

**PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 12 2025/2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive 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)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 12, 2025/26 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The IPAR consists of this report and the following supporting documents:

- **Appendix 1:** IPAR overview – includes data, issues and actions for the Health Board’s key performance improvement measures.
- IPAR dashboard – provides statistical process control (SPC) charts for each of our performance measures. The dashboard can be accessed via the Integrated Performance Assurance Report (IPAR) dashboard as of 31 March 2026. Ahead of the Committee meeting, the dashboard will also be made available via our [internet site](#). For help navigating the IPAR dashboard, email the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

We have adopted the ‘3As assessment’ approach to highlight either an alert, advise or assure status for each of our key performance metrics:

- **Alert (may require discussion):** There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
- **Advise (to monitor):** There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
- **Assure (to note):** There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Note:

- The year end finance position will be reported separately to committee and will go via the IPAR, to the next Board meeting.

- The latest diabetes data is not currently available due to technical issues with the national reporting system.

Cefndir / Background

Welsh Government published the [2025/26 NHS Wales Performance Framework](#) in January 2025. The framework outlines the Ministerial priorities for this financial year, along with key targets.

Asesiad / Assessment

Performance overview

The table below summarises the latest position for the 2025/26 ministerial priorities and our 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
Number of Pathways of Care delayed discharges	n/a	Mar 2026	220	● Usual	n/a	◆ Trajectory missed by over 5%	Alert
% pts on single cancer pathway within 62 days	75%	Feb 2026	60%	● Improving	■ Missing target	◆ Trajectory missed by over 5%	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Mar 2026	1,206	● Usual	■ Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Feb 2026	10	n/a	n/a	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Mar 2026	3,308	● Improving	■ Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Feb 2026	23.3%	● Usual	■ Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Feb 2026	56.1%	● Concerning	■ Missing target	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Feb 2026	57.8%	● Concerning	■ Missing target	n/a	Alert
Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	n/a	Sep 2025	28.5%	● Concerning	n/a	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Mar 2026	75.1%	● Improving	■ Missing target	n/a	Alert
% sickness absence rate of staff	6.60%	Mar 2026	6.70%	● Concerning	■ Hitting target	n/a	Advise
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Mar 2026	2,423	● Concerning	■ Missing target	n/a	Advise
% R1 eyecare patients waiting within 25% delay to target date	95%	Feb 2026	41.5%	● Improving	■ Missing target	◆ Trajectory missed by over 5%	Advise
% Autumn 2025 COVID booster uptake for eligible residents	75%	Feb 2026	57.4%	n/a	n/a	n/a	Advise
Ambulance handover > 4 hours Hywel Dda	0	Mar 2026	117	● Improving	■ Missing target	◆ Trajectory met	Advise
Ambulance handovers > 1 hour Hywel Dda	0	Mar 2026	514	● Improving	■ Missing target	◆ Trajectory met	Advise
Ambulance handover > 45 minutes Hywel Dda	0	Mar 2026	610	● Improving	■ Missing target	n/a	Advise
% of children receiving HPV by age 15	90%	Dec 2025	77.1%	n/a	n/a	n/a	Advise
Dental: % of Welsh resident children accessing NHS primary dental care treatment within 12 months	n/a	Sep 2025	40.7%	● Improving	n/a	n/a	Advise
% uptake of flu vacc - 65+ years	75%	Mar 2026	70.1%	n/a	n/a	n/a	Advise
S. aureus: Number of confirmed cases (in-month)	6	Mar 2026	10	● Usual	■ Hit and miss	n/a	Advise
E. coli: Number of confirmed cases (in-month)	21	Mar 2026	23	● Usual	■ Hit and miss	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Dec 2025	88.2%	● Usual	■ Missing target	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Feb 2026	44.2%	● Improving	n/a	n/a	Advise
C. difficile: Number of confirmed cases (in-month)	8	Mar 2026	7	● Usual	■ Hit and miss	n/a	Advise
Median time ambulance arrest category calls	8	Feb 2026	6	n/a	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Mar 2026	15,182	● Improving	■ Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Mar 2026	3	● Improving	■ Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Mar 2026	10,102	● Improving	■ Missing target	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Mar 2026	0	● Improving	■ Missing target	n/a	Assure
% MH assess within 28 days (age 0-17)	80%	Feb 2026	88.4%	● Improving	■ Hit and miss	n/a	Assure
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Triangulating our data: 1st April 2022 to 31st March 2026.

- Quality safety and risk** – the number of incidents causing moderate harm or above reported by month continues to decrease since July 2025 (185), with March reporting 118, the lowest recorded. March showed an increase in the number of patient falls (241) from February (200). Medication errors have decreased slightly from 109 in February to 105 in March 2026. We continue to have significant numbers of high and extreme risks on the risk register with 560 in March 2026. There has been a significant decrease in the number of new complaints received since September 2025 (250) with 28 in March. The number of new infections decreased from February reporting 64 cases and March 51 cases (S. aureus = 10 cases, E. coli = 24 cases, C. difficile = 8 cases).
- Workforce** – In month, staff sickness decreased slightly with 6.4% in March. Short-term sickness remained static at 2.2% for March whilst long-term sickness decreased slightly to 4.2%. Note: The sickness metric reported in the alert section of this SBAR includes 12 month rolling data. Nursing and midwifery agency usage continues to decrease since March 2024 (255). In March it was 72.81 whole time equivalent (WTE). Rolling 12-month staff turnover percentage has decreased slightly to 6.6%.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	118	305	118	
Patient falls	189	301	241	
Medication errors	61	149	105	
Pressure damage developing or worsening during care	54	215	71	
New complaints by month received	28	250	28	
Number of high and extreme risks	381	560	560	
Infections: new cases	51	81	51	
Infections: C. difficile cases	8	23	8	
Workforce				
Number of staff/contractor related incidents	98	186	116	
Sickness - short term	1.7%	2.6%	2.2%	
Sickness - long term	3.8%	4.9%	4.2%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.6%	9.8%	6.6%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.38	379.79	72.81	
Bank (WTE)	212.99	352.85	328.32	

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **DISCUSS** the IPAR – Month 12 2025/2026 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)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.1 The financial performance and delivery against Health Board financial plans and objectives and <ul style="list-style-type: none">• 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 a Sgôr 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

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Contained within the body of the report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology.
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement.
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge.
Risg: Risk:	Better use of resources through integration of reporting methodology.

Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology.
Enw Da: Reputational:	Yes
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st March 2026

For further details see the latest [IPAR dashboard](#).



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

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

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Alert
(may require discussion)

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

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(to monitor)

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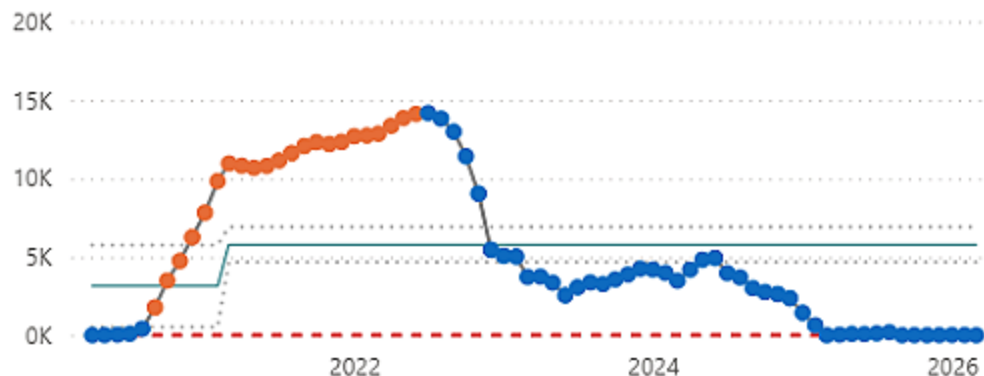
Assure
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Key

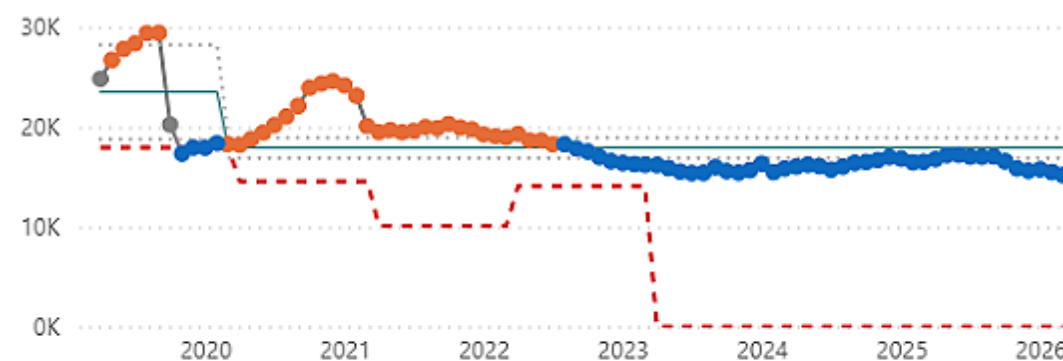
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Performance is showing improving variation, meeting the national target at the end of March 2026 with zero breaches recorded.

Follow up outpatient appointments delayed over 100% past target date



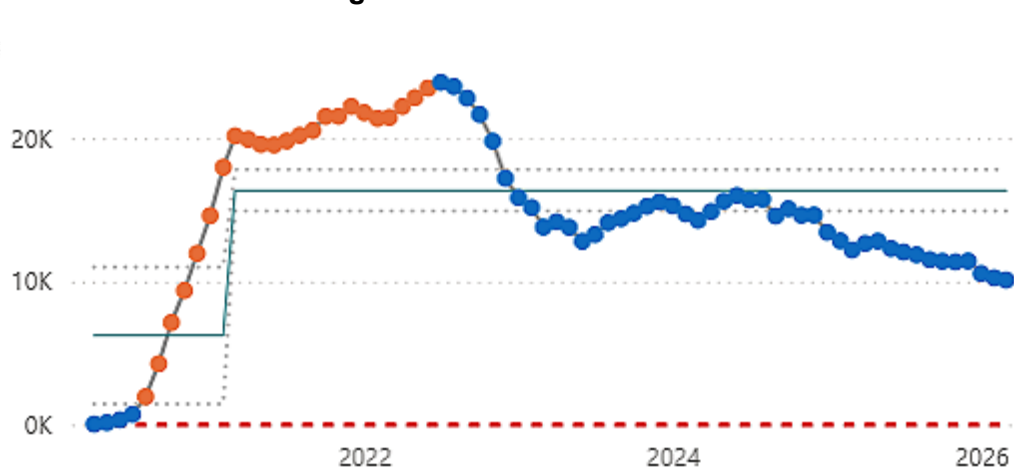
Performance is showing improving variation. March 2026 (15,182) is the best performance recorded, improving by over 1,300 since March 2025.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • The Health Board met the 52-week target across all specialties at the end of March. • Active management and triage of referrals has resulted in no waiting list growth, whilst a reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future. • A Welsh Government initiative to reduce outpatient waiting list volumes via an insourcing company, Healthcare Business Solutions (UK) (HBSUK), running from September 2025 to March 2026, provided additional outpatient capacity. This resulted in a 50% reduction of patients waiting over 26 weeks for a first outpatient appointment. • Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways. 	<ul style="list-style-type: none"> • Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU). • Delayed follow-up wait reduction to below 12,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines was not met at the end of March 2026. However, improvements across many specialties were evident with increased clinical validation, referring mild glaucoma patients back into primary care and use of CIN guidelines. This continues throughout 2026/27. 	<p>31/03/27</p> <p>31/03/27</p>

Key

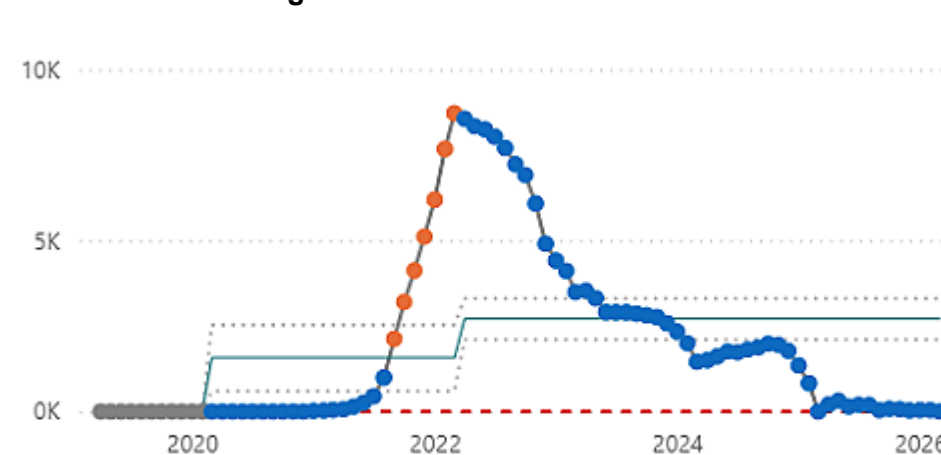
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- Upper and lower limits
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Patients waiting over 52 weeks from referral to treatment



Performance is showing improving variation. March 2026 (10,102) is the best performance since November 2020, an improvement of over 2,000 since March 2025.

