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

Escalation oversight and highlight report

October 2026

Nineteen criteria: finance, urgent and emergency care, planned care, and diagnostics and therapies

Committee meeting: Tuesday 27 October 2026

Lead executive: Mr Lee Davies, Executive Director of Strategy and Planning

Report author: Mr Shaun Ayres, Director of Delivery

Finance at month 6 (September); performance to September 2026 unless stated

The nineteen criteria this committee holds

1 to 4	16 to 19	12, 15, 25 to 29	30 to 33
Finance and savings	**Urgent and emergency care**	**Planned care**	**Diagnostics and therapies**

Introduction

We are two weeks from the Escalation Board with Welsh Government on 9 November. The September urgent care test was not met, and the forecast deficit relies on (£20.2m) of further actions that do not yet have confirmed plans.

The criteria come from our February 2026 escalation framework and remain in force until Welsh Government confirms the outcome of the first assessment under the new national framework in November. This committee holds the finance criteria and the access criteria for urgent and emergency care, planned care, diagnostics and therapies.

In September the Board asked that each update show the effect of recovery actions on access, recurring spend and service sustainability, and the response when a milestone is missed. This update reports on that basis.

Nine of our fourteen access measures were worse in July to September than in April to June. Five improved: time to clinical assessment, overdue follow-ups, high-risk eye care, endoscopy and, on average, ambulance handovers. In planned care, diagnostic waits are below the recovery trajectories we report weekly to NHS Wales Performance and Improvement, and waits of more than two years are just above theirs.

Our internal escalation scoring, published on 13 October on September data, has four ratings at level 4, the highest level, against two a month earlier. Workforce has joined finance: Community and Integrated Medicine is now at level 4 for both.

Since the committee met in August

16 September	Accountability review with Welsh Government
24 September	Route map to financial balance and the Annual Plan update taken to the Board
28 September	Call Before Convey live: crews speak to a senior clinician before taking a frail or older patient to hospital
29 September	NHS Wales Accountability and Support Framework launched; our first assessment under it is in November
1 October	Reset support from NHS Wales Performance and Improvement began, on flow, financial recovery and quality
October	Month 6 forecast deficit revised to £37.5m, wholly from a lower Welsh Risk Pool charge

The position at September

The forecast has improved through the Welsh Risk Pool, but spending has not yet fallen, and urgent care did not meet its September test. Planned care recovery is close to its trajectories, with most of the extra activity still to come.

Finance and workforce

Forecast deficit

£37.5m

for the year, after a (£3.5m) Welsh Risk Pool reduction; plan £41.0m

Further actions needed

(£20.2m)

from October to hold the forecast; plans not yet confirmed

Savings to identify

£10.0m

£32.8m of £42.8m identified, of which £7.8m recurrent

Underlying deficit

£62.1m

carried into next year, against £40.8m in the plan

Temporary staffing

£61.4m

a year at current spend; ministerial expectation £44.5m

Access

Ambulance handovers

Circa 875

over 45 minutes in September, provisional; the test is 789

Twelve-hour waits

10 in 100

patients in September, against 7 in 100; 1,649 people

Pathway of care delays

222

patients waiting to leave hospital; ceiling 174

Waits over two years

862

in September, against a recovery trajectory of 851

Diagnostic waits

7,593

over eight weeks at 13 October, 554 below the recovery trajectory

Criteria: finance and urgent care

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Six of these eight criteria are at Alert and none meets the threshold for de-escalation. Savings identification and time to clinical assessment are improving; twelve-hour waits and pathway of care delays are moving away.

Criterion	Rating	Direction	Position	Next evidence
Finance and savings | lead: Executive Director of Finance				
1 Financial governance and control	**Advise**	No clear change	Governance strengthened since August; the two care groups at internal level 4 have not yet reduced spending	Plans for the (£20.2m) with owners, dates and recurrent values, by 9 November
2 Understanding and reducing the deficit	**Alert**	Improving	£32.8m of £42.8m savings identified, £7.8m recurrent; underlying deficit £62.1m	Recurrent conversion plans with named owners
3 Target control total	**Alert**	Slightly better, from the Welsh Risk Pool	£37.5m forecast against Welsh Government's control total of £22.1m	Month 7 forecast; cash support confirmed by December
4 Financial improvement trajectory	**Alert**	Slightly better	£29.9m deficit to September, £9.4m more than planned; £1.3m a month needed from October	October and November monthly deficits
Urgent and emergency care | lead: Chief Operating Officer				
16 Ambulance handovers over 45 minutes	**Alert**	Better than April to June; rising since July	About 875 in September against 789, provisional; 833 in August	October, reported to the Escalation Board on 9 November
17 Twelve-hour waits in emergency departments	**Alert**	Worsening	10 in 100 in September against 7; 15 in 100 at Glangwili and Withybush	October, reported to the Escalation Board on 9 November
18 Time to clinical assessment	**Advise**	Improving	66 minutes in September against 60; Withybush 54	Three months in a row at 60 minutes or less
19 Pathway of care delays	**Alert**	Worsening	222 in September against a ceiling of 174 and a plan of 195	Effect of the reset support on discharge

Alert the evidence does not yet support the required outcome **Advise** progress, with material caveats **Assure** the evidence supports the required position

Internal escalation, October scoring (September data): finance is at level 4 in Community and Integrated Medicine and Planned and Specialist Care, and at level 3 in Mental Health and Learning Disabilities, Operational Allied Health and Health Sciences, Estates and Facilities, and the long term agreements. Performance is at level 3 in all five clinical care groups rated.

Criteria: planned care and diagnostics

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Six of these eleven criteria are at Alert. Since they were last rated, criteria 12, 26, 28, 30 and 33 have moved from Advise to Alert and criterion 25 from Assure to Advise. Endoscopy continues to meet its criterion.

Criterion	Rating	Direction	Position	Next evidence
Planned care | lead: Chief Operating Officer				
12 Key performance measures	**Alert**	Worsening	Nine of fourteen measures worse than April to June	A sustained improving trend
15 High-risk (R1) eye care	**Advise**	Improving	47 in 100 in August against 65 and a plan of 66	Monthly progress towards 65 in 100
25 Outpatients waiting under 52 weeks	**Advise**	Worsening	625 waiting over a year; 100 in 100 in March	Back to 100 in 100
26 Waiting under 26 weeks	**Alert**	Worsening	63 in 100 against 75; 69 in March	The trend turning as recovery activity runs
27 Waiting under 104 weeks	**Advise**	Worsening	862 waiting over two years, against a recovery trajectory of 851	October against the trajectory of about 630
28 Waiting under 36 weeks	**Alert**	Worsening	74 in 100 against 80; 77 in March	The trend turning as recovery activity runs
29 Overdue follow-up appointments	**Advise**	Improving	13,725, the lowest recorded, against a goal of 11,368	11,368 by March 2027
Diagnostics and therapies | lead: Chief Operating Officer				
30 Diagnostic tests within 8 weeks	**Alert**	Worsening	60 in 100 against 85; 7,593 waiting longer at 13 October, below trajectory	Waits after December, when most extra activity ends
31 Endoscopy within 8 weeks	**Assure**	Improving	96 in 100; 85 or above for seven months in a row	Welsh Government to confirm de-escalation
32 Ultrasound and MRI within 8 weeks	**Alert**	Worsening	51 in 100 for each, against 85	A recovery trajectory for each test
33 Therapies within 14 weeks	**Alert**	Worsening	68 in 100 against 90; 4,153 waiting longer	A trajectory that reverses the decline

Alert the evidence does not yet support the required outcome **Advise** progress, with material caveats **Assure** the evidence supports the required position

Direction compares July to September with April to June. Cancer (criterion 21) remains de-escalated: 62 in 100 patients started treatment within 62 days in August, against 63.

