Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 June 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Performance Assurance Report – Month 2 2025/2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Director of Finance

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 2, 2025/26 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The IPAR consists of this SBAR and the following supporting documents:

- IPAR overview – includes data, issues and actions for the Health Board's key performance improvement measures.
- IPAR dashboard – provides statistical process control (SPC) charts for each of our performance measures. Ahead of the Board meeting, the dashboard will also be made available via our internet site.

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

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

Please Note:

- The escalation update section has been removed from the IPAR into a separate document and combined with the Finance escalation content.
- A data submission for audiology will not take place until June 2025 as local and national colleagues are reviewing and working on validation of systems and data.

- Patient experience metrics - the national survey has been updated and metrics changed. The Patient Experience and Performance teams have updated metrics that have remained the same and are working closely to take forward changes.

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

Cefndir / Background

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

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 IPAR Overview.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
% child neurodevelopment assess waits <26 weeks	80%	Apr 2025	23.5%	Usual	Missing target	n/a	Alert
Number of Pathways of Care delayed discharges	n/a	May 2025	234	Usual	n/a	Trajectory missed by over 5%	Alert
Ambulance handovers > 1 hour Hywel Dda	0	May 2025	1,059	Concerning	Missing target	Trajectory missed by over 5%	Alert
Ambulance handover > 4 hours Hywel Dda	0	May 2025	325	Usual	Missing target	Trajectory missed by over 5%	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	May 2025	72.9%	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	May 2025	1,255	Concerning	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Apr 2025	55.7%	Concerning	Missing target	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Apr 2025	60.3%	Concerning	Missing target	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	May 2025	4,617	Improving	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	May 2025	2,384	Concerning	Missing target	n/a	Alert
C. difficile: Number of confirmed cases (in-month)	8	May 2025	16	Usual	Hit and miss	n/a	Alert
% Ambulance red call responses < 8 mins	65%	May 2025	48.6%	Usual	Missing target	n/a	Alert
% sickness absence rate of staff	4.79%	May 2025	6.59%	n/a	n/a	n/a	Alert
Financial in month deficit	n/a	May 2025	£2,680,000	Usual	n/a	Within 5% of Trajectory	Alert
% uptake of flu vacc - 65+ years	75%	Mar 2025	64.9%	n/a	n/a	n/a	Alert
Patients waiting 104 weeks+ RTT	0	May 2025	319	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	May 2025	84	Improving	Missing target	n/a	Advise
Follow-up appts - delayed >100%	0	May 2025	17,167	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	May 2025	12,814	Improving	Missing target	n/a	Advise
E. coli: Number of confirmed cases (in-month)	21	May 2025	30	Usual	Hit and miss	n/a	Advise
S. aureus: Number of confirmed cases (in-month)	6	May 2025	12	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	May 2025	43.2%	Improving	n/a	n/a	Advise
% Autumn 2024 COVID booster uptake for eligible residents	75%	Feb 2025	45.7%	n/a	n/a	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Dec 2024	90.4%	n/a	n/a	n/a	Advise
% of children receiving HPV by age 15	90%	Dec 2024	73.5%	n/a	n/a	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2024	95.8%	n/a	n/a	n/a	Advise
% pts on single cancer pathway within 62 days	75%	Apr 2025	62%	Usual	Missing target	Within 5% of Trajectory	Assure
% MH assess within 28 days (age 0-17)	80%	Apr 2025	98.1%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Apr 2025	95.4%	Improving	Hit and miss	n/a	Assure
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Consultations delivered through PIPS	n/a	Mar 2025	2,774	Improving	n/a	Trajectory met	Assure
% Autumn 2023 COVID booster uptake for eligible residents	75%	Feb 2024	46.5%	n/a	n/a	n/a	Not yet assessed
% Spring COVID booster uptake for eligible residents	75%	Jun 2024	45.3%	n/a	n/a	n/a	Not yet assessed
% children accessing dental within 24 months	n/a	Dec 2021	39.1%	n/a	n/a	n/a	Not yet assessed
% adults accessing dental within 24 months	n/a	Dec 2021	25.9%	n/a	n/a	n/a	Not yet assessed

Triangulating our data: as of 31 May 2025

- **Quality, Safety and Risk**

  There was a slight increase in the number of incidents causing moderate harm or above reported by month in May 2025: 127. The number of patient falls recorded in May 2025: 206 was equal to last month. There was a reduction in medication errors recorded in May 2025: 82 compared to previous the month. We continue to have significant numbers of high and extreme risks on the risk register with 476 in May 2025. The number of new complaints received decreased from the previous month to 127 in May 2025. The number of new infection cases increased in May 2025 to 70. 16 of these cases were C.difficile and an increase on the previous month.

- **Workforce**

  In month, staff sickness decreased slightly to 6.0% in May 2025. Long-term sickness remained static at 4.0% and short-term sickness reduced slightly to 2.0%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. During May nursing and midwifery agency usage continued to reduce, with 56.78 whole time equivalents (WTE), lowest rate recorded.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	123	305	127	
Patient falls	189	301	206	
Medication errors	61	142	82	
Pressure damage developing or worsening during care	59	216	71	
New complaints by month received (ward level not available)	108	224	127	
Number of high and extreme risks (health board & function only)	379	491	476	
Infections: new cases	53	84	70	
Infections: C. difficile cases	9	23	16	
Workforce				
Number of staff/contractor related incidents	93	184	93	
Sickness - short term	1.7%	2.8%	2.0%	
Sickness - long term	3.3%	4.9%	4.0%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	7.8%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.78	379.79	56.78	
Bank (WTE)	212.99	352.85	293.67	

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **DISCUSS** the IPAR – Month 2 2025/2026 Report
- **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

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

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to FINANCE AND PERFORMANCE COMMITTEE:	Finance, Performance, internal Escalation process

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

Cyfreithiol: **Legal:**	Better use of resources through integration of reporting methodology.
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

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

Integrated Performance Assurance Report (IPAR) Overview

As at 31st May 2025

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

Contents

Statistical process control (SPC) charts

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

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

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(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.

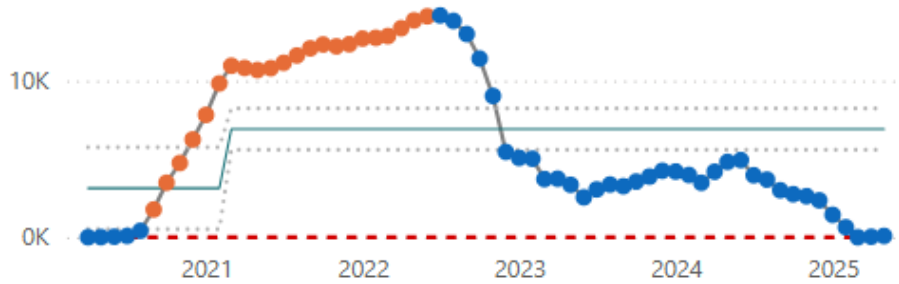
Advise
(to monitor)
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

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

Waits over 36 weeks, 52 weeks for first outpatient and delayed follow up appointments
(Ministerial priority)

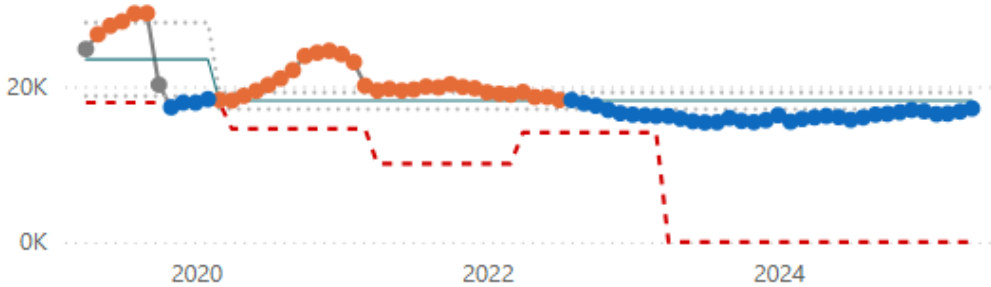
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Latest performance for May 2025 (84) shows improving variation, however, breaches have increased for two consecutive months.

Follow up outpatient appointments delayed over 100% past target date



Performance for May 2025 (17,167) shows the highest number of breaches since October 2022 and four consecutive months of increases.

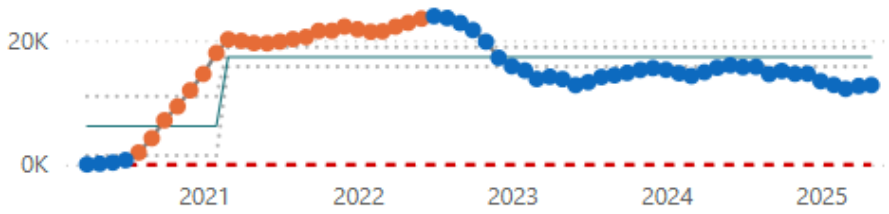
Key challenges / issues	Key actions / initiatives	Due date
• The 52-week outpatient breaches in May 2025 are mainly within care of elderly and general medicine, where capacity issues for osteoporosis patients present an ongoing capacity issue. Urology reported 11 breaches but expect to be at 0 by June 2025. • Staff sickness rates are impacting delivery. • Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU). • The number of patients now waiting beyond 52 weeks for a new outpatient appointment has largely reduced from its peak in June 2024 (4,930). • Demand and capacity trajectories anticipate this target being maintained in most specialties. Recurrent recovery monies are being prioritised for areas that anticipate a breach (ENT, Neurology and Rheumatology). • Active management and triage of referrals has resulted in no waiting list growth. • Outpatient waiting volumes are at their lowest since April 2021. • Recent waiting list initiatives for end of year targets contribute to the increase the follow up waiting lists as more patients are processed through their pathways. • Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales. • 14% reduction in 36-week breaches for Referral to Treatment and a 55% reduction in 36-week new outpatient breaches since June 2024 – positive indications for further recovery in future years.	• In March 2025, the Health Board achieved the target of no patients waiting over 52 weeks for their first outpatient appointment and will maintain that position by quarter one 2025/26. This will be achieved by utilising specialty specific operational plans and Welsh Government recovery monies. • Continue managing demand via targeted validation, referral management, robust clinical triage and use of alternative pathways such as self-management (SoS & PIFU). • Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients. • Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and use of CIN (Clinical Implementation Network) guidelines. • 2025/26 demand and capacity plans are used by all Planned Care services working towards achieving no patients waiting over 36 weeks for a new outpatient attendance across key specialties to maximise available capacity and forecast accurately.	30/06/25 Ongoing Ongoing 31/03/26 31/03/26

Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

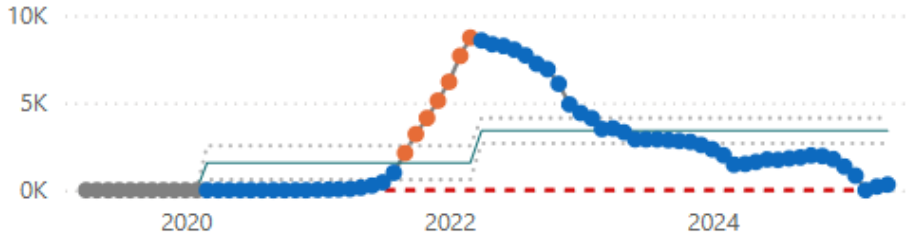
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Latest performance shows improving variation, however, breaches have increased for the last 3 months to 12,814 in May 2025.

Patients waiting over 104 weeks from referral to treatment



Latest performance for May 2025 (319) shows improving variation, however, breaches have increased for two consecutive months.

Key challenges / issues

- Whilst work is underway to achieve zero breaches over 104 weeks by the end of June 2025, there is a high risk associated with around 100 patients due to theatre capacity.
- Theatre staffing and availability of additional funding remain challenging.
- Staff sickness rates, particularly within theatres, are impacting delivery.
- Ongoing acute hospital site pressures can adversely affect elective (planned) care.
- Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times.
- Maintaining waiting times milestones post March 2025 is dependent upon agreed recovery funding and procurement support.
- Achieving GIRFT (Getting It Right First Time) ambitions in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway.
- Additional risk factors include theatre staffing; Urology cancer backlog being prioritised over routine backlog (inpatient demand is needed for both Cancer and longest waiting routine patients); Colorectal cancer demand utilising routine clinic slots; and Vascular regional capacity issues; Theatre cancellations meaning few routine long waiting ENT patients can be scheduled as urgent patients are taking all rescheduled theatre slots.
- 2024/25 inpatient/day case activity levels have now recovered beyond pre-pandemic levels. Despite incremental progress achieved, more work is required to reduce late starts and early finishes. A key challenge being the alignment of clinical job plans. Fallow lists remain a significant challenge due to theatre workforce availability challenges.

