

**PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 October 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 6 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Executive Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 6, 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 Integrated Performance Assurance Report (IPAR) dashboard as of 30 September 2025. Ahead of the Committee meeting, the dashboard will also be made available via our [internet site](#).

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

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

Please note:

- R1 appointments attended - improvement trajectories are being developed. Once complete and signed off by Executives, the trajectories will be reported in the IPAR.
- An additional R1 metric - patients waiting - is now reported in IPAR to offer greater scrutiny of the wider R1 pathway performance.

- 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 papers.

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

Cefndir / Background

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

Performance Overview

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

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Number of Pathways of Care delayed discharges	n/a	Sep 2025	230	● Usual	n/a	◆ Trajectory missed by over 5%	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Sep 2025	1,212	● Concerning	■ Missing target	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Sep 2025	73.6%	● Usual	■ Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Sep 2025	2,807	● Concerning	■ Missing target	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Aug 2025	63.2%	● Usual	■ Missing target	n/a	Alert
% R1 eyecare patients waiting within 25% delay to target date	95%	Aug 2025	34.2%	● Concerning	■ Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Aug 2025	24.6%	● Improving	■ Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Aug 2025	51.6%	● Concerning	■ Missing target	n/a	Alert
Ambulance handover > 45 minutes Hywel Dda	0	Sep 2025	656	● Improving	■ Missing target	n/a	Alert
Ambulance handovers > 1 hour Hywel Dda	0	Sep 2025	546	● Usual	■ Missing target	◆ Trajectory met	Alert
Ambulance handover > 4 hours Hywel Dda	0	Sep 2025	134	● Usual	■ Missing target	◆ Trajectory met	Alert
Median time ambulance arrest category calls	8	Aug 2025	10	n/a	n/a	n/a	Alert
Median time ambulance emergency category calls	8	Aug 2025	11	n/a	n/a	n/a	Alert
E. coli: Number of confirmed cases (in-month)	21	Sep 2025	38	● Usual	■ Hit and miss	n/a	Alert
S. aureus: Number of confirmed cases (in-month)	6	Sep 2025	9	● Usual	■ Hit and miss	n/a	Alert
% uptake of flu vacc - 65+ years	75%	Mar 2025	64.9%	n/a	n/a	n/a	Alert
% Autumn 2024 COVID booster uptake for eligible residents	75%	Feb 2025	45.7%	n/a	n/a	n/a	Alert
% Spring COVID booster uptake for eligible residents	75%	Jun 2025	39.0%	n/a	n/a	n/a	Alert
% children accessing dental within 24 months	n/a	Mar 2025	49.2%	● Usual	n/a	n/a	Alert
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Financial in month deficit	n/a	Sep 2025	£2,029,000	● Usual	n/a	◆ Trajectory met	Advise
% pts on single cancer pathway within 62 days	75%	Aug 2025	65%	● Improving	■ Missing target	◆ Trajectory missed by over 5%	Advise
C. difficile: Number of confirmed cases (in-month)	8	Sep 2025	10	● Usual	■ Hit and miss	n/a	Advise
Pts waiting 8 wks+ for specified diagnostic	0	Sep 2025	2,598	● Improving	■ Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Sep 2025	41	● Improving	■ Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Sep 2025	11,526	● Improving	■ Missing target	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Sep 2025	44.0%	● Improving	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Sep 2025	17,037	● Improving	■ Missing target	n/a	Advise
% sickness absence rate of staff	6.60%	Sep 2025	6.60%	● Concerning	■ Hitting target	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Jun 2025	89.6%	n/a	n/a	n/a	Advise
% of children receiving HPV by age 15	90%	Jun 2025	76.6%	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	Sep 2025	0	● Improving	■ Missing target	n/a	Assure
% MH assess within 28 days (age 0-17)	80%	Aug 2025	90.4%	● Improving	■ Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Aug 2025	95.8%	● Improving	■ Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	Aug 2025	96.1%	● Improving	■ Hit and miss	n/a	Assure
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Consultations delivered through PIPS	n/a	Jul 2025	2,901	● Improving	n/a	◆ Trajectory met	Assure

Triangulating our data: 1 April 2022 to 30 September 2025.

- Quality safety and risk** –the number of incidents causing moderate harm or above reported by month, has been decreasing since July 2025 (180), with September reporting 139. The number of patient falls increased in September (218). Numbers have been static in the low 200s since February 2025. The decrease in medication errors reported in month, continues for the third consecutive month, September 2025 (95). We continue to have significant numbers of high and extreme risks on the risk register with 489 in September 2025. There has been a decrease in the number of new complaints received since July 2025 (254) with 213 in September. The number of new infection cases fluctuates from March 2025 between 76 and 61 with September reporting 66 cases. 35 of these cases were E. coli and 10 were C. difficile.
- Workforce** – In month, staff sickness increasing since June 2025 to 6.6% in September 2025. Long-term sickness is driving the overarching performance with an increase percentage trend since June 2025, however this reduced slightly with 4.6% in September. Short-term sickness decreasing percentage trend since April 2025 increased in September with 2.0%. 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 September it was 62.78 whole time equivalent (WTE). Rolling 12-month staff turnover percentage decreased from November 2024 (8.4%) with September at 7.3%

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	123	305	139	
Patient falls	189	301	218	
Medication errors	61	146	95	
Pressure damage developing or worsening during care	57	215	85	
New complaints by month received (ward level not available)	110	254	213	
Number of high and extreme risks (health board & function only)	379	491	489	
Infections: new cases	53	84	66	
Infections: C. difficile cases	9	23	10	
Workforce				
Number of staff/contractor related incidents	98	186	141	
Sickness - short term	1.7%	2.8%	2.0%	
Sickness - long term	3.3%	4.9%	4.6%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	7.3%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.38	379.79	62.78	
Bank (WTE)	212.99	352.85	300.82	

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **DISCUSS** the IPAR – Month 6 2025/2026 report; and
- **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:	<p>2.1.1 The financial performance and delivery against Health Board financial plans and objectives and</p> <ul style="list-style-type: none"> • 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. <p>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</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / 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 September 2025

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



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

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

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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)

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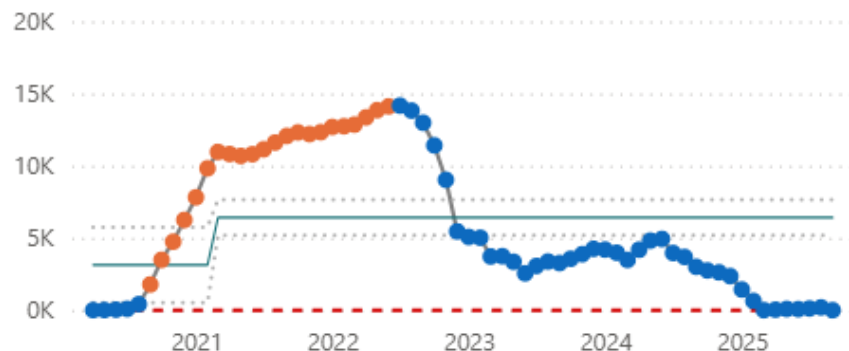
Assure
(to note)

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Key

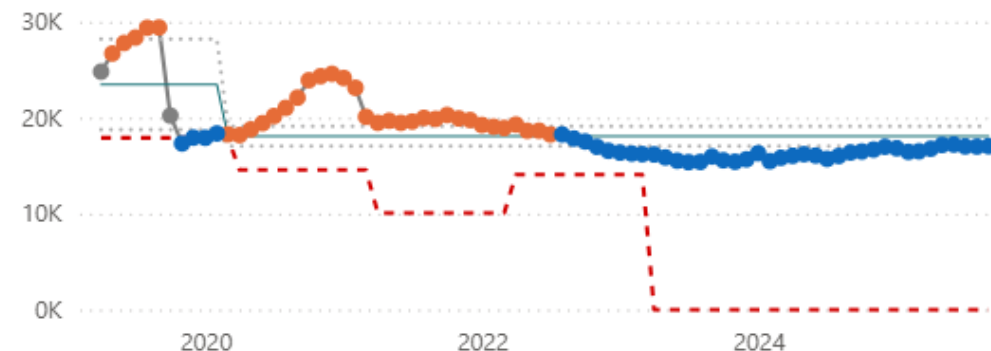
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Performance shows improving variation with zero breaches at the end of September 2025, the first time the target has been met since March 2025.

Follow up outpatient appointments delayed over 100% past target date



Performance shows improving variation. Follow ups delayed over 100% of their target date increased to 17,037 in September 2025.

Key challenges / issues

- The Health board achieved zero 52-week waits for a first outpatient appointment across all specialties at the end of September 2025.
- 52-week outpatient waits have significantly reduced from the June 2024 peak (4,930). Most specialties are expected to maintain targets, with recovery funding prioritised for Ear, Nose & Throat (ENT), Neurology, and Rheumatology.
- Active management and triage of referrals has resulted in no waiting list growth, whilst a large reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future.
- Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.

Key actions / initiatives

- 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 has been approved by the Board and commenced in September 2025. It will run through until March 2026. Our local plan to deliver over 15,000 additional appointments contributes to NHS Wales' goal of reducing outpatient waits by 200,000 by March 2026, with a focus on reducing breaches to 26 weeks in most specialties. Clinics started in September 2025 in Ophthalmology, Trauma & Orthopaedics and Urology.
- The Welsh Government First Outpatient Plan is being progressed and will require support of insourced specialties and outpatient staff which is in the draft tender stage. These projects are managed by a well-established transformation team and underpinned by a Senior Governance Review Panel. A senior project manager has recently been appointed to support.

Due date

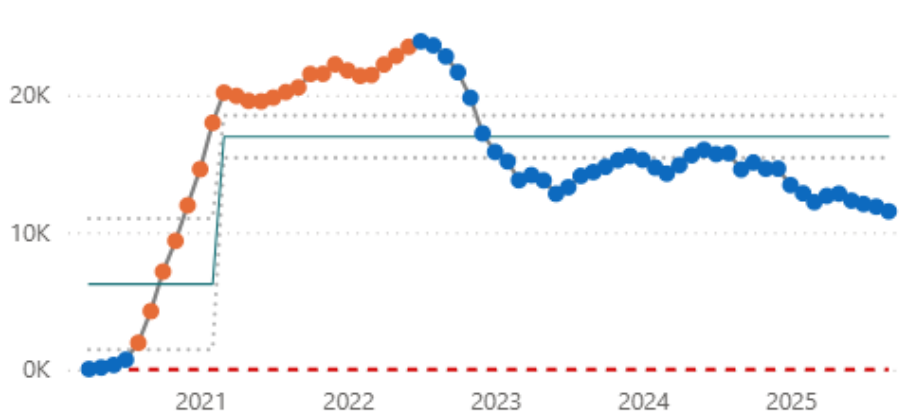
- 31/03/26
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Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

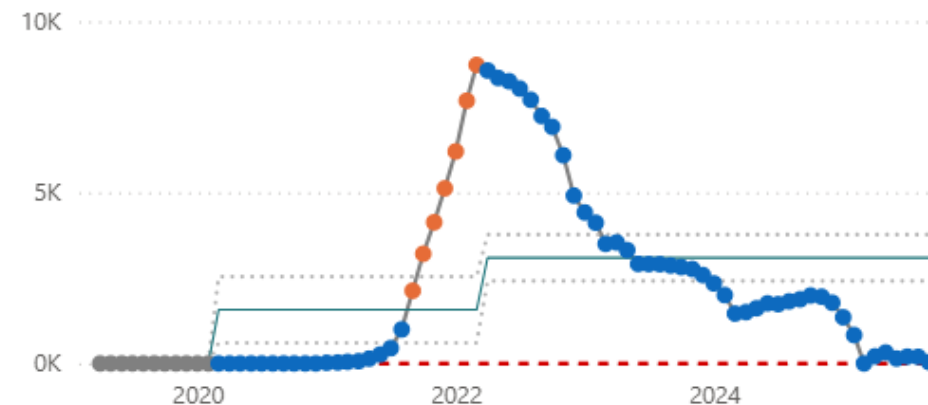
- Key**
- Improving variation
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 - Mean
 - Target
 - Ambition

Patients waiting over 52 weeks from referral to treatment



Performance shows improving variation. The 11,526 breaches recorded in September 2025 is the lowest in almost five years.

