Assurance and Risk Report

Finance and Performance Committee – 16 December 2025

Situation

This report provides the Finance and Performance Committee (FPC) with the current status of corporate risks, audits and inspections recommendations and Ministerial Directions (MDs) within its remit. The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections and MDs are being implemented by the Health Board.

Principal risks, operational risks and Welsh Health Circulars aligned to the Committee will be presented to the next meeting.

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Risk Management - Overview

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted "Three Lines of Defence" model to ensure the appropriate responsibility is allocate for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group (CCG) or Executive Function ('Functions'), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board's Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (e.g. where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the 'acceptance' of risks that cannot be brought within risk appetite.

BOARD/AUDIT COMMITTEE

SENIOR MANAGEMENT

1st LINE OF DEFENCE

Functions that own & manage risks

- Operational management have responsibility for day to day risk management , ie, identifies, assesses, controls and mitigates risks.
- Operational management design controls within systems & processes

Risk reporting through operational /directorate structures providing management assurance that risks are identified, assessed, controls are implemented and progress is reported.

2nd LINE OF DEFENCE

Functions that oversee or specialise in risk management

- Risk management & compliance functions (inc. specialist risk functions, i.e. H&S, Business Planning, Quality, financial Control, security, WOD, etc).
- These functions provide the oversight for risk and the tools, systems & advice to support 1st line of defence.

Risk Reporting through board committee structures.

3rd LINE OF DEFENCE

Functions that provide independent assurance

Internal Audit

- Assess effectiveness of 1st & 2nd line of defence & provides independent assurance on the overall effectiveness of the framework, risk management and control
- Advise on potential control strategies and the design of controls.

Corporate Risks Assigned to FPC

Each risk on the Corporate Risk Register (CRR) has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

There are 3 risks currently aligned to FPC (out of the 23 that are currently on the CRR), with a decrease noted in the current risk score of risk 2086: *Risk that the cash consequences of the Health Board deficit cannot be covered by WG should it exceed our Target Control Total* since the previous report presented to FPC in August 2025.

The following slides provides a summary of the reportable corporate risks aligned to FPC. The Corporate Risk Register attached at **Appendix 1**, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5			2086 ↓		
Major 4			2104 →	1350 →	
Moderate 3					
Minor 2					
Negligible 1					

Corporate Risks assigned to FPC (1 of 3)

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1350 - Risk of not meeting the 80% Single Cancer Pathway (SCP) waiting times target for March 2026 due to diagnostics capacity and delays at tertiary Centre	Chief Operating Officer	16 → (Reviewed 24/11/25)	12	31/03/26

Rationale for Current Risk Score
The service has been de-escalated by Welsh Government (WG) from Level 4 to Level 3 in terms of Targeted Intervention status as there has been the consistent achievement of the 60% de-escalation criteria since February 2025. As at July 2025 performance 61.4% Due to recovery actions within radiology and urology there may be variation in performance and treat those patients over 62 days, therefore the risk remains that cancer performance will not achieve 80% compliance by March 2026.
Rationale for Target Risk Score (TRS)
The aim is to treat patients within target waiting times, which has now been confirmed as 80% non-adjusted March 2026. The target risk score will be met if plans to increase diagnostic capacity, utilising allocated recovery funding are realised. When the target of 60% for 3 consecutive months is achieved the risk score can be reduced to a 12. The risk score can be further reduced to 8 once the target of 80% is achieved. There are underpinning trajectories in place which are monitored on a monthly basis and adherence to those will influence the ability to achieve the target risk score.

Corporate Risks assigned to FPC (2 of 3)

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2086 - Risk that the cash consequences of the Health Board deficit cannot be covered by WG should it exceed our Target Control Total	**Director of Finance**	**15 ↓ (Reviewed 16/11/25)**	**12**	**31/12/25**

Rationale for Current Risk Score
Correspondence received from WG during Q1 of 2025/26 confirmed that the current deficit plan is not supportable, with a revised and clear requirement to achieve a Target Control Total (TCT) of £24.1m. The focus is therefore: 1. To improve the assurance over recurrent and non-recurrent savings delivery to achieve the original plan of £31.5m, and the now revised annual plan of £30.0m; 2. To take choices to reduce the position further to £24.1m, requiring action over August and September for Board Seminar in September 2025 to submit actions for improvement to WG by 11 September. Actions undertaken by 11 September enabled the forecast financial deficit to improve to £27.8m. WG recognised the positive progress, however reaffirmed their expectation of realising a £24.1m deficit. 3. In a communication on 13 October 2025, the Health Board committed to progressing further actions from the opportunities, with a desire to improve the forecast deficit in Month 7. 4. The Health Board's exposure to a Welsh Risk Pool (WRP) risk is a minimum of £4.2m and maximum of £5.3m. It is assumed that WG's expectation is to achieve £24.1m excluding this impact. 5. The Health Board improved the reported forecast deficit to £24.1m (excluding WRP), in Month 7, following clarity on a £6.1m Aseptic Unit Drugs accountancy gain. The Month 7 reported position is now aligned to the TCT of £24.1m, and the likelihood score of the risk reduced from 4 to 3 in November 2025.

Corporate Risks assigned to FPC (2 of 3)

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2086 - Risk that the cash consequences of the Health Board deficit cannot be covered by WG should it exceed our Target Control Total	**Director of Finance**	**15** **↓** **(Reviewed 16/11/25)**	**12**	**31/12/25**

Rationale for Target Risk Score (TRS)

The Health Board had a historic challenge of controlling its cost base and delivering change. While significant improvements have been made to our control environment, significant challenges remain in our change management capabilities. These need to be addressed to achieve the target risk score.

By 11 September 2025, the Executive Team sought to de-risk the financial plan to ensure its successful delivery, at which point we would envisage the current risk score being reduced to 15 if the savings gap has been materially closed with robust and deliverable schemes. A 'Financial Choices and Decisions' paper was presented to Public Board on 25 September, outlining the choices for the Health Board to achieve the £24.1m Target control total.

By 31 October 2025, the Executive Team sought to have fully de-risked the financial plan to ensure its successful delivery, in order to allow the organisation to focus on planning for delivery of the medium-term financial roadmap into 2026/27.

Assurance from Clinical Care Groups that they have sufficient plans in place to deliver their savings target was not fully received through this process and has resulted in the target risk score date being delayed to 31 December 2025, to allow the Executive Team more time to finalise their savings plans. Executive Improving Together meetings are scheduled for November 2025 to review progress where the expectation is that all areas will coordinate recurrent plans to address any remaining savings gaps.

WG will receive a Strategic Cash Request by 8 December 2025, and should this be formally recognised and supported, the target risk score will be achieved, with the impact reduced.

TRS and expected date to achieve agreed by Formal Executive Team in November 2025.

Corporate Risks assigned to FPC (3 of 3)

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2104 - Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 2025/26 due to demand exceeding capacity	**Chief Operating Officer**	**12 → (Reviewed 21/11/25)**	**9**	**~~30/09/2025~~ 31/03/2026**

Rationale for Current Risk Score

The combined impact of cohort demand in key specialties and workforce limitations all pose a risk to full achievement of ministerial planned care recovery targets by March 2026. Additionally, theatre cancellations due to staff shortages in Glangwili Hospital (GGH) have negatively impacted core capacity. Specifically in Orthopaedics, there is an additional demand in longer waiting patients (cohort) verses recurrent demand.

Recovery funding for 2025/26 has been prioritised for areas where high level demand and capacity modelling identified capacity gaps. The Annual Plan, approved by the Board in March 2025 highlighted delivery risks in Ear, Nose and Throat and Rheumatology (Stage 1) and Ophthalmology, Dermatology, Gynaecology, Urology and Cardiology at S4. The WG recovery allocation (£2.8m) has been split accordingly to progress delivery solutions in these areas. Since approval of the annual plan additional risks to delivery have arisen in General and Geriatric medicine.

Whilst delivery plans for 2025/26 reflect positive progress in increasing outpatient activity and treatment capacity, underpinned by planned improvements in workforce availability and operational productivity and efficiency, the Annual Plan signalled expected delivery gaps in the above specialties. Health Board performance in respect of planned care delivery milestones is also a key feature of its escalation to Targeted Intervention status.

Opportunities have been explored to maximise capacity across Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) in Ophthalmology and Orthopaedics to support further recovery of waiting times. Both specialties have been prioritised for active exploration of regional solutions, in partnership with SBUHB, to expand available capacity and address forecast shortfalls against anticipated demand including the utilisation of Neath Port Talbot theatres for Orthopaedic activity.

Notwithstanding these delivery risks, breach volumes in respect of the Stage 1 52-weeks are expected to be resolved by March 2026. Forecast breach volumes in respect of the Total Pathway 104-week target remain in Orthopaedics in Q1 although monthly breach performance shows continued improvement after Q2.

Taking the above into account, the current risk score is assessed to be lower than the inherent risk score due to the significant progress achieved in the past 12 months in improving waiting times, and, whilst delivery risks remain, the current risk score has been scored a 12.

Corporate Risks assigned to FPC (3 of 3)

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2104 - Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 2025/26 due to demand exceeding capacity	**Chief Operating Officer**	**12** **→** **(Reviewed 21/11/25)**	**9**	~~**30/09/2025**~~ **31/03/2026**

Rationale for Target Risk Score (TRS)

The target score of 9 reflects the continuing delivery ambitions which remain, despite the workforce and resource limitations reflected in the Annual Plan. Of note, positive progress achieved both in respect of effective demand management and transformation of outpatient pathways has ensured that overall waiting list demand has not grown with waiting list volumes at their lowest level for 2 years. This offers positive indications for future improvements in waiting times in 2025/26 onwards. The clinical care group propose to be in balance by the end of the financial year.

Opportunities to make further progress towards the Ministerial targets in 2025/26 will continue to be explored, including exploration of the regional opportunities referred to.

Audits and Inspections - Overview

The Health Board remains in Targeted Intervention (TI) (Level 4) status with WG as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Governance' from TI (Level 4) to Enhanced Monitoring (Level 3), the Health Board must meet the revised set criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to HDdUHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan; and
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s – *which has replaced the previous criteria of 'Effective response from the Health Board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.'*
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked via the **AMaT (Audit Management and Tracking)** system, with progress updated by relevant service leads against each recommendation and evidence required to be uploaded to demonstrate implementation.

AMaT
Audit Management and Tracking

Inspection Recommendations & Actions

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored using a categorisation system based on performance against original completion dates, with several new categories introduced since the previous meeting (shown on the next slide).

Recommendations that have exceeded original timescales, along with the management responses, completion dates and barriers to implementation as provided by the lead officer on AMaT are included in **Appendix 2**.

Audits and Inspections – New Tracker Statuses

There are 17 open reports aligned to FPC to enable them to undertake the following responsibility set out in their Terms of Reference:

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.

Each recommendation raised within audit and inspection reports are assigned a status category. Since the previous report to FPC, three new status categories have been introduced to provide enhanced analysis on the progress being made in implementing recommendations. Definitions for these new categories are included in the table below.

Status Category	Definition	Number of recommendations
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.	103
Unable to Complete (NEW)	The recommendation cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the Clinical Care Groups / Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	6
Pending Decision (NEW)	The recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.	2
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.	38
Reliant on External Factors	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	7
Complete Pending Formal Approval (NEW)	The Service / Function have completed the recommendation and currently awaiting formal approval to close.	44
Complete	The recommendations has been confirmed as completed by the Clinical Care Groups / Function Lead and formal approval to close has been received.	160

Audits and Inspection Reports assigned to FPC

The following reports have been assigned to FPC to enable them to undertake the following responsibility set out in their Terms of Reference:

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendat-ions in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion
Peer Review	Colorectal Cancer (Third Cycle), **(issued Jan 22)**	Planned & Specialist Care	Chief Operating Officer	Mar-22	~~Mar-23~~ ~~Mar-24~~ Mar-28	8	0	0	7	0	1	0	0	Awaiting a regional approach for Pathology via ARCH
Peer Review	GIRFT - Gynaecology Review **(issued Sep 22)**	Planned & Specialist Care	Chief Operating Officer	N/K	Sep-26	17	3	0	13	0	1	0	0	Engagement required with stakeholders outside the Clinical Care Group (CCG)
Peer Review	Peer Review (external review) of Hywel Dda University Health Board (HDUHB) of care delivery to people with epilepsy and learning disability **(issued Jun 23)**	Mental Health & Learning Disabilities	Chief Operating Officer	Jun-24	~~Jun-24~~ ~~Jul-25~~ Oct-25	16	1	0	15	0	0	0	0	None- Awaiting evidence to be uploaded AMaT for the remaining overdue recommendation.
Peer Review	Getting It Right First Time (GIRFT) Ophthalmology Review **(issued Aug 23)**	Planned and Specialist Care	Chief Operating Officer	Apr-24	~~Nov-24~~ Jan-27	59	3	5	35	16	0	0	0	Linked to Clinical Services Plan (CSP) in GGH and BGH
Peer Review	GIRFT - Urology Review **(issued Apr 24)**	Planned & Specialist Care	Chief Operating Officer	Jan-27	Jan-27	29	2	6	15	3	3	0	0	Linked to CSP, and reliance on the National Urology Clinical Implementation Network (CIN) rolling out agreed Coding criteria.

