



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 3 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 3, 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 30th June 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:

- The escalation update section has been removed from the IPAR into a separate document *M3 Escalation Summary*.
- Revised improvement trajectories are being developed since the appointment of 2 speciality and specialist doctors in June for % R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. These are planned to be reported for the next Board meeting.
- A data submission for audiology will not take place until validation of systems and data is complete. We are working towards a submission in August 2025 showing the July 2025 position.

- Patient experience metrics - the national survey has been updated and metrics changed. The Patient Experience and Performance teams have updated metrics that have remained the same and are working closely to take forward changes.

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.

Asesiad / Assessment

Performance overview

The table below summarises the latest position for the 2025/26 ministerial priorities and our local key performance metrics. Additional data, details of key issues and actions being taken to address 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	Jun 2025	1,009	Concerning	Missing target	Trajectory missed by over 5%	Alert
Ambulance handover > 4 hours Hywel Dda	0	Jun 2025	303	Usual	Missing target	Trajectory missed by over 5%	Alert
Number of Pathways of Care delayed discharges	n/a	Jun 2025	230	Usual	n/a	Trajectory missed by over 5%	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Jun 2025	71.6%	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Jun 2025	1,213	Concerning	Missing target	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	May 2025	60.2%	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	May 2025	23.9%	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	May 2025	55.0%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Jun 2025	2,306	Concerning	Missing target	n/a	Alert
C. difficile: Number of confirmed cases (in-month)	8	Jun 2025	18	Usual	Hit and miss	n/a	Alert
% Ambulance red call responses < 8 mins	65%	Jun 2025	51.9%	Usual	Missing target	n/a	Alert
% sickness absence rate of staff	4.79%	Jun 2025	6.60%	n/a	n/a	n/a	Alert
Financial in month deficit	n/a	Jun 2025	£2,460,000	Usual	n/a	Trajectory met	Alert
% uptake of flu vacc - 65+ years	75%	Mar 2025	64.9%	n/a	n/a	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Jun 2025	3,831	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Jun 2025	71	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Jun 2025	144	Improving	Missing target	n/a	Advise
Follow-up appts - delayed >100%	0	Jun 2025	17,203	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Jun 2025	12,306	Improving	Missing target	n/a	Advise
E. coli: Number of confirmed cases (in-month)	21	Jun 2025	27	Usual	Hit and miss	n/a	Advise
S. aureus: Number of confirmed cases (in-month)	6	Jun 2025	8	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	May 2025	43.2%	Improving	n/a	n/a	Advise
% Autumn 2024 COVID booster uptake for eligible residents	75%	Feb 2025	45.7%	n/a	n/a	n/a	Advise
% Spring COVID booster uptake for eligible residents	75%	May 2025	29.9%	n/a	n/a	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 2024	95.8%	n/a	n/a	n/a	Advise
% pts on single cancer pathway within 62 days	75%	May 2025	66%	Improving	Missing target	Within 5% of Trajectory	Assure
% MH assess within 28 days (age 0-17)	80%	May 2025	97.8%	Improving	Hit and miss	Trajectory met	Assure
% MH assess within 28 days (age 18+)	80%	May 2025	95.0%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	May 2025	84.8%	Improving	Hit and miss	Within 5% of Trajectory	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	May 2025	95.0%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Apr 2025	2,753	Improving	n/a	Trajectory met	Assure
% children accessing dental within 24 months	n/a	Dec 2021	39.1%	n/a	n/a	n/a	Not yet assessed
% adults accessing dental within 24 months	n/a	Dec 2021	25.9%	n/a	n/a	n/a	Not yet assessed

Triangulating our data: as at 30th June 2025

- Quality safety and risk** – there was an increase in the number of incidents causing moderate harm or above reported by month in June 2025 with 145 compared to 127 in May. The number of patient falls increased slightly in June to 218 from 206 previous month. There was an increase in medication errors recorded in June 2025, 108 compared to previous the month of 82. We continue to have significant numbers of high and extreme risks on the risk register with 470 in June 2025. The number of new complaints received increased from the previous month to 134 in June. The number of new infection cases decreased in June 2025 to 61. 18 of these cases were C.difficile and an increase on the previous month.
- Workforce** – In month, staff sickness decreased slightly to 6.0% in May 2025. Long-term sickness remained static at 4.0% and short-term sickness reduced slightly to 2.0%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. During June nursing and midwifery agency usage remained static, with 57.338 whole time equivalents (WTE).

Quality, safety and risk	Best		Worst	Latest	Trend
Reported incidents causing moderate harm or above	124		305	145	
Patient falls	189		301	218	
Medication errors	61		142	108	
Pressure damage developing or worsening during care	58		216	89	
New complaints by month received (ward level not available)	94		202	134	
Number of high and extreme risks (health board & function only)	379		491	470	
Infections: new cases	53		84	61	
Infections: C. difficile cases	9		23	18	
Workforce					
Number of staff/contractor related incidents	97		184	152	
Sickness - short term	1.7%		2.8%	2.0%	
Sickness - long term	3.3%		4.9%	4.0%	
Number of vacancies	To follow				
Staff turnover (12 month rolling)	7.3%		9.8%	7.6%	
Nursing and midwifery vacancies	To follow				
Nursing and midwifery agency (WTE)	56.83		379.79	57.33	
Bank (WTE)	212.99		352.85	303.09	

Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 3 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 Termiau: Glossary of Terms:	A&E – Accident and Emergency BGH – Bronglais General Hospital ED – Emergency Department GGH – Glangwili General Hospital IPAR – Integrated Performance Assurance Report MIU – Minor Injury Unit PPH – Prince Philip Hospital PODCC – People, Organisational Development and Culture Committee SPC – Strategy and Planning Committee FPC – Finance and Performance Committee WAST – Welsh Ambulance Services University NHS Trust WGH – Worthybush General Hospital
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care Strategy and Planning Committee

	People, Organisational Development and Culture Committee Finance and Performance Committee
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement.
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may impact recruitment and staff morale.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

Escalation update

July 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 30th June 2025, the functions with the most concerning levels are:

Function	Domains with level 3 escalation
Community & Integrated Medicine	Quality & safety, 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
Mental Health & Learning Disabilities	Quality & safety, finance and performance
Operational Allied Health & Health Sciences	Finance, strategy, planning & fragile services and performance

Both Estates & Facilities and Mental Health & Learning Disabilities reduced from level 3 to level 2 for Governance.

Escalation status overview



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Escalation status levels overview as at 30th June 2025

1	Reasonable assurance	3	No assurance
2	Limited 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	2	2	3	3	3
	Chief Operating Officer Management	1	1	2	2	1	n/a
	Mental Health and Learning Disabilities	3	2	2	3	2	3
	Planned and Specialist Care	2	3	2	3	3	3
	Primary Care, Community Strategy and Long Term Care	1	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	n/a	1	1	n/a
	Estates and Facilities	2	2	3	3	1	3
	Executive Director of Finance	1	2	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	1	1	2	1	1	2
	Executive Director of Strategy and Planning	1	2	1	1	1	n/a
	Long Term Agreements (LTAs)	n/a	n/a	n/a	1	n/a	n/a
	Executive Director of Workforce and Organisational Development	1	2	1	1	1	n/a
Governance and Communication	1	1	2	1	1	n/a	

Functions with the highest levels of escalation are Community and Integrated Medicine, Planned & Specialist Care, Estates & Facilities, Mental Health & Learning Disabilities, and Operational Allied Health & Health Services. 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 May 2025 to 30 June 2025:

Domain	Escalated up ↑	Escalated down ↓
Quality & safety	-	Primary Care, Community Strategy and Long Term Care (now L1)
Governance	Executive Director of Workforce and Organisational Development (now L2)	Mental Health and Learning Disabilities (now L2) Estates and Facilities (now L2) Executive Director of Allied Health Professions and Health Sciences (now L1) Executive Medical Director (now L1) Chief Operating Officer Management (now L1)
Workforce	-	-
Finance	-	-
Strategy, planning and fragile services	-	-
Performance	-	-

The Workforce and Organisational Development function were escalated up from level 1 to level 2 for Workforce, due to audit and inspection overdue recommendations.

The Primary Care, Community Strategy & Long-Term Care function were de-escalated from level 2 to level 1 for Quality & Safety.

The Mental Health & Learning Disabilities function were de-escalated from level 3 to level 2 for Governance.

The Estates & Facilities function were de-escalated from level 3 to level 2 for Governance.

The Allied Health Professionals & Health Sciences function were de-escalated to level 1 for Governance.

The Medical Director function were de-escalated to level 1 for Governance.

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									
Chief Operating Officer Management	n/a	n/a	n/a									
Mental Health & Learning Disabilities	3	3	3									
Planned & Specialist Care	3	3	3									
Primary Care, Community Strategy & Long-Term Care	3	3	3									
Operational Allied Health & Health Sciences	3	3	3									
Executive Director of Allied Health Professions & HS	n/a	n/a	n/a									
Estates & Facilities	3	3	3									
Executive Director of Finance	n/a	n/a	n/a									
Executive Medical Director	n/a	n/a	n/a									
Executive Director of Nursing, Quality & PE	3	3	3									
Executive Director of Public Health	2	2	2									
Executive Director of Strategy & Planning	n/a	n/a	n/a									
Long Term Agreements (LTAs)	n/a	n/a	n/a									
Executive Director of Workforce & OD	n/a	n/a	n/a									
Governance & Communication	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 July/August 2025 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: June 2025 performance shows 1,009 monthly handover delays over one hour against the trajectory of 765.
- Long waits in A&E: a total of 1,213 patients waited over 12 hours in our A&E departments in June 2025.
- Pathway of care delays: performance for June 2025 shows 230 delays against the trajectory of 197. 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 May 2025 shows only 60% 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: 17,203 patients experiencing delays over 100% this is a rise for the 4th consecutive month.
- ADHD assessment waits: Only 54.8% of children and young people waited less than 26 weeks to start an ADHD assessment in May 2025.

Operational Allied Health Professionals

- Diagnostic waits: at the end of June 2025, there were 3,831 patients waiting over 8 weeks for a diagnostic. Over 90% of these breaches are in radiology.
- Therapy waits: at the end of June 2025, there were 2,306 patients waiting over 14 weeks for a therapy. Almost 50% of the breaches were in physiotherapy.

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 7th consecutive month to 55% in May 2025.

Facilities

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

- Only 90% of planned audits were completed i.e. 10 scheduled audits for June were not undertaken (BGH 4, GGH 2, PPH 0, WGH 4).
- Of the completed audits, only 36 out of 89 (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									
Chief Operating Officer Management	2	2	2									
Mental Health & Learning Disabilities	3	3	3									
Planned & Specialist Care	3	3	3									
Primary Care, Community Strategy & Long-Term Care	2	2	2									
Operational Allied Health & Health Sciences	3	3	3									
Executive Director of Allied Health Professions & HS	1	1	1									
Estates & Facilities	3	3	3									
Executive Director of Finance	1	1	1									
Executive Medical Director	1	1	1									
Executive Director of Nursing, Quality & PE	2	1	1									
Executive Director of Public Health	2	1	1									
Executive Director of Strategy & Planning	1	1	1									
Long Term Agreements (LTAs)	n/a	1	1									
Executive Director of Workforce & OD	1	1	1									
Governance & Communication	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 June. Given the scale of savings gaps within several of the Clinical Care Groups, particular attention on progression will be observed by the July 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	1									
Chief Operating Officer Management	2	2	2									
Mental Health & Learning Disabilities	3	3	2									
Planned & Specialist Care	3	3	3									
Primary Care, Community Strategy & Long-Term Care	2	2	2									
Operational Allied Health & Health Sciences	2	2	2									
Executive Director of Allied Health Professions & HS	1	1	1									
Estates & Facilities	3	3	2									
Executive Director of Finance	2	2	2									
Executive Medical Director	2	2	1									
Executive Director of Nursing, Quality & PE	2	2	2									
Executive Director of Public Health	2	1	1									
Executive Director of Strategy & Planning	2	2	2									
Long Term Agreements (LTAs)	n/a	n/a	n/a									
Executive Director of Workforce & OD	1	1	2									
Governance & Communication	1	1	1									

Area of greatest concern

Planned & Specialist Care

- Risks: 26 (24%) risks overdue. 64 (38%) risk actions overdue.
- Audits & inspections: Worsening position: overdue recommendations 73 (29%) with 67% WCFH recommendations are overdue. 66 (27%) of the overdue recommendations are over 12 months old)
- WHCs: No change. 57% 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									
Chief Operating Officer Management	1	1	1									
Mental Health & Learning Disabilities	3	3	3									
Planned & Specialist Care	2	2	2									
Primary Care, Community Strategy & Long-Term Care	2	2	1									
Operational Allied Health & Health Sciences	2	2	2									
Executive Director of Allied Health Professions & HS	1	1	1									
Estates & Facilities	2	2	2									
Executive Director of Finance	1	1	1									
Executive Medical Director	1	1	1									
Executive Director of Nursing, Quality & PE	1	1	1									
Executive Director of Public Health	1	1	1									
Executive Director of Strategy & Planning	1	n/a	1									
Long Term Agreements (LTAs)	n/a	n/a	n/a									
Executive Director of Workforce & OD	1	1	1									
Governance & Communication	1	1	1									

Areas of greatest concern

Community and Integrated Medicine

- Escalation quality assurance was 40% at the end of June 2025. Very high numbers of incidents open over 120 days and complaints open over 60 days.

Mental Health & Learning Disabilities

- Escalation assurance was 63% at the end of June 2025. High numbers of incidents open over 120 days.

