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Escalation Oversight and Highlight Report

Finance and Performance Committee, 21 October 2025

Escalation Headlines



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Areas to highlight	Metrics	Update	3A
Finance: CCG Savings Plans	End of year forecast CCG 2025/26 savings delivery	£31.1m deficit against a £27.8m forecast, and £24.1m expectation £15.8m gap across CCG areas with Executive Functions having over-achieved their targets by £10.8m, on an in-year basis.	Alert Alert
Performance: Planned & Specialist Care	Single cancer pathway (TI level 3) High risk eye care patients (TI level 3) New outpatient waits under 52 weeks (TI level 3) Waits under 26 weeks RTT (TI level 3) Waits under 104 weeks RTT (TI level 3) Follow-up delays over 100% (TI level 3)	65.3% against 63% TI target. Diagnostic expansion needed 34.23% against 65% TI target. Patient safety implications Above 99.8% since March 25. Embedded improvements evident 64% against 75% TI target. Improving trend 99.8% against 100% TI target. Improving trend Increased by 2% to 17,037. Strategic transformation needed	Advise Alert Assure Advise Advise Advise
Performance: Community & Integrated Medicine	Ambulance handovers over 1 hour (TI level 4) Waits over 12 hours in ED (TI level 4) Median time to assessment in ED (TI level 4) Delayed pathways of care	546 against 680 TI target 7.9% against <=7% TI target. Variation at site level (GGH & WGH) 73 minutes against 60 minute TI target 230 against 174 TI target. Strategic transformation needed	Alert Alert Alert Alert
Performance: Mental Health & Learning Disabilities	Child neurodevelopment waits <26 weeks Adult psychological therapy waits <26 weeks	24.6% against 80% target. Improving trend 51.6% against 80% target. Concerning trend	Alert Alert
Performance: Operational Allied Health & Health Science	Radiology waits over 8 weeks Waits over 14 weeks for specified therapy	High breaches are a key driver for the single cancer pathway 2,807 against 0 target. Concerning trend	Advise Alert



This paper brings together the finance position, targeted intervention de-escalation criteria and operational performance into a single, coherent narrative. As at Month 6, the Health Board is forecasting a £31.1m deficit against a £30.0m revised plan, a latest forecast of £27.8m while resetting organisational expectation to deliver an outturn deficit of £24.1m in line with Welsh Government's expectation to at least maintain the 2024/25 outturn. Savings of £41.1m have been identified for delivery (89% of the £46.4m target), leaving a £5.3m gap and a particular weakness in recurrent delivery (£14.4m vs £19.0m target). An assurance route had been set, which included 15 August 2025 (QIAs from Executive leads), 18 August 2025 (papers to Committee), 26 August 2025 (Committee scrutiny), 9 Sep (In Committee Board), 11 September 2025 (CEO update and Month 5 submission). This enabled an improvement in the forecast, from the revised plan of £30.0m to £27.8m, with savings gaps remaining across Clinical Care Groups (CCG). Further actions are being taken to review opportunities with updates included within the Clinical Care Group (CCG) savings paper as part of the Finance and Performance Committee agenda.

Operationally, Single Cancer Pathway (SCP) performance sits at 65.3% (August) against a 63% Level 3 target (Annual Plan trajectory 68%), Radiology and Urology diagnostics are the main constraint and the near-term lever. Mobilisation is under way (MRI, LATP biopsies, flexible cystoscopy, weekend sessions), with throughput gains expected late Q2/early Q3 if workforce holds. Planned care remains cautiously positive for long wait eradication (Stage 1 >52 weeks), supported by Board approved First Outpatient delivery (from 23 August 2025) and a draft insourcing route; Ophthalmology remains the principal fragility due to workforce gaps. In urgent and emergency care, ED >12h waits are at 7.9% with site level variation and median time to assessment (HB 80 minutes vs 60 target) mean de escalation thresholds are unlikely in the next 2–3 months without site specific step change; ambulance handovers are below the TI threshold (target 680, September 546). Delayed Pathways of Care are also above target and lack sustained ≥5% monthly reductions.

Ambulance handovers have been a significant focus from 1 October 2025, with a verbal update to be given as part of the agenda, with a more in-depth review scheduled for the December 2025, which will allow for latest performance metrics and action plans to be articulated.

