



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Date **2025-08-07**  
Time **13:30 - 16:00**  
Location **Microsoft Teams Meeting/ Ystwyth Boardroom, Hafan Derwen,  
Carmarthen; Ystwyth Board Room Avocor (Hywel Dda UHB -  
Generic Account)**

# Stakeholder Reference Group Meeting

HDD\_Stakeholder Reference Group

NHS Wales

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2025-08-07 13:30 - 16:00

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5 - Reflective Session

6 - Any Other Business

1 - Governance

1.1

**13:30, 5 Mins**

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1.1 - Welcome and Apologies

*Chair*

1.2

13:35, 0 Mins

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1.2 - Declaration of Interests

*All*

1.3

13:35, 5 Mins

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1.3 - Minutes of Stakeholder Reference Group Meeting on 1 May 2025

*Chair*

| For approval

**Attachments**

[1.3 2025-05-01 - Stakeholder Reference Group Meeting \(Virtual\) - Minutes.pdf](#)

## MINUTES OF THE Stakeholder Reference Group MEETING

Date of Meeting: **1:30 PM, Thursday 01 May 2025**

Venue: **Microsoft Teams Meeting**

Present:	Jeremy Hockridge Alwena Hughes Moakes  Nigel Clark Leanda Wynn Cllr Anne McCreary Sam Hussell  Andrea Edwards Charlotte Wilmshurst Nichola Couceiro Cllr Shan Williams Rhonwen Jones Chesca Ross Linda Parton Cllr Harvard Hughes Jacky Jones	Patient Representative – Carmarthenshire ( <i>Chair</i> ) Hywel Dda UHB - Communications and Engagement Director Patient Representative - Pembrokeshire Llais Citizen's voice Un Llais Cymru/One Voice Wales (Ceredigion) Head of Health Emergency Planning ( <i>Deputising for Ardiana Gjini, Executive Director of Public Health</i> ) Mental Health Assistant Director of Assurance and Risk Hywel Dda UHB - Head of Engagement Un Llais Cymru/One Voice Wales (Pembrokeshire) Welsh Ambulance Service NHS Trust Third Sector CAVO/CAVS/PAVS Siarad Iechyd – Carmarthenshire Un Llais Cymru/One Voice Wales (Carmarthenshire) Independent Sector
In Attendance:	Daniel Warm Alex Martin Mandy Davies Marilize Preez	Head of Planning Principal Programme Manager Assistant Director of Nursing & Quality Improvement Improvement and Transformation Lead
Apologies:	Geraint Thomas Kate Harrop Linda Jones Mandy Dean Tim Tilbrook Ardiana Gjini  Iwan Thomas	Mid and West Wales Fire and Rescue Service Public Services Board – Carmarthenshire West Wales Care Partnership Carer Representative – Ceredigion Siarad Iechyd – Pembrokeshire Hywel Dda UHB - Executive Director of Public Health Hywel Dda UHB - Independent Board Member
Absent:	Tegryn Jones Alison Harries Eleri Jenkins Gillian Perry Hayley Edwards Suzanne Gainard Timothy Bray	Public Service Board – Pembrokeshire Carer Representative – Carmarthenshire Housing Association Natural Resources Wales Armed Forces Citizens Advice Public service – Ceredigion

**Minutes Item  
Ref.**

**Action**

**SRG(25)001 Welcome and Apologies**

Mr Jeremy Hockridge welcomed all to the meeting and apologies were noted as above.

**SRG(25)002 Declaration of Interests**

There were no declarations of interest.

**SRG(25)003 Minutes of Stakeholder Reference Group Meeting on 14 February 2025**

The minutes of the Stakeholder Reference group meeting held on 14 February 2025 were APPROVED for accuracy.

**Decision:**

The Stakeholder Reference Group APPROVED the minutes of the previous meeting.

**SRG(25)004 Current and Future Planned Consultations and Engagement Update**

Ms Nichola Couceiro presented an update on Consultation and Engagement, noting the following:

A Public Board meeting took place 27 March 2025 where it was agreed that a 12 week public consultation would take place to consider the options for the Minor Injuries Unit (MIU) in Prince Phillip Hospital (PPH). This consultation launched 28 April 2025 and will run until 22 July 2025. Further information can be found on the Hywel Dda University Health Board (HDdUHB) website.

A series of engagement events have been planned for the development of the Clinical Services Plan starting at the end of May 2025. The current focus is on developing engagement materials such as summary documents and marketing material. A Readers Panel was consulted to develop the Clinical Services Plan questionnaire.

The Community Development Outreach Team has been engaging with the local community, facilitating conversations with groups, such as Gypsy and Traveller communities and refugees, and supporting events such as Women's Day and the Social Model for Health Summit.

A public event was held 3 April 2025 for the Pentre Awel development in Llanelli. This is supported by a public survey which is currently still open.

The Bandi appeal is routinely engaging with children and young people along with their families and staff to develop the refurbishment of the Children's Centre in Carmarthen.

Work is ongoing with West Wales Action Mental Health, following temporary changes to the Ceredigion General Practitioners (GP) mental health pathway from 3 March 2025. Targeted engagement is taking place with GPs and patient impact assessment to support this.

The opening day for the Leri Cancer Unit at Bronglais Hospital will be celebrated on Saturday 10 May 2025.

In response to queries about the format of the public drop in sessions, Ms Couceiro explained that the events include representation from clinicians and project staff, providing attendees with the opportunity to ask questions. Attendees are welcome to come and go at any time during the session.

**Decision:**

The Stakeholder Reference Group NOTED the Current and Future Planned Consultations and Engagement Update.

**SRG(25)005 Clinical Services Plan**

Mr Alex Martin shared a presentation on the Clinical Services Plan, supported by Ms Couceiro.

The Clinical Service plan was last presented to the Stakeholder Reference Group (SRG) in November 2024.

The plan covers nine key clinical services which were initially identified in March 2023 and include areas such as Critical Care and Diagnostics.

The drivers for this work include workforce pressures and service fragility.

Phase 1 of development of the Clinical Services Plan (CSP) began at the start of 2024 and assessed the current workforce position and service standards. This included collecting extensive data and insights from approximately 5000 patients about what is working well and what needs improvement.

Phase 2 included options development led by clinical teams and included input from external stakeholders such as the Welsh Ambulance Services Trust (WAST), individual patients and patient representative groups. This phase engaged around 800 people to review and challenge ideas. In November 2024 these options were developed and presented to the Board where a mandate was received to consult on the developed options.

When options are presented, it is important to be aware that the consultation will include a wide range of options for all nine services and that there is a significant number of interdependency between services. Work is taking place to finalise the consultation document and promotional materials, ensuring they are accessible. The promotional period will run for 13.5 weeks to account for school holidays and will include a mixture of online and in-person events. The final options will then be developed and presented at the November 2025 Board meeting.

Mr Martin emphasised that no decisions have been made on the final outcome and reinforced that HDdUHB is keen to gather feedback during the consultation period and to hear alternative suggestions. The group were encouraged to invite individuals to engage in the consultation process and asked Members to highlight any groups or

organisations that may be interested in participating through bespoke engagement opportunities.

Cllr Shan Williams suggested engaging with the Working Better Together Group in Pembrokeshire. Ms Couceiro noted that Town and Community Councils are being engaged to look at groups such as these and agreed to check whether this Group has been identified or requires adding to the list. NC

**Decision:**

The Stakeholder Reference Group NOTED the Clinical Services Plan update.

**SRG(25)006 Prince Phillip Hospital MIU**

Dr Daniel Warm advised that at Board agreed in September 2024 to a six-month temporary change to the opening hours for the Minor Injury Unit (MIU) in Prince Phillip Hospital (PPH). From 1 November 2024 the unit opening hours reduced to 8am-8pm, seven days a week.

This change was made to respond to a number of factors including:

- Clinical and safety issues.
- Overnight medical rota coverage.
- The unit experiencing cases with a higher level of acuity than intended.
- Safety concerns highlighted by a Health Inspectorate Wales (HIW) inspection in June 2023.

Options for the unit following the six-month change have been developed and presented to Board in March 2025.

Dr Warm assured that the impact of the temporary closure is being considered and assessed. Data collected so far shows that:

- There was little to no change in demand in MIU in November and December 2024 in comparison to 2025.
- Attendance levels reduced in MIU.
- There has been no increase in the number of patients attending Glangwili Hospital (GGH) and no increase in waiting times.

Ms Couceiro added that work is also being undertaken to improve access to General Practitioners (GPs) and modernising the access to healthcare which will also show improvements in accessing medical services outside the MIU.

At Board in March 2025 it was agreed for a 12-week consultation process to take place for the following shortlisted options:

**Option 1**

A doctor led service under the current orientation of 8am-8pm.

**Option 2**

A doctor led service for amended hours of 7am - 9pm with a further two hours 'mop up' time.

**Option 3**

A doctor led phased service initially open for twelve hours, then raising to twenty-four. This would allow more time to remedy workforce challenges and address concerns raised by HIW.

Option 4

Changing the unit to a Same Day Emergency Care (SDEC) unit which would bring together MIU and SDEC under one service umbrella.

Dr Warm highlighted the importance of engaging with as many stakeholders as possible and requested that members share the information with their organisations.

Ms Linda Parton raised concerns about access to healthcare services and the impact of reducing services in Llanelli as journeys to services in Carmarthen can be difficult and waiting times for GPs are a concern. Ms Alwena Hughes-Moakes noted that these changes are intended to address the frailty of the service and the challenge of patients presenting to the wrong department. It is advised that patients contact 111 or 999 in the first instance for an incident or emergency.

Ms Leanda Wynn shared contact details for Llais who are able to provide support with concerns in accessing healthcare services.

Cllr Havard Hughes queried whether consideration is being given to providing additional parking for GGH. Ms Hughes Moakes informed the group that a project is in place with Gwili Railway to allow staff to park off site to open up spaces for patients and visitors.

In response to a query from Ms Wynn, Ms Hughes Moakes stated there are no current plans to reinstate the Park & Ride service in Johnstown.

Mr Hockridge queried what key themes have been identified as contributing to workforce fragility. Ms Couceiro noted that there have been challenges recruiting staff to cover night shifts. MIUs are not usually open 24/7.

Mr Martin added that there is also competition with other Health Boards for the same staff. Due to the pay banding system staff will receive the same pay and benefits in every health board, some of which are closer to schools of medicine than HDdUHB.

Dr Warm stated that, in addition to unusual hours for an MIU, PPH is also unusual in that it includes a doctor presence. Original options for the MIU included nurse-led practices however these were dismissed at the initial stakeholder engagement.

**Decision:**

The Stakeholder Reference Group NOTED the consultation update for Prince Phillip Hospital MIU.

**SRG(25)007 Waiting List Support**

Ms Marilize Perez shared a presentation on the Waiting List Support Service (WLSS).

Ms Mandy Davies informed the group that the WLSS was established in response to increased waiting list times during the COVID-19 pandemic. The pilot of this service commenced with the Orthopaedic service and aimed to encourage behavioural change in managing health and provide a single contact number and email address for support and advice for those on a waiting list for healthcare services.

In 2023 the Promote, Prevent and Prepare for Planned Care (3Ps) Policy was launched which included the WLSS as an example of best practice. Ms Perez noted that this work aims to improve communications with patients and holistic patient centres, empowering patients to become active partners involved in their own care.

The service includes support from Clinical Care Handlers, Nurses and a Therapist. Those who answer calls are provided with clinically approved scripts that also include escalation plans for clinical specialities as needed.

WLSS offers both digital and non-digital support for patients which has been developed with support from the Communications Team, Strategic Partners and the Diversity and Inclusion Team.

Feedback on the service indicates that the majority of patients are now more aware of what to do if their condition deteriorates and how to self-manage their health.

Next steps for the WLSS include looking at utilising patient self assessment and introducing Patient Reported Outcome Measures (PROM) self assessment pathways which will include regular questionnaires to enable staff to identify the stability of the patient's condition.

As demonstrated under the stratification criteria certain lifestyle factors such as smoking may trigger additional contact or referral to the Optimisation and Prehabilitation Service.

Ms Parton noted instances where there have been outdated details on communications about appointments. Ms Perez informed the group that the Outpatient Contact Centre will be able to provide more information on individual appointments and noted that there is one phone number to contact all services that can direct people to the relevant service.

**Decision:**

The Stakeholder Reference Group NOTED the information on the Waiting List Support Service.

**SRG(25)008 Integrated Performance Assurance Report (IPAR)**

The IPAR was shared for information and the group noted the report.

**Decision:**

The Stakeholder Reference Group NOTED the IPAR.

**SRG(25)009 Board Update Report**

The group noted the update report that was shared in a Public Board meeting in February 2025.

**Decision:**

The Stakeholder Reference Group NOTED the Update to Board.

**SRG(25)010 Stakeholder Reference Group Work Plan 2024-25**

Ms Hughes Moakes stated that this workplan is fluid and will consider any additional items the group wishes to receive updates on.

**Decision:**

The Stakeholder Reference Group NOTED the Work Plan.

**SRG(25)011 Reflective Session**

How informative was today's lesson on learning?

The group agreed the session was informative and engaging.

What are you going to take back to your organisations from today?

Ms Rhonwen Jones stated that the consultation and engagement opportunities will be shared within WAST to ensure the organisation is actively engaged. Ms Hughes Moakes thanked Ms Jones as WAST has already provided good support for the PPH MIU consultation.

What would you like to learn about at the next meeting?

Members expressed interest in learning more about Primary Care and how the Health Board works with GP practices.

Two members of the group requested updates on plans for GGH and Withybush Hospital (WGH) and how these sites are managing demand.

Ms Hughes Moakes shared that the Research and Innovation (R&I) Team are keen to present an update and further information on how patients are supported in clinical trials.

What would you like us to share with Board afterwards?

No additional items were raised to share with the Board.

**Decision:**

The Stakeholder Reference Group DISCUSSED and reflected on the meeting, and what they would like to see in future meetings.

**SRG(25)012 Any Other Business**

No other items were raised.

**The next SRG meeting will take place 29 July 2025.**

1.4

13:40, 0 Mins

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1.4 - Table of Actions

*Chair*

| For discussion

**Attachments**

[1.4 SRG 7 Aug 2025 - Table of Actions.pdf](#)

## STAKEHOLDER REFERENCE GROUP / GRWP CYFEIRIO RHANDDEILIAID

7 August 2025

### TABLE OF ACTIONS / TABLE GWEITHREDOEDD

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SRG(25)005	<b>Clinical Services Plan</b> To add the Working Better Together Group in Pembrokeshire to the list of engagement groups for consultation, if not already included.	NC	Aug 2025	Complete. Engaged through the Council.

NC: Nichola Couceiro

1.5

13:40, 5 Mins

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1.5 - Terms of Reference

*Chair*

| For approval

**Attachments**

[1.5 SRG Annual Review Terms of Reference SBAR Aug 2025.pdf](#)

[1.5 SRG Terms of Reference DRAFT 2025.pdf](#)

## GRŴP CYFEIRIO RHANDEILIAID STAKEHOLDER REFERENCE GROUP

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 August 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Stakeholder Reference Group (SRG) Terms of Reference
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Alwena Hughes Moakes Communications and Engagement Director
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Charlotte Wilmshurst Assistant Director of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The purpose of this paper is to ensure that the Stakeholder Reference Group (SRG) has clear Terms of Reference which detail its purpose, boundaries, role, composition and operating arrangements.

According to its Terms of Reference, the SRG must review its Terms of Reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must subsequently be approved by the Board and will form part of the Health Board's Standing Orders.

#### Cefndir / Background

The SRG has been established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

The SRG last reviewed its Terms of Reference and operating arrangements in May 2024, and these were subsequently approved by the Board on 25 July 2024.

#### Asesiad / Assessment

The SRG Terms of Reference and operating arrangements (**Appendix 1**) have been reviewed since Board approval on 25 July 2024, with no amendments identified.

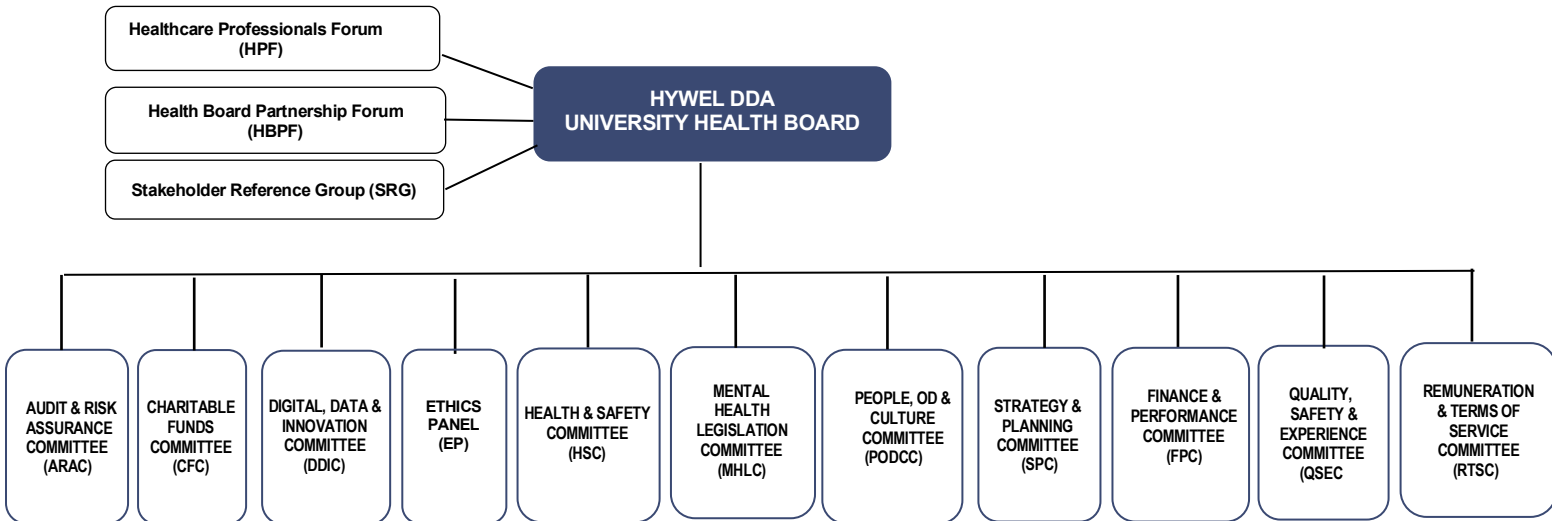
#### Argymhelliad / Recommendation

The Stakeholder Reference Group is asked to approve the Stakeholder Reference Group Committee's Terms of Reference for onward ratification by the Board on 25 September 2025.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1: These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	SRG Terms of Reference
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Grŵp Cyfeirio Rhanddeiliaid: Parties / Committees consulted prior to Stakeholder Reference Group:	Director of Corporate Governance (Board Secretary)  Assistant Director of Assurance and Risk Communications and Engagement Director

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No direct impacts
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No direct impacts
<b>Gweithlu:</b> <b>Workforce:</b>	No direct impacts
<b>Risg:</b> <b>Risk:</b>	No direct impacts
<b>Cyfreithiol:</b> <b>Legal:</b>	No direct impacts
<b>Enw Da:</b> <b>Reputational:</b>	No direct impacts
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No direct impacts
<b>Cydraddoldeb:</b> <b>Equality:</b>	No direct impacts



## STAKEHOLDER REFERENCE GROUP

## TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V0.1	Hywel Dda University Health Board	25.03.2010	Approved
V0.2	SRG	08.06.2010	Approved
V0.2	Board (Standing Orders)	22.07.2010	Approved
V0.3	SRG	14.01.2011	Approved
V0.3	SRG	29.03.2011	Approved
V0.4	SRG	20.09.2011	Approved
V0.5	SRG	17.07.2012	Approved
V0.5	Board (Standing Orders)	27.09.2012	Approved
V0.6	SRG	22.01.2013	Approved
V0.6	Board (Standing Orders)	26.09.2013	Approved
V0.7	SRG	27.01.2014	Approved
V.08	SRG	15.10.2015	Approved
V.09	SRG	12.01.2017	Approved
V.09	Hywel Dda University Health Board	26.01.2017	Approved
V10	SRG	05.02.2018	Approved
V.10	Hywel Dda University Health Board	28.03.2019	Approved
V.11	Hywel Dda University Health Board	26.09.2019	Approved
V.12	SRG	16.04.2021	Approved

V.12	Hywel Dda University Health Board	27.05.2021	Approved
V.13	Hywel Dda University Health Board	29.07.2021	Approved
V.14	SRG	06.05.2022	Approved
V.14	Hywel Dda University Health Board	28.7.2022	Approved
V.15	SRG	05.05.2023	Approved
V.15	Hywel Dda University Health Board	25.05.2023	Approved
V.16	SRG	02.05.2024	Approved
V.16	Hywel Dda University Health Board	25.07.2024	Approved
V.17	SRG	07.07.2025	For approval
V.17	Hywel Dda University Health Board	25.09.2025	

## 1. Constitution

- 1.1 The Stakeholder Reference Group (SRG) has been established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

## 2. Principal Duties

- 2.1 The purpose of the SRG is to provide:
- 2.1.1 Early engagement and involvement in the determination of the HDdUHB's overall strategic direction;
  - 2.1.2 Advice to the HDdUHB on specific service improvement proposals prior to formal consultation; as well as
  - 2.1.3 Feedback to the HDdUHB on the impact of the HDdUHB's operations on the communities it serves.
  - 2.1.4 The SRG has responsibilities under the Equalities Act 2010.

## 3. Operational Responsibilities

- 3.1 The SRG will, in respect of its provision of advice to the Board:
- 3.1.1 Provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the HDdUHB, with the aim of reaching and presenting, wherever possible, a cohesive and balanced stakeholder perspective to inform the HDdUHB's decision-making. NB: Even when the SRG is unable to reach a consensus, it has an important role as a forum through which to draw the HDdUHB's attention to the full range of views.
  - 3.1.2 The SRG shall represent those stakeholders who have an interest in, and whose own roles and activities may be impacted by the decisions of the HDdUHB and vice-versa. The SRG's role is distinctive from that of Llais West Wales (Citizen Voice Body), who have a statutory role in representing the interests of patients and the public within their geographic areas.

## 4. Membership

- 4.1 The membership of the SRG, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member roles, powers and terms and conditions of appointment will be determined by the Board, taking account of the views of its stakeholders. The membership of the Group shall comprise:

**Chair:** Nominated from within the membership of the SRG by its members and approved by the Board.

**Vice Chair:** Nominated from within the membership of the SRG by its members and approved by the Board.

**Members:** The SRG shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the SRG.

The membership is drawn from within the area served by the HDdUHB and ensures involvement from a range of bodies and groups operating within the communities serviced by the HDdUHB. It is the role of SRG members to represent fairly and fully the interests and views of those bodies and groups. Membership may include community partners, provider organisations, special interest and other groups operating within HDdUHB's geographical area. Where appropriate, the Board may determine to extend membership to individuals in order to represent a key stakeholder group where there are not already formal bodies or groups established or operating within the area and who may represent the interests of these stakeholders on the SRG.

There shall be no minimum or maximum requirement in terms of membership size. In determining the number of members, the Board shall take account of the need to ensure the SRG's size is optimal to ensure focused and inclusive activity.

The membership of the SRG will also serve as the membership of the Reference Group to advise the West Wales Regional Partnership Board (RPB), especially on matters of integration and seamless health and social care.

In determining the overall size and composition of the SRG, the Board must take account of the demography and diversity of the areas served by HDdUHB;

The Board shall keep under review the size and composition of the SRG to ensure it continues to reflect an appropriate balance in stakeholder representation.

All members must:

- Be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the SRG within the communities it represents.

SRG members are accountable, through the SRG Chair to the University Health Board (UHB) for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the

SRG.

