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University Health Board

Date **19/05/2026**  
Time **14:00 - 17:00**  
Location **Microsoft Teams Meeting; Virtual via MS Teams**

# Virtual Stakeholder Reference Group Meeting

HDD\_Stakeholder Reference Group  
NHS Wales

# Agenda - 19 May 2026

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## 1 Governance

14:00, 0 min

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### 1.1 Welcome and Apologies

14:00, 3 min  
*Chair*

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### 1.2 Declaration of Interests

14:03, 0 min  
*All*

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### 1.3 Minutes of Stakeholder Reference Group Meeting on 5 February 2026

14:03, 2 min  
*Chair*

---

### 1.4 Table of Actions

14:05, 5 min  
*Chair*

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### 1.5 Meeting Attendance

14:10, 5 min  
*Chair*

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## 2 Our Services

14:15, 0 min

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### 2.1 Current and Future Planned Consultations and Engagement Update

14:15, 15 min  
*Alwena Hughes Moakes (Hywel Dda UHB - Communications and Engagement Director),  
Delyth Evans (Hywel Dda UHB - Engagement Manager)*

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### 2.2 Clinical Services Plan and Stroke Services

14:30, 15 min  
*Alexander Martin (Hywel Dda UHB - Principal Programme Manager)*

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**2.3 Update on Meddygfa'r Sarn**

14:45, 15 min

*Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care)*

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**2.4 Pharmaceutical Needs Assessment**

15:00, 15 min

*Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care)*

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**3 Our Communities**

15:15, 0 min

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**3.1 Overview of Paediatric ADHD Service**

15:15, 30 min

*Angharad Davies (Hywel Dda UHB - Childrens Community Lead Nurse), Martin Simmonds (Hywel Dda UHB - Pembs\_Consultant Paediatrics)*

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**3.2 Strategy Refresh**

15:45, 30 min

*Alexander Martin (Hywel Dda UHB - Principal Programme Manager)*

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**4 For Information**

16:15, 0 min

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**4.1 Integrated Performance Assurance Report (IPAR)**

16:15, 5 min

*Chair*

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**4.2 Board Update Report**

16:20, 2 min

*Chair*

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**4.3 Stakeholder Reference Group Work Plan 2025/26**

16:22, 2 min

*Chair*

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**5 Reflective Session**

16:24, 5 min  
*Chair*

- How informative was today's lesson on learning?
  - What are you going to take back to your organisations from today?
  - What would you like to learn about at the next meeting?
  - What would you like us to share with Board afterwards?
- 

**6**

**Any Other Business**

16:29, 5 min

# Table of contents

19/05/2026 14:00 - 17:00

---

1 - Governance	8
<hr/>	
1.1 - Welcome and Apologies	9
<hr/>	
1.2 - Declaration of Interests	10
<hr/>	
1.3 - Minutes of Stakeholder Reference Group Meeting on 5 February 2026	11
<hr/>	
<b>Attachments</b>	
1.3 2026-02-05 - Stakeholder Reference Group Meeting - Minutes	12
1.4 - Table of Actions	15
<hr/>	
<b>Attachments</b>	
1.4 SRG ToA	16
1.5 - Meeting Attendance	17
<hr/>	
2 - Our Services	18
<hr/>	
2.1 - Current and Future Planned Consultations and Engagement Update	19
<hr/>	
<b>Attachments</b>	
2.1 SRG engagement slides - May 2026	20
2.2 - Clinical Services Plan and Stroke Services	28
<hr/>	
<b>Attachments</b>	
2.2 Clinical Services Plan SRG May 2026	29

2.3 - Update on Meddygfa'r Sarn	35
<hr/>	
<b>Attachments</b>	
2.3 SRGMay2026 - Meddygfa'r Sarn Update	36
2.4 - Pharmaceutical Needs Assessment	39
<hr/>	
<b>Attachments</b>	
2.4 PNA Update - May 2026	40
3 - Our Communities	43
<hr/>	
3.1 - Overview of Paediatric ADHD Service	44
<hr/>	
<b>Attachments</b>	
3.1 ADHD Presentation - SRG 5 Feb	45
3.2 - Strategy Refresh	52
<hr/>	
<b>Attachments</b>	
3.2 Strategic Refresh - SRG presentation	53
4 - For Information	56
<hr/>	
4.1 - Integrated Performance Assurance Report (IPAR)	57
<hr/>	
<b>Attachments</b>	
4.1 Integrated Performance Assurance Report	58
4.2 - Board Update Report	108
<hr/>	
<b>Attachments</b>	
4.2 SRG Update to Board February 2026	109
4.3 - Stakeholder Reference Group Work Plan 2025/26	111
<hr/>	
<b>Attachments</b>	

5 - Reflective Session

6 - Any Other Business

1 - Governance

1.1

14:00, 3 Mins

---

1.1 - Welcome and Apologies

*Chair*

1.2

14:03, 0 Mins

---

1.2 - Declaration of Interests

*All*

1.3

14:03, 2 Mins

---

1.3 - Minutes of Stakeholder Reference Group Meeting on 5 February 2026

*Chair*

| For approval

**Attachments**

[1.3 2026-02-05 - Stakeholder Reference Group Meeting - Minutes.pdf](#)

## MINUTES OF THE Stakeholder Reference Group MEETING

Date of Meeting: **1:30 PM, Thursday 05 February 2026**  
Venue: **Microsoft Teams Meeting; Virtual via MS Teams**

Present: Tegryn Jones, Public Service Board (Pembrokeshire) *Chair*  
Shan Williams, Un Llais Cymru/One Voice Wales (Pembrokeshire)  
Jeremy Hockridge, Patient Representative (Carmarthenshire)  
Anne McCreary, Un Llais Cymru/One Voice Wales (Ceredigion)

In Attendance: Alwena Hughes Moakes, Communications and Engagement Director  
Clare James, Head of Corporate Governance, HDdUHB  
Nichola Couceiro, Head of Engagement, HDdUHB  
Megan Harris, Consultant – Local Public Health, HDdUHB (*deputising for Ardiana Gjini Executive Director of Public Health*)  
Ruth Poynting Committee Services Officer, HDdUHB (Minutes)

Apologies: Ardiana Gjini Executive Director of Public Health, HDdUHB  
Linda Parton, Siarad Iechyd/Talking Health (Carmarthenshire)  
Linda Jones, West Wales Care Partnership/Regional Partnership Board  
Mandy Dean, Carer Representative (Ceredigion)  
Hayley Edwards, Armed Forces

Minutes Ref.	Item	Action
SRG(26)001	<b>Welcome and Apologies</b>	
	Mr Tegryn Jones welcomed all to the meeting noting his appointment as the new Chair of the Stakeholder Reference Group (SRG). As the meeting was inquorate, formal business could not be conducted. Mr Jones advised that it would be helpful to write to representatives to discuss ongoing attendance issues. Ms Clare James offered her support with this work.	TJ, CJ
	Ms Shan Williams noted that challenges around attendance were not unique to this Group and referenced work undertaken by One Voice Wales to review their membership, suggesting that similar considerations could be explored.	
	The Group agreed that attendance would be included as an agenda item for the next meeting, with Ms Megan Harris suggesting that members be contacted to advise on the reasons for their non-attendance.	CSO
SRG(26)002	<b>Declarations of Interest</b>	
	There were no declarations of interest.	

SRG(26)003 **Minutes of Stakeholder Reference Group Meeting on 24 November 2025**

It was proposed that, as the meeting was inquorate, the minutes would be circulated to members by email for approval, prior to ratification via Chair's Action.

CSO

**Decision:** Subject to ratification by Chairs Action, the minutes were APPROVED,

SRG(26)004 **Chair and Vice Chair Arrangements**

Ms James noted the updated Chair arrangements and advised that Mr Jones is scheduled to meet with the Health Board Chair to confirm his role as an Associate Member of the Board. It was noted that the Group is currently seeking a Vice-Chair, and communications regarding this will be issued following the meeting.

**Decision:** The Group NOTED the update on Chair and Vice-Chair arrangements.

SRG(26)005 **Current and Future Planned Consultations and Engagement Update**

Ms Nichola Couceiro provided an update on engagement activity, outlining progress on ongoing consultation work. She confirmed that the decision-making Board meeting for the Clinical Services Plan is scheduled for 18 and 19 February 2026.

Ms Couceiro also highlighted work underway with the Mental Health Team in relation to GP referral pathways. She advised that engagement on the proposal to close the GP surgery in Pontyates, Meddygfa'r Sarn, will commence on 9 February 2026 and will run for a period of eight weeks. This proposal has been recommended by the Vacant Practice Panel following review of a number of fragile surgeries. Under the proposal, patients will be dispersed to their nearest GP surgery, based on their postcode.

**Decision:** The Group NOTED the Current and Future Planned Consultations and Engagement Update.

SRG(26)006 **Clinical Services Plan**

No update was presented.

SRG(26)007 **Our Refreshed Strategy**

No update was presented.

SRG(26)008 **Overview of Paediatric ADHD Service**

The Group agreed that as the meeting was inquorate and operating as an open forum, the scheduled ADHD item would be deferred to the next meeting.

CSO

SRG(26)009 **Integrated Performance Assurance Report (IPAR)**

Deferred to next SRG meeting.

SRG(26)010 **Board Update Report**

Deferred to next SRG meeting.

SRG(26)011 **Stakeholder Reference Group Work Plan 2025/26**

Deferred to next SRG meeting.

SRG(26)012 **Reflective Session**

Deferred to next SRG meeting.

SRG(26)013 **Any Other Business**

As the meeting remained inquorate, no further items were presented, and the meeting was brought to a close.

SRG(26)014 **Date of Next Meeting**

19 May 2026 14:00-17:00

1.4

14:05, 5 Mins

---

1.4 - Table of Actions

*Chair*

**Attachments**

[1.4 SRG ToA.pdf](#)

## STAKEHOLDER REFERENCE GROUP

### TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: Cja-Clare James; RP-Ruth Poynting; TG-Tegryn Jones

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
05/02/2026	SRG(26)001	Welcome and Apologies • To contact SRG members to advise on the reasons for their non-attendance.	RP	19/05/2026	Complete Letters circulated via email.
05/02/2026	SRG(26)001	Welcome and Apologies • To write to representatives to discuss ongoing attendance issues.	TG, Cja	19/05/2026	Complete Letters circulated via email.
05/02/2026	SRG(26)003	Minutes of Stakeholder Reference Group Meeting on 24 November 2025 • To circulate minutes of the meeting on 24 November 2025 to members by email for approval, prior to ratification via Chair's Action.	RP	19/05/2026	Complete Approved via Chair's Action.
05/02/2026	SRG(26)008	Overview of Paediatric ADHD Service • As it had been deferred, to schedule the Overview of Paediatric ADHD Service report for the meeting on 19/05.2026.	RP	19/05/2026	Complete Forward planned for SRG meeting on 19/05/2026.

1.5

14:10, 5 Mins

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1.5 - Meeting Attendance

*Chair*

| For information

## 2 - Our Services

2.1

14:15, 15 Mins

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2.1 - Current and Future Planned Consultations  
and Engagement Update

*Alwena Hughes  
Moakes (Hywel Dda  
UHB -  
Communications and  
Engagement  
Director), Delyth  
Evans (Hywel Dda  
UHB - Engagement  
Manager)*

| For information

**Attachments**

[2.1 SRG engagement slides - May 2026.pdf](#)



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# Engagement summary: February 2026 to April 2026 and future planned engagement

## **The decision on the future configuration of the nine services included within the Clinical Services Plan took place at the public Board meeting on 18 and 19 February 2026**

- Decisions were taken on eight of the nine services, with nearly half of the future service models decided having come from alternative ideas shared during the consultation.
- Further information on the decisions taken will be shared later in the session and can also be found on our website.
- Stroke was the only service included within the Clinical Services Plan where a future service model is yet to be decided. The Board chose a preferred direction of travel, to merge two alternate options received during the consultation, to further assess and test with our communities.

### **Next steps:**

Subject to Board approval on 28 May 2026, an eight-week engagement period from 28 May to 26 July 2026 is proposed. This will use a blended approach to maximise reach and give people different ways to take part and share their views.

This will include, hospital site visits and walkarounds, all staff team meetings and staff briefings, public drop-in events, online public events, targeted group sessions, community outreach, Health Board and third party events.

A wide range of documents will be made available to staff, patients, the wider public and partners, to support their understanding of the scope of the phase 2 consultation and how they can share their views. Formats will include: a bilingual main consultation document, Easy Read version, a bilingual audio version and a British Sign Language video, as well as alternate languages and further information made available through supporting documents.



- The refresh of our strategy 'A Healthier Mid and West Wales - Healthier lives, well lived', was presented and approved at public Board on 29 January 2026. Further information can be found on our website - [Board agenda and papers 29 January 2026 - Hywel Dda University Health Board](#)
- Since that time, work has been undertaken to translate it into different accessible formats, as well as design work to make it easier for staff, patients, our public and partners to read and understand.
- While we have been in the pre-election period we have not publicly shared documents or engaged on a wider basis, however initial staff walkarounds and document drops at our acute hospital and community sites began in late April 2026, to give our staff the first opportunity to hear about and read our refreshed Strategy.
- Following the end of the pre-election period we have begun sharing summary documents of our refreshed Strategy with key stakeholders
- As part of our commitment to continuous engagement with our communities, we will be attending local community group meetings, agricultural and cultural events over the summer and into autumn.



- In March 2026, the decision was made to approve the proposal to make the temporary urgent referral pathway change in Ceredigion permanent. Furthermore, a decision was made to support the phased roll-out of the pathway across Pembrokeshire and Carmarthenshire, subject to ongoing monitoring of impact, workforce capacity, and service demand, to ensure a safe, equitable, and sustainable model across the Hywel Dda footprint
- A detailed engagement report was produced, which included feedback and comments from members of our community, GPs, members of the Community Mental Health Team, Crisis Resolution and Home Treatment and the 111 Option 2 teams. Support was provided by third sector partners including West Wales Action for Mental Health (WWAMH) alongside the Health Board's Community Development Outreach Team. This enabled the engagement to reach people with lived experience of mental health issues and users of the services provided by the Health Board's Mental Health Team.
- Engagement has identified a clear set of mitigations required to support wider implementation. These include improved communication about Hywel Dda's 111 Option 2 service, defined referral pathways, flexible access for vulnerable and seldom-heard groups, including non-telephone options. Strong safety-netting and follow-up to prevent delays or disengagement. Consistent prescribing and medication management across the pathway and improved links from 111 Option 2 to third sector mental health support.
- An initial meeting of the colleagues involved in the pathway rollout met on 7 May 2026. This included members of staff from Mental Health, Primary Care, Communications, Engagement, and Ceredigion County Council.

At the public Board meeting on the 29 January 2026, the Board agreed an 8-week period of engagement. The purpose of the engagement is to understand the impacts and mitigations of the Vacant Practice Panel's recommendation to disperse patients of Meddygfa's Sarn to neighbouring GP practices .

