Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 30 June 2026 |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Performance Update for Hywel Dda University Health Board – Month 2, 2026/2027 |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Huw Thomas, Director of Finance<br>In association with all Executive Leads |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Huw Thomas, Director of Finance |

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

**ADRODDIAD SCAA**
**SBAR REPORT**

## Sefyllfa / Situation

This report relates to the Month 2, 2026/2027 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The IPAR consists of this SBAR and the following supporting documents:

- IPAR overview – includes data, issues and actions for the Health Board's key performance improvement measures.
- IPAR dashboard – provides statistical process control (SPC) charts for each of our performance measures. The dashboard can be accessed via: Integrated Performance Assurance Report (IPAR) dashboard as at 31st May 2026. Ahead of the Board meeting, the dashboard will also be made available via our internet site. For help navigating the IPAR dashboard, email the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

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

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

## Cefndir / Background

Welsh Government published the 2026/27 NHS Wales Performance Framework in February 2026. The Performance team are currently reaching out to service leads to establish new data sources and are aiming to report all new metrics to the July Board. New metrics in 2026/27 are:

- Healthcare acquired infections are now focussing on hospital onset.
- Diabetes metrics have been expanded to monitor foot surveillance and urine albumin.
- Percentage uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old.

- Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return of Spontaneous Circulation)
- Number of patients waiting more than 26 weeks for a new outpatient appointment

The key metric summary table in the section below has been amended to reflect changes to the 2026/27 delivery framework, ministerial priorities and other local key performance metrics.

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

## Asesiad / Assessment

## Performance overview

The key metric summary table below has been revised to reflect changes to the 2026/27 delivery 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 |
|---|---|---|---|---|---|---|---|
| % pts on single cancer pathway within 62 days | 75% | Apr 2026 | 58% | Improving | Missing target | n/a | Alert |
| Pts waiting 8 wks+ for specified diagnostic | 0 | May 2026 | 5,682 | Usual | Missing target | n/a | Alert |
| Patients spending > 12 hours in A&E/MIU Hywel Dda | 0 | May 2026 | 1,650 | Usual | Missing target | n/a | Alert |
| Pts waiting 14 wks+ for specified therapy (Exc. Audiology) | 0 | May 2026 | 2,969 | Concerning | Missing target | n/a | Alert |
| % patients spending <4 hours in A&E/MIU Hywel Dda | 95% | May 2026 | 66.5% | Usual | Missing target | n/a | Alert |
| % MH assess within 28 days (age 0-17) | 80% | Apr 2026 | 71.9% | Concerning | Hit and miss | n/a | Alert |
| Median time ambulance emergency category calls | 8 | Apr 2026 | 12 | n/a | n/a | n/a | Alert |
| Median time ambulance arrest category calls | 8 | Apr 2026 | 9 | n/a | n/a | n/a | Alert |
| % adult psychological therapy waits <26 weeks | 80% | Apr 2026 | 52.9% | Concerning | Missing target | n/a | Alert |
| % sickness absence rate of staff | 6.20% | May 2026 | 6.80% | n/a | n/a | n/a | Alert |
| Patients waiting 104 weeks+ RTT | 0 | May 2026 | 159 | Improving | Missing target | n/a | Alert |
| Waits over 52 weeks: new outpatient appointment | 0 | May 2026 | 105 | Improving | Missing target | n/a | Alert |
| C. difficile: Number of confirmed cases (in-month) | 5 | May 2026 | 13 | Usual | Hit and miss | n/a | Alert |
| Financial in month deficit | n/a | May 2026 | £5,977,000 | Usual | n/a | Trajectory missed by over 5% | Alert |
| Ambulance handover > 4 hours Hywel Dda | 0 | May 2026 | 196 | Improving | Missing target | n/a | Advise |
| Ambulance handovers > 1 hour Hywel Dda | 0 | May 2026 | 754 | Improving | Missing target | n/a | Advise |
| Ambulance handover > 45 minutes Hywel Dda | 0 | May 2026 | 879 | Improving | Missing target | n/a | Advise |
| % child neurodevelopment assess waits <26 weeks | 80% | Apr 2026 | 28.3% | Improving | Missing target | n/a | Advise |
| % therapy interven post LPMHSS assess (age 0-17) | 80% | Apr 2026 | 74.2% | Usual | Hit and miss | n/a | Advise |
| Number of Pathways of Care delayed discharges | n/a | May 2026 | 186 | Usual | n/a | n/a | Advise |
| Total days delayed for Pathways of Care delayed discharges | n/a | May 2026 | 6,813 | Improving | n/a | n/a | Advise |
| % R1 eyecare patients waiting within 25% delay to target date | 95% | Apr 2026 | 43.5% | Improving | Missing target | Trajectory missed by over 5% | Advise |
| Patients waiting over 52 weeks RTT | 0 | May 2026 | 10,684 | Improving | Missing target | n/a | Advise |
| Patients waiting 26 weeks+ new outpatient | 0 | May 2026 | 4,390 | Improving | Missing target | n/a | Advise |
| % of children receiving HPV by age 15 | 90% | Dec 2025 | 77.1% | n/a | n/a | n/a | Advise |
| % uptake of flu vacc - 65+ years | 75% | Mar 2026 | 71.0% | n/a | n/a | n/a | Advise |
| % uptake of RSV vacc - 75+ years | 70% | Mar 2026 | 14.1% | n/a | n/a | n/a | Advise |
| % of children who are up to date with scheduled vaccinations by age 5 | 95% | Dec 2025 | 88.2% | Usual | Missing target | n/a | Advise |
| Pts 12yrs+ with diabetes receiving all 8 NICE care processes | 50% | Apr 2026 | 45.3% | Improving | Missing target | n/a | Advise |
| Follow-up appts - delayed >100% | 11387 | May 2026 | 14,842 | Improving | Missing target | n/a | Advise |
| S. aureus (MSSA) BSI: Number of hospital onset cases (in-month) | 3 | May 2026 | 3 | n/a | n/a | n/a | Advise |
| E. coli BSI: Number of hospital onset cases (in-month) | 5 | May 2026 | 6 | Usual | Hit and miss | n/a | Advise |
| % MH assess within 28 days (age 18+) | 80% | Apr 2026 | 98.1% | Usual | Hitting target | n/a | Assure |
| % therapy interven post LPMHSS assess (age 18+) | 80% | Apr 2026 | 93.4% | Usual | Hitting target | n/a | Assure |
| Coding: % clinically coded - 1 month post discharge | 95% | Mar 2026 | 97.6% | Improving | Hit and miss | n/a | Assure |

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

- Quality safety and risk – the number of incidents causing moderate harm or above reported by month is 130 in May 2026, lowest value since April 2025. May showed an improving trend in the number of patient falls (189) since March 2026 (240). Medication errors have decreased for a second month to 73 in May 2026. Cases of pressure damage increased from April (61) to May with 74 cases. We continue to have significant numbers of high and extreme risks on the risk register with 569 in May 2026. There has been a significant decrease in the number of new complaints received since September 2025 (249) with 38 in May. The number of new infections increased in May reporting 62 cases (S. aureus = 13 cases, E. coli = 30 cases, C. difficile = 13 cases).
- Workforce – In month, staff sickness increased slightly with 6.6% in May. Short-term sickness remained as the previous month at 2% whilst long-term sickness increased slightly to 4.6%. Note: The sickness metric reported in the alert section of this SBAR includes 12 month rolling data. Nursing and midwifery agency usage continues to decrease since March 2024 (255) with May recording 47.56 whole time equivalent (WTE). Rolling 12-month staff turnover percentage has decreased slightly to 6.3%, lowest recorded.

| Quality, safety and risk | Best | Worst | Latest | Trend |
|---|---|---|---|---|
| Reported incidents causing moderate harm or above | 130 | 305 | 130 | |
| Patient falls | 189 | 301 | 189 | |
| Medication errors | 61 | 148 | 73 | |
| Pressure damage developing or worsening during care | 54 | 215 | 74 | |
| New complaints by month received | 38 | 249 | 38 | |
| Number of high and extreme risks (health board & function only) | 381 | 569 | 569 | |
| Infections: new cases | 51 | 81 | 62 | |
| Infections: C. difficile cases | 8 | 23 | 13 | |
| **Workforce** | | | | |
| Number of staff/contractor related incidents | 98 | 186 | 131 | |
| Sickness - short term | 1.7% | 2.6% | 2.0% | |
| Sickness - long term | 3.8% | 4.9% | 4.6% | |
| Number of vacancies | To follow | | | |
| Staff turnover (12 month rolling) | 6.3% | 9.8% | 6.3% | |
| Nursing and midwifery vacancies | To follow | | | |
| Nursing and midwifery agency (WTE) | 47.56 | 379.79 | 47.56 | |
| Bank (WTE) | 212.99 | 352.85 | 233.06 | |

## Argymhelliad / Recommendation

The Committee is asked to **DISCUSS** the IPAR – Month 2 2026/2027 report and to **RECEIVE ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

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

| | |
|---|---|
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br>Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 9. All HDdUHB Well-being Objectives apply<br>Choose an item.<br>Choose an item.<br>Choose an item. |

| **Gwybodaeth Ychwanegol:<br>Further Information:** | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | 2025/2026 NHS Performance Framework |
| Rhestr Termau:<br>Glossary of Terms: | Contained within the body of the report |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy:<br>Parties / Committees consulted prior to Sustainable Resources Committee: | Contained within the body of the report |

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

| | |
|---|---|
| **Gyfrinachedd:**<br>**Privacy:** | Not applicable |
| **Cydraddoldeb:**<br>**Equality:** | Not applicable |

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

# Integrated Performance Assurance Report (IPAR) Overview

## As at 31st May 2026


For further details see the latest IPAR dashboard.

# Contents



## Statistical process control (SPC) charts

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*.
For data on all performance measures we are tracking, see our IPAR dashboard: Integrated Performance Assurance Report (IPAR) dashboard as at 31st May 2026.

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Alert
(may require discussion)
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

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

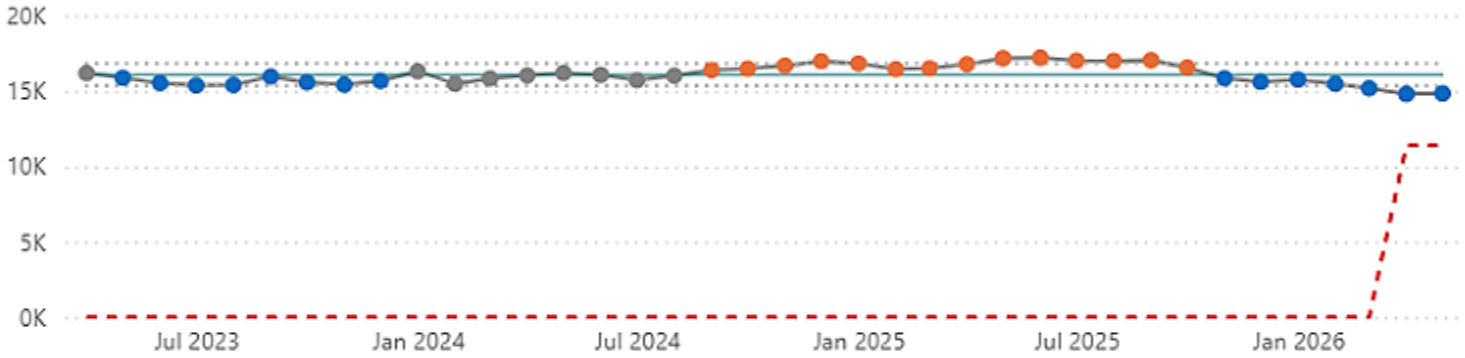
Assure
(to note)
There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

# Delayed follow up appointments

(Enhanced monitoring condition and Ministerial priority)

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

## Follow up outpatient appointments delayed over 100% past target date




Performance is showing improving variation. In May 2026, 14,842 follow up appointments were delayed over 100% past their target date. The national target for Hywel Dda is 11,387.

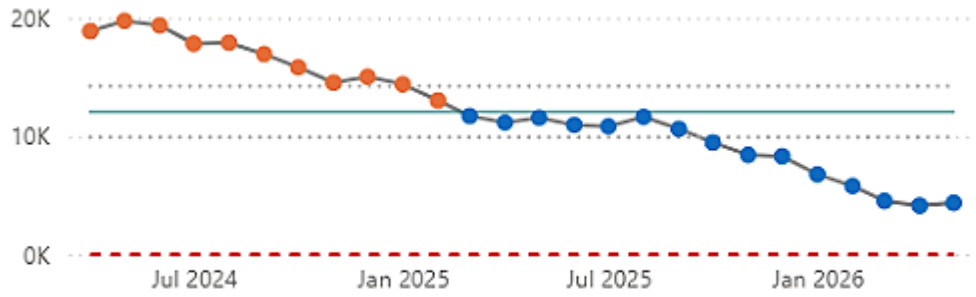
| Key challenges / issues | Key actions / initiatives | Due date |
|---|---|---|
| • Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways. | • Outpatient Transformation Programme in place, with targeted actions for each specialty covering 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. | • Further engagement is planned, led by the clinical director with the clinical leads via the Outpatient Transformation programme in July. | 31/07/26 |
| • Certain specialties have essential follow up pathways and may have additional pressure to reduce significantly due to case mix | • 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)

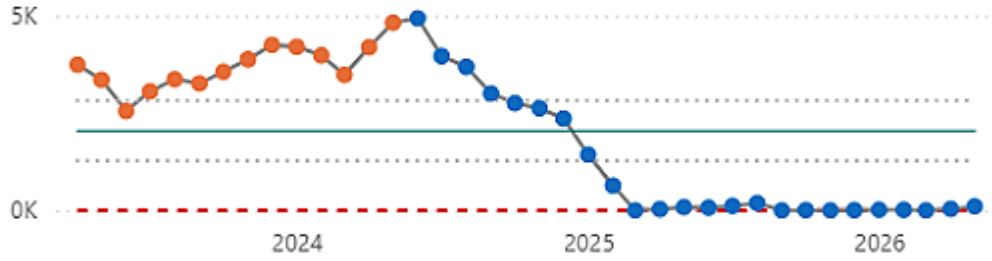
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

## Patients waiting >26 weeks for a first outpatient appointment




Performance is showing improving variation. May 2026 (4,390) shows an increase in breaches following 8 consecutive months of improvement.

