

## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 12 Final position 2025/2026
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, 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 **final** 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 SBAR and the following supporting documents:

- 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: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31<sup>st</sup> March 2026](#). Ahead of the Board 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](mailto: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.

To note:

In April 2026, a previous M12 report went to the Finance and Performance committee for review. This **final** version of M12 IPAR includes an update on the performance metrics where March 2026 data has been published in May 2026:

- Median time for emergency and arrest ambulance calls.
- Single cancer pathway
- R1 eye care
- Mental health and learning difficulty metrics
- Finance

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%	Mar 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	Mar 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
% adult psychological therapy waits <26 weeks	80%	Mar 2026	54.7%	● Concerning	■ Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Mar 2026	26.8%	● Improving	■ Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Mar 2026	75.1%	● Improving	■ Missing target	n/a	Alert
Financial in month deficit	n/a	Mar 2026	£3,963,000	● Usual	n/a	◆ Trajectory missed by over 5%	Alert
% therapy interven post LPMHSS assess (age 0-17)	80%	Mar 2026	69.2%	● Usual	■ Hit and miss	n/a	Advise
% R1 eyecare appts attended in target or 25% delay	95%	Mar 2026	64.0%	● Concerning	■ Missing target	n/a	Advise
Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	n/a	Dec 2025	28.1%	● Concerning	n/a	n/a	Advise
% 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%	Mar 2026	42.7%	● 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	Dec 2025	39.1%	● Improving	n/a	n/a	Advise
% uptake of flu vacc - 65+ years	75%	Mar 2026	71.0%	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	Mar 2026	45.4%	● Improving	n/a	n/a	Advise
C. difficile: Number of confirmed cases (in-month)	8	Mar 2026	8	● Usual	■ Hit and miss	n/a	Advise
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% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
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% therapy interven post LPMHSS assess (age 18+)	80%	Mar 2026	99.3%	● Usual	■ Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Feb 2026	3,215	● Improving	n/a	◆ Trajectory met	Assure

## Triangulating our data: 1<sup>st</sup> April 2022 to 31<sup>st</sup> 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 (ward level not available)	28	250	28	
Number of high and extreme risks (health board & function only)	381	560	560	
Infections: new cases	51	81	51	
Infections: C. difficile cases	8	23	8	
<b>Workforce</b>				
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 Board is asked to **DISCUSS** the IPAR – Month 12 final position 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)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termiau: Glossary of Terms:	A&E – Accident and Emergency BGH – Bronglais General Hospital ED – Emergency Department GGH – Glangwili General Hospital IPAR – Integrated Performance Assurance Report MIU – Minor Injury Unit PPH – Prince Philip Hospital PODCC – People, Organisational Development and Culture Committee SPC – Strategy and Planning Committee FPC – Finance and Performance Committee WAST – Welsh Ambulance Services University NHS Trust WGH – Worthybush General Hospital

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care Strategy and Planning Committee People, Organisational Development and Culture Committee Finance and Performance Committee
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement. <a href="#">Integrated Impact Assessment Template</a>
<b>Gweithlu:</b> <b>Workforce:</b>	Development of staff through pooling of skills and integration of knowledge <a href="#">Integrated Impact Assessment Template</a>
<b>Risg:</b> <b>Risk:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Enw Da:</b> <b>Reputational:</b>	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a Health Board, which then may impact recruitment and staff morale. <a href="#">Integrated Impact Assessment Template</a>
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A <a href="#">Integrated Impact Assessment Template</a>
<b>Cydraddoldeb:</b> <b>Equality:</b>	N/A <a href="#">Equality Impact Assessment</a>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 31<sup>st</sup> March 2026

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



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[Emergency departments – Hywel Dda](#)

[Ambulances – Bronglais Hospital](#)

[Emergency departments – Bronglais Hospital](#)

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[Emergency departments – Glangwili Hospital](#)

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[Ambulances – Withybush Hospital](#)

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[Pathway of Care Delays \(PoCD\)](#)

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[Single cancer pathway](#)

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[Anatomy of a SPC chart](#)

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[Understanding SPC icons](#)

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[Mental health assessments within 28 days](#)

[Therapeutic interventions following primary mental health assessment](#)

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## Diagnostics and therapies

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[S. Aureus](#)

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[Staff sickness](#)

## Finance

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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 31<sup>st</sup> March 2026.](#)

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**Alert**  
(may require discussion)

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**Advise**  
(to monitor)

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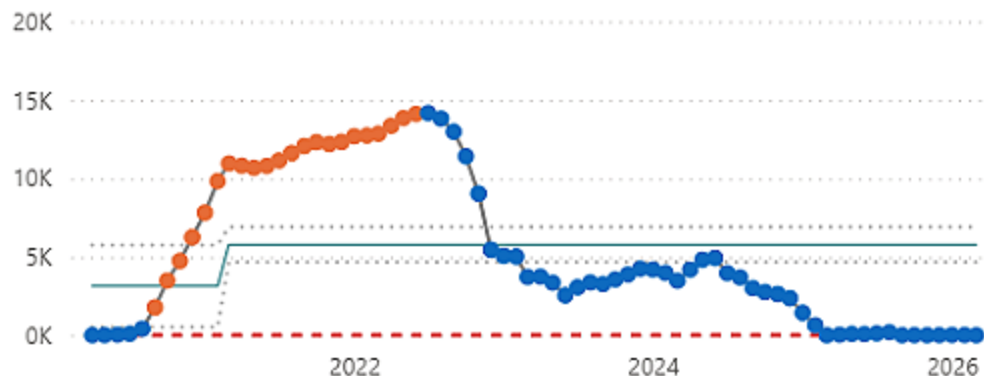
**Assure**  
(to note)

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**Key**

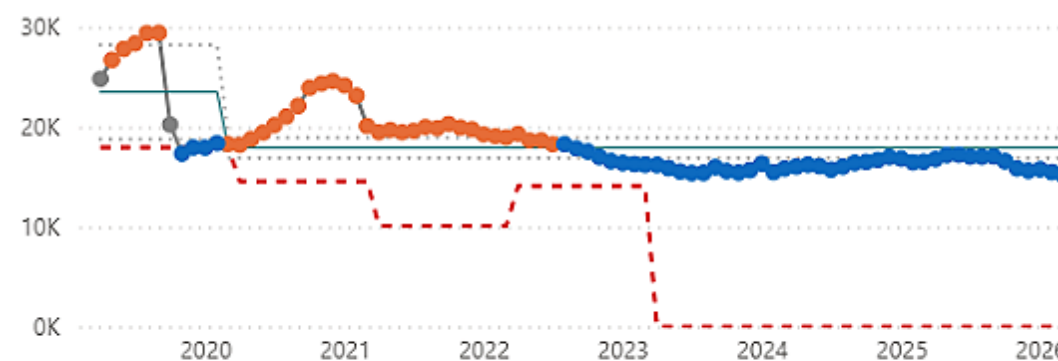
- Improving variation
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- Mean
- Target
- Ambition

### 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

- 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.

## Key actions / initiatives

- 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.

## Due date

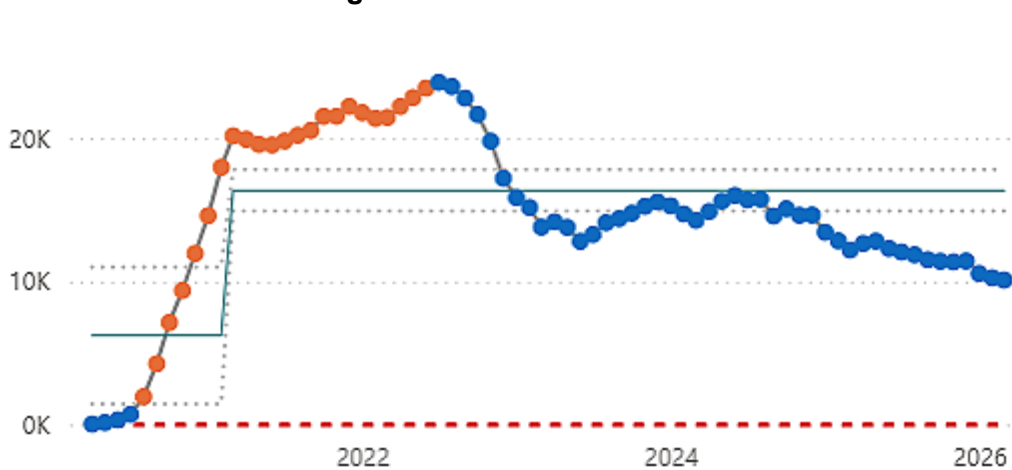
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**Key**

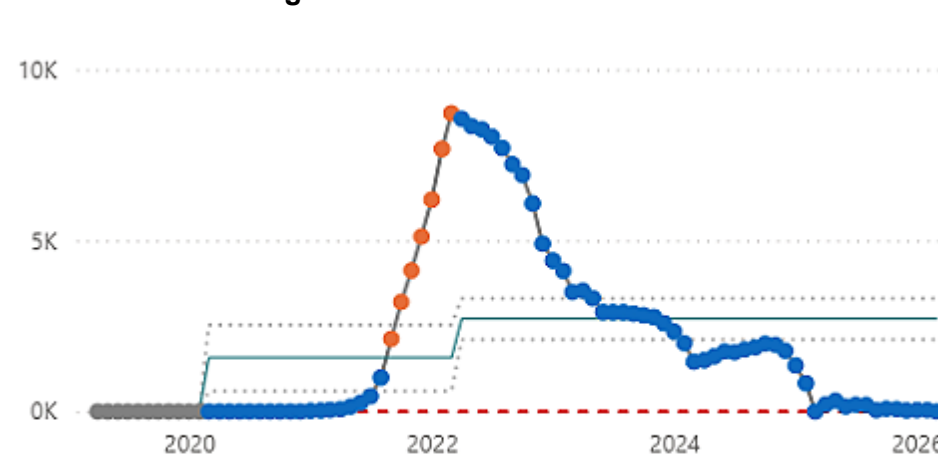
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### Patients waiting over 52 weeks from referral to treatment



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

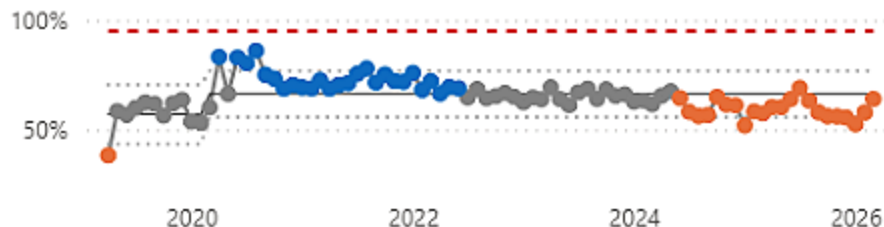
- The Clinical Care Group continues to focus on maintaining waiting time targets in 2026/27 using demand and capacity forecasts to highlight risks and guide funding allocation.
- Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across 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

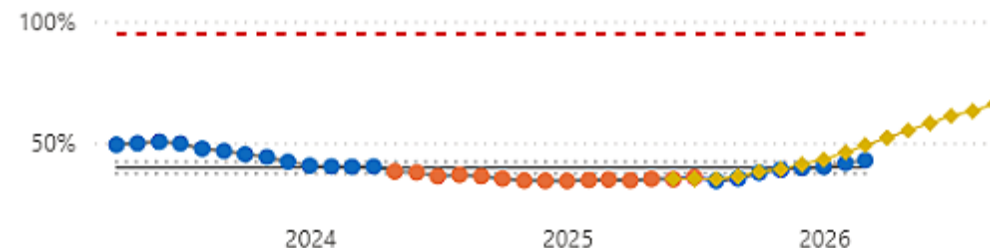
- Key**
- Improving variation
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**% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date**



Performance is showing concerning variation at 64% in March 2026 (target = 95%). However, performance has recovered to near the mean.

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



Performance is showing improving variation and a 7th consecutive monthly improvement to 42.7% in March 2026, although our recovery trajectory was not met.

## Key challenges / issues

- The advice from the Welsh Government is to focus on patients waiting 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 will improve as capacity grows and the backlog reduces.
- Increasing outpatient delivery has been stalled by outpatient staffing and medical records constraints within Carmarthenshire and staff sickness in Pembrokeshire. This has affected approximately seven clinics per week.
- Reduced workforce continues to impact delivery, with vacancies for two whole time equivalent (WTE) consultant posts and two WTE Specialist, Associate Specialist and Specialty Doctor (SAS) posts. Recruitment efforts continue.
- One 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 5 months.
- Two regional consultant posts were interviewed but only one applicant was suitable and has been recruited by Swansea Bay University Health Board. This has left a 1 x WTE gap in Hywel Dda.
- Due to management absence across both administrative and nursing teams resulting from sickness, our ability to proactively support performance has been temporarily affected; this will be addressed as capacity is restored.

## Key actions / initiatives

- Monies awarded to improve waits for an Intravitreal (IVT) injection have been utilised to onboard and train the necessary staff to improve this performance trajectory. More activity is being incrementally introduced. The replacement SAS doctor in North Road Eye Clinic (NREC) is currently onboarding to increase delivery. The second key action is to move the IVT service into Amman Valley Hospital (AVH) outpatients 5 days a week with a view to creating an IVT hub. This will improve patient flow and subsequent activity.
- Outpatient staff will be increased to support outpatient activity in the blue suite in Glangwili Hospital (GGH). This will allow for the incremental increase in clinic delivery by 11 sessions per week. This requires staff to be recruited and trained in Ophthalmology.
- The team are exploring more innovative methods of supporting outpatient activity by the use of Ophthalmology Technicians. This will reduce the nursing resource required and ensure all staff are working to their licence.
- Two SAS doctors have been recruited, with a planned start date of August 2026.
- Regional Vitreoretinal (VR) Consultant will onboard in June 2026, with four outpatient clinics per month, and eight theatre lists per month, reducing pressure on the VR service.

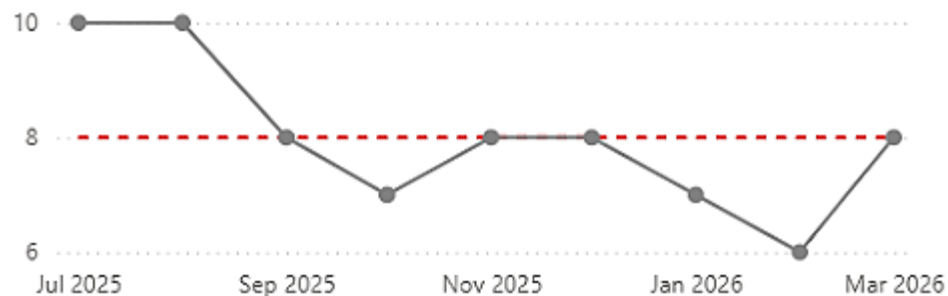
## Due date

- 01/06/26
- 01/09/26
- 31/08/26
- 01/08/26
- 01/06/26

Key

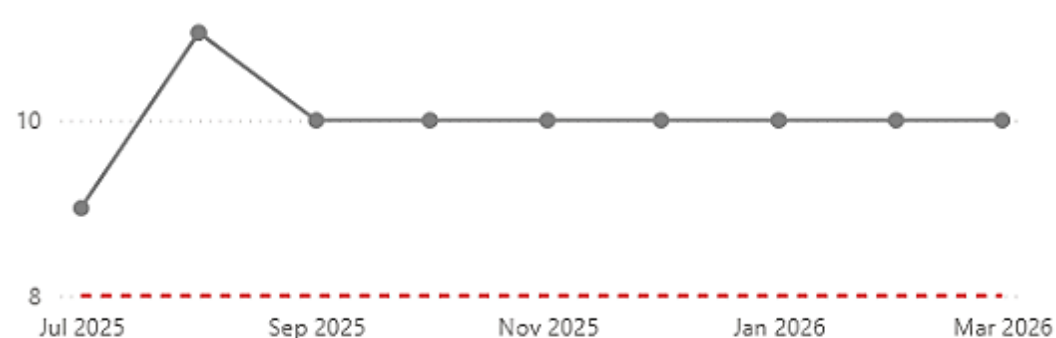
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In March, the median response time was 08:29 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 March, the median response time was 09:58 minutes for RED (Emergency) calls there were 584 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

- March performance was 08:29 minutes for arrest and 09.58 minutes for emergency calls. With 148 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.

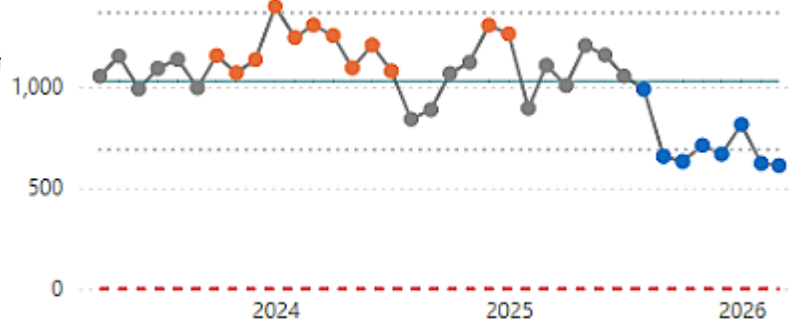
Embedded improvement actions

- 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.

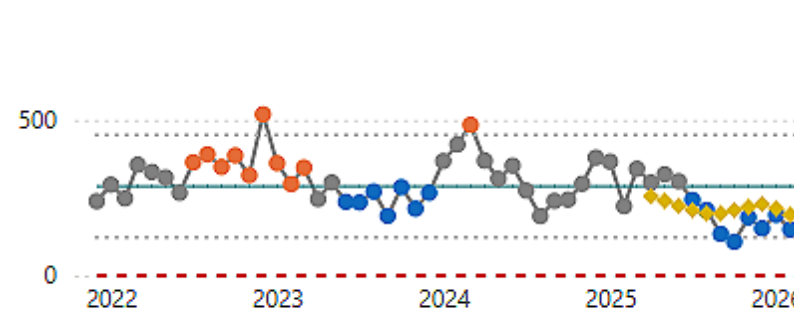
**Key**

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

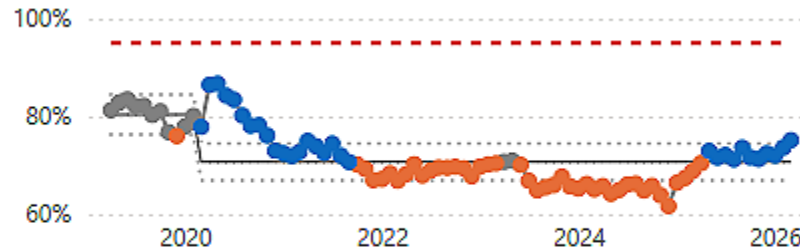
**Ambulance handovers taking over 45 minutes**



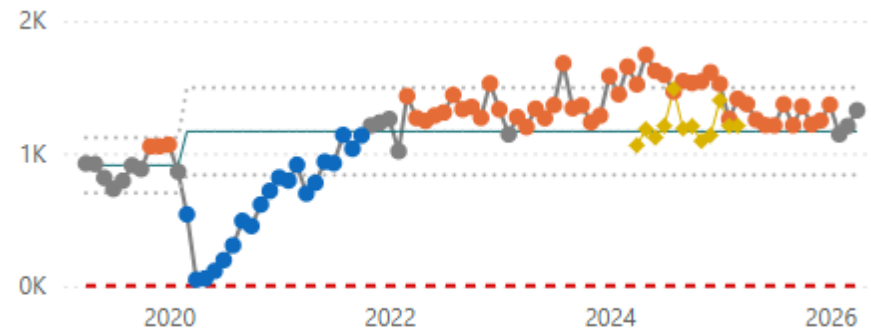
**Ambulance handovers taking over 4 hours**



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



**Patients waiting over 12 hours in A&E/MIU**



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

**>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%.

**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 1<sup>st</sup> sprint to those areas that had deteriorated and allowing a focus to sustained improvement across all systems

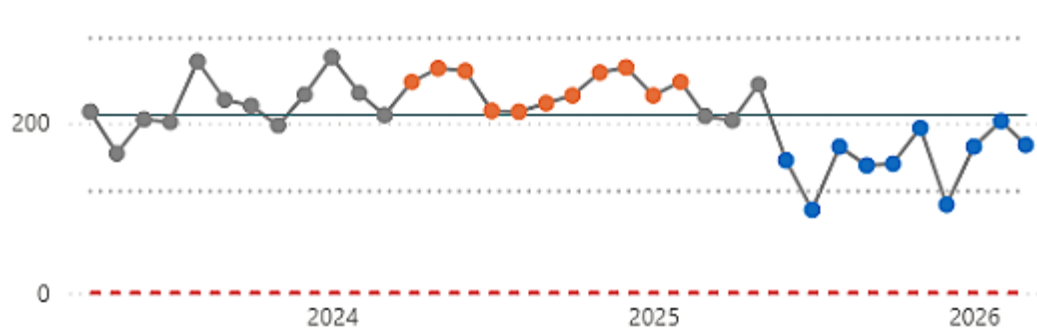
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

**Key**

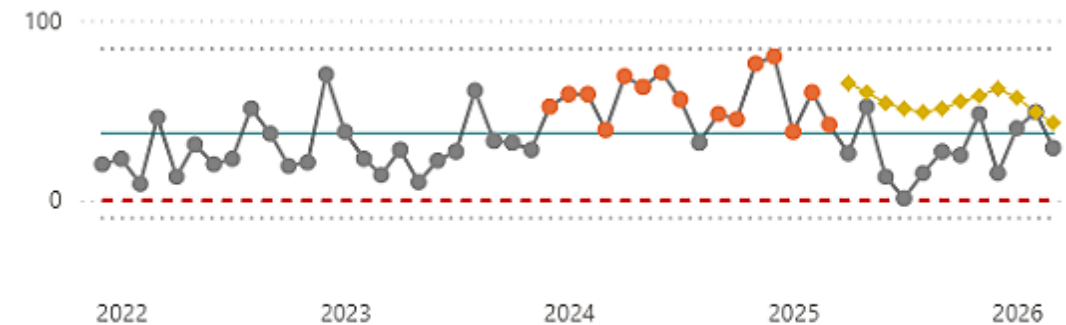
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**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**

- 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.

**Key actions / initiatives**

- 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.

**Due date**

- 30/04/26
- 30/04/26
- 30/04/26

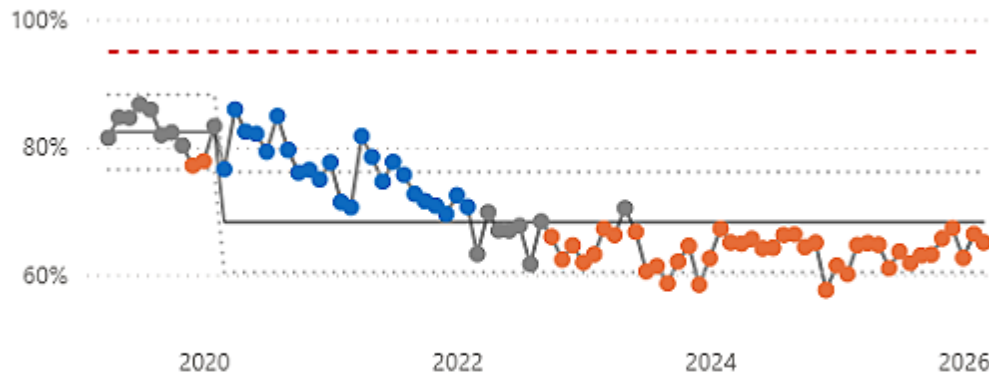
**Embedded improvement actions**

- 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**

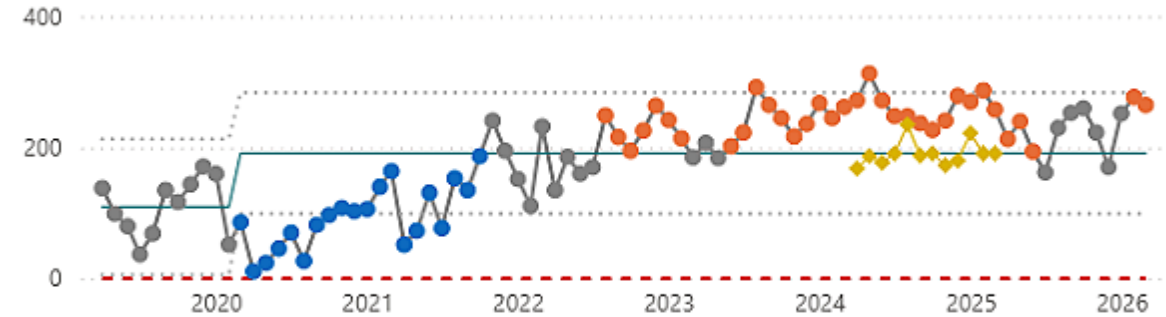
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**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**



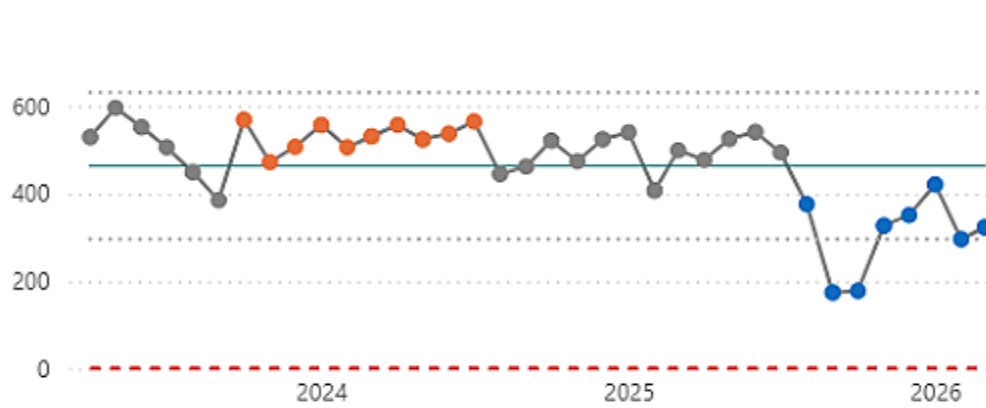
265 breaches out of 2,753 new attendances, 9.6%. The chart is showing concerning variation.

