

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

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	26 August 2025
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 4 2025/2026
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

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

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 4, 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, attached as **Appendix 1**.
- 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 31 July 2025 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.

In addition to the IPAR submission, there is an Executive Improving Together Sessions (EITS) Thematic Report, attached as **Appendix 2**. This report summarises the EITS meetings held in June and July 2025 and outlines the key issues, actions and key achievements.

Please note:

- Ambulance red calls responses < 8 mins - due to [changes to the call categories](#) introduced in July 2025, this metric has been stood down. Two new metrics will be introduced in August by the Welsh Ambulance Service Trust and will be reported in M5 IPAR report.
- Referral To Treatment (RTT): data for the period April 2025 to June 2025 has been resubmitted to Welsh Government due to a slight under reporting of waits for physiotherapy and podiatry. This resulted in an addition of 500 patients per month to the overall waiting list. These patients have been waiting a relatively short time and therefore did not breach the RTT waiting times performance targets.
- Revised improvement trajectories are being developed since the appointment of 2 speciality and specialist doctors in June for % R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. These are planned to be reported for the next Board meeting.
- The Audiology national data submission was originally planned for August 2025 however there is insufficient assurance around data quality as highlighted in a recent review. Data cleansing is required and will take considerable resources and time to achieve. The Clinical care group (CCG) are seeking Executive approval to either delay submission until early 2026 or send a provisional data submission with caveats to address the robustness of the data.
- Patient experience metrics - data for two additional measures from the new national survey have been added: 'I was able to communicate in my preferred language' and 'I have received a positive overall experience'.
- Dental access: Prompted by the Ministerial Delivery Expectations 2025/26, data for the percentages of children and adults regularly accessing NHS primary dental care within 24 months has been updated to March 2025.
- The sickness target has been revised to 6.6%, in-line with improvement against the 2024/2025 baseline.

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

### Cefndir / Background

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

## Asesiad / Assessment

### Performance overview

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

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Ambulance handovers > 1 hour Hywel Dda	0	Jul 2025	883	Concerning	Missing target	Trajectory missed by over 5%	Alert
Ambulance handover > 4 hours Hywel Dda	0	Jul 2025	243	Usual	Missing target	Trajectory missed by over 5%	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Jul 2025	72.1%	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Jul 2025	1,211	Concerning	Missing target	n/a	Alert
Number of Pathways of Care delayed discharges	n/a	Jul 2025	211	Usual	n/a	Trajectory missed by over 5%	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Jun 2025	64.0%	Concerning	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Jun 2025	25.2%	Improving	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Jun 2025	53.1%	Concerning	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Jul 2025	2,699	Concerning	Missing target	n/a	Alert
Financial in month deficit	n/a	Jul 2025	£2,646,000	Usual	n/a	Trajectory missed by over 5%	Alert
C. difficile: Number of confirmed cases (in-month)	8	Jul 2025	13	Usual	Hit and miss	n/a	Alert
E. coli: Number of confirmed cases (in-month)	21	Jul 2025	38	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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S. aureus: Number of confirmed cases (in-month)	6	Jul 2025	13	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Jul 2025	44.2%	Improving	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Jul 2025	17,011	Improving	Missing target	n/a	Advise
% sickness absence rate of staff	6.60%	Jul 2025	6.50%	Concerning	Hitting target	n/a	Advise
% therapy interven post LPMHSS assess (age 0-17)	80%	Jun 2025	80.0%	Improving	Hit and miss	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Mar 2025	85.6%	n/a	n/a	n/a	Advise
% of children receiving HPV by age 15	90%	Mar 2025	74.1%	n/a	n/a	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
% MH assess within 28 days (age 0-17)	80%	Jun 2025	90.4%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Jun 2025	98.3%	Improving	Hit and miss	n/a	Assure
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Consultations delivered through PIPS	n/a	May 2025	2,627	Improving	n/a	Trajectory met	Assure

## Triangulating our data: 1<sup>st</sup> April 2022 to 31<sup>st</sup> July 2025.

- Quality safety and risk** – there was an increase in the number of incidents causing moderate harm or above reported by month in July 2025 with 168 compared to 166 in June. Numbers have been increasing since April 2025. The number of patient falls decreased slightly in July to 213 from 221 the previous month. Numbers have been static in the low 200s since February 2025. There was a decrease in medication errors recorded in July 2025, 104 compared to previous the month of 144. Six of these are severe level. We continue to have significant numbers of high and extreme risks on the risk register with 475 in July 2025. The number of new complaints received decreased slightly from the previous month to 200 in July. The number of new infection cases increased in July 2025 to 76. 37 of these cases were E. coli and 15 were S. aureus.
- Workforce** – In month, staff sickness increased slightly to 6.3% in July 2025 from 6.0% in June. Long-term sickness was 4.4% and short-term sickness was 1.8%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. During July nursing and midwifery agency usage continued to decrease with 22.5 whole time equivalents (WTE).

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	126	305	168	
Patient falls	189	301	213	
Medication errors	61	144	104	
Pressure damage developing or worsening during care	58	216	93	
New complaints by month received (ward level not available)	109	226	200	
Number of high and extreme risks (health board & function only)	379	491	475	
Infections: new cases	53	84	76	
Infections: C. difficile cases	9	23	14	
<b>Workforce</b>				
Number of staff/contractor related incidents	98	184	159	
Sickness - short term	1.7%	2.8%	1.8%	
Sickness - long term	3.3%	4.9%	4.4%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	7.5%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.33	379.79	56.33	
Bank (WTE)	212.99	352.85	318.47	

## Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **DISCUSS** the IPAR – Month 4 2025/2026 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as ‘alert’.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.1.1 The financial performance and delivery against Health Board financial plans and objectives and;</p> <ul style="list-style-type: none"><li>• Give early warning of potential performance issues,</li><li>• Make recommendations for action to continuously improve the financial position of the organisation,</li><li>• 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.</li></ul> <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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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 Cyllid a Pherfformiad Parties / Committees consulted prior to Finance and Performance Committee:	Finance, Performance, internal Escalation process

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Better use of resources through integration of reporting methodology
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement
<b>Gweithlu: Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg: Risk:</b>	Better use of resources through integration of reporting methodology

<b>Cyfreithiol: Legal:</b>	Better use of resources through integration of reporting methodology
<b>Enw Da: Reputational:</b>	Yes
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 31<sup>st</sup> July 2025

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



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## Overview

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[Emergency departments – Hywel Dda](#)

[Ambulances – Bronglais Hospital](#)

[Emergency departments – Bronglais Hospital](#)

[Ambulances – Glangwili Hospital](#)

[Emergency departments – Glangwili Hospital](#)

[Ambulances – Prince Philip Hospital](#)

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

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[Rules for special variation within SPC charts](#)

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

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## Infections

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[S. Aureus](#)

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[Staff sickness](#)

[Financial deficit](#)

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

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

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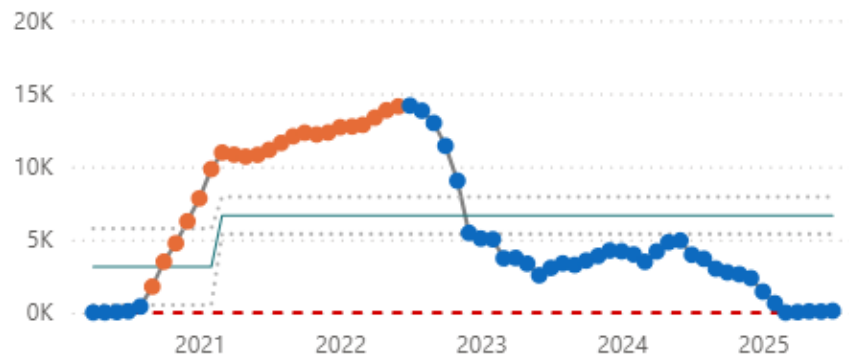
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Key

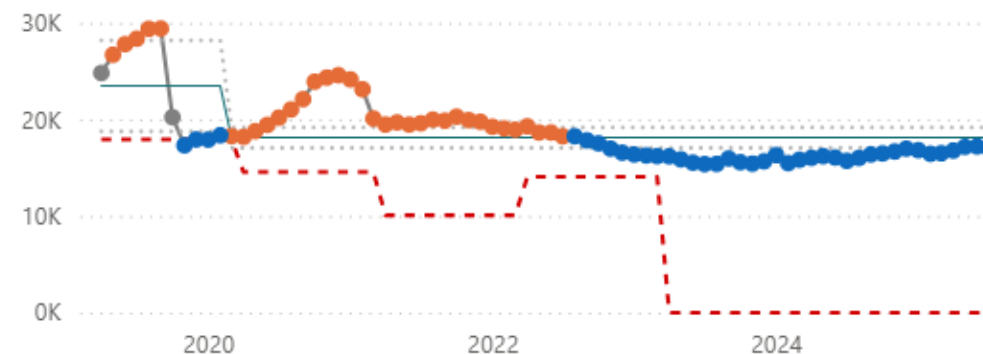
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Breaches have risen for four consecutive months to 116 in July 2025. Breaches are within geriatric and general medicine (82), and ophthalmology (34).

Follow up outpatient appointments delayed over 100% past target date



Follow ups delayed over 100% of their target date reduced to 17,011 in July 2025.

Key challenges / issues

- July 2025, 52-week outpatient breaches are in elderly care and general medicine, driven by ongoing osteoporosis capacity issues; and ophthalmology due to requirement to prioritise urgent patients due to sickness and clinical vacancies. Recovery plans are in development for Quarter 2 (Q2).
- 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 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

- 52-week outpatient target met in July 2025 across all specialties except general medicine and elderly care and ophthalmology; Q2 plans aim to clear remaining breaches by September.
- 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 9,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines.
- 2025/26 demand and capacity plans used within all Planned Care services and aim for zero patients waiting over 36 weeks in key specialties, optimising capacity and forecasting.
- Local plan to deliver 15k+ 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.

Due date

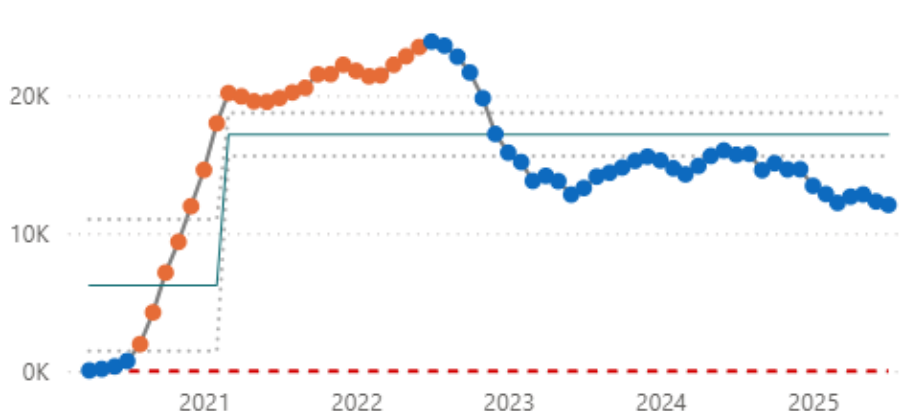
- 30/09/25
- 31/03/26
- 31/03/26
- 31/03/26
- 31/03/26

# Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

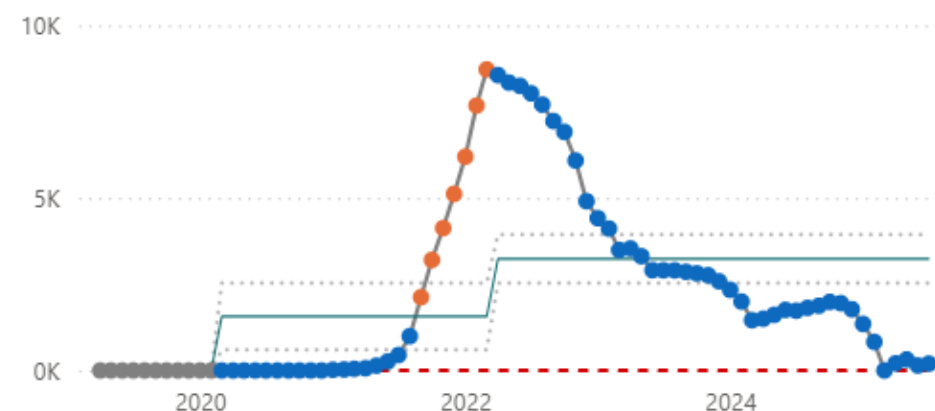
- Key**
- Improving variation
  - Usual variation
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  - Ambition

### Patients waiting over 52 weeks from referral to treatment



Performance shows improving variation with 12,060 breaches in July 2025, the lowest number of breaches since December 2020.

### Patients waiting over 104 weeks from referral to treatment



Improving performance is showing, however, target (0) has not been met for four months. July 2025 shows 198 breaches, which are mainly within orthopaedics (101) and ENT (60).

## Key challenges / issues

## Key actions / initiatives

## Due date

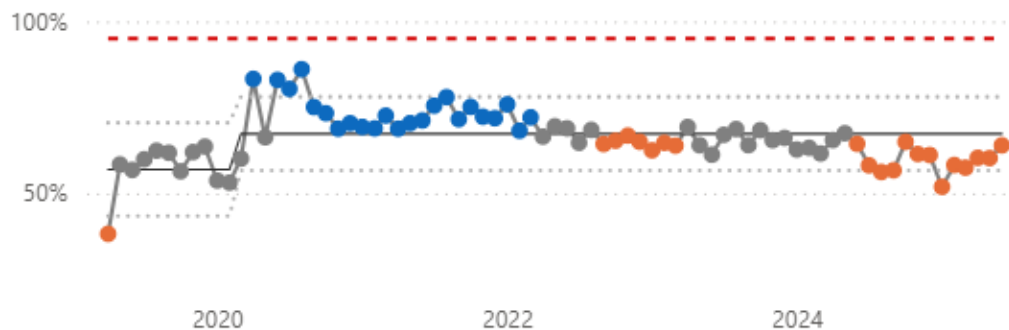
- Most specialties, including large volumes of Cataracts and Arthroplasty, are on track to recover by end of Quarter 2 (Q2), but ENT and Ophthalmology face risks due to theatre staffing and cancellations.
- July 2025 breaches are mainly due to limited theatre capacity and ongoing challenges with staffing and funding.
- 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 lists due to workforce constraints.
- 99.9% of Hywel Dda patients will be treated within two years, with a 16% reduction in 36-week RTT breaches since June 2024.

- Recovery plans in ENT and Ophthalmology (Ocular Plastics) include insourcing theatre staff, outsourcing tonsillectomies, and additional lists to address Quarter 1 (Q1) backlogs. 30/09/25
- Orthopaedic recovery plan targets resolution of Q1 breaches by September 2025. 30/09/25
- Focus on maintaining waiting time targets in 2025/26 using demand and capacity forecasts to highlight risks and guide funding allocation. 31/03/26
- Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties. 31/03/26
- Recovery plans in general medicine and care of the elderly include doctor onboarding and Fracture Liaison Services (FLS) nursing support to address Q1 backlogs. 30/09/25

**Key**

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

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



Data shows concerning variation in June 2025, with 1,118 out of 1,748 (64%) high-risk (R1) patients attending appointments within a 25% delay to their target date (Target = 95%). June's data is the best recorded since October 2024.

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



In June 2025, 6,483 out of 18,583 (34.9%) high-risk (R1) patients were waiting within a 25% delay to their clinically assigned target date (Target = 95%). Performance has been steady at between 34.2% and 35.1% since October 2024.

### Key challenges / issues

- Gaps in Specialty and Specialist (SAS) doctor rotas continue, affecting clinic delivery. 3 SAS doctors are onboarding. Additional duty hours continue to cover emergency work.
- Recruiting to the consultant posts is historically challenging. The solution to develop 2 regional posts via a Situation, Background, Assessment and Recommendation (SBAR) report has been approved by the Clinical Care Group (CCG).
- Recruitment to the posts identified in the Eye Care Measures (R1) SBAR has been approved. Waiting list initiatives (WLI) for R1 delivery continue and Intravitreal Injections continue to be supported by an outsourcing contract.
- Reduced clinics due to gaps in workforce continue. Where possible additional WLI clinics are delivered.
- Clinic delivery continues to be restricted due to estates. Reducing sites and increasing delivery on fewer sites will ensure staff can be trained and properly supervised to work to the top of their licence.

### Key actions / initiatives

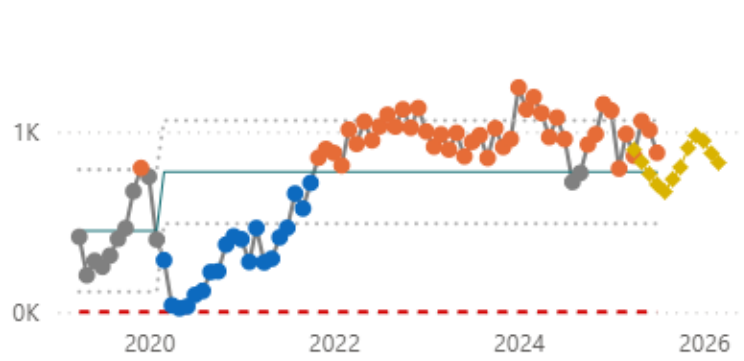
- The 2 consultant regional posts have been submitted to Financial Control Sub-Group (FCSG) for approval.
- There are 3 SAS doctors currently onboarding.
- 1 SAS post has gone to FCSG for agency to help deliver services whilst SAS posts are onboarding.
- Regional solutions for Age Related Macular degeneration (AMD), Glaucoma, Cataract and Vitreoretinal sub-specialties continues to be worked through with actions from each sub-specialty meeting to develop services.
- Protected R1 capacity continues and additional R1 delivery has been secured through WLI.
- The additional posts for the increased delivery of the Intravitreal pathway advertised on Trac recruitment system.
- Internal solutions for Intravitreal injections (IVT) delivery continue to assist with delivery.
- External outsourcing for IVT delivery continues whilst the workforce is recruited to develop sustainable services.
- External solutions for cataract delivery continue to maintain the 104 week wait.
- Insourcing for theatre delivery of Vitreoretinal and Glaucoma patients has commenced.

