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

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Board – Month 11 2025/2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Executive Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Executive Director of Finance

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 11, 2025/26 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The IPAR consists of this SBAR and the following supporting documents:

- IPAR overview – includes data, issues and actions for the Health Board's key performance improvement measures.
- IPAR dashboard – provides statistical process control (SPC) charts for each of our performance measures. The dashboard can be accessed via: Integrated Performance Assurance Report (IPAR) dashboard as at 28th February 2026. Ahead of the Committee meeting, the dashboard will also be made available via our internet site. For help navigating the IPAR dashboard, email the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

We have adopted the '3As assessment' approach to highlight either an alert, advise or assure status for each of our key performance metrics:

- **Alert (may require discussion):** There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
- **Advise (to monitor):** There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
- **Assure (to note):** There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Note: Audiology data has been included retrospectively for the period April 2025 to December 2025. This data is provisional pending completion of a data cleansing exercise within the service and development of formal internal and external reporting processes, including sign-off protocols.

Cefndir / Background

Welsh Government published the 2025/26 NHS Wales Performance Framework in January 2025. The framework outlines the Ministerial priorities for this financial year, along with key targets.

Asesiad / Assessment

Performance overview

The table below summarises the latest position for the 2025/26 ministerial priorities and our local key performance metrics. Additional data, details of key issues and actions being taken to address can be found in the supporting document *IPAR overview*.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Number of Pathways of Care delayed discharges	n/a	Feb 2026	241	Usual	n/a	Trajectory missed by over 5%	Alert
% MH assess within 28 days (age 18+)	80%	Jan 2026	75.2%	Concerning	Hit and miss	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Jan 2026	18.9%	Concerning	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Feb 2026	1,144	Usual	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Jan 2026	10	n/a	n/a	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Jan 2026	52.6%	Concerning	Missing target	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Feb 2026	3,290	Improving	Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Feb 2026	73.6%	Improving	Missing target	n/a	Alert
Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	n/a	Jun 2025	29.1%	Concerning	n/a	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Jan 2026	57.0%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Feb 2026	2,380	Concerning	Missing target	n/a	Alert
Financial in month deficit	n/a	Feb 2026	£2,014,000	Improving	n/a	Trajectory met	Alert
% Autumn 2025 COVID booster uptake for eligible residents	75%	Dec 2025	55.3%	n/a	n/a	n/a	Alert
Ambulance handover > 4 hours Hywel Dda	0	Feb 2026	148	Improving	Missing target	Trajectory met	Advise
Ambulance handovers > 1 hour Hywel Dda	0	Feb 2026	534	Improving	Missing target	Trajectory met	Advise
Ambulance handover > 45 minutes Hywel Dda	0	Feb 2026	621	Improving	Missing target	n/a	Advise
% R1 eyecare patients waiting within 25% delay to target date	95%	Jan 2026	39.9%	Usual	Missing target	Trajectory missed by over 5%	Advise
% pts on single cancer pathway within 62 days	75%	Jan 2026	61%	Improving	Missing target	Trajectory met	Advise
C. difficile: Number of confirmed cases (in-month)	8	Feb 2026	15	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Feb 2026	44.2%	Improving	n/a	n/a	Advise
% of children receiving HPV by age 15	90%	Sep 2025	77.1%	n/a	n/a	n/a	Advise
% sickness absence rate of staff	6.60%	Feb 2026	6.60%	Concerning	Hitting target	n/a	Advise
Dental: % of Welsh resident children accessing NHS primary dental care treatment within 12 months	n/a	Jun 2025	41.5%	Improving	n/a	n/a	Advise
Median time ambulance arrest category calls	8	Jan 2026	7	n/a	n/a	n/a	Advise
% uptake of flu vacc - 65+ years	75%	Mar 2026	67.6%	n/a	n/a	n/a	Advise
S. aureus: Number of confirmed cases (in-month)	6	Feb 2026	5	Usual	Hit and miss	n/a	Advise
E. coli: Number of confirmed cases (in-month)	21	Feb 2026	31	Usual	Hit and miss	n/a	Advise
Follow-up appts - delayed >100%	0	Feb 2026	15,477	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Feb 2026	43	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Feb 2026	10,255	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Feb 2026	15	Improving	Missing target	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Sep 2025	89.6%	Usual	Missing target	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
% MH assess within 28 days (age 0-17)	80%	Jan 2026	93.1%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	Jan 2026	90.7%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	Jan 2026	93.4%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Dec 2025	3,754	Improving	n/a	Trajectory met	Assure

Triangulating our data: 1st April 2022 to 28th February 2026.

- Quality safety and risk – the number of incidents causing moderate harm or above reported by month, continues to decrease since July 2025 (185), with February reporting 142. February showed a decrease in the number of patient falls (196) from January (258). However, medication errors have decreased from 149 in June 2025 to 87 in February 2026. We continue to have significant numbers of high and extreme risks on the risk register with 555 in February 2026. There has been a significant decrease in the number of new complaints received since September 2025 (250) with 89 in February. The number of new infections increased slightly from January (55) with February reporting 64 cases (S. aureus =5 cases, E. coli=33 cases, C. difficile=15 cases).
- Workforce – In month, staff sickness decreased slightly with 6.5% in February 2026. This is a change to the previous increasing trend. Short-term sickness decreased slightly to 2.2% for February whilst long-term sickness increased slightly to 4.4%. Note: The sickness metric reported in the alert section of this SBAR includes 12 month rolling data. Nursing and midwifery agency usage continues to decrease since March 2024 (255). In February it was 75.22 whole time equivalent (WTE). Rolling 12-month staff turnover percentage has remained static and at its lowest point recorded at 6.7%.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	130	305	142	
Patient falls	189	301	196	
Medication errors	61	149	87	
Pressure damage developing or worsening during care	54	215	86	
New complaints by month received (ward level not available)	66	250	89	
Number of high and extreme risks (health board & function only)	381	555	555	
Infections: new cases	53	81	64	
Infections: C. difficile cases	9	23	15	
Workforce				
Number of staff/contractor related incidents	98	186	136	
Sickness - short term	1.7%	2.8%	2.2%	
Sickness - long term	3.3%	4.9%	4.4%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.7%	9.8%	6.7%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.38	379.79	75.22	
Bank (WTE)	212.99	352.85	334.45	

Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 11 2025/2026 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	A&E – Accident and Emergency BGH – Bronglais General Hospital ED – Emergency Department GGH – Glangwili General Hospital IPAR – Integrated Performance Assurance Report MIU – Minor Injury Unit PPH – Prince Philip Hospital PODCC – People, Organisational Development and Culture Committee SPC – Strategy and Planning Committee FPC – Finance and Performance Committee WAST – Welsh Ambulance Services University NHS Trust WGH – Withybush General Hospital

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care Strategy and Planning Committee People, Organisational Development and Culture Committee Finance and Performance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology Integrated Impact Assessment Template
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement. Integrated Impact Assessment Template
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge Integrated Impact Assessment Template
Risg: Risk:	Better use of resources through integration of reporting methodology Integrated Impact Assessment Template
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology Integrated Impact Assessment Template
Enw Da: Reputational:	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a Health Board, which then may impact recruitment and staff morale. Integrated Impact Assessment Template
Gyfrinachedd: Privacy:	N/A Integrated Impact Assessment Template
Cydraddoldeb: Equality:	N/A Equality Impact Assessment

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 28th February 2026

For further details see the ‘System measures’ section of the latest IPAR dashboard.

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Overview

Key improvement measure summary

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Outpatients – new and follow-ups
Referral to treatment
Ophthalmology R1 (high-risk patients)

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Emergency departments – Hywel Dda
Ambulances – Bronglais Hospital
Emergency departments – Bronglais Hospital
Ambulances – Glangwili Hospital
Emergency departments – Glangwili Hospital
Ambulances – Prince Philip Hospital
Emergency departments – Prince Philip Hospital
Ambulances – Withybush Hospital
Emergency departments – Withybush Hospital
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Cancer

Single cancer pathway

Mental Health

Mental health assessments within 28 days
Therapeutic interventions following primary mental health assessment
Psychological therapy waits
Neurodevelopmental assessment waits

Diagnostics and therapies

Diagnostic waits over 8 weeks
Therapy waits over 14 weeks

Infections

C. difficile and E.coli cases
S. Aureus

Workforce

Staff sickness

Finance

Financial Deficit

Statistical process control (SPC) charts

Why use SPC charts?
Anatomy of a SPC chart
Rules for special variation within SPC charts
Understanding SPC icons

This document summarises performance against our key improvement measures for 2025/26. This includes measures relating to our enhanced monitoring from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. We have also included measures for delayed ways of care, nurses in po[s]
and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard: Integrated Performance Assurance Report (IPAR) dashboard as at 28th February 2026.

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Alert
(may require discussion)
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

Advise
(to monitor)
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

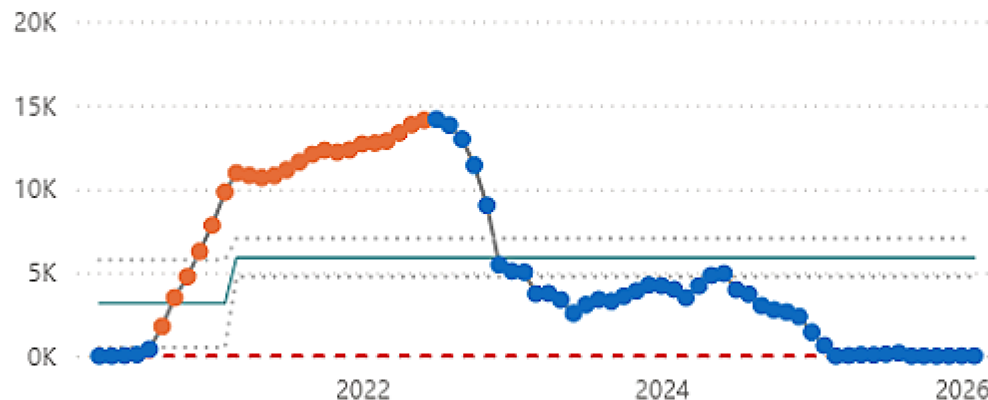
Assure
(to note)
There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Waits over 52 weeks for a first outpatient and delayed follow up appointments

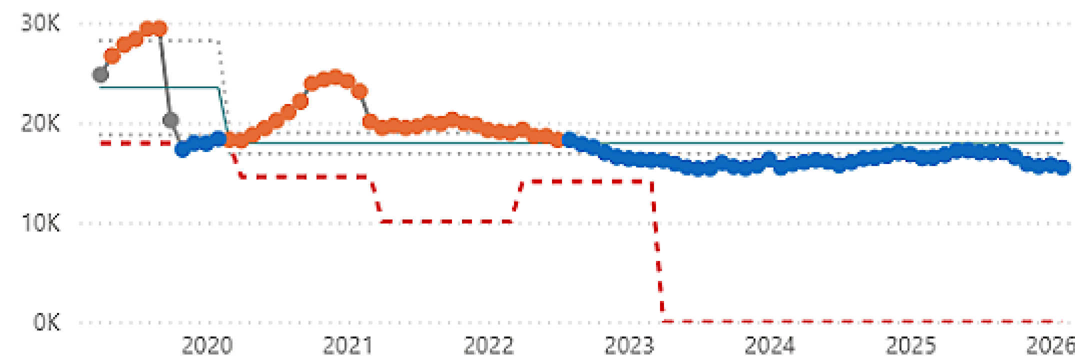
(Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Follow up outpatient appointments delayed over 100% past target date



Performance is showing an improving trend, with 15 breaches in February 2026. Fewer than 20 breaches have been recorded over the last six months.

Performance is showing an improving trend at 15,477 in February 2026, the lowest level since November 2023.

Key challenges / issues

- The Health Board recorded 15 patients with a 52-week wait for a first outpatient appointment. Breaches (10) in General Medicine and Care of the Elderly (COTE) are due to consultant availability. All patients have appointments in March 2026. Breaches in Neurology (4) and Ophthalmology (1) are due to last minute clinic cancellations.
- All specialties are expected to reach the target of zero by March 2026.
- Active management and triage of referrals has resulted in no waiting list growth, whilst a reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future.
- Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.

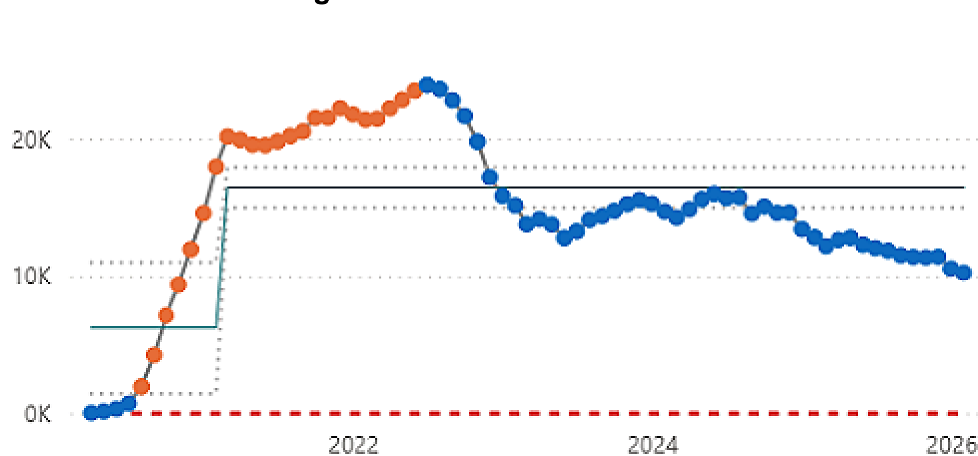
Key actions / initiatives	Due date
• Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).	31/03/26
• Delayed follow-up wait reduction to below 12,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines.	31/03/26
• 2025/26 demand and capacity plans are being used within all Planned Care services and aim for zero patients waiting over 36 weeks in key specialties, optimising capacity and forecasting.	31/03/26
• The Welsh Government First Outpatient Plan "A" is continuing until March 2026. The local plan to deliver over 13,000 extra appointments contributes to NHS Wales' goal of reducing outpatient waits by 200,000 by March 2026, with a focus on eliminating breaches to 26 weeks in most specialties.	31/03/26
• The Welsh Government First Outpatient Plan "B" is being progressed, with support from insourced specialties and outpatient staff. These projects are managed by a well-established transformation team, including a senior project manager and are underpinned by a Senior Governance Review Panel.	31/03/26

Waits over 52 and 104 weeks from referral to treatment (RTT)

(Enhanced monitoring condition and Ministerial priority)

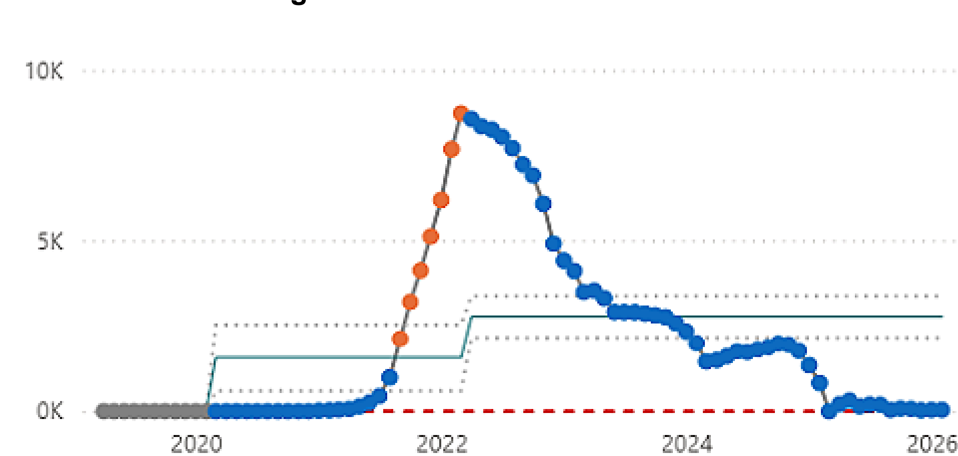
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Performance is showing an improving trend. The 10,255 breaches recorded in February 2026 is the lowest recorded since November 2020.

