



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 5 2025/2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 5, 2025/26 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The IPAR consists of this SBAR and the following supporting documents:

- IPAR overview – includes data, issues and actions for the health board’s key performance improvement measures.
- IPAR dashboard – provides statistical process control (SPC) charts for each of our performance measures. The dashboard can be accessed via: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st August 2025](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

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

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

Please note:

- In addition to the IPAR submission, there is a *M5 Escalation Summary*. This document summarises the latest escalation levels, escalation reasons and de-escalation criteria for all functions across the Health Board.
- Ambulance red calls responses < 8 mins: Due to [changes to the call categories](#) introduced in July 2025, this metric has been stood down. Two new metrics for median time for arrest and emergency categories are reported in this iteration. Data is at July 2025, as per the Welsh Ambulance Service Trust (WAST) publication timetable.
- Referral To Treatment (RTT): Data for the period April 2025 to June 2025 has been resubmitted to Welsh Government, due to a slight under reporting of waits for physiotherapy and podiatry. This resulted in the addition of 500 patients per month to the overall waiting list. These patients have been waiting a relatively short time and therefore did not breach the RTT waiting times performance targets.
- R1 appointments attended: Improvement trajectories are being developed. Once complete and signed off by Executives, the trajectories will be reported in the IPAR.
- The Audiology national data submission was originally planned for August 2025; however, there is insufficient assurance around data quality as highlighted in a recent review. Data cleansing is required and will take considerable resources and time to achieve. The Clinical Care Group (CCG) is seeking Executive approval to either delay submission until early 2026, or send a provisional data submission with caveats to address the robustness of the data.
- Patient experience metrics: Data for two additional measures from the new national survey have been added: 'I was able to communicate in my preferred language' and 'I have received a positive overall experience'.
- Dental access: Prompted by the Ministerial Delivery Expectations 2025/26, data for the percentages of children and adults regularly accessing NHS primary dental care within 24 months has been updated to March 2025.
- The sickness target has been revised to 6.6%, in line with improvement against the 2024/2025 baseline.

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

Cefndir / Background

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

Performance overview

The table below summarises the latest position for the 2025/26 ministerial priorities and our local key performance metrics. Additional data, details of key issues and actions being taken to address all of the metrics above can be found in the supporting document *IPAR overview*.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Ambulance handovers > 1 hour Hywel Dda	0	Aug 2025	821	Concerning	Missing target	Trajectory missed by over 5%	Alert
Ambulance handover > 4 hours Hywel Dda	0	Aug 2025	211	Usual	Missing target	Trajectory missed by over 5%	Alert
Median time ambulance arrest category calls	8	Jul 2025	10	n/a	n/a	n/a	Alert
Median time ambulance emergency category calls	8	Jul 2025	9	n/a	n/a	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Aug 2025	71.2%	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Aug 2025	1,371	Concerning	Missing target	n/a	Alert
Number of Pathways of Care delayed discharges	n/a	Aug 2025	212	Usual	n/a	Trajectory missed by over 5%	Alert
% child neurodevelopment assess waits <26 weeks	80%	Jul 2025	27.0%	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Jul 2025	51.4%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Aug 2025	2,966	Concerning	Missing target	n/a	Alert
Financial in month deficit	n/a	Aug 2025	£2,026,000	Usual	n/a	Trajectory met	Alert
E. coli: Number of confirmed cases (in-month)	21	Aug 2025	28	Usual	Hit and miss	n/a	Alert
S. aureus: Number of confirmed cases (in-month)	6	Aug 2025	9	Usual	Hit and miss	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Jul 2025	69.0%	Usual	Missing target	n/a	Alert
% uptake of flu vacc - 65+ years	75%	Mar 2025	64.9%	n/a	n/a	n/a	Alert
% Autumn 2024 COVID booster uptake for eligible residents	75%	Feb 2025	45.7%	n/a	n/a	n/a	Alert
% Spring COVID booster uptake for eligible residents	75%	Jun 2025	39.0%	n/a	n/a	n/a	Alert
% children accessing dental within 24 months	n/a	Mar 2025	49.2%	Usual	n/a	n/a	Alert
% adults accessing dental within 24 months	n/a	Mar 2025	27.7%	Concerning	n/a	n/a	Alert
% pts on single cancer pathway within 62 days	75%	Jul 2025	62%	Usual	Missing target	Trajectory missed by over 5%	Advise
C. difficile: Number of confirmed cases (in-month)	8	Aug 2025	10	Usual	Hit and miss	n/a	Advise
Pts waiting 8 wks+ for specified diagnostic	0	Aug 2025	3,289	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Aug 2025	190	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Aug 2025	193	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Aug 2025	11,868	Improving	Missing target	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Aug 2025	44.1%	Improving	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Aug 2025	16,999	Improving	Missing target	n/a	Advise
% sickness absence rate of staff	6.60%	Aug 2025	6.50%	Concerning	Hitting target	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Mar 2025	85.6%	n/a	n/a	n/a	Advise
% of children receiving HPV by age 15	90%	Mar 2025	74.1%	n/a	n/a	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
% MH assess within 28 days (age 0-17)	80%	Jul 2025	94.3%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Jul 2025	95.4%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	Jul 2025	90.9%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	Jul 2025	98.0%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Jun 2025	2,549	Improving	n/a	Trajectory met	Assure

Triangulating our data: 1st April 2022 to 31st August 2025.

- Quality safety and risk** –the number of incidents causing moderate harm or above reported by month, has decreased in August 2025 (126) and is the lowest number recorded. Prior to August, numbers increased from April 2025. The number of patient falls decreased in August (191). Numbers have been static in the low 200s since February 2025. The decrease in medication errors continued for the second consecutive month, August 2025 (97). One at severe level. We continue to have significant numbers of high and extreme risks on the risk register with 489 in August 2025. There has been a sharp decrease in the number of new complaints received during August (170), lowest number since December 2024. This is due to the promotion of early resolution which reduced number of formal complaints. The number of new infection cases fluctuates from March 2025 between 76 and 61 with August reporting 64 cases. 28 of these cases were E. coli and 10 were C.difficile.
- Workforce** – In month, staff sickness increasing since June 2025 to 6.4% in August 2025. Long-term sickness seems to be driving the overarching performance with increases since June 2025, with 4.8% in August. Short-term sickness has been decreasing since April 2025 and is 1.7% at August 2025, the lowest percentage recorded. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. Nursing and midwifery agency usage continues to decrease since March 2024. There was a slight increase in August to 62.31 whole time equivalent (WTE). Rolling 12 month staff turnover percentage decreased from November 2024 (8.4%) with August at 7.5%

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	126	305	126	
Patient falls	189	301	191	
Medication errors	61	143	97	
Pressure damage developing or worsening during care	57	216	70	
New complaints by month received (ward level not available)	110	267	170	
Number of high and extreme risks (health board & function only)	379	491	489	
Infections: new cases	53	84	63	
Infections: C. difficile cases	9	23	10	
Workforce				
Number of staff/contractor related incidents	99	185	137	
Sickness - short term	1.7%	2.8%	1.7%	
Sickness - long term	3.3%	4.9%	4.8%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	7.5%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.36	379.79	62.31	
Bank (WTE)	212.99	352.85	328.11	

Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 5 2025/2026 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	A&E – Accident and Emergency BGH – Bronglais General Hospital ED – Emergency Department GGH – Glangwili General Hospital IPAR – Integrated Performance Assurance Report MIU – Minor Injury Unit PPH – Prince Philip Hospital PODCC – People, Organisational Development and Culture Committee SPC – Strategy and Planning Committee FPC – Finance and Performance Committee WAST – Welsh Ambulance Services University NHS Trust WGH – Worthybush General Hospital
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care Strategy and Planning Committee People, Organisational Development and Culture Committee Finance and Performance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology Integrated Impact Assessment Template
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement. Integrated Impact Assessment Template
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge Integrated Impact Assessment Template
Risg: Risk:	Better use of resources through integration of reporting methodology Integrated Impact Assessment Template
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology Integrated Impact Assessment Template
Enw Da: Reputational:	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. Integrated Impact Assessment Template
Gyfrinachedd: Privacy:	N/A Integrated Impact Assessment Template
Cydraddoldeb: Equality:	N/A Equality Impact Assessment

Escalation update

September 2025



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Note

- A summary of the criteria used to assess escalation levels is included on page 14.
- For further details on our performance improvement tools, processes & governance, see the [Our Improving Together Framework](#).
- For information on escalation levels, reasons for escalation and de-escalation criteria by function, see the [Our Performance dashboard](#).

Introduction and summary



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Introduction

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 (will be introduced September 2025) and (7) performance.

This paper tracks how each of the health board's clinical care groups and executive directorates (functions) are performing in each of the improvement domains.

Summary

As at 31st August 2025, the functions with the most concerning levels are:

Function	Domains with level 3 escalation
Community & Integrated Medicine	Quality & safety, governance, finance, strategy, planning & fragile services and performance
Planned & Specialist Care	Governance, finance, strategy, planning & fragile services and performance
Estates and Facilities	Workforce, finance and performance
Operational Allied Health & Health Sciences	Finance, strategy, planning & fragile services and performance
Mental Health & Learning Disabilities	Finance and performance

Escalation status overview



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Escalation status levels overview as at 31st August 2025

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

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

Functions with the highest levels of escalation are Community and Integrated Medicine, Planned & Specialist Care, Estates & Facilities, Operational Allied Health & Health Services and Mental Health & Learning Disabilities. The escalation levels & key points to note for each of these functions are summarised in the sections below.

Functions with concerning levels of escalation (level 3s) are having monthly contacts with Executive Directors for any areas assessed as 'alert' to discuss actions being taken to address the escalation issues. Any functions not making sufficient progress or engaging in the improvement process will be escalated to level 4, resulting in a meeting with the Chief Executive Officer. Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

Escalation changes



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Changes in escalation levels from 31 July 2025 to 31 August 2025:

Domain	Escalated up ↑	Escalated down ↓
Quality & safety	Public Health (now L2)	Mental Health and Learning Disabilities (now L2)
Governance	Community & Integrated Medicine (now L3)	-
Workforce	-	-
Finance	-	-
Strategy, planning and fragile services	-	-
Performance	-	-

The Community and Integrated Medicine function were escalated up from level 2 to level 3 for Governance, due to audit and inspection overdue recommendations rising from 42 (17%) in July to 104 (49%) in August.

The Public Health function were escalated up from level 1 to level 2 for Quality & Safety, escalation assurance declined from 81% in July to 79% in August.

The Mental Health & Learning Disabilities function, were de-escalated from level 3 to level 2 for Quality & Safety. This function previously had 3 domains in level 3 and have now reduced this to 2 domains in level 3.

Domain overview: Performance



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Escalation levels by function & month

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

There have been no changes in escalation levels for the Performance domain during 2025/26. Areas of greatest concern for this domain are listed below and outlined on the next page. Executive Recovery Meetings have been arranged with the relevant functions for September/October to discuss what support is needed from Executive Team members to help functions address the issues and improve performance.

- Ambulance handover delays, long waits in A&E, pathway of care delays
- Cleaning standards
- Neurodevelopmental assessment and psychological therapy waits
- High risk eye care waits and delayed follow-up outpatient appointments
- Diagnostic and therapy waits

Domain overview: Performance (continued)



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Areas of greatest concern

Community and Integrated Medicine

- Ambulance handover delays: August 2025 performance shows 821 monthly handover delays over one hour against the trajectory of 667.
- Long waits in A&E: a total of 1,371 patients waited over 12 hours in our A&E departments in August 2025.
- Pathway of care delays: performance for August 2025 shows 212 delays against the trajectory of 173. These delays create negative cascade effects across the system reducing availability of beds for those of greatest need.

Planned Care

- High risk eye care waits: latest data for July 2025 shows 69% of high-risk (R1) patients attending appointments within a 25% delay to their clinically assigned target date (target = 95%). The clinical significance cannot be understated as these pathways represent patients with the most urgent vision-related conditions where delays can result in irreversible sight loss.
- Delayed follow-up outpatient appointments: 16,999 patients experiencing delays over 100%. Continued minimal fluctuation in performance.
- ADHD assessment waits: 59.9% of children and young people waited less than 26 weeks to start an ADHD assessment in July 2025.

Operational Allied Health Professionals

- Therapy waits: at the end of August 2025, there were 2,843 patients waiting over 14 weeks for a therapy. Almost 50% of the breaches were in physiotherapy.
- Diagnostic waits: at the end of August 2025, there were 3,289 patients waiting over 8 weeks for a diagnostic. Over 85% of these breaches are in radiology.

Mental health

- Neurodevelopmental assessment waits: performance for ASD waits has been below 20% for over 2 years due to a large increase in demand which is outstripping our capacity to see patients.
- Psychological therapy waits: performance has declined for the 10th consecutive month to 51% in July 2025.

Facilities

Cleaning audits of high-risk & very high-risk areas in August 2025

- Only 87% of planned audits were completed i.e. 14 scheduled audits were not undertaken (BGH 4, GGH 5, PPH 0, WGH 5).
- Of the completed audits, only 37 out of 91 (40%) met the required cleaning standards.

Domain overview: Finance



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Escalation levels by function & month

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

The finance review has blended progress made towards the in-year delivery of savings targets with the ongoing management of core budget performance. As the year continues, the focus on in-year savings delivery will change to a recurrent full year effect, to make strides towards reducing the underlying financial deficit, which is the ultimate criteria that has been set for the escalation domain of finance.

There have been no changes to escalation levels in August. Given the scale of savings gaps within several of the Clinical Care Groups, particular attention on progression will be observed by the September reporting cycle. The focus of the organisation was to fully de-risk the financial plan delivery by the end of quarter 1 and go beyond the target control total to achieve expectations of Welsh Government. Whilst positive progress is being made, assurance cannot yet be taken that all functions will deliver on their annual plan commitments, with Executive Functions currently over-delivering to offset shortfalls in Clinical Care Groups.

Domain overview: Governance



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Escalation levels by function & month

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

Area of greatest concern

Community & Integrated Medicine

- Audits & inspections: Escalated up to level 3, worsening position: overdue recommendations 104 (49%)
- WHCs: 1 out of 2 WHCs are overdue

Planned & Specialist Care

- WHCs: Improving position 56% of WHCs are overdue
- Governance arrangements: Not in line with Formal Executive Team agreed operational arrangements

Domain overview: Quality & Safety



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Escalation levels by function & month

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

Areas of greatest concern

Community and Integrated Medicine

- Escalation quality assurance declined further with only 37% assurance at the end of August 2025.
- Very high numbers of incidents open over 120 days (1,062) and longest open complaint has been open 681 days (over 22 months).

Domain overview: Strategy, Planning & Fragile Services



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Escalation levels by function & month

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

Strategy & Planning - Areas of greatest concern

Community and Integrated Medicine

- Carmarthenshire system - clarity needed around how saving plans and wider UEC plans hang together
- Clarity required as soon as possible around the UEC Transformation plan (recognising it's a work in progress)

Domain overview: Strategy, Planning & Fragile Services (continued)



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Fragile Services - Areas of greatest concern

Community and Integrated Medicine

- Plans required to address over-reliance on agency nurses and medical locums in Bronglais.
- A&E medical staffing in Glangwili - clinical staffing concerns, vacancies (management support very sparse). Plan required for more resilient medical staffing.
- Effective mitigations to be implemented for Respiratory service in Withybush.

Planned Care

- Agreement on plan for theatre staffing, with progress towards implementation
- Agreement on CSP and/or other mitigations for:
 - Critical care in Prince Phillip
 - Emergency general surgery in Withybush & Glangwili
 - Ophthalmology consultant on-call rota
 - Anaesthetics, medical workforce
 - Sustainability and quality of care for Trauma services

Operational Allied Health Professionals

- Radiology demand is exceeding capacity, predominantly due to staffing and vacancies, approval of an improvement plan and progress with implementation is needed.