Patients waiting over 104 weeks from referral to treatment



Performance shows improving variation. 41 breaches were recorded in September 2025, the lowest number since March 2025.

Key challenges / issues

Key actions / initiatives

Due date

- Due to a reduced level of theatre staffing and cancellations, ENT (36) and Ophthalmology (5) recorded breaches over 104 weeks for RTT; however, these were the only specialties with breaches at the end of September 2025 and 99.9% of our patients are now waiting less than 2 years.
- Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, impacting treatment timelines.
- Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and pre-op process variations across specialties.
- Additional risks include prioritisation of cancer backlogs, regional vascular capacity issues, and urgent cases consuming rescheduled theatre slots.
- Inpatient/day case activity exceeds pre-pandemic levels, but challenges remain with late starts, early finishes, and fallow (non-utilised) theatre lists due to workforce constraints.

- Specialties are now working into quarter 3 to maintain and improve their 104-week positions into quarter 4.
- 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 per procedure bundles with a view to eliminating variation between sites.
- Recovery plans in General Medicine and Care Of The Elderly continue and include doctor onboarding and Fracture Liaison Services (FLS) nursing support to address backlogs.

- 31/12/25
- 31/03/26
- 31/03/26
- 31/12/25

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

Planned Care Recovery

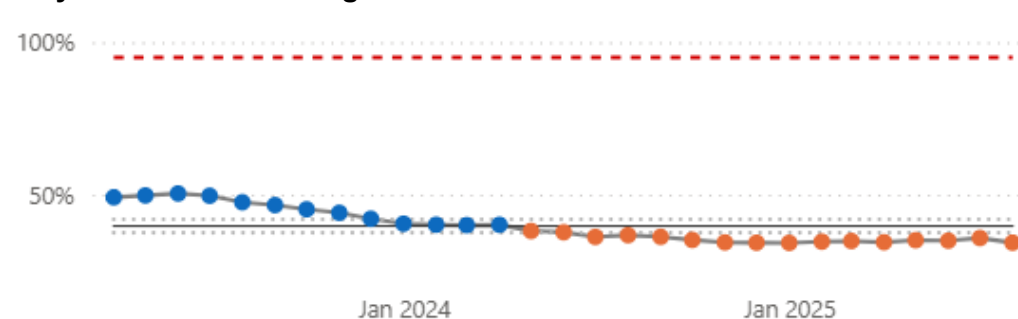
- Key**
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% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Performance is showing usual variation. 63% (934 of 1,478) of R1 appointments attended in August 2025 were seen within a 25% delay to their target date.

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



Performance is showing concerning variation. In August 2025, 6,172 out of 18,029 (34.2%) R1 patients were waiting within a 25% delay to their target date. Performance has been consistently between 34% and 36% since October 2024.

Key challenges / issues

Key actions / initiatives

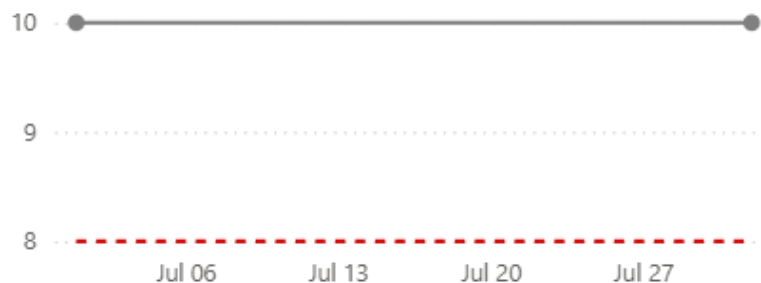
Due date

- Three vacancies in specialty and specialist (SAS) doctor rota. Two SAS doctors have commenced in September and completed induction. One is onboarding, start date for the end of October 2025. Gaps in the rota are currently covered with additional duty hours.
- Advertisement of regional consultant posts has been agreed. 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) are out to advert, with some posts already recruited and onboarding. 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.
- Internal cataract delivery has been affected by theatre staffing issues, with list cancellations on a regular basis.
- Reducing sites and increasing delivery on fewer sites will ensure staff can be trained and supervised appropriately and work towards the top of their licence.

- Recruitment into SAS vacancies (will be complete end of October 2025). 31/10/25
- 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. 31/03/26
- Additional staffing onboarding to improve Eye Care Measures (R1) delivery. 30/11/25
- Internal solutions for Intravitreal injections (IVT) delivery have been provided to increase injections delivered per week. 31/12/25
- External solution for IVT delivery has been secured through outsourcing, whilst workforce is recruited to build sustainable service. 31/10/25
- SBAR to be developed to identify requirements for outpatient delivery in Ophthalmology inclusive of Amman Valley Hospital outpatient department. 31/10/25
- External solutions for cataract delivery has been secured through outsourcing. 31/03/26
- Regular theatre delivery meetings to review all possibilities prior to list cancellations. Theatre staff recruitment and training commenced. 31/03/26

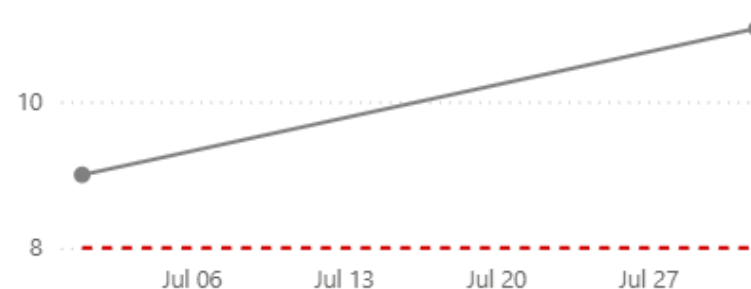
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Median emergency ambulance response time to purple: arrest category calls



In August, there were 102 purple incidents out of a total of 4,449. Median response time was 09:46 minutes.

Median emergency ambulance response time to red: emergency category calls

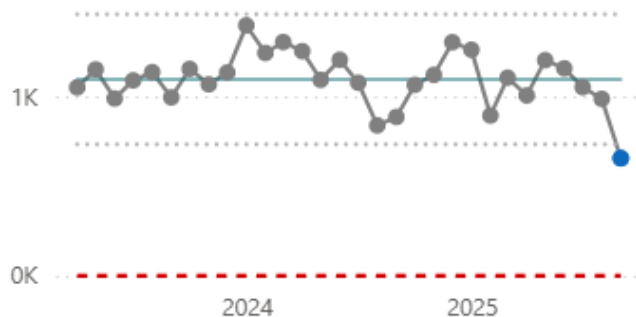


In August, there were 549 emergency incidents out of a total of 4,449. Median response time was 11:12 minutes.

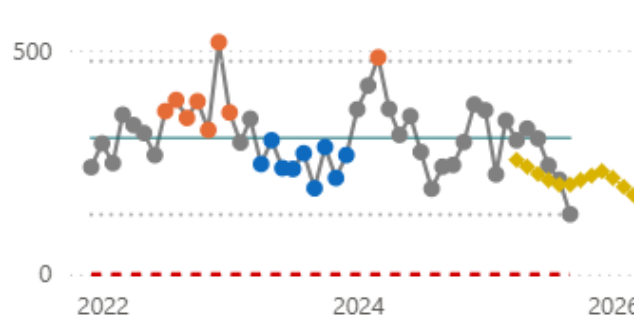
Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • As of the 1st July 2025, new response category changes are now measured on a median response and clinical outcomes. • Overall attended demand in Hywel Dda health board area for September 2025 on average has been above forecast. • Hospital delays in offloading WAST ambulance crews, 1,819 hours lost at the 4 acute Hywel Dda hospital sites during September 2025. • There have been 30 immediate release requests in September 2025 with an acceptance rate of 90%. 	<ul style="list-style-type: none"> • Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts • Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources. • Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. Consultant connect is being in the process of being updated. • 111 press 2 assisting WAST clinicians to support the management of mental health patients. • Porth Preseli and Eastgate clinical hubs staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Ceredigion. Improvements being made with uplifting cover. • WAST resourcing reviews and targeted overtime allocation • Wait 45 initiative implemented, which will reduce length of ambulance wait times outside EDs 	<ul style="list-style-type: none"> Weekly ongoing Daily – Hourly ongoing Weekly ongoing Active Weekly ongoing Weekly review – ongoing Live

- 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



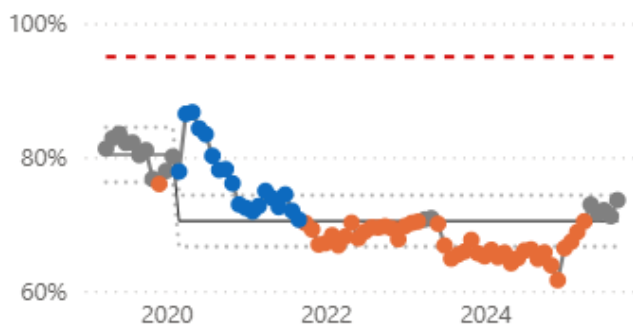
>45 Minutes handovers:

Latest data is showing improving variation
656 handovers > 45 minutes out of a total of 2,151 handovers.

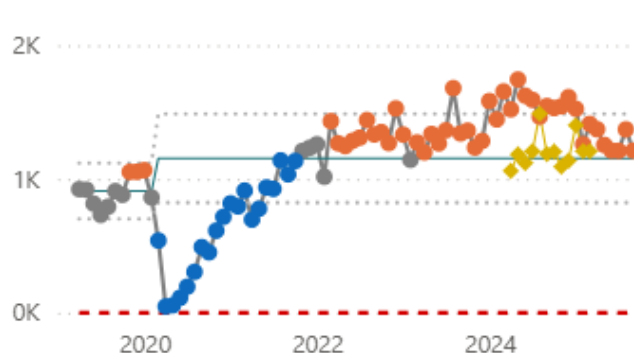
>4 hours handovers:

Latest data is showing usual variation. 134 handovers > 4 hour out of a total of 2,151, 6%.

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



Patients waiting over 12 hours in A&E/MIU



Waits < 4 hours:

Latest data is showing usual variation.
74% of patients were seen within 4 hours, 11,217 out of 15,245 new attendances.

Waits > 12 hours:

Latest data is showing cause for concern variation.
1,212 patients waited over 12 hours, out of 15,245 new attendances, 8%.