Month 6 Finance update (focus on De-escalation Criterion 3)



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The in-month financial position as at Month 6 is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan. This is the second consecutive month that the in-month position has been better than plan, allowing erosion of the year-to-date adverse deviation to be clawed back. The core operational variance in month is an underspend of £0.5m and the in-month savings target of £3.9m has been over-identified by £0.3m, however one scheme is under delivering by £0.3m. Full analysis is included within the Financial Performance Assurance report.

Further to the work aligned to the Quarter 2 focus of de-risking the plan, the outcome from the 9 September 2025 In-Committee Board endorsed actions and Public Board on 25 September resulted in a £2.2m improvement to the forecast position, to a reported end of year forecast of £27.8m in Month 5. Although not identifying the full £6.0m in line with WG expectations to achieve £24.1m forecast deficit, this is a positive step forward, and further work will be undertaken in the coming weeks to progress the choices and actions proposed to achieve this, which are reflected within a separate paper, for Committee consideration and discussion.

Formal correspondents have been exchanged between the Director General and Chief Executive, outlining actions agreed following the meeting held on 11 September 2025, with a latest letter sent on 13 October from the Chief Executive setting out next steps to achieve £24.1m.

Criterion 21 - Single Cancer Pathway - 63% Performance for Consecutive Months (Level 3)



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Current Performance

The Health Board achieved de-escalation to Level 3 monitoring following sustained performance above 60% from February through June 2025. However, this brings an elevated performance threshold of 63% rather than the previous 60%. Performance data shows 63.5% in February, 65.4% in March, 62.4% in April, 66.1% in May, 61.4% in June 2025, 62.3% in July and 65.3% in August.

Performance by tumour site continues to show substantial variation, with urological and sarcoma pathways at 25% and skin pathways at 92%. Aggregate compliance is still reliant on high-volume pathways offsetting underperformance in more complex specialties.

Improvement Actions

The health board has implemented a diagnostic expansion programme scheduled to deliver improvements from late Q2 2025. This includes MRI capacity increasing by 336 scans annually (28 per month) through outsourcing from September, local anaesthetic transperineal prostate (LAMP) biopsy expansion of 260 procedures annually (22 per month), flexible cystoscopy improvement of 898 procedures annually (75 per month), and nurse-delivered LAMP adding 210 procedures annually (17 per month). Five weekend biopsy sessions covering 45 patients are scheduled for August 2025. Radiology has received provisional recurrent investment for 2025/26, though implementation timelines extend beyond the immediate performance period.

Assessment: ADVISE

The performance trajectory shows capability to achieve 63% but inconsistent delivery month-to-month. The June 2025 performance below threshold and dependency on diagnostic expansion programmes not yet fully operational indicate ongoing monitoring requirements. The assessment recognises achievement of de-escalation while acknowledging the increased challenge of the Level 3 standard.

Criterion 14 - R1 Ophthalmology - 65% Within Target (Level 3)



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Current Performance

Performance remains at 34.23% in August 2025, effectively unchanged from 34.0% in November 2024. This represents a 30-percentage point gap to the 65% threshold with no improvement trajectory over eight months. The Level 4 enhanced monitoring status continues, recognising this as requiring intervention beyond normal operational management.

Operational Context

The workforce position includes two consultant vacancies representing 20-25% of establishment capacity, three SAS doctor vacancies with three staff onboarding but requiring supervision before independent practice, and documented nursing shortfalls affecting clinic efficiency. Service prioritisation of emergency care and intravitreal therapy displaces R1 capacity, creating systematic deferral of risk-stratified patients. Clinic cancellations due to staffing mean planned capacity is not fully delivered.

Improvement Actions

Current mitigations include protected R1 slots in all clinics, waiting list initiatives dependent on existing staff overtime, validation to identify highest-risk patients, and WGOS pathways reducing referral rates (glaucoma 8.96%, medical retina 12.09%). Regional consultant posts are proposed but face standard recruitment timelines of 6-12 months to productivity.

Assessment: **ALERT**

The static performance despite planned interventions, severe workforce gaps, and patient safety implications where delays risk irreversible sight loss require consideration of regional solutions or service reconfiguration beyond local management.

