reduction in turnover of nursing and midwifery staff in 2022/23; however, we achieved beyond this ambition, as illustrated below.

Table 7: Percentage of nurse retention turnover 2022 and 2023

Nurse Retention Turnover		Turnover %
Registered	12 months to Dec 2022	8.19%
	12 months to Dec 2023	5.15%
Unregistered	12 months to Dec 2022	8.94%
	12 months to Dec 2023	7.16%

We estimated a resulting cost benefit of £2,163,626 based on the avoidance of higher agency cost to cover vacancies. This amount does not include the costs associated with recruitment and productivity loss had we needed to fill the vacancies.

Our Nurse Retention Group continues to meet on a four-weekly basis, and our Action Plan has been mapped to the NHS Wales Nurse Retention Plan to ensure alignment with national priorities. Since 2022, we have continued the positive trajectory of implementation and our rolling 12-month turnover figure was 5.77% in September 2024 and 4.47% in September 2025, meaning an overall decrease of 1.30% in year. We are also extremely proud to continue to be the best performing NHS organisation in Wales for our registered nursing turnover rate.

Additionally, our Medical Retention Group was established in 2023 and our Allied Health Professionals and Healthcare Scientists Retention Group followed in December 2024. Both continue to meet on a six-weekly basis and Action Plans are in place with the ambition to achieve the same positive trajectory of implementation as our Nurse Retention.

### Staff wellbeing

Our Staff Appreciation Programme has been in place for the past three years and, despite budgetary constraints, has delivered meaningful impact across the organisation. Feedback from staff has been overwhelmingly positive, with many expressing that they feel genuinely valued, particularly through events and long-service recognition initiatives. These activities have helped foster a sense of belonging and pride across teams.

The Programme supports several strategic objectives:

- Well-being and Resilience: Recognition contributes to emotional wellbeing and helps build resilience across teams.
- Enhanced Compassionate Care: High morale enables staff to deliver more empathetic, attentive care, which is especially critical in emotionally demanding environments.
- Reduced Burnout and Turnover: Recognition helps buffer against stress and burnout, leading to better staff retention and continuity of care.
- Retention and Recruitment: A culture of appreciation enhances the organisation's reputation as an employer of choice.
- Performance and Innovation: Valued staff are more likely to contribute ideas, take initiative, and drive service improvements.

Work has also commenced on a local implementation framework to support the All-Wales Anti-Sexual Harassment Policy. The organisation initially began reviewing this agenda in response to the introduction of the *Worker Protection (Amendment of Equality Act 2010) Act 2023*, which came into effect in October 2024. Current work is focused on endorsing a culture of sexual safety, establishing clear mechanisms for managing complaints, and developing systems to collect and analyse data. This will enable the organisation to assess the effectiveness of interventions aimed at reducing the harm caused by sexual misconduct and supporting staff wellbeing.

#### **4.1 Workforce**

##### **Strategic Intent**

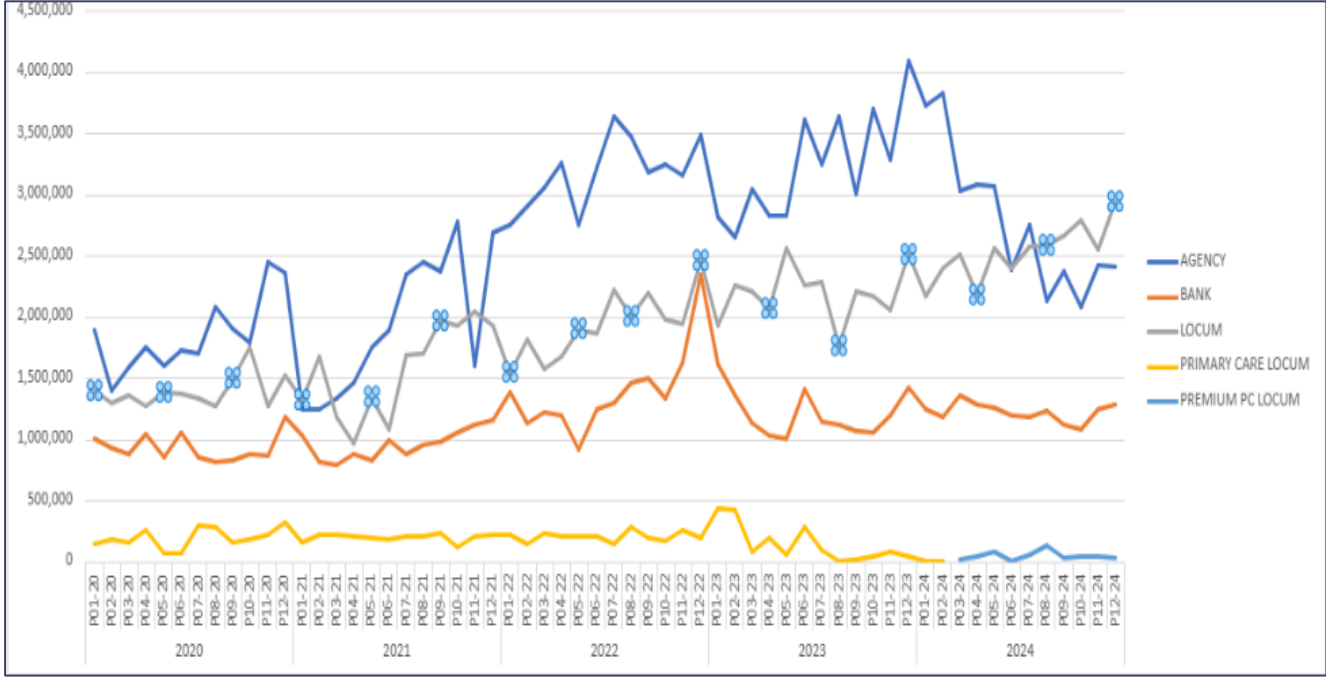
The overarching goal is to maximise workforce productivity and sustainability by reducing dependency on variable pay mechanisms, particularly agency, locum, and interim staffing whilst maintaining service continuity and quality.