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									
Chief Operating Officer Management	1	1	1									
Mental Health & Learning Disabilities	2	2	2									
Planned & Specialist Care	3	3	3									
Primary Care, Community Strategy & Long-Term Care	2	2	2									
Operational Allied Health & Health Sciences	3	3	3									
Executive Director of Allied Health Professions & HS	1	1	1									
Estates & Facilities	1	1	1									
Executive Director of Finance	1	1	1									
Executive Medical Director	1	1	1									
Executive Director of Nursing, Quality & PE	1	1	1									
Executive Director of Public Health	1	1	1									
Executive Director of Strategy & Planning	1	1	1									
Long Term Agreements (LTAs)	n/a	n/a	n/a									
Executive Director of Workforce & OD	1	1	1									
Governance & Communication	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 Glangwilli - 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

More sustainable plans are required for:

- Theatres - staffing capacity in Glangwilli
- Critical care in Prince Phillip
- Emergency general surgery in Withybush & Glangwilli
- 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 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									
Chief Operating Officer Management	2	2	2									
Mental Health & Learning Disabilities	2	2	2									
Planned & Specialist Care	2	2	2									
Primary Care, Community Strategy & Long-Term Care	2	2	2									
Operational Allied Health & Health Sciences	2	2	2									
Executive Director of Allied Health Professions & HS	n/a	n/a	n/a									
Estates & Facilities	3	3	3									
Executive Director of Finance	1	1	1									
Executive Medical Director	1	2	2									
Executive Director of Nursing, Quality & PE	2	2	2									
Executive Director of Public Health	2	2	2									
Executive Director of Strategy & Planning	1	1	1									
Long Term Agreements (LTAs)	n/a	n/a	n/a									
Executive Director of Workforce & OD	1	1	1									
Governance & Communication	2	2	2									

Area of greatest concern

Estates & Facilities

- PADR: 74.1%
- Sickness: 10.3%
- Turnover: 11.4%
- Outstanding Pay Progression: 3 (2 over by 3 months)

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									
Governance	2	2	2									
Workforce	2	2	2									
Finance	3	3	3									
Strategic planning & fragile services	3	3	3									
Performance	3	3	3									

Latest escalation reasons and de-escalation criteria for this function

Function	June 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	3	Escalation assurance: 40% (last month 38%) For details please see the Our Safety dashboard	Incidents and complaints management, Timely investigation and improvements for healthcare acquired infection, pressure damage, medication errors & unplanned admissions from wards to ITU
Governance	2	Audits & inspections: 16 (16%) recommendations overdue. WHCs: 1 out 2 overdue (50%)	Audit/inspection recs implemented and WHCs within timescales: Level 2: >80% , Level 1: >90%
Workforce	2	Sickness: 7.2%; Turnover: 6.9%; Outstanding Pay Progression: 23 (10 over by 3 months); Job Planning: 83%	Overdue Pay Progression: >3 overdue by no more than 1 month; Job Planning >90%
Finance	3	Underspent but significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic planning & fragile services	3	Strategy & Planning: Carmarthenshire system & UEC Transformation plans. Fragile services: Over-reliance on agency nurses and medical locums (BGH), A&E staffing (GGH): Clinical staffing concerns, vacancies (management support very sparse), Respiratory service (WGH)	Strategy & Planning: Agreed plans in place and evidence of delivery. Fragile Services: Plans required to address over-reliance on agency nurses and medical locums, ED staffing: Plan required for more resilient medical staffing, - Respiratory service: Implement effective mitigations
Performance	3	Ambulance handovers: 1hr (June 25 = 1,009), Ambulance handovers: 4hr (June 25 = 303), A&E waits: 12 hours (June 25 = 1,213), Pathway of care delays (POCD) - TI baseline = 203 (Goal 174) (June 25 = 230)	Level 2: Improvement trajectories met for 3 consecutive months



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									
Governance	3	3	2									
Workforce	3	3	3									
Finance	3	3	3									
Strategic planning & fragile services	1	1	1									
Performance	3	3	3									

Latest escalation reasons and de-escalation criteria for this function

Function	June 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	Audits & inspections: Overdue recommendations: Improved position Jun 25: 109 (14%). 66 recs (8%) recs with no revised dates	Audit/inspection recs implemented within timescales: Level 1: >90%
Workforce	3	PADR: 74.1%; Mandatory Training: 82.7%; Sickness: 10.3%; Turnover: 11.4%; Outstanding Pay Progression: 3 (2 over by 3 months); ER cases: Level 2	Level 2: PADR >75% Outstanding Pay Progression: No more than 3 overdue by no longer than 2 months
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 (Jun 25): - 90% of planned audits were completed were not undertaken (BGH 4, - Of the completed audits, only 36 out of 89 (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									
Governance	3	3	2									
Workforce	2	2	2									
Finance	3	3	3									
Strategic planning & fragile services	2	2	2									
Performance	3	3	3									

Latest escalation reasons and de-escalation criteria for this function

Function	June 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	3	Escalation assurance: 63% (last month 54%) For details please see the Our Safety dashboard	Incidents: Reduction in number open (little movement since March 2025) NRIs: closure within agreed timescales (causing concern with NHS Executive) Complaints: need to see improvement in complaints management
Governance	2	Audits & inspections: Overdue recommendations: Jun 25: 20 (13%) .11% overdue by more than 6 months	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	Sickness: 6.7%; Turnover: 6.1%; Outstanding Pay Progression: 6 (2 over by 3 months); Job Planning: 69%; ER cases: Level 3	Outstanding Pay Progression: No more than 3 overdue by no longer than 1 month; Job Planning >90%
Finance	3	Underspend but significant gap on savings delivery	Delivery of savings target and a balanced 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 (May 25 = 15.3%), Psychological Therapies performance (May 25 = 54.9%)	Level 2: ASD - achieve 40% for 3 consecutive months, Psychological Therapies - Improvement trajectories met for 3 consecutive months Level 1: Psychological Therapies and ASD - achieve 80% targets and sustain for 3 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									
Governance	2	2	2									
Workforce	2	2	2									
Finance	3	3	3									
Strategic planning & fragile services	3	3	3									
Performance	3	3	3									

Latest escalation reasons and de-escalation criteria for this function

Function	June 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Escalation assurance: 64% (last month 65%) For details please see the Our Safety dashboard	Improved management of incidents and complaints Note - control group in place for a significant incident investigation
Governance	2	Audits & inspections: overdue recommendations June 25: 8 (17%) (Radiology: 7 recs, Pathology: 1 rec)	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	PADR: 84.2%; Sickness: 5.7%; Turnover: 8.4%; Outstanding Pay Progression: 9 (8 over by 3 months); Job Planning: 80%	Outstanding Pay Progression: No more than 3 overdue by no longer than 1 month
Finance	3	Overspent and 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 Level 1: Pathology - Agreed plan for new Cell Path facility and Implementation of ODN.
Performance	3	Therapies RTT 14 weeks (June 25 = 2,194) Radiology 8 weeks (June 25 = 3,483)	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									
Governance	3	3	3									
Workforce	2	2	2									
Finance	3	3	3									
Strategic planning & fragile services	3	3	3									
Performance	3	3	3									

Latest escalation reasons and de-escalation criteria for this function

Function	June 25	Reason(s) for escalation	De-escalation criteria
Quality & safety	2	Escalation assurance: 69% (last month 68%) For details please see the Our Safety dashboard	Improved management of incidents and complaints. Timely investigation and improvement for HCAIs.
Governance	3	Risks: 26 (24%) risks overdue. 64 (38%) risk actions overdue. Audits & inspections: Worsening position: overdue recommendations 73 (29%). WHCs: 57% of WHCs are overdue. Governance arrangements	Risks, Audit/inspection recs implemented and WHCs within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	PADR: 79%; Mandatory Training: 84.8%; Sickness: 5.9%; Turnover: 6.7%; Outstanding Pay Progression: 25 (13 over by 3 months); Job Planning: 83%	PADR >85%; Mandatory Training >85%; Outstanding Pay Progression: No more than 3 overdue by no longer than 1 month; Job Planning >90%
Finance	3	Slight overspend but significant gap on savings delivery.	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	Fragile Services: More sustainable plans required
Performance	3	Level 3: R1 Ophthalmology (May 25 = 60.25%); Delayed outpatient follow ups (June 25 = 17,203); ADHD (May 25 = 54.8%); 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. PADR's 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 30th June 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 30th June 2025](#)

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Ambulance handovers > 1 hour Hywel Dda	0	Jun 2025	1,009	Concerning	Missing target	Trajectory missed by over 5%	Alert
Ambulance handover > 4 hours Hywel Dda	0	Jun 2025	303	Usual	Missing target	Trajectory missed by over 5%	Alert
Number of Pathways of Care delayed discharges	n/a	Jun 2025	230	Usual	n/a	Trajectory missed by over 5%	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Jun 2025	71.6%	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Jun 2025	1,213	Concerning	Missing target	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	May 2025	60.2%	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	May 2025	23.9%	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	May 2025	55.0%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Jun 2025	2,306	Concerning	Missing target	n/a	Alert
C. difficile: Number of confirmed cases (in-month)	8	Jun 2025	18	Usual	Hit and miss	n/a	Alert
% Ambulance red call responses < 8 mins	65%	Jun 2025	51.9%	Usual	Missing target	n/a	Alert
% sickness absence rate of staff	4.79%	Jun 2025	6.60%	n/a	n/a	n/a	Alert
Financial in month deficit	n/a	Jun 2025	£2,460,000	Usual	n/a	Trajectory met	Alert
% uptake of flu vacc - 65+ years	75%	Mar 2025	64.9%	n/a	n/a	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Jun 2025	3,831	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Jun 2025	71	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Jun 2025	144	Improving	Missing target	n/a	Advise
Follow-up appts - delayed >100%	0	Jun 2025	17,203	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Jun 2025	12,306	Improving	Missing target	n/a	Advise
E. coli: Number of confirmed cases (in-month)	21	Jun 2025	27	Usual	Hit and miss	n/a	Advise
S. aureus: Number of confirmed cases (in-month)	6	Jun 2025	8	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	May 2025	43.2%	Improving	n/a	n/a	Advise
% Autumn 2024 COVID booster uptake for eligible residents	75%	Feb 2025	45.7%	n/a	n/a	n/a	Advise
% Spring COVID booster uptake for eligible residents	75%	May 2025	29.9%	n/a	n/a	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 2024	95.8%	n/a	n/a	n/a	Advise
% pts on single cancer pathway within 62 days	75%	May 2025	66%	Improving	Missing target	Within 5% of Trajectory	Assure
% MH assess within 28 days (age 0-17)	80%	May 2025	97.8%	Improving	Hit and miss	Trajectory met	Assure
% MH assess within 28 days (age 18+)	80%	May 2025	95.0%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	May 2025	84.8%	Improving	Hit and miss	Within 5% of Trajectory	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	May 2025	95.0%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Apr 2025	2,753	Improving	n/a	Trajectory met	Assure
% children accessing dental within 24 months	n/a	Dec 2021	39.1%	n/a	n/a	n/a	Not yet assessed
% adults accessing dental within 24 months	n/a	Dec 2021	25.9%	n/a	n/a	n/a	Not yet assessed

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.

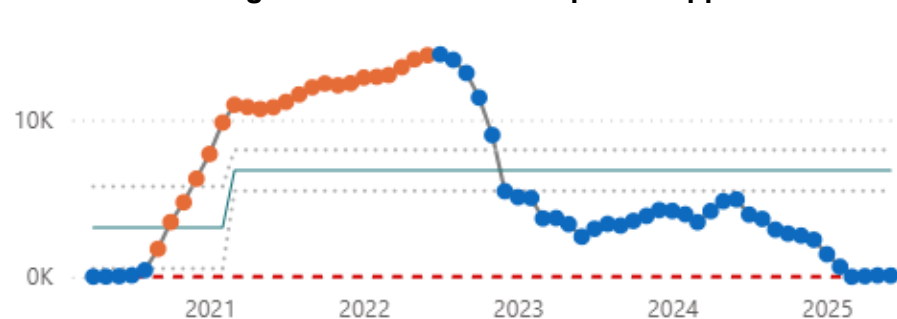
Assure
(to note)

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

Key

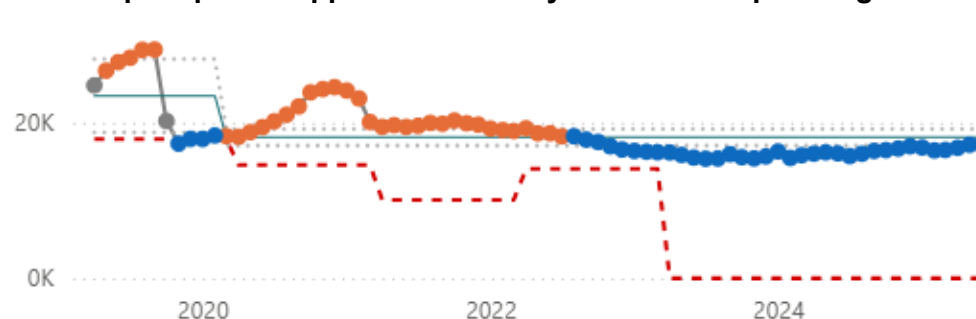
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Latest performance for June 2025 (71) shows improving variation, however, the target has not been met since March 2025.

Follow up outpatient appointments delayed over 100% past target date



The number of follow ups delayed over 100% has increased for five consecutive months to 17,203 in June 2025, the highest number of breaches since October 2022.

Key challenges / issues

- The 52-week outpatient breaches in June 2025 are within care of elderly and general medicine, where capacity issues for osteoporosis patients present an ongoing capacity issue. Improvement plans are being developed in quarter 2 to recover the predicted breaches.
- Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).
- The number of patients now waiting beyond 52 weeks for a new outpatient appointment has largely reduced from its peak in June 2024 (4,930).
- Demand and capacity trajectories anticipate this target being maintained in most specialties. Recurrent recovery monies are being prioritised for areas that anticipate a breach (ENT, Neurology and Rheumatology).
- Active management and triage of referrals has resulted in no waiting list growth.
- Recent waiting list initiatives for end of year targets contribute to the increase in follow up waiting lists as more patients are processed through their pathways.
- Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales.
- 59% reduction in 36-week new outpatient breaches since June 2024 – positive indications for further recovery in future.

Key actions / initiatives

- In March 2025, the Health Board achieved the target of no patients waiting over 52 weeks for their first outpatient appointment. This was maintained in all specialties (except general medicine & care of the elderly). Quarter 2 delivery plans are aiming to clear all breaches by September 2025.
- Outpatient Transformation programme in place with targeted actions for each specialty covering all national Planned Care Programme priorities including referral management, robust clinical triage, treat/booking in turn and use of alternative pathways such as self-management (SoS & PIFU).
- Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and use of CIN (Clinical Implementation Network) guidelines.
- 2025/26 demand and capacity plans are used by all Planned Care services working towards achieving no patients waiting over 36 weeks for a new outpatient attendance across key specialties to maximise available capacity and forecast accurately.
- Local implementation plan to deliver over 15k additional outpatient appointments as part of the NHS Wales wide project to reduce OP waiting list volumes by over 200,000 by March 2026, the directorate will work towards reducing breaches to 26 weeks in most specialties.