The tests for November

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Welsh Government expects clear evidence of impact at the Escalation Board on 9 November. The savings, recurrent and September urgent care requirements are not met, and waits of more than two years are just above their recovery trajectory.

What Welsh Government requires	By when	Where we are	Status
Close the savings gap with full confidence that it will be delivered	End of September	£32.8m of £42.8m identified; £10.0m still to find	Not met
Convert one-off savings into savings that recur	End of September	£7.8m of the £32.8m is recurrent	Not met
Agree a route map to financial balance	End of September	Taken to the Board on 24 September as the basis for the 2027/28 to 2029/30 plan	Complete
Deliver a deficit no worse than £41.0m, and look for improvement	March 2027	£37.5m forecast, improved wholly by the Welsh Risk Pool; relies on (£20.2m) of unconfirmed actions	At risk
A deliverable financial plan: quantified actions, named executive owners, timescales and the recurrent effect of each	9 November	In preparation	On Track
No more than 789 ambulance handovers over 45 minutes, and no more than 7 in 100 patients over 12 hours, in each month	September and October	September not met: about 875 handovers over 45 minutes (provisional) and 10 in 100 over 12 hours; October to follow	Not met
Clear evidence of impact	9 November	To be presented at the Escalation Board	Due
Eliminate waits of more than two years	March 2027	862 in September, against a trajectory of 851; the trajectory needs about 630 by the end of October	At risk
No patient waiting more than eight weeks for a diagnostic test	March 2027	7,593 at 13 October, below trajectory; the trajectory falls to about 3,700 in January, then rises to about 6,900 by March as extra activity ends	Not on course

The first assessment under the new national framework follows in November and will draw on the same evidence.

The new accountability framework

From November, Welsh Government assesses us against the NHS Wales Accountability and Support Framework. Our nineteen criteria sit in two of its four pillars, and status will normally be set for a whole pillar.

Quality	Workforce	Finance and planning	Delivery and performance

Leadership (well-led) foundation

Pillar	What it looks for before level 4 can end	Our criteria	Where our evidence stands
Finance and planning	Serious risks to delivery stabilised or reducing; an effective route map to financial balance; controls that address the causes of the underlying deficit; credible financial governance	1 to 4 here; 5 to 9 at the Strategy and Planning Committee	Route map agreed as the basis for planning; the forecast relies on (£20.2m) of unconfirmed actions; underlying deficit £62.1m
Delivery and performance	A sustained improving trend in access, outcomes and productivity; operational risks managed; a recovery plan delivering measurable impact; outside support that has built our own capability	12, 15 to 19 and 25 to 33	Planned care recovery close to trajectory; urgent care, ultrasound, MRI and therapy waits moving away; cancer de-escalated

What it means for this committee

Planned care (level 3) and urgent and emergency care (level 4) are likely to be judged together. The pillar's national measures include handovers over 45 minutes, patients spending 12 hours or more in emergency care, waits over 104 weeks, diagnostic waits over eight weeks and cancer treated within 62 days. Welsh Government decides status after a joint review with Audit Wales, Healthcare Inspectorate Wales and NHS Wales Performance and Improvement, known as the tripartite. Our current levels and criteria continue until then.

Reset support, October and November

NHS Wales Performance and Improvement is working alongside our executives on urgent care flow and discharge, financial recovery and three quality priorities. The support is designed to strengthen our existing plans rather than add new ones, and accountability for delivery stays with us. A light-touch review in December will assess the capability it leaves behind.

Internal escalation at September

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Four ratings are now at level 4, our highest internal escalation level, against two a month earlier. Finance and performance, the two domains that match this committee's criteria, carry more than half of the 25 ratings at level 3 or 4.

Function	Quality and safety	Governance	Workforce	Finance	Strategy, planning and fragile services	Population health	Performance
Clinical care groups							
Community and Integrated Medicine	3	2	4	4	3	2	3
Chief Operating Officer Management	1	1	3	2	1	1	n/a
Mental Health and Learning Disabilities	3	2	2	3	3	1	3
Planned and Specialist Care	2	2	3	4	3	2	3
Primary Care	1	1	2	1	2	2	3
Operational Allied Health and Health Sciences	3	1	2	3	3	1	3
Executive functions							
Estates and Facilities	2	1	2	3	1	2	3
Executive Director of Finance	1	2	2	1	1	2	n/a
Medical	1	1	2	1	1	2	n/a
Pharmacy and Medicines Management	1	1	3	2	1	2	n/a
Executive Director of Nursing, Quality and Patient Experience	1	2	2	1	1	2	3
Executive Director of Public Health	1	1	4	1	1	1	2
Executive Director of Strategy and Planning	1	1	2	1	1	2	n/a
Long term agreements	n/a	n/a	n/a	3	n/a	n/a	n/a
Executive Director of Workforce and Organisational Development	1	1	1	1	1	1	n/a
Governance and Communication	1	1	2	1	1	1	n/a

Levels

- 1 Reasonable assurance
- 2 Limited assurance
- 3 No assurance or insufficient engagement
- 4 No assurance and insufficient actions or engagement
- 4 New at level 4 this month
- Domain matching this committee's criteria

How it lines up with this report

Finance, criteria 1 to 4. Community and Integrated Medicine and Planned and Specialist Care are in a fourth month at level 4. The month 6 finance report records no material impact to date.

Performance, access criteria. All five clinical care groups rated are at level 3, in line with nine of our fifteen access criteria at Alert.

Workforce, temporary staffing. Community and Integrated Medicine and Public Health are now at level 4. Fourteen of the fifteen functions rated are at level 2 or worse.

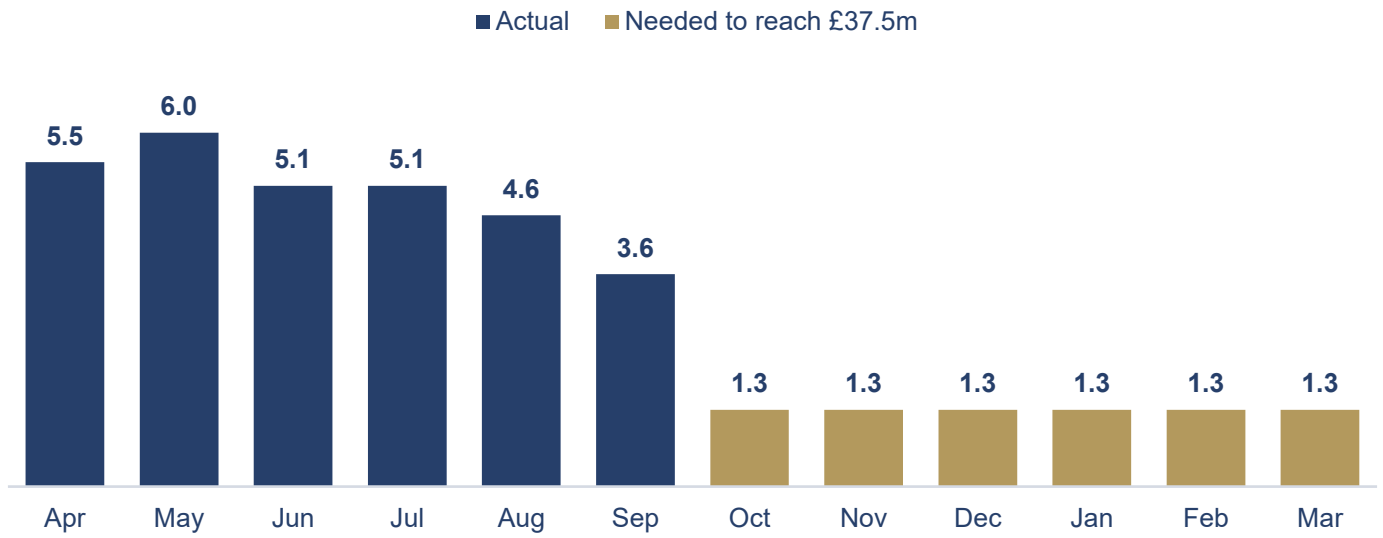
Where the ratings sit. Of the 25 ratings at level 3 or 4, nineteen sit in the clinical care groups, five of them in Community and Integrated Medicine.