##### **Key Targets and Mandates**

- 30% reduction in agency expenditure in FY 2025/26 vs. FY 2024/25.
- Zero agency spend for Administrative & Clerical (A&C) and Estates & Ancillary roles (achieved).
  - Administrative & Clerical (A&C): The target for zero agency usage has already been achieved and sustained for over two years.
  - Estates & Facilities: The zero-agency target has already been met and maintained for over a year.
- Elimination of off-contract agency usage (achieved except for one legacy invoice).

As illustrated by the graph below, this is a complex picture to assess with a number of interdependencies; however, the overall picture indicates a reduction in our agency pay spend consistently over the last 12-24 months. This is nuanced by professional group and

service challenges which are present across most areas of delivery, as the resource moves into other “pay” areas i.e. Bank. A reduction from £4m to under £2.5m can be illustrated.



Our critical focus is on the following two professional groups relating to agency spend:

- Medical Agency: A savings target of £1.3m had been set against a 2024/25 agency spend of £4.45m. The transfer of agency consultants into substantive posts have delivered gross recurrent savings of over £500k. Work is continuing to transition remaining agency staff; this enabled us to reduce from twenty-four workers to under ten with alternative workforce pipelines and service redesigns being continually assessed. A medical workforce stabilisation plan has been developed to standardise agency usage and ensure effective controls.
- Nursing Agency: With a savings target of £139k from a baseline spend of £464,170k. Since Month 1 (2025/26), spend has reduced to £244k, reflecting a 62% reduction. This was achieved through a combination of reduced agency usage and lower All-Wales agency rates, positive trajectories have continued with occasional increases. Further monitoring is in place and implementation of newly qualified nurse (NQN) recruitment plans throughout November/December 2025 should further benefit our improving position.

**Strategic Actions to support the critical groups:**

- Medical Workforce
  - Critical reviews of funded establishments
  - Alternative workforce supply i.e. International Recruitment for fragile services e.g. Annual National Conference of Indian Psychiatric Society
  - Developmental pathways and grow your own models for medical
  - Ongoing work to align national pathways to local needs

- Modelling of options linked to critical workforce gaps (i.e. Community and Integrated Medicine)
- Roll out of Allocate medical rostering and enhanced scrutiny of Additional Duty Hours to identify root causes
- Continuation of exit plans in place for remaining agency staff.
- Nursing
  - Ongoing monitoring and reinforcement of stabilisation programme
  - Modelling of “unavailability” options (annual leave sickness, study leave)
  - Monitoring headroom usage (annual leave, sickness, study leave)
  - Corporate nursing team leading workforce effectiveness interventions.
  - Effective management of workforce pipelines: Newly Qualified Nurses, Grow our Own Programmes

### **System-Wide Challenges**

As we take account of a number of system challenges, as noted below:

- Demand outstripping capacity in secondary care.
- Seasonal pressures and unavailability driving temporary staffing.
- Waiting List Initiatives (WLI) and insourcing creating pay disparities.
- Population health and infection rates impacting staff availability.

We are seeking to realign our models of care and service delivery to ensure that we are developing sustainable models that reflect the challenges identified; fundamental to this will be the work taking place aligned to pathways and urgent models of care which will require different workforce models. This is a long-term approach, which needs to be maintained whilst we manage the short-term realities of agency usage as we transition to new sustainable models. Workforce planning is a fundamental aspect of this approach, which is continuing to evolve as formulated under our Workforce Regeneration Framework: Replenish/Recruit, Retain, Reskill, etc.

### **4.2 Leadership and succession planning**

Evidence continues to reinforce that the biggest impact on organisational culture is leadership. The Health Board has a track record of leadership development delivery based on our values and behaviours, alongside knowledge and skills, responsibilities, ownership and accountability.

The leadership development programme targets several strata across the organisation and consists of:

- A programme for the Board, Independent Members and Executive team consisting of regular seminars, Board development days and Executives' quarterly Time-Outs, all underpinned by performance objectives and tailored personal development plans. Executive Coaching provision is also provided as appropriate. Reverse mentoring has also formed part of the Board development programme.

- A programme aimed at Senior Operational Leaders within Clinical Care Groups across the Operations directorate. The programme includes:
  - Psychometric profiling, personal development planning and coaching
  - System Leadership Collective Programme involving CCG triumvirate team leaders the COO and operational deputies meeting quarterly
  - Clinical Care Group Team Effectiveness sessions
  - Vanguard Clinical Care Group Systems Change projects
  - Reverse mentoring focussed on equality, diversity and inclusion
  - 360 leadership feedback
  - Personal development action planning support (future personal and career development) will be offered at the end of the 24 months.
  