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

**Key**

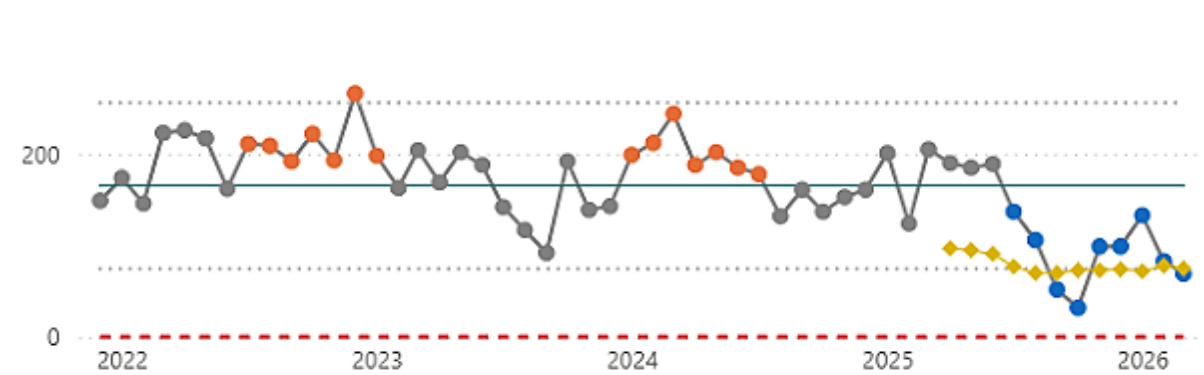
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**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

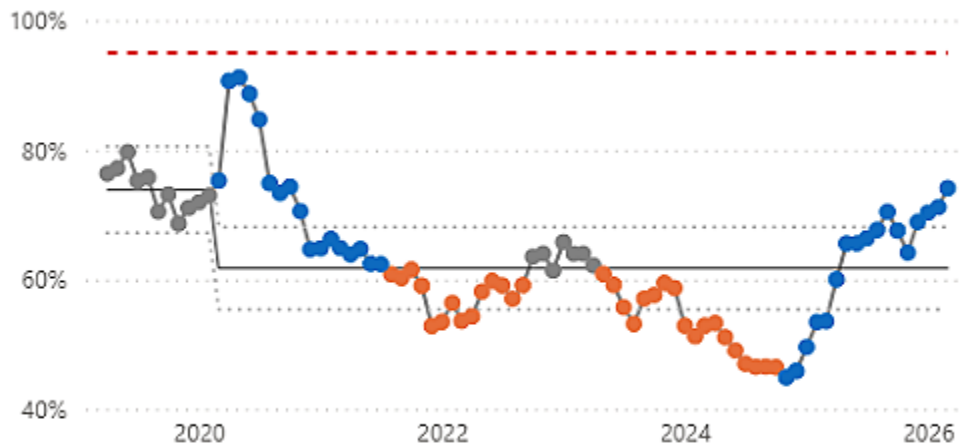
**Embedded improvement actions**

- 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**

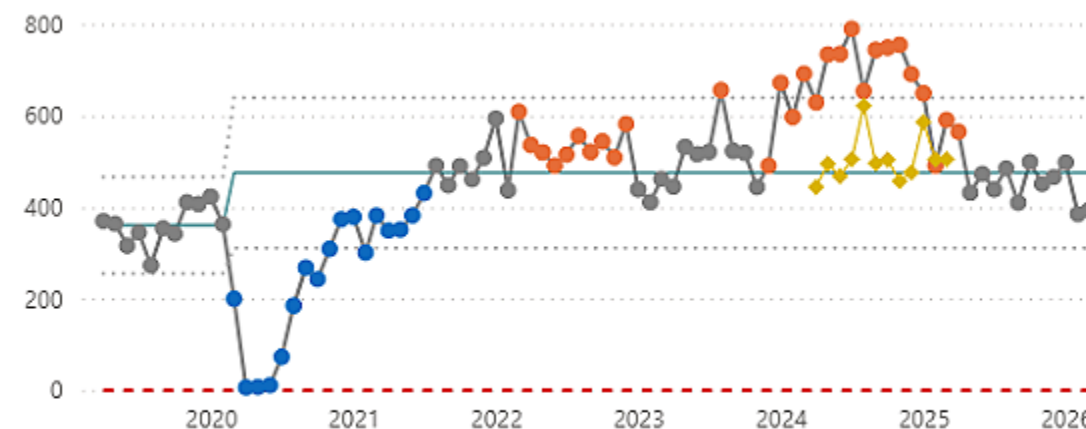
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**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**

- 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.

**Key actions / initiatives**

- 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.

**Due date**

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

**Embedded improvement actions**

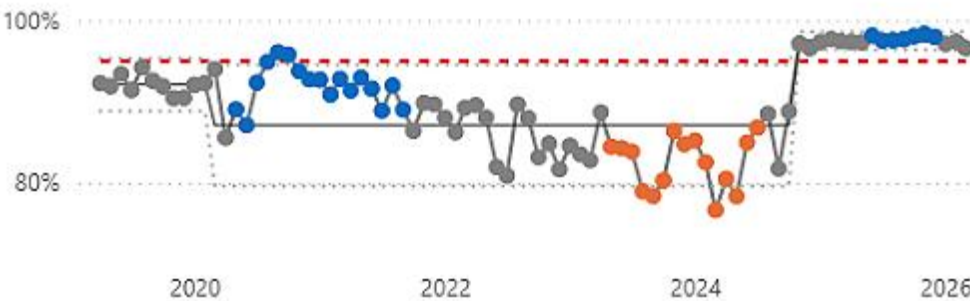
- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Working as a whole system GGH/PPH and the community, to avoid delays in the patient's pathway
- New Acute Frailty Consultant has been appointment and starting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



**Key**

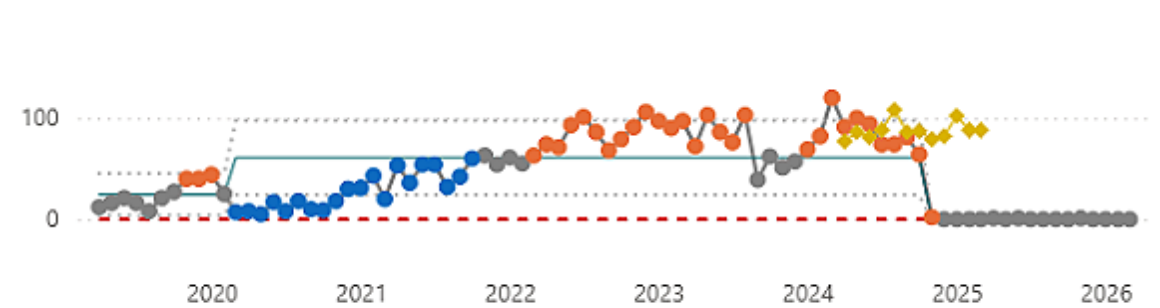
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**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.

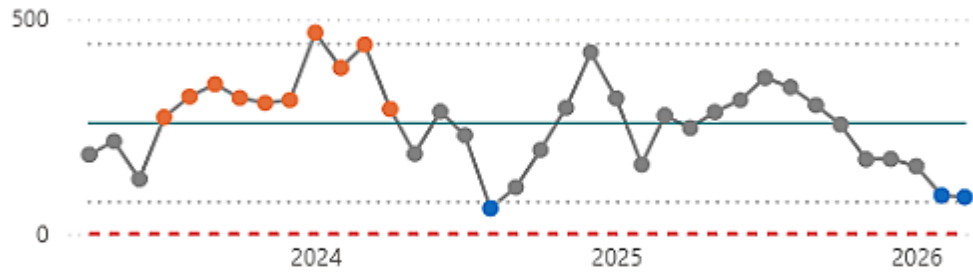
**Embedded improvement actions**

- 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**

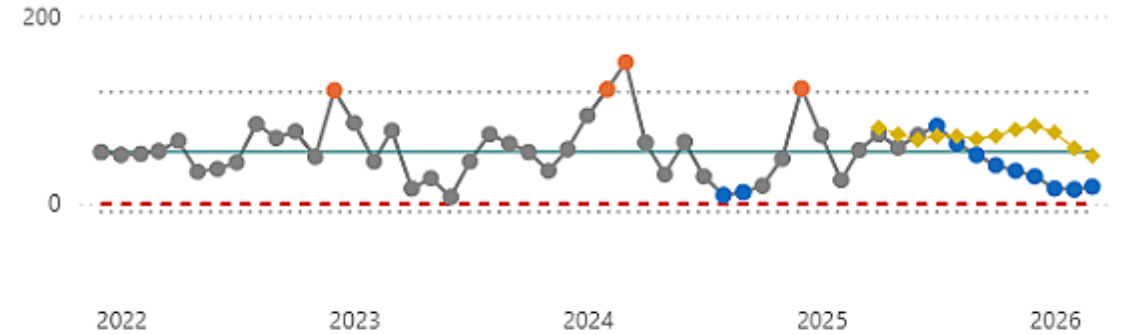
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**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

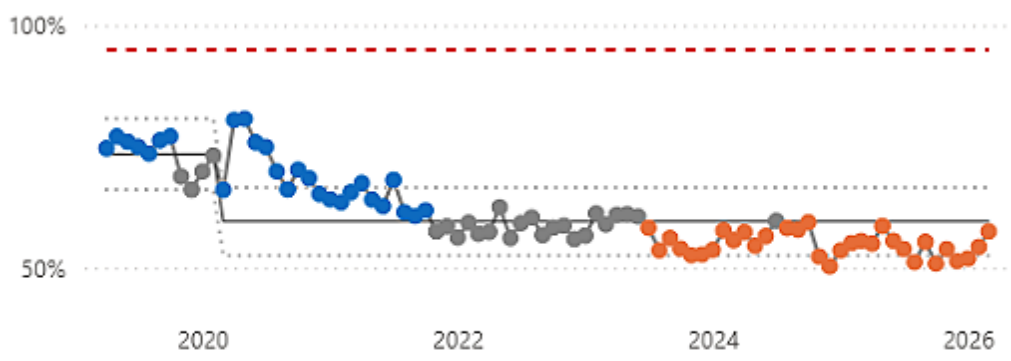
**Embedded improvement actions**

- 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**

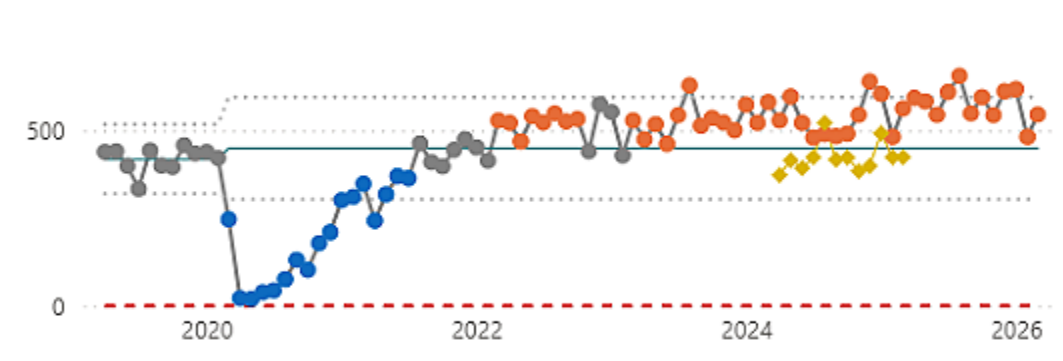
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- ◆ Ambition

**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

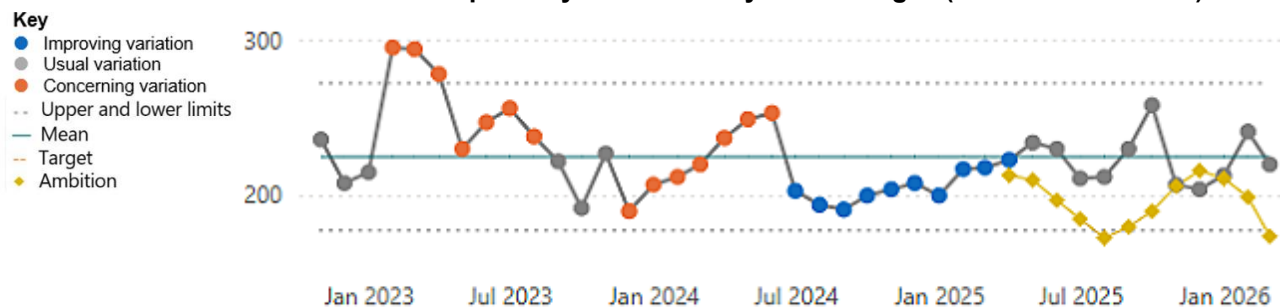
**Due date**

- 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 18<sup>th</sup> 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

**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.

Key actions / initiatives

- 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.

Due date

30/04/26

30/04/26

30/04/26

30/04/26

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.

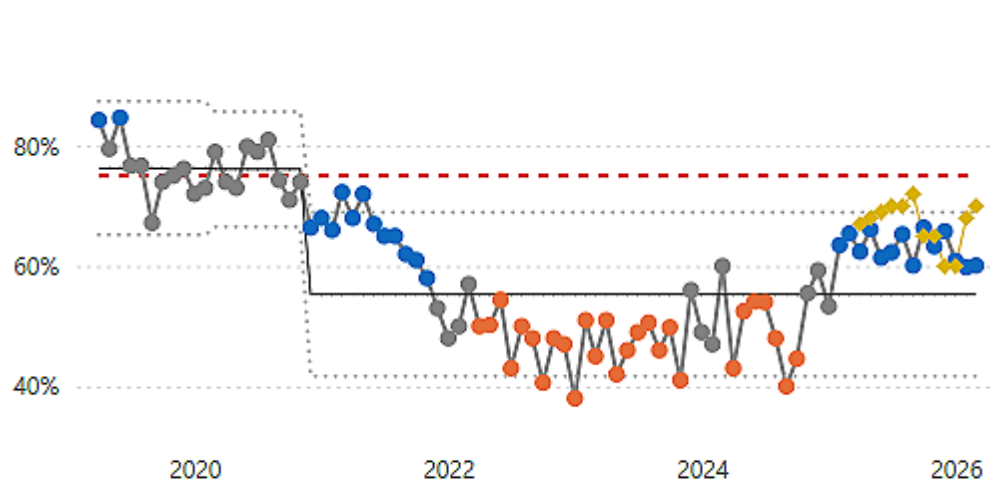
# Single cancer pathway

(Enhanced monitoring condition and Ministerial priority)

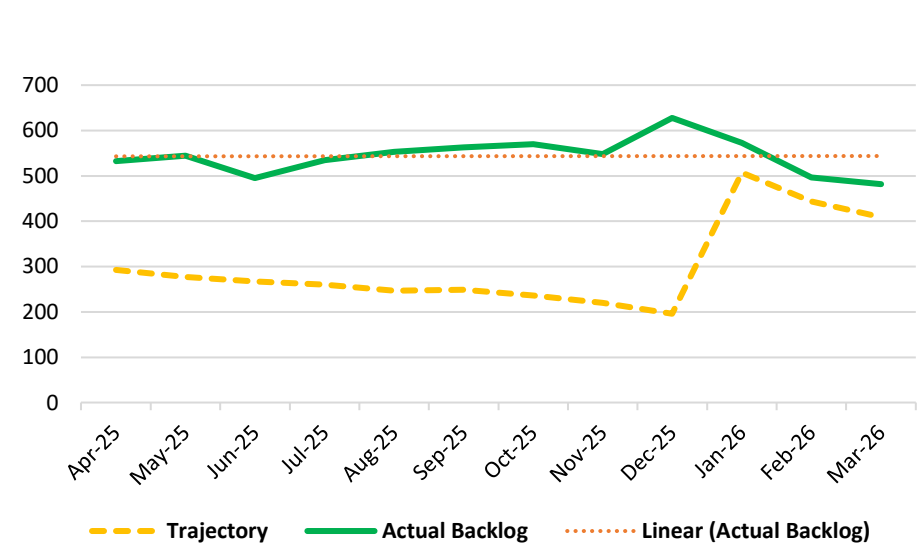
**Key**

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

**% single cancer pathway patients starting treatment within 62 days**



**Number of single cancer pathway patients waiting over 62 days**



In March 2026, performance was 60.1% against the trajectory of 70%. Urology continues to be our most challenged pathway with 239 patients waiting over 62 days. 242 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 March 2026: 224 patients started treatment within 62 days, 149 patients were waiting over 62 days. First treatment rates decreased by 30 patients.

There was a reduction in performance for patients on the skin pathway due to workforce availability and the planned theatre estate repairs.

**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 MRI for prostate patients started in November 2025, extended for Q1 2026/27. Equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed.

- £168k committed via recovery money for Urology Diagnostics for Q1
- Residual recovery funds allocated for Pathology turnaround for Q1

Piloting the use of the Galeas Bladder Test from March 2026 – 300 patients, extended for Q1 2026/27

Outsourcing CT equates to 260 scans per month with a 7-day reporting turnaround, extended for Q1 2026/27

**Due date**

30/06/26

30/06/26

30/06/26

30/06/26

30/06/26

**Key**

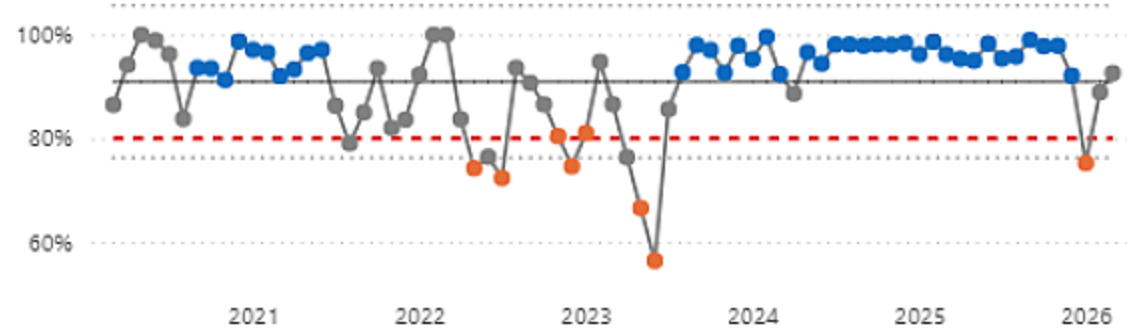
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 87.7% is showing improving variation and the target of 80% was met.

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



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

Key challenges / issues	Key actions / initiatives	Due date
<p><b>% mental health assessments undertaken within 28 days (persons aged 0-17):</b> We continued to achieve target in March despite increasing demand correlating with the school exam period. 87.7% (71 of 81) assessments undertaken within target.</p>	<p><b>% mental health assessments undertaken within 28 days (persons aged 18+):</b> As compliance with this target has now recovered, teams have returned to maximising their treatment slots.</p>	Complete
<p><b>% mental health assessments undertaken within 28 days (persons aged 18+):</b> Performance has increased again in line with expectation; however, demand remains high across all teams. We continue to see a more complex patient profile which is increasing assessment time and/or the requirement for follow up assessment appointments which has potential impacts on performance. Staff sickness is reducing; however, Carmarthenshire remains fragile due to both long term and short-term sickness.</p>	<p><b>Embedded improvement actions</b></p> <p><b>% mental health assessments undertaken within 28 days (persons aged 0-17):</b> We have agreed a Demonstrator project with NHS Performance &amp; 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><b>% mental health assessments undertaken within 28 days (persons aged 18+):</b> All teams are utilising the Primary Care Liaison Service (PCLS) at the point of referral reducing pressure on Local Primary Mental Health Support Services (LPMHSS) at this point of the patient journey.</p>	

Key

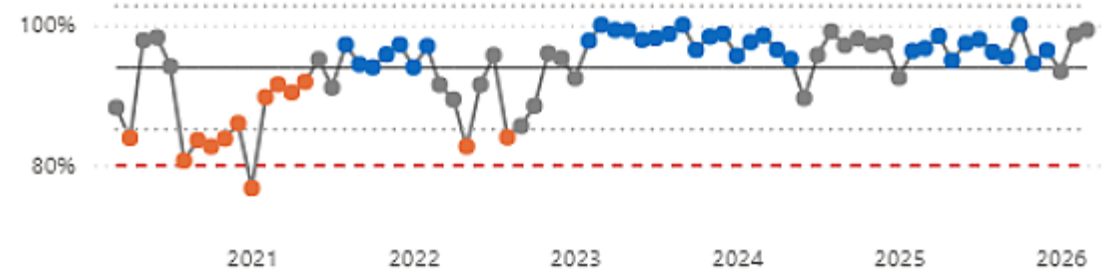
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

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



Latest performance of 69.2% 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 99.3% is showing usual variation and the target of 80% was met.

**Key challenges / issues**

**% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):**  
Accumulation of leave in March led to lower capacity due to poor planning on the part of the service, leading to diminished capacity. This followed a period of increased maternity leave and existing staff holding off taking leave. This has been addressed with the team.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):**  
Compliance remains significantly above target which reflects the team's hard work. Treatment slots have returned to normal levels following the challenges over the last two months. Estates access continues to be challenging across the three counties.

**Key actions / initiatives**

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):**  
New staff are now in place following recent recruitment to practitioner vacancies in both Carmarthenshire and Ceredigion and are undertaking their induction.

**Due date**

Complete

**Embedded improvement actions**

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):**  
Leave will be managed more effectively in the next leave year.

**% 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) 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.

**Psychological therapy waits**  
(Enhanced monitoring condition and Ministerial priority)



Performance in March of 54.7% shows usual variation and the target of 80% was not met.

- 430 out of 793 (54.2%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 7 out of 14 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 31 out of 68 (45.6%) 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 observed a slight decrease in compliance by 1.2%; however, we have seen an overall waiting list reduction of 27.6% over the last 11 months. We are observing a balanced flow dynamic where referrals and discharges remain broadly aligned. This limits visible improvement in referral to treatment performance despite the reduction in our backlog. The transition to a stepped model approach in line with the Welsh Government 10-year plan has supported sustained improvements in service capacity, patient flow and throughput along with pathway management. The continued reduction in longest waits has also had a positive impact on patient experience, clinical outcomes which align with access standards.

**Adult Psychology Mental Health (AMH):**  
The percentage of patients waiting under 26 weeks for treatment improved in March. An improvement was 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
30/05/26

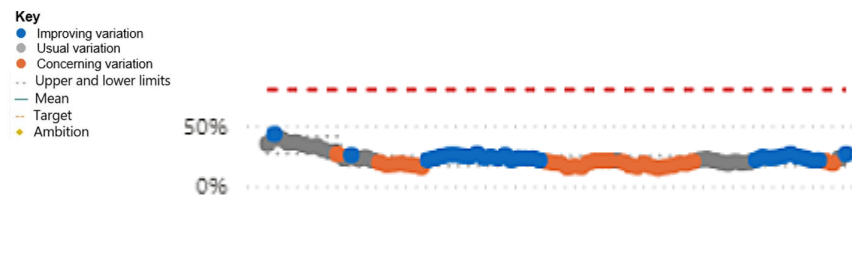
**Embedded improvement actions**

- 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.