The engagement period was held from 9 February to 6 April 2026

Engagement approach:

- Bilinugal letters and questionnaires, were sent by post to all registered patients of the surgery
- In-person public engagement drop-in events were held in Pontyates on 24 February, Pontyberem on 3 March and Carway on 31 March 2026: in total 352 people, with some attending multiple events
- Over 950 questionnaire responses in total were received, eight of which were received in Welsh.
- More detailed summary of the engagement will be shared later in the meeting

**The outputs of the engagement and decision on next steps are due to be presented to public Board on 28 May 2026.**



- Continuation of immunisation walkabouts and support given for Blood Borne Viruses (BBV) Gilead testing days in all three counties (131+ contacts)
- Ongoing engagement with Gypsy and traveller community including launch event for Art Work created in April 2026
- Support for Diabetes UK in community events in Pembrokeshire
- Community café and homeless shelter visits with Immunisation Teams
- Gardening club with Ukrainian families
- Connecting the communities event
- Health and Wellbeing Events – attended in Pembrokeshire College (150+ engagements). Staff worked with Ceredigion County Council and the BArod Project, Cyfle Cymru to organise Health and Wellbeing events in Ceredigion – Borth, Lampeter and Tregaron with 133 exhibitors and 226 attendees.
- Regular visits to Mosques across the region
- Work done with a range of other groups including Irish travellers, Veterans, Llanelli Street Football (20+ engagements); Food Banks, Tylsha, Salvation Army, Dyfed Drug and Alcohol Service (DDAS), Carers Forum (some monthly, some ad hoc)
- Outreach to Dunbia factory, car washes
- Polish Wellbeing Day, with Health Board teams attending including sexual health and smoking cessation (30+ engagements)

# Future planned engagement



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- Pharmaceutical Needs Assessment (PNA) review (May 2026)
- Stroke Services, Phase 2, Clinical Services Plan consultation – subject to Board approval (28 May- 26 July 2026)
- BANDI/Children Centre – six week engagement period (summer 2026)
- Eisteddfod Genedlaethol – Y Garreg Las (August 2026) - various health teams to promote their services
- Pembrokeshire County Show (August 2026) – various health teams to promote their services



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2.2

14:30, 15 Mins

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2.2 - Clinical Services Plan and Stroke Services

*Alexander Martin  
(Hywel Dda UHB -  
Principal Programme  
Manager)*

| For information

**Attachments**

[2.2 Clinical Services Plan SRG May 2026.pdf](#)



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# Clinical Services Plan – May 2026 Stakeholder Reference Group Presentation



At the Extraordinary Board meeting on 18 and 19 February 2026, feedback was received following a 13.5-week consultation on options for nine services within the Clinical Services Plan, alongside 22 additional alternative options suggested by our community.

During the second day, the Board made a series of decisions for the nine services, these included eight final decisions for services, which would require detailed implementation plans, and a pre-provisional decision for stroke services which would require additional engagement on a preferred option before a final decision could be made.

The purpose of this report is to provide an update on the work to date and provide assurance on the progress being made for the nine services.



Eight services received a final decision on the 19 February 2026, these were:

- Emergency general surgery (Option 155): Bring together the on-call rota at Glangwili Hospital and strengthen the surgical Same Day Emergency Care (SDEC) provision at Glangwili and Withybush Hospitals, with a business case to develop a further surgical SDEC at Bronglais Hospital in the future.
- Critical care (Option 246): Develop an enhanced care unit at Prince Philip Hospital instead of an intensive care unit and support working across critical care teams in Hywel Dda University Health Board (HDdUHB).
- Ophthalmology (Option 99/173): Bringing services together from Bronglais and Prince Philip Hospitals at Glangwili Hospital, providing more services at Amman Valley Hospital and developing a diagnostic hub at Aberaeron Integrated Care Centre (ICC) in the future subject to a business case.
- Orthopaedics (Option D/178): Provide more inpatient services at Bronglais Hospital and undertake works to support the service to meet the British Orthopaedic Association (BOA) Standards. In the future, provide additional inpatient activity at Prince Philip Hospital should demand increase but would be subject to a business case.
- Dermatology (Option C): Bring together services from hospital sites at Prince Philip Hospital, provide nurse led paediatric clinics at Cross Hands Health Centre, subject to successful completion; and develop capacity through GP clinics to provide minor operating procedures in the community. These changes would be subject to business cases where additional funding is required.



- Urology (Option A): Bring together urgent suspected cancer services and inpatient work at Prince Philip Hospital to create a urological investigation unit, with routine diagnostics and outpatients remaining at Withybush and Bronglais hospitals. Glangwili Hospital would remain as the emergency pathway for urology only.
- Endoscopy (Option A): Bringing together urology and respiratory procedures at Prince Philip Hospital with the use of an additional procedure room, with bowel screening and gastrointestinal procedures remaining at other sites. Emergency endoscopy procedures remain at all sites. In the future, develop a community endoscopy hub, subject to business case and further engagement.
- Radiology (Option 103): Bringing inpatient interventional services together at Glangwili Hospital, providing day case intervention Monday to Friday during the day at other sites. Bronglais Hospital would have diagnostic services Monday to Friday, while Prince Philip and Withybush hospitals would develop seven-day diagnostic services with a cancer focus. Emergency radiology procedures remain at all sites. In the future, develop a community radiology hub, subject to business case and further engagement.



For stroke services the Board, in considering the options and feedback from the consultation, decided to bring together two elements from options which had met hurdle criteria to create a new idea to be further tested and engaged on. This idea was based on a 24-hour specialist stroke unit in Glangwili Hospital from Option 210 and a stroke rehabilitation unit in Bronglais Hospital from Option 106. Patients from Bronglais, Prince Philip and Withybush hospitals would access initial stroke care from their nearest hospital and be transferred to either the stroke unit or for thrombectomy in Cardiff or Bristol.

As this option had not been tested during the consultation or been through the same options development process it was agreed that further work would be undertaken to assess the option before engaging with communities for feedback. After this the Board would make a final decision on the service.



Within April 2026 Strategy and Planning Committee Papers, we highlighted the expected activities and milestones which will be carried out to support the implementation planning, as well as the work being undertaken to support the engagement on stroke services.

For the eight services which received a final decision we have developed a pre-implementation plan. This involves refreshing data and modelling, reviewing the impacts of bringing together elements from options as part of Board decision and will require the revision of impact assessments.

This will result in the development of an implementation plan for potential in-year changes that can be delivered without additional revenue or impact on the Annual Plan, alongside a phased implementation plan to be incorporated into the three-year planning process from 2027/28.

We expect this detailed implementation plan to be presented to Board on 30 July 2026, subject to organisational capacity to support due to competing priorities and ongoing operational pressures.

For stroke services, a virtual meeting of the Options Development Group was held on 14 April 2026 to hurdle appraise and score the option identified by the Board. The outcomes will inform the engagement documentation, which is already in development using materials from the consultation.

An eight-week engagement is currently scheduled to commence from May Board 2026 subject to approval from Board, with the intention of reporting the findings to the Board by the end of the year. This will be dependent on response levels and may result in the Board being unable to make a final decision on stroke services until early 2027.

2.3

14:45, 15 Mins

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## 2.3 - Update on Meddygfa'r Sarn

*Rhian Bond (Hywel  
Dda UHB - Assistant  
Director of Primary  
Care)*

| For information

### **Attachments**

[2.3 SRGMay2026 - Meddygfa'r Sarn Update.pdf](#)



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# Meddygfa'r Sarn Update – May2026

## Rhian Bond

- Following consideration by a Vacant Practice Panel on 31 October 2025, the Board at its meeting on 29 January 2026 considered the recommendation to disperse the practice list. In line with Health Board process, it was agreed that a period of public engagement should be undertaken (8 weeks) commencing on 9 February 2026. An engagement plan was agreed with Llais West Wales.
  - in-person at any of the three public engagement drop-in events in Pontyates on 24 February 2026, Pontyberem on 3 March 2026 and Carway on 31 March 2026
  - by questionnaire, enclosed with letter to all patients: collection boxes for paper questionnaires at Meddygfa'r Sarn and Pontyates Community Pharmacy,
  - online: completing the digital version of the same questionnaire hosted on Hywel Dda University Health Boards (HDdUHB) Have Your Say / Dweud eich Dweud sites
  - by telephone - via the Communication Hub, by email at [ask.hdd@wales.nhs.uk](mailto:ask.hdd@wales.nhs.uk), or in writing to the Health Board.
- We received: 957 questionnaire responses, six emails, four telephone calls and three letters
  - 68.3% of respondents were aged over 55
  - 54.9% of respondents were women
  - 59.4% of respondents said they had been to the practice in the last month
  - 21% of respondents said they walked to the practice
- From stakeholders we received letters from:
  - Adam Price AS MS, Carmarthenshire County Council, Councillors Alex Evans, Meinir James and Tyssul Evans, Councillor Meinir James, Councillor Sean Rees, Llanelli Town Council, Councillor Tyssul Evans, Joyce Watson MS, Kidwelly Town Council, Lee Waters MS, Llandyfaelog Community Council, Nia Griffiths MP and Presbyterian Church of Wales
- A report to Board for its meeting on 28 May 2026 will summarise the response to the engagement exercise and make recommendations on a way forward for Meddygfa'r Sarn



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2.4

15:00, 15 Mins

---

2.4 - Pharmaceutical Needs Assessment

*Rhian Bond (Hywel  
Dda UHB - Assistant  
Director of Primary  
Care)*

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**Attachments**

[2.4 PNA Update - May 2026.pdf](#)



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# Pharmaceutical Needs Assessment– May2026

## Rhian Bond

# Pharmaceutical Needs Assessment (PNA)

- The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 set out the requirement for Health Boards to publish a Pharmaceutical Needs Assessment and to review and revise a publication within five years of the first PNA
- A Steering Group has been established to have oversight of the development of the revised PNA which includes Community Pharmacy Wales and Llais West Wales (meeting monthly)
- Public and stakeholder engagement has been undertaken to understand current service use and service availability and will be included in the document
- The draft PNA document requires a 60 day consultation period which will start on 18 May 2026
- The final PNA will be presented to the Board on 24 September 2026 for approval and sign off ahead of publication in October 2026



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### 3 - Our Communities

3.1

15:15, 30 Mins

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3.1 - Overview of Paediatric ADHD Service

*Angharad Davies  
(Hywel Dda UHB -  
Childrens  
Community Lead  
Nurse), Martin  
Simmonds (Hywel  
Dda UHB -  
Pembs\_ Consultant  
Paediatrics)*

| For information

**Attachments**

[3.1 ADHD Presentation - SRG 5 Feb.pdf](#)

# Overview of Paediatric ADHD Service



We are a small dedicated rural team of Community Paediatricians, a Specialist Nurse, and administrative staff, providing services for children and young people (CYP) across Carmarthenshire, Ceredigion and Pembrokeshire

Our referral pathway is initiated by Schools unless the CYP is home educated. Home Educated children require a GP referral.

All referrals are screened by Community Paediatricians who may request a Quantitative Behaviour (QB) Test or Connors Questionnaire to support assessment. Schools may also be contacted for additional information.

A QB test is an objective screening tool to measure Attention Deficit Hyperactivity Disorder (ADHD) symptoms. It is not a diagnostic tool but supports clinical assessment for children aged 6yrs +. It is a 15-20 minutes computer-based test measuring inattention, impulsivity and hyperactivity.

All diagnostic assessments are then completed Face to Face.



- Between 1 April 2025 and 30 January 2025, the service accepted 1034 referrals, averaging 103 referrals per month. This is a 100% increase in referral rate over the last 24 months.
- In order to support those on our waiting lists, useful ADHD resources are available online on our internet page - [Children ADHD - Hywel Dda University Health Board](#). Education about ADHD is an important part of the treatment pathway.



- We offer an appointment for all CYP with a new diagnosis for support and education with our Paediatric ADHD Specialist Nurse.
- Treatment takes a holistic approach including psychological, behavioural and educational support
- A healthy diet, good sleep routine and regular exercise can play an important role in helping manage ADHD symptoms
- With informed consent, schools will be informed to ensure appropriate support within the classroom.



- Medication may be helpful for some children and young people, but is not suitable or effective for everyone
- Other conditions like, Autism or anxiety may influence symptoms
- Clinicians make decisions based on an individual basis, considering all information from home, school and clinical assessment
- Finding the right medication and dose can take time and requires regular review
- Monitoring includes weight, height, blood pressure, pulse, mood, appetite
- Once stabilised, reviews are carried out every 6 months
- Private ADHD diagnoses still require an NHS referral via the Hywel Dda ADHD pathway. This is to validate the diagnosis to ensure safe ongoing prescribing.



- Transition arrangements for the majority of young people will be to Primary Care where arrangements are made for ongoing Shared care with Adult ADHD services.
- Both Paediatrics and Adult ADHD services are currently developing a formal pathway to ensure that young people are supported as they approach adulthood.



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



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

3.2

15:45, 30 Mins

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## 3.2 - Strategy Refresh

*Alexander Martin  
(Hywel Dda UHB -  
Principal Programme  
Manager)*

| For information

### **Attachments**

[3.2 Strategic Refresh - SRG presentation.pdf](#)



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University Health Board



# Strategic Refresh – 19 May 2026 Stakeholder Reference Group Presentation



*A Healthier Mid and West Wales – Our future generations living well* was agreed in 2018, our organisational strategy that looked to move from an organisation that treats ill health, to one that promotes wellness and prevents illness.

From November 2024, work was undertaken to refresh our Strategy to reflect changes which have taken place locally, regionally and nationally, noting impacts of the COVID-19 pandemic, impact of cost of living, and advances made in digital technology.

The refresh looked at what remains the same, such as how we think we will deliver care in the future, what has changed, such as advances in digital and clinical standards, and what we want to keep doing, such as the work on developing out social model for health and wellbeing and the population health and wellbeing activities.

The refresh of the strategy, *A Healthier Mid and West Wales - Healthier lives, well lived*, was presented to Board in January 2026 and the content approved subject to final proofing and edits. Since this time, work has been undertaken to create accessible versions of the Strategy as well as designing work to make the document more accessible for members of the public, our partners and wider stakeholders.

Since the strategy was presented to Board in January 2026, minor changes have taken place to the document where required, these included revising the title of the planning goal around digital transformation (People First, Digital Always), and strengthening how our Strategy aligns to our wellbeing objectives as part of the Future Generations (Wales) Act which, while referenced, were not finalised at the time of sharing with the Board.

Now that the document content has been finalised, work has been undertaken to translate it into different accessible formats, as well as design work to make it easier to read and understand.

The intention is to present the suite of final documents to Board on 28 May 2026 where they would be publicly available and circulate internally with staff when ready, so that our staff have the first opportunity to read and understand our Strategy.

While initial awareness raising is likely to take place around this date, focused engagement is likely to happen later in the year to avoid confusion between this work and other engagement activities.



## 4 - For Information

4.1

16:15, 5 Mins

---

4.1 - Integrated Performance Assurance Report  
(IPAR)

*Chair*

| For information

**Attachments**

[4.1 Integrated Performance Assurance Report.pdf](#)

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 March 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 11 2025/2026
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 28<sup>th</sup> 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](mailto: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: 1<sup>st</sup> April 2022 to 28<sup>th</sup> 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'.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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 – Worthybush 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
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement. <a href="#">Integrated Impact Assessment Template</a>
<b>Gweithlu:</b> <b>Workforce:</b>	Development of staff through pooling of skills and integration of knowledge <a href="#">Integrated Impact Assessment Template</a>
<b>Risg:</b> <b>Risk:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Enw Da:</b> <b>Reputational:</b>	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. <a href="#">Integrated Impact Assessment Template</a>
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A <a href="#">Integrated Impact Assessment Template</a>
<b>Cydraddoldeb:</b> <b>Equality:</b>	N/A <a href="#">Equality Impact Assessment</a>



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# Integrated Performance Assurance Report (IPAR) Overview

As at 28<sup>th</sup> February 2026

For further details see the 'System measures' section of the latest [IPAR dashboard](#).



