ESCALATION UPDATE AGAINST TARGETED INTERVENTION CRITERIA

30 June 2026

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Escalation Dashboard: Position at a Glance

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Six alert, five advise, one assure. Urgent and emergency care moved against the Health Board in April and May; the savings gap is the dominant financial risk; the May delayed pathways figure is incomplete, with no improvement claimed.

C2 Savings identification — ALERT

£8.7m

of £42.8m required; £2.5m recurrent

C3/4 In year financial position — ADVISE

£6.0m

May, vs £3.4m plan; YTD £4.7m adverse

C16 Ambulance handovers >1hr — ALERT

754

target 680 | May plan 693

C17 12-hour ED waits — ALERT

9.9%

target 7.0% | May plan 8.6%

C18 Time to clinical assessment — ADVISE

80 mins

target 60 | May plan 69 mins

C19 Delayed pathways of care — ALERT

186*

*incomplete: IPC ward closures

SCP Cancer 62-day pathway — ALERT

58.3%

below 60% de-escalation floor

C15 Ophthalmology R1 — ADVISE

43.5%

target 65% | improving 7 months

C26/28 RTT 26w and 36w — ADVISE

66.9 / 77.1%

targets 75% / 80%

C31 Endoscopy <8 weeks — ASSURE

92.9%

3 months above 85%: met

C32 MRI and NOUS <8 weeks — ALERT

64.9 / 57.9%

target 85% | falling sharply

C33 Therapies <14 weeks — ADVISE

75.0%

target 90% | fell back in May

Finance: On plan only by assumption

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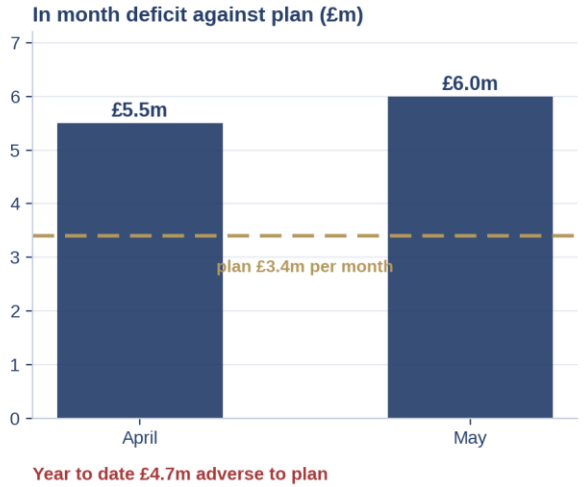
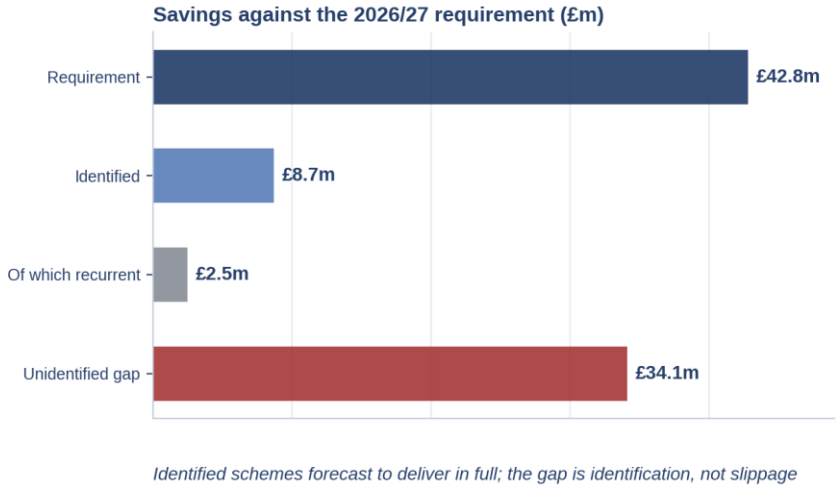
ALERT





- **Position.** Two months in, we are £4.7m adverse to plan: May run rate £6.0m against a £3.4m monthly plan. We delivered the 2025/26 control total; the 2026/27 run rate is above plan from month one.
- **Forecast.** Year end is reported on plan at £41.0m only by assuming £20.9m of future mitigating actions not yet converted into schemes. The gross forecast is £61.9m.
- **Savings.** £8.7m identified against the £42.8m requirement; only £2.5m is recurrent against a wholly recurrent target. Welsh Government requires updated plans with full delivery confidence by 12 June.
- **Considerations.** Expenditure above plan (medical premium cover £8.3m, continuing healthcare £4.3m) compound delivery; the radiology outsourcing saving now presents as a risk (see diagnostics).