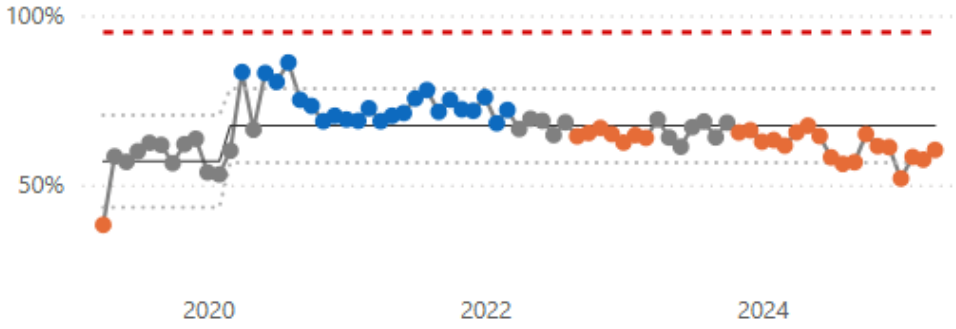
Key actions / initiatives	Due date
• Continue managing demand via targeted validation, referral management (i.e.. implementing My Health Pathways), robust clinical triage and the use of alternative pathways such as self-management (See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU)).	Ongoing
• Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.	Ongoing
• Demand and capacity plans have been developed and continue to be regularly in use across key specialties to maximise available capacity and forecast accurately.	31/03/26
• Key focus on maintaining waiting times targets into 2025/26 using capacity and demand forecasts to highlight risk areas in each specialty, with a view to allocate any additional funding to appropriate specialties. There is a refreshed Theatre Optimisation and Efficiency workstream led by the new Clinical Care Group which will include working towards GIRFT standards. As an example, in trauma and orthopaedics, further improvement opportunities are being explored within the scope of experience of individual surgeons, consistency of anaesthetic support and alignment of theatre shift patterns to clinical sessions.	31/03/26

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

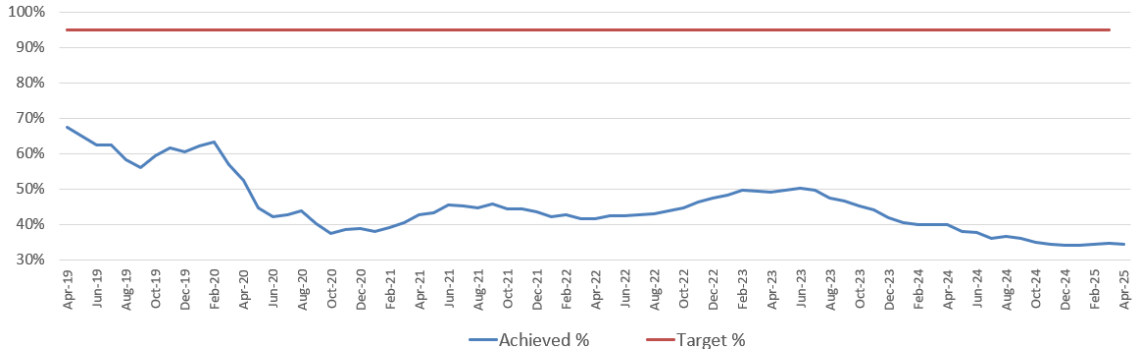
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest data for April 2025 shows concerning variation, with 1,140 out of 1,890 (60.3%) high-risk (R1) patients attending appointments within a 25% delay to their clinically assigned target date (Target = 95%)

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



In April 2025, 6,307 out of 18,338 (34%) high-risk (R1) patients were waiting within a 25% delay to their clinically assigned target date (Target = 95%)

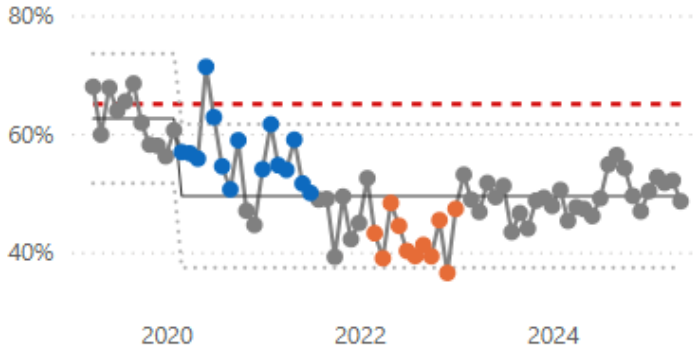
Key challenges / issues	Key actions / initiatives	Due date
• Gaps in specialty and specialist (SAS) doctor rota whilst clinicians are onboarding (currently covered with additional duty hours).	• Recruitment into SAS vacancies (interviews on 20th June 2025).	31/10/25
• Recruiting to consultant vacancies is historically difficult, therefore a regional solution will provide more opportunity to secure substantive posts (situation, background, assessment, and recommendation (SBAR) submitted to Clinical Care Group (CCG) for planned care and specialist services for approval).	• Regional recruitment into two substantive consultant posts to stabilise service.	30/11/25
	• Regional solutions for Age Related Macular Degeneration (AMD), Glaucoma, Cataract and Vitreoretinal subspecialties being explored with subspecialty leads now identified.	30/11/25
	• Protected R1 appointments have been introduced from April 2025 to increase timeliness of R1 delivery.	Completed
• Recruitment to posts identified in Eye Care Measures (R1) SBAR has now been confirmed and posts have been submitted for approval to CCG, some additional activity for R1 delivery has been secured through waiting list initiative (WLI) sessions.	• Eye Care Measures (R1) SBAR presented to Board, and funding secured for recruitment to commence to enable service to increase capacity for both AMD/Intravitreal Injections (IVT) and Glaucoma services to recover R1 trajectory for patients waiting within 25% delay to their target date from 35% to 65% by March 2026.	31/03/26
• Reduced clinics due to gaps in workforce (currently filled where possible with WLI).	• Internal solutions for IVT delivery have been provided to increase Injections delivered per week.	Ongoing
	• External solution for IVT delivery has been secured through outsourcing, whilst workforce is recruited to build sustainable service.	Ongoing
• Clinic delivery restricted due to estates and delivery out of 8 sites. Reducing sites and increasing delivery on fewer sites will ensure staff can be trained and supervised appropriately and work towards the top of their licence.	• External solutions for cataract delivery has been secured through outsourcing.	Ongoing
	• Internal cataract delivery has been increased, and theatre efficiencies being reviewed to reduce cancellations and late start times.	Ongoing

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

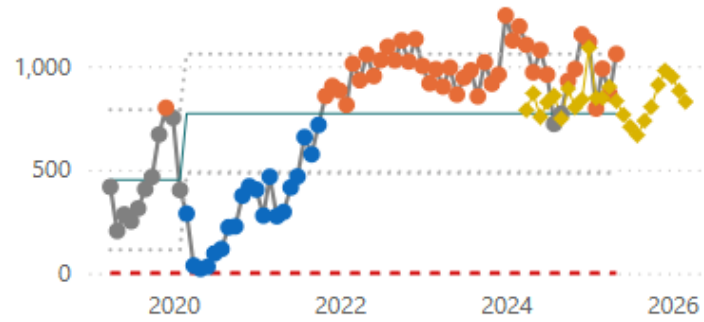
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Life threatening (red) call responses taking over 8 minutes



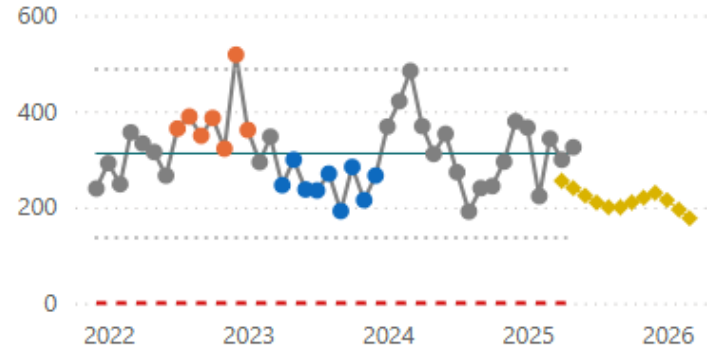
Latest data is showing expected (common cause) variation, 342 red calls met, out of a total of 703 responses, 48.6% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 1,059 handovers > 1 hour out of a total of 2,076, 51%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 325 handovers > 4 hour out of a total of 2,076, 16%.

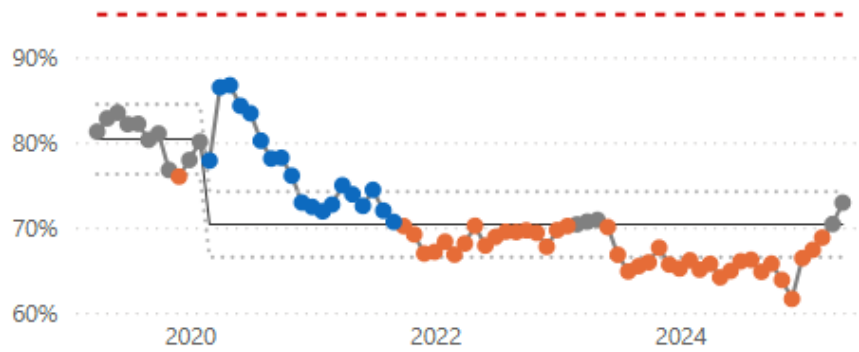
Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
• 49.58% of missed red calls for May 2025 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.	• Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts	Weekly ongoing
• 46.53% of missed red calls for May 2025 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8 minutes if a vehicle is available and on nearest standby point.	• Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources	Daily – Hourly ongoing
• Overall attended demand in Hywel Dda health board area for May 2025 on average has been on forecast. Week commencing 19th May 2025 demand was higher than forecasted but remained within control limits.	• Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. Consultant connect is being in the process of being updated.	Weekly ongoing
• Hospital delays in handover WAST ambulance crews, 3,816 hours lost at the 4 acute Hywel Dda hospital sites during April 2025.	• 111 press 2 assisting WAST clinicians to support the management of mental health patients.	Active
• There have been 53 immediate release requests in May 2025 with an acceptance rate of 73.58%.	• Porth Preseli and Eastgate clinical streaming hubs staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Ceredigion. Improvements being made with uplifting cover	Weekly ongoing
	• WAST resourcing reviews and targeted overtime allocation	Weekly review – ongoing

Urgent and Emergency Care – Emergency Departments - Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

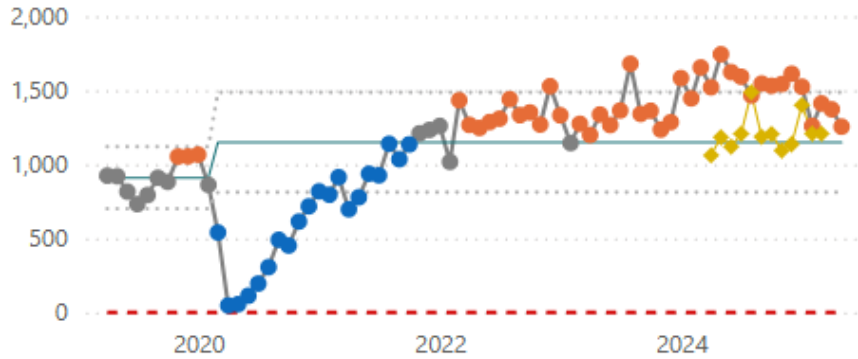
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



73% reported for May 2025, 4,357 breaches out of 16,088 new attendances. Chart is showing common cause (expected) variation.

Patients waiting over 12 hours in A&E/MIU



1,255 breaches out of 16,088 new attendances, 8%. The chart is showing a concerning performance trend.

