Pwyllgor Cyllid a Pherfformiad/ Finance and Performance Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 August 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Board – Month 3 2026/27
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Executive Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Executive Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 4, 2026/27 Integrated Performance Assurance Report (IPAR) and the Month 4 Internal Escalation Update.

Integrated Performance Assurance Report (IPAR) – Month 4 2026/27

The IPAR 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 a summary, data, issues and actions for the Health Board's key performance improvement measures. Appendix A of the overview gives an indication of the metric types i.e. targeted intervention, performance framework, annual plan etc.
- IPAR dashboard – provides statistical process control (SPC) charts for each of our performance measures. Ahead of the committee meeting, the dashboard will also be made available via the Health Board's internet site.

The health board is in further discussion with Welsh Government and the National Performance and Improvement Team to revise our annual plan trajectories. Once agreed and formalised, they will be included within the IPAR.

Internal Escalation Update: August 2026

This document outlines the escalation levels for each clinical care group and executive function across the health board against our seven improvement domains.

Cefndir / Background

Welsh Government published the 2026/27 NHS Wales Performance Framework in February 2026. Following the health board's recent Accountability and Oversight meeting with Welsh Government, our 2026/27 trajectories are being reviewed. The revised trajectories will be included in the IPAR as soon as they are finalised.

The Our Improving Together Framework was approved by Board in March 2025. It sets out our approach to embedding performance improvement through our organisation. The framework's ultimate aim is to improve outcomes for our patients, staff and population.

Asesiad / Assessment

Performance overview

The key metric summary table below has been revised to reflect changes to the 2026/27 performance framework, ministerial priorities and other local key performance metrics. Additional data, details of key issues and actions being taken to address can be found in the supporting document *IPAR overview*.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
% sickness absence rate of staff	6.20%	Jul 2026	6.81%	n/a	n/a	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Jul 2026	3,547	Concerning	Missing target	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Jul 2026	6,651	Concerning	Missing target	n/a	Alert
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Waits over 52 weeks: new outpatient appointment	0	Jul 2026	351	Improving	Missing target	n/a	Alert
Patients waiting 104 weeks+ RTT	0	Jul 2026	504	Improving	Missing target	n/a	Alert
Patients waiting over 52 weeks RTT	0	Jul 2026	12,524	Improving	Missing target	n/a	Alert
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% pts on single cancer pathway within 62 days	75%	Jun 2026	60%	Improving	Missing target	n/a	Alert
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Ambulance handover > 4 hours Hywel Dda	0	Jul 2026	107	Improving	Missing target	n/a	Alert
Ambulance handovers > 1 hour Hywel Dda	0	Jul 2026	532	Improving	Missing target	n/a	Alert
Ambulance handover > 45 minutes Hywel Dda	0	Jul 2026	672	Improving	Missing target	n/a	Alert
% uptake of RSV vacc - 75+ years	70%	Jun 2026	36.9%	n/a	n/a	n/a	Alert
Median time ambulance emergency category calls	8	Jun 2026	10	n/a	n/a	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Jun 2026	59.3%	Concerning	Missing target	n/a	Alert
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% R1 eyecare patients waiting within 25% delay to target date	95%	Jun 2026	43.6%	Improving	Missing target	Trajectory missed by over 5%	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Mar 2026	87.2%	Usual	Missing target	n/a	Advise
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Alert (may require discussion): Lack of confidence any action in place is sufficient to address the issue satisfactorily and/or within the scope of the team/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

Triangulating our data: 1st April 2022 to 31st July 2026.

- Quality safety and risk – the number of incidents causing moderate harm or above reported by month is (150) in July 2026, performance has been relatively static since December 2025. July showed a slight decrease in the number of patient falls (209) and medication errors (106) to the previous month. Cases of pressure damage decreased slightly from June (83) to July with (70) cases. There has been a sustained decrease in the number of new complaints received since September 2025 (249) with (51) in July. We continue to have significant numbers of high and extreme risks on the risk register with 575 in July 2026. The number of new infections decreased in July reporting 73 cases (S. aureus = 4 cases, E. coli = 32 cases, C. difficile = 22 cases).
- Workforce – In month, staff sickness decreased slightly to 6.6% in July. Short-term sickness decreased to 1.82% from previously 2% whilst long-term sickness remained static at 4.7%. Note: The sickness metric reported in the alert section of this SBAR includes 12-month rolling data. Nursing and midwifery agency usage continues to remain static since March 2025 (91.72) with July recording 52.81 whole time equivalent (WTE). Rolling 12-month staff turnover percentage has decreased slightly to 6.2%, lowest recorded.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	131	305	150	
Patient falls	189	301	209	
Medication errors	61	148	106	
Pressure damage developing or worsening during care	54	215	70	
New complaints by month received (	51	249	51	
Number of high and extreme risks (health board & function only)	381	588	575	
Infections: new cases	51	80	73	
Infections: C. difficile cases	8	22	22	
Workforce				
Number of staff/contractor related incidents	98	186	125	
Sickness - short term	1.7%	2.6%	1.8%	
Sickness - long term	3.8%	4.9%	4.7%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.2%	9.8%	6.2%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	52.81	379.79	52.81	
Bank (WTE)	212.99	352.85	307.62	

Internal escalation

Health board internal escalation level overview as at 31 July 2026

1	Reasonable assurance
2	Limited assurance
3	No assurance
4	No assurance and insufficient actions/engagement

	Function	Quality & safety	Governance	Workforce	Finance	Strategy, planning and fragile services	Population Health	Performance
Clinical Care Groups	Community and Integrated Medicine	3	3	3	4	3	2	3
	Chief Operating Officer Management	1	1	2	2	1	1	n/a
	Mental Health and Learning Disabilities	3	1	2	3	3	3	3
	Planned and Specialist Care	3	2	3	4	3	2	3
	Primary Care	2	1	2	1	2	2	3
	Operational Allied Health and Health Sciences	2	1	2	3	3	1	3
Executive Functions	Estates and Facilities	2	1	2	3	1	2	3
	Executive Director of Finance	1	2	1	1	1	2	n/a
	Medical	1	1	2	1	1	2	n/a
	Pharmacy and Medicines Management	1	1	2	2	1	2	n/a
	Executive Director of Nursing, Quality and Patient Experience	1	2	1	1	1	2	3
	Executive Director of Public Health	1	1	3	1	1	1	2
	Executive Director of Strategy and Planning	1	1	1	1	1	3	n/a
	Long Term Agreements (LTAs)	n/a	n/a	n/a	3	n/a	n/a	n/a
	Executive Director of Workforce and Organisational Development	1	1	1	1	1	1	n/a
	Governance and Communication	1	1	1	1	1	2	n/a

Community & Integrated Medicine and Planned & Specialist Care Clinical Care Groups (CCG) were escalated to level 4 for the Finance domain last month and remain at level 4 to date. Community & Integrated Medicine have been escalated up to level 3 for Workforce and Planned & Specialist Care have been escalated up to level 3 for Quality and Safety.

Community & Integrated Medicine is our most concerning CCG, with the function being escalated to level 3 or 4 in 6 out of the 7 improvement domains with very limited signs of improvement. Key issues for the CCG include the management of incidents/complaints, hospital acquired infections, overdue risks & risk actions, overdue audit & inspection recommendations, overspent, significant gap on savings delivery, support for inpatient smokers, business continuity planning, ambulance handover delays, A&E waits and pathway of care delays.

Please see the supporting document *Internal Escalation Update: August 2026* for further details.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Argymhelliad / Recommendation

The Committee is asked to **DISCUSS** the IPAR – Month 4 2026/2027 and internal Escalation report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	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, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2026/2027 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	A&E – Accident and Emergency BGH – Bronglais Hospital ED – Emergency Department GGH – Glangwili Hospital IPAR – Integrated Performance Assurance Report MIU – Minor Injury Unit PPH – Prince Philip Hospital PODCC – People, Organisational Development and Culture Committee SPC – Strategy and Planning Committee FPC – Finance and Performance Committee WAST – Welsh Ambulance Services University NHS Trust WGH – Withybush Hospital
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care Strategy and Planning Committee

	People, Organisational Development and Culture Committee Finance and Performance Committee

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
Tegwch Iechyd: Health Equity:	Better use of resources through integration of reporting methodology
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:**	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a Health Board, which then may impact recruitment and staff morale.
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 July 2026

For further details see the latest IPAR dashboard.

Contents

Statistical process control (SPC) charts

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Additional data, details of key issues and actions being taken to address can be found in the supporting document *IPAR overview*.
For data on all performance measures we are tracking, see our IPAR dashboard: Integrated Performance Assurance Report (IPAR) dashboard as at 31st July 2026.

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(may require discussion)
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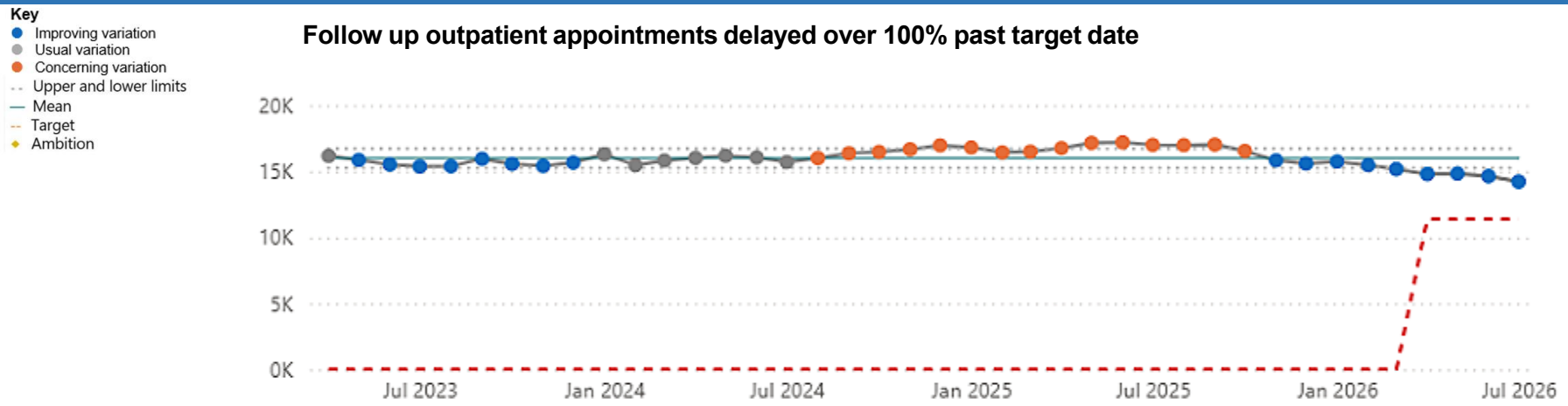
Delayed follow up appointments

(Enhanced monitoring condition and Ministerial priority)



Performance is showing improving variation with 14,232 follow ups delayed over 100% of their target date at the end of July 2026. This is the best performance we have recorded. The national target is to reduce this position to 11,387 (a 25% reduction from the March 2026 baseline of 15,182).

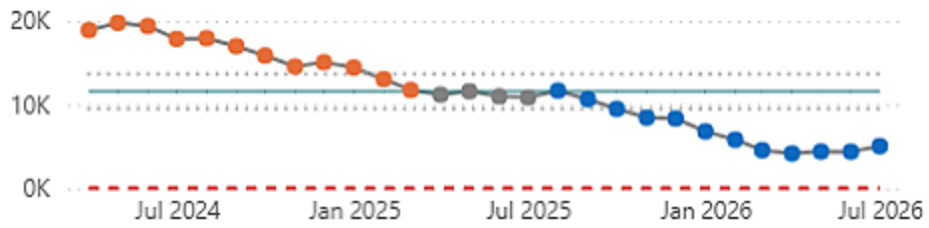
Key challenges / issues	Key actions / initiatives	Due date
• Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.	• Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).	31/03/27
• Reducing follow up waiting lists continues to be challenging in terms of clinical engagement in some specialties.	• Specialties are converting all follow up patients waiting from 2024 to SOS/PIFU be end of July with exception of Ophthalmology that have an ongoing program which is delivering sustained reductions and have delivered over 1000 reduction in 2026.	31/07/26
• Certain specialties have essential follow up pathways and may have additional pressure to reduce significantly due to case mix.	• A programme of work to deliver the Outpatient Transformation Programme commenced on 13 July 2026. This programme led by the Clinical care Group (CCG) Associate Medical Director, with support from the Executive Medical Director, to drive transformational change, optimise outpatient pathways, and deliver sustainable improvements in access, productivity, and patient outcomes.	30/09/26
	• Delayed follow-up wait reduction to below 12,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines was not met at the end of March 2026. However, improvements across many specialties are seen in 2026/27 with increased clinical validation, referring mild glaucoma patients back into primary care and use of CIN guidelines. This continues throughout 2026/27.	31/03/27

Waits over 26 and 52 weeks for a first outpatient appointment

(Enhanced monitoring condition and Ministerial priority)

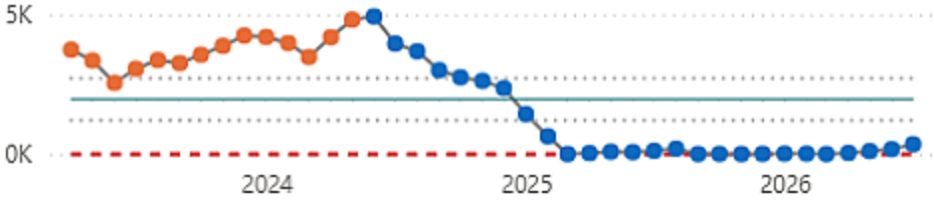
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >26 weeks for a first outpatient appointment



In July 5,035 patients were waiting over 6 months for a first out-patient appointment in-line with the expected trend in the Annual Plan. The chart is showing improving variation, however breaches have increased for the last 3 months.

Patients waiting >52 weeks for first outpatient appointment



The same 3 month declining trend is present for patients waiting over one year . In July there were 351 patients waiting over 52 weeks for a new out-patient appointment.

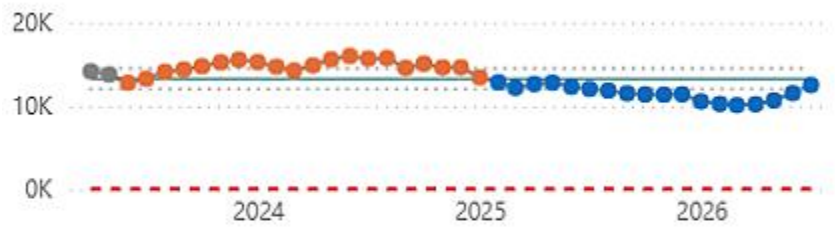
Key challenges / issues	Key actions / initiatives	Due date
• The Health Board breached the 52-week outpatient target by a total of 351 in July 2026 with breaches recorded in General Medicine (163), Care of the Elderly (48), Rheumatology (109) and Neurology (31).	• We continue to focus on maintaining waiting time targets in 2026/27 using demand and capacity forecasts to highlight risks and guide funding allocation.	31/03/27
	• The Health Board has submitted its Board-approved Planned Care Delivery and Sustainability Plan 2026/27, setting out a comprehensive recovery and sustainability programme aligned to the national Planned Care, Cancer and Diagnostics Improvement Framework. The Plan demonstrates productivity, transformation and pathway redesign activity already delivered, whilst identifying residual demand and capacity challenges across a small number of specialties and diagnostic services. The submission includes a total recovery funding request of £15.497m, representing the residual investment requirement after productivity and transformation opportunities have been pursued. The Health Board is now awaiting the outcome of the Welsh Government/NHS Wales Performance & Improvement review, while continuing to refine delivery trajectories, maximise further productivity opportunities and progress regional solutions to support 104-week RTT recovery, diagnostic recovery and longer-term service sustainability.	31/08/26
• Colorectal, Vascular, Trauma and Orthopaedics, Gastroenterology, Diabetic Medicine, Rehabilitation, met the 26-week outpatient target in July 2026; however, 4,814 breaches were recorded in total across all specialties. Current performance is within the forecast level reflected in the Annual Plan. This is inline with the forecast breach volumes agreed by the Board via the Annual Plan.	• Performance metrics are reviewed for all outpatient pathways on a weekly basis, with cohorts of 26, 36 and 52 weeks being performance managed across all specialties.	31/03/27
	• Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).	31/03/27

Waits over 52 and 104 weeks from referral to treatment (RTT)

(Enhanced monitoring condition and Ministerial priority)

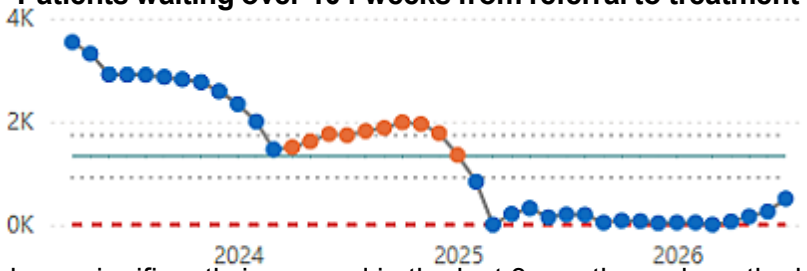
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Following an improving trend up to March this year, breaches have been steadily increasing with a total of 12,524 patients waiting over a year for treatment in July.

