Pwyllgor Cyllid a Pherfformiad/ Finance and Performance Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**27 OCTOBER 2026**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance and Internal Escalation Update for Hywel Dda University Health Board – Month 6 2026/27
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Executive Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the month 6, 2026/27 Integrated Performance Assurance Report (IPAR) and the month 6 Internal Escalation Update.

Integrated Performance Assurance Report (IPAR) – month 6 2026/27
The IPAR summarises progress against a range of national and local performance measures. The IPAR consists of this SBAR and the following supporting documents:

- IPAR overview – includes a summary, data, issues and actions for the Health Board's key performance improvement measures. Appendix A of the overview gives an indication of the metric types i.e. targeted intervention, performance framework, annual plan etc.
- IPAR dashboard – provides statistical process control (SPC) charts for each of our performance measures. Ahead of the committee meeting, the dashboard will also be made available via our internet site.

The health board is in further discussion with Welsh Government and the National Performance and Improvement Team to revise our annual plan trajectories. Once agreed and formalised, they will be included within the IPAR.

Ambulance Handovers: New national methodology applied from 1 September 2026 for 15- and 45-minute handovers:

- All handover measures will be based on the Welsh health board where the patient is taken to.
- All handovers will be included, not just patients taken by ambulance to an emergency department.
- Conveyances by taxi, air ambulance, and any non-conveying vehicle type will be excluded.
- Verified data from Welsh Ambulance Service Trust is an additional month behind.

Internal escalation update: October 2026
This document outlines the escalation levels for each clinical care group and executive function across the health board against our seven improvement domains.

Cefndir / Background

Welsh Government published the 2026/27 NHS Wales Performance Framework in February 2026. Following the health board's recent Accountability and Oversight meeting with Welsh Government, our 2026/27 trajectories are being reviewed. The revised trajectories will be included in the IPAR as soon as they are finalised.

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

Asesiad / Assessment

Performance overview

The key metric summary table below has been revised to reflect changes to the 2026/27 performance framework, ministerial priorities and other local key performance metrics. Additional data, details of key issues and actions being taken to address can be found in the supporting document *IPAR overview*.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
% sickness absence rate of staff	6.20%	Sep 2026	6.85%	n/a	n/a	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Sep 2026	1,649	Usual	Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Sep 2026	66.8%	Usual	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Sep 2026	4,255	Concerning	Missing target	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Sep 2026	7,903	Concerning	Missing target	n/a	Alert
Ambulance handover > 4 hours Hywel Dda	0	Sep 2026	236	Improving	Missing target	n/a	Alert
Ambulance handovers > 1 hour Hywel Dda	0	Sep 2026	796	Improving	Missing target	n/a	Alert
Ambulance handover > 45 minutes Hywel Dda	0	Aug 2026	833	Improving	Missing target	n/a	Alert
Number of Pathways of Care delayed discharges	n/a	Sep 2026	222	Usual	n/a	n/a	Alert
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C. difficile: Number of confirmed cases (in-month)	5	Sep 2026	15	Usual	Hit and miss	n/a	Alert
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Pts 12yrs+ with diabetes receiving all 8 NICE care processes	50%	Sep 2026	46.2%	Improving	Missing target	n/a	Advise
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Alert (may require discussion): Lack of confidence any action in place is sufficient to address the issue satisfactorily and/or within the scope of the team/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

Triangulating our data: 1st April 2022 to 30th September 2026.

- Quality safety and risk – the number of incidents causing moderate harm or above reported by month is 135 in September 2026, performance has been relatively static since December 2025. September showed a slight decrease in the number of patient falls (208), medication errors (94) and cases of pressure damage (72) to the previous month. There has been a sustained decrease in the number of new complaints received since September 2025 (249) with (54) in September. We continue to have significant numbers of high and extreme risks on the risk register with 595 in September 2026. The number of new infections decreased in September reporting 65 cases (S. aureus = 7 cases, E. coli = 30 cases, C. difficile = 16 cases).
- Workforce – In month, staff sickness increased to 6.96% in September. Short-term sickness increased to 2.23% from previously 1.87% whilst long-term sickness remained relatively static at 4.73%. Note: The sickness metric reported in the alert section of this SBAR includes 12-month rolling data. Nursing and midwifery agency usage continues to remain static since March 2025 (91.72) with September recording 52.8 whole time equivalent (WTE). Rolling 12-month staff turnover percentage has decreased slightly to 6%, lowest recorded.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	131	305	135	
Patient falls	189	301	208	
Medication errors	61	148	94	
Pressure damage developing or worsening during care	54	215	72	
New complaints by month received (ward level not available)	54	249	54	
Number of high and extreme risks (health board & function only)	381	598	595	
Infections: new cases	51	89	65	
Infections: C. difficile cases	8	22	16	
Workforce				
Number of staff/contractor related incidents	98	186	137	
Sickness - short term	1.7%	2.6%	2.2%	
Sickness - long term	3.8%	4.9%	4.7%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.0%	9.8%	6.0%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	47.04	379.79	52.80	
Bank (WTE)	212.99	352.85	316.79	

Internal escalation

Health board internal escalation level overview as at 30 September 2026

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

	Function	Quality & safety	Governance	Workforce	Finance	Strategy, planning and fragile services	Population Health	Performance
Clinical Care Groups	Community and Integrated Medicine	3	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 (LTAs)	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

Community & Integrated Medicine and Public Health have been escalated up to level 4 for workforce. This is the first time level 4 has been enacted for the workforce domain. Planned & Specialist Care are at risk of level 4 escalation next month if improvements are not made in October to reduce the number of overdue pay progressions within the clinical care group (CCG).

Community & Integrated Medicine is our most concerning CCG, with the function being escalated to 3 or 4 in 5 out of the 7 improvement domains. Key issues include the management of incidents/complaints, hospital acquired infections, overspend, significant gap on savings delivery, support for inpatient smokers, business continuity planning, ambulance handover delays, A&E waits and pathway of care delays. However, following improvements in risk management activity, the CCG has avoided being escalated up to level 4 and has since been de-escalated to level 2.

Please see the supporting document *Internal Escalation Update: September 2026* for further details.

Argymhelliad / Recommendation

The Committee is asked to **DISCUSS** the IPAR – Month 6 2026/2027 and internal Escalation report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1 The purpose of the Finance and Performance Committee is to provide advice and assurance to the Board on the following: 2.1.1 The financial performance and delivery against Health Board financial plans and objectives and • give early warning of potential performance issues, • make recommendations for action to continuously improve the financial position of the organisation, • focus on the financial impact of in-year and medium-long term plans, the impact of financial issues on service delivery, quality and patient experience, and any specific issues where financial performance is showing deterioration or there are areas of concern. 2.1.2 The overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required focus on specific issues where performance is showing deterioration or there are issues of concern.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2026/2027 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	A&E – Accident and Emergency BGH – Bronglais General Hospital ED – Emergency Department GGH – Glangwili General Hospital IPAR – Integrated Performance Assurance Report MIU – Minor Injury Unit PPH – Prince Philip Hospital PODCC – People, Organisational Development and Culture Committee SPC – Strategy and Planning Committee FPC – Finance and Performance Committee WAST – Welsh Ambulance Services University NHS Trust WGH – Withybush General Hospital
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care Strategy and Planning Committee

	People, Organisational Development and Culture Committee

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

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

Integrated Performance Assurance Report (IPAR) Overview

As at 30th September 2026



For further details see the latest IPAR dashboard.

Contents

Overview
Key improvement measure summary

Planned care
Delayed Follow-up appointments
New outpatient waits
Referral to treatment
RTT – Ophthalmology and T&O
Ophthalmology R1 (high-risk patients)

Urgent and emergency care
Ambulances – Hywel Dda
Emergency departments – Hywel Dda
Ambulances – Bronglais Hospital
Emergency departments – Bronglais Hospital
Ambulances – Glangwili Hospital
Emergency departments – Glangwili Hospital
Ambulances – Prince Philip Hospital
Emergency departments – Prince Philip Hospital
Ambulances – Withybush Hospital
Emergency departments – Withybush Hospital
Pathway of Care Delays (POCD)

Cancer
Single cancer pathway

Mental Health
Mental health assessments within 28 days
Therapeutic interventions following primary mental health assessment
Psychological therapy waits
Neurodevelopmental assessment waits

Diagnostics and therapies
Diagnostic waits over 8 weeks
Therapy waits over 14 weeks

Infections
C. difficile
E.coli cases and S. Aureus

Workforce
Staff sickness

Finance
Financial Deficit

Appendix A
Summary Metric by Type

Statistical process control (SPC) charts

Why use SPC charts?
Anatomy of a SPC chart
Rules for special variation within SPC charts
Understanding SPC icons

The key metric summary table below has been revised to reflect changes to the 2026/27 performance framework, ministerial priorities and other local key performance metrics and is broken down my metric type in **Appendix A**.
Additional data, details of key issues and actions being taken to address can be found in the supporting document *IPAR overview*.
For data on all performance measures we are tracking, see our IPAR dashboard: Integrated Performance Assurance Report (IPAR) dashboard as at 30th September 2026.

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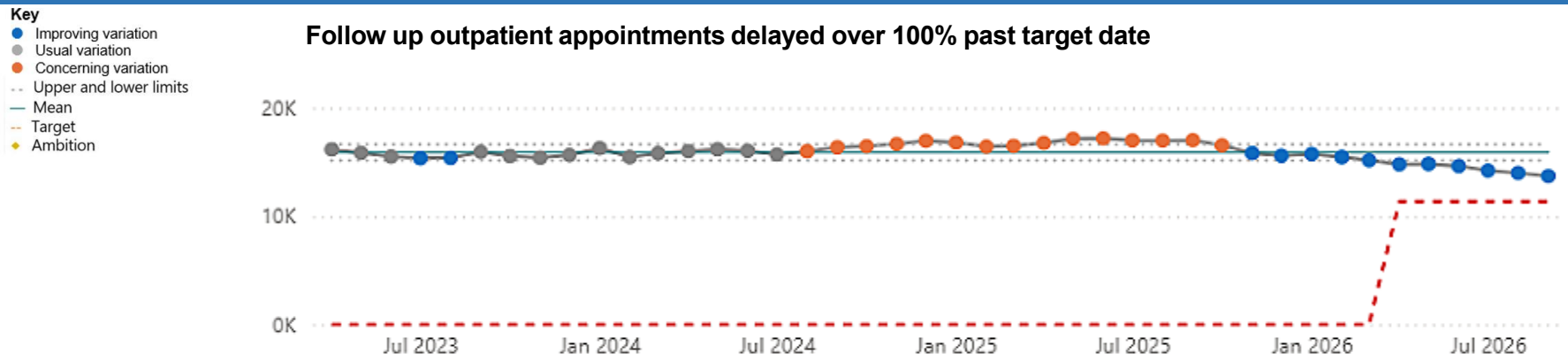
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Delayed follow up appointments

(Enhanced monitoring condition and Ministerial priority)



Performance is showing improving variation. Data in September 2026 (13,725) represents the fourth consecutive monthly improvement and the best performance in recent years.

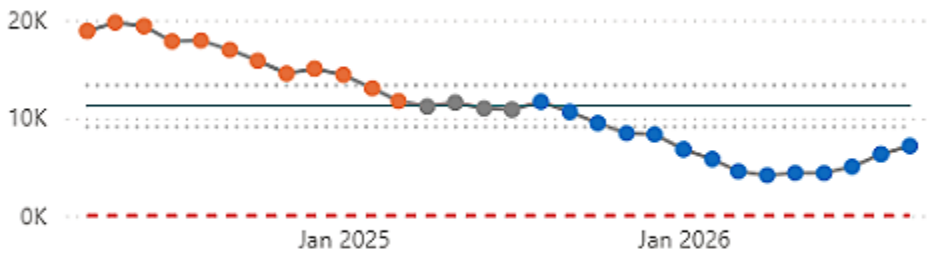
Key challenges / issues	Key actions / initiatives	Due date
• Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways. • Certain specialties have essential follow up pathways and may have additional pressure to reduce significantly due to case mix.	• The Outpatient Transformation Programme, led by the Executive Medical Director, was launched in July 2026 to deliver the National Planned Care Programme priorities across all specialties. The programme focuses on referral management, clinical triage, pathway redesign, and the expansion of self-management approaches including See on Symptoms (SoS) and Patient Initiated Follow Up (PIFU). • Specialty-level transformation plans are being implemented to reduce unnecessary follow-up activity, improve outpatient productivity, strengthen clinical validation processes, and enhance patient access and outcomes. • Significant progress has been made in the conversion of long-waiting follow-up patients to SoS/PIFU pathways. All specialties have completed this work, with the exception of Ophthalmology, where a dedicated transformation programme continues to deliver sustained improvements, including a reduction of more than 1,000 delayed follow-ups during 2026. • Although the national ambition to reduce delayed follow-up waits to below 12,000 was not achieved by March 2026, sustained improvements have been demonstrated throughout 2026/27. This has been supported by enhanced clinical validation, implementation of Clinical Implementation Network (CIN) guidance, and pathway redesign initiatives including the transfer of appropriate glaucoma patients to primary care management. • The Executive Medical Director-led transformation programme provides the clinical leadership, governance, and specialty accountability required to accelerate improvement. Based on current trajectories and planned interventions, the Health Board is expected to achieve and exceed the March 2027 target of 11,387 delayed follow-up waits, delivering the lowest position recorded and establishing a sustainable foundation for continued reduction.	31/03/27 31/03/27 31/03/27 31/03/27 31/03/27

Waits over 26 and 52 weeks for a first outpatient appointment

(Enhanced monitoring condition and Ministerial priority)

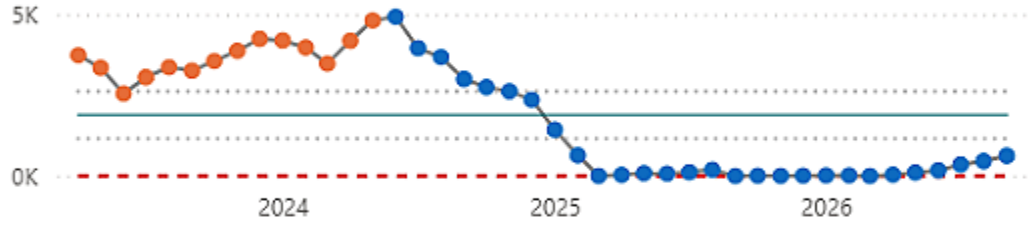
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >26 weeks for a first outpatient appointment



Performance has been deteriorating in recent months, and the 7,153 breaches recorded in September 2026 is the most since December 2025.

Patients waiting >52 weeks for first outpatient appointment

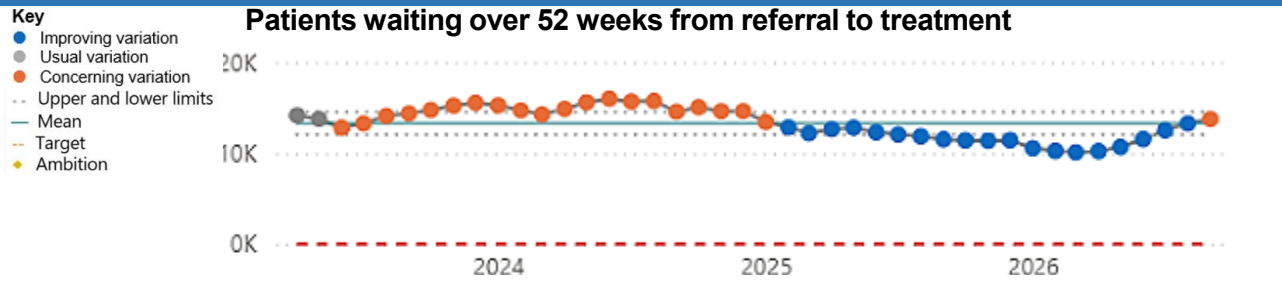


Performance has been deteriorating steadily since we met the target (0) in March 2026. Breaches in September 2026 (625) are the highest recorded in over 18 months. This is inline with our 2026/27 Annual Plan expectations.

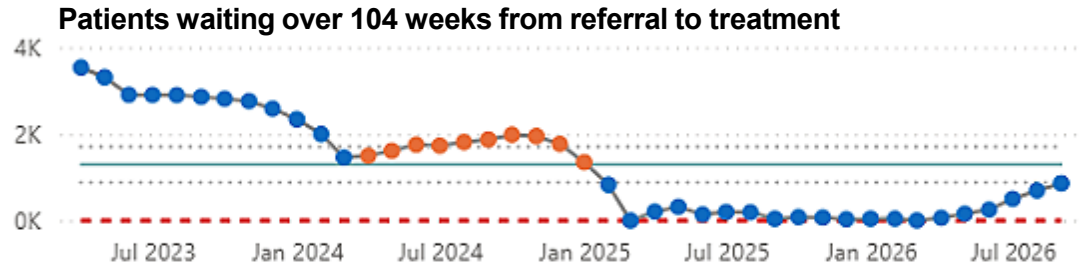
Key challenges / issues	Key actions / initiatives	Due date
The Health Board reported 625 breaches of the 52-week Stage one outpatient target in September 2026. While this represents a deterioration in the breach position, this is consistent with the trajectory anticipated within the Annual Plan and reflects the current prioritisation of recovery resource. Recent Welsh Government recovery funding has principally focused on reducing >104-week total pathway waits, rather than Stage 1 outpatient waits. As a consequence, improvement in the 52-week Stage 1 position is expected to be more gradual while the Health Board prioritises the longest-waiting patients. Specialty recovery plans remain in place, alongside outpatient transformation, demand and capacity management and targeted performance oversight. Colorectal, Vascular, Gastroenterology, Diabetic Medicine and Rehabilitation Medicine have achieved zero 26-week breaches.	• The Outpatient Transformation Programme, led by one of our consultant surgeons, is driving specialty-level improvement plans across all National Planned Care Programme priorities, including referral management, clinical triage, pathway redesign, expansion of See on Symptoms (SoS) and Patient Initiated Follow Up (PIFU) models, and outpatient productivity improvement. • To strengthen recovery further, structured specialty deep-dive reviews are being undertaken during October 2026. These reviews will examine specialty-level trajectories, long waits, demand and capacity, clinic utilisation, DNA performance and follow-up demand, with targeted actions identified to maximise available capacity and strengthen delivery against the 26 and 52-week trajectories. While the 52-week position is expected to remain challenging in the short term, these actions will support progressive improvement alongside the Health Board's continued prioritisation of the longest total pathway waits.	31/03/27 31/12/26

Waits over 52 and 104 weeks from referral to treatment (RTT)

(Enhanced monitoring condition and Ministerial priority)



Performance is showing concerning variation for the first time in almost 2 years; waits have increased for the last 6 months to 13,765 in September 2026.



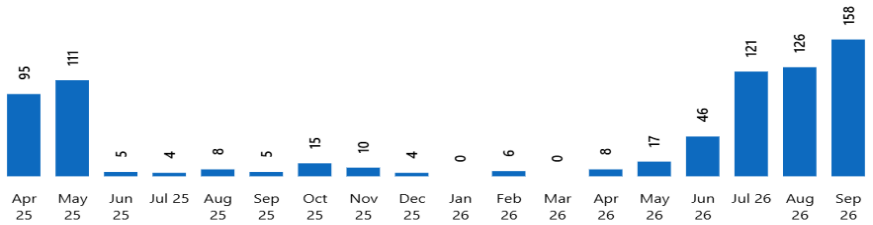
Performance has deteriorated for the last 6 months and breaches in September 2026 (862) are the highest since January 2025.

