Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 July 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Annual Plan 2026/27 including Finance and Performance
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Shaun Ayres, Director of Delivery Andrew Spratt, Deputy Director of Finance Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is intended to summarise the key updates relating to the Annual Plan from the Performance, Finance and Escalation perspectives. It is intended to provide a clear summary of the critical issues and as such, focuses on the key alerts from each topic, not a comprehensive update, which will be covered in the separate reports contained within the Finance and Performance sections of the agenda.

Hywel Dda University Health Board (HDdUHB) remains subject to significant external escalation. At the NHS Wales Performance and Improvement review on 10 July 2026, planned care was recorded at Level 3. Finance, strategy and planning, and performance and outcomes relating to urgent and emergency care, fragile services including ophthalmology, and healthcare-associated infections remained at Level 4.

The Month 3 position shows that the 2026/27 plan is not yet delivering the required improvement consistently. Operational pressure remains most evident in urgent and emergency care, planned care and cancer, diagnostics and therapy waits. Financial pressure is concentrated in many of the same services. This report therefore brings together the current plan delivery and finance position, the external requirements placed on the Health Board and the action required to improve delivery confidence.

Internal escalation – update as at 30 June 2026
At 30 June 2026, Community and Integrated Medicine and Planned and Specialist Care had been escalated to Level 4 under the internal finance escalation framework, the first use of Level 4 by the Health Board. Both clinical care groups were forecasting material year-end overspends and were not on course to deliver their savings requirements. The detailed Month 3 position and its implications for delivery are set out in the Assessment.

Cefndir / Background

The 2026/27 NHS Wales Performance Framework, published in February 2026, provides the national performance context. The Health Board's plan has subsequently been subject to sustained external challenge. Following the Accountability Framework meeting on 1 June 2026, Dr Chris Clayton's letter of 5 June identified three priorities: significant progress in urgent and emergency care; action on fragile clinical services; and a credible trajectory to financial balance. It described the planned £41m deficit as neither agreed nor acceptable to Welsh Government, and required stronger savings delivery, clearer workforce and financial triangulation, and more ambitious but deliverable trajectories for planned care, diagnostics, cancer and urgent and emergency care.

Following the Level 4 Escalation Board on 3 June, Jacqueline Totterdell's letter of 12 June concluded that the Health Board did not have sufficient grip on its most significant financial and performance challenges. Ahead of the next escalation meeting, it required a clear financial roadmap to the required position and balance, a 50% reduction in Nationally Reportable Incident (NRI) investigations, and clear and ambitious trajectories for planned care, cancer and urgent and emergency care. It also sought sustained improvement in infection prevention and control, complaints handling and learning from never events.

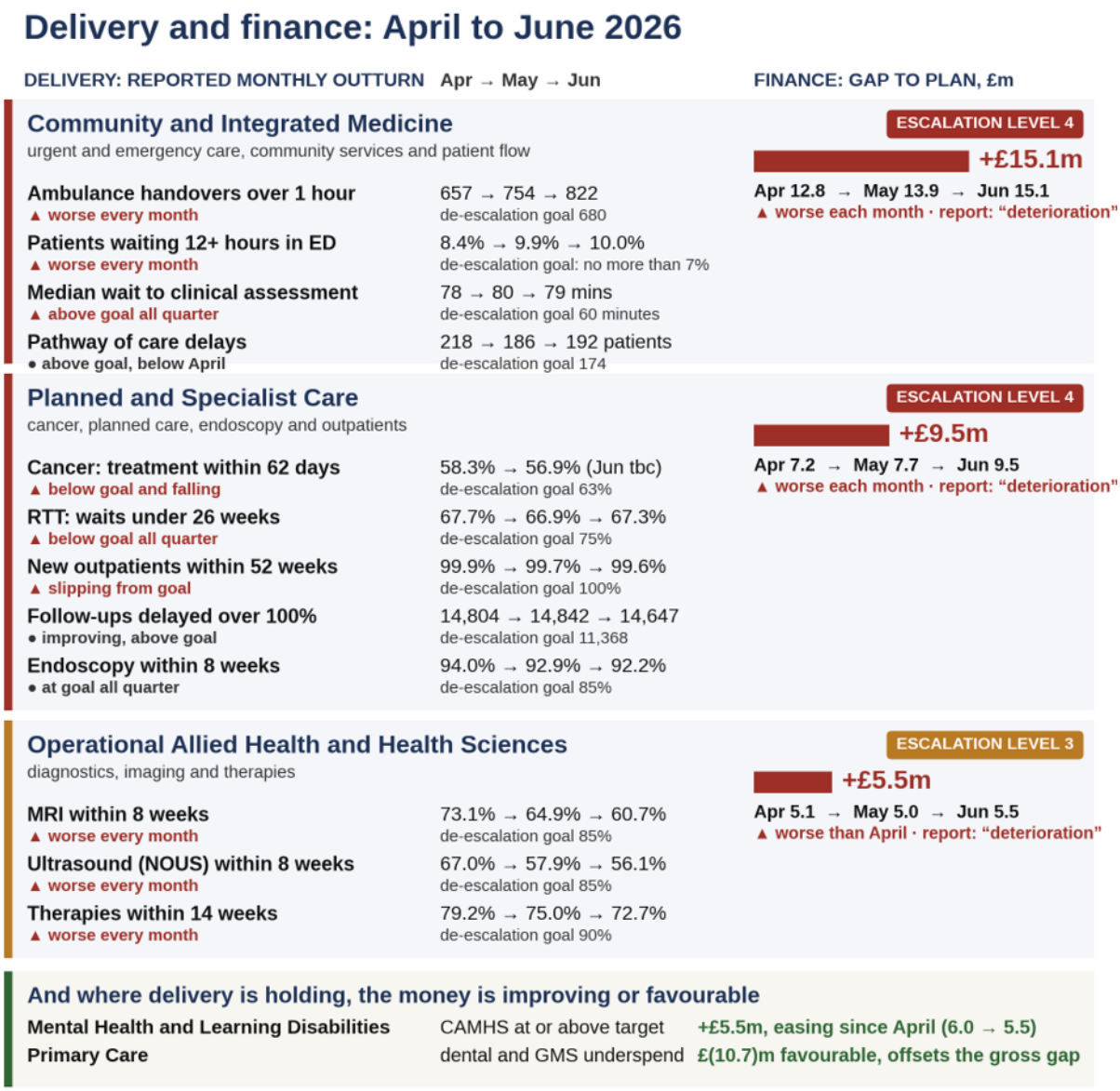
The national planned care requirements were then strengthened by Nick Wood's directive of 30 June and Jacqueline Totterdell's letter to NHS Wales Chairs of 1 July. They require the elimination of waits over 104 weeks as a matter of urgency, an eight-week maximum wait for diagnostics, credible and deliverable plans, full use of internal capacity, regional and national collaboration, productivity improvement and sustainable pathway change. Formal Board scrutiny and approval are explicit. Access to additional funding is conditional on evidenced delivery and may be withheld or redeployed. The required timetable was an elimination plan by 19 July and a Board-approved planned care plan by 31 July.

The NHS Wales Performance and Improvement review on 10 July continued the actions arising from the June meeting. The 4 August Escalation Board agenda now requires evidence in advance on progress across the Well-led domain and the four pillars of quality, workforce, finance, and delivery and performance. This includes the Month 3 and indicative Month 4 position against plan, the financial position, NRI investigations, performance trajectories and the clinical services plan, including stroke. Board consideration on 30 July is therefore a material assurance point before the 31 July planned care deadline and the 4 August escalation meeting. The central test is whether the current trajectories, recovery actions and resource assumptions are credible, deliverable and sufficient to improve patient outcomes within 2026/27.

The 30 July Board meeting is therefore a material assurance point. It must test whether the response submitted to Welsh Government, the planned care plan due for approval by 31 July, and the wider recovery actions are credible, deliverable and sufficient to improve patient outcomes within 2026/27 before the 4 August Escalation Board.

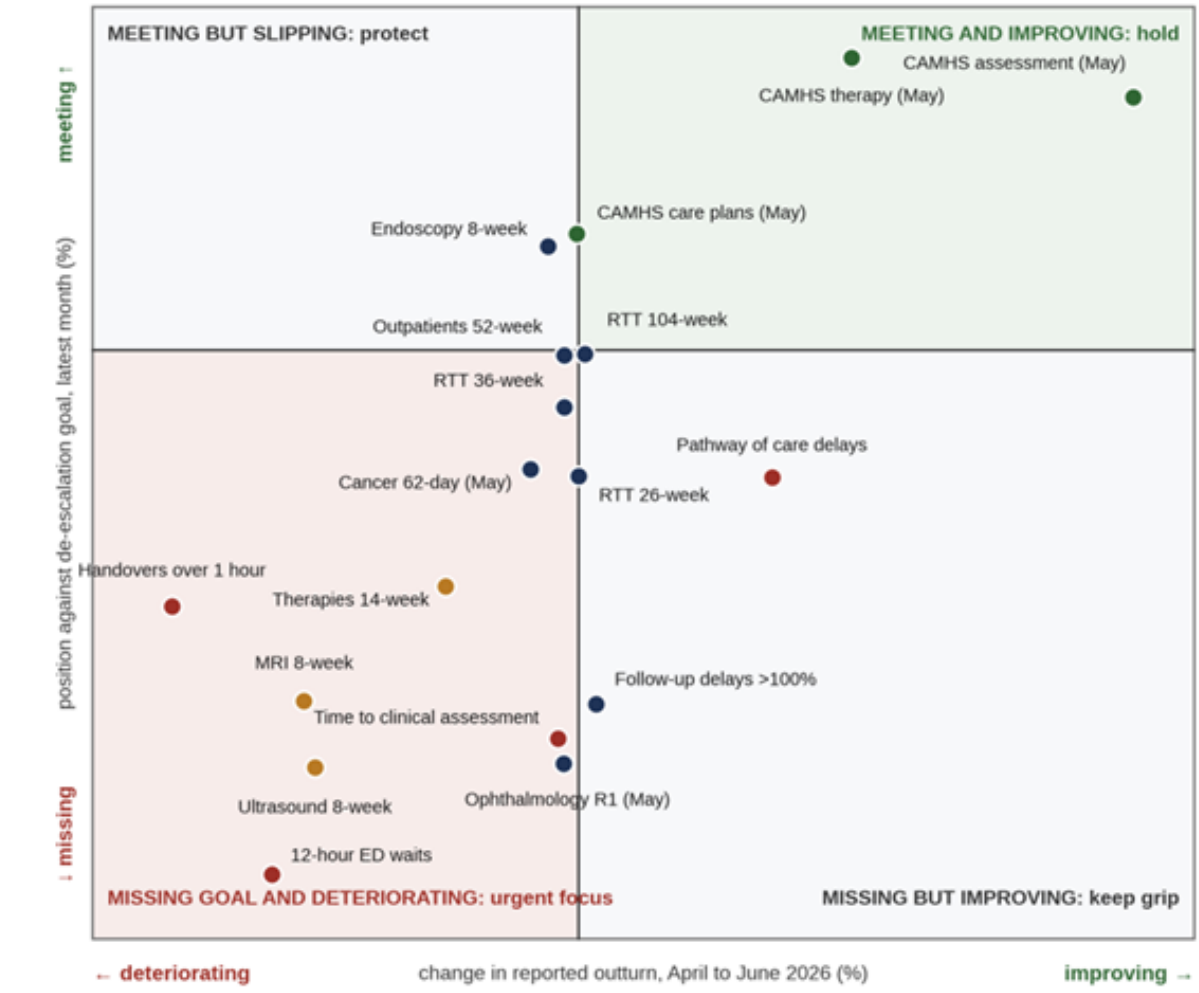
Asesiad / Assessment

Annual Plan Progress Summary
This section draws the Board's attention to the read-across between the delivery position and the financial position at Month 3. It signposts rather than duplicates: the measure-level detail sits in the IPAR, and the financial detail in the Financial Performance Report.



The above illustration represents the actual position over the last 3 months of actual performance. Furthermore, this is then reflected in the relevant matrix below:

Delivery and finance: April to June 2026



FINANCE: FORECAST GAP TO PLAN AT MONTH 3, £m

Community and Integrated Medicine	Planned and Specialist Care	Operational Allied Health and Health Sciences	Mental Health and Learning Disabilities
+£15.1m	+£9.5m	+£5.5m	+£5.5m
Apr → Jun: 12.8 → 13.9 → 15.1	Apr → Jun: 7.2 → 7.7 → 9.5	Apr → Jun: 5.1 → 5.0 → 5.5	Apr → Jun: 6.0 → 5.4 → 5.5
▲ worse each month	▲ worse each month	▲ worse than April	▼ easing since April
ESCALATION LEVEL 4	ESCALATION LEVEL 4	ESCALATION LEVEL 3	ESCALATION LEVEL 3

The delivery pressure and the financial pressure sit in the same places. The two care groups with the most visible deterioration in reported monthly outturns, Community and Integrated Medicine and Planned and Specialist Care, are also the two escalated to Level 4 of the internal escalation framework and carry the two largest forecast gaps to plan (£15.1m and £9.5m), both worse in each month of this financial year. This is based on actual monthly results, including where the pressure sits, not a claim of statistical correlation.

Urgent and emergency care - Ambulance handovers over one hour have risen every month, from 657 in April to 822 in June, and now sit 21% above the de-escalation goal of 680. Twelve-hour waits reached 10.0% of attendances against a goal of no more than 7%. The IPAR urgent and emergency care section carries the detail.

Planned care and cancer - The 62-day cancer performance was 56.9% in May, 6% points below the 63% the previous enhanced monitoring criteria of 63%. RTT under 26 weeks has sat around 8% points below its 75% goal all quarter. Endoscopy, above goal across the Q1 of

26/27. The £9.5m gap widened by £1.8m in June, with £0.8m of the £5.9m savings target identified.

Diagnostics -This is the fastest-moving deterioration: MRI is down 12% points since April to 60.7% and ultrasound down 11 to 56.1%, against 85% goals. Implementation of Radiology+, the new radiology system, has created a number of issues within the care group, so current performance should be viewed carefully against the new system. Diagnostic waits feed the cancer and RTT positions downstream. Finally, there is a task and finish group reviewing the current issues, as there is recognition that this requires urgent resolution.

Performance position and read-across

The Month 3 IPAR shows an uneven position. Cancer performance fell to 56.9% in May and 528 patients were waiting more than 62 days. In June, 173 patients had waited more than 52 weeks for a new outpatient appointment and 254 had waited more than 104 weeks from referral to treatment. Diagnostic and therapy backlogs also increased, while urgent and emergency care recorded its highest 12-hour breaches since May 2024 and its highest four-hour ambulance handover breaches since June 2025. The IPAR also reports improvement in neurodevelopmental assessment waits, high-risk eye care and pathway of care delays, but these gains do not offset the deterioration in the priority measures. The detailed metrics, trajectories and mitigating actions remain in the IPAR and are not repeated here.

Community and Integrated Medicine and Planned and Specialist Care are both at Level 4 within the internal finance escalation framework and carry material forecast gaps to plan. The IPAR contains the wider internal escalation position. The implication for this report is clear: service recovery, capacity and workforce choices, savings delivery and financial control must be managed as one plan.

Financial Position
Included within the agenda is the Financial Report, which provides a comprehensive assessment and update on financial performance. The following points cover the critical updates contained within it:

- **Savings Plan Credibility**
  - A material level of under-delivery remains, with £21.8m of savings still to be identified. This breaches the expectations set out by Welsh Government, as shared to all organisations within a Welsh Health Circular – which was for 100% of savings plans to be in assured robust status by 30 June 2026;
  - The forecast position remains heavily reliant on non-recurrent actions and unassured mitigations with there being limited confidence that current delivery trajectories are sufficient to close the savings gap;
  - Year-to-date underspends have been converted into savings; however, there is limited evidence of further recurrent savings opportunities to support the forecast position; and,
  - The underlying deficit remains significantly above the 2025/26 outturn, at £68.8m. This reflects the continuing savings gap and the limited conversion of non-recurrent underspends into recurrent savings. Month 6 has been communicated within the organisation for actions to be concluded to convert the non-recurrent benefits to recurrent.

- **Cost Pressures and Unplanned Decisions**
  - Continued premium workforce expenditure, including agency, locum, over-establishments and additional duties spend;
  - Decisions taken outside planning assumptions, primarily driven by service fragility and operational risk; and

- Increasing demand-led pressures, including Continuing Healthcare and Swansea Bay LTA for non-elective short stay.

- **Escalation and Accountability Risk**
  - Key operational areas, including Community and Integrated Medicine and Planned and Specialist Care, have been escalated to Level 4 due to savings delivery gaps;
  - Consistent with the concerns set out in the June escalation correspondence, the Month 3 position does not yet provide sufficient assurance that accountability, financial control and delivery arrangements are operating consistently across all portfolios.

Planning Function Resource Increase – Non-Pay Conversion
Following in-principle support from the Executive Team, approval is sought to establish three (3) whole-time equivalent (WTE) Band 8C Heads of Planning and Improvement. The posts will be embedded within the Clinical Care Groups and funded equally between the Health Board's central planning budget and the Clinical Care Groups. The full-year recurrent cost is circa £310,971, including employer on-costs, of which the central contribution is 50%, equivalent to £155,486 per annum.

Finance has identified sufficient recurrent non-pay provision within the current planning and strategy budget, to meet the central contribution. Financial principles are that no increase in workforce should be afforded from non-pay budgets, unless there is a direct effect, e.g. a contact provision brought in-house – which this does not apply. The Board is therefore asked to approve the transfer of £155,486 from non-pay to pay as an exception to financial governance, and the associated increase of 3.0 WTE, with the remaining 50% funded through confirmed Clinical Care Group contributions. Further, the current budget for Planning and Strategy does have flexibility to accommodate this conversion, i.e. through underspends. This is a reclassification of existing funding and utilises an existing underspend to support the much-needed recruitment of these essential roles. It should be noted that this will deteriorate the financial position, as the underspend will be forgone as a recurrent saving.

Argymhelliad / Recommendation

The Board is asked to:

- **SCRUTINISE** the Month 3 performance and financial position, including the adequacy of recovery action in areas below trajectory, the reliance on £21.2m of unconfirmed mitigations and the £21.8m savings gap.
- **REQUIRE** the Executive Team to demonstrate at the 4 August Escalation Board that the Health Board's response provides a credible roadmap to financial balance, a 50% reduction in NRI investigations and ambitious, deliverable performance trajectories, and to address any gaps identified by the Board.
- **RATIFY** the In-Committee Board and Chair's Action decisions for Annual Plan investments and **APPROVE** the in-year investment decisions, subject to affordability and ongoing monitoring through the Finance and Performance Committee.
- **APPROVE** the establishment of three WTE Band 8C Heads of Planning and Improvement and the associated recurrent transfer of £155,486 from non-pay to pay for the central contribution, with confirmed Clinical Care Group contributions funding the balance. This uses an existing underspend and removes it as a recurrent savings opportunity.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	2326 (score 20) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2025/26 due to significant deficit position. 1199 (score 25) Risk of the Health Board not being financial sustainability.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Executive Team Strategy and Planning Committee People, Organisational Development and Culture Committee Finance and Performance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Workforce implications are inherent within the report.
Tegwch Iechyd: Health Equity:	Not applicable
Risg: Risk:	Risk implications are inherent within the report.
Cyfreithiol: Legal:	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders. 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.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

2026/27 Financial Performance Report
Public Board Meeting

Month 03 June 2026/27

Contents

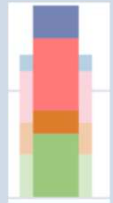
Key

Risk Assessment and key performance indicator RAG criteria:

Alert	◯	Lack of confidence in current actions to resolve issue; engagement, action or intervention required.
Advise	◯	Areas of concern with current actions; assurance taken but close monitoring needed as early warning of potential serious issue.
Assure	◯	Confidence that actions are robust and sufficient; routine monitoring only.

Savings BRAG and visual guide:

Current Month	Prior Month	Savings Blue, Red, Amber and Green Schemes (BRAG)
		A potential saving has been identified but is not yet scoped or developed. No detailed plan exists.
		Scheme is under consideration and initial scoping has started, but it is not yet fully developed or approved.
		Scheme has a clear plan, with actions and timelines defined, but delivery is not yet certain (medium risk).
		Implemented or near completion; savings delivery highly confident.



Revenue vs plan variance matrix report RAG indicator criteria:

Matrix Appendices RAG	In-Month Matrix	YTD Matrix	EOY Matrix
Large Positive Variance	>100,000	In-Month range x No. Months	In-Month range annualised
Moderate Positive Variance	50,000 – 99,999	In-Month range x No. Months	In-Month range annualised
Moderate Negative Variance	(99,999) – (50,000)	In-Month range x No. Months	In-Month range annualised
Large Negative Variance	<(100,000)	In-Month range x No. Months	In-Month range annualised

Actionable Insights – Top Priority Alerts

Action / Decision	£m	Description	Owner	Status	Due Date
Mid Year Forecast Assessment	**TBC**	The reported deficit is being reviewed during July and August. If there is no material improvement, or robust plans, the Month 6 forecast will alter.	Andrew Spratt	In-progress	**5 Sept**
Medical pay and rostering Additional cover at premium costs	**7.1**	Continuing use of additional medical cover, including premium locum and agency in BGH, WGH, Planned Care and Mental Health. The adoption of the Medical Rate card requires a compliance assessment for impact. The comprehensive use of Allocate also needs to be embedded.	Mark Henwood	Actions to be taken forward from the June Finance and Performance Committee update	**31 August**
Identification and delivery of robust **savings plans**	**21.8**	There has been a shift in the identification and conversion of underspends in-month, but there remains a significant delivery gap and limited progress with future underspend savings commitment. Escalation for the Finance domain has increased to Level 4 for two CCGs – action plans to be agreed between CEO and COO for support and response	All Executive Directors, *excluding Workforce, Finance and CEO*	Ongoing, urgent action as part of de-risking the annual plan in Q2 – Executive decision for Month 4 has been made.	**Overdue**
Conscious decisions compounding delivery of Annual Plan		Known decisions have been made outside of the annual planning process:			**Overdue**
	1.3	• Anaesthetist rate card extended, increasing Medical costs	Mark Henwood	No further extension	
	0.1	• Breast consultant over-established – retiree should have offset	Andrew Carruthers	Confirmation required	
	1.2	• Out of area MH&LD outsourcing beds – Ministerial Priorities conflict	Andrew Carruthers	Review/plan required	
	0.3	• Patient Flow Unit established without business case approval	Andrew Carruthers	OCP2 finalisation	
	0.5	• First Contact Point Physiotherapy service continuation despite cessation of Cluster funding, exit strategy required where funding will cease.	Andrew Carruthers	Defined exit strategies for non recurrent funding	
	0.3	• Resident Doctors – additional 5wte for Medical rotas in WGH.	Mark Henwood	Chair's action approved	
	1.3	• Impact of OCP1 - £0.5m one-off costs and £0.5m of ongoing staff costs. OCP2 currently proposed as a non cost neutral plan, with £0.3m impact.	Andrew Carruthers	No current mitigation plan	
Investment decisions (EUCC, Streaming Hub, SDEC and Theatres)	**4.5**	• 18 June In-Committee Board decision taken to pause until material saving gap closed within those areas affected by the investments • Conversion of Workforce related savings is expected, which is assumed to release the investments following Executive Team review on 3 July	Andrew Carruthers, Lisa Gostling	Urgent update on Workforce savings is required	**On Going**

Financial Accountability Status

Background and Context

The Ways of Working consciously sets out to evolve the culture of the organisation away from imposed cost controls and executive scrutiny, to one of owned delivery, enhanced value and a focus on productivity and efficiency.

Executive Directors assume ultimate accountability for their areas under this approach. The Formal Executive Team receives a monthly update on the status of financial accountability, to ensure the Accountable Officer (CEO) can discharge their duties and hold relevant individuals to account, aligned to the internal escalation framework.

Latest Update

Alert – Community & Integrated Medicine and Planned & Specialist Care have now been escalated to Level 4, following advanced warning on the actions required to be closed, which were have not been to date.

Executive Director Portfolio	Status	Explanation (Number of portfolios and their escalation levels)
Chief Executive	Assure	Delivering breakeven and savings
Chief Operating Officer	Alert	Month 3 change - 2 x Level 4 Community and Integrated Medicine and Planned & Specialist Care (Savings and Breakeven gap), 1 x Level 3, 1 x Level 2, 1 x Level 1
Executive Medical Director	Advise	1 x Level 2 (Savings gap), 1 x Level 1
Executive Director of Nursing, Quality and Patient Experience	Assure	Delivering breakeven and savings
Executive Director of Workforce and Organisational Development	Assure	Delivering breakeven and savings
Executive Director of Finance	Assure	Delivering breakeven and savings
Executive Director of Strategy and Planning	Advise	1 x Level 3 (Savings and Breakeven gap), 1 x Level 1
Executive Director of Public Health	Assure	Delivering breakeven and savings
Executive Director of Allied Health Professions and Health Sciences	Advise	1 x Level 3 (Savings and Breakeven gap)

Transacting Forecast Underspend Savings

Background

- On **24 June 2026**, Executive Team endorsed the approach of converting **risk-adjusted forecast underspends into savings from Month 4 onwards**, strengthening financial grip and ensuring financial opportunities are identified and captured at the earliest opportunity. This supports the Welsh Government critique of not having robust oversight of our Underlying Deficit.

Risk-Adjusted Underspend Saving Methodology and Approach:

Month 4 Update

- Application of the approved methodology will reduce the initial forecast underspend position from **£34.3m to £13.6m**.
- Consistent with the proposed approach, **20% (£2.7m)** of the identified **£13.6m risk-adjusted underspend** has been retained as forecast flexibility, resulting in a proposed **underspend savings conversion of £10.9m** (see following slide for detail by budget holder).

Executive Team Decision

- **Endorse the conversion of c.£10.9m risk-adjusted underspend into savings in Month 4,** pending Month 4 forecast sign-off**.**
- Retain **20% (c.£2.2m)** as forecast flexibility to accommodate movement in forecast positions.
- Note that any further material underspends identified through the normal reporting cycle will continue to be converted through the monthly underspend savings process.
- By **30 September** (Month 6), Executive Directors are to review non-recurrent savings and **commit to recurrent** where appropriate

Position Overview – Executive Summary

The Health Board's Annual Planned Deficit is £41.0m with an Annual Savings Target of £42.8m. Gross forecast position is £62.2m, with planned mitigating actions of £21.2m to be finalised, to achieve the reported end of year forecast position of £41.0m. Total savings delivery are £21.0m, leaving a savings delivery gap of £21.8m against the savings target.

Financial Management

The in-month financial position is a deficit of £5.1m, which is an adverse variance against the £3.4m deficit plan. This is driven by a core operational overspend of £6.4m, offset by a £4.7m overidentification of savings, with £8.3m savings identified against the savings target £3.6m. Note that £4.8m of the savings identified in-month related to prior month core underspends being recognised as savings schemes

Key Driver (£'m)	Prior month variance to breakeven	Current month variance to breakeven	Year to Date variance to breakeven	Prior Month End of Year forecast to breakeven	End of Year forecast to breakeven
Planned Deficit	**3.4**	**3.4**	**10.2**	**41.0**	**41.0**
Unidentified / (Identified) savings gap / (improvement)	2.4	(4.7)	0.3	34.1	21.8
Under / (Over) delivery of savings schemes	0.0	0.0	0.0	0.0	0.0
Core operational variation	0.2	6.4	6.1	(13.2)	(0.6)
Gross Forecast	**6.0**	**5.1**	**16.6**	**61.9**	**62.2**
Future Mitigating Actions	0.0	0.0	0.0	(20.9)	(21.2)
Reported Position	**6.0**	**5.1**	**16.6**	**41.0**	**41.0**

Key Measures

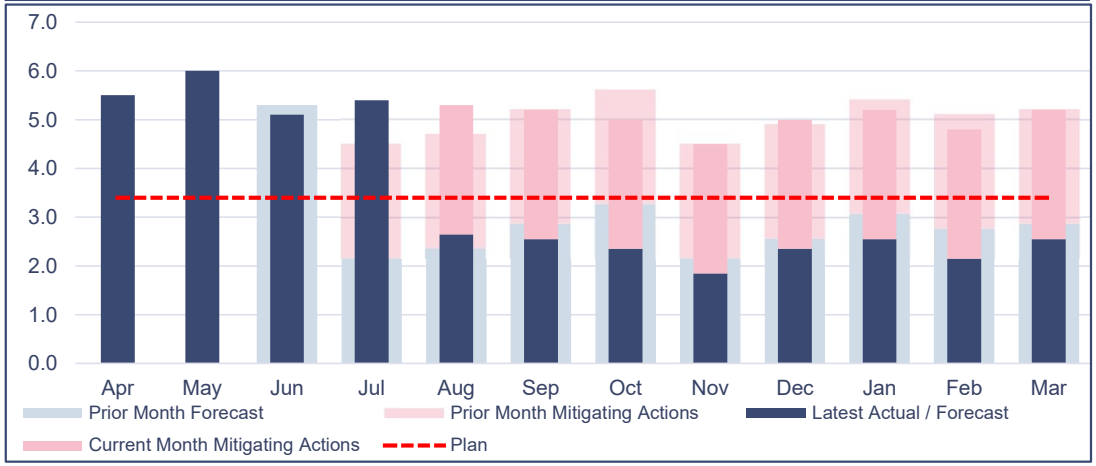
BRAG based on Plan £30.0m (Risk rating = Impact x Likelihood)

Core Operational Variation	**Risk #2326** 5 x 4 = 20	The in-month core operational overspend of £6.4m is largely relating to the Month 3 exercise to convert year to date core operational underspend to savings, with £6.9m year to date underspends being recognised as savings in Month 3. The end of year core operational variation of £0.6m includes £26.9m cost reduction themes offset by £26.3m cost pressures. Further work is ongoing to recognise full-year underspends as savings, to ensure greater visibility of mitigating actions required for cost pressures.
Cash		The Health Board will require strategic cash assistance in-year in line with the forecast deficit and working capital balances.
Savings		Of the annual savings target of £42.8m, £21.0m has been identified and forecast to fully deliver on an in-year basis resulting in a £21.8m under-identification gap. Of the schemes identified £5.1m are recurrent savings and £15.9m are non-recurrent savings. £6.9m year to date underspends have been recognised as savings in Month 3, and further action is required to forecast savings into future periods as well as converting at pace the pipeline schemes into credible Green and amber plans.
Capital	**N/A**	Delivery against the capital programme is currently assessed as low risk. Capital projects are currently expected to deliver the Capital Resource Limit; this assessment will be kept under review as the year progresses.
Underlying Deficit	**Risk #1199** 5 x 5 = 25	The planned underlying deficit is £40.8m which assumes £42.8m of recurrent savings delivery. As at Month 3 only £5.2m of recurrent schemes have been identified leaving a recurrent savings identification gap of £37.6m. Recurrent planned mitigating actions of £10.3m have been recognised in line with red and pipeline savings, offset by £0.8m recurrent cost pressure for the Healthcare Support Workers rebanding dispute, resulting in an underlying deficit of £68.8m. The organisation recognises the need to improve the financial trajectory year on year to achieve financial breakeven by 2027/28, as part of the criteria associated with £26.0m of conditionally recurrent funding.