- LEAP - a leadership development programme designed specifically for leaders across the Health Board at Band 7 – 8c and Medical and Dental pay grades. Each cohort is made up of leaders from different sites, specialties, services, directorates and of mixed experience. LEAP is an Organisation Development programme and therefore participants are encouraged to identify practical actions to make changes in the workplace to help move themselves, their service and the organisation to a 'better' place. LEAP is not only a personal development programme but is also designed to help change the organisation and address real work challenges by empowering leaders to build on their own and their teams' strength and to develop individual and collective performance, such as leadership capability, capacity, confidence and resilience and is fundamental in equipping leaders to improve team, service and patient outcomes. Since its launch in 2023, 205 leaders have benefitted from attending LEAP, with a further four cohorts planned for 2026.
  
- A new Hywel Dda Manager Programme for supervisors and managers Bands 3 to 7 was launched in June 2024 and so far, 115 people have completed the programme; three cohorts are ongoing with another six cohorts planned for 2026.
  
- Health Board leaders are also regular participants on All Wales programmes, such as CLIMB and the Academi Wales Summer and Winter schools.
  
- Bespoke leadership development interventions for leadership teams are also designed and delivered by the Organisation Development (OD) Team.

Digital Leadership is a critical area for further learning as we move from 2025 into 2026 and beyond. A programme for Evolving Leadership practice has been planned and has already begun for our Executive Team. Health Board leaders are also regular participants on All Wales programmes such as CLIMB and the Academi Wales Summer and Winter schools. Bespoke leadership development interventions for leadership teams are also designed and delivered by the OD Team.

Having a Coaching provision in an organisation is essential as it benefits both the organisation and its employees. For the organisation, it fosters employee development, enhances performance, and promotes a culture of continuous learning, ultimately driving organisational success. From the employees' perspective, coaching provides tailored

support for personal and professional growth, offering constructive feedback that aligns with career aspirations. This empowerment boosts confidence, clarifies goals, and enhances problem solving abilities, leading to increased job satisfaction, also fostering a sense of belonging and investment from the organisation. By investing in coaching, organisations not only retain talent but also create a supportive environment where employees feel valued and motivated to contribute effectively.

The Health Board launched its internal coaching network in April 2023; the network has continued to grow, now with 45 qualified coaches who provide 1-2-1 coaching support to leaders and staff across the organisation. These coaches are supported by a coaching lead who provides Continuous Personal Development and supervision to ensure safe, consistent and up-to-date practice. Our internal coaching network is supplemented with external coaches for senior leaders such as our Executive team, their deputies and assistant directors etc.

2024 saw the creation of a Regional Coaching Network (RCN) between the Health Board and the three local authorities. This RCN now has 80 qualified coaches and this collaboration is creating opportunities for both health and local authority staff, expanding the coaching provision and enabling cross boundary coaching support, along with networking and relationship building with partner organisations.

To continue extending and embedding our coaching culture, a 'Coach Approach Programme' was designed with the aim to equip leaders with the skills and knowledge of leading with a coaching style as a part of everyday work. This two-day programme is now integrated into all leadership and management programmes along with stand-alone programmes to meet organisational demand. The programme consists of staff from all groups. To date, 39 cohorts have taken place with 491 leaders attending the Coach approach programme. Two further cohorts will take place in 2025 with a further 25 attendees.

### **Succession Planning**

The Board as a whole has experienced a 50% turnover over the last two and a half years. Succession planning arrangements and successful recruitment drives have resulted in all Board posts now being filled substantively.

Raising the leadership aspiration amongst Clinicians resulted in an internal Aspiring Medical Leadership Programme (AMLPP) for newly appointed and aspiring medical leaders from across the organisation, with the aim of creating a community of medical leaders who will help to deliver excellent clinical services within the Health Board's boundary. Two cohorts were provided with 38 participants attending delivery days and action learning sets.

Alongside this, the Health Board joined with partner organisations, such as Health Education and Improvement Wales (HEIW), Academi Wales and neighbouring Health

Boards with staff participating in leadership programmes, designed to support succession planning; for example:

- Aspiring CEO
- Aspiring Executive Director
- Talentbury
- Summer School
- ARCH Clinical Leadership Programme
- CLIMB

The next step of raising the leadership aspiration was to establish an internal Aspiring Assistant Director talent pool in 2023, by creating development centres for leaders at Bands 8b and 8c to ascertain who was ready for the next step in their career. Participants volunteered to take part in a robust and detailed process which included stakeholder and values sessions, five psychometric profiles and interviews with an Executive Director panel.

This Aspiring Assistant Director Talent Pool reaped 20 applications, with thirteen going through to a development centre and six being invited to join the talent pool; five of the six leaders have gained a higher promotion within the system. The learning from this robust process has transformed how we now recruit senior leaders at Bands 8c and above.

The attraction and appointment of high-quality candidates into senior leadership roles (Bands 8c – Band 9) is key to the Health Board being able to deliver on its current objectives and future plans. Since July 2024, a senior leadership talent acquisition process has been in place.