Patients waiting over 104 weeks from referral to treatment



Performance is showing an improving trend. 43 patients were waiting over two years for treatment in February 2026. There have been fewer than 100 breaches for six consecutive months.

Key challenges / issues

- Ear, Nose & Throat (ENT) recorded 15 breaches over 104 weeks for RTT due to a reduced level of theatre staffing and cancellations. The 17 breaches reported in Orthopaedics in February are attributable to the two week pause in elective activity resulting from the national joint cement shortage. The projected residual impact of this interruption is expected to result in approximately 11 breaches during March 2026.
- The 5 breaches in Gynaecology relate to equipment failure in theatre. The 5 Ophthalmology breaches are all awaiting outsourced plastic treatment and have appointments booked in March 2026.
- Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, affecting treatment timelines.
- Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and pre-op process variations across specialties.
- Additional risks include prioritisation of cancer backlogs, and urgent cases consuming rescheduled theatre slots.
- Inpatient/day case activity exceeds pre-pandemic levels, but challenges remain with late starts, early finishes, and fallow (non-utilised) theatre lists due to workforce constraints.

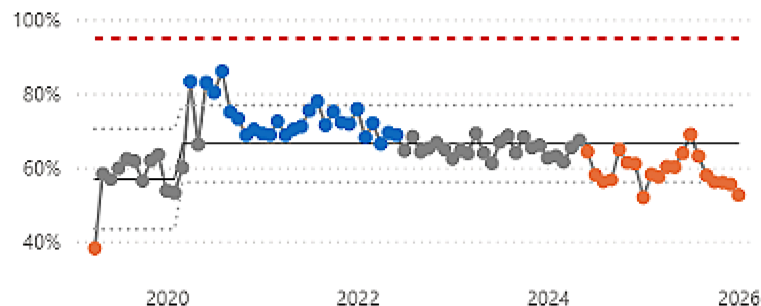
Key actions / initiatives	Due date
• Specialties are working to maintain and improve their 104-week positions in quarter 4 2025/26, the ambition being to clear all breaches.	31/03/26
• The directorate continues to focus on maintaining waiting time targets in 2025/26 using demand and capacity forecasts to highlight risks and guide funding allocation.	31/03/26
• Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties. This includes a full staffing review and implementing evidence-based guidelines on appropriate staffing and list loading per procedure bundle with a view to eliminating variation between sites. The Theatre steering group will also be looking at theatre utilisation of funded sessions.	31/03/26
• 2026/2027 demand and capacity plans are developed alongside the annual planning requirement.	31/03/26

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

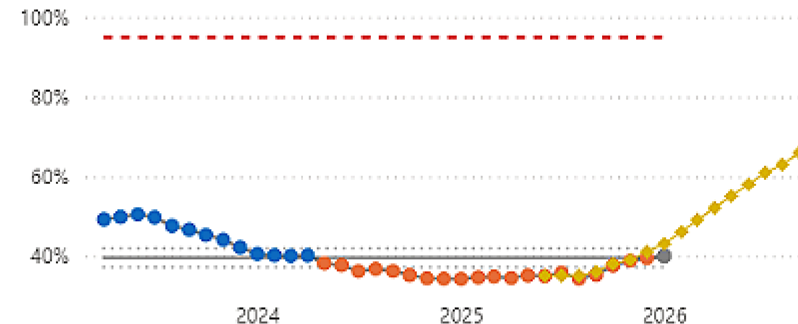
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Performance in January 2026 (52.6%) shows concerning variation, the lowest compliance in over a year.

% R1 appointments waiting within their clinical target date or within 25% beyond their clinical target date



Performance in January 2026 (39.9%) shows usual variation, the fifth consecutive month of improvement and the highest compliance since April 2024. However, our recovery trajectory (43%) was not met.

Key challenges / issues

- Improvements in R1 patients waiting performance has led to a deterioration in R1 appointments attended performance. The advice from the Welsh Government is to focus on the patients waiting target as these are higher risk. Booking these patients, who have already breached, will improve this trajectory but will directly affect the appointments attended trajectory as patients have already breached. Once corrected, R1 appointments attended performance will naturally improve as capacity grows and the backlog reduces.
- Increasing outpatient delivery has been stalled by interdependencies, including outpatient staffing and medical records constraints in Carmarthenshire and staff sickness in Pembrokeshire. This has prevented increasing outpatient delivery by seven clinics per week, which is part of the recovery plan for R1 delivery.
- Expansion to intravitreal service has been hindered by general clinics in Amman Valley Hospital (AVH) being run out of the outpatient department utilising the injection room. A room is being refurbished in AVH to accommodate some of these clinics, but progress is slow.
- Reduced workforce continues to impact on delivery, with vacancies for two whole time equivalent (WTE) consultant posts and two WTE specialty, associate specialist and specialist (SAS) doctor posts.
- SAS doctor took a work break from September 2025 to May 2026 resulting in the loss of 10 sessions per week for a period of 6 months, impacting on delivery.

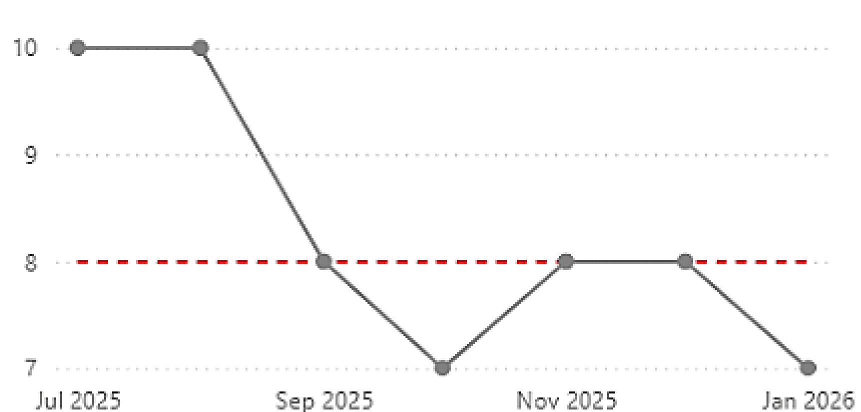
Key actions / initiatives	Due date
• Monies awarded to improve the patients waiting target have been utilised to onboard and train the necessary staff to improve this trajectory. More activity is being incrementally introduced. The next key action is to recruit the replacement SAS doctor in North Road Eye Clinic (NREC) to increase delivery. The second key action is to move the Intravitreal (IVT) service into Amman Valley Hospital (AVH) outpatients 5 days a week, meeting went ahead on the 12th January 2026.	01/06/26
• Outpatient staff requirements outlined in annual planning cycle to build into Ophthalmology staffing model, with the intention of Ophthalmology staffing the blue suite in Glangwili Hospital (GGH) entirely. This will allow for the incremental increase in clinic delivery by 11 sessions per week. This requires staff to be recruited and trained in Ophthalmology.	28/02/27 (to recruit and train staff)
• Two regional consultant posts have been out to advert and interview date confirmed for 13th March 2026. Two SAS doctor posts have been out to advert, and interview date confirmed for the 13th March 2026. One part time SAS agency doctor in post for four-month period to cover work break to be extended. Discussion held with Medical Workforce to recruit this agency into a bank consultant contract.	01/07/26

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

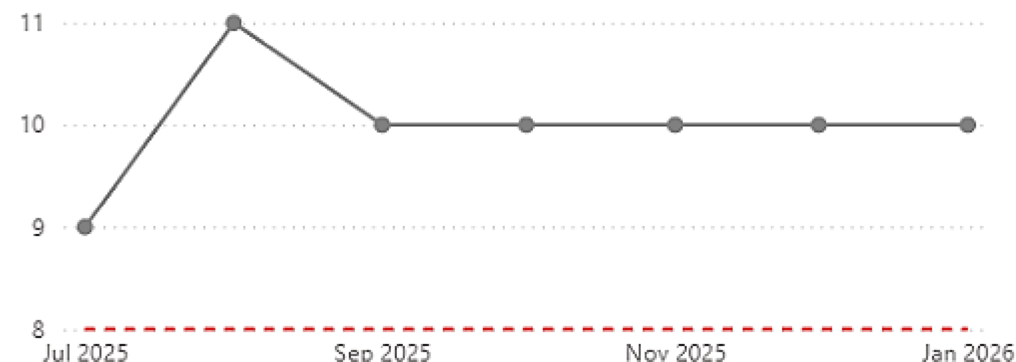
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In January, the median response time was 06:48 minutes for ARREST (Purple) Calls. There 131 calls. Official WAST data is delayed by 1 additional reporting month

Median emergency ambulance response time to red: emergency category calls



In January, the median response time was 10:14 minutes for RED (Emergency) calls there were 613 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

- As of the 2nd December 2025 further response category changes are being introduced and AMBER and GREEN calls will now be categorised as ORANGE now, YELLOW soon, GREEN planned, with further integration with remote clinicians aimed at admission avoidance and directing patients correctly at first point of contact, either through 111 or 999.
- Unverified February performance was 07:01 minutes for arrest and 11:30 minutes for emergency calls. With 49 arrest calls and 344 emergency calls.
- Overall attended demand in Hywel Dda Health Board area for February 2026 on average has been above forecast.
- Hospital delays in ambulance hand over for WAST ambulance crews, 1,814 hours lost at the 4 acute Hywel Dda hospital sites during February 2026, showing an improvement from January 2026 by 600 hours. Notification to Handover within 15 minutes was at 43.6% in February for the 4 acute general hospitals.
- There was 1 immediate vehicle release (IVR) request in February 2026 which was accepted representing an acceptance rate of 100%.
- WASTs financial picture from April 2026 will likely see Overtime reduced, resulting in decisions about cover to maximise performance.

Embedded improvement actions

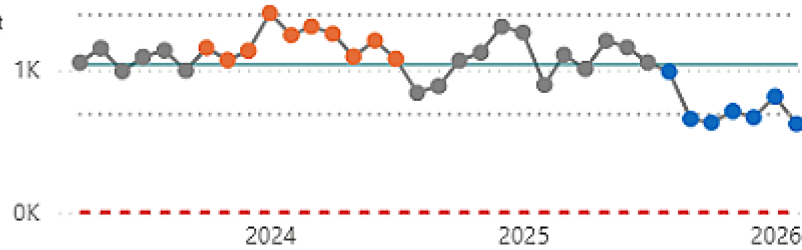
- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources.
- Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. Consultant connect is being in the process of being updated.
- 111 press 2 assisting WAST clinicians to support the management of mental health patients.
- Porth Preseli and Eastgate clinical streaming hubs staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Pembrokeshire and Carmarthenshire. Improvements being made with uplifting cover as additional APPs complete necessary training.
- WAST resourcing reviews and targeted overtime allocation
- Wait 45 initiative implemented, which will reduce length of ambulance wait times outside emergency departments.

Urgent and Emergency Care – Ambulances – Hywel Dda

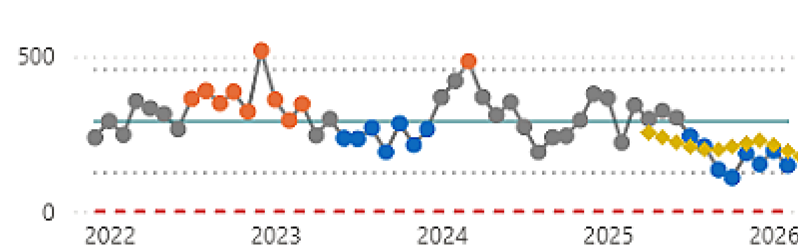
(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

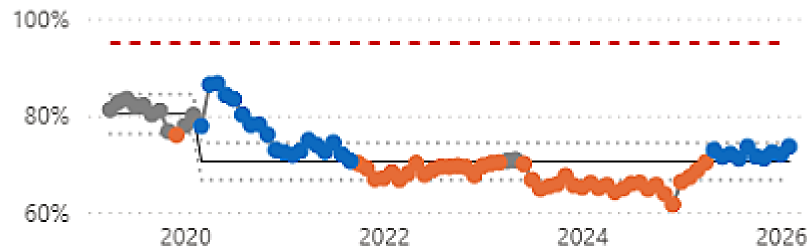
Ambulance handovers taking over 45 minutes



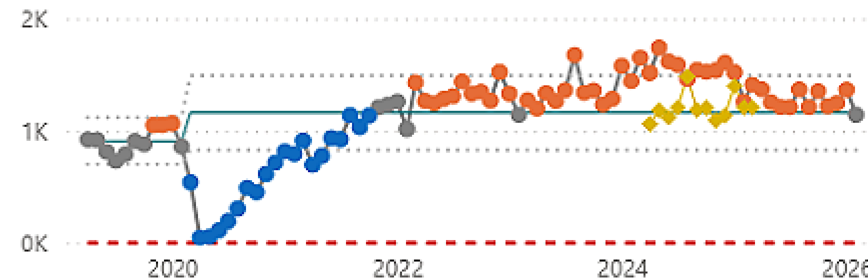
Ambulance handovers taking over 4 hours



Patients waiting less than 4 hours in A&E/MIU



Patients waiting over 12 hours in A&E/MIU



>45 Minutes handovers:
Latest data is showing improving variation
621 handovers > 45 minutes out of a total of 1,903 handovers.

>4 hours handovers:
Latest data is showing improving variation. 148 handovers > 4 hour out of a total of 1,903, 7.8%.

Waits < 4 hours:
Latest data is showing improving variation. 74% of patients were seen within 4 hours, 9,531 out of 12,945 new attendances.

Waits > 12 hours:
Latest data is usual variation.
1,144 patients waited over 12 hours, out of 12,945 new attendances, 9%.

Key actions / initiatives – tactical urgent and emergency programme

In response to long-standing performance challenges within Urgent and Emergency Care (UEC) which has resulted in sub-optimal patient experience and performance, the Executive Team has issued a series of instructions to be enacted at pace, in order to deliver a step change improvement, known as the UEC Accelerated Transformation Programme. The primary aim of the programme is to minimise attendance at an ED by providing appropriate, alternative pathways for patients. Welsh Government asked all health boards to take urgent, focused action to improve patient flow and reduce delays to discharge of patients from our care. The first Early and Weekend Discharge Winter Sprint Fortnight ran from 8–22 December and aimed to strengthen resilience across both health and social care. Working in partnership with teams across our whole system, including our local authorities, is crucial in enabling better patient outcomes and experience, reduced harm from delays, and more beds available for those who need them most. A second Winter sprint is planned for 21 January – 4 February 2026, allowing us to apply learning from the 1st sprint to those areas maintained, those that deteriorated and allowing a focus to sustained improvement.