Key actions / initiatives – tactical urgent and emergency programme

Due date

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

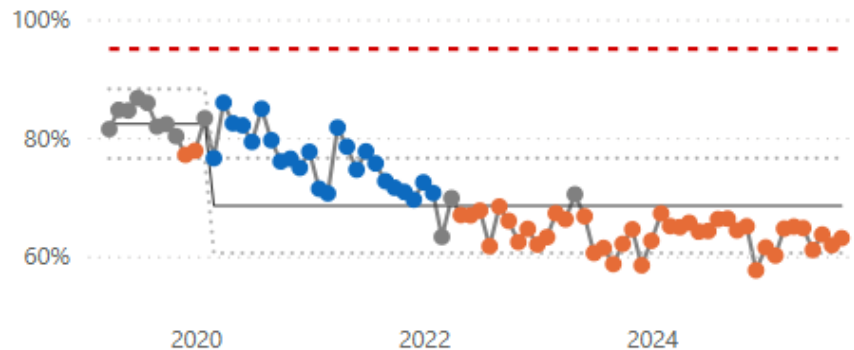
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

Key

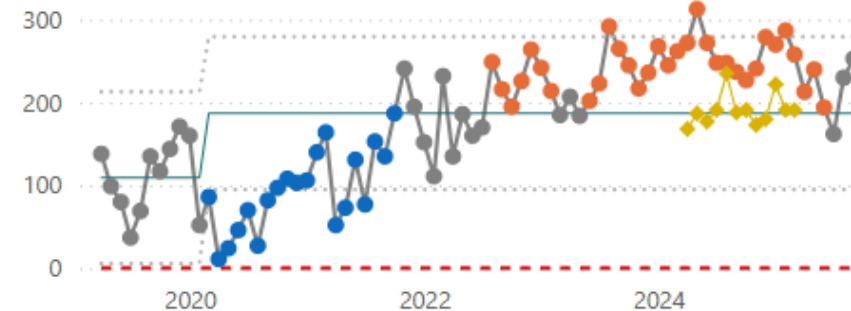
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



63% reported for September, 931 breaches out of 2,520 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



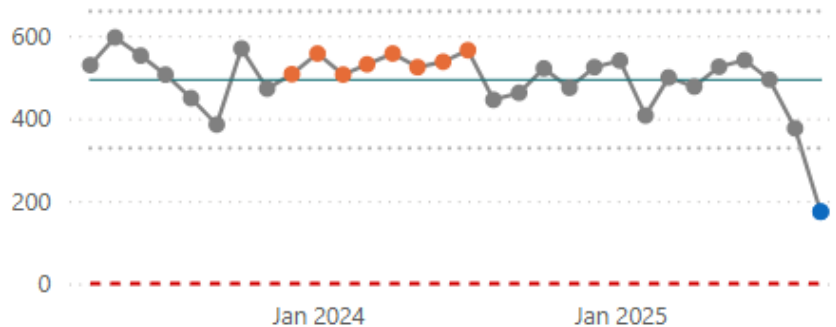
253 breaches out of 2,520 new attendances, 10%. The chart is showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Sustained high bed occupancy limits timely admission from ED. Delayed transfers of care for clinically optimised patients impacted by reduced availability of packages of care or nursing/residential home capacity. Continuous bedding of the Short Stay Triage area which significantly impacts flow within the department. Prolonged stays in the ED department leading to increased crowding and reduced capacity to see new attenders promptly. Acuity patient levels are placing additional strain on nursing and medical staff impacting assessment and treatment times. Nurse staffing model is under recommended baseline. Sustained periods of patient surge and high escalation (pressure) Increased surge within department Prolonged stays within the department lead to clinical risk, patient dissatisfaction and pressures on workforce. 	<ul style="list-style-type: none"> Strengthening of “Our Next Patient” model to ensure early flow and Earlier in the Day Discharge. Daily review of Delayed Pathways of Care and virtual wards to ensure capacity is maximised. Nurse Staffing Model awaiting sign off – currently with Executive Team Daily multidisciplinary safety huddles both at site wide level and within the Emergency Department. Criteria led discharge - pilots undertaken on wards with it starting to become embedded. Focus on ensuring successful rollout across the whole hospital Internal Operational Delivery Unit has been implemented across the Health Board with an oversight on patient flow and delays. Boarding and surge capacity utilised. 	<p>Live</p> <p>Live</p> <p>30/11/25</p> <p>Live</p> <p>30/11/25</p> <p>Live</p> <p>Live</p>

Key

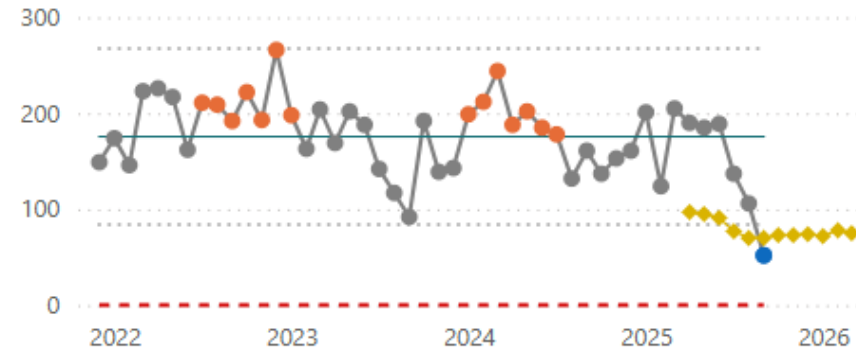
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



September data is showing improving variation. 174 handovers >45 minutes reported out of a total of 805 handovers, 22%.

Ambulance handovers taking over 4 hours



September data is showing improving variation. 52 handovers >4 hours reported out of a total of 805 handovers, 6.5%.

Key challenges / issues

- Significant achievement has been made against the 45 minute handover target in September with focus continuing into October. Some lengthy delays during September due to acuity within ED and lengthy doctor waits.
- The improved performance at the front door has had an impact on the surge and boarding capacity within ward areas.
- Surge area around nursing bay is variable and dependent on acuity within the department.
- Advanced Paramedic Practitioner (APP) navigator fill rates continue to function below 100% due to clinical shifts taking priority.
- Early repatriation of patients from referring hospitals continues to encounter delays.
- Rapid assessment and triage demand has increased (particularly when multiple ambulances arrive simultaneously).

Key actions / initiatives

- Plans to implement " back door reset week" and reinforce Optimal Hospital Flow Framework
- In relation to the above, a pilot of Integrated Care Beds within Carmarthenshire for Nursing Needs Assessments and Discharge to Assess Pathways is planned.

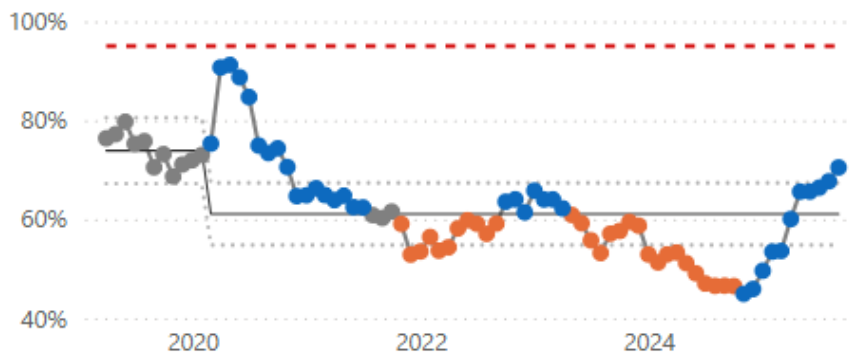
Due date

- 31/12/25
- 31/12/25

Key

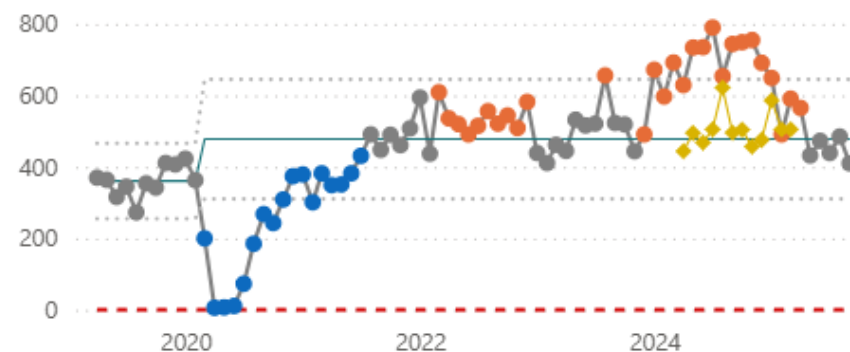
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



70% reported for September, 1,359 breaches out of 4,603 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



410 breaches out of 4,603 new attendances, 9%. Chart is showing usual variation.

Key challenges / issues

- Increase of simultaneous presentations (inclusive of ambulance handovers within department) contributing to 4 hour delays.
- Breach validation is actively undertaken daily.
- Patient flow from the Emergency Department continues to remain challenging with high acuity and high volume of patients awaiting beds contributing to 4 and 12 hour performance.

Key actions / initiatives

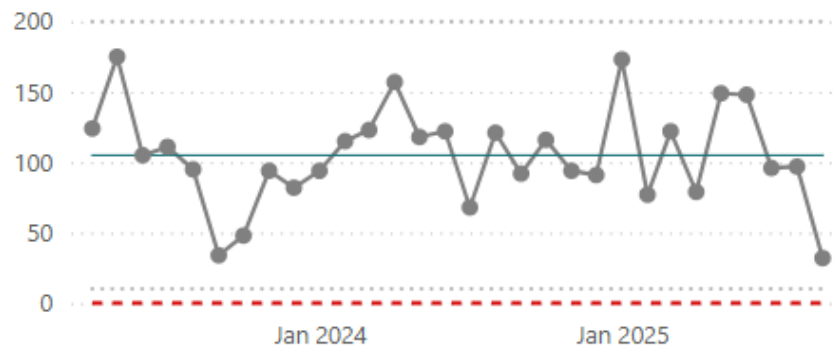
- Front door proposals with capital expansion awaiting approval at Board. Weekly project team in place.
- Reviewing staffing models to delivery 7/7 Same Day Emergency Care and Streaming Hub. Investment required to increase staffing.
- Senior ED Clinician assigned on staffing rota for pitstop to enable rapid assessment and triage.
- Plans to implement " back door reset week" and reinforce Optimal Hospital Flow Framework
- In relation to the above, a pilot of Integrated Care Beds within Carmarthenshire for Nursing Needs Assessments and Discharge to Assess Pathways is planned.

Due date

- 30/03/26
- 30/11/25
- Live
- 31/12/25
- 31/12/25

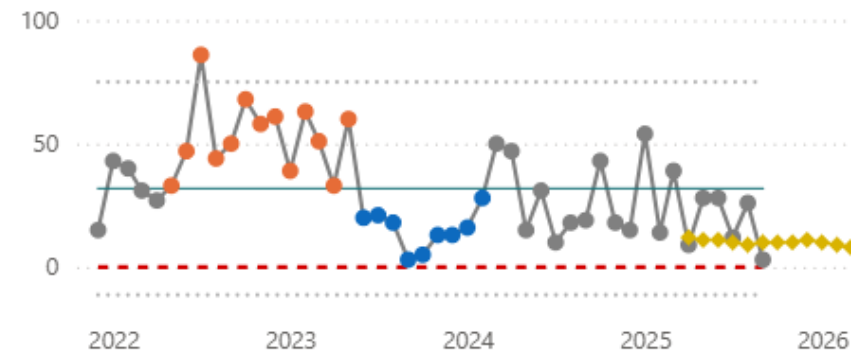
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Ambulance handovers taking over 45 minutes



September data is showing usual variation. 32 handovers >45 minutes reported out of a total of 244 handovers, 13%.

Ambulance handovers taking over 4 hours



September data is showing usual variation. 3 handovers >4 hours reported out of a total of 244 handovers, 1.2%.

Key challenges / issues

Key actions / initiatives

Due date

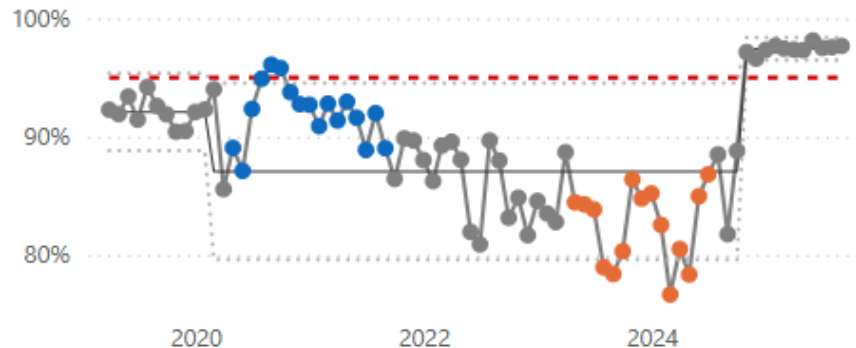
- Continued front door pressure resulting in very limited capacity at point of handover. Area highly impacted with Issues around IP&C (Infection Prevention and Control).
- We commenced our Reset Week which enabled us to handover ambulances within a timely manner however, this put pressure internally on our ward areas where we surged.
- Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to Acute Medical Assessment Unit (AMAU) remains which also limits the capacity for ambulance handover. This is further impounded by patients being admitted from Same Day Emergency Care (SDEC) and self-presenting GP referrals.
- 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. Patient flow outside of the hospital continues to be compromised with limited community beds availability.
- Across Carmarthenshire, advanced paramedic practitioner fill rate within the clinical streaming hub remains a challenge and as a result acute site dose experience an increase in ambulance arrivals.

