

## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 January 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 9 2025/2026
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 9, 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 31<sup>st</sup> December 2025](#). Ahead of the Committee meeting, the dashboard will also be made available via our [internet site](#). For help navigating the IPAR dashboard, email the Performance Team: [GenericAccount.PerformanceManagement@wales.nhs.uk](mailto:GenericAccount.PerformanceManagement@wales.nhs.uk).

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

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

##### Please note:

- Referral to treatment (RTT), diagnostic and therapy data updates are not available to include in this month’s update. Welsh Government have agreed a delay to the Health Boards RTT and Diagnostic & Therapy national data submissions whilst Radiology data validation takes place, following the introduction of a new radiology system in Hywel Dda during December 2025. The Health Board is working a pace to validate.

- Due to concerns with Audiology data quality, Welsh Government agreed that the Health Board can make retrospective Audiology national data submissions as far back as April 2025 and these will be completed by the end of January 2026. A data cleansing exercise has commenced within the service.

### **Cefndir / Background**

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

## Asesiad / Assessment

### Performance overview

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

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
% sickness absence rate of staff	6.60%	Dec 2025	6.60%	Concerning	Hitting target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Dec 2025	1,248	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Nov 2025	21.5%	Improving	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Nov 2025	10	n/a	n/a	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Nov 2025	56.0%	Concerning	Missing target	n/a	Alert
% R1 eyecare patients waiting within 25% delay to target date	95%	Nov 2025	38.7%	Concerning	Missing target	Within 5% of Trajectory	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Dec 2025	72.4%	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Nov 2025	55.7%	Concerning	Missing target	n/a	Alert
Financial in month deficit	n/a	Dec 2025	£2,881,000	Improving	n/a	Trajectory missed by over 5%	Alert
E. coli: Number of confirmed cases (in-month)	21	Dec 2025	29	Usual	Hit and miss	n/a	Alert
S. aureus: Number of confirmed cases (in-month)	6	Dec 2025	13	Usual	Hit and miss	n/a	Alert
Dental: % of Welsh resident children accessing NHS primary dental care treatment within 12 months	n/a	Jun 2025	41.5%	Improving	n/a	n/a	Alert
Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	n/a	Jun 2025	29.1%	Concerning	n/a	n/a	Alert
% Autumn 2025 COVID booster uptake for eligible residents	75%	Oct 2025	35.9%	n/a	n/a	n/a	Alert
Median time ambulance arrest category calls	8	Nov 2025	8	n/a	n/a	n/a	Advise
Number of Pathways of Care delayed discharges	n/a	Dec 2025	204	Usual	n/a	Trajectory met	Advise
Ambulance handover > 4 hours Hywel Dda	0	Dec 2025	152	Usual	Missing target	Trajectory met	Advise
% pts on single cancer pathway within 62 days	75%	Nov 2025	63%	Improving	Missing target	Within 5% of Trajectory	Advise
Ambulance handover > 45 minutes Hywel Dda	0	Dec 2025	667	Improving	Missing target	n/a	Advise
Ambulance handovers > 1 hour Hywel Dda	0	Dec 2025	568	Improving	Missing target	Trajectory met	Advise
% uptake of flu vacc - 65+ years	75%	Mar 2026	59.0%	n/a	n/a	n/a	Advise
C. difficile: Number of confirmed cases (in-month)	8	Dec 2025	16	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Dec 2025	44.3%	Improving	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Dec 2025	15,600	Improving	Missing target	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Sep 2025	89.6%	Usual	Missing target	n/a	Advise
% of children receiving HPV by age 15	90%	Sep 2025	77.1%	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%	Nov 2025	93.0%	Improving	Hit and miss	n/a	Assure
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Patients waiting 104 weeks+ RTT	0	Nov 2025	70	Improving	Missing target	n/a	Not yet assessed
Patients waiting over 52 weeks RTT	0	Nov 2025	11,370	Improving	Missing target	n/a	Not yet assessed
Waits over 52 weeks: new outpatient appointment	0	Nov 2025	1	Improving	Missing target	n/a	Not yet assessed

**Triangulating our data: 1<sup>st</sup> April 2022 to 31<sup>st</sup> December 2025.**

- Quality safety and risk** – the number of incidents causing moderate harm or above reported by month, continues to decrease since July 2025 (183), with December reporting 114. The number of patient falls reduced in December (219), curtailing the previously increasing trend. Medication errors have decreased for the sixth consecutive month (Dec '25 = 93), since June '25 (148). We continue to have significant numbers of high and extreme risks on the risk register with 484 in December 2025. There has been a significant decrease in the number of new complaints received since September 2025 (254) with 38 in December. The number of new infections increased with December reporting 80 cases. 17 cases of *S. aureus*, 28 cases were *E. coli* and 16 were *C. difficile*.
- Workforce** – In month, staff sickness is continuing with an increasing trend with 7.1% in December 2025. Short-term sickness decreased slightly to 2.1% for December 2025. Long-term sickness increasing trend continues with December the same as November at 4.9%. 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. In December it was 64.47 whole time equivalent (WTE). Rolling 12-month staff turnover percentage stayed the same as November with December reporting 6.9%.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	114	305	114	
Patient falls	189	301	219	
Medication errors	61	148	93	
Pressure damage developing or worsening during care	54	215	77	
New complaints by month received (ward level not available)	38	249	38	
Number of high and extreme risks (health board & function only)	381	551	484	
Infections: new cases	53	81	80	
Infections: C. difficile cases	9	23	16	
<b>Workforce</b>				
Number of staff/contractor related incidents	98	186	103	
Sickness - short term	1.7%	2.8%	2.1%	
Sickness - long term	3.3%	4.9%	4.9%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.9%	9.8%	6.9%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.38	379.79	64.47	
Bank (WTE)	212.99	352.85	288.26	

**Argymhelliad / Recommendation**

The Board is asked to **DISCUSS** the IPAR – Month 9 2025/2026 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termiau: 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
Partion / 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

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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 31<sup>st</sup> December 2025

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



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[Emergency departments – Hywel Dda](#)

[Ambulances – Bronglais Hospital](#)

[Emergency departments – Bronglais Hospital](#)

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[Ambulances – Prince Philip Hospital](#)

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[Ambulances – Withybush Hospital](#)

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

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[Anatomy of a SPC chart](#)

[Rules for special variation within SPC charts](#)

[Understanding SPC icons](#)

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

[Psychological therapy waits](#)

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## Diagnostics and therapies

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[S. Aureus](#)

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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 31<sup>st</sup> December 2025](#).

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**Alert**  
(may require discussion)

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

**Advise**  
(to monitor)

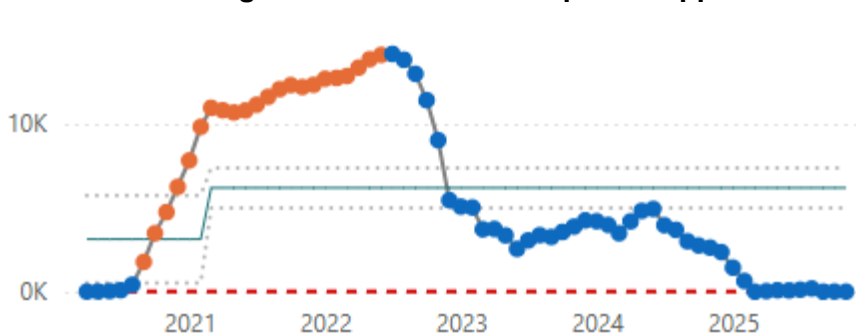
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

**Assure**  
(to note)

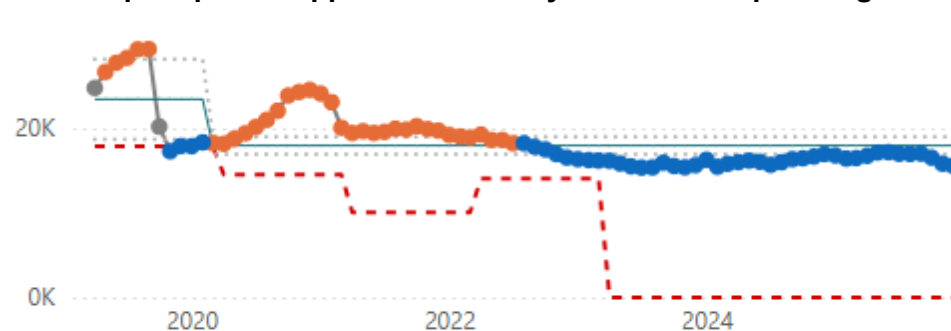
There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

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

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



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



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Performance in December 2025 was 15,600, an improvement for three consecutive months. The chart shows improving variation.

## Key challenges / issues

- The Health Board recorded zero 52-week waits for a first outpatient appointment across all specialties apart from Rheumatology (7) at the end of December 2025 (December data unverified). This was due to consultant availability. All patients have been booked, and the specialty will have recovered their position by the end of January 2026.
- 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

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

## Due date

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

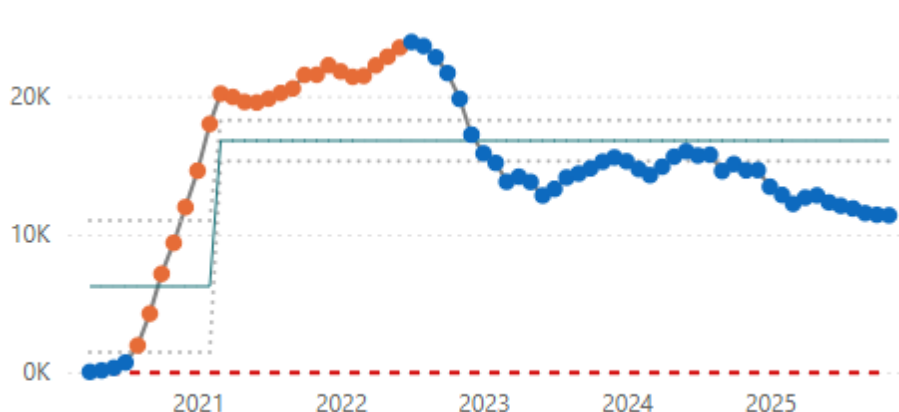
# Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

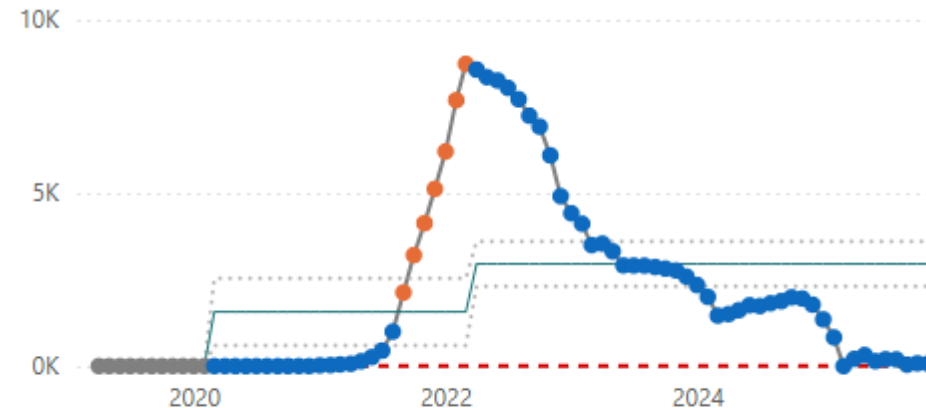
**Key**

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

**Patients waiting over 52 weeks from referral to treatment**



**Patients waiting over 104 weeks from referral to treatment**



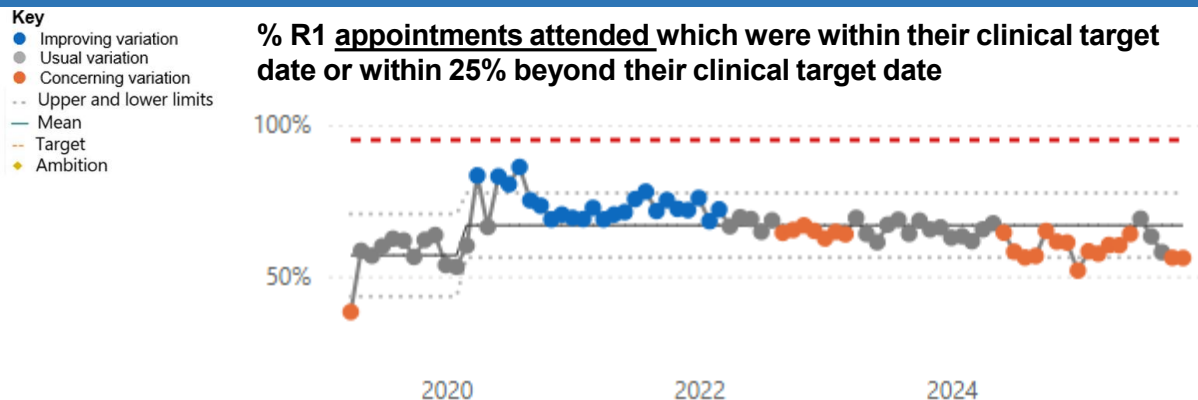
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Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>Due to a reduced level of theatre staffing and cancellations, ENT (28) and Ophthalmology (4) recorded breaches over 104 weeks for RTT. The one breach in vascular is due to requiring a regional review from a neighbouring Health Board. (December data unverified).</li> <li>All patients that breached in December have appointments booked in January 2026.</li> <li>99.9% of our patients are now waiting less than 2 years from referral to treatment.</li> <li>Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, impacting treatment timelines.</li> <li>Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and pre-op process variations across specialties.</li> <li>Additional risks include prioritisation of cancer backlogs, regional vascular capacity issues, and urgent cases consuming rescheduled theatre slots.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Specialties are working into quarter 4 to maintain and improve their 104-week positions.</li> <li>The directorate continues to focus on maintaining waiting time targets in 2025/26 using demand and capacity forecasts to highlight risks and guide funding allocation.</li> <li>Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties. This includes a full staffing review and implementing evidence-based guidelines on appropriate staffing and list loading per procedure bundle with a view to eliminating variation between sites. The Theatre steering group will also be looking at theatre utilisation of funded sessions.</li> <li>2026/2027 Demand and Capacity plans are being developed alongside the annual planning requirement.</li> </ul>	<p>31/03/26</p> <p>31/03/26</p> <p>31/03/26</p> <p>31/03/26</p>

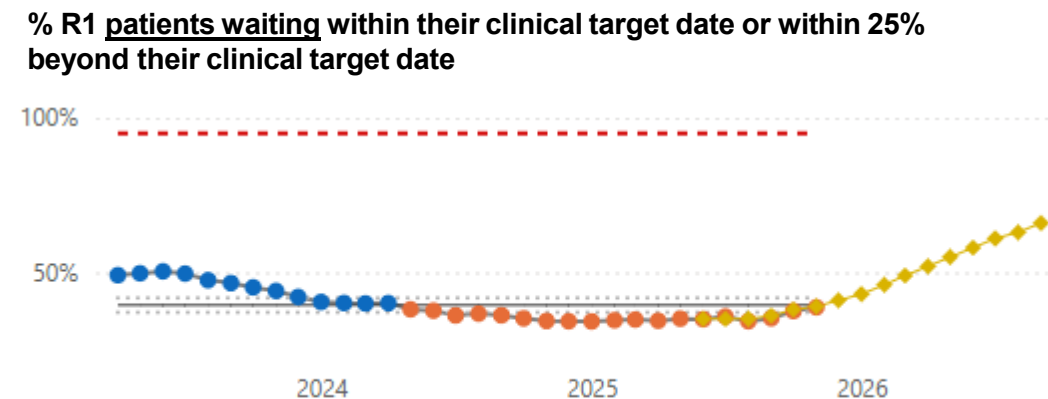
# Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

Planned Care Recovery



Performance has declined for four consecutive months and shows concerning variation of 56.05% for November 2025.



