

Criteria	Action	Committee	Apr 25	Status	Status Change	Status Change Date	Executive Lead	Summary of Current Status	Lead Executive Response (if applicable)	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk	
1	The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.	FPC		Advise			Huw Thomas	<p>The Health Board has maintained robust financial governance and strengthened its financial control environment, which includes rigorous oversight via Directorate escalation meetings, the weekly Financial Control Sub Group (FCSG), targeted recruitment controls, and regular reporting structures. This robust oversight framework has underpinned substantial progress, resulting in a year-end forecast deficit of £24.1m, outperforming the revised target control total (TCT) of £31.5m set for 2024/25. Significant strides have been made in reducing reliance on high-cost nursing agency staff, driven by successful international recruitment initiatives and enhanced rostering practices.</p> <p>However, critical risks remain, primarily due to the substantial proportion of non-recurrent savings contributing to the improved financial position. With approximately £17.6m of savings being non-recurrent in 2024/25, the underlying deficit is anticipated to rise to approximately £51.1m without sustained action. Further improvements in the management of medical staffing costs and contract governance are necessary to align with the rigour already demonstrated in nursing controls. These areas have been clearly identified as essential components of the ongoing and future planning cycles to sustain financial improvement.</p> <p>Additionally, feedback from Welsh Government explicitly highlights the imperative to improve upon the 2024/25 TCT and demonstrate a clear route to in-year financial balance by 2027/28. This feedback reinforces the need for further strategic and operational planning efforts and enhanced confidence in savings delivery.</p>	<p>1. Escalation meetings are now in place across the six domains, with finance included as a core element.</p> <p>2. The Financial Control Sub Group meets on a weekly basis and scrutinises all recruitment activity for new roles or A&C roles; agency appointments and non-pay procurement activity across all areas in escalation.</p> <p>3. Finance reports are provided to ET based on: a. Day one flash reports b. Day 5 forecast positions, and c. Monthly finance reports to Board/SRC</p> <p>4. The Value and Sustainability Group and IQPDP meetings provides Executive oversight.</p> <p>5. A budget manager control framework has been issued to Directorates.</p>	<p>To ensure continued robust governance and financial control, the Health Board will need to consider a number of options including but not limited to:</p> <p>Strengthen Sustainability of Savings - Develop robust recurrent savings plans to replace current non-recurrent underspends, clearly identifying and prioritising sustainable efficiency opportunities for the 2025/26 Annual Plan.</p> <p>Enhance Medical Staffing Control - Expedite the rollout and implementation of control frameworks and systems (such as Allocate and rate card systems) that rigorously manage medical staffing expenditure, mirroring the approach successfully applied to nursing staff.</p> <p>Improve Contract Management - Immediately undertake a comprehensive review of existing contract management arrangements, ensuring robust monitoring, negotiation, and cost management frameworks are implemented to mitigate ongoing overspend risks.</p> <p>Derisk and Improve Financial Position - Clearly articulate the choices and options available to further improve upon the currently planned position for 2025/26, with a transparent analysis of the implications and impacts of each option. Provide detailed scenario modelling and risk assessments, ensuring any identified risks to achieving financial balance are managed effectively.</p> <p>Map Route to Balance - Develop and submit a clear, evidenced-based trajectory towards achieving an in-year financial balance by 2027/28, responding directly to Welsh Government's specified requirements by 30th April 2025. Align this trajectory clearly within the strategic and planning objectives outlined in the wider Health Board strategic planning framework. Furthermore, consider whether the route to balance has a clear alignment to the Strategic Refresh or CSP 2?</p>	<ol style="list-style-type: none"> Rostering and control arrangements for nurse staffing. Rollout of systems of control for medical staffing. Contract management arrangements need strengthening. 		1843	
