Date	**07/09/2026**
Time	**1:30 PM - 4:30 PM**
Location	**Microsoft Teams Meeting; Virtual via MS Teams**

Virtual Stakeholder Reference Group Meeting

HDD_Stakeholder Reference Group

NHS Wales

Table of contents

07/09/2026 1:30 PM - 4:30 PM

1

1:30 PM, 0 Mins

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1 - Governance

1.1 **1:30 PM, 3 Mins**

1.1 - Welcome and Apologies

Chair

1.2 **1:33 PM, 0 Mins**

1.2 - Declaration of Interests

All

1.3

1:33 PM, 2 Mins

1.3 - Minutes of Previous Stakeholder Reference Group Meeting

Chair

For approval

Attachments

1.3 2026-05-19 - Virtual Stakeholder Reference Group Meeting - Minutes.pdf

MINUTES OF THE HYWEL DDA UNIVERSITY HEALTH BOARD STAKEHOLDER REFERENCE GROUP MEETING

Date of Meeting: **14:00, Tuesday 19 May 2026**
Venue: **Virtual via MS Teams**

Present: Tegryn Jones, Public Service Board (Pembrokeshire) Chair
Linda Parton, Siarad Iechyd/Talking Health (Carmarthenshire)
Cathy Boyle, Carers Trust
Elin Mererid, Llais West Wales

In Attendance: Alwena Hughes Moakes, Communications and Engagement Director
Helen Mitchell, Committee Services Officer, HDdUHB (Minutes)

Apologies: Andrea Edwards, West Wales Action for Mental Health
Geraint Thomas (Mid and West Wales Fire and Rescue Service)
Shan Williams (One Voice Wales Pembrokeshire) Pembrokeshire County Council

Minutes Ref.	Item	Action

SRG(26)015 **Welcome and Apologies; Meeting Attendance**

Mr Tegryn Jones welcomed those present, and apologies were noted as above.

Members discussed ongoing attendance challenges, noting this was the third consecutive meeting stood down due to low attendance and highlighting the risk that, with only four meetings annually, a full year could pass without the Group providing feedback to Board.

A discussion took place on the meeting format and purpose, with support for reviewing arrangements and engaging members to better understand barriers, before agreeing the next steps, including potentially reconsidering the timing of the next meeting, currently scheduled for August 2026.

Ms Hughes Moakes agreed to seek advice from the Director of Corporate Governance on SRG meeting arrangements and options for improving member engagement and participation. **AHM**

SRG(26)016 **Declaration of Interests**

There were no declarations of interest.

SRG(26)017 **Minutes of Stakeholder Reference Group Meeting on 5 February 2026**

As the meeting was inquorate, the minutes would be circulated to members by email for approval, prior to ratification via Chair's Action. **CSO**

SRG(26)018 **Table of Actions**

As the meeting was not quorate, the formal table of actions was not reviewed.

SRG(26)019 **Current and Future Planned Consultations and Engagement Update**

No update was presented.

SRG(26)020 **Clinical Services Plan and Stroke Services**

The Clinical Services Plan and Stroke Services item was deferred, with an additional meeting planned to gather views on the forthcoming consultation, should Board approve the decision to consult. The consultation would invite views on a preferred option for Stroke Services across Hywel Dda and there is a need to ensure community perspectives are fully considered within agreed decision-making criteria.

SRG(26)021 **Update on Meddygfa'r Sarn**

No update was presented.

SRG(26)022 **Pharmaceutical Needs Assessment**

No update was presented.

SRG(26)023 **Overview of Paediatric ADHD Service**

No update was presented.

SRG(26)024 **Strategy Refresh**

No update was presented.

SRG(26)025 **Integrated Performance Assurance Report (IPAR)**

Deferred to next SRG meeting.

SRG(26)026 **Board Update Report**

Deferred to next SRG meeting.

SRG(26)027 **Stakeholder Reference Group Work Plan 2026/27**

Deferred to next SRG meeting.

SRG(26)028 **Reflective Session**

Deferred to next SRG meeting.

SRG(26)029 **Any Other Business**

At the close, condolences were recorded following the passing of Mr Mansell Bennet, whose contribution to community representation was warmly acknowledged.

Ms Hughes Moakes requested that condolences be passed on to Llais West Wales colleagues, describing his contribution as a valued source of challenge and accountability.

Ms Hughes Moakes advised that the new Listening to People framework had been in place since 1 April 2026 and that a presentation on how that framework now operates could be forward planned for a future SRG meeting. **CSO**

SRG(26)030 **Date of Next Meeting**

TBC

1.4 **1:35 PM, 5 Mins**

1.4 - Annual Review of Terms of Reference

Chair

For approval

Attachments

1.4 SRG ToRs Sept 2026.pdf

Appendix 1 - SRG Terms of Reference V17.forApproval07.09.26.pdf

Grŵp Cyfeirio Rhanddeiliaid/ Stakeholder Reference Group

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**07 September 2026**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Stakeholder Reference Group (SRG) Terms of Reference
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Alwena Hughes Moakes Communications and Engagement Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	Charlotte Wilmshurst Assistant Director of Assurance and Risk

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to ensure that the Stakeholder Reference Group (SRG) has clear Terms of Reference which detail its purpose, boundaries, role, composition and operating arrangements.

According to its Terms of Reference, the SRG must review its Terms of Reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must subsequently be approved by the Board and will form part of the Health Board's Standing Orders.

Cefndir / Background

The SRG has been established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

The SRG last reviewed its Terms of Reference and operating arrangements in August 2025, and these were subsequently approved by the Board on 25 September 2025.

Asesiad / Assessment

The SRG Terms of Reference and operating arrangements (**Appendix 1**) have been reviewed since Board approval on 25 September 2025, with no amendments identified.

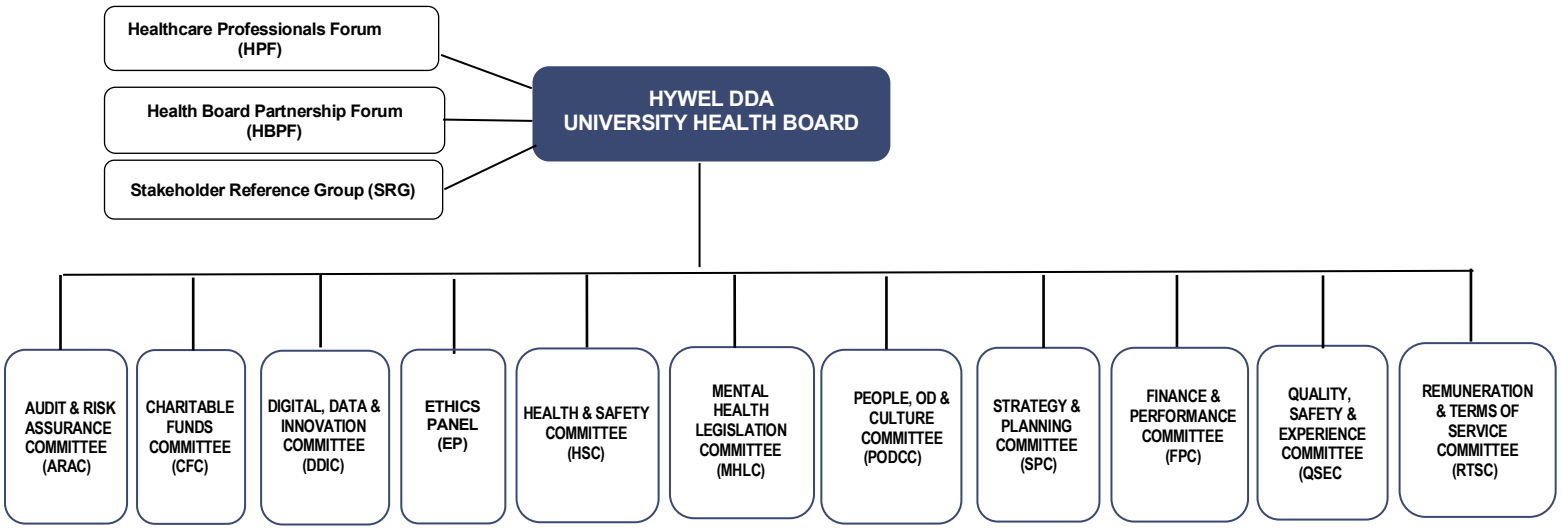
Argymhelliad / Recommendation

The Stakeholder Reference Group is asked to approve the Stakeholder Reference Group Committee's Terms of Reference for onward ratification by the Board on 24 September 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	12.1: These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic*	Not Applicable

change and/or significant service changes)	
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	SRG Terms of Reference
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Director of Corporate Governance (Board Secretary) Assistant Director of Assurance and Risk Communications and Engagement Director

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts
Gweithlu: Workforce:	No direct impacts
Tegwch Iechyd: Health Equity:	No direct impacts
Risg: Risk:	No direct impacts
Cyfreithiol: Legal:	No direct impacts
Enw Da: Reputational:	No direct impacts
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	No direct impacts



STAKEHOLDER REFERENCE GROUP

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V0.1	Hywel Dda University Health Board	25.03.2010	Approved
V0.2	SRG	08.06.2010	Approved
V0.2	Board (Standing Orders)	22.07.2010	Approved
V0.3	SRG	14.01.2011	Approved
V0.3	SRG	29.03.2011	Approved
V0.4	SRG	20.09.2011	Approved
V0.5	SRG	17.07.2012	Approved
V0.5	Board (Standing Orders)	27.09.2012	Approved
V0.6	SRG	22.01.2013	Approved
V0.6	Board (Standing Orders)	26.09.2013	Approved
V0.7	SRG	27.01.2014	Approved
V.08	SRG	15.10.2015	Approved
V.09	SRG	12.01.2017	Approved
V.09	Hywel Dda University Health Board	26.01.2017	Approved
V10	SRG	05.02.2018	Approved
V.10	Hywel Dda University Health Board	28.03.2019	Approved
V.11	Hywel Dda University Health Board	26.09.2019	Approved
V.12	SRG	16.04.2021	Approved

V.12	Hywel Dda University Health Board	27.05.2021	Approved
V.13	Hywel Dda University Health Board	29.07.2021	Approved
V.14	SRG	06.05.2022	Approved
V.14	Hywel Dda University Health Board	28.7.2022	Approved
V.15	SRG	05.05.2023	Approved
V.15	Hywel Dda University Health Board	25.05.2023	Approved
V.16	SRG	02.05.2024	Approved
V.16	Hywel Dda University Health Board	25.07.2024	Approved
V.17	SRG	07.07.2025	Approved
V.17	Hywel Dda University Health Board	25.09.2025	Approved
V.18	SRG	07.09.2026	For approval

1. Constitution

1.1 The Stakeholder Reference Group (SRG) has been established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

2. Principal Duties

2.1 The purpose of the SRG is to provide:

2.1.1 Early engagement and involvement in the determination of the HDdUHB's overall strategic direction;

2.1.2 Advice to the HDdUHB on specific service improvement proposals prior to formal consultation; as well as

2.1.3 Feedback to the HDdUHB on the impact of the HDdUHB's operations on the communities it serves.

2.1.4 The SRG has responsibilities under the Equalities Act 2010.

3. Operational Responsibilities

3.1 The SRG will, in respect of its provision of advice to the Board:

3.1.1 Provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the HDdUHB, with the aim of reaching and presenting, wherever possible, a cohesive and balanced stakeholder perspective to inform the HDdUHB's decision-making. NB: Even when the SRG is unable to reach a consensus, it has an important role as a forum through which to draw the HDdUHB's attention to the full range of views.

3.1.2 The SRG shall represent those stakeholders who have an interest in, and whose own roles and activities may be impacted by the decisions of the HDdUHB and vice-versa. The SRG's role is distinctive from that of Llais West Wales (Citizen Voice Body), who have a statutory role in representing the interests of patients and the public within their geographic areas.

4. Membership

4.1 The membership of the SRG, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member roles, powers and terms and conditions of appointment will be determined by the Board, taking account of the views of its stakeholders. The membership of the Group shall comprise:

Chair: Nominated from within the membership of the SRG by its members and approved by the Board.

Vice Chair: Nominated from within the membership of the SRG by its members and approved by the Board.

Members: The SRG shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the SRG.

The membership is drawn from within the area served by the HDdUHB and ensures involvement from a range of bodies and groups operating within the communities serviced by the HDdUHB. It is the role of SRG members to represent fairly and fully the interests and views of those bodies and groups. Membership may include community partners, provider organisations, special interest and other groups operating within HDdUHB's geographical area. Where appropriate, the Board may determine to extend membership to individuals in order to represent a key stakeholder group where there are not already formal bodies or groups established or operating within the area and who may represent the interests of these stakeholders on the SRG.

There shall be no minimum or maximum requirement in terms of membership size. In determining the number of members, the Board shall take account of the need to ensure the SRG's size is optimal to ensure focused and inclusive activity.

The membership of the SRG will also serve as the membership of the Reference Group to advise the West Wales Regional Partnership Board (RPB), especially on matters of integration and seamless health and social care.

In determining the overall size and composition of the SRG, the Board must take account of the demography and diversity of the areas served by HDdUHB;

The Board shall keep under review the size and composition of the SRG to ensure it continues to reflect an appropriate balance in stakeholder representation.

All members must:

- Be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the SRG within the communities it represents.

SRG members are accountable, through the SRG Chair to the University Health Board (UHB) for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the

SRG.

The membership of the SRG is made up of representatives from the following sectors with the number of representatives in brackets ():

Sector/ Organisation

- Armed Forces Covenant Representative (1)
- Carer representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Citizens Advice (1)
- Fire & Rescue Service (1)
- Hywel Dda Llais (Citizen Voice Body) (1)
- HDdUHB Independent Board Member (1)
- HDdUHB Public Health representation (1)
- Housing Associations (1)
- Independent Sector (1)
- Mental Health representation (1)
- Natural Resources Wales representation (1)
- Patient representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Public Service Boards representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Siarad Iechyd/ Talking Health Member (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Third Sector (CAVO, CAVS & PAVS) (1)
- Un Llais Cymru/One Voice Wales *(formerly Town and Community Councils)* (Carmarthen, Ceredigion and Pembrokeshire) (3)
- West Wales Care Partnership/ Regional Partnership Board (1)
- Welsh Ambulance Services NHS Trust (WAST) (1)

Total: 28

Additional organisational representation may be co-opted as appropriate and will include:

- Office of the Police and Crime Commissioner
- Strategic Partnerships, Diversity and Inclusion
- Local Health Board County Directors
- Mental Health
- Planning
- Engagement
- Patient Experience
- Youth Forums
- Transformation
- Those from an ethnic community/Those with protected characteristics

This membership will be reviewed by the Chair and Lead Director on an annual basis.

Members who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the SRG.

4.2 **In attendance**:

4.2.1 The Communications and Engagement Director will be the Lead Director and sponsor for the SRG. A minimum of one Director will attend all formal meetings.

4.2.2 The HDdUHB may determine that designated Board members or HDdUHB staff should be in attendance at SRG meetings. The SRG's Chair may also request the attendance of Board members or HDdUHB staff, subject to the agreement of the HDdUHB Chair.

4.3 **Member Appointments**

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/ groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or are operating within the area and may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by Welsh Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.

Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be reappointed but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, co-opt members to the SRG on an interim or short-term basis to fulfil a particular purpose or need.

The ***Chair*** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by Welsh Government. The nomination shall be subject to consideration by the HDdUHB, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

The ***Vice Chair*** shall be nominated from within the membership of the SRG, by its members, following the same process as that adopted for the Chair, subject to the condition that they be appointed from a different sector/ organisation from that of the Chair. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the UHB.

The Vice Chair's term of office will be as described for the Chair.

4.3 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable in respect of any issue which may impact on

their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.

4.4 The HDdUHB will require SRG members to confirm in writing their continued eligibility on an annual basis.

4.5 The membership of the Group shall be determined by the Board, based on the recommendation of the HDdUHB Chair, and subject to any specific requirements or directions made by Welsh Government**.**

4.6 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.

4.7 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:

- It is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member; or
- It is not conducive to the effective operation of the SRG

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

4.8 A nominating body or group may request the removal of a member appointed to the SRG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

4.9 If an SRG member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- The absence was due to a reasonable cause; and
- The person will be able to attend such meetings within such period as the Board considers reasonable.

4.10 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than one third of the membership and must include the Chair or Vice Chair of the Group. If a meeting is not quorate, any decisions made must be ratified at the next quorate meeting of the SRG.

6. Agenda and Papers

6.1 The Group's secretary is to hold an agenda-setting meeting with the Chair and the Lead Director at least **six weeks** before the meeting date.

6.2 The agenda will be based around the work plan, matters arising from the previous meetings, issues emerging throughout the year and requests from SRG members. Following approval, the agenda and timetable for request for papers will be circulated to all group members.

6.3 All papers must be approved by the relevant Director.

6.4 The agenda and papers for meetings will be distributed **seven days** in advance of the meeting.

6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Group's Secretary will then forward the final version to the Committee Chair for approval.

7. Management of Meetings

7.1 The Group will meet quarterly and will agree an annual schedule of meetings consistent with the HDdUHB's annual plan of Board business. Additional meetings will be arranged as determined by the Chair of the SRG in discussion with the Lead Director.

7.2 The Chair of the Group, in discussion with the Group's secretary, shall determine the time and the place of meetings of the Group and procedures of such meetings.

7.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business.

8. Authority

8.1 The SRG may offer advice to the HDdUHB through the following mechanisms:

8.1.1 At Board meetings, through the SRG Chair's participation as an Associate Member;

8.1.2 In written advice; and

8.1.3 In any other form specified by the Board.

9. Reporting and Assurance Arrangements

9.1 The SRG Chair is responsible for the effective operation of the SRG:

9.1.1 Chairing Group meetings;

9.1.2 Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and

9.1.3 Developing positive and professional relationships amongst the Group's membership and between the Group and the HDdUHB's Board and its Chair and Chief Executive.

9.2 The Chair shall work in close harmony with the Chairs of the HDdUHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate

issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

9.3 The Chair of the SRG will be appointed as an Associate Member of the HDdUHB's Board. The Chair is accountable for the conduct of their role as Associate Member on the Hywel Dda University Health Board to the Minister, through the HDdUHB's Chair. They are also accountable to the Hywel Dda University Health Board for the conduct of business in accordance with the governance and operating framework set by the HDdUHB.

9.4 The Group's Chair shall:

9.4.1 Report formally, regularly and on a timely basis to the Board on the Group's activities. This includes written updates on activity after each meeting and the presentation of an annual report reviewing the Group's activity and effectiveness against the ToRs within 6 weeks of the end of the financial year;

9.4.2 Bring to the Board's specific attention any significant matters under consideration by the Group.

9.5 The requirements for the conduct of business as set out in the HDdUHB's Standing Orders are equally applicable to the operation of the Group.

10. Relationship Accountabilities with the Board, Others and Llais

10.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

10.2 The Board should determine the arrangements for any joint meetings between the HDdUHB and the SRG.

10.3 The Board's Chair should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

10.4 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the UHB. The SRG shall:

- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
- Ensure its role, responsibilities and activities are known and understood by others; and
- Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

10.5 The SRG shall make arrangements to ensure designated Llais members receive the SRG's papers and are invited to attend SRG meetings.

10.6 The SRG shall work together with Llais within the area covered by the UHB to engage and involve those within the local communities served whose views may not otherwise be heard.

11. Secretarial Support

11.1 The Director of Corporate Governance/Board Secretary will ensure that the SRG is properly equipped to carry out its role by:

11.1.1 Ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the HDdUHB and others;

11.1.2 Ensuring that the SRG receives the information it needs on a timely basis;

11.1.3 Ensuring strong links to communities/groups;

11.1.4 Facilitating effective reporting to the Board;

11.1.5 Enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.

11.2 The Group's secretary shall be determined by the Director of Corporate Governance (Board Secretary).

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group for approval by the Board.

1.5

1:40 PM, 10 Mins

1.5 - Review of the Stakeholder Reference Group Membership

Clare James (Hywel Dda UHB - Head of Corporate Governance)

For information

Attachments

1.5 Review of Membership 2026.pdf

Grŵp Cyfeirio Rhanddeiliaid/ Stakeholder Reference Group

DYDDIAD Y CYFARFOD: DATE OF MEETING:	**07 SEPTEMBER 2026**
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review of the Stakeholder Reference Group Membership
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alwena Hughes- Moakes, Communications and Engagement Director
SWYDDOG ADRODD: REPORTING OFFICER:	Clare James, Head of Corporate Governance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/ For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update on the annual review of membership in line with the requirements set out in the Terms of Reference (TOR), which are based on the Model Standing Orders for Local Health Boards issued by Welsh Government in 2021.

Cefndir / Background

The Stakeholder Reference Group (SRG) was established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

An annual review of SRG membership has been undertaken to determine whether current members of SRG are within the terms of appointment that are specified in the Terms of Reference (TOR). The Terms of Reference state that membership of the Committee must be reviewed on an annual basis.

Asesiad / Assessment

An annual review of the current membership has been undertaken to establish those members who have served for three years and are eligible for re-appointment for a further two years, and those members who have served for five years and new representation needs to be sought.

SRG membership was last reviewed in August 2026. The membership of SRG comprises of representatives from various sectors, organisations and stakeholder groups within the Hywel Dda area. The Terms of Reference, which are derived from the Model Standing Orders for Local Health Boards state:

'Member appointments to SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or are operating within the area and may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by Welsh Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.

Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be re-appointed but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, co-opt members to the SRG on an interim or short-term basis to fulfil a particular purpose or need.'

Since the previous meeting, existing members have been contacted to confirm their reappointment or to ask for new representation if their term of office is due to end this year.

The table below provides an update on the membership of the Committee. There are still some organisations/sectors where representation is still to be confirmed, and we are in communication with them to ensure there is a full membership prior to the next Board meeting if possible.

Where new representatives have been nominated, appropriate handover arrangements have been undertaken by the respective organisations to ensure continuity of representation. The exception is the Housing Associations representative position, where the outgoing representative has retired and a direct handover was therefore not possible. New representatives have been invited to the September meeting.

No additional stakeholders have been identified for inclusion in the membership list below.

Organisations Represented	Current	Reappointment	New Representative
Armed Forces Representative	Hayley Edwards	Yes	
Carer Representative (Carmarthenshire)	Cathy Boyle	Yes	
Carer Representative (Ceredigion)	Mandy Dean	Yes	
Carer Representative (Pembrokeshire)	Vacant	N/A	Vacant – need a replacement
Citizens Advice	Suzanne Gainard	Yes	
Fire and Rescue Service	Geraint Thomas	No	Amy Richmond-Jones
HDdUHB Independent Member	Iwan Thomas	Yes	
Housing Associations	Eleri Jenkins	No – now retired	James Wadlow (Codi Group)
Independent Sector	Gaynor Llewellyn	Yes	
Llais (Citizens Voice body)	Elin Mererid	Yes	
Mental Health	Andrea Edwards	Yes	
Natural Resources Wales	Gillian Perry	Yes	
Patient Representative (Carmarthenshire)	Jeremy Hockridge	Yes	

Patient Representative (Pembrokeshire)	Vacant	N/A	Vacant – need a replacement
Patient Representative (Ceredigion)	Vacant	N/A	Vacant – need a replacement
Public Health Representative	Ardiana Gjini	Yes	
Public Service Board (Ceredigion)	Timothy Bray	Yes	
Public Service Board (Carmarthenshire)	Kate Harrop	Yes	
Public Service Board (Pembrokeshire)	Tegryn Jones	Yes	
Siarad Iechyd/Talking Health Representative (Carmarthenshire)	Linda Parton	Yes	
Siarad Iechyd/Talking Health Representative (Pembrokeshire)	Tim Tilbrook	No	Vacant – need a replacement
Siarad Iechyd/Talking Health Member (Ceredigion)	Vacant	N/A	Vacant – need a replacement
Third Sector (CAVO/CAVS/PAVS)	Chesca Ross	No	Need a replacement after September.
Un Llais Cymru /One Voice Wales (formerly Town and Community Council) (Carmarthenshire)	Cllr Harvard Hughes	Yes	
Un Llais Cymru /One Voice Wales (formerly Town and Community Council) (Pembrokeshire)	Cllr Shan Williams	Yes	
Un Llais Cymru /One Voice Wales (formerly Town and Community Council) (Ceredigion)	Cllr Anne McCreary	Yes	
Welsh Ambulance Service Trust (WAST)	Rhonwen Jones	No	Helen Britton
West Wales Care Partnership/Regional Partnership Board	Linda Jones	Yes	
Co-opted representatives			
Police and Crime Commissioner			
Strategic Partnerships, Diversity and Inclusion		Appropriate HB Representative	
Local Health Board County Directors		Appropriate HB Representative	
Planning		Appropriate HB Representative	
Engagement		Appropriate HB Representative	
Patient Experience		Appropriate HB Representative	
Youth Forums		Appropriate HB Representative	
Transformation		Appropriate HB Representative	
Those from an ethnic community/ protected characteristic		Appropriate HB Representative	

Chair and Vice Chair arrangements

On 10 March 2026, the Cabinet Secretary formally agreed to the appointment of Tegryn Jones as Chair of the Stakeholder Reference Group and Associate Member of the Board for a period of two years.

The current SRG Vice Chair position remains vacant and therefore nominations are requested for the appointment of a new Vice-Chair. Any nominations received before 31 October 2026 will be considered at the next meeting on 24 November 2026.

'The Chair shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by Welsh Government. The nomination shall be subject to consideration by the HDdUHB, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

The Vice Chair shall be nominated from within the membership of the SRG, by its members, following the same process as that adopted for the Chair, subject to the condition that they be appointed from a different sector/ organisation from that of the Chair. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the UHB.

The Vice Chair's term of office will be as described for the Chair.'

Argymhelliad / Recommendation

The Stakeholder Reference Group is asked to:

- **NOTE** the progress update on the annual review of the membership of SRG.
- **REQUEST** nominations from within the Membership for the role of Vice Chair by 31 October 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality	Not Applicable Choose an item.

Quality and Engagement Act (sharepoint.com)	Choose an item. Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable Choose an item. Choose an item. Choose an item. Choose an item.
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	SRG Terms of Reference
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Director of Corporate Governance (Board Secretary)

Effaith: (rhaid cwblhau) **Impact: (must be completed)**

Ariannol / Gwerth am Arian: **Financial / Service:**	No direct impacts
Ansawdd / Gofal Claf: **Quality / Patient Care:**	No direct impacts
Gweithlu: **Workforce:**	No direct impacts
Tegwch Iechyd: **Health Equity:**	No direct impacts
Risg: **Risk:**	No direct impacts
Cyfreithiol: **Legal:**	No direct impacts
Enw Da: **Reputational:**	No direct impacts
Gyfrinachedd: **Privacy:**	No direct impacts
Cydraddoldeb: **Equality:**	No direct impacts

2

1:50 PM, 0 Mins

2 - Our Services

2.1

1:50 PM, 15 Mins

2.1 - Current and Future Planned Consultations and Engagement Update

Nichola Couceiro (Hywel Dda UHB - Head of Engagement)

For information

Attachments

2.1 SRG engagement slides - August 2026.pdf

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Engagement summary: May 2026 to August 2026 and planned future engagement

Clinical Services Plan – Stroke Services

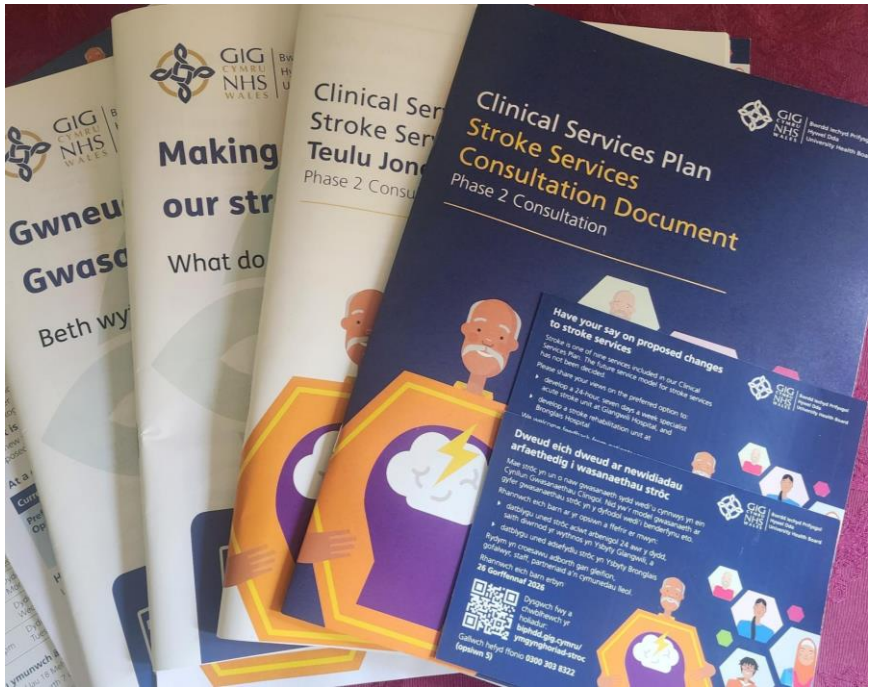
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Stroke phase 2 consultation

Board endorsed an eight-week consultation period, which ran from 28 May to 26 July 2026.

- Engagement included public drop-ins, online sessions, community outreach, hospital visits, staff briefings and targeted community-group activity, specifically with local stroke groups.
- Bilingual and accessible materials were provided, including Easy Read, audio, British Sign Language and alternative-language formats.
- More than 3,000 people were engaged during the consultation, through 120 meetings, events and activities.
- In addition to the feedback gathered through conversations, we also received 751 responses to the questionnaire and an additional 30 written submissions.
- As well as feedback on the preferred option for stroke services, the previously considered options by board, the questionnaire also gave respondents the opportunity to share with the Health Board equality and Welsh-language impacts to help inform the final decision.

Feedback is now being analysed alongside clinical evidence, data and impact assessments before the Board is due to make a final decision at Public Board on 26 November 2026.



Strategic Refresh

The refresh of our strategy 'A Healthier Mid and West Wales - Healthier lives, well lived' was presented and approved at Public Board in 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.

Following the end of the pre-election period we began sharing summary documents of our refreshed strategy with our staff, members of the public and key stakeholders. This has included:

- Walk-arounds of our hospital sites to share summary strategy documents with staff.
- A mail-out via post and email to more than 1,000 stakeholders on our distribution lists, including public buildings like libraries, pharmacies, opticians, GPs, community/town councils, as well as third sector organisations and care homes.
- As part of our commitment to continuous engagement with our communities, we attended and shared information about our refreshed strategy at the National Eisteddfod, Royal Welsh Show and the Pembrokeshire County Show.
- Alongside this, we have begun to revisit local community groups and organisations who helped shape and inform the refreshed strategy to share back what we heard and the updated strategy.

This work will continue as we head into the autumn and beyond.

Mental Health – Section 136

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Health Board agreed a period of public and staff engagement on the future location of its adult Section 136 Place of Safety service at its Board meeting on Thursday 30 July 2026.

- Section 136 of the Mental Health Act allows police officers to take a person experiencing a mental health crisis in a public place to a designated place of safety, where they can receive an assessment and appropriate support. The Health Board has a statutory responsibility to provide this service.
- Board members were asked to consider the outcome of a multi-agency options appraisal, which has identified a dedicated Section 136 suite at Cwm Seren at St David's Park, Carmarthen, as the preferred option for future adult provision. The proposal follows a review of existing facilities, which highlighted environmental and staffing challenges across a number of sites, and extensive work with partners including Dyfed-Powys Police, local authorities, West Wales Action for Mental Health (WWAMH) and Llais.
- An eight-week period of engagement will take place from 1 September to 26 October 2026. The engagement will seek views from staff, service users, carers, partner organisations and local communities on the preferred option, its potential impacts and any measures that could help reduce them.

Engagement activities will include:

- Targeted face-to-face sessions with service user groups supported by third sector organisations in Carmarthenshire, Ceredigion and Pembrokeshire.
- Community Development Outreach Team engagement with people with protected characteristics.
- Surveys targeted at staff, the public, people with lived experiences and their families and carers.
- Pages on Have your Say / Dweud eich Dweud, offering background information and questionnaire.
- Social media and organic content to promote the engagement across communication channels.
- Information shared with local media.

Meddygfa'r Penrhyn engagement

The Health Board agreed a period of engagement from Monday 24 August to Friday 16 October 2026 on the future of nurse-led services at the branch surgery of Meddygfa Penrhyn in St Davids. Patients, local residents and community stakeholders are being invited to share their views.

The engagement follows the Health Board receiving an application from Meddygfa Penrhyn to discontinue branch services in St Davids. The practice has advised that delivering services from a single site in Solva, 3.4 miles away, would help provide more integrated care for patients, with GPs, nurses and administrative staff working together in one location.