Patients waiting over 104 weeks from referral to treatment



Performance is showing improving variation. The national target of zero was narrowly missed in March 2026 (3).

Key challenges / issues

- The Health Board met the 104-week maximum wait with the exception of 3 patients in Trauma and Orthopaedics. A national bone cement shortage and a subsequent cyber attack at Stryker, the main supplier of product used throughout Wales, resulted in 42 patients being cancelled at short notice during the months of February and March 2026. The service were able to mitigate all but 3 of the 42 patients either by providing alternatives to bone cement or use of alternative products. All other specialties met the target.
- Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, affecting treatment timelines.
- Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and pre-op process variations across specialties.
- Additional risks include prioritisation of cancer backlogs, and urgent cases consuming rescheduled theatre slots.
- Inpatient/day case activity exceeds pre-pandemic levels, but challenges remain with late starts, early finishes, and fallow (non-utilised) theatre lists due to workforce constraints.
- Maintaining and reducing waiting times into quarter one 2026/27 with levels of additional funding currently unknown.

Key actions / initiatives

- The Clinical Care Group continues to focus on maintaining waiting time targets in 2026/27 using demand and capacity forecasts to highlight risks and guide funding allocation.
- Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties. This includes a full staffing review and implementing evidence-based guidelines on appropriate staffing and list loading per procedure bundle with a view to eliminating variation between sites. The Theatre steering group will also be looking at theatre utilisation of funded sessions.

Due date

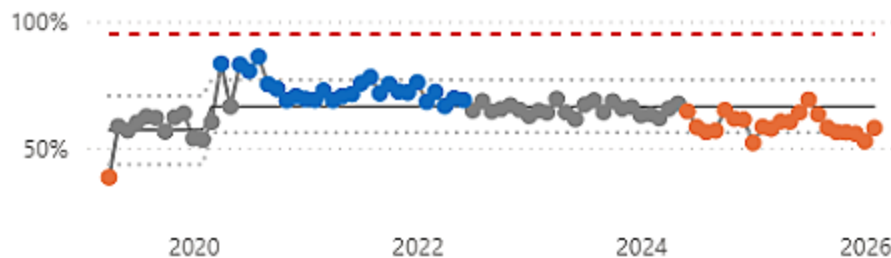
31/03/27

30/06/26

Key

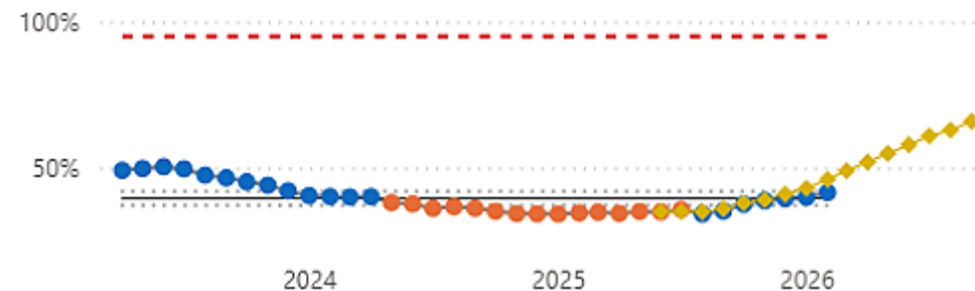
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% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Performance is showing concerning variation. February 2026 = 57.8% against the national target of 95%.

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



Performance is showing improving variation. February 2026 (41.5%) is the sixth consecutive month of improvement; however, our ambition (46%) was not met.

Key challenges / issues

- Improvements in R1 patients waiting performance has led to a deterioration in R1 appointments attended performance. The advice from the Welsh Government is to focus on the patients waiting target as these are higher risk. Booking these patients, who have already breached, will improve this trajectory but will directly affect the appointments attended trajectory as patients have already breached. Once corrected, R1 appointments attended performance will naturally improve as capacity grows and the backlog reduces.
- Increasing outpatient delivery has been stalled by interdependencies, including outpatient staffing and medical records constraints in Carmarthenshire and staff sickness in Pembrokeshire. This has prevented increasing outpatient delivery by seven clinics per week, which is part of the recovery plan for R1 delivery.
- Expansion to intravitreal service hindered by general clinics in Amman Valley Hospital (AVH) being run out of the outpatient department utilising the injection room. A room is being refurbished in AVH to accommodate some of these clinics, but progress is slow.
- Reduced workforce continues to impact delivery, with vacancies for two whole time equivalent (WTE) consultant posts and two WTE specialty, associate specialist and specialist (SAS) doctor posts.
- SAS doctor took a work break from September 2025 to May 2026 resulting in the loss of 10 sessions per week for a period of 6 months, impacting on delivery.
- Two regional consultant posts advertised with no suitable candidates applying.

Key actions / initiatives

- Monies awarded to improve the patients waiting target have been utilised to onboard and train the necessary staff to improve this trajectory. More activity is being incrementally introduced. The next key action is to recruit the replacement SAS doctor in North Road Eye Clinic (NREC) to increase delivery. The second key action is to move the Intravitreal (IVT) service into Amman Valley Hospital (AVH) outpatients 5 days a week.
- Outpatient staff requirements outlined in annual planning cycle to build into Ophthalmology staffing model, with the intention of Ophthalmology staffing blue suite in Glangwili Hospital (GGH) entirely allowing for incremental increases in clinics by 11 sessions per week. This requires staff to be recruited and trained in Ophthalmology.
- Two SAS doctor posts are being onboarded.
- One part time SAS agency doctor in post for four-month period to cover work break to be extended. Discussion held with Medical Workforce to recruit this agency into a bank consultant contract.
- Administrative and clinical validation has been increased to maximise use of Welsh General Ophthalmic Service (WGOS), See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU) opportunities. This resulted in over 100 patients being transferred onto different pathways of care (i.e., community management). This will continue to March 2027 with trackers created to maximise yield and ensure only patients waiting for secondary care intervention are on our waiting lists.

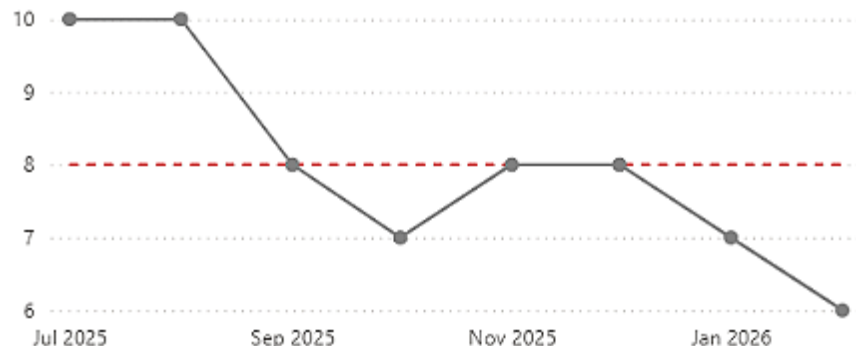
Due date

- 01/07/26
- 01/07/26
- 01/10/26
- 01/07/26
- 31/03/27

Key

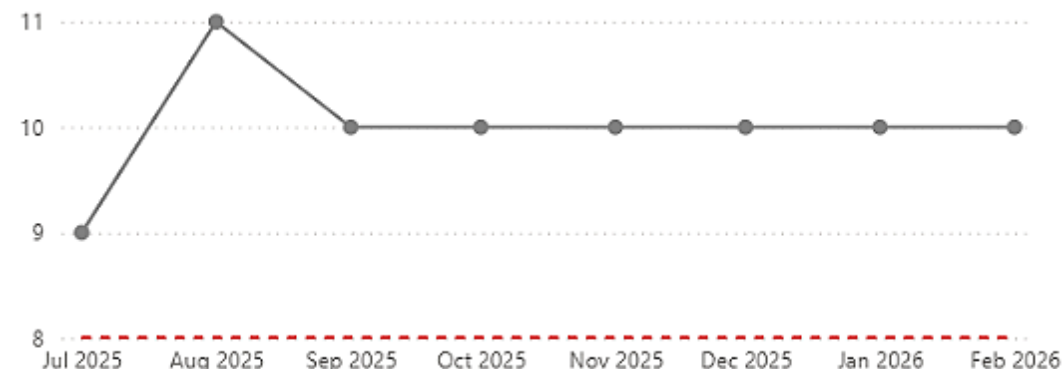
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In February, the median response time was 08:28 minutes for ARREST (Purple) Calls. There were 148 ARREST calls. Official WAST data is delayed by 1 additional reporting month

Median emergency ambulance response time to red: emergency category calls



In February, the median response time was 09:33 minutes for RED (Emergency) calls there were 507 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

- Unverified March performance was 08:28 minutes for arrest and 10:48 minutes for emergency calls. With 49 arrest calls and 584 emergency calls.
- Overall attended demand in Hywel Dda Health Board area for March 2026 on average has been above forecast.
- Hospital delays in ambulance hand over for WAST ambulance crews, 1,697 hours lost at the 4 acute Hywel Dda hospital sites during March 2026, showing an improvement from February 2026 by 200 hours. Notification to Handover within 15 minutes was at 46% in March for the 4 acute general hospitals, showing slight improvement over February 2026.
- There were 7 immediate vehicle release (IVR) request in March 2026 of which all were accepted representing an acceptance rate of 100%.
- WASTs financial picture from April 2026 will likely see Overtime reduced, resulting in decisions about cover to maximise performance.

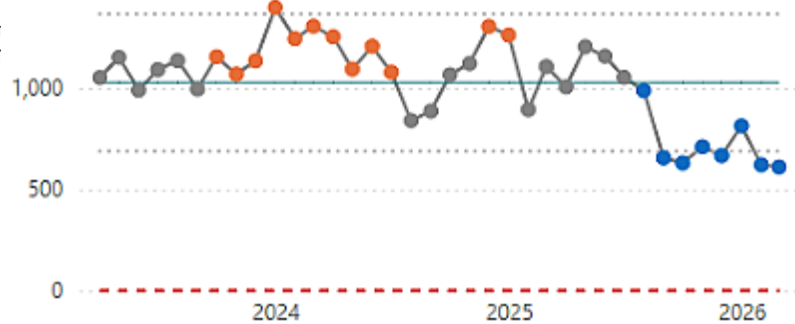
Embedded improvement actions

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

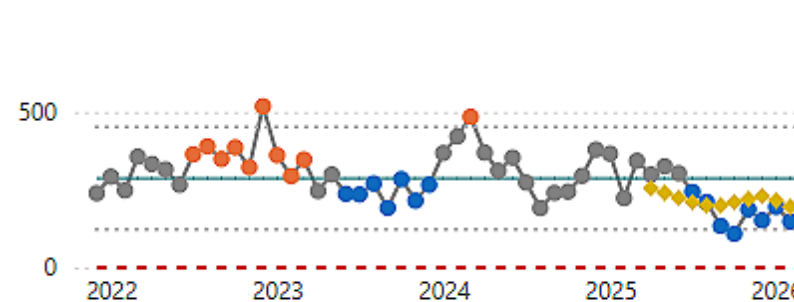
Key

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

Ambulance handovers taking over 45 minutes



Ambulance handovers taking over 4 hours



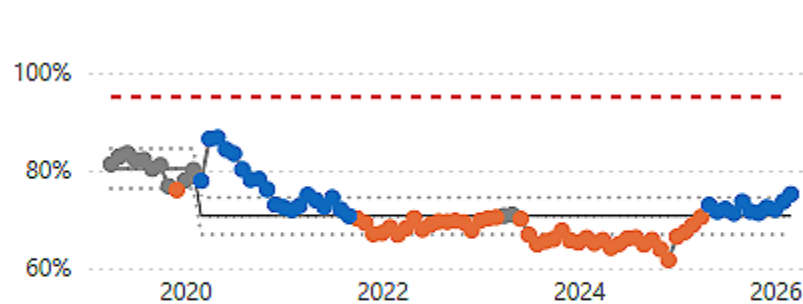
>45 Minutes handovers:

Latest data is showing improving variation
610 handovers > 45 minutes out of a total of 2,070 handovers.

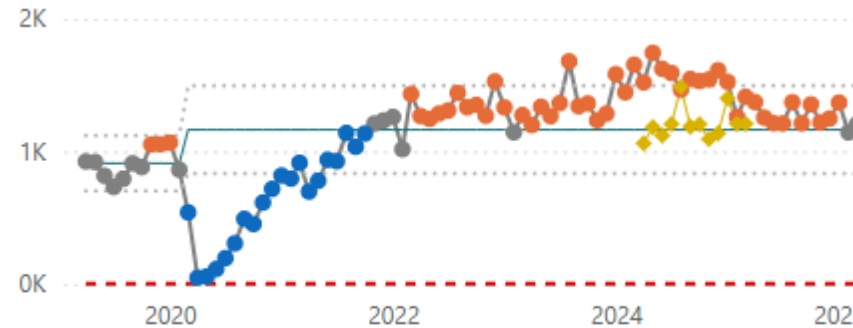
>4 hours handovers:

Latest data is showing improving variation. 117 handovers > 4 hour out of a total of 2,070, 5.7%.

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



Patients waiting over 12 hours in A&E/MIU



Waits < 4 hours:

Latest data is showing improving variation. 75% of patients were seen within 4 hours, 11,908 out of 15,849 new attendances.

