



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st January 2026

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



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

For data on all performance measures we are tracking, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st January 2026.](#)

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Jan 2026	1,368	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Dec 2025	20.5%	Usual	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Dec 2025	10	n/a	n/a	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Dec 2025	55.5%	Concerning	Missing target	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Jan 2026	3,669	Improving	Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Jan 2026	72.0%	Improving	Missing target	n/a	Alert
Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	n/a	Jun 2025	29.1%	Concerning	n/a	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Dec 2025	57.1%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Jan 2026	2,438	Concerning	Missing target	n/a	Alert
Financial in month deficit	n/a	Jan 2026	£1,286,000	Improving	n/a	Trajectory met	Alert
S. aureus: Number of confirmed cases (in-month)	6	Jan 2026	14	Usual	Hit and miss	n/a	Alert
% Autumn 2025 COVID booster uptake for eligible residents	75%	Dec 2025	55.3%	n/a	n/a	n/a	Alert
E. coli: Number of confirmed cases (in-month)	21	Jan 2026	22	Usual	Hit and miss	n/a	Advise
% R1 eyecare patients waiting within 25% delay to target date	95%	Dec 2025	39.4%	Concerning	Missing target	Within 5% of Trajectory	Advise
% sickness absence rate of staff	6.60%	Jan 2026	6.60%	Concerning	Hitting target	n/a	Advise
Dental: % of Welsh resident children accessing NHS primary dental care treatment within 12 months	n/a	Jun 2025	41.5%	Improving	n/a	n/a	Advise
Median time ambulance arrest category calls	8	Dec 2025	8	n/a	n/a	n/a	Advise
Number of Pathways of Care delayed discharges	n/a	Jan 2026	213	Usual	n/a	Within 5% of Trajectory	Advise
Ambulance handover > 4 hours Hywel Dda	0	Jan 2026	195	Improving	Missing target	Trajectory met	Advise
% pts on single cancer pathway within 62 days	75%	Dec 2025	66%	Improving	Missing target	Trajectory met	Advise
Ambulance handover > 45 minutes Hywel Dda	0	Jan 2026	813	Improving	Missing target	n/a	Advise
Ambulance handovers > 1 hour Hywel Dda	0	Jan 2026	716	Usual	Missing target	Trajectory met	Advise
% uptake of flu vacc - 65+ years	75%	Mar 2026	66.1%	n/a	n/a	n/a	Advise
C. difficile: Number of confirmed cases (in-month)	8	Jan 2026	10	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Jan 2026	43.2%	Improving	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Jan 2026	15,753	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Jan 2026	42	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Jan 2026	10,555	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Jan 2026	16	Improving	Missing target	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Sep 2025	89.6%	Usual	Missing target	n/a	Advise
% of children receiving HPV by age 15	90%	Sep 2025	77.1%	n/a	n/a	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
% MH assess within 28 days (age 0-17)	80%	Dec 2025	98.6%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Dec 2025	92.1%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	Dec 2025	98.1%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	Dec 2025	96.4%	Improving	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Nov 2025	2,976	Improving	n/a	Trajectory met	Assure

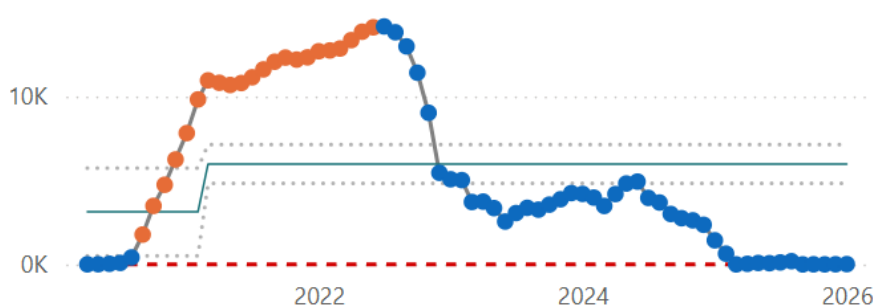
Alert
(may require discussion)
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

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

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

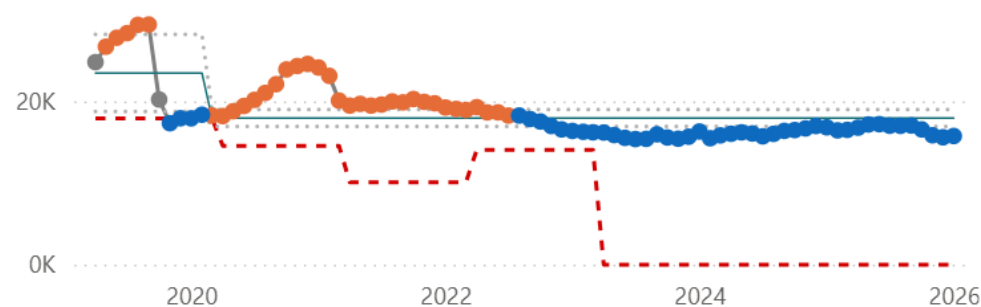
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 - - Target
 ● Ambition

Patients waiting >52 weeks for first outpatient appointment



Performance shows improving variation. There were 16 breaches in January 2026. Breaches have significantly reduced from the June 2024 peak (4,930).

Follow up outpatient appointments delayed over 100% past target date



Performance shows improving variation. There were 15,753 follow ups delayed over 100% past their target date in January 2026.

Key challenges / issues

- The Health Board recorded zero 52-week waits for a first outpatient appointment across all specialties apart from General Medicine & Care of the Elderly (COTE) (16) at the end of January 2026, due to having insufficient orthogeriatric staff capacity to meet the demand.
- Most specialties are expected to maintain targets, with recovery funding prioritised for Ear, Nose & Throat (ENT), Neurology, and Rheumatology.
- Active management and triage of referrals has resulted in no waiting list growth, whilst a large reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future.
- Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.

Key actions / initiatives

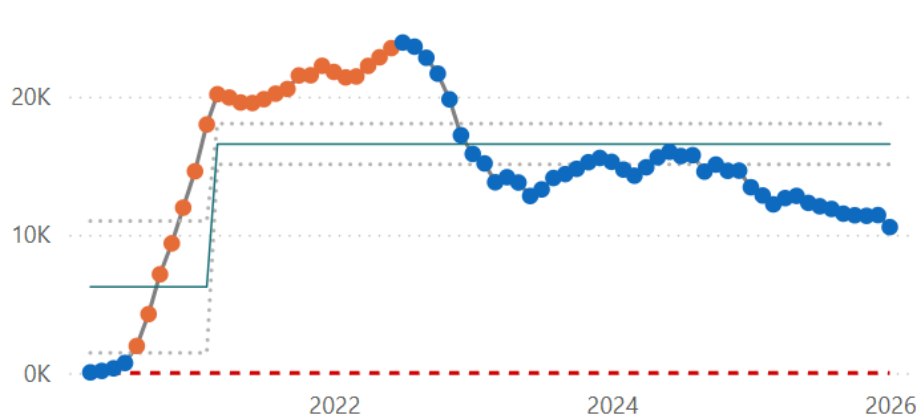
- Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).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

Due date

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

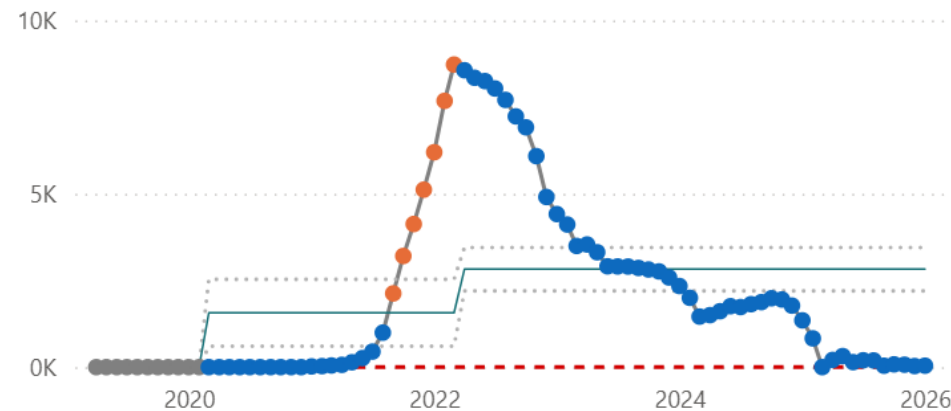
- Key**
- Improving variation
 - Usual variation
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Patients waiting over 52 weeks from referral to treatment



Performance shows improving variation. The 10,555 breaches in January 2026 is the lowest in over five years.

Patients waiting over 104 weeks from referral to treatment



Performance shows improving variation. There were 42 breaches in January 2026. 99.9% of our patients are now waiting less than two years from referral to treatment.

Key challenges / issues

Key actions / initiatives

Due date

- Due to a reduced level of theatre staffing and cancellations, ENT (19) recorded breaches over 104 weeks for RTT. The 16 breaches in Orthopaedics relate to complex patients requiring additional multi-disciplinary team review and non-arthroplasty specialist treatment (i.e., upper limb). The 5 breaches in Gynaecology relate to equipment failure in Theatre and the 2 breaches in General Medicine relate to specific orthogeriatric diagnostic requirements.
- Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, impacting treatment timelines.
- Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and pre-op process variations across specialties.
- Additional risks include prioritisation of cancer backlogs, and urgent cases consuming rescheduled theatre slots.
- Inpatient/day case activity exceeds pre-pandemic levels, but challenges remain with late starts, early finishes, and fallow (non-utilised) theatre lists due to workforce constraints.

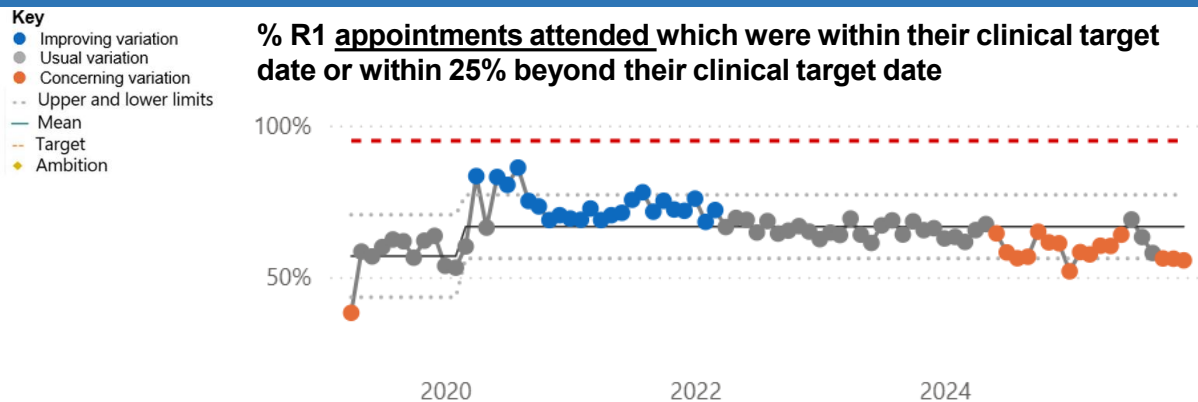
- Specialties are working to maintain and improve their 104-week positions into quarter 4 2025/26, the ambition being to clear all breaches.
- The directorate continues to focus on maintaining waiting time targets in 2025/26 using demand and capacity forecasts to highlight risks and guide funding allocation.
- Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties. This includes a full staffing review and implementing evidence-based guidelines on appropriate staffing and list loading per procedure bundle with a view to eliminating variation between sites. The Theatre steering group will also be looking at theatre utilisation of funded sessions.
- 2026/2027 demand and capacity plans are developed alongside the annual planning requirement.

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

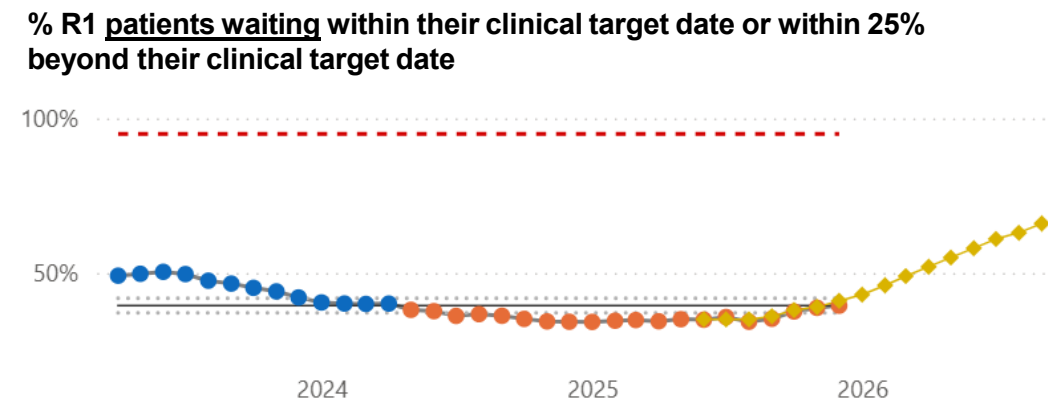
Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

Planned Care Recovery



Performance shows concerning variation, with December 2025 (55.5%) marking the fifth consecutive month of decline.



