Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 8 2025/2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 8, 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 the Health Board internet site. For help navigating the IPAR dashboard, email the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

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

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

Please note:

- The Audiology national data submission for Hywel Dda is delayed until a robust data cleansing exercise is complete. Timescales for data submission will be provided in future documents.

- Finance deficit position – due to a revised allocation from Welsh Government that has improved the deficit position, the revised ledger data is not available at time of preparing this report. Therefore, the narrative slide in the IPAR Overview has been removed for this iteration.

Cefndir / Background

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

Asesiad / Assessment

Performance overview

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

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
% R1 eyecare appts attended in target or 25% delay	95%	Oct 2025	56.1%	Concerning	Missing target	n/a	Alert
% R1 eyecare patients waiting within 25% delay to target date	95%	Oct 2025	37.5%	Concerning	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Nov 2025	1,219	Concerning	Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Nov 2025	71.3%	Improving	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Nov 2025	2,693	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Oct 2025	21.5%	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Oct 2025	57.2%	Concerning	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Oct 2025	10	n/a	n/a	n/a	Alert
E. coli: Number of confirmed cases (in-month)	21	Nov 2025	35	Usual	Hit and miss	n/a	Alert
S. aureus: Number of confirmed cases (in-month)	6	Nov 2025	8	Usual	Hit and miss	n/a	Alert
% uptake of flu vacc - 65+ years	75%	Oct 2025	44.7%	n/a	n/a	n/a	Alert
% Autumn 2024 COVID booster uptake for eligible residents	75%	Oct 2025	35.9%	n/a	n/a	n/a	Alert
% Spring COVID booster uptake for eligible residents	75%	Jun 2025	39.0%	n/a	n/a	n/a	Alert
Financial in month deficit	n/a	Nov 2025	-£4,370,000	Improving	n/a	Trajectory met	Alert
Number of Pathways of Care delayed discharges	n/a	Nov 2025	207	Usual	n/a	Within 5% of Trajectory	Advise
Ambulance handover > 45 minutes Hywel Dda	0	Nov 2025	710	Improving	Missing target	n/a	Advise
Ambulance handovers > 1 hour Hywel Dda	0	Nov 2025	606	Usual	Missing target	Trajectory met	Advise
Ambulance handover > 4 hours Hywel Dda	0	Nov 2025	187	Usual	Missing target	Trajectory met	Advise
% pts on single cancer pathway within 62 days	75%	Oct 2025	66%	Improving	Missing target	Trajectory met	Advise
C. difficile: Number of confirmed cases (in-month)	8	Nov 2025	13	Usual	Hit and miss	n/a	Advise
Pts waiting 8 wks+ for specified diagnostic	0	Nov 2025	1,656	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Nov 2025	70	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Nov 2025	11,370	Improving	Missing target	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Nov 2025	44.1%	Improving	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Nov 2025	15,842	Improving	Missing target	n/a	Advise
% sickness absence rate of staff	6.60%	Nov 2025	6.60%	Concerning	Hitting target	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Sep 2025	89.6%	Usual	Missing target	n/a	Advise
% of children receiving HPV by age 15	90%	Sep 2025	77.1%	n/a	n/a	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Nov 2025	1	Improving	Missing target	n/a	Assure
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% MH assess within 28 days (age 0-17)	80%	Oct 2025	89.7%	Improving	Hit and miss	n/a	Assure
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Consultations delivered through PIPS	n/a	Sep 2025	2,086	Improving	n/a	Trajectory missed by over 5%	Assure

Triangulating our data: 1st April 2022 to 30th November 2025.

- Quality safety and risk – the number of incidents causing moderate harm or above reported by month, continues to decreased since July 2025 (183), with November reporting 134. The number of patient falls has increased for the last three months (Nov '25 = 242). Medication errors have decreased for the fifth consecutive month (Nov '25 = 88), since June '25 (147). We continue to have significant numbers of high and extreme risks on the risk register with 538 in November 2025, highest recorded. There has been a significant decrease in the number of new complaints received since September 2025 (254) with 69 in November. The number of new infections decreased with October reporting 63 cases. 33 of these cases were E. coli and 13 were C. difficile.
- Workforce – In month, staff sickness increased since June 2025 to 7% in November 2025. Short-term sickness decreased to 2.2% for November 2025. Long-term sickness increasing trend has continued with November increasing to 4.9%. Note: The sickness metric reported in the alert section of this SBAR includes 12 month rolling data. Nursing and midwifery agency usage continues to decrease since March 2024. In October it was 68.22 whole time equivalent (WTE). Rolling 12-month staff turnover percentage decreased from November 2024 (8.4%) with November 2025 at 6.9%

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	128	305	134	
Patient falls	189	301	242	
Medication errors	61	147	88	
Pressure damage developing or worsening during care	55	215	64	
New complaints by month received (ward level not available)	69	252	69	
Number of high and extreme risks (health board & function only)	379	538	538	
Infections: new cases	53	81	63	
Infections: C. difficile cases	9	23	13	
Workforce				
Number of staff/contractor related incidents	98	186	149	
Sickness - short term	1.7%	2.8%	2.2%	
Sickness - long term	3.3%	4.9%	4.9%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.9%	9.8%	6.9%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.38	379.79	68.22	
Bank (WTE)	212.99	352.85	322.26	

Argymhelliad / Recommendation

The Committee is asked to **DISCUSS** the IPAR – Month 8 2025/2026 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.1 The financial performance and delivery against Health Board financial plans and objectives and • give early warning of potential performance issues, • make recommendations for action to continuously improve the financial position of the organisation, • focus on the financial impact of in-year and medium-long term plans, the impact of financial issues on service delivery, quality and patient experience, and any specific issues where financial performance is showing deterioration or there are areas of concern. 2.1.2 The overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required focus on specific issues where performance is showing deterioration or there are issues of concern
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Contained within the body of the report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement

Gweithlu: **Workforce:**	Development of staff through pooling of skills and integration of knowledge
Risg: **Risk:**	Better use of resources through integration of reporting methodology
Cyfreithiol: **Legal:**	Better use of resources through integration of reporting methodology
Enw Da: **Reputational:**	Yes
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

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

Integrated Performance Assurance Report (IPAR) Overview

As at 30th November 2025

For further details see the ‘System measures’ section of the latest IPAR dashboard.

Contents

Statistical process control (SPC) charts

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 November 2025

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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.

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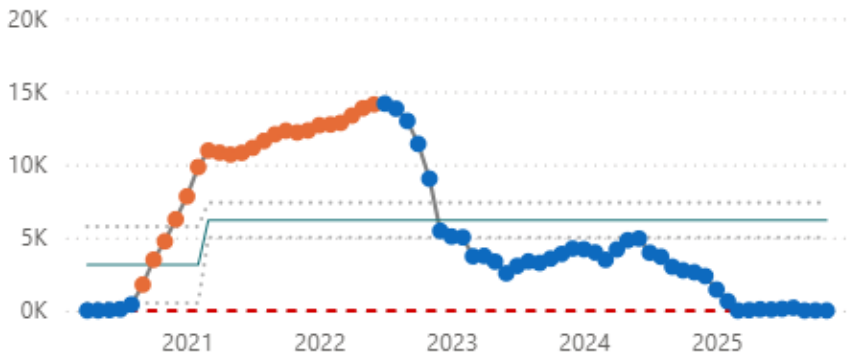
There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Waits over 52 weeks for a first outpatient and delayed follow up appointments
(Ministerial priority)

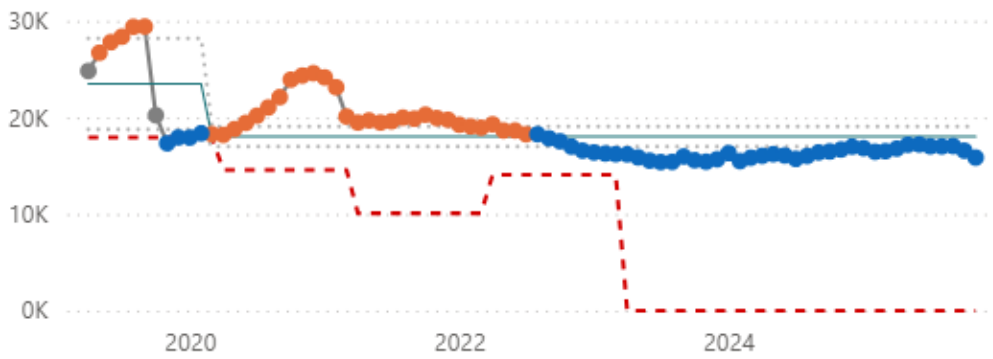
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Performance shows improving variation; however, there was 1 breach recorded in November 2025.

Follow up outpatient appointments delayed over 100% past target date



Performance in November 2025 was 15,842. The chart is showing improving variation.

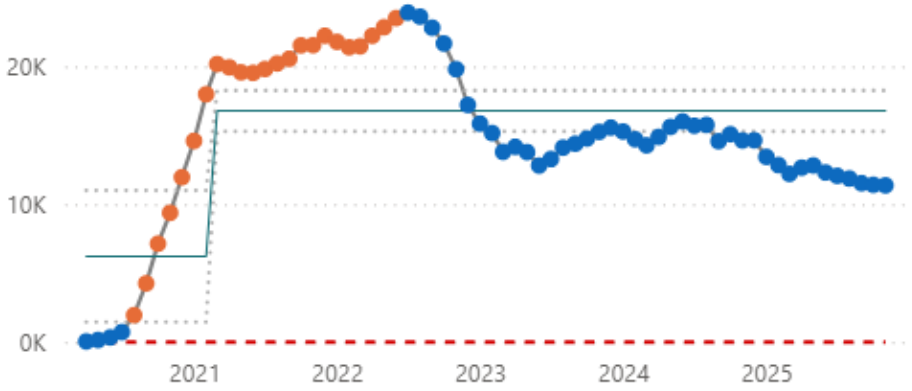
Key challenges / issues	Key actions / initiatives	Due date
• The Health Board achieved zero 52-week waits for a first outpatient appointment across all specialties apart from Rheumatology (1) at the end of November 2025. This was due to consultant availability and has been re-booked. • 52-week outpatient waits have significantly reduced from the June 2024 peak (4,930). • Most specialties are expected to maintain targets, with recovery funding prioritised for Ear, Nose & Throat (ENT), Neurology, and Rheumatology. • Active management and triage of referrals has resulted in no waiting list growth, whilst a large reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future. • Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.	• Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU). • Delayed follow-up wait reduction to below 12,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines. • 2025/26 demand and capacity plans are being used within all Planned Care services and aim for zero patients waiting over 36 weeks in key specialties, optimising capacity and forecasting. • The Welsh Government First Outpatient Plan "A" is continuing until March 2026. The local plan to deliver over 13,000 additional appointments contributes to NHS Wales' goal of reducing outpatient waits by 200,000 by March 2026, with a focus on eliminating breaches to 26 weeks in most specialties. • The Welsh Government First Outpatient Plan "B" is being progressed, with support from insourced specialties and outpatient staff. These projects are managed by a well-established transformation team, including a senior project manager and are underpinned by a Senior Governance Review Panel.	31/03/26 31/03/26 31/03/26 31/03/26 31/03/26

Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

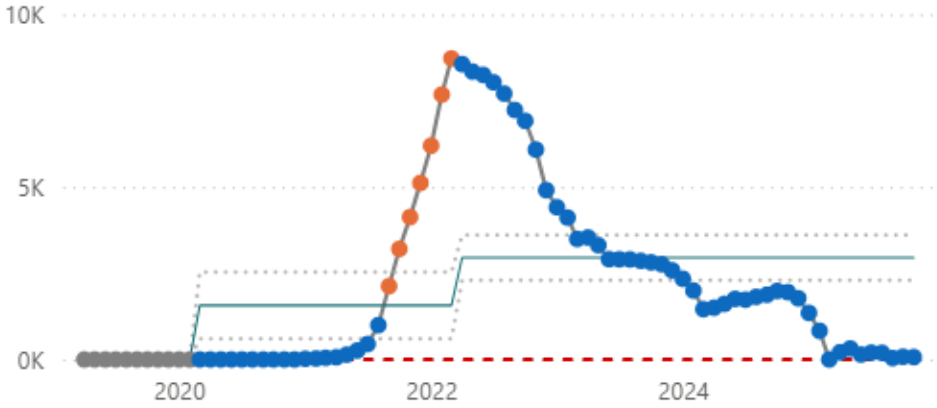
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Improving variation is showing, with 11,370 breaches recorded in November 2025, a reduction for six consecutive months.