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 tactical urgent and emergency programme.	31/10/25

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

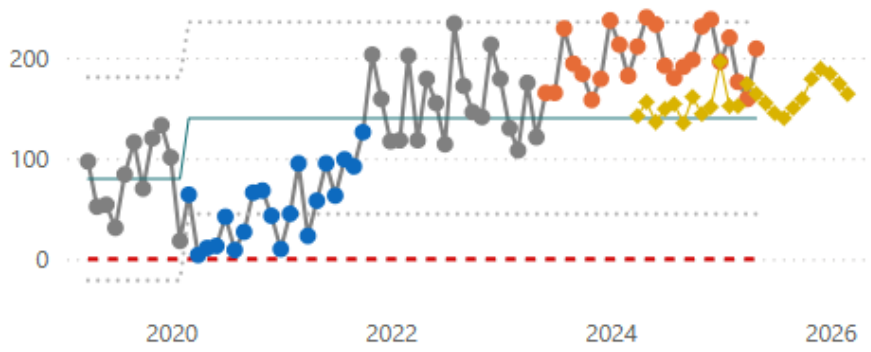
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

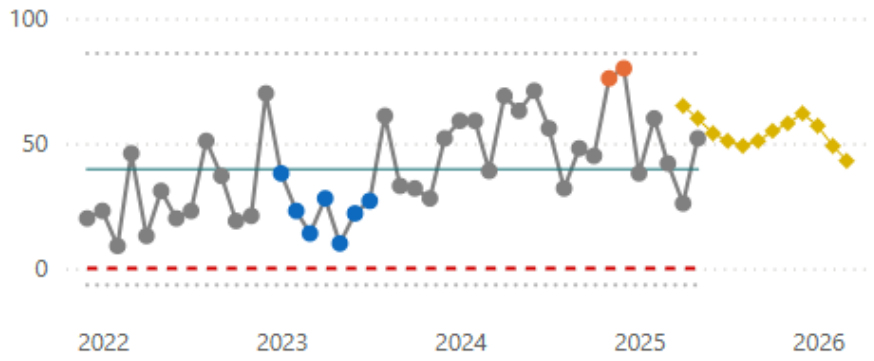
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 209 handovers >1 hours reported out of a total of 417 handovers, 50%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation.
52 handovers >4 hours were reported out of 417 total handovers 13%.

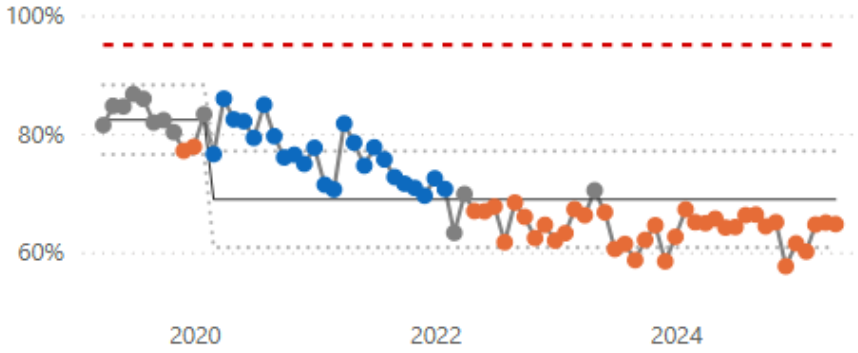
Key challenges / issues	Key actions / initiatives	Due date
• Rapid assessment and treatment (RAaT) provision can at times be impacted by lack of nursing staff to support the area, but it is recognised that the majority of ambulance red release calls are almost always supported.	• Dedicated RAaT provision at the front door enabling timely assessment.	Ongoing
• Reduced capacity and patients in corridor within the Emergency Department is a regular occurrence due to reduced patient flow across the system.	• Review of current discharge and flow pathways with proposal for full revamp of Porth Gofal and flow processes encompassing a variety of Quality Improvement projects.	31/08/25
• Surge capacity and boarding opportunities are in situ across the acute site to support timely ambulance handovers, but capacity is limited.	• Working with improvement colleagues in response to recent NHS England recommendations and 6 Goals Programme.	Ongoing
• Staffing challenges can impact handover opportunities.	• Y Bwa Unit continues to support site pressures following decant of Meurig Ward by providing capacity for step-down patients. Under review to establish model of care and explore potential for longer term solution.	31/07/25
• Self-presenters can sometimes be prioritised on clinical acuity – if capacity is at a minimum due to high escalation status i.e. Red 20, it can delay or impact timely ambulance handovers.	• Surge capacity and boarding in all suitable areas remains in situ.	Ongoing
• The Short Stay Assessment Unit is often bedded when site is in high escalation therefore impacting flow through the Emergency Department.	• Dedicated short stay assessment area within the ED footprint is allocated for medical admissions – review to be undertaken to broaden the scope.	30/06/25
	• Expansion of current Advanced Nurse Practitioner/Emergency Nurse Practitioner model in conjunction with full medical rota review to support nurse led minors unit.	30/06/25
	• 6 Goals and Optimal Hospital Flow workstreams across Ceredigion System with focus on reducing delays – SAFER/Red2Green, strengthening of early discharge planning, implementation of Criteria Led Discharge, refresh of Board Rounds and focus on Earlier in the Day Discharges, reducing Pathway of Care Delays	

Urgent and Emergency Care – Emergency Departments - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

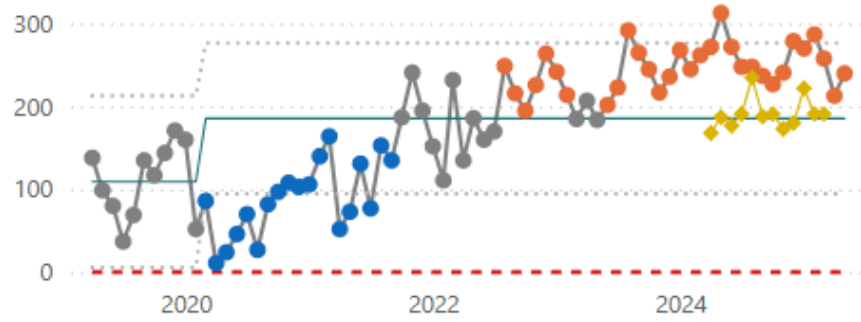
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



65% reported for May, 986 breaches out of 2,797 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



240 breaches out of 2,797 new attendances, 9%. The chart is showing a concerning performance trend.

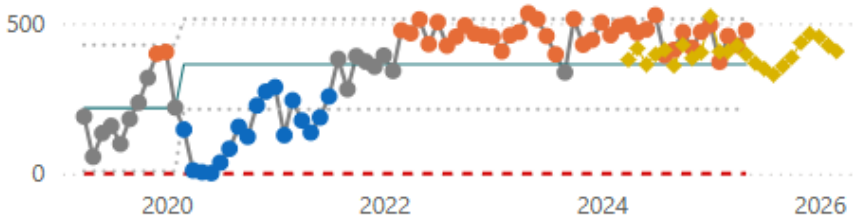
Key challenges / issues	Key actions / initiatives	Due date
• 4 hour waits continue to be challenging and are related to the constraints outlined in relation to the 1 hour and 4 hour ambulance handover position. • High number of clinically optimised patients across the acute site. • High inpatient acuity – often reflected in minimal discharge numbers. • Medical and nursing staffing pressures. • Limited access to the Short Stay Assessment Unit if the area is bedded. • Delays in earlier in the day discharges, this can be due to additional investigations being requested i.e. bloods/diagnostics. • Limited boarding and surge opportunities – all areas flex where possible but options are minimal. • Pathway of Care Delays – in May there were a total of 27 delays for Ceredigion, which the Top 3 themes relating to completion of assessments by nursing teams and Continuing Healthcare, and package of care delays.	• RAaT model in place supporting circa 10 attenders per day. • Medical stabilisation task and finish group established to review current medical. • Boarding policy operational – allows up to 8 additional bed spaces across the site. • Short Stay Assessment Area operational within the ED footprint. • ED time in motion exercise to identify areas of improvement and causes of delays. • Training to be delivered by Informatics on accuracy of data. Roll out ASAP. • Optimal Hospital Flow workstreams across Ceredigion System with focus on reducing delays – SAFER/Red2Green, strengthening of early discharge planning, implementation of Criteria Led Discharge, refresh of Board Rounds and focus on Earlier in the Day Discharges, reducing Pathway of Care Delays . • Refresh and revamp of bed management and site co-ordination processes. • Refresh and revamp of system discharge meetings and focus on reduction in patient length of stay. • Trusted Assessor Model. • Clinical streaming and Hospital at Home in place at Cardigan Same Day Urgent Care, next phase is to explore 7-day clinical streaming and crisis response/outreach team. ThinkTank meeting scheduled for June 2025. • SDUC model to be explored for Aberaeron as identified in the Annual Plan • North Outreach Team attending Board Rounds for integrating with Frailty/ED and Acute Medics to proactively look at pulling patients out and placing on digital ward.	Ongoing Ongoing Ongoing Ongoing Completed 31/07/25 30/06/25 31/07/25 31/07/25 31/08/25 31/08/25 Ongoing

Urgent and Emergency Care – Ambulances - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

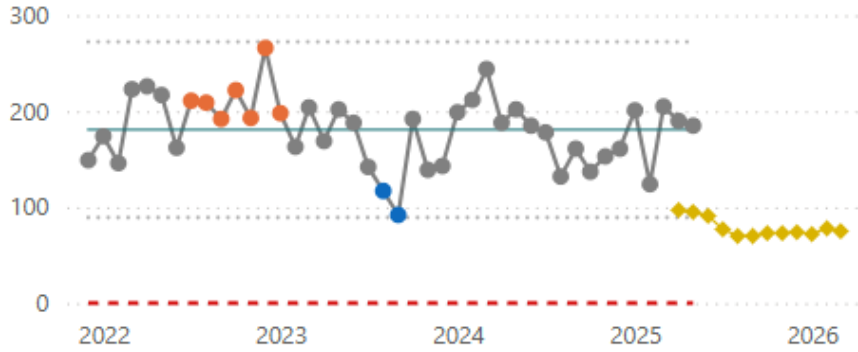
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 476 handovers >1 hours reported out of a total of 818 handovers, 58%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation.
185 handovers >4 hours reported out of a total of 818 handovers, 23%.

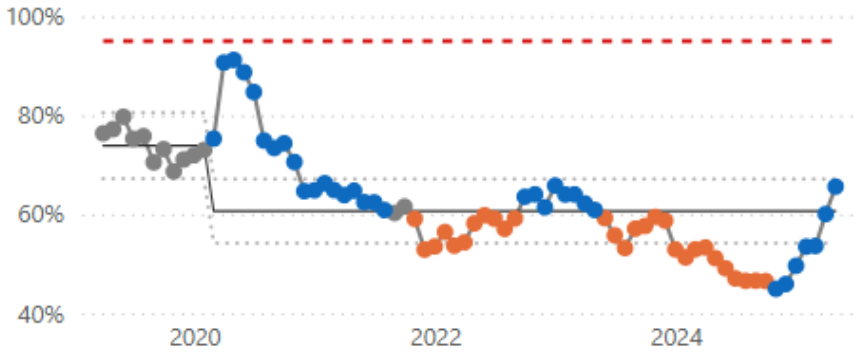
Key challenges / issues	Key actions / initiatives	Due date
• Patient flow from the emergency department (ED) continues to remain challenging with high acuity and high volume of patients awaiting a ward bed, held in the ED. • High volume of ambulance attenders presenting at front door with delays experienced due to the 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	• Rapid assessment with increase in triage trained nurses. • Boarding policy active on daily basis to create early flow against discharges. • Advanced Paramedic Practitioner and GP reviewing ambulance call stack when staffing allows, through Intermediate Care Multidiscipline Team (ICMDT) for conveyance avoidance. • Safety huddles within ED for escalation of any concerns and issues in place to discuss handover delays and robust plans for handover. • "Progress Chaser" proof of concept post to be trialled as part of whole system "perfect week" in July as key enabler for improved performance and data quality. • Improved engagement required from originating sites within the health board for transfers of care to GGH. Prioritisation and clock start adoption, similar to Major Trauma and Vascular pathways at Swansea Bay UHB to achieve bed to bed rather than bed to ED and associated ambulance delay. • Front door change proposal SBAR to be presented to Executive Team in July for medically expected to present to AMAU/ SDEC model. • Health Board Flow Operational Delivery Group to develop robust plan to deliver operational 7 days per week Operational Delivery Unit (ODU) Carmarthenshire representative as member of ODU to focus on handover delays across Glangwili and Prince Philip.	Ongoing Daily Daily Daily 31/07/25 30/06/25 31/07/2026 31/07/2025

Urgent and Emergency Care – Emergency Departments - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

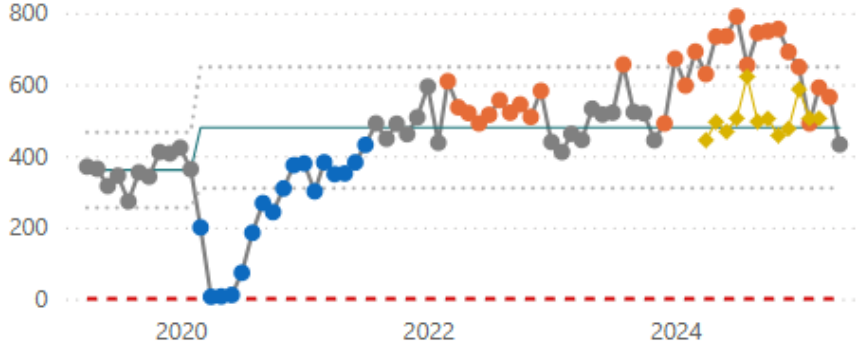
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



66% reported for May, 1,662 breaches out of 4,830 new attendances. Chart is showing improving performance trend.