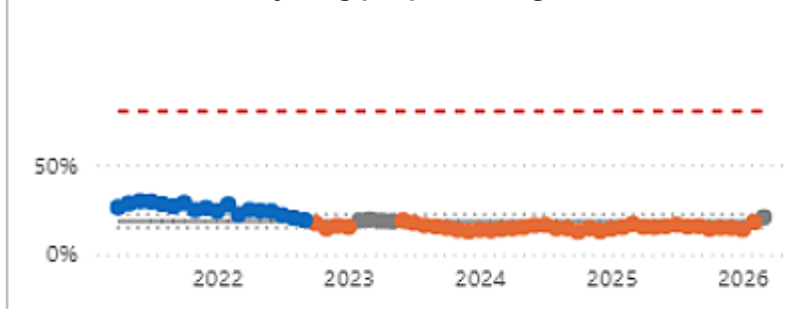
**IPTS:**  
Several high intensity evidence-based interventions are now part of the service model, with positive patient outcomes. Caps in therapy session are in place which are having a positive impact of capacity. Staff are engaged in regularly in supervision to monitor 1:1 waiting lists, with all therapists have job plans supporting an increase in capacity of service where possible. Several staff have undertaken new training in DBT for Complex 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.

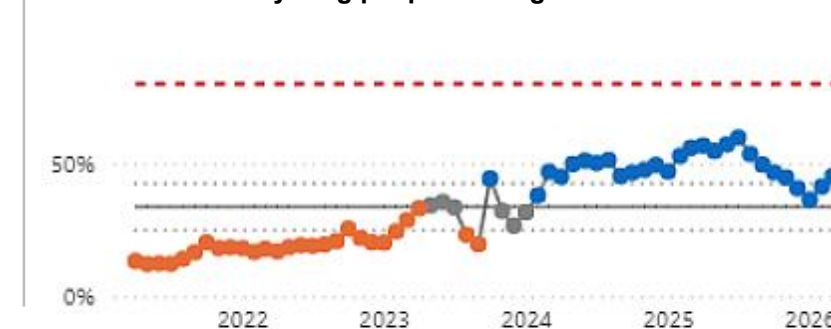
**% children & young people waiting < 26 weeks to start a neurodevelopmental assessment**



**% 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 March 2026 of 26.8% shows usual variation but the target of 80% was not met. Performance is driven by ASD, where 715 of 3,446 (20.7%) patients were waiting for an assessment <26 weeks. 505 of 1,113 (45.4%) 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 is 101 weeks, with 280 waiting more than 52 weeks. Referrals into the service have increased by 100%, creating a need to significantly increase core capacity where possible to achieve performance targets. Despite efforts to increase capacity, demand continues to exceed current provision, even when a fully established medical workforce is taken into account. In addition, demand for Quantitative Behavioural (QB) testing, which forms part of the diagnostic pathway, exceeds current capacity. Clinic room capacity across all sites remains a challenge. Long term solutions are being explored through the Bandi appeal and the reconfiguration of Puffin Ward.

**Autism Spectrum Disorder (ASD)**

As of March 2026, there were 3,446 children and young people waiting for an ASD assessment with 2,731 individuals waiting more than 26 weeks. Demand for assessment continues to outstrip capacity and remains consistently high. Last month 180 new referrals were received. Between 2019 and 2025, referral rates have risen by 80.8%. Job plans are in place to maximise efficiency. The service is approaching third party providers of digital platforms specifically designed for use by neurodevelopmental service providers in order to ascertain value-based healthcare opportunities. Additional in-year funding has been received to further outsource assessments although this will not eradicate over 3-year waits.

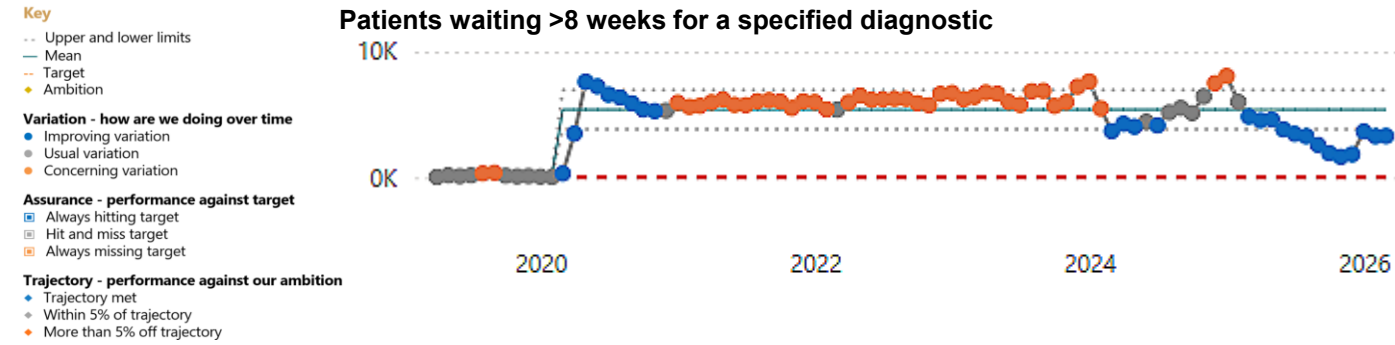
**ADHD**

- Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward.
- 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.
- Continue to manage clinic capacity flexibly and maximise through rigorous job planning.

**ASD**

- The Magic Notes full package to support production of structured case notes has been procured for 12 months using Neurodivergence Improvement Programme (NDIP) funding. This will be operational from the 27<sup>th</sup> April. Medical input within team available from June.
- Discussion with Comms team commenced to re-vamp intra- and internet pages to provide easily accessible resources to professionals, families and carers.
- Working with current provider to agree new outsourcing contract once 26-27 NDIP is funding received. Work to identify suitable cases has commenced in preparation.

31/03/27
31/03/27
31/03/27
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31/03/27



Latest performance of 3,308 is showing improving variation

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**

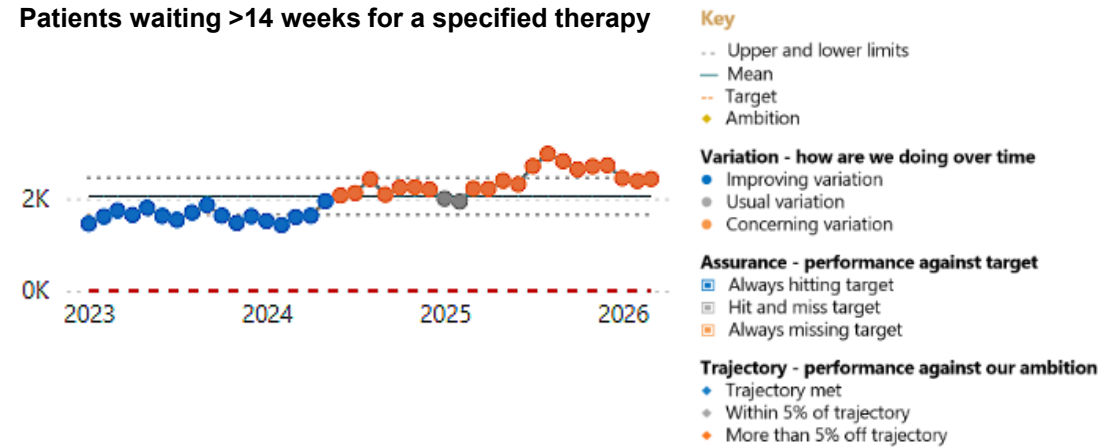
- Non-Obstetric Ultrasound external contract has been extended, and additional capacity has been sought. Additional sonographers started 02/02/26. Validation of ultrasound waiting list reduced waiting list by 15%. Extended contract funded using existing budget from a vacancy.
- Magnetic Resonance Imaging –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**

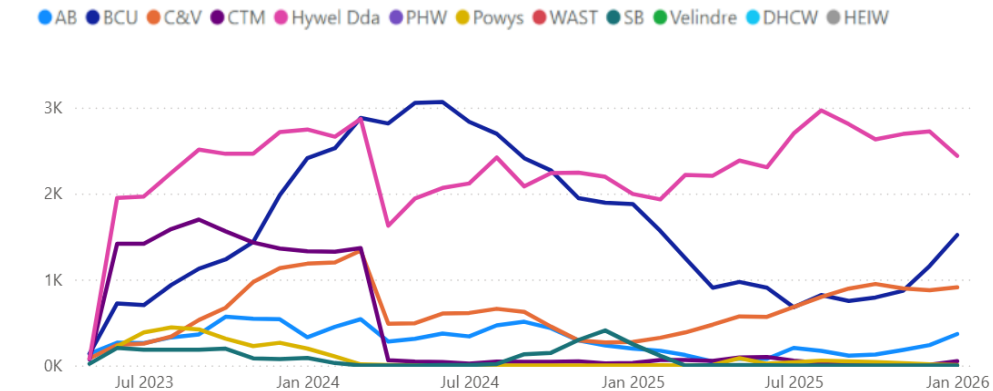
- 31/08/26
- 31/08/26
- 30/06/26
- 31/04/26
- 31/05/26
- 30/04/26

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

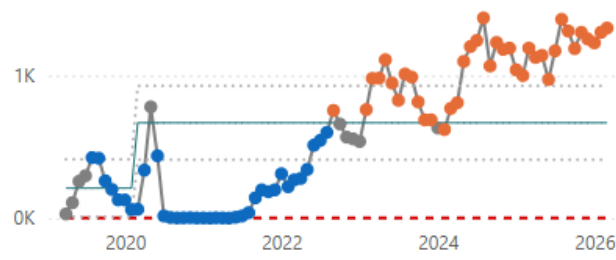
## Patients waiting >14 weeks for a specified therapy



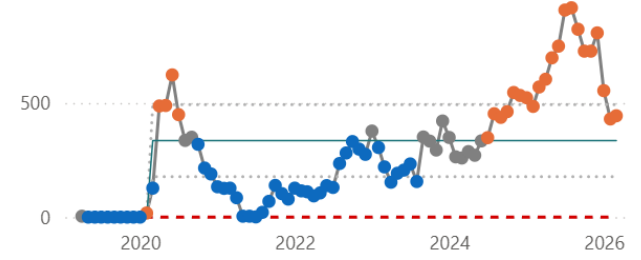
## Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (January 2026)



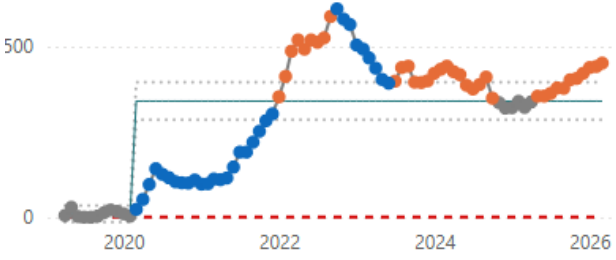
## Number of patients waiting 14 weeks plus for Physiotherapy



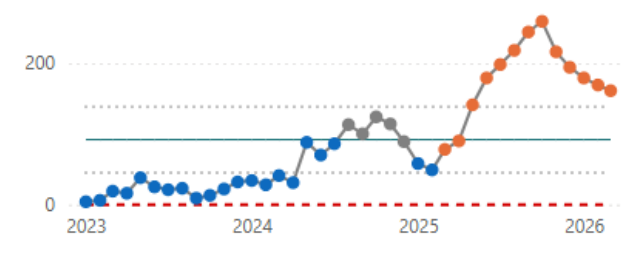
## Number of patients waiting 14 weeks plus for Podiatry



## Number of patients waiting 14 weeks plus for Occupational Therapy



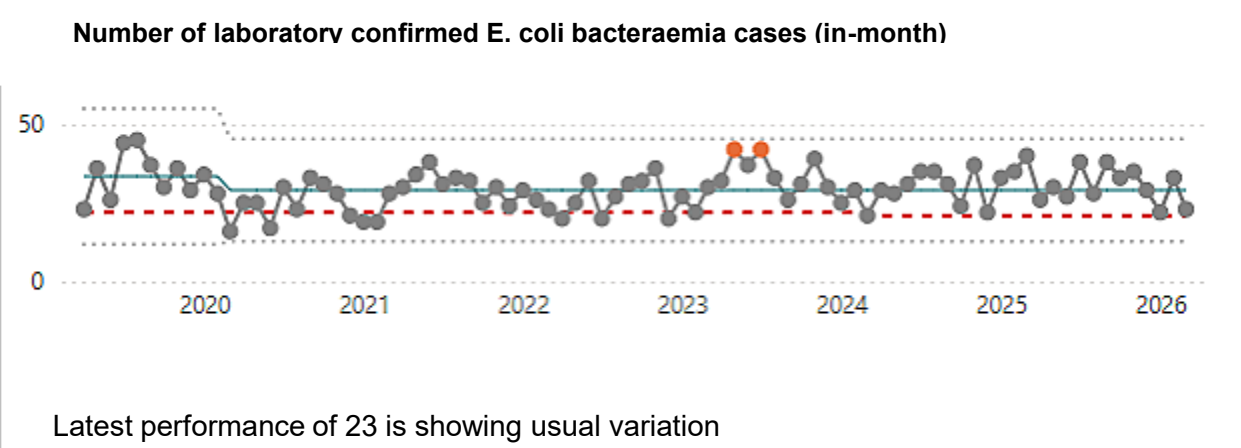
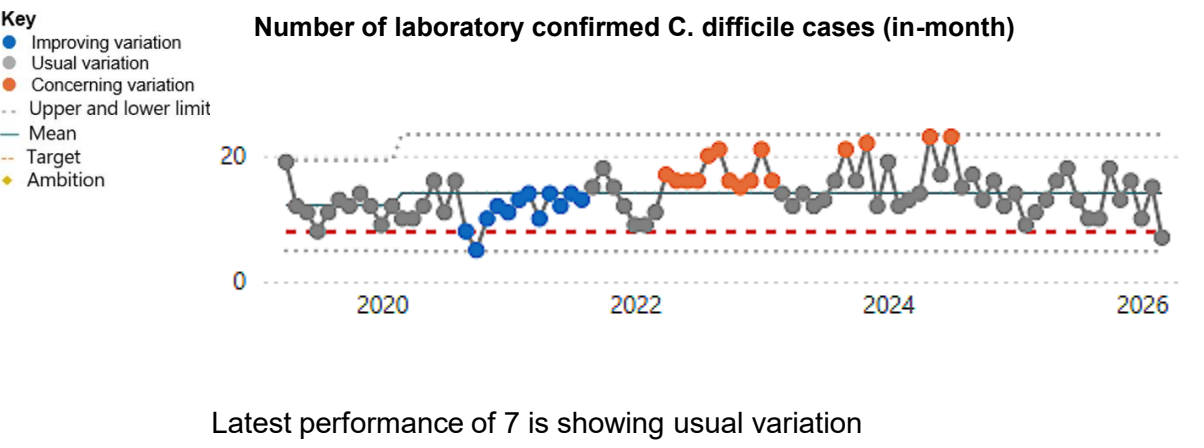
## Number of patients waiting 14 weeks plus for Dietetics (excluding Weight Management)



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><b>Physiotherapy</b> 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><b>Occupational Therapy (Paediatrics)</b> 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><b>Podiatry</b> 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><b>Dietetics</b> 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><b>Physiotherapy</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3-month pilot starting on 20/04/26 to validate routine MSK waiting lists using new Microsoft Forms methodology.</li> </ul> <p><b>Occupational Therapy (Paediatrics)</b></p> <ul style="list-style-type: none"> <li>Clinics established in all 3 counties. Continuing to explore opportunities to increase clinic capacity across all counties by identifying suitable accommodation</li> <li>Team increasing number of sensory workshops for parents in order to increase flow through the service</li> <li>Reviewing job plans within the service to maximise direct clinical capacity</li> </ul>	<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>
<b>Embedded improvement actions</b>		
<p><b>Podiatry</b> 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><b>Dietetics</b> 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

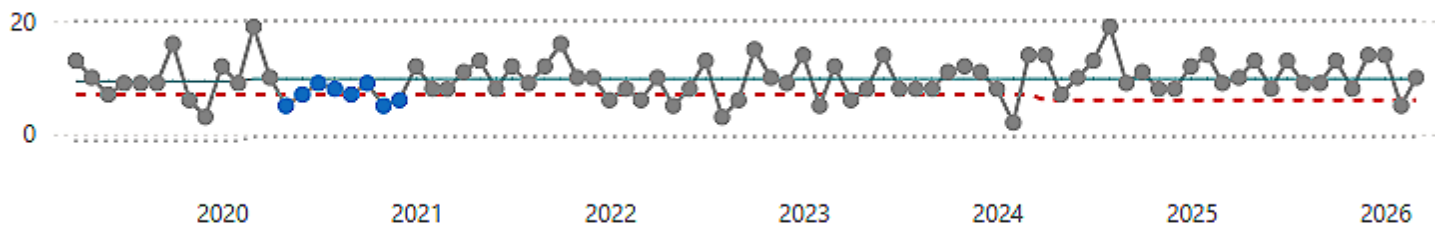
**Embedded improvement actions**

- 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)**

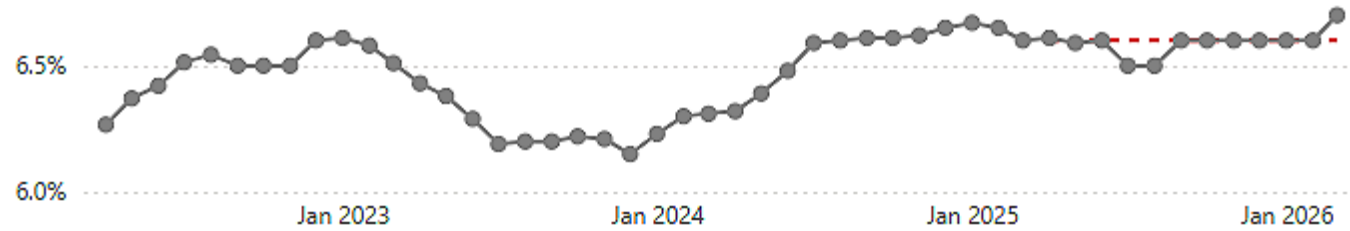


Latest performance of 10 is showing usual variation

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

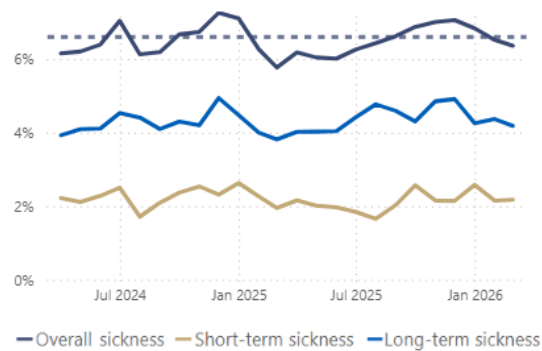
**% staff sickness rate (12 months rolling)**

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 - Domestic	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%.

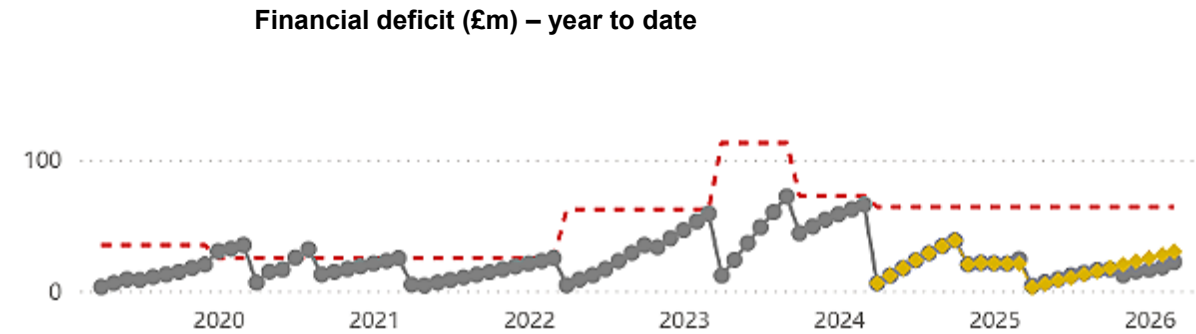
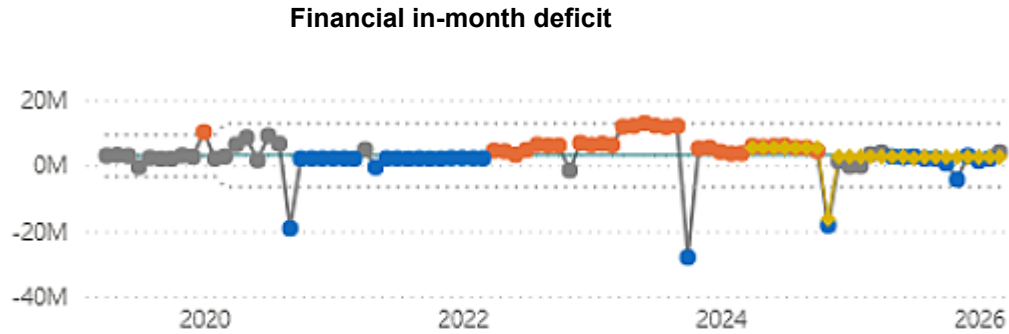
Absence rates attributed to anxiety, stress and depression continues to be the highest reason for absences across the Health Board at 32.2%, with absences attributed to other musculoskeletal problems as the second highest reason at 10.01%.

**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.

**Key**

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



**Key challenges / issues**

The Health Board's Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. The Health Board's unaudited End of Year reported outturn is £22.1m. Year-end figures are subject to audit and could change, therefore are not yet final.

The unaudited in-month financial position is a deficit of £4.0m, which is a worsening against the £2.5m in-month deficit plan due to a core operational overspend of £1.4m, and the savings target of £3.9m being under identified by £0.1m, with the £3.8m savings identified being fully delivered in-month. The end of year position is a deficit of £22.1m which is an improvement against the £30.0m planned deficit, driven by a savings over identification of £6.2m and a favourable core operational variation of £2.0m.

The end of year core underspend of £2.0m materially relates to dental contract underperformance and drug price improvements. However, the in-month core overspend of £1.4m is signalling a worsening trajectory against plan and is largely driven by Planned Care additional theatres outsourcing activity and Medical Waiting List Initiative sessions and Community and Integrated Medicine joint equipment stores and insulin pumps purchases.

