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

Finance and Performance Committee
Performance Deep Dive: Alerts

30 June 2026

Performance Deep Dive: Alerts
Purpose and Situation

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Committee is requested to

- consider this deep dive assessment of the performance areas highlighted as ALERTS in the Month 2 2026/27 Integrated Performance Assurance Report (IPAR).

Performance Deep Dive: Alerts Overview

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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

This assessment covers the following performance alerts:

- %age of patients on a single cancer pathway within 62 days
- Patients waiting > 8 weeks for a specified diagnostic
- Patients waiting > 12 hrs in A&E/MIU
- Patients waiting > 14 weeks for a specified therapy
- % of MH assessments for patients 0-17 within 28 days
- % adult psychological therapy waits < 26 weeks

Performance Deep Dive: Alerts
Exclusions:

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- The following performance areas highlighted as ALERTS in the Month 2 2026/27 IPAR have been excluded from this deep dive report for the reasons specified below:

- **% patients spending < 4hrs in an A&E/MIU**
  - Although this continues to remain an area of focus, UEC performance objectives for 2026/7 prioritise ambulance handover metrics, long (12hrs+) ED waits and delayed pathways of care

- **Median time ambulance emergency category calls**
  - Delivery accountability lies jointly with the Welsh Ambulance Services NHS Trust

- **Median time ambulance arrest category calls**
  - Delivery accountability lies jointly with the Welsh Ambulance Services NHS Trust

- **Patients waiting 104 weeks + Referral to Treatment (RTT)**
  - Although performance has shown a slight deterioration during Q1 2026/27, this is in line with Annual Plan delivery expectations and current breach volumes are significantly lower than levels predicted in the Annual Plan

- **RTT Waits over 52 weeks (first outpatient appointment)**
  - Although performance has shown a slight deterioration during Q1 2026/27, this is in line with Annual Plan delivery expectations and current breach volumes are significantly lower than levels predicted in the Annual Plan

%age of patients on a Single Cancer Pathway within 62 days
Key challenges and improvement actions:

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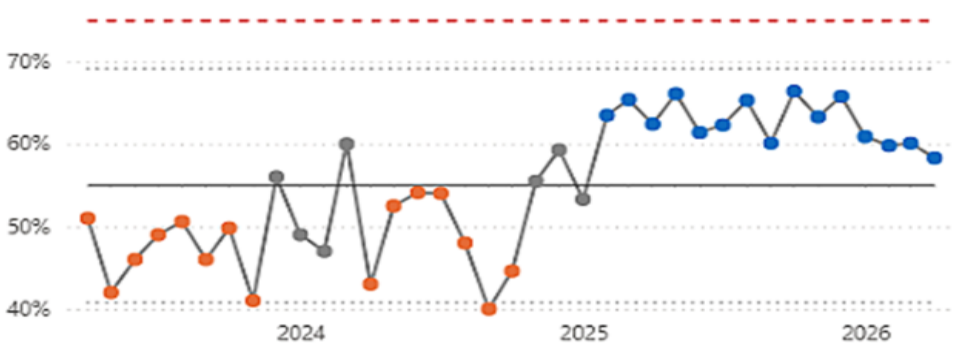
Single cancer pathway
(Enhanced monitoring condition and Ministerial priority)

Cancer

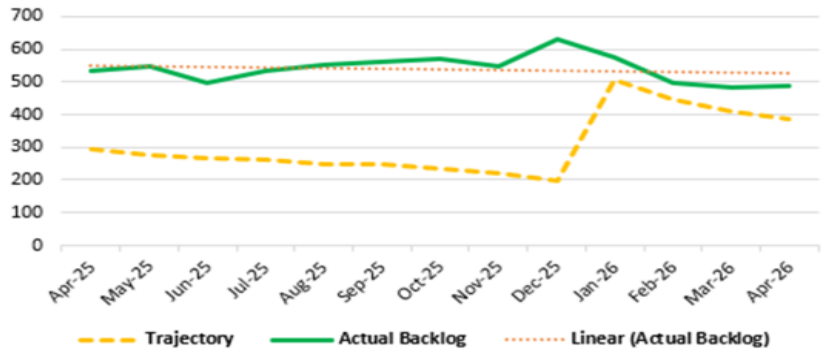
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



In April 2026, performance was 58.3% against the trajectory of 66%. Performance reduction due to above usual treatment run rate for patients (184) waiting over 62 days, within breast and lower gastrointestinal pathways.