Waits > 12 hours:

Latest data is usual variation. 1,206 patients waited over 12 hours, out of 15,849 new attendances, 7.6%.

Key actions / initiatives – tactical urgent and emergency programme

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

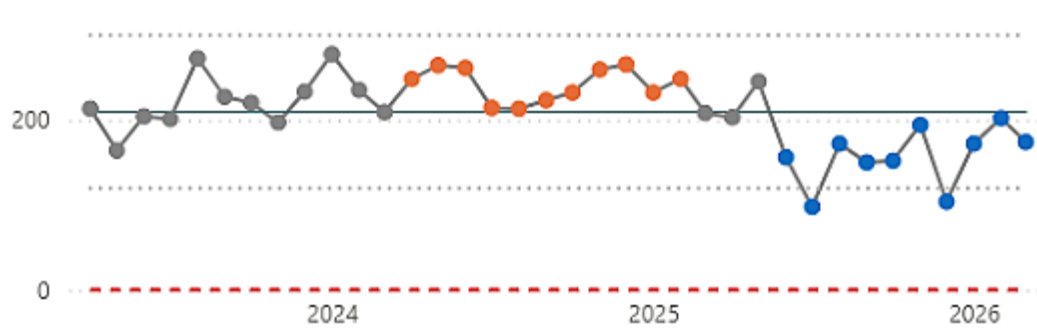
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

Key

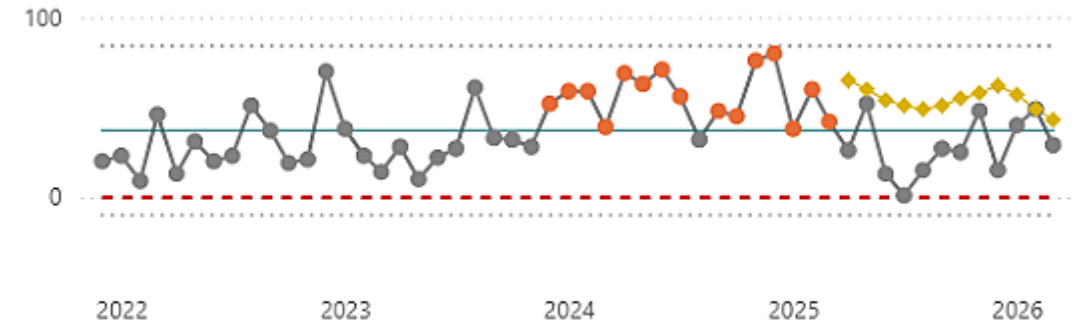
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 174 handovers >45 minutes reported out of a total of 392 handovers, 44.4%.

Ambulance handovers taking over 4 hours



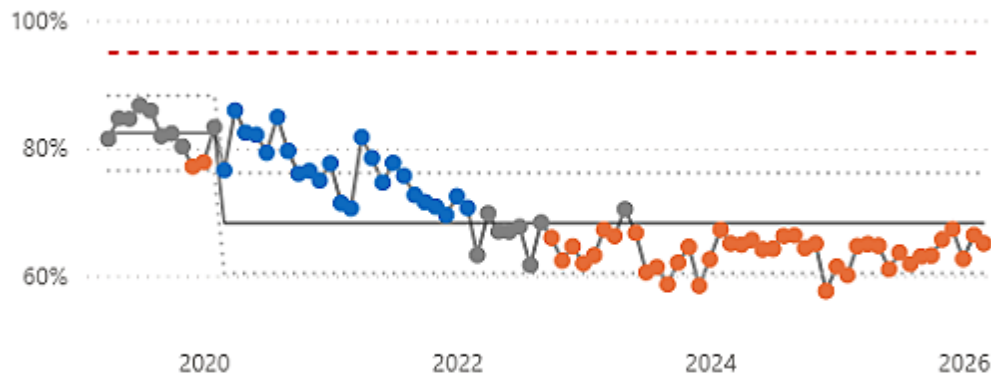
Latest data is showing usual variation. 29 handovers >4 hours was reported out of 392 total handovers 7.4%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Overcrowding in Emergency Department (ED) – reliance on corridor care to meet compliance with 45 minute ambulance handover target. The Emergency Department has 2 resus bays and 5 majors bays and can very quickly become overcrowded. Lack of senior decision makers at the front door. Ability to surge (additional pressure due to demand) and follow boarding protocol across the site with wards regularly surged to maximum capacity, which reduces the ability to create patient flow through the department. Boarding protocol (Our next patient) where patients are moved early to areas where discharges or query discharges have been identified at escalation points via patient flow meetings and manager of the day escalation. 	<ul style="list-style-type: none"> Recruitment of 3 speciality doctors and 1 substantive Consultant in ED will enable a 24/7 rota – ED consultant now in post . Data from the Same Day Urgent Care pilot being scrutinised to assess impact and viability. 5 x band 7 emergency and urgent care navigators / Team leaders being onboarded following successful application process. 	<p>30/04/26</p> <p>30/04/26</p> <p>30/04/26</p>
Embedded improvement actions		
<ul style="list-style-type: none"> Red release plans are almost always supported, with emergency and urgent care navigators reviewing and establishing plans in advance. Whole acute community system working with Local Authority partners to improve flow and reduce delays. Adjustment of the Manager of the Day model and dialogue with the Patient Flow Unit to manage and meet expectations. 		

Key

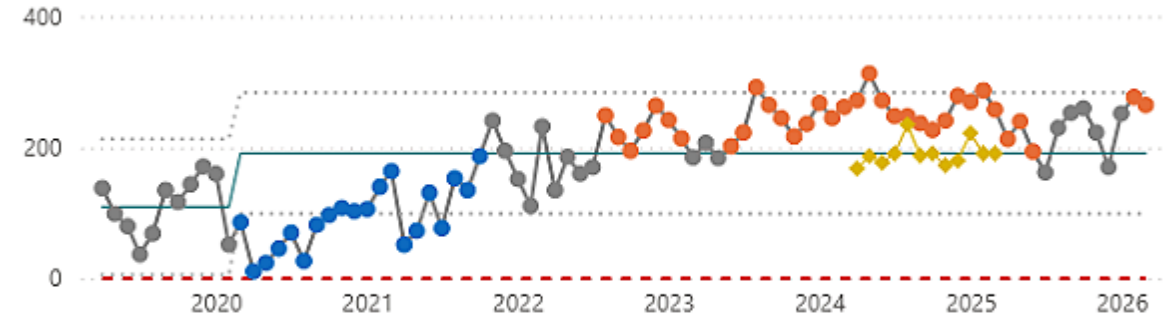
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

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



65.1% latest data, 961 breaches out of 2,753 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E/MIU



Our Performance Dashboard, Max of Target General, Max of Target Percent, Max of Value General, Max of Value

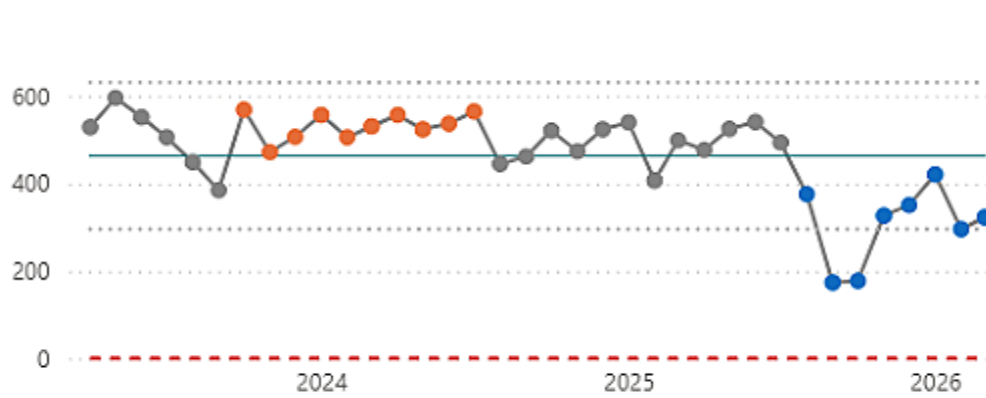
265 breaches out of 2,753 new attendances, 9.6%. The chart is showing concerning variation.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • Continued significant overcrowding of the emergency department. • Excessive front door demand remains which limits ability to support ambulance handover targets. • Continued reliance on corridor care. • Lack of senior decision maker at the front door. • Delays in patient flow across the wider system – Bronglais General Hospital provides acute healthcare to 3 separate local authorities. • Nurse staffing deficits and gaps. • Limited physiotherapy resource in Emergency and Urgent Care Centre • Small clinical teams i.e. lone consultant working. 	<ul style="list-style-type: none"> • Reconfiguration of Emergency and Urgent Care Centre/Clinical Decision Unit (CDU) to more adequately meet the demands at the front door with options being discussed by the Multi Disciplinary Team (MDT) • Implementation of 24/7 speciality doctor rota. 	<p>30/04/26</p> <p>30/04/26</p>
Embedded improvement actions		
<ul style="list-style-type: none"> • Recruitment of substantive A&E consultant – now in post. • Review of the Same Day Urgent Care pilot to assess impact and scope for further actions. • Ongoing review of clinically optimised patients with Local Authority partners in Powys, Gwynedd and Ceredigion. • Red release plans are almost always supported with escalation by Emergency and Urgent Care Centre navigators if no plans are achievable. • Whole acute and community system working with Local Authority partners to enhance flow and reduce blockages. • Discharge lounge pilot assessment. • Review and adjustment of the Manager of the Day system with dialogue continuing with the Patient Flow Unit (PFU) to manage expectations. 		

Key

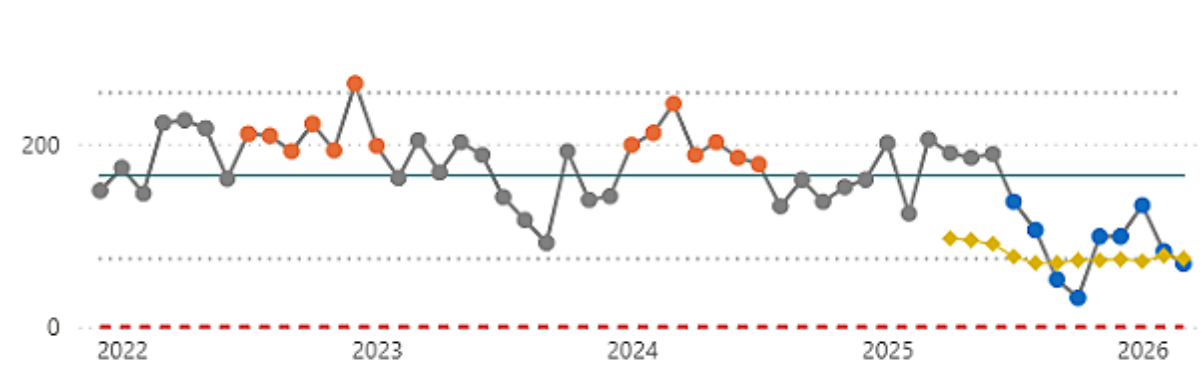
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 323 handovers >45 minutes reported out of a total of 831 handovers, 38.9%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 69 handovers >4 hours reported out of a total of 831 handovers, 8.3%.

Key challenges / issues

- Overcrowding within the Emergency Department continues to be challenging with ward areas continuing to be fully surged and boarded to full capacity.
- Challenges with staffing levels compared to demand and the skill mix within the middle grade doctor team and contribute to delays, particularly overnight.
- Specialty pathways from across the Health Board contribute to the increased demand at Glangwili.

Key actions / initiatives

- Firm up action on 7 day working Clinical Streaming Hub and conveyance avoidance into the acute hospital. Waiting for the release of funding to enable posts to go out to advert. 30/06/26
- Await additional revenue for uplift of staffing to support Same Day Emergency Care (SDEC) staffing. 30/03/27
- Improve and fully implement the 45 minute ambulance handover actions. 30/04/26

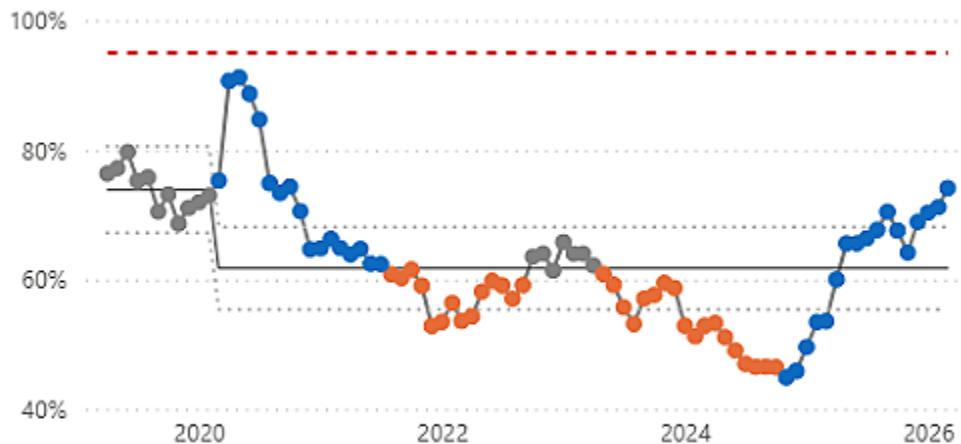
Embedded improvement actions

- Ongoing recruitment process being followed.
- Infection, Prevention and Control (IP+C) scrutiny continues.
- Miya Flow system is now being actively used to support real-time pull from ED, improving visibility and patient movement. Pull from ED is where wards directly and actively request patients from ED.