The membership of the SRG is made up of representatives from the following sectors with the number of representatives in brackets ():

### **Sector/ Organisation**

- Armed Forces Covenant Representative (1)
- Carer representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Citizens Advice (1)
- Fire & Rescue Service (1)
- Hywel Dda Llais (Citizen Voice Body) (1)
- HDdUHB Independent Board Member (1)
- HDdUHB Public Health representation (1)
- Housing Associations (1)
- Independent Sector (1)
- Mental Health representation (1)
- Natural Resources Wales representation (1)
- Patient representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Public Service Boards representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Siarad Iechyd/ Talking Health Member (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Third Sector (CAVO, CAVS & PAVS) (1)
- Un Llais Cymru/One Voice Wales (*formerly Town and Community Councils*) (Carmarthen, Ceredigion and Pembrokeshire) (3)
- West Wales Care Partnership/ Regional Partnership Board (1)
- Welsh Ambulance Services NHS Trust (WAST) (1)

**Total: 28**

Additional organisational representation may be co-opted as appropriate and will include:

- Office of the Police and Crime Commissioner
- Strategic Partnerships, Diversity and Inclusion
- Local Health Board County Directors
- Mental Health
- Planning
- Engagement
- Patient Experience
- Youth Forums
- Transformation
- Those from an ethnic community/Those with protected characteristics

This membership will be reviewed by the Chair and Lead Director on an annual basis.

Members who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the SRG.

#### **4.2 In attendance:**

- 4.2.1 The Communications and Engagement Director will be the Lead Director and sponsor for the SRG. A minimum of one Director will attend all formal meetings.
- 4.2.2 The HDdUHB may determine that designated Board members or HDdUHB staff should be in attendance at SRG meetings. The SRG's Chair may also request the attendance of Board members or HDdUHB staff, subject to the agreement of the HDdUHB Chair.

### 4.3 **Member Appointments**

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/ groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or are operating within the area and may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by Welsh Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.

Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be reappointed but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, co-opt members to the SRG on an interim or short-term basis to fulfil a particular purpose or need.

The **Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by Welsh Government. The nomination shall be subject to consideration by the HDdUHB, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

The **Vice Chair** shall be nominated from within the membership of the SRG, by its members, following the same process as that adopted for the Chair, subject to the condition that they be appointed from a different sector/ organisation from that of the Chair. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the UHB.

The Vice Chair's term of office will be as described for the Chair.

- 4.3 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable in respect of any issue which may impact on

their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.

- 4.4 The HDdUHB will require SRG members to confirm in writing their continued eligibility on an annual basis.
- 4.5 The membership of the Group shall be determined by the Board, based on the recommendation of the HDdUHB Chair, and subject to any specific requirements or directions made by Welsh Government.
- 4.6 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.
- 4.7 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:
- It is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member; or
  - It is not conducive to the effective operation of the SRG

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

- 4.8 A nominating body or group may request the removal of a member appointed to the SRG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.
- 4.9 If an SRG member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:
- The absence was due to a reasonable cause; and
  - The person will be able to attend such meetings within such period as the Board considers reasonable.
- 4.10 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

## 5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than one third of the membership and must include the Chair or Vice Chair of the Group. If a meeting is not quorate, any decisions made must be ratified at the next quorate meeting of the SRG.

## 6. Agenda and Papers

- 6.1 The Group's secretary is to hold an agenda-setting meeting with the Chair and the Lead Director at least **six weeks** before the meeting date.

- 6.2 The agenda will be based around the work plan, matters arising from the previous meetings, issues emerging throughout the year and requests from SRG members. Following approval, the agenda and timetable for request for papers will be circulated to all group members.
- 6.3 All papers must be approved by the relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven days** in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Group's Secretary will then forward the final version to the Committee Chair for approval.

## 7. Management of Meetings

- 7.1 The Group will meet quarterly and will agree an annual schedule of meetings consistent with the HDdUHB's annual plan of Board business. Additional meetings will be arranged as determined by the Chair of the SRG in discussion with the Lead Director.
- 7.2 The Chair of the Group, in discussion with the Group's secretary, shall determine the time and the place of meetings of the Group and procedures of such meetings.
- 7.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business.

## 8. Authority

- 8.1 The SRG may offer advice to the HDdUHB through the following mechanisms:
  - 8.1.1 At Board meetings, through the SRG Chair's participation as an Associate Member;
  - 8.1.2 In written advice; and
  - 8.1.3 In any other form specified by the Board.

## 9. Reporting and Assurance Arrangements

- 9.1 The SRG Chair is responsible for the effective operation of the SRG:
  - 9.1.1 Chairing Group meetings;
  - 9.1.2 Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
  - 9.1.3 Developing positive and professional relationships amongst the Group's membership and between the Group and the HDdUHB's Board and its Chair and Chief Executive.
- 9.2 The Chair shall work in close harmony with the Chairs of the HDdUHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate

issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

- 9.3 The Chair of the SRG will be appointed as an Associate Member of the HDdUHB's Board. The Chair is accountable for the conduct of their role as Associate Member on the Hywel Dda University Health Board to the Minister, through the HDdUHB's Chair. They are also accountable to the Hywel Dda University Health Board for the conduct of business in accordance with the governance and operating framework set by the HDdUHB.
- 9.4 The Group's Chair shall:
- 9.4.1 Report formally, regularly and on a timely basis to the Board on the Group's activities. This includes written updates on activity after each meeting and the presentation of an annual report reviewing the Group's activity and effectiveness against the ToRs within 6 weeks of the end of the financial year;
- 9.4.2 Bring to the Board's specific attention any significant matters under consideration by the Group.
- 9.5 The requirements for the conduct of business as set out in the HDdUHB's Standing Orders are equally applicable to the operation of the Group.

## **10. Relationship Accountabilities with the Board, Others and Llais**

- 10.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.
- 10.2 The Board should determine the arrangements for any joint meetings between the HDdUHB and the SRG.
- 10.3 The Board's Chair should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.
- 10.4 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the UHB. The SRG shall:
- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
  - Ensure its role, responsibilities and activities are known and understood by others; and
  - Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.
- 10.5 The SRG shall make arrangements to ensure designated Llais members receive the SRG's papers and are invited to attend SRG meetings.
- 10.6 The SRG shall work together with Llais within the area covered by the UHB to engage and involve those within the local communities served whose views may not otherwise be heard.

## **11. Secretarial Support**

- 11.1 The Director of Corporate Governance/Board Secretary will ensure that the SRG is properly equipped to carry out its role by:
- 11.1.1 Ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the HDdUHB and others;
  - 11.1.2 Ensuring that the SRG receives the information it needs on a timely basis;
  - 11.1.3 Ensuring strong links to communities/groups;
  - 11.1.4 Facilitating effective reporting to the Board;
  - 11.1.5 Enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.
- 11.2 The Group's secretary shall be determined by the Director of Corporate Governance (Board Secretary).

## **12. Review Date**

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group for approval by the Board.

1.6

13:45, 10 Mins

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1.6 - Annual Review of SRG Membership

*Clare James (Hywel  
Dda UHB - Head of  
Corporate  
Governance)*

| For discussion

**Attachments**

[1.6 Stakeholder Reference Group Membership 2025.pdf](#)

## GRŴP CYFEIRIO RHANDEILIAID STAKEHOLDER REFERENCE GROUP

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	07 August 2025
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Stakeholder Reference Group (SRG) Membership Arrangements
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Alwena Hughes-Moakes, Communications and Engagement Director
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Clare James, Head of Corporate Governance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The purpose of this report is to provide an update on the annual review of membership in line with the requirements set out in the Terms of Reference (TOR), which are based on the Model Standing Orders for Local Health Boards issued by Welsh Government in 2021.

#### Cefndir / Background

The Stakeholder Reference Group (SRG) was established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

An annual review of SRG membership has been undertaken to determine whether current members of SRG are within the terms of appointment that are specified in the Terms of Reference (TOR). The Terms of Reference state that membership of the Committee must be reviewed on an annual basis.

#### Asesiad / Assessment

An annual review of the current membership has been undertaken to establish those members who have served for three years and are eligible for re-appointment for a further two years, and those members who have served for five years and new representation needs to be sought.

SRG membership was last reviewed in July 2024. The membership of SRG comprises of representatives from various sectors, organisations and stakeholder groups within the Hywel Dda area. The Terms of Reference, which are derived from the Model Standing Orders for Local Health Boards state:

*'Member appointments to SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or are operating within the area and may represent the interests of these stakeholders on the SRG.'*

*The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by Welsh Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.*

*Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be re-appointed but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, co-opt members to the SRG on an interim or short-term basis to fulfil a particular purpose or need.'*

Since the previous meeting, existing members have been contacted to confirm their reappointment or to ask for new representation if their term of office is due to end this year.

The table below provides an update on the membership of the Committee. There are still some organisations/sectors where representation is still to be confirmed, and we are in communication with them to ensure there is a full membership prior to the next Board meeting if possible.

<b>Organisations Represented</b>	<b>Current</b>	<b>Reappointment</b>	<b>New Representative</b>
Armed Forces Representative	Hayley Edwards	Yes	
Carer Representative (Carmarthenshire)	Cathy Boyle	Yes	
Carer Representative (Ceredigion)	Mandy Dean	Yes	
Carer Representative (Pembrokeshire)	Vacant		Vacant – need a replacement
Citizens Advice	Suzanne Gainard	Yes	
Fire and Rescue Service	Geraint Thomas	Yes	
HDdUHB Independent Member	Iwan Thomas	Yes	
Housing Associations	Eleri Jenkins	No	Need a name for replacement – Eleri has retired.
Independent Sector	Jacky Jones	No	Gaynor Llewellyn
Llais (Citizens Voice body)	Leanda Wynn	No	Elin Mererid
Mental Health	Andrea Edwards	Yes	
Natural Resources Wales	Gillian Perry	Yes	
Patient Representative (Carmarthenshire)	Jeremy Hockridge	Yes	
Patient Representative (Pembrokeshire)	Nigel Clark	No	Vacant – need a replacement
Patient Representative (Ceredigion)	Vacant		Vacant – need a replacement
Public Health Representative	Ardiana Gjini	Yes	

Public Service Board (Ceredigion)	Timothy Bray	Yes	
Public Service Board (Carmarthenshire)	Kate Harrop	Yes	
Public Service Board (Pembrokeshire)	Tegryn Jones	Yes	
Siarad Iechyd/Talking Health Representative (Carmarthenshire)	Linda Parton	Yes	
Siarad Iechyd/Talking Health Representative (Pembrokeshire)	Tim Tilbrook	Yes	
Siarad Iechyd/Talking Health Member (Ceredigion)	Gabriella Walsh	Yes	
Third Sector (CAVO/CAVS/PAVS)	Chesca Ross	Yes	
Un Llais Cymru /One Voice Wales (formerly Town and Community Council) (Carmarthenshire)	Cllr Harvard Hughes	Yes	
Un Llais Cymru /One Voice Wales (formerly Town and Community Council) (Pembrokeshire)	Cllr Shan Williams	Yes	
Un Llais Cymru /One Voice Wales (formerly Town and Community Council) (Ceredigion)	Cllr Anne McCreary	Yes	
Welsh Ambulance Service Trust (WAST)	Rhonwen Jones	Yes	
West Wales Care Partnership/Regional Partnership Board	Linda Jones	Yes	
<b>Co-opted representatives</b>			
<b>Police and Crime Commissioner</b>			
Diversity and Inclusion		Appropriate HB Representative	
Local Health Board County Directors		Appropriate HB Representative	
Planning		Appropriate HB Representative	
Engagement		Appropriate HB Representative	
Patient Experience		Appropriate HB Representative	
Transformation		Appropriate HB Representative	

### **The Chair and Vice Chair arrangements**

The current SRG Chair has decided to step down due to personal reasons therefore nominations are required for the appointment of a new Chair and Vice-Chair.

Nominations will be considered at the next SRG meeting on 6 November 2025.

*'The Chair shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by Welsh Government. The nomination shall be subject to consideration by the HDdUHB, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.*

*The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.*

*The Vice Chair shall be nominated from within the membership of the SRG, by its members, following the same process as that adopted for the Chair, subject to the condition that they be appointed from a different sector/ organisation from that of the Chair. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the UHB.*

*The Vice Chair's term of office will be as described for the Chair.'*

The table below outlines the timeline for the membership review and appointment of Chair and Vice Chair roles.

	<b>Action</b>	<b>Timeline</b>
1	Request formal Board approval for appointment of new members and the re-appointment of current members.	By When: Board Meeting September 2025
2	Seek nominations from within the current membership of SRG for the role of Chair and Vice Chair	Start: 7 August 2025 Deadline: 30 September 2025
3	Confirm formally to nominees and current members who are eligible, their appointment/ re-appointment to SRG, stating date of appointment, length of service and rules around eligibility for re-appointment.  Ensure meeting invites are updated to reflect membership.	October 2025
3	Communicate the nominations for the roles of Chair and Vice Chair to SRG members for selection and decision.	November 2025 meeting
4	The nominated Chair and Vice Chair of SRG to meet with the Health Board Chair to discuss their respective roles and in the case of the SRG Chair, the appointment as Associate Member of the Board.	December 2025
5	The Health Board Chair, if appropriate will submit a recommendation on the nomination to the Minister for Health and Social Services for the SRG Chair to be appointed as an Associate Board Member	December 2025
6	Confirm the Minister's approval to appoint the chosen nominees for the Chair and Vice Chair.	When response received.

7	Report confirmation of the Minister's approval to appoint the chosen nominees for the roles of Chair and Vice Chair as part of the HDdUHB Chair's Report to Board for consideration.	Next Board meeting following confirmation.
9	Formal report on Membership, including Chair and Vice-Chair reappointments/appointments, of SRG to confirm and any changes to Terms of Reference if required.	Report to SRG – January 2026
10	Contact Members to confirm in writing their continued eligibility on an annual basis as part of the Membership Review.	July 2026

### Argymhelliad / Recommendation

The Stakeholder Reference Group is asked to:

- **NOTE** the progress being made to appoint/re-appoint representatives of member organisations to SRG.
- Request nominations from within the Membership for the role of Chair and Vice Chair.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	SRG Terms of Reference
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Grŵp Cyfeirio Rhanddeiliaid:  Parties / Committees consulted prior to Stakeholder Reference Group:	Director of Corporate Governance (Board Secretary)

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts
<b>Gweithlu: Workforce:</b>	No direct impacts
<b>Risg: Risk:</b>	No direct impacts
<b>Cyfreithiol: Legal:</b>	No direct impacts
<b>Enw Da: Reputational:</b>	No direct impacts
<b>Gyfrinachedd: Privacy:</b>	No direct impacts
<b>Cydraddoldeb: Equality:</b>	No direct impacts

## 2 - Our Communities

2.1

13:55, 15 Mins

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2.1 - Current and Future Planned Consultation and Engagement Updates

*Nichola Couceiro  
(Hywel Dda UHB -  
Head of  
Engagement)*

| For information

**Attachments**

[2.1 Current and Future Planned Consultation and Engagement.pdf](#)



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Hywel Dda  
University Health Board

# Engagement summary: May 2025 to July 2025 and future planned engagement



Consultation ran from 28 April - 22 July 2025 and has now closed

- We received more than 730 questionnaire responses to date
- We engaged with more than 25 groups, totalling nearly 200 people, including conversations with representatives from our seldom heard communities, including:
  - Veterans, the traveller community, LGBT+ community, socially disadvantaged groups, homeless and vulnerably housed, migrant and refugee community, men's groups, neurodiverse community, D/deaf community
- We visited the Minor Injury Unit (MIU) and engaged with 274 service users over 11 sessions
- Alongside our staff and public drop-in sessions, we directly engaged with more than 650 people

We are now in the conscientious consideration period, where we review all the responses we have received, the conversations we have had, and the data captured. We will also be looking to bring our options development group back together to review alternate options.

**Due for decision at public board in September 2025**

# Clinical Services Plan



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Consultation launched 29 May 2025 – 13.5 weeks public consultation closing on 31 August 2025:

- To date we have engaged with more than 1600 people at our own Health Board run events
- We have also engaged with more than 500 people at public meetings and well being sessions run by third party organisations and groups
- We have received more than 1250 completed questionnaire responses
- Current focus is on targeted engagement with key stakeholder groups and further engagement with staff as we revisits the acute hospital sites
- Mid-point review held on 22 July – key outputs
  - Look for additional engagement opportunity online
  - Seek opportunities to increase responses from children and young people and men, alongside key stakeholder groups

**Share your views**

[Clinical Services Plan Consultation - Hywel Dda University Health Board](#)





- Wellbeing walk for the Gypsy community in Pembrokeshire
- 6-week nutrition course for Asylum seekers and refugees in Pembrokeshire funded by Planed and delivered by Health Board nutrition team
- Giving diverse communities and vulnerable groups a voice during Health Board Prince Philip Minor Injury Unit and the Clinical Service Plan including Polish vulnerably housed gentleman, travellers and multicultural communities
- Support for the Health Board's outreach bus, which offered Blood Born Virus testing (BBV) and Tuberculosis (TB) testing
- Joint working with Community Immunisation Team and Hepatology to offer BBV to homeless and vulnerably housed people
- Attendance and joint organisation of community wellbeing events across the three counties including Aberporth, Ceredigion
- Distribution of early prevention health messages at places of work which attract migrant workers including barbers, vape shops, factories and car washes
- Regular mosque attendance and the introduction of Health Board teams to the worshippers



- **Strategy Refresh** – we launched a single question to our communities on 29 May 2025 “What is important for you to live a healthy life?”  
Share your views here - [Our Strategy | Have your Say Hywel Dda UHB](#)
- **Bronglais Cancer Day Unit (10 May)** – supported Leri Cancer Unit Open Day
- **Aberporth Health & Wellbeing event – (10 June)** - promoted Clinical Services Plan and Siarad Iechyd/Talking Health
- **Meddygfa Penrhyn (24 and 26 June)** - drop-in engagement events took place with the local communities in St Davids and Solva to understand the impact of General Practitioner (GP) service changes in the area
- **Ceredigion Mental Health Forum (25 June)** – discuss changes to GP referral pathway in North Ceredigion
- **Pembrokeshire Engagement and Coproduction network (2 July)** - promoted Clinical Services Plan
- **Keep Well event in Saundersfoot (18 July)** - promoted strategy refresh and Clinical Services Plan



- **Clinical Services Plan** consultation continues until 31 August 2025 - focus on outreach with key stakeholder groups, seldom heard communities and further engagement with Health Board staff
- **Prince Philip Minor Injury Unit** conscientious consultation period, including alternate options development workshops
- **Strategy refresh** engagement continues until 31 August 2025 on “What is important for you to live a healthy life?”  
ahead of more targeted engagement with our communities in the autumn
- Further engagement on **primary and community care strategic plan** development also scheduled for the autumn
- Attendance at the **Pembrokeshire County Show** on 20 and 21 August 2025



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



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CYMRU  
**NHS**  
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Hywel Dda  
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### 3 - Our Services

3.1

14:10, 20 Mins

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3.1 - Have your say on the Clinical Services Plan

*Ben Rogers (Hywel Dda UHB - Principal Programme Manager Transformation),  
Nichola Couceiro (Hywel Dda UHB - Head of Engagement)*

| For discussion

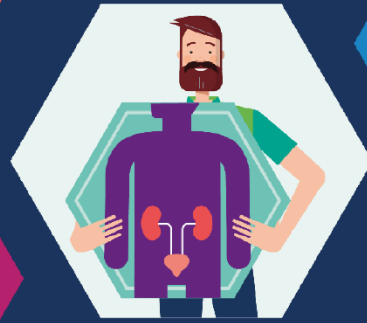
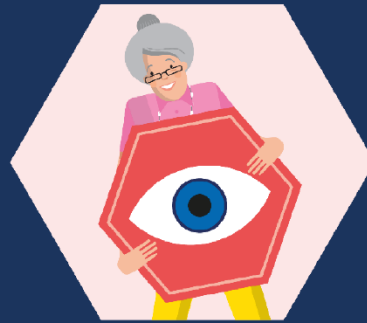
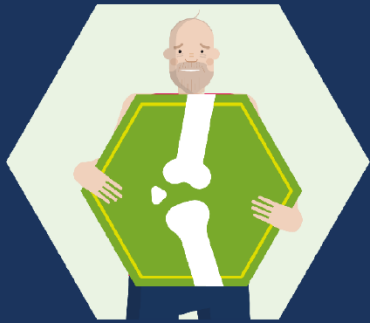
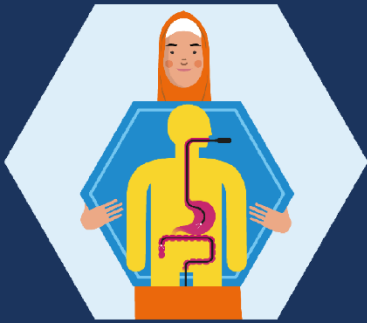
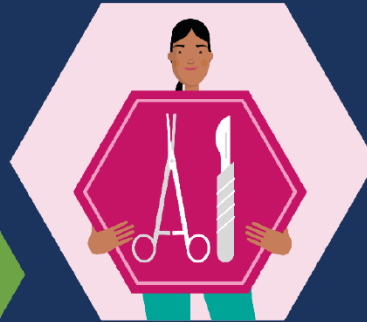
**Attachments**

[3.1 Clinical Services Plan.pdf](#)



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# Cynllun Gwasanaethau Clinigol Clinical Services Plan

Cwmpas ac effaith y Cynllun Gwasanaethau Clinigol (CSP):

Darparu set o gynlluniau ar gyfer y gwasanaethau clinigol allweddol canlynol

- Gofal Critigol
- Llawfeddygaeth Gyffredinol Brys
- Diagnosteg (Endosgopi a Radioleg)
- Gofal wedi'i gynllunio (Dermatoleg, Orthopedig Ddewisol, Offthalmoleg ac Wroleg)
- Strôc

The scope and impact of the Clinical Services Plan (CSP):

To provide a set of plans for the following key clinical services

- Critical Care
- Emergency General Surgery
- Diagnostics (Endoscopy and Radiology)
- Planned care (Dermatology, Elective Orthopaedics, Ophthalmology and Urology)
- Stroke

# Yr angen am newid

## The drivers of change



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Ym mis Mawrth 2023, cymeradwyodd y Bwrdd sefydlu dull rhaglen i ddatblygu **Cynllun Gwasanaethau Clinigol** mewn ymateb i wendidau gwasanaethau, yn seiliedig ar egwyddorion gofal sy'n ddiogel, cynaliadwy, hygyrch a charedig.

Mae datblygu Cynllun Gwasanaethau Clinigol hefyd yn weithred o fewn gofynion Ymyrraeth wedi'i Dargedu gan Lywodraeth Cymru.

In March 2023, Board approved the establishment of a programme approach to develop a **Clinical Services Plan** in response to service fragilities, based on the principles of care that is safe, sustainable, accessible, and kind.

The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government.

# Pam y gwasanaethau hyn?

## Why these services?



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Gwasanaeth	Rheswm dros newid
<b>Gofal Critigol</b>	Ymateb i fregusrwydd gwasanaethau, yn enwedig yn Ysbyty'r Tywysog Philip (PPH)
<b>Gofal wedi'i Gynllunio (Dermatoleg, Orthopedig Ddewisol, Offthalmoleg, ac Wroleg)</b>	Cefnogi'r broses o ddychwelyd i lefelau gweithgareddau cyn COVID (o leiaf), fel rhan o wella mynediad a lleihau amseroedd aros i gleifion
<b>Llawfeddygaeth Gyffredinol Brys</b>	Ymateb i fregusrwydd gwasanaeth, yn enwedig yn Ysbyty Llwynhelyg (WGH), fel y cyfeirir atynt yn y diweddariad gweithredol Mawrth 2023
<b>Strôc</b>	I fodloni safonau ac ymateb i fregusrwydd gwasanaeth
<b>Diagnosteg (Endosgopi a Radioleg)</b>	Cefnogi'r broses o ddychwelyd i lefelau gweithgareddau cyn COVID (o leiaf), fel rhan o wella mynediad a lleihau amseroedd aros i gleifion

Service	Driver
<b>Critical Care</b>	Response to service fragility, in particular at Prince Philip Hospital (PPH)
<b>Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)</b>	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients
<b>Emergency General Surgery</b>	To respond to service fragility, particularly at Withybush Hospital (WGH), as referenced in the March 2023 operational update
<b>Stroke</b>	To meet standards and respond to service fragility
<b>Diagnostics (Endoscopy and Radiology)</b>	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients

# Tri cam

## Three phases



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- **Cam 1 – Papur Materion**

Yn cynnwys asesiad dan arweiniad clinigol o'r naw maes gwasanaeth a gynhwysir yn y rhaglen Cynllun Gwasanaethau Clinigol ar draws pob safle yn y Bwrdd Iechyd. Daeth hyn i ben gyda'r Bwrdd yn cymeradwyo'r rhaglen i symud i gam 2.