Performance has improved for three consecutive months, however, shows concerning variation of 38.73% for November 2025.

## Key challenges / issues

## Key actions / initiatives

## Due date

- Improvements in R1 patients waiting performance has led to a deterioration in R1 appointments attended performance. The advice from the Welsh Government is to focus on the patients waiting target as these are higher risk. Booking these patients, who have already breached, will improve this trajectory but will directly affect the appointments attended trajectory as patients have already breached. Once corrected, R1 appointments attended performance will naturally improve as capacity grows and the backlog reduces.
- Increasing outpatient delivery has been stalled by interdependencies, including outpatient staffing and medical records constraints in Carmarthenshire and staff sickness in Pembrokeshire. This stall to increasing outpatient delivery equates to seven clinics per week.
- Reduced workforce continues to impact on delivery, with vacancies for two whole time equivalent (WTE) consultant posts and two WTE specialty, associate specialist and specialist (SAS) doctor posts.
- SAS doctor took a work break from September 2025 to May 2026 resulting in the loss of 10 sessions per week for a period of 5 months, impacting on delivery.

- Monies awarded to improve the patients waiting target have been utilised to onboard and train the necessary staff to improve this trajectory. More activity is being incrementally introduced. The next key action is to recruit the replacement SAS doctor in North Road Eye Clinic (NREC) to increase delivery. The second key action is to move the Intravitreal (IVT) service into Amman Valley Hospital (AVH) outpatients 5 days a week, meeting to be held on the 12th January 2026.
- Outpatient staff requirements outlined in annual planning cycle to build into Ophthalmology staffing model, with the intention of Ophthalmology staffing the blue suite in Glangwili Hospital (GGH) entirely. This will allow for the incremental increase in clinic delivery by 11 sessions per week. This requires staff to be recruited and trained in Ophthalmology.
- Two regional consultant posts out to advert, closing date of the 11th January 2026. Two SAS doctor posts being advertised on 12th January 2026. One SAS agency doctor in post for four-month period to cover work break.

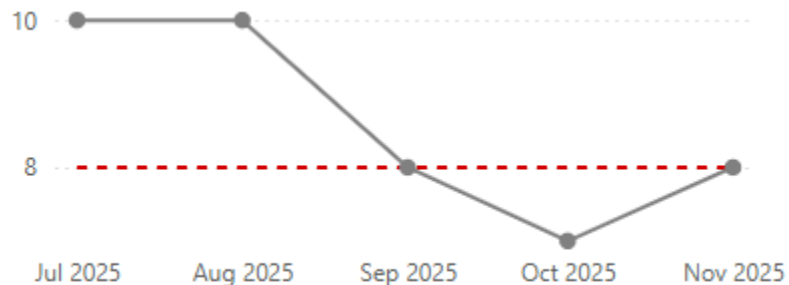
01/06/26

Over 12 months

01/07/26

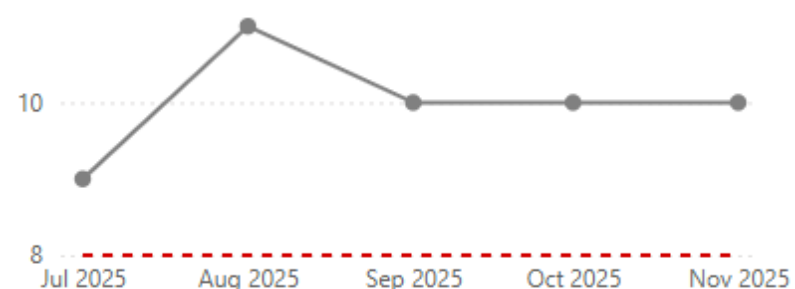
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**Median emergency ambulance response time to purple: arrest category calls**



In December 2025 there were 113 Purple (ARREST) incidents. Median response time was 09:05 minutes.

**Median emergency ambulance response time to red: emergency category calls**



In December 2025, there were 1151 Emergency (RED) Incidents. Median response time was 12:48 minutes.

**Key challenges / issues**

- As of the 1<sup>st</sup> July 2025, new response category changes are now measured on a median response and clinical outcomes for ARREST and EMERG calls.
- As of the 2nd December 2025 further response category changes are being introduced and AMBER and GREEN calls will now be categorised as ORANGE now, YELLOW soon, GREEN planned, with further integration with remote clinicians aimed at admission avoidance and directing patients correctly at first point of contact, either through 111 or 999.
- Overall attended demand in Hywel Dda Health Board area for December 2025 on average has been high and significantly above forecast, resulting in corresponding increases in resource escalation action plan (REAP).
- Hospital delays in ambulance hand over for WAST ambulance crews, 2,020 hours lost at the 4 acute Hywel Dda hospital sites during December 2025.
- There were 39 Immediate Vehicle Release (IVR) requests in December 2025, with an acceptance rate of 71.79%.
- Median Ambulance responses in Hywel Dda deteriorating since November 2025 correlate with increased demand and wider system pressures.

**Key actions / initiatives**

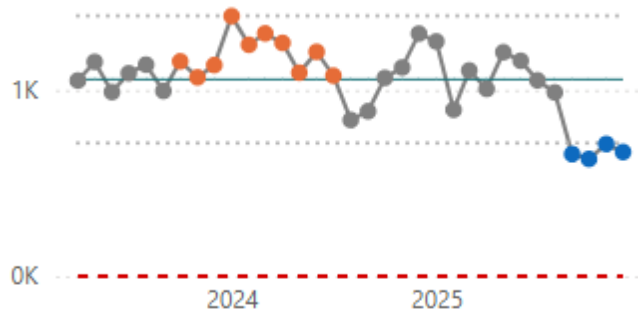
- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST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

**Due date**

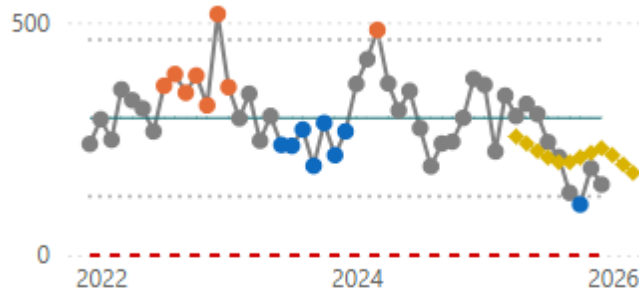
- Weekly ongoing
- Daily – Hourly ongoing
- Weekly ongoing
- Active
- Weekly ongoing
- Weekly review – ongoing Live

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

### Ambulance handovers taking over 45 minutes



### Ambulance handovers taking over 4 hours



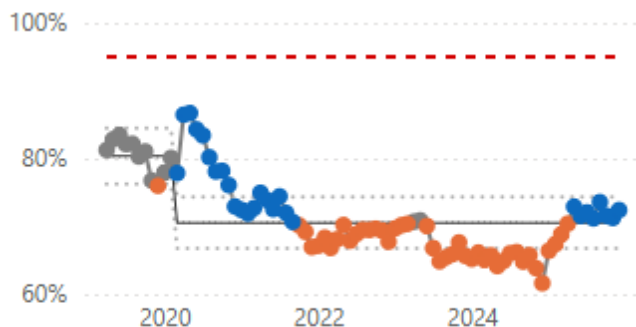
#### >45 Minutes handovers:

Latest data is showing improving variation. 667 handovers > 45 minutes out of a total of 2,092 handovers.

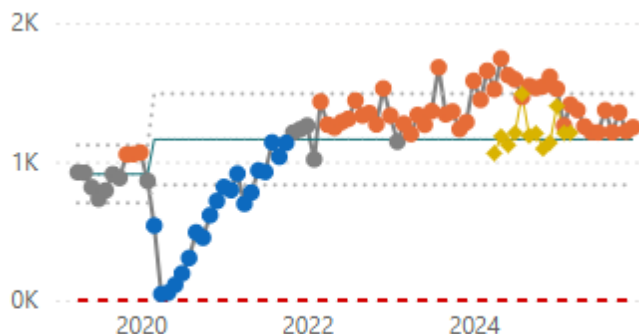
#### >4 hours handovers:

Latest data is showing usual variation. 152 handovers > 4 hour out of a total of 2,092, 7.3%.

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



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



#### Waits < 4 hours:

Latest data is showing improving variation. 72.4% of patients were seen within 4 hours, 10,160 out of 14,032 new attendances.

#### Waits > 12 hours:

Latest data is showing concerning variation. 1,248 patients waited over 12 hours, out of 14,032 new attendances, 8.9%.

## Key actions / initiatives – tactical urgent and emergency programme

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

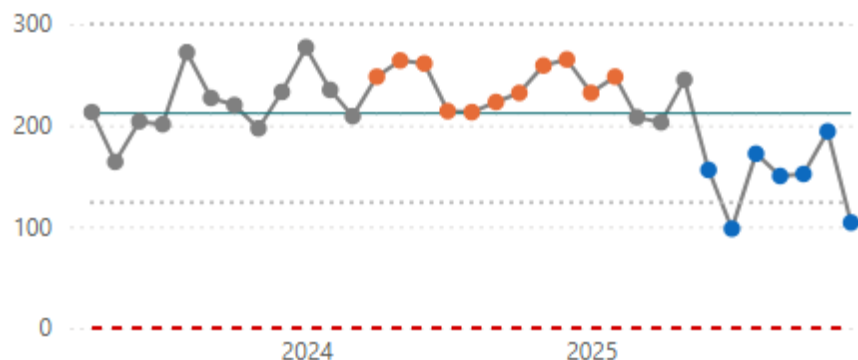
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

**Key**

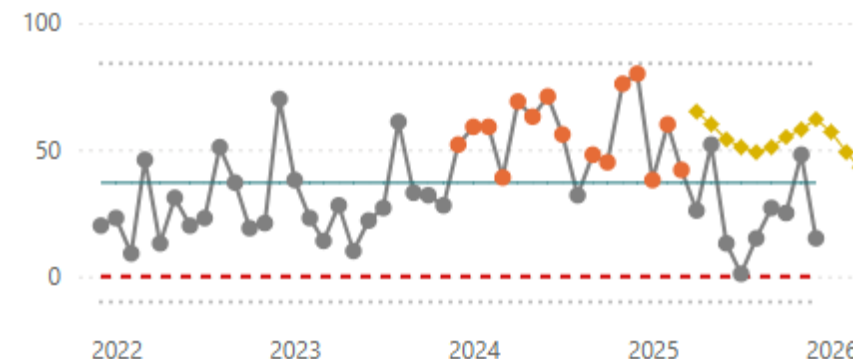
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Ambulance handovers taking over 45 minutes**



December data is showing improving variation. 104 handovers >45 minutes reported out of a total of 356 handovers, 29.2%.

**Ambulance handovers taking over 4 hours**



December data is showing usual variation. 15 handovers >4 hours was reported out of 356 total handovers 4.2%.

**Key challenges / issues**

- Emergency department overcrowding, with limited space to receive ambulance handover.
- Staffing shortages – insufficient numbers of clinical staff and senior decision makers.
- Delays in patient flow due to lack of available capacity across the system.
- Complex patient needs – patients arriving by ambulance can at times require extensive assessment and stabilisation and lack of space to provide handover can increase delays.
- High demand and surges can at times, overwhelm both WAST and the hospital, making timely handover an issue
- Physical space constraints limiting ability to treat and diagnose in a timely manner

**Key actions / initiatives**

- Targeted 45 minute ambulance handover plan with ongoing monitoring and adjustment of processes to support patient flow and experience
- Sprint actions – following the sprint undertaken in September and December, there is a repeat sprint being undertaken in January with learning from the previous events being applied to support further improvement actions
- Optimisation of all community capacity – continued integrated working across the Ceredigion system
- Active management of all clinically optimised patients to ensure any delays in the patient journey are limited
- Clinical Steaming Hub vetting all medical referrals from GP Surgeries to avoid admission where possible

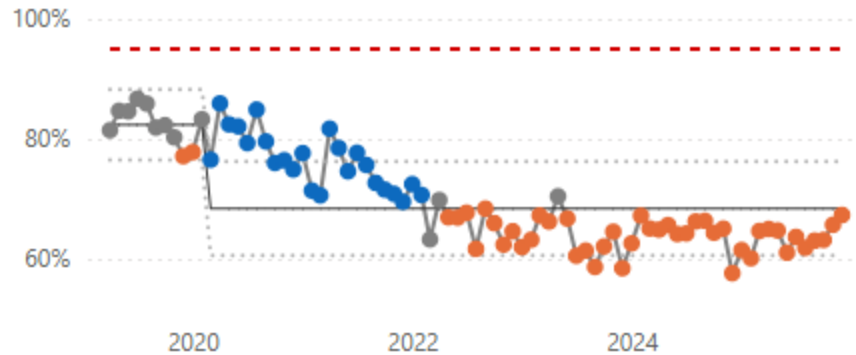
**Due date**

- Live
- 31/0126
- Live
- Live
- Live

Key

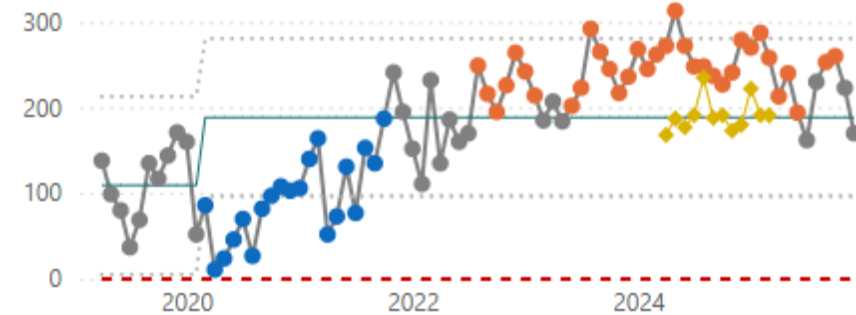
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



67% reported for December, 783 breaches out of 2,397 new attendances. Chart is showing concerning variation. However, performance has improved for the fourth consecutive month.