Domain overview: Workforce



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Escalation levels by function & month

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

Area of greatest concern

Estates & Facilities

- PADR: 74.8%
- Turnover: 12.2%
- Outstanding Pay Progression: 4 (1 over by 3 months)
- ER cases

Community and Integrated Medicine



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Community and Integrated Medicine: escalation levels by month and domain

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	3	Escalation assurance: 37% (last month 39%) For details please see the Our Safety dashboard. To also note - NRI closure compliance: 2 overdue and longest is 901 days	Improved management of incidents and complaints. Submission of outcome forms for overdue NRIs. Timely investigation and improvements for healthcare acquired infection, pressure damage and medication errors
Governance	3	Audits & inspections: 104 (49%) recommendations overdue. WHCs: 1 out 2 overdue (50%)	Audit/inspection recs implemented and WHCs within timescales: Level 2: >80% , Level 1: >90%
Workforce	2	Turnover: 7%; PADR: 82.7%, Outstanding Pay Progression: 15 (3 over by 3 months); Job Planning: 86%, ER cases	PADR >85%, Pay Progression: no more than 3 overdue by no more than 1 month, Job Planning >90%, Assurance around management of ER cases
Finance	3	Breakeven but significant gap on savings delivery. A review of progress and plans by the end of September 2025 will determine future escalation status.	Delivery of savings target and a balanced position in year
Strategic planning & fragile services	3	Strategy & Planning: Carmarthenshire system & UEC Transformation plans. Fragile services: agency nurses and medical locums (BGH), A&E staffing (GGH): Clinical staffing concerns, vacancies, Respiratory service (WGH)	Strategy & Planning: Agreed plans in place and evidence of delivery. Fragile Services: Plans required & implementation of effective mitigations
Performance	3	Ambulance handovers: 1hr (Aug 25 = 821), Ambulance handovers: 4hr (Aug 25 = 211), A&E waits: 12 hours (Aug 25 = 1,371), Pathway of care delays (POCD) - TI baseline = 203 (Goal 174) (Aug 25 = 212)	Level 2: Improvement trajectories met for 3 consecutive months

Estates & Facilities



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Facilities and Estates: escalation levels by month and domain

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Concerns regarding cleaning standards which is impacting on patient safety and patient experience	Reduction in concerns relating to cleanliness. Assurance reporting on matters impacting on quality of care e.g. written reports to IPSSG
Governance	2	Improved position Aug 25: Audits & inspections: Overdue recommendations: 46 (14%). 15 recs (4%) recs with no revised dates	Audit/inspection recs implemented within timescales: Level 1: >90%
Workforce	3	PADR: 74.8%; Mandatory Training: 84.5%; Turnover: 12.2%; Outstanding Pay Progression: 4 (1 over by 3 months); ER cases	PADR >75%, Mandatory Training >85%, Pay Progression: No more than 3 overdue by no more than 2 months, Assurance around management of ER cases
Finance	3	Overspent and significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic planning & fragile services	1		
Performance	3	Cleaning audits of high risk & very high-risk areas (Aug 25): - 87% of planned audits were completed were not undertaken - Of the completed audits, only 37 out of 91 (40%) met the required cleaning standards	Level 2: 95% of planned audits undertaken and all completed audits achieving at least 93% for 3 consecutive months

Mental Health & Learning Disabilities



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Mental Health and Learning Disabilities: escalation levels by month and domain

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Escalation assurance: 66% (last month 60%) For details please see the Our Safety dashboard	Improved management of incidents and complaints. NRIs: closure within agreed timescales (causing concern with NHS Executive)
Governance	2	Risk: 14% of risks overdue. Known risks are not entered on Datix. 65% risk have TRS & date	Risk Management: 90% of risks and risk actions are reviewed within timeframes and compliance achieving TRS dates
Workforce	2	Sickness absence, Outstanding Pay Progression: 10 (2 over by 3 mths), Job Planning: 86%, ER Cases	Outstanding Pay Progression: No more than 3 overdue by no more than 1 month Job Planning >90%, Assurance around management of ER cases
Finance	3	Slight underspent but significant gap on savings delivery. Sustainable service plan options being developed by November 2025, with clear progress required by then to avoid future escalation, pertaining to ASD, Therapy and recurrent savings.	Delivery of savings target on a recurrent full year effect basis, making up any difference in-year with non-recurrent schemes, and a balanced core budget position in year.
Strategic planning & fragile services	2	Fragile Services: Neurodevelopment services. Demand significantly outweighs capacity. Inpatient services. Heavily reliant on variable pay and goodwill of consultants.	Fragile Services: - Neuro services: Robust plan to bring capacity and demand into. - IP services: Plan to reliably deliver service without reliance on variable pay.
Performance	3	Neurodevelopmental ASD performance (Jul 25 = 16.4%), Psychological Therapies performance further decline (Jul 25 = 51.4%)	Level 2: ASD - achieve 40% for 3 consecutive months, Psychological Therapies - Improvement trajectories met for 3 consecutive months

Operational Allied Health & Health Services



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

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Escalation assurance: 71% (last month 68%) For details please see the Our Safety dashboard	Improved management of incidents and complaints Control group in place for a significant incident investigation evidence of learning within CCG is required
Governance	2	Audits & inspections: overdue recommendations 12 (14%) (Radiology: 10 recs, Pathology: 1 rec)	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	PADR: 84%, Sickness, Turnover: 8.1%, Outstanding Pay Progression: 17 (8 over by 3 months), Job Planning: 86%	PADR>85%, Pay Progression: No more than 3 overdue by no more than 1 month, Job Planning >90%
Finance	3	Underspent with a recovery plan assumed in future months, but significant gap on savings delivery.	Delivery of savings target and a balanced position in year
Strategic planning & fragile services	3	Fragile Services: Level 3: Radiology demand is in excess of capacity, predominantly due to staffing and vacancies. Level 2: Cellular Pathology, Clinical Haematology	Fragile Services: Level 2: Radiology - Approval of improvement plan and progress with implementation
Performance	3	Therapies RTT 14 weeks (Aug 25 = 2,843) Radiology 8 weeks (Aug 25 = 2,884)	Level 2: delivery plan and trajectories in place with clear milestones that have been delivered for 3 consecutive months

Planned and Specialist Care



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Planned and Specialist Care: escalation levels by month and domain

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

Latest escalation reasons and de-escalation criteria for this function

Function	Aug 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Escalation assurance: 65% (last month 66%) For details, please see the Our Safety dashboard	Improved management of incidents and complaints. Submission of outcome forms for overdue NRIs. Timely investigation and improvement for HCAs.
Governance	3	WHCs: Improving position 56% of WHCs are overdue Governance arrangements: Not in line with FET agreed arrangements.	WHCs: Level 2: >80%, Level 1: >90%. Gov arrangements: Consistent and functioning approved arrangements in place.
Workforce	2	PADR: 78.8%; Turnover: 6.9%; Outstanding Pay Progression: 15 (7 over by 3 months); Job Planning: 80%; ER cases	PADR >85%; Pay Progression: No more than 3 overdue by no longer than 1 month; Job Planning >90%; Assurance around management of ER cases
Finance	3	Underspent but significant gap on savings delivery. A review of progress and plans by the end of October 2025 will determine future escalation status.	Delivery of savings target and a balanced position in year
Strategic planning & fragile services	3	Fragile services: Theatres - staffing capacity (GGH), Critical care (PPH), Emergency general surgery (WGH & GGH), Ophthalmology consultant on-call rota, Anaesthetics, medical workforce, concerns about sustainability and quality of care for Trauma services	Agreement on plan for theatre staffing, with progress towards implementation. Agreement on CSP and/or other mitigations
Performance	3	Level 3: R1 Ophthalmology (Jul 25 = 69%); Delayed outpatient follow ups (Aug 25 = 16,999); ADHD (July 25 = 59.9%); HPV vaccine by age 15 (Mar 25 = 74.1%)	Level 2: R1, Follow-ups & Ophthalmology - respective targets and milestones being met for 3 consecutive months. ADHD - 70% performance for 3 consecutive months; HPV vaccine - above 85% for 3 consecutive periods

Escalation criteria



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



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Integrated Performance Assurance Report (IPAR) Overview

As at 31st August 2025

For further details see the 'System measures' section of the latest [IPAR dashboard](#).



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

For data on all performance measures we are tracking, see our IPAR dashboard:
[Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st August 2025](#)

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Ambulance handovers > 1 hour Hywel Dda	0	Aug 2025	821	Concerning	Missing target	Trajectory missed by over 5%	Alert
Ambulance handover > 4 hours Hywel Dda	0	Aug 2025	211	Usual	Missing target	Trajectory missed by over 5%	Alert
Median time ambulance arrest category calls	8	Jul 2025	10	n/a	n/a	n/a	Alert
Median time ambulance emergency category calls	8	Jul 2025	9	n/a	n/a	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Aug 2025	71.2%	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Aug 2025	1,371	Concerning	Missing target	n/a	Alert
Number of Pathways of Care delayed discharges	n/a	Aug 2025	212	Usual	n/a	Trajectory missed by over 5%	Alert
% child neurodevelopment assess waits <26 weeks	80%	Jul 2025	27.0%	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Jul 2025	51.4%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Aug 2025	2,966	Concerning	Missing target	n/a	Alert
Financial in month deficit	n/a	Aug 2025	£2,026,000	Usual	n/a	Trajectory met	Alert
E. coli: Number of confirmed cases (in-month)	21	Aug 2025	28	Usual	Hit and miss	n/a	Alert
S. aureus: Number of confirmed cases (in-month)	6	Aug 2025	9	Usual	Hit and miss	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Jul 2025	69.0%	Usual	Missing target	n/a	Alert
% uptake of flu vacc - 65+ years	75%	Mar 2025	64.9%	n/a	n/a	n/a	Alert
% Autumn 2024 COVID booster uptake for eligible residents	75%	Feb 2025	45.7%	n/a	n/a	n/a	Alert
% Spring COVID booster uptake for eligible residents	75%	Jun 2025	39.0%	n/a	n/a	n/a	Alert
% children accessing dental within 24 months	n/a	Mar 2025	49.2%	Usual	n/a	n/a	Alert
% adults accessing dental within 24 months	n/a	Mar 2025	27.7%	Concerning	n/a	n/a	Alert
% pts on single cancer pathway within 62 days	75%	Jul 2025	62%	Usual	Missing target	Trajectory missed by over 5%	Advise
C. difficile: Number of confirmed cases (in-month)	8	Aug 2025	10	Usual	Hit and miss	n/a	Advise
Pts waiting 8 wks+ for specified diagnostic	0	Aug 2025	3,289	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Aug 2025	190	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Aug 2025	193	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Aug 2025	11,868	Improving	Missing target	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Aug 2025	44.1%	Improving	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Aug 2025	16,999	Improving	Missing target	n/a	Advise
% sickness absence rate of staff	6.60%	Aug 2025	6.50%	Concerning	Hitting target	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Mar 2025	85.6%	n/a	n/a	n/a	Advise
% of children receiving HPV by age 15	90%	Mar 2025	74.1%	n/a	n/a	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
% MH assess within 28 days (age 0-17)	80%	Jul 2025	94.3%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Jul 2025	95.4%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	Jul 2025	90.9%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	Jul 2025	98.0%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Jun 2025	2,549	Improving	n/a	Trajectory met	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.

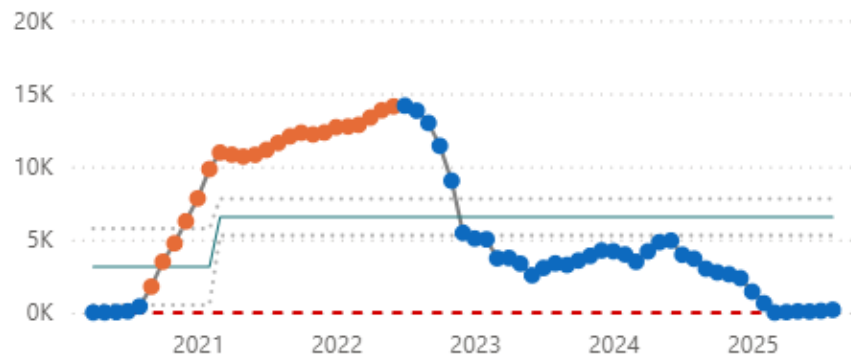
Advise
(to monitor)
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

Assure
(to note)
There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Key

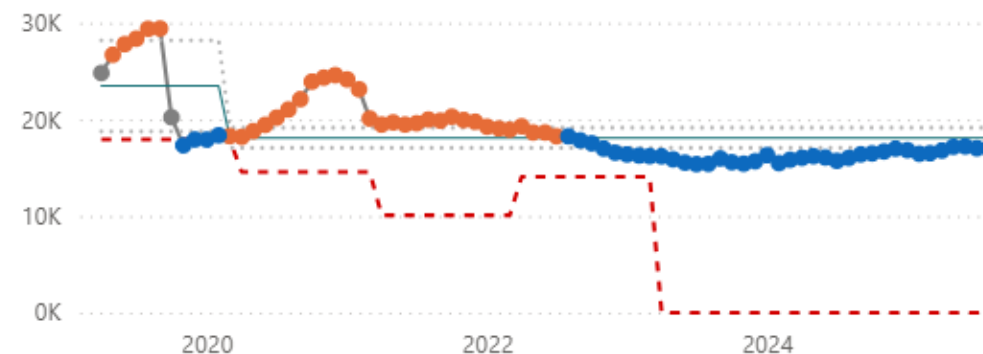
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Performance shows improving variation with 190 breaches in August 2025, a fifth consecutive monthly increase. Breaches recorded within geriatric and general medicine (103), ophthalmology (86) and dermatology (1).

Follow up outpatient appointments delayed over 100% past target date



Performance shows improving variation. Follow ups delayed over 100% of their target date reduced to 16,999 in August 2025.

Key challenges / issues

- As at August 2025, 52-week outpatient breaches are in elderly care and general medicine, driven by ongoing osteoporosis capacity issues; and ophthalmology due to requirement to prioritise urgent patients due to staff sickness and clinical vacancies. One breach in dermatology is dated in September. Recovery plans are in place for Quarter 2 (Q2).
- 52-week outpatient waits have significantly reduced from the June 2024 peak (4,930). Most specialties are expected to maintain targets, with recovery funding prioritised for Ear, Nose & Throat (ENT), Neurology, and Rheumatology.
- Active management and triage of referrals has resulted in no waiting list growth, whilst a large reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future.
- Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.

Key actions / initiatives

- 52-week outpatient target met in August 2025 across all specialties except general medicine, elderly care, ophthalmology and dermatology; Q2 plans aim to clear remaining breaches by September.
- Outpatient Transformation programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).
- Delayed follow-up wait reduction to below 9,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines.
- 2025/26 demand and capacity plans used within all Planned Care services and aim for zero patients waiting over 36 weeks in key specialties, optimising capacity and forecasting.
- Local plan to deliver 15k+ additional appointments contributes to NHS Wales' goal of reducing outpatient waits by 200,000 by March 2026, with a focus on reducing breaches to 26 weeks in most specialties. This is due to commence in September 2025.