At the same time, the Health Board received a notification that the current premises at Shalom House will no longer be available from 30 September 2026 due to the sale of the building. At this time no suitable alternative premises have yet been identified.

No decision has been made about continuing branch surgery services in St Davids and the Health Board is keen to hear from patients, carers and local residents before any recommendations are considered.

Engagement approach:

- The Health Board will be writing to all patients to provide paper copies of the questionnaire, as well as being available at Meddygfa Penrhyn and Shalom House (whilst still open).
- A number of targeted meetings will be held during the engagement period and there will be a public drop-in where people can meet representatives from the Primary Care team to ask questions and provide feedback. This will be held on **Wednesday 23 September 2026, from 2pm to 7pm,** at St Davids City Hall, High Street, St Davids, SA62 6SD.
- Stakeholders can also share their views by completing the questionnaire online via the Health Board's Have Your Say / Dweud eich Dweud engagement website.

Bandi/Children Centre Engagement

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Health Board is developing proposals for the future location of the Bandi children's centre in Carmarthen, in conjunction with the charity Canolfan Plant Sir Gâr, Carmarthenshire County Council and third sector partners.

The current children's centre operates from the Glangwili Hospital site, and the Health Board is considering whether services should move to Tudor House, Hafan Derwen, St David's Park, Carmarthen.

The six week engagement period and will run from Wednesday 2 September to Wednesday 14 October 2026.

Engagement approach:

- Targeted face-to-face sessions with service user groups.
- Weekly engagement sessions with service users, parents and carers at the current children's centre.
- Engagement with staff and professionals directly affected by the proposal.
- Survey targeted at service users, parents and carers with lived experience.
- Survey targeted at staff and professionals.
- Pages on Have your Say / Dweud eich Dweud, offering background information and questionnaire.
- Staff and professionals survey available on MS Forms.
- Information circulated to key stakeholders for wider sharing.

Communication channels:

- Targeted social media and organic content across our channels signposting to engagement platforms.
- Information shared with local media.

Maternity services – Service Level Agreement

The Health Board is seeking feedback to understand the potential impact, and any support women, birthing people and families may need when a Service Level Agreement (SLA) with Swansea Bay University Health Board ends in December 2026.

From 17 August 2026, a six-week period of engagement has been underway inviting the public and other stakeholders to share their views on how the ending of the agreement between the two health boards might impact them.

- A survey has been shared online on the Have your Say / Dweud eich Dweud engagement website. Paper copies of the survey have been available via the maternity service and on request via the Health Board's Communications Hub.
- Information via Tractivity channels has been distributed to stakeholders including mother and toddler groups, town and community councils, breastfeeding groups, nurseries and family centres in the area.
- The service will proactively engage with the GPs and health visiting teams by informing them through Primary Care channels, cascading information to GP practices in Carmarthenshire, and by sharing information via the Community Health Pathways platform.
- An online session to provide information about the upcoming changes, collect people's views and hear any suggestions is due to take place on 7 September 2026.

The engagement closes on 28 September and feedback from this engagement is due to be presented at Public Board on 26 November 2026.

Community Development Outreach Team activities

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

- Team attended the Pembrokeshire County Show to share information about accessing services across the Health Board.
- “Our Voices” Start of Arts in Health project with People Speak Up for Unaccompanied Asylum Seeker Children.
- Gypsy and Traveller play day on residential site with People Speak Up with Health Board teams supporting.
- Supporting Hepatology and TB outreach programmes, including a rural farm.
- Wellbeing events in Ceredigion.
- Outreach to visiting circuses, making sure they know where to access services.
- Outreach to a vulnerable person living remotely in Ceredigion.
- Sharing and encouraging people to have their voice heard through the stroke consultation and well-being consultation.
- Ceredigion celebration event for Refugee and Asylum seeker week.

Other engagement activity

- Pharmaceutical Needs Assessment (PNA) review engagement completed between May and July 2026. Updated document due for public distribution in October 2026.
- Forget Me Knot Dementia Group, Strategy Refresh engagement session.
- Cwtch Group, Llanelli, Strategy Refresh engagement session.
- Ceredigion Disability Forum, Strategy Refresh engagement session.
- Pembrokeshire People First Dream Team Charter launch
- Royal Welsh Agricultural Show.
- Eisteddfod Genedlaethol – Y Garreg Las, various health teams to promote their services.
- Pembrokeshire County Show, various health teams to promote their services.

Future engagement activity

- Leg Ulcer Clinic relocation in the Amman Gwendraeth area.
- Pantyfedwen Speech and Language Therapy service relocation.
- Further engagement on estate relocations, to be confirmed.
- Rural transport engagement still to be confirmed – supporting Joint Commissioning Council project.

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

2.2

2:05 PM, 15 Mins

2.2 - Clinical Services Plan - Stroke Services

Alexander Martin (Hywel Dda UHB - Principal Programme Manager)

For information

Attachments

2.2 Stroke Consultation update.pdf

Stroke consultation feedback - overview

Consultation closed on the 26 July 2026, with 751 total consultation responses received, 30 written submissions and engagement with more than 3,000 people across 120 engagement events and activities.

Questionnaire response breakdown included:

- 652 English, 10 Welsh and 14 organisational online responses
- 66 English, 3 Welsh and 6 Easy Read paper responses

The consultation report is currently being drafted. This will be shared with staff and stakeholder groups to test that it reflects what was heard and shared during the consultation; whether there are any gaps or areas which should be strengthened, and identify the key messages that they believe should be considered in more detail by Board.

In a Board Seminar session in October 2026, work will begin to conscientiously consider all of the findings from the consultation report. Feedback from the staff and stakeholder sessions and wider option development information will also be considered, before completing the consideration and decision making in a public Board meeting in November 2026 as planned.

Stroke consultation feedback - emerging findings

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key findings emerging from the report are similar to those that we heard during the engagement event. Key themes being travel, transport and infrastructure, capacity at Glangwili Hospital to host an acute stroke unit as proposed, and timely access to care.

We also heard concerns about equity of care in Hywel Dda. Access to care from neighbouring health boards, particularly if there is only a single unit within the south of Hywel Dda, and the impact this would have on the families, carers and visitors of patients.

In response to the questionnaire - around 69% of those answering chose either ‘strongly disagree’ or ‘tend to disagree’ with the preferred option. However early engagement feedback analysis suggests that people were more likely to agree with the preferred option once they had been able to ask questions about the model and understand how it would work in practice.

We also heard concerns about the length of time needed for rehabilitation after a stroke, with questions being asked about whether rehabilitation can be provided closer to home, particularly for those living in Pembrokeshire and Llanelli.

A theme arising throughout engagement sessions, questionnaire responses and written submissions is how the potential development of a new Urgent and Planned Care Hospital in the south of Hywel Dda would impact the option implementation and the phasing of the option. There were suggestions that this should be answered before the decision or implementation of any option is made.

Stroke consultation feedback - key milestones

21-28 August 2026: Review of initial draft consultation report by external quality assurance advisors as part of Centre for Consultation quality assurance framework

21-30 September 2026: Staff and stakeholder sessions to review consultation report to inform Board Seminar

22 October 2026: Board Seminar Session to begin conscientious consideration of consultation report along with staff and stakeholder feedback

26 November 2026: Public Board session to complete conscientious consideration and decision making

2.3

2:20 PM, 15 Mins

2.3 - BANDI Appeal Children's Centre

Anwen Pearce (Hywel Dda Health Board - Capital Programme Manager Planning)

To follow

For information

2.4

2:35 PM, 15 Mins

2.4 - Pharmaceutical Needs Assessment

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

For information

Attachments

2.4 PNAAugust2026.pdf

Pharmaceutical Needs Assessment

Pharmaceutical Needs Assessment

- The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 sets out the statutory duty placed upon each Health Board to prepare and publish a Pharmaceutical Needs Assessment (PNA).
- This is Hywel Dda University Health Board's second Pharmaceutical Needs Assessment.
- The Hywel Dda UHB Pharmaceutical Needs Assessment:
  - Sets out the current health needs of the population and how they will change over the five-year lifetime of the document (1 October 2026 to 30 September 2031)
  - Describes the current provision of pharmaceutical services by pharmacies, dispensing appliance contractors and dispensing doctors both within and outside of the Health Board's area
  - Considers known changes that will arise during the lifetime of the document such as demographic changes, housing developments, regeneration projects, and changes to the location of other NHS service providers, and
  - Identifies any current gaps in service provision and any that will arise during the lifetime of the document
- The views of residents and stakeholders were gathered via a public engagement exercise. This was conducted between 9 February to 9 March 2026. An on-line survey was launched, with a paper version also available. 451 responses were submitted, which offered an indication of the public's view on current pharmaceutical services available.
- Existing pharmacy contractors and dispensing GP practices were also asked to complete a questionnaire. The questionnaire exercise was undertaken between 13 October and 31 October 2025. 95 out of 96 pharmacies completed the questionnaire and four out of five dispensing GP practice sites completed the questionnaire (one dispensing GP practice operates across two sites).

- 72% (326 people) were female, 25% (113 people) were male. The remaining respondents identified with another gender identity or preferred not to disclose this information.

- The age categories for the largest number of respondents were aged 65-74 years (29%) followed closely by 75 and over years (27%).

- 85% of respondents (384 people) said that the main language spoken/used at home was English. Only 12% (54 people) said their preferred language was Welsh.

• 62% indicated that they access an Independent Community Pharmacy and 33% said that they accessed a Community Pharmacy that is part of a large chain

• 254 respondents indicated that they receive their prescription via paper form and 173 respondents indicated that they receive their prescription electronically

• 144 respondents indicated that they ordered their repeat medication via the NHS app whilst 294 indicated that they order their repeat medication via other methods such as via their pharmacy.

• The main reason for people visiting a pharmacy was to get a prescription for themselves or someone else (420). 295 indicated they use pharmacies to purchase medicines, 270 respondents used pharmacies to obtain advice and 87 went to the pharmacy to access a service. Multiple answers could be given to this question.

• 62%, 278 people receive their repeat prescription every 28 days/monthly and 22% receive their repeat prescription every 56 days/every two months.

• 153 indicated that it takes 3-5 working days from ordering to collecting a prescription, followed closely by less than 3 working days (145 people)

Pharmaceutical Needs Assessment

The PNA has also considered any predicted population changes during its 5-year lifespan, housing developments, and whether any gaps in future provision of pharmaceutical services are identified. A summary of the conclusions is set out below:

- The population of Hywel Dda UHB is well served in relation to the number of pharmacies per 10,000 population and number of pharmacy hours per 10,000 population.
- The vast majority of the population is well served in relation to the location of pharmacies.
- Pharmacies are in locations which offer good proximity to GP practices.
- Access to pharmaceutical services for the residents of Hywel Dda UHB is very good/good/generally good. In the Tywi Taf Cluster area, community pharmacy provision has reduced over the past five years. Despite this, access remains within a 30-minute drive time for all areas. Most pharmacies report sufficient capacity to meet increased demand, over the next 5 years.
- Based on current service provision, population distribution, and respondent data, no current unmet need has been identified in relation to the provision of GP dispensing services.

The draft PNA was considered by Strategy and Planning Committee on 20 August 2026 and will be taken to Board in September for approval and publication.

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Hywel Dda
University Health Board

3

2:50 PM, 0 Mins

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3 - For Information

3.1 **2:50 PM, 5 Mins**

3.1 - Integrated Performance Assurance Report (IPAR)

Chair

For information

Attachments

3.1 Integrated Performance Assurance Report Month 12 2025-26 and Month 1 2026-27.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 May 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Board – Month 12 Final position 2025/2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, 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 **final** Month 12, 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 31st March 2026. Ahead of the Board meeting, the dashboard will also be made available via our internet site. For help navigating the IPAR dashboard, email the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

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

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

To note:
In April 2026, a previous M12 report went to the Finance and Performance committee for review. This **final** version of M12 IPAR includes an update on the performance metrics where March 2026 data has been published in May 2026:

- Median time for emergency and arrest ambulance calls.
- Single cancer pathway
- R1 eye care
- Mental health and learning difficulty metrics
- Finance

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	Mar 2026	220	Usual	n/a	Trajectory missed by over 5%	Alert
% pts on single cancer pathway within 62 days	75%	Mar 2026	60%	Improving	Missing target	Trajectory missed by over 5%	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Mar 2026	1,206	Usual	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Mar 2026	10	n/a	n/a	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Mar 2026	3,308	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Mar 2026	54.7%	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Mar 2026	26.8%	Improving	Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Mar 2026	75.1%	Improving	Missing target	n/a	Alert
Financial in month deficit	n/a	Mar 2026	£3,963,000	Usual	n/a	Trajectory missed by over 5%	Alert
% therapy interven post LPMHSS assess (age 0-17)	80%	Mar 2026	69.2%	Usual	Hit and miss	n/a	Advise
% R1 eyecare appts attended in target or 25% delay	95%	Mar 2026	64.0%	Concerning	Missing target	n/a	Advise
Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	n/a	Dec 2025	28.1%	Concerning	n/a	n/a	Advise
% sickness absence rate of staff	6.60%	Mar 2026	6.70%	Concerning	Hitting target	n/a	Advise
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Mar 2026	2,423	Concerning	Missing target	n/a	Advise
% R1 eyecare patients waiting within 25% delay to target date	95%	Mar 2026	42.7%	Improving	Missing target	Trajectory missed by over 5%	Advise
% Autumn 2025 COVID booster uptake for eligible residents	75%	Feb 2026	57.4%	n/a	n/a	n/a	Advise
Ambulance handover > 4 hours Hywel Dda	0	Mar 2026	117	Improving	Missing target	Trajectory met	Advise
Ambulance handovers > 1 hour Hywel Dda	0	Mar 2026	514	Improving	Missing target	Trajectory met	Advise
Ambulance handover > 45 minutes Hywel Dda	0	Mar 2026	610	Improving	Missing target	n/a	Advise
% of children receiving HPV by age 15	90%	Dec 2025	77.1%	n/a	n/a	n/a	Advise
Dental: % of Welsh resident children accessing NHS primary dental care treatment within 12 months	n/a	Dec 2025	39.1%	Improving	n/a	n/a	Advise
% uptake of flu vacc - 65+ years	75%	Mar 2026	71.0%	n/a	n/a	n/a	Advise
S. aureus: Number of confirmed cases (in-month)	6	Mar 2026	10	Usual	Hit and miss	n/a	Advise
E. coli: Number of confirmed cases (in-month)	21	Mar 2026	23	Usual	Hit and miss	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Dec 2025	88.2%	Usual	Missing target	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Mar 2026	45.4%	Improving	n/a	n/a	Advise
C. difficile: Number of confirmed cases (in-month)	8	Mar 2026	8	Usual	Hit and miss	n/a	Advise
Median time ambulance arrest category calls	8	Mar 2026	8	n/a	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Mar 2026	15,182	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Mar 2026	3	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Mar 2026	10,102	Improving	Missing target	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Mar 2026	0	Improving	Missing target	n/a	Assure
% MH assess within 28 days (age 0-17)	80%	Mar 2026	87.7%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Mar 2026	92.6%	Usual	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	Mar 2026	99.3%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Feb 2026	3,215	Improving	n/a	Trajectory met	Assure

Triangulating our data: 1st April 2022 to 31st March 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 March reporting 118, the lowest recorded. March showed an increase in the number of patient falls (241) from February (200). Medication errors have decreased slightly from 109 in February to 105 in March 2026. We continue to have significant numbers of high and extreme risks on the risk register with 560 in March 2026. There has been a significant decrease in the number of new complaints received since September 2025 (250) with 28 in March. The number of new infections decreased from February reporting 64 cases and March 51 cases (S. aureus = 10 cases, E. coli = 24 cases, C. difficile = 8 cases).
- Workforce – In month, staff sickness decreased slightly with 6.4% in March. Short-term sickness remained static at 2.2% for March whilst long-term sickness decreased slightly to 4.2%. 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 March it was 72.81 whole time equivalent (WTE). Rolling 12-month staff turnover percentage has decreased slightly to 6.6%.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	118	305	118	
Patient falls	189	301	241	
Medication errors	61	149	105	
Pressure damage developing or worsening during care	54	215	71	
New complaints by month received (ward level not available)	28	250	28	
Number of high and extreme risks (health board & function only)	381	560	560	
Infections: new cases	51	81	51	
Infections: C. difficile cases	8	23	8	
Workforce				
Number of staff/contractor related incidents	98	186	116	
Sickness - short term	1.7%	2.6%	2.2%	
Sickness - long term	3.8%	4.9%	4.2%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.6%	9.8%	6.6%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.38	379.79	72.81	
Bank (WTE)	212.99	352.85	328.32	

Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 12 final position 2025/2026 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

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

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

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

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

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

Integrated Performance Assurance Report (IPAR) Overview

As at 31st March 2026

For further details see the latest IPAR dashboard.

Contents

Statistical process control (SPC) charts

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 31st March 2026.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Number of Pathways of Care delayed discharges	n/a	Mar 2026	220	Usual	n/a	Trajectory missed by over 5%	Alert
% pts on single cancer pathway within 62 days	75%	Mar 2026	60%	Improving	Missing target	Trajectory missed by over 5%	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Mar 2026	1,206	Usual	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Mar 2026	10	n/a	n/a	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Mar 2026	3,308	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Mar 2026	54.7%	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Mar 2026	26.8%	Improving	Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Mar 2026	75.1%	Improving	Missing target	n/a	Alert
Financial in month deficit	n/a	Mar 2026	£3,963,000	Usual	n/a	Trajectory missed by over 5%	Alert
% therapy interven post LPMHSS assess (age 0-17)	80%	Mar 2026	69.2%	Usual	Hit and miss	n/a	Advise
% R1 eyecare appts attended in target or 25% delay	95%	Mar 2026	64.0%	Concerning	Missing target	n/a	Advise
Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	n/a	Dec 2025	28.1%	Concerning	n/a	n/a	Advise
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Patients waiting over 52 weeks RTT	0	Mar 2026	10,102	Improving	Missing target	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Mar 2026	0	Improving	Missing target	n/a	Assure
% MH assess within 28 days (age 0-17)	80%	Mar 2026	87.7%	Improving	Hit and miss	n/a	Assure
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Consultations delivered through PIPS	n/a	Feb 2026	3,215	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.

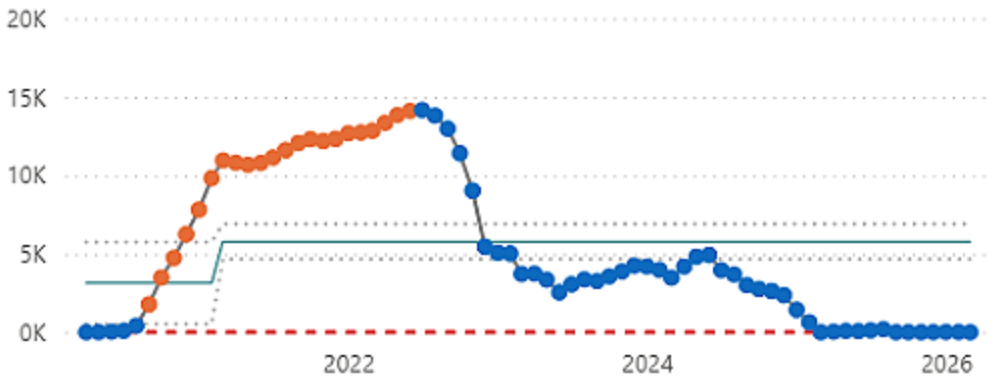
Advise
(to monitor)
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

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

Waits over 52 weeks for a first outpatient and delayed follow up appointments
(Ministerial priority)

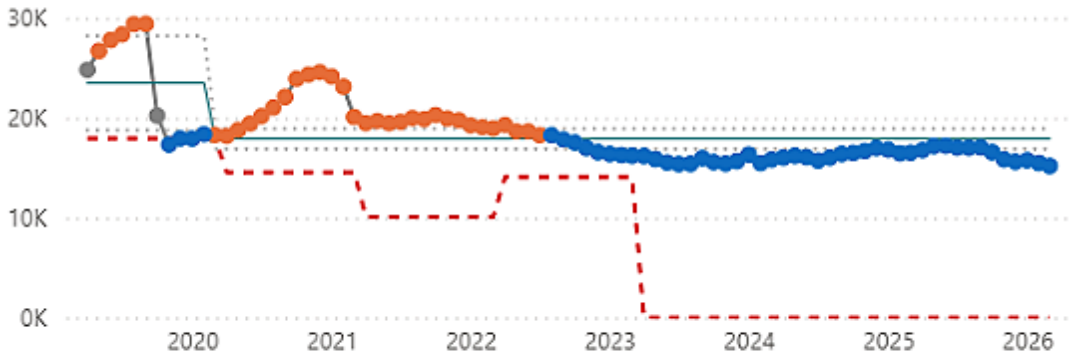
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Performance is showing improving variation, meeting the national target at the end of March 2026 with zero breaches recorded.

Follow up outpatient appointments delayed over 100% past target date



Performance is showing improving variation. March 2026 (15,182) is the best performance recorded, improving by over 1,300 since March 2025.

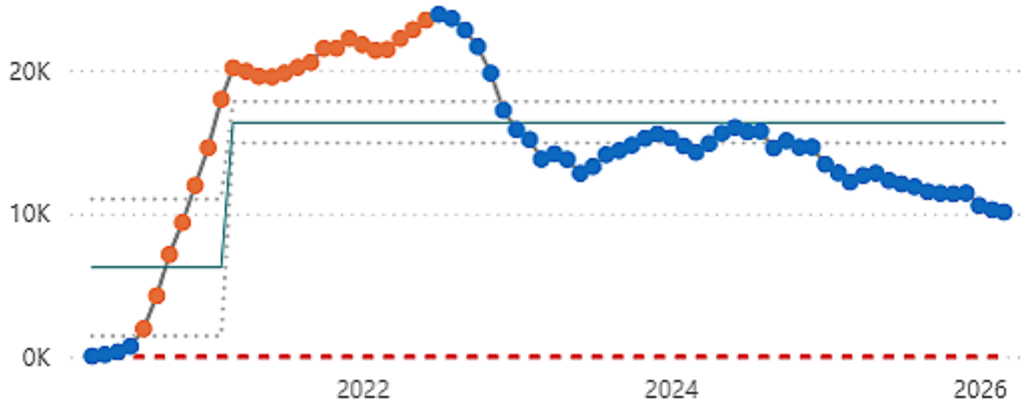
Key challenges / issues	Key actions / initiatives	Due date
• The Health Board met the 52-week target across all specialties at the end of March. • Active management and triage of referrals has resulted in no waiting list growth, whilst a reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future. • A Welsh Government initiative to reduce outpatient waiting list volumes via an insourcing company, Healthcare Business Solutions (UK) (HBSUK), running from September 2025 to March 2026, provided additional outpatient capacity. This resulted in a 50% reduction of patients waiting over 26 weeks for a first outpatient appointment. • Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.	• 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). • Delayed follow-up wait reduction to below 12,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines was not met at the end of March 2026. However, improvements across many specialties were evident with increased clinical validation, referring mild glaucoma patients back into primary care and use of CIN guidelines. This continues throughout 2026/27.	31/03/27 31/03/27

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

(Enhanced monitoring condition and Ministerial priority)

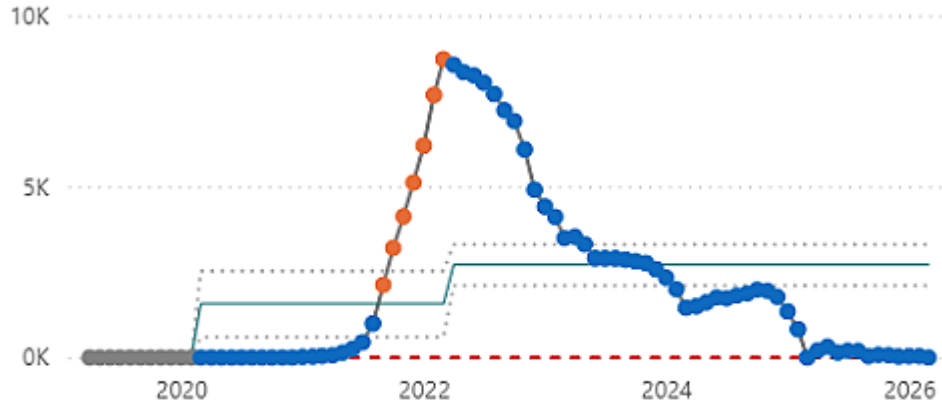
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Performance is showing improving variation. March 2026 (10,102) is the best performance since November 2020, an improvement of over 2,000 since March 2025.

Patients waiting over 104 weeks from referral to treatment



Performance is showing improving variation. The national target of zero was narrowly missed in March 2026 (3).

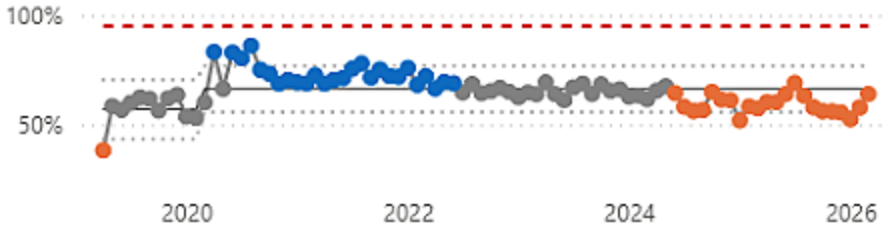
Key challenges / issues	Key actions / initiatives	Due date
• The Health Board met the 104-week maximum wait with the exception of 3 patients in Trauma and Orthopaedics. A national bone cement shortage and a subsequent cyber attack at Stryker, the main supplier of product used throughout Wales, resulted in 42 patients being cancelled at short notice during the months of February and March 2026. The service were able to mitigate all but 3 of the 42 patients either by providing alternatives to bone cement or use of alternative products. All other specialties met the target. • 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. • Maintaining and reducing waiting times into quarter one 2026/27 with levels of additional funding currently unknown.	• The Clinical Care Group continues to focus on maintaining waiting time targets in 2026/27 using demand and capacity forecasts to highlight risks and guide funding allocation. • 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.	31/03/27 30/06/26

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

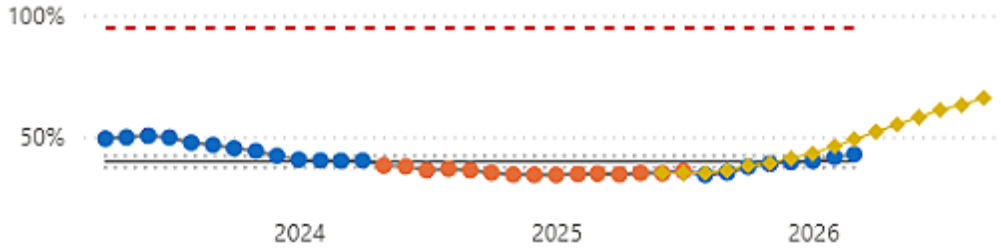
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Performance is showing concerning variation at 64% in March 2026 (target = 95%). However, performance has recovered to near the mean.

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



Performance is showing improving variation and a 7th consecutive monthly improvement to 42.7% in March 2026, although our recovery trajectory was not met.

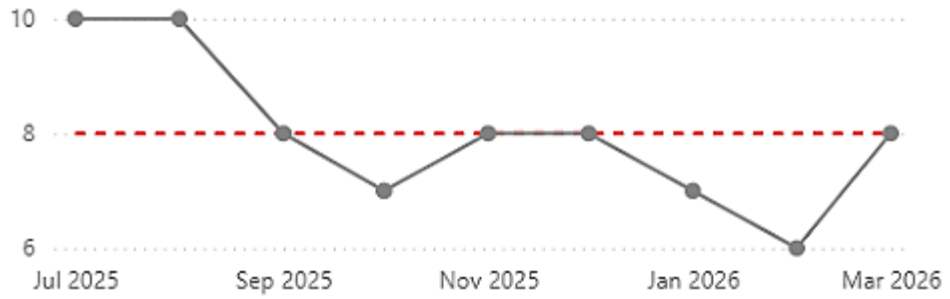
Key challenges / issues	Key actions / initiatives	Due date
• The advice from the Welsh Government is to focus on patients waiting as these are higher risk. Booking these patients, who have already breached, will improve this trajectory but will directly affect the appointments attended trajectory as patients have already breached. Once corrected, R1 appointments attended will improve as capacity grows and the backlog reduces. • Increasing outpatient delivery has been stalled by outpatient staffing and medical records constraints within Carmarthenshire and staff sickness in Pembrokeshire. This has affected approximately seven clinics per week. • Reduced workforce continues to impact delivery, with vacancies for two whole time equivalent (WTE) consultant posts and two WTE Specialist, Associate Specialist and Specialty Doctor (SAS) posts. Recruitment efforts continue. • One 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 5 months. • Two regional consultant posts were interviewed but only one applicant was suitable and has been recruited by Swansea Bay University Health Board. This has left a 1 x WTE gap in Hywel Dda. • Due to management absence across both administrative and nursing teams resulting from sickness, our ability to proactively support performance has been temporarily affected; this will be addressed as capacity is restored.	• Monies awarded to improve waits for an Intravitreal (IVT) injection have been utilised to onboard and train the necessary staff to improve this performance trajectory. More activity is being incrementally introduced. The replacement SAS doctor in North Road Eye Clinic (NREC) is currently onboarding to increase delivery. The second key action is to move the IVT service into Amman Valley Hospital (AVH) outpatients 5 days a week with a view to creating an IVT hub. This will improve patient flow and subsequent activity. • Outpatient staff will be increased to support outpatient activity in the blue suite in Glangwili Hospital (GGH). 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. • The team are exploring more innovative methods of supporting outpatient activity by the use of Ophthalmology Technicians. This will reduce the nursing resource required and ensure all staff are working to their licence. • Two SAS doctors have been recruited, with a planned start date of August 2026. • Regional Vitreoretinal (VR) Consultant will onboard in June 2026, with four outpatient clinics per month, and eight theatre lists per month, reducing pressure on the VR service.	01/06/26 01/09/26 31/08/26 01/08/26 01/06/26

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

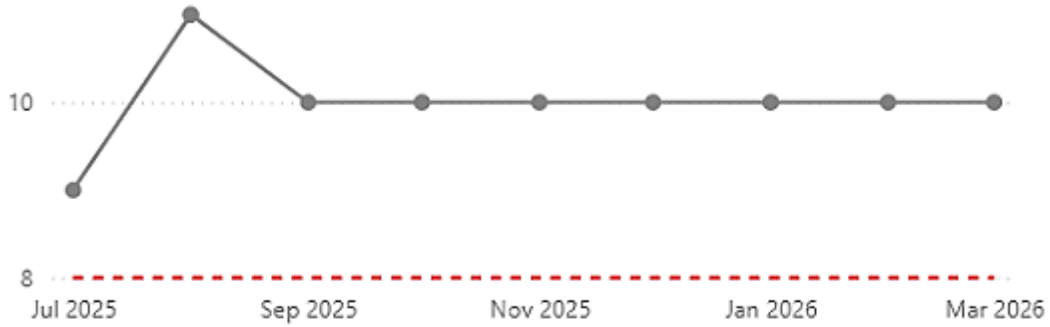
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In March, the median response time was 08:29 minutes for ARREST (Purple) Calls. There were 148 ARREST calls. Official WAST data is delayed by 1 additional reporting month

Median emergency ambulance response time to red: emergency category calls



In March, the median response time was 09:58 minutes for RED (Emergency) calls there were 584 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

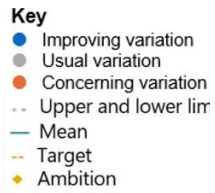
- March performance was 08:29 minutes for arrest and 09.58 minutes for emergency calls. With 148 arrest calls and 584 emergency calls.
- Overall attended demand in Hywel Dda Health Board area for March 2026 on average has been above forecast.
- Hospital delays in ambulance hand over for WAST ambulance crews, 1,697 hours lost at the 4 acute Hywel Dda hospital sites during March 2026, showing an improvement from February 2026 by 200 hours. Notification to Handover within 15 minutes was at 46% in March for the 4 acute general hospitals, showing slight improvement over February 2026.
- There were 7 immediate vehicle release (IVR) request in March 2026 of which all were 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

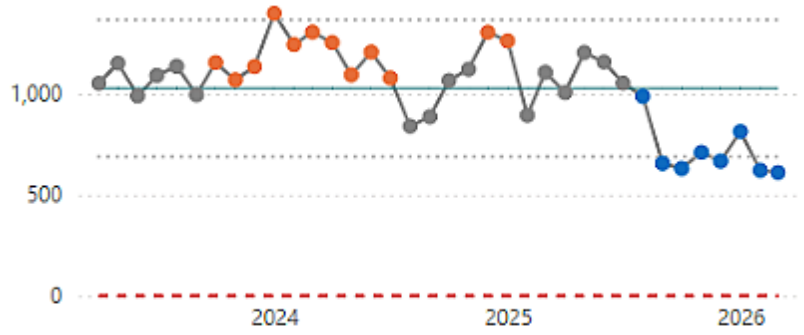
- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST 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

Urgent and Emergency Care – Ambulances – Hywel Dda

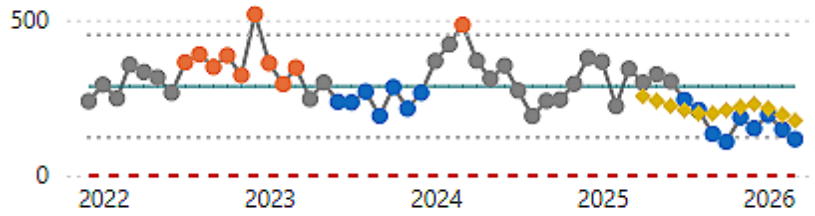
(Enhanced monitoring condition and Ministerial priority)



Ambulance handovers taking over 45 minutes



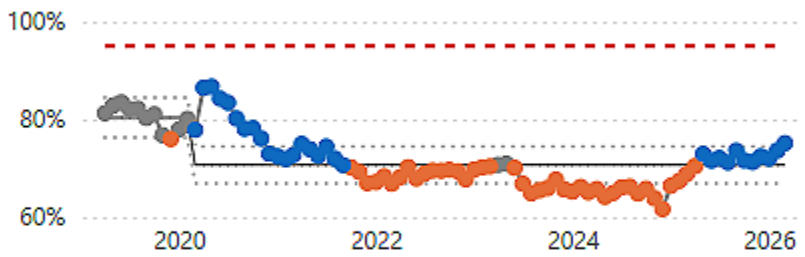
Ambulance handovers taking over 4 hours



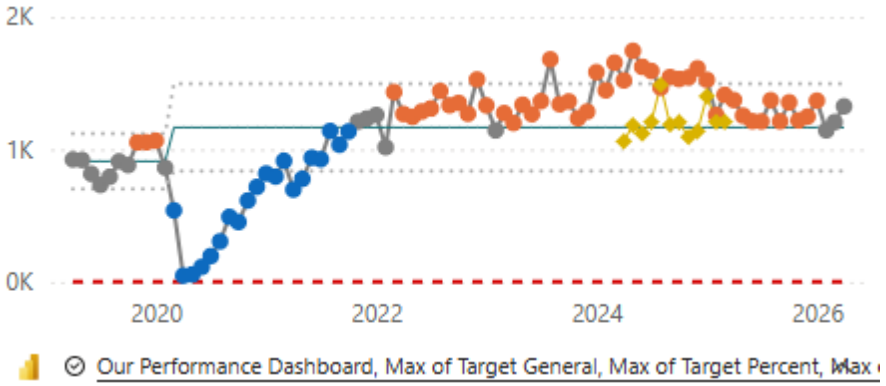
>45 Minutes handovers:
Latest data is showing improving variation
610 handovers > 45 minutes out of a total of 2,070 handovers.