The importance of getting the right senior leader in the right role is key to the Health Board's success and therefore the psychometric assessments alongside traditional selection methods provide an objective and evidence-based approach to identify leadership potential and 'fit' for the role. In addition, it raises the benchmark for leadership appointments, offers assurance regarding the calibre and suitability of candidates and supports targeted personal development. By identifying development needs early on in their tenure, leaders are supported to transition and grow into their roles effectively, enhancing performance and stability at a time when strong leadership is more vital than ever.

This approach commenced within the revised Operations structure and has since expanded across other Health Board directorates. The last 18 months has seen 36 successful appointments through this process and has also seen six new Executive Director deputies recruited into roles.

Deputies for Executive Director role also form part of a wider system leader network for the Health Board, which also comprises the Clinical Care Group (CCG) Triumvirate Leaders, alongside the Executive Team.

The Health Board's comprehensive approach to leadership development and succession planning is a key corner stone of its sustainability arrangements to underpin a high performing organisation

### **4.3 Clinical leadership**

The New Medical Leaders Development programme (NMLP) was launched in 2021 for new Consultants to attend a development programme within the first year of joining the Health Board.

Since its inception, this nine-month programme has developed further to include GPs and specialists to learn more about the Health Board as an organisation, whilst simultaneously establishing a network of peers from across the system. The programme explores a range of topical areas pertinent to medical leaders who are new in post. To date, four cohorts have taken place with 58 participants.

The Health Board also runs a Peer Mentor network for medics with over 80 mentors across the organisation trained by the Royal College of Physicians. An SAS Doctor Forum is well established with a regular programme of events for our doctors. We have also implemented the SAS Charter.

As part of its commitment to fostering a respectful and inclusive workplace culture, the Medical Education Department offers the Identifying and Acting Upon Unprofessional Behaviours in the Workplace workshop, which is aimed at Clinicians. This workshop begins with an introduction to professionalism, featuring a powerful film of real-life scenarios developed by the Health Board to prompt reflection and discussion. It includes Active Bystander training, empowering participants to challenge inappropriate behaviour constructively. A dedicated "Speaking Up" session is also part of the workshop and explores practical strategies for raising concerns within the Health Board. Throughout the workshop, good leadership is actively promoted as a key driver of professional behaviour and cultural change, encouraging participants to lead by example and foster psychologically safe environments. By November 2025, 60 clinicians from across the Health Board will have attended.

The Medical Education team embeds leadership development across all educational programmes. Our trainers and educators benefit from targeted leadership training through initiatives such as the annual Trainer Development Day and Trainer Month, which explore how leadership principles enhance their roles as educators.

For our resident doctors, leadership training is integrated into both classroom-based learning and simulation scenarios, ensuring they develop the confidence and skills to lead effectively in clinical settings.

Grand Round Education sessions are held weekly across the Health Board, providing updates, topic specific workshops, and including internal and external speakers.

The Health Board was the first in Wales to host a National Medical Associate Physicians (MAPs) Conference in 2025, with over 80 delegates in attendance. Plans are underway for another National conference in June 2026 aimed at all resident doctors in Wales – DRAIG – Doctors Routes Ahead: Interests and Growth.

The STAR programme brought together senior sisters and charge nurses (Band 7) from across the Health Board, to develop individuals within these posts and create a network of leaders across the organisation. Four cohorts attended between 2020 and 2023 with a total of 51 delegates.

Aims of the programme included:

- To develop confidence and skills in applying leadership principles in their everyday work, in order to empower themselves and their teams.
- Learn to balance the need to lead an effective and high performing team and deliver an excellent service.
- Be equipped with practical skills and tools which will enable the Senior Sisters/ward managers to lead and manage their team effectively to enable improved patient outcomes.
- Develop an understanding of the complexities of healthcare across boundaries, particularly focusing on the relationships between primary, secondary care and community care.
- Gain confidence to motivate teams, work across boundaries and adapt to system challenges.
- Create a culture of innovation and aspiration to best practice standards of nursing care and patient experience.
- To create a network of leaders across the organisation.
- To release the potential of the Health Board's investment in the Senior/charge nurse posts becoming fully supernumerary.

Recently, STAR has been relaunched in a different format with a different focus. The programme is now aimed at aspiring and current Senior Sisters, Charge Nurses and Team Leads (Bands 6 and 7), and is focused on professional development rather than leadership development. The programme covers topics such as complaints management, networking, professional standards, compassionate leadership, Equality, Diversity and Inclusion, digital literacy, accountability and regulations. Two cohorts, one for Band 6 and one for Band 7, commenced in November 2025.

To support the growth of Value-Based Health Care (VBHC) and explore its connection with Prudent Healthcare, a shift in mindset was necessary. It was agreed that the most effective way to achieve this was through the development and delivery of a high-quality education and training programme. Participants included colleagues from Swansea Bay, Aneurin Bevan, Powys, and Betsi Cadwaladr Health Boards into the "Bringing Value to Life" (BVTL) programme. Three courses were delivered covering approximately 150 staff.

An Advanced Practitioners Course was designed as an accelerated programme to embed value within the organisation; 45 staff undertook the programme working in small project groups culminating in a final presentation event to senior executive members of the Health Board.