Position Overview – Change from Prior Month

Key Driver (£'m)	Prior Month Reported Position	Current Month Reported Position	Movement
Planned Deficit	**3.4**	**3.4**	**0.0**
Savings gap / (improvement)	2.4	(4.7)	(7.1)
Under / (Over) delivery of savings schemes	0.0	0.0	0.0
Core Operational Variation	0.2	6.4	6.2
Gross Forecast	**6.0**	**5.1**	**(0.9)**
Future Mitigating Actions	0.0	0.0	0.0
Reported Net Position	**6.0**	**5.1**	**(0.9)**

In-Month Revenue Deficit Trajectory (£'m)



Unidentified Savings Gap (£'m)	Change
Month 1 and 2 conversion of core operational underspends to savings	(4.8)
In-Month conversion of core operational underspends to savings	(2.1)
VAT recovery reviews	(0.2)
Movement in Unidentified Savings Gap	**(7.1)**

Under / (Over) Delivery of Savings Schemes (£'m)	Change
No change to report	0.0
Movement in Savings Delivery	**0.0**

Core Operational Variation (£'m)	Change
Year to date core operational underspends converted to savings	6.9
Planned Care increase in Rheumatology drugs and Theatres outsourcing	0.5
Community & Integrated Medicine bank usage and fill rate to cover sickness	0.3
Digital Strategic Partnership Contract phasing in prior month	(0.2)
Losses claims increase of 6 additional cases above average in prior month	(0.3)
Mental Health Continuing Healthcare package & outsourced beds reduction	(0.3)
Pharmacy and Medicines Management reduction in Dapagliflozin spend	(0.3)
Voluntary Early Retirement Scheme payments in prior month	(0.4)
Movement in Core Operational Variation	**6.2**

Position Overview – Change from Prior Forecast

Key Driver (£'m)	Prior Month End of Year Forecast	End of Year Forecast	Movement
Planned Deficit	**41.0**	**41.0**	**0.0**
Savings gap / (improvement)	34.1	21.8	(12.3)
Under / (Over) delivery of savings schemes	0.0	0.0	0.0
Core Operational Variation	(13.2)	(0.6)	12.6
Gross Forecast	**61.9**	**62.2**	**0.3**
Future Mitigating Actions	(20.9)	(21.2)	(0.3)
Reported Net Position	**41.0**	**41.0**	**0.0**

End of Year Revenue Deficit Trajectory (£'m)

Unidentified Savings Gap (£'m)	Change
Full year conversion of core underspends to savings	(9.1)
VAT Recovery programme new saving scheme	(1.3)
Price reduction of Dapagliflozin drugs	(1.1)
Joint Commissioned Committee reduction in expenditure	(0.5)
Pharmacy review and process improvement	(0.3)
Movement in Unidentified Savings Gap	**(12.3)**

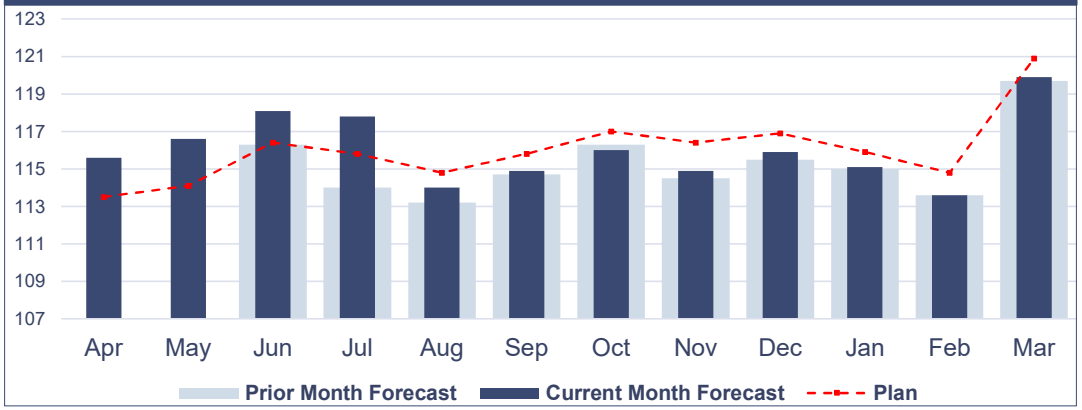
Under / (Over) Delivery of Savings Schemes (£'m)	Change
No change to report	0.0
Movement in Savings Delivery	**0.0**

Core Operational Variation (£'m)	Change
Full year conversion of core underspends to savings including VAT recovery	10.4
Community & Integrated Medicine nursing recruitment, bank and overtime	1.7
Primary Care additional Cluster project plans expenditure confirmed	1.4
Planned Care Rheumatology and Oncology drugs price and activity increase	1.1
Planned Care Dermatology skin cancer clinics and stock increase	0.8
Medical Value Based Health Care project plans expenditure confirmed	0.6
Ceredigion System Medical staffing rota improvement	(0.7)
Pharmacy review and process improvement	(2.7)
Movement in Core Operational Variation	**12.6**

Financial Summary

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£118.1m	£350.3m	£1,392.2m	6.0%	(2.1)%	£1,401.2m
Variance to Plan **£1.7m**	Variance to Plan **£6.4m**	Variance to Plan **£0.0m**	2023-24 Outturn **£1,313m***	2025-26 Outturn **£1,422m***	Risk / (Opp) **£9.0m**

Net Income and Expenditure (Before Allocations) (£'m)



Expenditure Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay	**59.3**	**59.6**	**61.0**	**179.8**	**719.3**	**713.3**		**6.0**
Administration and Estates	12.2	12.3	12.4	36.9	147.6	146.9		0.8
Allied Health, Scientists and Other	7.4	7.3	7.5	22.2	88.9	88.6		0.3
Medical and Dental	13.4	13.5	14.7	41.6	166.4	161.9		4.5
Nursing, Midwifery and Clinical Support	26.3	26.4	26.4	79.1	316.4	316.0		0.4
Non Pay	**63.1**	**64.0**	**64.1**	**191.2**	**764.8**	**760.5**		**4.3**
Clinical Services and Supplies	3.8	4.4	4.7	12.9	51.5	51.0		0.5
Commissioned Healthcare Services	37.2	37.6	37.1	111.9	447.6	445.7		1.9
Drugs and Prescribing	13.1	12.4	13.2	38.8	155.0	159.7		(4.6)
Other Non-Pay	8.9	9.6	9.1	27.7	110.6	104.1		6.5
Income	**(6.7)**	**(7.0)**	**(7.0)**	**(20.7)**	**(82.9)**	**(81.6)**		**(1.3)**
Net Income and Expenditure	**115.6**	**116.6**	**118.1**	**350.3**	**1,401.2**	**1,392.2**		**9.0**
Allocations	**110.1**	**110.6**	**112.9**	**333.7**	**1,334.8**	**1,351.2**		**16.4**
Reported Position	**5.5**	**6.0**	**5.1**	**16.6**	**66.4**	**41.0**		**25.4**

Key Information

Month 5, August, onwards includes a reduction in expenditure due to planned mitigating actions of £21.2m anticipated within Non Pay £9.7m and Pay £11.5m in line with latest anticipated future savings forecast, resulting in a corresponding risk for Non Pay and Pay due to the future months forecast being lower than year to date expenditure levels seen. Note a significant deviation from prior month forecast in Month 4 as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

Month 12, March, includes Depreciation and Amortisation Impairments increase in expenditure of £5.0m, with a corresponding increase in Revenue Resource Limit.

Note an opportunity within Drugs and Prescribing due to end of year forecast expenditure being higher than the year to date average due to increase in price from £8.05 to £8.14 per item.

***Outturn adjusted for Notional Pension costs 2025-26 c£42.8m, 2024-25 c£40.3m**

Financial Summary – Key Drivers vs Plan

In-Month

Reported Position
£5.1m
Planned Deficit **£3.4m**
Prior Month Forecast **£5.3m**

Savings Identification Gap
£(4.7)m
Savings Target **£3.6m**
Total Identified **£8.3m**

Savings Delivery Gap
£0.0m
Savings Delivery **£8.3m**
Prior Month Delivery **£1.2m**

Core Operational Variation
£6.4m
Prior Month Variation **£0.2m**

Year to Date

Reported Position
£16.6m
Planned Deficit **£10.2m**

Savings Identification Gap
£0.3m
Savings Target **£10.7m**
Total Identified **£10.4m**

Savings Delivery Gap
£0.0m
Savings Delivery **£10.4m**
Prior Month Delivery **£2.1m**

Core Operational Variation
£6.1m
Prior Month Variation **£(0.3)m**

End of Year

Reported Position
£41.0m
Planned Deficit **£41.0m**
Prior Annual Forecast **£41.0m**

Savings Identification Gap
£21.8m
Savings Target **£42.8m**
Total Identified **£21.0m**

Savings Delivery Gap
£0.0m
Savings Delivery **£21.0m**
Prior Month Delivery **£8.7m**

Core Operational Variation
£(0.6)m
Prior Month Variation **£(13.2)m**

Gross Forecast
£62.2m
Prior Gross Forecast **£61.9m**
Mitigating Actions **£21.2m**

Net Risks / (Opportunities)
£3.3m
Prior Month **£6.3m**

Capital Position
£34.6m
Annual Plan **£34.6m**
Prior Annual Forecast **£34.6m**

Underlying Deficit
£68.8m
Annual Plan **£40.8m**
Recognised as Unsustainable

Total Pay Insights

In-Month Actual
£60.9m
Variance to Plan **£3.9m**

YTD Actual
£179.8m
Variance to Plan **£3.3m**

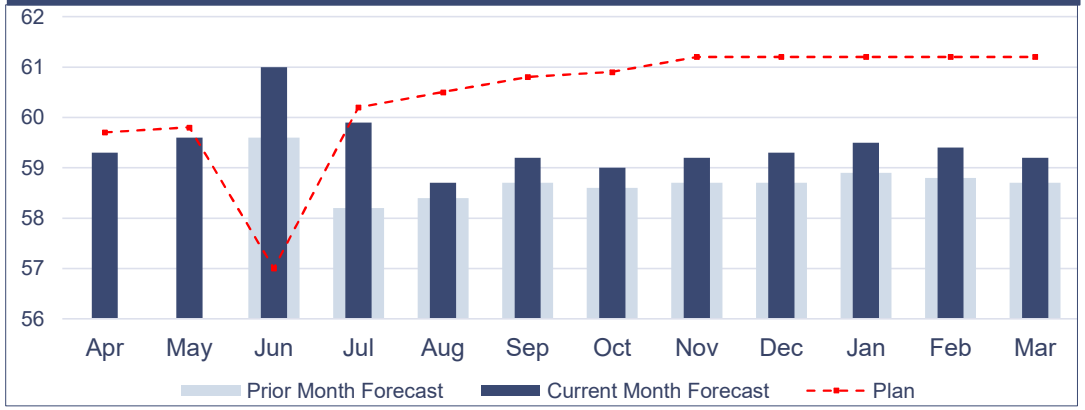
EOY Forecast
£713.3m
Variance to Plan **£(11.5)m**

3-Year Growth
18.7%
2023-24 Outturn **£600.9m***

In-Year Growth
7.6%
2025-26 Outturn **£662.9m***

YTD Extrapolation
£719.3m
Risk / (Opp) **£6.0m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Substantive	**53.8**	**55.0**	**55.9**	**164.8**	**659.0**	**662.3**		**(3.3)**
Administration and Estates	11.8	12.1	12.0	35.9	143.6	143.5		0.1
Allied Health, Scientists and Other	7.1	7.2	7.3	21.6	86.4	86.2		0.2
Medical and Dental	11.0	11.3	12.2	34.5	138.0	139.2		(1.3)
Nursing, Midwifery and Clinical Support	23.9	24.5	24.4	72.8	291.1	293.4		(2.3)
Variable	**4.3**	**3.8**	**4.2**	**12.3**	**49.1**	**42.8**		**6.4**
Administration and Estates	0.4	0.3	0.3	1.0	4.0	3.3		0.7
Allied Health, Scientists and Other	0.2	0.2	0.2	0.5	2.1	1.9		0.2
Medical and Dental	1.7	1.8	1.9	5.4	21.7	18.1		3.6
Nursing, Midwifery and Clinical Support	2.0	1.6	1.7	5.3	21.2	19.4		1.8
Agency (Premium)	**1.1**	**0.7**	**0.9**	**2.8**	**11.1**	**8.2**		**2.9**
Administration and Estates	-	-	-	-	-	-		-
Allied Health, Scientists and Other	0.1	(0.1)	-	0.1	0.4	0.5		(0.1)
Medical and Dental	0.7	0.5	0.5	1.7	6.7	4.5		2.2
Nursing, Midwifery and Clinical Support	0.4	0.3	0.3	1.0	4.1	3.2		0.9
Total Expenditure	**59.3**	**59.6**	**60.9**	**179.8**	**719.3**	**713.3**		**6.0**
Plan	**59.7**	**59.8**	**57.0**	**176.5**	**706.0**	**724.8**		
Variance to Plan	**(0.4)**	**(0.2)**	**3.9**	**3.3**	**13.2**	**(11.5)**		

Key Information

Month 3, June, increase in expenditure due to year to date payment of the FY26-27 Medical and Dental 3.5% pay award £1.4m, resulting in an increase from prior month forecast expenditure, and a corresponding increase in future months expenditure. Despite the Medical and Dental pay award being funded and increasing the plan, a corresponding reduction to the plan relates to the exercise to convert year to date core operational underspends to savings, with £4.8m savings being identified for pay vacancies. This has resulted in greater visibility of mitigating actions required for year to date Medical and Dental overspends.

Month 4, July, significant deviation from prior month forecast as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

Month 5, August, onwards includes a reduction in expenditure due to planned mitigating actions of £11.6m anticipated within Substantive £6.4m, Variable £3.4m and Agency Pay £1.8m to deliver from Month 5 to 12, with the reduction in Variable and Agency largely anticipated within Medical and Allied Health. Mitigating actions result in a risk for Pay due to the future months forecast being lower than year to date expenditure levels seen, in particular within Nursing and Medical Variable and Agency pay.

***Outturn adjusted for Notional Pension costs 2025-26 c£42.8m, 2024-25 c£40.3m**

Substantive Insights

In-Month Actual
£55.9m
Variance to Plan **£0.6m**

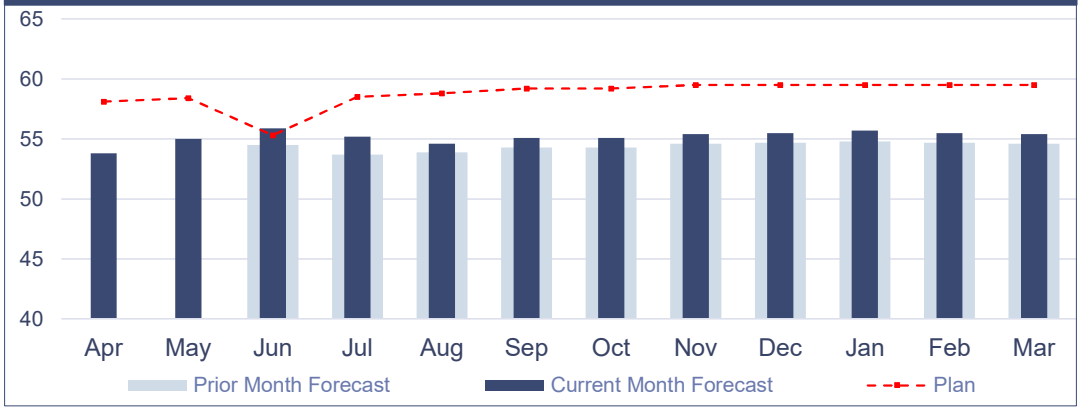
YTD Actual
£164.8m
Variance to Plan **£(7.0)m**

EOY Forecast
£662.3m
Variance to Plan **£(42.6)m**

In-Year Growth
8.3%
2024-25 Outturn **£611.7m**

YTD Extrapolation
£659.0m
Risk / (Opp) **£(3.3)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	**53.8**	**55.0**	**55.9**	**164.8**	**659.0**	**662.3**		**(3.3)**
Administration and Estates	11.8	12.1	12.0	35.9	143.6	143.5		0.1
Allied Health, Scientists and Other	7.1	7.2	7.3	21.6	86.4	86.2		0.2
Medical and Dental	11.0	11.3	12.2	34.5	138.0	139.2		(1.3)
Nursing, Midwifery and Clinical Support	23.9	24.5	24.4	72.8	291.1	293.4		(2.3)
Functions	**53.8**	**55.0**	**55.9**	**164.8**	**659.0**	**662.3**		**(3.3)**
Chief Operating Officer Management	0.8	1.2	0.7	2.7	10.8	9.3		1.6
Community and Integrated Medicine	16.6	16.9	17.2	50.7	202.7	205.8		(3.1)
Mental Health and Learning Disabilities	6.1	6.1	6.2	18.3	73.4	73.7		(0.3)
Operational Allied Health and Health Sciences	5.7	5.8	5.9	17.4	69.6	69.9		(0.3)
Planned and Specialist Care	13.6	13.7	14.4	41.7	166.9	168.5		(1.6)
Primary Care	1.2	1.3	1.4	3.9	15.8	15.7		0.1
Executive Functions	9.9	10.0	10.1	30.0	119.8	119.5		0.4
Total Expenditure	**53.8**	**55.0**	**55.9**	**164.8**	**659.0**	**662.3**		**(3.3)**
Plan	**58.1**	**58.4**	**55.3**	**171.8**	**687.1**	**704.9**		
Variance to Plan	**(4.3)**	**(3.4)**	**0.6**	**(7.0)**	**(28.0)**	**(42.6)**		

Key Information

Month 3, June, increase in expenditure due to year to date payment of the FY26-27 Medical and Dental 3.5% pay award £1.4m, resulting in an increase from prior month forecast expenditure, and a corresponding increase in future months expenditure. Despite the pay award being funded and increasing the plan, a corresponding reduction to the plan relates to the exercise to convert year to date core operational underspends to savings, with £4.8m savings being identified for pay vacancies.

Month 4, July, significant deviation from prior month forecast as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

Month 5, August, onwards includes a reduction in expenditure due to planned mitigating actions of £6.4m to deliver from Month 5 to 12. Mitigating actions result in a risk for Pay due to the future months forecast being lower than year to date expenditure levels seen.

Month 8, November, recognises an increase in Substantive expenditure due to International Educated Nurses recruitment, reducing reliance on Nursing variable pay and agency. This results in a significant opportunity within Community and Integrated Medicine due to future expenditure forecast increasing significantly from year to date levels.

Variable Insights

In-Month Actual
£4.1m
Variance to Plan **£2.8m**

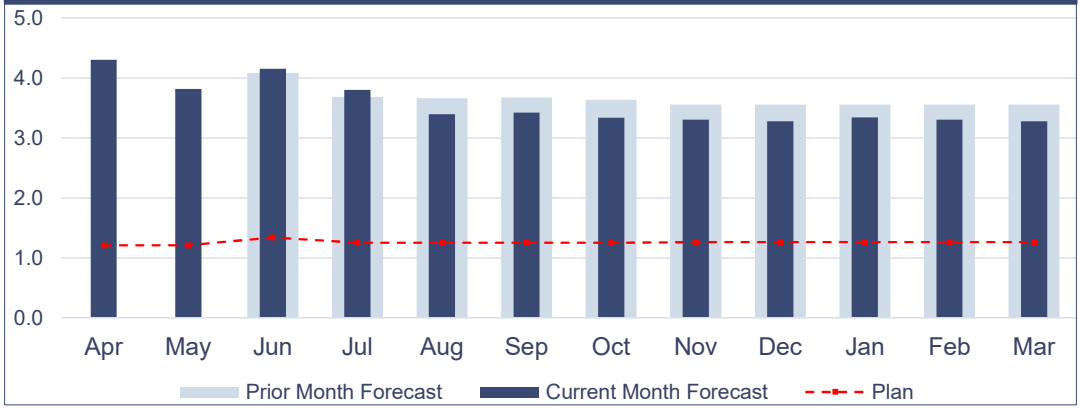
YTD Actual
£12.3m
Variance to Plan **£8.5m**

EOY Forecast
£42.8m
Variance to Plan **£27.7m**

In-Year Growth
(19.5)%
2025-26 Outturn **£53.2m**

YTD Extrapolation
£49.1m
Risk / (Opp) **£6.4m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	**4.3**	**3.8**	**4.2**	**12.3**	**49.1**	**42.8**		**6.4**
Administration and Estates	0.4	0.3	0.3	1.0	4.0	3.3		0.7
Allied Health, Scientists and Other	0.2	0.2	0.2	0.5	2.1	1.9		0.2
Medical and Dental	1.7	1.8	1.9	5.4	21.7	18.1		3.6
Nursing, Midwifery and Clinical Support	2.0	1.6	1.7	5.3	21.2	19.4		1.8
Functions	**4.3**	**3.8**	**4.1**	**12.2**	**49.1**	**42.8**		**6.4**
Chief Operating Officer Management	-	-	-		0.1	0.1		(0.0)
Community and Integrated Medicine	1.6	1.5	1.7	4.9	19.6	18.3		1.3
Mental Health and Learning Disabilities	0.3	0.2	0.2	0.7	2.7	2.9		(0.2)
Operational Allied Health and Health Sciences	0.2	0.3	0.3	0.8	3.1	3.2		(0.1)
Planned and Specialist Care	1.4	1.2	1.3	3.8	15.3	13.5		1.8
Primary Care	0.5	0.3	0.4	1.2	4.9	5.1		(0.2)
Executive Functions	0.3	0.3	0.3	0.9	3.4	(0.4)		3.8
Total Expenditure	**4.3**	**3.8**	**4.1**	**12.3**	**49.1**	**42.8**		**6.4**
Plan	**1.2**	**1.2**	**1.3**	**3.8**	**15.0**	**15.1**		
Variance to Plan	**3.1**	**2.6**	**2.8**	**8.5**	**34.1**	**27.7**		

Key Information

Month 2, May, reduction in Bank expenditure due to inability to fill shifts within Community and Integrated Medicine and reduction in patient acuity within Mental Health, alongside reduction in Waiting List Initiative activity within Planned and Specialist Care.

Month 3, June, increase in Variable Pay including bank and overtime usage within Community and Integrated Medicine to cover sickness and fill rota gaps.

Month 4, July, deviation from prior month forecast as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

Month 5, August, onwards includes a reduction in expenditure due to planned mitigating actions of £3.4m to deliver from Month 5 to 12, with the reduction in Variable largely anticipated within Medical and Allied Health. Mitigating actions result in a risk for Pay due to the future months forecast being lower than year to date expenditure levels seen.

Reduction in variable pay expenditure anticipated in Month 7, October, within Community and Integrated Medicine due to the recruitment of substantive International Educated Nurses.

Agency Insights

In-Month Actual
£0.9m
Variance to Plan **£0.5m**

YTD Actual
£2.8m
Variance to Plan **£1.8m**

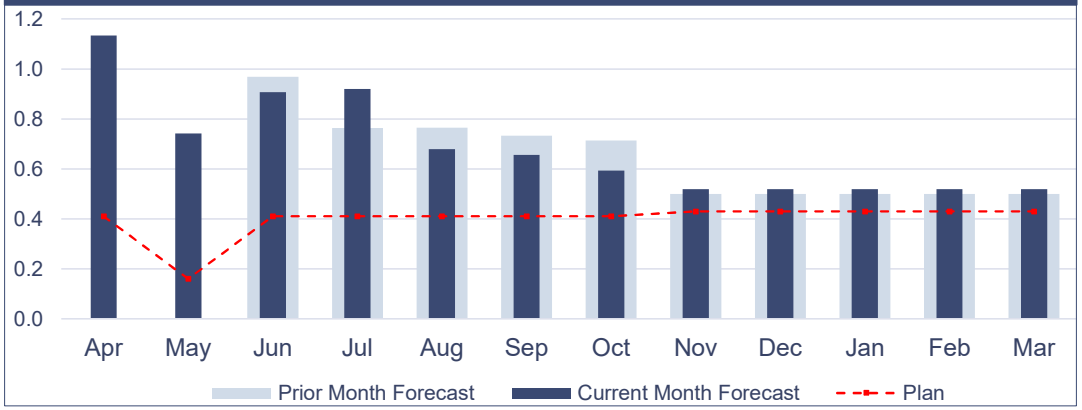
EOY Forecast
£8.2m
Variance to Plan **£3.4m**

3-Year Growth
(75.1)%
2023-24 Outturn **£33.1m**

In-Year Growth
(21.2)%
2025-26 Outturn **£10.4m**

YTD Extrapolation
£11.1m
Risk / (Opp) **£2.9m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	**1.1**	**0.7**	**0.9**	**2.8**	**11.1**	**8.2**		**2.9**
Administration and Estates	-	-	-	-	-	-		-
Allied Health, Scientists and Other	0.1	(0.1)	-	0.1	0.4	0.5		(0.1)
Medical and Dental	0.7	0.5	0.5	1.7	6.7	4.5		2.2
Nursing, Midwifery and Clinical Support	0.4	0.3	0.3	1.0	4.1	3.2		0.9
Functions	**1.1**	**0.7**	**0.9**	**2.8**	**11.1**	**8.2**		**2.9**
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	0.7	0.7	0.7	2.0	7.9	6.8		1.2
Mental Health and Learning Disabilities	0.1	0.1	0.1	0.2	0.8	0.7		0.1
Operational Allied Health and Health Sciences	0.2	0.2	0.1	0.5	2.0	1.7		0.3
Planned and Specialist Care	0.2	0.1	0.1	0.4	1.4	1.2		0.3
Primary Care	-	-	-	-	-	(0.1)		0.1
Executive Functions	-	(0.3)	-	(0.3)	(1.0)	(2.1)		1.1
Total Expenditure	**1.1**	**0.7**	**0.9**	**2.8**	**11.1**	**8.2**		**2.9**
Plan	**0.4**	**0.2**	**0.4**	**1.0**	**3.9**	**4.8**		
Variance to Plan	**0.7**	**0.6**	**0.5**	**1.8**	**7.2**	**3.4**		

Key Information

Month 2, May, reduction in Agency expenditure from prior month within Medical and Nursing across various areas, with a reduction in plan following recognition as saving, with a corresponding increase in expenditure and plan in Month 3, June.

Month 4, July, significant deviation from prior month forecast as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

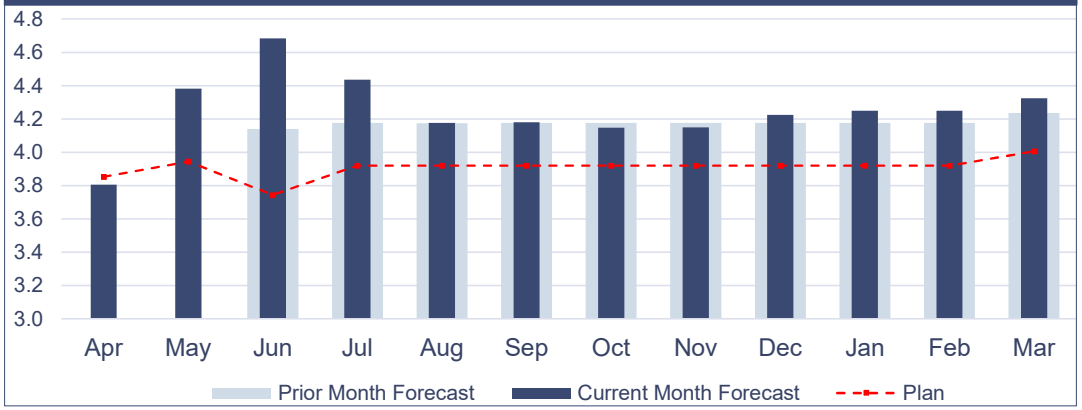
Month 5, August, onwards includes a reduction in expenditure due to planned mitigating actions of £1.8m to deliver from Month 5 to 12, with the reduction anticipated mainly within Pathology and Community and Integrated Medicine Medical staffing. Mitigating actions result in a risk for Pay due to the future months forecast being lower than year to date expenditure levels seen.

Month 8, November, recognises a reduction in Agency expenditure due to the substantive recruitment of International Educated Nurses.

Clinical Services and Supplies Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£4.6m	£12.9m	£51.0m	13.4%	(1.3)%	£51.5m
Variance to Plan **£0.9m**	Variance to Plan **£1.3m**	Variance to Plan **£4.1m**	2023-24 Outturn **£45.0m**	2025-26 Outturn **£51.7m**	Risk / (Opp) **£0.4m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**3.7**	**4.3**	**4.6**	**12.9**	**51.5**	**51.0**		**0.4**
Chief Operating Officer Management	-	-	0.1	0.1	0.6	0.4		0.2
Community and Integrated Medicine	1.1	1.2	1.2	3.5	14.2	14.1		0.1
Mental Health and Learning Disabilities	-	-	-	0.1	0.2	0.2		-
Operational Allied Health and Health Sciences	1.0	1.1	1.2	3.4	13.4	13.8		(0.3)
Planned and Specialist Care	1.6	2.0	2.1	5.7	22.7	21.9		0.7
Primary Care	-	-	-	0.1	0.4	0.3		0.1
Executive Functions	(0.1)	-	0.1	-	-	0.3		(0.3)
Total Expenditure	**3.7**	**4.3**	**4.6**	**12.9**	**51.5**	**51.0**		**0.4**
Plan	**3.9**	**3.9**	**3.7**	**11.5**	**46.2**	**46.9**		**(0.7)**
Variance to Plan	**(0.1)**	**0.3**	**0.9**	**1.3**	**5.3**	**4.1**		**1.2**

Key Information

Month 2, May, reflects an increase from prior month driven by Planned and Specialist Care operating theatre consumables including loan kits and insourcing of activity.

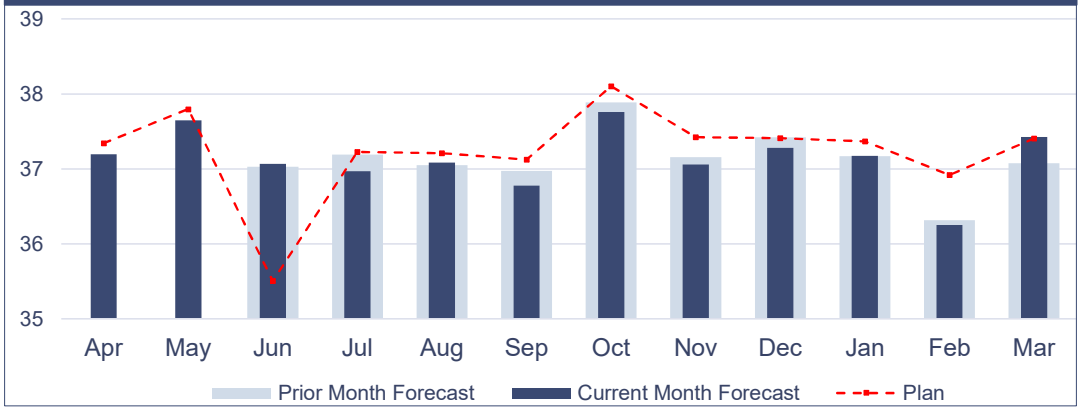
Month 3, June, reflects an increase in Planned and Specialist Care Theatres and Dermatology outsourcing of activity with a further increase in consumables purchases including loan kits and implants, alongside an increase within Operational Allied Health relating to Radiology outsourcing of services. Both these increases were above the prior month forecast assumptions.

Note a risk within Planned and Specialist Care due to year to date outsourcing of Theatres activity and other services anticipated to continue at an increased level in Month 4 but not anticipated to continue to the same level from Month 5 onwards. Note an opportunity within Operational Allied Health due to the in-month increase relating to Radiology outsourcing in Month 3 anticipated to continue for future months.

Commissioned Healthcare Services Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£37.1m	£111.9m	£445.7m	15.5%	2.6%	£447.6m
Variance to Plan **£1.6m**	Variance to Plan **£1.3m**	Variance to Plan **£(1.1)m**	2023-24 Outturn **£385.9m**	2025-26 Outturn **£434.2m**	Risk / (Opp) **£2.0m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**37.2**	**37.6**	**37.1**	**111.9**	**447.6**	**445.7**		**2.0**
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	2.9	2.8	2.9	8.6	34.6	34.8		(0.2)
Mental Health and Learning Disabilities	3.9	4.1	3.7	11.7	46.6	47.4		(0.8)
Operational Allied Health and Health Sciences	0.5	0.4	0.5	1.4	5.5	5.5		-
Planned and Specialist Care	0.5	0.7	0.7	2.0	8.1	6.1		2.0
Primary Care	10.5	10.4	10.2	31.1	124.6	125.4		(0.8)
Executive Functions	18.8	19.2	19.0	57.1	228.3	226.6		1.8
Total Expenditure	**37.2**	**37.6**	**37.1**	**111.9**	**447.6**	**445.7**		**2.0**
Plan	**37.3**	**37.8**	**35.5**	**110.6**	**442.6**	**446.8**		**(4.3)**
Variance to Plan	**(0.1)**	**(0.1)**	**1.6**	**1.3**	**5.1**	**(1.1)**		**6.2**

Key Information

Month 2, May, increase from prior month due to year to date recognition of Pharmaceuticals Company expenditure in line with pass through Joint Commissioning Committee funding, resulting in a corresponding reduction in Month 3, June.

Month 3, June, further reduction in expenditure due to Mental Health retrospective correction to Continuing Healthcare package and reduction in Psychiatric Intensive Care Unit Beds demand. Note a reduction in plan due to year to date Primary Care Dental underspends being recognised as savings, resulting in a worsening to the core operational position in Month 3.

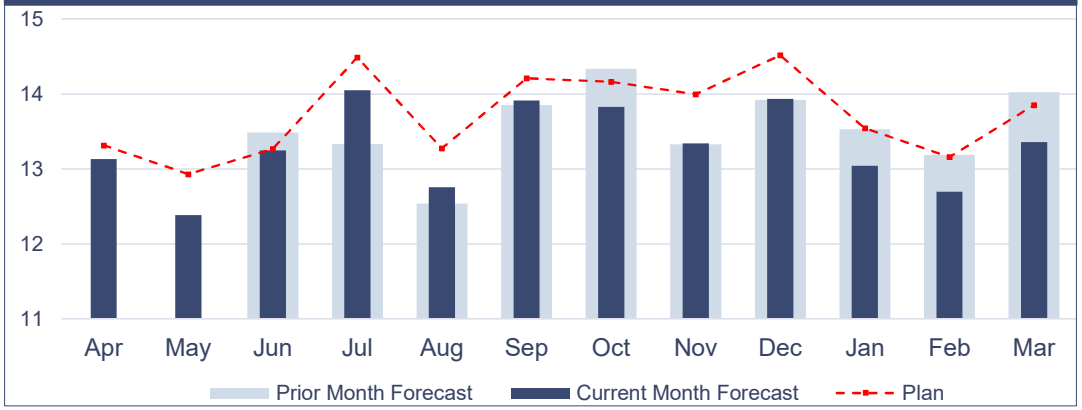
Monthly fluctuations in expenditure largely relating to number of days in the month and therefore the corresponding expenditure of Continuing Healthcare packages, with significant reduction in Month 11, February, and a corresponding increase in Month 12, March. Month 7, October, includes an increase largely relating to Primary Care vaccination programmes.

Note a risk within Executive functions due to the forecast expenditure for future months being lower than the year to date expenditure levels seen, mainly relating to Swansea Bay Long Term Agreement increase in emergency activity not anticipated to continue to the same level in future months. Note a further risk within Planned and Specialist Care due to Ophthalmology outsourcing of services not anticipated to continue to the same level in future months.

Drugs and Prescribing Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£13.2m	£38.7m	£159.7m	7.4%	7.3%	£155.0m
Variance to Plan **£0.0m**	Variance to Plan **£(0.8)m**	Variance to Plan **£(5.0)m**	2023-24 Outturn **£148.7m**	2025-26 Outturn **£148.8m**	Risk / (Opp) **£(4.6)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**13.1**	**12.4**	**13.2**	**38.7**	**155.0**	**159.7**		**(4.6)**
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	1.6	1.6	1.7	4.8	19.3	19.2		0.1
Mental Health and Learning Disabilities	0.1	0.1	0.1	0.3	1.2	1.4		(0.1)
Operational Allied Health and Health Sciences	0.5	0.4	0.5	1.3	5.3	5.9		(0.6)
Planned and Specialist Care	3.2	2.9	3.5	9.6	38.5	39.1		(0.6)
Primary Care	-	-	-	-	0.2	0.2		-
Executive Functions	7.8	7.4	7.5	22.6	90.6	94.0		(3.4)
Total Expenditure	**13.1**	**12.4**	**13.2**	**38.7**	**155.0**	**159.7**		**(4.6)**
Plan	**13.3**	**12.9**	**13.3**	**39.5**	**158.0**	**164.7**		**(6.7)**
Variance to Plan	**(0.2)**	**(0.6)**	**(0.0)**	**(0.8)**	**(3.0)**	**(5.0)**		**2.0**

Key Information

Monthly fluctuations in expenditure largely relating to the number of prescribing days in the month and therefore the corresponding expenditure on drugs based on activity.

Reduction in full year expenditure from prior month largely relates to Pharmacy drugs process improvement review £(2.7)m, offset by increase in Oncology, Rheumatology and Dermatology drugs expenditure £0.9m and Homecare Drugs expenditure within Community and Integrated Medicine £0.4m.

Forecast drugs underspend largely relating to Drugs system process improvement review £(2.7)m, Ophthalmology differing operating model for outsourcing Intravitreal drugs as opposed to providing the service in-house due to recruitment challenges £(0.9)m and Dapagliflozin reduction in price and volume compared to plan £(0.7)m.

An opportunity is highlighted above for drugs expenditure anticipated within Pharmacy and Medicines Management due to year to date expenditure being based on £8.05 average price, compared to future expenditure anticipated at £8.14 average price per item in line with the latest Prescribing Audit Report.