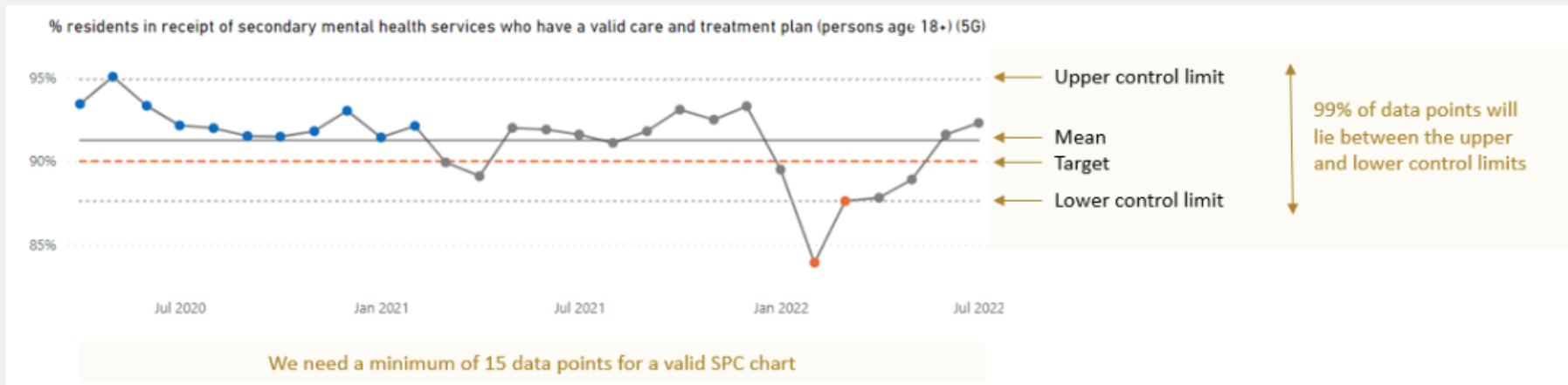
**Key actions / initiatives**

- | Key actions / initiatives   | Due date   |
|---|------------|
| • Review the decision-making, approvals, and funding assumptions that led to Same Day Emergency Care (SDEC) and Same Day Urgent Care (SDUC) opening earlier than planned, including the timings and ownership of decision approval.         | 30/04/2026 |
| • Review and reassess agreed Urgent Emergency Care / Six Goals expenditure and funding for the new financial year in light of early Same Day Emergency Care (SDEC) and Same Day Urgent Care (SDUC) activity and costs.                      | 30/04/2026 |
| • Investigate and clarify ongoing dual-running costs for Radiology Informatics System Procurement system in Allied Health, including confirmation of when these costs will cease.   | 30/04/2026 |
| • Undertake a detailed financial and activity analysis of the £1.2m adverse position in Planned & Specialist Care, focusing on decision-making, capacity use, and financial governance.   | 30/04/2026 |
| • Discussion required regarding the carry over of Annual Leave policy and the appropriateness of exceptions becoming the norm. Propose that only defined exceptions such as maternity, long-term sick, and suspensions should be supported. | 30/04/2026 |

## 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.

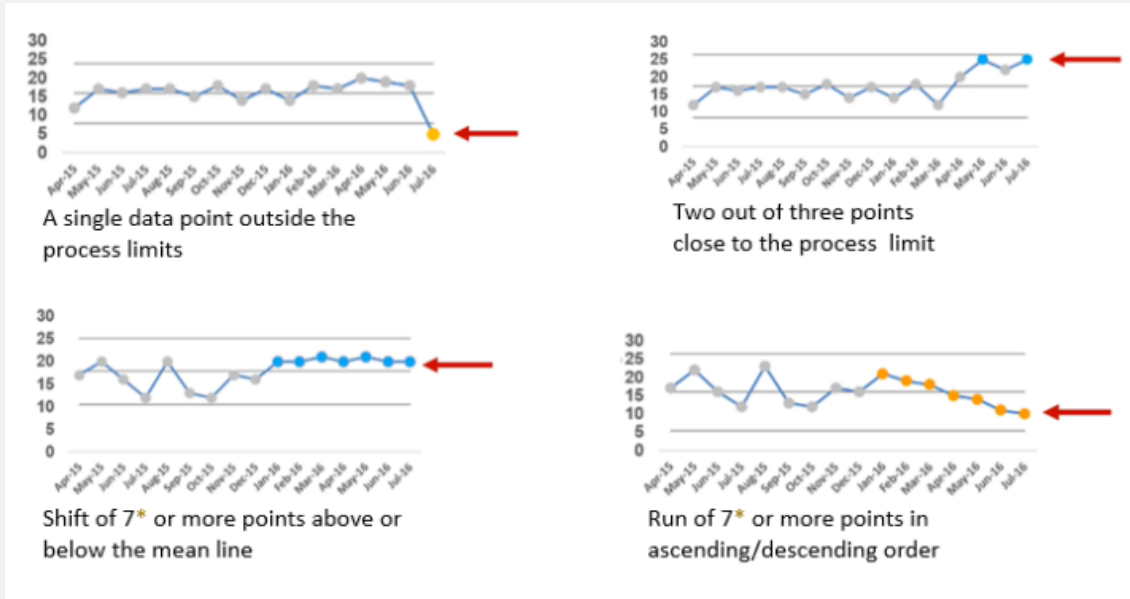
## Anatomy of a SPC chart



## 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.

<b>Variation</b> 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
<b>Assurance</b> 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 <b>blue</b> is good, orange is <b>bad</b>		



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 1 2026/2027
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, 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 1, 2026/27 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The IPAR consists of this SBAR and the following supporting documents:

- IPAR overview – includes 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: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 30<sup>th</sup> April 2026](#). Ahead of the Board 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](mailto: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.

**Cefndir / Background**

Welsh Government published the [2026/27 NHS Wales Performance Framework](#) in February 2026. The Performance team are currently reaching out to service leads to establish new data sources and are aiming to report all new metrics to the July Board. New metrics in 2026/27 are:

- Healthcare acquired infections are now focussing on hospital onset.
- Diabetes metrics have been expanded to monitor foot surveillance and urine albumin.
- Percentage uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old.
- Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return of Spontaneous Circulation)
- Number of patients waiting more than 26 weeks for a new outpatient appointment

Alongside the delivery framework changes, the Performance Team are currently reviewing our annual plan trajectories for inclusion and have amended the key metric summary table below to reflect changes to the 2026/27 delivery framework, ministerial priorities and other local key performance metrics.

## Asesiad / Assessment

### Performance overview

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

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Pts waiting 8 wks+ for specified diagnostic	0	Apr 2026	4,149	Improving	Missing target	n/a	Alert
% pts on single cancer pathway within 62 days	75%	Mar 2026	60%	Improving	Missing target	Trajectory missed by over 5%	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Apr 2026	1,325	Usual	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Mar 2026	10	n/a	n/a	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Mar 2026	54.7%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Apr 2026	2,414	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Mar 2026	26.8%	Improving	Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Apr 2026	71.8%	Improving	Missing target	n/a	Alert
Financial in month deficit	n/a	Apr 2026	£5,485,000	Usual	n/a	Trajectory missed by over 5%	Alert
% therapy interven post LPMHSS assess (age 0-17)	80%	Mar 2026	69.2%	Usual	Hit and miss	n/a	Advise
Number of Pathways of Care delayed discharges	n/a	Apr 2026	218	Usual	n/a	Trajectory met	Advise
Total days delayed for Pathways of Care delayed discharges	n/a	Apr 2026	8,344	Improving	n/a	n/a	Advise
% sickness absence rate of staff	6.60%	Apr 2026	6.70%	Concerning	Hitting target	n/a	Advise
% R1 eyecare patients waiting within 25% delay to target date	95%	Mar 2026	42.7%	Improving	Missing target	Trajectory missed by over 5%	Advise
Ambulance handover > 4 hours Hywel Dda	0	Apr 2026	143	Improving	Missing target	Trajectory met	Advise
Ambulance handovers > 1 hour Hywel Dda	0	Apr 2026	657	Improving	Missing target	Trajectory met	Advise
Ambulance handover > 45 minutes Hywel Dda	0	Apr 2026	750	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
% uptake of flu vacc - 65+ years	75%	Mar 2026	71.0%	n/a	n/a	n/a	Advise
% uptake of RSV vacc - 75+ years	70%	Mar 2026	14.1%	n/a	n/a	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
C. difficile: Number of confirmed cases (in-month)	5	Apr 2026	17	Usual	Hit and miss	n/a	Advise
S. aureus (MSSA) BSI: Number of hospital onset cases (in-month)	3	Apr 2026	5	n/a	n/a	n/a	Advise
E.coli BSI: Number of hospital onset cases (in-month)	5	Apr 2026	5	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Mar 2026	45.4%	Improving	n/a	n/a	Advise
Median time ambulance arrest category calls	8	Mar 2026	8	n/a	n/a	n/a	Advise
Follow-up appts - delayed >100%	11387	Apr 2026	14,804	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Apr 2026	64	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Apr 2026	10,227	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Apr 2026	39	Improving	Missing target	n/a	Advise
% MH assess within 28 days (age 0-17)	80%	Mar 2026	87.7%	Improving	Hit and miss	n/a	Assure
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Coding: % clinically coded - 1 month post discharge	95%	Feb 2026	97.3%	Usual	Hit and miss	Trajectory met	Assure
Patients waiting 26 weeks+ new outpatient	0	Apr 2026	4,154	Improving	Missing target	n/a	Assure

## Triangulating our data: 1<sup>st</sup> April 2022 to 30<sup>th</sup> April 2026.

- Quality safety and risk** – the number of incidents causing moderate harm or above reported by month is at its lowest with 124 in April 2026. April showed a decrease in the number of patient falls (209) from March (243). Medication errors have decreased from 123 in March to 92 in April 2026. Cases of pressure damage continue to decrease as well with April recording 26 cases. We continue to have significant numbers of high and extreme risks on the risk register with 560 in April 2026. There has been a significant decrease in the number of new complaints received since September 2025 (249) with 33 in April. The number of new infections increased in April reporting 65 cases (S. aureus = 11 cases, E. coli = 29 cases, C. difficile = 17 cases).
- Workforce** – In month, staff sickness decreased slightly with 6.3% in April. Short-term sickness decreased slightly to 2.0% for April whilst long-term sickness increased slightly to 4.3%. 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 April it was 58.45 whole time equivalent (WTE). Rolling 12-month staff turnover percentage has decreased slightly to 6.4%, lowest recorded.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	124	305	124	
Patient falls	189	301	209	
Medication errors	61	148	92	
Pressure damage developing or worsening during care	54	215	59	
New complaints by month received (ward level not available)	33	249	33	
Number of high and extreme risks (health board & function only)	381	561	560	
Infections: new cases	51	81	65	
Infections: C. difficile cases	8	23	17	
<b>Workforce</b>				
Number of staff/contractor related incidents	98	186	122	
Sickness - short term	1.7%	2.6%	2.0%	
Sickness - long term	3.8%	4.9%	4.3%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.4%	9.8%	6.4%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.38	379.79	58.45	
Bank (WTE)	212.99	352.85	286.59	

## Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 1 2026/2027 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termiau: Glossary of Terms:	A&E – Accident and Emergency BGH – Bronglais General Hospital ED – Emergency Department GGH – Glangwili General Hospital IPAR – Integrated Performance Assurance Report MIU – Minor Injury Unit PPH – Prince Philip Hospital PODCC – People, Organisational Development and Culture Committee SPC – Strategy and Planning Committee FPC – Finance and Performance Committee WAST – Welsh Ambulance Services University NHS Trust WGH – Worthybush General Hospital

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care Strategy and Planning Committee People, Organisational Development and Culture Committee Finance and Performance Committee
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement. <a href="#">Integrated Impact Assessment Template</a>
<b>Gweithlu:</b> <b>Workforce:</b>	Development of staff through pooling of skills and integration of knowledge <a href="#">Integrated Impact Assessment Template</a>
<b>Risg:</b> <b>Risk:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Enw Da:</b> <b>Reputational:</b>	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a Health Board, which then may impact recruitment and staff morale. <a href="#">Integrated Impact Assessment Template</a>
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A <a href="#">Integrated Impact Assessment Template</a>
<b>Cydraddoldeb:</b> <b>Equality:</b>	N/A <a href="#">Equality Impact Assessment</a>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 30th April 2026

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



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[Emergency departments – Bronglais Hospital](#)

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For data on all performance measures we are tracking, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 30<sup>th</sup> April 2026](#).

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(may require discussion)

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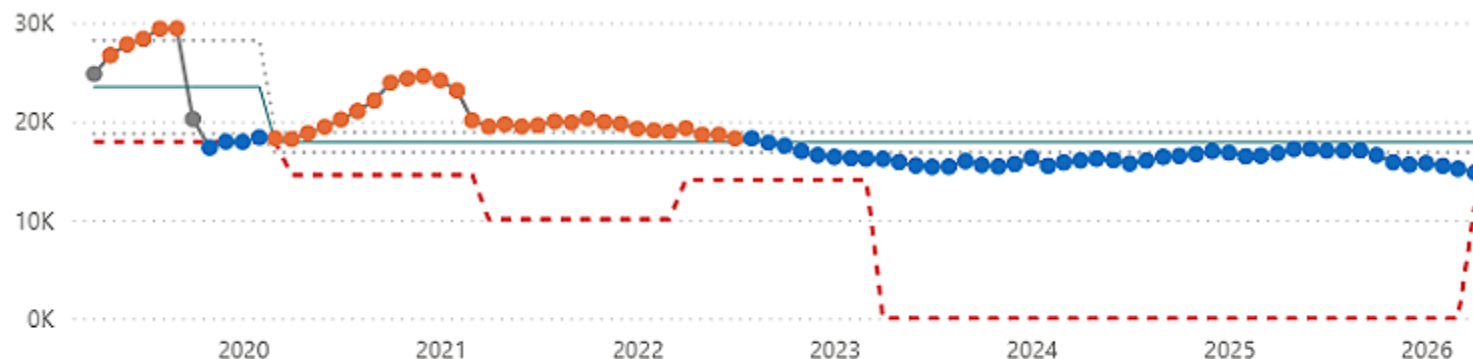
**Advise**  
(to monitor)

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.

### Follow up outpatient appointments delayed over 100% past target date

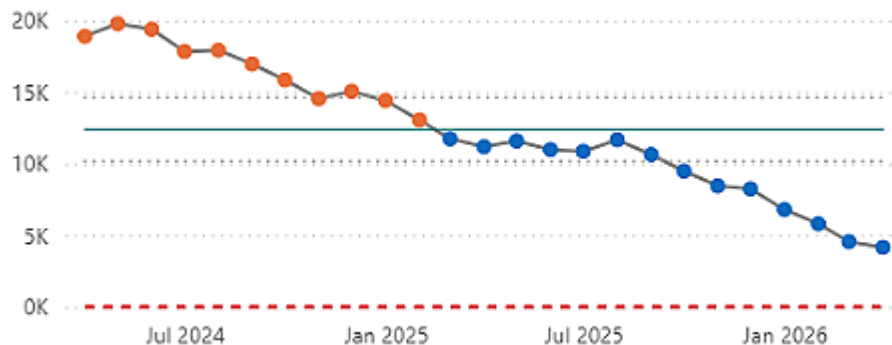


Performance shows improving variation in April 2026 with 14,804 follow up appointments delayed over 100% of their target date. This is the best performance ever recorded. The national target for 2026/27 is to achieve a 25% reduction against the March 2026 baseline. This equates to 11,387.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.</li> <li>Reducing follow up waiting lists continues to be challenging in terms of clinical engagement in some specialties.</li> </ul>	<ul style="list-style-type: none"> <li>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).</li> </ul>	31/03/27
<ul style="list-style-type: none"> <li>Certain specialties have essential follow up pathways and may have additional pressure to reduce significantly due to case mix.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	31/03/27

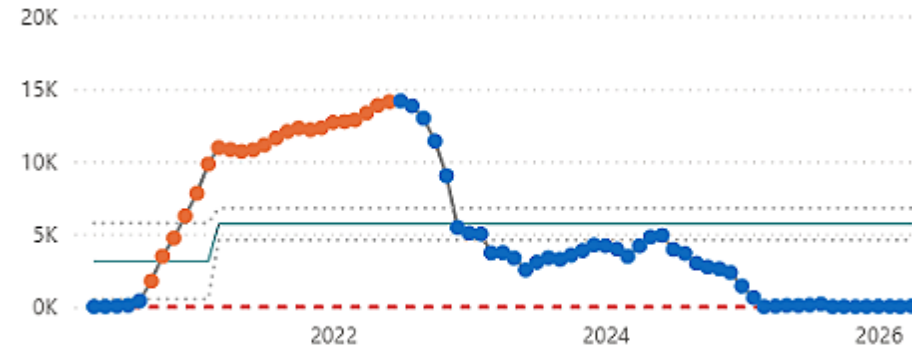
**Key**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation  
 - - - Upper and lower limits  
 — Mean  
 — Target  
 ● Ambition

Patients waiting >26 weeks for a first outpatient appointment



Performance against this newly reported metric is showing improving variation, with eight consecutive months of improvement to 4,154 as April 2026 (National target = 0)

Patients waiting >52 weeks for first outpatient appointment



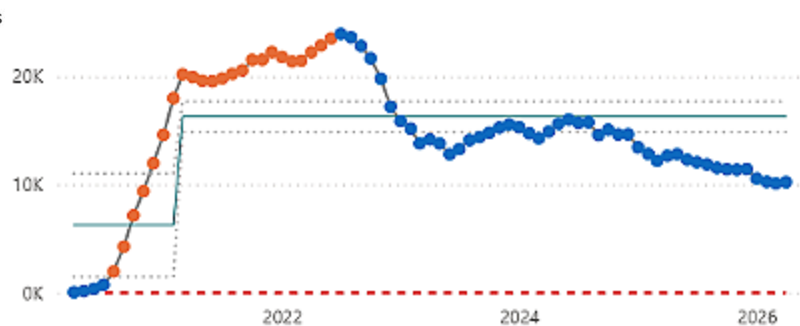
Performance is showing improving variation, however, after achieving the national target in March 2026, breaches increased to 39 in April 2026.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>The Health Board breached the 52-week target by a total of 39 with breaches in Rheumatology (17), General medicine (13), Care of Elderly (5), Neurology (3), and Paediatrics (1).</li> <li>4,154 patients in total were waiting over 26 weeks at the end of April for a first outpatient appointment. General Surgery, Urology, Breast, Colorectal, Vascular, Gastroenterology and Trauma and Orthopaedics all met the 26 week wait target in April. The 2026/27 Annual Plan delivery forecast for end the of March 2027 is 9,316 breaches.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Performance metrics are reviewed for all outpatient pathways on a weekly basis, with cohorts of 26/36/52 weeks being performance managed across all specialties.</li> <li>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).</li> </ul>	<p>31/03/27</p> <p>31/03/27</p> <p>31/03/27</p>

**Key**

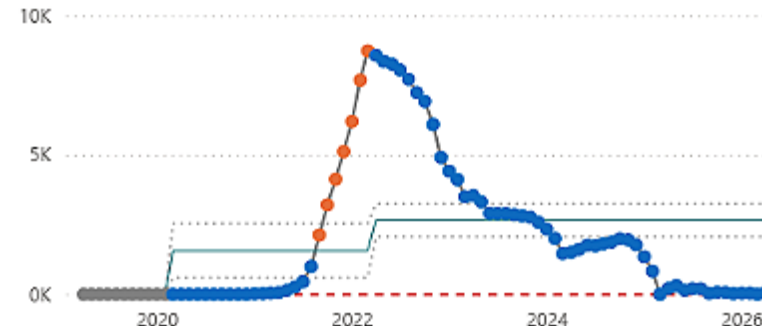
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

## Patients waiting over 52 weeks from referral to treatment



Performance is showing improving variation; however, breaches increased slightly to 10,227 in April 2026.

## Patients waiting over 104 weeks from referral to treatment



Performance is showing improving variation; however, breaches increased from three in March 2026 to 64 in April 2026.

### Key challenges / issues

- In the absence of Welsh Government recovery allocation and cessation of unfunded additional activity, the Health Board recorded 64 patients waiting over 104-week at the end of April 2026. Breaches were recorded in Trauma and Orthopaedics (36), ENT (11), Gynaecology (8), Ophthalmology (8), and Care of Elderly (1). All other specialties met the target.
- 104 week breach volumes were lower than levels forecast in the Annual Plan due to:
  - Additional cataract outsourcing in March 2026 which lowered cataract waiting times below 100 weeks;
  - Continued cataract outsourcing during April 2026 for pathways commenced pre 31<sup>st</sup> March 2026, utilising carry forward funding support from 2025/26 (306 outsourced cataracts delivered in April 2026);
  - Impact of ROTT (removals for reasons other than treatment) in April were higher than levels modelled in the Annual Plan delivery forecasts.
- 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-operative 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.

### Key actions / initiatives

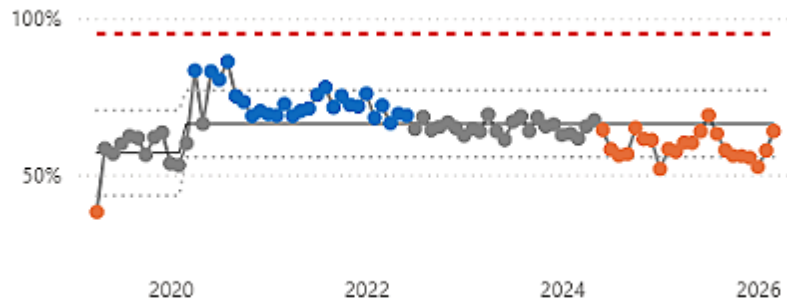
- The Clinical Care Group continues to focus on maintaining waiting time targets in 2026/27, as agreed by the Health Board, by using demand and capacity forecasts to highlight risks that would negatively impact the accepted trajectory of 5,400 by the end of 2026/27.
- Theatre Optimisation workstream 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

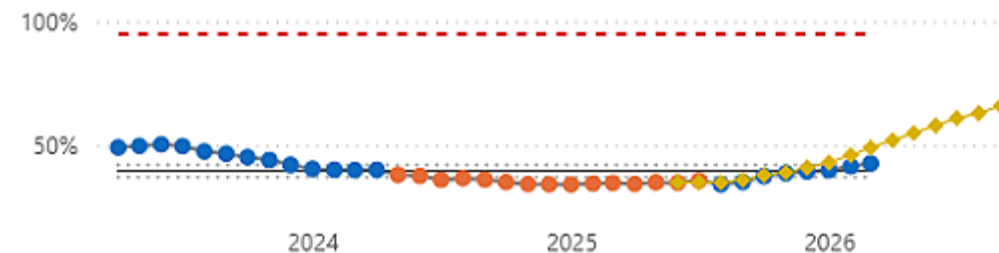
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

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



Performance is showing concerning variation at 64% in March 2026 (target = 95%). However, performance has recovered to near the mean.

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



Performance is showing improving variation and a 7<sup>th</sup> consecutive monthly improvement to 42.7% in March 2026, although our recovery trajectory was not met.

## Key challenges / issues

- The advice from the Welsh Government is to focus on patients waiting 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 will improve as capacity grows and the backlog reduces.
- Increasing outpatient delivery has been stalled by outpatient staffing and medical records constraints within Carmarthenshire and staff sickness in Pembrokeshire. This has affected approximately seven clinics per week.
- Reduced workforce continues to impact delivery, with vacancies for two whole time equivalent (WTE) consultant posts and two WTE Specialist, Associate Specialist and Specialty Doctor (SAS) posts. Recruitment efforts continue.
- One 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 5 months.
- Two regional consultant posts were interviewed but only one applicant was suitable and has been recruited by Swansea Bay University Health Board. This has left a 1 x WTE gap in Hywel Dda.
- Due to management absence across both administrative and nursing teams resulting from sickness, our ability to proactively support performance has been temporarily affected; this will be addressed as capacity is restored.

## Key actions / initiatives

- Monies awarded to improve waits for an Intravitreal (IVT) injection have been utilised to onboard and train the necessary staff to improve this performance trajectory. More activity is being incrementally introduced. The replacement SAS doctor in North Road Eye Clinic (NREC) is currently onboarding to increase delivery. The second key action is to move the IVT service into Amman Valley Hospital (AVH) outpatients 5 days a week with a view to creating an IVT hub. This will improve patient flow and subsequent activity.
- Outpatient staff will be increased to support outpatient activity in the blue suite in Glangwili Hospital (GGH). This will allow for the incremental increase in clinic delivery by 11 sessions per week. This requires staff to be recruited and trained in Ophthalmology.
- The team are exploring more innovative methods of supporting outpatient activity by the use of Ophthalmology Technicians. This will reduce the nursing resource required and ensure all staff are working to their licence.
- Two SAS doctors have been recruited, with a planned start date of August 2026.
- Regional Vitreoretinal (VR) Consultant will onboard in June 2026, with four outpatient clinics per month, and eight theatre lists per month, reducing pressure on the VR service.

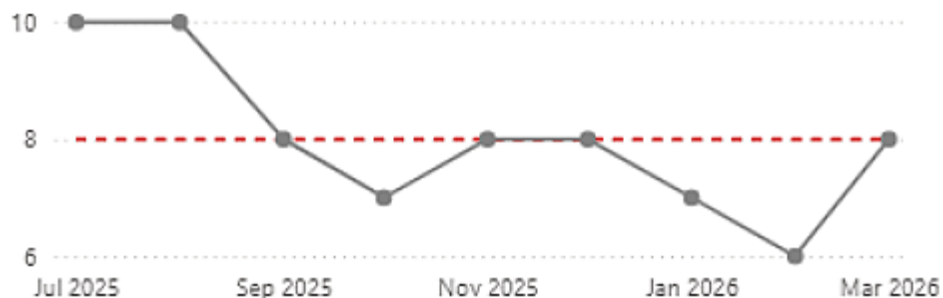
## Due date

- 01/06/26
- 01/09/26
- 31/08/26
- 01/08/26
- 01/06/26

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 March, the median response time was 08:29 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 March, the median response time was 09:58 minutes for RED (Emergency) calls there were 584 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

- Unverified April performance was 07:39 minutes for arrest (75 incidents) and 12:07 minutes for emergency calls (427 incidents). Overall attended demand in Hywel Dda Health Board area for April 2026 on average has been above forecast, representing the third month in a row this has been the case.
- Hospital delays in ambulance hand over for WAST ambulance crews, 2,453 hours lost at the 4 acute Hywel Dda hospital sites during April 2026, showing a deterioration by around 600 hours, reflecting the difficult site positions last month. Notification to Handover within 15 minutes was at 38.3% in April for the 4 acute general hospitals, showing slight deterioration over March 2026.
- There were 36 immediate vehicle release (IVR) requests of all category of 999 calls in April 2026 of which 34 were accepted. The 2 not accepted were Orange NOW category and both at Glangwili Hospital Carmarthen, representing an overall acceptance rate of 94.4%.
- WASTs financial picture from April 2026 has seen Overtime reduced, resulting in decisions about cover to maximise performance, and reductions short notice in Unit Hour Production (UHP) from staff absences.

