

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

UEC 3 Pillars Programme

27th October 2026

Pillar 1: Update

Report Date:	RAG Status	Project Lead: Bianca Oakley	Project Manager: Olivia Barnes
October 2026		Summary: Five active workstreams are progressing across service implementation, peer review, extended out-of-hours delivery and digital community falls. Immediate attention is required on workforce approvals and implementation readiness for the seven-day Clinical Streaming Hub.	

Project	RAG Status	Due date	Owner	Key Actions
Call Before Convey		29/09/26	Bianca Oakley	• Project Go-Live date as per planned on the 28th September • Review weekly activity data with WAST following go-live, identify learning and continue monitoring. Gather ED leads feedback to inform the formal evaluation.
7-day CSH Implementation		01/12/26	Bianca Oakley	• Expedite recruitment and financial approvals; complete Pembrokeshire Community Nursing OCP; finalise regional and local SOPs; confirm go-live readiness and contingency.
CSH Peer Review		31/12/26	Bianca Oakley	• Complete peer reviews through November, produce the final assessment report and recommendations and agree improvement plans.
Extended OOH Service		30/01/27	Rhian Bond	• Complete recruitment and mobilisation, agree the operating model and workforce plans, and evaluate activity and impact to inform next-stage delivery.
Enhanced Community Care		31/12/26	Sonia Hay	• Begin discussions on development or consolidation of the services reported on within the National dashboard.
ISTUMBLE Digital Community Falls		31/12/26	Ellen Lewis	• Finalise governance and measures; confirm Phase 1 care homes; complete digital workflow review; prepare communications, training, safe implementation and early-use monitoring.

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Pillar 2: Update

Report Date:	RAG Status	Project Lead: John Evans / Eiry Edmunds	Project Manager: Olivia Barnes / Ellen Lewis
October 2026		Summary: Five workstreams are progressing though actions and developing plans following two Pillar 2 meetings.	

Project	RAG Status	Due date	Owner	Key Actions
72 Hour Vision Document		30.11.26	Scott O'Rourk	Identify a programme plan from the First 72-Hours Vision Document incorporating CLD, D2RA allocation. • Complete a on-call senior decision maker at the front door review. • Undertake a gap analysis to identify resource requirements. • Progress reaccommodation's following review and assessment of data.
Ambulance Handover 45		31.10.26	Louise Cullum	• Progress and finalise the escalation policy. • Continue monitoring and reviewing Call Before Convey implementation to identify learning opportunities • Review NHSP&I report actions and confirm which remain applicable.
WGH 7 Day SDEC Implementation		12.3.27	Jessica Svetz	• Complete OCP consultation process. • Develop 7-Day SDEC SOP • Commence recruitment once OCP requirements are addressed.
Frailty		28.1.27	Angela Puffet /Marilize du Preez	Complete mapping against the 14 NHS P&I frailty standards. • Agree identified gaps across acute sites. • Rewrite the Frailty Plan. • Develop clear actions, timescales and named ownership for delivery
Escalation Policy		31.12.26	Sonia Hay	•Remove non-applicable content and adapt the document to reflect local roles, structures and processes. •Complete review of terminology and align wording with NHS Wales Planning & Improvement definitions and local terminology. •Review and update all Action Cards allocated to medical, nursing, operational and site management teams. •Obtain approval on the Determining Escalation Levels document from: Paediatrics, Mental Health, WAST & AHP's. •Incorporate feedback and amendments received from reviewers into the final document.

Pillar 3: Update

Report Date:	Current RAG	Project Lead: Marilize du Preez	Project Manager: Ellen Lewis
October 2026		Summary:	

Project	RAG	Due date	Owner	Key Actions
Optimal Hospital Flow		Ongoing	MDP	Visible on-site support to improve optimal flow elements. Ward managers event report to be finalised and areas identified for the next engagement sessions with the Pembrokeshire and Ceredigion systems.
Discharge Leaflet		Nov 26	MDP	Revise the draft patient discharge leaflet and circulate with clinical deputies for review.
Red2Green		TBC	MDP/ Digital	Engage with Digital Services and system suppliers to review identified MIYA functionality issues affecting Red2Green compliance and data quality. Agree and implement a solution to address functionality constraints and improve data capture, visibility and reporting.
Management of Clinically Optimised Patients SOP		Nov-26	MDP	Identify a pilot area for the Management of Clinically Optimised Patients SOP.
Pathway of Care Delays (PoCD) Trusted Assessor		Dec 26	MDP	Complete and submit the PoCD Deep Dive. Support NHS P&I to complete the TA audit.
Discharge to Recover Assess (D2RA)		Dec-26	MDP	Focus on improving measure one compliance (D2RA pathway allocated within a day of admission)- linked to pillar 2.
Preventing deconditioning		Nov-26	MDP	Identification of phase 3 roll out areas, incorporating the community and care homes. Review of the DEWI evaluation report.
Strengths Based Collaborative Communication		Nov 2026	MDP	Meeting scheduled with stakeholders to consider future funding and agree areas for further programme delivery between health and local authorities.
Discharge Lounge		Nov 2026	MDP	Optimal utilisation of the discharge lounge by predicting tomorrow's discharges today. Draft Discharge Lounge principles document developed.
Board Rounds & Afternoon Huddles		Nov 2026	MDP	Board round audit and ward specific improvement plans to support "by who, by when" approach at board rounds. AHP leadership meeting and ongoing engagement. Draft Board Rounds & Afternoon Huddles SOP developed.
Carmarthenshire 15 bed pilot		Dec 2026	Jonathan Edwards	Complete procurement and provider selection. Finalise operational model and governance arrangements. Establish pilot measures and reporting framework. Mobilise beds, nursing support and transport arrangements. Launch pilot and monitor impact on discharge flow and acute bed capacity.
Pre-Clinically Optimised Carmarthenshire Social Worker Referrals		TBC	Jo Jones	Pilot agreed with Carmarthenshire Local Authority to enable earlier Social Worker referrals, prior to clinical optimised patients.
Carmarthenshire Housing Delays		TBC	Jo Jones	Multi-agency discussion scheduled to identify potential solutions to housing-related delays impacting discharge.