- **Cam 2 – Proses Datblygu Opsiynau**

Canolbwyntiodd cam datblygu opsiynau ar ddatblygu cyfres o opsiynau cyflawnadwy. Daeth y cam hwn hefyd â rhyng-ddibyniaeth fel Therapïau, WAST, cynrychiolwyr Undebau Llafur a Bae Abertawe i enwi ond ychydig.

- **Cam 3 – Ymgynghoriad Cyhoeddus**

Ceisio barn ar yr opsiynau gwasanaeth a'r dewisiadau amgen posibl gan nodi unrhyw effeithiau. O fewn hyn hefyd ystyriwch y canfyddiadau thematig gyda rôl y pedwar prif safle ysbyty aciwt.

- **Phase 1 – Issues Paper**

Included a clinically led assessment of the nine service areas included within the Clinical Services Plan programme across all sites within the Health Board. This concluded with the Board endorsing the programme to move into phase 2.

- **Phase 2 – Options Development Process**

Options Development stage focused on the development of a series of deliverable options. This stage also brought in interdependencies such as Therapies, WAST, Trade Union representatives and Swansea Bay to name but a few.

- **Phase 3 – Public Consultation**

To seek views on the service options and potential alternatives noting any impacts. Within this also consider the thematic findings with the role of the four main acute hospital sites.

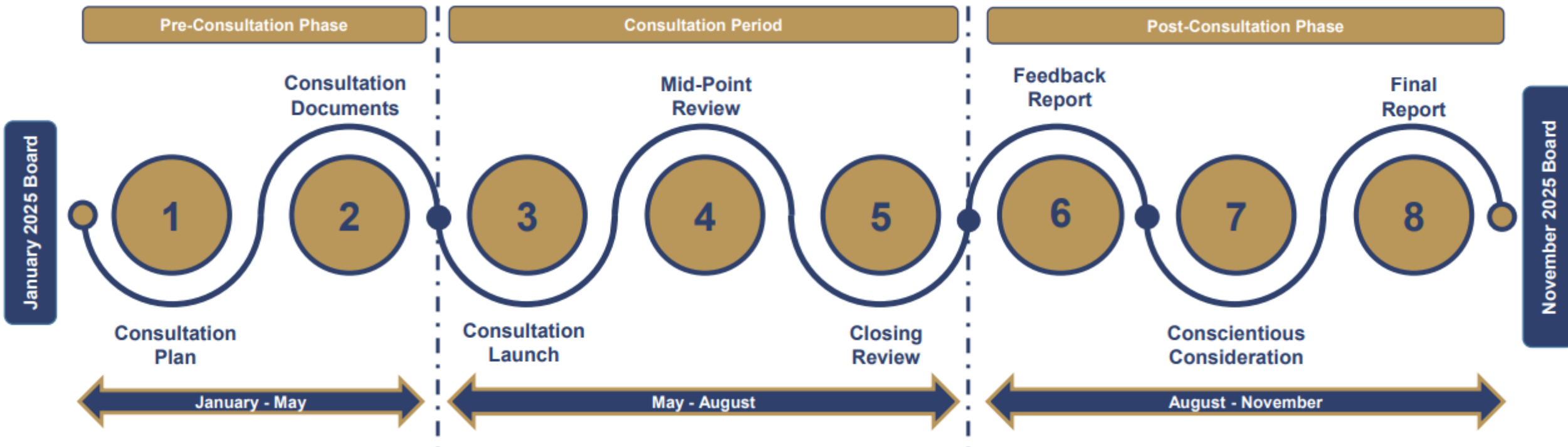
# Y broses hyd yn hyn eleni

## Our process this year to date



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- Gall newidiadau i'n naw gwasanaeth clinigol, o ganlyniad i'r ymgynghoriad, effeithio ar sut maent yn cael eu trefnu yn ein pedwar prif ysbyty
- Byddwn yn lansio ein hymgyngghoriad sy'n cynnwys opsiynau ar gyfer pob gwasanaeth, ar 29 Mai 2025

- Changes to our nine clinical services, as a result of the consultation, may impact on how they are organised at our four main hospitals
- We launched our consultation that includes options for each service, on 29 May 2025

# Ein hymgyngghoriad

## Our consultation



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Beth ydym yn ymgynghori amdano a beth rydyn ni am i'n cymunedau ei ddweud wrthym:

- Addasrwydd pob un o'r opsiynau ar gyfer y naw gwasanaeth clinigol yng nghwmpas y Cynllun Gwasanaethau Clinigol
- Yr effeithiau cadarnhaol a negyddol sy'n gysylltiedig â phob un o'r opsiynau ar gyfer y naw gwasanaeth yng nghwmpas y Cynllun Gwasanaethau Clinigol
- Unrhyw opsiynau amgen y dylid eu hystyried ar gyfer y naw gwasanaeth yng nghwmpas y Cynllun Gwasanaethau Clinigol
- Eich barn ar rôl y prif safleoedd ysbytai yn y dyfodol (ysbytai Bronglais, Glangwili, Prince Philip, a Llwynhelyg)
- Nid oes gennym opsiynau a ffefrir

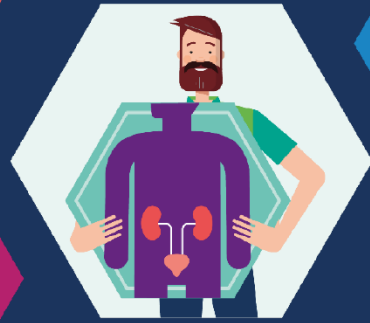
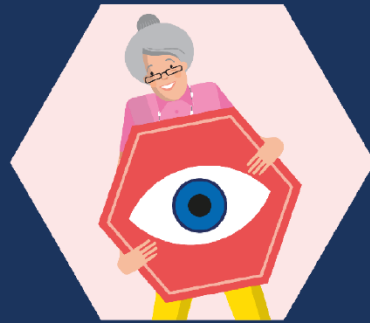
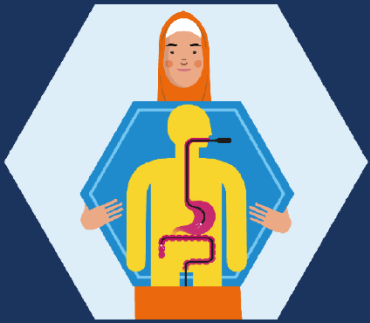
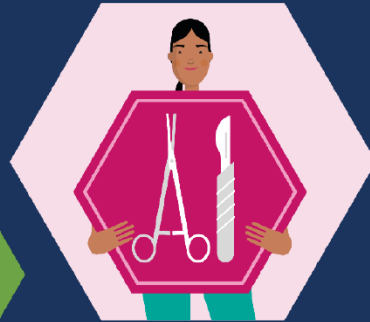
What are we consulting about and what do we want our communities to tell us:

- The suitability of each of the options for the nine clinical services in scope of the Clinical Services Plan
- The positive and negative impacts linked with each of the options for the nine services in scope of the Clinical Services Plan
- Any alternative options which should be considered for the nine services in scope of the Clinical Services Plan
- Thoughts on the future roles of the main hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush hospitals)
- We do not have preferred options



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# Yr opsiynau The options



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
<b>Gwasanaeth presennol</b> <i>Current service</i>	Uned gofal dwys	Uned gofal dwys	Uned gofal dwys (gyda throsglwyddo'r cleifion mwyaf sâl)	Uned gofal dwys
	<i>Intensive care unit</i>	<i>Intensive care unit</i>	<i>Intensive care unit (with transfer of sickest patients)</i>	<i>Intensive care unit</i>
<b>Opsiwn A</b> <i>Option A</i>	Uned gofal dwys	Uned gofal dwys ac uned gofal lefel uwch	Uned gofal lefel uwch	Uned gofal lefel uwch
	<i>Intensive care unit</i>	<i>Intensive care unit and enhanced care unit</i>	<i>Enhanced care unit</i>	<i>Enhanced care unit</i>
<b>Opsiwn B</b> <i>Option B</i>	Uned gofal dwys	Uned gofal dwys	Uned gofal lefel uwch	Uned gofal dwys
	<i>Intensive care unit</i>	<i>Intensive care unit</i>	<i>Enhanced care unit</i>	<i>Intensive care unit</i>
<b>Opsiwn C</b> <i>Option C</i>	Uned gofal dwys	Uned gofal dwys	Uned gofal dwys (gyda throsglwyddo'r cleifion mwyaf sâl)	Uned gofal dwys
	<i>Intensive care unit</i>	<i>Intensive care unit</i>	<i>Intensive care unit (with transfer of sickest patients)</i>	<i>Intensive care unit</i>



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
<b>Gwasanaeth presennol</b>	Dim gwasanaeth	Clinig cleifion allanol unwaith yr wythnos, ffotograffiaeth feddygol, (dim gwasanaeth ffototherapi ar hyn o bryd)	Clinigau cleifion allanol a mân lawdriniaethau	Dim gwasanaeth ar hyn o bryd oherwydd y problemau o ran RAAC*	Rhai clinigau cleifion allanol dan arweiniad nyrsys yn CGI Aberteifi (yn cynnwys mân lawdriniaethau) ac YDSB
<b>Current service</b>	No service	<i>Outpatient clinic once per week, medical photography, (photo-therapy not running currently)</i>	<i>Outpatient clinics and minor operations</i>	<i>No service currently due to Reinforced autoclaved aerated concrete (RAAC)* issues</i>	<i>Some nurse-led outpatient clinics at Cardigan Integrated Care Centre (CICC) (including minor operations) and South Pembrokeshire Hospital (SPH)</i>
<b>Opsiwn A</b>	Dim gwasanaeth	Dim gwasanaeth	Gwasanaeth cyfunol	Dim gwasanaeth	Cadw'r gwasanaeth yn CGI Aberteifi. Rhai clinigau cleifion allanol dan arweiniad nyrsys yn YDA. Dim darpariaeth gymunedol yn Sir Benfro
<b>Option A</b>	No service	No service	<i>Consolidated service</i>	No service	<i>Keep provision at CICC Some nurse-led outpatient clinics at Amman Valley Hospital (AVH) No community provision in Pembrokeshire</i>



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
<b>Opsion B</b>	Dim gwasanaeth	Dim gwasanaeth	Gwasanaeth cyfunol	Dim gwasanaeth	Cadw'r ddarpariaeth yn YDSB Rhai mân lawdriniaethau mewn practisau meddygon teulu Dim darpariaeth gymunedol yng Nghereigion
<b>Option B</b>	<i>No service</i>	<i>No service</i>	<i>Consolidated service</i>	<i>No service</i>	<i>Keep provision at SPH Some minor operations in General Practitioner (GP) practices No community provision in Ceredigion</i>
<b>Opsion C</b>	Dim gwasanaeth	Dim gwasanaeth	Gwasanaeth cyfunol	Dim gwasanaeth	Cadw'r ddarpariaeth yn CGI Aberteifi ac YDSB. Rhai clinigau pediatreg dan arweiniad nyrsys yn CICH. Rhai mân lawdriniaethau mewn practisau meddygon Teulu.
<b>Option C</b>	<i>No service</i>	<i>No service</i>	<i>Consolidated service</i>	<i>No service</i>	<i>Keep provision at CICC and SPH. Some nurse-led paediatric clinics at Cross Hands Health Centre (CHHC) Some minor operations in GP practices</i>
<b>Opsion D</b>	Dim gwasanaeth	Dim gwasanaeth	Gwasanaeth cyfunol	Dim gwasanaeth	Cadw'r ddarpariaeth yn CGI Aberteifi ac YDSB. Rhai clinigau pediatreg dan arweiniad nyrsys yn CICH.
<b>Option D</b>	<i>No service</i>	<i>No service</i>	<i>Consolidated service</i>	<i>No service</i>	<i>Keep provision at CICC and SPH Some nurse-led paediatric clinics at CHHC</i>

# Llawfeddygaeth Gyffredinol Frys

## Emergency General Surgery



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
<b>Gwasanaeth presennol</b> <i>Current service</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol <i>Full emergency general surgery, including surgical operations</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol <i>Full emergency general surgery, including surgical operations</i>	Dim gwasanaeth llawfeddygaeth gyffredinol frys <i>No emergency general surgery service</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol <i>Full emergency general surgery, including surgical operations</i>
	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol <i>Full emergency general surgery, including surgical operations</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol Cryfhau SDEC* <i>Full emergency general surgery, including surgical operations</i> <i>Strengthen Same Day Emergency Care (SDEC)</i>	Dim gwasanaeth llawfeddygaeth gyffredinol frys <i>No emergency general surgery service</i>	Dim llawdriniaethau cyffredinol brys yn cael eu cyflawni Cryfhau SDEC* <i>No emergency general surgery operations taking place Strengthen SDEC*</i>

# Llawfeddygaeth Gyffredinol Frys

## Emergency General Surgery



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
<b>Gwasanaeth presennol</b> <i>Current service</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol  <i>Full emergency general surgery, including surgical operations</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol  <i>Full emergency general surgery, including surgical operations</i>	Dim gwasanaeth llawfeddygaeth gyffredinol frys  <i>No emergency general surgery service</i>	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol  <i>Full emergency general surgery, including surgical operations</i>
	Llawfeddygaeth gyffredinol frys llawn, yn cynnwys llawdriniaethau meddygol  <i>Full emergency general surgery, including surgical operations</i>	Llawfeddygaeth gyffredinol frys yn cael ei chynnal bob yn ail wythnos Cryfhau SDEC*  Emergency general surgery operations taking place on alternate weeks. Strengthen SDEC*	Dim gwasanaeth llawfeddygaeth gyffredinol frys  <i>No emergency general surgery service</i>	Llawfeddygaeth gyffredinol frys yn cael ei chynnal bob yn ail wythnos Cryfhau SDEC*  Emergency general surgery operations taking place on alternate weeks Strengthen SDEC*

# Endosgopi

## Endoscopy



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
<b>Gwasanaeth presennol</b>	Sgrinio coluddion / gastroberfeddol / wroleg	Sgrinio coluddion / gastroberfeddol / anadlol / wroleg	Gwasanaethau sgrinio coluddion / gastroberfeddol / anadlol / wroleg	Sgrinio coluddion / gastroberfeddol	Dim gwasanaeth
<b>Current service</b>	<i>Bowel screening / gastro-intestinal / urology</i>	<i>Bowel screening / gastro-intestinal / respiratory / urology</i>	<i>Bowel screening / gastro-intestinal / respiratory / urology</i>	<i>Bowel screening / gastro-intestinal</i>	<i>No service</i>
<b>Opsiwn A</b>	Sgrinio coluddion / gastroberfeddol	Sgrinio coluddion / gastroberfeddol	Sgrinio coluddion / gastroberfeddol Dwyn ynghyd triniaethau anadlol ac wroleg Ystafell triniaethau ychwanegol	Sgrinio coluddion / gastroberfeddol	Dim gwasanaeth
<b>Option A</b>	<i>Bowel screening / gastro-intestinal</i>	<i>Bowel screening / gastro-intestinal</i>	<i>Bowel screening / gastro-intestinal</i> <i>Bring together respiratory and urology procedures</i> <i>Additional procedure room</i>	<i>Bowel screening / gastro-intestinal</i>	<i>No service</i>

# Endosgopi

## Endoscopy



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	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
<b>Opsiwn B</b>	Gastroberfeddol / wroleg	Gastroberfeddol / anadlol / wroleg	Gastroberfeddol / anadlol / wroleg	Gastroberfeddol	Safle newydd ar gyfer sgrinio coluddion
<b>Option B</b>	<i>Gastro-intestinal / urology</i>	<i>Gastro-intestinal / respiratory / urology</i>	<i>Gastro-intestinal / respiratory / urology</i>	<i>Gastro-intestinal</i>	<i>New site for bowel screening</i>
<b>Opsiwn C</b>	Sgrinio coluddion / gastroberfeddol	Sgrinio coluddion Cynyddu'r gwasanaeth gastroberfeddol	Sgrinio Coluddion Cymru / gastroberfeddol Dwyn ynghyd triniaethau anadlol ac wroleg Oriau estynedig	Sgrinio coluddion / gastroberfeddol	Dim gwasanaeth
<b>Option C</b>	<i>Bowel screening / gastro-intestinal</i>	<i>Bowel screening Increased gastro- intestinal</i>	<i>Bowel screening / gastro- intestinal</i> <i>Bring together respiratory and urology procedures</i> <i>Extended hours</i>	<i>Bowel screening / Gastro-intestinal</i>	<i>No service</i>



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
<b>Gwasanaeth presennol</b>	Achosion dydd a chleifion mewnol	Diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Diagnosteg, cleifion allanol a chleifion mewnol	Diagnosteg, cleifion allanol a chleifion mewnol	Achosion dydd YDA Gwasanaeth diagnosteg a chleifion allanol yn CGI Aberteifi, CLIFfG ac CGI Aberaeron
<b>Current service</b>	<i>Day cases and inpatients</i>	<i>Diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	<i>Diagnostics, outpatients and inpatients</i>	<i>Diagnostics, outpatients and inpatients</i>	<i>AVH day cases Diagnostics and outpatient service in CICC, North Road Eye Clinic (NREC) and Aberaeron Integrated Care Centre (AICC)</i>
<b>Opsiwn A</b>	Dim gwasanaeth	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Dim gwasanaeth	Diagnosteg a chleifion allanol	Achosion dydd (cataractau) yn YDA, ond dim cleifion allanol (pigiadau i'r llygaid) Gwasanaeth diagnosteg a chleifion allanol yn CGI Aberteifi a CLIFfG
<b>Option A</b>	No service	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	No service	<i>Diagnostics and outpatients</i>	<i>AVH day cases (cataract) but not outpatients (eye injections) Diagnostics and outpatient service in CICC and NREC</i>



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
<b>Opsiwn B</b> <b>Option B</b>	Achosion dydd a chleifion mewnol	Dim gwasanaeth	Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys	Diagnosteg a chleifion allanol	YDA – diagnosteg, cleifion allanol (pigiadau i'r llygaid) ond nid achosion dydd (catractau)
	<i>Day cases and inpatients</i>	<i>No service</i>	<i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i>	<i>Diagnostics and outpatients</i>	<i>AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)</i>
					<i>Diagnostics and outpatient service in CICC, NREC and Pembrokeshire (site to be confirmed)</i>



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg/ Withybush	Cymuned / Community
<p><b>Opsiwn C</b></p> <p><b>Option C</b></p>	<p>Achosion dydd a chleifion mewnol</p>	<p>Prif wasanaeth yn cynnwys diagnosteg, achosion dydd, cleifion mewnol, cleifion allanol a gofal llygaid brys</p>	<p>Dim gwasanaeth</p>	<p>Diagnosteg a chleifion allanol</p>	<p>YDA – diagnosteg, cleifion allanol (pigiadau i'r llygaid) ond nid achosion dydd (cataractau)</p>
	<p><i>Day cases and inpatients</i></p>	<p><i>Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care</i></p>	<p><i>No service</i></p>	<p><i>Diagnostics and outpatients</i></p>	<p><i>AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)</i></p> <p><i>Diagnostics and outpatient service in CICC and NREC</i></p>

# Orthopedig Ddewisol

## Elective Orthopaedics



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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush
<b>Gwasanaeth presennol</b>  <b>Current service</b>	Cleifion allanol, cleifion mewnol ac achosion dydd  <i>Outpatients, inpatients and day cases</i>	Cleifion allanol  <i>Outpatients</i>	Cleifion allanol, cleifion mewnol ac achosion dydd  <i>Outpatients, inpatients and day cases</i>	Cleifion allanol ac achosion dydd  <i>Outpatients and day cases</i>
<b>Opsiwn A</b>  <b>Option A</b>	Cleifion allanol, cleifion mewnol ac achosion dydd  <i>Outpatients, inpatients and day cases</i>	Cleifion allanol  <i>Outpatients</i>	Cleifion allanol, cleifion mewnol ac achosion dydd, yn cynnwys gwaith rhanbarthol  <i>Outpatients, inpatients and day cases including regional working</i>	Cleifion allanol a chynyddu llawdriniaethau achosion dydd  <i>Outpatients and increased day cases</i>
<b>Opsiwn B</b>  <b>Option B</b>	Cleifion allanol, cleifion mewnol ac achosion dydd  <i>Outpatients, inpatients and day cases</i>	Cleifion allanol  <i>Outpatients</i>	Cleifion allanol, cleifion mewnol ac achosion dydd, yn cynnwys gwaith rhanbarthol  <i>Outpatients, inpatients and day cases including regional working</i>	Cleifion allanol a chynyddu llawdriniaethau achosion dydd ac oriau estynedig  <i>Outpatients and increased day case and extended hours</i>

# Orthopedig Ddewisol

## Elective Orthopaedics



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	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush
<b>Opsiw C</b>	Cleifion allanol, cleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion allanol lleol, cleifion mewnol, ac achosion dydd Gwelyau ychwanegol	Cleifion allanol a chynyddu llawdriniaethau achosion dydd
<b>Option C</b>	<i>Outpatients, inpatients and day cases</i>	<i>Outpatients</i>	<i>Local outpatients, inpatients, and day cases and additional beds</i>	<i>Outpatients and increased day cases</i>
<b>Opsiw D</b>	Cleifion allanol, mwy o gleifion mewnol ac achosion dydd	Cleifion allanol	Cleifion allanol, cleifion mewnol ac achosion dydd, yn cynnwys gwaith rhanbarthol	Cleifion allanol a chynyddu llawdriniaethau achosion dydd ac oriau estynedig
<b>Option D</b>	<i>Outpatients, increased inpatients and day cases</i>	<i>Outpatients</i>	<i>Outpatients, inpatients and day cases including regional working</i>	<i>Outpatients and increased day case and extended hours</i>



	Bronglais	Glangwili	Tywysog Philip / Prince Philip	Llwynhelyg / Withybush	Cymuned / Community
<b>Gwasanaeth presennol</b>	Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)	Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)	Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)	Gwasanaethau ymyriadol diagnostig/ cleifion mewnol ac achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)	Gwasanaethau pelydr-X yn CGI Aberteifi, YLI, YDSB, YDyP
<b>Current service</b>	<i>Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)</i>	<i>Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)</i>	<i>Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)</i>	<i>Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)</i>	<i>X-ray services at CICC, Llandoverly Hospital (LH), SPH, Tenby Hospital (TH)</i>
<b>Opsiwn A</b>	Gwasanaethau ymyriadol diagnostig/ achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)	Gwasanaethau ymyriadol i gleifion mewnol (Llun-Gwe, yn ystod y dydd)	Gwasanaethau ymyriadol diagnostig/ achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)	Gwasanaethau ymyriadol diagnostig/ achosion dydd wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)	Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP
<b>Option A</b>	<i>Planned diagnostic / day case interventional services (Mon-Fri, daytime)</i>	<i>Inpatient interventional services (Mon-Fri, daytime)</i>	<i>Planned diagnostic / day case interventional services (Mon-Fri, daytime)</i>	<i>Planned diagnostic / day case interventional services (Mon-Fri, daytime)</i>	<i>X-ray services at CICC and TH</i>



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
<b>Opsion B</b>  <b>Option B</b>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p> <p>Ffocws ar ganser</p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP</p> <p>Canolfan ranbarthol newydd ar gyfer radioleg ddiagnostig wedi'i chynllunio (safle i'w gadarnhau)</p>
	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient and day case interventional services (Mon-Fri, daytime) Cancer focus</i></p>	<p><i>X-ray services at CICC and TH</i></p> <p><i>New regional hub for planned diagnostic radiology (site TBC)</i></p>



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
<b>Opsiwn C</b>  <i>Option C</i>	<p>Gwasanaethau diagnostig wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol ar gyfer cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol ar gyfer cleifion mewnol ac achosion dydd (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (Llun-Gwe, yn ystod y dydd)</p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP</p>
	<p><i>Planned diagnostic services (Mon-Fri, daytime)</i></p> <p><i>Inpatient and day case interventional (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (Mon-Fri, daytime)</i></p> <p><i>Inpatient and day case interventional (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (Mon-Fri, daytime)</i></p>	<p><i>X-ray services at CICC and TH</i></p>