Clinical Staff also participate as appropriate in the HEIW Advanced Clinical Leadership Programme; Academi Wales Summer School etc.

Additionally, each Clinical Group has its own professional development network that meets regularly and includes:

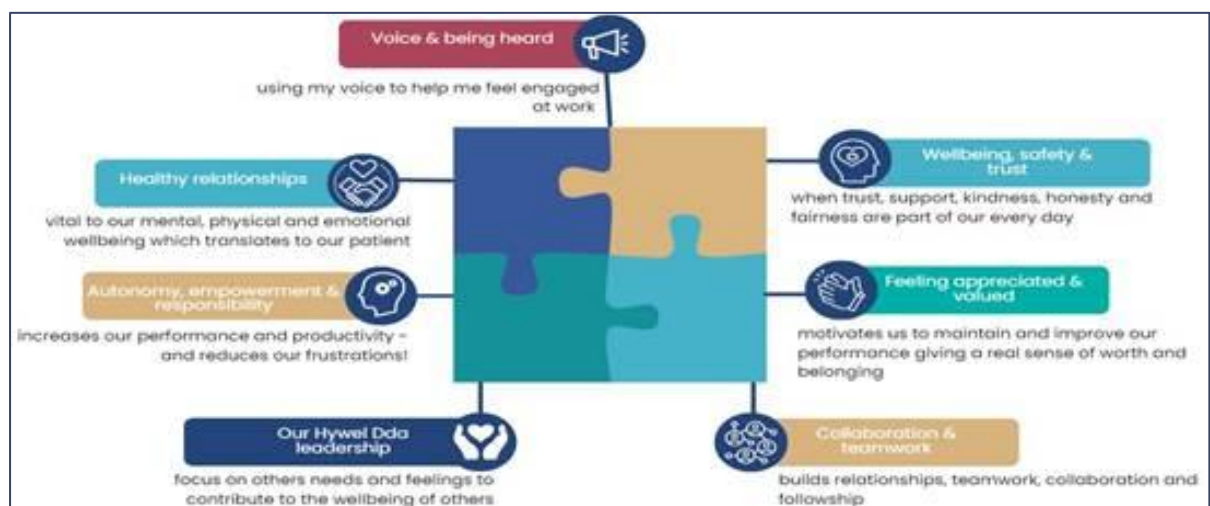
- The Medical Leadership Forum
- The Allied Health Professionals and Health Care Scientists Forum
- The Senior Nurse Leader Forum

#### 4.4 Culture

The unprecedented challenges our staff faced during the pandemic led to a fundamental change in the Health Board's approach to partnership working. From the outset, our staff faced almost unimaginable difficulties at work which called for new ways to support them, informed by deeper listening and engagement. The scale of this challenge was significant; however, in recognition of the value of our Trade Unions, our Executive Director of Workforce and Organisational Development committed to strengthening and embedding partnership working across the Health Board.

Working closer with our Trade Unions and hearing their messages at Executive level gave the organisation an opportunity to holistically consider our longer-term cultural journey and our workplace experience for our staff. As a result, and based on the Human Resources Disrupted model, we introduced a new Organisational Development Relationship Manager (ODRM) role to our Organisational Development team, to focus on promoting and providing proactive and responsive support to local teams to enable healthy and happy working cultures.

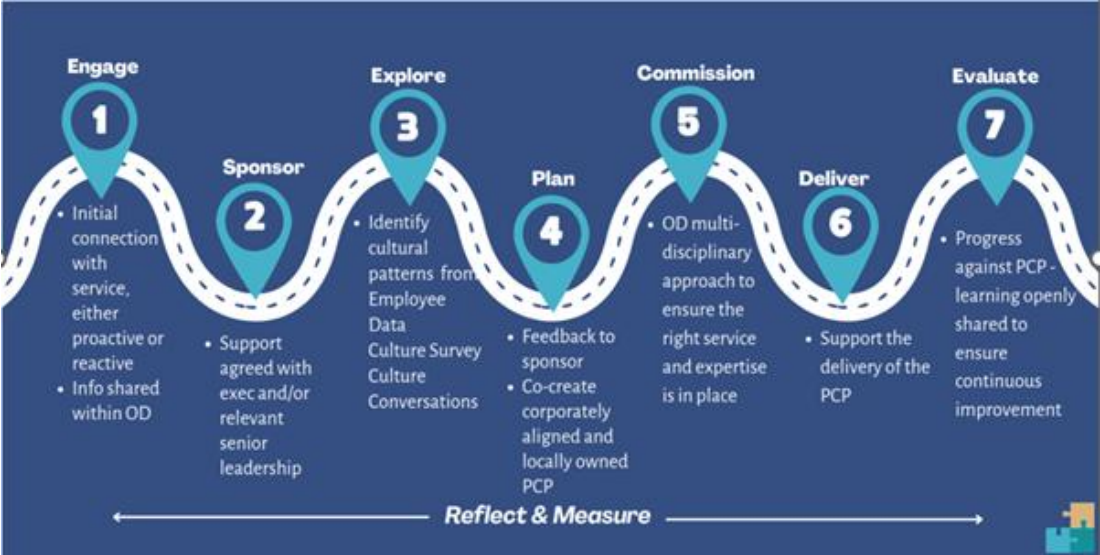
As the cornerstone of this work, we co-developed a Cultural Jigsaw (see below) with our Trade Union colleagues, which brings together the seven key themes our staff told us are important to them and what would contribute to them having better experiences at work, thus acts as an essential compass for our ambition to “*put people at the heart of what we do*”. Our ODRMs use this as a framework to co-create corporately aligned and locally owned People Culture Plans to improve staff experience.