Audits and Inspection Reports assigned to FPC

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendat-ions in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion Noted
Peer Review	GIRFT - Emergency Medicine **(issued Jun 24)**	Community & Integrated Medicine	Chief Operating Officer	Oct-25	Oct-25	35	19	1	11	2	0	0	2	Awaiting outcome of CSP and capital funding from WG. Workforce challenges and ageing infrastructure.
NHS Wales Executive	NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site **(issued Oct 24)**	Community & Integrated Medicine	Chief Operating Officer	Nov-25	Nov-25	58	39	0	13	4	0	0	2	Digital constraints to the service requirement. Awaiting All Wales approval of Redirection Policy.
Ministerial Advisory Group (MAG)	MAG Observations following the site visits of health boards – Hywel Dda UHB - Planned and Specialist Care (January 2025) **(issued Jan 25)**	Planned & Specialist Care	Chief Operating Officer	Mar-26	Mar-26	32	8	11	4	7	2	0	0	Dependent on recruitment and funding being agreed through the Annual Planning process, and awaiting outcome of tender process for standardised Pre-Operative Assessment Criteria process and pathway.
Ministerial Advisory Group (MAG)	MAG Observations following the site visits of health boards – Hywel Dda UHB - Allied Health Professions and Health Sciences **(issued Jan 25)**	Operational Allied Health Professions and Health Sciences	Chief Operating Officer	Sep-25	Jan-26	10	1	0	0	9	0	0	0	Workforce challenges
Ministerial Advisory Group (MAG)	MAG - Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care **(issued Jan 25)**	Community & Integrated Medicine	Chief Operating Officer	Mar-26	Mar-26	15	7	5	2	1	0	0	0	Workforce and funding challenges

Audits and Inspection Reports assigned to FPC

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendat-ions in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Any Barriers to Completion Noted?
NHS Wales Executive	NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site **(issued Jan 25)**	Community & Integrated Medicine	Chief Operating Officer	Aug-25	Aug-25	19	6	0	11	0	0	0	2	None noted
NHS Wales Executive	NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site **(issued Mar 25)**	Community & Integrated Medicine	Chief Operating Officer	Apr-26	Apr-26	38	15	1	18	4	0	0	0	None noted
Internal Audit	Contract Management Advisory Report **(issued Mar 25)**	Director of Finance	Director of Finance	Dec-25	Dec-25	6	0	2	4	0	0	0	0	None noted
Internal Audit	Financial Management Final Internal Audit Report 2024/25 **(issued Mar 25)**	Director of Finance	Director of Finance	Jan-26	Jan-26	5	1	2	2	0	0	0	0	None noted
Audit Wales	Tackling Planned Care Challenges- Hywel Dda University Health Board **(issued May 25)**	Planned & Specialist Care	Chief Operating Officer	Mar-26	Mar-26	6	1	2	1	1	0	1	0	Unable to create a post for the Head of Planning and Programmes due to funding constraints. Post approved in principal but decision pending regarding funding of the post.
Internal Audit	Continuing Healthcare – Database Maintenance & Finance Processes Final Internal Audit Report 2024/25 (Substantial rating) **(issued June 25)**	Director of Finance	Director of Finance	Oct-25	Oct-25	1	0	0	0	1	0	0	0	None noted

Audits and Inspection Reports assigned to FPC

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendat-ions in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Any Barriers to Completion Noted?
Internal Audit	Validation of Emergency Department Waiting Time Data Final Internal Audit Report 2025/26 **(issued Sep 25)**	Community & Integrated Medicine	Chief Operating Officer	Dec-25	Dec-25	6	0	5	1	0	0	0	0	None noted

Ministerial Directions - Overview

Ministerial Directives (MDs) are legislative in character as they alter legal rights and duties. MDs are issued by Welsh Ministers and include codes of practice and guidance. In complying with the requirements of various governance codes and the Annual Governance Statement requirements, HDdUHB has a duty to provide assurance of compliance with MDs.

The table below shows the number of MDs assigned to each category as of November 2025, summarised over the next slides. To provide a more accurate reflection of MD's progress, three new status categories have been introduced since the last Committee report to mirror those used on AMaT. Definitions for these new categories are included in the table below.

Status Category	Definition	Number of MDs
Overdue	The MD is behind schedule to the timescale provided by the lead officer.	0
Unable to Complete (NEW)	The MD cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG / Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision (NEW)	The MD is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.	0
In Progress	The MD is currently in progress, and within the agreed original timeframe for implementation.	0
Reliant on External Factors	The MD is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
Complete Pending Formal Approval (NEW)	The Service / Function have completed the MD and currently awaiting formal approval to close.	1
Complete	The MD has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	2

MDs included within this report are based on the following criteria:

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies

Progress updates relating to the implementation of MDs are extracted from the AMaT system.

Ministerial Directions Assigned to FPC

The following Ministerial Direction is **Complete – Pending Approval**:

Direction Number	Name of Direction	Date issued	Lead Director
WG21-59	The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021	26/07/2021	Chief Operating Officer

The Health Board is exercising its functions in accordance with the relevant provisions of the Code of Practice on the Delivery of Autism Services (2021). However, lengthy waiting times remain and there is uneven progress in relation to adults eligible for support from Mental Health services and the need for primary/secondary care-facing web sites with direct links to resources and referral forms. In respect of the latter, work is continuing to improve this.

The risk of lengthy waiting times is being monitored/managed by the CCG with 1 corporate risk and 2 operational risks on their risk register: -

- Corporate Risk 1032 - Risk of timely Autistic Spectrum Disorder (ASD) diagnostic assessment for Children and Young People (CYP) due to increasing demand. Current risk score of 20.
- Operational Risk 1287 - Risk of clients not being provided with timely interventions due to waiting lists for assessment & diagnosis of ASD. Current risk score of 16.
- Operational Risk 1290 - Risk of increased Adult Attention Deficit Hyperactivity Disorder waiting list due to referrals exceeding service capacity. Current risk score of 16.

Extensive outsourcing of diagnostic assessments for CYP, and adults has taken place over a 3-year period (2022-2025) to help reduce waiting lists, however, demand continues to outstrip capacity across Wales, as evidenced in the national publication of the "Review of Demand, Capacity and Design of Neuro-developmental services (WG; 2022)"

The Health Board continues to work with the Regional Partnership Board in the development and delivery of the Code of Practice Implementation Plan (which requires a multi-agency approach) and the Welsh Government's 3-year Neuro-divergence Improvement Programme (2025/26). As part of this work, the Health Board has been the first in Wales to be awarded an Autism Understanding Organisation in 2024.

Ministerial Directions Assigned to FPC

Since the previous report to FPC, the following MDs have been confirmed as implemented and formally approved as closed (**Complete**):

Direction Number	Name of Direction	Date issued	Lead Director	Update
WG25-38	Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2025	22/07/2025	Director of Finance	Implemented - required changes have been made and are in full use now.
WG25-39	Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2025	06/08/2025	Director of Finance	Implemented - required changes have been made and are in full use now.

Recommendations

The Finance and Performance Committee is requested, in relation to the areas presented in this paper, to:

RISK MANAGEMENT

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively; and
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

AUDITS, INSPECTIONS AND REGULATORY REPORTS

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations with any barriers to delivery noted.

MINISTERIAL DIRECTIONS

- **RECEIVE ASSURANCE** that the Health Board is compliant with the MDs issued by Welsh Government.

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

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

CORPORATE RISK REGISTER SUMMARY OCTOBER 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Oct-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score
2086	Risk that the cash consequences of the Health Board deficit cannot be covered by WG should it exceed our Target Control Total	Thomas, Huw -	Finance inc. claims	**4×5=20**	**3×5=15**	↓	**3×4=12**	31/12/2025
1350	Risk of not meeting the 80% SCP waiting times target for March 2026 due to diagnostics capacity and delays at tertiary centre	Carruthers, Andrew	Quality/Complaints/Audit	**4×4=16**	**4×4=16**	→	**2×4=8**	31/03/2026
2104	Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 25/26 due to demand exceeding capacity	Carruthers, Andrew	Safety - Patient, Staff or Public	**3×4=12**	**3×4=12**	→	**3×3=9**	~~30/09/2025~~ 31/03/2026

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days.	Increase in length of hospital stay by >15 days.	An event which impacts on a large number of patients.
			Agency reportable incident.	Mismanagement of patient care with long-term effects.	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
		Reduced performance if unresolved.			

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage
					Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		*NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you*
(blue)	Detailed review of relevant information	
(pink)	Medium level review	
(purple)	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Apr-25	**Executive Director Owner:**	Thomas, Huw -	**Date of Review:**	Nov-25
Strategic Objective:	6. Sustainable use of resources	**Lead Committee:**	Finance and Performance Committee	**Date of Next Review:**	Dec-25

Risk ID:	**2086**	**Corporate Risk Description:**	There is a risk that Welsh Government are unable to fund the cash consequences of our deficit should it exceed our Target Control Total (TCT) of £24.1m, which is the level indicated of cash coverage available. This is caused by This is caused by the Health Board's potential inability to achieve its required total savings of £52.3m (£46.4m from the £30.0m revised planned deficit, plus an extra £5.9m to achieve £24.1m) for 2025/26 due to: 1. insufficient conversion of the £19m operational and clinical determined recurrent savings plans into deliverable actions 2. insufficient conversion of required £31m non-recurrent savings into budgets in the year 3. the requirement to deliver further £2m of savings to address the Health Board's National Insurance shortfall 4. the requirement to reduce investments by £1.5m 5. The requirement to deliver further savings or cost reductions of £5.9m This could lead to an impact/affect on our ability to meet our statutory targets, but exceeding the TCT would also mean that: 1. We will have insufficient cash available to make payments to suppliers in March 2026; 2. We will have to take actions which may have a detrimental impact on our performance measures, and may mean patients having to wait longer for care; 3. Our reputation with Welsh Government and other stakeholders is adversely affected; 4. Further escalation for finance from Targeted Intervention to Special Measures; 5. Our conditionally-recurrent funding of £26.0m being withdrawn by Welsh Government, impacting our ability to reach a sustainable medium term financial position.
Does this risk link to any Directorate (operational) risks?			2212, 2132, 2148, 2131, 2110, 1869, 1631, 975, 2107, 1906, 1892, 971, 2040, 2124, 2045, 1951, 716, 134, 1775, 1773, 1931, 1646.

Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	3×5=15
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	31/12/2025
Trend:	↓

Rationale for CURRENT Risk Score:

Correspondence received from Welsh Government (WG) during Q1 of 2025/26 confirmed that the current deficit plan is not supportable, with a revised and clear requirement to achieve a TCT of £24.1m. The focus is therefore:

1. To improve the assurance over recurrent and non-recurrent savings delivery to achieve the original plan of £31.5m, and the now revised annual plan of £30.0m;
2. To take choices to reduce the position further to £24.1m, requiring actions to be taken over August and September for a Board Seminar in September 2025 and submit actions for improvement to WG by 11 September. Actions undertaken by 11 September enabled the forecast financial deficit to improve to £27.8m. WG recognised the positive progress, but reaffirmed their expectation of realising a £24.1m deficit.
3. In a communication on 13 October 2025, the Health Board (HB) committed to progressing further actions from the opportunities, with a desire to improve the forecast deficit in Month 7.
4. The HB's exposure to a Welsh Risk Pool (WRP) risk is a minimum of £4.2m and maximum of £5.3m. It is assumed that WGs expectation is to achieve £24.1m excluding this impact.
5. The HB improved the reported forecast deficit to £24.1m (excluding WRP), in Month 7, following clarity on a £6.1m Aseptic Unit Drugs accountancy gain.

The Month 7 reported position is now aligned to the TCT of £24.1m, and the likelihood score of the risk reduced from 4 to 3 in November 2025.