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>	Cymuned / <i>Community</i>
<b>Opsiwn D</b>  <i>Option D</i>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol achosion dydd (Llun-Gwener, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol ar gyfer cleifion mewnol (24/7)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol achosion dydd (Llun-Gwener, yn ystod y dydd)</p>	<p>Gwasanaethau diagnostig wedi'u cynllunio (7 niwrnod, yn ystod y dydd)</p> <p>Gwasanaethau ymyriadol achosion dydd (Llun-Gwener, yn ystod y dydd)</p>	<p>Gwasanaethau pelydr-X yn CGI Aberteifi ac YDyP</p>
	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Inpatient interventional services (24/7)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>Planned diagnostic services (7 days, daytime)</i></p> <p><i>Day case interventional services (Mon-Fri, daytime)</i></p>	<p><i>X-ray services at CICC and TH</i></p>



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
<b>Gwasanaeth presennol</b> <i>Current service</i>	Uned Strôc <i>Stroke Unit</i>	Uned Strôc <i>Stroke Unit</i>	Uned Strôc <i>Stroke Unit</i>	Uned Strôc <i>Stroke Unit</i>
<b>Opsiwn A</b> <i>Option A</i>	Trin a Throsglwyddo <i>Treat and Transfer</i>	Trin a Throsglwyddo <i>Treat and Transfer</i>	Uned Strôc (gwasanaeth cyflenwi arbenigol 12 awr y dydd) <i>Stroke Unit (specialist cover 12-hours a day)</i>	Uned Strôc (gwasanaeth cyflenwi arbenigol 12 awr y dydd) <i>Stroke Unit (specialist cover 12-hours a day)</i>
<b>Opsiwn B</b> <i>Option B</i>	Trin a Throsglwyddo <i>Treat and Transfer</i>	Trin a Throsglwyddo <i>Treat and Transfer</i>	Uned Strôc (gwasanaeth cyflenwi arbenigol 24 awr y dydd) <i>Stroke Unit (specialist cover 24-hours a day)</i>	Trin a Throsglwyddo ac Uned Strôc (gwasanaeth cyflenwi arbenigol 12 awr y dydd) <i>Treat and Transfer and Stroke Unit (specialist cover 12-hours a day)</i>



	Bronglais	Glangwili	Tywysog Philip / <i>Prince Philip</i>	Llwynhelyg / <i>Withybush</i>
<b>Gwasanaeth presennol</b> <i>Current service</i>	<p>Cleifion allanol, llawdriniaethau achosion dydd a gweithdrefnau diagnostig (gan gynnwys brys lle'r amheuir cancer cyfyngedig)</p> <p><i>Outpatients, day case surgery and diagnostic procedures (inc. limited urgent suspected cancer)</i></p>	<p>Achosion brys, cleifion allanol, achosion dydd, cleifion mewnol a gweithdrefnau diagnostig (gan gynnwys brys lle'r amheuir cancer)</p> <p><i>Emergency, outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)</i></p>	<p>Cleifion allanol, achosion dydd, cleifion mewnol a gweithdrefnau diagnostig (gan gynnwys brys lle'r amheuir cancer)</p> <p><i>Outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)</i></p>	<p>Cleifion allanol, achosion dydd a gweithdrefnau diagnostig (gan gynnwys brys lle'r amheuir cancer)</p> <p><i>Outpatients, day cases and diagnostic procedures (inc. urgent suspected cancer)</i></p>
<b>Yr opsiwn arfaethedig</b>  <i>The proposed option</i>	<p>Cleifion allanol, achosion dydd a gweithdrefnau diagnostig</p> <p><i>Outpatients, day cases and diagnostic procedures</i></p>	<p>Argyfwng yn unig</p> <p><i>Emergency only</i></p>	<p>Cleifion allanol, achosion dydd, cleifion mewnol a chanolfan ddiagnosteg (gan gynnwys brys lle'r amheuir cancer)</p> <p><i>Outpatients, day cases, inpatients and centralised diagnostic hub (inc. urgent suspected cancer)</i></p>	<p>Cleifion allanol, achosion dydd a thriniaethau diagnostig</p> <p><i>Outpatients, day cases and diagnostic procedures</i></p>

# Beth allai'r newidiadau hyn olygu i'n prif hysbytai

## What these changes could mean for our main hospitals



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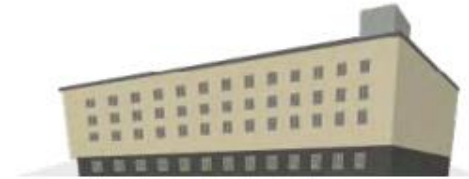
Byddai **Ysbyty Bronglais** yn parhau i ddarparu yr un gwasanaethau, ond efallai y byddai rhywfaint o ofal arbenigol yn symud i ysbytai eraill.

***Bronglais Hospital** would continue to provide the services it already does, but some specialist care might be moved to other hospitals.*



Byddai **Ysbyty Tywysog Philip** yn darparu mwy o ofal wedi'i gynllunio. Byddai hyn yn cwmpasu ardal ehangach os byddwn yn cydweithio â Bwrdd Iechyd Prifysgol Bae Abertawe.

***Prince Philip Hospital** would provide more planned care. This would cover a wider area especially if we work with Swansea Bay University Health Board.*



Byddai **Ysbyty Glangwili** yn darparu mwy o ofal argyfwng ac aciwt, gyda rhywfaint o ofal wedi'i gynllunio yn symud i ysbytai eraill.

***Glangwili Hospital** would provide more acute and emergency care, with some planned care moved to other hospitals.*



Byddai **Ysbyty Llwynhelyg** yn darparu mwy o ofal wedi'i gynllunio ar draws ardal Hywel Dda. Byddai gofal aciwt (aros mewn ysbyty ar gyfer profion a thriniaethau) yn parhau ar y safle, ond byddai'r cleifion â'r anghenion mwyaf yn cael eu trosglwyddo i Ysbyty Glangwili.

***Withybush Hospital** would provide more planned care across the Hywel Dda area. Acute care (staying in hospital for tests and treatments) is kept, but with transfers to*

***Glangwili Hospital** for patients with the highest needs.*

# Beth allai hyn ei olygu i bobl

## What these changes could mean for people



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Ry'n ni am wneud yn siŵr bod y newidiadau hyn mor deg â phosibl. Ry'n ni wedi gweithio gyda grwpiau i wneud yn siŵr ein bod yn ystyried sut y gallai hyn effeithio ar wahanol bobl. Ry'n ni hefyd wedi cynnal Asesiad o Effaith ar Gydraddoldeb.

Rydym wedi ystyried sut y byddai'r newidiadau hyn yn effeithio ar:

- Y Gymraeg
- Problemau teithio a thrafnidiaeth
- Pobl â nodweddion gwarchoddedig

We want to make sure these changes are as fair as possible. We've worked with groups to make sure we consider how this might affect different people. We've also carried out an Equality Impact Assessment.

We have considered how these changes would affect:

- The Welsh language
- Travel and transport issues
- People with protected characteristics





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**Sut allwch chi rannu eich barn**

**How you can share your views**

# Ein hymgyngghoriad

## Our consultation



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- Byddwn yn ymgysylltu â staff, y cyhoedd a rhanddeiliaid trwy ddigwyddiadau ar-lein a wyneb-yn-wyneb
- Byddwn yn ymgysylltu â staff yn gyntaf yn ystod wythnosau agoriadol yr ymgynghoriad.
- Bydd digwyddiadau galw heibio cyhoeddus a digwyddiadau ar-lein yn cael eu cynnal ar draws Hywel Dda.
- Oherwydd amseriad lansio'r ymgynghoriad, rydym yn canolbwyntio ar gynnal digwyddiadau ymgysylltu wedi'u o fewn y chwe wythnos gyntaf o lansio'r ymgynghoriad, cyn gwyliau'r haf ysgolion.
- Oherwydd gwyliau banc, yn ogystal â gwyliau'r haf, bydd yr ymgynghoriad yn rhedeg am 13.5 wythnos yn hytrach na 12 wythnos i ganiatáu i gymaint o bobl â phosibl gymryd rhan a rhannu eu barn.
- We will engage with staff, public and stakeholders through online and in person events.
- We will engage with staff first during the opening weeks of the consultation.
- Public drop in and online events taking place in the localities across Hywel Dda.
- Due to the timing of the consultation launch, we are focussing on holding planned engagement events within the first six weeks of consultation launch, ahead of the school summer holidays.
- Due to bank holidays, as well as summer holidays, the consultation will run for 13.5 weeks rather than 12 weeks to allow as many people as possible to get involved and share their views.



Yn ystod yr ymgynghoriad, byddwn yn ceisio adborth ar yr opsiynau arfaethedig yn ogystal ag unrhyw ddewisiadau amgen posibl.

Byddem yn gwerthfawrogi eich bod yn rhannu eich barn yn ystod yr ymgynghoriad cyhoeddus yn dechrau (diwedd Mai-Awst 2025) ar y canlynol:

- Adborth ar yr opsiynau cyfredol
- Awgrymiadau ar gyfer opsiynau amgen
- Mewnwelediadau ar y canfyddiadau thematig, yn enwedig ynglŷn â rôl y pedwar prif safle

Rydym hefyd yn awyddus i glywed o'ch awgrymiadau ynghylch sut a ble y gallwn gwrdd â phobl i drafod yr opsiynau.

During the consultation, we will be seeking feedback on the proposed options as well as any potential alternatives.

We would appreciate you sharing your views during the public consultation commences (end May-August 2025) on the following:

- Feedback on the current options
- Suggestions for alternative options
- Insights on the thematic findings, particularly concerning the role of the four main sites

We are also keen to hear from your suggestions about how and where we can meet people to discuss the options.

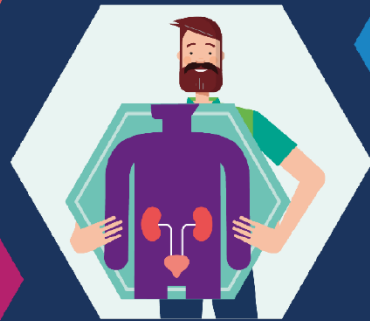
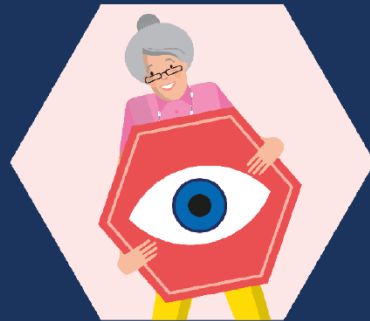
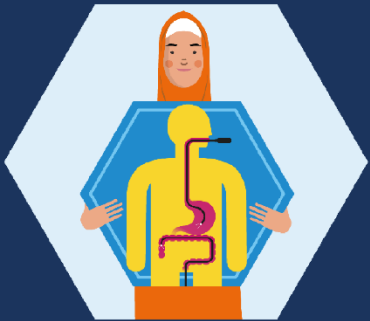
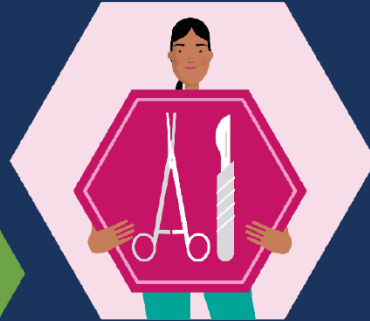
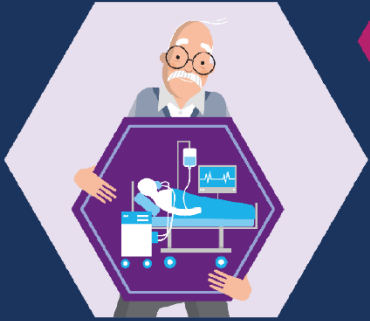


- Bydd ORS yn casglu ac yn dadansoddi'r holl adborth
- Mae'r holl ddogfennau i'w gweld ar ein gwefan **[biphdd.gig.cymru/ymgyngoriad-gwasanaethau-clinigol/](http://biphdd.gig.cymru/ymgyngoriad-gwasanaethau-clinigol/)**
- Ymunwch â ni yn un o'n digwyddiadau
- Rhannwch eich barn ar-lein neu drwy e-bostio: **[Hyweldda.engagement@wales.nhs.uk](mailto:Hyweldda.engagement@wales.nhs.uk)**
- Neu ffoniwch 0300 303 8322 (opsiwn 5)
- Dyddiad cau i'ch hadborth yw 31 Awst 2025
- Rydym yn disgwyl rhannu'r adborth ymgynghori yng nghyfarfod y Bwrdd Cyhoeddus mis Tachwedd
- ORS will collect and analyse all the feedback
- All documents are on our website: **[hduhb.nhs.wales/clinical-services-consultation](http://hduhb.nhs.wales/clinical-services-consultation)**
- Join us at one of our many events
- Share your views online or by emailing: **[Hyweldda.engagement@wales.nhs.uk](mailto:Hyweldda.engagement@wales.nhs.uk)**
- Or call 0300 303 8322 (option 5)
- Closing date for feedback is 31 August 2025
- We anticipate sharing the consultation feedback at the November Public Board meeting



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Diolch yn fawr  
Unrhyw gwestiynau?

Thank you  
Any questions?

3.2

14:30, 20 Mins

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3.2 - Primary Care - how our GP Managed Practices work

*Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care), Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)*

| For information

**Attachments**

[3.2 Managed Practices.pdf](#)



# Health Board Managed Practices

July 2025

# Why Health Board Managed Practices?

- On termination of a General Medical Service (GMS) contract the process allows for consideration of the following options:
  - Re-commissioning of a contract via GMS or Alternative Provider Medical Services (APMS)
  - Dispersal of the Practice list
  - Health Board Managed Practice
- Hywel Dda University Health Board currently has 6 Health Board Managed Practices providing General Medical Services to circa 38.8k patients
- Each Practice has a clinical quota that forms the basis of the rota requirements
- Locum rate card introduced in Autumn 2024
- Increased interest in salaried General Practitioner (GP) posts with Tenby Surgery and Ash Grove Surgery almost being fully salaried

# Premises

- The Managed Practices all occupy the same premises as pre contract termination. A spectrum of arrangements support this, from leases or terms held over (Sarn, Ash Grove, Minafon, Penrhyn) to licence to occupy.
- The condition of the premises varies from large modern purpose-built premises (Ash Grove) to cramped, dated conversions (Neyland). The size and condition of estate can restrict what Practices are able to offer. Concerns about the state of the repair and compliance with fire and safety requirements are a feature of some buildings.
- 3 of the 6 Managed Practices operate a branch surgery as well as their main site:
  - Minafon – Trimsaran
  - Neyland – Johnston
  - Penrhyn – St Davids

# Opportunities

- Develop and support new roles, trial new models of working away from traditional roles eg. Practice-based Pharmacist, Senior Clinical Pharmacist, Advanced Practitioners (working with the Academy). Health Boards represent secure employment which can be attractive
- Test beds for new services or systems, pilot sites, early adopters eg. Covid vaccination initial rollout, Electronic Prescribing System (Neyland)
- Rich source of data for learning about GMS where parallel data from Independent Contractors is not available eg. chronic disease monitoring
- Stability in areas of concern over the viability of neighbouring GMS Contracts. Opportunity to shape service provision within a Cluster
- Opportunity to develop and build protocols and processes which can be shared with Independent Contractors eg. Repeat Prescribing, locum pack, clinical system templates

# Challenges

- Recruitment and retention into key clinical roles
- Reputational challenges involving neighbouring Practices and patients
- Held to both contractual and Health Board standards/governance mechanisms
- Buildings not fit for purpose
- Resistance to cross cover/working arrangements due to combination of Transfer of Undertakings Protection of Employment (TUPE) and Agenda for Change (A4C) staff
- Operational service delivery Monday to Friday 8am – 6.30pm

# Tenby Surgery

- Tenby Surgery became a Health Board Managed Practice in 2018
- The Practice List size is 7366
- Clinical Lead in post alongside salaried GPs and an established Multi-Disciplinary Team (MDT) in line with the Primary Care Model for Wales
- Work ongoing to develop an MDT approach to patients with chronic diseases
- Premises-related concerns are currently being discussed with the landlords

# Neyland and Johnston Surgery

- Neyland and Johnston Surgery became a Health Board Managed Practice in 2022
- The Practice List size is 5980
- Neyland Surgery is the main site with Johnston operating as the branch
- Recently appointed salaried Clinical Lead
- One salaried GP appointed; another vacancy being taken to advert

# Meddygfa Penrhyn

- Solva Surgery became a Health Board Managed Practice in 2023
- Former dispensing rights ceased
- Following the contract termination in St Davids and the agreement for a list dispersal in 2024: Meddygfa Penrhyn was established
- Practice list size 4628
- Branch site established in St Davids for nurse led care
- Clinical Lead and salaried GP appointments made, GP vacancy due to go out to advert; Pharmacist input being reviewed
- Majority of administrative staff are on TUPE terms and conditions

- Became a Health Board Managed Practice in 2018
- Practice List size of 8033
- Salaried Clinical Lead in post and recruitment into salaried GP posts has seen the Practice become almost non GP locum reliant
- GP Fellow
- Clinical Pharmacist (with view to becoming first Consultant Pharmacist in Primary Care)
- First Managed Practice to engage in a Research & Development (R&D) project (Antler 75)
- Joint reviews of patients with Chronic Kidney Disease (CKD)/Hypertension started with proposal to roll out model across the Managed Practices

# Meddygfa Minafon

- Meddygfa Minafon became a Health Board Managed Practice in 2015
- The Practice List size is 8537
- One salaried GP but no clinical lead in post
- Physician Associate (x2) in post working across Meddygfa Minafon and Meddygfa'r Sarn
- Branch Surgery in Trimsaran

# Meddygfa'r Sarn

- Meddygfa'r Sarn became a Health Board Managed Practice in 2017
- The Practice list size is 4347
- Wholly reliant on Locum GPs
- No clinical lead in post
- Shares Personal Assistants (PAs) with Meddygfa Minafon

- Managed Practice do not have to be a permanent status. The Health Board can revisit historic decisions. A Managed Practice could be put out to tender or dispersed, subject to Board approval. In 2023 and again in 2024 a Provider for the APMS Contract for Neyland and Johnston was sought, however bids failed on both occasions, previous advert to return Tenby Surgery to Independent Contractor status also failed.
- Consideration needs to be given to the stability and financial viability of the practice as an independent contractor as well as the impact on staff in testing the market.

3.3

14:50, 20 Mins

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3.3 - Research and Innovation - How our Patients Benefit from Research - From Strategy to Action

*Sally Hore (Hywel Dda UHB - Head of Research and Development), Prof. Chris Hopkins (Hywel Dda UHB - Head of Innovation & Trittech Institute • Research and Development)*

| For information

**Attachments**

[3.3 Patient Panel - Trittech and R\\_D.pdf](#)

# Research and Innovation - How our Patients & Public Benefit

## From Strategy to Action.

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Professor Chris Hopkins  
Head of the Tritech Institute and Innovation  
Hywel Dda University Health Board



# TriTech Institute - Collaborations

## International

- International - European Horizon work – 1. Dynamo & 2. Invest4Health.
- International - European Horizon work – 3. circHealth.

## National

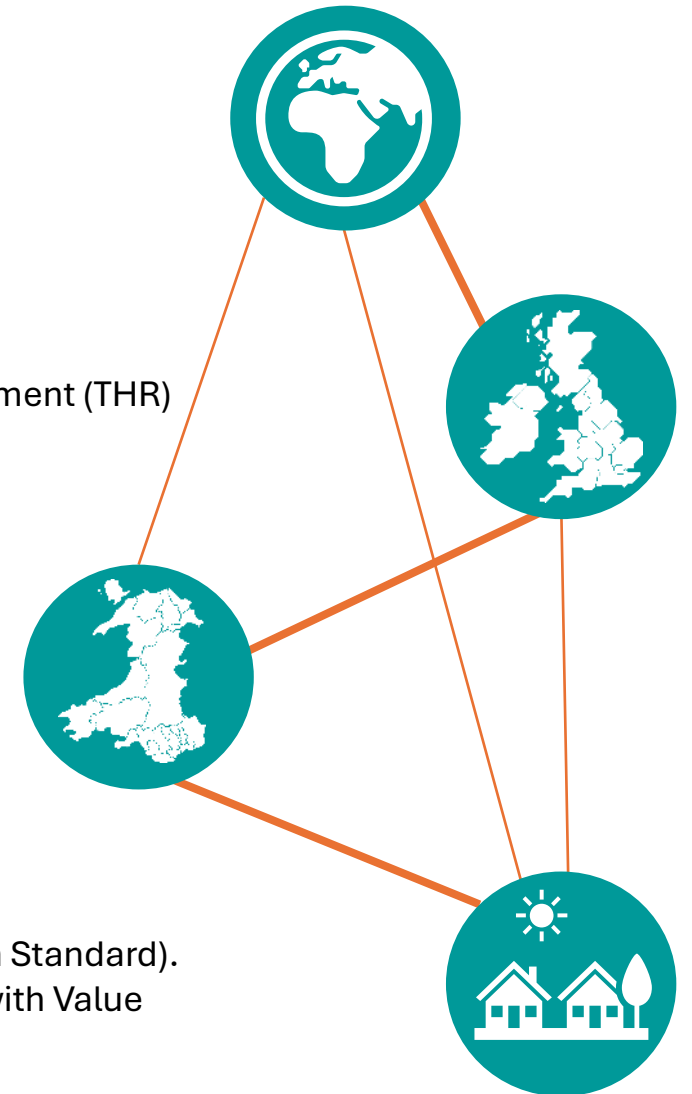
- National RWE - The Institute of Clinical Science & Technology (ICST) Respiratory toolkit.
- National RWE - Community HealthPathways.
- National RWE - Prostate Cancer Pathway optimisation with Cancer Research UK (CRUK).
- National RWE - Cardiovascular disease, Predict and Prevent with Amgen.
- National RWE - Asthma pathway with AstraZeneca & Northern Ireland.
- National Research work – Orthopaedics, Mako Total Knee Replacement (TKR) and Total Hip Replacement (THR) with Warwick University and Stryker.

## Regional

- Regional RWE - Asthma pathway work with AstraZeneca, Hywel Dda, & Aneurin Bevan.
- Regional RWE – Arts in Health to enhance health and well-being.
- Regional RWE – Social Innovation Institute with University of Wales Trinity Saint David (UWTSD).

## Local

- Prostate cancer - Prostate Artificial Intelligence (AI) JIVA.
- Mental Health – Drug Resistant Depression Transcranial Magnetic Stimulation (TMS) with Magstim.
- Dementia - G-Data software for early Mild Cognitive Impairment – Alzheimer’s Disease (MCI-AD) Screening/Diagnostics.
- Paediatrics - Development of a paediatric / neonatal echo device for use within Primary Care (Bloom Standard).
- Tech enabled care – Chronic obstructive pulmonary disease (COPD), and Heart Failure (cross over with Value based health care (VBHC) programme) with Tunstall.
- Chronic pain – biopsychosocial Learning Management System service model with Pfizer.



# Strategic partnerships and collaborations with large multi nationals

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Over the past three years, Tritech has established collaborations with two major pharmaceutical companies to conduct a series of evaluative research projects.

## Prevention Agenda

Both partnerships are strongly aligned with a prevention-focused approach. The aim is to support individuals in staying healthy, happy, and independent for as long as possible by proactively addressing health needs before they escalate.



These partnerships are centred on delivering care earlier in a person's health journey by developing and evaluating services that:

- Enhance condition management,
- Improve therapy adherence and control and,
- Where appropriate, guide individuals to other relevant services within the healthcare system.

# Strategic partnership working towards a Cardiovascular Disease (CVD) prevention agenda

- 1 Why ?**
- CVD is the leading cause of death and disability in the UK, affecting over 7 million people and costing the health system more than £8 billion.
  - Despite treatment availability, many CVD patients remain unmanaged post-event.
  - Only 15% of eligible CVD patients receive treatment according to national and international guidelines.