2	Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.	FPC		Advise			Huw Thomas	<p>The Health Board has made significant progress in delivering the Targeted Intervention Action Plan, leading to an improved financial position for 2024/25. The current year-end forecast deficit is circa £24.1m, marking a substantial reduction from the Month 4 forecast of £74.7m, a positive variance of £50.5m. This improvement was primarily driven by additional conditional funding from Welsh Government (£32.4m), identification and delivery of savings plans (£9.8m), improved financial performance in primary care (£4.9m), reduced medicines expenditure (£1.2m), and use of central reserves (£4.7m).</p> <p>Successful initiatives such as international nurse recruitment and better rostering practices have contributed to reduced spending on agency staffing. Additionally, the use of the compendium of variation and thematic savings programmes has assisted in identifying key savings opportunities and achieving better financial control.</p> <p>Despite these improvements, there is ongoing reliance on non-recurrent savings (£17.6m in 2024/25), which presents a challenge for future financial stability. Converting these savings into recurrent efficiencies will be essential for sustaining improvement and meeting the Welsh Government's expectation to demonstrate a clear pathway towards financial balance by 2027/28.</p>	No further comment at this stage. Planning activity for 2025/26 is underway which is taking the learning from the compendium of variation to determine areas of greater value opportunity to drive next year's plan.	Delivery is being monitored through ongoing dialogue between Finance and the NHS Exec FP&D Team.	Further action on embedding the improvements needed in performance based on operational changes.	Directorate escalation reports, monthly run-rate data, and updates on the compendium of variation feed into the Value & Sustainability Group and IQPDP. These bodies, alongside the Sustainable Resources Committee, provide structured oversight of both the in-year recovery plan and pipeline schemes for the next financial year. External validation also continues through ongoing dialogues with the NHS Executive.	1843	
3	Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.	FPC		Advise	Alert		Huw Thomas	<p>Health Board has achieved substantial financial improvement in 2024/25, forecasting a year-end deficit of £24.1m, well below the revised target control total (TCT) of £31.5m. Significant early progress has been made in planning for 2025/26, with approximately £17.0m of the £19.0m recurrent savings requirement already identified. However, the historical attrition rates of identified savings plans, potentially up to 50%, indicates a likely need for additional savings schemes to fully achieve planned targets.</p> <p>While the Welsh Government's letter dated 11 April 2025 highlights concerns regarding a projected deterioration in financial position from the current £24.1m deficit to the planned TCT of £31.5m for 2025/26, the Health Board notes that the relevant TI criterion explicitly requires an Annual Plan approved by the Board demonstrating "a substantial financial improvement trajectory to deliver, as a minimum, the target control total." On that basis, the current Annual Plan does clearly meet the minimum expectation defined by the TI framework, albeit recognising the identified risks and concerns raised by Welsh Government.</p> <p>To adjust the status to "Alert" at this stage would constitute a shift in expectations beyond those initially set within the TI criteria. Therefore, maintaining this criterion as "Advise" is considered appropriate, clearly acknowledging both the improvement trajectory and the risks associated with delivering the full recurrent savings requirement. However, a number of actions will need to be undertaken to satisfy the response required to Welsh Government.</p>		To ensure continued alignment with TI expectations and to explicitly address Welsh Government concerns, the Health Board will:	<p>Address Savings Delivery Risks - Identify, review and where feasible develop additional recurrent savings opportunities beyond the current identified plans to mitigate potential attrition risk.</p> <p>Clarify Financial Improvement Options - Set out a comprehensive assessment of additional financial improvement options available to further reduce risks and deliver improved financial outcomes, clearly detailing impacts, risks, and mitigation strategies.</p> <p>Develop Financial Route Map - Provide a detailed financial trajectory demonstrating how in-year financial balance by 2027/28 will be achieved, explicitly responding to the requirement set by Welsh Government.</p> <p>Convert Non-Recurrent Savings - Outline clearly the actions planned to convert current non-recurrent savings into recurrent efficiencies within future planning cycles.</p> <p>Maintain Strong Financial Governance - Ensure regular and structured oversight through the Finance and Performance Committee (FPC), Financial Control Sub Group (FCSG), and Value & Sustainability Group (V&SG), to closely monitor progress against planned savings.</p> <p>Welsh Government Response - Prepare a detailed response addressing all concerns outlined in the Welsh Government letter by the 30th April 2025 deadline, clearly setting out the Health Board's position, justification, and actions being taken to mitigate risks and deliver the financial improvement trajectory.</p>		Monthly finance reports submitted to the SRC, supplemented by weekly FCSG reviews of emerging pressures and savings schemes, confirm consistency in the Health Board's financial outcomes, clearly detailing impacts, risks, and mitigation strategies. Summaries further support the conclusion that operational teams are integrating financial targets with clinical and workforce planning. In addition, the Health Board's compendium of variation has helped identify opportunities with the highest potential return, aligning them more closely with the overall financial strategy.	1843