Patients waiting over 104 weeks from referral to treatment



Breaches have significantly increased in the last 3 months and are the highest since August 2025. In July there were 504 patients waiting over a year 2 years for treatment..

Key challenges / issues

- There is a demand and capacity gap to be investigated for efficiency and productivity actions to be identified. The Health Board recorded 504 patients waiting over 104-week at the end of July.
- The 104-week RTT rise in breaches rise remain within the forecast maximum level agreed in the Annual Plan. Current performance remains below that forecast trajectory, reflecting the impact of validation, productivity improvements, outpatient transformation and targeted recovery actions. The Health Board has now submitted its Board-approved Planned Care Delivery and Sustainability Plan 2026/27, including a £15.497m recovery funding request, and is awaiting the outcome of the Welsh Government and NHS Wales Performance & Improvement review. Work continues to maximise further productivity opportunities and regional solutions whilst supporting delivery of the agreed recovery trajectory and longer-term service sustainability.
- Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, affecting treatment timelines.
- Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and preoperative process variations across specialties.
- Additional risks include prioritisation of cancer backlogs, and urgent cases consuming rescheduled theatre slots.
- Inpatient/day case activity exceeds pre-pandemic levels, but challenges remain with late starts, early finishes, and fallow (non-utilised) theatre lists due to workforce constraints

Key actions / initiatives

	Due date
• We continue to focus on maintaining waiting time targets in 2026/27, as agreed by the Health Board, by using demand and capacity forecasts to highlight delivery risks.	31/03/27
• The Health Board has submitted its Board-approved Planned Care Delivery and Sustainability Plan 2026/27, setting out a comprehensive recovery and sustainability programme aligned to the national Planned Care, Cancer and Diagnostics Improvement Framework. The Plan demonstrates productivity, transformation and pathway redesign activity already delivered, whilst identifying residual demand and capacity challenges across a small number of specialties and diagnostic services. The submission includes a total recovery funding request of £15.497m, representing the residual investment requirement after productivity and transformation opportunities have been pursued. The Health Board is now awaiting the outcome of the Welsh Government/NHS Wales Performance & Improvement review, while continuing to refine delivery trajectories, maximise further productivity opportunities and progress regional solutions to support 104-week RTT recovery, diagnostic recovery and longer-term service sustainability.	31/08/26
• Theatre Optimisation workstream led by the Clinical Care Group and supported by the Medical Director aims to improve productivity and meet GIRFT standards across specialties. This includes a full staffing review and implementing evidence-based guidelines on appropriate staffing and list loading per procedure bundle with a view to eliminating variation between sites.	30/09/26

Embedded improvement actions

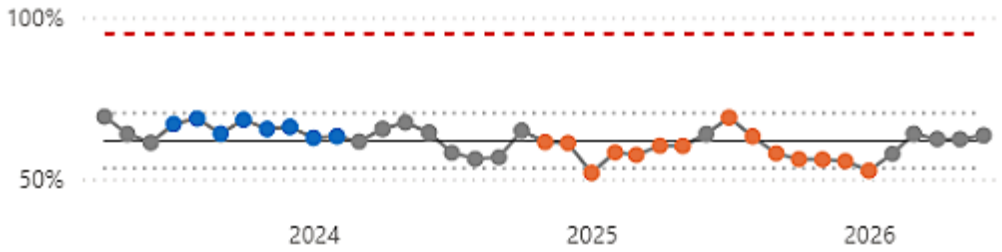
104-week breach volumes were lower than levels forecast in July 2026 due to:

- Additional outsourcing in March 2026, lowering overall cataract waiting times in Ophthalmology to below 100 weeks. This outsourcing continued into May 2026 for any cataract pathway procedures commencing initial treatment with outsourcing provider before the end of March 2026, funded from 2025/26 recovery money.
- Impact of ROTT (removals for reasons other than treatment) in July 2026 were higher than levels modelled in the Annual Plan delivery forecasts.

Ophthalmology R1 (high-risk patients) performance
(Targeted intervention)

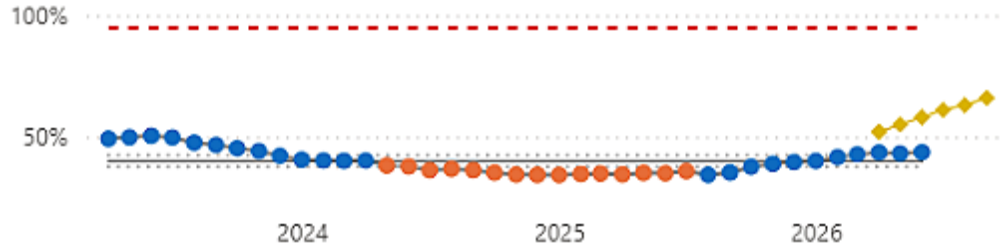
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Performance has been between 62% and 64% for the last 4 reported months and shows usual variation. Latest data is 63.5% for June 2026.

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

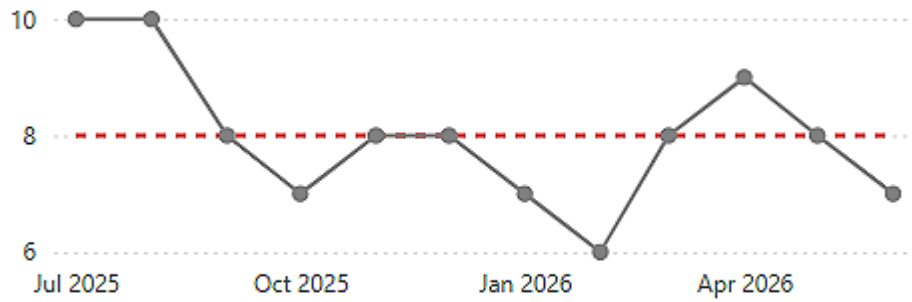


Performance shows improving variation at 43.6% in June 2026, highest performance since November 2023, with incremental improvements since August 2025. However, we are off our recovery trajectory (58%).

Key challenges / issues	Key actions / initiatives	Due date
• The advice from Welsh Government is to focus on patients waiting as these are higher risk. Booking these patients, who have already breached, will improve this trajectory but will directly affect the appointments attended trajectory as patients have already breached. Once corrected, R1 appointments attended will improve as capacity grows and backlog reduces. • Increasing outpatient delivery has been stalled by outpatient staffing and medical records constraints along with staff sickness. • Reduced workforce continues to impact delivery, with vacancies across key delivery roles e.g. Consultant, Associate Specialist and Specialty Doctor (SAS) posts. Recruitment efforts continue • Reduced Specialty Associate Specialist (SAS) capacity from September 2025 to May 2026 resulted in the loss of 10 sessions per week. • One regional consultant post is still vacant. This has impacted the ability for additional outpatient sessions for medical retinopathy patients. • Due to management absence across both administrative and nursing teams resulting from sickness, our ability to proactively support performance and has been temporarily affected; this will be addressed as capacity is restored.	• The actions below are to improve performance in line with the forecast volumes agreed as part of the annual plan process. • Monies awarded to reduce waits for intravitreal (IVT) injections have been used to recruit and train staff, supporting improved performance. Activity is being increased incrementally. A key next step is to expand the IVT service into Amman Valley Hospital (AVH) outpatient settings. Periphery sites are also being scoped to support patients having treatment closer to home (i.e., Debenhams Carmarthen and Cross Hands Integrated Care Centre. • Outpatient staff will be increased to support outpatient activity in the Blue Suite in Glangwili Hospital (GGH). This will allow for the incremental increase in clinic delivery. This requires staff to be recruited and on-boarded in Ophthalmology. • The team are exploring more innovative methods of supporting outpatient activity using Ophthalmology Technicians. • One SAS doctor position is currently out to advert with a Consultant post also being progressed via the NHS recruitment (TRAC) system • The service are working with regional colleagues to create a deliverable sustainable cataract plan for 26/27 whilst also scoping a plan to meet the 104-week RTT target by 1st April 2027.	01/09/26 01/10/26 01/10/26 01/09/26 01/04/27

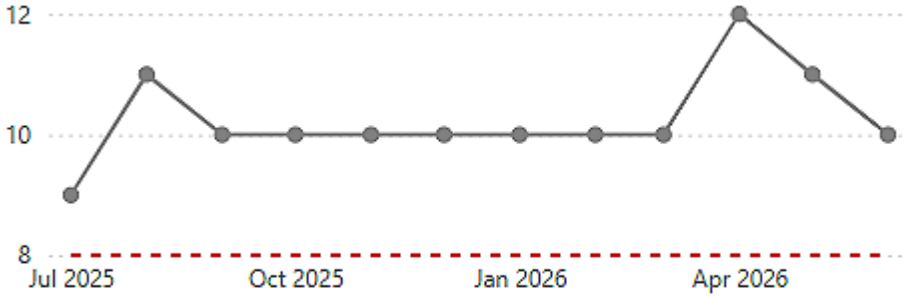
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In June, the median response time was 07:17 minutes for ARREST (Purple) Calls. There were 127 ARREST calls. Official WAST data is delayed by 1 additional reporting month.

Median emergency ambulance response time to red: emergency category calls



In June the median response time was 10:08 minutes for RED (Emergency) calls there were 623 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

- Unverified July performance was 09:27 minutes for arrest (133 incidents) and 10:14 minutes for emergency calls (631 incidents). Overall attended demand in Hywel Dda Health Board area for July 2026 has been above forecast.
- Adverse heat continues to be a pressure for the Trust with associated calls, seen in the deterioration of Arrest performance and of the increase in these type of calls over June 2026.
- Hospital delays in ambulance handover for Welsh Ambulance Service Trust (WAST) ambulance crews, 2,509 hours lost at the 4 acute Hywel Dda hospital sites during July 2026, a slight improvement in performance from June 2026.
- Notification to Handover within 15 minutes was at 37.03% in July for the 4 acute general hospitals, showing slight improvement over June 2026.
- WASTs financial picture from April 2026 has seen overtime reduced, resulting in decisions about cover to maximise performance, and reductions short notice in Unit Hour Production (UHP) from staff absences.

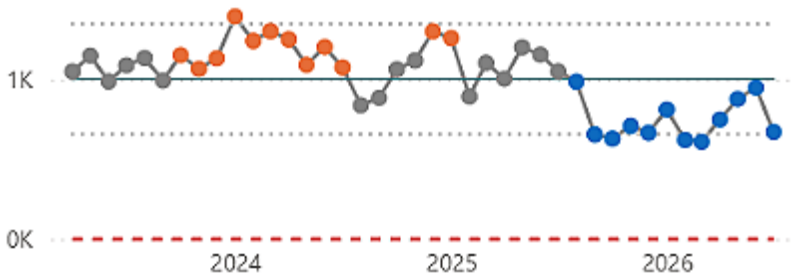
Embedded improvement actions

- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources.
- Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. Consultant connect is being in the process of being updated.
- 111 press 2 assisting WAST clinicians to support the management of mental health patients.
- Porth Preseli and Eastgate clinical streaming hubs staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Pembrokeshire and Carmarthenshire. Improvements being made with uplifting cover as additional APPs complete necessary training.
- WAST resourcing reviews and targeted overtime allocation.
- Wait 45 initiative implemented, which will reduce length of ambulance wait times outside emergency departments, and project group now established with Senior Managers to deliver NHS Performance & Improvement actions. These meetings are now weekly for urgent progress.
- WAST managers joining 10 am Patient Flow call from May 2026 to further support integrated working and collaboration, furthering joint understanding of risk and flow.

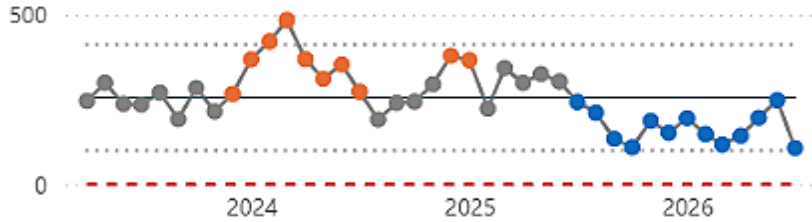
Urgent and Emergency Care – Ambulance and Emergency Departments / Minor Injury Units - Health board wide

(Targeted intervention and Ministerial priority)

Ambulance handovers taking over 45 minutes



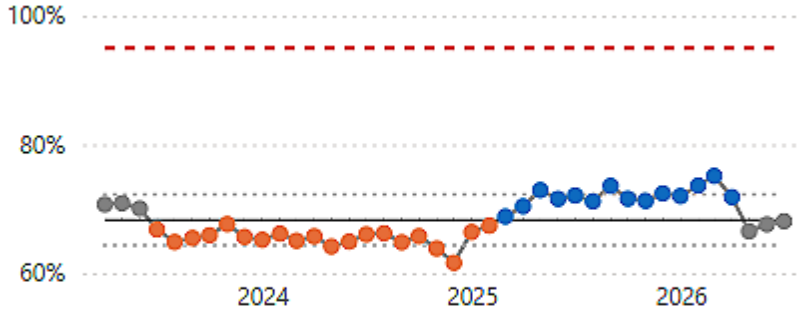
Ambulance handovers taking over 4 hours



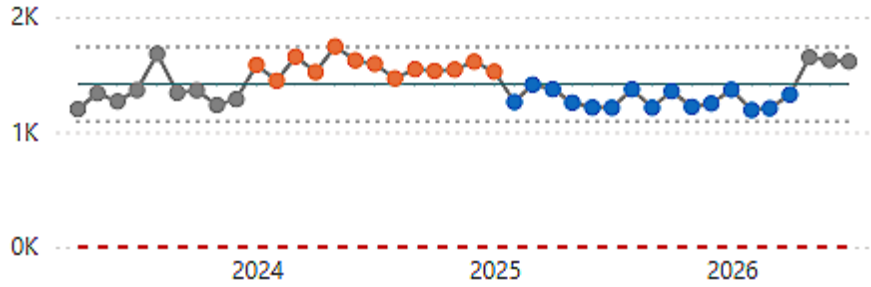
>45 Minutes handovers:
Latest data is showing improving variation, 672 handovers > 45 minutes out of a total of 2,117 handovers.

>4 hours handovers:
Latest data is showing improving variation, 107 handovers > 4 hour out of a total of 2,117, 5%.

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



Patients waiting over 12 hours in A&E/MIU



Waits < 4 hours:
Latest data is showing usual variation and performance has improved marginally to 68.08% of patients were seen within 4 hours. 11,888 out of 17,462 new attendances.

Waits > 12 hours:
Latest data is usual variation and performance has slightly improved. 1,613 patients waited over 12 hours, out of 17,462 new attendances, 9.2%.

Key actions / initiatives – tactical urgent and emergency programme

The Urgent and Emergency Care (UEC) Programme delivery is focused on implementing the national Six Goals through a whole-system approach, including strengthening community-based alternatives (e.g. falls response and prevention services), improving front-door streaming and Same Day Emergency Care (SDEC), and reducing avoidable admissions and delays. Central to this is the development of the Seven-Day Clinical Streaming, SDEC, refreshed 45-minute ambulance handover improvements plan and Hospital@Home business case, which builds on pilot evidence and national guidance to transition services from weekday to 7-day provision. This aims to improve patient flow, enhance outcomes, and align with ministerial priorities by enabling earlier intervention, reducing emergency department demand, and supporting a sustainable 'shift-left' model of care across acute and community pathways. Currently the Go-Live date for Seven-Day Clinical Streaming and Hospital@Home is October 2026, and a 7-day SDEC service at WGH being November 2026.