Other Non-Pay Insights

In-Month Actual
£9.1m
Variance to Plan **£(4.5)m**

YTD Actual
£27.7m
Variance to Plan **£1.6m**

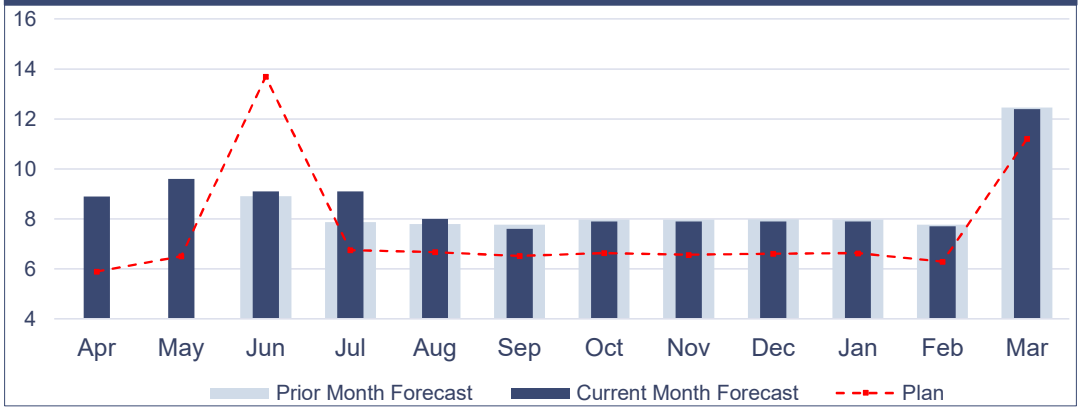
EOY Forecast
£104.1m
Variance to Plan **£14.2m**

3-Year Growth
(4.3)%
2023-24 Outturn **£108.8m**

In-Year Growth
5.0%
2025-26 Outturn **£99.1m**

YTD Extrapolation
£110.6m
Risk / (Opp) **£6.5m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**8.9**	**9.6**	**9.1**	**27.7**	**110.6**	**104.1**		**6.5**
Chief Operating Officer Management	0.2	0.1	0.2	0.5	2.0	2.2		(0.2)
Community and Integrated Medicine	0.9	0.8	0.7	2.5	9.8	9.7		0.2
Mental Health and Learning Disabilities	0.2	0.2	0.2	0.7	2.6	2.5		0.1
Operational Allied Health and Health Sciences	0.2	0.2	0.2	0.6	2.3	2.1		0.3
Planned and Specialist Care	0.3	0.4	0.4	1.0	4.1	4.0		0.1
Primary Care	0.1	0.1	0.2	0.5	1.8	1.4		0.5
Executive Functions	7.1	7.7	7.2	22.0	88.0	82.4		5.6
Total Expenditure	**8.9**	**9.6**	**9.1**	**27.7**	**110.6**	**104.1**		**6.5**
Plan	**5.9**	**6.5**	**13.7**	**26.1**	**104.2**	**89.9**		**14.3**
Variance to Plan	**3.0**	**3.1**	**(4.5)**	**1.6**	**6.4**	**14.2**		**(7.8)**

Key Information

Month 3, June, includes an increase in plan in-month following the exercise to convert year to date core operational underspends to savings. The majority of the schemes identified relate to pay vacancies £4.8m, Primary Care Dental underspends £1.6m and drugs underspends £0.8m, offset by the savings target assumed within non-pay.

Month 5, August, onwards includes a reduction in expenditure due to planned mitigating actions of £9.7m anticipated within Non-Pay to deliver from Month 5 to Month 12. Note a significant deviation from prior month forecast in Month 4 as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe. Mitigating actions result in a risk for Pay due to the future months forecast being lower than year to date expenditure levels seen.

Month 12, March, includes Depreciation and Amortisation Impairments increase in expenditure of £5.1m, with a corresponding increase in Revenue Resource Limit.

Income Insights

In-Month Actual
£7.0m
Variance to Plan **£0.1m**

YTD Actual
£20.7m
Variance to Plan **£0.4m**

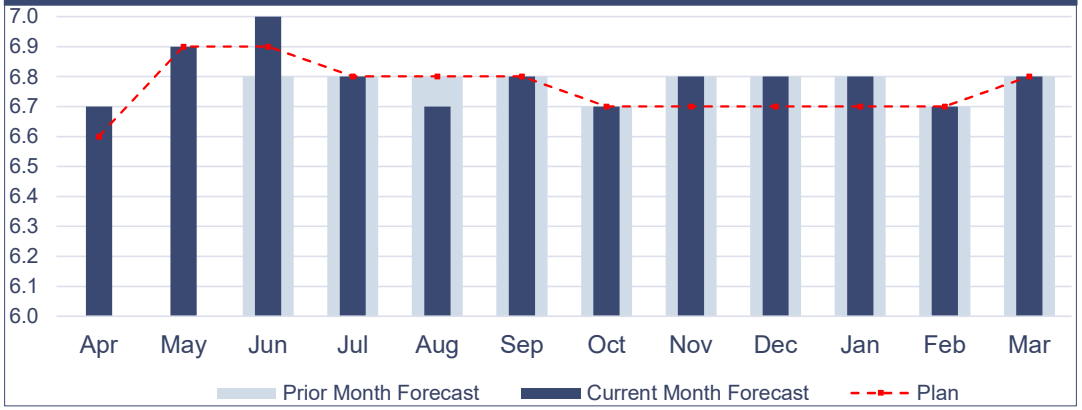
EOY Forecast
£81.6m
Variance to Plan **£0.6m**

3-Year Growth
10.7%
2023-24 Outturn **£73.7m**

In-Year Growth
(1.6)%
2025-26 Outturn **£82.9m**

YTD Extrapolation
£82.9m
(Risk) / Opp **£1.3m**

Income Monthly Trend (£'m)



Income Trajectory Analysis (£'m)	P01-27	P02-27	P03-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**6.7**	**6.9**	**7.0**	**20.7**	**82.9**	**81.6**		**1.3**
Chief Operating Officer Management	-	-	-	0.1	0.4	0.3		0.1
Community and Integrated Medicine	0.3	0.3	0.4	1.0	4.1	3.8		0.2
Mental Health and Learning Disabilities	0.3	0.3	0.3	0.8	3.2	2.8		0.4
Operational Allied Health and Health Sciences	0.3	0.3	0.3	0.8	3.3	3.2		0.1
Planned and Specialist Care	0.5	0.5	0.5	1.5	6.1	5.9		0.3
Primary Care	0.2	0.2	0.2	0.6	2.2	2.2		-
Executive Functions	5.2	5.3	5.4	15.9	63.6	63.4		0.2
Total Income	**6.7**	**6.9**	**7.0**	**20.7**	**82.9**	**81.6**		**1.3**
Plan	**6.6**	**6.9**	**6.9**	**20.3**	**81.2**	**81.0**		**0.2**
Variance to Plan	**0.1**	**0.1**	**0.1**	**0.4**	**1.7**	**0.6**		**1.1**

Key Information

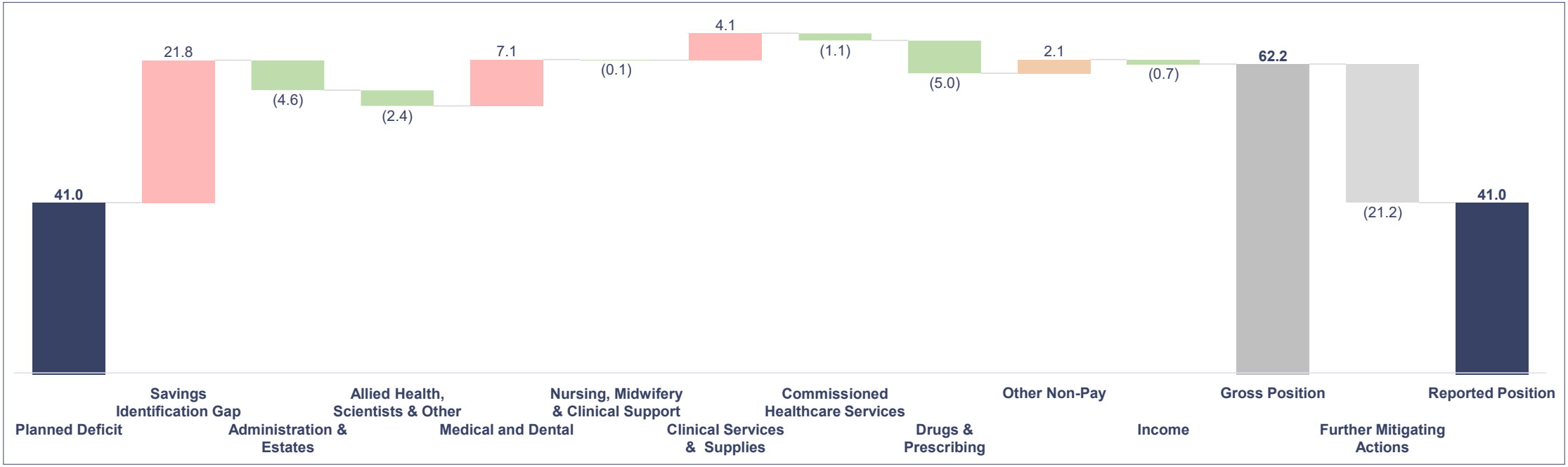
Month 2, May, increase in income from prior month due to additional Health Education and Improvement Wales, Non-Contracted activity income and Drugs rebate income.

Month 3, June, increase in income from prior month due to further Drugs rebate income.

Monthly fluctuations largely relate to variations in Drugs rebate income.

Income overachievement of £0.6m is forecast largely relating to Central Income Non-Contracted Activity income, Planned and Specialist Care Bowel Screening income, offset by underachievement of Dental Income due to reduced activity and termination of Dental practices contracts.

End of Year – Key Drivers vs Plan



Key Information

Savings Identification Gap – Savings identification of £21.0m against savings target of £42.8m, leaving a savings identification gap of £21.8m.

Administration & Estates – Pay vacancies mainly within Workforce, Community and Integrated Medicine, Planned Care, Estates and Facilities, Digital, Public Health and Primary Care.

Medical and Dental – Community and Integrated Medicine high locum usage to cover rota gaps, sickness and vacancies mainly within Pembrokeshire Accident and Emergency unit £2.6m. Planned Care dual running of Medical staff within Bronglais Obstetrics, Gynaecology and Paediatrics £1.7m and Medical locum rate card within Anaesthetics £1.3m.

Clinical Services and Supplies – Outsourcing of Radiology services within Operational Allied Health £2.0m, offset by internal pay vacancies. Theatres, Dermatology, Anaesthetics, Urology and Ophthalmology outsourcing within Planned and Specialist Care £1.1m, and insulin pumps purchases within Community and Integrated Medicine.

Drugs and Prescribing – Pharmacy drugs system process improvement review £(2.7)m, Ophthalmology drugs underspends within Planned and Specialist Care due to the service being outsourced £(0.9)m and Pharmacy and Medicines Management reduction in Dapagliflozin expenditure £(0.7)m.

End of Year – Key Deviations to Plan

Key Deviation		£'m	Key Information
Gross Planned Deficit		**83.8**	**Before savings requirement of £42.8m**
Savings Delivery		(21.0)	Green and Amber savings plans delivering. Gap of £21.8m vs plan requirement of £42.8m
Overspends	Medical Stabilisation improvements not delivered	7.1	BGH W&C absence and restricted duties (£1.7m), Anaesthetist rate card extended (£1.3m), agency impact for WGH absence and restricted duties (£2.6m), MH&LD 4 premium agency (£0.9m)
	Continuing Healthcare	5.3	Demand increases on CHC packages (£4.1m), Out of Area Mental Health placements (£1.2m)
	Theatre activity and increased outsourcing	3.0	Planned and Specialist activity above planned levels
	Building Maintenance and repairs	1.9	Estates and Facilities £1.3m, Ceredigion Integrated System £0.6m
	Band 2/3 banding assumption changes	0.9	Increase in national framework assumptions and additional establishment conversion
	Swansea Bay LTA	1.7	Non-elective short stay episodes attracting a disproportionate flat rate tariff
Underspends	Primary Care	(9.9)	Dental contract handback £(5.5)m and General Medicine Services Supplementary Services £(3.1)m.
	Administrative vacancies	(4.5)	Across the majority of services – consideration for recurrent vacancy factor saving required
	Prescribing and Drugs	(5.0)	Annual Plan assumed increases not yet materialised, drugs system process improvement review (£3.0m)
	Clinical fill rates (non-medical)	(0.4)	Vacancies and reduced fill rates
	Income	(0.7)	Central Income
Gross Position		**62.2**	**Report £41.0m to Welsh Government, with full mitigating actions assumed**
Further Mitigating Actions		(21.2)	Robust plans are yet to be confirmed, but opportunities exceeding the value are being reviewed
Reported Position		**41.0**	

End of Year – Key Performance vs Plan

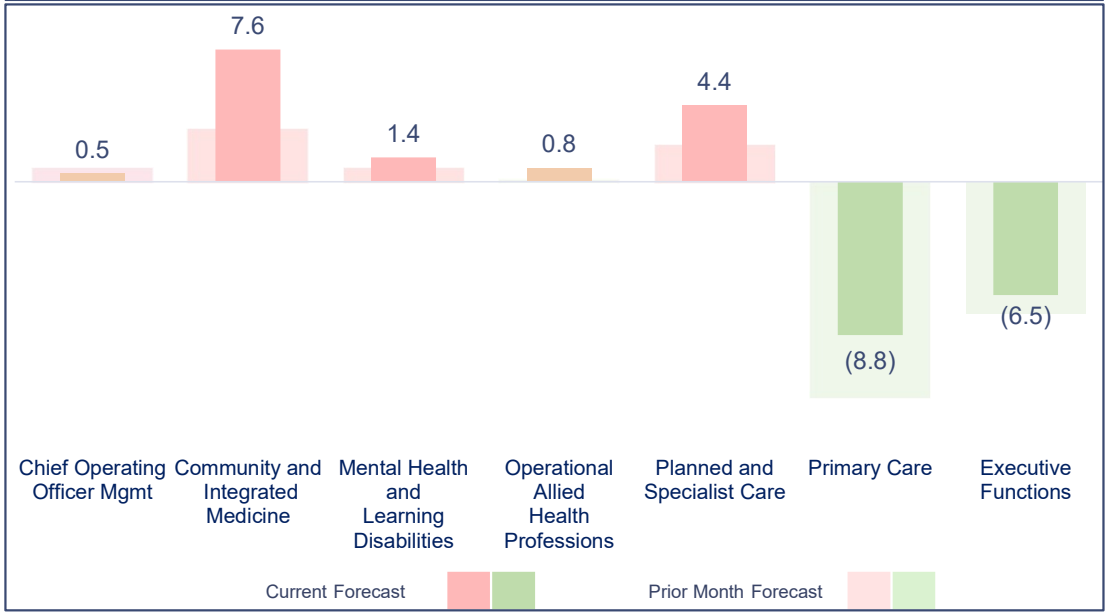
Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				**41.0**	
Chief Operating Officer Management	0.7	0.0	0.5	**1.2**	Savings non delivery plus Voluntary Early Retirement Scheme payments .
Community and Integrated Medicine	7.5	0.0	7.6	**15.1**	Savings non delivery plus increase in Continuing Healthcare packages £2.6m, continued use of premium medical locums to cover sickness £2.6m and increase in Nursing recruitment, bank and overtime £0.8m.
Mental Health and Learning Disabilities	4.1	0.0	1.4	**5.5**	Savings non delivery plus Continuing Healthcare packages £1.4m, purchase of outsourced Psychiatric Intensive Care beds £1.2m, Medical locum usage £0.9m, offset by Allied and Nursing vacancies £(2.0)m.
Operational Allied Health & Health Sciences	4.7	0.0	0.8	**5.5**	Savings non delivery plus Medical expenditure within Pathology £0.5m, Radiology services outsourcing £2.2m offset by pay vacancies £(2.0)m.
Planned and Specialist Care	5.1	0.0	4.4	**9.5**	Savings non delivery plus Bronglais dual running £1.7m, Medical locum rate card within Anaesthetic £1.3m, outsourcing of activity in Theatres, Dermatology, Anaesthetics, Urology and Ophthalmology £2.1m.
Primary Care	(1.9)	0.0	(8.8)	**(10.7)**	Dental contract handback underspends £(5.5)m and General Medicine Services Supplementary Services underspends £(3.1)m.
Executive Functions	1.6	0.0	(6.5)	**(4.9)**	Pay vacancies £(3.1)m, Pharmacy drugs system review and process improvement £(2.7)m, Central Income overachievement £(0.9)m, and drugs reduction £(0.7)m offset by Swansea Bay emergency activity increase £1.7m.
Sub Total	**21.8**	**0.0**	**(0.6)**	**21.2**	
Gross Position				**62.2**	
Further Mitigating Actions				(21.2)	Conversion of opportunities to robust plans required as not yet confirmed
Reported Position				**41.0**	

End of Year – Key Performance vs Plan Executive

Executive Function (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Chief Executive	(0.2)	0.0	(0.2)	**(0.4)**	Over-achievement of savings target, Admin pay vacancies.
Digital	0.1	0.0	0.0	**0.1**	Under-achievement of savings target.
Estates and Facilities	2.6	0.0	0.4	**3.0**	Under-achievement of savings target, building and maintenance expenditure £1.3m offset by pay vacancies £(0.8)m.
Executive Allied Health	0.0	0.0	0.0	**0.0**	No material deviation.
Finance	(0.3)	0.0	(0.1)	**(0.4)**	Over-achievement of savings target, Admin pay vacancies.
Health Board Wide	(0.8)	0.0	(3.8)	**(4.6)**	Over-achievement of savings target, Drugs system process improvement review £(2.7)m and Central Income overachievement £(0.9)m.
LTA's	1.3	0.0	1.7	**3.0**	Under-achievement of savings target, Swansea Bay emergency activity.
Medical	(0.1)	0.0	(0.3)	**(0.4)**	Over-achievement of saving target, unconfirmed SIFT plans
Nursing	(0.1)	0.0	0.1	**0.0**	No material deviation.
Pharmacy and Medicines Management	2.9	0.0	(1.0)	**1.9**	Under-achievement of savings target, drugs reduction £(0.7)m and pay vacancies £(0.4)m.
Public Health	(0.4)	0.0	(1.8)	**(2.2)**	Over-achievement of savings target, pay vacancies £(1.3)m, vaccinations uptake reduction £(0.2)m
Strategy and Planning	(0.4)	0.0	(0.1)	**(0.5)**	Over-achievement of savings target, Capital redesign income.
Workforce	(3.0)	0.0	(1.4)	**(4.4)**	Over-achievement of savings target, Admin pay vacancies.
Sub Total	**1.6**	**0.0**	**(6.5)**	**(4.9)**	

End of Year – Core Operational Variation

Core Operational Variation (£'m)



Core Operational Variation (£'m)

Portfolio	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	0.6	(0.1)	0.0	**0.5**
Community and Integrated Medicine	3.5	4.4	(0.3)	**7.6**
Mental Health and Learning Disabilities	(1.3)	2.6	0.1	**1.4**
Operational Allied Health and Health Sciences	(0.9)	2.1	(0.4)	**0.8**
Planned and Specialist Care	2.5	2.8	(0.9)	**4.4**
Primary Care	(0.3)	(10.4)	1.9	**(8.8)**
Executive Functions	(4.1)	(1.3)	(1.1)	**(6.5)**
Total	**0.0**	**0.1**	**(0.7)**	**(0.6)**

Key Information

Community and Integrated Medicine Continued medical locum usage to cover sickness and vacancies £2.6m alongside Nursing recruitment, bank and overtime usage £0.8m. Continuing Healthcare increase in monthly average of commissioned care days due to additional packages £2.6m and increase in expenditure relating to insulin pumps and interim care bed costs.

Mental Health Continuing Healthcare increase in monthly average commissioned care days due to additional packages £1.4m and purchase of outsourced Psychiatric Intensive Care Beds £1.2m.

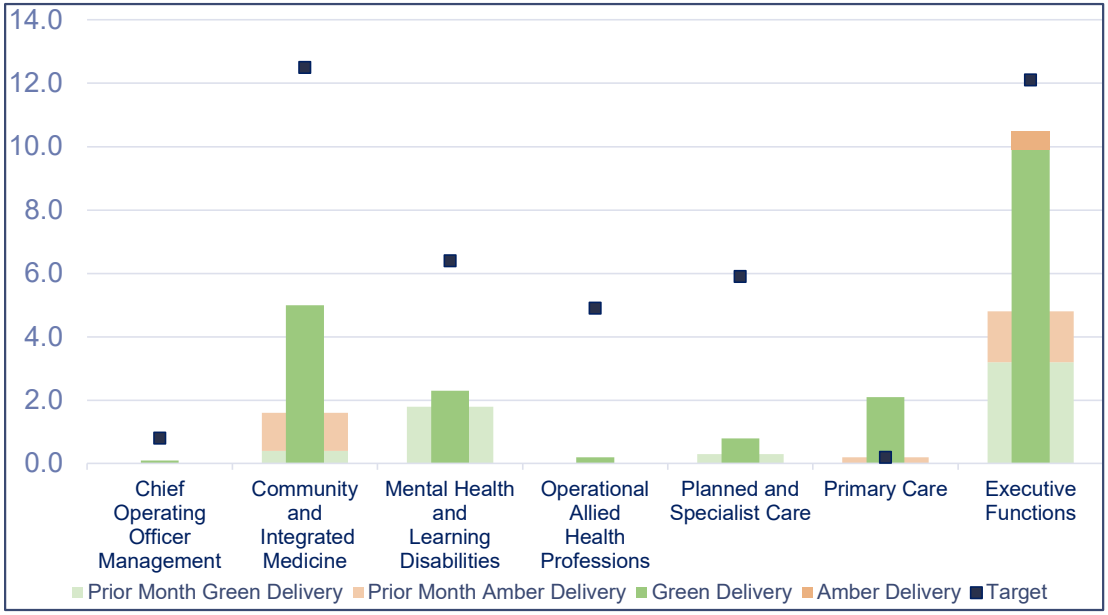
Planned and Specialist Care Medical locum rate card within Anaesthetics £1.3m and dual running of Medical staff within Bronglais Obstetrics, Gynaecology and Paediatrics £1.7m. Theatres, Dermatology, Anaesthetics, Ophthalmology and Urology outsourcing £2.1m, alongside increase in loan kits, Rheumatology drugs, and Dermatology Skin Cancer clinics.

Primary Care Dental contract handback underspends £(5.5)m and General Medicine Services Supplementary Services underspends £(3.1)m, offset by underachievement of Dental income £1.9m.

Executive Functions Pay vacancies mainly within Estates, Public Health and Workforce £(4.1)m, Drugs system process improvement review £(2.7)m, reduction in Dapagliflozin drugs £(0.7)m, and Central Income overachievement £(0.9)m, offset by Estates maintenance increase £1.3m and Swansea Bay Long Term Agreement Emergency activity increase £1.7m.

End of Year – Savings Performance Breakdown

Savings Performance Breakdown (£'m)



Savings Performance Breakdown (£'m)

Portfolio	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.8	0.1	0.1	0.7
Community and Integrated Medicine	12.5	5.0	5.0	7.5
Mental Health and Learning Disabilities	6.4	2.3	2.3	4.1
Operational Allied Health and Health Sciences	4.9	0.2	0.2	4.7
Planned and Specialist Care	5.9	0.8	0.8	5.1
Primary Care	0.2	2.1	2.1	(1.9)
Executive Functions	12.1	10.5	10.5	1.6
Grand Total	**42.8**	**21.0**	**21.0**	**21.8**

Key Information

Savings identification is £21.0m, with all savings forecast to fully deliver, leaving a savings under-identification gap of £21.8m against the £42.8m target.

The £21.8m under-identification of savings largely relates to Community and Integrated Medicine £7.5m, Mental Health £4.1m, Operational Allied Health £4.7m, Planned and Specialist Care £5.1m, offset by Primary Care over-achievement £(1.9)m. Executive functions underachievement largely relates to Pharmacy and Medicines Management £2.9m, Estates and Facilities £2.6m and Long-Term Agreements £1.3m, offset by overachievement within Workforce £(3.1)m and Health Board Wide £(0.7)m.

Newly identified schemes largely relate to conversion of core underspends to savings £9.1m, VAT recovery programme £1.3m, reduction in Dapagliflozin drugs £1.1m.

Of the schemes identified, £20.4m relate to green schemes, with £0.6m relating to amber schemes. £5.1m are recurrent savings with £15.9m being non-recurrent savings.

End of Year – Saving Delivery Performance

Savings

Savings Target
£42.8m
Recurrent = £42.8m
Non-Recurrent = £0.0m

In-Year Recurrent Gap
£37.7m
Target = £42.8m
Delivery = £5.1m

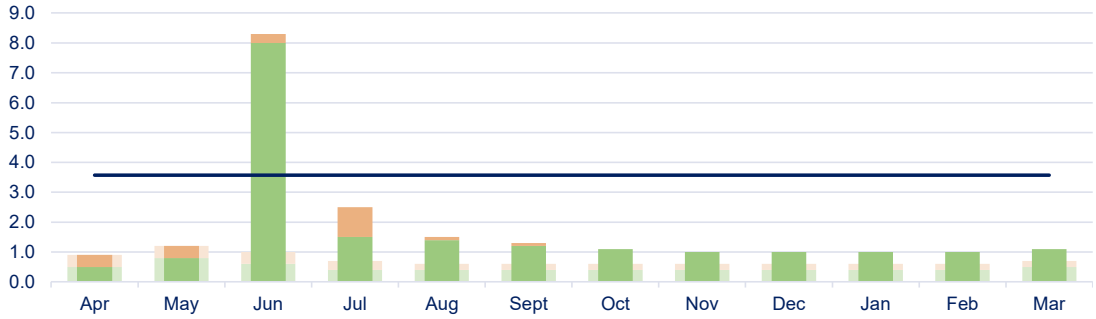
In-Year Non-Recurrent Gap
£(15.9)m
Target = £0.0m
Delivery = £15.9m

Full Year Recurrent Gap
£37.6m
Target = £42.8m
Delivery = £5.2m

Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)

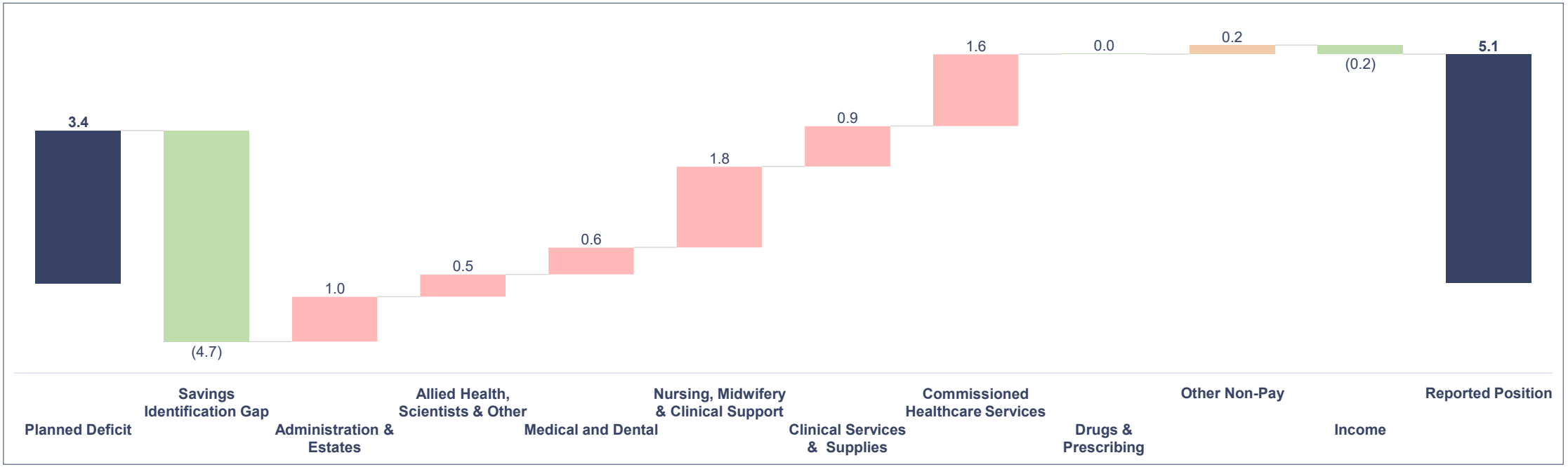
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)

Monthly Profiled Risk-Assessed Savings Delivery (£'m)



Monthly Trend of Annual Recurrent Opportunity, Pipeline & Savings Plans (£'m)

In-Month – Key Drivers vs Plan



Key Information

Savings Identification Gap – Savings identification of £8.3m against savings target of £3.6m, leaving a savings overidentification gap of £(4.7)m.

Administration and Estates – Conversion of year to date and in-month core underspends relating to vacancies to savings identification of £1.5m.

Nursing and Midwifery – Conversion of year to date and in-month core underspends relating to vacancies to savings identification of £2.0m.

Clinical Services & Supplies – Planned and Specialist Care Dermatology and Theatres outsourcing of activity, alongside increase in theatre consumables purchases relating to loan kits and implants £0.4m. Operational Allied Health outsourcing of Radiology activity and services £0.3m.

Commissioned Healthcare Services – Primary Care year to date Dental underspends recognised as savings £0.6m, sustained increase of Continuing Healthcare packages within Community and Integrated Medicine £0.5m, Swansea Bay Long Term Agreement increase in emergency activity £0.4m and Planned and Specialist Care Ophthalmology outsourcing of activity £0.2m.

In-Month – Key Performance vs Plan

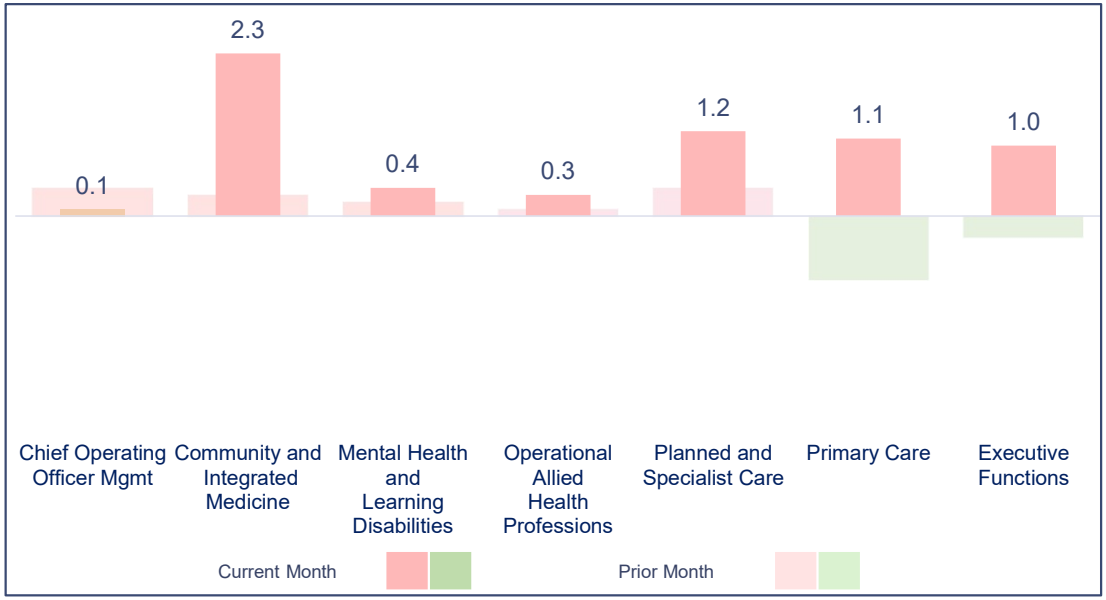
Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Annual Plan				**3.4**	**As per plan submitted to Welsh Government**
Chief Operating Officer Management	0.0	0.0	0.1	**0.1**	No material deviation to plan
Community and Integrated Medicine	(0.7)	0.0	2.3	**1.6**	Conversion of year to date underspends to savings. Continued increase in the number of Continuing Healthcare packages, increase in premium Medical agency usage and Nursing bank usage
Mental Health and Learning Disabilities	(0.1)	0.0	0.4	**0.3**	Conversion of year to date underspends to savings. Continued increase in the number of Continuing Health Care packages
Operational Allied Health & Health Sciences	0.2	0.0	0.3	**0.5**	Increase of outsourcing contracts for Radiology services, offset by pay vacancies.
Planned and Specialist Care	0.1	0.0	1.2	**1.3**	Medical locum agency usage including dual running and Medical rate card, alongside Theatres outsourcing and purchase of loan kits.
Primary Care	(2.0)	0.0	1.1	**(0.9)**	Conversion of year to date Dental contracts hand back underspends to savings. General Medical Services supplementary services underspend and delay in Cluster projects.
Executive Functions	(2.2)	0.0	1.0	**(1.2)**	Conversion of year to date underspends to savings. Swansea Bay Long Term Agreement emergency activity and Estates and Facilities maintenance expenditure.
Sub Total	**(4.7)**	**0.0**	**6.4**	**1.7**	
Gross Position				**5.1**	

In-Month – Key Performance vs Plan Executive

Executive Function (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Chief Executive	0.0	0.0	0.0	**0.0**	No material deviation to plan
Digital	0.0	0.0	0.0	**0.0**	No material deviation to plan
Estates and Facilities	0.1	0.0	0.3	**0.4**	Building & Estates maintenance expenditure
Executive Allied Health	0.0	0.0	0.0	**0.0**	No material deviation to plan
Finance	(0.1)	0.0	0.0	**(0.1)**	No material deviation to plan
Health Board Wide	(0.7)	0.0	(0.4)	**(1.1)**	VAT recovery and drugs process saving, and reduction in losses claims
LTA's	0.0	0.0	0.5	**0.5**	Swansea Bay emergency activity increase
Medical	0.0	0.0	0.0	**0.0**	No material deviation to plan
Nursing	(0.1)	0.0	0.1	**0.0**	No material deviation to plan
Pharmacy and Medicines Management	(0.2)	0.0	0.1	**(0.1)**	No material deviation to plan
Public Health	(0.5)	0.0	0.3	**(0.2)**	Recognition of year to date pay vacancies as savings
Strategy and Planning	0.0	0.0	(0.1)	**(0.1)**	No material deviation to plan
Workforce	(0.7)	0.0	0.2	**(0.5)**	Recognition of year to date pay vacancies as savings
Sub Total	**(2.2)**	**0.0**	**1.0**	**(1.2)**	

In-Month – Core Operational Variation

Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	0.1	0.0	0.0	**0.1**
Community and Integrated Medicine	1.7	0.7	(0.1)	**2.3**
Mental Health and Learning Disabilities	0.2	0.2	0.0	**0.4**
Operational Allied Health and Health Sciences	0.1	0.2	0.0	**0.3**
Planned and Specialist Care	0.5	0.8	(0.1)	**1.2**
Primary Care	0.3	0.6	0.2	**1.1**
Executive Functions	1.0	0.2	(0.2)	**1.0**
Total	**3.9**	**2.7**	**(0.2)**	**6.4**

Key Information

Community and Integrated Medicine Conversion of £1.4m pay vacancies from core underspends to savings. Continued use of high-cost locums to cover sickness and vacancies and increase in Nursing bank and overtime usage. Continuing Healthcare packages volume increase largely relating to Elderly Mentally Infirm nursing and Palliative Care packages.