Rationale for TARGET Risk Score:

The Health Board (HB) had a historic challenge of controlling its cost base and delivering change. While significant improvements have been made to our control environment, significant challenges remain in our change management capabilities. These need to be addressed to achieve the target risk score.

By 11 September 2025, the Executive Team sought to de-risk the financial plan to ensure its successful delivery, at which it was envisaged the current risk score being reduced to 16 if the savings gap has been materially closed with robust and deliverable schemes. A 'Financial Choices and Decisions' paper was presented to Public Board on 25 September, outlining the choices for the HB to achieve the £24.1m Target control total.

By 31 October 2025, the Executive Team sought to have fully de-risked the financial plan to ensure its successful delivery, in order to allow the organisation to focus on planning for delivery of the medium term financial roadmap into 2026/27.

Assurance from Clinical Care Groups that they have sufficient plans in place to deliver their savings target was not fully received through this process, and has resulted in the target risk score date being delayed to 31 December 2025 to allow the Executive Team more time to finalise their savings plans. Executive Improving Together meetings are scheduled for November 2025 to review progress where the expectation is that all areas will coordinate recurrent plans to address any remaining savings gaps.

Welsh Government will receive a Strategic Cash Request by 8 December 2025, and should this be formally recognised and supported, the target risk score will be achieved, with the impact reduced.

Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)

1.Working Day 1 principles adopted within the finance function to ensure timely 'Flash reports' provided to the Executive Team.
2.Timely, relevant and understandable reporting provided to budget managers, Executives, Committees, Board and Welsh Government. This will be available live for self-service budget holders via QlikSense and monthly for management information packs.
3.Oversight arrangements in place through Integrated Quality, Financial Performance and Delivery Group, Value and Sustainability Group and the Healthier Mid and West Wales Group.
4.Executive Improving Together meetings and the Escalation Framework embedded across the organisation, which focuses on seven key domains, including Finance as one.
5.Financial Control Sub Group weekly scrutiny of agency medical, agency

Gaps in CONTROLS

Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
There remain areas where there are gaps in controls. These are: 1. The effective management of rostering; 2. The effective management of beds; 3. Effective contract management arrangements; 4. Oversight arrangements over commissioned services. There is also a significant gap in the organisation's ability to deliver change.	The implementation of a rostering system across medical staff, and the extension of rostering to other staff groups.	Henwood, Mr Mark	~~31/07/2025~~ 30/11/2025	Progress update to be provided at next risk review
	Operational adoption of the new patient flow system across the Health Board.	Tracey, Anthony	31/01/2026	Progress ongoing, with roll out envisaged by November 2025.
	Agreement and universal implementation of one consistent medical rate card spanning all locations and all services to align the rates of pay paid to staff irrelevant of specific circumstances.	Henwood, Mr Mark	31/01/2026	Progress update to be provided at next risk review

AHP, Admin and Clerical and newly created roles for recruitment and procurement. 6.Opportunities framework in place to identify areas of improvement potential across the Health Board, updated and shared monthly. 7.New operational structures in place since April 2025, providing managerial clarity and consistency that was not in place in historically. 8.Aligned finance support via the Business Controlling team to support, scrutinise and advise CCG/CSG and Executive Function management structures. 9.Accountability agreements issued in March 2025 and all signed and returned.		Agreement and universal implementation of one consistent AHP rate card spanning all locations and all services to align the rates of pay paid to staff irrelevant of specific circumstances.	Severs, James	~~30/09/2025~~ 30/11/2025	Progress update to be provided at next risk review
		Finalise the implementation of the substantive operational management structure via the ongoing COO OCP, ensuring all audit recommendations are completed and accountability structures are consistently deployed.	Carruthers, Andrew	~~30/06/2025~~ ~~31/07/2025~~ 31/12/2025	Updates to Structured Assessment recommendations raised by Audit Wales have been confirmed as completed in June 2025, and will be submitted to Audit Wales for review in July 2025. Consistent deployment of governance arrangements are monitored via the Health Board's Internal Escalation Framework, and a review of the effectiveness of these arrangements is planned to be undertaken by Internal Audit during Q2/Q3 for evidencing the completion of the further action required. Action date has been revised to reflect the completion of noted internal audit.
		Consideration of the organisation's change management capacity and alignment of change and transformation management resources.	Gostling, Lisa	~~31/08/2025~~ 30/11/2025	Progress update to be provided at next risk review
		Embed a monthly routine within the Clinical Care Group and Executive Functions business meetings for the Compendium of Variation, creating a summary report for inclusion within the Financial Performance Report for Executive Team, Financial and Performance Committee and Board.	Jenkins, Sian	~~30/09/2025~~ 31/12/2025	Business Intelligence team are refreshing the Compendium of Variation and reviewing access and reporting arrangements ahead of a re-launch to raise awareness amongst newly formed CCG leadership teams - target completion date 31/10/25. This will enable the subsequent reporting.

		Further actions and choices to be taken based on discussion at Board in July which could deliver £6m of further savings. This requires QIAs to be delivered by 15 August for F&P consideration in August; a Board Seminar in September and submission to WG by 11 September.	Thomas, Huw -	~~30/09/2025~~ 30/11/2025	Further to the discussions held at Executive, Board and Welsh Government level during August and September 2025, a paper outlining the financial choices for the Health Board to be presented at September Board on 25 September 2025. Ongoing work from CCG structures to confirm updates.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance against operational plans and targets through key performance indicators. In-month financial monitoring and forecasting for the remainder of the financial year.	Performance against plan monitored through Executive Improving Together Meetings.	1st			Finance and Performance Committee - October 2025 Board - November 2025	Delivery of limited assurance internal audit reports particularly, in areas which have a financial impact: 1. Discharge management; 2. Bed management; 3. Nursing and healthcare support worker roster management. 4. Medical roster management. Delivery of change is a longstanding issue for the Health Board.	Closure of audit recommendations arising from Discharge Management and Management of Bed Capacity internal audits	Carruthers, Andrew	~~31/07/2025~~ ~~30/09/2025~~ 30/12/2025	The recommendations as raised within the Management of Bed Capacity internal audit, issued in February 2025 were formally closed by internal audit as completed in June 2025. Recommendations as raised within the Discharge Management internal audit have been subject to a follow up review. As at October 2025, one recommendation remains outstanding with a revised date of completion awaited from the service.
	Finance and Performance Committee oversight of current performance	2nd					Closure of audit recommendations arising from Nursing roster management audit	Daniel, Sharon	~~30/05/2025~~ ~~31/08/2025~~ 31/12/2025	Recommendations as raised within the Discharge Management internal audit have been subject to a follow up review, with a revised report presented to ARAC in August 2025. As at October 2025, one recommendation remains outstanding with a revised date of completion noted of December 2025. Risk action date has been amended to reflect this development.

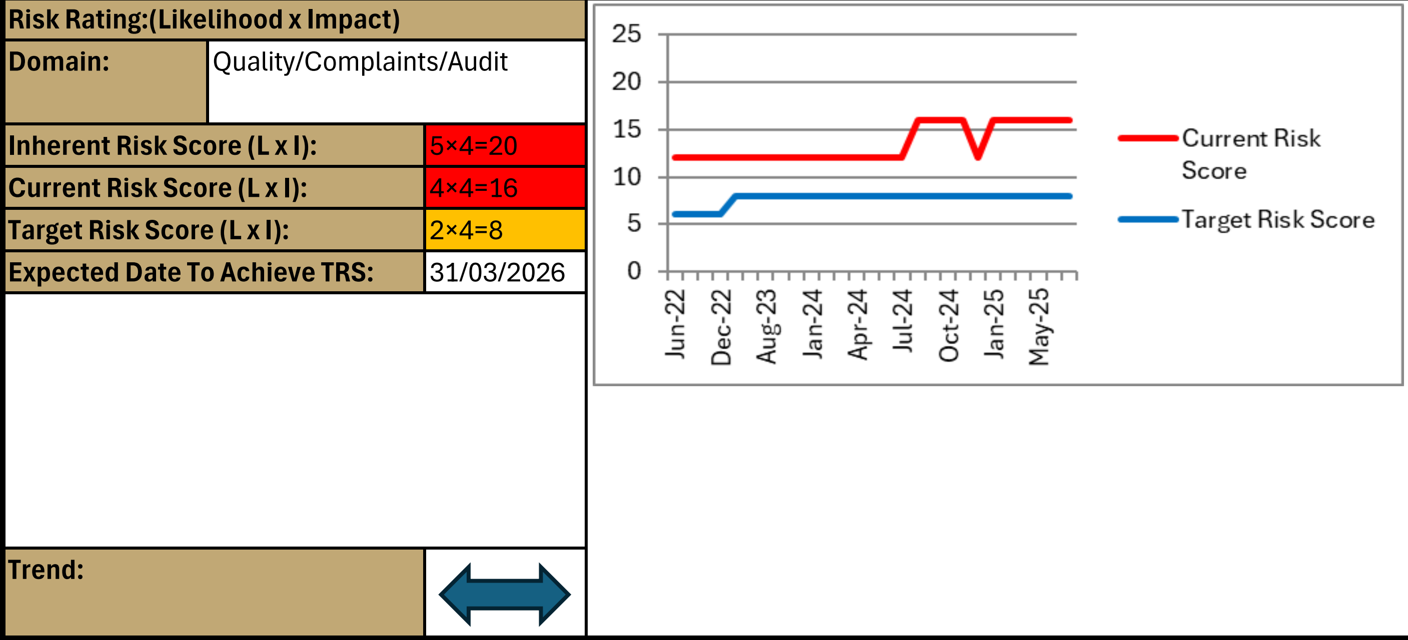
	Transformation & Financial Report to Board & Finance and Performance Committee	2nd						Determination of change management capacity through alignment of resources across corporate functions.	Gostling, Lisa	~~31/08/2025~~ 30/11/2025	Progress update to be provided at next risk review
	WG scrutiny through revised Monthly Monitoring Returns (specific supplementary templates) and through NHS Exec Financial Planning and Delivery team	3rd						Impact of the Executive Improvement Together sessions and Internal Escalation Framework have not demonstrated an improvement for services that are repeatedly/continuously highlighted as being in Level 3 for the Finance domain for escalation.	Thomas, Huw -	31/12/2025	Agree on the actions to be undertaken for services who are escalated to Level 4, where no progress has been demonstrated for prolonged periods whilst under Level 3 escalation. Board Seminar discussion planned for 11 December 2025.
	Audit Wales Structured Assessment process	3rd									

Date Risk Identified:	Feb-22
Strategic Objective:	5. Safe and sustainable and accessible and kind care

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Nov-25
Lead Committee:	Finance and Performance Committee	**Date of Next Review:**	Dec-25

Risk ID:	**1350**	**Corporate Risk Description:**	There is a risk of the Health Board not being able to meet the 80% target by March 2026 for waiting times in the ministerial measures for the Single Cancer Pathway (SCP). This is caused by by reduced capacity to meet the expected demand for diagnostics and treatment delays at our tertiary centre, and the fragility within key tumour sites. This could lead to an impact/affect on on increased number of patients waiting in excess of 62 days and meeting patient expectations in regard to timely access for appropriate treatment which could potentially lead to poorer outcomes and patient experience, adverse publicity/reduction in stakeholder confidence, and increased scrutiny/escalation from Welsh Government. This could lead to adverse reputational damage as a result of inconsistent performance delivery over time.
Does this risk link to any Directorate (operational) risks?			1223, 114, 111, 1537, 1699, 1722, 1723, 797

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Expected Date To Achieve TRS:	31/03/2026
Trend:	



Rationale for CURRENT Risk Score:
The service has been de-escalated by Welsh Government from Level 4 to Level 3 in terms of Targeted Intervention status as there has been the consistent achievement of the 60% de-escalation criteria since February 2025. As at July 2025 performance 61.4% Due to recovery actions within radiology and urology we may see variation in performance as we recover and treat those patients over 62 days, therefore the risk remains that cancer performance will not achieve 80% compliance by March 2026.