### Due date

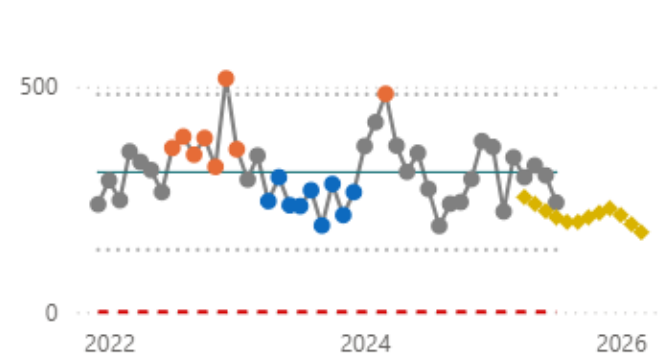
- 13/08/25
- 30/11/25
- 13/08/25
- 31/11/25
- Completed
- 31/11/25
- 31/03/26
- 31/03/26
- 31/03/26
- 04/08/25

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

### Ambulance handovers taking over 1 hour



### Ambulance handovers taking over 4 hours



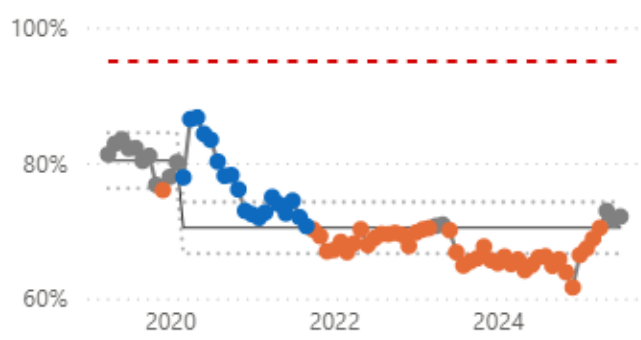
#### >1 hour handovers:

Latest data is showing concerning variation  
883 handovers > 1 hour out of a total of 2,188 handovers.

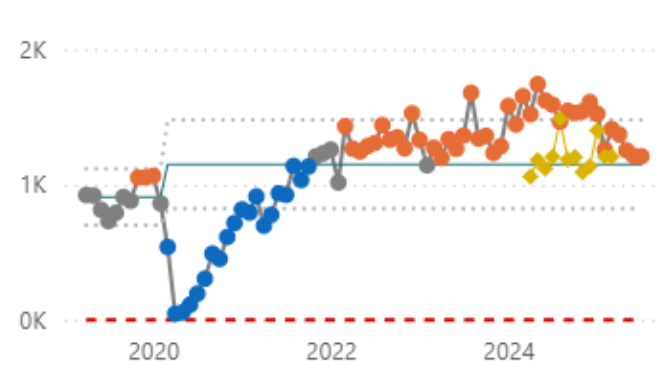
#### >4 hours handovers:

Latest data is showing common cause (expected) variation. 243 handovers > 4 hour out of a total of 2,188, 11%.

### 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 common cause (expected) variation.

72% of patients were seen within 4 hours, 11,927 out of 16,548 new attendances.

#### Waits > 12 hours:

Latest data is showing cause for concern variation.

1,211 patients waited over 12 hours, out of 16,548 new attendances, 7%.

## Key actions / initiatives – tactical urgent and emergency programme Due date

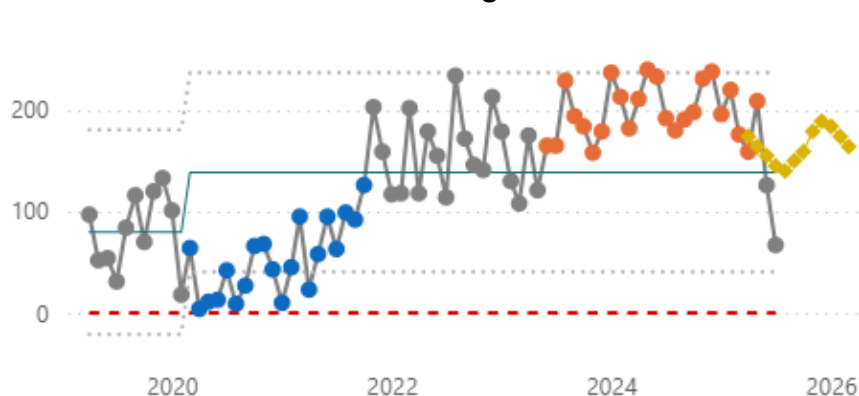
In response to long-standing performance challenges within Urgent and Emergency Care (UEC) which has resulted in sub-optimal patient experience and performance, the Executive Team has issued a series of instructions to be enacted at pace (by October 2025) in order to deliver a step change improvement,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

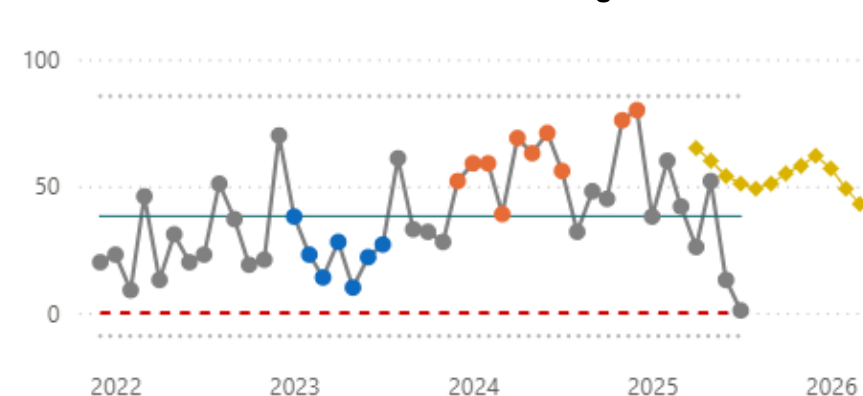
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing common cause (expected) variation.  
67 handovers >1 hours reported out of a total of 377 handovers, 18%.

**Ambulance handovers taking over 4 hours**



Latest data is showing common cause (expected) variation.  
1 handover >4 hours was reported out of 377 total handovers 0.3%.

**Key challenges / issues**

- Rapid Assessment and Treatment (RAaT) provision can be impacted by lack of nursing staff to support the area – it is recognised that the majority of ambulance red release calls are almost always supported.
- Reduced capacity and patients in corridor within the ED is a regular occurrence due to limited flow through the system.
- Surge capacity and boarding opportunities are in situ across the acute site to support timely ambulance handover. Space however, is limited.
- Ongoing staffing challenges.
- Self-presenters can be prioritised based on clinical acuity.

**Key actions / initiatives**

- Dedicated RAaT provision at the front door enabling timely assessment – nursing model needs signing off by Executive Team.
- Review of current discharge and flow pathways with proposal for full revamp of Porth Gofal and patient flow processes encompassing a number of Quality Improvement projects.
- 45 minute ambulance handover – action plan processes in place now (RAaT/Short Stay Triage) to ensure handovers take place within expected timeframe.
- Establish accelerator team to focus on discharges – escalation of delays to System General Manager.
- Launch "Your Next Patient." This patient flow model schedules two moves every hour from the emergency department to specialty wards where possible.
- Criteria Led Discharge – pilot on ward to be agreed and undertaken as Quality Improvement project.
- Engage with Welsh Ambulance Service Trust on pre alert and redirection criteria/no convey protocols. Aim is to redirect patients to prevent arrivals at hospital.
- Health Board Operational Delivery Group currently developing robust plan to deliver an operational 7 days per week. Operational Delivery Unit (ODU) to focus on handover delays across the Health Board.
- Y Bwa continues to support site pressures following decant of Meurig ward, review has been undertaken to establish model of care. Expectation is to maintain use of Y Bwa.
- Surge capacity and boarding available as part of escalation actions.
- Short Stay area within the Emergency Department is not being bedded to ensure continuation of flow.
- Daily Delayed Pathway Of Care review at System level

**Due date**

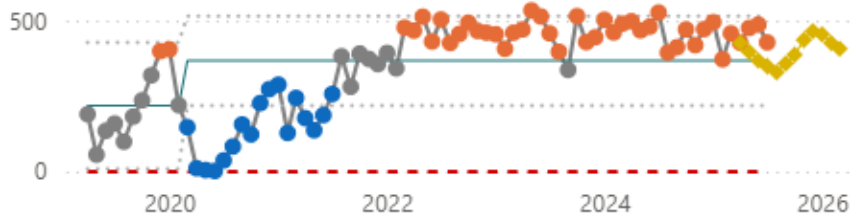
- 01/10/25
- 31/09/25
- 01/10/25
- 01/09/25
- 01/10/25
- 01/10/25
- 01/10/25
- 31/10/25
- Live
- Live
- Live
- Live



Key

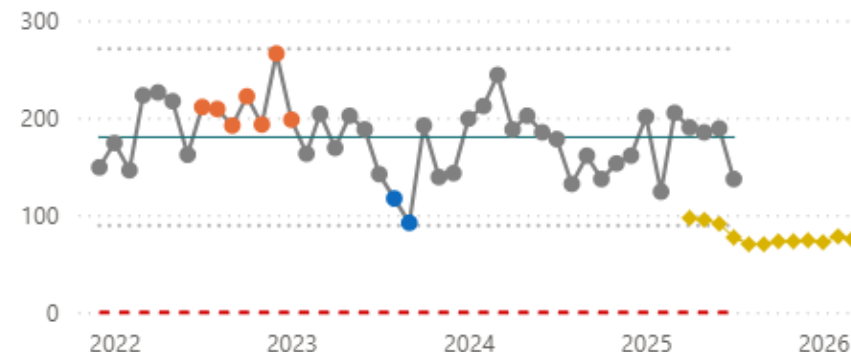
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 428 handovers >1 hours reported out of a total of 866 handovers, 49%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 137 handovers >4 hours reported out of a total of 866 handovers, 16%.

Key challenges / issues

- Patient flow from the Emergency Department (ED) continues to remain challenging with high acuity and high volume of patients awaiting a ward bed who are held in the ED.
- High volume of ambulance attenders presenting at front door with delays experienced due to patient flow challenges.
- Surge capacity around nursing bay limits handover space availability.
- Acuity of self-presentations can often need to be prioritised clinically.
- Provision of numerous specialty pathways for patients across the Health Board.
- High acuity of ambulance presenters not being fit to sit.
- Advanced Paramedic Practitioner (APP) fill rates are below 100% due to resource being required at scenes.
- Despite boarding policy in place on daily basis, flow continues to be challenging with all ward areas on full surge on ward and treatment areas.

Key actions / initiatives

- Health Board Repatriation Document to be developed and agreed at Clinical Care Group.
- Expansion of Same Day Emergency Care (SDEC) footprint with capital funding, with weekly project group in place.
- Health Board Operational Delivery Group currently developing robust plan to deliver an operational 7 days per week Operational Delivery Unit (ODU) to focus on handover delays across the Health Board.
- Review of perfect week initiatives to be evaluated with a view to identify potential funding sources.
- Continued focus on achieving 15 minute handover for ambulance attenders.
- Development and Implementation of "Your Next Patient" Standard Operating Procedures to ensure that each patient arrives at the right ward, at the right time and under the care of the most appropriate team.
- Rapid assessment pitstop staffed by triage trained nurses.
- Boarding policy active on daily basis to create early flow against discharges

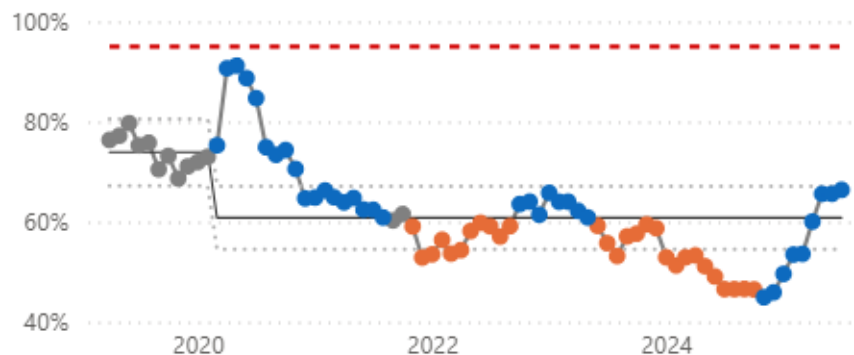
Due date

- 30/09/2025
- 30/03/2026
- 31/10/2025
- 31/08/2025
- 31/08/2025
- 30/09/2025
- Live
- Live

**Key**

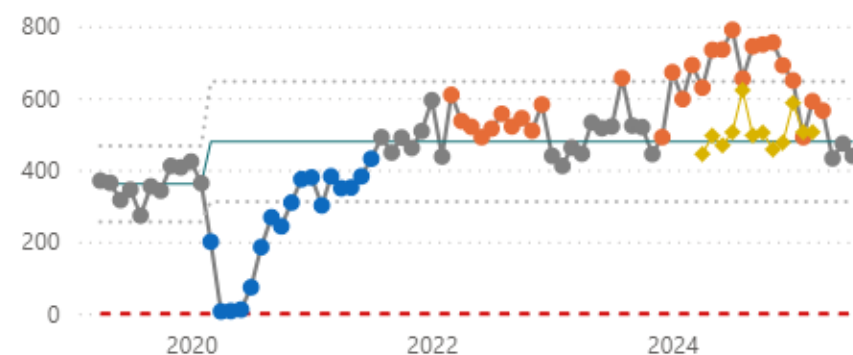
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Patients waiting less than 4 hours in A&E**



66% reported for July, 1,703 breaches out of 5,068 new attendances. Chart is showing improving performance trend.

**Patients waiting over 12 hours in A&E**



439 breaches out of 5,068 new attendances, 9%. Chart is showing common cause (expected) variation.

**Key challenges / issues**

- Increasing volume of attenders seen through Glangwili Front door with limited capacity for see and treat rooms due to large volume of patients awaiting beds in the Hospital.
- Data quality around breach validation is improving and has contributed to the improved performance on the 4 hour target.
- Patient flow from the Emergency Department continues to remain challenging with high acuity and high volume of patients awaiting a bed contributing to 12 hour performance.

**Key actions / initiatives**

- Front door proposal discussions ongoing as to options to maximise throughput through Same Day Emergency Care/ Acute Medical Assessment Unit (AMAU) facility. Weekly project team in place.
- Teifi Trauma Ambulatory Care Unit pilot data to be reviewed with consideration to operationalising as daily practice.
- Reviewing revised staffing model to deliver 7 day Same Day Emergency Care and Clinical Streaming Hub Models.
- Rapid triage and assessment in place by Senior ED Clinician where possible to enable early senior decision making and turnaround.
- Medical and Surgical SDECs fully functional and accepting GP and Emergency Department referrals.
- Development and implementation of "Your Next Patient" to decant from ED when able to do so.

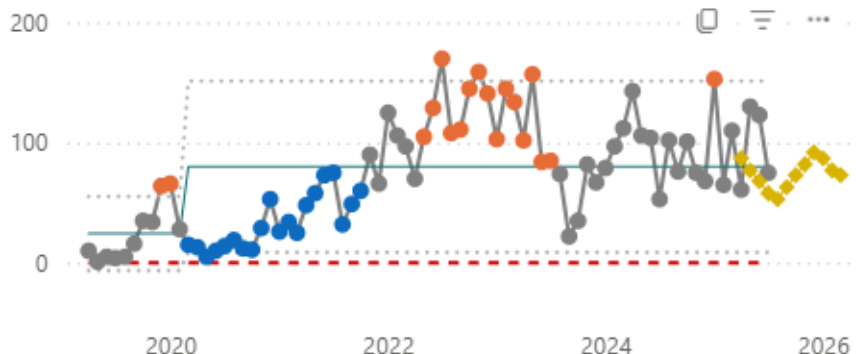
**Due date**

- 31/03/2026
- Daily/  
30/09/2025
- 31/10/2025
- Live
- Live
- 30/09/2025

Key

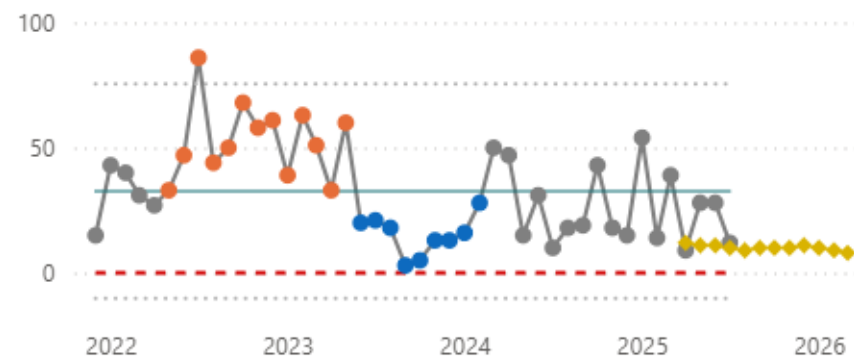
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 75 handovers >1 hours reported out of a total of 234 handovers, 32%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 12 handovers >4 hours reported out of a total of 234 handovers, 5%.