Urgent and Emergency Care: the gap to close

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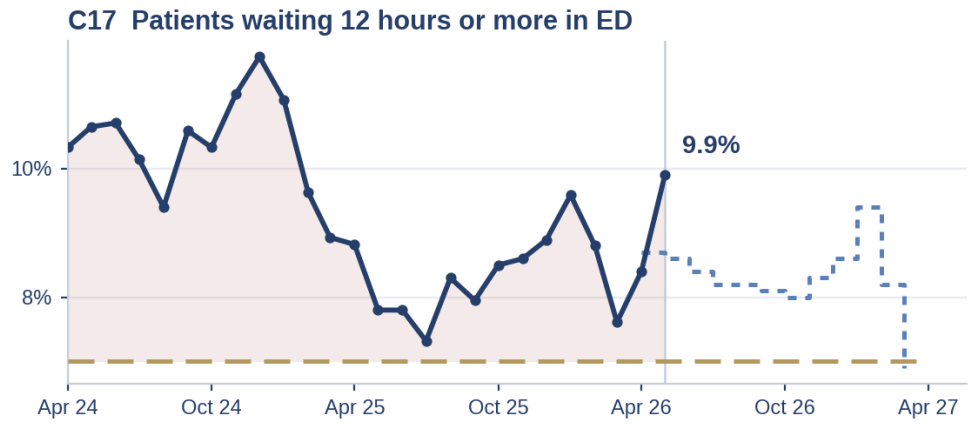
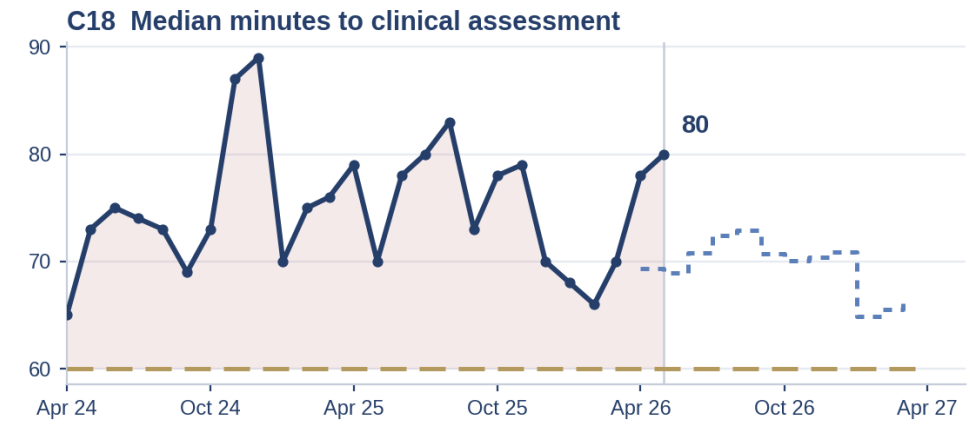
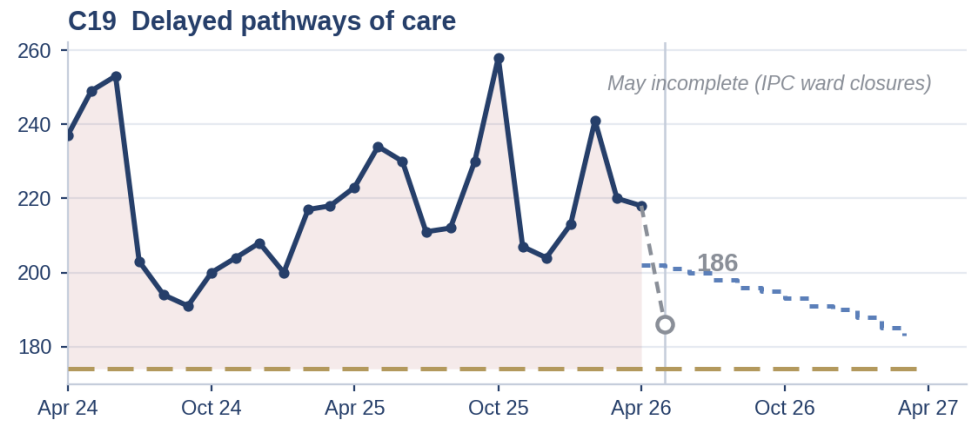
Three of the four criteria moved away from target in April and May; C18 (advise) has risen three months running to 80 minutes against the 60-minute standard. May sat above the signed off plan profile on all four measures.