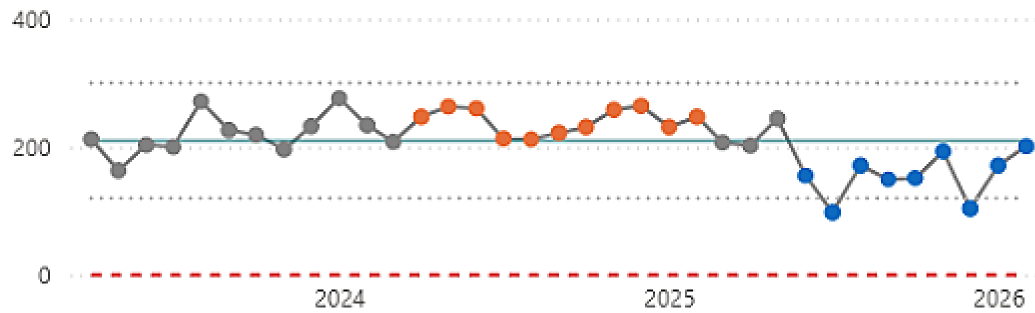
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- Bronglais Hospital | Prince Philip Hospital
- Glangwili Hospital | Withybush Hospital

Urgent and Emergency Care – Ambulances – Bronglais Hospital
(Enhanced monitoring condition and Ministerial priority)

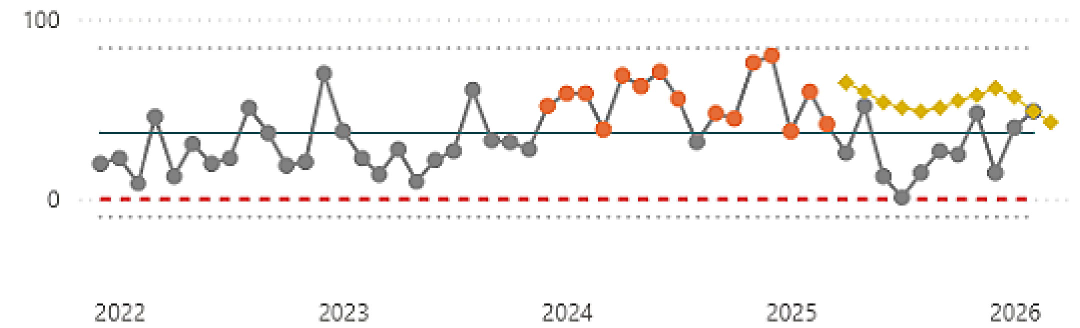
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 202 handovers >45 minutes reported out of a total of 409 handovers, 49.4%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 49 handovers >4 hours was reported out of 409 total handovers 12.0%.

Key challenges / issues

- Overcrowding in Emergency Department – reliance on corridor care to enable ambulance handover target of 45 minutes. Emergency Department is small and consists of only x2 Resus Bays and x5 Major Bays.
- Lack of senior decision makers at the front door and x1 Locum Consultant.
- Ability to surge and board is limited across the acute site with areas regularly surged to the maximum which reduces flow through the department as reliant on early discharges from the ward.

Key actions / initiatives

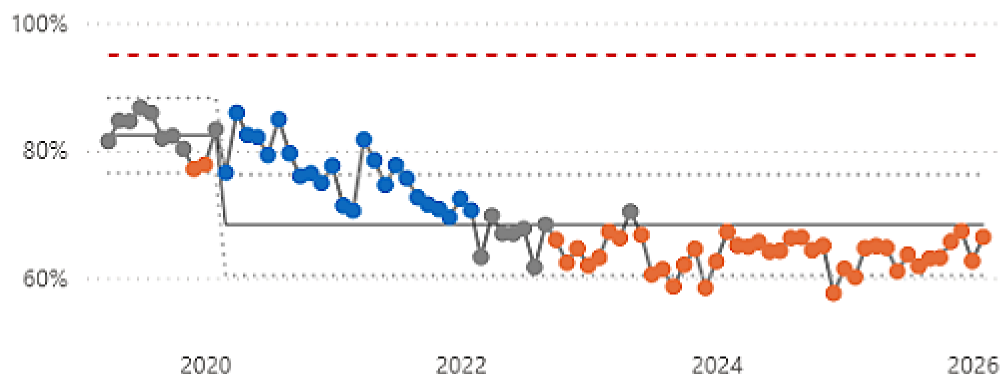
Key actions / initiatives	Due date
Recruitment of x3 speciality doctors and x1 substantive Consultant in the Emergency Department will enable a 24/7 rota	30/04/26
Same Day Urgent Care Pilot in place until end of March	31/03/26
Recruitment of Band 7 Emergency Navigators took place with 5 successful applicants appointed	31/03/26

Embedded improvement actions

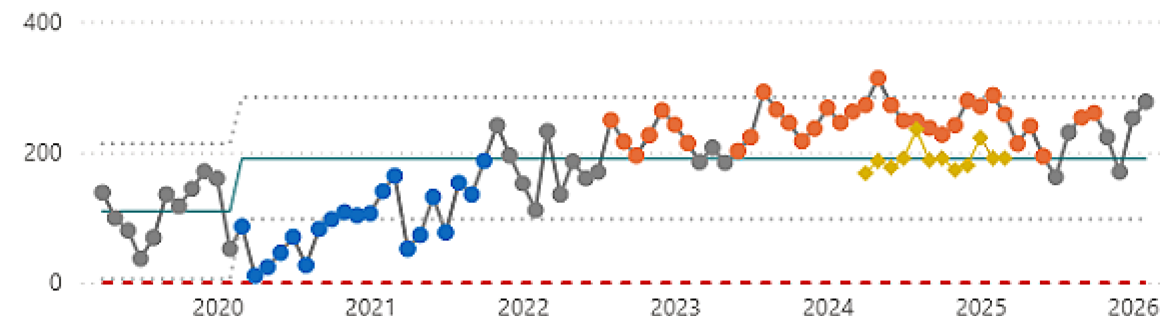
- Red release plans are almost always supported, Emergency Department navigators review and establish plans in advance.
- Whole acute and community system working with Local Authorities partners to enhance flow and reduce blockages.
- Trial of discharge lounge until end of March
- Senior oversight and manager of the day model.

Urgent and Emergency Care – Emergency Departments – Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)



66.4% latest data, 778 breaches out of 2,316 new attendances. Chart is showing concerning variation.



277 breaches out of 2,316 new attendances, 12%. The chart is showing usual variation.

Key challenges / issues

- Continuation of significantly over crowded department .
- Excessive front door demand remains with limited availability to support ambulance handover.
- Continued use of corridor care to support ambulance handover target.
- Lack of senior decision makers at the front door.
- Delays in flow across the wider system – Bronglais provides acute healthcare to 3 Local Authorities.
- Nurse staffing deficits and gaps.
- Limited physiotherapy resource in the Emergency Department.
- Small clinical teams i.e. lone consultant working

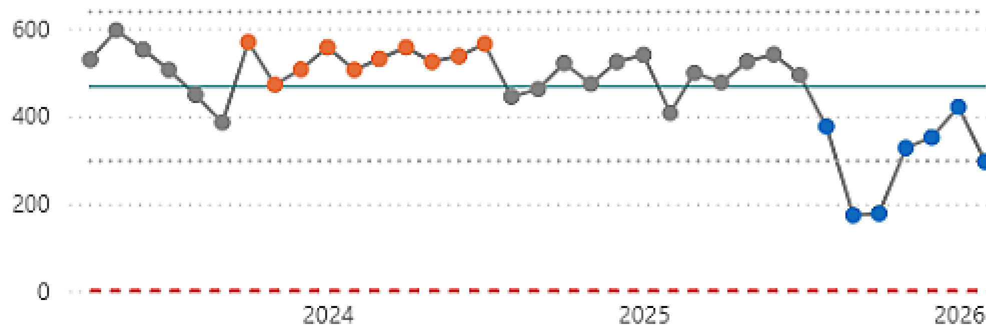
Key actions / initiatives	Due date
• Conversion of a two bedded area within the Clinical Decision Unit in Bronglais Hospital to convert to an ambulance handover area	31/03/26
• Implementation of 24/7 specialty doctor rota	30/04/26
• Recruitment of 2nd A&E Consultant – start date May 2026	31/05/26

Embedded improvement actions

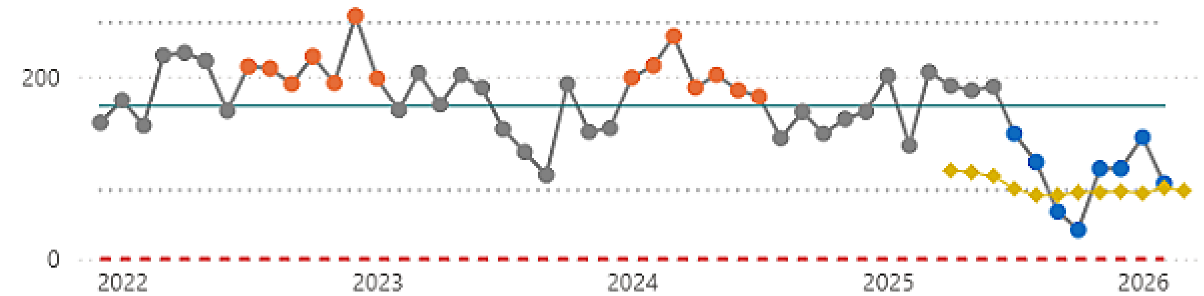
- Ongoing Same Day Urgent Care pilot in place to lessen Emergency Department demand
- Ongoing review of clinically optimised patients with Local Authorities across Ceredigion, Powys and Gwynedd
- Red release plans are almost always supported, Emergency Department navigators review and establish plans in advance.
- Whole acute and community system working with Local Authorities partners to enhance flow and reduce blockages.
- Trial of discharge lounge until end of March
- Senior oversight and manager of the day model.

Urgent and Emergency Care – Ambulances – Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)



Latest data is showing improving variation. 296 handovers >45 minutes reported out of a total of 701 handovers, 42.2%.



Latest data is showing improving variation. 83 handovers >4 hours reported out of a total of 701 handovers, 11.8%.

Key challenges / issues

- Although Glangwili Hospital (GGH) has seen an improving picture overall, the department remains overcrowded.
- Infection, prevention and control (IP+C) situation has recovered over the last month, which has allowed an improved patient flow through the hospital site.
- The wards have reminded surged (additional pressure due to demand) and boarded to their full capacity.
- GGH takes most of the speciality pathways into the site, this can cause further pressure in the emergency department (ED) when there is no bed available on said speciality ward.
- Staffing deficits remain problematic.

Key actions / initiatives	Due date
To review, improve and fully implement the 45 minute ambulance handover actions	30/04/26
To present ED REDLINE protocol in the Clinical Care Group governance meeting	30/04/26
Re-opening of new refurbished Same Day Emergency Care (SDEC)	31/03/26
Firming up action on 7 day working Clinical Hub streaming of possible patient conveyances	30/06/26

Embedded improvement actions

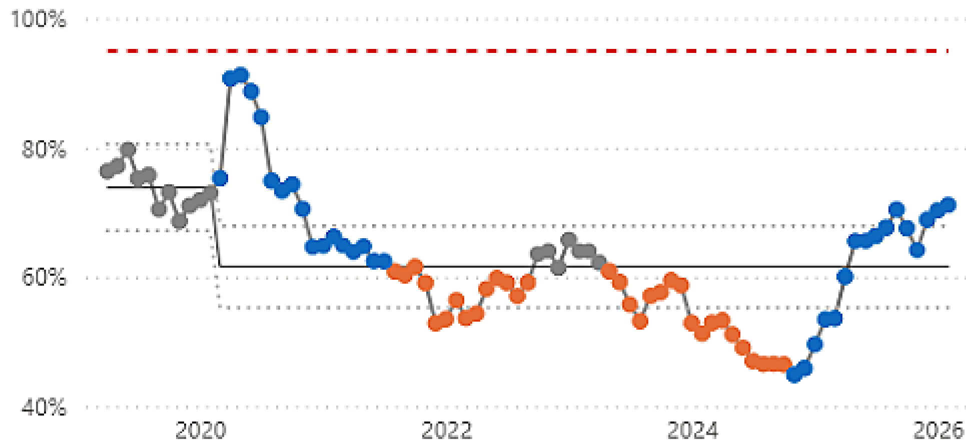
Ongoing recruitment process being followed.
IP+C scrutiny continues.
Miya Flow is now being actively used to support real-time pull from ED, improving visibility and patient movement.

Urgent and Emergency Care – Emergency Departments – Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

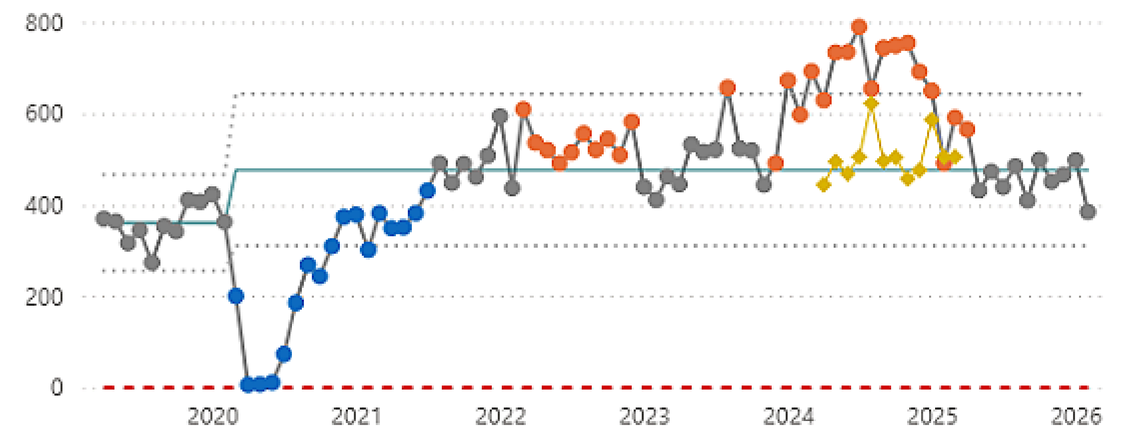
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



71.2% reported for February , 1,169 breaches out of 4,058 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



385 breaches out of 4,058 new attendances, 9.5%. The chart is showing usual variation

Key challenges / issues

- GGH is showing an improving picture over the last 2 months.
- IP+C situation has recovered over the last month, which has allowed an improved patient flow through the hospital site.
- High number of clinically optimised patients across all ward areas remains a concern.
- The flow through the system can be slow at times, GGH has many speciality pathways coming into site, not all these patient can be discharged directly home, timely referral and redirection back to other sites can cause delays in patient flow.
- 60% of patients in GGH are recognised as frail, these patients tend to require comprehensive support to discharge.

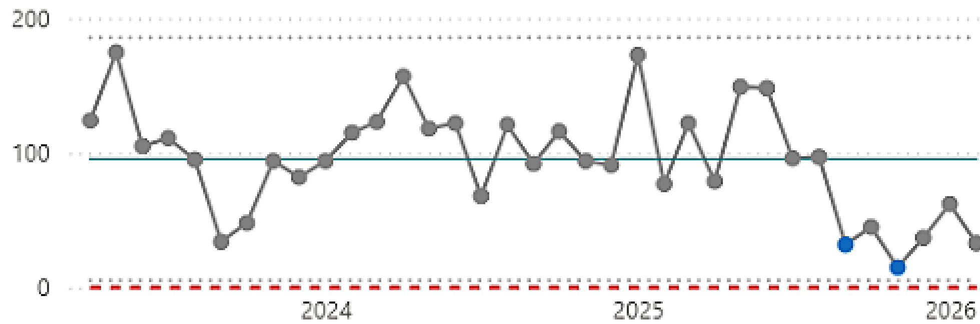
Key actions / initiatives	Due date
• Working with the patient flow unit (PFU) to support in early internally repatriation	30/04/26
• Improve the Frailty pathway in GGH and the wider Carmarthenshire acute and community system	30/09/26
• To review, improve and fully implement the 7 day working Clinical Hub actions	30/06/26
• Reviewing the standard operating procedure (SOP) and clinical guidelines for SDEC	30/03/26

Embedded improvement actions

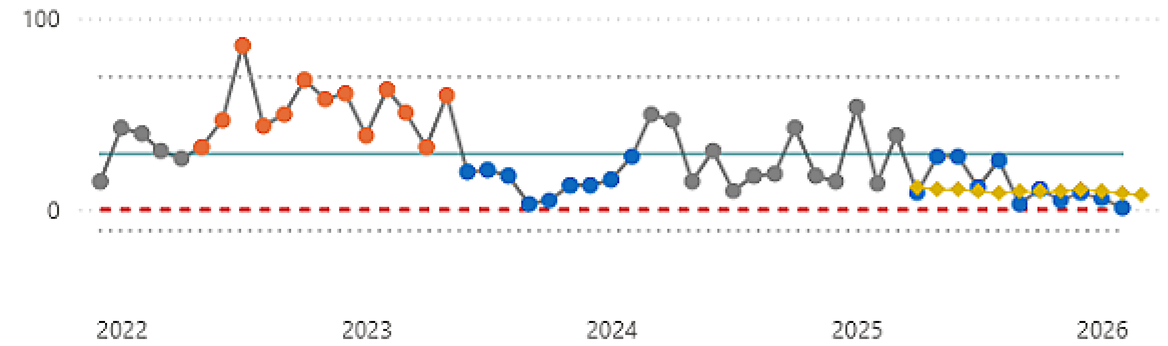
- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Working as a whole system GGH/PPH and the community, to avoid delays in the patient's pathway
- New Acute Frailty Consultant has been appointment and starting in May.
- The HB as now appointed a Clinical Lead for Care of the Elderly (COTE)

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)



Latest data is showing usual variation. 33 handovers >45 minutes reported out of a total of 251 handovers, 13.1%.