Key

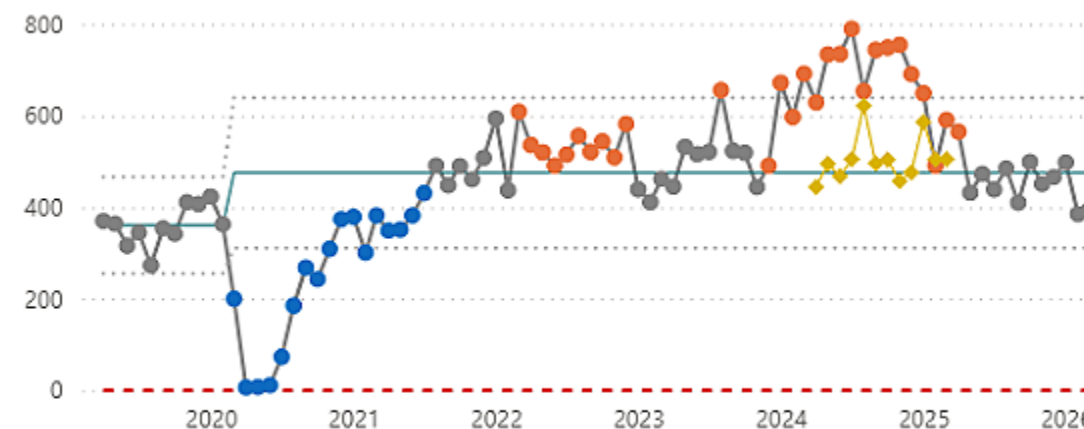
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E



74.1% reported for March, 1,280 breaches out of 4,947 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



394 breaches out of 4,947 new attendances, 8%. The chart is showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
-------------------------	---------------------------	----------

- Patient flow co-ordinator has contributed to improvement in 4 hour performance through live data accuracy.
- High volume of clinically optimised patients (no longer requiring acute care) continues across all ward areas.
- Large volume of frail patients who require comprehensive support to allow safe discharge.

- Improve the Frailty pathway in GGH and the wider Carmarthenshire acute and community system.
- To review, improve and fully implement the 7 day working Clinical Hub actions
- Revised standard operating procedure (SOP) and clinical guidelines for SDEC
- Additional resource to support winter pressures have contributed to improved performance. During the winter sprints additional resources were funded, phlebotomy and administration support for ED. This improved MYIA flow system compliance and timely investigations. Situation, Background, Assessment, Recommendation (SBAR) report will be need, to secure substantive funding.

	30/09/26
	30/06/26
	30/04/26
	30/06/26

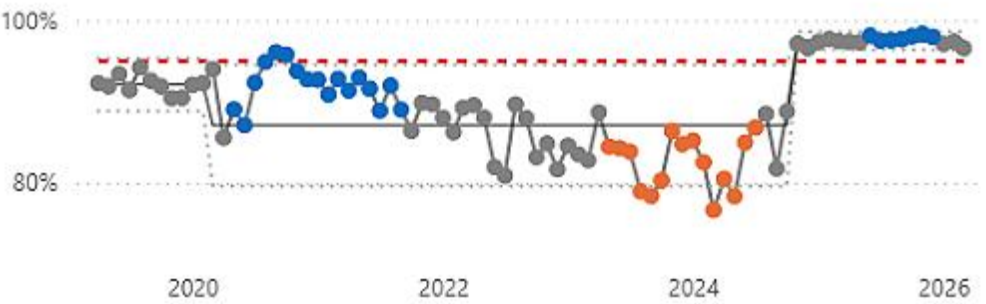
Embedded improvement actions

- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Working as a whole system GGH/PPH and the community, to avoid delays in the patient's pathway
- New Acute Frailty Consultant has been appointment and starting in May.
- The HB as now appointed a Clinical Lead for Care of the Elderly (COTE).

Key

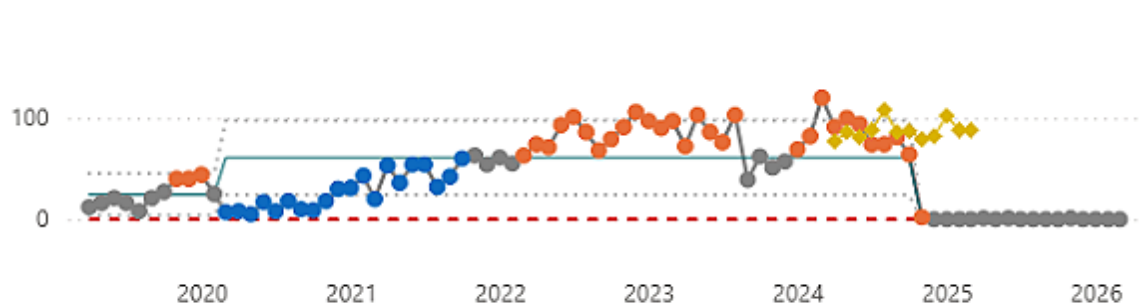
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in MIU



96.6% reported for March, 89 breaches out of 2,608 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,608 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

Key challenges / issues

- We continue to monitor patient numbers, and our Minor Injury Unit (MIU) new patient attendance has returned to similar levels prior to closing overnight. (Since November 2024) There has been a significant decrease in the number of patients presenting with major complaints although they do still happen on a regular basis. However, the overall decline in tread continues to be the case with a small number of medical patients presenting. Patient type is being monitored in our morning flow meetings.
- Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remain a challenge with around 40 patients a day. The level of patent group does have a negative effect on patient flow and impacts the ability to create flow through the hospital resulting in delays for patients in MIU requiring a bed.
- Medical Hot Clinic have grown in frequency with an additional general medicine hot clinic still being added to the rotation where possible in job planning. Hot clinics are outpatient services that allow for a patent to be assessed within the same day.

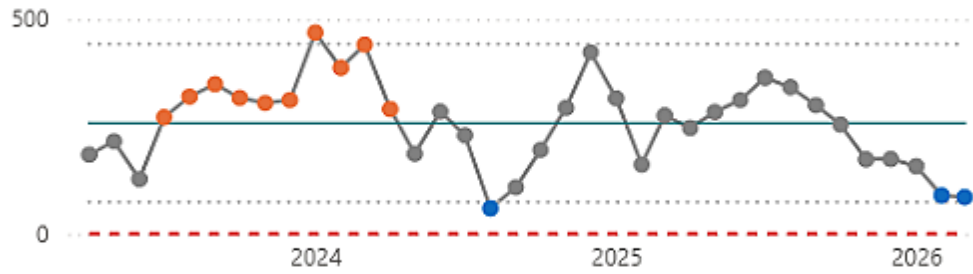
Embedded improvement actions

- Locum consultant has created weekly hot clinics. These allow for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance. Additional General Medicine clinics concerned to extend.
- SDEC has been open throughout 2026 on weekends to support acute medical take in both PPH and GGH. Agreed referral pathways between sites has been implemented. Going forward from April 2026 it has been suggested that SDEC will open as a six-day service (additional day on a Saturday) as a trail run for the urgent care centre, however this will require a Financial review
- Ongoing works around the UCC (Urgent Care Centre) to join working teams of MIU and SDEC, weekly task and finish groups are looking at the potential operating models, and staffing plans.

Key

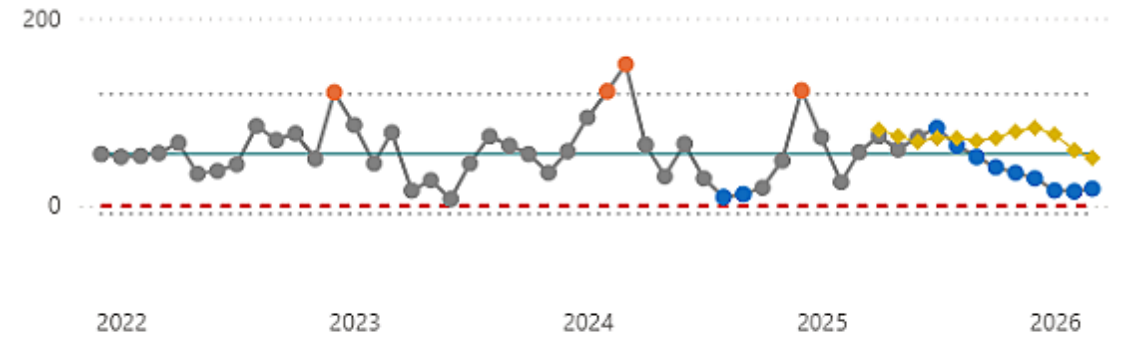
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 86 handovers >45 minutes reported out of a total of 603 handovers, 14.3%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 18 handovers >4 hours reported out of a total of 603 handovers, 3%.

Key challenges / issues

- Daily monitoring, hour to hour, of the ambulances awaiting patient handover and the 999 call stack (demand) has been resource intensive but has yielded positive results in terms of faster average handover times, and less of WAST's time lost to handover waits.
- The main challenge for Withybush is that the ED becomes busier as it fills up all of its treatment areas to support ambulance handovers as a priority.
- Overcrowding of ED as a consequence remains a risk, and there is a balance with meeting the walk-in demand in additional to 999 conveyances, as sometimes walk-in cases can be the most clinically unwell.

Key actions / initiatives

- Expansion of Porth Preseli Clinical Streaming Hub (with App Nav support) to support more ambulance redirects to ED alternatives across 7 days

Due date

31/07/26

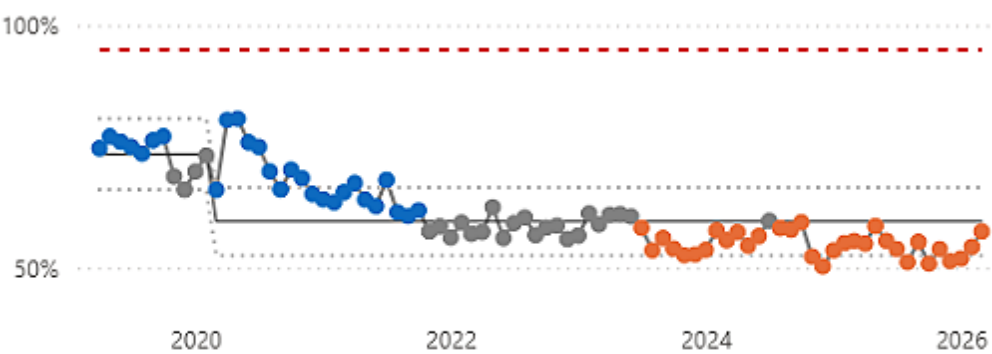
Embedded improvement actions

- Dedicated senior nurse allocated (daily) to cover Rapid Assessment and Triage area and focus on ambulance handovers.
- Ongoing use of MIYA patient flow system; wards engaging with pull model to move bed-requested patients out of ED proactively supporting departmental flow

Key

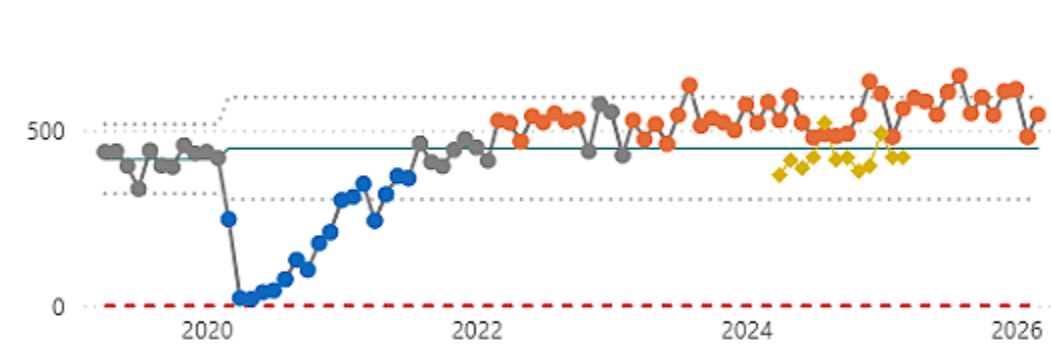
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E



57.5% reported for March, 1,579 breaches out of 3,719 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



546 breaches out of 3,719 new attendances, 14.7%. Chart is showing concerning variation.