Performance shows concerning variation; however, December 2025 (39.4%) marks the fourth consecutive month of improvement.

Key challenges / issues

Key actions / initiatives

Due date

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

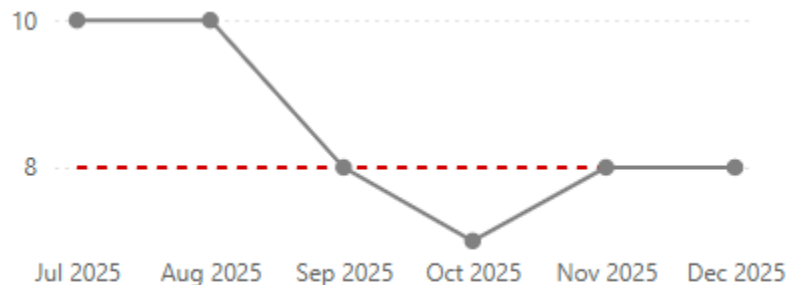
- Monies awarded to improve the patients waiting target have been utilised to onboard and train the necessary staff to improve this trajectory. More activity is being incrementally introduced. The next key action is to recruit the replacement SAS doctor in North Road Eye Clinic (NREC) to increase delivery. The second key action is to move the Intravitreal (IVT) service into Amman Valley Hospital (AVH) outpatients 5 days a week, meeting went ahead on the 12th January 2026.
- Outpatient staff requirements outlined in annual planning cycle to build into Ophthalmology staffing model, with the intention of Ophthalmology staffing the blue suite in Glangwili Hospital (GGH) entirely. This will allow for the incremental increase in clinic delivery by 11 sessions per week. This requires staff to be recruited and trained in Ophthalmology.
- Two regional consultant posts have been out to advert and interview date confirmed for 13th March 2026. Two SAS doctor posts are out to advert, closing date 22nd February 2026. One part time SAS agency doctor in post for four-month period to cover work break.

01/06/26
28/02/27
01/07/26

Key

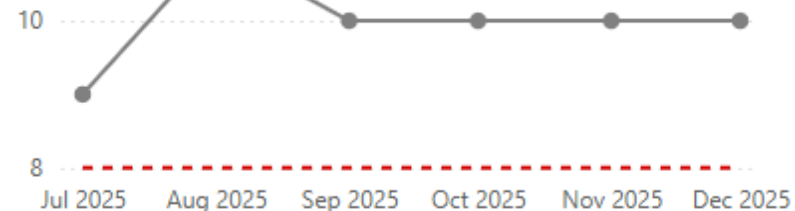
- Improving variation
- Usual variation
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- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In December, the median response time was 07:56 minutes for ARREST (Purple) Calls.

Median emergency ambulance response time to red: emergency category calls



In December, the median response time was 10:20 minutes for RED (Emergency) calls.

Key challenges / issues

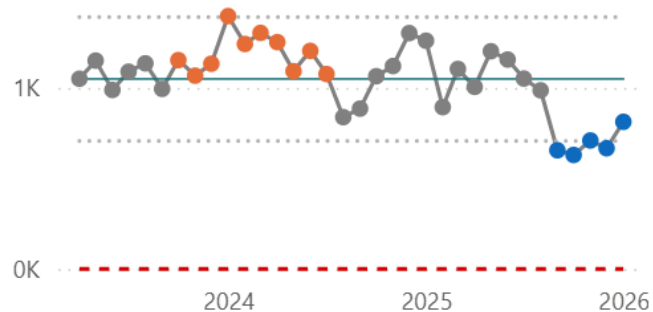
- As of the 2nd December 2025 further response category changes are being introduced and AMBER and GREEN calls will now be categorised as ORANGE now, YELLOW soon, GREEN planned, with further integration with remote clinicians aimed at admission avoidance and directing patients correctly at first point of contact, either through 111 or 999.
- Overall attended demand in Hywel Dda Health Board area for January 2026 on average has been above forecast.
- Hospital delays in ambulance hand over for WAST ambulance crews, 2,436 hours lost at the 4 acute Hywel Dda hospital sites during January 2026, slightly worsening from December 2025 by around 400 hours.
- There were 9 Immediate Vehicle Release (IVR) requests in January 2026, with one declined, resulting in an overall rate of 88.9%.

Embedded improvement actions

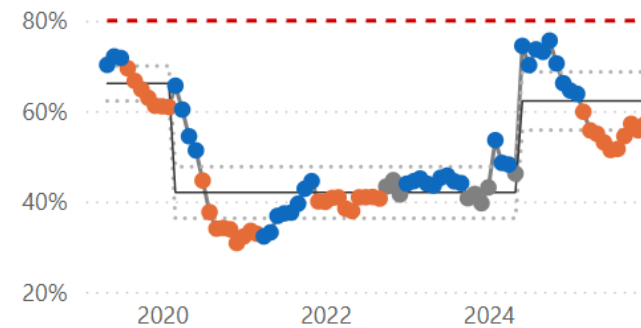
- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST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

- Key**
- Improving variation
 - Usual variation
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Ambulance handovers taking over 45 minutes



Ambulance handovers taking over 4 hours



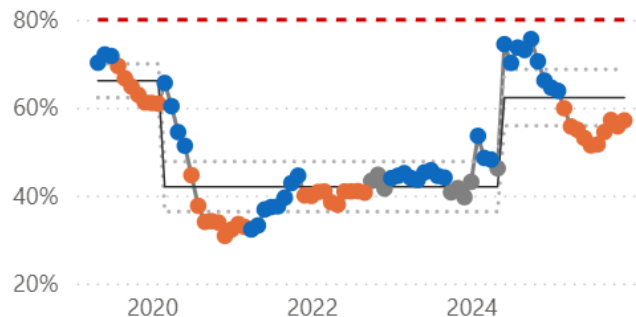
>45 Minutes handovers:

Latest data is showing improving variation
813 handovers > 45 minutes out of a total of 2,160 handovers.

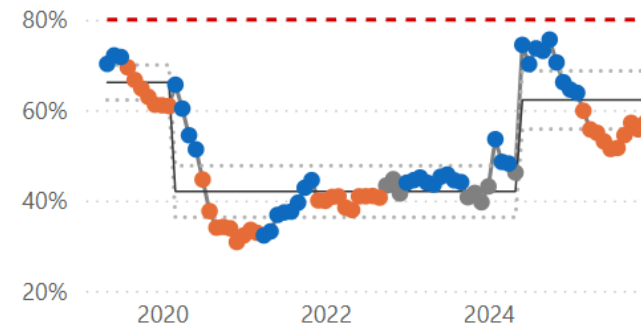
>4 hours handovers:

Latest data is showing improving variation. 195 handovers > 4 hour out of a total of 2,160, 9%.

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



Patients waiting over 12 hours in A&E/MIU



Waits < 4 hours:

Latest data is showing improving variation.
72% of patients were seen within 4 hours, 10,270 out of 14,264 new attendances.

Waits > 12 hours:

Latest data is showing concerning variation.
1,368 patients waited over 12 hours, out of 14,264 new attendances, 10%.

Key actions / initiatives – tactical urgent and emergency programme

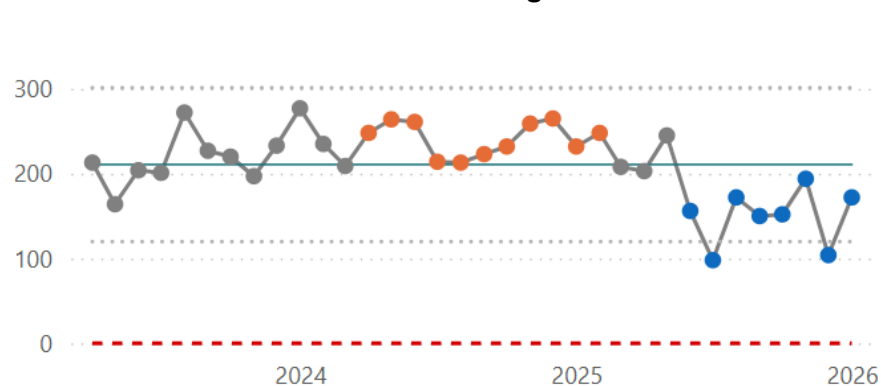
In response to long-standing performance challenges within Urgent and Emergency Care (UEC) which has resulted in sub-optimal patient experience and performance, the Executive Team has issued a series of instructions to be enacted at pace, in order to deliver a step change improvement, known as the UEC Accelerated Transformation Programme. The primary aim of the programme is to minimise attendance at an ED by providing appropriate, alternative pathways for patients. Welsh Government asked all health boards to take urgent, focused action to improve patient flow and reduce delays to discharge of patients from our care. The first Early and Weekend Discharge Winter Sprint Fortnight ran from 8–22 December and aimed to strengthen resilience across both health and social care. Working in partnership with teams across our whole system, including our local authorities, is crucial in enabling better patient outcomes and experience, reduced harm from delays, and more beds available for those who need them most. A second Winter sprint is planned for 21 January – 4 February 2026, allowing us to apply learning from the 1st sprint to those areas maintained, those that deteriorated and allowing a focus to sustained improvement.

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

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

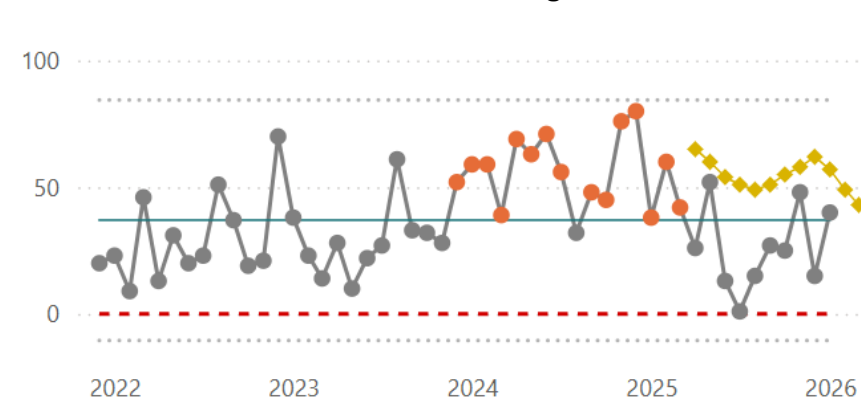
- Key**
- Improving variation
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Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 172 handovers >45 minutes reported out of a total of 424 handovers, 40.6%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 40 handovers >4 hours was reported out of 424 total handovers 9.4%.

Key challenges / issues

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

Key actions / initiatives

- Second winter sprint initiative held 21 January – 4 February 2026. Review outcomes and learning to support further improvement actions

Due date

28/02/26

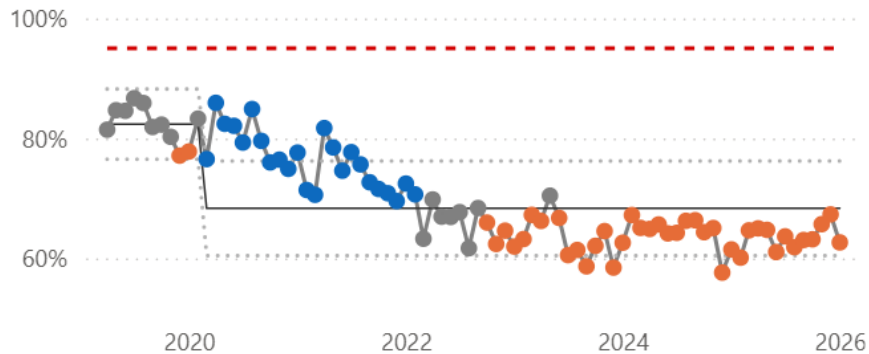
Embedded improvement actions

- Targeted 45 minute ambulance handover plan.
- Ongoing monitoring and adjustment of processes to support patient flow.
- Optimisation of all community capacity with proactive daily management of all clinically optimised patients (no longer requiring acute care) via integrated working across the Ceredigion acute and community system.
- Clinical Steaming Hub vetting all medical referrals from GP Surgeries to avoid admission where possible

Key

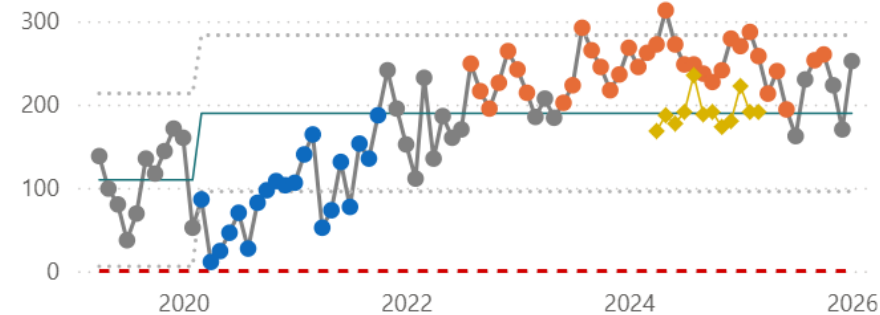
- Improving variation
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Patients waiting less than 4 hours in A&E