Key challenges / issues	Key actions / initiatives	Due date
• Current performance remains within the level anticipated in the 2026/27 Annual Plan trajectory. The revised recovery trajectory reflects the planned profile of improvement during the remainder of the year, with delivery now supported by the £12.85m Planned Care Recovery funding confirmed by Welsh Government on 23 September 2026.	• Approved Welsh Government Planned Care Recovery funding is being deployed to deliver targeted waiting list initiatives, clinical and administrative validation, and additional diagnostic and treatment capacity focused on the longest-waiting patients, accelerating reductions in waits over 104 weeks and overall waiting list size.	31/03/27
• Achievement of the revised recovery trajectories is reliant upon full and timely delivery of the Health Board's approved Planned Care Recovery programme, following confirmation by Welsh Government on 23 September 2026 of the £12.85m recovery funding allocation. Delivery will require continued protection and optimisation of core capacity alongside the funded recovery schemes, with particular focus on Ophthalmology, Orthopaedics, ENT and Urology, which continue to carry significant long-wait cohorts. Progress will be monitored against agreed specialty trajectories, activity and waiting-list impact, with risks to delivery identified and mitigated through established recovery governance arrangements.	• Delivery trajectories remain under continuous review through robust demand and capacity planning arrangements, with a continued focus on achieving national planned care standards, reducing long waits and improving the long-term sustainability of services.	31/03/27
• Delivery of the Health Board's 2026/27 recovery ambitions remains dependent upon securing and deploying additional capacity, whilst balancing increasing demand, workforce constraints and financial sustainability requirements. • Reducing unwarranted variation in productivity across specialties and sites remains a key challenge. Delivery of recovery funding is linked to demonstrating agreed productivity standards, including seven cataract procedures per operating list in Ophthalmology and four joint replacement procedures per list in Trauma & Orthopaedics, alongside wider getting it right first time (GIRFT) productivity requirements. • Sustained delivery of a robust Stage 2 and Stage 3 administrative and clinical validation programme is planned from October 26 – March 27, to ensure waiting lists remain accurate; patients are clinically prioritised appropriately and recovery resources directed towards patients requiring treatment. • Workforce availability, theatre utilisation, late starts, early finishes and the availability of specialist staffing continue to impact the ability to maximise elective capacity and maintain recovery trajectories. • Continued delivery of the Theatre Optimisation Workstream and Outpatient Transformation Programme will be critical to achieving sustainable reductions in long waits and reducing reliance on non-recurrent recovery solutions.	• The Theatre Optimisation Workstream is a key component of the Planned Care Recovery Programme. The workstream is led by the Clinical Care Group and reports to the Planned Care Transformation Programme Group, which is chaired by the Medical Director. It aims to improve theatre productivity and support delivery of GIRFT standards across specialties through a comprehensive review of staffing models, theatre utilisation, list loading and procedural productivity. Evidence-based standards are being implemented to reduce unwarranted variation between sites, maximise available capacity and support sustainable improvements in planned care performance.	31/03/27

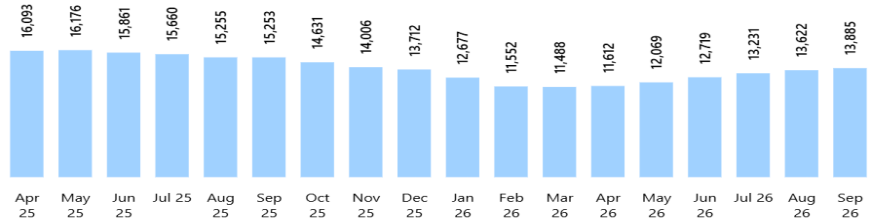
Waits over 104 weeks from referral to treatment (RTT) - orthopaedic and ophthalmology

(Planned care recovery)

Ophthalmology RTT waits over 104 weeks

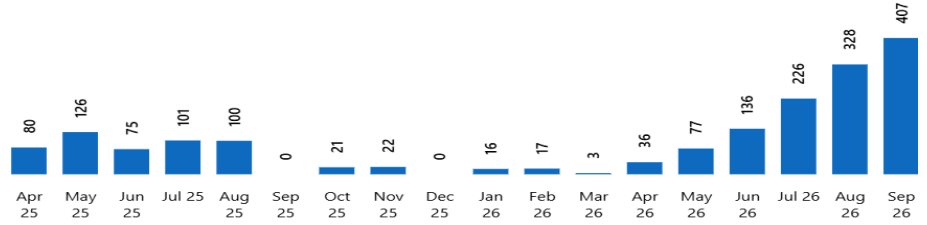


Total Ophthalmology RTT waiting list

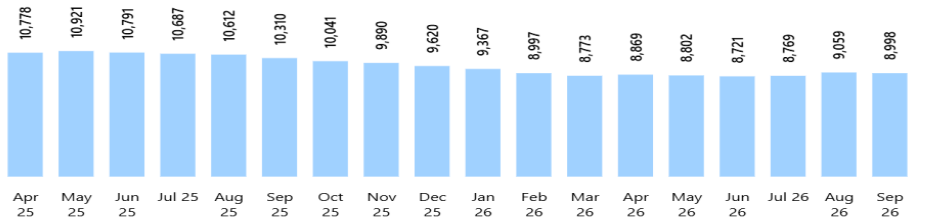


Ophthalmology patients waiting over 2 years for treatment has increased for the last 6 months to 158 in September 2026 while the total waiting list is also growing. This is inline with our 2026/27 Annual Plan expectations.

Orthopaedics RTT waits over 104 weeks



Total Orthopaedics RTT waiting list



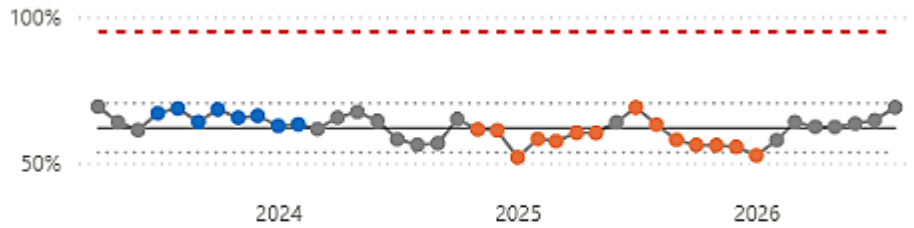
Orthopaedics patients waiting over 2 years for treatment has increased for the last 6 months to 407 in September 2026 while the total waiting list volume is stable. Performance is outside our agreed 2026/27 Annual Plan trajectories due to the impact of Anaesthetics staffing in Bronglais Hospital and the recent scabies outbreak. Recovery actions have been agreed.

Key challenges / issues	Key actions / initiatives	Due date
• Continued Stage 2 and Stage 3 (awaiting diagnostic/post diagnostic pathway) administrative and clinical validation is required to ensure RTT pathways remain accurate and clinically prioritised, although currently meeting the Annual Plan trajectory.	• Administrative validation of all Stage 2 and 3 patients completed by 30 September 2026 to be followed by clinical validation and pathway review to ensure patients are appropriately prioritised and pathway data remains accurate.	31/12/26
	• Revised monthly trajectories agreed and underpin delivery plans for both Orthopaedics and Ophthalmology, strengthening accountability for reducing 104-week waits.	31/03/27
• Delivery of 104-week recovery trajectories remains dependent on securing sufficient treatment capacity and maintaining reductions in long-wait cohorts within Orthopaedics (T&O) and Ophthalmology.	• Achievement of revised recovery trajectories is reliant upon full and timely delivery of the Health Board's approved Planned Care Recovery programme, following confirmation by Welsh Government on 23 September 2026 of the £12.85m recovery funding allocation. Delivery requires continued protection and optimisation of core capacity alongside funded recovery schemes, with particular focus on Ophthalmology and Orthopaedics, which continue to carry significant long-wait cohorts. Progress will be monitored against agreed specialty trajectories, activity and waiting-list impact, with risks identified and mitigated through established recovery governance arrangements.	31/03/27
• Sustained productivity improvement required to achieve recovery ambitions, including delivery of 4 joint replacements per list and 7 cataract procedures per list where T&O and Ophthalmology form part of the allocation.	• Ophthalmology recovery actions include additional cataract capacity, outsourcing activity and pathway optimisation to maintain reductions in the longest waits.	31/03/27
	• Orthopaedic recovery actions include targeted insourcing/outsourcing, strengthened waiting list management and enhanced theatre utilisation to reduce 104-week waits.	31/03/27
• Required focus on maximising internal capacity via Treat in Turn principles, theatre utilisation, pathway optimisation and reduction of unwarranted cross-site variation.	• The Theatre Optimisation Workstream is implementing agreed productivity standards, including 7 cataracts per list, 4 joint replacements per list, improved theatre utilisation and getting it right first time-aligned practices.	31/03/27
	• Continued delivery of Treat in Turn principles, pathway optimisation and productivity improvements will support sustainable recovery and maximise use of internal capacity.	31/03/27

Ophthalmology R1 (high-risk patients) performance
(Targeted intervention)

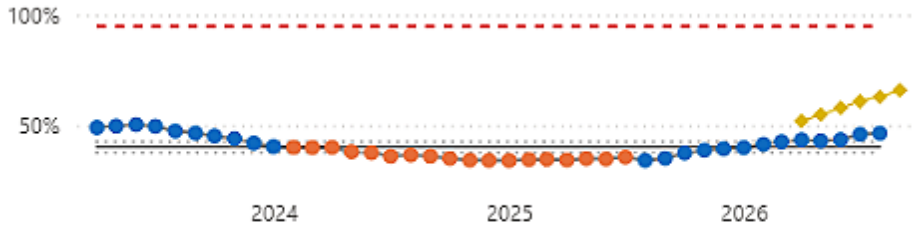
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Performance has been improving for the last three months. Latest data (Aug 2026 = 69.1%) is the best recorded since April 2023.

% R1 appointments waiting within their clinical target date or within 25% beyond their clinical target date



Performance is showing steady improvement, with August 2026 (46.5%) the best performance in almost 3 years.

Key challenges / issues

- R1 Ophthalmology remains a high-risk specialty, with Welsh Government prioritisation focussed on patients with the longest waits due to the increased clinical risk associated with delayed treatment. While prioritising these patients improves backlog reduction, it can negatively impact attended appointment performance in the short term as many have already breached. Performance is expected to improve as capacity increases and the backlog reduces.
- Workforce constraints continue to limit delivery, with vacancies across key medical roles including Consultants and Associate Specialists. Active recruitment remains ongoing.
- Outpatient nursing shortages at PPH and GGH continue to restrict Ophthalmology's ability to expand clinic capacity. The recruitment hold prevents additional clinics from being delivered, resulting in lost opportunities to increase activity and reduce waiting times.
- Insufficient nursing capacity is delaying the transfer of Intravitreal (IVT) services from Amman Valley Hospital (AVH) Day Theatre to AVH Outpatients three days per week. This prevents the release of Day Theatre capacity for additional cataract surgery, limiting opportunities to improve access and reduce backlogs.
- Plans to expand IVT provision at peripheral sites, including Debenhams, Carmarthen and Cross Hands Integrated Care Centre, were scoped to improve access closer to home. However, access to these facilities was not approved for Ophthalmology, limiting opportunities to increase capacity
- Without additional workforce and clinic capacity, there remains a significant risk to the recovery trajectory for R1 Ophthalmology performance and the timely treatment of high-risk patients.

Key actions / initiatives	Due date
• The service is exploring innovative workforce models, including the expanded use of Ophthalmology Technicians, to support outpatient delivery and increase capacity.	01/03/27
• Three combined Ophthalmology Technician / Health Care Support Worker posts are progressing through recruitment to strengthen clinical support capacity.	01/04/27
• One Specialty and Specialist (SAS) doctor has been successfully recruited and is awaiting a confirmed start date.	01/02/27
• One Consultant Ophthalmologist post is currently being progressed through the NHS Trac recruitment system.	01/04/27
• Following six unsuccessful recruitment campaigns, a regional Consultant Ophthalmologist for Age-related Macular Degeneration (AMD) has been appointed. The prolonged vacancy impacted the service's ability to deliver additional outpatient capacity, particularly for patients requiring medical retina follow-up and treatment.	01/04/27
• Delivery of the Cataract Plan continues, with outsourcing activity having begun in order to achieve zero patients waiting over 104 weeks by March 2027.	01/04/27
• A Plastics Recovery Plan is currently being developed to increase capacity, reduce long waits and support the zero patients waiting over 104 weeks by March 2027.	01/04/27

Embedded improvement actions

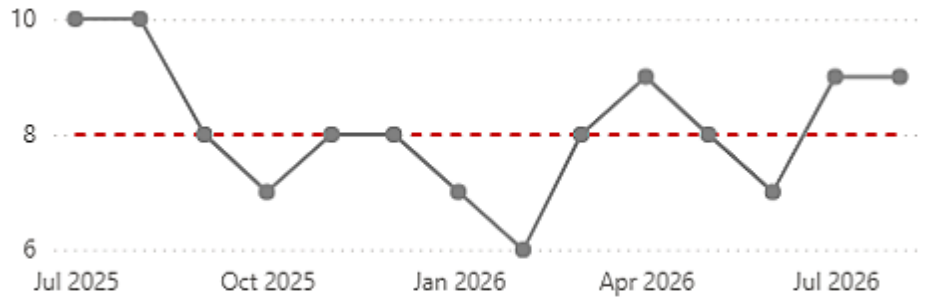
- The service remains actively engaged in regional Ophthalmology discussions to identify collaborative solutions, maximise capacity and support recovery across key areas. This will provide the greatest benefit to Cornea, Orthoptic and Adult Squint services.
- Validation activity continues, ensuring waiting lists remain accurate and clinically appropriate. Where suitable, patients are being discharged to community optometrists for ongoing monitoring, allowing hospital capacity to be focused on patients requiring specialist ophthalmic intervention.

Urgent and Emergency Care – Ambulances – Hywel Dda

(Performance framework)

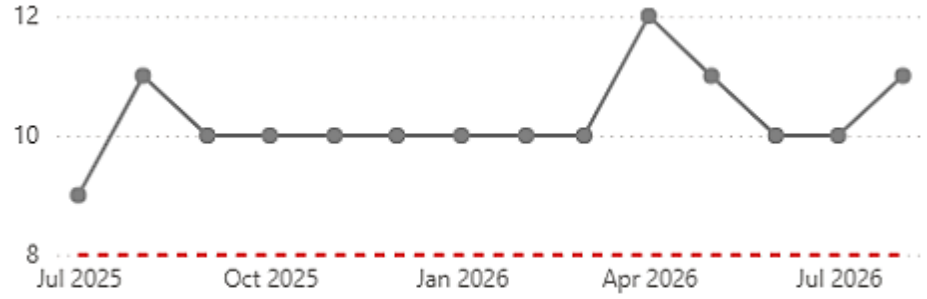
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In August, the median response time was 08:45 minutes for ARREST (Purple) Calls. There were 133 ARREST calls. Official WAST data is delayed by 1 additional reporting month.

Median emergency ambulance response time to red: emergency category calls



In August the median response time was 10:59 minutes for RED (Emergency) calls there were 608 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

- Unverified September performance was 11:20 minutes for arrest (55 incidents) and 11:05 minutes for emergency calls (374 incidents). Overall attended demand in Hywel Dda Health Board area for August 2026 has been almost as forecast.
- Hospital delays in ambulance handover for Welsh Ambulance Service Trust (WAST) ambulance crews, 2,814 hours lost at the 4 acute Hywel Dda hospital sites during September 2026, showing a deterioration over performance from July and August 2026.
- Notification to Handover within 15 minutes was at 31.9% in September for the 4 acute general hospitals, showing slight deterioration over August 2026.
- Orange NOW calls totaled 880 calls, with WAST providing an at scene attendance at 879 of these incidents.
- NOW response Median was 01:41 hours and the 90th Percentile was 05:9 hours across the Health Board for September 2026.
- Immediate Vehicle Requests (IVR) totaled 26 requests in September, of which 22 were actioned, and 4 were not. This represents an IVR acceptance rate of 84.62%.

Key actions / initiatives

Key actions / initiatives	Due date
• Call Before Convey now LIVE across Health Board, early, unverified performance figures show significant reduction in Ambulance conveyances. • WAST Operations joining 09:30 am Patient Flow call regularly to further support integrated working and collaboration.	31/10/26

Embedded improvement actions

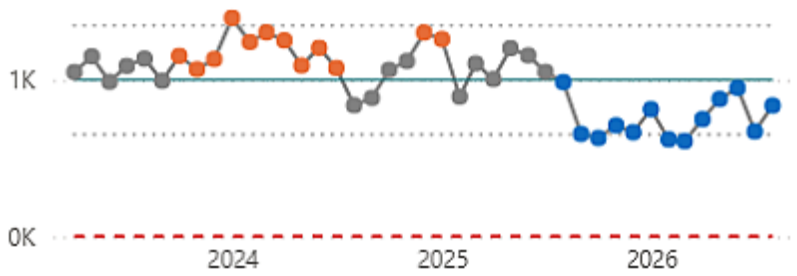
- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST 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.
- Ambulance arrivals process standardised across the Health Board and making early progress.
- WAST resourcing reviews and targeted overtime allocation.
- Wait 45 initiative implemented, which will reduce length of ambulance wait times outside emergency departments, and project group now established with Senior Managers to deliver NHS Performance & Improvement actions. These meetings are now weekly for urgent progress.

Urgent and Emergency Care – Ambulance and Emergency Departments / Minor Injury Units - Health board wide

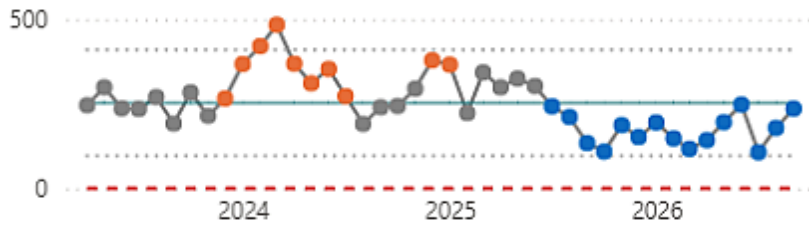
(Targeted intervention and Ministerial priority)



Ambulance handovers taking over 45 minutes



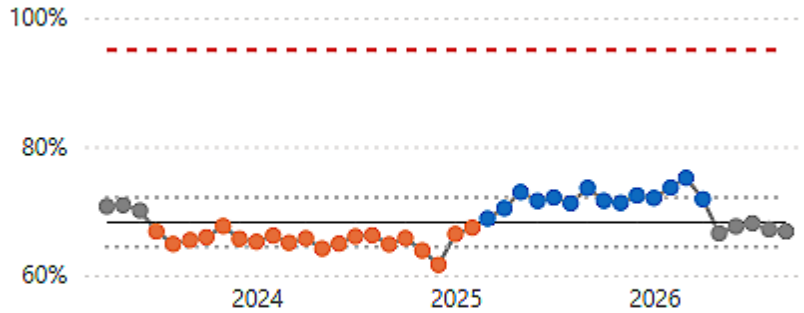
Ambulance handovers taking over 4 hours



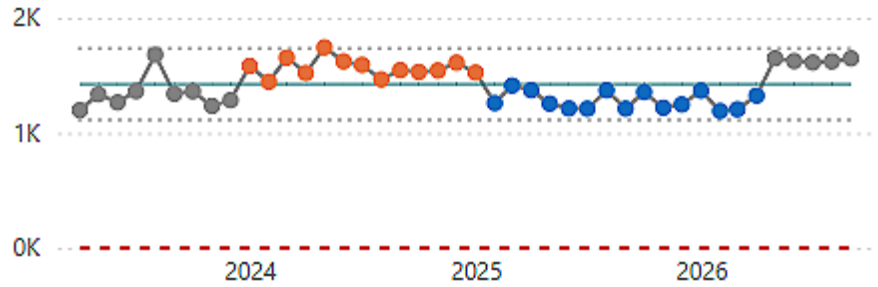
>45 Minutes handovers:
There has been a national change in definition for this metric, we are awaiting data for September. August 2026 is showing improving variation, 833 handovers > 45 minutes out of a total of 2,136 handovers.

