



GIG
CYMRU
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **24/11/2025**
Time **1:30 PM - 4:30 PM**
Location **Microsoft Teams Meeting/ Ystwyth Boardroom, Hafan Derwen,
Carmarthen; Ystwyth Board Room Avocor (Hywel Dda UHB -
Generic Account)**

Stakeholder Reference Group Meeting

Stakeholder Reference Group

NHS Wales

Agenda - 24 November 2025

1 Governance

1:30 PM, 0 min

1.1 Welcome and Apologies

1:30 PM, 3 min
Chair

1.2 Declaration of Interests

1:33 PM, 0 min
All

1.3 Minutes of Stakeholder Reference Group Meeting on 7 August 2025

1:33 PM, 2 min
Chair

1.4 Chair and Vice Chair Arrangements

1:35 PM, 10 min

2 Our Services

1:45 PM, 0 min

2.1 Current and Future Planned Consultations and Engagement Update

1:45 PM, 15 min
*Alwena Hughes Moakes (Hywel Dda UHB - Communications and Engagement Director),
Nichola Couceiro (Hywel Dda UHB - Head of Engagement)*

3 Our Communities

2:00 PM, 0 min

3.1 Annual Plan

2:00 PM, 10 min
Daniel L Warm (Hywel Dda UHB - Head of Planning)

3.2 Strategic Refresh

2:10 PM, 15 min
Lee Davies

3.3 Clinical Services Plan

2:25 PM, 20 min
Lee Davies

3.4 Prince Phillip Hospital MIU

2:45 PM, 10 min
Daniel L Warm (Hywel Dda UHB - Head of Planning)

4 For Information

2:55 PM, 0 min

4.1 Integrated Performance Assurance Report (IPAR)

2:55 PM, 5 min
Chair

4.2 Board Update Report

3:00 PM, 2 min
Chair

4.3 Stakeholder Reference Group Work Plan 2025/26

3:02 PM, 2 min
Chair

5 Reflective Session

3:04 PM, 5 min
Chair

6 Any Other Business

3:09 PM, 5 min

7 Clinical Services Plan Conscientious Consideration

3:14 PM, 1 hr 15 min
Sarah Isaac (Hywel Dda UHB - Medicines Management Clinical Lead, Transformation Programme Office), Yvette Pellegrotti (Hywel Dda UHB - Principal Programme Manager), Ben Rogers (Hywel Dda UHB - Principal Programme Manager Transformation), Alexander

Martin (Hywel Dda UHB - Principal Programme Manager), Hannah Lewis (Hywel Dda UHB - Project Manager)

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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 Stakeholder Reference Group Meeting on 7 August 2025

Chair

| For approval

Attachments

[2025-08-07 - Virtual Stakeholder Reference Group Meeting - Minutes.pdf](#)

MINUTES OF THE Stakeholder Reference Group MEETING

Date of Meeting: **1:30 PM, Thursday 07 August 2025**

Venue: **MS Teams**

Present:	Chesca Ross	Third Sector CAVO/CAVS/PAVS (Chair)
	Timothy Bray	Public service – Ceredigion
	Andrea Edwards	Mental Health
	Rhonwen Jones	Welsh Ambulance Service NHS Trust
	Mandy Dean	Carer Representative - Ceredigion
	Linda Jones	West Wales Care Partnership
	Linda Parton	Siarad Iechyd – Carmarthenshire
	Alwena Hughes Moakes	Hywel Dda UHB - Communications and Engagement Director
	Nichola Couceiro	Hywel Dda UHB - Head of Engagement
	Bethan Lewis	Assistant Director of Public Health Strategic Business and Operations (deputising for Dr Ardiana Gjini, Executive Director of Public Health)
	Charlotte Wilmshurst	Assistant Director of Assurance and Risk
In Attendance:	Chris Hopkins	Head of Innovation & Tritech Institute •Research and Development
	Rhian Bond	Assistant Director of Primary Care
	Ben Rogers	Principal Programme Manager
	Ruth Poynting	Committee Services Officer (<i>Minutes</i>)
Apologies:	Tegryn Jones	Public Service Board – Pembrokeshire
	Jeremy Hockridge	Patient Representative – Carmarthenshire
	Ardiana Gjini	Hywel Dda UHB - Executive Director of Public Health
	Cllr Shan Williams	Un Llais Cymru/One Voice Wales (Pembrokeshire)
	Alison Harries	Carer Representative – Carmarthenshire
	Cllr Anne McCreary	Un Llais Cymru/One Voice Wales (Ceredigion)
	Cllr Harvard Hughes	Un Llais Cymru/One Voice Wales (Carmarthenshire)
	Geraint Thomas	Mid and West Wales Fire and Rescue Service
	Kate Harrop	Public Services Board – Carmarthenshire
	Suzanne Gainard	Citizens Advice
	Eleri Jenkins	Housing Association
	Gabriella Walsh	Siarad Iechyd/Talking Health Member Ceredigion
	Gillian Perry	Natural Resources Wales
	Hayley Edwards	Armed Forces
	Leanda Wynn	Llais Citizen's voice
	Gaynor Llewellyn	Independent Sector
	Iwan Thomas	Independent Board Member

Minutes Item Ref.	Action
SRG(25)013 Welcome and Apologies	
Ms Chesca Ross welcomed all to the Stakeholder Reference Group (SRG) meeting and apologies were noted as above. Due to the number of apologies, it was noted that the meeting was not quorate.	
SRG(25)014 Declaration of Interests	
There were no declarations of interest.	
SRG(25)015 Minutes of Stakeholder Reference Group Meeting on 1 May 2025	
Given that the meeting was not quorate, it was agreed that the minutes would be re-circulated to members in order to seek formal approval.	CSO
<u>Decision:</u>	
The minutes of the previous meeting were NOT APPROVED due to lack of quoracy.	
SRG(25)016 Table of Actions	
No comments were made on the table of actions.	
<u>Decision:</u>	
The table of actions was noted.	
SRG(25)017 Terms of Reference	
Ms Charlotte Wilmshurst introduced this SRG Terms of Reference (ToR), noting that the Group is required to review these on an annual basis. It was noted that the title 'Minister of Health and Social Services' will be formally amended to 'Health Secretary'. The ToR will be circulated and approved via Chair's Action before final approval by the Board in September 2025.	CSO
<u>Decision:</u>	
The proposed Terms of Reference were NOT APPROVED due to lack of quoracy.	
SRG(25)018 Annual Review of SRG Membership	
Ms Wilmshurst identified six changes to the membership as outlined in the paper, noting that four posts are currently vacant. It was agreed that Members would be contacted to request nominations for both the Chair and Vice Chair positions.	CSO
<u>Decision:</u>	
The membership update was NOTED.	
SRG(25)019 Current and Future Planned Consultation and Engagement Updates	
Ms Nichola Couceiro advised that a public consultation took place to explore options for the future of Prince Phillip Hospital (PPH) Minor Injuries Unit (MIU) between 28 April 2025 and 22 July 2025. Four options	

were presented, with alternate suggestions welcomed. The Health Board engaged with more than 25 groups, including our seldom heard communities, Additionally, the team visited the MIU to engage with individuals using the service. In total, more than 650 people were directly engaged with over the full consultation period.

An Options Development Group will now be established to review the findings before presenting to outcome for decision at Board in September 2025.

The consultation on the Clinical Services Plan (CSP) was launched at the end of May 2025, and to date, 1600 individuals have participated at our own events. A further 500 individuals have attended a number of public meetings and well being sessions run by third party organisations and groups. To date, 1400 consultation questionnaires have been completed.

Ms Couceiro reminded Members that the consultation is still live and due to end on 31 August 2025.

Ms Couceiro highlighted the activities undertaken by the Community Development Outreach Team to engage with diverse communities and vulnerable groups in order to support Blood Born Virus (BBV) and Tuberculosis (TB) testing.

The Strategy Refresh engagement is also taking place until 31 August 2025 ahead of more targeted community engagement in the Autumn. Ms Couceiro explained that this will involve communicating with existing groups across the three counties. Ms Mandy Dean offered to be a point of contact for carer groups across Ceredigion.

Decision:

The Consultation and Engagement update was noted.

SRG(25)020 Have your say on the Clinical Services Plan

Mr Ben Rogers explained that development of the CSP began in March 2023, following a Board paper aimed at addressing fragile services across nine key clinical areas. The CSP aims to address challenges such as workforce sustainability and funding pressures and was further shaped by targeted intervention measures.

Mr Rogers outlined the three phases of the programme, noting that it is currently in the third phase, Public Consultation. This consultation is actively seeking feedback on several options for future service delivery, including the potential roles of hospital sites. Mr Rogers also emphasised that the Health Board does not have any preferred options at this stage.

Ms Linda Parton shared concerns around the status of services provided in Prince Philip Hospital, noting that these concerns have been formally communicated to the Health Board. Ms Alwena Hughes Moakes agreed to check the status of the response. Ms Couceiro added that a number of the options outlined in the CSP involved consolidating services at PPH

AHM

and reiterated the importance of raising any individual concerns with Patient Services and Liaisons.

Mr Rogers provided an overview of the options for each service, highlighting the following:

Critical Care

Two of the options introduce Enhanced Care Units to support Intensive Care Units.

Dermatology

Option A is currently the leading option however all options are still being considered.

Emergency General Surgery

Multiple options include strengthening Same Day Emergency Care (SDEC) units.

Endoscopy

This includes a range of services, such as bowel screening and urology. One of the proposed options involves establishing a new site for bowel screening, which could help ease capacity pressures at existing locations.

Ophthalmology

Alongside the options presented, there is also a significant amount of service delivery taking place within the community.

Elective Orthopaedics

This service is limited to elective cases and does not include emergency treatments such as broken bones.

Option B proposes extended working hours, while Option C introduces additional beds to accommodate more complex cases.

Radiology

All sites currently have emergency x-ray pathways in place.

Option B introduces a new regional hub for planned diagnostic radiology and establishes a dedicated focus for PPH and Witherby Hospital (WGH). While both sites already manage cancer cases, this proposal would strengthen and formalise their role in this area.

Stroke

Currently, specialist stroke services are available across all sites. The two options presented would introduce treat and transfer model for Bronglais (BGH) and Glangwili (GGH) Hospitals, while PPH and WGH could offer specialist stroke units with either 12-hour or 24-hour cover depending on the option selected.

Urology

The proposed model would result in GGH only providing an emergency care provision, meaning that routine outpatient, day case, and diagnostic services would no longer be delivered at GGH.

All service changes will impact the overall function of each hospital site, with PPH and WGH expected to focus more on planned care, while GGH would take on an expanded role in acute and emergency care.

To support the development of these options, a range of assessments have been undertaken, including Equality Impact, Environmental Impact, and Quality and Safety evaluations.

All feedback collected during the consultation will be analysed by Opinion Research Services (ORS) who are an independent party.

Ms Couceiro encouraged all present to promote engagement with the consultation, particularly among community groups, friends and family.

In response to Ms Mandy Dean's note on the complexity of the proposals Ms Couceiro highlighted that there is a summary document available on the website for all options, including a youth version that summarises the options on one page.

Ms Dean expressed concerns from carers in Ceredigion regarding travel and financial implications of the proposed service changes. Ms Couceiro acknowledged that these concerns have been consistently raised throughout the consultation process and are being considered.

Ms Linda Jones provided an update from the Regional Partnership Board (RPB), noting that the population needs assessment is currently being refreshed. She highlighted the ageing population, including carers, and emphasised the importance of considering transport and access to services across the region.

Decision:

The Clinical Services Plan consultation update was noted.

SRG(25)021 Primary Care - how our GP Managed Practices work

Ms Rhian Bond shared the presentation and explained that when a General Practitioner (GP) practice determines it can no longer continue independently, there are a number of options available: recommissioning the service, dispersing the patient list, or the Health Board taking over management of the practice. A locum rate card was introduced in 2024 which has helped reduce staffing costs. Managed practices typically continue to operate from the existing premises under a licence agreement.

There are several benefits to Health Board operated practices. The Health Board has used these practices to pilot new services, including COVID-19 vaccination models and digital prescribing, and staff value the Health Board as an employer due to the job security it provides.

Managed practices contribute valuable data, particularly in monitoring chronic conditions, and offer a level of stability that supports the development of consistent protocols and practices, which can be shared with independent practices to support wider service improvement.

Managed practices are subject to an enhanced level of scrutiny, and challenges can arise when staff have existing employment contracts that limit flexibility. Recruitment remains a challenge, although there has been a recent increase in salaried GP posts.

Tenby is now almost fully staffed and is working closely with pharmacists to manage chronic conditions, despite some ongoing premises challenges. Neyland and Johnston surgery has recently appointed a new clinical lead, has one salaried GP and is out to advert for another.

At Meddygfa Penrhyn, appointments have been made for a clinical lead and salaried GPs, with one GP vacancy due to go out to advert.

Ashgrove surgery in Llanelli, a Health Board managed practice, recently experienced damage following a traffic incident resulting in services being limited in this branch until remedial work is completed. On a positive note, the surgery has successfully recruited a clinical lead and salaried GPs, resulting in minimal reliance on locum GP cover.

Meddygfa Minafon currently has one salaried GP in post, but no clinical lead. Two Physician Associates are working across the Kidwelly site and the Trimsaran branch. Meddygfa Sarn shares Personal Assistants (PAs) with Meddygfa Minafon, although the building presents some challenges in terms of suitability.

Ms Bond noted that Health Board (HB) managed practices are not intended as a permanent solution. In some areas, efforts have been made to return practices to independent management through contract tendering; however, bids have been unsuccessful on two occasions. A key learning point was that issuing the contract in consecutive years had a negative impact on patient morale. The main challenges remain achieving stability and ensuring financial viability.

Ms Linda Jones raised concerns regarding the high turnover of locum staff, which can lead to inconsistent service and a lack of continuity in patient care. Ms Bond acknowledged this issue, noting that it is also a present in independent practices. She referenced the Royal College's emphasis on continuity of care and shared that the Health Board is working with managed practices to improve care for patients with multiple chronic conditions.

Ms Dean queried whether there are any drawbacks to Health Board managed practices, given their apparent benefits. In response, Ms Bond explained that while these practices are often perceived as more expensive to operate, the Health Board typically intervenes when a practice is operating with minimal staff and requires significant investment to restore service levels. The introduction of the locum rate card has helped manage costs, though staffing remains a consistent challenge, particularly during holiday periods.

Decision:

The Primary Care update was noted.

SRG(25)022 **Research and Innovation - How our Patients Benefit from Research - From Strategy to Action**

Professor Chris Hopkins shared the presentation and emphasised the importance of community engagement in raising awareness of clinical trials and strengthening research activity across the region. The aim is to build a more informed and involved population, contributing to the development of healthcare services.

The three teams involved in research and innovation include the Research and Development Team, Trittech institute and the Value Based Healthcare Team.

The Trittech Institute, although linked to Hywel Dda University Health Board, operates independently of Health Board funding and is supported through external sources.

Three such investors are:

- Dynamo, who focus on disaster preparedness, including pandemics and cyber threats.
- Invest4Health, focused on preventative health measures.
- circHealth, concerning the environmental sustainability of healthcare.

Partnerships with academic institutions and industry are also key to this work. One example is the collaboration with Swansea University (SU) on cardiovascular disease (CVD), which has enabled research teams access to the Secure Anonymised Information Linkage (SAIL) databank which holds anonymised information from patients across Wales. This data has help identify individuals at risk of CVD who have not yet been diagnosed. As a result, 150 individuals were enrolled in clinics to monitor outcomes. One notable finding from this exercise was that lifestyle related discussions had a greater impact than focusing on medical records. The third phase of this work funded by Amgen, will introduce a national approach implementing models across Wales.

Trittech has supported the Asthma Interface Network (AIN) to reduce the environmental impact of the asthma service by reducing the usage of Short Acting Beta-Agonists (SABA) in favour of dry powder inhalers. This work was undertaken with the pharmaceutical company Astrazeneca and has led to further research opportunities including working with healthcare organisations in New Zealand.

Another research project currently taking place is Primary prevention of maternal aNaemia to avoid preterm Delivery and other Adverse outcomes (PANDA). This study aims to improve outcomes in pregnancy and newborns by providing preventative iron supplements. It was noted that treating anaemia after it develops may not fully resolve associated risks, so prevention is considered a key approach in improving pregnancy outcomes.

The Letrozole or Clomifene for Ovulation Induction (LOCI) trial in GGH aims to investigate the clinical and cost effectiveness of letrozole or clomifene for ovulation induction in people with polycystic ovary

syndrome (PCOS). This trial is evidencing promising results for individuals who feel under-supported in their fertility journey. Each participant is assigned a dedicated research nurse and receives enhanced monitoring, helping to provide a more personalised and consistent level of care.

The five year plan for research and innovation outlines improvements to infrastructure and facilities, including a new unit in GGH, and promotes greater involvement from clinical leads in driving with the work forward.

Prof. Hopkins reaffirmed the ambition to embed research and innovation into everyday practice, engaging both clinical leads and the wider community. Practices actively involved in research are often more attractive to prospective recruits, supporting workforce development. There is a strong commitment to fostering new partnerships with universities and industry to further strengthen innovation initiatives.

Members recognised the links to the CSP, with research and innovation contributing to ongoing advancements in service delivery.

Ms Rhonwen Jones expressed interest in the work undertaken by the research teams and indicated her intention to share this information back to Welsh Ambulance Services Trust (WAST) to help strengthen links. Prof. Hopkins added that there is collaboration with WAST's own Research and Development team supporting joint efforts in service improvement.

Decision:

The Research and Innovation presentation was noted.

SRG(25)023 Integrated Performance Assurance Report (IPAR)

No comments were made on the content of the report.

Decision:

The IPAR was noted.

SRG(25)024 Stakeholder Reference Group Update to Board

This report was shared in the Public Board meeting held 31 July 2025. The next Public Board meeting will be held 25 September 2025.

Decision:

The SRG update to Board was noted.

SRG(25)025 Stakeholder Reference Group Work Plan 2024-25

No comments were made on the workplan.

Decision:

The SRG workplan was noted.

SRG(25)026 Reflective Session

Ms Dean stated that she had previously raised concerns regarding ADHD diagnosis and school referrals. In response, Ms Hughes Moakes

proposed that exploring the Health Board's links with Local Authorities could be a valuable topic for a future SRG meeting. Ms Couceiro added that work is currently underway to enhance ADHD diagnosis and support, including options for engagement. Ms Dean also shared feedback emphasising the need for a stronger focus on diagnosis, which Ms Couceiro welcomed as constructive input. CSO

Ms Linda Jones advised that the Neurodiversity Engagement Group has received funding to address waiting list challenges and offered to assist in establishing links to support further collaboration.

SRG(25)027 **Any Other Business**

No other items were raised for discussion.

Date of the Next Meeting

13 November 2025, 15:00-17:00

1.4

1:35 PM, 10 Mins

1.4 - Chair and Vice Chair Arrangements

| For approval

Attachments

[Stakeholder Reference Group Chair and Vice Chair Arrangements Nov 2025.pdf](#)



GRŴP CYFEIRIO RHANDEILIAID STAKEHOLDER REFERENCE GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 November 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Chair and Vice-Chair Arrangements
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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to advise the Committee of the nominations for the roles of Chair and Vice Chair for selection and decision in line with the requirements set out in the Terms of Reference (TOR).

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.

A review of SRG membership has recently been undertaken to ascertain whether members of SRG were within the terms of appointment specified in the Terms of Reference, which are based on the Model Standing Orders for Local Health Boards issued by Welsh Government.

As part of the membership review, the Health Board has sought new representation from the various groups that are specified in the TOR and new members have been invited to all SRG meetings going forward.

The SRG was established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010. The Terms of Reference state that Membership of the Committee must be reviewed on an annual basis and the appointment of the Chair of the Group must be approved in line with the Model Standing Orders for Welsh Local Health Boards.

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.

Asesiad / Assessment

The Chair and Vice Chair arrangements

The current SRG Chair has decided to step down due to personal reasons therefore nominations are required for the appointment of a new Chair and Vice-Chair.

Nominations for Chair and Vice Chair

Following the last meeting, members of the SRG have been contacted to ask for expressions of interest/nominations for Chair and Vice Chair. To date we have received one nomination for the role of Chair and one for Vice Chair, as detailed below:

Tegryn Jones	Chair
Chesca Ross	Vice Chair

As Chesca Ross has already served 2 years as Vice-Chair, we will need to seek permission for this to be extended by an additional year to support the new Chair and provide continuity for the Group.

The table below outlines the timeline for the membership review and appointment of Chair and Vice Chair roles.

Action	Timeline
1 Communicate the nominations for the roles of Chair and Vice Chair to SRG members for selection and decision.	November 2025 meeting
2 The nominated Chair and Vice Chair of SRG to meet with the Health Board Chair to discuss their respective roles and in the case of the SRG Chair, the appointment as Associate Member of the Board.	December 2025
3 The Health Board Chair, if appropriate will submit a recommendation on the nomination to the Minister for Health and Social Services for the SRG Chair to be appointed as an Associate Board Member	December 2025
4 Confirm the Minister's approval to appoint the chosen nominees for the Chair and Vice Chair.	When response received.
5 Report confirmation of the Minister's approval to appoint the chosen nominees for the roles of Chair and Vice	Next Board meeting following confirmation.

	Chair as part of the HDdUHB Chair's Report to Board for consideration.	
6	Formal report on Membership, including Chair and Vice-Chair reappointments/appointments, of SRG to confirm and any changes to Terms of Reference if required.	Report to SRG – January 2026
7	Contact Members to confirm in writing their continued eligibility on an annual basis as part of the Membership Review.	July 2026

Argymhelliad / Recommendation

The Stakeholder Reference Group is asked to:

- Consider and confirm the proposed nominations for the role of Chair and Vice Chair for onward ratification by the Board.

Following Board approval, a letter seeking approval will be sent to the Minister for Health and Social Services for confirmation of official appointment.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.3 Member Appointments
Cyfeirnod Cofrestr Risg Datix a Sgôr 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)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable
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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 Grŵp Cyfeirio Rhanddeiliaid: Parties / Committees consulted prior to Stakeholder Reference Group:	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
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 - Our Services

2.1

1:45 PM, 15 Mins

2.1 - Current and Future Planned Consultations
and Engagement Update

*Alwena Hughes
Moakes (Hywel Dda
UHB -
Communications and
Engagement
Director), Nichola
Couceiro (Hywel Dda
UHB - Head of
Engagement)*

| For information

Attachments

[SRG engagement slides - November 2025 .pdf](#)



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Engagement summary: August 2025 to October 2025 and future planned engagement



Following the end of the consultation on Prince Philip Hospital Minor Injury Unit, a period of conscientious consideration was undertaken to review the feedback received.

- An additional 26 alternative options were put forward by the public during the consultation, which were evaluated at a workshop held on 19 August 2025, attended by representatives from the original options appraisal group who were involved in the initial development of the options.
- A session was also held with members of Save Our Services Prince Philip Action Network to consider the alternative options received during the consultation that passed hurdle criteria.
- 6 options passed the hurdle criteria to be put forward for consideration at the Public Board meeting, alongside the 4 options that were included in the consultation.
- At the Board meeting on 25 September 2025, it was agreed to progress
 - Option 4a: 12 hours plus 2 hours to close 08:00-20:00
(Aligned to option 4 urgent care treatment – Same Day Urgent Care type model)

We are now in the implementation phase.



The consultation on the Clinical Services Plan concluded on 31 August 2025.

- More than 4,000 questionnaire responses were received, 100 engagement events and meeting held, thousands of members of the community engaged and 190 unique alternate ideas for service consideration submitted.
- Following the end of the consultation we began the process to review and evaluate the alternate options received by member of the public during the consultation. A series of options appraisal workshops have been held to consider the alternative options. These included workshops with community representatives, campaigners and neighbouring Health Boards as well as our Options Development Group, clinicians and task and finish groups.
- The consultation report is due middle of November; whereas part of our conscientious consideration, we will review all the responses we have received, the conversations held, and the data captured.

The decision on the future configuration of the 9 services included within the Clinical Services Plan is due to take place at an extraordinary Board meeting in February 2026



- Walkabouts with the Community Immunisation Team targeting homeless and vulnerably housed at drop-in's, emergency accommodation, foodbanks and soup kitchens. 46 vaccinations delivered.
- Engaging with all communities on the Clinical Services Plan and Strategy Refresh.
- Regular wellbeing group for the Gypsy community in Pembrokeshire.
- Continuing support with the Gilead project, BBV testing and TB screening initiatives with Hepatology.
- Smoking cessation themed information session at Dunbia, engaging with workers from all over the world.
- Engagement with unpaid carers and veterans sharing early prevention health messages
- Play session on Traveller site with People Speak Up and the local council.
- Continuing regular mosque attendance and the introduction of Health Board teams to the worshippers

During the summer we asked our communities the simple question:

‘What is important to you to live a healthy life?’

- We had a total of 743 responses to this question, and four broad themes emerged: A social model for health and wellbeing – individual and community support and resilience beyond medical care; digital healthcare support; balancing hospital care and community support; clinical services and hospital redevelopment
- A nine-week period of engagement is under way asking staff, the public and other stakeholders to share their views and elaborate further around these themes.
- The engagement team is undertaking hospital walkarounds to hear the views of staff, as well as targeted group meetings and other events and activities to hear from as broader range of people as possible.

The engagement closes on 28 November and feedback from this engagement will be presented to Board in January 2026.



- **Pembrokeshire County Show (20 and 21 August)** – promoted Clinical Services Plan and various health teams attended to promote their services
- **Ysgol Heol Goffa, Llanelli (25 September)** – drop-in event to hear views of parents with children who have special educational needs and disabilities on the Children’s Centre at Glangwili Hospital as part of the Bandi Appeal refurbishment.
- **CAMFAN (21 October)** – discuss the temporary change to GP referral pathway in Ceredigion and share information on the Strategy Refresh

Future planned engagement



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- **Clinical Services Plan** conscientious consultation period, and further testing of alternative options
- **Strategy refresh** engagement continues until 28 November 2025 with an extensive programme of targeted meetings and attendance at networking events and activities
- Continuing engagement on the temporary change to **GP referral pathway** in Ceredigion
- Engagement on **Carmarthen Hwb** and the impact of relocating services to the new site



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3 - Our Communities

3.1

2:00 PM, 10 Mins

3.1 - Annual Plan

*Daniel L Warm
(Hywel Dda UHB -
Head of Planning)*

| For information

Attachments

[SRG presentation Annual Plan 2026-27 v1.pdf](#)



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**Stakeholder Reference Group 13 November
2026/27 Annual Plan
Daniel Warm, Head of Planning**



- Under legislation from Welsh Government, all Health Organisations in Wales are required to submit a 3 year plan – an Integrated Medium Term Plan (IMTP)
- For an IMTP to be submitted the plan must be in financial balance over the 3 year period (ie we should not be in financial deficit)
- Given the financial position of the Health Board, we are unlikely to be able to produce an IMTP and so an Annual Plan for 2026/27 will be developed instead
- This will be presented to Public Board in March 2026, prior to submission to Welsh Government
- This presentation provides an overview of the key aspects of our Plan, and as such are the key priorities for the Health Board for the year ahead
- The aim is to show Stakeholder Reference Group members what we will be doing, why it matters and what difference the Plan will make to our patients, staff and services.



- The Annual Plan will mainly be developed around two key pillars:
 - Ministerial Priorities – as set by the Cabinet Secretary
 - Our local priorities to address our key risks to delivery – as developed by the Health Board
- The Ministerial Priorities are the national targets that the Cabinet Secretary wants to see improved, such as waiting times in A&E; reducing the time waiting for an outpatient appointment & operation; making access to a GP easier
- The local priorities are those ‘local’ things that are important to the Health Board, such as ensuring we have the right staff in place, the right infrastructure (ensuring our buildings and systems work well), that we can afford to deliver what we want to deliver, and that we ensure services meet the needs of our population
- Why this matters - by focusing on both national and local priorities we are aiming to improve care for our patients, support our staff, make the best use of our resources and build a health service that works for everyone.

Why are we taking this approach



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- As a Health Board we face some significant issues that need to be tackled:
 - We have a significant financial deficit that needs to be addressed. We are currently spending more than we can afford — and we need to get back on track.
 - People are currently waiting too long in A&E; waiting too long for an ambulance; staying too long in hospital.
 - People are also waiting too long for outpatient appointments, operations and diagnostic tests (such as MRI and CT scans)
 - We have too many services that are ‘fragile’ Some of our services are stretched too thin —they are not as stable or sustainable as they need to be
 - We have to ensure that we have a workforce that is fit for purpose – issues of age demographics, recruitment and retention. We need to make sure we have the right staff, with the right skills, in the right places. Recruitment, retention, and an ageing workforce are all concerns.
 - We need to ensure that the buildings/hospitals that we deliver services out of are appropriate for the 21st Century – our estate is old, many of our buildings are outdated and not fit for modern healthcare
- We are currently refreshing our long-term strategy ‘A Healthier Mid and West Wales’ in place and we need to ensure that we continue to work towards that; along with the work we are undertaking on the Clinical Services Plan. These will guide how we shape services for the future.
- The journey we are currently on is not an easy one and difficult decisions will need to be made as we move along – members of the SRG can help us with this
- Support us in making the case for change, help us connect with communities and partners, work with us to find solutions that work locally

What do we want to have achieved by the end of the year



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By the end of the financial year we will have (for example):

Made real progress on the Ministerial Priorities

- Shorter waits in A+E and for ambulances
- Faster access to outpatient appointments, operations and diagnostic tests

Continued to stabilise our services

- Reduced the number of fragile services
- Taken steps to make our workforce more resilient and sustainable
- Begun addressing key estate issues

Taken further action on our financial deficit

- Made tough but necessary decisions to reduce overspending
- Improved how we plan and use our resources

Re-established the groundwork for our future

- Refreshed our long-term strategy and progressed our Clinical Services Plan
- Engaged with staff, partners, and communities to shape what comes next



- We really value the experience and insight of our SRG members and there are some key ways you can help:
- The members of SRG are welcome to review where we are against our current plan and to help influence the setting of priorities for the year ahead
- Review where we are
 - For information on our current plan for 2025/26, a copy is online: [Annual plan 2025-26 - Hywel Dda University Health Board](#)
- Help shape what comes next:
 - Our Committee structure and assurance reports and deep-dives are received
Planning is a continuous cycle, and as such we continue to Plan through 2026/27 and beyond to address our priorities
- Your input can help us set the right priorities and make sure we are focusing on what matters most to our communities.



