GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Escalation Oversight and Highlight Report

Finance and Performance Committee, 26 August 2025

Headlines

Areas to highlight	Metrics	Update	3A
Finance: CCG Savings Plans	End of year forecast 2025/26 savings	£47.6m deficit against a £30.0m revised plan £19.5m gap, all within CCG areas with Executive Functions having achieved their targets, as a minimum 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)	61.4% against 63% TI target. Diagnostic expansion needed 34.9% against 65% TI target. Patient safety implications Above 99.8% since March 25 64% against 75% TI target. Embedded improvements evident 99.8% against 100% TI target. Concerning trend Increased by 2% to 17,011. Strategic transformation needed	Advise Alert Advise Advise Advise Alert
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	883 against 680 TI target. National ask reducing to 45 minutes 7.3% against <=7% TI target. Variation at site level (GGH & WGH) 80 minutes against 60 minute TI target. Deteriorated since May 25 211 against 174 TI target. Strategic transformation needed	Alert Advise Alert Alert
Performance: Operational Allied Health & Health Science	Radiology waits over 8 weeks	High breaches are a key driver for the single cancer pathway	Advise

Acronyms

ED = Emergency department
TI = Targeted Intervention
GGH = Glangwili Hospital
WGH = Withybush Hospital
RTT = Referral to treatment

Introduction

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This paper brings together the finance position, targeted intervention (TI) de-escalation criteria and operational performance into a single, coherent narrative. As of Month 4 2025/26, the Health Board is forecasting a £47.6m deficit against a £30.0m revised plan, while resetting organisational expectation to deliver an outturn deficit of £24.0m in line with Welsh Government's expectation to at least maintain the 2024/25 outturn (£24.1m). Savings of £26.9m have been identified (58% of the £46.4m target), leaving a £19.5m gap and a particular weakness in recurrent delivery (£11.6m vs £19.0m target). A time bound assurance route has been set, which include 15 August (QIAs from Executive leads), 18 August (papers to Committee), 26 August (Committee scrutiny), 9 September (In Committee Board), 11 September (CEO update and Month 5 submission).

Operationally, Single Cancer Pathway (SCP) performance sits at 61.4% (June) against a 63% Level 3 target (Annual Plan trajectory 68%), with the backlog now 535 (July) 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, the Health Board has improved Emergency Department (ED) >12h waits towards ≤7% at Health Board level, but site level variation at Withybush Hospital (WGH) and Glangwili Hospital (WGH), and median time to assessment (Health Board 80 minutes vs 60 target) mean de-escalation thresholds are unlikely in the next 2–3 months without site specific step change; ambulance handovers remain materially above the TI threshold (target 680, July 883) with a stricter 45 minute requirement due from October 2025. Delayed Pathways of Care (DPoC) are also above target and lack sustained ≥5% monthly reductions.

Appendix 1 – Letter from Mrs Judith Paget, dated 18 August 2025, following Quarterly TI Meeting between Hywel Dda University Health Board (HDdUHB) and Welsh Government on 29 July 2025.

Month 4 Finance Update (focus on De-escalation Criterion 3)

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Lead Executive - Huw Thomas

Summary

At Month 4 the gross forecast outturn is £47.6m deficit against the £30.0m revised plan, with a core operational underspend of (£1.9m). Savings identified total £26.9m (58% of the £46.4m target), leaving an identification gap of £19.5m. The recurrent element is £11.6m against a £19.0m target (gap £7.4m), with non-recurrent at £15.3m against £27.4m (gap £12.1m). In line with Welsh Government's revised expectations to at least maintain the 2024/25 outturn (£24.1m deficit), organisational expectation is reset to deliver an outturn deficit of £24.0m, thus a requirement to improve on both the revised £30.0m plan and the prior £31.5m forecast cited in the 25/26 annual plan.

Key Cost Drivers Medical pay analysis shows additional hours averaging £2.2m per month, off-contract agency trending down toward zero but on-contract agency remaining variable (£0.2m per month), and locum doctors now 25.8% of total medical expenditure, underlining the need to embed rate card and roster controls. External commissioning shows Swansea Bay University Health Board (SBUHB) Long-Term Agreement (LTA) £0.583m over budget year-to-date driven by uncoded non-elective activity, Welsh Joint Commissioning Committee (WJCC) under-performing on activity (£0.299m) but partially offset by All-Wales risk share of £0.2m year-to-date, and Cardiff and Vale University Health Board (CVUHB) LTA £0.137m over due to high-cost drugs.