62.7% reported for January, 886 breaches out of 2,373 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



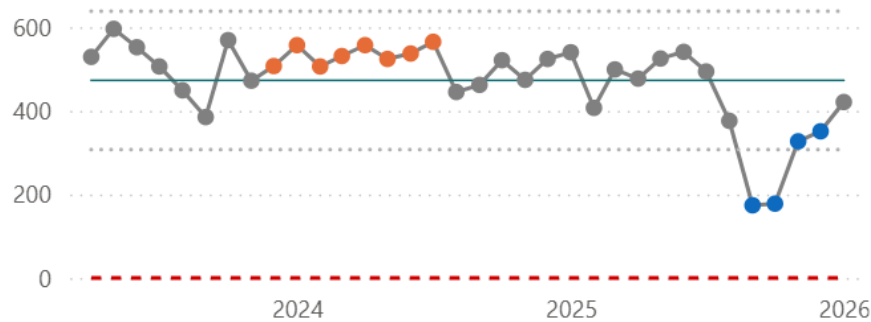
252 breaches out of 2,373 new attendances, 10.6%. The chart is showing usual variation.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Sustained high volume of bed occupancy, surge (pressure above capacity) and boarding at risk patients throughout January. Lack of physical space within the emergency department (ED) to allow rapid handover of ambulances. Early repatriation of pathway patients from referring hospitals continues to encounter delays. High volume of clinically optimised patients across ward areas. Barrier patients due to infection control demand. Lack of side rooms across the site can often mean that patients have to remain in side rooms in majors/minors (emergency department). 	<ul style="list-style-type: none"> Second winter sprint initiative held 21 January – 4 February 2026. Review outcomes and learning to support further improvement actions. Pilot to explore a pop up Same Day Urgent Care (SDUC) on the Bronglais hospital site 	<p>28/02/26</p> <p>28/02/26</p>
Embedded improvement actions		
<ul style="list-style-type: none"> Targeted 45 minute ambulance handover plan. Ongoing monitoring and adjustment of processes to support patient flow. Optimisation of community capacity with proactive daily management of all clinically optimised patients. Clinical Streaming Hub taking medical referrals from GP Surgeries to avoid unnecessary admissions where possible. Decision made to embed this permanently. 		

Key

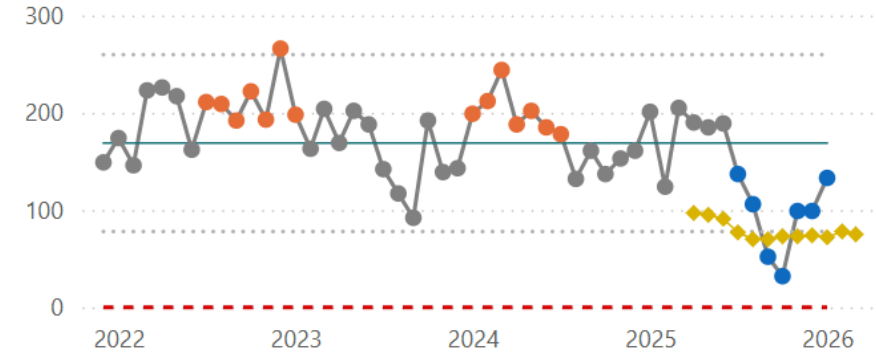
- Improving variation
- Usual variation
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- Upper and lower limits
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- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing usual variation. 421 handovers >45 minutes reported out of a total of 806 handovers, 52.2%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 133 handovers >4 hours reported out of a total of 806 handovers, 16.5%.

Key challenges / issues

- Emergency Department remains at high risk due to overcrowding and continues practice of corridor care.
- Boarding high number of non-ED patients within the département, which leads onto lack of physical space to handover patients in a timely manner.
- There has been a growing medical staffing deficit. High reliance on locum staff to fill the shifts (when possible).
- Increase prevalence in infection, prevention & control (IP+C) cases, which has blocked cubicles. It needs to be recognised cleaning of such cubicles when vacated takes longer than usual.
- There has been an increase in the demand this year than last year.
- The Carmarthenshire system has not had the Advanced Paramedic Practitioners navigator to review the ambulance stack on a consistence basis due unfilled rotas
- GGH declared risk escalation of 25/5 BLACK (the highest level of operational escalation) on many occasions throughout the month of January 2026

Key actions / initiatives

- Second "Winter Sprint" actions in progress. Will review data and the report from the NHS Wales performance and Improvement Team
- Same Day Emergency Care (SDEC) has increased opening hours 8am to 8pm, Monday to Friday

Due date

06/02/26
27/02/26

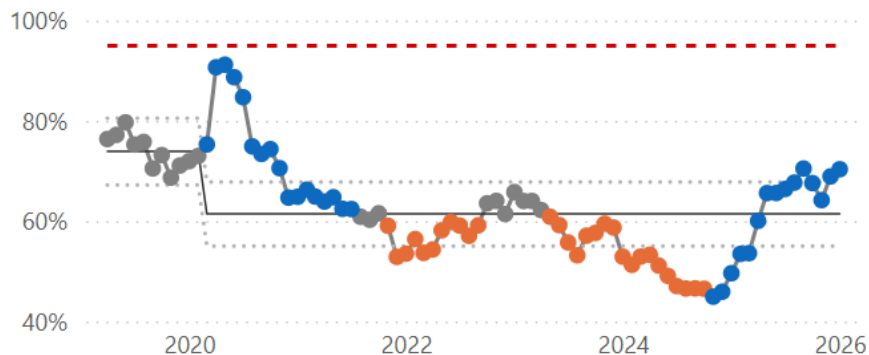
Embedded improvement actions

- Medical staffing deficits being reviewed daily. All leave scrutinised, balancing the need of the service without causing staff "burnout."
- Targeted 45mins handover plan with ongoing monitoring, to support patient experience and flow.
- Maintaining close working relationship with WAST, community, local authority and primary care. To aid in the process of sign posting patients to the correct care provider.
- Working collaboratively with Health Board patient flow unit to add in patient flow and repatriation of patients to the correct hospitals

Key

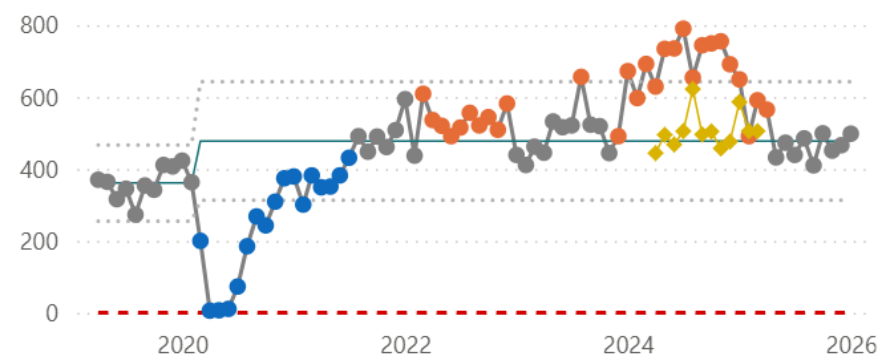
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



70.3% reported for January, 1,315 breaches out of 4,434 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



498 breaches out of 4,434 new attendances, 11.2%. The chart is showing usual variation

Key challenges / issues

- Overcrowding in the department has reduce the physical space for the teams to see and treat patients in a timely manner.
- GGH has declared risk escalation of 25/5 BLACK (the highest level of operational escalation) on many occasions throughout the month of January.
- ED staff deficits and skill mix overnight have proved challenging contributing to lengthy waits for ED Clinician.
- The wards have surged and boarded to their full capacity.
- Lost beds noted throughout the month of January due to IP+C outbreaks, loosing capacity to transfer patients out of ED.
- Hight number of clinically optimised patients across all ward areas.

Key actions / initiatives

- Ambulance REDLINE protocol completed and to be presented to the next Carmarthenshire system Governance meeting. Protocol ensures patient receives right care for their needs.
- Embedding the Miya Flow pull model. Miya Flow is now being actively used to support real-time pull from ED, improving visibility and patient movement.

Due date

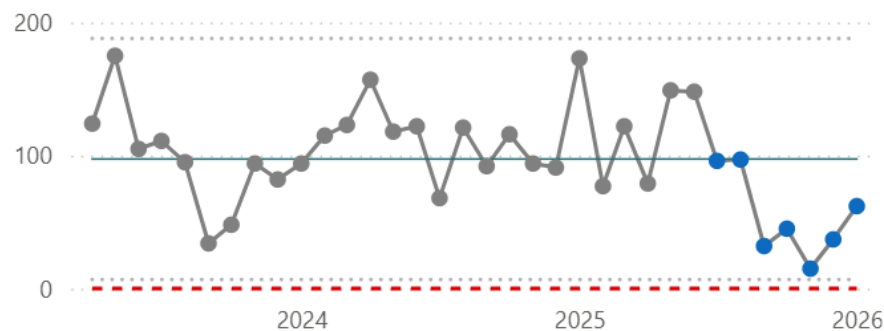
- 31/03/26
- 28/03/26

Embedded improvement actions

- Ongoing recruitment process being followed.
- BLACK action and de-escalation plan developed and followed.
- IP+C outbreak meetings held to scrutinize the situation.
- Risk assessment completed regarding boarding patients.

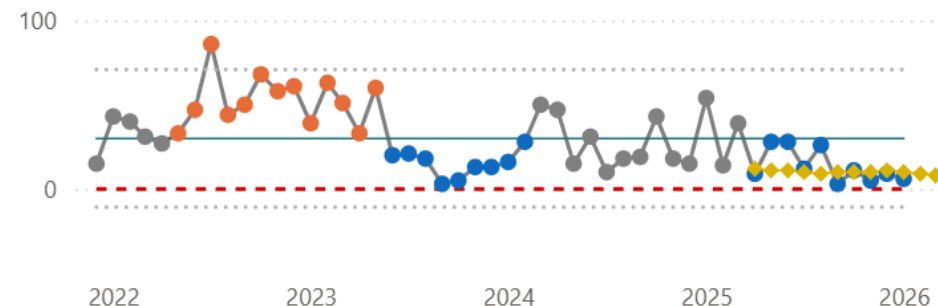
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 62 handovers >45 minutes reported out of a total of 289 handovers, 21.5%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 6 handovers >4 hours reported out of a total of 289 handovers, 2.1%.

Key challenges / issues

- Continued front door pressure resulting in very limited capacity at point of handover. Given the time of year, means area highly impacted with issues around IP&C (Infection Prevention and Control).
- We are continuing to maintain handover 45 handover internal target which enabled us to handover ambulances within a timely manner however, this continues to add pressure internally on our ward areas where we surged as a result. IPC also playing a part in delays as areas are required a deep clean more often.
- Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to Acute Medical Assessment Unit (AMAU) remains, these patients are discussed daily in site flow calls and tracked until transferred
- Boarding protocol (Our next patient) where patients are moved early to areas where discharges or query discharges have been identified at escalation points via patient flow meetings and manager of the day escalation.

Key actions / initiatives

- SDEC (Same Day Emergency Care) continue to support AMAU/MIU to reduce pressure at the front door. SDEC has opened throughout 2026 on weekends to provide additional support.
- “Sprint” week data being collected for evaluation into processes around patient flow and how to minimise delay and surge but better understand and implementing plans around flow.
- AMAU acute medical model is now fictional (1st Sep) to support early discharge at the front door, this team is now also supported by Acute Response Team who attend weekly to support the medical team in identifying patients for community support which enables faster discharge. Development of training posts are being discussed with updates due in March.
- Transfer of patients from MIU to AMAU - meeting in relation to patient handover criteria to be discussed in February, to support this pathway and enhance flow of patients.