Latest data is showing improving variation. 1 handovers >4 hours reported out of a total of 251 handovers, 0.4%.

Key challenges / issues

- Continued front door pressure resulting in very limited capacity at point of handover. Given time of year means area highly impacted with Issues around IP&C (Infection Prevention and Control) issue continues to be present going into winter months.
- We are continuing to maintain handover 45 minute handover target which enabled us to handover ambulances within a timely manner however, this continues add pressure internally on our ward areas where we surged as a result. IPC also playing a part in delays as aeras are required a deep clean more often.
- Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to Acute Medical Assessment Unit (AMAU) remains, these patients are discussed daily in site flow calls and tracked until transferred. Meeting in relation to handover criteria to be discussed in February to support this pathway and enhance flow of patient's Slight delay in that date due to meeting cancelations to support with additional activity.
- Boarding protocol (Our next patient) where patients are moved early to areas where discharges or query discharges have been identified at escalation points via patient flow meetings and manager of the day escalation.

Embedded improvement actions

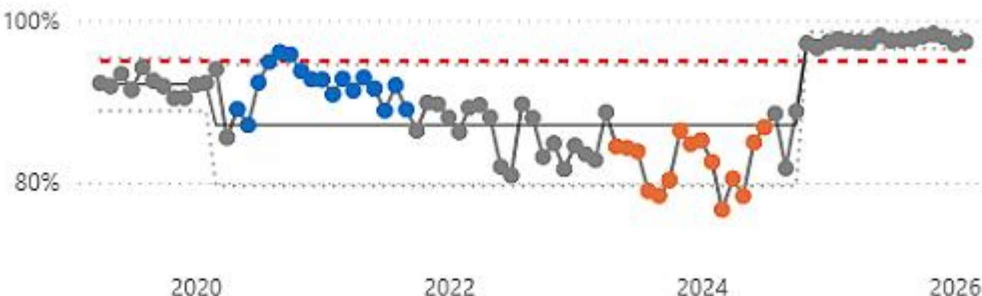
- Immediate ambulance release is still almost always supported only delay causes mentioned in key challenges change this, this remains the case other than in periods of high infection rates.
- AMAU acute medical model is now fictional (1st Sep) to support early discharge at the front door, this team is now also supported by Acute Response Team (ART) who attend weekly to support the medical team in identifying patients for community support which enables faster discharge. Development of training posts are being discussed with updates due in April
- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- SDEC (Same Day Emergency Care) continue to support AMAU/MIU to reduce pressure at the front door. SDEC has opened throughout 2026 on weekends to provide additional support. Ongoing learning to create rota that allows for additional opening until November 2026
- Development and implementation of 'Our next patient' operation procedure now active in AMAU to ensure that each patient is assigned to the right ward so they can receive specialist care in a timely manner under the care of the appropriate team.

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

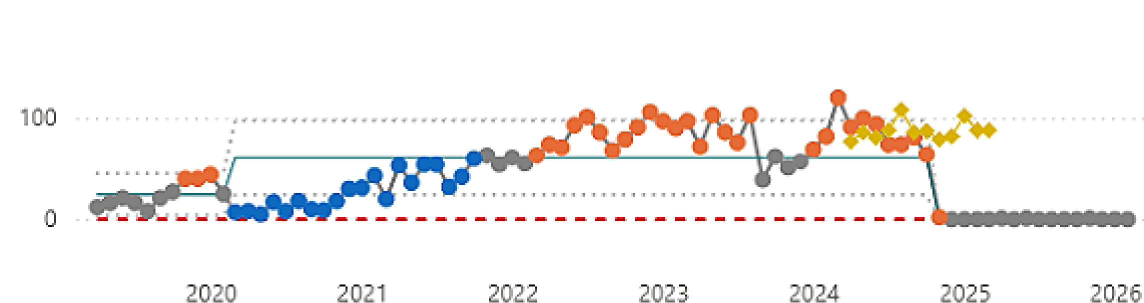
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



97.4% reported for February, 54 breaches out of 2,061 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,061 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

Key challenges / issues

- We continue to monitor numbers, and our Minor Injury Unit (MIU) new patient attendance has returned to similar levels prior to closing overnight. (Since November 2024) there has been a significant decrease in the number of patients presenting with major complaints although they do still happen on a regular basis. However, the overall decline in tread continues to be the case with a small number of medical patients presenting. Patient type is being monitored in our morning flow meetings.
- Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remain a challenge with around 40 patients a day. The level of patent group does have a negative effect on flow and impact the ability to create flow through the hospital resulting in delays for patients in MIU requiring a bed.
- Medical Hot Clinics have grown in frequency with an additional general medicine hot clinic being added to the rota for each Monday to support with pressures. Hot clinics continue and provide support across the Carmarthenshire acute and community system
- Given winter months clinical flow has been compromised through departments due to IPC issues on a number of wards in 2026 this still remains an issue although cases are reducing.

Embedded improvement actions

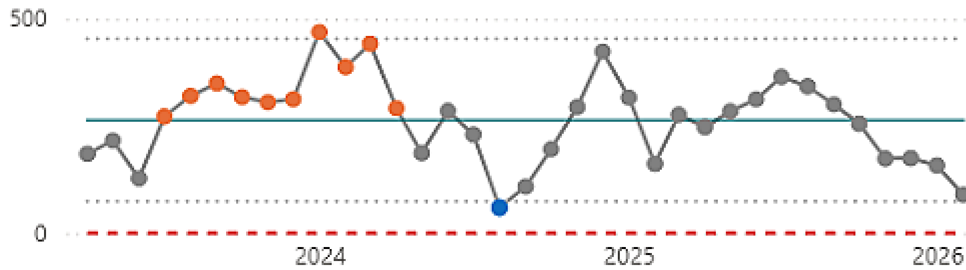
- Shared pathway SDEC (Same Day Emergency Care) or GGH SDEC patients over the weekend to access Prince Philip Hospital (PPH) SDEC (Same Day Emergency Care)
- Locum consultant has created weekly hot clinics. These allow for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance. Additional General Medicine clinics concerned to extend.
- SDEC has been open on weekends to support acute medical take in both PPH and GGH. Agreed referral pathways between sites has been implanted.
- Consultant connect went live on September the 1st awaiting first data pull due early 2026, this remains the case.

Urgent and Emergency Care – Ambulances – Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

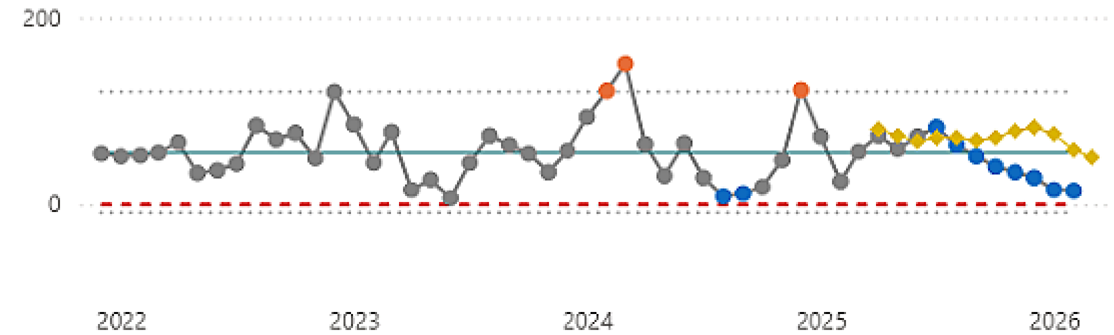
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing usual variation. 90 handovers >45 minutes reported out of a total of 542 handovers, 16.6%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 15 handovers >4 hours reported out of a total of 542 handovers, 2.8%.

Key challenges / issues

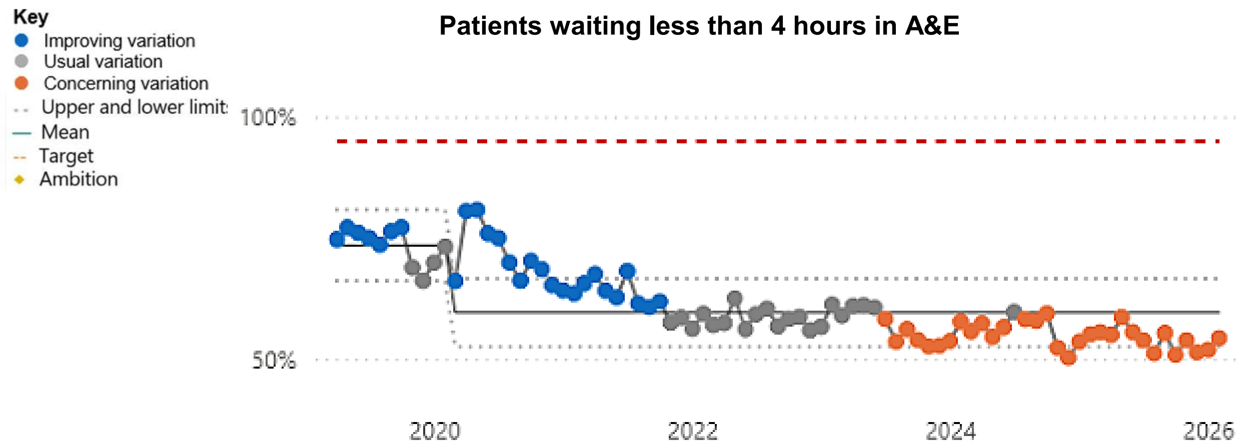
Whole-system risk sharing to improve ambulance handover performance
Teams across ED, medicine, surgery and site have worked collaboratively to share the risk across the hospital and support ambulance handovers. This has increased our dependence on surge capacity and boarding against discharges.

Ward 9 surge capacity
Extended until the end of March 2026 – this surge capacity has had a direct positive impact on our ability to support ambulance handovers. Ward 9 scheduled closure on 31st March 2026 will present a challenge to flow and handover performance.

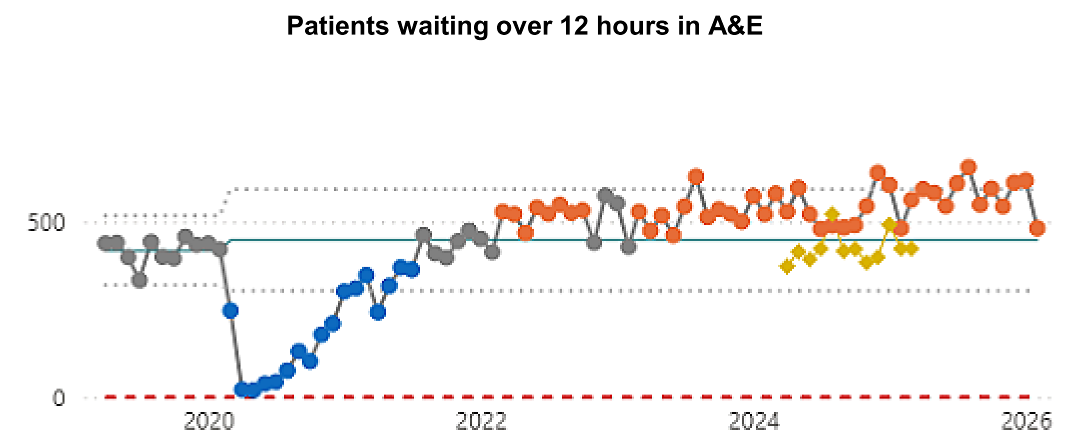
Key actions / initiatives	Due date
• Continued monitoring and final evaluation of MIYA flow process at the end of March 2026. Evaluation will determine next steps for development and embedding at WGH.	20/04/2026

Embedded improvement actions

- Monitor impact of Surge use and boarding on inpatient areas
- Consistent use of the Discharge Lounge
- Embedding of the MIYA "pull" model



54.3% reported for February, 1,394 breaches out of 3,053 new attendances. Chart is showing concerning variation.



482 breaches out of 3,053 new attendances, 15.8%. Chart is showing concerning variation.

Key challenges / issues

Staffing
Ongoing challenges with consultant recruitment in ED. Shortage of substantive staff with the rota in a fragile state. Shortage of staff impacts on ability to see and treat in effectively within 4hrs.

Streaming
Ongoing challenge with clinical streaming in terms of not all patients getting into the right service at the right time.

7 Day SDEC
Current SDEC 5-day model increases pressure on the ED during weekends, with low acuity patients staying in ED for treatment and sometimes requiring admission to ACDU and other medical beds.

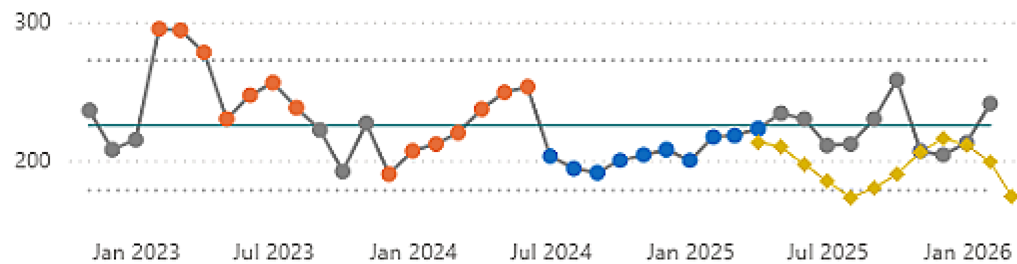
Key actions / initiatives	Due date
• Pembrokeshire leadership team looking at opportunities with SBUH regarding shared employment initiatives, active recruitment stand at RCEM conference in April.	04/05/26
• 7-day Clinical Streaming Working group established to design a streaming model for implementation by Q2 26 – 27. Implementing an integrated 7 day streaming model to place the right patients into SDEC, ED, Community and OOH's will improve UEC flow and reduce 4hr and 12hr breaches.	31/07/26
• Planned relocation of SDEC to Puffin will increase SDEC operational capacity. 7 day model approved – this will relieve pressure on ED and medicine over weekends, keeping patient flow options consistent across the whole week. Implementation will reduce the frequency of 12hr stay patients in ED.	31/05/26

Embedded improvement actions

- Continued use of the MIYA pull model
- Continued use of surge capacity
- Continued use of boarding against discharges policy to support moves from ED

Urgent and Emergency Care – Pathways of Care Delays (POCD) (Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition



- Number of pathway of care delays as at 18th February 2026 census was 241 patients and the chart shows usual variation.
- The total days delayed for non-mental health increased in February to 7,657 days from 7,633 In January
- Mental health and learning disability delays decreased from 787 in January to 605 in February.
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patients delayed in one of our hospitals, regardless of their area of residence i.e. will include patients living outside of Carmarthenshire, Ceredigion and Pembrokeshire.

Key challenges / issues

Non Mental Health

- Extreme wider system pressures and ambulance handovers have driven up surge beds (especially within the Pembrokeshire system) and boarding.
- Staffing challenges across all staff groups combined with surge/ boarding, and Infection prevention and control measures negatively impacted on POCD.
- High levels of acuity and frailty across acute and community, patients/family and carers expectations driving the need for nursing, joint and continuing healthcare assessments, as well as social care assessments.
- Hospital acquired deconditioning and limited access to appropriate levels of rehabilitation due to the allied health professional (AHP)/ therapy staffing position contributing to delays relating to AHP assessments, reablement and packages of care on discharge.
- Ongoing challenges related to housing and homelessness, care home manager assessments and care home availability.