Key challenges / issues

- 4 hour target and waits over 12 hours are impacted negatively by the positive improvement made with ambulance handovers as the ED proactively takes on the clinical responsibility of handing patients over into a busy department, utilising escalation spaces (area round the nurses station, see and treat rooms etc).
- Increased trend in complex Mental Health presentations (with increased risk of longer stay in dept. >12 hours) which has impacted on 12 hour waits.
- ED and management team are scoping the possible role of a Flow Navigator to help support the management of ED patient flow in hours, 4 hour breach management – in the meantime we have re-aligned administrators to better support some of this work

Key actions / initiatives

- Expansion of Clinical Streaming Hub to 7 day model
- Expansion of Medical SDEC to 7 day model
- Monday - Friday reintegration of Frailty SDEC pathway

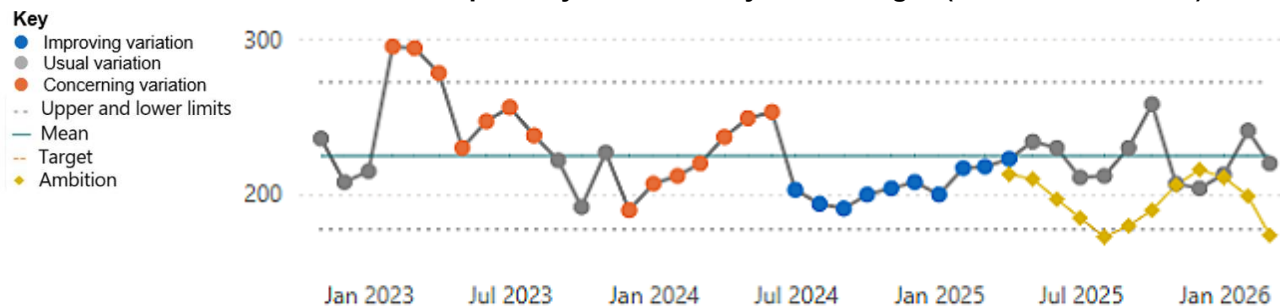
Due date

- 31/07/26
- 30/11/26
- 31/04/26

Embedded improvement actions

- MIYA patient flow pull model to support bed moves from ED

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



- Number of pathway of care delays as at 18th March 2026 census was 220 patients and the chart shows usual variation.
- The total days delayed for non-mental health decreased in March to 7,652 days from 7,657 in February. Mental health and learning disability delays increased from 605 in February to 613 in March. Assessment delays remain the largest proportion of delays.
- The census count is based on any patients delayed in one of our hospitals, regardless of their area of residence i.e. will include patients living outside of Carmarthenshire, Ceredigion and Pembrokeshire.

Key challenges / issues | **Key actions / initiatives** | **Due date**

Non Mental Health: Engagement from patients/families/carers in the discharge process (disputes/delays). Timely identification of care homes despite the home of choice policy. High level of acuity/frailty patients across hospitals, patient/family/carers expectation driving the need for multiple assessments. Hospital-acquired deconditioning and limited access to appropriate rehabilitation due to the Allied Health Professional (AHP) staffing shortage, impacts delays relating to AHP assessments, re-ablement and new packages of care on discharge. Ongoing challenges relating to housing, homelessness, care home availability, healthcare equipment and staffing/recruitment.

Mental Health & Learning Difficulties: Delays within Older Adult Mental Health (OAMH), accounting for 7 out of 9 medically optimised delays in March. Reflecting the dependency on external care home and specialist placement capacity. A patient with delay > 100 days due to lack of available Elderly Mental Infirm (EMI) nursing provision rather than discharge processes. Case noted on HB risk register. Care home and specialist placement availability impacting delays across OAMH wards. Adult Mental Health (AMH) PoCD low volumes, increased from 1 to 2 cases in March. Delays linked to housing insecurity and homelessness. Best-interest decision-making and associated legal processes contribute to a small number of OAMH cases, impacting clinically optimised discharge timelines, rather than an avoidable delay.

Non Mental Health: 1) Memorandum of Understanding (MOU) agreed between health and local authority partners and submitted to the national team. 2) Carmarthenshire PoCD Improvement Group being established

Mental Health & Learning Difficulties: 1) Focused review of AMH homelessness-related delays is progressing, with strengthened multi-agency liaison involving Local Authority housing services and policing partners. A multi-agency workshop in development to reduce recurrence of PoCD associated with non-clinical discharge barriers for AMH inpatients. 2) Ongoing scrutiny of best-interest decision timelines continues to ensure legal and safeguarding processes remain proportionate, timely and clearly aligned to patients’ clinical optimisation status and discharge readiness.

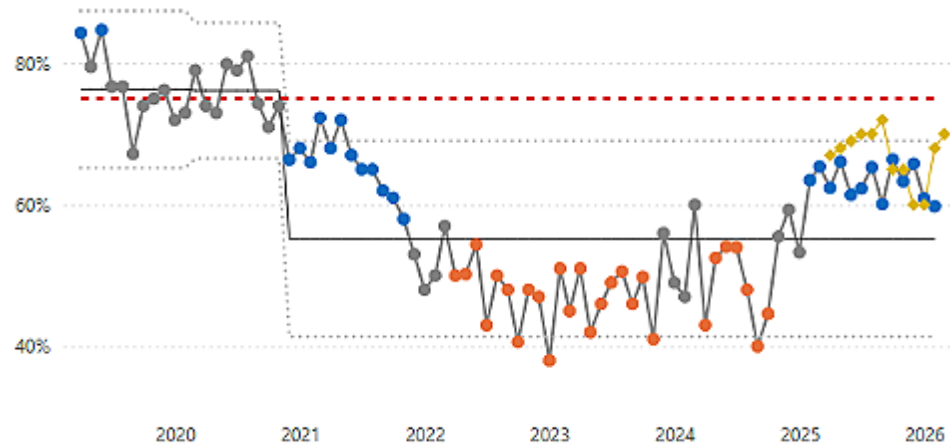
Embedded improvement actions

- Non Mental health:** Regional PoCD Delivery Group to oversee implementation of PoCD Action Plan, share learning across the system and embed Trusted Assessor models.
- Preventing Deconditioning Oversight Group: hospital-acquired deconditioning focus supported by the Quality Improvement and Service Transformation team across all hospital sites.
 - Ongoing work to improve timely Discharge to Recover to Assess (D2RA) pathway allocation.
- Mental Health & Learning Disabilities:** Targeted escalation of the >100-day patient continues, awaiting identification of a specific suitable EMI Nursing Home placement. The appointment of a new Consultant Psychiatrist from April will further consolidate medical leadership and oversight, including linkage to the OAMH Risk Register.
- Continued system-level engagement with Local Authorities and independent sector providers is underway to address dementia and EMI nursing placement shortages.
 - Daily multidisciplinary and multi-agency escalation arrangements, weekly acute pathway PoCD deep dives and escalation meetings are embedded across AMH and OAMH inpatient services, to providing oversight of medically optimised patients and discharge barriers.
 - National learning and workshops on D2RA pathway application are being implemented, reinforcing consistent pathway allocation and early discharge planning from the point of admission.
 - Dementia Wellbeing stepped-care model is established within approximately 20 regional care homes, with benefit realisation analysis underway. Scope to spread and scale this approach.
 - Multi-agency working with Local Authorities is embedded, including routine validation of PoCD status and shared accountability for resolving non-clinical discharge delays.

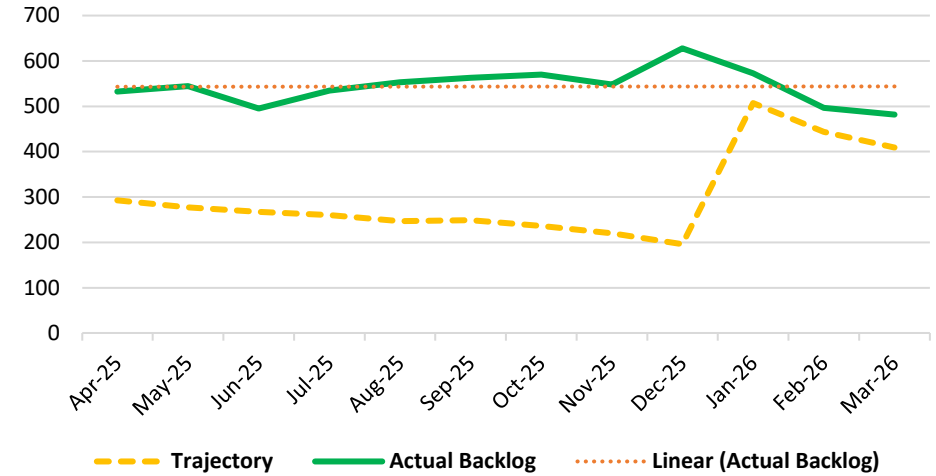
Key

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

% single cancer pathway patients starting treatment within 62 days



Number of single cancer pathway patients waiting over 62 days



In February 2026, performance was 59.8% against the trajectory of 68%. Urology continues to be our most challenged pathway with 262 patients waiting over 62 days. 266 patients were waiting in excess of 104 days for investigations or treatment (where needed). It is important to note that not all patients waiting will have a confirmed cancer diagnosis..

In March 2026, 482 patients were waiting over 62 days on the single cancer pathway, although the trajectory was not met, this is a 3-month improvement trend.

Key challenges / issues

Single cancer pathway
Overall treatment activity in February 26: 238 patients started treatment within 62 days, 165 patients were waiting over 62 days. First treatment rates decreased by 52 patients. The decrease in performance was due to focussed activity for patients waiting over 62 days, Performance in March is expected to improve.

Backlog and Diagnostics
To meet the 28-day diagnostic target, the testing components of the pathway must be provided within 7 days.

Key actions / initiatives

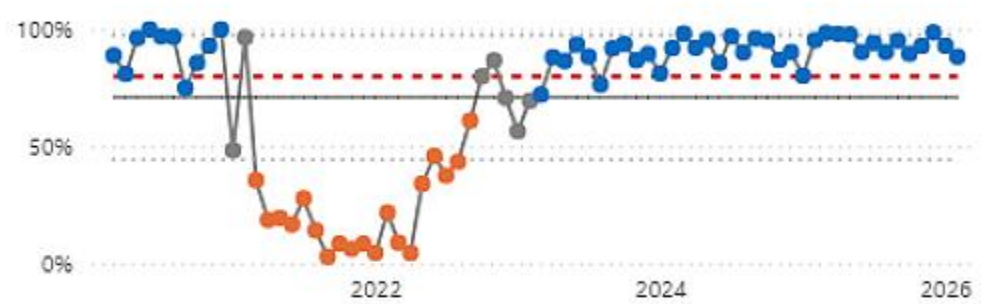
- Outsourcing of MRI for prostate patients started in November 2025. This equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed. This has been extended for Q1 – 2026/27
- Robust improvement plans agreed for Urology prostate diagnostics for 2026/27.
- Piloting the use of the Galeas Bladder Test from January 2026 – 300 patients. Delayed from January 2026 to March 2026. This has been extended for Q1 – 2026/27
- Outsourcing of CT until March 2026. This equates to 260 CT scans per month with a 7-day reporting turnaround. This has been extended for Q1 – 2026/27

Due date
30/06/26
31/03/27
30/06/26
30/06/26

Key

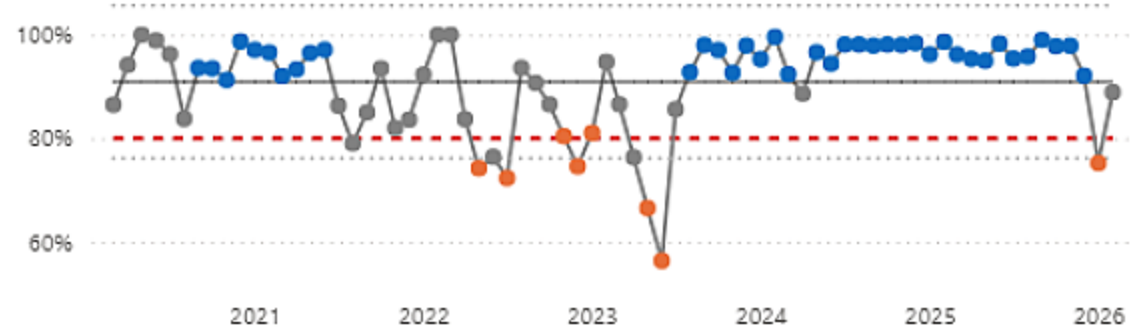
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 88.4% is showing improving variation and the target of 80% was met.

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



Latest performance of 88.9% 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):
 61 of 69 assessments were undertaken within target in February. Sickness in our Carmarthenshire team has contributed to a dip in performance although we are still within target. We anticipate March may see further decline with improved performance anticipated in April.

% mental health assessments undertaken within 28 days (persons aged 18+):
 Performance has increased back into the required target since January; however, demand remains high across all teams. We continue to see a more complex patient profile which is increasing assessment time or the requirement for follow up assessment appointments which has an impact on compliance. Sickness has reduced across the service.

Key actions / initiatives

% mental health assessments undertaken within 28 days (persons aged 18+):
 To manage the surge in referrals, teams have increased their assessment slots which will affect treatment slots.
 All vacant posts have been recruited.