Criteria 3 and 4: the monthly deficit

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The forecast deficit has improved to £37.5m, but the whole of the (£3.5m) improvement is our share of a lower Welsh Risk Pool charge. To reach it, the next six months must average £1.3m, against £5.0m so far.

Monthly deficit, £m: actual to September, and what the forecast needs from October



The Welsh Risk Pool meets clinical negligence claims across NHS Wales, and each health board pays a share. September includes a one-off (£1.8m) adjustment for April to September; without it, the September deficit was £5.4m.

£29.9m deficit from April to September, £9.4m more than planned

£1.3m average monthly deficit needed from October to reach £37.5m, against £5.0m so far

£57.7m forecast before (£20.2m) of further actions that do not yet have confirmed plans

£22.1m Welsh Government's target control total for the year

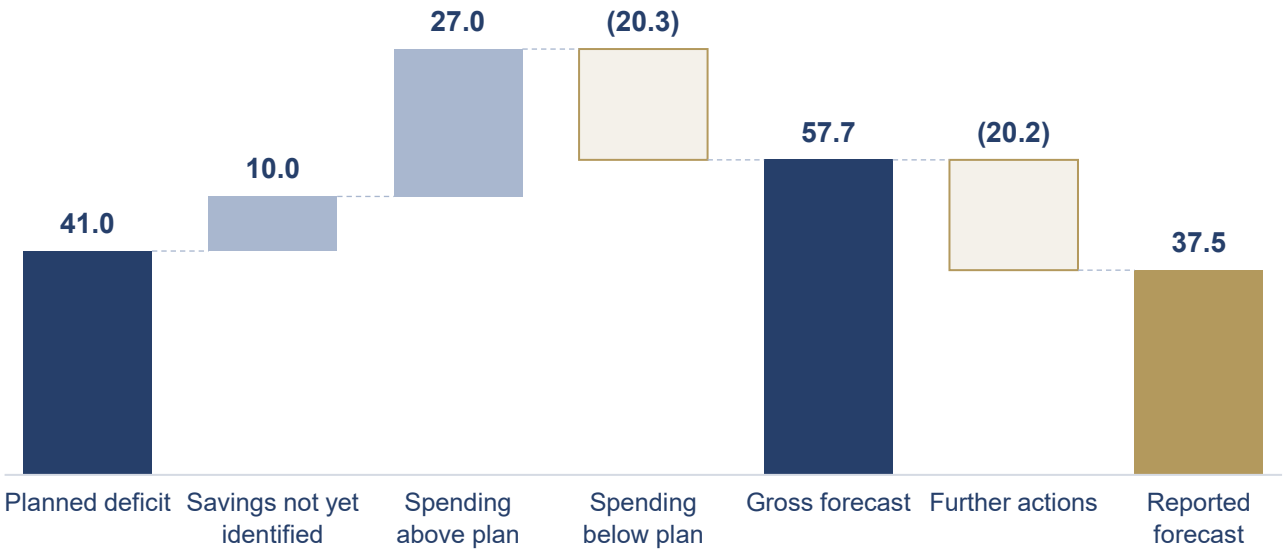
Alert

Rating: no change. The October and November deficits need to move towards £1.3m a month for the forecast to hold. On the forecast we also need strategic cash support from Welsh Government by the end of February; if it is not confirmed by December, we will apply our cash management strategy.

Criterion 1: financial control

The forecast holds at £37.5m only if (£20.2m) of further actions deliver from October. Plans for them are not yet confirmed, and the two care groups at our highest internal escalation level have not yet reduced their spending.

From the planned deficit to the reported forecast, £m



Welsh Government has confirmed it will recover unspent dental allocation, which the forecast counts as a (£5.1m) underspend. The finance report also records £8.7m of net risk.

Spending above plan, total 27.0	£m
Medical locum and agency cover	7.2
Continuing healthcare and out-of-area placements	5.9
Outsourced theatre and other activity	3.6
Radiology outsourcing and double running	2.8
Prescribing prices	2.6
Estates, supplies, Swansea Bay agreement, banding	4.9

Spending below plan, total (20.3)	£m
Primary care, including dental contracts	(7.6)
Administrative vacancies	(3.7)
Welsh Risk Pool	(3.5)
Clinical vacancies and fill rates	(2.9)
Income above plan	(2.6)

Advise

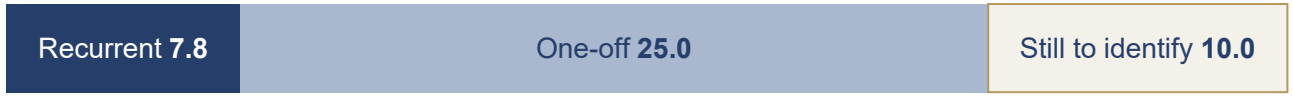
Rating: no change. Governance is stronger: the Performance and Recovery Group, chaired by the Chief Executive, meets fortnightly and reports through this update. Community and Integrated Medicine (£14.9m above plan) and Planned and Specialist Care (£7.1m) remain at internal level 4 for finance. What would move the rating: confirmed plans for the (£20.2m) by 9 November.

Criterion 2: savings and the deficit

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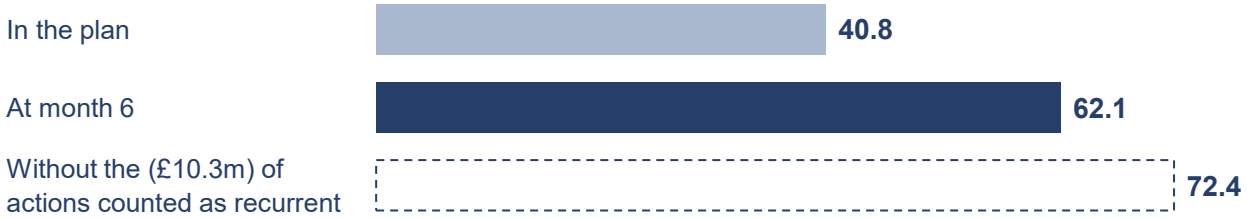
We have identified £32.8m of the £42.8m savings target, £2.3m more than at month 5. Only £7.8m recurs into next year, so the deficit we carry forward is £62.1m, against £40.8m in the plan.

The £42.8m savings target at month 6, £m



£32.8m identified, of which £7.8m is recurrent; £10.0m still to identify

The deficit carried into next year (underlying deficit), £m



The underlying deficit is the deficit left once one-off savings and gains fall away. The £62.1m already counts (£10.3m) of the further actions as recurrent.

Savings, £m	Target	Identified	Recurrent	Still to find
Community and Integrated Medicine	12.5	9.1	1.4	3.4
Planned and Specialist Care	5.9	2.8	1.0	3.1
Mental Health and Learning Disabilities	6.4	3.1	0.1	3.3
Operational Allied Health and Health Sciences	4.9	1.7	0.0	3.2
Other operational and primary care	1.0	0.7	0.0	0.3
Corporate and health board wide	12.1	15.4	5.3	(3.3)
Total	**42.8**	**32.8**	**7.8**	**10.0**

The four clinical care groups hold £13.0m of savings still to find. Corporate and health board wide budgets over-deliver by (£3.3m), mostly one-off.