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

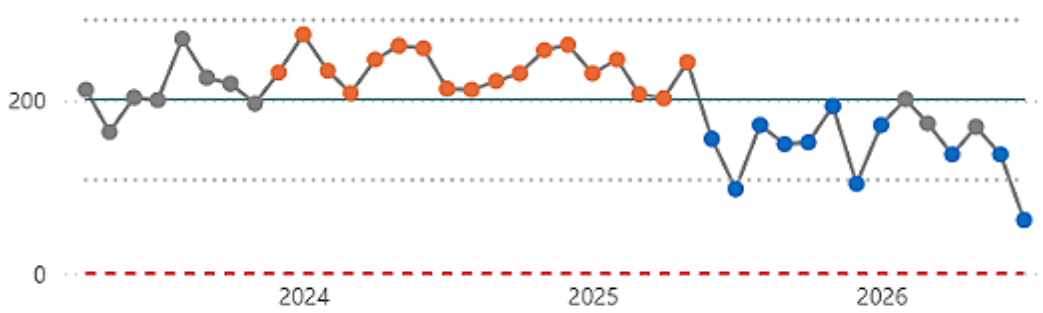
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances – Bronglais Hospital

(Targeted intervention and Ministerial priority)

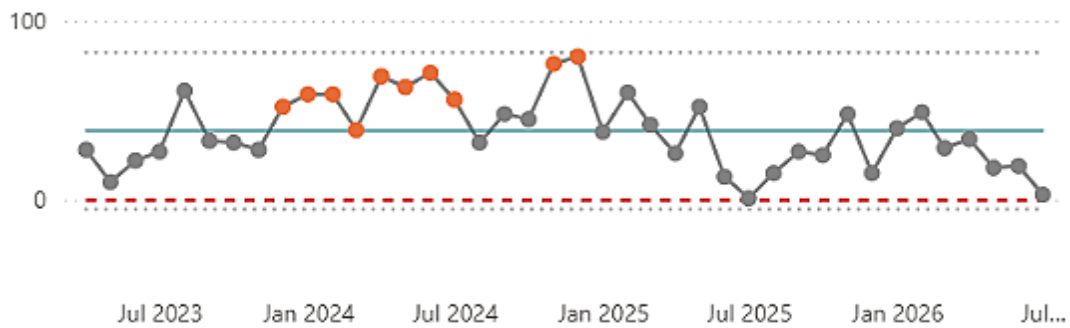
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 62 handovers >45 minutes reported out of a total of 362 handovers, 17%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 3 handovers >4 hours was reported out of 362 total handovers 0.8%.

Key challenges / issues

- Emergency Department (ED) crowding leading to a lack of available clinical space.
- High patient acuity and complexity requiring longer assessment times before handover. Extreme Heat events have contributed to increased acuity and has triggered peaks in demand
- Insufficient inpatient bed capacity causing delays in patient flow through the hospital.
- Delayed discharges creating bottlenecks and reducing ED capacity. High levels of clinically optimised patients occupying inpatient beds impacting timely transfers to wards. Delayed transfers of care affecting patient flow - downstream capacity.
- Surges in patient demand (winter pressures, seasonal illnesses, major incidents) causing greater demand than capacity.
- Ambulances arriving in batches of 3 or 4 within a short space of time causes delays.
- Accurately reporting handover times is often a challenge. Requirement of dual pin to ensure handover times are recorded appropriately.
- Limited community capacity and social care packages.
- Sustained emergency demand above available capacity.
- Increase in infection across ward areas resulting in closed beds.
- Limited surge bed capacity across the Acute site.
- Ongoing dual pin challenges with ambulance sign off screen

Key actions / initiatives

	Due date
• Band 8 Senior Nurse Manager appointed and onboarding	01/08/26
• Reconfiguration of the Emergency Department footprint to enhance flow throughout the department – multi disciplinary team (MDT) approach to design.	31/09/26
• ED module for Miya patient flow being introduced	31/10/26
• Close integration with WAST to identify early improvement opportunities and accelerated delivery	31/08/26

Embedded improvement actions

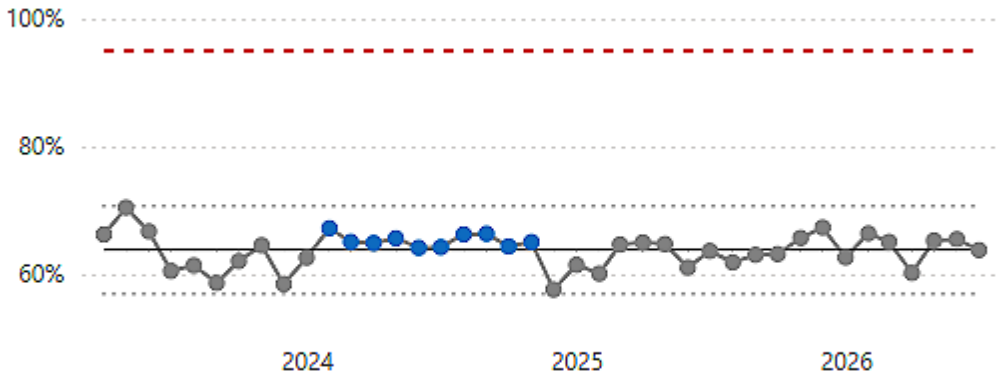
- Increased consultant oversight following appointment of second consultant.
- Enhanced senior ED Navigator oversight through senior sisters.
- Site-wide ward manager meetings with ED Navigators.
- Shared ownership of 45-minute handover performance across Ceredigion Integrated System.
- Senior medical roster review to support decision-making.
- Daily review of clinically optimised patients.
- Real-time senior escalation of ambulance handover performance.
- Enhanced senior clinical decision-making at the front door.
- Newly established weekly MDT touchpoint meeting to review ambulance handover performance, monitor improvement actions, and identify further change ideas, chaired by Assistant General Manager.

Urgent and Emergency Care – Emergency Departments – Bronglais Hospital

(Targeted intervention and Ministerial priority)

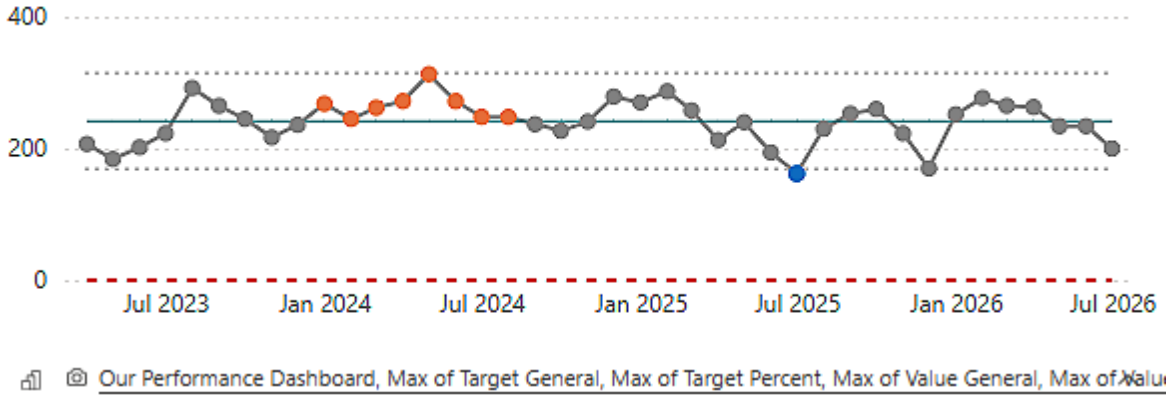
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



63.8% latest data, 1,032 breaches out of 2,850 new attendances. Chart is showing usual variation.

Patients waiting over 12 hours in A&E/MIU



200 breaches out of 2,850 new attendances, 7%. The chart is showing usual variation.

Key challenges / issues

- Physical space limitations within the Emergency Department footprint including limited assessment and trolley spaces to absorb ambulance arrivals during peak times leading to overcrowding and corridor usage.
- Limited senior medical workforce across the Ceredigion Acute & Community System can lead to delays in initial assessment, diagnostics and treatment.
- High bed occupancy on wards leading to long lengths of stay and delays in transfers to wards.
- Limited community capacity and social care packages.
- Sustained emergency demand above available capacity.
- Delayed transfers of care affecting patient flow - downstream capacity.
- Increase in infection across ward areas resulting in closed beds.
- Limited surge bed capacity across the Acute site.

Key actions / initiatives

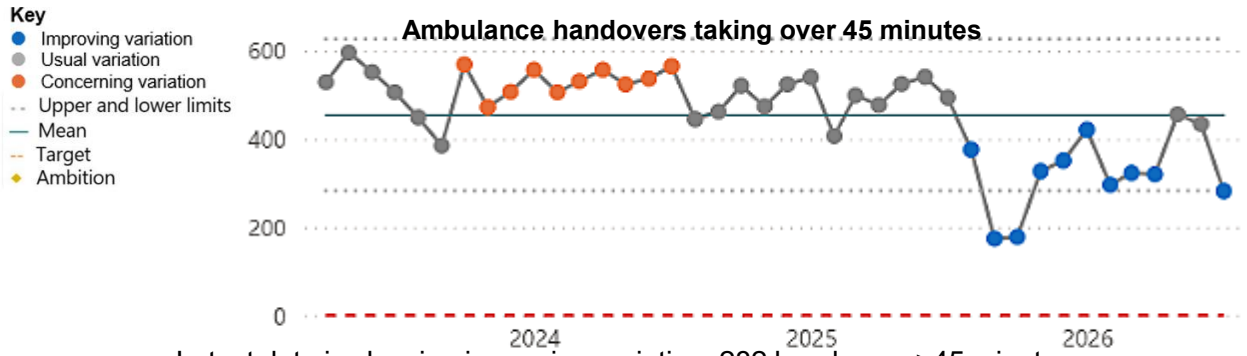
Key actions / initiatives	Due date
• Reconfiguration of the Emergency Department footprint to enhance flow throughout the department - MDT approach to design	31/09/26
• Review of clinical pathways across the Ceredigion Acute & Community System	31/09/26
• Quality Improvement Projects to be initiated across the Emergency Department led by the senior sister team.	01/11/26
• Focussed daily scrutiny on prevention and reduction of 12 hour breaches	31/08/26

Embedded improvement actions

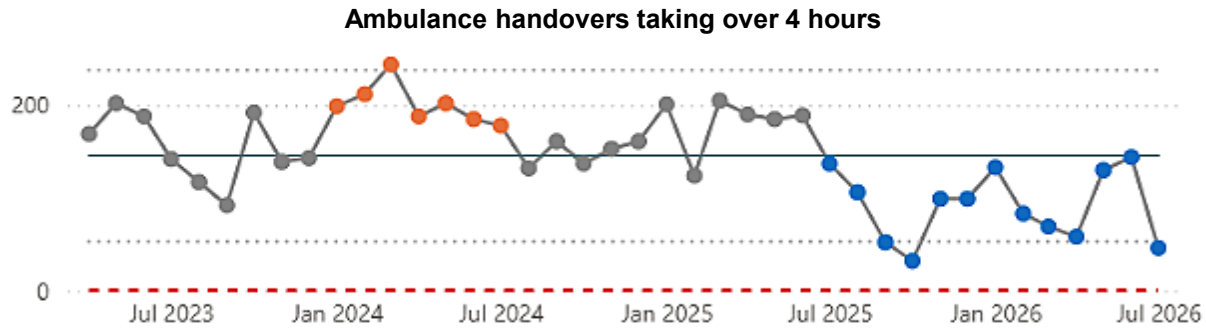
- Successful recruitment of Senior Nurse Manager for the Emergency Department. Start date awaited.
- Increased scrutiny on patients in non clinical areas.
- Review of Your Next Patient
- Daily review of all patients at risk of breaching 12 hours
- Daily review of all clinically optimised patients
- Focus on earlier in the day discharges
- Escalation of delayed pathway of care patients
- Strengthened partnership working with Local Authority to minimise delays in discharge

Urgent and Emergency Care – Ambulances – Glangwili Hospital

(Targeted intervention and Ministerial priority)



Latest data is showing improving variation. 282 handovers >45 minutes reported out of a total of 805 handovers, 35%.



Latest data is showing improving variation. 46 handovers >4 hours reported out of a total of 805 handovers, 5.7%.

Key challenges / issues

- Although performance has improved, 35% of ambulance handovers (282 of 805) still exceeded 45 minutes, indicating ongoing pressure within patient flow and emergency care pathways.
- Recent improvement needs to be sustained and embedded, as performance remains vulnerable to fluctuations in demand, workforce availability, and bed capacity.
- Delays in discharging medically optimised patients continue to impact inpatient capacity, contributing to ED crowding and longer ambulance handover times.
- Periods of high demand and surge activity can quickly reverse gains, particularly where escalation capacity is limited.
- Continued focus is required on whole-system patient flow, timely admissions, discharges, and effective use of escalation processes to further reduce prolonged handovers.
- Maintaining engagement across acute, community, and partner services remains essential to support continued improvement and reduce variation.

Key actions / initiatives

Key actions / initiatives	Due date
• Continued emphasis on maintaining effective escalation processes, optimising bed utilisation and ensuring available capacity is aligned to periods of peak demand.	31/8/26
• Use of data and statistical process control (SPC) methodology to monitor performance trends, understand variation and support evidence-based operational decision making	31/8/26
• Strengthened focus on whole-system patient flow, including proactive discharge planning, earlier discharge activity and reduction of delays for medically optimised patients.	31/8/26
• Review of ambulance handover performance through operational and executive governance arrangements, with actions tracked and monitored to completion.	30/9/26
• To develop a robust repatriation policy, to return patient back to their local hospitals once the specialist care has ended.	30/9/26
• Approve “Red Line” standard operating procedures in the ED. This is where we can not safely board or surge patients into hospital space/wards.	21/08/26
• Enhance operational oversight and scrutiny of handover delays and breaches, including drawing of themes and trends for learning and opportunities for improvement.	31/12/26
• Continue and strengthen system-wide collaboration with WAST and community partners (including social services) to improve patient flow and reduce ambulance waiting times.	31/12/26

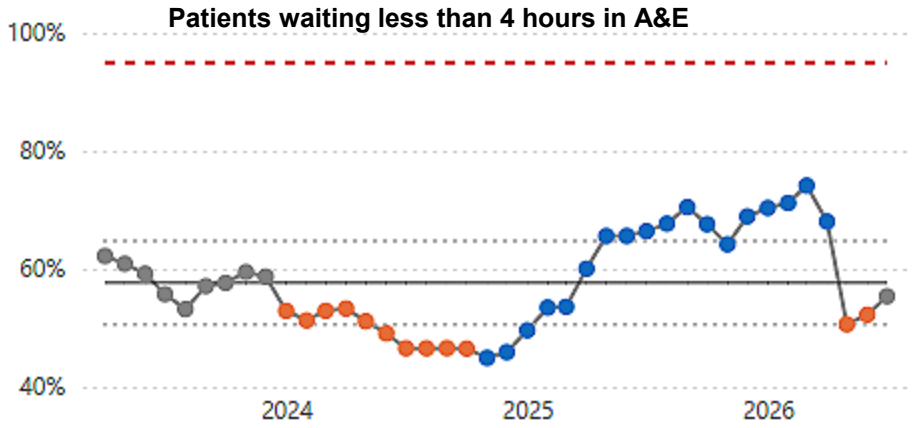
Embedded improvement actions

- Continue to monitoring early discharges and the utilisation of the discharge lounge.
- Out of area patient cohort being monitored twice weekly. This enables specialty patient pathways to be managed.
- Clinically optimised patients are reviewed through a structured senior nurse team.
- Escalation process embedded regarding any delay in patent care or patient care pathways delays.
- Same Day Emergency Care (SDEC) team actively "pull" from ED.
- Daily Site Flow Coordination. Site flow calls are embedded to provide real-time oversight of capacity, patient movement, and escalation requirements, ensuring timely decision-making and prioritisation of transfers

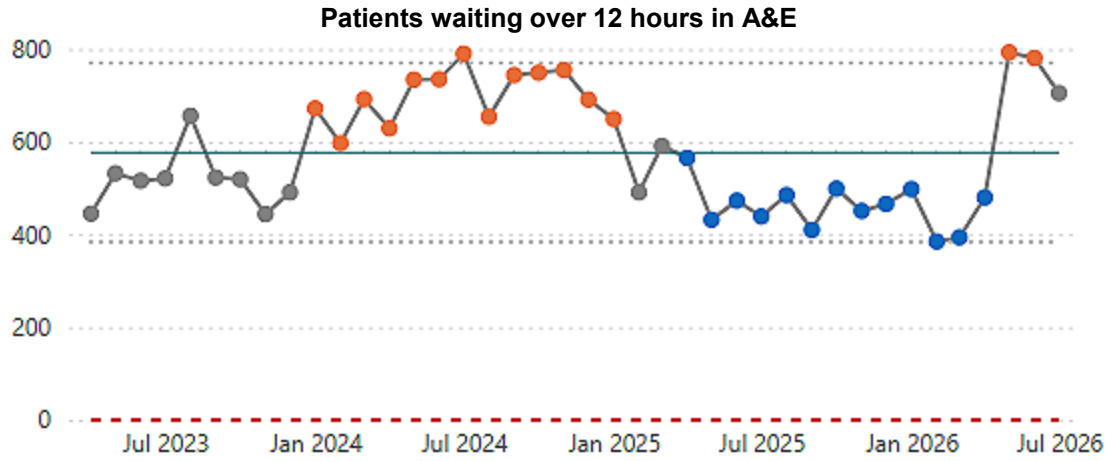
Urgent and Emergency Care – Emergency Departments – Glangwili Hospital

(Targeted intervention and Ministerial priority)

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



55.4% reported for July, 2,350 breaches out of 5,266 new attendances. Chart is showing usual variation.