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3.2

2:10 PM, 15 Mins

3.2 - Strategic Refresh

Lee Davies

| For information

Attachments

[Strategic Refresh - November SRG .pdf](#)



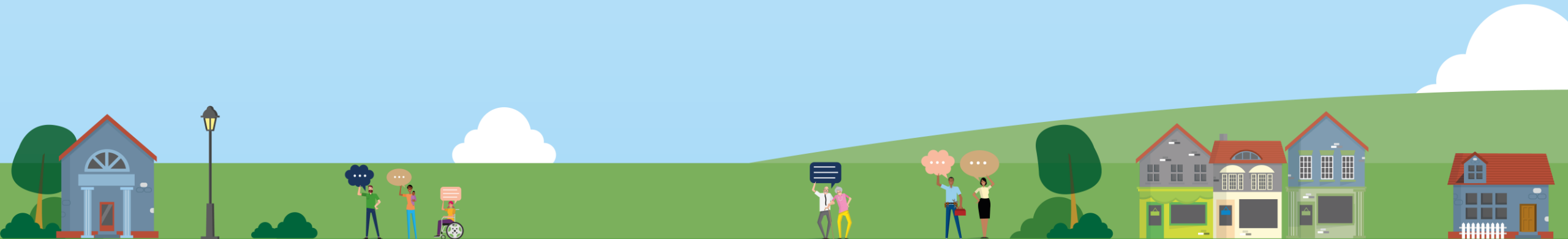
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Refreshing our strategy

Stakeholder Reference Group

November 2025





The A Healthier Mid and West Wales strategy in 2018 set out how we would move from treating illness to preventing people becoming unwell:

- A Social Model for Health and Wellbeing would be needed, supporting people and communities to manage their wellness
- More care would be provided closer to home, services which don't need to be in a hospital would be in the community
- Staff roles would change, people would need to work differently and in new ways to support prevention
- Digital would be an enabler to deliver this change, we would have to link systems to ensure information is directed to where it is needed, including in patients' own hands

The strategic refresh is not a new strategy but a continuation, reflecting our changing environment, going further to deliver what we have previously set out including:

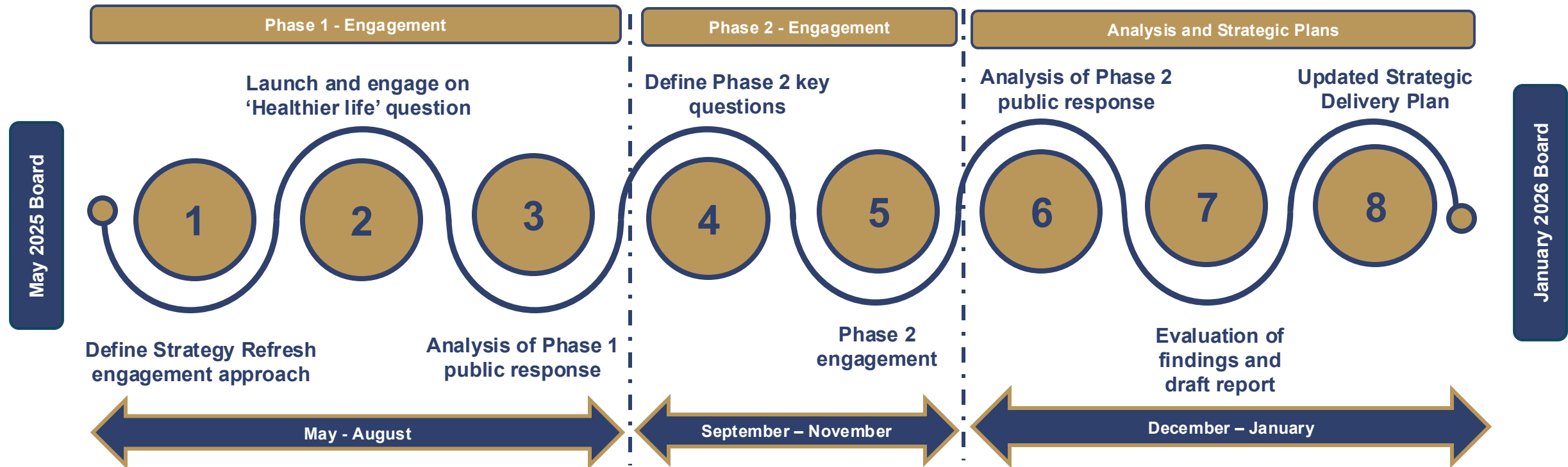
- A Social Model for Health and Wellbeing - supported with investment in prevention, digital services and Artificial Intelligence (AI) to help people take ownership of their care
- Care from the home - using telemedicine to support virtual wards and virtual outpatient consultations, reducing travel
- Safe and sustainable services - not just clinically, but climate change resilient and further decarbonising our services to net zero

Strategy refresh timeline



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Engagement Period:

- Nine weeks
- 29/9/2025 - 28/11/2025

Purpose of this engagement period is to:

- Publicise the strategy refresh process and raise awareness across our communities
- Provide opportunities for our communities to share their views and respond to the strategy questions and inform the strategic direction of the Health Board moving forward
- Identify appropriate engagement and communication tools and methods, to reach more of our communities and engage them in the conversation
- Seek to manage public expectations and provide reassurance about service provision
- Reactively address any widely spread misinformation



1. Social Model for Health and Wellbeing

Positioning for our communities:

We believe health starts in our homes, schools, workplaces, and communities, not just in clinics or hospitals. A strong social model means working together with local councils, charities, sports clubs, and faith groups to support wellbeing. People like community connectors, volunteers, and carers are already making a difference. We want to build on that by listening to what matters most to you - whether it's help with transport, access to green spaces, or support with food and heating. Health should be part of everyday life, shaped by the people who live it.

- What helps you stay healthy day-to-day, beyond seeing a doctor or nurse?
- Who outside the NHS do you think could be part of keeping people well?
- Are there people or groups in your local area who could play a big role in helping others live healthier lives?
- What kind of support would make it easier for you to live a healthier life?



Comments



2. Digital healthcare support

Positioning for our communities:

Digital healthcare can make things easier, from booking appointments to checking results or getting advice. But we know not everyone has the same access or confidence. For some, it's about having the right device or internet connection; for others, it's about trust and knowing your information is safe. We want digital services to feel simple, secure, and supportive - not a barrier. That means offering training, making services bilingual, and always keeping face-to-face options for those who prefer them. Everyone should feel included.

- How do you feel about using the internet or apps to look after your health or share health information?
- If digital healthcare worked well for you, what would it look like?
- What would help you feel confident using online tools or services to get healthcare?



Comments



3. Balancing hospital care and community support

Positioning for our communities:

We are working to shift more care into communities, so people can get help earlier, closer to home. That might mean more nurses, therapists, or wellbeing hubs in your town or village. If we get that right, hospitals can focus on the most serious cases. But we also know travel matters - especially in rural areas. If you do need to travel further, we want to make it easier: better transport, clearer communication, and making sure the care you get is truly worth the journey. It's about balancing what's safe, sustainable and fair.

- If you could get help quickly to stay well in your community, how would that change how you feel about going to hospital?
- What kind of care or support would you like to have nearby so you do not need to go to hospital?
- If you had to travel further for specialist care, what could we do to make that journey worthwhile and less stressful?



Comments



4. Clinical services and hospital redevelopment

Positioning for our communities:

Across our communities we understand that the quality of healthcare is not just about buildings, it's about the care delivered within them. That said, we know that the condition of our sites can affect how safe, accessible and welcoming services feel. Any investment in our health estate should reflect what matters most to you: timely care, supportive environments, modern equipment, and facilities that help staff do their best work. As we plan for future developments, we need to make changes at sites most in need of repair. We are committed to listening, being transparent, and working with communities to make sure improvements support better care for everyone.

- If we secure funding to improve healthcare buildings and facilities, especially at sites most in need of repair - what would you like us to prioritise and what concerns should we work through together as those changes take place



Comments

Next steps



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- Update on activity to date at Public Board end of November 2025
- Following close of engagement period, responses will be reviewed, analysed and themed
- Output report and outline refreshed strategy to be presented at Public Board in January 2026
- Following approval - final version of updated strategy will be developed and publicised across all communication channels

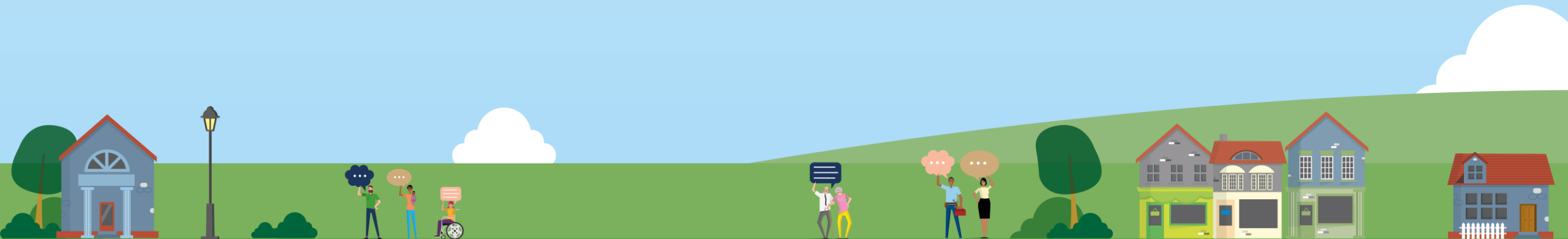




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Diolch yn fawr / Thanks very much



3.3

2:25 PM, 20 Mins

3.3 - Clinical Services Plan

Lee Davies

| For information

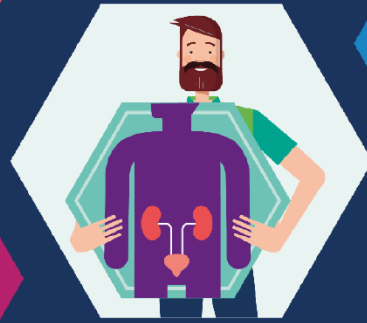
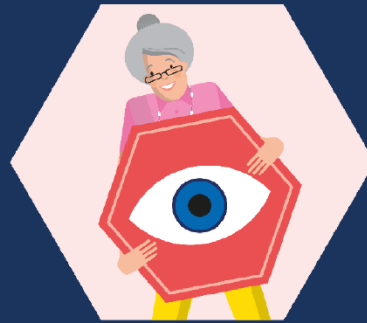
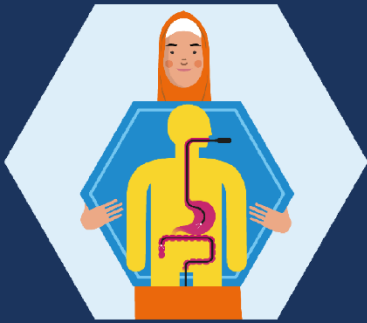
Attachments

[CSP - SRG November - Alt options - v3.pdf](#)



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Cynllun Gwasanaethau Clinigol Clinical Services Plan

Pwrpas y sesiwn

Purpose of the session



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Yr hyn y byddwn yn ei gynnwys:

- Crynodeb o broses y Cynllun Gwasanaethau Clinigol hyd yma
- Trosolwg o'r heriau y mae'r gwasanaethau yn eu hwynebu
- Rhannu syniadau amgen ar gyfer y gwasanaeth a basiodd y meini prawf rhwystr yn y Grŵp Datblygu Opsiynau
- Casglu safbwyntiau a sylwadau ar opsiynau a basiodd y meini prawf rhwystr, yn benodol i ddeall yr effaith posibl ar ein cymunedau

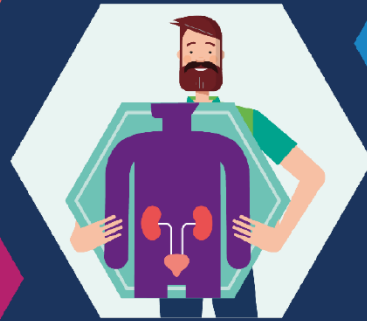
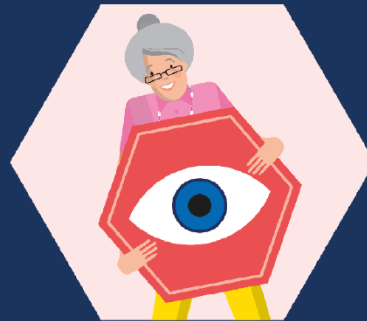
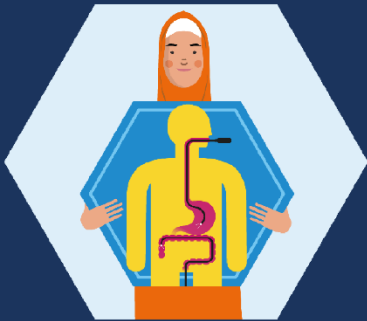
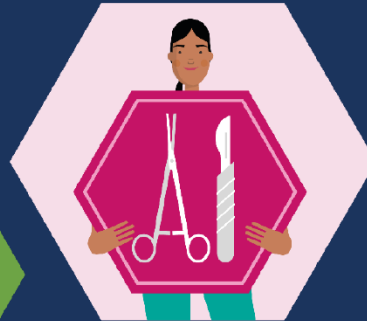
What we will cover:

- Summary of the Clinical Services Plan process to date
- Overview of the challenges the services face
- Share alternate ideas for the service that passed hurdle criteria at Options Development Group
- Gather views and comments on options that passed hurdle criteria specifically to understand the potential impact on our communities.



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Cefndir a phroses hyd yma

Background and process
to date

Cwmpas ac effaith y Cynllun Gwasanaethau Clinigol (CSP):

Darparu set o gynlluniau ar gyfer y gwasanaethau clinigol allweddol canlynol

- Gofal Critigol
- Llawfeddygaeth Gyffredinol Brys
- Diagnosteg (Endosgopi a Radioleg)
- Gofal wedi'i gynllunio (Dermatoleg, Orthopedig Ddewisol, Offthalmoleg ac Wroleg)
- Strôc

The scope and impact of the Clinical Services Plan (CSP):

To provide a set of plans for the following key clinical services

- Critical Care
- Emergency General Surgery
- Diagnostics (Endoscopy and Radiology)
- Planned care (Dermatology, Elective Orthopaedics, Ophthalmology and Urology)
- Stroke



Pam y gwasanaethau hyn?

Why these services?



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Gwasanaeth	Rheswm dros newid
Gofal Critigol	Ymateb i fregusrwydd gwasanaethau, yn enwedig yn Ysbyty Tywysog Philip (PPH)
Gofal wedi'i Gynllunio (Dermatoleg, Orthopedig Ddewisol, Offthalmoleg, ac Wroleg)	Cefnogi'r broses o ddychwelyd i lefelau gweithgareddau cyn COVID (o leiaf), fel rhan o wella mynediad a lleihau amseroedd aros i gleifion
Llawfeddygaeth Gyffredinol Frys	Ymateb i fregusrwydd gwasanaeth, yn enwedig yn Ysbyty Llwynhelyg (WGH), fel y cyfeirir atynt yn y diweddariad gweithredol Mawrth 2023
Strôc	I fodloni safonau ac ymateb i fregusrwydd gwasanaeth
Diagnosteg (Endosgopi a Radioleg)	Cefnogi'r broses o ddychwelyd i lefelau gweithgareddau cyn COVID (o leiaf), fel rhan o wella mynediad a lleihau amseroedd aros i gleifion

Service	Driver
Critical Care	Response to service fragility, in particular at Prince Philip Hospital (PPH)
Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients
Emergency General Surgery	To respond to service fragility, particularly at Withybush Hospital (WGH), as referenced in the March 2023 operational update
Stroke	To meet standards and respond to service fragility
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients



Asesiad o'r broses syniadau amgen

- Ers i'r ymgynghoriad ddod i ben rydym wedi bod yn casglu'r holl syniadau amgen a ddaeth i law o fwy na 4,000 o ymatebion, ochr yn ochr â channoedd o ymatebion gan y cyhoedd, staff a rhanddeiliaid, gan arwain at 287 o syniadau neu opsiynau amgen.
- Mae'r rhain wedi'u hadolygu gan ein grwpiau gorchwyl a gorffen 9 gwasanaeth.
- Maent hefyd wedi cael eu hadolygu gan arweinwyr mewn gweithrediadau, cyllid, y gweithlu, cyfalaf, timau ystadau, yn ogystal ag uwch glinigwyr sy'n gweithio ar draws gofal sylfaenol ac eilaidd.
- Fe'u hadolygwyd hefyd gan gynrychiolwyr cymunedol gyda ffocws ar y meini prawf rhwystr hygrychedd.
- Helpodd yr holl safbwyntiau hyn i lywio ein Grŵp Datblygu Opsiynau, a asesodd syniadau amgen yn ffurfiol yn erbyn y meini prawf rhwystr ar 9 Hydref

Assessment of alternate ideas process

- Since consultation closed we have been collating all the alternate ideas received from more than 4,000 responses, alongside hundreds of responses from public, staff and stakeholder, leading to 287 alternative ideas or options.
- These have been reviewed by our 9-service task and finish groups.
- They have also been reviewed by leads in operations, finance, workforce, capital, estates teams, as well as senior clinicians who work across primary and secondary care.
- They were also reviewed by community representatives with a focus on the accessibility hurdle criteria.
- All of these views helped inform our Options Development Group, who formally assessed alternate ideas against the hurdle criteria on the 9 October.

Meini Prawf Rhwystyr

Hurdle Criteria



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Rhaid i bob syniad amgen fodloni'r meini prawf hyn:

- Yn glinigol gynaliadwy - yn cefnogi safonau ansawdd, yn ystyried cyd-ddibyniaethau, ac yn gyflawnadwy gan y gweithlu.
- Cyflawnadwy - yn gyraeddadwy o fewn 2-4 blynedd, gydag anghenion cyfalaf/adeiladu wedi'u sicrhau o fewn yr amserlen honno.
- Hygyrch - yn gwella mynediad cleifion ac yn lleihau amseroedd aros, gan sicrhau tegwch
- Wedi'i alinio'n strategol – yn cefnogi strategaeth 'Canolbarth a Gorllewin Cymru Iachach' a gwaith atal ar y cyd.
- Cynaliadwy yn ariannol - galluogi defnydd effeithiol o gyllid.

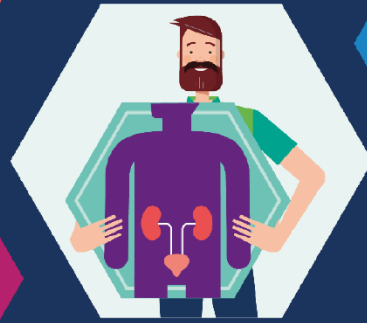
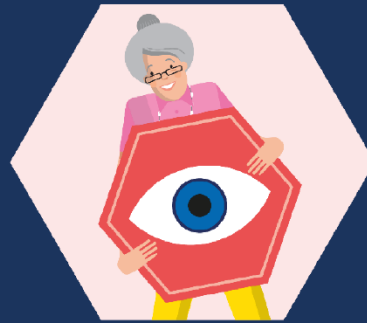
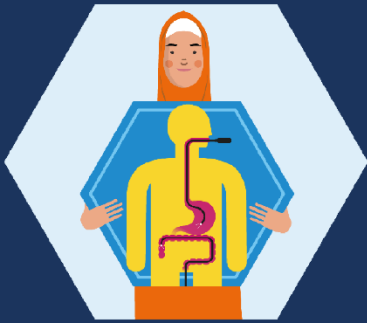
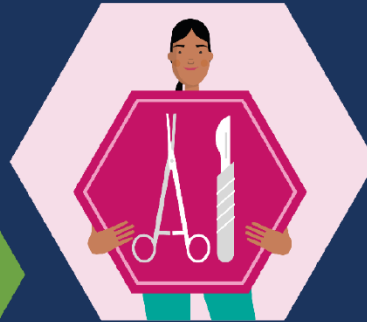
All alternate ideas must meet these criteria:

- Clinically sustainable - supports quality standards, considers co-dependencies, and is deliverable by the workforce.
- Deliverable - achievable within 2–4 years, with capital/building needs secured in that timeframe.
- Accessible - improves patient access and reduces waiting times, ensuring equity
- Strategically aligned - supports the 'A Healthier Mid and West Wales' strategy and joint prevention work.
- Financially sustainable - enables effective use of finances.



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Gofal Critigol

Critical Care



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
Gwasanaeth presennol <i>Current service</i>	Uned gofal dwys	Uned gofal dwys	Uned gofal dwys (gyda throsglwyddo'r cleifion mwyaf sâl)	Uned gofal dwys
	<i>Intensive care unit</i>	<i>Intensive care unit</i>	<i>Intensive care unit (with transfer of sickest patients)</i>	<i>Intensive care unit</i>
Opsiw A <i>Option A</i>	Uned gofal dwys	Uned gofal dwys ac uned gofal lefel uwch	Uned gofal lefel uwch	Uned gofal lefel uwch
	<i>Intensive care unit</i>	<i>Intensive care unit and enhanced care unit</i>	<i>Enhanced care unit</i>	<i>Enhanced care unit</i>
Opsiw B <i>Option B</i>	Uned gofal dwys	Uned gofal dwys	Uned gofal lefel uwch	Uned gofal dwys
	<i>Intensive care unit</i>	<i>Intensive care unit</i>	<i>Enhanced care unit</i>	<i>Intensive care unit</i>
Opsiw C <i>Option C</i>	Uned gofal dwys	Uned gofal dwys	Uned gofal dwys (gyda throsglwyddo'r cleifion mwyaf sâl)	Uned gofal dwys
	<i>Intensive care unit</i>	<i>Intensive care unit</i>	<i>Intensive care unit (with transfer of sickest patients)</i>	<i>Intensive care unit</i>

Opsiynau amgen Gofal Critigol

Critical Care alternative options



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
Opsiwn 246* <i>Option 246*</i>	Uned gofal dwys	Uned gofal dwys	Uned gofal lefel uwch	Uned gofal dwys
	<i>Intensive care unit</i>	<i>Intensive care unit</i>	<i>Enhanced care unit</i>	<i>Intensive care unit</i>
Opsiwn 137 <i>Option 137</i>	Uned gofal dwys	Uned gofal dwys	Uned dibyniaeth uchel	Uned gofal dwys
	<i>Intensive care unit</i>	<i>Intensive care unit</i>	<i>High dependency unit</i>	<i>Intensive care unit</i>

*Model rhanbarthol

**Regional Model*

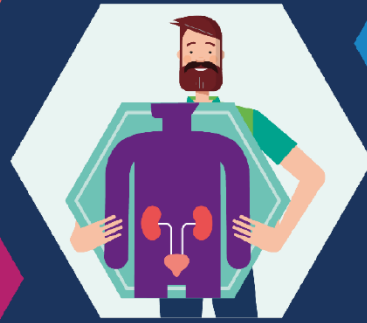
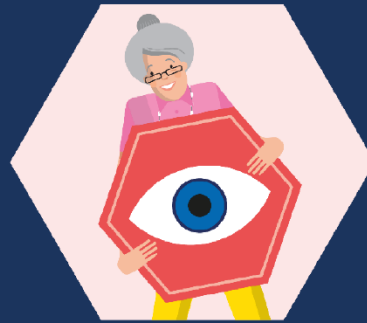
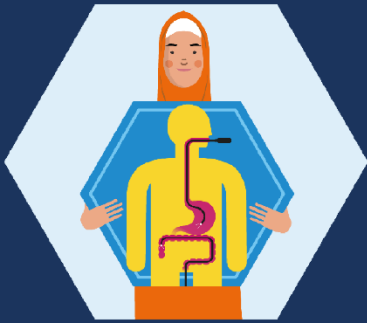
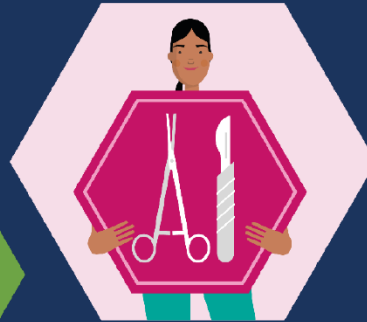


Sylwadau / Comments



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Dermatoleg

Dermatology



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
Gwasanaeth presennol	Dim gwasanaeth	Clinig cleifion allanol unwaith yr wythnos, ffotograffiaeth feddygol, (dim gwasanaeth ffototherapi ar hyn o bryd)	Clinigau cleifion allanol a mân lawdriniaethau	Dim gwasanaeth ar hyn o bryd oherwydd y problemau o ran RAAC*	Rhai clinigau cleifion allanol dan arweiniad nyrsys yn CGI Aberteifi (yn cynnwys mân lawdriniaethau) ac YDSB
Current service	No service	<i>Outpatient clinic once per week, medical photography, (photo-therapy not running currently)</i>	<i>Outpatient clinics and minor operations</i>	<i>No service currently due to RAAC* issues</i>	<i>Some nurse-led outpatient clinics at CICC (including minor operations) and SPH</i>
Opsiwn A	Dim gwasanaeth	Dim gwasanaeth	Gwasanaeth cyfunol	Dim gwasanaeth	Cadw'r gwasanaeth yn CGI Aberteifi. Rhai clinigau cleifion allanol dan arweiniad nyrsys yn YDA. Dim darpariaeth gymunedol yn Sir Benfro
Option A	No service	No service	<i>Consolidated service</i>	No service	<i>Keep provision at CICC Some nurse-led outpatient clinics at AVH No community provision in Pembrokeshire</i>



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
Opsiwn B	Dim gwasanaeth	Dim gwasanaeth	Gwasanaeth cyfunol	Dim gwasanaeth	Cadw'r ddarpariaeth yn YDSB Rhaid mân lawdriniaethau mewn practisau meddygon teulu Dim darpariaeth gymunedol yng Nghereigion
Option B	<i>No service</i>	<i>No service</i>	<i>Consolidated service</i>	<i>No service</i>	<i>Keep provision at SPH Some minor operations in GP practices No community provision in Ceredigion</i>
Opsiwn C	Dim gwasanaeth	Dim gwasanaeth	Gwasanaeth cyfunol	Dim gwasanaeth	Cadw'r ddarpariaeth yn CGI Aberteifi ac YDSB. Rhaid clinigau pediatreg dan arweiniad nyrsys yn CICH. Rhaid mân lawdriniaethau mewn practisau meddygon Teulu.
Option C	<i>No service</i>	<i>No service</i>	<i>Consolidated service</i>	<i>No service</i>	<i>Keep provision at CICC and SPH. Some nurse-led paediatric clinics at CHHC Some minor operations in GP practices</i>
Opsiwn D	Dim gwasanaeth	Dim gwasanaeth	Gwasanaeth cyfunol	Dim gwasanaeth	Cadw'r ddarpariaeth yn CGI Aberteifi ac YDSB. Rhaid clinigau pediatreg dan arweiniad nyrsys yn CICH.
Option D	<i>No service</i>	<i>No service</i>	<i>Consolidated service</i>	<i>No service</i>	<i>Keep provision at CICC and SPH Some nurse-led paediatric clinics at CHHC</i>

Opsiynau amgen Dermatoleg

Dermatology alternative options



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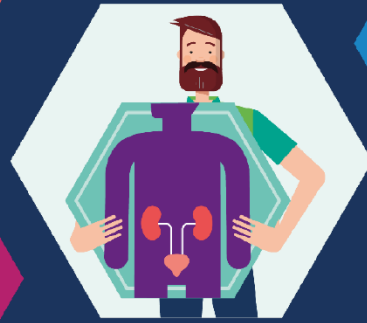
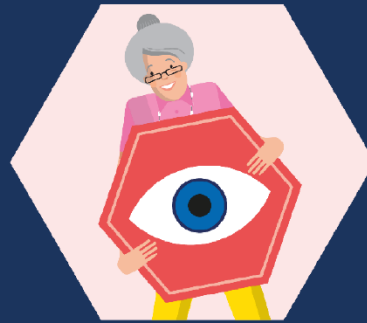
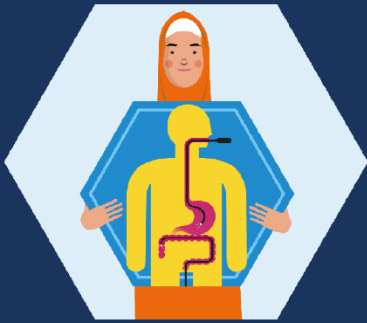
- Daeth 24 o syniadau amgen unigryw i lawe ar gyfer Dermatoleg.
- Ni lwyddodd unrhyw syniadau amgen ar gyfer Dermatoleg i basio'r asesiad meini prawf rhwystr cynrychiolaeth gwasanaeth. Ni heriwyd yr un o'r asesiadau hyn gan y Grŵp Datblygu Opsiynau yn y sesiwn ar 09/10.
- There were 24 unique alternate ideas received for Dermatology.
- No alternative ideas for Dermatology passed the service representation hurdle criteria appraisal. None of these appraisals were challenged by the Options Development Group at the session on 09/10.