- Internal Operational Delivery Team to launched in September to focus on ambulance handover and repatriation across all sites. This will allow for better management of ambulance handover times on each to coordinate and ensure that they are within targets times to release the ambulance back into duty and reducing and delays at site
- Preparations and pathways implemented between site teams on site for the 15 minute ambulance handover times target allowing for agreed actions to be in place for each occasion.
- 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. To allow for more efficient treatment of each patient while creating flow throughout the acute handover area by reducing bed use and transfer wait times.
- Immediate ambulance release are almost always supported.
- AMAU acute medical model is now functional (1st Sep) to support early discharge at the front door and reduce Length of Stay.
- 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.

- 31/10/25
- 31/10/25
- 31/10/25
- Live
- Live
- Live
- Live

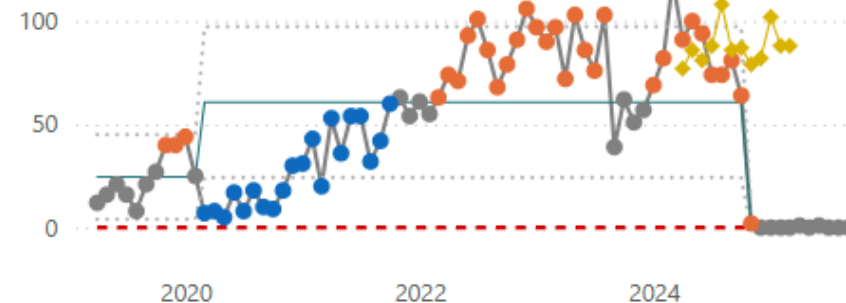
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Patients waiting less than 4 hours in MIU



98% reported for September, 57 breaches out of 2,459 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



Zero breaches out of 2,459 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

- 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 amount of patients presenting with major complaints.
- 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 patient 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.

Key actions / initiatives

- Consultant connect (telemedicine) went live on 1st September, awaiting first data pull to review.
- Ongoing work with community colleges 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 reefer back into the virtual ward.
- Locum consultant has created weekly hot clinics. These allow for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance

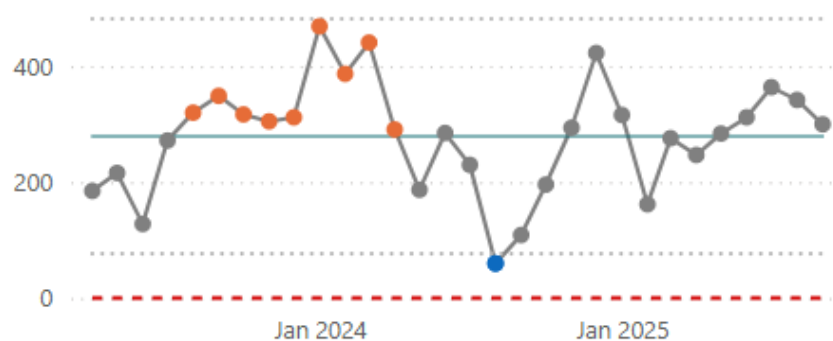
Due date

- 31/10/25
- 31/10/25
- Live

Key

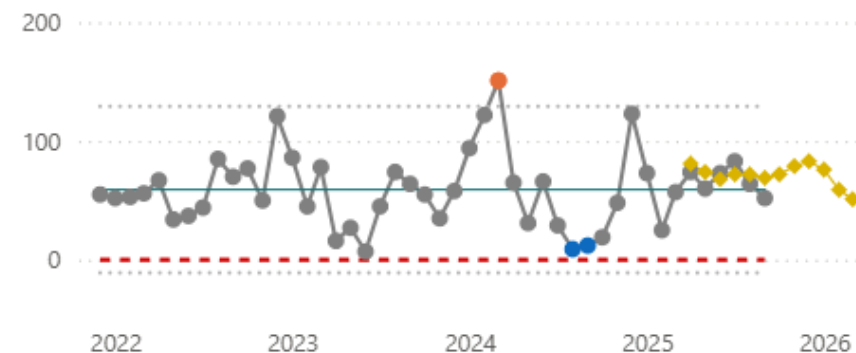
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



September data is showing usual variation. 300 handovers >45 minutes reported out of a total of 686 handovers, 44%.

Ambulance handovers taking over 4 hours



September data is showing usual variation. 52 handovers >4 hours reported out of a total of 686 handovers, 8%.

Key challenges / issues

- The Emergency Department (ED) continues to experience surges, with a high number of outlier patients, primarily from the Medicine speciality, adding to delays in handovers at the front door.
- Infection Prevention and Control (IP&C) challenges have further complicated patient flow, limiting movement and contributing to delays across departments.
- Boarding of patients has commenced alongside the initiation of “Our Next Patient.”
- Ideally, boarding should occur against a confirmed discharge to maintain flow; however, in some cases, it has been necessary due to additional surge pressures.
- Timely management of ambulance handovers is occasionally challenging due to the cumulative pressures outlined above, including sustained ED surges, outlier patient flow, IP&C constraints, and boarding complexities

Key actions / initiatives

- A dedicated team comprising a Consultant, Medical Grade (MG), and Resident Doctor has been assigned to manage Medicine patients currently outlying in the Emergency Department. This focused approach aims to improve oversight, expedite decision-making, and support timely patient flow.
- Clear and consistent communication between the Emergency Department, Site Team, and Manager of the Day is essential to maintaining effective patient flow and ensuring timely decision-making.
- Ensure timely and consistent ambulance handovers within 45 minutes to improve patient flow, reduce delays, and support ED operational efficiency.

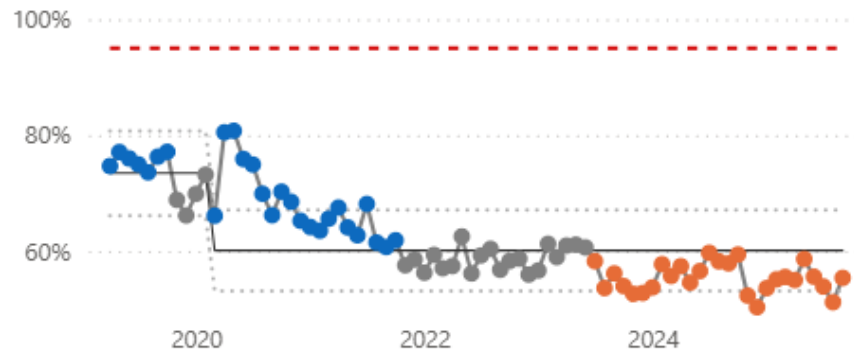
Due date

- Live
- Live
- Live

Key

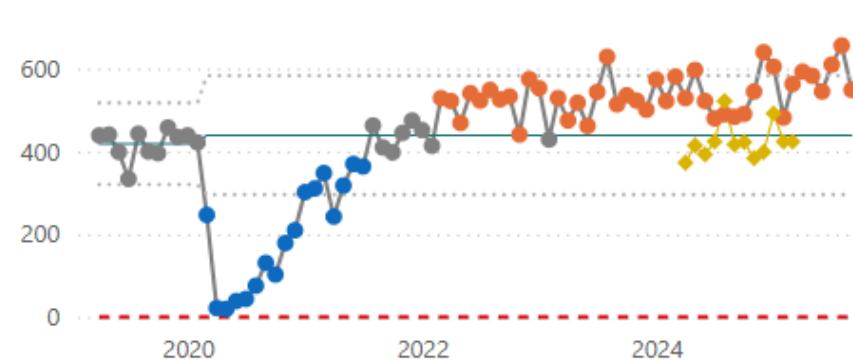
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



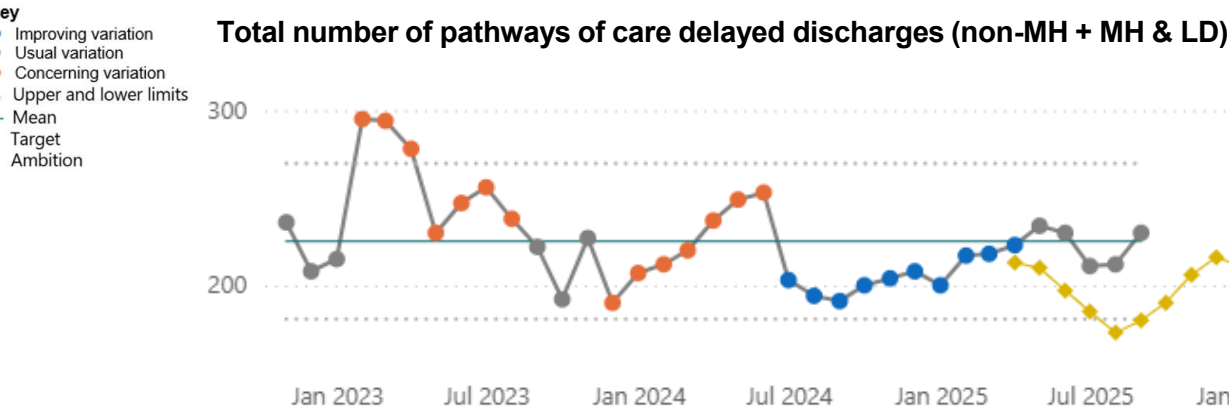
55% reported for September, 1,663 breaches out of 3,727 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



549 breaches out of 3,727 new attendances, 15%. Chart is showing concerning variation.

• Key challenges / issues	• Key actions / initiatives	• Due date
<ul style="list-style-type: none"> The Emergency Department remains overcrowded at times, primarily due to high demand from attenders and a significant volume of high-acuity self-presenters. The number of clinically optimised patients who are ready for discharge continues to rise, which in turn reduces the availability of acute beds and contributes to flow constraints across the hospital. Discharge of complex, clinically optimised patients is often delayed due to the involvement of multiple external agencies, which can slow co-ordination and prolong hospital stays. SDEC continues to receive a growing number of GP referrals, which is placing additional pressure on the service. At times, this is challenging to manage due to clinician shortfalls, impacting assessment capacity and throughput. 	<ul style="list-style-type: none"> A dedicated team of clinicians is actively reviewing medical patients in the Emergency Department to support increased discharge rates and facilitate smoother patient flow to inpatient wards. There is increased scrutiny on the clinically optimised patient list to support timely and appropriate discharges wherever possible, helping to free up acute bed capacity and improve patient flow. 	<p>Live</p> <p>Live</p>



- Number of census count in September is 230 patients and chart shows usual variation.
- The total days delayed for non-mental health increased in September to 8,913 days.
- Mental health and learning disability delays also increased in September to 975.
- 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
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Non-mental health:

- Ongoing challenges relating to completion of social care assessments (n=44), provision of new community care packages funded by social care (n= 33) and reablement community care packages (n=31).
- Staffing challenges with the Long-term Care team contributing to delays in completion of Continuing Health Care assessments (n=14).
- Ongoing delays in housing related issues (n=8) and Court of Protection cases (pre and post application, n=5). Improving position in completion of nursing (n=7) and Allied Health Professionals (n=6) assessments.