Key challenges / issues

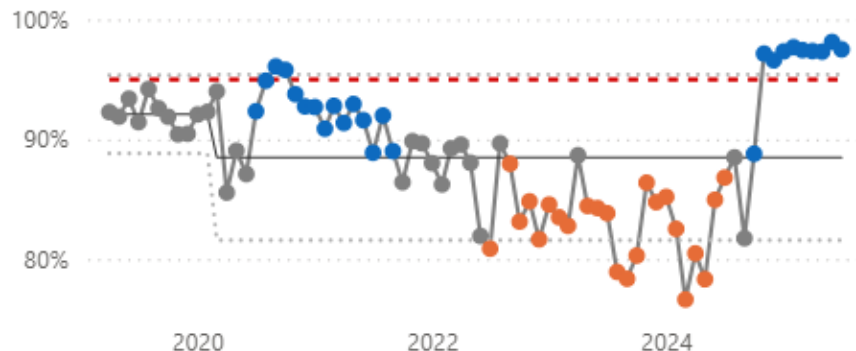
- Continued 'Front Door ' pressures resulting in very limited capacity due to continuing IP & C issues (infection, prevention and control ) which reduces the ability to surge in areas we would normally. Ambulances conveying to the site during July decreased slightly resulting in our 1 hour handover performance improving.
- Prioritisation of medical patients in MIU to come across to AMAU remains which limits capacity for ambulances. This is further compounded by patients being admitted from SDEC and self presenting GP referrals.
- Across Carmarthenshire- Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub remains a challenge and as a result, acute site does experience an increase in ambulance conveyances.
- Boarding protocols (where patients are moved to wards early where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation although patient flow out of hospital continues to be compromised with limited community bed availability.

Key actions / initiatives

- SDEC (Same Day Emergency Care) supporting AMAU/MIU to reduce pressure at the front door. Weekend cover is also being scoped when required during busy periods and staffing levels allow. 30/09/25
- Front Door Model (where patients needs are identified via a multidisciplinary team) is operational to expedite discharge home including interface frailty service. 30/09/25
- Health Board Operational Delivery group currently developing plans to deliver a 7 Day model to focus on whole system flow with senior decision making. PPH is included in these plans which are currently going through our financial approval process. 31/10/25
- Immediate ambulance release requests are almost always supported Live
- All ward areas operate a full capacity with additional patients in surge areas to maintain flow when required Live
- Clear communication channels with the Operational Delivery Unit (ODU) in the WAST to support decision making with a view to minimise risk as part of the hospital flow. WAST attend our bed flow meetings. Live

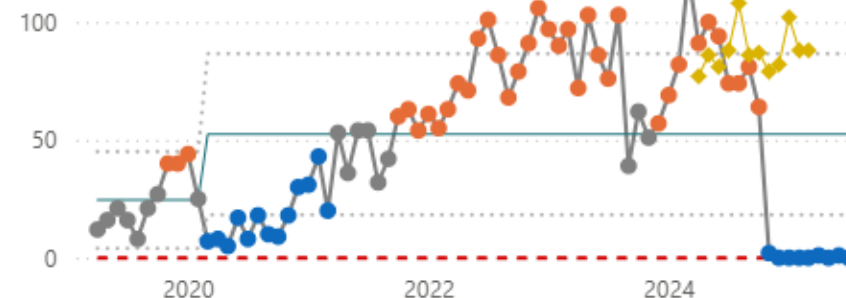
**Key**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation  
 - - Upper and lower limits  
 — Mean  
 — Target  
 ● Ambition

Patients waiting less than 4 hours in MIU



98% reported for July, 65 breaches out of 2,606 new attendances. Chart is showing improving variation performance trend

Patients waiting over 12 hours in MIU



Zero breaches out of 2,606 new attendances. Chart is showing improving performance trend.

**Key challenges / issues**

- Our Minor Injury Unit (MIU) new patient attendances has returned to similar levels prior to closing overnight (November 24) but there is a significant drop in patients presenting with a major complaint within that total- Only 19% of patients who presented had a medical complaint. Patients who require admission following triage are handed over to the medical team in AMAU ward. Our 4 hour performance remains high
- Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 40 patients per day. This does have an impact on patient flow throughout the hospital resulting in delays in patients in MIU who require an inpatient bed

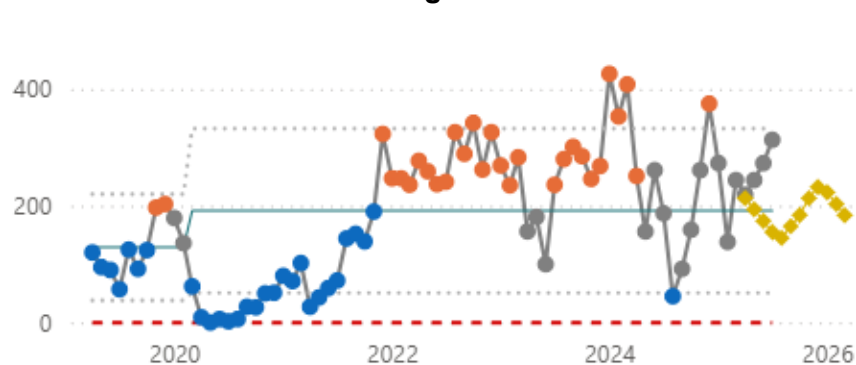
**Key actions / initiatives**

- Newly appointed locum consultant for SDEC supports weekly hot clinics. This allows for prompt treatment of patients through SDEC which supports flow and admission avoidance. 31/8/25
- Consultant Connect being introduced to use operationally within SDEC to further support effectiveness of the department. Go Live Aug 25-this commences end of Aug which will allow direct contact into medical doctor in SDEC for advice/referrals. 31/8/25
- Ongoing work with community colleagues on early discharge planning. Use of hospital @ home to create a wraparound service enabling community GPs to refer directly into SDEC, to treat and then refer patients back into hospital @ home support admission avoidance. Recent data has shown little numbers requiring an inpatient stay and are supported in their home. Live

**Due date**

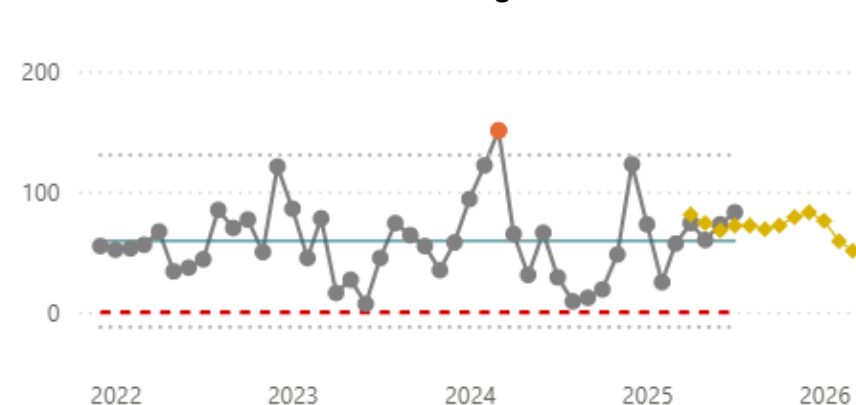
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing common cause (expected) variation. 313 handovers >1 hour reported out of a total of 711 handovers, 44%.

**Ambulance handovers taking over 4 hours**



Latest data is showing common cause (expected) variation. 93 handovers >4 hours reported out of a total of 711 handovers, 11%.

**Key challenges / issues**

- WGH have found it very challenging to handover the ambulances in a timely manner.
- The ED remains over crowded and pressurised with lack of space to see and treat patients.
- The acuity of the walk-in patients at times are higher than some of the patients being conveyed by the ambulance, which means these patients will take clinical priority over the patients in the ambulances.
- Poor patient flow out of the department to the wards.
- Patients attend the department that should be seen by alternate health care professionals in the community.
- Increase pressure in ED noted from patients requiring mental health support.
- There have been some senior workforce challenges.
- Infection Prevention and Control (IP&C) constrains delaying flow out of the département.

**Key actions / initiatives**

- Launching the "Your "Next Patient" initiative, 2 patients transferred from ED to the wards before 10am
- New initiative of handing over the ambulances within 45mins
- Prioritising early discharge, utilising the discharge lounge to full capacity
- Setting up a joint planning meeting with WGH and Welsh Ambulance Service Trust, to review and learn from each other
- Re –design of the daily clinical and operational oversight teams

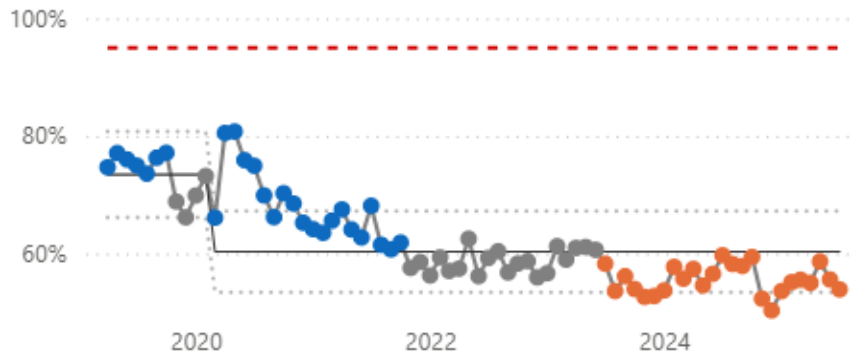
**Due date**

- 01/09/25
- 01/10/25
- 01/09/25
- 01/10/25
- 01/09/25

Key

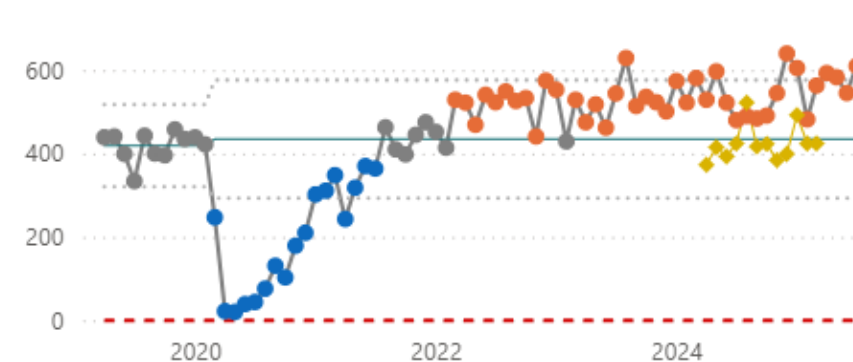
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



54% reported for July, 1,833 breaches out of 3, 976 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



610 breaches out of 3,976 new attendances, 15%. Chart is showing concerning performance trend.

• Key challenges / issues

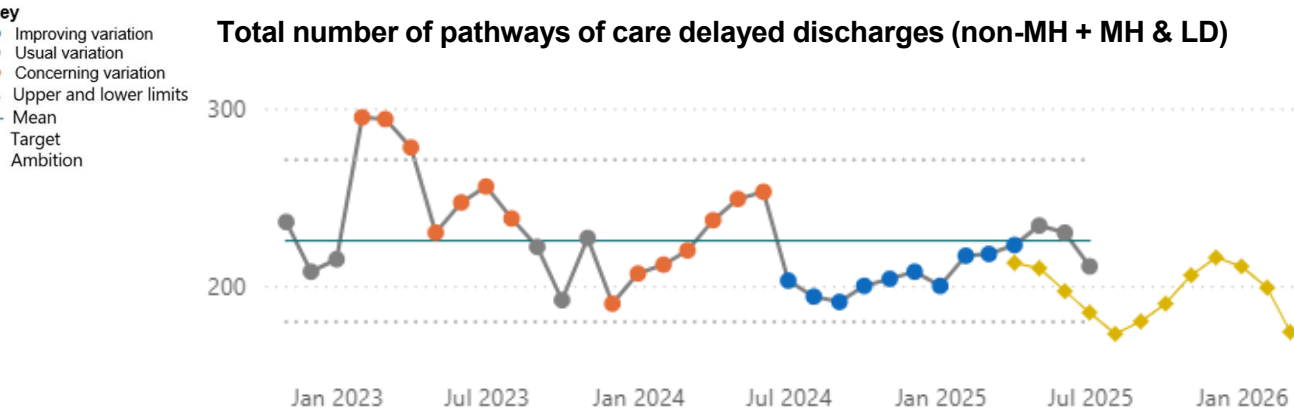
- WGH have too many medical patient waiting in ED for in-patient beds.
- IP&C constrains delaying flow out of the département.
- At present our demand outweighs our capacity regarding in-patients beds.
- WGH clinically ready to leave patients numbers are increasing. The patient length of stay over 7 days is also increasing.
- Due to the constant surge within the hospital, our discharge profile is inadequate to balance the demand profile of the site.
- Poor weekend discharge profile pushes further pressure into the week.

• Key actions / initiatives

- Senior medical team now secured in ED (3-month pilot), aim to have senior decision making and leadership managing the medical boarding patients in ED
- IP&C nurse participating in the site meetings, supporting in rapid access to screening
- Develop a criteria led discharge ethos to support out of hours/weekend discharges
- To de-surge the assessments units, to maintain the flow out of ED and avoid ED attendances.

• Due date

- 11/09/25
- Completed
- 30/09/25
- 1/09/25



- Number of census count delays decreased in July with 211 patients and chart shows common cause variation.
- The total days delayed for non-mental health decreased in July to 8,844 days.
- Mental health and learning disability delays also decreased in July to 1,022.
- 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:**

- Significant challenges over the last month accessing social care assessments (n=40 up from n=20 in June) across all 3 local authorities (LA). Ongoing challenges in the provision of new community care packages funded by social care (n= 23 but an improved position from June n=32), and reablement community care packages (n=25), and Continuing Health Care community care packages (n=5).
- Availability of residential and nursing care (including dementia) homes remain an issue across the region as well as housing related issues (n=14). Improving position in relation the healthcare assessments for nursing (n=10) and AHP (n=6) compared to June.

**Mental health:**

The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for July 2025, improved by 7 to 17, this figure includes 7 discharges from last month, 10 who remain PoCD from the last count and 7 new patients identified as medically optimised. The patients are categorised as follows- Older adult 11 reduction of 4, adult 6, reduction of 2 and 0 for learning disability which is an improvement of 1. The position in respect of patients who have a length of stay over the 90 and 100 day threshold for Mental Health are 2 on 90, 3 over 100 which is an improvement of 3 and 0 patients over 300.

**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).
- Improvement plan against Discharge to Recover and Assess (D2RA) pathway measures .
- Strength- based collaborative communication training programme with health and LA leaders and staff .
- Ongoing work around preventing deconditioning, Trusted Assessor models around mental capacity assessments and interprofessional standards.

**Mental health:**

- In summary, there are 17 medically optimised patients on in-patient wards, which is a significant improvement and provides some assurance in respect of revised processes that have been implemented since May 2025, there is a workshop on the 23/7/25 to consider other strategies and review data collection. Revised processes consisted of frequency of meetings increased to weekly, membership widened to ensure local authority and medical attendance and the agenda reviewed so that all aspects of patient flow management were addressed.

31/07/25

30/09/25

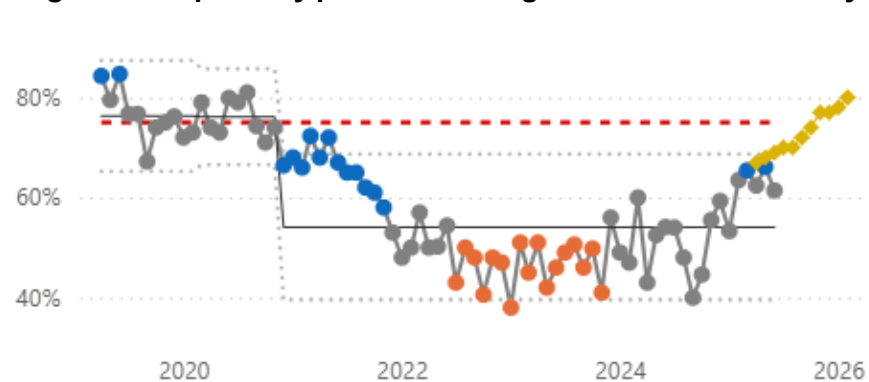
30/11/25

30/11/25

31/08/25

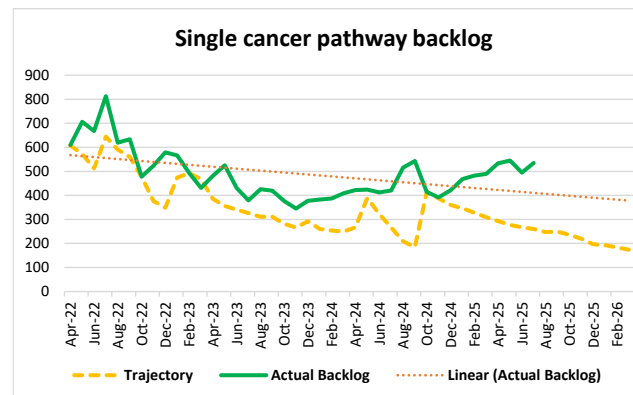
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**% single cancer pathway patients starting treatment within 62 days**



Performance was 61.4% in June 2025 against the trajectory of 68%. Urology has the highest volume of patients waiting over 62 days (199 in June 2025).

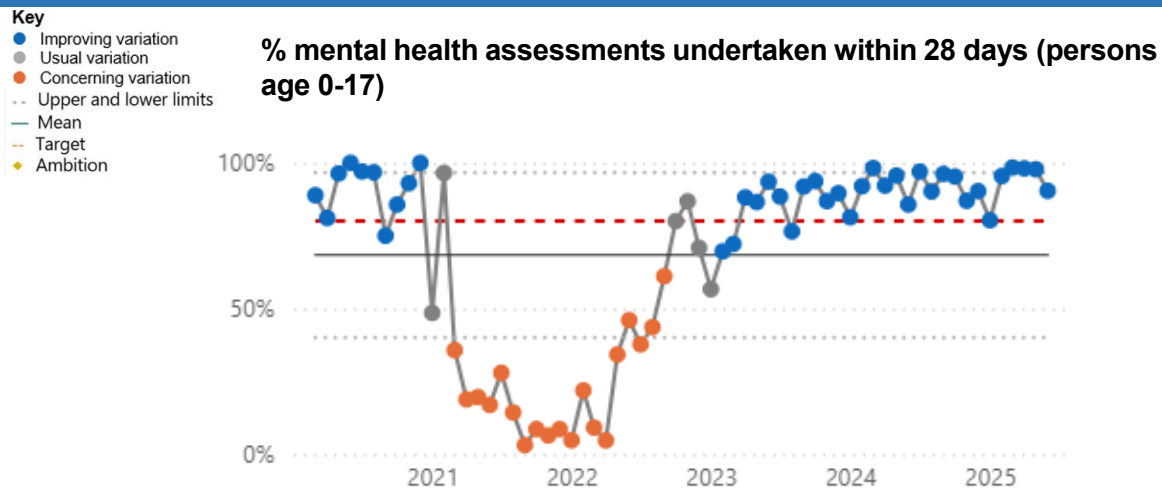
**Number of single cancer pathway patients waiting over 62 days**



There were 535 patients waiting over 62 days in July 2025, the trajectory has not been met since October 2024.