Patients waiting over 104 weeks from referral to treatment



Improving variation is showing, however, the target has not been met since March 2025.

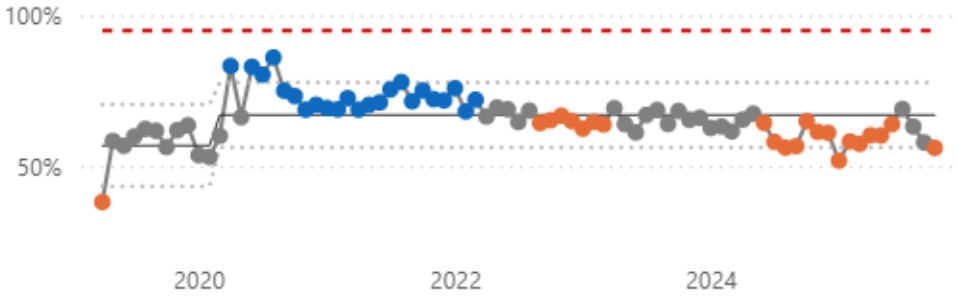
Key challenges / issues	Key actions / initiatives	Due date
• Due to a reduced level of theatre staffing and cancellations, ENT (35) and Ophthalmology (10) recorded breaches over 104 weeks for RTT. The 22 breaches in orthopaedics were due to reduced capacity and sub-specialty demand. The small breaches in the other specialties are due to a variety of reasons including awaiting diagnostics. All patients that breached in November are dated in December, however, 99.9% of our patients are now waiting less than 2 years from referral to treatment. • Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, impacting treatment timelines. • Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and pre-op process variations across specialties. • Additional risks include prioritisation of cancer backlogs, regional vascular capacity issues, and urgent cases consuming rescheduled theatre slots. • Inpatient/day case activity exceeds pre-pandemic levels, but challenges remain with late starts, early finishes, and allow (non-utilised) theatre lists due to workforce constraints.	• Specialties are working into quarter 4 to maintain and improve their 104-week positions. • The directorate continues to focus on maintaining waiting time targets in 2025/26 using demand and capacity forecasts to highlight risks and guide funding allocation. • Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties. This includes a full staffing review and implementing evidence-based guidelines on appropriate staffing and list loading per procedure bundle with a view to eliminating variation between sites. The Theatre steering group will also be looking at theatre utilisation of funded sessions. • 2026/2027 Demand and Capacity plans are being developed alongside the annual planning requirement.	31/12/25 31/03/26 31/03/26 31/03/26

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

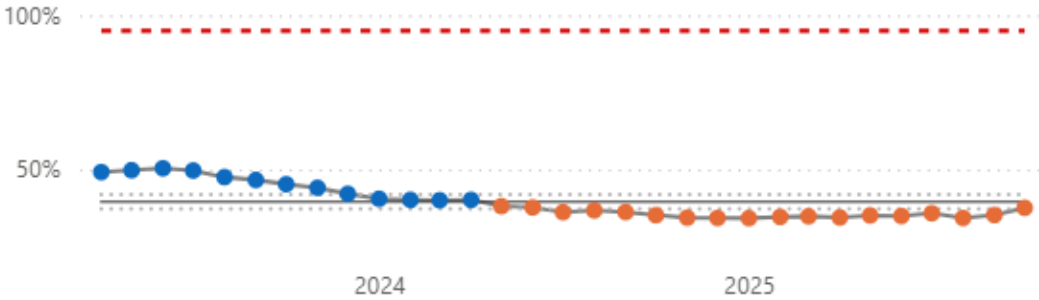
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Performance is showing concerning variation of 56.13% for October.

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



Performance is showing concerning variation of 37.54% for October.

Key challenges / issues	Key actions / initiatives	Due date
• Three vacancies in specialty and specialist (SAS) doctor rota. Two SAS doctors commenced in September and completed induction. One doctor has commenced in post October 2025. Gaps in the rota are currently covered with additional duty hours. • Advertisement of regional consultant posts has been agreed to go live end of December 2025. The Service Level Agreement (SLA) needs to be drawn up with Swansea Bay, dates to be confirmed. • Recruitment to posts identified in Eye Care Measures (R1) Situation, Background, Assessment and Recommendation (SBAR) have now been recruited and training has commenced for those in post with clear competency pathways and timelines. • Some additional activity for R1 delivery was secured through waiting list initiative (WLI) sessions, however due to the insourcing project for outpatients we have been unable to deliver these clinics. This, and the increased capacity required for referral to treatment patients, will affect our R1 appointments attended delivery trajectory. • Clinic delivery restricted by staffing levels in outpatient departments, with two clinics recently rejected due to no outpatient staffing, however the Clinical Care Group is working on solutions. • Intravitreal injection clinics in Amman Valley is currently restricted by other services, however the Clinical Care Group is working on solutions. • 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.	• Recruitment into SAS vacancies • Regional recruitment into two substantive consultant posts to stabilise service. Regional solutions for Age Related Macular Degeneration (AMD), Glaucoma, Cataract and Vitreoretinal subspecialties being explored with subspecialty leads now identified. • Additional staffing onboarding to improve Eye Care Measures (R1) delivery. • Internal solutions for Intravitreal injections (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. • SBAR to be developed to identify requirements for outpatient delivery in Ophthalmology in line with annual planning process 2026/2027. • SBAR to be developed to outline the needs of the Ophthalmology service in outpatients in Amman Valley Hospital for solutions to be sought. • Due to implementation delays, the R1 waiting position is now projected to improve to 49% by March 2026, with the 65% target deferred to September 2026, contingent on recruitment and resource allocation. Revised trajectory to be provided in next IPAR report.	Completed 31/03/26 Completed 31/12/25 Live 31/12/25 Completed 30/09/26

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
- Usual variation
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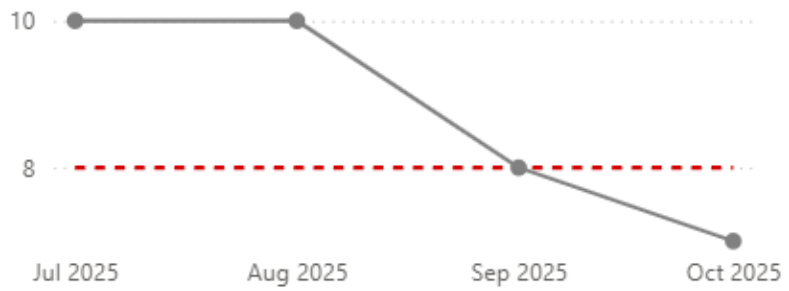
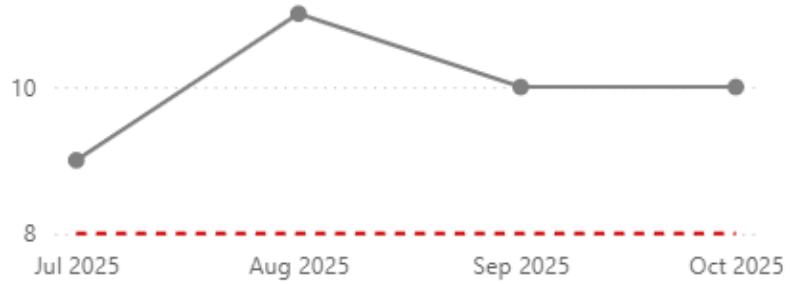
Median emergency ambulance response time to purple: arrest category calls



In October, there were 131 purple incidents out of a total of 4,359. Median response time was 06:35 minutes.

Median emergency ambulance response time to red: emergency category calls



In October, there were 575 emergency incidents out of a total of 4,359. Median response time was 09:46 minutes.

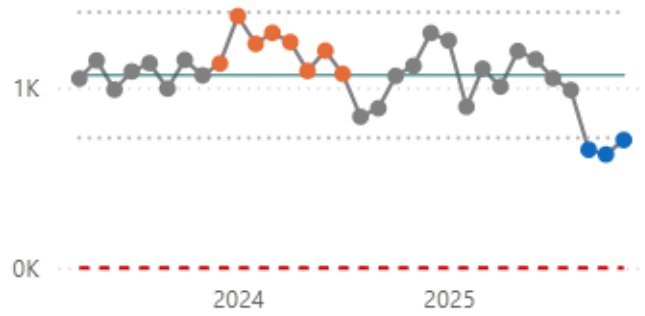
Key challenges / issues	Key actions / initiatives	Due date
• As of the 1st July 2025, new response category changes are now measured on a median response and clinical outcomes for ARREST and EMERG calls. • As of the 2nd December 2025 further response category changes are being introduced and AMBER and GREEN calls will now be categorised as ORANGE now, YELLOW soon, GREEN planned. • Overall attended demand in Hywel Dda health board area for November 2025 on average has been high and above forecast. • Hospital delays in ambulance hand over for WAST ambulance crews, 2,135 hours lost at the 4 acute Hywel Dda hospital sites during November 2025. • There have been 36 immediate release requests in November 2025 with an acceptance rate of 83.33%.	• Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts • Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources. • Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. Consultant connect is being in the process of being updated. • 111 press 2 assisting WAST clinicians to support the management of mental health patients. • Porth Preseli and Eastgate clinical streaming hubs staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Ceredigion. Improvements being made with uplifting cover. • WAST resourcing reviews and targeted overtime allocation • Wait 45 initiative implemented, which will reduce length of ambulance wait times outside EDs	Weekly ongoing Daily – Hourly ongoing Weekly ongoing Active Weekly ongoing Weekly review – ongoing Live

Urgent and Emergency Care – Emergency Departments - Hywel Dda

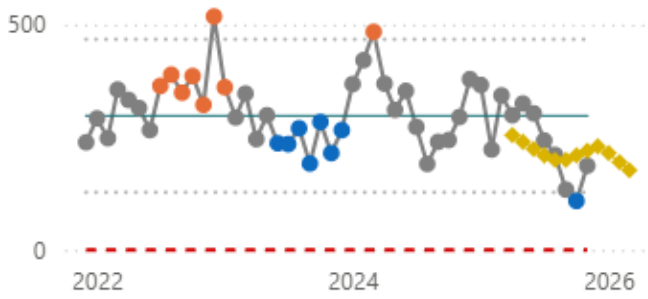
(Enhanced monitoring condition and Ministerial priority)

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

Ambulance handovers taking over 45 minutes



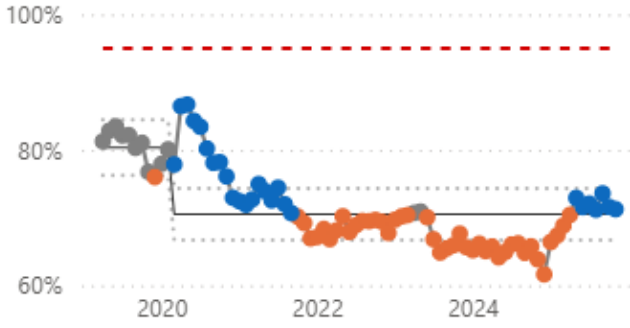
Ambulance handovers taking over 4 hours



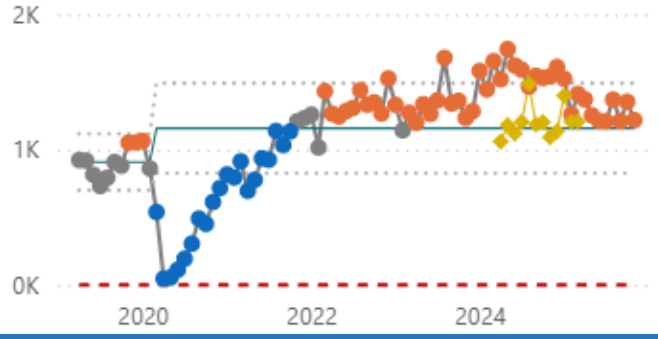
>45 Minutes handovers:
Latest data is showing improving variation
710 handovers > 45 minutes out of a total of 2,126 handovers.

>4 hours handovers:
Latest data is showing usual variation. 187 handovers > 4 hour out of a total of 2,126, 8.8%.

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



Patients waiting over 12 hours in A&E/MIU



Waits < 4 hours:
Latest data is showing improving variation.
71.25% of patients were seen within 4 hours, 10,150 out of 14,246 new attendances.

Waits > 12 hours:
Latest data is showing concerning variation.
1,219 patients waited over 12 hours, out of 14,246 new attendances, 8.6%.