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 Whilst overall treatment activity in April 2026 increased by 69 patients to a total of 258 patients, performance was compromised by an increased number of patients (184) treated waiting over 62 days. This impacted the breast and lower gastrointestinal pathways, caused by bottlenecks in the diagnostic pathway for both tumour sites in previous months, These have since been resolved. Additional treatment capacity has been allocated to treat patients that are waiting over 62 days and this will continue during Q1. **Backlog and Diagnostics** As reflected in the Annual Plan, the fundamental delivery challenge remains in the overall diagnostic pathway 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. • £168k committed via recovery money for Urology Diagnostics for Q1 • Residual recovery funds allocated for Pathology turnaround for Q1 • Piloting the use of the Galeas Bladder Test from March 2026 – 300 patients, extended for Q1 2026/27 • Outsourcing CT equates to 260 scans per month with a 7-day reporting turnaround, extended for Q1 2026/27 As concerns remain regarding resourcing of recovery actions beyond Q1, a further deep dive review of SCP performance is being scheduled for late June 2026.	30/06/26 30/06/26 30/06/26 30/06/26 30/06/26

%age of patients on a Single Cancer Pathway within 62 days: Supplementary information:

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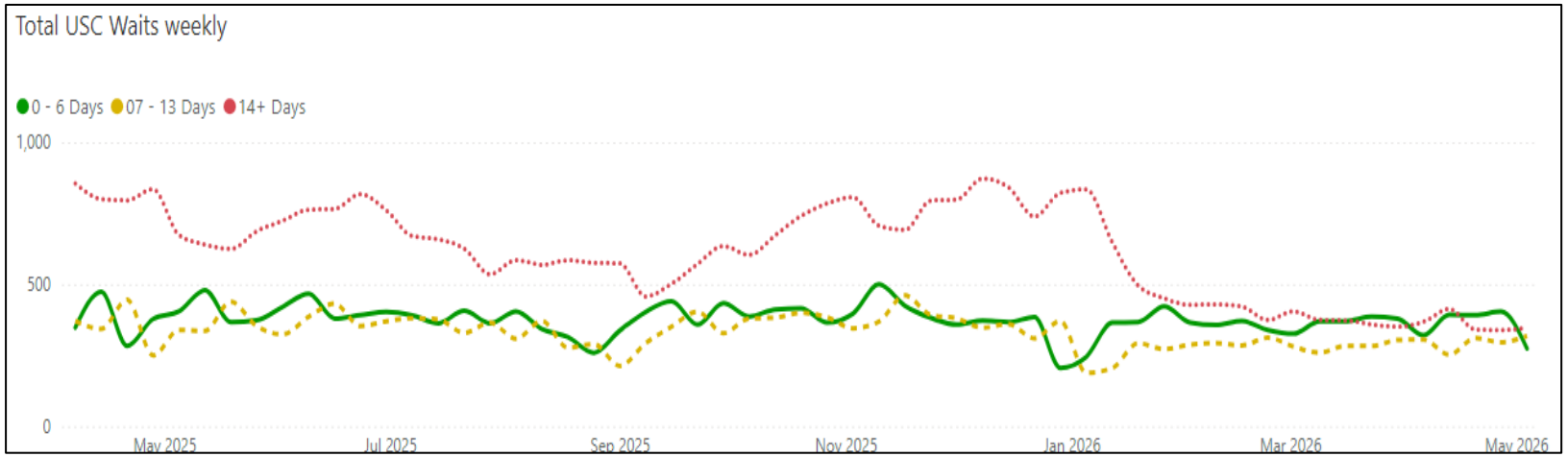
Radiology reporting

Supported by additional investment during Q4 2025/26 and Q1 2026/27, turnaround times for radiology investigations has Improved since January 2026 with the outsourcing of CT and reporting turnaround initiatives.

	Jan-26	Mar-26	Apr-26
0-6 Days	245	263	119
7-13 Days	188	281	116
14+ Days	811	290	178
Total	1244	834	513



However, of concern is the adverse impact of the cessation of unfunded 48hr radiology reporting initiatives which ceased in March 2026 due to resourcing constraints. The introduction of 48hr radiology reporting initiatives during Q3 and Q4 2025/26 enabled an improvement in the time from scan performed to reported from an average of 6.9 days in Nov 25 to 1.7 days in March 26. Following the cessation of these initiatives, this increased to 2.1 days in April and is at 4.5 days for May.