Due date

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

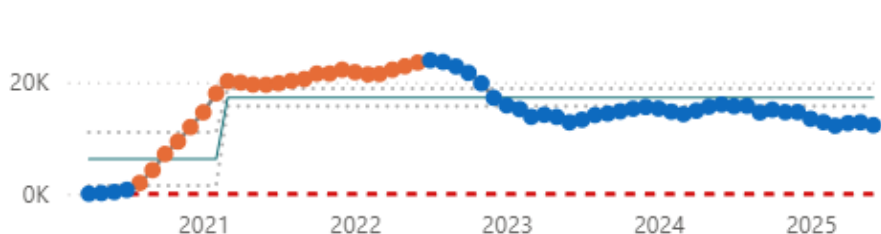
Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

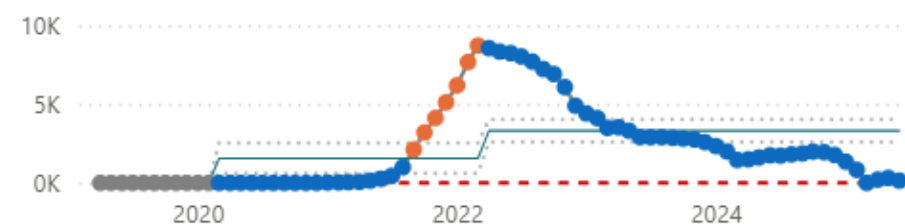
Key

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

Patients waiting over 52 weeks from referral to treatment



Patients waiting over 104 weeks from referral to treatment



June performance shows improving variation with 12,306 patients waiting over 52 weeks for treatment.

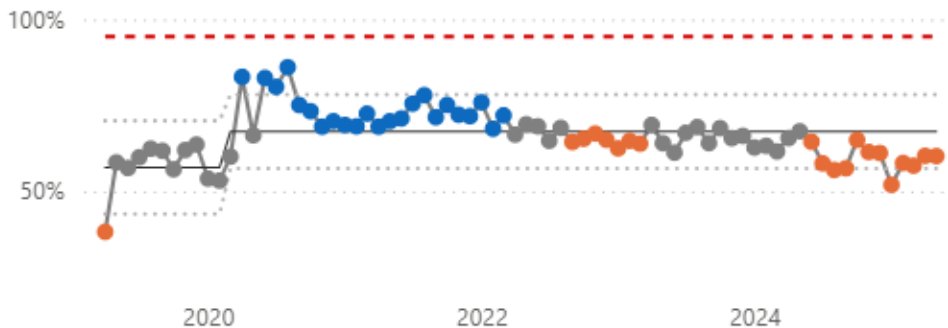
June performance, 144 shows improving variation, the target has not been met since March 2025.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • Most specialties will recover performance at the end of quarter 2 including large volume areas such as Cataracts and Arthroplasty. However, delivery risks remain in ENT and Ophthalmology due to continued theatre staffing constraints and cancellations • As a result of progress achieved over the past 12 months, 99.9% of the Hywel Dda population will have been seen and treated within a two-year timescale. 16% reduction in 36-week breaches for Referral to Treatment since June 2024 – positive indications for further recovery in future. • The breaches in June 2025 are predominantly due to reduced theatre capacity. Theatre staffing and availability of additional funding remain challenging. Staff sickness rates, particularly within theatres, are impacting delivery. • Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times. • Achieving GIRFT (Getting It Right First Time) ambitions in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway. • Additional risk factors include theatre staffing; Urology cancer backlog being prioritised over routine backlog (inpatient demand is needed for both Cancer and longest waiting routine patients); Colorectal cancer demand utilising routine clinic slots; Vascular regional capacity issues; Theatre cancellations meaning few routine long waiting ENT patients can be scheduled as urgent patients are taking all rescheduled theatre slots. • Inpatient/day case activity levels have now recovered beyond pre-pandemic levels. Despite incremental progress achieved, more work is required to reduce late starts and early finishes. A key challenge being the alignment of clinical job plans. Follow lists remain a significant challenge due to theatre workforce availability challenges. 	<ul style="list-style-type: none"> • Recovery plans being progressed in ENT & Ophthalmology (Ocular Plastics) . These plans include insourcing of theatre staff to secure core capacity and mitigate cancellations, outsourcing of tonsillectomy procedures and delivery of additional lists to recover backlogs from quarter 1 2025/26. • Recovery plan in place to support recovery of quarter 1 orthopaedic breaches by September 2025. • Key focus on maintaining waiting times targets into 2025/26 using capacity and demand forecasts to highlight risk areas in each specialty, with a view to allocate any additional funding to appropriate specialties. • There is a refreshed Theatre Optimisation and Efficiency workstream led by the new Clinical Care Group to promote further improvements in theatre productivity across all specialties and achievement of GIRFT standards. 	<p>30/09/25</p> <p>30/09/25</p> <p>Ongoing</p> <p>31/03/26</p>

Key

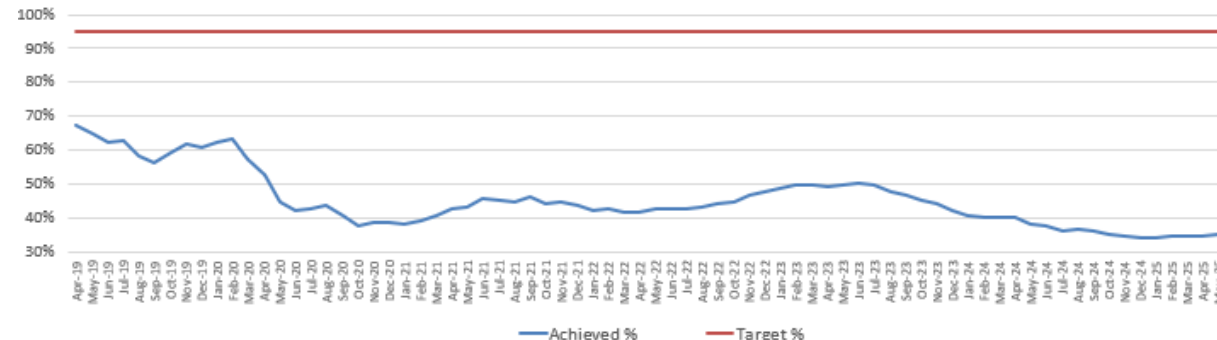
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest data for May 2025 shows concerning variation, with 1,029 out of 1,708 (60.3%) high-risk (R1) patients attending appointments within a 25% delay to their clinically assigned target date (Target = 95%)

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



In May 2025, 6,528 out of 18,623 (35%) high-risk (R1) patients were waiting within a 25% delay to their clinically assigned target date (Target = 95%)

Key challenges / issues

- Gaps in specialty and specialist (SAS) doctor rotas whilst clinicians are onboarding (currently covered with additional duty hours).
- Recruiting to consultant vacancies is historically difficult, therefore a regional solution will provide more opportunity to secure substantive posts. Situation, background, assessment, and recommendation (SBAR) submitted to Clinical Care Group (CCG) for planned care and specialist services for approval.
- Recruitment to posts identified in Eye Care Measures (R1) SBAR has now been confirmed and posts have been submitted for approval to CCG. Some additional activity for R1 delivery has been secured through waiting list initiative (WLI) sessions.
- Reduced clinics due to gaps in workforce (currently filled where possible with WLI).
- Clinic delivery restricted due to estates and delivery out of 8 sites. 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.

Key actions / initiatives

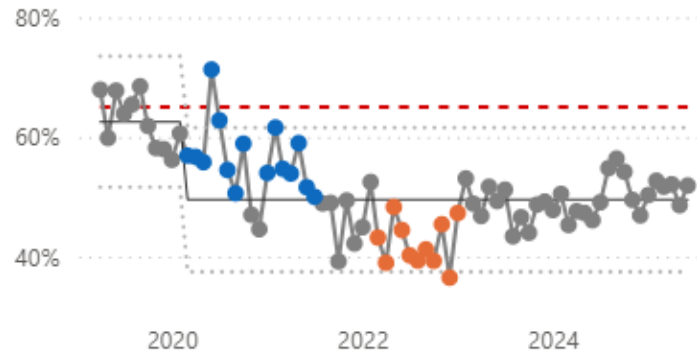
- Recruitment interviews for SAS doctors took place in June with two successful applicants appointed.
- Regional recruitment into two substantive consultant posts to stabilise service. Regional discussions continue. Job vacancies going to CCG for discussion in July.
- Regional solutions for Age Related Macular Degeneration (AMD), Glaucoma, Cataract and Vitreoretinal subspecialties being explored with subspecialty leads now identified.
- Protected R1 appointments have been introduced from April 2025 to increase timeliness of R1 delivery.
- Eye Care Measures (R1) SBAR presented to Board, and funding secured for recruitment to commence to enable service to increase capacity for both AMD/Intravitreal Injections (IVT) and Glaucoma services to recover R1 trajectory for patients waiting within 25% delay to their target date from 35% to 65% by March 2026.
- 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.
- External solutions for cataract delivery have been secured through outsourcing.
- Internal cataract delivery has been increased, and theatre efficiencies being reviewed to reduce cancellations and late start times.

Due date

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

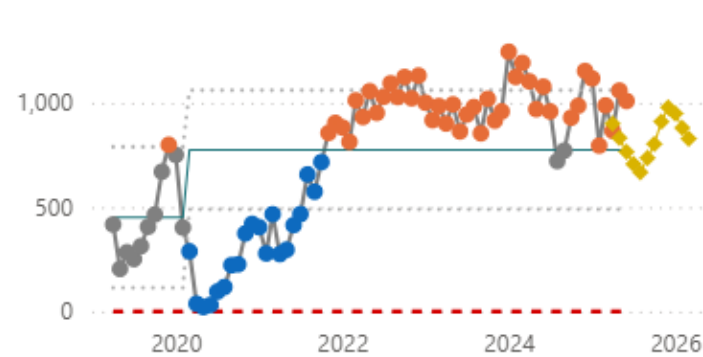
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Life threatening (red) call responses taking over 8 minutes



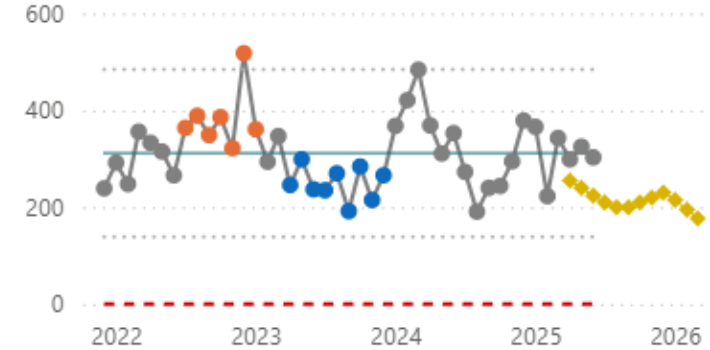
Latest data is showing expected (common cause) variation, 336 red calls met, out of a total of 648 responses, 51.9% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 1,009 handovers > 1 hour out of a total of 2,076

Ambulance handovers taking over 4 hours



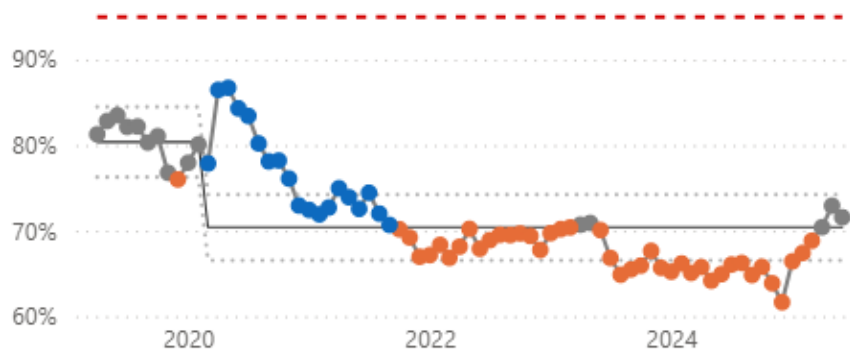
Latest data is showing common cause (expected) variation. 303 handovers > 4 hour out of a total of 2,076, 15%.

Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
<ul style="list-style-type: none"> •43.91% of missed red calls for June 25 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites. 	<ul style="list-style-type: none"> •Introduction of new response categories 01/07/25 PURPLE ARREST, RED EMERG. 	<p>Complete</p>
<ul style="list-style-type: none"> •53.52% of missed red calls for June 25 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8minutes if a vehicle is available and on nearest standby point. 	<ul style="list-style-type: none"> •Standard operational practice reviews WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts 	<p>Complete</p>
<ul style="list-style-type: none"> •Overall attended demand in Hywel Dda health board area for June 25 on average has been above forecast. 	<ul style="list-style-type: none"> •Standard operational practice ensures a 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 	<p>Complete</p>
<ul style="list-style-type: none"> •Hospital delays in handing over WAST ambulance crews, 3,625 hours lost at the 4 acute Hywel Dda hospital sites during June 2025. 	<ul style="list-style-type: none"> •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. 	<p>30/9/25</p>
<ul style="list-style-type: none"> •There have been 57 immediate release requests in June 2025 with an acceptance rate of 83.93%. 	<ul style="list-style-type: none"> •111 press 2 established and enables WAST clinicians to support the management of mental health patients •‘Porth Preseli and Eastgate staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Ceredigion. •WAST resourcing reviews and targeted overtime allocation established as standard operational practice. 	<p>Complete</p>

Key

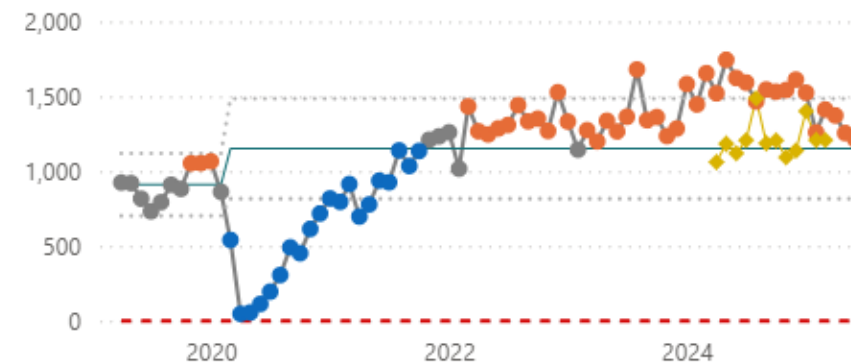
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



72% reported for June 2025, 4,412 breaches out of 15,510 new attendances. Chart is showing common cause (expected) variation.