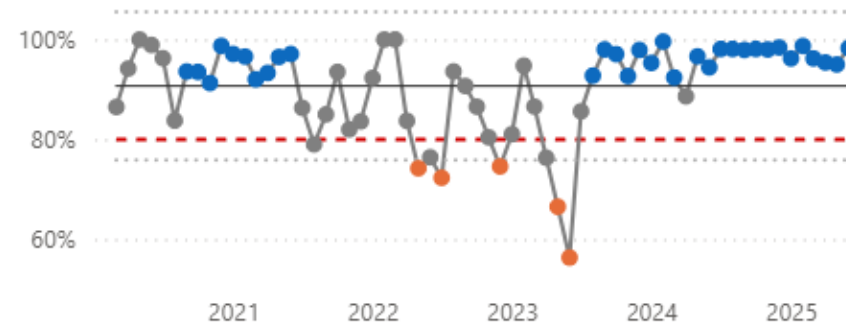
NOTE: Patients are either awaiting treatment or are going through the diagnostic phase of the pathway. Not all patients in the diagnostic phase will go on to have a confirmed cancer diagnosis.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Single cancer pathway</b> Overall treatment activity is lower than previous months and therefore more patients were treated out of target than the months before. In June 2025, 149 patients who were waiting over 62 days were treated, first treatments rates decreased by a total of 86 patients. 237 patients started treatment within 62 days with 149 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><b>Diagnostics:</b> Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26.</p> <p><b>Urology:</b> Flexi Cystoscopy - currently 170 patients waiting on open pathways, additional planned activity will see a reduction in the waiting list of 10 per week. By end of July (reportable 7th August), will see a waiting list of under 100 patients. This will have a positive influence on the Urology backlog. Robust improvement plans agreed for Urology diagnostics for 2025/26.</p>	<p>31/03/26</p> <p>31/08/25</p> <p>30/09/25</p>
<p><b>Backlog</b> Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (Radiology, Dermatology and Urology) which have limited resilience to sickness/absence.</p>	<p><b>Skin:</b> Focus on increasing treatment capacity within Dermatology during Q2 2025/26 to mitigate the increase in activity in the earlier part of the pathway.</p> <p><b>Faecal immunochemical test :</b> Pathway realigned to Primary Care, planned implementation November 2025</p>	<p>30/11/25</p>



Latest performance of 90.4% is showing special cause improving variation. The target of 80% and the trajectory of 85% were both met.

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



Latest performance of 98.3% is showing special cause improving variation and the target of 80% was met.

**Key challenges / issues**

**% mental health assessments undertaken within 28 days (persons age 0-17):**  
 47 of 52 assessments were undertaken within target in June. There continue to be significant workforce challenges in the largest under 18 Local Primary Mental Health Support Service team, with increased maternity leave (3 staff in one team) and long-term sickness. We anticipate continued compliance despite this, but this may be closer to the 80% target rather than the current 90%+ figures.

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

**Key actions / initiatives**

**% mental health assessments undertaken within 28 days (persons age 0-17):**  
 A registered staff member vacancy has now been put out for advert. We have recruited a nurse under the 'Grow Your Own' scheme to start in September/October.

**% 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.

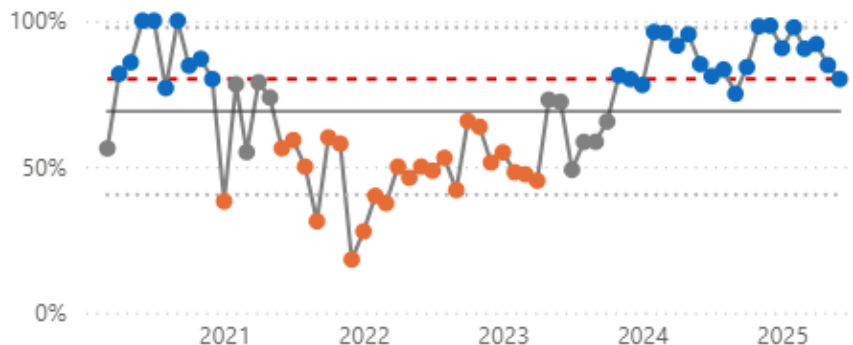
**Due date**

31/08/25  
 31/10/25

31/07/25

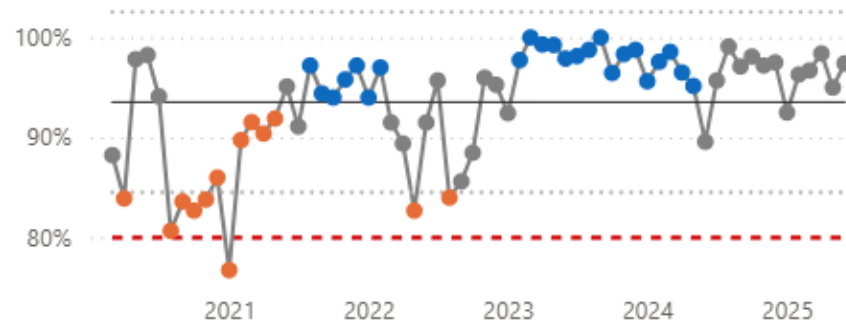
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

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



Latest performance of 80% is showing special cause improving variation. The target of 80% was met but performance was below our trajectory of 85%.

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



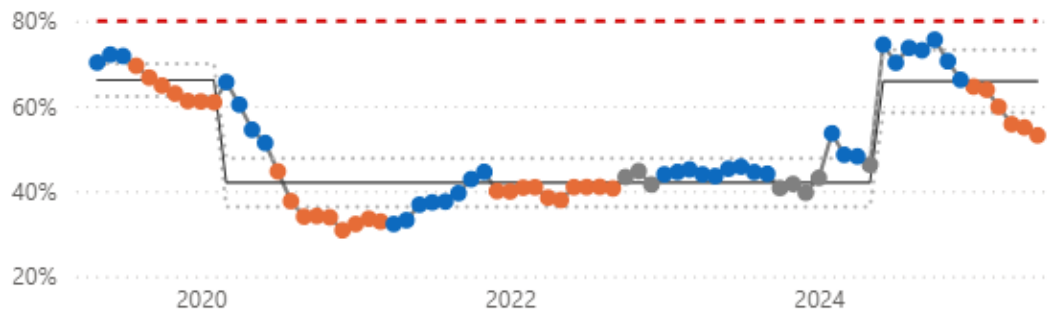
Latest performance of 97.4% is showing common cause variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):</b> 24 of 30 interventions commenced within target in June. This metric has shown a decline in recent months due to staff absence relating to three staff on maternity leave and one on long term sickness. We anticipate a possible breach on this metric in the coming two months whilst recruitment is underway.</p>	<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):</b> A registered staff member vacancy is now put out for advert. We have recruited a nurse under the 'Grow Your Own' scheme to start in September/October.</p>	<p>31/08/25 31/10/25</p>
<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b> Staff endeavour to ensure compliance with the measure targets. The Primary Care Liaison Service is now operating across the three counties with positive outcomes of reducing potential referrals to the LPMHSS. Estates access continues to be challenging across the three counties.</p>	<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b> Groups are now underway in the LPMHSS to ensure compliance along with increased support through digital options.</p>	<p>31/08/25</p>

Key

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

% adults waiting <26 weeks to start a psychological therapy



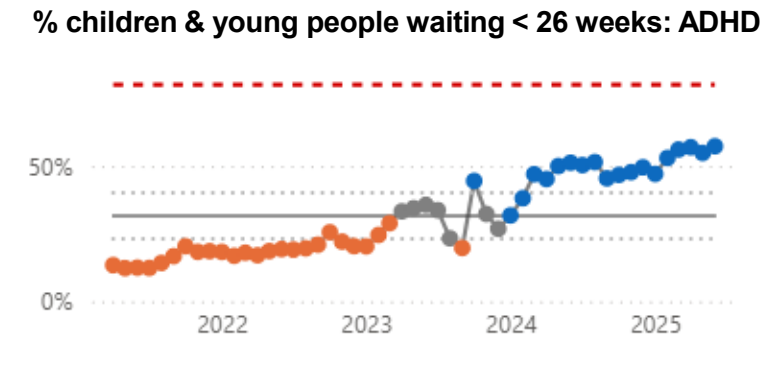
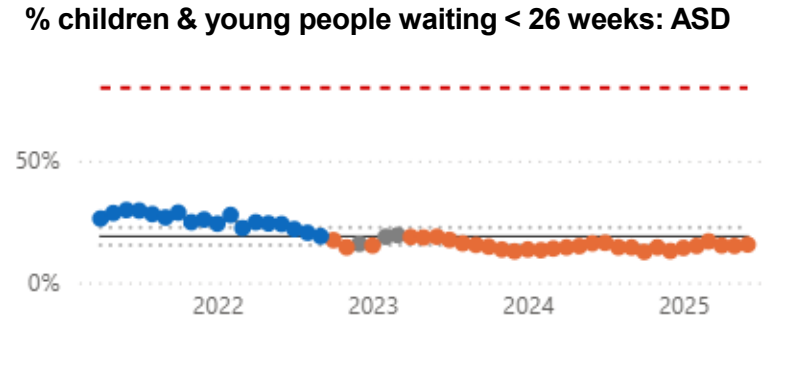
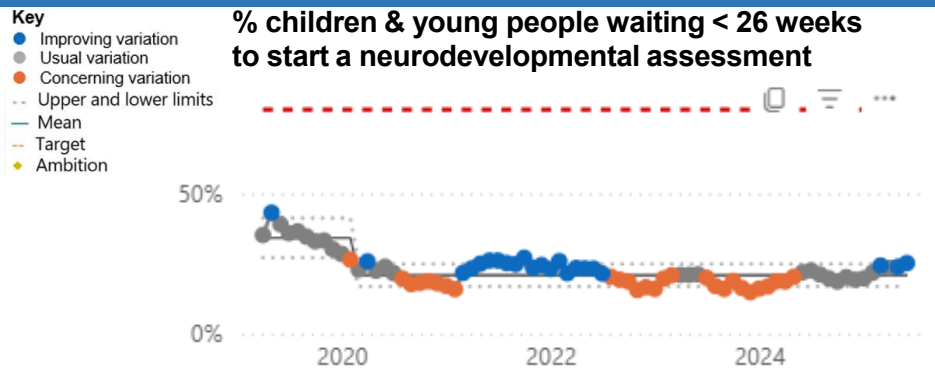
Performance in June of 53.1% shows concerning variation and the target of 80% was not met.

- 389 out of 705 (55.2%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 4 out of 10 (40%) were waiting <26 weeks to start an adult psychology assessment;
- 31 out of 82 (37.8%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Integrated Psychological Therapies Service (IPTS):</b> Activity remains high within the service with 102 clients commencing therapy in June. Phase 1 and 2 of the roll-out of group therapies allowed all those offered a group the option of remaining on the waiting list to access their agreed 1:1 therapy as originally assessed. This has resulted in a high number of 1:1 sessions being offered being taken up by those patients who have received the group offer (accepted or declined) which has contributed to recent month on month reduction to the RTT target. Phase 3 will only offer 1:1 sessions where a group therapy is not assessed as clinically appropriate with caps in sessions in place.</p>	<p><b>IPTS:</b> Phase 2 roll-out of group therapies has ended with phase 3 commencing which supports a prudent and tiered approach to high intervention. This will be key to supporting the increase in demand; however, this is a cultural shift that requires effective support. Treatment groups for childhood trauma, OCD, stabilisation programme and self esteem are in the process of being rolled-out online. The introduction of these groups has significantly reduced waiting times, reduced pressure on other services within the Health Board and ensures that the service is abiding by Prudent Healthcare principles. Further digital options are being explored to support waiting times.</p>	<p>30/08/25  30/09/25</p>
<p><b>Adult Psychology:</b> The Adult Psychology Mental Health (AMH) waiting list continued to improve in June both in terms of waiting time target and number of people waiting. A large geographical area can mean that access is limited in some areas particularly if client requires face to face intervention as opposed to remote.</p>	<p><b>Adult Psychology:</b> 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 expected to commence in September 2025. This is based in an area where there is currently no community provision.</p>	<p>31/03/26 31/03/26 30/09/25</p>
<p><b>Learning disabilities (LDs):</b> 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><b>Learning disabilities:</b> A project is underway to scope under 18s that will potentially require a specialist LD service which will include 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 has a role for a co-ordinator for CoP cases who can link in with legal 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 September to November 2025.</p>	<p>30/11/25</p>

# Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in June 2025 of 25.2% shows improving special cause variation but the target of 80% was not met. Performance is driven by ASD, where 535 of 3,436 (15.6%) patients were waiting for an assessment <26 weeks. 594 of 1,037 (57.3%) were waiting for an ADHD assessment <26 weeks.

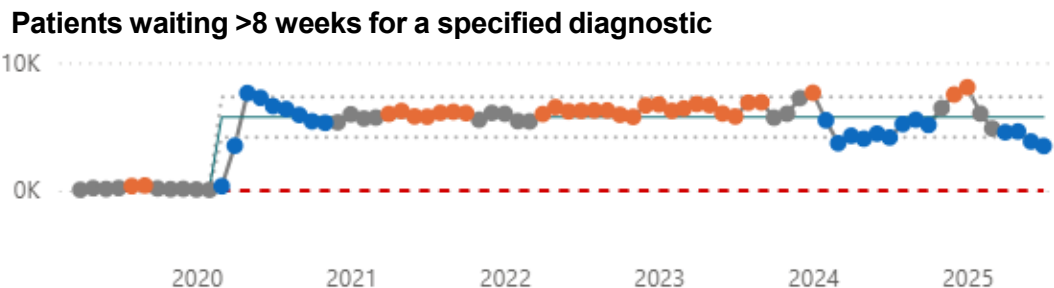
Key challenges / issues	Key actions / initiative	Due date
<p><b>Autism Spectrum Disorder (ASD):</b> The current waiting list for an ASD assessment stands at 3,436 with longest wait times approximately 3.5 years in June 2025, reduced from 4.75 years. Demand for assessment remains high with referrals averaging 114 per month. This is approximately 3 times higher than current service capacity. Staff vacancies, sickness absence, maternity leave, annual leave and availability of diagnostic assessment training impact significantly on this small service, affecting output. All-Wales Procurement controls across Health Boards impede timely outsourcing to help tackle waiting lists.</p>	<p><b>ASD:</b> Bi-weekly ASD task and finish groups to progress 3-year improvement plan and re-design of service. Monthly monitoring meetings with NHS Executive in place. Value-based, person-centred approaches being implemented to improve efficiency. Rapid access to diagnosis pilot – progress review in October 2025 A stakeholder mapping exercise is scheduled on 26th August 2025.</p>	<p>31/03/26</p> <p>31/10/25</p> <p>26/08/25</p>
<p><b>Attention Deficit Hyperactivity Disorder (ADHD):</b> There is a significant and continued uplift in ADHD demand which considerably outweighs core capacity. In the last two years the service has seen a 100% increase in ADHD referrals, from approximately 28 per month in 2023/24 to 56 in 2024/25. Core capacity within the service is 40 per month. Further issues are:</p> <ul style="list-style-type: none"> <li>• Insufficient provision of appropriate clinical outpatient space</li> <li>• Quantitative Behavioural (QB) test equipment, with currently one QB device serving all counties across Hywel Dda</li> <li>• Lack of Psychology support for children and young people within the service</li> <li>• Lack of support services to provide a multidisciplinary team (MDT) approach within Hywel Dda. Community Paediatricians are independently responsible for ADHD diagnosis (with use of tools, such as CONNORS and QB).</li> </ul>	<p><b>ADHD:</b> Potential to 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. There is currently only one device available to carry these out across the counties and limited Healthcare support workers (HCSW) are trained to use these. Funding streams are being sought to support the purchase of additional devices and would require additional recruitment. The service is exploring the use of 'The Portsmouth Model' which, if found to be suitable, may reduce delays in diagnosis and demand on QB testing. Currently being tested by Carmarthenshire County Council. The Portsmouth Model is a profiling tool which can be used to understand CYP needs and there is a potential if successful this will reduce demand on the Community Paeds service. This is a longer-term objective as is currently at trial stage. The service have recruited a substantive Community Paediatrician to the BGH vacancy, we are hopeful that they will start in Qtr3 and this will increase core capacity.</p>	<p>31/03/27</p> <p>31/12/25</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



Latest performance is showing improving variation for the fourth consecutive month, with 3,481 breaches recorded in July 2025.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	July 2025	3,481	●	□	n/a
Radiology		3,123	●	□	n/a
Cardiology		161	●	□	n/a
Endoscopy		147	●	□	n/a
Imaging		28	●	□	n/a
Phys measure		22	●	□	n/a
Neurophysiology		0	●	□	n/a

## Key challenges / issues

### Radiology:

- Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
- Decrease of 358 breaches from M3.
- Current breaches Computed Tomography (CT) 145 (-52) Magnetic Resonance Imaging (MRI) 2083 (-204), Non-obstetric Ultrasound (NOUS) 863 (-102), with 3150 breaches in total.
- 2,321 Urgent Suspected Cancer (USC) requests in month, 172 more than Jun 25. 15,642 requests received in total, 820 more than in Jun 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.
- Demand for Flexible Cystoscopy is greater than capacity. 1 list (20 Patients) per week

### Cardiology:

- 125 Radiology Cardiac Myocardial Perfusion Imaging breaches and 76 Cardiac CT at end of July 2025.
- 32 Echo breach this month due to one vacancy.
- 3 Dobutamine Stress Echocardiograms escalated 17 June, Consultant-led diagnostics. 2x List were cancelled. Procedure room being used to surge inpatient's and another due to annual leave.