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Llawfeddygaeth Gyffredinol
Frys (LLGF)

Emergency General Surgery
(EGS)

Llawfeddygaeth Gyffredinol Frys (LLGF) Emergency General Surgery (EGS)



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
Gwasanaeth presennol <i>Current service</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol <i>Full emergency general surgery, including surgical operations</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol <i>Full emergency general surgery, including surgical operations</i>	Dim gwasanaeth llawfeddygaeth gyffredinol frys <i>No emergency general surgery service</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol <i>Full emergency general surgery, including surgical operations</i>
Opsiwn A <i>Option A</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol <i>Full emergency general surgery, including surgical operations</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol Cryfhau SDEC* <i>Full emergency general surgery, including surgical operations</i> <i>Strengthen SDEC</i>	Dim gwasanaeth llawfeddygaeth gyffredinol frys <i>No emergency general surgery service</i>	Dim llawdriniaethau cyffredinol brys yn cael eu cyflawni. Cryfhau SDEC* <i>No emergency general surgery operations taking place. Strengthen SDEC*</i>

Llawfeddygaeth Gyffredinol Frys (LLGF) Emergency General Surgery (EGS)



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
Gwasanaeth presennol Current service	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol	Dim gwasanaeth llawfeddygaeth gyffredinol frys	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol
	<i>Full emergency general surgery, including surgical operations</i>	<i>Full emergency general surgery, including surgical operations</i>	<i>No emergency general surgery service</i>	<i>Full emergency general surgery, including surgical operations</i>
Opsiwn B Option B	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol	Llawfeddygaeth gyffredinol frys yn cael ei chynnal bob yn ail wythnos Cryfhau SDEC*	Dim gwasanaeth llawfeddygaeth gyffredinol frys	Llawfeddygaeth gyffredinol frys yn cael ei chynnal bob yn ail wythnos Cryfhau SDEC*
	<i>Full emergency general surgery, including surgical operations</i>	Emergency general surgery operations taking place on alternate weeks. Strengthen SDEC*	<i>No emergency general surgery service</i>	Emergency general surgery operations taking place on alternate weeks Strengthen SDEC*

Opsiynau amgen LIGF

EGS alternative options



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
Opsiwn 222	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol	Uned Adsefydlu	Uned Adsefydlu
Option 222	<i>Full emergency general surgery, including surgical operations</i>	<i>Full emergency general surgery, including surgical operations</i>	<i>Rehabilitation Unit</i>	<i>Rehabilitation Unit</i>
Opsiwn 155	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol Cryfhau SDEC*	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol Cryfhau SDEC*	Dim gwasanaeth llawfeddygaeth gyffredinol frys	Dim llawdriniaethau cyffredinol brys yn cael eu cyflawni. Cryfhau SDEC*
Option 155	<i>Full emergency general surgery, including surgical operations. Strengthen SDEC.</i>	<i>Full emergency general surgery, including surgical operations. Strengthen SDEC.</i>	<i>No emergency general surgery service.</i>	<i>No emergency general surgery operations taking place. Strengthen SDEC*</i>

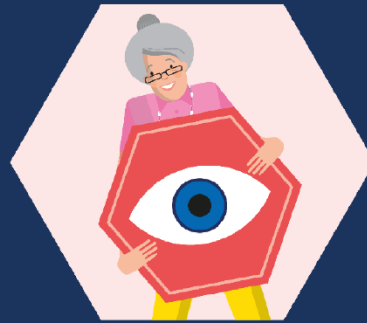
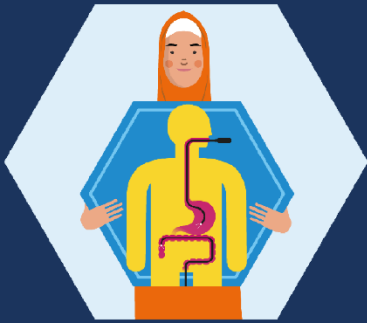


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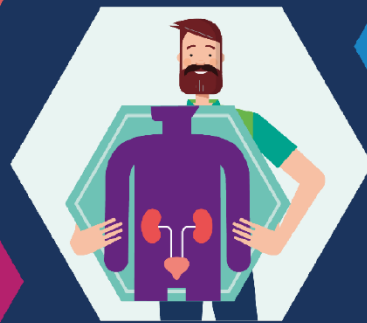


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Endosgopi



Endoscopy

Endosgopi

Endoscopy



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
Gwasanaeth presennol	Sgrinio coluddion / gastroberfeddol / wroleg	Sgrinio coluddion / gastroberfeddol / anadlol / wroleg	Gwasanaethau sgrinio coluddion / gastroberfeddol / anadlol / wroleg	Sgrinio coluddion / gastroberfeddol	Dim gwasanaeth
Current service	<i>Bowel screening / gastro-intestinal / urology</i>	<i>Bowel screening / gastro-intestinal / respiratory / urology</i>	<i>Bowel screening / gastro- intestinal / respiratory / urology</i>	<i>Bowel screening / gastro-intestinal</i>	<i>No service</i>
Opsiwn A	Sgrinio coluddion / gastroberfeddol	Sgrinio coluddion / gastroberfeddol	Sgrinio coluddion / gastroberfeddol Dwyn ynghyd triniaethau anadlol ac wroleg Ystafell triniaethau ychwanegol	Sgrinio coluddion / gastroberfeddol	Dim gwasanaeth
Option A	<i>Bowel screening / gastro-intestinal</i>	<i>Bowel screening / gastro-intestinal</i>	<i>Bowel screening/ gastro- intestinal</i> <i>Bring together respiratory and urology procedures</i> <i>Additional procedure room</i>	<i>Bowel screening / gastro-intestinal</i>	<i>No service</i>

Endosgopi

Endoscopy



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
Opsion B	Gastroberfeddol / wroleg	Gastroberfeddol / anadlol / wroleg	Gastroberfeddol / anadlol / wroleg	Gastroberfeddol	Safle newydd ar gyfer sgrinio coluddion
Option B	<i>Gastro-intestinal / urology</i>	<i>Gastro-intestinal / respiratory / urology</i>	<i>Gastro-intestinal / respiratory / urology</i>	<i>Gastro-intestinal</i>	<i>New site for bowel screening</i>
Opsion C	Sgrinio coluddion / gastroberfeddol	Sgrinio coluddion Cynyddu'r gwasanaeth gastroberfeddol	Sgrinio Coluddion Cymru / gastroberfeddol Dwyn ynghyd triniaethau anadlol ac wroleg Oriaau estynedig	Sgrinio coluddion / gastroberfeddol	Dim gwasanaeth
Option C	<i>Bowel screening / gastro-intestinal</i>	<i>Bowel screening Increased gastro- intestinal</i>	<i>Bowel screening / gastro- intestinal Bring together respiratory and urology procedures Extended hours</i>	<i>Bowel screening / Gastro-intestinal</i>	<i>No service</i>

Opsiynau amgen Endosgopi

Endoscopy alternative options



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
Opsiw 92	Sgrinio coluddion / gastroberfeddol	Sgrinio coluddion Cynyddu'r gwasanaeth gastroberfeddol	Sgrinio Coluddion Cymru / gastroberfeddol Dwyn ynghyd triniaethau anadlol ac wroleg Oriau estynedig a gweithio dros y benwythnos	Sgrinio coluddion / gastroberfeddol	Dim gwasanaeth
Option 92	<i>Bowel screening / gastro-intestinal</i>	<i>Bowel screening Increased gastro- intestinal</i>	<i>Bowel screening / gastro- intestinal</i> <i>Bring together respiratory and urology procedures</i> <i>Extended hours and weekend working</i>	<i>Bowel screening / Gastro-intestinal</i>	<i>No service</i>
Opsiw 228	Gastroberfeddol / wroleg	Gastroberfeddol / anadlol / wroleg	Gastroberfeddol / anadlol / wroleg	Sgrinio coluddion / gastroberfeddol	Safle newydd ar gyfer sgrinio coluddion
Option 228	<i>Gastro-intestinal / urology</i>	<i>Gastro-intestinal / respiratory / urology</i>	<i>Gastro-intestinal / respiratory / urology</i>	<i>Bowel screening / gastro-intestinal</i>	<i>New site for bowel screening</i>

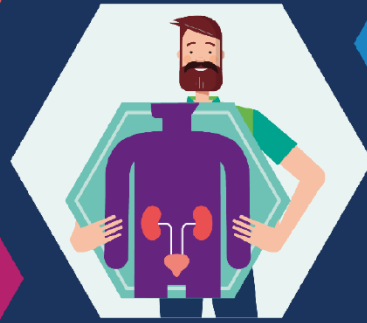
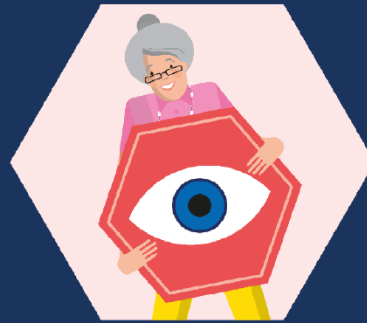
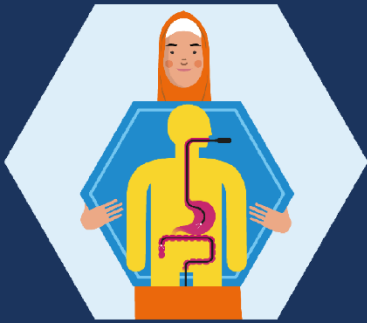
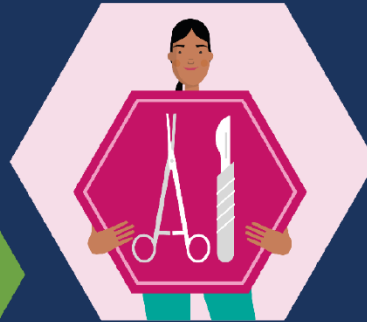


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Offthalmoleg

Ophthalmology



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
Gwasanaeth presennol	Achosion dydd a chleifion mewnol	Diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Diagnosteg, cleifion allanol a chleifion mewnol	Diagnosteg, cleifion allanol a chleifion mewnol	Achosion dydd YDA Gwasanaeth diagnosteg a chleifion allanol yn CGI Aberteifi, CLIFfG ac CGI Aberaeron
Current service	<i>Day cases and inpatients</i>	<i>Diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	<i>Diagnostics, outpatients and inpatients</i>	<i>Diagnostics, outpatients and inpatients</i>	<i>AVH day cases</i> <i>Diagnostics and outpatient service in CICC, NREC and AICC</i>
Opsiwn A	Dim gwasanaeth	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Dim gwasanaeth	Diagnosteg a chleifion allanol	Achosion dydd (cataractau) yn YDA, ond dim cleifion allanol (pigiadau i'r llygaid) ¹⁰ Gwasanaeth diagnosteg a chleifion allanol yn CGI Aberteifi a CLIFfG
Option A	<i>No service</i>	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	<i>No service</i>	<i>Diagnostics and outpatients</i>	<i>AVH day cases (cataract) but not outpatients (eye injections)</i> <i>Diagnostics and outpatient service in CICC and NREC</i>



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg/ Withybush	Cymuned / Community
Opsion B	Achosion dydd a chleifion mewnol	Dim gwasanaeth	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Diagnosteg a chleifion allanol	YDA – diagnosteg, cleifion allanol (pigiadau i'r llygaid) ond nid achosion dydd (cataractau) Diagnosteg a gwasanaeth cleifion allanol yn CGI Aberteifi ac CLIFfG ac yn Sir Benfro (y safle i'w gadarnhau)
Option B	<i>Day cases and inpatients</i>	<i>No service</i>	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	<i>Diagnostics and outpatients</i>	<i>AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)</i> <i>Diagnostics and outpatient service in CICC, NREC and Pembrokeshire (site to be confirmed)</i>



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg/ Withybush	Cymuned / Community
Opsiwn C	Achosion dydd a chleifion mewnol	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Dim gwasanaeth	Diagnosteg a chleifion allanol	YDA – diagnosteg, cleifion allanol (pigiadau i'r llygaid) ond nid achosion dydd (cataractau) Diagnosteg a gwasanaeth cleifion allanol yn CGI Aberteifi, CLIFFG
Option C	<i>Day cases and inpatients</i>	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	<i>No service</i>	<i>Diagnostics and outpatients</i>	<i>AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)</i> <i>Diagnostics and outpatient service in CICC and NREC</i>

Opsiynau amgen Offthalmoleg

Ophthalmology alternative options



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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
Opsiwn 95	Dim gwasanaeth	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys (12/7)	Dim gwasanaeth	Diagnosteg a chleifion allanol	Achosion dydd (cataractau) yn YDA, ond dim cleifion allanol (pigiadau i'r llygaid) Gwasanaeth diagnosteg a chleifion allanol yn CGI Aberteifi a CLIFfG
Option 95	No service	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care (12/7)</i>	No service	<i>Diagnostics and outpatients</i>	<i>AVH day cases (cataract) but not outpatients (eye injections)</i> <i>Diagnostics and outpatient service in CICC and NREC</i>
Opsiwn 99	Dim gwasanaeth	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Dim gwasanaeth	Diagnosteg a chleifion allanol	Achosion dydd (cataractau) yn YDA a chleifion allanol (pigiadau i'r llygaid) Gwasanaeth diagnosteg a chleifion allanol yn CGI Aberteifi a CLIFfG
Option 99	No service	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	No service	<i>Diagnostics and outpatients</i>	<i>AVH day cases (cataract) and outpatients (eye injections)</i> <i>Diagnostics and outpatient service in CICC and NREC</i>

Opsiynau amgen Offthalmoleg

Ophthalmology alternative options



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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg/ Withybush	Cymuned / Community
Opsiwn 167	Dim gwasanaeth	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Cleifion allanol	Diagnosteg a chleifion allanol	Achosion dydd (cataractau) yn YDA, ond dim cleifion allanol (pigiadau i'r llygaid) Gwasanaeth diagnosteg a chleifion allanol yn CGI Aberteifi a CLIFfG, canolfan optometreg yn CGI Aberaeron.
Option 167	No service	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	<i>Outpatients</i>	<i>Diagnostics and outpatients</i>	<i>AVH day cases (cataract) but not outpatients (eye injections) Diagnostics and outpatient service in CICC and NREC, optometry hub in Aberaeron ICC.</i>
Opsiwn 173	Achosion dydd a chleifion mewnol	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Dim gwasanaeth	Diagnosteg a chleifion allanol	YDA – diagnosteg, cleifion allanol (pigiadau i'r llygaid) ond nid achosion dydd (cataractau) Diagnosteg yn CGI Aberaeron, CGI Aberteifi a CLIFfG a gwasanaeth cleifion allanol yn CGI Aberteifi a CLIFfG.
Option 173	<i>Day cases and inpatients</i>	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	<i>No service</i>	<i>Diagnostics and outpatients</i>	<i>AVH diagnostics, outpatients (eye injections) but not day cases (cataracts) Diagnostics in AICC, CICC and NREC and outpatient service in CICC and NREC</i>

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	Bronglais	Glangwili	Tywysog Philip/ Prince Philip	Llwynhelyg/ Withybush	Cymuned / Community
Opsiwn 227	Dim gwasanaeth	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Dim gwasanaeth	Diagnosteg a chleifion allanol - Oriau estynedig	Achosion dydd (cataractau) yn YDA, ond dim cleifion allanol (pigiadau i'r llygaid) Gwasanaeth diagnosteg a chleifion allanol yn CGI Aberteifi a CLIFfG
Option 227	No service	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	No service	<i>Diagnostics and outpatients – Extended hours</i>	<i>AVH day cases (cataract) but not outpatients (eye injections)</i> <i>Diagnostics and outpatient service in CICC and NREC</i>

Opsiynau amgen Offthalmoleg

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	Bronglais	Glangwili	Tywysog Philip/ Prince Philip	Llwynhelyg/ Withybush	Cymuned / Community
Opsiwn 263	Achosion dydd a chleifion mewnol Oriau estynedig	Dim gwasanaeth	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys Oriau estynedig	Diagnosteg a chleifion allanol Oriau estynedig	YDA – diagnosteg, cleifion allanol (pigiadau i'r llygaid) ond nid achosion dydd (cataractau) Diagnosteg a gwasanaeth cleifion allanol yn CGI Aberteifi ac CLIFfG ac yn Sir Benfro (y safle i'w gadarnhau) Oriau estynedig
Option 263	<i>Day cases and Inpatients Extended hours</i>	<i>No service</i>	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care Extended hours</i>	<i>Diagnostics and outpatients Extended hours</i>	<i>AVH diagnostics, outpatients (eye injections) but not day cases (cataracts) Diagnostics and outpatient service in CICC, NREC and Pembrokeshire (site to be confirmed) Extended hours</i>

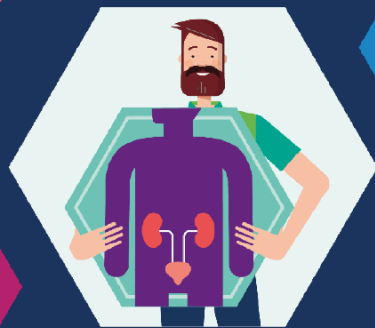
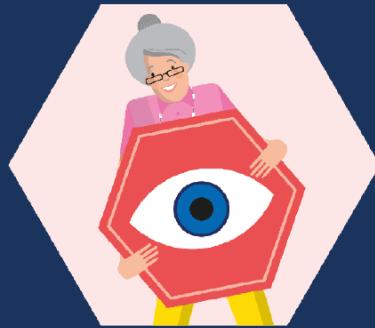
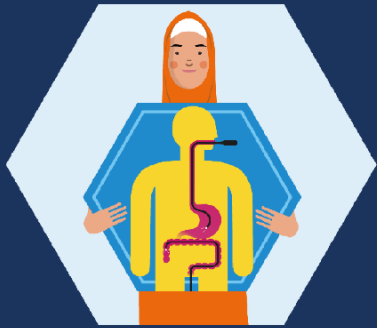
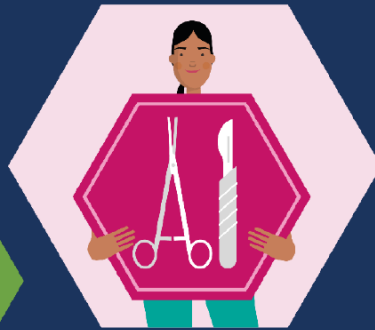


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Orthopedeg Ddewisol

Elective Orthopaedics

Cynllun Gwasanaethau Clinigol

Clinical Services Plan

Orthopedig Ddewisol

Elective Orthopaedics



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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush
Gwasanaeth presennol	Cleifion allanol, cleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion allanol, cleifion mewnol ac achosion dydd	Cleifion allanol ac achosion dydd
Current service	<i>Outpatients, inpatients and day cases</i>	<i>Outpatients</i>	<i>Outpatients, inpatients and day cases</i>	<i>Outpatients and day cases</i>
Opsiw A	Cleifion allanol, cleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion allanol, cleifion mewnol ac achosion dydd, yn cynnwys gwaith rhanbarthol	Cleifion allanol a chynyddu llawdriniaethau achosion dydd
Option A	<i>Outpatients, inpatients and day cases</i>	<i>Outpatients</i>	<i>Outpatients, inpatients and day cases including regional working</i>	<i>Outpatients and increased day cases</i>
Opsiw B	Cleifion allanol, cleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion allanol, cleifion mewnol ac achosion dydd, yn cynnwys gwaith rhanbarthol	Cleifion allanol a chynyddu llawdriniaethau achosion dydd ac oriau estynedig
Option B	<i>Outpatients, inpatients and day cases</i>	<i>Outpatients</i>	<i>Outpatients, inpatients and day cases including regional working</i>	<i>Outpatients and increased day case and extended hours</i>

Orthopedig Ddewisol

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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush
Opswn C	Cleifion allanol, cleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion allanol lleol, cleifion mewnol, ac achosion dydd Gwelyau ychwanegol	Cleifion allanol a chynyddu llawdriniaethau achosion dydd
Option C	<i>Outpatients, inpatients and day cases</i>	<i>Outpatients</i>	<i>Local outpatients, inpatients, and day cases and additional beds</i>	<i>Outpatients and increased day cases</i>
Opswn D	Cleifion allanol, mwy o gleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion allanol, cleifion mewnol ac achosion dydd, yn cynnwys gwaith rhanbarthol	Cleifion allanol a chynyddu llawdriniaethau achosion dydd
Option D	<i>Outpatients, increased inpatients and day cases</i>	<i>Outpatients</i>	<i>Outpatients, inpatients and day cases including regional working</i>	<i>Outpatients and increased day case</i>

Opsiynau amgen Orthopedig Ddewisol

Elective Orthopaedics alternative options



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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush
Opsiwn 52	Cleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion mewnol ac achosion dydd	Cleifion mewnol (cluniau a phelydrau - Dydd Llun – Dydd Gwener) ac achosion dydd
Option 52	<i>Inpatients and day cases</i>	<i>Outpatients</i>	<i>Inpatients and day cases</i>	<i>Inpatients (hips and knees - Monday to Friday) and day cases</i>
Opsiwn 129	Cleifion allanol, mwy o gleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion allanol, cleifion mewnol, ac achosion dydd Gwelyau ychwanegol yn cynnwys gwaith rhanbarthol	Cleifion allanol a chynyddu llawdriniaethau achosion dydd ac oriau estynedig
Option 129	<i>Outpatients, increased inpatients and day cases</i>	<i>Outpatients</i>	<i>Outpatients, inpatients, and day cases and additional beds including regional working</i>	<i>Outpatients and increased day case and extended hours</i>
Opsiwn 268	Mwy o gleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion mewnol, ac achosion dydd Gwelyau ychwanegol yn cynnwys gwaith rhanbarthol	Cleifion allanol a chynyddu llawdriniaethau achosion dydd
Option 268	<i>Increased inpatients and day cases</i>	<i>Outpatients</i>	<i>Inpatients, and day cases and additional beds including regional working</i>	<i>Outpatients and increased day cases</i>

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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush
Opsiwn 113	Cleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion mewnol ac achosion dydd	Cleifion mewnol (Arthroplasty) ac achosion dydd
Option 113	<i>Inpatients and day cases</i>	<i>Outpatients</i>	<i>Inpatients and day cases</i>	<i>Inpatients (Arthroplasty) and day cases</i>
Opsiwn 178	Cleifion allanol, cleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion allanol, cleifion mewnol ac achosion dydd, yn cynnwys gwaith rhanbarthol ac oriau estynedig	Cleifion allanol ac achosion dydd
Option 178	<i>Outpatients, inpatients and day cases</i>	<i>Outpatients</i>	<i>Outpatients, inpatients and day cases including regional working and extended hours</i>	<i>Outpatients and day cases</i>
Opsiwn 179*	Cleifion allanol, cleifion mewnol ac achosion dydd, yn cynnwys gwaith rhanbarthol gyda BIA Powys	Cleifion allanol	Cleifion allanol, cleifion mewnol ac achosion dydd, yn cynnwys gwaith rhanbarthol gyda BIP Bae Abertawe	Cleifion allanol a chynyddu llawdriniaethau achosion dydd
Option 179*	<i>Outpatients, inpatients and day cases including regional working with Powys THB</i>	<i>Outpatients</i>	<i>Outpatients, inpatients and day cases including regional working with Swansea Bay UHB</i>	<i>Outpatients and increased day cases</i>

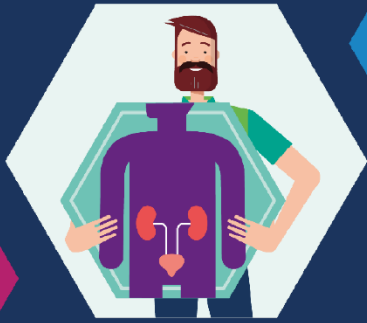
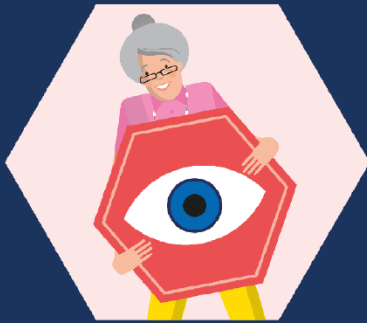
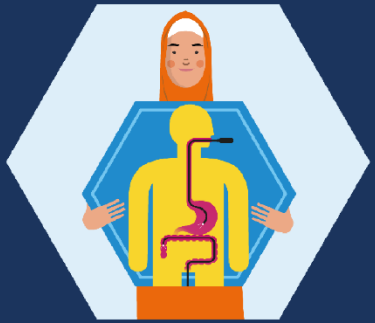
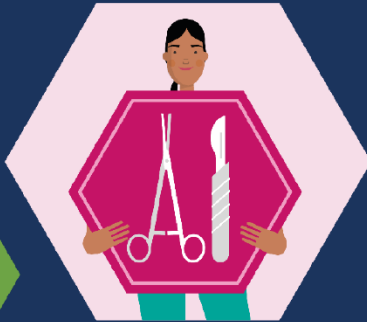


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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
Gwasanaeth presennol <i>Current service</i>	<p>Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p><i>Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p>Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p><i>Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p>Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p><i>Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p>Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p><i>Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi, YLI, YDSB, YDyP</p> <p><i>X-ray services at CICC, LH, SPH, TH</i></p>
	<p>Gwasanaethau ymyriadol diagnostig/ achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p><i>Planned diagnostic / day case interventional services (Mon-Fri, daytime)</i></p>	<p>Gwasanaethau ymyriadol i gleifion mewnol (Llun-Gwe, yn ystod y dydd)</p> <p><i>Inpatient interventional services (Mon-Fri, daytime)</i></p>	<p>Gwasanaethau ymyriadol diagnostig/ achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p><i>Planned diagnostic / day case interventional (Mon-Fri, daytime)</i></p>	<p>Gwasanaethau ymyriadol diagnostig/ achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p><i>Planned diagnostic / day case interventional (Mon-Fri, daytime)</i></p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP</p> <p><i>X-ray services at CICC and TH</i></p>



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
Opsion B Option B	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP</p> <p>Canolfan ranbarthol newydd ar gyfer radioleg ddiagnostig wedi'i chynllunio (safle i'w gadarnhau)</p>
	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime) Cancer focus</i></p>	<p><i>X-ray services at CICC and TH</i></p> <p><i>New regional hub for planned diagnostic radiology (site TBC)</i></p>



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
Opsiwn C <i>Option C</i>	<p>Gwasanaethau diagnostig wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol ar gyfer cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol ar gyfer cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP</p>
	<p><i>Planned diagnostic services (Mon-Fri, daytime)</i></p> <p><i>Inpatient and day case interventional (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (Mon-Fri, daytime)</i></p> <p><i>Inpatient and day case interventional (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (Mon-Fri, daytime)</i></p>	<p><i>X-ray services at CICC and TH</i></p>



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
Opsiwn D <i>Option D</i>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol achosion dydd (Llun-Gwener, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol ar gyfer cleifion mewnol (24/7)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol achosion dydd (Llun-Gwener, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol achosion dydd (Llun-Gwener, yn ystod y dydd)</p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP</p>
	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient interventional services (24/7)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>X-ray services at CICC and TH</i></p>

Opsiynau amgen Radioleg

Radiology alternative options



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
Opsiwn 24 Option 24	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP</p>
	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p> <p><i>Cancer focus</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p> <p><i>Cancer focus</i></p>	<p><i>X-ray services at CICC and TH</i></p>

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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
Opsiwn 25 Option 25	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP</p> <p>Canolfan ranbarthol llai ar gyfer radioleg ddiagnostig wedi'i chynllunio (safle i'w gadarnhau)</p>
	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime) Cancer focus</i></p>	<p><i>X-ray services at CICC and TH</i></p> <p><i>Smaller regional hub for planned diagnostic radiology (site TBC)</i></p>

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Radiology alternative options



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
Opsiwn 103 <i>Option 103</i>	<p>Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau ymyriadol ar gyfer cleifion mewnol</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Canolfan ranbarthol newydd ar gyfer radioleg ddiagnostig wedi'i chynllunio (safle i'w gadarnhau)</p>
	<p><i>Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Inpatient interventional services</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p> <p><i>Cancer focus</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p> <p><i>Cancer focus</i></p>	<p><i>New regional hub for planned diagnostic radiology (site TBC)</i></p>

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Bronglais

Glangwili

**Tywysog Philip /
Prince Philip**

**Llwynhelyg /
Withybush**

**Cymuned /
Community**

Opsiwn 122

Option 122

Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)

Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)

Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)

Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)

Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)

Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)

Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)

Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)

Gwasanaethau pelydr-X yn YLI, YDSB, YDyP CGI Aberteifi - 7 niwrnod ac oriau estynedig