QIA-Assessed Improvement Options

To bridge from £30.0m to £24.0m, Executives are bringing forward a QIA-assessed menu (£22.5m gross options), allowing selection of a balanced package to secure the additional £6m improvement. Prominent considerations include pausing overtime to March (£5.1m), reducing or eliminating on-contract agency (£4.9m) alongside off-contract agency (£0.45m), a recruitment freeze for non-patient facing roles via attrition (£2.188m), delaying planned Mental Health and Learning Disabilities (MHLD) recruitment (£1.9m), non-renewal of selected contracts and digital licences (£1.3m), pausing Radiology growth (£1.3m), and deferring selected NICE drug implementations to 2026/27 (£1.3m).

Month 4 Finance update
(focus on De-escalation Criterion 3)

Why Alert?

- Material movement required from both the revised £31.5m plan and the current £30.0m forecast
- Welsh Government explicitly highlighted the disconnect between in-month savings delivered and future months' forecasts
- £19.5m gap all within Clinical Care Group (CCG) areas with Executive Functions having achieved their targets as a minimum on an in-year basis
- Credibility of delivery hinges on closing disconnect between in-month savings delivered and future months' forecasts

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

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Lead Executive - Andrew Carruthers

Current Performance

Current performance sits at 61.4% (June) against 63% Level 3 target (Annual Plan trajectory 68%), with the backlog now 535 (July). 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, and 61.4% in June 2025. Performance variation across tumour sites remains substantial, with urological pathways at 14% and skin pathways at 97%.

Operational Context

Mobilisation under way includes MRI capacity increasing by 336 scans annually (28 per month) through outsourcing from September, Local Anaesthetic Transperineal Prostate (LATP) biopsy expansion of 260 procedures annually (22 per month), flexible cystoscopy improvement of 898 procedures annually (75 per month), and nurse-delivered LATP 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.

Why Advise?

- Performance trajectory shows capability to achieve 63% but inconsistent delivery month-to-month
- June performance below Level 3 threshold and dependency on diagnostic expansion programmes not yet fully operational
- Primary constraint links to diagnostic capacity, particularly in radiology, where CT and MRI availability limits pathway progression
- Concern around the current backlog which has increased

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

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Lead Executive - Andrew Carruthers

Current Performance

Performance remains at 34.9% in July 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 workforce position includes two consultant vacancies representing 20-25% of establishment capacity, three Specialty, Associate Specialist, and Specialist (SAS) doctor vacancies with three staff onboarding but requiring supervision before independent practice, and documented nursing shortfalls affecting clinic efficiency.

Operational Context

Current mitigations include protected R1 slots in all clinics, waiting list initiatives dependent on existing staff overtime, validation to identify highest-risk patients, and Welsh General Ophthalmic Services (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 realise any impact.

Why Alert?

- Static performance despite planned interventions, severe workforce gaps, and patient safety implications where delays risk irreversible sight loss
- 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

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

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Lead Executive - Andrew Carruthers

Current Performance

Performance data demonstrates sustained delivery above 99.8% from March through July 2025, with 100% achieved in March 2025 followed by consistent performance between 99.8% and 99.9%. The September 2025 cohort tracking identifies 2,812 patients who will breach 52 weeks if not seen before month end (August), with ophthalmology accounting for 1,712 patients (61%) and orthopaedics contributing 868 patients (31%).

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 Advise?

- Sustained percentage achievement provides confidence in operational processes
- Volume of patients requiring active management to prevent breaches indicates operational pressure
- Concentration in two specialties creates specific vulnerability, particularly given ophthalmology's documented workforce constraints

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

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Lead Executive - Andrew Carruthers

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 August 2027 if maintained. The trajectory shows consistent month-on-month gains without significant volatility, indicating embedded improvement processes, however, this level of improvement would take nearly 2 years to achieve this ask (on the current trajectory)

Why Advise?