Actual | De-escalation target | Annual Plan 2026/27 trajectory

C16 Ambulance Handovers: the run has reset

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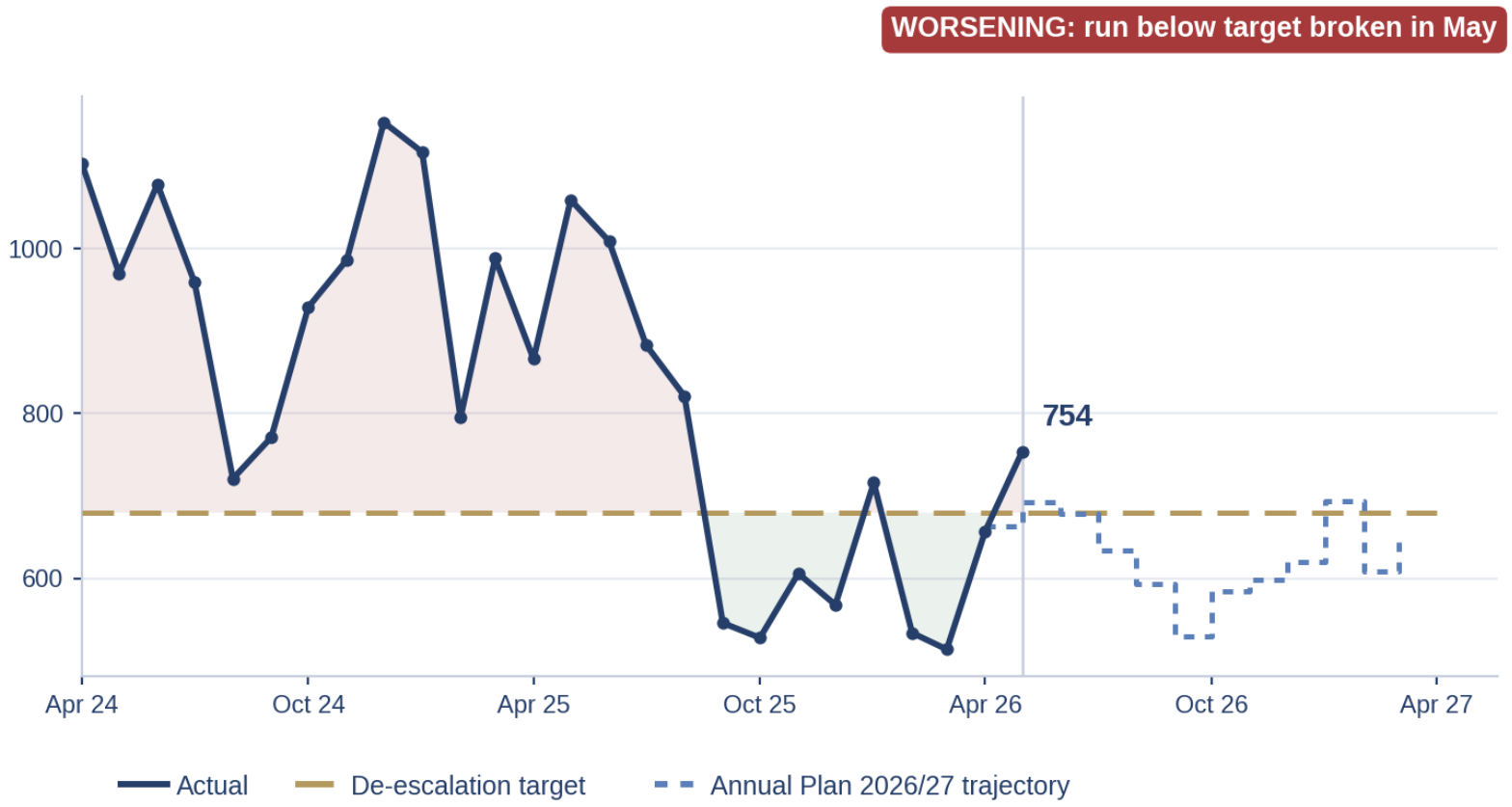

- **Position.** 754 handovers over one hour in May, against the 680 de-escalation threshold and a May plan profile of 693.
- **Signal.** February to April sat below the threshold; May broke that run and is the worst month since August 2025.
- **Plan.** The signed off profile tightens to 530 in September; the year must total 7,542.
- **Action.** Community streaming hub goes live in June; same day emergency care at Withybush is scheduled for October. These actions and impacts will need to be monitored; however, they are unlikely to deliver improvements beyond the annual plan trajectory.

C17 Twelve Hour Waits: a 16-month high

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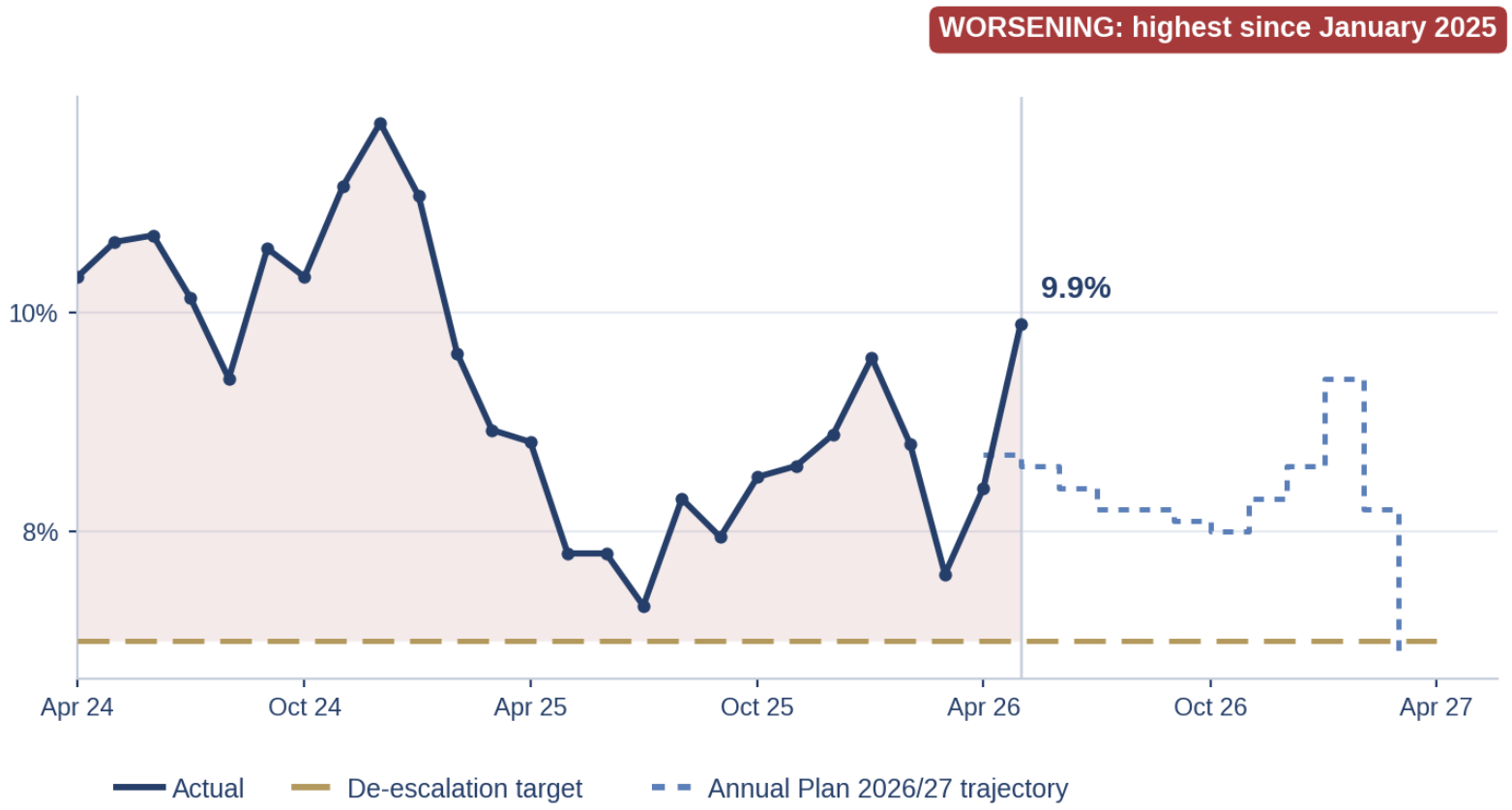
ALERT