Patients waiting over 12 hours in A&E



432 breaches out of 4,830 new attendances, 9%. Chart is showing common cause (expected) variation.

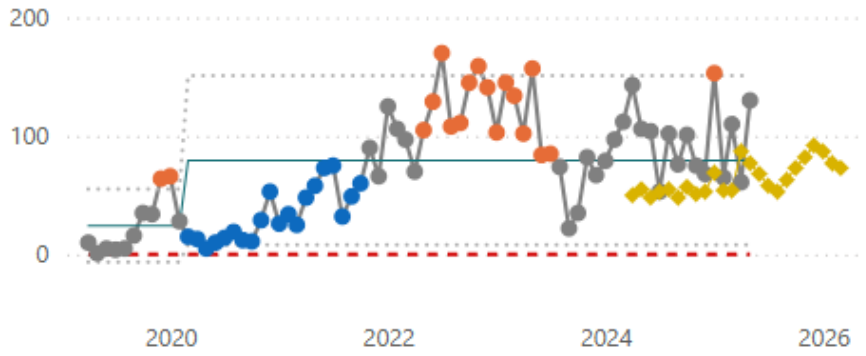
Key challenges / issues	Key actions / initiatives	Due date
• Remedial flooring works have continued in May, decreasing available floor space to surge additional trolleys. • Data quality targeted at breach validation which has seen an improvement in both 4 and 12 hour performance for GGH. • High ED attenders reported throughout May, which is similar trend to May 24. • Patient flow from the ED continues to remain challenging with high acuity and high volume of patients awaiting a ward bed being held in the ED.	• Front door task and finish group implemented to review options for re-providing Same Day Emergency Care (SDEC) at an alternative location to deliver an Acute Medical Assessment Unit (AMAU) at Glangwili. • Rapid triage and assessment in place by Senior ED Clinician where possible to enable early decision making and turnaround. • Medical SDEC and Surgical SDEC fully functional and accepting GP expected patients by referral. • Teifi Trauma Ambulatory Care Unit (TTAC) Standard Operational Process currently being revised as part of normal working practice. • Further whole Carmarthenshire System "perfect week" planned in July to apply learning from previous events.	31/07/25 Daily Daily 30/06/25 30/07/25

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

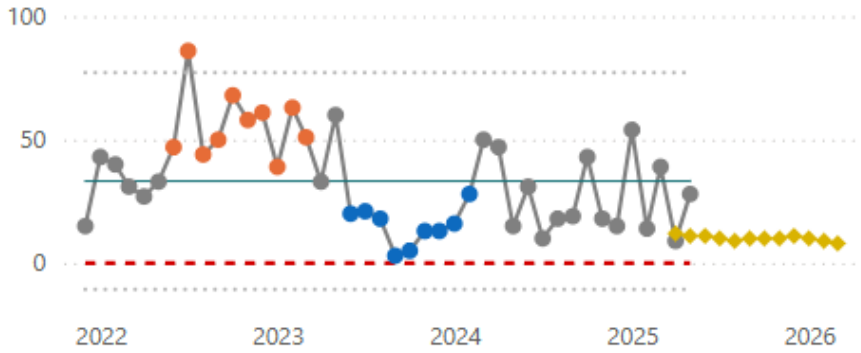
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 130 handovers >1 hours reported out of a total of 244 handovers, 53%.

Ambulance handovers taking over 4 hours

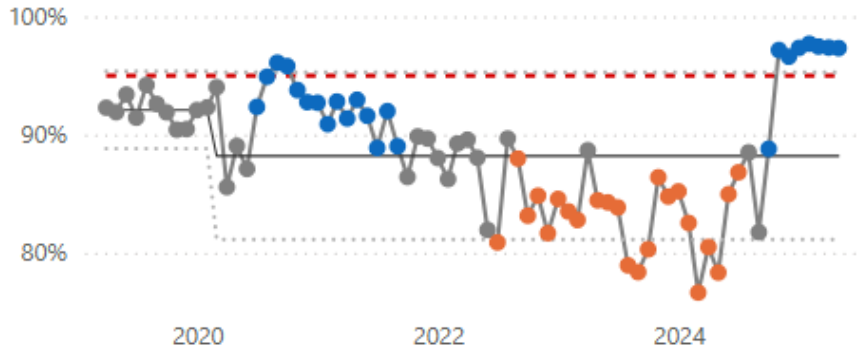


Latest data is showing common cause (expected) variation. 28 handovers >4 hours reported out of a total of 244 handovers, 12 %.

Key challenges / issues	Key actions / initiatives	Due date
• Continued Front Door pressures resulting in very limited capacity due to infection, prevention and control (IPC) issues, resulting in temporary bed/ward closures. • Increase in site conveyances which has resulted in the increase in 1-hour handover delays. • Immediate ambulance release requests are almost always supported. • Same Day Emergency Care (SDEC) pulls patients from Acute Medical Assessment Unit (AMAU) to relieve pressure at front door - SDEC staff attend AMAU safety huddle daily to support in placing patients in appropriate departments to aid patient flow and care. • Prioritisation of medical patients in MIU to come across to AMAU remains which can affect capacity for ambulances (although usually held in waiting room).This is further compounded by patients being admitted from SDEC and self presenting GP referrals. • Where possible, all our ward areas continue to operate on full capacity with additional patients in surge areas to maintain flow.	• 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. • SDEC continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions. Further use of virtual ward for community and Consultant connect in use within Medical SDEC for streaming. • Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack. • Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) to included interface frailty service has commenced. Project running to end of August and will then be assessed.	Ongoing Ongoing Ongoing 31/08/25

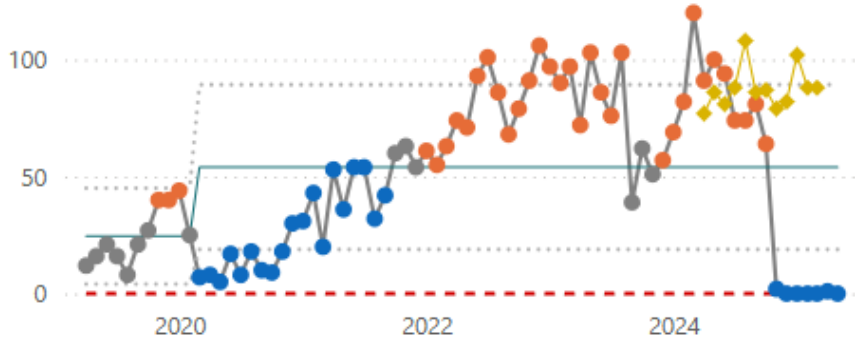
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



97% reported for May, 72 breaches out of 2,686 new attendances. Chart is showing improving variation performance trend

Patients waiting over 12 hours in MIU



No breaches out of 2,686 new attendances. Chart is showing improving performance trend.

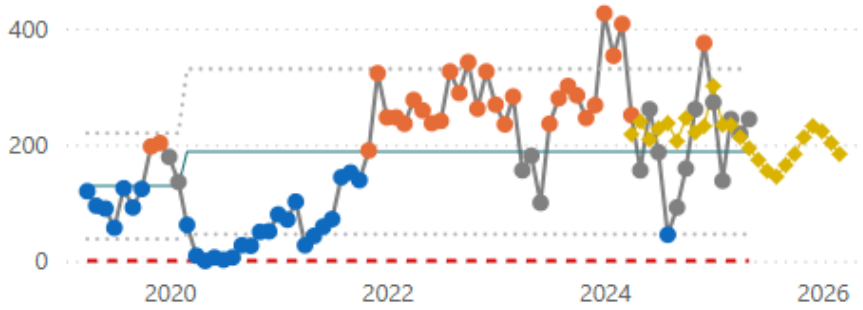
Key challenges / issues	Key actions / initiatives	Due date
Our Minor Injury Unit (MIU) new patient attendances has returned to similar levels prior to closing overnight (November 2024) but there is a significant drop in patients presenting with a major complaint within that total. Only 18% of patients 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.	Newly appointed locum consultant for SDEC has created SDEC specific and on call doctors, out of hours hot clinics that operate on a weekly basis within the department. This allows for prompt treatment of patients by returning via SDEC rather than a ward and supports hospital flow and admission avoidance.	Ongoing
	Ongoing work with colleague in Eastgate clinical streaming hub, to support the use of hospital at home with SDEC to create a wraparound service enabling community GP's to refer into SDEC out of hours/weekends and SDEC treat and refer those patients back into hospital at home further supporting admission avoidance.	Ongoing
Patients who are medically optimised, who no longer require medical intervention, but need discharge support due to complex needs, remains a challenge with around 40 patients per day. This impacts patient flow throughout the hospital resulting in delays for patients in MIU who require an in-patient bed.	Surge capacity and boarding in all suitable areas remains in situ.	
	Working with the consultant connect team to develop its operational use within SDEC PPH to further support effectiveness of the department. Go live date August 2025	20/08/25

Urgent and Emergency Care – Ambulances - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

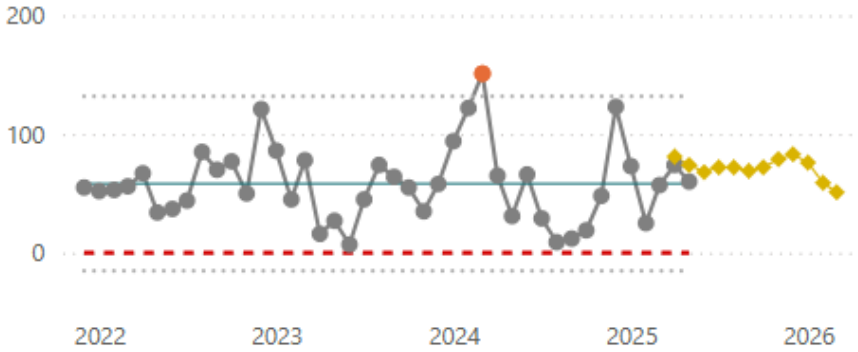
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 244 handovers >1 hours reported out of a total of 597 handovers, 41%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 60 handovers >4 hours reported out of a total of 597 handovers, 10%.