Key actions / initiatives – tactical urgent and emergency programme

In response to long-standing performance challenges within Urgent and Emergency Care (UEC) which has resulted in sub-optimal patient experience and performance, the Executive Team has issued a series of instructions to be enacted at pace, in order to deliver a step change improvement, known as the UEC Accelerated Transformation Programme. The primary aim of the programme is to minimise attendance at an ED by providing appropriate, alternative pathways for patients. During the next two weeks, Welsh Government has asked all health boards to take urgent, focused action to improve patient flow and reduce delays to discharge of patients from our care. This Early and Weekend Discharge Winter Sprint Fortnight runs from 8–22 December and aims to strengthen resilience across both health and social care. Working in partnership with teams across our whole system, including our local authorities, is crucial in enabling better patient outcomes and experience, reduced harm from delays, and more beds available for those who need them most.

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

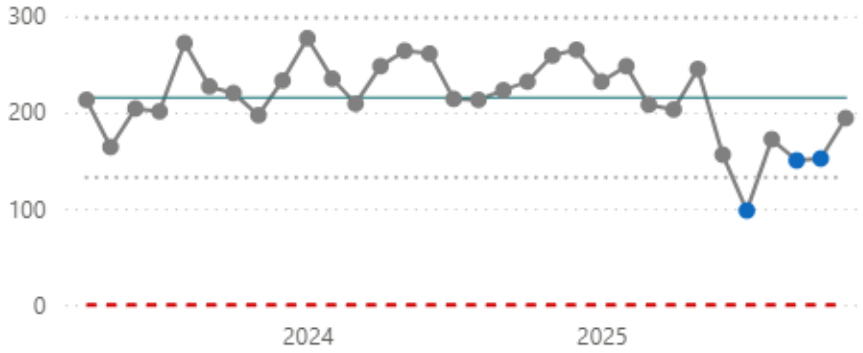
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

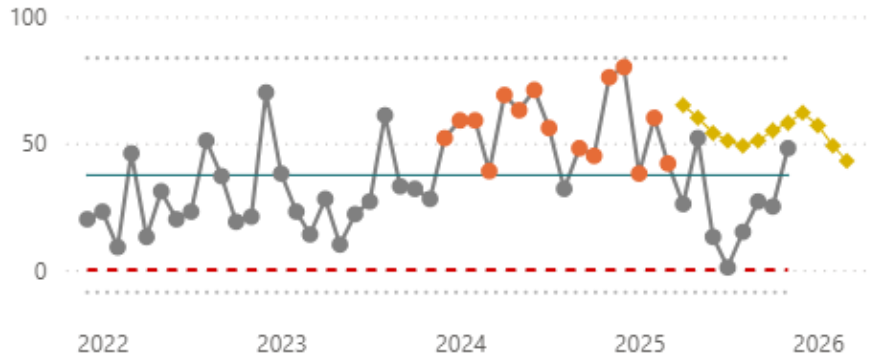
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



November data is showing usual variation. 194 handovers >45 minutes reported out of a total of 397 handovers, 48.8%.

Ambulance handovers taking over 4 hours



November data is showing usual variation. 48 handovers >4 hours was reported out of 397 total handovers 12%.

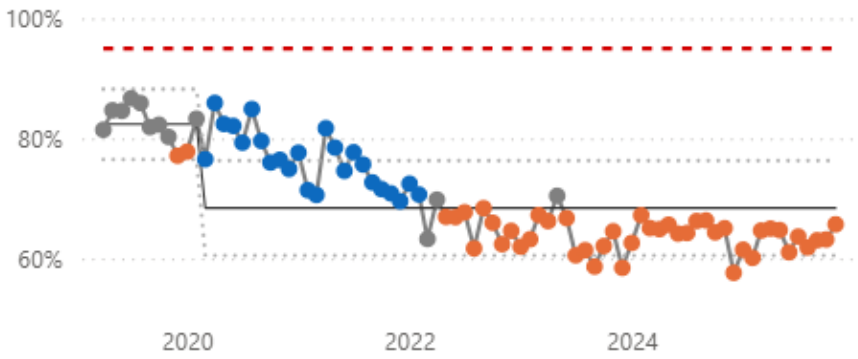
Key challenges / issues	Key actions / initiatives	Due date
• Staffing shortages - high number of consultant sickness between 4 and 6 off out of 13), an increase in junior doctor sickness and Health Care Support Worker deficits	• Welsh Government initiative "Winter Sprint" commencing from 08.12.25 for two weeks with a focus on increased and earlier discharges, weekend discharges, strengthening of front door processes, enhanced community capacity and strong partnership between health and social care	08/12/25
• High infection rates with number of patients requiring side rooms/barrier nursing across the Emergency Department and wider site	• Safe alternatives to hospital - GP medical referrals to Clinical Streaming Hub will be streamed via the Clinical Streaming Hub to divert away from the front door as appropriate	08/12/25
• Continued demand on ambulance arrivals and walk ins	• Daily reviews of Top 20 clinically optimised patients	Active
• Limited discharges due to high sickness rates in clinicians have increased use of surge areas therefore reduced availability of beds	• Senior decision makers the front door	Active
• Overcrowding and increase in corridor care within the department continues to disrupt the overarching flow	• Our Next Patient – supporting faster moved from the Emergency Department to the wards	Active
• High number of clinical optimised patients across the acute site is impacting the timely ability to transfer patients out of hospital	• Maximise Short Stay Triage and frailty pathways	Active
	• Immediate ambulance releases are always prioritised where possible	Active

Urgent and Emergency Care – Emergency Departments - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

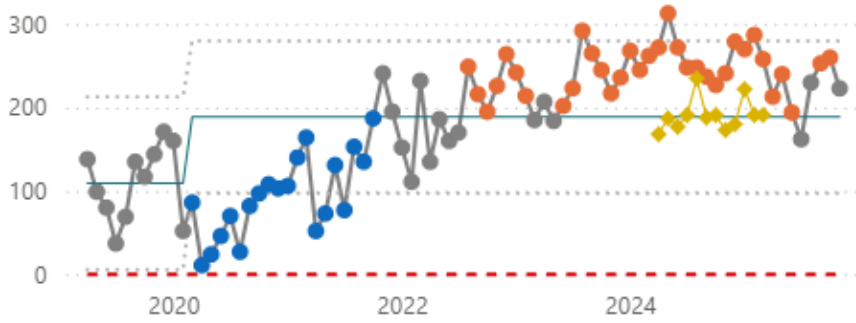
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



66% reported for November, 844 breaches out of 2,462 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



223 breaches out of 2,462 new attendances, 9%. The chart is showing usual variation

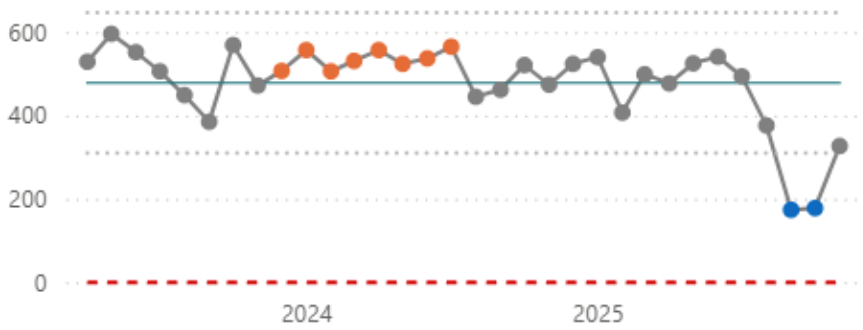
Key challenges / issues	Key actions / initiatives	Due date
• Staffing shortages - high number of consultant sickness between 4 and 6 off out of 13), an increase in junior doctor sickness	• Welsh Government initiative "Winter Sprint" commencing from 08.12.25 for two weeks with a focus on increased and earlier discharges, weekend discharges, strengthening of front door processes, enhanced community capacity and strong partnership between health and social care	08/12/25
• High infection rates with number of patients requiring side rooms/barrier nursing across the Emergency Department and wider site	• Safe alternatives to hospital - GP medical referrals to Clinical Streaming Hub will be streamed via the Clinical Streaming Hub to divert away from the front door as appropriate	08/12/25
• Continued demand on ambulance arrivals and walk ins	• Daily reviews of Top 20 clinically optimised patients and criteria led discharge	Active
• Limited discharges due to high sickness rates in clinicians have increased use of surge areas therefore reduced availability of beds	• Pilot fast track process when there is in house capacity	08/12/25
• Overcrowding and increase in corridor care within the department continues to disrupt the overarching flow	• Embed Home First Principles – discharge planning starts at admission	Active
• High number of clinical optimised patients across the acute site is impacting the timely ability to transfer patients out of hospital	• Aim to ensure Short Stay triage is not bedded to enable flow throughout the department	Active
	• Senior presence on Board Rounds	Active
	• Optimise use of interim care beds	Active

Urgent and Emergency Care – Ambulances - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

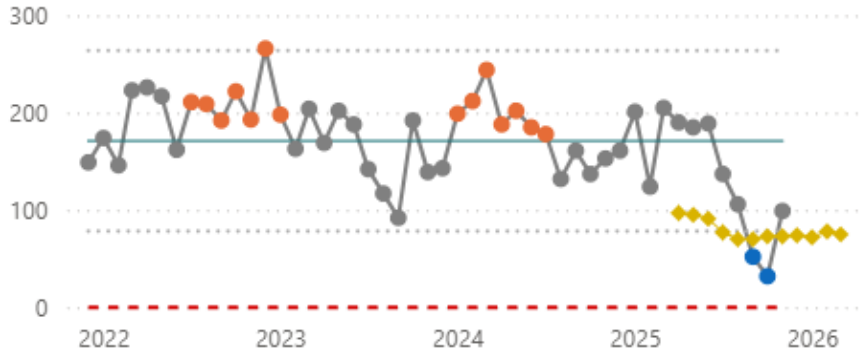
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



November data is showing usual variation. 327 handovers >45 minutes reported out of a total of 846 handovers, 39%.

Ambulance handovers taking over 4 hours



November data is showing usual variation. 99 handovers >4 hours reported out of a total of 846 handovers, 12%.

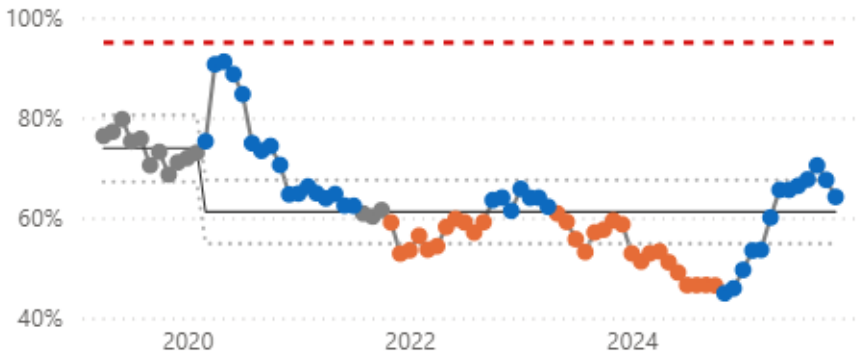
Key challenges / issues	Key actions / initiatives	Due date
• Sustained high volume of bed occupancy and surge across all ward areas. • Lack of physical space within the Emergency Department limits handover capacity. • Limited doctor deficits due to sickness within ED, which limits ability to provide senior decision maker within the rapid assessment and ambulance triage area (RAaT). • Early repatriation of pathway patients from referring hospitals continues to encounter delays. • High volume of clinically optimised patients across ward areas.	• Weekly deep dive and optimising board rounds with additional focus for "Winter Sprint Fortnight" • Continue with maximum utilisation of Llys Y Bryn assessment beds (x4) • Optimise use of GP beds at Amman Valley Hospital. • Address staffing deficits in ED. • Intermediate Care Multi- Disciplinary Team, Advanced Nurse Practitioner and Health Care Support Worker to be deployed to the front door.	31/12/25 Active Active 31/12/25 31/12/25

Urgent and Emergency Care – Emergency Departments - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

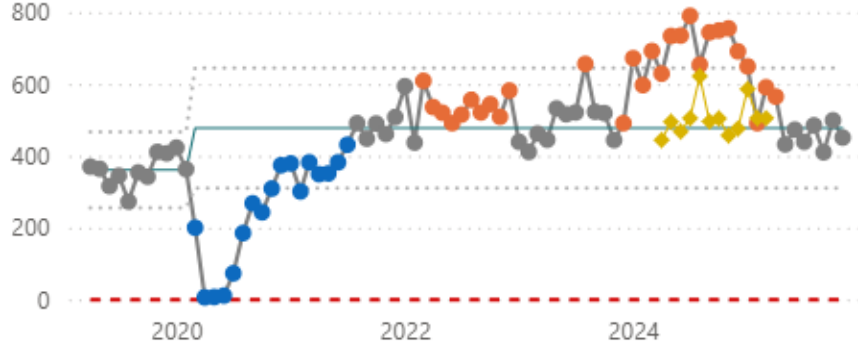
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