Rationale for TARGET Risk Score:
The aim is to treat patients within target waiting times, which has now been confirmed as 80% non-adjusted March 2026. The tolerance level will be met if plans to increase diagnostic capacity, utilising allocated recovery funding are realised. When the target of 60% for 3 consecutive months is achieved the risk score can be reduced to a 12. The risk score can be further reduced to a 8 once the target of 80% is achieved. There are underpinning trajectories in place which are monitored on a monthly basis and adherence to those will influence the ability to achieve the target risk score.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Accelerated imaging from Endoscopy to CT within the GI pathway now in place across all sites, reduction time on patient pathway by 23 days # Fully established cancer tracking team in place to allow patients to be proactively tracked through their pathways. # A new cancer dashboard developed by Informatics with the support of Business Intelligence (BI) SCP funding from the Wales Cancer Network. This is now live with access for Cancer Services staff and Service Managers, allowing MDTs to actively monitor tumour site specific patients on a SCP. # The health board are using of Quarterly Planning and Monitoring reports developed by the NHS Executive since July 23. This has facilitates the development of targeted improvement plans per tumour site and subsequent weekly monitoring thus providing assurance of the robustness of plans. # Virtual appointments are being undertaken via digital solutions e.g. Attend Anywhere. # Weekly Cancer Operational Delivery Group (ODG) meetings where services managers are in attendance. The function of this group is to monitor and address service demand, capacity and risk issues. # Monthly performance meetings with Welsh Government. # Trajectory performance plans have been developed for each tumour site by the relevant services, with regards to improving performance. This also includes Backlog Trajectory plans on how these improvements will be achieved. # Robust Urology diagnostic recovery plan to eliminate patients waiting more than 28 days in place, with committed resource allocation from recovery money. Monitoring of Urology diagnostic improvement trajectory via Cancer Operational Delivery Group. # Cancer Pathway Review to be discussed at the MDT Business meetings and plans put in place to address and improve any bottlenecks or issues. Pathway reviews will also be a standing agenda item on the Planned Care and Cancer Services QSH meeting to ensure governance in line with the new operational structures implemented in April 2025.

Gaps in CONTROLS					
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Anticipated significant gaps/service fragility within key diagnostic services to address required levels of activity to support SCP. Need for the implementation of new, streamlined optimal clinical pathways to reduce diagnostic demand and expedite assessment pathways.	Work with multidisciplinary team to reallocate FIT pathway to primary care in line with NOP and rest of Wales	Humphrey, Lisa	Completed	Planning complete, moved to implementation/working with Primary care
	Establish accelerated Neck lump pathway to reduce diagnostic pathway	Lewis, Caroline	31/01/2026	To be implemented as part of the agreed Radiology investment 25/26 Target date for recruitment January 2026
	Work with NHSE to review referral rates and patterns within primary care to reduce and refine demand to secondary care	Humphrey, Lisa	31/03/2026	Work on hold until next financial year
	Due to increased demand for dermatology treatments the service need to aquire 2 additional MOP Treatment areas	Wisdom, Ceri	Completed	SBAR being presented to the Care Group Board meeting in June.
	Highest volume of patients awaiting Urology diagnostic procedures. Urgent action required to reduce overall volumes and volumes waiting over 28 days.	Griffiths, Neil	Completed	Detailed demand capacity planning to include the RTT component to identify the actual demand capacity gap to inform the options for solution
	reduce Urology diagnostic volume by 100 patients by reducing cystoscopy and prostate awaiting MRI	Griffiths, Neil	Completed	Work now completed and delivered

# Process in place to improve component wait times and reduce patients waiting more than 14 day for first Outpatient Appointments (OPA) and 28 days for Diagnostics. # One to one escalation meetings held with Cancer ODG leads and Tumour Site Service Managers for tumour sites that require intervention. # New Endoscopy booking process which tracks all patients referred for an endoscopy on a USC priority. If capacity is identified as a trending breach reason, the Service Management team supports targeted intervention to address these concerns in order to reduce time on patient pathways. # One Stop Hysteroscopy within Gynaecology implemented in May 2024 at Bronglais General Hospital, with plan to implement across all sites during Q1 of 2025/26. # Pathway changes in Head and Neck to include Laryngeal Biopsy at first OPA, reducing reliance on pan-endoscopy # Health Board wide internal escalation framework now in place to support the monitoring of performance targets, with a TI de-escalation target of 60% for three months. *Additional radiology reporting sessions in place agreed for 2025/26. *Skin treatment recovery plan in place to end June 25 to reduce overall treatment volumes. To be reviewed quarterly.		Outsourcing of MRI for Urology increasing capacity - from 4 per week to 20 per week	Griffiths, Neil	Completed	Outsourcing for MRI commenced 27th October 2025

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Internal targets - Looking at the performance per tumour site individually that have the biggest impact on overall performance Skin Urology	Daily/weekly/monthly/ monitoring arrangements by management	1st			* Implementation of Single Cancer Pathway Report - BPPAC - Feb20 * COVID-19 Impact on Cancer	None identified.	Establish Operational improvement group to track improvement projects in line with NOP and Annual Plans	Goode, Paula	Completed	Plans to establish a Cancer Transformation Task and Finish group which reports into the CCG transformation hub. On hold due to formation of Care Group structure

LGI Gynaecology Breast Reducing component waits Patient waiting more than 14 days for first OPA Patients waiting a diagnostic procedure and report more than 28 days Patients with a confirmed diagnosis of cancer waiting more than 62 days	IPAR Performance Report to S&PC & Board	2nd			Services - Board - May20 * Cancer Updated to QSEAC Jun20 & OpQSESC Jul20 * Risk 633 QSEAC - Feb21 & Aug21 * IPAR Report - Board - Nov22					
	Monthly oversight by NHS Executive/WG	3rd								
	Revised Governance arrangements in place since April 2025 with matters escalated when required via the CCGs governance arrangement									

Date Risk Identified:	Apr-25	**Executive Director Owner:**	Carruthers, Andrew	**Date of Review:**	Nov-25
Strategic Objective:		**Lead Committee:**	Finance and Performance Committee	**Date of Next Review:**	Jan-26

Risk ID:	**2104**	**Corporate Risk Description:**	There is a risk of non-delivery of planned care ministerial targets by March 2026. This is caused by a mismatch between demand and current/forecast capacity in key specialties, workforce limitations, and the impact of the Health Boards' financial forecast for 2025/26, which limits the amount of recovery funding agreed by the Board to ensure full achievement of the respective ministerial delivery targets (No patients waiting over 52 weeks for their first outpatient appointment and no patients waiting over 2 years from referral to treatment). This could lead to an impact/affect on the quality of care provided to patients, significant clinical deterioration, delays in care and poorer outcomes, increasing pressure of adverse publicity/reduction in stakeholder confidence, and increased scrutiny from regulators.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	3×3=9
Expected Date To Achieve TRS:	31/03/2026
Trend:	⟺

25
20
15
10
5
0
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Current Risk Score
Target Risk Score

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
The combined impact of cohort demand in key specialties and workforce limitations all pose a risk to full achievement of ministerial planned care recovery targets by March 2026. Additionally, Theatre cancellations due to staff shortages in Glangwili General Hospital have negatively impacted core capacity. Specifically in Orthopaedics there is an additional demand in longer waiting patients (cohort) verses recurrent demand. Recovery funding for 25/26 has been prioritised for areas where high level Demand & Capacity (D&C) modelling identified capacity gaps. The Annual Plan, approved by the Board in March 2025 highlighted delivery risks in Ear, Nose and Throat and Rheumatology (Stage 1) and Ophthalmology, Dermatology, Gynaecology, Urology and Cardiology at S4. The Welsh Government recovery allocation (£2.8m) has been split accordingly to progress delivery solutions in these areas. Sine approval of the annual plan additional risks to delivery have arisen in General and Geriatric medicine. Whilst delivery plans for 2025/26 reflect positive progress in increasing outpatient activity & treatment capacity, underpinned by planned improvements in workforce availability and operational productivity and efficiency, the Annual Plan signalled expected delivery gaps in the above specialties. Health Board performance in respect of planned care delivery milestones is also a key feature of its escalation to Targeted Intervention status. Opportunities have been explored to maximise capacity across Hywel Dda University Health Board and Swansea Bay University Health Board in Ophthalmology and Orthopaedics to support further recovery of waiting times. Both specialties have been prioritised for active exploration of regional solutions, in partnership with Swansea Bay University Health Board (SBUHB), to expand available capacity and address forecast shortfalls against anticipated demand including the utilisation of Neath Port Talbot theatres for Orthopaedic activity. Notwithstanding these delivery risks, breach volumes in respect of the Stage 1 52 weeks are expected to be resolved by March 2026. Forecast breach volumes in respect of the Total Pathway 104 week target remain in Orthopaedics in Q1 although monthly breach performance shows continued improvement after Q2. Taking the above into account, the current risk score is assessed to be lower than the inherent risk score due to the significant progress achieved in the past 12 months in improving waiting times, and, whilst delivery risks remain, the current risk score has been scored a 12.	The target score of 9 reflects the continuing delivery ambitions which remain, despite the workforce and resource limitations reflected in the Annual Plan. Of note, positive progress achieved both in respect of effective demand management and transformation of outpatient pathways has ensured that overall waiting list demand has not grown with waiting list volumes at their lowest level for 2 years. This offers positive indications for future improvements in waiting times in 2025/26 onwards. The care group propose to be in balance by the end of the financial year. Opportunities to make further progress towards the Ministerial targets in 2025/26 will continue to be explored, including exploration of the regional opportunities referred to.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Comprehensive daily management systems in place to manage planned care risks on daily basis including multiple daily multi-site calls in times of escalation. # Prioritised review of patients based on an agreed risk stratification model. # Provision of dedicated elective beds on 3 sites. # The staffing position continues to be monitored on a daily basis in accordance with safe staffing principles. # Delivery plans in place supported by daily, weekly and monthly monitoring arrangements. # Quarterly deep dive reviews of all specialty delivery plans and delivery assumptions to ensure full account of OP transformation and theatre productivity and efficiency opportunities # Escalation plans for acute and community hospitals (within limits of staffing availability). # Outpatient transformation programme in place with a continuing focus on alternatives to face to face delivery of outpatient care to enable increases in care volumes delivered. # Robust sickness absence management arrangements in place. # Quarterly review of job plans, with ongoing recruitment. # Elective care delivery plan developed for inclusion within Annual Delivery Plan. # Additional Planned Care Recovery proposals developed to utilise the additional recovery funding committed by the Board # Elective optimisation improvement programme in place to improve theatre activity productivity and efficiency, including improvements to waiting list scheduling and pre-operative assessment processes # Productive & Effective Elective Care Improvement Plan produced to drive productivity and efficiency improvements # Planned Care Delivery Workstream established, reporting to Integrated

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# Workforce staffing availability to support further expansion of theatre capacity # Sufficiency of Anaesthetic medical staffing capacity to support further expansion of required operating lists. # Sustainability challenges remain in a number of specialty areas which have been targeted for in-depth review via regional planning programmes for key specialties and the Clinical Services Plan review. # Widespread adoption of national best practice guidance to improve elective optimisation and utilisation of available operating capacity # Deficiencies within pre-operative assessment process and overall capacity to support required volume of Pre-Operative Assessment Clinic (POAC) assessments	Recommence insourcing / outsourcing solutions in July 2025/26 within Orthopaedics and to remain in place for duration of Q2 2025/26	Humphrey, Lisa	Completed	Agreed start date 1st August 2025
	To establish utilisation of NPT theatres as part of joint regional working	Humphrey, Lisa	Completed	Progress update to be provided at next risk review
	Maximise GIRFT recommendations to increase capacity to four joints per list within Orthopaedics	Gregory, Lianne	31/12/2025	Progress update to be provided at next risk review
	Insource theatre staffing within GGH theatres for four lists ENT, and two lists Ophthalmology to commence in July 2025 and to remain throughout Q2	Humphrey, Lisa	Completed	Progress update to be provided at next risk review
	Outsource tonsilectomies - 43 cases to commence in July 2025 and to remain throughout Q2	Lewis, Caroline	Completed	Progress update to be provided at next risk review
	Outsource ocular plastics within Ophthalmology to commence in July 2025, and to remain throughout Q2	Coppack, Victoria	Completed	Progress update to be provided at next risk review
	Q2 recovery actions being pursued to mitigate specialty specific delivery risks in Stage 1 Care of the Elderly (COTE)	Goode, Paula	Completed	Progress update to be provided at next risk review
	Recruit 10 WTE as per theatres plan agreed by ET	Sheldon, James	31/12/2025	In progress

Quality, Financial Performance Delivery (IQFPD) fortnightly, as part of revised Targeted Intervention governance arrangements. # South West Wales Regional Orthopaedic Delivery Programme established # South West Wales Regional Ophthalmology Programme # Assurance monitoring arrangements in place via mechanisms including weekly RTT Watchtower and monthly reviews with NHSE # AI based assessment tool, enhancing risk stratification of patients to be assessed by the POAC (Pre Operative Assessment Clinic) service, enabling improved management of demand and prioritisation of patients to be clinical assessed. # Additional outsource & insource solutions in place to supplement capacity in orthopaedics and ophthalmology.		Explore insourcing/Outsourcing opportunities with alternative providers for Q3 given the deteriorating theatre staffing position and the contracting issues with HBSUK	Humphrey, Lisa	31/10/2025	in progress