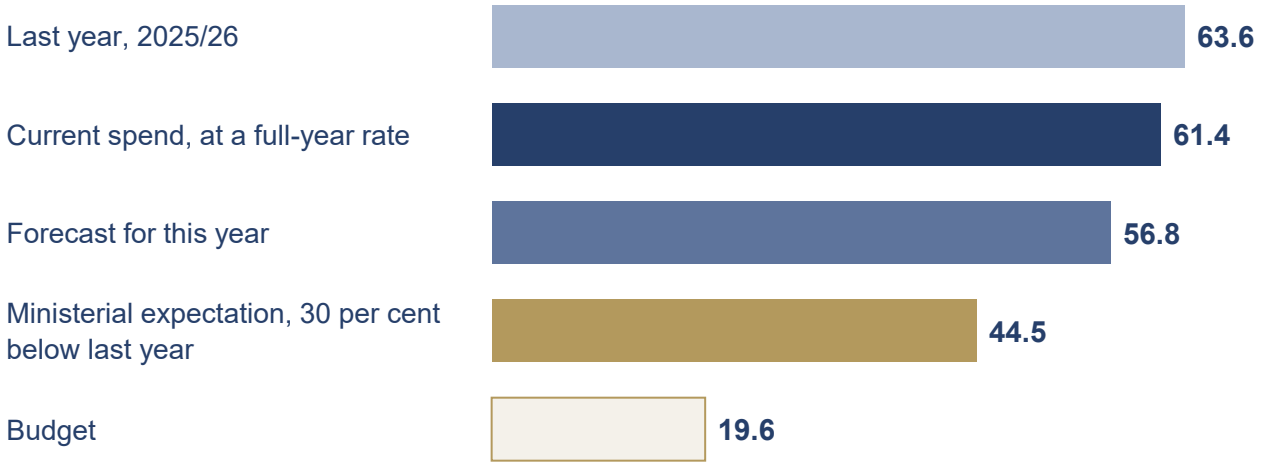
Alert **Rating: no change.** Recurrent plans rated green, on a full-year basis, have risen from £1.7m in April to £8.9m, but most of the recurrent opportunity is still at the earliest stages, leaving a full-year gap of £33.9m. What would move the rating: recurrent conversion, with named owners, dates and full-year values, reported from month 7.

Temporary staffing and the workforce

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Temporary staffing is running at £61.4m a year, against a budget of £19.6m and a ministerial expectation of £44.5m. The forecast expects it to fall to £56.8m as new permanent staff start.

Temporary staffing (bank, agency, overtime, additional hours and locum cover), £m a year



Current spend is April to September doubled. Meeting the expectation would take a further (£12.3m) off the forecast, or (£16.9m) off current spend.

Where the pressure sits

Medical and dental pay is £7.2m above plan, mainly locum and agency cover for vacancies and sickness in Community and Integrated Medicine, women and children's services at Bronglais, pathology and mental health. The reduction previously assumed in Planned and Specialist Care is no longer expected.

What the cover does

On wards, temporary staff more than cover the 271 nursing and healthcare support worker vacancies, so wards run 53 whole time equivalents above funded staffing. All other staff groups, excluding doctors, run 597 below funded staffing after all cover.

What is changing

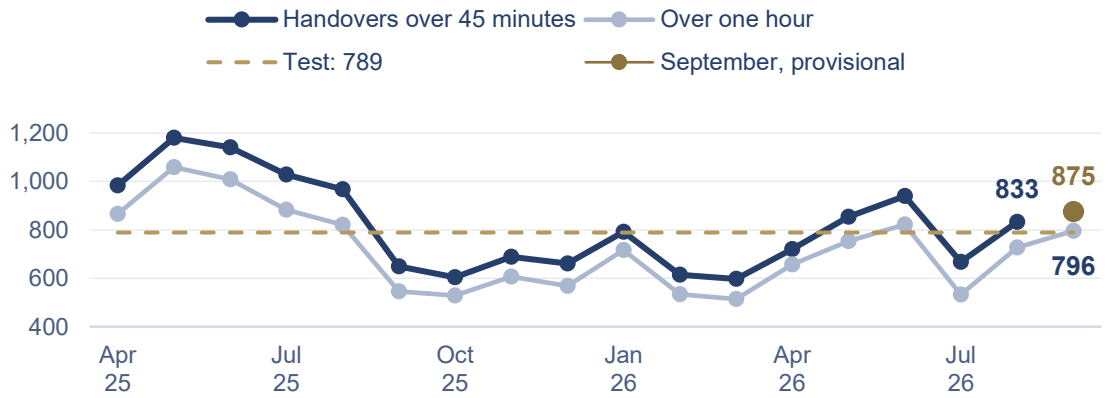
Ten workforce workstreams work from one reconciled baseline of staffing, rosters and finance, and the medical temporary staffing programmes are now one. The (£10.0m) of pay actions in the forecast sit in permanent staff pay from November.

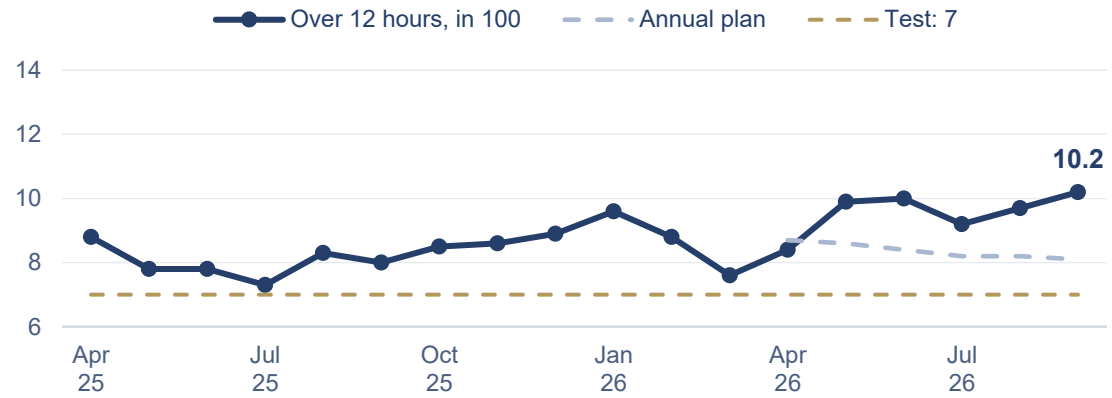
Level 4

Internal escalation: Community and Integrated Medicine, already at level 4 for finance, is now at level 4 for workforce, as is Public Health. Chief Operating Officer management, Planned and Specialist Care and Pharmacy are at level 3. Fourteen of the fifteen functions rated for workforce are at level 2 (limited assurance) or worse, so each temporary staffing reduction needs testing against the cover it provides.

Urgent care: the September test

September did not meet either test. Provisional figures put handovers over 45 minutes at about 875, against 789, and about 10 in 100 patients spent more than 12 hours in our emergency departments, against 7.





September	Bronglais	Glangwili	Prince Philip	Withybush	Health board
Handovers over one hour	166	350	29	250	796
Plan for September	164	266	17	83	530
Patients over 12 hours, in 100	10	15	0	15	10

The September figure for handovers over 45 minutes is provisional, subject to final ratification. Year to date, Bronglais and Glangwili are within their handover plans; Withybush has averaged 226 handovers over an hour a month since April, against a plan of about 85, and accounts for more than the whole of the gap to plan.