Patients waiting > 8 weeks for a specified diagnostic
Key challenges & improvement actions:

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Diagnostics waits over 8 weeks (Ministerial priority)

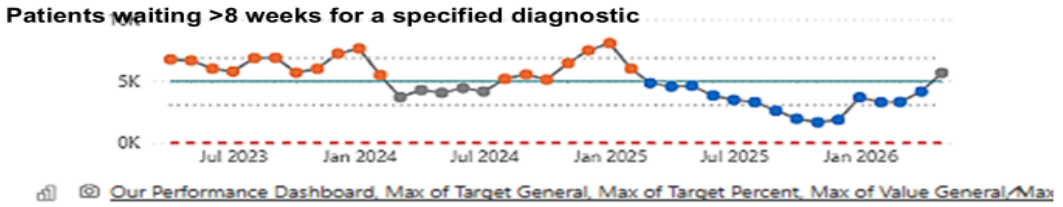
Diagnostics

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



Our Performance Dashboard, Max of Target General, Max of Target Percent, Max of Value General/Max

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	Key actions / initiatives	Due date
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 Q1 and higher than forecast levels of diagnostic demand from 2025/26 national OPA 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 P&! 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 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.	**Radiology** • NOUS insource contract extended, with additional capacity being sought. Internal staffing (Insourcing) ongoing funded by vacancy. • 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. • CT van extended to end Q1 with additional funding (Planned care). Capacity for 250 additional urgent suspected cancer patients per month. • Urgent review group to be established with support of NHS P&I, Informatics & Data Science team to investigate breach position and interrogation of RISP system **Endoscopy** • 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. • 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 programme and ability to resource lists appropriately. **Cardiology** • 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.	01/11/26 31/08/26 31/06/26 30/06/26 30/06/26 30/06/26 31/07/26

Patients waiting > 8 weeks for a specified diagnostic
Supplementary information:

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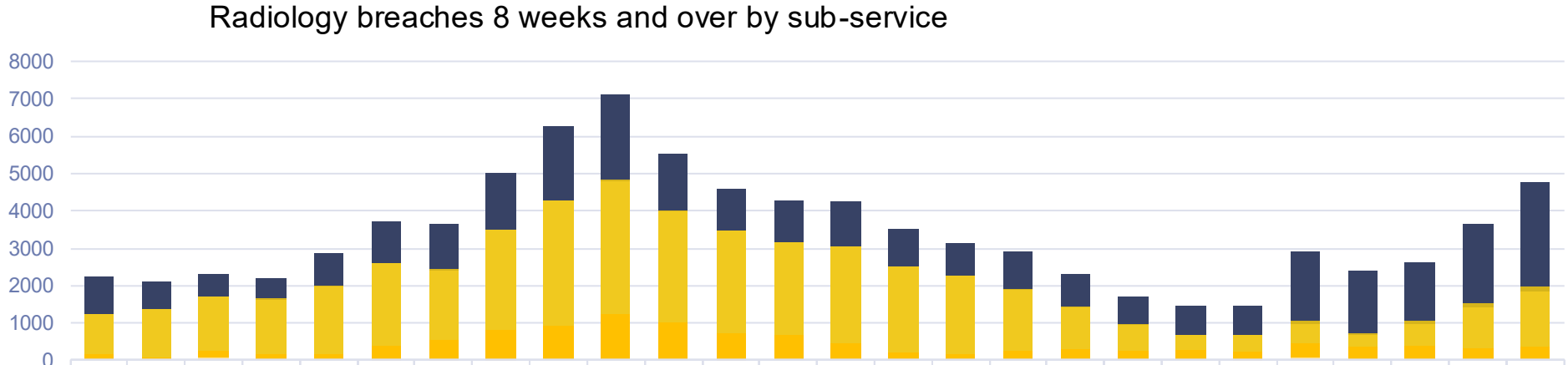
Radiology >8 week breach trend

Radiology breaches showed an improving trend during Q1-3 2025/26 with deterioration noted from January 2026 following implementation of the new RISP system. The rate of deterioration seen in April and May 2026 across ultrasound, MRI and CT modalities significantly exceeds forecast levels reflected in the Annual Plan.



	Apr 2024	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2025	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2026	Feb	Mar	Apr	May
Non-Obstetric Ultrasound	962	731	608	555	900	1,095	1,224	1,497	1,960	2,301	1,507	1,110	1,109	1,216	965	863	1,010	894	731	761	761	1,875	1,705	1,540	2,089	2,769
Non Cardiac Nuclear Medicine	2	7	11	8	18	20	8	6	7	24	15	20	9	16	32	32	27	31	29	3	3	62	22	84	126	128
Non Cardiac Magnetic Resonance Imaging (MRI)	1,085	1,283	1,456	1,458	1,795	2,237	1,852	2,705	3,353	3,549	2,975	2,751	2,498	2,556	2,289	2,083	1,608	1,104	697	408	408	520	326	603	1,072	1,445
Non Cardiac Computed Tomography	131	29	186	148	163	358	553	792	916	1,234	1,008	705	648	449	197	145	239	284	227	260	260	401	308	337	288	366
Fluoroscopy	29	39	62	35	17	14	12	12	19	21	18	13	20	27	29	28	33	22	30	24	1	71	53	35	53	34
Barium Enema								1				1														

An urgent control group is being established, with support of NHS Performance and Improvement, Informatics and Data Science team expertise to review the reported breach position and interrogate the new Radiology RISP system.