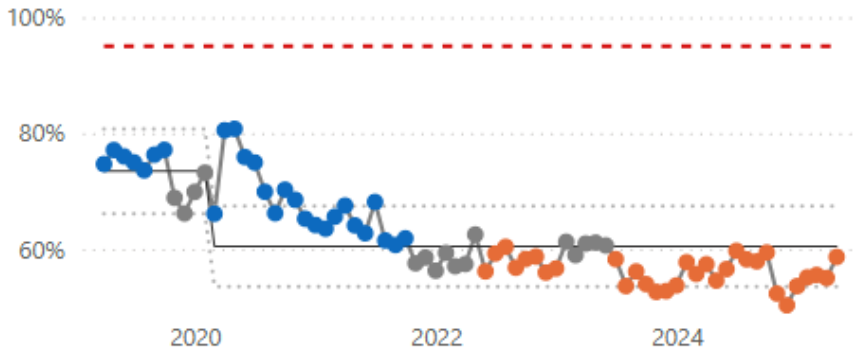
Key challenges / issues	Key actions / initiatives	Due date
• Maintaining an improving position has been challenging. Emergency Department (ED) remains overcrowded with reduced capacity for ED clinicians to see and treat patients.	• Immediate Ambulance release request will be supported if safe to do within the department.	Daily – ongoing
• The 1 hour and 4 hour ambulance handover has seen a small improvement.	• Several areas have been ringfenced to ensure these areas are available for emergency patients, to enable patient flow through the department: ▪ 2 trolley spaces are provided in the ambulance bay. ▪ 2 spaces ringfenced for triage/see and treat ▪ 1 Resus space ringfenced	Daily – ongoing
• There is a discrepancy between the acuity of patients walking into ED and patient being conveyed by Welsh Ambulance Service Trust (WAST), which means walk-in patients will take clinical priority.		
• Patients tend to attend ED and not seek alternative healthcare professionals (as per the busiest day report).	• Advanced Paramedic Practitioner (APP) navigator based in the Pembrokeshire clinical streaming hub to review the Ambulance stack to enable conveyance avoidance where possible.	Daily - ongoing

Urgent and Emergency Care – Emergency Departments - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

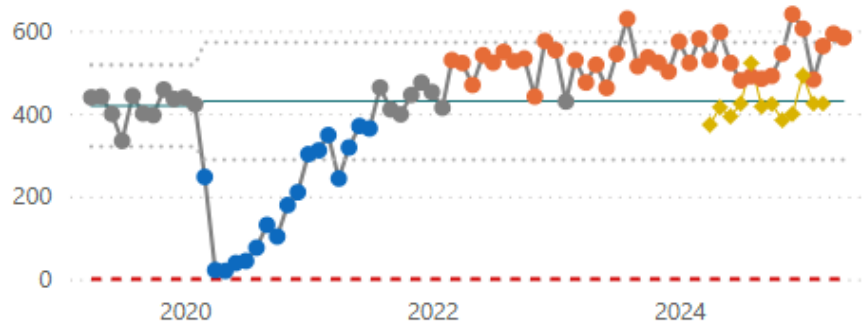
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



59% reported for May, 1,607 breaches out of 3,886 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



583 breaches out of 3,886 new attendances, 15%. Chart is showing concerning performance trend.

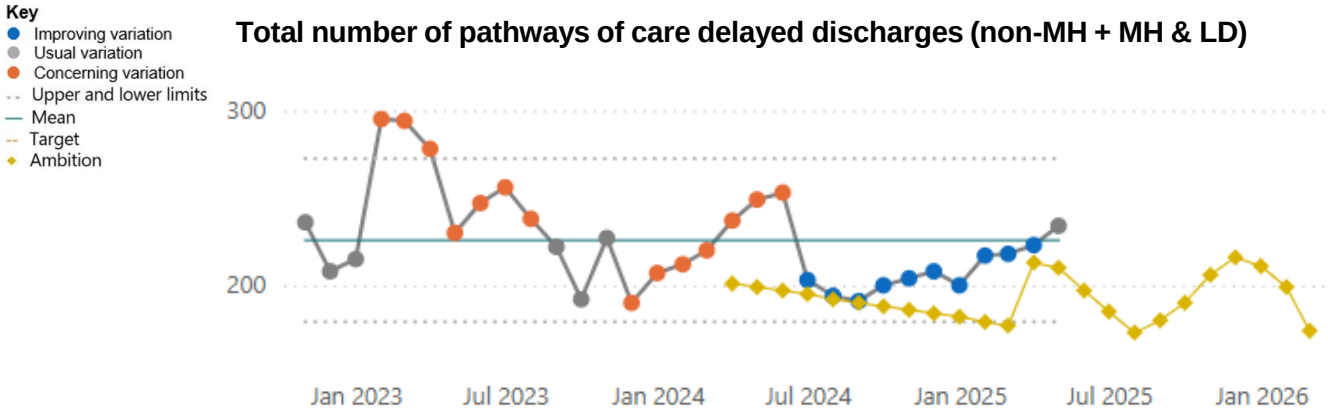
Key challenges / issues

- We are not meeting both the 4 hour and 12 hour targets, patient are staying too long in the department.
- Our capacity is not meeting our demand.
- Poor patient discharge profile especially over the weekend, reduces patient flow through ED and hospital.
- Wards have been surged to full capacity to try and elevate some of the pressure in ED.
- The patient length of stay over 7 days has remained high, which increases the demand for beds within the hospital system.

Key actions / initiatives	Due date
• All ward areas to fully implement ‘optimal flow’, which is part of the 6 goals programme.	Daily – ongoing
• Withybush has fully implemented the boarding policy (where patients are moved to wards early where discharges and query discharges are predicted).	Daily – ongoing
• Same Day Emergency Care (SDEC) is fully functioning.	
• Pembrokeshire has instigated a ‘whole system’ (acute and community) improvement plan for patient flow with 6 work streams identified below as priority. Workstreams will be scoped and developed during the year.	Daily - ongoing
▪ Continuous flow to be introduced to Withybush.	
▪ Strength based collaborative communication.	
▪ Development of single point of contact for WAST triage per conveyancing.	
▪ GP direct discussion with ED.	
▪ Improvement plan for weekend discharges .	
▪ Developing a plan for complex streaming at the front door.	
▪ Re-instigating surgical and frailty same day assessments units.	

Urgent and Emergency Care – Pathway of Care Delays (PoCD)

(Ministerial priority)



- Number of census count delays increased in May with 234 patients and chart shows common cause variation.
- The total days delayed for non-mental health increased in May to 9,016 days.
- Mental health and learning disability delays also increased in May to 1,247
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

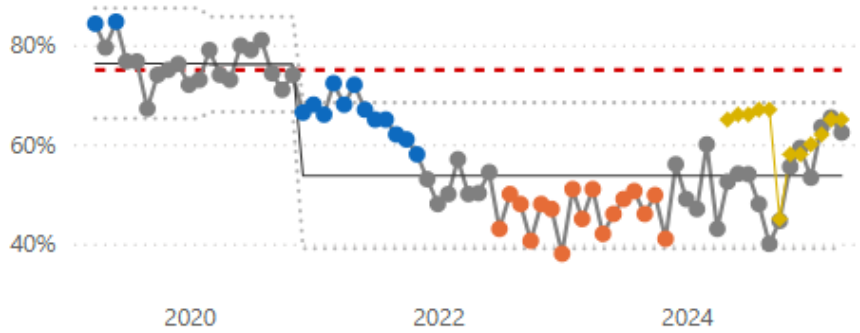
Key Challenges / Issues	Key actions / initiatives	Due date
Non-MH: Ongoing health related assessment challenges relating to nursing (n=17), continuing health care (n=14) and mental capacity (n=17). Challenges in reablement capacity (n=27) and provision of new community care packages, n=32, (especially in Carmarthenshire). Ongoing issues in terms of housing/ homelessness (n=4), family/patient's decisions regarding care (n=12) and nursing and residential home availability.	Development of trusted assessor models to support improvements in PoCD relating to mental capacity assessments (building on the learning from WGH).	30/06/25
	Deep dives into health-related assessment delays.	30/06/25
	Develop internal standards for timely health assessments relating to PoCD.	
	Discharge to recover and assess (D2RA) audit and ongoing work and support timely D2RA pathway allocation and discharge planning. Strength-based collaborative communication programme for staff to support effective discharge planning.	31/07/25 31/10/25
MH&LD The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for May 2025, has deteriorated significantly to 26, this figure includes 7 discharges from last month, 9 who remain PoCD from the last count and 17 new patients identified as medically optimised. This is an exceptional deviation from last and previous month figures, the patients are categorised as follows, Older adult 17, adult 8 and learning disability 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 over 90, 5 over 100 and 1 patient over 300. In summary, there are 26 medically optimised patients on in-patient wards, an urgent meeting has been arranged with heads of service and an immediate action plan issued to senior clinicians.	31/07/25

Single Cancer Pathway

(Enhanced monitoring condition and Ministerial priority)

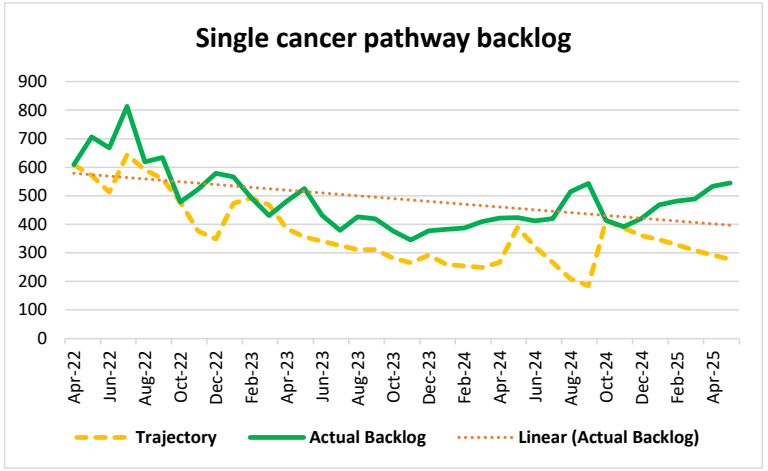
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



In April 2025, 62.4% of patients were treated with 62 days of referral. Expected performance is between 39% and 68%.

Number of single cancer pathway patients waiting over 62 days



In May 2025, a total of 545 patients were waiting over 62 days for treatment.

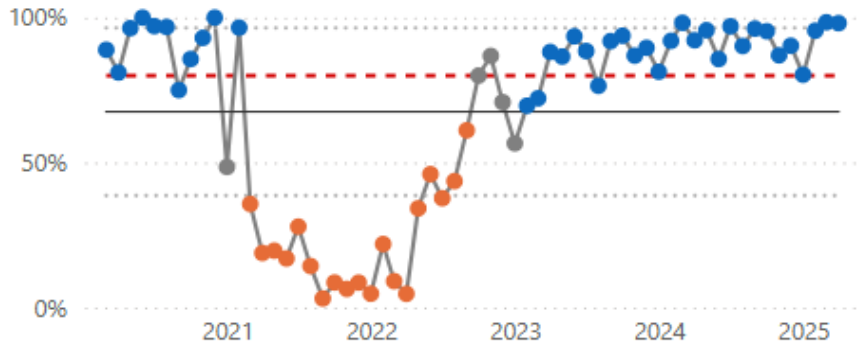
NOTE: This figure includes patients who are going through the diagnostic phase of the pathway.

Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway In April 2025, more patients who were waiting over 62 days were treated which impacted the 62-day performance target, however first treatments rates increased by a total of 105 patients. 265 patients started treatment within 62 days (increase of 56). 160 patients waiting over 62 days (increase of 49) Fragility in Radiology remains a key risk to delivery. Recurrent investment in Radiology provisionally agreed for 2025/26. **Backlog** Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (Radiology, Dermatology and Urology) which have limited resilience to sickness/absence.	**Diagnostics:** Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26.	31/03/26
	Urology: Additional resources planned for a sustainable increase of capacity of 50%. Recovery actions agreed to reduce overall waiting volumes for Flexi Cyst and Local Anaesthetic Transperineal Prostate (LATP) Biopsy for Q1. Robust improvement plans agreed for Urology diagnostics for 2025/26.	30/06/25
	Skin: Recovery plan in place until May 2025 to reduce overall volume by 160 patients. Focus on increasing treatment capacity within Dermatology during Q1 2025/26 to mitigate the increase in activity in the earlier part of the pathway.	30/06/25
	Focus on Gynaecology recovery: Clinically led action plan in place, recovery actions developed and monitored via weekly focus group with NHS Executive including full implementation of a One Stop model for post-menopausal bleeding (PMB) hysterectomy implemented 1st June 2025.	01/06/25

Mental health assessments within 28 days

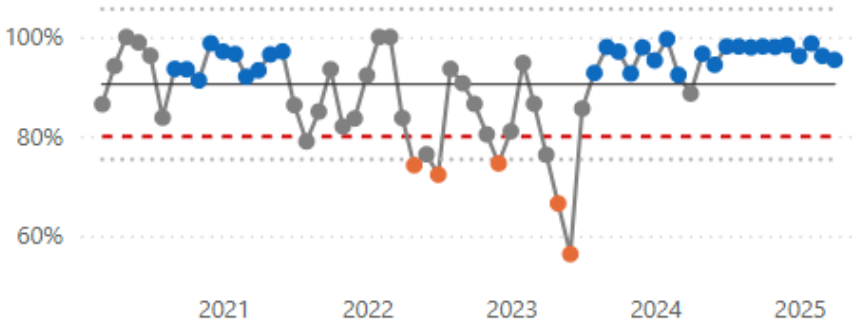
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 98.1% is showing special cause improving variation and the target of 80% was met.

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



Latest performance of 95.4% is showing special cause improving variation and the target of 80% was met.