Criterion 26 - 100% of Outpatient Pathways Waiting Less Than 52 Weeks (Level 3)



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Current Performance

Performance data demonstrates sustained delivery above 99.8% from March 2025 through August 2025, with 100% achieved in March followed by consistent performance between 99.8% and 99.9%.

Operational Context

While percentage compliance appears strong, the volume of patients requiring active management to prevent breaches indicates operational pressure. The concentration in two specialties creates specific vulnerability, particularly given ophthalmology's documented workforce constraints including two consultant vacancies and three SAS doctor gaps. The Welsh Government First Outpatient plan commencing 23 August 2025 provides the primary strategic intervention, supported by insourcing arrangements currently at draft tender stage.

Why Assure?

- 26-week continuous improvement requirement satisfied with steady progress demonstrated
- 104-week performance while percentage compliance remains high, volume of at-risk patients and concentration in challenged specialties indicates significant operational risk

Criterion 27 - Continuous Improvement Towards 75% of Outpatient Pathways Under 26 Weeks (Level 3)



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Current Performance

Performance has improved from 60.5% in November 2024 to 64.0% in July 2025, demonstrating a 3.5 percentage point gain over eight months. The improvement rate averages 0.44 percentage points per month, projecting achievement of the 75% target by late 2026 if maintained. The trajectory shows consistent month-on-month gains without significant volatility, indicating embedded improvement processes.

Assessment: ADVISE

The continuous improvement requirement is satisfied with steady progress demonstrated. The 11-percentage point gap to target requires sustained focus, but the consistent trajectory provides confidence in eventual achievement.

Criterion 28 - 100% of Pathways Waiting Less Than 104 Weeks (Level 3)



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Current Performance

Performance shows 100% in March 2025, followed by 99.8% in April, 99.7% in May, and 99.8% in both June and July. However, underlying data reveals concerning trends. The September 2025 cohort tracking identifies 1,792 patients at risk of breaching if not treated before month end. Q1 actual performance showed 198 patients breached the standard, with ophthalmology contributing 101 breaches, ENT 60, and general medicine 24. The Q2 projection of 84 breaches, while improved, remains significantly above the zero-tolerance expectation.

Operational Context

The management of 1,792 at-risk patients requires treating approximately 200-250 patients weekly to maintain compliance, against routine surgical capacity of 150-180 procedures weekly across all specialties. Current performance depends on continuous re-prioritisation, pulling patients forward immediately before breach dates. Specific risks include 22 ENT patients where outsourcing remains unconfirmed and 18 plastics patients with theatre-dependent mitigation under development. The interdependency with diagnostic delays, particularly MRI at 59% compliance, prevents patient progression even where treatment capacity exists.

Improvement Actions

Specialty-specific plans include ophthalmology cataract programmes achieving zero breaches in Q1 subject to outsourcing, orthopaedic delivery plans for Q2/Q3, and additional independent sector capacity. However, these remain dependent on successful procurement and workforce availability in already constrained services.

Assessment: ADVISE

While percentage compliance remains high, the volume of at-risk patients, concentration in challenged specialties, and dependency on unconfirmed mitigations indicate significant operational risk. The assessment should escalate if September breaches exceed 50 patients or if diagnostic constraints prevent achievement of this target.

Criterion 30: 12% Reduction in Follow-up Delays Over 100% Level 3



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Current Performance

Performance shows deterioration from the November 2024 baseline of 16,682 patients to 17,037 in September 2025, representing a 2% increase against the required 12% reduction. The target of 14,680 patients requires a reduction of 2,357 from current levels.

Operational Context

The fundamental imbalance between follow-up demand and capacity persists despite monitoring and targeted interventions. Year-on-year comparison shows increase from 28,222 delayed patients in June 2024 to 29,747 in June 2025, indicating a likely systematic capacity deficit rather than operational inefficiency. The variation between specialties suggests localised solutions exist but cannot compensate for system-wide constraints.

Assessment: ADVISE

The deteriorating trajectory contrary to criterion requirements, ineffective current interventions, and patient safety implications require strategic transformation beyond operational management.

Criterion 15 - Ambulance Handovers Over One Hour - 11% Reduction Target – Level 4



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Current Performance

September 2025 data now records 546 ambulance handovers exceeding one hour, compared to the Targeted Intervention threshold of 680. This means the breach has reduced from 203 to a surplus of 134 handovers (20% above target). The de-escalation requirement remains an 11% reduction for three consecutive months, then sustained for three months from the Q3 2023/24 baseline average of 964. This demonstrates improvement, moving from an 8.4% reduction to 43% reduction from baseline, but still short of achieving the sustained de-escalation requirement as we have not yet consistently met the 680 threshold.