13	60% performance maintained for 3 months against the SCP target.	FPC		Alert	Yes		Andrew Carruthers	<p>Current Status Update Single Cancer Pathway (SCP) performance has improved notably, reaching 63.5% in February 2025, exceeding the target of 60%. This marks a significant improvement from 56% in November 2024 and indicates effective implementation of targeted recovery measures.</p> <p>Analytical Insights and Issues - Despite surpassing the 60% performance target in February, this criterion requires sustained achievement over three consecutive months, which has not yet been demonstrated. - Urology and Lower GI specialties remain significant contributors to overall breaches, representing approximately 45% of total breaches. - Constraints remain evident in diagnostic capacity, notably endoscopy and MRI, largely driven by workforce shortages, estate limitations, and pathway complexity across multiple sites. - Ongoing recruitment challenges and capital resource limitations pose potential risks to maintaining consistent performance above the 60% threshold.</p>		Targeted Backlog Reduction: Continuation and intensification of additional theatre sessions and dedicated clinics, particularly for high-pressure tumour sites such as Urology and Lower GI. Diagnostics Expansion - Expansion of diagnostic capacity through increased utilisation of mobile MRI units and further outsourcing of imaging and endoscopy services. Enhanced Pathway Coordination - Fortnightly tumour-site operational huddles and immediate escalation procedures to mitigate potential breaches. Recruitment and Workforce Stabilisation - Active recruitment campaigns and partnerships with independent sector providers to address critical staffing gaps, particularly in diagnostic specialisms.			1350	
14	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	FPC		Advise			Andrew Carruthers	<p>The Health Board successfully achieved the target of 100% of patients seen within 52 weeks for stage 1 outpatient waits as of March 2025, demonstrating significant progress from previous levels (around 95-96%). This marks a critical milestone, indicating effective operational strategies and targeted interventions.</p> <p>Analytical Insights and Issues: - The remaining challenges are primarily concentrated within specific specialties such as ENT, Rheumatology, Neurology, and Dermatology. Sustaining this achievement is dependent on consistent capacity management in these high-demand areas. - Risks include potential fluctuations in referral volumes, unforeseen workforce availability issues, and the sustainability of using recovery funding for specialty clinics. - While the immediate target has been achieved, the ongoing risk remains moderate due to potential variability in demand and staffing levels. Vigilant operational management and resource planning are essential to sustaining the achievement of zero breaches over consecutive months.</p>		<p>Capacity Enhancement - Continued prioritisation and targeted funding allocations for weekend and evening outpatient clinics in high-pressure specialties.</p> <p>Virtual Consultations - Expanding virtual outpatient appointments where clinically appropriate to maximise capacity and ensure continuity of care.</p> <p>Administrative Validation - Regular and systematic administrative validation to identify and remove patients who no longer require appointments, thus maintaining an accurate and manageable waiting list.</p> <p>Focused Specialty Clinics - Sustained emphasis on specialties with historical capacity deficits, utilising recovery funds and independent sector partnerships as required to maintain compliance.</p>			1843	