>4 hours handovers:
Latest data is showing improving variation. 117 handovers > 4 hour out of a total of 2,070, 5.7%.

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. 75% of patients were seen within 4 hours, 11,908 out of 15,849 new attendances.

Waits > 12 hours:
Latest data is usual variation.
1,206 patients waited over 12 hours, out of 15,849 new attendances, 7.6%.

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 from 21 January – 4 February 2026, allowed systems to apply learning from the 1st sprint to those areas that had deteriorated and allowing a focus to sustained improvement across all systems

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

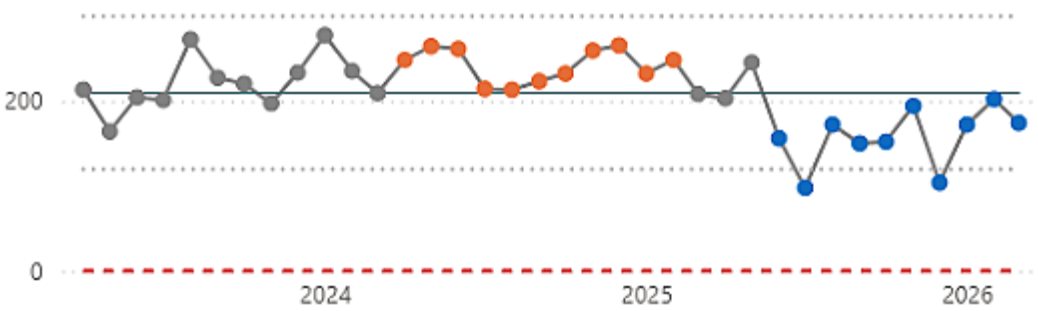
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances – Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

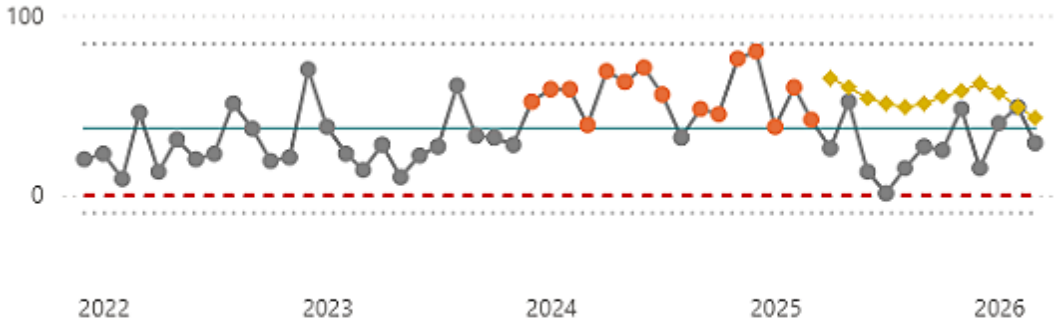
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 174 handovers >45 minutes reported out of a total of 392 handovers, 44.4%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 29 handovers >4 hours was reported out of 392 total handovers 7.4%.

Key challenges / issues

- Overcrowding in Emergency Department (ED) – reliance on corridor care to meet compliance with 45 minute ambulance handover target. The Emergency Department has 2 resus bays and 5 majors bays and can very quickly become overcrowded.
- Lack of senior decision makers at the front door.
- Ability to surge (additional pressure due to demand) and follow boarding protocol across the site with wards regularly surged to maximum capacity, which reduces the ability to create patient flow through the department. 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.

Key actions / initiatives

Key actions / initiatives	Due date
• Recruitment of 3 speciality doctors and 1 substantive Consultant in ED will enable a 24/7 rota – ED consultant now in post .	30/04/26
• Data from the Same Day Urgent Care pilot being scrutinised to assess impact and viability.	30/04/26
• 5 x band 7 emergency and urgent care navigators / Team leaders being onboarded following successful application process.	30/04/26

Embedded improvement actions

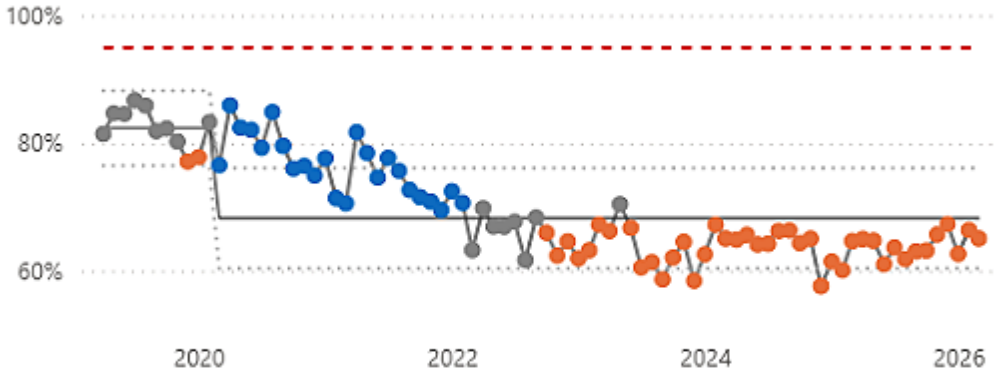
- Red release plans are almost always supported, with emergency and urgent care navigators reviewing and establishing plans in advance.
- Whole acute community system working with Local Authority partners to improve flow and reduce delays.
- Adjustment of the Manager of the Day model and dialogue with the Patient Flow Unit to manage and meet expectations.

Urgent and Emergency Care – Emergency Departments – Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

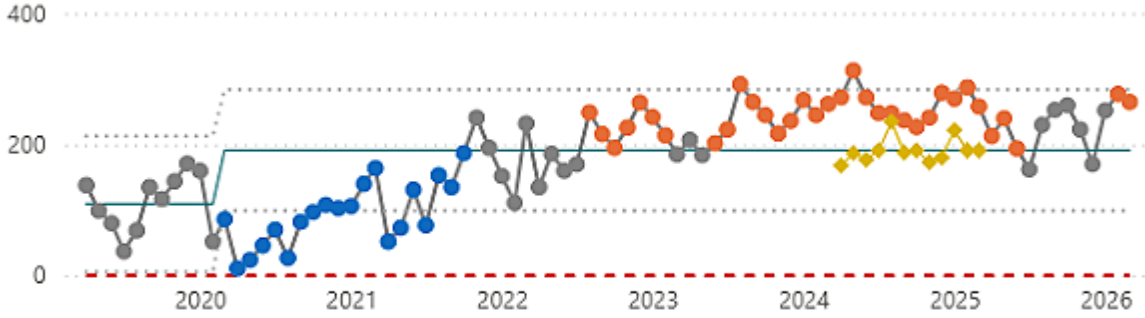
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



65.1% latest data, 961 breaches out of 2,753 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E/MIU



265 breaches out of 2,753 new attendances, 9.6%. The chart is showing concerning variation.

Key challenges / issues

- Continued significant overcrowding of the emergency department.
- Excessive front door demand remains which limits ability to support ambulance handover targets.
- Continued reliance on corridor care.
- Lack of senior decision maker at the front door.
- Delays in patient flow across the wider system – Bronglais General Hospital provides acute healthcare to 3 separate local authorities.
- Nurse staffing deficits and gaps.
- Limited physiotherapy resource in Emergency and Urgent Care Centre
- Small clinical teams i.e. lone consultant working.

Key actions / initiatives

Key actions / initiatives	Due date
• Reconfiguration of Emergency and Urgent Care Centre/Clinical Decision Unit (CDU) to more adequately meet the demands at the front door with options being discussed by the Multi Disciplinary Team (MDT)	30/04/26
• Implementation of 24/7 speciality doctor rota.	30/04/26

Embedded improvement actions

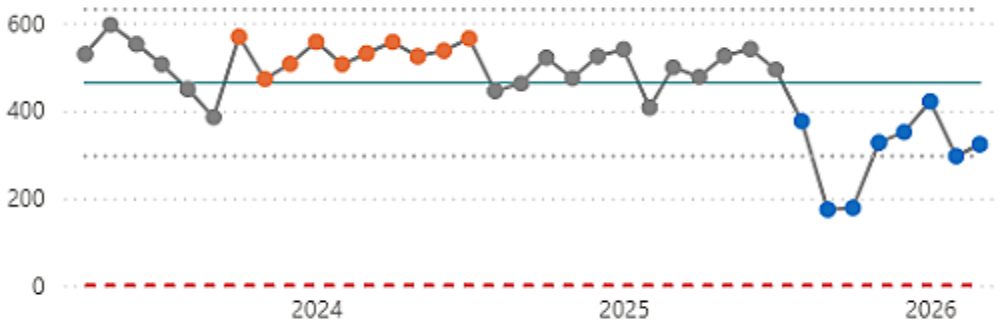
- Recruitment of substantive A&E consultant – now in post.
- Review of the Same Day Urgent Care pilot to assess impact and scope for further actions.
- Ongoing review of clinically optimised patients with Local Authority partners in Powys, Gwynedd and Ceredigion.
- Red release plans are almost always supported with escalation by Emergency and Urgent Care Centre navigators if no plans are achievable.
- Whole acute and community system working with Local Authority partners to enhance flow and reduce blockages.
- Discharge lounge pilot assessment.
- Review and adjustment of the Manager of the Day system with dialogue continuing with the Patient Flow anage expectations.

Urgent and Emergency Care – Ambulances – Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

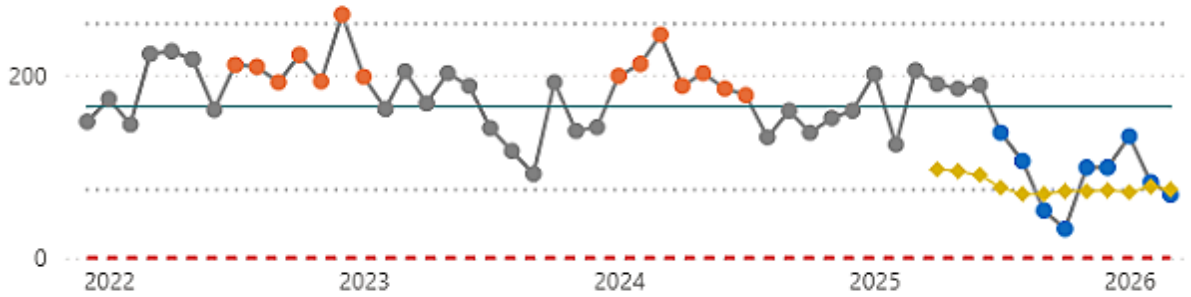
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 323 handovers >45 minutes reported out of a total of 831 handovers, 38.9%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 69 handovers >4 hours reported out of a total of 831 handovers, 8.3%.

Key challenges / issues

- Overcrowding within the Emergency Department continues to be challenging with ward areas continuing to be fully surged and boarded to full capacity.
- Challenges with staffing levels compared to demand and the skill mix within the middle grade doctor team and contribute to delays, particularly overnight.
- Specialty pathways from across the Health Board contribute to the increased demand at Glangwili.

Key actions / initiatives

Key actions / initiatives	Due date
• Firm up action on 7 day working Clinical Streaming Hub and conveyance avoidance into the acute hospital. Waiting for the release of funding to enable posts to go out to advert.	30/06/26
• Await additional revenue for uplift of staffing to support Same Day Emergency Care (SDEC) staffing.	30/03/27
• Improve and fully implement the 45 minute ambulance handover actions.	30/04/26

Embedded improvement actions

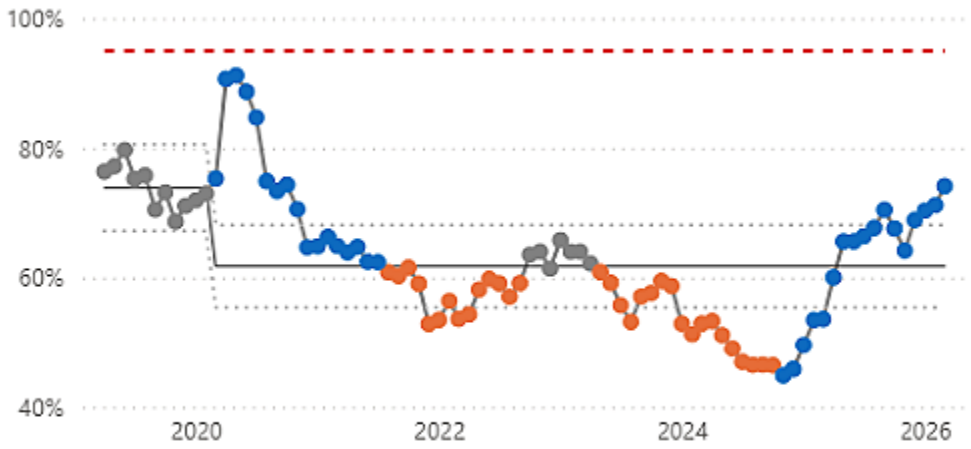
- Ongoing recruitment process being followed.
- Infection, Prevention and Control (IP+C) scrutiny continues.
- Miya Flow system is now being actively used to support real-time pull from ED, improving visibility and patient movement. Pull from ED is where wards directly and actively request patients from ED.

Urgent and Emergency Care – Emergency Departments – Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

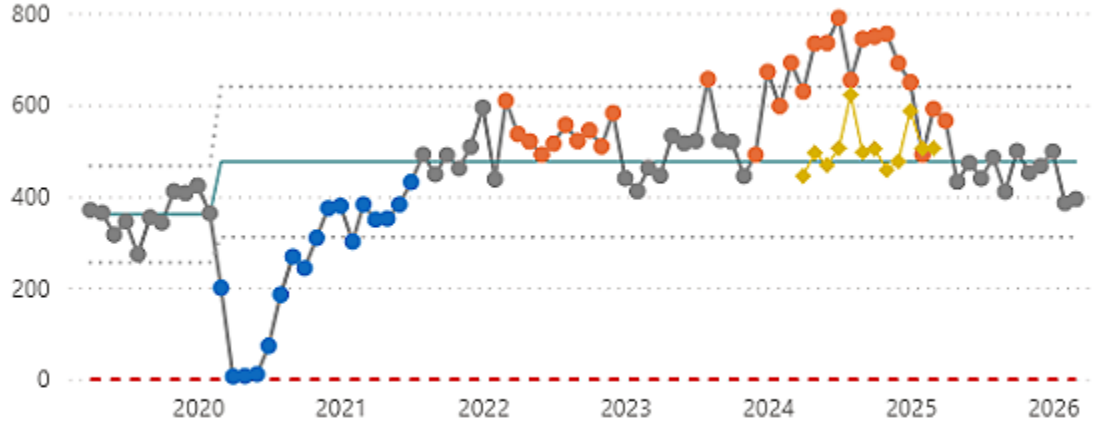
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



74.1% reported for March, 1,280 breaches out of 4,947 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



394 breaches out of 4,947 new attendances, 8%. The chart is showing usual variation

Key challenges / issues

- Patient flow co-ordinator has contributed to improvement in 4 hour performance through live data accuracy.
- High volume of clinically optimised patients (no longer requiring acute care) continues across all ward areas.
- Large volume of frail patients who require comprehensive support to allow safe discharge.

Key actions / initiatives

Key actions / initiatives	Due date
• Improve the Frailty pathway in GGH and the wider Carmarthenshire acute and community system.	30/09/26
• To review, improve and fully implement the 7 day working Clinical Hub actions	30/06/26
• Revised standard operating procedure (SOP) and clinical guidelines for SDEC	30/04/26
• Additional resource to support winter pressures have contributed to improved performance. During the winter sprints additional resources were funded, phlebotomy and administration support for ED. This improved MYIA flow system compliance and timely investigations. Situation, Background, Assessment, Recommendation (SBAR) report will be need, to secure substantive funding.	30/06/26

Embedded improvement actions

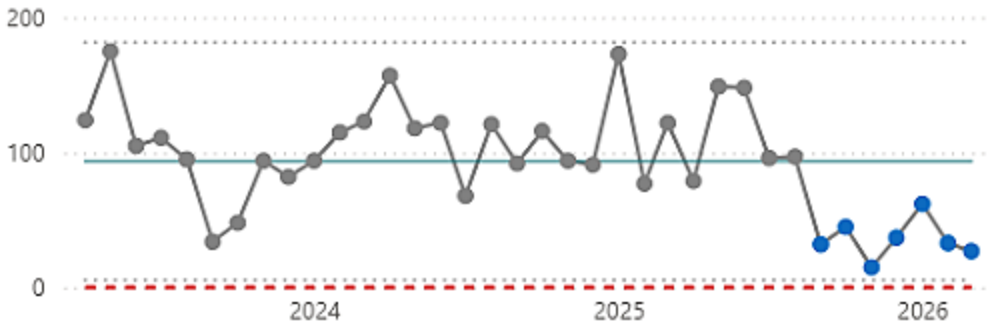
- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Working as a whole system GGH/PPH and the community, to avoid delays in the patient's pathway
- New Acute Frailty Consultant has been appointment and starting in May.
- T appointed a Clinical Lead for Care of the Elderly (COTE).

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

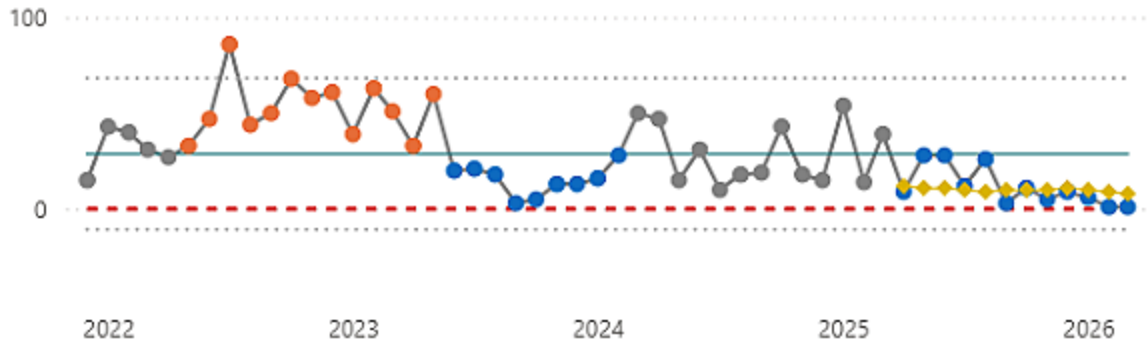
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 27 handovers >45 minutes reported out of a total of 244 handovers, 11%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 1 handovers >4 hours reported out of a total of 244 handovers, 0.4%.

Key challenges / issues

- Continued front door pressure resulting in very limited capacity at point of patient handover. Area still highly impacted with issues around IP&C (Infection Prevention and Control) which continue to be present going through winter months and although now starting to ease are still a barrier.
- We are continuing to maintain handover 45 handover target which enabled us to handover ambulances within a timely manner however, this continues to add pressure internally on our ward areas where we surged as a result. IPC also playing a part in delays as areas 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 patient handover criteria - discussions started to support this pathway this continues with weekly task and finish groups looking to support and re-model flow 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

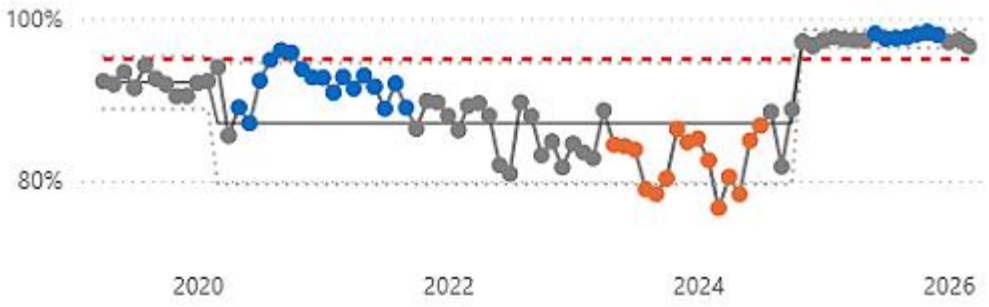
- Immediate ambulance release is still almost always supported only delay causes mentioned in key challenges change this.
- AMAU acute medical model is now functional, to support early discharge at the front door, this team is now also supported by Acute Response Team (ART) who attend weekly to support the medical team in identifying patients for community support which enables faster discharge. Development of training posts are being discussed with updates due in May.
- 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.
- Development and implementation of ‘Our next patient’ operation procedure now active in AMAU to ensure that each patient is assigned to the right ward so they can receive specialist care in a timely manner under the care of the appropriate team.

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

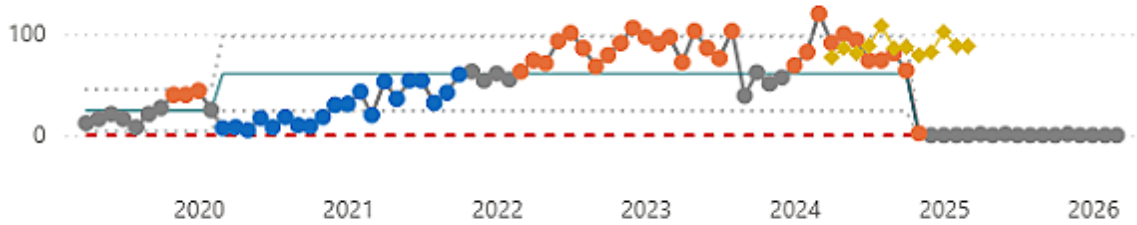
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



96.6% reported for March, 89 breaches out of 2,608 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 2,608 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 patient numbers, and our Minor Injury Unit (MIU) new patient attendance has returned to similar levels prior to closing overnight. (Since November 2024) There has been a significant decrease in the number of patients presenting with major complaints although they do still happen on a regular basis. However, the overall decline in tread continues to be the case with a small number of medical patients presenting. Patient type is being monitored in our morning flow meetings.
- Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remain a challenge with around 40 patients a day. The level of patent group does have a negative effect on patient flow and impacts the ability to create flow through the hospital resulting in delays for patients in MIU requiring a bed.
- Medical Hot Clinic have grown in frequency with an additional general medicine hot clinic still being added to the rotation where possible in job planning. Hot clinics are outpatient services that allow for a patent to be assessed within the same day.

Embedded improvement actions

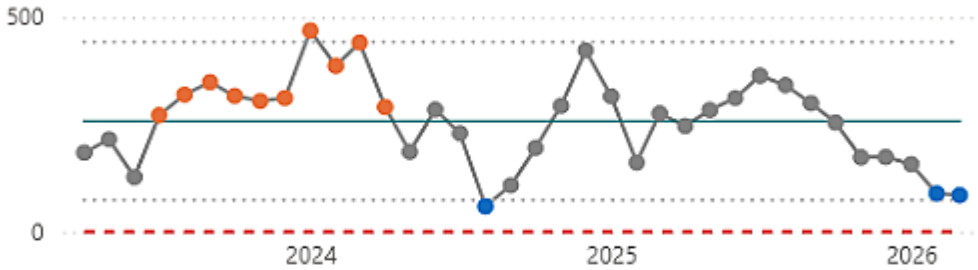
- Locum consultant has created weekly hot clinics. These allow for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance. Additional General Medicine clinics concerned to extend.
- SDEC has been open throughout 2026 on weekends to support acute medical take in both PPH and GGH. Agreed referral pathways between sites has been implemented. Going forward from April 2026 it has been suggested that SDEC will open as a six-day service (additional day on a Saturday) as a trail run for the urgent care centre, however this will require a Financial review
- Ongoing works around the UCC (Urgent Care Centre) to join working teams of MIU and SDEC, weekly task and finish groups are looking at the potential operating models, and staffing plans.

Urgent and Emergency Care – Ambulances – Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

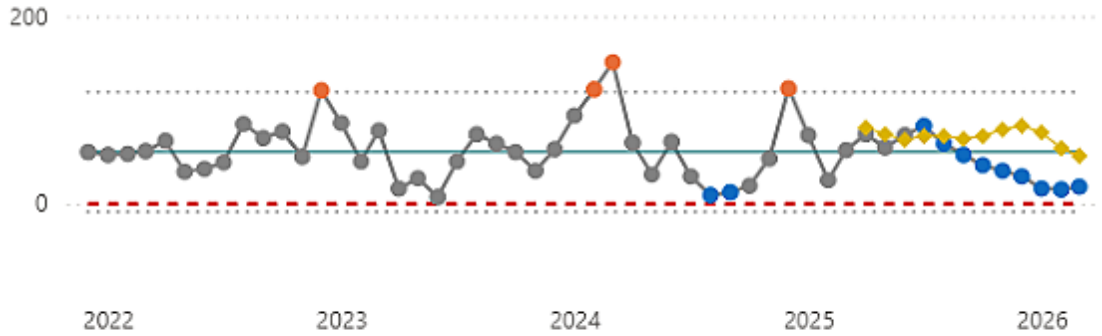
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 86 handovers >45 minutes reported out of a total of 603 handovers, 14.3%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 18 handovers >4 hours reported out of a total of 603 handovers, 3%.

Key challenges / issues

- Daily monitoring, hour to hour, of the ambulances awaiting patient handover and the 999 call stack (demand) has been resource intensive but has yielded positive results in terms of faster average handover times, and less of WAST's time lost to handover waits.
- The main challenge for Withybush is that the ED becomes busier as it fills up all of its treatment areas to support ambulance handovers as a priority.
- Overcrowding of ED as a consequence remains a risk, and there is a balance with meeting the walk-in demand in additional to 999 conveyances, as sometimes walk-in cases can be the most clinically unwell.

Key actions / initiatives

Key actions / initiatives	Due date
• Expansion of Porth Preseli Clinical Streaming Hub (with App Nav support) to support more ambulance redirects to ED alternatives across 7 days	31/07/26

Embedded improvement actions

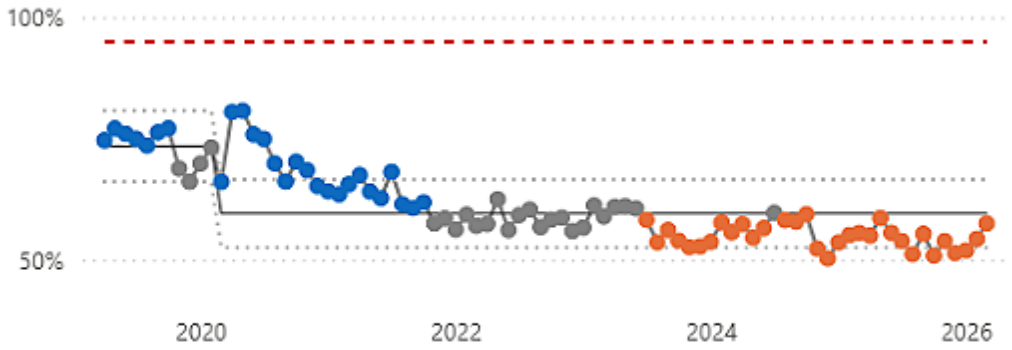
- Dedicated senior nurse allocated (daily) to cover Rapid Assessment and Triage area and focus on ambulance handovers.
- Ongoing use of MIYA patient flow system; wards engaging with pull model to move bed-requested patients out of ED proactively supporting departmental flow

Urgent and Emergency Care – Emergency Departments – Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

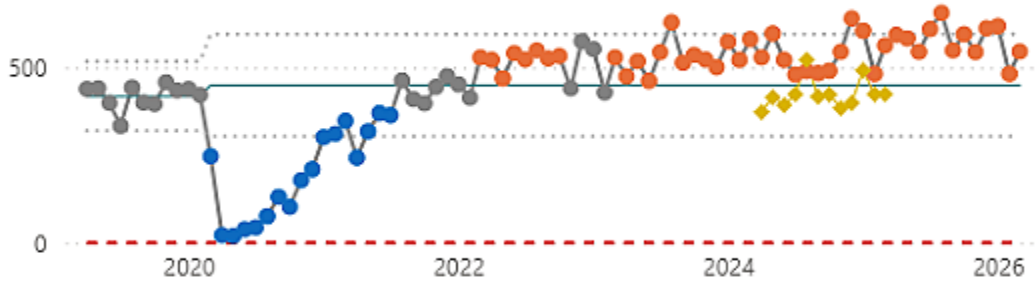
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



57.5% reported for March, 1,579 breaches out of 3,719 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



546 breaches out of 3,719 new attendances, 14.7%. Chart is showing concerning variation.