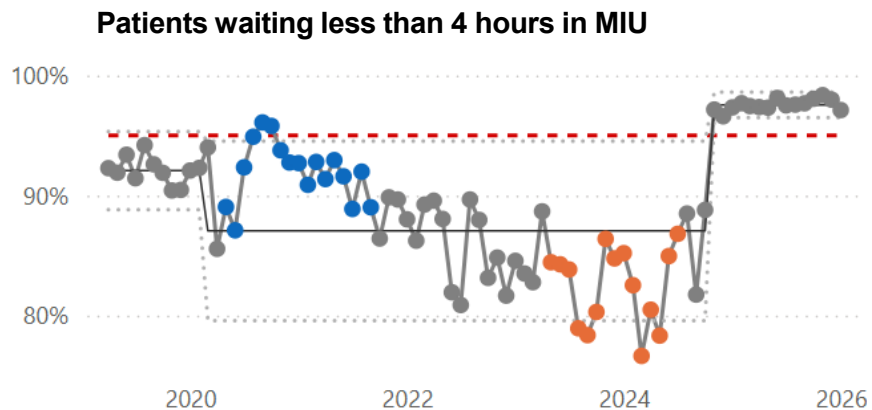
Due date

28/02/26
 28/02/26
 31/03/26
 28/02/26

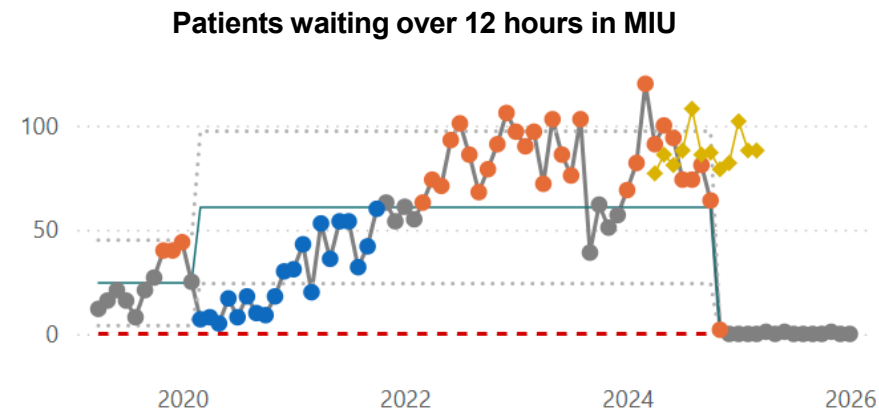
Embedded improvement actions

- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Development and implementation of ‘Our next patient’ operation procedure now active in AMAU to ensure that each patient is assigned to the right ward so they can receive specialist care in a timely manner under the care of the appropriate team.
- Immediate ambulance release is still almost always supported only delay causes mentioned in key challenges change this.

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



97.1% reported for January, 67 breaches out of 2,324 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model.



Zero breaches out of 2,324 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

Key challenges / issues

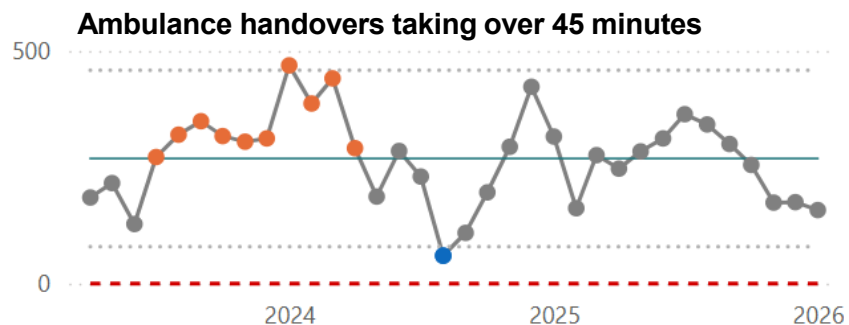
- We continue to monitor numbers, and our Minor Injury Unit (MIU) new patient attendance has returned to similar levels prior to closing overnight. (since November 2024) There has been a significant decrease in the number of patients presenting with major complaints although they do still happen on a regular basis. However, the overall decline in trend continues to be the case with a small number of medical patients presenting. Patient type is being monitored in our morning flow meetings.
- Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remain a challenge with around 40 patients a day. The level of patient group does have a negative effect on flow and impacts the ability to create flow through the hospital resulting in delays for patients in MIU requiring a bed.
- Medical “Hot Clinic” have grown in frequency with an additional general medicine hot clinic being added to the rota for each Monday in January to support with pressures.
- Given winter months clinical flow has been compromised through departments due to IPC issues on a number of wards in 2026.

Key actions / initiatives

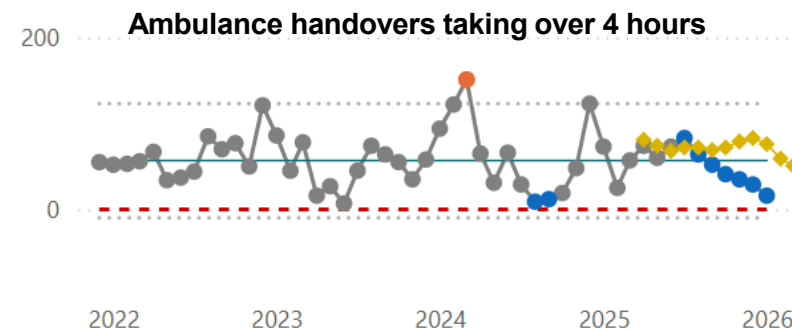
- | | |
|--|----------|
| <ul style="list-style-type: none"> • Consultant Connect system went live on 1st September 2025 awaiting first data pull due early 2026, this remains the case. | 28/02/26 |
|--|----------|

Embedded improvement actions

- Locum consultant has created weekly hot clinics. These allow for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance. Additional General Medicine clinics extended into February.
- SDEC has been open throughout January on weekends to support acute medical take in both PPH and GGH. Agreed referral pathways between sites has been implemented.
- Ongoing work with community colleges in early discharge planning. The use of “Hospital at Home” to create a wraparound service enabling community GP’s to refer into SDEC out of hours / weekends for SDEC, to treat and refer back into the virtual ward.



Latest data is showing usual variation. 158 handovers >45 minutes reported out of a total of 641 handovers, 24.7%.



Latest data is showing improving variation. 16 handovers >4 hours reported out of a total of 641 handovers, 2.5%.

Key challenges / issues

Whole-system risk sharing to improve ambulance handovers

Teams across ED, Medicine, Wards and Site have worked together to share risk across the hospital, improving 45-minute handover performance, although this has increased internal surge and boarding.

Embedding the Miya Flow pull model

Miya Flow is now being actively used to support real-time pull from ED, improving visibility and patient movement.

Increased use of the discharge lounge

The discharge lounge is being used more consistently to create earlier flow and reduce ED congestion.

Additional General Medicine capacity

Short-term expansion of general internal medicine capacity (until end of February) is helping with earlier admissions and easing ED pressure.

Key actions / initiatives

- Evaluation of Miya utilisation at the end of March and consider quality improvement program of work to help embed product.
- Recruitment to Site Team (substantive) to help support daily operational flow.

Due date

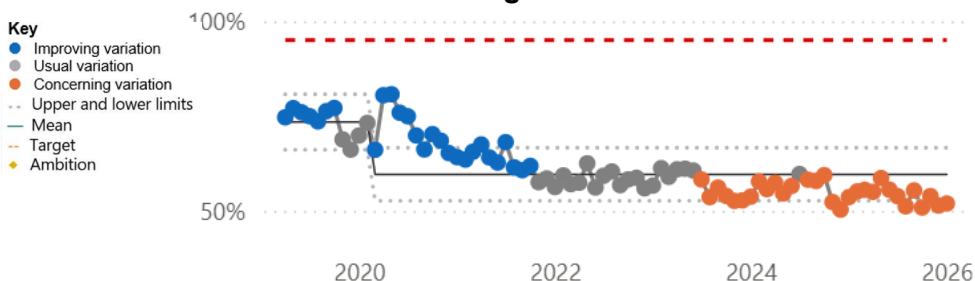
06/04/26

08/02/26

Embedded improvement actions

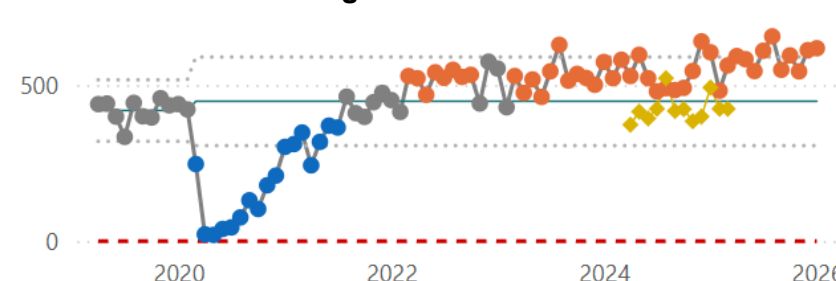
- Monitor impact of surge use and boarding on inpatient areas
- Site Team manager to provide daily early access to lounge before 1000hrs
- Confirmation of Ward 9 capacity until end of March.

Patients waiting less than 4 hours in A&E



51.9% reported for January, 1,712 breaches out of 3,562 new attendances. Chart is showing concerning variation.

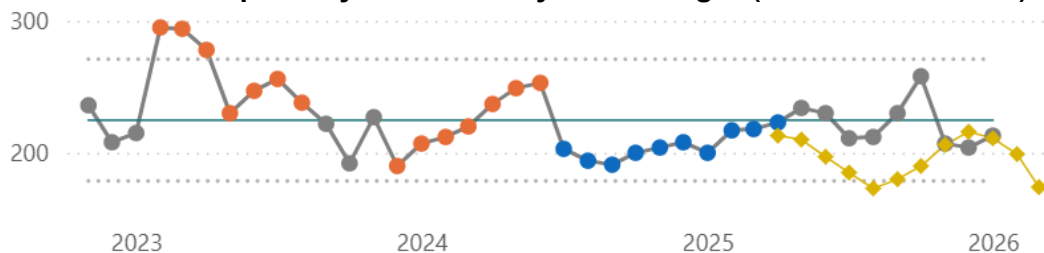
Patients waiting over 12 hours in A&E



618 breaches out of 3,562 new attendances, 17.3%. Chart is showing concerning variation.

Key challenges / issues	Key actions / initiatives	Due date
<p>Senior Clinical Decision-Maker Gaps Insufficient Emergency Medicine senior doctors limits the department’s ability to carry out early senior triage and rapid redirection of patients. This directly affects the 4-hour performance, as early senior input is one of the strongest predictors of avoiding long waits. Upcoming additional gaps in the senior rota risk further deterioration.</p>	<p>Immediate Mitigation of Senior Gaps</p> <ul style="list-style-type: none"> Secure short-term locum and agency senior clinical decision-maker cover to stabilise the rota and maintain safe senior presence at key times. Use site-level oversight to prioritise senior cover during peak arrival and high-risk hours. <p>Joint Consultant Recruitment with GGH</p> <ul style="list-style-type: none"> Progress joint recruitment campaign with Glangwili General Hospital (GGH) for Emergency Medicine Consultants to strengthen cross-site resilience. Develop a shared promotional package and rota model to improve attractiveness of posts. 	<p>03/03/26</p> <p>20/04/26</p>
<p>Middle Grade Instability Ongoing recruitment challenges at middle-grade level mean rota fragility continues. Middle grade doctors are essential to maintaining flow, particularly in evening and overnight periods when surges occur. Reduced middle-grade presence increases delays in assessments and treatment decisions, leading to:</p> <ul style="list-style-type: none"> Breaches early in the day (due to morning backlog) Compounding effect across the full 12-hour pathway. <p>This is the single biggest driver of 12-hour breaches.</p>	<p>Middle Grade Recruitment & Alternative Models</p> <ul style="list-style-type: none"> Re-advertise middle grade posts with updated advert and improved offer. In parallel, develop alternative staffing models, including: <ul style="list-style-type: none"> Advanced Clinical Practitioners (ACPs) Specialty and Associate Specialist (SAS) doctors Senior decision-maker support via cross-cover arrangements Enhanced nursing roles for front-door streaming 	<p>13/02/26</p> <p>30/03/26</p>
<p>High Hospital Occupancy Wards operating above safe occupancy (>95%) result in:</p> <ul style="list-style-type: none"> Limited bed availability Slower admission turnaround Patients held in ED for hours awaiting a bed 	<p>Implementation of Miya Flow to Support Pull Model</p> <ul style="list-style-type: none"> Fully implement and champion the Miya Flow digital visibility tool (patient journey) to support real-time demand (pull) from ED to inpatient wards. Train all wards on utilisation and embed the “your next patient” pull principle to reduce boarding and improve patient progression. <p>Additional General Medicine Capacity</p> <ul style="list-style-type: none"> Maintain expanded General Medicine bed capacity (open until end of February) to relieve ED congestion and reduce admission delays. Use this temporary capacity to: <ul style="list-style-type: none"> Reduce ED boarders Improve time to inpatient bed Mitigate 12-hour breach risk 	<p>02/03/26</p> <p>28/02/26</p> <p>28/02/26</p>

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



- Number of pathway of care delays as at 21st January 2026 census was 213 patients and the chart shows usual variation.
- The total days delayed for non-mental health decreased for the third consecutive month in January to 7,633 days.
- Mental health and learning disability delays decreased from 1,244 in December to 787 in January.
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patients delayed in one of our hospitals, regardless of their area of residence i.e. will include patients living outside of Carmarthenshire, Ceredigion and Pembrokeshire.