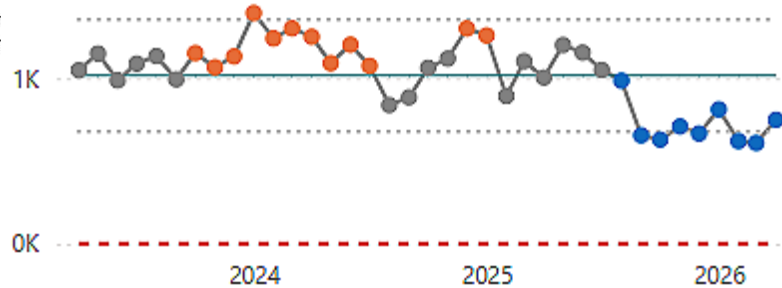
Embedded improvement actions

- 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.
- WAST managers joining 10am Patient Flow call from May 2026 to further support integrated working and collaboration, furthering joint understanding of risk and flow.

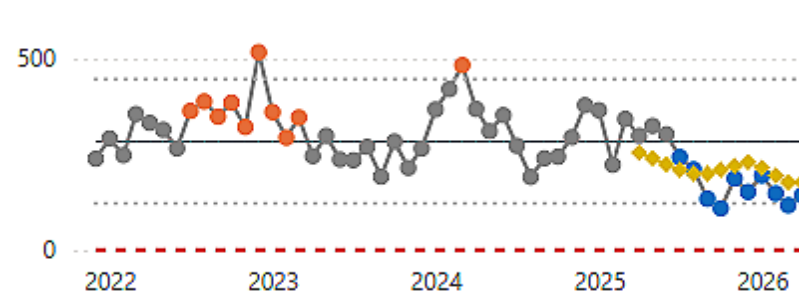
**Key**

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

**Ambulance handovers taking over 45 minutes**



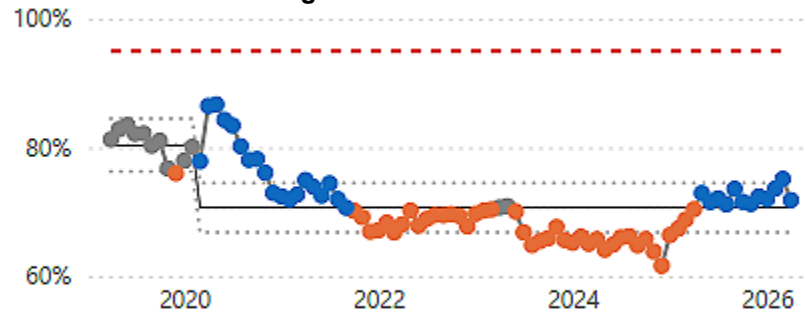
**Ambulance handovers taking over 4 hours**



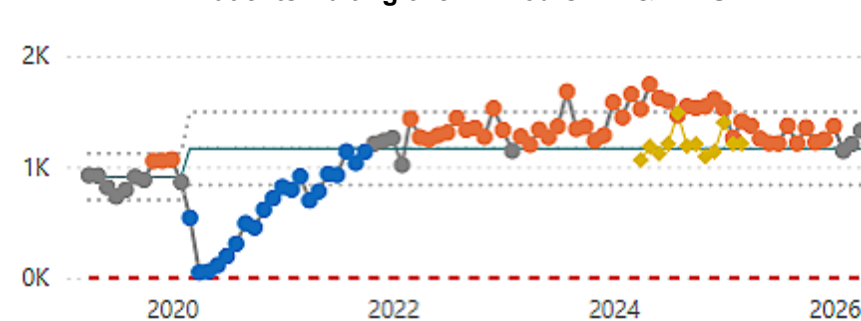
**>45 Minutes handovers:**  
Latest data is showing improving variation  
750 handovers > 45 minutes out of a total of 2,018 handovers.

**>4 hours handovers:**  
Latest data is showing improving variation. 143 handovers > 4 hour out of a total of 2,018, 7.1%.

**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. 72% of patients were seen within 4 hours, 11,358 out of 15,812 new attendances.

**Waits > 12 hours:**  
Latest data is usual variation. 1,325 patients waited over 12 hours, out of 15,812 new attendances, 8.4%.

**Key actions / initiatives – tactical urgent and emergency programme**

The Urgent and Emergency Care (UEC) Programme delivery is focused on implementing the national Six Goals through a whole-system approach, including strengthening community-based alternatives (e.g. falls response and prevention services), improving front-door streaming and Same Day Emergency Care (SDEC), and reducing avoidable admissions and delays. Central to this is the development of the Seven-Day Clinical Streaming, SDEC and Hospital@Home business case, which builds on pilot evidence and national guidance to transition services from weekday to 7-day provision. This aims to improve patient flow, enhance outcomes, and align with ministerial priorities by enabling earlier intervention, reducing emergency department demand, and supporting a sustainable ‘shift-left’ model of care across acute and community pathways. Currently the Go-Live date for Seven-Day Clinical Streaming and Hospital@Home is October 2026, and a 7-day SDEC service at WGH being November 2026.

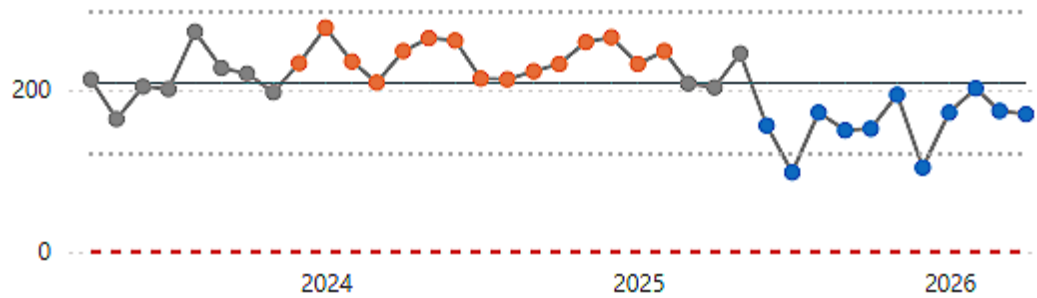
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

**Key**

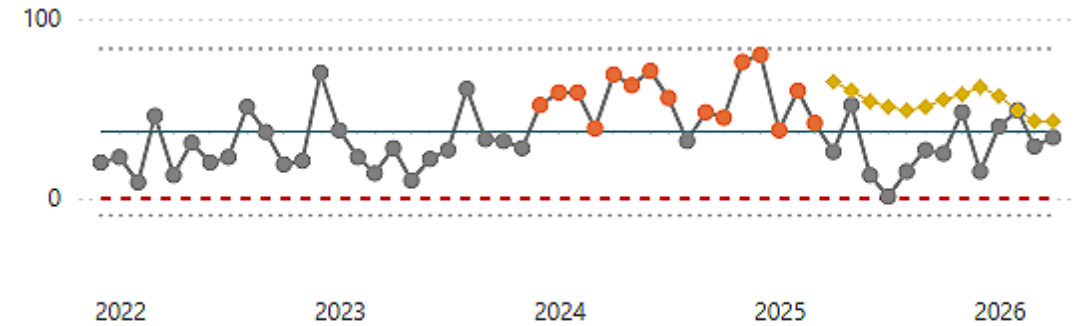
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Ambulance handovers taking over 45 minutes**



Latest data is showing improving variation. 170 handovers >45 minutes reported out of a total of 424 handovers, 40%.

**Ambulance handovers taking over 4 hours**



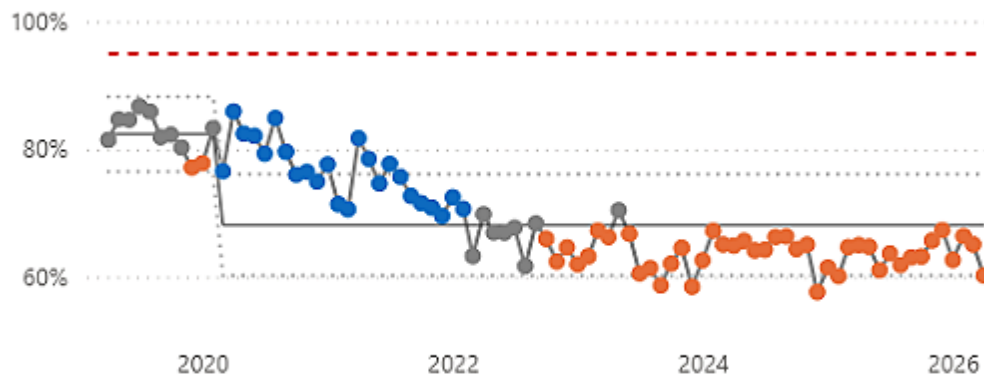
Latest data is showing usual variation. 34 handovers >4 hours was reported out of 424 total handovers 8%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>Physical space limitations in a relatively small Emergency Department (ED) footprint.</li> <li>Insufficient assessment/trolley spaces to absorb ambulance arrivals during peak times.</li> <li>High levels of medically fit for discharge (MFFD) patients occupying inpatient bed.</li> <li>Limited community care / social care packages in rural Ceredigion.</li> <li>ED staffing gaps (especially middle grades and nursing staff).</li> <li>Clustering of multiple ambulances arriving simultaneously.</li> <li>Paramedic crews and Team Leaders (TL) not reliably co-signing the handover leading to inaccurate performance reports.</li> </ul>	<ul style="list-style-type: none"> <li>Proposed reconfiguration of the Emergency and Urgent Care Centre (EUCC) footprint to incorporate more “majors” bays and rapid assessment and treatment (RATT) areas.</li> <li>Newly appointed band 7 Team Leaders to be assigned a quality improvement initiative linked to performance.</li> <li>ED module for Miya patient flow, to be implemented</li> </ul>	30/06/26  30/06/26  31/10/26
	Embedded improvement actions	<ul style="list-style-type: none"> <li>New EUCC consultant in post.</li> <li>New band 7 team leaders now all in post.</li> <li>Site wide ward managers and TLs meetings established to enhance collaborative working across the site.</li> <li>Shared ownership of the 45 minute ambulance handover performance across the site – not just within EUCC.</li> </ul>

**Key**

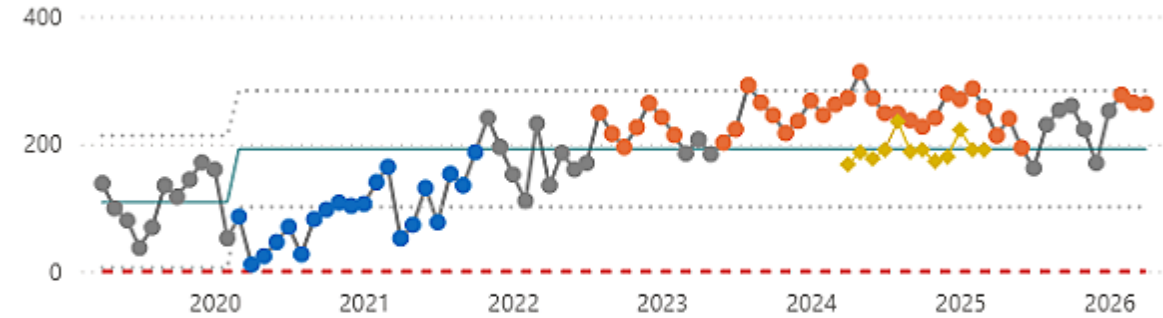
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



60.2% latest data, 1,058 breaches out of 2,660 new attendances. Chart is showing concerning variation.

**Patients waiting over 12 hours in A&E/MIU**



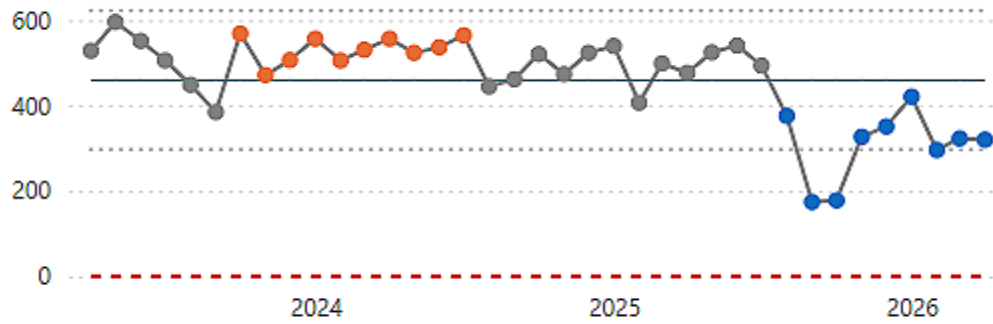
263 breaches out of 2,660 new attendances, 9.9%. The chart is showing concerning variation.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>Physical space limitations in a relatively small ED footprint, not enough triage rooms or Emergency Nurse Practitioners.</li> <li>High levels of medically fit for discharge (MFFD) patients occupying inpatient bed.</li> <li>Limited community care / social care packages in rural Ceredigion.</li> <li>ED staffing gaps (especially middle grades and nursing staff).</li> </ul>	<ul style="list-style-type: none"> <li>Reconfiguration of the footprint with more triage rooms</li> <li>Trial of pop up Same day Urgent Care (SDUC) and review of impact</li> <li>Quality improvement projects for all new band 7 TLs across a range of performance related areas.</li> </ul>	<p>30/06/26</p> <p>30/04/26</p> <p>30/06/26</p>
<b>Embedded improvement actions</b>		
<ul style="list-style-type: none"> <li>New EUCC consultant in post</li> <li>New band 7 TLs all in post</li> </ul>		

**Key**

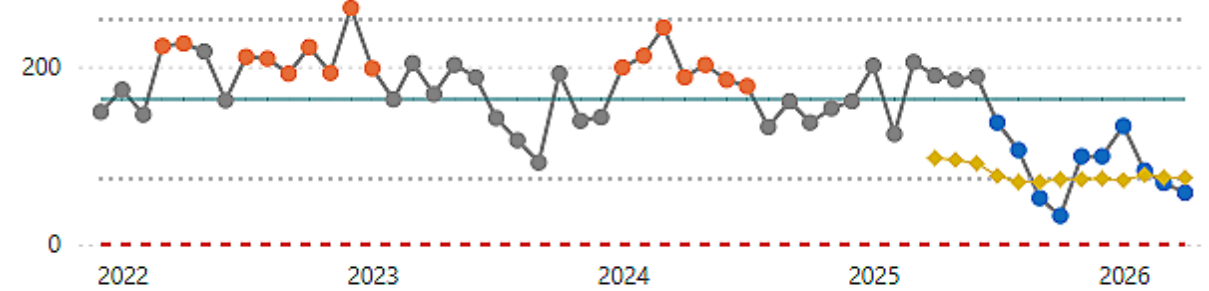
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**Ambulance handovers taking over 45 minutes**



Latest data is showing improving variation. 320 handovers >45 minutes reported out of a total of 753 handovers, 42.5%.

**Ambulance handovers taking over 4 hours**



Latest data is showing improving variation. 58 handovers >4 hours reported out of a total of 753 handovers, 7.7%.

**Key challenges / issues**

- Ambulance handover demand has remained relatively static but the Emergency Department remains persistently overcrowded and site has continuously reported high escalation levels.
- All wards remain in bed surge and patient boarding at risk.
- Range of specialty pathways into Glangwili causes additional pressure.

**Key actions / initiatives**

- Development and implementation of the 7-day Clinical Streaming Hub Model
- Recruitment underway for 2 whole time equivalent (WTE) Consultants to support senior decision making

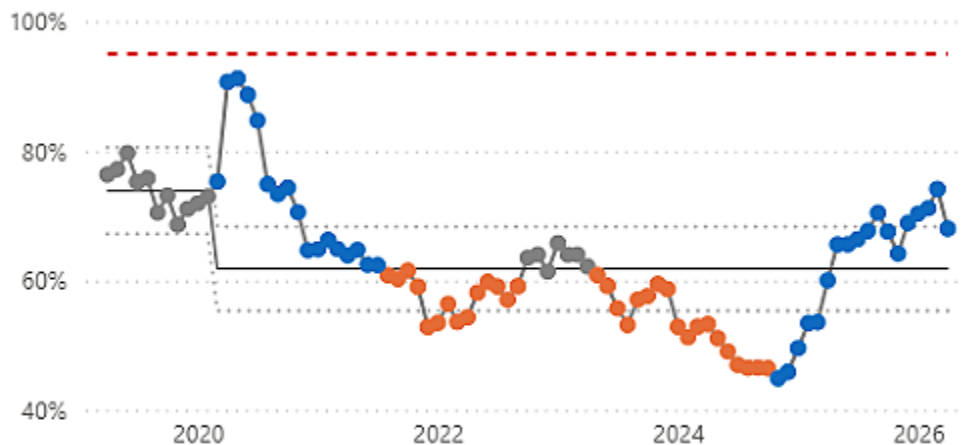
**Due date**

- 31/08/26
- 30/09/26

**Key**

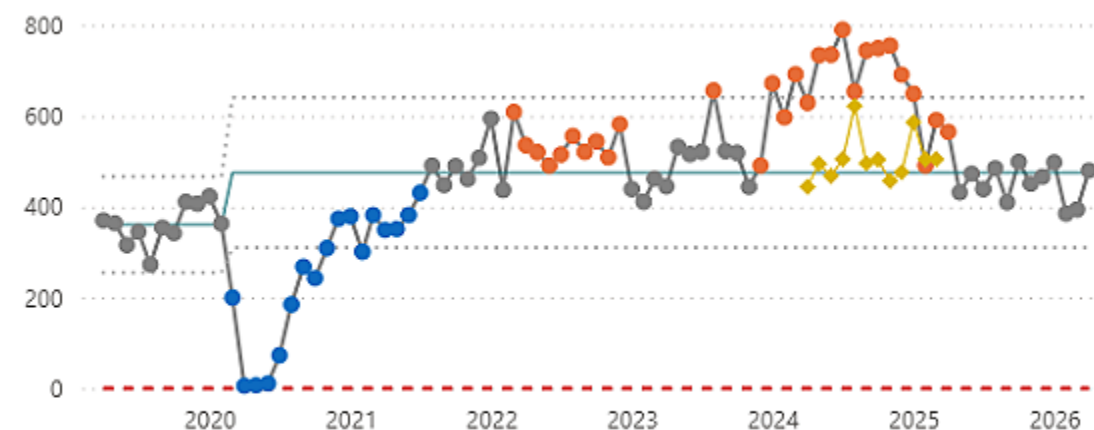
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Patients waiting less than 4 hours in A&E**



68% reported for April, 1,594 breaches out of 4,987 new attendances. Chart is showing improving variation.

**Patients waiting over 12 hours in A&E**



480 breaches out of 4,987 new attendances, 9.6%. The chart is showing usual variation

**Key challenges / issues**

- High volume of attenders seen in March and April 2026 has contributed to the challenges of overcrowding and timely reviews.
- Persistent overcrowding.
- Range of Emergency specialty pathways across the Health Board provided at Glangwili Hospital.
- Additional funding stream for Same Day Emergency Care (SDEC) staffing unavailable until 27/28 to support Emergency Demand.
- High levels of clinically optimized patients awaiting packages of care.

**Key actions / initiatives**

- Development and implementation of the 7-day Clinical Streaming Hub Model
- Awaiting MIYA patient flow ED module

**Due date**

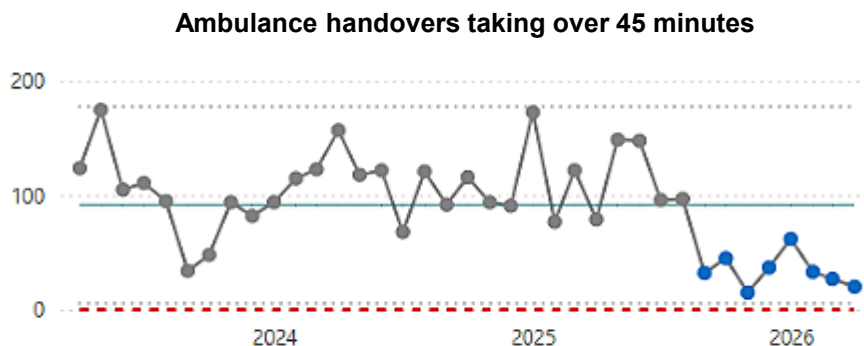
31/08/26  
31/08/26

**Embedded improvement actions**

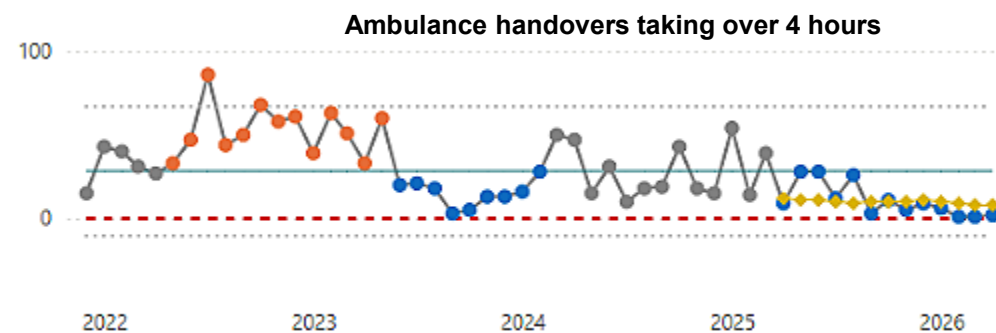
- Refurbished SDEC environment with increased footprint.
- Senior decision maker allocated to Rapid Assessment and Triage where possible.

**Key**

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

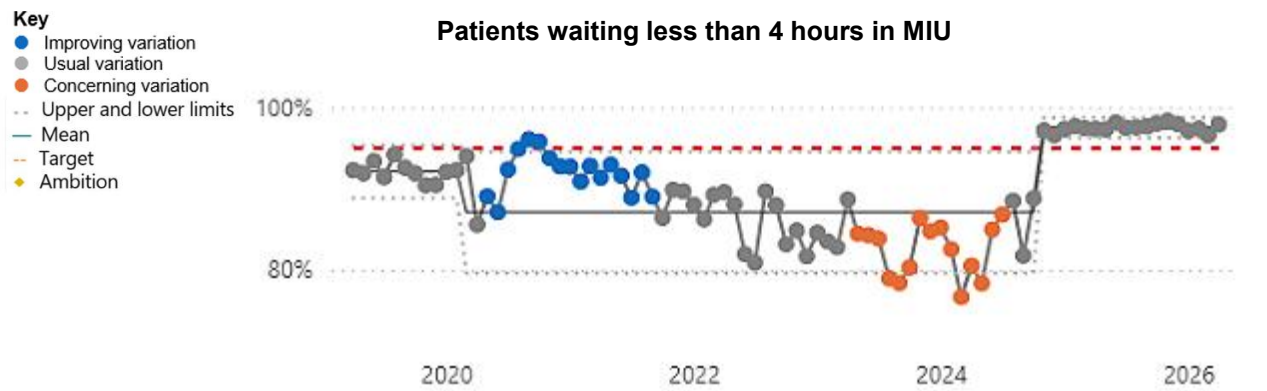


Latest data is showing improving variation. 20 handovers >45 minutes reported out of a total of 237 handovers, 8.4%.