- 2 How ?**  
The partnership aims to address the current gap in 3 important Ways

**Phase 1 & 2 Local Level Hywel Dda UHB & SBUHB**

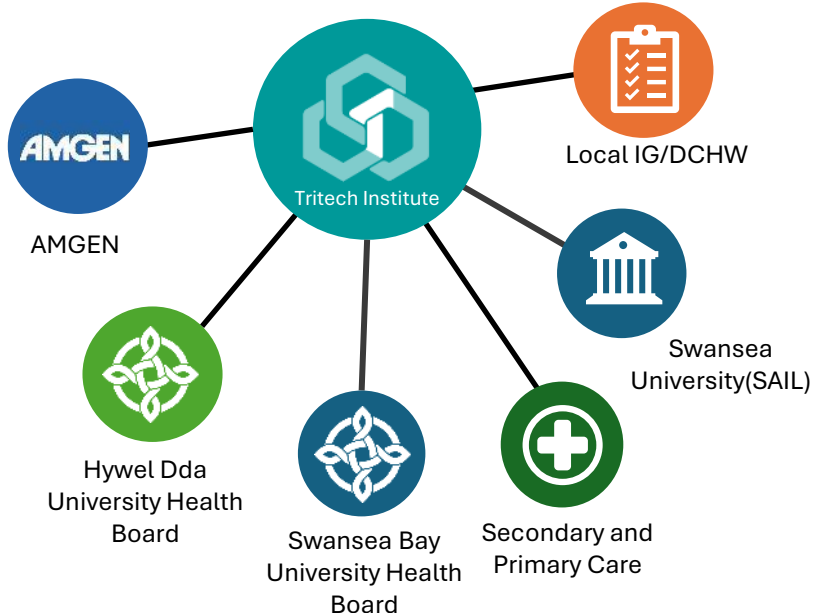
**1) Data analytics (Secure Anonymised Information Linkage (SAIL))**  
The project aims to leverage the existing Informatics ecosystem to identify patient cohorts at high risk.

**2) Real World Evaluation of a CVD prevention Clinic**  
The project aims to test different ways of delivering care and interventions to specific selected patient cohorts to reduce the treatment gap and improve outcomes.

**Phase 3 National Level (all Wales approach)**

**Affordability Analysis**  
Provide a robust, data-driven foundation for understanding the resource allocation required to deliver a state-of-the-art CVD risk management service.

**Strategy Playbook for Health Care Providers (HCPs)**  
The Strategy Playbook for HCPs is crucial for establishing a scalable solution for managing High risk CVD patients.



- 3 Outcomes ?**  
The final report for phase 1 & 2 is under production with Phase 3 being started in April 2025.

- Key Findings of Phase 1:**
- The gap and size of the CVD risk problem is much larger than initially thought
  - A new stratified risk calculator has been developed

- Key Findings of Phase 2:**
- Intensive prevention based clinics for CVD are effective, in reducing Lipid (48% in recommended guidelines) & Blood Pressure (BP) (81% within recommended guidelines)

# Service Evaluation of the Asthma Interface Network (AIN) Team at HDdUHB

1

## Why ?

The AIN is a specialist respiratory team at HHdUHB that are tasked with working in the community to:

- Reduce unwarranted variation in patient care in the community
- Reduce inequity of access
- Improve workforce planning
- Reduce the numbers of people using Short Acting Beta-Agonists (SABA), in line with NICE guidelines
- Reduce the number of high global warming potential inhalers.

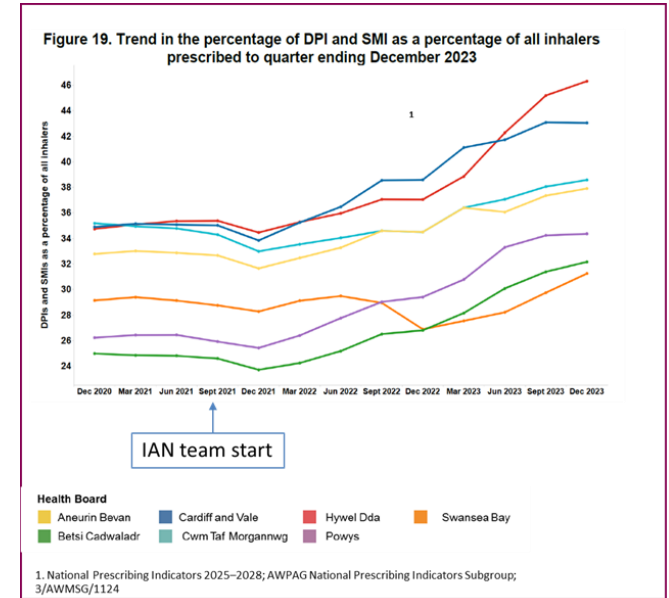
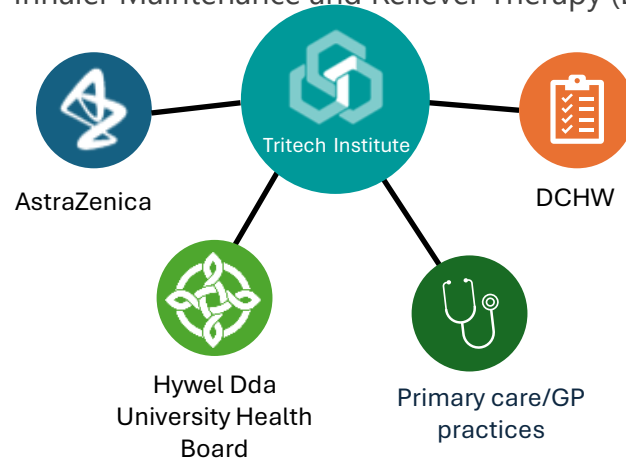
Hywel Dda UHB strategic focus on high quality asthma care has made it a leading organisation in improving Asthma Management in Wales (and the UK)

2

## How ?

Tritech were commissioned to evaluate the AIN to understand its success with particular focus on:

- potential improved respiratory health outcomes
- Assess healthcare utilisation costs: Referral rates
- Reduction in carbon footprint through reduced use of SABA inhalers and increased use of Dry Powder Inhaler Maintenance and Reliever Therapy (DPI MART ).



3

## Outcomes ?

- The project has just finished year 1 with a year 1 report due in July 2025
- Data is showing that the AIN have been effective in reducing >12 SABA usage in all but 1 of the 15 practices observed (by as much as 57.8%)
- The data shows increase in pro re nata (PRN) dry powder inhaler usage in all practices (by as much as 45.5%)
- An important part of collaborations such as these is to look at them as strategic partnerships and to build the relationship. As a result, several other projects have been developed with Astra Zeneca

## Service Evaluation of the Asthma Interface Network (AIN) Team at HDdUHB

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This work has evolved into a broader collaboration focused on evaluating and understanding respiratory services.

Ongoing and emerging projects with AstraZeneca (AZ):

- Evaluation of the Asthma Care Team in the Community – Aneurin Bevan University Health Board (Wales): Contracting phase
- Evaluation of the COPE Template (Wales): In progress
- Evaluation of the Chronic Obstructive Pulmonary Disease (COPD) Care Bundle (Northern Ireland): Contracting phase
- Review, Design, and Evaluation of COPD Care Guidelines (Midlands, England): In development

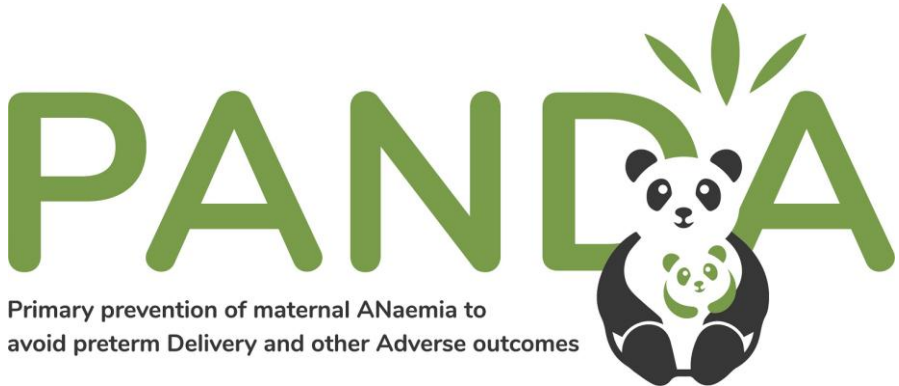
# Supporting Research

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Sally Hoare  
Head of Research and Development,  
Hywel Dda University Health Board



# Improving Outcomes For Parents and Newborns through Research



## Geographical barriers in HDDUHB

To overcome recruitment challenges the maternity research team and research pharmacist have trialled a model of posting the medication out to participants which has successfully improved recruitment.

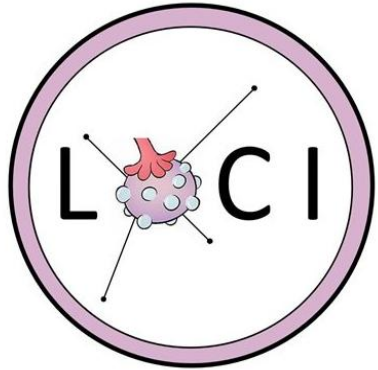
## First Health Board in Wales to open

Pregnant people under the care of Hywel Dda University Health Board are being offered the opportunity to take part in this important UK wide trial sponsored by NHS Blood and Transplant. The medication trial is randomising participants to received preventative iron for the duration of their pregnancy or placebo to find out if this reduces the incidence of maternal anaemia, preterm birth and other adverse outcomes.

## Top Recruiter across the UK in May



# The LOCI Trial in Glangwili Hospital (GGH)

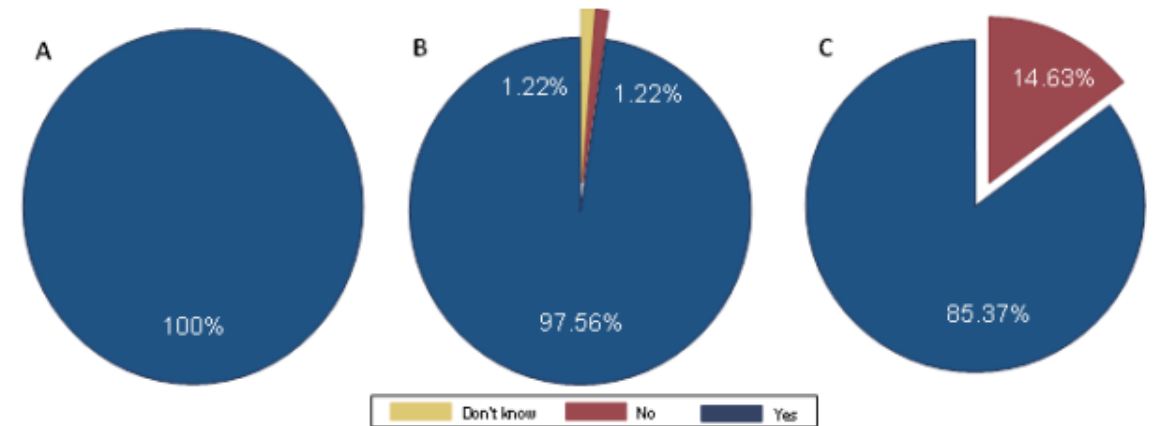


**Aim:** To investigate the clinical and cost-effectiveness of letrozole or clomifene, with or without metformin, for ovulation induction in women with polycystic ovary syndrome (PCOS).

Although it took a while to be accepted onto the Loci trial, once I was on it, it was very easy to get the medication needed. The instructions were clear and simple to follow for the trial, and luckily for me, they worked first time. I will be forever grateful to the trial for helping to give me my beautiful son. The support on the trial was brilliant, and any questions I had were always quickly answered. - LOCI participant in GGH.

## Why did this study have such patient impact?

Women are often told that due to their PCOS they will struggle to have children and often do not receive any support after diagnosis. Many struggle with weight issues but are not referred to dietetics or weight management programmes meaning they are often not eligible for NHS treatment or In vitro fertilisation (IVF). Women frequently report feeling isolated, unsupported and like they 'don't matter'. LOCI shone a light on women's health and gave them a platform and a voice. The trial provided women and their partners with a named research nurse as a point of contact; something often lacking in standard care and were monitored more closely - this made a huge difference to anxiety levels and medication compliance.



**Figure 6.** Patient opinion on (A) whether they think further research is needed for women with PCOS and infertility, (B) whether the LOCI trial is needed and (C) if they would be willing to take part?

# Our five-year plan

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## 2025 - 2030



## Strategic Aims and Objectives (Part 1)

Theme/Workstream	Ref	Objective
<b>Strategic Aim 1: Improve access to high-quality research and innovation that improves services, health and wellbeing</b>		
Harness opportunities and investment associated with national initiatives and developments	1.1	Increase the number and type of commercial research studies supported.
	1.2	Work with national research centres to sustain Health and Care Research Wales Faculty awards.
	1.3	Collaborate with National Strategic Clinical Networks on innovation programmes.
	1.4	Further develop the TriTech Institute to support MedTech, clinical pathway, and innovation strategies.
Work with Swansea Bay and Hywel Dda UHB Joint Committee	1.5	Develop clear research and innovation plans for service areas of joint interest.
	1.6	Increase commercial research and innovation through existing institutional support.
Increase R&I opportunities within Hywel Dda UHB	1.7	Establish thematic groups with public and patient engagement.
	1.8	Develop R&I capacity in corporate departments.
	1.9	Support community-based social research and innovation.

## Strategic Aims and Objectives (Part 2)

Theme/Workstream	Ref	Objective
	1.10	Develop TriTech Institute as a centre of excellence for evaluative research.
	1.11	Strengthen R&I's contribution to operational challenges.
	1.12	Utilise VBHC assets to support R&I programmes.
<b>Strategic Aim 2: Create an environment and culture that enables researchers and innovators to flourish</b>		
Develop a dynamic and enabling department	2.1	Strengthen communication and engagement through conferences and events.
	2.2	Enhance researcher development and staff capabilities.
	2.3	Increase use of facilities, including Pentre Awel.
	2.4	Ensure consistent performance against Key Performance Indicators (KPIs).
	2.5	Implement TriTech business plan aligned to clinical strategy.
	2.6	Diversify income sources.

## Strategic Aims and Objectives (Part 3)

Theme/Workstream	Ref	Objective
	2.7	Resolve wider barriers to R&I in enabling services.
	2.8	Develop innovation adoption framework.
	2.9	Build capacity for R&I in social determinants of health.
	2.10	Strengthen commercialisation expertise.
Develop next generation of R&I leaders	2.11	Increase number of professionals with time to lead R&I.
	2.12	Consider joint clinical academic posts with SBUHB.
	2.13	Allocate R&I time for wider professional range.
Embed R&I into planning, performance, governance	2.14	Embed R&I in governance and workforce strategy.
	2.15	Develop researcher development programme.
	2.16	Engage with professional groups to advance the strategy.

## Strategic Aims and Objectives (Part 4)

Theme/Workstream	Ref	Objective
<b>Strategic Aim 3: Develop and Sustain Partnerships that maximise R&amp;I access and impact</b>		
Improve university alignment	3.1	Refresh university collaboration agreements.
New University Partnerships	3.2	Create new university partnerships.
Evolving Industry Partnerships	3.3	Agree with Growth Deal schemes to support industry.
	3.4	Develop long-term industry collaborations.
	3.5	Launch joint clinical fellowships with industry.
	3.6	Develop innovation skills programme for NHS staff.
Strengthen public and community partnerships	3.7	Collaborate with NHS Wales Executive on national projects.
	3.8	Work with public bodies (e.g. Delta Wellbeing).
	3.9	Support South West Wales Joint Committee R&I agenda.

**Diolch |**  
**Thank you**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



4

15:10, 0 Mins

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4 - For Information

4.1

15:10, 5 Mins

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## 4.1 - Integrated Performance Assurance Report (IPAR)

| For information

### **Attachments**

[4.1 Integrated Performance Assurance Report.pdf](#)

[Integrated Performance Assurance Report \(IPAR\) as of 31 May 2025](#)



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 July 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 3 2025/2026
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report relates to the 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](mailto: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 30<sup>th</sup> 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	
<b>Workforce</b>					
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'.

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

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

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

# Escalation update

July 2025



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Contents



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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<b>Most concerning functions</b>	Community & Integrated Medicine	<a href="#">Page 14</a>
	Facilities & Estates	<a href="#">Page 15</a>
	Mental Health & Learning Disabilities	<a href="#">Page 16</a>
	Operational Allied Health & Health Services	<a href="#">Page 17</a>
	Planned & Specialist Care	<a href="#">Page 18</a>
<b>Appendix</b>	Escalation criteria	<a href="#">Page 19</a>

## 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 f Page 121 [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 30<sup>th</sup> 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



## Escalation status levels overview as at 30<sup>th</sup> 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



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



## 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 4<sup>th</sup> 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 7<sup>th</sup> 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



## 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



## 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 g 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 (May 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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 30<sup>th</sup> June 2025

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



## Overview

[Key improvement measure summary](#)

## Planned care

[Outpatients – new and follow-ups](#)

[Referral to treatment](#)

[Ophthalmology R1 \(high-risk patients\)](#)

## Urgent and emergency care

[Ambulances – Hywel Dda](#)

[Emergency departments – Hywel Dda](#)

[Ambulances – Bronglais Hospital](#)

[Emergency departments – Bronglais Hospital](#)

[Ambulances – Glangwili Hospital](#)

[Emergency departments – Glangwili Hospital](#)

[Ambulances – Prince Philip Hospital](#)

[Emergency departments – Prince Philip Hospital](#)

[Ambulances – Withybush Hospital](#)

[Emergency departments – Withybush Hospital](#)

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

## Cancer

[Single cancer pathway](#)

## Statistical process control (SPC) charts

[Why use SPC charts?](#)

[Anatomy of a SPC chart](#)

## Mental Health

[Mental health assessments within 28 days](#)

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

[Psychological therapy waits](#)

[Neurodevelopmental assessment waits](#)

## Diagnostics and therapies

[Diagnostic waits over 8 weeks](#)

[Therapy waits over 14 weeks](#)

## Infections

[C. difficile and E.coli cases](#)

[S. Aureus](#)

## Workforce and finance

[Staff sickness](#)

[Financial deficit](#)

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.

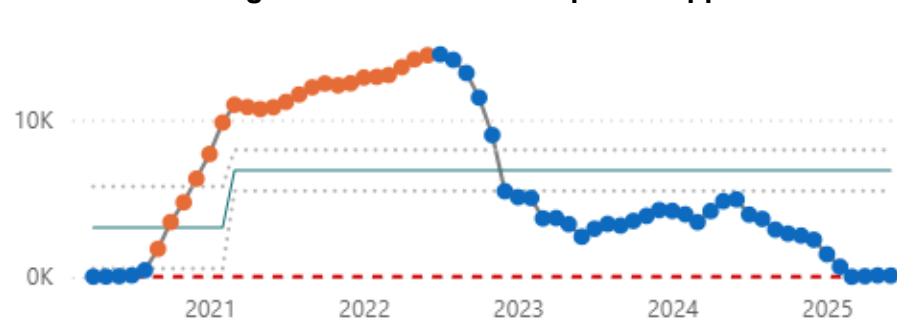
**Assure**  
(to note)

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

Key

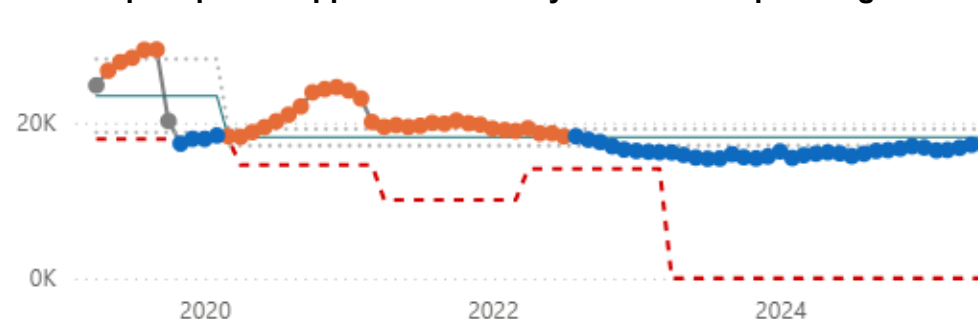
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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

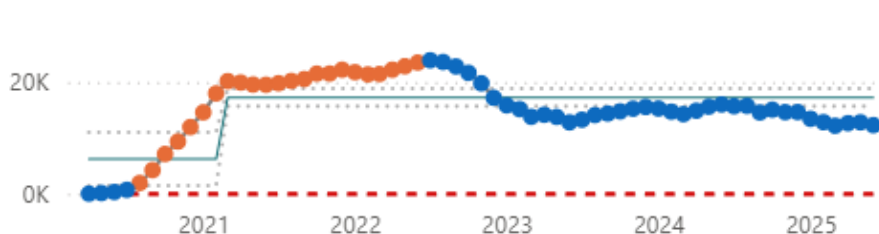
- 30/09/25
- 30/09/25
- 31/03/26
- 31/03/26
- 31/03/26

# Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

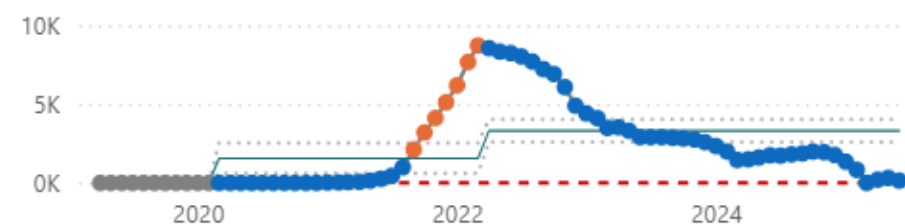
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

Patients waiting over 52 weeks from referral to treatment



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

Patients waiting over 104 weeks from referral to treatment



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

## Key challenges / issues

- 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.

## Key actions / initiatives

- 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.

Due date

30/09/25

30/09/25

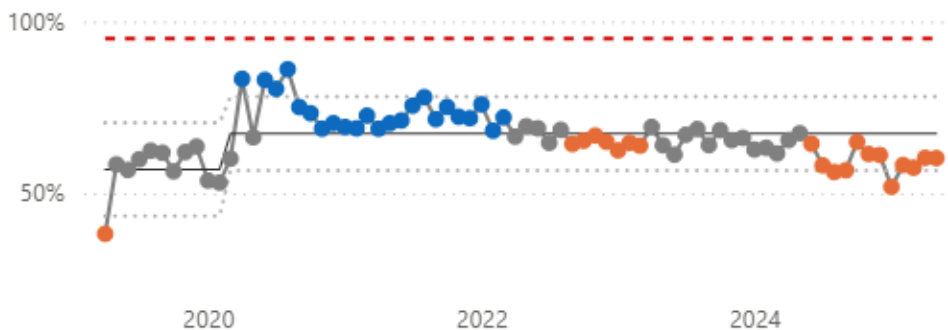
Ongoing

31/03/26

**Key**

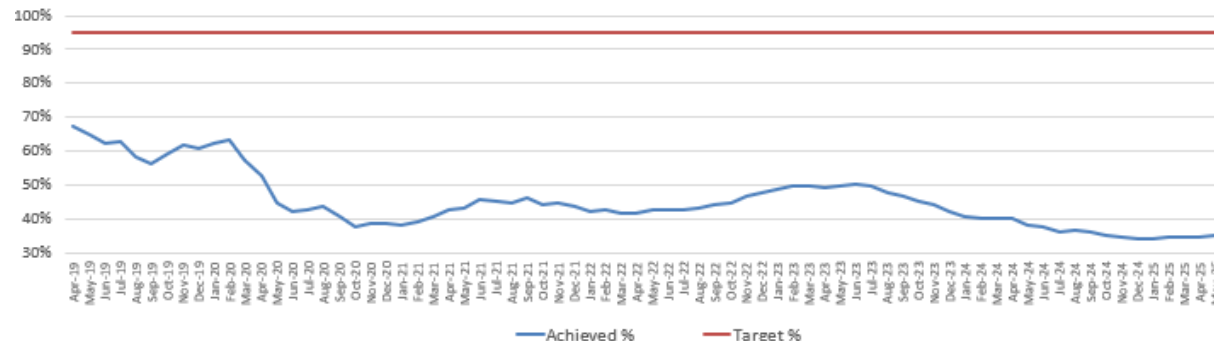
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



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**

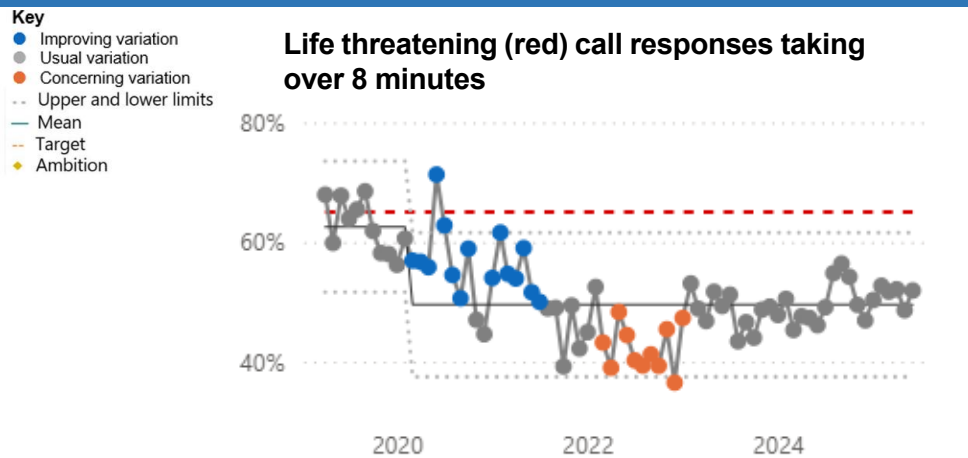
- Gaps in specialty and specialist (SAS) doctor rotas whilst clinicians are onboarding (currently covered with additional duty hours).
- Recruiting to consultant vacancies is historically difficult, therefore a regional solution will provide more opportunity to secure substantive posts. Situation, background, 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**

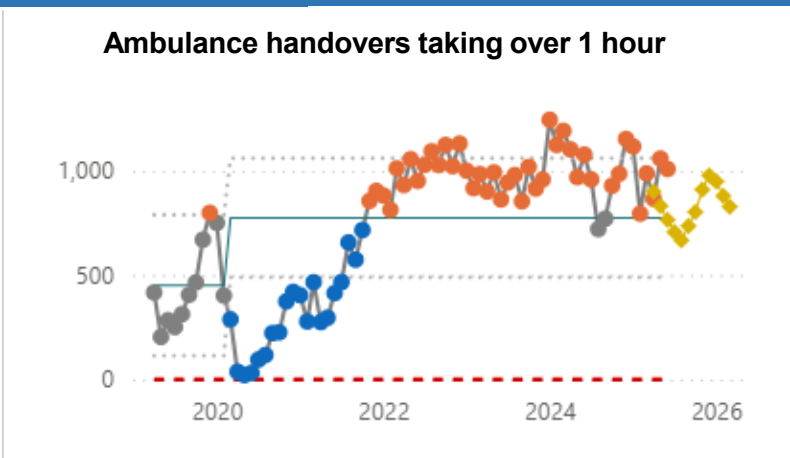
- Recruitment interviews for SAS doctors took place in June with two successful applicants appointed.
- Regional recruitment into two substantive consultant posts to stabilise service. Regional discussions continue. Job vacancies going to CCG for discussion in July.
- Regional solutions for Age Related 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 times.