Key challenges / issues

Non-mental health

- Wider system pressures, both in-hospital and in the community, combined with staff sickness and infection prevention and control measures have impacted on PoCD.
- High levels of acuity, patient and family/ carers expectation driving the need for nursing, joint and continuing healthcare assessments.
- Acuity, hospital acquired deconditioning and limited access to the appropriate level of rehabilitation due to allied health professions (AHP) staffing position in hospital sites across the health board are contributing to the number of patients needing AHP assessments, reablement and new packages of care to support hospital discharge.
- Availability of care home beds in the community for nursing, residential and dementia care, and timely visits/assessments by care home managers to provide and outcome remains a challenge.

Mental health & learning difficulties

The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for January 2026 is 17, this is an improved figure of 1. This includes 18 discharges from last month, 5 who remain PoCD and 12 new patients identified as medically optimised. The patients are categorised as follows, older adult 12, a decrease of 2, adult 5, an increase of 1 and 0 for learning disability, which is unchanged from last month.

Key actions / initiatives

Non-mental health

- Winter Resilience Incident Management Group In-hospital Cell working with hospital sites and local authorities to support timely hospital discharges.
- Welsh Government monies being utilised by local authorities to increase social work, reablement, and domiciliary care capacity across the system.
- Task and finish group established to drive forward TA audit recommendations.
- Carmarthenshire rehabilitation pathway being developed

MH&LD

The position in respect of patients who have a length of stay over the 90 and 100 day threshold for Mental Health is a significantly improved position, there are now 2 patients who are above this threshold, there were 5 last month. In summary, there are 17 medically optimised patients which is an improved position as there were 18 patients discharged last month. There is also a significantly improved position in respect of patients breaching the 90- and 100-day length of stay threshold.

Due date

28/02/26

28/02/26

31/03/26

31/03/26

31/03/26

Embedded improvement actions

Non-mental health

- Optimise and embed trusted assessor (TA) models- especially around mental capacity.
- Ongoing focus on preventing hospital-based deconditioning
- Regional Pathway of Care Action plan being reviewed and integrated PoCD Steering group in place

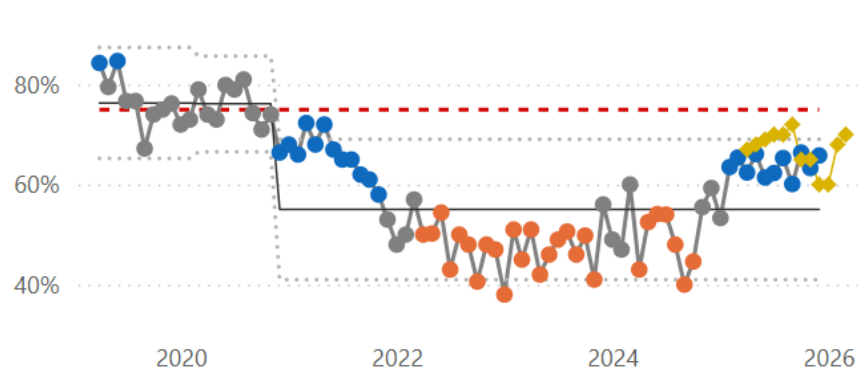
Single Cancer Pathway

(Enhanced monitoring condition and Ministerial priority)

Key

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

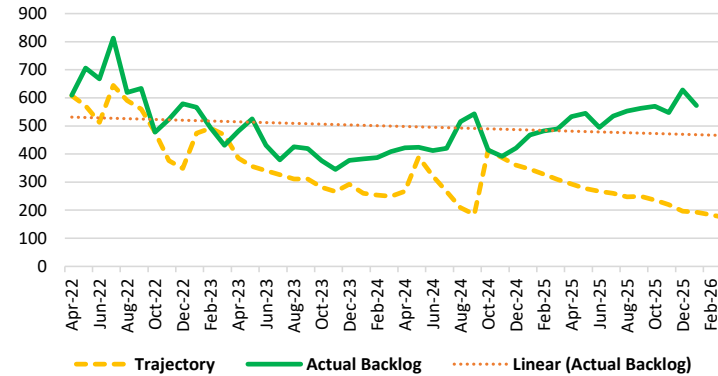
% single cancer pathway patients starting treatment within 62 days



In December 2025, performance was 65.8% against the trajectory of 60%. Urology continues to be our most challenged pathway with 285 patients waiting over 62 days. 290 patients were waiting in excess of 104 days for investigations or treatment (where needed). It is important to note that not all patients waiting will have a confirmed cancer diagnosis.

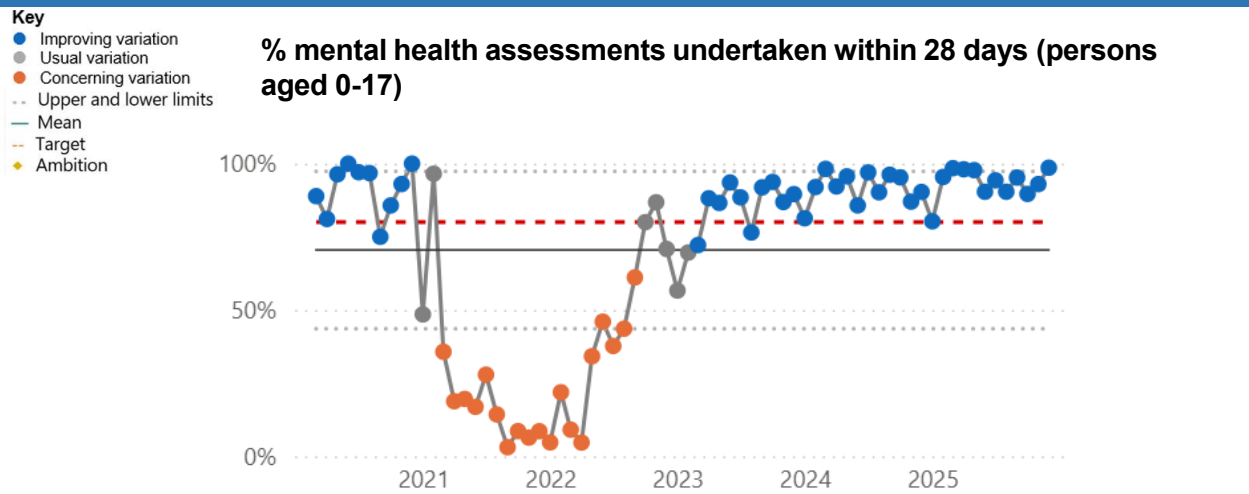
Number of single cancer pathway patients waiting over 62 days

Single cancer pathway backlog



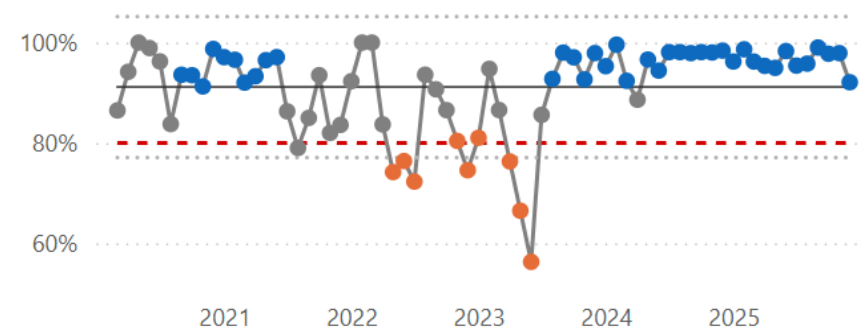
In January 2026, 573 patients were waiting over 62 days on the single cancer pathway. Improvement trajectories have not been met for over 12 months.

Key challenges / issues	Key actions / initiatives	Due date
<p>Single cancer pathway Overall treatment activity in December: 256 patients started treatment within 62 days, 133 patients were waiting over 62 days. First treatment rates decreased by 36 patients.</p>	<p>Outsourcing MRI scans for prostate patients started in November 2025. This equates to 20 patients a week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed.</p>	31/03/26
<p>Backlog and Diagnostics To meet the 28-day diagnostic target, the testing components of the pathway must be provided within 7 days.</p>	<p>Piloting the use of the Galeas Bladder Test – 300 patients. Delayed from January 2026 to February 2026</p>	28/02/26
<p>In December 2025, the implementation of the new Radiology IT system caused delays at the reporting stage leading to a 2-week backlog of outsourced MRI scans.</p> <p>Capacity within the Pathology service was constrained due to workforce challenges. Recruitment has taken place which is expected to improve activity.</p>	<p>Outsourcing CT scans until March 2026. This equates to 260 CT scans a month, with a 7-day reporting turnaround.</p>	31/03/26



Latest performance of 98.6% is showing improving variation and the target of 80% was met.

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

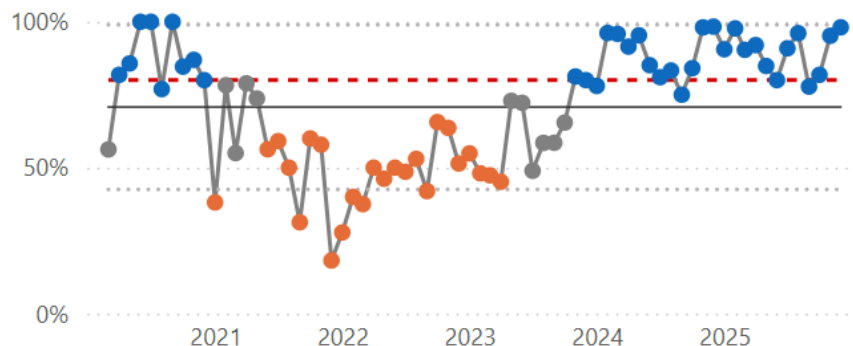


Latest performance of 92.1% is showing improving variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% mental health assessments undertaken within 28 days (persons aged 0-17): 98.6% (73 of 74) assessments undertaken within target, an improvement on the previous month. Two staff members have returned from maternity leave.</p> <p>% mental health assessments undertaken within 28 days (persons aged 18+): We have seen an increase in referrals across our Carmarthenshire and Ceredigion teams along with a more complex patient profile which is increasing assessment time or requirement for follow up assessment appointments. This has impacted on the compliance percentage with a drop noted from last month.</p>	<p>% mental health assessments undertaken within 28 days (persons aged 0-17): Planned pilot of the “One At A Time” approach in the coming months with support from NHS Performance and Improvement. This is a structured intervention that provides meaningful support in one session.</p>	30/06/26
<p>Embedded improvement actions</p> <p>% mental health assessments undertaken within 28 days (persons aged 18+): We have gone out to recruitment for practitioner posts in both Carmarthenshire and Ceredigion to mitigate issues resulting from increased referrals and patient complexity. A review of assessment time slots will be undertaken to support increase in complex presentation in the meantime.</p>		

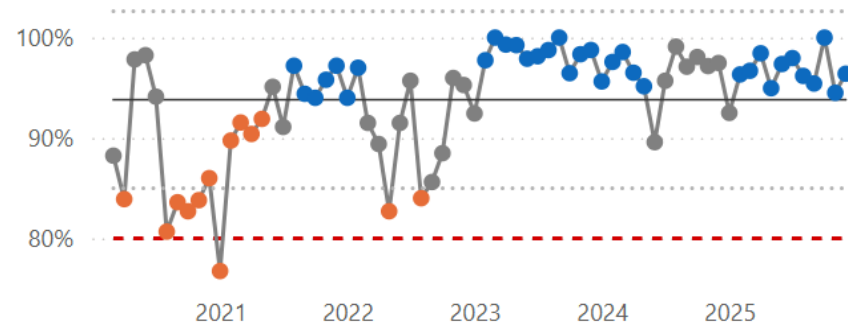
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



Latest performance of 98.1% is showing improving variation but the target of 80% was met.

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



Latest performance of 96.4% is showing improving variation and the target of 80% was met.

Key challenges / issues

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17)

98.1% (53 of 54) interventions commenced within target in December showing sustained compliance. This is supported by two staff members who have returned from maternity leave.

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

Compliance remains above the required target. Increased referral numbers are limiting the number of available treatment sessions, however, whilst the prediction in the decrease in compliance this month was correct, it remained above the 80% target. Estates access continues to be challenging across the three counties.

Key actions / initiatives

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

Planned pilot of the One At A Time approach in the coming months with support from NHS Performance and Improvement.

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

We have gone to recruitment for practitioner posts in both Carmarthenshire and Ceredigion to mitigate some of the issues above.