Patients waiting over 12 hours in A&E/MIU



1,213 breaches out of 15,510 new attendances, 8%. The chart is showing a concerning performance trend.

Key actions / initiatives – tactical urgent and emergency programme

Due date

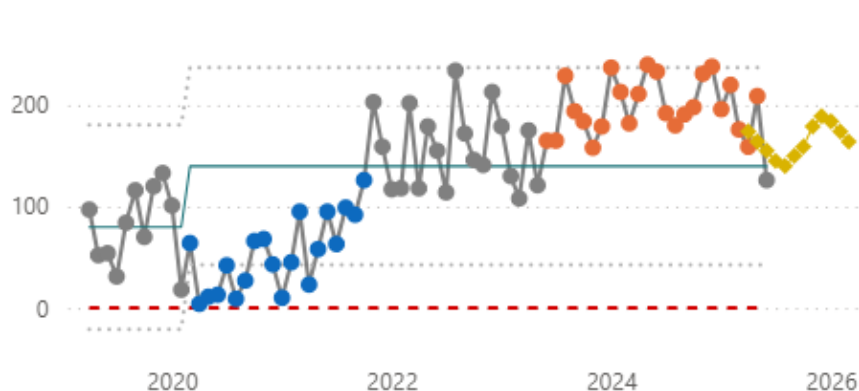
In response to long-standing performance challenges within Urgent and Emergency Care (UEC) which has resulted in sub-optimal patient experience and performance, the Executive Team has issued a series of instructions to be enacted at pace (by October 2025) in order to deliver a step change improvement, 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:

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

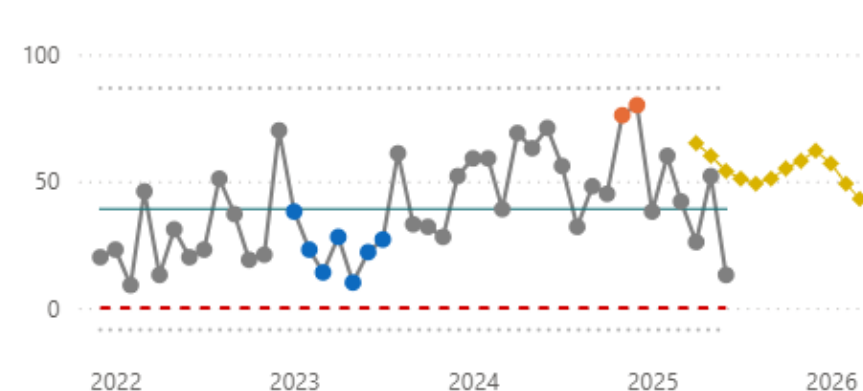
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation.
126 handovers >1 hours reported out of a total of 362 handovers, 35%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation.
13 handovers >4 hours were reported out of 362 total handovers 4%.

Key challenges / issues

- Rapid Assessment and Treatment (RAaT) provision can be impacted by lack of nursing staff to support the area – it is recognised that the majority of ambulance red release calls are almost always supported.
- Reduced capacity and patients in corridor within the ED is a regular occurrence due to limited flow through the system.
- Surge capacity and boarding opportunities are in situ across the acute site to support timely ambulance handover. Space however, is limited
- Ongoing staffing challenges
- Self-presenters can be prioritised based on clinical acuity

Key actions / initiatives

- Dedicated RAaT provision at the front door enabling timely assessment.
- Review of current discharge and flow pathways with proposal for full revamp of Porth Gofal and flow processes encompassing a number of Quality Improvement projects.
- Work ongoing with improvement colleagues in response to recent GIRFT recommendations and 6 Goals Programme.
- Y Bwa continues to support site pressures following decant of Meurig ward, review has been undertaken to establish model of care. Expectation is to maintain use of Y Bwa.
- Surge capacity and boarding available as part of escalation actions.
- Short Stay area within the ED is not being bedded to ensure continuation of flow.
- Expansion of current Advance/Emergency Nurse Practitioner model in conjunction with the medical rota review – rota review due to complete 31/07/25
- 6 Goals and Optimal Hospital Flow workstreams across Ceredigion system with focus on reduction of Pathway of Care Delays, strengthening of early discharge planning, implementation of Criteria Led Discharge, refresh of Board Rounds.
- Action plan created to ensure adherence to 45 minute handover directive.
- Operational meetings with WAST recommencing with System General Manager.
- Senior leadership presence within the Emergency Department.

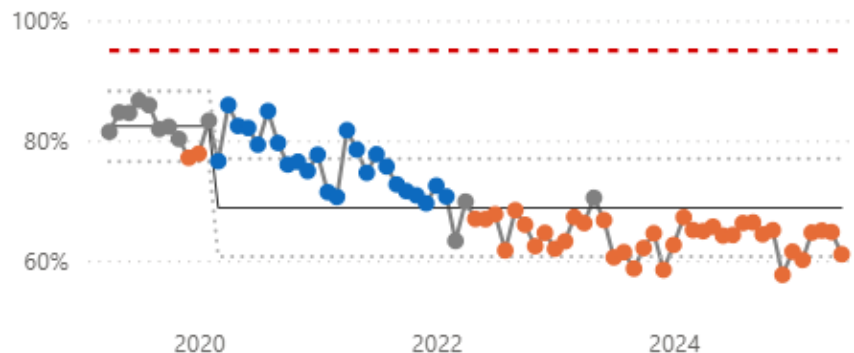
Due date

- Complete 31/08/25
- 30/9/25
- 31/3/26
- Complete
- Complete
- 31/07/25
- 31/8/25
- 31/7/25
- Complete
- Complete

Key

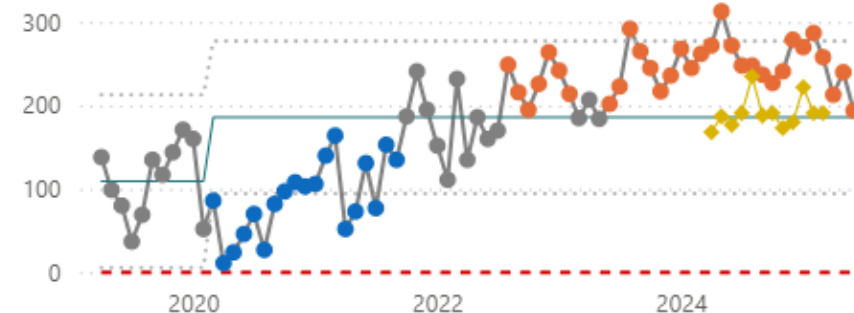
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



61% reported for June, 981 breaches out of 2,519 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



194 breaches out of 2,519 new attendances, 8%. The chart is showing a concerning performance trend.

Key challenges / issues	Key actions / initiatives	Due date
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- 4 hours 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 across the acute site.
- High inpatient acuity.
- Delays in earlier in the day discharges, this can be due to additional investigations being requested, awaiting doctor review, transport etc.
- Limited opportunities to board and surge. Boarding options are now regular surge areas.
- Pathway of Care delays at BGH – for June there were a total of 21 patients delayed, with the top 3 themes relating to “Awaiting completion of assessment by social care” and “Awaiting completion of best interest decision” and “Awaiting continuing health care assessment.”

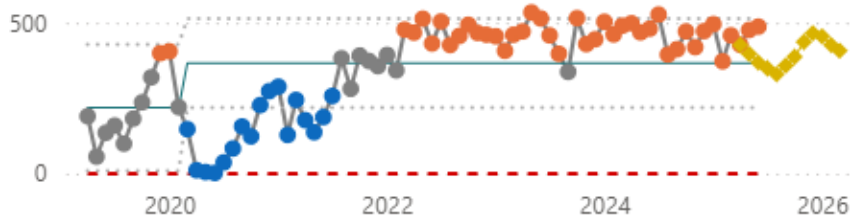
- RAaT model in place supporting circa 10 attenders a day.
- Medical stabilisation task and finish group established to review current medical rotas. BGH ED is one of the priority areas.
- Boarding policy operational.
- Short Stay assessment in place – no bedding rule being adhered to.
- Training to be delivered by informatics on accuracy of data. Awaiting roll out.
- Optimal Hospital flow workstreams across Ceredigion System, focus on reduction of delays, early moves to ED, early discharges from wards and clinical decisions unit . Reduction of Pathway of Care Delays
- Refresh and Revamp of bed meetings to encompass an multi-disciplinary team approach to support early flow and timely discharge. Go Live 4th August 2025.
- Clinical Streaming Hub 5 days a week, with view to expand to 7 days.
- Same day urgent care model to be explored for Aberaeron and Aberystwyth.
- North Outreach Team attending Board Rounds on the 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.

Complete
Complete
Complete
Complete
31/8/25
Complete
4/8/25
Complete
30/9/25
Complete
Complete

Key

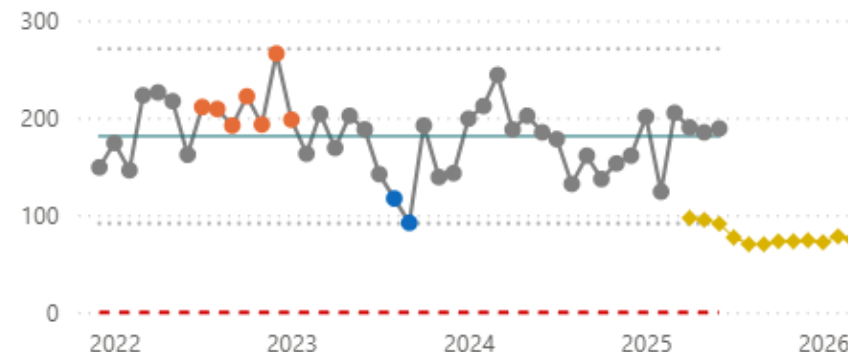
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 487 handovers >1 hours reported out of a total of 851 handovers, 57%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 189 handovers >4 hours reported out of a total of 851 handovers, 22%.

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.
- 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) fill rates are below 100% due to resource being required at scenes.

Key actions / initiatives

- Rapid assessment with increase in triage trained nurses.
- Boarding policy active on daily basis to create early flow against discharges.
- Ambulance "Stack attack" by Intermediate Care General Practitioner when resource allows.
- "Progress Chaser" proof of concept post to be trialed as part of whole system "perfect week" in July as key enabler for improved performance and data quality.
- Improved engagement required from originating sites within the Health Board for transfers of care to GGH. Prioritisation and clock start adoption to return patients from GGH once specialist input is complete.
- Front door options being explored derived from capital funding to increase capability at the front door.
- Health Board Operational Delivery Group currently developing robust plan to deliver operational 7 days per week Operational Delivery Unit (ODU) to focus on handover delays across Health Board.
- Implementation of "Perfect Week" with aim for ambulance handovers within 45 minutes.
- Senior Leadership presence to support actions to reduce delays.

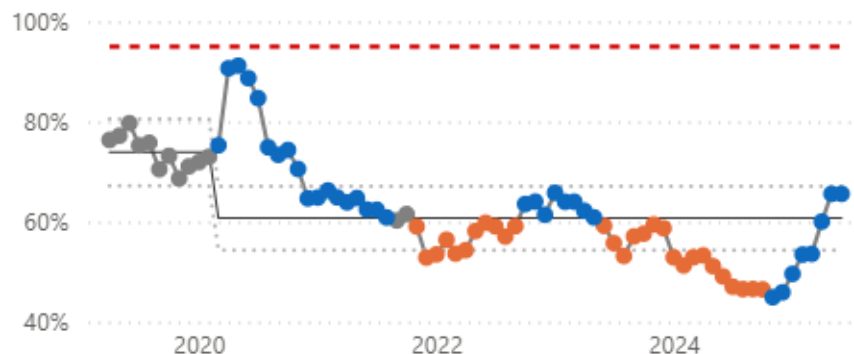
Due date

- Complete
- Complete
- Complete
- 31/07/25
- 31/07/25
- 31/07/25
- 31/10/25
- 18/07/25
- Complete

Key

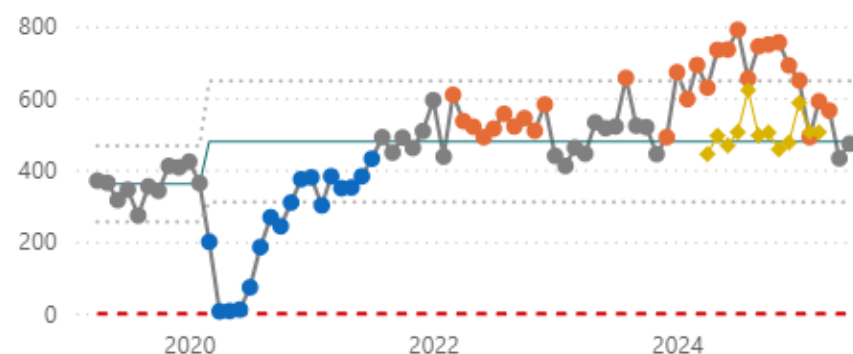
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



66% reported for June, 1,618 breaches out of 4,704 new attendances. Chart is showing improving performance trend.

Patients waiting over 12 hours in A&E



473 breaches out of 4,704 new attendances, 10%. Chart is showing common cause (expected) variation.

Key challenges / issues

- High attenders through front door with limited see and treat rooms due to patients awaiting beds in the hospital.
- Data quality around breach validation has contributed to the improved performance on the 4 hour target.
- Patient flow from the Emergency Department continues to remain challenging with high acuity and high volume of patients awaiting a bed contributing to 12 hour performance.