15	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	FPC		Advise			Andrew Carruthers	<p>The Health Board has achieved the target of zero breaches for open pathways waiting more than 104 weeks as of March 2025, reflecting substantial operational improvements from previous performance levels (approximately 98%).</p> <p>Analytical Insights and Issues: - Achieving zero breaches required extensive utilisation of independent sector capacity, notably for Orthopaedics and Ophthalmology. - The remaining challenge centres around sustaining this performance, particularly within complex cases in Trauma & Orthopaedics, Ophthalmology, ENT, and Urology. - The ongoing reliance on outsourcing is not financially viable in the long term and presents a key risk to sustainability. - Workforce availability and theatre capacity remain potential constraints affecting future performance stability.</p>	WG monies	<p>Continuous Validation - Ongoing daily validation of waiting lists to prioritise near-breach cases, ensuring immediate attention to potential breaches.</p> <p>Capacity Expansion - Continued strategic use of evening and weekend sessions across high-demand specialties, supplemented by Regional and/or independent sector partnerships.</p> <p>Sustainability Planning - Development of a comprehensive internal capacity plan and securing workforce resilience to reduce reliance on outsourcing.</p> <p>Operational Efficiency - Enhancing theatre utilisation through rigorous scheduling, performance monitoring, and implementation of lean operational processes.</p>			1843	
16	80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.	FPC		Assure			Andrew Carruthers	<p>Performance has consistently exceeded the target, maintaining levels around 84-85%. The most recent validated figures demonstrate robust and sustained compliance, achieving 86.9% in September 2024.</p> <p>Analytical Insights and Issues: - Consistent performance above the 80% threshold reflects effective operational management and proactive interventions. - Slight variations continue to be observed due to workforce availability and clinic utilisation rates, particularly in high-demand specialties. - Administrative validation and efficient management of outpatient pathways have contributed significantly to maintaining high performance levels.</p>		<p>Regular Validation - Continued rigorous validation of waiting lists to swiftly address minor fluctuations and maintain accurate patient data.</p> <p>Capacity Management - Persistent use of additional weekend and evening clinics, particularly targeted at specialties with high patient demand.</p> <p>Virtual Appointments - Expanding the use of virtual consultations to optimise outpatient capacity and accessibility, reducing the pressure on physical clinic spaces.</p> <p>Proactive Monitoring - Implementing a robust monitoring framework that triggers immediate escalation and remedial action if performance approaches the 80% threshold.</p>			1843	
17	15% reduction in the number of patients delayed by 100% for their follow-up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)	FPC		Alert			Andrew Carruthers	<p>The target aims for a sustained 15% month-on-month reduction from the November 2023 baseline of 15,419 patients, resulting in a final target position of 9,469 or fewer delayed patients.</p> <p>Analytical Insights (Numeric) - Current position (March 2025) - 16,504 patients, representing an increase of 1,085 patients (7%) from the November 2023 baseline of 15,419. - Required position - To reach the target of 9,469 patients, a reduction of 7,035 patients (approximately 43%) from the current backlog is required. - Trend Analysis - From November 2023 to March 2025 (17 months), delayed follow-ups have consistently ranged between approximately 15,400 and 16,900 patients, with a variance of 1,500 patients around the baseline. This demonstrates no sustained reduction toward the target. - Performance Gap - As of March 2025, the backlog remains significantly above the target, with a gap of approximately 74% compared to the 9,469 patient goal.</p>		<p>Clinical Validation and Specialty-Specific Clinics - Enhanced validation processes targeting high-backlog specialties. Continued implementation of Clinical Initiation Notices (CIN) guidance to prioritise and reallocate long-standing follow-up patients onto alternative clinical pathways.</p> <p>Virtual Appointments and Administrative Efficiencies - Expansion of virtual outpatient appointment models and strengthened automation in administrative processes to improve scheduling efficiency and reduce unnecessary appointments.</p> <p>Extended Clinic Capacity - Increasing utilisation of weekend and evening follow-up clinics, specifically prioritising the longest waiting patients to expedite backlog clearance.</p> <p>Follow-up Management Plans - Directorates tasked to deliver robust follow-up management plans aligned with validation outcomes to support sustained reductions in follow-up delays.</p>			1843 (C)	