- **Position.** 9.9% of patients waited 12 hours or more in our emergency departments in May, against the 7% criterion and an 8.6% May plan.
- **Signal.** A statistically significant deterioration, not noise. Glangwili (15.1%) and Withybush (15.2%) drive the position; Prince Philip held zero.
- **Plan.** The profile averages 8.3% across the year and lands at 6.9% in March; the criterion is continuous improvement towards 7%.
- **Action.** Flow actions concentrate on the two outlier sites; the plan relies on same day emergency care from October for a 2.6 percentage point reduction (impact).

C19 Delayed Pathways: May is incomplete

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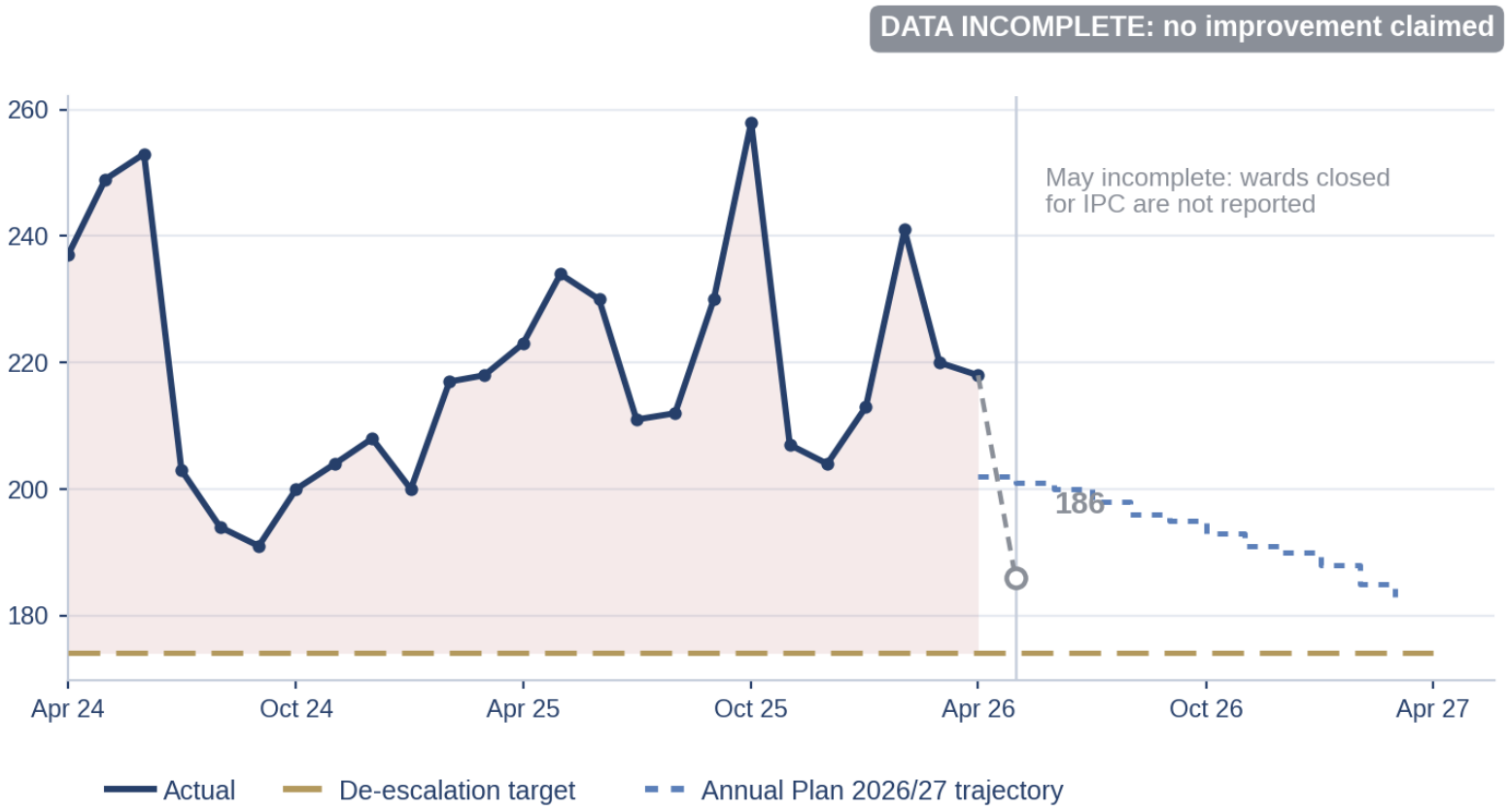
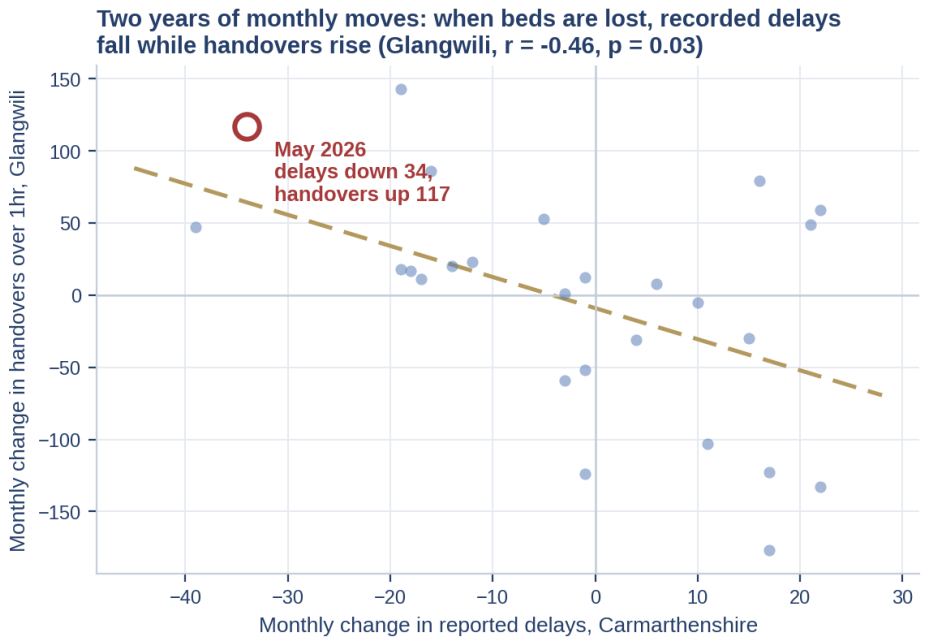
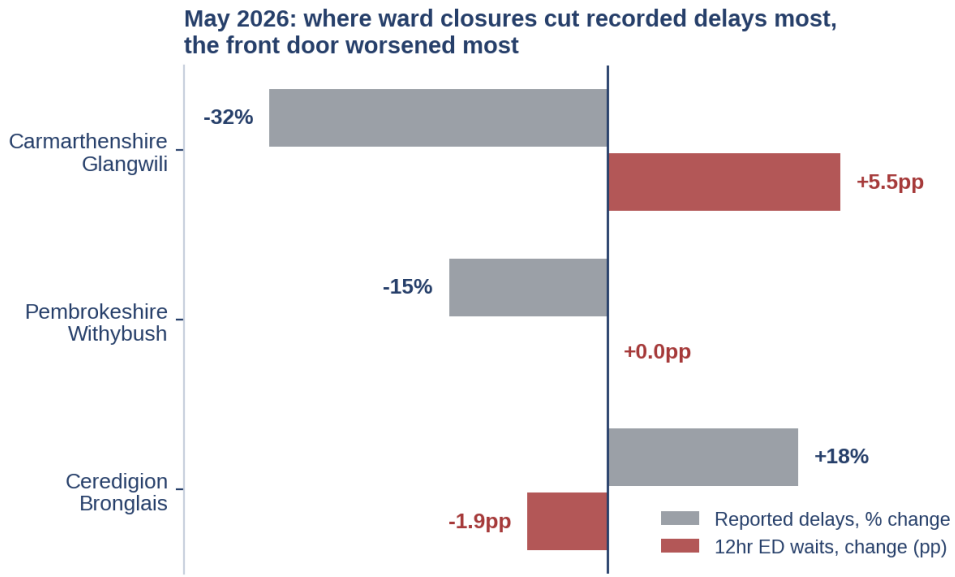


- **Position.** April, the last complete month, recorded 218 delayed pathways of care against the 174 criterion and a 202 April plan.
- **Data.** May reports 186, but wards closed for infection prevention and control do not report delays. We treat May as incomplete and claim no improvement.
- **Plan.** The trajectory steps down to 183 by March 2027. The criterion remains a 5% reduction sustained for three consecutive months.
- **Action.** Reporting coverage returns as wards reopen; we will restate May alongside the June data. However, DPOCs remain a key driver of performance and a significant concern.

C19: Fewer beds, fewer counted delays

County delay counts set against their acute sites: Carmarthenshire with Glangwili and Prince Philip, Pembrokeshire with Withybush, Ceredigion with Bronglais.





- Why this looks back to front: more delays should mean a more congested hospital. But a delay can only be recorded against an open, staffed bed. When wards close, recorded delays fall at exactly the moment beds are lost: the count improves on paper while the front door worsens in reality.
- May is the clearest example yet. Wards closed for infection prevention and control cut both the recorded delays in Carmarthenshire (down 32%) and the beds available to admit into, and Glangwili deteriorated most in the health board. Ceredigion, where recorded delays rose, improved on every front door measure.
- For the committee: a falling delay count is not always good news; this month it is a symptom of lost capacity, not improved flow. The restated June position will show the true delay level once the wards reopen.