Due date

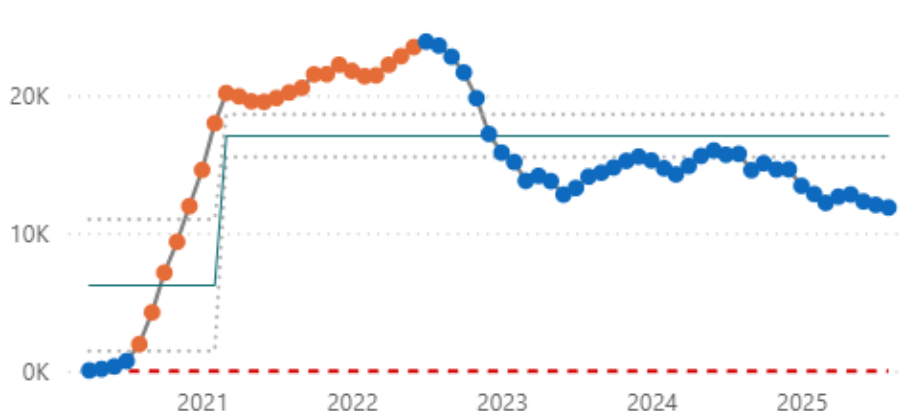
- 30/09/25
- 31/03/26
- 31/03/26
- 31/03/26
- 31/03/26

Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

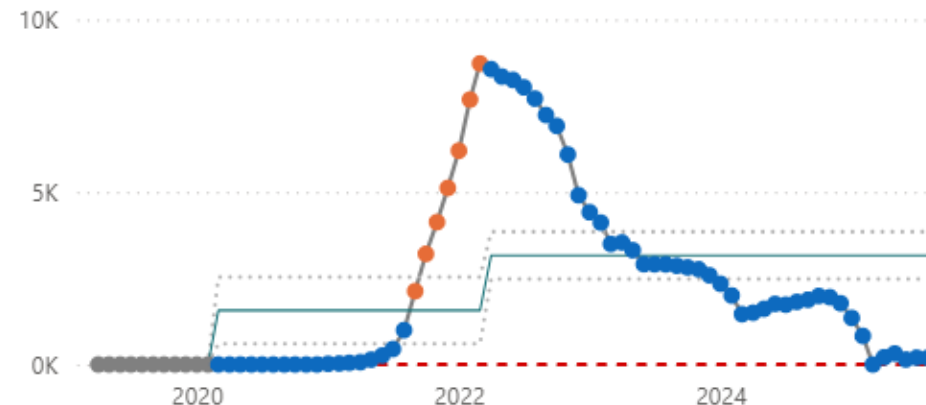
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Patients waiting over 52 weeks from referral to treatment



Performance shows improving variation with 11,868 breaches in August 2025, the lowest number of breaches since November 2020.

Patients waiting over 104 weeks from referral to treatment



Performance shows improving variation with 193 breaches in August 2025. Services recording the most breaches include orthopaedics (100) and ENT (63).

Key challenges / issues

- Most specialties, including large volumes of Cataracts and Arthroplasty, are on track to clear 104-week breaches by end of Quarter 2 (Q2), but ENT and Ophthalmology face risks due to reduced level of theatre staffing and cancellations.
- August 2025 breaches are mainly due to limited theatre capacity and ongoing challenges with staffing and funding.
- Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, impacting treatment timelines.
- Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and pre-op process variations across specialties.
- Additional risks include prioritisation of cancer backlogs, regional vascular capacity issues, 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.
- 99.9% of Hywel Dda patients will be treated within two years, with a 19.5% reduction in 36-week RTT breaches since June 2024.

Key actions / initiatives

- Recovery plans in ENT and Ophthalmology (Ocular Plastics) include insourcing theatre staff, outsourcing tonsillectomies, and additional lists to address Quarter 1 (Q1) backlogs.
- Orthopaedic recovery plan targets resolution of Q1 breaches by September 2025.
- Focus on maintaining waiting time targets in 2025/26 using demand and capacity forecasts to highlight risks and guide funding allocation.
- Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties.
- Recovery plans in general medicine and care of the elderly include doctor onboarding and Fracture Liaison Services (FLS) nursing support to address backlogs.

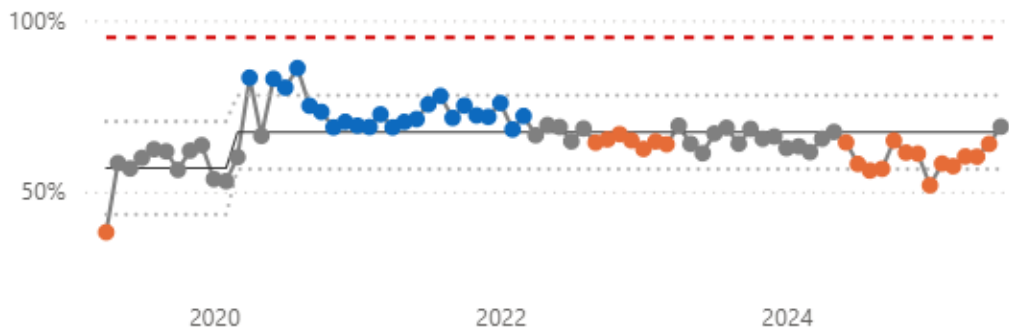
Due date

- 30/09/25
- 30/09/25
- 31/03/26
- 31/03/26
- 30/09/25

Key

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

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



Performance is showing usual variation. 69% (1,153 of 1,671) of R1 appointments attended in July 2025 were seen within a 25% delay to their target date, the best performance since April 2023 and a significant improvement from a low point in January 2025 (51.9%).

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



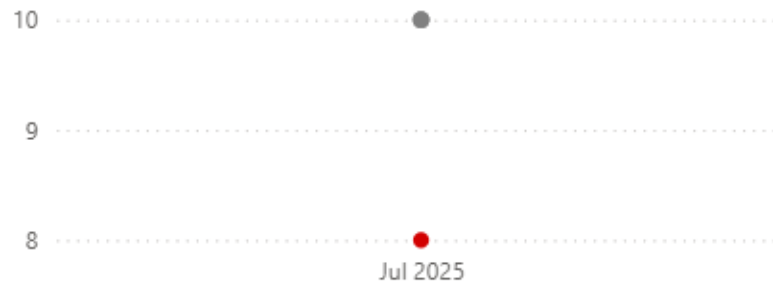
In July 2025, 6,490 out of 18,147 (35.8%) high-risk (R1) patients were waiting within a 25% delay to their clinically assigned target date (Target = 95%). Performance has been consistently between 34% and 36% since October 2024.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • Three vacancies in specialty and specialist (SAS) doctor rota. Two SAS doctors commencing in September and one SAS doctor still onboarding. Gaps in the rota are currently covered with additional duty hours. • The Regional Consultant posts have now been agreed to proceed to advert. The Service level Agreement (SLA) will need to be drawn up with Swansea Bay. • Recruitment to posts identified in Eye Care Measures (R1) Situation, Background, Assessment and Recommendation (SBAR) are out to advert with some posts already recruited and onboarding. • Some additional activity for R1 delivery has been secured through waiting list initiative (WLI) sessions, however the lists for September have not been staffed due to the insourcing project for outpatients. This will affect recent improvements in R1 delivery. • Clinic delivery restricted by staffing levels in outpatient department, with two clinics recently rejected due to no outpatient staffing despite clinicians being available. • Internal cataract delivery has been affected by theatre staffing issues, with list cancellations on a regular basis. • Reducing sites and increasing delivery on fewer sites will ensure staff can be trained and supervised appropriately and work towards the top of their licence. 	<ul style="list-style-type: none"> • Recruitment into SAS vacancies. • Regional recruitment into two substantive consultant posts to stabilise service. Regional solutions for Age Related Macular Degeneration (AMD), Glaucoma, Cataract and Vitreoretinal subspecialties being explored with subspecialty leads now identified. • Additional staffing onboarding to improve Eye Care Measures (R1) delivery. • Internal solutions for IVT delivery have been provided to increase injections delivered per week. • External solution for IVT delivery has been secured through outsourcing, whilst workforce is recruited to build sustainable service. Potential to outsource further patients in the interim whilst onboarding. • SBAR to be developed to identify requirements needed for outpatient delivery in Ophthalmology. • External solutions for cataract delivery has been secured through outsourcing. • Regular theatre delivery meetings to review all possibilities prior to list cancellations. Theatre staff recruitment and training commenced. 	<ul style="list-style-type: none"> 31/10/25 31/03/26 30/11/25 31/12/25 31/10/25 31/10/25 31/03/26 31/03/26

Key

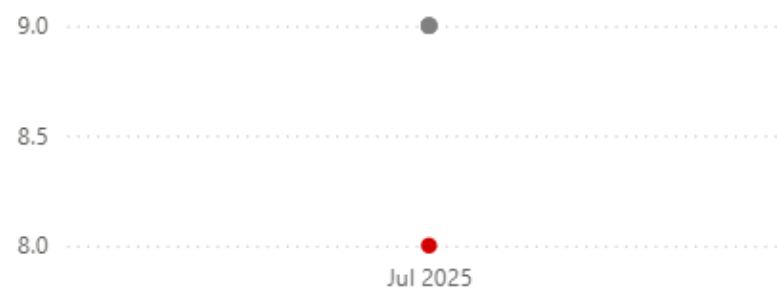
- Improving variation
- Usual variation
- Concerning variation
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- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In July, there were 122 purple incidents out of a total of 4,415. Median response time was 09:31 minutes.

Median emergency ambulance response time to red: emergency category calls

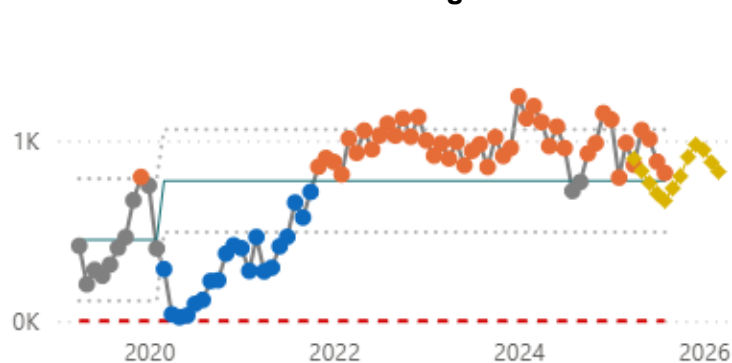


In July, there were 538 emergency incidents out of a total of 4,415. Median response time was 09:10 minutes.

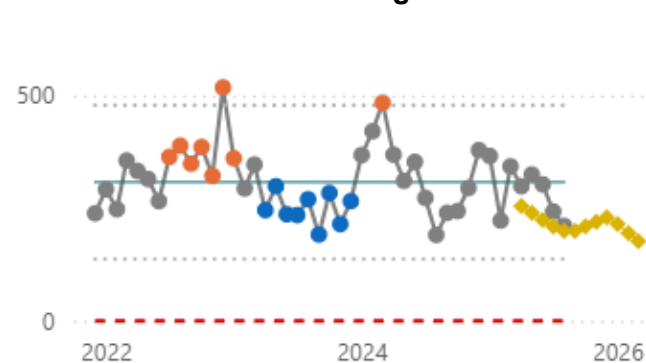
Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • As of the 1st July 2025, new response category changes are now measured on a median response and clinical outcomes. • Overall attended demand in Hywel Dda health board area for July 2025 on average has been above forecast. • Hospital delays in offloading WAST ambulance crews, 3,003 hours lost at the 4 acute Hywel Dda hospital sites during July 2025. • There have been 46 immediate release requests in July 2025 with an acceptance rate of 88.64%. 	<ul style="list-style-type: none"> • Introduction of new response categories PURPLE ARREST, RED EMERG. • 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 hubs staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Ceredigion. Improvements being made with uplifting cover • WAST resourcing reviews and targeted overtime allocation • Wait 45 initiative is due to be implemented, which will reduce length of ambulance wait times outside EDs 	<p>01/07/25 Weekly ongoing</p> <p>Daily – Hourly ongoing Weekly ongoing</p> <p>Active</p> <p>Weekly ongoing</p> <p>Weekly review – ongoing 01/10/25</p>

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

Ambulance handovers taking over 1 hour



Ambulance handovers taking over 4 hours



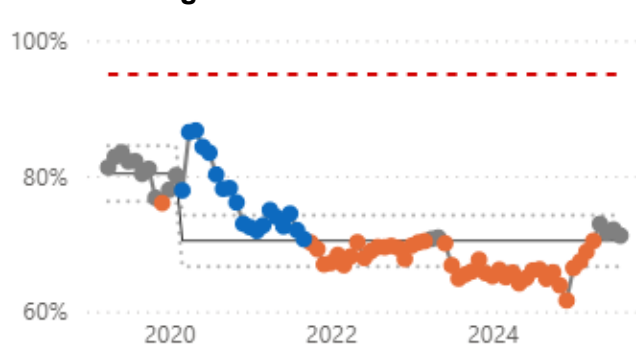
>1 hour handovers:

Latest data is showing concerning variation
821 handovers > 1 hour out of a total of 2,206 handovers.

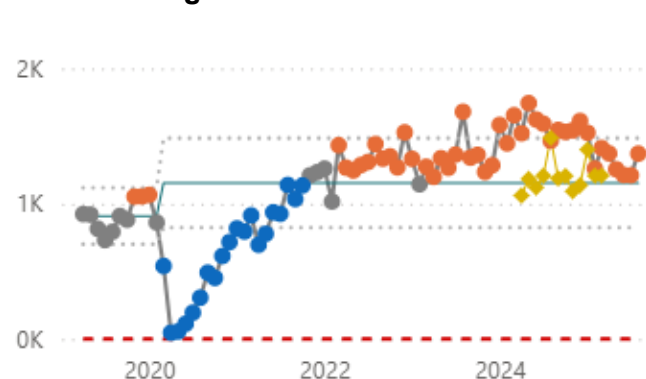
>4 hours handovers:

Latest data is showing usual variation. 211 handovers > 4 hour out of a total of 2,206, 10%.

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.
71% of patients were seen within 4 hours, 11,697 out of 16,433 new attendances.

Waits > 12 hours:

Latest data is showing cause for concern variation.
1,371 patients waited over 12 hours, out of 16,433 new attendances, 8%.

Key actions / initiatives – tactical urgent and emergency programme

Due date

In response to long-standing performance challenges within Urgent and Emergency Care (UEC) which has resulted in sub-optimal patient experience and performance, the Executive Team has issued a series of instructions to be enacted at pace (by October 2025) in order to deliver a step change improvement, known as the UEC Accelerated Transformation Programme. The primary aim of the programme is to minimise attendance at an ED by providing appropriate, alternative pathways for patients

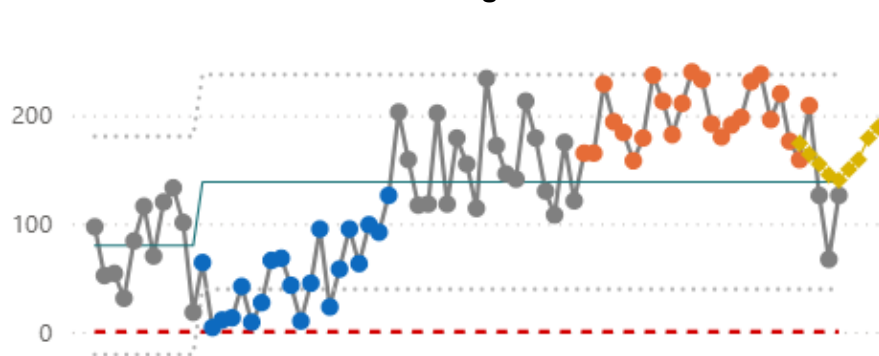
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

Key

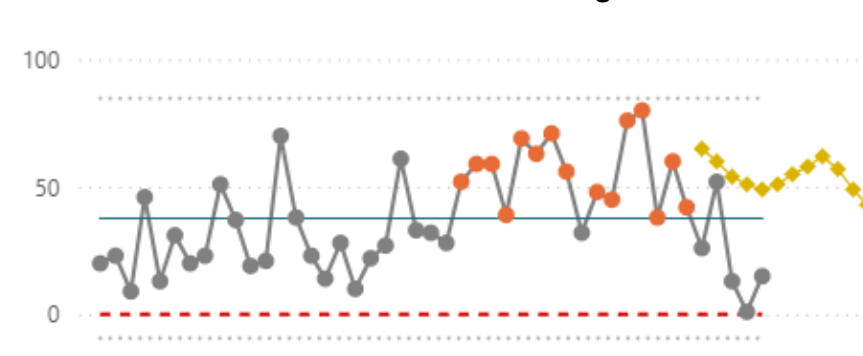
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing usual variation.
126 handovers >1 hours reported out of a total of 426 handovers, 30%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation.
15 handover >4 hours was reported out of 426 total handovers 4%.