64.2% reported for November, 1,647 breaches out of 4,598 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



451 breaches out of 4,598 new attendances, 9..8%. The chart is showing usual variation

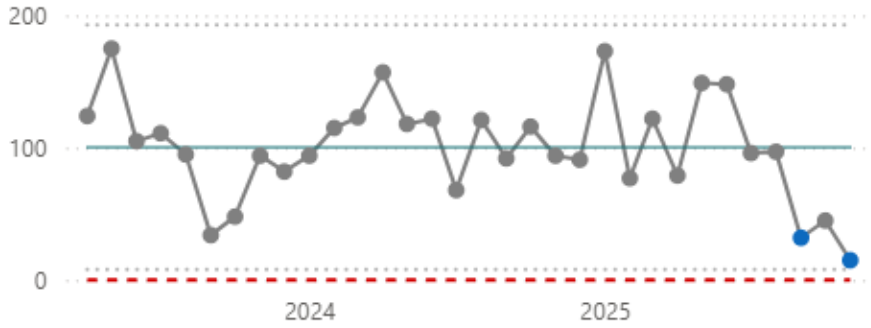
Key challenges / issues	Key actions / initiatives	Due date
• Front door demand has continued to be high with record number of daily presentations seen in November (202).	• GP triage x 4 days per week between hours of 6pm and 2am to review primary care presentations.	Active
• Increasing volume of patients presenting with non-urgent conditions has contributed to delays in 4 hour target.	• Re-direction policy being implemented at triage and rapid assessment.	31/12/25
• Senior ED Doctor deficits due to sickness absences.	• Capital refurbishment programme underway within Same Day Emergency Care (SDEC) footprint and relocation of service including Medical Day Unit, Discharge Lounge and GP Out of Hours (OOH) to ward area within hospital footprint. Space limitations temporarily until March 2026 when works will complete.	31/03/26
• Surge area around nursing bay in ED has been high occupancy due to acuity of presentations and demand to handover ambulances swiftly.	• Winter Sprint fortnight action plan to commence 8th December with focus on community capacity and early escalation in preparation for Christmas and New Year period.	8/12/25

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

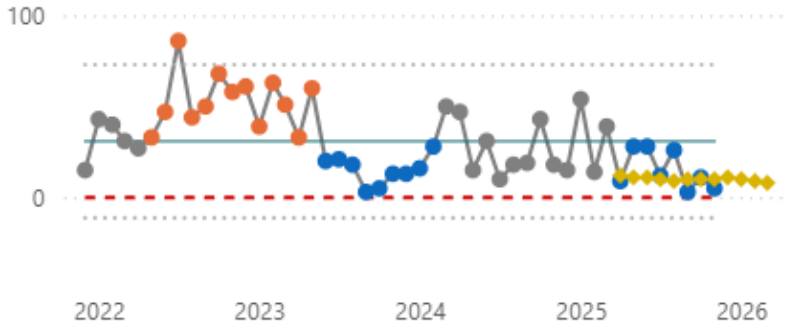
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



November data is showing improving variation. 15 handovers >45 minutes reported out of a total of 276 handovers, 5%.

Ambulance handovers taking over 4 hours

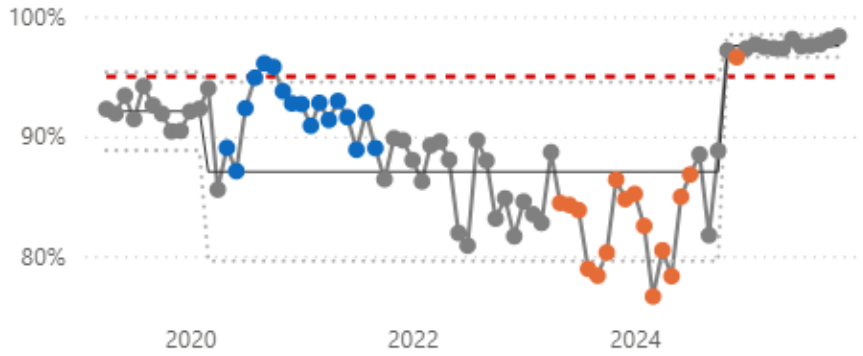


November data is showing improving variation. 5 handovers >4 hours reported out of a total of 276 handovers, 2%.

Key challenges / issues	Key actions / initiatives	Due date
• Continued front door pressure resulting in very limited capacity at point of handover. Area highly impacted with issues around IP&C (Infection Prevention and Control) issue continues to be present going into winter months. • Continuing to maintain Ambulance handover 45 minutes target which enabled us to handover ambulances within a timely manner however, this continues to add pressure internally on our ward areas where we surged as a result. • Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to Acute Medical Assessment Unit (AMAU) remains. Meeting in relation to handover criteria to be discussed in December to support this pathway and enhance flow of patients. • Boarding protocol (Our next patient) where patients are moved early to areas where discharges or query discharges have been identified at escalation points via patient flow meetings and manager of the day escalation. This is proving to be more difficult as the internal surge continues to be present. However, we are still implementing this system where possible to further support flow in AMAU. • Clinical flow has been compromised through departments due to IPC issues on Ward 1 and Ward three resulting in 9 days of closure.	• Immediate ambulance release are almost always supported. • AMAU acute medical model is now functional (1st Sep) to support early discharge at the front door, this team is now also supported by Acute Response Team who attend weekly to support the medical team in identifying patients for community support which enables faster discharge. • Clear communication channels with the operational delivery unit (ODU) in WAST to support decision making with a view to minimise risk as part of hospital flow. • SDEC (Same Day Emergency Care) continue to support AMAU/MIU to reduce pressure at the front door. • Internal Operational Delivery Group support two calls per day on sites to monitor the development of patient flow outcomes. • Development and implementation of ‘Our next patient’ operation procedure now active in AMAU to ensure that each patient is assigned to the right ward in a timely manner under the care of the appropriate team.	31/12/25 Active Active 31/12/25 Active

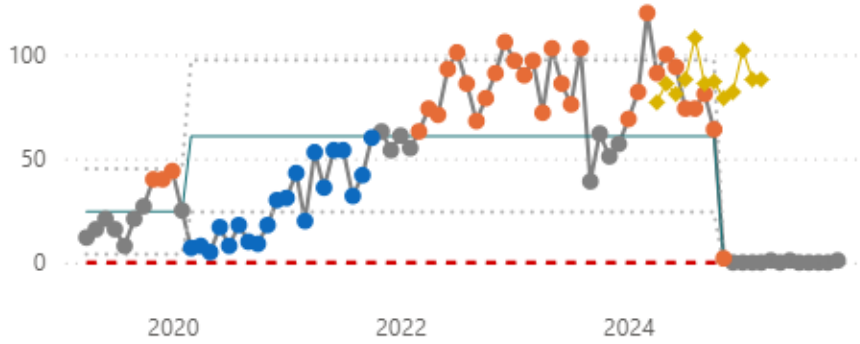
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



98.4% reported for November, 38 breaches out of 2,315 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model.

Patients waiting over 12 hours in MIU

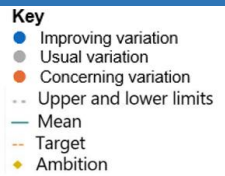


1 breach out of 2,315 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

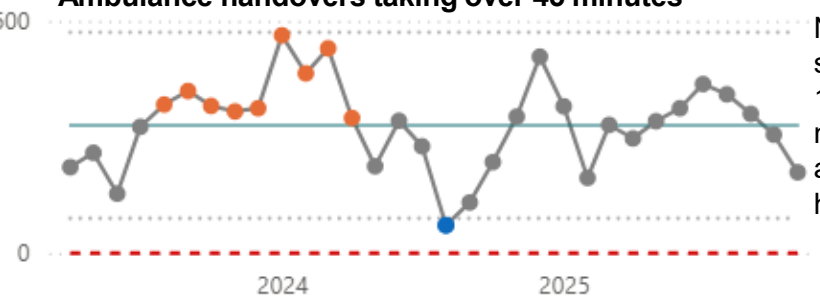
Key challenges / issues	Key actions / initiatives	Due date
• Our Minor Injury Unit (MIU) new patient attendance has returned to similar levels prior to closing overnight. (Since November 2024) there has been a significant decrease in the number of patients presenting with major complaints. This tread continues to be the case with a small number of medical patients presenting. Patient type is being motorized in our morning flow meetings.	• Locum consultant has created weekly hot clinics. These allow for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance	Active
• Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remain a challenge with around 40 patients a day. The level of patent group does have a negative effect on flow and impact the ability to create flow through the hospital resulting in delays for patients in MIU requiring a bed.	• Consultant connect went live on September the 1st awaiting first data pull due early 2026	01/01/26
• Medical Annual Leave has impacted on our ability to carry out all hot clinics in November	• Ongoing work with community colleagues in early discharge planning. The use of hospital at home to create a wrap around service enabling community GP's to refer into SDEC out of hours / weekends for SDEC to treat and refer back into the virtual ward.	01/01/26
	• Work to support the AMAU Medical Team staffing has began with contract reviews underway to secure the future of the team and continue its support in flow.	31/12/25

Urgent and Emergency Care – Ambulances - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

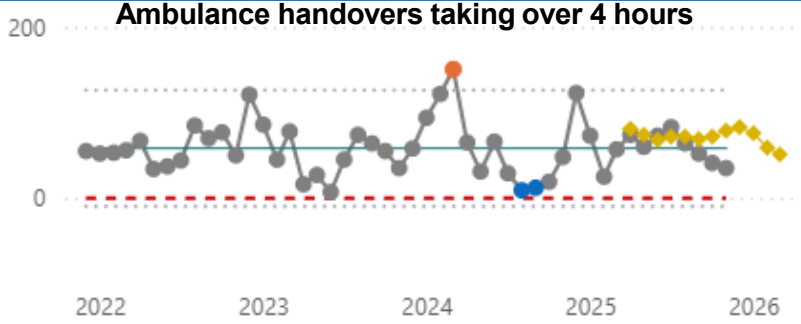


Ambulance handovers taking over 45 minutes



November data is showing usual variation. 174 handovers >45 minutes reported out of a total of 607 handovers, 29%.

Ambulance handovers taking over 4 hours



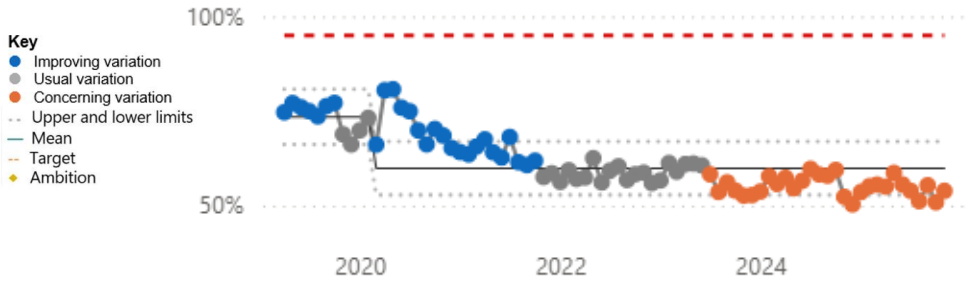
November data is showing usual variation. 35 handovers >4 hours reported out of a total of 609 handovers, 6%.