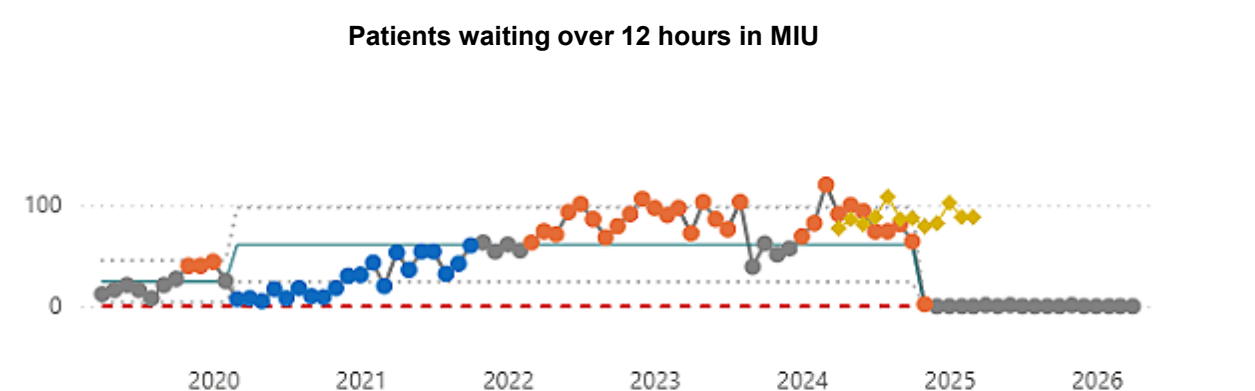


Latest data is showing improving variation. 2 handovers >4 hours reported out of a total of 237 handovers, 0.8%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>Front door pressure and handover capacity - continued significant pressure at the front door is resulting in very limited capacity at the point of ambulance handover. Increased patient acuity and volume are intermittently impacting the continuity and efficiency of handovers.</li> <li>Achievement of 45-Minute handover target and internal impact - we are consistently maintaining the 45-minute ambulance handover target, enabling more timely ambulance turnaround. However, this continues to create additional internal pressures, particularly across ward areas where surge capacity has been required. Infection Prevention and Control (IPC) requirements are also contributing to delays, as areas require more frequent deep cleaning.</li> <li>Minor Injury Unit (MIU) to Acute Medical Assessment Unit (AMAU) Patient Flow - the prioritisation of medical patients transferring from MIU to AMAU remains in place. These patients are reviewed daily within site flow calls and tracked until transfer is complete.</li> <li>Boarding Protocol - the boarding protocol continues to support proactive patient movement. Patients are transferred earlier to areas where discharges or potential discharges have been identified, based on escalation discussions within patient flow meetings and decisions made by the Manager of the Day.</li> </ul>	<ul style="list-style-type: none"> <li>Optimising front door flow - further embedding of the AMAU acute medical model to support early clinical decision-making and discharge at the front door, reducing unnecessary admissions.</li> <li>Strengthening community pathways - continued collaboration with the Acute Response Team (ART) to identify patients suitable for community-based care, enabling earlier discharge and reducing inpatient demand.</li> </ul>	<p>30/11/26</p> <p>30/11/26</p>
<b>Embedded improvement actions</b>		
<ul style="list-style-type: none"> <li>Improving internal patient flow - full implementation and ongoing monitoring of the 'Our Next Patient' protocol to ensure proactive patient movement and timely transfer to appropriate specialty wards.</li> <li>Managing capacity and IPC constraints - ongoing alignment of capacity planning with Infection Prevention and Control (IPC) requirements, ensuring patient safety while minimising impact on bed availability.</li> <li>Escalation and surge management - continued use of escalation frameworks, including Manager of the Day oversight and patient flow meetings, to proactively identify discharges, manage surge capacity, and maintain system flow.</li> <li>Sustaining ambulance handover performance - continued focus on maintaining the 45-minute ambulance handover target, with immediate release prioritised wherever possible. Ongoing monitoring of delays linked to capacity constraints and acuity pressures.</li> <li>Daily Site Flow Coordination - structured site flow calls are embedded to provide real-time oversight of capacity, patient movement, and escalation requirements, ensuring timely decision-making and prioritisation of transfers.</li> <li>Embedded AMAU Front Door Model - the AMAU acute medical model is now fully integrated into front door processes, enabling earlier senior clinical review, promoting same-day discharge, and reducing avoidable admissions</li> <li>SDEC as a core pathway - Same Day Emergency Care (SDEC) is now an established and routine alternative to admission, with consistent utilisation across weekdays and weekends to manage appropriate patients</li> </ul>		



97.9% reported for April, 55 breaches out of 2,614 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model.



Zero breaches out of 2,614 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**

- Ongoing demand, combined with increased patient acuity, is placing significant pressure on assessment and treatment capacity, impacting flow and timely decision-making.
- Patients who are medically optimised but require ongoing discharge support due to complex needs remain a significant challenge. On average, approximately 40 patients per day fall into this category. This cohort continues to negatively impact hospital flow, limiting bed availability and contributing to delays in admitting patients from MIU and other front door areas who require inpatient care
- IPC constraints - clinical flow across departments has been further challenged by Infection Prevention and Control (IPC) issues affecting a number of wards. These constraints have reduced available capacity and impacted patient movement, contributing to wider system flow pressures.
- Variation in patient streaming and pathway utilisation - while pathways such as SDEC and AMAU are in place, inconsistent utilisation at peak times can result in avoidable pressure within core front door areas.

**Key actions / initiatives**

Creation of UCC (Urgent Care Centre) - the development of UCC is currently underway, with structured governance and delivery arrangements in place to support. Implementation programme activity is progressing at pace, with meetings currently taking place four times per week to maintain momentum, addressing emerging challenges, and ensure timely delivery of key milestones. This coordinated approach is supporting the development of a robust and sustainable UCC model, designed to improve access, enhance patient flow, and reduce pressure on front door services

**Due date**

30/11/26

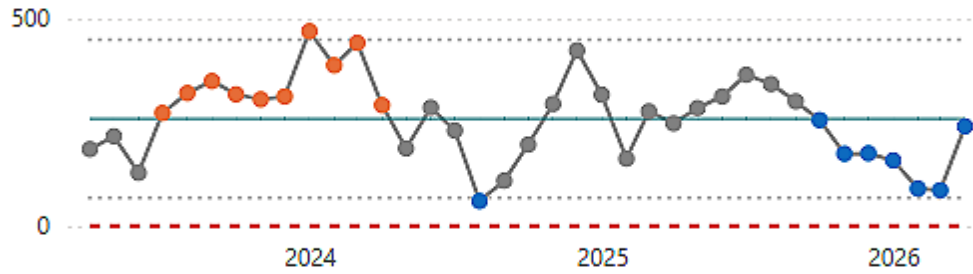
**Embedded improvement actions**

- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Expansion of Medical Hot Clinics - provision has increased in response to operational pressures. An additional General Medicine hot clinic has been introduced into the rota from January, operating every Monday to support demand and provide an alternative to admission where appropriate
- Ongoing work with community colleges in early discharge planning. The use of hospital at home to create a wrap around service enabling community GP's to refer into SDEC out of hours / weekends for SDEC to treat and reffer back into the virtual ward.

**Key**

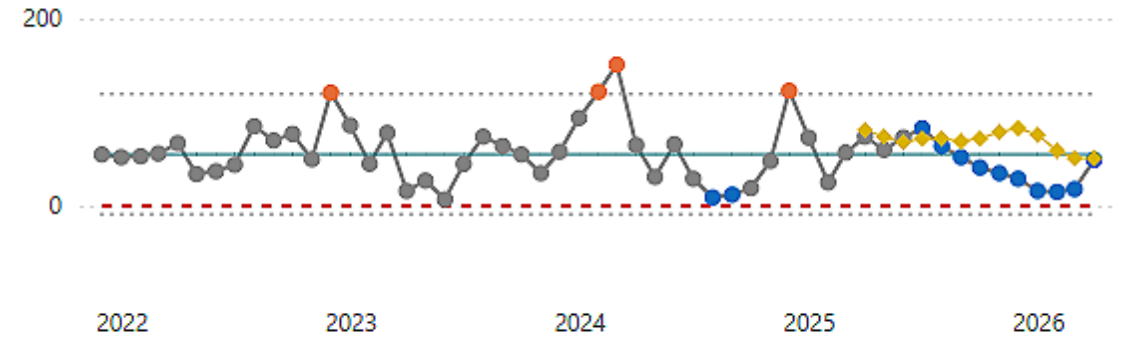
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Ambulance handovers taking over 45 minutes**



Latest data is showing improving variation. 240 handovers >45 minutes reported out of a total of 604 handovers, 39.7%.

**Ambulance handovers taking over 4 hours**



Latest data is showing improving variation. 49 handovers >4 hours reported out of a total of 604 handovers, 8.1%.

**Key challenges / issues**

- Higher demand experienced during April 2026 than anticipated through forecast.
- Demand in part driven through increased holiday maker activity – reflected in increased numbers of medical and surgical repatriations to hospitals across Wales & England.
- The Easter Bank Holiday also presented an increased level of demand on ambulance services and subsequent demand at the Emergency Department.

**Key actions / initiatives**

- Development and implementation of the 7-day Clinical Streaming Hub Model
- Go-live of the Frailty Same Day Emergency Care model (Mon-Fri)

**Due date**

31/08/26  
In-Place

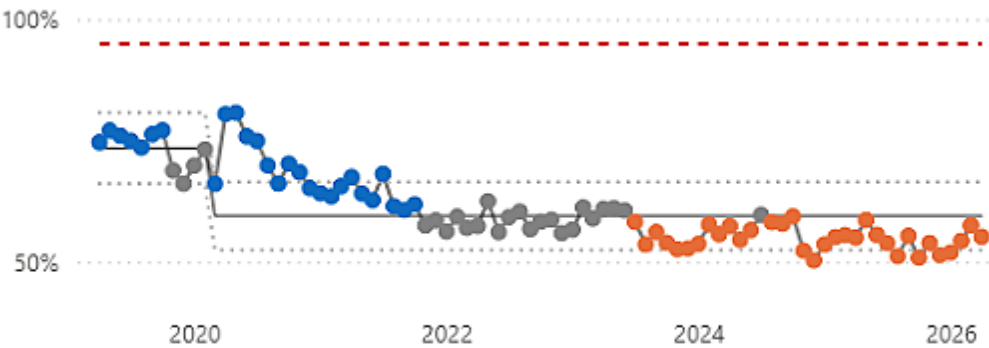
**Embedded improvement actions**

- Continued use of the MIYA patient flow software to ensure timely and safe patient moves out of ED.
- Continued promotion of alternative pathways to ED – such as Same Day Emergency Care & Hospital @ Home
- Continued use of the Clinical Streaming Hub Service, in collaboration with WAST – to ensure requests to convey to hospital are screened and alternatives offered where appropriate.
- Senior nurse staffing in the Rapid Assessment Triage/Pitstop area to support expedient handovers

**Key**

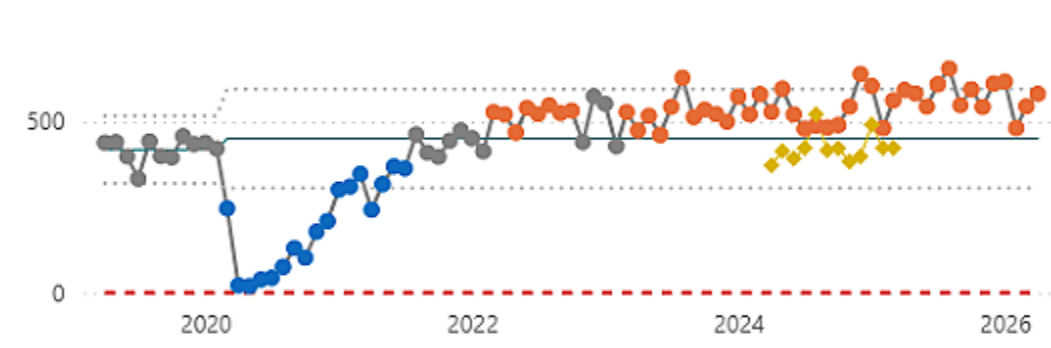
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- ◆ Ambition

**Patients waiting less than 4 hours in A&E**



55.2% reported for April, 1,719 breaches out of 3,836 new attendances. Chart is showing concerning variation.

**Patients waiting over 12 hours in A&E**



582 breaches out of 3,836 new attendances, 15.2%. Chart is showing concerning variation.

**Key challenges / issues**

- Increased demand and capacity challenges across April 2026 with particular demand increase around the Easter Bank Holiday, partially driven by seasonal holiday maker activity in ED.
- Challenges with staffing levels, with gaps in the rota for the department mitigated partially by locum staffing.
- Increased walk-in activity around the Bank Holiday period as primary care services unavailable.

**Key actions / initiatives**

- Development and implementation of the 7-day Clinical Streaming Hub Model
- Development and implementation of the 7-day SDEC Model
- Go-Live of the Frailty SDEC Model

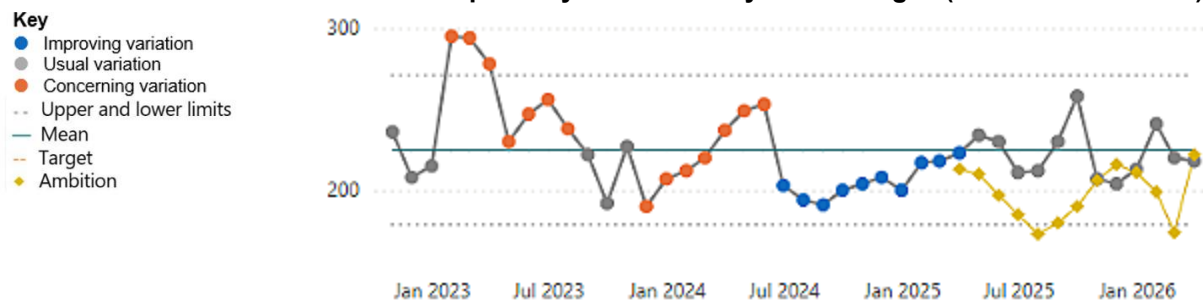
**Due date**

31/08/26  
 30/11/26  
 In-place

**Embedded improvement actions**

- Continued use of the MIYA patient flow software to ensure timely and safe patient moves out of ED.
- Continued promotion of alternative pathways to ED – such as Same Day Emergency Care & Hospital @ Home, Frailty SDEC.
- Continued staffing of the twilight rota to support department flow.

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



- Number of pathway of care delays as at 15<sup>th</sup> April 2026 census was 218 patients and the chart shows usual variation.
- The total days delayed for non-mental health decreased in April to 7,531 days from 7,652 in March. Mental health and learning disability delays increased from 613 in March to 813 in April. 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
<p><b>Non Mental Health:</b> Ongoing wider system pressures and drive to improve ambulance handovers have driven up bed surge and patient boarding.</p> <ul style="list-style-type: none"> <li>• Staffing challenges across all staff groups combined with surge/ boarding, and Infection prevention and control measures negatively impacted on POCD.</li> <li>• High levels of acuity and frailty across acute and community, patients/family and carers expectations driving the need for nursing, joint and continuing healthcare assessments, as well as social care assessments.</li> <li>• Hospital acquired deconditioning and limited access to appropriate levels of rehabilitation due to the allied health professional (AHP)/ therapy staffing position contributing to delays relating to AHP assessments, reablement and packages of care on discharge.</li> <li>• Ongoing challenges related to housing and homelessness, care home manager assessments and care home availability.</li> </ul> <p><b>Mental Health &amp; Learning Difficulties:</b> Position remains driven by a small number of highly complex Adult Mental Health and Older Adult Mental Health cases. OAMH delays related to dependency on external care home, specialist placements and limited availability of Elderly Mentally Infirm (EMI). AMH services, housing-related delays persist but remain stable, reflecting earlier identification and proactive escalation. In a minority of cases, best-interest decision-making processes continue to extend discharge timelines.</p>	<p><b>Non Mental Health:</b> Regional PoCD Action plan updated and submitted to the national team with 5 key actions to progress based on the current system challenges.</p> <ul style="list-style-type: none"> <li>• Draft Memorandum of Understanding developed between health and local authorities to support PoCD and discharge planning (awaiting final sign-off).</li> <li>• Deconditioning Early Warning Indicator (DEWI) tool being rolled out across all acute and community wards, in addition to other preventing deconditioning initiatives.</li> <li>• Restructuring Optimal Hospital Flow and Discharge governance and oversight process to include PoCD</li> <li>• Health Board Working Group established to focus on Rehabilitation pathways/ levels</li> </ul> <p><b>Mental Health &amp; Learning Difficulties:</b></p> <ul style="list-style-type: none"> <li>• Additional senior clinical leadership oversight remains in place to strengthen governance, discharge coordination, and system assurance (improvement plan in draft).</li> <li>• Key process standardisation across all OAMH wards ongoing.</li> <li>• Focused review of AMH homelessness-related delays continues, with strengthened multi-agency liaison involving Local Authority housing services and policing partners. Responsible: AMH Head of Service / Local Authority Housing / Police</li> <li>• Ongoing scrutiny of best-interest decision timelines to ensure proportionality, timeliness and alignment with clinical optimisation. Responsible: Ward MDTs / Safeguarding and Legal Interfaces</li> </ul>	<p>31/08/26</p> <p>31/05/26</p> <p>31/08/26</p> <p>31/05/26</p> <p>31/08/26</p> <p>31/10/26</p> <p>31/10/26</p> <p>31/05/27</p> <p>31/05/26</p>

**Embedded improvement actions**

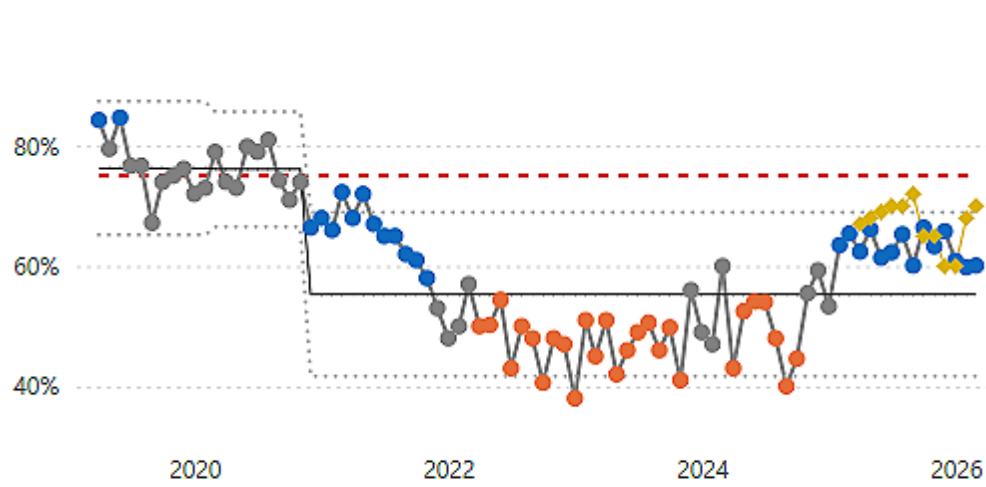
**Non Mental health:** Regional PoCD Delivery Group in place, Acute frailty action group and action plan developed, Trusted Assessor model in mental capacity developed, long stay review meetings in place, increased social worker and reablement capacity from WG funding, strength-based collaborative communication approach being embedded.

**Mental Health & Learning Disabilities:** Daily multidisciplinary escalation arrangements remain embedded across AMH inpatient services, alongside daily OAM Acute Pathway meetings. Weekly Acute Pathway PoCD deep-dive meetings across AMH and OAMH remain established. Workshops on Discharge to Recover and Assess (D2RA) pathway application continue. The Dementia Wellbeing stepped-care model remains established. System-level engagement with Local Authorities and independent sector providers continues to address dementia and EMI nursing placement shortages. Multi-agency working with Local Authorities remains embedded, including routine validation of PoCD status

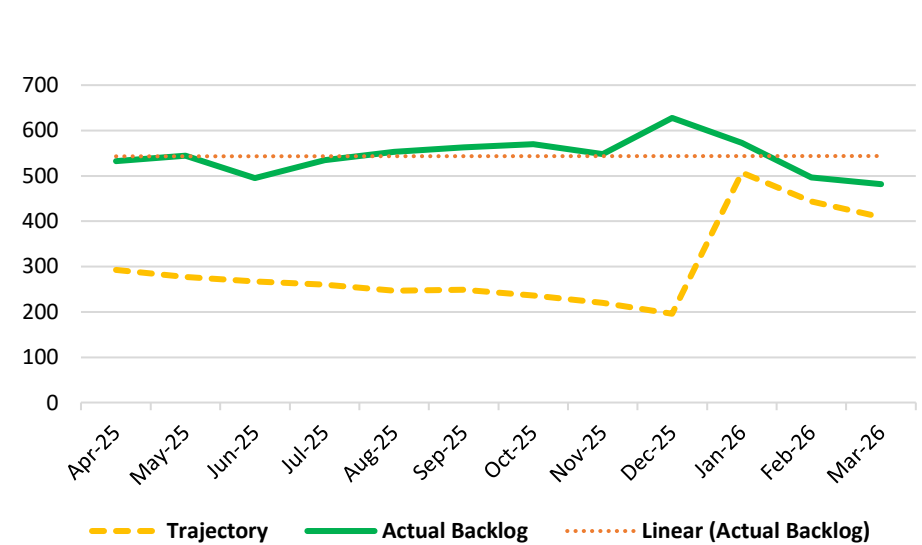
Key

- 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 March 2026, performance was 60.1% against the trajectory of 70%. Urology continues to be our most challenged pathway with 239 patients waiting over 62 days. 242 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	Key actions / initiatives	Due date
<p><b>Single cancer pathway</b> Overall treatment activity in March 2026: 224 patients started treatment within 62 days, 149 patients were waiting over 62 days. First treatment rates decreased by 30 patients.</p> <p>There was a reduction in performance for patients on the skin pathway due to workforce availability and the planned theatre estate repairs.</p>	<p>Outsourcing MRI for prostate patients started in November 2025, extended for Q1 2026/27. Equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed.</p> <ul style="list-style-type: none"> <li>• £168k committed via recovery money for Urology Diagnostics for Q1</li> <li>• Residual recovery funds allocated for Pathology turnaround for Q1</li> </ul>	<p>30/06/26</p> <p>30/06/26</p> <p>30/06/26</p>
<p><b>Backlog and Diagnostics</b> To meet the 28-day diagnostic target, the testing components of the pathway must be provided within 7 days.</p>	<p>Piloting the use of the Galeas Bladder Test from March 2026 – 300 patients, extended for Q1 2026/27</p> <p>Outsourcing CT equates to 260 scans per month with a 7-day reporting turnaround, extended for Q1 2026/27</p>	<p>30/06/26</p> <p>30/06/26</p>

**Key**

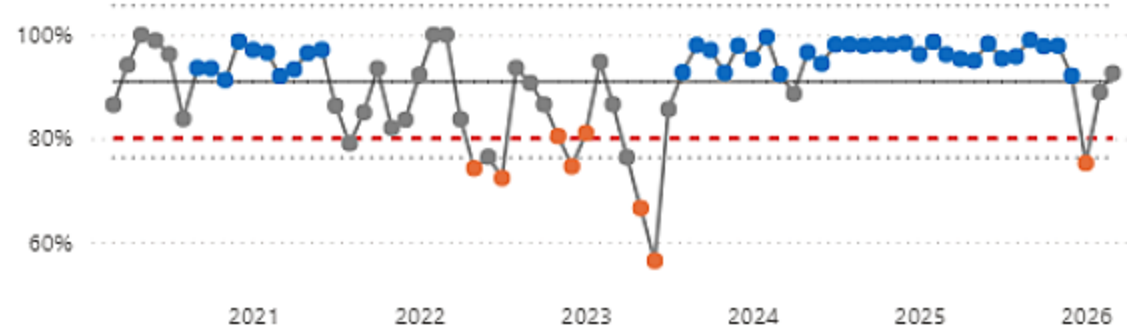
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 87.7% is showing improving variation and the target of 80% was met.

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



Latest performance of 92.6% 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):**  
 We continued to achieve target in March despite increasing demand correlating with the school exam period. 87.7% (71 of 81) assessments undertaken within target.

**% mental health assessments undertaken within 28 days (persons aged 18+):**  
 Performance has increased again in line with expectation; however, demand remains high across all teams. We continue to see a more complex patient profile which is increasing assessment time and/or the requirement for follow up assessment appointments which has potential impacts on performance. Staff sickness is reducing; however, Carmarthenshire remains fragile due to both long term and short-term sickness.

**Key actions / initiatives**

**% mental health assessments undertaken within 28 days (persons aged 18+):**  
 As compliance with this target has now recovered, teams have returned to maximising their treatment slots.