Once the Jigsaw was finalised, our Trade Union colleagues fully encouraged and supported the Health Board to embed the change across the whole system. We now regularly work together on some of our most challenging cultural hotspots to seek resolution together, as opposed to on opposite sides, and regularly listen to our staff jointly.

To date, our ODRMs have used the culture framework to put in place internal mechanisms to ensure the right service and expertise for the Clinical Care Groups and wider staff groups, including:

- multi-disciplinary approach to commissioning relevant interventions within Organisational Development
- triage approach to sharing intelligence with wider Workforce and Organisational Development teams to ensure methods and responsibilities are agreed, with a particular focus on informal case resolution
- develop accessible Toolkits (one for each of the seven themes) to support leaders to develop and engage their teams and feel better equipped to manage cultural change.
- design a roadmap (see below) which they use when engaging with services/teams to illustrate how their culture journey will be supported.

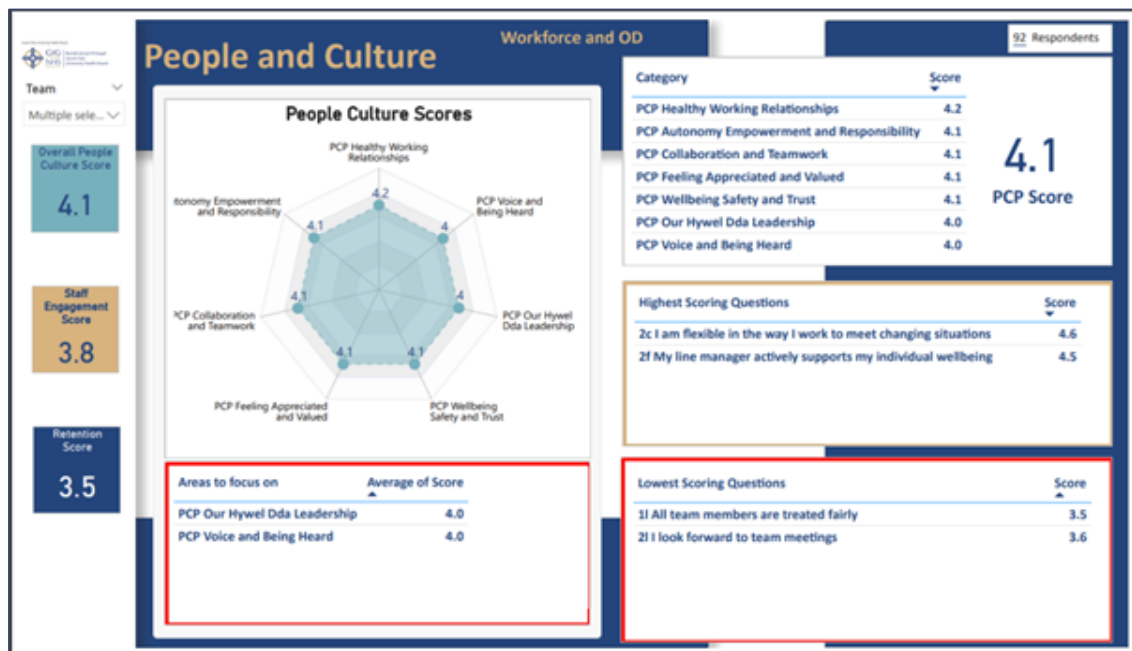


In the summer of 2023, we enriched the exploration phase of our ODRM support by introducing a new culture survey aligned to the culture framework. Designed in line with the culture themes, the survey provides three measures: people culture, engagement and retention. This richer exploration phase has strengthened our ODRMs’ ability to build a true picture for each service/team based on the interpretation of qualitative and quantitative intelligence from a range of workforce data sources relating to employment experience and working cultures.

Methodically triangulating the qualitative and quantitative insights we discern enables nuanced responses to emerging issues in the Health Board’s micro cultures. It also allows us to identify and compare areas of strength across teams, scaling and spreading effective practices to support and strengthen the wider meso culture. Additionally, we are now in an

excellent position to track cultural progress year on year and have an organisational comparator for local survey results within teams/services.

We use dashboards to enable us to engage with senior leaders about the cultural priorities for their areas. An example of a culture dashboard is shown below.



Since its introduction and up to 30 September 2025, our ODRMs have closed and reported on culture surveys for 77 teams across the Health Board as part of the exploration phase of their culture journey, with a total of 1,567 staff participating. Several teams have now sufficiently progressed in their culture journey to undertake follow-up surveys to evaluate the success of their co-created people culture plans to date.

Targeted Organisational Development Interventions are then used to support the culture journey, focused on leadership, team effectiveness, psychological safety, restorative practice, and values-based behaviours. Other interventions focus on championing staff experience and leading efforts to enhance staff engagement, wellbeing, and voice through co-designed programmes and feedback mechanisms.