Key challenges / issues

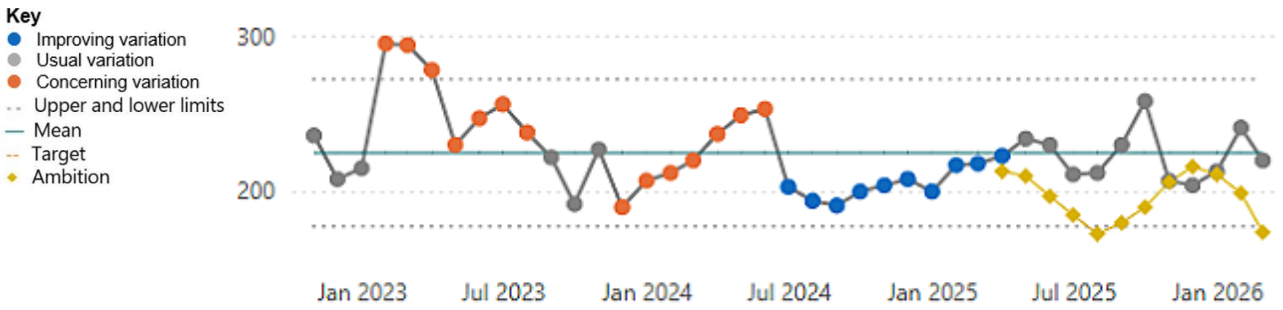
- 4 hour target and waits over 12 hours are impacted negatively by the positive improvement made with ambulance handovers as the ED proactively takes on the clinical responsibility of handing patients over into a busy department, utilising escalation spaces (area round the nurses station, see and treat rooms etc).
- Increased trend in complex Mental Health presentations (with increased risk of longer stay in dept. >12 hours) which has impacted on 12 hour waits.
- ED and management team are scoping the possible role of a Flow Navigator to help support the management of ED patient flow in hours, 4 hour breach management – in the meantime we have re-aligned administrators to better support some of this work

Key actions / initiatives	Due date
• Expansion of Clinical Streaming Hub to 7 day model	31/07/26
• Expansion of Medical SDEC to 7 day model	30/11/26
• Monday - Friday reintegration of Frailty SDEC pathway	31/04/26

Embedded improvement actions

- MIYA patient flow pull model to support bed moves from ED

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



- Number of pathway of care delays as at 18th March 2026 census was 220 patients and the chart shows usual variation.
- The total days delayed for non-mental health decreased in March to 7,652 days from 7,657 in February. Mental health and learning disability delays increased from 605 in February to 613 in March. 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	Key actions / initiatives	Due date
Non Mental Health: Engagement from patients/families/carers in the discharge process (disputes/delays). Timely identification of care homes despite the home of choice policy. High level of acuity/frailty patients across hospitals, patient/family/carers expectation driving the need for multiple assessments. Hospital-acquired deconditioning and limited access to appropriate rehabilitation due to the Allied Health Professional (AHP) staffing shortage, impacts delays relating to AHP assessments, re-ablement and new packages of care on discharge. Ongoing challenges relating to housing, homelessness, care home availability, healthcare equipment and staffing/recruitment. **Mental Health & Learning Difficulties**: Delays within Older Adult Mental Health (OAMH), accounting for 7 out of 9 medically optimised delays in March. Reflecting the dependency on external care home and specialist placement capacity. A patient with delay > 100 days due to lack of available Elderly Mental Infirm (EMI) nursing provision rather than discharge processes. Case noted on HB risk register. Care home and specialist placement availability impacting delays across OAMH wards. Adult Mental Health (AMH) PoCD low volumes, increased from 1 to 2 cases in March. Delays linked to housing insecurity and homelessness. Best-interest decision-making and associated legal processes contribute to a small number of OAMH cases, impacting clinically optimised discharge timelines, rather than an avoidable delay.	**Non Mental Health:** 1) Memorandum of Understanding (MOU) agreed between health and local authority partners and submitted to the national team. 2) Carmarthenshire PoCD Improvement Group being established **Mental Health & Learning Difficulties:** 1) Focused review of AMH homelessness-related delays is progressing, with strengthened multi-agency liaison involving Local Authority housing services and policing partners. A multi-agency workshop in development to reduce recurrence of PoCD associated with non-clinical discharge barriers for AMH inpatients. 2) Ongoing scrutiny of best-interest decision timelines continues to ensure legal and safeguarding processes remain proportionate, timely and clearly aligned to patients' clinical optimisation status and discharge readiness.	30/04/26 30/04/26 30/04/26 30/04/26

Embedded improvement actions

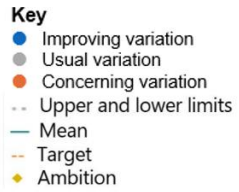
Non Mental health: Regional PoCD Delivery Group to oversee implementation of PoCD Action Plan, share learning across the system and embed Trusted Assessor models.

- Preventing Deconditioning Oversight Group: hospital-acquired deconditioning focus supported by the Quality Improvement and Service Transformation team across all hospital sites.
- Ongoing work to improve timely Discharge to Recover to Assess (D2RA) pathway allocation.

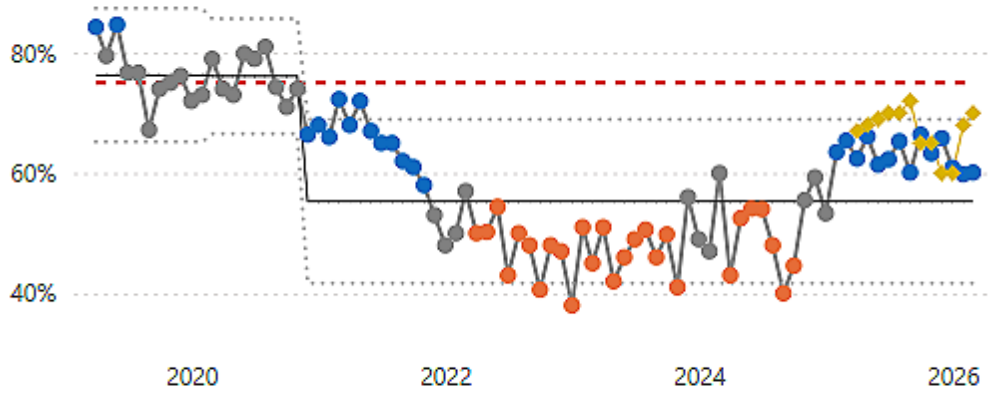
Mental Health & Learning Disabilities: Targeted escalation of the >100-day patient continues, awaiting identification of a specific suitable EMI Nursing Home placement. The appointment of a new Consultant Psychiatrist from April will further consolidate medical leadership and oversight, including linkage to the OAMH Risk Register.

- Continued system-level engagement with Local Authorities and independent sector providers is underway to address dementia and EMI nursing placement shortages.
- Daily multidisciplinary and multi-agency escalation arrangements, weekly acute pathway PoCD deep dives and escalation meetings are embedded across AMH and OAMH inpatient services, to providing oversight of medically optimised patients and discharge barriers.
- National learning and workshops on D2RA pathway application are being implemented, reinforcing consistent pathway allocation and early discharge planning from the point of admission.
- Dementia Wellbeing stepped-care model is established within approximately 20 regional care homes with benefit realisation analysis underway. Scope to spread and scale this approach.
- Multi-agency working with Local Authorities is embedded, including routine validation o nd shared accountability for resolving non-clinical discharge delays.

Single cancer pathway
(Enhanced monitoring condition and Ministerial priority)

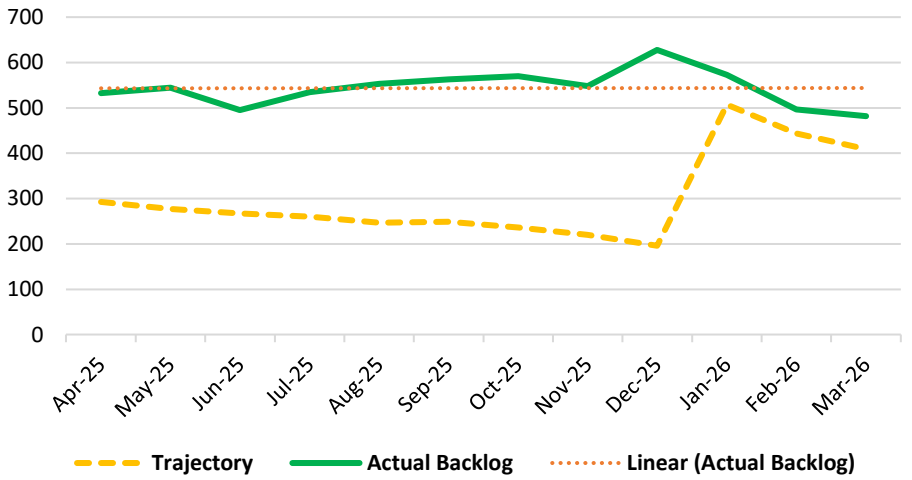


% single cancer pathway patients starting treatment within 62 days



In March 2026, performance was 60.1% against the trajectory of 70%. Urology continues to be our most challenged pathway with 239 patients waiting over 62 days. 242 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.

Number of single cancer pathway patients waiting over 62 days



In March 2026, 482 patients were waiting over 62 days on the single cancer pathway, although the trajectory was not met, this is a 3-month improvement trend.

Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway Overall treatment activity in March 2026: 224 patients started treatment within 62 days, 149 patients were waiting over 62 days. First treatment rates decreased by 30 patients. There was a reduction in performance for patients on the skin pathway due to workforce availability and the planned theatre estate repairs.	Outsourcing MRI for prostate patients started in November 2025, extended for Q1 2026/27. Equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed. • £168k committed via recovery money for Urology Diagnostics for Q1 • Residual recovery funds allocated for Pathology turnaround for Q1 Piloting the use of the Galeas Bladder Test from March 2026 – 300 patients, extended for Q1 2026/27	30/06/26 30/06/26 30/06/26 30/06/26
Backlog and Diagnostics To meet the 28-day diagnostic target, the testing components of the pathway must be provided within 7 days.	Outsourcing CT equates to 260 scans per month with a 7-day reporting turnaround, extended for Q1 2026/27	30/06/26

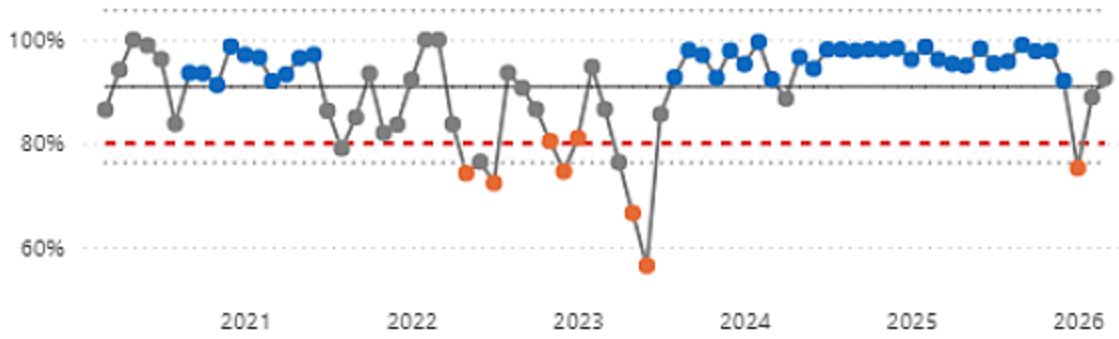
Mental health assessments within 28 days

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

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

Latest performance of 87.7% is showing improving variation and the target of 80% was met.

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



Latest performance of 92.6% is showing usual variation and the target of 80% was met.

Key challenges / issues

% mental health assessments undertaken within 28 days (persons aged 0-17):
We continued to achieve target in March despite increasing demand correlating with the school exam period. 87.7% (71 of 81) assessments undertaken within target.

% mental health assessments undertaken within 28 days (persons aged 18+):
Performance has increased again in line with expectation; however, demand remains high across all teams. We continue to see a more complex patient profile which is increasing assessment time and/or the requirement for follow up assessment appointments which has potential impacts on performance. Staff sickness is reducing; however, Carmarthenshire remains fragile due to both long term and short-term sickness.

Key actions / initiatives

Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons aged 18+): As compliance with this target has now recovered, teams have returned to maximising their treatment slots.	Complete

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.

% mental health assessments undertaken within 28 days (persons aged 18+):
All teams are utilising the Primary Care Liaison Service (PCLS) at the point of referral reducing pressure on Lo al Health Support Services (LPMHSS) at this point of the patient journey.

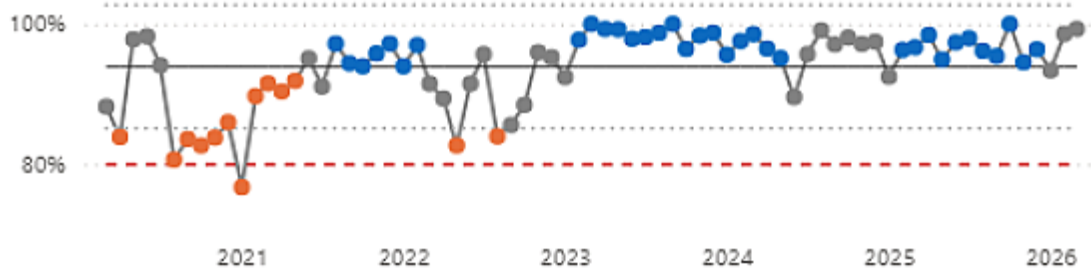
Therapeutic interventions following primary mental health assessment
(Enhanced monitoring condition)

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

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

Latest performance of 69.2% 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 99.3% is showing usual variation and the target of 80% was met.

Key challenges / issues

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):
Accumulation of leave in March led to lower capacity due to poor planning on the part of the service, leading to diminished capacity. This followed a period of increased maternity leave and existing staff holding off taking leave. This has been addressed with the team.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Compliance remains significantly above target which reflects the team's hard work. Treatment slots have returned to normal levels following the challenges over the last two months. Estates access continues to be challenging across the three counties.

Key actions / initiatives

Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): New staff are now in place following recent recruitment to practitioner vacancies in both Carmarthenshire and Ceredigion and are undertaking their induction.	Complete

Embedded improvement actions

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):
Leave will be managed more effectively in the next leave year.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector, SilverCloud digital options and our Primary Care Liaison Service (PCLS) is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS. A focus on group interventions remains; however, as a service we will be reviewing the current treatment menu to ensure effectiveness in trea

Psychological therapy waits
(Enhanced monitoring condition and Ministerial priority)

Performance in March of 54.7% shows usual variation and the target of 80% was not met.

- 430 out of 793 (54.2%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 7 out of 14 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 31 out of 68 (45.6%) 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.

Integrated Psychological Therapies Service (IPTS):
IPTS have observed a slight decrease in compliance by 1.2%; however, we have seen an overall waiting list reduction of 27.6% over the last 11 months. We are observing a balanced flow dynamic where referrals and discharges remain broadly aligned. This limits visible improvement in referral to treatment performance despite the reduction in our backlog. The transition to a stepped model approach in line with the Welsh Government 10-year plan has supported sustained improvements in service capacity, patient flow and throughput along with pathway management. The continued reduction in longest waits has also had a positive impact on patient experience, clinical outcomes which align with access standards.

Adult Psychology Mental Health (AMH):
The percentage of patients waiting under 26 weeks for treatment improved in March. An improvement was expected following the commencement of a Practitioner Psychologist, based in an area in Carmarthenshire where there was no community provision.

Key actions / initiatives

Key actions / initiatives	Due date
LDs: • Develop the Memory Clinic pathway and the Behaviour that Challenges pathway which aim to upskill other colleagues to reduce lower-level demands on P&Bs.	30/05/26

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. We are offering additional training to all staff within the network around CoP work.
- 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.

IPTS:
Several high intensity evidence-based interventions are now part of the service model, with positive patient outcomes. Caps in therapy session are in place which are having a positive impact of capacity. Staff are engaged in regularly in supervision to monitor 1:1 waiting lists, with all therapists have job plans supporting an increase in capacity of service where possible. Several staff have undertaken new training in DBT for Complex PTSD which will support the trauma waiting list.

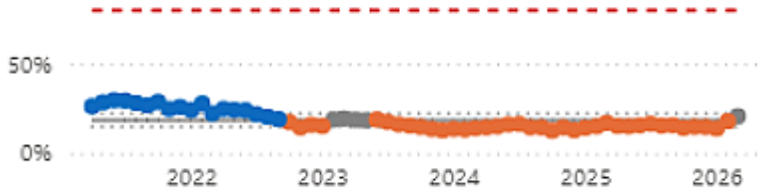
AMH:

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

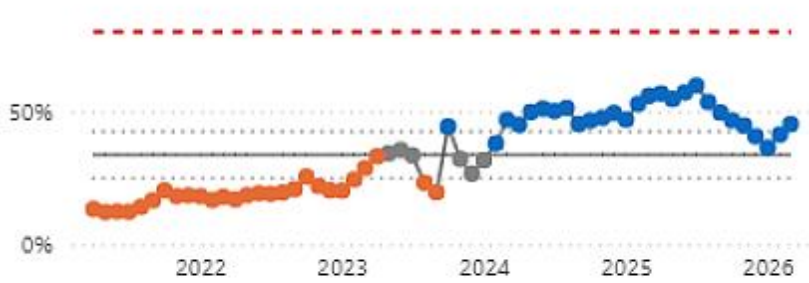
Neurodevelopmental assessment waits
(Enhanced monitoring condition and Ministerial priority)

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

% children & young people waiting < 26 weeks: ASD



% children & young people waiting < 26 weeks: ADHD



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in March 2026 of 26.8% shows usual variation but the target of 80% was not met. Performance is driven by ASD, where 715 of 3,446 (20.7%) patients were waiting for an assessment <26 weeks. 505 of 1,113 (45.4%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues

Attention Deficit Hyperactivity Disorder (ADHD)

The longest current wait for an ADHD assessment is 101 weeks, with 280 waiting more than 52 weeks. Referrals into the service have increased by 100%, creating a need to significantly increase core capacity where possible to achieve performance targets. Despite efforts to increase capacity, demand continues to exceed current provision, even when a fully established medical workforce is taken into account. In addition, demand for Quantitative Behavioural (QB) testing, which forms part of the diagnostic pathway, exceeds current capacity. Clinic room capacity across all sites remains a challenge. Long term solutions are being explored through the Bandi appeal and the reconfiguration of Puffin Ward.

Autism Spectrum Disorder (ASD)

As of March 2026, there were 3,446 children and young people waiting for an ASD assessment with 2,731 individuals waiting more than 26 weeks. Demand for assessment continues to outstrip capacity and remains consistently high. Last month 180 new referrals were received. Between 2019 and 2025, referral rates have risen by 80.8%. Job plans are in place to maximise efficiency. The service is approaching third party providers of digital platforms specifically designed for use by neurodevelopmental service providers in order to ascertain value-based healthcare opportunities. Additional in-year funding has been received to further outsource assessments although this will not eradicate over 3-year waits.

Key actions / initiatives

Key actions / initiatives	Due date
ADHD	
• Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward.	31/03/27
• Increase core capacity through provision of additional QB Tests and follow up sessions. Currently only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers are trained to use. Funding streams being sought to support the purchase of additional devices.	31/03/27
• Continue to manage clinic capacity flexibly and maximise through rigorous job planning.	31/03/27
ASD	
• The Magic Notes full package to support production of structured case notes has been procured for 12 months using Neurodivergence Improvement Programme (NDIP) funding. This will be operational from the 27th April. Medical input within team available from June.	30/06/26
• Discussion with Comms team commenced to re-vamp intra- and internet pages to provide easily accessible resources to professionals, families and carers.	31/03/27
• Working with current provider to agree new outsourcing contract once 26-27 NDIP is funding received. Work to identify suitable cases has commenced in preparation.	31/03/27

Diagnostics waits over 8 weeks
(Ministerial priority)

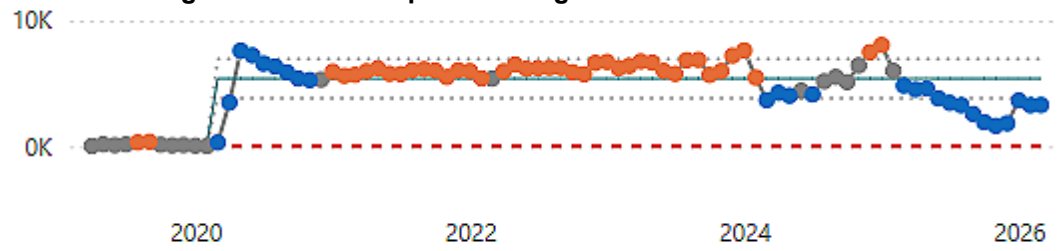
Key
- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

Patients waiting >8 weeks for a specified diagnostic



Latest performance of 3,308 is showing improving variation

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Mar 2026	3,308	●	▣	n/a
Radiology		2,564	●	▣	n/a
Cardiology		533	●	▣	n/a
Endoscopy		127	●	▣	n/a
Phys measure		49	●	▣	n/a
Imaging		35	●	▣	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.
- Welsh Government Outpatient initiative work has contributed to an increase in the overall waiting list as there are a higher number of patients requiring radiology than were predicted.
- An upgrade of the Magnetic Resonance Imaging scanner at Glangwili during March – April 2026 reduced capacity to meet demand thus impacting waiting times..

Endoscopy
- Additional endoscopy outpatient activity via outsourcing (external), generated a demand that exceeded internal staffing capacity. This was funded by the Welsh Government Improvement Scheme.
- Ongoing capital replacement programme for old/fragile endoscope equipment.

Cardiology
- Cardiology breaches are in relation to outpatient activity via outsourcing (external), generated a demand that exceeded internal staffing capacity. There is a chronic in-house deficit in Cardiology diagnostics saw breaches increase. This was funded by the Welsh Government Improvement Scheme.

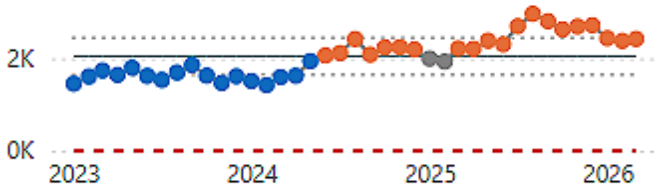
Key actions / initiatives

Key actions / initiatives	Due date
• Non-Obstetric Ultrasound external contract has been extended, and additional capacity has been sought. Additional sonographers started 02/02/26. Validation of ultrasound waiting list reduced waiting list by 15%. Extended contract funded using existing budget from a vacancy.	31/08/26
• Magnetic Resonance Imaging –1 van extended from April 26 – Aug 26 using core funding (vacancy lag)	31/08/26
• Computed Tomography – Van has been extended to end of Q1 with additional funding to scan 250 additional urgent suspected cancer patients per month.	30/06/26
• Internal staffing resource solutions (insourcing) commenced in late February and continuing into April to uplift Gastrointestinal endoscopy and Urology Cystoscopy capacity to accommodate the additional demand from the Welsh Government Improvement Scheme generated by the outsourcing (external) activity.	31/04/26
• Galeas Bladder Urine test trial has started in March, with 111 referrals thus far. This has released capacity for urgent suspected cancer and routine cystoscopies. Initial trial of 300 patients planned through April and May.	31/05/26
• Utilisation of internal and external (third party) staffing for echocardiograms to continue into April to reduce the breach position.	30/04/26

Therapy waits over 14 weeks
(Ministerial priority)

Performance is showing concerning variation. Breaches reduced by over 500 since the high point in August 2025 to 2,423 in March 2026.

Patients waiting >14 weeks for a specified therapy



Key

- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

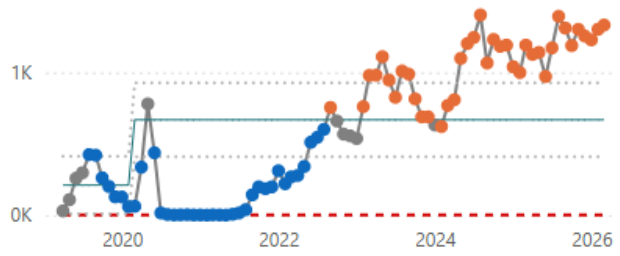
Assurance - performance against target

- Always hitting target
- Hit and miss target
- Always missing target

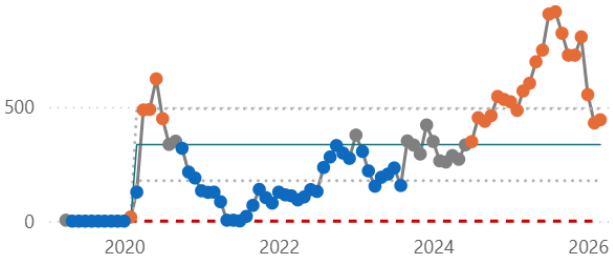
Trajectory - performance against our ambition

- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

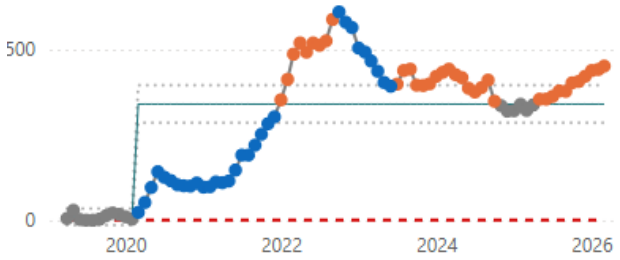
Number of patients waiting 14 weeks plus for Physiotherapy



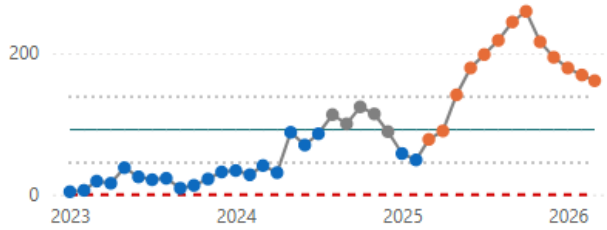
Number of patients waiting 14 weeks plus for Podiatry



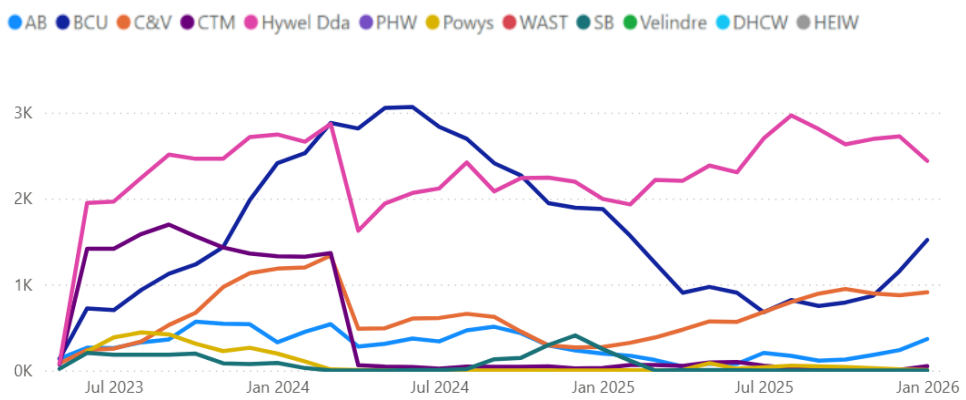
Number of patients waiting 14 weeks plus for Occupational Therapy



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



Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (January 2026)



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	Mar 2026	2,423	●	▣	61%
Physiotherapy		1,333	●	▣	91.2%
Occupational Therapy		452	●	▣	14.4%
Podiatry		444	●	▣	79.2%
Dietetics		161	●	▣	37.5%
Art therapy		29	●	▣	n/a
Speech & Language Thera		4	●	▣	100%

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

Key challenges / issues

Physiotherapy
93% of breaches are within the Musculoskeletal (MSK) Physiotherapy specialty. 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. There is an increase in the proportion of urgent and complex work in community services as pathways have an increased focus on admission avoidance and early supported discharge.

The remaining 7% of breaches are within community and paediatric services.

Occupational Therapy (Paediatrics)
New patient referrals have increased by around 30% in the last 3 years compounded by high staff turnover across 12 month rolling average compared to other occupational therapy services. The service is constantly assessing its current capacity and adjusting performance improvement plans to mitigate as best able.

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

Reduction in breaches to 430 in February 2026 due to temporary management led clinics has stabilised in March to 444. However, this is unsustainable as temporary clinics will cease, and the expectation is that the position is highly likely to deteriorate.

Dietetics
Paediatrics: Service is still challenged by new demand for paediatric selective eating (with associated nutritional risk) as the predominant reason for service waiting times breaches. Additional fixed term capacity is having a modest impact and there is a risk of rebound due to this fixed term agreement coming to an end in September 2026.

Community: Small number of community service waiting time breaches due to fragility (ongoing sickness within the service)

Key actions / initiatives

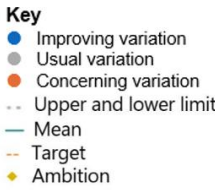
	Due date
Physiotherapy	
• A standard operating procedure (SOP) for a targeted telephone triage pilot, for patients who could be signposted towards supported self-management in place with further refinement of this process now planned using PDSA (plan-do-study-act) cycles to test the effectiveness of clinical risk stratification and patient activation tools to broaden the scope of the project.	31/08/26
• Financial Control Group approval given to actively recruit Band 5 bank staff. 5 job offers made 3rd March 2026. Aim for commencement in roles by 1st May 2026.	01/05/26
• 3-month pilot starting on 20/04/26 to validate routine MSK waiting lists using new Microsoft Forms methodology.	17/07/26
Occupational Therapy (Paediatrics)	
• Clinics established in all 3 counties. Continuing to explore opportunities to increase clinic capacity across all counties by identifying suitable accommodation	31/06/26
• Team increasing number of sensory workshops for parents in order to increase flow through the service	31/06/26
• Reviewing job plans within the service to maximise direct clinical capacity	31/06/26

Embedded improvement actions

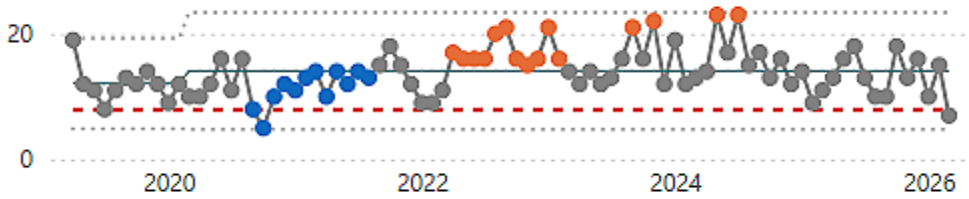
Podiatry
New patient demand and capacity tool implemented and indicated that service was efficient, all staff on 10 session template booked by office and strong discharge and eligibility procedures in place. Significant skill mixing undertaken. Service review undertaken to strengthen management structure to maximise efficiency. Demand and capacity review indicated that a proposed increase in 3 whole time equivalent staff was required to meet new patient demand.

Dietetics
Paediatrics: First line information developed and shared with referrers to support management of risk while waiting. Review of service delivery model underway, including access criteria and triage process.

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

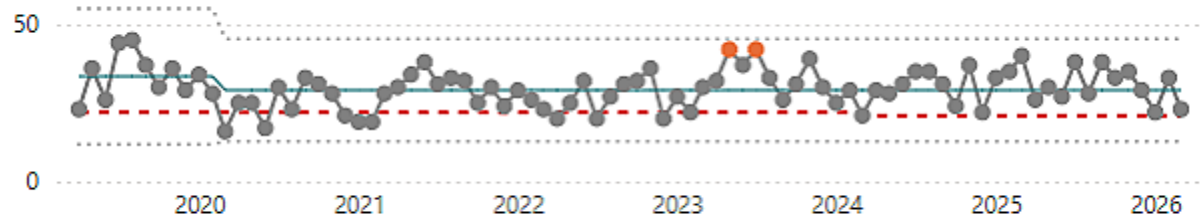


Number of laboratory confirmed C. difficile cases (in-month)



Latest performance of 7 is showing usual variation

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



Latest performance of 23 is showing usual variation

Key challenges / issues

C. difficile:

- March total count of 7 cases, the lowest in 2025/26. Hospital onset infections is the lowest seen in 2025/26. 23 fewer cases than in 2024/25.
- Period of increased incidence of C. difficile Polymerase Chain Reaction only (x6) and C. difficile Toxin (x3) being investigated at Bronglais hospital. Antibiotic Stewardship: inconsistent completion of Start Smart Then Focus (SSTF) audits; vacancies in Antimicrobial Pharmacy team risk affecting stewardship.
- Delayed Infection, Prevention, and Control Actions: Recognition, isolation, and diagnosis delays noted in some cases.
- Environmental Cleaning: HPV technology is now across all hospital sites and compliance to this decontamination intervention after discharge of each C. difficile case to be scrutinised .
- Mandatory Training: Level 2 Infection Prevention Control compliance at 73.77%, below the 85% target and a marginal increase from the previous month.h

E. coli:

- 2025/26 saw 17 less infections than the equivalent period in 2024/25. Infections remain primarily community-onset, linked to urinary tract and some catheter-related infections with most cases occurring in the 80–89 age group.
- Non-compliance observed in hand hygiene and bare-below-the-elbow practices across staff.
- Aseptic non-touch technique compliance target was met and stands at 85.02%.