## Overview

[Key improvement measure summary](#)

## Planned care

[Outpatients – new and follow-ups](#)

[Referral to treatment](#)

[Ophthalmology R1 \(high-risk patients\)](#)

## Urgent and emergency care

[Ambulances – Hywel Dda](#)

[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 – Wthybush Hospital](#)

[Emergency departments – Wthybush Hospital](#)

[Pathway of Care Delays \(PoCD\)](#)

## Cancer

[Single cancer pathway](#)

## Statistical process control (SPC) charts

[Why use SPC charts?](#)

[Anatomy of a SPC chart](#)

## 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](#)

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 post 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 28<sup>th</sup> February 2026.](#)

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
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Consultations delivered through PIPS	n/a	Dec 2025	3,754	● Improving	n/a	◆ Trajectory met	Assure

**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.

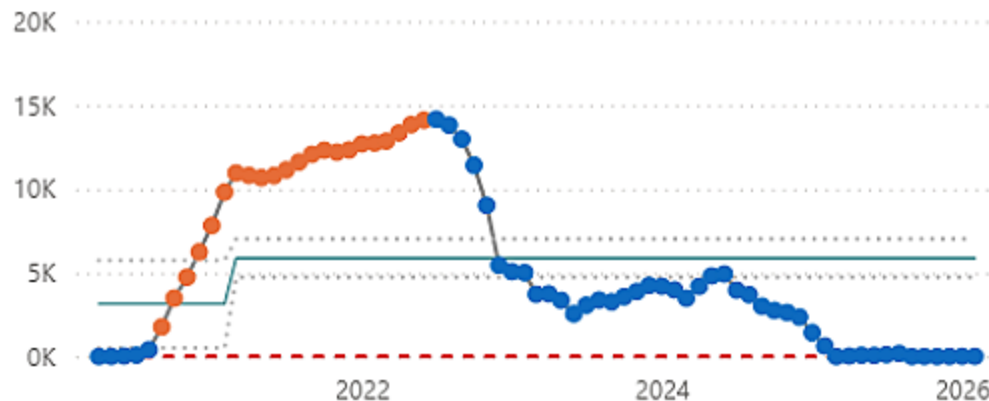
**Assure**  
(to note)

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

**Key**

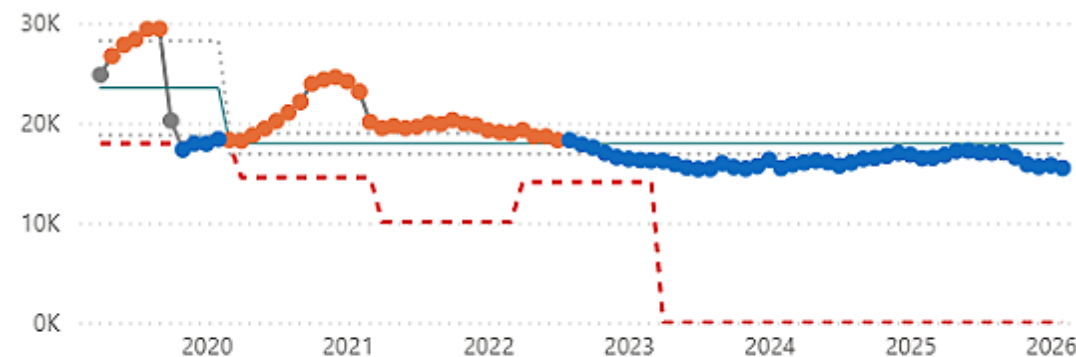
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Patients waiting >52 weeks for first outpatient appointment**



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

**Follow up outpatient appointments delayed over 100% past target date**

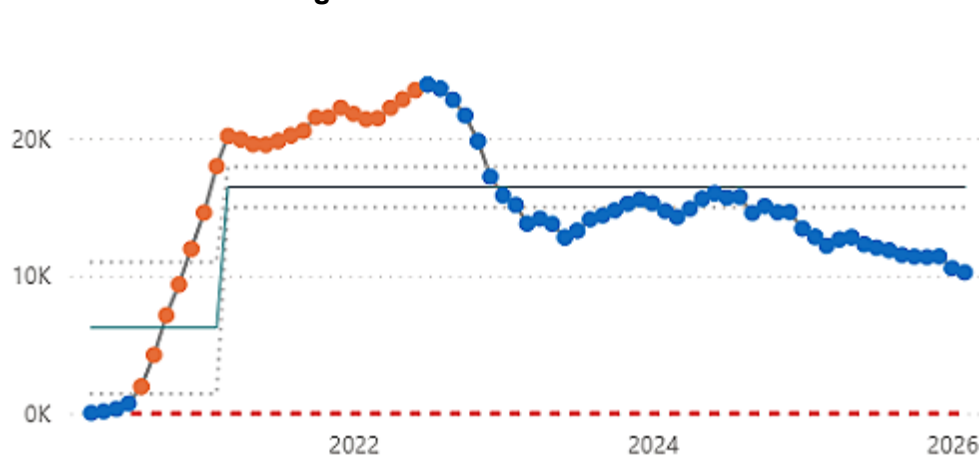


Performance is showing an improving trend at 15,477 in February 2026, the lowest level since November 2023.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>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.</li> <li>All specialties are expected to reach the target of zero by March 2026.</li> <li>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.</li> <li>Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.</li> </ul>	<ul style="list-style-type: none"> <li>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).</li> <li>Delayed follow-up wait reduction to below 12,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<p>31/03/26</p> <p>31/03/26</p> <p>31/03/26</p> <p>31/03/26</p> <p>31/03/26</p>

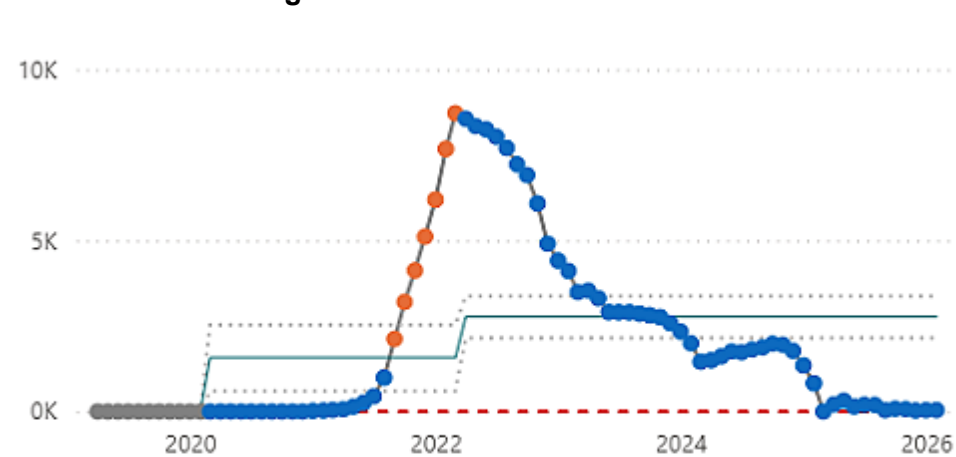
**Key**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation  
 - - Upper and lower limits  
 — Mean  
 — Target  
 ● Ambition

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**

**Key actions / initiatives**

**Due date**

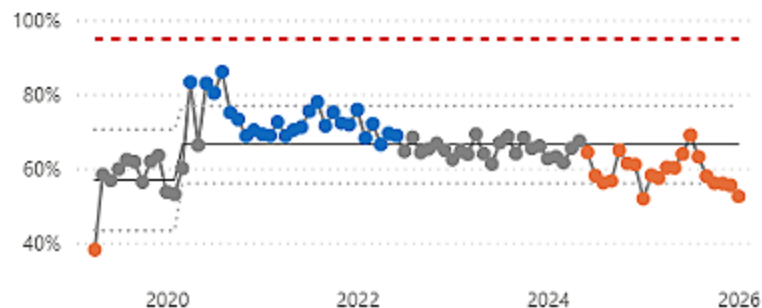
- Ear, Nose & Throat (ENT) recorded 15 breaches over 104 weeks for RTT due to a reduced level of theatre staffing and cancellations. The 17 breaches reported in Orthopaedics in February are attributable to the two week pause in elective activity resulting from the national joint cement shortage. The 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

- 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

**Key**

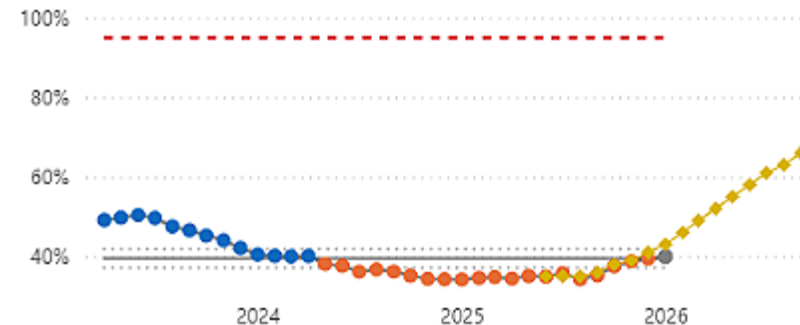
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**% 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**

- 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.
- 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.
- 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.

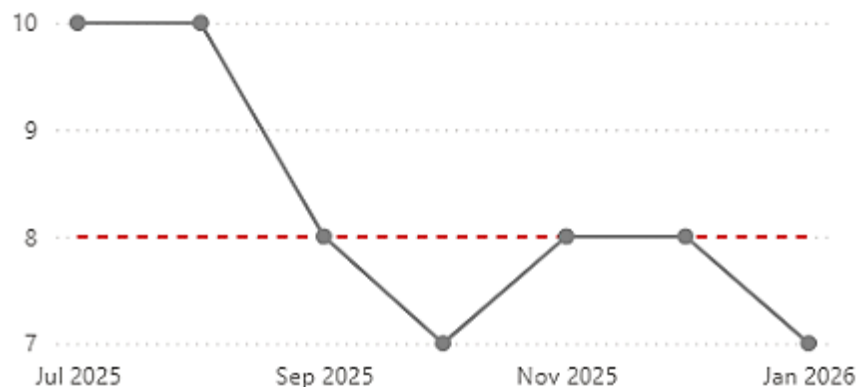
**Due date**

- 01/06/26
- 28/02/27 (to recruit and train staff)
- 01/07/26

Key

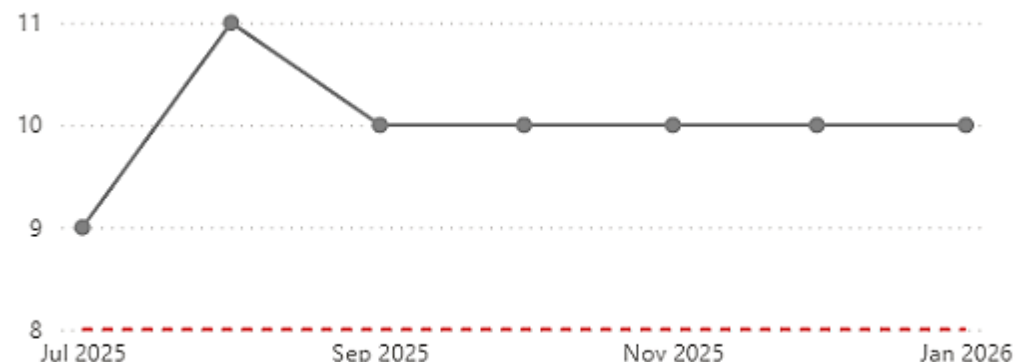
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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.

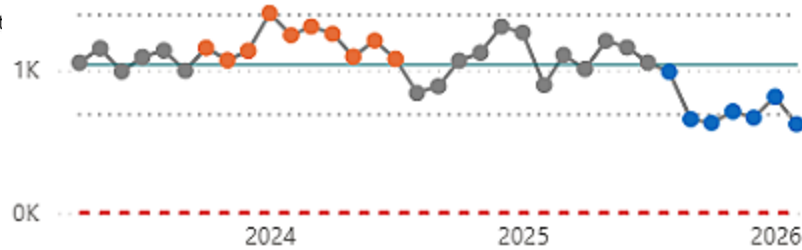
Embedded improvement actions

- 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.

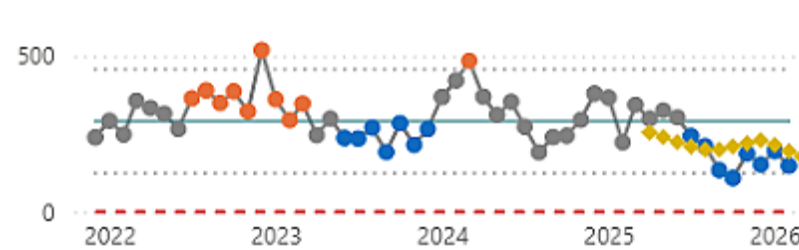
**Key**

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

**Ambulance handovers taking over 45 minutes**



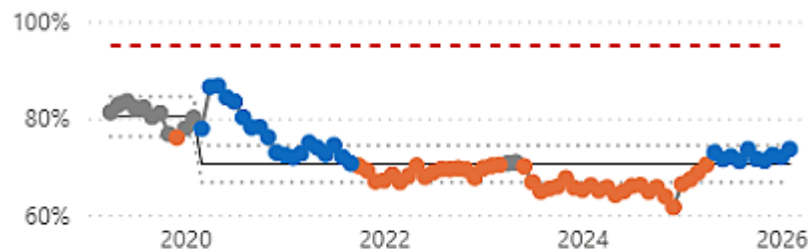
**Ambulance handovers taking over 4 hours**



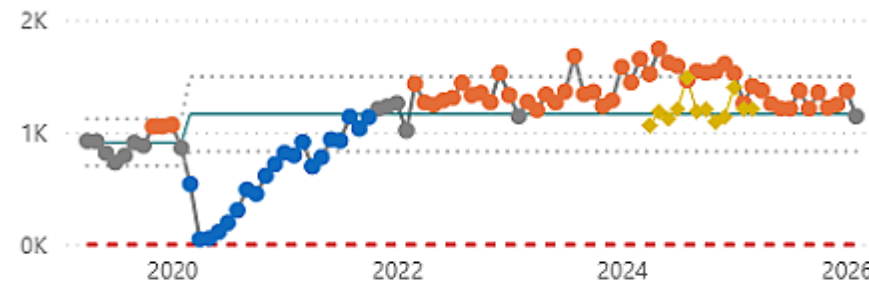
**>45 Minutes handovers:**  
Latest data is showing improving variation  
621 handovers > 45 minutes out of a total of 1,903 handovers.

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

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



**Patients waiting over 12 hours in A&E/MIU**



**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 1<sup>st</sup> sprint to those areas maintained, those that deteriorated and allowing a focus to sustained improvement.