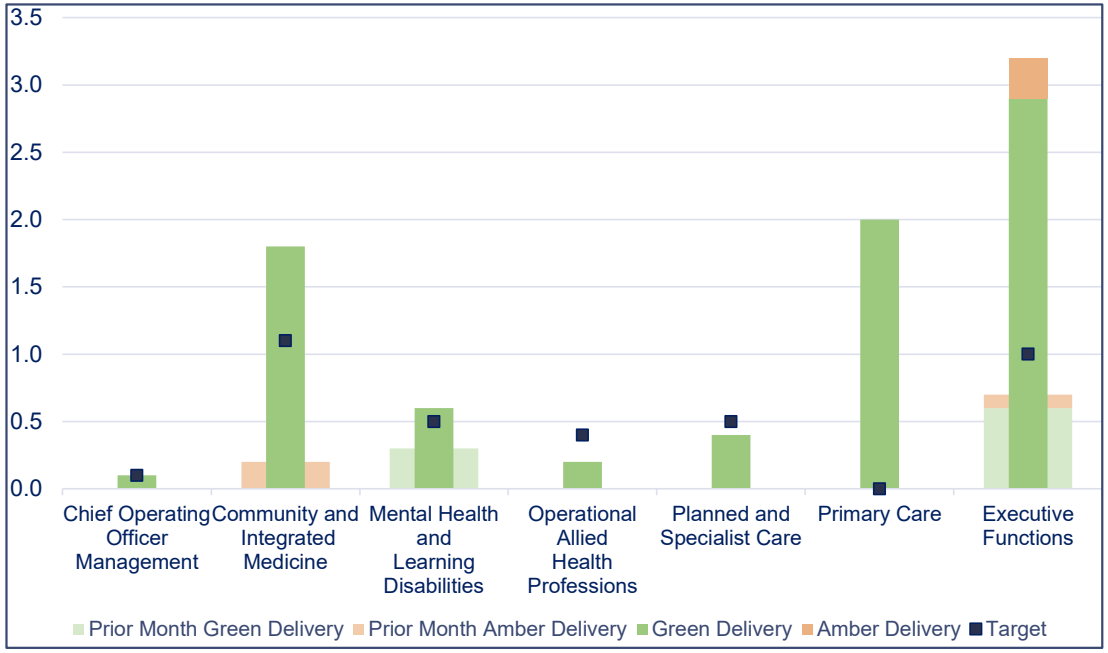
Planned and Specialist Care Conversion of £0.5m pay vacancies from core underspends to savings, alongside continued Medical locum agency usage with dual running and Medical rate card use. Theatres and Ophthalmology outsourcing, Rheumatology and Dermatology drug costs increases and purchases of theatre consumables including loan kits and implants.

Primary Care Dental contracts hand back underspend converted to savings £1.6m, offset by General Medical Services underspend £(1.0)m, and delay in Primary Care Cluster projects off set by lower income than expected.

Executive Functions Conversion of pay vacancies from core underspends to savings. Swansea Bay LTA emergency activity.

In-Month – Savings Performance Breakdown

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.1	0.1	0.1	**0.0**
Community and Integrated Medicine	1.1	1.8	1.8	**(0.7)**
Mental Health and Learning Disabilities	0.5	0.6	0.6	**(0.1)**
Operational Allied Health and Health Sciences	0.4	0.2	0.2	**0.2**
Planned and Specialist Care	0.5	0.4	0.4	**0.1**
Primary Care	0.0	2.0	2.0	**(2.0)**
Executive Functions	1.0	3.2	3.2	**(2.2)**
Grand Total	**3.6**	**8.3**	**8.3**	**(4.7)**

Key Information

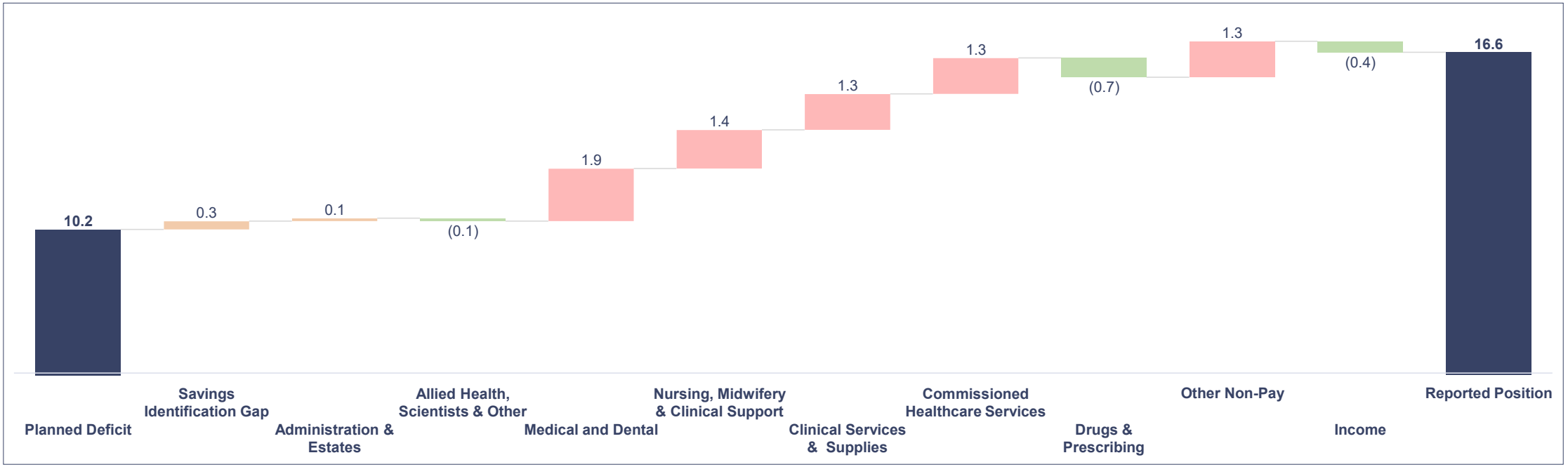
Overall savings identification and delivery of £8.3m has been achieved in Month 3, resulting in a £4.7m over-delivery against £3.6m target, with variations across Clinical Care Groups.

£(4.7)m over identification of savings largely relates to Primary Care £(2.0)m, Community and Integrated Medicine £(0.7)m, Workforce £(0.6)m, Health Board Wide £(0.6)m and Public Health £(0.5)m.

The increase in savings identification from prior months relates to an exercise to convert year to date core operational underspends to savings, mainly relating to pay vacancies £4.8m, Primary Care Dental underspends £1.6m and drugs underspends £0.8m.

Of the savings delivered in-month, £0.8m relate to recurrent schemes and £7.5m relate to non-recurrent schemes.

Year to Date – Key Drivers vs Plan



Key Information

Savings Identification gap – Savings delivery of £10.4m achieved against a target of £10.7m. £8.3m of savings identified in June following year to date recognition of core underspends as savings.

Medical & Dental – Medical locum and agency usage including dual-running across Bronglais Obstetrics, Gynaecology and Paediatrics within Planned and Specialist Care, with continued use of premium rate card £0.7m. Community and Integrated Medicine high-cost agency usage to cover sickness and vacancies, with anticipated recruitment to mitigate future use of Medical agency £0.8m.

Nursing and Midwifery – Bank usage to cover sickness, with increase in fill rates within Community and Integrated Medicine £0.7m, and Voluntary Early Retirement Scheme payment £0.4m.

Clinical Services & Supplies – Theatres, Dermatology, Anaesthetics and Urology outsourcing within Planned Care £0.5m. Outsourcing of Radiology services within Operational Allied Health £0.5m.

Commissioned Healthcare Services – Increase in Continuing Healthcare packages within Mental Health and Community and Integrated Medicine £1.0m, Swansea Bay emergency activity increase £0.8m, Mental Health Psychiatric Intensive Care Unit Beds £0.5m, Planned Care Ophthalmology outsourcing £0.4m, offset by Primary Care General Medical Services underspends £(1.1)m.

Other Non-Pay – Building and Estates maintenance expenditure £0.5m and Strategic Partnership Contract phasing £0.3m.

Year to Date – Key Deviations to Plan

Key Deviation		£'m	Key Information
Gross Planned Deficit		**21.0**	
Savings Delivery		(10.4)	Green and Amber savings plans delivery of £10.4m against savings target of £10.7m.
Overspends	Medical Stabilisation improvements not delivered	1.9	Agency impact for WGH absence and restricted duties (£0.6m), BGH W&C absence and restricted duties (£0.4m), Anaesthetist rate card extended (£0.3m), MH&LD 4 premium agency (£0.2m)
	Continuing Healthcare	1.5	Demand increases on CHC packages (£1.2m), Out of Area Mental Health placements (£0.3m)
	Nursing and Midwifery	1.4	Variable pay bank and overtime to cover sickness and rota gaps
	Theatre activity and increased outsourcing	0.9	Planned and Specialist Care activity above planned levels
	Swansea Bay LTA	0.8	Non-elective short stay episodes attracting a disproportionate flat rate tariff
	Building Maintenance and repairs	0.7	Estates and Facilities £0.5m, Ceredigion Integrated System £0.2m
	Clinical Services and Supplies	0.7	Radiology outsourcing of services and purchase of insulin pumps
	Band 2/3 banding assumption changes	0.3	Increase in national framework assumptions and additional establishment conversion
Underspends	Primary Care	(1.1)	General Medical Services ringfenced underspends
	Prescribing and Drugs	(0.7)	Annual Plan assumed increases not yet materialising
	Income	(0.4)	Central Income £(0.2)m and Capital Design recharge income £(0.2)m
Gross Position		**16.6**	

Year to Date – Key Performance vs Plan

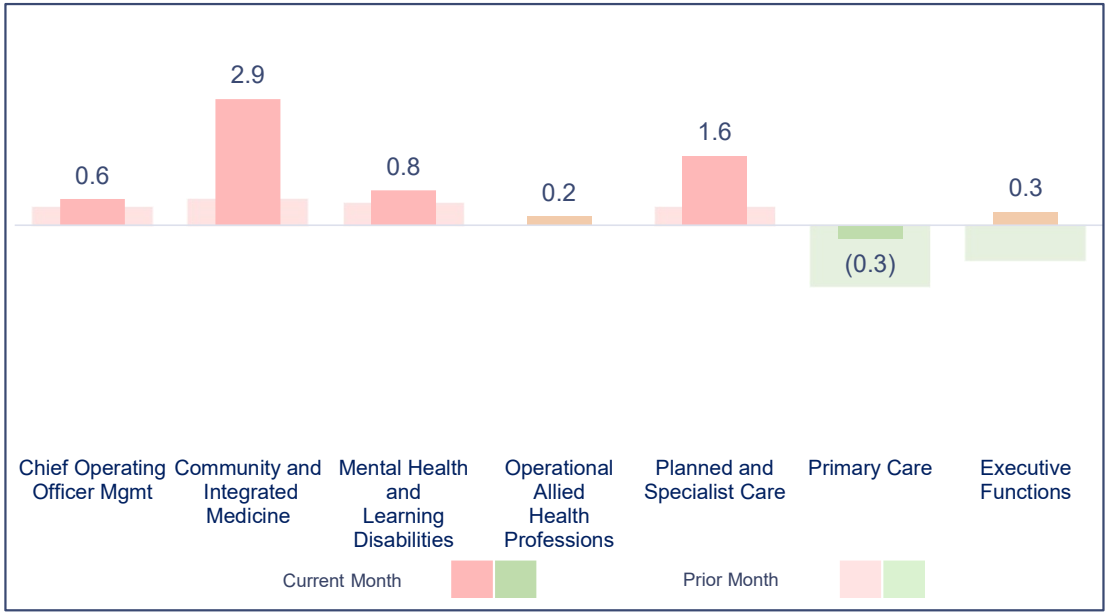
Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				**10.2**	
Chief Operating Officer Management	0.1	0.0	0.6	**0.7**	Voluntary Early Retirement Scheme payments.
Community and Integrated Medicine	0.9	0.0	2.9	**3.8**	Increase in Continuing Healthcare packages volume, Medical locum agency usage and Nursing bank usage with increase in fill rates.
Mental Health and Learning Disabilities	0.4	0.0	0.8	**1.2**	Continuing Healthcare packages increase, purchase of Psychiatric Intensive Care Unit beds and Medical locum agency usage.
Operational Allied Health & Health Sciences	1.0	0.0	0.2	**1.2**	Medical pressures within Pathology, Radiology outsourcing of services, offset by Radiology vacancies due to delayed recruitment.
Planned and Specialist Care	1.1	0.0	1.6	**2.7**	Medical locum and agency usage and outsourcing activity within Ophthalmology, Theatres, Dermatology, Anaesthetics and Urology.
Primary Care	(2.0)	0.0	(0.3)	**(2.3)**	Dental underspend savings. General Medical Services underspend, delay in cluster projects, offset by underachieved Dental income.
Executive Functions	(1.2)	0.0	0.3	**(0.9)**	Swansea Bay Emergency Activity increase £0.8m, Estates maintenance expenditure £0.5m, offset by reduction in drugs and vaccination uptake £(0.5)m and income overachievement £(0.4)m.
Sub Total	**0.3**	**0.0**	**6.1**	**6.4**	
Gross Position				**16.6**	

Year to Date – Key Performance vs Plan Executive

Executive Function (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Chief Executive	(0.1)	0.0	0.0	**(0.1)**	No material deviation to plan
Digital	0.1	0.0	0.0	**0.1**	No material deviation to plan
Estates and Facilities	0.5	0.0	0.5	**1.0**	Under delivery of savings, Building and Estates maintenance expenditure
Executive Allied Health	0.0	0.0	0.0	**0.0**	No material deviation to plan
Finance	(0.1)	0.0	0.0	**(0.1)**	No material deviation to plan
Health Board Wide	(0.6)	0.0	(0.4)	**(1.0)**	VAT recovery and drugs review saving, Central Income over achievement
LTA's	0.4	0.0	0.8	**1.2**	Swansea Bay Emergency Activity increase
Medical	(0.1)	0.0	0.0	**(0.1)**	No material deviation to plan
Nursing	(0.1)	0.0	0.1	**0.0**	No material deviation to plan
Pharmacy and Medicines Management	0.4	0.0	(0.3)	**0.1**	Under delivery of savings, offset by reduction in Dapagliflozin spend
Public Health	(0.4)	0.0	(0.2)	**(0.6)**	Pay underspends recognised as savings and lower vaccination uptake
Strategy and Planning	(0.1)	0.0	(0.2)	**(0.3)**	Income overachievement relating to Capital Design recharge income
Workforce	(1.1)	0.0	0.0	**(1.1)**	Overachievement of savings relating to pay vacancies
Sub Total	**(1.2)**	**0.0**	**0.3**	**(0.9)**	

Year to Date – Core Operational Variation

Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	0.6	0.0	0.0	**0.6**
Community and Integrated Medicine	1.6	1.4	(0.1)	**2.9**
Mental Health and Learning Disabilities	0.1	0.7	0.0	**0.8**
Operational Allied Health and Health Sciences	(0.1)	0.4	(0.1)	**0.2**
Planned and Specialist Care	0.9	1.0	(0.3)	**1.6**
Primary Care	0.2	(1.0)	0.5	**(0.3)**
Executive Functions	0.0	0.7	(0.4)	**0.3**
Total	**3.3**	**3.2**	**(0.4)**	**6.1**

Key Information

Chief Operating Officer Management Voluntary Early Retirement Scheme payments.

Community and Integrated Medicine Increase in Continuing Healthcare packages volume, continued use of Medical locum usage and Nursing bank usage to cover sickness and vacancies.

Mental Health High-cost Continuing Healthcare packages and purchase of Psychiatric Intensive Care Unit beds.

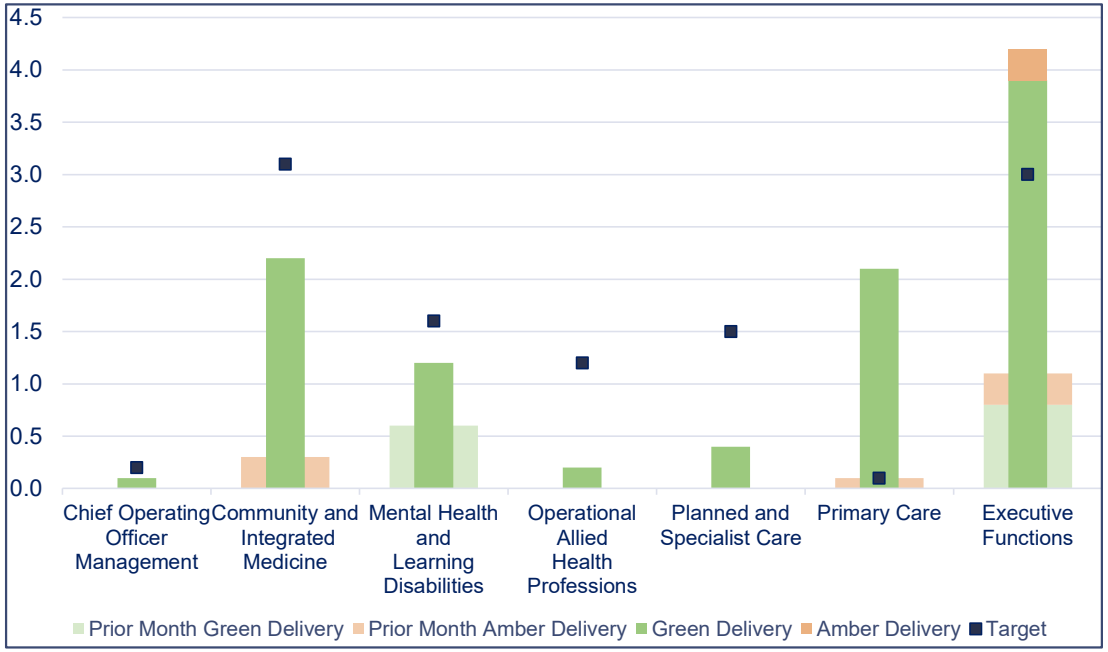
Planned and Specialist Care Medical locum and agency usage including dual-running across Bronglais and outsourcing activity within Ophthalmology, Theatres and Dermatology.

Primary Care Continued General Medical Services supplementary services underspends and delay in Primary Care projects, offset by Dental income underachievement.

Executive Functions Swansea Bay Emergency activity £0.8m and Estates maintenance contract uplift £0.5m, offset by Pharmacy and Medicines Management reduction in Dapagliflozin drugs spend £(0.3)m, and Central Income and Capital redesign income overachievement £(0.4)m.

Year to Date – Savings Performance Breakdown

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.2	0.1	0.1	0.1
Community and Integrated Medicine	3.1	2.2	2.2	0.9
Mental Health and Learning Disabilities	1.6	1.2	1.2	0.4
Operational Allied Health and Health Sciences	1.2	0.2	0.2	1.0
Planned and Specialist Care	1.5	0.4	0.4	1.1
Primary Care	0.1	2.1	2.1	(2.0)
Executive Functions	3.0	4.2	4.2	(1.2)
Grand Total	**10.7**	**10.4**	**10.4**	**0.3**

Key Information

Overall savings identification and delivery of £10.4m, resulting in a £0.3m savings under-identification gap against £10.7m target, with variations across Clinical Care Groups.

Under-identification areas include Planned and Specialist Care £1.1m, Operational Allied Health £1.0m, Community and Integrated Medicine £0.9m, Estates and Facilities £0.6m, Pharmacy and Medicines Management £0.5m, and Long Term Agreements £0.4m, offset by over-identification within Primary Care £(2.0)m and Workforce £(1.0)m.

£8.3m of the year to date savings identified, were identified in Month 3 following an exercise to convert core operational underspends into savings schemes, mainly relating to pay vacancies £4.8m, Primary Care Dental underspends £1.6m and drugs underspends £0.8m.

The identified savings are mainly non-recurrent £9.3m, with only £1.1m being identified as recurrent savings.

Capital Performance

Capital

Total Capital Performance

£34.6m

Annual Plan **£34.6m**

All Wales Capital

£26.5m

Annual Plan **£26.5m**

Discretionary Capital

£8.1m

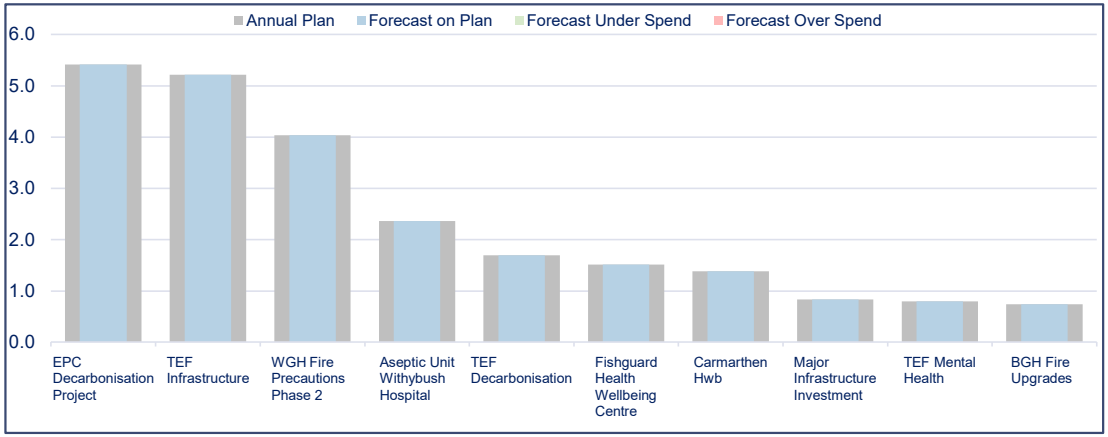
Annual Plan **£8.1m**

IFRS 16

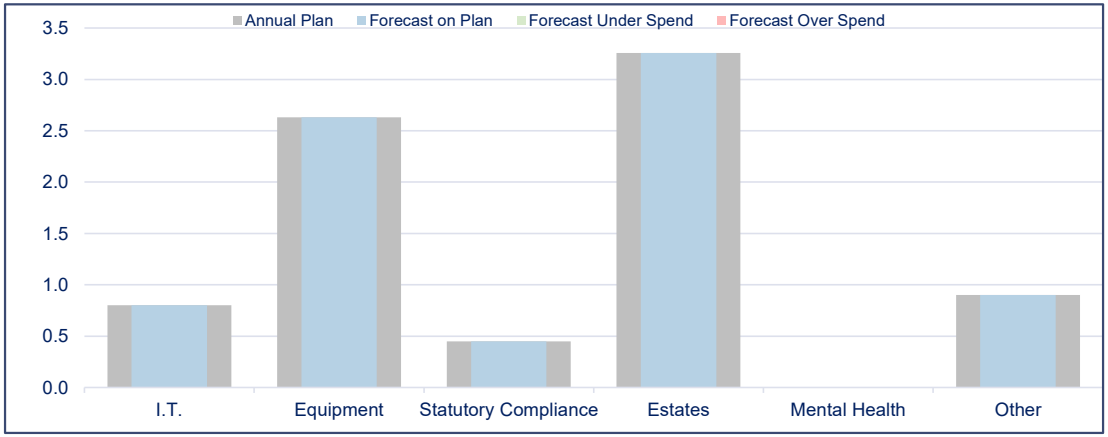
£0.0m

Capital Resource Limit **£0.0m**

All Wales Capital Programme Top 10 Schemes (£'m)



Discretionary Capital Programme Category Summary (£'m)



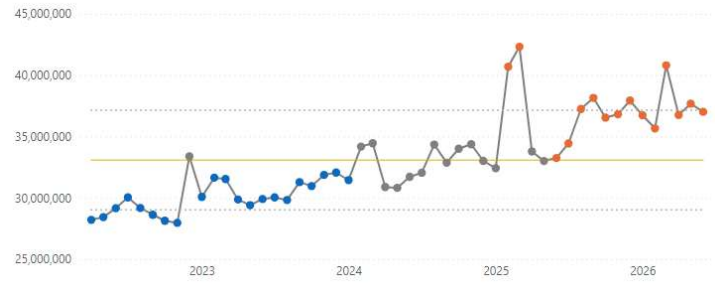
Key Information

Delivery against the capital programme is currently assessed as low risk. Capital projects are currently expected to deliver the Capital Resource Limit; this assessment will be kept under review as the year progresses.

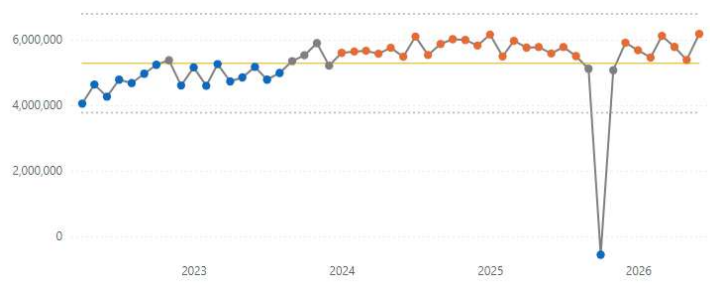
The Capital Programme for the year is comprised of £26.5m All Wales Capital Programme funding and £8.1m discretionary funds. The discretionary value represents the net after adjustments to the gross allocation of £11.2m for contributions to Targeted Estates Fund, the ongoing payback for Picton Terrace, and adjustments relating to prior year outturn.

Trend Analysis – Non-Pay and Income

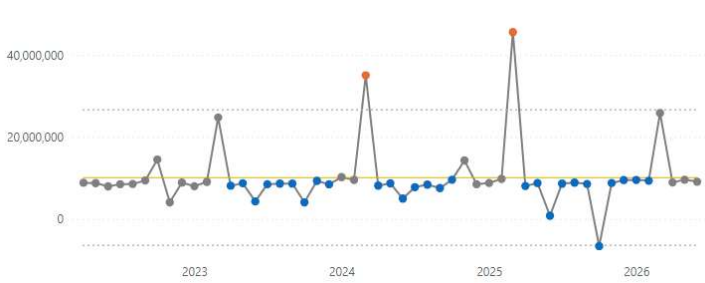
Commissioned Healthcare Services (£)



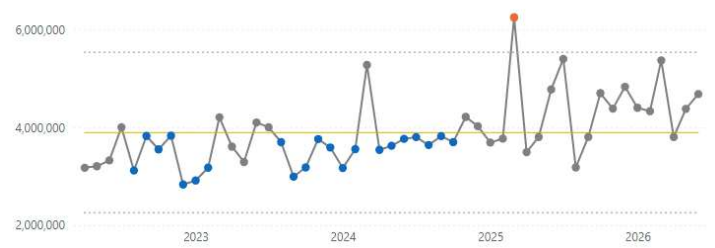
Secondary Care Drugs (£)



Other Non-Pay (£)

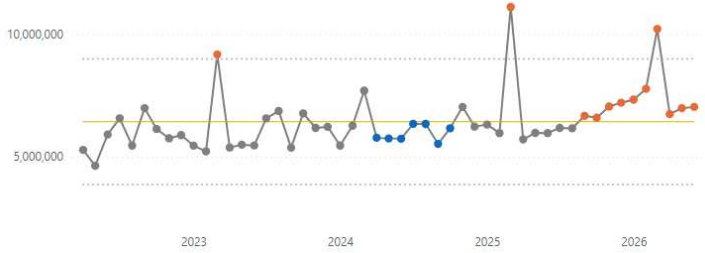


Clinical Services and Supplies (£)



Primary Care Prescribing (£)

Income (£)



Key Information

Commissioned Healthcare – Reduction in expenditure due to Mental Health retrospective correction to Continuing Healthcare package and reduction in Psychiatric Intensive Care Unit Beds.

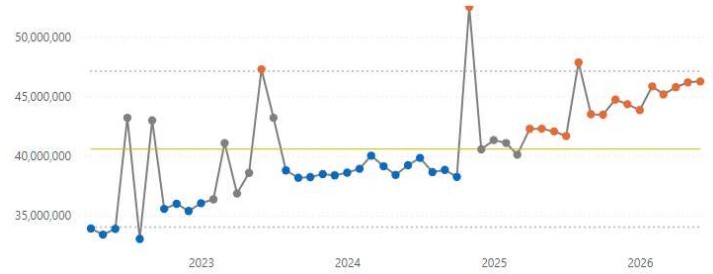
Secondary Care Drugs – Increase in Oncology, Rheumatology and Dermatology drugs and Homecare Drugs expenditure within Community and Integrated Medicine and Operational Allied Health.

Clinical Services & Supplies – Increase in Planned and Specialist Care Theatres and Dermatology outsourcing of activity with a further increase in consumables purchases including loan kits and implants, alongside an increase within Operational Allied Health relating to Radiology outsourcing of services.

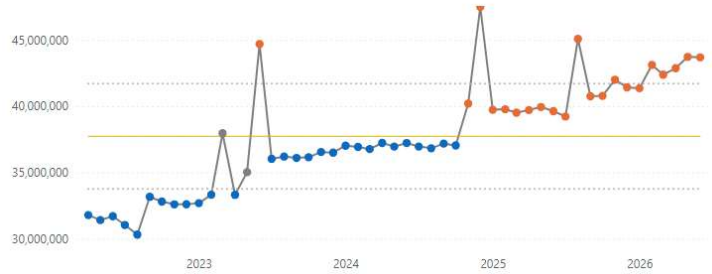
Primary Care Prescribing – Increase in prescribing days and therefore a corresponding increase in drugs activity.

Trend Analysis – Pay Agenda for Change

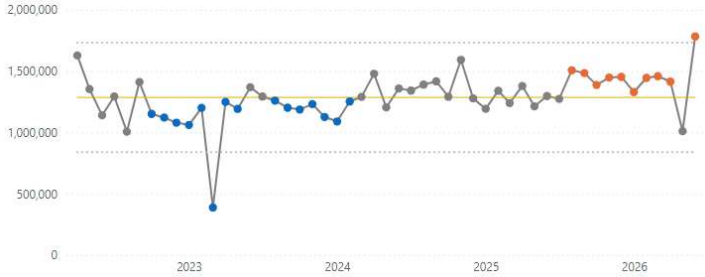
Total (£)



Substantive (£)



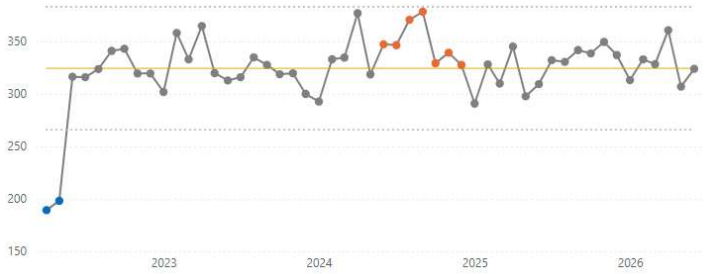
Bank (£)



Total (WTE)

Substantive (WTE)

Bank (WTE)



Key Information

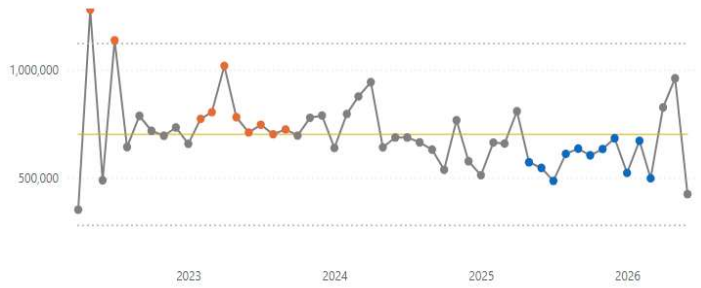
Bank £ and WTE – Increase of 16.92 Bank WTE largely relating to Nursing and Healthcare Support Workers within Community and Integrated Medicine to cover sickness and gaps in rotas.

Total WTE – Increase in Total Whole Time Equivalents relating to recruitment of Substantive posts across the services, alongside increase in Bank and Overtime usage to cover sickness and rotas.

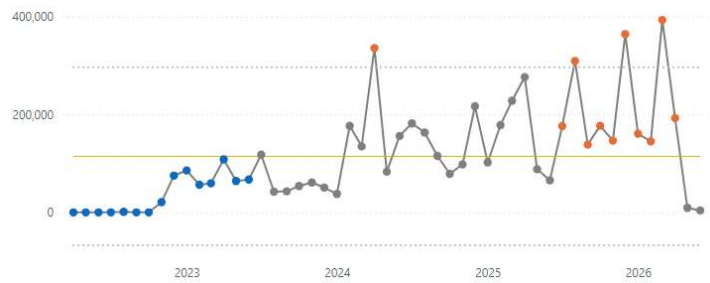
Substantive WTE – Increase in Substantive recruitment across various services including Community and Integrated Medicine, Planned and Specialist Care and Operational Allied Health.