>4 hours handovers:
Latest data is showing improving variation, 236 handovers > 4 out of a total of 1,981 = 12%, which is an increase of 4% from last month.

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 usual variation 10,849 patients out of 16,237 new attendances seen in < 4 hours, 67%.

Waits > 12 hours:
Latest data is showing usual variation. 1,649 patients waited over 12 hours, out of 16,237 new attendances, 10.2%.

Key actions / initiatives – tactical urgent and emergency programme

Hywel Dda's Urgent and Emergency Care (UEC) Programme delivery is focused on implementing the national Three Pillars approach through a whole-system approach, including strengthening community-based alternatives (e.g. falls response and prevention services), improving front-door streaming and Same Day Emergency Care (SDEC), and reducing avoidable admissions and discharge delays. The three pillars are based on pre-hospital and community care, the hospital front door and first 72 hours care and ward based patient flow and discharge. Central to this is the implementation of the Seven-Day Clinical Streaming, Hospital@Home and SDEC business case, the co-development of a 45-minute ambulance handover improvement plan and the continued roll out of the Optimal Hospital Flow programme. These aims to improve patient flow, enhance outcomes, and align with ministerial priorities by enabling earlier intervention, reducing emergency department demand, and supporting a sustainable 'shift-left' model of care across acute and community pathways. Currently the Go-Live date for Seven-Day Clinical Streaming and Hospital@Home is November 2026, and the 7-day WGH SDEC is planned to be phased in from January 2027.

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

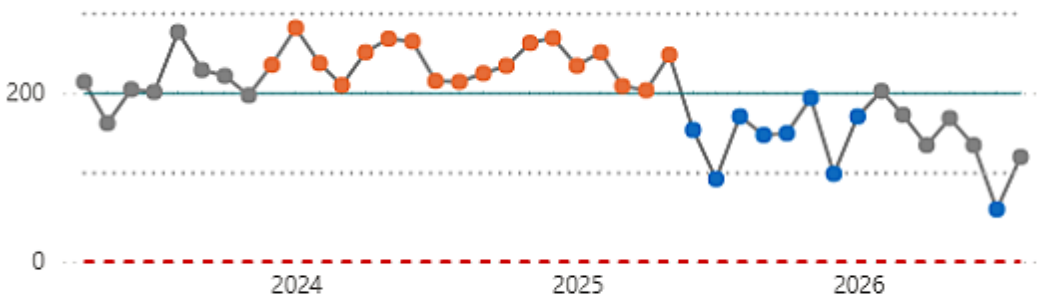
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances – Bronglais Hospital

(Targeted intervention and Ministerial priority)

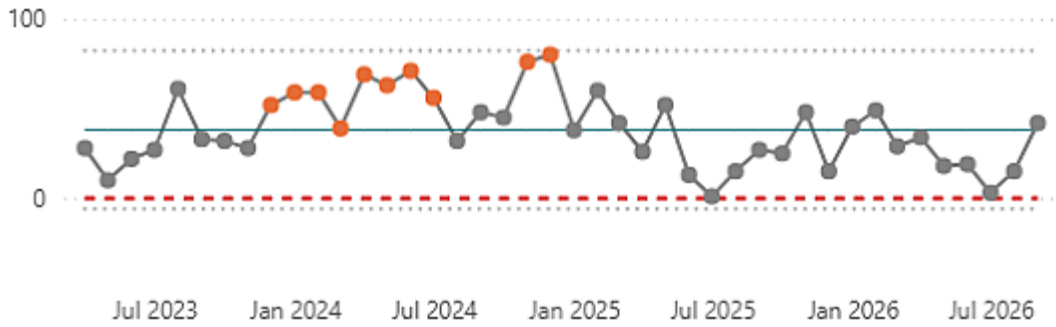
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



There has been a national change in definition for this metric, we are awaiting data for September. August 2026 is showing usual variation. 124 handovers >45 minutes reported out of a total of 405 handovers, 31%.

Ambulance handovers taking over 4 hours



September 2026 is showing usual variation. 42 handovers >4 hours was reported out of 368 total handovers 11%.

Key challenges / issues

- Limited Emergency and Urgent Care Centre (EUCC) clinical space and inpatient capacity constrain ambulance handover, especially when arrivals cluster.
- Clinically optimised patients awaiting discharge, community support or social care reduce bed availability for patients in EUCC.
- Delayed senior decisions, medicines, transport and diagnostics can carry discharge pressure through the weekend into Monday.
- Limited surge capacity requires close oversight of staffing, patient safety and plans to stand down escalation areas.
- Surges in patient demand (winter pressures, seasonal illnesses, major incidents) causing greater demand than capacity.
- Accurately reporting handover times is often a challenge. Requirement of dual pin to ensure handover times are recorded appropriately.
- Sustained emergency demand above available capacity.

Key actions / initiatives

Key actions / initiatives	Due date
• Reinforce the 45-minute handover standard operating procedure (SOP): escalate at 30 minutes, use bedside handover and transfer promptly when a ward bed is ready.	30/11/26
• Maximise discharge before midday. Trial discharge lounge when staffing allows.	14/10/26
• Maximise weekend discharge. Trial acute physician at the front door on weekend of 17th/18th October.	17/10/26
• Miya system emergency department (ED) module roll out to support flow	01/01/27

Embedded improvement actions

- New Senior Nurse Manager for EUCC in post.
- Continue consultant and ED Navigator oversight, ward-manager coordination and shared system ownership of handover performance.
- Maintain twice-daily flow reviews, live MIYA updates and daily review of clinically optimised patients. Use “Our Next Patient” for ward transfers.
- Continue the weekly multi disciplinary team (MDT) handover touchpoint chaired by the Assistant General Manager. Review breaches over 45 minutes and track actions with WAST.
- Maintain early senior decisions, criteria-led discharge and weekend therapy/mobility plans. Assign owners to Monday barriers and confirm the discharge list by 10:00
- Call before Convey initiative – to prevent avoidable conveyances.

Urgent and Emergency Care – Emergency Departments – Bronglais Hospital

(Targeted intervention and Ministerial priority)

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

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

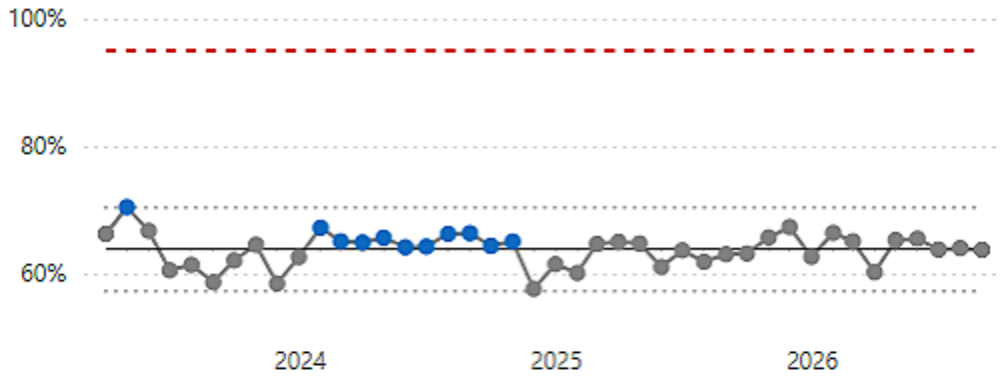
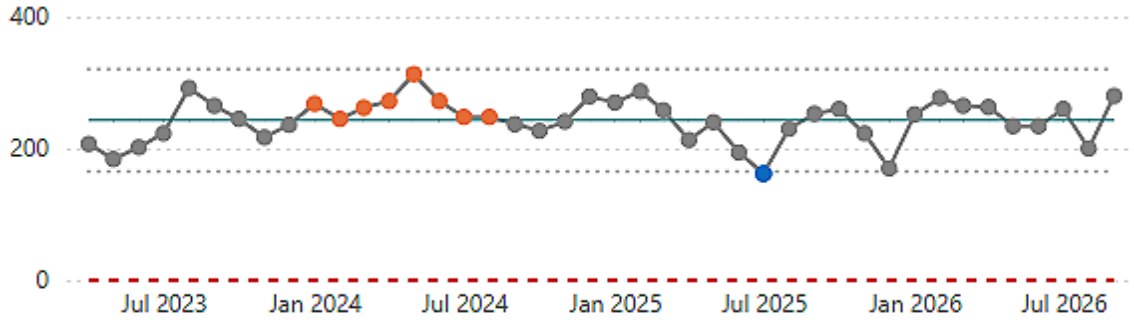


Chart is showing usual variation. 980 breaches out of 2,704 new attendances, 36%

Patients waiting over 12 hours in A&E/MIU



The chart is showing usual variation. 280 breaches out of 2,704 new attendances, 10%.

Key challenges / issues

- Physical space limitations within the Emergency Department footprint including limited assessment and trolley spaces to absorb ambulance arrivals during peak times leading to overcrowding and corridor usage.
- Limited senior medical workforce across the Ceredigion Acute & Community System can lead to delays in initial assessment, diagnostics and treatment.
- High bed occupancy on wards leading to long lengths of stay and delays in transfers to wards.
- Limited community capacity and social care packages.
- Sustained emergency demand above available capacity.
- Delayed transfers of care affecting patient flow - downstream capacity.
- Increase in infection across ward areas resulting in closed beds.
- Limited surge bed capacity across the Acute site.
- Delays in access to theatres contributes to poorer outcomes for patients and subsequent increased length of stay.

Key actions / initiatives

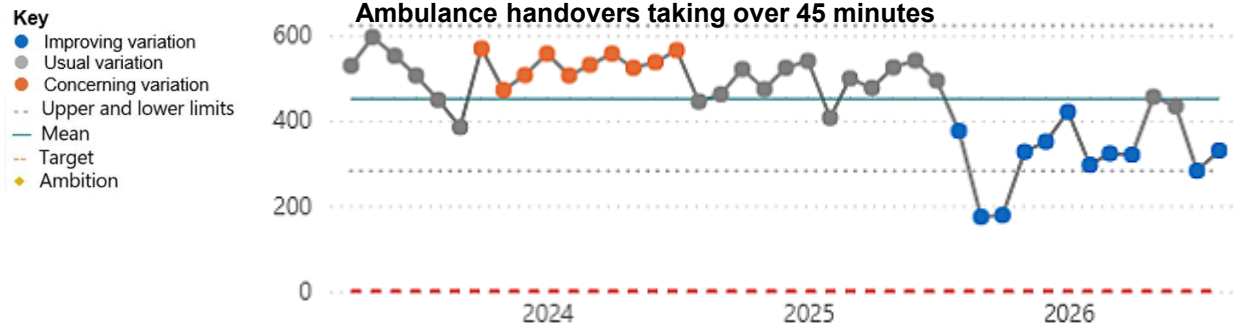
Key actions / initiatives	Due date
• Reconfiguration of the Emergency Department footprint to enhance flow throughout the department - MDT approach to design.	Completion April 2027- work started
• Review of clinical pathways across the Ceredigion Acute & Community System.	Ongoing
• Quality improvement projects – weight and creatinine/VTE, clinical frailty score, MRI/CT requests, patient information and assurance.	01/11/26
• Focussed daily scrutiny on prevention and reduction of 12-hour wait breaches.	Ongoing

Embedded improvement actions

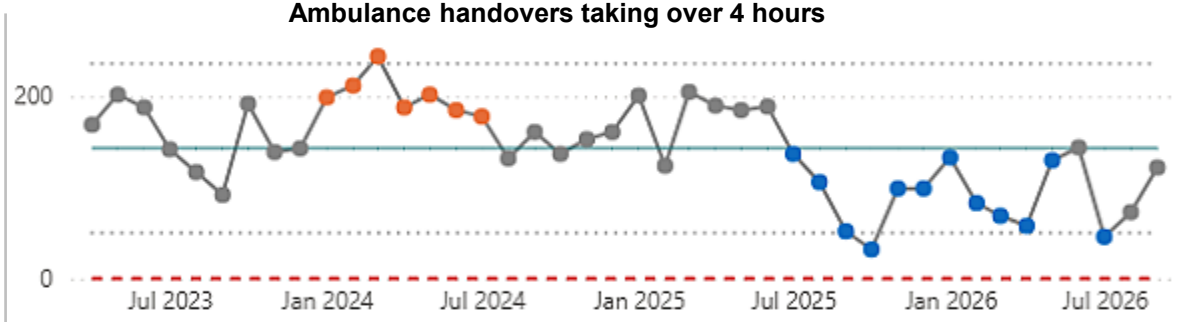
- Successful recruitment of Senior Nurse Manager for the Emergency Department.
- Increased scrutiny on patients in non-clinical areas.
- Review of Your Next Patient
- Daily review of all patients at risk of breaching 12 hours with escalation SOP embedded
- Daily review of all clinically optimised patients
- Focus on earlier in the day discharges
- Bedside handover SOP implemented
- Escalation of delayed pathway of care patients
- Strengthened partnership working with Local Authority to minimise delays in discharge

Urgent and Emergency Care – Ambulances – Glangwili Hospital

(Targeted intervention and Ministerial priority)



There has been a national change in definition for this metric, we are awaiting data for September. August 2026 shows improving variation. 329 handovers >45 minutes reported out of a total of 820 handovers, 40%.



September 2026 is showing usual variation. 122 handovers >4 hours reported out of a total of 800 handovers, 15%.

Key challenges / issues

Significant overcrowding and sustained surge pressures continue in ED. Whilst there are some encouraging signs of improvement, demand across the system remains extremely challenging. These factors contribute to ongoing pressure.

- We have seen a small reduction in ambulance arrivals compared to the same period last year; however, overall ED attendances have increased, resulting in continued pressure on capacity and resources. Despite the reduction in ambulance conveyances, combined with the increased volume of patients attending the department's, the overall patient flow has remained static.
- Patient flow out of the ED remained slow, which affected our ability to create sufficient capacity for timely ambulance handovers. As a result, achieving the 45-minute ambulance handover target remained challenging, with delays occurring during periods of peak demand.
- Continued poor flow through the hospital is closely linked to the increasing number of clinically optimised patients who are ready to leave hospital but are awaiting onward care or discharge arrangements. The number of these patients within GGH has increased further this month, placing additional pressure on inpatient bed capacity and consequently impacting patient flow from the ED.
- Operational pressures further exacerbated by significant workforce challenges. We experienced substantial nursing workforce shortfalls due to additional sickness absence on top of and planned annual leave. Similar pressures observed within the medical workforce, compounded by the annual junior doctor changeover period, which has impacted staffing availability and service resilience across the site.

Key actions / initiatives

Key actions / initiatives	Due date
• Redline standard operating procedures (SOP) signed off and implemented, this initially could impact negatively (in reducing boarding space), however this should maintain clinical spaces, to allow timely handover and a safer department.	30/11/26
• Handover 45 minute standard operating procedure being worked up by Health Board.	31/10/26
• Developing a QR code to "man mark" ambulance handover delays, this will give us a tool to monitor the delays and support change which is in our sphere of influence.	30/11/26
• Call before convey initiative implemented through the clinical streaming hub to avoid conveyances to acute hospital, with continued monitoring.	31/10/26
• Further work needed to develop actions for streamline clinical pathways. Patients requiring a specialty bed should have one allocated in a timely manner, without needing an ED attendance.	31/12/26
• Further work needed to develop actions for the Carmarthenshire falls and head injuries pathway to ensure only appropriate patients are transferred to Glangwili. Collaborative working required between community and the Eastgate streaming hub.	31/12/26

Embedded improvement actions

Continue to monitoring early discharges and the utilisation of the discharge lounge. Out of area patient cohort being monitored twice weekly. This enables specialty patient pathways to be managed. Clinically optimised patients are reviewed through a structured senior nurse team. Escalation process embedded regarding any delay in patent care or patient care pathways delays. Same Day Emergency Care (SDEC) team actively "pull" from ED. Daily Site Flow Coordination. Site flow calls are embedded to provide real-time oversight of capacity, patient movement, and escalation requirements, ensuring timely decision-making and prioritisation of transfers. Myia flow being monitored with the EDs and actual discharges Monthly collaborative meetings with GGH operational team and WAST.

Urgent and Emergency Care – Emergency Departments – Glangwili Hospital

(Targeted intervention and Ministerial priority)

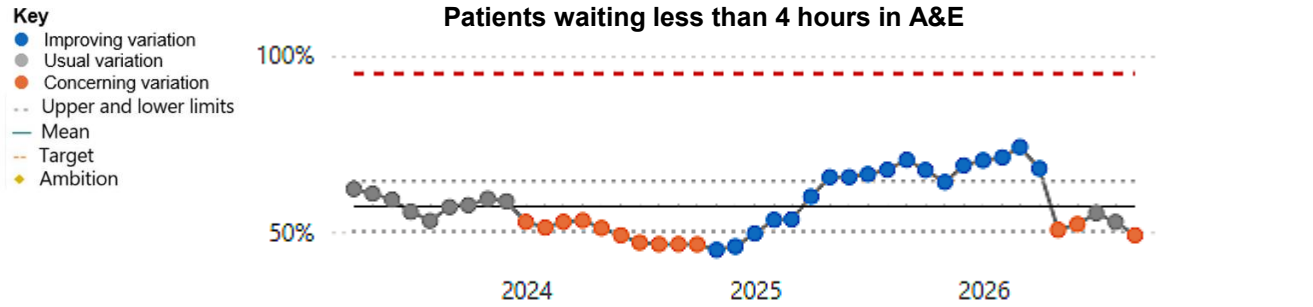


Chart is showing concerning variation, 2,547 breaches out of 5,003 new attendances. 51%

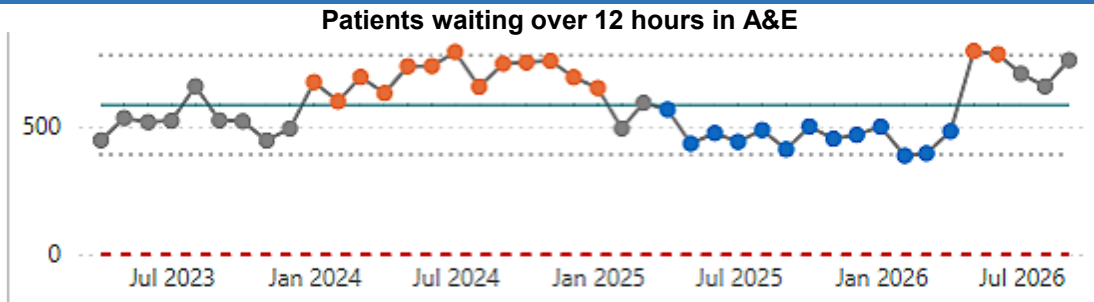


Chart is showing usual variation 758 breaches out of 5,003 new attendances, 15%.