Cancer: Below the de-escalation floor

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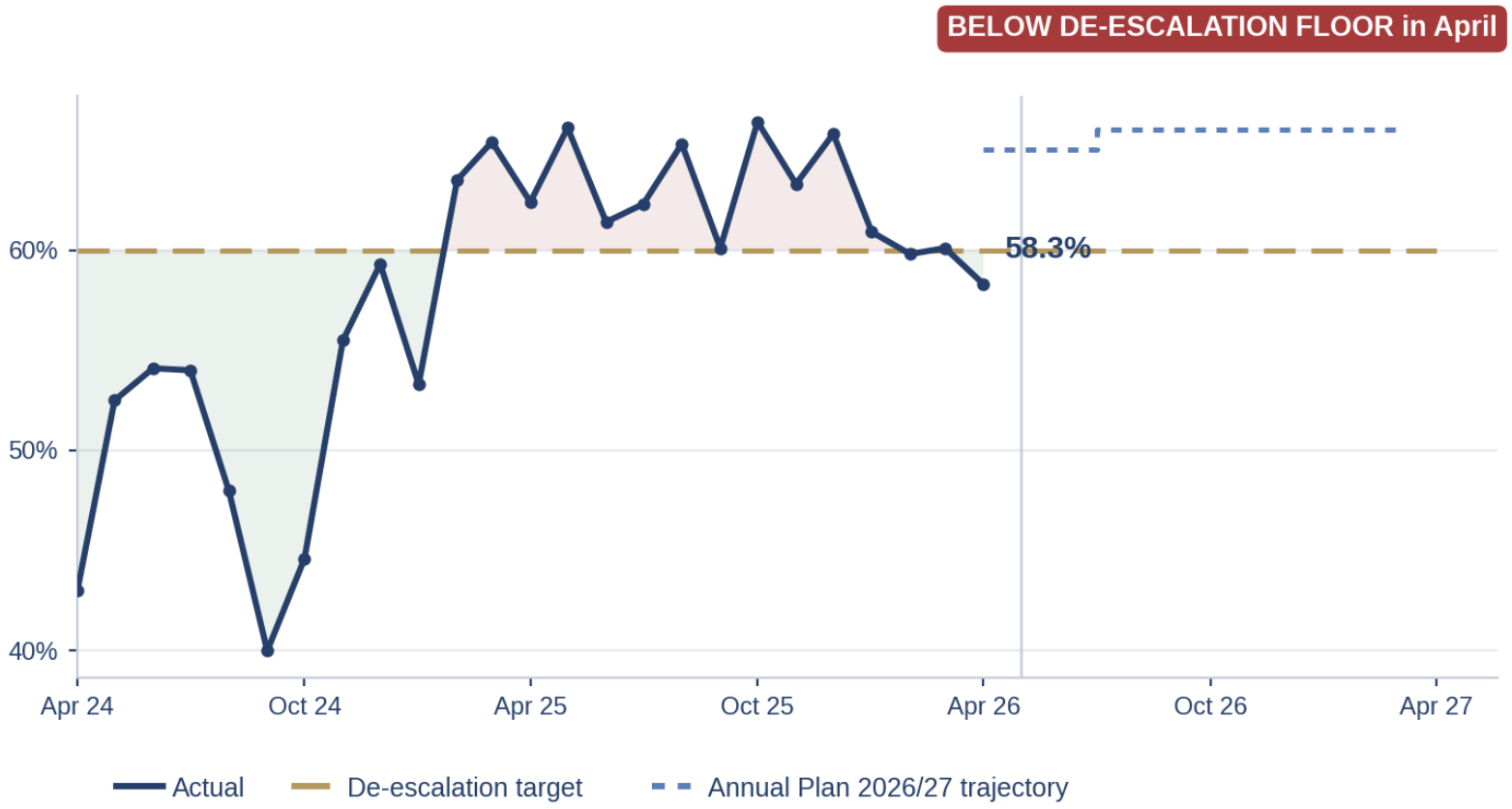
ALERT



- **Position.** 58.3% of patients started first definitive treatment within 62 days in April, against the 60% floor that secured de-escalation and a 65% quarter one plan.
- **Signal.** Two of the last three months below the floor (February 59.8%, March 60.1%, April 58.3%); the worst month since January 2025.
- **Implication.** De-escalation in February 2026 rested on 60% sustained. Re-escalation of this criterion is now a live risk.
- **Action.** Tumour site recovery actions under P&S CCG. There is a clear correlation in the reduction in outsourcing of 8 weeks and the impact on the SCP performance.