Key challenges / issues	Key actions / initiatives	Due date
Following the recent *Getting It Right First Time* (GIRFT) follow-up visit on 29th October 2025, best practice guidance emphasised maintaining the red line of a ringfenced resus area and ensuring that two RAT (Rapid Assessment and Treatment) beds remain unbedded to preserve ED flow and safety standards. During November, WGH faced significant operational constraints that impacted ambulance handover performance and ED throughput: • Middle grade and clinical fellow staffing shortages in ED, reducing capacity for timely assessment and decision-making. • Middle grade shortages on our medical wards, reducing capacity for timely assessment and decision-making. • IPC (Infection Prevention and Control) measures and roof leaks led to multiple bed closures across the site, further limiting inpatient capacity. • Healthcare Support Worker shortfalls compounded challenges in maintaining safe staffing ratios and supporting patient care.	**Workforce and Staffing:** • Developed business case for executive approval of an additional 3.4 WTE to meet Royal College of Emergency Medicine guidelines for ED medical staffing. • Submitted 4 requests for ED Middle Grades, with immediate vacancy request for 3 whole time equivalent (WTE). • Mitigation plans for Healthcare Support Worker shortfalls through bank and agency support. **ED Flow and Escalation:** • Implement clear escalation protocol for bed surging and boarding wards to de-escalate ED congestion. • Maintain ringfenced resus area and ensure two RAT beds remain unbedded as per GIRFT best practice. • Development of safe/unsafe/critically unsafe escalation protocol for ED which triggers additional levels of escalation • Conduct three times daily site position reviews focused on de-escalating ED and maintaining red lines. **Discharge and Bed Management:** • Every ward now has a “Fishbowl” review of the most complex patients weekly. • Introduced weekly Length of Stay (LOS) meeting with senior management to address discharge delays. • Broadened the scope of Martello ward beds to maximize utilisation for patient flow. • Continue opt-out discharge lounge with barrier tracking for pre-midday discharges. **Pathway Redesign:** • New Respiratory Pathway launched in November, supported by a weekly oversight group to monitor performance and drive continuous improvement. • Workforce planning for respiratory services, including 2 WTE respiratory posts and relocation of acute on invasive ventilation to intensive care unit. • *Reset* week 2 completed. Preparing for the two week *Winter Sprint*. **Performance Monitoring:** • Weekly reporting of ED and Acute Clinical Decisions Unit length of stay, ambulance handover breaches, and discharge performance to drive accountability and consultant engagement.	18/12/25 Completed Completed 18/12/25 Completed Completed Completed Completed Completed 01/12/25 Completed Started 11/25 Started 11/25 Completed Starting 08/12/25 Ongoing

Urgent and Emergency Care – Emergency Departments - Withybush Hospital

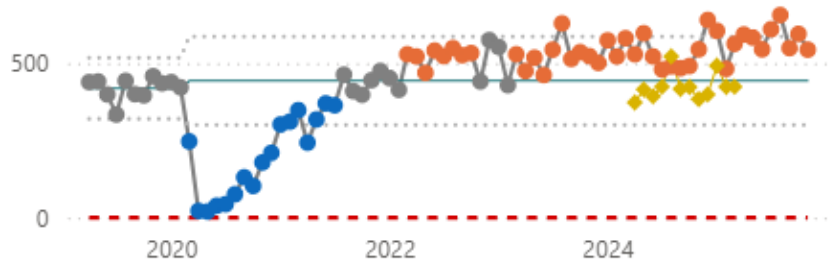
(Enhanced monitoring condition and Ministerial priority)

Patients waiting less than 4 hours in A&E



53.9% reported for November, 1,553 breaches out of 3,369 new attendances. Chart is showing concerning variation.

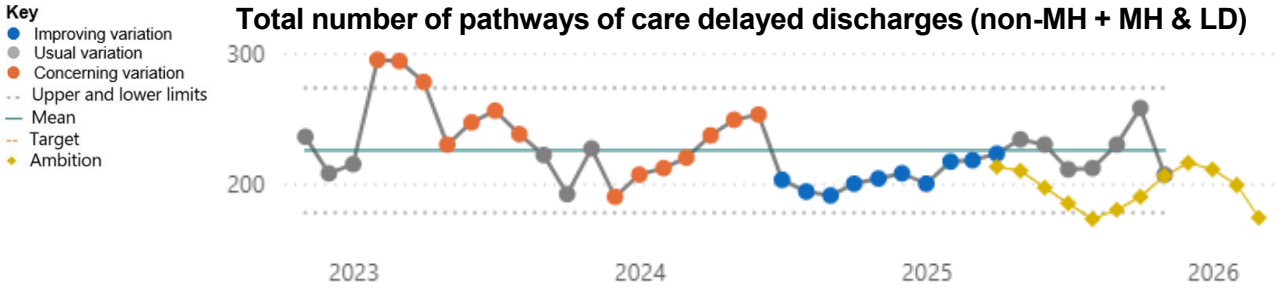
Patients waiting over 12 hours in A&E



544 breaches out of 3,369 new attendances, 16.2%. Chart is showing concerning variation.

Key challenges / issues	Key actions / initiatives	Due date
Following the recent *Getting It Right First Time* (GIRFT) follow-up visit on 29th October 2025, best practice guidance emphasised maintaining the red line of a ringfenced resus area and ensuring that two RAT (Rapid Assessment and Treatment) beds remain unbedded to preserve ED flow and safety standards. During November, WGH faced significant operational constraints that impacted ambulance handover performance and ED throughput: • Middle grade and clinical fellow staffing shortages in ED, reducing capacity for timely assessment and decision-making. • Middle grade shortages on our medical wards, reducing capacity for timely assessment and decision-making. • IPC (Infection Prevention and Control) measures and roof leaks led to multiple bed closures across the site, further limiting inpatient capacity. • Healthcare Support Worker shortfalls compounded challenges in maintaining safe staffing ratios and supporting patient care.	**Workforce and Staffing:** • Developed business case for executive approval of an additional 3.4 WTE to meet Royal College of Emergency Medicine guidelines for ED medical staffing. • Submitted 4 requests for ED Middle Grades, with immediate vacancy request for 3 whole time equivalent (WTE). • Mitigation plans for Healthcare Support Worker shortfalls through bank and agency support. **ED Flow and Escalation:** • Implement clear escalation protocol for bed surging and boarding wards to de-escalate ED congestion. • Maintain ringfenced resus area and ensure two RAT beds remain unbedded as per GIRFT best practice. • Development of safe/unsafe/critically unsafe escalation protocol for ED which triggers additional levels of escalation. • Conduct three times daily site position reviews focused on de-escalating ED and maintaining red lines. **Discharge and Bed Management:** • Every ward now has a “Fishbowl” review of the most complex patients weekly. • Introduced weekly Length of Stay (LOS) meeting with senior management to address discharge delays. • Broadened the scope of Martello ward beds to maximize utilisation for patient flow. • Continue opt-out discharge lounge with barrier tracking for pre-midday discharges. **Pathway Redesign:** • New Respiratory Pathway launched in November, supported by a weekly oversight group to monitor performance and drive continuous improvement. • Workforce planning for respiratory services, including 2 WTE respiratory posts and relocation of acute on invasive ventilation to intensive care unit. • Reset week 2 completed. Preparing for the two week *Winter Sprint*. **Performance Monitoring:** • Weekly reporting of ED and Acute Clinical Decisions Unit length of stay, ambulance handover breaches, and discharge performance to drive accountability and consultant engagement.	18/12/25 Completed Completed 18/12/25 Completed Completed Completed Completed Completed 01/12/25 Completed Started 11/25 Started 11/25 Completed 08/12/25 Ongoing

Urgent and Emergency Care – Pathway of Care Delays (POCD)
(Ministerial priority)



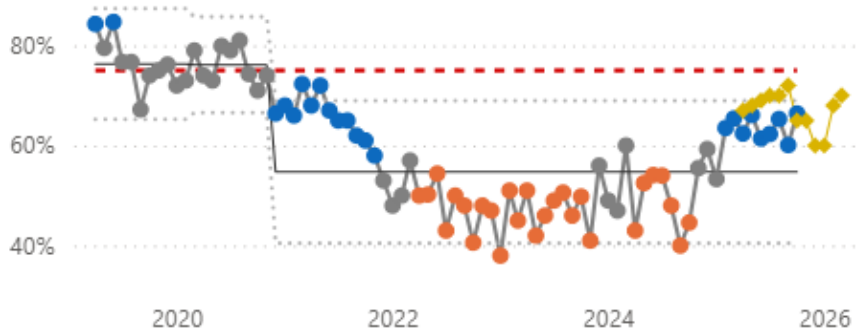
- Number of census count in November is 207 patients and chart shows usual variation.
- The total days delayed for non-mental health decreased in November to 9,037 days.
- Mental health and learning disability delays also decreased in November to 987.
- Assessment delays remain the largest proportion 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: • Backlog for social care assessments within the Carmarthenshire acute and community system due to previous sickness and staffing challenges over the last few months (which has now resolved). • High levels of acuity and family/carers expectations are driving the need for nursing and continuing health care assessments within an already stretched system. • High levels of acuity, hospital-based deconditioning and limited access to appropriate rehabilitation due to the allied healthcare professions (AHP) workforce position contributing to the number of people requiring AHP assessments, reablement and new packages of care to support hospital discharge.	**Non-mental health:** • Overtime being offered to address backlog in social care assessments in Carmarthenshire. • Welsh Government monies being utilised to build additional social worker, domiciliary care and reablement capacity (staff recruitment and onboarding underway). • Embed and optimise trusted assessor (TA) models – especially around mental capacity assessments, • Task and finish group being set up to drive TA audit recommendations • Strengths-based collaborative communication training programme being rolled out across health and local authority • Regional focus on preventing deconditioning and Deconditioning Oversight Group established • Carmarthenshire rehabilitation pathway being developed • Regional Pathway of Care Action plan and regional steering group to monitor progress • *Winter Sprint* fortnight staring 8th December	31/12/25 31/12/25 Ongoing 31/01/26 31/03/26 Ongoing 31/3/26 Ongoing 22/12/25
Mental health & learning disability (MH&LD): The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for November 2025 is 12, this figure includes 5 discharges from last month, 8 who remain PoCD from the last count and 4 new patients identified as medically optimised. The patients are categorised as follows, older adult 9, a decrease of 1, adult 3 and 0 for learning disability, which are unchanged from last month.	**Mental health & learning disability (MH&LD):** The position in respect of patients who have a length of stay over the 90 and100 day threshold for Mental Health is 2 over 100, however, one older adult patient continues to have a delay exceeding 200 days. All patients are managed in accordance with the MH&LD PoCD action plan i.e. professional meetings have been undertaken and care plans are in place. In summary, there are 12 medically optimised patients which is an improved position. The count of 1 over 200 days is noted and assurance provided from the service that all options for discharge have been explored.	

Single Cancer Pathway
(Enhanced monitoring condition and Ministerial priority)

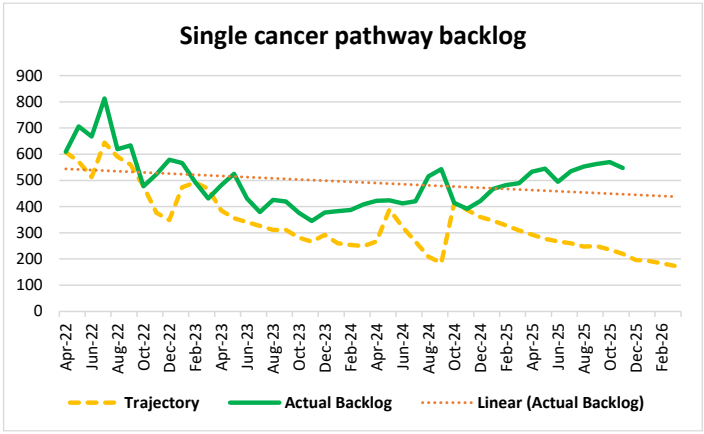
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



In October 2025, performance increased to 66.4%, exceeding the trajectory of 65%

Number of single cancer pathway patients waiting over 62 days



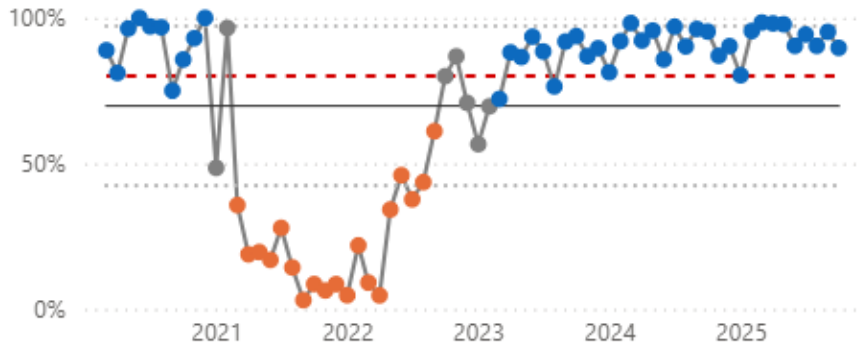
In November 2025, 548 patients were waiting over 62 days on the single cancer pathway.

Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway Treatment activity in October: 161 patients who were waiting over 62 days were treated, first treatment rates increased by 21 patients. 319 patients started treatment within 62 days. Fragility in Radiology remains a key risk to delivery. Recurrent investment in Radiology agreed for 2025/26.	Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting, to remain in place for 2025/26.	31/03/26
Backlog Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (Radiology, Dermatology and Urology) which have limited resilience to sickness/absence.	Deep dives being undertaken per tumour site to inform improvement plans and trajectory for patients waiting in excess of 28 days for diagnostic tests.	31/12/25
	Robust improvement plans agreed for Urology prostate diagnostics for 2025/26.	31/03/26
Diagnostic Challenge To meet the 28-day diagnostic target requires the diagnostic component of the pathway to be provided within 7 days. The current position within Radiology is on average, 32 days from investigation to reporting, despite the additional sessions within CT. We are exploring opportunities to insource/outsource additional capacity to reduce the 32-day turnaround time for Radiology to within 7 days.	Piloting the use of the Galeas Bladder Test from January 2026 – 300 patients	31/01/26
	Faecal immunochemical test (FIT) pathway realigned to Primary Care, planned implementation November 2025. Being monitored until end December 2025.	31/12/25

Mental health assessments within 28 days

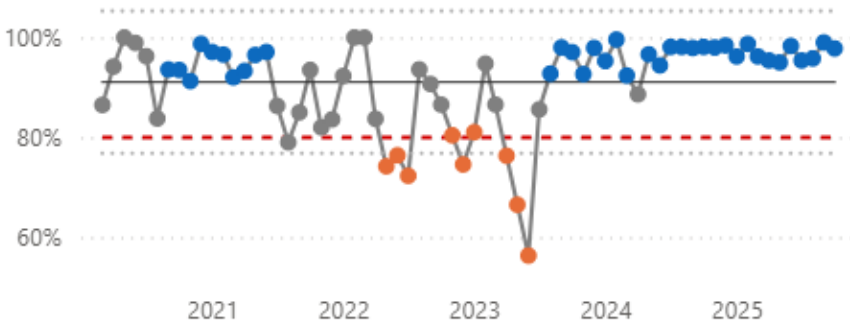
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 89.7% is showing improving variation and the target of 80% was met.

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



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

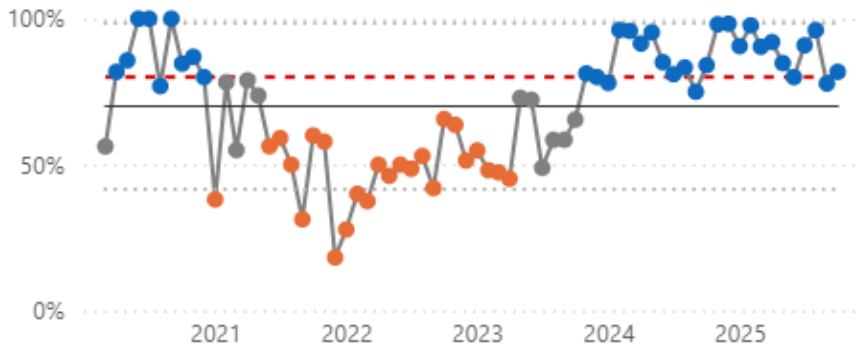
Key challenges / issues	Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons aged 0-17): 52 of 58 assessments were undertaken within target showing continued, and healthy, compliance.	**% mental health assessments undertaken within 28 days (persons aged 0-17):** Continued cross cover between county Local Primary Mental Health Support Service teams to balance capacity according to demand.	31/12/25
% mental health assessments undertaken within 28 days (persons aged 18+): Compliance remains above the required target, however, we have seen an increase in referrals across our Carmarthenshire and Ceredigion teams along with a more complex patient profile. This is increasing assessment time and/or the requirement for follow up assessment appointments. There is a vacancy in Ceredigion with long-term sickness in Carmarthenshire.	**% mental health assessments undertaken within 28 days (persons aged 18+):** Ensure effective administration processes and support are place so that the service remains compliant with the target, along with a review of assessment time slots to support complexities.	31/12/25

Therapeutic interventions following primary mental health assessment

(Enhanced monitoring condition)

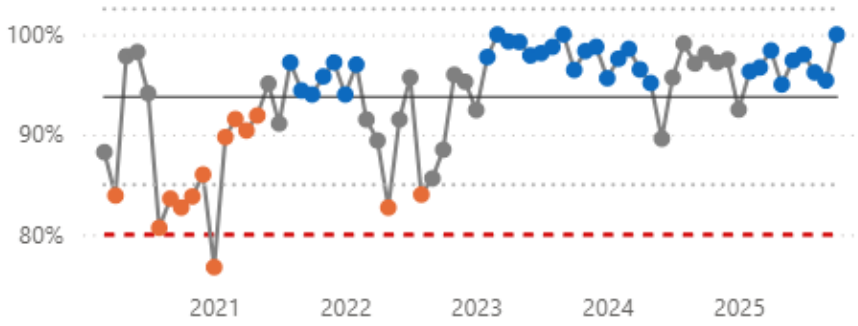
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 81.8% is showing improving variation but the target of 80% was met.

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



Latest performance of 100% is showing improving 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): 27 of 33 interventions commenced within target, showing a return to compliance for this metric following a brief dip the previous month.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):** We are in discussions with NHS Performance and Improvement to pilot a 'One at a Time' approach to interventions in LPMHSS Carmarthenshire. We are rolling out SilverCloud digital therapies referrals for 11-15 year olds which will help manage demand and increase choice.	Live Live
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Compliance remains above the required target. Increased referral numbers are limiting the number of available treatment sessions which potentially will impact on compliance over the next two months. Estates access continues to be challenging across the three counties.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):** Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector and SilverCloud digital options. Our Primary Care Liaison Service is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS, along with a focus on group interventions.	31/12/25 Live

Psychological Therapy Waits

(Enhanced monitoring condition and Ministerial priority)

Mental Health

Performance in October of 57.2% shows concerning variation and the target of 80% was not met.

- 410 out of 733 (55.9%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 6 out of 13 (46.2%) were waiting <26 weeks to start an adult psychology assessment;
- 38 out of 63 (60.3%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

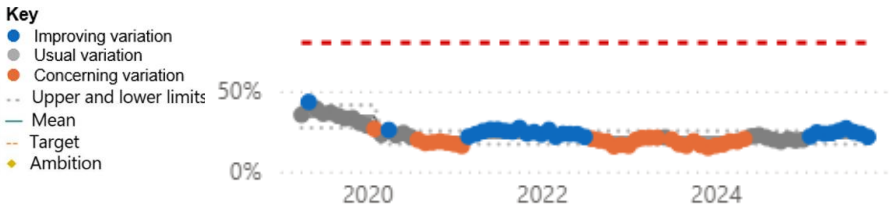
Key challenges / issues	Key actions / initiatives	Due date
Integrated Psychological Therapies Service (IPTS): We have seen an increase in compliance of 3.8%, however, the administration and processing of the group set up is labour intensive and is shouldered by clinical staff. The research team, who are leading on the patient-reported experience and outcome measures, are also experiencing challenges with two staff members successfully obtaining a PhD placement which has resulted in a heavy reliance on clinical staff to complete administration activity potentially reducing clinical activity.	**IPTS:** A number of high intensity evidence-based interventions are currently in place to increase capacity of service in attempts to minimise deterioration of position whilst the service model change towards groups and high-intensity interventions where needed takes effect.	31/12/25
Adult Psychology Mental Health (AMH): The waiting list position for AMH was steady in October, however, improvements in the coming months are expected following the recruitment of a Practitioner Psychologist. Additional capacity may also be possible with doctoral trainees on placement. A large geographical area can mean that access is limited in some areas particularly if a client requires face to face intervention. Additionally, given the limited number of staff in the community, any absence has a significant impact.	**AMH:** • All four clinicians are providing consultations to other services, decreasing referrals to AMH. • Grow Your Workforce plans are in place. • A whole-time equivalent vacancy for a Practitioner Psychologist has been recruited to and commenced on 6th October. This post is based in an area in Carmarthenshire where there is currently no community provision.	31/03/26 31/03/26 Complete
Learning disabilities (LDs): Long term sickness and vacancies in the team are affecting capacity and impact on waiting times, as well as intensive work and court reports required for the increasing complex Court of Protection (CoP) cases.	**LDs:** A project is underway to scope under 18s who potentially require a specialist LD service with pathways for earlier identification, education and engagement with families in children's services regarding the changes of legislation/transition from children to adult services including court of protection and the Best Interest process. The new service model includes a co-ordinator for CoP cases who can link in with legal services, to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. This will be recruited into as part of our organisational change process from November 2025 to January 2026.	31/01/26

Neurodevelopmental Assessment Waits

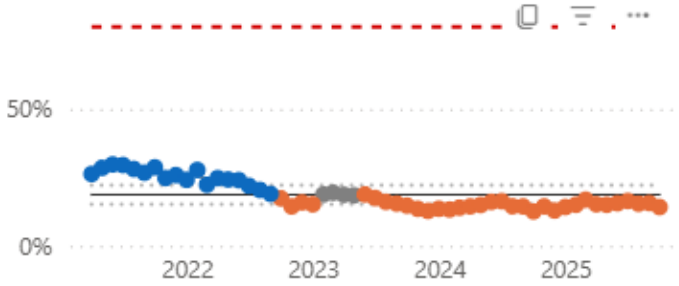
(Enhanced monitoring condition and Ministerial priority)

Mental Health

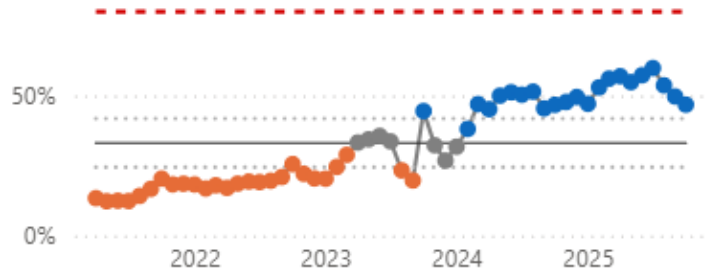
% children & young people waiting < 26 weeks to start a neurodevelopmental assessment



% children & young people waiting < 26 weeks: ASD



% children & young people waiting < 26 weeks: ADHD



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in October 2025 of 21.5% shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 482 of 3,394 (14.2%) patients were waiting for an assessment <26 weeks. 462 of 987 (46.8%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiative	Due date
Autism Spectrum Disorder (ASD): As of October 2025, there are 2,912 children and young people waiting more than 26 weeks for an ASD assessment. Demand continues to outstrip capacity. The current waiting list for an ASD assessment stands at 3,394 with longest wait times 3 years, 6 months. Demand for assessment remains consistently high with referrals averaging 113 per month. This is approximately 3 times higher than current service capacity. Significant progress is being made internally to bring about more efficiencies, but key challenges include the absence of a regional strategic action plan around neurodivergence and whole system buy-in to bring about sustainable change. Current capacity does not allow for extensive regional stakeholder engagement and transformation.	**ASD:** • 3-year improvement plan and re-design of service underway. • Waiting list initiative commenced to bring about a more efficient, value-based approach to diagnostic assessment, starting with a review and stratification of the existing waiting list. Longest waits reduced from 3 years 9 months to 3 years 6 months since September. • Thematic analysis/service evaluation underway to understand drivers for diagnostic assessment. • Pending Welsh Government and Public Board approval, contracts to be awarded to two providers to eradicate >3 year waits by 2026. • Recruitment process to substantiate fixed term posts and recruit into additional posts. • Digital innovation - Support from digital services requested to maximise functionality of Welsh PAS, eradicating need for duplicate data systems; Pilot of AI scribe commences mid December. • Stakeholder mapping commenced and engagement plans with key stakeholders underway.	31/03/28 30/06/26 31/03/26 31/12/25 31/01/26 31/12/25 31/04/26
Attention Deficit Hyperactivity Disorder (ADHD): The longest wait for an ADHD assessment is currently 95 weeks with 159 waiting more than 52 weeks. The total ADHD waiting list is 987. The service has seen a 100% increase in referrals, resulting in a need to significantly increase core capacity where possible to achieve target. Despite this, demand continues to outweigh current core capacity even with a fully established medical workforce considered. Similarly, the demand for Quantitative Behavioural (QB) tests which forms part of the diagnostic pathway exceeds current capacity. Clinic room capacity across all sites remains a challenge.	**ADHD:** • Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. • Increase core capacity through provision of additional QB Tests and follow up sessions. Currently only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers are trained to use these. Funding streams are being sought to support the purchase of additional devices. • There is a post to advert that, if successful, would see the recruitment of one whole time equivalent Community Paediatrician in Bronglais General Hospital. Interviews held last month unfortunately did not result in an appointment and the service are currently exploring alternative arrangements given the challenges in recruiting to this vacancy. • Continue to manage clinic capacity flexibly and maximise through rigorous job planning.	31/03/27 31/12/25 31/03/26 31/02/26