Key challenges / issues

- Rapid Assessment and Treatment (RAaT) provision can be impacted by lack of nursing staff to support area – majority of ambulance emergency release calls are almost always supported.
- Reduced capacity and patients in corridors within the Emergency Department (ED) is a regular occurrence due to limited flow.
- Discharges taking place too late in the day.
- Surge capacity is generally always full which means patient boarding opportunities can be minimal.
- Staffing challenges remain with number of vacancies.
- Self-presenters can be prioritised based on clinical acuity.

Key actions / initiatives

- 45 minute ambulance handover – action plan in place. System Reset week taking place week commencing 08/09/2025.
- Daily clinically optimised review to take place by senior team.
- Every patient review over 10 days by discharge team.
- Establish accelerator team to focus on discharges – escalation of delays to System General Manager and System Head of Nursing.
- Criteria Led Discharge – pilot ward agreed as Meurig – commenced week commencing 08/09/25.
- Launch of Your Next Patient and 2 moves by 10am/2pm/4pm.
- Engagement with Welsh Ambulance Service Trust on pre alert and redirection criteria/no convey protocols.
- Dedication RAaT provision at the front door enabling timely assessment – awaiting sign off nursing model
- Earlier in the Day discharge workstream
- Engagement with Out of Hours relating to GP referrals – review of conveyance
- Health Board Operational Delivery Group commenced 08/09/2025 to focus on timely handover and reduction of delays.
- Y Bwa continues to remain to support site pressures
- Focus on Short Stay area within the Emergency Department to ensure continuation of flow

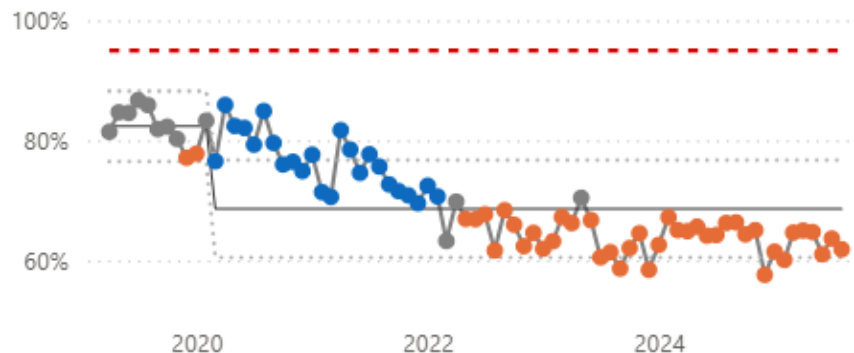
Due date

- 01/10/25
- 01/10/25
- 01/10/25
- 01/10/25
- 01/10/25
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Key

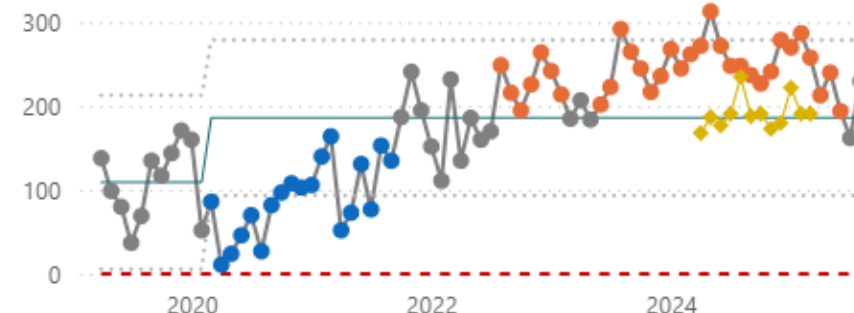
- Improving variation
- Usual variation
- Concerning variation
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- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



62% reported for August, 1,071 breaches out of 2,809 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



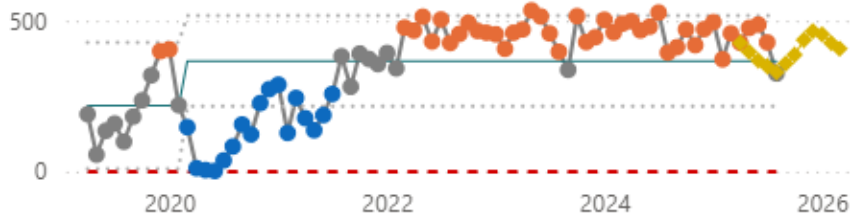
230 breaches out of 2,809 new attendances, 8%. The chart is showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • 4 hour waits continue to be a challenge and are related to the constraints outlined in relation to the 1 and 4 hour ambulance handover position. • High number of clinically optimised patients across the acute site. • High inpatient acuity. • Delays in, earlier in the day discharges, this can be due to additional investigations being requested, doctor review, transport etc. • Limited opportunities to board and surge. Boarding options are now regular surge areas. Surge beds are often opened to meet increased demand • Pathway of Care delays at BGH – for August census count there were a total of 17 patient delayed with the top theme being “Assessment issues,” 4 patients “Awaiting joint assessment” and 4 patients “Awaiting a start of new care package.” 	<ul style="list-style-type: none"> • Health Board Medical stabilisation take and finish group established to review current medical rotas. Bronglais Emergency Department is one of the priority areas. • Flow ownership (Flow Champion to be established) – from whiteboard to ward • Same Day Urgent Care model to be explored for Aberaeron and Aberystwyth • Review of lessons learned from System Reset • Optimal Hospital Flow workstreams across Ceredigion System, focus on reduction of delays – early moves to ED, early discharges to wards and clinical decisions unit. Reduction of Pathway of Care Delays • RAaT model in place supporting circa 10 attenders a day • Boarding policy operational • Short Stay assessment area in place to enable rapid flow • North Outreach Team attending Board Rounds on acute site. Integration with Frailty/ED and Acute Medics to proactively pull patients for digital ward • Senior Leadership presence to support actions to reduce delays 	<ul style="list-style-type: none"> 01/10/25 01/10/25 01/12/25 01/10/25 Live Live Live Live Live

Key

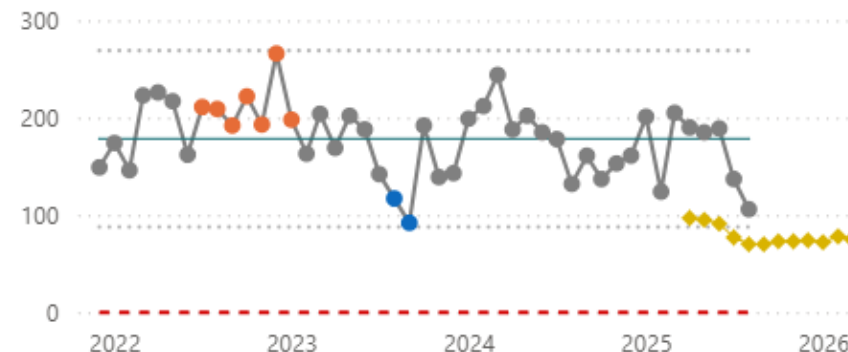
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is usual variation. 325 handovers >1 hours reported out of a total of 832 handovers, 39%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 106 handovers >4 hours reported out of a total of 832 handovers, 13%.

Key challenges / issues

- Patient flow from the Emergency Department (ED) continues to remain challenging with high acuity and high volume of patients awaiting a ward bed who are held in the ED.
- High volume of ambulance attenders presenting at front door with delays experienced due to patient flow challenges.
- Surge capacity around nursing bay limits handover space availability despite surge and boarding on ward areas.
- Acuity of self-presentations can often need to be prioritised clinically.
- Provision of numerous specialty pathways for patients across the Health Board.
- High acuity of ambulance presenters not being fit to sit.
- Advanced Paramedic Practitioner (APP) Navigator fill rates are below 100% due to clinical shifts taking priority.
- Despite boarding policy in place on daily basis when site is fully escalated, flow continues to be challenging with all ward and treatment rooms on full surge.

Key actions / initiatives

- Health Board repatriation document to be agreed at local triumvirate and Clinical Care Group to agree early repatriation of pathway patients to referring sites.
- Expansion of Same Day Emergency Care (SDEC) footprint with capital funding. SBAR presented at Executive Team in September with further agreement required at Health Board Planning and Strategy Committee on 15/09/25.
- Review initial learning from Operational Delivery Group soft launch in September 2025 to focus on ambulance handover delays and resource
- Review initial learning from Reset week planned for 8th September across Clinical Care Group acute and community.
- Continued focus on achieving 15 minute handover for ambulance attenders.
- Development and implementation of "Our Next Patient" Standard Operating Procedures to ensure that each patient arrives at the right ward, at the right time and under the care of the most appropriate team.
- Rapid assessment pitstop (ambulance) staffed by triage nurse and now middle grade doctor when staffing allows.

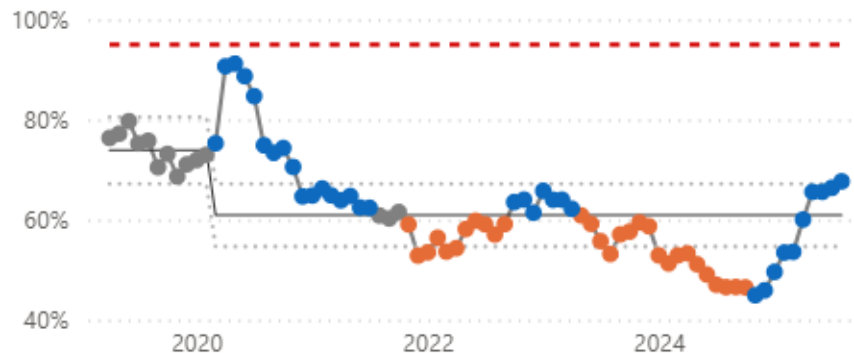
Due date

- 30/09/25
- 30/03/26
- 30/09/25
- 30/09/25
- Live
- 30/09/25
- Live

Key

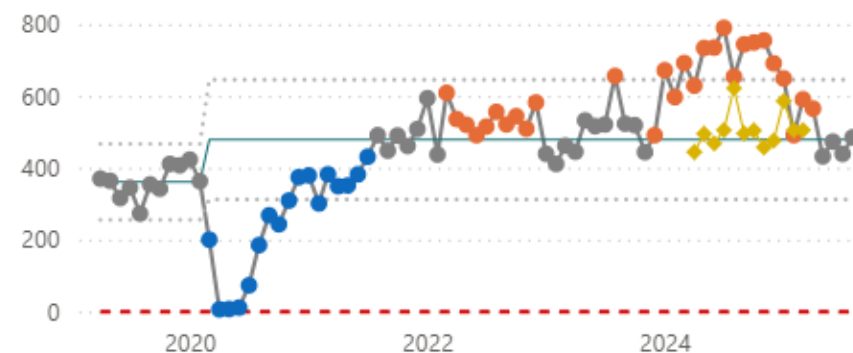
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



68% reported for August, 1,565 breaches out of 4,842 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



485 breaches out of 4,842 new attendances, 10%. Chart is showing usual variation.

Key challenges / issues

- Increasing volume of attenders seen through Glangwili Front Door with limited capacity for see and treat rooms due to large volume of patients awaiting beds in the Hospital.
- Data quality of breach validation is improving on 4 hour performance target.
- Patient flow from the Emergency Department continues to remain challenging with high acuity and high volume of patients awaiting beds contributing to 12 hour performance.

Key actions / initiatives

- Front door proposals with capital expansion awaiting approval at Health Board Planning and Strategy Committee on 15/09/25. Weekly project team in place.
- Reviewing staffing models to deliver 7/7 Same Day Emergency Care and Streaming Hub. Investment required for increase in staffing.
- Senior ED Clinician assigned on staffing rota for pitstop to enable rapid assessment and triage for ambulances with the aim of admission avoidance.
- Development and implementation of "Our next patient" to decant from ED when able to do so.
- Implementation of Top 10 at 10 review meeting for longest medical waits in collaboration with Intermediate care Multi-disciplinary Team (ICMDT) and Virtual Ward.

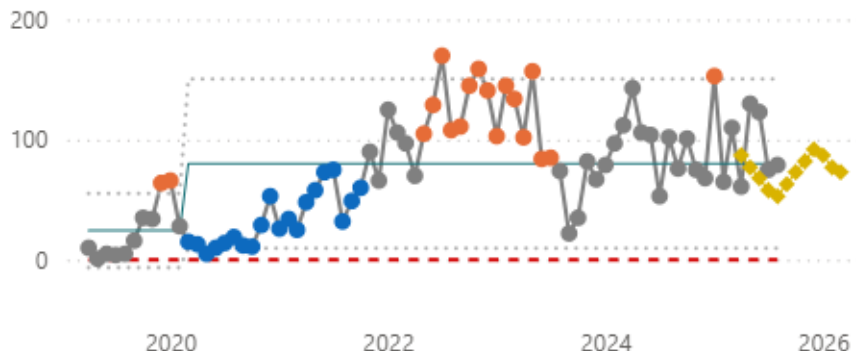
Due date

- 30/03/26
- 30/11/25
- Live
- 30/09/25
- Live

Key

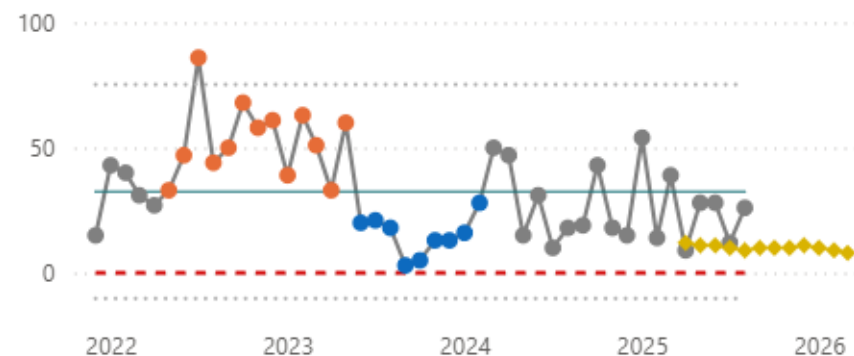
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing usual variation. 79 handovers >1 hours reported out of a total of 245 handovers, 32%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 26 handovers >4 hours reported out of a total of 245 handovers, 11%.

Key challenges / issues

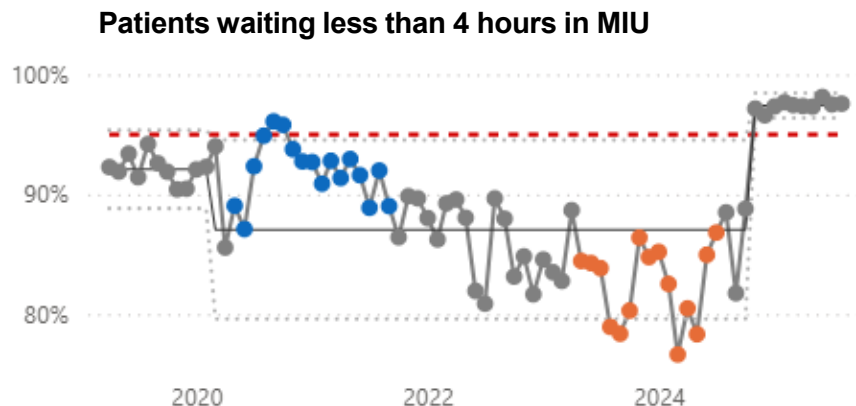
- Continued 'Front Door ' pressures resulting in very limited capacity due to continuing IP & C issues (infection, prevention and control) which reduces the ability to surge in areas we would normally.
- We continue to experience high levels of ambulance conveying to site during our summer months resulting in delays in handover.
- Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to Acute Medical Assessment Unit (AMAU) remains which limits capacity for ambulances. This is further compounded by patients being admitted from Same Day Emergency Care (SDEC) and self presenting GP referrals.
- Boarding protocols (where patients are moved to wards early where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation although patient flow out of hospital continues to be compromised with limited community bed availability.
- Across Carmarthenshire- Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub remains a challenge and as a result, acute site does experience an increase in ambulance conveyances.