Due date

30/04/26
 Complete

Embedded improvement actions

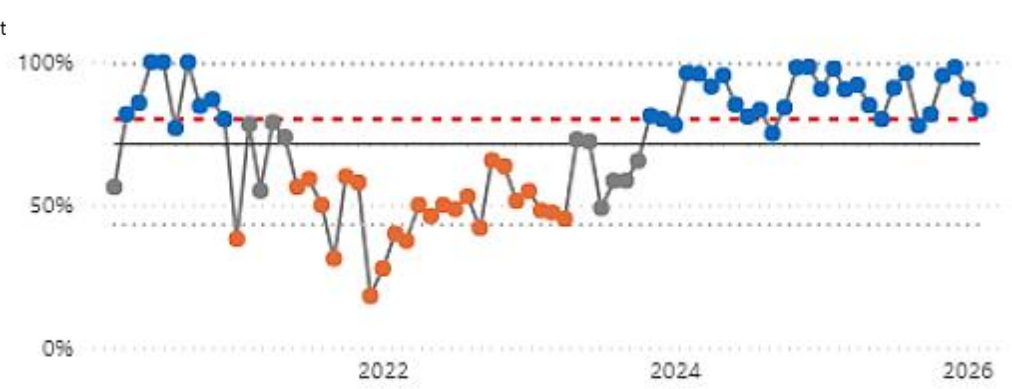
% mental health assessments undertaken within 28 days (persons aged 0-17):
 We have agreed a Demonstrator project with NHS Performance & Improvement as part of the 10-year Mental Health Strategy to trial 'One at a Time' support for the current cohort of patients.

% mental health assessments undertaken within 28 days (persons aged 18+):
 All teams are utilising the Primary Care Liaison Service (PCLS) at the point of referral supporting a reduction in pressure on Local Primary Mental Health Support Services (LPMHSS).

Key

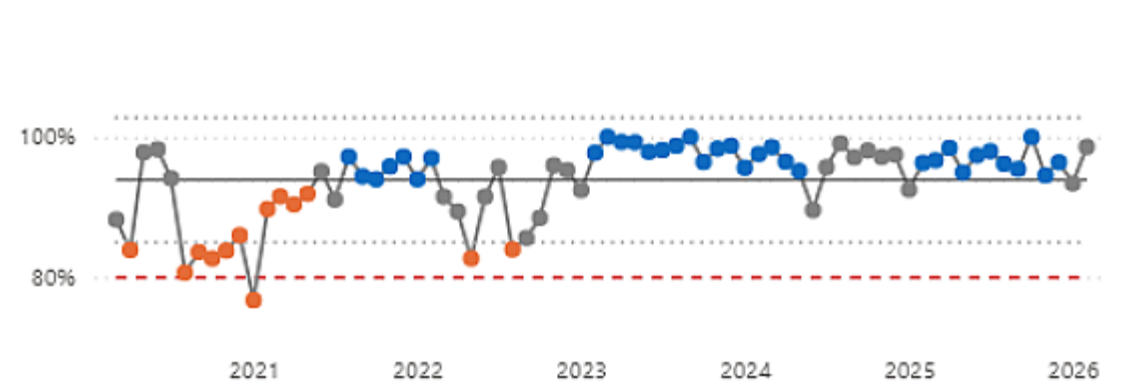
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

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



Latest performance of 83.3% is showing improving variation but the target of 80% was met.

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



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

Key challenges / issues	Key actions / initiatives	Due date
<p>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): 30 of 36 interventions commenced within target in February. Sickness in our Carmarthenshire team has contributed to a dip in performance although we are still within target. We anticipate March may see further decline with improved performance anticipated in April.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): We have recruited into the practitioner vacancies in both Carmarthenshire and Ceredigion to mitigate some of the issues identified.</p>	<p>Complete</p>
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Compliance remains above the required target; however, increased referral numbers are limiting the number of available treatment sessions. The impact of the reduction in compliance for our mental health assessments target this month should not impact on compliance for therapeutic interventions next month, but this will be monitored. Estates access continues to be challenging across the three counties.</p>	<p>Embedded improvement actions</p> <p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): We have agreed a Demonstrator project with NHS Performance & Improvement as part of the 10-year Mental Health Strategy to trial 'One at a Time' support for the current cohort of patients.</p> <p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector, SilverCloud digital options and our Primary Care Liaison Service (PCLS) which is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS. A focus on group interventions remains; however, as a service we will be reviewing the current treatment menu to ensure effectiveness in treatment options.</p>	

Psychological therapy waits
(Enhanced monitoring condition and Ministerial priority)



Performance in February of 57% shows usual variation and the target of 80% was not met.

- 447 out of 807 (55.4%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 6 out of 13 (46.2%) were waiting <26 weeks to start an adult psychology assessment;
- 31 out of 66 (47%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues

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.

Integrated Psychological Therapies Service (IPTs):
IPTs have seen a slight decrease in compliance by 0.6%. The service continues to strive towards stabilisation with the stepped model approach to high intensity to support an improved trajectory moving forward. Recruitment to support the ongoing groups has been delayed due to streamlining which will impact on the service's ability to maintain current activity.

Adult Psychology Mental Health (AMH):
The waiting list for patients waiting for treatment over 26 weeks increased by one patient in February. An improvement is expected following the commencement of a Practitioner Psychologist, based in an area in Carmarthenshire where there was no community provision.

Key actions / initiatives

- 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.

Due date
30/04/26

Embedded improvement actions

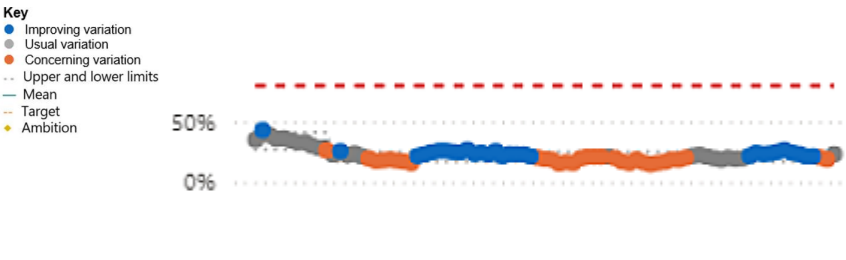
- LDs:**
- As part of our organisational change process, we seek to recruit a co-ordinator for CoP cases who can link in with legal services, to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. We are offering additional training 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.

IPTS:
Several high intensity evidence-based interventions are now part of the service model with caps in therapy session in place and reviewed regularly in supervision. All therapists have job plans that are reviewed and updated to increase capacity of service where possible. Several staff have undertaken new training in Dialectical Behaviour Therapy (DBT) for Complex Post-Traumatic Stress Disorder (PTSD) which will support the trauma waiting list.

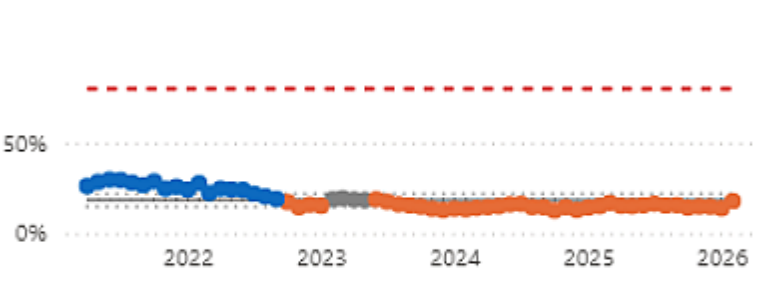
- AMH:**
- All four clinicians are providing consultations to other services, decreasing referrals to AMH.
 - 'Grow Your Workforce' plans are in place.

Neurodevelopmental assessment waits
(Enhanced monitoring condition and Ministerial priority)

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



% children & young people waiting < 26 weeks: ASD



% children & young people waiting < 26 weeks: ADHD



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in February 2026 of 18.9% shows usual variation but the target of 80% was not met. Performance is driven by ASD, where 641 of 3,490 (17.9%) patients were waiting for an assessment <26 weeks. 442 of 1,066 (41.5%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
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Attention Deficit Hyperactivity Disorder (ADHD)

The longest current wait for an ADHD assessment stands at 104 weeks, with 228 individuals waiting longer than 52 weeks. The service has experienced a 100% increase in referrals, creating a significant requirement to expand core clinical capacity to meet national targets. Despite efforts to maximise current resources, demand continues to exceed available capacity, even when accounting for a fully established medical workforce. In addition, demand for Quantitative Behavioural (QB) testing, which forms a key part of the diagnostic pathway, also surpasses current testing capacity, contributing further to pathway delays. Clinic room availability across all sites remains a persistent constraint, limiting the ability to increase activity levels. Short-term mitigations have been implemented where possible; however, sustainable, long-term solutions are required.

ADHD

- Long-term solutions to clinic room availability are currently being explored through the Bandi appeal process and the proposed reconfiguration of Puffin Ward, which aim to address both clinical and estate limitations and support future service resilience. 31/03/27
- Increase core capacity through provision of additional QB Tests and follow up sessions. Currently only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers are trained to use. Funding streams being sought to support the purchase of additional devices. 30/06/26
- Continue to manage clinic capacity flexibly and maximise through rigorous job planning. 30/06/26

Autism Spectrum Disorder (ASD)

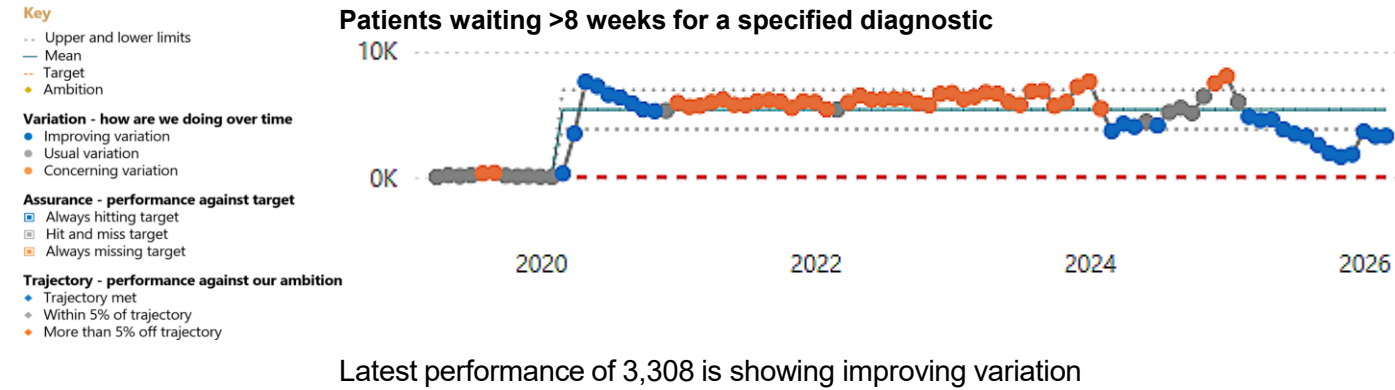
As of February 2026, there were 3,590 children and young people waiting for an ASD assessment. There are 2,949 individuals waiting more than 26 weeks. Demand for assessment continues to outstrip capacity and remains consistently high with referrals averaging 114 per month. A waiting list coordinator role is being embedded within the team and reducing administrative burden on clinical staff. Job plans are in place for all staff to maximise efficiency. Significant progress is being made internally to bring about more efficiencies, but key challenges include the absence of a regional strategic action plan around neurodivergence and a regional approach to bring about sustainable change which should include reduced demand for diagnostic assessment.

ASD

- Outsourcing contract in place from 6th February to 31st March to enable the completion of 585 assessments for waits over 3 years. Complete
- Magic Notes AI scribe to support production of structured case notes extended for a further 4 weeks. 31/05/26
- Management of clinic booking being strengthened to reduce burden on clinical staff. 31/05/26
- School cluster pilot being developed to increase throughput of assessments and increase quality of information via multi-agency working. Review and adaptation of panel process underway to reduce the number of cases requiring a full panel decision. Working towards a system that creates space for swift decision-making where cases are not complex. 30/06/26

Embedded improvement actions

- ADHD**
- Paper drafted and circulated outlining service development improvements and actions for the ADHD service.



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Mar 2026	3,308	●	□	n/a
Radiology		2,564	●	□	n/a
Cardiology		533	●	□	n/a
Endoscopy		127	●	□	n/a
Phys measure		49	●	□	n/a
Imaging		35	●	□	n/a
Neurophysiology		0	●	□	n/a

Key challenges / issues

- Radiology**
- Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
 - Welsh Government Outpatient initiative work has contributed to an increase in the overall waiting list as there are a higher number of patients requiring radiology than were predicted.
 - An upgrade of the Magnetic Resonance Imaging scanner at Glangwili during March – April 2026 reduced capacity to meet demand thus impacting waiting times..
- Endoscopy**
- Additional endoscopy outpatient activity via outsourcing (external), generated a demand that exceeded internal staffing capacity. This was funded by the Welsh Government Improvement Scheme.
 - Ongoing capital replacement programme for old/fragile endoscope equipment.
- Cardiology**
- Cardiology breaches are in relation to outpatient activity via outsourcing (external), generated a demand that exceeded internal staffing capacity. There is a chronic in-house deficit in Cardiology diagnostics saw breaches increase. This was funded by the Welsh Government Improvement Scheme.

