



Escalation Oversight and Highlight Report

April 2026

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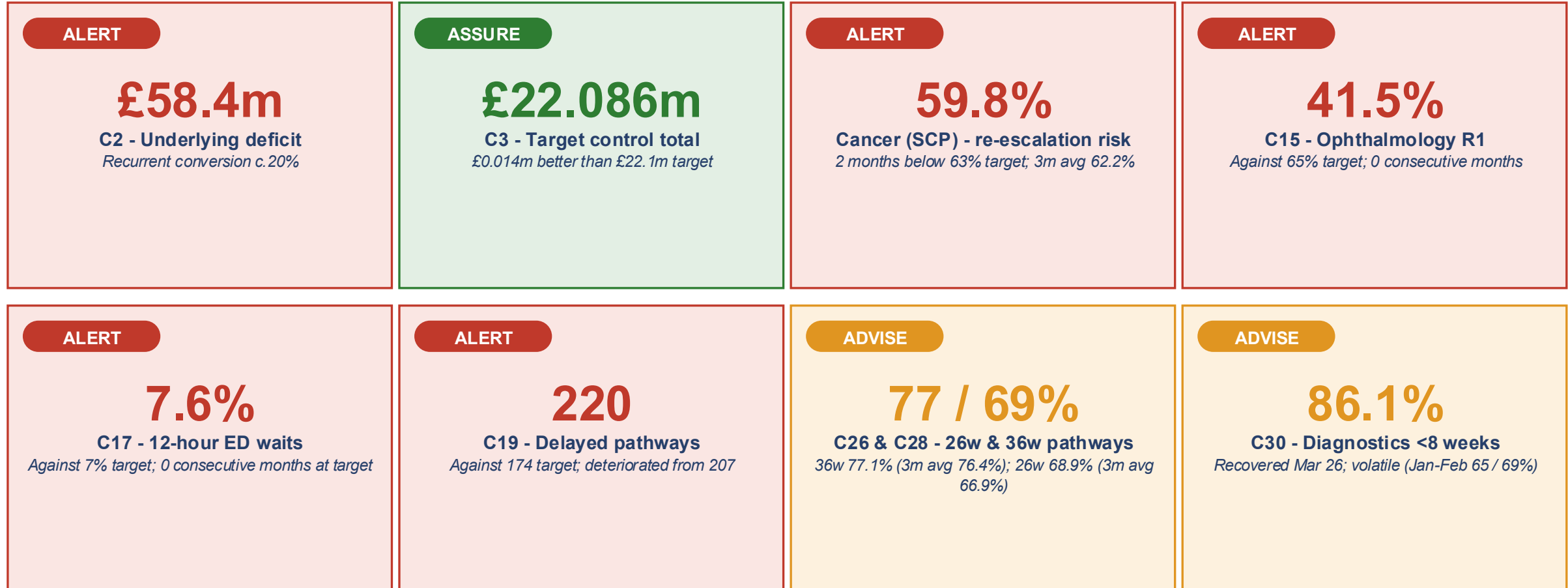
Executive Summary - Flagged Criteria at a Glance



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Eight criteria are flagged for committee attention this month. Cancer (SCP) is the principal re-escalation risk - two consecutive months below the 63% de-escalation target. No new performance criteria have met the three-consecutive-month de-escalation test this period. All other active criteria remain under routine monitoring (Slide 11).



Criterion 2 - Underlying Deficit and Conversion



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ALERT

£58.4m

Underlying deficit
Structural position (2025/26)

£52.6m

Savings identified
Against £46.4m target (+£6.2m)

c.20%

Recurrent conversion
Of non-recurrent savings

25 / 25

Corporate risk #1199
Severity 5 × likelihood 5

Criterion (as stated)

Substantial progress to be made in delivering the targeted intervention action plan, including actions to improve our understanding of the existing deficit and key drivers, and development and realisation of opportunities.

Issue

In-year savings delivery is strong: £52.6m identified against a £46.4m target. The underlying deficit however remains at £58.4m, with only c.20% of non-recurrent savings converted to recurrent value. Strong in-year delivery is masking limited progress against the structural driver.

Why we are flagging

This is the structural position the TI programme is intended to address. Corporate Risk 1199 sits at severity 5 × likelihood 5 = 25. The 2026/27 plan starts from this base and credibility will be tested against the conversion profile.