Key actions / initiatives

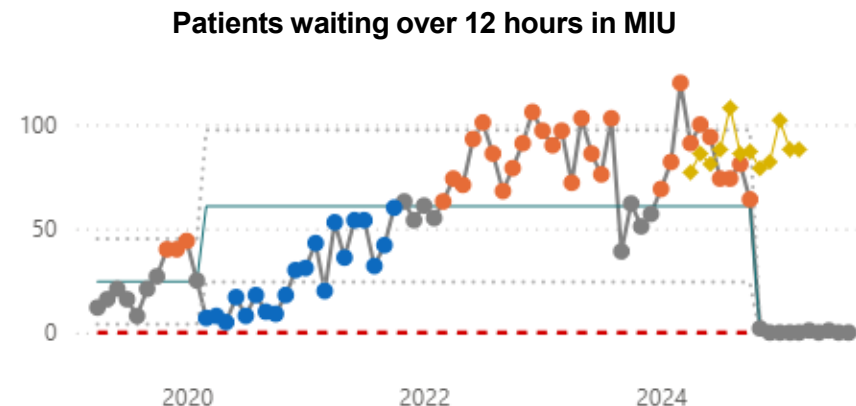
- SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions. 30/09/25
- Review initial learning from Operational Delivery Group soft launch in September 2025 to focus on ambulance handover delays and resource 30/09/25
- Continued focus on achieving 15 minute handover for ambulance attenders. 30/09/25
- Development and implementation of "Our Next Patient" Standard Operating Procedures to ensure that each patient arrives at the right ward, at the right time and under the care of the most appropriate team. 30/09/25
- Immediate ambulance release requests are almost always supported. Complete
- AMAU acute medical model will be functional from September to support early decision/discharge at the front door. Complete
- Clear communication channels with the Operational Delivery Unit (ODU) in the Welsh Ambulance Service trust (WAST) to support decision making with a view to minimise risk as part of the hospital flow. Complete

Due date

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



98% reported for August, 60 breaches out of 2,465 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model.



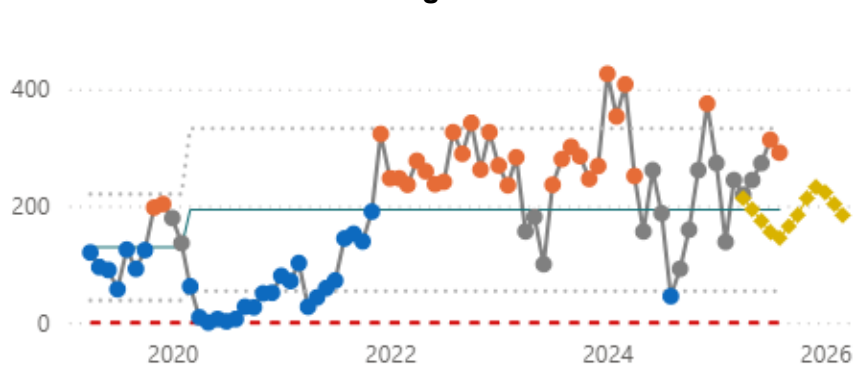
Zero breaches out of 2,465 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Our Minor Injury Unit (MIU) new patient attendances has returned to similar levels prior to closing overnight (November 2024) but there is a significant drop in patients presenting with a major complaint within that total - only 17% of patients who presented had a medical complaint. Patients who require admission following triage are handed over to the medical team in AMAU ward. 	<ul style="list-style-type: none"> Locum consultant for SDEC has created support for weekly hot clinics. This allows for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance. 	01/10/25
<ul style="list-style-type: none"> Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 40 patients per day. This does have an impact on patient flow throughout the hospital resulting in delays in patients in MIU who require an inpatient bed 	<ul style="list-style-type: none"> Consultant Connect being introduced to use operationally within SDEC to further support effectiveness of the department. Go Live is 01/09/25 	30/09/25
	<ul style="list-style-type: none"> Ongoing work with community colleagues on early discharge planning. Use of hospital at home to create a wrap around service enabling community GP's to refer into SDEC out of hours/weekends and then SDEC treat and refer patients back into hospital at home supporting admission avoidance. 	Complete
	<ul style="list-style-type: none"> Senior Leadership presence to support actions to reduce delays. 	Complete

Key

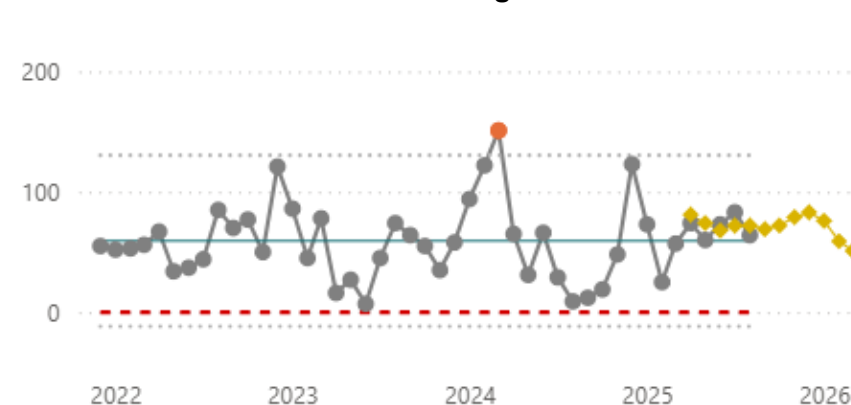
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 291 handovers >1 hour reported out of a total of 703 handovers, 41%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 64 handovers >4 hours reported out of a total of 703 handovers, 9%.

Key challenges / issues

- The situation of patient flow in WGH remain challenging.
- ED remains pressurised due to the number of in-patients wait for in beds boarding in the department. Which then reduces the space to handover the ambulances in a timely manner.
- Surge capacity around nursing bay (due to fire regulation) limits handover space availability despite surge and boarding on ward areas.
- The self-presenter's acuity remains high; they will take clinical priority over some of the conveyed patients via ambulance.
- Despite boarding policy in place, the site is fully escalated, patient flow continues to be challenging with all ward and treatment rooms on full surge.
- WGH has an issue with covering the medical rota, due to vacancies and delay in the recruitment process. This has led to further challenges in the discharge processes.

Key actions / initiatives

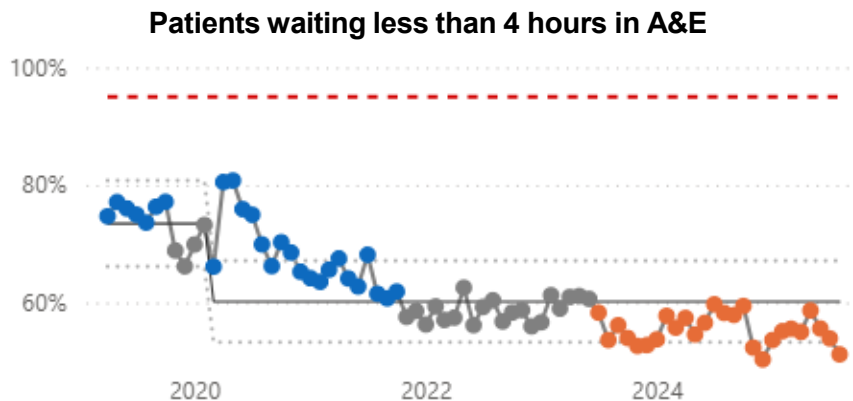
- Review initial learning from Reset week planned for 8th September across Clinical Care Group acute and community.
- Development and implementation of "Our Next Patient" Standard Operating Procedures to ensure that each patient arrives at the right ward, at the right time and under the care of the most appropriate team.
- Continued focus on achieving 15 minute handover for ambulances, will be monitor and track arrivals, redline of no ambulances to breach 45 mins. This will be monitored during "re set week".
- All immediate handover requests to be honoured.
- Senior medical presence at the front door (rota allowing).
- Clear communication channels with the Operational Delivery Unit (ODU) in the Welsh Ambulance Service trust (WAST) to support decision making with a view to minimise risk as part of the hospital flow.

Due date

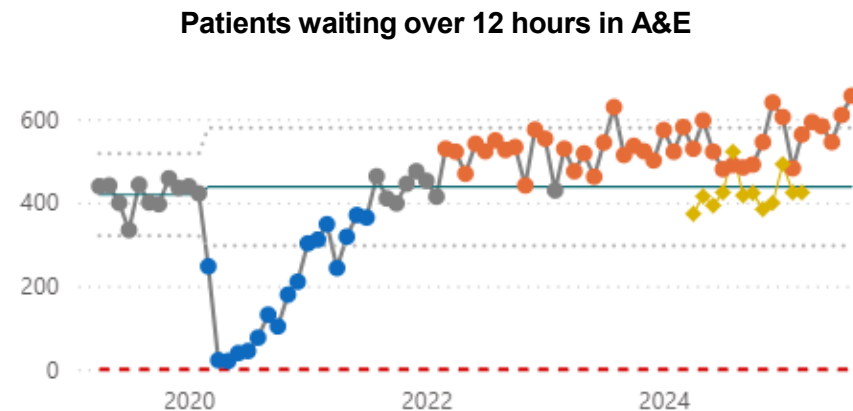
- 30/09/25
- 06/10/25
- 30/09/25
- Completed
- Completed
- Completed

Key

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



51% reported for August, 2,010 breaches out of 4,118 new attendances. Chart is showing concerning variation.



656 breaches out of 4,118 new attendances, 16%. Chart is showing concerning variation.

• Key challenges / issues

- Main key challenges for WGH is the poor patient flow out of the hospital.
- WGH is experiencing a difficult medical rota coverage at present, due to vacancies and slow recruitment process (not in Health Board gift)
- Due to constant demand, the site has now surged into the assessment units, which does not allow the teams to work efficiently in reviewing and discharging patients.
- ED remains over-crowded, which mean the medical teams do not have space the see and treat patients in a timely manner.

• Key actions / initiatives

- Review initial learning from Reset week planned for 8th September across Clinical Care Group acute and community.
- Development and implementation of "Our Next Patient" Standard Operating Procedures to ensure that each patient arrives at the right ward, at the right time and under the care of the most appropriate team.
- Community teams are attending ward board rounds, to rise community resource availability and challenge the "home first" ethos.
- Review initial learning from Operational Delivery Group soft launch in September 2025 to focus on ambulance handover delays and resource

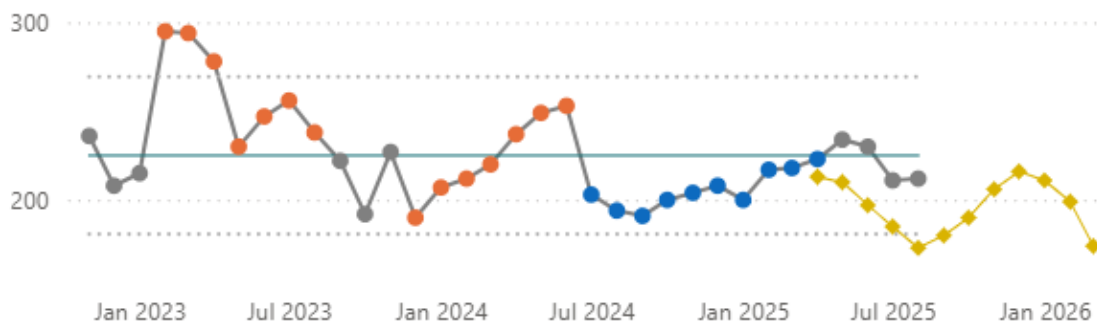
• Due date

- 30/09/25
- 06/10/25
- 30/09/25
- 30/09/25

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)

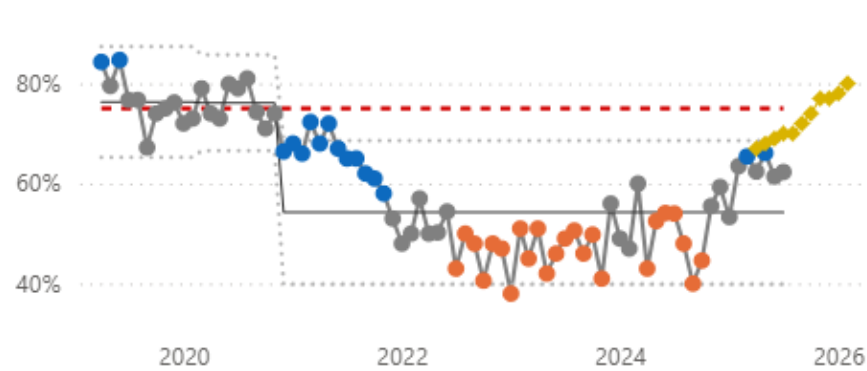


- Number of census count in August is 212 patients and chart shows usual variation.
- The total days delayed for non-mental health decreased in August to 8,559 days.
- Mental health and learning disability delays also decreased in August to 827.
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

Key Challenges / Issues	Key actions / initiatives	Due date
<p>Non-mental health: Significant reduction in delays relating to completion of social care assessments (n=16 down from n=41 in July). Ongoing challenges in the provision of new community care packages funded by social care (n= 28 compared to n=23 in July), and reablement community care packages (n=30), and Continuing Health Care assessments (n=20 up from n=11 in July). Availability of residential and nursing care homes remain an issue across the region as well as some housing related issues. Worsening position in relation to assessments for nursing (n=16) and Allied Health Professionals (n=8) compared to July.</p> <p>Mental health:</p> <ul style="list-style-type: none"> • The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for August 2025, improved by 2 to 15, this figure includes 10 discharges from last month, 7 who remain PoCD from the last count and 8 new patients identified as medically optimised. • The patients are categorised as follows, older adult 13, an increase of 2, adult 2, a reduction of 4 and 0 for learning disability which remains unchanged. • The position in respect of patients who have a length of stay over the 90 and 100 day threshold for Mental Health remains at 2 over 90 and 3 over 100 days. • In summary, there are 15 medically optimised patients on in-patient wards, which is a continued improvement and provides some assurance in respect of revised patient flow processes that have been implemented since May 2025. 	<p>Non-mental health:</p> <ul style="list-style-type: none"> • Delivery on the regional Delayed Pathways of Care Action plan (including additional Local Authority (LA) funding allocation for PoCD with a focus on increased reablement and social worker capacity and access). • Improvement plan against Discharge to Recover and Assess (D2RA) pathway measures . • Strength- based collaborative communication training programme with health and LA leaders and staff . • Ongoing work around preventing deconditioning, Trusted Assessor models around mental capacity assessments and interprofessional standards. <p>Mental health:</p> <ul style="list-style-type: none"> • All in-patient wards have the required Pathway of Care Delay processes in place but for older adults, the demand for places in specialised residential care homes for individuals with advanced dementia cannot be met by the current provision available. • Across Wales, Mental Health and Learning Disability services have a requirement to identify any patients that have a delayed pathway of care above 90 or 100 days. There are two patients who meet this criteria, both patients have concise discharge plans in place and the delays is beyond the control of the in-patient multi-disciplinary team to resolve. 	<p>31/12/25</p> <p>30/09/25</p> <p>30/11/25</p> <p>30/11/25</p> <p>31/10/25</p>

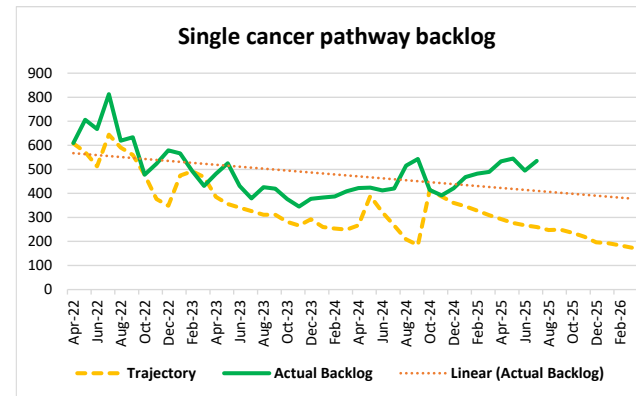
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

% single cancer pathway patients starting treatment within 62 days



Performance was 62% in July 2025 against the trajectory of 69%. Urology has the highest volume of patients waiting over 62 days (202 in July 2025).