Restorative practices are being used to address dysfunctional conflict early, promoting resolution through dialogue and mutual understanding. This approach supports psychological safety and strengthens team cohesion. The Healthy Working Relationships agenda continues to be embedded across the organisation through restorative practices. In cases where dysfunctional conflict has impacted working relationships, the organisation is able to draw upon several trained practitioners to facilitate either structured conversations or formal mediation between the parties involved. These interventions aim to bring resolution through reflection, increased awareness, and mutual understanding; ultimately helping to restore trust and rebuild professional connections.

Monthly pulse checks on our culture are taken and reported to the Board via our Board Outcomes Survey. Every month 1/12<sup>th</sup> of our workforce is invited to complete the short

survey which includes the engagement index questions contained in the national staff survey. This helps us to monitor that our staff engagement remains on track.

#### **4.5 Organisational structure**

Phase 1 (Parts A and B) of the Operations function operational structure review and supporting organisational change process (OCP) has concluded with the successful establishment of new Clinical care Groups (CCGs) with supporting governance structures. These came into effect from 1 April 2025. A small number of vacancies remain after the initial recruitment round with plans being progressed to re-advertise.

As outlined during the consultation phase prior to commencement of Phase 1, it was anticipated that following establishment of the new CCG structure and successful recruitment of CCG triumvirate leadership teams, a further phase would be required in order to appropriately configure services and teams below CCG senior leadership level to ensure effective and appropriate alignment with the service portfolios within each CCG.

Phase 2 proposals are advancing at pace and whilst the proposals are not expected to be as wide reaching, a number of CCG specific proposals may require the OCP process to be followed.

We also anticipate the work to transform our UEC services will result in a number of OCPs in terms of how services operate.

The scope and impact of our Clinical Services Plan on service redesign will also be potentially significant as we progress through the next stages of consideration, evaluation and Board determination.

There are also a large number of OCPs in the system that involve service change or redesign (some are minor and involve a small number of directly impacted staff) and these are being progressed as part of business as usual arrangements.

#### **4.6 NHS Wales Staff Survey**

The 2023 National Staff Survey presented several challenges for the organisation in achieving a meaningful response rate. Factors such as the geographical spread of the organisation, historical challenges with staff engagement, survey fatigue, and the length of the questionnaire contributed to a notably low level of participation. Reflection and learning from the 2023 experience informed the development of a comprehensive handling plan for the 2024 survey.

The plan was designed to:

- Educate and Inform: Provide all staff with clear, concise, and timely information about the survey's purpose, participation process, and confidentiality assurances.
- Maximise Engagement: Use a variety of communication channels to reach the diverse workforce, ensuring broad representation across departments and roles.

- **Build Trust and Transparency:** Emphasise the survey's role in shaping workplace improvements and policy decisions, reinforcing the organisation's commitment to actionable change.
- **Foster a Culture of Openness:** Encourage open dialogue around survey results and future actions, positioning the survey as a vital feedback mechanism within organisational culture.

To drive engagement across the three counties, several initiatives were implemented in the lead-up to and during the eight-week survey period for 2024:

- A robust communication strategy, featuring tailored physical and digital messaging, aimed at educating staff and dispelling historical myths.
- A dedicated SharePoint page housing all relevant information about the national staff survey.
- A light-hearted video featuring the Head of Culture and Workforce Experience, aligned with current social media trends to boost visibility and engagement.
- A comprehensive roadshow programme delivered across all counties, led by CWE teams and Organisational Development Relationship Managers (ODRMs), with support from staff side representatives to strengthen trust and familiarity.
- The 2024 survey marked a milestone for the Health Board, achieving its highest-ever response rate of 19.7%, an increase of 7.68% from 2023 and the fourth-best improvement across NHS Wales. This placed the organisation third overall for response rates among Welsh health boards, a significant leap from its previous position at the bottom.

Learning from the 2024/25 escalation process highlighted the effectiveness of local ownership in driving meaningful change. This approach will be further embedded in 2025/26 through:

- Issuing paginated reports to identified leaders, with a request to identify three local priorities for action over the next 12 months.
- Integrating progress against these priorities into Executive Improving Together performance discussions.
- From the surveys conducted in 2023 and 2024, action plans for health board wide implementation have been drawn up and their progression is scrutinised via the People, Organisation Development and Culture Committee.

### **Equality, Diversity and Inclusion (EDI)**

In September 2024, a workforce equality insights report was produced for our Public Board, which led to a dedicated Board Seminar to further explore the findings of the report and case studies were presented and discussed in December 2024.

Following this seminar, an EDI Taskforce was introduced, led by an Independent Member and supported by the Director of Workforce and Organisational Development/Deputy Chief Executive. Work has progressed via the task force and a further Board Seminar in August

2025 identified three priority areas for the next 12 months: Board Allyship; Data and Intelligence and Engagement; and co-production of actions.

The taskforce has learnt:

- Addressing inequality needs to be everyone's business.
- Engagement and change at all levels of the organisation will take vision, commitment and trust.
- We need our workforce to help us know and understand what the issues are.
- That we might not get it right every time and that we are on a learning journey.

The taskforce continues and a "Big Conversation" was held on 6 November 2025; further plans will now emerge following that session with members of our workforce.