Pillar 3: Risk Register

Project	Risk Title	Risk Statement	Severity	Likelihood	Risk Score	Mitigation Plan	Mitigated Severity	Mitigated Likelihood	Mitigated Risk Score
Optimal Flow	Optimal Flow Implementation	There is a risk that the deadline for implementing the Optimal Hospital Flow Framework (OHFF) may not be achievable due to limited resource availability, particularly clinical / site staff. These constraints could lead to delays in overall implementation progress.	3	2	6	A series of Reset Weeks and Sprints have been delivered to reinforce the principles of Optimal Flow. The appointment of an Executive Sponsor for Pillar 3 has strengthened governance and accelerated delivery of key actions. Site-specific Optimal Flow plans are monitored monthly through the programme, supported by performance data, with related improvement work across established groups aligned to the Optimal Hospital Flow Framework. Refreshed Optimal Flow and discharge guidance for staff developed to support ongoing implementation. Renewed focus on Board round process and effectiveness.	2	2	4
Optimal Flow	DEWI Tool	There is a risk that the benefits of the DEWI Tool will not be fully realised as it is currently a paper-based tool, resulting in inconsistent completion, limited oversight of compliance, and an inability to routinely capture and analyse data to demonstrate impact on deconditioning prevention and patient outcomes.	3	4	12	Development of a digital solution is being explored to enable real-time data capture, reporting, compliance monitoring, and integration into routine patient care processes. In the interim, regular audits and ward-level compliance monitoring are being undertaken.	3	3	9
Clinically Optimised Patient SOP	Delay in identifying and securing a pilot ward for the Clinically Optimised Patient SOP	There is a risk that implementation of the Clinically Optimised Patient SOP will be delayed due to difficulties engaging operational teams and securing a suitable pilot ward. This may result in missed opportunities to test and refine the process, reduced pace of improvement in patient flow, and delays in achieving benefits associated with the timely management of clinically optimised patients.	3	4	12	Identify a smaller-scale pilot area if a full ward pilot cannot be agreed.	3	2	6
Optimal Flow	CLD	There is a risk that Criteria Led Discharge (CLD) will not be implemented consistently across inpatient areas due to a lack of clinical engagement, ownership, and buy-in from key stakeholders. This may delay adoption of the model and limit opportunities to improve patient flow, reduce discharge delays, and release capacity within the hospital.	4	4	16	Actioning within Pillar 2 as part of the 72 hour standards document. Engage clinical leaders, consultants, nursing teams, and therapy staff early in the design and implementation process. Develop and implement a comprehensive Criteria Led Discharge training package to improve awareness, understanding, and confidence in the CLD process.	4	2	8
Optimal Flow	Red2Green	There is a risk that limitations in MIYA system functionality impact the accuracy, completeness and consistency of Red2Green (R2G) data, resulting in reduced compliance, unreliable reporting, and an inability to effectively identify, monitor and escalate delays in patient flow and discharge processes.	3	4	12	Engage with Digital Services and system suppliers to review identified MIYA functionality issues affecting Red2Green compliance and data quality. Agree and implement a solution to address functionality constraints and improve data capture, visibility and reporting.	2	2	4
Optimal Flow	Discharges Before Midday measure	The Discharges Before Midday measure currently includes patients transferred to the Discharge Lounge before midday rather than those who have physically been discharge from the hospital. As this metric is reported to NHS Planning & Improvement (NHS P&I) as a key Optimal Hospital Flow Framework measure, there is a risk that discharge performance is inaccurate and not reliable of reported outcomes.	4	4	16	The issue has been escalated to Digital Services and the Deputy Chief Operating Officer (Deputy COO) for review and action. Work is underway to validate the reporting methodology, clarify the definition of the Discharges Before Midday measure, and identify any system or reporting changes required to ensure data submitted to NHS P&I accurately reflects patients who have physically left hospital before midday.	2	2	4
Optimal Flow	Absence of Clinically Optimised Worklist Functionality in MIYA	The clinically optimised patient worklist functionality previously available within Frontier is not currently available within MIYA. As this functionality supports the identification and management of clinically optimised patients, discharge communication, and the coordination of complex discharges, its absence may reduce visibility of patients ready for discharge, delay discharge planning activities, and contribute to increased length of stay, increased pathways of care delays (PoCD), and reduced patient flow across hospital sites.	4	4	16	Issue escalated to Digital Services on multiple occasions. Continue engagement through Digital governance and programme reporting structures to secure a solution and implementation timeline. Explore interim reporting mechanisms and manual workarounds to support identification and tracking of clinically optimised patients pending system enhancement. Monitor impact through discharge and patient flow groups.	3	2	6
Carmarthenshire Interim Bed Pilot	Mobilisation Timeline	There is a risk that the planned mobilisation of commissioned care home beds by 1 December 2026, or as soon as possible thereafter, may not be achieved due to procurement timescales, operational capacity constraints, contractual requirements and other unforeseen factors. This could delay implementation of the scheme and reduce the anticipated impact on patient flow, discharge performance and system capacity during winter pressures.	4	3	12	Procurement team contacted to highlight the urgency of the requirement. Request made for a dedicated procurement lead to support progression. Carmarthenshire System Operational Triumvirate engaged and briefed on mobilisation requirements. Regular progress reviews established to identify and escalate barriers promptly. Mobilisation plan to be developed with key milestones, responsibilities and dependencies.	4	2	8
PoCD	Achievement of PoCD Target	There is a risk that the Pathway of Care Delay target (PoCD) target will not be achieved, as only 13% of delayed pathways are attributable solely to Health Board factors. The majority of delays are either jointly owned with partner organisations or are the responsibility of Local Authorities, limiting the Health Board's direct ability to deliver the target independently.	4	4	16	Memorandum of Understanding (MoU) hospital discharge in place. Agree and monitor delivery of the regional action plan; maintain regular partnership meetings; strengthen system-wide accountability and collaborative working; utilise strengths-based approaches to problem solving and escalation across partner organisations.	4	2	8