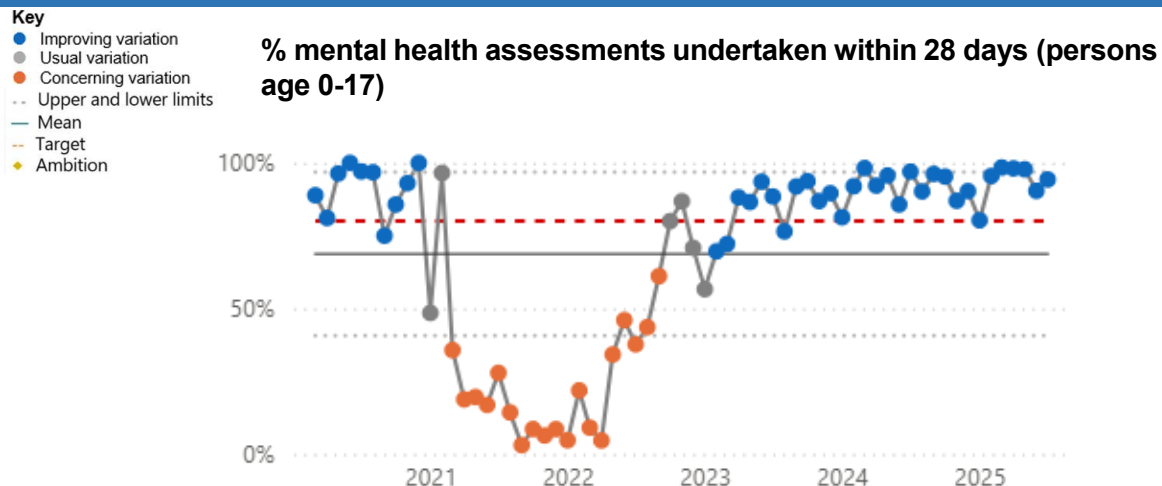
Number of single cancer pathway patients waiting over 62 days



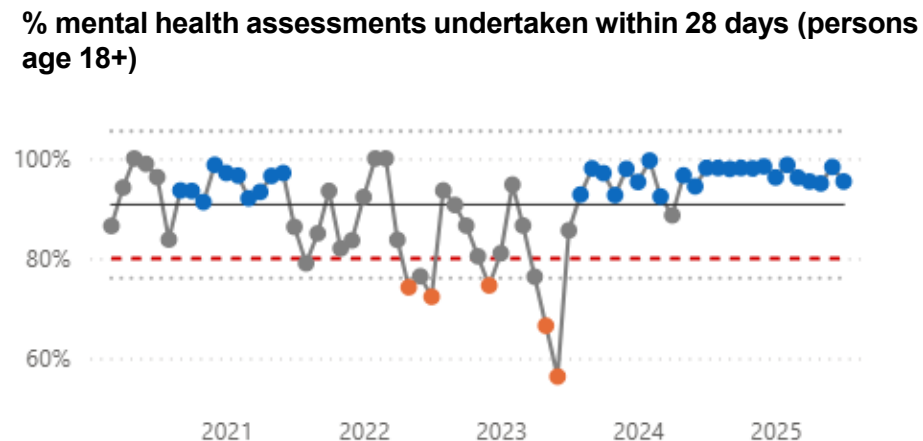
There were 553 patients waiting over 62 days in August 2025, the trajectory has not been met since October 2024.

NOTE: Patients are either awaiting treatment or are going through the diagnostic phase of the pathway. Not all patients in the diagnostic phase will go on to have a confirmed cancer diagnosis.

Key challenges / issues	Key actions / initiatives	Due date
<p>Single cancer pathway In July 2025, 174 patients with a confirmed cancer diagnosis, who were waiting over 62 days were treated, first treatments rates increased by a total of 76 patients. 288 patients started treatment within 62 days with 176 patients waiting over 62 days. Fragility in Radiology remains a key risk to delivery. Recurrent stabilisation funding in Radiology agreed in 2025/26 to support stabilisation of USC pathways.</p> <p>Backlog Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (Radiology, Dermatology and Urology) which have limited resilience to staff sickness/absence. Backlog August 2025 was 553 predominantly in LGI & Urology. 80% of overall backlog is within the diagnostic part of the pathway.</p>	<p>Diagnostics: Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26. Recurrent stabilisation funding (2025/26 Annual Plan) in Radiology being utilised to stabilise USC pathways.</p> <p>Urology: Flexi Cystoscopy currently 170 patients waiting on open pathways. Additional planned activity will see a reduction in the waiting list of 10 per week. Flexi Cystoscopy currently under 100 patients (circa 85) as per the plan for the end of September. This will have a positive influence on the Urology backlog. Robust improvement plans agreed for Urology diagnostics for 2025/26. Targeted plans and trajectories for reduction are in development to be delivered during September & October 2025. The Urology recovery plan will have a positive influence on the backlog reduction.</p> <p>Faecal immunochemical test (FIT): pathway realigned to Primary Care planned implementation November 2025.</p> <p>Skin: Focus on increasing treatment capacity within Dermatology during Q2 2025/26 to mitigate the increase in activity in the earlier part of the pathway.</p>	<p>31/03/26</p> <p>30/09/25</p> <p>30/11/25</p> <p>30/09/25</p>



Latest performance of 94.3% is showing improving variation and the target of 80% was met.

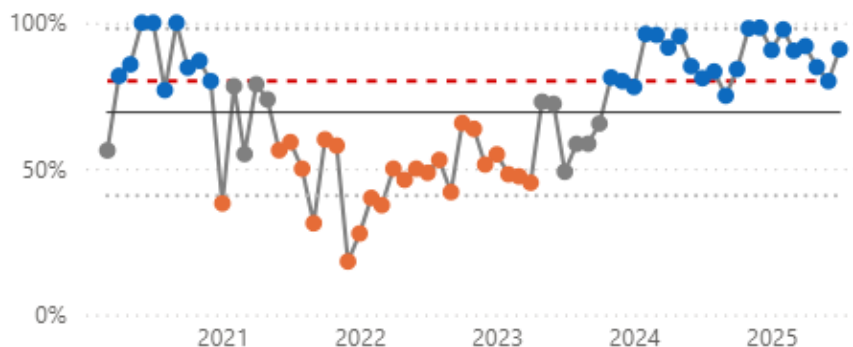


Latest performance of 95.4% is showing improving variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% mental health assessments undertaken within 28 days (persons age 0-17): Despite three staff on maternity leave, we continue to show compliance due to cross cover support from other teams to maintain performance.</p>	<p>% mental health assessments undertaken within 28 days (persons age 0-17): Continue cross-cover support whilst recruited and appointed staff come into post and go through induction.</p>	<p>31/10/25</p>
<p>% mental health assessments undertaken within 28 days (persons age 18+): Due to tight timescales to achieve the target, if patients are unable to make the initial assessment date the follow up appointment can fall outside the allocated time frame.</p>	<p>% mental health assessments undertaken within 28 days (persons age 18+): Ensure an effective administration process is in place and vital support to ensure that the service remains compliant with the target.</p>	<p>30/09/25</p>

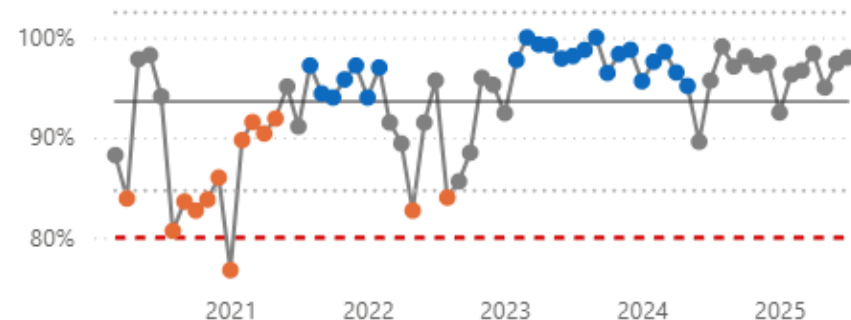
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



Latest performance of 90.9% is showing improving variation and the target of 80% was met.

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



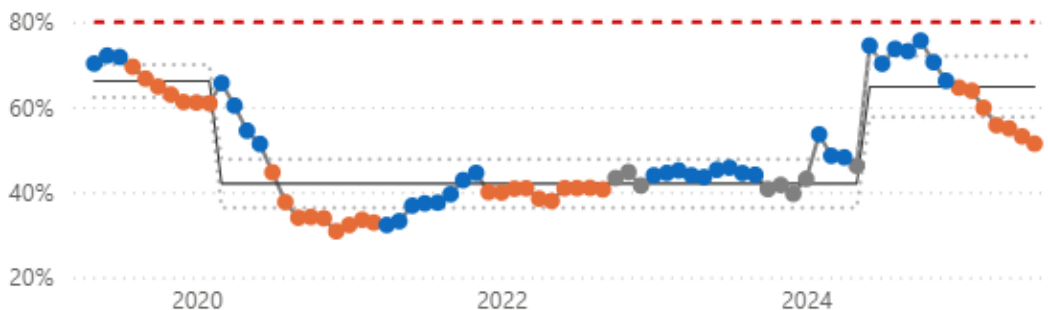
Latest performance of 98% is showing usual variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): Shows an improvement on previous month, despite three staff on maternity leave; this is due to cross cover support from other teams to maintain performance.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): Cross cover support will continue whilst recruited and appointed staff come into post and go through induction.</p>	31/10/25
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Groups are now underway and are supporting compliance along with increased support through digital options. Estates access continues to be challenging across the three counties.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Staff endeavour to ensure compliance with the measure targets. The Primary Care Liaison Service operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS.</p>	30/09/25

Key

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

% adults waiting <26 weeks to start a psychological therapy



Performance in July of 51.4% shows concerning variation and the target of 80% was not met.

- 364 out of 680 (53.5%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 6 out of 12 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 31 out of 85 (36.5%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues

Integrated Psychological Therapies Service (IPTS):

Activity remains high within the service with 104 clients commencing therapy in July. The service has, however, seen a 2% drop in the RTT, whilst we have seen a reduction in the backlog waiting of 4%. The challenges reported of phase 1 and 2 of the roll-out of group therapies, whereby clients took up 1:1 sessions despite having already either accepted groups, continues. Phase 3, which began in June 2025, is only offering 1:1 sessions where a group therapy is not assessed as clinically appropriate with caps in sessions in place.

Adult Psychology:

The Adult Psychology Mental Health (AMH) waiting list continued to improve in July in terms of the waiting time target. A large geographical area can mean that access is limited in some areas particularly if client requires face to face intervention as opposed to remote.

Learning disabilities (LDs):

Long term sickness and vacancies in the team are affecting capacity and impact on waiting times, as well as intensive work and court reports required for the increasing complex Court of Protection (CoP) cases.

Key actions / initiatives

IPTS:

Phase 3 is now in place which supports a prudent and tiered approach to high intensity intervention with a 92% acceptance rate of the initial offer of groups. This is key to supporting the increase in demand; however, it is a cultural shift that requires effective support. Treatment groups for Childhood Trauma, OCD, stabilisation programme and Self Esteem groups coming online over the next 2 months. The introduction of these groups has significantly reduced waiting times, reduced pressure on other services within the Health Board and ensured that the service is abiding by Prudent Healthcare principles. Digital options are being explored to support waiting times further.

Adult Psychology:

All four clinicians are providing consultations to other services, decreasing referrals to AMH. Grow Your Workforce plans are in place. A whole-time equivalent vacancy has been recruited to and is expected to commence in October 2025. This is based in an area where there is currently no community provision.

Learning disabilities:

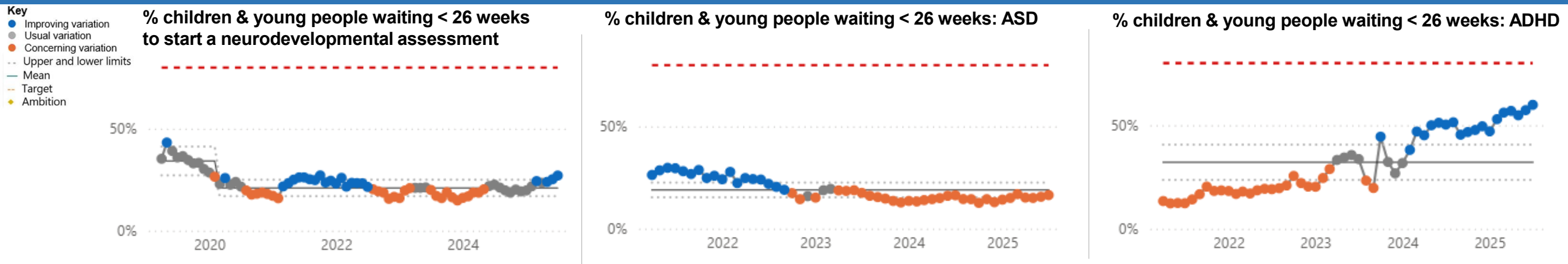
A project is underway to scope under 18s that will potentially require a specialist LD service which will include pathways for earlier identification, education and engagement with families in children's services regarding the changes of legislation/transition from children to adult services including court of protection and the Best Interest process. The new service model has a role for a co-ordinator for CoP cases who can link in with legal to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. This will be recruited into as part of our organisational change process from September to November 2025.