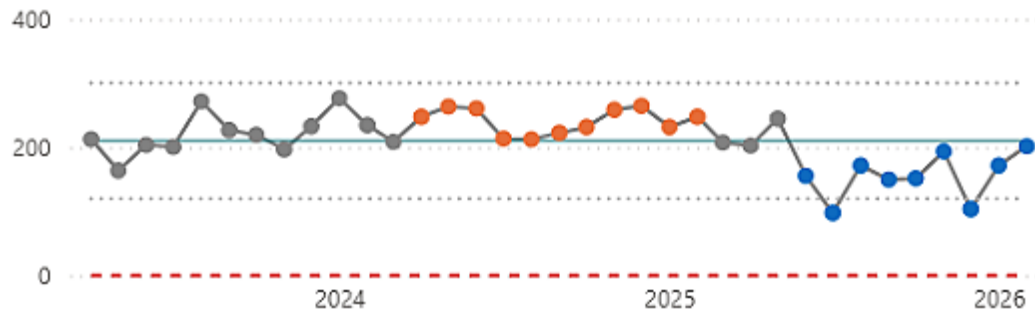
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- [Bronglais Hospital](#) [Prince Philip Hospital](#)
- [Glangwili Hospital](#) [Withybush Hospital](#)

**Key**

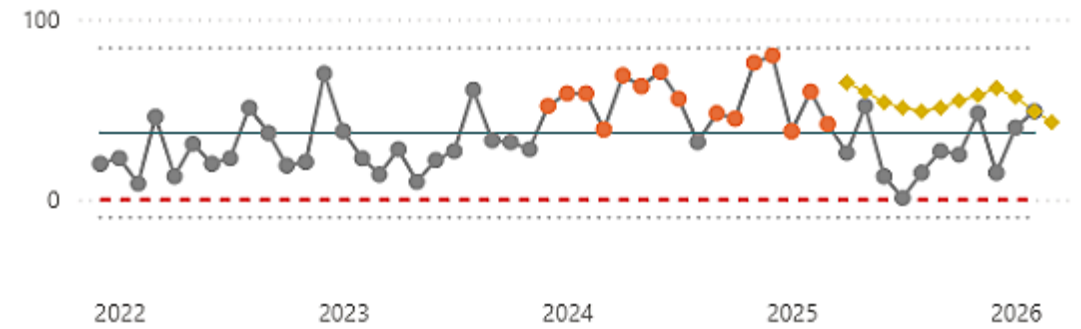
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**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**

- Recruitment of x3 speciality doctors and x1 substantive Consultant in the Emergency Department will enable a 24/7 rota
- Same Day Urgent Care Pilot in place until end of March
- Recruitment of Band 7 Emergency Navigators took place with 5 successful applicants appointed

**Due date**

- 30/04/26
- 31/03/26
- 31/03/26

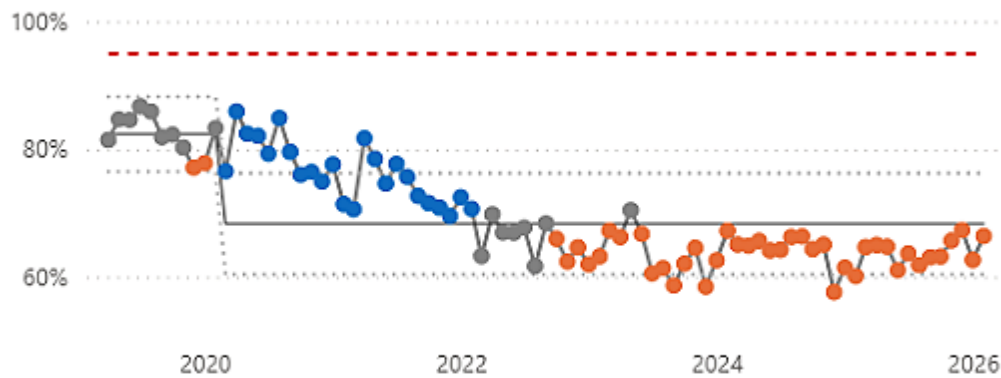
**Embedded improvement actions**

- 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.

**Key**

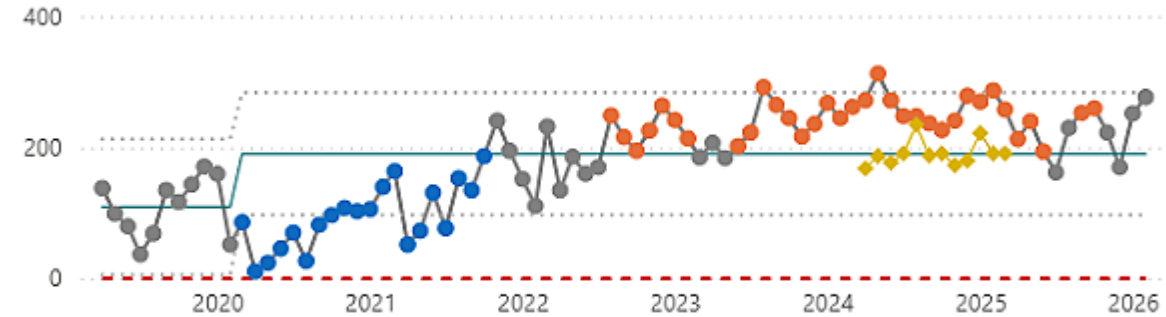
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



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

**Patients waiting over 12 hours in A&E/MIU**



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**

- Conversion of a two bedded area within the Clinical Decision Unit in Bronglais Hospital to convert to an ambulance handover area
- Implementation of 24/7 specialty doctor rota
- Recruitment of 2nd A&E Consultant – start date May 2026

**Due date**

- 31/03/26
- 30/04/26
- 31/05/26

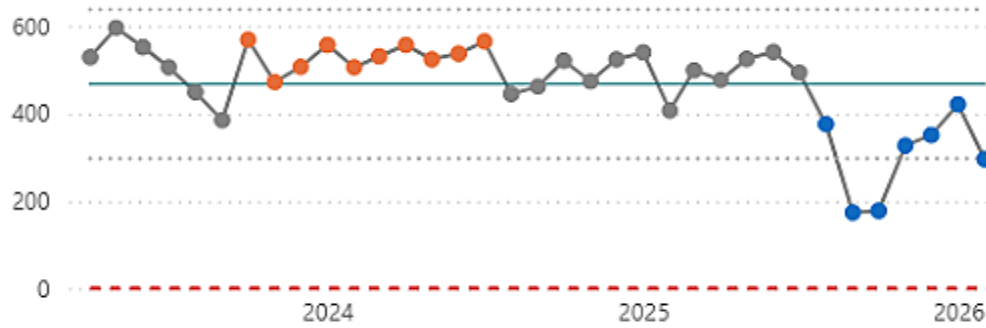
**Embedded improvement actions**

- 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
- Page 72 and manager of the day model.

**Key**

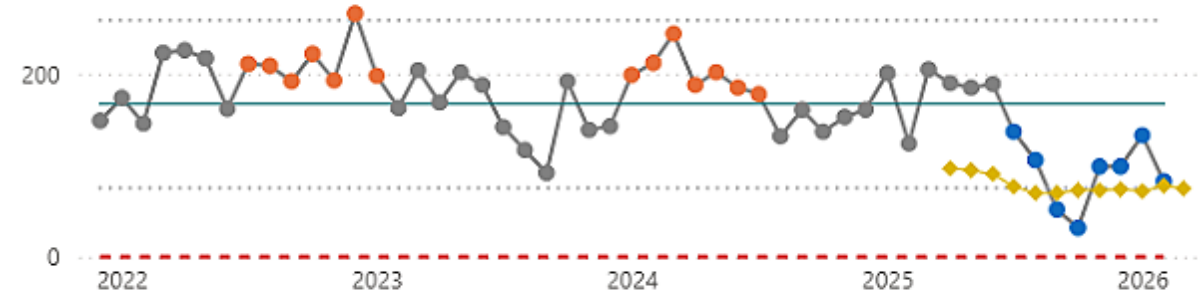
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**Ambulance handovers taking over 45 minutes**



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

**Ambulance handovers taking over 4 hours**



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**

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

**Due date**

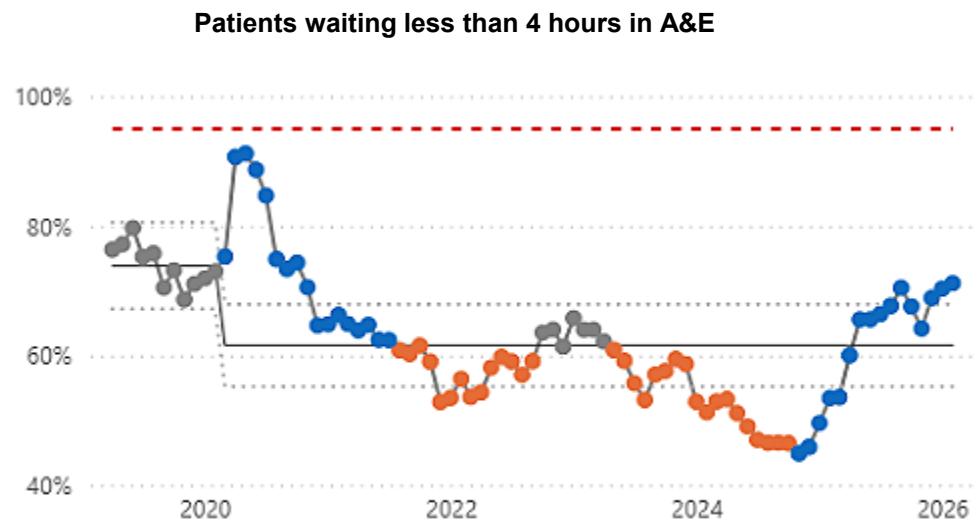
- 30/04/26
- 30/04/26
- 31/03/26
- 30/06/26

**Embedded improvement actions**

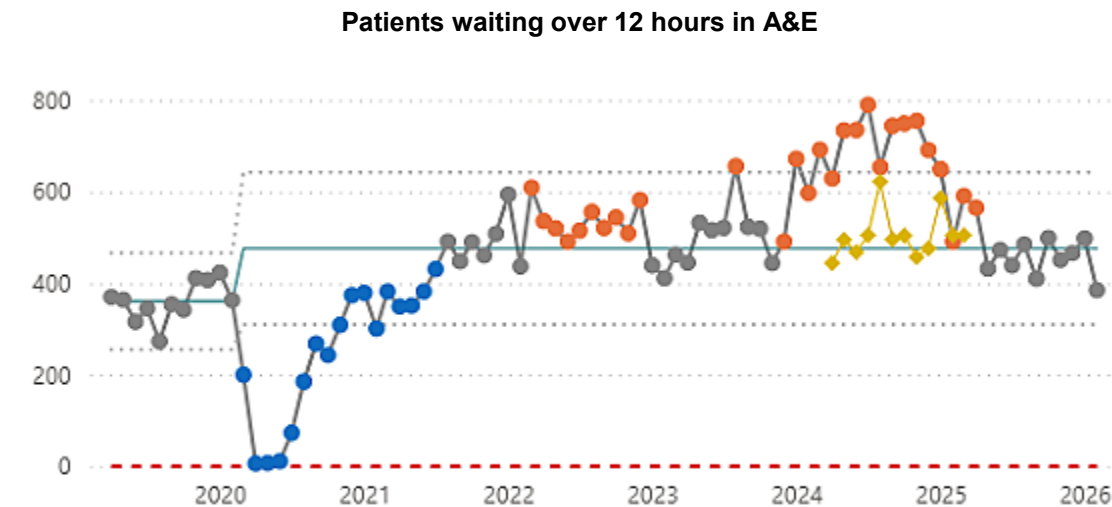
Ongoing recruitment process being followed.  
 IP+C scrutiny continues.  
 Miya Flow is now being actively used to support real-time pull from ED, improving visibility and patient movement.

**Key**

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



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



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**

- Working with the patient flow unit (PFU) to support in early internally repatriation
- Improve the Frailty pathway in GGH and the wider Carmarthenshire acute and community system
- To review, improve and fully implement the 7 day working Clinical Hub actions
- Reviewing the standard operating procedure (SOP) and clinical guidelines for SDEC

**Due date**

- 30/04/26
- 30/09/26
- 30/06/26
- 30/03/26

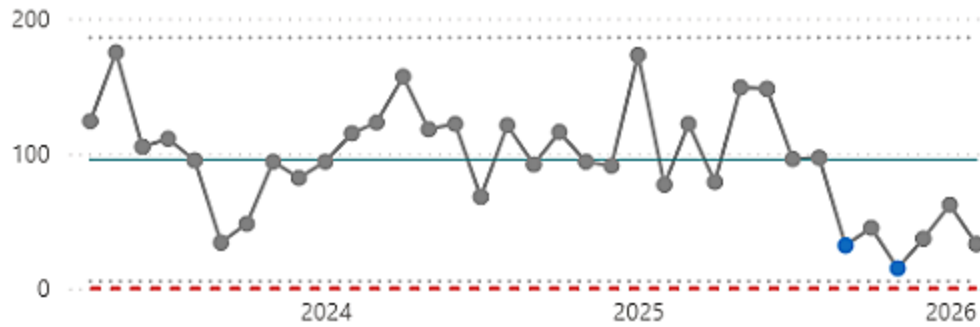
**Embedded improvement actions**

- 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 HR as now appointed a Clinical Lead for Care of the Elderly (COTE)

**Key**

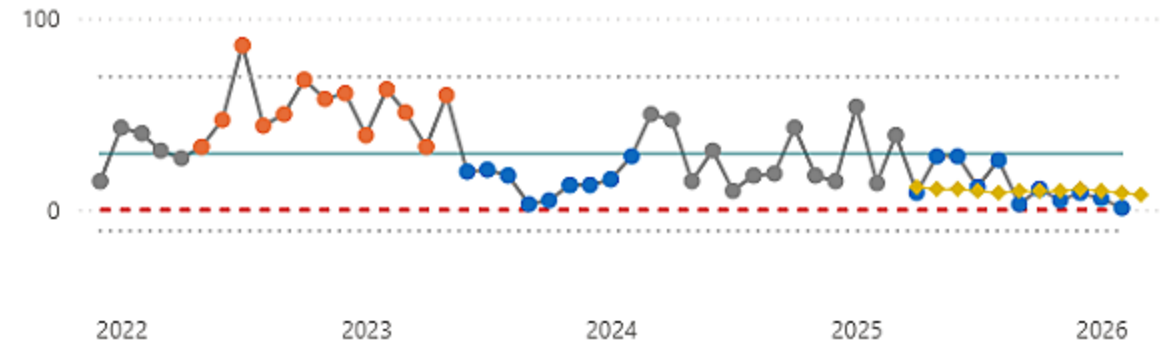
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**Ambulance handovers taking over 45 minutes**



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

**Ambulance handovers taking over 4 hours**



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.

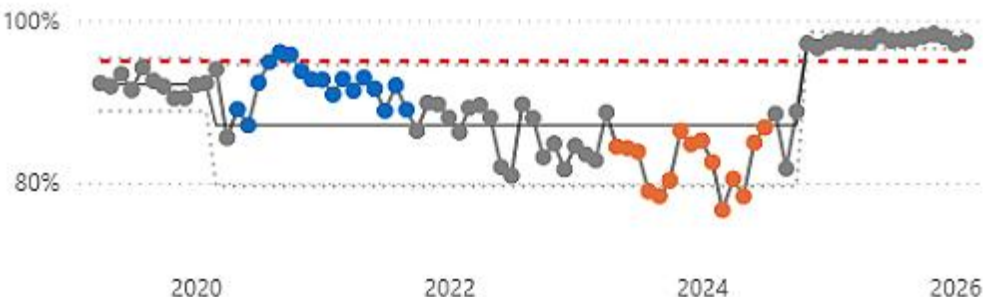
**Embedded improvement actions**

- 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 (1<sup>st</sup> 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.

Key

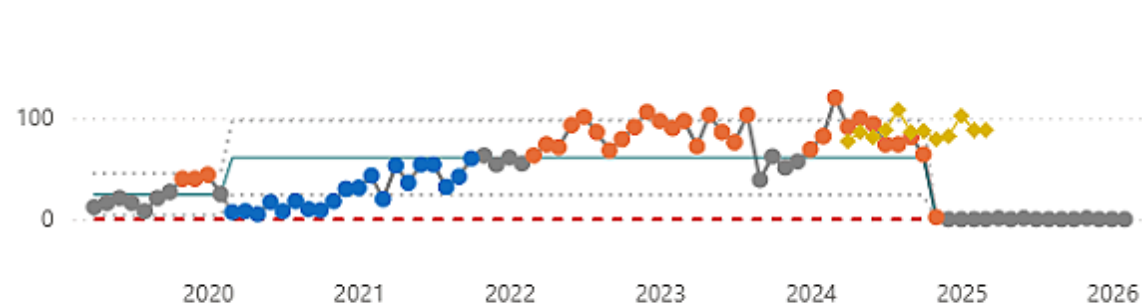
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

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 patient 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.