- Continuous improvement requirement satisfied with steady progress demonstrated over eight months
- 11-percentage point gap to target requires sustained focus, but consistent trajectory provides confidence in eventual achievement
- Embedded improvement processes evidenced by consistent month-on-month gains without significant volatility

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

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Lead Executive - Andrew Carruthers

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, MRI compliance is also critical at around 59%; this can prevent patient progression even where there is available treatment capacity.

Why Advise?

- While percentage compliance remains high, volume of at-risk patients and concentration in challenged specialties indicates significant operational risk
- Dependency on unconfirmed mitigations for ENT and plastics patients creates delivery uncertainty
- Core demand and capacity has a mismatch, with outsourcing/insourcing plans aimed at mitigating 104-week breaches

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

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Lead Executive - Andrew Carruthers

Current Performance

Performance shows deterioration from the November 2024 baseline of 16,682 patients to 17,011 in July 2025, representing a 2% increase against the required 12% reduction. The target of 14,680 patients requires a reduction of 2,331 from current levels. Weekly data shows continued net increases, with urology adding 169 patients in a single week while gastroenterology achieved marginal reduction of 45 patients.

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.

Why Alert?

- Deteriorating trajectory contrary to criterion requirements with 2% increase versus required 12% reduction
- 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

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

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Lead Executive - Andrew Carruthers

Current Performance

July 2025 data records 883 ambulance handovers exceeding one hour against the Targeted Intervention threshold of 680, representing a breach of 203 handovers (30% above target). The de-escalation requirement demands an 11% reduction for three consecutive months, then maintained for three months from the Q3 2023/24 baseline average of 964. Performance trajectory shows 1,009 in May 2025, improving to 883 in July 2025, demonstrating improvement but not at the required 11% monthly rate. The current position represents an 8.4% reduction from baseline, falling short of sustained de-escalation requirements.

Operational Context

The 883 handovers represent approximately 900 hours of lost ambulance capacity monthly, effectively removing several ambulances from continuous service. Site-specific performance reveals Bronglais Hospital (BGH) achieving 67 handovers against a target of 122, demonstrating 45% better-than-target performance and proving operational excellence is achievable. The correlation with Pathways of Care Delays at 211 against a target of 174 creates compound effects where discharge blockages cascade through the entire emergency system.

Improvement Actions

The Urgent Emergency Care (UEC) Accelerated Transformation Programme and Six Goals highlight multiple interventions including the "Your Next Patient" initiative launching 1 September 2025, daily 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.

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

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Why Alert?

- 30% breach above target and failure to achieve consistent 11% monthly reductions prevents achievement of de-escalation criteria
- 883 handovers represent approximately 900 hours of lost ambulance capacity monthly
- National ask reducing to 45 minutes from October 2025; therefore, a significant risk in managing demand

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

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Lead Executive - Andrew Carruthers

Current Performance

July 2025 performance shows 7.3% 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. June performance achieved 7.8%, with July showing further progress towards compliance. Site variation remains substantial with Prince Philip Hospital (PPH) achieving approximately 2% whilst other sites range between 10-15%. It should be noted that the recent 0% breaches at PPH is affecting (positive variance) within the Health Board's 12-hour breaches.

Operational Context

The July 2025 position of 7.3% represents approximately 730 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.

Why Advise?

- 0.3 percentage point breach above threshold, combined with demonstrated continuous improvement from 12.8% to 7.3%
- Fivefold variation between sites indicates that local operational practices rather than systemic constraints drive performance
- PPH's 2 to 0% performance supports target achievability

Criterion 17: Time to Clinical Assessment - 60 Minutes Maximum – Level 4

Lead Executive - Andrew Carruthers

Current Performance

July 2025 data shows median time to clinical assessment at 80 minutes, 33% above the 60-minute target. Performance has deteriorated from 70 minutes in May to 80 minutes in July, contrary to the continuous improvement requirement. The November 2023 baseline of 58 minutes demonstrates the health board previously achieved compliance, making current performance particularly concerning. Site variation shows Bronglais Hospital (BGH) at 76 minutes, whilst WGH deteriorated from achieving 59 minutes in May to 76 minutes in June 2025.

Operational Context

The 20-minute delay beyond target represents approximately 5,000 additional patient-hours of waiting monthly before clinical assessment. This delay occurs at the critical decision point where streaming to alternative pathways could decompress emergency departments. The deteriorating trajectory despite documented interventions suggests workforce constraints and flow blockages override operational improvements.