Key actions / initiatives

	Due date
C. difficile:	
• Close monitoring of infection rates to understand January's and March reductions	23/05/26
• C. difficile Improvement Group to progress the work with the C.difficile collaborative and identify improvement projects.	30/04/26
E. coli:	
• Health & Wellbeing booklet under final review and pending publication.	30/04/26
• Ongoing review of hand hygiene products and promotional posters.	30/04/26
• Aseptic Non-Touch Technique training to be further profiled through Clinical Care Group's, Senior nurse meetings to reduce risks with devices i.e. urinary catheters .	30/04/26

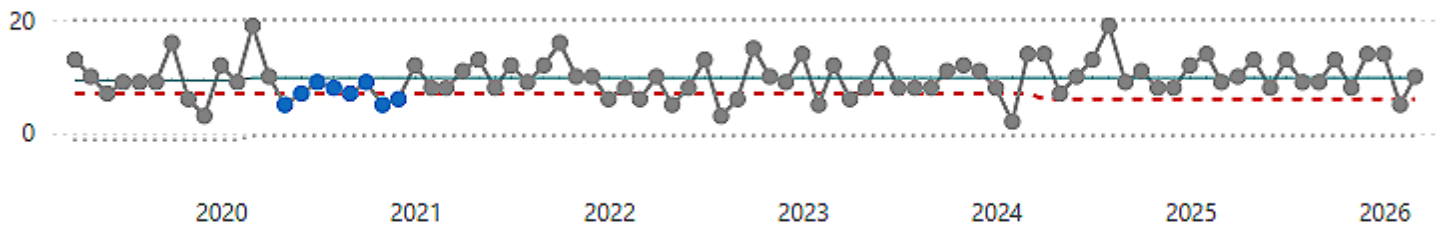
Embedded improvement actions

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

S. aureus
(Enhanced monitoring condition)

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

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

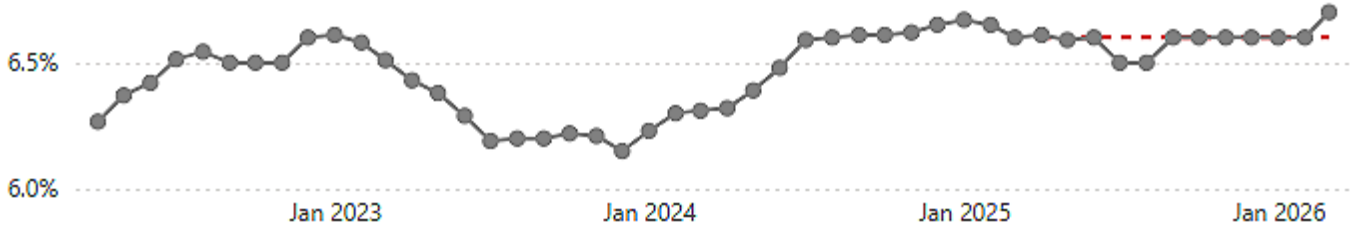


Latest performance of 10 is showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
S. aureus: • Cases are 11 fewer than in equivalent period in 2024/25. • The majority of S. aureus infections burden remains community-based, primarily from wounds but intravenous devices continue to feature in hospital onset cases . • Aseptic non-touch technique compliance target was met and stands at 85.02%. • Environmental/equipment contamination contributing to transmission due to cleaning challenges and surge. • Ongoing lapses in hand hygiene and bare-below-the-elbow compliance across staff	• Close monitoring of infection rates to understand fluctuations Clinical Care Groups to monito Aseptic non-touch technique compliance and assessor training offered to clinical areas. • Proposal to make competency mandatory via Electronic Staff Record- awaiting feedback. • Healthcare associated infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups. • Hand hygiene validation and observational audits conducted based on senior nurse monthly audits. • Ongoing review of hand hygiene products and promotional posters.	23/05/26 30/04/26 30/04/26 30/04/26 30/05/26

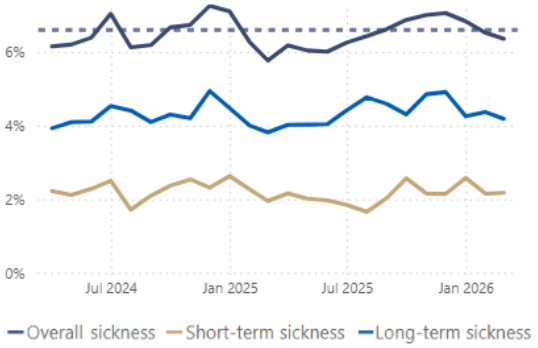
% staff sickness rate (12 months rolling)

March 2026 (12 month rolling) = 6.7%



% staff sickness rate (in month)

March 2026 (in month) = 6.4%
Short-term sickness = 2.2%
Long-term sickness = 4.2%



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

Team	Staff	R12m %	In-month %
Glangwili Domestic Services	136 staff	13.9%	11.1%
Sunderland Ward	73 staff	13.2%	16.7%
Health Protection – Immunisation Team	65 staff	11.6%	14.6%
Prince Philip AMAU	73 staff	11.4%	12.5%
Teifi Ward	65 staff	10.8%	12.8%
PDT - Domestics	144 staff	10.5%	9.5%

Glangwili Domestic Services breakdown:

March 2026: 2.7% ST, 8.4% LT = Total:11.1%. 12-month rolling: 13.9%

March 2025: 4.6% ST, 8.5% LT = Total: 13%. 12-month rolling: 14.8%

Key challenges / issues

Figures are indicative of a monthly downward trend for absences in March at 6.36%, however the Health Board's rolling absence rate has increased slightly above the 6.60% target and at year end is at 6.68%.

Absence rates attributed to anxiety, stress and depression continues to be the highest reason for absences across the Health Board at 32.2%, with absences attributed to other musculoskeletal problems as the second highest reason at 10.01%.

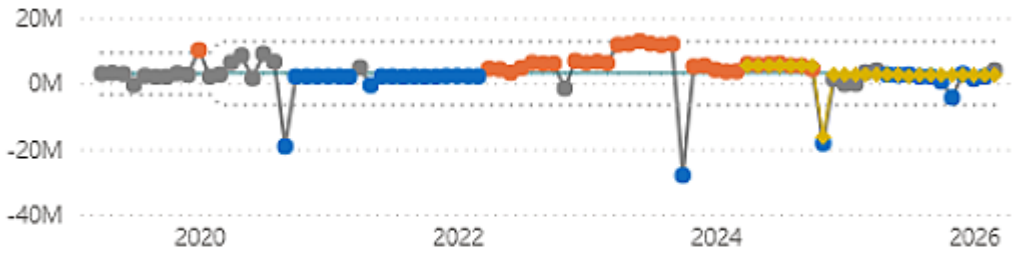
Embedded improvement actions

- Both sickness absence advisors have commenced in their roles to ensure a more focused support for sickness absence management. Action & work plans to be developed to support objective to reduce sickness absence.
- Ongoing 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
- Two sessions have been delivered on reasonable adjustments and a further eight training sessions on reasonable adjustments are planned.
- Finalising an Occupational Health training course to be delivered to all "newly recruited" managers to the NHS.
- Currently exploring the development of an Occupational Health Wellbeing newsletter.

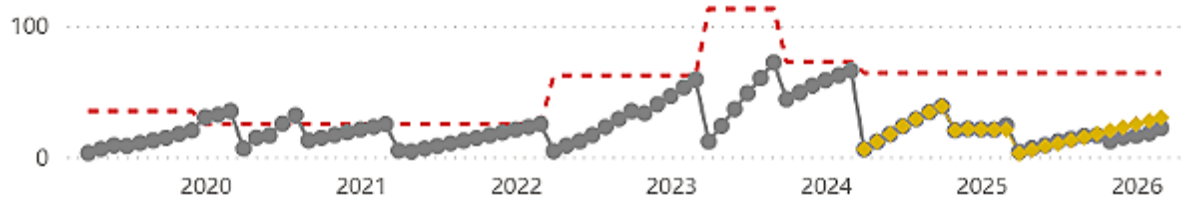
Financial deficit
(Targeted intervention)

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

Financial in-month deficit



Financial deficit (£m) – year to date

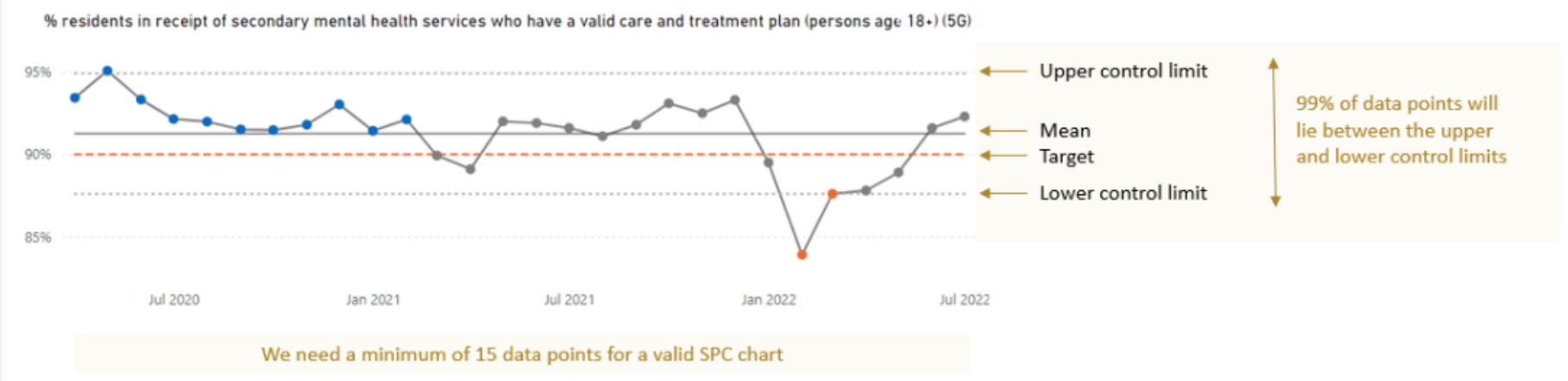


Key challenges / issues	Key actions / initiatives	Due date
The Health Board's Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. The Health Board's unaudited End of Year reported outturn is £22.1m. Year-end figures are subject to audit and could change, therefore are not yet final. The unaudited in-month financial position is a deficit of £4.0m, which is a worsening against the £2.5m in-month deficit plan due to a core operational overspend of £1.4m, and the savings target of £3.9m being under identified by £0.1m, with the £3.8m savings identified being fully delivered in-month. The end of year position is a deficit of £22.1m which is an improvement against the £30.0m planned deficit, driven by a savings over identification of £6.2m and a favourable core operational variation of £2.0m. The end of year core underspend of £2.0m materially relates to dental contract underperformance and drug price improvements. However, the in-month core overspend of £1.4m is signalling a worsening trajectory against plan and is largely driven by Planned Care additional theatres outsourcing activity and Medical Waiting List Initiative sessions and Community and Integrated Medicine joint equipment stores and insulin pumps purchases.	• Review the decision-making, approvals, and funding assumptions that led to Same Day Emergency Care (SDEC) and Same Day Urgent Care (SDUC) opening earlier than planned, including the timings and ownership of decision approval. • Review and reassess agreed Urgent Emergency Care / Six Goals expenditure and funding for the new financial year in light of early Same Day Emergency Care (SDEC) and Same Day Urgent Care (SDUC) activity and costs. • Investigate and clarify ongoing dual-running costs for Radiology Informatics System Procurement system in Allied Health, including confirmation of when these costs will cease. • Undertake a detailed financial and activity analysis of the £1.2m adverse position in Planned & Specialist Care, focusing on decision-making, capacity use, and financial governance. • Discussion required regarding the carry over of Annual Leave policy and the appropriateness of exceptions becoming the norm. Propose that only defined exceptions such as maternity, long-term sick, and suspensions should be supported.	30/04/2026 30/04/2026 30/04/2026 30/04/2026 30/04/2026

Why use SPC charts?

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

Anatomy of a SPC chart



Rules for special variation within SPC charts

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

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

A single data point outside the process limits

Two out of three points close to the process limit

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

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

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

Understanding the SPC icons

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

Variation How are we doing over time	●	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
Assurance 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 **blue** is good, orange is **bad**		

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 May 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Board – Month 1 2026/2027
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, 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 1, 2026/27 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 30th April 2026. Ahead of the Board meeting, the dashboard will also be made available via our internet site. For help navigating the IPAR dashboard, email the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

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

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

Cefndir / Background

Welsh Government published the 2026/27 NHS Wales Performance Framework in February 2026. The Performance team are currently reaching out to service leads to establish new data sources and are aiming to report all new metrics to the July Board. New metrics in 2026/27 are:

- Healthcare acquired infections are now focussing on hospital onset.
- Diabetes metrics have been expanded to monitor foot surveillance and urine albumin.
- Percentage uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old.
- Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return of Spontaneous Circulation)
- Number of patients waiting more than 26 weeks for a new outpatient appointment

Alongside the delivery framework changes, the Performance Team are currently reviewing our annual plan trajectories for inclusion and have amended the key metric summary table below to reflect changes to the 2026/27 delivery framework, ministerial priorities and other local key performance metrics.

Asesiad / Assessment

Performance overview

The key metric summary table below has been revised to reflect changes to the 2026/27 delivery framework, ministerial priorities and other 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
Pts waiting 8 wks+ for specified diagnostic	0	Apr 2026	4,149	Improving	Missing target	n/a	Alert
% pts on single cancer pathway within 62 days	75%	Mar 2026	60%	Improving	Missing target	Trajectory missed by over 5%	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Apr 2026	1,325	Usual	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Mar 2026	10	n/a	n/a	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Mar 2026	54.7%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Apr 2026	2,414	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Mar 2026	26.8%	Improving	Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Apr 2026	71.8%	Improving	Missing target	n/a	Alert
Financial in month deficit	n/a	Apr 2026	£5,485,000	Usual	n/a	Trajectory missed by over 5%	Alert
% therapy interven post LPMHSS assess (age 0-17)	80%	Mar 2026	69.2%	Usual	Hit and miss	n/a	Advise
Number of Pathways of Care delayed discharges	n/a	Apr 2026	218	Usual	n/a	Trajectory met	Advise
Total days delayed for Pathways of Care delayed discharges	n/a	Apr 2026	8,344	Improving	n/a	n/a	Advise
% sickness absence rate of staff	6.60%	Apr 2026	6.70%	Concerning	Hitting target	n/a	Advise
% R1 eyecare patients waiting within 25% delay to target date	95%	Mar 2026	42.7%	Improving	Missing target	Trajectory missed by over 5%	Advise
Ambulance handover > 4 hours Hywel Dda	0	Apr 2026	143	Improving	Missing target	Trajectory met	Advise
Ambulance handovers > 1 hour Hywel Dda	0	Apr 2026	657	Improving	Missing target	Trajectory met	Advise
Ambulance handover > 45 minutes Hywel Dda	0	Apr 2026	750	Improving	Missing target	n/a	Advise
% of children receiving HPV by age 15	90%	Dec 2025	77.1%	n/a	n/a	n/a	Advise
% uptake of flu vacc - 65+ years	75%	Mar 2026	71.0%	n/a	n/a	n/a	Advise
% uptake of RSV vacc - 75+ years	70%	Mar 2026	14.1%	n/a	n/a	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Dec 2025	88.2%	Usual	Missing target	n/a	Advise
C. difficile: Number of confirmed cases (in-month)	5	Apr 2026	17	Usual	Hit and miss	n/a	Advise
S. aureus (MSSA) BSI: Number of hospital onset cases (in-month)	3	Apr 2026	5	n/a	n/a	n/a	Advise
E.coli BSI: Number of hospital onset cases (in-month)	5	Apr 2026	5	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Mar 2026	45.4%	Improving	n/a	n/a	Advise
Median time ambulance arrest category calls	8	Mar 2026	8	n/a	n/a	n/a	Advise
Follow-up appts - delayed >100%	11387	Apr 2026	14,804	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Apr 2026	64	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Apr 2026	10,227	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Apr 2026	39	Improving	Missing target	n/a	Advise
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% MH assess within 28 days (age 18+)	80%	Mar 2026	92.6%	Usual	Hit and miss	n/a	Assure
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Coding: % clinically coded - 1 month post discharge	95%	Feb 2026	97.3%	Usual	Hit and miss	Trajectory met	Assure
Patients waiting 26 weeks+ new outpatient	0	Apr 2026	4,154	Improving	Missing target	n/a	Assure

Triangulating our data: 1st April 2022 to 30th April 2026.

- Quality safety and risk – the number of incidents causing moderate harm or above reported by month is at its lowest with 124 in April 2026. April showed a decrease in the number of patient falls (209) from March (243). Medication errors have decreased from 123 in March to 92 in April 2026. Cases of pressure damage continue to decease as well with April recording 26 cases. We continue to have significant numbers of high and extreme risks on the risk register with 560 in April 2026. There has been a significant decrease in the number of new complaints received since September 2025 (249) with 33 in April. The number of new infections increased in April reporting 65 cases (S. aureus = 11 cases, E. coli = 29 cases, C. difficile = 17 cases).
- Workforce – In month, staff sickness decreased slightly with 6.3% in April. Short-term sickness decreased slightly to 2.0% for April whilst long-term sickness increased slightly to 4.3%. 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 April it was 58.45 whole time equivalent (WTE). Rolling 12-month staff turnover percentage has decreased slightly to 6.4%, lowest recorded.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	124	305	124	
Patient falls	189	301	209	
Medication errors	61	148	92	
Pressure damage developing or worsening during care	54	215	59	
New complaints by month received (ward level not available)	33	249	33	
Number of high and extreme risks (health board & function only)	381	561	560	
Infections: new cases	51	81	65	
Infections: C. difficile cases	8	23	17	
Workforce				
Number of staff/contractor related incidents	98	186	122	
Sickness - short term	1.7%	2.6%	2.0%	
Sickness - long term	3.8%	4.9%	4.3%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.4%	9.8%	6.4%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.38	379.79	58.45	
Bank (WTE)	212.99	352.85	286.59	

Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 1 2026/2027 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

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

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

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

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

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

Integrated Performance Assurance Report (IPAR) Overview

As at 30th April 2026

For further details see the latest IPAR dashboard.

Contents

Statistical process control (SPC) charts

The key metric summary table below has been revised to reflect changes to the 2026/27 delivery framework, ministerial priorities and other 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*.
For data on all performance measures we are tracking, see our IPAR dashboard: Integrated Performance Assurance Report (IPAR) dashboard as at 30th April 2026.

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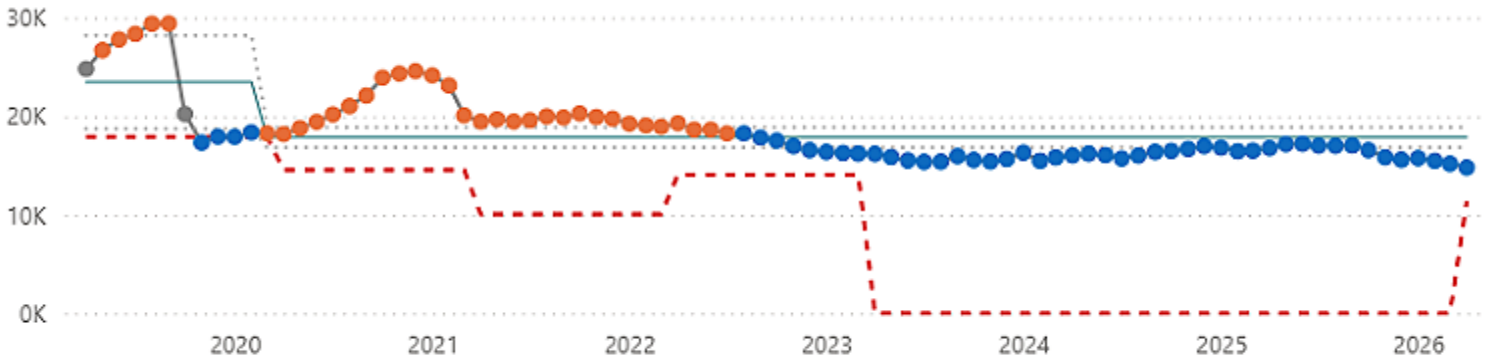
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

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

Delayed follow up appointments
(Ministerial priority)

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

Follow up outpatient appointments delayed over 100% past target date



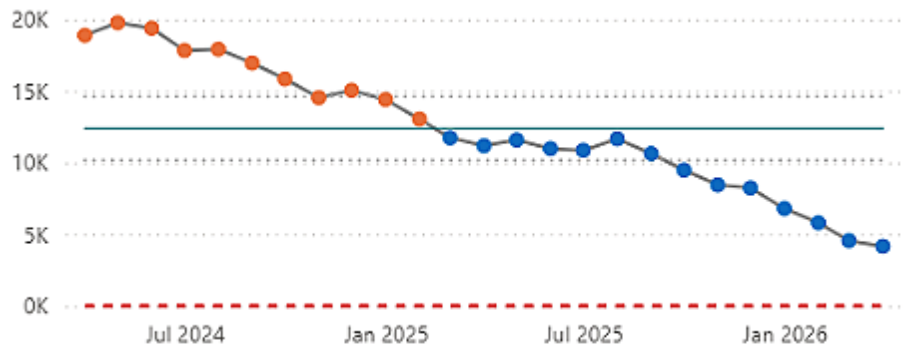
Performance shows improving variation in April 2026 with 14,804 follow up appointments delayed over 100% of their target date. This is the best performance ever recorded. The national target for 2026/27 is to achieve a 25% reduction against the March 2026 baseline. This equates to 11,387.

Key challenges / issues	Key actions / initiatives	Due date
• Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.	• Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).	31/03/27
• Reducing follow up waiting lists continues to be challenging in terms of clinical engagement in some specialties.		
• Certain specialties have essential follow up pathways and may have additional pressure to reduce significantly due to case mix.	• Delayed follow-up wait reduction to below 12,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines was not met at the end of March 2026. However, improvements across many specialties were evident with increased clinical validation, referring mild glaucoma patients back into primary care and use of CIN guidelines. This continues throughout 2026/27.	31/03/27

Waits over 26 and 52 weeks for a first outpatient appointment (Ministerial priority)

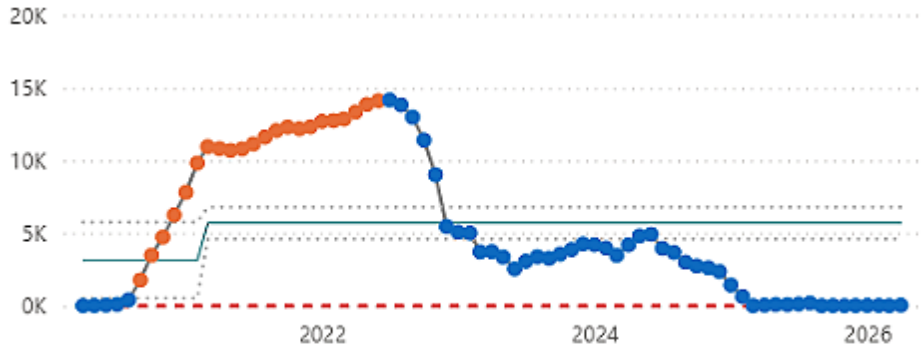
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >26 weeks for a first outpatient appointment



Performance against this newly reported metric is showing improving variation, with eight consecutive months of improvement to 4,154 as April 2026 (National target = 0)

Patients waiting >52 weeks for first outpatient appointment



Performance is showing improving variation, however, after achieving the national target in March 2026, breaches increased to 39 in April 2026.

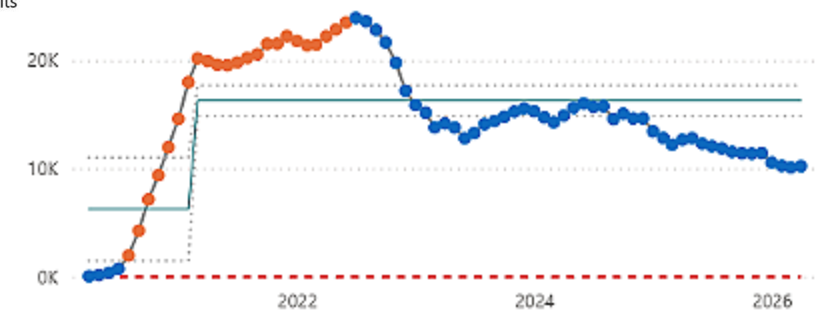
Key challenges / issues	Key actions / initiatives	Due date
• The Health Board breached the 52-week target by a total of 39 with breaches in Rheumatology (17), General medicine (13), Care of Elderly (5), Neurology (3), and Paediatrics (1).	• The Clinical Care Group continues to focus on maintaining waiting time targets in 2026/27 using demand and capacity forecasts to highlight risks and guide funding allocation.	31/03/27
• 4,154 patients in total were waiting over 26 weeks at the end of April for a first outpatient appointment. General Surgery, Urology, Breast, Colorectal, Vascular , Gastroenterology and Trauma and Orthopaedics all met the 26 week wait target in April. The 2026/27Annual Plan delivery forecast for end the of March 2027 is 9,316 breaches.	• Performance metrics are reviewed for all outpatient pathways on a weekly basis, with cohorts of 26/36/52 weeks being performance managed across all specialties.	31/03/27
• 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.	• Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).	31/03/27
• A Welsh Government initiative to reduce outpatient waiting list volumes via an insourcing company, Healthcare Business Solutions (UK) (HBSUK), running from September 2025 to March 2026, provided additional outpatient capacity. This resulted in a 50% reduction of patients waiting over 26 weeks for a first outpatient appointment.		

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

(Enhanced monitoring condition and Ministerial priority)

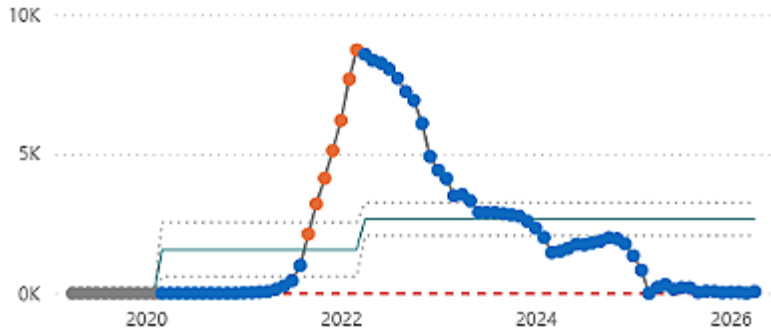
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Performance is showing improving variation; however, breaches increased slightly to 10,227 in April 2026.

Patients waiting over 104 weeks from referral to treatment



Performance is showing improving variation; however, breaches increased from three in March 2026 to 64 in April 2026.

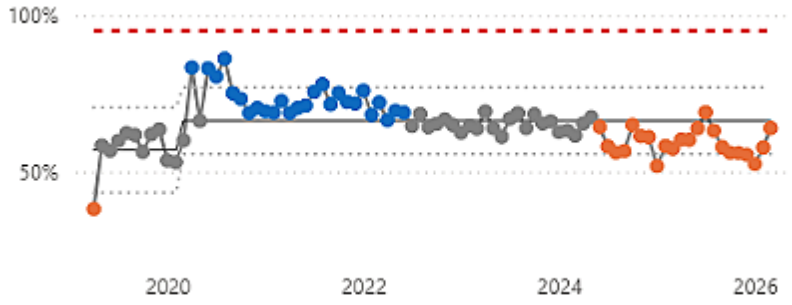
Key challenges / issues	Key actions / initiatives	Due date
• In the absence of Welsh Government recovery allocation and cessation of unfunded additional activity, the Health Board recorded 64 patients waiting over 104-week at the end of April 2026. Breaches were recorded in Trauma and Orthopaedics (36), ENT (11), Gynaecology (8), Ophthalmology (8), and Care of Elderly (1). All other specialties met the target. • 104 week breach volumes were lower than levels forecast in the Annual Plan due to: ➢ Additional cataract outsourcing in March 2026 which lowered cataract waiting times below 100 weeks; ➢ Continued cataract outsourcing during April 2026 for pathways commenced pre 31st March 2026, utilising carry forward funding support from 2025/26 (306 outsourced cataracts delivered in April 2026); ➢ Impact of ROTT (removals for reasons other than treatment) in April were higher than levels modelled in the Annual Plan delivery forecasts. • 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-operative 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.	• The Clinical Care Group continues to focus on maintaining waiting time targets in 2026/27, as agreed by the Health Board, by using demand and capacity forecasts to highlight risks that would negatively impact the accepted trajectory of 5,400 by the end of 2026/27. • 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.	31/03/27 30/06/26

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

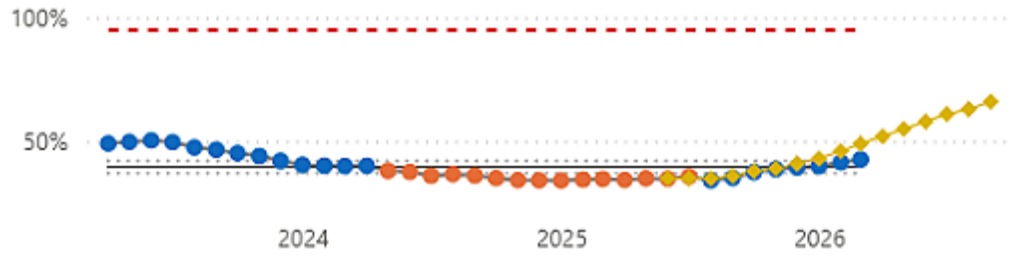
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Performance is showing concerning variation at 64% in March 2026 (target = 95%). However, performance has recovered to near the mean.

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



Performance is showing improving variation and a 7th consecutive monthly improvement to 42.7% in March 2026, although our recovery trajectory was not met.

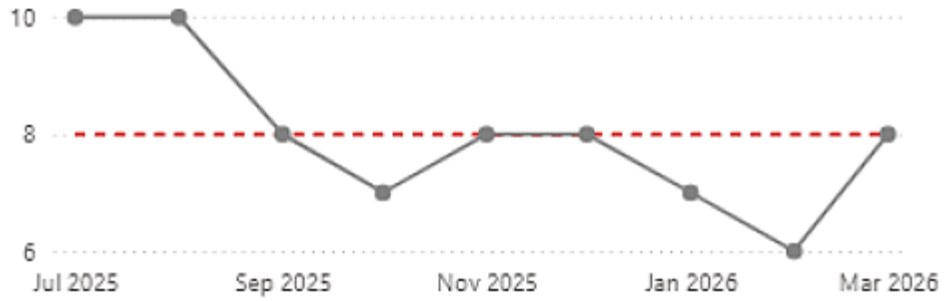
Key challenges / issues	Key actions / initiatives	Due date
• The advice from the Welsh Government is to focus on patients waiting as these are higher risk. Booking these patients, who have already breached, will improve this trajectory but will directly affect the appointments attended trajectory as patients have already breached. Once corrected, R1 appointments attended will improve as capacity grows and the backlog reduces. • Increasing outpatient delivery has been stalled by outpatient staffing and medical records constraints within Carmarthenshire and staff sickness in Pembrokeshire. This has affected approximately seven clinics per week. • Reduced workforce continues to impact delivery, with vacancies for two whole time equivalent (WTE) consultant posts and two WTE Specialist, Associate Specialist and Specialty Doctor (SAS) posts. Recruitment efforts continue. • One 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 5 months. • Two regional consultant posts were interviewed but only one applicant was suitable and has been recruited by Swansea Bay University Health Board. This has left a 1 x WTE gap in Hywel Dda. • Due to management absence across both administrative and nursing teams resulting from sickness, our ability to proactively support performance has been temporarily affected; this will be addressed as capacity is restored.	• Monies awarded to improve waits for an Intravitreal (IVT) injection have been utilised to onboard and train the necessary staff to improve this performance trajectory. More activity is being incrementally introduced. The replacement SAS doctor in North Road Eye Clinic (NREC) is currently onboarding to increase delivery. The second key action is to move the IVT service into Amman Valley Hospital (AVH) outpatients 5 days a week with a view to creating an IVT hub. This will improve patient flow and subsequent activity. • Outpatient staff will be increased to support outpatient activity in the blue suite in Glangwili Hospital (GGH). 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. • The team are exploring more innovative methods of supporting outpatient activity by the use of Ophthalmology Technicians. This will reduce the nursing resource required and ensure all staff are working to their licence. • Two SAS doctors have been recruited, with a planned start date of August 2026. • Regional Vitreoretinal (VR) Consultant will onboard in June 2026, with four outpatient clinics per month, and eight theatre lists per month, reducing pressure on the VR service.	01/06/26 01/09/26 31/08/26 01/08/26 01/06/26

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

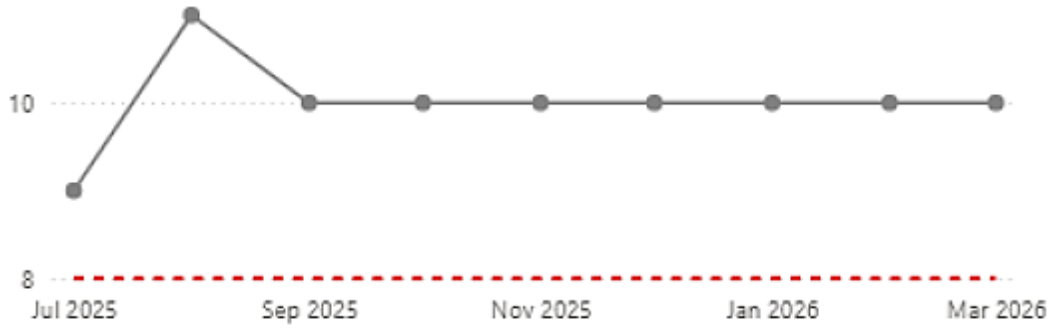
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In March, the median response time was 08:29 minutes for ARREST (Purple) Calls. There were 148 ARREST calls. Official WAST data is delayed by 1 additional reporting month

Median emergency ambulance response time to red: emergency category calls



In March, the median response time was 09:58 minutes for RED (Emergency) calls there were 584 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

- Unverified April performance was 07:39 minutes for arrest (75 incidents) and 12:07 minutes for emergency calls (427 incidents). Overall attended demand in Hywel Dda Health Board area for April 2026 on average has been above forecast, representing the third month in a row this has been the case.
- Hospital delays in ambulance hand over for WAST ambulance crews, 2,453 hours lost at the 4 acute Hywel Dda hospital sites during April 2026, showing a deterioration by around 600 hours, reflecting the difficult site positions last month. Notification to Handover within 15 minutes was at 38.3% in April for the 4 acute general hospitals, showing slight deterioration over March 2026.
- There were 36 immediate vehicle release (IVR) requests of all category of 999 calls in April 2026 of which 34 were accepted. The 2 not accepted were Orange NOW category and both at Glangwili Hospital Carmarthen, representing an overall acceptance rate of 94.4%.
- WASTs financial picture from April 2026 has seen Overtime reduced, resulting in decisions about cover to maximise performance, and reductions short notice in Unit Hour Production (UHP) from staff absences.