Mental health:

- The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for September 2025 is 15, this figure includes 5 discharges from last month, 10 who remain PoCD from the last count and 5 new patients identified as medically optimised.
- The patients are categorised as follows, older adult 12, a decrease of 1, adult 3, an increase of 1 and 0 for learning disability which remains unchanged.
- The position in respect of patients who have a length of stay over the 90 and 100 day threshold for Mental Health is 2 over 100 who are adult patients and 2 over 200 who are older adult patients. In line with the PoCD action plan, professional meetings have been convened.
- In summary, there are 15 medically optimised patients on in-patient wards, which although is an unchanged number this does comprise of discharges and newly identified medically optimised patients.

Non-mental health:

- Regional Delayed Pathways of Care Action plan developed and submitted including actions against local authorities funding allocation to support Delayed Pathways of Care (focus on increased reablement and social worker access and availability).
- Strength- based collaborative communication training programme with health and Local Authority (LA) leaders and staff .
- Ongoing work around preventing deconditioning, Trusted Assessor models around mental capacity assessments and interprofessional standards

Mental health:

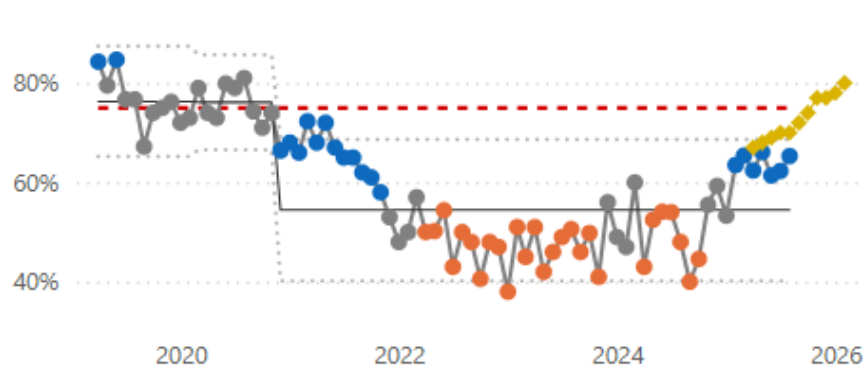
- All in-patient wards have the required Pathway of Care Delay processes in place but for older adults, the demand for places in specialised residential care homes for individuals with advanced dementia cannot be met by the current provision available.
- Across Wales, Mental Health and Learning Disability services have a requirement to identify any patients that have a delayed pathway of care above 90 or 100 days.

		30/11/25
		31/12/25
		30/11/25
		31/10/25

Key

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

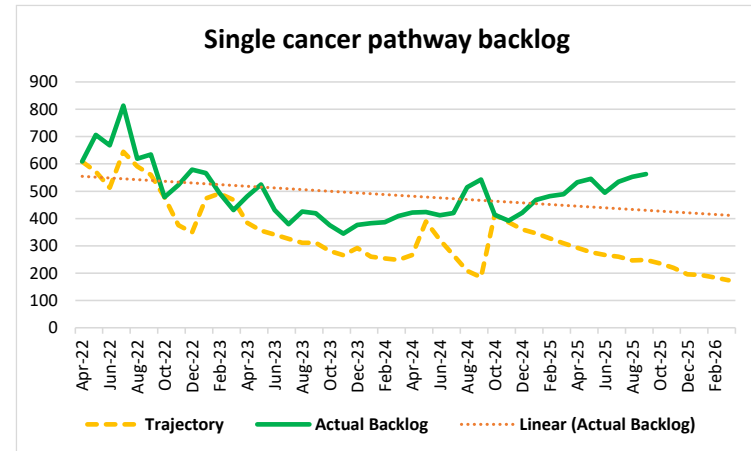
% single cancer pathway patients starting treatment within 62 days



Performance was 65.3% in August 2025 against the trajectory of 70%.

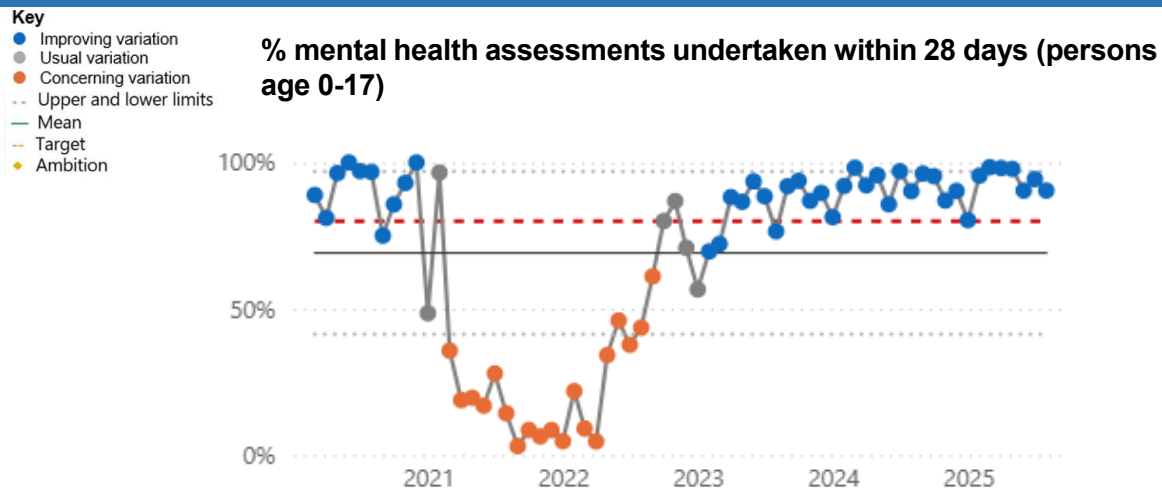
NOTE: Patients are either awaiting treatment or are going through the diagnostic phase of the pathway. Not all patients in the diagnostic phase will go on to have a confirmed cancer diagnosis.

Number of single cancer pathway patients waiting over 62 days



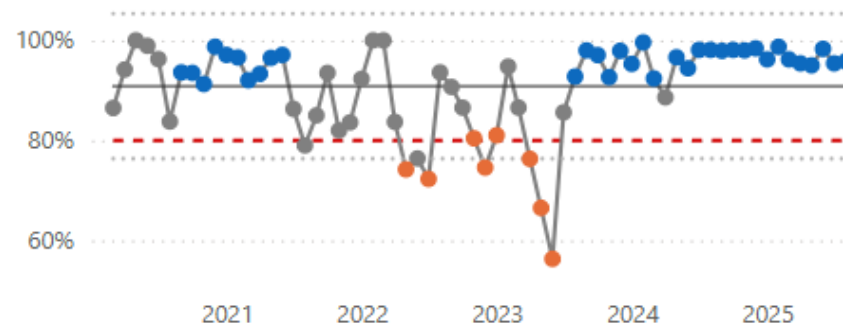
There were 563 patients waiting over 62 days in September 2025, the trajectory has not been met since October 2024.

Key challenges / issues	Key actions / initiatives	Due date
<p>Single cancer pathway Overall treatment activity was lower in August, 120 patients who were waiting over 62 days were treated, first treatment rates decreased by 116 patients. 226 patients started treatment within 62 days with 120 patients waiting over 62 days. Fragility in Radiology remains a key risk to delivery. Recurrent investment in Radiology provisionally agreed for 2025/26.</p>	<p>Diagnostics: Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26.</p> <p>Urology: Prostate pathway improvements; outsourcing of multiparametric (mp) MRI scans (16 patients/week) was tendered and awarded but delayed due to contract sign-off. Now expected to commence mid-October. Internal MRI capacity discussions are underway to bring activity back in-house longer term. Robust improvement plans agreed for Urology diagnostics for 2025/26.</p>	<p>31/03/26</p> <p>31/10/25</p>
<p>Backlog Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (Radiology, Dermatology and Urology) which have limited resilience to sickness/absence.</p>	<p>Faecal immunochemical test (FIT) pathway realigned to Primary Care planned implementation November 2025</p> <p>Gynaecology: Impact of the implementation of 'One Stop PMB (Post menopausal bleeding)' has improved the pathway from point of suspicion to diagnosis from 143 days to 29 days. We will continue to monitor the impact of this service. Next step is to improve the time it takes from when a patient agrees to treatment, to when it happens.</p>	<p>30/11/25</p> <p>31/12/25</p>



Latest performance of 90.4% is showing improving variation and the target of 80% was met.

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

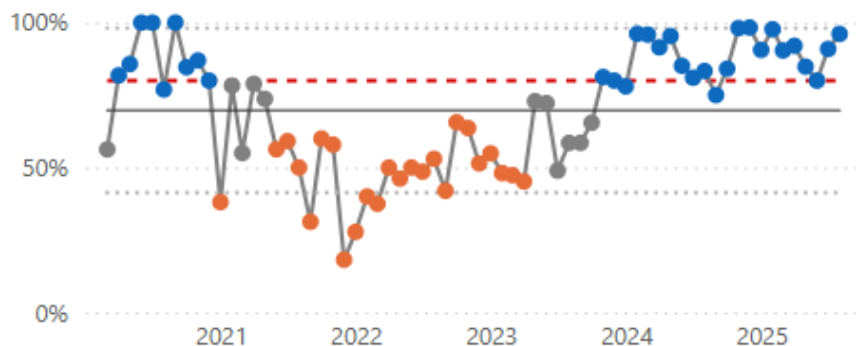


Latest performance of 95.8% is showing improving variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% mental health assessments undertaken within 28 days (persons age 0-17): Continued compliance, with some (limited) risk due to a yearly uptick in referrals in mid Autumn before the school term.</p>	<p>% mental health assessments undertaken within 28 days (persons age 0-17): Recruitment to vacancies to address uptick in referrals. Cross cover to address gaps and ensure continued compliance.</p>	<p>31/10/25</p>
<p>% mental health assessments undertaken within 28 days (persons age 18+): Compliance remains above the required target. Due to the limited time period to achieve the target, if patients are unable to make the initial assessment date the follow up appointment can fall outside the allocated time frame.</p>	<p>% mental health assessments undertaken within 28 days (persons age 18+): Ensure an effective administration process is in place and vital support to ensure that the service remains compliant with the target.</p>	<p>31/10/25</p>

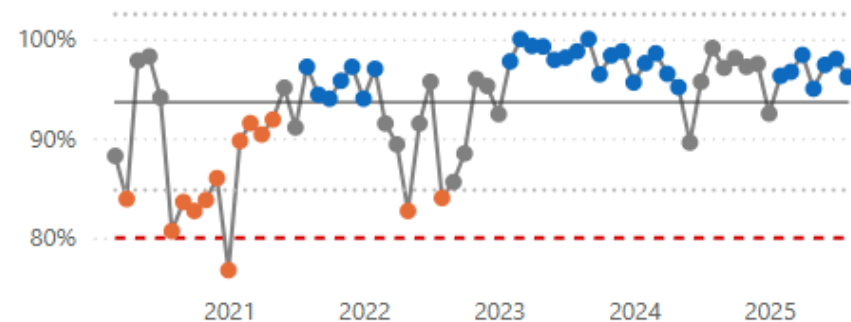
- Key**
- Improving variation
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 - Mean
 - Target
 - Ambition

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



Latest performance of 96.1% is showing improving variation and the target of 80% was met.

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



📊 ☑ [Our Performance Dashboard, Max of Target General, Max of Target Percent, Max](#)

Latest performance of 96.2% is showing improving variation and the target of 80% was met.

Key challenges / issues

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):
Continued compliance, with some (limited) risk due to a yearly uptick in referrals in mid Autumn before the school term.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Compliance remains above the required target. Groups are now underway and are supporting compliance along with increased support through digital options. Estates access continues to be challenging across the three counties.

Key actions / initiatives

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):
Ongoing development of group work, with offers already in place and learning being used to inform development.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
The Primary Care Liaison Service is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS. Digital options now active with all services on boarded.