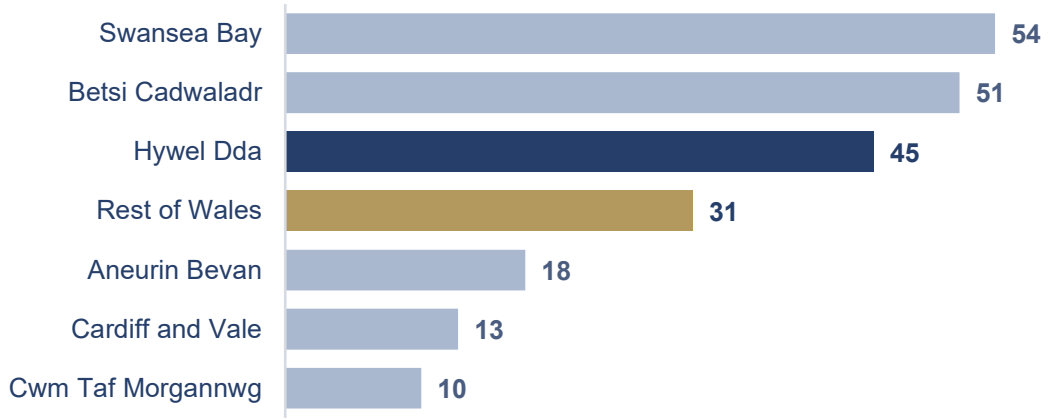
Alert **Rating: no change for criteria 16 and 17.** October is the second test month and is reported to the Escalation Board on 9 November.

Ambulance handovers across Wales

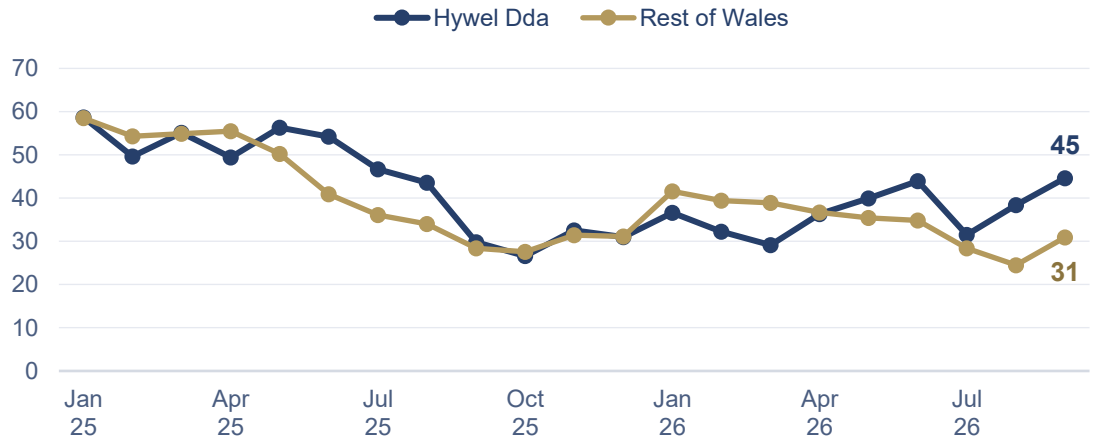
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Provisional figures put September at about 875 handovers over 45 minutes, against the test of 789. About 45 in 100 ambulance arrivals at our hospitals waited that long, against about 31 in 100 in the rest of Wales.

Ambulance arrivals waiting more than 45 minutes, in 100, September



Waiting more than 45 minutes, in 100: Hywel Dda and the rest of Wales



September against our own tracker

The all-Wales figures count 238 of our handovers over four hours and 804 over one hour, within 2 and 8 of our own figures of 236 and 796. On the 45-minute measure they have run between 12 and 40 above our tracker in each of the last 20 months, so their 902 for September points to about 860 to 890 on our basis.

What the comparison shows

From September 2025 to April 2026 we were level with the rest of Wales or better. We moved above it from May, as we did in the summer of 2025, but this year the gap widened in August and September rather than closing. About 12 in 100 of our arrivals waited more than four hours, against 8 in 100 elsewhere.

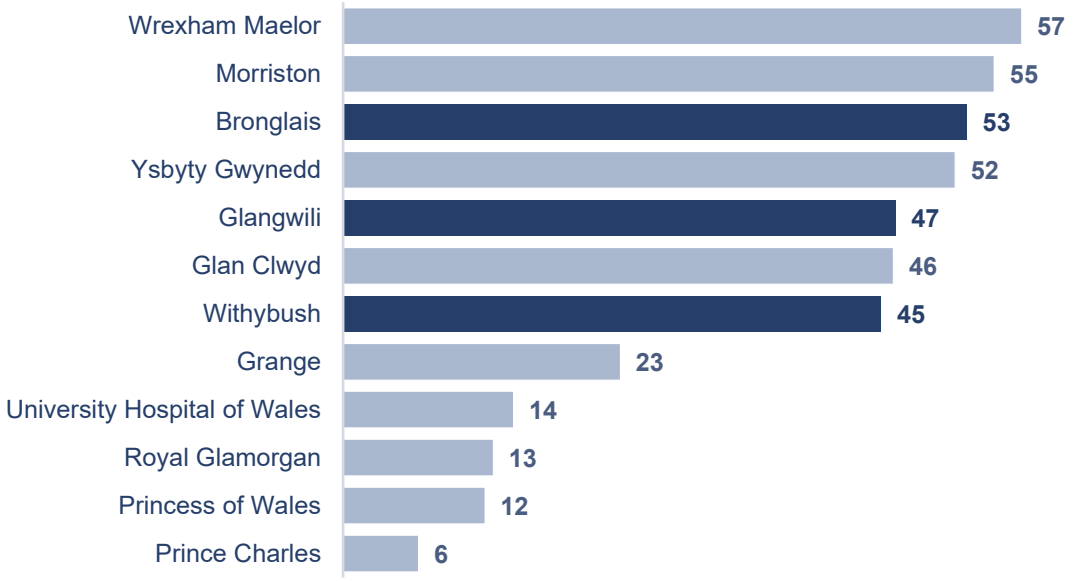
Provisional figures, subject to final ratification. Powys has no emergency department and is not shown.

Ambulance handovers by hospital

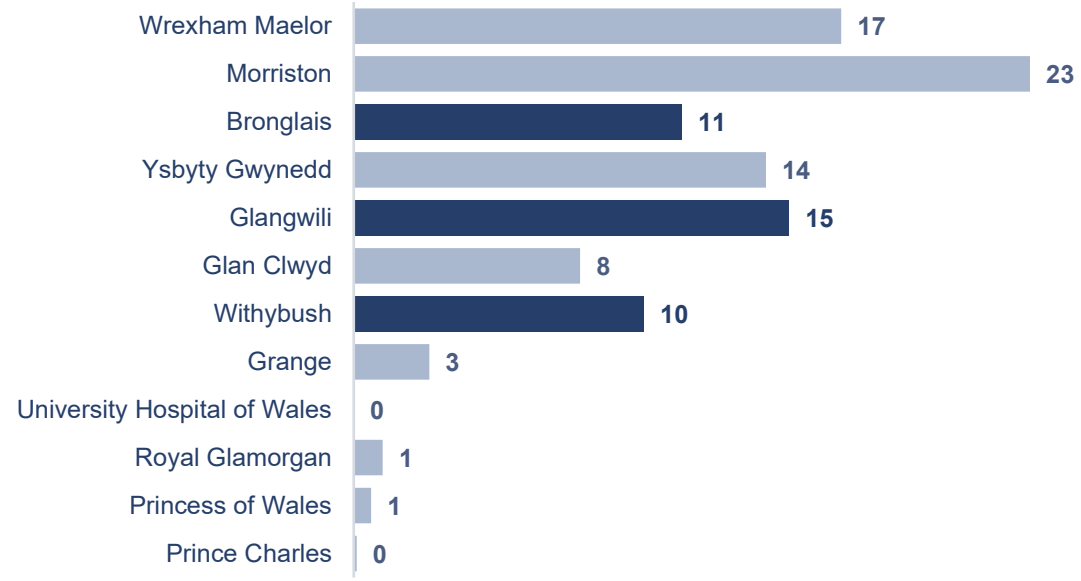
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In September, Bronglais, Glangwili and Withybush each had about 45 in 100 ambulance arrivals or more waiting over 45 minutes. Seven of the twelve major emergency departments in Wales were at that level, and five were well below it.