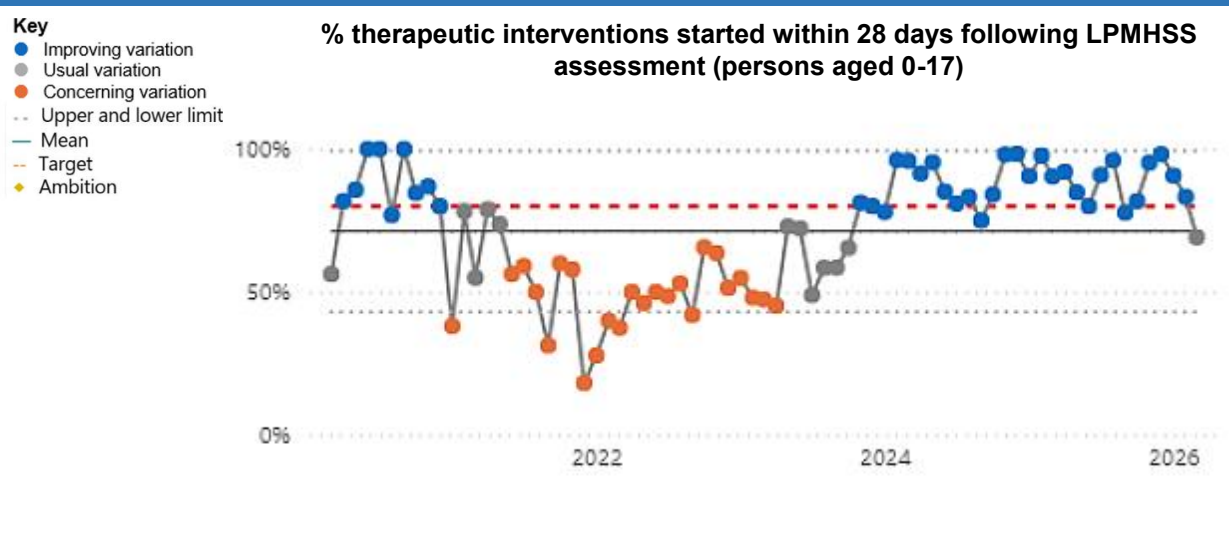
**Due date**

Complete

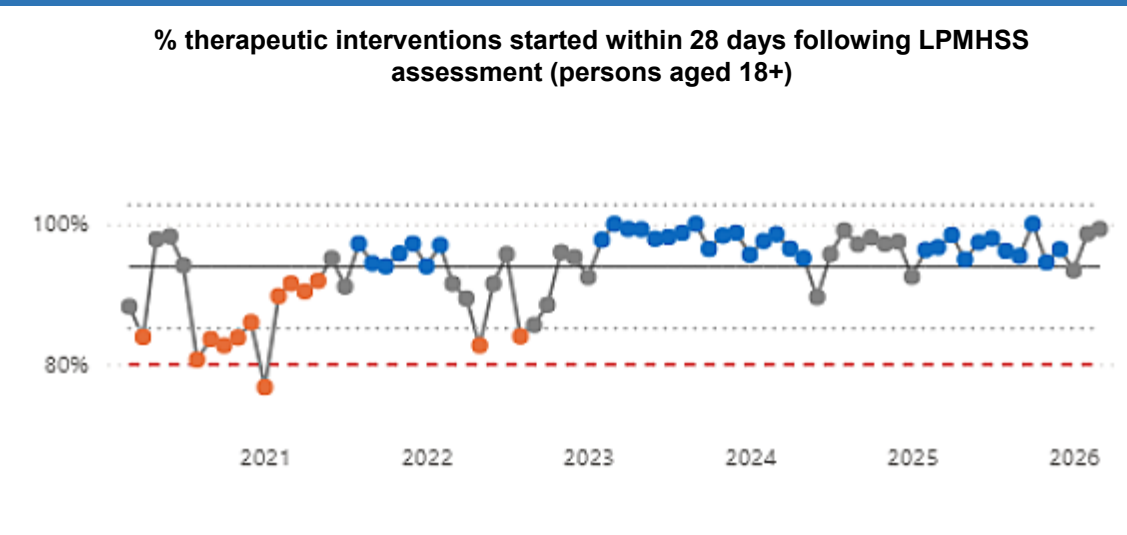
**Embedded improvement actions**

**% 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 reducing pressure on Local Primary Mental Health Support Services (LPMHSS) at this point of the patient journey.



Latest performance of 69.2% is showing improving variation but the target of 80% was met.



Latest performance of 99.3% is showing usual variation and the target of 80% was met.

**Key challenges / issues**

**% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):**  
Accumulation of leave in March led to lower capacity due to poor planning on the part of the service, leading to diminished capacity. This followed a period of increased maternity leave and existing staff holding off taking leave. This has been addressed with the team.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):**  
Compliance remains significantly above target which reflects the team's hard work. Treatment slots have returned to normal levels following the challenges over the last two months. Estates access continues to be challenging across the three counties.

**Key actions / initiatives**

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):**  
New staff are now in place following recent recruitment to practitioner vacancies in both Carmarthenshire and Ceredigion and are undertaking their induction.

**Due date**

Complete

**Embedded improvement actions**

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):**  
Leave will be managed more effectively in the next leave year.

**% 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) 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.

**Psychological therapy waits**  
(Enhanced monitoring condition and Ministerial priority)



Performance in March of 54.7% shows usual variation and the target of 80% was not met.

- 430 out of 793 (54.2%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 7 out of 14 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 31 out of 68 (45.6%) 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 observed a slight decrease in compliance by 1.2%; however, we have seen an overall waiting list reduction of 27.6% over the last 11 months. We are observing a balanced flow dynamic where referrals and discharges remain broadly aligned. This limits visible improvement in referral to treatment performance despite the reduction in our backlog. The transition to a stepped model approach in line with the Welsh Government 10-year plan has supported sustained improvements in service capacity, patient flow and throughput along with pathway management. The continued reduction in longest waits has also had a positive impact on patient experience, clinical outcomes which align with access standards.

**Adult Psychology Mental Health (AMH):**  
The percentage of patients waiting under 26 weeks for treatment improved in March. An improvement was 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
30/05/26

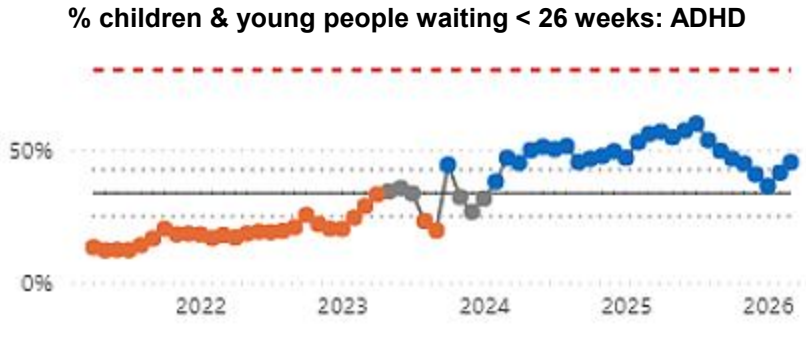
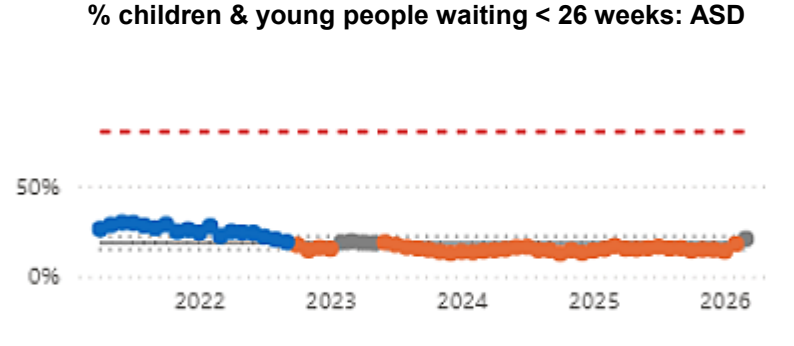
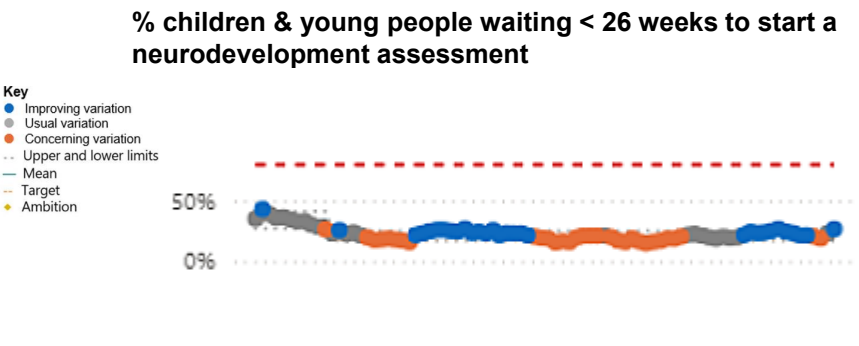
**Embedded improvement actions**

- 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 positive patient outcomes. Caps in therapy session are in place which are having a positive impact of capacity. Staff are engaged in regularly in supervision to monitor 1:1 waiting lists, with all therapists have job plans supporting an increase in capacity of service where possible. Several staff have undertaken new training in DBT for Complex 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)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in March 2026 of 26.8% shows usual variation but the target of 80% was not met. Performance is driven by ASD, where 715 of 3,446 (20.7%) patients were waiting for an assessment <26 weeks. 505 of 1,113 (45.4%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Attention Deficit Hyperactivity Disorder (ADHD)</b></p> <p>The longest current wait for an ADHD assessment is 101 weeks, with 280 waiting more than 52 weeks. Referrals into the service have increased by 100%, creating a need to significantly increase core capacity where possible to achieve performance targets. Despite efforts to increase capacity, demand continues to exceed current provision, even when a fully established medical workforce is taken into account. In addition, demand for Quantitative Behavioural (QB) testing, which forms part of the diagnostic pathway, exceeds current capacity. Clinic room capacity across all sites remains a challenge. Long term solutions are being explored through the Bandi appeal and the reconfiguration of Puffin Ward.</p>	<p><b>ADHD</b></p> <ul style="list-style-type: none"> <li>• Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. 31/03/27</li> <li>• Increase core capacity through provision of additional QB Tests and follow up sessions. 31/03/27</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>• Continue to manage clinic capacity flexibly and maximise through rigorous job planning. 31/03/27</li> </ul>	
<p><b>Autism Spectrum Disorder (ASD)</b></p> <p>As of March 2026, there were 3,446 children and young people waiting for an ASD assessment with 2,731 individuals waiting more than 26 weeks. Demand for assessment continues to outstrip capacity and remains consistently high. Last month 180 new referrals were received. Between 2019 and 2025, referral rates have risen by 80.8%. Job plans are in place to maximise efficiency. The service is approaching third party providers of digital platforms specifically designed for use by neurodevelopmental service providers in order to ascertain value-based healthcare opportunities. Additional in-year funding has been received to further outsource assessments although this will not eradicate over 3-year waits.</p>	<p><b>ASD</b></p> <ul style="list-style-type: none"> <li>• The Magic Notes full package to support production of structured case notes has been procured for 12 months using Neurodivergence Improvement Programme (NDIP) funding. This will be operational from the 27<sup>th</sup> April. Medical input within team available from June. 30/06/26</li> <li>• Discussion with Comms team commenced to re-vamp intra- and internet pages to provide easily accessible resources to professionals, families and carers. 31/03/27</li> <li>• Working with current provider to agree new outsourcing contract once 26-27 NDIP funding is received. Work to identify suitable cases has commenced in preparation. 31/03/27</li> </ul>	

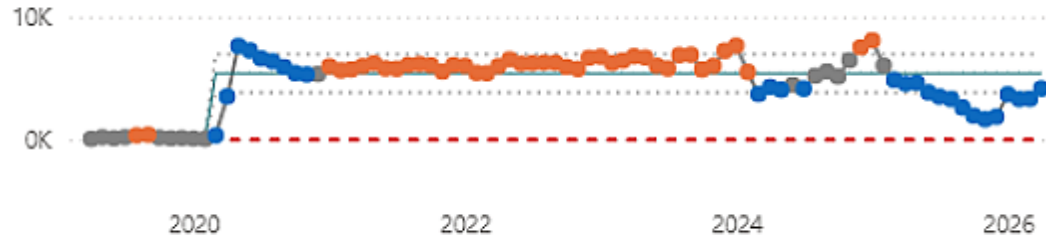
**Key**  
 - - Upper and lower limits  
 — Mean  
 - - Target  
 ● Ambition

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

**Assurance - performance against target**  
 □ Always hitting target  
 □ Hit and miss target  
 □ Always missing target

**Trajectory - performance against our ambition**  
 ● Trajectory met  
 ● Within 5% of trajectory  
 ● More than 5% off trajectory

Patients waiting >8 weeks for a specified diagnostic



Latest overarching performance of 4,149 is showing improving variation but breaches are increasing, driven by Radiology (see table). A “step change” to the chart process limits will be implemented in M2, which is likely to indicate concerning variation.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Apr 2026	4,149	●	□	n/a
Radiology		3,575	●	□	n/a
Cardiology		405	●	□	n/a
Endoscopy		54	●	□	n/a
Imaging		53	●	□	n/a
Phys measure		50	●	□	n/a
Neurophysiology		12	●	□	n/a

**Key challenges / issues**

- Radiology**
- 3,628 breaches in April 2026: Increase of 988 breaches since March 2026.
  - Demand is exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
  - Outpatient department insourcing work contributed to an increase in the overall waiting list. Breaches have exceeded expected monthly increase.
  - An upgrade of the Magnetic Resonance Imaging scanner at Glangwili hospital during March and April 2026 reduced activity.
- Endoscopy**
- New baseline capacity deficit in Gastrointestinal (GI) endoscopy in 2026/27, due to a 5% increase in demand resulting in a demand capacity of 3 lists per week in 2026/27.
  - Old, fragile and out of contract endoscope equipment.
- Cardiology**
- Breaches are primarily attributable to longstanding deficit in in-house diagnostic provision, particularly echocardiography. Further compounded in due to a surge in sickness and maternity leave. Additionally, conversions to diagnostics arising from new outpatient in-sourcing initiative have resulted in a surge in demand, with plans on-going to procure internal or external in-source capacity utilising the funding identified for this activity. Myocardial Perfusion Scans breaches increased due to a 2-week system outage.

**Key actions / initiatives**

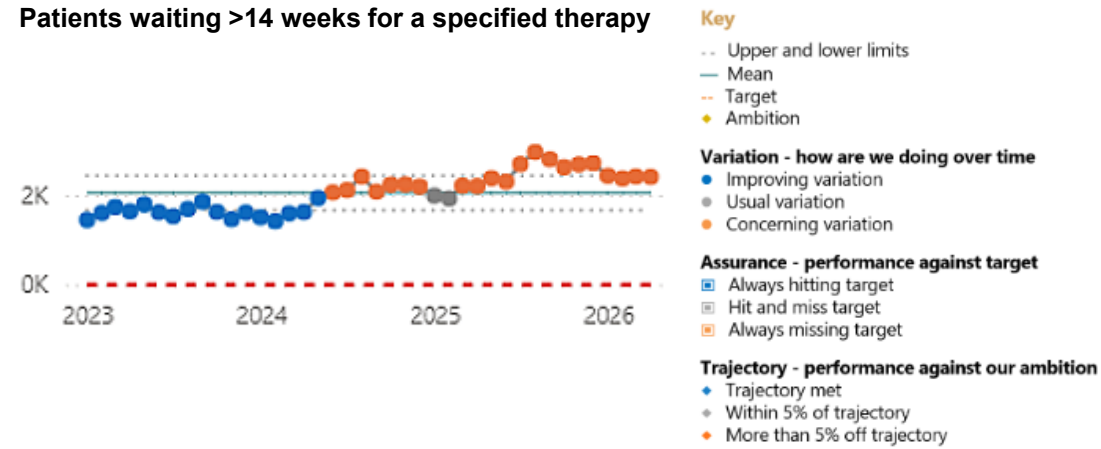
- Radiology**
- Non-Obstetric Ultrasound contract has been extended, and additional capacity has been sought. Insourcing ongoing funded by vacancy.
  - Magnetic Resonance Imaging – 1 van extended from April 2026 – August 2026 using core funding (vacancy lag).
  - Computed Tomography – van has been extended to end of Q1 (June) with additional funding from planned care to scan 250 additional urgent suspect cancer patients per month.
- Endoscopy**
- Welsh Government (WG) funding accrued in March 2026 used to deliver additional activity in April 2026 (via insourcing), to clear the GI diagnostic backlog generated by the new outpatient insourcing initiative. This funding also supported bridging the baseline capacity deficit of 3 lists per week to maintain the 8-week standard for GI.
  - Insourcing has been agreed in May-June 2026 in GI endoscopy to continue to bridge capacity deficits to maintain the 8-week performance standard. Annual plan submission in place for substantive funding to sustainably bridge the capacity deficit.
  - Insourcing cystoscopy lists (2) targeted for May 2026 to bring breaches below the 8-week target.
- Cardiology**
- Internal staffing (insourcing) options being utilised April–May 2026 to increase echocardiography capacity. Additional external provision is unavailable via the current provider for May 2026. Capacity for June is currently being reviewed in parallel, with work progressing to scope opportunities to enhance in-house capacity, for the analysis of cardiac monitoring with the objective of improving turnaround times, strengthening service resilience, and reducing pathway delays.

**Due date**

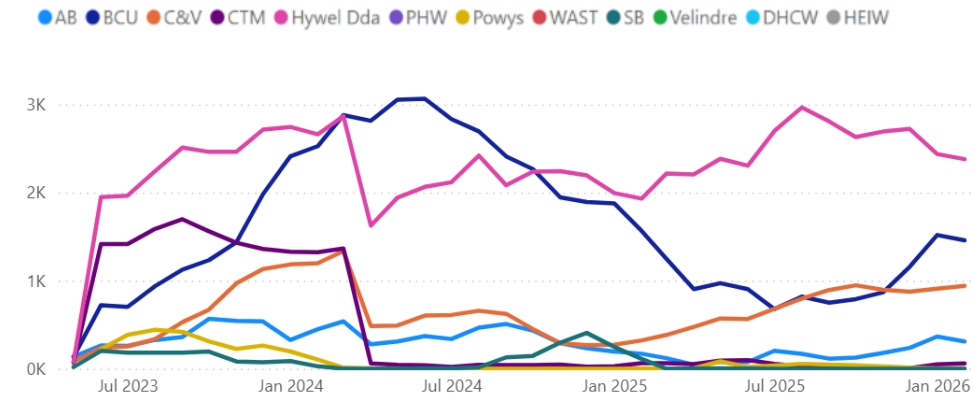
- 01/11/26
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- 30/06/26
- 29/05/26
- 30/06/26

Performance is showing concerning variation. Breaches have been consistently around the 2,400 mark for the last four months.

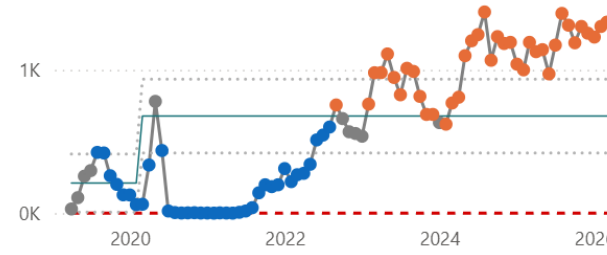
## Patients waiting >14 weeks for a specified therapy



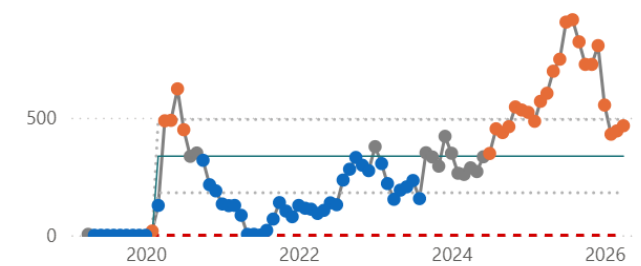
## Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (February 2026)



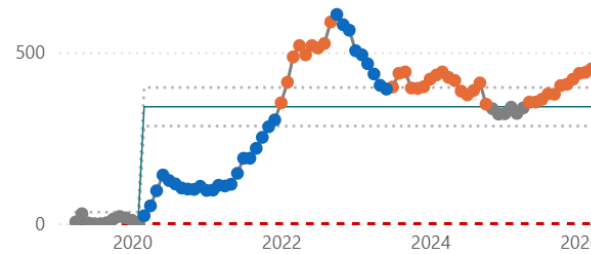
## Number of patients waiting 14 weeks plus for Physiotherapy



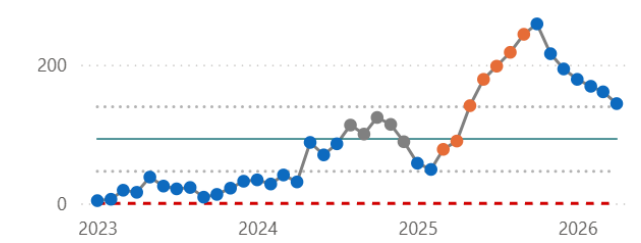
## Number of patients waiting 14 weeks plus for Podiatry



## Number of patients waiting 14 weeks plus for Occupational Therapy



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



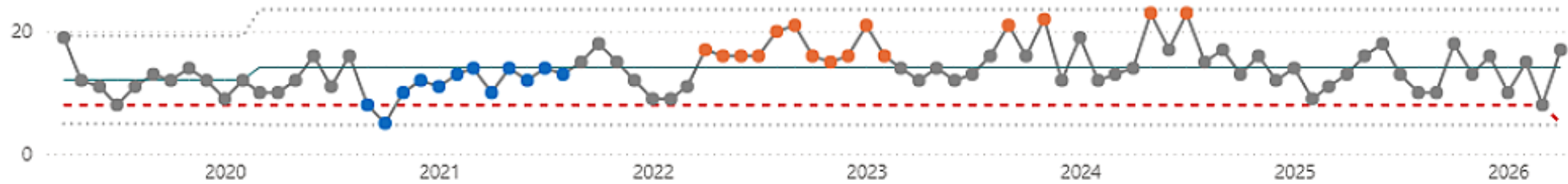
Therapy	Latest period	Latest actual	Variation	Assurance
All	Apr 2026	2,414	●	▣
Physiotherapy		1,368	●	▣
Podiatry		466	●	▣
Occupational Therapy		403	●	▣
Dietetics		144	●	▣
Art therapy		27	●	▣
Speech & Language Therapy		6	●	▣

Therapy waits over 14 weeks (continued) (Ministerial priority)		Therapies
Key challenges / issues	Key actions / initiatives	Due date
<p><b>Physiotherapy</b> 94% 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. 60% of referrals are now urgent, adversely impacting capacity for routine care. The remaining breaches are within community and paediatric services.</p>	<p><b>Physiotherapy</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>3-month pilot starting on 20/04/26 to validate routine MSK waiting lists using new Microsoft Forms methodology.</li> </ul>	<p>31/08/26</p> <p>17/07/26</p>
<p><b>Occupational Therapy (Paediatrics)</b> The service is exploring options to expand clinic capacity by using suitable accommodation across localities. Increased clinics and group interventions are improving flow and reducing waits, supported by expanded sensory workshops for parents and carers to support early intervention. However, accommodation pressures require relocation of clinic and office space in Carmarthen within three months, which may affect the ability to maintain current activity levels during transition.</p>	<p><b>Occupational Therapy (Paediatrics)</b></p> <ul style="list-style-type: none"> <li>The team is further increasing the delivery of sensory workshops for parents and carers to support early intervention and improve throughput.</li> <li>Actions are being undertaken to address long waiting times, including a review of children and young people waiting over 40 weeks to ensure clinical prioritisation remains appropriate and that alternative approaches to intervention are considered where possible.</li> <li>The paediatric occupational therapy service is assessing mitigating actions to minimise any impact arising from the planned relocation of clinic and office space in Carmarthen. This includes reviewing alternative accommodation options, maintaining clinic capacity where possible, and ensuring continuity of service delivery during the transition period.</li> </ul>	<p>31/06/26</p> <p>31/06/26</p> <p>31/08/26</p>
<p><b>Embedded improvement actions</b></p>		
<p><b>Podiatry</b> New patient referrals have risen by around 40% over six years without an increase in capacity, while patient complexity has increased. This has led to longer appointments and fewer patients being seen. Podiatry provides first-contact triage for Orthopaedics and Vascular services and has expanded roles (7 Independent Prescribers and 5 Sonographers) through internal reorganisation without additional funding. Breaches in recent months have stabilised due to temporary management-led clinics, however, this is unsustainable, and performance is likely to deteriorate with temporary clinics ceasing.</p>	<p><b>Physiotherapy</b> Financial Control Group approval given to actively recruit Band 5 bank staff, with 5 job offers made 3rd March 2026. Bank workforce are now in post. Action closed.</p>	
<p><b>Dietetics</b> Paediatrics is under pressure from increased demand for selective eating cases (with nutritional risk), driving most waiting time breaches. Sickness absence is worsening this, and while fixed-term capacity is helping slightly, there is a risk of deterioration when it ends in September 2026. A small number of community breaches reflect staffing fragility, including a vacant clinical lead role and ongoing sickness. Diabetes breaches are minimal and due to short-term sickness, with no expected ongoing impact.</p>	<p><b>Podiatry</b> 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><b>Dietetics</b> 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. Community: ongoing sickness absence management. service lead recently started in post, clinical lead role out to advert and service improvements underway.</p>	