Due date

- 31/03/26
- 31/10/25
- 31/03/26
- 31/03/26
- 31/10/25
- 30/11/25

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in July 2025 of 27% shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 569 of 3,465 (16.4%) patients were waiting for an assessment <26 weeks. 671 of 1,121 (59.9%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiative	Due date
<p>Autism Spectrum Disorder (ASD): The current waiting list for an ASD assessment stands at 3,465 with longest wait times approximately 3.5 years in July 2025, reduced from 4.75 years. Demand for assessment remains high with referrals averaging 114 per month. This is approximately 3 times higher than current service capacity. Lack of recurrent Welsh Government funding along with late confirmation of funding, hinders planning to bring about improved performance and sustainable change for services.</p>	<p>ASD: Bi-weekly ASD task and finish group in place to progress 3-year improvement plan and re-design of service. Monthly touch-point meetings with NHS Improvement & performance in place. Waiting list initiative planned to bring about more efficient, value-based approach to diagnostic assessment. Stakeholder mapping has begun to bring about whole system change. Integrated Board's 2025-26 implementation plan priorities include needs-led support being delivered through integrated multi-agency services, which should help to facilitate change.</p>	<p>31/03/26 31/03/26 31/03/26 31/03/26</p>
<p>Attention Deficit Hyperactivity Disorder (ADHD): As of July 2025, there are 433 children and young people waiting more than 26 weeks for an ADHD assessment. The longest wait is 77 weeks with 114 waiting more than 52 weeks. The service has seen a 100% increase in referrals, resulting in a need to significantly increase core capacity to achieve target. Similarly, the demand for Quantitative Behavioural (QB) Tests which forms part of the diagnostic pathway exceeds current capacity. Additionally, clinic room capacity across all sites remains a challenge. Long term solutions are being explored as part of the Bandi appeal and the reconfiguration of the Puffin Ward at Worthybush General Hospital.</p>	<p>ADHD: Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. Increase core capacity through provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers (HCSW) are trained to use these. Funding streams are being sought to support the purchase of additional devices. There is a post to advert that, if successful would see the recruitment of one whole time equivalent Community Paediatrician in Bronglais General Hospital. Continue to manage clinic capacity flexibly and match demand through rigorous job planning.</p>	<p>31/03/27 31/12/25 31/03/26 31/10/25</p>

Diagnostic waits over 8 weeks

(Ministerial priority)

Key

- Upper and lower limits
- Mean
- - - Target
- Ambition

Variation - how are we doing over time

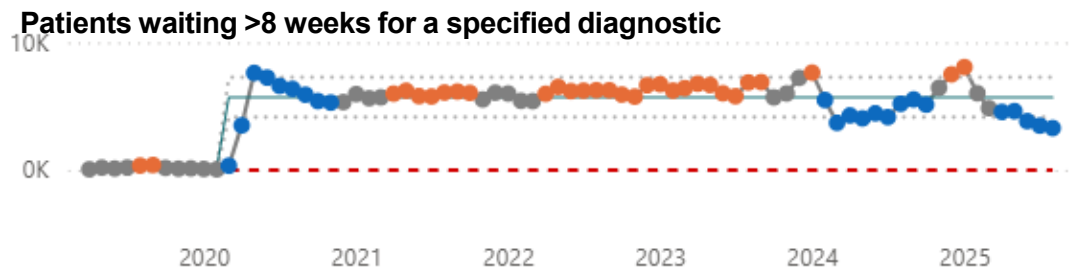
- Improving variation
- Usual variation
- Concerning variation

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



Latest performance in August 2025 of 3,289 is showing improving variation for the fifth consecutive month.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	August 2025	3,289	●	■	n/a
Radiology		2,884	●	■	n/a
Cardiology		177	●	■	n/a
Endoscopy		164	●	■	n/a
Imaging		33	●	■	n/a
Phys measure		30	●	■	n/a
Neurophysiology		1	●	■	n/a

Key actions / initiatives Due date

Radiology

Demand exceeding capacity for timely investigations and reporting - Cancer and inpatient reporting is being prioritised. Total 13,128 requests received (2,514 less than M4) of these 1,646 Urgent Suspected Cancer (USC) requests in month (675 less than M4).

2,917 breaches in total (Decrease of 233 from M4), of which:

- 239 Computed Tomography,
- 1,608 Magnetic resonance imaging
- 1,010 Non-Obstetric Ultrasound

Key actions / initiatives

- Ultrasound - Extension of Non-Obstetric Ultrasound insourcing in progress – current contract ends November 2025. Contract extension to November 2026 being procured at present.
- Magnetic resonance imaging – second van on site from 18.8.25. Delays with service operations resulted in less activity, compounded by injector breakdown. Full capacity 1.9.25.
- Computed Tomography – staffing difficulties resulted in a decreased activity. Locum extension going through approval process to maintain this capacity.
- Computed Tomography Van being procured for 6 weeks at end of Q3.
- Less requests were received in August which has resulted in a lower overall waiting list 10,644 (-1,657). This is a usual trend for August.

31/10/25
Complete
30/09/25
31/12/25
Complete

Endoscopy

- Endoscopy theatre nursing staff fragility (particular to Glangwili) due to short term sickness and gaps in the nursing establishment.
- Ongoing capital replacement programme for old/fragile endoscope equipment.
- Demand for Urgent Flexible Cystoscopies Check Flexi and new Urgent Suspected Cancer referrals continues to outpace capacity.

Key actions / initiatives

- Endoscopy plan in place achieve zero breaches March 2026.
- Newly recruited endoscopy theatre nursing staff currently being onboarded at Glangwili.
- Urology Service monitoring waiting fulfilment rates with the Waiting List team daily.
- High Volume Low Complexity lists planned for September-November 2026.
- Continuing development of IT/Data monitoring that includes Flexi demand.
- Urgent suspected cancer waits at lowest recorded levels, with 1 week turnaround. .

31/03/26
30/09/25
30/09/25
30/11/25
30/09/25

Cardiology:

- 95 Computed Tomography, 125 Myocardial perfusion imaging breaches
- As anticipated/escalated, 125 Radiology Cardiac Myocardial Perfusion Imaging breaches at end of August 25. 41 Echocardiogram breaches this month due to one vacancy. 3 Transoesophageal echocardiogram breaches due Consultant- led diagnostics and annual leave. 7 Dobutamine stress echocardiogram breaches Consultant- led diagnostics and annual leave.

Key actions / initiatives

- Long-term plan currently in development to reduce Myocardial Perfusion Imaging waiting list. Including commissioning additional computed tomography Coronary Angiography capacity at WGH from 26.8.25. In addition, Welsh Government recovery funding allocated to achieving zero breaches by March 26. Plans to urgently outsource progress to aid objective.
- Additional insourcing scheduled for September 25 to mitigate breaches. Anticipated 30 breaches in September due lack of substantive capacity.
- Transoesophageal echocardiogram plans to achieve zero breaches in September 25.
- Dobutamine stress echocardiogram: this will increase to 11 as no other capacity in September due to consultant ward work and consultant study leave.

31/03/26
31/09/25
31/09/25
31/09/25

Patients waiting >14 weeks for a specified therapy

Latest performance in August 2025 shows concerning variation and the highest number of breaches recorded. Of note, breaches in podiatry and dietetics are at the highest level recorded, and physiotherapy the second highest.

Key

- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Variation - how are we doing over time

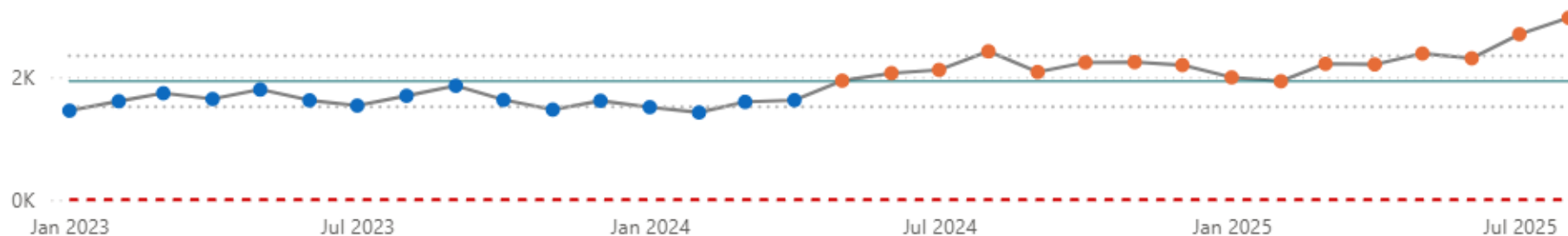
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

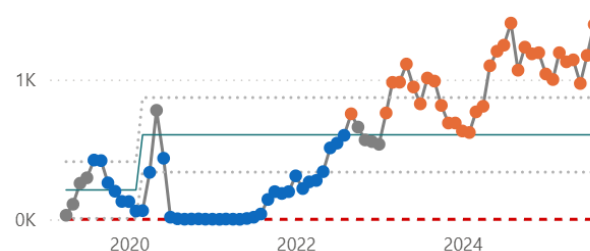
- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

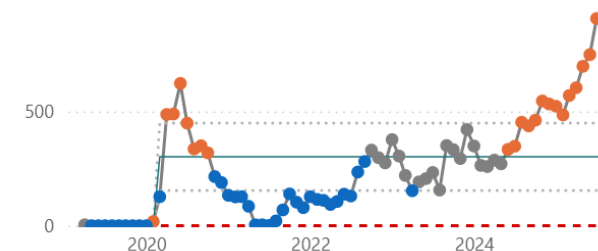
- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory



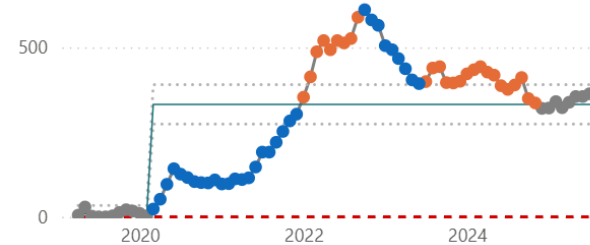
Number of patients waiting 14 weeks plus for Physiotherapy



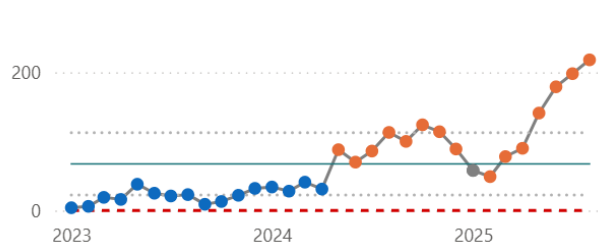
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



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



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	August 2025	2,966	●	▣	57.6%
Physiotherapy		1,394	●	▣	98.7%
Podiatry		917	●	▣	89.8%
OT		379	●	▣	17.5%
Dietetics		218	●	▣	39.2%
Art therapy		51	●	▣	n/a
SALT		7	●	▣	100%

Therapy waits over 14 weeks (continued)

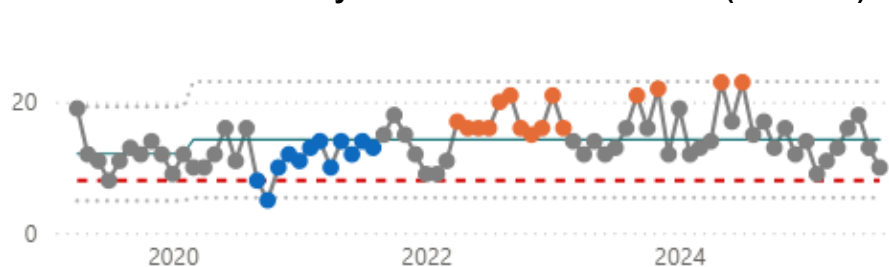
(Ministerial priority)

Therapies

Key challenges / issues	Key actions / initiatives	Due date
<p>Physiotherapy 93% of breaches are within Musculoskeletal (MSK) Specialty. Demand is growing and is greater than capacity.</p> <p>Changes to Community Health Pathways and other national pathways are causing a shift of work from primary and secondary care towards community MSK Physiotherapy services, which do not have capacity to meet shifting demand.</p> <p>Recruitment to bank posts and agency is proving more challenging than at previous point across the financial year. This is adversely impacting service capacity.</p>	<p>Physiotherapy</p> <ul style="list-style-type: none"> Development of a standard operating procedure for telephone triage initiative. Scope of project extended to include clinical risk stratification tool (Keele Start Back). This work is progressing, and a draft standard operating procedure (SOP) is in place. The deadline for completion of the SOP has been extended due to other priorities and service pressures. Secure 3 whole time equivalent (WTE) agency workers to cover service vacancies until January 2026. Partially completed; 2 WTE recruited, recruitment for 3rd post underway. Active recruitment to secure additional registrant workforce at Band 6 level to support bank work to cover vacancies. Full MSK service review being undertaken in collaboration with National MSK Network. Target completion timeframe is to be confirmed by the National Network. It is anticipated this will be September or October 2025. 	<p>31/12/25</p> <p>30/09/25</p> <p>30/09/25</p> <p>31/10/25</p>
<p>Podiatry Overall increase in new referrals from 9,000 to 14,500 annually over last 5 years - despite mitigation efforts, nearly 3,000 new referrals waiting. Changes to the vascular pathway have contributed to a rise in referrals, a validation piece of work is underway of this waiting list.</p> <p>Overall patient contacts have reduced from 60,000 to 45,000 annually due to increased patient complexity. Lower clinic throughput: Patients seen in clinics decreased from 18 to 10 per day, reflecting increased complexity and time per case. Lower-risk cases now discharged to private sector, narrowing scope of patients seen.</p>	<p>Podiatry</p> <ul style="list-style-type: none"> Recruited 3 Whole Time Equivalent (WTE) Band 5 staff to replace leavers, due to commence 15/09/25. Skill mixing for efficiency: 6 admin staff (Bands 3 & 4) undergoing Agored training to become podiatry assistants, enabling task redistribution, backfilling with new admin recruits. Plans to establish a consultant podiatrist role to manage complex cases more efficiently. Eligibility & discharge policy: Continued enforcement of strict criteria and robust discharge processes; Demand and capacity deep dive completed. Service review due 10/9/25. Innovative practice rollout: Ongoing implementation of phone triage, skill mixing, and pathway redesign to improve service efficiency. 	<p>15/09/25</p> <p>01/09/26</p> <p>01/03/26</p> <p>10/09/25</p> <p>01/09/26</p>
<p>Occupational therapy (Paediatrics): Most breaches are within the Paediatric Occupational Therapy service. Existing backlog combined with increased demand is straining service capacity. Reduced Clinical Leadership Capacity: Loss of Band 7 leadership due to one retirement and two staff on sick leave has impacted service delivery.</p> <p>Occupational therapy (Adult Mental Health): 10 of 17 breaches are administrative errors where the first contact has not been updated on electronic systems.</p>	<p>Occupational therapy (Paediatrics):</p> <ul style="list-style-type: none"> Band 6 staff member temporarily uplifted to fill leadership gaps and extended by 1 month. Safeguarding Support: Head of Paediatrics in Speech Language Therapy providing additional capacity for safeguarding concerns. Recruitment to replace retired Band 7: start date 27/10/25 (currently on maternity leave). <p>Occupational therapy (Adult Mental Health): Details of administrative errors have been requested, which will be addressed ahead of September's data submission.</p>	<p>31/09/25</p> <p>31/09/25</p> <p>27/10/25</p> <p>30/09/25</p>
<p>Dietetics (Paediatrics): Increasing breaches due to longstanding capacity issues and increasing demand over several years, especially for selective eating since the COVID-19 pandemic. Process and documentation incidents creating increase workload for current staff, increasing waiting times. The longest current wait is 53 weeks.</p> <p>Dietetics (Diabetes): Increased demand for diabetes care compounded by increased vacancies and maternity leave resulting in reduced clinical capacity. Recruitment challenges as specialist area, internal recruitment leaving vacancies.</p>	<p>Dietetics (Paediatrics):</p> <ul style="list-style-type: none"> New leadership appointment: A service lead in paediatrics has been appointed. Short-term support option: avoidant and restrictive food intake disorder (ARFID) dietitian to temporarily assist with selective eating cases until permanent/locum recruitment is successful. 2 locum paediatric dietitians (1.6wte) appointed. <p>Dietetics (Diabetes):</p> <ul style="list-style-type: none"> Fixed term post being used to support maternity cover for 2 days per week. Successful recruitment into Band 7 posts. 	<p>31/10/25</p> <p>31/10/25</p> <p>15/09/25</p> <p>31/08/25</p> <p>30/09/25</p>

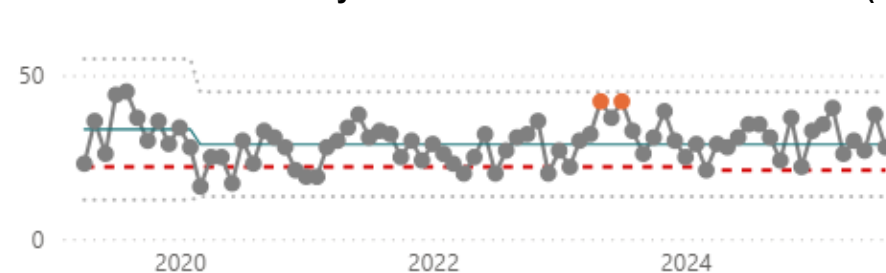
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



Latest performance is showing usual variation, with 10 cases in August 2025.