Planned Care: the recovery has stalled

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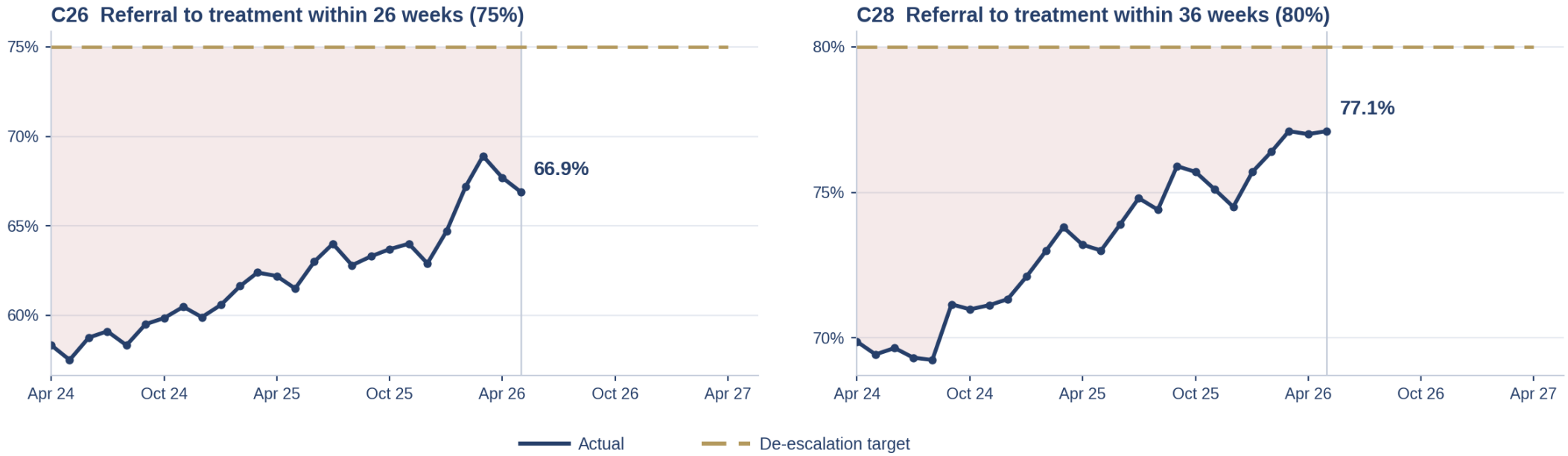
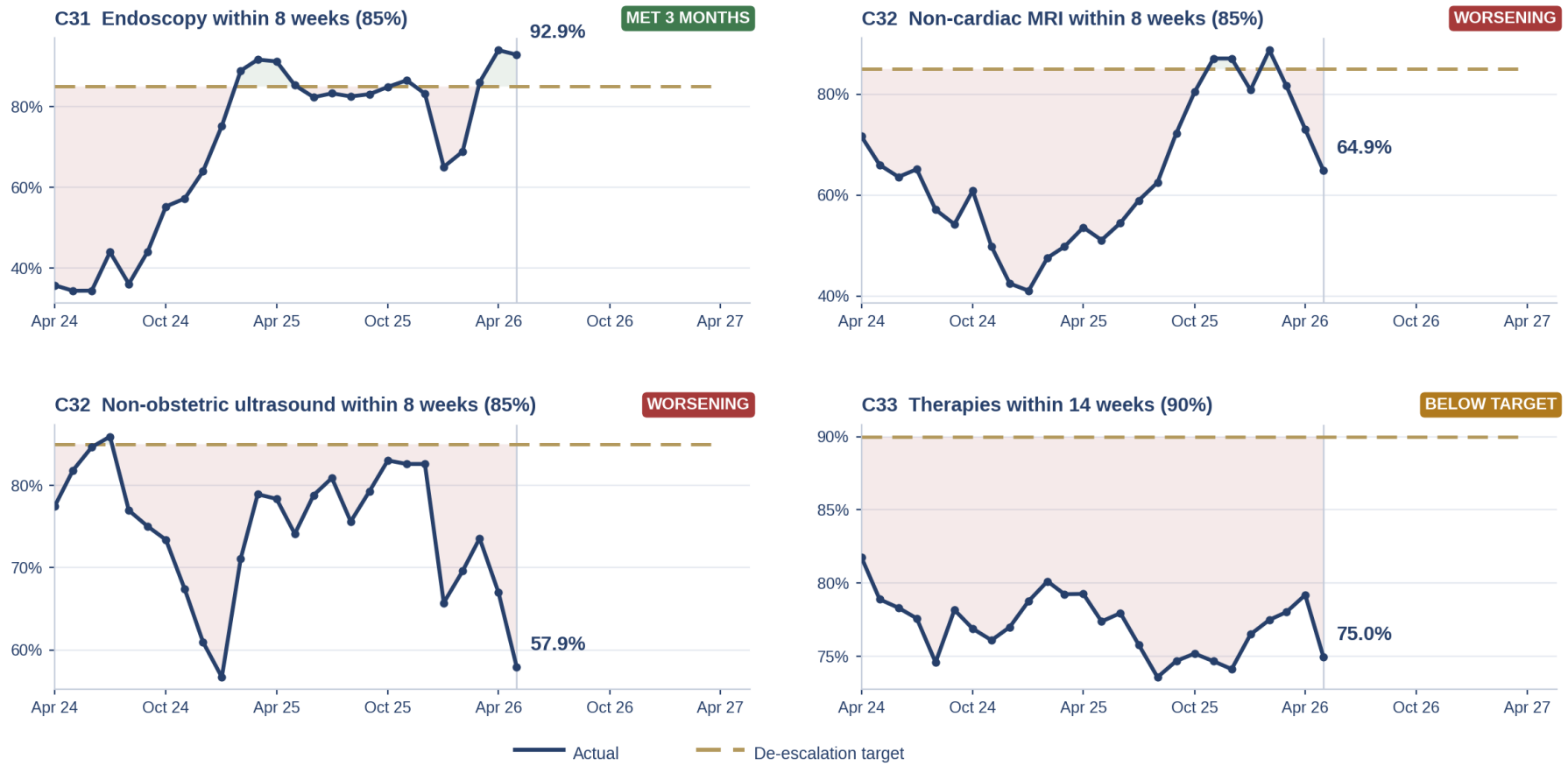
ADVISE



- **26 weeks.** 66.9% in May. The recovery from 62.9% in December peaked at 68.9% in March and has slipped for two months since.
- **36 weeks.** 77.1%, flat against the 80% criterion for four months. Stability is not the same as progress towards the target. Although, it doesn't need to be considered against the backdrop of the annual plan and wider reduction in recovery monies.
- **Follow ups.** 14,842 patients waiting beyond target against the 11,368 threshold; improving steadily from 15,753 in January.