Due date

30/06/26

31/03/26

Embedded improvement actions

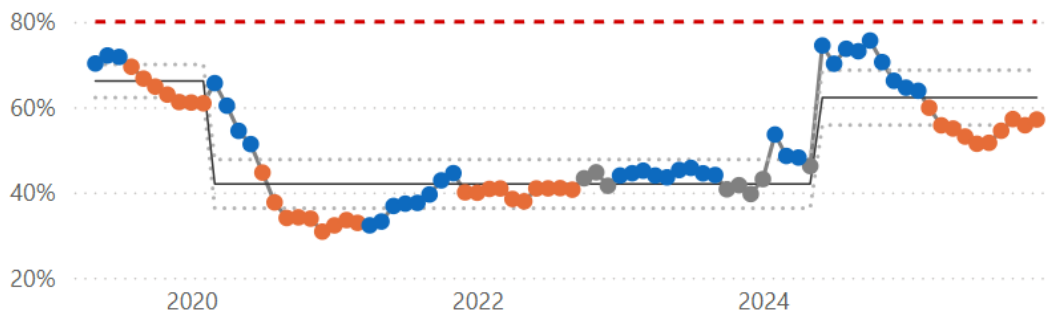
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)

Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector, SilverCloud digital options and our Primary Care Liaison Service which is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS, along with a focus on group interventions.

Key

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

% adults waiting <26 weeks to start a psychological therapy



Performance in December of 57.1% shows concerning variation and the target of 80% was not met.

- 427 out of 777 (55%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 7 out of 13 (53.8%) were waiting <26 weeks to start an adult psychology assessment;
- 43 out of 69 (62.3%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues

Adult Psychology Mental Health (AMH)

The percentage of patients waiting under 26 weeks for treatment improved in December. An improvement was expected following the successful recruitment of a Practitioner Psychologist who commenced on 6th October, based in an area in Carmarthenshire where there was no community provision.

Learning disabilities (LDs)

Long-term sickness, maternity leave and vacancies, particularly across Pembrokeshire and Ceredigion, are resulting in service fragility which is covered by other areas of the service as needed. There is a growing demand for complex Court of Protection work which is intensive and resource heavy. The reduction in skilled workforce in other areas, notably social workers/social care, has a significant impact in the increased workload within our field. Highly specialist complex assessments requiring therapeutic input and complex behaviour challenging assessment and treatment/intervention contributes to waits over 26 weeks.

Integrated Psychological Therapies Service (IPTs)

IPTS have seen an increase in compliance by 1% which is directly linked with the transition to the new service model. It has been identified that stabilisation and impact from the stepped model approach to high intensity will continue to support an improved trajectory moving forward.

Key actions / initiatives

AMH

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

LDs

- A project is underway to scope under 18s who potentially require a specialist LD service with pathways for earlier identification, education and engagement with families in children's services regarding the changes of legislation/transition from children to adult services including court of protection (CoP) and the Best Interest process. The new service model includes a co-ordinator for CoP cases who can link in with legal services, to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. This will be recruited into as part of our organisational change process.
- Develop the Memory Clinic pathway and the Behaviour that Challenges pathway which aim to upskill other colleagues to reduce lower-level demands on Psychology and Behaviour specialists.

Due date

31/03/26

31/03/26

31/03/26

31/03/26

Embedded improvement actions

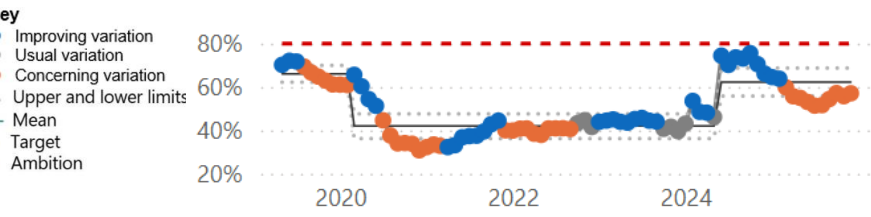
IPTS

- A number of high intensity evidence-based interventions are now in place with caps in therapy session in place.
- All therapists have job plans that are reviewed and updated to increase capacity of service where possible. Recruitment processes are in place to reduce potential impact from staff obtaining new posts in key areas.

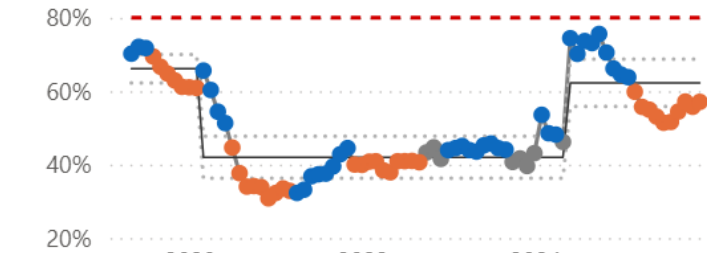
Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)

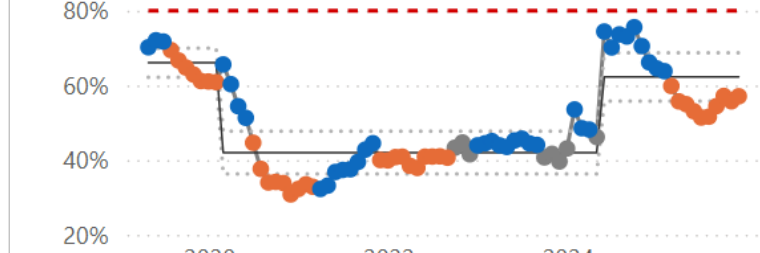
% children & young people waiting < 26 weeks to start a neurodevelopmental assessment



% children & young people waiting < 26 weeks: ASD



% children & young people waiting < 26 weeks: ADHD



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in December 2025 of 20.5% shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 525 of 3,578 (14.7%) patients were waiting for an assessment <26 weeks. 421 of 1,032 (40.8%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues

Attention Deficit Hyperactivity Disorder (ADHD)
 The longest wait for an ADHD assessment is currently 99 weeks with 162 waiting more than 52 weeks. The service has seen a 100% increase in referrals, resulting in a need to significantly increase core capacity where possible to achieve target. Despite this, demand continues to outweigh current core capacity even with a fully established medical workforce considered. Similarly, the demand for Quantitative Behavioural (QB) tests which forms part of the diagnostic pathway exceeds current capacity. Clinic room capacity across all sites remains a challenge. Long term solutions are being explored as part of the Bandi appeal and the reconfiguration of Puffin Ward.

Autism Spectrum Disorder (ASD)
 As of December 2025, there are 3,053 children and young people waiting more than 26 weeks for an ASD assessment. Demand continues to outstrip capacity. There are 2,442 individuals waiting more than 52 weeks. Demand for assessment remains consistently high with referrals averaging 114 per month. During 2025, 1,372 referrals were received. Significant progress is being made internally to bring about more efficiencies, but key challenges include the absence of a regional strategic action plan around neurodivergence and whole system buy-in to bring about sustainable change. Current capacity does not allow for extensive regional stakeholder engagement and transformation.

Key actions / initiative

- ADHD**
- Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. 31/03/26
 - Increase core capacity through provision of additional QB Tests and follow up sessions. Currently only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers are trained to use. Funding streams being sought to support the purchase of additional devices. 31/03/26
 - Successfully appointed into a Locum Consultant Post at Bronglais General Hospital, awaiting confirmation of start date. 31/03/26
 - Continue to manage clinic capacity flexibly and maximise through rigorous job planning. 31/03/27
- ASD**
- Outsourcing contract in place from 6th February which will enable the completion of 585 assessments by 31st March to eradicate 3-year waits. 31/03/26
 - Review of administrative processes ongoing to ensure efficiency. 31/03/26
 - Review of service specification to ensure appropriate use of resources. 31/03/26
 - Data Sharing Provision with Pembrokeshire Local Authority in place with plans to expand across HB catchment area to improve relationships across teams and the overall quality of assessments. 31/03/26

Embedded improvement actions

- ASD**
- Pilot of Magic Notes AI scribe to support production of structured case notes due to commence on 9th February.
 - Three fixed-term posts have been made substantive. Waiting list Co-ordinator appointed and in post from 1st February.
 - Review of all clinical caseloads to ensure assessment process is completed in a timely manner.
 - Adverts for an Occupational Therapist lead and Neurodevelopmental practitioner live.

Diagnostic waits over 8 weeks

(Ministerial priority)

Key

- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

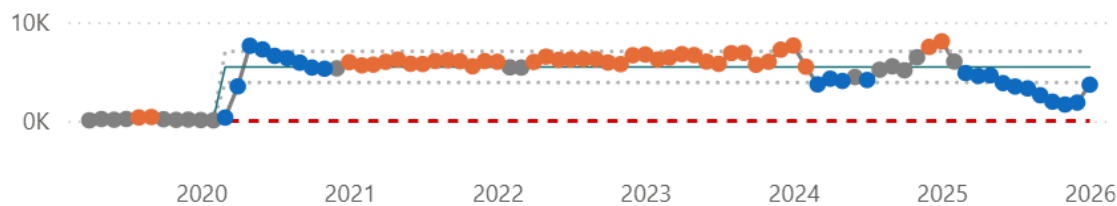
Assurance - performance against target

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

Trajectory - performance against our ambition

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

Patients waiting >8 weeks for a specified diagnostic



Latest performance is showing improving variation with 3,669 breaches in January 2026, highest breach position since June 2025.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All		3,669	●	■	n/a
Radiology		2,858	●	■	n/a
Cardiology		357	●	■	n/a
Endoscopy	Jan 2026	356	●	■	n/a
Imaging		71	●	■	n/a
Phys measure		27	●	■	n/a
Neurophysiology		0	●	■	n/a

Key challenges / issues

- Radiology**
- 2,931 breaches in total as of 6th February: Increase of 1,475 breaches since last update. In month increases in all modalities. Ultrasound experienced the largest 1,369.
 - Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
 - New Radiology system went live 01/12/25 causing decrease in activity, to allow for installation of system and staff training (urgent suspected cancer/emergency activity unaffected).
- Endoscopy**
- Gastrointestinal endoscopy breaches relating to the diagnostic conversions generated additional outpatient activity with no internal capacity to accommodate – circa 500 patients.
 - Capital replacement programme for old/fragile endoscope equipment.
 - Increase in Cystoscopy volume: additional insourcing of outpatient appointments and increasing referrals, inflating the waiting list by 300.
- Cardiology**
- Cardiac Myocardial Perfusion Imaging breaches decreased in January.
 - Increased Echocardiography breaches due to higher levels of staff sickness and list cancellations due to adverse weather.
 - 322 Echocardiogram breaches in January.
 - Breach increase in consultant-led Dobutamine Stress Echocardiogram and Transoesophageal Echocardiogram.

Key actions / initiatives

- Radiology**
- Computed Tomography staffing difficulties have resulted in a decrease in activity. Locum extension expected to ensure performance is maintained. Van procured for additional 6 weeks
 - Computed Tomography Van extended with additional funds to scan 250 additional patients per month.
- Endoscopy**
- Insourcing due to commence late February to uplift Gastrointestinal and Urology endoscopy / cystoscopy capacity – to accommodate the additional demand generated from the insourcing activity.
 - Galeas test for Bladder cancer in contract stage. Looking to go live at the end of February. This trial will alleviate the need for up to 25 Cystoscopies per week.
- Cardiology**
- Combined core and additional outsourcing commenced 18 September in partnership with Singleton Hospital. Working closely with teams to sustain and further reduce breach position.
 - Dobutamine Stress Echocardiogram: Breaches have increased. Continuing to collaborate across all sites to further reduce the breach position.
 - Additional outpatient project, commenced on 10 January aiming to deliver 1,344 additional patient appointments supporting stage 1 recovery and improve patient access.