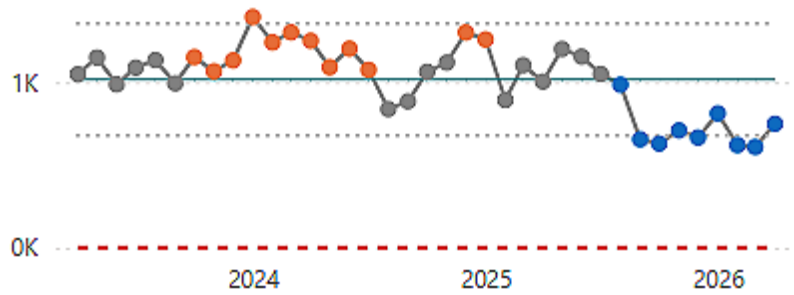
Embedded improvement actions

- 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.
- WAST managers joining 10am Patient Flow call from May 2026 to further support integrated working [illegible]on, furthering joint understanding of risk and flow.

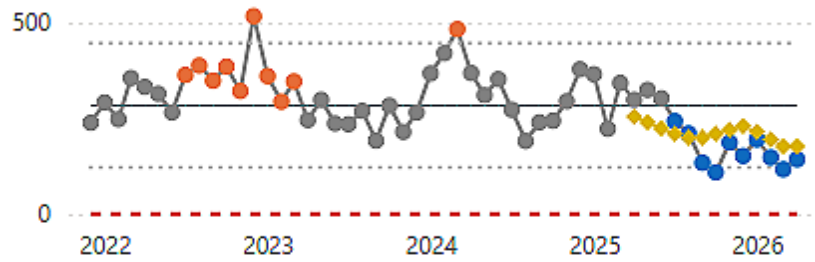
Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

Ambulance handovers taking over 45 minutes



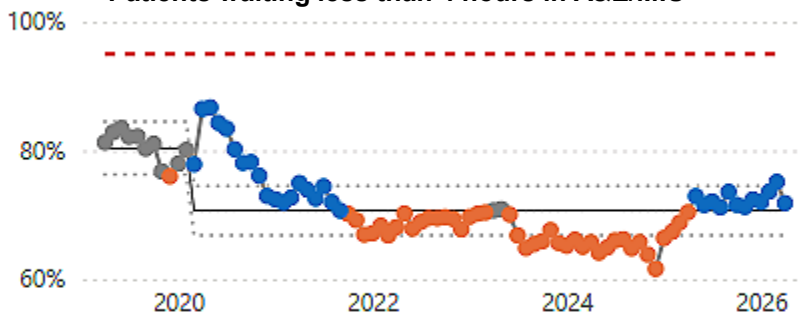
Ambulance handovers taking over 4 hours



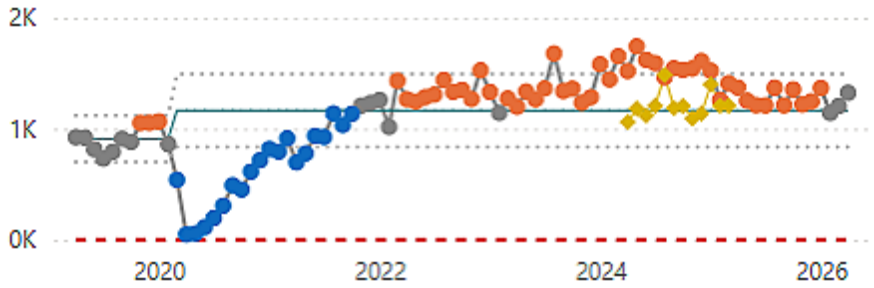
>45 Minutes handovers:
Latest data is showing improving variation
750 handovers > 45 minutes out of a total of 2,018 handovers.

>4 hours handovers:
Latest data is showing improving variation. 143 handovers > 4 hour out of a total of 2,018, 7.1%.

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. 72% of patients were seen within 4 hours, 11,358 out of 15,812 new attendances.

Waits > 12 hours:
Latest data is usual variation.
1,325 patients waited over 12 hours, out of 15,812 new attendances, 8.4%.

Key actions / initiatives – tactical urgent and emergency programme

The Urgent and Emergency Care (UEC) Programme delivery is focused on implementing the national Six Goals through a whole-system approach, including strengthening community-based alternatives (e.g. falls response and prevention services), improving front-door streaming and Same Day Emergency Care (SDEC), and reducing avoidable admissions and delays. Central to this is the development of the Seven-Day Clinical Streaming, SDEC and Hospital@Home business case, which builds on pilot evidence and national guidance to transition services from weekday to 7-day provision. This aims to improve patient flow, enhance outcomes, and align with ministerial priorities by enabling earlier intervention, reducing emergency department demand, and supporting a sustainable 'shift-left' model of care across acute and community pathways. Currently the Go-Live date for Seven-Day Clinical Streaming and Hospital@Home is October 2026, and a 7-day SDEC service at WGH being November 2026.

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

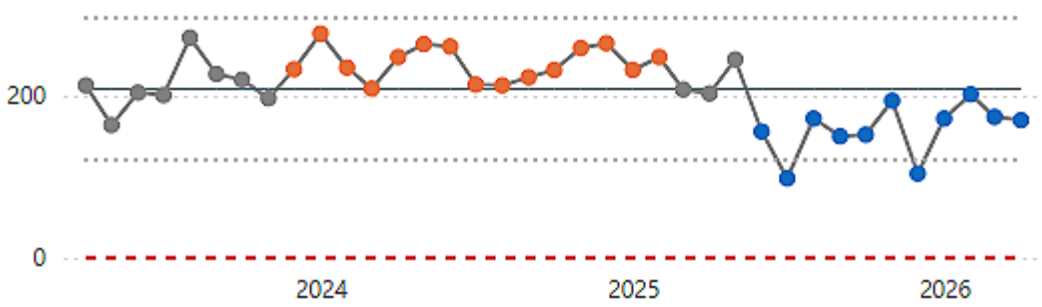
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances – Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

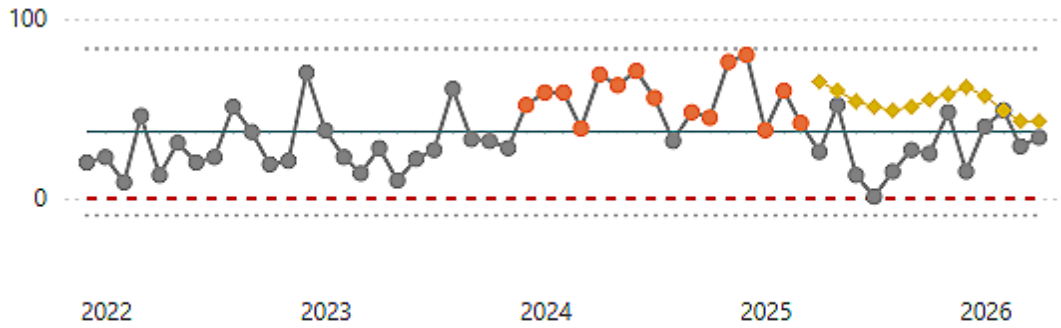
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 170 handovers >45 minutes reported out of a total of 424 handovers, 40%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 34 handovers >4 hours was reported out of 424 total handovers 8%.

Key challenges / issues

- Physical space limitations in a relatively small Emergency Department (ED) footprint.
- Insufficient assessment/trolley spaces to absorb ambulance arrivals during peak times.
- High levels of medically fit for discharge (MFFD) patients occupying inpatient bed.
- Limited community care / social care packages in rural Ceredigion.
- ED staffing gaps (especially middle grades and nursing staff).
- Clustering of multiple ambulances arriving simultaneously.
- Paramedic crews and Team Leaders (TL) not reliably co-signing the handover leading to inaccurate performance reports.

Key actions / initiatives

Key actions / initiatives	Due date
• Proposed reconfiguration of the Emergency and Urgent Care Centre (EUCC) footprint to incorporate more “majors” bays and rapid assessment and treatment (RATT) areas.	30/06/26
• Newly appointed band 7 Team Leaders to be assigned a quality improvement initiative linked to performance.	30/06/26
• ED module for Miya patient flow, to be implemented	31/10/26

Embedded improvement actions

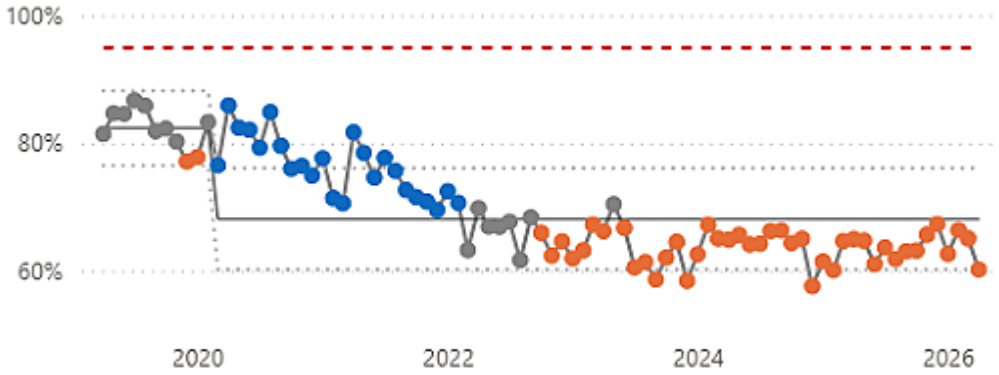
- New EUCC consultant in post.
- New band 7 team leaders now all in post.
- Site wide ward managers and TLs meetings established to enhance collaborative working across the site.
- Shared ownership of the 45 minute ambulance handover performance across the site – not just within

Urgent and Emergency Care – Emergency Departments – Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

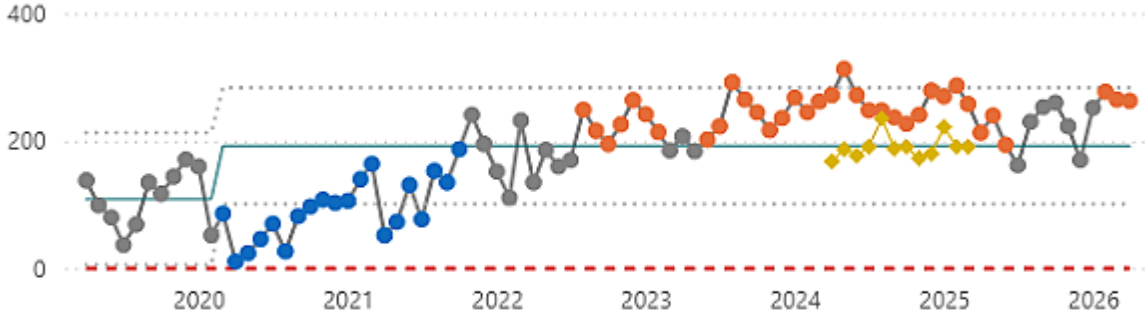
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



60.2% latest data, 1,058 breaches out of 2,660 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E/MIU



263 breaches out of 2,660 new attendances, 9.9%. The chart is showing concerning variation.

Key challenges / issues

- Physical space limitations in a relatively small ED footprint, not enough triage rooms or Emergency Nurse Practitioners.
- High levels of medically fit for discharge (MFFD) patients occupying inpatient bed.
- Limited community care / social care packages in rural Ceredigion.
- ED staffing gaps (especially middle grades and nursing staff).

Key actions / initiatives

	Due date
• Reconfiguration of the footprint with more triage rooms	30/06/26
• Trial of pop up Same day Urgent Care (SDUC) and review of impact	30/04/26
• Quality improvement projects for all new band 7 TLs across a range of performance related areas.	30/06/26

Embedded improvement actions

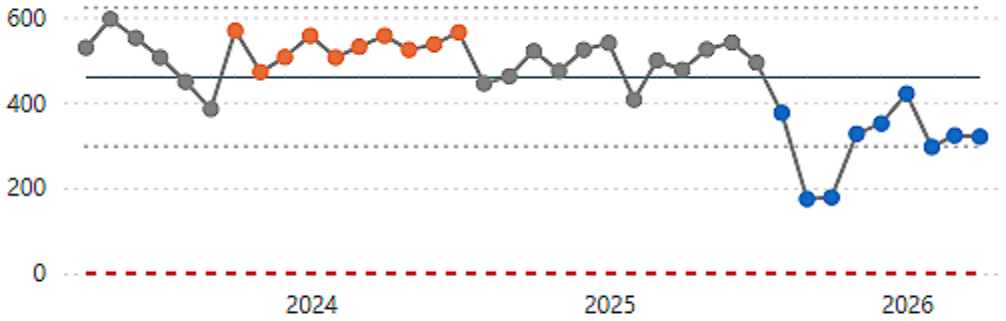
- New EUCC consultant in post
- New band 7 TLs all in post

Urgent and Emergency Care – Ambulances – Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

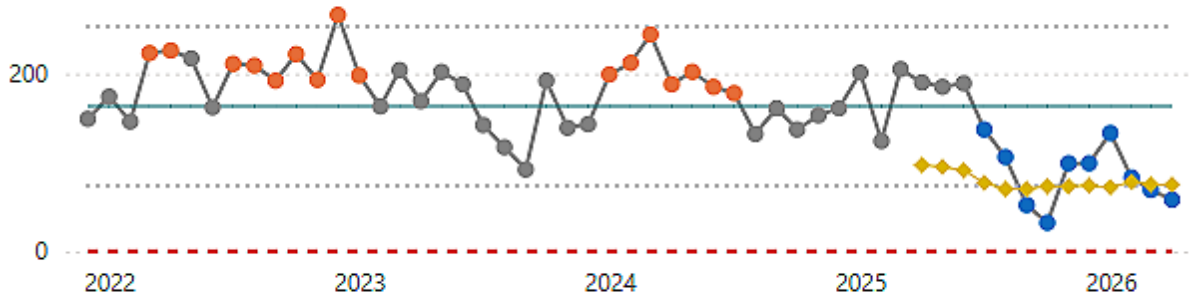
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 320 handovers >45 minutes reported out of a total of 753 handovers, 42.5%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 58 handovers >4 hours reported out of a total of 753 handovers, 7.7%.

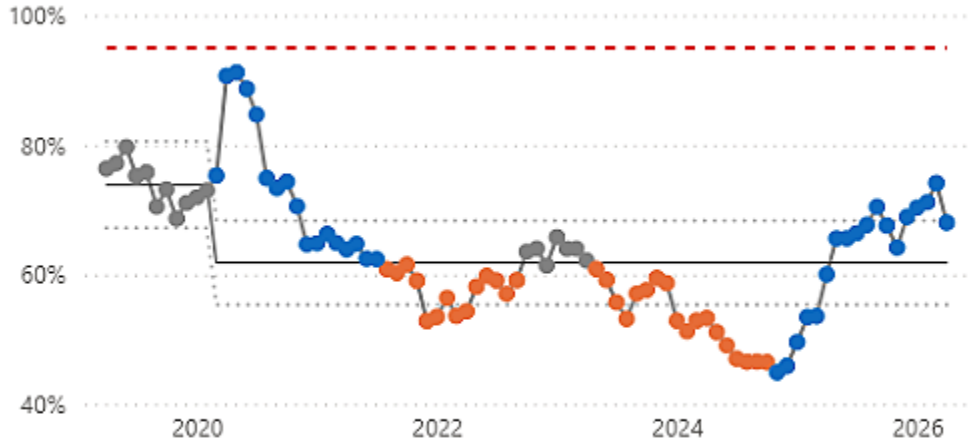
Key challenges / issues	Key actions / initiatives	Due date
• Ambulance handover demand has remained relatively static but the Emergency Department remains persistently overcrowded and site has continuously reported high escalation levels. • All wards remain in bed surge and patient boarding at risk. • Range of specialty pathways into Glangwili causes additional pressure.	• Development and implementation of the 7-day Clinical Streaming Hub Model • Recruitment underway for 2 whole time equivalent (WTE) Consultants to support senior decision making	31/08/26 30/09/26

Urgent and Emergency Care – Emergency Departments – Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

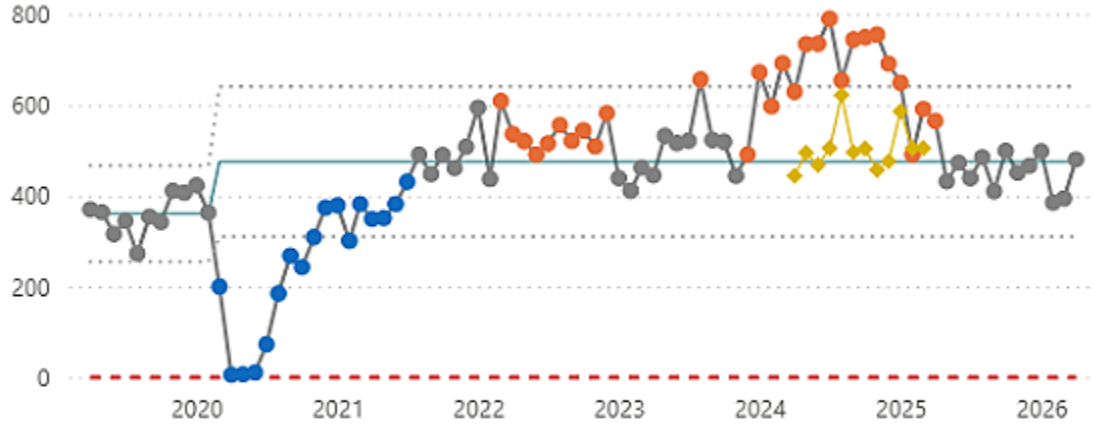
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



68% reported for April, 1,594 breaches out of 4,987 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



480 breaches out of 4,987 new attendances, 9.6%. The chart is showing usual variation

Key challenges / issues

- High volume of attenders seen in March and April 2026 has contributed to the challenges of overcrowding and timely reviews.
- Persistent overcrowding.
- Range of Emergency specialty pathways across the Health Board provided at Glangwili Hospital.
- Additional funding stream for Same Day Emergency Care (SDEC) staffing unavailable until 27/28 to support Emergency Demand.
- High levels of clinically optimized patients awaiting packages of care.

Key actions / initiatives	Due date
• Development and implementation of the 7-day Clinical Streaming Hub Model	31/08/26
• Awaited MIYA patient flow ED module	31/08/26

Embedded improvement actions

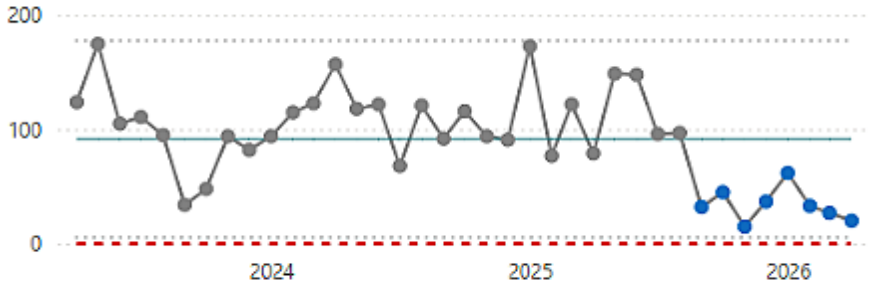
- Refurbished SDEC environment with increased footprint.
- Senior decision maker allocated to Rapid Assessment and Triage where possible.

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

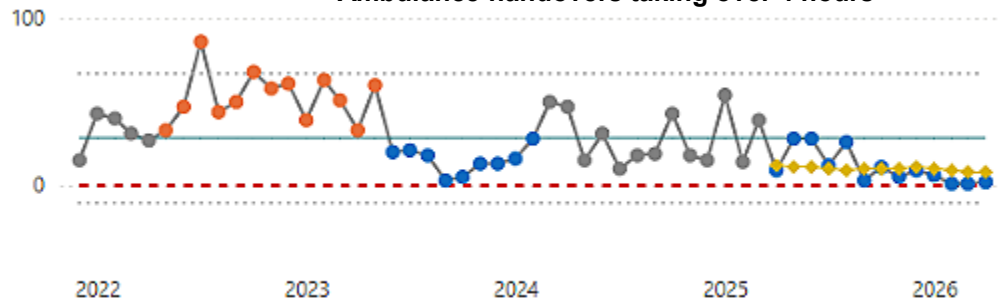
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 20 handovers >45 minutes reported out of a total of 237 handovers, 8.4%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 2 handovers >4 hours reported out of a total of 237 handovers, 0.8%.

Key challenges / issues

- Front door pressure and handover capacity - continued significant pressure at the front door is resulting in very limited capacity at the point of ambulance handover. Increased patient acuity and volume are intermittently impacting the continuity and efficiency of handovers.
- Achievement of 45-Minute handover target and internal impact - we are consistently maintaining the 45-minute ambulance handover target, enabling more timely ambulance turnaround. However, this continues to create additional internal pressures, particularly across ward areas where surge capacity has been required. Infection Prevention and Control (IPC) requirements are also contributing to delays, as areas require more frequent deep cleaning.
- Minor Injury Unit (MIU) to Acute Medical Assessment Unit (AMAU) Patient Flow - the prioritisation of medical patients transferring from MIU to AMAU remains in place. These patients are reviewed daily within site flow calls and tracked until transfer is complete.
- Boarding Protocol - the boarding protocol continues to support proactive patient movement. Patients are transferred earlier to areas where discharges or potential discharges have been identified, based on escalation discussions within patient flow meetings and decisions made by the Manager of the Day.

Key actions / initiatives

	Due date
• Optimising front door flow - further embedding of the AMAU acute medical model to support early clinical decision-making and discharge at the front door, reducing unnecessary admissions.	30/11/26
• Strengthening community pathways - continued collaboration with the Acute Response Team (ART) to identify patients suitable for community-based care, enabling earlier discharge and reducing inpatient demand.	30/11/26

Embedded improvement actions

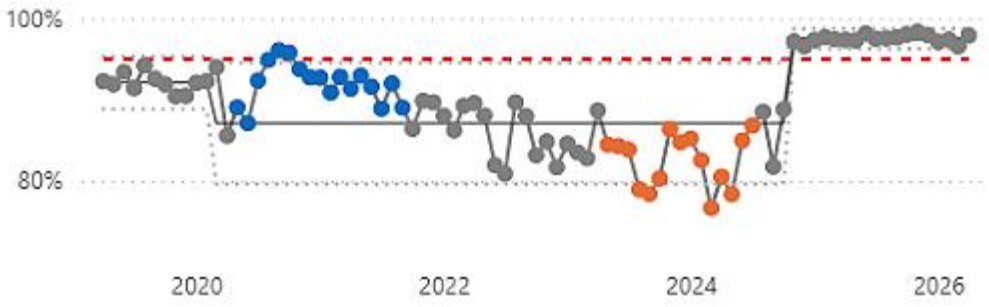
- Improving internal patient flow - full implementation and ongoing monitoring of the 'Our Next Patient' protocol to ensure proactive patient movement and timely transfer to appropriate specialty wards.
- Managing capacity and IPC constraints - ongoing alignment of capacity planning with Infection Prevention and Control (IPC) requirements, ensuring patient safety while minimising impact on bed availability.
- Escalation and surge management - continued use of escalation frameworks, including Manager of the Day oversight and patient flow meetings, to proactively identify discharges, manage surge capacity, and maintain system flow.
- Sustaining ambulance handover performance - continued focus on maintaining the 45-minute ambulance handover target, with immediate release prioritised wherever possible. Ongoing monitoring of delays linked to capacity constraints and acuity pressures.
- Daily Site Flow Coordination - structured site flow calls are embedded to provide real-time oversight of capacity, patient movement, and escalation requirements, ensuring timely decision-making and prioritisation of transfers.
- Embedded AMAU Front Door Model - the AMAU acute medical model is now fully integrated into front door processes, enabling earlier senior clinical review, promoting same-day discharge, and reducing avoidable admissions
- SDEC as a core pathway - Same Day Emergency Care (SDEC) is now an established and routine alternative to admission, utilisation across weekdays and weekends to manage appropriate patients

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

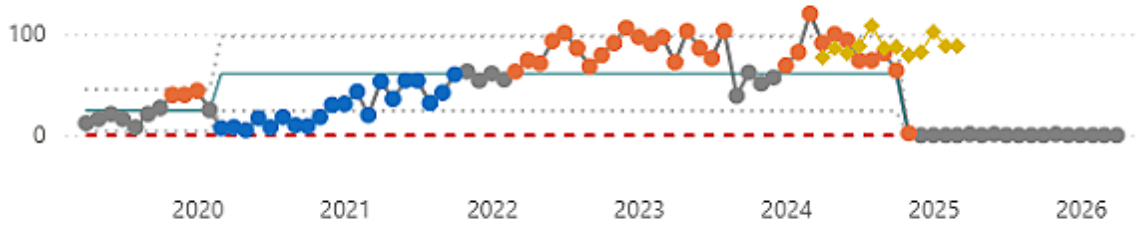
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



97.9% reported for April, 55 breaches out of 2,614 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 2,614 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

- Ongoing demand, combined with increased patient acuity, is placing significant pressure on assessment and treatment capacity, impacting flow and timely decision-making.
- Patients who are medically optimised but require ongoing discharge support due to complex needs remain a significant challenge. On average, approximately 40 patients per day fall into this category. This cohort continues to negatively impact hospital flow, limiting bed availability and contributing to delays in admitting patients from MIU and other front door areas who require inpatient care
- IPC constraints - clinical flow across departments has been further challenged by Infection Prevention and Control (IPC) issues affecting a number of wards. These constraints have reduced available capacity and impacted patient movement, contributing to wider system flow pressures.
- Variation in patient streaming and pathway utilisation - while pathways such as SDEC and AMAU are in place, inconsistent utilisation at peak times can result in avoidable pressure within core front door areas.

Key actions / initiatives	Due date
Creation of UCC (Urgent Care Centre) - the development of UCC is currently underway, with structured governance and delivery arrangements in place to support. Implementation programme activity is progressing at pace, with meetings currently taking place four times per week to maintain momentum, addressing emerging challenges, and ensure timely delivery of key milestones. This coordinated approach is supporting the development of a robust and sustainable UCC model, designed to improve access, enhance patient flow, and reduce pressure on front door services	30/11/26

Embedded improvement actions

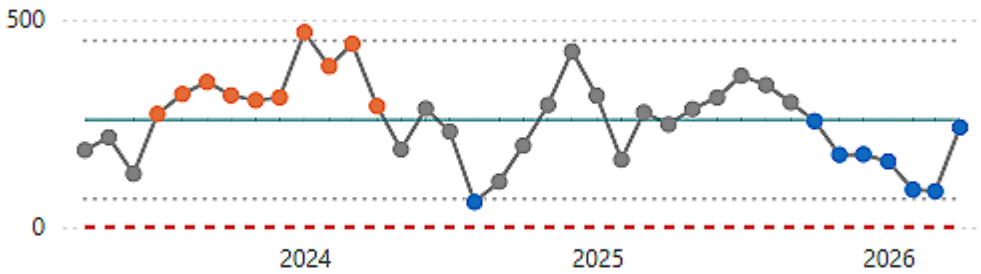
- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Expansion of Medical Hot Clinics - provision has increased in response to operational pressures. An additional General Medicine hot clinic has been introduced into the rota from January, operating every Monday to support demand and provide an alternative to admission where appropriate
- Ongoing work with community colleges in early discharge planning. The use of hospital at home to create a wrap around service enabling community GP's to refer into SDEC out of hours / weekends for SDEC to t[illegible]back into the virtual ward.

Urgent and Emergency Care – Ambulances – Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

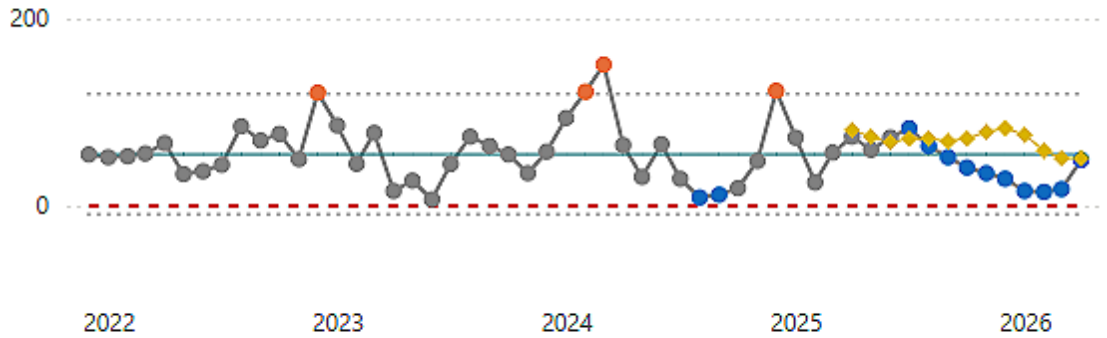
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 240 handovers >45 minutes reported out of a total of 604 handovers, 39.7%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 49 handovers >4 hours reported out of a total of 604 handovers, 8.1%.

Key challenges / issues

- Higher demand experienced during April 2026 than anticipated through forecast.
- Demand in part driven through increased holiday maker activity – reflected in increased numbers of medical and surgical repatriations to hospitals across Wales & England.
- The Easter Bank Holiday also presented an increased level of demand on ambulance services and subsequent demand at the Emergency Department.

Key actions / initiatives

Key actions / initiatives	Due date
• Development and implementation of the 7-day Clinical Streaming Hub Model	31/08/26
• Go-live of the Frailty Same Day Emergency Care model (Mon-Fri)	In-Place

Embedded improvement actions

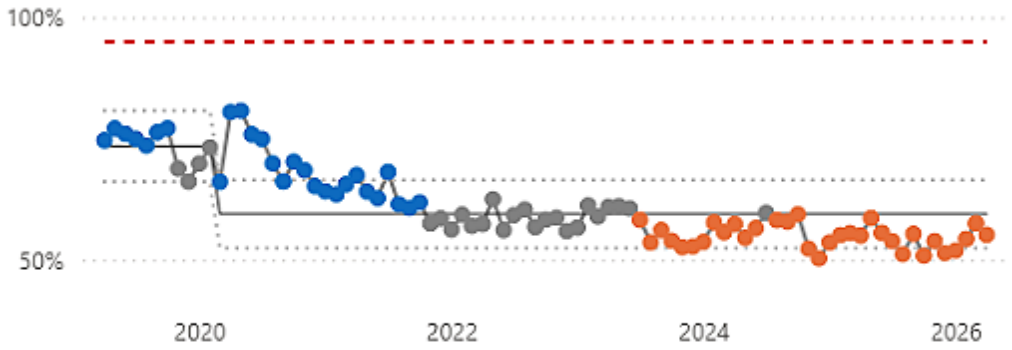
- Continued use of the MIYA patient flow software to ensure timely and safe patient moves out of ED.
- Continued promotion of alternative pathways to ED – such as Same Day Emergency Care & Hospital @ Home
- Continued use of the Clinical Streaming Hub Service, in collaboration with WAST – to ensure requests to convey to hospital are screened and alternatives offered where appropriate.
- [illegible]ffing in the Rapid Assessment Triage/Pitstop area to support expedient handovers

Urgent and Emergency Care – Emergency Departments – Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

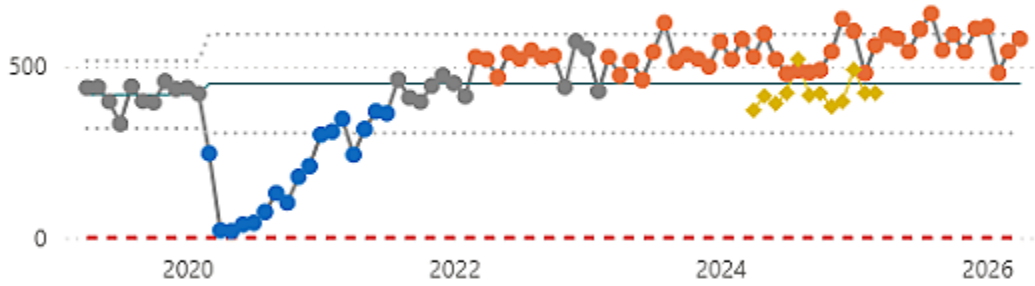
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



55.2% reported for April, 1,719 breaches out of 3,836 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



582 breaches out of 3,836 new attendances, 15.2%. Chart is showing concerning variation.