Diagnostic waits over 8 weeks
(Ministerial priority)

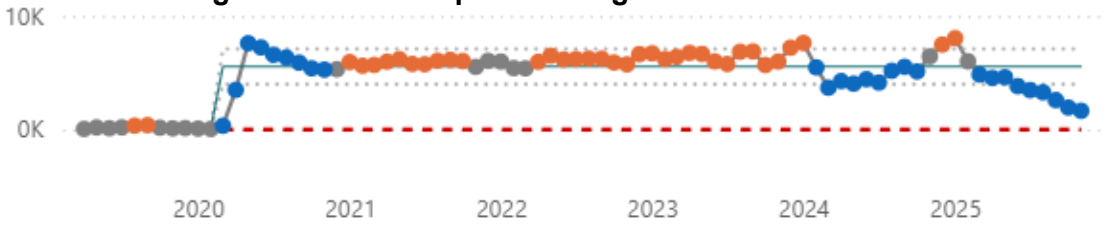
Key
- Upper and lower limits
- Mean
- Target
- Ambition

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

Patients waiting >8 weeks for a specified diagnostic



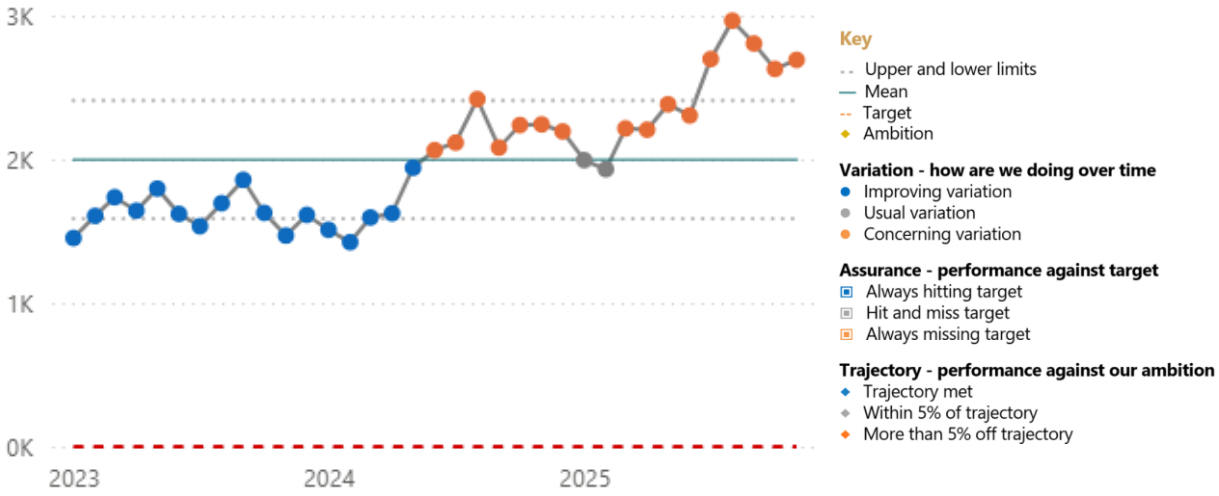
Performance is showing improving variation over the latest nine months with 1,656 breaches in November and recording the lowest result since March 2020.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Nov 2025	1,656	●	▣	n/a
Radiology		1,432	●	▣	n/a
Endoscopy		154	●	▣	n/a
Phys measure		25	●	▣	n/a
Imaging		24	●	▣	n/a
Cardiology		20	●	▣	n/a
Neurophysiology		1	●	▣	n/a

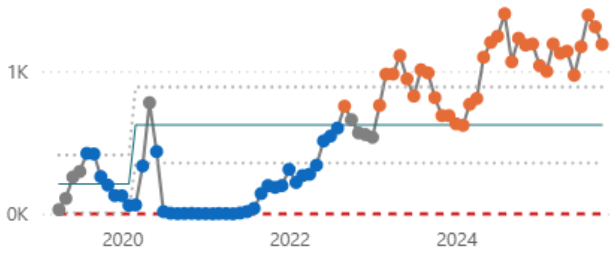
Key challenges / issues	Key actions / initiatives	Due date
Radiology • Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised. • There are currently 1,456 breaches in total [Computed Tomography 260, Magnetic Resonance Imaging 408 , Non Obstetric Ultrasound 761 which is a ddecrease of 256 breaches from November 2025.	• Ultrasound - Extension of Non Obstetric Ultrasound insourcing contract extended to November 2026 • Additional Obstetric sonography outsourcing/insourcing - obstetric added to current provider contract in Nov 2025. initial conversation with current insourcing provider for additional capacity commenced in Oct 2025 • Magnetic Resonance Imaging – 2 staffed scanners on site, one producing increased activity due to undertaking shorter, easier cases and one producing decreased activity due to performing complex, long scans. • Computed Tomography - Locum backfill out to advert to backfill staffing gaps. Computed Tomography Van procured and on site from 5/11/25 – 24/12/25 (looking to extend if required).	Completed 12/12/2025 Live 24/12/25
Endoscopy • Endoscopy theatre nursing staff fragility (particular to Glangwili and Prince Philip) due to short-term sickness and gaps in the nursing establishment. • Ongoing capital replacement programme for old/fragile endoscope equipment. • Additional demand created from Welsh Government Outpatient Initiative. • 20% Cystoscopy conversion rate from 1600 New appointments	• Endoscopy delivery plan in place to achieve zero breach performance by March 2026. • Investment uplift in endoscopy nursing establishment at Glangwili, New staff being onboarded. • Solutions currently being considered to address additional demand. • Working towards Service Evaluation on Urine tests used in place of Flexi Cystoscopy for Urgent Suspected Cancer/Non-visible hematuria. 300 patient assessment planned for January 2026 • Outsourcing/Insourcing underway with procurement as a secondary solution to the Urine test.	31/03/26 31/12/25 31/01/26 19/01/26 19/01/26
Cardiology: • Radiology Cardiac Myocardial Perfusion Imaging breaches at end of November decreased by 33 leaving just 7 patients waiting longer than 8 weeks.	• Significant improvement in breach performance, supported by a combination of core and additional outsourcing, which commenced on 18th September in partnership with Singleton. Re-triage of referrals enabled transfer of suitable patients to alternative diagnostic pathways. • Cancellations of scheduled list at Withybush hospital due to a leaking roof on site. To mitigate vacant post has been strategically utilised to offer overtime opportunities. • Dobutamine Stress Echocardiogram: Breaches decreased slightly. Transoesophageal Echocardiogram breaches increased. Primarily due to demand for inpatient procedures.	31/03/26 31/03/26 31/01/26

Therapy waits over 14 weeks
(Ministerial priority)

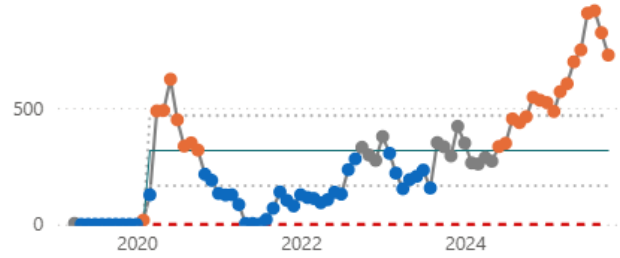
Patients waiting >14 weeks for a specified therapy



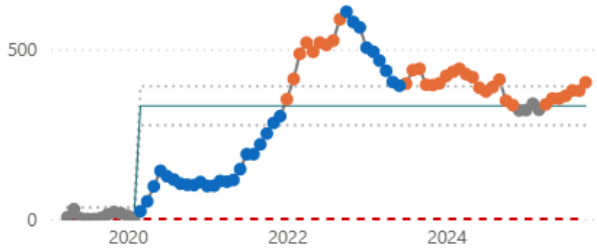
Number of patients waiting 14 weeks plus for Physiotherapy



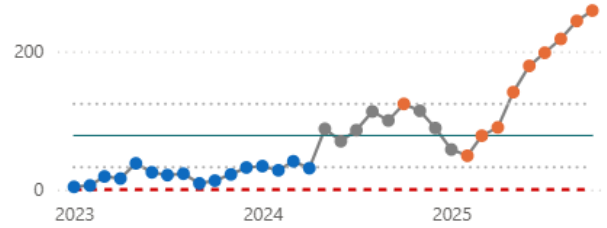
Number of patients waiting 14 weeks plus for Podiatry



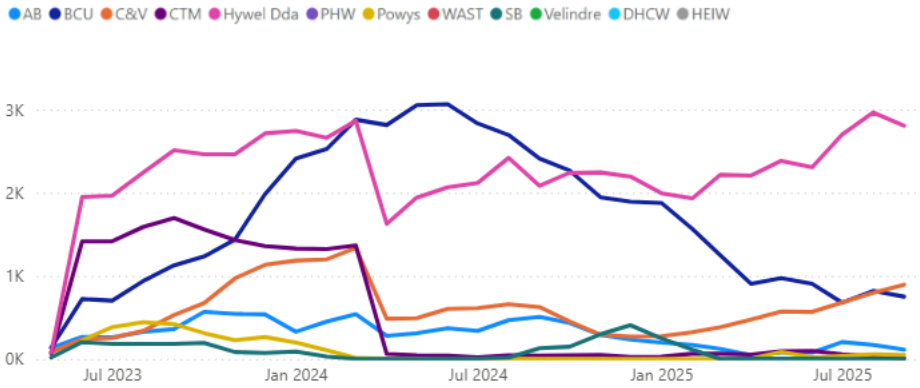
Number of patients waiting 14 weeks plus for Occupational Therapy



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



Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (September 2025)



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	Nov 2025	2,693	●	▣	62.6%
Physiotherapy		1,303	●	▣	97.6%
Podiatry		727	●	▣	91.9%
Occupational Therapy		407	●	▣	18.5%
Dietetics		216	●	▣	39.4%
Art therapy		35	●	▣	n/a
Speech & Language Therapy		5	●	▣	100%

Performance is showing concerning variation. Breaches in physiotherapy (1,303) and podiatry (727) remain high but both reduced breaches since August 2025. There is a widening gap between Hywel Dda and other Health Boards in Wales; Data as the end of September 2025 shows Hywel Dda with 2,807 breaches, with the next highest Cardiff and Vale at 894.

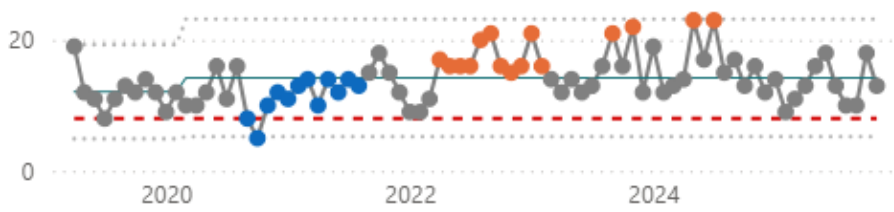
Therapy waits over 14 weeks (continued)
(Ministerial priority)