Due date

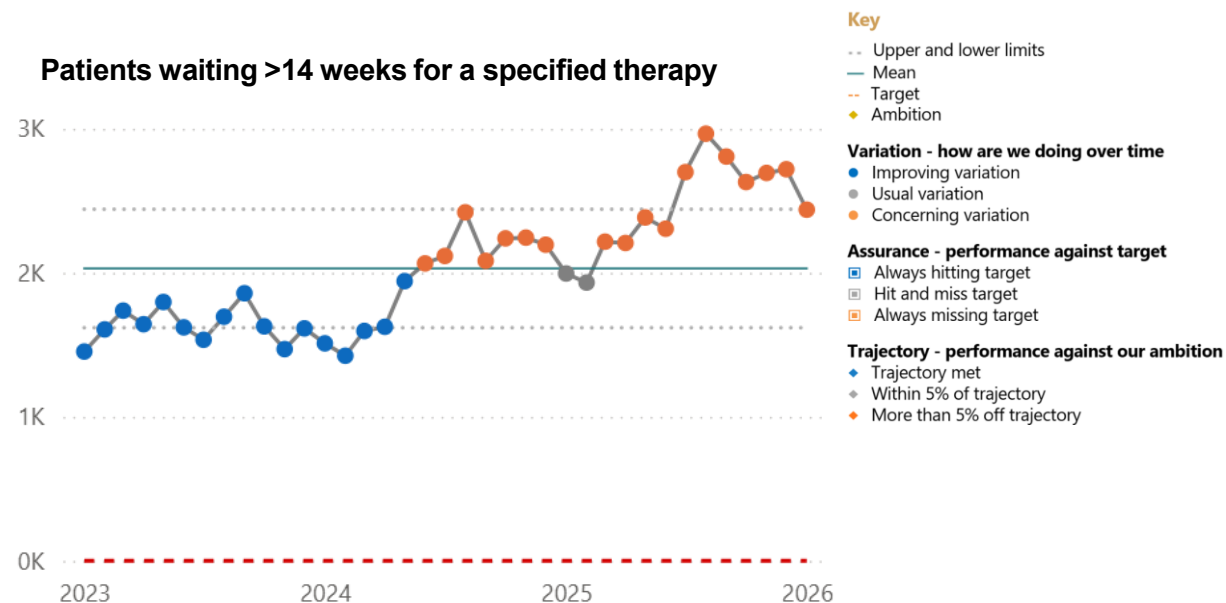
- Complete
- 31/03/26
- 31/03/26
- 31/03/26
- 31/03/26
- 30/03/26

Embedded improvement actions

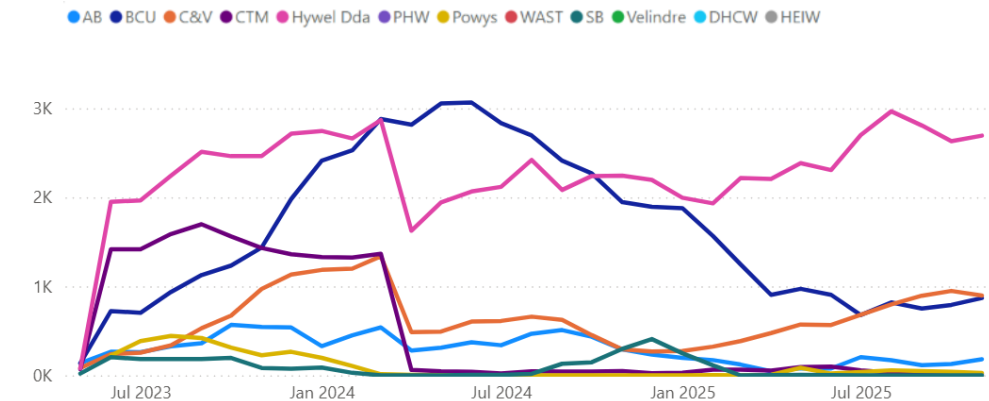
- Radiology**
- Non-Obstetric Ultrasound contract extended and additional capacity has been sought. Additional sonographers starting 02/02/26. Validation of waiting list is being undertaken, potentially 25% of patients may be removed.
 - Magnetic Resonance Imaging – 2 staffed scanners on site, one producing increased activity due to undertaking less-complex cases, and one producing decreased activity due to performing more-complex scans.

Latest performance is showing concerning variation with 2,438 breaches in January 2026, lowest figure since June 2025

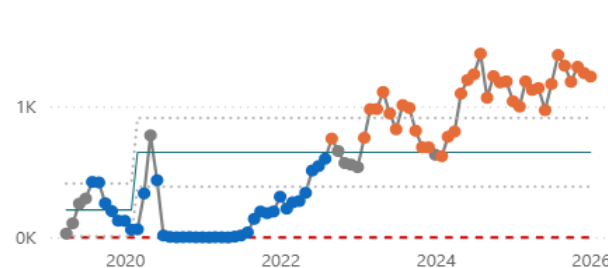
Patients waiting >14 weeks for a specified therapy



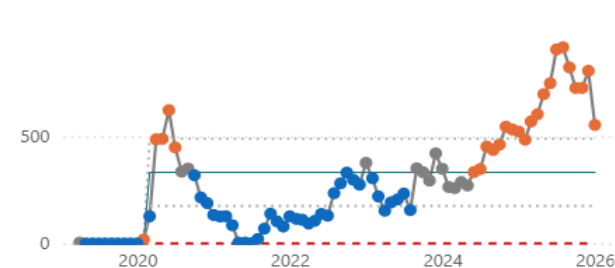
Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (November 2025)



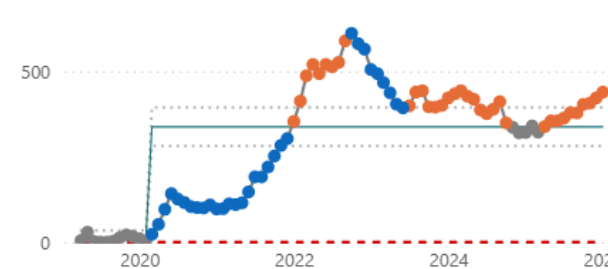
Number of patients waiting 14 weeks plus for Physiotherapy



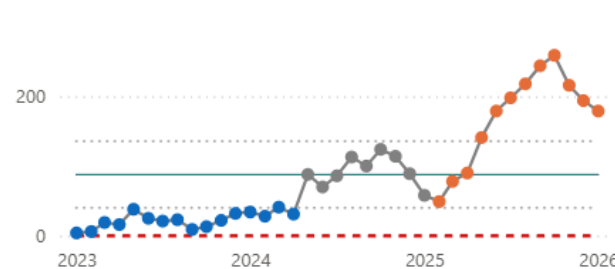
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



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



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	Jan 2026	2,438	●	□	58.6%
Physiotherapy		1,229	●	□	95.8%
Podiatry		554	●	□	70.2%
Occupational Therapy		439	●	□	14.4%
Dietetics		179	●	□	41.7%
Art therapy		34	●	□	n/a
Speech & Language Therapy		3	●	□	100%

Therapy waits over 14 weeks (continued)

(Ministerial priority)

Therapies

Key challenges / issues

Physiotherapy:

- 90% of breaches are within Musculoskeletal (MSK) specialty as demand is growing and is greater than capacity. Changes to Community Health Pathways and other national pathways (E.g. South Wales Spinal Network Guidance) are causing a shift of work from primary and secondary care towards community MSK Physiotherapy services.
- 9% of the remaining breaches are within community services and 1% in paediatrics.

Podiatry

- New patient referrals have increased by around 40% in the last six years without any additional funding while patient complexity has increased, evidenced by around a 15,000 decrease in patient contacts in same period.
- Podiatry is first point of contact/triage service for Orthopaedics and Vascular services.
- To meet modern expectations for timely assessments and interventions, the service now includes 7 Independent Prescribers and 5 Ultra sonographers, achieved through internal reconfiguration without additional funding.

Occupational therapy (Paediatrics):

- Increases in new referrals over the last 3 months contributing to ongoing challenges in addressing the current backlog. Our focus remains on prioritising urgent and non-urgent cases. We are assessing our current capacity and reviewing performance improvement plans.

Dietetics:

- Paediatric selective eating increased demand remains predominant reason for service waiting time breaches.
- Diabetes service vacancies have impacted.

Key actions / initiatives

Physiotherapy

- A standard operating procedure (SOP) for a targeted telephone triage pilot, for patients who could be signposted towards supported self-management has been developed. Further refinement of this process is now planned using PDSA (plan-do-study-act) cycles in order to test the effectiveness of clinical risk stratification and patient activation tools to broaden the scope of the project.
- Financial Control Group approval given to actively recruit Band 4 bank staff. Pending approval to advertise. Aim to complete recruitment cycle by 15th February 2026.

Occupational therapy (Paediatrics):

- Exploring ways to increase clinic capacity to reduce travel time across 3 counties and increase new activity.
- Continuing to explore options to increase capacity internally to manage current waiting list.
- Team increasing the number of sensory workshops for parents to improve volume of flow through the service
- Reviewing job plans within the service to maximise direct clinical capacity

Dietetics:

- Paediatrics: Work underway reviewing access criteria and service review (under new service leadership) to make long term recommendations for sustainable recovery.
- Diabetes: Recruitment complete, performance will improve following full induction.

Embedded improvement actions

Physiotherapy

- Full MSK service review being undertaken in collaboration with National MSK Network. Draft report received on 3rd November 2025, with a request from Health Board to review and comment. The latter has now been completed.

Podiatry

- In depth demand and capacity review indicated that the service was efficient, all staff on 10 session templates booked by office with electronic rota together with strong discharge and eligibility procedures in place.
- Significant skill mixing undertaken. Service review undertaken to strengthen management structure to maximize efficiency.
- Capacity: Basic demand and capacity analysis submitted which recommends three additional staff, with evidence base included to prove value of these additions. This information has been shared with Welsh Government via the Director of Operational Planning and Performance and Chief Operating Officer.

Dietetics:

- Paediatrics: Requirements to meet increased demand submitted as part of annual planning cycle.

Due date

31/08/26

15/02/26

28/02/26

28/02/26

30/03/26

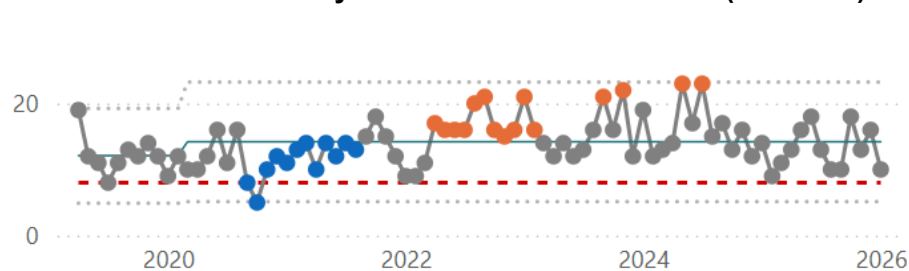
30/03/26

28/02/26

31/03/26

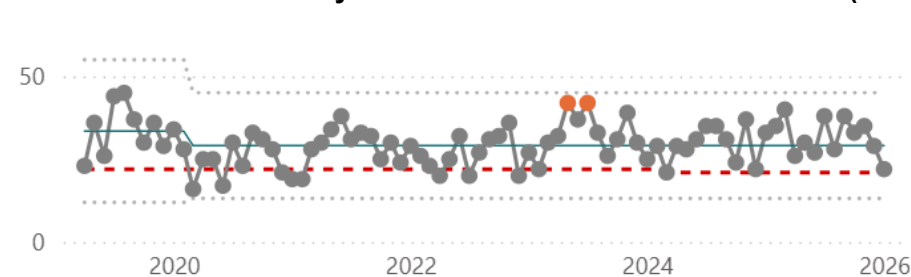
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



Performance is showing usual variation with 10 cases in January.

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



Performance is showing usual variation with 22 cases in January.

Key challenges / issues

Key actions / initiatives

Due date

C. difficile:

C. difficile:

- Antibiotic Stewardship: Inconsistent completion of Start Smart Then Focus (SSTF) audits; vacancies in Antimicrobial Pharmacy team risk impacting stewardship.
- Delayed Infection Prevention Control Actions: Recognition, isolation, and diagnosis delays noted in some cases.
- Environmental Cleaning: Challenges with routine and deep cleaning due to staffing shortages and surge capacity pressures, increased demand on deep cleaning in December and January due to outbreaks.
- Compliance Gaps: Lapses in hand hygiene and bare below the elbow standards across staff groups during Infection Prevention Control observation.
- Mandatory Training: Level 2 Infection Prevention Control compliance at 73.33%, below the 85% target and a reduction from the previous month.

- Learning & Governance: Healthcare associated infections cases reviewed monthly at Assurance Group; learning shared via Clinical Care Groups. Issues escalated through governance structures. This requires all members of the multi disciplinary team in attendance.
- Enhanced Cleaning: hydrogen peroxide vapour available at three acute sites, Fourth site coming online soon- awaiting training for Withybush.
- Close monitoring of infection rates to understand January's reduction.

- 31/03/26
- 01/04/26
- 28/02/26

E. coli:

E. coli:

- Infections remain primarily community-onset, linked to urinary tract and some catheter-related infections.
- Most cases occur in the 80–89 age group.
- Non-compliance observed in hand hygiene and bare-below-the-elbow practices across staff.
- Health Board aseptic non-touch technique compliance stands at 83.80%.

- Health & Wellbeing booklet under final review and pending publication.
- Healthcare associated infections cases reviewed monthly at Assurance Group; learning shared via Clinical Care Groups.
- Monthly hand hygiene audits by Ward Managers, monitored and reviewed.
- Ongoing review of hand hygiene products and promotional posters.
- Close monitoring of infection rates to understand January's reduction.