Mental Health & Learning Difficulties

- The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for February 2026 is 10, this is an improved figure of 7.
- This includes 7 discharges from last month, 5 who remain PoCD and 5 new patients identified as medically optimised. The patients are categorised as follows, older adult 9, a decrease of 3, adult 1, decrease of 4 and 0 for learning disability, which is unchanged from last month.

Key actions / initiatives

Key actions / initiatives	Due date
Non Mental Health	
• Regional PoCD Action plan being reviewed to identify 5 key actions to progress based on the current system challenges.	31/3/2026
• Draft Memorandum of Understanding being developed between health and local authorities to support PoCD and discharge planning.	31/3/2026
• Deconditioning Early Warning Indicator (DEWI) tool being rolled out across 14 acute and community wards, in addition to other preventing deconditioning initiatives.	16/3/2026 28/2/2026
• Acute frailty action plan and Action group established	
Mental Health & Learning Difficulties	
• The position in respect of patients who have a length of stay over the 90 and100 day threshold for Mental Health continues to improve, there is now one patient who is above this threshold, there were 2 last month.	
• In summary, there are 10 medically optimised patients which is an improved position as there were 17 patients last month. There is also an improved position in respect of patients breeching the 90- and 100-day length of stay threshold.	
• The significantly improved PoCD position demonstrates that initiatives such as the twice daily bed conference meeting and weekly patient flow meetings in both adult and older adult, are having a positive impact.	

Embedded improvement actions

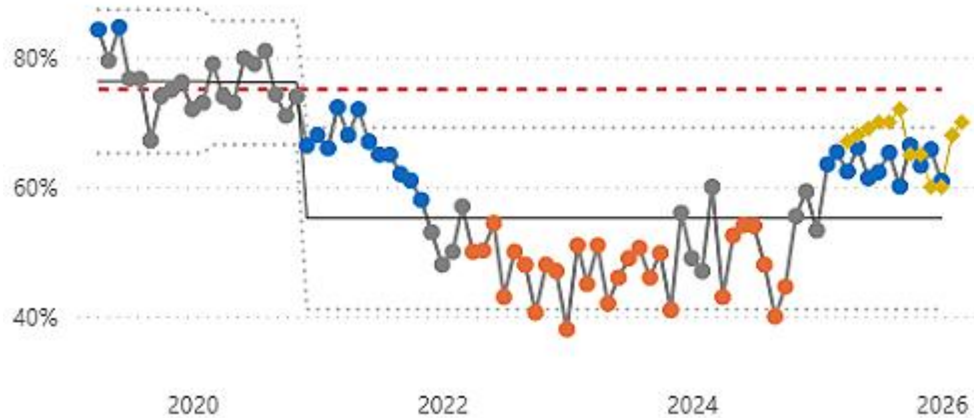
Non Mental Health

- Health Board Deconditioning Oversight group established.
- Welsh Government monies being utilised by local authorities to increase social work, re-ablement and domiciliary care capacity across the system.
- Regional POCD Delivery group to oversee Action plan and share learning across the system, including embedding Trusted Assessor models.

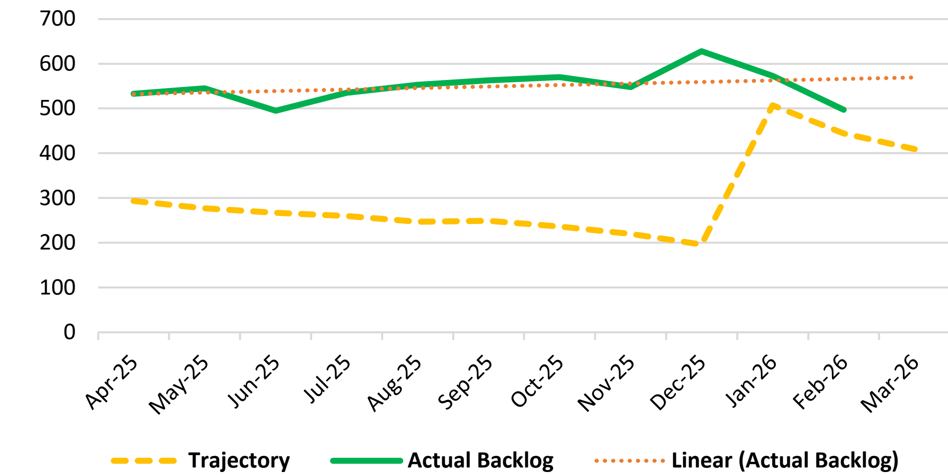
Single cancer pathway

(Enhanced monitoring condition and Ministerial priority)

% single cancer pathway patients starting treatment within 62 days



Number of single cancer pathway patients waiting over 62 days



In January 2026, performance was 60.9% against the trajectory of 60%. Urology continues to be our most challenged pathway with 290 patients waiting over 62 days.
294 patients were waiting in excess of 104 days for investigations or treatment (where needed).
It is important to note that not all patients waiting will have a confirmed cancer diagnosis.

In February 2026, 497 patients were waiting over 62 days on the single cancer pathway.

Revised improvement trajectories for 2025/26 Quarter 4 have been included this month.

Key challenges / issues

Single cancer pathway
Overall treatment activity in January 26: 277 patients started treatment within 62 days, 178 patients were waiting over 62 days. First treatment rates decreased by 66 patients. The decline in performance was due to prioritising the reduction of the number of patients waiting over 62 days and delays caused by the implementation of the new national reporting system for Radiology.

Backlog and Diagnostics
To meet the 28-day diagnostic target, the testing components of the pathway must be provided within 7 days.

Key actions / initiatives	Due date
• Outsourcing of MRI for prostate patients started in November 2025. This equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed.	31/03/26
• Robust improvement plans agreed for Urology prostate diagnostics for 2025/26.	31/03/26
• Piloting the use of the Galeas Bladder Test from January 2026 – 300 patients. Delayed from January 2026 to March 2026	31/03/26
• Outsourcing of CT until March 2026. This equates to 260 CT scans per month with a 7-day reporting turnaround.	31/03/26

Mental health assessments within 28 days

Key

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% mental health assessments undertaken within 28 days (persons aged 0-17)

Latest performance of 93.1% is showing improving variation and the target of 80% was met.

% mental health assessments undertaken within 28 days (persons aged 18+)

Latest performance of 75.2% is showing concerning variation and the target of 80% was not met.

Key challenges / issues

% mental health assessments undertaken within 28 days (persons aged 0-17):
54 of 58 assessments were compliant. We anticipate sustained compliance.

% mental health assessments undertaken within 28 days (persons aged 18+):
An increase in demand, coupled with sickness, vacancies and annual leave over the Christmas period have contributed to the reduction in compliance in January. We have since seen a reduction in sickness across the service. We are seeing a more complex patient profile which is increasing assessment time or requirement for follow up assessment appointments which has impacted on the compliance percentage.

Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons aged 18+):	
Vacant posts have now been recruited and awaiting commencement.	01/04/26
The service has reduced treatment slots to increase assessment capacity to ensure a return to compliance next month.	01/04/26
A review of assessment time slots will be undertaken to support increase in complex presentation.	01/04/26

Embedded improvement actions

% mental health assessments undertaken within 28 days (persons aged 0-17):
We have agreed a Demonstrator Project with NHS Performance & Improvement as part of the 10-year Mental Health Strategy to trial ‘One at a Time’ support for the current cohort of patients.

Therapeutic interventions following primary mental health assessment
(Enhanced monitoring condition)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)

100%
50%
0%
2022 2024 2026

Latest performance of 90.7% is showing improving variation but the target of 80% was met.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)

100%
80%
2021 2022 2023 2024 2025 2026

Latest performance of 93.4% is showing improving variation and the target of 80% was met.

Key challenges / issues

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17)
39 of 43 initial interventions were compliant. We anticipate ongoing compliance.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)
Compliance remains above the required target; however increased referral numbers are limiting the number of available treatment sessions. The impact of the reduction in our compliance this month for mental health assessments undertaken should not impact on our compliance for therapeutic interventions next month. Estates access continues to be challenging across the three counties.

Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+) We have recruited into the practitioner vacancies in both Carmarthenshire and Ceredigion to mitigate some of the issues above.	01/04/26

Embedded improvement actions

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)
We have agreed a Demonstrator Project with NHS Performance & Improvement as part of the 10-year Mental Health Strategy to trial 'One at a Time' support for the current cohort of patients.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)
Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector, SilverCloud digital options and our Primary Care Liaison Service which is now operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS, along with a focus on group interventions.

Psychological therapy waits
(Enhanced monitoring condition and Ministerial priority)

Performance in January of 57% shows concerning variation and the target of 80% was not met.

- 440 out of 787 (55.9%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 6 out of 12 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 34 out of 65 (52.3%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues

Learning disabilities (LDs)

Long-term sickness, maternity leave and vacancies, particularly across Pembrokeshire and Ceredigion, are resulting in service fragility which is covered by other areas of the service as needed. There continues to be high demand for complex Court of Protection (CoP) work which is intensive and resource heavy. We are also seeing increased demands on Psychology and Behaviour specialists (P&Bs) for highly specialist complex assessments requiring therapeutic input, complex behaviour challenging assessments and treatment/intervention which contributed to waits over 26 weeks.

Adult Psychology Mental Health (AMH)

The waiting list for patients waiting for treatment continued to reduce in January. An improvement was expected following the commencement of a Practitioner Psychologist on 6th October, based in an area in Carmarthenshire where there was no community provision.

Integrated Psychological Therapies Service (IPTS)

IPTS have seen an increase in compliance of 1.9% which is directly linked with the new service model. It has been identified that stabilisation and impact from the new stepped model approach from group therapies to high intensity interventions will continue to support an improved trajectory moving forward. Recruitment has been delayed due to streamlining challenges which may impact on the service ability to maintain the current activity.

Key actions / initiatives	Due date
LDs • Develop the Memory Clinic pathway and the Behaviour that Challenges pathway which aim to upskill other colleagues to reduce lower-level demands on P&Bs.	30/04/26

Embedded improvement actions

LDs

- As part of our organisational change process, we seek to recruit a co-ordinator for CoP cases who can link in with legal services, to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles.
- Developing group therapy work with plan to upskill colleagues to develop skills in therapeutic models to support in delivery. Monthly meetings to develop this are in place.

AMH

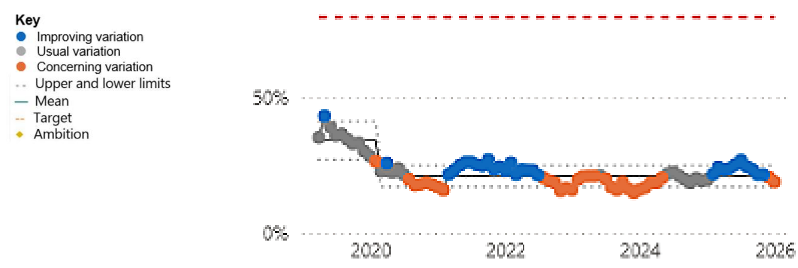
- All four clinicians are providing consultations to other services, decreasing referrals to AMH.
- ‘Grow Your Workforce’ plans are in place.

IPTS

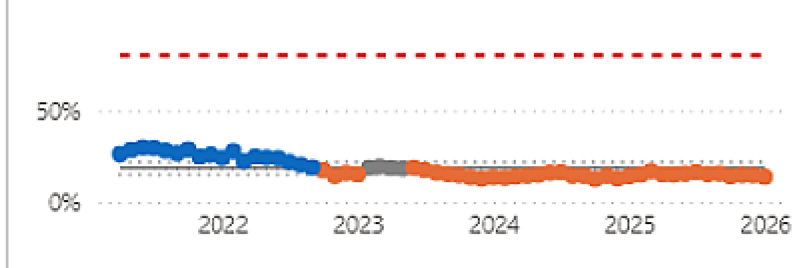
- Several high intensity evidence-based interventions are now in place with caps in therapy sessions.
- All therapists have job plans that are reviewed and updated to increase capacity of the service where possible.

Neurodevelopmental assessment waits
(Enhanced monitoring condition and Ministerial priority)

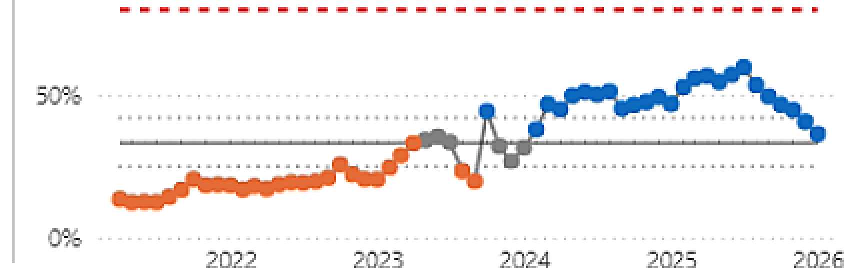
% children & young people waiting < 26 weeks to start a neurodevelopment assessment



% children & young people waiting < 26 weeks: ASD



% children & young people waiting < 26 weeks: ADHD



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in January 2026 of 18.9% shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 499 of 3,605 (13.8%) patients were waiting for an assessment <26 weeks. 379 of 1,037 (36.6%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues

Attention Deficit Hyperactivity Disorder (ADHD)

The longest wait for an ADHD assessment is currently 100 weeks with 200 waiting more than 52 weeks. The service has seen a 100% increase in referrals in the past two years, resulting in a need to significantly increase core capacity where possible to achieve target. Despite this, demand continues to outweigh current core capacity even with a fully established medical workforce considered. Likewise, the demand for Quantitative Behavioural (QB) tests which forms part of the diagnostic pathway exceeds current capacity. Only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers are trained to use. Clinic room capacity across all sites remains a challenge. Long term solutions are being explored as part of the Bandi appeal and the reconfiguration of Puffin Ward/Same Day Emergency Care (SDEC). We continue to manage clinic capacity flexibly and maximise through rigorous job planning.

Autism Spectrum Disorder (ASD)

As of January 2026, there were 3,605 children and young people waiting for an ASD assessment. There are 3,106 individuals waiting more than 52 weeks. Demand for assessment continues to outstrip capacity and remains consistently high with referrals averaging 114 per month. During 2025, 1,372 referrals were received. Significant progress is being made internally to bring about more efficiencies, but key challenges include the absence of a regional strategic action plan around neurodivergence and a regional approach to bring about sustainable change which should include reduced demand for diagnostic assessment.

Key actions / initiatives	Due date
ADHD	
• Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward/SDEC.	31/03/27
• Increase core capacity through provision of additional QB Tests and follow up sessions. Funding streams being sought to support the purchase of additional devices.	31/03/26
ASD	
• Outsourcing contract in place from 6th February which will enable the completion of 585 assessments by 31st March to eradicate >3-year waits.	31/03/26
• Data Sharing Provision with Pembrokeshire Local Authority in place with plans to expand across HB catchment area to improve relationships across teams and the overall quality of assessments.	31/03/26
• Review of administrative processes ongoing to ensure efficiency.	31/03/27
• Review of service specification to ensure appropriate use of resources.	31/03/26

Embedded improvement actions

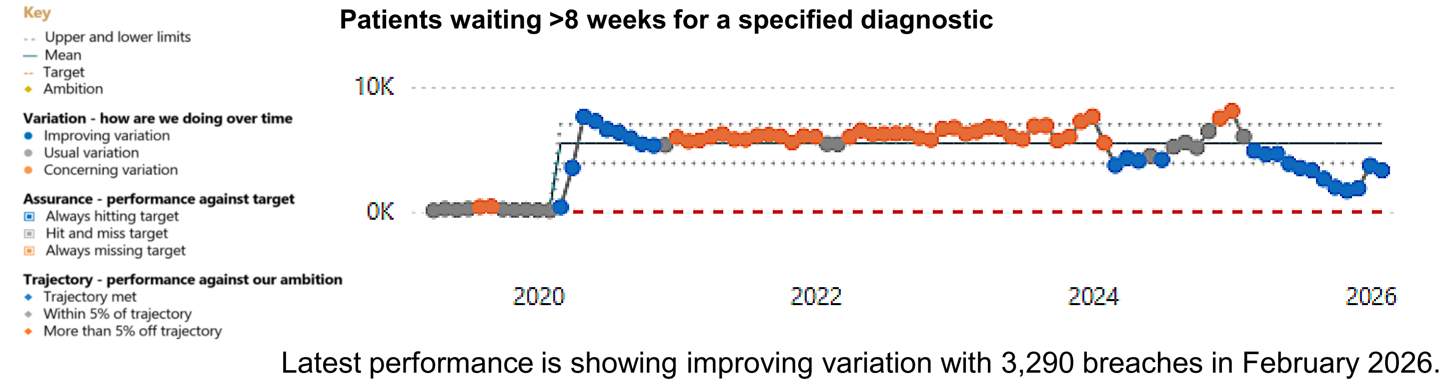
ADHD

- Successfully appointed into a Locum Consultant Post at Bronglais General Hospital, awaiting confirmation of start date.