Key challenges / issues

- Sustained demand, high patient acuity and ongoing challenges in maintaining patient flow through the hospital.
- Delays in transferring patients to wards reduce ED capacity, contributing to longer waits for assessment, treatment & admission.
- Demand remained particularly high among medical patients, with delays in discharge and onward care arrangements continuing to place significant pressure on overall ED performance.
- The drivers of 12-hour waits are inpatient capacity constraints, delayed discharges and extended lengths of stay for patients with complex medical and social care needs. These limit bed availability and restrict patient flow. During periods of heightened demand, these pressures intensify, resulting in an increased number of patients experiencing prolonged stays within the ED.
- Continued focus on whole-system patient flow, discharge optimisation and reducing delays in discharge and onward care will be essential to improving performance and reducing the number of patients experiencing extended waits within the ED. The new Call Before You Convey process, delivered with the Welsh Ambulance Services NHS Trust, has helped reduce breaches of the 45-minute ambulance handover target. However, transferring patients into hospital more quickly has increased pressure on wards and required surge capacity to maintain flow.
- Patient flow has also been disrupted by scabies outbreak on individual pathway wards which resulted in reduced bed capacity and delays in patient transfers from the ED.

Key actions / initiatives

Key actions / initiatives	Due date
• Operational and clinical teams continue to prioritise patient flow through early senior clinical review, maximising SDEC and ambulatory care pathways, and expediting discharge processes. Daily oversight of long-wait patients, supported by MDT flow meetings and strengthened escalation arrangements, helps facilitate timely decision-making and minimise delays across the patient pathway. Expected to become embedded actions by the end of October 2026.	31/10/26
• Maintain a “Home First” ethos, actively exploring opportunities to avoid unnecessary admission and facilitate discharge where clinically appropriate. Expected to become embedded actions by the end of October 2026.	31/10/26
• Utilise the Liaison Medical Team to provide proactive clinical oversight of patients experiencing extended waits in ED, ensuring patients are medically managed whilst awaiting definitive placement.	31/10/26
• Provide assurance that all patients received a clinical review and documented management plan.	31/10/26
• Ensure that patients requiring admission are on an agreed specialty pathway, with clear ownership and escalation where delays occur. Further development of the occupational change process and development of dedicate triumvirate with the clinical lead and senior nurse, need to takes place.	04/01/27
• Work collaboratively with community, therapy, discharge and patient flow teams to maximise opportunities to support patients out of hospital and improve flow across the system. Integrated community and medicine 7 day working.	31/10/27

Embedded improvement actions

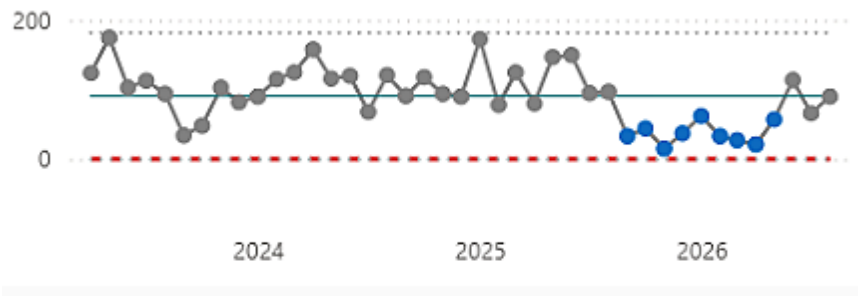
Explore opportunities to utilise Clinical Decision Unit, SDEC and MIU capacity for appropriate patients requiring monitoring and observation, reducing pressure within the ED. To undertake a twice-daily review of the ten patients experiencing the longest waits in the ED, identifying themes, delays, risks and alternative opportunities rather than admission. Track and monitor all patients waiting more than 12 hours through the site management meetings, ensuring timely escalation and oversight of prolonged waits .Continue to monitoring early discharges and the utilisation of the discharge lounge. Out of area patient cohort being monitored twice weekly. This enables specialty patient pathways to be managed. Clinically optimised patients are reviewed through a structured senior nurse team. Escalation process embedded regarding any delay in patent care or patient care pathways delays. SDEC team actively "pull" from ED.

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Targeted intervention and Ministerial priority)

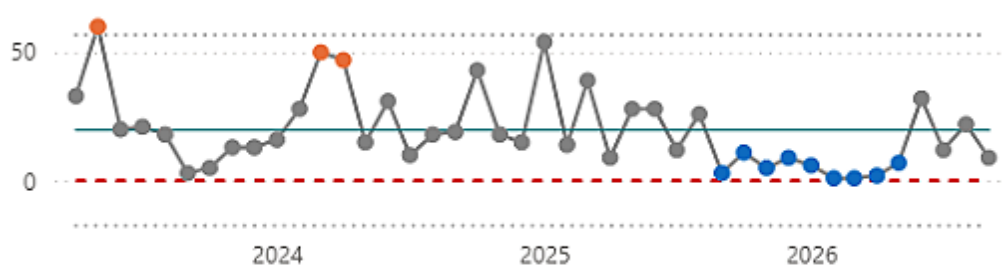
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



There has been a national change in definition for this metric, we are awaiting data for September. August 2026 is showing usual variation. 90 handovers >45 minutes reported out of a total of 243 handovers, 37%.

Ambulance handovers taking over 4 hours



September 2026 is showing usual variation. 9 handovers >4 hours reported out of a total of 191 handovers, 5%.

Key challenges / issues

- Prince Philip Hospital continues to face significant pressure from high urgent and emergency care demand, high bed occupancy, delayed discharges and workforce constraints. These pressures affect bed availability, ambulance handovers and the movement of patients through the Emergency Department, assessment areas and inpatient wards.
- The new Call Before You Convey process, delivered with the Welsh Ambulance Services NHS Trust, has helped reduce breaches of the 45-minute ambulance handover target. However, transferring patients into hospital more quickly has increased pressure on wards and required surge capacity to maintain flow.
- Patient flow has also been disrupted by a prolonged scabies outbreak. Isolation, treatment, deep cleaning and environmental decontamination led to ward bays being closed for extended periods, reducing bed capacity, delaying patient placement and requiring substantial clinical, operational and domestic support. The outbreak was controlled through joint working between clinical teams, Infection Prevention and Control specialists and operational managers, but it affected hospital performance during the reporting period.
- Medical patients in the Minor Injury Unit continue to be prioritised for transfer to the Acute Medical Assessment Unit. They are reviewed daily and tracked through site flow meetings, while a weekly task-and-finish group is refining handover criteria and redesigning the pathway. Daily multidisciplinary oversight, the Patient Flow Unit and escalation arrangements remain central to maintaining safe care and improving flow.

Key actions / initiatives

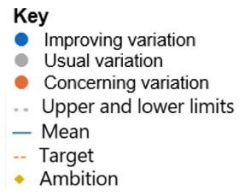
	Due date
• Continue Call Before You Convey to confirm that hospital transfer is clinically appropriate and reduce avoidable conveyances during operational pressure.	31/12/26
• Manage scabies outbreaks promptly by isolating suspected or confirmed cases, contact tracing, enhancing cleaning and decontamination, and monitoring risks through Infection Prevention and Control teams.	Ongoing
• Protect available capacity by using surge areas where appropriate, prioritising discharges and transfers, and balancing isolation needs with demand for side rooms and cubicles.	31/10/26

Embedded improvement actions

- Maintain real-time patient flow oversight through the Patient Flow Unit, coordinating admissions, discharges, transfers and bed use to support timely ambulance handovers.
- Coordinate daily operational decisions through site flow meetings, with clinical, operational, domestic and infection-control teams identifying alternative patient placements and reopening affected areas safely.
- Strengthen multidisciplinary oversight through daily flow discussions, escalation meetings, Manager of the Day leadership and Patient Flow Unit coordination, so barriers are resolved quickly and delays are reduced.
- Prioritise medical patients in the Minor Injury Unit for transfer to the Acute Medical Assessment Unit, reviewing patient location, transfer delays, bed availability and capacity throughout the day.
- Escalate transfer barriers in real time and continue weekly task-and-finish work to improve handover criteria, move patients to the right care setting earlier and protect Minor Injury Unit capacity.

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital

(Targeted intervention and Ministerial priority)



Patients waiting less than 4 hours in MIU

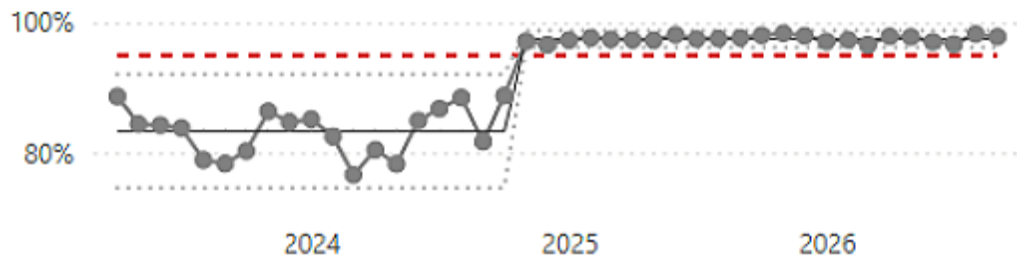


Chart is showing usual variation. 59 breaches out of 2,748 new attendances 2%

Patients waiting over 12 hours in MIU

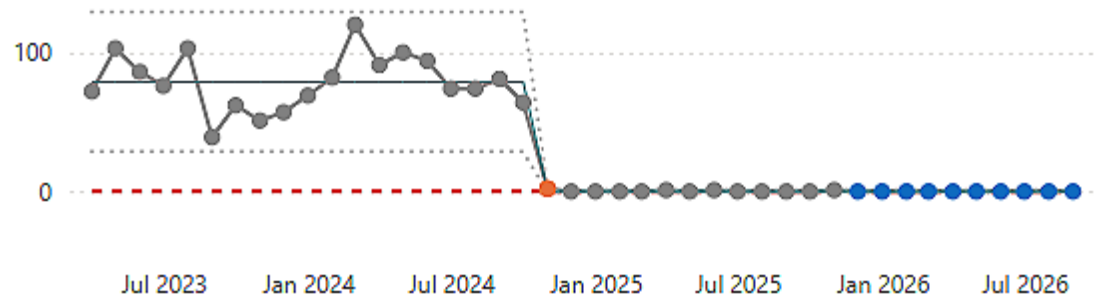


Chart is showing improving variation. Zero breaches out of 2,748 new attendances.

Key challenges / issues

- A scabies outbreak was declared at Prince Philip Hospital on 21 September 2026 after a patient with highly infectious crusted scabies was admitted. Seven patient cases were confirmed. Nine staff and around 60 other contacts required assessment, treatment or follow-up. Immediate control measures were introduced jointly by Infection Prevention and Control, clinical teams, Occupational Health and operational management.
- Development of the Urgent Care Centre (UCC) model is progressing through joint working between the Minor Injury Unit and Same Day Emergency Care teams. This has improved service integration, understanding of demand and use of care pathways. Aligning processes is helping direct patients to the right service sooner, reduce duplication and improve timely assessment and treatment. Joint workforce planning is also supporting skill sharing, role development and greater flexibility. The model aims to reduce avoidable use of acute hospital pathways, expand ambulatory and same-day care, improve patient flow and experience, use clinical resources more efficiently, and create capacity to meet future urgent and emergency care demand.

Key actions / initiatives

	Due date
• Complete contact tracing for all potentially exposed patients, staff and visitors, including patient movements, discharged patients and staff contacts.	31/10/26
• UCC: Maintain preparations for the 23 November launch, building on successful testing of pathways, triage, patient flow, staffing and clinical-risk oversight, ensuring the IT issues identified during the pilot are resolved through handover and commissioning before go-live.	30/11/26

Embedded improvement actions

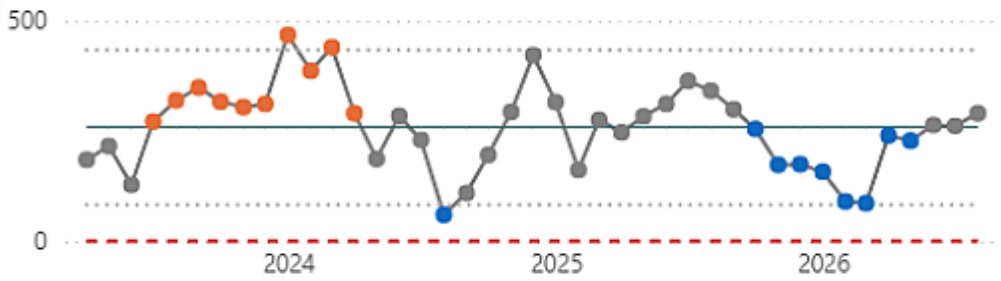
- Issue clear “Warn and Inform” advice on exposure, symptoms, treatment and follow-up to affected people and relevant healthcare providers.
- Maintain proportionate visiting restrictions, individual risk assessments for essential visits, patient isolation, enhanced cleaning, protective clothing and symptom surveillance.
- Continue tracing and monitoring linked cases across Wards 4 and 7, Ward 5 Step-Down Unit and Mynydd Mawr Rehabilitation Unit, managing confirmed cases under outbreak-control procedures.
- Confirm containment through ongoing surveillance and report actions, learning and recommendations through the October 2026 Scabies Outbreak Review and Health Board governance routes.
- Work with community health, social care and discharge teams to reduce delays for medically optimised patients and improve flow.
- Expand General Medicine Hot Clinic capacity through job planning where clinically and operationally feasible.
- Introduce enhanced daily multidisciplinary reviews for patients with complex discharge needs.
- Continue weekly task-and-finish meetings to develop the future UCC operating model.
- Continue working with Infection Prevention and Control to minimise transmission and protect patients and staff.

Urgent and Emergency Care – Ambulances – Withybush Hospital

(Targeted intervention and Ministerial priority)

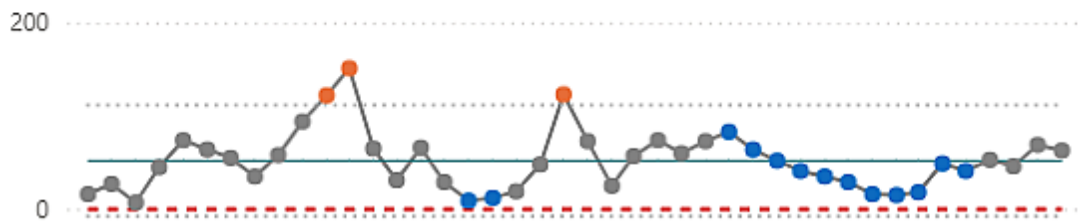
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



There has been a national change in definition for this metric, we are awaiting data for September. August 2026 is showing usual variation. 290 handovers >45 minutes reported out of a total of 667 handovers, 43%.

Ambulance handovers taking over 4 hours



September 2026 is showing usual variation. 63 handovers >4 hours reported out of a total of 622 handovers, 10%.

Key challenges / issues

- Trend of increasing monthly total conveyances seen month on month since April 2026 with a reduction of approximately 50 ambulances received when comparing August with September.
- Ambulance handover performance was negatively impacted by an increase of approximately 500 patients admitted to ED in both July and August (recognized as increased seasonal demand) with a high number of these cases being out of area patients with a degree of complexity (frailty, multiple comorbidities, no local recourse to social care).
- Local challenges across Health & Social Care in Pembrokeshire across July and August were noted, a result of higher rates of planned leave combined with an increased sickness absence rate.

Key actions / initiatives

Key actions / initiatives	Due date
• Revised daily meeting schedule with the Health Board Patient Flow Unit – now meeting 0930hrs & 1430hrs to support regular oversight and early escalation of ambulance handover challenges	21/09/26 - ongoing

Embedded improvement actions

- WAST Handover Microsoft Teams Channel (Withybush) providing direct interface between WAST
- MIYA Flow process (Digital Hospital Bed Management)
- Dedicated resource (Band 6 nurse) allocated to "Pitstop" to lead on ambulance handover coordination
- Direct referrals from WAST into Clinical Streaming Hub, Same Day Emergency Care and Frailty Same Day Emergency Care.
- Close co-ordination with WAST regarding daily Advanced Paramedic Practitioner (APP) Navigator cover in Pembrokeshire
- Call Before Convey Go-Live 28th Sept 2026 - monitoring output

Urgent and Emergency Care – Emergency Departments – Withybush Hospital

(Targeted intervention and Ministerial priority)

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

Patients waiting less than 4 hours in A&E

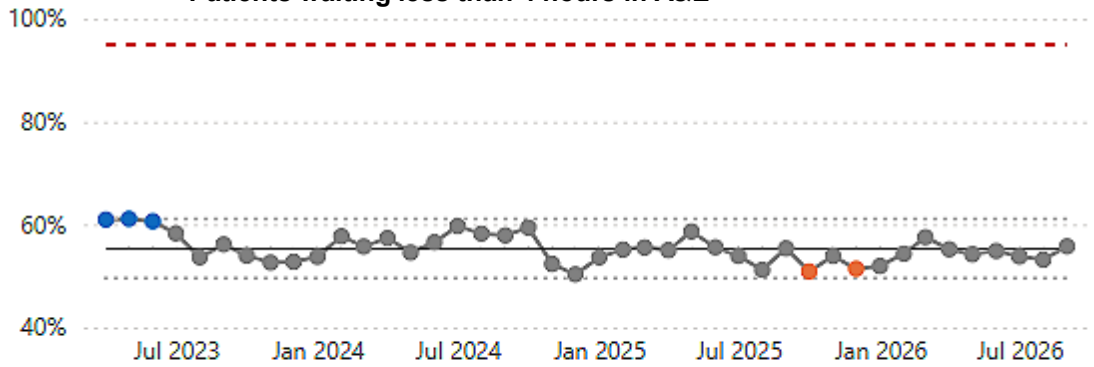


Chart is showing usual variation. 1,773 breaches out of 4,009 new attendances, 44%.

Patients waiting over 12 hours in A&E

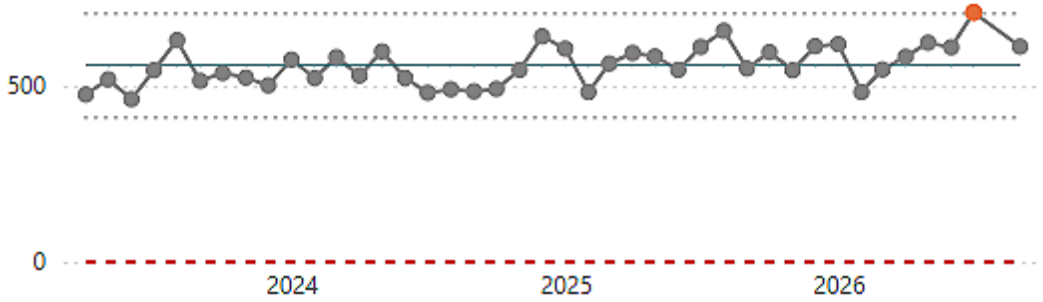


Chart is showing usual variation. 611 breaches out of 4,009 new attendances, 15.%.

Key challenges / issues

- Increased total monthly ED attendances trend since April 2026 with a peak in July of 4,504 followed by August on 4,466. For context April saw 3,873 attendances at Withybush ED. September saw a reduction to 4,031 – in keeping with seasonal challenges.
- Periods of high demand matched with high acuity of patient caseload with the ED department. Inpatient capacity compounded by limited flow out of the acute with a noted increased discharge delays across August – Pathway Of Care Delays in part due to multi-agency challenges maintaining operational capacity across August due to annual leave and sickness.
- Additional challenges seen with increased mental health attendances including for mental health patients already admitted to an Hywel Dda Mental Health inpatient service – plans now in place to better support direct admissions to medicine for those cases from inpatient Mental Health services to eliminate the unnecessary visit to ED.
- Local challenge with re-ablement beds pathway in September – Pembrokeshire Council working closely with health to support, but staffing was an issue for the Local Authority.