705 breaches out of 5,266 new attendances, 13.4%. The chart is showing usual variation.

Key challenges / issues

- There was a sharp increase to the number of patients waiting over 12 hours in May 2026. Whilst delays have been stemmed, patient numbers remain high
- Persistent patient flow constraints across the urgent and emergency care pathway continue to impact both 4-hour performance and 12-hour waits.
- Delays in discharge and limited availability of inpatient beds reduce the ability to move patients through the hospital efficiently, contributing to crowding within the Emergency Department.
- Periods of high demand and increased patient acuity place sustained pressure on assessment, treatment and admission processes.
- Workforce pressures, including staffing availability and recruitment challenges, has affect capacity across the pathway.
- Continued levels of ambulatory and admitted patient backlog within the department contribute to longer waits and an increased risk of breaches.
- Despite recent fluctuations, both measures remain significantly below desired performance levels, indicating that system-wide improvement is required rather than isolated operational interventions.

Key actions / initiatives

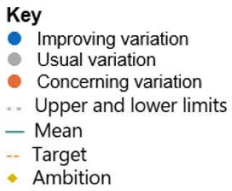
Key actions / initiatives	Due date
• Maintaining focus on discharge planning, escalation management, same-day emergency care, and timely access to specialty beds will be essential to improving patient flow and reducing both 4-hour and 12-hour breaches	30/10/26
• To develop a robust repatriation policy, to return patient back to their local hospitals once the specialist care has ended	30/10/26
• Strengthening Community Pathways. Continued collaboration with the community teams to identify patients suitable for community-based care, enabling earlier discharge and reducing inpatient demand	30/11/26
• Enhance operational oversight and scrutiny of 12-hour delays and breaches in ED, including drawing of themes and trends for learning and opportunities for improvement.	31/12/26

Embedded improvement actions

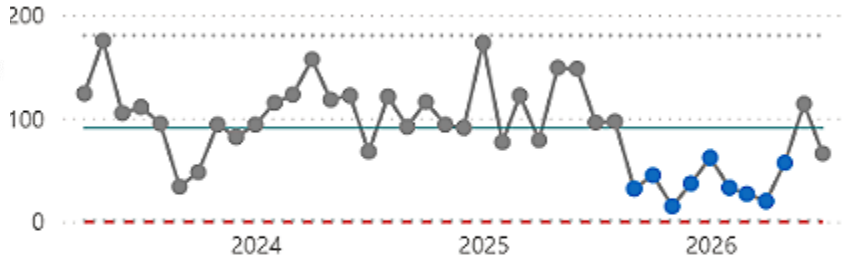
- Continue to monitoring early discharges and the utilisation of the discharge lounge.
- Out of area patient cohort being monitored twice weekly. This enables specialty patient pathways to be managed .
- Clinically optimised patients are reviewed through a structured senior nurse team.
- Escalation process embedded regarding any delay in patent care or patient care pathways delays.
- SDEC team actively "pull" from ED.

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Targeted intervention and Ministerial priority)

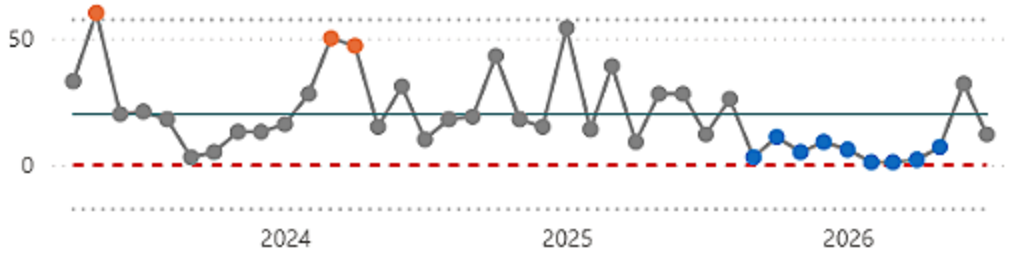


Ambulance handovers taking over 45 minutes



Latest data is showing usual variation. 66 handovers >45 minutes reported out of a total of 256 handovers, 25.8%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 12 handovers >4 hours reported out of a total of 256 handovers, 4.7%.

Key challenges / issues

- Key challenges continue to relate to sustained levels of demand, high bed occupancy levels, delayed discharges and workforce pressures. These factors impact bed availability and patient flow across the site, contributing to pressure within the department and assessment areas. Additional challenges include delays associated with complex discharge arrangements, patients accommodated within surge bed areas and maintaining ambulance handover performance during periods of peak demand.
- Demand was exceptionally high during the July month of operational activity at Prince Philip Hospital, resulting in delays. This affected patients through longer waiting times for assessment, treatment and discharge, prolonged stays within the department, and a less timely patient experience overall impact on handover times.
- Adopting boarding system " Our next patient" at the point of admission. Patient boarding is the temporary placement of a patient on a ward that may not be the most clinically appropriate specialty ward when there is insufficient bed capacity in the preferred location. When this capacity is full, it can impact ambulance hand overtime. The boarding process should be supported by clear governance, clinical oversight, and regular review to ensure patient safety and timely transfer to the appropriate specialty ward where possible
- We have continued to handover patients within 45-minute for the majority of our patients, enabling timely transfer of patients from ambulance crews. However, this has increased pressure internally across ward areas, requiring the use of surge capacity to maintain flow.
- Infection Prevention and Control (IPC) issues continued throughout the summer months, requiring the closure of several ward bays, and clinical areas requiring more frequent deep cleans, impacting bed turnaround times. This resulted in several beds being unavailable for use, reducing overall capacity and creating additional pressure on patient flow, admissions and timely placement of patients. However, we are starting to see a reduction in those numbers which is resulting in improved flow.

Key actions / initiatives

Key actions / initiatives	Due date
We mitigate the IPC challenges through regular testing and rapid swabbing of suspected cases. Patients are isolated where appropriate to minimise the risk of transmission and protect bed capacity.	31/08/26

Embedded improvement actions

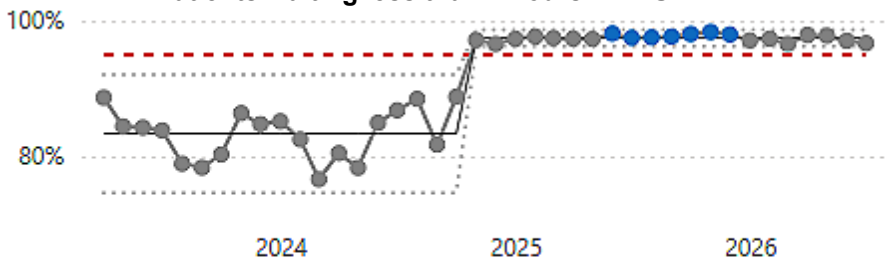
- **Ambulance handovers:** Ambulance handovers: Continue focus on the 45-minute ambulance handover target through close operational oversight, real-time monitoring, and clear escalation processes. The Patient Flow Unit coordinates capacity and demand across sites, enabling earlier identification of pressures, faster decision-making, and timely actions to maintain patient flow and minimise delays.
- **MIU to AMAU transfers:** Medical patients in Minor Injury Unit MIU are prioritised for transfer to AMAU following Registrar referral, ensuring they receive care in the most appropriate setting. Patients are reviewed daily and tracked until transfer. Barriers are escalated promptly, helping improve patient flow, reduce MIU congestion, and protect capacity for urgent injury care.
- **Our Next Patient process:** Multidisciplinary teams actively identify and prepare the next patient for assessment, transfer, admission, or discharge. The 'Our Next Patient' boarding protocol supports early movement into available areas, reducing delays and creating capacity. Escalations are managed through patient flow meetings and the Manager of the Day process to support timely patient placement.

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital

(Targeted intervention and Ministerial priority)

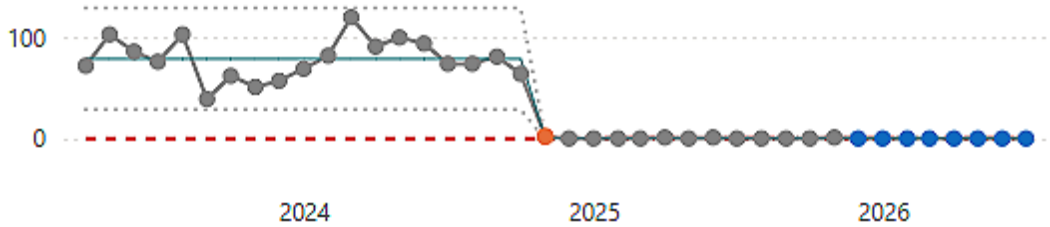
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



96.7% reported for July, 95 breaches out of 2,884 new attendances. Chart is showing usual variation.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,884 new attendances. Chart is showing improving variation.

Key challenges / issues

Key challenges continue to relate to sustained levels of demand, high bed occupancy levels, delayed discharges and workforce pressures. These factors impact bed availability and patient flow across the site, contributing to pressure within the department and assessment areas. Additional challenges include delays associated with complex discharge arrangements, patients accommodated within surge bed areas and maintaining ambulance handover performance during periods of peak demand.
Demand was exceptionally high during the July month of operational activity at Prince Philip Hospital, resulting in delays. This affected patients through longer waiting times for assessment, treatment and discharge, prolonged stays within the department, and a less timely patient experience overall impact on handover times.

Key actions / initiatives

Key actions / initiatives	Due date
Progress the Urgent Care Centre (UCC) task-and-finish workstreams to develop a sustainable operating model, workforce plan and integrated approach across MIU and SDEC services. Work has continued to focus on the design of future patient pathways, clinical streaming processes, governance arrangements and workforce requirements to ensure the model is responsive to local demand. Collaborative working between teams has strengthened service integration, identified opportunities for role development and skill-mix optimisation, and supported the establishment of a more flexible workforce capable of meeting the needs of the future urgent care system. Recruitment to support the emerging UCC model is progressing well, with three Advanced Nurse Practitioners (ANPs) now in post within the MIU and additional reception staff recruited to strengthen administrative support.	30/11/26

Embedded improvement actions

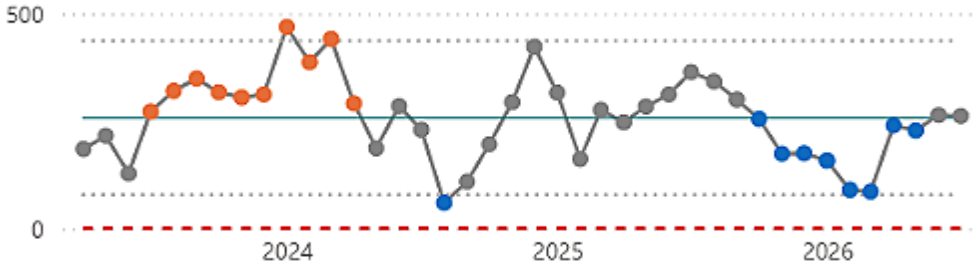
- Daily monitoring of patient presentation types through morning flow meetings has improved operational oversight and supported proactive service planning. Consistent application of the redirection policy has improved patient flow by directing suitable patients to alternative care pathways, reducing unnecessary demand within the department and ensuring clinical resources remain focused on patients requiring urgent and emergency care. This has supported shorter waiting times, improved patient throughput, and better overall departmental performance.
- The reduction in patients presenting with major conditions is likely to have been influenced by a combination of factors, including strengthened community and primary care services, the use of alternative care pathways, improved ambulance triage and streaming processes, and increased utilisation of Same Day Emergency Care (SDEC) services. These initiatives supported patients to receive care in the most appropriate setting, reducing unnecessary attendance and admission whilst ensuring patients with higher-acuity needs continued to access timely hospital care
- Expand General Medicine Hot Clinic capacity through job planning arrangements where clinically and operationally feasible. Consultant-led Hot Clinics have improved patient flow by facilitating early specialist review, supporting safe discharge, reducing admissions, and minimising unnecessary follow-up appointments, thereby releasing capacity within the acute pathway
- Strengthen collaboration with community health, social care and discharge teams to reduce the number of medically optimised patients awaiting discharge and improve patient flow.
- The development of the UCC model is expected to enhance patient flow by reducing unnecessary attendance within acute hospital pathways, increasing the use of ambulatory and same-day care services, and ensuring patients receive care in the most appropriate setting at the earliest opportunity. This work will support improved patient experience, more efficient use of clinical resources, and increased capacity to manage future demand across urgent and emergency care services. Continue weekly task-and-finish group meetings to develop the future UCC operating model.

Urgent and Emergency Care – Ambulances – Withybush Hospital

(Targeted intervention and Ministerial priority)

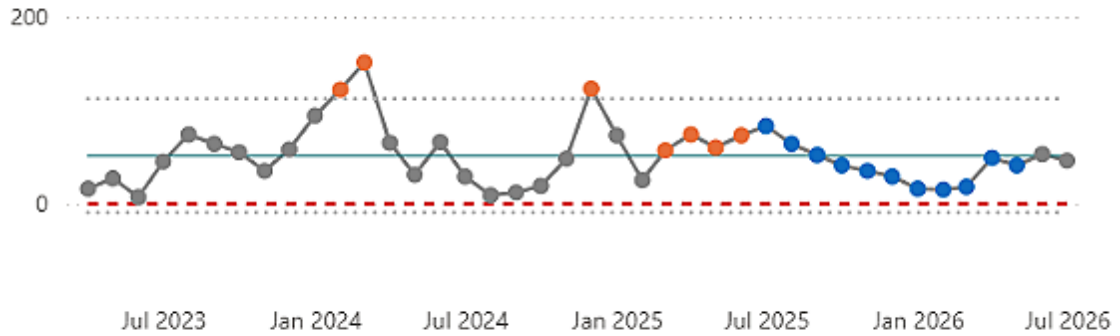
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing usual variation. 262 handovers >45 minutes reported out of a total of 694 handovers, 37.8%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 46 handovers >4 hours reported out of a total of 694 handovers, 6.6%.

Key challenges / issues

- Increased ambulance conveyances received month on month from April 2026.
- Increased overall attendances to ED since the start of the Financial Year 26-27 has also presented a direct challenge to Withybush Hospital's (WGH) ability to support a timely ambulance handover, with increased pressure for treatment space in ED (April 2026 3,872; May 2026 4,099; June 2026 3,958) - compared to 3,733 in March 2026.
- Whole system challenges during July 2026, with restricted system patient flow and increased demand negatively impacting on ambulance handover performance.
- Clinical streaming hub shifts are not always filled, so daily support coverage is not consistent by Advanced Paramedic Practitioner Navigator.

Key actions / initiatives	Due date
• Instigation of ambulance changeover/handover rooms in WGH Emergency Department w/c 22nd June 2026 – supporting WAST with dedicated space for handover of patients at end of shift for ambulance crews	Ongoing trial 31/08/26
• Coordinate with WAST regarding Advanced Paramedic Practitioner Navigator support in our Clinical Streaming Hub (daily presence required)	30/09/26
• Reinforce ring-fenced capacity protocols in Emergency Department	30/09/26

Embedded improvement actions

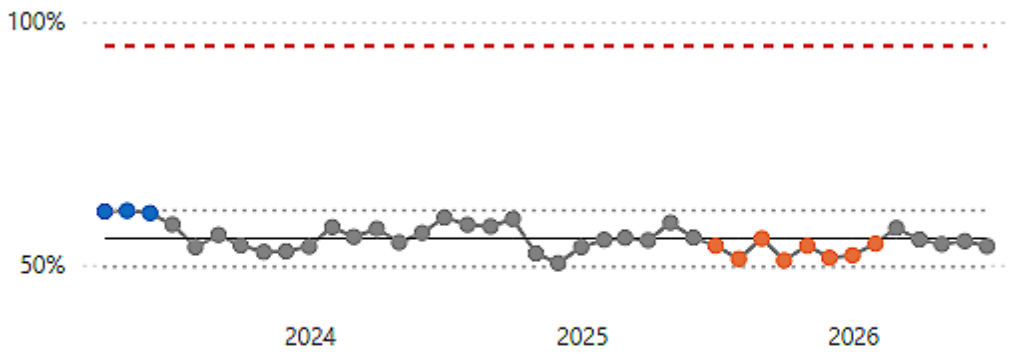
- MIYA flow process (digital bed management)
- Dedicated Band 6 nurse allocated to Rapid Assessment Triage/Pitstop to lead on ambulance handover coordination

Urgent and Emergency Care – Emergency Departments – Withybush Hospital

(Targeted intervention and Ministerial priority)

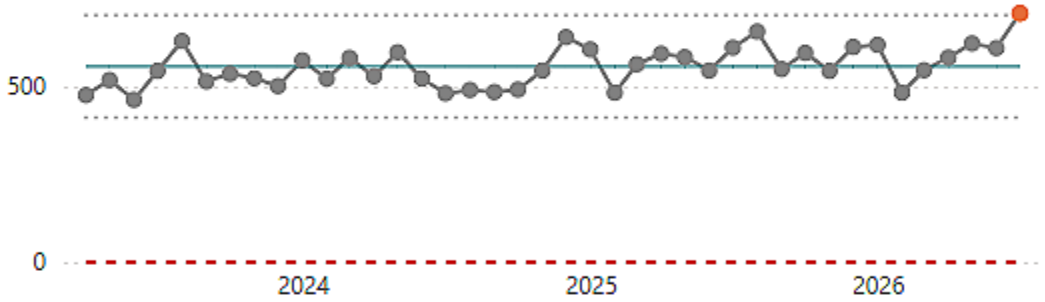
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



53.% reported for July, 2,070 breaches out of 4,481 new attendances. Chart is showing usual variation.