ASD

- Pilot of Magic Notes AI scribe to support production of structured case notes due to commence on 9th February.
- Additional clinical and administrative posts recruited in to, including a Waiting list Co-ordinator.
- Review of all clinical caseloads and job planning underway.
- Adverts for an Occupational Therapist lead and Neurodevelopmental practitioner live.

Diagnostics waits over 8 weeks (Ministerial priority)



Latest performance is showing improving variation with 3,290 breaches in February 2026.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Feb 2026	3,290	●	▣	n/a
Radiology		2,361	●	▣	n/a
Cardiology		416	●	▣	n/a
Endoscopy		412	●	▣	n/a
Imaging		53	●	▣	n/a
Phys measure		48	●	▣	n/a
Neurophysiology		0	●	▣	n/a

Key challenges / issues

Radiology

Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised. Outpatient department insourcing work has contributed to an increase in the overall waiting list. This was a higher number of patients requiring radiology than were predicted. Implementation of new Radiology Informatics System Procurement (RiSP) went live in November/December 2025 caused a significant impact on waiting times (increased by 2,982).

2,428 breaches as of 06/03/26 a decrease of 503 breaches since January 2026. In month decreases in all modalities.

- Computed Tomography decreased by 92
- Magnetic Resonance Imaging by 194
- Ultrasound by 160.

Endoscopy

- Gastrointestinal endoscopy breaches all in relation to the diagnostic conversions generated from the additional outpatient activity (Welsh Government S1 Improvement Scheme) - of which there is no internal capacity to accommodate.
- Ongoing capital replacement programme for old/fragile endoscope equipment.

Cardiology

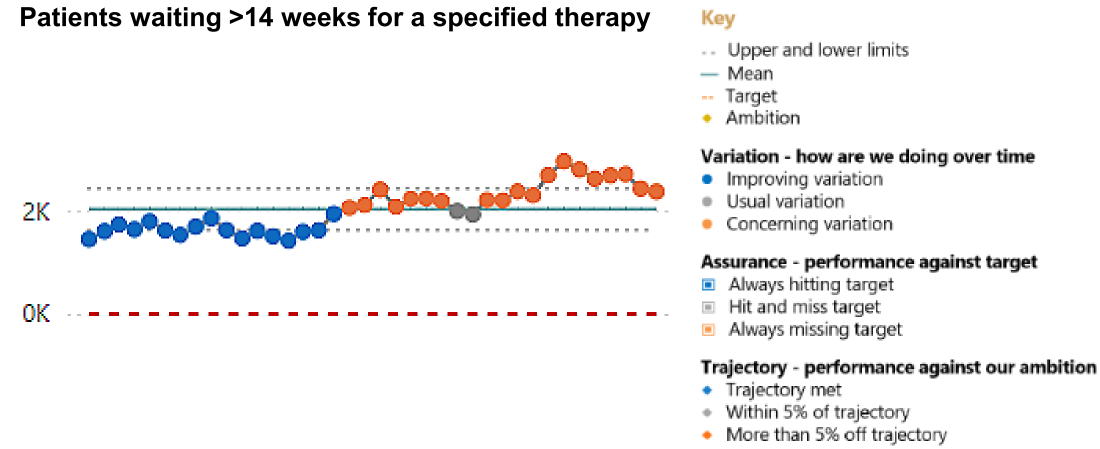
- Cardiology breaches are in relation to a combination of the diagnostic conversions generated from the additional outpatient activity (Welsh Government S1 Improvement Scheme) - of which there is no internal capacity to accommodate, and a chronic in-house deficit in Cardiology diagnostics.

Key actions / initiatives

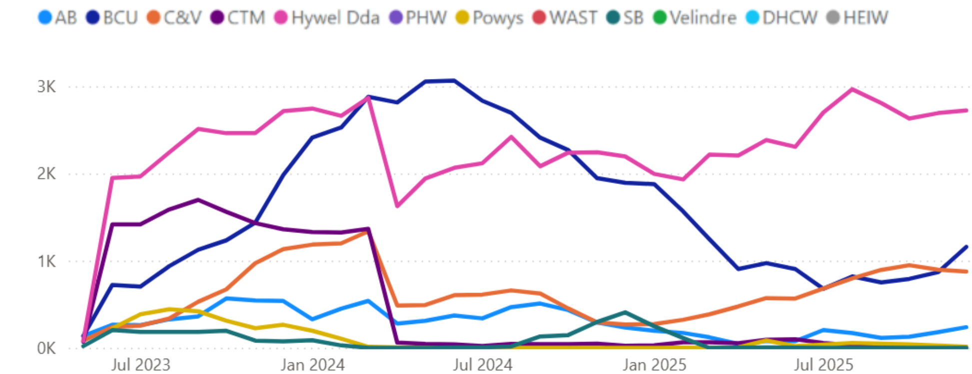
Key actions / initiatives	Due date
Radiology	
• Non-Obstetric Ultrasound contract has been extended, and additional capacity has been sought. Additional sonographers starting 02/02/26. Validation of waiting list is being undertaken, potentially 25% of patients may be removed.	31/03/26
• Magnetic Resonance Imaging – 2 staffed scanners on site, one producing increased activity due to undertaking less-complex cases, and one producing decreased activity due to performing more-complex scans.	31/03/26
• Computed Tomography – Van has been extended with additional funding to scan 250 additional patients per month.	31/03/26
Endoscopy	
• Insourcing commenced in late February to uplift Gastrointestinal endoscopy capacity – to accommodate the additional demand generated from the S1 insourcing activity.	31/03/26
Cardiology	
• Insourcing/out-sourcing in progress providing additional ECHO, CTCA and MPS capacity, alongside additional in-house list.	31/03/26

Performance shows a concerning trend; however, breaches are at the lowest level since June 2025.

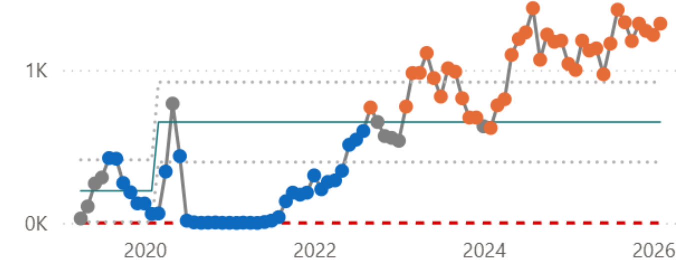
Patients waiting >14 weeks for a specified therapy



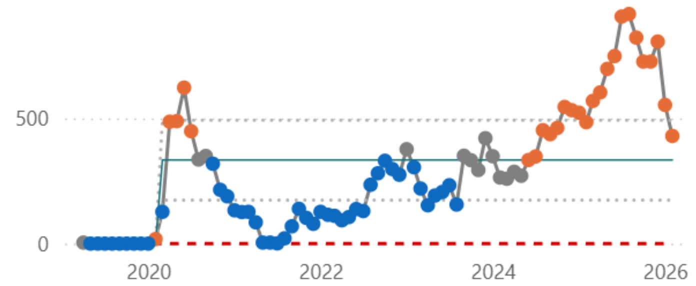
Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (December 2025)



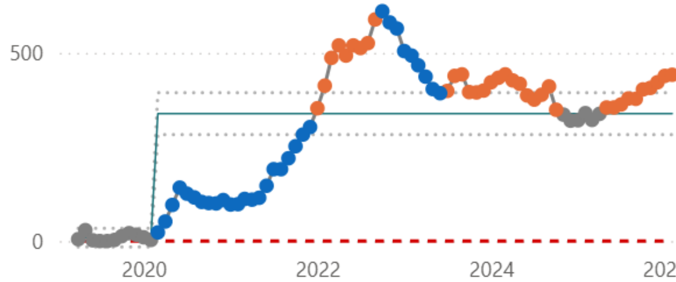
Number of patients waiting 14 weeks plus for Physiotherapy



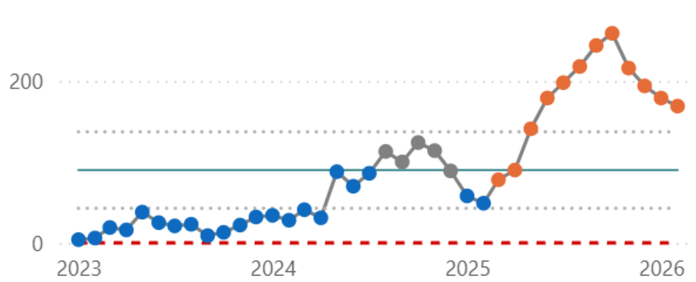
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



Number of patients waiting 14 weeks plus for Dietetics (excluding Weight Management)



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	Feb 2026	2,380	●	▣	66.3%
Physiotherapy		1,303	●	▣	96.6%
Occupational Therapy		442	●	▣	16.5%
Podiatry		430	●	▣	78.7%
Dietetics		169	●	▣	42.9%
Art therapy		30	●	▣	n/a
Speech & Language Therapy		6	●	▣	100%

Therapy waits over 14 weeks (continued)
(Ministerial priority)

Key challenges / issues

Physiotherapy

Demand is growing and is greater than capacity, with changes to Community Health Pathways and other national pathways (E.g. South Wales Spinal Network Guidance) causing a shift of work from primary and secondary care towards community MSK Physiotherapy services.

- 93.2% of breaches are within Musculoskeletal (MSK) specialty as
- 5.4% of the remaining breaches are within community services
- 1.4% in paediatrics.

Podiatry

New patient referrals have increased by around 40% in the last six years without subsequent increase in capacity while patient complexity has increased, evidenced by around a 15,000 decrease in patient contacts in same period. Podiatry is first point of contact/triage service for Orthopaedics and Vascular services. To meet modern expectations for timely assessments and interventions, the service now includes 7 Independent Prescribers and 5 Ultra sonographers, achieved through internal reconfiguration without additional funding.

- Reduction in breaches to 430 in February 2026 due to management led clinics.

Occupational Therapy (Paediatrics)

New referrals have increased by around 30% in the last 3 years. With high staff turnover across 12 month rolling average compared to other occupational therapy services. The service is assessing of current capacity and reviewing performance improvement plans.

Dietetics

96 % of breaches are for paediatrics due to new demand for selective eating (and associated nutritional risk) as the predominant reason for service waiting time breaches. A small number of community service breaches this month due to unavoidable clinic cancellation (staff sickness). A small number of diabetes breaches, following gap in recruitment to vacancies in specialty.

Key actions / initiatives

Key actions / initiatives	Due date
Physiotherapy	
• A standard operating procedure (SOP) for a targeted telephone triage pilot, for patients who could be signposted towards supported self-management in place with further refinement of this process is now planned using PDSA (plan-do-study-act) cycles to test the effectiveness of clinical risk stratification and patient activation tools to broaden the scope of the project.	31/08/26
• Financial Control Group approval given to actively recruit Band 5 bank staff, 5 job offers made 3rd March 2026. Aim for commencement in roles by 1st May 2026.	01/05/26
Occupational Therapy (Paediatrics)	
• Clinics established in all 3 counties. Continuing to explore opportunities to increase clinic capacity across all counties by identifying suitable accommodation.	31/06/26
• Team increasing number of sensory workshops for parents to increase flow through the service	31/03/26
• Reviewing job plans within the service to maximise direct clinical capacity	31/03/26
Dietetics	
• Paediatrics service review underway including access criteria & triage process with the aim to make recommendations for long term sustainability.	31/03/26
• Diabetes recruitment complete and should impact positively on reducing waiting lists.	31/03/26

Embedded improvement actions

Physiotherapy

Band 4 bank recruitment complete, successful candidates all onboarded.

Podiatry

Demand and capacity in depth review indicated that service was efficient, all staff on 10 session template booked by office with electronic rota together with strong discharge and eligibility procedures in place. Significant skill mixing undertaken. Service review undertaken to strengthen management structure to maximize efficiency.

Dietetics

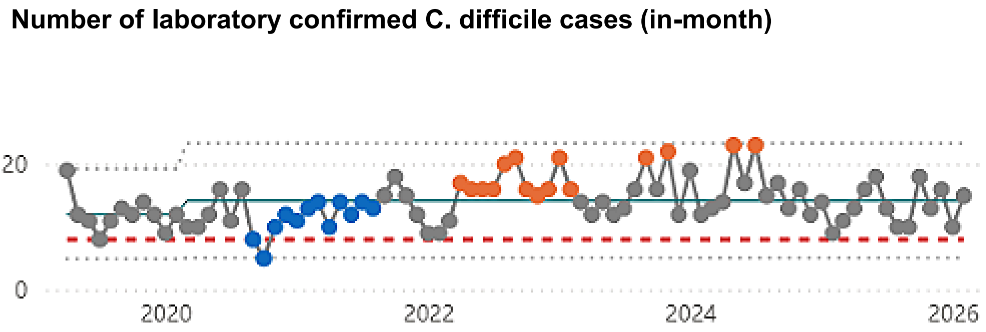
Paediatrics: Information developed to support first line advice to referrers, supporting management of risk while waiting.

All

November 2025 and January 2026 basic demand and capacity indicated 15 whole time equivalent staff, a cost of £850k, required to meet demand shared by Director of Operational Planning with Welsh Government. Indicators are that substantive funding is not available and the short-term funding offered February to March 2026 will not solve this issue. This was also shared as part of annual planning cycle.

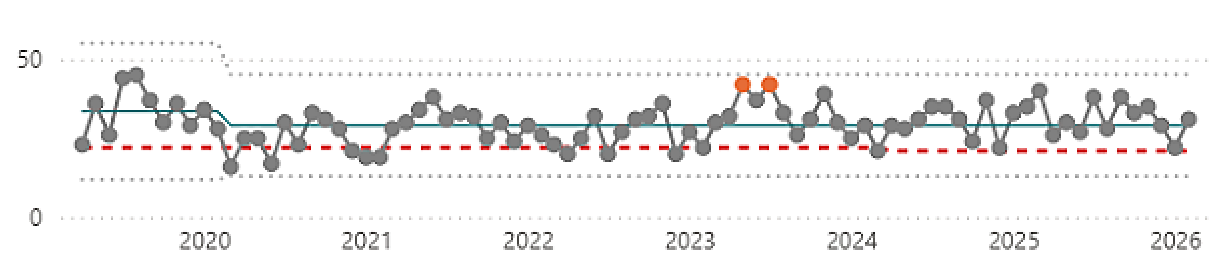
C. difficile and E. coli cases
(Enhanced monitoring)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition



Performance is showing usual variation with 15 cases in February 2026

Number of laboratory confirmed E. coli bacteraemia cases (in-month)



Performance is showing usual variation with 31 cases in February 2026

Key challenges / issues

C. difficile:
- January data set of 2 hospital onset infections was lowest seen but has not sustained in February. Clear fluctuations in infection rates.
- Antibiotic Stewardship: Inconsistent completion of Start Smart Then Focus (SSTF) audits; vacancies in Antimicrobial Pharmacy team risk affecting stewardship.
- Delayed Infection Prevention Control Actions: Recognition, isolation, and diagnosis delays noted in some cases.
- Environmental Cleaning: Challenges with routine and deep cleaning due to staffing shortages and surge capacity pressures, increased demand on deep cleaning in December and January due to outbreaks.
- Compliance Gaps: Lapses in hand hygiene and bare below the elbow standards across staff groups during Infection Prevention Control observation.
- Mandatory Training: Level 2 Infection Prevention Control compliance at 73.33%, below the 85% target and a reduction from the previous month.