## Key actions / initiatives

- £1.4m awarded by Welsh Government to reduce breaches to 0 by end of Mar 2026.
- NOUS via insourcing re-commenced in February 2025 and is continuing until November 2025 (end of contract). Will be extended to March 2026 with the additional funds received. Procurement contract with current insourcing company being extended.
- CT: Locum Radiographers continuing until November 2025, until two substantive appointments. A CT van will be procured for 6-8 weeks in Nov/Dec. This will ensure the breaches for CT reached.
- MRI- staffed MRI mobile solution commenced 09/01/25 and is continuing until March 2026. An additional mobile van will commence at GGH on 18 August 2025 until March 2026. The activity from both vans will ensure the breach position is 0 on March 2026.
- Endoscopy delivery plan in place to achieve zero breach performance by March 2026.
- Awaiting onboarding and recruitment checks of one WTE to Glangwili following interview.
- Urology Service monitoring list fulfilment rates daily with Waiting List team.
- High Volume, Low Complexity diagnostic weekend Check Flexi Lists planned for Sept/Oct/November (20-30 Check Flexi patients per month)
- Working with Endoscopy Service to develop IT/Data monitoring for the Flexi Cystoscopies to map out demand/capacity across both services.
- A Longer- term plan is in development to reduce Myocardial Perfusion Imaging waiting list. This includes commissioning additional CT Coronary Angiography capacity at Withybush with the first list scheduled for 26 August. In addition, the Health Board allocated further Welsh Government recovery funding to support targeted actions aimed at achieving zero breach performance by March 2026. Plans to outsource are also being urgently progressed to further support this objective.
- Additional insourcing for Echo arranged for August and September to decrease breach position.

## Due date

- Complete 31/3/26
- 31/3/26
- 31/3/26
- 31/3/26
- 31/8/25
- 30/9/25
- 30/9/25
- 30/9/25
- 31/3/25
- 31/9/25

## Patients waiting >14 weeks for a specified therapy

Latest performance in July 2025 shows concerning variation and the highest number of breaches recorded. Of note, breaches in podiatry and dietetics have seen dramatic increases in breaches since February 2025.

### Key

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

### Variation - how are we doing over time

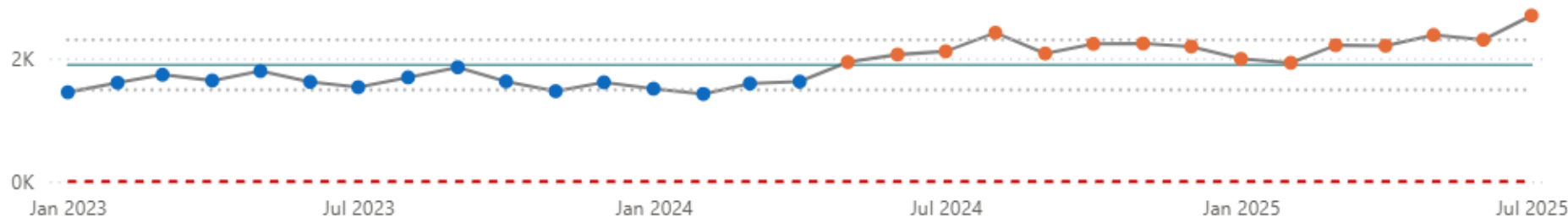
- Improving variation
- Usual variation
- Concerning variation

### Assurance - performance against target

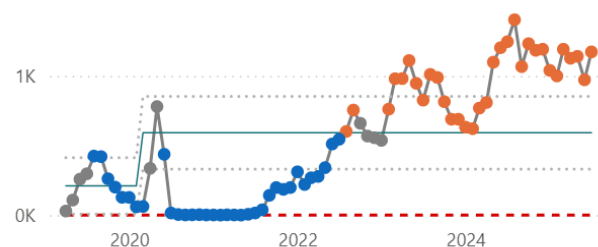
- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

### Trajectory - performance against our ambition

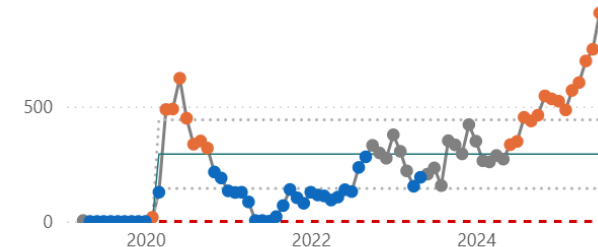
- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory



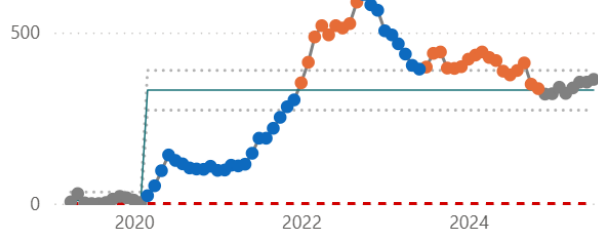
Number of patients waiting 14 weeks plus for Physiotherapy



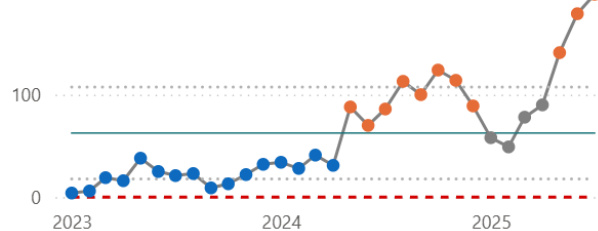
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



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



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	July 2025	2,699	●	▣	61.6%
Physiotherapy		1,173	●	▣	99.2%
Podiatry		907	●	▣	85.7%
OT		363	●	▣	18.9%
Dietetics		198	●	▣	47.2%
Art therapy		51	●	▣	n/a
SALT		7	●	▣	100%

## Therapy waits over 14 weeks (continued)

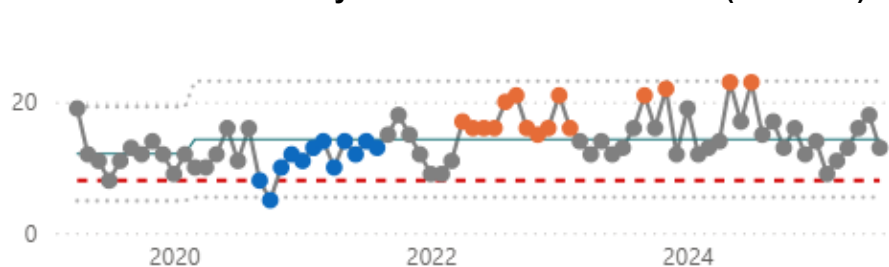
(Ministerial priority)

## Therapies

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Physiotherapy</b></p> <ul style="list-style-type: none"> <li>91% of breaches are within Musculoskeletal (MSK) Specialty. Demand is growing and is greater than capacity.</li> </ul>	<p><b>Physiotherapy</b></p> <ul style="list-style-type: none"> <li>Development of a standard operating procedure for telephone triage initiative. Scope of project extended to include clinical risk stratification tool (Keele Start Back).</li> <li>Secure 3 whole time equivalent (WTE) agency workers to cover service vacancies until January 2026. Action partially completed, with 2 WTE recruited. Due date extended whilst recruitment for 3<sup>rd</sup> post is underway.</li> <li>Active recruitment to secure additional registrant workforce at Band 6 level to support bank work to cover vacancies.</li> <li>Full MSK service review being undertaken in collaboration with National MSK Network.</li> </ul>	<p>31/08/25</p> <p>05/09/25</p> <p>01/09/25</p> <p>30/09/25</p>
<p><b>Podiatry</b></p> <ul style="list-style-type: none"> <li>Increase in new referrals: from 9,000 to 14,500 annually over the past 5 years.</li> <li>Growing backlog: Despite mitigation efforts, nearly 3,000 new referrals waiting.</li> <li>Impact of vascular pathway changes: redirection plan contributed to rise in referrals.</li> <li>Reduced overall patient contacts: from 60,000 to 45,000 annually due to increased patient complexity.</li> <li>Stricter eligibility criteria: Lower-risk cases are now discharged to the private sector, narrowing the scope of patients seen.</li> <li>Lower clinic throughput: Patients seen in clinics decreased from 18 to 10 per day, reflecting increased complexity and time per case.</li> </ul>	<p><b>Podiatry</b></p> <ul style="list-style-type: none"> <li>Recruitment: Recruited 3 Whole Time Equivalent (WTE) Band 5 staff to replace leavers.</li> <li>Skill mixing for efficiency: 6 admin staff (Bands 3 &amp; 4) undergoing Agored training to become podiatry assistants, enabling task redistribution, backfilling with new admin recruits.</li> <li>Consultant role development: Plans to establish a consultant podiatrist role to manage complex cases more efficiently.</li> <li>Eligibility &amp; discharge policy: Continued enforcement of strict criteria and robust discharge processes; Demand and capacity deep dive completed.</li> <li>Innovative practice rollout: Ongoing implementation of phone triage, skill mixing, and pathway redesign to improve service efficiency.</li> </ul>	<p>01/09/25</p> <p>01/09/26</p> <p>01/03/26</p> <p>07/09/25</p> <p>01/09/26</p>
<p><b>Occupational therapy</b></p> <ul style="list-style-type: none"> <li>Paediatric Breaches: Most waiting time breaches are within the Paediatric Occupational Therapy service.</li> <li>Backlog and Rising Demand: Existing backlog combined with increased demand is straining service capacity.</li> <li>Reduced Clinical Leadership Capacity: Loss of Band 7 leadership due to one retirement and two staff on sick leave in July has impacted service delivery.</li> </ul>	<p><b>Occupational therapy</b></p> <ul style="list-style-type: none"> <li>Band 7 Cover: A Band 6 staff member temporarily uplifted to fill leadership gaps.</li> <li>Staff Return: A Band 7 returned to work following sickness absence, improving capacity.</li> <li>External Support: Swansea Bay University Health Board Paediatric occupational therapy service providing remote clinical advice and support throughout August.</li> <li>Safeguarding Support: Head of Paediatrics in Speech Language Therapy providing additional capacity for safeguarding concerns.</li> <li>Recruitment to replace retired Band 7: start date 27/10/25 (currently on maternity leave).</li> </ul>	<p>30/08/25</p> <p>04/08/25</p> <p>30/08/25</p> <p>30/08/25</p> <p>27/10/25</p>
<p><b>Dietetics</b></p> <ul style="list-style-type: none"> <li>All breaches in Paediatric Dietetic service.</li> <li>Longstanding capacity issues: Demand has been escalating over several years, especially due to increased referrals for selective eating since COVID-19 pandemic.</li> <li>Extended waiting times: The longest current wait is 52 weeks.</li> <li>Process and documentation incidents creating increased workload for current staff, increasing waiting times.</li> <li>Locum recruitment challenges: Fixed-term Band 8a locum post was approved, but the selected candidate withdrew, and no further interest has been received.</li> </ul>	<p><b>Dietetics</b></p> <ul style="list-style-type: none"> <li>New leadership appointment: A service lead in paediatrics has been appointed.</li> <li>Link with agency and adapt requests to gain further interest on agency roles.</li> <li>Internal role adjustment: Internal recruitment into the Home Enteral Feeding (HEF) paediatric post will free up other team members to handle urgent referrals.</li> <li>Short-term support option: Avoidant and Restrictive Food Intake Disorder (ARFID) dietitian to temporarily assist with selective eating cases until permanent/locum recruitment is successful.</li> </ul>	<p>12/10/25</p> <p>20/08/25</p> <p>22/09/25</p> <p>14/08/25</p>

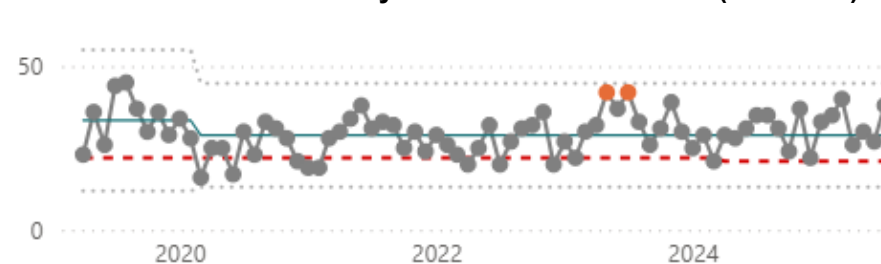
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

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



Latest performance is showing a usual trend variation, with 13 cases in July 2025.

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



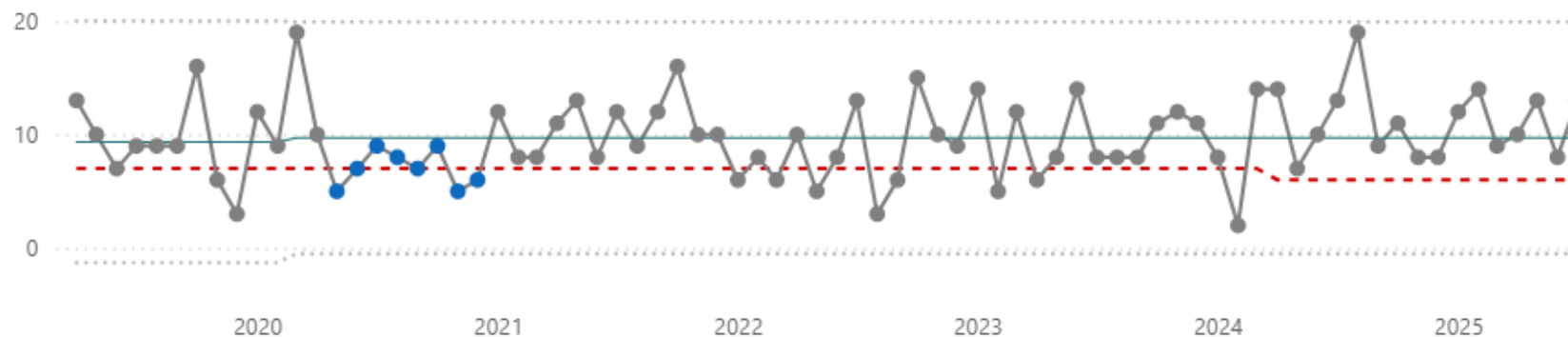
Our Performance Dashboard, Max of Target General, Max of Target Percent, Max of V

Latest performance is showing a usual trend variation, with 38 cases in July 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>C. difficile:</b></p> <ul style="list-style-type: none"> <li>• Increased incidence in specific wards with clusters being identified. Greater burden within hospital to community.</li> <li>• Start Smart and Then Focus (SSTF) audits for antibiotic prescribing not consistently completed.</li> <li>• Delays in recognition, isolation or diagnosis noted in some cases.</li> <li>• Environmental cleaning and deep cleaning challenges relating to staffing and surge capacity in ward areas.</li> <li>• Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines.</li> <li>• Level 2 mandatory compliance for Infection, Prevention and Control is at 75.56% as a Health Board below expected 85% target.</li> </ul>	<p><b>C. difficile:</b></p> <ul style="list-style-type: none"> <li>• The SSTF audits have been scrutinised in terms of completion and prescribing, tazocin and cotrimoxazole most prescribed antibiotics. Around two thirds of C. difficile patients (67%) had a Proton Pump Inhibitor prescribed, quality improvement projects linked to C.difficile collaborative discussed at C. difficile Improvement Group.</li> <li>• Targeted staff training has been completed for areas where clusters have occurred.</li> <li>• Environmental audits and observational audits continue with oncology next to be completed</li> <li>• Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups (CCG). Review of areas with highest rates in CCG to be shared.</li> <li>• 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.</li> </ul>	<p>30/09/25</p> <p>Complete</p> <p>30/09/25</p> <p>31/08/25</p> <p>Complete</p>
<p><b>E. coli:</b></p> <ul style="list-style-type: none"> <li>• Burden of infection remains community-onset; cases are linked to urinary tract infections and some catheter device related infections.</li> <li>• Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines.</li> <li>• Aseptic Non-Touch Technique (ANTT) compliance for the Health Board is at 82.58%</li> </ul>	<p><b>E. coli:</b></p> <ul style="list-style-type: none"> <li>• Health and Wellbeing Booklet for Hywel Dda University Health Board population in review status and to be published.</li> <li>• Healthcare Associated Infections (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups.</li> <li>• Hand Hygiene audits completed by Ward Managers, these are reviewed and monitored.</li> </ul>	<p>30/09/25</p> <p>31/08/25</p> <p>31/08/25</p>

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

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

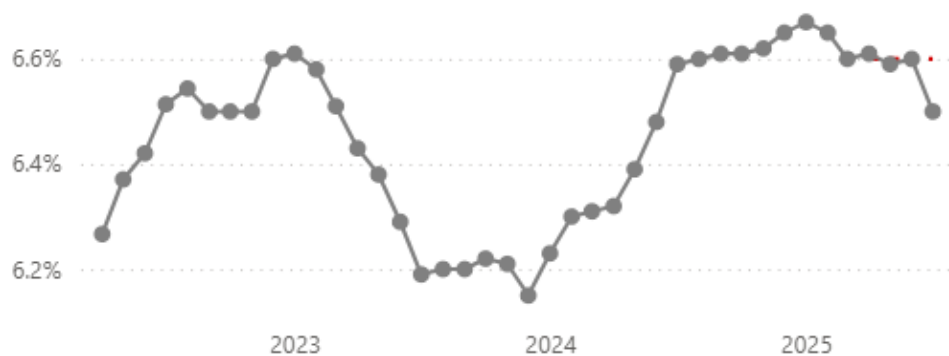


Latest performance is showing a usual trend variation, with 13 cases in July 2025.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>S. aureus:</b></p> <ul style="list-style-type: none"> <li>• Inconsistent compliance with aseptic non-touch technique (ANTT) or line care bundles.</li> <li>• Environmental or equipment contamination contributing to transmission, linked to challenges around environmental cleaning and surge.</li> <li>• Greater burden of infection remains to be in community, with wounds being the primary source of infection.</li> <li>• Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines.</li> </ul>	<p><b>S. aureus:</b></p> <ul style="list-style-type: none"> <li>• ANTT compliance and competency assessments for clinical staff shared via Clinical Care Groups (CCG) H&amp;S meetings .</li> <li>• 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</li> <li>• Hand hygiene validation audits and observational audits in wards and departments as indicated from monthly senior nurse audits</li> </ul>	<p>31/08/25</p> <p>31/08/25</p> <p>31/08/25</p>