Patients waiting over 12 hours in A&E



170 breaches out of 2,397 new attendances, 7%. The chart is showing usual variation. This is the BGH's second lowest number of 12 hour breaches since July 2022.

Key challenges / issues

- Persistent overcrowding within the Emergency Department.
- Staffing shortages leading to delayed decision making, insufficient numbers of clinical staff and senior decision makers contribute to slower patient assessment.
- Delays in patient flow due to lack of available capacity across the Ceredigion system.
- Physical space constraints limiting ability to treat patients in a timely manner therefore leading to delays.
- Barrier patients due to infection control demand. Lack of side rooms across the site can often mean that patients have to remain in side rooms in majors/minors.

Key actions / initiatives

- Targeted 45 minute handover plan.
- Ongoing monitoring and adjustment of processes to support patient flow.
- Repeat Sprint initiative in January.
- Optimisation of community capacity with proactive daily management of all clinically optimised patients
- Clinical Streaming Hub taking medical referrals from GP Surgeries to avoid unnecessary admissions where possible

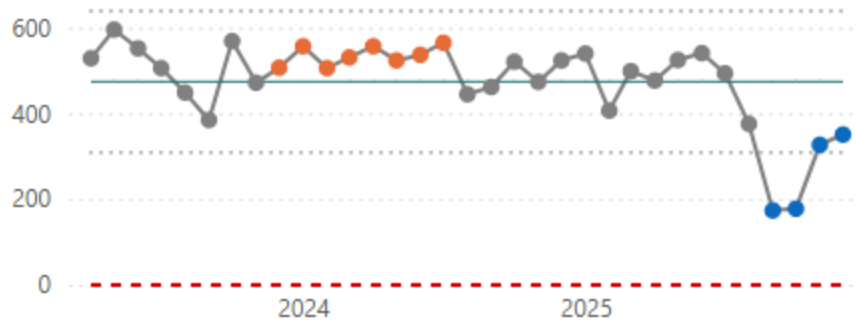
Due date

- Live
- Live
- 31/01/26
- Live
- Live

**Key**

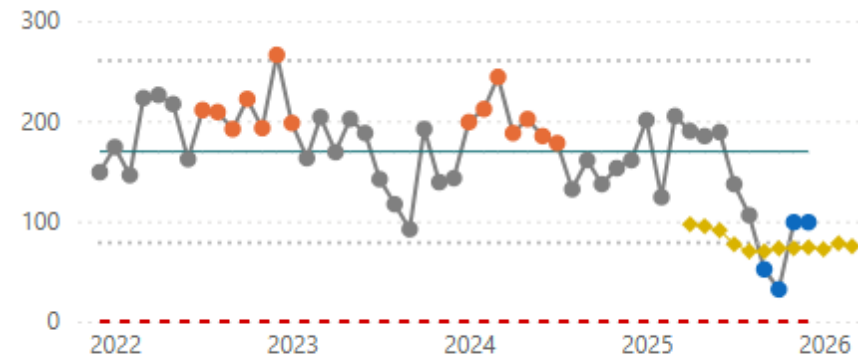
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Ambulance handovers taking over 45 minutes**



December data is showing improving variation. 351 handovers >45 minutes reported out of a total of 865 handovers, 40.6%.

**Ambulance handovers taking over 4 hours**



December data is showing improving variation. 99 handovers >4 hours reported out of a total of 865 handovers, 11.4%.

**Key challenges / issues**

- Sustained high volume of bed occupancy, surge and boarding at risk patients throughout December.
- Lack of physical space within the Emergency Department (ED) to allow rapid handover of ambulances.
- Middle grade sickness within Emergency Department team has contributed to unfilled gaps within the Rapid Assessment and Triage (RAaT) of ambulances.
- Early repatriation of pathway patients from referring hospitals continues to encounter delays.
- High volume of clinically optimised patients across ward areas.

**Key actions / initiatives**

- Winter sprint actions undertaken in December. Learning from to be applied to support January sprint actions.
- Optimisation of GP and Dr. Morris beds at Amman Valley Hospital for patients requiring rehabilitation.
- Staffing deficits in Emergency Department review undertaken daily/ weekly to support senior decision maker fill rates. Long term sickness management in place.
- Intermediate Care Multi-disciplinary Team, Advanced Nurse Practitioner fill rate has improved and are deployed to the front door for admission avoidance and rapid facilitation of discharges from the Emergency Department.
- Maintain the 45 minute ambulance handover target and initiative plan, to support patient experience and flow.

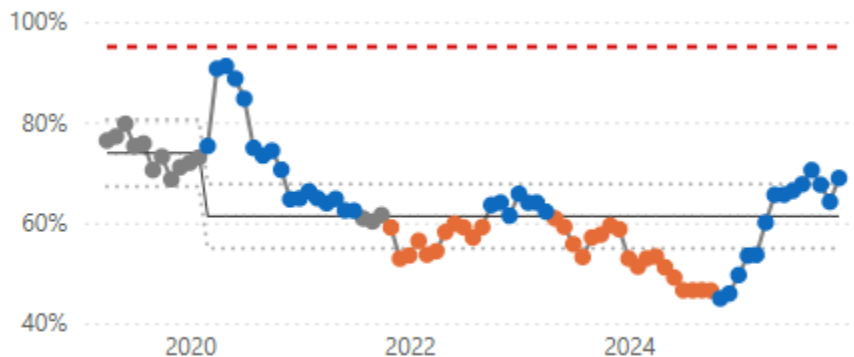
**Due date**

- 31/01/26
- Active
- Active
- Active
- Active

Key

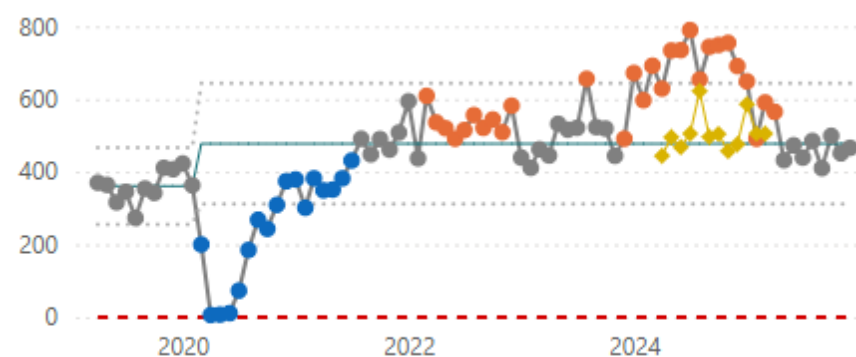
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



68.9% reported for December, 1,383 breaches out of 4,449 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



466 breaches out of 4,449 new attendances, 10.5%. The chart is showing usual variation

Key challenges / issues

- Front door presentations have decreased slightly in December although acuity of presenting conditions remain high.
- ED staff deficits and skill mix overnight have proved challenging contributing to lengthy waits for ED Clinician.
- Surge area around nursing bay in Emergency Department continues to be at high level occupancy due to acuity of demand and requirement for rapid ambulance handover.

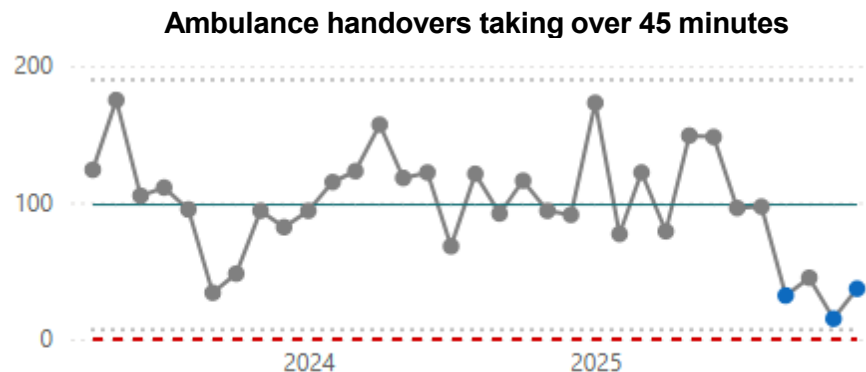
Key actions / initiatives

- Re-direction policy being implemented at triage and rapid assessment.
- Winter sprint actions undertaken in December. Learning from to be applied to support January sprint actions. Prepare for the second winter sprint, to be implemented 21<sup>st</sup> January 2026.
- Maintain the 45 minute ambulance handover target and initiative plan, to support patient experience and flow.

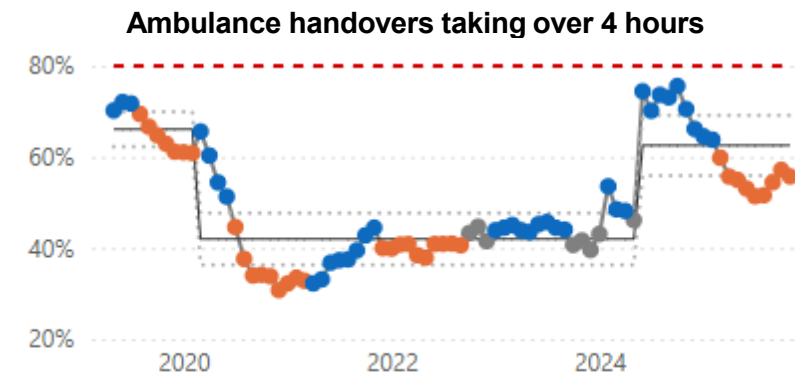
Due date

- Active
- 21/01/26
- Active

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



December data is showing improving variation. 37 handovers >45 minutes reported out of a total of 254 handovers, 14.6%.



December data is showing improving variation. 9 handovers >4 hours reported out of a total of 254 handovers, 3.5%.

**Key challenges / issues**

**Key actions / initiatives**

**Due date**

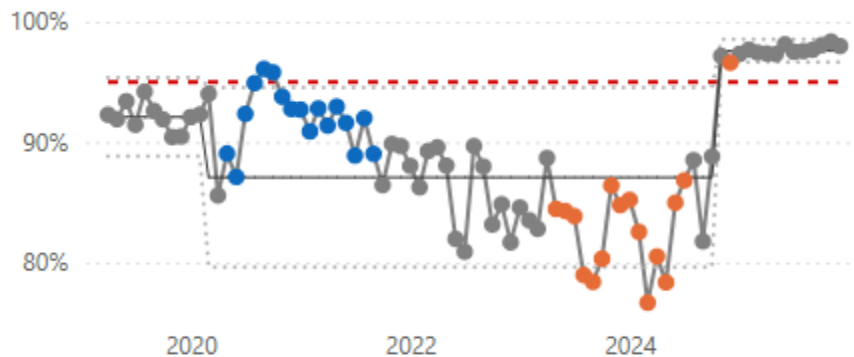
- Continued front door pressure resulting in very limited capacity at point of handover. Area highly impacted with issues around IP&C (Infection Prevention and Control) continues to be present going into winter months, this month infection has been more prevalent due to seasonal conditions .
- Acute teams continuing to maintain high percentage of handover 45 minute handover targets which enabled us to handover ambulances within a timely manner however, breaches have occurred this month due to high levels of infections through the winter months. This also continues to add demand pressure (surge) internally on our ward areas.
- Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to Acute Medical Assessment Unit (AMAU) remains. Meeting in relation to handover criteria to be reviewed end January to support this pathway and enhance flow of patients
- Boarding protocol (Our next patient) where patients are moved early to areas where discharges or query discharges have been identified at escalation points via patient flow meetings and manager of the day escalation. Winter pressures are also contributing to high levels of surge across inpatient wards, This is proving to be more difficult as the internal surge continues to be present. However, we are still implementing this system where possible to further support flow in AMAU.

- Maintain 45 minute handover target.
- Immediate ambulance release are almost always supported.
- AMAU acute medical model has now been functional for 5 months to support early discharge at the front door, this team is now also supported by Acute Response Team (ART) who attend weekly to support the medical team in identifying patients for community support which enables faster discharge. The team and service provided is proving to be very beneficial to patient flow as well as offering a better patient experience resulting quicker referral to more appropriate care.
- Clear communication channels with the operational delivery unit (ODU) in WAST to support decision making with a view to minimise risk as part of hospital flow.
- ODU internal team now active for three months providing an overview of ambulance handover and supporting to meet targets.
- Same Day Emergency Care (SDEC) continue to support where appropriate.
- Development and implementation of 'Our next patient' operation procedure now active in AMAU to ensure that each patient is assigned to the right ward in a timely manner under the care of the appropriate team.
- Sprint week was operational throughout December which was a coordinated effort across all sites to link community medical teams and acute care to utilise all resources and better support flow through the system.