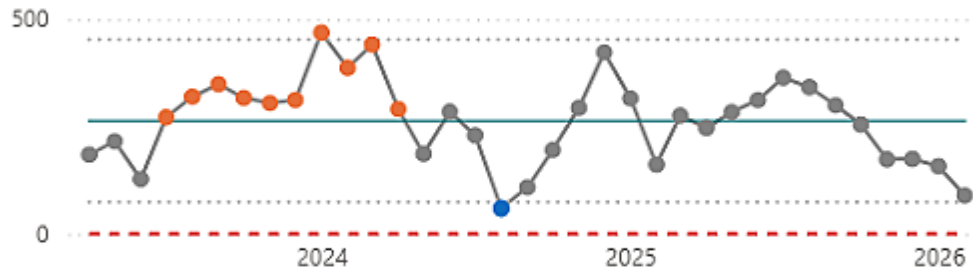
Embedded improvement actions

- 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 1<sup>st</sup> awaiting first data pull due early 2026, this remains the case.

**Key**

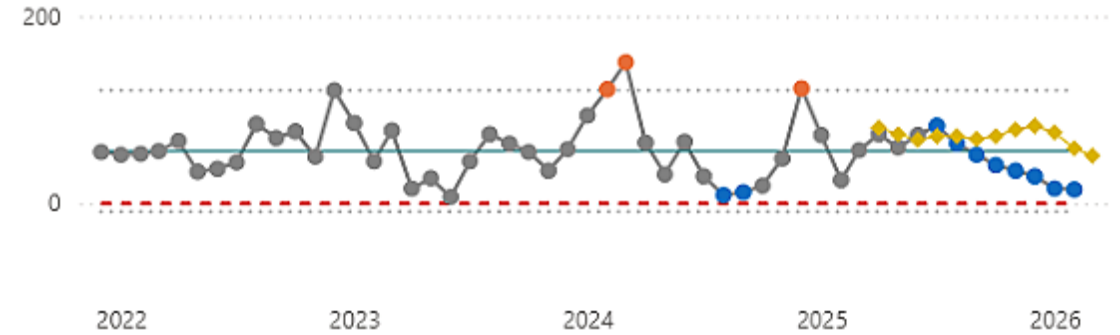
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**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**

- 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.

**Due date**

20/04/2026

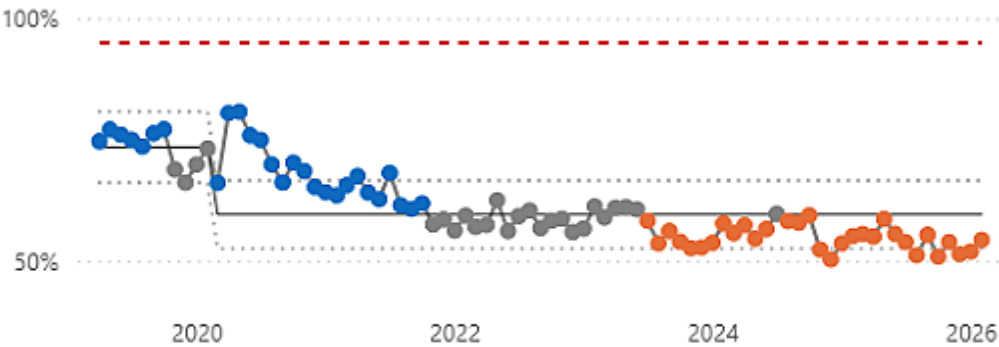
**Embedded improvement actions**

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

**Key**

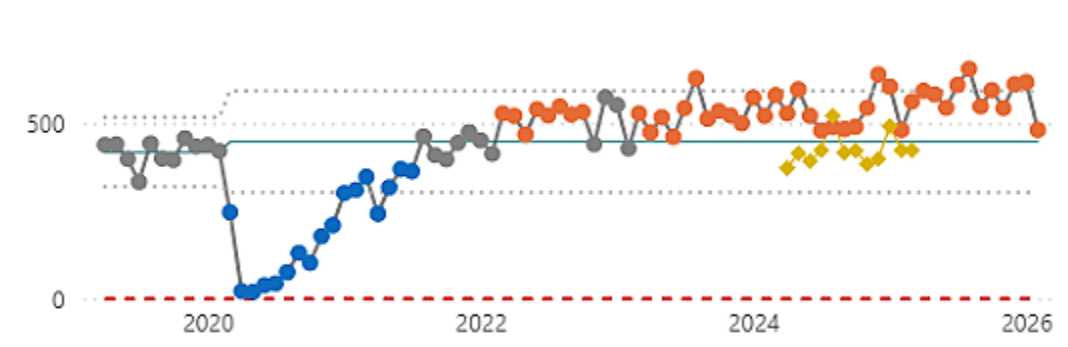
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- ◆ Ambition

**Patients waiting less than 4 hours in A&E**



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

**Patients waiting over 12 hours in A&E**



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**

- Pembrokeshire leadership team looking at opportunities with SBUH regarding shared employment initiatives, active recruitment stand at RCEM conference in April.
- 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.
- 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.

**Due date**

04/05/26  
 31/07/26  
 31/05/26

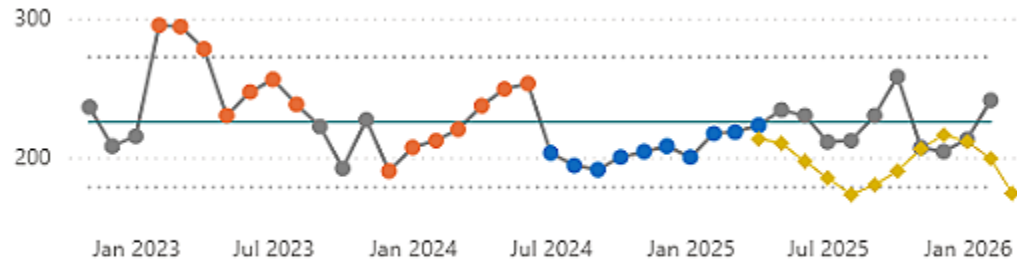
**Embedded improvement actions**

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

**Key**

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

**Total number of pathways of care delayed discharges (non-MH + MH & LD)**



- Number of pathway of care delays as at 18<sup>th</sup> 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**

**Non Mental Health**

- Regional PoCD Action plan being reviewed to identify 5 key actions to progress based on the current system challenges.
- Draft Memorandum of Understanding being developed between health and local authorities to support PoCD and discharge planning.
- Deconditioning Early Warning Indicator (DEWI) tool being rolled out across 14 acute and community wards, in addition to other preventing deconditioning initiatives.
- 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 and 100 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 breaching 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.

**Due date**

- 31/3/2026
- 31/3/2026
- 16/3/2026
- 28/2/2026

**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

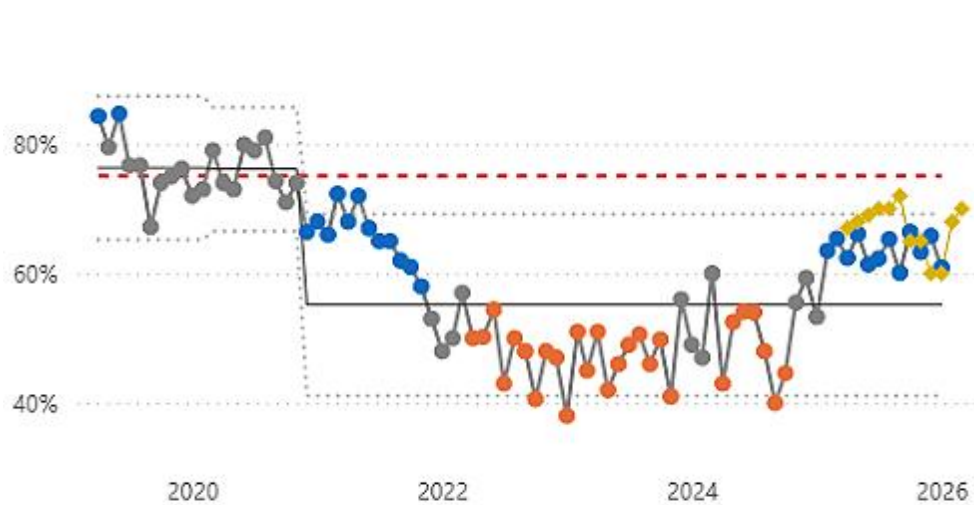
# Single cancer pathway

(Enhanced monitoring condition and Ministerial priority)

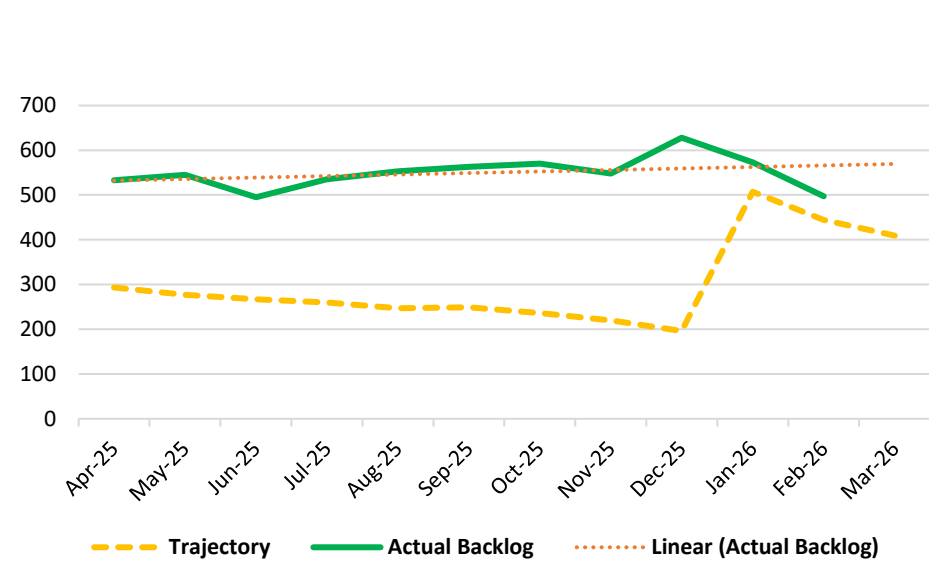
**Key**

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

**% 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**

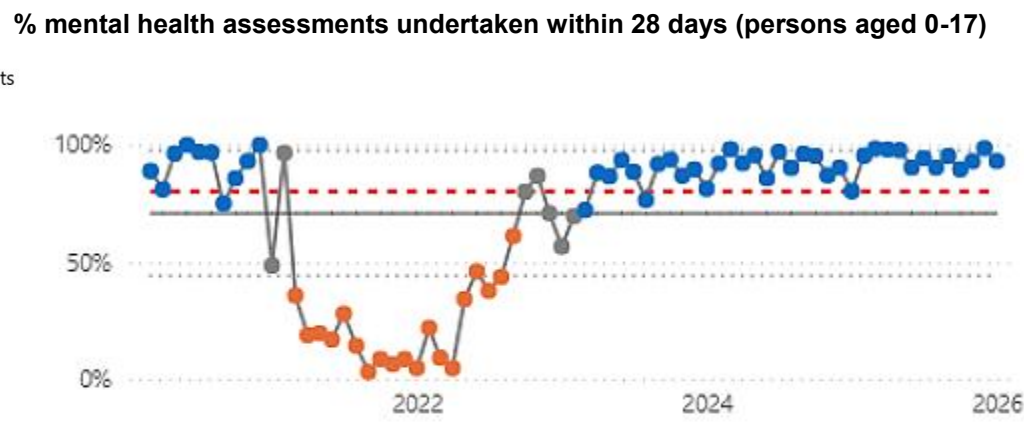
- Outsourcing of MRI for prostate patients started in November 2025. This equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed.
- Robust improvement plans agreed for Urology prostate diagnostics for 2025/26.
- Piloting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

**Due date**

- 31/03/26
- 31/03/26
- 31/03/26
- 31/03/26

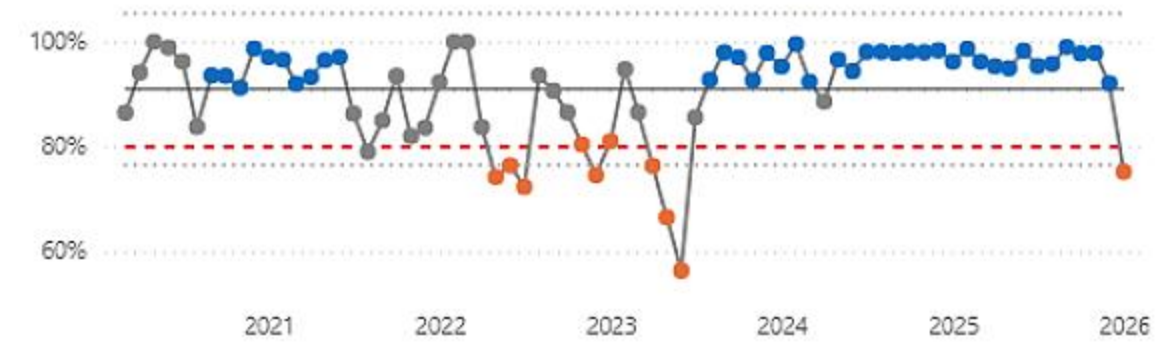
**Key**

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



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**

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

**Due date**

01/04/26  
01/04/26  
01/04/26

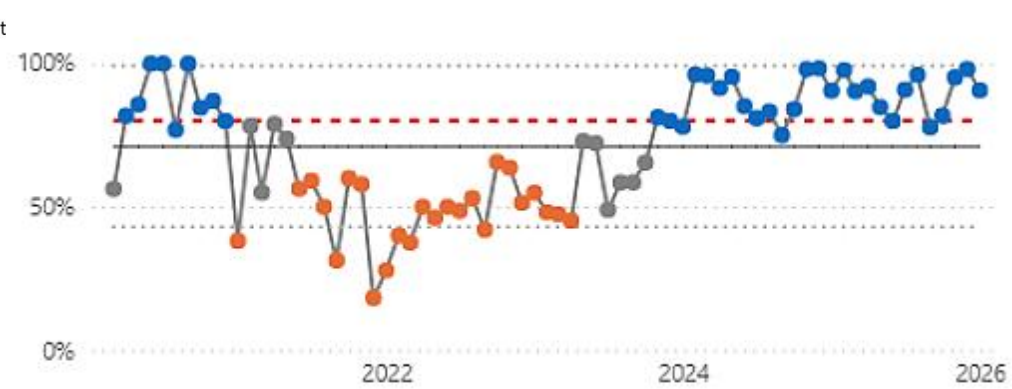
**Embedded improvement actions**

**% 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.

**Key**

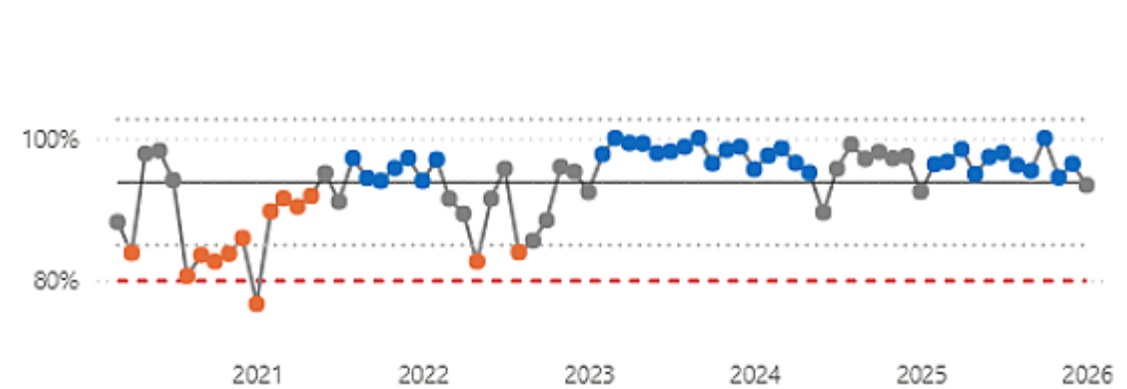
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

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



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+)**



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

Key challenges / issues	Key actions / initiatives	Due date
<p><b>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17)</b> 39 of 43 initial interventions were compliant. We anticipate ongoing compliance.</p> <p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)</b> 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.</p>	<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)</b> We have recruited into the practitioner vacancies in both Carmarthenshire and Ceredigion to mitigate some of the issues above.</p>	<p>01/04/26</p>
<b>Embedded improvement actions</b>		
<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)</b> We have agreed a Demonstrator Project with NHS Performance &amp; Improvement as part of the 10-year Mental Health Strategy to trial 'One at a Time' support for the current cohort of patients.</p>		
<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)</b> 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 gr...</p>		

**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**

**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.

**Due date**

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.