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

**% staff sickness rate (12 months rolling)**



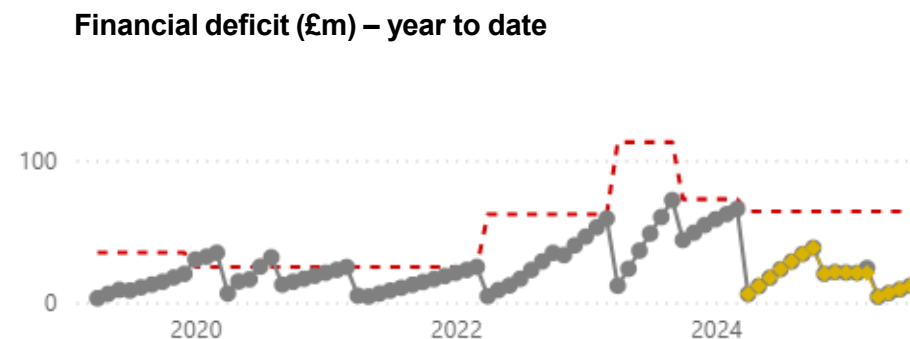
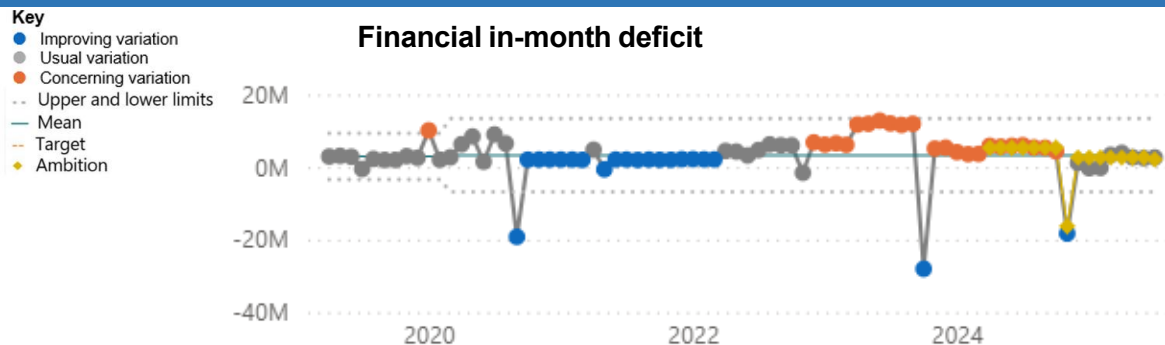
In July 2025 12 month rolling sickness was 6.5%. In-month sickness was 6.3% (1.8% short term, 4.4% long term).

The sickness target has been revised to 6.6%, in-line with improvement against the 2024/2025 baseline.

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

Team	Staff	In-month %	R12m %
Glangwili Hotel Services	135 staff	(11.7%)	<b>14.1%</b>
Withybush Hotel Services	135 staff	(11.6%)	<b>12.6%</b>
Prince Philip Acute Response	64 staff	(11.1%)	<b>11.3%</b>
Prince Philip AMAU	74 staff	(8.6%)	<b>10.9%</b>

Key challenges / issues	Key actions / initiatives	Due date
<p>Conditions impacting absence rates include: The absence rates attributed to anxiety, stress and depression is increasing and continues to account for the highest reasons for absences across the Health Board.</p> <p>Targeted support for sickness absence: Estates and Facilities sickness rates continue to be the highest across the Health Board (10.01% rolling, 8.51% for July) with ongoing focused support from the Workforce Team.</p> <p>Designated support continues to be utilised to help address concerns aligned to Employee Relations matters such as Respect and Resolution, Raising Concerns etc. which are impacting on employee's wellbeing and attendance.</p>	<p>Temporary redeployment guidance: The flow chart will be embedded in the policies portal to support the All-Wales Attendance At Work Policy. Trade Union input awaited.</p> <p>Bite size training sessions: 9 sessions have been developed to date and the first session: 'How to conduct a Return-to-Work meeting' has been produced and animated and is now on the intranet for managers and staff to view. Work is progressing on the development of the session on the Occupational Health referrals process with Workforce liaising with colleagues in Swansea Bay to collaborate on this work.</p> <p>Occupational Health referral how to guide To assist managers a useful 'How to guide' is being developed to ensure managers can elicit the detail required from their Occupational Health referral in order to support individuals back to work in a timelier manner. Various examples of best practice referrals (reflecting the different job families) will be available for managers to use as a template to assist with more effective referrals.</p>	<p>31/07/25</p> <p>31/07/25 (First session)</p> <p>31/07/25</p>



**Key challenges / issues**

- Savings Delivery – There is a significant identification gap for savings schemes across Clinical Care Groups (CCG). Targeted intervention de-escalation and internal escalation for the Finance domain is likely due to risk associated with delivering the £30.0m revised annual plan equitably across services. There is a disconnect month on month with in-month delivery of savings and those forecast of future periods. This has been highlighted by Welsh Government as a credibility issue for the health board, and WG expect a comprehensive update.
- £30.0m to £24.0m further savings options - Timeline in place for Executive Directors to coordinate responses across their themes and portfolios, to generate quality impact assessment options to further improve the financial forecast to meet Welsh Governments expectations and revised TI de-escalation criteria.
- Medical Pay – Total medical pay expenditure is indicating a concerning trend, driven by both increased reliance on variable and agency use. Continued use of additional medical cover, including premium locum and agency in BGH, Planned Care and Mental Health.
- LTAs and Commissioning – Long Term Agreement increase in planned care (elective) activity in Swansea Bay Health Board £0.5m
- CCG Management – Over-establishment of management posts within new CCG structure with significant financial impact. Annual cost = £0.9m, 9.2 whole time equivalent (WTE).

**Key actions / initiatives**

- As agreed in May 2025 with Executives, continued underspends should be considered for savings schemes and not used to offset overspends. Overspends need to have mitigation plans to reduce their impact and not netted off masking their issue. The identification and delivery of robust recurrent and non-recurrent savings plans into future months is required urgently.
- The Health Board has submitted a revised annual financial plan to Welsh Government as part of the Month 4 reporting submission, having agreed it at the Public Board meeting on 31 July 2025. Whilst this demonstrates an improvement, Welsh Government have provided clarity of their expectations; the 2024/25 outturn. Welsh Government expect absolute confidence in the actions to deliver a deficit of £30.0m, and a robust understanding of the actions that could be taken to maintain the 2024/25 outturn position of a £24.1m deficit, all by 11 September 2025 as part of the Month 5 reporting submission
- Roster management, consistent rate card implementation and exit strategies for reliance on premium cover linked to sustainability service delivery plans.
- Review of uncoded contract activity to be undertaken to determine the demand growth
- Urgent review of supernumerary management costs and cost reduction strategies accelerated.

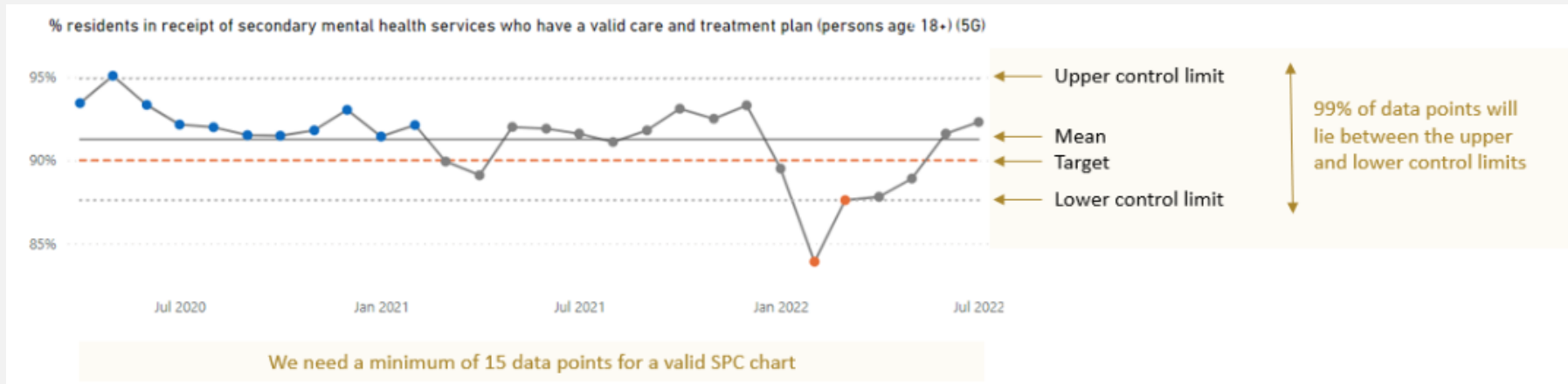
**Due date**

- Overdue – Qtr1 25/26
- 11/09/25
- Overdue
- 20/05/25
- 20/05/25

## Why use SPC charts?

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

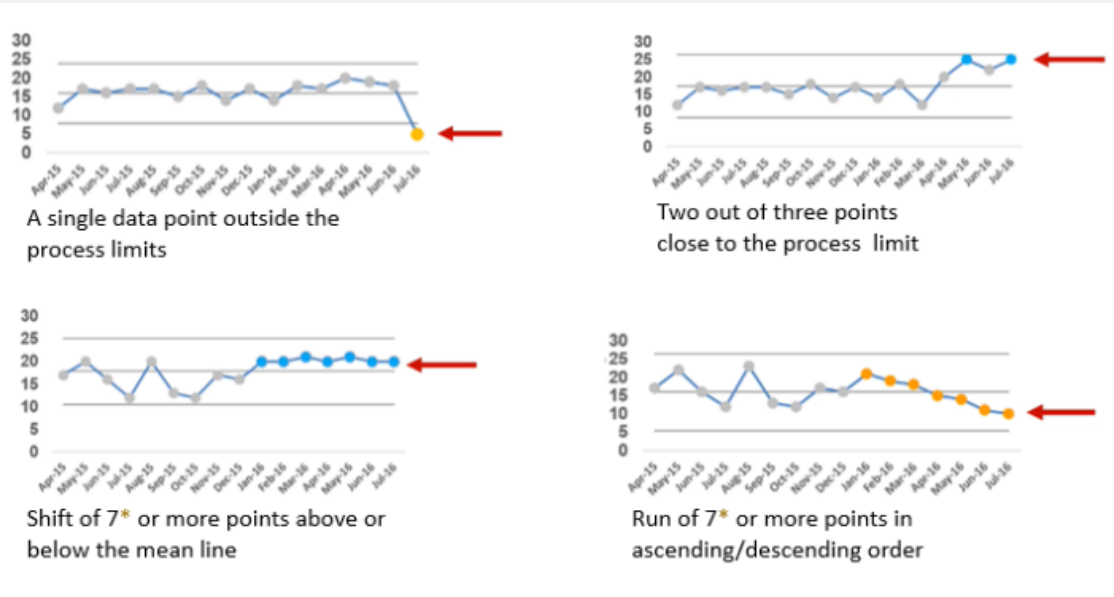
## Anatomy of a SPC chart



## Rules for special variation within SPC charts

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

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



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

## Understanding the SPC icons

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

<b>Variation</b> How are we doing over time	●	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
<b>Assurance</b> 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 <b>blue</b> is good, orange is <b>bad</b>		

Executive Improving Together Sessions (EITS)

# Thematic Report

*June and July 2025*



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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# Background

Improving Together is the health board's approach of embedding performance improvement through our governance to drive forward improvements for our patients and our staff.

Executive Improving Together Sessions (EITS) were introduced in January 2023 (originally called Directorate Improving Together Sessions). The EITS meetings give Executive Directors an opportunity to meet with leads from each function twice a year (June and November) to discuss key priorities and areas of concern.

This report summarises the EITS meetings held in June and July 2025. The meetings followed a standard agenda for all functions i.e. quality & safety, governance, workforce, finance, 2025/26 annual plan progress, fragile services, strategic refresh, performance, data quality and key achievements.

**Note:** the term 'function' is used in this document to mean Executive Directorate or Clinical Care Group (CCG).

For further information on EITS meetings see:  
[EITS – Ways of working 2025/2026](#)



# EITS meeting timetable

Below is an overview of the schedule of EITS meetings that took place in June and July 2025.

Meeting date	Function			
05/06/2025	Medical	Finance & Digital	Workforce & OD	Public Health
09/06/2025	Nursing, Quality & Patient Experience	Governance & Communications	Primary Care, Community Strategy & Long-Term Care	Strategy & Planning
17/06/2025	Community & Integrated Medicine			
19/06/2025	Operational Allied Health & Health Sciences			
24/06/2025	Estates & Facilities			
30/06/2025	Mental Health & Learning Disabilities			
07/07/2025	Planned & Specialist Care			

The following functions did not have EITS meetings in June or July 2025:

- **Allied Health Professionals & Health Sciences** – stood down by lead Executive Director (excludes Estates and Facilities – see above)
- **Chief Operating Officer Management** – stood down by lead Executive Director

# 3A assessments summary

June & July 2025

Function	Quality	Governance	Workforce	Finance	2025/26 Annual Plan progress	Fragile Services	Strategic Refresh	Performance
Community & Integrated Medicine	Alert	Advise	Alert	Alert	Alert	Alert	Advise	Alert
Estates & Facilities	Assure	Alert	Advise	Alert	Advise	n/a	n/a	Advise
Finance & Digital	Advise	Advise	Assure	Assure	Assure	Assure	Advise	Assure
Governance & Communications	Assure	Assure	Advise	Assure	Assure	Assure	n/a	n/a
Medical	Assure	Assure	Assure	Assure	Assure	Assure	n/a	n/a
Mental Health & Learning Disabilities	Alert	Advise	Advise	Alert	Advise	Advise	Advise	Alert
Nursing, Quality & Pt. Experience	Assure	Advise	Advise	Assure	Assure	Advise	Advise	Advise
Operational Allied Health & Health Sciences	Advise	Advise	Alert	Alert	Advise	Advise	n/a	Alert
Planned & Specialist Care	Alert	Alert	Alert	Advise	Advise	Advise	Advise	Advise
Primary Care, Community Strategy & LTC	Advise	Assure	Alert	Advise	Advise	Advise	Advise	Advise
Public Health	Assure	Assure	Alert	Assure	Advise	Advise	Assure	Advise
Strategy & Planning	n/a	Advise	Assure	Advise	Assure	Assure	n/a	n/a
Workforce & OD	n/a	Assure	Assure	Advise	Assure	Assure	n/a	n/a

For further details see: [EITS Live Action Tracker - Bi-annual meetings.xlsx](#) (Hywel Dda staff only).

## KEY

### Assure - to note

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

### 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.

### 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.

# 3A assessment summary (2)

## Our most challenged functions

### Community and Integrated Medicine

- Quality and safety - improvements needed in the management of incidents and complaints. Reduction needed in hospital acquired infections.
- Workforce – high levels of sickness and overdue pay progressions for staff.
- Finance – Reduction needed in premium costs for medical and dental staff. Further savings opportunities to be investigated.
- 2025/26 annual plan – progress has been made but further work needed to meet our annual plan commitments.
- Fragile services – further work needed to address over-reliance of agency nurses and medical locums in Bronglais Hospital, A&E medical staffing in Glangwili Hospital and respiratory services in Witybush Hospital.
- Performance – good work in progress but more needed as ambulance delays and delayed pathways of care remain very high.

### Planned and Specialist Care

- Quality and safety - improvements needed in the management of incidents and complaints.
- Governance – concerns raised about the governance arrangements within the care group.
- Workforce – high levels of overdue pay progressions for staff to be addressed. Detail and complexity of cultural issues to be articulated to Executive Team.
- Fragile services – concerns over the fragility of theatre services in Glangwili Hospital. A plan is being developed to address.

### Operational Allied Health and Health Sciences

- Workforce – high levels of overdue pay progressions for staff to be addressed.
- Finance - recognition that the care group is handling a lot of risk and needs support. However, overspend forecast for year and required savings have not been identified.
- Performance – high numbers of breaches for patients waiting for radiology diagnostics, physiotherapy and podiatry.

### Mental Health and Learning Disabilities

- Quality and safety – trajectories and improvements needed in the management of incidents and complaints.
- Finance – clarity needed on proposed savings schemes.
- Performance – improvement trajectories needed for autism spectrum disorder (ASD) assessment waits for children and young people and psychological therapy waits.

## Function with the highest levels of assurance

### Medical directorate

Strong evidenced provided for the management of incidents, complaints, risks, audit & inspection recommendations, workforce, budget & savings, annual plan and support being provided for the Clinical Service Plan.

All corporate functions provided high levels of assurance across the range of improvement domains.

# Key issues identified by agenda item

## Quality and safety

### Trajectories

- Functions need to produce clear trajectories as part of their action plans to meet targets/de-escalation criteria for the quality & safety domain.

### Incidents and complaints

- Incorrectly assigned incidents and complaints need to be reported to the Quality Assurance and Safety Team (QAST) and the Performance Team by the function to which they are wrongly assigned as early as possible, so they can be reassigned to the correct function to ensure delays are not incurred.
- There has been focus to close incidents open over 120 days for over 2 years. However, the following functions still have very high numbers within this bracket: Community and Integrated Medicine (1,076), Planned & Specialist Care (228) and Mental Health & Learning Disabilities (196).

### Patient experience data

- Clear communications needed to report the outcomes from the pilot scheme to capture patient feedback from 3 managed practices.

### Welsh Language Commissioner's investigation

- Need to ensure the health board is integrating Welsh Language into the communications hub plan.