**Key**

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

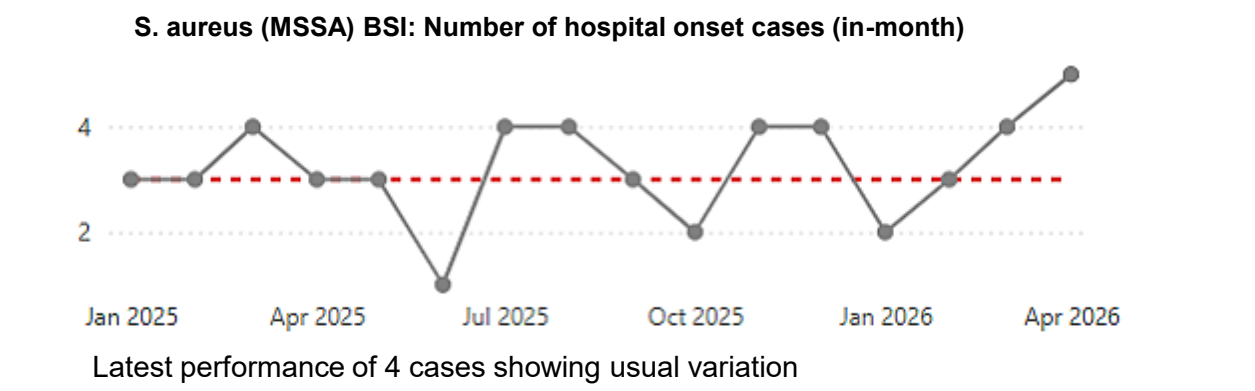
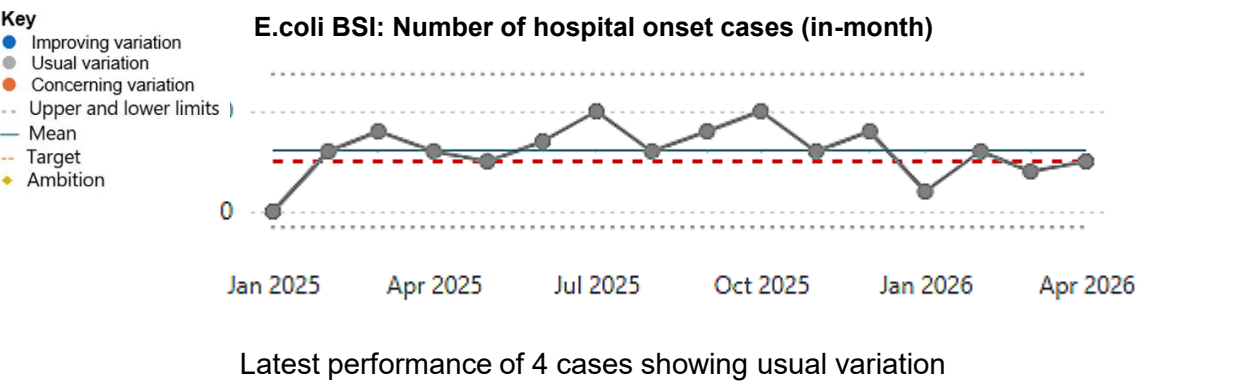
**Number of laboratory confirmed C. difficile cases (in-month)**



Latest performance of 17 cases is showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
<p><b>C. difficile:</b></p> <ul style="list-style-type: none"> <li>Hospital onset infections of C.difficile remain to be of concern, several community onset infections have been classified as “community onset, healthcare associated,” meaning cases are linked to recent healthcare exposure.</li> <li>The Welsh Health Circulars Antimicrobial resistance and Healthcare Associated infections 2025 to 2027 sets an improvement goal: to reduce the overall burden of C. difficile infection by at least 25% against the 2024/5 counts. There were 184 cases of C. difficile in 2024/25, for 206/27 the HB would need to achieve 138 cases or less to meet the improvement goal.</li> <li>Antibiotic Stewardship: Inconsistent completion of Start Smart Then Focus (SSTF) audits; vacancies in Antimicrobial Pharmacy team risk affecting stewardship.</li> <li>Delayed Infection Prevention Control Actions: Recognition, isolation, and diagnosis delays noted in some cases.</li> <li>Environmental Cleaning: Cleaning scores in Glangwili hospital for high-risk wards areas are below the expected standards.</li> <li>Compliance Gaps: Lapses in bare below the elbow standards across staff groups</li> <li>Mandatory Training: Level 2 Infection Prevention Control compliance at 74.34%, below the 85% target and a reduction from the previous month.</li> </ul>	<p><b>C. difficile:</b></p> <ul style="list-style-type: none"> <li>C.difficile Improvement Group to progress the work with the C.difficile collaborative and identify improvement projects.</li> <li>Review of cases for April to assess locations, themes and any cleaning implication that could have contributed to the infection.</li> <li>Hydrogen peroxide vapour (HPV) awareness session for ward staff for each acute site in May 2026. To increase awareness of application and rationale.</li> </ul>	<p>31/05/26</p> <p>31/05/26</p> <p>31/05/26</p>
<b>Embedded improvement actions for ALL infection types</b>		
<ul style="list-style-type: none"> <li>Learning &amp; Governance: Healthcare associated infections cases reviewed monthly</li> <li>Assurance Group; learning shared via Clinical Care Groups. Issues escalated through governance structures. This requires all members of the multi-disciplinary team in attendance</li> <li>Monthly hand hygiene audits by Ward Managers, monitored and reviewed.</li> <li>Self assessment by CCGs and CSGs against the Quality Statement for Infection Prevention and Control issued by the Chief Nursing Officer.</li> </ul>		

**E. coli and S. aureus cases (hospital onset)**  
(Enhanced monitoring)



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

**E. coli:**

- Infections primarily community-onset, linked to urinary tract and some catheter-related infections. The Welsh Health Circulars Antimicrobial resistance and Healthcare Associated infections 2025 to 2027 sets an improvement goal: a reduction of at least 10% in cases of hospital onset E. coli bloodstream infections (BSI) is expected vs the cases in 2024/2025. There were 60 cases of E.coli bloodstream infections in 2024/25, for 206/27 the Health Board would need to achieve 54 cases or less to meet the improvement goal.
- Most cases occur in the 80–89 age group.
- Non-compliance observed bare-below-the-elbow practices across staff groups.
- Health Board aseptic non-touch technique compliance for E-learning is at 85.04%.

**S. aureus**

- The burden of S.aureus bloodstream infections (BSI) is seen within the community.
- The Welsh Health Circulars Antimicrobial resistance and Healthcare Associated infections 2025 to 2027 sets an improvement goal for both Meticillin-Sensitive Staphylococcus (MSSA) and Meticillin-Resistant Staphylococcus (MRSA).
- MSSA Improvement Goal: A decrease of at least 20% compared to the 2024/25 baseline counts for all Health Boards.
- MRSA Improvement Goal: All Health Boards should have fewer MRSA BSI cases in 2025/26 than in 2024/25. 11 cases of MRSA BSIs for 2024/25.
- 122 cases of MSSA BSIs in 2024/25, for 206/27 the Health Board would need to achieve 98 cases to meet the improvement goal.
- Health Board aseptic non-touch technique compliance for E-learning is at 85.04%.
- Non-compliance observed bare-below-the-elbow practices across staff groups.

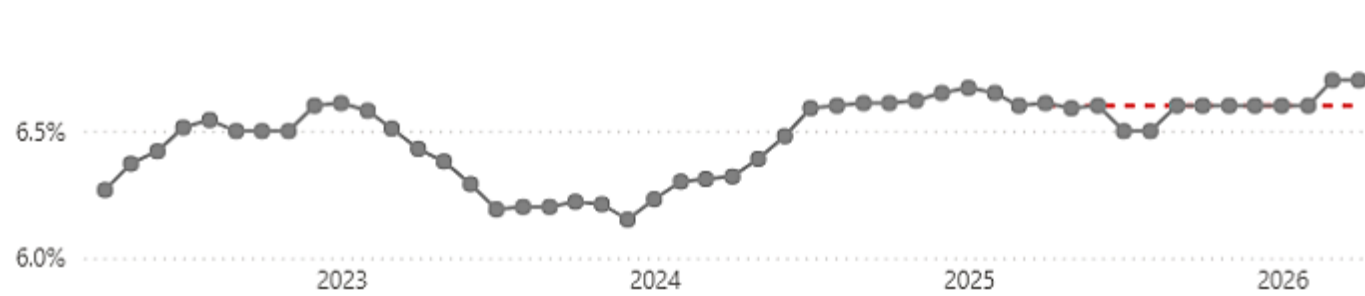
**E. coli:**

- Health & Wellbeing booklet under final review and pending publication. 31/05/26
- Ongoing review of hand hygiene products and promotional posters- PPH and community hospital complete. 31/05/26

**S. aureus**

- Clinical Care Groups to monitor Aseptic non-touch technique compliance and assessor training offered to clinical areas from infection prevention. 31/05/26
- Proposal to make competency mandatory via Electronic Staff Record- awaiting feedback. 31/05/26
- Healthcare associated infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups. 31/05/26
- Hand hygiene validation and observational audits conducted based on senior nurse monthly audits. 31/05/26

**% staff sickness rate (12 months rolling)**

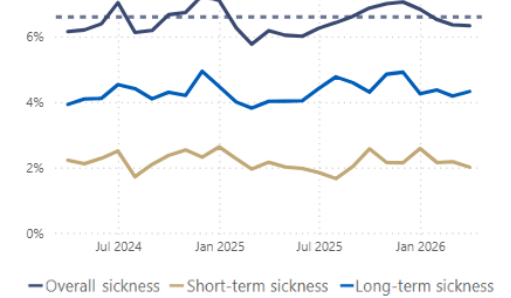


Rolling 12-month staff sickness percentage rates from April 2024 – April 2026:

- April 2024: 6.3%
- April 2025: 6.6%
- April 2026: 6.7%

**% staff sickness rate (in month)**

April 2026 (in month) = 6.3%  
Short-term sickness = 2%  
Long-term sickness = 4.3%



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

Team	Staff	R12m	In-month
<b>Sunderland Ward</b>	72	15.2%	<b>11.8%</b>
<b>Immunisation Team</b>	65	13.1%	<b>10.0%</b>
<b>Withybush Domestic Services</b>	141	10.9%	<b>8.4%</b>
<b>Teifi Ward</b>	65	15.5%	<b>8.3%</b>
<b>Carmarthen Community Midwives</b>	60	9.7%	<b>7.7%</b>

**Key challenges / issues**

Figures are indicative of a monthly downward trend for absences in April at 6.3%, however the Health Board’s 12 month rolling absence rate has increased slightly above the 6.6% target and at year end is at 6.7%.

Absence rates attributed to anxiety, stress and depression continue to be the highest reason for absences across the Health Board at 34.3%, with absences attributed to other musculoskeletal problems as the second highest reason at 10.7%.

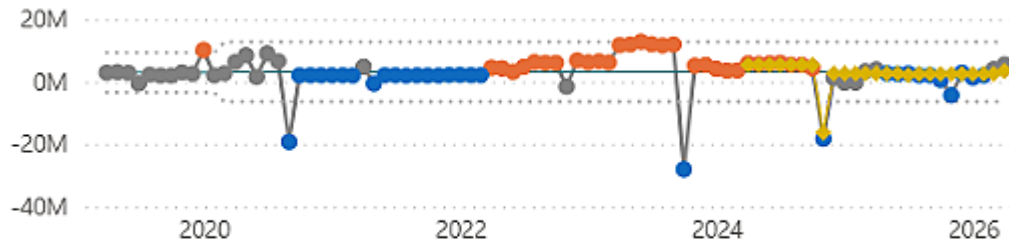
**Embedded improvement actions**

- Initiatives include; the development of bite-sized training sessions and updated Wellbeing Passport and guidance for managers.
- Flu vaccination uptake increased by 15% to 43.89%.
- 2 Workforce Advisors started in March to support attendance management and reduce sickness absence, alongside continued collaboration with senior managers to address hotspots across clinical groups.
- Data analysis and targeted support to address underlying issues, Workforce support aligned to employee relations matters.
- Planned actions include training sessions on reasonable adjustments, an Occupational Health training course for new NHS managers, exploration of a Wellbeing newsletter, and further development of sickness absence data linked to population health for better interventions.

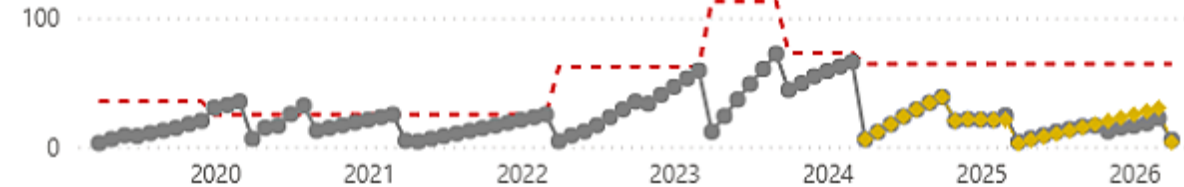
**Key**

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

**Financial in-month deficit**



**Financial deficit (£m) – year to date**



**Key challenges / issues**

The Health Board's Annual Planned Deficit is £41.0m with an Annual Savings Target of £42.8m. Gross forecast position is £63.6m, with unplanned mitigating actions of £22.6m to be finalised, to achieve the reported end of year forecast position of £41.0m. Total savings delivery are £7.2m, leaving a savings delivery gap of £35.6m against the savings target.

The in-month financial position is a deficit of £5.5m, which is an adverse variance against the £3.4m in-month deficit plan due to the savings target of £3.6m has been under identified by £2.7m, and the £0.9m savings identified being fully delivered in-month. This has been offset by a core operational underspend of £(0.6)m.

The in-month core underspend of £(0.6)m is largely driven by pay vacancies across all service areas especially within Executive functions £(0.9)m, income overachievement mainly relating to Health Education Improvement Wales and non-contracted activity income £(0.2)m, Dental contract hand back and delay in Cluster projects £(0.8)m, offset by Continuing Healthcare packages within Community and Integrated Medicine and Mental Health £0.7m, and Medical locum agency usage £0.5m.

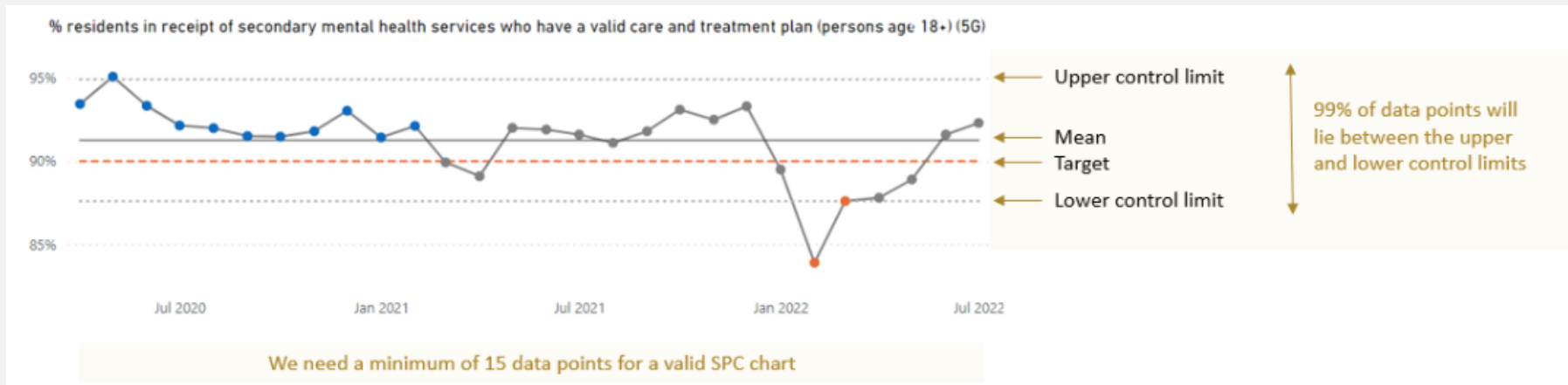
**Key actions / initiatives**

- Continuing use of additional medical cover, including premium locum and agency in Bronglais and Withybush hospitals, Planned Care and Mental Health. Rate card adoption required and comprehensive use of Allocate to be embedded. Overdue
- Significant identification gap for savings schemes across Clinical Care Groups, Estates & Facilities and Pharmacy & Medicines Management. Escalation for the Finance domain likely due to risk associated with delivering the annual plan equitably across services. Underspends without a related overspend are to be proactively declared as savings recurrently. Overdue
- Increased continuing healthcare expenditure requiring further detailed analysis. 31/05/26
- The following known decisions have been made outside of the annual planning process: 31/05/26
  - Newly qualified streamlining nursing over establishment
  - Anaesthetist rate card extended, increasing Medical costs
  - Breast consultant over-established – retiree should have offset
  - Critical Care Bank usage utilised outside of variable pay framework
  - Out of area Mental health & Learning disabilities outsourcing beds – Ministerial Priorities conflict
  - Patient Flow Unit established without business case approval

## 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.

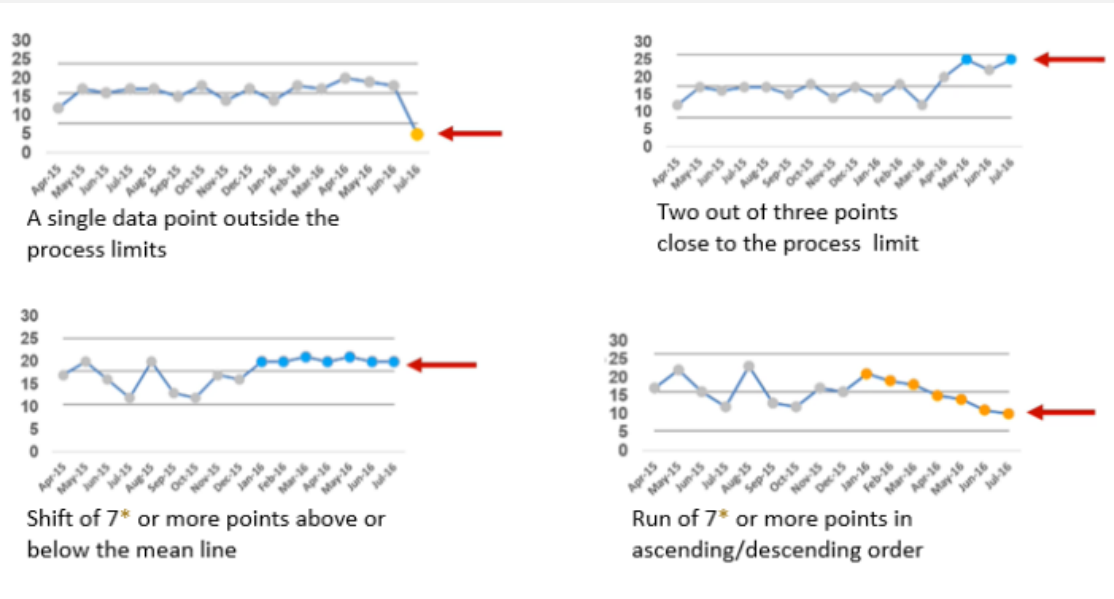
## Anatomy of a SPC chart



## 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.

<b>Variation</b> 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
<b>Assurance</b> 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 <b>blue</b> is good, orange is <b>bad</b>		



# Internal escalation update

May 2026



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# Headlines

as at 30<sup>th</sup> April 2026



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Areas to highlight	Points to highlight	3A
Community and Integrated Medicine	Community and Integrated Medicine continues to be our most concerning CCG, with the function being escalated to level 3 in 6 out of the 7 improvement domains with limited signs of improvement. Key issues for the CCG include the management of incidents/complaints, hospital acquired infections, overdue risks & risk actions, overdue audit & inspection recommendations, overspent, significant gap on savings delivery, support for inpatient smokers, business continuity planning, ambulance handover delays, A&E waits and pathway of care delays.	Alert
Performance	The following have been escalated from level 2 to level 3: <ul style="list-style-type: none"> <li>- Radiology: breaches have increased by 150% since November 2025</li> <li>- Ambulance handover delays: over a 20% increase in breaches for 45mins, 1hour and 4hours</li> </ul>	Alert
Finance	We have an identified savings gap of £35.6m to meet our annual plan forecasted end of year deficit of £41m. Key functions impacting this position are: <ul style="list-style-type: none"> <li>- Community and Integrated Medicine</li> <li>- Mental Health and LD</li> <li>- Planned and Specialist Care</li> <li>- Operational Allied Health &amp; Health Science</li> <li>- Estates and Facilities</li> <li>- Long Term Agreements (LTAs)</li> </ul>	Alert

## Acronyms

A&E = Accident & emergency  
GGH = Glangwili Hospital

BGH = Bronglais Hospital  
WGH = Withybush Hospital

CCG = Clinical Care Group

# Background and overview



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

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

## Health board escalation level overview as at 30<sup>th</sup> April 2026

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

	Function	Quality & safety	Governance	Workforce	Finance	Strategy, planning and fragile services	Population Health	Performance
Clinical Care Groups	Community and Integrated Medicine	3	3	2	3	3	3	3
	Chief Operating Officer Management	1	1	2	2	1	3	n/a
	Mental Health and Learning Disabilities	3	1	2	3	3	3	3
	Planned and Specialist Care	3	2	2	3	3	3	3
	Primary Care	1	1	1	1	2	3	3
Executive Functions	Estates and Facilities	2	1	2	3	1	1	3
	Executive Director of Finance	1	2	1	1	1	2	n/a
	Medical	1	1	1	1	1	2	n/a
	Pharmacy and Medicines Management	1	1	1	2	1	3	n/a
	Executive Director of Nursing, Quality and Patient Experience	1	1	2	1	1	2	3
	Executive Director of Public Health	1	1	2	1	1	1	2
	Executive Director of Strategy and Planning	1	1	1	1	1	3	n/a
	Long Term Agreements (LTAs)	n/a	n/a	n/a	3	n/a	n/a	n/a
	Executive Director of Workforce and Organisational Development	1	1	1	1	1	3	n/a
	Governance and Communication	1	1	2	1	1	2	n/a





# Domain overview: Workforce



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## Escalation levels by function & month

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



# Domain overview: Strategy, Planning & Fragile Services



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## Escalation levels by function & month

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





# Trends for our most concerning functions



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## Community and Integrated Medicine

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

## Estates and Facilities

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





# Escalation criteria



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University Health Board

Quality & Safety	Governance	Workforce	Finance	Strategy, Planning and Fragile Services	Population Health	Performance and Outcomes
<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Complaints</li> <li>3. Duty of Candour</li> <li>4. HIW/CIW</li> <li>5. Deteriorating patients</li> <li>6. Patient experience</li> </ol>	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits/ inspections</li> <li>3. WHCs/ Ministerial Directions</li> <li>4. Governance arrangements</li> <li>5. Policies</li> <li>6. Freedom of information</li> </ol>	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Employee relations cases</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Overdue pay progressions</li> <li>7. Rosters &amp; job plans (includes agency use)</li> </ol>	<p>Assurance the directorate will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> </ol>	<p>Assurance the directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p> <p>Has a triangulated plan to operate services effectively for the year.</p>	<p>Determines if opportunities are being taken to encourage patients to embrace healthier lifestyles or to ensure that our population is resilient to future challenges.</p>	<p>Assurance the directorate will meet improvement trajectories to achieve target performance.</p>