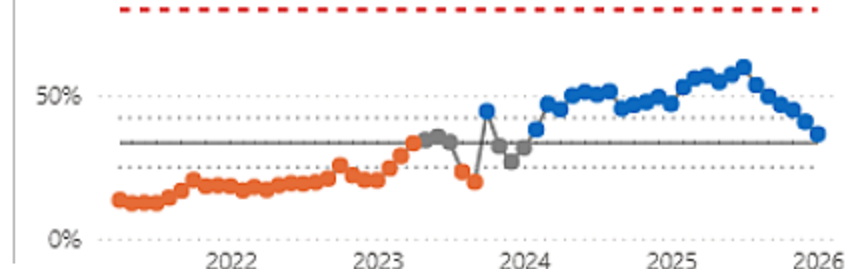
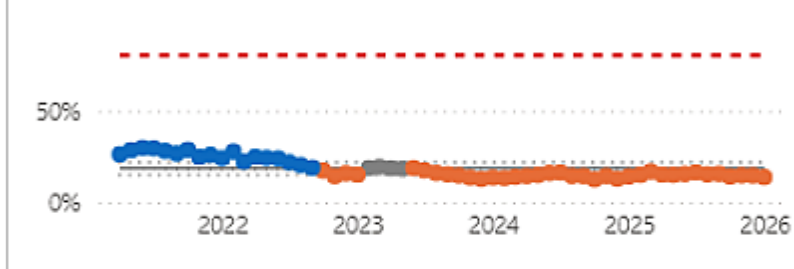
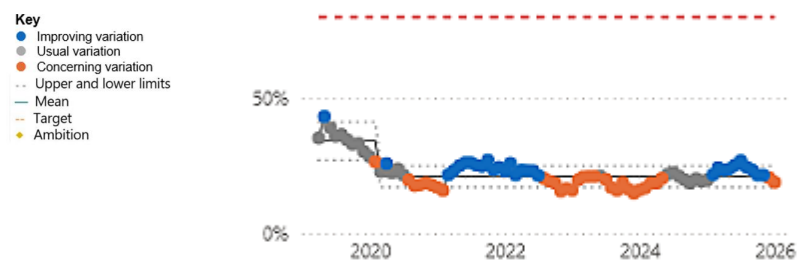
**IPTS**

- 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

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

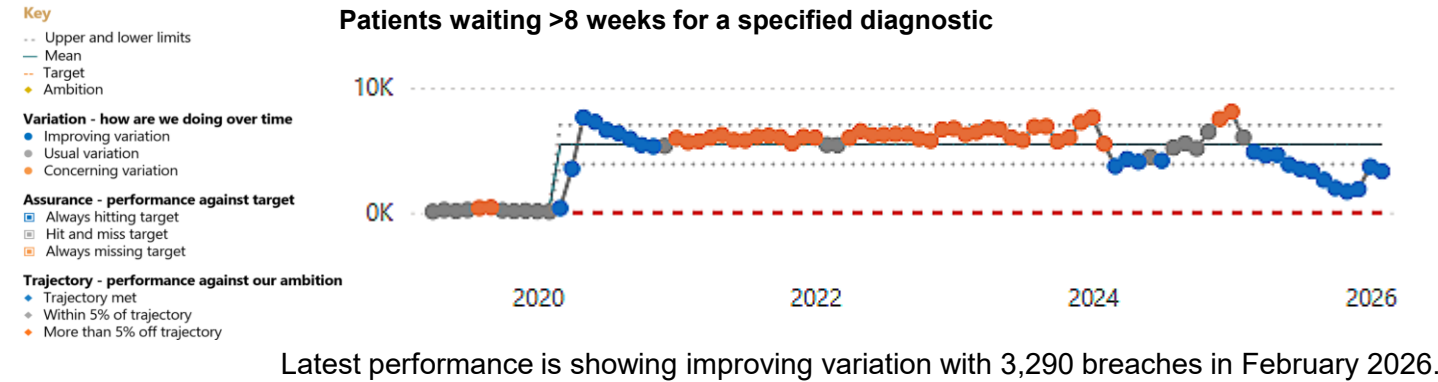
**% children & young people waiting < 26 weeks: ASD**

**% 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	Key actions / initiatives	Due date
<p><b>Attention Deficit Hyperactivity Disorder (ADHD)</b> 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.</p>	<p><b>ADHD</b></p> <ul style="list-style-type: none"> <li>Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward/SDEC. 31/03/27</li> <li>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</li> </ul> <p><b>ASD</b></p> <ul style="list-style-type: none"> <li>Outsourcing contract in place from 6<sup>th</sup> February which will enable the completion of 585 assessments by 31<sup>st</sup> March to eradicate &gt;3-year waits. 31/03/26</li> <li>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</li> <li>Review of administrative processes ongoing to ensure efficiency. 31/03/27</li> <li>Review of service specification to ensure appropriate use of resources. 31/03/26</li> </ul>	
<p><b>Autism Spectrum Disorder (ASD)</b> 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.</p>	<p><b>Embedded improvement actions</b></p> <p><b>ADHD</b></p> <ul style="list-style-type: none"> <li>Successfully appointed into a Locum Consultant Post at Bronglais General Hospital, awaiting confirmation of start date.</li> </ul> <p><b>ASD</b></p> <ul style="list-style-type: none"> <li>Pilot of Magic Notes AI scribe to support production of structured case notes due to commence on 9<sup>th</sup> February.</li> <li>Additional clinical and administrative posts recruited in to, including a Waiting list Co-ordinator.</li> <li>Review of all clinical caseloads and job planning underway.</li> <li>Adv Page 84 opational Therapist lead and Neurodevelopmental practitioner live.</li> </ul>	



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**

**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.
- 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.
- Computed Tomography – Van has been extended with additional funding to scan 250 additional patients per month.

**Endoscopy**

- Insourcing commenced in late February to uplift Gastrointestinal endoscopy capacity – to accommodate the additional demand generated from the S1 insourcing activity.

**Cardiology**

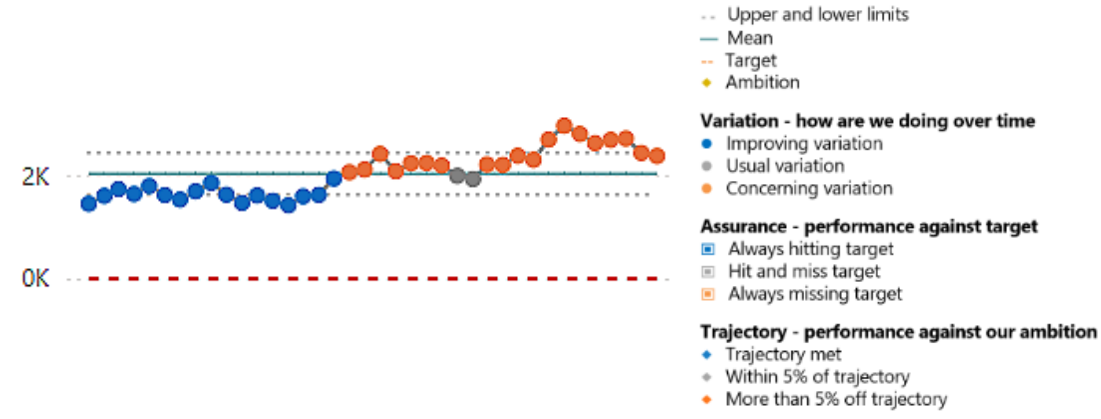
- Insourcing/out-sourcing in progress providing additional ECHO, CTCA and MPS capacity, alongside additional in-house list.

**Due date**

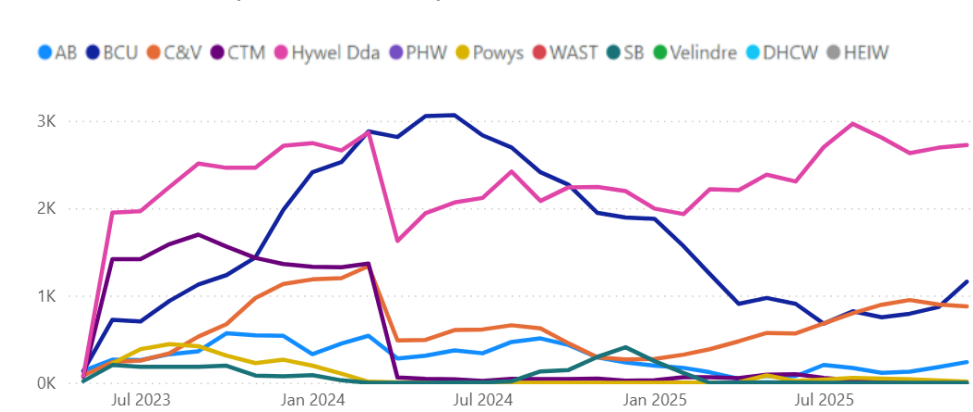
31/03/26  
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31/03/26

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

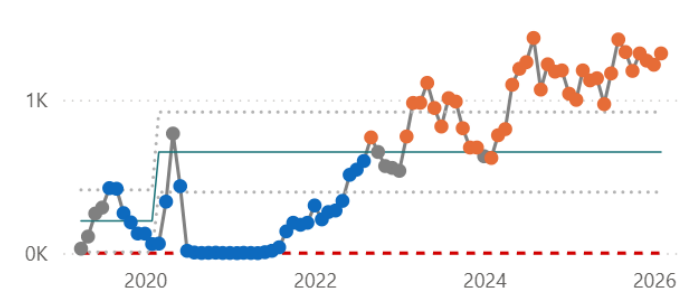
Patients waiting >14 weeks for a specified therapy



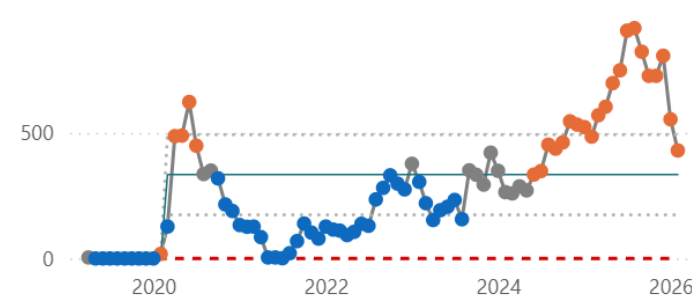
Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (December 2025)



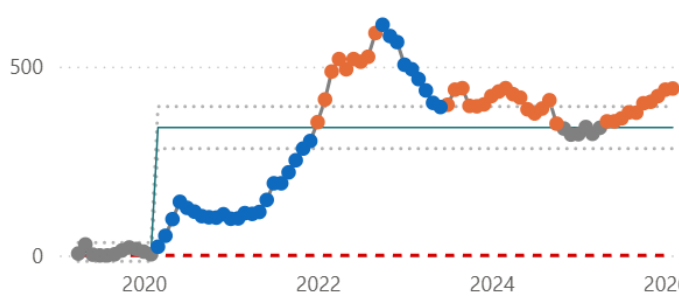
Number of patients waiting 14 weeks plus for Physiotherapy



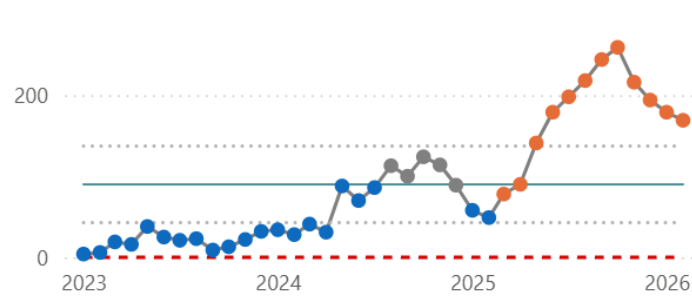
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



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

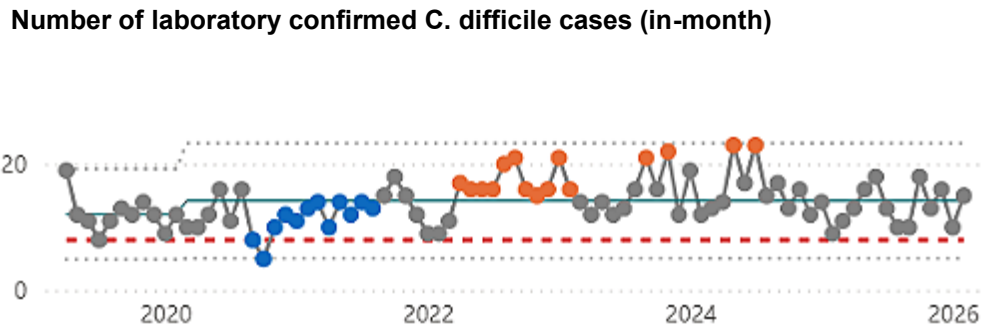


Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	Feb 2026	2,380	●	■	66.3%
Physiotherapy		1,303	●	■	96.6%
Occupational Therapy		442	●	■	16.5%
Podiatry		430	●	■	78.7%
Dietetics		169	●	■	42.9%
Art therapy		30	●	■	n/a
Speech & Language Therapy		6	●	■	100%