- Ongoing
- Ongoing
- 28/02/26
- 28/02/26
- 31/03/26
- Ongoing
- 28/02/26

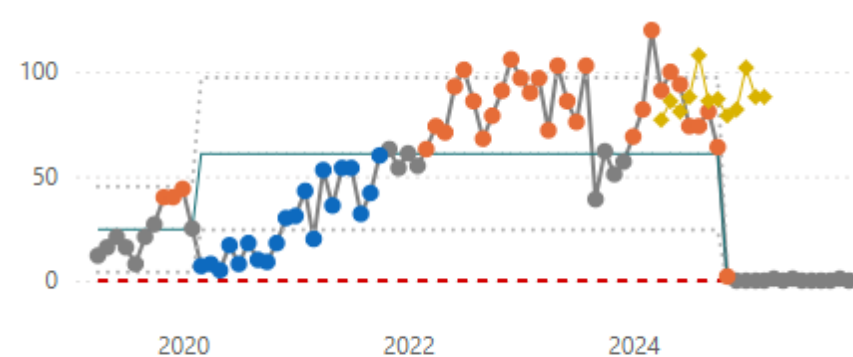
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**Patients waiting less than 4 hours in MIU**



98% reported for December, 44 breaches out of 2,188 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**



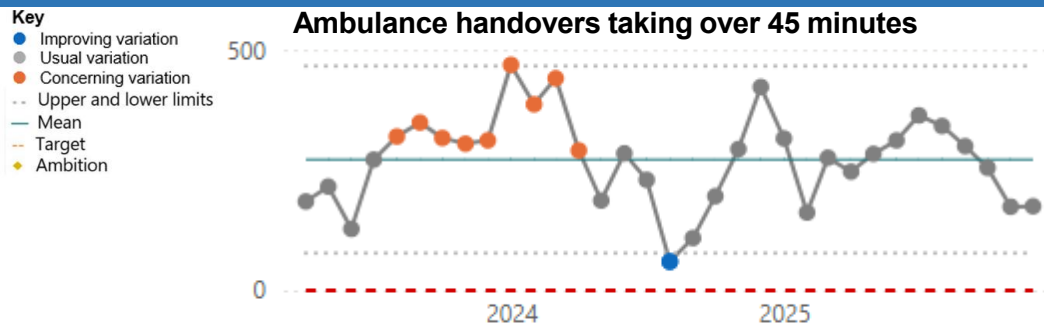
Zero breaches out of 2,188 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>• Our Minor Injury Unit (MIU) new patient attendance has returned to similar levels prior to closing overnight. (Since November 24) there has been a significant decrease in the number of patients presenting with major complaints. This trend continues to be the case with a small number of medical patients presenting. Patient type is being monitored in our morning flow meetings.</li> <li>• Medical annual leave and sickness has impacted on our ability to fully cover a number of shifts in December, resulting in longer waits for patients.</li> <li>• Clinical patient flow has been compromised through departments due to IPC (infection prevention control) issues on a number of wards resulting in periods of closure and lost beds.</li> </ul>	<ul style="list-style-type: none"> <li>• Locum consultant has created weekly hot clinics. These allow for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance</li> <li>• Ongoing work with community colleges in early discharge planning. The use of hospital at home to create a wrap around service enabling community GP's to refer into SDEC out of hours / weekends for SDEC to treat and refer back into the virtual ward.</li> <li>• To support during winter pressures, SDEC was open on two weekends as additional hours to support patient flow. SDEC was also opened on the 28<sup>th</sup> December to manage the lack of cover over the Christmas period. This support is continuing through till February 2026.</li> </ul>	<p>31/01/26</p> <p>28/02/26</p> <p>31/01/26 - 28/02/26</p>

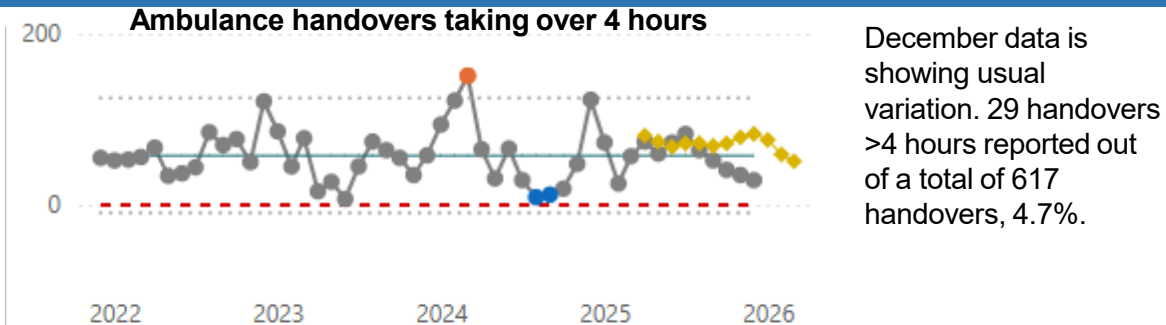
# Urgent and Emergency Care – Ambulances - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

# Urgent and Emergency Care



December data is showing usual variation. 175 handovers >45 minutes reported out of a total of 617 handovers, 28.4%.



December data is showing usual variation. 29 handovers >4 hours reported out of a total of 617 handovers, 4.7%.

## Key challenges / issues

- Persistent overcrowding, corridor care risk, limited Senior Clinicians and middle grades, boarding and surge through system.
- Significant staffing gaps (medical, therapies, healthcare support workers, radiology), inconsistent senior cover at front door, fragility in key pathways
- Significant surge and boarding across site

## Key actions / initiatives

### Workforce and Staffing

- Ongoing recruitment of 4 WTE middle grades in ED and awaiting approval of the additional 3 WTE funding to ensure a sustainable rota.
- Recruitment plan for attracting suitable applicants for ED Consultant and middle grades with cross site working.
- Redesign of front door workforce model.
- Mitigation plans for Healthcare Support Worker shortfalls through bank and agency support. To be added on risk register.
- Develop a Band 7 and Band 8a Bank to support clinical site team gaps and enable temporary 7 day Hospital at Home.

### ED Flow and Escalation

- Development of safe/unsafe/critically unsafe escalation protocol for ED which triggers additional levels of escalation.
- Development of Call before Convey with WAST
- Redirection policy implementation.

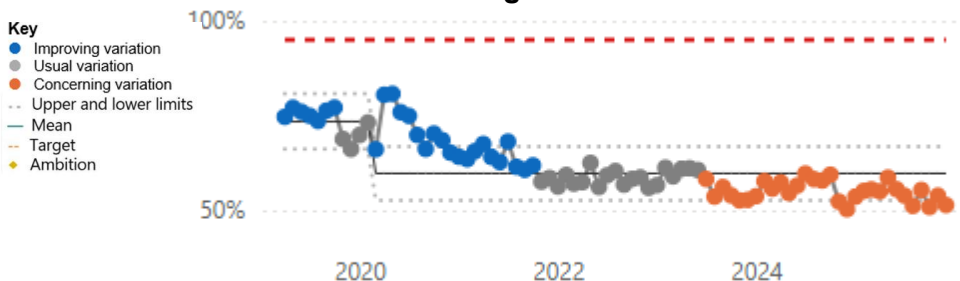
### Discharge and Bed Management

- Increase number of general internal medicine beds by utilising closed clinical space across Withybush hospital to reduce overcrowding in ED.
- Broadened the scope of Martello ward beds to maximize utilisation for patient flow.
- Develop pathway criteria to define on and off pathway patients
- Development of Standard Operating Procedures in ED, Non-Invasive Ventilation pathway and Frailty Pathway.

## Due date

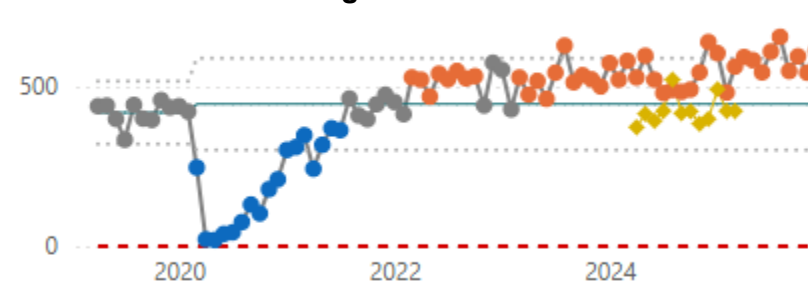
- 28/02/26
- 31/03/26
- 31/01/26
- 31/01/26
- 21/02/26
- 27/01/26
- 31/01/26
- 01/02/26
- 31/01/26
- 31/01/26
- 20/02/26

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



51.4% reported for November, 1,650 breaches out of 3,396 new attendances. Chart is showing concerning variation.

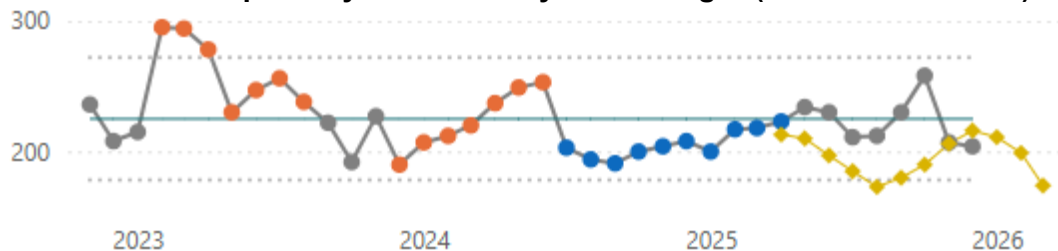
### Patients waiting over 12 hours in A&E



612 breaches out of 3,396 new attendances, 18%. Chart is showing concerning variation.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>Persistent overcrowding, corridor care risk, limited Senior Clinicians and middle grades, boarding and surge through system.</li> <li>Significant staffing gaps (medical, therapies, healthcare support workers, radiology), inconsistent senior cover at front door, fragility in key pathways</li> <li>Significant surge and boarding across site</li> </ul>	<p><b>Workforce and Staffing</b></p> <ul style="list-style-type: none"> <li>Ongoing recruitment of 4 WTE middle grades in ED and awaiting approval of the additional 3 WTE funding to ensure a sustainable rota.</li> <li>Recruitment plan for attracting suitable applicants for ED Consultant and middle grades with cross site working.</li> <li>Redesign of front door workforce model.</li> <li>Mitigation plans for Healthcare Support Worker shortfalls through bank and agency support. To be added on risk register.</li> <li>Develop a Band 7 and Band 8a Bank to support clinical site team gaps and enable temporary 7 day Hospital at Home.</li> </ul> <p><b>ED Flow and Escalation</b></p> <ul style="list-style-type: none"> <li>Development of safe/unsafe/critically unsafe escalation protocol for ED which triggers additional levels of escalation.</li> <li>Development of Call before Convey with WAST</li> <li>Redirection policy implementation.</li> </ul> <p><b>Discharge and Bed Management</b></p> <ul style="list-style-type: none"> <li>Increase number of general internal medicine beds by utilising closed clinical space across Withybush hospital to reduce overcrowding in ED.</li> <li>Broadened the scope of Martello ward beds to maximize utilisation for patient flow.</li> <li>Develop pathway criteria to define on and off pathway patients</li> <li>Development of Standard Operating Procedures in ED, Non-Invasive Ventilation pathway and Frailty Pathway.</li> </ul>	<p>28/02/26</p> <p>31/03/26</p> <p>31/01/26</p> <p>31/01/26</p> <p>21/02/26</p> <p>27/01/26</p> <p>31/01/26</p> <p>01/02/26</p> <p>31/01/26</p> <p>31/01/26</p> <p>20/02/26</p>

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

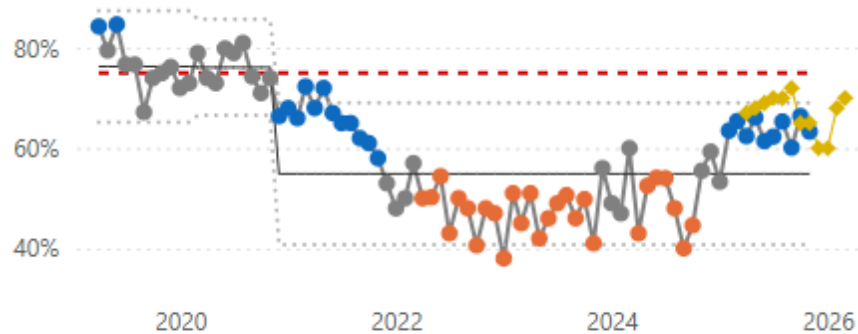


- Number of pathway of care delays as at 17<sup>th</sup> December 2025 census was 204 patients and the chart shows usual variation.
- The total days delayed for non-mental health decreased for the second consecutive month in December to 7,803 days.
- Mental health and learning disability delays increased from 987 in November to 1,244 in December.
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patients delayed in one of our hospitals, regardless of their area of residence i.e. will include patients living outside of Carmarthenshire, Ceredigion and Pembrokeshire.

Key Challenges / Issues	Key actions / initiatives	Due date
<p><b>Non-mental health:</b></p> <ul style="list-style-type: none"> <li>• High levels of acuity and family/ carer expectations driving the need for nursing, joint and continuing health care assessments within an already stretched system.</li> <li>• Acuity, hospital based deconditioning and limited access to the appropriate level of rehabilitation due to the allied health professional (AHP) staffing position in hospital sites across the health board are contributing to the number of patients requiring AHP assessments, reablement, and new packages of care to support hospital discharge.</li> <li>• Availability of care home beds in the community for residential, nursing and dementia care, and timely visits/assessments by care home managers to provide an outcome remains a challenge.</li> </ul>	<p><b>Non-mental health:</b></p> <ul style="list-style-type: none"> <li>• Welsh Government monies being utilised to build additional social worker, domiciliary care and reablement capacity across the system.</li> <li>• Embed and optimise trusted assessor (TA) models- especially around mental capacity assessments.</li> <li>• Task and finish group established to progress TA audit recommendations.</li> <li>• Strengths-based collaborative communication training programme being rolled out across health and local authority.</li> <li>• Regional focus on preventing hospital-based deconditioning and Deconditioning oversight group established to progress actions and support implementation of the Deconditioning Early Warning Indicator (DEWI) tool.</li> <li>• Carmarthenshire Rehabilitation Pathway being developed</li> <li>• Regional Pathway of Care Delay Action plan and regional steering group to monitor progress</li> </ul>	<p>31/01/26</p> <p>28/02/26</p> <p>31/03/26</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p><b>MH&amp;LD:</b></p> <p>The Mental Health &amp; Learning Disability Clinical Care Group, Pathway of Care Delay (POCD) census count for December 2025 is 18, which is a deteriorated figure of 6. This includes 4 discharges from last month, 10 who remain POCD and 8 new patients identified as medically optimised. The patients are categorised as follows, older adult 14, an increase of 5, adult 4, an increase of 1 and 0 for learning disability, which is unchanged from last month.</p>	<p><b>MH&amp;LD:</b></p> <p>The position in respect of patients who have a length of stay over the 90 and 100 day threshold for Mental Health is 1 on 90, 1 over 100 days, 2 over 200 days and one over 300 days. The increase in both number of POCD and lengths of stay is a concern and has been escalated to the Clinical Care Group Director notwithstanding that all patients are managed in accordance with the MH&amp;LD POCD action plan i.e. professional meetings have been undertaken and all patients have care plans in place. In summary, there are 18 medically optimised patients which is a deteriorated position, due to this and the recorded length of stays further action will be led by the Service Director.</p>	<p>28/02/26</p>