Key actions / initiatives

- Front door proposal discussions ongoing as to options to maximise throughput through Same Day Emergency Care/Acute Medical Assessment Unit (AMAU) facility.
- Rapid triage and assessment in place by Senior ED Clinician where possible to enable early senior decision making and turnaround.
- Medical and Surgical SDECs fully functional and accepting GP and Emergency Department referrals.
- Teifi Trauma Ambulatory Care Unit (TTAC) remains a pilot initiative. Standard operating procedure and review to data to consider operationalising as daily practice.
- "Perfect Week" planned w/c 14th July with focus on 12 hour performance in ED.
- Senior Leadership presence to support actions to reduce delays.

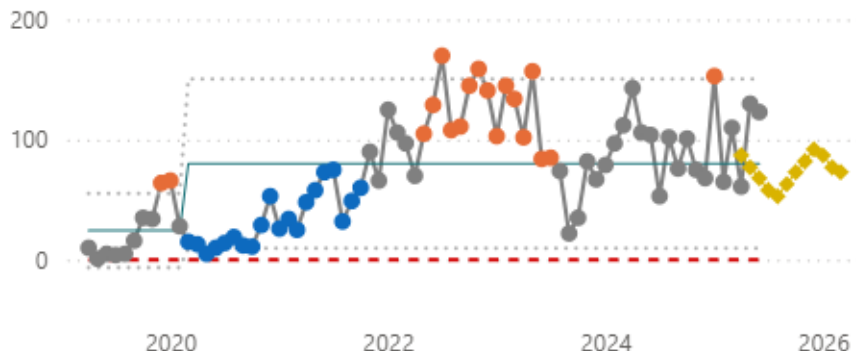
Due date

- 31/07/25
- Complete
- Complete
- 31/07/25
- 18/07/25
- Complete

Key

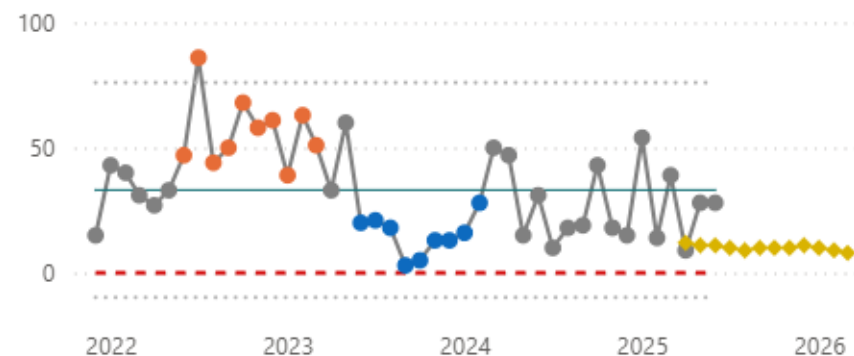
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 123 handovers >1 hours reported out of a total of 264 handovers, 47%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 28 handovers >4 hours reported out of a total of 264 handovers, 11%.

Key challenges / issues

- Continued 'Front Door ' pressures resulting in 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 an increase in ambulances conveying to site which has resulted in our 1 hour handover delays increase.
- Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to AMAU remains which limits capacity for ambulances. This is further compounded by patients being admitted from SDEC and self- presenting GP referrals.
- 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 conveyance.
- 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.

Key actions / initiatives

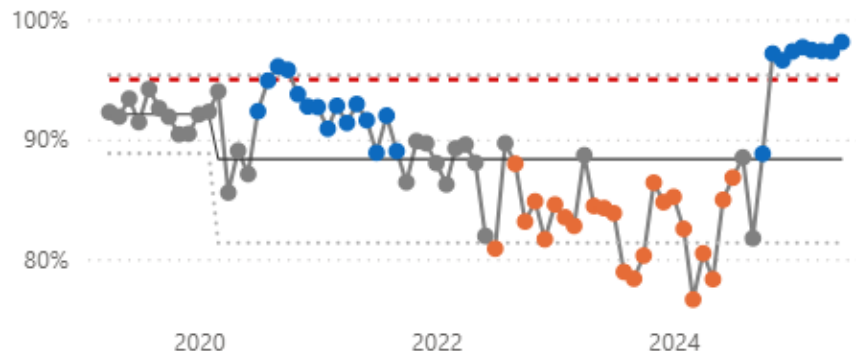
- Immediate ambulance release requests are almost always supported.
- All ward areas operate at full capacity with additional patients in surge areas to maintain flow when required.
- Clear communication channels with the Operational Delivery Unit (ODU) in the WAST to support decision making with a view to minimise risk as part of the hospital flow.
- SDEC (Same Day Emergency Care) supporting AMAU/MIU to reduce pressures at the front door. Piloting SDEC weekend support to prevent admissions
- Front door model (with designated areas for patients to receive multidisciplinary treatment to expedite discharge home) to include interface frailty service.
- Health Board Operational Delivery Group currently developing plans to deliver 7 day Operational Delivery Unit model to focus on flow across the sites.
- Senior Leadership presence to support actions to reduce delays.

Due date

- Complete
- Complete
- Complete
- 30/9/25
- 30/9/25
- 31/10/25
- Complete

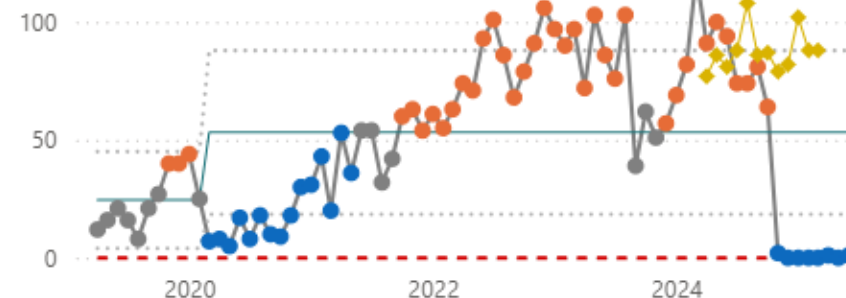
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Patients waiting less than 4 hours in MIU



98% reported for June, 47 breaches out of 2,514 new attendances. Chart is showing improving performance trend

Patients waiting over 12 hours in MIU



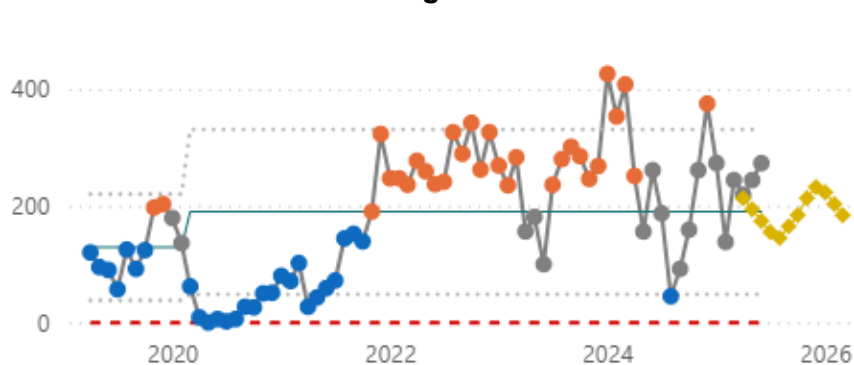
1 breaches out of 2,514 new attendances. Chart is showing improving performance trend.

Key challenges / issues	Key actions / initiatives	Due date
<p>Our Minor Injury Unit (MIU) new patient attendances has returned to similar levels prior to closing overnight (November 24) but there is a significant drop in patients presenting with a major complaint within that total - only 17% of patients who presented had a major medical complaint. Patients who require admission following triage are handed over to the medical team in AMAU ward. Our 4 hour performance remains high.</p>	<p>Newly appointed locum consultant for SDEC supports weekly hot clinics. This allows for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance.</p> <p>Consultant Connect being introduced to use operationally within SDEC to further support effectiveness of the department. Go live date Aug 25</p>	<p>31/8/25</p> <p>31/8/25</p>
<p>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</p>	<p>Ongoing work with community colleagues on early discharge planning . Use of hospital at home to create a wraparound 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.</p> <p>Senior Leadership presence to support actions to reduce delays.</p>	<p>Complete</p> <p>Complete</p>

Key

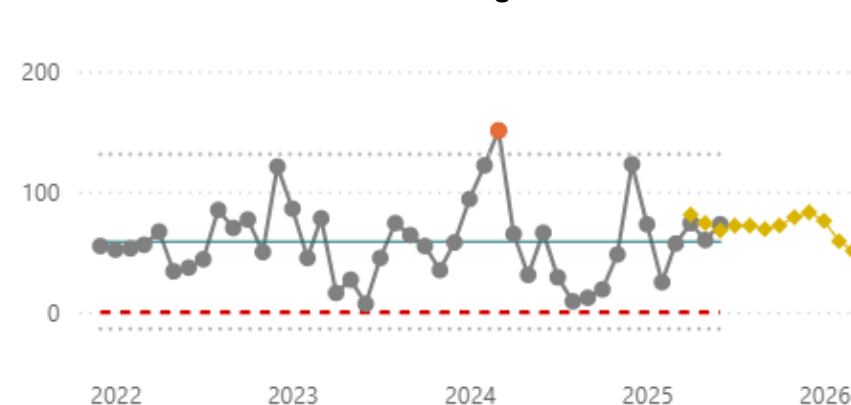
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 273 handovers >1 hours reported out of a total of 599 handovers, 46%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 73 handovers >4 hours reported out of a total of 599 handovers, 12%.

Key challenges / issues

Maintaining and improving the position has been challenging. The ED remains overcrowded with reduced capacity for ED clinicians to see and treat patients.

The 1 and 4 hour ambulance delays still remain a challenge but we are working towards improving this.

There is a discrepancy between the acuity of patients walking into ED and patients being conveyed by Welsh Ambulance Service, which sometimes necessitating the walk in patients to take clinical priority.

Patient arrive in ED seeking alternative healthcare professionals.

Key actions / initiatives

- Immediate Ambulance release request will be supported if safe to do within the department.
- Several areas have been ringfenced to ensure these areas are available for emergency patients, to enable patient flow through the department: 2 trolley spaces are provided in the ambulance bay. 2 spaces ringfenced for triage/see and treat 1 Resus space ringfenced .
- Advanced Paramedic Practitioner (APP) navigator based in the Pembrokeshire clinical streaming hub reviews the Ambulance stack to enable conveyance avoidance where possible.
- Senior Leadership presence to support actions to reduce delays.

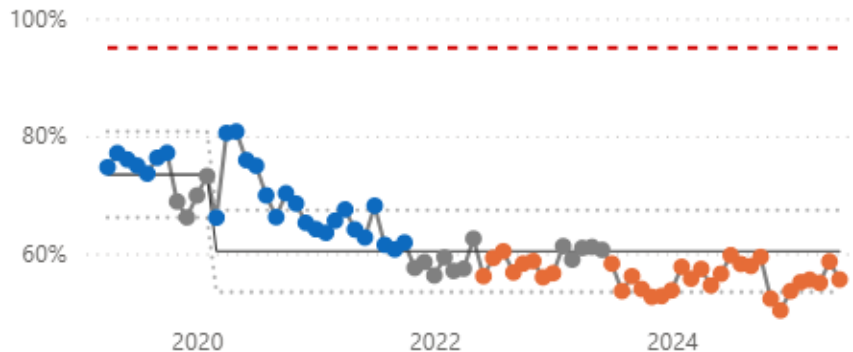
Due date

- Complete
- Complete
- Complete

Key

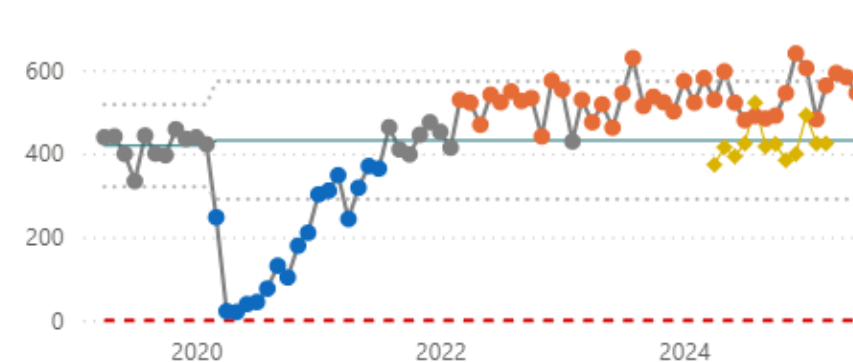
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



56% reported for June, 1,725 breaches out of 3,884 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



545 breaches out of 3,884 new attendances, 14%. Chart is showing concerning performance trend.

Key challenges / issues

- We are not meeting both the 4 hour and 12 hour target as patients are staying too long in the department.
- Our capacity is not meeting the demand.
- Poor patient discharge profile especially over the weekends, reduces patient flow through ED and hospital.
- Wards have been surged to full capacity to try and alleviate some of the pressure in ED. This includes outlying to other services.
- The patient length of stay over 7 days has remained high, which increases the demand for beds within the hospital system.