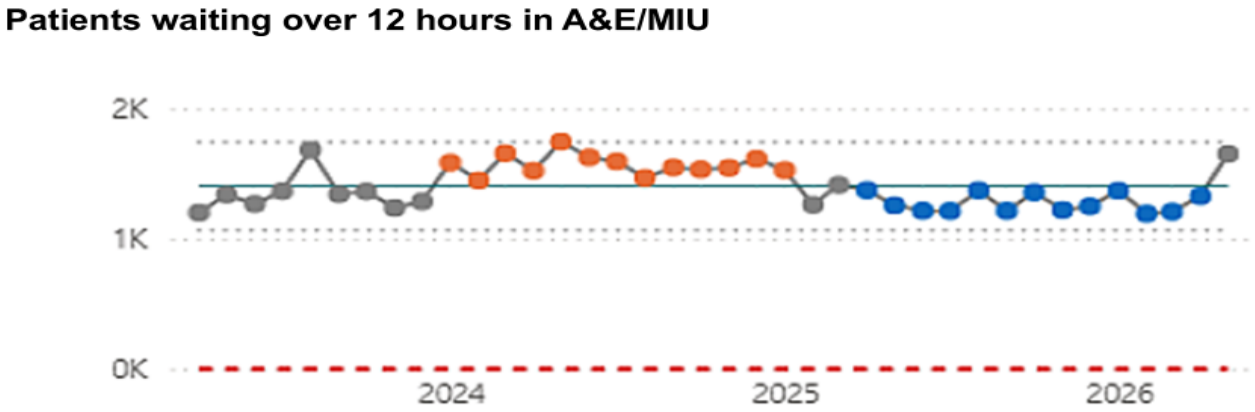
Patients waiting > 12 hours in A&E / MIU
Health Board Overview:

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Urgent and Emergency Care – Emergency Departments– Hywel Dda
(Enhanced monitoring condition and Ministerial priority)

Urgent and Emergency Care

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



Overview

- Whilst Health Board performance continues to show the usual pattern of variation, 12 hr ED waits increased in April & May. The causal factors are explored in the following site specific slides.
- Improvement actions across all sites / systems focus on 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 planned implementation of the Seven-Day Clinical Streaming, SDEC and Hospital@Home business case, which aims to improve patient flow, enhance outcomes, enabling earlier intervention, reducing emergency department demand, and supporting a sustainable ‘shift-left’ model of care across acute and community pathways.
- The Go-Live date for Seven-Day Clinical Streaming and Hospital@Home is October 2026, and a 7-day SDEC service at WGH being November 2026.

Patients waiting > 12 hours in A&E / MIU
Bronglais Hospital:

GIG CYMRU NHS WALES
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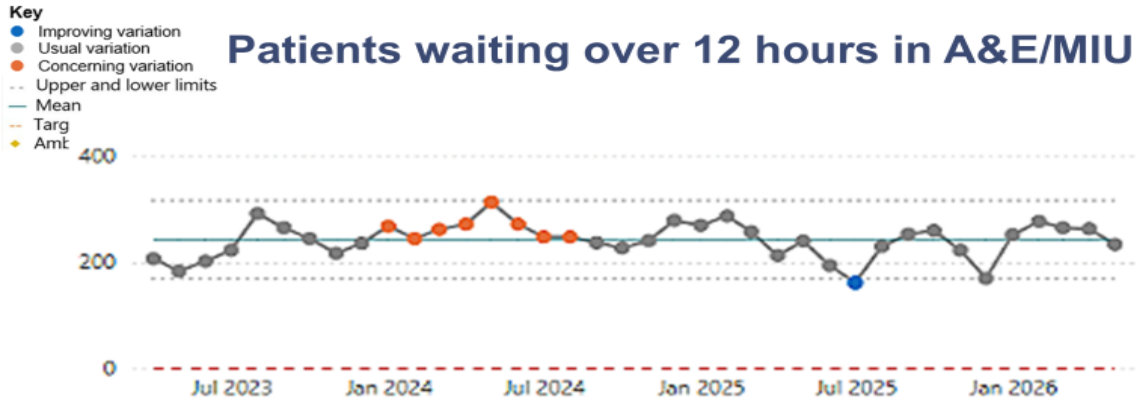
Urgent and Emergency Care – Emergency Departments – Bronglais Hospital
(Enhanced monitoring condition and Ministerial priority)

Urgent and Emergency Care



234 breaches out of 2,907 new attendances, 8%. The chart is showing usual variation.