Arrivals waiting more than 45 minutes, in 100



Arrivals waiting more than four hours, in 100



Prince Philip, which is not a major department, had 19 in 100 arrivals waiting more than 45 minutes. Withybush had the lowest share of our three major departments in March, at about 14 in 100, and in September was level with Glangwili. Glangwili had the most very long waits of our hospitals: 15 in 100 arrivals waited more than four hours.

Major emergency departments in Wales, ordered by the share waiting more than 45 minutes. Provisional figures, subject to final ratification.

Urgent care: what changes and when

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Two of the plan's main urgent care changes now start in the winter rather than before it. Time to clinical assessment is the one urgent care measure moving the right way, and Withybush met the 60-minute standard in September.

Change in the annual plan	Planned	Now	What it should change
Seven-day clinical streaming, directing patients to the right service before they reach hospital	June 2026	Go-live on 30 November	Handovers and twelve-hour waits at every site
Same day emergency care at Withybush, assessing and treating patients without an overnight stay	Seven days a week from October 2026	Five days from December; seven days from February 2027	Twelve-hour waits and handovers at Withybush, the site furthest from its plan

Under way now

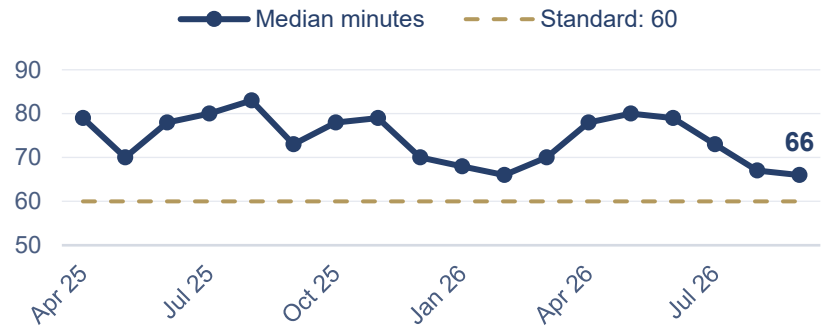
- Call Before Convey, from 28 September: ambulance crews speak to a senior clinician before taking a frail or older patient to hospital.
- Reset support on flow: a daily operating model, discharge planned from the first ward round of the day seven days a week, and clear accountability from ward to executive.
- The handover programme continues, with ambulance service managers on the daily patient flow call.
- Improvement plans coming out of the Senior Leadership Forum on the 14 October.

The later start of the clinical streaming investment is counted as a saving this year, so the financial and urgent care positions move in opposite directions while it is delayed.

Criterion 18: time to clinical assessment

66 min

median wait from arrival to assessment by a senior clinician in September, against 60 and the plan's 71



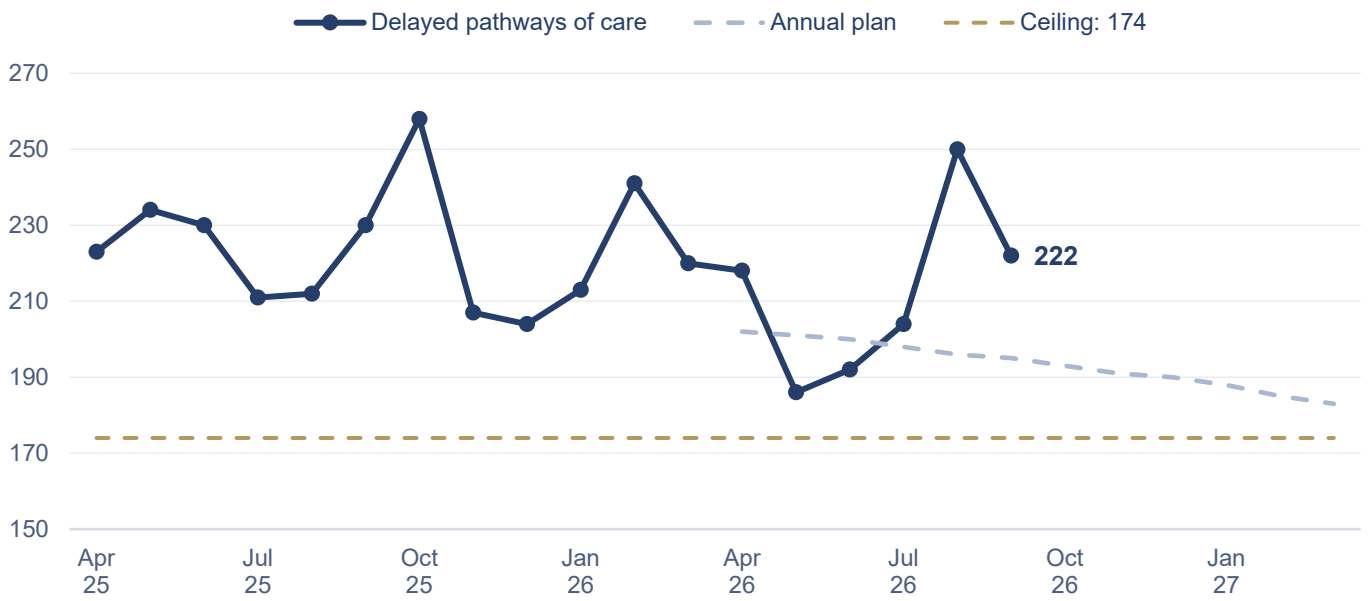
September by site: Withybush 54, Bronglais 67, Glangwili 77 minutes.

Advise

Criterion 18: improving. Three months in a row at 60 minutes or less would meet the criterion, and Withybush is there now. The plan's two changes now need to start on their new dates.

Criterion 19: pathway of care delays

222 patients were waiting in hospital for onward care at the end of September, down from 250 in August but above the plan of 195. We have not been at or below the ceiling of 174 in 43 months of reporting.



May 2026 was recorded during ward closures and is treated as incomplete. A pathway of care delay is a patient well enough to leave hospital who is waiting for an assessment, a care package or a placement.

County	June	September
Carmarthenshire	93	142
Pembrokeshire	62	55
Ceredigion	33	23

Carmarthenshire now holds almost two in three delays.