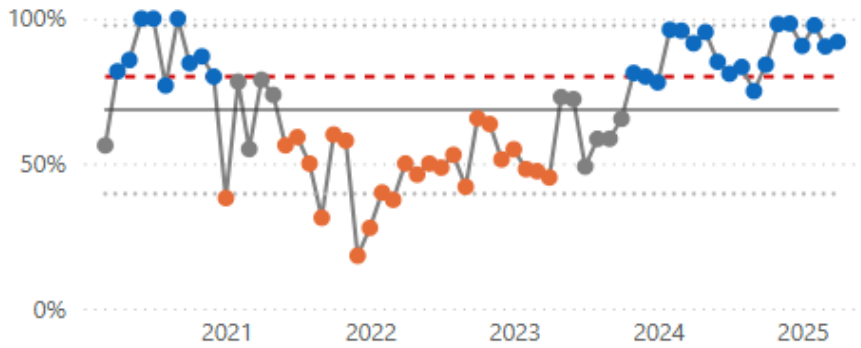
Key challenges / issues	Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons age 0-17): 51 of 52 assessments were undertaken within target in April. There are significant workforce challenges in the largest under 18 Local Primary Mental Health Support Service team with increased maternity leave (3 staff in one team) and long-term sickness.	**% mental health assessments undertaken within 28 days (persons age 0-17):** A registered staff member vacancy is due to be advertised shortly. Continue to achieve compliance above the 80% target.	31/07/25 30/06/25
% 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.	**% mental health assessments undertaken within 28 days (persons age 18+):** Ensure an effective administration process and vital support to ensure that service remains compliant with the target.	30/06/25

Therapeutic interventions following primary mental health assessment

(Enhanced monitoring condition)

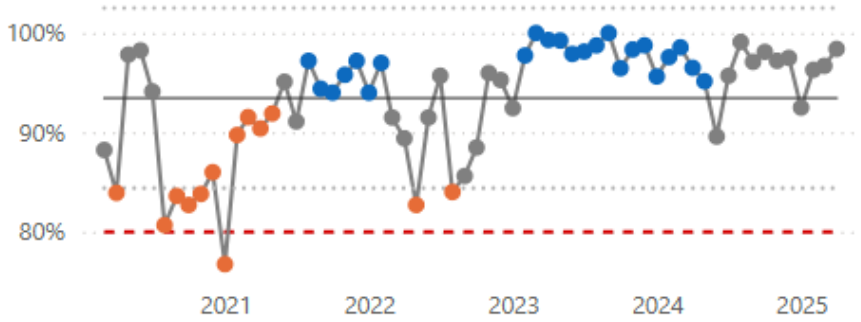
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 92% is showing special cause improving variation and the target of 80% was met.

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



Latest performance of 98.4% is showing common cause variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): 46 of 50 interventions commenced within target in April. There are significant workforce challenges in the largest under 18 LPMHSS team, with increased maternity leave (3 staff in one team) and long-term sickness.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):** A registered staff member vacancy is due to be advertised shortly.	31/07/25
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Groups are now underway and are supporting compliance along with increased support through digital options. Estates access continues to be challenging across the three counties.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):** 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 LPMHSS.	30/06/25

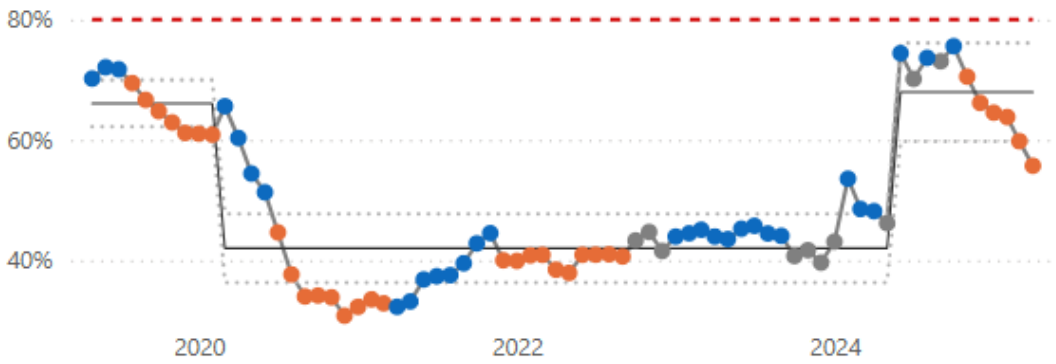
Psychological Therapy Waits

(Enhanced monitoring condition and Ministerial priority)

Mental Health

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 April of 55.7% shows concerning variation and the target of 80% was not met.

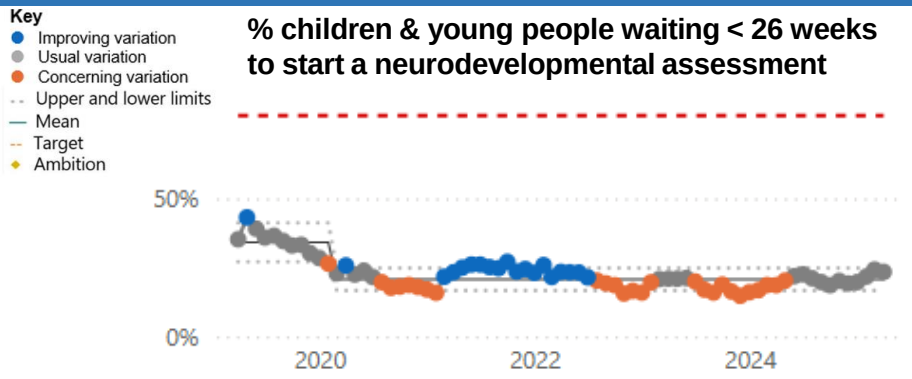
- 397 out of 683 (58.1%) patients started an integrated psychological therapy;
- 4 out of 12 (33.3%) started an adult psychology assessment;
- 27 out of 78 (34.6%) started a learning disability psychology within 26 weeks.

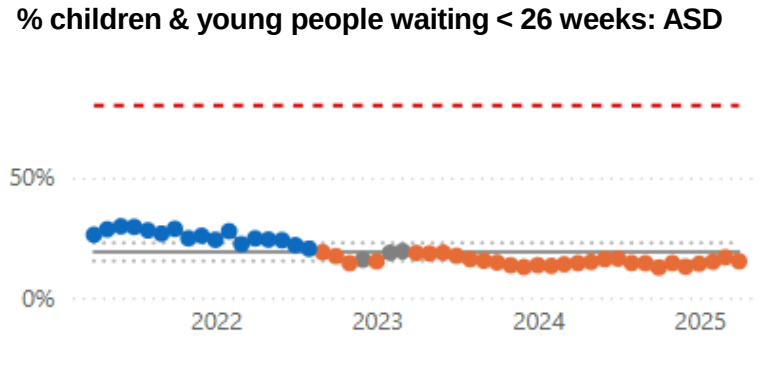
Key challenges / issues	Key actions / initiatives	Due date
Integrated Psychological Therapies Service (IPTS): The continued drop in compliance is associated with a large numbers of patients opting out of the group offer in phase one and two, however, we continue to run 17 groups across 3 counties to support compliance, which has to be balanced with core delivery of 1:1 sessions to ensure service provision.	**IPTS:** Progression towards a prudent and tiered approach to high intensity intervention remains underway to support the increase in demand, however, this is a cultural shift that requires effective planning. Digital options and caps in sessions offered are being explored to support waiting times. Training to support groups specific to treating post-traumatic stress disorder.	30/09/25 30/06/25 30/06/25
Adult Psychology: The Adult Psychology Mental Health (AMH) waiting list continues to improve both in terms of waiting time target and number of people waiting. All four clinicians in the service have other responsibilities including providing cover to other services due to vacancies and consultations which appear to have decreased referrals in AMH. 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.	**Adult Psychology:** 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.	31/03/26 30/09/25
Learning disabilities: Waiting times for learning disabilities psychology have remained high due to a 50% increase in referrals since the pandemic with no equivalent increase in resource, an increase in the complexity and severity of need, an unprecedented increase in the amount of Court of Protection work taking up a significant amount of clinical time and staff absence due to long term sickness.	**Learning disabilities:** Three posts have now been uploaded onto Trac for recruitment.	30/06/25

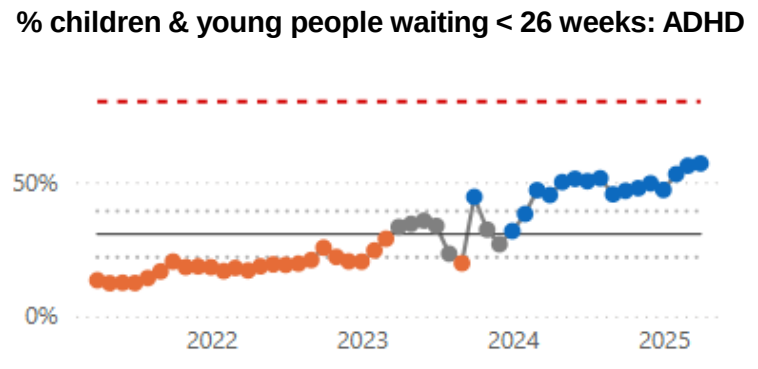
Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)

Mental Health







The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in April 2025 of 23.5%, shows common cause variation but the target of 80% was not met. Performance is driven by ASD, where 526 of 3,455 (15.2%) patients had an ASD assessment < 26 weeks. 484 out of 850 (56.9%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
Autism Spectrum Disorder (ASD): Demand for assessment for ASD continues to increase year on year, ranging from an average of 20 referrals per month in 2016 to 124 per month in 2025 with longest wait times approximately four years. A pilot to reduce waiting times has not been successful so we are looking to improvements in Aneurin Bevan to see if we can implement their approach. WG Neurodivergence Improvement Programme and Code of Practice legislative requirements stipulate development of pre and post diagnostic support and upstream working which has diverted resources from tackling waiting lists. Staff vacancies, sickness, maternity leave, annual leave and availability of diagnostic assessment training are having a significant impact.	**ASD:** Rolling process mapping of current systems and pathways to improve efficiency and reduce time to assessment. Assessment process stream-lined further to increase capacity within services Rapid access to diagnosis pilot in progress. Extensive data validation of existing waiting list. Blended approach including use of digital platforms to reduce need for travel and face-to-face appointments where possible in place. All clinical posts recruited to, with no retention issues. Introduced skill mix to teams to attract more interest in specialist roles and promote a 'grow your own' culture. Two support worker roles created. Investigate approach to tackling waiting lists in Aneurin Bevan to see if it can be implemented here.	Ongoing Ongoing Ongoing Complete 30/06/25
Attention Deficit Hyperactivity Disorder (ADHD): As of May 2025, there are 355 children and young people waiting more than 26 weeks for an ADHD assessment. The longest wait is 75 weeks with 110 waiting more than 52 weeks. In the last two years the service has seen a 100% increase in referrals from approximately 28 per month in 2023/24 to 56 in 2024/25. This outweighs the capacity within the service of 40 per month. We would need to increase core capacity significantly to achieve target. Similarly, demand for Quantitative Behavioural (QB) Tests which form part of the diagnostic pathway outweighs current capacity. Clinic room capacity across sites is a significant challenge with longer term solutions being explored as part of the Bandi appeal and the reconfiguration of Puffin Ward at Withybush General Hospital.	**ADHD:** Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. Increase core capacity through provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device is 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. There is a post to advert for one whole-time equivalent Community Paediatrician in BGH. Continue to flexibly manage clinic capacity and match demand through rigorous job planning.	31/03/27 30/09/26 Ongoing 31/07/25 Ongoing

Diagnostic waits over 8 weeks
(Ministerial priority)

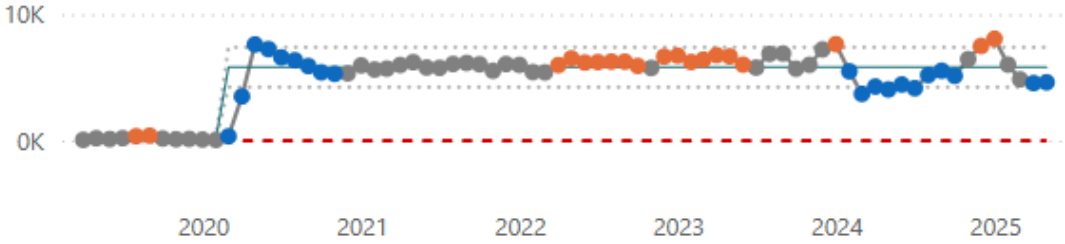
Key
- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