Consideration for Committee

Test the credibility of the 2026/27 savings plan against the current conversion rate and seek assurance that the executive conversion exercise will materially move the underlying position. The first milestone around the overall deliverability of the annual plan and consideration of whether we can go further will be the May 2025 Board Paper.

Rationale - why alert

Active committee engagement is required because the underlying structural position is not being materially addressed by in-year performance.

Criterion 3 - Target Control Total Delivered (2025/26)



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ASSURE

£22.086m

End-of-year outturn (deficit)
£0.014m better than the TCT

£22.100m

Welsh Government TCT
Reset deficit target 2025/26

£1.6m

Year-end adjustments
VAT £0.8m + CHC release £0.8m

Criterion (as stated)

Continue to deliver milestone target control totals on an ongoing basis. Reset target control total for 2025/26 of £22.1m deficit.

Issue

The unaudited end-of-year position is a £22.086m deficit, £0.014m better than the £22.100m target control total set by Welsh Government.

Why we are flagging

Delivery of the reset target control total provides confidence that in-year financial control held, even though the month 12 position worsened by £1.5m against plan (£4.0m deficit against a £2.5m in-month plan).

Consideration for Committee

Note that the soft close prior to year-end adjustments was £23.7m (c.£1.6m adverse to plan). The Health Board's run rate should be read alongside the headline outturn; especially in the context of Criterion 2.

Rationale - why assure with caveat

Routine monitoring can resume. The committee can take confidence from in-year delivery, with the reliance on year-end adjustments noted.

Cancer (Single Cancer Pathway) - Re-escalation Risk



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ALERT

59.8%

February 2026 SCP performance

Against 63% de-escalation target; 1.8pp MoM drop

62.2%

3-month rolling average

6m 62.7% | 12m 63.3% | target 63%

2 mo

Consecutive months below 63%

Jan 60.9%, Feb 59.8%; de-escalation run broken

Sep 25
60.1%

Oct 25
66.4%

Nov 25
63.3%

Dec 25
65.8%

Jan 26
60.9%

Feb 26
59.8%

Criterion (as stated)

Criterion 21 (de-escalated July 2025) - 63% of patients starting first definitive cancer treatment within 62 days from point of suspicion, maintained for three consecutive months against the SCP target.

Issue / why / consideration

Cancer (SCP) was de-escalated after the required three-consecutive-month run above the 63% target (Oct 66.4%, Nov 63.3%, Dec 65.8%). Performance has since softened: Jan 26 60.9% and Feb 26 59.8% sit below the 63% target, with February also below the 60% TI floor. The 3-month rolling average is 62.2% (6m 62.7%, 12m 63.3%) - the trend is deteriorating, not an isolated single-month dip.

Rationale - why alert

Two consecutive months below the de-escalation target on a previously de-escalated criterion is the signal the committee should test. Committee should seek assurance on the cause of the softening (January to February 2026), consider whether re-escalation triggers that apply if March remains below 63%, and the recovery plan to return to a sustained position above target.

Criterion 15 - Ophthalmology R1 Compliance



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ALERT

41.5%

R1 pathways within tolerance

March 2026 - combined R1

65%

Escalation target

Maintained for three months

40.3%

3-month rolling average

6m 38.7% | 12m 36.8% (target 65%)

Compliance against 65% target



Actual 41.5% Target 65% (vertical marker)

Criterion (as stated)

Enhanced monitoring: 65% of R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for three months.

Issue / why / consideration

41.5% of combined R1 pathways are within target date plus 25% tolerance against a 65% threshold, with 0 consecutive months at target. The 6-to-12-month trajectory is improving but sustained compliance is not yet established. Improvements are beginning to show but the gap to target remains material.

Rationale - why alert

The scale of the gap (23.5 percentage points) and the absence of sustained compliance warrant active committee engagement. The committee should test whether current improvement trajectory can close the gap, or whether a reset conversation with Welsh Government is indicated. The Clinical Care Group (CCG) is working on a plan to set out what the barriers are to achieving 65%, including both clinical validation and estate space. However, at present, the current performance (whilst improving on a monthly basis) is still significantly short of the 65%

Criterion 17 - 12-hour ED Waits (Target <7%)



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7.6%

Aggregate 12-hour position
Against <7% target

0

Consecutive months at target
Three required for de-escalation

8.7%

3-month rolling average
6m 8.7% | 12m 8.3% (target <7%)

Health board aggregate against 7% target



Criterion (as stated)

Less than 7% of patients waiting 12 hours or more in the Emergency Department (ED).