Patients waiting over 12 hours in A&E



708 breaches out of 4,481 new attendances, 15.8%. Chart is showing concerning variation.

Key challenges / issues

- Increased overall attendances to ED since the start of the Financial Year 26-27 has also presented a direct challenge to WGH's ability to support a timely handover, with increased pressure for treatment space in ED (April 2026 3,872; May 2026 4,099; June 2026 3,958) - compared to 3,733 in March 2026.
- Whole system challenges in relation to demand and capacity in Pembrokeshire during July 2026, with restricted system patient flow and increased demand negatively impacting on 4hrs% and patients waiting over 12 hours in ED.
- Additional challenges seen with Mental Health presentations and delays with Mental Health pathways i.e. inpatient bed availability.

Key actions / initiatives

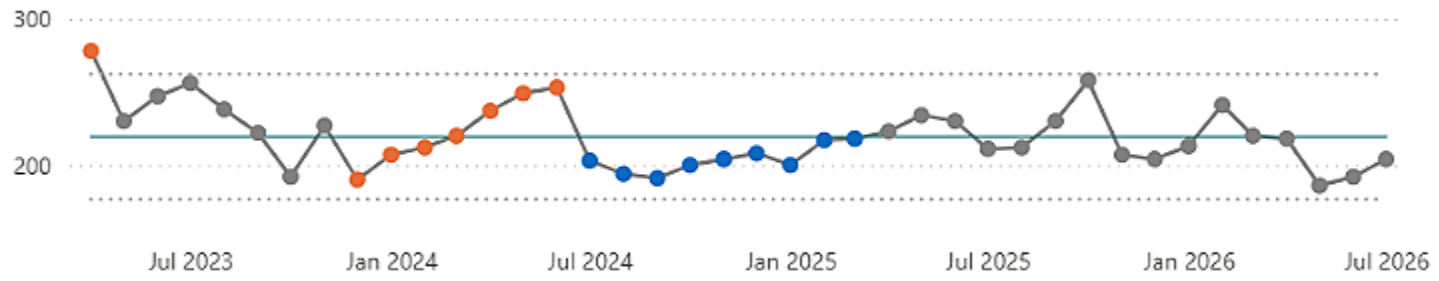
Key actions / initiatives	Due date
• Expand Medical Same Day Emergency Care unit to 12 hours/7 days model	30/11/26
• Deploy senior decision maker role to at front door alongside frailty rapid assessment model	31/12/26
• Drive average patient length of stay (LOS) reduction targeting 0 cases over 50 days LOS – improve flow and admitting capacity	31/01/27

Embedded improvement actions

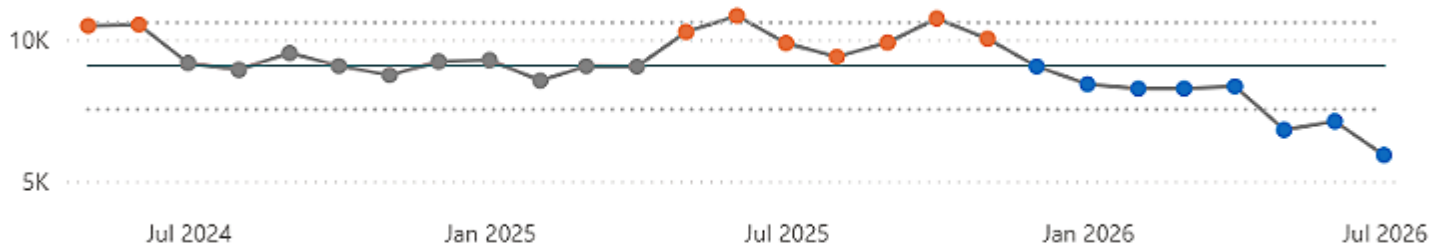
- MIYA flow process
- Direct referrals from WAST into Clinical Streaming Hub, Medical Same Day Emergency Care & Frailty
- Coordinator role in place supporting 4hr% management and correct coding
- Acute medicine and specialty in-reach into ED
- Proactive Frailty Screening and pull through to Frailty SDEC from ED

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

Total number of pathways of care delayed discharges (non-MH + MH & LD)



Total days delayed for Pathways of Care delayed discharges (non-MH + MH & LD)



- Number of pathway of care delays as at 15th July 2026 census was 204 patients, and the chart shows usual variation.
- The total days delayed for non-mental health decreased in July to 5,401 days from 6,419 in June. Mental health and learning disability delays decreased in July to 518 from 693 in June.
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patients delayed in one of our hospitals, regardless of their area of residence i.e. will include patients living outside of Carmarthenshire, Ceredigion and Pembrokeshire.

Top 10 delay reasons for census count patients (non-MH + MH & LD)

Delay Reason	Carmarthenshire	Ceredigion	Pembrokeshire	Out of Area	Total Patient Count	Total days delayed	Average days delayed
Awaiting start of new community care package funded by social care	18	3	4	3	28	851	30
Awaiting completion of assessment by social care	24	4	5	0	33	808	24
Awaiting reablement community care package	23	2	2	0	27	415	15
Identifying Residential Home	3	1	1	0	5	349	70
Home unsafe and requires attention	3	0	0	1	4	317	79
Awaiting Continuing Healthcare (CHC) Assessment	0	2	4	1	7	313	45
Identifying Dementia residential home	2	1	0	0	3	305	102
Awaiting NH availability	2	3	0	0	5	255	51
Awaiting completion of assessment Nursing	3	1	6	0	10	237	24
Awaiting completion of AHP Allied Health Professional Assessment	5	1	4	0	10	213	21
Other	40	15	16	1	72	1856	26
Totals	**123**	**33**	**42**	**6**	**204**	**5,919**	**29**

Key challenges / issues	Key actions / initiatives	Due date
Non Mental Health: Ongoing wider acute and community system pressures and ambulance handover improvements increasing patient surges and ward boarding. • Staffing shortages, sickness, recruitment issues and maternity leave impacting discharge planning and POCD. Especially within the Carmarthenshire reablement service. • High levels of acuity and frailty across acute and community, patients/family and carers expectations driving the need for nursing, joint and continuing healthcare assessments, as well as social care assessments. • In hospital deconditioning and limited rehabilitation capacity due to the allied health professional (AHP)/ therapy staffing position causing delays to assessments, reablement and discharge care packages. • Housing, homelessness and care home capacity challenges delaying onward placement and discharge. **Mental Health & Learning Difficulties:** Delays reduced from 11 to 10, with performance affected by external capacity pressures (placement availability, housing, funding and social care provision). Current performance reflects system-wide capacity pressures rather than internal process failure. • POCD remains low at 10, reflecting a small number of complex discharge cases. • Older Adult Mental Health (OAMH) accounts for 8 of 10 delays, mainly due to limited specialist placement availability. • One case exceeds 180 days and another 100 days, highlighting complex placement challenges. • Placement, housing, funding and care package issues remain the main causes of discharge delays	**Non Mental Health:** Regional POCD Action plan updated with 5 key actions to progress based on the current system challenges. • Memorandum of Understanding developed between health and local authorities (LA) to support POCD and discharge planning (awaiting sign-off from Carmarthenshire LA). • Deconditioning Early Warning Indicator (DEWI) tool being rolled out across all acute and community wards, in addition to other preventing deconditioning initiatives. • Health Board Working Group established to focus on Rehabilitation pathways/ levels • Focussed improvement plan being developed to support flow in Glangwili Hospital • Working with AHP leads to develop a prioritisation and escalation tool **Mental Health & Learning Difficulties:** Targeted scrutiny of Enlli Ward >100-day POCD and continued improvement plan to strengthen clinical governance process with standardisation across OAMH wards - Senior Clinical Leadership Team. • System-level engagement with LAs and independent sector providers to address residential, nursing and Elderly Mentally Infirm (EMI) dementia placement opportunities and social care to expedite community care packages - clinical leads. • Focused management of Adult Mental Health (AMH) housing-related delays continues, including strengthened multi-agency liaison with LA housing services - clinical leads. • Continued scrutiny of best-interest decision timelines to ensure proportionality, timeliness and alignment with clinical optimisation. • Focused review of AMH homelessness-related delays continues, with strengthened multi-agency liaison involving LA housing services and policing partners. A multi-agency workshop remains in development to reduce recurrence of POCD associated with non-clinical discharge barriers for AMH inpatients - AMH Head of Service / LA Housing / Police.	31/08/26 31/08/26 31/08/26 31/10/26 31/10/26 31/10/26 31/10/26 30/09/26 30/09/26 30/09/26 31/10/26

Embedded improvement actions

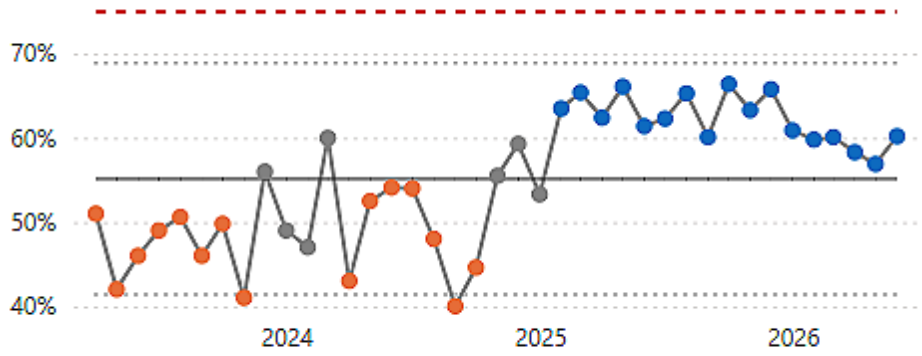
Non Mental Health: Regional West Wales Optimal Flow and Discharge Delivery Group overseeing Optimal Hospital Flow delivery, POCD Action plan and Enhanced Community Care. Acute frailty action group and action plan developed, Deconditioning Oversight Group in place, Trusted Assessor model in mental capacity developed, long stay review meetings in place, increased social worker and reablement capacity from WG funding, strength- based collaborative communication approach being embedded. Electronic Patient Flow system introduced to support flow and discharge planning, working closely with local authority to address issues around housing.

Mental Health & Learning Disabilities: Daily multidisciplinary and multi-agency escalation arrangements embedded across AMH inpatient services, alongside daily QAMH Acute Pathway oversight. Weekly POCD deep-dive and escalation meetings across AMH and OAMH established, supporting senior validation and system escalation. Discharge to Recover and Assess principles embedded, supporting early discharge planning. Dementia Wellbeing stepped-care model established across 20 regional care homes, supporting system flow. Multi-agency working with LA remains embedded, including routine validation of POCD status and shared accountability for delays

Single cancer pathway
(Enhanced monitoring condition and Ministerial priority)

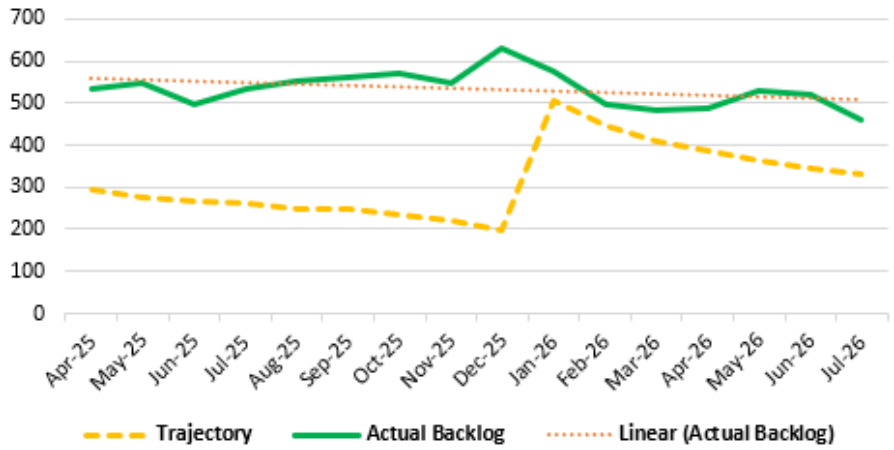
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



In June 2026 performance improved from previous months; 275 patients out of 456 (60.2%) started treatment within 62 days.
It is important to note that not all patients waiting will have a confirmed cancer diagnosis.

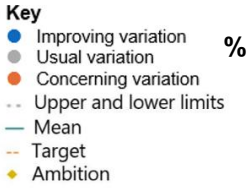
Number of single cancer pathway patients waiting over 62 days



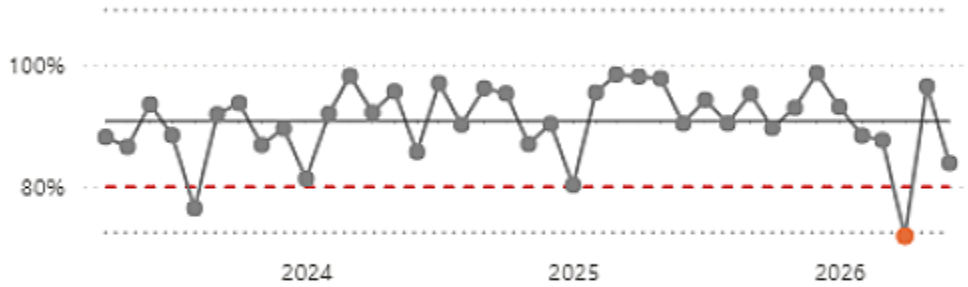
In July 2026, 458 patients were waiting over 62 days on the single cancer pathway, the trajectory has been significantly missed for the last 3 months.

Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway Activity in June 2026 increased for patients on the single cancer pathway by 3.3% as a result of recovery actions within radiology, pathology and urology.	• Outsourcing MRI for prostate patients started in November 2025, extended for Q1 2026/27. Equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed. • £168k committed via recovery money for Urology Diagnostics for Q2 • Residual recovery funds allocated for Pathology turnaround for Q2	30/09/26 30/09/26 30/09/26
Backlog and Diagnostics July 2026 backlog pathways for patients were predominantly in Urology (214), Gynaecology (64) and Lower Gastrointestinal (49).	• Piloting the use of the Galeas Bladder test was extended to the end of July 2026 and is currently being reviewed. • Outsourcing CT scans equates to 260 scans per month with a 7-day reporting turnaround, extended to end of August 2026	30/09/26 31/08/26
The Planned Care Delivery & Sustainability Plan 2026/27 submitted to Welsh Government on the 31/07/26, requests in-year recovery funding of £15,497,081 part of which seeks to address 7- day turnaround for Radiology and Pathology single cancer pathway diagnostics.	• As concerns remain regarding resourcing of diagnostic recovery actions beyond Q1, a further deep dive review of single cancer pathway performance is being progressed during August 2026. This will inform any further mitigating actions, investment requirements, or service redesign needed to maintain recovery trajectories and achieve national performance expectations	31/08/26

Mental health assessments within 28 days
(Enhanced monitoring condition)

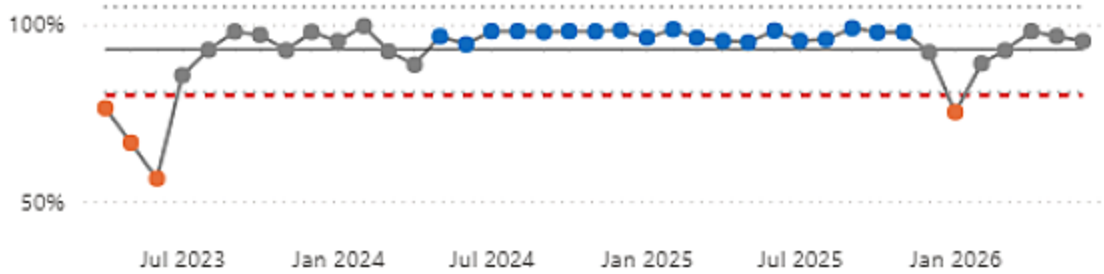


% mental health assessments undertaken within 28 days (persons aged 0-17)



Latest performance of 83.9% is showing usual variation and the target of 80% was met.