UEC Trajectories and Actuals 2026/27

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	45-minute handover (breaches; % within)	4-hour ED/MIU (% within; modelled)	12-hour waits (count; %)	Pathways of Care Delays (count)
Target	**Q4: >90% in 15 mins; 100% within 45 mins**	**95%**	**7% or fewer**	**174 or fewer**
May 2026 (baseline)	879 (59.5%) Actual: 60%	72.4% Actual:63%	1,443 (8.6%) Actual: 11%	201 Actual: 186
June 2026	846 (59.3%) Actual: 55%	72.5% Actual: 64%	1,325 (8.4%) Actual: 11%	200 Actual: 192
July 2026	786 (64.1%) *Stretch 65.9%* Actual: 68%	72.5% Actual: 64%	1,374 (8.2%) Actual: 10%	198 Actual: 204
August 2026	691 (68.6%) *Stretch 75.4%* Actual: 61%	72.6% Actual: 63%	1,364 (8.2%) Actual: 11%	196 Actual: 250
September 2026	582 (73.0%) *Stretch 77.5%* Actual: 55%	72.6% Actual: 63%	1,249 (8.1%) Actual: 11%	195 Actual: 222
October 2026	599 (74.0%) *Stretch 78.2%*	73.4%	1,293 (8.0%)	193
November 2026	645 (69.7%) *Stretch 79.8%*	73.8%	1,197 (8.3%)	191
December 2026	644 (69.2%) *Stretch 79.7%*	74.7%	1,212 (8.6%)	190
January 2027	656 (69.6%) *Stretch 79.7%*	75.1%	1,356 (9.4%)	188
February 2027	538 (71.7%) *Stretch 79.9%*	75.4%	1,116 (8.2%)	185
March 2027	585 (71.8%) *Stretch 80%*	75.5%	1,106 (6.9%)	183

Recommendations

- **NOTE the progress made across the Three Pillars Programme and the range of improvement activity currently being progressed across urgent and emergency care, hospital flow and discharge.**
- **NOTE the key delivery risks and dependencies, particularly workforce and financial approvals for the seven-day Clinical Streaming Hub, completion of the Pembrokeshire Community Nursing organisational change process, and confirmation of implementation readiness and contingency arrangements.**
- **TAKE ASSURANCE that outstanding workforce, recruitment, financial and digital dependencies are being addressed through the appropriate executive and governance routes, with any unresolved matters that may impact delivery escalated promptly.**
- **TAKE ASSURANCE that workstreams with identified delivery pressures have clear recovery actions, accountable owners, achievable timescales and defined escalation routes, with exceptions reported through the established governance arrangements.**
- **NOTE that current performance remains below the stated year-end targets for ambulance handovers, four-hour performance and Pathways of Care Delays, notwithstanding the improvement anticipated through the programme trajectories.**



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