*X-ray services at LH, SPH, TH
CICC – 7 days and extended hours*

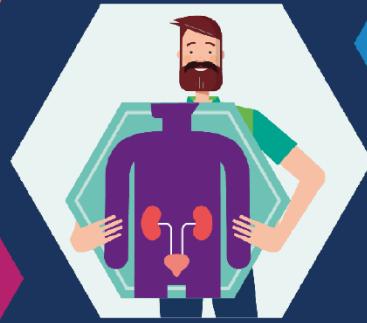
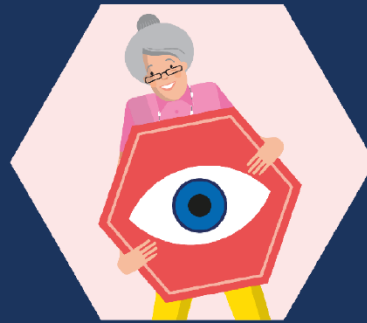
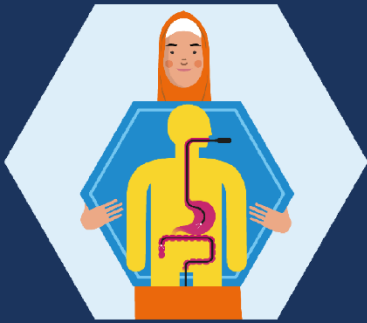


Sylwadau / Comments



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Strôc

Stroke



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
Gwasanaeth presennol <i>Current service</i>	Uned Strôc <i>Stroke Unit</i>	Uned Strôc <i>Stroke Unit</i>	Uned Strôc <i>Stroke Unit</i>	Uned Strôc <i>Stroke Unit</i>
Opsiw'n A <i>Option A</i>	Trin a Throsglwyddo <i>Treat and Transfer</i>	Trin a Throsglwyddo <i>Treat and Transfer</i>	Uned Strôc (gwasanaeth cyflenwi arbenigol 12 awr y dydd) <i>Stroke Unit (specialist cover 12-hours a day)</i>	Uned Strôc (gwasanaeth cyflenwi arbenigol 12 awr y dydd) <i>Stroke Unit (specialist cover 12-hours a day)</i>
Opsiw'n B <i>Option B</i>	Trin a Throsglwyddo <i>Treat and Transfer</i>	Trin a Throsglwyddo <i>Treat and Transfer</i>	Uned Strôc (gwasanaeth cyflenwi arbenigol 24 awr y dydd) <i>Stroke Unit (specialist cover 24-hours a day)</i>	Trin a Throsglwyddo ac Uned Strôc (gwasanaeth cyflenwi arbenigol 12 awr y dydd) <i>Treat and Transfer and Stroke Unit (specialist cover 12-hours a day)</i>

Opsiynau amgen Strôc

Stroke alternative option



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Opsiwn 106 Option 106

	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
	Trin a Throsglwyddo Uned adsefydlu wedi Strôc	Trin a Throsglwyddo	Uned Strôc (gwasanaeth cyflenwi arbenigol 12 awr y dydd)	Uned Strôc (gwasanaeth cyflenwi arbenigol 12 awr y dydd)
	<i>Treat and Transfer Stroke rehabilitation unit</i>	<i>Treat and Transfer</i>	<i>Stroke Unit (specialist cover 12-hours a day)</i>	<i>Stroke Unit (specialist cover 12-hours a day)</i>

Opsiynau amgen Strôc

Stroke alternative options



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Bronglais

Glangwili

Tywysog Philip /
Prince Philip

Llwynhelyg / *Withybush*

Opsiwn 118
Option 118

Trin a Throsglwyddo
Uned adsefydlu wedi
Strôc dan arweiniad
therapiydd
ymgynghorol

Uned Strôc (gwasanaeth cyflenwi
arbenigol 12 awr y dydd)

Trin a Throsglwyddo
Uned adsefydlu wedi
Strôc dan arweiniad
therapiydd ymgynghorol

Trin a Throsglwyddo
Uned adsefydlu wedi Strôc
dan arweiniad therapiydd
ymgynghorol

*Treat and Transfer
Consultant therapist
led stroke
rehabilitation unit*

*Stroke Unit (specialist cover 12-hours a
day)*

*Treat and Transfer
Consultant therapist led
stroke rehabilitation unit*

*Treat and Transfer
Consultant therapist led
stroke rehabilitation unit*

Opsiwn
210*
*Option
210*

Uned Strôc
(gwasanaeth cyflenwi
arbenigol 12 awr y
dydd)

Uned Strôc (gwasanaeth cyflenwi
arbenigol 24 awr y dydd)
Wedyn
Creu canolfan ranbarthol strôc yn Ysbyty
Treforys
Trin a Throsglwyddo

Trin a Throsglwyddo

Trin a Throsglwyddo

*Stroke Unit
(specialist cover 12-
hours a day)*

*Stroke Unit (specialist cover 24-hours a
day)
Then
Create regional stroke centre in
Morrison Hospital*

Treat and Transfer

Treat and Transfer

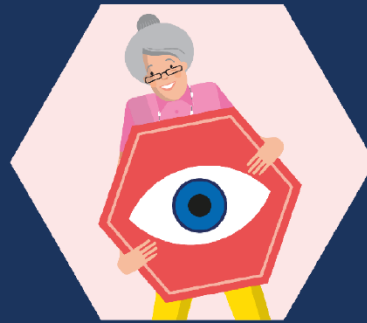
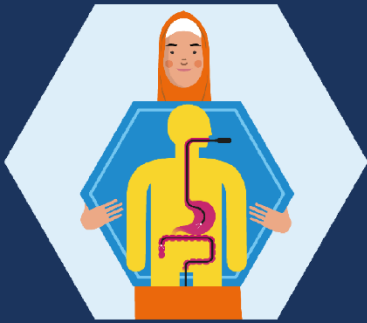


Sylwadau / Comments

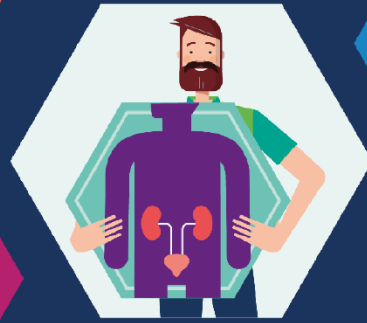


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Wroleg



Urology



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
Gwasanaeth presennol <i>Current service</i>	<p>Cleifion allanol, llawdriniaethau achosion dydd a gweithdrefnau diagnostig (gan gynnwys brys lle'r amheuir cancer cyfyngedig)</p> <p><i>Outpatients, day case surgery and diagnostic procedures (inc. limited urgent suspected cancer)</i></p>	<p>Achosion brys, cleifion allanol, achosion dydd, cleifion mewnol a gweithdrefnau diagnostig (gan gynnwys brys lle'r amheuir cancer)</p> <p><i>Emergency, outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)</i></p>	<p>Cleifion allanol, achosion dydd, cleifion mewnol a gweithdrefnau diagnostig (gan gynnwys brys lle'r amheuir cancer)</p> <p><i>Outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)</i></p>	<p>Cleifion allanol, achosion dydd a gweithdrefnau diagnostig (gan gynnwys brys lle'r amheuir cancer)</p> <p><i>Outpatients, day cases and diagnostic procedures (inc. urgent suspected cancer)</i></p>
Yr opsiwn arfaethedig <i>The proposed option</i>	<p>Cleifion allanol, achosion dydd a gweithdrefnau diagnostig</p> <p><i>Outpatients, day cases and diagnostic procedures</i></p>	<p>Argyfwng yn unig</p> <p><i>Emergency only</i></p>	<p>Cleifion allanol, achosion dydd, cleifion mewnol a chanolfan ddiagnosteg (gan gynnwys brys lle'r amheuir cancer)</p> <p><i>Outpatients, day cases, inpatients and centralised diagnostic hub (inc. urgent suspected cancer)</i></p>	<p>Cleifion allanol, achosion dydd a thriniaethau diagnostig</p> <p><i>Outpatients, day cases and diagnostic procedures</i></p>

Opsiynau amgen Wroleg

Urology alternative options



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
Opsiwn 194 Option 194	Cleifion allanol, achosion dydd a thriniaethau diagnostig	Gofal argyfwng, cleifion allanol a diagnostig	Cleifion allanol, achosion dydd, cleifion mewnol a chanolfan ddiagnosteg (gan gynnwys brys lle'r amheuir cancer)	Cleifion allanol, achosion dydd a thriniaethau diagnostig
	<i>Outpatients, day cases and diagnostic procedures</i>	<i>Emergency care, outpatients and diagnostics</i>	<i>Outpatients, day cases, inpatients and centralised diagnostic hub (inc. urgent suspected cancer)</i>	<i>Outpatients, day cases and diagnostic procedures</i>
Opsiwn 197 Option 197	Cleifion allanol, achosion dydd a thriniaethau diagnostig	Gofal argyfwng a chleifion allanol	Cleifion allanol, achosion dydd, cleifion mewnol a chanolfan ddiagnosteg (gan gynnwys brys lle'r amheuir cancer)	Cleifion allanol, achosion dydd a thriniaethau diagnostig
	<i>Outpatients, day cases and diagnostic procedures</i>	<i>Emergency care and outpatients</i>	<i>Outpatients, day cases, inpatients and centralised diagnostic hub (inc. urgent suspected cancer)</i>	<i>Outpatients, day cases and diagnostic procedures</i>



Sylwadau / Comments

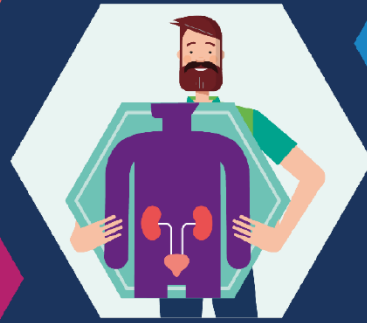
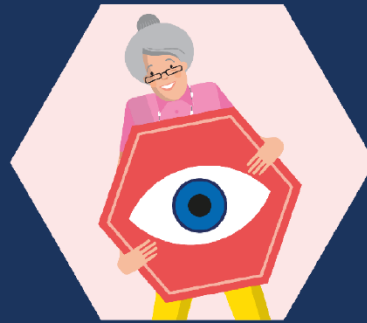
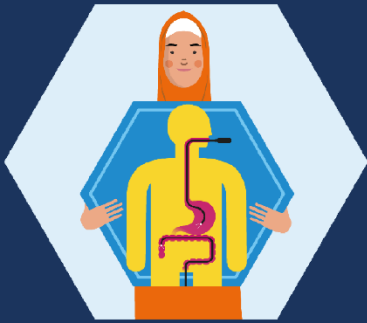
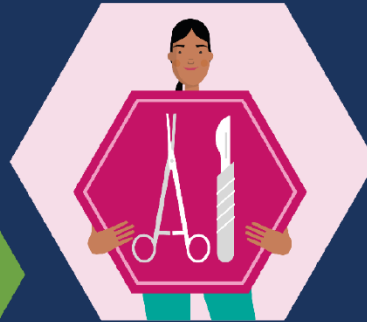


- Gwirio a herio syniadau amgen sydd wedi pasio'r meini prawf rhwystr:
 - Grŵp Cyfeirio Clinigol
 - Rhanddeiliaid Cymunedol
 - Seminar Bwrdd
 - Ystyriaeth Gydwybodol
 - Asesiad meini prawf gwerthuso 19 Tachwedd 2025
 - Cyfarfod Bwrdd Eithriadol 19 Chwefror 2026
- Check and challenge of alternate ideas that have passed hurdle criteria:
 - Clinical Reference Group
 - Community stakeholders
 - Board Seminar
 - Conscientious consideration period
 - Evaluation criteria assessment 19 November 2025
 - Extraordinary Board meeting 19 February 2026



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Diolch yn fawr
Unrhyw gwestiynau?

Thank you
Any questions?

3.4

2:45 PM, 10 Mins

3.4 - Prince Phillip Hospital MIU

*Daniel L Warm
(Hywel Dda UHB -
Head of Planning)*

| For information

Attachments

[PPH MIU SRG November 2025.pdf](#)



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Prince Philip Hospital Minor Injury Unit

Stakeholder Reference Group

13 November 2025



Welcome

What is the aim for today's session?

- Provide an overview of the process leading to the Board decision in September 2025
- Outline next steps towards implementation following the Board decision

Background



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The Board of Hywel Dda University Health Board (Hywel Dda) approved a temporary change to the opening hours of the Minor Injury Unit (MIU) in Prince Phillip Hospital (PPH) for a six-month period at the Public Board meeting in September 2024. The unit is currently open between 8am – 8pm, seven days per week, rather than the previous 24 hours / 7 days.

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

Following this decision, the temporary reduced opening hours of the MIU came into effect from 1 November 2024.

Consultation options



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

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

These were then formally consulted upon during a 12 week period up to 22 July 2025

Overview of the consultation



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Summary of consultation

Questionnaire responses:

- 735 questionnaire responses
- 708 online responses (2 in Welsh)
- 27 paper copies (2 in Polish and 1 in Ukrainian)
- 9 Easy Read questionnaires

Events and activities:

- 7 public events (4 face-to-face drop-in events, 3 online) - 89 attendees
- 3 staff drop-in events - 74 attendees

PPH MIU discussions with service users:

- 12 sessions over 10 days - 274 conversations

Targeted meetings with groups and organisations:

- 32 meetings - 245 attendees

2 online sessions for town, community, and county councillors
- 18 attendees

Written submissions

9 (2 from elected representatives and 2 from organisations)

However, a range of alternative options were also received as part of the consultation

Alternative options



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- 26 alternatives were received and were considered by members of the original options appraisal group
- The following passed the 'hurdle criteria' and were added to the options to be considered by Board
 - 1a: Access via 111 only (Aligned to option 1 – 12 hour Doctor led service)
 - 2a: Access via 111 only (Aligned to option 2 – 14 hour Doctor led service)
 - 2d: Opening hours changed to 08:00-22:00 plus 2 hours to close (Aligned to option 2 –14 hour Doctor led service)
 - 4a: 12 hours plus 2 hours to close 08:00 –20:00 (Aligned to option 4 – 14-hour urgent care treatment)
 - 4b: Access via 111 only 07:00 – 21:00 (Aligned to option 4 – 14-hour urgent care treatment)
 - 4d: Opening hours changed to 08:00-22:00 plus 2 hours to close (Aligned to option 4 –14-hour urgent care treatment)



- At Public Board in September 2025, consideration was given to the original four options and the six alternative options submitted by the public during the consultation ([Board paper available here](#))
- Consideration included a full consultation report detailing all the feedback received via the different engagement methods; financial and workforce considerations; Quality Impact Assessments and Equality Impact Assessments.
- Based on all the evidence presented the Board chose option **4a: Urgent Care Centre – open 12 hours, 7 days a week, 8:00am – 8:00pm, with a further two hours staffing to allow patients in the unit to be treated**
 - This new model will bring together our existing PPH Minor Injury Unit and Same Day Emergency Care (SDEC) services into one integrated centre.
 - This means patients will be able to walk in and be assessed, diagnosed, and treated for a wider range of urgent but non-life-threatening conditions – including minor injuries, minor illnesses, and urgent medical needs that don't require an overnight hospital stay.



- An implementation plan is currently being developed to support the next stage in the process.
- As outlined during the consultation, the intention is to deliver the new Urgent Care Centre at Prince Philip in the next 6–12 months
- We will also evaluate the new service after six months of operation, looking at patient experience, medical outcomes, transport and staffing.
- In the meantime, the MIU at Prince Philip Hospital will continue to operate from 8am to 8pm daily.
- If you live in or are visiting Llanelli and have a minor injury during the day (8am–8pm), you can continue to walk into the MIU at Prince Philip Hospital.
- For injuries outside these hours, please use:
 - the NHS Wales symptom checker <https://111.wales.nhs.uk/selfassessments>
 - or call NHS 111 Wales for advice (choose option 2 for mental health support)
 - in a life-threatening emergency, always dial 999



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Diolch / Thank you

4

2:55 PM, 0 Mins

4 - For Information

4.1

2:55 PM, 5 Mins

4.1 - Integrated Performance Assurance Report
(IPAR)

Chair

| For information

Attachments

[Integrated Performance Report.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 5 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 Month 5, 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 August 2025](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

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.

Please note:

- In addition to the IPAR submission, there is a *M5 Escalation Summary*. This document summarises the latest escalation levels, escalation reasons and de-escalation criteria for all functions across the Health Board.
- Ambulance red calls responses < 8 mins: Due to [changes to the call categories](#) introduced in July 2025, this metric has been stood down. Two new metrics for median time for arrest and emergency categories are reported in this iteration. Data is at July 2025, as per the Welsh Ambulance Service Trust (WAST) publication timetable.
- Referral To Treatment (RTT): Data for the period April 2025 to June 2025 has been resubmitted to Welsh Government, due to a slight under reporting of waits for physiotherapy and podiatry. This resulted in the addition of 500 patients per month to the overall waiting list. These patients have been waiting a relatively short time and therefore did not breach the RTT waiting times performance targets.
- R1 appointments attended: Improvement trajectories are being developed. Once complete and signed off by Executives, the trajectories will be reported in the IPAR.
- The Audiology national data submission was originally planned for August 2025; however, there is insufficient assurance around data quality as highlighted in a recent review. Data cleansing is required and will take considerable resources and time to achieve. The Clinical Care Group (CCG) is seeking Executive approval to either delay submission until early 2026, or send a provisional data submission with caveats to address the robustness of the data.
- Patient experience metrics: Data for two additional measures from the new national survey have been added: 'I was able to communicate in my preferred language' and 'I have received a positive overall experience'.
- Dental access: Prompted by the Ministerial Delivery Expectations 2025/26, data for the percentages of children and adults regularly accessing NHS primary dental care within 24 months has been updated to March 2025.
- The sickness target has been revised to 6.6%, in line with improvement against the 2024/2025 baseline.

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

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.

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 all of the metrics above can be found in the supporting document *IPAR overview*.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Ambulance handovers > 1 hour Hywel Dda	0	Aug 2025	821	Concerning	Missing target	Trajectory missed by over 5%	Alert
Ambulance handover > 4 hours Hywel Dda	0	Aug 2025	211	Usual	Missing target	Trajectory missed by over 5%	Alert
Median time ambulance arrest category calls	8	Jul 2025	10	n/a	n/a	n/a	Alert
Median time ambulance emergency category calls	8	Jul 2025	9	n/a	n/a	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Aug 2025	71.2%	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Aug 2025	1,371	Concerning	Missing target	n/a	Alert
Number of Pathways of Care delayed discharges	n/a	Aug 2025	212	Usual	n/a	Trajectory missed by over 5%	Alert
% child neurodevelopment assess waits <26 weeks	80%	Jul 2025	27.0%	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Jul 2025	51.4%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Aug 2025	2,966	Concerning	Missing target	n/a	Alert
Financial in month deficit	n/a	Aug 2025	£2,026,000	Usual	n/a	Trajectory met	Alert
E. coli: Number of confirmed cases (in-month)	21	Aug 2025	28	Usual	Hit and miss	n/a	Alert
S. aureus: Number of confirmed cases (in-month)	6	Aug 2025	9	Usual	Hit and miss	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Jul 2025	69.0%	Usual	Missing target	n/a	Alert
% uptake of flu vacc - 65+ years	75%	Mar 2025	64.9%	n/a	n/a	n/a	Alert
% Autumn 2024 COVID booster uptake for eligible residents	75%	Feb 2025	45.7%	n/a	n/a	n/a	Alert
% Spring COVID booster uptake for eligible residents	75%	Jun 2025	39.0%	n/a	n/a	n/a	Alert
% children accessing dental within 24 months	n/a	Mar 2025	49.2%	Usual	n/a	n/a	Alert
% adults accessing dental within 24 months	n/a	Mar 2025	27.7%	Concerning	n/a	n/a	Alert
% pts on single cancer pathway within 62 days	75%	Jul 2025	62%	Usual	Missing target	Trajectory missed by over 5%	Advise
C. difficile: Number of confirmed cases (in-month)	8	Aug 2025	10	Usual	Hit and miss	n/a	Advise
Pts waiting 8 wks+ for specified diagnostic	0	Aug 2025	3,289	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Aug 2025	190	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Aug 2025	193	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Aug 2025	11,868	Improving	Missing target	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Aug 2025	44.1%	Improving	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Aug 2025	16,999	Improving	Missing target	n/a	Advise
% sickness absence rate of staff	6.60%	Aug 2025	6.50%	Concerning	Hitting target	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Mar 2025	85.6%	n/a	n/a	n/a	Advise
% of children receiving HPV by age 15	90%	Mar 2025	74.1%	n/a	n/a	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
% MH assess within 28 days (age 0-17)	80%	Jul 2025	94.3%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Jul 2025	95.4%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	Jul 2025	90.9%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	Jul 2025	98.0%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Jun 2025	2,549	Improving	n/a	Trajectory met	Assure

Triangulating our data: 1st April 2022 to 31st August 2025.

- Quality safety and risk** –the number of incidents causing moderate harm or above reported by month, has decreased in August 2025 (126) and is the lowest number recorded. Prior to August, numbers increased from April 2025. The number of patient falls decreased in August (191). Numbers have been static in the low 200s since February 2025. The decrease in medication errors continued for the second consecutive month, August 2025 (97). One at severe level. We continue to have significant numbers of high and extreme risks on the risk register with 489 in August 2025. There has been a sharp decrease in the number of new complaints received during August (170), lowest number since December 2024. This is due to the promotion of early resolution which reduced number of formal complaints. The number of new infection cases fluctuates from March 2025 between 76 and 61 with August reporting 64 cases. 28 of these cases were E. coli and 10 were C.difficile.
- Workforce** – In month, staff sickness increasing since June 2025 to 6.4% in August 2025. Long-term sickness seems to be driving the overarching performance with increases since June 2025, with 4.8% in August. Short-term sickness has been decreasing since April 2025 and is 1.7% at August 2025, the lowest percentage recorded. 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. There was a slight increase in August to 62.31 whole time equivalent (WTE). Rolling 12 month staff turnover percentage decreased from November 2024 (8.4%) with August at 7.5%

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	126	305	126	
Patient falls	189	301	191	
Medication errors	61	143	97	
Pressure damage developing or worsening during care	57	216	70	
New complaints by month received (ward level not available)	110	267	170	
Number of high and extreme risks (health board & function only)	379	491	489	
Infections: new cases	53	84	63	
Infections: C. difficile cases	9	23	10	
Workforce				
Number of staff/contractor related incidents	99	185	137	
Sickness - short term	1.7%	2.8%	1.7%	
Sickness - long term	3.3%	4.9%	4.8%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	7.5%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.36	379.79	62.31	
Bank (WTE)	212.99	352.85	328.11	

Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 5 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 – Worthybush General Hospital
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care Strategy and Planning Committee People, Organisational Development and Culture Committee Finance and Performance Committee

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

Escalation update

September 2025



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Note

- A summary of the criteria used to assess escalation levels is included on page 14.
- For further details on our performance improvement tools, processes & governance, see the [Our Improving Together Framework](#).
- For information on escalation levels, reasons for escalation and de-escalation criteria by f [Page 142](#) [Our Performance dashboard](#).

Introduction and summary



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Introduction

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 (will be introduced September 2025) and (7) performance.

This paper tracks how each of the health board's clinical care groups and executive directorates (functions) are performing in each of the improvement domains.

Summary

As at 31st August 2025, the functions with the most concerning levels are:

Function	Domains with level 3 escalation
Community & Integrated Medicine	Quality & safety, governance, finance, strategy, planning & fragile services and performance
Planned & Specialist Care	Governance, finance, strategy, planning & fragile services and performance
Estates and Facilities	Workforce, finance and performance
Operational Allied Health & Health Sciences	Finance, strategy, planning & fragile services and performance
Mental Health & Learning Disabilities	Finance and performance

Escalation status overview



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Escalation status levels overview as at 31st August 2025

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

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

Functions with the highest levels of escalation are Community and Integrated Medicine, Planned & Specialist Care, Estates & Facilities, Operational Allied Health & Health Services and Mental Health & Learning Disabilities. The escalation levels & key points to note for each of these functions are summarised in the sections below.

Functions with concerning levels of escalation (level 3s) are having monthly contacts with Executive Directors for any areas assessed as 'alert' to discuss actions being taken to address the escalation issues. Any functions not making sufficient progress or engaging in the improvement process will be escalated to level 4, resulting in a meeting with the Chief Executive Officer. Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

Escalation changes



Changes in escalation levels from 31 July 2025 to 31 August 2025:

Domain	Escalated up ↑	Escalated down ↓
Quality & safety	Public Health (now L2)	Mental Health and Learning Disabilities (now L2)
Governance	Community & Integrated Medicine (now L3)	-
Workforce	-	-
Finance	-	-
Strategy, planning and fragile services	-	-
Performance	-	-

The Community and Integrated Medicine function were escalated up from level 2 to level 3 for Governance, due to audit and inspection overdue recommendations rising from 42 (17%) in July to 104 (49%) in August.

The Public Health function were escalated up from level 1 to level 2 for Quality & Safety, escalation assurance declined from 81% in July to 79% in August.

The Mental Health & Learning Disabilities function, were de-escalated from level 3 to level 2 for Quality & Safety. This function previously had 3 domains in level 3 and have now reduced this to 2 domains in level 3.

Domain overview: Performance



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Escalation levels by function & month

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

There have been no changes in escalation levels for the Performance domain during 2025/26. Areas of greatest concern for this domain are listed below and outlined on the next page. Executive Recovery Meetings have been arranged with the relevant functions for September/October to discuss what support is needed from Executive Team members to help functions address the issues and improve performance.

- Ambulance handover delays, long waits in A&E, pathway of care delays
- Cleaning standards
- Neurodevelopmental assessment and psychological therapy waits
- High risk eye care waits and delayed follow-up outpatient appointments
- Diagnostic and therapy waits

Domain overview: Performance (continued)



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Areas of greatest concern

Community and Integrated Medicine

- Ambulance handover delays: August 2025 performance shows 821 monthly handover delays over one hour against the trajectory of 667.
- Long waits in A&E: a total of 1,371 patients waited over 12 hours in our A&E departments in August 2025.
- Pathway of care delays: performance for August 2025 shows 212 delays against the trajectory of 173. These delays create negative cascade effects across the system reducing availability of beds for those of greatest need.

Planned Care

- High risk eye care waits: latest data for July 2025 shows 69% of high-risk (R1) patients attending appointments within a 25% delay to their clinically assigned target date (target = 95%). The clinical significance cannot be understated as these pathways represent patients with the most urgent vision-related conditions where delays can result in irreversible sight loss.
- Delayed follow-up outpatient appointments: 16,999 patients experiencing delays over 100%. Continued minimal fluctuation in performance.
- ADHD assessment waits: 59.9% of children and young people waited less than 26 weeks to start an ADHD assessment in July 2025.

Operational Allied Health Professionals

- Therapy waits: at the end of August 2025, there were 2,843 patients waiting over 14 weeks for a therapy. Almost 50% of the breaches were in physiotherapy.
- Diagnostic waits: at the end of August 2025, there were 3,289 patients waiting over 8 weeks for a diagnostic. Over 85% of these breaches are in radiology.

Mental health

- Neurodevelopmental assessment waits: performance for ASD waits has been below 20% for over 2 years due to a large increase in demand which is outstripping our capacity to see patients.
- Psychological therapy waits: performance has declined for the 10th consecutive month to 51% in July 2025.

Facilities

Cleaning audits of high-risk & very high-risk areas in August 2025

- Only 87% of planned audits were completed i.e. 14 scheduled audits were not undertaken (BGH 4, GGH 5, PPH 0, WGH 5).
- Of the completed audits, only 37 out of 91 (40%) met the required cleaning standards.

Domain overview: Finance



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Escalation levels by function & month

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

The finance review has blended progress made towards the in-year delivery of savings targets with the ongoing management of core budget performance. As the year continues, the focus on in-year savings delivery will change to a recurrent full year effect, to make strides towards reducing the underlying financial deficit, which is the ultimate criteria that has been set for the escalation domain of finance.

There have been no changes to escalation levels in August. Given the scale of savings gaps within several of the Clinical Care Groups, particular attention on progression will be observed by the September reporting cycle. The focus of the organisation was to fully de-risk the financial plan delivery by the end of quarter 1 and go beyond the target control total to achieve expectations of Welsh Government. Whilst positive progress is being made, assurance cannot yet be taken that all functions will deliver on their annual plan commitments, with Executive Functions currently over-delivering to offset shortfalls in Clinical Care Groups.

Domain overview: Governance



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Escalation levels by function & month

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

Area of greatest concern

Community & Integrated Medicine

- Audits & inspections: Escalated up to level 3, worsening position: overdue recommendations 104 (49%)
- WHCs: 1 out of 2 WHCs are overdue

Planned & Specialist Care

- WHCs: Improving position 56% of WHCs are overdue
- Governance arrangements: Not in line with Formal Executive Team agreed operational arrangements

Domain overview: Quality & Safety



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Escalation levels by function & month

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

Areas of greatest concern

Community and Integrated Medicine

- Escalation quality assurance declined further with only 37% assurance at the end of August 2025.
- Very high numbers of incidents open over 120 days (1,062) and longest open complaint has been open 681 days (over 22 months).

Domain overview: Strategy, Planning & Fragile Services



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Escalation levels by function & month

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

Strategy & Planning - Areas of greatest concern

Community and Integrated Medicine

- Carmarthenshire system - clarity needed around how saving plans and wider UEC plans hang together
- Clarity required as soon as possible around the UEC Transformation plan (recognising it's a work in progress)

Domain overview: Strategy, Planning & Fragile Services (continued)



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Fragile Services - Areas of greatest concern

Community and Integrated Medicine

- Plans required to address over-reliance on agency nurses and medical locums in Bronglais.
- A&E medical staffing in Glangwili - clinical staffing concerns, vacancies (management support very sparse). Plan required for more resilient medical staffing.
- Effective mitigations to be implemented for Respiratory service in Withybush.