Due date

31/10/25

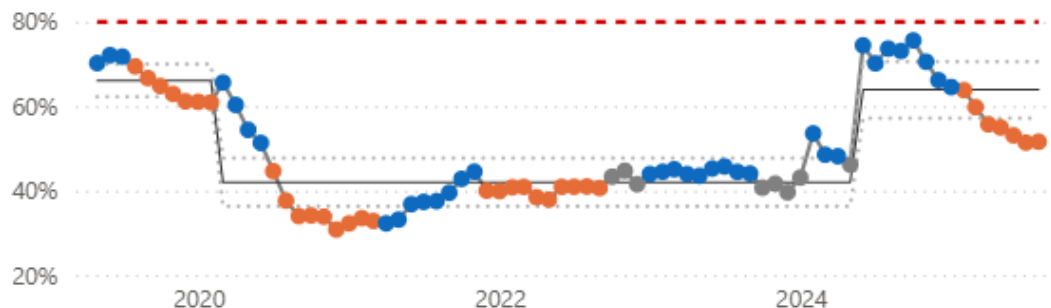
31/10/25

Live

Key

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

% adults waiting <26 weeks to start a psychological therapy



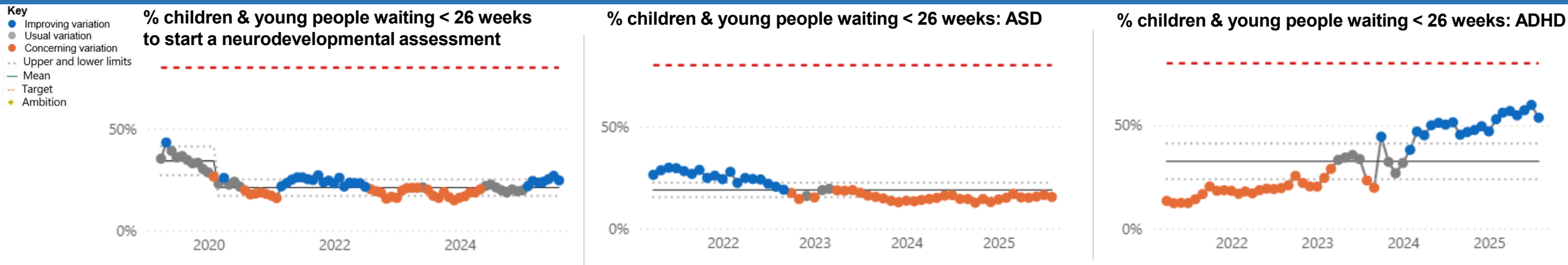
Performance in August of 51.6% shows concerning variation and the target of 80% was not met.

- 365 out of 695 (52.5%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 6 out of 12 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 39 out of 84 (46.4%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Integrated Psychological Therapies Service (IPTS): We have observed a 0.9% decrease in patients waiting less than 26 weeks to start an integrated psychological therapy due to the transition period of six months before improvements following our service model change can be established. It is forecasted that there will be continued deterioration until the service model change takes effect and identified that stabilisation and impact from the stepped model approach to high intensity should support improved trajectory by December 2025. Currently all those who accept a group and have been waiting less than 26 weeks causes deterioration in our compliance percentage.</p>	<p>IPTS:</p> <ul style="list-style-type: none"> • Caps in sessions are in place along with a number of evidence-based high intensity groups. These have been developed to increase capacity of the service and minimise a deterioration of position whilst the service model change takes effect. • Continue to promote acceptance of the offer of groups which remains high and is key to supporting the increase in demand whilst reducing pressure on other services within the Health Board and ensured that the service is abiding by Prudent Healthcare principles. • Digital options are being explored to support waiting times further. 	<p>31/12/25</p> <p>31/10/25</p> <p>31/10/25</p>
<p>Adult Psychology Mental Health (AMH): The AMH waiting list continued to improve in August in terms of the waiting time target. A large geographical area can mean that access is limited in some areas particularly if client requires face to face intervention as opposed to remote.</p>	<p>Adult Psychology:</p> <ul style="list-style-type: none"> • All four clinicians are providing consultations to other services, decreasing referrals to AMH. • Grow Your Workforce plans are in place. • A whole-time equivalent vacancy has been recruited to and commenced on 6th October. This post is based in an area where there is currently no community provision. 	<p>31/03/26</p> <p>31/03/26</p> <p>Live</p>
<p>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.</p>	<p>Learning disabilities: 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.</p>	<p>31/01/26</p>

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in August 2025 of 24.6% shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 524 of 3,399 (15.4%) patients were waiting for an assessment <26 weeks. 575 of 1,071 (53.7%) were waiting for an ADHD assessment <26 weeks.

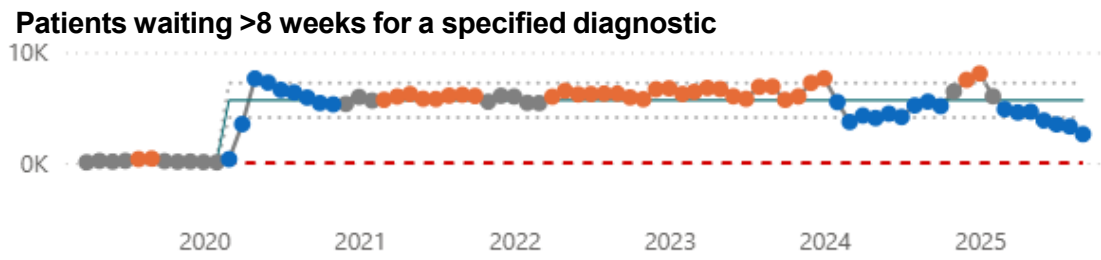
Key challenges / issues	Key actions / initiative	Due date
<p>Autism Spectrum Disorder (ASD): As of August 2025, there are 2,875 children and young people waiting more than 26 weeks for an ASD assessment. Demand continues to outstrip capacity. The current waiting list for an ASD assessment stands at 3,399 with longest wait times increased from 3.5 years to 3.9 years. Demand for assessment remains consistently high with referrals averaging 115 per month. This is approximately 3 times higher than current service capacity. Lack of recurrent Welsh Government funding along with late confirmation of funding, hinders planning to bring about improved performance and sustainable change for services.</p>	<p>ASD:</p> <ul style="list-style-type: none"> 3-year improvement plan and re-design of service underway. Monthly touch-point meetings in place. Waiting list initiative planned to bring about more efficient, value-based approach to diagnostic assessment, starting with a review and stratification of the existing waiting list. Pending financial approval for outsourcing to eradicate >3 year waits and substantive posts. Stakeholder mapping completed and engagement plans with partners to bring about system change. Integrated Board's 2025-26 implementation plan priorities include needs-led support being delivered through integrated multi-agency services, which will help to facilitate change. Digital innovation in partnership with Welsh Government and Clinical Digital Professional Services. We are the second Health Board in Wales to pilot the scribe tool to reduce administrative burden. 	<p>31/03/28</p> <p>01/10/25</p> <p>31/12/25</p> <p>Complete</p> <p>31/03/26</p> <p>31/03/26</p>
<p>Attention Deficit Hyperactivity Disorder (ADHD): The longest wait for an ADHD assessment is currently 90 weeks with 144 waiting more than 52 weeks. 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. Long term solutions are being explored as part of the Bandi appeal and the reconfiguration of Puffin Ward.</p>	<p>ADHD:</p> <ul style="list-style-type: none"> 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. Continue to manage clinic capacity flexibly and maximise through rigorous job planning. 	<p>31/03/27</p> <p>31/12/25</p> <p>31/03/26</p> <p>31/03/26</p> <p>31/10/25</p>

Diagnostic waits over 8 weeks

(Ministerial priority)

Key

- Upper and lower limits
 - Mean
 - - - Target
 - Ambition
- Variation - how are we doing over time**
- Improving variation
 - Usual variation
 - Concerning variation
- Assurance - performance against target**
- Always hitting target
 - Hit and miss target
 - Always missing target
- Trajectory - performance against our ambition**
- Trajectory met
 - Within 5% of trajectory
 - More than 5% off trajectory



Performance is showing improving variation over the latest six months with 2,598 breaches in September and recording the lowest result since March 2020.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Sep 2025	2,598	●	■	n/a
Radiology		2,313	●	■	n/a
Endoscopy		162	●	■	n/a
Cardiology		72	●	■	n/a
Phys measure		29	●	■	n/a
Imaging		22	●	■	n/a
Neurophysiology		0	●	■	n/a

Radiology

Demand exceeding capacity for timely investigations and reporting- 2,176 Urgent Suspected Cancer requests increased in September-6,530. Requests received in September increased - 15,044. Cancer and inpatient reporting is being prioritised. Current breaches total 2,335 (Decrease of 582 breaches from August), by modality:

- Computed Tomography 284,
- Magnetic Resonance Imaging 1,104,
- Non-Obstetric Ultrasound 886.

Key actions / initiatives

- Ultrasound - Extension of Non-Obstetric Ultrasound insourcing in progress – current contract ends November 2025. Contract extension to November 2026 being procured at present – on target for November 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 – staffing difficulties over the summer have resulted in a decrease in activity in Computed Tomography. Computed Tomography Van being procured for 6 weeks at end of Q3.

Due date

31/10/25

Live

31/12/25

Endoscopy

- Endoscopy theatre nursing staff fragility (particular to Glangwili) due to short term sickness and gaps in the nursing establishment.
- Ongoing capital replacement programme for old/fragile endoscope equipment.

Key actions / initiatives

- Delivery plan in place to support achievement of zero breach performance by March 2026.
- Newly recruited endoscopy theatre nursing staff being onboarded at Glangwili.
- Urology seeking support to run Check Flexi clinics at weekends during October, November and December to release 120 capacity back to weekday lists.
- Capacity planning with Endoscopy to outline the need for additional 4 lists (2 days) per month to clear urgent and routine 8 week waiting list

31/03/26
31/10/25
13/12/25

17/10/25

Cardiology:

- Radiology Cardiac Myocardial Perfusion Imaging breaches at end of September decreased by 57. 3 Echo breach this month.
- Dobutamine Stress Echocardiogram Consultant - led diagnostics have been limited due to Consultant leave, a limited list has been running for month of September.

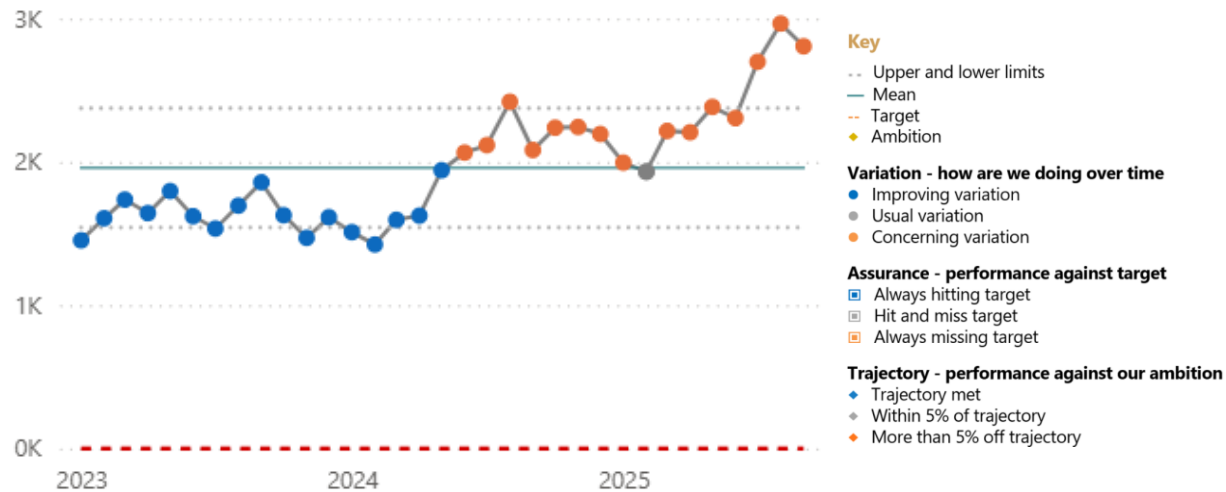
Key actions / initiatives

- Breach reduction, supported by a combination of core and additional outsourcing, which commenced on 18th September in partnership with Singleton. Additionally, the re-triage of referrals has enabled the transfer of suitable patients to alternative diagnostic pathways such as Computed Tomography Coronary Angiogram. Continuing to working closely to sustain and further reduce the breach position.
- Staffing gaps bridged and vacancy post used to offer overtime opportunities.
- Dobutamine Stress Echocardiogram: breaches decreased slightly, despite limited capacity in September due to consultant ward commitments and study leave. We continue to work collaboratively with teams across all sites to further reduce the breach position.