Trend Analysis – Pay Agenda for Change

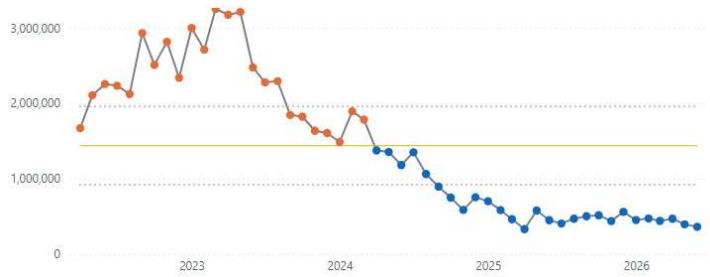
Overtime (£)



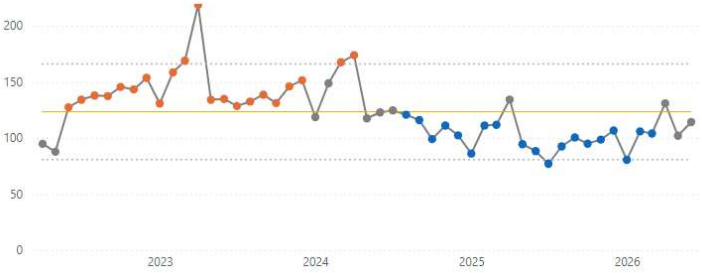
WLI (£)



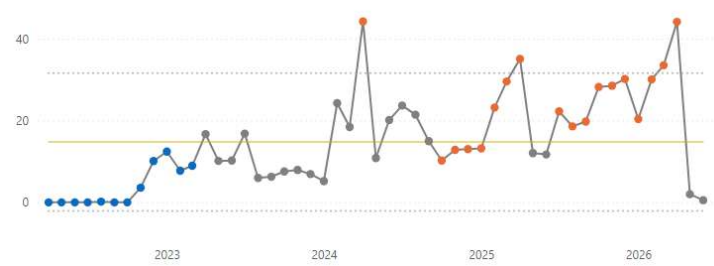
Agency (£)



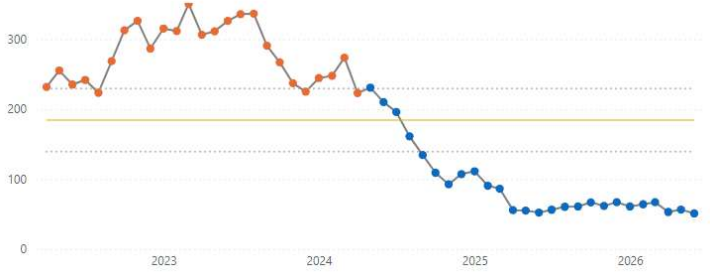
Overtime (WTE)



WLI (WTE)



Agency (WTE)



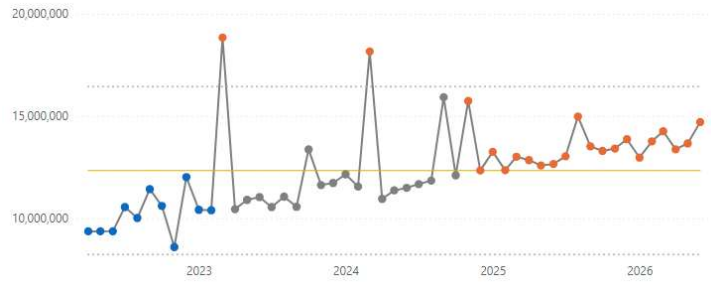
Key Information

Overtime £ and WTE – Reduction in Overtime expenditure due to a recategorisation adjustment between Bank and Overtime expenditure. Overall, Overtime usage is considerably higher in 2026/27 compared to the average of 2025/26 to cover sickness gaps, as highlighted within the Whole Time Equivalents trend.

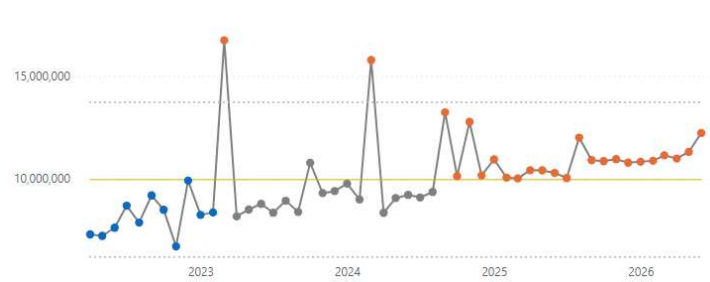
Waiting List Initiative £ and WTE – Reduction from prior year due to significantly less Waiting List Initiative activity being undertaken within Planned and Specialist Care this year.

Trend Analysis – Pay Medical and Dental

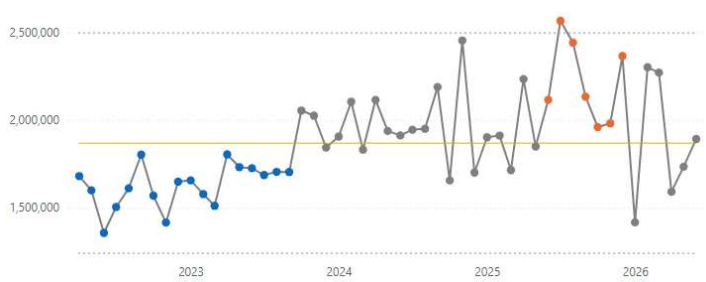
Total (£)



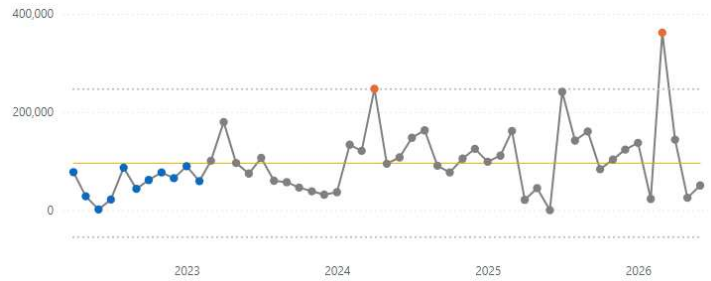
Substantive (£)



Additional Hours (£)

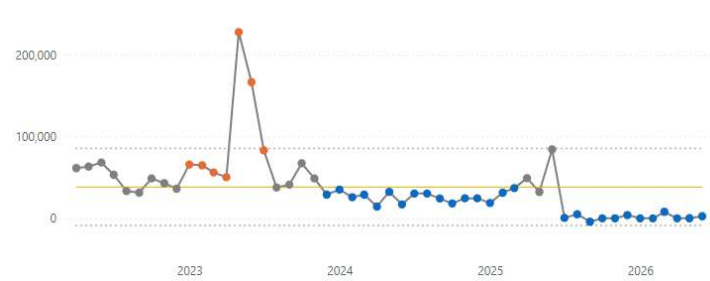


WLI (£)



On Contract Agency Premium (£)

Off Contract Agency Premium (£)



Key Information

Total £ – Increase in expenditure from prior month largely relating to the FY26-27 Medical and Dental 3.5% pay award with year to date payment in-month £1.4m.

Substantive £ – Increase in expenditure from prior month largely relating to the FY26-27 Medical and Dental 3.5% pay award with year to date payment in-month £1.4m.

Additional Hours £ – Increase in Additional Duty Hours from prior month largely within Planned and Specialist Care, Primary Care and Community and Integrated Medicine.

Waiting List Initiative £ – Slight increase from prior month due to additional Waiting List Initiative activity being undertaken within Planned and Specialist Care, alongside pay award uplift.

On Contract Agency Premium £ – Slight reduction in agency pay expenditure within Mental Health, Planned and Specialist Care and Operational Allied Health.

Staffing Establishment Reports

Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW)	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Variable WTE	Agency (Premium) WTE	Total Over/(Under) Staffed
Chief Operating Officer	**102.2%**	**2,644**	**2,323**	**(262)**	**278**	**39**	**56**
Community and Integrated Medicine	**103.2%**	**1,886**	**1,644**	**(203)**	**204**	**35**	**37**
Carmarthenshire Integrated System	103.5%	1,144	1,000	(109)	131	13	34
Ceredigion Integrated System	107.5%	326	270	(33)	40	15	22
Pembrokeshire Integrated System	99.4%	416	374	(61)	33	7	(19)
Mental Health and Learning Disabilities	**104.7%**	**287**	**236**	**(38)**	**50**	**1**	**13**
Planned and Specialist Care	**96.6%**	**471**	**443**	**(21)**	**24**	**3**	**6**
Cancer and Scheduled Care	94.6%	165	150	(12)	11	3	2
Children, Women and Family Health	97.6%	306	293	(9)	13	-	4
Grand Total	**102.2%**	**2,644**	**2,323**	**(262)**	**278**	**39**	**56**

All Other Staffing Levels (WTE) Excluding Medical and Ward Nursing & HCSWs	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Variable WTE	Agency (Premium) WTE	Total Over/(Under) Staffed
Chief Executive	**90.6%**	**89**	**89**	**(1)**	**-**	**-**	**(1)**
Chief Operating Officer	**93.7%**	**5,272**	**5,141**	**(440)**	**119**	**9**	**(308)**
Chief Operating Officer Management	81.6%	128	124	(4)	4	-	-
Community and Integrated Medicine	97.0%	1,425	1,381	(139)	36	7	(95)
Mental Health and Learning Disabilities	90.3%	913	902	(114)	10	-	(103)
Operational Allied Health and Health Sciences	97.2%	1,127	1,097	(74)	30	-	(43)
Planned and Specialist Care	95.0%	1,480	1,445	(70)	32	2	(35)
Primary Care	87.2%	199	192	(39)	7	-	(32)
Executive Director of Allied Health Professions and Health Sciences	**95.2%**	**892**	**839**	**(68)**	**52**	**-**	**(15)**
Executive Director of Finance	**89.9%**	**430**	**425**	**(30)**	**4**	**-**	**(25)**
Executive Director of Nursing, Quality and Patient Experience	**90.9%**	**178**	**177**	**(13)**	**-**	**-**	**(12)**
Executive Director of Public Health	**87.6%**	**139**	**139**	**(41)**	**-**	**-**	**(40)**
Executive Director of Strategy and Planning	**93.9%**	**48**	**48**	**(1)**	**-**	**-**	**(1)**
Executive Director of Workforce and Organisational Development	**74.6%**	**221**	**220**	**(76)**	**-**	**-**	**(75)**
Executive Medical Director	**87.0%**	**318**	**317**	**(39)**	**-**	**-**	**(39)**
Grand Total	**92.7%**	**7,587**	**7,395**	**(709)**	**175**	**9**	**(516)**

In-Month – Revenue vs Plan Variance (£'k)

Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	**(4)**							**5**	**0**	**1**
Chief Operating Officer	**459**	**255**	**727**	**1,485**	**889**	**1,220**	**189**	**184**	**(5)**	**5,403**
Chief Operating Officer Management	14	84	(5)	15	53	(3)		(50)	(14)	**95**
Community and Integrated Medicine	136	105	308	1,147	184	392	72	(7)	(43)	**2,295**
Mental Health and Learning Disabilities	2	73	67	55	(3)	90	28	26	12	**350**
Operational Allied Health and Health Sciences	66	(59)	50	59	230	(16)	(76)	77	(21)	**309**
Planned and Specialist Care	144	27	195	152	373	207	150	81	(109)	**1,219**
Primary Care	97	26	112	58	52	550	15	58	169	**1,136**
Executive Director of Allied Health Professions and Health Sciences	**159**	**29**		**(1)**	**2**	**0**	**0**	**115**	**10**	**314**
Estates and Facilities	147			(1)	2		0	115	10	**273**
Executive Allied Health Professions and Health Sciences	12	29				0				**41**
Executive Director of Finance	**8**	**22**	**1**	**16**	**0**	**(84)**		**68**	**(7)**	**24**
Digital	(38)	22	1	16	0	(83)		79	(7)	**(11)**
Finance	46					(1)		(11)	0	**34**
Executive Director of Nursing, Quality and Patient Experience	**4**	**16**		**38**	**0**	**8**		**(1)**	**15**	**80**
Executive Director of Public Health	**135**	**38**	**21**	**130**	**14**	**(13)**	**(59)**	**8**	**3**	**277**
Executive Director of Strategy and Planning	**7**	**(0)**	**9**		**0**	**446**	**0**	**(33)**	**(63)**	**366**
LTAs with other NHS Providers	2				0	445	0	(0)		**447**
Strategy and Planning	5	(0)	9			1		(32)	(63)	**(81)**
Executive Director of Workforce and Organisational Development	**213**	**6**		**55**	**0**	**(6)**	**(4)**	**(39)**	**16**	**241**
Executive Medical Director	**24**	**151**	**13**	**29**	**38**	**2**	**(136)**	**7**	**(10)**	**117**
Medical	12	10	13	18	15		0	(15)	(9)	**44**
Pharmacy and Medicines Management	12	141		11	23	2	(136)	22	(2)	**73**
Health Board Wide	**5**	**(0)**	**(142)**	**12**	**(3)**	**(11)**	**(8)**	**(122)**	**(126)**	**(394)**
Planned Deficit								**3,417**		**3,417**
Savings Identification								**(4,731)**		**(4,731)**
Grand Total	**1,010**	**517**	**628**	**1,764**	**941**	**1,563**	**(17)**	**(1,122)**	**(168)**	**5,116**

Year to Date – Revenue vs Plan Variance (£'k)

Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	**(7)**							**(20)**	**0**	**(27)**
Chief Operating Officer	**204**	**(142)**	**1,989**	**1,257**	**1,335**	**757**	**(294)**	**654**	**38**	**5,799**
Chief Operating Officer Management	166	128	5	356	101	(9)	0	(135)	(13)	**600**
Community and Integrated Medicine	(14)	99	785	728	318	739	93	242	(63)	**2,927**
Mental Health and Learning Disabilities	19	(38)	189	(119)	6	728	(28)	31	20	**807**
Operational Allied Health and Health Sciences	34	(501)	219	164	426	(54)	(201)	241	(125)	**204**
Planned and Specialist Care	(2)	82	697	128	484	447	(195)	198	(247)	**1,592**
Primary Care	0	89	94	0	0	(1,094)	37	78	466	**(331)**
Executive Director of Allied Health Professions and Health Sciences	**35**	**(0)**		**3**	**0**	**0**	**4**	**463**	**22**	**526**
Estates and Facilities	(3)			3	0		4	462	22	**488**
Executive Allied Health Professions and Health Sciences	38	(0)				0		0		**38**
Executive Director of Finance	**(139)**	**68**	**1**	**59**	**0**	**(257)**		**329**	**(17)**	**44**
Digital	(139)	68	1	59	0	(254)		324	(19)	**41**
Finance	0					(3)		4	2	**4**
Executive Director of Nursing, Quality and Patient Experience	**(0)**	**0**		**(0)**	**(0)**	**20**		**29**	**32**	**80**
Executive Director of Public Health	**0**	**0**	**0**	**(0)**	**19**	**(39)**	**(150)**	**(4)**	**5**	**(169)**
Executive Director of Strategy and Planning	**8**	**(0)**	**26**			**828**	**0**	**(84)**	**(157)**	**621**
LTAs with other NHS Providers	8					829	0	(1)		**836**
Strategy and Planning	0	(0)	26			(1)		(83)	(157)	**(215)**
Executive Director of Workforce and Organisational Development	**0**	**(1)**		**1**	**7**	**(15)**	**(11)**	**(71)**	**(10)**	**(100)**
Executive Medical Director	**0**	**1**	**6**	**68**	**(30)**	**15**	**(278)**	**(54)**	**(115)**	**(387)**
Medical	0	1	4	51	16		0	(90)	(16)	**(34)**
Pharmacy and Medicines Management	(0)	(0)	2	17	(46)	15	(278)	36	(99)	**(353)**
Health Board Wide	**11**	**2**	**(161)**	**19**	**4**	**(44)**	**(17)**	**37**	**(223)**	**(373)**
Planned Deficit								**10,250**		**10,250**
Savings Identification								**313**		**313**
Grand Total	**113**	**(72)**	**1,861**	**1,407**	**1,335**	**1,265**	**(746)**	**11,842**	**(427)**	**16,578**

End of Year – Revenue vs Plan Variance (£'k)

Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	**(200)**					**2**		**(29)**	**2**	**(225)**
Chief Operating Officer	**(1,534)**	**(1,785)**	**7,261**	**236**	**4,127**	**(2,907)**	**(1,379)**	**1,557**	**433**	**6,008**
Chief Operating Officer Management	(115)	361	(124)	457	223	(34)	0	(312)	81	**538**
Community and Integrated Medicine	(406)	431	2,632	834	1,069	2,630	7	645	(234)	**7,610**
Mental Health and Learning Disabilities	(59)	(1,023)	875	(1,080)	14	2,626	(56)	13	62	**1,369**
Operational Allied Health and Health Sciences	25	(1,907)	456	542	2,028	(197)	(372)	668	(397)	**845**
Planned and Specialist Care	(395)	58	3,010	(118)	1,101	1,921	(916)	690	(944)	**4,406**
Primary Care	(584)	294	412	(400)	(307)	(9,852)	(41)	(148)	1,865	**(8,761)**
Executive Director of Allied Health Professions and Health Sciences	**(679)**	**(136)**		**7**	**0**	**1**	**2**	**1,255**	**6**	**456**
Estates and Facilities	(828)			7	0		2	1,253	6	**440**
Executive Allied Health Professions and Health Sciences	149	(136)				1		1		**16**
Executive Director of Finance	**(567)**	**268**	**10**	**200**	**1**	**(13)**		**(23)**	**(1)**	**(125)**
Digital	(471)	268	10	200	1	(1)		(5)	(5)	**(5)**
Finance	(96)					(11)		(17)	4	**(120)**
Executive Director of Nursing, Quality and Patient Experience	**60**	**(88)**		**(125)**	**(1)**	**72**		**75**	**130**	**123**
Executive Director of Public Health	**(610)**	**(160)**	**(59)**	**(505)**	**78**	**(157)**	**(198)**	**(187)**	**19**	**(1,780)**
Executive Director of Strategy and Planning	**(58)**	**(0)**	**113**		**0**	**1,651**	**0**	**30**	**(193)**	**1,543**
LTAs with other NHS Providers	28				0	1,656	0	(6)		**1,678**
Strategy and Planning	(86)	(0)	113			(5)		36	(193)	**(135)**
Executive Director of Workforce and Organisational Development	**(912)**	**(30)**	**0**	**(230)**	**27**	**160**	**(42)**	**(322)**	**(10)**	**(1,360)**
Executive Medical Director	**(83)**	**(488)**	**161**	**262**	**(121)**	**60**	**(687)**	**(337)**	**(133)**	**(1,367)**
Medical	(62)	(42)	159	194	42		0	(625)	(3)	**(337)**
Pharmacy and Medicines Management	(22)	(446)	2	69	(163)	60	(687)	288	(130)	**(1,030)**
Health Board Wide	**(1,350)**	**(1,024)**	**(6,698)**	**(2,770)**	**5**	**(0)**	**(2,711)**	**(9,599)**	**(896)**	**(25,042)**
Planned Deficit								**41,000**		**41,000**
Savings Identification								**21,770**		**21,770**
Grand Total	**(5,932)**	**(3,444)**	**788**	**(2,927)**	**4,115**	**(1,131)**	**(5,015)**	**55,189**	**(644)**	**41,000**

End of Year – Savings Detail (£'k)

Clinical Care Group and Executive Functions (£'k)	Annual Savings Target	In-Year Identified Plans	In-Year Recurrent Delivery	In-Year Non Recurrent Delivery	In-Year Total Forecast Delivery	In-Year Forecast Shortfall	In-Year % Saving vs Budget	Recurrent Forecast Delivery	Recurrent Forecast Shortfall	Recurrent % Saving vs Budget
Chief Executive	**(25)**	**124**	**0**	**124**	**124**	**(149)**	**3.7%**	**0**	**(25)**	**0.0%**
Chief Operating Officer	**30,676**	**10,513**	**314**	**10,199**	**10,513**	**20,163**	**1.6%**	**314**	**30,362**	**0.0%**
Chief Operating Officer Management	749	73	0	73	73	676	0.6%	0	749	0.0%
Community and Integrated Medicine	12,524	5,002	0	5,002	5,002	7,522	2.0%	0	12,524	0.0%
Mental Health and Learning Disabilities	6,442	2,283	0	2,283	2,283	4,159	2.2%	0	6,442	0.0%
Operational Allied Health and Health Sciences	4,849	219	0	219	219	4,630	0.3%	0	4,849	0.0%
Planned and Specialist Care	5,889	782	314	468	782	5,107	0.4%	314	5,575	0.1%
Primary Care	223	2,154	0	2,154	2,154	(1,931)	19.2%	0	223	0.0%
Executive Director Of Allied Health Professions and Health Sciences	**2,714**	**179**	**9**	**171**	**179**	**2,535**	**0.4%**	**35**	**2,679**	**0.1%**
Estates and Facilities	2,705	135	9	127	135	2,570	0.3%	35	2,670	0.1%
Executive Allied Health Professions and Health Sciences	9	44	0	44	44	(35)	19.2%	0	9	0.0%
Executive Director Of Finance	**239**	**485**	**414**	**71**	**485**	**(246)**	**2.1%**	**467**	**(228)**	**2.0%**
Digital	373	303	295	8	303	70	1.8%	348	25	2.0%
Finance	(134)	183	119	64	183	(317)	3.1%	119	(253)	2.0%
Executive Director Of Nursing, Quality and Patient Experience	**0**	**100**	**0**	**100**	**100**	**(100)**	**1.1%**	**0**	**0**	**0.0%**
Executive Director Of Public Health	**131**	**475**	**0**	**475**	**475**	**(344)**	**7.2%**	**0**	**131**	**0.0%**
Executive Director Of Strategy and Planning	**2,035**	**1,114**	**74**	**1,040**	**1,114**	**921**	**1.8%**	**74**	**1,961**	**0.1%**
LTAs With Other NHS Providers	1,961	655	0	655	655	1,306	1.2%	0	1,961	0.0%
Strategy and Planning	74	459	74	385	459	(385)	12.3%	74	0	2.0%
Executive Director Of Workforce and Organisational Development	**(481)**	**2,592**	**302**	**2,290**	**2,592**	**(3,073)**	**17.1%**	**302**	**(783)**	**2.0%**
Executive Medical Director	**5,951**	**3,228**	**2,520**	**708**	**3,228**	**2,723**	**3.2%**	**2,520**	**3,431**	**2.5%**
Medical	72	202	75	127	202	(130)	4.5%	75	(3)	1.7%
Pharmacy and Medicines Management	5,879	3,027	2,445	582	3,027	2,852	3.2%	2,445	3,434	2.6%
Health Board Wide	**1,560**	**2,220**	**1,511**	**709**	**2,220**	**(660)**	**6.1%**	**1,511**	**49**	**4.2%**
Grand Total	**42,800**	**21,030**	**5,144**	**15,887**	**21,030**	**21,770**	**2.2%**	**5,223**	**37,577**	**0.5%**

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

Integrated Performance Assurance Report (IPAR) Overview

As at 30th June 2026

For further details see the latest IPAR dashboard.

Contents

Statistical process control (SPC) charts

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

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
% sickness absence rate of staff	6.20%	Jun 2026	6.80%	n/a	n/a	n/a	Alert
% pts on single cancer pathway within 62 days	75%	May 2026	57%	Improving	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Jun 2026	3,325	Concerning	Missing target	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Jun 2026	6,252	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Jun 2026	1,625	Usual	Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Jun 2026	67.6%	Usual	Missing target	n/a	Alert
Ambulance handover > 4 hours Hywel Dda	0	Jun 2026	248	Improving	Missing target	n/a	Alert
Ambulance handovers > 1 hour Hywel Dda	0	Jun 2026	822	Improving	Missing target	n/a	Alert
Ambulance handover > 45 minutes Hywel Dda	0	Jun 2026	950	Improving	Missing target	n/a	Alert
Patients waiting 104 weeks+ RTT	0	Jun 2026	254	Improving	Missing target	n/a	Alert
Waits over 52 weeks: new outpatient appointment	0	Jun 2026	173	Improving	Missing target	n/a	Alert
Patients waiting over 52 weeks RTT	0	Jun 2026	11,548	Improving	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	May 2026	11	n/a	n/a	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	May 2026	56.8%	Concerning	Missing target	n/a	Alert
C. difficile: Number of confirmed cases (in-month)	5	Jun 2026	16	Usual	Hit and miss	n/a	Alert
Financial in month deficit	n/a	Jun 2026	£5,116,000	Usual	n/a	Trajectory missed by over 5%	Alert
% uptake of RSV vacc - 75+ years	70%	Jun 2026	36.9%	n/a	n/a	n/a	Alert
% of children who are up to date with scheduled vaccinations by age 5	95%	Mar 2026	87.2%	Usual	Missing target	n/a	Advise
% child neurodevelopment assess waits <26 weeks	80%	May 2026	29.0%	Improving	Missing target	n/a	Advise
Number of Pathways of Care delayed discharges	n/a	Jun 2026	192	Usual	n/a	n/a	Advise
% R1 eyecare patients waiting within 25% delay to target date	95%	May 2026	43.1%	Improving	Missing target	Trajectory missed by over 5%	Advise
Total days delayed for Pathways of Care delayed discharges	n/a	Jun 2026	7,112	Improving	n/a	n/a	Advise
Patients waiting 26 weeks+ new outpatient	0	Jun 2026	4,376	Improving	Missing target	n/a	Advise
Median time ambulance arrest category calls	8	May 2026	8	n/a	n/a	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	50%	Jun 2026	44.0%	Improving	Missing target	n/a	Advise
% of children receiving HPV by age 15	90%	Mar 2026	79.0%	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
Follow-up appts - delayed >100%	11387	Jun 2026	14,647	Improving	Missing target	n/a	Advise
S. aureus (MSSA) BSI: Number of hospital onset cases (in-month)	3	Jun 2026	4	n/a	n/a	n/a	Advise
E. coli BSI: Number of hospital onset cases (in-month)	5	Jun 2026	6	Usual	Hit and miss	n/a	Advise
% MH assess within 28 days (age 0-17)	80%	May 2026	96.5%	Usual	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	May 2026	96.7%	Usual	Hitting target	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	May 2026	86.7%	Usual	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	May 2026	94.8%	Usual	Hitting target	n/a	Assure
Coding: % clinically coded - 1 month post discharge	90%	Apr 2026	90.4%	Usual	Hit and miss	n/a	Assure

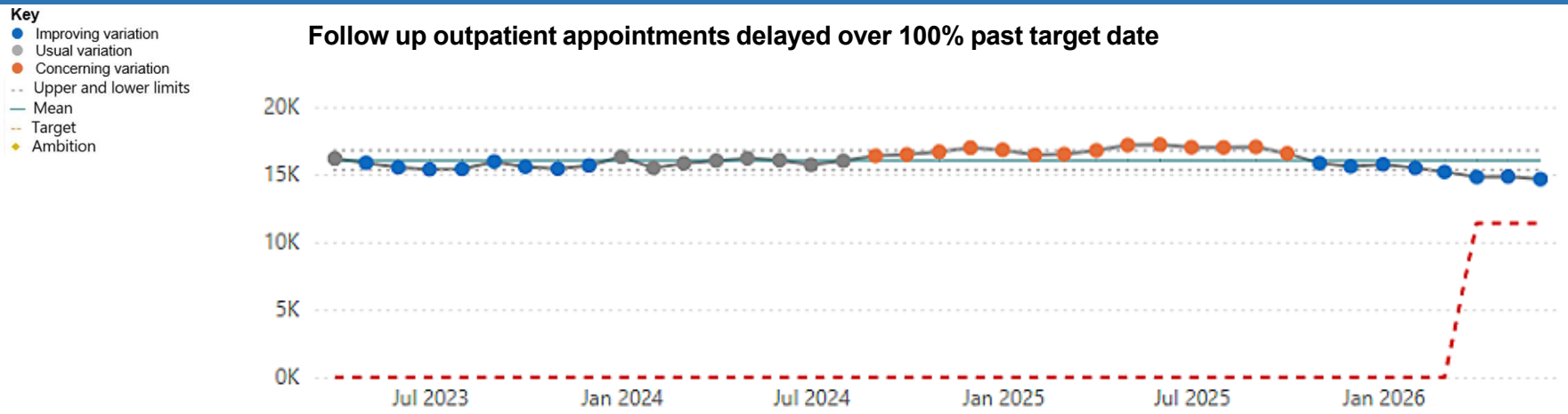
Alert
(may require discussion)
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

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.

Delayed follow up appointments

(Enhanced monitoring condition and Ministerial priority)



Performance is showing improving variation. In June 2026, 14,647 follow up appointments were delayed over 100% past their target date. The national target for Hywel Dda is 11,387.

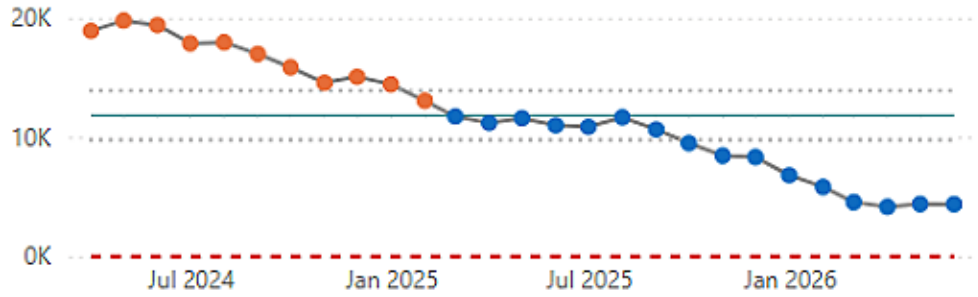
Key challenges / issues	Key actions / initiatives	Due date
• Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.	• Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned 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).	31/03/27
• Reducing follow up waiting lists continues to be challenging in terms of clinical engagement in some specialties.	• Specialties are converting all follow up patients waiting from 2024 to SOS/PIFU be end of July with exception of Ophthalmology that have an ongoing program which is delivering sustained reductions and have delivered over 1000 reduction in 2026.	31/07/26
• Certain specialties have essential follow up pathways and may have additional pressure to reduce significantly due to case mix.	• A programme of work to deliver the Outpatient Transformation Programme will commence on 13 July 2026. This programme will be led by the CCG Associate Medical Director, with support from the Executive Medical Director, to drive transformational change, optimise outpatient pathways, and deliver sustainable improvements in access, productivity, and patient outcomes.	30/09/26
	• 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 are seen in 2026/27 with increased clinical validation, referring mild glaucoma patients back into primary care and use of CIN guidelines. This continues throughout 2026/27.	31/03/27

Waits over 26 and 52 weeks for a first outpatient appointment

(Enhanced monitoring condition and Ministerial priority)

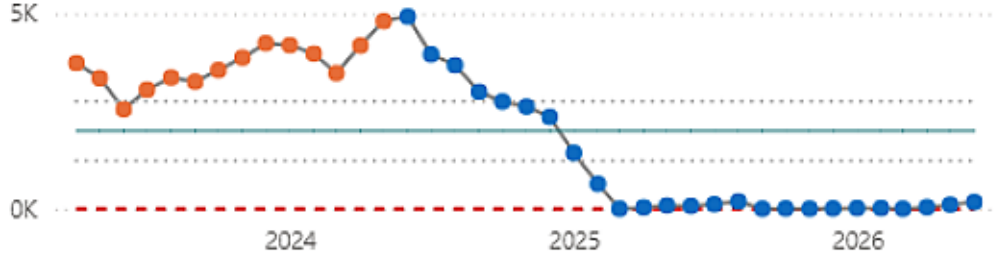
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >26 weeks for a first outpatient appointment



Following 8 consecutive months of improvement, this trend has halted in the last 2 months. In June there were 4,376 patients waiting over 6 months for a first out-patient appointment.

Patients waiting >52 weeks for first outpatient appointment

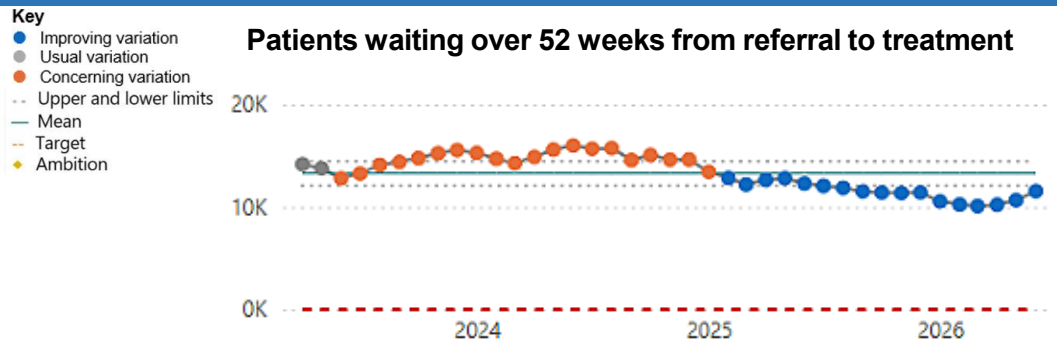


Breaches have significantly increased in the last 2 months, and are the highest since August 2025. In June there were 173 patients waiting over a year for a first out-patient appointment.

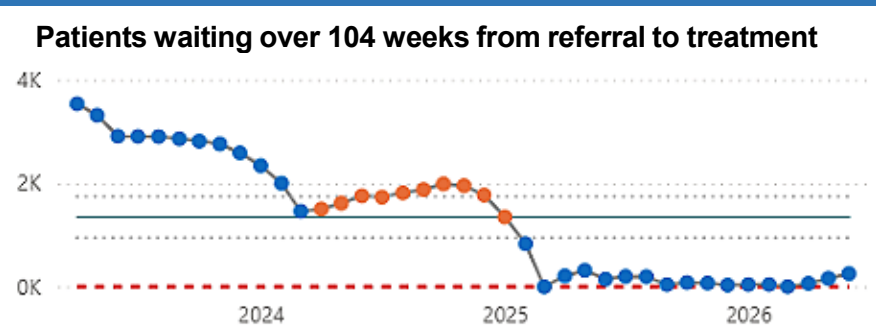
Key challenges / issues	Key actions / initiatives	Due date
• The Health Board breached the 52-week outpatient target by a total of 173 in June 2026 with breaches recorded in General Medicine (78), Care of the Elderly (41), Rheumatology (53) and Neurology (1).	• We continue to focus on maintaining waiting time targets in 2026/27 using demand and capacity forecasts to highlight risks and guide funding allocation.	31/03/27
• Urology and colorectal, met the 26-week outpatient target in June 2026; however, 4,230 breaches were recorded in total across all specialties. There is a demand and capacity gap to be investigated for efficiency and productivity actions and until these are identified, we are forecasting this to rise to above 9,000 by March 2027. This is inline with the forecast breach volumes agreed by the Board via the Annual Plan.	• We are working in partnership with the NHS Performance & Improvement (P&I) team to revisit and re-evaluate the current planned trajectory via support from the Welsh Government Planned Care Recovery Funding submission (17 July) and the Sustainability Plan submission (31 July). As part of this process, regional opportunities and collaborative solutions are being explored to strengthen recovery planning and ensure sustainable service delivery.	31/07/26
• 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 the future.	• Performance metrics are reviewed for all outpatient pathways on a weekly basis, with cohorts of 26, 36 and 52 weeks being performance managed across all specialties.	31/03/27
	• 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).	31/03/27

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

(Enhanced monitoring condition and Ministerial priority)



Following an improving trend up to March this year, breaches have been steadily increasing with a total of 11,548 patients waiting over a year for treatment in June.



Breaches have significantly increased in the last 2 months and are the highest since August 2025. In June there were 254 patients waiting over a year 2 years for treatment..