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

Embedded improvement actions

C. difficile:

C. difficile:

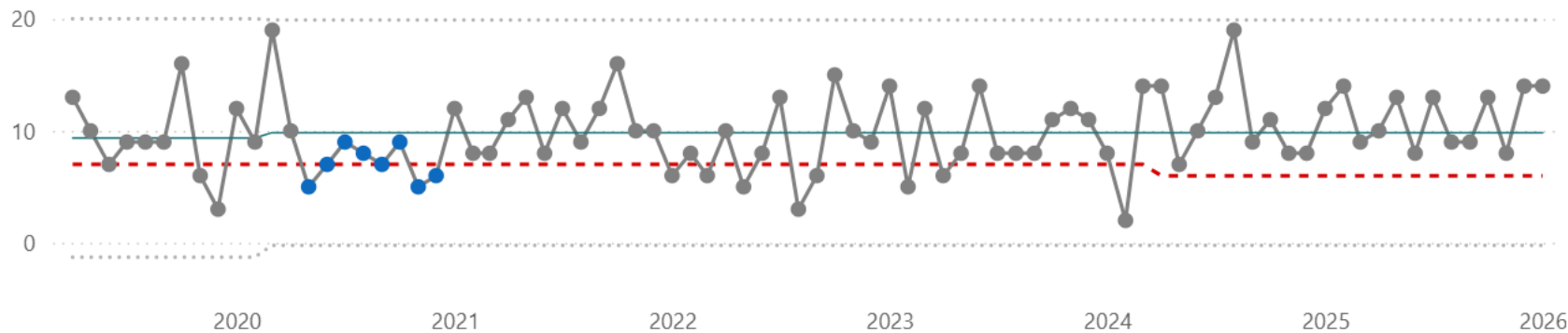
- Auditing: Environmental/ observational audits ongoing; Audit management and tracking of infection prevention control audits awaiting to be piloted when Infection Prevention Control team capacity allows.

- Auditing: Environmental/ observational audits ongoing; Audit management and tracking of infection prevention control audits awaiting to be piloted when Infection Prevention Control team capacity allows.

-

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

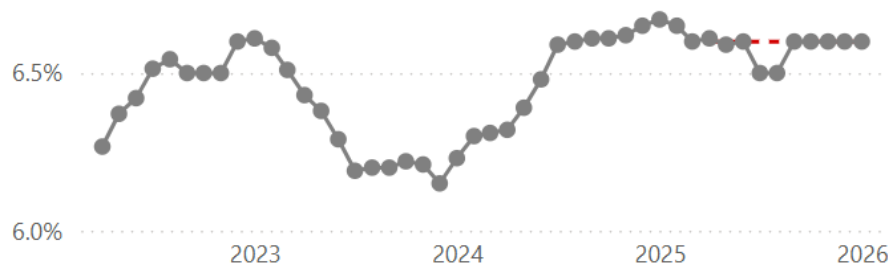
Number of laboratory confirmed S. aureus bacteraemia cases (in-month)



Performance is showing usual variation with 14 cases in January

Key challenges / issues	Key actions / initiatives	Due date
<p>S. aureus:</p> <ul style="list-style-type: none"> Aseptic non-touch technique compliance inconsistent; E-learning completion at 83.80%. Environmental/equipment contamination contributing to transmission due to cleaning challenges and surge. Infection burden remains community-based, primarily from wounds. Ongoing lapses in hand hygiene and bare-below-the-elbow compliance across staff. 	<ul style="list-style-type: none"> Aseptic non-touch technique compliance and competency assessments shared via Clinical Care Group Quality Health & Safety meetings; proposal to make competency mandatory via Electronic Staff Record- awaiting feedback. Healthcare associated infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups. Hand hygiene validation and observational audits conducted based on senior nurse monthly audits. Ongoing review of hand hygiene products and promotional posters. Close monitoring of infection rates to understand January's reduction. 	<p>31/03/26</p> <p>28/02/26</p> <p>28/02/26</p> <p>31/03/26</p> <p>28/02/26</p>

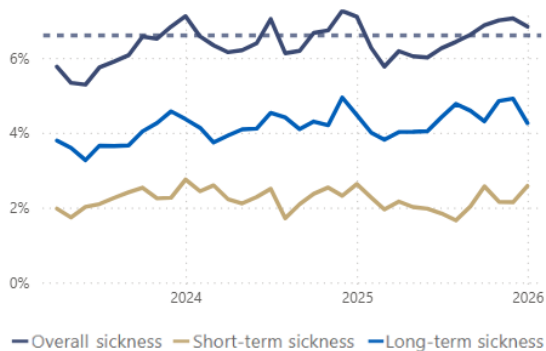
% staff sickness rate (12 months rolling)



Held at 6.6% for the last 5 months.

% staff sickness rate (in-month)

January 2026 = 6.8%
Short-term sickness = 2.6%
Long-term sickness = 4.3%



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

Team	Staff	R12m %	In-month %
Glangwili Domestic Services	137 staff	14.0%	15.6%
Sunderland Ward	74 staff	12.3%	15.9%
Cleaning services Bronglais	60 staff	12.2%	15.9%
Health Protection – Immunisation Team	69 staff	11.3%	15.1%
Prince Philip AMAU	71 staff	11.0%	8.2%
PDT - Domestic	139 staff	10.5%	11.3%

Glangwili Domestic Services breakdown:

January 2026: 4% ST, 11.6% LT = Total: 15.6%. 12-month rolling: 14%

January 2025: 5.4% ST, 11.4% LT = Total: 16.8%. 12-month rolling: 14.3%

Key challenges / issues

Absence rates attributed to anxiety, stress and depression (34.7%) continues to account for the highest reasons for absences across the Health Board. Absence attributed to cold, cough, flu is increasing (11%) and is the second highest reason for absence.

Ongoing focused support from the Workforce teams continues in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups. Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters.

Embedded improvement actions

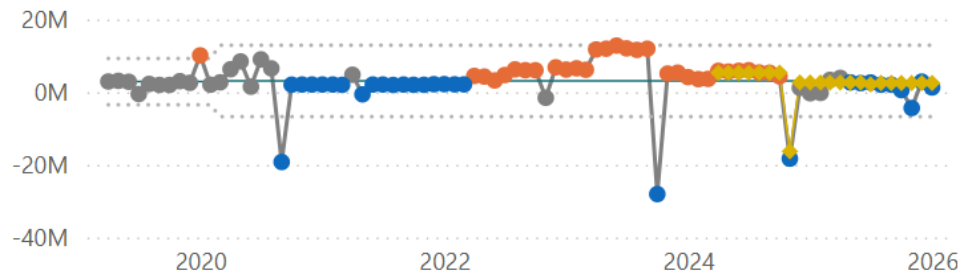
Targeted support for sickness absence:

- Successful recruitment of 2 sickness absence advisors to facilitate more focused support for sickness absence management.
- Ongoing focused support from the Workforce teams in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups.
- Deep dives of data and analysis to ensure underlying issues are identified and appropriate support is in place.
- Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters.

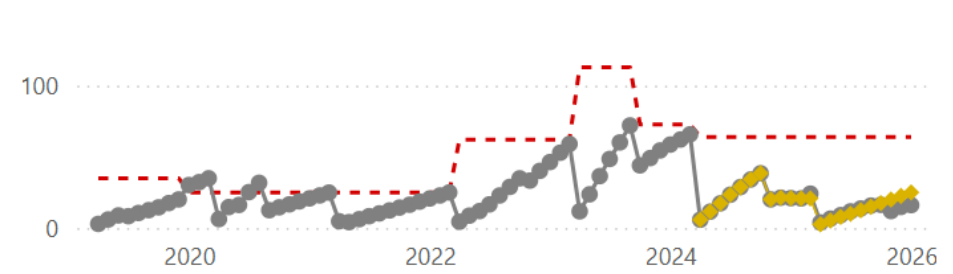
Key

- Improving variation
- Usual variation
- Concerning variation
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- Mean
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- Ambition

Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

Shift Supply and Demand - Demand and absence pressures led to staffing issues in January 2026. Market supply of Medical and Nursing agency was unable to meet the necessary demand, to cover the shortfalls in Withybush, Bronglais and Glangwili and Pathology. Further increases are anticipated following the opening of surge beds in January and approved recruitment plans in Bronglais Emergency Department. This is a risk to the start of the new financial year.

Reactive savings planning and underspend conversion - Conversion of remaining schemes to Green. Further to the initial amber savings scheme created in M5 of £6.0m, £1.0m remains as a balance covering February and March 2026. The underspend conversion rate in month is £0.9m.

Confirmation of Non-Recurrent savings conversion required as part of 26/29 Financial Plan - Consistent with the principles agreed at Executive Team, each Executive Director and delegated budget holder is asked to confirm agreement with the total projected non-recurrent savings in the financial year 26/27. Without justification for nonagreement, alternative rebuttable proposals are required.

Medical pay - Additional cover at premium costs - Continuing use of additional medical cover, including premium locum and agency in Bronglais, Planned Care and Mental Health.

Nurse agency usage - Additional cover at premium costs - An 11% increase due to ongoing breaches within roster management outside of our standard operating procedure.

Key actions / initiatives

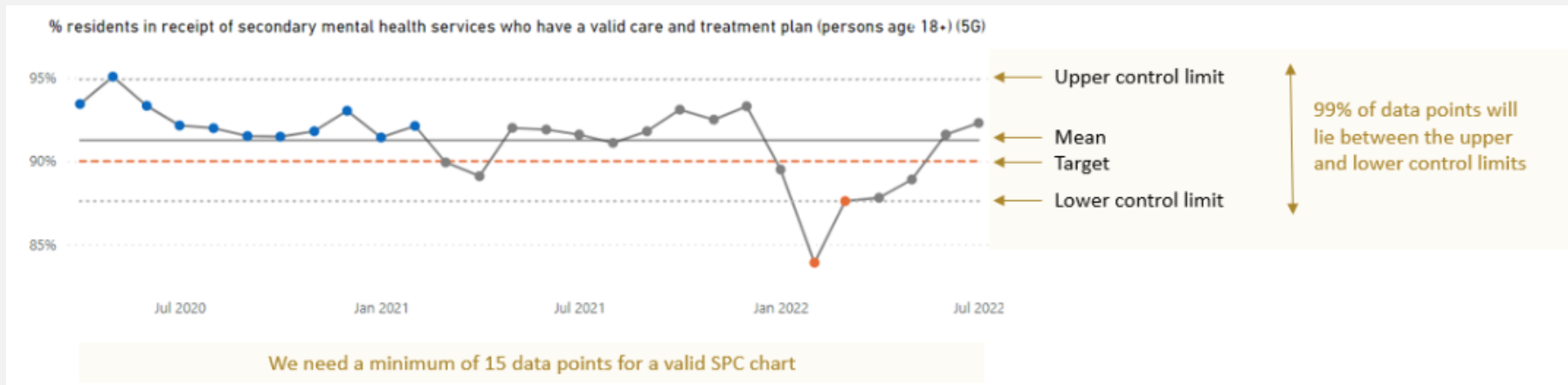
- Service leads to review requests for additional shifts and fill rates to reduce the risk of the health board requesting agency cover above available capacity in the market. Overdue
- Recognition to convert Amber scheme to Green based on evidenced track record. Overdue
- Under urgent review in conjunction with Finance Business Controllers. 13/02/206
- Urgent update required on Medical Stabilisation. Overdue
- Further controls required to mitigate increased spending and clinical variation. Overdue

Due date

Why use SPC charts?

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

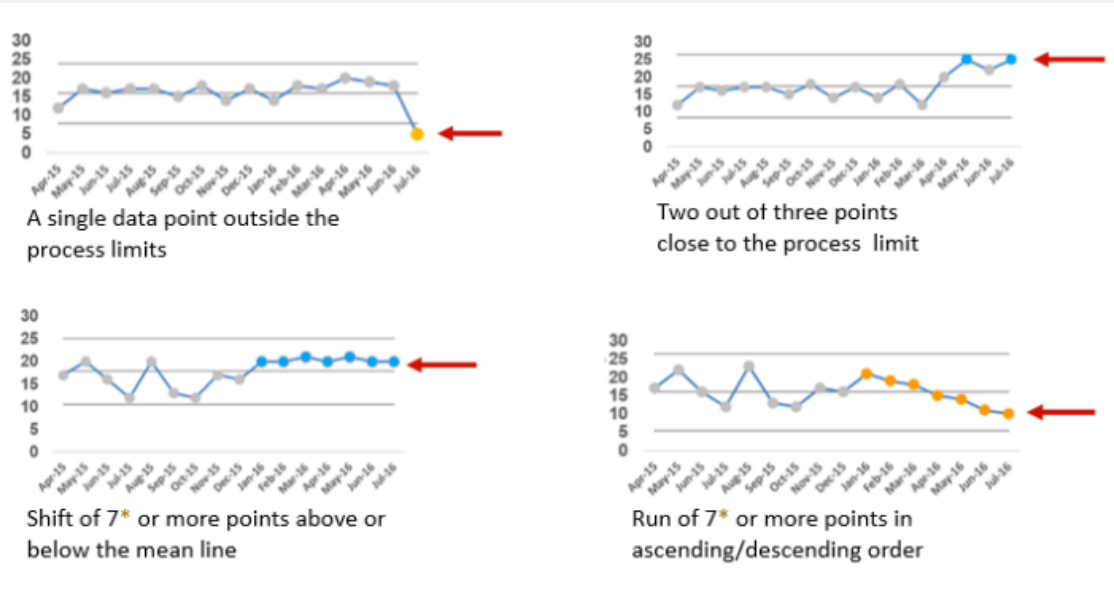
Anatomy of a SPC chart



Rules for special variation within SPC charts

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

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



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

Understanding the SPC icons

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

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