18	65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.	FPC		Alert			Andrew Carruthers	<p>This criterion aims for at least 65% of R1 ophthalmology patients to be waiting no longer than 25% beyond their target date, sustained across three consecutive months.</p> <p>Analytical Insights (Numeric) - Current position (March 2025) - Performance is currently at approximately 34.6%, a substantial decline from the baseline figure of 45%. - Required position - To achieve compliance, performance must improve by approximately 30.4 percentage points from the current position of 34.6% to meet the 65% target. - Trend Analysis - From November 2023 (44.0%) to March 2025 (34.6%), performance has steadily deteriorated, with incremental monthly reductions rather than improvements, indicating increasing pressures in service delivery and ongoing capacity constraints. - Performance Gap - The latest performance is significantly below the target, highlighting a persistent gap of 46.8% between current achievement and the desired goal of 65%.</p>		<p>Enhanced Capacity Initiatives - Continued delivery and expansion of weekend and evening ophthalmology clinics, particularly targeting high-demand areas such as intravitreal therapy (IVT) injections for glaucoma and macular degeneration. Additional recruitment and training of non-medical injectors to reduce clinician workload pressures and increase patient throughput.</p> <p>Community Optometry Engagement - Further expansion and integration of community optometry schemes to support patient pathways outside of hospital settings, reducing hospital outpatient demand pressures.</p> <p>Investment in Equipment and Infrastructure - Upgrades to essential ophthalmology equipment (slit lamps, scanners, lasers) identified as critical in the Annual Plan, to maximise efficiency and clinical throughput at scale.</p> <p>Service Consolidation and Efficiency - Evaluation of potential service reconfiguration options under the Clinical Services Plan (CSP) to consolidate and optimise ophthalmology provision across sites, reducing service duplication and fragmentation.</p>			1664 (C)	

19	80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	FPC	Advise		Andrew Carruthers	<p>Focusing specifically on Non-obstetric Ultrasound (NOUS) and Non-cardiac MRI as key diagnostic indicators:</p> <p>Current position (March 2025)</p> <ul style="list-style-type: none"> -NOUS - 78.9% of patients waiting less than 8 weeks (slightly below the 80% target, though showing recent improvement). -Non-cardiac MRI - 49.8% of patients waiting less than 8 weeks (significantly below the 80% target, representing ongoing challenges). <p>Required position</p> <ul style="list-style-type: none"> -NOUS - A marginal improvement (since Feb) of 1.1 percentage points is required to achieve the 80% target. -Non-cardiac MRI - A substantial improvement of 30.2 percentage points is required to meet the 80% target. <p>Trend Analysis</p> <ul style="list-style-type: none"> -NOUS - The performance has fluctuated over recent months, ranging between approximately 57% to 85.9%, suggesting variable capacity pressures but recent positive trajectory towards the target. -Non-cardiac MRI - Performance has deteriorated significantly over time from peaks around 84.3% (July 2023) to the latest figure of 49.8%, indicating worsening capacity constraints and demand pressures. <p>Performance Gap</p> <ul style="list-style-type: none"> -NOUS - Performance is near-target with a relatively minor gap (approximately 1.4% below target), indicating realistic achievement in the short term, but concerns around sustainability. -Non-cardiac MRI - There is a considerable performance gap of approximately 37.8% relative to the required 80% compliance. 	<p>Enhanced Diagnostic Capacity - Expansion of extended-hour scanning sessions, including evenings and weekends, across radiology modalities with a specific focus on MRI capacity constraints. Continued outsourcing arrangements with independent sector providers for MRI scans and reporting to manage immediate capacity deficits.</p> <p>Strategic Capacity Review and Investment - Delivery of a dedicated Radiology Improvement Plan, detailed in the IQFPD update, addressing fundamental issues of staffing levels and the prioritisation of capital investment to address ageing diagnostic equipment infrastructure.</p> <p>Workforce Stabilisation and Development - Proactive recruitment and training initiatives to stabilise radiology workforce, particularly radiographers and radiologists, to sustainably address diagnostic imaging backlogs and manage ongoing demand growth.</p> <p>Regional Collaboration - Utilisation of ARCH regional collaboration mechanisms, as highlighted in the Annual Plan, to support improved diagnostic pathways, capacity optimisation, and strategic investments to increase overall imaging capability.</p>			1843 (C) 1547 (D)