Issue / why / consideration

Aggregate 12-hour performance sits at 7.6% against the 7% target - narrowly above and with no consecutive months at target. The medium-term picture is unchanged, although short-term movement is improving. Performance is being held back by site-level variation, with the principal pressure remaining at the Worthybush Hospital (WGH) and Glangwili Hospital (GGH) front doors. Ambulance handover improvement has not yet translated into a step-down in 12-hour breaches.

Rationale - why alert

Performance is materially above target with no months at target - three consecutive months are required for de-escalation. The Committee should seek assurance on the actions to convert short-term improvement into a sustained position below 7%.

Criterion 19 - Delayed Pathways of Care (DPoC)



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220

Current DPOC count
Against 174 target (5% reduction)



Trend direction
Static - no improvement signal

224.7

3-month rolling average
6m 223.8 | 12m 223.6 (target 174)

Carmarthenshire
Largest share of delays

Ceredigion
Stable

Pembrokeshire
Stable

Criterion (as stated)

A 5% reduction in delayed pathways of care sustained for three consecutive months against agreed baseline.

Issue / why / consideration

Current position has deteriorated to 220 delayed pathways against the 174 target (5% below the 203 baseline). The trend is now static - the previous improvement signal has not been sustained, and at the current rate of change the target is approximately 21 months away. Carmarthenshire continues to carry the largest share of delays. Without a step-change in patient flow, in-year delivery is not a credible prospect, this is probably the single biggest risk in the annual plan, as the position has become statistic, but is now above 220 DPoCs.

Rationale - why alert

Movement away from the target combined with a static trend constitutes deterioration on a previously improving criterion. The Committee should seek assurance on both the internal and regional partnership response and the realistic recovery trajectory before next reporting cycle.

Criteria 26 and 28 - 26-week and 36-week Pathways



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ADVISE

Criterion 28 - 36-week referral to treatment

77.1%

Actual position
Against 80% target

Actual 77.1% Target 80%

Criterion 26 - 26-week referral to treatment

68.9%

Actual position
Against 75% target - improving

Actual 68.9% Target 75%

Criteria (as stated)

C26 - Enhanced monitoring: continuous improvement towards 75% of open pathways waiting less than 26 weeks. C28 - Enhanced monitoring: continuous improvement towards 80% of open pathways waiting less than 36 weeks.

Issue / why / consideration

26-week sits at 68.9% against 75% (3-month average 66.9%, 6m 65.2%) with a statistically improving signal - Q2 delivery remains plausible if the trajectory holds. 36-week sits at 77.1% against 80% (3-month average 76.4%, 6m 75.8%), closer to delivery but reliant on theatre capacity and staffing. Context: C25 (52-week outpatient appointments) is at 100% and de-escalation is pending; C27 104-week pathway compliance is essentially static at 99.9% - material residual long waits remain. ENT, ophthalmology and orthopaedics remain the principal drivers of long pathway risk. However, the risk here is set out within the annual plan around stage 1 breaches which if realised will deteriorate the above performance.

Rationale - why advise

Both pathways are reasonably close to achieving said target; however, the forecasted stage 1 breach rate is liable to impact on the numbers set out above (negatively).

Criterion 30 - Diagnostics <8 Weeks (Volatile)



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ADVISE

86.1%

March 2026 position
Recovered above 85% goal

1 of 3

Consecutive months at 85%
Jan-Feb breach broke the run (65 / 69%)

Volatile

Pattern of variation
Repeated step-down, step-up cycle

Oct 25
84.9%

Nov 25
86.6%

Dec 25
83.2%

Jan 26
65.1%

Feb 26
68.9%

Mar 26
86.1%

Criterion (as stated)

Continuous improvement to enable patients waiting less than 8 weeks for a diagnostic test (TI de-escalation threshold 80%; current goal 85%), maintained for three consecutive months.