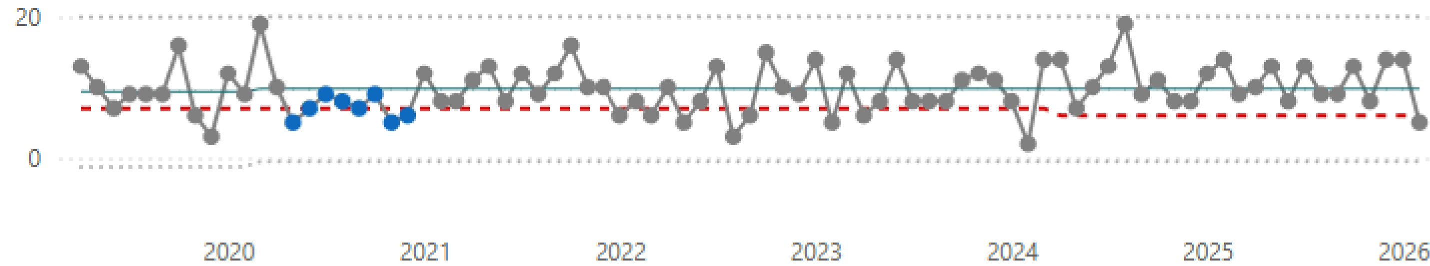
E. coli:
- Infections remain primarily community-onset, linked to urinary tract and some catheter-related infections.
- Most cases occur in the 80–89 age group.
- Non-compliance observed in hand hygiene and bare-below-the-elbow practices across staff.
- Health Board aseptic non-touch technique compliance stands at 83.80%.

Key actions / initiatives	Due date
C. difficile:	
• Close monitoring of infection rates to understand January's reduction which has not been sustained and above usual numbers.	23/03/26
• C.difficile Improvement Group to progress the work with the C.difficile collaborative and identify improvement projects.	17/03/26
E. coli:	
• Health & Wellbeing booklet under final review and pending publication.	30/03/26
• Ongoing review of hand hygiene products and promotional posters.	30/04/26

Embedded improvement actions

- Learning & Governance: Healthcare associated infections cases reviewed monthly
- Assurance Group; learning shared via Clinical Care Groups. Issues escalated through governance structures. This requires all members of the multi-disciplinary team in attendance
- Monthly hand hygiene audits by Ward Managers, monitored and reviewed.

S. aureus
(Enhanced monitoring condition)

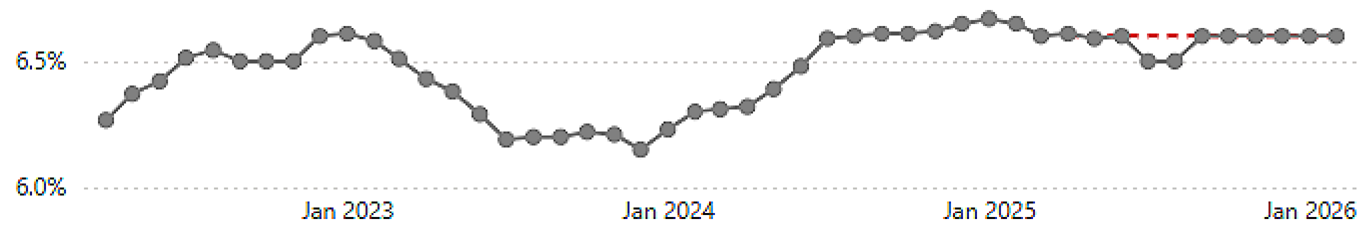


Performance is showing usual variation with 5 cases in February 2026

Key challenges / issues	Key actions / initiatives	Due date
S. aureus:		
• Aseptic non-touch technique compliance inconsistent; E-learning completion at 83.80%.	• Close monitoring of infection rates to understand January's reduction which has not been sustained and above usual numbers.	23/04/26
• Environmental/equipment contamination contributing to transmission due to cleaning challenges and surge.	• Clinical Care Groups to monito Aseptic non-touch technique compliance and assessor training offered to clinical areas.	30/03/26
• Infection burden remains community-based, primarily from wounds.	• Proposal to make competency mandatory via Electronic Staff Record- awaiting feedback.	23/03/26
• Ongoing lapses in hand hygiene and bare-below-the-elbow compliance across staff	• Healthcare associated infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups.	30/03/26
	• Hand hygiene validation and observational audits conducted based on senior nurse monthly audits.	30/03/26
	• Ongoing review of hand hygiene products and promotional posters.	30/04/26

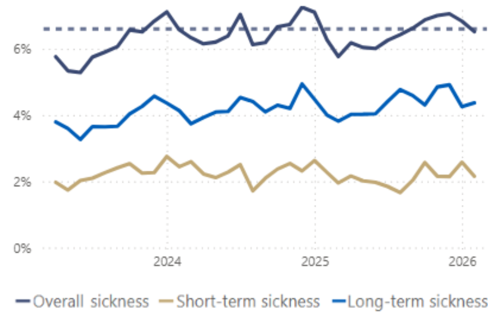
Staff sickness
(Delivery framework)

% staff sickness rate (12 months rolling)



% staff sickness rate (in month)

February 2026 = 6.5%
Short-term sickness = 2.2%
Long-term sickness = 4.4%



Services with 60+ staff with the highest levels of in-month sickness rates in February 2026:

Team	Staff	R12m %	In-month %
Glangwili Domestic Services	136 staff	14%	12.8%
Sunderland Ward	74 staff	12.7%	17.2%
Health Protection – Immunisation Team	66 staff	11.3%	11.5%
Prince Philip AMAU	72 staff	11.1%	12.7%
PDT - Domestics	145 staff	10.5%	10.2%
Teifi Ward	64 staff	10.3%	14.0%

Glangwili Domestic Services breakdown:

February 2026: 2.8% ST, 10% LT = Total:12.8%. 12-month rolling: 14%

February 2025: 3.9% ST, 9.2% LT = Total: 13.1%. 12-month rolling: 14.5%

Key challenges / issues

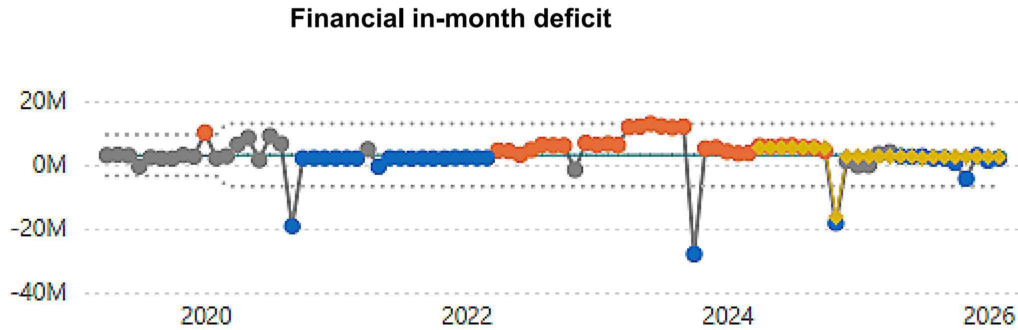
Figures are indicative of a monthly downward trend in absence, although the Health Board rolling absence rate remains within the target of 6.60%.

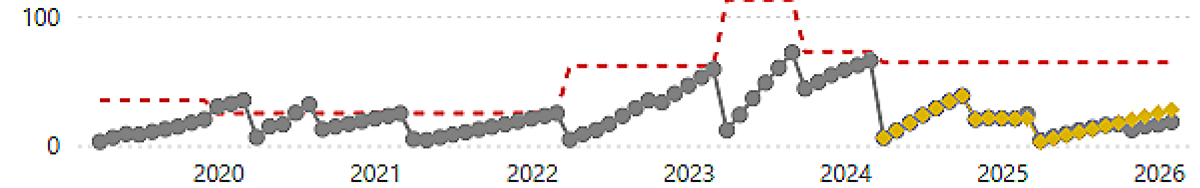
Absence rates attributed to anxiety, stress and depression continues to be the highest reason for absences across the Health Board, with absences attributed to cold, cough, flu remaining as the second highest reason.

Embedded improvement actions

- Development of a suit of bite sized training sessions for sickness
- Successful recruitment of 2 sickness absence advisors who are due to start in March & April to facilitate more focused support for sickness absence management.
- Ongoing focused support from the Workforce Teams continues in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups.
- Deep dives of data and analysis to ensure underlying issues are identified and appropriate support is in place.
- Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters
- A health passport is in development for employees with disabilities, long term conditions or neurodivergence to support them in the workplace It aims to empower employees to easily discuss their requirements with managers and ensure a continuity of support in the workplace.
- A comprehensive review of all sickness absence letters (aligned to the Attendance at Work Policy regarding short term and long-term procedure) is ongoing to ensure they are compassionate and appropriate, so employees feel supported through this process.

Financial deficit
(Targeted intervention)





Key challenges / issues

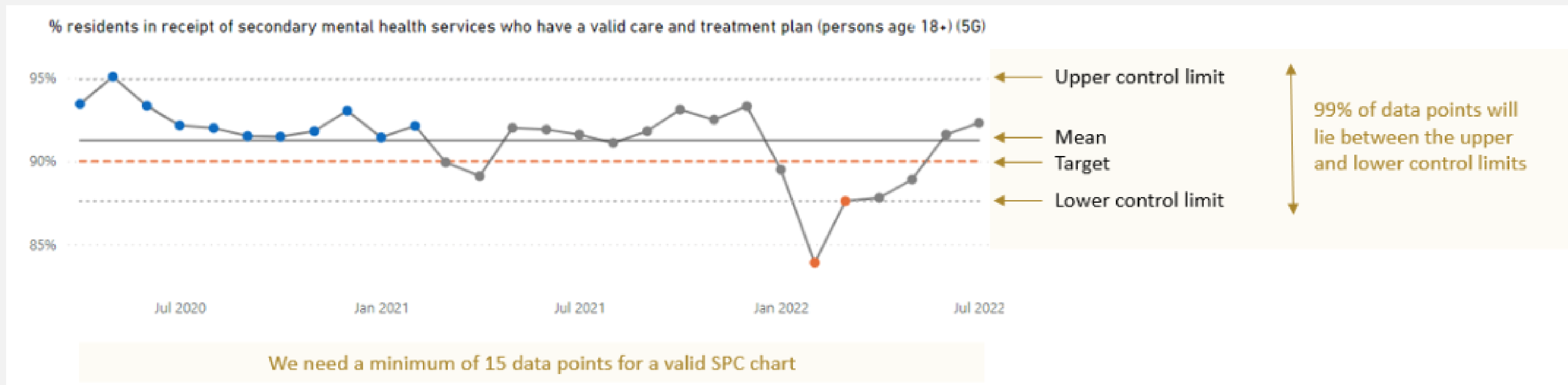
- **Medical pay and rostering Additional cover at premium costs** – Continuing use of additional medical cover, including premium locum and agency in Bronglais Hospital, Planned Care and Mental Health. There is a concerning trend that not all shifts are reported promptly on the Allocate rostering system and monthly spend is showing month on month variations due to retrospective shifts. This was the case in February 2026.
- **Nursing shifts usage and rostering** – Community and Integrated Medicine Nursing increased shifts filled in February 2026. Variability in the rostering of shifts and the level of shifts being able to be filled.
- **Oncology Drugs price increase** – Price increase of 6% reported in February 2026, need clarity on ongoing trend.
- **Joint Commissioning Committee activity** – Joint Commissioning Committee Long Term Agreements for Emergency activity and Joint Commissioning Committee increase in risk share relating to Heart Surgery activity with Swansea Bay University Health Board in February 2026, need an urgent assessment of ongoing financial risk to the end of the year and into next financial year
- **Six Goals funding** – Review required of spend against Six Goals funding

Key actions / initiatives	Due date
• Urgent update required on Medical Stabilisation and use of Allocate rostering system. Update required from Medical Director.	Overdue
• Nursing shifts - further controls required to mitigate increased spending and clinical variation. Update required from Community and Integrated Medicine Director and Nursing Director.	31/03/26
• Oncology Drugs - Update required on forecast trends. Update required from Clinical Director of Pharmacy and Medicines Management	31/03/26
• Joint Commissioning Committee activity - Update required from Director of Planning	31/03/26
• Six Goals funding - Action required – urgent review of spend against Six Goals funding. Update required from Six Goals team within Community and Integrated Medicine alongside Finance Business Controller.	31/03/26

Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

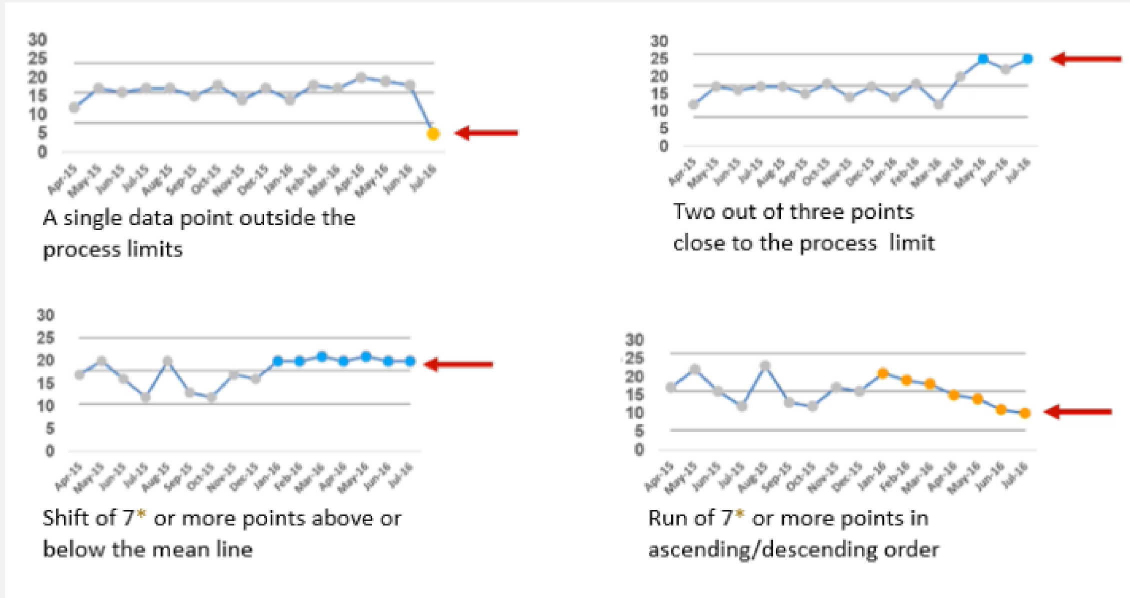
Anatomy of a SPC chart



Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:



A single data point outside the process limits

Two out of three points close to the process limit

Shift of 7* or more points above or below the mean line

Run of 7* or more points in ascending/descending order

* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e.. one for variation and another for assurance.