Planned Care

- Agreement on plan for theatre staffing, with progress towards implementation
- Agreement on CSP and/or other mitigations for:
 - Critical care in Prince Phillip
 - Emergency general surgery in Withybush & Glangwili
 - Ophthalmology consultant on-call rota
 - Anaesthetics, medical workforce
 - Sustainability and quality of care for Trauma services

Operational Allied Health Professionals

- Radiology demand is exceeding capacity, predominantly due to staffing and vacancies, approval of an improvement plan and progress with implementation is needed.

Domain overview: Workforce



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Escalation levels by function & month

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

Area of greatest concern

Estates & Facilities

- PADR: 74.8%
- Turnover: 12.2%
- Outstanding Pay Progression: 4 (1 over by 3 months)
- ER cases

Community and Integrated Medicine



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Community and Integrated Medicine: escalation levels by month and domain

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	3	Escalation assurance: 37% (last month 39%) For details please see the Our Safety dashboard. To also note - NRI closure compliance: 2 overdue and longest is 901 days	Improved management of incidents and complaints. Submission of outcome forms for overdue NRIs. Timely investigation and improvements for healthcare acquired infection, pressure damage and medication errors
Governance	3	Audits & inspections: 104 (49%) recommendations overdue. WHCs: 1 out 2 overdue (50%)	Audit/inspection recs implemented and WHCs within timescales: Level 2: >80% , Level 1: >90%
Workforce	2	Turnover: 7%; PADR: 82.7%, Outstanding Pay Progression: 15 (3 over by 3 months); Job Planning: 86%, ER cases	PADR >85%, Pay Progression: no more than 3 overdue by no more than 1 month, Job Planning >90%, Assurance around management of ER cases
Finance	3	Breakeven but significant gap on savings delivery. A review of progress and plans by the end of September 2025 will determine future escalation status.	Delivery of savings target and a balanced position in year
Strategic planning & fragile services	3	Strategy & Planning: Carmarthenshire system & UEC Transformation plans. Fragile services: agency nurses and medical locums (BGH), A&E staffing (GGH): Clinical staffing concerns, vacancies, Respiratory service (WGH)	Strategy & Planning: Agreed plans in place and evidence of delivery. Fragile Services: Plans required & implementation of effective mitigations
Performance	3	Ambulance handovers: 1hr (Aug 25 = 821), Ambulance handovers: 4hr (Aug 25 = 211), A&E waits: 12 hours (Aug 25 = 1,371), Pathway of care delays (POCD) - TI baseline = 203 (Goal 174) (Aug 25 = 212)	Level 2: Improvement trajectories met for 3 consecutive months



Facilities and Estates: escalation levels by month and domain

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Concerns regarding cleaning standards which is impacting on patient safety and patient experience	Reduction in concerns relating to cleanliness. Assurance reporting on matters impacting on quality of care e.g. written reports to IPSSG
Governance	2	Improved position Aug 25: Audits & inspections: Overdue recommendations: 46 (14%). 15 recs (4%) recs with no revised dates	Audit/inspection recs implemented within timescales: Level 1: >90%
Workforce	3	PADR: 74.8%; Mandatory Training: 84.5%; Turnover: 12.2%; Outstanding Pay Progression: 4 (1 over by 3 months); ER cases	PADR >75%, Mandatory Training >85%, Pay Progression: No more than 3 overdue by no more than 2 months, Assurance around management of ER cases
Finance	3	Overspent and significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic planning & fragile services	1		
Performance	3	Cleaning audits of high risk & very high-risk areas (Aug 25): - 87% of planned audits were completed were not undertaken - Of the completed audits, only 37 out of 91 (40%) met the <input type="text"/> g standards	Level 2: 95% of planned audits undertaken and all completed audits achieving at least 93% for 3 consecutive months

Mental Health & Learning Disabilities



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Mental Health and Learning Disabilities: escalation levels by month and domain

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Escalation assurance: 66% (last month 60%) For details please see the Our Safety dashboard	Improved management of incidents and complaints. NRIs: closure within agreed timescales (causing concern with NHS Executive)
Governance	2	Risk: 14% of risks overdue. Known risks are not entered on Datix. 65% risk have TRS & date	Risk Management: 90% of risks and risk actions are reviewed within timeframes and compliance achieving TRS dates
Workforce	2	Sickness absence, Outstanding Pay Progression: 10 (2 over by 3 mths), Job Planning: 86%, ER Cases	Outstanding Pay Progression: No more than 3 overdue by no more than 1 month Job Planning >90%, Assurance around management of ER cases
Finance	3	Slight underspent but significant gap on savings delivery. Sustainable service plan options being developed by November 2025, with clear progress required by then to avoid future escalation, pertaining to ASD, Therapy and recurrent savings.	Delivery of savings target on a recurrent full year effect basis, making up any difference in-year with non-recurrent schemes, and a balanced core budget position in year.
Strategic planning & fragile services	2	Fragile Services: Neurodevelopment services. Demand significantly outweighs capacity. Inpatient services. Heavily reliant on variable pay and goodwill of consultants.	Fragile Services: - Neuro services: Robust plan to bring capacity and demand into. - IP services: Plan to reliably deliver service without reliance on variable pay.
Performance	3	Neurodevelopmental ASD performance (Jul 25 = 16.4%), Psychological Therapies performance further decline (Jul 25 = 51.4%)	Level 2: ASD - achieve 40% for 3 consecutive months, Psychological Therapies - Improvement trajectories met for 3 consecutive months

Operational Allied Health & Health Services



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

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Escalation assurance: 71% (last month 68%) For details please see the Our Safety dashboard	Improved management of incidents and complaints Control group in place for a significant incident investigation evidence of learning within CCG is required
Governance	2	Audits & inspections: overdue recommendations 12 (14%) (Radiology: 10 recs, Pathology: 1 rec)	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	PADR: 84%, Sickness, Turnover: 8.1%, Outstanding Pay Progression: 17 (8 over by 3 months), Job Planning: 86%	PADR>85%, Pay Progression: No more than 3 overdue by no more than 1 month, Job Planning >90%
Finance	3	Underspent with a recovery plan assumed in future months, but significant gap on savings delivery.	Delivery of savings target and a balanced position in year
Strategic planning & fragile services	3	Fragile Services: Level 3: Radiology demand is in excess of capacity, predominantly due to staffing and vacancies. Level 2: Cellular Pathology, Clinical Haematology	Fragile Services: Level 2: Radiology - Approval of improvement plan and progress with implementation
Performance	3	Therapies RTT 14 weeks (Aug 25 = 2,843) Radiology 8 weeks (Aug 25 = 2,884)	Level 2: delivery plan and trajectories in place with clear milestones that have been delivered for 3 consecutive months

Planned and Specialist Care



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Planned and Specialist Care: escalation levels by month and domain

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Escalation assurance: 65% (last month 66%) For details, please see the Our Safety dashboard	Improved management of incidents and complaints. Submission of outcome forms for overdue NRIs. Timely investigation and improvement for HCAIs.
Governance	3	WHCs: Improving position 56% of WHCs are overdue Governance arrangements: Not in line with FET agreed arrangements.	WHCs: Level 2: >80%, Level 1: >90%. Gov arrangements: Consistent and functioning approved arrangements in place.
Workforce	2	PADR: 78.8%; Turnover: 6.9%; Outstanding Pay Progression: 15 (7 over by 3 months); Job Planning: 80%; ER cases	PADR >85%; Pay Progression: No more than 3 overdue by no longer than 1 month; Job Planning >90%; Assurance around management of ER cases
Finance	3	Underspent but significant gap on savings delivery. A review of progress and plans by the end of October 2025 will determine future escalation status.	Delivery of savings target and a balanced position in year
Strategic planning & fragile services	3	Fragile services: Theatres - staffing capacity (GGH), Critical care (PPH), Emergency general surgery (WGH & GGH), Ophthalmology consultant on-call rota, Anaesthetics, medical workforce, concerns about sustainability and quality of care for Trauma services	Agreement on plan for theatre staffing, with progress towards implementation. Agreement on CSP and/or other mitigations
Performance	3	Level 3: R1 Ophthalmology (Jul 25 = 69%); Delayed outpatient follow ups (Aug 25 = 16,999); ADHD (July 25 = 59.9%); HPV vaccine by age 15 (Mar 25 = 74.1%)	Level 2: R1, Follow-ups & Ophthalmology - respective targets and milestones being met for 3 consecutive months. ADHD - 70% performance for 3 consecutive months; HPV vaccine - above 85% for 3 consecutive periods

Escalation criteria



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



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Integrated Performance Assurance Report (IPAR) Overview

As at 31st August 2025

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



Overview

[Key improvement measure summary](#)

Planned care

[Outpatients – new and follow-ups](#)

[Referral to treatment](#)

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

Urgent and emergency care

[Ambulances – Hywel Dda](#)

[Emergency departments – Hywel Dda](#)

[Ambulances – Bronglais Hospital](#)

[Emergency departments – Bronglais Hospital](#)

[Ambulances – Glangwili Hospital](#)

[Emergency departments – Glangwili Hospital](#)

[Ambulances – Prince Philip Hospital](#)

[Emergency departments – Prince Philip Hospital](#)

[Ambulances – Withybush Hospital](#)

[Emergency departments – Withybush Hospital](#)

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

Cancer

[Single cancer pathway](#)

Statistical process control (SPC) charts

[Why use SPC charts?](#)

[Anatomy of a SPC chart](#)

Mental Health

[Mental health assessments within 28 days](#)

[Therapeutic interventions following primary mental health assessment](#)

[Psychological therapy waits](#)

[Neurodevelopmental assessment waits](#)

Diagnostics and therapies

[Diagnostic waits over 8 weeks](#)

[Therapy waits over 14 weeks](#)

Infections

[C. difficile and E.coli cases](#)

[S. Aureus](#)

Workforce and finance

[Staff sickness](#)

[Financial deficit](#)

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

For data on all performance measures we are tracking, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st August 2025](#)

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Ambulance handovers > 1 hour Hywel Dda	0	Aug 2025	821	Concerning	Missing target	Trajectory missed by over 5%	Alert
Ambulance handover > 4 hours Hywel Dda	0	Aug 2025	211	Usual	Missing target	Trajectory missed by over 5%	Alert
Median time ambulance arrest category calls	8	Jul 2025	10	n/a	n/a	n/a	Alert
Median time ambulance emergency category calls	8	Jul 2025	9	n/a	n/a	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Aug 2025	71.2%	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Aug 2025	1,371	Concerning	Missing target	n/a	Alert
Number of Pathways of Care delayed discharges	n/a	Aug 2025	212	Usual	n/a	Trajectory missed by over 5%	Alert
% child neurodevelopment assess waits <26 weeks	80%	Jul 2025	27.0%	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Jul 2025	51.4%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Aug 2025	2,966	Concerning	Missing target	n/a	Alert
Financial in month deficit	n/a	Aug 2025	£2,026,000	Usual	n/a	Trajectory met	Alert
E. coli: Number of confirmed cases (in-month)	21	Aug 2025	28	Usual	Hit and miss	n/a	Alert
S. aureus: Number of confirmed cases (in-month)	6	Aug 2025	9	Usual	Hit and miss	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Jul 2025	69.0%	Usual	Missing target	n/a	Alert
% uptake of flu vacc - 65+ years	75%	Mar 2025	64.9%	n/a	n/a	n/a	Alert
% Autumn 2024 COVID booster uptake for eligible residents	75%	Feb 2025	45.7%	n/a	n/a	n/a	Alert
% Spring COVID booster uptake for eligible residents	75%	Jun 2025	39.0%	n/a	n/a	n/a	Alert
% children accessing dental within 24 months	n/a	Mar 2025	49.2%	Usual	n/a	n/a	Alert
% adults accessing dental within 24 months	n/a	Mar 2025	27.7%	Concerning	n/a	n/a	Alert
% pts on single cancer pathway within 62 days	75%	Jul 2025	62%	Usual	Missing target	Trajectory missed by over 5%	Advise
C. difficile: Number of confirmed cases (in-month)	8	Aug 2025	10	Usual	Hit and miss	n/a	Advise
Pts waiting 8 wks+ for specified diagnostic	0	Aug 2025	3,289	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Aug 2025	190	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Aug 2025	193	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Aug 2025	11,868	Improving	Missing target	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Aug 2025	44.1%	Improving	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Aug 2025	16,999	Improving	Missing target	n/a	Advise
% sickness absence rate of staff	6.60%	Aug 2025	6.50%	Concerning	Hitting target	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Mar 2025	85.6%	n/a	n/a	n/a	Advise
% of children receiving HPV by age 15	90%	Mar 2025	74.1%	n/a	n/a	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
% MH assess within 28 days (age 0-17)	80%	Jul 2025	94.3%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Jul 2025	95.4%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	Jul 2025	90.9%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	Jul 2025	98.0%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Jun 2025	2,549	Improving	n/a	Trajectory met	Assure

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

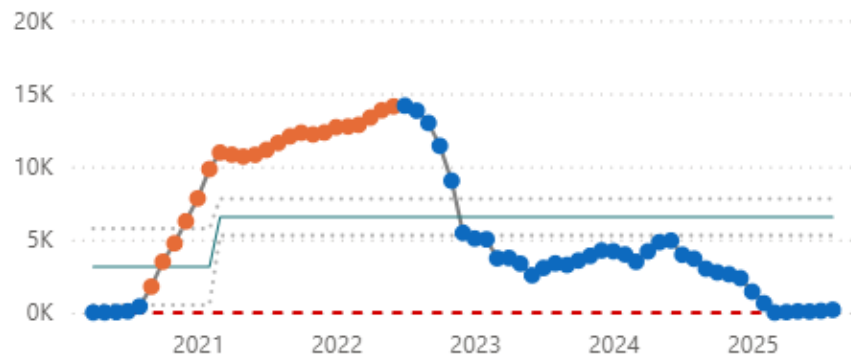
Advise
(to monitor)
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

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

Key

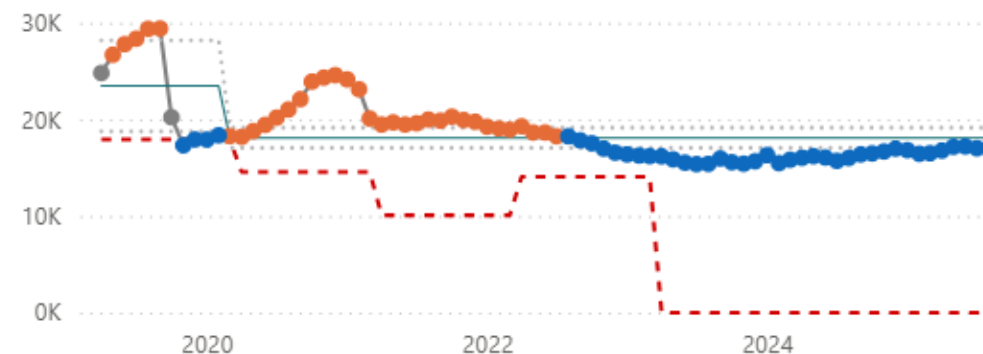
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Performance shows improving variation with 190 breaches in August 2025, a fifth consecutive monthly increase. Breaches recorded within geriatric and general medicine (103), ophthalmology (86) and dermatology (1).

Follow up outpatient appointments delayed over 100% past target date



Performance shows improving variation. Follow ups delayed over 100% of their target date reduced to 16,999 in August 2025.

Key challenges / issues

- As at August 2025, 52-week outpatient breaches are in elderly care and general medicine, driven by ongoing osteoporosis capacity issues; and ophthalmology due to requirement to prioritise urgent patients due to staff sickness and clinical vacancies. One breach in dermatology is dated in September. Recovery plans are in place for Quarter 2 (Q2).
- 52-week outpatient waits have significantly reduced from the June 2024 peak (4,930). Most specialties are expected to maintain targets, with recovery funding prioritised for Ear, Nose & Throat (ENT), Neurology, and Rheumatology.
- Active management and triage of referrals has resulted in no waiting list growth, whilst a large reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future.
- Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.

Key actions / initiatives

- 52-week outpatient target met in August 2025 across all specialties except general medicine, elderly care, ophthalmology and dermatology; Q2 plans aim to clear remaining breaches by September.
- 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 9,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines.
- 2025/26 demand and capacity plans used within all Planned Care services and aim for zero patients waiting over 36 weeks in key specialties, optimising capacity and forecasting.
- Local plan to deliver 15k+ additional appointments contributes to NHS Wales' goal of reducing outpatient waits by 200,000 by March 2026, with a focus on reducing breaches to 26 weeks in most specialties. This is due to commence in September

Due date

- 30/09/25
- 31/03/26
- 31/03/26
- 31/03/26
- 31/03/26

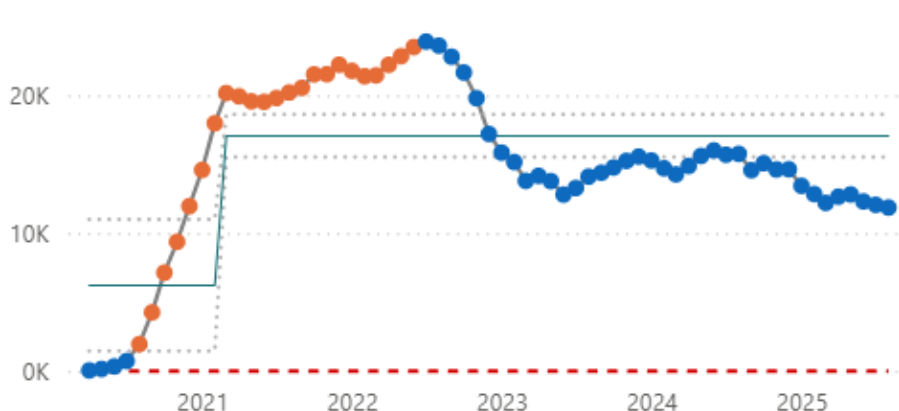
Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

Key

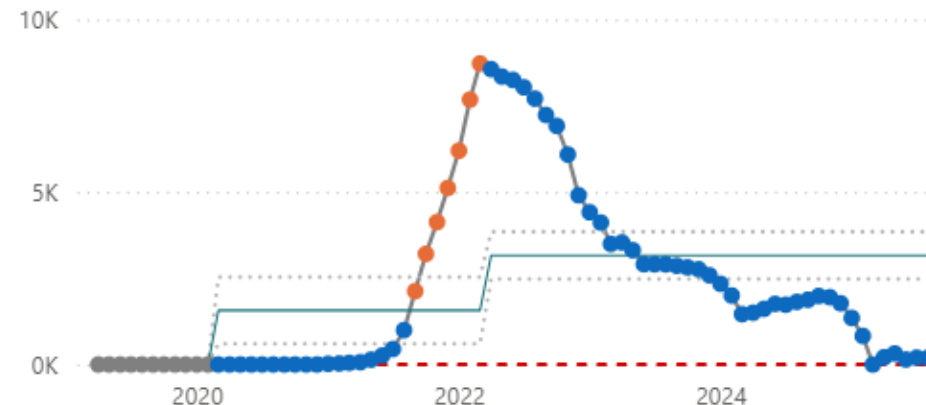
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Performance shows improving variation with 11,868 breaches in August 2025, the lowest number of breaches since November 2020.

Patients waiting over 104 weeks from referral to treatment



Performance shows improving variation with 193 breaches in August 2025. Services recording the most breaches include orthopaedics (100) and ENT (63).

Key challenges / issues

- Most specialties, including large volumes of Cataracts and Arthroplasty, are on track to clear 104-week breaches by end of Quarter 2 (Q2), but ENT and Ophthalmology face risks due to reduced level of theatre staffing and cancellations.
- August 2025 breaches are mainly due to limited theatre capacity and ongoing challenges with staffing and funding.
- Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, impacting 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, regional vascular capacity issues, 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.
- 99.9% of Hywel Dda patients will be treated within two years, with a 19.5% reduction in 36-week RTT breaches since June 2024.

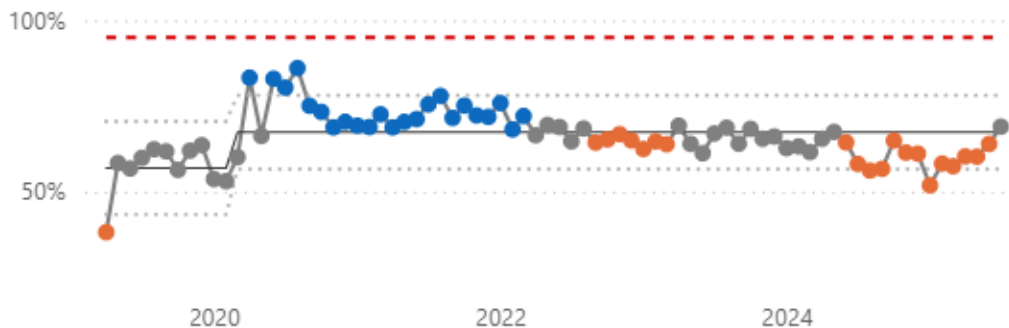
Key actions / initiatives

- Recovery plans in ENT and Ophthalmology (Ocular Plastics) include insourcing theatre staff, outsourcing tonsillectomies, and additional lists to address Quarter 1 (Q1) backlogs. 30/09/25
- Orthopaedic recovery plan targets resolution of Q1 breaches by September 2025. 30/09/25
- Focus on maintaining waiting time targets in 2025/26 using demand and capacity forecasts to highlight risks and guide funding allocation. 31/03/26
- Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties. 31/03/26
- Recovery plans in general medicine and care of the elderly include doctor onboarding and Fracture Liaison Services (FLS) nursing support to address backlogs. 30/09/25

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 usual variation. 69% (1,153 of 1,671) of R1 appointments attended in July 2025 were seen within a 25% delay to their target date, the best performance since April 2023 and a significant improvement from a low point in January 2025 (51.9%).

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

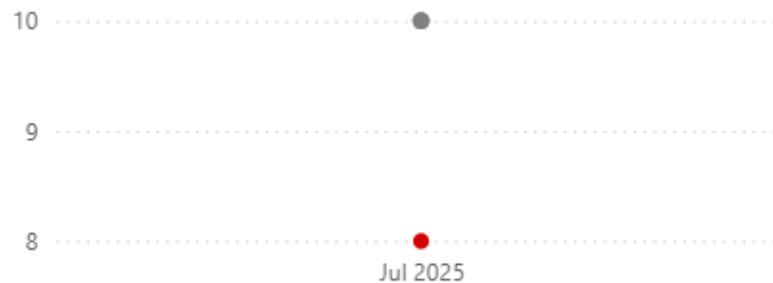


In July 2025, 6,490 out of 18,147 (35.8%) high-risk (R1) patients were waiting within a 25% delay to their clinically assigned target date (Target = 95%). Performance has been consistently between 34% and 36% since October 2024.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Three vacancies in specialty and specialist (SAS) doctor rota. Two SAS doctors commencing in September and one SAS doctor still onboarding. Gaps in the rota are currently covered with additional duty hours. The Regional Consultant posts have now been agreed to proceed to advert. The Service level Agreement (SLA) will need to be drawn up with Swansea Bay. Recruitment to posts identified in Eye Care Measures (R1) Situation, Background, Assessment and Recommendation (SBAR) are out to advert with some posts already recruited and onboarding. Some additional activity for R1 delivery has been secured through waiting list initiative (WLI) sessions, however the lists for September have not been staffed due to the insourcing project for outpatients. This will affect recent improvements in R1 delivery. Clinic delivery restricted by staffing levels in outpatient department, with two clinics recently rejected due to no outpatient staffing despite clinicians being available. Internal cataract delivery has been affected by theatre staffing issues, with list cancellations on a regular basis. Reducing sites and increasing delivery on fewer sites will ensure staff can be trained and supervised appropriately and work towards the top of their licence. 	<ul style="list-style-type: none"> Recruitment into SAS vacancies. Regional recruitment into two substantive consultant posts to stabilise service. Regional solutions for Age Related Macular Degeneration (AMD), Glaucoma, Cataract and Vitreoretinal subspecialties being explored with subspecialty leads now identified. Additional staffing onboarding to improve Eye Care Measures (R1) delivery. Internal solutions for IVT delivery have been provided to increase injections delivered per week. External solution for IVT delivery has been secured through outsourcing, whilst workforce is recruited to build sustainable service. Potential to outsource further patients in the interim whilst onboarding. SBAR to be developed to identify requirements needed for outpatient delivery in Ophthalmology. External solutions for cataract delivery has been secured through outsourcing. Regular theatre delivery meetings to review all possibilities prior to list cancellations. Theatre staff recruitment and training commenced. 	<p>31/10/25</p> <p>31/03/26</p> <p>30/11/25</p> <p>31/12/25</p> <p>31/10/25</p> <p>31/10/25</p> <p>31/03/26</p> <p>31/03/26</p>

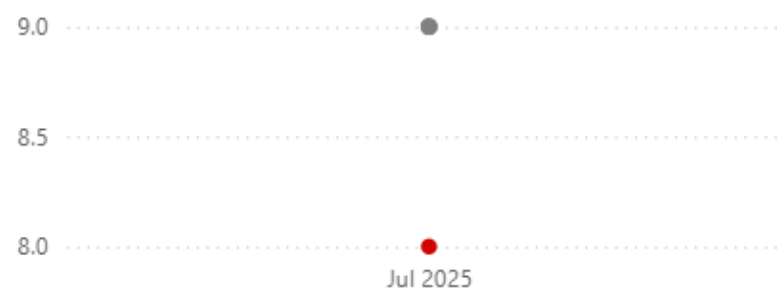
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
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 - Ambition

Median emergency ambulance response time to purple: arrest category calls



In July, there were 122 purple incidents out of a total of 4,415. Median response time was 09:31 minutes.

Median emergency ambulance response time to red: emergency category calls

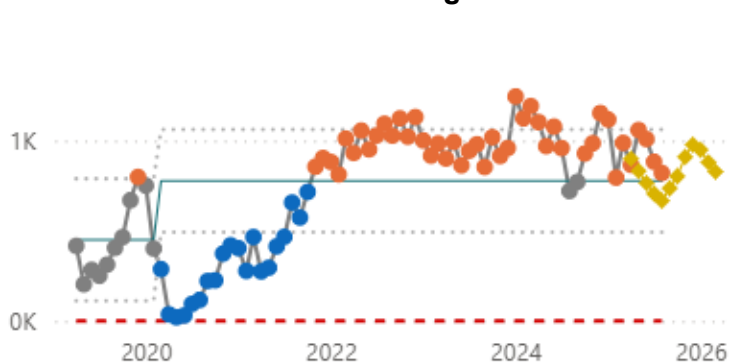


In July, there were 538 emergency incidents out of a total of 4,415. Median response time was 09:10 minutes.

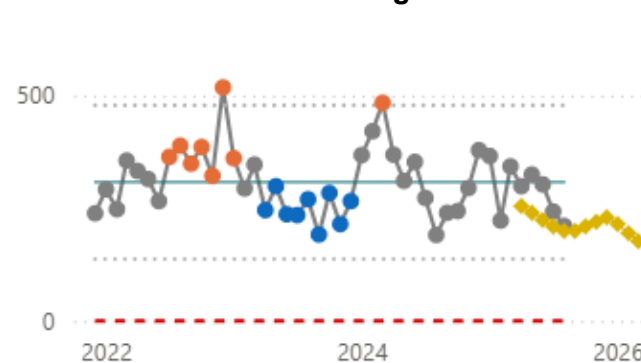
Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • As of the 1st July 2025, new response category changes are now measured on a median response and clinical outcomes. • Overall attended demand in Hywel Dda health board area for July 2025 on average has been above forecast. • Hospital delays in offloading WAST ambulance crews, 3,003 hours lost at the 4 acute Hywel Dda hospital sites during July 2025. • There have been 46 immediate release requests in July 2025 with an acceptance rate of 88.64%. 	<ul style="list-style-type: none"> • Introduction of new response categories PURPLE ARREST, RED EMERG. • 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 hubs staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Ceredigion. Improvements being made with uplifting cover • WAST resourcing reviews and targeted overtime allocation • Wait 45 initiative is due to be implemented, which will reduce length of ambulance wait times outside EDs. 	<ul style="list-style-type: none"> 01/07/25 Weekly ongoing Daily – Hourly ongoing Weekly ongoing Active Weekly ongoing Weekly review – ongoing 01/10/25

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

Ambulance handovers taking over 1 hour



Ambulance handovers taking over 4 hours



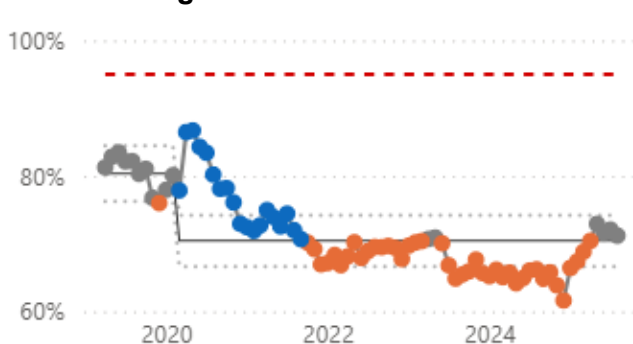
>1 hour handovers:

Latest data is showing concerning variation
 821 handovers > 1 hour out of a total of 2,206 handovers.