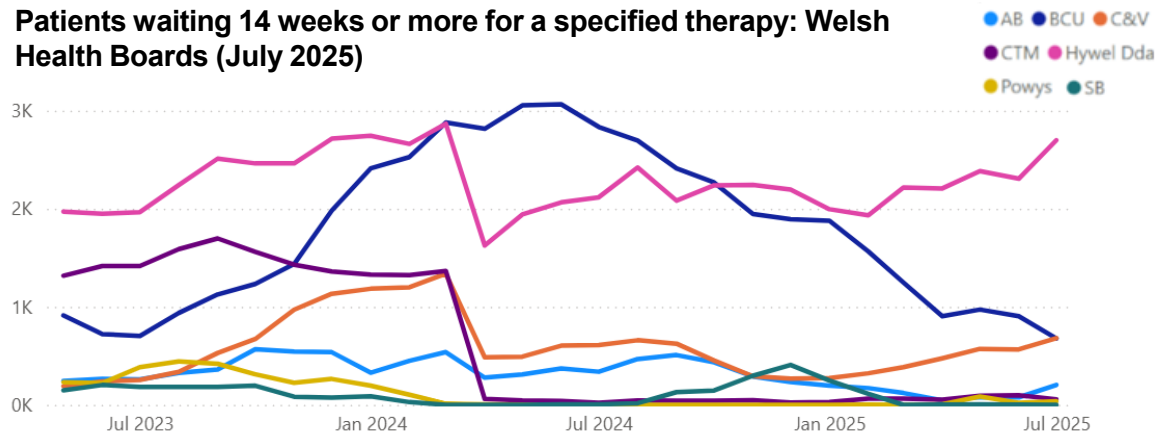
31/03/26

31/03/26
31/11/25

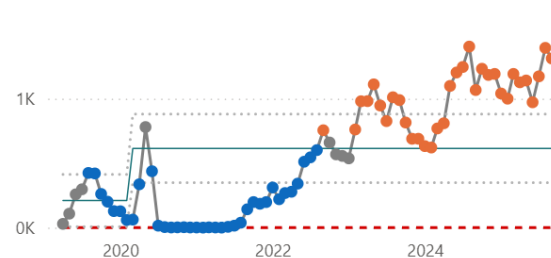
Patients waiting >14 weeks for a specified therapy



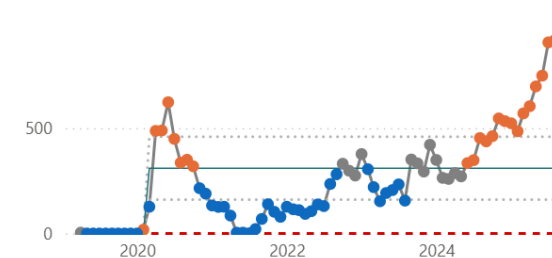
Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (July 2025)



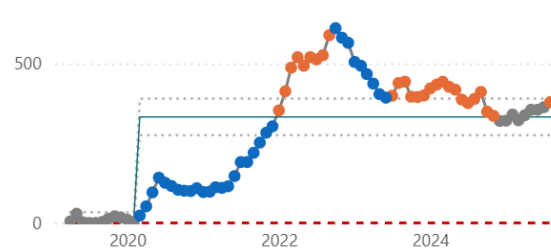
Number of patients waiting 14 weeks plus for Physiotherapy



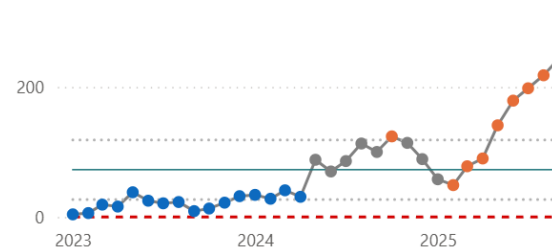
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



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



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	Sept 2025	2,807	●	□	56.8%
Physiotherapy		1,312	●	□	96.3%
Podiatry		823	●	□	86.3%
Occupational Therapy		378	●	□	15.8%
Dietetics		244	●	□	36.6%
Art therapy		44	●	□	n/a
Speech & Language Therapy		6	●	□	100%

Performance is showing concerning variation and the second highest number of breaches recorded. Of note, breaches in dietetics (244) have risen for seven consecutive months and are at the highest level recorded. Breaches physiotherapy (1,312) and podiatry (823) 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 July 2025 shows Hywel Dda with 2,699 breaches, with the next highest Cardiff and Vale at 681.

Therapy waits over 14 weeks (continued)

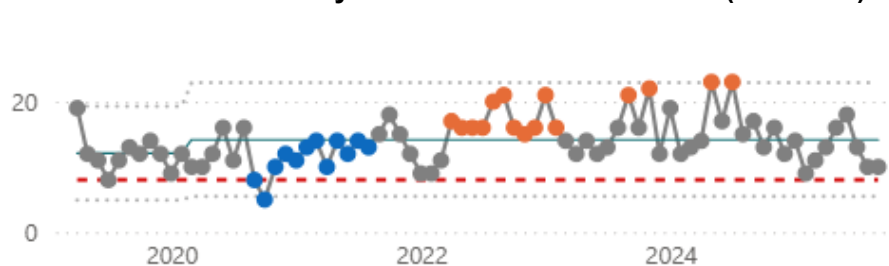
(Ministerial priority)

Therapies

Key challenges / issues	Key actions / initiatives	Due date
<p>Physiotherapy: 93% of breaches are within Musculoskeletal (MSK) Specialty. Demand is growing and is greater than capacity. Changes to Community Health Pathways and other national pathways are causing a shift of work from primary and secondary care towards community MSK Physiotherapy services, which do not have capacity to meet shifting demand. Current financial control process means that the service is unable to recruit bank workers. This is making it challenging for the service to cover short-term, within budget vacancies caused by normal workforce turnover. This adversely impacts capacity.</p>	<p>Physiotherapy</p> <ul style="list-style-type: none"> Development of a standard operating procedure for telephone triage initiative. Scope of project extended to include clinical risk stratification tool (Keele Start Back). This work is progressing, and a draft standard operating procedure (SOP) is in place. The deadline for completion of the SOP has been extended due to other priorities and service pressures. Three whole time equivalent (WTE) agency workers recruited to cover service vacancies until January 2026. Active recruitment to secure additional registrant workforce at Band 6 level to support bank work to cover vacancies. Further requests to be taken through financial control process to request permission to recruit. Full MSK service review being undertaken in collaboration with National MSK Network. Target completion timeframe to be confirmed by the National Network, expected by end of October 2025. 	<p>31/12/25</p> <p>Live</p> <p>30/10/25</p> <p>31/10/25</p>
<p>Podiatry Overall increase in new referrals from 9,000 to 14,500 annually over last 5 years - despite mitigation efforts, nearly 3,000 new referrals waiting. Changes to the vascular pathway have contributed to a rise in referrals, a validation piece of work is underway of this waiting list. Overall patient contacts have reduced from 60,000 to 45,000 annually due to increased patient complexity. Lower clinic throughput: Patients seen in clinics decreased from 18 to 10 per day, reflecting increased complexity and time per case. Lower-risk cases now discharged to private sector, narrowing scope of patients seen.</p>	<p>Podiatry</p> <ul style="list-style-type: none"> Skill mixing for efficiency: 6 administrative staff (Bands 3 & 4) undergoing Agored training to become podiatry assistants, enabling task redistribution, backfilling with new administrative recruits. Plans to establish a consultant podiatrist role to manage complex cases more efficiently. Enforcement of strict eligibility criteria and robust discharge processes in place. Innovative practice rollout: Ongoing implementation of phone triage, skill mixing, and pathway redesign to improve service efficiency. 	<p>01/09/26</p> <p>01/03/26</p> <p>Live</p> <p>01/09/26</p>
<p>Occupational therapy (Paediatrics): Most breaches are within the Paediatric Occupational Therapy service. Existing backlog combined with increased demand is impacting on service delivery. Reduced Clinical Leadership Capacity: Reduced Band 7 leadership due to one retirement and two staff on sick leave has impacted service delivery.</p>	<p>Occupational therapy (Paediatrics):</p> <ul style="list-style-type: none"> Band 6 staff member temporarily uplifted to fill leadership gaps and extended by 1 month. Head of Speech Language Therapy Paediatrics providing additional capacity for safeguarding concerns. Recruitment to replace retired Band 7: start date 27/10/25 (currently on maternity leave). Review of demand and capacity modelling and taking action to increase number of new appointments available per month. 	<p>30/10/25</p> <p>30/10/25</p> <p>30/10/25</p> <p>30/10/25</p>
<p>Dietetics: Paediatrics are seeing increased new referral demand for selective eating. Diabetes are experiencing increased demand for the service. This, along with increased vacancies due to new appointments, including internal recruitment, is impacting.</p>	<p>Dietetics:</p> <ul style="list-style-type: none"> In paediatrics, a service lead has been appointed and commences the second week of October 2025, with work to commence exploring options to improve access to services and sustainability of waiting lists. Temporary additional hours for staff / using staff from other areas with appropriate skills continues. In diabetes, recruitment into vacancies has been successful, however, there is a lead-in time to commence in posts. 	<p>31/11/25</p> <p>Live</p> <p>31/11/25</p>

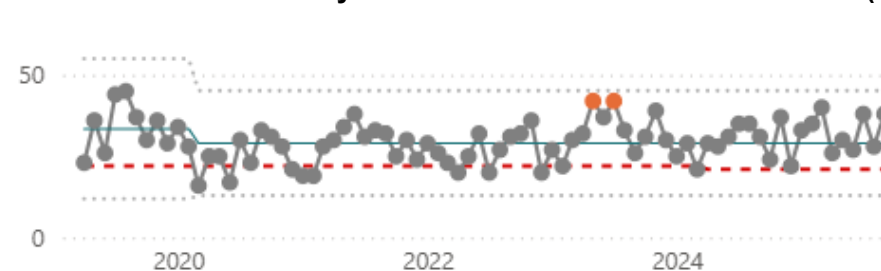
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

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



Performance is showing usual variation with 10 cases in September.