Key actions / initiatives

Key actions / initiatives	Due date
New ownership model for overnight post-take patients agreed with consultants, encouraging specialty in-reach into ED to manage post-takes in the first instance	19/10/26
Expand Medical Same Day Emergency Care Unit into a working 7-day model	31/01/27
Deploy senior decision maker alongside the Frailty Assessment Model in the Emergency Department	31/01/27
Drive average length of stay reduction, targeting cases from 0-50 days in the acute hospital setting, improving flow and admitting capacity.	31/01/27

Embedded improvement actions

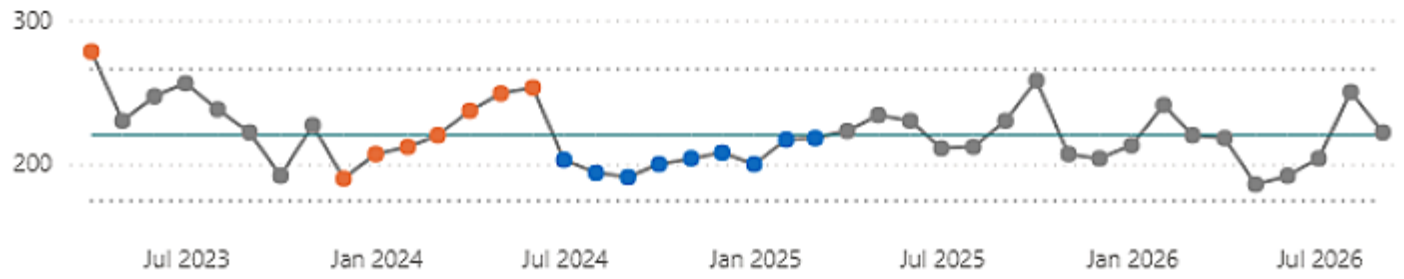
- Frequent reviews of 12hr waits to ensure that they are marked for the correct ward and pathway
- Wards to attend the ED at start of shift to review patients awaiting beds and develop plans for transfer of these patients to the wards
- MIYA Flow Process (Digital Bed Management)
- Direct referrals from WAST into the Clinical Streaming Hub, Frailty Same Day Emergency Care and Medical Same Day Emergency Care Unit
- Acute Medicine and Specialty In-reach into ED
- Proactive screening and pull through of Frailty patients from ED into the Acute Frailty Unit and Frailty SDEC

Urgent and Emergency Care – Pathways of Care Delays (POCD)

(Targeted intervention and Ministerial priority)

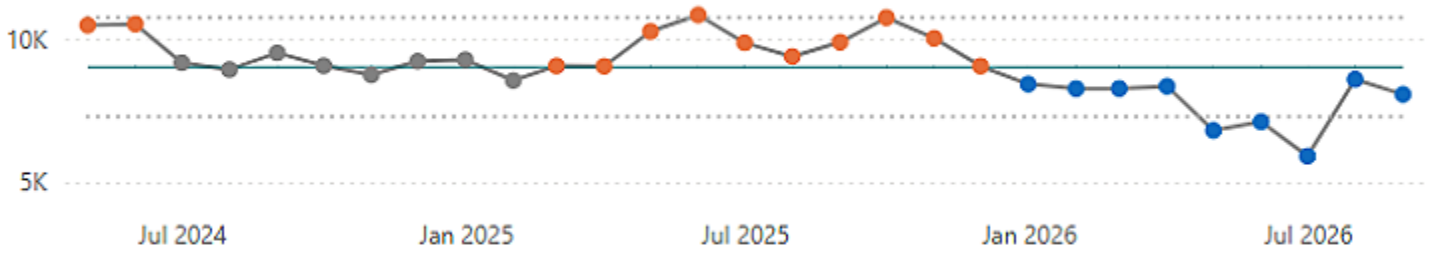
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



- Number of pathway of care delays as at 16th September 2026 census was 222 patients, and the chart shows usual variation.
- The total days delayed for non-mental health decreased in September to 7,251 days from 7,954 in August. Mental health and learning disability delays increased in September to 812 from 634 in July.
- Assessment issues remain the largest proportion of grouped delays reasons.
- 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.

Total days delayed for Pathways of Care delayed discharges (non-MH + MH & LD)



Top 10 delay reasons for census count patients (non-MH + MH & LD)

Delay Reason	Carmarthenshire	Ceredigion	Pembrokeshire	Out of Area	Total Patient Count	Total Days Delayed	Average Days Delayed
Awaiting completion of assessment by social care	37	2	3	1	43	1,243	29
Awaiting reablement community care package	32	1	2	0	35	1,192	34
Awaiting start of new community care package funded by social care	13	2	11	0	26	1,058	41
Identifying Residential Home	2	1	4	0	7	386	25
Awaiting Continuing Healthcare (CHC) Assessment	5	2	2	0	9	289	32
Identifying Nursing Home	4	0	0	0	4	278	20
Awaiting completion of AHP Allied Health Professional Assessment	5	1	5	0	11	273	34
Awaiting care home manager to visit assess and provide outcome (Resid	1	2	0	0	3	271	55
Identifying Dementia residential home	5	0	0	0	5	264	20
Home unsafe and requires attention	0	2	1	1	4	256	38
Other	38	10	27	0	75	2,553	37
TOTALS:	142	23	55	2	222	8063	36

Key challenges / issues	Key actions / initiatives	Due date
Non Mental Health: Scabies outbreak/infection prevention and control measures within acute hospitals and care homes in the community across the Carmarthenshire system, and associated impact on staffing, have affected Pathway of Care Delays (PoCD). • Ongoing challenges accessing local authority resources to support discharge, particularly within Carmarthenshire, continue to delay discharge. • Wider acute and community pressures, ambulance handover delays, staffing shortages and increasing patient/family expectations continue to impact discharge. • Limited rehabilitation capacity, delays to allied health professional assessments, and housing and care home capacity constraints continue to impact discharge.	**Non Mental Health:** UEC Pillar 3 Oversight Group established, led by the Executive Director of Nursing, Quality and Patient Experience. • Wider system PoCD deep-dive and internal audit completed. • Progressing commissioning of 15 care home beds within Carmarthenshire (to March 2027).Developing a regional strength-based communication approach with health and local authority partners via the Regional Innovation Hub. • Working with Allied Health Professionals (AHP) leads to develop a prioritisation and escalation tool supported by the Executive Director of Allied Health Professionals and Health Sciences. • Ward manager sessions focused on empowerment and discharge planning, including board rounds, afternoon huddles and prevention of deconditioning.	31/12/26 31/10/26 31/10/26 31/10/26 31/10/26
Mental Health & Learning Difficulties: • PoCD has increased from 16 to 22 cases since August across adult mental health (AMH) and older adult mental health (OAMH) services due to ongoing discharge barriers. • OAMH accounts for most delays (16/22 cases), primarily within Bryngolau, Enlli and St Non's Wards, where dementia nursing, specialist mental health and step-down placements remain difficult to secure. • Two PoCD cases exceed 100 days (St Caradog Ward, 163 days; Bryngolau Ward, 113 days), indicating continued challenges securing solutions for individuals with complex placement and community care requirements. • Placement-related delays remain the predominant driver of PoCD, particularly dementia nursing and specialist mental health placements. Delays in community care packages, funding decisions and housing continue to extend lengths of stay.	**Mental Health & Learning Difficulties:** • Targeted scrutiny of >100-day PoCD cases within Bryngolau and St Caradog Wards continues alongside implementation of the OAMH clinical governance improvement plan. • System-level engagement with Local Authorities, commissioning teams and independent sector providers continues to improve access to residential, nursing, dementia and specialist mental health placements and reduce placement-related delays. • Focused management of housing and accommodation-related delays continues across AMH and OAMH through liaison with Local Authority housing teams. • Continued scrutiny of funding decisions, social care assessments and community care package implementation to support timely discharge. • Focused review of AMH homelessness and accommodation-related delays continues with Local Authority housing services and policing partners. • Development of a multi-agency workshop continues to reduce recurring PoCD associated with non-clinical barriers.	30/11/26 31/10/26 31/10/26 31/10/26 31/10/26 31/10/26

Embedded improvement actions

Non Mental Health: Memorandum of Understanding between Health and LA partners in place. Regional West Wales Optimal Flow and Discharge Delivery Group overseeing Optimal Hospital Flow delivery, POCD Action plan and Enhanced Community Care. Acute frailty and discharge improvement programmes continue through agreed action plans and governance arrangements. Additional social worker and reablement capacity funded through WG investment remains.

Mental Health & Learning Disabilities:

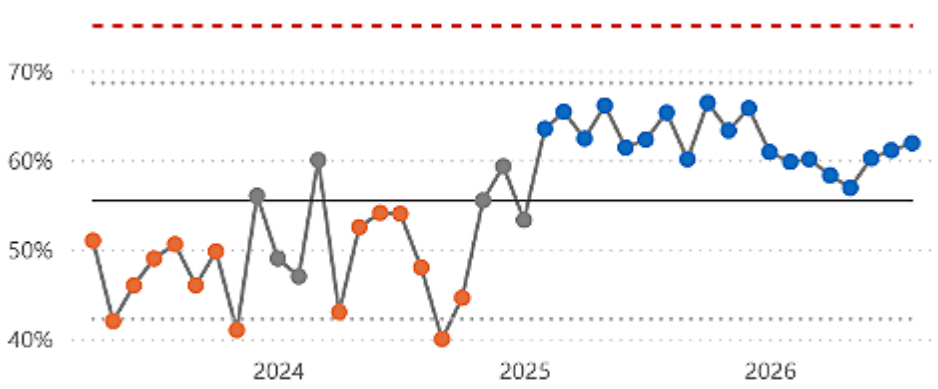
Daily multidisciplinary and multi-agency escalation arrangements remain embedded across AMH inpatient services, alongside daily Older Adult Mental Health Acute Pathway oversight. Weekly PoCD deep-dive and escalation meetings continue across AMH and OAMH. Discharge to Recover and Assess principles remain embedded, supporting early discharge planning and proactive management of discharge barriers. Dementia Wellbeing stepped-care model remains established across regional care homes, supporting admission avoidance, discharge planning and system flow. Multi-agency working with Local Authorities remains established, supporting routine validation of PoCD status and escalation of complex placement requirements.

Single cancer pathway

(Enhanced monitoring condition and Ministerial priority)

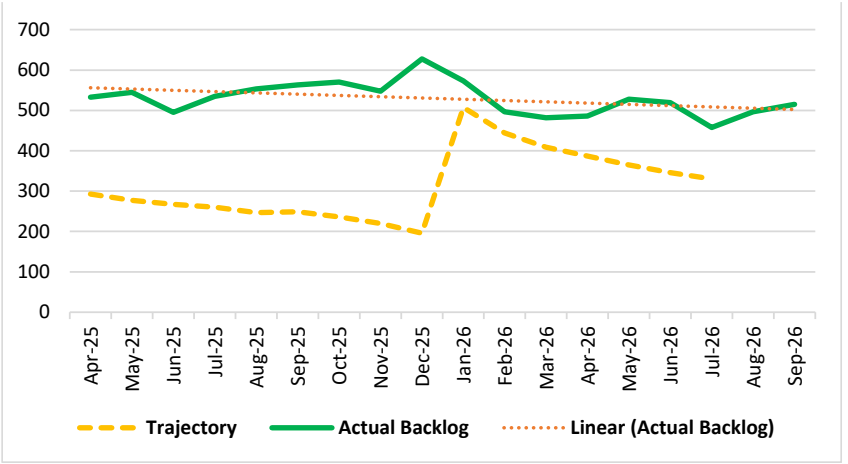
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



Performance increased to 61.9% in August. 277 patients out of 448 patients were referred to treatment within 62 days.

Number of single cancer pathway patients waiting over 62 days



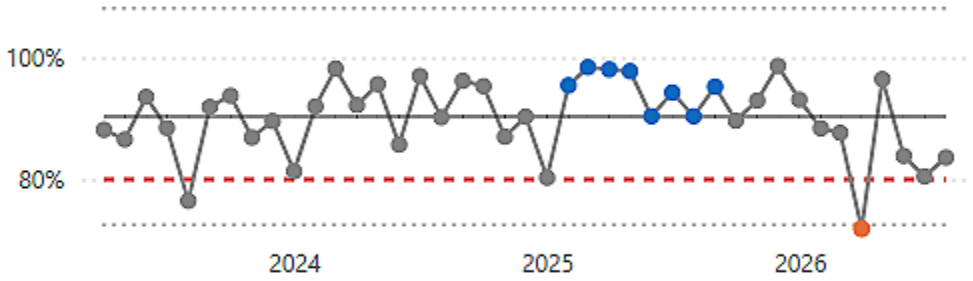
In September 2026 there were 515 patients waiting over 62 days for referral to treatment. It is important to note that not all patients waiting will have a confirmed cancer diagnosis.

Key challenges / issues	Key actions / initiatives	Due date
Single Cancer Pathway performance remains fragile due to diagnostic capacity constraints across radiology, pathology and endoscopy, alongside workforce pressures within cancer tracking and multi-disciplinary team (MDT) coordination. The backlog remains concentrated within Urology, Gynaecology, Lower Gastrointestinal and Skin, with tumour-site-specific diagnostic and treatment capacity affecting timely pathway progression.	Outsourcing MRI for prostate patients started in November 2025, extended for Q1 2026/27. Equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed.	31/12/26
	Outsourcing CT scanning and 48-hour reporting. Started 05/01/2026. Although the funding for this workstream was not committed in the recovery allocation, the Health Board have committed to this continuing until end December 2026.	31/12/26
Continued reliance on supplementary diagnostic capacity, constrained theatre and procedural capacity, and dependencies on tertiary providers present ongoing risks to delivery of the revised recovery trajectories and progress towards the national 75% standard.	The use of Penthrox (Hysteroscopy under sedation) starts in October, this will include the 80 patients currently waiting for Hysteroscopy under general anaesthetic. This will reduce; overall waiting volumes, patients waiting over 62 days and accelerate the diagnostic pathway.	31/10/26
	Cancer Transformation funding of £99k has been awarded to support a pilot to introduce WIDeasy (cervical and vaginal swab) as an alternative diagnostic test to Hysteroscopy. This is a less invasive test than Hysteroscopy with faster turnaround times which will accelerate the diagnostic pathway and improve patient experience.	31/03/27

Mental health assessments within 28 days
(Enhanced monitoring condition)

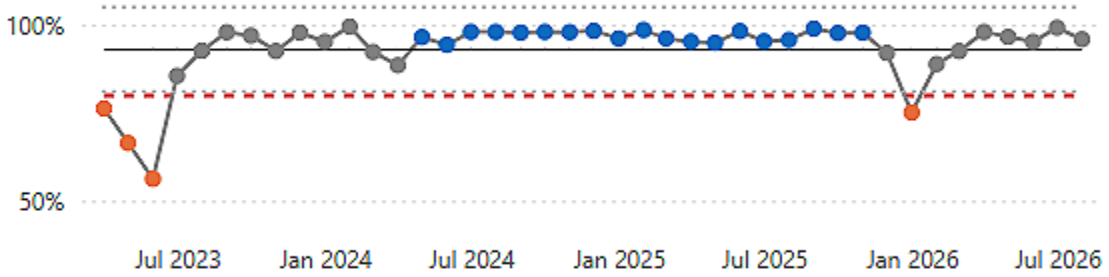
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% mental health assessments undertaken within 28 days (persons aged 0-17)



Latest performance of 83.6% is showing usual variation and the target of 80% was met.

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



Latest performance of 96% is showing usual variation and the target of 80% was met.

Key challenges / issues

% mental health assessments undertaken within 28 days (persons aged 0-17):
56 of 67 assessments were undertaken within target in August, showing continued compliance with April as the exception. The irregular compliance profile is indicative of seasonal changes in demand, attempts to recover performance for therapeutic interventions, and small overall numbers which mean a few additional breaches increase variance.

% mental health assessments undertaken within 28 days (persons aged 18+):
Compliance has slightly dipped but remains above required target. The service continues to monitor assessment times which can impact on compliance with the performance target. Sickness, along with staff movement could potentially impact on compliance over the next month or two, however, this will be monitored closely.

Key actions / initiatives

Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons aged 0-17): Enabling Quality Improvement in Practice (EQIiP) 'demonstrator project' to move to a more preventative and responsive 'One at a Time' approach as part of implementation of Welsh Government Mental Health strategy. The new approach will be launched in November 2026.	31/03/27

Embedded improvement actions

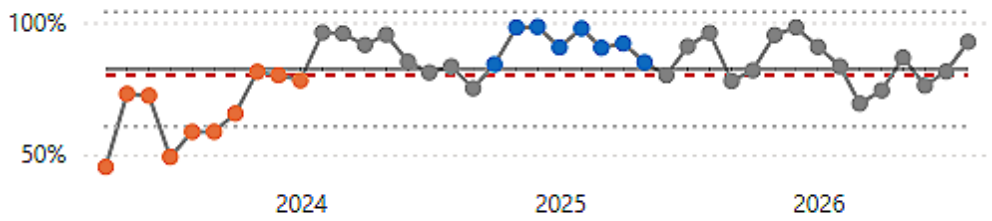
% mental health assessments undertaken within 28 days (persons aged 18+):
All teams are utilising the Primary Care Liaison Service (PCLS) at point of referral supporting reducing pressure on LPMHSS enhancing the patient journey.

Therapeutic interventions following primary mental health assessment

(Enhanced monitoring condition)

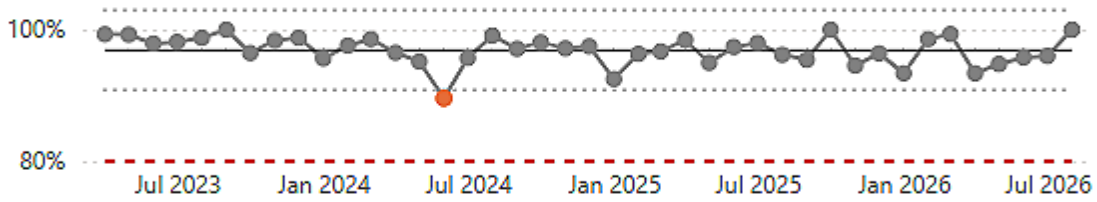
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

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



Latest performance of 92.6% is showing usual variation and the target of 80% was met.

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



Latest performance of 100% is showing usual 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):
50 of 54 interventions commenced within target for this month, showing compliance for three out of the last four months. The largest team (Carmarthenshire) shows an improved staffing position enabling an overall improved rate of allocation.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Compliance remains well above the required target, reflecting the team's hard work. Estates access is challenging across each geographical area with varying access to GP practices resulting in use of private accommodation in some areas. Two cohorts of staff have completed Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) training to reduce the impact of the withdrawal of the SPRING trauma intervention programme.