As a Health Board, we have previously provided single-sex health services to trans patients, in accordance with their acquired gender and, staff who are trans have been able to use the changing, showering and toilet facilities of their choice. This will need to change, as a result of the Supreme Court judgement on the definition of sex as applied under the *Equality Act 2010*, as people who are transgender are no longer permitted to use the facilities of their acquired gender.

The need to provide single-sex and mixed-sex facilities could have significant financial, time and logistical implications, particularly given that many of our buildings are older and may be more difficult to adapt. Currently, no changes have been made by the Health Board whilst the Code of Practice goes through Parliament.

The Health Board has an Armed Forces Covenant Health Action Plan that focuses on understanding healthcare needs, reducing disadvantages, supporting veterans through awareness and training, and promoting the Health Board as an employer of choice for veterans and the Armed Forces community.

Key improvements in the last six months include:

- Increase in number of veterans identified and recorded in primary and secondary care to support the implementation of the priority treatment pathways where service-related health needs are identified; and
- Improved understanding of the treatment pathways for veterans with co-occurring mental health and substance misuse issues.

The Health Board has participated in a Bevan Exemplar project, following an internal quality improvement programme to improve the experiences of patients with sensory loss. This resulted in the development and testing of a "Sensory Loss Aware Self-Assessment Checklist". It is a practical and co-produced tool developed with input from a wide range of stakeholders, including healthcare professionals, patients, and third sector service leads and advocates. This Checklist is designed for use by healthcare professionals and department leads who are responsible for ensuring their services meet the communication and information needs of people with sensory loss.

It serves two key purposes:

- A clear guide for staff, outlining what services should do to support people with sensory loss; and
- A benchmark for identifying “what good looks like” in accessible communication and inclusive service delivery.

The Checklist is structured around five core themes, each containing specific, measurable requirements informed by various stakeholder engagement and evidence from staff and patient feedback. This work will be presented at a workshop being hosted by Welsh Government to showcase best practice to support the implementation of the recently revised Accessible Communication and Information Standards.

### **Welsh Language**

The Welsh Language is a core part of the Health Board’s identity and commitment to delivering equitable, person-centred care. Serving communities across Carmarthenshire, Ceredigion, and Pembrokeshire, we recognise that language is more than a means of communication - it is integral to dignity, understanding, and wellbeing. Our Welsh Language Strategy aligns with the Welsh Language Standards and the principles of the Welsh Government’s *Mwy na geiriau / More than just words*, ensuring that patients can access services in their language of choice. This approach enhances patient experience.

The Health Board is supporting Welsh language use within clinical settings, particularly for priority groups identified in *More than just words*. The current priority is working with Speech and Language Therapy teams to support them in being able to provide clinical consultations through the medium of Welsh and working to meet the requirements of Standard 110.

The Health Board has made significant progress in embedding the Welsh language across its services, but there is still work to do.

Many frontline teams now offer proactive Welsh language greetings, and digital platforms increasingly provide bilingual options. Recruitment campaigns emphasise the value of Welsh language skills, and staff training opportunities continue to grow.

These include a suite of courses available to our staff in partnership with Canolfan Dysgu Cymraeg, for our staff to improve or learn Welsh Language skills. The Health Board has recorded the language skills of 97.4% of its staff with 26% at level 3 or above; 328 members of staff accessed various Welsh language learning opportunities during 2024/25. Between 1 April and 31 October 2025, 109 staff have accessed Welsh learning opportunities within the workplace.

In support of overall awareness of the role and commitment to the language, a Welsh Language Week in Primary Care included awareness sessions and confidence-building activities for staff working with children. The Health Board is currently taking advantage of the new training course offered by the Canolfan Dysgu Cymraeg Cenedlaethol in terms of Dementia.

However, challenges remain in achieving consistent availability of Welsh speakers in all settings and ensuring that language choice is seamlessly integrated into patient pathways. Moving forward, our focus is on strengthening workforce capability, improving digital accessibility, and fostering a culture where the Welsh language is visible, valued, and used naturally across the organisation.

## **5.0 Board local issues**

Work to refresh our 2018 strategy 'A Healthier Mid and West Wales' is underway, and we are currently in our second phase of engagement, looking more closely at some key areas that feel we need to understand more about ahead of finalising the content of the strategy.

As this is a refresh of our strategy, we believe that the principles remain largely unchanged but recognise that there are elements which we need to accelerate, in order to address some of the challenges that we recognised would likely arise and are now realised.

The refreshed strategy will consider what has changed since 2018, and how we will need to work differently from how we initially set out to improve population health and provide a stronger preventative health model through a social model for health and wellbeing, reduce health inequalities and inequity, embrace and use digital in the delivery of services, as well as share that ownership with our patients so they can manage their information and health, and develop resilience in our estates and wider communities against climate change.

We also recognise that this will need to be a strategy in partnership with not just other health boards as we plan and deliver care on a regional basis but will also need to work closely with local authorities, Public Service Boards and Regional Partnership Boards, as we will need wider system support to help this transformation. Access to universal services, education and training and transport are key examples of areas outside of our direct influence but critical to our strategy delivery.

We will be providing a refreshed draft strategy to our Board in January 2026 for its consideration and endorsement, with a view to develop this into a published document shortly after.