Bronglais Overview:

- Performance in recent months has shown a general improving trend as a result of the continuing focus on the embedded improvement actions described below
- The BGH site team are prioritising additional improvement actions during June 2026 designed to drive further improvement

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

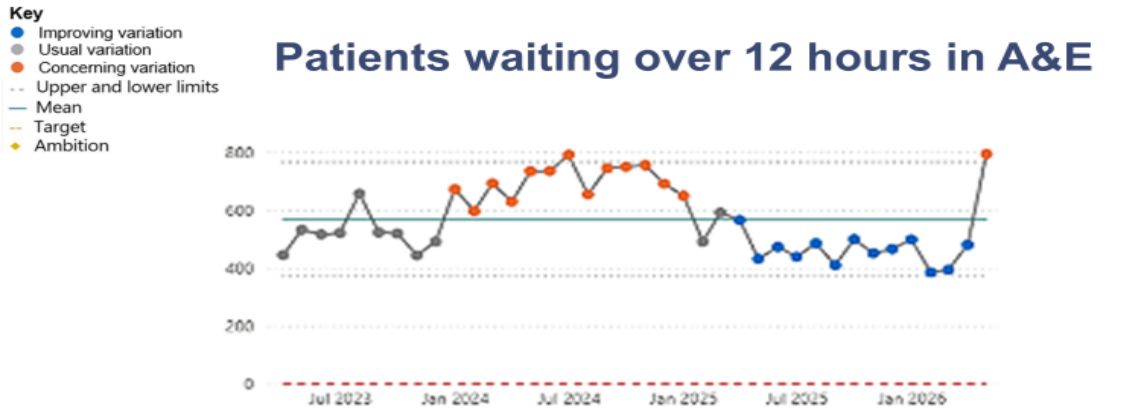
Embedded improvement actions
• Successful recruitment of Senior Nurse Manager for the Emergency Department. Start date awaited.
• Increased scrutiny on patients in non clinical areas.
• Review of Your Next Patient
• Daily review of all patients at risk of breaching 12 hours
• Daily review of all clinically 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

Patients waiting > 12 hours in A&E / MIU
Glangwili Hospital:

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Urgent and Emergency Care – Emergency Departments – Glangwili Hospital
(Enhanced monitoring condition and Ministerial priority)

Urgent and Emergency Care



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

Glangwili Overview:

- Whilst improvement actions progressed by the site have driven an overall improvement in ambulance handover metrics, there has been no clear improvement trend in 12 hour ED waits with performance in the past 2 months showing a sharp decline.
- Whilst the site team continue to focus on the embedded improvement actions described below, a number of additional improvement measures are being pursued during Q2 which are designed to alleviate capacity pressure and ED LOS.

Key challenges / issues
• Glangwili General Hospital (GGH) is the main Acute site for all medical and surgical pathways, adult and children.with continuing challenges in the timely repatriation of patients to other sites • 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. • Reliance on agency doctors due to Consultant vacancies within Emergency Medicine and Medicine reduces the impact of senior reviews and timeliness of decision-making • Advanced Paramedic Practitioner (APP) navigator rota coverage has been under pressure to staffing issues in the clinical streaming hub, limiting opportunities to direct patients to alternative pathways • 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,

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

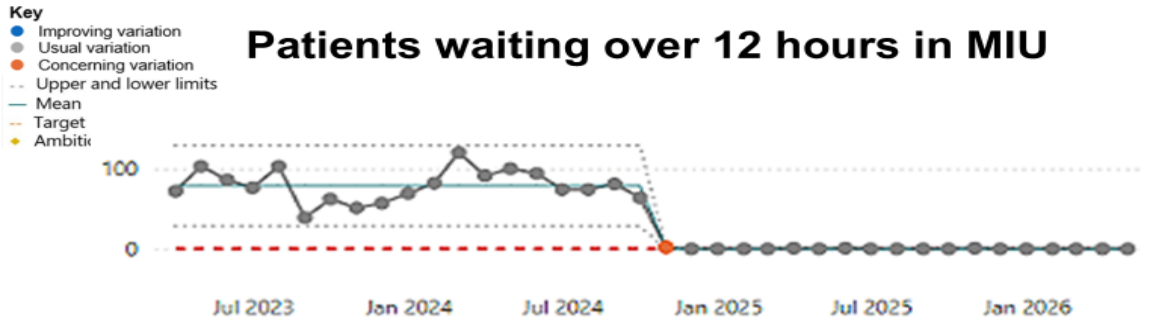
Embedded improvement actions
• Continue to monitoring early discharges and the utilisation of the discharge lounge. • Out of area patient cohort being monitored twice weekly. This enables specialty patient pathways to be managed . • Clinically optimised patients are reviewed through a structured senior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