Diagnostics: one met, two moving away



- **Endoscopy has met its de-escalation test** with three consecutive months above 85%.
- **MRI (64.9%) and ultrasound (57.9%) are deteriorating sharply.** This connects to the radiology workforce risk on the finance slide: the outsourcing of 8 weeks and the imaging position are one issue, not two.

Internal Escalation: the balance has turned

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Internal escalation levels by domain, May 2026

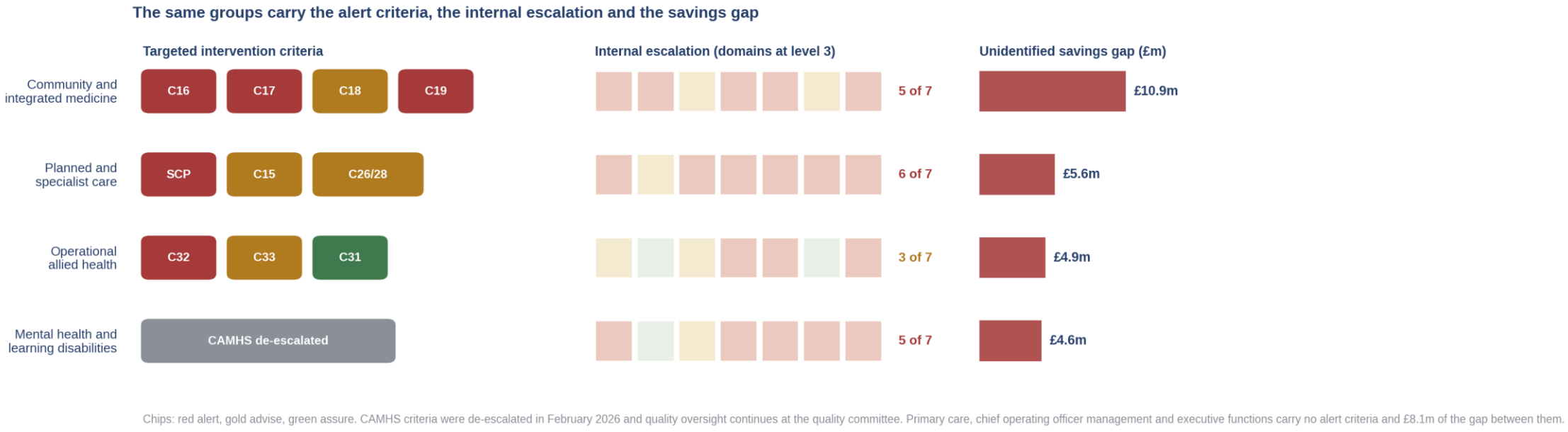
	Quality	Governance	Workforce	Finance*	Planning	Pop. health	Performance
Community and integrated medicine	3	3	2	3	3	2	3
Planned and specialist care	3	2	3	3	3	3	3
Mental health and learning disabilities	3	1	2	3	3	3	3
Operational allied health	2	1	2	3	3	1	3
Primary care	2	1	2	1	2	3	3
Chief operating officer management	1	1	2	2	1	1	n/a
Executive functions (highest)	2	2	2	3	1	3	3

** Finance domain: two care group levels under review for level 4; executive director of finance to confirm.*

Levels: 1 routine (green) | 2 enhanced (gold) | 3 intensified (salmon) | 4 highest (red). May 2026 scoring.

- **Movers.** Quality escalated two functions up and workforce three; performance moved the cancer pathway up and added cardiology at level 3; population health de-escalated four.
- **Finance.** Two care group finance levels are under review for level 4, with the executive director of finance to confirm. Long term agreements sit at level 3 on Swansea Bay activity trends.
- **Direction.** In April the net movement was downward; this cycle it is upward. The internal system has turned with the same data the criteria show.
- **Integrity.** The community and integrated medicine performance score cites 186 delayed pathways, the figure we treat as incomplete, so its level is if anything understated.

Alignment: one risk, three lenses



Chips: red alert, gold advise, green assure. CAMHS criteria were de-escalated in February 2026 and quality oversight continues at the quality committee. Primary care, chief operating officer management and executive functions carry no alert criteria and £8.1m of the gap between them.

- The three groups holding every alert criterion also hold £21.4m of the £34.1m unidentified savings (63%) and 14 of the 26 internal level 3 positions; adding mental health, the four most escalated groups carry £26.0m (76%).
- The implication is prioritisation, not addition: the front door actions, theatre and cancer recovery, the radiology decisions and savings conversion all route through the same management teams. Protecting their delivery capacity is the committee's main lever.

Decisions Required and Next Steps

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THE FINANCE AND PERFORMANCE COMMITTEE IS ASKED TO:

- **NOTE** and scrutinise the urgent and emergency care de-escalation position (criteria 16 to 18), and the June actions (community streaming hub, front door changes) on which recovery now depends.
- **ACKNOWLEDGE** the May delayed pathways figure as incomplete because of the infection prevention and control ward closures and endorse restating May alongside the June data.
- **SCRUTINISE** the cancer position below the 60% de-escalation floor within the IPAR.
- **CONSIDER** and **CHALLENGE** the 2026/27 financial position at month 2: £4.7m adverse to plan, a £34.1m savings identification gap against the £42.8m requirement, and a year end forecast held at £41.0m only by £20.9m of unconverted mitigating actions.
- **REVIEW** the internal escalation position movements