## Patients waiting >52 weeks for first outpatient appointment




Performance is showing improving variation; however, breaches have increased to 105, the highest since August 2025.

| Key challenges / issues | Key actions / initiatives | Due date |
|---|---|---|
| • The Health Board breached the 52-week outpatient target by a total of 105 in May 2026 with breaches recorded in General Medicine (44), Care of the Elderly (25), Rheumatology (22) and Neurology (14). | • The Clinical Care Group continues 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 |
| • Urology, Vascular and Gastroenterology all met the 26-week outpatient target in May 2026; however, 4,390 breaches were recorded in total across all specialties. There is a demand and capacity gap to be investigated for efficiency and productivity actions and until these are identified, we are forecasting this to rise to above 9,000 by March 2027. 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 |
| • Active management and triage of referrals has resulted in no waiting list growth, whilst a reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in the future. | • 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 |

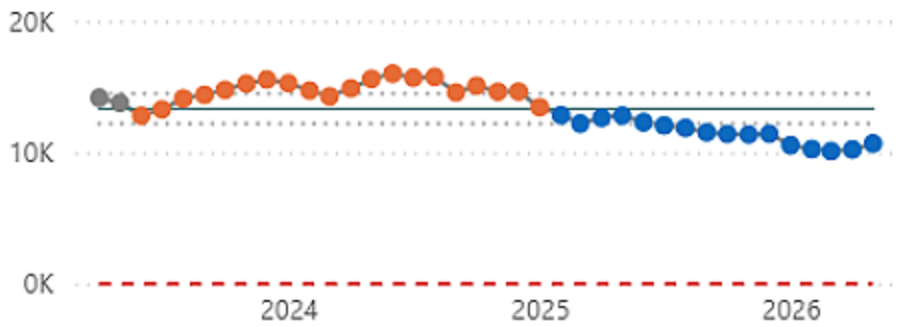
# Waits over 52 and 104 weeks from referral to treatment (RTT)

(Enhanced monitoring condition and Ministerial priority)



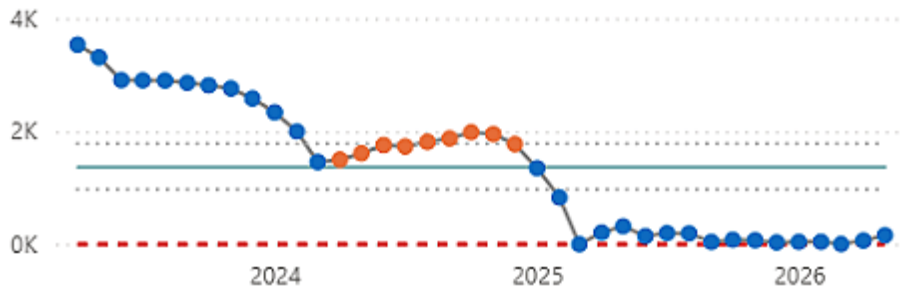
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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




Performance is showing improving variation; however, breaches have increased for two consecutive months to 10,684 in May 2026.

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




Performance is showing improving variation; however, breaches have increased to 159, the highest since August 2025.

## 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 159 patients waiting over 104-week at the end of May. Breaches were recorded in Trauma and Orthopaedics (77), ENT (26), Gynaecology (21), Ophthalmology (17), Pain Management (12), Vascular (2), General Surgery (2), Care of the Elderly (2). All other specialties met the target.
- We are forecasting 104-week RTT breaches to rise to 5,000 by March 2027 due to the present demand and capacity gap. This is inline with the forecast breach volumes agreed by the Board via the Annual Plan.
- 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 |
|---|---|
| • The Clinical Care Group continues 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 |
| • Review of delivery trajectories with NHS National Performance & Improvement support to account for progress during Q1 plus further productivity assumptions | 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 May 2026 due to:

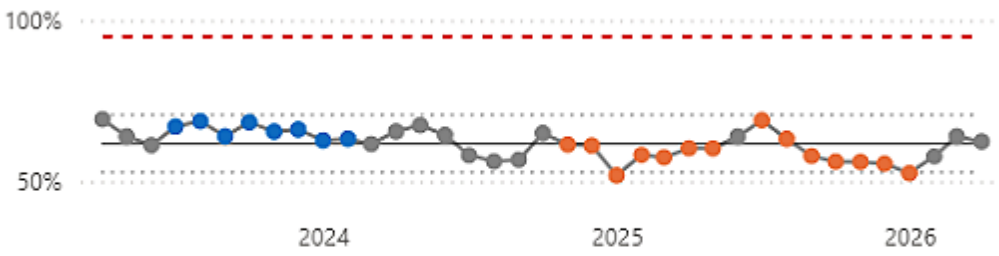
- Additional outsourcing in March 2026, lowering overall cataract waiting times in Ophthalmology to below 100 weeks. This outsourcing continued into May 2026 for any cataract pathway procedures commencing initial treatment with outsourcing provider before the end of March 2026, funded from 2025/26 recovery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

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



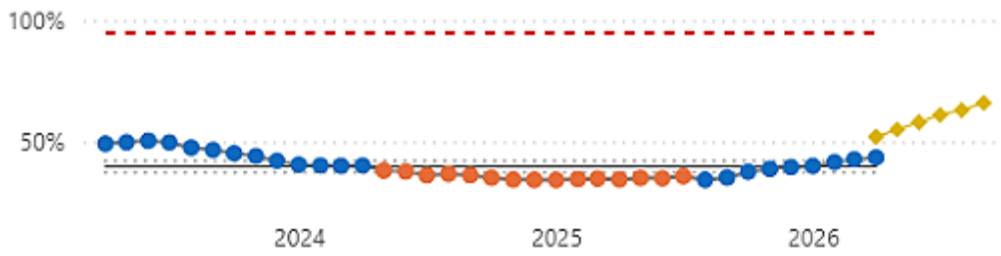
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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




Performance is showing usual variation at 62.4% in April 2026 against the national target of 95%.

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




Performance is showing improving variation at 43.5% in April 2026, an eighth consecutive monthly improvement. However, our ambition for April 2026 (52%) was not met. The national target is 95%.

## Key challenges / issues

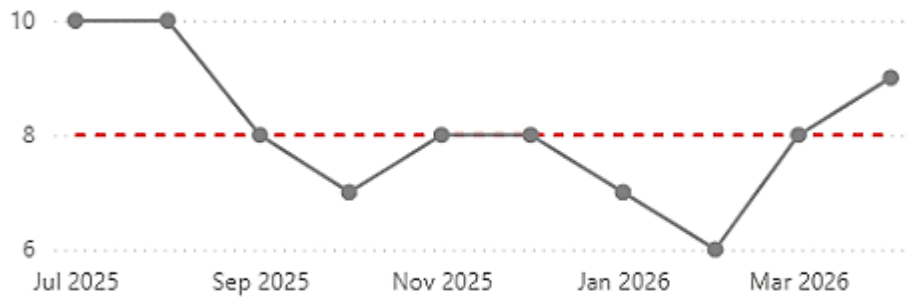
- The advice from the Welsh Government is to focus on patients waiting as these are higher risk. Booking these patients, who have already breached, will improve this trajectory but will directly affect the appointments attended trajectory as patients have already breached. Once corrected, R1 appointments attended will improve as capacity grows and the backlog reduces.
- Increasing outpatient delivery has been stalled by outpatient staffing and medical records constraints within Carmarthenshire and staff sickness in Pembrokeshire. This has affected approximately seven clinics per week.
- Reduced workforce continues to impact delivery, with vacancies for two whole time equivalent (WTE) consultant posts and two WTE Specialist, Associate Specialist and Specialty Doctor (SAS) posts. Recruitment efforts continue.
- One SAS doctor took a work break from September 2025 to May 2026 resulting in the loss of 10 sessions per week.
- Two regional consultant posts were interviewed but only one applicant was suitable and has been recruited by Swansea Bay University Health Board. This has left a 1 x WTE gap in Hywel Dda.
- Due to management absence across both administrative and nursing teams resulting from sickness, our ability to proactively support performance has been temporarily affected; this will be addressed as capacity is restored.

## Key actions / initiatives

| Key actions / initiatives | Due date |
|---|---|
| The actions below are to improve performance inline with the forecast volumes agreed as part of the Annual Plan process. During 2025/26, it was agreed that by September 2026, the trajectory of 66% of patients waiting within clinical target, should be achieved. | |
| • 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 replacement SAS doctor at North Road Eye Clinic (NREC) is currently joining the service and will further increase delivery. A key next step is to expand the IVT service into Amman Valley Hospital (AVH) outpatient settings five days a week, creating a dedicated IVT hub to improve patient flow and overall activity. | 01/06/26 |
| • 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 by 11 sessions per week. This requires staff to be recruited and trained in Ophthalmology. | 01/09/26 |
| • The team are exploring more innovative methods of supporting outpatient activity using Ophthalmology Technicians. This will reduce the nursing resource required and ensure all staff are working to their licence. | 31/08/26 |
| • Two SAS doctors have been recruited, with a planned start date of August 2026. | 01/08/26 |
| • Regional Vitreoretinal (VR) Consultant has started, with four outpatient clinics per month, and eight theatre lists per month, reducing pressure on the VR service. | 01/06/26 |

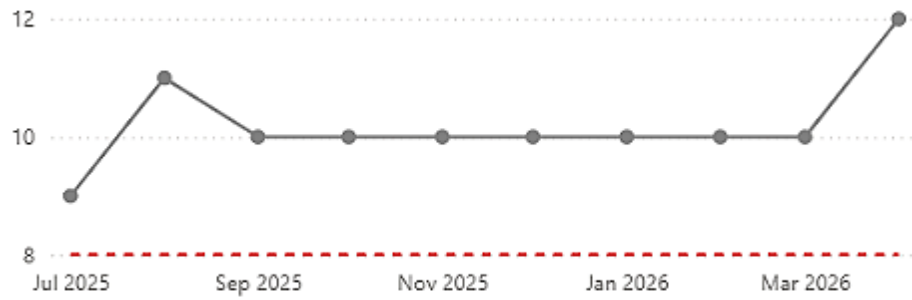
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

### Median emergency ambulance response time to purple: arrest category calls




In April, the median response time was 09.24 minutes for ARREST (Purple) Calls. There were 122 ARREST calls. Official WAST data is delayed by 1 additional reporting month

### Median emergency ambulance response time to red: emergency category calls




In April, the median response time was 11:52 minutes for RED (Emergency) calls there were 627 calls. Official WAST data is delayed by 1 additional reporting month

## Key challenges / issues

- Unverified May performance was 08:21 minutes for arrest (22 incidents) and 10:59 minutes for emergency calls (196 incidents). Overall attended demand in Hywel Dda Health Board area for May 2026 on average has been roughly as forecast fore-cast.
- Hospital delays in ambulance handover for Welsh Ambulance Service Trust (WAST) ambulance crews, 2,470 hours lost at the 4 acute Hywel Dda hospital sites during May 2026, largely the same as April. Notification to Handover within 15 minutes was at 34% in May for the 4 acute general hospitals, showing slight deterioration over April 2026.
- There were 18 immediate vehicle release (IVR) requests of all category of 999 calls in May 2026 of which 15 were accepted. This represents an overall acceptance rate of 83.3%
- 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.

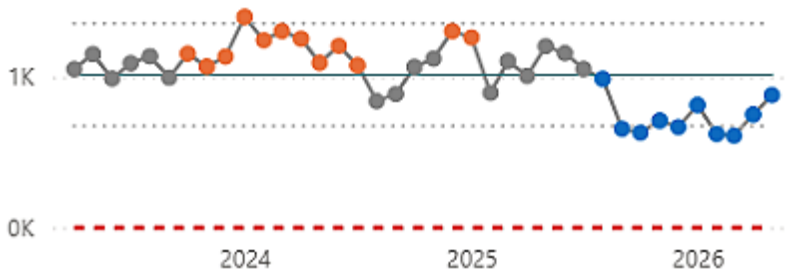
## Embedded improvement actions

- 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.
- WAST managers joining 10am Patient Flow call from May 2026 to further support integrated working and collaboration, furthering joint understanding of risk and flow.

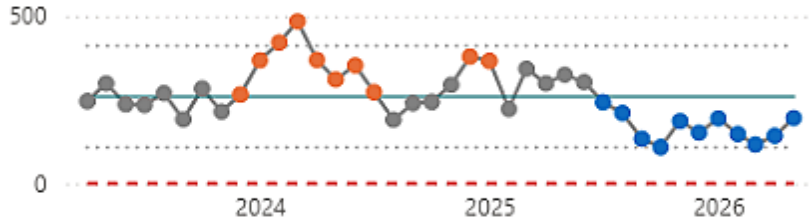
# Urgent and Emergency Care – Ambulance and Emergency Departments / Minor Injury Units - Health board wide

(Targeted intervention and Ministerial priority)


## Ambulance handovers taking over 45 minutes



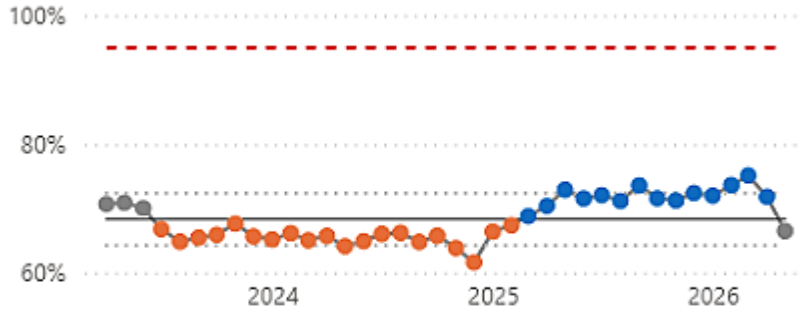

## Ambulance handovers taking over 4 hours



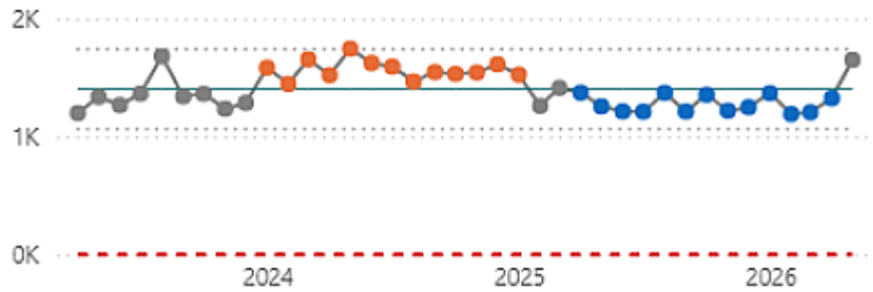

**>45 Minutes handovers:**
Latest data is showing improving variation, however, handover delays are increasing. 879 handovers > 45 minutes out of a total of 2,171 handovers.

**>4 hours handovers:**
Latest data is showing improving variation, however, handover delays are increasing. 196 handovers > 4 hour out of a total of 2,171, 9%.

## 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 deteriorated. 67% of patients were seen within 4 hours, 11, out of 16,591 new attendances.

**Waits > 12 hours:**
Latest data is usual variation and performance has deteriorated. 1,650 patients waited over 12 hours, out of 16,591ew attendances, 9.9%.