**Due date**

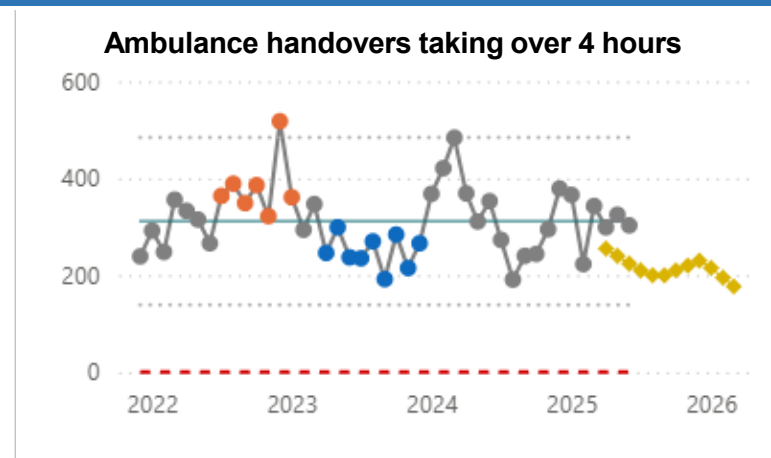
- 31/10/25
- 30/11/25
- 30/11/25
- Completed
- 31/03/26
- 31/03/26
- 31/03/26
- 31/03/26



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



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



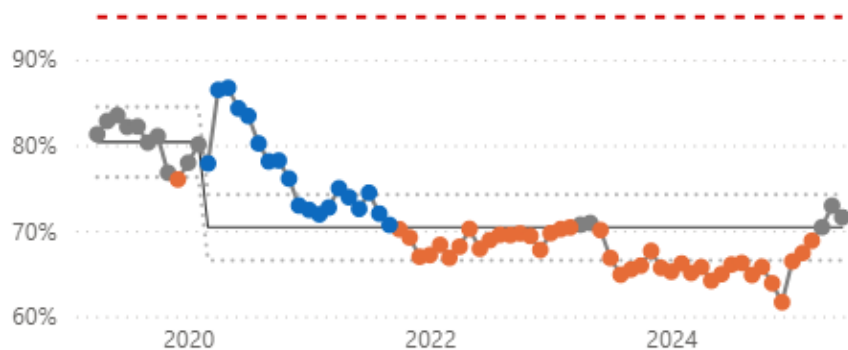
Latest data is showing common cause (expected) variation. 303 handovers > 4 hour out of a total of 2,076, 15%.

Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
<ul style="list-style-type: none"> <li>•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.</li> </ul>	<ul style="list-style-type: none"> <li>•Introduction of new response categories 01/07/25 PURPLE ARREST, RED EMERG.</li> </ul>	<p>Complete</p>
<ul style="list-style-type: none"> <li>•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.</li> </ul>	<ul style="list-style-type: none"> <li>•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</li> </ul>	<p>Complete</p>
<ul style="list-style-type: none"> <li>•Overall attended demand in Hywel Dda health board area for June 25 on average has been above forecast.</li> </ul>	<ul style="list-style-type: none"> <li>•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</li> </ul>	<p>Complete</p>
<ul style="list-style-type: none"> <li>•Hospital delays in handing over WAST ambulance crews, 3,625 hours lost at the 4 acute Hywel Dda hospital sites during June 2025.</li> </ul>	<ul style="list-style-type: none"> <li>•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.</li> </ul>	<p>30/9/25</p>
<ul style="list-style-type: none"> <li>•There have been 57 immediate release requests in June 2025 with an acceptance rate of 83.93%.</li> </ul>	<ul style="list-style-type: none"> <li>•111 press 2 established and enables WAST clinicians to support the management of mental health patients</li> <li>•‘Porth Preseli and Eastgate staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Ceredigion.</li> <li>•WAST resourcing reviews and targeted overtime allocation established as standard</li> </ul>	<p>Complete</p>

Key

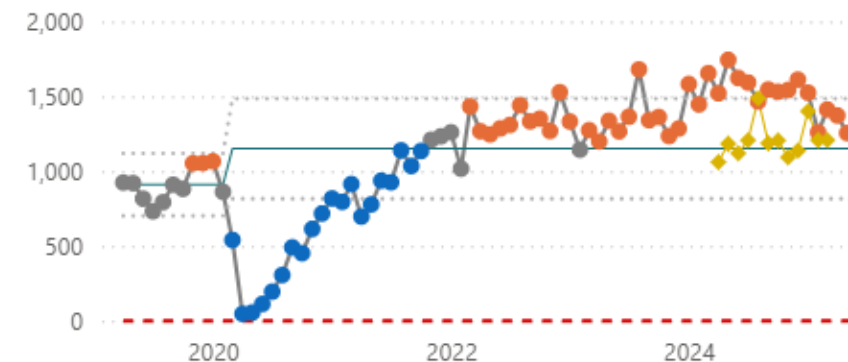
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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

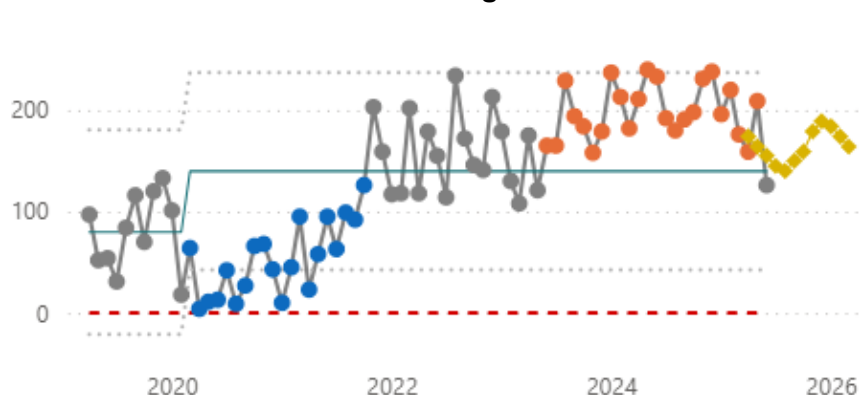
In response to long-standing performance challenges within Urgent and Emergency Care (UEC) which has resulted in sub-optimal patient experience and performance, the Executive Team has issued a series of instructions to be enacted at pace (by October 2025) in order to deliver a step change improvement,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

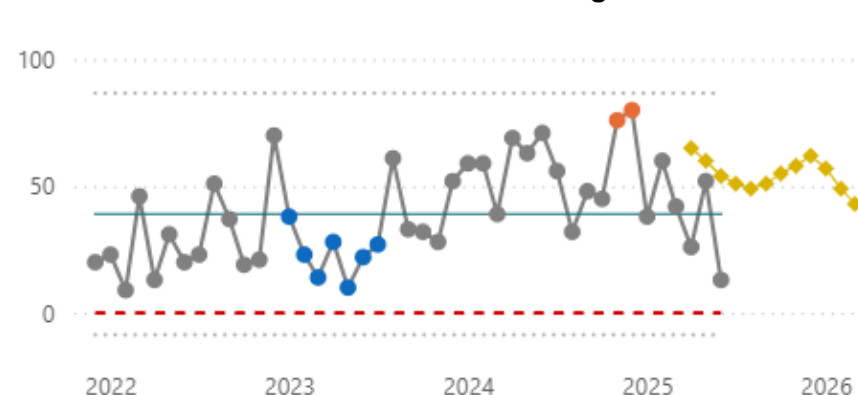
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**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.
- Clinical leadership presence within the Emergency Department.

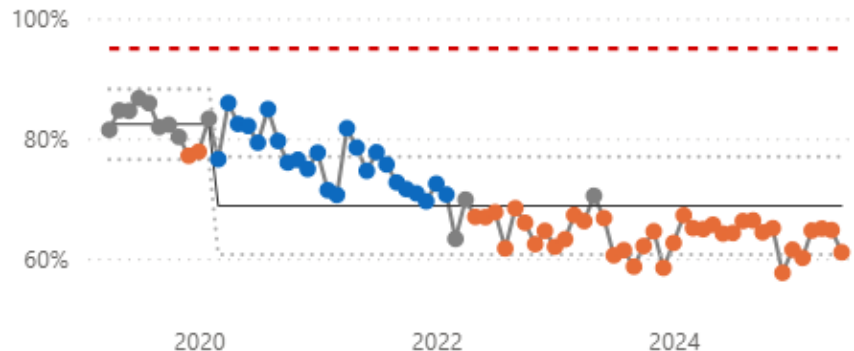
**Due date**

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

Key

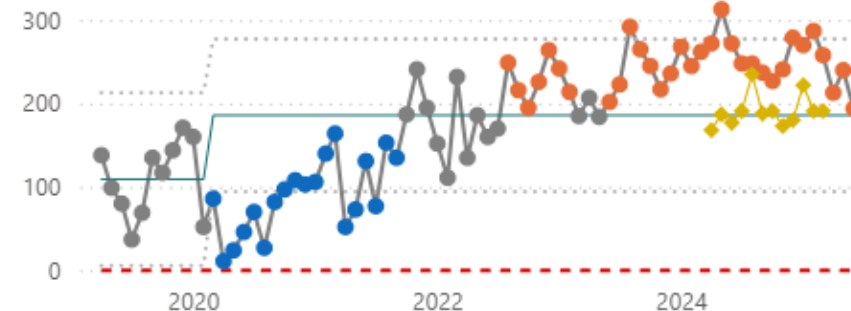
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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.”

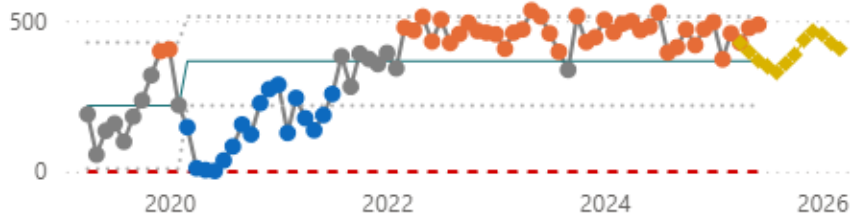
- RAaT model in place supporting circa 10 attenders a day.
- Medical stabilisation task and finish group established to review current medical rotas. BGH ED is one of the priority areas.
- Boarding policy operational.
- Short Stay assessment in place – no bedding rule being adhered to.
- Training to 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  
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31/8/25  
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4/8/25  
Complete  
30/9/25  
Complete  
Complete

Key

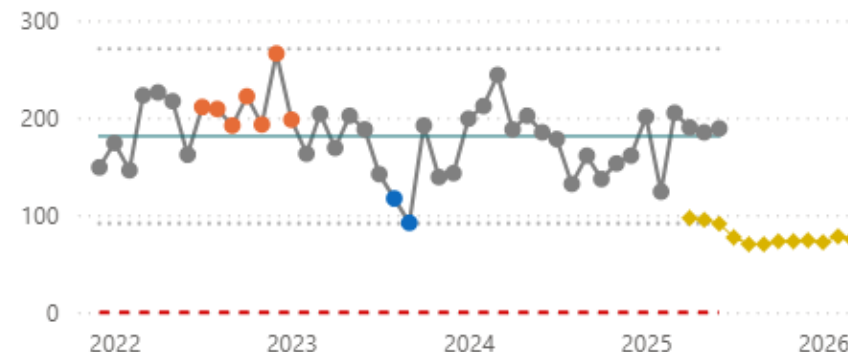
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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.
- Page 149 ship presence to support actions to reduce delays.

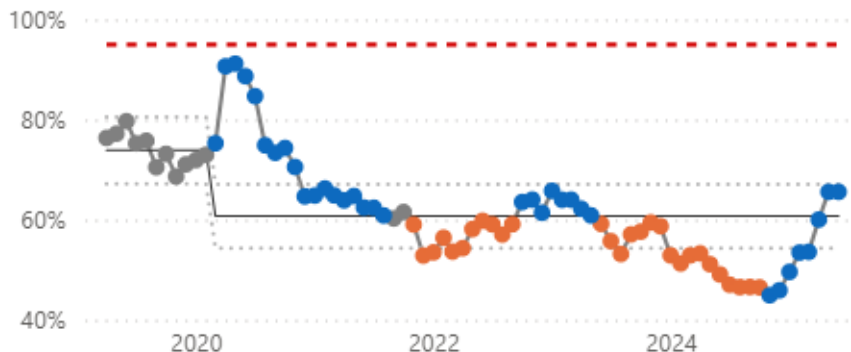
Due date

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

Key

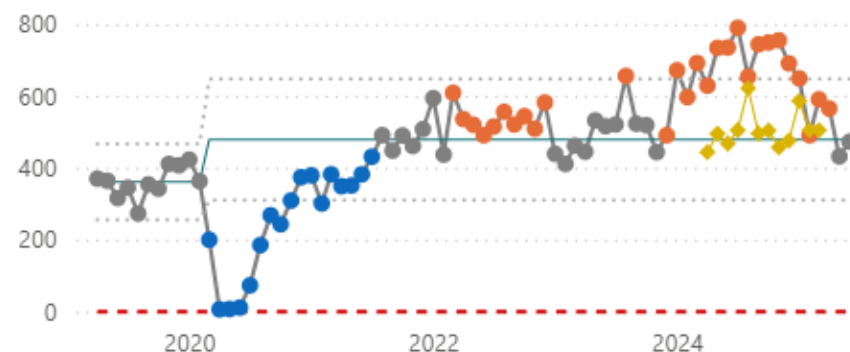
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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.

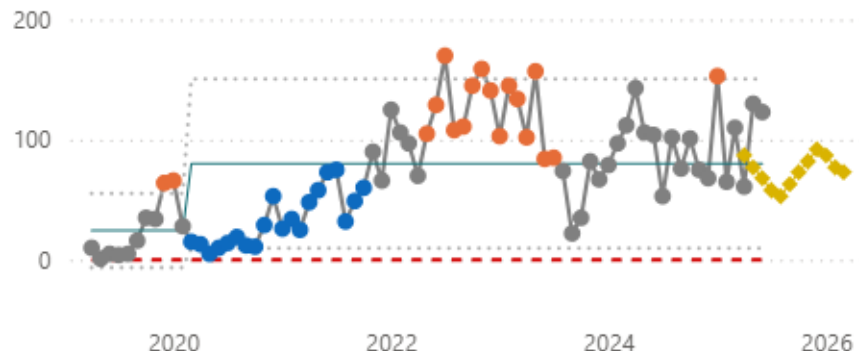
Due date

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

Key

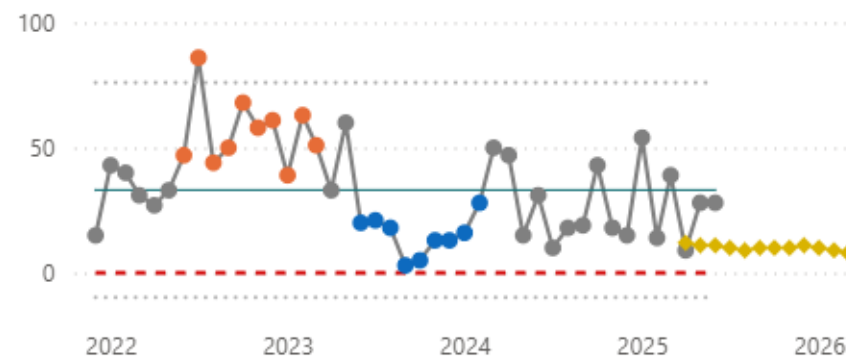
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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

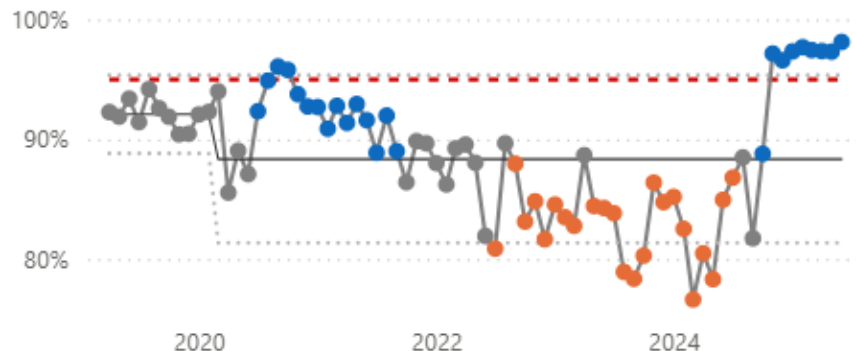
- Immediate ambulance release requests are almost always supported.
- All ward areas operate at full capacity with additional patients in surge areas to maintain flow when required.
- Clear communication channels with the Operational Delivery Unit (ODU) in the WAST to support decision making with a view 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

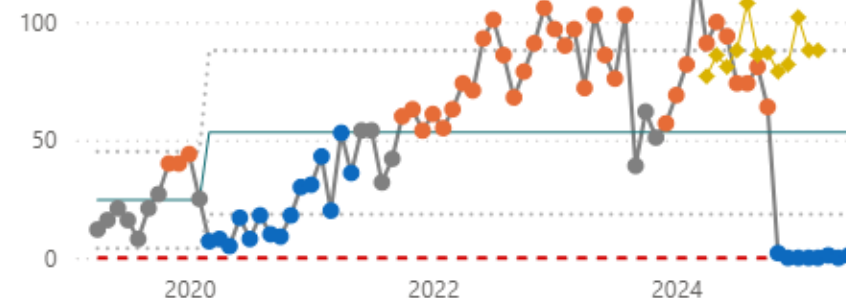
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**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**



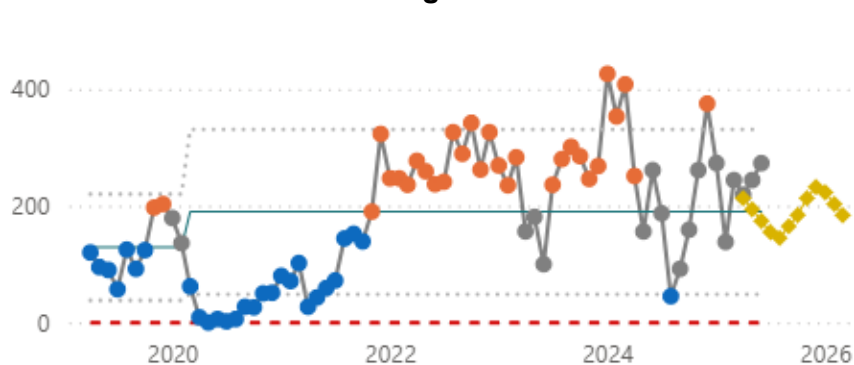
1 breaches out of 2,514 new attendances. Chart is showing improving performance trend.

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

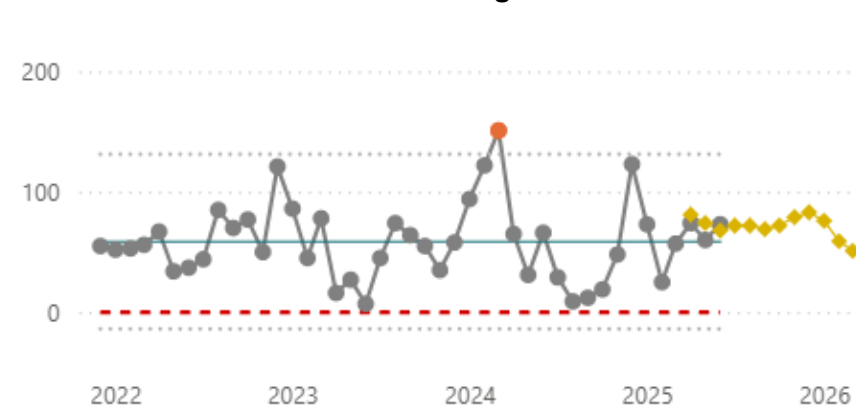
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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.