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: 92% of breaches are within Musculoskeletal (MSK) specialty as demand is growing and is greater than capacity. Due to changes to Community Health Pathways and other national pathways (E.g. South Wales Spinal Network Guidance) are causing a shift of work from primary and secondary care towards community MSK Physiotherapy services. .	**Physiotherapy** • Development of a standard operating procedure for telephone triage initiative. Scope of project extended to include clinical risk stratification tool (Keele Start Back). This work is progressing, and a draft standard operating procedure (SOP) is in place. The deadline for completion of the SOP has been extended due to other priorities and service pressures. • Financial Control Group approval given to actively recruit Band 4 bank staff. Pending approval to advertise. Aim to complete recruitment cycle by 15th February 2026. • Full MSK service review being undertaken in collaboration with National MSK Network. Draft report has been received by Health Board on 3rd November, with a request from Health Board to review and comment. Deadline for response extended to 5th Jan 2025. • Scope feasibility for Health Board validation team to review and validate MSK and community routine waiting lists. Initial meeting scheduled 8th December 2025.	31/12/25 Live 05/01/26 31/12/25
Podiatry As of November 2025, waiting times reduced to 725 due to actions taken. Over last 5 years demand increases noted with new referral growth (9,000 to 14,500 annually) - despite mitigation efforts, nearly 3,000 new referrals waiting. Changes to the vascular pathway contributed to a rise in referrals, validation work continues of the waiting list. Patient contacts have reduced from 60,000 - 45,000 annually due to increased patient complexity. Lower clinic throughput: Patients seen in clinics decreased from 18-10 per day, reflecting increased complexity and time per case. Lower-risk cases now discharged to private sector, narrowing scope of patients seen.	**Podiatry** • Three Whole Time Equivalent (WTE) Band 5 staff recruited, replacing leavers. These staff commenced in September 2025 and increasing capacity by 1,200 patients annually. • Skill mixing for efficiency: 6 administration staff (Bands 3 & 4) undergoing Agored training to become podiatry assistants, enabling task redistribution, backfilling with new admin recruits. • Plans to establish a consultant podiatrist role to manage complex cases more efficiently. • Application of strict eligibility criteria and robust discharge processes in place and ongoing. • A demand and capacity deep dive and service review completed in September 2025, indicated a shortfall of three WTE staffing needed. • Innovative practice rollout: Ongoing implementation of phone triage, skill mixing, and pathway redesign to improve service efficiency.	Complete 01/09/26 01/03/26 Complete Complete 01/09/26
Occupational therapy (Paediatrics): Increases in new referrals over the last 3 months contributing to ongoing challenges in addressing the current backlog. Our focus remains on prioritising urgent and non-urgent cases. We are assessing our current capacity and are working with recruitment team to manage current vacancies.	**Occupational therapy (Paediatrics):** • Advert out to recruit maternity backfill • Advert being prepared to replace Neonates Clinical Lead who leaves post at the end of January • Continuing to explore any further additional capacity internally to manage current waiting list • Demand and capacity modelling has been completed in October 2025 and action plans being developed.	30/01/26 30/01/26 31/03/26 30/01/26
Dietetics: Paediatric selective eating increased referral demand. Vacancies being recruited with fixed term agency starting to have impact and Paed Lead now in post. Diabetes recruitment now complete and expected to be in post end if Jan 2026.	**Dietetics:** • Paediatric service lead in post, induction complete. Work to commence to develop recommendations improve access and service sustainability. Fixed term agency starting to have impact . • Diabetes recruitment complete, expect all in post by end January 2026	28/02/26 31/01/26

C.difficile and E.coli cases
(Enhanced monitoring)

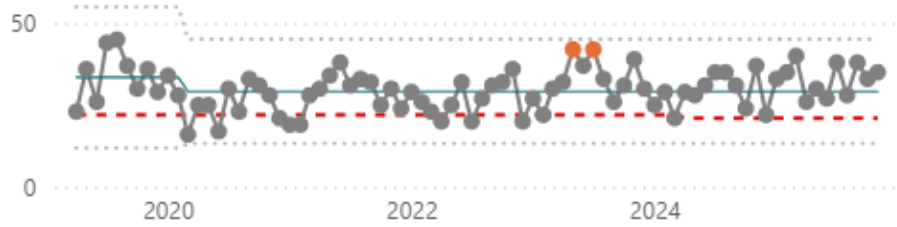
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Performance is showing usual variation with 13 cases in November.

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



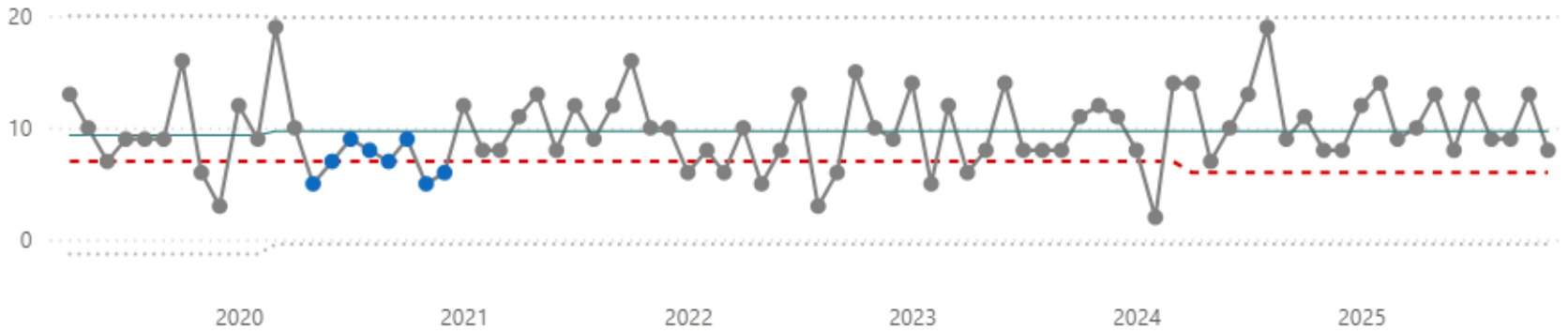
Performance is showing usual variation with 35 cases in November.

Key challenges / issues	Key actions / initiatives	Due date
C. difficile: • Increased testing in November due to Norovirus prevalence may have led to an increase in C. difficile diagnosis. • Start Smart and Then Focus (SSTF) audits for antibiotic prescribing not consistently completed. • Environmental cleaning and deep cleaning challenges relating to staffing and surge capacity in ward areas. • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. • Level 2 mandatory compliance for Infection, Prevention and Control is at 75.36% as a Health Board below expected 85% target. • There is a risk due to vacancies in the Antimicrobial Pharmacy team that Antimicrobial stewardship will be negatively impacted.	• The SSTF audits have been scrutinised in terms of completion and prescribing, tazocin and cotrimoxazole most prescribed antibiotics. Around two thirds of C. difficile patients (67%) had a Proton Pump Inhibitor prescribed, quality improvement projects linked to C.difficile collaborative discussed at C. difficile Improvement Group. • Environmental audits and observational audits continue, Audit and management tracking for infection prevention control will be piloted in the next month. • Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups (CCG). • Hydrogen Peroxide Vapor (HPV) available on 3 acute sites currently, with the 4th site coming online in coming months.	31/12/25 31/01/25 31/12/25 31/01/25
E. coli: • Burden of infection remains community-onset; cases are linked to urinary tract infections and some catheter device related infections. • Cases are predominantly in the 80 to 89 age demographic. • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. • Aseptic Non-Technique (ANTT) compliance for the Health Board is at 83.35%.	• Health and Wellbeing Booklet for Hywel Dda University Health Board population in review status and to be published following presentation at the Readers' Panel. • Healthcare Associated Infections (HCAI) cases discussed monthly at the Assurance Group meeting for each site and learning disseminated through Clinical Care Groups. • Hand Hygiene audits completed by Ward Managers monthly, these are reviewed and monitored.	31/01/25 31/12/25 31/12/25

S.aureus
(Enhanced monitoring condition)

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

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



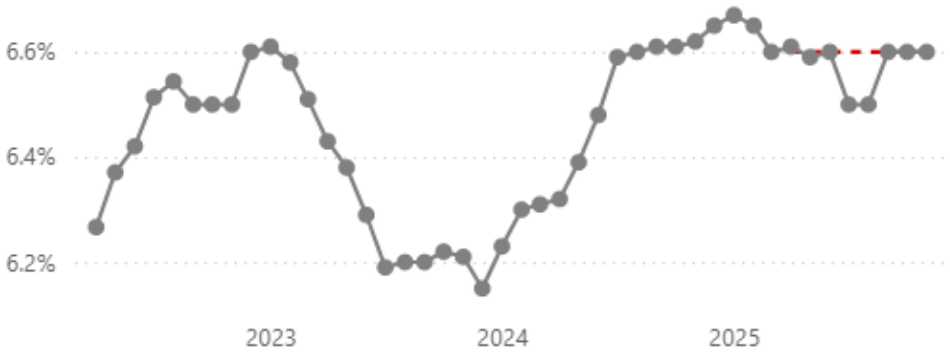
Performance is showing usual variation with 8 cases in November.

Key challenges / issues	Key actions / initiatives	Due date
S. aureus: • Inconsistent compliance with aseptic non-touch technique (ANTT), 83.35% for E-learning. • Environmental or equipment contamination contributing to transmission, linked to challenges around environmental cleaning and surge. • Greater burden of infection remains to be in community, with wounds being the primary source of infection. • Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. • Inconsistent use of cannula bundles for peripheral venous catheters.	• ANTT compliance and competency assessments for clinical staff shared via Clinical Care Groups (CCG) meetings .Request to place competency assessments as mandatory on Electronic Staff Record tool sitting with Mandatory Training Group • Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through CCGs . Review of areas with highest rates in CCG to be shared • Hand hygiene validation audits and observational audits in wards and departments as indicated from monthly senior nurse audits.	31/12/25 31/12/25 31/12/25

Staff sickness
(Delivery framework)

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

% staff sickness rate (12 months rolling)



In November 2025, 12 rolling staff sickness was 6.6%

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

Team	Staff	In-month %	R12m %
Glangwili Hotel Services	135 staff	**12.4%**	14%
Sunderland Ward	71 staff	**12.1%**	11.9%
Prince Philip AMAU	74 staff	**12.3%**	11.4%
Withybush Hotel Services	137 staff	**9.5%**	11.2%
Glangwili Theatres	85 staff	**10.3%**	11%
Prince Philip Acute Response	65 staff	**10%**	11%

Key challenges / issues

Conditions impacting absence rates include:
As per the NHS Performance Framework 2025-26, the Health Board sickness absence target is a reduction on the 2024-25 outturn of 6.60%. Figures are indicative of a small upward trend in absence, but the Health Board is still within the target of 6.60%.

Absence rates attributed to anxiety, stress and depression (35.1%) continues to account for the highest reasons for absences across the Health Board. Absence attributed to cold, cough, flu is increasing (8%) and is now the third highest reason for absence.

Estates and Facilities sickness rates continue to be the highest across the Health Board but are showing signs of improvement with ongoing focused.

Key actions / initiatives

Work continues with temporary redeployment guidance, bite sized training sessions, Occupational Health referral how to guide, passport for reasonable adjustments, collaboration with HEIW, learning from Occupational Health data.
The annual staff flu vaccination programme began on 1st October, supported by peer vaccinators.
First meeting of the Heath Boards Health & Wellbeing Group has taken place with terms of reference and objectives to be agreed.

Targeted support for sickness absence:
- Posts for 2/3 sickness absence advisors are due to go out to advert to help facilitate more focused support for managers from the Workforce team.
- Ongoing focused support from the Workforce teams continues in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups.
- Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters

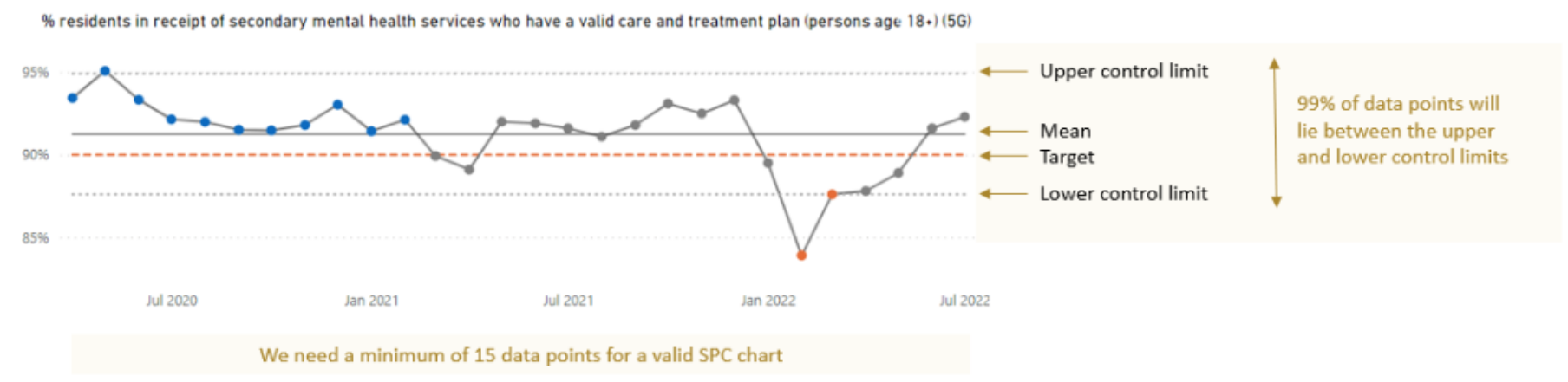
Due date

Live

Why use SPC charts?

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

Anatomy of a SPC chart



Rules for special variation within SPC charts

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

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

A single data point outside the process limits

Two out of three points close to the process limit

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

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

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

Understanding the SPC icons

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

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