Patients waiting >8 weeks for a specified diagnostic



Latest performance shows an improving variation, for the first time since October 2024.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	March 2025	4,617	●	▣	n/a
Radiology		4,237	●	▣	n/a
Cardiology		170	●	▣	n/a
Endoscopy		136	●	▣	n/a
Phys measure		29	●	▣	n/a
Imaging		27	●	▣	n/a
Neurophysiology		18	●	▣	n/a

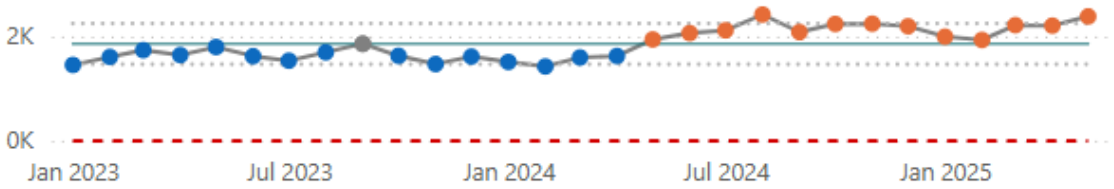
Key challenges / issues	Key actions / initiatives	Due date

Radiology
• Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
• Radiology received 2,043 Urgent Suspect Cancer requests in month. 14,266 requests were received in total which is 483 more than in April '25.
• Current breaches total 4,270 (Decrease of 16 breaches from M1):
  • NOUS 1222 (+113)
  • CT 449 (-198)
  • MRI 2556 (+58),
	• Continuation of recovery actions into M2, 2025/26 has allowed the continuation of backlog recovery which will be funded by a proportion of the 2025/26 Annual Plan funds allocated to Radiology:
	  ➢ NOUS: insourcing commenced in February and is continuing until 30/11/25 (end of contract).
	  ➢ CT: CT locum Radiographers started in GGH and WGH in March and will continue until substantive appointments are made
	  ➢ MRI: staffed MRI mobile solution commenced 09/01/25 and is continuing until 31/3/26
	• Breakdown of GGH MRI scanner has resulted in a slight loss of capacity despite a mobile van being secured. As unable to scan as many patients per day due to the van being outside with no changing or waiting facilities plus restrictions on scanning due to nature of mobile scanner.
		30/11/25
		31/9/25
		31/3/26
		08/06/25

Endoscopy • Endoscopy theatre nursing staff fragility (particular to GGH) due to short term sickness and gaps in the nursing establishment. • Ongoing capital replacement programme for old/fragile endoscope equipment.	• Continue to achieve compliance with the 8-week target for gastroenterology and respiratory patient cohorts. • Investment proposal submitted to Board was approved, for investment in an uplift in the endoscopy nursing establishment at Glangwili to maintain baseline core capacity. Recruitment of 2.88 whole time equivalents at band 5 and 33 at band 3.	Ongoing 30/06/25
Cardiology • As anticipated/escalated, 170 Radiology Cardiac Myocardial Perfusion Imaging breaches at end of May '25.	• Plan in development to reduce Myocardial Perfusion Imaging waiting list by commissioning additional CT Coronary Angiography capacity at WGH.	01/09/25

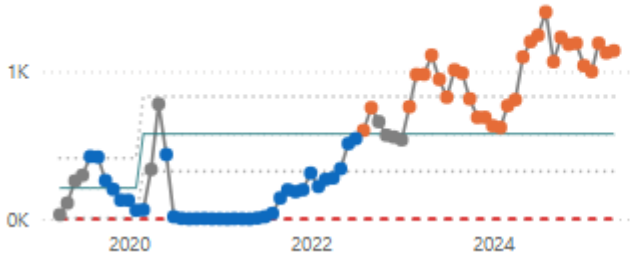
Patients waiting >14 weeks for a specified therapy

Latest performance shows concerning variation and the highest number of breaches since August 2024. No areas saw a reduction in breaches compared to April 2024.

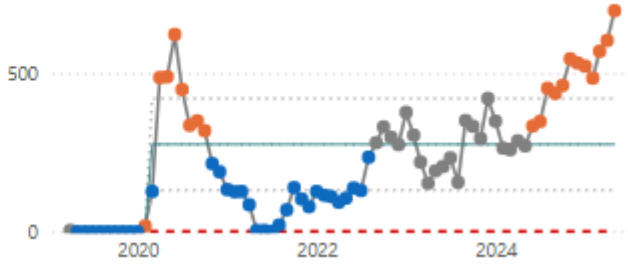


Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	May 2025	2,384	●	▣	63.9%
Physiotherapy		1,141	●	▣	98.3%
Podiatry		698	●	▣	94.5%
OT		355	●	▣	18.1%
Dietetics		141	●	▣	58.5%
Art therapy		46	●	▣	n/a
SALT		3	●	▣	100%

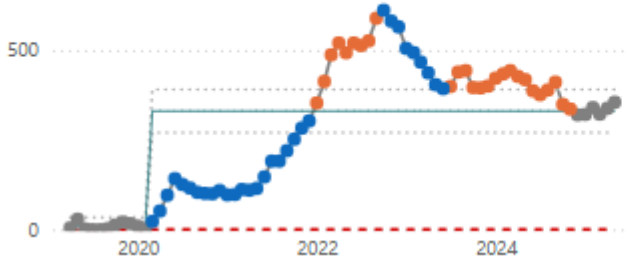
Number of patients waiting 14 weeks plus for Physiotherapy



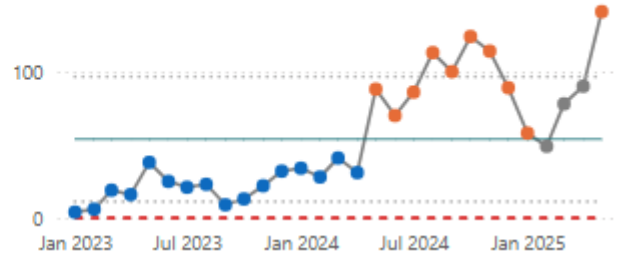
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



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



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

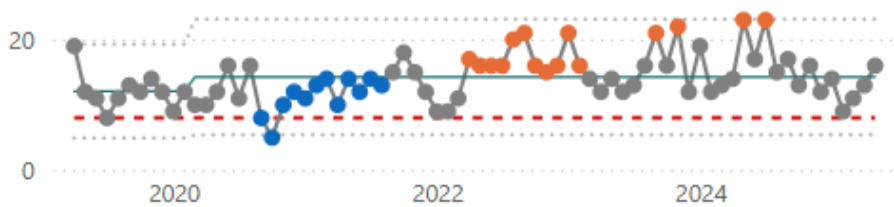
Therapy waits over 14 weeks (continued)
(Ministerial priority)

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy • 90% of breaches are within the Musculoskeletal (MSK) specialty. • Demand is growing and is greater than current capacity. • Recruitment at Band 6 grades is challenging in Carmarthenshire. Limited workforce available to engage in bank or fixed term contracts to cover short term service vacancies. • Limited agency willing to engage in short term arrangements to cover substantive vacancies until the end of June 2025. • Agency not supported to cover maternity.	**Physiotherapy** • Successful recruitment campaign for band 5 bank staff - All posts appointed and available to work. • Development of standard operating procedure for telephone triage initiative. Scope of project extended to include clinical risk stratification tool (Keele Start Back). • Extensions for 4.4 whole time equivalent (WTE) agency approved until 30th June 2025. 2 WTE staff retained. Active recruitment for remaining posts.	Complete 31/08/25 30/06/25
Podiatry • **Increasing demand:** Podiatry and Orthotics as of 31 May 2025 have in total close to 3000 new referrals waiting for an appointment. This, along with a reduction in capacity, has led to a steady increase in 14-week breaches. • **Patient complexity** has increased, as strict eligibility criteria has seen low risk pathology discharged to the private sector. This has resulted in a higher number of complex patients seen in-house, leading to a reduction in the number of patients seen in clinics from around 18 per day to 10 per day.	**Podiatry** • Confirmation that 1 whole time equivalent (WTE) post held in 2024/25 has returned to budget. • Successful recent recruitment of three WTE band 5s (direct replacements for recent leavers). • Further skill mixing of job roles to maximize efficiency: 6 staff in admin band 3-4 office roles on Agored training to develop into podiatry assistant roles. These can undertake some of the work currently undertaken by podiatrists. These can then be backfilled with further admin recruitment. • Develop a consultant podiatry role. We have several highly skilled staff that could potentially undertake this role and lead on efficient pathways dealing with very complex patients more effectively and quickly through the system. • Continue strict eligibility criteria and robust discharge policy. • Continue roll out of phone triage to maximize efficiency.	Complete 31/08/25 30/09/26 30/06/25 Ongoing 30/09/25
Occupational therapy • **Large waiting list backlog** within paediatrics which has been further impacted by staff sickness and staff vacancies. • Prioritisation of patients is continuing through 2025, staff sickness has been managed as per the sickness policy, and staff recruitment continued to address vacancies.	**Occupational therapy** • Extend staff additional working hours for a further 3 months whilst implementing recruitment for retirements and maternity leaves. • Ongoing recruitment to bank Occupational Therapy workforce, to provide additional workforce resilience. • An ongoing focus on clinical prioritisation of urgent and non-urgent cases, and continuation of weekly review of current capacity, identifying additional support to address any shortfalls.	31/08/25 30/07/25 31/03/26
Dietetics • 133 breaches are within the paediatrics service, longest wait now 43 weeks. This is linked to an increase in demand for children with selective eating which has been escalated.	**Dietetics** • The risk related to the increase in demand for children with selective eating has been highlighted on the service risk register and a paper with solutions presented to Clinical Care Group Quality and Safety (CCG Q&S), Business, People and Performance (BPP), Integrated Quality, Finance and Performance Delivery (IQFPD) and Nutrition and Hydration Group (NHG) with support for preferred option. Mitigation has been approval from Financial Control Group (FCG) 11/06/2025.	30/06/26

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

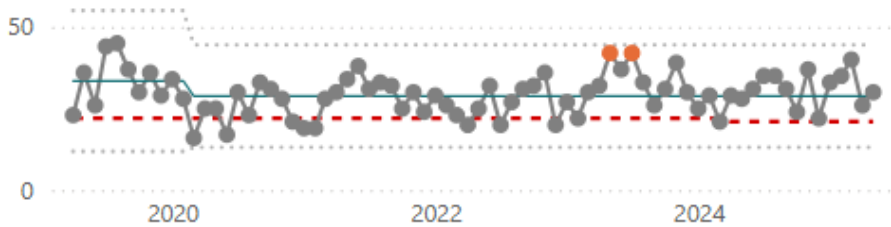
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance is showing common cause variation with 16 cases in May 2025.

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



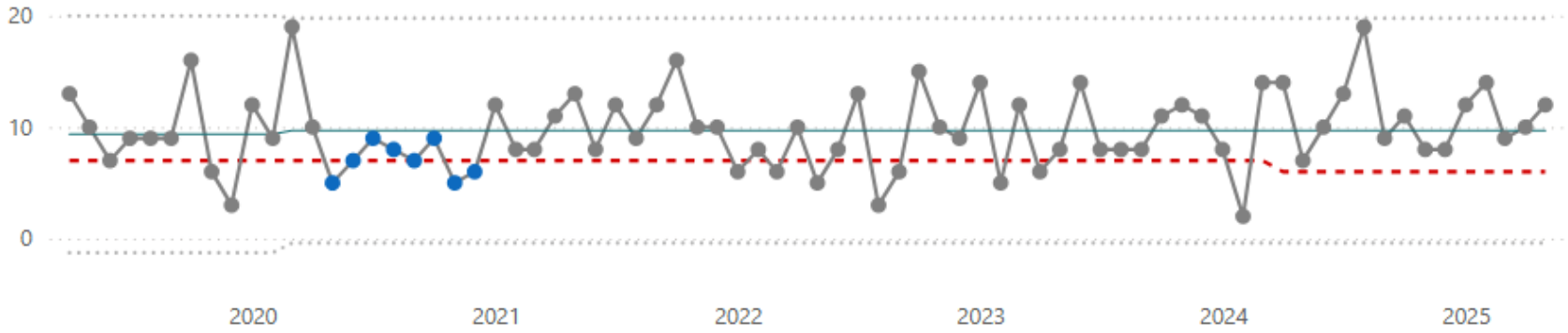
Latest performance is showing common cause variation with 30 cases in May 2025.