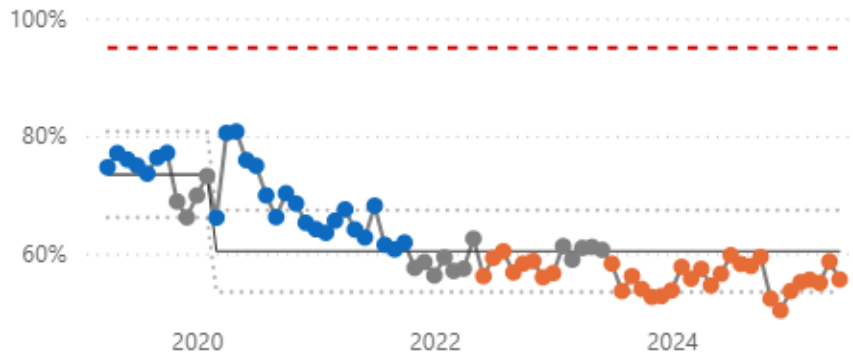
Key actions / initiatives

- Immediate Ambulance release request will be supported if safe to do within the department. Complete
- 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 . Complete
- Advanced Paramedic Practitioner (APP) navigator based in the Pembrokeshire clinical streaming hub reviews the Ambulance stack to enable conveyance avoidance where possible. Complete

Key

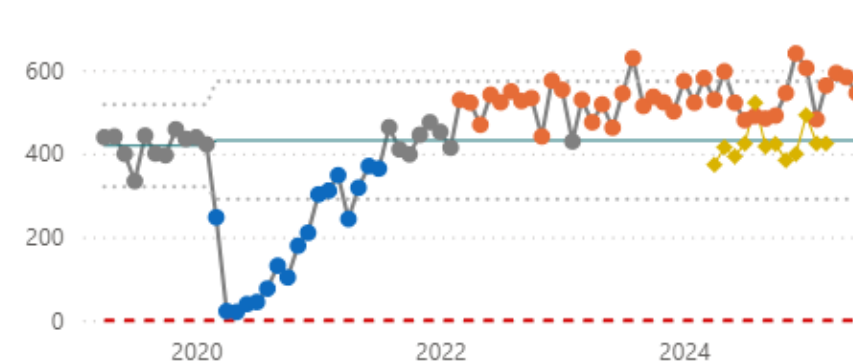
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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.
- We are instigating surgical and frailty same day assessments units

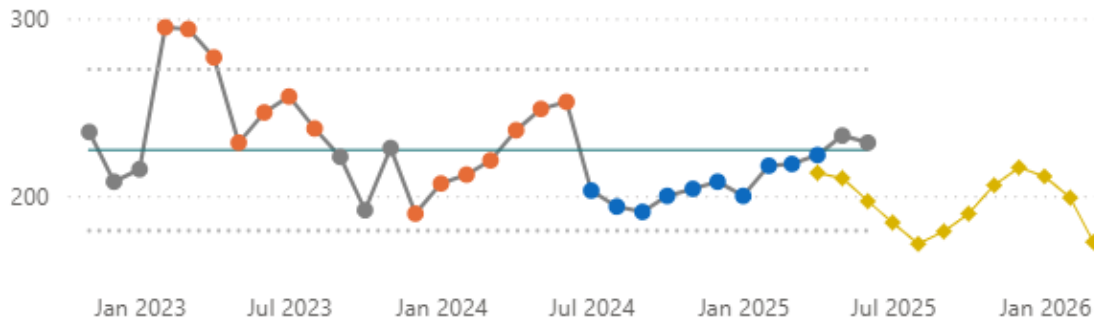
Due date

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- 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**

**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).

**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.

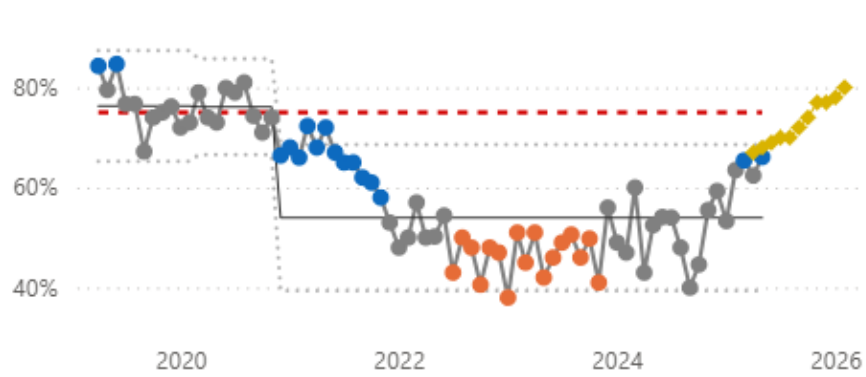
Integrated POCD Action plan being developed	230/7/25
Develop internal standards for timely health assessments relating to PoCD	31/07/25
Ongoing work to support appropriate timely Discharge to Recover and Assess (D2RA) allocation, to support early discharge planning	31/07/25
Develop Trusted Assessor models to support improvements in PoCD especially around mental health capacity.	31/07/25

**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.

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

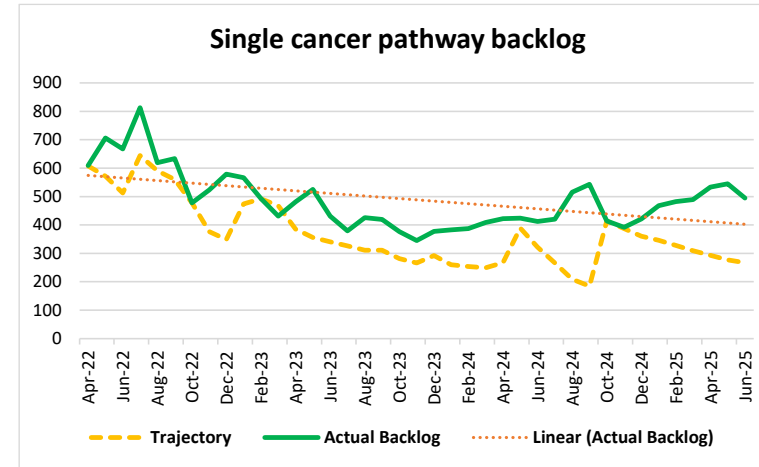
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**% 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.

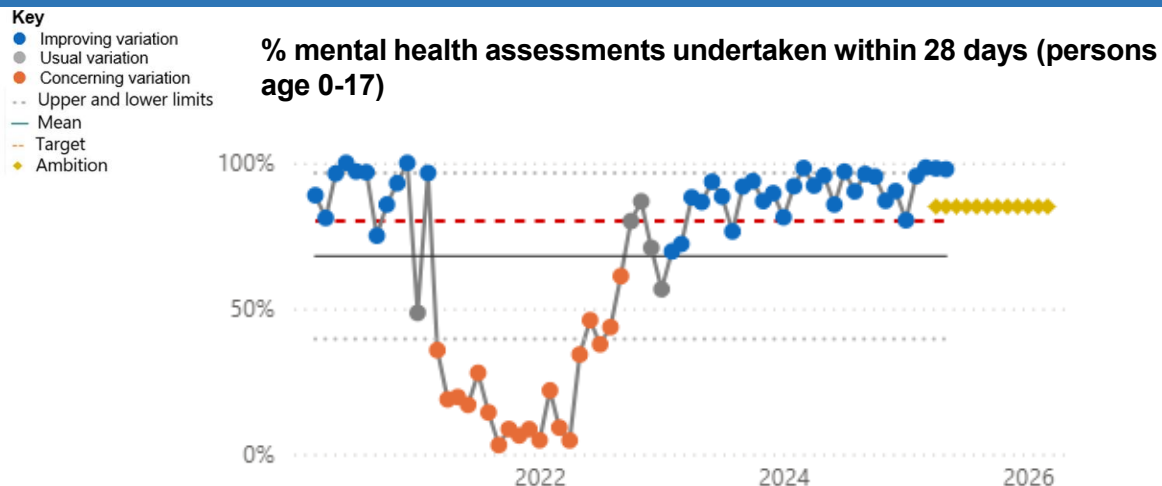
**Number of single cancer pathway patients waiting over 62 days**



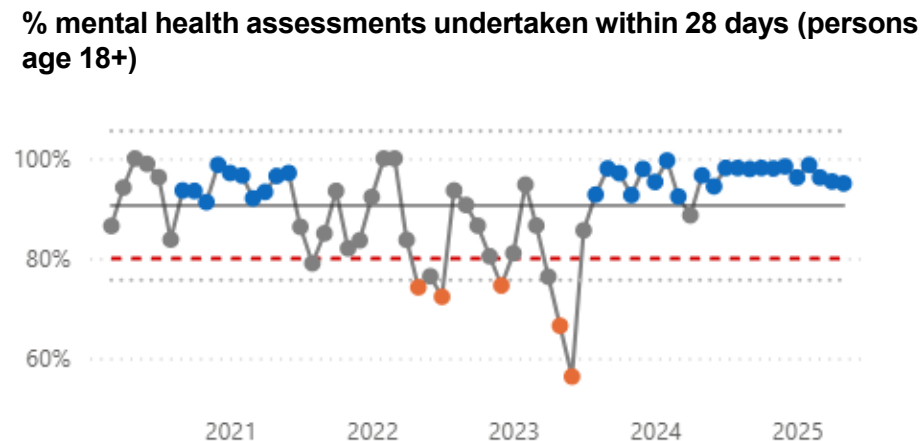
In June 2025, 495 patients were waiting over 62 days (trajectory: 267)

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

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Single cancer pathway</b> 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><b>Diagnostics:</b> 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>Fragility in Radiology remains a key risk to delivery. Recurrent investment in Radiology provisionally agreed for 2025/26.</p>	<p><b>Urology:</b> 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><b>Backlog</b> 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><b>Skin:</b> Focus on increasing treatment capacity within Dermatology during Q2 2025/26 to mitigate the increase in activity in the earlier part of the pathway.</p> <p><b>Focus on Gynecology recovery:</b> 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>	30/09/25 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**

**% 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.

**% 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.

31/07/25  
 31/07/25

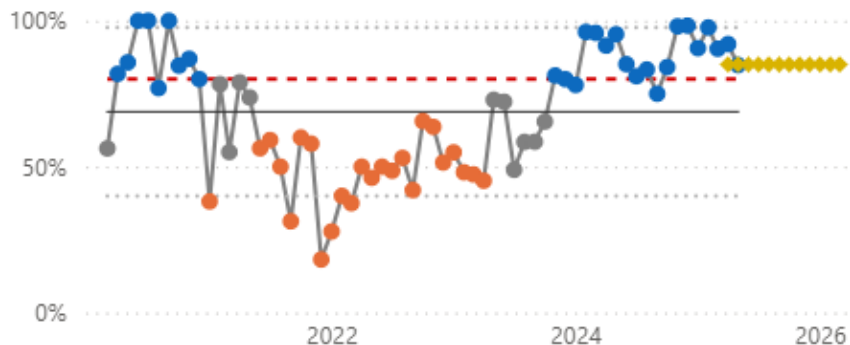
**% mental health assessments undertaken within 28 days (persons age 18+):**  
 Due to the limited time period to achieve the target, if patients are unable to make the initial assessment date, the follow up appointment can fall outside the allocated timeframe.

**% 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.

31/07/25

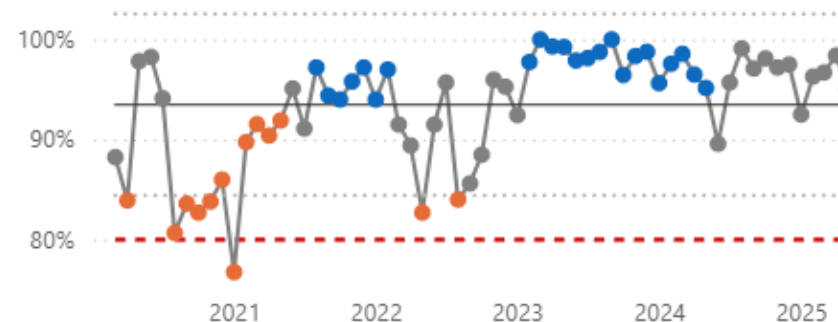
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

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



Latest performance of 84.8% is showing special cause improving variation and the target of 80% was met.

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



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

**Key challenges / issues**

**Key actions / initiatives**

**Due date**

**% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):**

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

31/07/25

28 of 33 interventions commenced within target in May. We continue to see compliance despite 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..

A registered staff member vacancy is due to be advertised shortly.

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

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

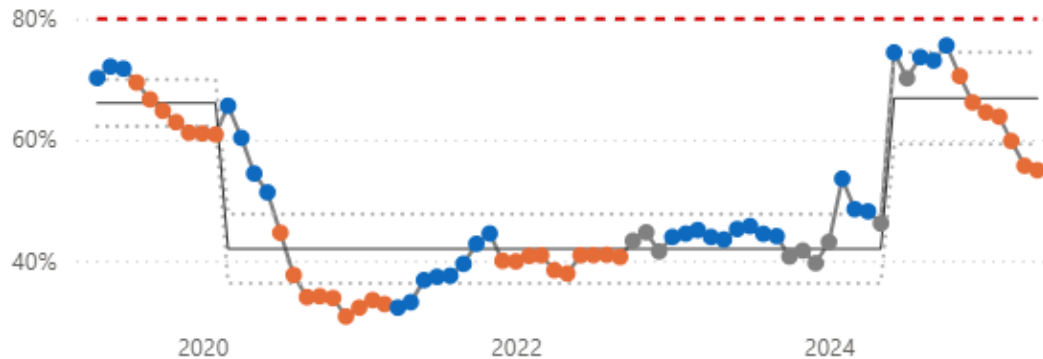
31/07/25

Groups are now underway and are supporting compliance along with increased support through digital options. Estates access continues to be challenging across the three counties.

Staff endeavour to ensure compliance with the measure targets. The Primary Care Liaison Service is now operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS.

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

% adults waiting <26 weeks to start a psychological therapy



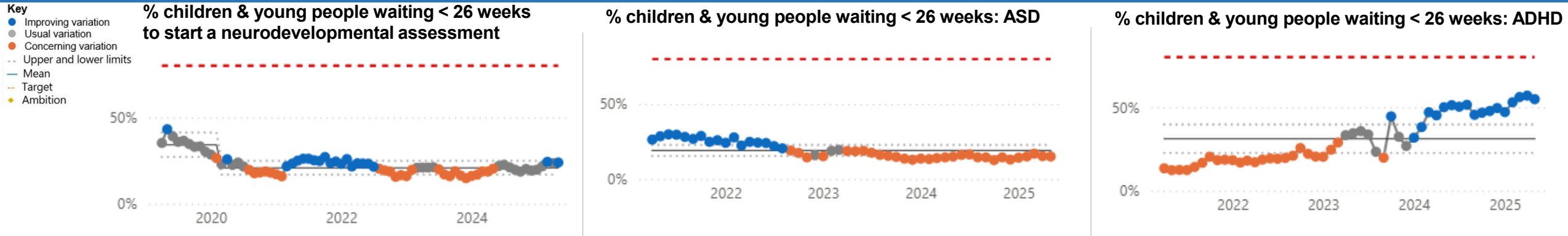
Performance in May of 55% shows concerning variation and the target of 80% was not met.

- 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	Key actions / initiatives	Due date
<p><b>Integrated Psychological Therapies Service (IPTS):</b> 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.</p>	<p><b>IPTS:</b> 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.</p>	<p>30/08/25  30/09/25</p>
<p><b>Adult Psychology:</b> 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.</p>	<p><b>Adult Psychology:</b> 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.</p>	<p>31/03/26 30/09/25</p>
<p><b>Learning disabilities:</b> 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.</p>	<p><b>Learning disabilities:</b> 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</p>	<p>31/07/25</p>

# 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.

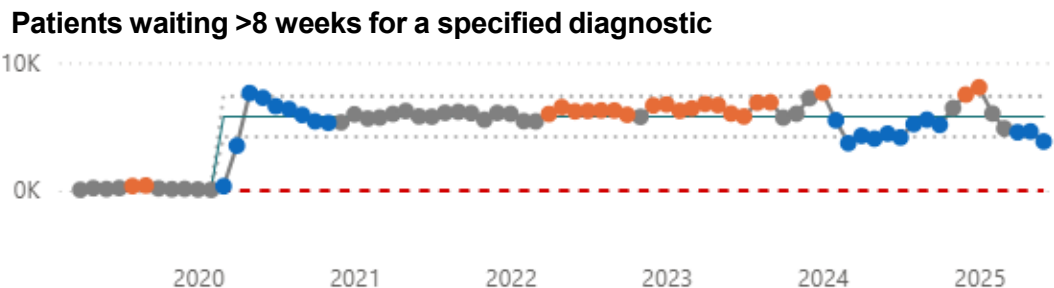
Key challenges / issues	Key actions / initiative	Due date
<p><b>Autism Spectrum Disorder (ASD):</b> The current waiting list for ASD assessments stands at 3,359 with longest wait times now approximately three years. Demand for assessment has reduced slightly in 2025, averaging 111 per month. That said, 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><b>ASD:</b> 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><b>Attention Deficit Hyperactivity Disorder (ADHD):</b> 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><b>ADHD:</b> 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. Con... Page 160 ... 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

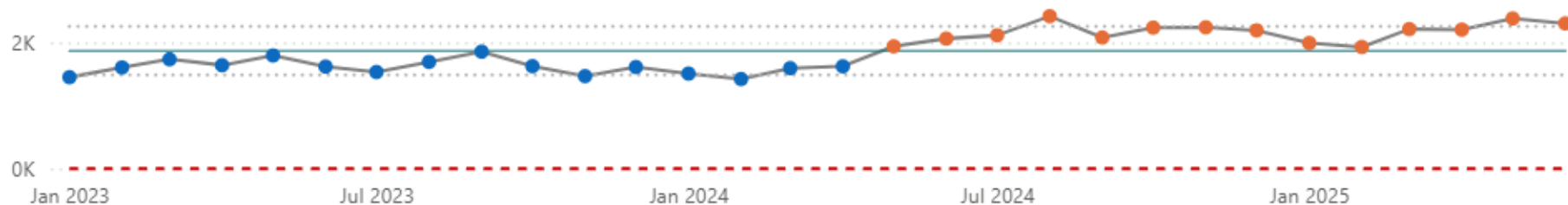
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

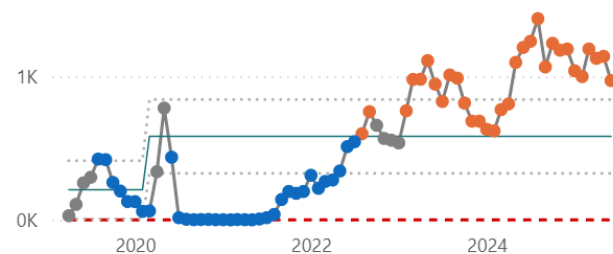
- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

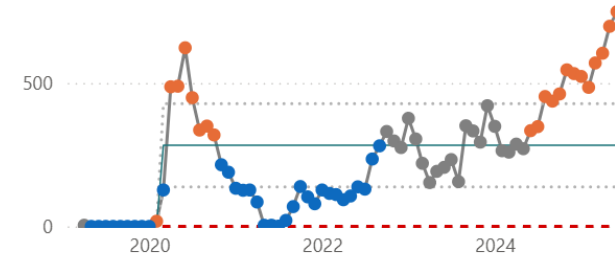
- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory



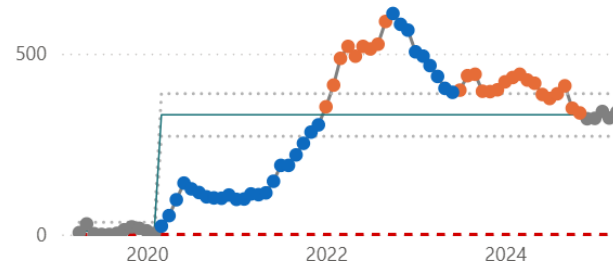
Number of patients waiting 14 weeks plus for Physiotherapy



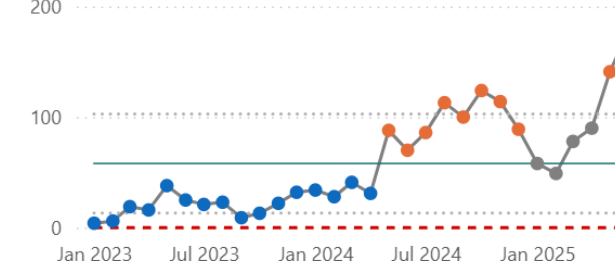
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



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

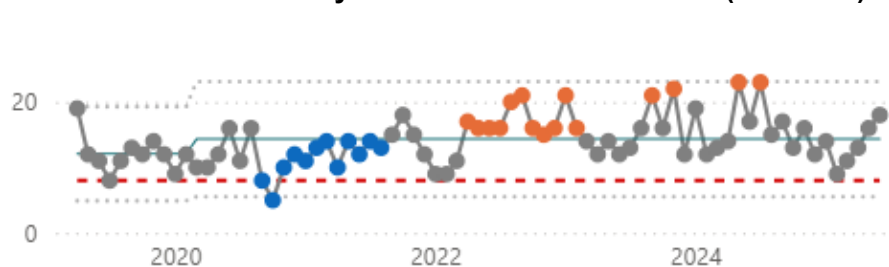


Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	June 2025	2,306	●	▣	63.1%
Physiotherapy		972	●	▣	96.8%
Podiatry		749	●	▣	94.3%
OT		355	●	▣	19.8%
Dietetics		179	●	▣	50%
Art therapy		48	●	▣	n/a
SALT		3	●	▣	100%

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Physiotherapy</b> 91% of breaches are within Musculoskeletal (MSK) Specialty. Demand is growing and is greater than capacity.</p>	<p><b>Physiotherapy</b></p> <ul style="list-style-type: none"> <li>Development of a standard operating procedure for telephone triage initiative. Scope of project extended to include clinical risk stratification tool (Keele Start Back).</li> <li>Secure 3 whole time equivalent (WTE) agency workers to cover service vacancies until January 2026.</li> <li>Active recruitment to secure additional registrant workforce at Band 6 level to support bank work to cover vacancies.</li> </ul>	<p>31/08/25 31/07/25 01/09/25</p>
<p><b>Podiatry</b> 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. 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><b>Podiatry</b></p> <ul style="list-style-type: none"> <li>Successful recent recruitment of 3 WTE band 5s (direct replacements for recent leavers).</li> <li>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.</li> <li>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.</li> <li>Continue strict eligibility criteria and robust discharge policy.</li> <li>Continue roll out of phone triage to maximize efficiency.</li> </ul>	<p>01/09/25 31/08/26  30/06/26  31/03/26 31/01/26</p>
<p><b>Occupational therapy</b> 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><b>Occupational therapy</b></p> <ul style="list-style-type: none"> <li>Performance being reviewed weekly within service performance meeting.</li> <li>Reviewing any additional capacity within the team and within wider occupational therapy services.</li> <li>Reviewing demand and capacity for integrated health and social care model within Carmarthenshire to maximise available resources.</li> </ul>	<p>30/10/25 31/07/25  31/07/25</p>
<p><b>Dietetics</b> 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><b>Dietetics</b></p> <ul style="list-style-type: none"> <li>Paediatric service lead vacancy appointed to (specialist leadership support to develop pathway/ long term solution).</li> <li>Resources under development to support identification of high risk and first line advice.</li> <li>Senior agency approved and interview arranged for 10<sup>th</sup> July 2025 for fixed term on site support with caseload (agreed short-term mitigation).</li> <li>Paediatric specialist dietitians offered and are working additional hours.</li> <li>Interim WTE vacancy 09/07/25, aiming to recruit as soon as possible.</li> </ul>	<p>30/09/25  30/08/25 30/07/25  31/03/26 30/08/25</p>

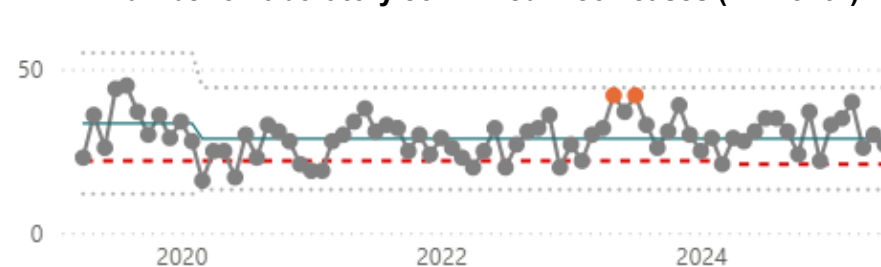
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**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)**

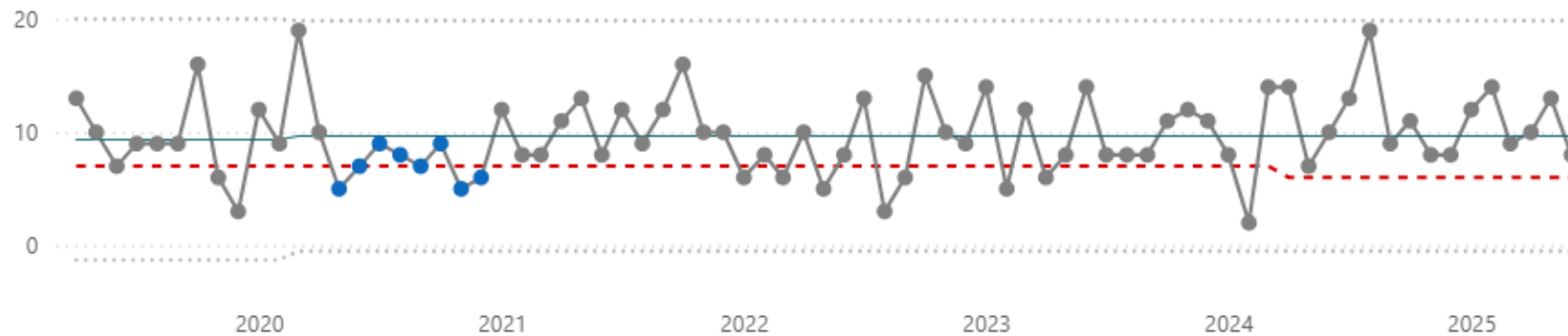


SPC chart is showing expected (common cause) variation with 27 confirmed cases in June 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>C. difficile:</b></p> <ul style="list-style-type: none"> <li>• Increased incidence in specific wards with clusters being identified. Greater burden within hospital to community.</li> <li>• Start Smart and Then Focus (SSTF) audits for antibiotic prescribing not consistently completed.</li> <li>• Delays in recognition, isolation or diagnosis noted in some cases.</li> <li>• Environmental cleaning and deep cleaning challenges relating to staffing and surge capacity in ward areas.</li> <li>• Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines</li> </ul>	<p><b>C. difficile:</b></p> <ul style="list-style-type: none"> <li>• The Clostridioides Difficile Infection Improvement Group continues to meet and discuss wider these linked to C.difficile infection.</li> <li>• 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.</li> <li>• Hydrogen Peroxide Vapor deep cleaning continues in Prince Philip Hospital linked to clusters across the site.</li> <li>• Targeted staff training has been completed for areas where clusters have occurred.</li> <li>• Environmental audits and observational audits continue.</li> <li>• Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups (CCG).</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>31/07/25</p> <p>Ongoing</p> <p>Monthly</p>
<p><b>E. coli:</b></p> <ul style="list-style-type: none"> <li>• Burden of infection remains community-onset; cases are linked to urinary tract infections and some catheter device related infections.</li> <li>• Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines.</li> <li>• Aseptic Non-Touch Technique (ANTT) compliance for the HB is at 82.57%.</li> </ul>	<p><b>E. coli:</b></p> <ul style="list-style-type: none"> <li>• Urinary catheter care bundles reviewed as part of the Quality Indicator Audits..</li> <li>• Working with public health and the integrated Infection, Prevention, Control (IPC) nurses in prevention campaigns on hygiene, hydration and keeping well.</li> <li>• Health and Wellbeing Booklet for HDUHB population in review status and to be published.</li> <li>• HCAI cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through CCGs.</li> </ul>	<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)**