Key challenges / issues

- There is a demand and capacity gap to be investigated for efficiency and productivity actions to be identified. The Health Board recorded 254 patients waiting over 104-week at the end of June. Breaches were recorded in Trauma and Orthopaedics (136), Ophthalmology (46) ,ENT (33) ,Pain Management (27), Care of the Elderly (4), Gynaecology (2), Vascular (2), General Surgery (2), General Medicine (1),Urology (1). All other specialties met the target.
- We are forecasting 104-week RTT breaches to rise up to 5,000 by March 2027 due to the current demand and capacity gap. This is inline with the forecast breach volumes agreed by the Board via the Annual Plan.
- 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 preoperative 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

	Due date
• We continue to focus on maintaining waiting time targets in 2026/27, as agreed by the Health Board, by using demand and capacity forecasts to highlight delivery risks.	31/03/27
• We are working in partnership with the NHS Performance & Improvement (P&I) team to revisit and re-evaluate the current planned trajectory via support from the Welsh Government Planned Care Recovery Funding submission (17 July) and the Sustainability Plan submission (31 July). As part of this process, regional opportunities and collaborative solutions are being explored to strengthen recovery planning and ensure sustainable service delivery. As part of this process, regional opportunities and collaborative solutions are being explored to strengthen recovery planning and support sustainable service delivery. Further work is also underway to identify and realise additional productivity gains, maximising existing capacity and improving operational efficiency to support delivery against agreed trajectories and long-term sustainability objectives.	31/07/26
• Theatre Optimisation workstream led by the Clinical Care Group and supported by the Medical Director 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.	30/09/26

Embedded improvement actions

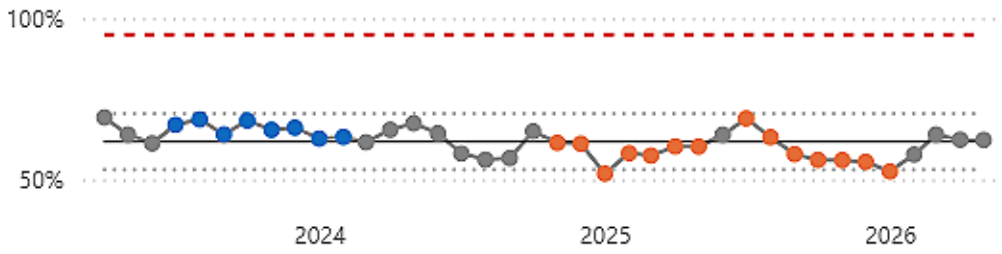
104-week breach volumes were lower than levels forecast in June 2026 due to:

- Additional outsourcing in March 2026, lowering overall cataract waiting times in Ophthalmology to below 100 weeks. This outsourcing continued into May 2026 for any cataract pathway procedures commencing initial treatment with outsourcing provider before the end of March 2026, funded from 2025/26 recovery money.
- Impact of ROTT (removals for reasons other than treatment) in June 2026 were higher than levels modelled in the Annual Plan delivery forecasts.

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

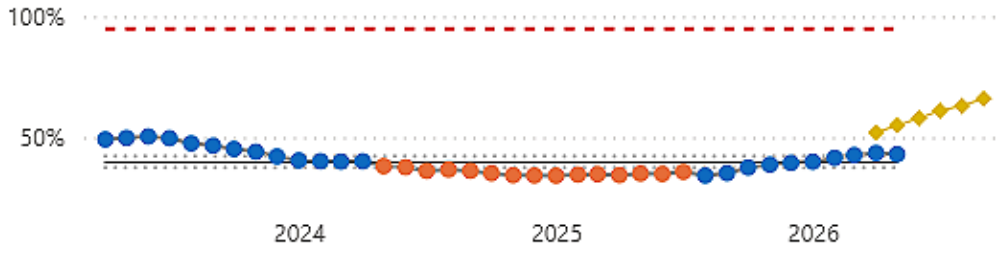
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



In May, performance was 62.3%, against the national target of 95%.

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

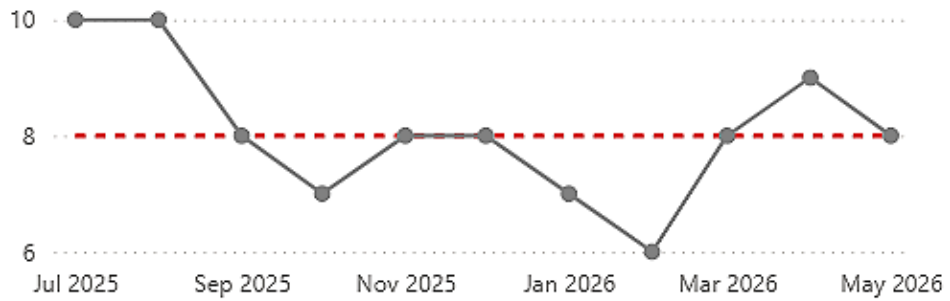


Following eight consecutive months of improvement, performance declined to 43% in May against our trajectory of 55% and the national target of 95%.

Key challenges / issues	Key actions / initiatives	Due date
• The advice from 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 backlog reduces. • Increasing outpatient delivery has been stalled by outpatient staffing and medical records constraints along with staff sickness. • Reduced workforce continues to impact delivery, with vacancies across key delivery roles e.g. Consultant, Associate Specialist and Specialty Doctor (SAS) posts. Recruitment efforts continue • One Specialty Associate Specialist (SAS) doctor took a work break from September 2025 to May 2026 resulting in the loss of 10 sessions per week. • One regional consultant post has recently been recruited into but is yet to start. This has impacted the ability for additional outpatient sessions for medical retinopathy patients. • Due to management absence across both administrative and nursing teams resulting from sickness, our ability to proactively support performance and has been temporarily affected: this will be addressed as capacity is restored.	The action below are to improve performance inline with the forecast volumes agreed as part of the annual plan process. • Monies awarded to reduce waits for intravitreal (IVT) injections have been used to recruit and train staff, supporting improved performance. Activity is being increased incrementally. A key next step is to expand the IVT service into Amman Valley Hospital (AVH) outpatient settings. Periphery sites are also being scoped to support patients having treatment closer to home (i.e., Debenhams Carmarthen and Cross Hands Integrated Care Centre. • 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. This requires staff to be recruited and trained in Ophthalmology. • The team are exploring more innovative methods of supporting outpatient activity using Ophthalmology Technicians. This will reduce the nursing resource requiring and ensure all staff are working to their licence. • Two SAS doctors have started and are being inducted into the service. • One SAS doctor position is currently going out to advert with a Consultant post also being progressed via the NHS recruitment (TRAC) system • Regional Vitreoretinal (VR) Consultant has started, with four outpatient clinics per month, and eight theatre lists per month, reducing pressure on the VR service. • The service are working with regional colleagues to create a deliverable sustainable cataract plan for 26/27 whilst also scoping a plan to meet the 104-week RTT target by 1st April 2027.	01/09/26 01/09/26 31/08/26 01/07/26 01/09/26 01/09/26 01/04/27

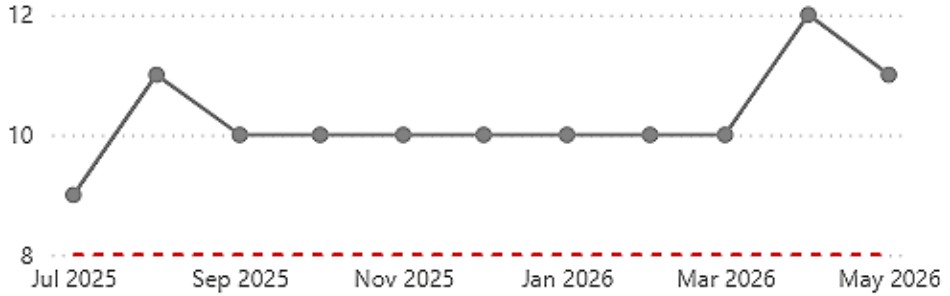
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In May, the median response time was 08.16 minutes for ARREST (Purple) Calls. There were 113 ARREST calls. Official WAST data is delayed by 1 additional reporting month

Median emergency ambulance response time to red: emergency category calls



In May, the median response time was 11:02 minutes for RED (Emergency) calls there were 642 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

- Unverified June performance was 07:17 minutes for arrest (126 incidents) and 10:07 minutes for emergency calls (619 incidents). Overall attended demand in Hywel Dda Health Board area for June 2026 has been significantly above forecast, including a difficult period of performance and escalation to resource escalation action plan (REAP) 4 during the recent heatwave.
- Hospital delays in ambulance handover for Welsh Ambulance Service Trust (WAST) ambulance crews, 2,904 hours lost at the 4 acute Hywel Dda hospital sites during June 2026, a deterioration in performance from May 2026.
- Notification to Handover within 15 minutes was at 30.42% in June for the 4 acute general hospitals, showing slight deterioration over May 2026.
- There were 58 immediate vehicle release (IVR) requests of all category of 999 calls in June 2026 of which 32 were accepted. This represents an overall acceptance rate of 55.17%, a significant deterioration over May 2026.
- 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.

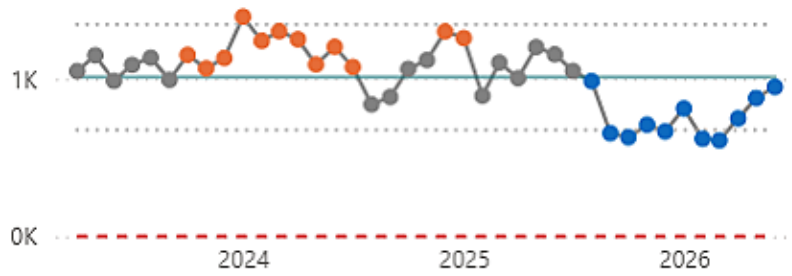
Embedded improvement actions

- 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, and project group now established with Senior Managers to deliver NHS Performance & Improvement actions.
- WAST managers joining 10am Patient Flow call from May 2026 to further support integrated working and collaboration, furthering joint understanding of risk and flow.

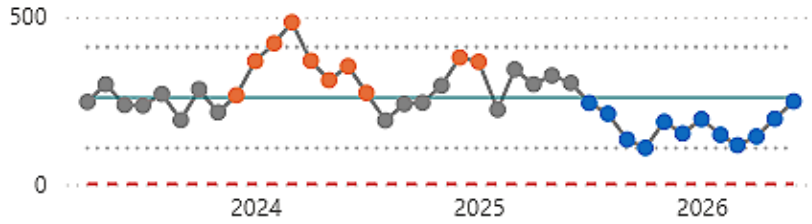
Urgent and Emergency Care – Ambulance and Emergency Departments / Minor Injury Units - Health board wide

(Targeted intervention and Ministerial priority)

Ambulance handovers taking over 45 minutes



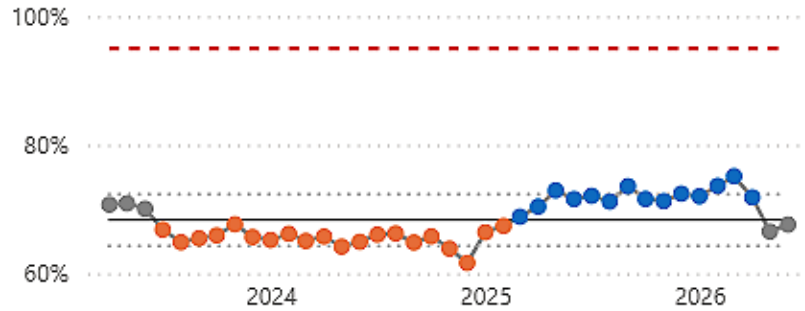
Ambulance handovers taking over 4 hours



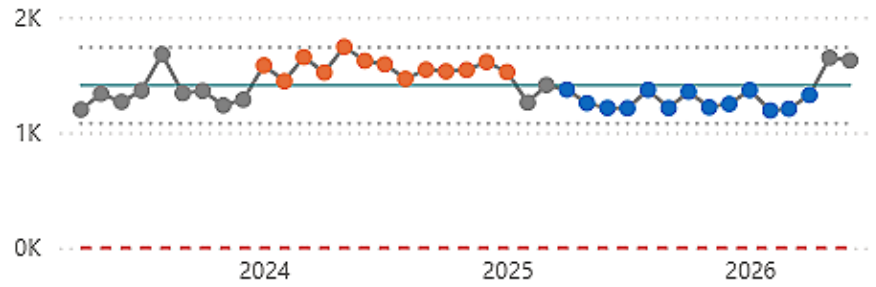
>45 Minutes handovers:
Latest data is showing improving variation, however, handover delays are increasing. 950 handovers > 45 minutes out of a total of 2,129 handovers.

>4 hours handovers:
Latest data is showing improving variation, however, handover delays are increasing. 248 handovers > 4 hour out of a total of 2,129, 12%.

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



Patients waiting over 12 hours in A&E/MIU



Waits < 4 hours:
Latest data is showing usual variation and performance has improved marginally to 67.6% of patients were seen within 4 hours.16,259 out of 16,259 new attendances.

Waits > 12 hours:
Latest data is usual variation and performance has slightly improved. 1,625 patients waited over 12 hours, out of 16,259 new attendances, 10%.

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:

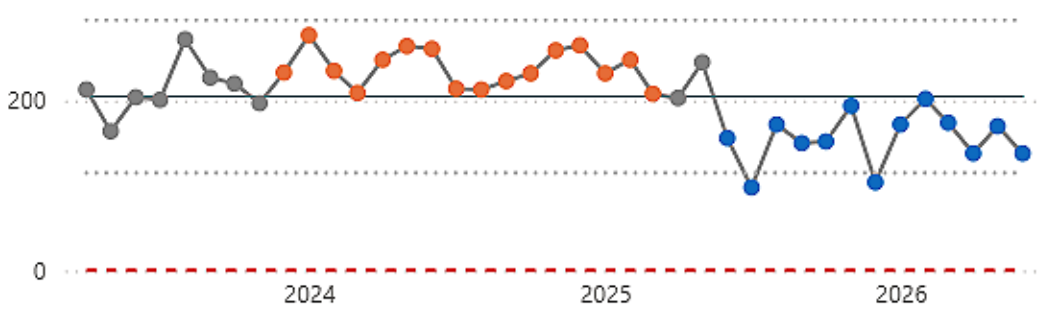
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances – Bronglais Hospital

(Targeted intervention and Ministerial priority)

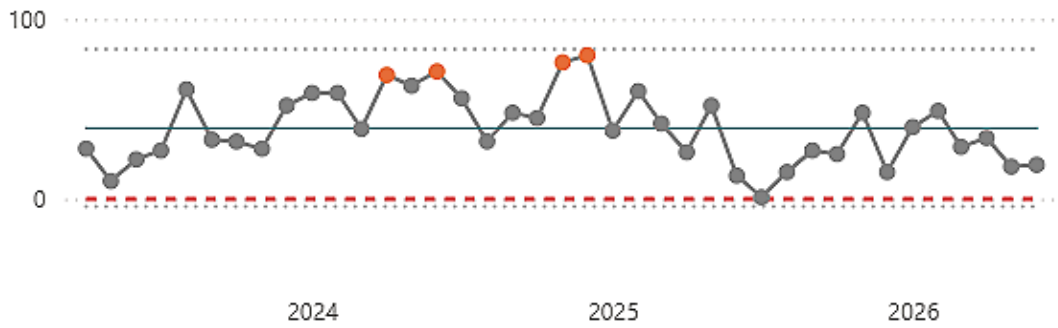
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 138 handovers >45 minutes reported out of a total of 363 handovers, 38%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 19 handovers >4 hours was reported out of 363 total handovers 5%.

Key challenges / issues

- Emergency Department (ED) crowding leading to a lack of available clinical space.
- High patient acuity and complexity requiring longer assessment times before handover. Extreme Heat events have contributed to increased acuity and has triggered peaks in demand
- Insufficient inpatient bed capacity causing delays in patient flow through the hospital.
- Delayed discharges creating bottlenecks and reducing ED capacity. High levels of clinically optimised patients occupying inpatient beds impacting timely transfers to wards. Delayed transfers of care affecting patient flow - downstream capacity.
- Surges in patient demand (winter pressures, seasonal illnesses, major incidents) causing greater demand than capacity.
- Ambulances arriving in batches of 3 or 4 within a short space of time causes delays.
- Accurately reporting handover times is often a challenge. Requirement of dual pin to ensure handover times are recorded appropriately.
- Limited community capacity and social care packages.
- Sustained emergency demand above available capacity.
- Increase in infection across ward areas resulting in closed beds.
- Limited surge bed capacity across the Acute site.

Key actions / initiatives

	Due date
• Band 8 Senior Nurse Manager appointed and onboarding	01/08/26
• Re-modelling of the Emergency and Urgent Care Centre (EUCC) footprint – multi disciplinary team (MDT) approach to meeting demand.	01/09/26
• ED module for Miya patient flow being introduced	31/10/26

Embedded improvement actions

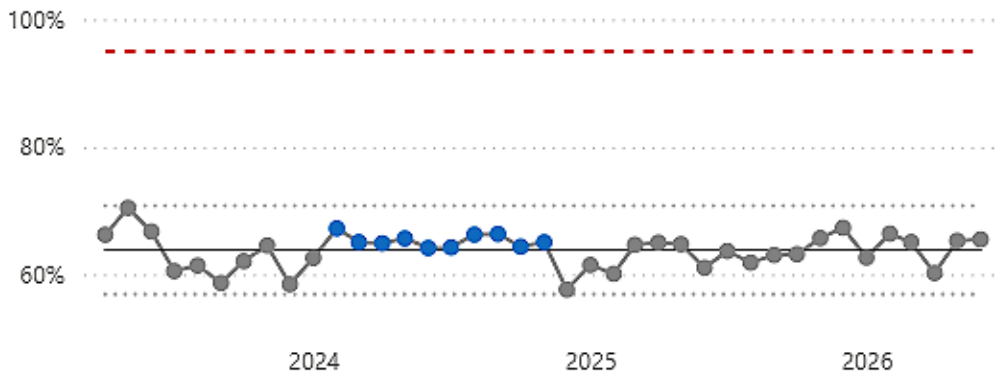
- New ED consultant in post.
- Band 7 Team leaders (ED navigators) with responsibility for ambulance handovers and escalation when delays are predicted.
- Clear pathways for escalation – site wide ward managers meetings including the EUCC navigators to improve communication site wide and collaborate on improving performance.
- Twice daily patient flow meetings to improve flow and identify discharges with plans in place to reduce delays in moving patients to vacated beds.
- Improved communication channels across the site.
- Shared ownership of the 45-minute ambulance handover performance across the Ceredigion Acute & Community System
- Roster review of senior medical staffing to support senior clinical decision making
- Daily review of clinical optimised patients
- Senior oversight of ambulance handover performance inclusive of real time escalation
- Enhanced senior clinical decision making at the front door

Urgent and Emergency Care – Emergency Departments – Bronglais Hospital

(Targeted intervention and Ministerial priority)

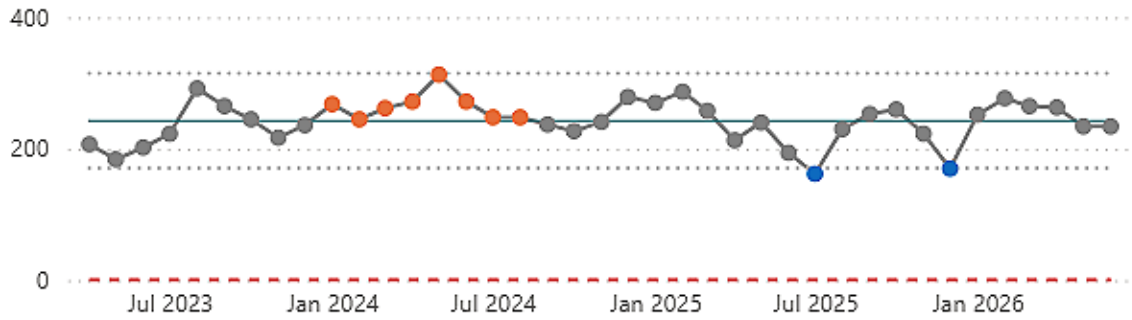
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



65.5% latest data, 923 breaches out of 2,675 new attendances. Chart is showing usual variation.

Patients waiting over 12 hours in A&E/MIU



234 breaches out of 2,675 new attendances, 9%. The chart is showing usual variation.

Key challenges / issues

- Increased demand within EUCC leading to bottlenecking and restriction of patient flow.
- Inpatient capacity is frequently at maximum with ward areas surged and boarding (Our Next Patient protocol) against discharges.
- Physical space limitations within the Emergency Department footprint including limited assessment and trolley spaces to absorb ambulance arrivals during peak times leading to overcrowding and corridor usage.

Key actions / initiatives	Due date
• Reconfiguration of the Emergency Department footprint to enhance flow through the department.	01/09/26
• Review of clinical pathways across Ceredigion Acute and Community System.	30/07/26
• Several Quality improvement projects to be initiated across the emergency department led by the senior sister team (e.g. improve the accuracy of reported handover times, increase compliance with documentation)	In progress, various due dates: 01/09/ - 01/12/26

Embedded improvement actions

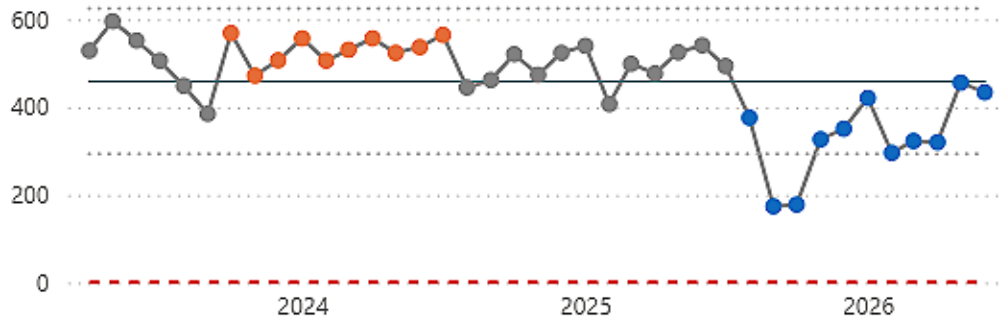
- Successful recruitment of Senior Nurse Manager for the Emergency Department, awaiting start date.
- Increased scrutiny on patients in non-clinical patients and daily review.
- Review of your next patient
- Daily review of all patients at risk of breaching 12 hours
- Daily review of all clinically optimised patients
- Focus on earlier in the day discharges
- Escalation of delayed pathways of care
- Strengthened partnership working with Local Authority to minimise delays in discharge
- New ED navigators appointed and in post

Urgent and Emergency Care – Ambulances – Glangwili Hospital

(Targeted intervention and Ministerial priority)

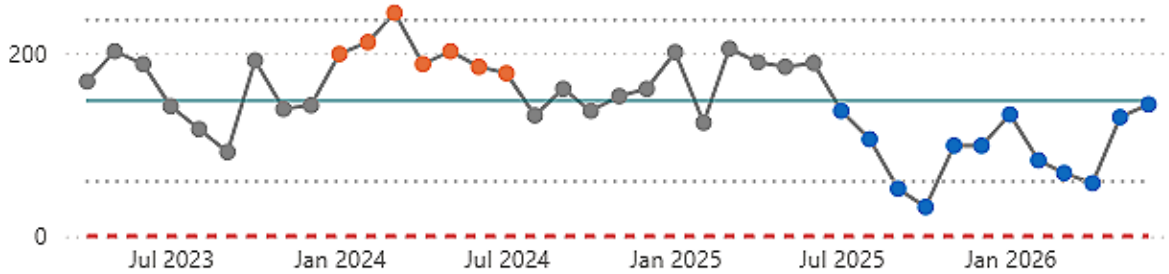
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 434 handovers >45 minutes reported out of a total of 846 handovers, 51%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation however handover delays are increasing. 144 handovers >4 hours reported out of a total of 846 handovers,17%.

Key challenges / issues

- Increasing overall picture of attendances to GGH.
- Glangwili is main acute site for all medical and surgical pathways (adults and children).
- Continuous high escalation status reported throughout June with Business Continuity Incidents noted at the end of June due to patient discharge/exit block, acuity of patients and demand.
- The emergency department is consistently overcrowded with high volume of patients awaiting acute beds.
- Advanced Paramedic Practitioner (APP) fill rate throughout June has continued to be sporadic due to staffing pressures within the Eastgate team.

Key actions / initiatives

	Due date
• Development of robust internal repatriation policy to return patients to their local hospitals once specialist input has been completed. This will allow for continues flow for speciality/pathway patients.	30/09/26
• Ongoing recruitment for senior consultant staff within Acute Medicine and Emergency Medicine.	31/10/26
• Re-design of acute medical presentations through Same Day Emergency Care (SDEC) as an alternative to the Emergency Department inclusive of ambulance presentations of lower risk patients.	31/10/26
• Implementation of 7-day Clinical Streaming Hub and Hospital @ Home service. Recruitment events now set for July 2026	31/11/26
• Strengthening Community Pathways: Strengthening Community-Based Care Pathways – improving access to assessment, treatment and ongoing support closer to home, reducing unnecessary hospital attendances and admissions, and ensuring patients receive timely care in the most appropriate setting through coordinated working between primary, community, social care and voluntary services.	31/12/26

Embedded improvement actions

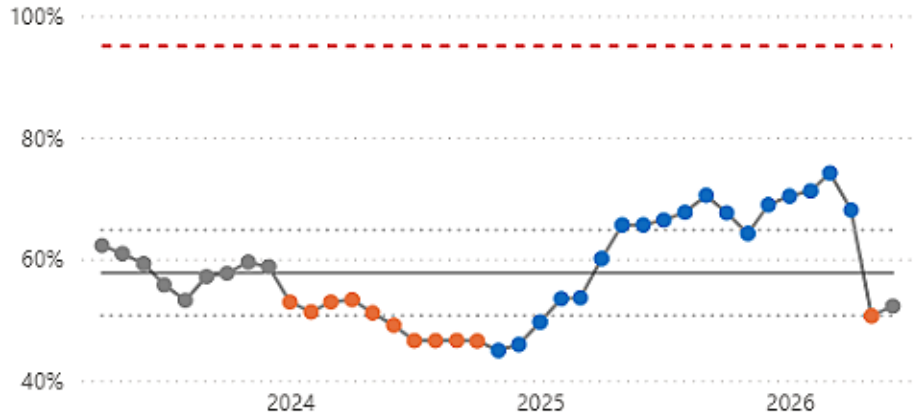
- Engaging with the Patient Flow Unit (PFU), this enables clear communication through the Clinical Care Group (CCG) and systems.
- Local and Health Board level safety huddles are embedded to assure collaboration and shared risk of site escalation.
- Collaboration with Welsh Ambulance Service Trust (WAST) to assure mutual support during elevated risk and escalation of community risk and site risks.
- Proactive "Pull" ethos of patient flow is evident by the high number of “boarding” patients at Glangwili Hospital (GGH). Pull from ED is where wards directly and actively request patients from ED. Boarding protocol (Our next patient) is 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.

Urgent and Emergency Care – Emergency Departments – Glangwili Hospital

(Targeted intervention and Ministerial priority)

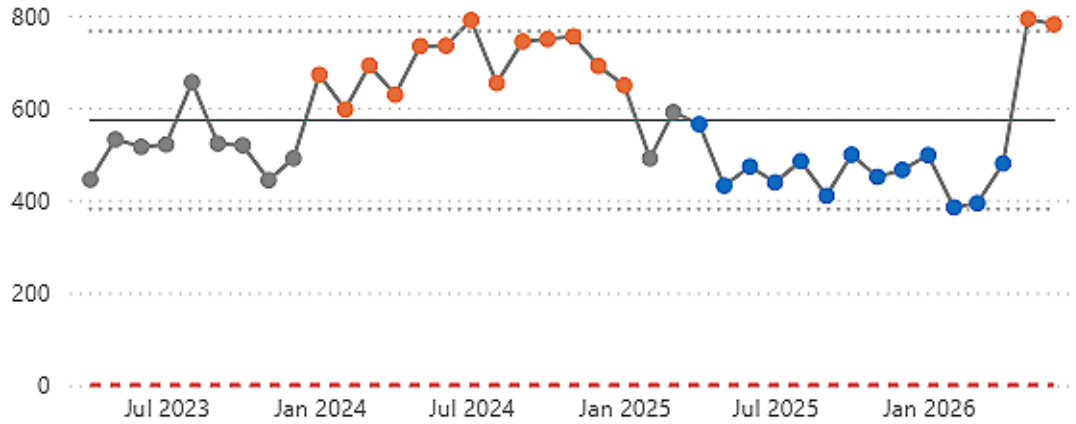
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



52.2% reported for June, 2,464 breaches out of 5,159 new attendances. Chart is showing usual variation.

Patients waiting over 12 hours in A&E



781 breaches out of 5,159 new attendances, 15%. The chart is showing concerning variation.

Key challenges / issues

- Front door demand has continued to increase at the Emergency Department, which has continued to outweigh the patient flow through the hospital.
- Inpatient capacity is consistently over-established due to ward surge and boarding patient into next discharge beds.
- The Emergency Department has continued to remain significantly overcrowded with site reporting high escalation status levels daily.

Key actions / initiatives

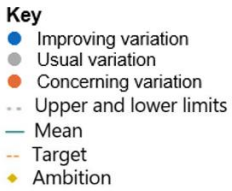
	Due date
• Strengthening Community Pathways: Strengthening Community-Based Care Pathways – improving access to assessment, treatment and ongoing support closer to home, reducing unnecessary hospital attendances and admissions, and ensuring patients receive timely care in the most appropriate setting through coordinated working between primary, community, social care and voluntary services.	31/12/26
• To develop a robust repatriation policy, to return patient back to their local hospitals once the specialist care has ended.	30/09/26
• Deconditioning Early Warding indicator (DEWI) fully implemented on all wards	30/09/26
• Continuous implementation of the Optimal flow framework to improve patient flow and discharge planning	31/03/27

Embedded improvement actions

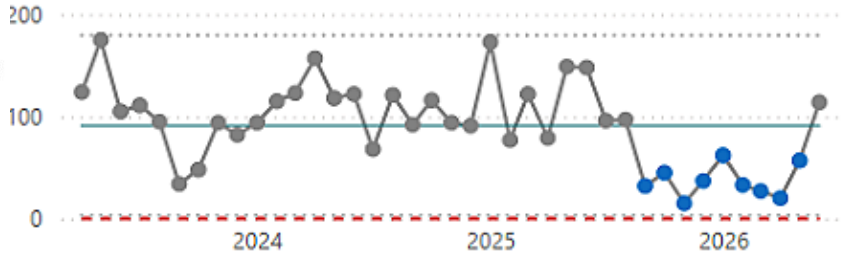
- Continue to monitoring early discharges and the utilisation of the discharge lounge.
- Out of area patient cohort being monitored twice weekly. This enables specialty patient pathways to be managed .
- Clinically optimised patients are reviewed through a structured senior nurse team.
- Escalation process embedded regarding any delay in patent care or patient care pathways delays.
- SDEC team actively "pull" from ED.

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Targeted intervention and Ministerial priority)

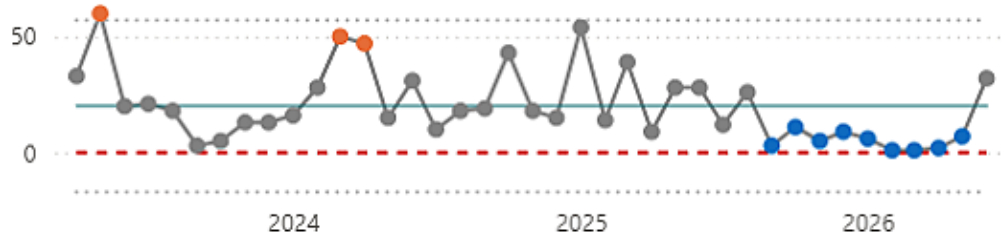


Ambulance handovers taking over 45 minutes



Latest data is showing usual variation however handover delays are increasing. 114 handovers >45 minutes reported out of a total of 296 handovers, 39%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 32 handovers >4 hours reported out of a total of 296 handovers, 11%.

Key challenges / issues

- Key challenges continue to relate to sustained levels of demand, high bed occupancy levels, delayed discharges and workforce pressures. These factors impact bed availability and patient flow across the site, contributing to pressure within the department and assessment areas. Additional challenges include delays associated with complex discharge arrangements, patients accommodated within surge bed areas and maintaining ambulance handover performance during periods of peak demand.
- Demand was exceptionally high, resulting in delays. This affected patients waiting longer for assessment, treatment and discharge, prolonged stays within the department, and a less timely patient experience overall impact on handover times. The 45-minute handover performance deteriorated as a result
- Infection Prevention and Control (IPC) issues continued throughout the summer months, requiring the closure of several ward bays, and clinical areas requiring more frequent deep cleans, impacting bed turnaround times. This resulted in several beds being unavailable for use, reducing overall capacity and creating additional pressure on patient flow, admissions and timely placement of patients

Key actions / initiatives

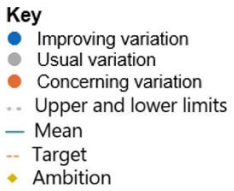
	Due date
• We mitigated the challenges associated with Infection Prevention and Control (IPC) through regular testing and rapid swabbing of suspected cases. Patients were isolated where appropriate to minimise the risk of transmission and protect bed capacity. At the height of the pressures, a 24-hour surge ward was opened on Ward 6 to accommodate patients who were close to discharge, allowing additional capacity to be created within the Acute Medical Assessment Unit (AMAU). The surge ward was deactivated the following day to enable elective activity to continue as planned while maintaining patient flow across the hospital	01/07/26
• 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.	31/07/26

Embedded improvement actions

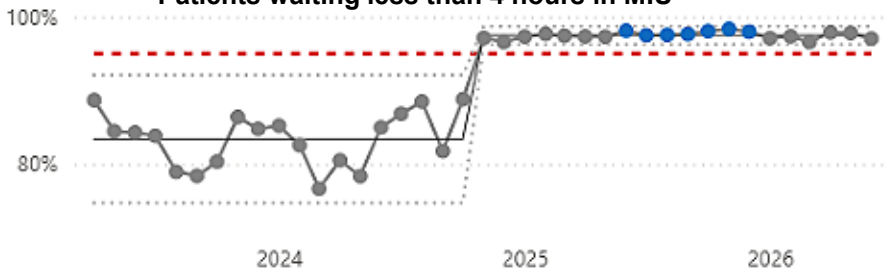
- **Ambulance handovers:** Ambulance handovers: Continue focus on the 45-minute ambulance handover target through close operational oversight, real-time monitoring, and clear escalation processes. The Patient Flow Unit coordinates capacity and demand across sites, enabling earlier identification of pressures, faster decision-making, and timely actions to maintain patient flow and minimise delays.
- **MIU to AMAU transfers:** Medical patients in Minor Injury Unit MIU are prioritised for transfer to AMAU following Registrar referral, ensuring they receive care in the most appropriate setting. Patients are reviewed daily and tracked until transfer. Barriers are escalated promptly, helping improve patient flow, reduce MIU congestion, and protect capacity for urgent injury care.
- **Our Next Patient process:** Multidisciplinary teams actively identify and prepare the next patient for assessment, transfer, admission, or discharge. The ‘Our Next Patient’ boarding protocol supports early movement into available areas, reducing delays and creating capacity. Escalations are managed through patient flow meetings and the Manager of the Day process to support timely patient placement.