## 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 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 December 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 – Ambulance and Emergency Departments / Minor Injury Units - Health board wide

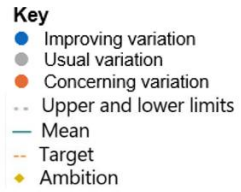
(Targeted intervention and Ministerial priority)

| Key actions / initiatives | Due date |
|---|---|
| • Delivery of a formal Ambulance Handover Improvement Plan aligned to national guidance, Health Board hospital ambulance handover 45 plans developed and a Memorandum of Understanding between Welsh Ambulance Service (WAST) and Health Board being currently being undertaken. Trajectory work also being developed for National assurance on performance. | 31/10/26 |
| • Implementation of the 7- Day business case for 7-day clinical streaming and Hospital@Home services across the Health Board. Occupational Change Process (OCP) completed, job adverts live and Regional recruitment events have been set for early July 2026. | 14/10/26 |
| • Implementation of 7- Day Same Day Emergency Care (SDEC) services at Withybush Hospital (WGH). Implementation group formed, SDEC staff modelling completed, weekend SDEC consultant rota being developed and OCP papers currently waiting sign off. | 01/12/26 |
| • Community Falls Programme. Falls prevention and assessment training being rolled out to care home staff across Hywel Dda. | 01/08/26 |
| • iSTUMBLE – Implementation of iSTUMBLE, a digital tool to support falls decision-making and pathway routing, for care homes and community staff. This will also support falls data in being able to proactively gather community falls activity data, outcomes, and pathway effectiveness from the app. Phase 2 is the building of direct pathways for falls incidents in the community i.e. Care Homes to Clinical Streaming Hubs | 31/10/26 |
| • Business case for six- and seven-day Frailty Pathway service pilot currently being developed. This will test the impact of extending the frailty pathway service across seven days over the next year. It is expected to increase total discharges and decrease mean length of stay (LoS) for frail patients. | 26/06/26 |
| • Community Sprint. Delivery of a test-and-learn programme (“Community First Learning Weeks”) to improve community response and reduce emergency department/conveyance. Phase 1 has tested increased engagement with the WAST Remote Integrated Care Service (RICS) desk in starting to progress the principles of “Call before Convey”. The evaluation is currently being undertaken | 26/06/26 |
| • Deconditioning Early Warning Indicator (DEWI) is being rolled out in phases across acute wards with evaluation informing full adoption across acute and community settings as business as usual. Phase 2 has commenced, with 38 wards currently using DEWI tool. | 30/06/26 |
| • Continuous implementation of the Optimal Hospital Flow Framework to improve patient flow and discharge planning | 31/03/27 |

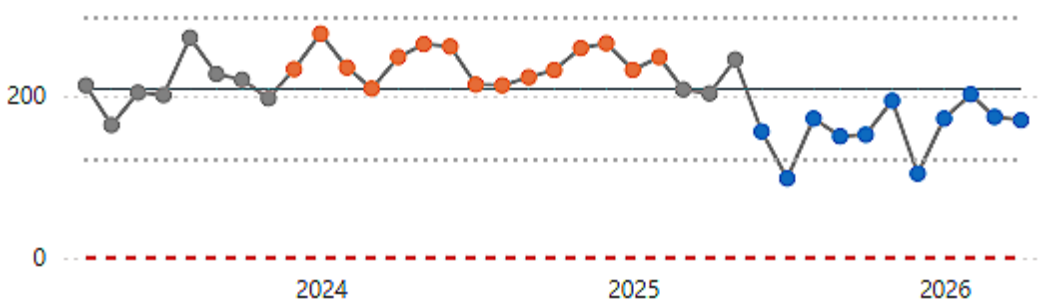
# Urgent and Emergency Care – Ambulances – Bronglais Hospital

(Targeted intervention and Ministerial priority)



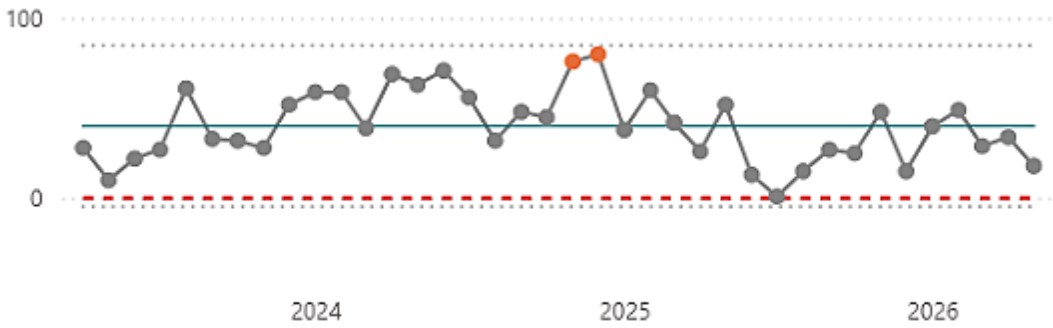



**Ambulance handovers taking over 45 minutes**




Latest data is showing improving variation. 138 handovers >45 minutes reported out of a total of 353 handovers, 39%.

**Ambulance handovers taking over 4 hours**




Latest data is showing usual variation. 18 handovers >4 hours was reported out of 353 total handovers 5%.

## Key challenges / issues

- Physical space limitations within the Emergency Department (ED) footprint including limited assessment and trolley spaces to absorb ambulance arrivals during peak times leading to overcrowding and corridor usage.
- Workforce constraints within the senior medical staffing workforce.
- High levels of clinically optimised patients occupying inpatient beds impacting timely transfers to wards.
- Patients awaiting specialty review, diagnostics or transfer can be delayed.
- Community and social care capacity is limited.
- Seasonal variation – Bronglais experiences increased demand from visitors and tourists.
- Requirement of dual pin to ensure handover times are recorded appropriately.

| Key actions / initiatives | Due date |
|---|---|
| • Proposed reconfiguration of the Emergency and Urgent Care Centre (EUCC) footprint to incorporate more “majors” bays and rapid assessment and treatment (RATT) areas. | 30/06/26 |
| • Newly appointed band 7 Team Leaders to be assigned a quality improvement initiative linked to performance. | 30/06/26 |
| • ED module for Miya patient flow, to be implemented | 31/10/26 |

## Embedded improvement actions

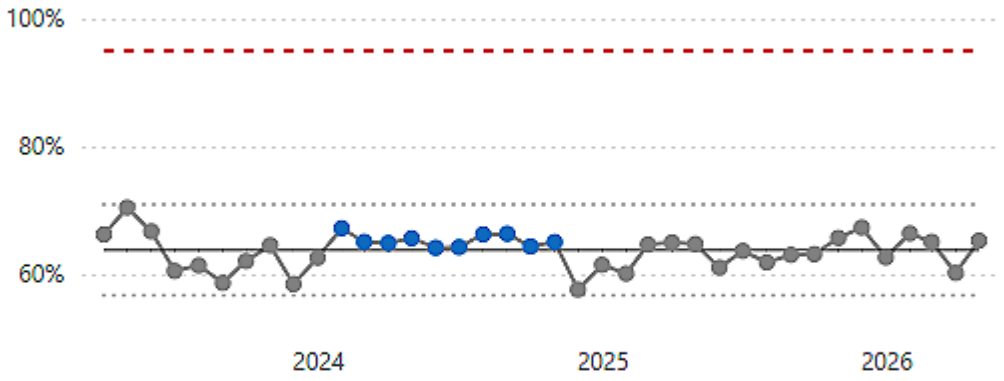
- Increase in consultant oversight following appointment of 2nd Consultant.
- Senior ED Navigator oversight enhanced with appointment of senior sisters.
- Site wide ward manager meetings with the ED Navigators to enhance collaborative working.
- Shared ownership of the 45-minute ambulance handover performance across the Ceredigion Acute & Community System
- Roster review of senior medical staffing to support senior clinical decision making
- Daily review of clinical optimised patients
- Senior oversight of ambulance handover performance inclusive of real time escalation
- Enhanced senior clinical decision making at the front door

# Urgent and Emergency Care – Emergency Departments – Bronglais Hospital

(Targeted intervention and Ministerial priority)

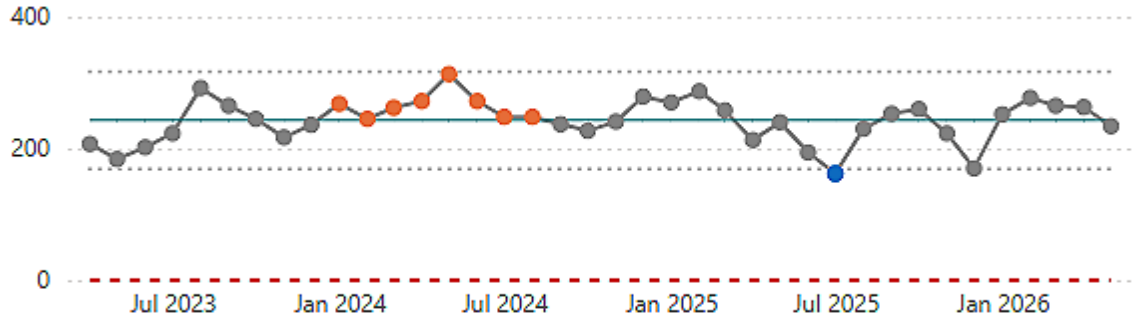
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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




65.3% latest data, 1,009 breaches out of 2,907 new attendances. Chart is showing usual variation.

### Patients waiting over 12 hours in A&E/MIU




234 breaches out of 2,907 new attendances, 8%. 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

| | Due date |
|---|---|
| • Reconfiguration of the Emergency Department footprint to enhance flow throughout the department | 30/06/26 |
| • Review of clinical pathways across the Ceredigion Acute & Community System | 30/06/26 |
| • Quality Improvement Projects to be initiated across the Emergency Department led by the senior sister team. | 30/06/26 |

## 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

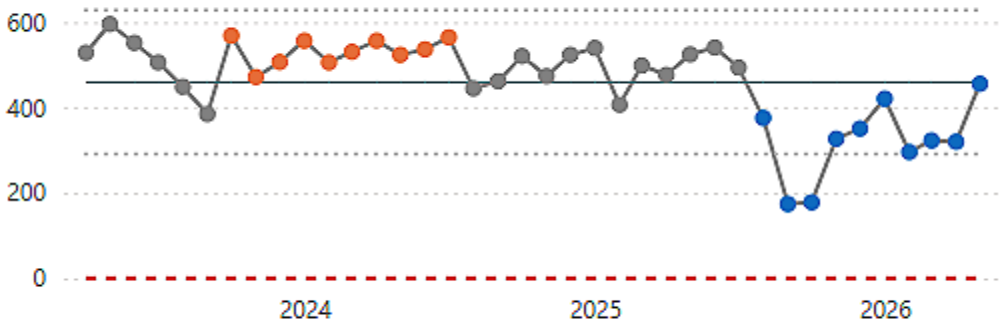
# Urgent and Emergency Care – Ambulances – Glangwili Hospital

(Targeted intervention and Ministerial priority)



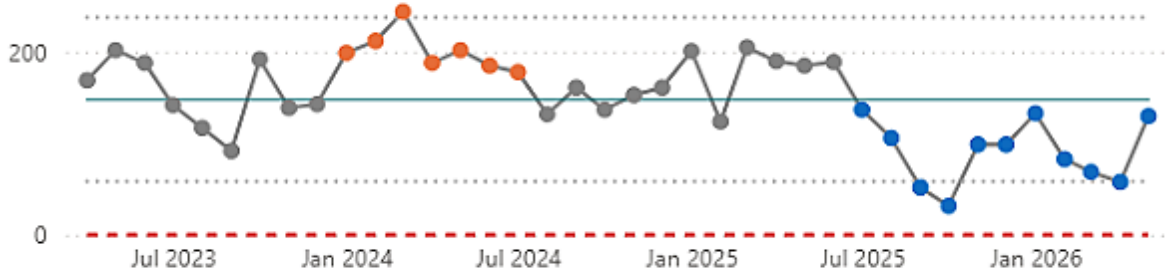
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Ambulance handovers taking over 45 minutes**




Latest data is showing improving variation however handover delays are increasing.. 456 handovers >45 minutes reported out of a total of 859 handovers, 53%.

**Ambulance handovers taking over 4 hours**




Latest data is showing improving variation however handover delays are increasing. 130 handovers >4 hours reported out of a total of 859 handovers,15%.

## Key challenges / issues

- Improving picture noted.
- Glangwili General Hospital (GGH) is the main Acute site for all medical and surgical pathways, adult and children.
- GGH is still seeing high demand from the ambulance conveyance and the patients presenting at the front door.
- ED remains heavily surged with patients waiting for in-patient beds. This causes lack of physical assessment areas for the patient flow to be timely through the department
- Reliance on agency doctors due to Consultant vacancies within Emergency Medicine and Medicine reduces the impact of senior reviews.
- Demand outweighs bed capacity, which causes slow flow through the system
- Advanced Paramedic Practitioner (APP) navigator rota coverage has been under pressure to staffing issues in the clinical streaming hub.

## Key actions / initiatives

| Key actions / initiatives | Due date |
|---|---|
| • To develop a robust repatriation policy, to return patient back to their local hospitals once the specialist care has ended. | 30/09/26 |
| • Active recruitment drive for senior consultants in Medicine and Emergency Medicine | 31/10/26 |
| • Re-design the medical take (list of patients needing to see medical consultant or surgeon), not through ED but through SDEC | 31/10/26 |
| • To implement 7-day clinical streaming up (directing patients to the most appropriate service or area based on clinical need). | 31/11/26 |
| • Strengthen community pathways | 31/12/26 |

## Embedded improvement actions

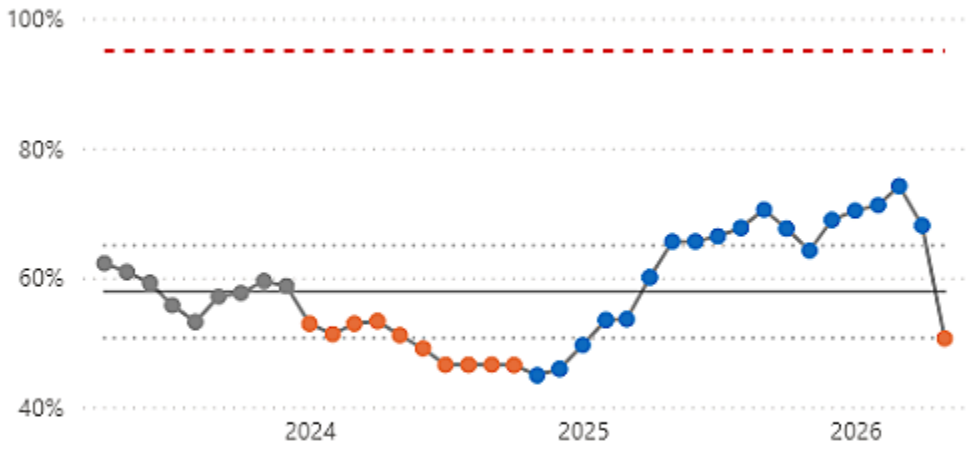
- Engaging with the Patient Flow Unit (PFU), this enables clear communication through the Clinical Care Group (CCG) and systems.
- Local and Health Board level safety huddles are embedded to assure collaboration and shared risk of site escalation.
- Collaboration with Welsh Ambulance Service Trust (WAST) to assure mutual support during elevated risk and escalation of community risk and site risks.
- Proactive "Pull" ethos of patient flow is evident by the high number of “boarding” patients at Glangwili Hospital (GGH). Pull from ED is where wards directly and actively request patients from ED. Boarding protocol (Our next patient) is where patients are moved early to areas where discharges or query discharges have been identified at escalation points via patient flow meetings and manager of the day escalation.