Why Alert?

- 33% breach above target, deteriorating trajectory from May 2025 to July 2025
- Movement away from previously achieved compliance in November 2023 indicates systemic failure
- 20-minute delay beyond target represents approximately 5,000 additional patient-hours of waiting monthly

Criterion 18 - Pathways of Care Delays
5% Reduction Target

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Lead Executive - Andrew Carruthers

Current Performance

July 2025 records 211 delayed pathways of care against a target of 174, representing 21% 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 211 in July 2025. The trajectory shows no months achieving the required 5% reduction, let alone three consecutive months.

Operational Context

The 211 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 Pathways of Care Delays Integrated Action Plan submitted to national level acknowledges the multi-agency nature requiring health and social care integration.

Why Alert?

- 21% breach above target, deteriorating trajectory contrary to reduction requirements
- 211 delays represent patients medically fit for discharge occupying acute beds, creating the fundamental constraint across all emergency pathways
- Direct causation of ambulance handover delays, emergency department congestion, and assessment delays

CAMHS Neurodiversity Assessments - ASD Pathway Performance

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Lead Executive - Andrew Carruthers

Current Performance

Performance for Children and Adolescent Mental Health Services (CAMHS) Autistic Spectrum Disorder (ASD) assessments shows significant deterioration with only 15.6% of patients (535 out of 3,436) waiting less than 26 weeks to start a neurodevelopment assessment as of June 2025, against the 80% target threshold. This represents 2,901 patients (84.4%) waiting more than 26 weeks. The trajectory demonstrates sustained decline from approximately 25-30% performance in 2022 to current levels, indicating a 64.4 percentage point gap to target with no improvement evident over the three-year period.

Operational Context

The service has received £980k ringfenced funding through the Neurodivergence Improvement Programme (NDIP2025-27) with priorities to eradicate three-year waits by 2026. Current mitigations include ongoing outsourcing arrangements, radical service re-design incorporating stepped care approaches, and weekly Task and Finish group monitoring. However, representations from the service state that significant operational constraints persist including insufficient administrative support from vacant posts and sickness absence, alongside risk of funding cessation for outsourcing during transformation.

Why Alert?

- Sustained deteriorating trajectory over three years with 64.4 percentage point gap to 80% target affecting 2,901 children and young people
- Risk of outsourcing funding cessation whilst transformation remains incomplete, creating service fragility during critical improvement period
- Commitment to eliminate three-year waits by 2026 requires immediate transformational intervention beyond current operational adjustments

Recommendation

The Finance and Performance Committee is asked to: -

1. **NOTE** the reset £24.0m outturn expectation and the £6m improvement required from the revised plan, with particular focus on closing the £19.5m savings gap that falls entirely within CCG areas and improving the recurrent versus non-recurrent split from current £11.6m to £19.0m target.

2. **SCRUTINISE** the QIA-assessed savings menu (£22.5m gross options) including pausing overtime to March (£5.1m), reducing on-contract agency (£4.9m), and recruitment freeze for non-patient facing roles (£2.188m) and agree next steps.

3. **SEEK ASSURANCE -** on immediate action for R1 Ophthalmology given static 34.9% performance where delays risk irreversible sight loss, including regional workforce solutions and service reconfiguration options beyond local management.

4. **SEEK ASSURANCE -** on site-specific recovery plans for Withybush Hospital and Glangwili Hospital to achieve ambulance handover targets (currently 883 versus 680 threshold representing 30% breach) and ED 12-hour performance (7.3% versus 7% target), with weekly oversight and readiness for 45-minute handover standard from October 2025.

5. **SEEK ASSURANCE -** that delayed pathways of care reduction plans address the fundamental constraint of 211 medically fit patients occupying acute beds (21% above 174 target) that directly causes the cascade of ambulance handover delays and emergency department congestion across the entire system.

6. **SEEK ASSURANCE** - on immediate escalation measures for CAMHS ASD assessment performance given sustained three-year deterioration to 15.6% against 80% target affecting 2,901 children; and **APPROVE** a comprehensive deep-dive review at the next Committee meeting if August 2025 performance fails to demonstrate improvement.