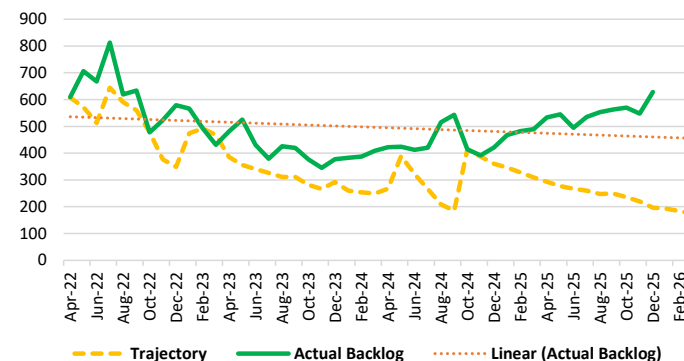
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

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



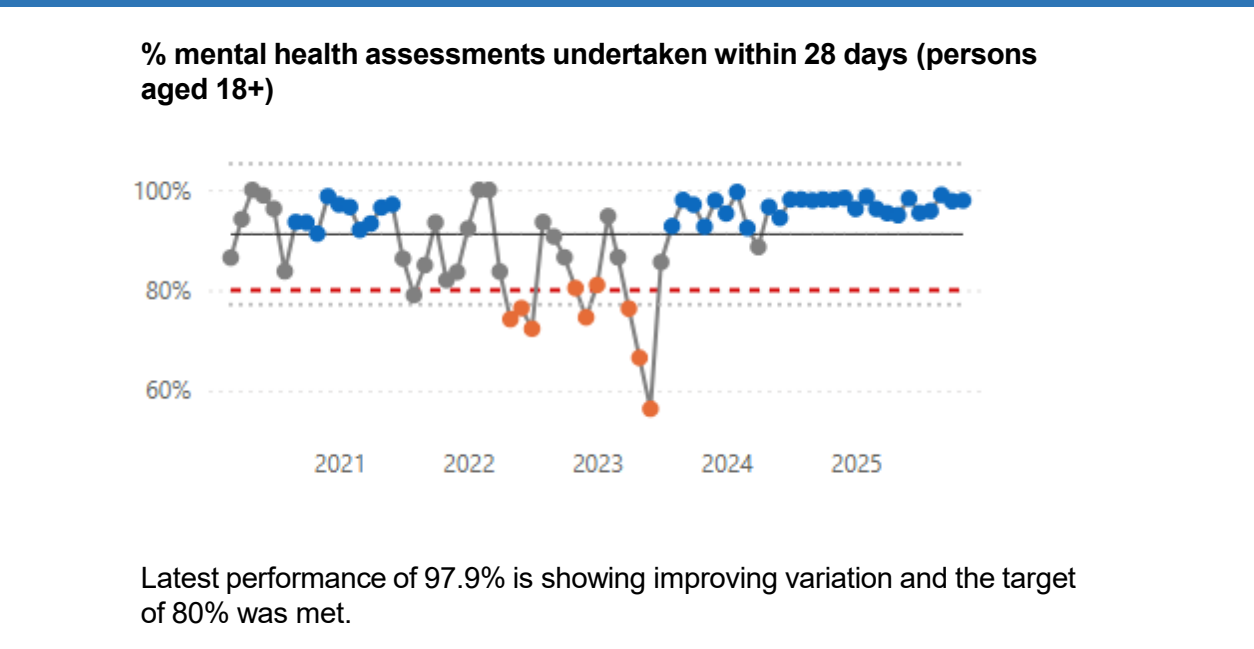
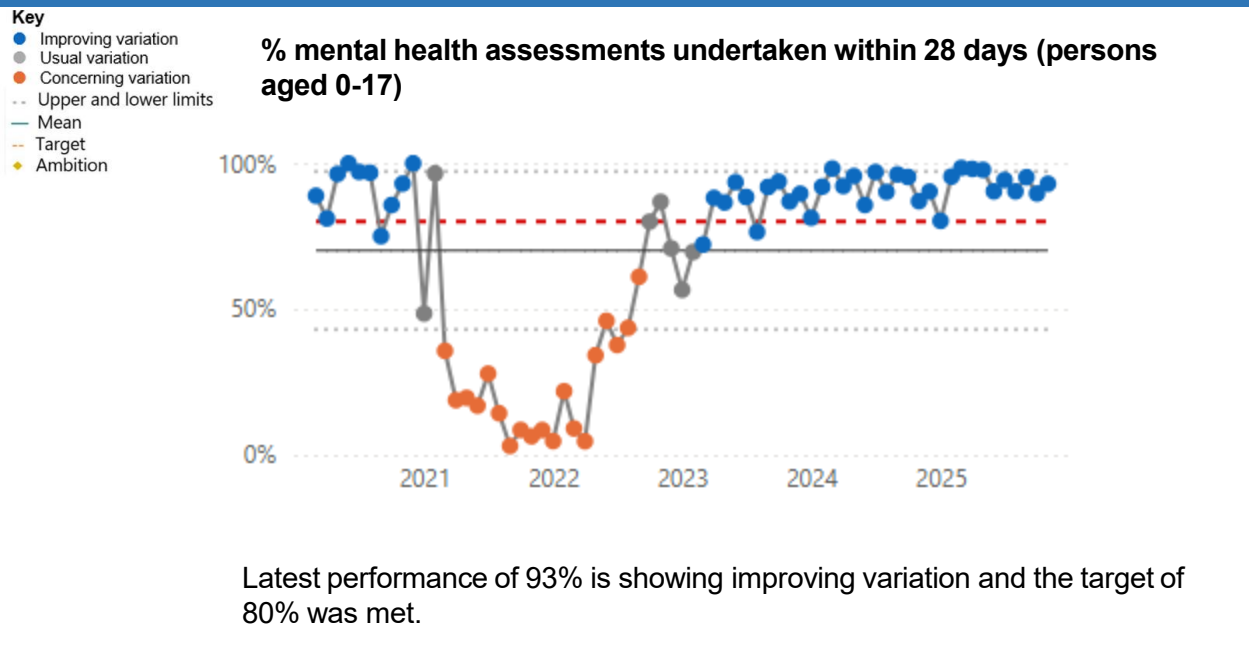
In November 2025, performance was 63.3% against the trajectory of 65%. Urology continues to be our most challenged pathway with 257 patients waiting over 62 days. NOTE: not all patients waiting over 62 days will have a confirmed cancer diagnosis

**Number of single cancer pathway patients waiting over 62 days**



In December 2025, 628 patients were waiting over 62 days on the single cancer pathway. Improvement trajectories have not been met for over 12 months.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Single cancer pathway</b> The reduced activity in November was due to clinician availability and staff sickness leave. 269 patients started treatment within 62 days. 156 patients with a confirmed cancer diagnosis were waiting over 62 days.</p>	<p>Outsourcing of MRI for prostate patients started in November 2025. This equates to 20 patients a week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed.</p>	<p>31/03/26</p>
<p><b>Backlog</b> Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (Radiology, Dermatology and Urology) which have limited resilience to staff sickness/absence.</p>	<p>Deep dives being undertaken per tumour site to inform improvement plans and trajectory for patients waiting more than 28 days for diagnostic tests.</p>	<p>31/01/26</p>
<p><b>Diagnostic challenge</b> To meet the 28-day diagnostic target requires the diagnostic testing component of the pathway to be provided within 7 days.</p>	<p>Robust improvement plans agreed for Urology prostate diagnostics for 2025/26.</p>	<p>31/03/26</p>
	<p>Piloting the use of the Galeas Bladder Test from January 2026 – 300 patients.</p>	<p>31/01/26</p>
	<p>Outsourcing of CT until March 2026. This equates to 260 CT scans a month with a 7-day reporting turnaround.</p>	<p>31/03/26</p>

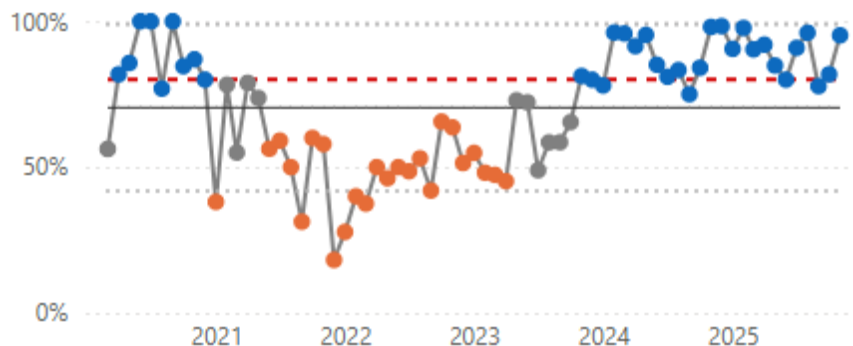


Key challenges / issues
<p><b>% mental health assessments undertaken within 28 days (persons aged 0-17):</b> 66 of 71 (93%) assessments were undertaken within target showing continued, and healthy, compliance.</p>
<p><b>% mental health assessments undertaken within 28 days (persons aged 18+):</b> Compliance remains above the required target; however, we have seen an increase in referrals across our Carmarthenshire and Ceredigion teams along with a more complex patient profile which is increasing assessment time or requirement for follow up assessment appointments. There is a vacancy in Ceredigion with long-term sickness in Carmarthenshire.</p>

Key actions / initiatives	Due date
<p><b>% mental health assessments undertaken within 28 days (persons aged 0-17):</b> Continued cross cover between county Local Primary Mental Health Support Service teams to balance capacity according to demand.</p>	Live
<p><b>% mental health assessments undertaken within 28 days (persons aged 18+):</b></p> <ul style="list-style-type: none"> <li>• Effective administration processes and support to ensure that the service remains compliant with the target, along with a review of assessment time slots to support complexities.</li> <li>• We have gone to recruitment for practitioner posts in both Carmarthenshire and Ceredigion to mitigate some of the issues specified.</li> </ul>	Live  31/03/26

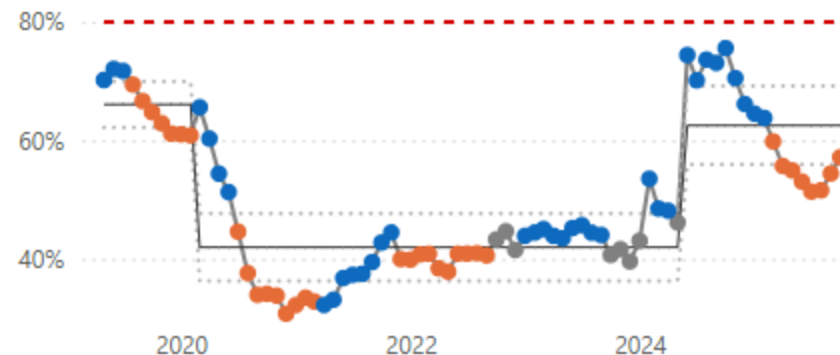
**Key**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation  
 - - Upper and lower limits  
 — Mean  
 — Target  
 ● Ambition

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



Latest performance of 95.2% is showing improving variation but the target of 80% was met.

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



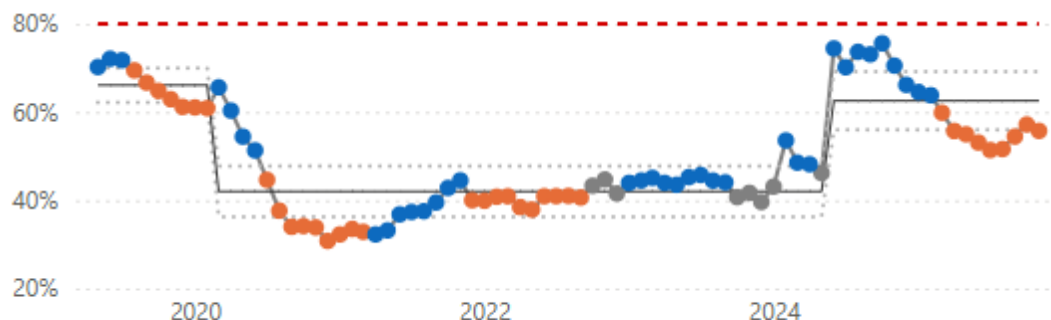
Latest performance of 94.5% is showing improving variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):</b>                      40 of 42 (95.2%) interventions commenced within target, showing continued compliance following a new appointment starting in November.</p>	<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):</b></p> <ul style="list-style-type: none"> <li>We are in discussions with NHS Performance and Improvement to pilot a 'One at a Time' approach to interventions in LPMHSS Carmarthenshire.</li> <li>We are rolling out SilverCloud digital therapies referrals for 11-15 year olds which will help manage demand and increase choice.</li> </ul>	<p>Live</p> <p>Live</p>
<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b>                      Compliance remains above the required target. Increased referral numbers are limiting the number of available treatment sessions and we are predicting a potential decrease in compliance over the next month, yet hopeful we will remain above the required 80% target. Estates access continues to be challenging across the three counties.</p>	<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b></p> <ul style="list-style-type: none"> <li>Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector and SilverCloud digital options.</li> <li>Our Primary Care Liaison Service is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS, along with a focus on group interventions.</li> <li>We have gone to recruitment for practitioner posts in both Carmarthenshire and Ceredigion to mitigate some of the issues specified.</li> </ul>	<p>Live</p> <p>Live</p> <p>31/03/26</p>

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 November of 55.7% shows concerning variation and the target of 80% was not met.