# Urgent and Emergency Care – Emergency Departments – Glangwili Hospital

(Targeted intervention and Ministerial priority)

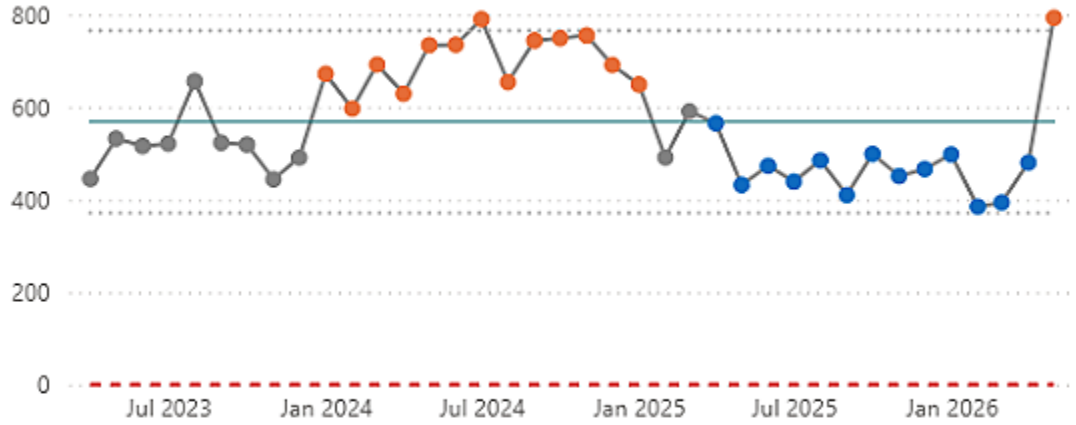
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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




50.6% reported for May, 2,596 breaches out of 5,257 new attendances. Chart is showing concerning variation.

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




793 breaches out of 5,257 new attendances, 15%. The chart is showing concerning variation

## Key challenges / issues

- Main challenge for GGH is the constant high site escalation ( demand and capacity pressure), high demand coming through ED, with a discharge profile that does not match the need for a seamless patient flow.
- In-patient capacity is at its highest, with a constant patient bed surge and boarding noted on all wards.
- ED remains fully escalated and surged, this reduces the space for clinicians to see and treat patient in a timely manner
- GGH ED remains to see over 20 –28 patients waiting for ward beds.

| Key actions / initiatives | Due date |
|---|---|
| • Strengthening Community Pathways. Continued collaboration with the community teams to identify patients suitable for community-based care, enabling earlier discharge and reducing inpatient demand. | 31/08/26 |
| • To develop a robust repatriation policy, to return patient back to their local hospitals once the specialist care has ended. | 30/09/26 |

## 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.

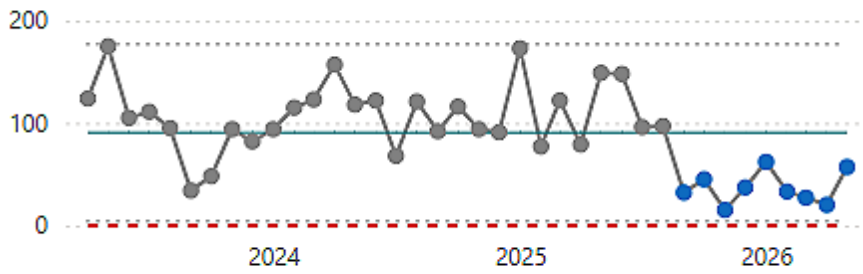
# Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Targeted intervention and Ministerial priority)



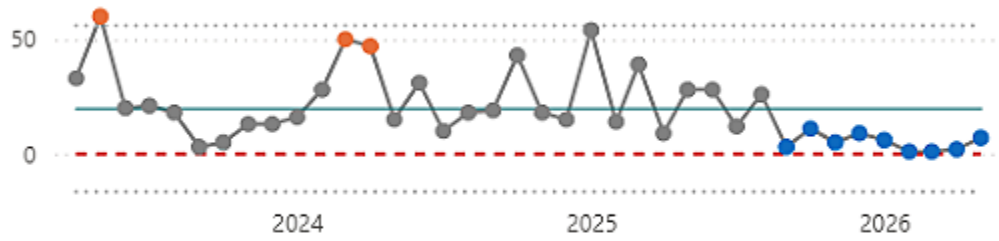
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Ambulance handovers taking over 45 minutes**




Latest data is showing improving variation however handover delays are increasing. 57 handovers >45 minutes reported out of a total of 322 handovers, 17.7%.

**Ambulance handovers taking over 4 hours**




Latest data is showing improving variation. 7 handovers >4 hours reported out of a total of 322 handovers, 2%.

## Key challenges / issues

- Continued significant pressure at the front door is resulting in very limited capacity at the point of ambulance handover. Substantial incidents of Infection resulting in delays, limited flow and site being unable to support the wider Carmarthenshire system creating limited flow across the health board. Increased patient acuity and volume are intermittently impacting the continuity and efficiency of handovers.
- Difficulties in maintaining the 45-minute ambulance handover target this month, due to high demand and infection control issues. However, this continues to create additional internal pressures, particularly across ward areas where surge capacity has been required. Infection Prevention and Control (IPC) requirements are also contributing to delays, as areas require more frequent deep cleaning.
- The prioritisation of medical patients transferring from Minor Injury Unit (MIU) to Acute Medical Assessment Unit (AMAU) remains in place. These patients are reviewed daily within site flow calls and tracked until transfer is complete. The boarding protocol continues to support proactive patient movement. Patients are transferred earlier to areas where discharges or potential discharges have been identified, based on escalation discussions within patient flow meetings and decisions made by the Manager of the Day

## Key actions / initiatives

| Key actions / initiatives | Due date |
|---|---|
| • Strengthening Community Pathways. Continued collaboration with the Acute Response Team (ART) to identify patients suitable for community-based care, enabling earlier discharge and reducing inpatient demand. | 31/07/26 |

## Embedded improvement actions

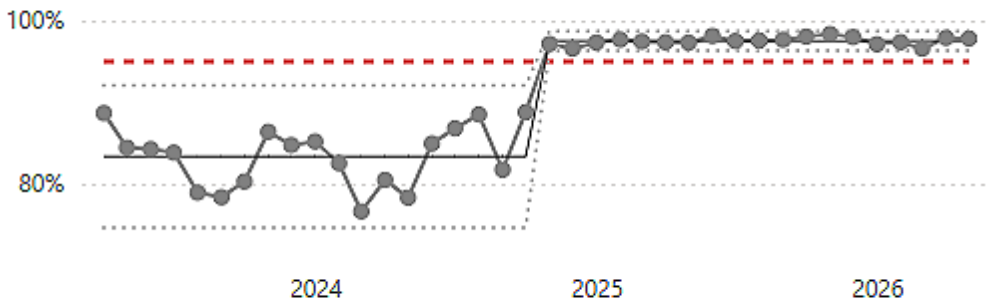
- Sustaining Ambulance Handover Performance. Continued focus on maintaining the 45-minute ambulance handover target, with immediate release prioritised wherever possible. Ongoing monitoring of delays linked to capacity constraints and acuity pressures.
- A continuation of embedding of the AMAU acute medical model to support early clinical decision-making and discharge at the front door, reducing unnecessary admissions.
- Improving Internal Patient Flow  Full implementation and ongoing monitoring of the ‘Our Next Patient’ protocol to ensure proactive patient movement and timely transfer to appropriate specialty wards
- 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.
- Embedded AMAU Front Door Model. The AMAU acute medical model is now fully integrated into front door processes, enabling earlier senior clinical review, promoting same-day discharge, and reducing avoidable admissions
- SDEC as a Core Pathway. Same Day Emergency Care (SDEC) is now an established and routine alternative to admission, with consistent utilisation across weekdays and weekends to manage appropriate patients.

# Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital

(Targeted intervention and Ministerial priority)

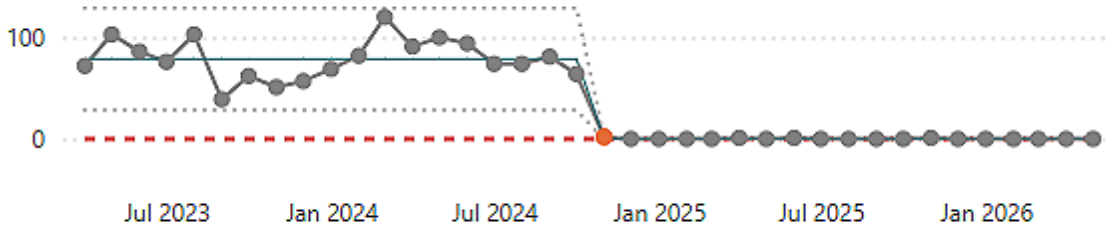
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Patients waiting less than 4 hours in MIU**




97.8% reported for May, 59 breaches out of 2,703 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model.

**Patients waiting over 12 hours in MIU**




Zero breaches out of 2,703 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

## Key challenges / issues

- Ongoing demand, combined with increased patient acuity, is placing significant pressure on assessment and treatment capacity, impacting flow and timely decision-making.
- A rise in oncology patient referrals has risen sharply meaning that modeling work has started to observe trends and action service alterations.
- IPC Constraints. Clinical flow across departments has been relentless this year and further challenged by Infection Prevention and Control (IPC) issues affecting several wards. These constraints have reduced available capacity and impacted patient movement, contributing to wider system flow pressures.
- Variation in patient streaming and pathway utilisation while pathways such as SDEC and AMAU are in place, inconsistent utilisation at peak times can result in avoidable pressure within core front door areas.

## Key actions / initiatives

| Key actions / initiatives | Due date |
|---|---|
| • The development of the Urgent Care Centre (UCC) is currently underway, with structured governance and delivery arrangements in place to support implementation. UCC programme activity is progressing at pace, with meetings currently taking place four times per week to maintain momentum, address emerging challenges, and ensure timely delivery of key milestones. This coordinated approach is supporting the development of a robust and sustainable Urgent Care Centre model, designed to improve access, enhance patient flow, and reduce pressure on front door services. | 30/11/26 |

## Embedded improvement actions

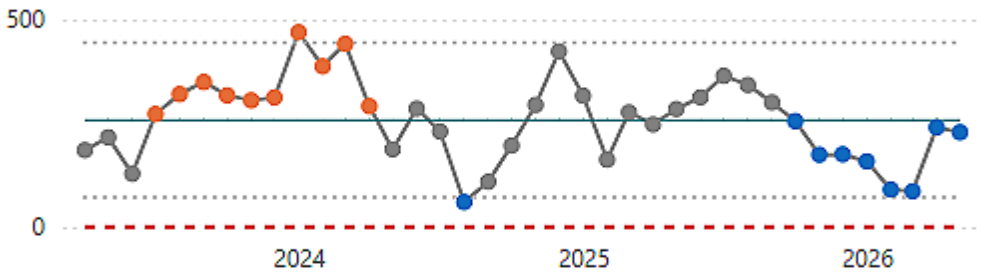
- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Medical Hot Clinics increased in response to operational pressures. An additional General Medicine hot clinic has been introduced into the rota from January, operating every Monday to support demand and provide an alternative to admission where appropriate
- Ongoing work with community colleges in early discharge planning. The use of hospital at home to create a wrap around service enabling community GP's to refer into SDEC out of hours / weekends for SDEC to treat and reefer back into the virtual ward.

# Urgent and Emergency Care – Ambulances – Withybush Hospital

(Targeted intervention and Ministerial priority)

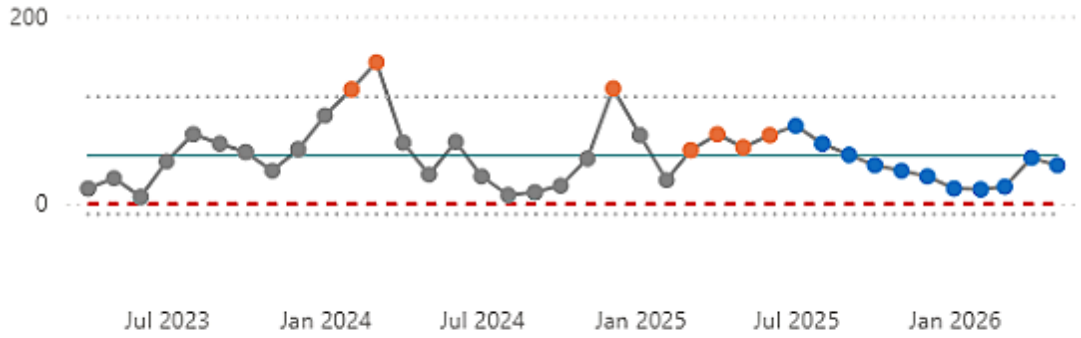
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

## Ambulance handovers taking over 45 minutes




Latest data is showing improving variation. 228 handovers >45 minutes reported out of a total of 637 handovers, 35.8%.

## Ambulance handovers taking over 4 hours




Latest data is showing improving variation. 41 handovers >4 hours reported out of a total of 637 handovers, 6.4%.

## Key challenges / issues

- Increased monthly conveyances to the Emergency Department (Feb' 542, Mar' 601, Apr' 604, May 637) despite also seeing good use of alternative pathways. This increased demand has contributed to departmental capacity challenges, impacting negatively on ambulance handover performance.
- Challenges with wider system flow, in particular during periods of increased demand, has negatively impacted on handover performance. This has been reflected in a period of escalated operational pressure declared at the end of the May.
- Due to Welsh Ambulance Service Trust (WAST) staffing challenges there has been some inconsistent cover of the Advanced Paramedic Practitioner Navigator role in our Clinical Streaming Hub.

| Key actions / initiatives | Due date |
|---|---|
| • Coordinate with WAST regarding Advanced Paramedic Practitioner Navigator support in our Clinical Stream Hub (daily presence required) | 30/09/26 |
| • Reinforce ring-fenced capacity protocols in the Emergency Department | 30/09/26 |
| • Increase WAST referrals into alternative to ED pathways | 31/12/26 |

## Embedded improvement actions

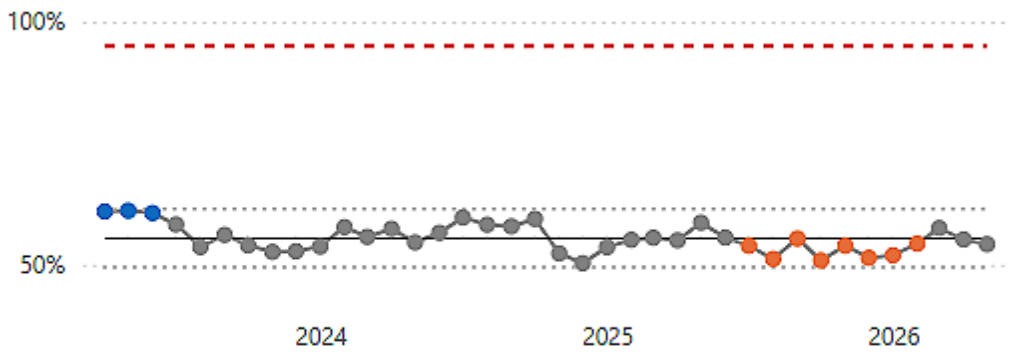
- MIYA Patient Flow model
- Band 6 permanent presence in Rapid Assessment Triage/Pitstop area to support expedient handovers.
- Direct admissions into Frailty Same Day Emergency Care.
- Direct admissions into Medical Same Day Emergency Care.