Key actions / initiatives

- All ward areas to fully implement "optimal flow", which is part of the 6 goals programme.
- WGH has fully implemented the boarding policy (where patients are moved to wards early where discharges and query discharges are predicted).
- Same Day Emergency Care (SDEC) is fully functioning.
- Senior Leadership presence to support actions to reduce delays.
- Pembrokeshire has instigated a "whole system" (acute and community) improvement plan for patient flow with 6 work streams identified below as priority. Workstreams will be scoped and developed during the year.
 - ❖ Continuous flow to be introduced to WGH.
 - ❖ Strength based collaborative communication.
 - ❖ Development of single point of contact for WAST triage per conveyancing.
 - ❖ GP direct discussion with ED.
 - ❖ Improvement plan for weekend discharges .
 - ❖ Developing a plan for complex streaming at the front door.
 - ❖ Re instigating surgical and frailty same day assessments units

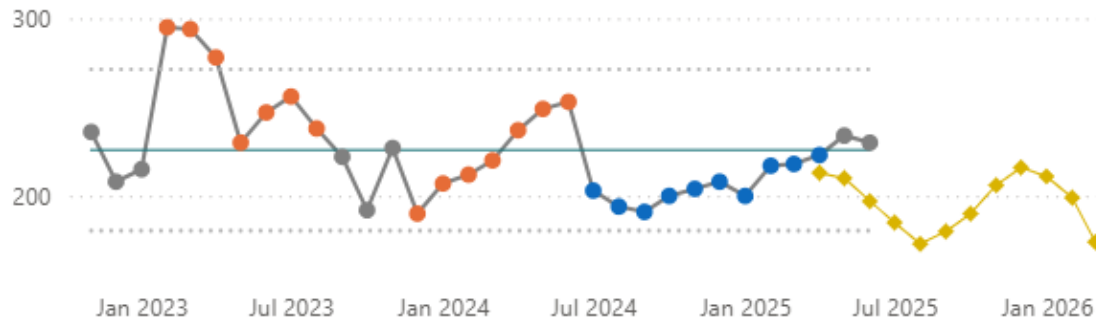
Due date

- Complete
- Complete
- Complete
- Complete
- 31/10/25

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)

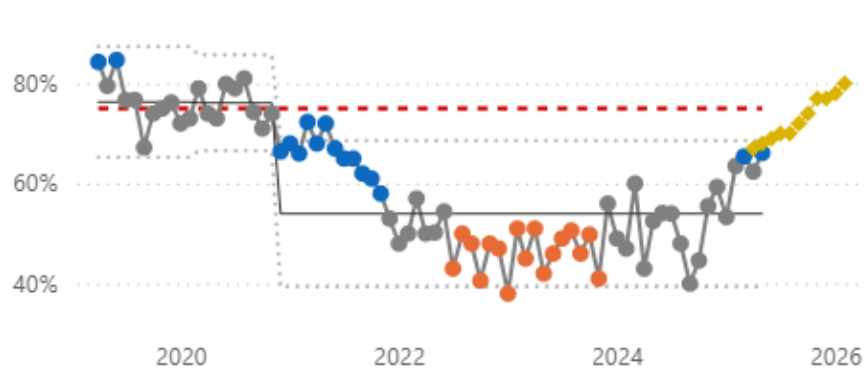


- Number of census count delays decreased in June with 230 patients and chart shows common cause variation.
- The total days delayed for non-mental health increased in June to 9,198 days.
- Mental health and learning disability delays also increased in June to 1,635
- Assessment delays remain the largest 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: External - Ongoing challenges in terms of capacity to start new community care packages funded by social care (n=23), reablement community care packages (n=25) and completion of social care assessment (n=40). Issues around housing (Homeless n=4, 428 days, requires rehousing n=5, 494 days, home unsafe n=5, 215 days), and availability of nursing and residential homes within the region (n=7).</p> <p>Internal - delays around nursing assessments (n=10), Allied Health Professional assessments (n=6) and Continuing Health Care (n=14) being explored internally to identify areas for improvement.</p>	Integrated POCD Action plan being developed	230/7/25
	Develop internal standards for timely health assessments relating to PoCD	31/07/25
	Ongoing work to support appropriate timely Discharge to Recover and Assess (D2RA) allocation, to support early discharge planning	31/07/25
	Develop Trusted Assessor models to support improvements in PoCD especially around mental health capacity.	31/07/25
<p>MH & LD: The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for June 2025, improved by 2 to 24, this figure includes 5 discharges from last month, 21 who remain PoCD from the last count and 3 new patients identified as medically optimised. The patients are categorised as follows- Older adult 15 reduction of 1, adult 8 remains the same and learning disability 1 which is unchanged.</p>	<p>The position in respect of patients who have a length of stay over the 90 and 100 day threshold for Mental Health are 0 over 90, 6 over 100 which is a deterioration of 1 and 1 patient over 300 which remains the same. In summary, there are 24 medically optimised patients on in-patient wards, and, following urgent meetings last month the PoCD and patient flow meetings for adult have been reconfigured to improve medical and local authority representation and older adults have held an additional meeting in June.</p>	31/07/25

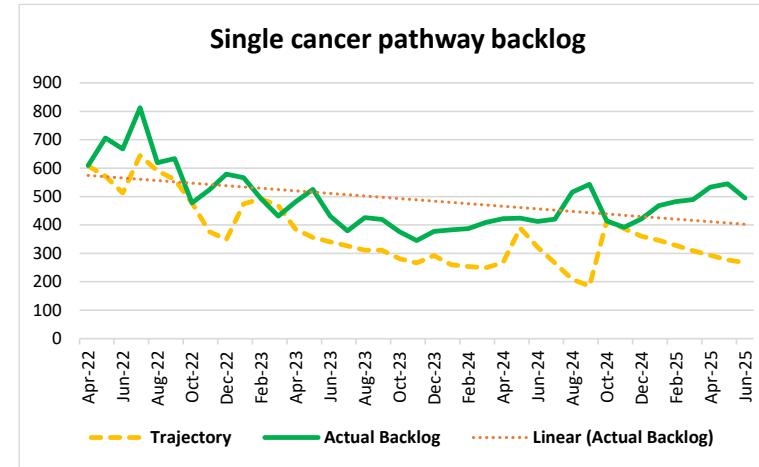
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

% single cancer pathway patients starting treatment within 62 days



In May 2025 66.1% of patients (312 patients) started treatment within 62 days of referral. Although the 67% trajectory was not met, this is the highest performance since July 2021.

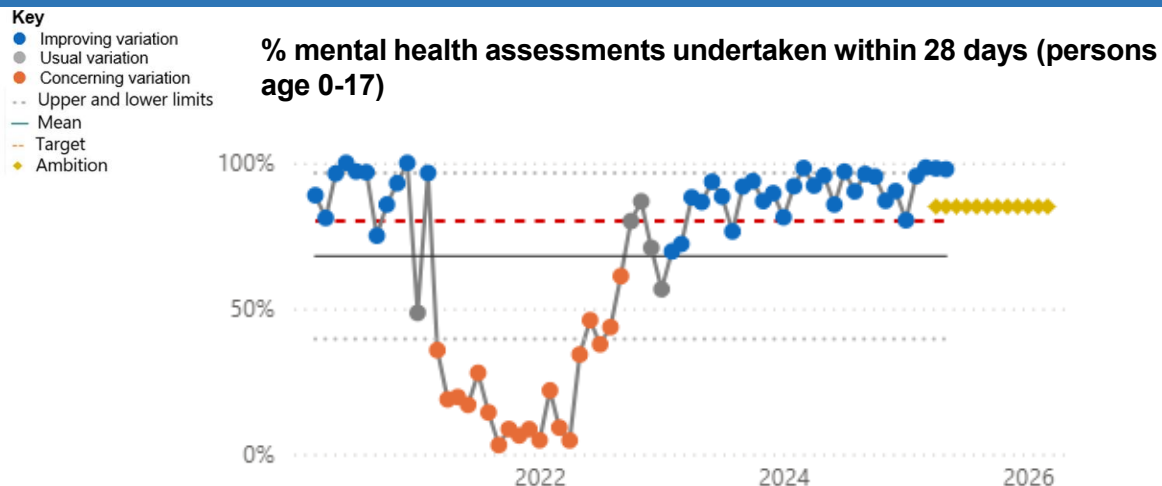
Number of single cancer pathway patients waiting over 62 days



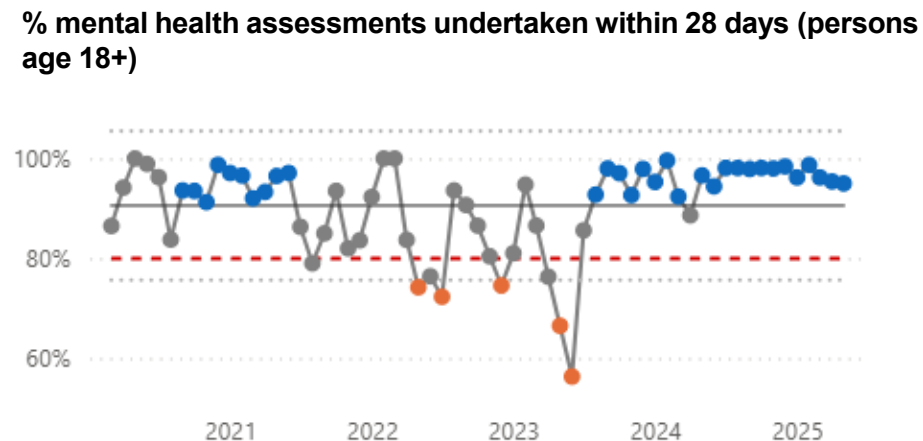
In June 2025, 495 patients were waiting over 62 days (trajectory: 267)

NOTE: This figure includes patients who are going through the diagnostic phase of the pathway.

Key challenges / issues	Key actions / initiatives	Due date
<p>Single cancer pathway In May 2025, 159 patients who were waiting over 62 days were treated, first treatments rates increased by a total of 46 patients. 312 patients started treatment within 62 days with 159 patients waiting over 62 days.</p> <p>Fragility in Radiology remains a key risk to delivery. Recurrent investment in Radiology provisionally agreed for 2025/26.</p>	<p>Diagnostics: Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26.</p>	31/03/26
	<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. By end of July (reportable 7th August), will see a waiting list of under 100 patients. This will have a positive influence on the Urology backlog. Robust improvement plans agreed for Urology diagnostics for 2025/26.</p>	31/08/25
	<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>	30/09/25
<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 sickness/absence</p>	<p>Focus on Gynecology recovery: Clinically led action plan in place, recovery actions developed and monitored via weekly focus group with NHS Executive including full implementation of a One Stop model for post-menopausal bleeding (PMB) hysterectomy to be implemented in WGH by end July 2025</p>	31/07/25



Latest performance of 97.8% is showing special cause improving variation and the target of 80% was met.



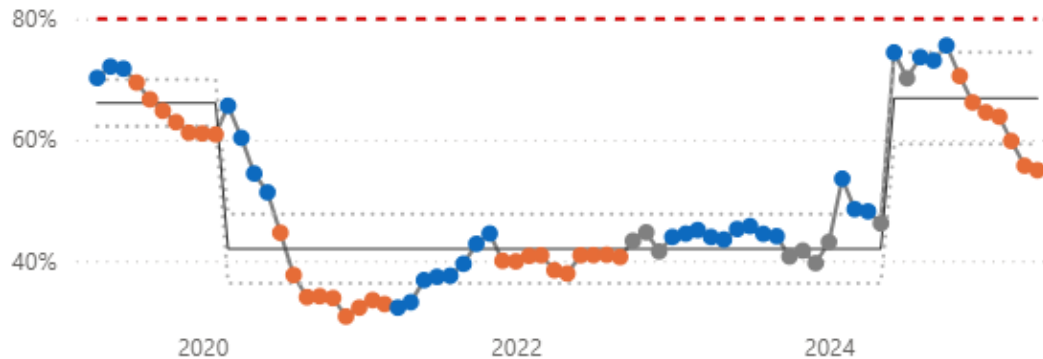
Latest performance of 95% is showing special cause improving variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% mental health assessments undertaken within 28 days (persons age 0-17): 44 of 45 assessments were undertaken within target in May. There continue to be significant workforce challenges in the largest under 18 Local Primary Mental Health Support Service team with increased maternity leave (3 staff in one team) and long-term sickness. We anticipate continued compliance despite this, but this may be closer to the 80% target rather than the current 90%+ figures.</p>	<p>% mental health assessments undertaken within 28 days (persons age 0-17): A registered staff member vacancy is due to be advertised shortly. Continue to achieve compliance above the 80% target.</p>	<p>31/07/25 31/07/25</p>
<p>% mental health assessments undertaken within 28 days (persons age 18+): Due to the limited time period to achieve the target, if patients are unable to make the initial assessment date, the follow up appointment can fall outside the allocated timeframe.</p>	<p>% mental health assessments undertaken within 28 days (persons age 18+): Ensure an effective administration process and vital support to ensure that service remains compliant with the target.</p>	<p>31/07/25</p>

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 May of 55% shows concerning variation and the target of 80% was not met.

- 408 out of 716 (57%) patients started an integrated psychological therapy;
- 3 out of 10 (30%) started an adult psychology assessment;
- 34 out of 85 (40%) started a learning disability psychology within 26 weeks.

Key challenges / issues

Integrated Psychological Therapies Service (IPTS):

When phase 1 and 2 of group therapies were rolled out, it was agreed that all patients who undertook a group or declined would still be able to access their agreed 1:1 therapy that they were originally assessed as requiring. This resulted in a high number of 1:1 sessions offered being taken up by patients who have received the group offer (accepted or declined) and contributed to the reduction to the referral to treatment target. Despite this, the introduction of groups which is now progressing to phase 3 has significantly reduced waiting times, reduced pressure on other services and ensured that the service is abiding by Prudent Healthcare principles.

Adult Psychology:

The Adult Psychology Mental Health (AMH) waiting list continued to improve in May both in terms of waiting time target and number of people waiting. All four clinicians in the service have other responsibilities including providing cover to other services due to vacancies and consultations which appear to have decreased referrals in AMH. 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:

Waiting times have remained high due to a 50% increase in referrals since the pandemic, an increase in the complexity and severity of need, Court of Protection work taking up a significant amount of clinical time and long-term sickness absence.

Key actions / initiatives

IPTS:

Progression towards a prudent and tiered approach to high intensity intervention remains underway to support the increase in demand, however this is a cultural shift that requires effective planning.
Digital options are being explored to support waiting times with caps in sessions are in place.
Treatment groups for childhood trauma, OCD and self esteem are coming online over the next two months.

Adult Psychology:

Grow Your Workforce plans are in place.
A whole-time equivalent vacancy has been recruited to and expected to commence in September 2025. This is based in an area where there is currently no community provision.

Learning disabilities:

Three posts recently went out for recruitment where we successfully recruited to the two band 5 assistant psychology posts. We were not successful in the band 7 post which will go back out for advertisement.