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
A suite of planned care metrics have been developed to measure the system performance.	Activity volumes are reported daily on situation reports	1st			Annual Plan 2025/26 Monthly performance is reported at each executive meeting, the Finance and Performance Committee and WG IPQD. Various Theatre papers have been to Board for discussion.	None				
	Daily performance data overseen by service management	1st								
	Delivery Plans overseen by Acute Services Triumvirate	1st								
	Bi-monthly reports to SDODC on progress on delivery plans and outcomes (and to Board via update report)	2nd								
	IPAR Performance Report to SDODC & Board	2nd								
	Welsh Government IQFPD & Enhanced Monitoring Meetings	3rd								

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Audit Wales- Tackling the Planned Care Challenges – Hywel Dda University Health Board	R6. The Health Board should strengthen its monitoring and reporting processes for managing clinical risks associated with long waits. • 6.1 develop and implement a consistent methodology for assessing the risk of harm to patients caused by long waits across specialties (Exhibit 7). • 6.2 develop a routine report to be presented at the Quality, Safety and Experience Committee that effectively reports risks and actual incidents of harm resulting from delays in access to treatment	Patients on a waiting list are referred as urgent or routine. The proportion of patients triaged as urgent has increased post pandemic due to longer waits. Once RTT times have improved to pre-pandemic levels the urgent referral proportion will likely reduce as patients are less likely to come to harm waiting 36 weeks compared to 2 years.	Planned & Specialist Care	Chief Operating Officer	30/09/2025	30/09/2025	
Audit Wales- Tackling the Planned Care Challenges – Hywel Dda University Health Board	R6. The Health Board should strengthen its monitoring and reporting processes for managing clinical risks associated with long waits. • 6.1 develop and implement a consistent methodology for assessing the risk of harm to patients caused by long waits across specialties (Exhibit 7). • 6.2 develop a routine report to be presented at the Quality, Safety and Experience Committee that effectively reports risks and actual incidents of harm resulting from delays in access to treatment	Patients referred are graded as routine or urgent upon Triage. Patients requiring urgent treatment, not able to wait are seen sooner within urgent capacity. This is separate to Cancer or routine capacity. This is monitored by the Clinical Care Group Governance structure	Planned & Specialist Care	Chief Operating Officer	30/09/2025	30/09/2025	

Audit Wales- Tackling the Planned Care Challenges – Hywel Dda University Health Board	R6. The Health Board should strengthen its monitoring and reporting processes for managing clinical risks associated with long waits. • 6.1 develop and implement a consistent methodology for assessing the risk of harm to patients caused by long waits across specialties (Exhibit 7). • 6.2 develop a routine report to be presented at the Quality, Safety and Experience Committee that effectively reports risks and actual incidents of harm resulting from delays in access to treatment	The planned care directorate (General Manager Lisa Humphrey with CD and Head of Nursing) will develop a routine report to be presented at the QSEC that includes risk and actual incidents of harm resulting from delays in access to treatment.	Planned & Specialist Care	Chief Operating Officer	30/09/2025	30/09/2025	
Internal Audit - Financial Management Final Internal Audit Report 2024/25 (Reasonable)	R4. Identification of Savings There is a shortfall in identified savings for 2024/25. There is scope for greater monitoring of the extent to which opportunities in the compendium are explored, transacted into savings or rejected. Opportunities remain on the compendium indefinitely even where a variation has been explored and either taken forward or written off. There is limited evidence for how the sampled directorates manage and review the identification of savings ideas within their business management teams, with no formal agenda or actions captured to demonstrate all cost areas are routinely reviewed and tested for value for money.	Whilst items of variation will not be removed from the compendium, we will establish a record of what items have been explored and capture the outcome, to be coordinated within Finance by the BI & Value team with input from Business Partners and operational teams. Maintain monitoring of operational teams reviewing opportunities and ensure this is on the radar of new Care Group leadership teams so that they can track progress.	Director of Finance	Chief Operating Officer	31/07/2025	31/07/2025	

Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R3. Ensure day case and IP activity is maximised at Bronglais.	With funding, open and expand further theatre sessions (as noted in Bronglais Strategy and IMTP submission of Nov21). Would need to fully re-scope anaesthetics and theatre staff profile. Would need to scope specialty expansion and procedure baskets	Planned & Specialist Care	Chief Operating Officer	31/10/2025	31/10/2025	Barriers to implementation? Currently patients are travelling significant distances on day of surgery; timely arrival and fitness to travel home will impact on patient cohort as day case.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R16. Implement best practice in theatre productivity, capped theatre utilisation set at 85%, day case rates combined with RPRP (procedures undertaken outside theatre in procedure rooms) aspire to 85%.	Continue to work with Swansea Bay UHB to consolidate current practice and further scope opportunities via regional working	Planned & Specialist Care	Chief Operating Officer	31/10/2025	31/10/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R27. Adopt the GIRFT 16 OPD playbooks.	Re-establishing and attending the OPD Transformation Board Utilising the 16 OPD play book Attending OPD Focus Webinar	Planned & Specialist Care	Chief Operating Officer	30/09/2025	30/09/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R28. Standardise OPD templates.	Continue to work with specialties to support any changes within their templates	Planned & Specialist Care	Chief Operating Officer	30/09/2025	30/09/2025	

Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R29. Conduct an audit of FIT testing to assess its impact and integrate findings into health pathways for further optimisation.	Continue to explore collaborative working across primary and secondary care	Planned & Specialist Care	Chief Operating Officer	30/09/2025	30/09/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R30. Systematically evaluate and implement alternative diagnostic methods such as capsule sponge and nasal endoscopy to reduce demand on conventional services	Cytosponge - To introduce a cytosponge service, dedicated workforce would need to be recruited and trained. The NHS executive have advised that funding may be available in 25/26 - the Health Board is due to meet with the NHS executive clinical lead for cytosponge in June 2025. A service specification document for the rollout of the service has already been developed at a national level and can be adopted within the Health Board. TNE - Explore options to allocate workforce already dedicated to Endoscopy - however, this could result in key Endoscopy staff being pulled from delivery of other service elements which could present a risk to service delivery plans.	Planned & Specialist Care	Chief Operating Officer	31/07/2025	31/07/2025	Barriers to implementation: 03/10/2025 - TNE - Capital funding for purchase of transnasal endoscope and associated equipment. Funding for dedicated workforce to deliver the service

Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R32. Expedite the implementation of FIT testing in primary care to alleviate downstream diagnostic pressure.	A task and finish group has been established between Primary & Secondary Care to devise and implement a plan for transition of FIT to Primary Care. The first meeting is taking place on the 26th of March 2025. Timescales to be agreed during the meeting. Engage with DHCW to switch on GP test requesting for FIT within Primary Care - this will allow GP's to request FIT through to the Public Health Wales laboratories. Commence discussions with PHW regarding establishing service level agreement, associated costs, implementation process and associated timelines.	Planned & Specialist Care	Chief Operating Officer	30/09/2025	30/09/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB - Allied Health Professions and Health Sciences (January 2025)	R5. Pathology demand increases with expanded services, but these pressures are not integrated into delivery plans. The health board could incorporate pathology demand into service expansion plans to prevent bottlenecks.	Agreed. Demand is monitored within the service and compared against current capacity. RCPath points are measured monthly to assess gaps in consultant capacity. WLI activity is performed outside core hours and recharged to appropriate service. Monitored demand and capacity will be captured and communicated wider via the Clinical Care Group for escalation. The information will then be utilised to help with future service planning. Pathology and Radiology demand is considered in annual planning paperwork to ensure any change to demand is captured.	Operational Allied Health & Health Sciences	Chief Operating Officer	31/08/2025	31/08/2025	

Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Ambulatory trauma is directed to the Orthopaedic Ward	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Undertake a review of other specialty pathways including Urology, ENT and Gynaecology.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	As part of the UEC Accelerated Transformation work, develop a new model for accessing and navigating the urgent and emergency care system that aims to deliver a 50% reduction in attendances at ED and 75% of emergency activity in a scheduled way, through a shift left to community based service delivery.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Implement a co-ordinated Health Board wide approach to the management of patient flow across the system, eliminating ambulance handover delays over 15 mins and 12 hour ED delays, pathway process delays, and reducing pathway of care delays by enabling discharge within 72 hours of being clinically optimised	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	

Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Plans to be submitted to Welsh Government in relation to the expansion of Medical SDEC within current footprint via capital funding.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	ENT SDEC T&F group to review score and capacity issues within procedure room. 28/08/2025 - Refer to MD1/3 actions. Proposed insourcing of ENT elective work for September is likely to impact on ability to ringfence SDEC capacity. Review to be arranged towards mid-October (following insourcing completion) to discuss further planning for SDEC ringfence. . Revised target date 31/10/2025.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	Requires clinical engagement from ENT Team to utilise treatment room as SDEC.
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Implementation of internal professional standards	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Undertake Carmarthenshire System Review of frailty pathways across the 3rd sector	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Undertake review of Rehab Pathway to progress levels of rehab and review current pathway and capacity	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R3. SDEC is good and is taking patients from GP's and ambulances who would otherwise present to the ED. However, throughput and capacity should be monitored to ensure it is achieving the maximum potential	Medical patients are taken earlier in the day and direct, not only via ED Weekly and monthly activity review in place. Further actions to be undertaken include a capital review to expand / relocate SDEC in progress through the T&F Front Door Group, and review of return patients to SDEC and alternatives.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R4.A continuous flow model could be explored to improve flow.	Agreed. Boarding on wards is already in place when space is available, however not all wards are able to board. "Perfect week" has been implemented as of 30 June 2025. We will continue to explore a continuous flow model, noting lessons learnt from SBUHB.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R5. Frailty is challenging. ED staff were not aware of the frailty pathway, despite being award winning. Specific focus on delayed pathways of care in the frailty ward should be prioritised, and improved links between the FAU and the ED to reduce the significant corridor care in the ED.	Undertake a review of the acute and community frailty pathway to join the pathways across the system, with a POCS deep dive on Cadog and Dewi wards (long stay frailty)	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	

Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R5. Frailty is challenging. ED staff were not aware of the frailty pathway, despite being award winning. Specific focus on delayed pathways of care in the frailty ward should be prioritised, and improved links between the FAU and the ED to reduce the significant corridor care in the ED.	Undertake review of Frailty SOP to review current length of stay challenges, pathway of care delays, and to determine immediate actions to improve on pathway review communication	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R5. Frailty is challenging. ED staff were not aware of the frailty pathway, despite being award winning. Specific focus on delayed pathways of care in the frailty ward should be prioritised, and improved links between the FAU and the ED to reduce the significant corridor care in the ED.	Undertake length of stay review for Cadog / Dewi wards with community input	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R5. Frailty is challenging. ED staff were not aware of the frailty pathway, despite being award winning. Specific focus on delayed pathways of care in the frailty ward should be prioritised, and improved links between the FAU and the ED to reduce the significant corridor care in the ED.	Complete Six Goals Frailty Assessments	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R6. Executive presence in the ED was reported as low, a survey of staff could be done to gauge if this is consistently felt among staff, and if so look to increase presence of exec team.	Weekly ED big room meetings are in place, chaired by the Executive Director of Nursing. A Glangwili ED staff survey has been undertaken in May 2025, with a review of outcomes to be undertaken and an action plan developed as appropriate. Outcomes will be fed-back to the Clinical Care Group. An additional staff survey is to be scoped and approved.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R10. Review the numbers and locations of urgent treatment centres and ensure that optimum use is made of these to deal with walk-ins.	Possible implementation of 7-day SDUC model and Implementation of UPC model for Hywel Dda. Evaluation Q1, possible implementation phases Q2-3	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	Funding on a short-term basis, need to demonstrate savings in evaluation
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R15. Review the digital infrastructure to ensure that health boards can track the full patient journey.	Operational governance and escalation - SOP to be worked up.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R15. Review the digital infrastructure to ensure that health boards can track the full patient journey.	Influence the design of the new Pt Flow system (Alcidion) and reference site communication/site visits	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	Dependant on Alcidion and Informatics as to go-live date
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R15. Review the digital infrastructure to ensure that health boards can track the full patient journey.	Working with Informatics team to streamline useful information flows at daily meetings in parallel with new system design.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	Any Delays in design of Pt flow config may affect timescales

Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R15. Review the digital infrastructure to ensure that health boards can track the full patient journey.	Identification and baselining performance metrics and reporting requirements.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R15. Review the digital infrastructure to ensure that health boards can track the full patient journey.	Recruitment as part of OCP Phase 2	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	Financial approval of SBAR is needed to progress recruitment
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R5. . Following our previous visit, we recommended that the clinical patient pathways for GP referrals were reviewed to ensure appropriate triage and assessment is undertaken before patients present to the ED. Having returned to the site it is our view that there is scope within the current CDU medical model to undertake this triage role, and we recommend that consideration is given to reviewing the current model that is in place. The current model in place at BGH stands out as an outlier when compared to similar models across Wales. Having a senior decision maker triaging calls from primary care will have a significant impact on the pressures currently experienced within ED resulting in less patients attending the already challenged ED at BGH.	Discussions held with medical consultants – there is a strong feeling that the current model works as they are confident in the decision making of the team leader as the calls that come in are often not just medical, however, the clinicians are not adverse to trying alternative methods and have made some suggestions that could improve i.e calls going to community outreach (clinical streaming hub will help here).	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R7. The site undertakes a retrospective day of care audit assessment and reviews the data to gain a clear picture of true ED activity. When we returned to the site we were informed that there remained a lack of clarity regarding the nature of patient presenting conditions and the audit had not been undertaken.	EUCC team to complete with deadline of mid-August 2025.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R14. We recommend that consideration is given to the clinical model and purpose of the CDU along with the overall bed capacity within the hospital with particular reference to the medical patient cohort.	This is recognised and work is in place CDU functions as required. The Short Stay Treatment (SST) area within the ED footprint was until recently, often bedded. Measures are being taken to ensure the site provides the support to A&E to ensure that SST can flow which reduces the pressure across the department.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R15. We recommend therefore that the final report for this mortality review is shared with us at the earliest opportunity with an update on any of the actions and recommendations from this.	There is a regional mortality review ongoing.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R23. At times of high escalation there needs to a process when senior service group leaders including specialty clinical directors meet with the patient access team to discuss actions required to de-escalate the site with specialty leads held to account for actions pertaining to their areas of responsibility.	Hospital Full Protocol in development	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R24. Whilst following our initial visit we recommended that the site introduces a manager of the day that is supporting patient flow for the site is visible throughout the day and can support the patient flow team and add value by taking additional decisions and actions that will support the site to de-escalate into a safer position. There is an appreciation that the current senior leadership model at BGH is very lean and is not able to support this recommendation.	The Manager of the Day model is currently being reviewed Health Board wide in line with the introduction of the ODU Hub in October. Escalation processes are in place at Bronglais to ensure teams have mechanisms in place – the Senior Leadership Team is supporting this.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R25. At times of high escalation there needs to a process when senior leaders including specialty clinical directors meet with the patient access team to discuss actions required to deescalate the site with specialty leads held to account for actions pertaining to their areas of responsibility.	System GM notifies Senior Leadership Team inclusive of Clinical Directors. It is expected that the clinical directors communicate with the speciality teams to ensure awareness	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R26. We recommended that there is greater senior nursing input and oversight on the wards supporting and challenging ward activity. This needs to be ongoing until such a time that there is assurance that this level of scrutiny and challenge is embedded into the normal practice on the ward.	In line with recent flow improvements which includes the implementation of Senior Decision Maker led board rounds. The Q.I team have the full support of the Senior Leadership Team in delivering the necessary improvements. This will include increased senior nurse viability which includes the System Head of Nursing.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R28. We recommended that the site escalation process and action cards are explicitly clear to all relevant personnel within the hospital to ensure that there is a consistent and clear approach adopted throughout the hospital. Whilst this is being embedded, we recommend senior leadership presence to provide assurance that this in place in all clinical areas.	System GM and System Head of Nursing working on escalation cards in line with Hospital full Protocols	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R33. Following our initial visit, we recommended that the Health Board explore this in more detail to be able to clearly understand the root cause of this and be able to put measures in place to, where possible ensure that discharge activity occurs earlier in the day. We continue to recommend that the discharge profile on the site is explored in more detail.	Work is ongoing to ensure Earlier in the Day Discharge across the System – ongoing workstreams in line with the QI improvement work is addressing board rounds and overall site flow.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R35. Following our initial visit, we recommended that ward sisters are supported by senior leaders to create time for discharge planning as part of their daily routine	As part of initial priorities, the System HON will be exploring the job plan of team leaders to explore ways of ensuring that their capacity provides an ability to lead on discharge co-ordination. This will include exploring ways to include community services in this process to ensure continuity of care and integration of both acute and community skillsets and experience. OCP phase 2 will be reflective of this.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R36. We recommended that there is greater senior nursing leadership presence in all areas until complete assurance regarding the implementation of the optimal flow framework is embedded.	In line with recent flow improvements which includes the implementation of Senior Decision Maker led board rounds. The Q.I team have the full support of the Senior Leadership Team in delivering the necessary improvements. This will include increased senior nurse viability and presence which will also include the System Head of Nursing OCP Phase 2 is considering the development of a corporate function whose primary focus is clinical governance- this will enable Locality based senior nurses the capacity to provide greater presence and visibility in clinical areas.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R37. We recommended that as part of the medical job planning process this is reviewed and discussed, with the use of compelling demand and capacity data to demonstrates the current imbalance between in patient demand and ward based consultant capacity	At present, Bronglais has a number of lone consultant specialty teams – gastro/respiratory/A&E/Diabetes/Stroke. This is recognised at Exec level and the Medical Stabilisation group is undertaking a programme of works to review current resource with Bronglais ED a priority area.	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R38. We recommended that the senior leaders within the organisation endorse the implementation of the framework and promote a culture shift within the hospital that sees some current practices and ways of working challenged. Support from senior teams including medical director and chief operating officer is paramount for this to succeed.	It is recognised that a culture shift is required and work is ongoing to support this. OD colleagues are supporting the System GM in ensuring that this is addressed.	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R3. We recommend the ED team update their risk escalation tool so that it accurately reflects the current position in ED which can then be escalated through the organisation. There are examples of tools of this nature being utilised in neighbouring Health Boards and we recommend that consideration and time is taken to explore these in more detail. The added value this would bring include: - Provides whole pathway real time data and trends, which are accurate, relevant, and available to the key decision makers - Provides information that can, at a glance, communicate flow status at the system and individual level. - In addition to site escalation, having a tool that demonstrates a clear picture throughout the day could support with responding to and understanding clinical incidents, responding to patient/ family concerns and future capacity and demand planning	Power BI for ED forecast demand now available on Live Ops Dashboard Current ED status available on Live Ops Dashboard ED Crowding Matrix being developed by Data Science Team - timeline for completion end of September	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R4. We recommended that further clarity is sought and a more robust process is put in place to ensure that ED staff are aware of the medical team responsible for the patient awaiting inpatient beds.	4b. Scoping work to be undertaken with QI team re number of PTWR and Med Liaison a/w clerking.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R5. When a medical specialty is unable to accept a 'new' patient from ED, there should be an escalation to a senior clinical decision maker to review the entire caseload and make a risk-based decision on how to balance the current inpatient capacity against the current demand.	5a. Service change to Acute Physician model proposed for 2025 based on recruitment. - Narrative and comms to be disseminated.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R8. We are aware that there have been busiest day reviews undertaken at GGH with findings that mirror the observations made. It would be useful to be cited on what actions have been taken in response to those findings and the impact of any changes that have already been made or will be made in the future.	8a. Implementation of a Redirection Policy - will support re-direction within ED.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R8. We are aware that there have been busiest day reviews undertaken at GGH with findings that mirror the observations made. It would be useful to be cited on what actions have been taken in response to those findings and the impact of any changes that have already been made or will be made in the future.	8b. Review of streaming process at front door to allow early identification of alternative pathways - review of GGH pathways and exit strategies.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R9. We recommend that the Health Board considers using a medical model where there is a senior decision maker at the front door streaming and redirecting patients to the most appropriate areas/ resources.	9. Re-direction/ streaming in RCEM recommendations. Re-direction policy to be approved.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R10. We recommend the Health Board undertakes a review to analysis in more depth any specialties that may be driving this increase and whether there are any further interventions both across primary and secondary care that could help address this demand and reduce the number of patients requiring admission i.e enhancing or fully utilising the virtual ward capacity.	10b. Development of Integrated HomeFirst approach delivered through the Clinical Streaming Hub and Hospital@Home model.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R11. We recommend that the Health Board moving forward to not advocate moving patients backwards through the flow system. However, should there be a need to take this action, we recommend that only patients on a D2RA pathway 0/1 are moved, knowing that they do not have complex needs and will be discharged home without delay.	11a. Review of RTDC to support real time capacity demand to support optimal flow - and review process of escalation around 'heavy' patients requiring CDU specialist room.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R11. We recommend that the Health Board moving forward to not advocate moving patients backwards through the flow system. However, should there be a need to take this action, we recommend that only patients on a D2RA pathway 0/1 are moved, knowing that they do not have complex needs and will be discharged home without delay.	11c. Explore capital bid for additional heavy patient equipment on additional ward areas.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R12. To mitigate this risk outside of the working hours of the discharge lounge, a proactive approach should be taken. We, therefore, recommend that each ward identify a regular cohort of patients who are suitable to 'outlie' for the final part of their inpatient stay whilst discharge home is facilitated and promptly realised. Within this recommendation, the 'final part' of an inpatient stay would be a maximum of 12 hours.	12a. Review of daily process to capture 'Clinically Optimised' patients who are suitable to outlie. On-boarding protocol disseminated to all clinical areas. To incorporate on new patient flow app.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R12. To mitigate this risk outside of the working hours of the discharge lounge, a proactive approach should be taken. We, therefore, recommend that each ward identify a regular cohort of patients who are suitable to 'outlie' for the final part of their inpatient stay whilst discharge home is facilitated and promptly realised. Within this recommendation, the 'final part' of an inpatient stay would be a maximum of 12 hours.	12b. MOD duty to incorporate projected flow numbers for days ahead from ward areas and discharge lounge utilisation.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R16. Enhancing the Sitrep report will improve communication by providing a common framework for communicating all operational pressures by providing a clear and consistent overview of operational pressures and a framework to consider and implement responses consistently enhancing patient-centred decision-making across the whole UEC pathway	16. Recent review of SitRep report relating to Critical Care - strenthening patient centred decision making in particular to L1 (DTOC). Repat/pathway database role out being implemented - to supportclear and consistent overview. Improvement work on current SitRep status to include overall demand (ED and CDU)	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R17. Including a section that focuses on actions identified during each meeting will allow necessary actions to be documented and importantly identify a responsible person to be accountable for those actions. These actions can be followed up in the next meeting to maintain accountability throughout the day.	'17. 'Red Stretch Plans' to be strenthened with key focus within the patient flow discussions. Review of RTDC.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R18. We also recommend enhancing the report to allow the opportunity to highlight specific patient concerns/ risks. Again, this will be followed up in future meetings to ensure action has been taken.	'18. 'Red Stretch Plans' to be strenthened with key focus within the patient flow discussions. Review of RTDC.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R19. Extending the capacity of the sitrep report will enable the report to be used to support any investigations of clinical incidents or concerns as it will capture the picture of the whole day and describe risks and actions taken.	'19. 'Red Stretch Plans' to be strenthened with key focus within the patient flow discussions. Review of RTDC.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R21. For any site sitrep tool to be effective and meaningful the whole system needs to act to relieve pressure as it occurs.	21a. Emergency Pressure and Escalation Policy to be disseminated and followed.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R21. For any site sitrep tool to be effective and meaningful the whole system needs to act to relieve pressure as it occurs.	21b.Full Capacity Protocol to be reviewed and disseminated.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R21. For any site sitrep tool to be effective and meaningful the whole system needs to act to relieve pressure as it occurs.	21c.Review of role of MOD (Manager of the Day)/ Patient Flow Senior Nurse and Clinical Site Manager role (as well as OOH GM cover).	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R22. We recommend that the IDT are present at the morning patient flow meeting with the view that suitable patients can be identified and a prompt decision can be made to 'pull' them out into the community setting. By including this team early, they can promptly review any patients who are potentially suitable for community discharge and help to generate patient flow out of GGH earlier in the day.	22. Review of attendance to Patient Flow meetings to maximise community 'pull'	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R23. We recommend that consideration is given to greater/ increased accountability and responsibility for system flow across the site. This could be achieved by: - Ensuring there is a senior (band 7 and above) representation at all site meetings from all service groups who will be responsible for the actions pertaining to their area (both nursing and operational leads). The expectation would be that they would be in senior roles with an ability to influence and escalate. That individual would feed into the flow meetings actions they have taken to resolve any constraints in their area as well as an accurate and up to date bed state. It is anticipated that this would support the patient flow team and foster a whole site response to system pressure	23.Review of attendance to Patient Flow meetings to support senior operational leadership.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R26. At times of high escalation there needs to be a process when senior service group leaders including specialty clinical directors meet with the patient access team to discuss actions required to de-escalate the site with specialty leads held to account for actions pertaining to their areas of responsibility.	26. Patient Flow meetings to incorporate Emergency Pressures & Escalation Policy based on escalation risk	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R30. We recommend that the HB escalation process and action cards are explicitly clear to all relevant personnel within the hospital to ensure that there is a consistent and clear approach adopted throughout the hospital. Whilst this is being embedded, we recommend senior leadership presence to provide assurance that this is in place in all clinical areas.	30. Focus work on Major Incident action cards specific to role and responsibilities.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R31. We recommend that the HB reviewed the attendance at the patient flow meeting. If the decision is to move to a model whereby there is a representation from each service at the meeting that report actions taken and importantly plans for the remainder of the day, there may not be the need for all ward sisters to attend the 3pm meeting. However, if the model continues to be each area reporting their own position, then there needs to be a mandate that all areas attend this meeting. This will ensure that there is an ongoing commitment across the site to patient flow resulting in an accurate site profile being obtained and reasonable challenge being made	31. Complete-Review of attendance to Patient Flow meetings for both planned meetings - attendance strengthened. Afternoon R2G huddle replaces the requirement of ward managers to attend unless additional support required.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R32. If the HB is content to run two system flow meetings per day, the latter meeting must serve as both a real time review of the current position and also a forward look into the evening and the following morning. The meeting could be expanded to include an update of expected and confirmed discharges the following day and gain a clear picture of the plans for patients to move out of a ward bed the next morning.	32. Review of attendance to Patient Flow meetings for both planned meetings - RTDC review of next day discharges to be strengthened.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R33. We recommend that the IDT and staff from Discharge Lounge attend this meeting to identify patients who may require the input of these teams early, with the aim to arrange an early review from the IDT and/ or a review from the discharge lounge team to review ther suitability of a patient to move to the lounge when it opens the following day.	33. Review of attendance at Patient Flow Meeting.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R34. We recommend the HB enacts a zero tolerance regarding inaccurate information regarding query and confirmed discharge activity from ward areas. We appreciate that there are times when unexpected discharges occur later in the day. However, this should be on the minority of occasions rather than what appears to be the norm. We recommend that there is greater senior leadership presence in all areas where this practice occurs until complete assurance regarding accurate bed positions is achieved.	34a. Review of query and unexpected discharges to be undertaken to identify key themes/missed opportunities.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R34. We recommend the HB enacts a zero tolerance regarding inaccurate information regarding query and confirmed discharge activity from ward areas. We appreciate that there are times when unexpected discharges occur later in the day. However, this should be on the minority of occasions rather than what appears to be the norm. We recommend that there is greater senior leadership presence in all areas where this practice occurs until complete assurance regarding accurate bed positions is achieved.	34b. RTDC Task and Finish Group to be implemented with QIST support for data capture and outcome tools. Invitation extended to Ward Sister Champions.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R35. Utilising the RTDC tool and recording a daily dataset of declared vs total discharges by area would give a high-level indication of the ward areas that require additional support to improve within this area.	35. Review of RTDC Tool as part of RTDC Task and Finish Group.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R36. We recommend the HB share examples whereby data generated by the RTDC tool has led to improvements in practice.	36. Review data with QI Team to determine key improvements and agree next focus steps.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R37. We recommend the HB considers sourcing a larger location for the discharge lounge acknowledging the added value this would bring to system flow.	37. Review Discharge Lounge use/data to determine efficiency and capacity constraints - determine escalation steps if full and no capacity. Discharge Lounge Task and Finish Group to establish more efficient ways of working.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R38. Consider opening the DL earlier and allow patients being discharged to have their breakfast there prior to leaving the site.	38. Review Discharge Lounge use/data to determine efficiency and capacity constraints - determine escalation steps if full and no capacity. Review of opening times based on activity peaks.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R39.Establish a 'pull' model for Discharge Lounge where staff from the unit actively visit wards to review patients with a definite discharge date the following day.	39. Review Discharge Lounge use/data to determine efficiency and capacity constraints - review of next day discharges (as part of MOD rota).	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R40. Ensure all discharge paperwork is completed the day prior to discharge	40. Review Discharge documentation compliance as well as review of DAL completion and sign off. Link in with pharmcy to scope this.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R41. Ensure all patients are spoken to and they are aware of the planned move.	41. review of Discharge Lounge Patient Leaflet	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R42. Communicate on ward boards and patient notes clearly that a patient is being transferred to DL early the next day	42. Review of Discharge Documentation and ward use of Discharge Lounge.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R43. We recommend that a column is added to the sitrep report to input confirmed discharges for the following day, so those identified patients can be 'pulled' to discharge lounge as soon as it opens, releasing early capacity that can be utilised.	43. Complete- Column available on Sitrep to capture next day discharges	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R44. Consider supporting additional portering/ HCSW resource to transfer suitable patients, removing the onus from ward staff.	44a. Review of portering capacity to maximise flow.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R44. Consider supporting additional portering/ HCSW resource to transfer suitable patients, removing the onus from ward staff.	44b. Review of Synbiotix data relating to delays in transfer to Discharge Lounge.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R45. If DL is filled to capacity by 8am, this will release some immediate pre ward round capacity into the site each day, this should be achievable for a 400 bed site.	45. Review Discharge Lounge use/data to determine efficiency and capacity constraints	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R46. The HB could look at the utilisation and occupancy of discharge lounge on a daily basis as a performance KPI to embed the early and proactive use of the facility as much as possible.	46. Review performance capture. Part of Discharge Lounge working group.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R47. Discharge activity occurs later in the day at GGH. We recommend that the HB explore this in more detail to be able to clearly understand the root cause of this and be able to put measures in place to, where possible ensure that discharge activity occurs earlier in the day.	47a. Review of RTDC tool with aim to bring discharges before 12 midday (from 2pm).	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R47. Discharge activity occurs later in the day at GGH. We recommend that the HB explore this in more detail to be able to clearly understand the root cause of this and be able to put measures in place to, where possible ensure that discharge activity occurs earlier in the day.	47b. Review of discharges after 2pm to determine delay reasons to provide feedback and key learning to achieve optimal flow.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R48. In collaboration with informatics colleagues in the NHS executive, we have the ability to provide admission/ discharge modelling data which would highlight the impact that earlier discharge could have on flow capacity throughout the day. We would like the opportunity to work with you to advance this concept further in the future	48. Action to be confirmed by the service	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R49. We recommend that this service is expanded to a 7 day service as a priority, recognising that workforce constraints will be a challenge.	49. Action to be confirmed by the service	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R51. We strongly recommend that this service must continue and further expand.	51. Action to be confirmed by the service	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R52. We recommend that further education and training is undertaken to ensure that all areas within the hospital are aware of the services that Eastgate offer so that the service is fully optimised and additional activity is generated out of hospital.	52. Hospital Director to attend Medical engagement session to communicate key available service and improve overall engagement.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R53. We recommend the HB considers changing the approach it adopts to patient flow. We recommend a model where the patient flow team act as a central hub and the role of information gathering and responding to actions to create capacity is the responsibility of a designated lead for each service group. The patient flow team need to have the capacity to view and co-ordinate the whole site and be able to make timely and appropriate decisions regarding flow through the hospital. Currently they do not have the capacity to do this resulting in time inefficiencies and the potential to lose a grip and control over the site.	53. Review of current patient flow model - central hub approach as well as consideration to B4 patient flow co-coordinators.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R56. We recommend that senior leaders within the organisation endorse the implementation of the framework and promote a culture shift within the hospital that sees some current practices and ways of working challenged. Support from senior teams including medical director and chief operating officer is paramount for this to succeed.	56a. Safe Hospital Care Actions reviewed and discussed monthly for progression and monitoring of Optimal Flow framework.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R6. It is recommended that when there have been 48-hour breaches in AMAU a short investigation is undertaken in collaboration between the AMAU and specialty involved i.e. Respiratory, to review the patient journey as a timeline. This will inform future learning for all departments involved to take forward and share with their teams, again fostering a whole system approach to patient flow.	Action accepted and completed by service	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R8. Ensure all discharge paperwork is completed the day prior.	Awaiting full management response from service to be added to AMaT	Community & Integrated Medicine	Chief Operating Officer	18/07/2025	18/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R15. When a medical specialty is unable to accept a 'new' patient from AMAU, there should be an escalation to a senior clinical decision maker to review the entire caseload and make a risk-based decision on how to balance the available inpatient capacity against the current level of demand.	Action accepted and completed by service	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R16. We recommend that a senior clinical decision maker is present at each board round and places an emphasis on exploring alternative options to deliver the clinical care required for each patient outside of a hospital ward through a 'deep dive' approach. We have seen evidence of the proactive approach that the Health Board has in utilising the skills of community based clinical services e.g. District Nursing, ACT/CRT and the Carmarthenshire Intermediate Care Team, we feel that these resources could offer additional options to provide an adequate level of care to some patients who would benefit from an earlier discharge home. • Whilst this describes a risk-based approach to clinical decision making, we are cognisant that this would require careful planning and a clear governance structure in order to be successful, this approach is promoted under the 'right patient, right place' ethos that NHS Wales is advocating. • This approach could be embedded with	Awaiting full management response from service to be added to AMaT	Community & Integrated Medicine	Chief Operating Officer	18/07/2025	18/07/2025	

NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R17. Every clinical specialty should have a cohort of patients who are suitable for criteria led discharge to aid decision making and ensure inpatient capacity is only used for patients who have no other clinically viable option to receive care.	Awaiting full management response from service to be added to AMaT	Community & Integrated Medicine	Chief Operating Officer	18/07/2025	18/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R18. It is recommended that the senior leaders within the organisation endorse the implementation of the framework (board rounds) and promote a culture shift within the hospital that sees some current practices and ways of working challenged. Support from senior teams including medical director and chief operating officer is paramount for this to succeed	Awaiting full management response from service to be added to AMaT	Community & Integrated Medicine	Chief Operating Officer	18/07/2025	18/07/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R1. (BGH) The long waits for admission from the ED are undoubtedly causing harm to patients and should be the main focus of any improvement work.	Work to improve hospital flow (as also identified in NHS Exec and 6 goals actions) is underway and has been factored into performance trajectories currently awaiting Executive sign off.	Community & Integrated Medicine	Chief Operating Officer	28/02/2025	28/02/2025	Fragmented care pathways and lack of community capacity. Estate - ageing infrastructure and lack of physical capacity in BGH Undeveloped digital systems Inadequate workforce - delayed decision making, inefficiencies, delayed diagnostics Financial barriers, Ceredigion is currently 509K over Month 2
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R1. (BGH) The long waits for admission from the ED are undoubtedly causing harm to patients and should be the main focus of any improvement work.	Dedicated NOF pathway QI project commenced march 25.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R1. (BGH) The long waits for admission from the ED are undoubtedly causing harm to patients and should be the main focus of any improvement work.	Revision of nurse staffing position underway to support dedicated triage and ambulance bay nurses to enhance care offered at times of handover delay/ support handover into RATS area- paper for Exec Team currently being prepared (06/03/25)	Community & Integrated Medicine	Chief Operating Officer	31/03/2025	31/03/2025	

Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R2. (BGH) The delays in ambulance to ED handovers of patients impair the response times for emergency ambulances and thus also cause harm to patients	Work to introduce a discharge lounge has now been proposed for 2025/26 with a view to supporting up to 6 patients per day who currently would be delayed on wards – this will have a positive impact on flow.	Community & Integrated Medicine	Chief Operating Officer	28/02/2025	31/07/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R2. (BGH) The delays in ambulance to ED handovers of patients impair the response times for emergency ambulances and thus also cause harm to patients	A review of hospital flow (to include re-allocation of ward spaces) is due in 2025/26 to minimise bed clocking within the trauma / surgical pathway beds- which will improve emergency pathway access.	Community & Integrated Medicine	Chief Operating Officer	28/02/2025	28/02/2025	If funding is not released this will delay things further.
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R3. (BGH) There are long stays in the ED for all patients that should be reduced	Above workstreams will also positively impact this issue	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R4. (BGH) The lack of ED senior medical staff must be addressed. However, the future viability of the department may require a different model in the long-term	Consultant lead currently employed on a locum basis (only 1 wte). This is currently subject to recruitment to substantiate the post.	Community & Integrated Medicine	Chief Operating Officer	28/02/2025	28/02/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R4. (BGH) The lack of ED senior medical staff must be addressed. However, the future viability of the department may require a different model in the long-term	A medical staffing stabilisation programme has commenced at BGH with the support of the medical workforce team with a view to improving workforce intelligence- to include confirming total locum opportunities and any opportunities to substantiate positions	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R4. (BGH) The lack of ED senior medical staff must be addressed. However, the future viability of the department may require a different model in the long-term	Interim County Director has instigated a review of ED staffing models in March 2025 with a view to generating a proposal to increase consultant cover.	Community & Integrated Medicine	Chief Operating Officer	31/03/2025	31/03/2025	

Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R5. (BGH) The high catchment attendance level suggests that there are poor alternatives to ED attendance in the local area, probably including primary care	There is no significant local health provision with the exception of primary care services and the 111 system along with community nursing teams. In the south of the county, a Same Day Urgent Care (SDUC) facility has been introduced. The ambition is to launch a phased SDUC model from Aberaeron ICC- which will have a positive benefit/ reduction in ED attendances, and this has been considered in planning and trajectory assumptions for the 2025/6 financial year. Ceredigion is currently supported by a streaming hub- in line with the SDUC expansion, development of a HB wide streaming facility will improve patient flow by signposting to more appropriate resources. Decision making on a HB basis will ensure consistency in approach to advice offered to patients following clinical assessment of need.	Community & Integrated Medicine	Chief Operating Officer	28/02/2025	28/02/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R8. (BGH) There are no housekeepers, dedicated porters or several other non-clinical roles in the ED. With a relative shortage of nursing and other clinical staff, it makes no sense not to have a wide range of supporting non-clinical staff.	2 dedicated domestic assistants currently deployed within dept. Budgetary constraints prevent dedicated porter and housekeeper appointments. Review of nurse staffing position is a priority in terms of any financial considerations at this time	Community & Integrated Medicine	Chief Operating Officer	31/03/2025	31/03/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R9. (BGH) The relatively high number of hospital admissions per WTE consultant (all health board consultants) suggests that there is an insufficient senior medical workforce to "power" the hospital beds in a timely and efficient way that ensures good patient flow.	A medical staffing stabilisation programme has commenced at BGH with the support of the medical workforce team with a view to improving workforce intelligence- to include confirming total locum opportunities and any opportunities to substantiate positions.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	

Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R10. (BGH)There is definitely a case for an increase in SDEC and urgent clinic spaces. The current SDEC is limited in scope, specialties and hours of availability. This is an important way of getting more specialty involvement in emergency care and will reduce the proportion of emergency admissions that traverse the ED (currently high at ~85%).	Space within the hospital footprint is significantly constrained. However, there is potential to introduce SDEC areas and principles into the following areas: • ED Rapid assessment area • Medical Day Unit • Oncology triage and assessment in Meurig Ward (X2) when reopen.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R15. (WGH) There are long stays in the ED for all patients that should be reduced.	WGH do have clear pathways for patients. Medical teams in reach to start the treatment plan from admission. Need to reduce access points to in-patients wards. Need to de- surge assessments units to keep flow active. Boarding protocol in place. Need to consider continues flow.	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R20. (WGH) There is definitely a case for an increase in SDEC and urgent clinic spaces. The current SDEC is limited in scope and specialties involved. This is an important way of getting more specialty involvement in emergency care and will reduce the proportion of emergency admissions that traverse the ED and the number of admissions.	SDEC is open form 8-8 Fully staffed Approx 60% of the medical take does attend SDEC. Planning for complex streaming at front door. Frailty SDEC – need to de surge unit. Unit to take direct from ED and will start to take referral direct form WAST, therefore, to avoid ED. HOT clinics in medical specialities already in place (manged by the medical Consultants)	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	It needs financial investment

Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R21. (WGH) Transfer arrangements to other hospitals must also be improved. There is no onsite paediatrics, and we were told that visiting paediatricians, working in outpatient clinics, refuse to support the ED in emergency situations. Moreover, children who require transfer to paediatric inpatient units are not accompanied by an anaesthetist, unless an endotracheal tube is in-situ. This lack of support for the ED is unacceptable and does not reflect a positive view of the importance of safe patient care.	Clear pathway already in place for paediatrics. A designated ambulance is on standby outside ED for transfers.	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R23. (WGH) Data quality must be improved.	Regarding validation of breaches WGH does have admin staff working with the SNM to undertake this request. SNM to ensure clinical team engagement and discussion relating to thematics surrounding breaches and assurance of correct data validation.	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R24. (GGH) The ED is small and cramped and desperately needs more space, if it is to accommodate large numbers of patients waiting for a hospital bed. However, better patient outflow from the ED is obviously required. The current situation is clearly causing increased risk and harm to patients and is distressing for staff.	Review of ED space completed. Limited capacity within existing footprint. Exploring alternative space within Medical Day (Podiatry) to support increased medical take away from ED. Front Door T&F Group implemented with alternative options being explored.	Community & Integrated Medicine	Chief Operating Officer	31/05/2025	30/05/2025	Capital Funding (WG)
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R24. (GGH) The ED is small and cramped and desperately needs more space, if it is to accommodate large numbers of patients waiting for a hospital bed. However, better patient outflow from the ED is obviously required. The current situation is clearly causing increased risk and harm to patients and is distressing for staff.	Review of current GGH space (ED/CDU/MDU and external environment) to explore additionality/re-purpose of space to support and reduce impact at front door (ED).	Community & Integrated Medicine	Chief Operating Officer	16/05/2025	16/05/2025	Workforce challenges/culture/resistant to change/ environmental factors/ equipment.

Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R25. (GGH) The ED is used by the hospital as a general waiting room for all specialties and input to the ED by inpatient specialists is poor. The implementation of Internal professional standards is urgently required.	Speciality Pathway Reviews underway. Surgical SDEC (Phase 1 Complete). Pilot of Trauma Ambulatory Care Unit underway. Review of Urology, ENT & Gynae Pathways. Internal Professional Standards have been disseminated by Deputy Medical Director. Formal monitoring arrangements to be agreed. Deputy Medical Director currently aligning speciality specific pathways from ED in line with professional standards. 05/09/2025 - Internal Professional Standards now drafted. Implementation through the Medical Directorate and Clinical Leads required.	Community & Integrated Medicine	Chief Operating Officer	31/05/2025	31/05/2025	

Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R27. (GGH) Ambulances wait outside the ED for long periods.	Boarding protocol implemented with patients boarded against predicted discharges. Safety Huddles, Patient Flow review. Emergency Pressures and Escalation Policy (489) Role of the Senior Nurse Manager, Clinical Site Manager and 'Manager of the Day' strengthened, supporting key escalation of actions, status and risk. Optimal Flow Framework implementation: -LOS Reviews & Escalation process review -Board round monitoring & Frontier usage -Criteria Led Discharge -Repatriation Database -POCD monitoring Initiatives to facilitate admission avoidance: -Streaming Hub -Virtual Ward -Re-direction Policy (Draft) -Perfect week (Jan 25) completed with some initiatives adopted as business as usual (GP medical take via SDEC). -Optimised Weekend working Pilot planned (22/23 March).	Community & Integrated Medicine	Chief Operating Officer	30/06/2025	30/06/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R28. (GGH) The departmental configuration makes imaging difficult to access in a timely way. However, the suspected cauda equina syndrome (CES) pathway is good	Review completed and ED & SDEC radiology request prioritisation agreed – requires further measurement of data to determine impact. OOH Cauda Equina pathway review being undertaken.	Community & Integrated Medicine	Chief Operating Officer	31/05/2025	31/05/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R31. (GGH) SDEC will take GP referrals (and some ambulance referrals) directly but closes at 8pm and only accepts new patients up to 5pm. There is a poor flow of patients to SDEC from the ED.	Change in pathway for medical referrals from GP to GGH SDEC (embedded since perfect week). SOP being updated. Optimised Weekend working Pilot planned (22/23 March) will include SDEC	Community & Integrated Medicine	Chief Operating Officer	30/06/2025	30/06/2025	

Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R32. (GGH) The co-located MIU is ENP-led, with patients streamed from the ED reception. The out-of hours primary care centre will not accept patients from the ED	OOH's primary will accept patients as per re-direction policy – pending sign off.	Community & Integrated Medicine	Chief Operating Officer	31/05/2025	31/05/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R33. (GGH) The shortage of senior medical staff and registered nurses must be addressed.	ED Consultant Recruitment – process underway. Safe Staffing Review (RN) has been progressed over last 18 months with key recruitment. Further reviews planned (B2/B3)	Community & Integrated Medicine	Chief Operating Officer	30/06/2025	30/06/2025	
Peer Review (external review) of Hywel Dda University Health Board (HDUHB) of care delivery to people with epilepsy and learning disability	As part of understanding of the challenges within the service, a multi-stakeholder survey was conducted which has yet to be analysed. There were 37 replies in the first round and three in the second round. The results of these will form a baseline on the current understanding and expectations of the service. These could be presented to all stakeholders including experts by experience. To use the results of the survey to empower workshops involving all stakeholders including experts by experience to discuss meaningful change. The same survey i.e., the Purple Light Toolkit could be rolled out in another 12-18 months' time to understand how things have changed locally in the community and what are the critical gaps remaining. (Medium term plan (6 months to a year))	To liaise with research and development colleagues to establish the stakeholder's current understanding and expectations of the service.	Mental Health and Learning Disabilities	Chief Operating Officer	29/03/2024	29/03/2024	

Peer Review Getting It Right First Time (GIRFT) - Gynaecology Review - September 2022	HDUHB to carry out a full demand and capacity assessment with Primary Care, AHPs and in collaboration with neighbouring Health Boards. Together they need to develop standardised pathways of common gynaecological symptoms that should also include the mutual aid across health boards to enable more effective triage. This will also feature as a National recommendation in the all Wales report.	(EXTERNL) Awaiting management response from service	Planned & Specialist Care	Chief Operating Officer	30/09/2022	30/09/2022	Lack of engagement with primary care and neighbouring health boards
Peer Review Getting It Right First Time (GIRFT) - Gynaecology Review - September 2022	HDUHB to establish a robust mechanism for capturing procedure level data of in-patient, day case and out-patient (ambulatory) procedures in gynaecology. HDUHB should also develop a mechanism to capture diagnostic procedure coded operations of emergency Surgery (management of ovarian cysts, miscarriage/ectopic pregnancy and sepsis requiring surgery). This will be a recommendation in our all Wales Report.	Awaiting management response from service	Planned & Specialist Care	Chief Operating Officer	30/09/2022	30/09/2022	
Peer Review Getting It Right First Time (GIRFT) - Gynaecology Review - September 2022	HDUHB to undertake a review of the therapeutic pathway of early pregnancy complications in order to improve timely management of care. The availability of staff able to perform ultrasound scanning to be included in this review.	Awaiting management response from service	Planned & Specialist Care	Chief Operating Officer	30/09/2022	30/09/2022	
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Introduce standardised risk (in line with College guidance) and priority ratings for cataract surgery and change waiting list forms to support this	1) Review current waiting list forms and agree clear priority ratings. 2) Develop protocol to align with waiting list forms with clear priority ratings. 3) Implement new waiting list forms.	Planned & Specialist Care	Chief Operating Officer	30/04/2024	31/10/2025	
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Non-medical MDT staff admitting the cataract patients should be trained and empowered to mark the eye, check or take consent etc – consider whether to involve the clinical nurse and optometrist practitioners and/or train the day surgery staff. Do not do routine obs on the day.	1) Review staff training to mark the eye with Senior Nurse Manager. 2) Review process for baseline obs	Planned & Specialist Care	Chief Operating Officer	30/04/2024	31/07/2025	Staffing sickness levels impacts upon training and development within the ophthalmology roles.

Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Establish staggered patient arrival times to reduce the patient journey time. Explore how discharge process can be shorter.	1) Align staggered arrival times in line with consent in pre-assessment (outlined above). 2) Review of current discharge processes across site and standardise documentation and processes.	Planned & Specialist Care	Chief Operating Officer	30/04/2024	31/07/2025	