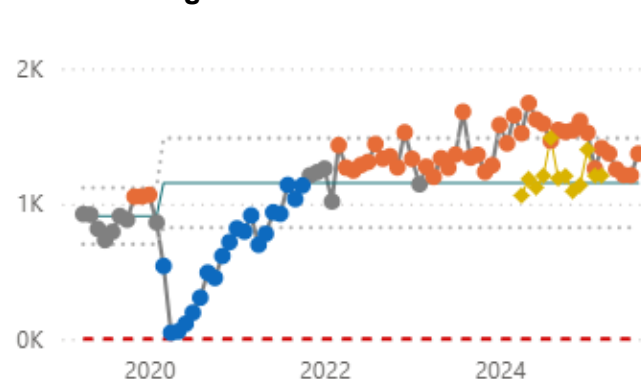
>4 hours handovers:

Latest data is showing usual variation. 211 handovers > 4 hour out of a total of 2,206, 10%.

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 usual variation.
 71% of patients were seen within 4 hours, 11,697 out of 16,433 new attendances.

Waits > 12 hours:

Latest data is showing cause for concern variation.
 1,371 patients waited over 12 hours, out of 16,433 new attendances, 8%.

Key actions / initiatives – tactical urgent and emergency programme **Due date**

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 (by October 2025) 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

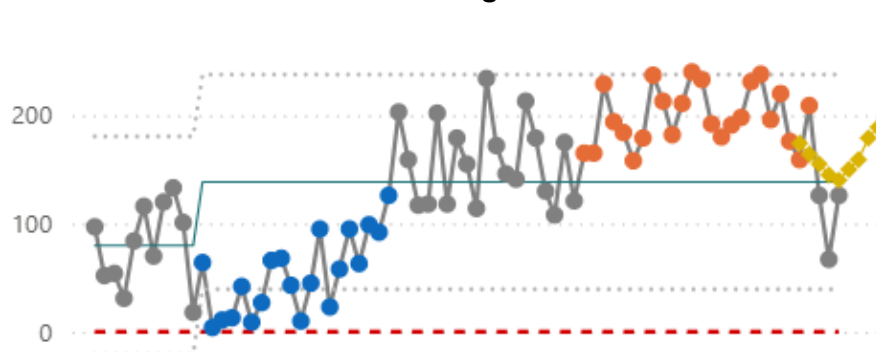
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

Key

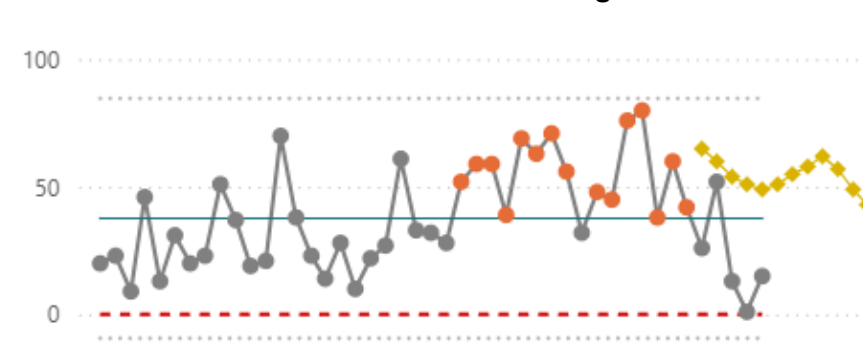
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing usual variation.
126 handovers >1 hours reported out of a total of 426 handovers, 30%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation.
15 handover >4 hours was reported out of 426 total handovers 4%.

Key challenges / issues

- Rapid Assessment and Treatment (RAaT) provision can be impacted by lack of nursing staff to support area – majority of ambulance emergency release calls are almost always supported.
- Reduced capacity and patients in corridors within the Emergency Department (ED) is a regular occurrence due to limited flow.
- Discharges taking place too late in the day.
- Surge capacity is generally always full which means patient boarding opportunities can be minimal.
- Staffing challenges remain with number of vacancies.
- Self-presenters can be prioritised based on clinical acuity.

Key actions / initiatives

- 45 minute ambulance handover – action plan in place. System Reset week taking place week commencing 08/09/2025.
- Daily clinically optimised review to take place by senior team.
- Every patient review over 10 days by discharge team.
- Establish accelerator team to focus on discharges – escalation of delays to System General Manager and System Head of Nursing.
- Criteria Led Discharge – pilot ward agreed as Meurig – commenced week commencing 08/09/25.
- Launch of Your Next Patient and 2 moves by 10am/2pm/4pm.
- Engagement with Welsh Ambulance Service Trust on pre alert and redirection criteria/no convey protocols.
- Dedication RAaT provision at the front door enabling timely assessment – awaiting sign off nursing model
- Earlier in the Day discharge workstream
- Engagement with Out of Hours relating to GP referrals – review of conveyance
- Health Board Operational Delivery Group commenced 08/09/2025 to focus on timely handover and reduction of delays.
- Y Bwa continues to remain to support site pressures
- Focus on Short Stay area within the Emergency Department to ensure continuation of flow

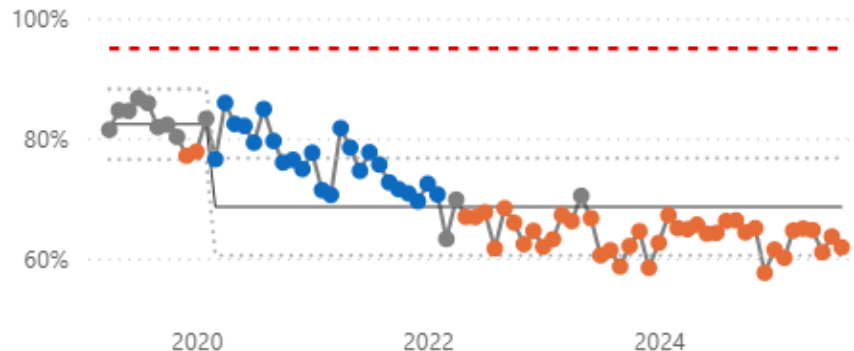
Due date

- 01/10/25
- 01/10/25
- 01/10/25
- 01/10/25
- 01/10/25
- 01/10/25
- 01/10/25
- 01/10/25
- 01/11/25
- 01/10/25
- Live
- Live
- Live
- Live

Key

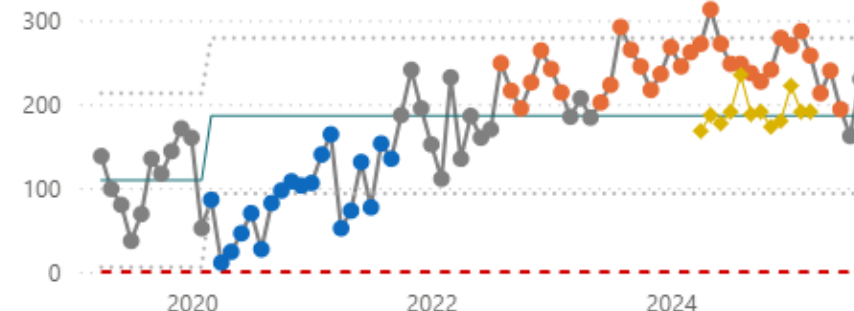
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



62% reported for August, 1,071 breaches out of 2,809 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



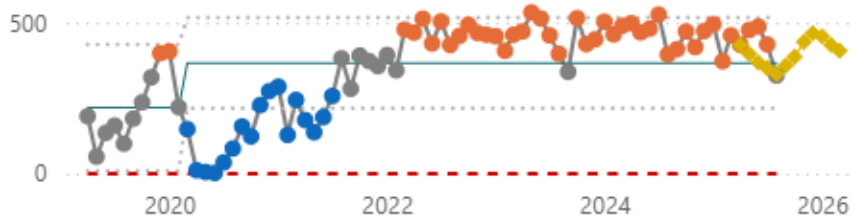
230 breaches out of 2,809 new attendances, 8%. The chart is showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> 4 hour waits continue to be a challenge and are related to the constraints outlined in relation to the 1 and 4 hour ambulance handover position. High number of clinically optimised patients across the acute site. High inpatient acuity. Delays in, earlier in the day discharges, this can be due to additional investigations being requested, doctor review, transport etc. Limited opportunities to board and surge. Boarding options are now regular surge areas. Surge beds are often opened to meet increased demand Pathway of Care delays at BGH – for August census count there were a total of 17 patient delayed with the top theme being “Assessment issues,” 4 patients “Awaiting joint assessment” and 4 patients “Awaiting a start of new care package.” 	<ul style="list-style-type: none"> Health Board Medical stabilisation take and finish group established to review current medical rotas. Bronglais Emergency Department is one of the priority areas. Flow ownership (Flow Champion to be established) – from whiteboard to ward Same Day Urgent Care model to be explored for Aberaeron and Aberystwyth Review of lessons learned from System Reset Optimal Hospital Flow workstreams across Ceredigion System, focus on reduction of delays – early moves to ED, early discharges to wards and clinical decisions unit. 	01/10/25
	<ul style="list-style-type: none"> Reduction of Pathway of Care Delays 	01/10/25
	<ul style="list-style-type: none"> RAaT model in place supporting circa 10 attenders a day 	01/12/25
	<ul style="list-style-type: none"> Boarding policy operational 	01/10/25
	<ul style="list-style-type: none"> Short Stay assessment area in place to enable rapid flow 	Live
	<ul style="list-style-type: none"> North Outreach Team attending Board Rounds on acute site. Integration with Frailty/ED and Acute Medics to proactively pull patients for digital ward 	Live
	<ul style="list-style-type: none"> Senior Leadership presence to support actions to reduce delays 	Live

Key

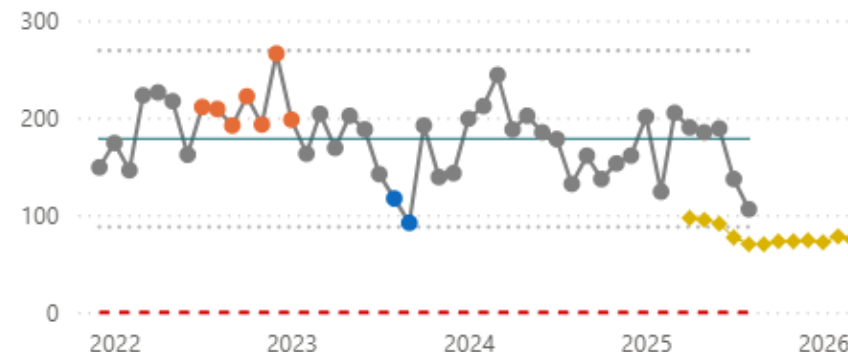
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is usual variation. 325 handovers >1 hours reported out of a total of 832 handovers, 39%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 106 handovers >4 hours reported out of a total of 832 handovers, 13%.

Key challenges / issues

- Patient flow from the Emergency Department (ED) continues to remain challenging with high acuity and high volume of patients awaiting a ward bed who are held in the ED.
- High volume of ambulance attenders presenting at front door with delays experienced due to patient flow challenges.
- Surge capacity around nursing bay limits handover space availability despite surge and boarding on ward areas.
- Acuity of self-presentations can often need to be prioritised clinically.
- Provision of numerous specialty pathways for patients across the Health Board.
- High acuity of ambulance presenters not being fit to sit.
- Advanced Paramedic Practitioner (APP) Navigator fill rates are below 100% due to clinical shifts taking priority.
- Despite boarding policy in place on daily basis when site is fully escalated, flow continues to be challenging with all ward and treatment rooms on full surge.

Key actions / initiatives

- Health Board repatriation document to be agreed at local triumvirate and Clinical Care Group to agree early repatriation of pathway patients to referring sites.
- Expansion of Same Day Emergency Care (SDEC) footprint with capital funding. SBAR presented at Executive Team in September with further agreement required at Health Board Planning and Strategy Committee on 15/09/25.
- Review initial learning from Operational Delivery Group soft launch in September 2025 to focus on ambulance handover delays and resource
- Review initial learning from Reset week planned for 8th September across Clinical Care Group acute and community.
- Continued focus on achieving 15 minute handover for ambulance attenders.
- Development and implementation of "Our Next Patient" Standard Operating Procedures to ensure that each patient arrives at the right ward, at the right time and under the care of the most appropriate team.
- Rapid assessment pitstop (ambulance) staffed by triage nurse and now middle grade doctor when staffing allows.

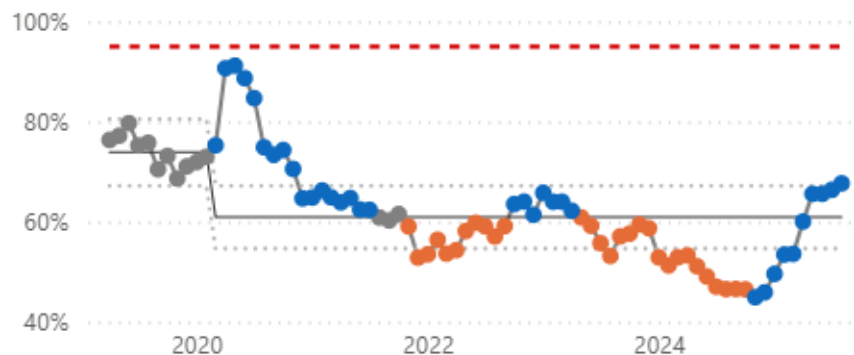
Due date

- 30/09/25
- 30/03/26
- 30/09/25
- 30/09/25
- Live
- 30/09/25
- Live

Key

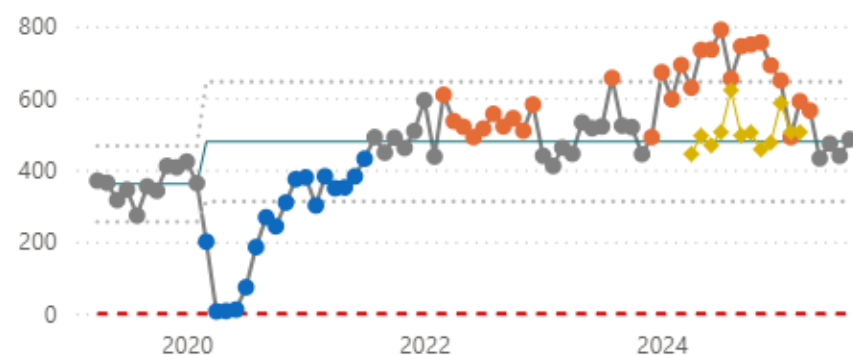
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



68% reported for August, 1,565 breaches out of 4,842 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



485 breaches out of 4,842 new attendances, 10%. Chart is showing usual variation.

Key challenges / issues

- Increasing volume of attenders seen through Glangwili Front Door with limited capacity for see and treat rooms due to large volume of patients awaiting beds in the Hospital.
- Data quality of breach validation is improving on 4 hour performance target.
- Patient flow from the Emergency Department continues to remain challenging with high acuity and high volume of patients awaiting beds contributing to 12 hour performance.

Key actions / initiatives

- Front door proposals with capital expansion awaiting approval at Health Board Planning and Strategy Committee on 15/09/25. Weekly project team in place.
- Reviewing staffing models to deliver 7/7 Same Day Emergency Care and Streaming Hub. Investment required for increase in staffing.
- Senior ED Clinician assigned on staffing rota for pitstop to enable rapid assessment and triage for ambulances with the aim of admission avoidance.
- Development and implementation of "Our next patient" to decant from ED when able to do so.
- Implementation of Top 10 at 10 review meeting for longest medical waits in collaboration with Intermediate care Multi-disciplinary Team (ICMDT) and

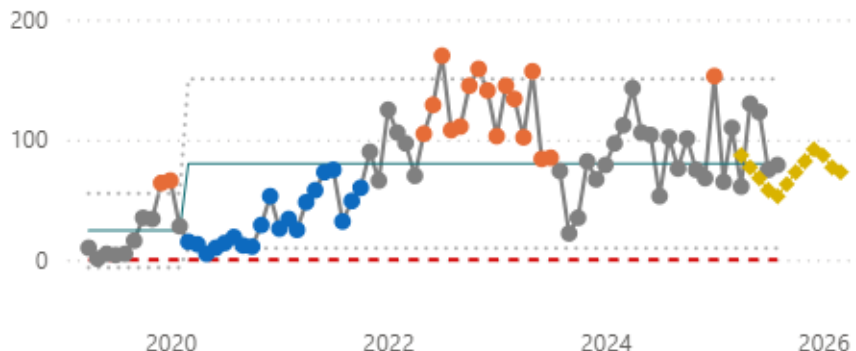
Due date

- 30/03/26
- 30/11/25
- Live
- 30/09/25
- Live

Key

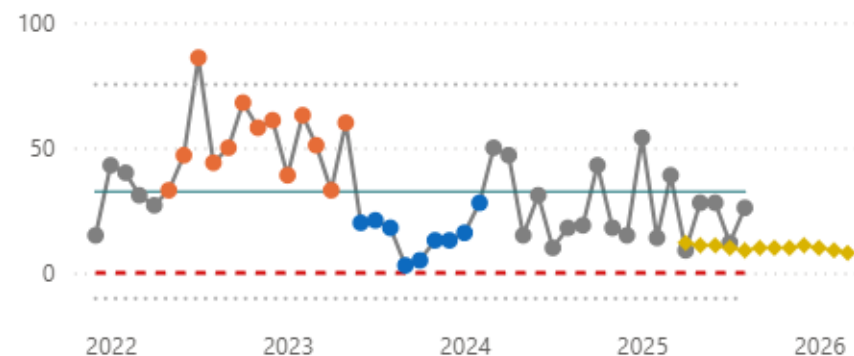
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing usual variation. 79 handovers >1 hours reported out of a total of 245 handovers, 32%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 26 handovers >4 hours reported out of a total of 245 handovers, 11%.

Key challenges / issues

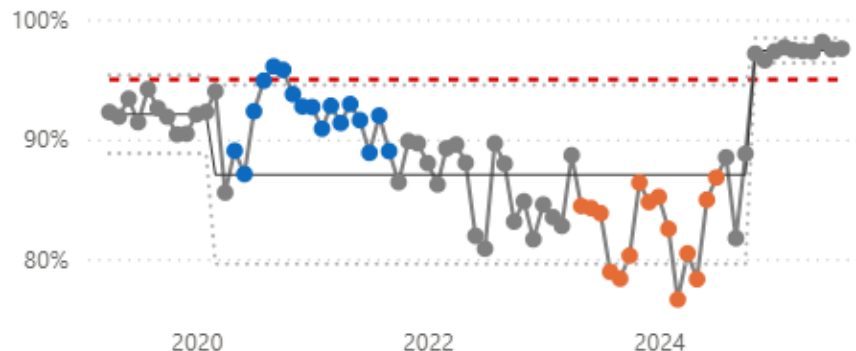
- Continued 'Front Door ' pressures resulting in very limited capacity due to continuing IP & C issues (infection, prevention and control) which reduces the ability to surge in areas we would normally.
- We continue to experience high levels of ambulance conveying to site during our summer months resulting in delays in handover.
- Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to Acute Medical Assessment Unit (AMAU) remains which limits capacity for ambulances. This is further compounded by patients being admitted from Same Day Emergency Care (SDEC) and self presenting GP referrals.
- Boarding protocols (where patients are moved to wards early where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation although patient flow out of hospital continues to be compromised with limited community bed availability.
- Across Carmarthenshire- Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub remains a challenge and as a result, acute site does experience an increase in ambulance conveyances.

Key actions / initiatives

- SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions. 30/09/25
- Review initial learning from Operational Delivery Group soft launch in September 2025 to focus on ambulance handover delays and resource 30/09/25
- Continued focus on achieving 15 minute handover for ambulance attenders. 30/09/25
- Development and implementation of "Our Next Patient" Standard Operating Procedures to ensure that each patient arrives at the right ward, at the right time and under the care of the most appropriate team. 30/09/25
- Immediate ambulance release requests are almost always supported. Complete
- AMAU acute medical model will be functional from September to support early decision/discharge at the front door. Complete
- Clear communication channels with the Operational Delivery Unit (ODU) in the Welsh Ambulance Service trust (WAST) to support decision making with a view to minimise risk as part of the hospital flow. Complete

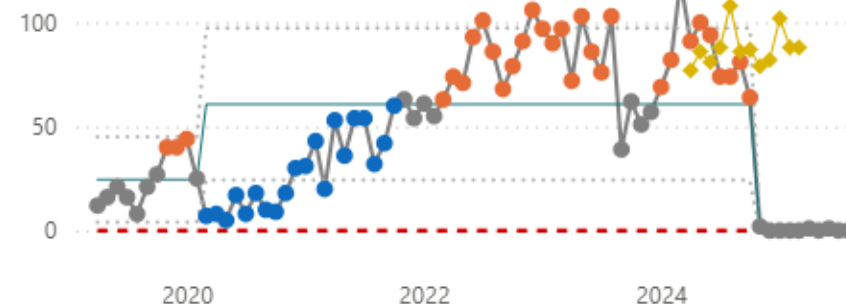
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Patients waiting less than 4 hours in MIU



98% reported for August, 60 breaches out of 2,465 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



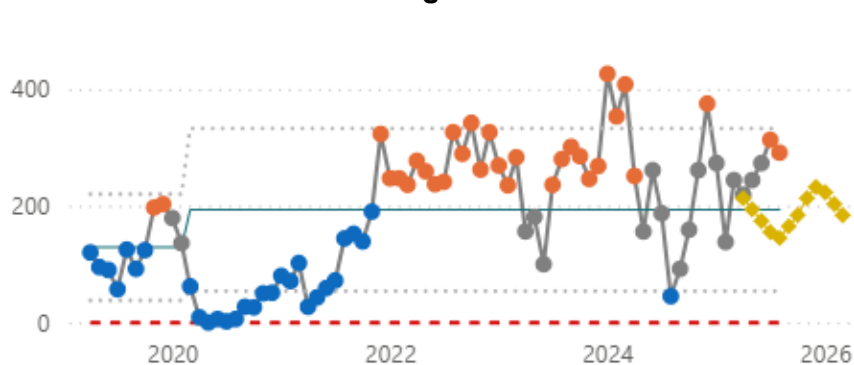
Zero breaches out of 2,465 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • Our Minor Injury Unit (MIU) new patient attendances has returned to similar levels prior to closing overnight (November 2024) but there is a significant drop in patients presenting with a major complaint within that total - only 17% of patients who presented had a medical complaint. Patients who require admission following triage are handed over to the medical team in AMAU ward. 	<ul style="list-style-type: none"> • Locum consultant for SDEC has created support for weekly hot clinics. This allows for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance. 	01/10/25
<ul style="list-style-type: none"> • Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 40 patients per day. This does have an impact on patient flow throughout the hospital resulting in delays in patients in MIU who require an inpatient bed 	<ul style="list-style-type: none"> • Consultant Connect being introduced to use operationally within SDEC to further support effectiveness of the department. Go Live is 01/09/25 • Ongoing work with community colleagues on early discharge planning. Use of hospital at home to create a wrap around service enabling community GP's to refer into SDEC out of hours/weekends and then SDEC treat and refer patients back into hospital at home supporting admission avoidance. • Senior Leadership presence to support actions to reduce delays. 	<p>30/09/25</p> <p>Complete</p> <p>Complete</p>

Key

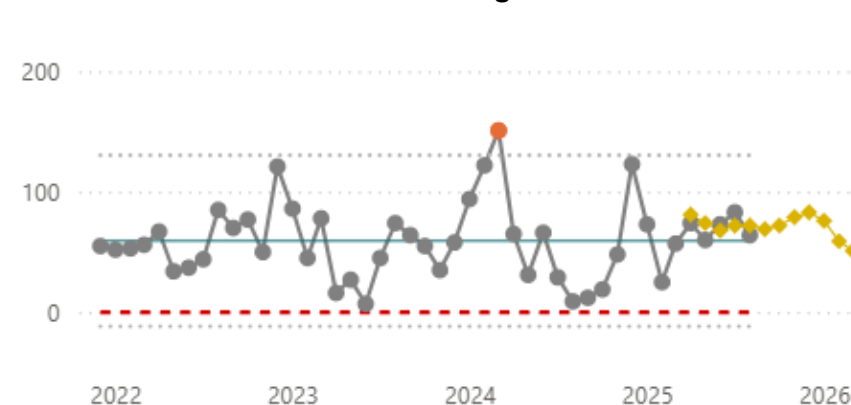
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 291 handovers >1 hour reported out of a total of 703 handovers, 41%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 64 handovers >4 hours reported out of a total of 703 handovers, 9%.

Key challenges / issues

- The situation of patient flow in WGH remain challenging.
- ED remains pressurised due to the number of in-patients wait for in beds boarding in the department. Which then reduces the space to handover the ambulances in a timely manner.
- Surge capacity around nursing bay (due to fire regulation) limits handover space availability despite surge and boarding on ward areas.
- The self-presenter's acuity remains high; they will take clinical priority over some of the conveyed patients via ambulance.
- Despite boarding policy in place, the site is fully escalated, patient flow continues to be challenging with all ward and treatment rooms on full surge.
- WGH has an issue with covering the medical rota, due to vacancies and delay in the recruitment process. This has led to further challenges in the discharge processes.

Key actions / initiatives

- Review initial learning from Reset week planned for 8th September across Clinical Care Group acute and community.
- Development and implementation of "Our Next Patient" Standard Operating Procedures to ensure that each patient arrives at the right ward, at the right time and under the care of the most appropriate team.
- Continued focus on achieving 15 minute handover for ambulances, will be monitor and track arrivals, redline of no ambulances to breach 45 mins. This will be monitored during "re set week".
- All immediate handover requests to be honoured.
- Senior medical presence at the front door (rota allowing).
- Clear communication channels with the Operational Delivery Unit (ODU) in the Welsh Ambulance Service trust (WAST) to support decision making with a view to minimise risk as part of the hospital flow.

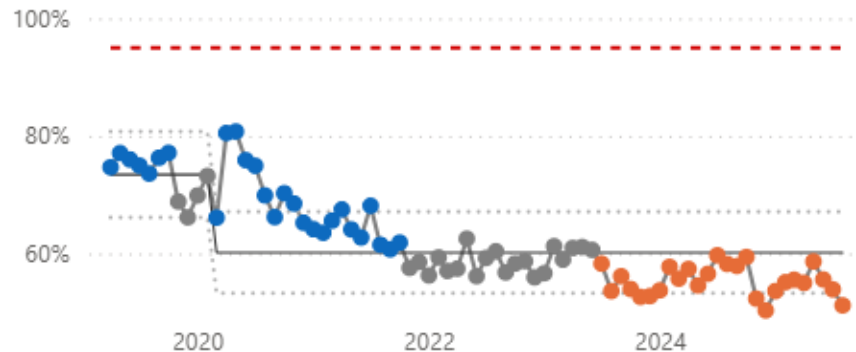
Due date

- 30/09/25
- 06/10/25
- 30/09/25
- Completed
- Completed
- Completed

Key

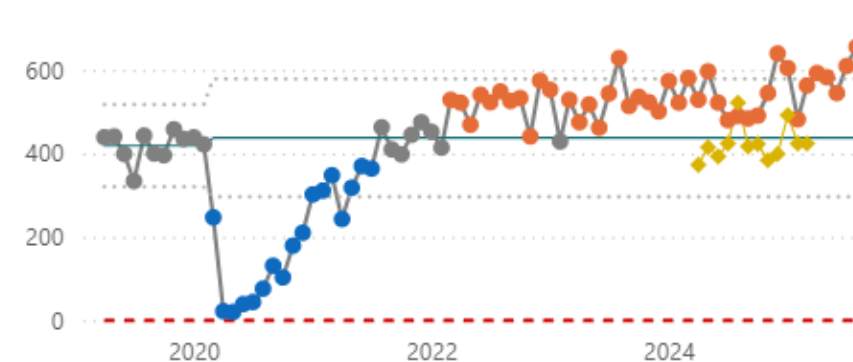
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



51% reported for August, 2,010 breaches out of 4,118 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



656 breaches out of 4,118 new attendances, 16%. Chart is showing concerning variation.

• Key challenges / issues

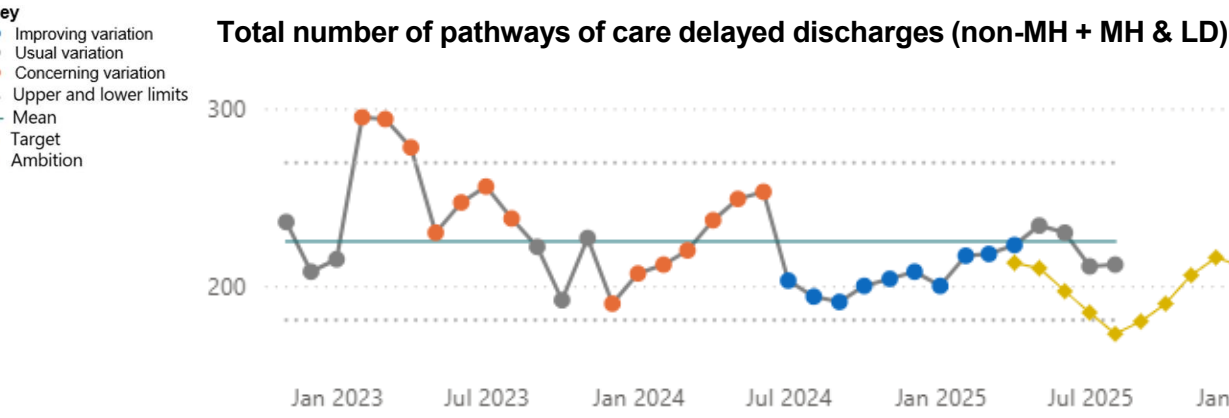
- Main key challenges for WGH is the poor patient flow out of the hospital.
- WGH is experiencing a difficult medical rota coverage at present, due to vacancies and slow recruitment process (not in Health Board gift)
- Due to constant demand, the site has now surged into the assessment units, which does not allow the teams to work efficiently in reviewing and discharging patients.
- ED remains over-crowded, which mean the medical teams do not have space the see and treat patients in a timely manner.