20	80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	FPC	Advise		Andrew Carruthers	<p>This criterion aims for at least 80% of patients awaiting diagnostic endoscopy procedures to be seen within an 8-week timeframe, sustained over three consecutive months.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - Performance currently stands at 91.7%, demonstrating substantial improvement and surpassing the target of 80%. - Required position - The current performance already exceeds the target, with an 11.7 percentage point surplus above the 80% required compliance level. - Trend Analysis - There has been significant and sustained improvement since November 2023 (26.9%), with performance progressively increasing each month thereafter. Particularly notable is the improvement from December 2024 (64%) onwards, culminating in the current peak performance of 91.7%. - Performance Gap - As of March 2025, performance exceeds the target by a margin of 14.7%, indicating robust compliance with this criterion. 1 more month above 80% and this criterion will be satisfied 	<p>Actions and Mitigations (Updated from IQFPD Report & Annual Plan)</p> <p>Enhanced Endoscopy Capacity - Continued deployment of mobile endoscopy units at high-pressure sites to manage demand surges and maintain throughput. Sustained and regular utilisation of additional evening and weekend endoscopy sessions to manage capacity efficiently and ensure target compliance.</p> <p>Workforce Optimisation - Active recruitment and retention strategies for both consultant endoscopists and nurse endoscopists, supported by ongoing training programmes to ensure stable service delivery and maintain the improved trajectory.</p> <p>Outsourcing Partnerships - Continued use of independent sector providers for routine or lower-complexity endoscopy procedures to maintain internal capacity for urgent and higher-risk patient cases.</p> <p>Operational Standardisation - Implementation of standardised booking and triage processes, particularly targeting urgent and suspected cancer cases, to ensure efficient and clinically prioritised utilisation of available endoscopy capacity.</p>			1628 (S) 1580 (S) 1628 (S)
21	80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	FPC	Advise		Andrew Carruthers	As set out in Criterion 19.				797 (C) 1349 (D) 1936 (D)
22	85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	FPC	Advise		Andrew Carruthers	<p>This criterion requires achieving and maintaining performance where 85% of patients awaiting therapy services (excluding Audiology and Weight Management) experience waits below 14 weeks over three consecutive months.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - Performance is at 79.2%, an improvement from the original baseline of 75%, but still below the required target of 85%. - Required position - To achieve compliance, a further improvement of 5.8 percentage points is required from the current performance of 79.2%. - Trend Analysis - Performance has fluctuated, showing an initial positive trajectory in early to mid-2024, peaking at 87.8% (March 2024), followed by a decline to a recent low of 74.6% (July 2024). Recent months have demonstrated gradual recovery to the current position of 79.2%, yet still short of the target. - Performance Gap - Currently, there is a performance gap of approximately 6.8% against the 85% compliance goal, indicating the necessity for targeted interventions to secure consistent improvement. 	<p>Actions and Mitigations (Updated from IQFPD Report & Annual Plan)</p> <p>Expansion of Service Delivery - Continued extension of therapy service provision through weekend and evening sessions, particularly targeting physiotherapy, occupational therapy, and speech & language therapy, which experience significant demand pressures.</p> <p>Digital and Group-Based Solutions - Accelerated implementation and expansion of virtual appointments and group-based therapy sessions, effectively utilising digital platforms to maximise therapist capacity and reduce individual appointment backlog.</p> <p>Workforce Capacity and Stability - Robust recruitment and retention initiatives focused on therapy professions, particularly physiotherapy and podiatry, to stabilise and strengthen service delivery. This includes proactive recruitment of Band 5 therapists and selective use of agency staffing to bridge immediate gaps.</p> <p>Demand and Capacity Analysis - Completion and implementation of a detailed "deep dive" review into therapy service demand and capacity (as indicated in the IQFPD report), forming the foundation for targeted improvement actions and informed workforce planning.</p>			1766 (D) 736 (S) 1517 (S) 1661 (S)
24	A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).	FPC	Alert		Andrew Carruthers	<p>This criterion requires achieving and maintaining an 11% continuous reduction in ambulance handovers taking longer than one hour, sustained over three consecutive months, relative to the Oct-Dec 2023 baseline average of 964 monthly delays, resulting in a target of 680 or fewer monthly delays.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - 988 ambulance handovers took over one hour, an increase of 24 delays (approximately 2.5%) compared to the baseline average of 964. - Required position - To reach compliance, a reduction of 308 handover delays (approximately 31.2%) from the current monthly position of 988 is required to achieve the target of 680 or fewer delays. - Trend Analysis - Over the period from November 2023 to March 2025, monthly ambulance handover delays have varied significantly, reaching a peak of 1,245 (January 2024). Although there has been some month-to-month fluctuation, performance remains broadly static with recent months showing a moderate improvement but still significantly above the targeted reduction. - Performance Gap - The current monthly performance stands approximately 45.3% above the target of 680 delays, clearly highlighting significant operational challenges in reducing delays sustainably. 	