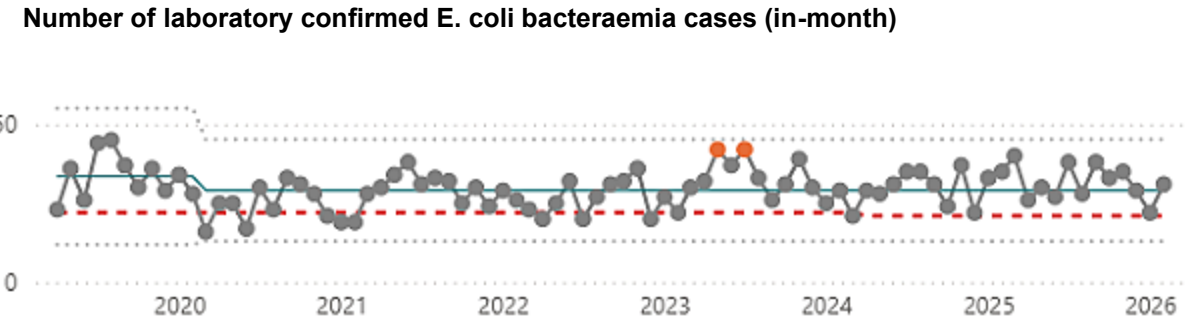
Therapy waits over 14 weeks (continued) (Ministerial priority)		Therapies
Key challenges / issues	Key actions / initiatives	Due date
<p><b>Physiotherapy</b> Demand is growing and is greater than capacity, with changes to Community Health Pathways and other national pathways (E.g. South Wales Spinal Network Guidance) causing a shift of work from primary and secondary care towards community MSK Physiotherapy services.</p> <ul style="list-style-type: none"> <li>• 93.2% of breaches are within Musculoskeletal (MSK) specialty as</li> <li>• 5.4% of the remaining breaches are within community services</li> <li>• 1.4% in paediatrics.</li> </ul>	<p><b>Physiotherapy</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	31/08/26
<p><b>Podiatry</b> 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.</p> <ul style="list-style-type: none"> <li>• Reduction in breaches to 430 in February 2026 due to management led clinics.</li> </ul>	<p><b>Occupational Therapy (Paediatrics)</b></p> <ul style="list-style-type: none"> <li>• Clinics established in all 3 counties. Continuing to explore opportunities to increase clinic capacity across all counties by identifying suitable accommodation.</li> <li>• Team increasing number of sensory workshops for parents to increase flow through the service</li> <li>• Reviewing job plans within the service to maximise direct clinical capacity</li> </ul>	01/05/26
<p><b>Occupational Therapy (Paediatrics)</b> 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.</p>	<p><b>Dietetics</b></p> <ul style="list-style-type: none"> <li>• Paediatrics service review underway including access criteria &amp; triage process with the aim to make recommendations for long term sustainability.</li> <li>• Diabetes recruitment complete and should impact positively on reducing waiting lists.</li> </ul>	31/03/26
<p><b>Dietetics</b> 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.</p>	<p><b>Occupational Therapy (Paediatrics)</b></p> <p>Band 4 bank recruitment complete, successful candidates all onboarded.</p> <p><b>Podiatry</b></p> <p>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.</p> <p><b>Dietetics</b></p> <p>Paediatrics: Information developed to support first line advice to referrers, supporting management of risk while waiting.</p> <p><b>All</b></p> <p>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 s</p>	31/03/26
<p><b>Embedded improvement actions</b></p>		
<p>Page 87 annual planning cycle.</p>		

**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



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**

- C. difficile:**
- Close monitoring of infection rates to understand January's reduction which has not been sustained and above usual numbers.
  - C.difficile Improvement Group to progress the work with the C.difficile collaborative and identify improvement projects.
- E. coli:**
- Health & Wellbeing booklet under final review and pending publication.
  - Ongoing review of hand hygiene products and promotional posters.

**Due date**

- 23/03/26
- 17/03/26
- 30/03/26
- 30/04/26

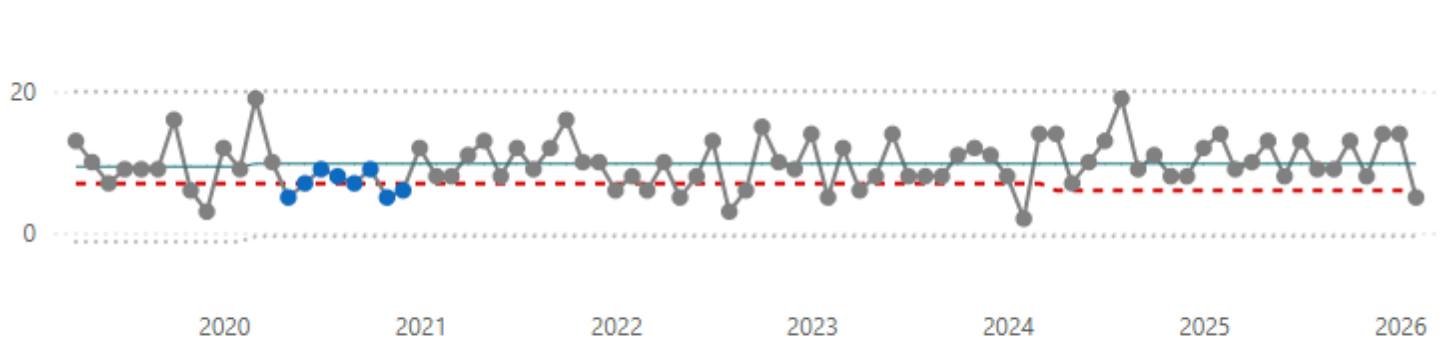
**Embedded improvement actions**

- 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.

**Key**

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

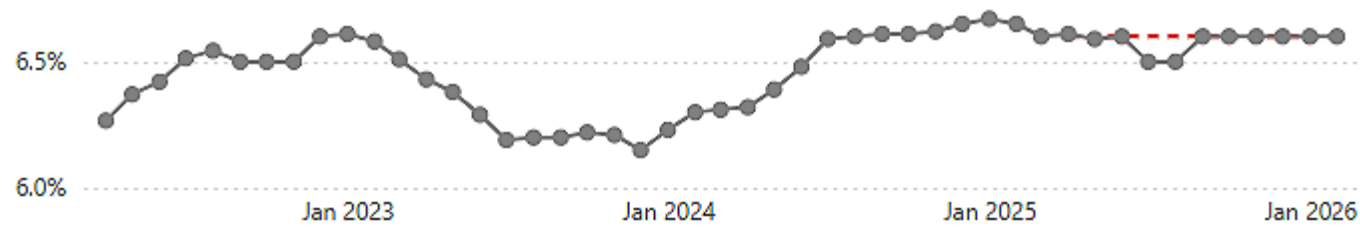
**Number of laboratory confirmed S. aureus bacteraemia cases (in-month)**



Performance is showing usual variation with 5 cases in February 2026

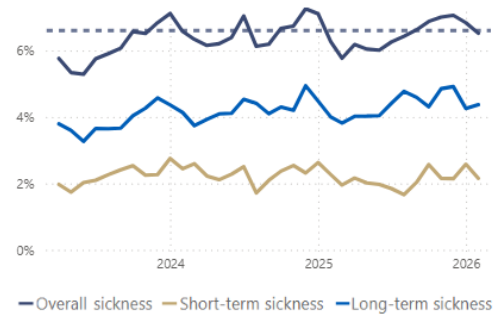
Key challenges / issues	Key actions / initiatives	Due date
<p><b>S. aureus:</b></p> <ul style="list-style-type: none"> <li>Aseptic non-touch technique compliance inconsistent; E-learning completion at 83.80%.</li> <li>Environmental/equipment contamination contributing to transmission due to cleaning challenges and surge.</li> <li>Infection burden remains community-based, primarily from wounds.</li> <li>Ongoing lapses in hand hygiene and bare-below-the-elbow compliance across staff</li> </ul>	<ul style="list-style-type: none"> <li>Close monitoring of infection rates to understand January's reduction which has not been sustained and above usual numbers.</li> <li>Clinical Care Groups to monitor Aseptic non-touch technique compliance and assessor training offered to clinical areas.</li> <li>Proposal to make competency mandatory via Electronic Staff Record- awaiting feedback.</li> <li>Healthcare associated infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups.</li> <li>Hand hygiene validation and observational audits conducted based on senior nurse monthly audits.</li> <li>Ongoing review of hand hygiene products and promotional posters.</li> </ul>	<p>23/04/26</p> <p>30/03/26</p> <p>23/03/26</p> <p>30/03/26</p> <p>30/03/26</p> <p>30/04/26</p>

**% 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 - Domestic	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%.

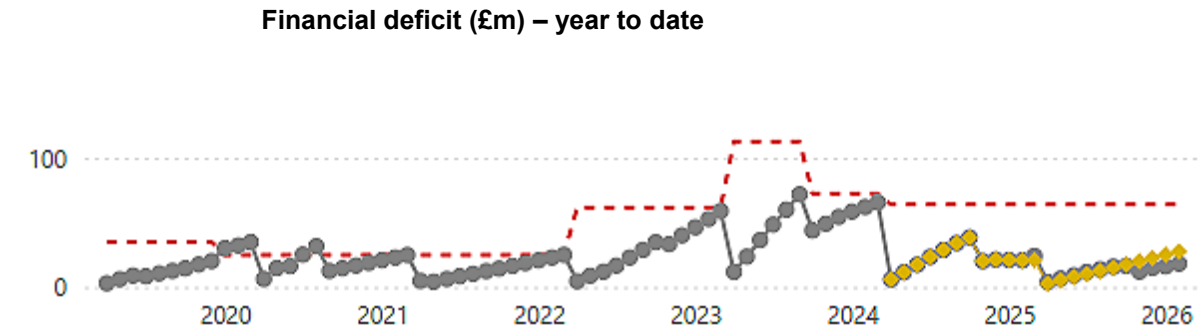
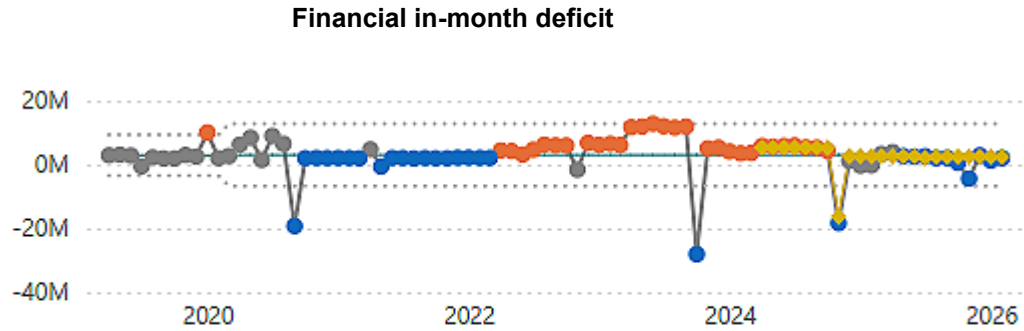
Absence rates attributed to anxiety, stress and depression continues to be the highest reason for absences across the Health Board, with absences attributed to cold, cough, flu remaining as the second highest reason.

**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.

**Key**

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



**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**

- Urgent update required on Medical Stabilisation and use of Allocate rostering system. Update required from Medical Director.
- Nursing shifts - further controls required to mitigate increased spending and clinical variation. Update required from Community and Integrated Medicine Director and Nursing Director.
- Oncology Drugs - Update required on forecast trends. Update required from Clinical Director of Pharmacy and Medicines Management
- Joint Commissioning Committee activity - Update required from Director of Planning
- 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.

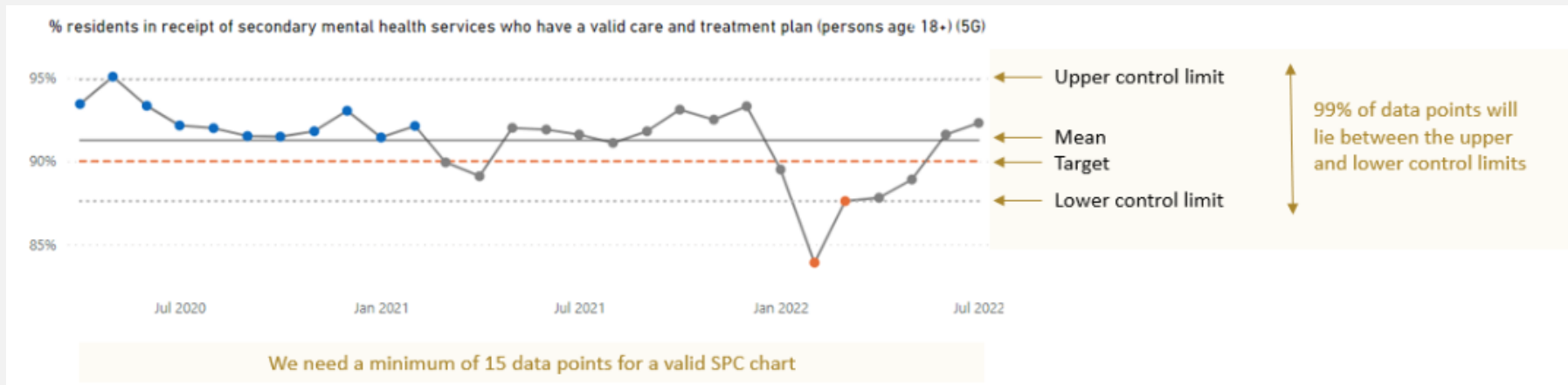
**Due date**

- Overdue
- 31/03/26
- 31/03/26
- 31/03/26
- 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.

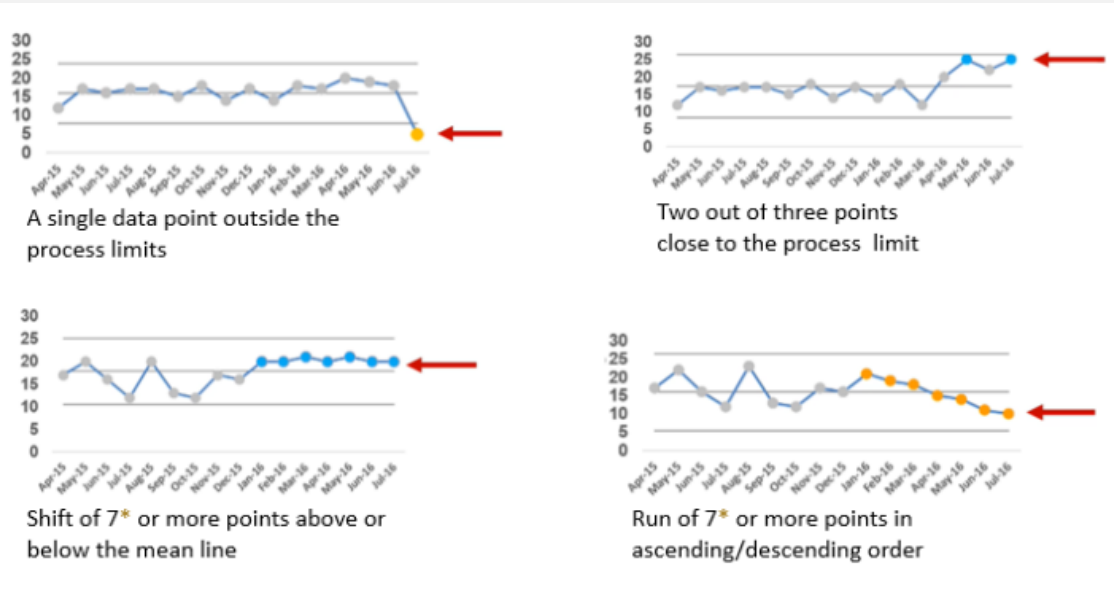
## Anatomy of a SPC chart



## 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 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.

<b>Variation</b> How are we doing over time	●	Concerning trend = a decline that is unlikely to have happened by chance
	●	Usual trend = common cause variation / a change that is within our usual limits
	●	Improving trend = an improvement that is unlikely to have happened by chance
<b>Assurance</b> Performance against target	□	Missing target = will consistently fail target without a service review
	□	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
	□	Hitting target = will consistently meet target
Note: remember <b>blue</b> is good, orange is <b>bad</b>		



# Internal escalation update

March 2026



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# Headlines

as at 28<sup>th</sup> February 2026



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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	<p>Key challenges include:</p> <ul style="list-style-type: none"> <li>- Medical pay, with additional cover needed at premium costs to cover rotas</li> <li>- Use of agency nursing staff to ensure safe staffing levels</li> <li>- Oncology drugs price increase</li> <li>- Increase in heart surgery activity with Swansea Bay University Health Board</li> <li>- Review required of funding for the Six Goals programme</li> </ul>	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  
WGH = Withybush

CCG = Clinical Care Group

# Background and overview



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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 28<sup>th</sup> February 2026

1	Reasonable assurance	3	No assurance
2	Limited 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



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## 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



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## 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



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## 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



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## 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  
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NHS  
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## 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



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	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



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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



GIG  
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NHS  
WALES

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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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NHS  
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Hywel Dda  
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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
<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Complaints</li> <li>3. Duty of Candour</li> <li>4. HIW/CIW</li> <li>5. Deteriorating patients</li> <li>6. Patient experience</li> </ol>	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits/ inspections</li> <li>3. WHCs/ Ministerial Directions</li> <li>4. Governance arrangements</li> <li>5. Policies</li> <li>6. Freedom of information</li> </ol>	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Employee relations cases</li> <li>2. Sickness</li> <li>3. PADR</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Overdue pay progressions</li> <li>7. Rosters &amp; job plans (includes agency use)</li> </ol>	<p>Assurance the directorate will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> </ol>	<p>Assurance the directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p> <p>Has a triangulated plan to operate services effectively for the year.</p>	<p>Determines if opportunities are being taken to encourage patients to embrace healthier lifestyles or to ensure that our population is resilient to future challenges.</p>	<p>Assurance the directorate will meet improvement trajectories to achieve target performance.</p>

4.2

16:20, 2 Mins

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4.2 - Board Update Report

*Chair*

| For information

**Attachments**

[4.2 SRG Update to Board February 2026.pdf](#)

## COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR - STAKEHOLDER REFERENCE GROUP (SRG)

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 05 February 2026

Quoracy/ Cworwm: Not met

Report by/ Adroddiad gan: Mr Tegryn Jones, Chair

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### KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

**Alert**<sup>1</sup> (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Stakeholder Reference Group had no matters of which to **alert** the Board.