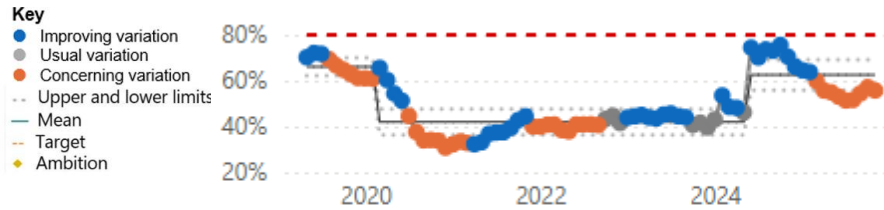
- 418 out of 774 (54%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 4 out of 10 (40%) were waiting <26 weeks to start an adult psychology assessment;
- 36 out of 60 (60%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Integrated Psychological Therapies Service (IPTs):</b> IPTs have seen a drop in compliance of 1.9%. This is directly associated with the referral-to-treatment (RTT) calculation as the service set up two groups (clients taken from non-breaching numbers as per the change to service model) which has reduced the number of clients waiting overall for an intervention but also diminishes the RTT compliance.</p>	<p><b>IPTS:</b></p> <ul style="list-style-type: none"> <li>• A number of high intensity evidence-based interventions are now in place with caps in therapy sessions in place.</li> <li>• All therapists have job plans that are reviewed and updated to increase capacity of the service where possible. Recruitment processes are in place to reduce potential impact from staff obtaining new posts in key areas.</li> </ul>	<p>28/02/26</p> <p>Live</p>
<p><b>Adult Psychology Mental Health (AMH):</b> The number of patients waiting over 26 weeks for treatment reduced in November, with the backlog also down from 20 to 16. Improvements in the waiting list position are expected following the successful recruitment of a Practitioner Psychologist who commenced on 6<sup>th</sup> October, based in an area in Carmarthenshire where there was no community provision. Additional capacity may also be possible with doctoral trainees on placement. A large geographical area can mean that access is limited in some areas particularly if a client requires face to face intervention. Additionally, given the limited number of staff in the community, any absence has a significant impact.</p>	<p><b>AMH:</b></p> <ul style="list-style-type: none"> <li>• All four clinicians are providing consultations to other services, decreasing referrals to AMH.</li> <li>• Grow Your Workforce plans are in place.</li> </ul>	<p>31/03/26</p> <p>31/03/26</p>
<p><b>Learning disabilities (LDs):</b> Long-term sickness, maternity leave and vacancies in the team are affecting capacity and impacting on waiting times, causing fragility in the service in Ceredigion and Pembrokeshire which is covered by other areas of the service as needed. We also have intensive work and court reports required for the increasing complex Court of Protection (CoP) cases. We are offering more consultations to offer advice/ support to try to provide support to those waiting and reduce the number of referrals coming in.</p>	<p><b>LDs:</b> A project is underway to scope under 18s who potentially require a specialist LD service with 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 includes a co-ordinator for CoP cases who can link in with legal services, to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. This will be recruited into as part of our organisational change process from November 2025 to January 2026.</p>	<p>31/01/26</p>

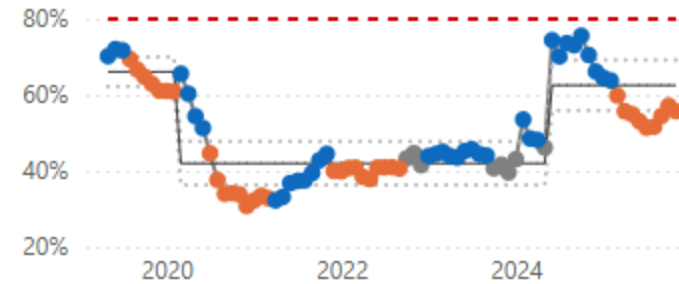
# Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)

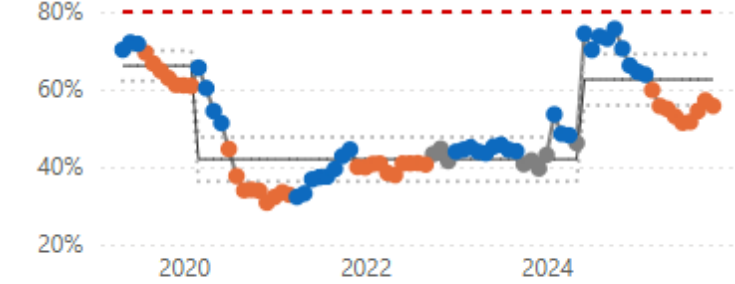
**% children & young people waiting < 26 weeks to start a neurodevelopmental assessment**



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



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



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in November 2025 of 21.5% shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 517 of 3,499 (14.8%) patients were waiting for an assessment <26 weeks. 454 of 1,011 (44.9%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiative	Due date
<p><b>Autism Spectrum Disorder (ASD):</b> As of November 2025, there are 2,982 children and young people waiting more than 26 weeks for an ASD assessment. Demand continues to outstrip capacity. The current waiting list for an ASD assessment stands at 3,399 with the longest wait times 3 years, 6 months. Demand for assessment remains consistently high with referrals averaging 113 per month. This is approximately three times higher than current service capacity. Significant progress is being made internally to bring about more efficiencies, but key challenges include the absence of a regional strategic action plan around neurodivergence and whole system buy-in to bring about sustainable change. Current capacity does not allow for extensive regional stakeholder engagement and transformation.</p>	<p><b>ASD:</b></p> <ul style="list-style-type: none"> <li>• 3-year improvement plan and re-design of service underway. 31/03/28</li> <li>• Waiting list initiative commenced to bring about a more efficient, value-based approach to diagnostic assessment, starting with a review and stratification of the existing waiting list. Longest waits have reduced from 3 years 9 months to 3 years 6 months since September. 30/06/26</li> <li>• Thematic analysis/service evaluation underway to understand drivers for diagnostic assessment. 31/03/26</li> <li>• Pending Welsh Government and Public Board approval, contracts to be awarded to an external provider to eradicate &gt;3 year waits by 2026. 31/12/25</li> <li>• Recruitment process to substantiate fixed term posts and recruit into additional posts. 31/03/26</li> <li>• Digital innovation - support requested to maximise functionality of the Welsh Patient Administration System; pilot of AI scribe delayed until January 2026. 28/02/26</li> <li>• Stakeholder mapping commenced and engagement plans with key stakeholders underway. 31/04/26</li> </ul>	
<p><b>Attention Deficit Hyperactivity Disorder (ADHD):</b> The longest wait for an ADHD assessment is currently 94 weeks with 163 waiting more than 52 weeks. The service has seen a 100% increase in referrals, resulting in a need to significantly increase core capacity where possible to achieve target. Despite this, demand continues to outweigh current core capacity even with a fully established medical workforce. Similarly, the demand for Quantitative Behavioural (QB) tests as part of the diagnostic pathway exceeds current capacity. Clinic room capacity across all sites remains a challenge. Long term solutions are being explored as part of the Bandi appeal and reconfiguration of Puffin Ward.</p>	<p><b>ADHD:</b></p> <ul style="list-style-type: none"> <li>• Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. 31/03/27</li> <li>• Increase core capacity through provision of additional QB Tests and follow up sessions. Currently only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers are trained to use these. Funding streams are being sought to support the purchase of additional devices. 31/03/26</li> <li>• There is a post to advert that, if successful, would see the recruitment of one whole time equivalent Community Paediatrician in Bronglais General Hospital. 31/03/26</li> <li>• Continue to manage clinic capacity flexibly and maximise through rigorous job planning. 31/03/26</li> </ul>	

# 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

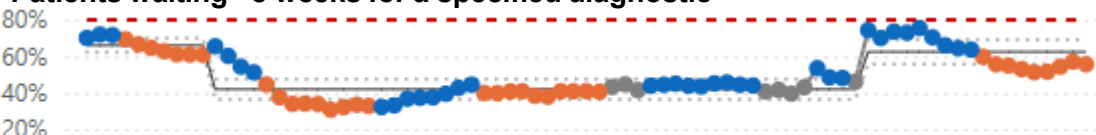
**Assurance - performance against target**

- 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

## Patients waiting >8 weeks for a specified diagnostic



Referral to treatment (RTT), diagnostic and therapy data updates are not available to include in this month's update. Welsh Government have agreed a delay to the Health Boards RTT and Diagnostic & Therapy national data submissions whilst Radiology data validation takes place, following the introduction of a new radiology system in Hywel Dda during December 2025. The Health Board is working a pace to validate.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Nov 2025	1,656	●	■	n/a
Radiology		1,432	●	■	n/a
Endoscopy		154	●	■	n/a
Phys measure		25	●	■	n/a
Imaging		24	●	■	n/a
Cardiology		20	●	■	n/a
Neurophysiology		1	●	■	n/a

### Key challenges / issues

#### Radiology

- Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
- Breaches decreased from October to November 2025 (unverified December position)

### Key actions / initiatives

- Non-Obstetric Ultrasound - Insourcing contract ended November 2025. Contract extension to November 2026 being procured. Performance on target for November 2026.
- Magnetic Resonance Imaging – 2 staffed scanners on site, one producing increased activity due to undertaking less complex cases. Whilst, the other performs complex, long scans.
- Computed Tomography – staffing difficulties over the summer have resulted in a decrease in activity in Computed Tomography. Locum extension approval requested to ensure performance is maintained. Computed Tomography van being procured for 6 weeks at end of Q3. Van on site from 5.11.25 - 24.12.25.

### Due date

Live  
Live  
Complete

#### Endoscopy

- Endoscopy theatre nursing staff fragility (particular to Glangwili) due to long-term and short-term sickness.
- Ongoing capital replacement programme for old/fragile endoscope equipment.

- Endoscopy delivery plan in place to support zero breach performance by March 2026
- Investment for uplift in the endoscopy nursing establishment at Glangwili. New staff being onboarded.
- In/Outsourcing tender is being reviewed in January 2026 to commence February. This is planned to clear the backlog created by the Stage 1 Insourcing conversion to Cystoscopy and Endoscopy.
- Galeas Bladder urine test planned to commence by February to replace Urgent Suspected Cancer cystoscopy and create capacity for 8 week plus diagnostic cystoscopy.

31/03/26  
31/01/26  
09/02/26  
19/01/26

#### Cardiology

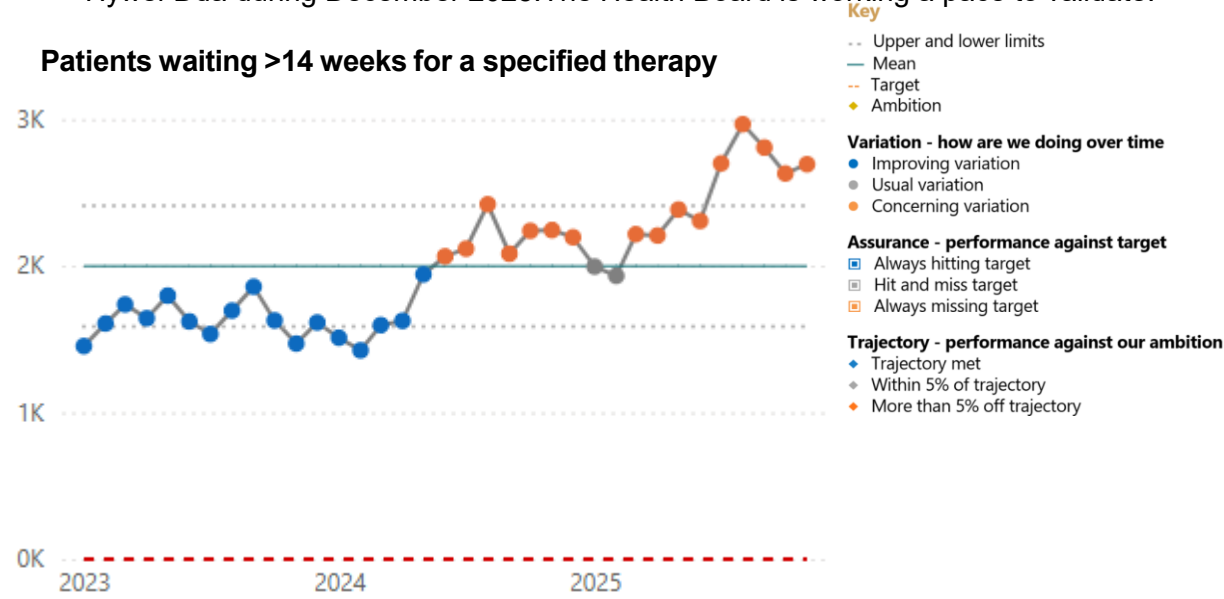
- Radiology Cardiac Myocardial Perfusion Imaging breaches at end of December decreased (unverified December position).
- 162 Echo breach this month (unverified December data).
- Dobutamine Stress Echocardiogram and Transoesophageal Echocardiogram - These are Consultant-led diagnostics.

- Significant improvement in breach performance, supported by a combination of core and additional outsourcing, commenced 18th September in partnership with Singleton. Additionally, re-triage of referrals enabled transfer of suitable patients to alternative diagnostic pathways.
- This month we saw an increase in the breach position for echo due to increase of staff sickness, will be arranging insourcing for end of January and February to reduce breach position.
- Dobutamine Stress Echocardiogram: The number of breaches has decreased slightly. Continuing to work collaboratively across sites to further reduce the breach position.