Number of laboratory confirmed E.coli bacteraemia cases (in-month)

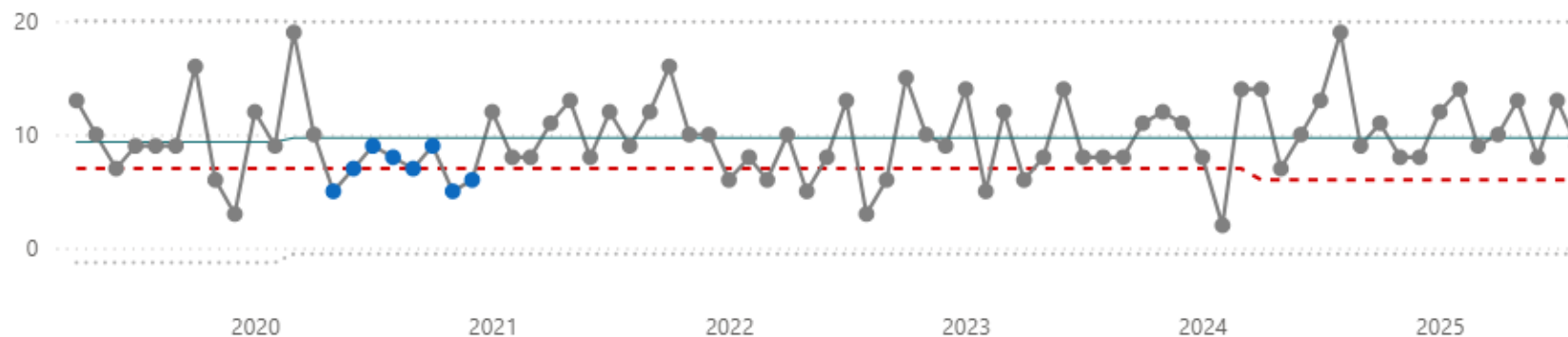


Latest performance is showing usual variation, with 28 cases in August 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p>C. difficile:</p> <ul style="list-style-type: none"> • Start Smart and Then Focus (SSTF) audits for antibiotic prescribing not consistently completed. • Delays in recognition, isolation or diagnosis noted in some cases. • Environmental cleaning and deep cleaning challenges relating to staffing and surge capacity in ward areas. • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. • Level 2 mandatory compliance for Infection, Prevention and Control is at 75.56% as a Health Board below expected 85% target. 	<p>C.difficile:</p> <ul style="list-style-type: none"> • The SSTF audits have been scrutinised in terms of completion and prescribing, tazocin and cotrimoxazole most prescribed antibiotics. Around two thirds of C. difficile patients (67%) had a Proton Pump Inhibitor prescribed, quality improvement projects linked to C.difficile collaborative discussed at C. difficile Improvement Group. • Environmental audits and observational audits continue with oncology next to be completed • Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups (CCG). Review of areas with highest rates in CCG to be shared. • Hydrogen Peroxide Vapor (HPV) available on 3 acute sites currently, yet use is not consistent. Infection Prevention and Control team have presented at local Professional Nurse Forums. 	<p>30/09/25</p> <p>30/09/25 Complete</p> <p>Complete</p>
<p>E. coli:</p> <ul style="list-style-type: none"> • Burden of infection remains community-onset; cases are linked to urinary tract infections and some catheter device related infections. • Cases are predominantly in the 80 to 89 age demographic • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. • Aseptic Non-Technique (ANTT) compliance for the Health Board is at 82.58 	<p>E. coli:</p> <ul style="list-style-type: none"> • Health and Wellbeing Booklet for Hywel Dda University Health Board population in review status and to be published. • Healthcare Associated Infections (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups. • Hand Hygiene audits completed by Ward Managers monthly, these are reviewed and monitored. 	<p>30/09/25</p> <p>30/09/25</p> <p>30/09/25</p>

- Key**
- Improving variation
 - Usual variation
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Number of laboratory confirmed S.aureus bacteraemia cases (in-month)

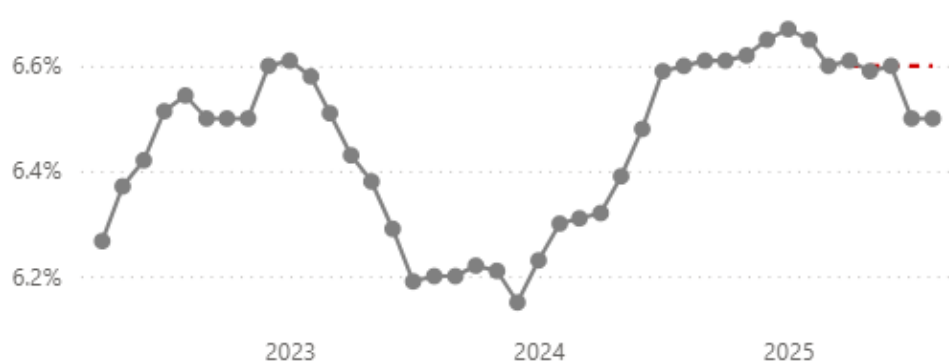


Latest performance is showing usual variation, with 9 cases in August 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p>S. aureus:</p> <ul style="list-style-type: none"> • There has been a gradual increase in MRSA bacteraemia over the last 3 months. • Inconsistent compliance with aseptic non-touch technique (ANTT) or line care bundles. • Environmental or equipment contamination contributing to transmission, linked to challenges around environmental cleaning and surge. • Greater burden of infection remains to be in community, with wounds being the primary source of infection. • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. 	<p>S. aureus:</p> <ul style="list-style-type: none"> • ANTT compliance and competency assessments for clinical staff shared via Clinical Care Groups (CCG) QH&S meetings . • Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through CCGs . • Review of areas with highest rates in CCG to be shared • Hand hygiene validation audits and observational audits in wards and departments as indicated from monthly senior nurse audits 	<p>30/09/25</p> <p>30/09/25</p> <p>30/09/25</p>

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



In August 2025 12 month rolling sickness remained at 6.5%. In-month sickness was 6.4% (1.7% short term, 4.8% long term).

The sickness target has been revised to 6.6%, in-line with improvement against the 2024/2025 baseline.

Services with 60+ staff with the highest levels of in-month sickness rates in August 2025

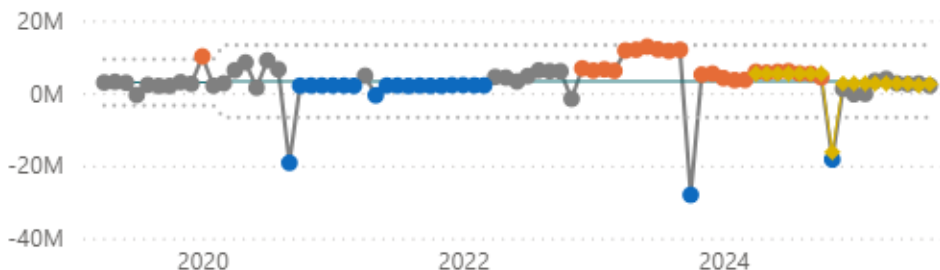
Team	Staff	In-month %	R12m %
Glangwili Hotel Services	134 staff	(14.4%)	14.0%
Withybush Hotel Services	138 staff	(10.4%)	12.3%
Prince Philip Acute Response	63 staff	(14.4%)	11.9%
Pemb. Integrated Community	88 staff	(8.4%)	11.0%

Key challenges / issues	Key actions / initiatives	Due date
<p>Targeted support for sickness absence: Eastes and Facilities sickness rates continue to be the highest across the Health Board (9.84% rolling, 9.32% for August) with ongoing focused support from the Workforce Team.</p> <p>Designated support from Workforce and Organisational Development continues to be utilised to help address concerns aligned to Employment Relations matters which are impacting on employee’s wellbeing and attendance.</p>	<p>Temporary redeployment guidance: The flow chart will be embedded in the policies portal to support the All-Wales Attendance At Work Policy.</p> <p>Designated support: Deep dives into prevalent high sickness areas continues, with bespoke action plans/additional training devised to support. This will continue in collaboration and support from the Workforce teams and Senior managers from the Clinical Care Groups – business as usual.</p> <p>Occupational Health referral how to guide To assist managers, a useful ‘how to guide’ is being developed to ensure managers can elicit the detail required from their Occupational Health referral in order to support individuals back to work in a timelier manner. Various examples of best practice referrals (reflecting the different job families) will be available for managers to use as a template to assist with more effective referrals.</p>	<p>July 2025</p> <p>On-going</p> <p>31/10/25</p>

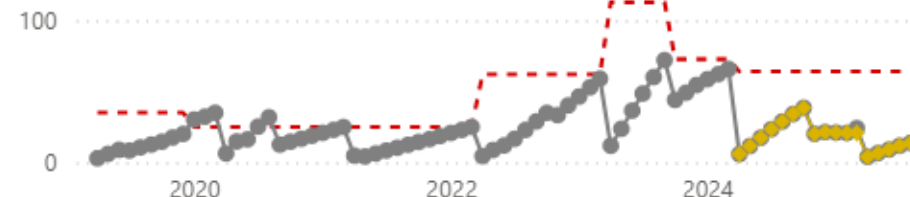
Key

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Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

The Health Board's Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. Gross forecast position is £33.3m, with planned mitigating actions of £5.5m, to be finalised, to achieve the revised reported end of year forecast position of £27.8m. Total savings identified to date are £37.2m, leaving a gap of £9.2m against the savings target.

The in-month financial position is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan due to the in-month savings target of £3.9m being over identified and delivered by £0.5m. The financial run rate is on track to achieve the revised forecast position with mitigating actions of £5.5m required. The Health Board is committed to improving beyond the latest forecast of £27.8m, towards £24.1m in line with Welsh Government expectation.

There was no variation in the in-month core operational variation in Month 5, and the end of year core budget performance being £5.9m underspent. Further to the work aligned to the quarter 2 focus of de-risking the plan, the forecast position has improved by £2.2m to a reported end of year forecast of £27.8m in Month 5.

Of the annual savings target of £46.4m, £37.2m has been identified on an in-year basis resulting in an under identification of £9.2m, all schemes projected to fully deliver. Recurrent schemes identified total £12.4m against plan of £19.0m, with the balance of £24.8m being non-recurrent against the plan of £27.4m. Run rate management of year-to-date underspend savings of £6.0m are now in the savings forecast to deliver in future months.

Key actions / initiatives

Savings Delivery - Identification and delivery of robust recurrent and non-recurrent savings plans into future months is lower than what is delivered each month

Due date

Overdue

£30.0m to £24.0m further savings options - Options and choices paper prepared for the In-Committee Board meeting on 9 September 2025.

09/09/25

LTA's and Commissioning – Material Long Term Agreement increase in activity in Swansea Bay related for non-elective and uncoded charges. Required: Validate the increased non-elective activity and agreed

Overdue

Planned and Specialist Care Activity and Variability - Planned Care activity rates and plans are highlighting significant variability in the year-to-date budget performance. Oncology activity levels and drug mix costs are signalling a material decreasing trend. Required: latest trends confirmed in forecast to not overstate.

30/09/25

Medical Pay - Continued use of additional medical cover, including premium locum and agency in BGH, Planned Care and Mental Health. Required: roster management, consistent rate card implementation and exit strategies for reliance on premium cover linked to sustainability service delivery plans.

Overdue

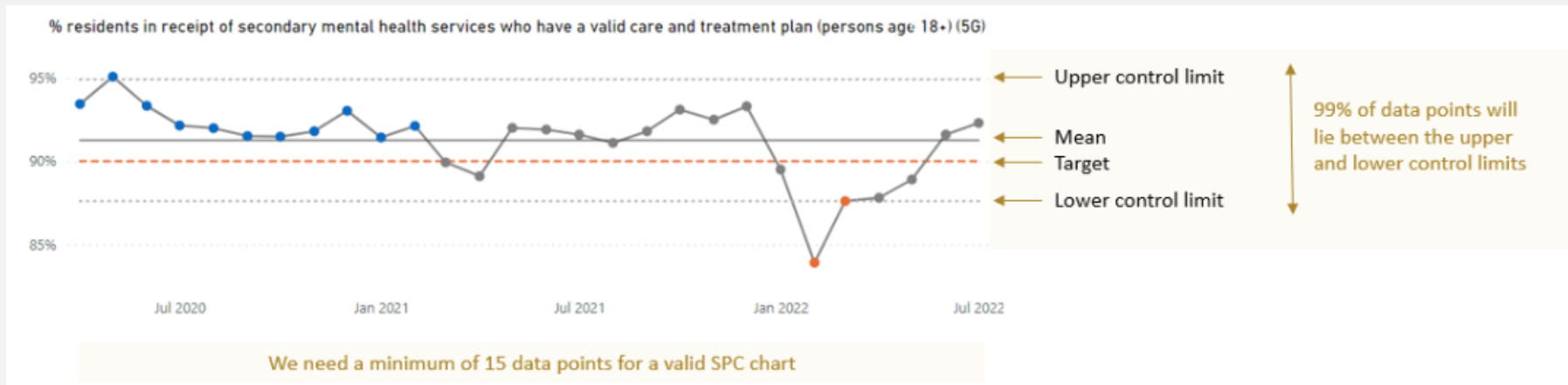
Clinical Care Group Management – urgent review of supernumerary management roles

Overdue

Why use SPC charts?

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

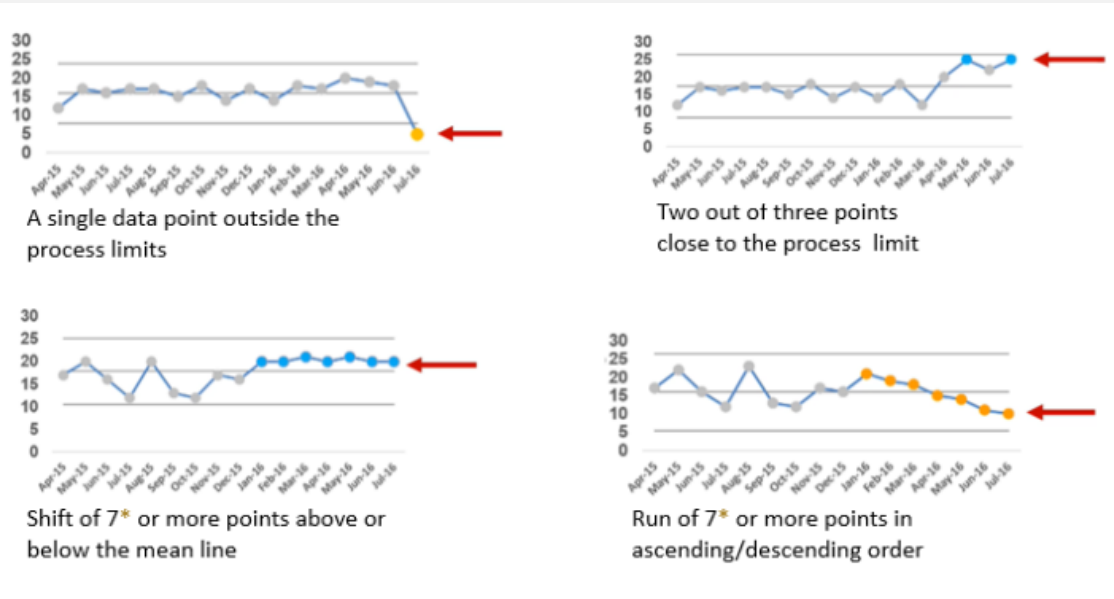
Anatomy of a SPC chart



Rules for special variation within SPC charts

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

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



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

Understanding the SPC icons

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

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