Key challenges / issues	Key actions / initiatives	Due date
C.difficile:	**C.difficile:**	
• April-25 to May-25 there were 8 fewer cases than the equivalent period in 2024/2025.	• HDUHB C.difficile Improvement Group established with deputy medical director as chair.	Ongoing
• HDUHB did not achieve the 2024/25 Improvement Group (IG) target for Hospital Onset (HO) C.difficile but, was the only UHB to report fewer cases of HO C.difficile in 2024/2025. 8 Hospital onset cases recorded in April-25 and 6 cases in May-25. The targeted intervention (TI) goal of 6 cases was met in May 2025.	• HDUHB Self assessment conducted against all Wales C.difficile framework and HDUHB action plan updated and RAG rating assigned .	Ongoing Ongoing
• Ongoing concerns with cross infection of C.difficile cases in PPH, last episode April 2025.	• Scrutiny of HO and CO cases and any linked cases and share lessons learnt.	Ongoing
• Increased testing for acute gastrointestinal symptoms during Norovirus outbreaks in April and May 2025 in HDUHB, may account for incidental findings of C.difficile and the increase in case numbers in April – May 2025 .	• Genome sequencing indicates strains of C.difficile already circulating in HDUHB. • Reports and profiling of C.difficile cases and HDUHB dashboard position to clinical care groups, IPC locality meetings and HCAI assurance meetings . • IPC programme of environmental audits and 6 monthly ward quality improvement activity audits scrutinised for improvement with services . • Deep cleaning programme and use of HPV continues in PPH. • Education continues on C.difficile and antimicrobial stewardship.	Ongoing Ongoing 30/6/25 Ongoing
E.coli:	**E.coli:**	
• Total of 56 E.coli cases reported April-25 to May-25 , less than same period last year.	• Continued education of staff across HDUHB in regard to catheter/device management . This is inclusive of Care Homes and Primary Care.	Ongoing
• HDUHB did not achieve 2024/25 IG for HO cases but fewer cases than last year.	• To profile and support mandatory aseptic non-touch technique (ANTT) and encourage services to progress ANTT and apply for accreditation.	Ongoing
• The higher proportion of cases are community onset cases compared to hospital cases as seen nationally. UTI remains the main source of the E.coli bacteraemia in HDUHB followed by hepatobiliary source .	• Promotion of hydration, hygiene and management of catheters with the public at public facing forums and community events. • Discussion of HO cases at scrutiny meetings and lessons learnt shared .	Ongoing
• The targeted Intervention (T1) goal of 5 hospital cases was not achieved in April 2025 (6- HO cases) and in May 2025 (7- HO cases).	• Reports and lessons learnt shared regarding on HO cases at CCG's, IPC locality meetings and scrutiny meetings.	Ongoing Ongoing

S.aureus
(Enhanced monitoring condition)

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

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

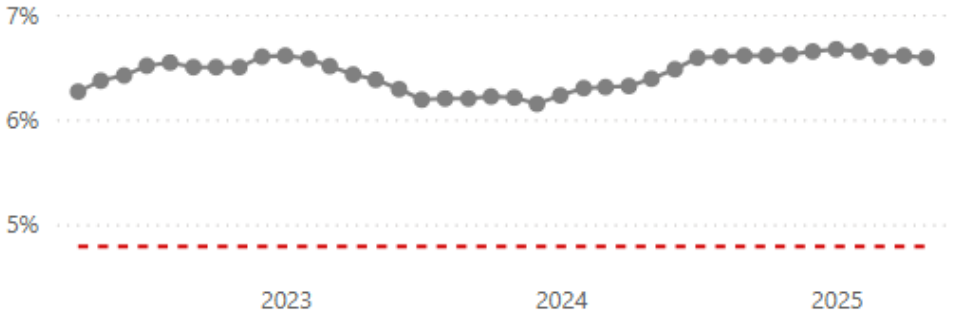


Latest performance is showing common cause variation with 12 cases in May 2025.

Key challenges / issues	Key actions / initiatives	Due date
S.aureus : • HDUHB achieved the 2024/25 IG for Hospital onset MRSA bacteraemia and had 3 fewer cases than the previous year. • HDUHB did not achieve the 2024/25 IG for Hospital onset MSSA bacteraemia' s. All of Wales recorded an increase in MSSA bacteraemia's in 2024/2025. • There was 1 more hospital onset case of MSSA in April 25-May 25 than the equivalent period in 2024 . • Invasive lines still account for a small proportion of MSSA • bacteraemia' s .	**S.aureus :** • ANTT e:learning compliance at 80.6%. Increased compliance to the 3 yearly ANTT practical competency assessments required. • Further development of ANTT assessors across HDUHB inclusive of Primary Care and Care Homes . • Hand hygiene promotion and bare below elbow profiled. • Ward manager/ Senior Nurse hand hygiene audits available on AMAT. • PVC bundle compliance monitored and requires improving in some areas. • Staph aureus awareness week planned in WGH and BGH and Carmarthenshire later in the year . • Share reports and lessons learnt on HO cases at CCG's, IPC locality meetings and scrutiny meetings.	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing

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

% staff sickness rate (12 months rolling)



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

Team	Staff	In-month %	R12m %
Glangwilli Hotel Services	134 staff	(12.9%)	**15%**
Withybush Hotel Services	141 staff	(11.7%)	**13%**
Prince Philip Hotel Services	70 staff	(4.9%)	**12.3%**
Prince Philip Acute Response	67 staff	(8.7%)	**11.9%**

Key challenges / issues

Conditions impacting absence rates include:
Anxiety, stress and depression continue to account for the highest reasons for absence across the Health Board.

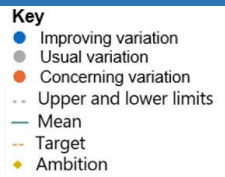
The current cost to the Health Board (sickness payments only) to the 12 months ended 31 March 2025 was £26.4m per annum. An increase of £1.9m on the year ending March 2024 (23.5m).

Targeted support for sickness absence:
Ongoing focused support from the Workforce Team continues in collaboration with Senior Managers within these areas e.g. Facilities in Glangwilli, Unscheduled Care in Prince Philip and Community Services in Withybush. Such continued support is realising benefits in reduced sickness rates.

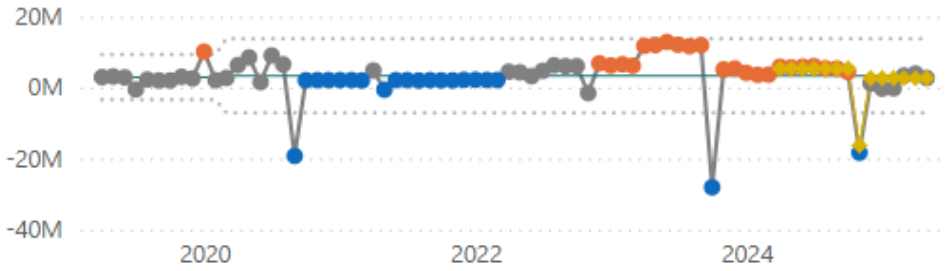
Designated support continues to be utilised to help address concerns aligned to Employee Relations matters which are impacting on employee's wellbeing and attendance.

Key actions / initiatives	Due date
Temporary redeployment guidance: The flow chart will be embedded in the policies portal to support the All-Wales Attendance At Work Policy.	May 2025
Temporary redeployment guidance: The flow chart will be embedded in the policies portal to support the All-Wales Attendance At Work Policy.	May 2025
Designated support: Deep dives into prevalent high sickness areas continues, with bespoke action plans/additional training devised to support. This will continue in collaboration and support from the WF teams and Senior managers from the Clinical Care Groups and Executive Directorates – business as usual.	On-going
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.	July 2025

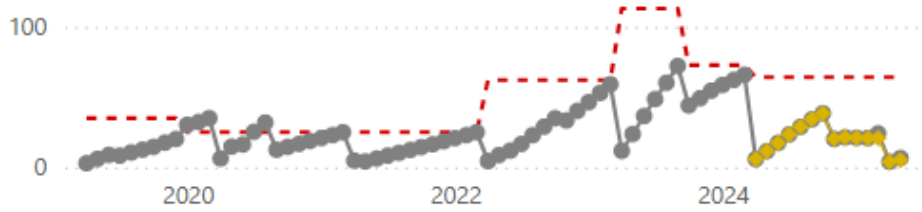
Financial deficit
(Targeted intervention)



Financial in-month deficit



Financial deficit (£m) – year to date

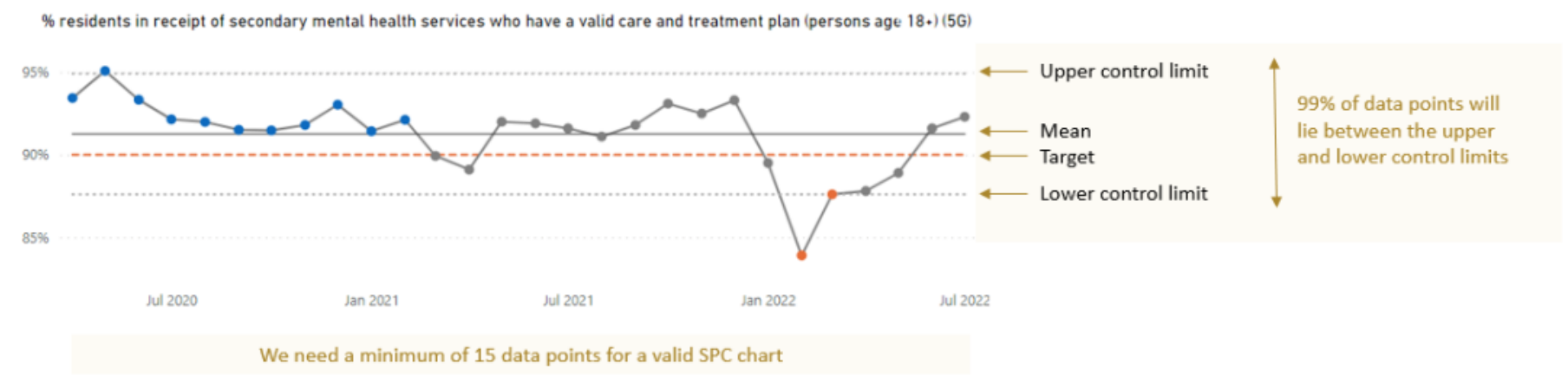


Key challenges / issues	Key actions / initiatives	Due date
The Month 2 financial position is a deficit of £2.7m, which is a worsening against the in-month deficit plan of £2.6m. The core operational variance to plan is £(0.2)m with the in-month savings target of £3.7m being under-identified by £0.3m, and all savings schemes identified of £3.4m being fully delivered. Further mitigating actions of £26.1m are required to deliver the deficit plan of £31.5m, with the Health Board aspiring to de-risk this by the end of quarter 1, and to further improve beyond the Target Control Total in-line with government expectations.	**Identification and delivery of robust recurrent and non-recurrent savings plans** There is a significant identification gap for savings schemes across Clinical Care Groups. Escalation for the Finance domain is likely due to risk associated with delivering the annual plan equitably across services. Whilst there was a step up in non-recurrent savings in Month 2, this has not been forecast to continue for the remainder of the year yet. **Medical – Additional Cover and Premium** Continued use of additional medical cover, including premium locum and agency in BGH, WGH and Planned Care. Required: roster management, consistent rate card implementation and exit strategies for reliance on premium cover linked to sustainability service delivery plans. **BGH Nursing Cohort** Dual running of international nurses in BGH. Required: Numbers are reducing following support to achieve registration status and update rotas. **Unapproved investments** With WG feedback of the annual plan being unsupportable, investment decisions should only be approved where demonstrable benefits are clearly deliverable, with a short lead time to realisation. **Planned and Specialist Care** Annualised year to date (YTD) review of future savings identification and core operational variation required within Clinical Care Group. **Primary Care, Community Strategy and Long Term Care** Annualised YTD review of future savings identification and core operational variation required within Clinical Care Group. **Executive Functions** Annualised YTD review of future savings identification and core operational variation required across Executive Functions	30/06/25 30/06/25 30/06/25 On Going 30/06/25 30/06/25 30/06/25

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 single data point outside the process limits

Two out of three points close to the process limit

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

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

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

Understanding the SPC icons

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

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