Key actions / initiatives

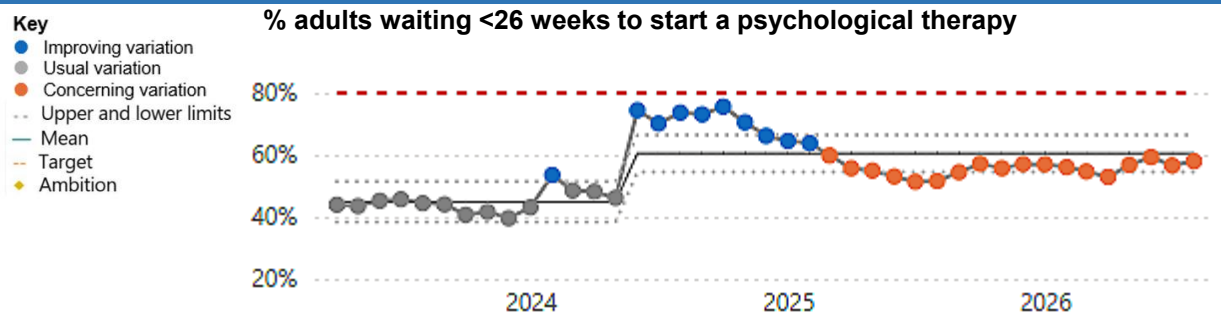
Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): Enabling Quality Improvement in Practice (EQIiP) 'demonstrator project' to move to a more preventative and responsive 'One at a Time' approach as part of implementation of Welsh Government Mental Health strategy. The new approach will be launched in November 2026.	31/03/27

Embedded improvement actions

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):
Strengthen weekly monitoring of capacity and demand, coordinate assessment and intervention resources across localities, and improve the timeliness of follow-up contacts and intervention starts.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Utilisation of supportive intervention options through third sector, SilverCloud and our Primary Care Liaison Service (PCLS) which is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS. A focus on group interventions remains in place.

Psychological therapy waits
(Performance framework)



Performance in August of 58% shows concerning variation and the target of 80% was not met.

- 467 out of 804 (58.1%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 3 out of 4 (75%) were waiting <26 weeks to start an adult psychology assessment;
- 46 out of 77 (59.7%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues

Integrated Psychological Therapies Service (IPTS):
Compliance has increased by 1.4% since last month. The MEDIO digital consultation platform is now operational; however, delivery problems have resulted in cancelled/delayed groups which potentially could impact on referral-to-treatment (RTT) performance. Despite this, mitigations have been implemented promptly, and no widespread system issues have been identified. The ongoing development of the group therapy programme has contributed to an approximate 2% improvement month on month in RTT performance since April 2026. Current trajectories indicate that the service remains on track to achieve its RTT target within the agreed time frame. These groups will be supported by the newly recruited nurse workforce who will release high intensity (HI) therapists to undertake 1:1 sessions.

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 continues to be high demand for complex Court of Protection (CoP) work which is intensive and resource heavy. We are also seeing increased demands on Psychology and Behaviour specialists (P&Bs) for highly specialist complex assessments requiring therapeutic input, complex behaviour challenging assessments and treatment/intervention which contributed to waits over 26 weeks.

Adult Psychology Mental Health (AMH):
Performance for our 26-week target to start an adult psychology assessment is the highest recorded since we started tracking in April 2021.

Key actions / initiatives

Key actions / initiatives	Due date
IPTS:	
• Implementation of the Patient Knows Best (PKB) platform has reached the final testing phase, with a pilot planned in October 2026 to enhance service user communication, questionnaire completion, access to therapeutic resources, and outcome measure collection.	01/10/27
• Therapist job plans have been aligned to maximise clinical capacity in response to increasing demand, while regular waiting list reviews continue to focus on fragile therapy pathways, identifying opportunities to utilise alternative evidence-based interventions where clinically appropriate.	Complete
LDs:	
• Develop the Memory Clinic pathway and the Behaviour that Challenges pathway which aim to upskill other colleagues to reduce lower-level demands on P&Bs.	30/03/27
• Two new Assistant Psychology posts approved to cover Carmarthenshire/Pembrokeshire & Ceredigion to make up for shortfall in hours is now out for advert.	31/10/26

Embedded improvement actions

LDs:

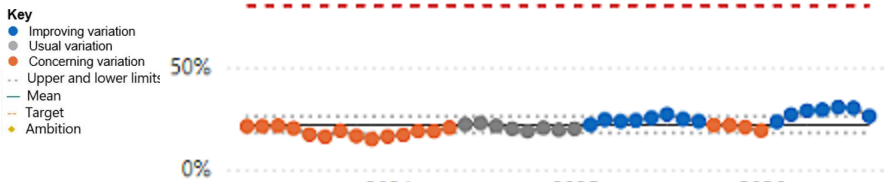
- As part of our organisational change process, we seek to recruit a co-ordinator for CoP cases who can link in with legal services to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. We are offering additional training to all staff within the network around CoP work.
- Developing group therapy work with plan to upskill colleagues to develop skills in therapeutic models to support in delivery. Monthly meetings to develop this are in place.
- We are in discussion with Welsh Government about the separate reporting of therapeutic interventions vs Behaviour that Challenges interventions to give greater transparency and oversight.

AMH:

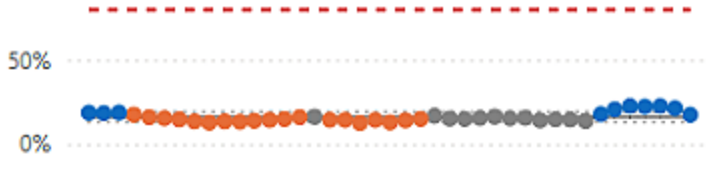
- All four clinicians are providing consultations to other services, decreasing referrals to AMH.
- 'Grow Your Workforce' plans are in place.

Neurodevelopmental assessment waits
(Performance framework)

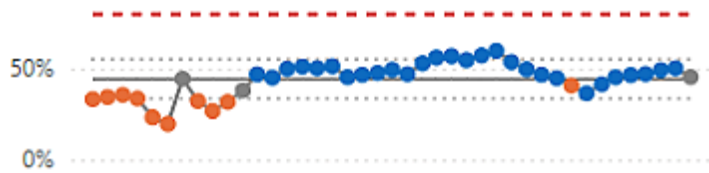
% children & young people waiting < 26 weeks to start a neurodevelopment assessment



% 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 August 2026 of 26%, shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 549 of 3,144 (17.5%) patients had an ASD assessment < 26 weeks. 624 out of 1,371 (45.5%) patients had an ADHD assessment <26 weeks.

Key challenges / issues

Attention Deficit Hyperactivity Disorder (ADHD):
The longest current wait for an ADHD assessment is 100 weeks, with 462 individuals waiting longer than 52 weeks. Referral levels continue to be significantly higher than demand, having increased by 100%, placing sustained pressure on service capacity and highlighting the need for further expansion to achieve performance targets. Despite ongoing work to improve the efficiency of the ADHD assessment pathway and maximise available resources, demand continues to exceed capacity, even with a fully established medical workforce. Demand for Quantitative Behavioural (QB) testing, a key component of the diagnostic pathway, also remains higher than current capacity. In addition, limited clinic room availability across all sites continues to present challenges.

Autism Spectrum Disorder (ASD):
There are 3,144 children and young people awaiting an ASD assessment, with 2,595 waiting longer than the 26-week target. Compliance against the target dropped as expected during August, linked to the school summer holidays which reduced the number of referrals to less than half the average rate and prevented the school cluster clinics being held. There are currently three members of staff on long term sickness absence which will affect throughput.

Key actions / initiatives

	Due date
ADHD:	
• Expand core capacity by increasing access to QB testing. Currently, only one device is available with a limited number of Healthcare Support Workers trained in its use. Securing investment has been challenging due to ongoing licence fee costs and per-test charges. Alternative options are being explored, including QB Check, a digital platform with the potential to increase access to QB testing across all sites where clinically appropriate.	31/03/27
• Explore digital options, such as Magic Notes, to support appointments and reduce clinician administrative time.	31/03/27
• Options paper submitted to address capacity and demand issues.	31/03/27
ASD:	
• Working group to progress joint ASD/ADHD pathway for under 18s. Proposal to trial joint clinics in January 2027.	31/01/27
• Parent/carer feedback tool being developed to assess school cluster project.	31/12/26
• Patient Knows Best platform has needed to be discounted as a method of communication for individuals under 16 given the parental responsibility/carer limitations. Will be progressed for those aged over 16.	31/12/26
• Essential training updates secured for staff.	31/12/26
• Exploring use of evidence-based screening tools to reduce delays in receiving supplementary information.	31/03/27
• Proposal to use internal capacity to run additional clinics out of hours using Neurodevelopment (ND) Improvement Programme funding is currently awaiting Executive approval. This is a time limited opportunity which aims to complete assessments for those individuals who fall outside the eligibility criteria for outsourcing and who form the longest waits.	31/03/27

Embedded improvement actions

ADHD:
- Work ongoing to address clinical room pressures through the Bandi appeal and reconfiguration of Puffin Ward, which are expected to provide longer-term improvements in clinical capacity.
- Continue to maximise clinic utilisation through flexible clinic management and robust job planning.

ASD:
- Assess school cluster pilot effectiveness.

Diagnostics waits over 8 weeks

(Enhanced monitoring condition, Ministerial priority & Planned care recovery 2026/27)

Key

- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

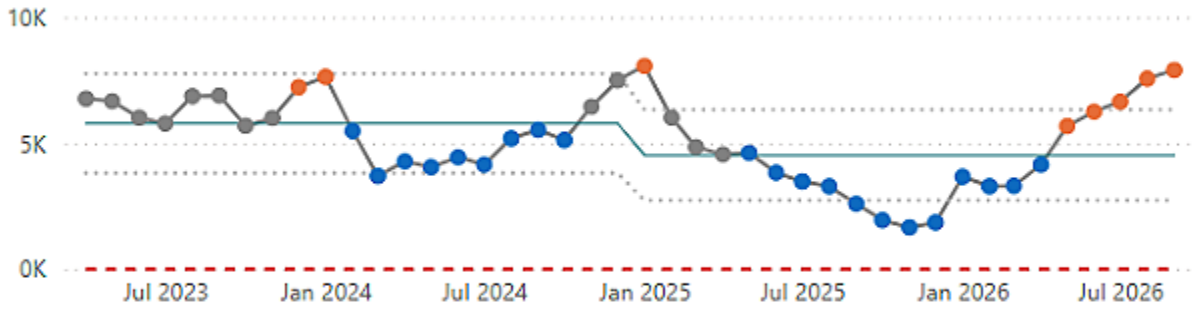
Assurance - performance against target

- 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

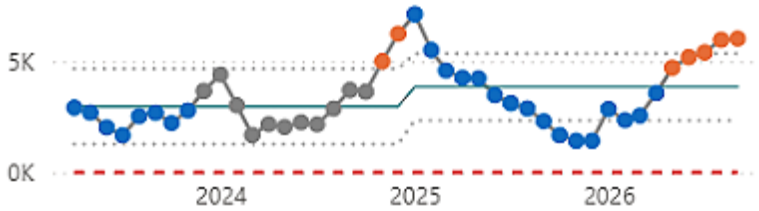
Patients waiting >8 weeks for a specified diagnostic



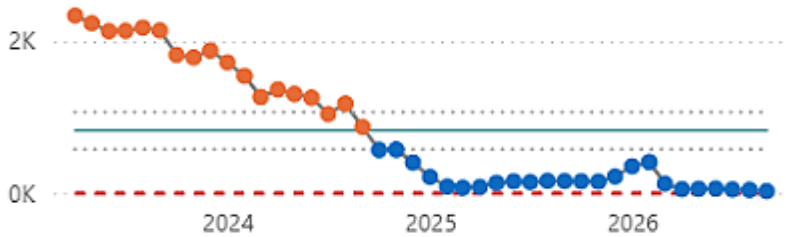
In September 2026 there were 7,903 patients waiting over 8-weeks for a specified diagnostic. The chart is showing concerning variation.

Diagnostic	Latest period	Latest actual	Variation	Assurance
All	September 2026	7,903	●	▣
Radiology		6,016	●	▣
Cardiology		1,750	●	▣
Phys measure		43	●	▣
Endoscopy		28	●	▣
Imaging		60	●	▣
Neurophysiology		6	●	▣

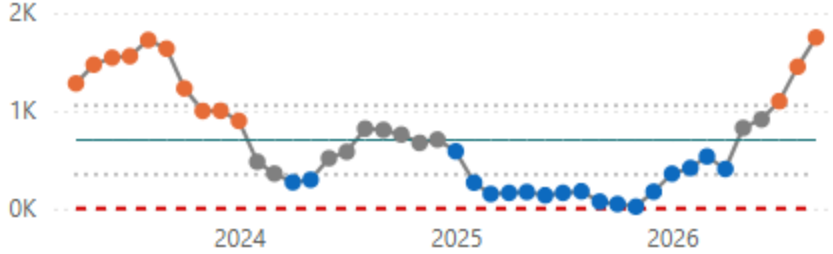
Patients waiting >8 weeks for a radiology diagnostic



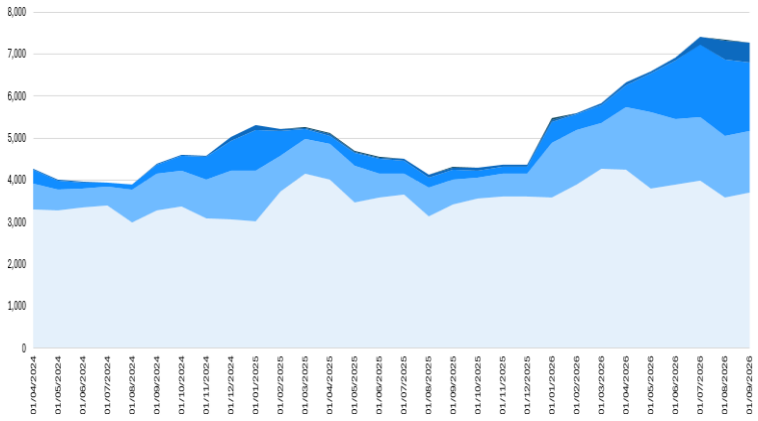
Patients waiting >8 weeks for an endoscopy diagnostic



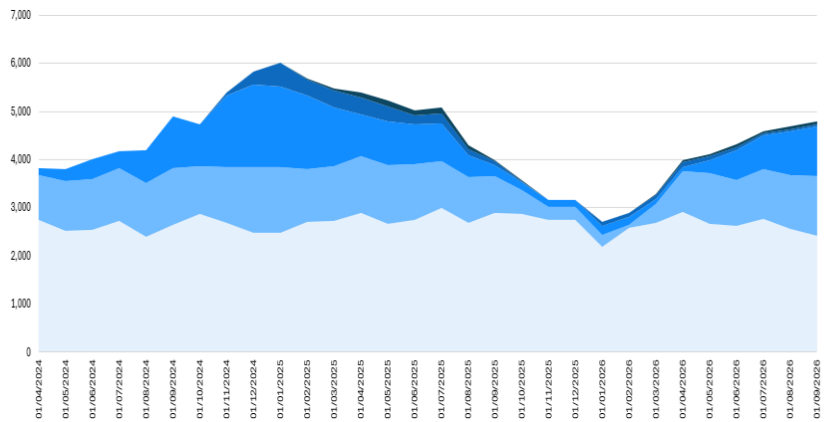
Patients waiting >8 weeks for a cardiology diagnostic



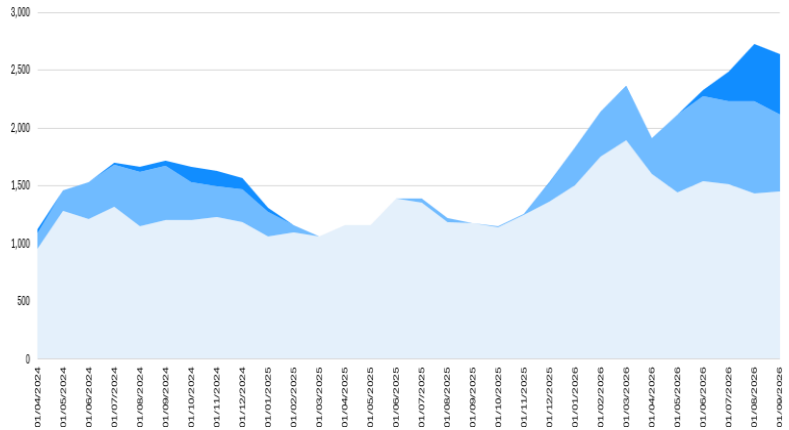
Total waiting list – Non-Obstetric Ultrasound



Total waiting list – Magnetic Resonance Imaging



Total waiting list – Echocardiogram



Key: 0 – 7 weeks | 8 – 13 weeks | 14 – 25 weeks | 26 – 39 weeks | 40 + weeks

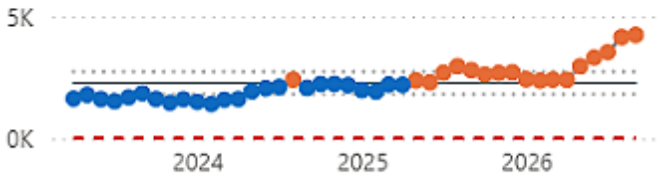
Diagnostics waits over 8 weeks
(Enhanced monitoring condition and Ministerial priority)

Key challenges / issues	Key actions / initiatives	Due date
Radiology: • Radiology performance remains under pressure, with 6,016 patients waiting over eight weeks in September 2026. The breach trend continues to deteriorate, with the chart showing concerning variation. Although activity increased in September, core capacity remains insufficient to meet sustained demand growth. • Additional demand arising from the National Outpatient Appointment Insourcing project continues to affect performance. Demand and breaches for Magnetic Resonance Imaging (MRI) and Non-Obstetric Ultrasound (NOUS) have exceeded the projections developed in 2025/26. • The task and finish group has concluded its review of the data quality issues associated with the newly implemented Radiology Informatics System Procurement (RISP) system. The group has produced revised radiology recovery trajectories and submitted them to Welsh Government. • Welsh Government has offered £2.8 million of the £4.1 million requested. This funding is expected to support reductions in eight-week breaches and improve cancer diagnostic performance up to 31 December 2026. Further funding will be required to support delivery of the target of no patients waiting over eight weeks by 31 March 2027.	**Radiology:** • NOUS insource contract extended, with additional capacity being sought. Internal staffing (insourcing) ongoing funded by vacancy. • The WG funding received will allow procurement additional MRI capacity (1000 patient per month) from 12/10/26. • Computed Tomography (CT) van extended to end of December 2026 with additional funding (250 urgent suspected cancer patients per month). • Demand management pathway work underway with physiotherapy, podiatry and maternity to increase capacity via workforce diversification (Delayed slightly due to change in Head of Service of Podiatry, meeting rescheduled)	31/03/27 31/12/26 31/12/26 31/10/26
Endoscopy: • An underlying capacity deficit in the gastrointestinal endoscopy pathway reflected in the Annual Plan (equivalent to additional 3 lists per week or 5% increase in 2026/2027) has been mitigated via insourcing until the end of March 2027 via WG funding.	**Endoscopy:** • Insourcing undertaken May-September in gastrointestinal endoscopy to bridge baseline capacity deficit in-order-to-maintain the 8 week performance standard and to continue until the end of March 2027. The service continues to maximise core capacity and management of referral demand through robust clinical vetting.	31/3/27
Cardiology: • Echocardiography breaches continue to be primarily driven by longstanding shortfalls in in-house diagnostic capacity. The position has remained challenged throughout this reporting period due to ongoing workforce pressures, including the impact of both short and long-term sickness absence and maternity leave. Myocardial Perfusion Scan (MPS) waiting times remain elevated following the April 2026 system outage, which significantly increased the backlog. Recovery has been constrained by ongoing capacity limitations, and the breach position has continued to deteriorate. This remains a fragile service and is reflected on the Directorate risk register. Reliance on a single consultant presents a significant risk to service resilience, capacity, and recovery of waiting list performance.	**Cardiology:** • Echocardiography – September saw the first monthly reduction in the waiting list achieved through use of recovery funding and engagement of an external provider to increase diagnostic capacity. Cardiology Management Team continuing to closely monitor demand and capacity to ensure funding and capacity commissioned will deliver the forecasted end-of-year recovery trajectory. • Myocardial Perfusion Scans (MPS) - Cardiology Management Team continues to work closely with Radiology colleagues to manage risk for long-waiting patients, ensure appropriate clinical prioritisation and maximise available capacity to support waiting list recovery. Focused demand and capacity review planned for October/November 2026.	30/10/26 30/11/26

Therapy waits over 14 weeks
(Enhanced monitoring)

Performance as September 2026 shows concerning variation with 4,255 waits over 14 weeks, the highest number recorded.