### Health care acquired infections

- An investigation is needed into why hospital onset infections have been increasing
- Timelines for improvement plans are needed

### Quality & safety outcomes for commissioning

- An assessment is needed for the data sources and information flows we could use to capture quality and safety metrics for our commissioned services e.g. incidents for Hywel Dda residents treated at non Hywel Dda hospitals. These metrics could be incorporated into our commissioning arrangements with mandated expectations similar to what is in place in NHS England.

### Compliance maintenance

- There was recognition that many functions had worked hard to achieve compliance for the quality & safety domain. However, functions were advised to plan frequent review activities to prevent slippage and maintain compliance

### Support from Executive Team

- Functions need to qualify exactly what help is needed from the wider organisation (skills/experience, time, task) to progress improvement plans.

# Key issues identified by agenda item

## Governance

### Governance arrangements

- Several functions could not evidence that the governance arrangements agreed by Formal Executive Team had been established within the care group/directorate.

### Compliance and maintenance

- All functions need to ensure robust processes are established so that compliance with the targets for risk management, audit recommendations, Welsh Health Circulars and control documentation and policies are achieved and maintained.

### New Clinical Care Group (CCG) structure

- With the introduction of the CCGs in April 2025 and new CCG leads on-boarding, there has been a period of realignment and understanding which should all now be reconciled.

### Audits and inspections evidence

- All evidence for progress towards audit and inspections recommendations needs to be added to the AMaT system in a timely manner. The Assurance & Risk Team can provide AMaT training, advice and support for functions if needed.

### Time to complete risk actions

- Some risk actions have not been allocated adequate time to complete. These risks need to be reviewed by the function and going forward, all functions should ensure realistic timelines are assigned to risk actions.

# Key issues identified by agenda item

## Workforce

### **Making a difference training**

- The uptake of the Making a difference training needs to be improved. Managers are asked to ensure opportunities are available for all staff to attend the face to face one day session.

### **Staff turnover**

- It was agreed that appropriate levels of staff turnover can be an indicator of good career progression and development. Additionally, appropriate turnover rates will vary across functions due to the nature of the profession.
- More understanding is needed of what appropriate staff turnover looks like within the different health board functions.
- Exit interview data and workforce intelligence reports will provide additional insight into staff turnover reasons and identify any trends.

### **Overdue pay progressions**

- More work needs to be done to ensure the current overdue pay progressions are resolved swiftly. Processes need to be strengthened to ensure pay progression timelines are monitored regularly so that all eligible staff receive their pay increment when it is due.

### **Workforce planning & implementation**

- Strategic alignment, scenario planning and the use of integrated systems / tools are essential to enable modelling to inform the health board's planning process.

# Key issues identified by agenda item

## Finance

### **Managing within budget**

It is an NHS requirement to manage within our given budget. However, some functions are forecasting an end of year overspend for 2025/26.

### **2025/26 savings**

Functions have been allocated savings targets for this financial year that need to be met in the next financial year. There are still considerable gaps in savings opportunities from operational functions that need to be addressed.

### **Re-allocation of budgets**

- The budget for key systems e.g. AMaT & DATIX should sit within and be managed by the Digital Team rather than individual functions. This may provide savings opportunities by combining contracts and improve consistency.

### **Medical rate card**

- A unified approach is needed to resolve variable locum rates across the Health Board

# Key issues identified by agenda item

## 2025/26 annual plan progress

### Progress

- Recognition that a lot of good work has been done so far, and of the challenges with workforce and process issues. Further work needs to be done throughout operational functions for the health board to meet the 2025/2026 planning objectives.

### Medical staffing

- Resource needs to be identified to enable the roll out of the activity manager rota system.
- Programme of training needed to increase knowledge of medical staffing terms and conditions.
- We need to develop opportunities to attract more medical staff to the health board.
- Recruitment from non-substantive roles into permanent posts needs to be progressed.

### Finance

- Clear list of milestones needed to achieve the road map plan for financial balance.
- Movement of services from secondary care into primary care will need to be funded from the existing operational budget.

### Organisational change process

- There are challenges to be met with the shift into community-based care. Clear planning arrangements and communication with staff and the public are essential

### Digital Transformation

- A business review and plan for the future artificial intelligence (AI) utilisation is needed
- Requirement for senior leadership workshops to unblock the main challenges preventing progress.
- Digital innovation needed for transforming the patient communications hub and patient relationship management.

### Modelling

- Modelling work needs to be undertaken for strategic improvement activities across the health board including:
  - Workforce planning
  - 45 minute ambulance handovers
  - Women's Health Plan

# Key issues identified by agenda item

## Fragile services

### Clinical Services Plan

The health board is currently engaging with the public to seek their views on options for our Clinical Services Plan (CSP). The CSP is working to address fragility for the following services:

- Critical Care
- Dermatology
- Emergency General Surgery
- Endoscopy
- Ophthalmology
- Orthopaedics
- Radiology
- Stroke
- Urology

### Urgent and emergency care (UEC)

An urgent group has been established to develop a transformation plan to improve UEC services across Hywel Dda. The final plan will be presented to Board in September 2025.

### Theatre

Theatre staffing within Glangwili Hospital is highly concerning and has the potential to impact our planned care performance commitments in the 2025/26 annual plan. An urgent plan is being developed and recruitment is underway.

# Key issues identified by agenda item

## Strategic refresh

### **A Healthier Mid and West Wales (AHMWW) strategy**

The current strategy was approved before the COVID pandemic. Since that time and given that nearly 7 years have elapsed, there is a need to refresh the strategy to reflect any material changes to the key drivers of change and the potential strategic solutions.

A number of challenges will need to be addressed, for example:

- More scoping needed from CCGs on service changes needing to be reflected in the refresh.
- The challenges associated with completion of the engagement and the dovetailing with other health board processes.

# Key issues identified by agenda item

## Performance and outcomes

### Urgent and emergency care

Despite efforts across our four acute sites and county teams, we are still not achieving the improvements across urgent and emergency care that we had hoped. Ambulance delays and pathway of care delay breaches remain unacceptably high. Patient flow within our acute hospitals is a key factor.

### Radiology

- Breaches of patients waiting over 8 weeks for a radiology diagnostic test remain high. Scoping needed to determine what would be needed to eliminate all 8-week radiology breaches by 31<sup>st</sup> March 2026.

### Diabetes

- Minimal improvement over the last 12 months for the 8 NICE recommended care processes and we are ranking last in Wales. An improvement plan and trajectories need to be developed.

### Newborn hearing screening

- 1.3% of newborn babies are not receiving hearing screening. Investigations needed to determine if this cohort of babies are at risk.

### Support from Executive Team

- Functions need to qualify exactly what help is needed from the wider organisation (skills/experience, time, task) to progress improvement plans.

### Collaborative working

- Engagement across clinical care groups and corporate teams should be strengthened to provide insights, joined up working, clarity of processes and improvement opportunities

### National targets and trajectories

- Some performance metrics are performing far below the national targets. Trajectories are needed to meet Targeted Intervention de-escalation criteria and performance improvement expectations.

### Delivery plans

- Functions need to strengthen delivery/recovery plans. SMART actions must be devised to achieve trajectories and targets and to significantly improve performance within budget.

### Cleaning standards

- New performance metrics need to be developed to track the quality of cleaning within our hospitals, as well as the number of cleaning audits undertaken.



# Key resulting actions by function

## Community and Integrated Medicine Clinical Care Group

- Carry out further investigation and root cause analysis on healthcare acquired infection (HCAI) cases to identify why numbers are increasing for hospital onset and provide timelines for HCAI improvement plans.
- Stroke service Welsh Health Circular (WHC) response needs to be completed as a matter of urgency
- Conduct a deep dive into staff burnout and sickness levels to enable a proper understanding of the situation within the CCG.
- Submit papers to Executive Team to vocalise OCP concerns/challenges
- Share indicative timeline for phase 2 of the OCP with relevant staff, clarifying the what, why and when.
- Review the current rate card costs/challenges across the organisation with a view to determining a unified approach. Executive Team to support in decision making.
- Scope out savings plans for Pembrokeshire and Carmarthenshire
- Value Based Health Care team to focus on UEC transformation.
- Discuss modelling 45-minute ambulance handover KPI and how that would impact the CCG.

## Mental Health and Learning Disabilities Clinical Care Group

- Challenges in achieving annual plan in light of substantial workforce and estates challenges - provide an understanding of what transformational or configurational changes in MH&LD would get us to achieve the objectives in the Annual Plan.
- Provide an understanding of the objectives of the workforce plan for MH&LD, actions and dealing with fragility in workforce.
- Meet to resolve savings plans with more clarity on gap in savings identified.
- Discuss governance support for closure of 9 National Discharge Review recommendations in the new CCG management structure and trajectories to ensure closure within timescale.
- Review trajectories for closure of incidents and complaints and identify support needed to close and achieve trajectories.

# Key resulting actions by function (2)

## Planned and Specialist Care Clinical Care Group

- Urgent meeting to be arranged with the Director of Corporate Governance to give assurance that the governance arrangements agreed by the Formal Executive Team are being met.
- CCG to agree a process to ensure overdue pay progressions are investigated promptly and are done in a timelier manner moving forward. Assistant Director of People Planning to support where needed.
- Reduce variable pay in theatres and improve performance - the scale of this issue needs to be fully mapped out in the theatres business plan. Provide a paper to Executives outlining wider challenges within theatres and what needs to be done to overcome these challenges.
- Review saving plans and how to convert them to green over the next 6 months, including how many of these could convert to recurrent savings for next year's planning cycle. QIAs to be undertaken where needed.
- Provide a paper to Executives outlining details of maternity provisions at Bronglais Hospital.
- Women's Health Plan - Liaise with Public Health on support they can provide around health needs assessment, data and international models.
- Liaise with colleagues in MH&LD CCG to discuss priorities within the overall ASD and ADHD performance metric. Produce a recovery plan which can be taken to the Board which considers potential external capacity solutions for children and young people with ADHD.
- Digital Director to work with CCG to investigate why the outcome recorded on the Welsh Clinical Portal is not linking to WPAS.

## Primary Care, Community Strategy and Long Term Care Clinical Care Group

- Patient feedback pilot in 3 managed practises - determine what needs to be done to take the pilot forward across other areas of the CCG.
- Staff turnover - higher levels noted for receptionists in managed practices. In addition to exit interview data, request a report from Workforce Intelligence to review the reason for leaving data.
- Conduct a deep dive into what support is needed for the new digital rostering system including how to resolve historic issues. Submit paper to Executive Team.
- Conduct a reasonable assessment to see how much of the potential full year underspend in Medicines Management could be converted into savings.
- Identify potential services to move from secondary care to primary/community care and how this could be funded from within the existing budget.
- Scale up and roll out of identified cluster projects
- Generate an improvement plan and trajectories for diabetes - 8 care processes.

# Key resulting actions by function (3)

## Operational Allied Health and Health Sciences Clinical Care Group

- Arrange a meeting with Medical for support around medical workforce stability.
- Plan needed to address month 2 £0.5m overspend to ensure a balanced position by year end. Mitigations needed within the next 2 months.
- Liaise with Director of Finance for support around articulating the risk of the CCG not meeting the 2025/2026 savings target.
- Contact VBHC to discuss/request methodology of how to quantify value within the health board through investment in Radiology diagnostics.
- Clinical Haematology plan to be submitted, detailing the fragility status and cost pressures associated.
- Radiology 8 weeks waits: Look at what it would take to reach the target of 0 breaches by March 2026 and send to Director of Operational Planning & Performance
- Clear remaining overdue pay progressions = 11 (8 of which are overdue by more than 3 months) .

## Estates and Facilities

- Investigate themes & trends, to interrogate the reasons, identify root causes for staff turnover and discuss at the next CCG meeting. Consider what is good staff turnover for the CCG and what is bad.
- Conversation to be held to discuss training plans, recruitment and the CCG Workforce requirements going forwards.
- Review red & blue savings schemes at the next CCG meeting to determine which can be utilised to mitigate cost pressures. Include a projection total, if the CCG spend the monies for the Enhanced cleaning funding.
- Link in with Public Health regarding potential support to increase uptake of flu vaccinations for staff within the CCG.
- Communicate to all line managers the importance of timely sickness absence reporting on ESR and how delays can cause under reporting and the negative impact of poor data quality going into the system.
- New performance metrics need to be developed to track the quality of cleaning within our hospitals, as well as the number of cleaning audits undertaken.
- Discuss with Head of Culture & Workforce Experience how we can improve uptake of the Making a difference staff training within the CCG.
- Review longest open risks. Review approach to ensuring adequate time is allocated to achieve risk recommendations.

# Key resulting actions by function (4)

## Executive Director of Finance (includes Digital)

- Finalise plans to address risk relating to switchboard and the European working times directive.
- Enter negotiations with Royal Bank of Scotland to halt further charges until the Health board changes banking provider (Government Banking service).
- Conduct a quality impact assessment and submit a business case assessing the impact of moving letters from first to second class post has on patients.
- Review the use of digital in the proposed options for the clinical services plan of the health board.
- Clear identifiable list milestones needed to achieve the road map to balance plan.
- Organise a quarterly senior leadership workshop to unblock the main challenges preventing progress.
- Paper to developed on the patient communication hub, patient relationship management at front of house/reception and switchboard.
- Encourage all staff to attend the Making a difference training.

## Executive Medical Director

- Work with colleagues in medical rostering and workforce teams to identify resource needed to accelerate the build and rollout of the activity manager rota system.
- Identify how many savings plans across all CCGs contain variable pay.
- Need a programme of training established to increase knowledge of medical staffing terms and conditions within the health board.
- Investigate centralising resources for key systems such as AMaT and DATIX, from existing budgets to Digital. Also, to understand the impact this will have on savings plans in other areas of the organisation.
- Urgent update needed on the status of the clinical variation and mortality dashboards, plus potential to pull together and make available to staff.
- Set up a working group to review the IPFR budget allocation and realign to a more appropriate area of the organisation. Investigate the use of PROMS for every approved request to provide assurance on quality of service.
- Work with Quality team to explore quality impacts, including patient stories, in relation to developments undertaken by Hywel Dda within the research and innovation space, which may help attract staff to the organisation.
- Investigate what is needed to reduce the time taken to complete a death registration from the current 12 days to 6 days. This could include 7-day week working or use of digital systems to reduce human error.
- Increase the number of medical staff that have attended Making a Difference training sessions.

# Key resulting actions by function (5)

## Executive Director of Nursing, Quality and Patient Experience

- Identify and profile numbers of posts to be filled by nursing students ongoing, incorporating retirements, leavers and potential impact on the safe staffing act. Findings to prompt a business executive planning discussion.
- Meet to discuss the reallocation of the Datix system budget to the Digital team.
- Develop a paper detailing the increasing demand and cost attributed to looked after children/out of area in preparation for the next planning cycle.
- Liaise with Digital Director to discuss potential widening of scope for single point of contact group, to incorporate NQPE stakeholders of the Communications Hub/front of house.
- Review the practicalities of permanently hiring staff into roles for ongoing generalised implementation work.
- Patient experience framework: capture data and impact evidence to aid in the decision making process at a future planning meeting.
- Work to resolve the incidents over 120 days that can be cleared and engage with necessary stakeholders in other functions to provide updates/close the remainder.
- Liaise with complaints/corporate team to ensure there is a robust process in place to prevent complains/incidents from being incorrectly assigned.

## Executive Director of Public Health

- Strategic refresh: Inform Director of Finance and Senior Digital team of data analysis requirements.
- Health coaching: focus on piloting in the 2T cluster an investment of £250K, with the aim of investing to save by reducing ill health, to positively impact our acute sites and produce savings in 2026/27.
- Newborn screening - 1.3% of new-born babies are not screened for hearing: Develop engagement and visibility of this potential risk. Engage with Carmarthenshire Council regarding regional safeguarding database. Discuss appropriate governance process of highlighting this to Board.

# Key resulting actions by function (6)

## Executive Director of Strategy and Planning (includes Long Term Agreements (LTAs))

- Assess the data sources and information flows we could use to capture quality and safety metrics, e.g. incidents for Hywel Dda residents, into our commissioning arrangements for the basis of a Quality framework with mandated expectations similar to what is in place in NHS England. Take this to the commissioning group being established.
- Identify models of how the planning structure could align with the new clinical care group structure. This could be similar to the model Digital are working on for data analytics. Identify how the planning function could contribute specific skill sets across and support operational functions.
- Look into the additional activity in the Swansea Bay arrangement and spending this year on non-core activity. Could T&O be managed as a joint waiting list?
- Separate out LTAs and the core corporate planning team in future EITS meetings as the two areas have different issues.

## Executive Director of Workforce and Organisational Development

- Alignment of 10-year workforce plan and financial/organisational recovery plan: As part of the work for submitting the organisation financial recovery plan, generate an economic assessment including what the projections are likely to be for workforce planning. Following Economic Assessment, arrange a session with Workforce, Finance & Planning to map a service and workforce planning as part of a costed 3 year plan leading to a 10 year strategy.
- Liaise with Deputy Chief Operating Officer to identify what the requirements are for a robust digital operational workforce planning modelling tool. Explore what a good integrated planning system would look like, which would provide people analytics and modelling for 10, 3 and 1 year plans.
- Determine what we would consider to be a healthy staff turnover rate by professional group to assess if the <6% target for staff turnover across our organisation is fit for purpose.
- Review, validate and finalise re-alignment of budget within the next 2 weeks. Executive Director of Workforce and OD to sign-off.