• Key actions / initiatives

- Review initial learning from Reset week planned for 8th September across Clinical Care Group acute and community.
- Development and implementation of "Our Next Patient" Standard Operating Procedures to ensure that each patient arrives at the right ward, at the right time and under the care of the most appropriate team.
- Community teams are attending ward board rounds, to rise community resource availability and challenge the "home first" ethos.
- Review initial learning from Operational Delivery Group soft launch in September 2025 to focus on ambulance handover delays and resource

• Due date

- 30/09/25
- 06/10/25
- 30/09/25
- 30/09/25



- Number of census count in August is 212 patients and chart shows usual variation.
- The total days delayed for non-mental health decreased in August to 8,559 days.
- Mental health and learning disability delays also decreased in August to 827.
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

Key Challenges / Issues	Key actions / initiatives	Due date
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Non-mental health:
 Significant reduction in delays relating to completion of social care assessments (n=16 down from n=41 in July). Ongoing challenges in the provision of new community care packages funded by social care (n= 28 compared to n=23 in July), and reablement community care packages (n=30), and Continuing Health Care assessments (n=20 up from n=11 in July). Availability of residential and nursing care homes remain an issue across the region as well as some housing related issues. Worsening position in relation to assessments for nursing (n=16) and Allied Health Professionals (n=8) compared to July.

Mental health:

- The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for August 2025, improved by 2 to 15, this figure includes 10 discharges from last month, 7 who remain PoCD from the last count and 8 new patients identified as medically optimised.
- The patients are categorised as follows, older adult 13, an increase of 2, adult 2, a reduction of 4 and 0 for learning disability which remains unchanged.
- The position in respect of patients who have a length of stay over the 90 and 100 day threshold for Mental Health remains at 2 over 90 and 3 over 100 days.
- In summary, there are 15 medically optimised patients on in-patient wards, which is a continued improvement and provides some assurance in respect of revised patient flow processes that have been implemented since May 2025.

Non-mental health:

- Delivery on the regional Delayed Pathways of Care Action plan (including additional Local Authority (LA) funding allocation for PoCD with a focus on increased reablement and social worker capacity and access).
- Improvement plan against Discharge to Recover and Assess (D2RA) pathway measures .
- Strength- based collaborative communication training programme with health and LA leaders and staff .
- Ongoing work around preventing deconditioning, Trusted Assessor models around mental capacity assessments and interprofessional standards.

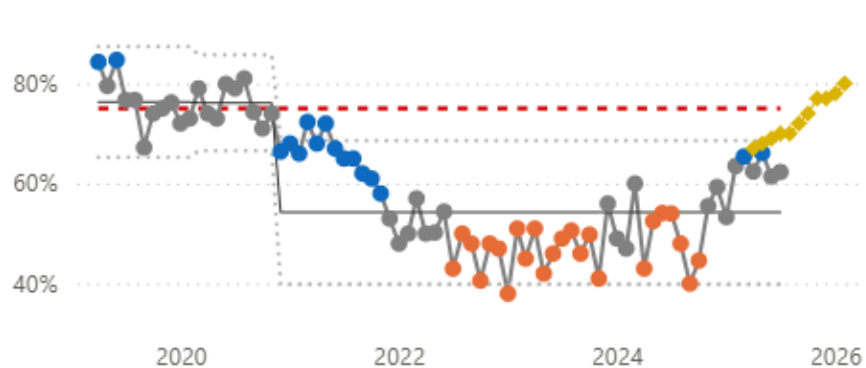
Mental health:

- All in-patient wards have the required Pathway of Care Delay processes in place but for older adults, the demand for places in specialised residential care homes for individuals with advanced dementia cannot be met by the current provision available.
- Across Wales, Mental Health and Learning Disability services have a requirement to identify any patients that have a delayed pathway of care above 90 or 100 days. There are two patients who meet this criteria, both patients have concise discharge plans in place and the delays is beyond the control of the in-patient multi-disciplinary team to resolve.

Key

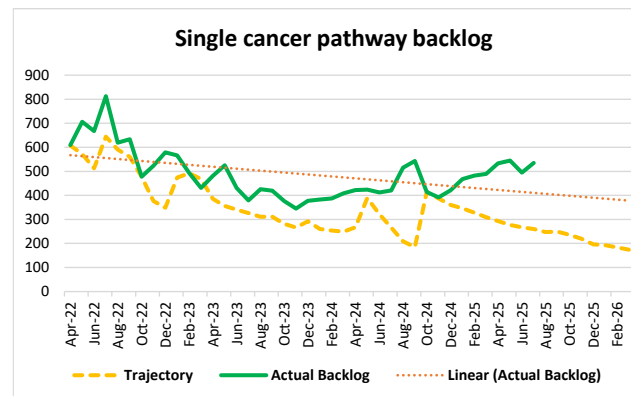
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



Performance was 62% in July 2025 against the trajectory of 69%. Urology has the highest volume of patients waiting over 62 days (202 in July 2025).

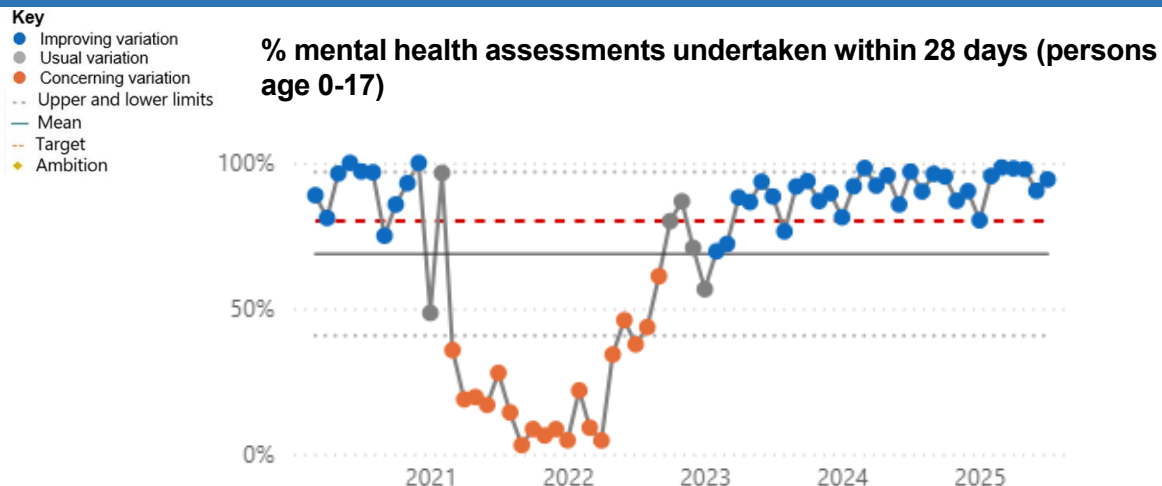
Number of single cancer pathway patients waiting over 62 days



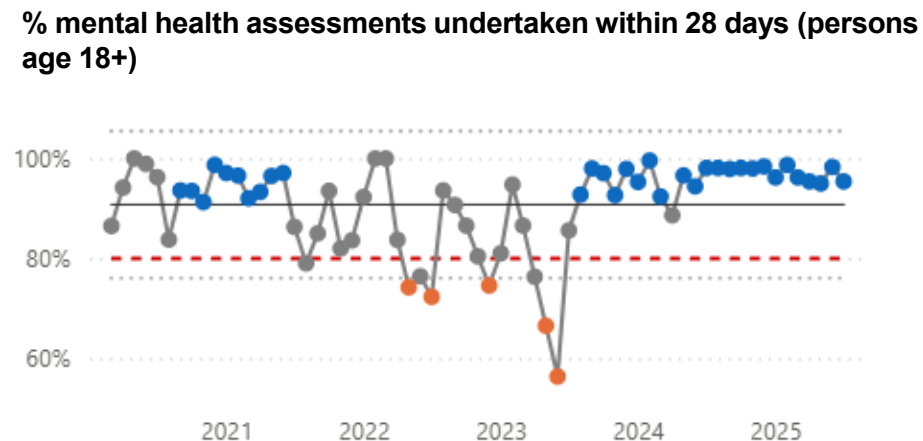
There were 553 patients waiting over 62 days in August 2025, the trajectory has not been met since October 2024.

NOTE: Patients are either awaiting treatment or are going through the diagnostic phase of the pathway. Not all patients in the diagnostic phase will go on to have a confirmed cancer diagnosis.

Key challenges / issues	Key actions / initiatives	Due date
<p>Single cancer pathway</p> <p>In July 2025, 174 patients with a confirmed cancer diagnosis, who were waiting over 62 days were treated, first treatments rates increased by a total of 76 patients.</p> <p>288 patients started treatment within 62 days with 176 patients waiting over 62 days.</p> <p>Fragility in Radiology remains a key risk to delivery. Recurrent stabilisation funding in Radiology agreed in 2025/26 to support stabilisation of USC pathways.</p>	<p>Diagnostics: Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26. Recurrent stabilisation funding (2025/26 Annual Plan) in Radiology being utilised to stabilise USC pathways.</p> <p>Urology: Flexi Cystoscopy currently 170 patients waiting on open pathways. Additional planned activity will see a reduction in the waiting list of 10 per week. Flexi Cystoscopy currently under 100 patients (circa 85) as per the plan for the end of September. This will have a positive influence on the Urology backlog. Robust improvement plans agreed for Urology diagnostics for 2025/26. Targeted plans and trajectories for reduction are in development to be delivered during September & October 2025. The Urology recovery plan will have a positive influence on the backlog reduction.</p> <p>Faecal immunochemical test (FIT): pathway realigned to Primary Care planned implementation November 2025.</p> <p>Skin: Focus on increasing treatment capacity within Dermatology during Q2 2025/26 to mitigate the increase in earlier part of the pathway.</p>	<p>31/03/26</p> <p>30/09/25</p> <p>30/11/25</p> <p>30/09/25</p>



Latest performance of 94.3% is showing improving variation and the target of 80% was met.



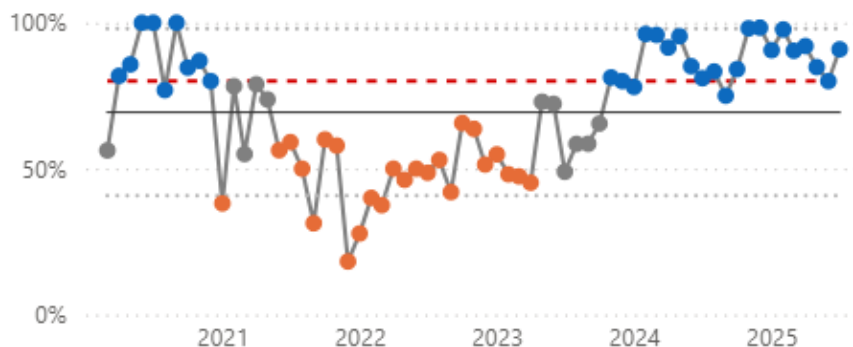
Latest performance of 95.4% is showing improving variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% mental health assessments undertaken within 28 days (persons age 0-17): Despite three staff on maternity leave, we continue to show compliance due to cross cover support from other teams to maintain performance.</p>	<p>% mental health assessments undertaken within 28 days (persons age 0-17): Continue cross-cover support whilst recruited and appointed staff come into post and go through induction.</p>	31/10/25
<p>% mental health assessments undertaken within 28 days (persons age 18+): Due to tight timescales to achieve the target, if patients are unable to make the initial assessment date the follow up appointment can fall outside the allocated time frame.</p>	<p>% mental health assessments undertaken within 28 days (persons age 18+): Ensure an effective administration process is in place and vital support to ensure that the service remains compliant with the target.</p>	30/09/25

Key

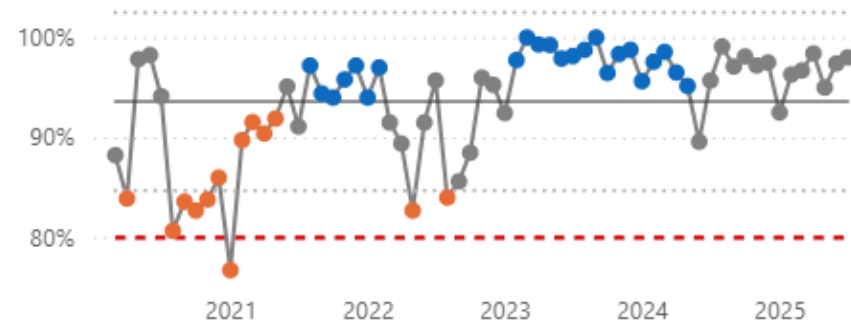
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 90.9% is showing improving variation and the target of 80% was met.

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



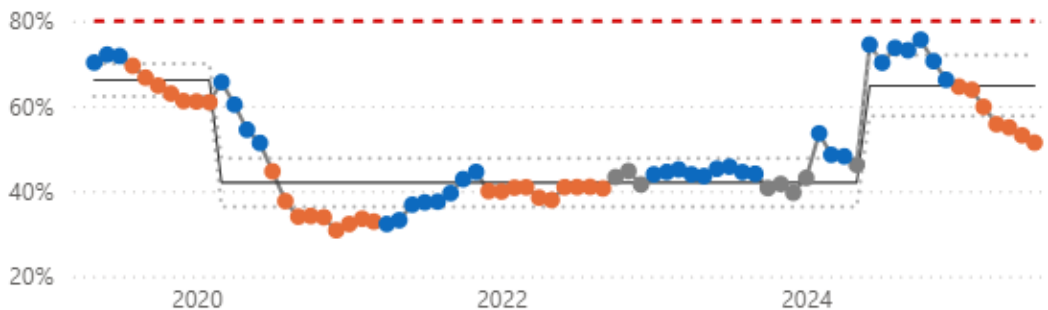
Latest performance of 98% is showing usual variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): Shows an improvement on previous month, despite three staff on maternity leave; this is due to cross cover support from other teams to maintain performance.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): Cross cover support will continue whilst recruited and appointed staff come into post and go through induction.</p>	31/10/25
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Groups are now underway and are supporting compliance along with increased support through digital options. Estates access continues to be challenging across the three counties.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Staff endeavour to ensure compliance with the measure targets. The Primary Care Liaison Service operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS.</p>	30/09/25

Key

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

% adults waiting <26 weeks to start a psychological therapy



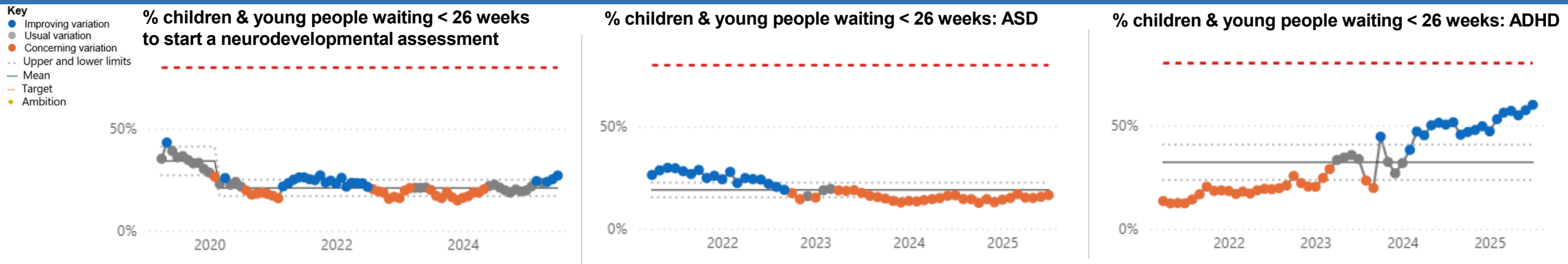
Performance in July of 51.4% shows concerning variation and the target of 80% was not met.

- 364 out of 680 (53.5%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 6 out of 12 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 31 out of 85 (36.5%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Integrated Psychological Therapies Service (IPTs): Activity remains high within the service with 104 clients commencing therapy in July. The service has, however, seen a 2% drop in the RTT, whilst we have seen a reduction in the backlog waiting of 4%. The challenges reported of phase 1 and 2 of the roll-out of group therapies, whereby clients took up 1:1 sessions despite having already either accepted groups, continues. Phase 3, which began in June 2025, is only offering 1:1 sessions where a group therapy is not assessed as clinically appropriate with caps in sessions in place.</p>	<p>IPTS: Phase 3 is now in place which supports a prudent and tiered approach to high intensity intervention with a 92% acceptance rate of the initial offer of groups. This is key to supporting the increase in demand; however, it is a cultural shift that requires effective support. Treatment groups for Childhood Trauma, OCD, stabilisation programme and Self Esteem groups coming online over the next 2 months. The introduction of these groups has significantly reduced waiting times, reduced pressure on other services within the Health Board and ensured that the service is abiding by Prudent Healthcare principles. Digital options are being explored to support waiting times further.</p>	<p>31/03/26 31/10/25</p>
<p>Adult Psychology: The Adult Psychology Mental Health (AMH) waiting list continued to improve in July in terms of the waiting time target. A large geographical area can mean that access is limited in some areas particularly if client requires face to face intervention as opposed to remote.</p>	<p>Adult Psychology: All four clinicians are providing consultations to other services, decreasing referrals to AMH. Grow Your Workforce plans are in place. A whole-time equivalent vacancy has been recruited to and is expected to commence in October 2025. This is based in an area where there is currently no community provision.</p>	<p>31/03/26 31/03/26 31/10/25</p>
<p>Learning disabilities (LDs): Long term sickness and vacancies in the team are affecting capacity and impact on waiting times, as well as intensive work and court reports required for the increasing complex Court of Protection (CoP) cases.</p>	<p>Learning disabilities: A project is underway to scope under 18s that will potentially require a specialist LD service which will include pathways for earlier identification, education and engagement with families in children’s services regarding the changes of legislation/transition from children to adult services including court of protection and the Best Interest process. The new service model has a role for a co-ordinator for CoP cases who can link in with legal to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. This will be rec... Part of our organisational change process from September to November 2025.</p>	<p>30/11/25</p>

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in July 2025 of 27% shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 569 of 3,465 (16.4%) patients were waiting for an assessment <26 weeks. 671 of 1,121 (59.9%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiative	Due date
<p>Autism Spectrum Disorder (ASD): The current waiting list for an ASD assessment stands at 3,465 with longest wait times approximately 3.5 years in July 2025, reduced from 4.75 years. Demand for assessment remains high with referrals averaging 114 per month. This is approximately 3 times higher than current service capacity. Lack of recurrent Welsh Government funding along with late confirmation of funding, hinders planning to bring about improved performance and sustainable change for services.</p>	<p>ASD: Bi-weekly ASD task and finish group in place to progress 3-year improvement plan and re-design of service. Monthly touch-point meetings with NHS Improvement & performance in place. Waiting list initiative planned to bring about more efficient, value-based approach to diagnostic assessment. Stakeholder mapping has begun to bring about whole system change. Integrated Board's 2025-26 implementation plan priorities include needs-led support being delivered through integrated multi-agency services, which should help to facilitate change.</p>	<p>31/03/26 31/03/26 31/03/26 31/03/26</p>
<p>Attention Deficit Hyperactivity Disorder (ADHD): As of July 2025, there are 433 children and young people waiting more than 26 weeks for an ADHD assessment. The longest wait is 77 weeks with 114 waiting more than 52 weeks. The service has seen a 100% increase in referrals, resulting in a need to significantly increase core capacity to achieve target. Similarly, the demand for Quantitative Behavioural (QB) Tests which forms part of the diagnostic pathway exceeds current capacity. Additionally, clinic room capacity across all sites remains a challenge. Long term solutions are being explored as part of the Bandi appeal and the reconfiguration of the Puffin Ward at Worthybush General Hospital.</p>	<p>ADHD: Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. Increase core capacity through provision of additional Quantitative Behavioural (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 (HCSW) are trained to use these. Funding streams are being sought to support the purchase of additional devices. There is a post to advert that, if successful would see the recruitment of one whole time equivalent Community Paediatrician in Bronglais General Hospital. Continue to manage clinic capacity flexibly and match demand through rigorous job planning.</p>	<p>31/03/27 31/12/25 31/03/26 31/10/25</p>

Diagnostic waits over 8 weeks

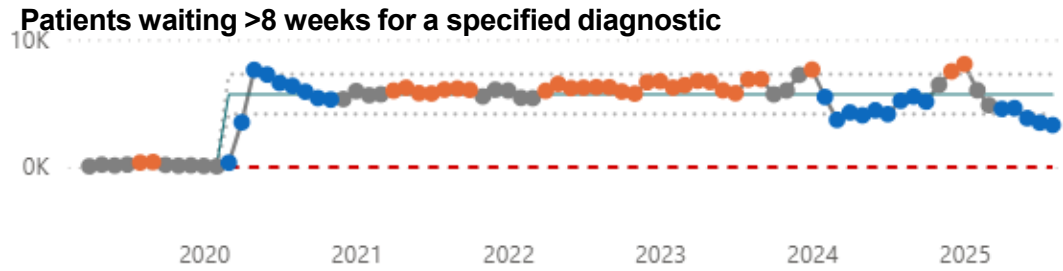
(Ministerial priority)

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



Latest performance in August 2025 of 3,289 is showing improving variation for the fifth consecutive month.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	August 2025	3,289	●	■	n/a
Radiology		2,884	●	■	n/a
Cardiology		177	●	■	n/a
Endoscopy		164	●	■	n/a
Imaging		33	●	■	n/a
Phys measure		30	●	■	n/a
Neurophysiology		1	●	■	n/a

Key actions / initiatives

Due date

Radiology

Demand exceeding capacity for timely investigations and reporting - Cancer and inpatient reporting is being prioritised. Total 13,128 requests received (2,514 less than M4) of these 1,646 Urgent Suspected Cancer (USC) requests in month (675 less than M4).

2,917 breaches in total (Decrease of 233 from M4), of which:

- 239 Computed Tomography,
- 1,608 Magnetic resonance imaging
- 1,010 Non-Obstetric Ultrasound

- Ultrasound - Extension of Non-Obstetric Ultrasound insourcing in progress – current contract ends November 2025. Contract extension to November 2026 being procured at present.
- Magnetic resonance imaging – second van on site from 18.8.25. Delays with service operations resulted in less activity, compounded by injector breakdown. Full capacity 1.9.25.
- Computed Tomography – staffing difficulties resulted in a decreased activity. Locum extension going through approval process to maintain this capacity.
- Computed Tomography Van being procured for 6 weeks at end of Q3.
- Less requests were received in August which has resulted in a lower overall waiting list 10,644 (-1,657). This is a usual trend for August.

31/10/25
 Complete
 30/09/25
 31/12/25
 Complete

Endoscopy

- Endoscopy theatre nursing staff fragility (particular to Glangwili) due to short term sickness and gaps in the nursing establishment.
- Ongoing capital replacement programme for old/fragile endoscope equipment.
- Demand for Urgent Flexible Cystoscopies Check Flexi and new Urgent Suspected Cancer referrals continues to outpace capacity.

- Endoscopy plan in place achieve zero breaches March 2026.
- Newly recruited endoscopy theatre nursing staff currently being onboarded at Glangwili.
- Urology Service monitoring waiting fulfilment rates with the Waiting List team daily.
- High Volume Low Complexity lists planned for September-November 2026.
- Continuing development of IT/Data monitoring that includes Flexi demand.
- Urgent suspected cancer waits at lowest recorded levels, with 1 week turnaround. .

31/03/26
 30/09/25
 30/09/25
 30/11/25
 30/09/25

Cardiology:

- 95 Computed Tomography, 125 Myocardial perfusion imaging breaches
- As anticipated/escalated, 125 Radiology Cardiac Myocardial Perfusion Imaging breaches at end of August 25. 41 Echocardiogram breaches this month due to one vacancy. 3 Transoesophageal echocardiogram breaches due Consultant- led diagnostics and annual leave. 7 Dobutamine stress echocardiogram breaches Consultant- led diagnostics and annual leave.

- Long-term plan currently in development to reduce Myocardial Perfusion Imaging waiting list. Including commissioning additional computed tomography Coronary Angiography capacity at WGH from 26.8.25. In addition, Welsh Government recovery funding allocated to achieving zero breaches by March 26. Plans to urgently outsource progress to aid objective.
- Additional insourcing scheduled for September 25 to mitigate breaches. Anticipated 30 breaches in September due lack of substantive capacity.
- Transoesophageal echocardiogram plans to achieve zero breaches in September 25.
- Dobutamine stress echocardiogram: this will increase to 11 as no other capacity in September due ward work and consultant study leave.

31/03/26
 31/09/25
 31/09/25
 31/09/25

Patients waiting >14 weeks for a specified therapy

Latest performance in August 2025 shows concerning variation and the highest number of breaches recorded. Of note, breaches in podiatry and dietetics are at the highest level recorded, and physiotherapy the second highest.