Variation How are we doing over time	(orange circle)	Concerning trend = a decline that is unlikely to have happened by chance
	(grey circle)	Usual trend = common cause variation / a change that is within our usual limits
	(blue circle)	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target	(orange square)	Missing target = will consistently fail target without a service review
	(grey square)	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	(blue square)	Hitting target = will consistently meet target
Note: remember **blue** is good, orange is **bad**		

HYWEL DDA

Internal escalation update

March 2026

Headlines

as at 28th February 2026

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

Areas to highlight	Points to highlight	3A
Planning, strategy and fragile services	Due to capacity challenges to complete the Annual Plan, no scoring has been provided this month for the planning, strategy and fragile services domain.	For information
Level 4 escalation	Work is progressing with NHS Wales Performance and Improvement to address concerning functions which could potentially be escalated to level 4. This may include the procurement of external diagnostic and intervention support.	Alert
Community and Integrated Medicine	Community and Integrated Medicine continues to be our most concerning CCG, with the function being escalated to level 3 in 5 out of the 6 improvement domains with updated escalation levels, and limited signs of improvement. Key issues for the CCG include the management of incidents/complaints with continued deterioration, hospital acquired infections, overdue risks & risk actions, overdue audit & inspection recommendations, overspent, significant gap on savings delivery, support for inpatient smokers, business continuity planning, ambulance handover delays, A&E waits and pathway of care delays. The CCG will be a key function to be considered for level 4 escalation when that option is made available.	Alert
Finance	Key challenges include: - Medical pay, with additional cover needed at premium costs to cover rotas - Use of agency nursing staff to ensure safe staffing levels - Oncology drugs price increase - Increase in heart surgery activity with Swansea Bay University Health Board - Review required of funding for the Six Goals programme	Alert
Mental Health & Learning Disabilities	MH&LD remain at level 3 for Performance. However, they have been escalated up to level 2 for adult mental health assessments within 28 days (Jan 2026 = 75.2%) due to a sharp decline in performance. The target was missed this month for first time since June 2023. Contributing factors were increased demand, more complex patients, sickness, vacancies and annual leave. Improvement actions have been taken and we are expecting to meet target in February.	Advise
Primary Care	The Primary Care function has been de-escalated to level 1 in both the Finance and Population Health domains.	For information

Acronyms

A&E = Accident & emergency
GGH = Glangwili Hospital
BGH = Bronglais Hospital
WGH = Withybush Hospital
CCG = Clinical Care Group

Background and overview

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Our Improving Together Framework was approved by Board in March 2025. It sets out our approach to embedding performance improvement through our organisation. The framework's ultimate aim is to improve outcomes for our patients, staff and population.

Improvements are focused around seven key domains:
(1) quality & safety,
(2) governance,
(3) workforce,
(4) finance,
(5) strategy, planning & fragile services,
(6) population health (introduced September 2025) and
(7) performance.

Health board escalation level overview as at 28th February 2026

1	Reasonable assurance
2	Limited assurance
3	No assurance
4	No assurance and insufficient actions/engagement

	Function	Quality & safety	Governance	Workforce	Finance	Strategy, planning and fragile services	Population Health	Performance
Clinical Care Groups	Community and Integrated Medicine	3	3	2	3	n/a	3	3
	Chief Operating Officer Management	1	2	2	2	n/a	3	n/a
	Mental Health and Learning Disabilities	3	1	1	3	n/a	3	3
	Planned and Specialist Care	2	2	2	3	n/a	3	3
	Primary Care	1	2	1	1	n/a	3	3
	Operational Allied Health and Health Sciences	3	1	2	3	n/a	3	3
Executive Functions	Executive Director of Allied Health Professions and Health Sciences	1	1	n/a	1	n/a	1	n/a
	Estates and Facilities	2	1	2	3	n/a	2	3
	Executive Director of Finance	1	2	1	1	n/a	2	n/a
	Medical	1	1	2	1	n/a	3	n/a
	Pharmacy and Medicines Management	2	1	2	2	n/a	3	n/a
	Executive Director of Nursing, Quality and Patient Experience	1	1	2	1	n/a	3	3
	Executive Director of Public Health	1	1	2	1	n/a	2	2
	Executive Director of Strategy and Planning	1	1	1	1	n/a	3	n/a
	Long Term Agreements (LTAs)			n/a	2	n/a		n/a
	Executive Director of Workforce and Organisational Development	1	1	1	1	n/a	3	n/a
	Governance and Communication	1	1	2	1	n/a	2	n/a

Domain overview: Quality & Safety

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

Escalation levels by function & month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community & Integrated Medicine	3	3	3	3	3	3	3	3	3	3	3	
Chief Operating Officer Management	1	1	1	1	1	1	1	1	1	1	1	
Mental Health & Learning Disabilities	3	3	3	3	2	2	3	3	3	3	3	
Planned & Specialist Care	2	2	2	2	2	2	2	2	2	2	2	
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	1	
Operational Allied Health & Health Sciences	2	2	2	2	2	2	2	2	2	2	3	
Executive Director of Allied Health Professions & HS	1	1	1	1	1	1	1	1	1	1	1	
Estates & Facilities	2	2	2	2	2	2	2	2	2	2	2	
Executive Director of Finance	1	1	1	1	1	1	1	1	1	1	1	
Executive Medical Director	1	1	1	1	1	1	1	1	1	1	1	
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	2	2	
Executive Director of Nursing, Quality & PE	1	1	1	1	1	1	1	1	1	1	1	
Executive Director of Public Health	1	1	1	1	2	2	2	1	1	1	1	
Executive Director of Strategy & Planning	1	n/a	1	1	1	1	1	1	1	1	1	
Long Term Agreements (LTAs)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	
Governance & Communication	1	1	1	1	1	1	1	1	1	1	1	

Domain overview: Governance

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

Escalation levels by function & month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community & Integrated Medicine	2	2	2	2	3	3	3	3	3	3	3	
Chief Operating Officer Management	2	2	1	1	1	1	2	2	2	2	2	
Mental Health & Learning Disabilities	3	3	2	2	2	2	2	1	1	1	1	
Planned & Specialist Care	3	3	3	3	3	3	2	2	2	3	2	
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	2	
Operational Allied Health & Health Sciences	2	2	2	2	2	1	1	1	1	1	1	
Executive Director of Allied Health Professions & HS	1	1	1	1	1	1	1	1	1	1	1	
Estates & Facilities	3	3	2	2	2	1	1	1	1	1	1	
Executive Director of Finance	2	2	1	1	1	1	1	1	2	2	2	
Executive Medical Director	2	2	1	1	1	1	1	1	1	1	1	
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	1	1	
Executive Director of Nursing, Quality & PE	2	2	2	2	2	2	2	2	2	1	1	
Executive Director of Public Health	2	1	1	1	1	1	1	1	1	1	1	
Executive Director of Strategy & Planning	2	2	1	1	1	1	1	1	1	1	1	
Long Term Agreements (LTAs)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	
Governance & Communication	1	1	1	1	1	1	1	1	1	1	1	

Domain overview: Workforce

Escalation levels by function & month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community & Integrated Medicine	2	2	2	2	2	2	2	2	2	2	2	
Chief Operating Officer Management	2	2	2	2	2	2	1	1	2	2	2	
Mental Health & Learning Disabilities	2	2	2	2	2	2	2	2	2	1	1	
Planned & Specialist Care	2	2	2	2	2	2	2	2	2	2	2	
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	1	1	
Operational Allied Health & Health Sciences	2	2	2	2	2	2	2	2	2	2	2	
Executive Director of Allied Health Professions & HS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Estates & Facilities	3	3	3	3	3	2	2	2	2	2	2	
Executive Director of Finance	1	1	1	1	1	1	1	1	1	1	1	
Executive Medical Director	1	2	2	2	2	1	2	2	2	2	2	
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	2	
Executive Director of Nursing, Quality & PE	2	2	2	2	2	2	2	2	2	2	2	
Executive Director of Public Health	2	2	2	2	2	2	2	2	2	2	2	
Executive Director of Strategy & Planning	1	1	1	1	1	1	1	1	1	1	1	
Long Term Agreements (LTAs)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	
Governance & Communication	2	2	2	1	1	1	1	1	1	2	2	

Domain overview: Finance

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

Escalation levels by function & month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community & Integrated Medicine	3	3	3	3	3	3	3	3	3	3	3	
Chief Operating Officer Management	2	2	2	2	2	2	2	2	2	2	2	
Mental Health & Learning Disabilities	3	3	3	3	3	3	3	3	3	3	3	
Planned & Specialist Care	3	3	3	3	3	3	3	3	3	3	3	
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	1	
Operational Allied Health & Health Sciences	3	3	3	3	3	3	3	3	3	3	3	
Executive Director of Allied Health Professions & HS	1	1	1	1	1	1	1	1	1	1	1	
Estates & Facilities	3	3	3	3	3	3	3	3	3	3	3	
Executive Director of Finance	1	1	1	1	1	1	1	1	1	1	1	
Executive Medical Director	1	1	1	1	1	1	1	1	1	1	1	
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	2	
Executive Director of Nursing, Quality & PE	2	1	1	1	1	1	1	1	1	1	1	
Executive Director of Public Health	2	1	1	1	1	1	1	1	1	1	1	
Executive Director of Strategy & Planning	1	1	1	1	1	1	1	1	1	1	1	
Long Term Agreements (LTAs)	n/a	1	1	1	1	1	1	2	2	2	2	
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	
Governance & Communication	1	1	1	1	1	1	1	1	1	1	1	

Domain overview: Strategy, Planning & Fragile Services

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

Escalation levels by function & month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community & Integrated Medicine	3	3	3	3	3	3	3	3	3	3	n/a	
Chief Operating Officer Management	1	1	1	1	1	1	1	1	1	1	n/a	
Mental Health & Learning Disabilities	2	2	2	2	2	2	2	2	2	3	n/a	
Planned & Specialist Care	3	3	3	3	3	3	3	3	3	3	n/a	
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	n/a	
Operational Allied Health & Health Sciences	3	3	3	3	3	2	3	3	3	3	n/a	
Executive Director of Allied Health Professions & HS	1	1	1	1	1	1	1	1	1	1	n/a	
Estates & Facilities	1	1	1	1	1	1	1	1	1	1	n/a	
Executive Director of Finance	1	1	1	1	1	1	1	1	1	1	n/a	
Executive Medical Director	1	1	1	1	1	1	1	1	1	1	n/a	
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	n/a	
Executive Director of Nursing, Quality & PE	1	1	1	1	1	1	1	1	1	1	n/a	
Executive Director of Public Health	1	1	1	1	1	1	1	1	1	1	n/a	
Executive Director of Strategy & Planning	1	1	1	1	1	1	1	1	1	1	n/a	
Long Term Agreements (LTAs)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	n/a	
Governance & Communication	1	1	1	1	1	1	1	1	1	1	n/a	

Domain overview: Population Health

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

Escalation levels by function & month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community & Integrated Medicine	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Chief Operating Officer Management	n/a	n/a	n/a	n/a	n/a	1	1	3	3	3	3	
Mental Health & Learning Disabilities	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Planned & Specialist Care	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	3	3	
Operational Allied Health & Health Sciences	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Executive Director of Allied Health Professions & HS	n/a	n/a	n/a	n/a	n/a	3	3	3	2	2	1	
Estates & Facilities	n/a	n/a	n/a	n/a	n/a	1	1	3	3	2	2	
Executive Director of Finance	n/a	n/a	n/a	n/a	n/a	1	2	2	2	2	2	
Executive Medical Director	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	3	3	
Executive Director of Nursing, Quality & PE	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Executive Director of Public Health	n/a	n/a	n/a	n/a	n/a	1	1	1	2	2	2	
Executive Director of Strategy & Planning	n/a	n/a	n/a	n/a	n/a	1	2	3	3	3	3	
Long Term Agreements (LTAs)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Executive Director of Workforce & OD	n/a	n/a	n/a	n/a	n/a	1	1	2	2	2	3	
Governance & Communication	n/a	n/a	n/a	n/a	n/a	2	2	2	2	2	2	

Domain overview: Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community & Integrated Medicine	3	3	3	3	3	3	3	3	3	3	3	
Chief Operating Officer Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Mental Health & Learning Disabilities	3	3	3	3	3	3	3	3	3	3	3	
Planned & Specialist Care	3	3	3	3	3	3	3	3	3	3	3	
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	3	3	
Operational Allied Health & Health Sciences	3	3	3	3	3	3	3	3	3	3	3	
Executive Director of Allied Health Professions & HS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Estates & Facilities	3	3	3	3	3	3	3	3	3	3	3	
Executive Director of Finance	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Executive Medical Director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Executive Director of Nursing, Quality & PE	3	3	3	3	3	3	3	3	3	3	3	
Executive Director of Public Health	2	2	2	2	2	2	2	2	2	2	2	
Executive Director of Strategy & Planning	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Long Term Agreements (LTAs)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Executive Director of Workforce & OD	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Governance & Communication	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

Trends for our most concerning functions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Community and Integrated Medicine

Domain	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	3	3	3	3	3	3	3	3	3	3	3	
Governance	2	2	2	2	3	3	3	3	3	3	3	
Workforce	2	2	2	2	2	2	2	2	2	2	2	
Finance	3	3	3	3	3	3	3	3	3	3	3	
Strategic planning & fragile services	3	3	3	3	3	3	3	3	3	3	n/a	
Population health	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Performance	3	3	3	3	3	3	3	3	3	3	3	

Estates and Facilities

Domain	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	2	2	2	2	2	2	2	2	2	2	2	
Governance	3	3	2	2	2	1	1	1	1	1	1	
Workforce	3	3	3	3	3	2	2	2	2	2	2	
Finance	3	3	3	3	3	3	3	3	3	3	3	
Strategic planning & fragile services	1	1	1	1	1	1	1	1	1	1	n/a	
Population health	n/a	n/a	n/a	n/a	n/a	1	1	3	3	2	2	
Performance	3	3	3	3	3	2	3	3	3	3	3	

Trends for our most concerning functions

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Mental Health and Learning Disabilities

Domain	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	3	3	3	3	2	2	3	3	3	3	3	
Governance	3	3	2	2	2	2	2	1	1	1	1	
Workforce	2	2	2	2	2	2	2	2	2	1	1	
Finance	3	3	3	3	3	3	3	3	3	3	3	
Strategic planning & fragile services	2	2	2	2	2	2	2	2	2	3	n/a	
Population health	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Performance	3	3	3	3	3	3	3	3	3	3	3	

Operational Allied Health and Health Services: escalation levels by month and domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	2	2	2	2	2	2	2	2	2	2	3	
Governance	2	2	2	2	2	1	1	1	1	1	1	
Workforce	2	2	2	2	2	2	2	2	2	2	2	
Finance	3	3	3	3	3	3	3	3	3	3	3	
Strategic planning & fragile services	3	3	3	3	3	2	3	3	3	3	n/a	
Population health	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Performance	3	3	3	3	3	3	3	3	3	3	3	

Trends for our most concerning functions (3)

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Planned and Specialist Care: escalation levels by month and domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	2	2	2	2	2	2	2	2	2	2	2	
Governance	3	3	3	3	3	3	2	2	2	3	2	
Workforce	2	2	2	2	2	2	2	2	2	2	2	
Finance	3	3	3	3	3	3	3	3	3	3	3	
Strategic planning & fragile services	3	3	3	3	3	3	3	3	3	3	n/a	
Population health	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	
Performance	3	3	3	3	3	3	3	3	3	3	3	

Escalation criteria

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Quality & Safety	Governance	Workforce	Finance	Strategy, Planning and Fragile Services	Population Health	Performance and Outcomes
Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Incidents 2. Complaints 3. Duty of Candour 4. HIW/CIW 5. Deteriorating patients 6. Patient experience	Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Risks 2. Audits/ inspections 3. WHCs/ Ministerial Directions 4. Governance arrangements 5. Policies 6. Freedom of information	Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Employee relations cases 2. Sickness 3. PADRs 4. Turnover 5. Mandatory training 6. Overdue pay progressions 7. Rosters & job plans (includes agency use)	Assurance the directorate will: 1. Operate within budget or deliver a recovery plan which will return to budget in year. 2. Identify and delivery recurrent savings to the level required.	Assurance the directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans. Has a triangulated plan to operate services effectively for the year.	Determines if opportunities are being taken to encourage patients to embrace healthier lifestyles or to ensure that our population is resilient to future challenges.	Assurance the directorate will meet improvement trajectories to achieve target performance.