Patients waiting >14 weeks for a specified therapy



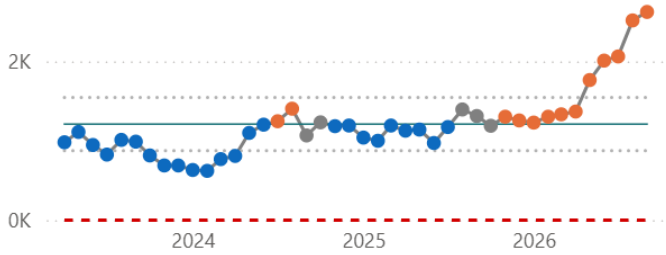
Key
- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time
- Improving variation
- Usual variation
- Concerning variation

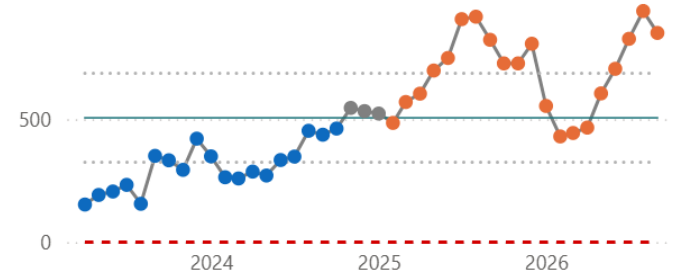
Assurance - performance against target
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Trajectory - performance against our ambition
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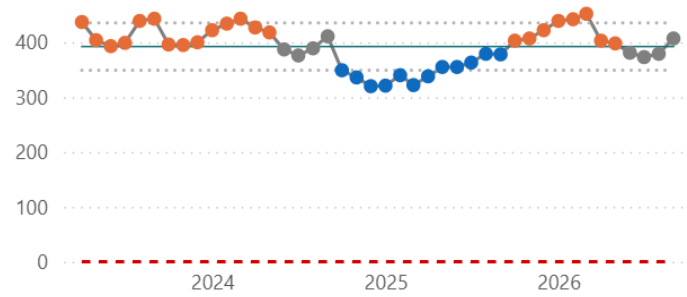
Number of patients waiting 14 weeks plus for Physiotherapy



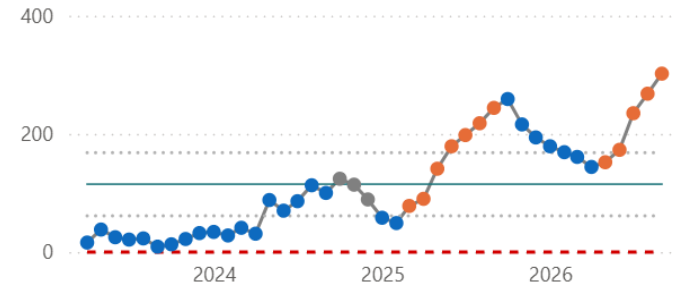
Number of patients waiting 14 weeks plus for Podiatry



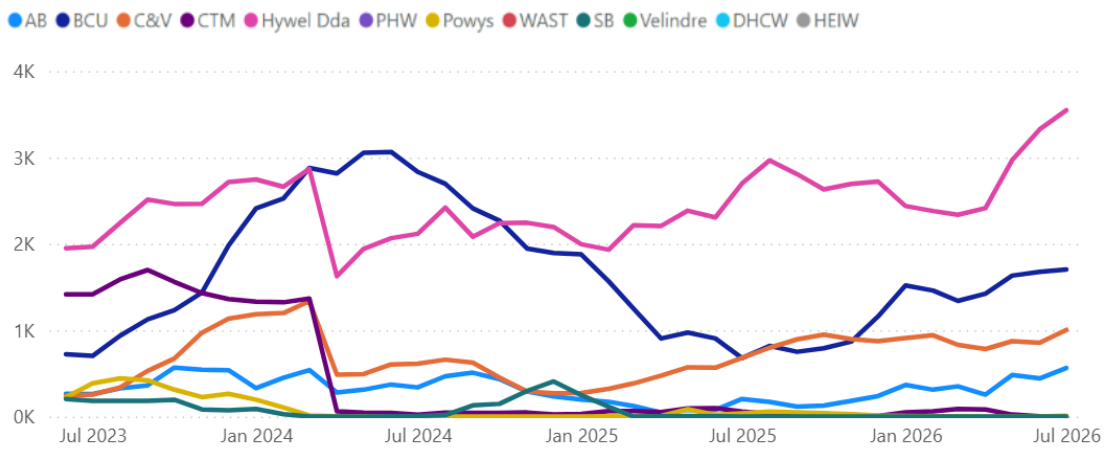
Number of patients waiting 14 weeks plus for Occupational Therapy



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



Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (July 2026)



Therapy	Latest period	Latest actual	Variation	Assurance
All	September 2026	4,255	●	▣
Physiotherapy		2,623	●	▣
Podiatry		851	●	▣
Occupational Therapy		407	●	▣
Dietetics		302	●	▣
Speech & Language Therapy		41	●	▣
Art therapy		31	●	▣

Therapy waits over 14 weeks (continued) (Enhanced monitoring)

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy 96% of breaches are in Musculoskeletal (MSK). Demand continues to grow and is greater than capacity, driven by shifting work from primary and secondary care toward MSK Physiotherapy services. Demand growth is compounded by: Increased proportion of urgency in demand (now >50%) in MSK and community services). Reduced service capacity (3 whole time equivalent (WTE) vacancies, 1WTE Band 3 maternity) compounded by recent availability issues for bank to backfill.	**Physiotherapy** • A review of community prioritisation criteria aligned to clinical risk matrix has been completed in Carmarthenshire. Cross county discussions on outcome and scalability to be undertaken as next phase. • Three projects being developed through Enabling Quality Improvement in Practice (EQIiP) program. 1) development of agnostic condition management classes; 2) patient activation and chronicity risk stratification as part of self referral processes; 3) pilot of new model for telemedicine assessment in MSK.	30/11/26 31/03/27
Occupational Therapy (Paediatrics) Overall demand has increased by approximately 40%, while available service capacity decreased by 2.0 WTE during July and August 2026. Further workforce turnover was anticipated at the end of September. These pressures are expected to result in further deterioration in waiting-time performance through to December 2026. The service presented this forecast deterioration at the September Operational Delivery Review meeting with the Director of Operational Planning.	**Occupational Therapy (Paediatrics)** • Development of Paediatric Sensory Workshop to support universal and targeted offer. Implementation review and further refinement in progress. • Development of triage process to improve access, reduce delays and inappropriate referrals. • A review of referral pathways and activity criteria within the Carmarthenshire Integrated Service to establish a clear distinction between Health and Social Care activity, demand and waiting lists.	31/12/26 31/12/26 30/10/26
Podiatry Podiatry breaches reduced slightly to 851 in September following validation and increased telephone triage. Demand has risen approximately 40% over six years without corresponding capacity growth. Increasing patient complexity compounds pressures. The identified requirement for three additional WTE remains unfunded, leaving the capacity gap unresolved and risking further waiting-list growth.	**Podiatry** • Develop the Consultant Podiatrist role to improve patient flow, clinical governance and waiting times. • Maintain monthly waiting list validation, standardise WPAS closure processes, sustain telephone triage capacity, and monitor demand, complexity, waiting times and breaches through routine performance reporting. • Review triage outcomes to ensure patients are directed to the most appropriate pathway and use the demand and capacity review to support the case for the additional 3 WTE staff required.	02/11/26 02/11/26 02/11/26
Dietetics Paediatric patients account for the majority of Nutrition and Dietetic breaches, with paediatric breaches increasing from 142 in May 2026 to 274 in September 2026. Demand exceeding capacity and long-term sickness absence continue to drive this deterioration. Agency support of 1.6 whole-time equivalent (WTE) remains in place until March 2027 to help stabilise the service. Community breaches increased to 24, in line with forecasts following recent staff turnover. Demand and capacity modelling indicates a continuing capacity shortfall, with further increases in breaches projected unless additional capacity becomes available.	**Dietetics** • Paediatrics: Present the updated Situation, Background, Assessment and Recommendation (SBAR) to the November Clinical Care Group, setting out mitigation proposal. • Referral criteria review is complete, pending electronic patient referral implementation; support from Specialist Child and Adolescent Mental Health Services has not been secured. • Community: Continue contingency measures, including revised prioritisation and triage processes, to ensure patients with greatest clinical need are prioritised. Scope wider Group-level interventions to address the gap between demand and capacity.	17/11/26 31/12/26 31/03/27

Embedded improvement actions

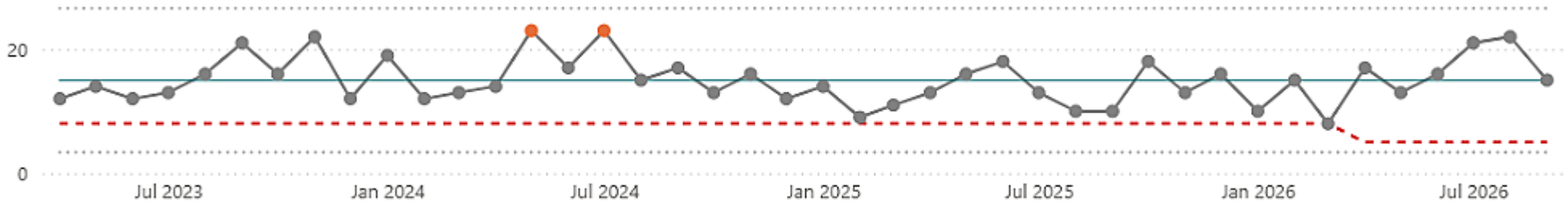
Physiotherapy

- Second MSK waiting list validation undertaken 01/08/26. 3,336 questionnaires issued; 1,632 responses received; 91 patients requested removal from waiting list. Action complete.

C. Difficile (all cases)
(Targeted intervention)

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

Number of laboratory confirmed C. difficile cases hospital and community onset (in-month)



In September 2026 there were 15 confirmed cases and the chart is showing usual variation

Key challenges / issues

- C. difficile remains a key improvement priority. A total of 104 cases have been reported in 2026/27 to the end of September, compared with the Welsh Health Circular improvement trajectory of 138 cases or fewer for the full year.
- September performance improved compared with the preceding two months, reducing from 21 cases in July and 22 in August to 15 in September.
- The balance of infection in September shifted towards community onset, with 8 Community onset cases compared with 7 Hospital onset cases. Continued review of healthcare exposure and case attribution remains important.
- Hospital-onset infection nevertheless remains a concern, with 55 Hospital onset cases year-to-date, representing 53% of all cases.
- Ongoing improvement priorities remain antimicrobial stewardship, timely recognition/isolation and diagnosis, environmental cleanliness, compliance with bare below the elbows, and completion of mandatory Level 2 Infection Prevention and Control training.
- Environmental cleaning assurance and post-discharge cleaning should remain under review where case investigation identifies possible environmental contribution.

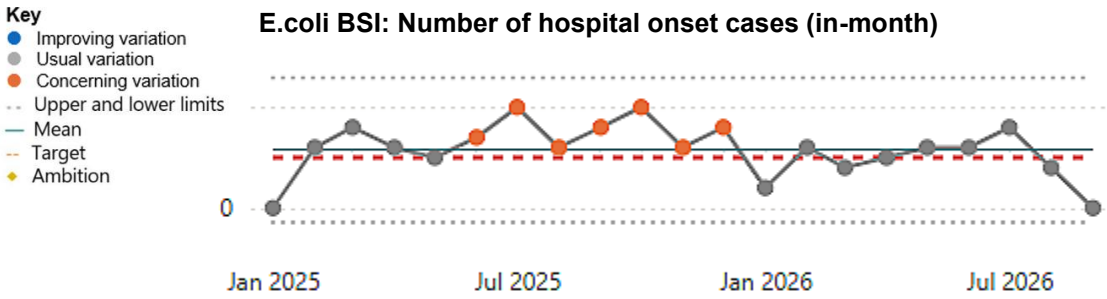
Key actions / initiatives

	Due date
• Continue monthly multidisciplinary review of C. difficile cases, with particular focus on hospital-onset cases, healthcare exposure, antimicrobial prescribing, Proton Pump Inhibitor use where relevant, timeliness of isolation/testing and environmental factors.	31/10/26
• Maintain focus on antimicrobial stewardship, including Electronic prescribing and medicines administration (ePMA) - enabled improvement and intravenous-to-oral switching.	31/10/26
• Use findings from case reviews and infection prevention and control (IPC) indicator audits to target improvement support to clinical areas where recurring themes or gaps are identified.	31/10/26
• Continue monitoring environmental cleanliness and strengthen assurance around post-discharge/terminal cleaning where required.	31/10/26
• Continue improvement work on bare below the elbows and hand hygiene compliance, Infection Prevention and Control mandatory training and clinical practice assurance.	31/10/26
• Triangulate C. difficile cases with ward-level Infection prevention and control audit findings to identify recurrent themes and areas requiring focused intervention.	31/10/26

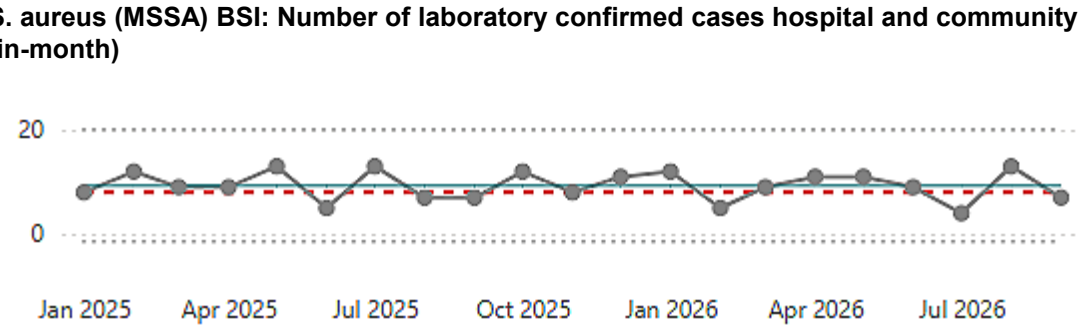
Embedded improvement actions for ALL infection types

- Healthcare-associated infection cases reviewed monthly with learning shared through appropriate clinical and governance forums.
- Infection Prevention and Control Indicator Audit findings used to identify and monitor ward-level improvement actions.
- Monthly hand-hygiene assurance maintained through clinical areas.
- Clinical Care Groups continue self-assessment against the Quality Statement for Infection Prevention and Control.
- Continue monitoring Aseptic Non-Touch Technique (ANTT)/aseptic practice and relevant staff competency.
- Escalate recurrent or unresolved infection prevention and control concerns through established governance arrangements.

E. coli and S. aureus cases (hospital onset)
(Targeted intervention)



In September 2026 there were 0 confirmed hospital onset cases, the chart is showing usual variation.

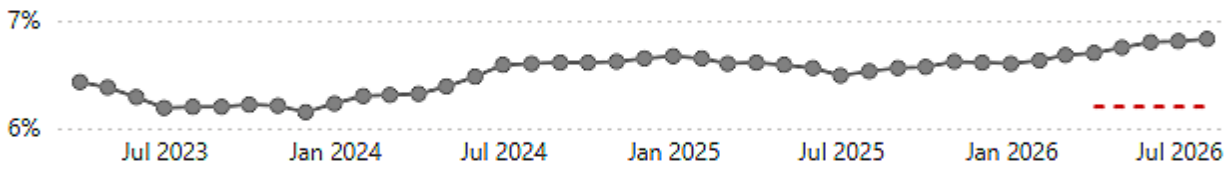


In September 2026 there were 7 confirmed cases, the chart is showing usual variation.

Key challenges / issues	Key actions / initiatives	Due date
E. coli:	**E. coli:**	
• 184 E. coli bacteraemia cases were reported between April and September 2026, 3 fewer than the equivalent period in 2025/26.	• Continue monthly review of hospital-onset E. coli Bloodstream infection, identifying potentially avoidable healthcare-associated factors and sharing learning through Clinical Care Groups.	31/10/26
• Of these, 29 were hospital onset (16%) and 155 community onset (84%), demonstrating that the overall burden remains predominantly community onset.	• Maintain ward-level assurance against urinary catheter care bundles, with improvement actions where gaps are identified.	31/10/26
• September recorded 30 E. coli bacteraemia cases, with no hospital-onset cases, compared with 4 hospital-onset cases in August and 8 in July.	• Continue hand hygiene validation and observational audit through established senior nurse assurance processes.	31/10/26
• The September hospital-onset position therefore represents a notable improvement, although sustained monitoring is required to determine whether this improvement is maintained.	• Triangulate hospital-onset cases with infection prevention and control Indicator Audit findings to identify recurrent themes and areas requiring targeted improvement.	31/10/26
• The improvement priority remains reduction of hospital-onset E. coli BSI, alongside continued focus on potentially preventable healthcare-associated risk factors.		
S. aureus	**S. aureus**	
• 57 S. aureus bacteraemia cases were reported from April to September 2026, of which 18 were hospital onset (32%).	• Continue review of hospital-onset S. aureus bloodstream infection, with learning used to inform targeted improvement.	31/10/26
• September recorded 7 cases, comprising 1 hospital-onset and 6 community-onset cases. This compares with 13 cases in August, including 3 hospital onset.	• Maintain assurance against peripheral venous catheter care bundles and address identified compliance gaps.	31/10/26
• Hospital-onset S. aureus therefore reduced during September, with the hospital-onset proportion falling to 14%, compared with 23% in August and 50% in July.	• Continue focus on aseptic non-touch technique (ANTT) compliance and competency.	31/10/26
• Continued focus is required on prevention of healthcare-associated S. aureus bacteraemia, including vascular access and aseptic practice.	• Maintain hand hygiene validation and ward-level observational audit.	31/10/26
	• Use case reviews alongside infection prevention and control audit findings to identify whether recurrent themes require targeted intervention.	31/10/26

Staff sickness
(Performance framework)

% staff sickness rate (12 months rolling)



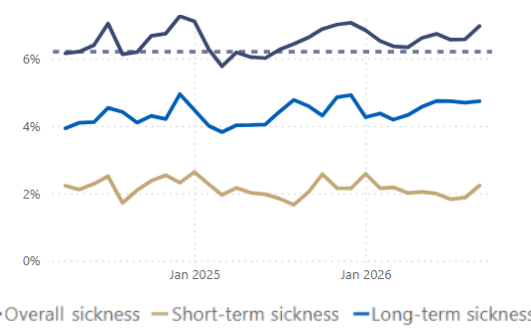
Rolling 12-month staff sickness percentage rate comparisons for September:

- September 2024: 6.61%
- September 2025: 6.56%
- **September 2026: 6.85%**

2026-2027 Rolling 12-month target = 6.2%

% staff sickness rate (in month)

September 2026 (in month) = 6.96%
Short-term sickness = 2.23%
Long-term sickness = 4.73%



Services with 60+ staff with the highest levels of <u>in-month</u> sickness rates in September 2026:

Team	Staff	R12m	In-month
Domestic Services - GGH	133	13.8%	19%
Health Protection – Immunisation Team	67	15%	17.6%
Hotel Services - PPH	71	13%	15.3%
Pembs Hospital at Home	60	8.7%	14.6%
Radiology - GGH	96	8.3%	13.6%

Key challenges / issues

Sickness absence remains a significant workforce challenge, driven mainly by long-term health conditions. Rates have remained broadly stable during 2026, with limited sustained improvement. Long-term cases and wellbeing pressures continue to affect services, particularly operational and patient-facing areas where staffing and resilience remain challenging.