**Advise**<sup>2</sup> (to monitor)/ **Cynghori** (i fonitro)

The Stakeholder Reference Group wish to **advise** Members of Board that:

- Attendance at the Stakeholder Reference Group remains a concern, resulting in several agenda items being deferred. It was agreed to contact Group members to gain an understanding of issues that may be affecting attendance at meetings.
- The **Chair and Vice Chair Arrangements** confirmed the new Chair for the Stakeholder Reference Group and noted a request would be submitted to Welsh Government to approve the new SRG Chair as an Associate Member of the Board. A Vice Chair is yet to be nominated. Members of the Group will be contacted via email to request nominations.

**Assure**<sup>3</sup> (to note)/ **Sicrhau** (i nodi)

The Stakeholder Reference Group wish to **assure** Members of Board that:

- The **Current and Future Planned Consultation and Engagement Update** outlined ongoing engagement activity and consultation work. The group was updated on the consultation process and progress for the Clinical Services Plan, including the decision-making Public Board meeting scheduled for 18 and 19 February 2026. The Group was also advised that an eight-week engagement period to gather views from patients and the local community on the proposed changes to GP services for people registered with Meddygfa'r Sarn in Pontyates would start on 9 February 2026.

### Review of Risks/ Adolygiad o Risgiau

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Not applicable.

### **Sharing of learning/ Rhannu dysgu**

Not applicable.

### **Recommendation/ Argymhelliad**

The Board is asked to:

- **Note** the items the Committee is advising them of
- **Be assured** on the items that the Committee is providing assurance on

Agenda, papers and minutes are available on our website: [Stakeholder Reference Group - Hywel Dda University Health Board](#)

4.3

16:22, 2 Mins

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4.3 - Stakeholder Reference Group Work Plan  
2025/26

*Chair*

| For information

**Attachments**

[4.3 Stakeholder Reference Group Workplan 2026-27.pdf](#)



## HYWEL DDA UNIVERSITY HEALTH BOARD – STAKEHOLDER REFERENCE GROUP

### WORKPLAN 2026-27

Updated: April 2026

Agenda Item/Issue/Notes	Lead	Report Author	19 May 2026	25 Aug 2026	24 Nov 2026	4 Feb 2027
* Standing agenda items						
<b>GOVERNANCE</b>						
Welcome and Apologies*	Chair		✓	✓	✓	✓
Declarations of Interests*	Chair		✓	✓	✓	✓
Minutes from Previous Meeting*	Chair	CSO	✓	✓	✓	✓
Matters Arising and Table of Actions*	Chair	CSO	✓	✓	✓	✓
Annual Review of Terms of Reference	Chair	CSO		✓		
Annual Review of SRG Membership	Chair	Clare James		✓		
Nominations for role of Chair	Chair	Clare James				
Nominations for role of Vice Chair	Chair	Clare James		✓		✓
Appointment of Chair	Chair	Clare James				
Appointment of Vice Chair	Chair	Clare James		✓	✓	
Meeting Attendance	Alwena Hughes Moakes		✓			
<b>OUR SERVICES</b>						
<i>(For information prior to consultation commencement in order to obtain feedback on behalf of SRG organisations and/or individual members)</i>						
<b>Current and Future Planned Consultations and Engagement Update</b> <i>(List and schedule of current and future service consultations/engagements with update on each)</i>	Head of Engagement to advise		✓	✓	✓	✓
<b>Transformation/Consultation/Engagement Programmes including CSP updates</b> <i>(To be decided at agenda setting meetings if a specific programme will be an agenda item)</i>	Alwena to advise		✓	✓	✓	✓
<b>Clinical Services Plan - Stroke Services</b>	Lee Davies		✓	✓	✓	✓



Agenda Item/Issue/Notes	Lead	Report Author	19 May 2026	25 Aug 2026	24 Nov 2026	4 Feb 2027
<b>Meddygfa'r Sarn</b>	Alwena Hughes Moakes		✓			
<b>BANDI Appeal Children's Centre</b>	Anwen Pearce (capital planning)			✓		
<b>Pharmaceutical Needs Assessment</b>	Rhian Bond		✓			
<b>DELIVERY OF OBJECTIVES AND PRIORITIES</b> <i>(For information)</i>						
<b>OUR COMMUNITIES</b>						
<b>Overview of Paediatric ADHD Service</b>		Angharad Davies/ Martin Simmonds	✓			
<b>Strategy Refresh</b>	Lee Davies	Alex Martin	✓			
<b>FOR INFORMATION</b>						
Integrated Performance Assurance Report (IPAR)* <i>(this is the report that went to the Public Board prior to SRG)</i>	CSO		✓	✓	✓	✓
Board Update Report* <i>this is the SRG Update that went to Public Board)</i>	CSO		✓	✓	✓	✓
SRG Annual Workplan	CSO		✓	✓	✓	✓
<b>ONE-OFF MATTERS</b>						
<b>ADMINISTRATION</b>			✓	✓	✓	✓
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	CSO	✓	✓	✓	✓
Call for papers (within 2 days of agenda setting)	CSO	CSO	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to the meeting	CSO	CSO	✓	✓	✓	✓
Share draft TOA within 2 working days of the meeting	CSO	CSO	✓	✓	✓	✓
Circulate minutes & TOA for comments within 10 working days of the meeting	CSO	CSO	✓	✓	✓	✓
Check & send final version of minutes to the Committee Chair following comments received.	CSO	CSO	✓	✓	✓	✓



Agenda Item/Issue/Notes	Lead	Report Author	19 May 2026	25 Aug 2026	24 Nov 2026	4 Feb 2027
Chase updates on TOA before the next meeting	CSO	CSO	✓	✓	✓	✓
Produce Board Update Report within 10 working days	CSO	CSO	✓	✓	✓	✓
Prepare schedule of meetings	CSO	CSO	✓	✓	✓	✓

<b>Chair:</b> Tegryn Jones	<b>Vice-Chair:</b> TBC	<b>Lead Executive:</b> Alwena Hughes-Moakes	<b>Committee Services Officer:</b> Ruth Poynting
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2024/25 POs	SOs		2023/24 POs	2022/23 POs
PO1: Workforce stabilisation	1: Putting people at the heart of everything we do	PODC C/ SRC	1a Develop an attraction & Recruitment plan	<ul style="list-style-type: none"> <li>1F: HR offer (induction, policies, employee relations, access to training)</li> </ul>
			1b Develop career progression opportunities	<ul style="list-style-type: none"> <li>2D: Clinical Education Plan</li> <li>2J: "Future Shot" Leadership Programmes</li> </ul>
			2a Engage with and listen to our people	<ul style="list-style-type: none"> <li>1H: "Making a Difference" Customer Service programme</li> <li>2A: Regional Carers Strategy response</li> <li>2B: Strategic Equality Plan and Objectives establishment</li> <li>2K: organisational listening, learning and cultural humility</li> <li>2L: Staff engagement strategic plan</li> <li>4I: Armed Forces Covenant</li> </ul>
			2b Continue to strive to be an employer of choice	<ul style="list-style-type: none"> <li>2I: integrated Occupational Health &amp; Staff psychological wellbeing offer</li> </ul>
			2c Develop and maintain an overarching workforce, OD and partnerships plan	<ul style="list-style-type: none"> <li>1G: OD Relationship Manager rollout</li> </ul>
PO 2: Financial recovery and roadmap	6: Sustainable use of our resources	SRC	6b Pathways and Value Based Healthcare	<ul style="list-style-type: none"> <li>6B: Value improvement and income opportunity</li> <li>6D: Value Based Healthcare and Patient Reported Outcome Programme</li> </ul>
			8b Local Economic and Social Impact	<ul style="list-style-type: none"> <li>6H: Supply chain analysis</li> </ul>
			8c Financial Roadmap	<ul style="list-style-type: none"> <li>6I: Interim Budget 2022/23</li> <li>6L: workforce, clinical service and financial sustainability</li> </ul>
PO 3: Transforming urgent and emergency care	5: Safe, sustainable, accessible and kind care	SDOD C	3a Transforming Urgent and Emergency Care programme	<ul style="list-style-type: none"> <li>4P: Recovery and Rehabilitation Service</li> <li>4Q: Community Care Support to reduce non-elective acute bed capacity</li> <li>5A: NHS Wales Delivery Framework Targets</li> <li>5B: Local Performance Targets</li> <li>5J: 24/7 emergency care model for Community and Primary Care</li> </ul>



2024/25 POs	SOs		2023/24 POs	2022/23 POs
PO 4: Planned care (incl. cancer, diagnostics and therapies performance)	5: Safe, sustainable, accessible and kind care	SDOD C	4a Planned Care and Cancer Recovery	<ul style="list-style-type: none"> <li>1B: Single Point of Contact</li> <li>1E: Personalised care for patients waiting</li> <li>5A: NHS Wales Delivery Framework Targets</li> <li>5B: Local Performance Targets</li> <li>5F: Bronglais Strategy</li> <li>5N: Implement National Network and Joint Committee Plans</li> <li>6K: Design Assumptions</li> </ul>
			4b Regional Diagnostics Plan	<ul style="list-style-type: none"> <li>5F: Bronglais Strategy</li> </ul>
PO 5: Mental health and CAHMS	5: Safe, sustainable, accessible and kind care	SDOD C	4c Mental Health Recovery Plan	<ul style="list-style-type: none"> <li>5G: Transforming Mental Health and LD implementation</li> </ul>
PO 6: Clinical services plan	5: Safe, sustainable, accessible and kind care	SDOD C	6a Clinical Services Plan	<ul style="list-style-type: none"> <li>5F: Bronglais Strategy</li> <li>5O: Fragile Services</li> </ul>
PO 7: Primary care and community strategic plan	4: The best health and wellbeing for our communities	SDOD C	7b Integrated Localities	<ul style="list-style-type: none"> <li>3I: Primary Care Contract Reform</li> <li>4C: Transformation fund schemes</li> <li>5H: Integrated locality plans</li> <li>5T: Complex health and care needs</li> </ul>
PO 8: A Healthier Mid and West Wales infrastructure	6: Sustainable use of our resources	SDOD C/SRC	5a Estates Strategies	<ul style="list-style-type: none"> <li>5C: Business Case for A Healthier Mid and West Wales</li> <li>5U: Community and non-clinical estates strategy</li> </ul>
			8a Decarbonisation & Sustainability	<ul style="list-style-type: none"> <li>4R: Green Health and Sustainability</li> <li>6G: Decarbonisation and green initiatives plan</li> </ul>
PO 9: Digital strategic plan	6: Sustainable use of our resources	SRC	5c Digital Strategy	<ul style="list-style-type: none"> <li>3E: Business intelligence and modelling</li> <li>5M: Implementation of clinical and all Wales IT systems</li> <li>5R: Digital Inclusion</li> <li>6M: Cyber Security Framework</li> <li>6N: Intelligent Automation</li> </ul>
PO 10: Population Health (incl. social model for health and wellbeing)	4: The best health and wellbeing for our communities	SDOD C	7a Population Health	<ul style="list-style-type: none"> <li>4A: Public Health Delivery Targets</li> <li>4B: Public Health Local Performance Targets</li> <li>4D: Public Health Screening</li> <li>4G: Healthy Weight: Healthy Wales</li> <li>4H: emergency planning and civil contingencies</li> <li>4J: Regional Well-being Plans</li> <li>4K: Health Inequalities</li> </ul>



2024/25 POs	SOs		2023/24 POs	2022/23 POs
				<ul style="list-style-type: none"> <li>• 4M: Health Protection</li> <li>• 4S: Improvement in Population Health</li> <li>• 4V: One Health</li> <li>• 4W: Whole School Approach to Mental Health and Emotional Wellbeing</li> </ul>
			7c Social Model for Health and Wellbeing	<ul style="list-style-type: none"> <li>• 4L: Social Model for Health and Wellbeing</li> <li>• 4N: Food Systems</li> <li>• 4U: Community proposals for place-based action</li> </ul>
Orphan POs (not taken forward from 2023/24 into 2024/25)			3b Healthcare Acquired Infection Delivery Plan	<ul style="list-style-type: none"> <li>• 3C: Quality and Engagement Requirements</li> <li>• 5X: Quality Management System</li> </ul>
			5b Research and innovation	<ul style="list-style-type: none"> <li>• 3G Research and Innovation</li> </ul>
			6c Continuous Engagement	<ul style="list-style-type: none"> <li>• 3J: AHM&amp;WW Communications Plan</li> <li>• 3M: UHB Communications Plan</li> <li>• 4T: Continuous engagement implementation</li> </ul>
			8d Welsh Language and Culture	<ul style="list-style-type: none"> <li>• 3N: Welsh Language</li> </ul>
			Orphan POs (not taken forward from 2022/23 into 2023/24)	<ul style="list-style-type: none"> <li>• 1A: NHS Delivery Framework targets</li> <li>• 1I: Family Liaison Service rollout</li> <li>• 2E: Evidencing impact of charitable funds</li> <li>• 2M: Arts in Health Programme development</li> <li>• 3A: Improving Together</li> <li>• 3L: Review of existing security arrangements</li> <li>• 3H: Planning Objective Delivery Learning</li> <li>• 5I: Children and young people services improvement</li> <li>• 5K Clinical effectiveness self-assessment process</li> <li>• 5P: Market Stability Statement</li> <li>• 5Q: Asthma pathway</li> <li>• 5S: Palliative Care and End of Life Care Strategy</li> <li>• 5V: IMTP and Operational Planning</li> <li>• 5W: Liberty Protection Safeguards</li> </ul>

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## 5 - Reflective Session

*Chair*

- How informative was today's lesson on learning?
- What are you going to take back to your organisations from today?
- What would you like to learn about at the next meeting?
- What would you like us to share with Board afterwards?

| For discussion

6

16:29, 5 Mins

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6 - Any Other Business