What is in place

- Call Before Convey for frail and older people
- Reset support on discharge, seven days a week
- An agreement with local authority partners, an electronic patient flow system and long-stay reviews
- More social work and reablement capacity
- Additional considerations associated with the improvement plan post senior leadership away day

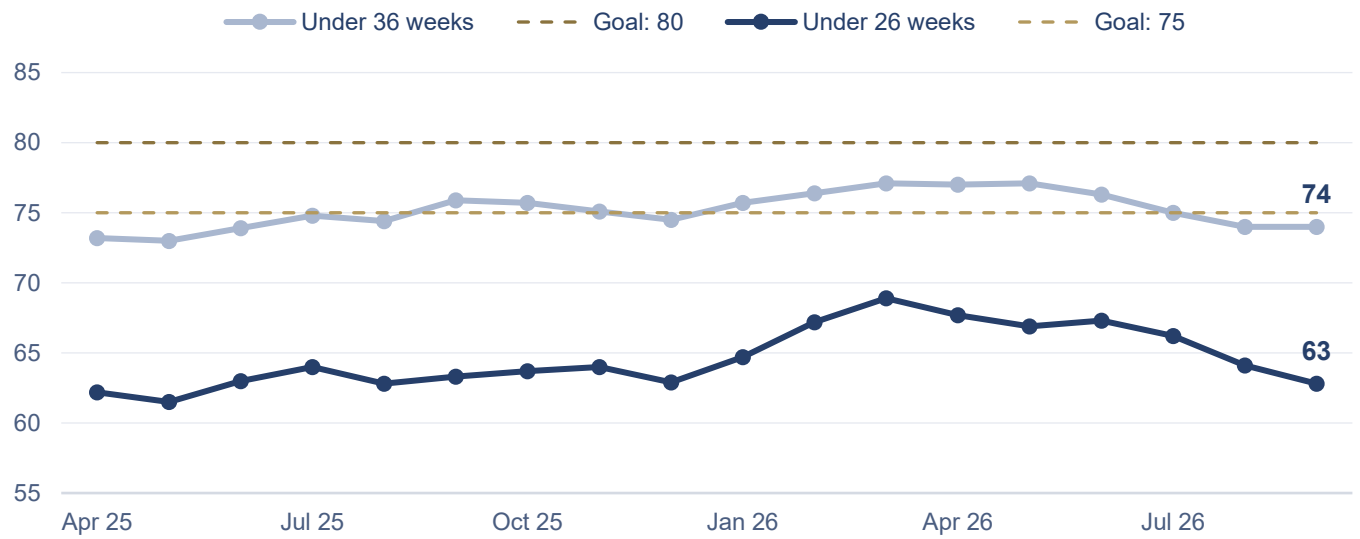
Alert **Worsening:** the plan expects 193 in October and 183 by March. Continuing healthcare packages and out-of-area mental health placements are £5.9m above plan, so the routes out of hospital carry a financial cost as well as freeing beds.

Planned care: waits and recovery

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Waits of more than two years were just above their recovery trajectory in September. The share of patients waiting less than 26 and 36 weeks has fallen since the spring as the list grows; overdue follow-ups are at their lowest recorded level.

Patients on the waiting list who have waited less than 26 and 36 weeks, in 100



862 waiting more than two years in September, against a recovery trajectory of 851; zero by the end of March

13,725 overdue follow-up appointments, the lowest recorded, against a goal of 11,368 by March

47 in 100 high-risk eye care patients within tolerance in August, against 65; 34 a year earlier

625 patients waiting more than a year for a first outpatient appointment

The recovery return expects the waiting list to grow from about 78,400 to 85,100 by March while extra activity goes to the longest waits, so the share waiting less than 26 and 36 weeks is likely to keep falling this year.

Alert

Advise

Alert: criteria 12, 26 and 28. Nine of fourteen measures are worse than in April to June, and fewer patients wait under 26 weeks (63 in 100, against 75) and 36 weeks (74 in 100, against 80). Extra activity goes to the longest waits while the list grows towards 85,100, so these are unlikely to turn before March. Internally, Planned and Specialist Care is at level 3 for performance and level 4 for finance, and recovery relies on outsourced activity already £3.6m above plan.

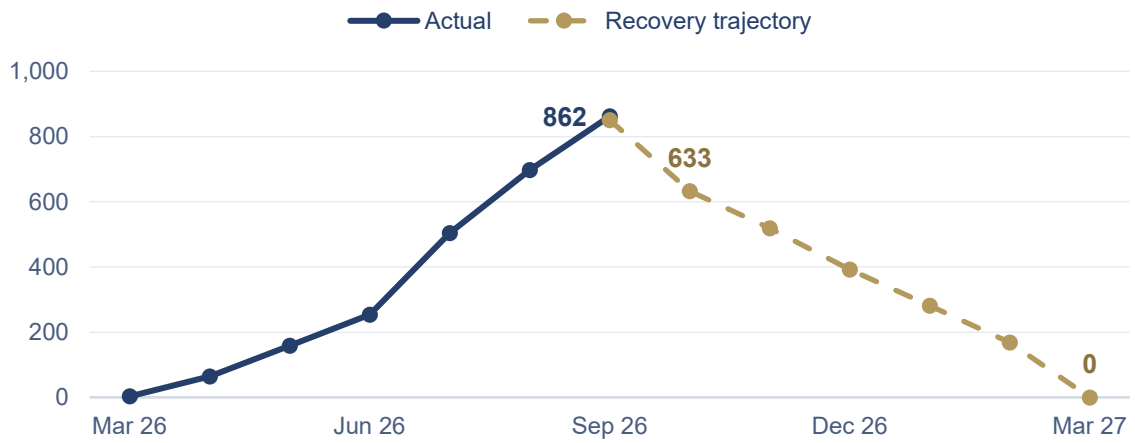
Advise: criteria 15, 25, 27 and 29. What would move them: each month on the recovery trajectory, and the 26 and 36 week trend turning.

Planned care recovery: progress to 13 October

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The weekly recovery return shows diagnostic waits below trajectory and waits of more than two years just above it. Most extra activity starts from mid-October, so October and November will show whether the trajectories hold.

Patients waiting more than two years at the end of each month



Actual: monthly reporting. Trajectory: weekly recovery return, last week of each month.

Patients waiting more than eight weeks for a test, 13 October

Test	Actual	Trajectory	Extra activity since September
Ultrasound	3,583	3,655	None until 26 October, then 240 scans a week
MRI	2,165	2,370	1,079, against 862 planned
Echocardiography	1,128	1,195	400, against 516 planned
Cardiac CT	445	447	None until mid-October
CT (non-cardiac)	34	136	1,408, against 1,407 planned
Endoscopy	0	0	115, against 108 planned
All tests	**7,593**	**8,147**	

What the trajectories depend on

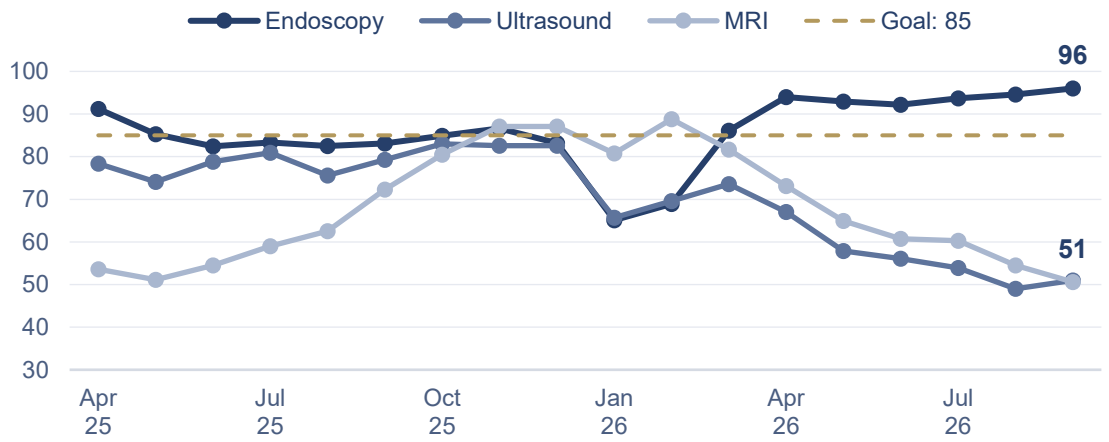
- About 2,500 extra operations and procedures are planned in orthopaedics, ophthalmology, ENT, urology and dermatology. Almost all start from mid-October, and nearly two thirds fall before the end of December.
- Ophthalmology accounts for 1,150, outsourced between October and Christmas. Outsourcing on that scale needs approval to share patient details with the provider, which is still with our information governance team; 42 cataract operations have been outsourced since the end of September.
- Orthopaedics has reduced its planned extra activity from 1,102 to 888 cases in this return, and 55 operations cancelled during the scabies outbreak at Prince Philip Hospital still have to be recovered.
- The two-year trajectory also relies on clinical validation from early November, confirming with each patient's clinical team that treatment is still needed.