Key actions / initiatives

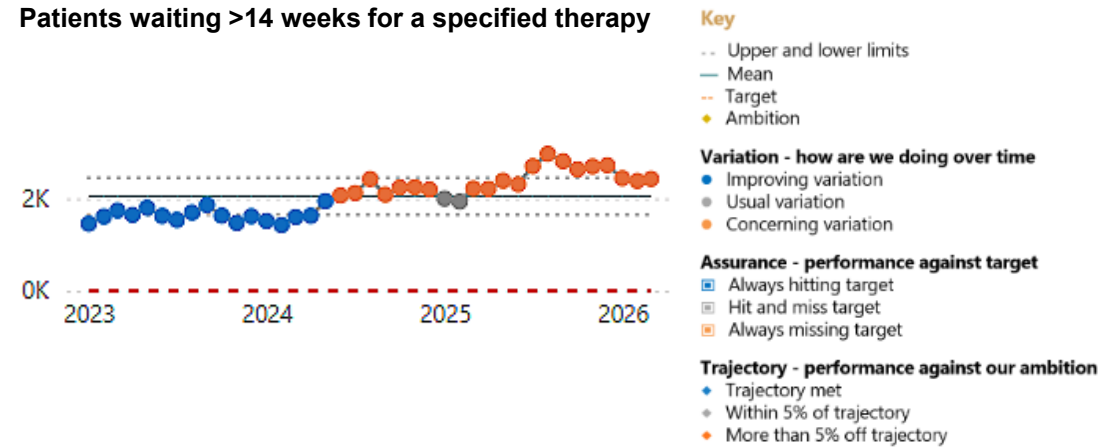
- Non-Obstetric Ultrasound external contract has been extended, and additional capacity has been sought. Additional sonographers started 02/02/26. Validation of ultrasound waiting list reduced waiting list by 15%. Extended contract funded using existing budget from a vacancy.
- Magnetic Resonance Imaging –1 van extended from April 26 – Aug 26 using core funding (vacancy lag)
- Computed Tomography – Van has been extended to end of Q1 with additional funding to scan 250 additional urgent suspected cancer patients per month.
- Internal staffing resource solutions (insourcing) commenced in late February and continuing into April to uplift Gastrointestinal endoscopy and Urology Cystoscopy capacity to accommodate the additional demand from the Welsh Government Improvement Scheme generated by the outsourcing (external) activity.
- Galeas Bladder Urine test trial has started in March, with 111 referrals thus far. This has released capacity for urgent suspected cancer and routine cystoscopies. Initial trial of 300 patients planned through April and May.
- Utilisation of internal and external (third party) staffing for echocardiograms to continue into April to reduce the breach position.

Due date

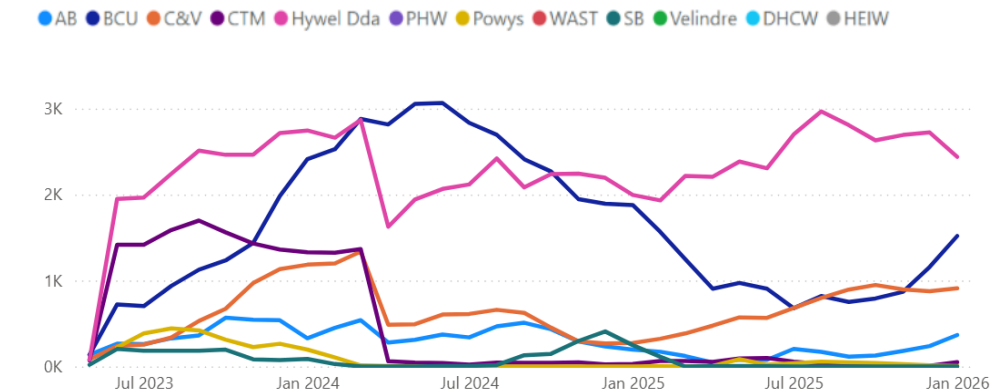
- 31/08/26
- 31/08/26
- 30/06/26
- 31/04/26
- 31/05/26
- 30/04/26

Performance is showing concerning variation. Breaches reduced by over 500 since the high point in August 2025 to 2,423 in March 2026.

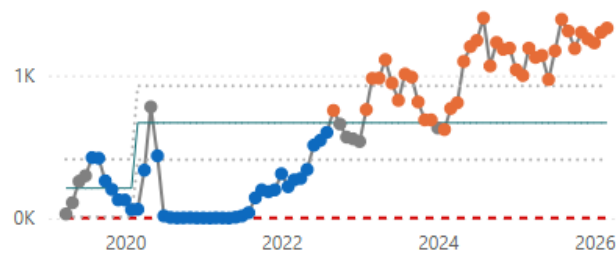
Patients waiting >14 weeks for a specified therapy



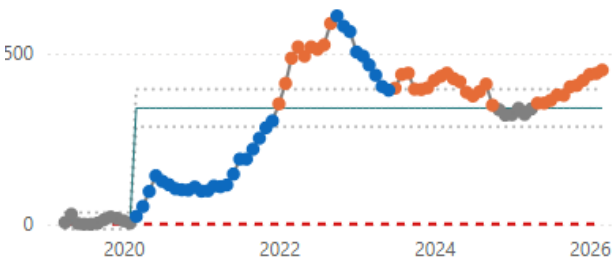
Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (January 2026)



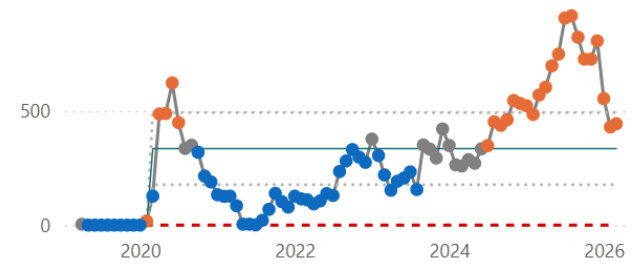
Number of patients waiting 14 weeks plus for Physiotherapy



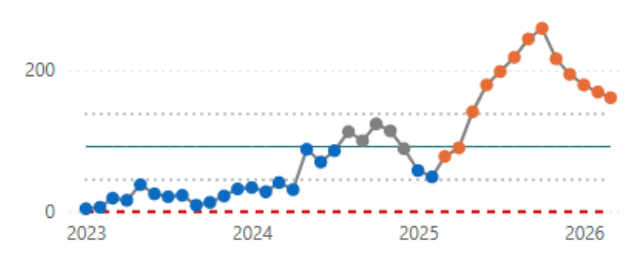
Number of patients waiting 14 weeks plus for Occupational Therapy



Number of patients waiting 14 weeks plus for Podiatry



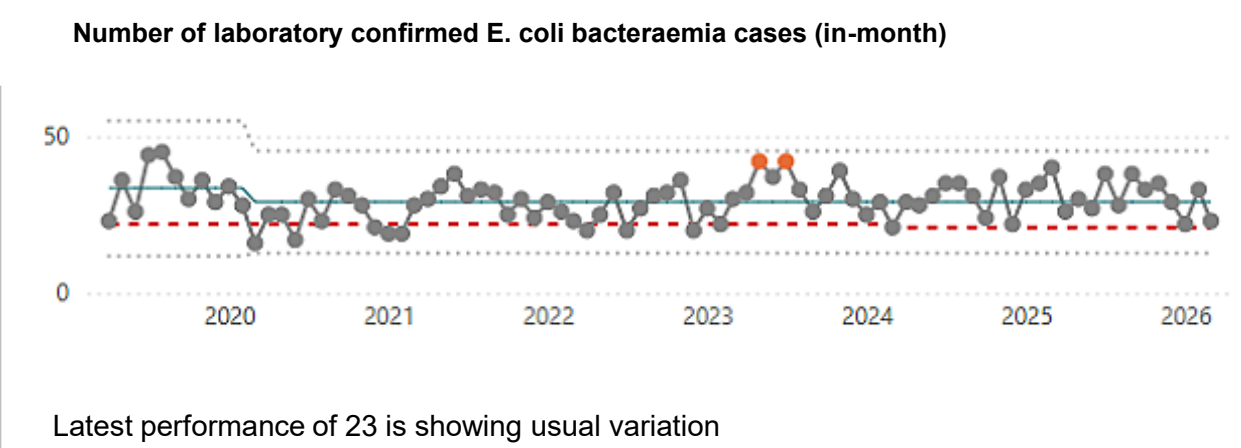
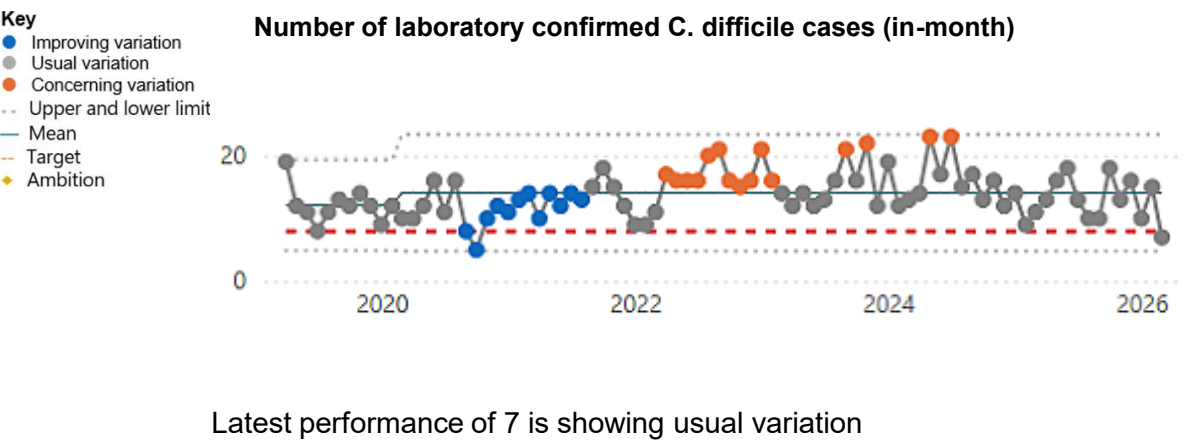
Number of patients waiting 14 weeks plus for Dietetics (excluding Weight Management)



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	Mar 2026	2,423	●	□	61%
Physiotherapy		1,333	●	□	91.2%
Occupational Therapy		452	●	□	14.4%
Podiatry		444	●	□	79.2%
Dietetics		161	●	□	37.5%
Art therapy		29	●	□	n/a
Speech & Language Therapy		4	●	□	100%

Therapy waits over 14 weeks (continued) (Ministerial priority)	Therapies	
Key challenges / issues	Key actions / initiatives	Due date
<p>Physiotherapy 93% of breaches are within the Musculoskeletal (MSK) Physiotherapy specialty. Demand is growing and is greater than capacity, with changes to Community Health Pathways and other national pathways (E.g. South Wales Spinal Network Guidance) causing a shift of work from primary and secondary care towards community MSK Physiotherapy services. There is an increase in the proportion of urgent and complex work in community services as pathways have an increased focus on admission avoidance and early supported discharge.</p> <p>The remaining 7% of breaches are within community and paediatric services.</p> <p>Occupational Therapy (Paediatrics) New patient referrals have increased by around 30% in the last 3 years compounded by high staff turnover across 12 month rolling average compared to other occupational therapy services. The service is constantly assessing its current capacity and adjusting performance improvement plans to mitigate as best able.</p> <p>Podiatry New patient referrals have increased by around 40% in the last six years without subsequent increase in capacity while patient complexity has increased, resulting in longer appointment times and therefore a decrease in patient contacts over the same time period. Podiatry is first point of contact/triage service for Orthopaedics and Vascular services. To meet modern expectations for timely assessments and interventions, the service now includes 7 Independent Prescribers and 5 Ultra Sonographers, achieved through internal reconfiguration without additional funding.</p> <p>Reduction in breaches to 430 in February 2026 due to temporary management led clinics has stabilised in March to 444. However, this is unsustainable as temporary clinics will cease, and the expectation is that the position is highly likely to deteriorate.</p> <p>Dietetics Paediatrics: Service is still challenged by new demand for paediatric selective eating (with associated nutritional risk) as the predominant reason for service waiting times breaches. Additional fixed term capacity is having a modest impact and there is a risk of rebound due to this fixed term agreement coming to an end in September 2026.</p> <p>Community: Small number of community service waiting time breaches due to fragility (ongoing sickness within the service)</p>	<p>Physiotherapy</p> <ul style="list-style-type: none"> A standard operating procedure (SOP) for a targeted telephone triage pilot, for patients who could be signposted towards supported self-management in place with further refinement of this process now planned using PDSA (plan-do-study-act) cycles to test the effectiveness of clinical risk stratification and patient activation tools to broaden the scope of the project. Financial Control Group approval given to actively recruit Band 5 bank staff. 5 job offers made 3rd March 2026. Aim for commencement in roles by 1st May 2026. 3-month pilot starting on 20/04/26 to validate routine MSK waiting lists using new Microsoft Forms methodology. <p>Occupational Therapy (Paediatrics)</p> <ul style="list-style-type: none"> Clinics established in all 3 counties. Continuing to explore opportunities to increase clinic capacity across all counties by identifying suitable accommodation Team increasing number of sensory workshops for parents in order to increase flow through the service Reviewing job plans within the service to maximise direct clinical capacity 	<p>31/08/26</p> <p>01/05/26</p> <p>17/07/26</p> <p>31/06/26</p> <p>31/06/26</p> <p>31/06/26</p>
Embedded improvement actions		
<p>Podiatry New patient demand and capacity tool implemented and indicated that service was efficient, all staff on 10 session template booked by office and strong discharge and eligibility procedures in place. Significant skill mixing undertaken. Service review undertaken to strengthen management structure to maximise efficiency. Demand and capacity review indicated that a proposed increase in 3 whole time equivalent staff was required to meet new patient demand.</p> <p>Dietetics Paediatrics: First line information developed and shared with referrers to support management of risk while waiting. Review of service delivery model underway, including access criteria and triage process.</p>		

C. difficile and E. coli cases
(Enhanced monitoring)



Key challenges / issues

- C. difficile:**
- March total count of 7 cases, the lowest in 2025/26. Hospital onset infections is the lowest seen in 2025/26. 23 fewer cases than in 2024/25.
 - Period of increased incidence of *C. difficile* Polymerase Chain Reaction only (x6) and *C. difficile* Toxin (x3) being investigated at Bronglais hospital. Antibiotic Stewardship: inconsistent completion of Start Smart Then Focus (SSTF) audits; vacancies in Antimicrobial Pharmacy team risk affecting stewardship.
 - Delayed Infection, Prevention, and Control Actions: Recognition, isolation, and diagnosis delays noted in some cases.
 - Environmental Cleaning: HPV technology is now across all hospital sites and compliance to this decontamination intervention after discharge of each *C. difficile* case to be scrutinised .
 - Mandatory Training: Level 2 Infection Prevention Control compliance at 73.77%, below the 85% target and a marginal increase from the previous month.
- E. coli:**
- 2025/26 saw 17 less infections than the equivalent period in 2024/25. Infections remain primarily community-onset, linked to urinary tract and some catheter-related infections with most cases occurring in the 80–89 age group.
 - Non-compliance observed in hand hygiene and bare-below-the-elbow practices across staff.
 - Aseptic non-touch technique compliance target was met and stands at 85.02%.