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



Latest performance of 95.3% is showing usual variation and the target of 80% was met.

Key challenges / issues

% mental health assessments undertaken within 28 days (persons aged 0-17):
62 assessments were carried out in June, a decrease of 27.1% from May. Performance has continued to exceed target with no anticipated issues.

% mental health assessments undertaken within 28 days (persons aged 18+):
Performance remains high and the service continues to monitor assessment times which can impact on compliance with the target. Two teams are experiencing high volumes of sickness which could impact on compliance over the next month or two.

Key actions / initiatives

Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons aged 0-17): Enabling Quality Improvement in Practice (EQIiP) 'demonstrator project' to move to a more preventative and responsive 'One at a Time' approach as part of implementation of Welsh Government Mental Health strategy.	31/03/27

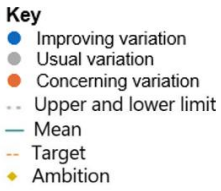
Embedded improvement actions

% mental health assessments undertaken within 28 days (persons aged 0-17):
Strengthen weekly monitoring of capacity and demand, coordinate assessment and intervention resources across localities, and improve the timeliness of follow-up contacts and intervention starts.

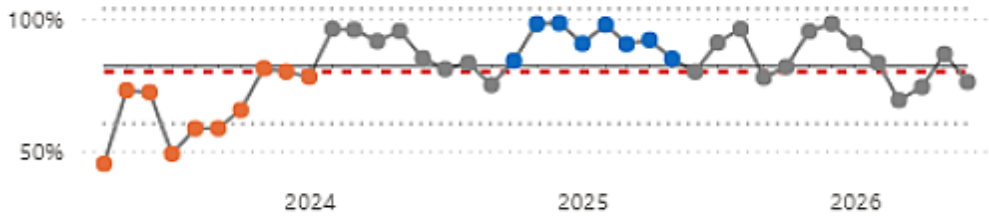
% mental health assessments undertaken within 28 days (persons aged 18+):
All teams are utilising the Primary Care Liaison Service (PCLS) at the point of referral supporting reducing pressure on Local Primary Mental Health Support Services at this point of the patient journey.

Therapeutic interventions following primary mental health assessment

(Enhanced monitoring condition)

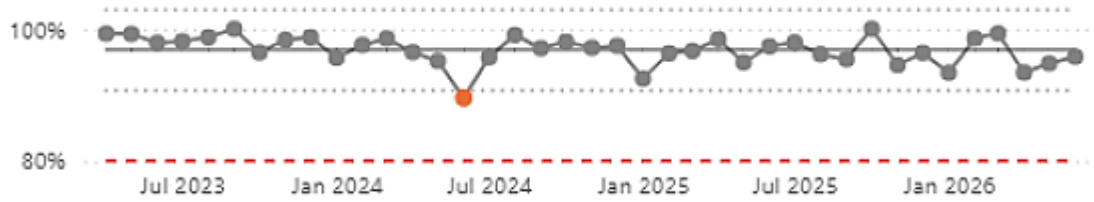


% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)



Latest performance of 76.1% is showing usual variation but the target of 80% was not met.

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



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

Key challenges / issues

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):
Initial therapeutic intervention activity in June showed a 57.8% increase on the previous month, following an increase in assessments in May. However, performance nevertheless fell below target in June due to increased demand before the summer period due to the school exam season, workforce capacity pressures, and appointment delays resulting from family availability and opt-in processes.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Compliance continues to exceed target which reflects the team's hard work. Estates access continues to be challenging across the three counties with limited access to GP practices resulting in the use of private accommodation in some areas. Withdrawal of the SPRING trauma intervention programme due to external factors with the provider is being supplemented with Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) to support this requirement. Staff are accessing training when available and the effects of the withdrawal of SPRING are being monitored across Wales.

Key actions / initiatives

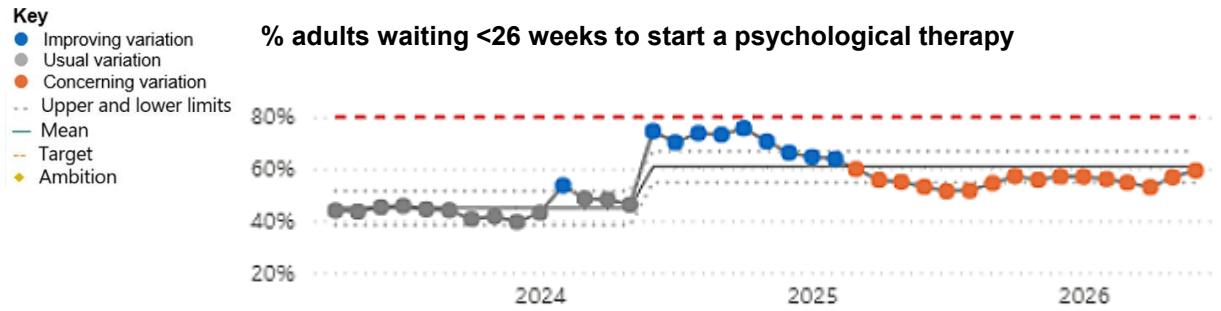
Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): Enabling Quality Improvement in Practice (EQIiP) 'demonstrator project' to move to a more preventative and responsive 'One at a Time' approach as part of implementation of Welsh Government Mental Health strategy.	31/03/27

Embedded improvement actions

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):
Strengthen weekly monitoring of capacity and demand, coordinate assessment and intervention resources across localities, and improve the timeliness of follow-up contacts and intervention starts.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector, SilverCloud digital options and our Primary Care Liaison Service (PCLS) which is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS. A focus on group interventions remains; however, as a service we will be reviewing the current treatment menu to ensure effectiveness in treatment options.

Psychological therapy waits
(Performance framework)



Performance in June of 59.3% shows concerning variation and the target of 80% was not met. The last 2 months' trend would need to be sustained for continued positive improvement.

- 485 out of 816 (59.4%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 6 out of 9 (66.7%) were waiting <26 weeks to start an adult psychology assessment;
- 44 out of 76 (57.9%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues

Integrated Psychological Therapies Service (IPTS):
IPTS has achieved a month-on-month improvement resulting in an overall 9.4% increase in quarter 1. Referral and discharge rates remain broadly balanced, resulting in a steady-state flow that limits referral-to-treatment (RTT) improvement despite significant backlog reduction. Recruitment is progressing, but posts won't be in place until October. Risks remain centred upon Attend Anywhere (AA) to MEDIO digital consultation transition. Despite progress made, however, we anticipate a gap in group delivery which will impact on RTT performance over the next quarter.

Learning disabilities (LDs):
Long-term sickness, maternity leave and vacancies, particularly across Pembrokeshire and Ceredigion, are resulting in service fragility which is covered by other areas of the service as needed. There continues to be high demand for complex Court of Protection (CoP) work which is intensive and resource heavy. We are also seeing increased demands on Psychology and Behaviour specialists (P&Bs) for highly specialist complex assessments requiring therapeutic input, complex behaviour challenging assessments and treatment/intervention which contributed to waits over 26 weeks.

Adult Psychology Mental Health (AMH):
Performance for our 26-week target to start an adult psychology assessment continues to improve month on month and is the highest recorded since April 2021. Our waiting list increased in June from 8 to 9 patients.

Key actions / initiatives

Key actions / initiatives	Due date
IPTS:	
• Several staff members have completed training in Dialectical Behaviour Therapy (DBT) for complex post-traumatic stress disorder (PTSD), to strengthen the service's ability to address the trauma waiting list.	31/08/26
LDs:	
• Develop the Memory Clinic pathway and the Behaviour that Challenges pathway which aim to upskill other colleagues to reduce lower-level demands on P&Bs.	31/08/26
• New post approved in Carmarthen to make up for shortfall in hours out for advert.	31/08/26

Embedded improvement actions

IPTS:

- A number of high-intensity, evidence-based interventions have now been embedded within the service model and are demonstrating positive patient outcomes. The introduction of caps on therapy sessions is contributing to improved capacity management.
- Staff are actively engaged in regular supervision to monitor 1:1 waiting lists, and all therapists have aligned job plans to support increased service capacity wherever feasible.

LDs:

- As part of our organisational change process, we seek to recruit a co-ordinator for CoP cases who can link in with legal services to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. We are offering additional training to all staff within the network around CoP work.
- Developing group therapy work with plan to upskill colleagues to develop skills in therapeutic models to support in delivery. Monthly meetings to develop this are in place.
- We are in discussion with Welsh Government about the separate reporting of therapeutic interventions vs Behaviour that Challenges interventions to give greater transparency and oversight.

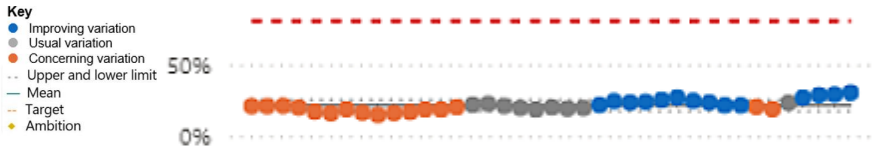
AMH:

- All four clinicians are providing consultations to other services, decreasing referrals to AMH.
- 'Grow Your Workforce' plans are in place.

Neurodevelopmental assessment waits
(Performance framework)

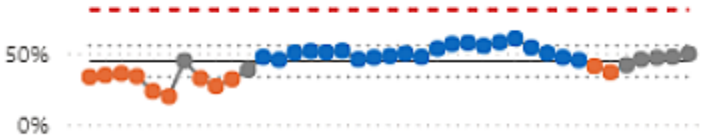
Mental Health

% children & young people waiting < 26 weeks to start a neurodevelopment assessment



% children & young people waiting < 26 weeks: ASD

% children & young people waiting < 26 weeks: ADHD



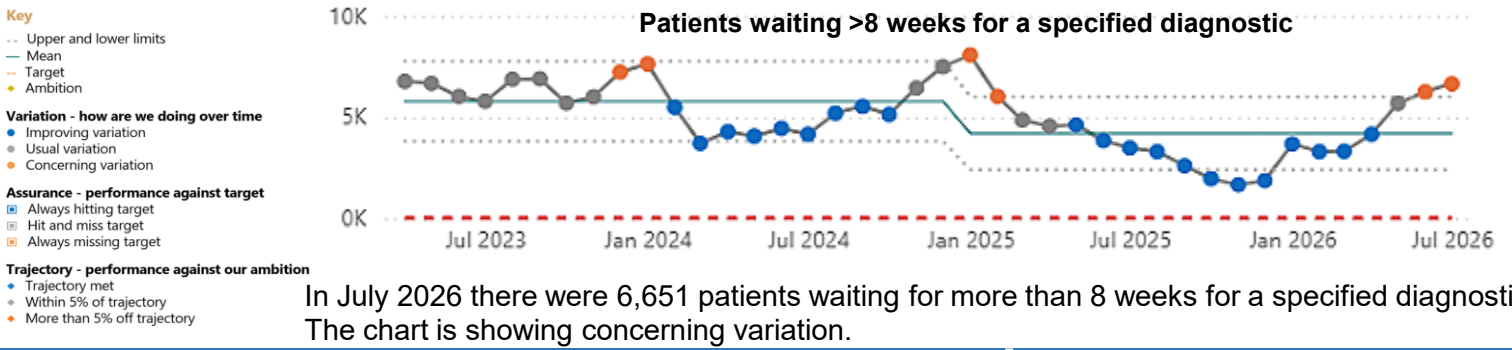
The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in June 2026 of 30.3%, shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 751 of 3,315 (22.7%) patients had an ASD assessment < 26 weeks. 661 out of 1,341 (49.3%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
Attention Deficit Hyperactivity Disorder (ADHD): The longest current wait for an ADHD assessment is 107 weeks, with 433 individuals waiting over 52 weeks. Referrals into the service have increased by 100%, creating significant pressure on the service and a requirement to expand core capacity to meet performance targets. Despite ongoing efforts, demand continues to exceed available provision, even with a fully established medical workforce. Demand for Quantitative Behavioural (QB) testing, a key component of the diagnostic pathway, also exceeds current capacity. In addition, clinic room availability across all sites remains a challenge. Longer-term solutions are being implemented through the Bandi appeal and the proposed reconfiguration of Puffin Ward.	**ADHD:** • Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward; • Expand core capacity by increasing access to QB testing and follow-up appointments. Currently, only one device is available across the counties, with a limited number of Healthcare Support Workers trained in its use. While funding opportunities have been explored, securing investment has been challenging due to the ongoing costs associated with licence fees and per-test charges. Alternative options continue to be explored, including QB Check, as a digital solution with the potential to increase access to QB testing across all sites where clinically appropriate; • Continue to optimise clinic utilisation through flexible management and robust job planning; • Explore use of digital solutions, such as Beam Notes, to support assessments and follow-ups and help reduce clinician administrative time; • Options paper submitted to address capacity and demand issues	31/03/27 31/03/27 31/03/27 31/03/27 31/12/26
Autism Spectrum Disorder (ASD): There are 3,315 children and young people (CYP) awaiting an ASD assessment, 2,564 of whom have been waiting over 26 weeks. Referral rates continue to be high with 145 received in May. We are targeting reduction of longest waits to maintain Welsh Government milestones.	**ASD:** Pathway redesign initiatives continue to be developed and progressed including: • Continued familiarisation of functionality within AI scribe package Beam Notes; • Development of 'Patient Knows Best' demo site to enable electronic communication with CYP and carers alongside release of clinical workforce capacity; • Piloting a clinic proposal with paediatric colleagues to streamline pathway for individuals who may require assessments under both services.	 31/03/27 30/09/26 30/09/26

Embedded improvement actions

ASD:
Improvements in performance are underway through:
- an additional outsourcing contract in place for 300 assessments to be completed by the end of November;
- redesign and awareness raising of Advice Hub provision;
- targeted school cluster clinics planned for the start of the new academic term to increase throughput and offer advice to schools with the highest referral rates;
- progression of digital innovation.

Diagnostics waits over 8 weeks
(Enhanced monitoring condition and Ministerial priority)



In July 2026 there were 6,651 patients waiting for more than 8 weeks for a specified diagnostic. The chart is showing concerning variation.

Diagnostic	Latest period	Latest actual	Variation	Assurance
All	July 2026	6,651	●	▣
Radiology		5,397	●	▣
Cardiology		1,098	●	▣
Phys measure		73	●	▣
Endoscopy		51	●	▣
Imaging		28	●	▣
Neurophysiology		4	●	▣

Key challenges / issues

Radiology: Activity increased in July 2026, However, capacity is not meeting demand growth.

- The National Outpatient Appointment Insourcing project increased demand which continues to impact performance. Additionally, Magnetic Resonance Imaging (MRI) & Non-Obstetric Ultrasound (NOUS) demand and breaches surpassed projections developed in 2025/26.
- This has raised concerns regarding the accuracy of the reported breach position via the recently implemented RISP system (Radiology Informatics System Procurement) and the absence of dedicated data analytical capacity to verify data intelligence from the new system. The issue has been escalated for support in further interrogating the RISP system which is being rolled out across Wales.

Endoscopy:

- 51 endoscopy breaches relate to flexi cystoscopy (urology).

Cardiology:

Echo breaches are primarily attributable to longstanding shortfalls in in-house diagnostic capacity, particularly within echocardiography services. Position deteriorated further due to additional capacity losses from short-long term sickness absence and maternity leave. Myocardial Perfusion Scan waiting times increased following a two-week system outage in April 2026, significantly impacting the waiting list. Recovery further constrained by reduced capacity in May 2026 due to Bank Holidays. Consequently, breach position has continued to deteriorate. This remains a highly fragile service and is included on the risk register. The service is dependent on a single consultant, creating a significant risk to service resilience, capacity, and recovery of the waiting list position.