Key challenges / issues

- Increased demand and capacity challenges across April 2026 with particular demand increase around the Easter Bank Holiday, partially driven by seasonal holiday maker activity in ED.
- Challenges with staffing levels, with gaps in the rota for the department mitigated partially by locum staffing.
- Increased walk-in activity around the Bank Holiday period as primary care services unavailable.

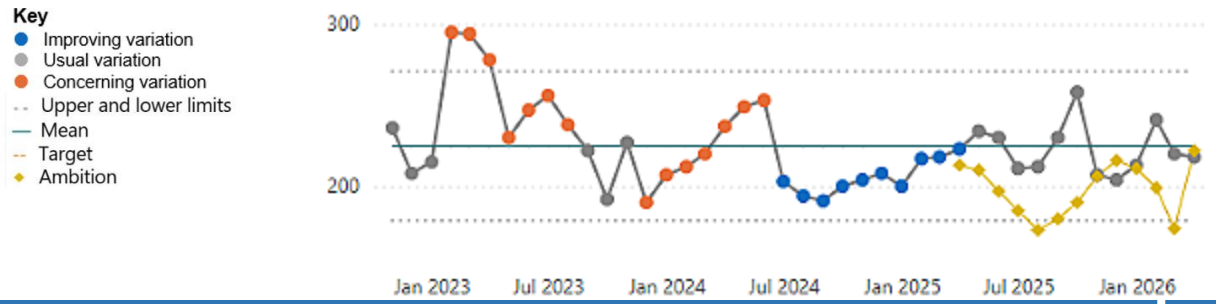
Key actions / initiatives

Key actions / initiatives	Due date
• Development and implementation of the 7-day Clinical Streaming Hub Model	31/08/26
• Development and implementation of the 7-day SDEC Model	30/11/26
• Go-Live of the Frailty SDEC Model	In-place

Embedded improvement actions

- Continued use of the MIYA patient flow software to ensure timely and safe patient moves out of ED.
- Continued promotion of alternative pathways to ED – such as Same Day Emergency Care & Hospital @ Home, Frailty SDEC.
- [illegible]ng of the twilight rota to support department flow.

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



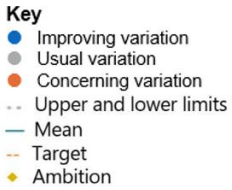
- Number of pathway of care delays as at 15th April 2026 census was 218 patients and the chart shows usual variation.
- The total days delayed for non-mental health decreased in April to 7,531 days from 7,652 in March. Mental health and learning disability delays increased from 613 in March to 813 in April. 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	Key actions / initiatives	Due date
Non Mental Health:• Ongoing wider system pressures and drive to improve ambulance handovers have driven up bed surge and patient 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**: Position remains driven by a small number of highly complex Adult Mental Health and Older Adult Mental Health cases. OAMH delays related to dependency on external care home, specialist placements and limited availability of Elderly Mentally Infirm (EMI). AMH services, housing-related delays persist but remain stable, reflecting earlier identification and proactive escalation. In a minority of cases, best-interest decision-making processes continue to extend discharge timelines.	**Non Mental Health:** Regional PoCD Action plan updated and submitted to the national team with 5 key actions to progress based on the current system challenges. • Draft Memorandum of Understanding developed between health and local authorities to support PoCD and discharge planning (awaiting final sign-off). • Deconditioning Early Warning Indicator (DEWI) tool being rolled out across all acute and community wards, in addition to other preventing deconditioning initiatives. • Restructuring Optimal Hospital Flow and Discharge governance and oversight process to include PoCD • Health Board Working Group established to focus on Rehabilitation pathways/ levels **Mental Health & Learning Difficulties:** • Additional senior clinical leadership oversight remains in place to strengthen governance, discharge coordination, and system assurance (improvement plan in draft). • Key process standardisation across all OAMH wards ongoing. • Focused review of AMH homelessness-related delays continues, with strengthened multi-agency liaison involving Local Authority housing services and policing partners. Responsible: AMH Head of Service / Local Authority Housing / Police • Ongoing scrutiny of best-interest decision timelines to ensure proportionality, timeliness and alignment with clinical optimisation. Responsible: Ward MDTs / Safeguarding and Legal Interfaces	31/08/26 31/05/26 31/08/26 31/05/26 31/08/26 31/10/26 31/10/26 31/05/27 31/05/26

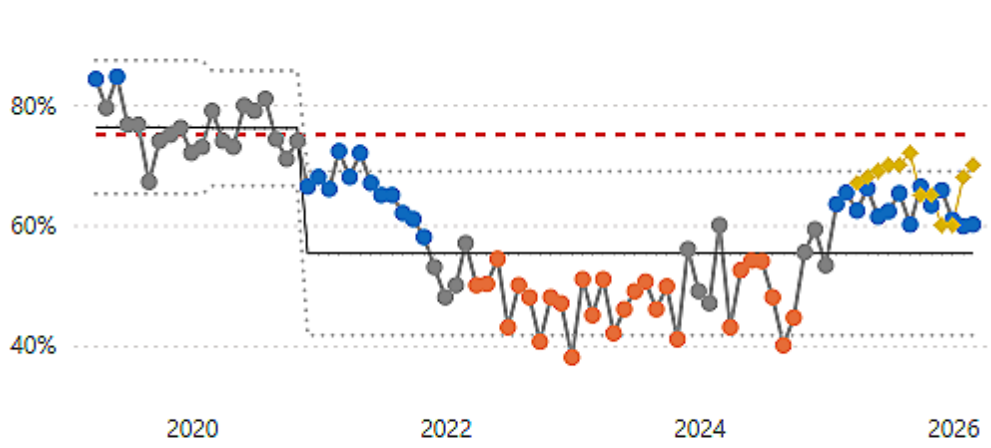
Embedded improvement actions

Non Mental health: Regional PoCD Delivery Group in place, Acute frailty action group and action plan developed, Trusted Assessor model in mental capacity developed, long stay review meetings in place, increased social worker and reablement capacity from WG funding, strength- based collaborative communication approach being embedded.
Mental Health & Learning Disabilities: Daily multidisciplinary escalation arrangements remain embedded across AMH inpatient services, alongside daily OAM Acute Pathway meetings. Weekly Acute Pathway PoCD deep-dive meetings across AMH and OAMH remain established. Workshops on Discharge to Recover and Assess (D2RA) pathway application continue. The Dementia Wellbeing stepped-care model remains established. System-level engagement with Local Authorities and independent sector providers continues to address dementia and EMI nursing placement shortages. Multi-agency working with Local Authorities remains embedded, inc alidation of PoCD status

Single cancer pathway
(Enhanced monitoring condition and Ministerial priority)

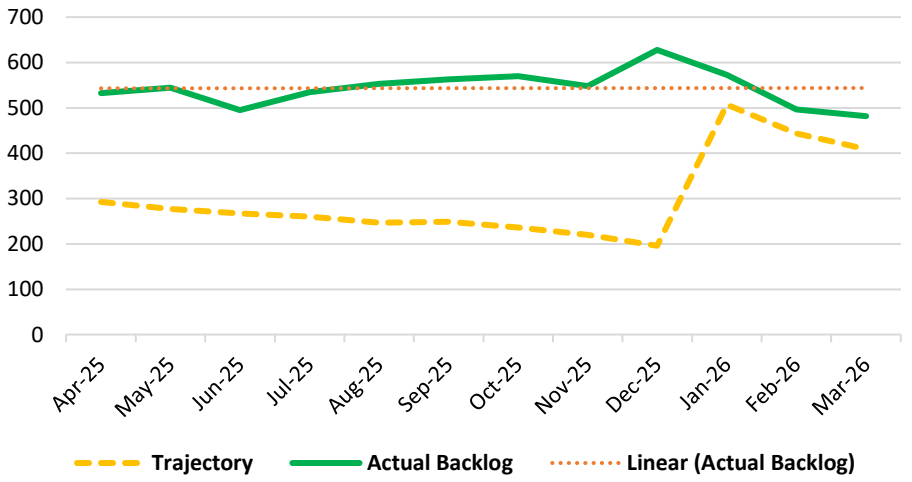


% single cancer pathway patients starting treatment within 62 days



In March 2026, performance was 60.1% against the trajectory of 70%. Urology continues to be our most challenged pathway with 239 patients waiting over 62 days. 242 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.

Number of single cancer pathway patients waiting over 62 days



In March 2026, 482 patients were waiting over 62 days on the single cancer pathway, although the trajectory was not met, this is a 3-month improvement trend.

Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway Overall treatment activity in March 2026: 224 patients started treatment within 62 days, 149 patients were waiting over 62 days. First treatment rates decreased by 30 patients. There was a reduction in performance for patients on the skin pathway due to workforce availability and the planned theatre estate repairs.	Outsourcing MRI for prostate patients started in November 2025, extended for Q1 2026/27. Equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed. • £168k committed via recovery money for Urology Diagnostics for Q1 • Residual recovery funds allocated for Pathology turnaround for Q1 Piloting the use of the Galeas Bladder Test from March 2026 – 300 patients, extended for Q1 2026/27	30/06/26 30/06/26 30/06/26 30/06/26
Backlog and Diagnostics To meet the 28-day diagnostic target, the testing components of the pathway must be provided within 7 days.	Outsourcing CT equates to 260 scans per month with a 7-day reporting turnaround, extended for Q1 2026/27	30/06/26

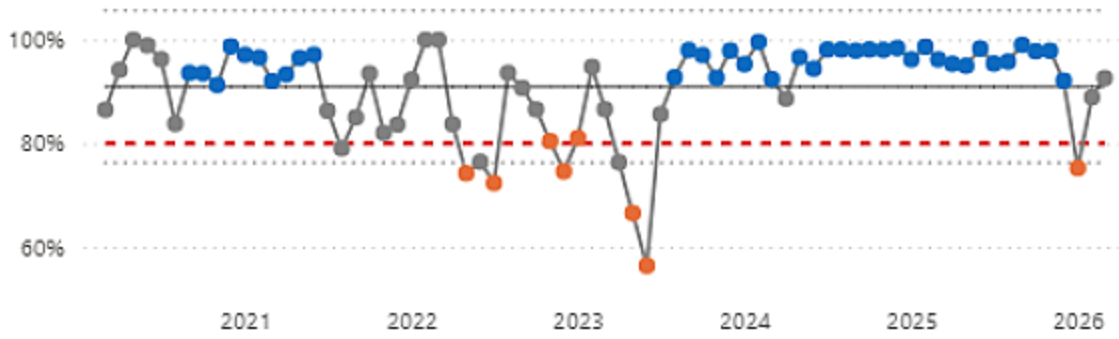
Mental health assessments within 28 days

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

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

Latest performance of 87.7% is showing improving variation and the target of 80% was met.

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



Latest performance of 92.6% is showing usual variation and the target of 80% was met.

Key challenges / issues

% mental health assessments undertaken within 28 days (persons aged 0-17):
We continued to achieve target in March despite increasing demand correlating with the school exam period. 87.7% (71 of 81) assessments undertaken within target.

% mental health assessments undertaken within 28 days (persons aged 18+):
Performance has increased again in line with expectation; however, demand remains high across all teams. We continue to see a more complex patient profile which is increasing assessment time and/or the requirement for follow up assessment appointments which has potential impacts on performance. Staff sickness is reducing; however, Carmarthenshire remains fragile due to both long term and short-term sickness.

Key actions / initiatives

Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons aged 18+): As compliance with this target has now recovered, teams have returned to maximising their treatment slots.	Complete

Embedded improvement actions

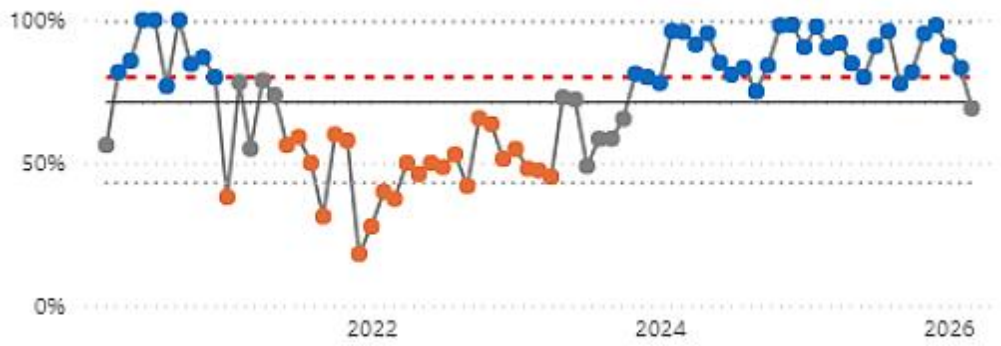
% mental health assessments undertaken within 28 days (persons aged 0-17):
We have agreed a Demonstrator project with NHS Performance & Improvement as part of the 10-year Mental Health Strategy to trial 'One at a Time' support for the current cohort of patients.

% mental health assessments undertaken within 28 days (persons aged 18+):
All teams are utilising the Primary Care Liaison Service (PCLS) at the point of referral reducing pressure on Lo al Health Support Services (LPMHSS) at this point of the patient journey.

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

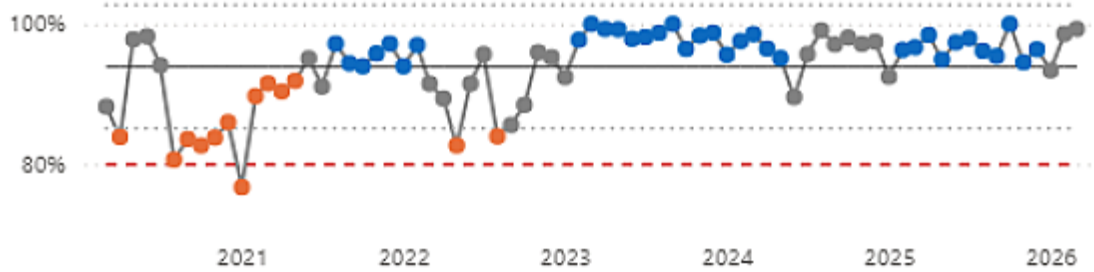
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

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



Latest performance of 69.2% 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 99.3% is showing usual variation and the target of 80% was met.

Key challenges / issues

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):
Accumulation of leave in March led to lower capacity due to poor planning on the part of the service, leading to diminished capacity. This followed a period of increased maternity leave and existing staff holding off taking leave. This has been addressed with the team.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Compliance remains significantly above target which reflects the team's hard work. Treatment slots have returned to normal levels following the challenges over the last two months. Estates access continues to be challenging across the three counties.

Key actions / initiatives

Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): New staff are now in place following recent recruitment to practitioner vacancies in both Carmarthenshire and Ceredigion and are undertaking their induction.	Complete

Embedded improvement actions

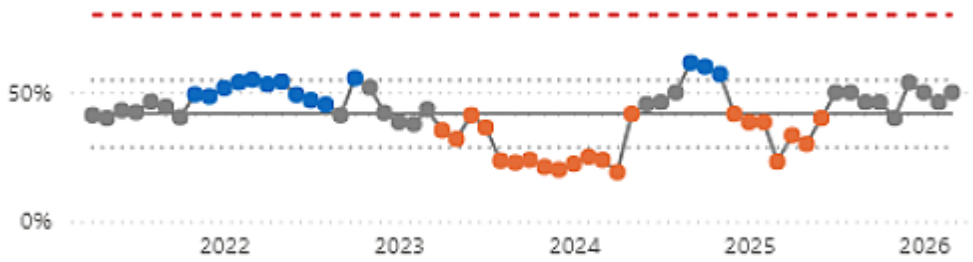
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):
Leave will be managed more effectively in the next leave year.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector, SilverCloud digital options and our Primary Care Liaison Service (PCLS) is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS. A focus on group interventions remains; however, as a service we will be reviewing the current treatment menu to ensure effectiveness in treatment options.

Psychological therapy waits
(Enhanced monitoring condition and Ministerial priority)

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

% adults waiting <26 weeks to start a psychological therapy



Performance in March of 54.7% shows usual variation and the target of 80% was not met.
- 430 out of 793 (54.2%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 7 out of 14 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 31 out of 68 (45.6%) 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.

Integrated Psychological Therapies Service (IPTS):
IPTS have observed a slight decrease in compliance by 1.2%; however, we have seen an overall waiting list reduction of 27.6% over the last 11 months. We are observing a balanced flow dynamic where referrals and discharges remain broadly aligned. This limits visible improvement in referral to treatment performance despite the reduction in our backlog. The transition to a stepped model approach in line with the Welsh Government 10-year plan has supported sustained improvements in service capacity, patient flow and throughput along with pathway management. The continued reduction in longest waits has also had a positive impact on patient experience, clinical outcomes which align with access standards.

Adult Psychology Mental Health (AMH):
The percentage of patients waiting under 26 weeks for treatment improved in March. An improvement was expected following the commencement of a Practitioner Psychologist, based in an area in Carmarthenshire where there was no community provision.

Key actions / initiatives

Key actions / initiatives	Due date
LDs: • Develop the Memory Clinic pathway and the Behaviour that Challenges pathway which aim to upskill other colleagues to reduce lower-level demands on P&Bs.	30/05/26

Embedded improvement actions

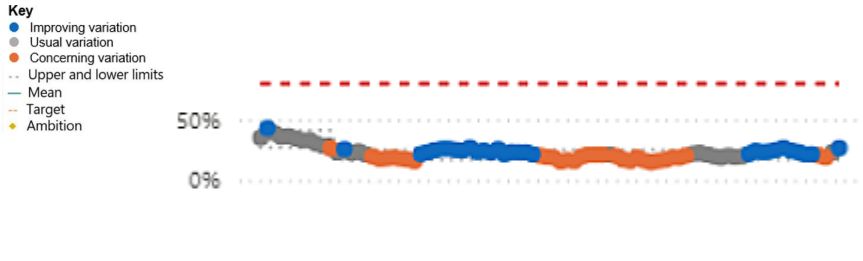
LDs:
- As part of our organisational change process, we seek to recruit a co-ordinator for CoP cases who can link in with legal services to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. We are offering additional training to all staff within the network around CoP work.
- 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.

IPTS:
Several high intensity evidence-based interventions are now part of the service model, with positive patient outcomes. Caps in therapy session are in place which are having a positive impact of capacity. Staff are engaged in regularly in supervision to monitor 1:1 waiting lists, with all therapists have job plans supporting an increase in capacity of service where possible. Several staff have undertaken new training in DBT for Complex PTSD which will support the trauma waiting list.

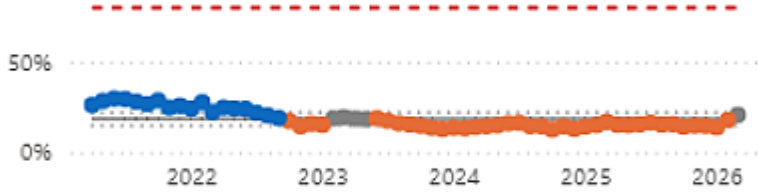
AMH:
- All four clinicians are providing consultations to other services, decreasing referrals to AMH.
- ‘Grow Your Workforce’ plans are in place.

Neurodevelopmental assessment waits
(Enhanced monitoring condition and Ministerial priority)

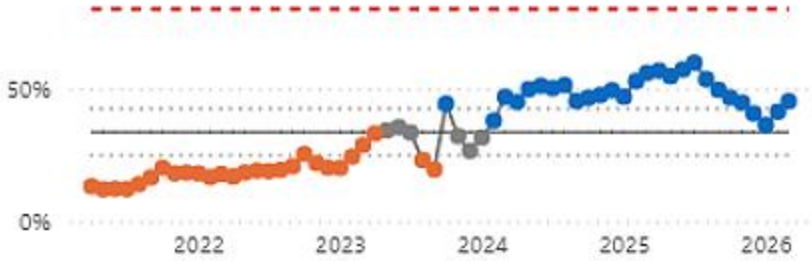
% children & young people waiting < 26 weeks to start a neurodevelopment assessment



% children & young people waiting < 26 weeks: ASD



% children & young people waiting < 26 weeks: ADHD



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in March 2026 of 26.8% shows usual variation but the target of 80% was not met. Performance is driven by ASD, where 715 of 3,446 (20.7%) patients were waiting for an assessment <26 weeks. 505 of 1,113 (45.4%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
Attention Deficit Hyperactivity Disorder (ADHD) The longest current wait for an ADHD assessment is 101 weeks, with 280 waiting more than 52 weeks. Referrals into the service have increased by 100%, creating a need to significantly increase core capacity where possible to achieve performance targets. Despite efforts to increase capacity, demand continues to exceed current provision, even when a fully established medical workforce is taken into account. In addition, demand for Quantitative Behavioural (QB) testing, which forms part of the diagnostic pathway, exceeds current capacity. Clinic room capacity across all sites remains a challenge. Long term solutions are being explored through the Bandi appeal and the reconfiguration of Puffin Ward. **Autism Spectrum Disorder (ASD)** As of March 2026, there were 3,446 children and young people waiting for an ASD assessment with 2,731 individuals waiting more than 26 weeks. Demand for assessment continues to outstrip capacity and remains consistently high. Last month 180 new referrals were received. Between 2019 and 2025, referral rates have risen by 80.8%. Job plans are in place to maximise efficiency. The service is approaching third party providers of digital platforms specifically designed for use by neurodevelopmental service providers in order to ascertain value-based healthcare opportunities. Additional in-year funding has been received to further outsource assessments although this will not eradicate over 3-year waits.	**ADHD** • Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. • Increase core capacity through provision of additional QB Tests and follow up sessions. Currently only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers are trained to use. Funding streams being sought to support the purchase of additional devices. • Continue to manage clinic capacity flexibly and maximise through rigorous job planning. **ASD** • The Magic Notes full package to support production of structured case notes has been procured for 12 months using Neurodivergence Improvement Programme (NDIP) funding. This will be operational from the 27th April. Medical input within team available from June. • Discussion with Comms team commenced to re-vamp intra- and internet pages to provide easily accessible resources to professionals, families and carers. • Working with current provider to agree new outsourcing contract once 26-27 NDIP funding is received. Work to identify suitable cases has commenced in preparation.	31/03/27 31/03/27 31/03/27 30/06/26 31/03/27 31/03/27

Diagnostics waits over 8 weeks
(Ministerial priority)

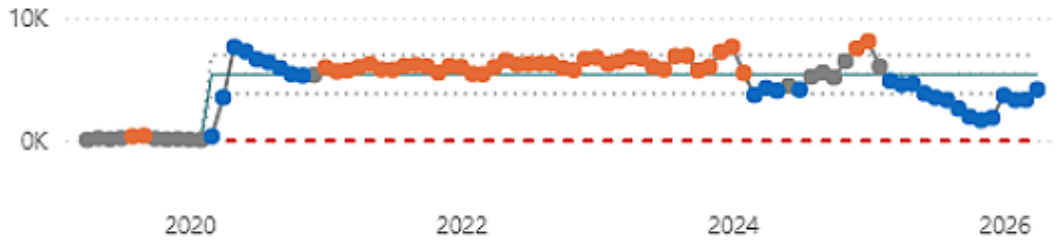
Key
- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

Patients waiting >8 weeks for a specified diagnostic



Latest overarching performance of 4,149 is showing improving variation but breaches are increasing, driven by Radiology (see table). A “step change” to the chart process limits will be implemented in M2, which is likely to indicate concerning variation.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Apr 2026	4,149	●	▣	n/a
Radiology		3,575	●	▣	n/a
Cardiology		405	●	▣	n/a
Endoscopy		54	●	▣	n/a
Imaging		53	●	▣	n/a
Phys measure		50	●	▣	n/a
Neurophysiology		12	●	▣	n/a

Key challenges / issues

Radiology
- 3,628 breaches in April 2026: Increase of 988 breaches since March 2026.
- Demand is exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
- Outpatient department insourcing work contributed to an increase in the overall waiting list. Breaches have exceeded expected monthly increase.
- An upgrade of the Magnetic Resonance Imaging scanner at Glangwili hospital during March and April 2026 reduced activity.

Endoscopy
- New baseline capacity deficit in Gastrointestinal (GI) endoscopy in 2026/27, due to a 5% increase in demand resulting in a demand capacity of 3 lists per week in 2026/27.
- Old, fragile and out of contract endoscope equipment.

Cardiology
- Breaches are primarily attributable to longstanding deficit in in-house diagnostic provision, particularly echocardiography. Further compounded in due to a surge in sickness and maternity leave. Additionally, conversions to diagnostics arising from new outpatient in-sourcing initiative have resulted in a surge in demand, with plans on-going to procure internal or external insource capacity utilising the funding identified for this activity. Myocardial Perfusion Scans breaches increased due to a 2-week system outage.

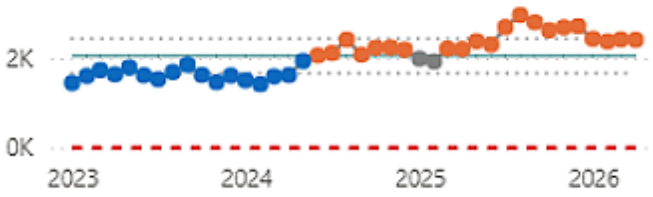
Key actions / initiatives

	Due date
Radiology	
• Non-Obstetric Ultrasound contract has been extended, and additional capacity has been sought. Insourcing ongoing funded by vacancy.	01/11/26
• Magnetic Resonance Imaging – 1 van extended from April 2026 – August 2026 using core funding (vacancy lag).	31/08/26
• Computed Tomography – van has been extended to end of Q1 (June) with additional funding from planned care to scan 250 additional urgent suspect cancer patients per month.	31/06/26
Endoscopy	
• Welsh Government (WG) funding accrued in March 2026 used to deliver additional activity in April 2026 (via insourcing), to clear the GI diagnostic backlog generated by the new outpatient insourcing initiative. This funding also supported bridging the baseline capacity deficit of 3 lists per week to maintain the 8-week standard for GI.	30/06/26
• Insourcing has been agreed in May-June 2026 in GI endoscopy to continue to bridge capacity deficits to maintain the 8-week performance standard. Annual plan submission in place for substantive funding to sustainably bridge the capacity deficit.	30/06/26
• Insourcing cystoscopy lists (2) targeted for May 2026 to bring breaches below the 8-week target.	29/05/26
Cardiology	
• Internal staffing (insourcing) options being utilised April–May 2026 to increase echocardiography capacity. Additional external provision is unavailable via the current provider for May 2026. Capacity for June is currently being reviewed in parallel, with work progressing to scope opportunities to enhance in-house capacity, for the analysis of cardiac monitoring with the objective of improving turnaround times, strengthening service resilience, and reducing pathway delays	30/06/26

Therapy waits over 14 weeks
(Ministerial priority)

Performance is showing concerning variation. Breaches have been consistently around the 2,400 mark for the last four months.

Patients waiting >14 weeks for a specified therapy



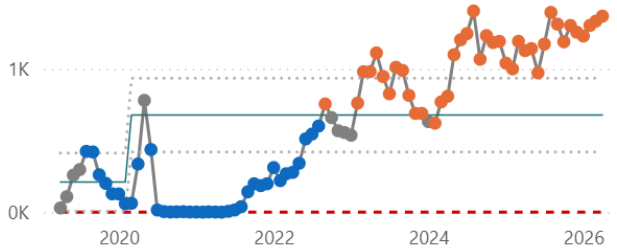
Key
- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time
- Improving variation
- Usual variation
- Concerning variation

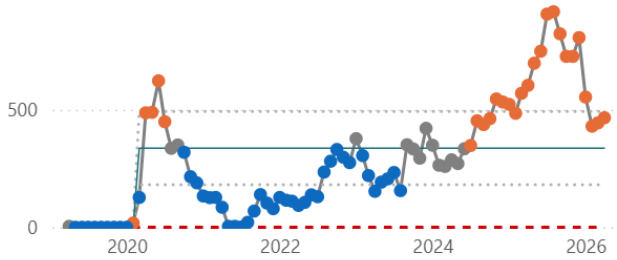
Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

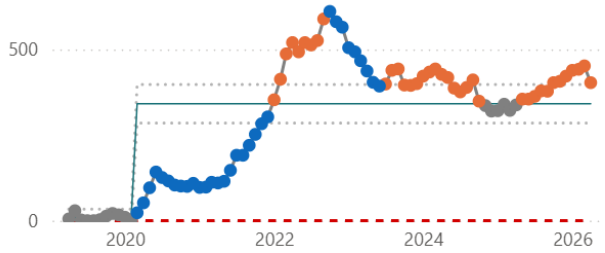
Number of patients waiting 14 weeks plus for Physiotherapy



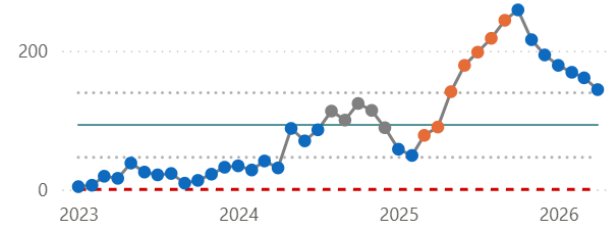
Number of patients waiting 14 weeks plus for Podiatry



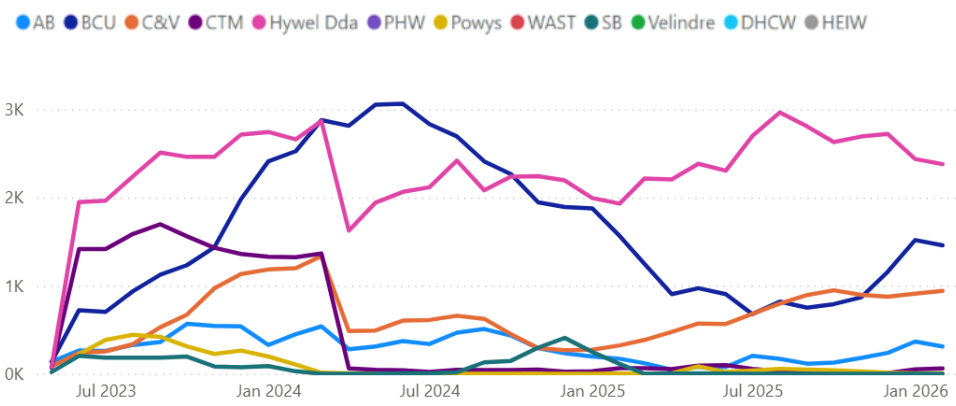
Number of patients waiting 14 weeks plus for Occupational Therapy



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



Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (February 2026)



Therapy	Latest period	Latest actual	Variation	Assurance
All	Apr 2026	2,414	●	▣
Physiotherapy		1,368	●	▣
Podiatry		466	●	▣
Occupational Therapy		403	●	▣
Dietetics		144	●	▣
Art therapy		27	●	▣
Speech & Language		6	●	▣

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

Key challenges / issues

Physiotherapy
94% of breaches are within the Musculoskeletal (MSK) Physiotherapy specialty. 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. There is an increase in the proportion of urgent and complex work in community services as pathways have an increased focus on admission avoidance and early supported discharge. 60% of referrals are now urgent, adversely impacting capacity for routine care. The remaining breaches are within community and paediatric services.

Occupational Therapy (Paediatrics)
The service is exploring options to expand clinic capacity by using suitable accommodation across localities. Increased clinics and group interventions are improving flow and reducing waits, supported by expanded sensory workshops for parents and carers to support early intervention. However, accommodation pressures require relocation of clinic and office space in Carmarthen within three months, which may affect the ability to maintain current activity levels during transition.

Podiatry
New patient referrals have risen by around 40% over six years without an increase in capacity, while patient complexity has increased. This has led to longer appointments and fewer patients being seen. Podiatry provides first-contact triage for Orthopaedics and Vascular services and has expanded roles (7 Independent Prescribers and 5 Sonographers) through internal reorganisation without additional funding. Breaches in recent months have stabilised due to temporary management-led clinics, however, this is unsustainable, and performance is likely to deteriorate with temporary clinics ceasing.

Dietetics
Paediatrics is under pressure from increased demand for selective eating cases (with nutritional risk), driving most waiting time breaches. Sickness absence is worsening this, and while fixed-term capacity is helping slightly, there is a risk of deterioration when it ends in September 2026. A small number of community breaches reflect staffing fragility, including a vacant clinical lead role and ongoing sickness. Diabetes breaches are minimal and due to short-term sickness, with no expected ongoing impact.