Key actions / initiatives

- C. difficile:**
- Close monitoring of infection rates to understand January's and March reductions
 - *C. difficile* Improvement Group to progress the work with the *C. difficile* collaborative and identify improvement projects.
- E. coli:**
- Health & Wellbeing booklet under final review and pending publication.
 - Ongoing review of hand hygiene products and promotional posters.
 - Aseptic Non-Touch Technique training to be further profiled through Clinical Care Group's, Senior nurse meetings to reduce risks with devices i.e. urinary catheters .

Due date

- 23/05/26
- 30/04/26
- 30/04/26
- 30/04/26

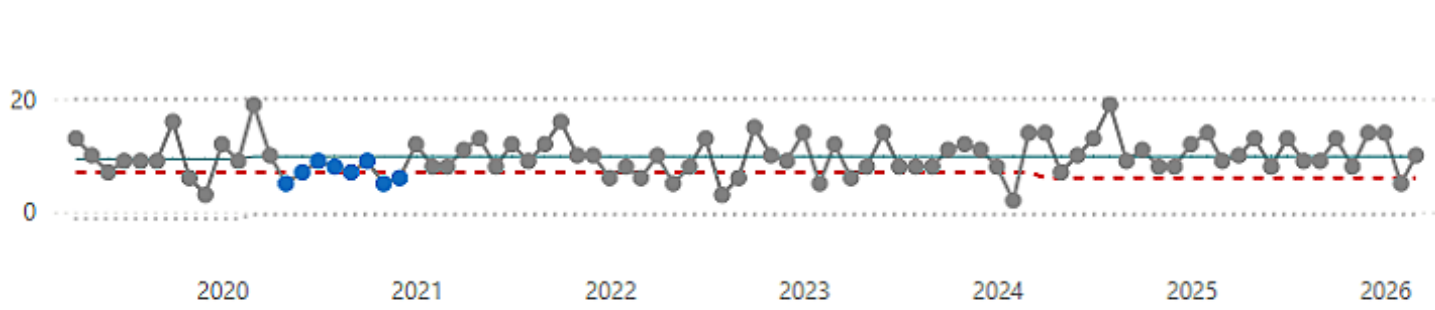
Embedded improvement actions

- Learning & Governance: Healthcare associated infections cases reviewed monthly
- Assurance Group; learning shared via Clinical Care Groups. Issues escalated through governance structures. This requires all members of the multi-disciplinary team in attendance
- Monthly hand hygiene audits by Ward Managers, monitored and reviewed.

Key

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

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

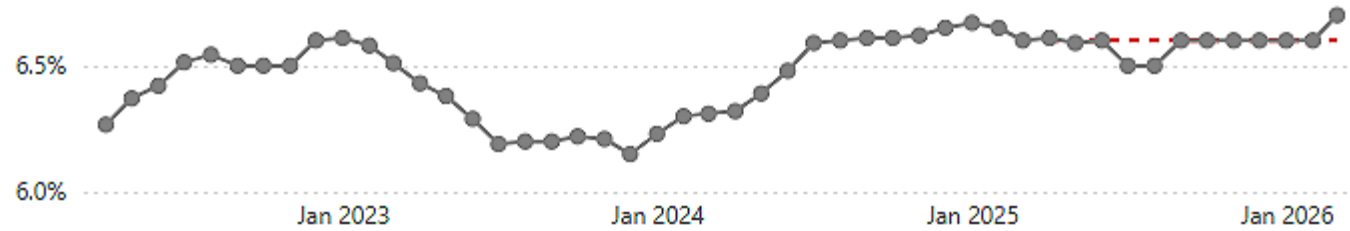


Latest performance of 10 is showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
<p>S. aureus:</p> <ul style="list-style-type: none"> • Cases are 11 fewer than in equivalent period in 2024/25. • The majority of S. aureus infections burden remains community-based, primarily from wounds but intravenous devices continue to feature in hospital onset cases . • Aseptic non-touch technique compliance target was met and stands at 85.02%. • Environmental/equipment contamination contributing to transmission due to cleaning challenges and surge. • Ongoing lapses in hand hygiene and bare-below-the-elbow compliance across staff 	<ul style="list-style-type: none"> • Close monitoring of infection rates to understand fluctuations Clinical Care Groups to monito Aseptic non-touch technique compliance and assessor training offered to clinical areas. • Proposal to make competency mandatory via Electronic Staff Record- awaiting feedback. • Healthcare associated infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups. • Hand hygiene validation and observational audits conducted based on senior nurse monthly audits. • Ongoing review of hand hygiene products and promotional posters. 	<p>23/05/26</p> <p>30/04/26</p> <p>30/04/26</p> <p>30/04/26</p> <p>30/05/26</p>

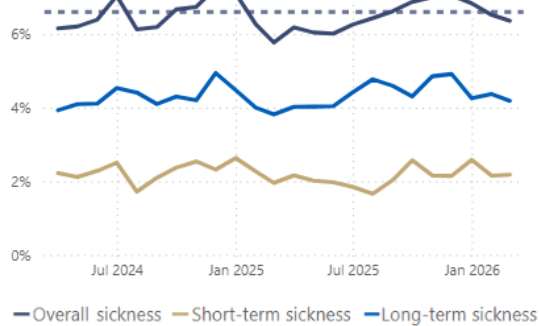
% staff sickness rate (12 months rolling)

March 2026 (12 month rolling) = 6.7%



% staff sickness rate (in month)

March 2026 (in month) = 6.4%
Short-term sickness = 2.2%
Long-term sickness = 4.2%



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

Team	Staff	R12m %	In-month %
Glangwili Domestic Services	136 staff	13.9%	11.1%
Sunderland Ward	73 staff	13.2%	16.7%
Health Protection – Immunisation Team	65 staff	11.6%	14.6%
Prince Philip AMAU	73 staff	11.4%	12.5%
Teifi Ward	65 staff	10.8%	12.8%
PDT - Domestics	144 staff	10.5%	9.5%

Glangwili Domestic Services breakdown:

March 2026: 2.7% ST, 8.4% LT = Total:11.1%. 12-month rolling: 13.9%

March 2025: 4.6% ST, 8.5% LT = Total: 13%. 12-month rolling: 14.8%

Key challenges / issues

Figures are indicative of a monthly downward trend for absences in March at 6.36%, however the Health Board’s rolling absence rate has increased slightly above the 6.60% target and at year end is at 6.68%.

Absence rates attributed to anxiety, stress and depression continues to be the highest reason for absences across the Health Board at 32.2%, with absences attributed to other musculoskeletal problems as the second highest reason at 10.01%.

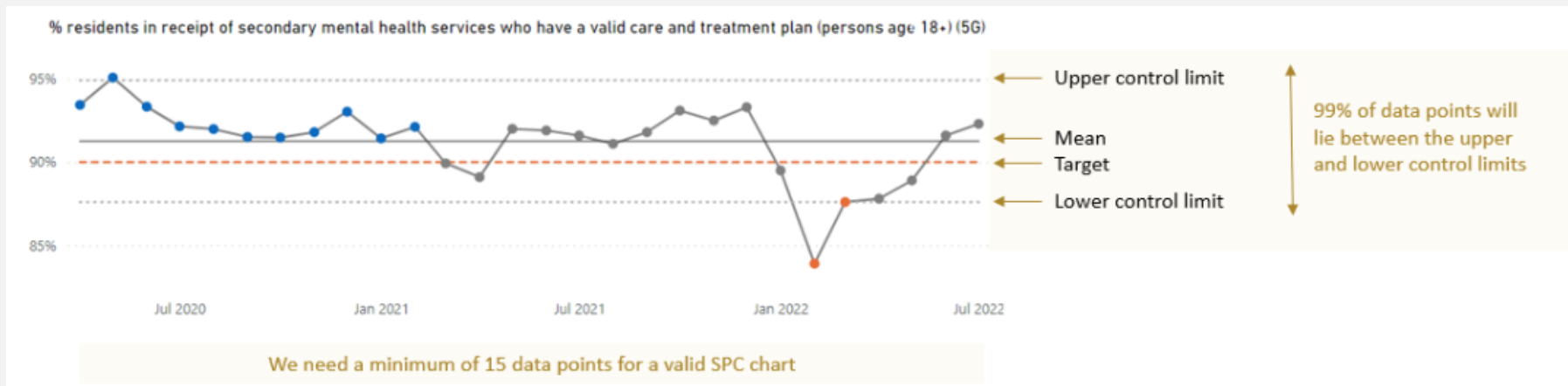
Embedded improvement actions

- Both sickness absence advisors have commenced in their roles to ensure a more focused support for sickness absence management. Action & work plans to be developed to support objective to reduce sickness absence.
- Ongoing support from the Workforce Teams continues in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups.
- Deep dives of data and analysis to ensure underlying issues are identified and appropriate support is in place.
- Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters
- Two sessions have been delivered on reasonable adjustments and a further eight training sessions on reasonable adjustments are planned.
- Finalising an Occupational Health training course to be delivered to all “newly recruited” managers to the NHS.
- Currently exploring the development of an Occupational Health Wellbeing newsletter.

Why use SPC charts?

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

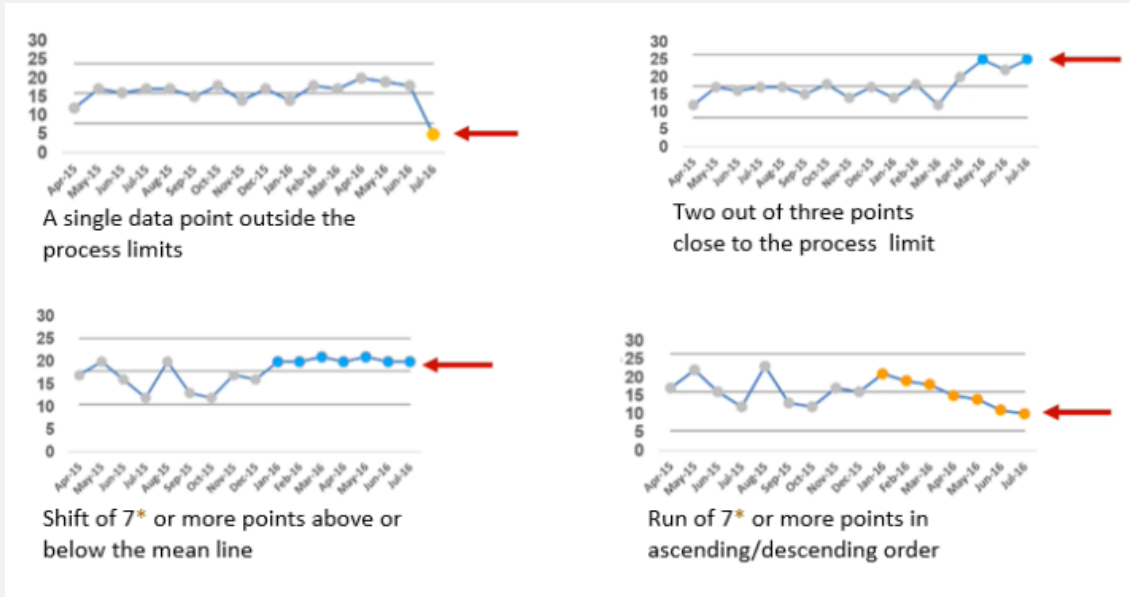
Anatomy of a SPC chart



Rules for special variation within SPC charts

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

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



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

Understanding the SPC icons

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

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