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

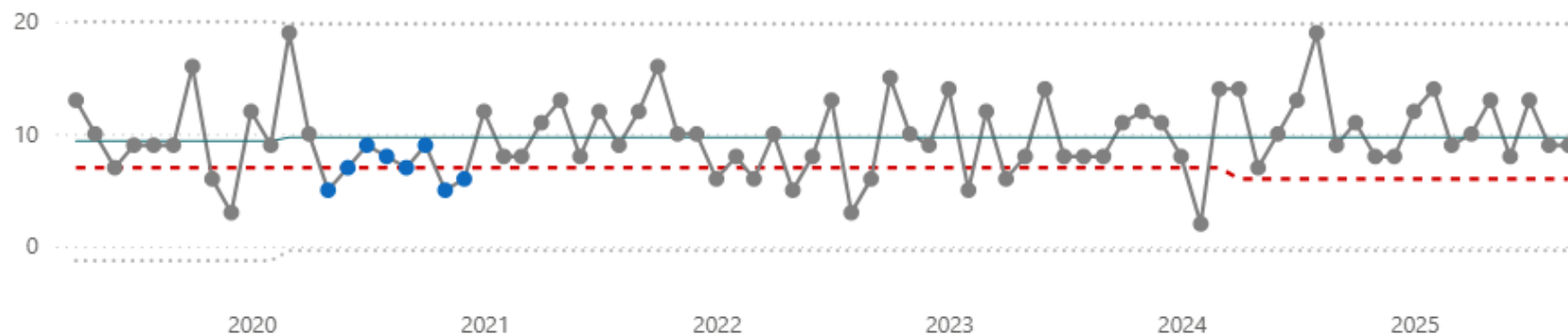


Performance is showing usual variation with 38 cases in September.

Key challenges / issues	Key actions / initiatives	Due date
<p>C. difficile:</p> <ul style="list-style-type: none"> Start Smart and Then Focus (SSTF) audits for antibiotic prescribing not consistently completed. Delays in recognition, isolation or diagnosis noted in some cases. Environmental cleaning and deep cleaning challenges relating to staffing and surge capacity in ward areas. Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. Level 2 mandatory compliance for Infection, Prevention and Control is at 75.36% 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. 	<p>C.difficile:</p> <ul style="list-style-type: none"> The SSTF audits have been scrutinised in terms of completion and prescribing, tazocin and cotrimoxazole most prescribed antibiotics. Around two thirds of C. difficile patients (67%) had a Proton Pump Inhibitor prescribed, quality improvement projects linked to C.difficile collaborative discussed at C. difficile Improvement Group. Environmental audits and observational audits continue with oncology/ Special Care Baby Unit next to be completed. Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups (CCG). Review of areas with highest rates in CCG to be shared. Hydrogen Peroxide Vapor (HPV) available on 3 acute sites currently, yet use is not consistent. Infection Prevention and Control team have presented at local Professional Nurse Forums and to be escalated through governance structures. 	<p>Live</p> <p>30/10/25</p> <p>Live</p> <p>Live</p> <p>30/10/25</p>
<p>E. coli:</p> <ul style="list-style-type: none"> Burden of infection remains community-onset; cases are linked to urinary tract infections and some catheter device related infections. Cases are predominantly in the 80 to 89 age demographic. Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines. Aseptic Non-Technique (ANTT) compliance for the Health Board is at 83.35% 	<p>E. coli:</p> <ul style="list-style-type: none"> Health and Wellbeing Booklet for Hywel Dda University Health Board population in review status and to be published 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. 	<p>30/10/25</p> <p>Live</p> <p>Live</p>

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

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

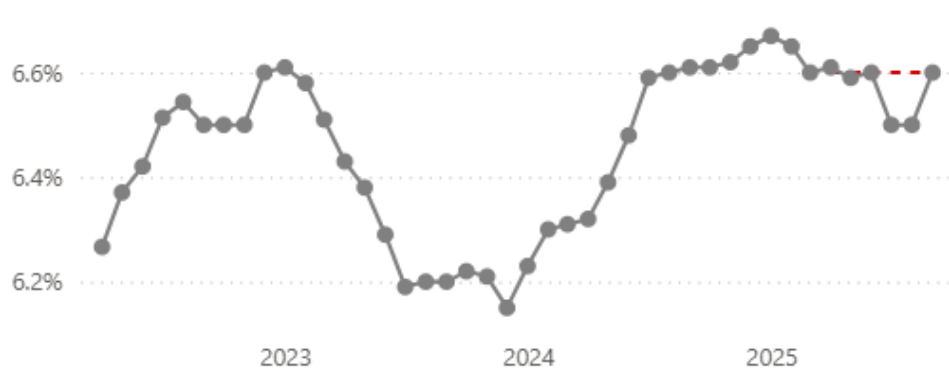


Performance is showing usual variation with 9 cases in September.

Key challenges / issues	Key actions / initiatives	Due date
<p>S. aureus:</p> <ul style="list-style-type: none"> Inconsistent compliance with aseptic non-touch technique (ANTT), 83.35% for Electronic 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. 	<p>S. aureus:</p> <ul style="list-style-type: none"> 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 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 	<p>30/11/25</p> <p>Live</p> <p>30/10/25</p>

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

% staff sickness rate (12 months rolling)



In September 2025, 12-month rolling staff sickness was 6.6%.

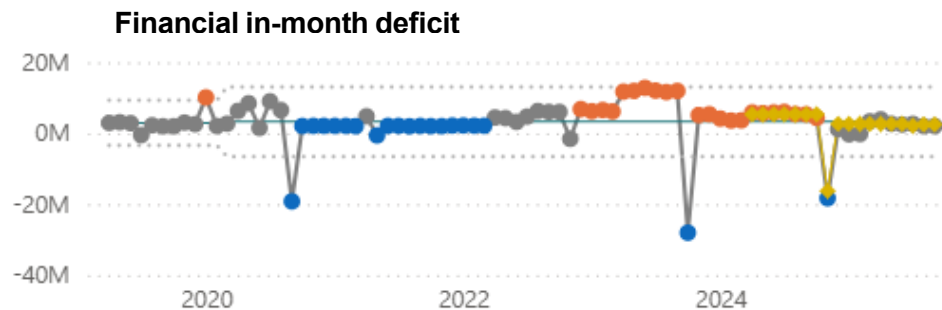
Services with 60+ staff with the highest levels of in-month sickness rates in September 2025

Team	Staff	In-month %	R12m %
Glangwili Hotel Services	128 staff	16.7%	14.1%
Glangwili Theatres	82 staff	15.3%	11.0%
Prince Philip Acute Response	66 staff	14.6%	12.2%
Sunderland Ward	71 staff	14.6%	10.9%
Prince Philip AMAU	73 staff	14.2%	11.0%

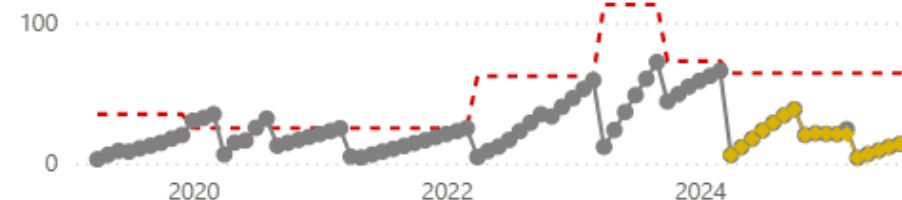
Key challenges / issues	Key actions / initiatives	Due date
<p>Targeted support for sickness absence: Estates and Facilities sickness rates continue to be the highest across the Health Board (9.7% rolling for September) with ongoing focused support from the Workforce Team.</p> <p>Designated support from Workforce & Organisational Development continues to be utilised to help address concerns aligned to Employment Relation matters such as Respect & Resolution, Raising Concerns etc. which are impacting on employee’s wellbeing and attendance.</p>	<p>Temporary redeployment guidance, bite sized training sessions, Occupational Health referral how to guide, review of sickness absence letters and passport for reasonable adjustments: Work continues on the development and implementation of these pieces of work. Lack of progress is due to limited capacity and increased demand for operational support to clinical care groups.</p>	<p>Live</p>

Key

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



Financial deficit (£m) – year to date



Key challenges / issues

The Health Board's Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. Gross forecast position is £31.1m, with planned mitigating actions of £3.3m, to be finalised, to achieve the reported end of year forecast position of £27.8m. Total savings delivery are £41.1m, leaving a savings delivery gap of £5.3m against the savings target.

The in-month financial position is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan due to the in-month savings target of £3.9m being over identified by £0.3m, and a core operational underspend of £0.5m. These are offset by in-month under delivery of savings of £0.3m relating to one scheme within Planned & Specialist Care. The financial run rate is on track to achieve the forecast position with mitigating actions of £3.3m required. The Health Board is committed to improving beyond the latest forecast of £27.8m, towards £24.1m in line with Welsh Government expectation.

The in-month core budget performance is £0.5m underspent, and the end of year core budget performance is £4.2m underspent. Further to the work aligned to the quarter 2 focus of de-risking the plan, the forecast position has remained at £27.8m in Month 6 with further actions expected to improve towards the £24.1m in October.

Key actions / initiatives

Forecast Credibility: Health Board no longer providing credibility to Welsh Government due to continued improvement of in-month position compared with prior forecast. Currently a c.£10m forecast deviation between the End of Year forecast and current run rate.

Reactive Savings Planning: For those areas that are forecasting materially lower savings when compared to monthly delivery, a review meeting will need to explore specific actions and rationale for the assumed reduction in savings delivery.

Top 10 Overspend Alerts: Following an assessment at the year midpoint, further management actions required to mitigate material overspend areas that are now embedded. Improving the current run rate avoiding unnecessary difficult decisions.

£30.0m to £24.0m further savings options: Latest update highlights some schemes are now delivering, but further updates required for those items that are not yet confirmed with robust plans for items that have been agreed.

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

Referral to Treatment (RTT) performance trajectory: With multiple workstreams and programmes to improve waiting times and waiting lists, a clearer triangulation is required around the implications between elective pathways and diagnostics, ensuring value for money approaches are maximised.

Due date

Overdue & Urgent
31/10/25

31/10/25

31/11/25

31/12/25

Overdue

31/11/25

Why use SPC charts?

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

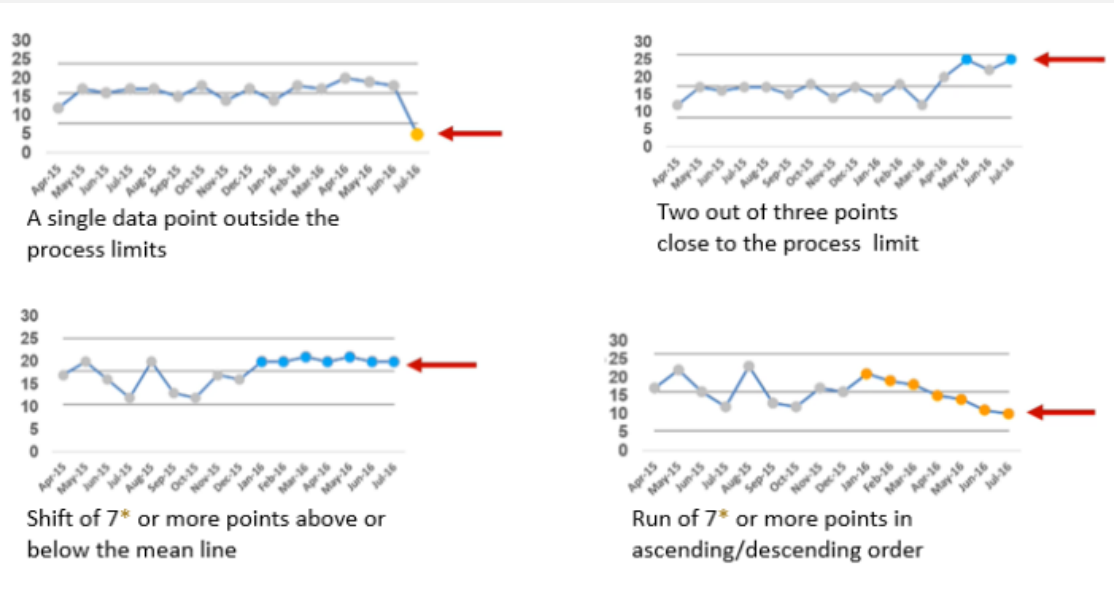
Anatomy of a SPC chart



Rules for special variation within SPC charts

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

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



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

Understanding the SPC icons

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

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