Operational Context

The 546 handovers represent approximately 550 hours of lost ambulance capacity monthly, effectively removing several ambulances from continuous service. Site-specific performance remains strong at Bronglais Hospital, which previously achieved 67 handovers against a target of 122 (45% better-than-target), proving operational excellence is achievable. Pathways of Care delays remain a compounding factor, with discharge blockages cascading through the emergency system.

Improvement Actions

The UEC Accelerated Transformation Programme and Six Goals highlight multiple interventions including the "Your Next Patient" initiative launching 1st September 2025, daily Delayed Pathways of Care (DPOC) reviews at Silver command level, establishment of accelerator teams for complex discharges, and engagement with Welsh Ambulance Service Trust (WAST) on pre-alert and redirection criteria. The programme targets achieving less than 45-minute handovers consistently, progressing towards the 15-minute standard.

Assessment: ALERT

Although performance has improved since May and June, the 20% variance above target and lack of consistent 11% monthly reductions indicate that de-escalation criteria have not yet been achieved.

Criterion 16 - Emergency Department 12-Hour Waits - 7% Maximum – Level 4



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Current Performance

September 2025 performance shows 7.9% of patients waiting over 12 hours in emergency departments, marginally above the 7% de-escalation threshold. The trajectory demonstrates significant improvement from 12.8% in March 2025 to current levels, showing continuous improvement as required. August performance achieved 8.3% a rise from the 7.3% recorded in July.

Operational Context

The July 2025 position of 7.3% represents approximately 1,200 patients experiencing extreme delays monthly across all emergency departments. The fivefold variation between sites indicates that local operational practices rather than systemic constraints drive performance. The documented improvements in waiting room oversight, including registered nurse allocation and regular observations at all sites, demonstrate enhanced safety management despite breaches.

Assessment: ALERT

The 0.9 percentage point breach above threshold, combined with demonstrated continuous improvement from 12.8% to 7.9%, suggests imminent achievement of de-escalation criteria.

Criterion 17: Time to Clinical Assessment - 60 Minutes

Maximum – Level 4



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Current Performance

September 2025 data shows median time to clinical assessment at 73 minutes, 21.67% above the 60-minute target. Performance has improved from 80 minutes in July, however, the November 2023 baseline of 58 minutes demonstrates that the health board has previously achieved compliance, making current performance particularly concerning.

Operational Context

The current 13-minute exceedance over the 60-minute target equates to approximately 3,250 additional patient-hours of waiting per month before clinical assessment. This delay occurs at the critical decision point where timely streaming to same-day emergency care, primary care, or other alternative pathways could decompress emergency departments and reduce crowding risk. While performance has improved from 80 minutes in July to 73 minutes in September, it remains materially above target and worse than the previously achieved compliant baseline of 58 minutes (November 2023).

Assessment: **ALERT**

Despite recent month-on-month improvement, the 21.67% breach above target, the persistent non-compliance relative to an established compliant baseline indicates systemic failure requiring strategic intervention beyond operational management.

Criterion 18 - Pathways of Care Delays - 5% Reduction Target



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Current Performance

September 2025 records 230 delayed pathways of care against a target of 174, representing 32% above the required level. The de-escalation criterion requires a 5% reduction for three consecutive months from the Q3 2023/24 baseline average of 203. Current performance shows deterioration rather than improvement, with numbers increasing from 200 in December 2024 to 230 in August 2025. The trajectory shows no months achieving the required 5% reduction, let alone three consecutive months.

Operational Context

The 230 delays represent patients medically fit for discharge occupying acute beds, creating the fundamental constraint across all emergency pathways. These delays directly cause the cascade of ambulance handover delays, emergency department congestion, and assessment delays. The Regional POCD Integrated Action Plan submitted to national level acknowledges the multi-agency nature requiring health and social care integration.

Assessment: ALERT

The 32% breach above target, deteriorating trajectory contrary to reduction requirements, and cascade impact on all other emergency metrics necessitates strategic transformation of discharge pathways beyond operational management.



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