Latest data shows that absence drivers remain largely unchanged, with psychological and musculoskeletal conditions accounting for most working time lost.

Mental health-related absence remains the largest contributor, accounting for almost 38% of days lost in September 2026 and affecting workforce resilience and organisational performance.

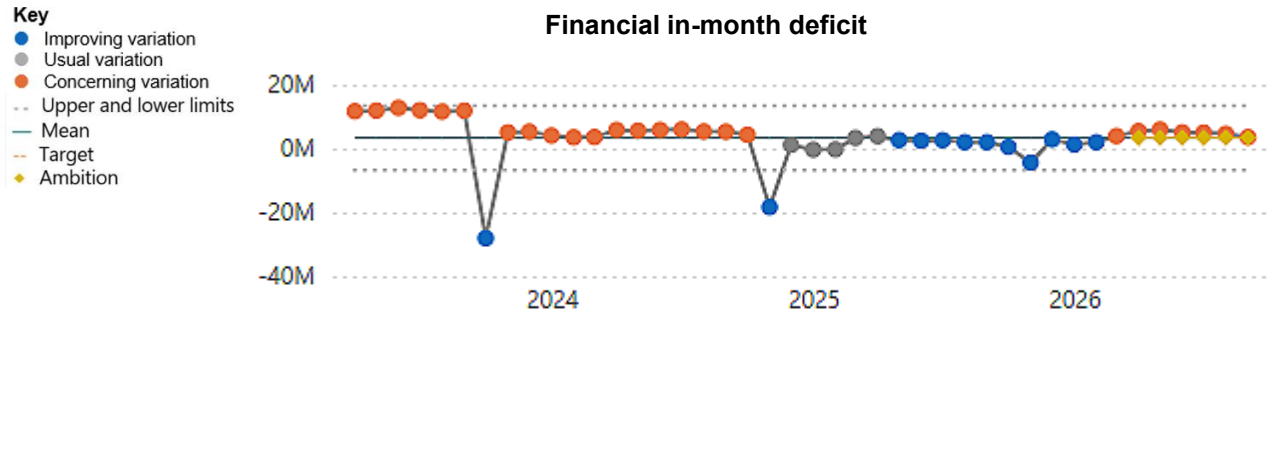
Musculoskeletal conditions remain the second largest contributor, with back problems and related disorders accounting for about 13% of days lost.

Gastrointestinal illness, injuries and fractures also have a significant impact, while respiratory illness is rising ahead of winter.

Embedded improvement actions

- The Absence Grip and Control Programme continues to be embedded across Clinical Care Groups, with an increased focus on reducing long-term sickness absence.
- Workforce and Occupational Health teams are providing targeted support to managers to improve compliance with the Attendance Management Policy
- Enhanced performance reporting and dashboard development are supporting improved oversight of attendance management activity, enabling services to identify hotspots and intervene more effectively.
- Service-level reviews continue to focus on the predominant causes of absence, particularly mental health and musculoskeletal conditions, with targeted wellbeing, rehabilitation and prevention initiatives being progressed.
- Winter preparedness activity has commenced, including promotion of staff vaccination programmes, wellbeing support offers and workforce planning actions aimed at maintaining service resilience during periods of increased operational pressure.
- Work is underway to improve the timeliness of attendance management interventions, including return-to-work discussions, attendance review meetings and long-term absence case management, to support sustainable reductions in sickness absence over the remainder of 2026/27.

Financial deficit
(Targeted intervention)





Key challenges / issues	Key actions / initiatives	Due date
The Health Board's Planned Deficit is £41.0m with a Savings Target of £42.8m. Gross forecast position is £57.7m, with required mitigating actions of £20.2m to be finalised, to achieve the revised reported end of year forecast position of £37.5m following the £3.5m Welsh Risk Pool improvement. Total savings delivery are £32.8m, leaving a delivery gap of £10.0m against the savings target.	**Mid Year Forecast Assessment -** The reported deficit has improved by £3.5m, from the Annual Plan position of £41.0m to £37.5m. This movement is wholly attributable to the Health Board's share of the all-Wales reduction in the Welsh Risk Pool risk assessment and does not represent an underlying improvement in operational performance. The year-end forecast remains under review. Without a material improvement in performance and the delivery of robust mitigating actions, the forecast is likely to deteriorate in future reporting periods.	13/10/26
The reported deficit has improved from the Annual Plan position of £41.0m to £37.5m. This improvement is wholly attributable to the Health Board's share of the revised Welsh Risk Pool assessment (£3.5m) and does not reflect an underlying improvement in operational performance. The Health Board will continue to review the likely year-end position, including the extent to which non-recurrent measures can be converted into sustainable recurrent improvements during Quarter 3.	**Dental Allocation Underspend Risk -** Welsh Government have confirmed that forecast dental funding underspends will be recovered. On going review of the dental financial position and delivery plans to maximise utilisation of the ring-fenced allocation and mitigate potential funding recovery. Current revised ringfenced underspend as at Q2 £5.1m	30/11/26
The in-month financial position is a deficit of £3.6m, which is an adverse variance against the £3.4m deficit plan. This is driven by a core operational overspend of £1.9m, offset by a £1.8m year-to-date recognition of the Welsh Risk Pool improvement, and a £0.1m under identification of savings, with £3.5m savings identified against the savings target of £3.6m.	**Identification and delivery of robust savings plans -** Whilst there has been a significant shift in the identification and conversion of underspends, there remains an identification gap to achieve the plan. There is an inequity across services with some over-delivering against target, and others under-delivering.	Overdue
	Recurrent Conversion of Savings - (In Year Rec Gap) - The current savings position includes a significant element of non-recurrent benefit. Further work with is required to maximise recurrent savings opportunities and reduce the underlying financial deficit.	Overdue
	Medical pay and rostering - Additional cover at premium costs - Continuing use of additional medical cover, including premium locum and agency.	15/12/26

IPAR key metrics by type

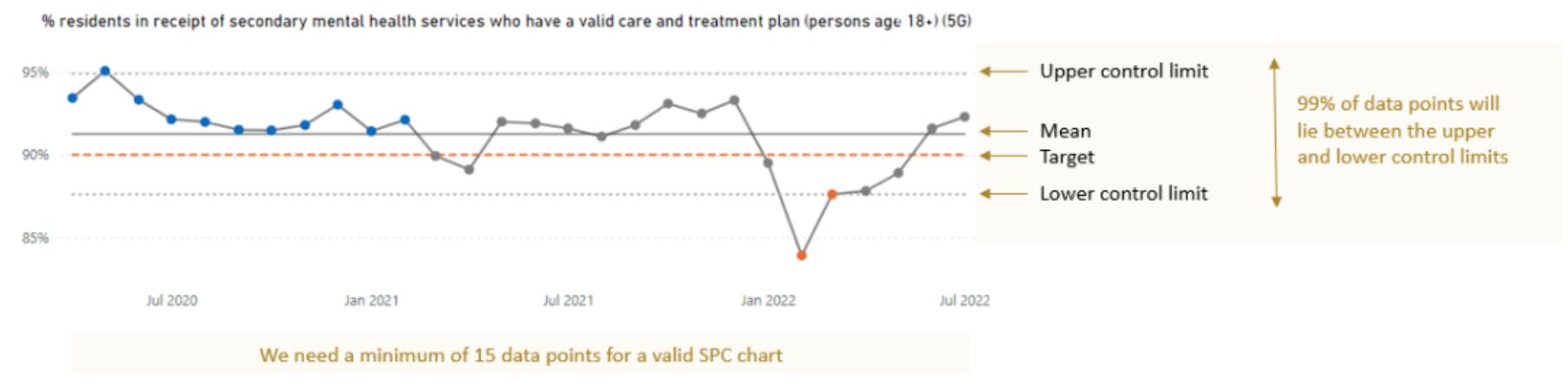
July 2026

Metric ID	Metric name	Annual plan	Enhanced monitoring	Local	Ministerial priority	Performance framework	Targeted intervention
27	C. difficile: Number of confirmed cases (in-month)	Y	-	-	-	Y	Y
51	Coding: % clinically coded - 1 month post discharge	Y	-	-	Y	Y	-
80	Pts waiting 8 wks+ for specified diagnostic	Y	Y	-	Y	Y	-
87	Ambulance handovers > 1 hour Hywel Dda	Y	-	Y	-	-	Y
88	% patients spending <4 hours in A&E/MIU Hywel Dda	-	-	-	-	Y	-
89	Patients spending > 12 hours in A&E/MIU Hywel Dda	Y	-	-	Y	Y	Y
150	Financial in month deficit	Y	-	Y	-	-	Y
155	% sickness absence rate of staff	Y	-	-	-	Y	-
275	% adult psychological therapy waits <26 weeks	-	-	-	-	Y	-
276	% child neurodevelopment assess waits <26 weeks	-	-	-	-	Y	-
277	% pts on single cancer pathway within 62 days	Y	Y	-	Y	Y	-
303	Follow-up appts - delayed >100%	-	Y	-	-	Y	-
320	% MH assess within 28 days (age 0-17)	-	Y	-	-	Y	-
321	% MH assess within 28 days (age 18+)	-	Y	-	-	Y	-
322	% therapy interven post LPMHSS assess (age 0-17)	-	Y	-	-	Y	-
323	% therapy interven post LPMHSS assess (age 18+)	-	Y	-	-	Y	-
433	Patients waiting 104 weeks+ RTT	Y	Y	-	Y	Y	-
443	Waits over 52 weeks: new outpatient appointment	Y	Y	Y	-	-	-
449	Pts 12yrs+ with diabetes receiving all 8 NICE care processes	-	-	Y	Y	-	-
483	Ambulance handover > 4 hours Hywel Dda	-	-	Y	-	-	-
501	Patients waiting over 52 weeks RTT	Y	-	Y	-	-	-
504	% uptake of flu vacc - 65+ years	Y	-	-	-	Y	-
515	Number of Pathways of Care delayed discharges	Y	-	Y	Y	-	Y
525	% of children who are up to date with scheduled vaccinations by age 5	Y	-	-	Y	Y	-
542	% of children receiving HPV by age 15	Y	-	-	Y	Y	-
545	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Y	Y	-	-	Y	-
559	Median time ambulance arrest category calls	-	-	-	-	Y	-
560	Median time ambulance emergency category calls	-	-	-	-	Y	-
561	Ambulance handover > 45 minutes Hywel Dda	-	-	-	Y	Y	-
566	% R1 eyecare patients waiting within 25% delay to target date	-	-	-	-	Y	Y
571	% uptake of RSV vacc - 75+ years	-	-	-	-	Y	-
575	Patients waiting 26 weeks+ new outpatient	-	Y	-	-	Y	-
580	E.coli BSI: Number of hospital onset cases (in-month)	Y	-	-	-	Y	Y
581	S. aureus (MSSA) BSI: Number of hospital onset cases (in-month)	Y	-	-	-	Y	Y
588	Total days delayed for Pathways of Care delayed discharges	Y	-	Y	Y	-	-

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 single data point outside the process limits



Two out of three points close to the process limit



Shift of 7* or more points above or below the mean line



Run of 7* or more points in ascending/descending order

* 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**		



Internal escalation update

October 2026

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

Headlines

Data as at 30th September 2026

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The table below summarises key points to highlight from the latest escalation scoring:

Areas to highlight	Points to highlight	3A
Workforce - level 4	Level 4 has been enacted for the first time this month (October) in the Workforce domain for: • Community & Intergrated Medicine - significant deterioration of overdue pay progression • Public Health – continued deterioration and lack of engagement for PADR and Job Planning compliance. CEO recovery meetings will be arranged in October/November for both functions.	Alert Alert
Finance – level 4	Community & Integrated Medicine and Planned & Specialist Care have been escalated to level 4 for finance since July 2026. Both CCGs are forecasting large end of year overspends and are unable to meet their savings requirements for this financial year.	Alert
Planned and Specialist Care	There has been significant improvements in job planning within the Workforce domain. However, the increase in overdue pay progression cases remains a concern. At least a 40% reduction is needed to avoid escalation up to level 4 next month.	Assure Alert
Community and Integrated Medicine	Last month, the CCG was at risk of escalation to level 4 for the Governance domain. Following improvements in risk management activity, this was avoided, and the CCG has since been de-escalated to level 2.	Assure
Population Health	As a result of improvements to Business Continuity Plan compliance, 4 functions were de-escalated this month within the Population Health domain. The staff flu vaccination programme began at the end of September; this seasonal measure will be included from the next Escalation scoring review in November.	For information
Finance recovery meetings	Finance recovery meetings have been arranged in November & December to focus on forecast, core budget and savings, with expectations around new savings or run rate improvements. Sessions have been arranged for: Community & Integrated Medicine, Planned & Specialist Care, Estates, Facilities, Long Term Agreements, Mental Health & Learning Disabilities, Operational Allied Health & Health Sciences and Pharmacy & Medicines Management	For information

Background and overview

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

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

Health board escalation level overview as at 30th September 2026

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

	Function	Quality & safety	Governance	Workforce	Finance	Strategy, planning and fragile services	Population Health	Performance
Clinical Care Groups	Community and Integrated Medicine	3	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 (LTAs)	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

Domain overview: Quality & Safety

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

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

Domain overview: Governance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

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

Domain overview: Workforce

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

Function	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Jul 26	Aug 26	Sep-26
Community & Integrated Medicine	2	2	2	2	2	2	2	2	2	3	3	4
Chief Operating Officer Management	1	1	2	2	2	2	2	2	2	2	2	3
Mental Health & Learning Disabilities	2	2	2	1	1	1	2	2	2	2	2	2
Planned & Specialist Care	2	2	2	2	2	2	2	3	3	3	3	3
Primary Care	n/a	n/a	1	1	1	1	1	2	2	2	2	2
Operational Allied Health & Health Sciences	2	2	2	2	2	2	2	2	2	2	2	2
Estates & Facilities	2	2	2	2	2	2	2	2	2	2	3	2
Executive Director of Finance	1	1	1	1	1	1	1	1	1	1	1	2
Executive Medical Director	2	2	2	2	2	2	1	1	1	2	2	2
Pharmacy & Medicines Management	n/a	n/a	2	2	2	1	1	2	2	2	2	3
Executive Director of Nursing, Quality & PE	2	2	2	2	2	2	2	2	2	1	2	2
Executive Director of Public Health	2	2	2	2	2	2	2	2	3	3	3	4
Executive Director of Strategy & Planning	1	1	1	1	1	1	1	1	1	1	2	2
Long Term Agreements (LTAs)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	1
Governance & Communication	1	1	1	2	2	2	2	2	1	1	2	2

Domain overview: Finance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

Function	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr-26	May 26	Jun 26	Jul 26	Aug 26	Sep 26
Community & Integrated Medicine	3	3	3	3	3	3	3	3	4	4	4	4
Chief Operating Officer Management	2	2	2	2	2	2	2	2	2	2	2	2
Mental Health & Learning Disabilities	3	3	3	3	3	3	3	3	3	3	3	3
Planned & Specialist Care	3	3	3	3	3	3	3	3	4	4	4	4
Primary Care	n/a	n/a	2	2	1	1	1	1	1	1	1	1
Operational Allied Health & Health Sciences	3	3	3	3	3	3	3	3	3	3	3	3
Estates & Facilities	3	3	3	3	3	3	3	3	3	3	3	3
Executive Director of Finance	1	1	1	1	1	1	1	1	1	1	1	1
Executive Medical Director	1	1	1	1	1	1	1	1	1	1	1	1
Pharmacy & Medicines Management	n/a	n/a	2	2	2	2	2	2	2	2	2	2
Executive Director of Nursing, Quality & PE	1	1	1	1	1	1	1	1	1	1	1	1
Executive Director of Public Health	1	1	1	1	1	1	1	1	1	1	1	1
Executive Director of Strategy & Planning	1	1	1	1	1	1	1	1	1	1	1	1
Long Term Agreements (LTAs)	1	2	2	2	2	2	3	3	3	3	3	3
Executive Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	1
Governance & Communication	1	1	1	1	1	1	1	1	1	1	1	1

Domain overview: Population Health

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Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

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

Domain overview: Strategy, Planning & Fragile Services

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

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

Domain overview: Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

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

Trends for our most concerning functions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Community and Integrated Medicine

Domain	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr-26	May 26	Jun 26	Jul 26	Aug 26	Sep 26
Finance	3	3	3	3	3	3	3	3	4	4	4	4
Performance	3	3	3	3	3	3	3	3	3	3	3	3
Population health	3	3	3	3	3	3	3	2	2	2	2	2
Quality & safety	3	3	3	3	3	3	3	3	3	3	3	3
Strategic planning & fragile services	3	3	3	3	n/a	3	3	3	3	3	3	3
Governance	3	3	3	3	3	3	3	3	3	3	3	2
Workforce	2	2	2	2	2	2	2	2	2	3	3	4

Estates and Facilities

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

Trends for our most concerning functions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Mental Health and Learning Disabilities

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

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

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

Trends for our most concerning functions (3)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planned and Specialist Care: escalation levels by month and domain

Function	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Jul 26	Aug 26	Sep 26
Finance	3	3	3	3	3	3	3	3	4	4	4	4
Performance	3	3	3	3	3	3	3	3	3	3	3	3
Population health	3	3	3	3	3	3	3	3	2	2	2	2
Quality & safety	2	2	2	2	2	3	3	3	2	3	3	2
Strategic planning & fragile services	3	3	3	3	n/a	3	3	3	3	3	3	3
Governance	2	2	2	3	2	2	2	2	2	2	2	2
Workforce	2	2	2	2	2	2	2	3	3	3	3	3

Escalation criteria

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Quality & Safety	Governance	Workforce	Finance	Strategy, Planning and Fragile Services	Population Health	Performance and Outcomes
Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Incidents 2. Complaints 3. Duty of Candour 4. HIW/CIW 5. Deteriorating patients 6. Patient experience	Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Risks 2. Audits/ inspections 3. WHCs/ Ministerial Directions 4. Governance arrangements 5. Policies	Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Employee relations cases 2. Sickness 3. PADRs 4. Turnover 5. Mandatory training 6. Overdue pay progressions 7. Rosters & job plans (includes agency use)	Assurance the directorate will: 1. Operate within budget or deliver a recovery plan which will return to budget in year. 2. Identify and delivery recurrent savings to the level required.	Assurance the directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans. Has a triangulated plan to operate services effectively for the year.	Determines if opportunities are being taken to encourage patients to embrace healthier lifestyles or to ensure that our population is resilient to future challenges.	Assurance the directorate will meet improvement trajectories to achieve target performance.