# Urgent and Emergency Care – Emergency Departments – Withybush Hospital

(Targeted intervention and Ministerial priority)

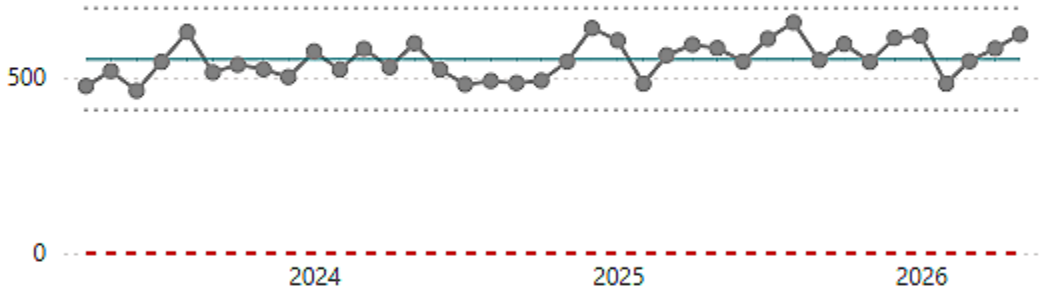
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

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




54.2% reported for May, 1,868 breaches out of 4,080 new attendances. Chart is showing usual variation.

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




622 breaches out of 4,080 new attendances, 15.2%. Chart is showing usual variation.

## Key challenges / issues

- Challenges with wider system flow, particularly during periods of increased demand, has negatively impacted on ambulance handover performance. This has been reflected in a period of escalated operational pressure declared at the end of the May.
- Higher demand experienced month on month, reflected in total attendances: Feb' 3,192, Mar' 3,735, Apr' 3,862, May 4,098.
- This increased demand inhibited improvement with the 4 hour % performance and waiting over 12 hours in the Emergency Department metrics.

## Key actions / initiatives

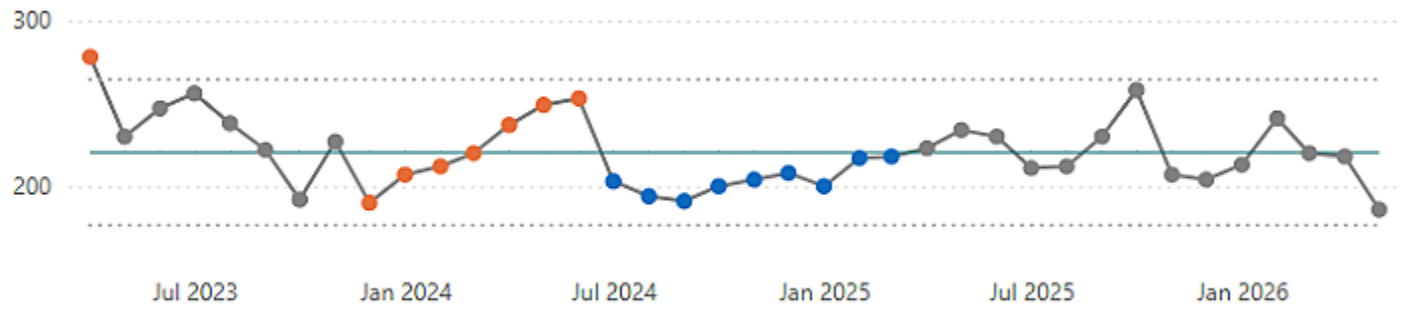
| | Due date |
|---|---|
| • Embed Home-First discharge model across all inpatient areas (reducing patient length of stay and increasing flow, releasing beds to support the Emergency Department) | 30/09/26 |
| • Deployment of senior clinical decision maker to front door to lead on patient streaming. | 31/12/26 |
| • Continue to focus on reducing average inpatient length of stay through weekly operational call, targeting 0 cases over 50 days (increasing flow and supporting movement of patients out of ED into inpatient beds) | 31/03/27 |

## Embedded improvement actions

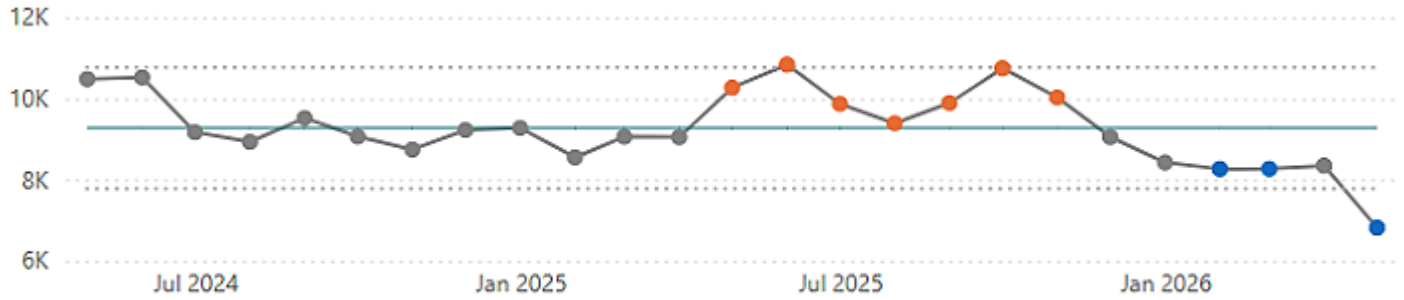
- MIYA Patient Flow model
- Same Day Emergency Care in-reach into the department to support and pull patients from ED
- Pro-active Frailty screening and pull through to Frailty SDEC from ED.

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 20th May 2026 census was 186 patients, and the chart shows usual variation.
- The total days delayed for non-mental health decreased in May to 6,218 days from 7,531 in April. Mental health and learning disability delays decreased in May 595 from 813 in April. The chart shows improving variation.
- 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 Code | Delay Reason | Carmarthenshire | Ceredigion | Pembrokeshire | Out of Area | Total Patient Count | Total Days Delayed | Average days delayed |
|---|---|---|---|---|---|---|---|---|
| 1.01.02 | Awaiting completion of assessment by social care | 23 | 5 | 5 | | 33 | 866 | 26 |
| 2.03.01 | Awaiting start of new community care package funded by social care | 3 | 5 | 8 | 1 | 17 | 682 | 40 |
| 1.01.05 | Awaiting joint assessment | 4 | 8 | 2 | | 14 | 368 | 26 |
| 1.01.03 | Awaiting completion of assessment Nursing | 2 | 3 | 5 | 1 | 11 | 281 | 26 |
| 2.04.01 | Awaiting reablement community care package | 6 | 3 | 0 | 2 | 11 | 299 | 27 |
| 1.01.07 | Awaiting completion of AHP Allied Health Professional Assessment | 4 | 0 | 5 | | 9 | 258 | 29 |
| 1.01.04 | Awaiting Continuing Healthcare (CHC) Assessment | 3 | 1 | 3 | 1 | 8 | 312 | 39 |
| 3.01.13 | Identifying Residential Home | 6 | 1 | 1 | | 8 | 488 | 61 |
| 1.01.11 | Awaiting completion of best interest decision | 2 | 0 | 5 | | 7 | 434 | 62 |
| 3.03.03 | Home unsafe and requires attention | 4 | 1 | 1 | 1 | 7 | 242 | 35 |
| | Other reasons | 15 | 19 | 22 | 5 | 61 | 2,583 | 42 |
| TOTALS | | 72 | 46 | 57 | 11 | 186 | 6,813 | 37 |

| Key challenges / issues | Key actions / initiatives | Due date |
|---|---|---|
| **Non Mental Health:** Widespread infection prevention and control (IP&C) measures across multiple sites affected PoCD census data with patients unable to progress to the next stage of care (either assessments or care home discharge) due to IP&C issues, in addition the number of patients clinically affected impacted on the number of patients declared clinically optimised. This contributed to the reduction in PoCD numbers and days delayed this month.<br>• Staffing challenges across all staff groups and ongoing wider system pressure has negatively impacted on PoCD.<br>• 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.<br>• Hospital acquired deconditioning and limited access to appropriate levels of rehabilitation due to the allied health professional (AHP)/ therapy staffing position contributing to delays relating to AHP assessments, re-ablement and packages of care on discharge.<br>• Ongoing challenges related to housing and homelessness, care home manager assessments and care home availability.<br>**Mental Health & Learning Difficulties**:<br>MH&LD PoCD volumes remain low with a marginal increase from the previous period, driven by a small number of complex Adult Mental Health (AMH) and Older Adult Mental Health (OAMH) cases. Delays continue to be predominantly placement-related, including limited availability of residential, nursing and Elderly Mentally Infirm (EMI) dementia provision, with a small cohort exceeding 90 and 100 days. Housing-related delays persist within AMH, including homelessness and unsuitable accommodation. A small number of delays are linked to community care package initiation and specialist placement availability, reflecting continued reliance on partner agency capacity. | **Non Mental Health:**<br>• Regional PoCD Action plan updated and submitted to the national team with 5 key actions to progress based on the current system challenges.<br>• Draft Memorandum of Understanding developed between health and local authorities to support PoCD and discharge planning (awaiting final sign-off).<br>• Deconditioning Early Warning Indicator (DEWI) tool being rolled out across all acute and community wards, in addition to other preventing deconditioning initiatives.<br>• Health Board Working Group established to focus on Rehabilitation pathways/ levels<br>**Mental Health & Learning Difficulties:**<br>• Targeted scrutiny of St Non and Enlli Ward >100-day PoCD an continued improvement plan to strengthen clinical governance process with standardisation across OAMH wards.<br>• System-level engagement with Local Authorities and independent sector providers to address residential, nursing and EMI dementia placement opportunities and social care to expedite community care packages.<br>• Focused management of AMH housing-related delays continues, including strengthened multi-agency liaison with Local Authority housing services.<br>• Continued scrutiny of best-interest decision timelines to ensure proportionality, timeliness and alignment with clinical optimisation.<br>• Focused review of AMH homelessness-related delays continues, with strengthened multi-agency liaison involving Local Authority 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 | 31/08/26<br>30/06/26<br>31/08/26<br>31/08/26<br>31/10/26<br>30/06/26<br>30/06/26<br>30/06/26<br>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 re-ablement capacity from WG funding, strength- based collaborative communication approach being embedded.

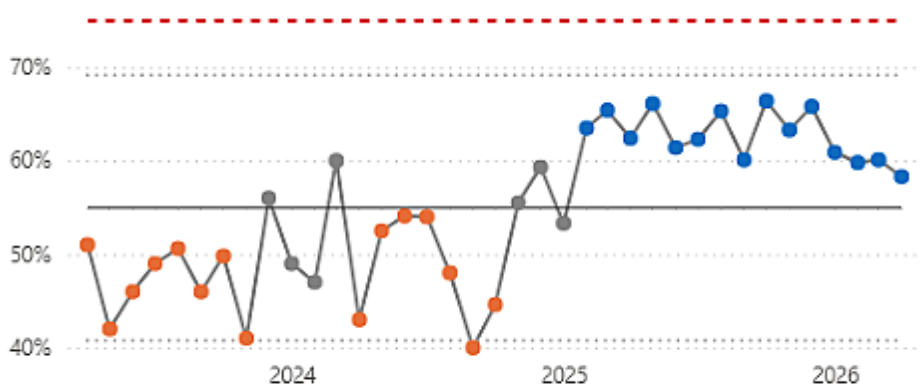
**Mental Health & Learning Disabilities:** Daily multidisciplinary and multi-agency escalation arrangements remain embedded across AMH inpatient services, alongside daily Older Adult Mental Health Acute Pathway oversight.

- Weekly PoCD deep-dive and escalation meetings across AMH and OAMH remain established, supporting senior validation and system escalation.
- Discharge to Recover and Assess (D2RA) principles remain embedded, supporting early discharge planning.
- Dementia Wellbeing stepped-care model remains established across regional care homes, supporting system flow.
- Multi-agency working with Local Authorities remains embedded, including routine validation of PoCD status and shared accountability for delays.

# Single cancer pathway
(Enhanced monitoring condition and Ministerial priority)

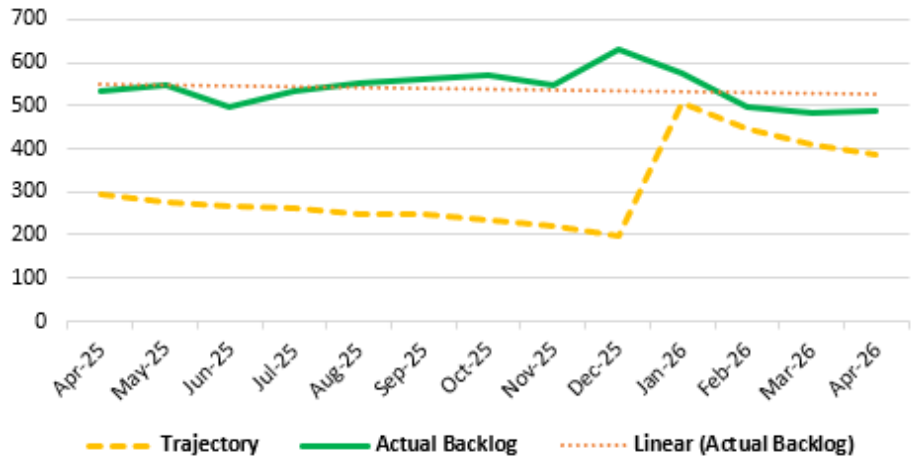
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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




In April 2026, 258 out of 442 patients (58.3%) started treatment within 62 days of referral. 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 April 2026, 486 patients were waiting over 62 days on the single cancer pathway.