Key actions / initiatives

Key actions / initiatives	Due date
Physiotherapy	
• A standard operating procedure (SOP) for a targeted telephone triage pilot, for patients who could be signposted towards supported self-management in place with further refinement of this process now planned using PDSA (plan-do-study-act) cycles to test the effectiveness of clinical risk stratification and patient activation tools to broaden the scope of the project.	31/08/26
• 3-month pilot starting on 20/04/26 to validate routine MSK waiting lists using new Microsoft Forms methodology.	17/07/26
Occupational Therapy (Paediatrics)	
• The team is further increasing the delivery of sensory workshops for parents and carers to support early intervention and improve throughput.	31/06/26
• Actions are being undertaken to address long waiting times, including a review of children and young people waiting over 40 weeks to ensure clinical prioritisation remains appropriate and that alternative approaches to intervention are considered where possible.	31/06/26
• The paediatric occupational therapy service is assessing mitigating actions to minimise any impact arising from the planned relocation of clinic and office space in Carmarthen. This includes reviewing alternative accommodation options, maintaining clinic capacity where possible, and ensuring continuity of service delivery during the transition period.	31/08/26

Embedded improvement actions

Physiotherapy
Financial Control Group approval given to actively recruit Band 5 bank staff, with 5 job offers made 3rd March 2026. Bank workforce are now in post. Action closed.

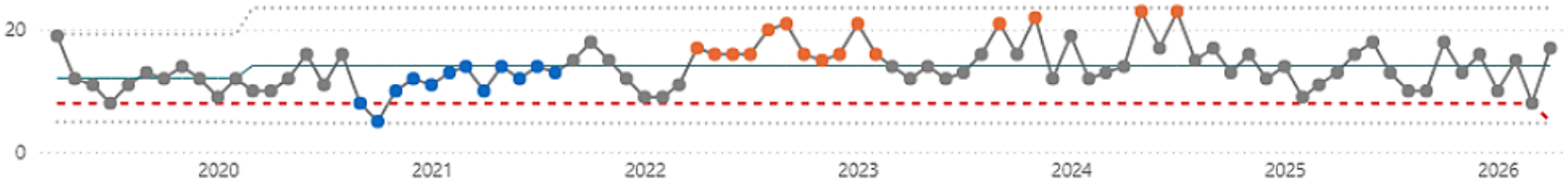
Podiatry
New patient demand and capacity tool implemented and indicated that service was efficient, all staff on 10 session template booked by office and strong discharge and eligibility procedures in place. Significant skill mixing undertaken. Service review undertaken to strengthen management structure to maximise efficiency. Demand and capacity review indicated that a proposed increase in 3 whole time equivalent staff was required to meet new patient demand.

Dietetics
Paediatrics: First line information developed and shared with referrers to support management of risk while waiting. Review of service delivery model underway, including access criteria and triage process. Community: ongoing sickness absence management. service lead recently started in post, clinical lead r[illegible]t and service improvements underway.

C. Difficile (all cases)
(Enhanced monitoring condition)

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

Number of laboratory confirmed C. difficile cases (in-month)



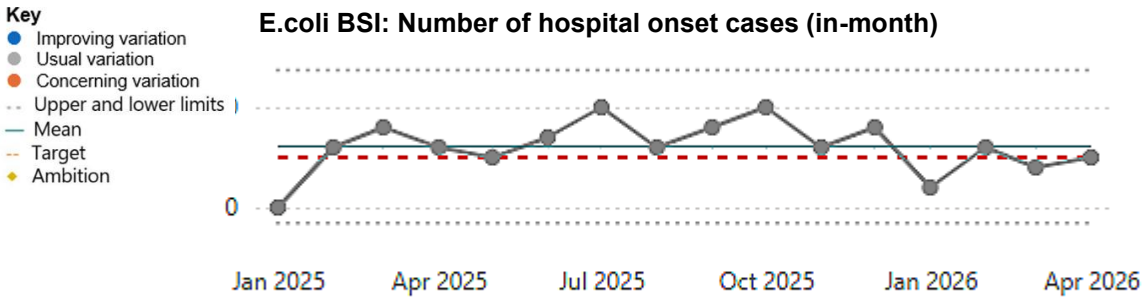
Latest performance of 17 cases is showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
C. difficile: • Hospital onset infections of C.difficile remain to be of concern, several community onset infections have been classified as “community onset, healthcare associated,” meaning cases are linked to recent healthcare exposure. • The Welsh Health Circulars Antimicrobial resistance and Healthcare Associated infections 2025 to 2027 sets an improvement goal: to reduce the overall burden of C. difficile infection by at least 25% against the 2024/5 counts. There were 184 cases of C. difficile in 2024/25, for 206/27 the HB would need to achieve 138 cases or less to meet the improvement goal. • 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: Cleaning scores in Glangwili hospital for high-risk wards areas are below the expected standards. • Compliance Gaps: Lapses in bare below the elbow standards across staff groups • Mandatory Training: Level 2 Infection Prevention Control compliance at 74.34%, below the 85% target and a reduction from the previous month.	**C. difficile:** • C.difficile Improvement Group to progress the work with the C.difficile collaborative and identify improvement projects. • Review of cases for April to assess locations, themes and any cleaning implication that could have contributed to the infection. • Hydrogen peroxide vapour (HPV) awareness session for ward staff for each acute site in May 2026. To increase awareness of application and rationale.	31/05/26 31/05/26 31/05/26

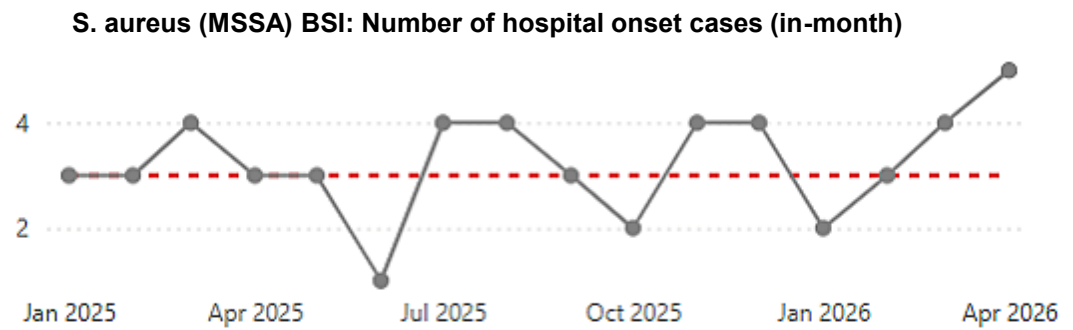
Embedded improvement actions for ALL infection types

- 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.
- Self assessment by CCGs and CSGs against the Quality Statement for Infection Prevention and Control issued by the Chief Nursing Officer.

E. coli and S. aureus cases (hospital onset)
(Enhanced monitoring)



Latest performance of 4 cases showing usual variation



Latest performance of 4 cases showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
E. coli: • Infections primarily community-onset, linked to urinary tract and some catheter-related infections. The Welsh Health Circulars Antimicrobial resistance and Healthcare Associated infections 2025 to 2027 sets an improvement goal: a reduction of at least 10% in cases of hospital onset E. coli bloodstream infections (BSI) is expected vs the cases in 2024/2025. There were 60 cases of E.coli bloodstream infections in 2024/25, for 206/27 the Health Board would need to achieve 54 cases or less to meet the improvement goal. • Most cases occur in the 80–89 age group. • Non-compliance observed bare-below-the-elbow practices across staff groups. • Health Board aseptic non-touch technique compliance for E-learning is at 85.04%.	**E. coli:** • Health & Wellbeing booklet under final review and pending publication. • Ongoing review of hand hygiene products and promotional posters- PPH and community hospital complete.	31/05/26 31/05/26
S. aureus • The burden of S.aureus bloodstream infections (BSI) is seen within the community. • The Welsh Health Circulars Antimicrobial resistance and Healthcare Associated infections 2025 to 2027 sets an improvement goal for both Meticillin-Sensitive Staphylococcus (MSSA) and Meticillin-Resistant Staphylococcus (MRSA). • MSSA Improvement Goal: A decrease of at least 20% compared to the 2024/25 baseline counts for all Health Boards. • MRSA Improvement Goal: All Health Boards should have fewer MRSA BSI cases in 2025/26 than in 2024/25. 11 cases of MRSA BSIs for 2024/25. • 122 cases of MSSA BSIs in 2024/25, for 206/27 the Health Board would need to achieve 98 cases to meet the improvement goal. • Health Board aseptic non-touch technique compliance for E-learning is at 85.04%. • Non-compliance observed bare-below-the-elbow practices across staff groups.	**S. aureus** • Clinical Care Groups to monitor Aseptic non-touch technique compliance and assessor training offered to clinical areas from infection prevention. • Proposal to make competency mandatory via Electronic Staff Record- awaiting feedback. • Healthcare associated infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups. • Hand hygiene validation and observational audits conducted based on senior nurse monthly audits.	31/05/26 31/05/26 31/05/26 31/05/26

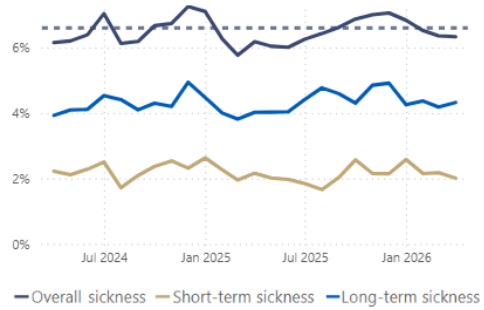
% staff sickness rate (12 months rolling)

Rolling 12-month staff sickness percentage rates from April 2024 – April 2026:

- April 2024: 6.3%
- April 2025: 6.6%
- April 2026: 6.7%

% staff sickness rate (in month)

April 2026 (in month) = 6.3%
Short-term sickness = 2%
Long-term sickness = 4.3%



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

Team	Staff	R12m	In-month
Sunderland Ward	72	15.2%	**11.8%**
Immunisation Team	65	13.1%	**10.0%**
Withybush Domestic Services	141	10.9%	**8.4%**
Teifi Ward	65	15.5%	**8.3%**
Carmarthen Community Midwives	60	9.7%	**7.7%**

Key challenges / issues

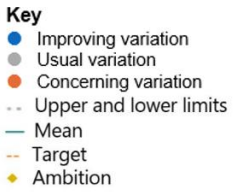
Figures are indicative of a monthly downward trend for absences in April at 6.3%, however the Health Board's 12 month rolling absence rate has increased slightly above the 6.6% target and at year end is at 6.7%.

Absence rates attributed to anxiety, stress and depression continue to be the highest reason for absences across the Health Board at 34.3%, with absences attributed to other musculoskeletal problems as the second highest reason at 10.7%.

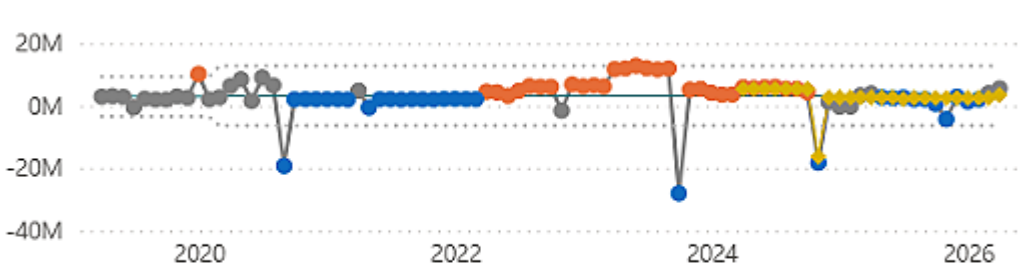
Embedded improvement actions

- Initiatives include; the development of bite-sized training sessions and updated Wellbeing Passport and guidance for managers.
- Flu vaccination uptake increased by 15% to 43.89%.
- 2 Workforce Advisors started in March to support attendance management and reduce sickness absence, alongside continued collaboration with senior managers to address hotspots across clinical groups.
- Data analysis and targeted support to address underlying issues, Workforce support aligned to employee relations matters.
- Planned actions include training sessions on reasonable adjustments, an Occupational Health training course for new NHS managers, exploration of a Wellbeing newsletter, and further development of sickness data linked to population health for better interventions.

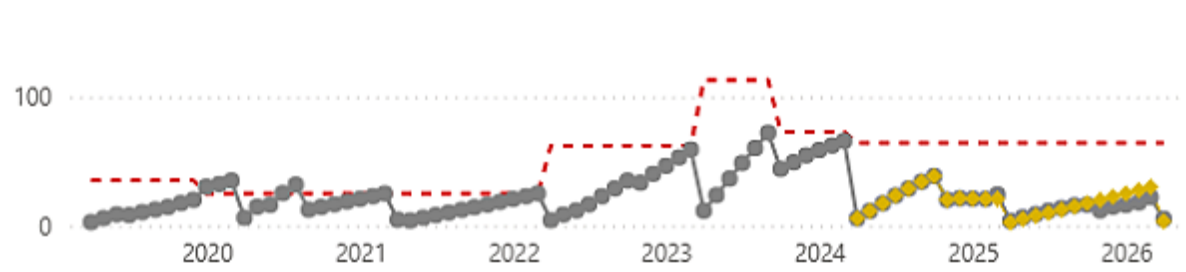
Financial deficit
(Targeted intervention)



Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

The Health Board's Annual Planned Deficit is £41.0m with an Annual Savings Target of £42.8m. Gross forecast position is £63.6m, with unplanned mitigating actions of £22.6m to be finalised, to achieve the reported end of year forecast position of £41.0m. Total savings delivery are £7.2m, leaving a savings delivery gap of £35.6m against the savings target.

The in-month financial position is a deficit of £5.5m, which is an adverse variance against the £3.4m in-month deficit plan due to the savings target of £3.6m has been under identified by £2.7m, and the £0.9m savings identified being fully delivered in-month. This has been offset by a core operational underspend of £(0.6)m.

The in-month core underspend of £(0.6)m is largely driven by pay vacancies across all service areas especially within Executive functions £(0.9)m, income overachievement mainly relating to Health Education Improvement Wales and non-contracted activity income £(0.2)m, Dental contract hand back and delay in Cluster projects £(0.8)m, offset by Continuing Healthcare packages within Community and Integrated Medicine and Mental Health £0.7m, and Medical locum agency usage £0.5m.

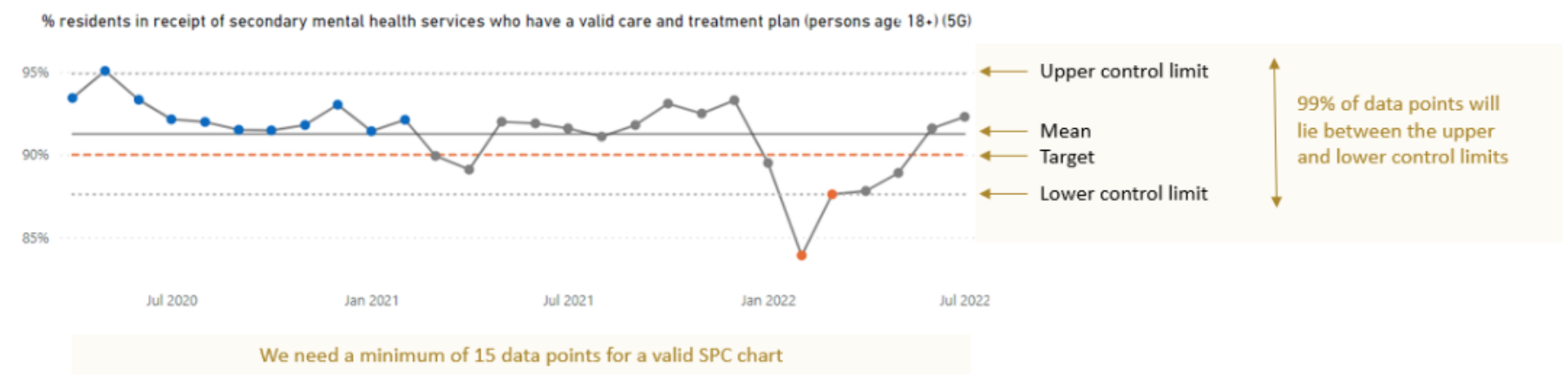
Key actions / initiatives	Due date
• Continuing use of additional medical cover, including premium locum and agency in Bronglais and Withybush hospitals, Planned Care and Mental Health. Rate card adoption required and comprehensive use of Allocate to be embedded.	Overdue
• Significant identification gap for savings schemes across Clinical Care Groups, Estates & Facilities and Pharmacy & Medicines Management. Escalation for the Finance domain likely due to risk associated with delivering the annual plan equitably across services. Underspends without a related overspend are to be proactively declared as savings recurrently.	Overdue
• Increased continuing healthcare expenditure requiring further detailed analysis.	31/05/26

• The following known decisions have been made outside of the annual planning process:
  • Newly qualified streamlining nursing over establishment
  • Anaesthetist rate card extended, increasing Medical costs
  • Breast consultant over-established – retiree should have offset
  • Critical Care Bank usage utilised outside of variable pay framework
  • Out of area Mental health & Learning disabilities outsourcing beds – Ministerial Priorities conflict
  • Patient Flow Unit established without business case approval
	31/05/26

Why use SPC charts?

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

Anatomy of a SPC chart



Rules for special variation within SPC charts

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

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

A single data point outside the process limits

Two out of three points close to the process limit

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

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

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

Understanding the SPC icons

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

Variation How are we doing over time	●	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
Assurance 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 **blue** is good, orange is **bad**		

Internal escalation update

May 2026

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Headlines
as at 30th April 2026

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Areas to highlight	Points to highlight	3A
Community and Integrated Medicine	Community and Integrated Medicine continues to be our most concerning CCG, with the function being escalated to level 3 in 6 out of the 7 improvement domains with limited signs of improvement. Key issues for the CCG include the management of incidents/complaints, 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.	Alert
Performance	The following have been escalated from level 2 to level 3: - Radiology: breaches have increased by 150% since November 2025 - Ambulance handover delays: over a 20% increase in breaches for 45mins, 1hour and 4hours	Alert
Finance	We have an identified savings gap of £35.6m to meet our annual plan forecasted end of year deficit of £41m. Key functions impacting this position are: - Community and Integrated Medicine - Mental Health and LD - Planned and Specialist Care - Operational Allied Health & Health Science - Estates and Facilities - Long Term Agreements (LTAs)	Alert

Acronyms

A&E = Accident & emergency
GGH = Glangwili Hospital
BGH = Bronglai
WGH = Withybu
CCG = Clinical Care Group

Background and overview

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 30th April 2026

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

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

Domain overview: Quality & Safety

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	Apr 26
Community & Integrated Medicine	3	3	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	1	1
Mental Health & Learning Disabilities	3	3	3	3	2	2	3	3	3	3	3	3	3
Planned & Specialist Care	2	2	2	2	2	2	2	2	2	2	2	3	3
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	1	2	1
Operational Allied Health & Health Sciences	2	2	2	2	2	2	2	2	2	2	3	2	2
Estates & Facilities	2	2	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	1	1
Executive Medical Director	1	1	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	1	1
Executive Director of Nursing, Quality & PE	1	1	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	1	1
Executive Director of Strategy & Planning	1	n/a	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	n/a	n/a
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	1	1
Governance & Communication	1	1	1	1	1	1	1	1	1	1	1	1	1

Domain overview: Governance

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	Apr 26
Community & Integrated Medicine	2	2	2	2	3	3	3	3	3	3	3	3	3
Chief Operating Officer Management	2	2	1	1	1	1	2	2	2	2	2	1	1
Mental Health & Learning Disabilities	3	3	2	2	2	2	2	1	1	1	1	1	1
Planned & Specialist Care	3	3	3	3	3	3	2	2	2	3	2	2	2
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	2	1	1
Operational Allied Health & Health Sciences	2	2	2	2	2	1	1	1	1	1	1	1	1
Estates & Facilities	3	3	2	2	2	1	1	1	1	1	1	1	1
Executive Director of Finance	2	2	1	1	1	1	1	1	2	2	2	2	2
Executive Medical Director	2	2	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	1	1	1	1
Executive Director of Nursing, Quality & PE	2	2	2	2	2	2	2	2	2	1	1	1	1
Executive Director of Public Health	2	1	1	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	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	n/a	n/a
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	1	1
Governance & Communication	1	1	1	1	1	1	1	1	1	1	1	1	1

Domain overview: Workforce

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	Apr 26
Community & Integrated Medicine	2	2	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	2	2
Mental Health & Learning Disabilities	2	2	2	2	2	2	2	2	2	1	1	1	2
Planned & Specialist Care	2	2	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	1	1
Operational Allied Health & Health Sciences	2	2	2	2	2	2	2	2	2	2	2	2	2
Estates & Facilities	3	3	3	3	3	2	2	2	2	2	2	2	2
Executive Director of Finance	1	1	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	2	1
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	2	1	1
Executive Director of Nursing, Quality & PE	2	2	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	2	2
Executive Director of Strategy & Planning	1	1	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	n/a	n/a
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	1	1
Governance & Communication	2	2	2	1	1	1	1	1	1	2	2	2	2

Domain overview: Finance

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	Apr-26
Community & Integrated Medicine	3	3	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	2	2
Mental Health & Learning Disabilities	3	3	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	3	3
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	1	1	1
Operational Allied Health & Health Sciences	3	3	3	3	3	3	3	3	3	3	3	3	3
Estates & Facilities	3	3	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	1	1
Executive Medical Director	1	1	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	2	2
Executive Director of Nursing, Quality & PE	2	1	1	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	1	1
Executive Director of Strategy & Planning	1	1	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	2	3
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	1	1
Governance & Communication	1	1	1	1	1	1	1	1	1	1	1	1	1

Domain overview: Strategy, Planning & Fragile Services

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	Apr 26
Community & Integrated Medicine	3	3	3	3	3	3	3	3	3	3	n/a	3	3
Chief Operating Officer Management	1	1	1	1	1	1	1	1	1	1	n/a	1	1
Mental Health & Learning Disabilities	2	2	2	2	2	2	2	2	2	3	n/a	3	3
Planned & Specialist Care	3	3	3	3	3	3	3	3	3	3	n/a	3	3
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	n/a	2	2
Operational Allied Health & Health Sciences	3	3	3	3	3	2	3	3	3	3	n/a	3	3
Executive Director of Allied Health Professions & HS	1	1	1	1	1	1	1	1	1	1	n/a	1	1
Estates & Facilities	1	1	1	1	1	1	1	1	1	1	n/a	1	1
Executive Director of Finance	1	1	1	1	1	1	1	1	1	1	n/a	1	1
Executive Medical Director	1	1	1	1	1	1	1	1	1	1	n/a	1	1
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2	n/a	1	1
Executive Director of Nursing, Quality & PE	1	1	1	1	1	1	1	1	1	1	n/a	1	1
Executive Director of Public Health	1	1	1	1	1	1	1	1	1	1	n/a	1	1
Executive Director of Strategy & Planning	1	1	1	1	1	1	1	1	1	1	n/a	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	1	n/a
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	n/a	1	1
Governance & Communication	1	1	1	1	1	1	1	1	1	1	n/a	1	1

Domain overview: Population Health

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	Apr 26
Community & Integrated Medicine	n/a	n/a	n/a	n/a	n/a	3	3	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	3	3
Mental Health & Learning Disabilities	n/a	n/a	n/a	n/a	n/a	3	3	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	3	3
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3
Operational Allied Health & Health Sciences	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	2	1
Estates & Facilities	n/a	n/a	n/a	n/a	n/a	1	1	3	3	2	2	2	1
Executive Director of Finance	n/a	n/a	n/a	n/a	n/a	1	2	2	2	2	2	2	2
Executive Medical Director	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	2	2
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	3	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	2	2
Executive Director of Public Health	n/a	n/a	n/a	n/a	n/a	1	1	1	2	2	2	2	1
Executive Director of Strategy & Planning	n/a	n/a	n/a	n/a	n/a	1	2	3	3	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	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	3	3
Governance & Communication	n/a	n/a	n/a	n/a	n/a	2	2	2	2	2	2	2	2

Domain overview: Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26
Community & Integrated Medicine	3	3	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	n/a	n/a
Mental Health & Learning Disabilities	3	3	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	3	3
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3
Operational Allied Health & Health Sciences	3	3	3	3	3	3	3	3	3	3	3	3	3
Estates & Facilities	3	3	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	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	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	n/a	n/a
Executive Director of Nursing, Quality & PE	3	3	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	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	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	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	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	n/a	n/a

Trends for our most concerning functions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Community and Integrated Medicine

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

Trends for our most concerning functions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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	Apr 26
Quality & safety	3	3	3	3	2	2	3	3	3	3	3	3	3
Governance	3	3	2	2	2	2	2	1	1	1	1	1	1
Workforce	2	2	2	2	2	2	2	2	2	1	1	1	2
Finance	3	3	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	3	3
Population health	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	3	3
Performance	3	3	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	Apr 26
Quality & safety	2	2	2	2	2	2	2	2	2	2	3	2	2
Governance	2	2	2	2	2	1	1	1	1	1	1	1	1
Workforce	2	2	2	2	2	2	2	2	2	2	2	2	2
Finance	3	3	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	3	3
Population health	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	2	1
Performance	3	3	3	3	3	3	3	3	3	3	3	3	3

Trends for our most concerning functions (3)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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	Apr 26
Quality & safety	2	2	2	2	2	2	2	2	2	2	2	3	3
Governance	3	3	3	3	3	3	2	2	2	3	2	2	2
Workforce	2	2	2	2	2	2	2	2	2	2	2	2	2
Finance	3	3	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	3	3
Population health	n/a	n/a	n/a	n/a	n/a	3	3	3	3	3	3	3	3
Performance	3	3	3	3	3	3	3	3	3	3	3	3	3

Escalation criteria

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

3.2

2:55 PM, 2 Mins

3.2 - Board Update Report

Chair

For information

Attachments

3.2 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

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[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

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

Advise[2] (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 0be contacted via email to request nominations.

Assure[3] (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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[1] *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.*

[2] *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*.

[3] *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

3.3 **2:57 PM, 2 Mins**

3.3 - Stakeholder Reference Group Work Plan 2026/27

Chair

For information

Attachments

3.3 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	7 Sept 2026	24 Nov 2026	4 Feb 2027
* Standing agenda items						
GOVERNANCE						
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		✓	✓		
OUR SERVICES *(For information prior to consultation commencement in order to obtain feedback on behalf of SRG organisations and/or individual members)*						
Current and Future Planned Consultations and Engagement Update *(List and schedule of current and future service consultations/engagements with update on each)*	Head of Engagement to advise		✓	✓	✓	✓
Transformation/Consultation/Engagement Programmes including CSP updates *(To be decided at agenda setting meetings if a specific programme will be an agenda item)*	Alwena to advise		✓	✓	✓	✓
Clinical Services Plan - Stroke Services	Lee Davies	Alex Martin	✓	✓	✓	✓

Agenda Item/Issue/Notes	Lead	Report Author	19 May 2026	7 Sept 2026	24 Nov 2026	4 Feb 2027
Meddygfa'r Sarn	Alwena Hughes Moakes		✓			
BANDI Appeal Children's Centre	Anwen Pearce (capital planning)			✓		
Pharmaceutical Needs Assessment	Rhian Bond			✓		
DELIVERY OF OBJECTIVES AND PRIORITIES *(For information)*						
OUR COMMUNITIES						
Overview of Paediatric ADHD Service		Angharad Davies/ Martin Simmonds	✓			
Strategy Refresh	Lee Davies	Alex Martin	✓			
FOR INFORMATION						
Integrated Performance Assurance Report (IPAR)* *(this is the report that went to the Public Board prior to SRG)*	CSO		✓	✓	✓	✓
Board Update Report* *this is the SRG Update that went to Public Board)*	CSO		✓	✓	✓	✓
SRG Annual Workplan	CSO		✓	✓	✓	✓
ONE-OFF MATTERS						
Listening to People framework	Sharon Davies	Luke Lenton		**TBC**		
ADMINISTRATION			✓	✓	✓	✓
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	7 Sept 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	✓	✓	✓	✓

Chair: Tegryn Jones	**Vice-Chair**: TBC	**Lead Executive**: Alwena Hughes-Moakes	**Committee Services Officer**: Ruth Poynting

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	• 1F: HR offer (induction, policies, employee relations, access to training)
			1b Develop career progression opportunities	• 2D: Clinical Education Plan • 2J: "Future Shot" Leadership Programmes
			2a Engage with and listen to our people	• 1H: "Making a Difference" Customer Service programme • 2A: Regional Carers Strategy response • 2B: Strategic Equality Plan and Objectives establishment • 2K: organisational listening, learning and cultural humility • 2L: Staff engagement strategic plan • 4I: Armed Forces Covenant
			2b Continue to strive to be an employer of choice	• 2I: integrated Occupational Health & Staff psychological wellbeing offer
			2c Develop and maintain an overarching workforce, OD and partnerships plan	• 1G: OD Relationship Manager rollout
PO 2: Financial recovery and roadmap	6: Sustainable use of our resources	SRC	6b Pathways and Value Based Healthcare	• 6B: Value improvement and income opportunity • 6D: Value Based Healthcare and Patient Reported Outcome Programme
			8b Local Economic and Social Impact	• 6H: Supply chain analysis
			8c Financial Roadmap	• 6I: Interim Budget 2022/23 • 6L: workforce, clinical service and financial sustainability
PO 3: Transforming urgent and emergency care	5: Safe, sustainable, accessible and kind care	SDODC	3a Transforming Urgent and Emergency Care programme	• 4P: Recovery and Rehabilitation Service • 4Q: Community Care Support to reduce non-elective acute bed capacity • 5A: NHS Wales Delivery Framework Targets • 5B: Local Performance Targets • 5J: 24/7 emergency care model for Community and Primary Care

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	SDODC	4a Planned Care and Cancer Recovery	• 1B: Single Point of Contact • 1E: Personalised care for patients waiting • 5A: NHS Wales Delivery Framework Targets • 5B: Local Performance Targets • 5F: Bronglais Strategy • 5N: Implement National Network and Joint Committee Plans • 6K: Design Assumptions
			4b Regional Diagnostics Plan	• 5F: Bronglais Strategy
PO 5: Mental health and CAHMS	5: Safe, sustainable, accessible and kind care	SDODC	4c Mental Health Recovery Plan	• 5G: Transforming Mental Health and LD implementation
PO 6: Clinical services plan	5: Safe, sustainable, accessible and kind care	SDODC	6a Clinical Services Plan	• 5F: Bronglais Strategy • 5O: Fragile Services
PO 7: Primary care and community strategic plan	4: The best health and wellbeing for our communities	SDODC	7b Integrated Localities	• 3I: Primary Care Contract Reform • 4C: Transformation fund schemes • 5H: Integrated locality plans • 5T: Complex health and care needs
PO 8: A Healthier Mid and West Wales infrastructure	6: Sustainable use of our resources	SDODC/SRC	5a Estates Strategies	• 5C: Business Case for A Healthier Mid and West Wales • 5U: Community and non-clinical estates strategy
			8a Decarbonisation & Sustainability	• 4R: Green Health and Sustainability • 6G: Decarbonisation and green initiatives plan
PO 9: Digital strategic plan	6: Sustainable use of our resources	SRC	5c Digital Strategy	• 3E: Business intelligence and modelling • 5M: Implementation of clinical and all Wales IT systems • 5R: Digital Inclusion • 6M: Cyber Security Framework • 6N: Intelligent Automation
PO 10: Population Health (incl. social model for health and wellbeing)	4: The best health and wellbeing for our communities	SDODC	7a Population Health	• 4A: Public Health Delivery Targets • 4B: Public Health Local Performance Targets • 4D: Public Health Screening • 4G: Healthy Weight: Healthy Wales • 4H: emergency planning and civil contingencies • 4J: Regional Well-being Plans • 4K: Health Inequalities

2024/25 POs	SOs		2023/24 POs	2022/23 POs
				• 4M: Health Protection • 4S: Improvement in Population Health • 4V: One Health • 4W: Whole School Approach to Mental Health and Emotional Wellbeing
			7c Social Model for Health and Wellbeing	• 4L: Social Model for Health and Wellbeing • 4N: Food Systems • 4U: Community proposals for place-based action
Orphan POs (not taken forward from 2023/24 into 2024/25)			3b Healthcare Acquired Infection Delivery Plan	• 3C: Quality and Engagement Requirements • 5X: Quality Management System
			5b Research and innovation	• 3G Research and Innovation
			6c Continuous Engagement	• 3J: AHM&WW Communications Plan • 3M: UHB Communications Plan • 4T: Continuous engagement implementation
			8d Welsh Language and Culture	• 3N: Welsh Language
			Orphan POs (not taken forward from 2022/23 into 2023/24)	• 1A: NHS Delivery Framework targets • 1I: Family Liaison Service rollout • 2E: Evidencing impact of charitable funds • 2M: Arts in Health Programme development • 3A: Improving Together • 3L: Review of existing security arrangements • 3H: Planning Objective Delivery Learning • 5I: Children and young people services improvement • 5K Clinical effectiveness self-assessment process • 5P: Market Stability Statement • 5Q: Asthma pathway • 5S: Palliative Care and End of Life Care Strategy • 5V: IMTP and Operational Planning • 5W: Liberty Protection Safeguards

4

2:59 PM, 5 Mins

4 - 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

5

3:04 PM, 5 Mins

5 - Any Other Business