Issue / why / consideration

March 2026 performance has recovered to 86.1% - above the 85% goal - but the route to that point shows material volatility. Performance was around 84-87% October-December, dropped sharply to 65.1% in January and 68.9% in February, and rebounded in March. The criterion is not at de-escalation: only one consecutive month at the 85% goal and the recent pattern is not consistent with sustained delivery. A clear understanding of what drove the January-February step-down is understood (implementation of a new system), however, the risk around delivery is also one highlighted in the annual plan (circa £1.6m of non-recurrent WG monies not available) before any de-escalation case can be made.

Rationale - why advise

Recovery is encouraging but the volatility carries real risk. The Committee should advise on the diagnostic recovery plan, the likely impact on recovery monies and the assurance needed before a de-escalation submission is brought forward.

Other Active Criteria - Routine Monitoring



Active criteria not flagged for The Committee's attention this month - under routine monitoring with regular review against trajectory.

Criterion	Rating	One-line position (Mar 2026)
1 - Financial governance and control	Advise	Framework in place; Allocate rostering compliance remains a control concern.
4 - In-year financial balance	Advise	£22.1m deficit delivered vs £30.0m planned deficit; balance not yet achieved.
12 - Progress on key metrics	Advise	Mixed picture across UEC and planned care; composite position stable.
16 - Ambulance handover (>1 hour)	Advise	514 vs 680 target; 2 consecutive months - Jan 26 spike (716) broke prior run.
18 - Clinical assessment (≤60 mins)	Advise	70 mins vs 60 min target; sustained above target.
25 - 52-week outpatient (100%)	Assure	100% in March 2026 (1 consecutive month); two further required for de-escalation.
26 - RTT <26 weeks (75%)	Advise	68.9% vs 75% - improving from 62.9% in Dec 25; residual risk in ENT and ophthalmology.
29 - 12% reduction in follow-up delays	Advise	15,182 vs 11,368 target; reducing month-on-month from 16,558 in Oct 25.
31 - Endoscopy <8 weeks	Advise	73.6% vs 85% goal; declined from 83% in Dec 25 - radiology / endoscopy capacity.
32 - NOUS & MRI <8 weeks	Advise	MRI 81.7%, NOUS in similar band; radiology capacity remains the constraint.
33 - Therapies <14 weeks (85%)	Advise	78.0% vs 85% threshold; improving from 75.2% in Oct 25.
CAMHS (assessment, therapeutics, CTP)	Assure	All three indicators sustained above target; remain de-escalated.

Internal Escalation – Notable Changes



Domain-level escalation movements signed off by the head of performance. Finance and performance domains show no movement.

▲ ESCALATED UP

Quality and safety

- Planned and specialist care - now level 3 (was level 2). Context: aligned to the cancer (SCP) softening and theatre pressure on the planned-care pathway suite.
- Primary care - now level 2 (was level 1). Context: access and IPC concerns raised through Q1 audit cycle.

Implications

Quality and safety is the only domain with upward movement this cycle. Planned and specialist care at level 3 warrants close tracking at next sign-off, particularly against the cancer re-escalation risk (slide 5).

▼ ESCALATED DOWN

Pharmacy and medicines management

- Now level 1 across Q&S, workforce, strategy / planning, and population health (four sub-categories). Sustained de-escalation over the cycle.

Other domain moves (net down)

- Governance - primary care and COO management both now level 1 (from level 2). Reflects closure of long-standing governance actions.
- Population health - allied health / health sciences, executive nursing and medical all now level 2 (from level 3). Aligned workforce indicators improving.

Implications

Concentrated de-escalation across pharmacy and medicines management is worth committee recognition as a positive movement; the wider picture is also net-downward.

So what for Committee?

The balance of movement this month is clearly downward - four domain de-escalations against two targeted up-moves in quality and safety. Finance and performance domains are static. Watch quality and safety - the planned-care escalation to level 3 aligns with the cancer (SCP) signal on slide 5.



The Committee is asked to

- **NOTE** the alert-rated criteria (C2 underlying deficit, C15 ophthalmology, C17 12-hour ED at Withybush Hospital) and agree the mitigating actions proposed by the executive leads.
- **NOTE** the assure-rated criteria (C3 TCT delivered, C16 ambulance de-escalation) and endorse continued monitoring.
- **ADVISE** on pace for DPOC (C19) and pathway compliance (C26/28), particularly resource prioritisation for theatre capacity.
- **CONSIDER** whether the ophthalmology escalation measure (C15) remains appropriate given the revised achievability assessment.
- **NOTE** the internal escalation summary and the concentrated pharmacy de-escalation.