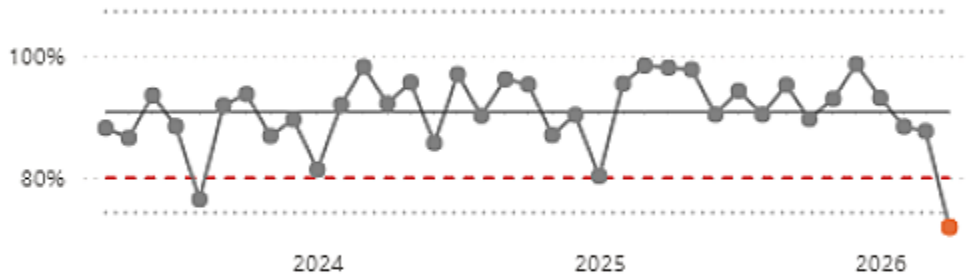
| Key challenges / issues | Key actions / initiatives | Due date |
|---|---|---|
| **Single cancer pathway**<br>Whilst overall treatment activity in April 2026 increased, performance was compromised by an increased number of patients (184) treated over 62 days.<br><br>This impacted breast and lower gastrointestinal pathways, caused by bottlenecks in the diagnostic pathway for both tumour sites in previous months. Additional treatment capacity has been allocated to treat patients that are waiting over 62 days, and this will continue through Quarter 1.<br><br>**Backlog and Diagnostics**<br>As reflected in the Annual Plan, the fundamental delivery challenge remains in the overall diagnostic pathway.<br><br>Performance in May 2026 is expected to recover above 62%. | • 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.<br>• £168k committed via recovery money for Urology Diagnostics for Q1<br>• Residual recovery funds allocated for Pathology turnaround for Q1<br>• Piloting the use of the Galeas Bladder Test from March 2026 – 300 patients, extended for Q1 2026/27<br>• Outsourcing CT equates to 260 scans per month with a 7-day reporting turnaround, extended for Q1 2026/27<br>• As concerns remain regarding resourcing of diagnostic recovery actions beyond Q1, a further deep dive review of SCP performance is being progressed during June 2026. | 30/06/26<br>30/06/26<br>30/06/26<br>30/06/26<br>30/06/26<br>30/06/26 |

# Mental health assessments within 28 days
(Enhanced monitoring condition)



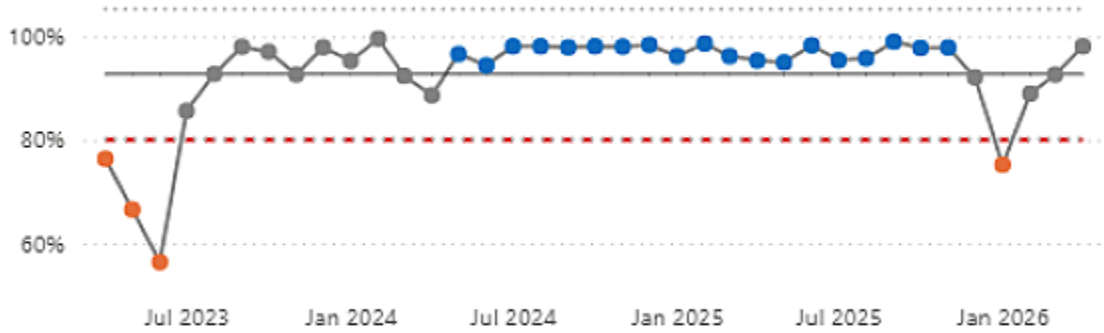
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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




Latest performance of 71.9% is showing concerning variation. The target of 80% was not met.

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




Latest performance of 98.1% 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):**
71.9% of assessments (64 of 89) were within target in April. The decline in April followed a period of increased demand over the usually quieter winter period. Referrals between October 2025 and March 2026 were up 9.3% compared to the previous year. This coincided with reduced staffing in the largest team (Carmarthenshire). Efforts to improve on our performance for our 28 days treatment target also impacted on our assessment performance. This is expected to improve in the coming two months.

**% mental health assessments undertaken within 28 days (persons aged 18+):**
Compliance remains high and the service continues to monitor assessment times which can impact on compliance.

## Key actions / initiatives

| Key actions / initiatives | Due date |
|---|---|
| **% mental health assessments undertaken within 28 days (persons aged 0-17):** Increased frequency of monitoring meetings, with more 'real time' data to inform these and the required actions to improve. | 30/06/26 |
| Piloting the 'One at a Time' approach to increase responsivity and reduce assessment burden, for which there is an 'Enabling Quality Improvement in Practice' (EQIiP) programme ongoing. | 31/12/26 |

## Embedded improvement actions

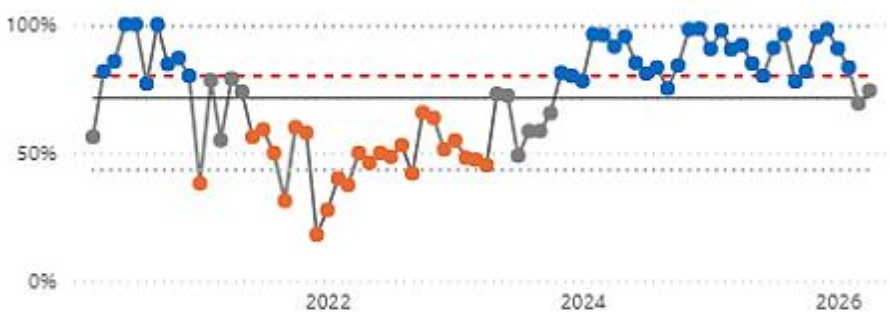
**% mental health assessments undertaken within 28 days (persons aged 18+):**
Carmarthenshire remains fragile due to both long term and short-term sickness. All teams are utilising the Primary Care Liaison Service (PCLS) at point of referral supporting reducing pressure on Local Primary Mental Health Support Services at this point of the patient journey.

# Therapeutic interventions following primary mental health assessment
(Enhanced monitoring condition)



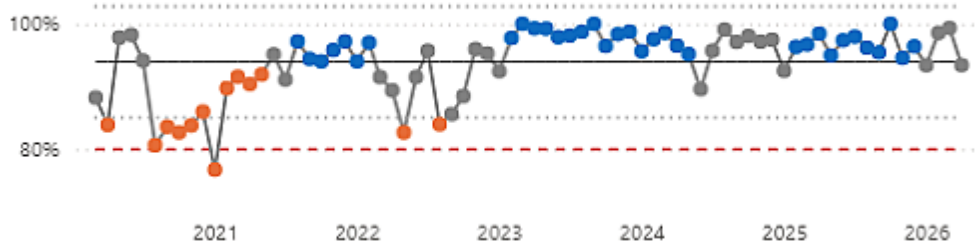
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

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




Latest performance of 74.2% is showing usual variation.
The target of 80% was not met.

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




Latest performance of 93.4% 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):**
April saw a 5% improvement on March performance, with 46 of 62 interventions commenced within target. This follows a period of increased demand over the usually quieter winter period (referrals in October 2025-March 2026 were up 9.3% the previous year). This coincided with reduced staffing in Carmarthenshire, the largest team.

**% 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. The current absence of the SPRING trauma intervention programme due to external factors with the provider has impacted on waiting times for single incident trauma work, with staff requiring training in alternatives to support this requirement.

## Key actions / initiatives

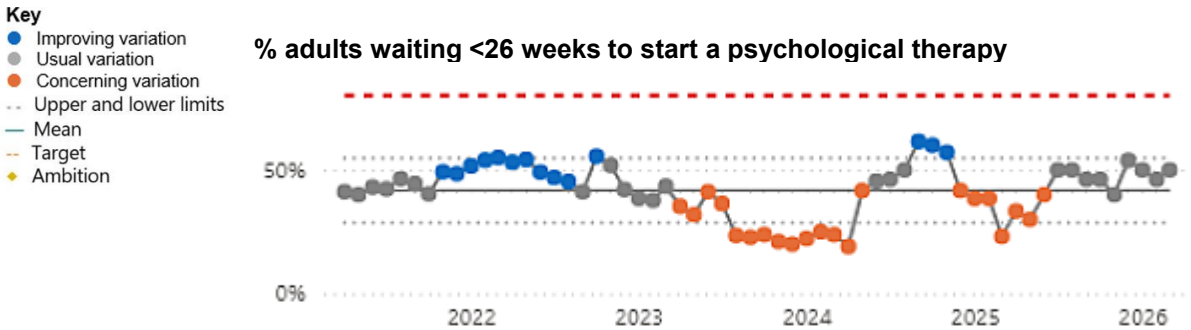
| Key actions / initiatives | Due date |
|---|---|
| **% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):** | |
| Increased frequency of monitoring meetings, with more 'real time' data to inform these and the required actions to improve. | 30/06/26 |
| Piloting the 'One at a Time' approach to increase responsivity and reduce assessment burden, for which there is an 'Enabling Quality Improvement in Practice' (EQIiP) programme ongoing. | 31/12/26 |

## Embedded improvement actions

**% 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) 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. New staff are now in place following recent recruitment to practitioner vacancies in both Carmarthenshire and Ceredigion.

# Psychological therapy waits
(Performance framework)

Mental Health




Performance in April of 52.9% shows concerning variation and the target of 80% was not met.

- 429 out of 825 (52%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 5 out of 11 (45.5%) were waiting <26 weeks to start an adult psychology assessment;
- 51 out of 90 (56.7%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

## Key challenges / issues

**Integrated Psychological Therapies Service (IPTS):**
IPTS has observed a marginal decrease in compliance of 1.2%; however, this is set against a significant overall reduction in the waiting list of 34% over the past 12 months. Referral and discharge rates remain broadly balanced, resulting in a steady-state flow that limits visible improvement in RTT performance despite meaningful backlog reduction. The transition to a stepped-care model has supported sustained improvements in service capacity, patient flow, throughput, and overall pathway management. However, the ability to expand group provision has been constrained by recruitment delays and increasing pressure on the balance between group delivery and 1:1 interventions. In addition, the ongoing digital system transition from Attend Anywhere to Medio has required focused management oversight, which has further impacted operational capacity—particularly in relation to group delivery.

**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):**
The waiting list for patients waiting under 26 weeks for treatment decreased in April. This follows the commencement of a Practitioner Psychologist, based in an area in Carmarthenshire where there was no community provision.

## 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). This will strengthen the service's ability to address the trauma waiting list. | 31/07/26 |
| **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. | 30/06/26 |

## 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.

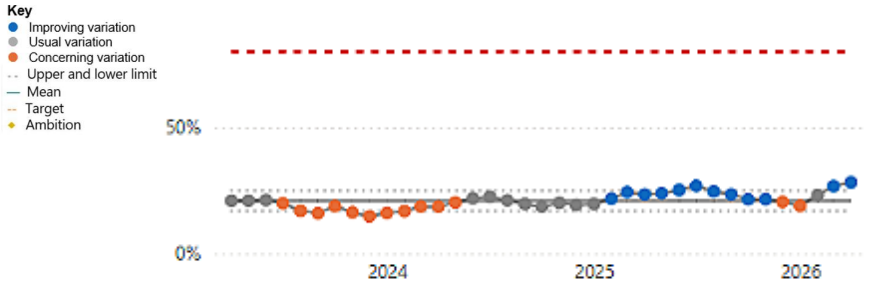
**AMH:**

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

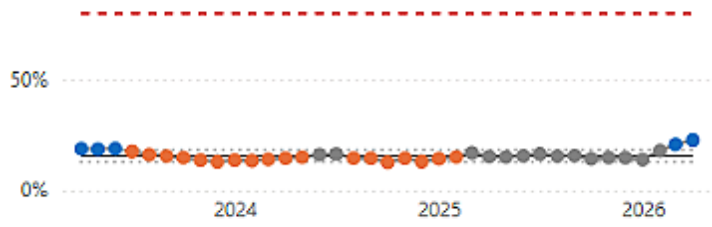
# Neurodevelopmental assessment waits
(Performance framework)

Mental Health

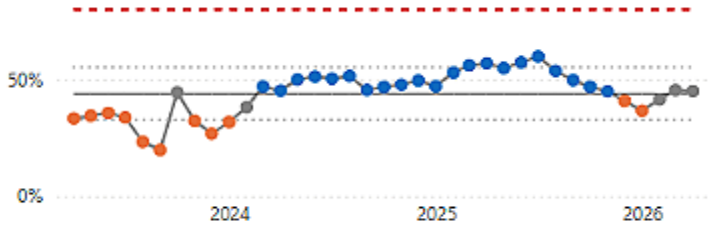
**% children & young people waiting < 26 weeks to start a neurodevelopment assessment**




**% 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 April 2026 of 28.3%, shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 771 of 3,401 (22.7%) patients had an ASD assessment < 26 weeks. 513 out of 1,140 (45%) patients had an ADHD assessment <26 weeks.

## Key challenges / issues

**Attention Deficit Hyperactivity Disorder (ADHD):**
The longest current wait for an ADHD assessment is 101 weeks, with 326 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. Currently, only one device is available across the counties, with a limited number of Healthcare Support Workers trained in its use. In addition, clinic room availability across all sites remains a challenge. Longer-term solutions are being progressed through the Bandi appeal and the proposed reconfiguration of Puffin Ward at Withybush Hospital for children with serious illnesses or injuries.

**Autism Spectrum Disorder (ASD):**
As of April 2026, there were 3,401 children and young people waiting for an ASD assessment, with 2,630 individuals waiting more than 26 weeks. 136 referrals were received in April. Although this was a reduction from previous months, it is an understandable position given the school holidays during the month which is known to impact referral rates. The service is continuing to streamline pathways in line with national direction towards needs-led services.

## Key actions / initiatives

| | Due date |
|---|---|
| **ADHD:** | |
| • Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. | 31/03/27 |
| • Expand core capacity by increasing access to QB testing and follow-up appointments. 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 are being explored. | 31/03/27 |
| • Continue to optimise clinic utilisation through flexible management and robust job planning. | 31/03/27 |
| • Explore use of digital solutions, such as Magic Notes, to support assessments and follow-ups and help reduce clinician administrative time. | 31/12/26 |
| • Options paper submitted to address capacity and demand issues. | 31/12/26 |
| **ASD:** | |
| • A week-long visit by the newly appointed national Performance and Improvement Lead for Neurodiversity to observe existing processes, pathways and practice with an aim of offering service development and transformation recommendations that support the delivery of timely, efficient care. | 11/05/26 |
| • Additional outsourcing contract is being developed to secure a further 300 assessments in year. | 30/06/26 |
| • Exploring potential digital methods of providing post-diagnostic support to release clinical capacity. | 30/07/26 |

## Embedded improvement actions

**ASD:**
- School cluster project commenced with the initial two days showing potential efficiencies.
- Review of website resources to provide signposting and resources to individuals to reduce administrative burden.

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



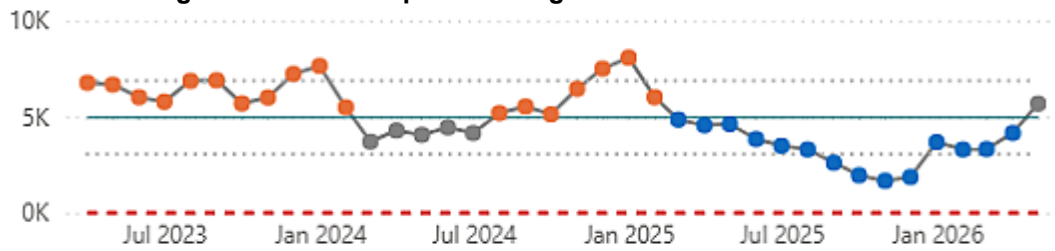
Key
- Upper and lower limits
- Mean
- Target
- Ambition

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

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

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

**Patients waiting >8 weeks for a specified diagnostic**




Latest overarching performance of 5,682 is showing usual variation for May 2026 but breaches are increasing, this is driven by Radiology (see table).

| Diagnostic | Latest period | Latest actual | Variation | Assurance |
|---|---|---|---|---|
| All | May 2026 | 5,682 | ● | ▣ |
| Radiology | | 4,708 | ● | ▣ |
| Cardiology | | 825 | ● | ▣ |
| Endoscopy | | 58 | ● | ▣ |
| Phys measure | | 57 | ● | ▣ |
| Imaging | | 34 | ● | ▣ |
| Neurophysiology | | 0 | ● | ▣ |

## Key challenges / issues

**Radiology**
- 4,742 breaches reported May 2026 (radiology & imaging), well above the forecast level of deterioration reflected in the Annual Plan.
- Whilst extended periods of equipment downtime during Quarter 1 (Q1) and higher than forecast levels of diagnostic demand from 2025/2026 national OPA (Outpatient Assessments) insource project have impacted the position, increased CT, MRI and Ultrasound breaches have surpassed projected levels and cannot easily be explained by current demand and activity patterns.
- 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 to the NHS Performance & Improvement Team for support in further interrogating the RISP system which is being rolled out across Wales.