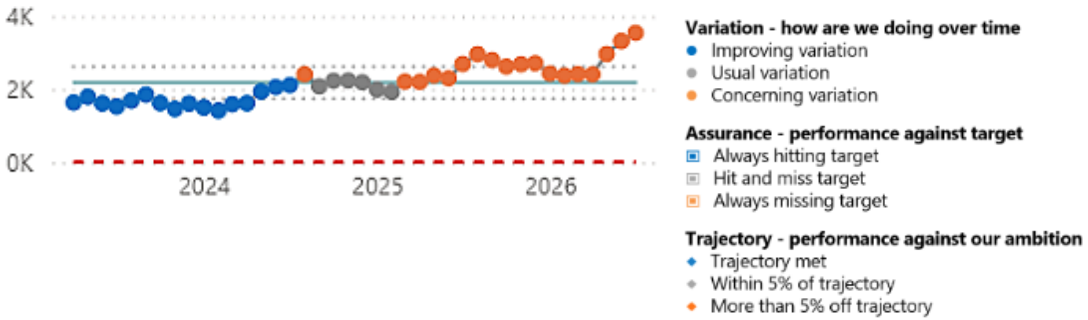
Key actions / initiatives

	Due date
Radiology:	
• NOUS insource contract extended, with additional capacity being sought. Internal staffing (insourcing) ongoing funded by vacancy.	01/11/26
• MRI van extended to March 2027 using core funding (vacancy lag). Welsh Government funding for second van ended 31 March 2026, reducing capacity by 540 patients per month.	31/03/27
• Computed Tomography (CT) van extended to end of August 2026 with additional funding. Capacity for 300 additional urgent suspected cancer patients per month.	31/08/26
• Demand management pathway work underway with physiotherapy, podiatry and maternity to increase capacity via workforce diversification.	30/09/26
• Revised demand & capacity modelling work has been undertaken, completed and Board approved in relation to Welsh Government (WG) 2026/27 Planned care recovery funding requirements. Awaiting decision from WG on funds to increase CT, MRI & NOUS capacity.	31/08/26
• Task & Finish Group established to assess data reporting anomalies linked to the RISP system.	31/08/26
Endoscopy: Gastrointestinal endoscopy performance being sustained through waiting list initiative and insourcing – equating to 4 lists/week to mitigate demand and capacity gap (as a result of a 5% increase in demand in 2026/27).	31/08/26
• Urology to complete additional lists Aug-Sep to accommodate patients waiting over 8 weeks	31/03/27
Cardiology: Plans are in place to procure insourcing activity during August in Bronglais to support a reduction in the breach position. A Situation, Background, Assessment and Recommendation (SBAR) report completed for Care Group consideration. Weekly meetings held with Cardiorespiratory managers on all 4 acute sites working collaboratively to increase confidence with Demand and Capacity plans. For Myocardial Perfusion Scans (MPS), the team is working closely with Radiology colleagues to mitigate risks for long-waiting patients and ensure appropriate clinical prioritisation. Collaborative working is focused on maximising available capacity, managing patient risk, and supporting recovery of the waiting list position.	31/08/27

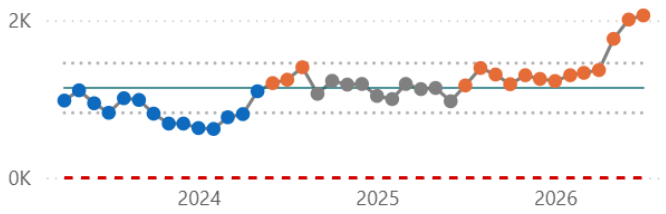
Therapy waits over 14 weeks
(Enhanced monitoring)

In July there were 3,547 patient waiting over 14 weeks for a specified therapy. The chart is showing concerning variation.

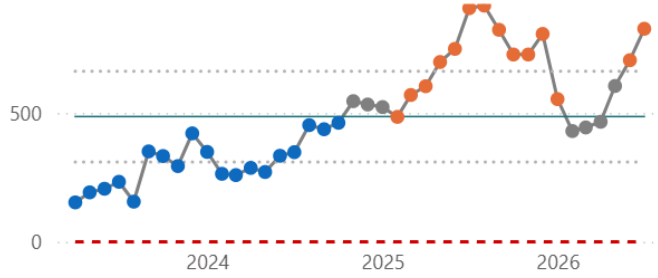
Patients waiting >14 weeks for a specified therapy



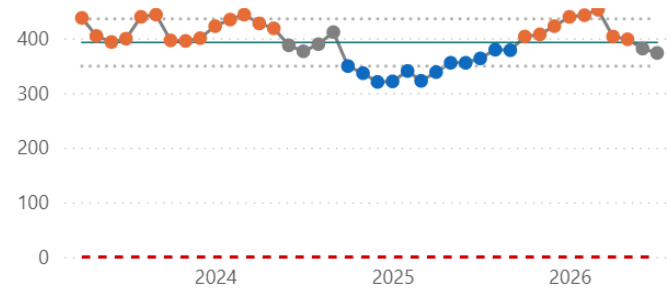
Number of patients waiting 14 weeks plus for Physiotherapy



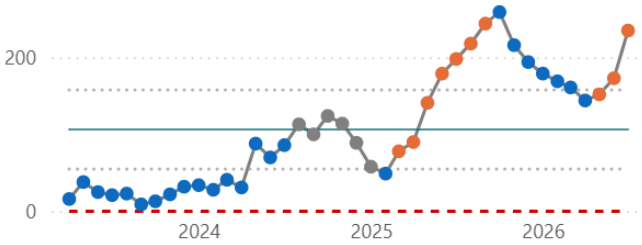
Number of patients waiting 14 weeks plus for Podiatry



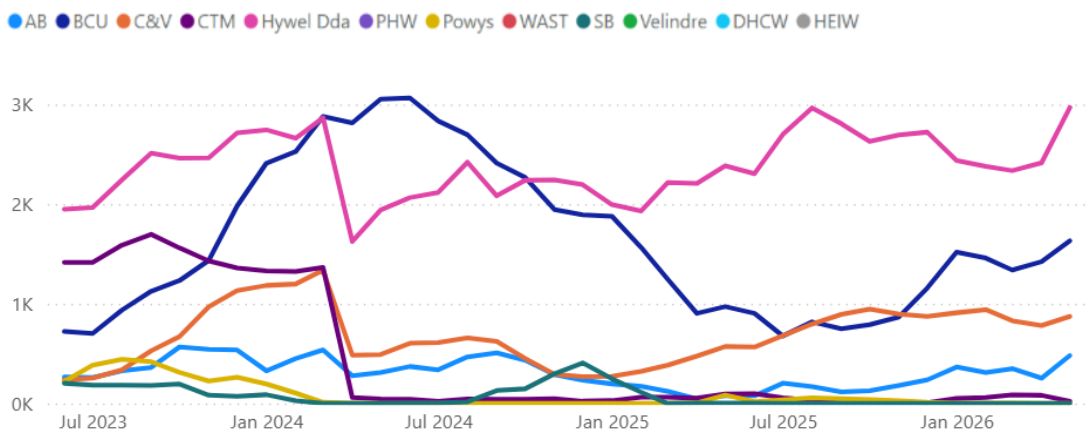
Number of patients waiting 14 weeks plus for Occupational Therapy



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



Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (May 2026)



Therapy	Latest period	Latest actual	Variation	Assurance
All	July 2026	3,547	●	▣
Physiotherapy		2,062	●	▣
Podiatry		827	●	▣
Occupational Therapy		373	●	▣
Dietetics		235	●	▣
Art therapy		30	●	▣
Speech & Language Therapy		20	●	▣

Therapy waits over 14 weeks (continued) (Enhanced monitoring)

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: 95% of breaches are in Musculoskeletal (MSK). Demand continues to grow and is greater than capacity, driven by shifting work from primary and secondary care toward MSK Physiotherapy services. Demand growth is compounded by: • Increased proportion of urgency in demand (now >50%) in MSK and community services. • Reduced service capacity (staff leave and 3 whole time equivalent (WTE) vacancies, and unavailability of agency/bank to backfill). The service has also not replaced 1.4 WTE vacant posts in line with financial standing instructions that were without budget. **Occupational Therapy (Paediatrics)** Whilst performance continues to be within trajectory the Paediatric Occupational Therapy service is reporting a deterioration in-month. Overall demand has increased by around 40% and whilst the service had some additional capacity this reduced through July 2026 by 1.0 WTE Agenda for Change band 5 and we have further workforce turnover through August and September with further deterioration in referral to treatment (RTT) performance predicted. **Podiatry** In July breaches increased to 827 as per trajectory. New patient referrals have increased by around 40% in the last six years without subsequent increase in capacity, additionally, patient complexity has increased. Podiatry is the first point of contact/triage service for Orthopaedics and Vascular services. To meet modern expectations for timely assessments and interventions, the service now includes 7 Independent Prescribers and 5 Ultra sonographers, achieved through internal reconfiguration. **Dietetics** Paediatric breaches present 98% of nutrition and dietetic breaches (outside of weight management services). Increasing breaches from May 2026 (142) to July 2026 (234) were due to long-term sickness absence and increased demand. The remaining 2% of breaches are likely to continue to increase due to staff turnover, we are awaiting confirmation to recruit into workforce stabilisation posts.	Actions below attempt to reduce breeches where possible but without the required investment in additional posts the forecast is a minimum of 3,229 breaches by March 2027: **Physiotherapy:** • A standard operating procedure for a targeted telephone triage pilot, for patients who could be signposted towards supported self-management in place with further refinement of this process now planned using PDSA (plan-do-study-act) cycles to test the effectiveness of clinical risk stratification and patient activation tools to broaden the scope of the project. **Impact -** The first part of this pilot (tele triage) was completed and did not show efficiency or quality gains to justify continuation on that basis this has now ceased. The risk stratification element has been aligned with Enabling Quality Improvement in Practice (EQIiP) project action. — Complete • Second MSK form validation process to start 01/08/26. Refinement of process following initial pilot. — 30/09/26 • A review of community prioritisation criteria aligned to clinical risk matrix is currently being undertaken. (initial pilot complete in Carmarthenshire, analysis in progress). — 30/09/26 • Three projects being developed through EQIiP program. 1). development of agnostic condition management classes, 2). patient activation and chronicity risk stratification as part of self referral processes, 3). pilot of new model for telemedicine assessment in MSK. — 31/03/27 **Occupational Therapy (Paediatrics)** • Development of Paediatric Sensory Workshop to support universal and targeted offer. Implementation review and further refinement in progress. — 31/12/26 • Development of triage process to improve access and reduce delays and inappropriate referrals coming into the service. — 31/12/26 **Podiatry** • Consultant podiatrist post in development. This will improve treatment flow, governance and waiting times. — 05/10/26 **Dietetics** • Service is reviewing referral criteria and working on plan for e-referrals to reduce administration required for triage allowing more efficiency in clinical time. — 31/08/26 • Measures are in place to tighten referral criteria and improve triage process joining specialist dietetic resource from SCAMHS . — 31/08/26 • Working with Mental Health & Learning Disabilities services on scoping work to allocate resources more appropriately. — 30/09/26	

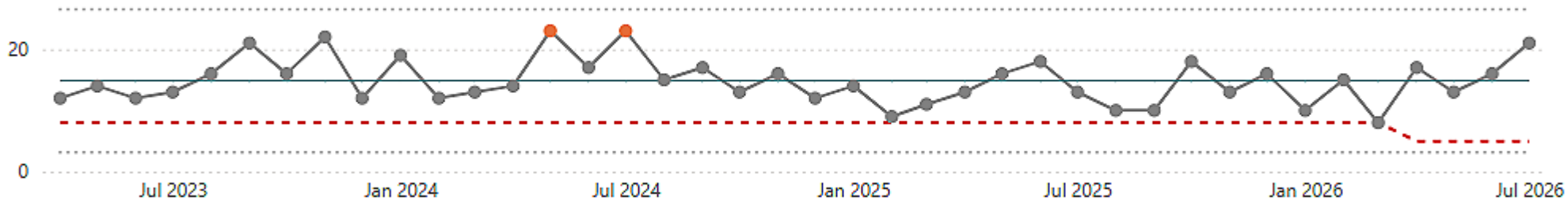
Embedded improvement actions

Podiatry: Demand and capacity in depth review indicated that service was efficient, all staff on 10 session template booked by office with electronic rota together with strong discharge and eligibility procedures in place. Significant skill mixing undertaken. Service review undertaken to strengthen management structure to maximize efficiency. Demand and capacity review indicated that a proposed increase in 3 whole time equivalent staff was required

C. Difficile (all cases)
(Targeted intervention)

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

Number of laboratory confirmed C. difficile cases hospital and community onset (in-month)



Latest performance of 21 cases for July 2026 is showing usual variation.

Key challenges / issues

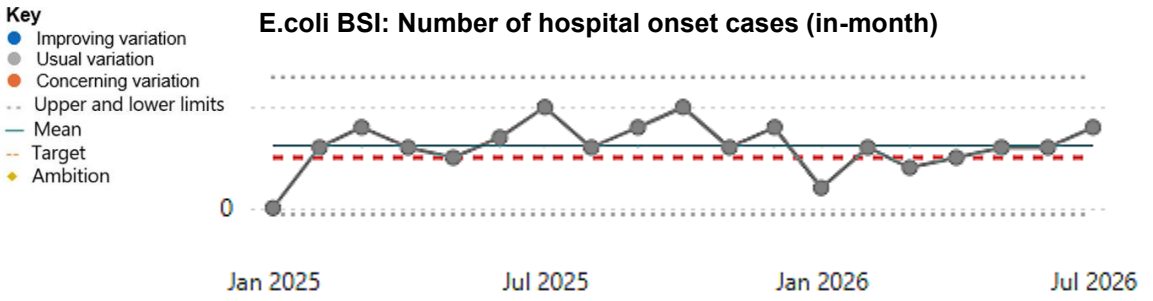
- Hospital onset infections of C. difficile cases are increasing and remain above target. Several community onset infections have been classified as "community onset, healthcare associated", meaning cases are linked to recent healthcare exposure.
- The Welsh Health Circular Antimicrobial Resistance and Healthcare Associated Infections 2025 to 2027 sets an improvement goal: *to reduce the overall burden of C. difficile infection by at least 25% against the 2024/25 counts.* There were 184 cases (hospital and community onset) of C. difficile in 2024/25, for 2026/27 the HB would need to achieve 138 cases or less to meet the improvement goal. Current year-to-date figures indicate a 15.5% deterioration on the reduction target of 2024/25 (9 cases).
- Antibiotic Stewardship: Inconsistent completion of Start Smart Then Focus (SSTF) audits; vacancies in Antimicrobial Pharmacy team risk affecting stewardship.
- Delayed Infection Prevention Control Actions: Recognition, isolation, and diagnosis delays noted in some cases.
- Environmental Cleaning: Cleaning scores in Glangwili for high-risk wards areas are below the expected standards and further assurance is required for post discharge cleaning.
- Compliance Gaps: Lapses in bare below the elbow standards across staff groups.
- Mandatory Training: Level 2 Infection Prevention Control E-learning compliance at 86.78%- an improvement

Key actions / initiatives	Due date
• Electronic prescribing and medicines administration (ePMA) rollout will support antimicrobial stewardship, intravenous to oral switch for medication will also be revisited alongside this.	01/10/26
• Review of cases for July to assess locations, themes and any cleaning implication that could have contributed to the infection.	31/08/26
• Infection Prevention Indicator Audits completed in Q1 have demonstrated some practice and environmental concerns. Action plans are expected back from services, with some received. The IPC team will support quality improvement.	17/08/26

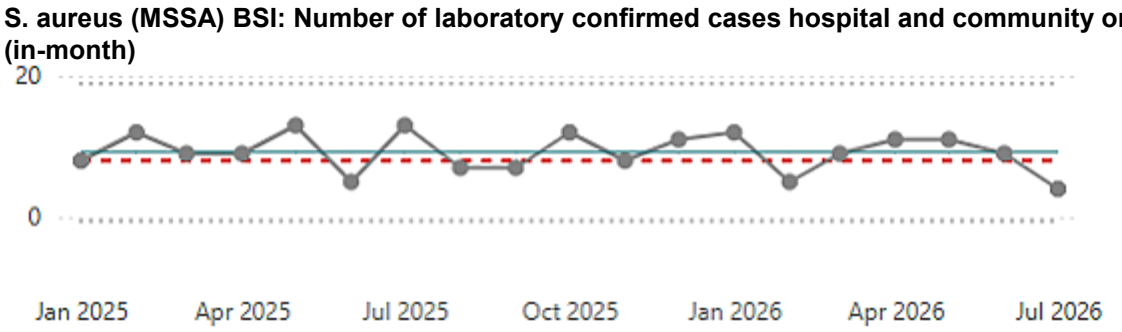
Embedded improvement actions for ALL infection types

- Learning & Governance: Healthcare associated infections cases reviewed monthly.
- Assurance Group learning shared via Clinical Care Groups. Issues escalated through governance structures. This requires all members of the multi-disciplinary team in attendance.
- Monthly hand hygiene audits by Ward Managers, monitored and reviewed.
- Self-assessment by Clinical Care Groups against the Quality Statement for Infection Prevention and Control issued by the Chief Nursing Officer.
- Clinical Care Groups to monitor Aseptic non-touch technique compliance and assessor training offered to clinical areas from infection prevention as well as Fit-testing compliance.