Key

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

Variation - how are we doing over time

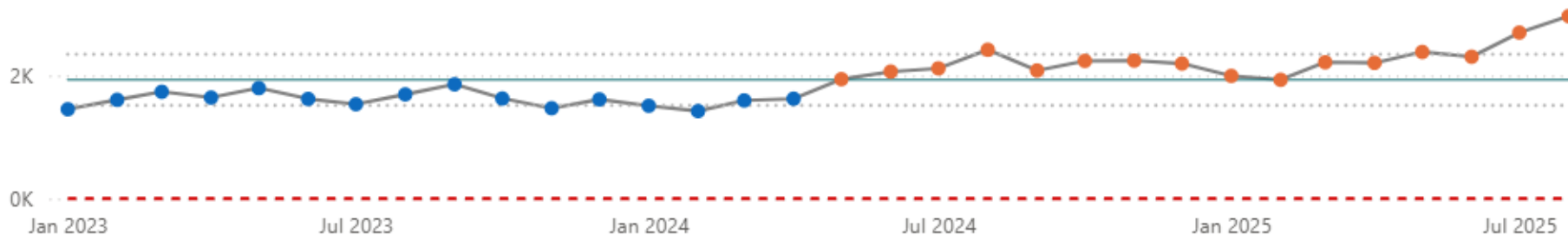
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

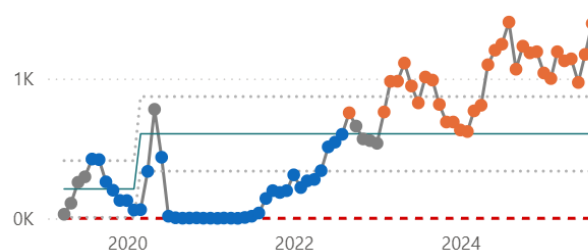
- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

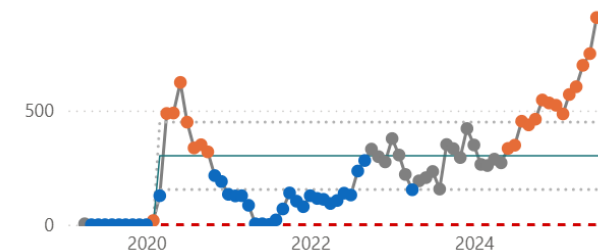
- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory



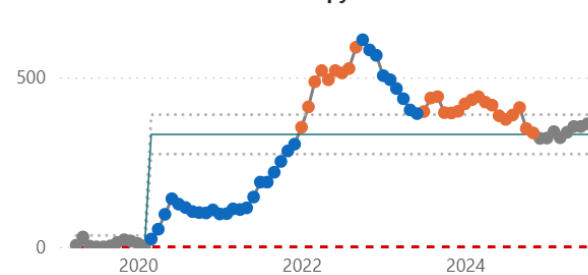
Number of patients waiting 14 weeks plus for Physiotherapy



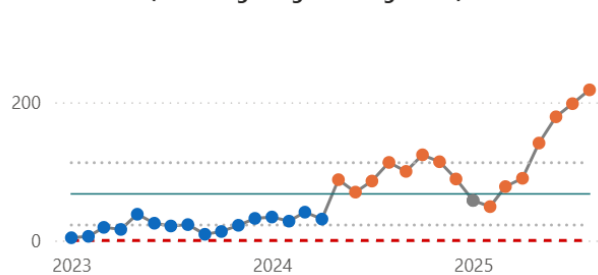
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



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



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	August 2025	2,966	●	▣	57.6%
Physiotherapy		1,394	●	▣	98.7%
Podiatry		917	●	▣	89.8%
OT		379	●	▣	17.5%
Dietetics		218	●	▣	39.2%
Art therapy		51	●	▣	n/a
SALT		7	●	▣	100%

Therapy waits over 14 weeks (continued)

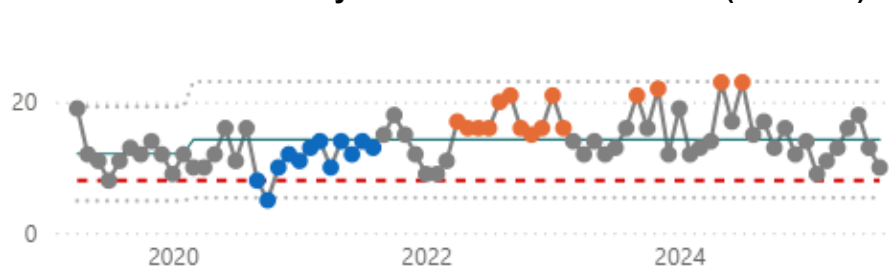
(Ministerial priority)

Therapies

Key challenges / issues	Key actions / initiatives	Due date
<p>Physiotherapy 93% of breaches are within Musculoskeletal (MSK) Specialty. Demand is growing and is greater than capacity.</p> <p>Changes to Community Health Pathways and other national pathways are causing a shift of work from primary and secondary care towards community MSK Physiotherapy services, which do not have capacity to meet shifting demand.</p> <p>Recruitment to bank posts and agency is proving more challenging than at previous point across the financial year. This is adversely impacting service capacity.</p>	<p>Physiotherapy</p> <ul style="list-style-type: none"> Development of a standard operating procedure for telephone triage initiative. Scope of project extended to include clinical risk stratification tool (Keele Start Back). This work is progressing, and a draft standard operating procedure (SOP) is in place. The deadline for completion of the SOP has been extended due to other priorities and service pressures. Secure 3 whole time equivalent (WTE) agency workers to cover service vacancies until January 2026. Partially completed; 2 WTE recruited, recruitment for 3rd post underway. Active recruitment to secure additional registrant workforce at Band 6 level to support bank work to cover vacancies. Full MSK service review being undertaken in collaboration with National MSK Network. Target completion timeframe is to be confirmed by the National Network. It is anticipated this will be September or October 2025. 	<p>31/12/25</p> <p>30/09/25</p> <p>30/09/25</p> <p>31/10/25</p>
<p>Podiatry Overall increase in new referrals from 9,000 to 14,500 annually over last 5 years - despite mitigation efforts, nearly 3,000 new referrals waiting. Changes to the vascular pathway have contributed to a rise in referrals, a validation piece of work is underway of this waiting list.</p> <p>Overall patient contacts have reduced from 60,000 to 45,000 annually due to increased patient complexity. Lower clinic throughput: Patients seen in clinics decreased from 18 to 10 per day, reflecting increased complexity and time per case. Lower-risk cases now discharged to private sector, narrowing scope of patients seen.</p>	<p>Podiatry</p> <ul style="list-style-type: none"> Recruited 3 Whole Time Equivalent (WTE) Band 5 staff to replace leavers, due to commence 15/09/25. Skill mixing for efficiency: 6 admin staff (Bands 3 & 4) undergoing Agored training to become podiatry assistants, enabling task redistribution, backfilling with new admin recruits. Plans to establish a consultant podiatrist role to manage complex cases more efficiently. Eligibility & discharge policy: Continued enforcement of strict criteria and robust discharge processes; Demand and capacity deep dive completed. Service review due 10/9/25. Innovative practice rollout: Ongoing implementation of phone triage, skill mixing, and pathway redesign to improve service efficiency. 	<p>15/09/25</p> <p>01/09/26</p> <p>01/03/26</p> <p>10/09/25</p> <p>01/09/26</p>
<p>Occupational therapy (Paediatrics): Most breaches are within the Paediatric Occupational Therapy service. Existing backlog combined with increased demand is straining service capacity. Reduced Clinical Leadership Capacity: Loss of Band 7 leadership due to one retirement and two staff on sick leave has impacted service delivery.</p> <p>Occupational therapy (Adult Mental Health): 10 of 17 breaches are administrative errors where the first contact has not been updated on electronic systems.</p>	<p>Occupational therapy (Paediatrics):</p> <ul style="list-style-type: none"> Band 6 staff member temporarily uplifted to fill leadership gaps and extended by 1 month. Safeguarding Support: Head of Paediatrics in Speech Language Therapy providing additional capacity for safeguarding concerns. Recruitment to replace retired Band 7: start date 27/10/25 (currently on maternity leave). <p>Occupational therapy (Adult Mental Health): Details of administrative errors have been requested, which will be addressed ahead of September's data submission.</p>	<p>31/09/25</p> <p>31/09/25</p> <p>27/10/25</p> <p>30/09/25</p>
<p>Dietetics (Paediatrics): Increasing breaches due to longstanding capacity issues and increasing demand over several years, especially for selective eating since the COVID-19 pandemic. Process and documentation incidents creating increase workload for current staff, increasing waiting times. The longest current wait is 53 weeks.</p> <p>Dietetics (Diabetes): Increased demand for diabetes care compounded by increased vacancies and maternity leave resulting in reduced clinical capacity. Recruitment challenges as specialist area, internal recruitment leaving vacancies.</p>	<p>Dietetics (Paediatrics):</p> <ul style="list-style-type: none"> New leadership appointment: A service lead in paediatrics has been appointed. Short-term support option: avoidant and restrictive food intake disorder (ARFID) dietitian to temporarily assist with selective eating cases until permanent/locum recruitment is successful. 2 locum paediatric dietitians (1.6wte) appointed. <p>Dietetics (Diabetes):</p> <ul style="list-style-type: none"> Fixed term post being used to support maternity cover for 2 days per week. <p>Recruitment into Band 7 posts.</p>	<p>31/10/25</p> <p>31/10/25</p> <p>15/09/25</p> <p>31/08/25</p> <p>30/09/25</p>

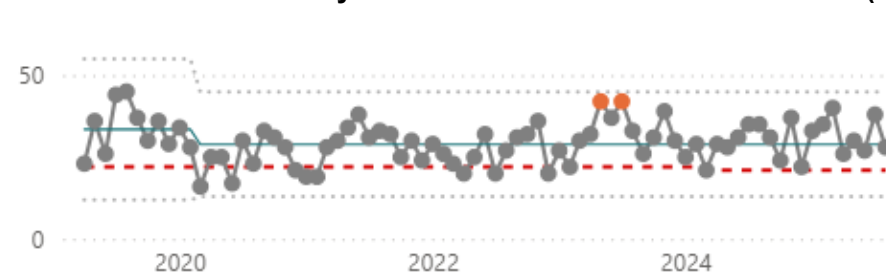
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



Latest performance is showing usual variation, with 10 cases in August 2025.

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

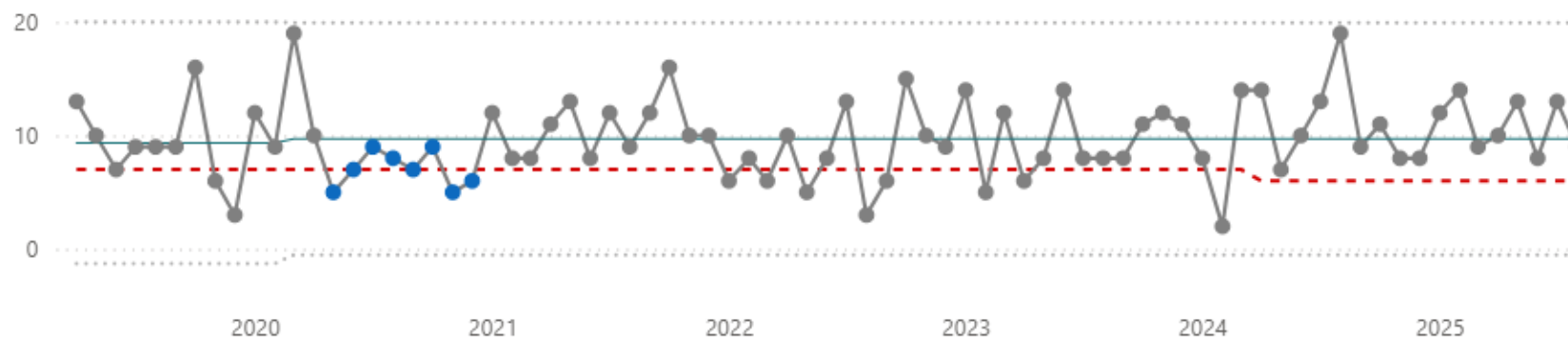


Latest performance is showing usual variation, with 28 cases in August 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p>C. difficile:</p> <ul style="list-style-type: none"> • Start Smart and Then Focus (SSTF) audits for antibiotic prescribing not consistently completed. • Delays in recognition, isolation or diagnosis noted in some cases. • Environmental cleaning and deep cleaning challenges relating to staffing and surge capacity in ward areas. • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. • Level 2 mandatory compliance for Infection, Prevention and Control is at 75.56% as a Health Board below expected 85% target. 	<p>C.difficile:</p> <ul style="list-style-type: none"> • The SSTF audits have been scrutinised in terms of completion and prescribing, tazocin and cotrimoxazole most prescribed antibiotics. Around two thirds of C. difficile patients (67%) had a Proton Pump Inhibitor prescribed, quality improvement projects linked to C.difficile collaborative discussed at C. difficile Improvement Group. • Environmental audits and observational audits continue with oncology next to be completed • Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups (CCG). Review of areas with highest rates in CCG to be shared. • Hydrogen Peroxide Vapor (HPV) available on 3 acute sites currently, yet use is not consistent. Infection Prevention and Control team have presented at local Professional Nurse Forums. 	<p>30/09/25</p> <p>30/09/25 Complete</p> <p>Complete</p>
<p>E. coli:</p> <ul style="list-style-type: none"> • Burden of infection remains community-onset; cases are linked to urinary tract infections and some catheter device related infections. • Cases are predominantly in the 80 to 89 age demographic • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. • Aseptic Non-Technique (ANTT) compliance for the Health Board is at 82.58 	<p>E. coli:</p> <ul style="list-style-type: none"> • Health and Wellbeing Booklet for Hywel Dda University Health Board population in review status and to be published. • Healthcare Associated Infections (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups. • Hand Hygiene audits completed by Ward Managers monthly, these are reviewed and monitored. 	<p>30/09/25</p> <p>30/09/25</p> <p>30/09/25</p>

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

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

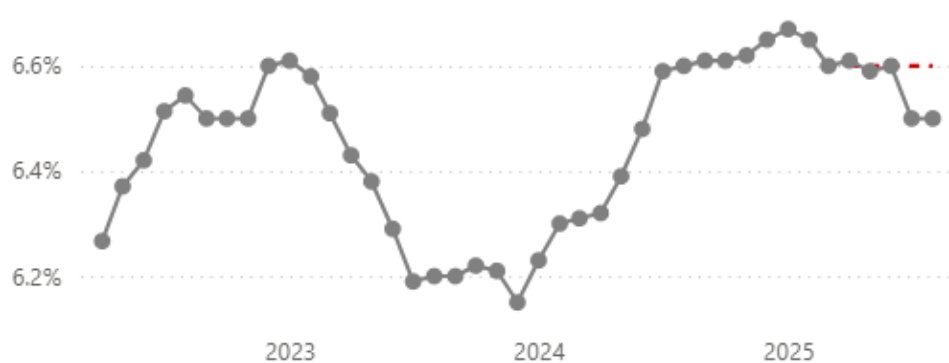


Latest performance is showing usual variation, with 9 cases in August 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p>S. aureus:</p> <ul style="list-style-type: none"> • There has been a gradual increase in MRSA bacteraemia over the last 3 months. • Inconsistent compliance with aseptic non-touch technique (ANTT) or line care bundles. • Environmental or equipment contamination contributing to transmission, linked to challenges around environmental cleaning and surge. • Greater burden of infection remains to be in community, with wounds being the primary source of infection. • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. 	<p>S. aureus:</p> <ul style="list-style-type: none"> • ANTT compliance and competency assessments for clinical staff shared via Clinical Care Groups (CCG) QH&S meetings . • Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through CCGs . • Review of areas with highest rates in CCG to be shared • Hand hygiene validation audits and observational audits in wards and departments as indicated from monthly senior nurse audits 	<p>30/09/25</p> <p>30/09/25</p> <p>30/09/25</p>

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

% staff sickness rate (12 months rolling)



In August 2025 12 month rolling sickness remained at 6.5%. In-month sickness was 6.4% (1.7% short term, 4.8% long term).

The sickness target has been revised to 6.6%, in-line with improvement against the 2024/2025 baseline.

Services with 60+ staff with the highest levels of in-month sickness rates in August 2025

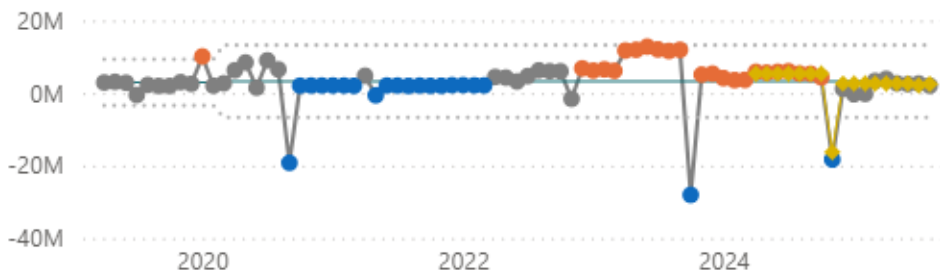
Team	Staff	In-month %	R12m %
Glangwili Hotel Services	134 staff	(14.4%)	14.0%
Withybush Hotel Services	138 staff	(10.4%)	12.3%
Prince Philip Acute Response	63 staff	(14.4%)	11.9%
Pemb. Integrated Community	88 staff	(8.4%)	11.0%

Key challenges / issues	Key actions / initiatives	Due date
<p>Targeted support for sickness absence: Eastes and Facilities sickness rates continue to be the highest across the Health Board (9.84% rolling, 9.32% for August) with ongoing focused support from the Workforce Team.</p> <p>Designated support from Workforce and Organisational Development continues to be utilised to help address concerns aligned to Employment Relations matters which are impacting on employee’s wellbeing and attendance.</p>	<p>Temporary redeployment guidance: The flow chart will be embedded in the policies portal to support the All-Wales Attendance At Work Policy.</p> <p>Designated support: Deep dives into prevalent high sickness areas continues, with bespoke action plans/additional training devised to support. This will continue in collaboration and support from the Workforce teams and Senior managers from the Clinical Care Groups – business as usual.</p> <p>Occupational Health referral how to guide To assist managers, a useful ‘how to guide’ is being developed to ensure managers can elicit the detail required from their Occupational Health referral in order to support individuals back to work in a timelier manner. Various examples of best practice referrals (reflecting the different job families) will be available for managers to use a Page 187 assist with more effective referrals.</p>	<p>July 2025</p> <p>On-going</p> <p>31/10/25</p>

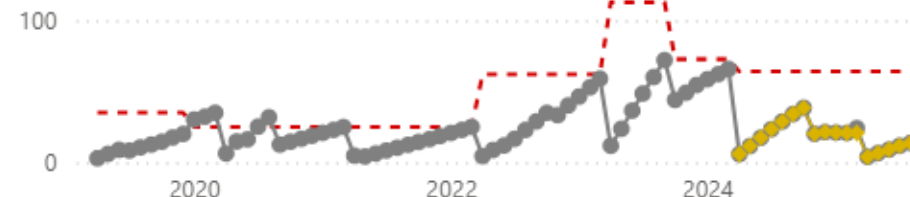
Key

- 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

The Health Board’s Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. Gross forecast position is £33.3m, with planned mitigating actions of £5.5m, to be finalised, to achieve the revised reported end of year forecast position of £27.8m. Total savings identified to date are £37.2m, leaving a gap of £9.2m against the savings target.

The in-month financial position is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan due to the in-month savings target of £3.9m being over identified and delivered by £0.5m. The financial run rate is on track to achieve the revised forecast position with mitigating actions of £5.5m required. The Health Board is committed to improving beyond the latest forecast of £27.8m, towards £24.1m in line with Welsh Government expectation.

There was no variation in the in-month core operational variation in Month 5, and the end of year core budget performance being £5.9m underspent. Further to the work aligned to the quarter 2 focus of de-risking the plan, the forecast position has improved by £2.2m to a reported end of year forecast of £27.8m in Month 5.

Of the annual savings target of £46.4m, £37.2m has been identified on an in-year basis resulting in an under identification of £9.2m, all schemes projected to fully deliver. Recurrent schemes identified total £12.4m against plan of £19.0m, with the balance of £24.8m being non-recurrent against the plan of £27.4m. Run rate management of year-to-date underspend savings of £6.0m are now in the savings forecast to deliver in future months.

Key actions / initiatives

Savings Delivery - Identification and delivery of robust recurrent and non-recurrent savings plans into future months is lower than what is delivered each month

Due date

Overdue

£30.0m to £24.0m further savings options - Options and choices paper prepared for the In-Committee Board meeting on 9 September 2025.

09/09/25

LTA's and Commissioning – Material Long Term Agreement increase in activity in Swansea Bay related for non-elective and uncoded charges. Required: Validate the increased non-elective activity and agreed

Overdue

Planned and Specialist Care Activity and Variability - Planned Care activity rates and plans are highlighting significant variability in the year-to-date budget performance. Oncology activity levels and drug mix costs are signalling a material decreasing trend. Required: latest trends confirmed in forecast to not overstate.

30/09/25

Medical Pay - Continued use of additional medical cover, including premium locum and agency in BGH, Planned Care and Mental Health. Required: roster management, consistent rate card implementation and exit strategies for reliance on premium cover linked to sustainability service delivery plans.

Overdue

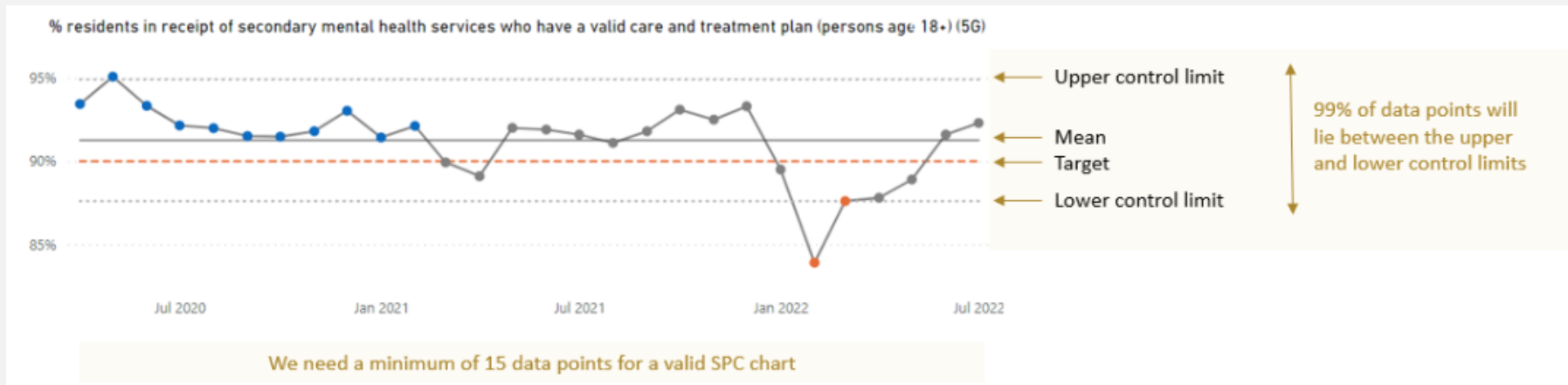
Clinical Care Group Management – urgent review of supernumerary management roles

Overdue

Why use SPC charts?

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

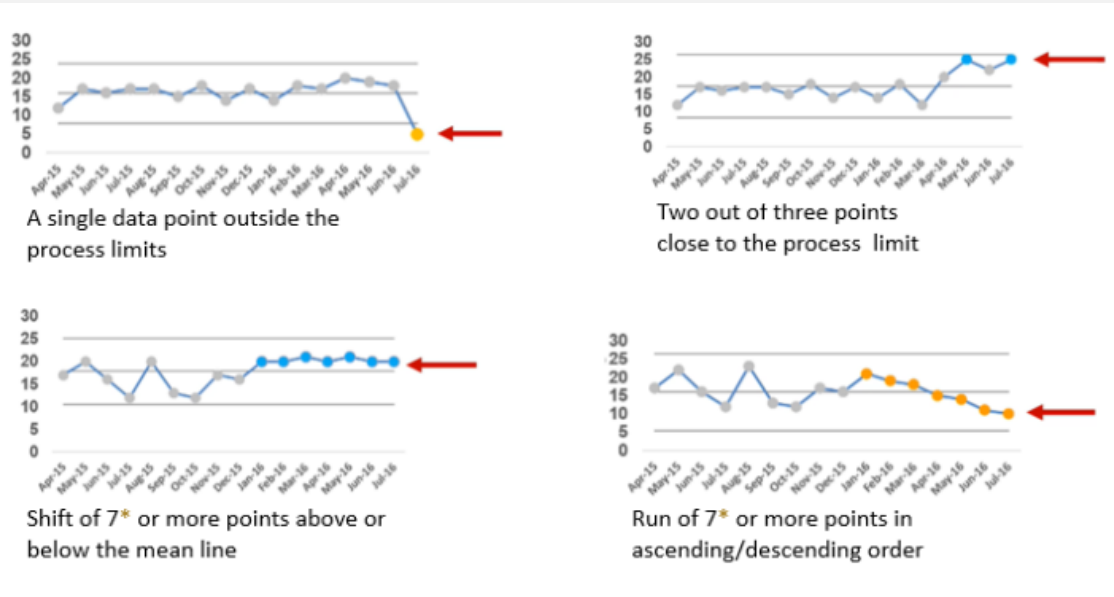
Anatomy of a SPC chart



Rules for special variation within SPC charts

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

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



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

Understanding the SPC icons

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

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		

4.2

3:00 PM, 2 Mins

4.2 - Board Update Report

Chair

| For information

Attachments

[SRG Update to Board 7 August 2025.pdf](#)

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

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 7 August 2025

Quoracy/ Cworwm: Not met

Report by/ Adroddiad gan: Ms Chesca Ross, Vice 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:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

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

Advise² (to monitor)/ **Cynghori** (i fonitro)

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

- The **Annual Review of SRG Membership** has been undertaken. The Group acknowledged ongoing progress in appointing and reappointing representatives from member organisations and noted that nominations for Chair and Vice Chair have been requested. These appointments will be confirmed at the meeting scheduled for 13 November 2025.

Assure³ (to note)/ **Sicrhau** (i nodi)

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

- The Stakeholder Reference Group **Terms of Reference** were submitted and **approved** for onward ratification by Board.
- **Current and Future Planned Consultation and Engagement Updates** include comprehensive consultations for the Prince Philip Minor Injuries Unit, the Clinical Services Plan, and the Strategy Refresh along with community outreach efforts to engage with diverse communities.
- Members were invited to share their views on the **Clinical Services Plan** as part of the consultation and were informed of the options being developed for fragile services. Members were asked to encourage other members of the community and their organisations to share their views on the options, together with sharing any alternative options, ahead of the close of the consultation on 31 August 2025. Members were informed of the process for the conscientious consideration of the

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.

consultation, and how the feedback, together with alternative options will be considered by the Board in due course.

- An update on **Primary Care - how our GP Managed Practices work** assured the Group that sufficient oversight is given to Health Board managed practices and progress has been made on recruitment in this area.
- **Research and Innovation - How our Patients Benefit from Research - From Strategy to Action** demonstrated the benefits of the Health Board being actively involved in research and innovation and outlined current and future projects being undertaken with research partners.

Review of Risks/ Adolygiad o Risgiau

Not applicable.

Sharing of learning/ Rhannu dysgu

Not applicable.

Recommendation/ Argymhelliad

The Board is asked to:

- **Approve** the revised SRG Terms of Reference (appended)
- **Note** the annual review of SRG Membership and nominations for Chair and Vice-Chair process that is being undertaken.
- **Take assurance** from the items that the group is providing assurance on.

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

4.3

3:02 PM, 2 Mins

4.3 - Stakeholder Reference Group Work Plan
2025/26

Chair

| For information

Attachments

[Stakeholder Reference Group Workplan 2025-26.pdf](#)



HYWEL DDA UNIVERSITY HEALTH BOARD – STAKEHOLDER REFERENCE GROUP

WORKPLAN 2025-2026

Updated: May 2025

Agenda Item/Issue/Notes	Lead	Report Author	1 May 2025	7 Aug 2025	24 Nov 2025	5 Feb 2026
* 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		✓	✓	
Self Assessment (take place and feedback)	Joanne Wilson	Karen Richardson				✓
OUR SERVICES						
<i>(For information prior to consultation commencement in order to obtain feedback on behalf of SRG organisations and/or individual members)</i>						
Current and Future Planned Consultations and Engagement Update <i>(List and schedule of current and future service consultations/engagements with update on each)</i>	Alwena to advise		✓	✓	✓	✓
Continuous Engagement Programme Update <i>(List/schedule of current and future service consultations/engagements with update on activity for each)</i>	Alwena to advise		✓	✓	✓	✓
Transformation/Consultation/Engagement Programmes <i>(To be decided at agenda setting meetings if a specific programme will be an agenda item)</i>	Alwena to advise					



Agenda Item/Issue/Notes	Lead	Report Author	1 May 2025	7 Aug 2025	24 Nov 2025	5 Feb 2026
Have Your Say on the Clinical Services Plan	Lee Davies	Ben Rogers/Nicola Couceiro		✓		
Primary Care – How our GP Managed Practices Work	Jill Paterson	Rhian Bond		✓		
Research & Innovation = How our Patients Benefit from Research – From Strategy to Action	Leighton Phillips	Sally Hore/Chris Hopkins		✓		
DELIVERY OF OBJECTIVES AND PRIORITIES <i>(For information)</i>						
OUR COMMUNITIES						
Clinical Services Plan	Lee Davies		✓	✓	✓	✓
Prince Phillip Hospital MIU	Andrew Carruthers		✓	✓	✓	
Waiting List Support	Sharon Daniel	Mandy Davies	✓			
FOR INFORMATION						
Integrated Performance Assurance Report (IPAR)* <i>(this is the report that went to the Public Board prior to SRG)</i>	CSO		✓	✓	✓	✓
Board Update Report* <i>this is the SRG Update that went to Public Board)</i>	CSO		✓	✓	✓	✓
SRG Annual Workplan	CSO		✓	✓	✓	✓
ONE-OFF MATTERS			✓	✓	✓	
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	1 May 2025	7 Aug 2025	24 Nov 2025	5 Feb 2026
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: Jeremy Hockridge	Vice-Chair: Chesca Ross	Lead Executive: Alwena Hughes-Moakes	Committee Services Officer: Ruth Poynting
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2024/25 POs	SOs		2023/24 POs	2022/23 POs
PO1: Workforce stabilisation	1: Putting people at the heart of everything we do	PODC C/ SRC	1a Develop an attraction & Recruitment plan	<ul style="list-style-type: none"> 1F: HR offer (induction, policies, employee relations, access to training)
			1b Develop career progression opportunities	<ul style="list-style-type: none"> 2D: Clinical Education Plan 2J: "Future Shot" Leadership Programmes
			2a Engage with and listen to our people	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 2I: integrated Occupational Health & Staff psychological wellbeing offer
			2c Develop and maintain an overarching workforce, OD and partnerships plan	<ul style="list-style-type: none"> 1G: OD Relationship Manager rollout
PO 2: Financial recovery and roadmap	6: Sustainable use of our resources	SRC	6b Pathways and Value Based Healthcare	<ul style="list-style-type: none"> 6B: Value improvement and income opportunity 6D: Value Based Healthcare and Patient Reported Outcome Programme
			8b Local Economic and Social Impact	<ul style="list-style-type: none"> 6H: Supply chain analysis
			8c Financial Roadmap	<ul style="list-style-type: none"> 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	SDOD C	3a Transforming Urgent and Emergency Care programme	<ul style="list-style-type: none"> 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	SDOD C	4a Planned Care and Cancer Recovery	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 5F: Bronglais Strategy
PO 5: Mental health and CAHMS	5: Safe, sustainable, accessible and kind care	SDOD C	4c Mental Health Recovery Plan	<ul style="list-style-type: none"> 5G: Transforming Mental Health and LD implementation
PO 6: Clinical services plan	5: Safe, sustainable, accessible and kind care	SDOD C	6a Clinical Services Plan	<ul style="list-style-type: none"> 5F: Bronglais Strategy 5O: Fragile Services
PO 7: Primary care and community strategic plan	4: The best health and wellbeing for our communities	SDOD C	7b Integrated Localities	<ul style="list-style-type: none"> 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	SDOD C/SRC	5a Estates Strategies	<ul style="list-style-type: none"> 5C: Business Case for A Healthier Mid and West Wales 5U: Community and non-clinical estates strategy
			8a Decarbonisation & Sustainability	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	SDOD C	7a Population Health	<ul style="list-style-type: none"> 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
				<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 3C: Quality and Engagement Requirements • 5X: Quality Management System
			5b Research and innovation	<ul style="list-style-type: none"> • 3G Research and Innovation
			6c Continuous Engagement	<ul style="list-style-type: none"> • 3J: AHM&WW Communications Plan • 3M: UHB Communications Plan • 4T: Continuous engagement implementation
			8d Welsh Language and Culture	<ul style="list-style-type: none"> • 3N: Welsh Language
			Orphan POs (not taken forward from 2022/23 into 2023/24)	<ul style="list-style-type: none"> • 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

5 - Reflective Session

Chair

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

| For discussion

6

3:09 PM, 5 Mins

6 - Any Other Business

7 - Clinical Services Plan Conscientious Consideration

Sarah Isaac (Hywel Dda UHB - Medicines Management Clinical Lead, Transformation Programme Office), Yvette Pellegrotti (Hywel Dda UHB - Principal Programme Manager), Ben Rogers (Hywel Dda UHB - Principal Programme Manager Transformation), Alexander Martin (Hywel Dda UHB - Principal Programme Manager), Hannah Lewis (Hywel Dda UHB - Project Manager)

A review of the feedback gathered so far in the Clinical Services Plan consultation. Report to follow.

| For discussion