**Endoscopy**
- Breaches relate to the Urology cystoscopy pathway and continuing capacity pressures noted throughout 2025/26.
- An underlying capacity deficit in the gastrointestinal endoscopy pathway reflected in the Annual Plan (equivalent to additional 3 lists per week or 5% increase in 2026/27) has been mitigated during Q1 via continuing of insourcing until end June.

**Cardiology**
- Breaches primarily attributable to longstanding shortfall of in-house diagnostic capacity, particularly within echocardiography. Position deteriorated in May 2026 due to loss of capacity, via increased levels of short and long-term sickness absence and maternity leave.
- Myocardial Perfusion Scan breaches also increased, due to a two-week system outage in April and reduced service availability during May bank-holidays, noting that the service currently operates on Mondays only.

## Key actions / initiatives

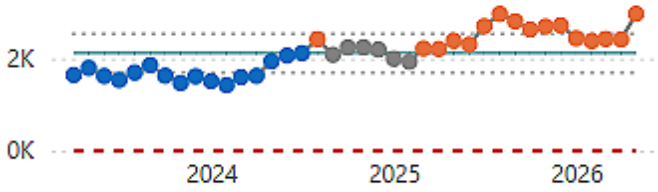
| | Due date |
|---|---|
| **Radiology** | |
| • NOUS contract extended, with additional capacity being sought. Internal staffing (Insourcing) ongoing funded by vacancy. | 01/11/26 |
| • MRI van extended from Apr– Aug 2026 using core funding (vacancy lag). WG funding for second van ended 31 March, reducing capacity by 540 patients per month. | 31/08/26 |
| • CT van extended to end Q1 with additional funding (Planned Care). Capacity for 250 additional urgent suspected cancer patients per month. | 31/06/26 |
| • Urgent Review Group to be established with support of NHS P&I, Informatics & Data Science teams to investigate the breach position and interrogation of RISP system. | 30/06/26 |
| **Endoscopy** | 30/06/26 |
| • Insourcing agreed for May-June 2026 in gastrointestinal endoscopy to bridge baseline capacity deficit in-order-to-maintain the 8-week performance standard. Maintenance of zero breaches reliant on funding to bridge D&C gap of 3 lists/week, as noted in the Endoscopy Annual Plan submission. | 30/06/26 |
| • Cystoscopy waits beyond 8 weeks reducing monthly. Galeas Bladder trial for urgent suspected cancer continuing, with funding for 2 additional sessions in June. Maintenance of zero breaches relies on continuation of the program and ability to resource lists appropriately. | 30/06/26 |
| **Cardiology** | 31/07/26 |
| • Plans are in place to procure insourcing activity during June and July to support a reduction in the current breach position, however additional funding will be required to achieve full recovery and deliver a sustained breach-free position. | |

# Therapy waits over 14 weeks
(Enhanced monitoring)



Performance shows concerning variation (May 2026 = 2,969), with breaches rising by over 500 since April 2026.

### Patients waiting >14 weeks for a specified therapy



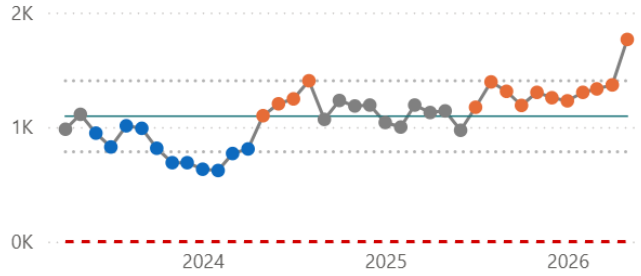

Key
- Upper and lower limits
- Mean
- Target
- Ambition

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

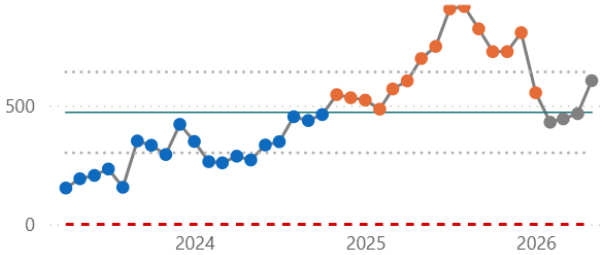
**Assurance - performance against target**
- Always hitting target
- Hit and miss target
- Always missing target

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

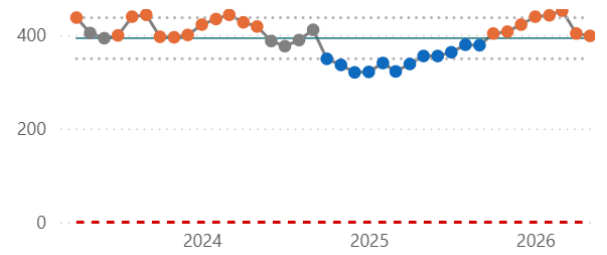
### Number of patients waiting 14 weeks plus for Physiotherapy



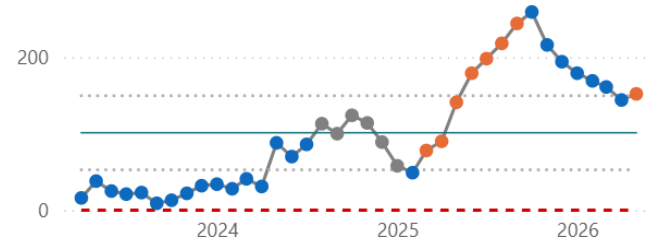

### Number of patients waiting 14 weeks plus for Podiatry



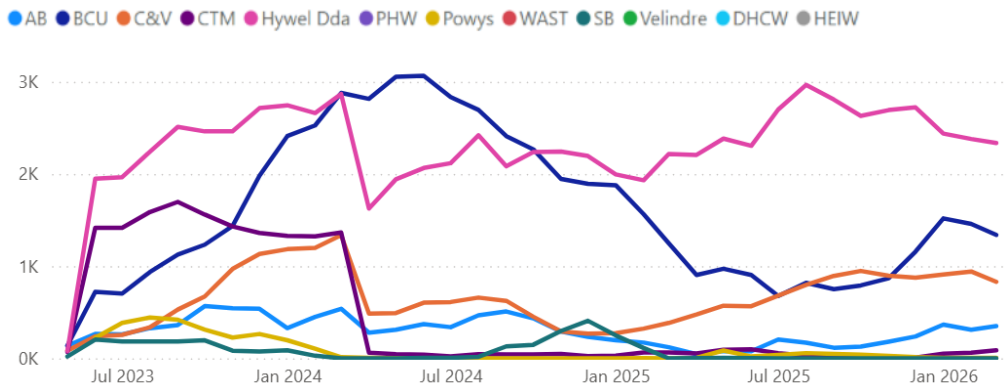

### Number of patients waiting 14 weeks plus for Occupational Therapy




### 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 (March 2026)




| Therapy | Latest period | Latest actual | Variation | Assurance |
|---|---|---|---|---|
| All | May 2026 | 2,969 | ● | ▣ |
| Physiotherapy | | 1,765 | ● | ▣ |
| Podiatry | | 605 | ● | ▣ |
| Occupational Therapy | | 398 | ● | ▣ |
| Dietetics | | 152 | ● | ▣ |
| Art therapy | | 30 | ● | ▣ |
| Speech & Language Therapy | | 19 | ● | ▣ |

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

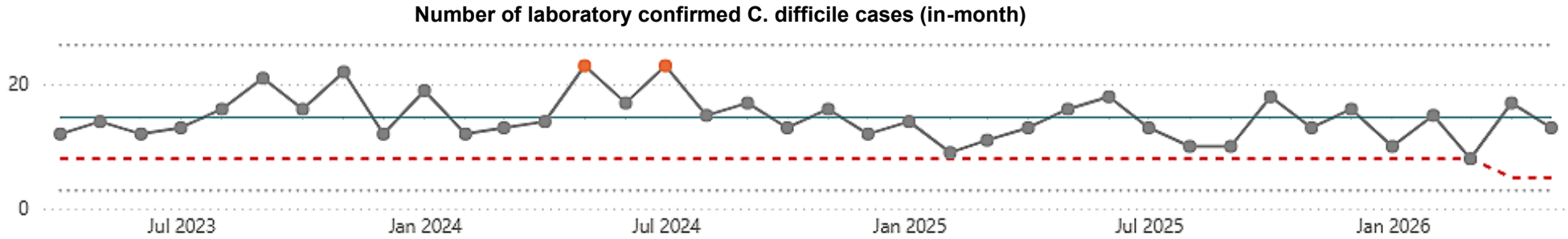
| Key challenges / issues | Key actions / initiatives | Due date |
|---|---|---|
| **Physiotherapy:** in month increase in breach position is driven by reduced capacity and corresponding activity. This is caused by two staff on maternity leave, one vacancy, and unavailability of agency to backfill. This is compounded by increased urgency of demand (now 50%), notably in Musculoskeletal (MSK) Physiotherapy specialty (94% of breaches). Demand continues to grow and is greater than capacity, driven by changes to Community Health Pathways and other national pathways (E.g. South Wales Spinal Network Guidance) causing a shift of work from primary and secondary care towards community MSK Physiotherapy services. There is an increase in the proportion of urgent and complex work in community services as pathways have an increased focus on admission avoidance and early supported discharge. The remaining 6% breaches are within community and paediatric services.<br>**Occupational Therapy (Paediatrics)**<br>Performance within trajectory, 79.5% breeches within paediatrics, driven by increases (circa 30%) in new patient referrals over the past 3 years, placing significant pressure on service capacity. Compounded by a rise in urgency and complexity of demand, which continues to impact the service's ability to meet demand.<br>**Podiatry**<br>Breaches had stabilised until March 2026 due to temporary management-led clinics; however, this is unsustainable and with the temporary clinics ceasing, performance has deteriorated. New patient referrals have risen by around 40% over six years without an increase in capacity, while patient complexity has increased. This has led to longer appointments and fewer patients being seen. Podiatry provides first-contact triage for Orthopaedics and Vascular services and has expanded roles (7 Independent Prescribers and 6 Sonographers) through internal reorganisation without additional funding.<br>**Dietetics**<br>Paediatrics (99% long wait demand): Short-term additional capacity had started to turn the curve of breaches, however further sickness in the team is now impacting negatively on performance. There is a further likelihood of deterioration from September 2026 when short-term additional capacity agreement ceases.<br>Diabetes & Community: A very small proportion of breaches sit within these specialties; due to fragility in these areas (e.g. any short-term absence is adversely affecting capacity and increasing breach position). | The agreed trajectory in the Annual Plan for 2026/27 without the required investment in additional posts, forecasts 3,229 breaches by March 2027. Mitigating actions are described below.<br>**Physiotherapy:** The actions below will reduce the rate of breach growth but will not off-set the capacity demand deficit.<br>• A standard operating procedure (SOP) 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.<br>• 3-month pilot starting on 20/04/26 to validate routine MSK waiting lists using new Microsoft Forms methodology.<br>• A review of community prioritisation criteria aligned to clinical risk matrix is currently being undertaken<br>**Occupational Therapy (Paediatrics)**<br>• Increasing number of group appointments through the development of a sensory pathway<br>• Increasing number of clinic appointments to increase service flow.<br>• Working with estates to minimise any adverse impacts of planned accommodation changes through June and July.<br>• Weekly performance meetings to review actions and progress on planned service improvements.<br>**Podiatry**<br>• Consultant podiatrist post in development. This will improve treatment flow, governance and waiting times.<br>• Further action to continually embed successful telephone triage process Health Board wide, which reduces waiting times.<br>**Dietetics**<br>• Service delivery model review underway, access criteria and referral process updated and communicated (timeline dependant on access to Digital / IT support).<br>• Demand and capacity mapping complete. This will inform the improvement plan which will be presented to the July Clinical Care Group (CCG) business and governance meeting. | 31/08/26<br><br>17/07/26<br><br>30/09/26<br><br>30/09/26<br>30/09/26<br>30/07/26<br><br>30/09/26<br><br>15/08/26<br><br>31/07/26<br><br>31/08/26<br><br>31/07/26 |

### Embedded improvement actions

**Physiotherapy:** Financial Control Group approval given to actively recruit Band 5 bank staff, with 5 job offers made 3rd March 2026. Bank workforce are now in post. Action closed.
**Podiatry**: New patient demand and capacity modelling found the service to be efficient, with full utilisation of a 10-session template, strong discharge and eligibility processes, and effective skill-mixing. A service review strengthened the management structure, with D&C modelling indicating a requirement for an additional 3.0 WTE to meet demand.
**Dietetics:** First line resources developed and accessible to referrers via SharePoint ; this is aimed at reducing referral rate by ensuring first line advice provided and supports early risk management for those waiting.