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Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive

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Our Ref: JP/MR/HP

18 August 2025

Dear Phil

Quarterly escalation meeting

Thank you for attending the quarterly escalation meeting on the 29 July 2025, along with members of your Executive team, and for providing the slides which provided a helpful overview ahead of the meeting. These slides form an important part of the meeting record.

This was our first escalation meeting since the recent de-escalation announcements when we confirmed the following escalation status:

- Level 4 for finance, strategy and planning, performance and outcomes related to urgent and emergency care, and quality of care related to HCAIs and fragile services.
- Level 3 for performance and outcomes related to planned care and cancer and leadership and governance.

The changes in the escalation status are in line with our improving confidence in the organisation and that the Board is able to implement the required changes. It is essential that this improvement journey continues. A refreshed escalation framework has been shared with you for comment.

Apologies were noted from Huw Thomas, Sharon Daniel, Ardiana Gjini, Mark Henwood and James Severs from the health board and Sue Tranka, Helen Arthur, Samia Edmonds and Olivia Shorrocks from Welsh Government.

All actions from the previous meeting had been completed or would be picked up in this discussion

Finance and planning

Your initial plan aimed to deliver the control total of £31.5m, which included £44m of savings. You have been able to de-risk some elements during quarter 1 and are taking a paper to your July Board advising of a revised end of year position of £30m deficit. Whilst this is positive progress, it does remain above the expectation of delivery of the 2024/25 outturn of a £24m deficit as a minimum. You continue to drive savings, including reduction in agency spend, and your green savings plan was at £22m in month 3. You recognise there is a continued reliance on non-recurrent savings. You are working with colleagues in NHS P&I to develop a plan that delivers balance in three years.

Our assessment is that the £24m deficit position is deliverable and expect confirmation on how you will deliver that by 31 July. You highlighted there were a few schemes in place, but a full impact assessment was required before confirmation could be provided and you were trying to strike the right balance between finance, performance, quality and workforce. It is important that you set out the steps you are taking to confirm the outturn as soon as possible. We require clarity on your outturn for this year by 11 September.

You confirmed the reassessment against the planning maturity matrix had been completed and will be presented to the July Board meeting. Since the last review, the score for strategy development had reduced, noting there was still no long-term plan for health services across west Wales. There had been a good discussion at the planning committee and the maturity matrix will be used to support Board seminars.

You have started the 2026/27 planning process with the intention of agreeing a three-year IMTP.

Your assessment against the enabling actions, is that the majority have been assessed as either green or amber, with two red related to theatres and ambulance handover. On theatres, there are workforce issues in Glangwili, as well as sickness and this is an area you are focussing on. On ambulance handover, you recognise there is further work to do around streaming and redirection of patients. Plans have been developed, and you are expecting both areas to move to amber and green in due course.

The Clinical Services Plan (CSP) consultation has reached the mid-point review with over 1,600 responses, with a similar number attending health board events. There have been over 600 staff attending engagement sessions. The outcomes at present include some alternative options coming through, which will be tested once the consultation period closes. The main areas of concern relate to how far patients will have to travel and timeliness of access to services.

As part of the CSP, you have been in close contact with Swansea Bay UHB regarding the development of regional services with the next joint Committee scheduled for the middle of August. You also have input from the Mid Wales Committee, and you have recently taken the CEO lead for the Mid Wales Executive.

The Prince Philip MIU consultation has now closed, with over 700 responses received. Both Llais and the local action group SOSPAN have been involved from the start. You will be taking proposals to the September Board meeting.

Urgent and Emergency Care (UEC)

UEC is the most challenged performance area and is a significant area of focus for the health board for both performance and quality and patient experience. There are a number

of actions in place to improve ambulance handover, and there has been some improvement seen in Bronglais, but challenges are considerable in Withybush and Glangwili. Handover performance in Glangwili is one of the worst in Wales. This is an area you are looking to learn from others on and have been in contact with colleagues from Swansea Bay and Cwm Taf Morgannwg University Health Boards.

The length of time patients spend in the emergency department is also of concern. There is good clinical leadership, and you recognise there are a number of patients that could be managed differently. A paper went to the July Board on UEC transformation, including extending the SDEC model to 12 hours a day, 365 days a year and to develop a seven-day streaming model. There has been progress on workforce stabilisation, though not in delayed pathways of care. You confirmed a round table discussion with local authority partners was scheduled for the start of September to discuss winter and agree a memorandum of understanding.