Patients waiting > 12 hours in A&E / MIU
Prince Philip Hospital:

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital
(Enhanced monitoring condition and Ministerial priority)

Urgent and Emergency Care



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

Prince Philip Overview:

- 100% compliance continues at PPH MIU
- Whilst the MIU does not operate overnight, the site team continue to focus on the embedded improvement actions described below and the additional Urgent Care Centre (UCC) development priorities in readiness for Winter 2026/27

Key challenges / issues	Key actions / initiatives	Due date
• 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.	• 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

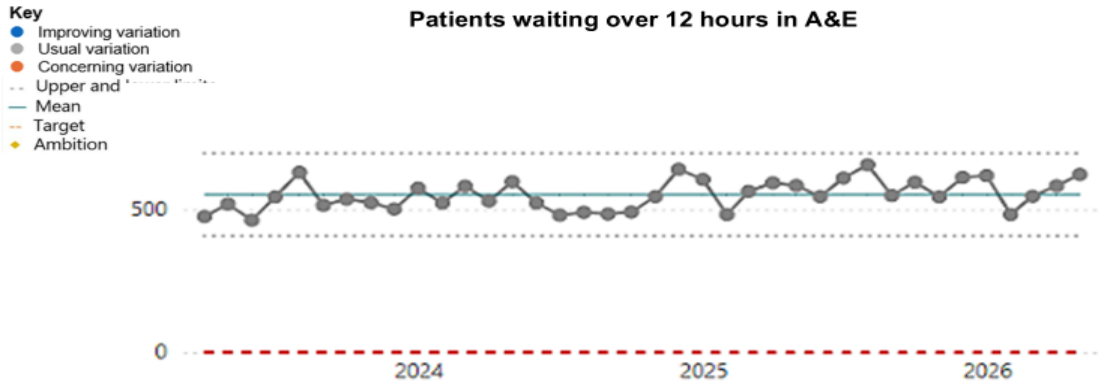
- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Medical Hot Clinics increased in response to operational pressures. An additional General Medicine hot clinic has been introduced into the rota from January, 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.

Patients waiting > 12 hours in A&E / MIU
Withybush Hospital:

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Urgent and Emergency Care – Emergency Departments – Withybush Hospital
(Enhanced monitoring condition and Ministerial priority)

Urgent and Emergency Care



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

Withybush Overview:

- Despite a positive overall trend in ambulance handover metrics over the past 6 months, the site has not been able to sustain similar improvement trend in ED waits > 12 hours with a steady deterioration during Q1 for the reasons described below

- In addition to the continued focus on the embedded improvement actions, the site is also pursuing additional improvement actions during Q2 including a 'Home-First' discharge model, LOS improvements and strengthened senior clinical decision maker capacity.

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 site wide capacity challenges, impacting negatively on ED flow. • Challenges with wider system flow, particularly during periods of increased demand, 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 leading to increased pressure with the ED • Inconsistent cover of the Advanced Paramedic Practitioner Navigator role in our Clinical Streaming Hub has limited opportunities to redirect patients to alternative pathways

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.

Patients waiting > 14 weeks for a specified therapy
Overview:

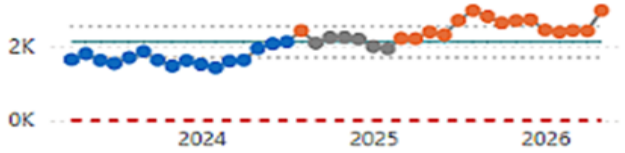
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Therapy waits over 14 weeks
(Ministerial priority)

Therapies

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



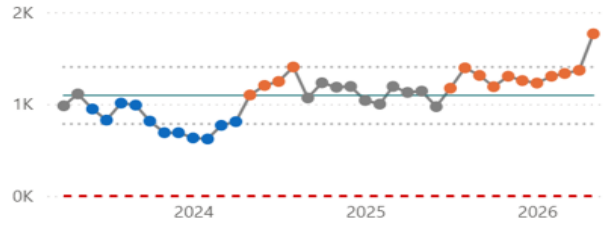
Key
- Upper and lower limits
- Mean
- Target
- Ambition

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

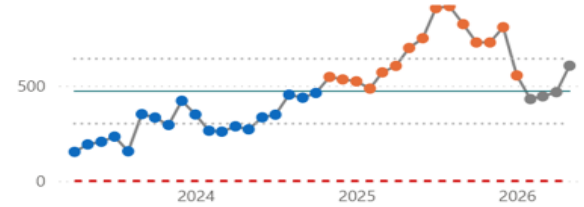
Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