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital

(Targeted intervention and Ministerial priority)

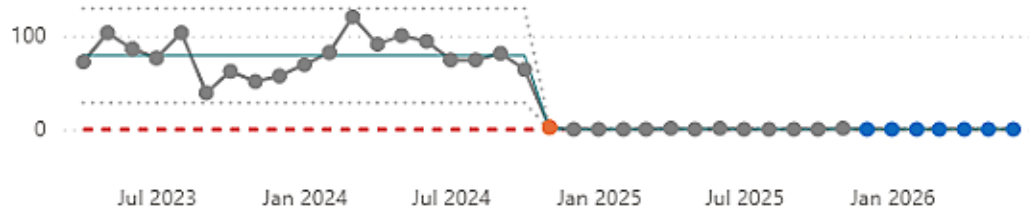


Patients waiting less than 4 hours in MIU



97.0% reported for June, 81 breaches out of 2,767 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 2,767 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

A sustained reduction in patients presenting with major conditions, although a small cohort of higher-acuity and medical patients continue to attend and require monitoring, which has supported the control of breach targets.

Key actions / initiatives

Key actions / initiatives	Due date
Progress the Urgent Care Centre (UCC) task-and-finish workstreams to develop a sustainable operating model, workforce plan and integrated approach across MIU and SDEC services. Work has continued to focus on the design of future patient pathways, clinical streaming processes, governance arrangements and workforce requirements to ensure the model is responsive to local demand. Collaborative working between teams has strengthened service integration, identified opportunities for role development and skill-mix optimisation, and supported the establishment of a more flexible workforce capable of meeting the needs of the future urgent care system.	30/11/26

Embedded improvement actions

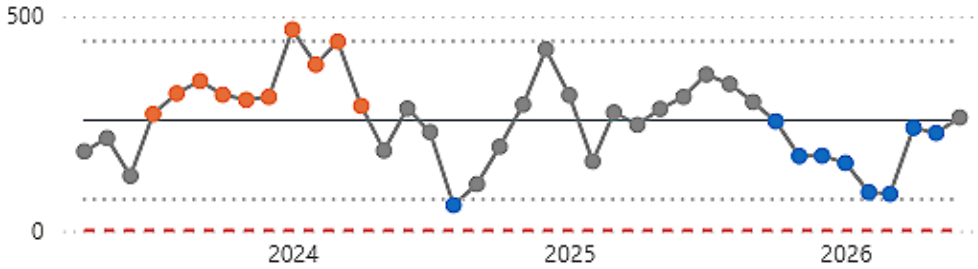
- Daily monitoring of patient presentation types through morning flow meetings has improved operational oversight and supported proactive service planning. Consistent application of the redirection policy has improved patient flow by directing suitable patients to alternative care pathways, reducing unnecessary demand within the department and ensuring clinical resources remain focused on patients requiring urgent and emergency care. This has supported shorter waiting times, improved patient throughput, and better overall departmental performance.
- The reduction in patients presenting with major conditions is likely to have been influenced by a combination of factors, including strengthened community and primary care services, the use of alternative care pathways, improved ambulance triage and streaming processes, and increased utilisation of Same Day Emergency Care (SDEC) services. These initiatives supported patients to receive care in the most appropriate setting, reducing unnecessary attendance and admission whilst ensuring patients with higher-acuity needs continued to access timely hospital care
- Expand General Medicine Hot Clinic capacity through job planning arrangements where clinically and operationally feasible. Consultant-led Hot Clinics have improved patient flow by facilitating early specialist review, supporting safe discharge, reducing admissions, and minimising unnecessary follow-up appointments, thereby releasing capacity within the acute pathway
- Strengthen collaboration with community health, social care and discharge teams to reduce the number of medically optimised patients awaiting discharge and improve patient flow.
- The development of the UCC model is expected to enhance patient flow by reducing unnecessary attendance within acute hospital pathways, increasing the use of ambulatory and same-day care services, and ensuring patients receive care in the most appropriate setting at the earliest opportunity. This work will support improved patient experience, more efficient use of clinical resources, and increased capacity to manage future demand across urgent and emergency care services. Continue weekly task-and-finish group meetings to develop the future UCC operating model.

Urgent and Emergency Care – Ambulances – Withybush Hospital

(Targeted intervention and Ministerial priority)

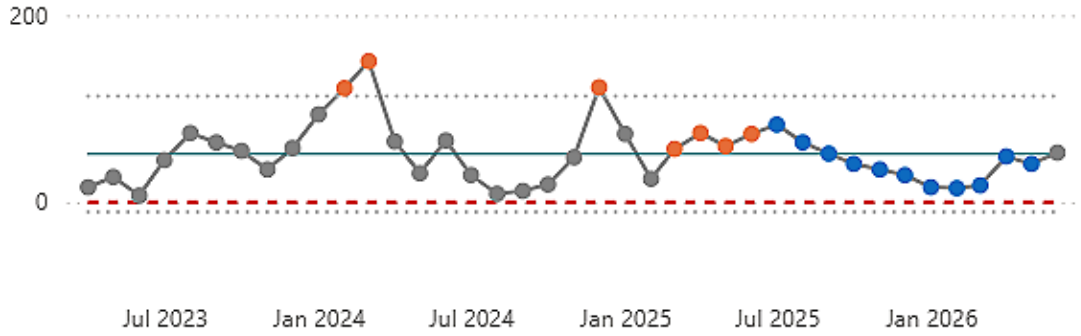
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing usual variation. 264 handovers >45 minutes reported out of a total of 624 handovers, 42%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 53 handovers >4 hours reported out of a total of 624 handovers, 8%.

Key challenges / issues

- Increased ambulance conveyances received month on month from April 2026.
- Increased overall attendances to ED since the start of the Financial Year 26-27 has also presented a direct challenge to Withybush Hospital's (WGH) ability to support a timely ambulance handover, with increased pressure for treatment space in ED (April 2026 3,872; May 2026 4,099; June 2026 3,958) - compared to 3,733 in March 2026.
- Whole system challenges felt with Business Continuity Incidents in relation to demand and capacity in Pembrokeshire during June 2026, with restricted system patient flow and increased demand negatively impacting on ambulance handover performance.

Key actions / initiatives

Key actions / initiatives	Due date
• Instigation of ambulance changeover/handover rooms in WGH Emergency Department w/c 22nd June 2026 – supporting WAST with dedicated space for handover of patients at end of shift for ambulance crews	30/06/26 - trial ongoing
• Coordinate with WAST regarding Advanced Paramedic Practitioner Navigator support in our Clinical Streaming Hub (daily presence required)	30/09/26
• Reinforce ring-fenced capacity protocols in Emergency Department	30/09/26

Embedded improvement actions

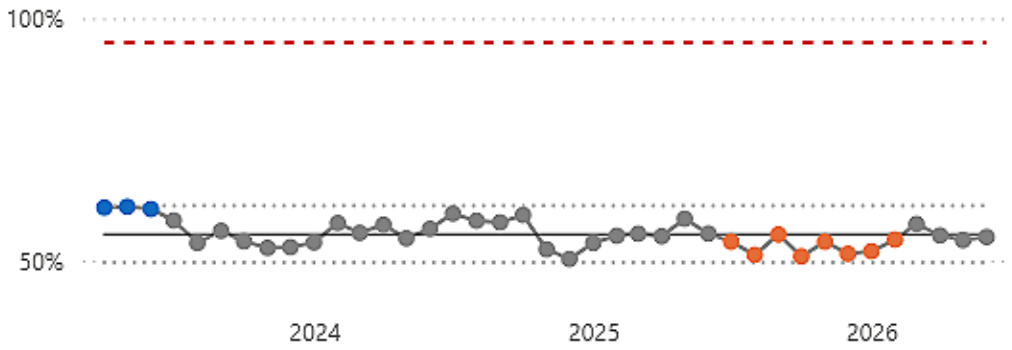
- MIYA patient flow process
- Dedicated Band 6 Nurse allocated to Rapid Assessment Triage/Pitstop area to support expedient handovers
- Direct referrals from WAST into Clinical Streaming Hub, Medical Same Day Emergency Care & Frailty

Urgent and Emergency Care – Emergency Departments – Withybush Hospital

(Targeted intervention and Ministerial priority)

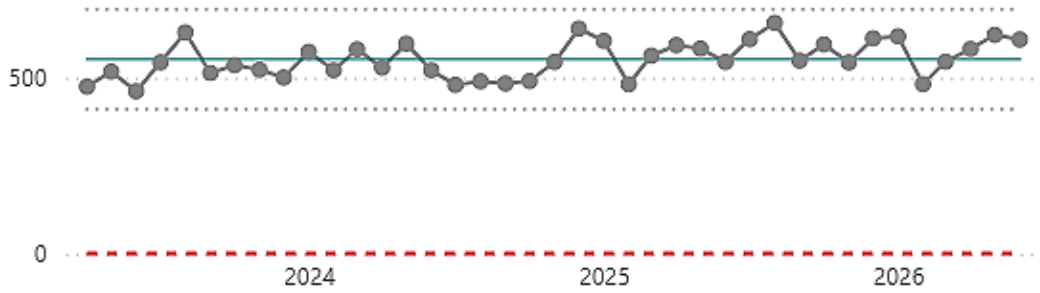
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



54.9% reported for June, 1,778 breaches out of 3,939 new attendances. Chart is showing usual variation.

Patients waiting over 12 hours in A&E



609 breaches out of 3,939 new attendances, 15.5%. Chart is showing usual variation.

Key challenges / issues

- Increased overall attendances to ED since the start of the Financial Year 26-27 has also presented a direct challenge to WGH's ability to support a timely handover, with increased pressure for treatment space in ED (April 2026 3,872; May 2026 4,099; June 2026 3,958) - compared to 3,733 in March 2026.
- Whole system challenges felt with Business Continuity Incidents in relation to demand and capacity in Pembrokeshire during June 2026, with restricted system patient flow and increased demand negatively impacting on 4hrs% and patients waiting over 12 hours in ED.
- Additional challenges seen with Mental Health presentations and delays with Mental Health pathways i.e. inpatient bed availability.

Key actions / initiatives

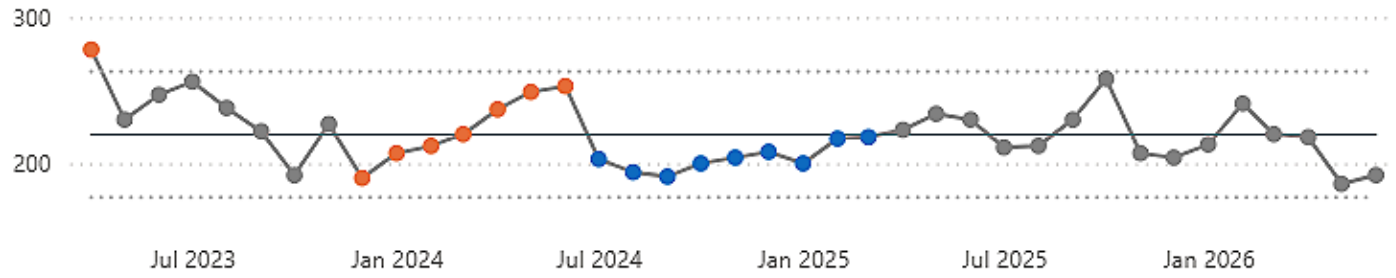
	Due date
• Expand Medical Same Day Emergency Care unit to 12hours/7 days model	30/11/26
• Deploy senior decision maker role to at front door alongside frailty rapid assessment model	31/12/26
• Drive average patient length of stay (LOS) reduction targeting 0 cases over 50 days LOS – improve flow and admitting capacity	31/01/27

Embedded improvement actions

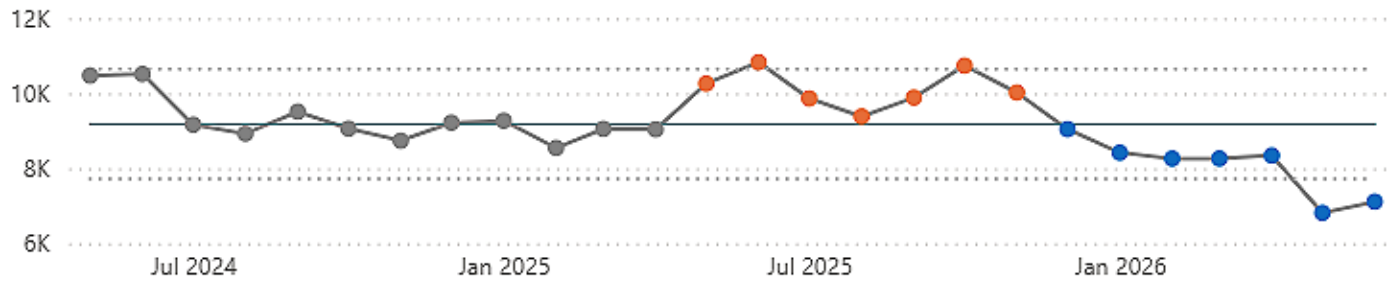
- MIYA flow process
- Direct referrals from WAST into Clinical Streaming Hub, Medical Same Day Emergency Care & Frailty
- Coordinator role in place supporting 4hr% management and correct coding
- Acute medicine and specialty in-reach into ED
- Proactive Frailty Screening and pull through to Frailty SDEC from ED

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

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



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



- Number of pathway of care delays as at 17th June 2026 census was 192 patients, and the chart shows usual variation.
- The total days delayed for non-mental health increased in June to 6,419 days from 6,218 in May. Mental health and learning disability delays increased in June 693 from 595 in May.
- 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.

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

Delay Reason	Carmarthenshire	Ceredigion	Pembrokeshire	Out of Area	Total Patient Count	Total Days Delayed	Average Days Delayed
Identifying Residential Home	6	2	1		9	859	95
Awaiting start of new community care package funded by social care	11	5	4		20	726	36
Awaiting completion of assessment by social care	21	2	9		32	572	18
Awaiting joint assessment	5	3	2		10	418	42
Awaiting NH availability	3	2	0		5	406	81
Awaiting completion of AHP Allied Health Professional Assessment	1	4	7		12	402	34
Awaiting Continuing Healthcare (CHC) Assessment	0	1	5	1	7	341	49
Awaiting reablement community care package	15	0	3		18	299	17
No suitable abode - requires re housing	2	0	2		4	285	71
Identifying Dementia nursing home	2	1	1		4	281	70
Other	26	13	28	4	71	2523	36
Total	**92**	**33**	**62**	**5**	**192**	**7112**	**37**

Key challenges / issues	Key actions / initiatives	Due date
Non Mental Health: Ongoing wider system pressures and drive to improve ambulance handovers driving up patient surge/boarding. • Staffing challenges across all staff groups combined with surge/ boarding negatively impacted on discharge planning and POCD. • 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. • 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. • Ongoing challenges related to housing and homelessness, care home manager assessments and care home availability. **Mental Health & Learning Difficulties**: Overall POCD position remains low, with 11 cases identified, consistent with a small, high-complexity cohort, with no evidence of systemic internal flow failure. • Older Adult Mental Health (OAMH) continues to carry most delays (9/11 cases), with pressures most evident on St Non's and Enlli wards, reflecting ongoing complexity in older adult discharge pathways. • Three patients exceed 100 days length of stay (Enlli, St Non's, Bryngofal), indicating sustained delays within a very small cohort requiring complex placement solutions. • Delays remain predominantly placement-related, including residential, nursing and dementia-specific provision, alongside care home assessment processes. • Community care package delays persist (including jointly funded arrangements), indicating continued dependency on social care capacity and commissioning timelines. • Adult Mental Health (AMH) delays remain low (2 cases) but continue to include housing-related barriers and placement identification, consistent with prior patterns.	**Non Mental Health:** Regional POCD Action plan updated and submitted to the national team with 5 key actions to progress based on the current system challenges. • Draft Memorandum of Understanding developed between health and local authorities to support POCD and discharge planning (awaiting final sign-off). • Deconditioning Early Warning Indicator (DEWI) tool being rolled out across all acute and community wards, in addition to other preventing deconditioning initiatives. • Health Board Working Group established to focus on Rehabilitation pathways/ levels **Mental Health & Learning Difficulties:** Targeted scrutiny of St Non and Enlli Ward >100-day POCD and continued improvement plan to strengthen clinical governance process with standardisation across OAMH wards - Senior Clinical Leadership Team. • System-level engagement with Local Authorities and independent sector providers to address residential, nursing and Elderly Mentally Infirm (EMI) dementia placement opportunities and social care to expedite community care packages - clinical leads. • Focused management of AMH housing-related delays continues, including strengthened multi-agency liaison with Local Authority housing services - clinical leads. • Continued scrutiny of best-interest decision timelines to ensure proportionality, timeliness and alignment with clinical optimisation. • Focused review of AMH homelessness-related delays continues, with strengthened multi-agency liaison involving Local Authority housing services and policing partners. A multi-agency workshop remains in development to reduce recurrence of PoCD associated with non-clinical discharge barriers for AMH inpatients - AMH Head of Service / Local Authority Housing / Police.	31/08/26 31/07/26 31/08/26 31/10/26 31/10/26 30/09/26 30/09/26 30/09/26 31/10/26

Embedded improvement actions

Non Mental health: Regional West Wales Optimal Flow and Discharge Delivery Group overseeing Optimal Hospital Flow delivery, POCD Action plan and Enhanced Community Care. Acute frailty action group and action plan developed, Deconditioning Oversight Group in place, Trusted Assessor model in mental capacity developed, long stay review meetings in place, increased social worker and re-ablement capacity from WG funding, strength- based collaborative communication approach being embedded.

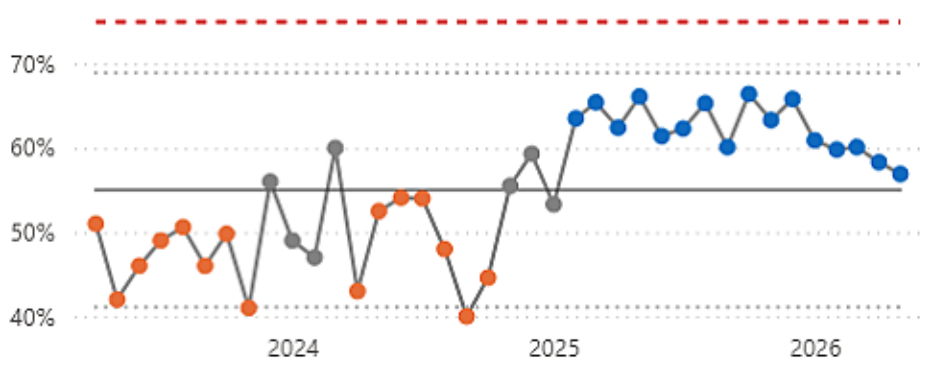
Mental Health & Learning Disabilities: Daily multidisciplinary and multi-agency escalation arrangements remain embedded across AMH inpatient services, alongside daily Older Adult Mental Health Acute Pathway oversight.

- Weekly PoCD deep-dive and escalation meetings across AMH and OAMH remain established, supporting senior validation and system escalation.
- Discharge to Recover and Assess (D2RA) principles remain embedded, supporting early discharge planning.
- Dementia Wellbeing stepped-care model remains established across regional care homes, supporting system flow.
- Multi-agency working with Local Authorities remains embedded, including routine validation of PoCD status and shared accountability for delays.

Single cancer pathway
(Enhanced monitoring condition and Ministerial priority)

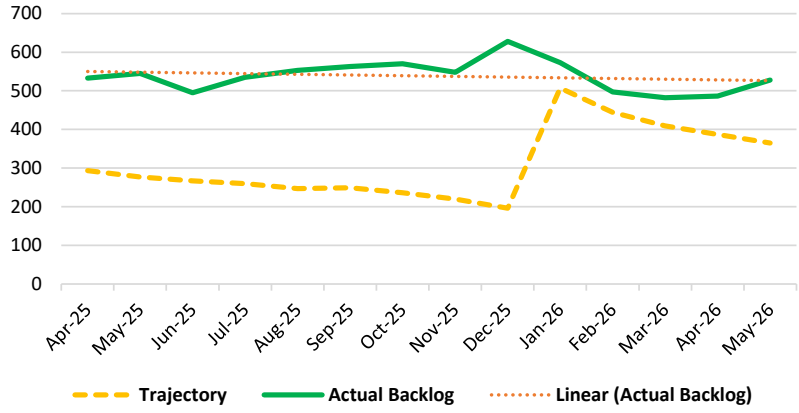
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



In May 2026, performance further declined to 56.9%, the lowest since November 2024. It is important to note that not all patients waiting will have a confirmed cancer diagnosis.

Number of single cancer pathway patients waiting over 62 days



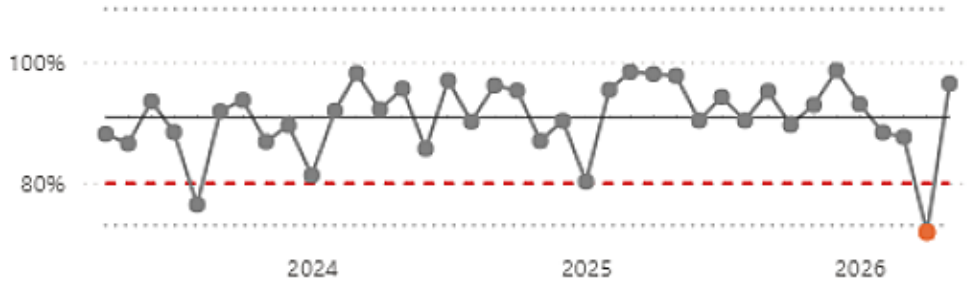
In May 2026, 528 patients were waiting over 62 days on the single cancer pathway, significantly missing the trajectory of 365 by 163 patients.

Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway Activity in May 2026 decreased for patients on the single cancer pathway. This is primarily due to a higher number than usual of suspected skin cancer patients being seen and found not to have cancer, which is a positive outcome for our patients, but has impacted our cancer performance. Bottlenecks in diagnostics for breast and lower gastrointestinal pathways in preceding months affected performance in May. Additional treatment capacity has been allocated to treat patients that are waiting over 62 days, and this will continue through Quarter 1. **Backlog and Diagnostics** As reflected in the Annual Plan, the fundamental delivery challenge remains in the overall diagnostic pathway.	• 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 Q2 • Residual recovery funds allocated for Pathology turnaround for Q2 • Piloting the use of the Galeas Bladder test has been extended to the end of July 2026 • Outsourcing CT scans equates to 260 scans per month with a 7-day reporting turnaround, extended to end July 26 • As concerns remain regarding resourcing of diagnostic recovery actions beyond Q1, a further deep dive review of single cancer pathway performance is being progressed during July 2026. This will inform any further mitigating actions, investment requirements, or service redesign needed to maintain recovery trajectories and achieve national performance expectations	30/09/26 30/09/26 30/09/26 31/07/26 31/07/26 31/07/26

Mental health assessments within 28 days
(Enhanced monitoring condition)

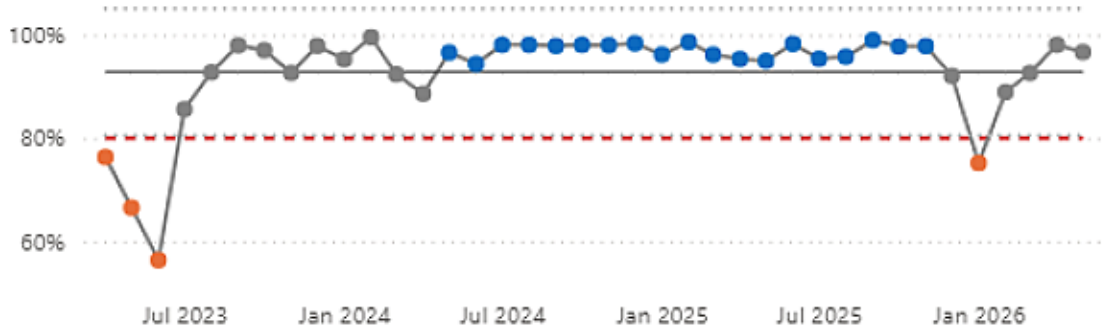
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 96.5% is showing usual variation and the target of 80% was met.

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



Latest performance of 96.7% 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): 96.5% (82 of 85) of assessments were undertaken within target. This is a significant improvement compared to the previous month and reflects the hard work of the teams to recover their position, particularly given exam-related demand.

% mental health assessments undertaken within 28 days (persons aged 18+): Performance remains high and the service continues to monitor assessment times which can impact on compliance with the target.

Key actions / initiatives

Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons aged 0-17): Enabling Quality Improvement in Practice (EQIiP) project to operationalise an 'Open Access, One at a Time' approach as part of implementation of Welsh Government Mental Health strategy.	31/03/27

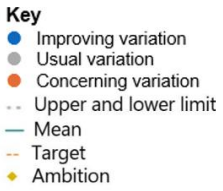
Embedded improvement actions

% mental health assessments undertaken within 28 days (persons aged 0-17): Continue to maintain performance going into the summer months via monthly monitoring and action planning meetings.

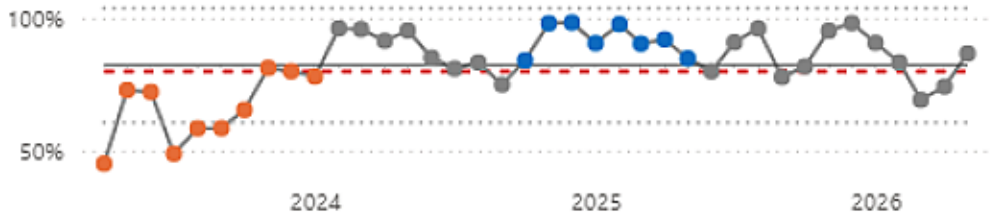
% mental health assessments undertaken within 28 days (persons aged 18+): Carmarthenshire remains fragile due to both long term and short-term sickness. All teams are utilising the Primary Care Liaison Service (PCLS) at the point of referral supporting reducing pressure on Local Primary Mental Health Support Services at this point of the patient journey.

Therapeutic interventions following primary mental health assessment

(Enhanced monitoring condition)

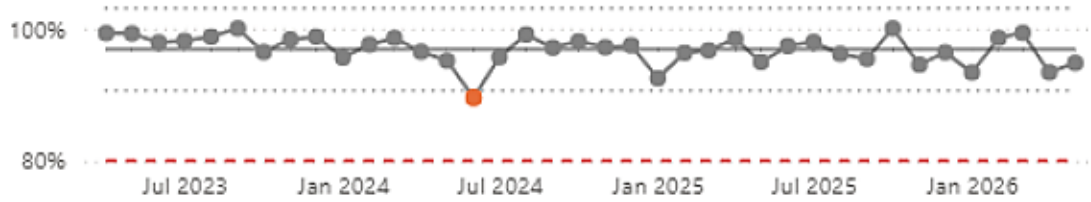


% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)



Latest performance of 86.7% is showing usual variation and the target of 80% was met.

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



Latest performance of 94.8% 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):
86.7% (39 of 45) of interventions commenced within target, which is a significant improvement on performance the previous month. There is some risk to future performance due to increased referrals in May, e.g. exam-related demand, however, demand in the summer months is subsequently expected to reduce allowing further recovery to embed.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Compliance continues to exceed target which reflects the team's hard work. Estates access continues to be challenging across the three counties with limited access to GP practices resulting in the use of private accommodation in some areas. Withdrawal of the SPRING trauma intervention programme due to external factors with the provider is being supplemented with Trauma-Focused Cognitive Behavioural Therapy to support this requirement.

Key actions / initiatives

Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): Enabling Quality Improvement in Practice (EQIiP) project to operationalise an 'Open Access, One at a Time' approach as part of implementation of Welsh Government Mental Health strategy.	31/03/27

Embedded improvement actions

% 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 the third sector, SilverCloud digital options and our Primary Care Liaison Service (PCLS) which is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS. A focus on group interventions remains; however, as a service we will be reviewing the current treatment menu to ensure effectiveness in treatment options. The effects of the withdrawal of SPRING are being monitored across Wales with staff accessing training when available on delivering supplementary Trauma-Focused Cognitive Behavioural Therapy.

Psychological therapy waits
(Performance framework)

Mental Health

Performance in May of 56.8% shows concerning variation and the target of 80% was not met.

- 449 out of 799 (56.2%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 4 out of 8 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 47 out of 74 (63.5%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues

Integrated Psychological Therapies Service (IPTS):
IPTS has achieved a 4.2% increase in compliance alongside a 34% reduction in the waiting list over the past 12 months. Referral and discharge rates remain broadly balanced, resulting in a steady-state flow that limits referral-to-treatment (RTT) improvement despite a significant backlog reduction. The stepped-care model continues to enhance capacity, patient flow, throughput, and pathway management. However, recruitment delays are constraining the expansion of group provision and increasing pressure on the balance between group and 1:1 interventions. Risks around the Attend Anywhere (AA) to MEDIO digital consultation transition remain, with key milestones unmet, potentially affecting planned group delivery and future RTT performance. We are in discussion with Digital on the transition challenges and have sought assurances that the milestones will be in place to transition across in the timeframes that were originally agreed and in time of the AA licence terminating.

Learning disabilities (LDs):
Long-term sickness, maternity leave and vacancies, particularly across Pembrokeshire and Ceredigion, are resulting in service fragility which is covered by other areas of the service as needed. There continues to be high demand for complex Court of Protection (CoP) work which is intensive and resource heavy. We are also seeing increased demands on Psychology and Behaviour specialists (P&Bs) for highly specialist complex assessments requiring therapeutic input, complex behaviour challenging assessments and treatment/intervention which contributed to waits over 26 weeks.

Adult Psychology Mental Health (AMH):
The waiting list for patients waiting under 26 weeks for treatment continued to decrease in May from 11 to 8 patients.

Key actions / initiatives

Key actions / initiatives	Due date
IPTS: • Several staff members have completed training in Dialectical Behaviour Therapy (DBT) for complex post-traumatic stress disorder (PTSD), which will strengthen the service's ability to address the trauma waiting list.	31/07/26
LDs: • Develop the Memory Clinic pathway and the Behaviour that Challenges pathway which aim to upskill other colleagues to reduce lower-level demands on P&Bs.	30/06/26

Embedded improvement actions

IPTS:

- A number of high-intensity, evidence-based interventions have now been embedded within the service model and are demonstrating positive patient outcomes. The introduction of caps on therapy sessions is contributing to improved capacity management.
- Staff are actively engaged in regular supervision to monitor 1:1 waiting lists, and all therapists have aligned job plans to support increased service capacity wherever feasible.

LDs:

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

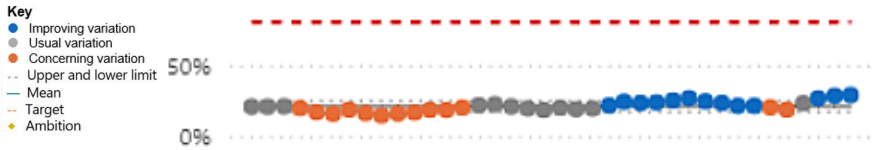
AMH:

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

Neurodevelopmental assessment waits
(Performance framework)

Mental Health

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



% children & young people waiting < 26 weeks: ASD

% children & young people waiting < 26 weeks: ADHD

The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in May 2026 of 29%, shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 748 of 3,349 (22.3%) patients had an ASD assessment < 26 weeks. 583 out of 1,236 (47.2%) patients had an ADHD assessment <26 weeks.

Key challenges / issues

Attention Deficit Hyperactivity Disorder (ADHD):
The longest current wait for an ADHD assessment is 103 weeks, with 359 individuals waiting over 52 weeks. Referrals into the service have increased by 100%, creating significant pressure on the service and a requirement to expand core capacity to meet performance targets. Despite ongoing efforts, demand continues to exceed available provision, even with a fully established medical workforce. Demand for Quantitative Behavioural (QB) testing, a key component of the diagnostic pathway, also exceeds current capacity. In addition, clinic room availability across all sites remains a challenge. Longer-term solutions are being progressed through the Bandi appeal and the proposed reconfiguration of Puffin Ward.

Autism Spectrum Disorder (ASD):
There are 3,349 children and young people awaiting an ASD assessment, 2,601 of whom have been waiting over 26 weeks. With the current level of activity, the waiting list is projected to continue to grow through 2026/27, driven by sustained demand exceeding baseline capacity (core activity of 40 per month). Referrals during 2025 averaged at 114 per month. During 2026, this has already risen to 145. March saw referrals peak at 186 in month. Additional activity from quarter 3 onwards (circa 80+ per month from an additional outsourcing contract) is expected to stabilise growth and begin to moderate the increase; however, this does not fully offset demand within the period.

Key actions / initiatives

	Due date
ADHD:	
• Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward.	31/03/27
• Expand core capacity by increasing access to QB testing and follow-up appointments. Currently, only one device is available across the counties, with a limited number of Healthcare Support Workers trained in its use. While funding opportunities have been explored, securing investment has been challenging due to the ongoing costs associated with licence fees and per-test charges. Alternative options continue to be explored.	31/03/27
• Continue to optimise clinic utilisation through flexible management and robust job planning.	31/03/27
• Explore use of digital solutions, such as Beam Notes (formerly Magic Notes), to support assessments and follow-ups and help reduce clinician administrative time.	31/03/27
ASD:	
There are a number of initiatives underway to improve flow through pathway redesign including:	
• School cluster pilot which is enabling multiple assessments to be completed more efficiently in areas with the highest referral rates	30/09/26
• Advice Hubs have been redesigned to fulfil the requirement of an initial appointment	20/06/26
• Beam Notes retained for a further 12 months with functionality already increasing clinical capacity	31/03/27
• Progressing move to the 'Patient Knows Best' digital platform to deliver post diagnostic support and provide electronic means of communication to children and young people and parents	30/09/26
• An additional two members of staff are due to take up post imminently	30/08/26

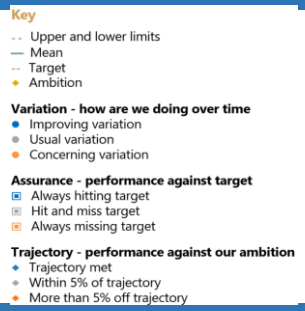
Embedded improvement actions

ADHD:
- Options paper submitted to address capacity and demand issues

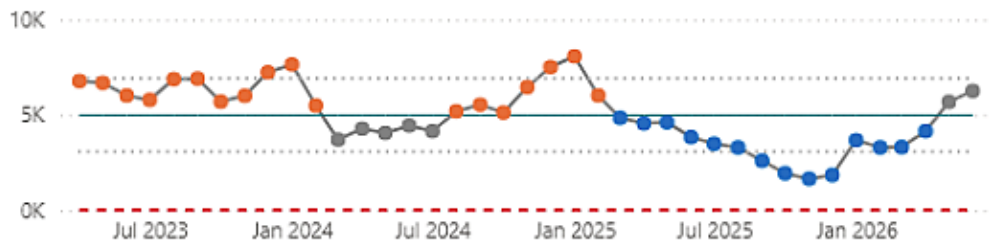
ASD:
- Stabilisation through increased activity and outsourcing to Healios. A contract for a further 300 assessments is in progress.
- Targeted reduction of longest waits to maintain Welsh Government milestones.