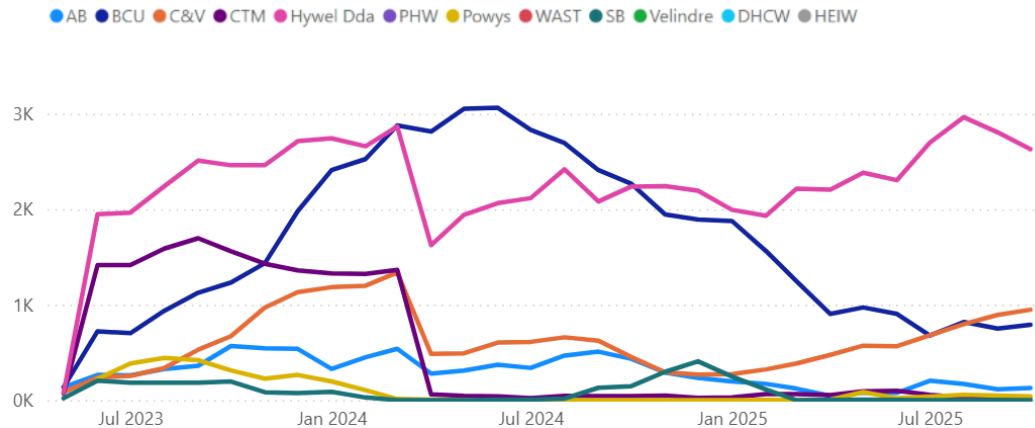
31/03/26  
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31/03/26

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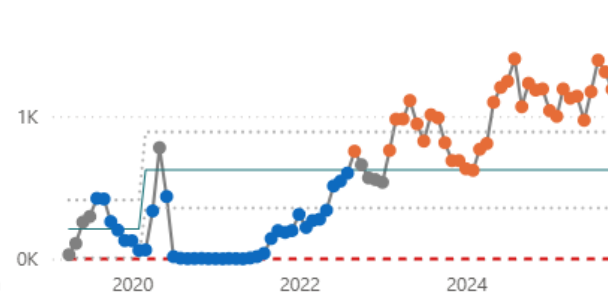
## Patients waiting >14 weeks for a specified therapy



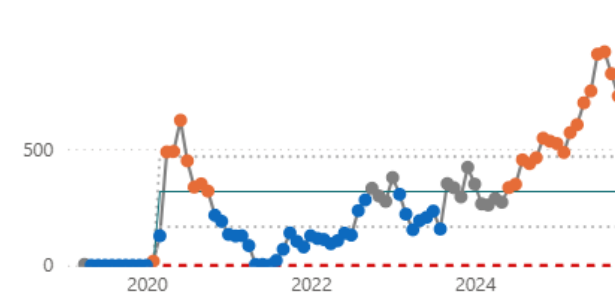
## Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (October 2025)



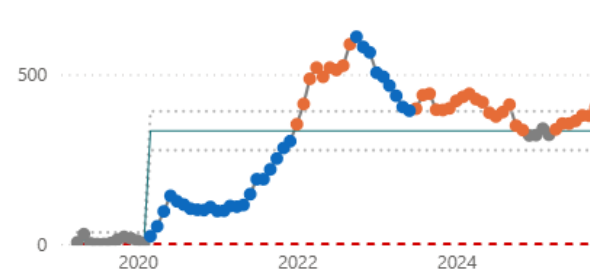
### Number of patients waiting 14 weeks plus for Physiotherapy



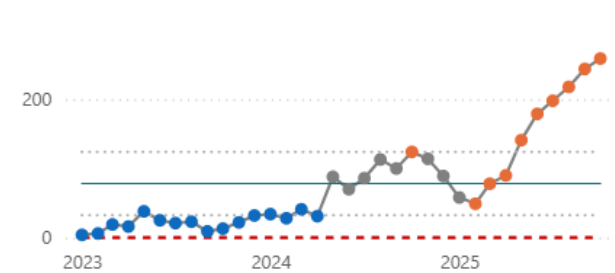
### Number of patients waiting 14 weeks plus for Podiatry



### Number of patients waiting 14 weeks plus for Occupational Therapy



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

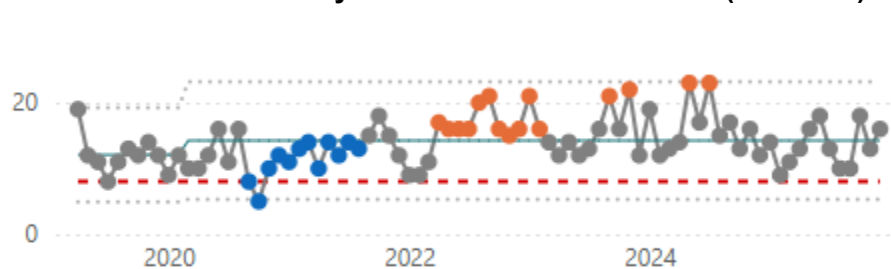


Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	Nov 2025	2,693	●	□	62.6%
Physiotherapy		1,303	●	□	97.6%
Podiatry		727	●	□	91.9%
Occupational Therapy		407	●	□	18.5%
Dietetics		216	●	□	39.4%
Art therapy		35	●	□	n/a
Speech & Language Therapy		5	●	□	100%

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Physiotherapy:</b> 91% of breaches are within Musculoskeletal (MSK) specialty as demand is growing and is greater than capacity. Changes to Community Health Pathways and other national pathways (E.g. South Wales Spinal Network Guidance) are causing a shift of work from primary and secondary care towards community MSK Physiotherapy services. 8% of the remaining breaches are within community services and 1% in paediatrics. (December data unverified).</p>	<p><b>Physiotherapy</b></p> <ul style="list-style-type: none"> <li>• A standard operating procedure (SOP) for a targeted telephone triage pilot, for patients who could be signposted towards supported self management has been developed. Further development of this process is now planned using PDSA (plan-do-study-act) cycles in order to test the effectiveness of clinical risk stratification and patient activation tools to broaden the scope of the project.</li> <li>• Financial Control Group approval given to actively recruit Band 4 bank staff. Pending approval to advertise. Aim to complete recruitment cycle by 15<sup>th</sup> February 2026.</li> <li>• Full MSK service review being undertaken in collaboration with National MSK Network. Draft report received on 3rd November 2025, with a request from Health Board to review and comment. Deadline for response extended to 12th January 2025.</li> <li>• Scope feasibility for Health Board validation team to review and validate MSK and community routine waiting lists. The scheduled care validation team have advised on the 16<sup>th</sup> December 2025 that they do not have capacity to support this piece of work within the current financial year.</li> </ul>	<p>31/08/26</p> <p>Live</p> <p>12/01/26</p> <p>Completed</p>
<p><b>Podiatry</b> Breaches over the last three months have been consistently around the 700 mark (December data unverified). Over last 5 years demand increased (9,000 to 14,500 annually). Despite mitigation efforts, nearly 3,000 new referrals are waiting. Changes to the vascular pathway contributed to a rise in referrals, however, validation of the waiting list continues. Patient contacts have reduced from 60,000 - 45,000 annually due to increased patient complexity. Lower clinic throughput, with 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><b>Podiatry</b></p> <ul style="list-style-type: none"> <li>• Skill mixing for efficiency: 6 administration staff (Bands 3 &amp; 4) undergoing Agored training to become podiatry assistants, enabling task redistribution, backfilling with new admin recruits.</li> <li>• Plans to establish a consultant podiatrist role to manage complex cases more efficiently.</li> <li>• Innovative practice rollout: Ongoing implementation of phone triage, skill mixing, and pathway redesign to improve service efficiency</li> </ul>	<p>01/09/26</p> <p>01/03/26</p> <p>01/09/26</p>
<p><b>Occupational therapy (Paediatrics):</b> Increases in new referrals over the last 3 months contributing to ongoing challenges in addressing the current backlog. Our focus remains prioritising urgent and non-urgent cases. We are assessing our current capacity and reviewing performance improvement plans.</p>	<p><b>Occupational therapy (Paediatrics):</b></p> <ul style="list-style-type: none"> <li>• Successful internal recruitment to backfill maternity leave. Exploring options to cover the gap this will create within the team.</li> <li>• Recruitment process underway to replace Neonates Clinical Lead</li> <li>• Continuing to explore options to increase capacity internally to manage current waiting list.</li> </ul>	<p>Completed</p> <p>30/01/26</p> <p>30/01/26</p>
<p><b>Dietetics:</b> Paediatric selective eating increased referral demand remains the reason for service waiting time breaches. Diabetes service vacancies</p>	<p><b>Dietetics:</b></p> <ul style="list-style-type: none"> <li>• Work underway to review access criteria, having completed development of resources and guidance for referrers to support risk mitigation while families are waiting to access service. Fixed term agency in post and starting to positively impact. Long term recommendations under development with new part time service lead appointment.</li> <li>• Diabetes team recruitment complete and all vacancies will be filled by end of January 2026</li> </ul>	<p>28/02/26</p> <p>31/01/26</p>

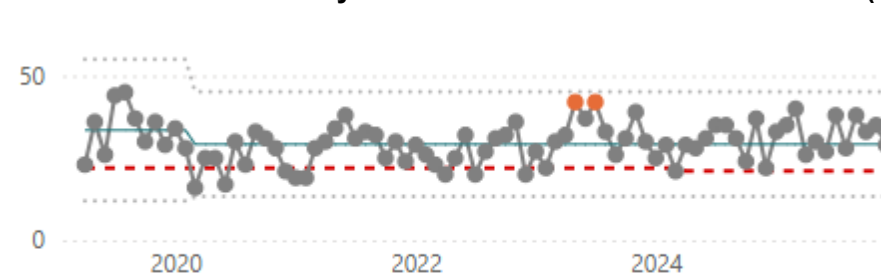
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

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



Performance is showing usual variation with 16 cases in December.

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

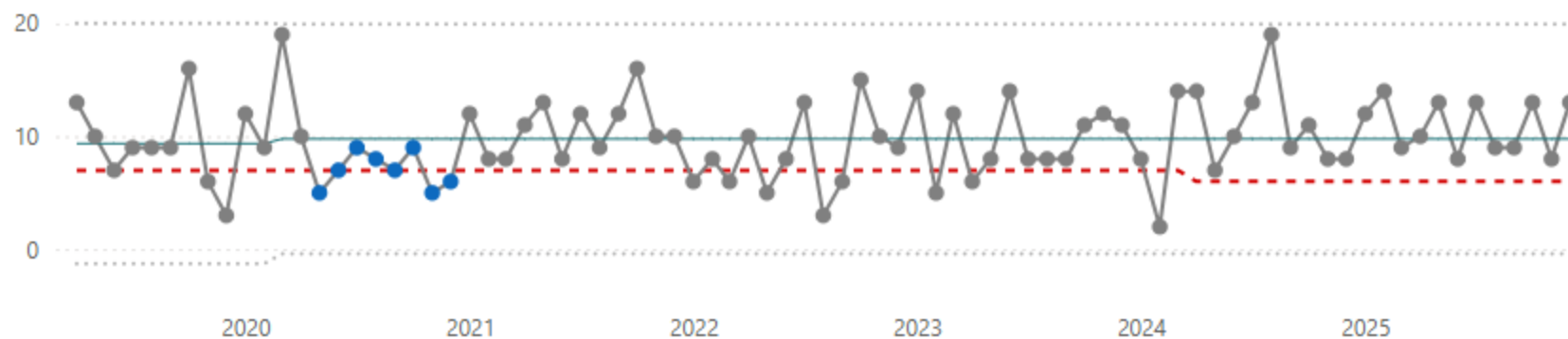


Performance is showing usual variation with 29 cases in December.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>C. difficile:</b></p> <ul style="list-style-type: none"> <li>• Antibiotic Stewardship: Inconsistent completion of Start Smart Then Focus audits; vacancies in Antimicrobial Pharmacy team risk impacting stewardship.</li> <li>• Delayed Infection Prevention Control Actions: Recognition, isolation, and diagnosis delays noted in some cases.</li> <li>• Environmental Cleaning: Challenges with routine and deep cleaning due to staffing shortages and surge capacity pressures.</li> <li>• Compliance Gaps: Lapses in hand hygiene and bare below the elbow standards across staff groups.</li> <li>• Mandatory Training: Level 2 Infection Prevention Control compliance at 73.33%, below the 85% target and a reduction from the previous month.</li> </ul>	<ul style="list-style-type: none"> <li>• Antibiotic Stewardship: Start Smart Then Focus audits reviewed; prescribing trends noted (Tazocin, Cotrimoxazole). Project identified for C.difficile Collaborative meeting 20/01/26.</li> <li>• Auditing: Environmental/ observational audits ongoing; Audit management and tracking Infection Prevention Control audits awaiting to be piloted when Infection Prevention Control team capacity allows.</li> <li>• Learning &amp; Governance: Healthcare acquired infections cases reviewed monthly at Assurance Group; learning shared via Clinical Care Groups. Issues escalated through governance structures.</li> <li>• Enhanced Cleaning: Hydrogen Peroxide Vapour available on 3 acute sites, 4th site coming online soon- awaiting training for Withybush hospital.</li> <li>• Training dates face to face for level 2 Infection Prevention Control training for 2026 available on Electronic Staff Record for staff booking</li> </ul>	<p>20/01/26</p> <p>31/03/26</p> <p>31/01/26</p> <p>01/04/26</p> <p>Completed</p>
<p><b>E. coli:</b></p> <ul style="list-style-type: none"> <li>• Infections remain primarily community-onset, linked to urinary tract and some catheter-related infections.</li> <li>• Most cases occur in the 80–89 age group.</li> <li>• Non-compliance observed in hand hygiene and bare below the elbow practices across staff.</li> <li>• Health Board Aseptic Non-Touch Technique compliance stands at 83.80%.</li> </ul>	<ul style="list-style-type: none"> <li>• Health &amp; Wellbeing booklet under final review and pending publication.</li> <li>• Healthcare acquired infections cases reviewed monthly at Assurance Group; learning shared via Clinical Care Groups.</li> <li>• Monthly hand hygiene audits by Ward Managers, monitored and reviewed.</li> <li>• Ongoing review of hand hygiene products and promotional posters.</li> </ul>	<p>31/01/26</p> <p>31/01/26</p> <p>31/06/26</p> <p>31/03/26</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)**



Performance is showing usual variation with 13 cases in December.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>S. aureus:</b></p> <ul style="list-style-type: none"> <li>• Aseptic Non-Touch Technique compliance inconsistent; E-learning completion at 83.80%.</li> <li>• Environmental/equipment contamination contributing to transmission due to cleaning challenges and surge.</li> <li>• Infection burden remains community-based, primarily from wounds.</li> <li>• Ongoing lapses in hand hygiene and bare-below-the-elbow compliance across staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Aseptic Non-Touch Technique compliance and competency assessments shared via Clinical Care Group meetings; proposal to make competency mandatory via Electronic staff record- awaiting feedback.</li> <li>• Healthcare acquired infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups .</li> <li>• Hand hygiene validation and observational audits conducted based on senior nurse monthly audits.</li> <li>• Ongoing review of hand hygiene products and promotional posters.</li> </ul>	<p>31/03/26</p> <p>31/01/26</p> <p>31/01/26</p> <p>31/03/26</p>

**% staff sickness rate (12 months rolling)**

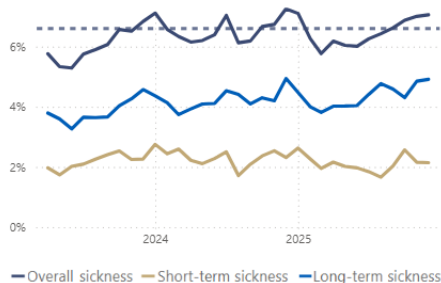


In December 2025, 12-month rolling staff sickness remained static at 6.6%

**% staff sickness rate (in-month)**

In-month staff sickness has been rising since June 2025 (6%).