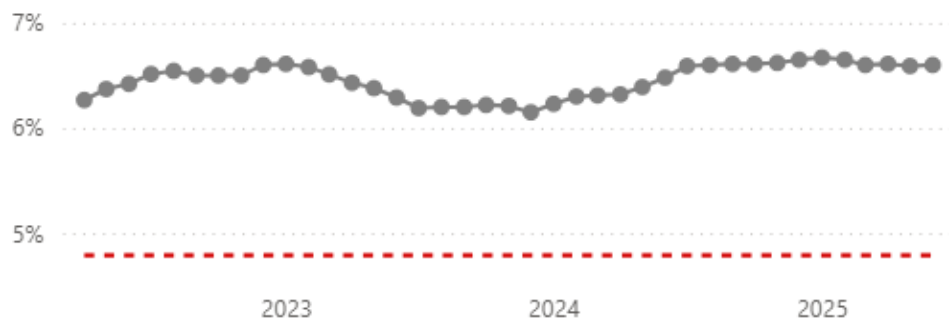
SPC chart is showing expected (common cause) variation with 8 confirmed cases in June 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>S. aureus:</b></p> <ul style="list-style-type: none"> <li>• Inconsistent compliance with aseptic non-touch technique (ANTT) or line care bundles.</li> <li>• Environmental or equipment contamination contributing to transmission, linked to challenges around environmental cleaning and surge.</li> <li>• Greater burden of infection remains to be in community, with wounds being the primary source of infection.</li> <li>• Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines.</li> </ul>	<p><b>S. aureus:</b></p> <ul style="list-style-type: none"> <li>• Reinforce ANTT training and competency assessments for clinical staff via Clinical Care Groups (CCG).</li> <li>• Hydrogen Peroxide Vapor / line care bundles reviewed as part of the Quality Indicator Audits.</li> <li>• Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through CCGs .</li> <li>• Hand hygiene validation audits and observational audits in wards and departments as indicated.</li> </ul>	<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**

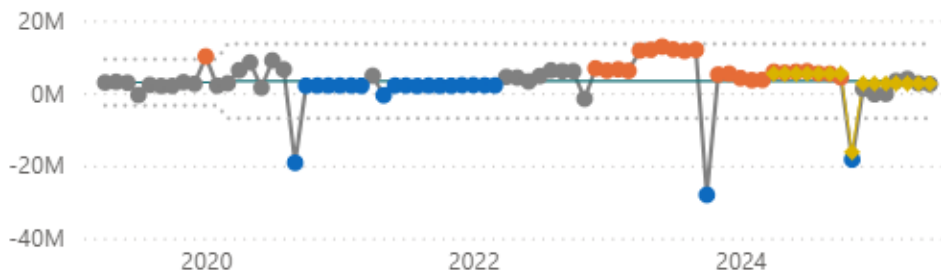
Team	Staff	In-month %	R12m %
Withybush Theatres	62 staff	(13.9%)	<b>9.2%</b>
Glangwili Hotel Services	135 staff	(11.6%)	<b>14.6%</b>
Prince Philip AMAU	76 staff	(11%)	<b>11%</b>
Sunderland Ward	72 staff	(10.7%)	<b>10.1%</b>

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Conditions impacting absence rates include:</b> Anxiety, stress and depression continue to account for the highest reasons for absence across the Health Board.</p> <p><b>Targeted support for sickness absence:</b> 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><b>Temporary redeployment guidance:</b> The flow chart will be embedded in the policies portal to support the All-Wales Attendance At Work Policy.</p> <p><b>Bite size training sessions:</b> 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><b>Designated support:</b> 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><b>Occupational Health referral - How to guide</b> 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 guide 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>

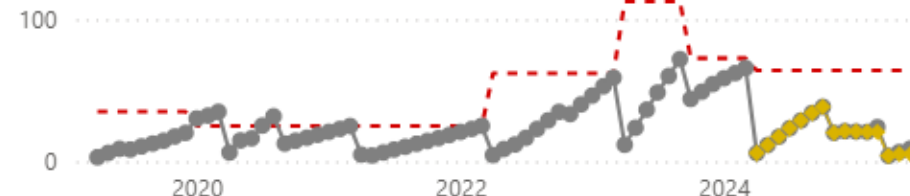
**Key**

- 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

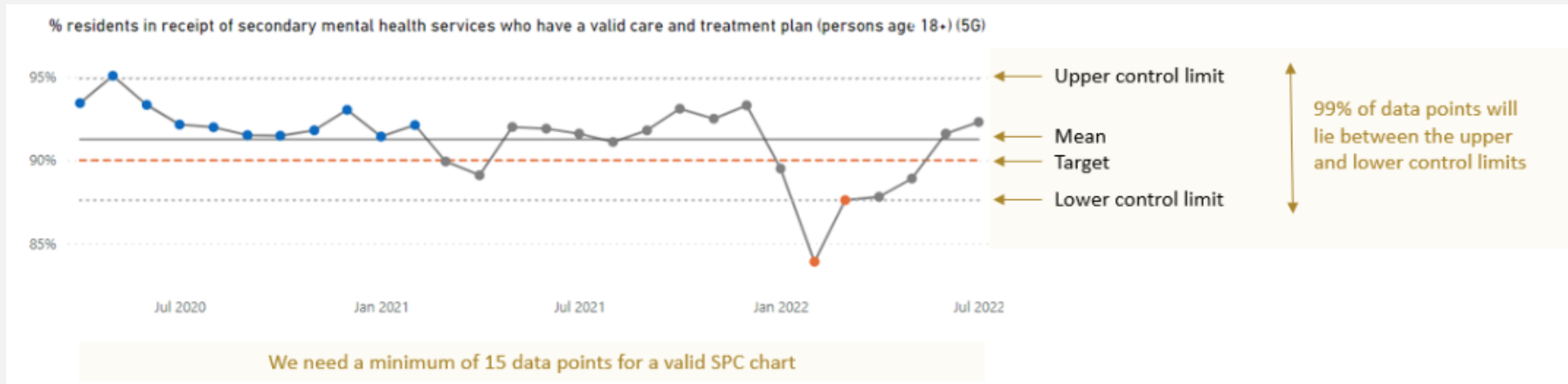
Annualised year to date reviews of future savings identification and core operational variation required

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.

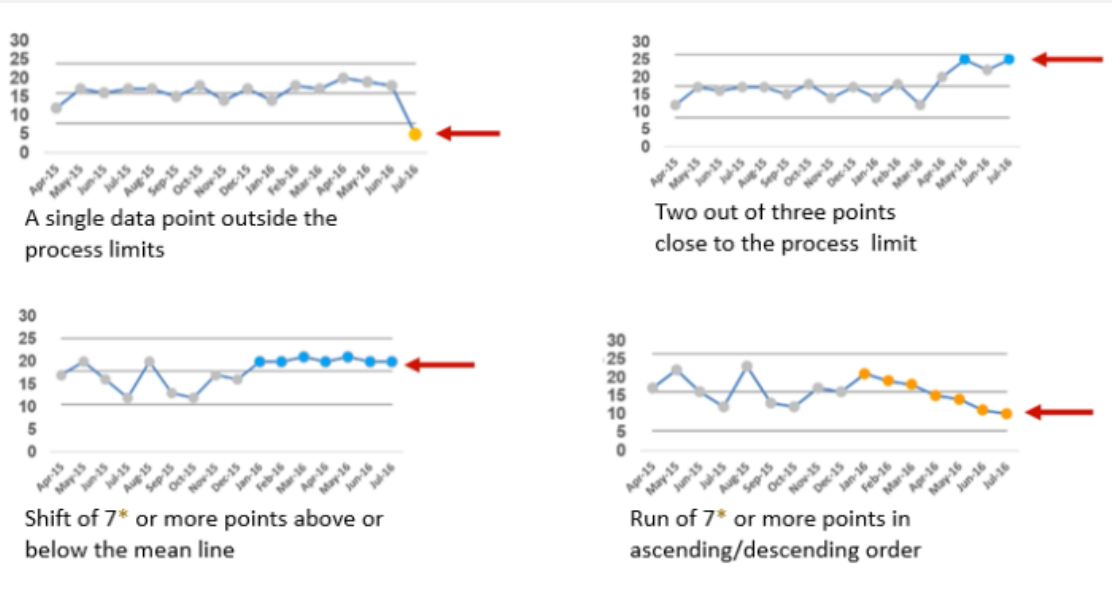
## Anatomy of a SPC chart



## 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.

<b>Variation</b> How are we doing over time	<span style="color: orange;">●</span>	Concerning trend = a decline that is unlikely to have happened by chance
	<span style="color: grey;">●</span>	Usual trend = common cause variation / a change that is within our usual limits
	<span style="color: blue;">●</span>	Improving trend = an improvement that is unlikely to have happened by chance
<b>Assurance</b> Performance against target	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	Missing target = will consistently fail target without a service review
	<span style="border: 1px solid grey; display: inline-block; width: 10px; height: 10px;"></span>	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
	<span style="border: 1px solid blue; display: inline-block; width: 10px; height: 10px;"></span>	Hitting target = will consistently meet target
Note: remember <b>blue</b> is good, orange is <b>bad</b>		

4.2

15:15, 5 Mins

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## 4.2 - Stakeholder Reference Group Update to Board

| For information

### **Attachments**

[4.2 SRG Update to Board 1 May 2025.pdf](#)

## COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR - STAKEHOLDER REFERENCE GROUP (SRG)

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 1 May 2025

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Mr Jeremy Hockridge, Chair

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### KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

**Alert**<sup>1</sup> (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Stakeholder Reference Group had no matters of which to **alert** the Board.

**Advise**<sup>2</sup> (to monitor)/ **Cynghori** (i fonitro)

The Stakeholder Reference Group had no matters of which to **advise** the Board.

**Assure**<sup>3</sup> (to note)/ **Sicrhau** (i nodi)

The Stakeholder Reference Group wish to **assure** Members of Board that:

- Engagement is continuing with a wide range of groups and individuals through a series of planned engagement events as noted in the **Current and Future Planned Consultation and Engagement Update**.
- Options are being developed for the **Clinical Services Plan** and there are a series of consultation opportunities for staff and patients to help shape these options.
- The **Prince Phillip Hospital Minor Injuries Unit** update introduced the options being developed for the Minor Injuries Unit to follow the temporary overnight closure introduced in November 2024 and noted the ongoing consultation period with staff and members of the public to help inform the decision.
- A robust **Waiting List Support Service** is in place to support patients in their own care whilst waiting for treatment and work is taking place to optimise this process through regular patient self assessment.

### Review of Risks/ Adolygiad o Risgiau

Not applicable.

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

### **Sharing of learning/ Rhannu dysgu**

Not applicable.

### **Recommendation/ Argymhelliad**

The Board is asked to **take assurance** from the items that the Group is providing assurance on.

Agenda, papers and minutes are available on our website: [Stakeholder Reference Group - Hywel Dda University Health Board](#)

4.3

15:20, 5 Mins

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## 4.3 - Stakeholder Reference Group Work Plan 2024-25

| For information

### **Attachments**

[4.3 Stakeholder Reference Group Workplan 2025-26.pdf](#)



## HYWEL DDA UNIVERSITY HEALTH BOARD – STAKEHOLDER REFERENCE GROUP

### WORKPLAN 2025-2026

Updated: May 2025

Agenda Item/Issue/Notes	Lead	Report Author	1 May 2025	7 Aug 2025	6 Nov 2025	5 Feb 2026
* Standing agenda items						
<b>GOVERNANCE</b>						
Welcome and Apologies*	Chair		✓	✓	✓	✓
Declarations of Interests*	Chair		✓	✓	✓	✓
Minutes from Previous Meeting*	Chair	CSO	✓	✓	✓	✓
Matters Arising and Table of Actions*	Chair	CSO	✓	✓	✓	✓
Annual Review of Terms of Reference	Chair	CSO	✓	✓		
Annual Review of SRG Membership	Chair	Clare James		✓		
Nominations for role of Chair	Chair	Clare James		✓		
Nominations for role of Vice Chair	Chair	Clare James		✓		
Appointment of Chair	Chair	Clare James		✓	✓	
Appointment of Vice Chair	Chair	Clare James		✓	✓	
Self Assessment (take place and feedback)	Joanne Wilson	Karen Richardson				✓
<b>OUR SERVICES</b>						
<i>(For information prior to consultation commencement in order to obtain feedback on behalf of SRG organisations and/or individual members)</i>						
<b>Current and Future Planned Consultations and Engagement Update</b> <i>(List and schedule of current and future service consultations/engagements with update on each)</i>	Alwena to advise		✓	✓	✓	✓
<b>Continuous Engagement Programme Update</b> <i>(List/schedule of current and future service consultations/engagements with update on activity for each)</i>	Alwena to advise		✓	✓	✓	✓
<b>Transformation/Consultation/Engagement Programmes</b> <i>(To be decided at agenda setting meetings if a specific programme will be an agenda item)</i>	Alwena to advise					
<b>Primary Care – How our GP Managed Practices Work</b>	Jill Paterson	Rhian Bond		✓		



Agenda Item/Issue/Notes	Lead	Report Author	1 May 2025	7 Aug 2025	6 Nov 2025	5 Feb 2026
<b>Research &amp; Innovation = How our Patients Benefit from Research – From Strategy to Action</b>	Leighton Phillips	Sally Hore/Chris Hopkins		✓		
<b>DELIVERY OF OBJECTIVES AND PRIORITIES</b> <i>(For information)</i>						
<b>OUR COMMUNITIES</b>						
Clinical Services Plan	Lee Davies		✓	✓	✓	
Prince Phillip Hospital MIU	Mark Henwood		✓		✓	
Waiting List Support	Sharon Daniel	Mandy Davies	✓			
<b>FOR INFORMATION</b>						
Integrated Performance Assurance Report (IPAR)* <i>(this is the report that went to the Public Board prior to SRG)</i>	CSO		✓	✓	✓	✓
Board Update Report* <i>this is the SRG Update that went to Public Board)</i>	CSO		✓	✓	✓	✓
SRG Annual Workplan	CSO		✓	✓	✓	✓
<b>ONE-OFF MATTERS</b>			✓	✓	✓	
<b>ADMINISTRATION</b>			✓	✓	✓	✓
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	CSO	✓	✓	✓	✓
Call for papers (within 2 days of agenda setting)	CSO	CSO	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to the meeting	CSO	CSO	✓	✓	✓	✓
Share draft TOA within 2 working days of the meeting	CSO	CSO	✓	✓	✓	✓
Circulate minutes & TOA for comments within 10 working days of the meeting	CSO	CSO	✓	✓	✓	✓
Check & send final version of minutes to the Committee Chair following comments received.	CSO	CSO	✓	✓	✓	✓
Chase updates on TOA before the next meeting	CSO	CSO	✓	✓	✓	✓
Produce Board Update Report within 10 working days	CSO	CSO	✓	✓	✓	✓
Prepare schedule of meetings	CSO	CSO	✓	✓	✓	✓



<b>Chair:</b> TBC	<b>Vice-Chair:</b> Chesca Ross	<b>Lead Executive:</b> Alwena Hughes-Moakes	<b>Committee Services Officer:</b> Ruth Poynting
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2024/25 POs	SOs		2023/24 POs	2022/23 POs
PO1: Workforce stabilisation	1: Putting people at the heart of everything we do	PODC C/ SRC	1a Develop an attraction & Recruitment plan	<ul style="list-style-type: none"> <li>1F: HR offer (induction, policies, employee relations, access to training)</li> </ul>
			1b Develop career progression opportunities	<ul style="list-style-type: none"> <li>2D: Clinical Education Plan</li> <li>2J: "Future Shot" Leadership Programmes</li> </ul>
			2a Engage with and listen to our people	<ul style="list-style-type: none"> <li>1H: "Making a Difference" Customer Service programme</li> <li>2A: Regional Carers Strategy response</li> <li>2B: Strategic Equality Plan and Objectives establishment</li> <li>2K: organisational listening, learning and cultural humility</li> <li>2L: Staff engagement strategic plan</li> <li>4I: Armed Forces Covenant</li> </ul>
			2b Continue to strive to be an employer of choice	<ul style="list-style-type: none"> <li>2I: integrated Occupational Health &amp; Staff psychological wellbeing offer</li> </ul>
			2c Develop and maintain an overarching workforce, OD and partnerships plan	<ul style="list-style-type: none"> <li>1G: OD Relationship Manager rollout</li> </ul>
PO 2: Financial recovery and roadmap	6: Sustainable use of our resources	SRC	6b Pathways and Value Based Healthcare	<ul style="list-style-type: none"> <li>6B: Value improvement and income opportunity</li> <li>6D: Value Based Healthcare and Patient Reported Outcome Programme</li> </ul>
			8b Local Economic and Social Impact	<ul style="list-style-type: none"> <li>6H: Supply chain analysis</li> </ul>
			8c Financial Roadmap	<ul style="list-style-type: none"> <li>6I: Interim Budget 2022/23</li> <li>6L: workforce, clinical service and financial sustainability</li> </ul>
PO 3: Transforming urgent and emergency care	5: Safe, sustainable, accessible and kind care	SDOD C	3a Transforming Urgent and Emergency Care programme	<ul style="list-style-type: none"> <li>4P: Recovery and Rehabilitation Service</li> <li>4Q: Community Care Support to reduce non-elective acute bed capacity</li> <li>5A: NHS Wales Delivery Framework Targets</li> <li>5B: Local Performance Targets</li> <li>5J: 24/7 emergency care model for Community and Primary Care</li> </ul>
PO 4: Planned care (incl. cancer, diagnostics and therapies performance)	5: Safe, sustainable, accessible and kind care	SDOD C	4a Planned Care and Cancer Recovery	<ul style="list-style-type: none"> <li>1B: Single Point of Contact</li> <li>1E: Personalised care for patients waiting</li> <li>5A: NHS Wales Delivery Framework Targets</li> <li>5B: Local Performance Targets</li> <li>5F: Bronglais Strategy</li> <li>5N: Implement National Network and Joint Committee Plans</li> </ul>



2024/25 POs	SOs		2023/24 POs	2022/23 POs
				<ul style="list-style-type: none"> <li>6K: Design Assumptions</li> </ul>
			4b Regional Diagnostics Plan	<ul style="list-style-type: none"> <li>5F: Bronglais Strategy</li> </ul>
PO 5: Mental health and CAHMS	5: Safe, sustainable, accessible and kind care	SDOD C	4c Mental Health Recovery Plan	<ul style="list-style-type: none"> <li>5G: Transforming Mental Health and LD implementation</li> </ul>
PO 6: Clinical services plan	5: Safe, sustainable, accessible and kind care	SDOD C	6a Clinical Services Plan	<ul style="list-style-type: none"> <li>5F: Bronglais Strategy</li> <li>5O: Fragile Services</li> </ul>
PO 7: Primary care and community strategic plan	4: The best health and wellbeing for our communities	SDOD C	7b Integrated Localities	<ul style="list-style-type: none"> <li>3I: Primary Care Contract Reform</li> <li>4C: Transformation fund schemes</li> <li>5H: Integrated locality plans</li> <li>5T: Complex health and care needs</li> </ul>
PO 8: A Healthier Mid and West Wales infrastructure	6: Sustainable use of our resources	SDOD C/SRC	5a Estates Strategies	<ul style="list-style-type: none"> <li>5C: Business Case for A Healthier Mid and West Wales</li> <li>5U: Community and non-clinical estates strategy</li> </ul>
			8a Decarbonisation & Sustainability	<ul style="list-style-type: none"> <li>4R: Green Health and Sustainability</li> <li>6G: Decarbonisation and green initiatives plan</li> </ul>
PO 9: Digital strategic plan	6: Sustainable use of our resources	SRC	5c Digital Strategy	<ul style="list-style-type: none"> <li>3E: Business intelligence and modelling</li> <li>5M: Implementation of clinical and all Wales IT systems</li> <li>5R: Digital Inclusion</li> <li>6M: Cyber Security Framework</li> <li>6N: Intelligent Automation</li> </ul>
PO 10: Population Health (incl. social model for health and wellbeing)	4: The best health and wellbeing for our communities	SDOD C	7a Population Health	<ul style="list-style-type: none"> <li>4A: Public Health Delivery Targets</li> <li>4B: Public Health Local Performance Targets</li> <li>4D: Public Health Screening</li> <li>4G: Healthy Weight: Healthy Wales</li> <li>4H: emergency planning and civil contingencies</li> <li>4J: Regional Well-being Plans</li> <li>4K: Health Inequalities</li> <li>4M: Health Protection</li> <li>4S: Improvement in Population Health</li> <li>4V: One Health</li> <li>4W: Whole School Approach to Mental Health and Emotional Wellbeing</li> </ul>
			7c Social Model for Health and Wellbeing	<ul style="list-style-type: none"> <li>4L: Social Model for Health and Wellbeing</li> </ul>



2024/25 POs	SOs		2023/24 POs	2022/23 POs
				<ul style="list-style-type: none"> <li>• 4N: Food Systems</li> <li>• 4U: Community proposals for place-based action</li> </ul>
Orphan POs (not taken forward from 2023/24 into 2024/25)			3b Healthcare Acquired Infection Delivery Plan	<ul style="list-style-type: none"> <li>• 3C: Quality and Engagement Requirements</li> <li>• 5X: Quality Management System</li> </ul>
			5b Research and innovation	<ul style="list-style-type: none"> <li>• 3G Research and Innovation</li> </ul>
			6c Continuous Engagement	<ul style="list-style-type: none"> <li>• 3J: AHM&amp;WW Communications Plan</li> <li>• 3M: UHB Communications Plan</li> <li>• 4T: Continuous engagement implementation</li> </ul>
			8d Welsh Language and Culture	<ul style="list-style-type: none"> <li>• 3N: Welsh Language</li> </ul>
			Orphan POs (not taken forward from 2022/23 into 2023/24)	<ul style="list-style-type: none"> <li>• 1A: NHS Delivery Framework targets</li> <li>• 1I: Family Liaison Service rollout</li> <li>• 2E: Evidencing impact of charitable funds</li> <li>• 2M: Arts in Health Programme development</li> <li>• 3A: Improving Together</li> <li>• 3L: Review of existing security arrangements</li> <li>• 3H: Planning Objective Delivery Learning</li> <li>• 5I: Children and young people services improvement</li> <li>• 5K Clinical effectiveness self-assessment process</li> <li>• 5P: Market Stability Statement</li> <li>• 5Q: Asthma pathway</li> <li>• 5S: Palliative Care and End of Life Care Strategy</li> <li>• 5V: IMTP and Operational Planning</li> <li>• 5W: Liberty Protection Safeguards</li> </ul>

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## 5 - Reflective Session

- How informative was today's lesson on learning?
- What are you going to take back to your organisations from today?
- What would you like to learn about at the next meeting?
- What would you like us to share with Board afterwards?

**6**

**15:40, 5 Mins**

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6 - Any Other Business