Diagnostics waits over 8 weeks

(Enhanced monitoring condition and Ministerial priority)



Patients waiting >8 weeks for a specified diagnostic



Latest overarching performance of 6,252 is showing usual variation for June 2026 but breaches are increasing, this is driven by Radiology (see table).

Diagnostic	Latest period	Latest actual	Variation	Assurance
All	June 2026	6,252	●	▣
Radiology		5,185	●	▣
Cardiology		912	●	▣
Endoscopy		62	●	▣
Phys measure		56	●	▣
Imaging		37	●	▣
Neurophysiology		0	●	▣

Key challenges / issues

Radiology: 5,185 breaches reported June 2026 (radiology & imaging), this is in excess of the projections reflected in the Annual Plan. Activity has increased in July 2026, however, base capacity does not meet the sustained demand growth.

- The National Outpatient Appointment Insourcing project increased demand which continues to impact performance. Additionally, Magnetic Resonance Imaging (MRI) & Non-Obstetric Ultrasound (NOUS) demand and breaches surpassed projections developed in 2025/26.
- This has raised concerns regarding the accuracy of the reported breach position via the recently implemented RISP system (Radiology Informatics System Procurement) and the absence of dedicated data analytical capacity to verify data intelligence from the new system.
- The issue has been escalated for support in further interrogating the RISP system which is being rolled out across Wales.

Endoscopy: Baseline capacity deficit in gastrointestinal endoscopy pathway reflected in the Annual Plan (equivalent to additional, 3 lists per week or 5% increase in 2026/27) has been mitigated during Q1 via continuing of insourcing until the end of June. Baseline capacity deficit in Urology was mitigated in Q4 with insourcing and Galeas Bladder test trial.

Cardiology: Cardiology Echo breaches are primarily attributable to longstanding shortfalls in in-house diagnostic capacity, particularly within echocardiography services. Position deteriorated further due to additional capacity losses from short-long term sickness absence and maternity leave. Myocardial Perfusion Scan waiting times increased following a two-week system outage in April 2026, which significantly impacted the waiting list. Recovery was further constrained by reduced capacity in May 2026 due to Bank Holidays. Consequently, the breach position has continued to deteriorate. This remains a highly fragile service and is included on the risk register. The service is dependent on a single consultant, creating a significant risk to service resilience, capacity, and recovery of the waiting list position.

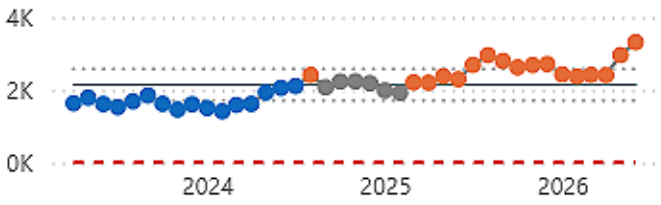
Key actions / initiatives

	Due date
Radiology: NOUS insource contract extended, with additional capacity being sought. Internal staffing (insourcing) ongoing funded by vacancy.	01/11/26
• MRI van extended to August 2026 using core funding (vacancy lag). Welsh Government funding for second van ended 31 March, reducing capacity by 540 patients per month.	31/08/26
• Computed Tomography (CT) van extended to end of July 2026 with additional funding. Capacity for 250 additional urgent suspected cancer patients per month.	30/07/26
• Demand management pathway work underway with physiotherapy, podiatry and maternity to increase capacity via workforce diversification.	30/09/26
• Revised demand and capacity modelling work is currently being undertaken in relation to Welsh Government 2026/27 Planned Care recovery funding requirements.	31/07/26
• Task & Finish Group established to rapidly assess ant data reporting anomalies linked to the new RISP system.	31/08/26
Endoscopy: Q1 & Q2 baseline capacity deficit for gastrointestinal endoscopy mitigated through additional activity via waiting list initiatives and insourcing. Mitigation plans to address the capacity deficit in Q3 and Q4 are currently being worked through within the clinical care group.	31/08/26
• Revised demand and capacity modelling is currently being undertaken.	31/07/26
• Capacity for routine Flexible cystoscopy is now being reprioritised for urgent suspected cancer waits, resulting in the inability to reduce the routine waiting list below current levels.	31/08/26
Cardiology: Plans are in place to procure insourcing activity during July to support a reduction in the current breach position. A Situation, Background, Assessment and Recommendation (SBAR) report completed for Care Group consideration. Weekly meetings held with Cardiorespiratory managers on all 4 acute sites working collaboratively to increase confidence with Demand and Capacity plans. For Myocardial Perfusion Scans (MPS), the team is working closely with Radiology colleagues to mitigate risks for long-waiting patients and ensure appropriate clinical prioritisation. Collaborative working is focused on maximising available capacity, managing patient risk, and supporting recovery of the waiting list position.	31/07/26

Therapy waits over 14 weeks
(Enhanced monitoring)

Performance shows concerning variation (June 2026 = 3,325), with breaches rising significantly for a second consecutive month.

Patients waiting >14 weeks for a specified therapy



Key

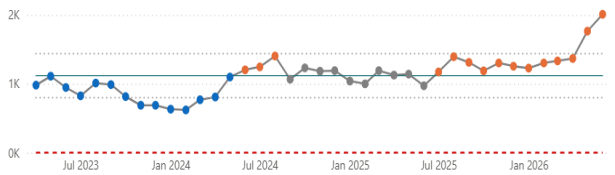
- Upper and lower limits
- Mean
- Target
- Ambition

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

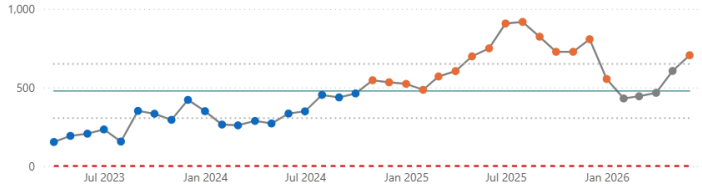
Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

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

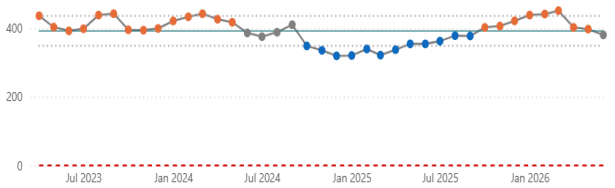
Number of patients waiting 14 weeks plus for Physiotherapy



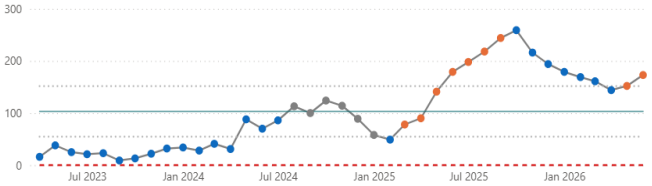
Number of patients waiting 14 weeks plus for Podiatry



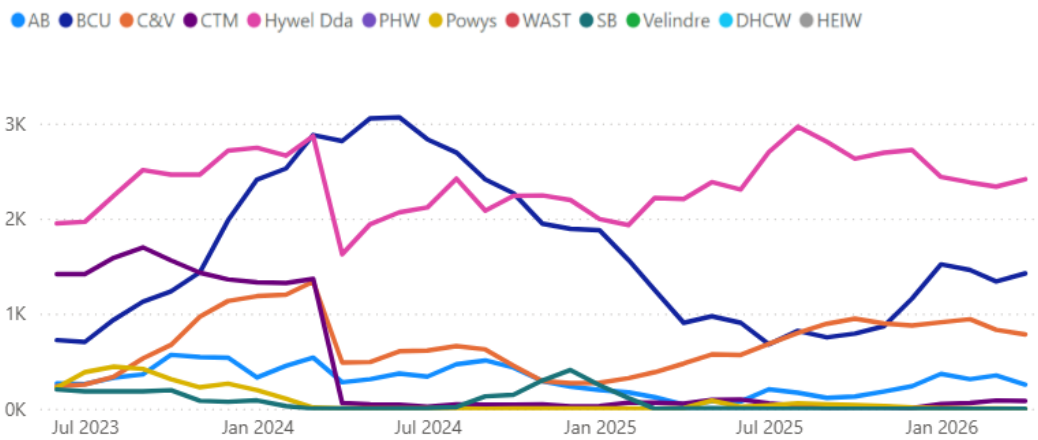
Number of patients waiting 14 weeks plus for Occupational Therapy



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



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



Therapy	Latest period	Latest actual	Variation	Assurance
All	June 2026	3,325	●	▣
Physiotherapy		2,010	●	▣
Podiatry		705	●	▣
Occupational Therapy		381	●	▣
Dietetics		173	●	▣
Art therapy		30	●	▣
Speech & Language Therapy		26	●	▣

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

Key challenges / issues

Physiotherapy: in month increase in breach position, 96 % breaches in Musculoskeletal (MSK) Physiotherapy. Demand continues to grow and is greater than capacity, driven by changes to Pathways shifting of work from primary and secondary care towards MSK Physiotherapy services. Demand growth is compounded by:

- Increased proportion of urgency in demand (now > 50%) in MSK and community services.
- Reduced service capacity (two staff on maternity leave, 2.6 whole time equivalent vacancy, and unavailability of agency/bank to backfill). The service has also not replaced 1.4 WTE vacant posts in line with financial standing instructions that were without budget.

Occupational Therapy (Paediatrics)
Paediatric Occupational Therapy service continues to demonstrate sustained improvement in waiting time performance despite ongoing workforce pressures and increasing levels of demand. This reflects the continued focus on improving access to assessment and intervention and reducing delays for children and families.

Podiatry
The agreed trajectory in the Annual Plan for 2026/27 without the required investment in additional posts, forecasts 1,415 patients waiting over 14 weeks by March 2027.

Dietetics
Paediatrics continue to be experiencing significant pressure from ongoing demand for selective eating cases, which is the driver for the waiting time breeches. The position has worsened this month due to ongoing staff sickness absence. Short-term additional capacity is due to end in September 2026 which is expected impact performance.

Key actions / initiatives

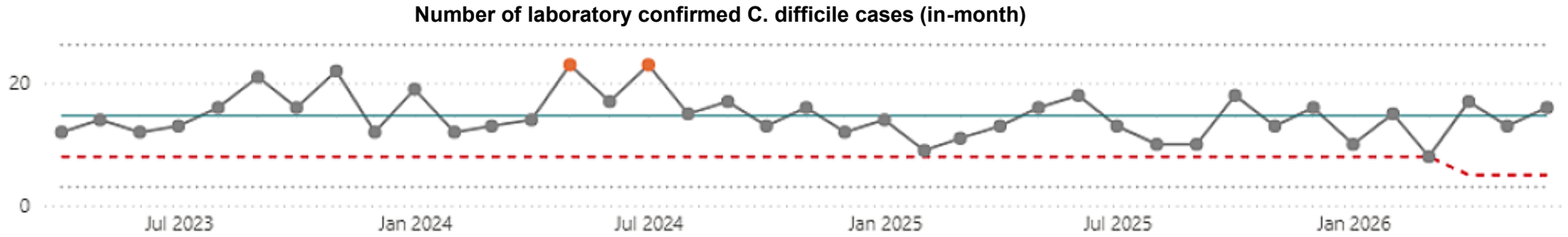
Key actions / initiatives	Due date
Actions below attempt to reduce breeches where possible but without the required investment in additional posts the forecast is a minimum of 3,229 breaches by March 2027:	
Physiotherapy:	
• A standard operating procedure for a targeted telephone triage pilot, for patients 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.	31/08/26
• Second MSK form validation process to start 01/08/26. Refinement of process following initial pilot.	01/11/26
• A review of community prioritisation criteria aligned to clinical risk matrix is currently being undertaken.	30/09/26
Occupational Therapy (Paediatrics)	
• Weekly performance review meetings continue to monitor waiting time performance, referral demand, workforce capacity and progress against improvement trajectories.	31/09/26
• Ongoing development and implementation of the sensory pathway to improve patient flow, provide earlier access to advice and intervention, and reduce unnecessary waits for specialist assessment	31/09/26
• Weekly clinical triage undertaken by the Paediatric Occupational Therapy Clinical Lead to ensure timely prioritisation of referrals, risk management and allocation of children to the most appropriate pathway	31/09/26
Podiatry	
• Consultant podiatrist post in development. This will improve treatment flow, governance and waiting times.	30/09/26
Dietetics	
• Developing contingency plan to communicate to referrers to protect staff wellbeing following Risk assessment undertaken.	31/07/26
• Updated proposal for additional workforce to manage new demand sustainably for the long term tabled for discussion, following demand and capacity modelling undertaken.	31/07/26
• Proposal to extend use of fixed term additional capacity from September to be discussed.	31/07/26
• Review of referral to triage process undertaken, tool developed to assist with risk stratification. Recommendation to implement new access criteria and digitalise.	31/10/26

Embedded improvement actions

Physiotherapy: Validation of routine MSK waiting lists using Microsoft Forms methodology.
Podiatry: New patient demand and capacity modelling found the service to be efficient, with full utilisation of a 10-session template, strong discharge and eligibility processes, and effective skill-mixing. A service review strengthened the management structure, with D&C modelling indicating a requirement for an additional 3.0 WTE to meet demand.
Dietetics: Sickness absence management/wider team support. First line information developed and shared with referrers to support earlier intervention and management of risk while waiting to be seen.

C. Difficile (all cases)
(Targeted intervention)

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



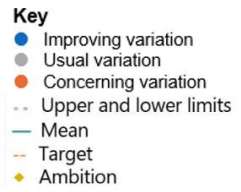
Latest performance of 16 cases for June 2026 is showing usual variation.

Key challenges / issues	Key actions / initiatives	Due date
• Hospital onset infections of C. difficile remain above target, several community onset infections have been classified as "community onset, healthcare associated", meaning cases are linked to recent healthcare exposure. • The Welsh Health Circular Anti-Microbial 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 2024-25 counts. There were 184 cases of C. difficile in 2024/25. At the end of 2026/27 the Health board would need to achieve 138 cases or fewer to achieve the 25% reduction improvement goal. Current year-to-date figures indicate a 6% improvement on the baseline of 2024/25. • Antibiotic Stewardship: Inconsistent completion of Start Smart Then Focus (SSTF) audits; vacancies in Antimicrobial Pharmacy team risk affecting stewardship. • Delayed Infection Prevention Control Actions: Recognition, isolation, and diagnosis delays noted in some cases. • Environmental Cleaning: Cleaning scores in Glangwili for high-risk wards areas are below the expected standards. • Compliance Gaps: Lapses in bare below the elbow standards across staff groups. • Mandatory Training: Level 2 Infection Prevention Control E-learning compliance at 86.78%.	• Electronic prescribing and medicines administration (ePMA) pilot in July 2026 will aim to support prescribing and antimicrobial stewardship. • Review of cases for May - June 2026 to assess locations, themes and any cleaning implication that could have contributed to the infection. Some meetings have been stood down by operational teams due to pressures. • Infection Prevention Indicator Audits completed in Q1 have demonstrated some practice and environmental concerns. Action plans are expected back from services. The infection prevention and control team will support quality improvement.	31/07/26 31/07/26 31/07/26

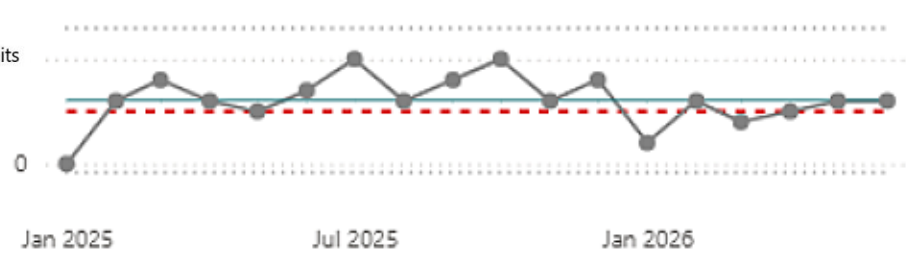
Embedded improvement actions for ALL infection types

- 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.
- Self-assessment by Clinical Care Groups against the Quality Statement for Infection Prevention and Control issued by the Chief Nursing Officer.
- Clinical Care Groups to monitor Aseptic non-touch technique compliance and assessor training offered to clinical areas from infection prevention.

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

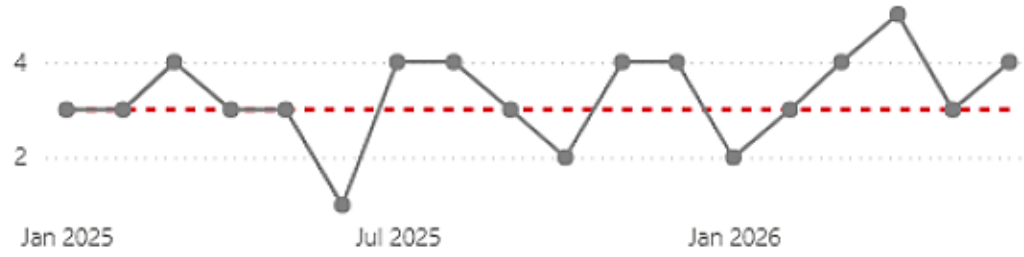


E.coli BSI: Number of hospital onset cases (in-month)



Latest performance of 6 cases for June 2026 is showing usual variation.

S. aureus (MSSA) BSI: Number of hospital onset cases (in-month)

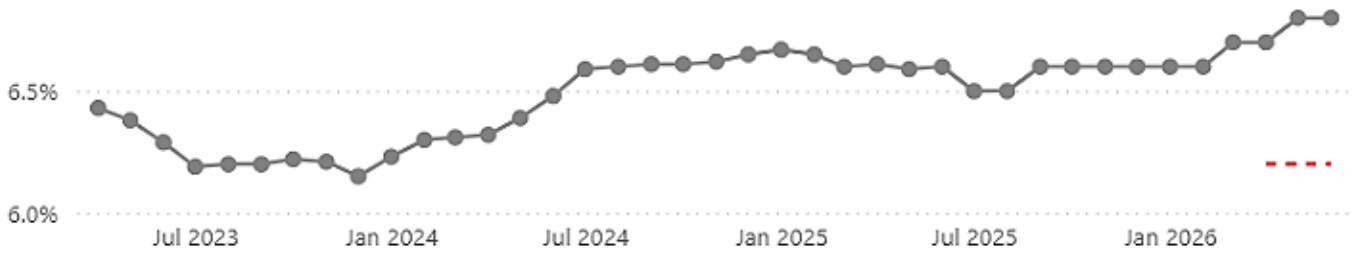


Latest performance of 4 cases for June 2026 is showing usual variation.

Key challenges / issues	Key actions / initiatives	Due date
E. coli: • Infections primarily community-onset and linked to urinary tract and some catheter-related. • The Welsh Health Circular Anti-Microbial 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 in 2024/25. At the end of 2026/27 the Health board would need to achieve 54 cases or fewer to achieve the 10% reduction improvement goal. Current year-to-date figures indicate a 5% increase on the baseline of 2024/25. • 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 BSI is seen within the community. • The Welsh Health Circular Anti-Microbial Resistance and Healthcare Associated Infections 2025 to 2027 sets an improvement goal for both Methicillin-susceptible Staphylococcus (MSSA) and Methicillin-resistant Staphylococcus (MRSA). • MSSA & MRSA Improvement Goals: a decrease of at least 20% compared to the 2024/25 in baseline counts for all Health Boards for MSSA and have fewer cases of MRSA in 2026/27 than in 2025/26. There were 122 cases of MSSA BSI in 2024/25. At the end of 2026/27 the Health board would need to achieve 98 cases or fewer to achieve the 20% reduction improvement goal. Current year-to-date figures indicate a 13% increase on the baseline of 2024/25. • Health Board aseptic non-touch technique compliance for E-learning is at 85.62%. • Non-compliance observed bare-below-the-elbow practices across staff groups.	**E. coli:** • Infection Prevention Indictor Audits Ito outline compliance to catheter bundles and feedback to clinical care groups (CCGs). • Undertake monthly reviews of all hospital-onset E. coli BSIs to identify avoidable urinary tract infections (UTI) and catheter-related factors, with learning shared through Clinical Care Groups. • Health & Wellbeing booklet for the Older Adult to be utilised with the Public Health Team in public facing forums over the summer. • Hand hygiene validation and observational audits conducted based on senior nurse monthly audits **S. aureus** • Infection Prevention Indictor Audits Ito outline compliance to peripheral venous catheter bundles and feedback to CCGs • Health & Wellbeing booklet for the Older Adult to be utilised with the Public Health Team in public facing forums over the summer. • Hand hygiene validation and observational audits conducted based on senior nurse monthly audits	31/07/26 31/07/26 31/08/26 31/07/26 31/07/26 31/08/26 31/07/26

Staff sickness
(Performance framework)

% staff sickness rate (12 months rolling)



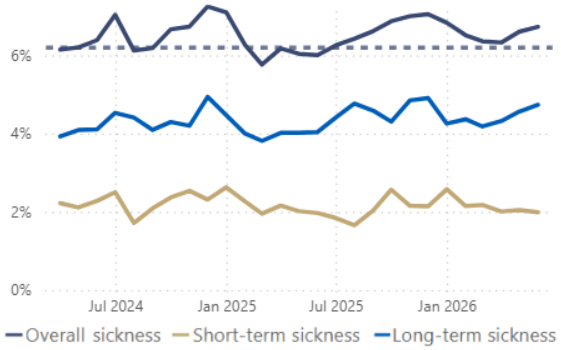
Rolling 12-month staff sickness percentage rate comparisons for June:

- June 2024: 6.48%
- June 2025: 6.56%
- **June 2026: 6.80%**

2026-2027 Rolling 12-month target = 6.2%

% staff sickness rate (in month)

June 2026 (in month) = 6.7%
Short-term sickness = 2%
Long-term sickness = 4.7%



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

Team	Staff	R12m	In-month
Sunderland Ward	73	12.2%	**10.3%**
Radiology - Glangwilli	95	10.3%	**10.0%**
Dinefwr Ward	140	11.0%	**9.6%**
Hotel Services - Prince Phillip	72	13.3%	**9.5%**
Theatres - Withybush	66	10.4%	**9.1%**

Key challenges / issues

The Health Board's sickness absence target has been reduced from 6.6% in the previous year to 6.2%, reflecting a continued organisational focus on improving attendance levels, enhancing staff wellbeing, and reducing the operational impact of employee absence. Continued focus on preventative measures, early intervention, effective case management, and targeted wellbeing support will be essential to achieving sustained reductions in absence rates.

Analysis of the causes of absence continues to identify anxiety, stress and depression as the most significant contributor to sickness absence across the Health Board, accounting for 35.2% of all recorded absences. The second highest reason for sickness absence remains other musculoskeletal problems, accounting for 10% of all absences.

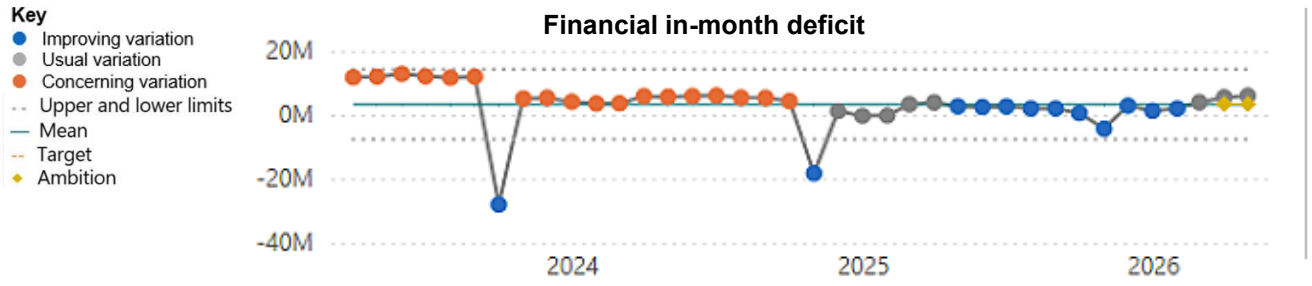
Overall, the data demonstrates that while sickness absence levels remain relatively stable, they continue to exceed the Health Board's performance target. Mental health and musculoskeletal conditions remain the predominant drivers of absence and remain key areas of focus within workforce wellbeing and attendance management strategies over the coming months.

Embedded improvement actions

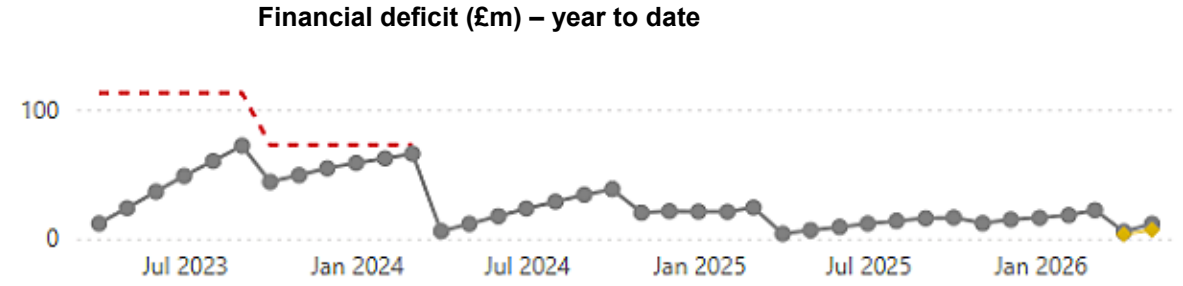
- Ongoing support from Workforce Advisors for Attendance Management and the Workforce Teams continues in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups. Key measures of success of this work include; reduction in overall sickness absence rate; increased percentage of cases managed within policy timescales; reduction in long-term absence cases; improved data quality and reporting accuracy
- 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
- Work continues to further develop and refresh sickness absence against population health data to improve health promotion and interventions by locality.

Financial deficit
(Targeted intervention)

Finance



Performance analyst to refresh chart and update chart text



Performance analanalyst to refresh chart and update chart text

Key challenges / issues	Key actions / initiatives	Due date
The Health Board's Annual Planned Deficit is £41.0m with an Annual Savings Target of £42.8m. Gross forecast position is £62.2m, with planned mitigating actions of £21.2m to be finalised, to achieve the reported end of year forecast position of £41.0m. Total savings delivery are £21.0m, leaving a savings delivery gap of £21.8m against the savings target. The in-month core operational overspend of £6.4m is largely relating to the Month 3 exercise to convert year to date core operational underspend to savings, with £6.9m year to date underspends being recognised as savings in Month 3. The end of year core operational variation of £0.6m includes £26.9m cost reduction themes offset by £26.3m cost pressures. Further work is ongoing to recognise full-year underspends as savings, to ensure greater visibility of mitigating actions required for cost pressures. Of the schemes identified £5.1m are recurrent savings and £15.9m are non-recurrent savings. £6.9m year to date underspends have been recognised as savings in Month 3, and further action is required to forecast savings into future periods as well as converting at pace the pipeline schemes into credible Green and amber plans.	**Mid Year Forecast Assessment** - The reported deficit, which currently remains the same as the Annual Plan at £41.0m, is going to be reviewed in detail during July and August. If there is no material improvement, or robust plans, the forecast will likely alter.	05/09/26
	Medical Pay and Rostering - Continuing use of additional medical cover, including premium locum and agency in Bronglais, Withybush Hospitals, Planned Care and Mental Health. The Medical Rate card has been adopted and an impact assessment is required of its compliance across the Health Board. The comprehensive use of Allocate also needs to be embedded.	31/08/26
	Identification and delivery of robust savings plans - Whilst in month there has been a significant shift in the identification and conversion of underspends, there remains significant identification gap and limited progress with future committed underspend savings. Escalation for the Finance domain is partly due to risk associated with delivering the annual plan equitably across services. Ongoing, urgent action to continue as part of de-risking the annual plan - Quarter 1 Engagement Event	Overdue
	Investment decisions (Emergency and Urgent Care Centre (EUCC), Streaming Hub, Same day emergency care and Theatres) - 18 June In-Committee Board decision taken to pause until material saving gap closed within those areas affected by the investments Conversion of Workforce related savings is expected, which is assumed to release the investments following Executive Team review on 3 July. Urgent update on Workforce savings is required	On Going
	Conscious decisions compounding delivery of Annual Plan - Known decisions have been made outside of the annual planning process, all prior agreed actions to be completed and actioned	Overdue

IPAR key metrics by type

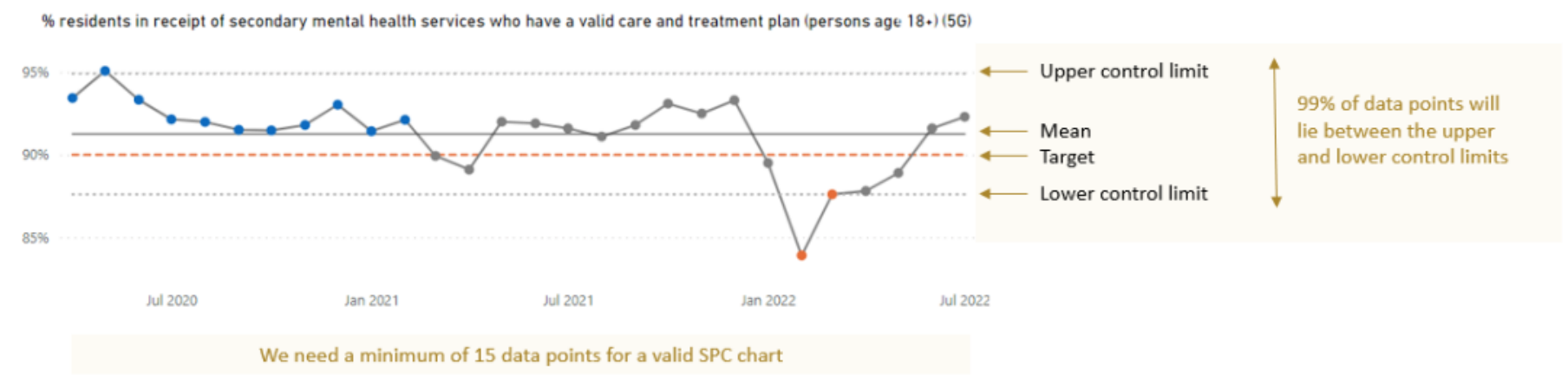
July 2026

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

Why use SPC charts?

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

Anatomy of a SPC chart



Rules for special variation within SPC charts

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

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

A single data point outside the process limits

Two out of three points close to the process limit

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

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

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

Understanding the SPC icons

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

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

Internal escalation update

July 2026

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

Headlines
as at 30th June 2026

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The table below summarises key points to highlight since our last Board update in May 2026:

Areas to highlight	Points to highlight	3A
Level 4 enacted	Level 4 enacted: In June, two clinical care groups (CCG) were escalated to level 4 (no assurance and insufficient actions or engagement) within the Finance domain i.e. Community & Integrated Medicine and Planned & Specialist Care. This is the first time we have enacted level 4 escalation. Both CCGs are forecasting large end of year overspends and are unable to meet their savings requirements for this financial year.	Alert
Community and Integrated Medicine	Community and Integrated Medicine continues to be our most concerning CCG, with the function being escalated to level 3 or 4 in 5 out of the 7 improvement domains with very 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
Planned and Specialist Care	There has been varying performance over the last 2 months for the CCG, most notably: - Finance: escalated from level 3 to level 4 in June 2026 - Workforce: escalated from level 2 to level 3 in May 2026 - Quality & safety: de-escalated from level 3 to level 2 in June - Population health: de-escalated from level 3 to level 2 in June	Alert Alert Advise Advise

Background and overview

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

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

Health board escalation level overview as at 30th June 2026

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

	Function	Quality & safety	Governance	Workforce	Finance	Strategy, planning and fragile services	Population Health	Performance
Clinical Care Groups	Community and Integrated Medicine	3	3	2	4	3	2	3
	Chief Operating Officer Management	1	1	2	2	1	1	n/a
	Mental Health and Learning Disabilities	3	1	2	3	3	3	3
	Planned and Specialist Care	2	2	3	4	3	2	3
	Primary Care	2	1	2	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	2	2	1	2	n/a
	Executive Director of Nursing, Quality and Patient Experience	1	2	2	1	1	2	3
	Executive Director of Public Health	1	1	3	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	1	n/a
	Governance and Communication	1	1	1	1	1	2	n/a

Domain overview: Quality & Safety

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

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

Domain overview: Governance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

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

Domain overview: Workforce

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

Function	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 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	1	1	2	2	2	2	2	2	2
Mental Health & Learning Disabilities	2	2	2	2	2	2	2	1	1	1	2	2	2
Planned & Specialist Care	2	2	2	2	2	2	2	2	2	2	2	3	3
Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	1	1	1	1	1	2	2
Operational Allied Health & Health Sciences	2	2	2	2	2	2	2	2	2	2	2	2	2
Estates & Facilities	3	3	3	2	2	2	2	2	2	2	2	2	2
Executive Director of Finance	1	1	1	1	1	1	1	1	1	1	1	1	1
Executive Medical Director	2	2	2	1	2	2	2	2	2	2	1	1	1
Pharmacy & Medicines Management	n/a	n/a	n/a	n/a	n/a	n/a	2	2	2	1	1	2	2
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	3
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	1	1	1	1	1	1	2	2	2	2	2	1

Domain overview: Finance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

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

Domain overview: Strategy, Planning & Fragile Services

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

Escalation levels by function & month

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

Domain overview: Population Health

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

Escalation levels by function & month

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

Domain overview: Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation levels by function & month

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

Trends for our most concerning functions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Community and Integrated Medicine

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

Estates and Facilities

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

Trends for our most concerning functions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Mental Health and Learning Disabilities

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

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

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

Trends for our most concerning functions (3)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planned and Specialist Care: escalation levels by month and domain

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

Escalation criteria

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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