Due date

30/08/25

30/09/25

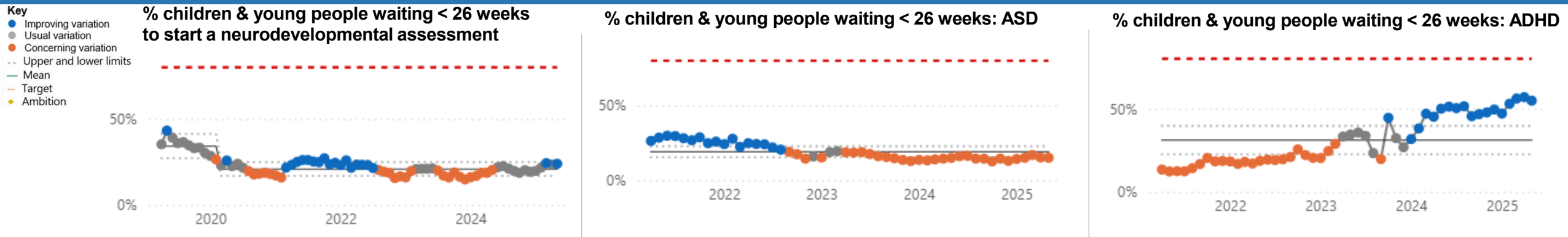
31/03/26

30/09/25

31/07/25

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in May 2025 of 23.9%, shows improving special cause variation but the target of 80% was not met. Performance is driven by ASD, where 505 of 3,359 (15%) patients had an ASD assessment < 26 weeks. 528 out of 963 (54.8%) patients had an ADHD assessment <26 weeks.

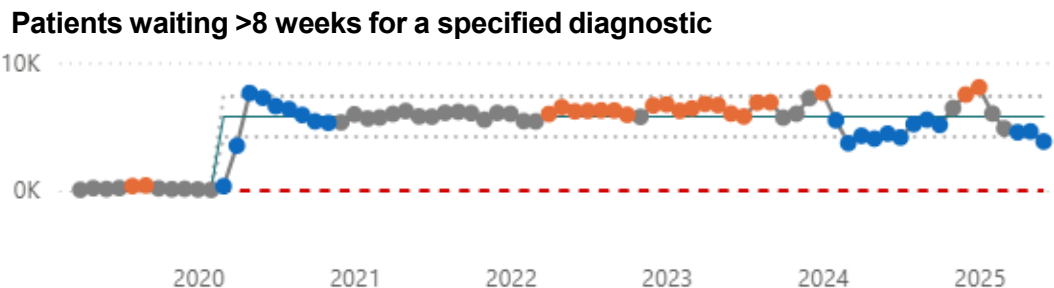
Key challenges / issues	Key actions / initiative	Due date
<p>Autism Spectrum Disorder (ASD): The current waiting list for ASD assessments stands at 3,359 with longest wait times now approximately three years. Demand for assessment has reduced slightly in 2025, averaging 111 per month. That said, despite refined referral and triage processes, demand is still approximately 3 times higher than current service capacity. Welsh Government Neurodivergence Improvement Programme and Code of Practice legislative requirements stipulate development of pre and post diagnostic support and upstream working which has diverted resources from tackling waiting lists. Staff vacancies, sickness, maternity leave, annual leave and availability of diagnostic assessment training are having a significant impact on the service.</p>	<p>ASD: Rolling process mapping of current systems and pathways to improve efficiency and reduce time to assessment. Assessment process stream-lined further to increase capacity within services. Rapid access to diagnosis pilot – progress review in October 2025 Extensive data validation of existing waiting list. Blended approach including use of digital platforms to reduce need for travel and face-to-face appointments where possible in place.</p>	<p>31/03/26 31/10/25 30/09/25 31/03/26</p>
<p>Attention Deficit Hyperactivity Disorder (ADHD): As of the end of May 2025, 435 children and young people were waiting more than 26 weeks for an ADHD assessment. There has been an increase due to a number of referrals missing clinical conditions which have now been added. In the last two years the service has seen a 100% increase in referrals from approximately 28 per month in 2023/24 to 56 in 2024/25. This outweighs the capacity within the service of 40 per month. Additionally, demand for Quantitative Behavioural (QB) Tests which form part of the diagnostic pathway outweighs current capacity. Clinic room capacity across sites is a significant challenge with longer term solutions being explored.</p>	<p>ADHD: Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. Increase core capacity through provision of additional (QB) Tests and follow up sessions. Currently only one device is available to carry these out across the counties and limited Healthcare support workers (HCSW) are trained to use these. Funding streams are being sought to support the purchase of additional devices and would require additional recruitment. The service is exploring the use of ‘The Portsmouth Model’ which, if found to be suitable, may reduce delays in diagnosis and demand on QB testing. Currently being tested by Carmarthenshire County Council. There is a post to advert for one whole-time equivalent Community Paediatrician in BGH. Continue to flexibly manage clinic capacity and match demand through rigorous job planning.</p>	<p>31/03/27 30/09/26 31/12/25 31/07/25 31/03/26</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 is showing improving variation for the third consecutive month, with 3,831 breaches recorded in June 2025.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	June 2025	3,831	●	▣	n/a
Radiology		3,483	●	▣	n/a
Endoscopy		157	●	▣	n/a
Cardiology		136	●	▣	n/a
Imaging		29	●	▣	n/a
Phys measure		24	●	▣	n/a
Neurophysiology		2	●	▣	n/a

Key challenges / issues

Radiology: Demand exceeding capacity for timely investigations and reporting (Cancer and inpatient reporting is being prioritised).

- Radiology received:
 - 2,149 Urgent Suspected Cancer (USC) requests in month, 106 more than May 2025.
 - 14,822 requests received in total. 556 more than in May 2025.
- Breach position as at 07/07/25 - 3,508 breaches in total:
 - Computed Tomography (CT) 197 (-252)
 - Magnetic resonance imaging (MRI) 2,287 (-268)
 - Non-Obstetric Ultrasound (NOUS) 965 (-257).

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.

Cardiology: As anticipated/escalated, 135 Radiology Cardiac Myocardial Perfusion Imaging breaches at end of June 2025. One Echo breach this month due to hospital transport cancelling patient now all arranged for mid-July.

Key actions / initiatives

- Continuation of recovery actions into 2025/26 has continued and funding to support some stabilization transferred into budgets in July.
- NOUS via insourcing commenced in February and is continuing until Nov 2025 (end of contract).
- CT- Locum Radiographers will continue until November 2025 as two staff have been appointed substantively.
- MRI- staffed MRI mobile solution commenced 09/01/25 and is continuing until 31/3/26.
- Performance has improved this month due to the partial booking used and patients no longer requiring scans being taken off the list. As the waiting list decreases the impact of this validation will significantly decrease.
- A breakdown of the Bronlais CT scanner resulted in a decrease in activity in June, now resolved.
- Additional Welsh Government recovery funding (£1.4m) provided to Health Board in mid-July 2025 to resource additional actions and with support achieving zero breach performance by March 2026. Delivery proposals for key modalities are being urgently progressed.

- Endoscopy delivery plan in place to support achievement of zero breach performance by March 2026

- Slight improvement this month. On going plan in development to reduce Myocardial Perfusion Imaging waiting list by commissioning additional CT Coronary Angiography capacity at Withybush on going planning with Radiology. Awaiting start date could be late August.
- Additional recovery funding referenced above includes provision for Cardiology also. Plans urgently being progressed.

Due date

30/11/25

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

Complete
Complete

31/03/26

31/03/26

01/09/25

Patients waiting >14 weeks for a specified therapy

Latest performance shows concerning variation and the third highest number of breaches ever recorded. Only Physiotherapy saw a reduction in breaches in June 2025.

Key

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

Variation - how are we doing over time

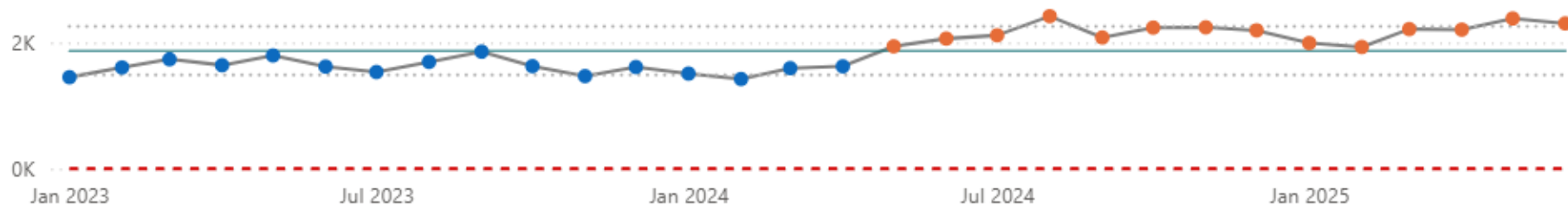
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

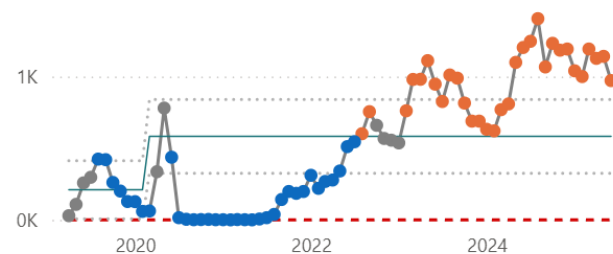
- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

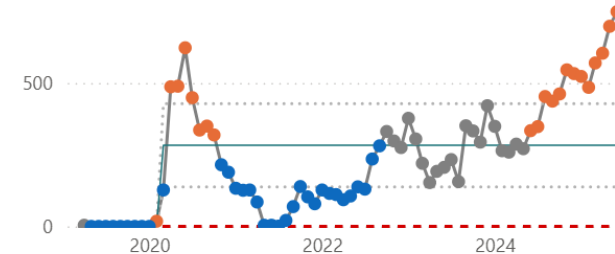
- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory



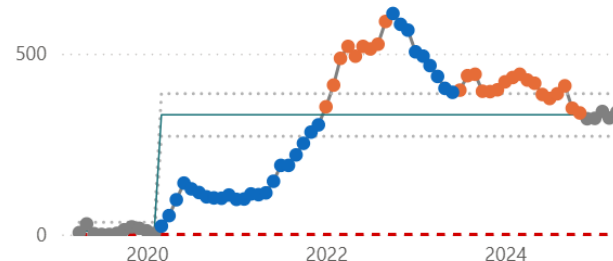
Number of patients waiting 14 weeks plus for Physiotherapy



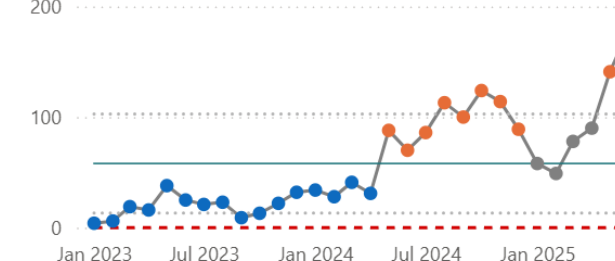
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



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

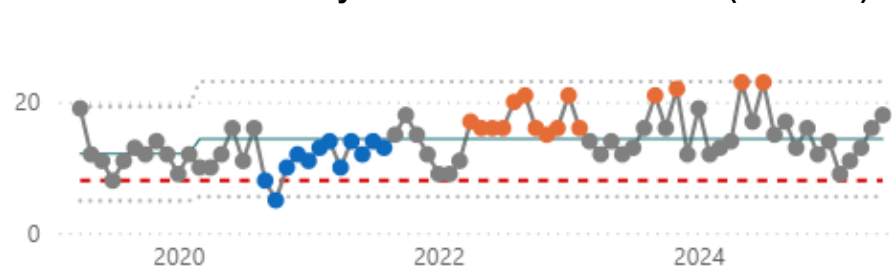


Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	June 2025	2,306	●	▣	63.1%
Physiotherapy		972	●	▣	96.8%
Podiatry		749	●	▣	94.3%
OT		355	●	▣	19.8%
Dietetics		179	●	▣	50%
Art therapy		48	●	▣	n/a
SALT		3	●	▣	100%

Therapy waits over 14 weeks (continued) (Ministerial priority)		Therapies
Key challenges / issues	Key actions / initiatives	Due date
<p>Physiotherapy</p> <p>91% of breaches are within Musculoskeletal (MSK) Specialty. Demand is growing and is greater than 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). Secure 3 whole time equivalent (WTE) agency workers to cover service vacancies until January 2026. Active recruitment to secure additional registrant workforce at Band 6 level to support bank work to cover vacancies. 	<p>31/08/25</p> <p>31/07/25</p> <p>01/09/25</p>
<p>Podiatry</p> <p>New patient referrals have increased from a steady average of around 9,000 per year to around 13,000 over the last 5 years this demand has resulted (even with mitigations in place) of total close to 3,000 new referrals waiting.</p> <p>Overall patient numbers have decreased from around 60,000 contacts per year to now around 45,000 contacts as patient complexity has increased. Strict eligibility criteria has seen low risk pathology discharged to private sector. as complexity of patient needs have increase patients seen in clinic has reduced from around 18 per day to circa 10 per day</p>	<p>Podiatry</p> <ul style="list-style-type: none"> Successful recent recruitment of 3 WTE band 5s (direct replacements for recent leavers). Further skill mixing of job roles to maximize efficiency; 6 staff in admin band 3 and 4 office roles on Agored training to develop into podiatry assistant roles. These can undertake some of the work currently undertaken by podiatrists. These can then be backfilled with further admin recruitment. Develop a consultant podiatry role. We have several highly skilled staff that could potentially undertake this role and lead on efficient pathways dealing with very complex patients more effectively and quickly through the system. Continue strict eligibility criteria and robust discharge policy. Continue roll out of phone triage to maximize efficiency. 	<p>01/09/25</p> <p>31/08/26</p> <p>30/06/26</p> <p>31/03/26</p> <p>31/01/26</p>
<p>Occupational therapy</p> <p>Majority of breaches in paediatrics due to backlog and demand and further impacted by staff sickness. A focus on prioritising caseloads continues and sickness is being managed as per policy.</p>	<p>Occupational therapy</p> <ul style="list-style-type: none"> Performance being reviewed weekly within service performance meeting. Reviewing any additional capacity within the team and within wider occupational therapy services. Reviewing demand and capacity for integrated health and social care model within Carmarthenshire to maximise available resources. 	<p>30/10/25</p> <p>31/07/25</p> <p>31/07/25</p>
<p>Dietetics</p> <p>175 breaches in Paediatrics (an increase from 133 last month), longest wait 47 weeks. Particularly driven by new and increasing demand for children with selective eating.</p>	<p>Dietetics</p> <ul style="list-style-type: none"> Paediatric service lead vacancy appointed to (specialist leadership support to develop pathway/ long term solution). Resources under development to support identification of high risk and first line advice. Senior agency approved and interview arranged for 10th July 2025 for fixed term on site support with caseload (agreed short-term mitigation). Paediatric specialist dietitians offered and are working additional hours. Interview for 0.5 WTE vacancy 09/07/25, aiming to recruit as soon as possible. 	<p>30/09/25</p> <p>30/08/25</p> <p>30/07/25</p> <p>31/03/26</p> <p>30/08/25</p>

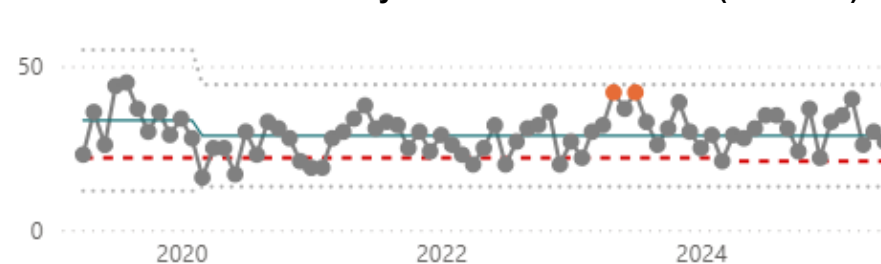
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



SPC chart is showing expected (common cause) variation, with 18 confirmed cases in June 2025.