<p>Actions and Mitigations (Updated from IQFPD Report & Six Goals Health Board Plan)</p> <p>Clinical Streaming and Front-Door Optimisation - Implementation and evaluation of a 7-day Regional Clinical Streaming Hub designed to redirect appropriate patients away from EDs, thus directly reducing front-door pressures and ambulance handover delays.</p> <p>Acute Frailty and SDEC Expansion - Rapid expansion and embedding of Same Day Emergency Care (SDEC) services and acute front-door frailty assessment units to streamline patient flow, reduce unnecessary admissions, and free ambulance resources promptly.</p> <p>Optimal Hospital Flow Framework - Ongoing embedding and refinement of the Optimal Hospital Flow Framework, including initiatives such as the Red2Green and Discharge-to-Recover-and-Assess (D2RA) approaches, to ensure continuous patient flow and timely discharge practices.</p> <p>Regional Ambulance Handover Guidance Adherence - Continued rigorous adherence to the Ambulance Patient Handover Guidance through operational audits, proactive management of delays, and integrated working with ambulance services and ED staff.</p> <p>Trajectory and Monitoring - Routinely weekly and monthly monitoring via established Urgent and Emergency Care governance frameworks and updates to all committees including the Finance and Performance Committee</p>			1027 (C) 1210 (D) 1115 (D) 750 (D)
25	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	FPC	Alert		Andrew Carruthers	<p>This criterion aims for continuous improvement in reducing the proportion of patients waiting over 12 hours in Emergency Departments (EDs), achieving and maintaining a maximum threshold of 7% at each site and across the Health Board.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - The latest performance is at 8.9%, slightly improved from the 9% baseline but remaining above the required target of 7%. - Required position - To achieve compliance, an additional improvement of 1.9 percentage points is needed from the current position of 8.9% to reach the 7% threshold. - Trend Analysis - Over the period from November 2023 (9%) to March 2025 (8.9%), performance has fluctuated significantly, reaching a peak of 12.8% in February 2025. Although recent data indicates some improvement, the position has remained consistently above target. - Performance Gap - Currently, performance remains 1.9 percentage points above the target threshold of 7%, indicating ongoing operational pressures and the need for sustained intervention. 	<p>Actions and Mitigations (Updated from IQFPD Report & Six Goals Health Board Plan)</p> <p>Emergency Department Flow Improvement - Further implementation and embedding of the Optimal Hospital Flow Framework, including daily Red2Green protocols, afternoon huddles, effective board rounds, and robust discharge planning, to ensure consistent patient flow through ED.</p> <p>Same Day Emergency Care (SDEC) Expansion - Continued expansion and refinement of Same Day Emergency Care models across all hospital sites to reduce unnecessary ED admissions and enhance rapid patient turnover.</p> <p>Winter and High-Demand Response Planning - Robust and proactive seasonal planning, supported by dedicated funding allocations to maintain enhanced 7-day discharge practices and strengthen community-based care pathways, thereby reducing ED congestion and prolonged waits.</p> <p>Clinical Streaming and Front-Door Frailty Services - Ongoing development of integrated clinical streaming hubs and front-door frailty assessment units at all acute sites to promptly redirect patients to the most appropriate clinical pathways, improving ED flow and significantly reducing waits.</p>			1027 (C) 1210 (D) 1115 (D) 750 (D)
26	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	FPC	Alert		Andrew Carruthers	<p>This criterion aims to achieve and maintain a median time of no greater than 60 minutes from patient arrival at the Emergency Department (ED) to assessment by a clinical decision maker.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - Median assessment time stands at 76 minutes, exceeding the 60-minute target by 16 minutes. - Required position - A reduction of 16 minutes (approximately 21%) from the current median assessment time of 76 minutes is required to meet the target threshold of 60 minutes or less. - Trend Analysis - The median assessment time has fluctuated significantly between November 2023 and March 2025, reaching a peak of 89 minutes in December 2024. Although recent data indicate a moderate improvement, performance has consistently remained above the required target. - Performance Gap - Currently, the median time exceeds the targeted threshold by approximately 27%, highlighting significant operational challenges in achieving timely clinical assessment consistently. 	