There were 7.1% of staff on sickness leave in December 2025: 2.1% short-term (ST), 4.9% long-term (LT).



**Services with 60+ staff with the highest levels of in-month sickness rates in December 2025:**

Team	Staff	In-month %	R12m %
Glangwili Domestic Services	136 staff	17.6%	14.1%
Sunderland Ward	72 staff	13.4%	12.1%
Prince Philip AMAU	74 staff	8.4%	11.2%
PDT - Domestic	133 staff	10%	10.8%
Health Protection – Immunisation Team	72 staff	10.8%	10.8%
Glangwili - Theatres	87 staff	10.7%	10.6%

**Glangwili Domestic Services breakdown:**

December 2025: 7.5% ST, 10.1% LT = Total: 17.6%. 12-month rolling: 14.1%

December 2024: 4.9% ST, 11.1% LT = Total: 16.1%. 12-month rolling: 14.2%

**Key challenges / issues**

As per the NHS Performance Framework 2025-26, the Health Board sickness absence target is a reduction on the 2024-25 outturn of 6.60%.

The Health Board is still within the target of 6.60%.

**Key actions / initiatives**

Work continues with temporary redeployment guidance, bite sized training sessions, Occupational Health referral how to guide, passport for reasonable adjustments, collaboration with Health Education and Improvement Wales (HEIW) and learning from Occupational Health data.

**Targeted support for sickness absence:**

- Posts for 2/3 sickness absence advisors are currently out to advert to help facilitate more focused support for managers from the Workforce teams for the management of sickness absence.
- Ongoing focused support from the Workforce teams continues in collaboration with senior managers with a focus on hot spots across all clinical care groups.
- Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee

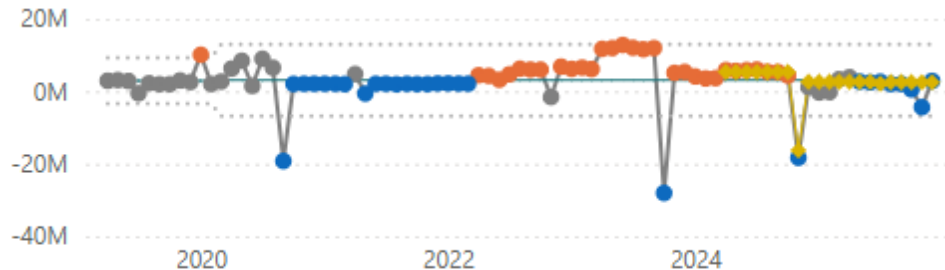
**Due date**

Live

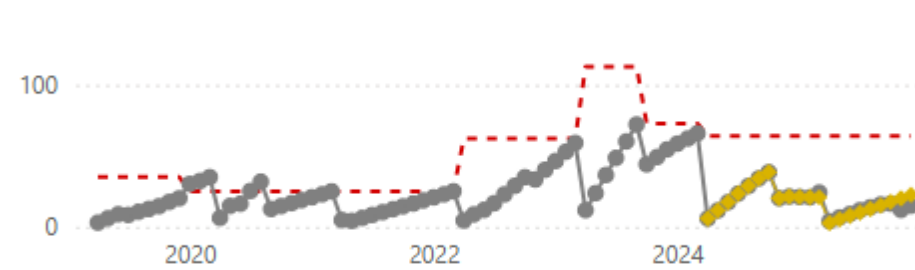
Key

- 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. The reported end of year financial position remains at £22.1m in line with the revised Target Control Total. £2.4m of future mitigating actions are to be finalised to deliver this.

The in-month financial position is a deficit of £2.9m, which is a worsening against the £2.5m in-month deficit plan due to a core operational overspend of £1.0m. The savings target of £3.9m has been overidentified by £0.6m and has fully delivered in-month. The financial run rate has deteriorated, to achieve the forecast position of £22.1m, mitigating actions of £2.4m requirement remains.

The in-month core overspend of £1.0m is largely driven by increases in Primary Care prescribing price, variable pay and clinical supplies, there is also one-off benefits included within the in-month position which is signalling a worsening run rate trajectory. Urgent mitigating action is required to manage spend, with a reduced number of months remaining within the financial year.

Key actions / initiatives

**Worsening run rate trajectory** – Required run rate to achieve £22.1m is £2.4m Latest run rate trajectory has increased to c.£2.8m. The latest financial result and forecast has signalled a worsening to the established run rate that had previously remained consistent to date. Changes have been experienced with Primary care prescribing price increases, Planned Care additional capacity, Medical and Nursing agency demand led increases in WGH, BGH and GGH and Pathology. Further increases are anticipated with surge beds opening in January 2026 and approved recruitment plans in BGH Emergency Department. This is a risk to the start of the new financial year. Urgent mitigating actions are required to curtail increased areas of spend or identify other reductions to offset. A table of key priorities by function to support cost containment has been shared from the Director of Finance

**Medical pay** – Additional cover at premium costs. Increasing use of additional medical cover, including premium locum and agency in BGH, Planned Care and Mental Health. Urgent update required on Medical Stabilisation

**Nurse agency usage** – Additional cover at premium costs. A 37% increase has occurred between July and December, with no improvement yet made from the latest cohort of newly qualified nurses. Roster compliance remains varied. Further controls required to mitigate increased spending and clinical variation

**Reactive savings planning and underspend conversion** – Conversion of remaining schemes to Green. Recognition to convert Amber scheme to Green based on evidenced track record

**Referral to Treatment (RTT) performance trajectory** - Confirm plans and performance trajectories, including the impacts on resources, finances and waiting times. Recovery Board proposed from April 26

Due date

Urgent – Jan 2026

Overdue

Overdue

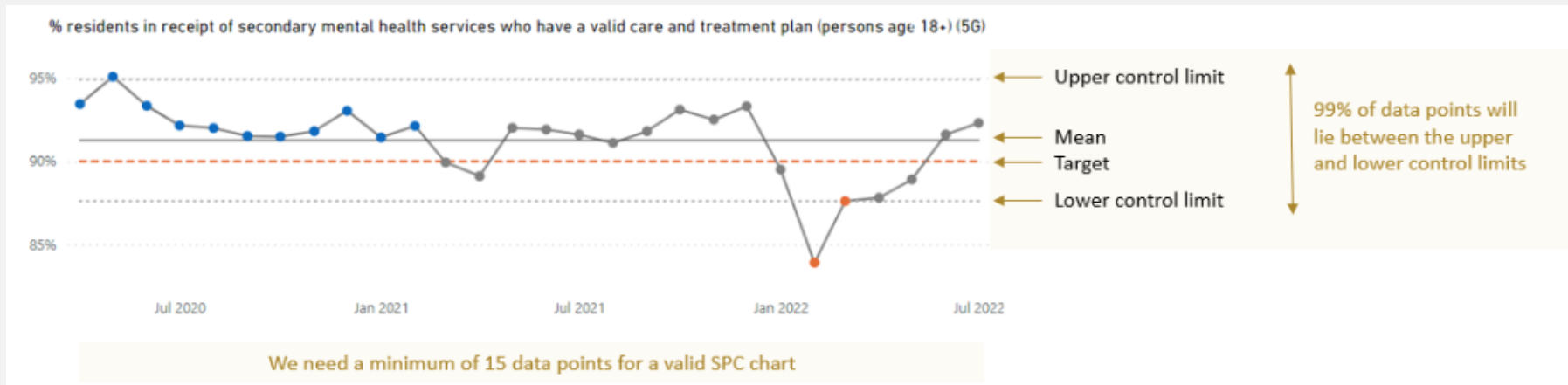
Overdue

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.

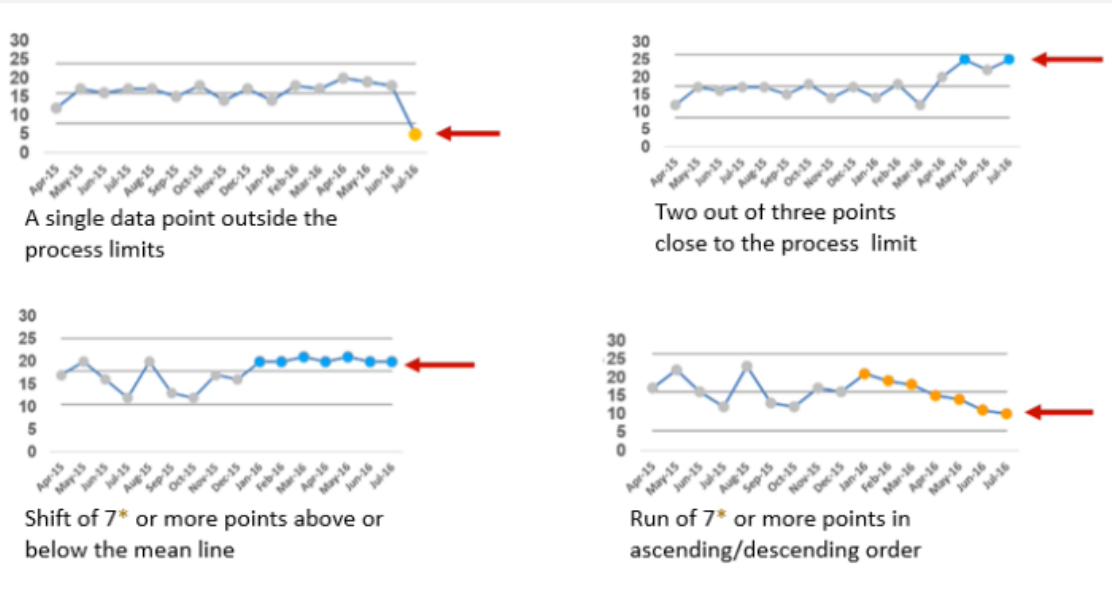
## Anatomy of a SPC chart



## 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.

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



# Internal escalation update

January 2026



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# Headlines

as at 31<sup>st</sup> December 2025



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Areas to highlight	Points to highlight	3A
Structure changes	Due to internal reporting structure changes, the 'Primary Care, Community Strategy and Long Term Care' function has been split into 'Primary Care' and 'Pharmacy and Medicines Management'.	For information
Level 4 escalation	Work is progressing with NHS Wales Performance and Improvement to address concerning functions which could potentially be escalated to level 4. This may include the procurement of external diagnostic and intervention support.	Alert
Finance	Urgent mitigating actions are required to reduce spend over the remainder of 2025/26 to ensure we achieve our agreed end of year position with Welsh Government of £22.1m deficit. The functions greatest affected are Long Term Agreements with other providers, Mental Health & Learning Disabilities and Community & Integrated Medicine.	Alert
Community and Integrated Medicine	The CCG continues to be escalated to level 3 in six out of the seven improvement domains. Key issues for the CCG include the management of incidents/complaints with continued deterioration, hospital acquired infections, overdue risks & risk actions, overdue audit & inspection recommendations, overspent, significant gap on savings delivery, staffing concerns in BGH, WGH respiratory system, medical staffing in GGH A&E, support for inpatient smokers, business continuity planning, ambulance handover delays, A&E waits and pathway of care delays.	Alert
Other concerning functions	<ul style="list-style-type: none"> <li>Planned and Specialist Care: remain in level 3 escalation for forecasted end of year overspend, significant gap on savings delivery, high risk eye care waits, ADHD waits, delayed follow-up appointments, HPV vaccine uptake, support for inpatient smokers, business continuity planning, theatres, critical care, emergency general surgery, Ophthalmology medical on-call rota, anaesthetics medical workforce and trauma services.</li> <li>Mental Health &amp; Learning Disabilities: remain in level 3 escalation for forecasted end of year overspend, significant gap on savings delivery, ASD waits, psychological therapy waits, business continuity planning and management of incidents &amp; complaints.</li> <li>Operational Allied Health and Health Sciences: remain in level 3 escalation for a significant gap on savings delivery, therapy waits, radiology waits, business continuity planning, ultrasound workforce, radiology infrastructure, LIMS programme, cellular pathology estate, clinical haematology and therapy wait backlogs.</li> </ul>	Alert  Alert  Alert
Performance RTT and D&T	Referral to treatment (RTT), diagnostic and therapy data updates are not available to include in this month's update. Welsh Government have agreed a delay to the Health Boards RTT and Diagnostic & Therapy national data submissions whilst Radiology data validation takes place, following the introduction of a new radiology system in Hywel Dda during December 2025. The health board is working at pace to validate.	For information

## Acronyms

A&E = Accident & emergency  
GGH = Glangwili Hospital

BGH = Bronglais Hospital  
WGH = Withybush Hospital

CCG = Clinical Care Group

# Background and overview



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

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

## Health board escalation level overview as at 31<sup>st</sup> December 2025

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

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

# Domain overview: Quality & Safety



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## Escalation levels by function & month

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

# Domain overview: Governance



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University Health Board

## Escalation levels by function & month

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

# Domain overview: Workforce



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University Health Board

## Escalation levels by function & month

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

# Domain overview: Finance



GIG  
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NHS  
WALES

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Hywel Dda  
University Health Board

## Escalation levels by function & month

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

# Domain overview: Strategy, Planning & Fragile Services



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
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University Health Board

## Escalation levels by function & month

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

# Domain overview: Population Health



GIG  
CYMRU  
NHS  
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University Health Board

## Escalation levels by function & month

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

# 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	3	3	3	3			
Chief Operating Officer Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
Mental Health & Learning Disabilities	3	3	3	3	3	3	3	3	3			
Planned & Specialist Care	3	3	3	3	3	3	3	3	3			
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3			
Operational Allied Health & Health Sciences	3	3	3	3	3	3	3	3	3			
Executive Director of Allied Health Professions & HS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
Estates & Facilities	3	3	3	3	3	3	3	3	3			
Executive Director of Finance	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
Executive Medical Director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
Executive Director of Nursing, Quality & PE	3	3	3	3	3	3	3	3	3			
Executive Director of Public Health	2	2	2	2	2	2	2	2	2			
Executive Director of Strategy & Planning	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
Long Term Agreements (LTAs)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
Executive Director of Workforce & OD	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
Governance & Communication	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			

# Trends for our most concerning functions



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## Community and Integrated Medicine

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

## Estates and Facilities

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

# Trends for our most concerning functions



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## Mental Health and Learning Disabilities

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

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

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

# Trends for our most concerning functions (3)



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## Planned and Specialist Care: escalation levels by month and domain

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

# Escalation criteria



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