# C. Difficile (all cases)
(Targeted intervention)

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




Latest performance of 13 cases for May 2026 is showing usual variation

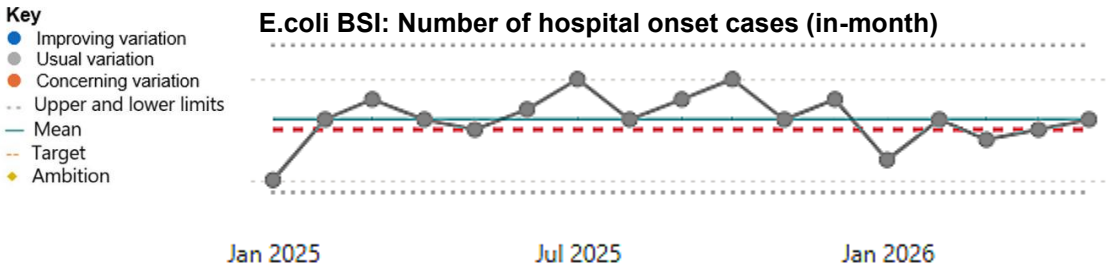
| Key challenges / issues | Key actions / initiatives | Due date |
|---|---|---|
| **C. difficile:**<br>• Hospital onset infections of C. difficile remain to be of concern, several community onset infections have been classified as "community onset, healthcare associated", meaning cases are linked to recent healthcare exposure.<br>• The Welsh Health Circular Anti-Microbial 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 of C. difficile in 2024/25, for 206/27 the HB would need to achieve 138 cases or less to meet the improvement goal.<br>• Antibiotic Stewardship: Inconsistent completion of Start Smart Then Focus (SSTF) audits; vacancies in Antimicrobial Pharmacy team risk affecting stewardship.<br>• Delayed Infection Prevention Control Actions: Recognition, isolation, and diagnosis delays noted in some cases.<br>• Environmental Cleaning: Cleaning scores in Glangwili for high-risk wards areas are below the expected standards.<br>• Compliance Gaps: Lapses in bare below the elbow standards across staff groups.<br>• Mandatory Training: Level 2 Infection Prevention Control compliance at 74.37%, below the 85% target and a reduction from the previous month. | **C. difficile:**<br>• C. difficile Improvement Group to progress the work with the C. difficile collaborative and identify improvement projects or shared learning.<br>• Review of cases for May to assess locations, themes and any cleaning implication that could have contributed to the infection.<br>• Support the pilot of electronic prescribing in the health board to promote antimicrobial; stewardship when prescribing and reviewing antimicrobials. | 09/06/26<br>30/06/26<br>31/07/26 |

**Embedded improvement actions** for ALL infection types

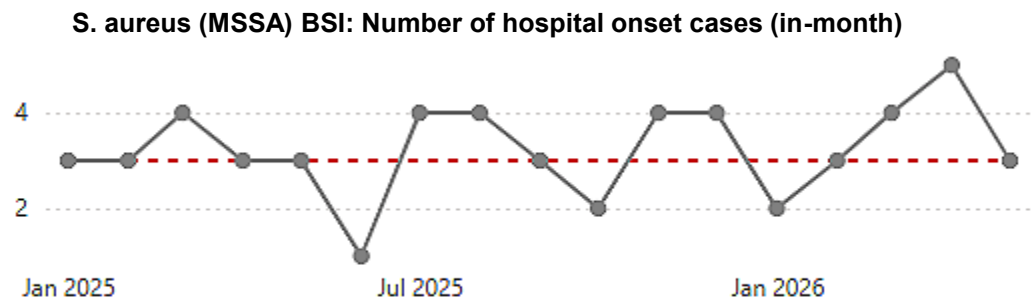
- Learning & Governance: Healthcare associated infections cases reviewed monthly.
- Assurance Group; learning shared via Clinical Care Groups. Issues escalated through governance structures. This requires all members of the multi-disciplinary team in attendance.
- Monthly hand hygiene audits by Ward 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.

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






Latest performance of 6 cases in May 2026 is showing usual variation



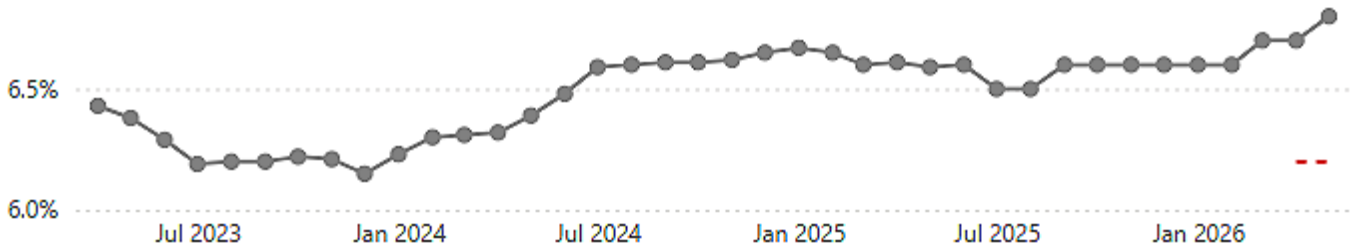

Latest performance of 3 cases in May 2026 is showing usual variation

| Key challenges / issues | Key actions / initiatives | Due date |
|---|---|---|
| **E. coli:**<br>• Infections primarily community-onset and linked to urinary tract and some catheter-related.<br>• The Welsh Health Circular Anti-Microbial Resistance and Healthcare Associated Infections 2025 to 2027 sets an improvement goal: a reduction of at least 10% in cases of hospital onset E. coli bloodstream infections (BSI) is expected vs the cases in 2024-2025. There were 60 cases of E. coli BSI in 2024/25, for 206/27 the HB would need to achieve 54 cases or less to meet the improvement goal.<br>• Most cases occur in the 80–89 age group.<br>• Non-compliance observed bare-below-the-elbow practices across staff groups.<br>• Health Board aseptic non-touch technique compliance for E-learning is at 85.04%. | **E. coli:**<br>• Health & Wellbeing booklet has been printed and will be used at public facing forums and impact reviewed<br>• Ongoing review of hand hygiene products and promotional posters - Prince Philip and community hospital complete. | 30/06/26<br>31/07/26 |
| **S. aureus**<br>• The burden of S. aureus BSI is seen within the community.<br>• The Welsh Health Circular Anti-Microbial Resistance and Healthcare Associated Infections 2025 to 2027 sets an improvement goal for both Methicillin-susceptible Staphylococcus (MSSA) and Methicillin-resistant Staphylococcus (MSRA).<br>• MSSA & MRSA Improvement Goals: A decrease of at least 20% compared to the 2024/25 baseline counts for all Health Boards for MSSA and have fewer cases of MRSA in 2026/27 than in 2025/26.There were 122 cases of MSSA BSI in 2024/25, for 206/27 the HB would need to achieve 98 cases or less to meet the improvement goal. There were 11 cases of MRSA BSI for 2024/25.<br>• Health Board aseptic non-touch technique compliance for E-learning is at 85.62%.<br>• Non-compliance observed bare-below-the-elbow practices across staff groups. | **S. aureus**<br>• Healthcare associated infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups (CCGs).<br>• Hand hygiene validation and observational audits conducted based on senior nurse monthly audits.<br>• Infection prevention observations fed back to CCGs and staff groups for improvements for hand hygiene and bare below the elbow in June | 30/06/26<br>30/06/26<br>30/06/26 |

# Staff sickness
(Performance framework)



## % staff sickness rate (12 months rolling)



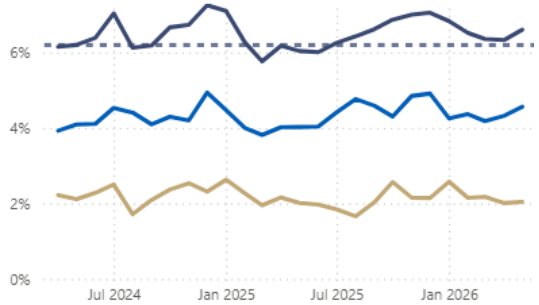

Rolling 12-month staff sickness percentage rate comparisons for May:

- May 2024: 6.4%
- May 2025: 6.6%
- **May 2026: 6.8%**

2026-2027 Rolling 12-month target = 6.2%

## % staff sickness rate (in month)

**May 2026 (in month) = 6.6%**
Short-term sickness = 2%
Long-term sickness = 4.6%




**Services with 60+ staff with the highest levels of in-month sickness rates in May 2026:**

| Team | Staff | R12m | In-month |
|---|---|---|---|
| **Immunisation Team** | 63 | 12.5% | **15.8%** |
| **Sunderland Ward** | 73 | 14.1% | **14.7%** |
| **Withybush Domestic Services** | 139 | 10.4% | **12.7%** |
| **Prince Phillip AMAU** | 77 | 11.2% | **11.5%** |
| **Prince Phillip Hotel Services** | 72 | 10.5% | **10.8%** |
| **Glangwilli Domestic Services** | 136 | 13.3% | **10.8%** |

## Key challenges / issues

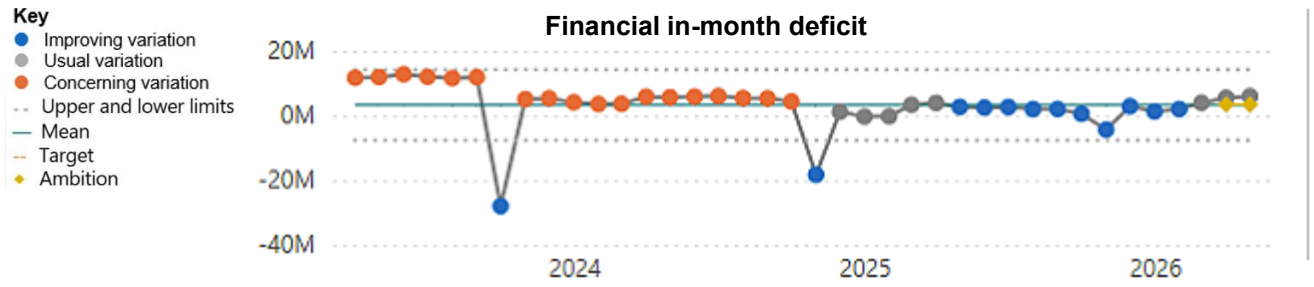
Absence rates attributed to anxiety, stress and depression continues to be the highest reason for absences across the Health Board at 34.2%.

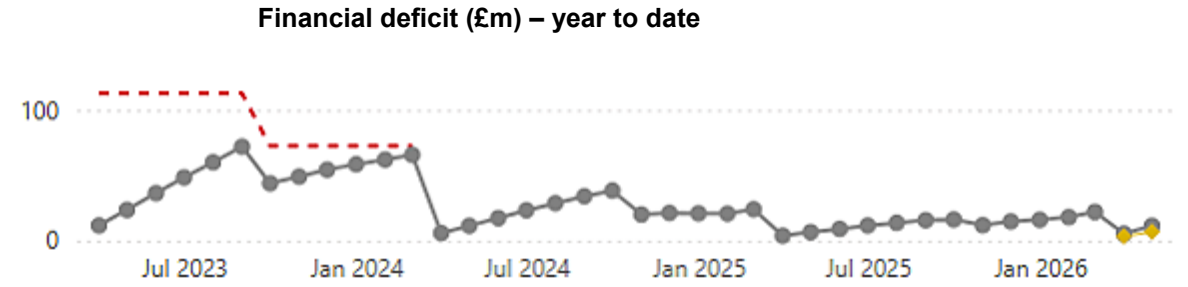
Absences attributed to musculoskeletal problems is the second highest reason at 10.4%.

## Embedded improvement actions

Initiatives include; the development of bite-sized training sessions and updated Wellbeing Passport and guidance for managers and a comprehensive review of all sickness absence letters.

- Ongoing support from Workforce Advisors for Attendance Management with a focus on hot spots across all Clinical Care Groups. Outcomes include:
  - Reduction in overall sickness absence rate;
  - Increased percentage of cases managed within policy timescales;
  - reduction in long-term absence cases; improved data quality and reporting accuracy.
- Data analysis and targeted support to address underlying issues, Workforce support aligned to employee relations matters.
- Training sessions on disability and reasonable adjustments have taken place with more planned for the future.
- Work continues to further develop and refresh sickness absence against population health data to improve health promotion and interventions by locality.



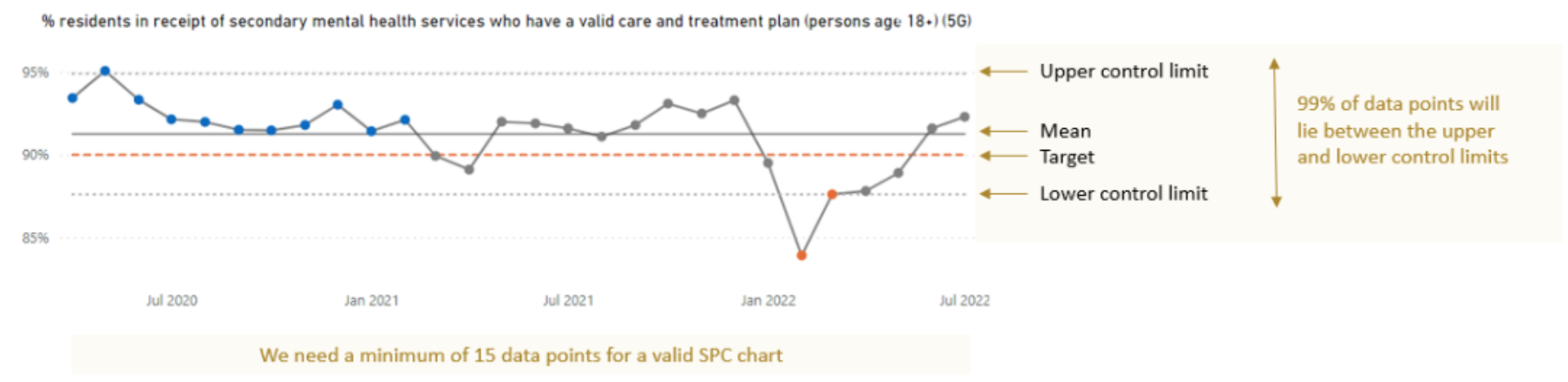




| Key challenges / issues | Key actions / initiatives | Due date |
|---|---|---|
| The Health Board's Annual Planned Deficit is £41.0m with an Annual Savings Target of £42.8m. Gross forecast position is £61.9m, with unplanned mitigating actions of £20.9m to be finalised, to achieve the reported end of year forecast position of £41.0m. Total savings delivery are £8.7m, leaving a savings delivery gap of £34.1m against the savings target. | Medical pay and rostering additional cover at premium costs. Continuing use of additional medical cover, including premium locum and agency in Bronglais hospital, Withybush hospital, Planned Care and Mental Health. The Medical Rate card has been adopted, and an impact assessment is required of its compliance across the Health Board. The comprehensive use of Allocate (workforce management tool) also needs to be embedded. | 30/06/26 |
| The in-month financial position is a deficit of £6.0m, which is an adverse variance against the £3.4m in-month deficit plan due to the savings target of £3.6m has been under identified by £2.4m, and the £1.2m savings identified being fully delivered in-month, and a core operational overspend of £0.2m. | Identification and delivery of robust savings plans. Escalation for the Finance domain is partly due to risk associated with delivering the annual plan equitably across services. Highlighted by Welsh Government and NHS performance and improvement at the escalation meetings of w/c 1 June with requirement of a savings plan with 100% delivery confidence. Outstanding, urgent action required as part of de-risking the annual plan, deadline of 12 June (In-Committee Board 18 June) prior to paper to Finance and Performance Committee. | 30/06/26 |
| The in-month core overspend of £0.2m is largely driven by Medical locum agency usage £0.8m, Continuing Healthcare packages within Community and Integrated Medicine and Mental Health £0.5m Digital Strategic Partnership Contract phasing £0.2m, Planned & Specialist Care theatre consumables and insourcing £0.2m and Losses claims increases £0.2m. Theres are offset by pay vacancies across all service areas £(0.8)m and Dental contract hand back and delay in Cluster projects £(0.9)m. | Robustness of Continuing Healthcare approach. A revised forecast approach introduced in Month 2. Urgent action required - full review of spend levels and mitigating actions to reduce activity demand. | 30/06/26 |
| | Conscious decisions compounding delivery of Annual Plan where known decisions have been made outside of the annual planning process:<br>• Newly qualified streamlining nursing over establishment<br>• Anaesthetist rate card extended, increasing Medical costs<br>• Breast consultant over-established – retiree budget should have offset<br>• Out of area Mental health &Learning disabilities outsourcing beds – Ministerial Priorities conflict<br>• Patient Flow Unit established without business case approval<br>• First Contact Point Physiotherapy service continuation despite cessation of Cluster funding, exit strategy required where funding will cease.<br>• Resident Doctors – additional 5 whole time equivalents for Medical rotas in WGH | Overdue |

## 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** | | |