Diagnostics and therapies

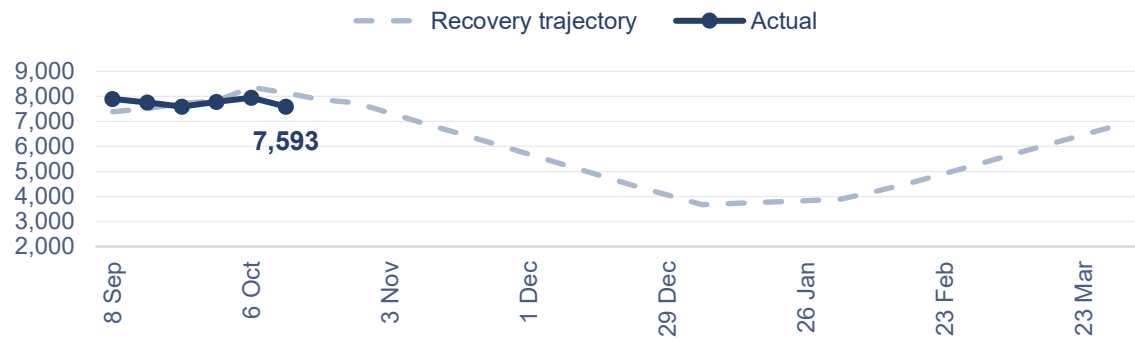
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Endoscopy has met its criterion for seven months in a row. Diagnostic waits are below the recovery trajectory, but ultrasound, MRI and therapy waits are further from their criteria than in the spring, and most extra diagnostic activity ends in December.

Patients waiting less than eight weeks, in 100



Patients waiting over eight weeks for a diagnostic test, weekly



31 Endoscopy — Assure

96 in 100

within eight weeks; 85 or above for seven months in a row

32 Ultrasound and MRI — Alert

51 in 100

within eight weeks for each, against 85

30 All diagnostic tests — Alert

7,593

over eight weeks at 13 October, below trajectory; about 3,700 in January, then 6,900 by March

33 Therapies — Alert

68 in 100

within 14 weeks, against 90; 4,153 waiting longer

Radiology outsourcing and double running are £2.8m above plan, matched by a (£2.8m) underspend on radiology vacancies: we buy in capacity because the posts are not filled. The current recovery plans do project an improvement in the coming months, but, these are non-recurrent in nature. Therefore, this is liable to be a real issue in the 27/28 Annual Plan.

Risks and dependencies

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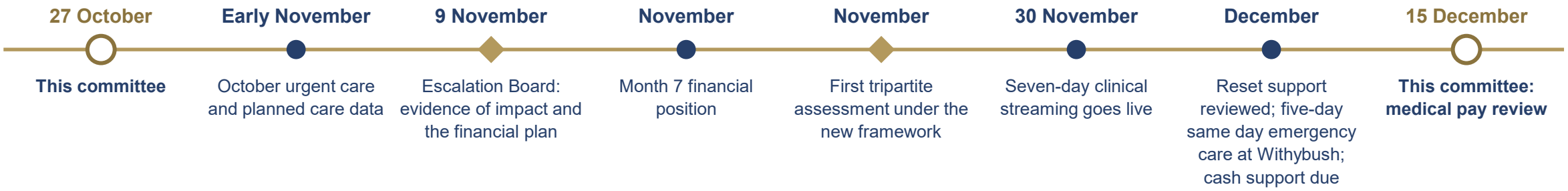
The main risks cut across the finance and performance criteria, because the same teams, rotas and budgets carry both. We manage each one through the recovery arrangements rather than alongside them.

	Risk	Criteria	How we are managing it
1	**The further actions** The forecast relies on (£20.2m) of actions from October without confirmed plans. Risks 2326 (this year's plan) and 1199 (financial sustainability) both score 25 out of 25.	1, 3, 4	Each action tested by the Performance and Recovery Group for an owner, a date and a recurrent value before 9 November; any gap raised with Welsh Government early
2	**Temporary staffing and the front door** Reducing temporary staffing touches the same medical and nursing rotas that the urgent care tests depend on at Withybush and Glangwili.	1, 4, 16, 17	Reductions tested rota by rota against the risk the cover manages; medical pay review to this committee in December
3	**Urgent care changes start in winter** Seven-day clinical streaming starts on 30 November and seven-day same day emergency care at Withybush in February 2027, after the test months.	16 to 19	Reset support on flow and discharge through October and November; Call Before Convey live; a daily operating model for flow
4	**Planned care recovery** Most extra activity starts from mid-October, and almost half relies on ophthalmology outsourcing that awaits approval. Diagnostic waits rise again from January as extra activity ends.	26 to 28, 30 to 33	Weekly recovery returns to NHS Wales Performance and Improvement; the 2027/28 plan starts from what each service can deliver without one-off activity
5	**Cash** On the forecast, we need strategic cash support from Welsh Government by the end of February 2027.	3, 4	Cash position reported to Welsh Government each month; cash management strategy applied if support is not confirmed by December
6	**Capacity to deliver** The same leaders carry in-year recovery, the reset support, the Escalation Board and the 2027/28 plan.	All	One order of priority set through the Performance and Recovery Group; reset support aligned to existing plans rather than added to them. Also aligned to Audit and Risk Committee.

What the committee will see next

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Escalation Board and the first assessment under the new framework both fall before this committee meets again on 15 December. Each step gives the committee new evidence.



What we will bring to the December meeting

Finance and savings	Temporary staffing	Urgent care	Planned care and diagnostics	The new framework
Months 7 and 8; confirmed plans behind the (£20.2m); progress on recurrent conversion; cash support	The medical pay review, and each proposed reduction set against the rota and the risk its cover manages. This will be linked across the performance recovery group and improvement plans.	The October result and the Escalation Board outcome; the effect of the reset support on flow and discharge	October waits of more than two years against the trajectory of about 630; extra activity delivered; Welsh Government's response on endoscopy	The outcome of the November assessment and what it means for this committee's criteria

Recommendations

The committee is asked to:

1	**APPROVE**	these ratings: twelve criteria at Alert, six at Advise and one at Assure. Only endoscopy (criterion 31) meets the threshold for de-escalation.
2	**NOTE**	that September did not meet either urgent care test, with provisional figures putting handovers over 45 minutes at about 875 against 789; that the improvement in the forecast deficit to £37.5m comes wholly from the (£3.5m) Welsh Risk Pool reduction; and that most of the extra planned care activity is still to come.
3	**SCRUTINISE**	the plans behind the (£20.2m) of further actions before they go to the Escalation Board on 9 November: each with an executive owner, a date, a recurrent value and its effect on staffing and access.
4	**SUPPORT AND REQUEST**	that the December meeting receives the confirmed financial actions, the medical pay review, the October/November urgent care and planned care actions and results, and the outcome of the November assessment.
5	**SEEK ASSURANCE**	on the step change in internal escalation: four ratings at level 4 in the October scoring, against two last month. Community and Integrated Medicine is now at level 4 for workforce as well as finance, and Public Health for workforce. The level 4 action plans, and their effect on spending, should come to the December meeting.

Welsh Government sets escalation levels through the tripartite process. These ratings are the committee's evidence into it.