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

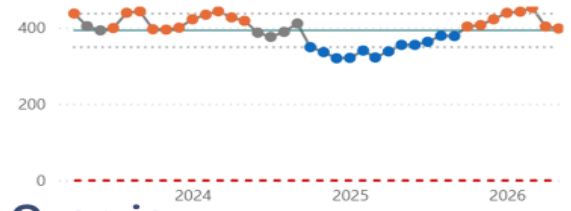
Number of patients waiting 14 weeks plus for Physiotherapy



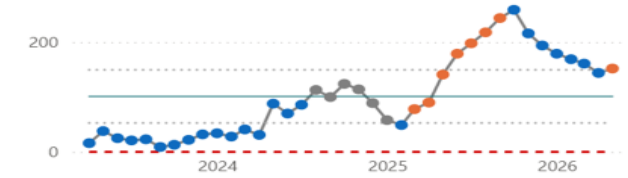
Number of patients waiting 14 weeks plus for Podiatry



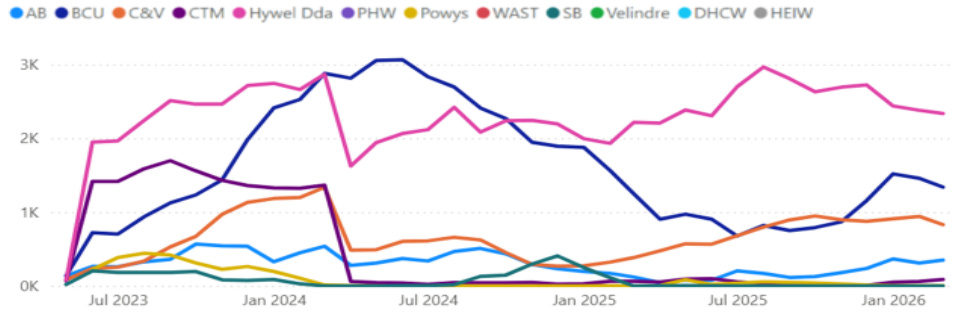
Number of patients waiting 14 weeks plus for Occupational Therapy



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)



Overview:

- The Annual Plan forecasted a potential rise to 3,229 breaches by March 2027 without the necessary investment in additional capacity required
- The performance deterioration in May 2026 exceeds the expected rate of deterioration, driven primarily by additional short-term staffing challenges in Physiotherapy & Dietetics, alongside an expected reduction in podiatry senior capacity
- Each therapy service is pursuing a range of pathway transformation priority initiatives (described below) designed to part-mitigate the forecast rise in breaches

Patients waiting > 14 weeks for a specified therapy
Key challenges and Improvement Actions:

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

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. **Occupational Therapy (Paediatrics)** 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. **Podiatry** 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. **Dietetics** 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. 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. **Physiotherapy:** The actions below will reduce the rate of breach growth but will not off-set the capacity demand deficit. • 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. • 3-month pilot starting on 20/04/26 to validate routine MSK waiting lists using new Microsoft Forms methodology. • A review of community prioritisation criteria aligned to clinical risk matrix is currently being undertaken **Occupational Therapy (Paediatrics)** • Increasing number of group appointments through the development of a sensory pathway • Increasing number of clinic appointments to increase service flow. • Working with estates to minimise any adverse impacts of planned accommodation changes through June and July. • Weekly performance meetings to review actions and progress on planned service improvements. **Podiatry** • Consultant podiatrist post in development. This will improve treatment flow, governance and waiting times. • Further action to continually embed successful telephone triage process Health Board wide, which reduces waiting times. **Dietetics** • Service delivery model review underway, access criteria and referral process updated and communicated (timeline dependant on access to Digital / IT support). • 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 17/07/26 30/09/26 30/09/26 30/09/26 30/07/26 30/09/26 15/08/26 31/07/26 31/08/26 31/07/26