E. coli and S. aureus cases (hospital onset)
(Targeted intervention)



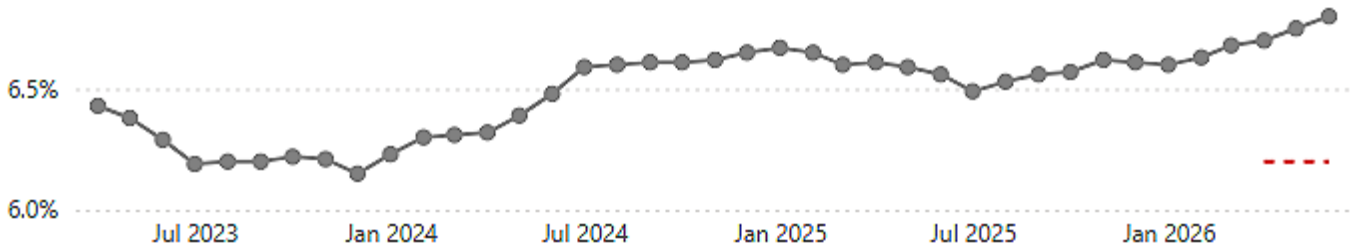
Latest performance of 8 cases for July 2026 is showing usual variation.



Latest performance of 2 cases for July 2026 is showing usual variation.

Key challenges / issues	Key actions / initiatives	Due date
E. coli: • Infections primarily community-onset and linked to urinary tract and some catheter-related. Most cases occur in the 80–89 age group. • The Welsh Health Circular Antimicrobial Resistance and Healthcare Associated Infections 2025 to 2027 sets an improvement goal: *a reduction of at least 10% in cases of hospital onset only E. coli bloodstream infections (BSI) is expected vs the cases in 2024/25*. There were 60 hospital onset cases of E. coli BSI in 2024/25, for 2026/27 the HB would need to achieve 54 cases or less to meet the improvement goal. Current year-to-date figures indicate a 56.3% deterioration on the reduction target of 2024/25 (9 cases). • Non-compliance observed bare-below-the-elbow practices across all staff groups. **S. aureus** • Hospital and community onset MSSA BSI cases have remained broadly stable over the reporting period, fluctuating between 1 and 5 cases per month. • The Welsh Health Circular Antimicrobial Resistance and Healthcare Associated Infections 2025 to 2027 sets an improvement goal: *for Methicillin-susceptible Staphylococcus (MSSA): a decrease of at least 20% compared to the 2024/25 baseline counts for all Health Boards for MSSA for hospital and community onset.* Current year-to-date figures indicate a 9.4% deterioration on the reduction target of 2024/25 (3 cases). • Health Board aseptic non-touch technique compliance for E-learning is at 85.62%.	**E. coli:** • Infection Prevention Indictor Audits outline ward compliance to catheter bundles- action plans awaited back for some areas. • Undertake monthly reviews of all hospital-onset E. coli BSIs to identify avoidable urinary tract infection (UTI) and catheter-related factors, with learning shared through Clinical Care Groups. • Health & Wellbeing booklet for the Older Adult to be utilised with the Public Health Team in public facing forums over the summer. • Hand hygiene validation and observational audits conducted based on senior nurse monthly audits **S. aureus:** • Infection Prevention Indictor Audits to outline ward compliance to peripheral venous catheter bundles- action plans awaited back for some areas. • Health & Wellbeing booklet for the Older Adult to be utilised with the Public Health Team in public facing forums over the summer. • Hand hygiene validation and observational audits conducted based on senior nurse monthly audits	17/08/26 31/08/26 31/08/26 31/08/26 31/08/26 31/08/26 31/08/26

% staff sickness rate (12 months rolling)



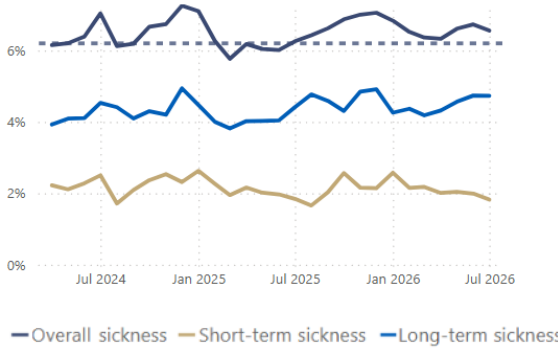
Rolling 12-month staff sickness percentage rate comparisons for July:

- July 2024: 6.59%
- July 2025: 6.49%
- **July 2026: 6.81%**

2026-2027 Rolling 12-month target = 6.2%

% staff sickness rate (in month)

July 2026 (in month) = 6.56%
Short-term sickness = 1.82%
Long-term sickness = 4.73%



Services with 60+ staff with the highest levels of <u>in-month</u> sickness rates in July 2026:

Team	Staff	R12m	In-month
Health Protection – Immunisation Team	66	13.7%	19.1%
PPH - Acute Medical Assessment Unit	75	11.9%	16.9%
PPH - Hotel Services	72	11.8%	15.7%
Sunderland Ward	76	14.5%	14.9%

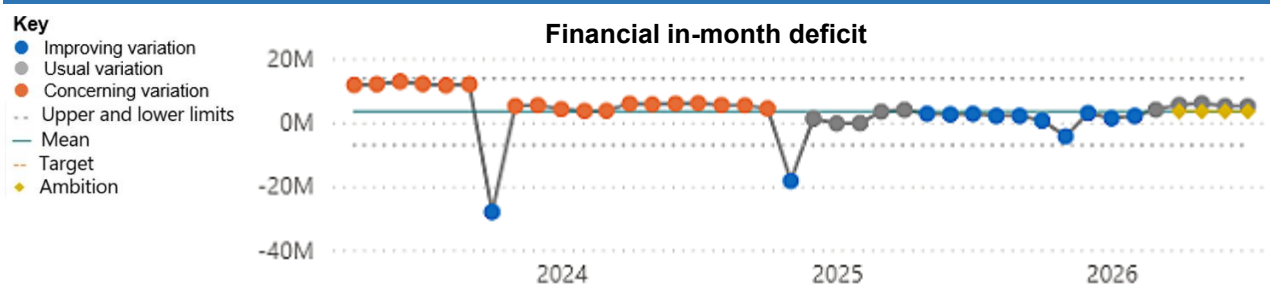
Key challenges / issues

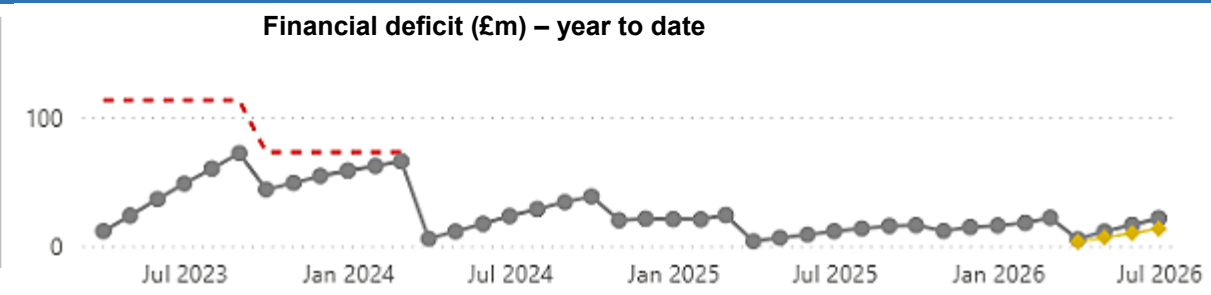
Sickness absence figures for July show a decrease in the monthly absence rate to 6.56%. The Health Board's rolling 12-month sickness absence rate is 6.81%, which is 0.61 percentage points above the organisational target of 6.20%.
Over the last 12 months (August 2025 to July 2026), anxiety, stress, depression and other psychiatric illnesses remained the leading cause of employee absence, consistently accounting for between 32% and 36% of all full-time equivalent (FTE) days lost each month. The proportion peaked at 36.1% in August 2025 and remained above one-third of all absence throughout most of the period, reaching 35.3% in July 2026. This sustained pattern demonstrates that psychological wellbeing continues to be the most significant driver of workforce absence, with mental health-related absences contributing considerably more lost time than any other absence category. The consistency of these figures supports the ongoing requirement for targeted mental health support, early intervention initiatives, and continued investment in staff wellbeing to help reduce the impact on both employees and service delivery.

Embedded improvement actions

A recent workshop took place which focused on the development of an Absence Grip and Control action plan. This is a 90-day workforce stabilisation programme aims at strengthening the management of sickness absence, focusing on long-term sickness cases, Occupational Health (OH) processes, data quality, and manager accountability**.** The programme seeks to reduce sickness-related costs and workforce loss by ensuring all staff absent for more than 12 months have clear review actions, OH follow-up, and either a return-to-work (RTW) or exit plan.
The first 30 days will focus on establishing control measures, including reviewing all absences over 12 months, validating absence reason data, auditing unopened Occupational Health reports, improving ESR sickness recording, and promoting manager compliance with sickness review processes.
By Day 60, services will be expected to progress actions for long-term sickness cases, improve OH referral timeliness, review employment restrictions, commence targeted flu vaccination outreach, and develop better sickness recording practices.
By Day 90, the programme aims to demonstrate progress through reductions in priority sickness cohorts, improved management of no-pay and half-pay cases, increased flu vaccination uptake, and completion of service-level sickness audits.

Financial deficit
(Targeted intervention)





Key challenges / issues	Key actions / initiatives	Due date
The Health Board's Annual Planned Deficit is £41.0m with an Annual Savings Target of £42.8m. Gross forecast position is £60.4m, with planned mitigating actions of £19.4m to be finalised, to achieve the reported end of year forecast position of £41.0m. Total savings delivery are £29.8m, leaving a savings delivery gap of £13.0m against the savings target. The in-month financial position is a deficit of £5.1m, which is an adverse variance against the £3.4m deficit plan. This is driven by a core operational underspend of £(0.8)m, offset by a £2.5m under identification of savings, with £1.1m savings identified against the savings target £3.6m. The in-month core operational underspend of £(0.8)m largely relates to the re-categorisation of Primary Care Dental contract savings of £(1.9)m to underspends, offset by Continuing Healthcare packages increase of £0.4m, Medical agency usage to cover sickness and vacancies £0.4m and Theatres outsourcing of activity £0.4m. The £5.9m full year conversion of underspends to savings has given greater visibility to core operational variations of mitigating actions required for managing overspends.	**Mid Year Forecast Assessment** - The reported deficit, which currently remains the same as the Annual Plan at £41.0m, is going to be reviewed in detail during August and September. If there is no material improvement, or robust plans, the forecast will likely alter.	07/10/26
	Level 4 escalation actions for Community and Integrated Medicine (CIM) and Planned and Specialist care (P&SC) - Urgent action to identify the savings gap / reduction in end of year forecast and implement the expected performance improvements through the UEC investment.	Overdue
	Identification and delivery of robust savings plans - Ongoing, urgent action to continue as part of de-risking the annual plan	Overdue
	Medical pay and rostering - Additional cover at premium costs. Continuing use of additional medical cover, including premium locum and agency in Bronglais, Withybush, Planned Care and Mental Health. An impact assessment of the adoption and benefit of the rate card is required. The comprehensive use of Allocate also needs to be embedded. Actions to be taken forward from the June Finance and Performance Committee update	31/08/26
	Conscious decisions compounding delivery of Annual Plan without formal Governance approval - Known decisions have been made outside of the annual planning process, all prior agreed actions to be completed and actioned	Overdue

IPAR key metrics by type

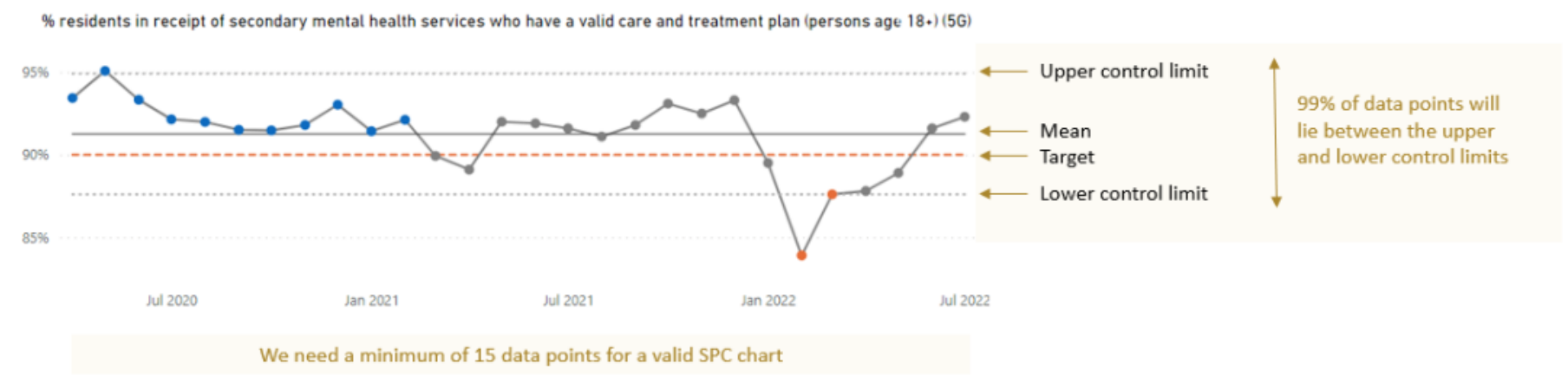
July 2026

Metric ID	Metric name	Annual plan	Enhanced monitoring	Local	Ministerial priority	Performance framework	Targeted intervention
27	C. difficile: Number of confirmed cases (in-month)	Y	-	-	-	Y	Y
51	Coding: % clinically coded - 1 month post discharge	Y	-	-	Y	Y	-
80	Pts waiting 8 wks+ for specified diagnostic	Y	Y	-	Y	Y	-
87	Ambulance handovers > 1 hour Hywel Dda	Y	-	Y	-	-	Y
88	% patients spending <4 hours in A&E/MIU Hywel Dda	-	-	-	-	Y	-
89	Patients spending > 12 hours in A&E/MIU Hywel Dda	Y	-	-	Y	Y	Y
150	Financial in month deficit	Y	-	Y	-	-	Y
155	% sickness absence rate of staff	Y	-	-	-	Y	-
275	% adult psychological therapy waits <26 weeks	-	-	-	-	Y	-
276	% child neurodevelopment assess waits <26 weeks	-	-	-	-	Y	-
277	% pts on single cancer pathway within 62 days	Y	Y	-	Y	Y	-
303	Follow-up appts - delayed >100%	-	Y	-	-	Y	-
320	% MH assess within 28 days (age 0-17)	-	Y	-	-	Y	-
321	% MH assess within 28 days (age 18+)	-	Y	-	-	Y	-
322	% therapy interven post LPMHSS assess (age 0-17)	-	Y	-	-	Y	-
323	% therapy interven post LPMHSS assess (age 18+)	-	Y	-	-	Y	-
433	Patients waiting 104 weeks+ RTT	Y	Y	-	Y	Y	-
443	Waits over 52 weeks: new outpatient appointment	Y	Y	Y	-	-	-
449	Pts 12yrs+ with diabetes receiving all 8 NICE care processes	-	-	Y	Y	-	-
483	Ambulance handover > 4 hours Hywel Dda	-	-	Y	-	-	-
501	Patients waiting over 52 weeks RTT	Y	-	Y	-	-	-
504	% uptake of flu vacc - 65+ years	Y	-	-	-	Y	-
515	Number of Pathways of Care delayed discharges	Y	-	Y	Y	-	Y
525	% of children who are up to date with scheduled vaccinations by age 5	Y	-	-	Y	Y	-
542	% of children receiving HPV by age 15	Y	-	-	Y	Y	-
545	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Y	Y	-	-	Y	-
559	Median time ambulance arrest category calls	-	-	-	-	Y	-
560	Median time ambulance emergency category calls	-	-	-	-	Y	-
561	Ambulance handover > 45 minutes Hywel Dda	-	-	-	Y	Y	-
566	% R1 eyecare patients waiting within 25% delay to target date	-	-	-	-	Y	Y
571	% uptake of RSV vacc - 75+ years	-	-	-	-	Y	-
575	Patients waiting 26 weeks+ new outpatient	-	Y	-	-	Y	-
580	E.coli BSI: Number of hospital onset cases (in-month)	Y	-	-	-	Y	Y
581	S. aureus (MSSA) BSI: Number of hospital onset cases (in-month)	Y	-	-	-	Y	Y
588	Total days delayed for Pathways of Care delayed discharges	Y	-	Y	Y	-	-

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**		