Fragile Services

Stroke is part of the CSP discussion, and you are having discussions with Powys teaching Health Board, Swansea Bay University Health Board and Betsi Cadwaladr University Health Board about the appropriate patient flows, pathways and the comprehensive stroke unit for the region.

The aim is to deliver high quality services and the CSP had prompted a lot of debate, with the public recognising that having four units does not provide the right care. There has been a geographical divide on the responses received at present, with different views being offered. You recognise the current provision is not ideal and there is further work to do.

Quality and Safety

The health board continues to report an improved position for HCAIs, but above the de-escalation criteria. There are detailed plans in place and an intensive focus on IPC. It was noted there is a seasonality issue with c-difficile and a time lag in relation to when antibiotics were used and the impact of c-difficile. There has been an issue with accessing FMT over the last couple of months and you are in discussions around setting up a FMT manufacturing plant in Wales. You are exploring the opportunity of using technical hygienists, particularly in the ED and Welsh Government colleagues are interested to discuss this further. You expected to see improvements in HCAIs from September.

You continue to work collaboratively with Swansea Bay on hand hygiene and have changed the disinfectant being used across the health board. You reported there are two areas of work on-going, one with Dr Mike Simmons around the introduction of probiotic cleaners and with Tri Tech and University of Dundee around the introduction of UV222. We will be interested to hear the progress of this work.

Performance and outcomes

It was disappointing to see there were 104-week breaches at the end of June. There are pressures in orthopaedics and recovery plans are in place and you expect to achieve zero breaches at the end of quarter 2, although there are challenges in a couple of specialities. There has been progress in radiology, though there are still nearly 3,500 open pathways over eight weeks. There has also been an improvement in reporting times. There is a challenge in flexi-cystoscopy from urgent cancer referrals, but all other endoscopy was at eight weeks.

Cancer performance is being maintained over 60%. The backlog reduction has not had as much impact as I would like to see and there must be a focus in this area.

Governance and Leadership

There is now a full Executive team in place following the appointment of the Medical Director. The operational structure is now in place, with the senior posts in place with the exception of the Associate Medical Directors, which are to be advertised shortly. You are now moving on to phase 2 and to the filling of the roles below. The Clinical Care Groups are at an early stage of development. The early observations are this structure has been welcomed by staff, though there had been some reservation, and the new structure is supported by an OD programme of work. You highlighted you are open to receiving and listening to feedback from staff.

Summary

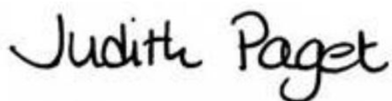
There has been progress seen in some areas that resulted in the recent de-escalation. The main areas of concern and challenge remain around finance and UEC. It is important on the finance side that you deliver the Cabinet Secretary's ask and the presentation of your savings as per Hywel's request. On UEC, you recognise the challenge over the coming 60 days in preparation for 45-minute handover from October and in improving the flow in the EDs and preparing the staff. I will be keen to see an improving position for HCAIs in the coming months.

We agreed the following actions:

- Clarity on 2025/26 outturn by 11 September 2025.
- Robust plans for delivering the 45 minute handover from October.
- Focus on reducing the backlog of patients waiting over 62 days for the cancer treatment to commence.
- An update on the plans to reduce delayed pathways of care and winter preparations following the round table discussion with local authority partners.

I look forward to seeing further progress at the next meeting.

Yours sincerely



Judith Paget CBE

Attendance

List of attendees and noted apologies	
Health Board	**Welsh Government**
Dr Philip Kloer	Judith Paget - Chair
Andrew Carruthers	Nick Wood
Helen Mitchell	Jeremy Griffith
Shaun Ayres	Hywel Jones
Andrew Spratt	Jamie Kaijaks
Lee Davies	Gillian Knight
Lisa Gostling	Martyn Rees
Joanne Wilson	Gaynor Evans
Tracey Gauci	
Bethan Lewis	
Apologies	
Mark Henwood	Helen Arthur
Sharon Daniel	Samia Edmonds
James Severs	Olivia Shorrocks
Huw Thomas	Sue Tranka
Ardiana Gjini	