Embedded improvement actions

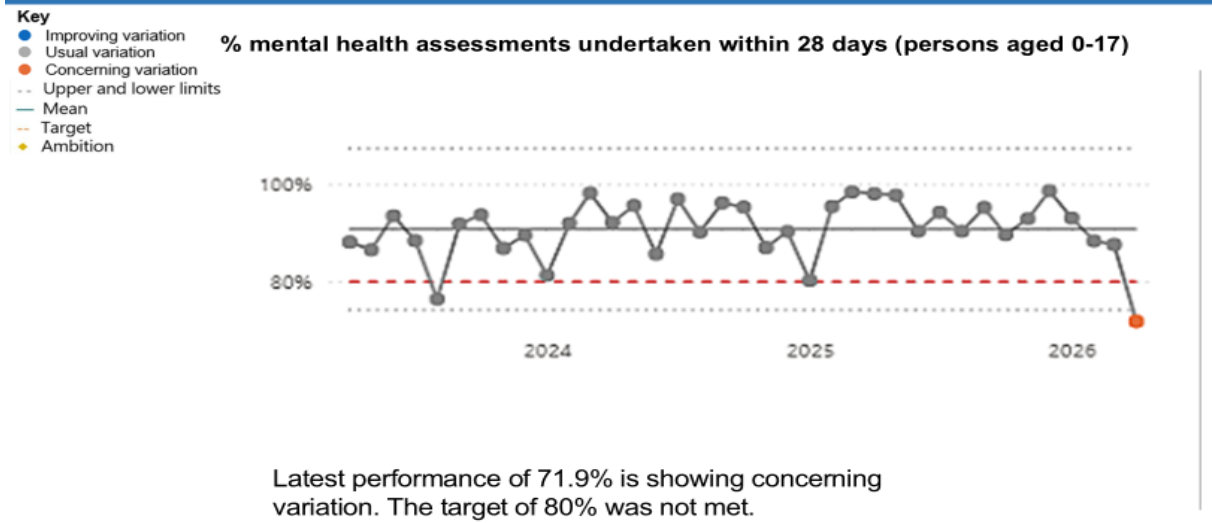
Physiotherapy: Financial Control Group approval given to actively recruit Band 5 bank staff, with 5 job offers made 3rd March 2026. Bank workforce are now in post. Action closed.
Podiatry: New patient demand and capacity modelling found the service to be efficient, with full utilisation of a 10-session 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.

Mental Health Assessments within 28 days (0-17)
Key challenges and improvement actions:

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Mental health assessments within 28 days

Mental Health



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

Overview:

Whilst performance in respect of the 18+ age group continues to be strong (above 98%), performance in respect of 0-17 age group has deteriorated in recent months and has now dropped below 80%.
This is due to increased demand above forecast levels and reduced staffing (as described below)

Whilst staffing availability is expected to improve along with improved data oversight in the short term, longer-term pathway transformation changes are targeted for the end of 2026

Key challenges / issues	Key actions / initiatives	Due date
% 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 0-17):** • Increased frequency of monitoring meetings, with more 'real time' data to inform these and the required actions to improve. • 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.	 30/06/26 31/12/26

Embedded improvement actions

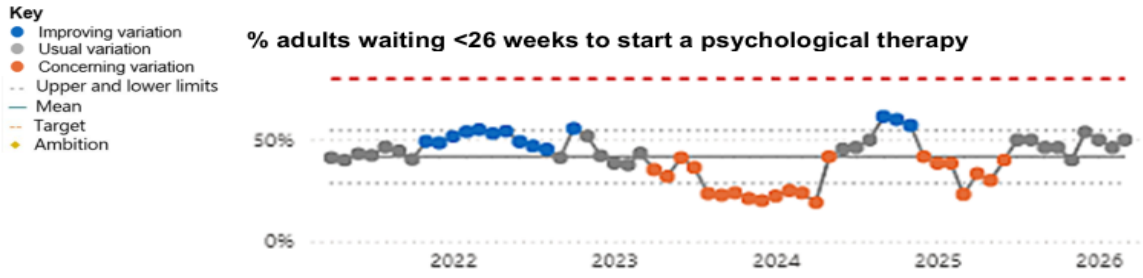
% mental health assessments undertaken within 28 days:
Carmarthenshire remains fragile due to both long term and short-term sickness. All teams are utilising the Primary Care Liaison Service (PCLS) at point of referral supporting reducing pressure on Local Primary Mental Health Support Services at this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

%age Psychological Therapy waits < 28 weeks
Key challenges and improvement actions:

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Psychological therapy waits
(Enhanced monitoring condition and Ministerial priority)

Mental Health



Whilst performance improved in the month, performance over the past year has remained largely static, consistently below the target of 80%:

- 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.
- Alongside the embedded improvement actions described below, the CCG is pursuing additional pathway transformation priorities during the Summer period.

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.

Performance Deep Dive: Alerts
Recommendation

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Finance and Performance Committee is requested to:

- **NOTE** the key challenges and issues currently impacting the performance areas highlighted as Alerts in the Month 2 2026/27 IPAR
- **RECEIVE ASSURANCE** from the improvement focus being applied by each relevant Clinical Care Group as reflected in the improvement actions described (within the context of the delivery plans, resources and trajectories approved within the Annual Plan 2026/27)
- **NOTE** the further work underway to review the Radiology breach position and forecast

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