<p>Actions and Mitigations (Updated from IQFPD Report & Six Goals Health Board Plan)</p> <p>Clinical Streaming and Front-Door Initiatives - Further implementation of integrated clinical streaming hubs to ensure rapid redirection of appropriate patients away from ED, optimising ED capacity and reducing delays to clinical assessment.</p> <p>ED Improvement and Triage Protocols - Strengthening ED triage and assessment processes, including the embedding of routine safety huddles, enhanced triage protocols, and consistent application of the Emergency Department Quality Standards (EDQS) toolkit.</p> <p>Enhanced Same Day Emergency Care (SDEC) Provision - Continued enhancement of Same Day Emergency Care units across all hospital sites, directly reducing front-door pressures and enabling swifter clinical decision-making by managing patient flow more effectively.</p> <p>Optimal Hospital Flow and Patient Management - Sustained application of the Optimal Hospital Flow Framework, including proactive discharge management practices, robust criteria-led discharge protocols, and targeted initiatives to ensure effective utilisation of inpatient capacity, thus reducing ED congestion and clinical assessment delays.</p>			1027 (C) 1210 (D) 1115 (D) 750 (D)
27	A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 2023 baseline).	FPC	Alert		Andrew Carruthers	<p>This criterion aims for a sustained 5% continuous monthly reduction in delayed pathways of care from the baseline average of 203 (Oct-Dec 2023), targeting a position of 174 or fewer delays, maintained consistently.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - The latest reported figure is 218 delayed pathways of care, an increase of 15 delays (approximately 7.4%) from the baseline of 203. - Required position - A reduction of 44 delayed pathways (approximately 20.2%) is required from the current position to meet the target of 174 or fewer. - Trend Analysis - Between November 2023 (227 delays) and March 2025 (218 delays), performance has demonstrated variability, fluctuating between a high of 253 delays (June 2024) and a low of 191 (December 2024). Despite some monthly fluctuations, there has not been a sustained downward trajectory towards meeting the target. - Performance Gap - Currently, delayed pathways exceed the required target by approximately 25.3%, clearly highlighting ongoing challenges and the need for further operational improvements. 	<p>Optimal Hospital Flow and Discharge Framework - Enhanced implementation and embedding of the Optimal Hospital Flow Framework (Red2Green, Discharge-to-Recover-and-Assess (D2RA)) to ensure effective identification and timely management of discharge-ready patients, thus reducing delays in discharge pathways.</p> <p>Trusted Assessor Model and Integrated Working - Continued utilisation and expansion of Trusted Assessor schemes and improved multi-agency cooperation between Health Board, Local Authorities, and community care providers to expedite discharge processes and minimise unnecessary delays.</p> <p>Community-Based Response and Winter Resilience Initiatives - Sustained deployment of community-based support measures (e.g., falls response, reablement services) and dedicated funding for enhanced discharge practices, particularly during high-demand periods, to manage demand effectively and minimise pathway delays.</p> <p>Regular Targeted Review - Ongoing weekly reviews of long-stay patients and targeted management of the longest-stay cases through focused multi-disciplinary approaches ("Big Room" sessions and similar structured forums) to facilitate rapid discharge and pathway improvement.</p>			1027 (C) 1078 (D) 1231 (D) 572 (D) 695 (S)
29	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	FPC	Assure		Andrew Carruthers	This measure has consistently met and exceeded target performance, achieving 91% against a goal of 80% over June, July, and August, with sustained delivery over the past 18 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.				No risk identified
30	65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	FPC	Assure		Andrew Carruthers	Performance has consistently met and exceeded the target, with an average of 83.1% against a 65% goal, showing sustained delivery over the past 11 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.				No risk identified
31	80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	FPC	Assure		Andrew Carruthers	This criterion has consistently met and exceeded target performance, achieving 92.1% against an 80% target, with sustained delivery over the past 20 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.				No risk identified