## Governance and Communication

- Conversation to be held, to ensure the health board is addressing the Welsh Language Commissioner's requirement by integrating Welsh Language into the Communications Hub plan.
- Conversation to be held to address the obstacles preventing Targeted Intervention de-escalation to level 2.
- Complete outstanding PADRs by the end of the month

# Key achievements

Below is a summary of some of the key achievements highlighted within the EITS meeting packs:

## Community & Integrated Medicine

- The Bronglais Thrombosis Prevention Team has won a prestigious national award in recognition of work by teams across all departments in lowering the risk of thrombosis in patients under their care. The team picked up the 'Work in VTE Prevention' award at a special event at the House of Commons.
- Highly Commended under the Category of Partnership Working in the Social Care Wales Accolades for the Home First Hub together with Delta Connect
- Presented the West Wales Clinical Vision for Urgent & Intermediate Care to the Care Action Committee. Ministerial drive to deliver model across Wales and an impetus to develop a National Framework for TEC enabled IAA co-located with Home First Hubs & MDT working
- Pembrokeshire Diabetes Clinical Lead Nurses nominated for Diabetes Specialist Nurse Team of the year
- Cardigan Same Day Urgent Care Centre and Community Outreach identified by Welsh Government as a model for adoption across Wales
- Cardigan SDUC won Student Nurse Award for Best Practice Development Environment
- Clinical Lead Nurse Bianca Oakley nominated for Chief Nursing Officer award in the Nurse of the Year awards. (Ceredigion)
- Working in Partnership Award from West Wales Regional Partnership Board (Pembrokeshire)
- Team Y Bwa was Highly Commended in the Outstanding Contribution to Health and Social Care by the West Wales Regional Partnership Board (Ceredigion)
- Doccla remote monitoring launched for Hospital at Home (Pembrokeshire/Carmarthenshire)
- Securing funding to continue TWOC after the evaluation (Pembrokeshire/Carmarthenshire)
- Opening of Bronglais Hospital Chemotherapy Day Unit
- Clinically led Trusted Assessor pilot Mental Capacity (Pembrokeshire)
- SSDEC operational (Carmarthenshire)
- TTAC operational (Carmarthenshire)
- Repatriation database (Carmarthenshire led – across board)
- Reduction in Nurse agency – now 0 nurse vacancies (Carmarthenshire)
- Capital Plan for front door reconfiguration at Glangwili Hospital
- Prince Philip Hospital frailty model operational
- Charitable funding secured to provide bereavement support for children and young people (Ceredigion)

# Key achievements (2)

## Governance & Communications

### Corporate Governance

- Positive all Wales Structured Assessment Report with 0 recommendations for corporate governance and assurance and risk
- National de-escalation of governance domain from Targeted Intervention (L4) to Enhanced Monitoring (L3)
- Implementation of new Board and Committee Structure
- Establishment of Regional Joint Committee
- Design of new operational governance arrangements (SOP, templates, SOD, etc) with significant support provided
- Completion of Board and Committee effectiveness programme for 2024/25 – including design of new Board Maturity Matrix
- Completion of Risk Maturity Matrix
- Seamless realignment of Datix Risk Module to new operational structure to enable reporting of risk and providing support to new CCGs with assurance and risk arrangements

### Corporate Office

- Positive impact from CEO's evidence session at the UK Covid-19 Public Inquiry in November 2024
- Improved escalation process for CEO and Chair's correspondence has had a positive impact on responses
- Freedom of Information (FoI) compliance rate for 2024/25 is 98% with 100% achieved regularly

### Communications, Engagement and Welsh Language

- Completion of internal staff audit on Communications – 3.6% of staff took part – this is now informing a programme of improvement work in our internal communications channels
- New web pages and video of Board's Annual Plan prepared for publication in June 2025
- Communications and videos created on Public Health Social Modal Conference
- Produced patient stories to illustrate health board's direction towards our vision and strategy
- Supported openings, including Glangwili maternity and neonatal unit (February), Bronglais Hospital chemotherapy unit (May)
- Promoted and celebrated several staff awards (i.e. such as this for maternity services, which included a slot on BBC Radio Wales [Hywel Dda midwife team win prestigious national awards](#))
- Promoted communications on apprentices, produce key recruitment videos (Medical and Nursing Directors) and announced subsequent appointments
- Advising and supporting communication on reputational issues including FCP control group, access to mental health assessments north Ceredigion, Bronglais Hospital temporary change (and reinstatement) of elements of the paediatric service
- Launched communication and engagement plans on large consultations (inclusive of multiple materials and publicity as well as public and staff events and activities), Clinical Services Plan (May), Llanelli MIU (April)
- Maintained and delivered a robust translation service for the whole Health Board - continuing to ensure turnaround target remains at 95% and above

# Key achievements (3)

## Operational Allied Health & Health Sciences

### Governance

- Clinical Care Group Integrated Governance meeting structure is in place, supporting timely 3A assessments reporting into bi-monthly IQFPDG.
- Established processes to get a grip on escalation issues:
  - Development of our business partner relationship with the Performance Team has resulted in the sharing of data sets to enable CCG leadership to agree improvement actions with service leads – Thank you!
  - Monthly Governance meetings have been successfully established with QAST business partner, resulting in positive engagement with service leads resulting in an improvement in closure of overdue incident investigations

### Demand and Capacity

- A plan has been developed to implement demand and capacity work and service reviews across all 5 services within the CCG (phase 2 will look at testing this D&C tool with Radiology and Pathology)

### Radiology Annual Plan 2025/26

- Funding was secured to stabilise cancer performance and the Radiology infrastructure.

### Patient focus

- CCG ensure a patient-focus to Governance meetings by sharing patient stories. Speech and Language Therapy shared Gary's story which showed the impact to Gary and his family of accessing timely diagnostics in relation to his swallowing difficulties

### Quality Improvement

- Podiatry shared their successful evaluation of a Podiatry and Arrhythmia Atrial Fibrillation Screening Project: 'Cutting out the middleman in Arrhythmia detection'. During a 16-week period, 36 patients were identified as requiring an ECG. Of those, 5 were found to have Atrial Fibrillation and another 2 were found to have Atrial Flutter. All 7 were asymptomatic. Those suffering with asymptomatic AF are known to have worse outcomes. Evidence base indicates their early detection, and subsequent treatment is vital for preventing Cardio-embolic strokes. This project involved the podiatrist for detection, the cardiac physiologist to interpret the ECG and pharmacy to administer treatment.

# Key achievements (4)

## Planned & Specialist Care

### Nominations and awards

- Baby Lifeline award
- Promoting Collaboration and Teamworking
- Achieving Excellence Through Service Improvements
- Mariposa Saying Goodbye Awards, Midwife of the Year 2025, HDUHB
- Anwen Butten, Head and Neck Cancer Clinical Nurse Specialist, awarded a Member of the Order of the British Empire (MBE) in the 2025 King's Birthday Honours.

- Positive Maternity HIW inspection
- HDUHB Maternity Fayre attended by over 250 service users March & June 2025
- Gynae 1-stop

## Estates & Facilities

### Domestic services

- Consideration for a new operating model to address the concerns across domestic services in Glangwili Hospital and Prince Philip Hospital in the first instance, followed by Withybush Hospital and Bronglais Hospital.
- The new operating model should include converting bank use to WTEs.

### Governance Group

- Since May 2025, a Clinical Care Group has been established for Estates and Facilities. This includes the establishments of service groups for each service across the department that report directly to the Estates and Facilities Integrated Governance Group. The Group escalates matters to IQFPD utilising the 3A assessment reporting template, in line with the Clinical Care Group Governance structure.

### Projects

- All current discretionary projects are on time including targeted Estates funding bids and ongoing RAAC work.

# Key achievements (5)

## Finance & Digital

### Finance

- Completed OCP process, realising distinct Business Control and Business Partner functions and alignment to new operational management structure
- Stabilised former business partner function ahead of realising OCP structure and recruitment progress
- Financial Management Internal Audit concluded reasonable assurance and Cash Management Internal Audit concluded with substantial assurance
- School visits and lesson demonstrations to advertise numeracy roles within the NHS and the Finance Apprenticeship programme
- Reporting developments leading best practice nationally, namely Finance Performance Report and Pay Analysis ledger coding project
- Accommodation changes to Ty Gorwel to generate estate savings and embrace agile hot desk working in advance of the corporate headquarters in Picton Terrace
- Two members of the team won the HFMA Wales 2024 Rising Star award
- Organisational achievement - Delivered year end outturn 2024/25 ahead of WG Target Control; £24.1m outturn deficit
- Overhaul of corporate reporting arrangements linked to the implementation of the Clinical Care Group structure, and associated master data changes required across Finance systems, and held wider Corporate Function update sessions to ensure alignment across reporting offering

### Digital

- Substantial assurance in the performance management internal audit report
- New Our Improving Together Framework approved by Board in March 2025.
- All performance outputs and processes revised to align to the new organisational structure.
- Published dashboard to help CITO project team monitor batch uploads and identify missing records and incorrectly linked patients
- Published 'Current Red Reasons' dashboard to support front line colleagues in monitoring reasons for delayed discharge and identify trends.
- Development of several operational tools utilising large language models (LLM) and AI.
- Introduction and migration of over 300 servers.
- Accelerating the implementation of an eOBS (Electronic Observations)
- Developed a robust benefits realisation process and approach.
- Accelerating the implementation of EPMA
- Replaced the Windows 10 devices planned, tested and instigated for 2025.
- Completed the movement from analogue to digital telecoms across our 4 acute sites.

# Key achievements (6)

## Medical Directorate

- Not on my shift: Tackling unprofessional behaviours in the workplace film is complete.
- Board approval of new Research and Innovation Strategy (2025-2030)
- Effective Clinical Practice Roadshows have been successful, showcasing the good work across each of the hospital sites and community, winners from each of the roadshows will be presenting at the Health Board wide roadshow being held in October 2025.
- Following on from last year's success, the Trainer and Trainee of the Year Award's 2025 is now live and open for nominations. We have already received 15 nominations for Trainer of the Year and 11 for Trainee.
- The 2025 Becoming a Doctor programme commenced in May with over 60 young adults from across the 3 counties signed up to attend. Those on placement in the hospitals will be provided with new distinct scrub tops, which will make them easily recognisable and will enhance their experience of the world of healthcare.

## Mental Health & Learning disabilities

- Recent confirmation that the Pembrokeshire CAMHS schools In-reach work has been shortlisted for a Nursing Times award in the Mental Health Nurse category.
- Executive Team members flagged at the meeting the clinical care group had achieved a lot more than this and encouraged the team to vocalise their successes more moving forward.

# Key achievements (7)

## Nursing, Quality & Patient Experience

- Substantive appointment of Executive Director of Nursing
- Thrombosis UK first prize to Bronglais Hospital for systems to manage and prevent Hospital Acquired Thrombosis
- Focussed approach with operational & workforce teams to create additional opportunities for students through streamlining, based on workforce planning intelligence, resulting in the number of posts offered exceeding student numbers
- Establishment of nursing audit programme, including roll out with operational nursing teams
- Implementation of 3Ps programme and associated development of the Waiting List Support Service
- Development of robust improved professional standards database capturing and monitoring progress on regulatory referrals to the NMC. Significant work has been undertaken with the NMC to cleanse the previous database, work through and conclude lengthy outstanding investigations. Framework being developed to ensure our staff feel supported during a professional standards investigatory process, or when called as a witness. This will then be considered in relation to legal processes such as coroners or crown court, as well as internal operational workforce investigations.
- Completion of the investigation of harm for a large volume of patients (circa 4k notes).

## Primary Care, Community Strategy & Long-Term Care

- Long Term Specialist Nurse recently won the Chair's Commendation Award for collaboration
- Lead Diabetes CNS won the BJN Diabetes Nurse of the year award
- Continued progress with securing salaried GPs in Managed Practices with Tenby and Ash Grove not requiring locums on a regular basis
- Pharmacy Site Lead for Bronglais Hospital attended the Thrombosis UK Venous thromboembolism (VTE) Prevention Awards held in Westminster on the 13th May with other colleagues. The Bronglais team won the award for this category.

# Key achievements (8)

## Public Health

- Give Children and Young People the best start in life - RPB Children and Young People's Board re-established. Pilot programmes commenced in Infant Feeding, First 1000 Days: Food, Nutrition & Movement, starting well - Arts in Health/Peri Natal Mental Health initiative.
- Social Model for Health & Wellbeing (SMfHW) - Summit to celebrate and promote the system-wide adoption of equity and wellbeing principles of the regional Social Model for Health and Wellbeing. This initiative is supported by a regional steering group with national leadership. Launched 'Creating Change Together' across three counties, evolving into a dynamic community of practice aimed at driving local project- and partnership-based action, and fostering shared learning on health equity. SMfHW Maturity Matrix to be embedded in WCFG Maturity Matrix and Progress tracker to support embedding Social Model for Health and Wellbeing across Wales.
- Set up our HIV elimination steering group, a multiagency group brought together with the aim of eliminating transmission of HIV by 2030.
- Health Protection – Assertive Outreach work continued, in partnership with The Wallich, a homeless charity. Outreach days held across 'hot spot' areas in Llanelli, Carmarthen and Ammanford. 54 Contacts, 6 of whom only came forward due to receiving a blood transfusion prior to 1991 (Infected Blood Inquiry).
- Health Protection – Find & Treat Bus in partnership with Public Health Wales and University Hospital London a targeted TB and BBV screening service provided in Llanelli area for homeless, refugee/asylum seekers and at-risk population. 85 people attended the screening in the local community – good response.
- Delivery of Whole Systems Approach to Healthy Weight – 110+ stakeholders engaged across the region, leading to 'Access to Food' as a priority sub-system; 2 of 3 Public Service Boards adopted healthy weight as a strategic priority, with place-based asset mapping completed to guide local solutions.

## Strategy & Planning

- Instrumental in the on-going Prince Philip Hospital MIU work/consultation; Clinical Services Plan (CSP); and the Strategic refresh. Establishment of a 'Knowledge Awareness Forum'
- The Health Pathways programme has published around 200 pathways, exceeding the target
- Successful completion and commissioning of the Leri Day Unit Scheme in Bronglais, approval of the BJC for SARC and funding to progress the scheme. Planning for the commissioning of Hydrotherapy Pool in Canolfan (Pentre Awel)
- Elective Orthopaedics at Swansea Bay (LTA vs Regional Monies) – adjustment to the LTA agreed.
- Velindre Cancer Centre (high-cost drugs (HCD)) – paying HCDs on utilisation
- DEXA – significant reduction around the waiting list
- Identification of inadvertent costs (either already in the system or potential cost proposals) primarily at Swansea and Cardiff - savings through SLA reviews, drug costs, locally provided services (Neurology)

# Key achievements (9)

## Workforce & Organisational Development

### People Management Teams

- Recruitment – Hywel Dda continues to be the fastest recruiter in NHS Wales.
- 296 internationally educated nurses (IENs) appointed. Submitted our IEN Closure Report in January 2025. This programme has contributed to a reduction in Band 5 registered nurse vacancies from 280.67 WTE in December 2021 to 18.9 WTE in December 2024. Our retention rate remains high at 98.6%.
- First Medic (Haematology Specialist Grade) arrived in Withybush Hospital on 31 Mar 2025. This was the first Specialist Grade in Wales sourced via the NHS Wales programme. The first Allied Health Professional (AHP) campaign reached 85k+ applicants with 22 offers of employment made
- Headhunting directly from LinkedIn resulted in 6 appointments into hard to fill posts across nursing, medical & dental and admin & clerical.

### Psychological Wellbeing and Occupational Health

- Our Recovery in Nature (RiN) programme is now in its fourth year. The programme offers single RiN days as well as 4-day Ecotherapy Retreats at different woodland sites and evaluation has shown its clinical effectiveness on measures of wellbeing and burnout while personal stories from participants demonstrate the powerful impact that recovery in nature is bringing to our workforce. The qualitative data gathered from staff attending has been deeply inspiring and heartwarming and hearing about the lasting impact of the work has been really satisfying for the team. Our RiN programmes for this year are already at more than 80%.
- Occupational Health achieved or exceeded the all Wales KPIs for all activity in the year.

### Operational Workforce (including medical workforce and job evaluation (JE))

- We completed our 3-year employment policy review in March 2025 and removed 15 policies from our repository which were no longer required or subsumed into new policy frameworks. This has resulted in a 27% reduction in the number of employment policies held by the Health Board during that three-year period. We also pledged to reduce the number of pages in our policies to 5 or less (excluding corporate governance sections) over a 10-year period to enable their content to be streamlined. Over the first three years, we have seen 79% of our policies achieve this pledge.
- Invited to showcase work on the new internal JE governance process to All Wales colleagues – Hywel Dda is the only Health Board to have implemented these revised procedures. Also feeds into true social partnership working in terms of how we work with our TU JE lead.
- Working to validate all medical rotas to ensure compliance with the Fatigue & Facilities Charter etc and assessing any impact on service delivery. Also, some significant success in securing substantive employment of medical staff from agency & locum contracts to ensure significant savings are made. This work contributes to the activity on medical stabilisation.

# Learning from the EITS process

## What went well

- This was the first round of EITS for the new clinical care group structure. Good working relationships have been established between the Performance Team, corporate teams and the operational functions. This meant schedule changes were kept to a minimum, data was provided, and packs were returned within manageable timeframes. This resulted in smooth delivery of the 13 sessions over 4½ weeks.
- Functions were able to discuss issues and blockages with Executive Directors so that, where available, support could be allocated.

## Where we need to improve

- It was agreed during the Strategy & Planning session that LTAs have different issues and focus to the rest of the function and would benefit from being considered separately moving forward.
- The information pre-gathered by the Performance Team for the data quality section was not as comprehensive as it needed to be.
- Lack of consistency in the meeting packs provided by the functions.

## Resulting actions

- Performance Team to schedule separate EITS meetings in November for (1) Strategy & Planning and (2) LTAs.
- Performance Team to review the data quality self assessment responses and work with the Digital Director to develop an action plan.
- Performance Team to develop guidance for functions on completing meeting packs ahead of the November 2025 EITS. Guidance to cover:
  - Expectation from Executive Directors
  - Need to include SMART actions that will provide assurance
  - Improvement trajectories need to be derived and presented in the packs
  - Requests for help need to be specific in terms of skills/experience and capacity needed e.g. experienced project manager for 2 days a week for 6 months.
  - Supporting documents can also be linked from the pack to provide additional evidence of plans in place and progress being made.