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

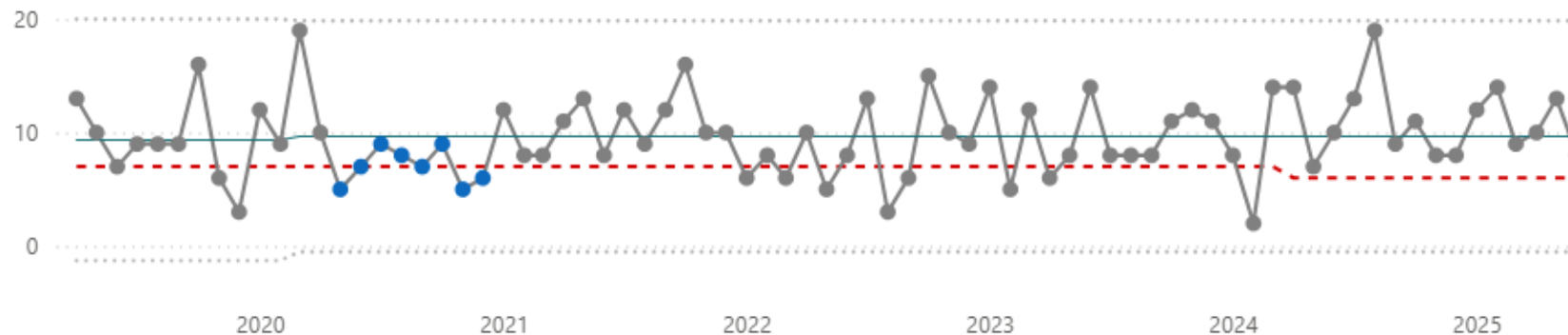


SPC chart is showing expected (common cause) variation with 27 confirmed cases in June 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p>C. difficile:</p> <ul style="list-style-type: none"> • Increased incidence in specific wards with clusters being identified. Greater burden within hospital to community. • 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 	<p>C. difficile:</p> <ul style="list-style-type: none"> • The Clostridioides Difficile Infection Improvement Group continues to meet and discuss wider these linked to C.difficile infection. • 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 Pronton Pump Inhibitor prescribed. • Hydrogen Peroxide Vapor deep cleaning continues in Prince Philip Hospital linked to clusters across the site. • Targeted staff training has been completed for areas where clusters have occurred. • Environmental audits and observational audits continue. • Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups (CCG). 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>31/07/25</p> <p>Ongoing</p> <p>Monthly</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. • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. • Aseptic Non-Touch Technique (ANTT) compliance for the HB is at 82.57%. 	<p>E. coli:</p> <ul style="list-style-type: none"> • Urinary catheter care bundles reviewed as part of the Quality Indicator Audits.. • Working with public health and the integrated Infection, Prevention, Control (IPC) nurses in prevention campaigns on hygiene, hydration and keeping well. • Health and Wellbeing Booklet for HDUHB population in review status and to be published. • HCAI cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through CCGs. 	<p>30/09/25</p> <p>Ongoing</p> <p>30/09/25</p> <p>Monthly</p>

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

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

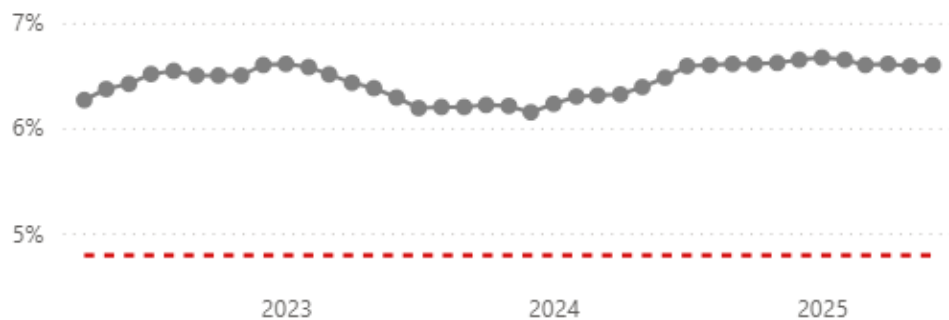


SPC chart is showing expected (common cause) variation with 8 confirmed cases in June 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p>S. aureus:</p> <ul style="list-style-type: none"> • 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"> • Reinforce ANTT training and competency assessments for clinical staff via Clinical Care Groups (CCG). • Hydrogen Peroxide Vapor / line care bundles reviewed as part of the Quality Indicator Audits. • Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through CCGs . • Hand hygiene validation audits and observational audits in wards and departments as indicated. 	<p>Monthly</p> <p>30/09/25</p> <p>Monthly</p> <p>Ongoing</p>

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

% staff sickness rate (12 months rolling)



In June 2025 sickness absence was 6.6%.

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

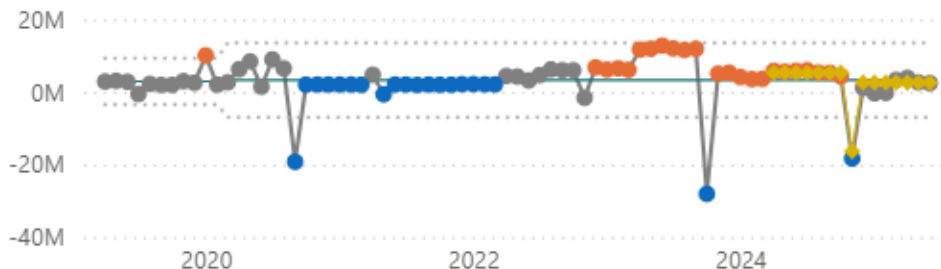
Team	Staff	In-month %	R12m %
Withybush Theatres	62 staff	(13.9%)	9.2%
Glangwili Hotel Services	135 staff	(11.6%)	14.6%
Prince Philip AMAU	76 staff	(11%)	11%
Sunderland Ward	72 staff	(10.7%)	10.1%

Key challenges / issues	Key actions / initiatives	Due date
<p>Conditions impacting absence rates include: Anxiety, stress and depression continue to account for the highest reasons for absence across the Health Board.</p> <p>Targeted support for sickness absence: Ongoing focused support from the Workforce Team continues in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups. Significant improvements have been made but it is duly noted rates are beginning to rise again</p> <p>Designated support from Workforce and Organisational Development continues to be utilised to help address concerns aligned to employee relations matters.</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>Bite size training sessions: 9 sessions have been developed to date and the first session 'How to conduct a Return-to-Work meeting' has been produced and animated. Feedback on this first iteration has been given, awaiting amendments and final sign off. Work has progressed on the development of the session on the Occupational Health referrals process. Workforce are liaising with colleagues in Swansea Bay who are developing a similar package of bite size training with a view for both health boards to share/utilise work on this training package going forward.</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 relevant senior managers.</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>31/07/25</p> <p>31/07/25 (First session)</p> <p>On-going</p> <p>31/07/25</p>

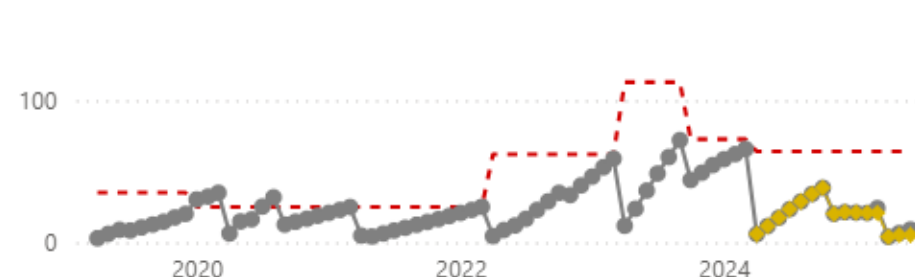
Key

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

Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

Key actions / initiatives

Due date

The in-month financial position is a deficit of £2.5m, which is an improvement against the £2.6m deficit plan.

With a Month 2 and Month 3 run rate stabilising to annual plan levels, conscious decisions are required from Executive Directors and Clinical Care Group and Executive Function leads, to confirm in their end of year forecast their future expenditure and savings commitments. Without an improved forecast, no assurance can be taken that the Health Board will be able to improve the planned deficit in readiness for July Board to review.

15 July 25

The core operational variance is £(0.3)m with the in-month savings target of £3.7m being under-identified by £0.2m, with the £3.5m savings schemes identified being fully delivered.

There is a significant identification gap for savings schemes across Clinical Care Groups. Escalation for the Finance domain is likely due to risk associated with delivering the annual plan equitably across services.

Overdue

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

The financial run rate is on track to achieve plan, but increases in expenditure and a savings delivery gap are forecast. Mitigating actions of £17.2m are therefore required, with further action required to improve beyond the Target Control Total in-line with expectation.

Overspend increasing through the continued use of agency and Everlight, with annual plan investment made for insourcing a sustainable service model, which is also spending.

15 July 25

Variation in activity levels across quarter 1. Required: clear plan, supported with demand and capacity modelling, for the full year, including financial implications.

15 July 25

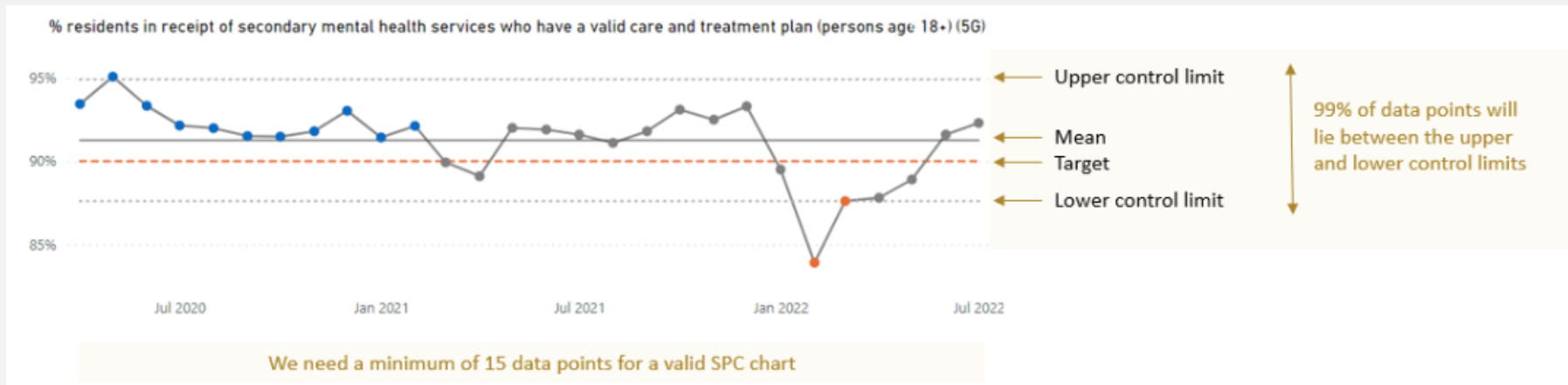
Annualised year to date reviews of future savings identification and core operational variation required

15 July 25

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.

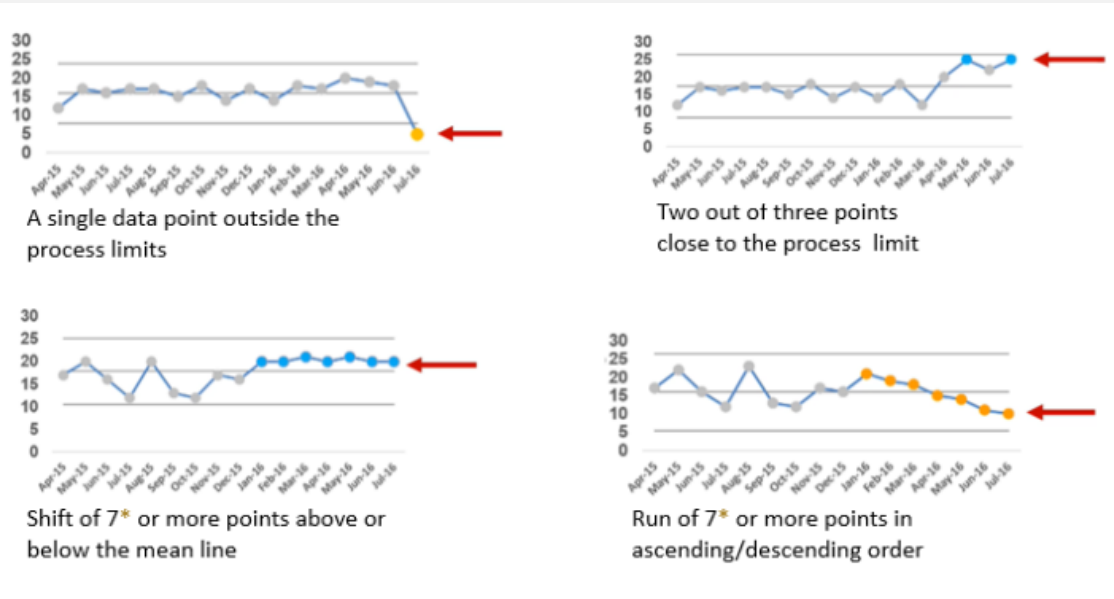
Anatomy of a SPC chart



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		