



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Targeted Intervention Update Shaun Ayres

09:30 – 12:30, 27 February 2025, Microsoft Teams

Introduction



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

This report provides an update on the Health Board's performance against the Targeted Intervention (TI) criteria, reflecting the current planning framework's requirements for financial discipline, operational effectiveness, and service quality. The primary focus is to align all improvement activities with the overarching vision A Healthier Mid and West Wales (AHMWW), ensuring each service area progresses towards de-escalation under the TI regime. The update draws on evidence gathered through the TI Coordination Group, the Strategic Development and Operational Delivery Committee (SDODC), the Business Executive Team (BET), and Board-level reviews, thus offering a rounded view of the Health Board's achievements, challenges, and next steps.

A significant emphasis has been placed on improving financial control, reducing reliance on agency staffing, and demonstrating clear trajectories in areas such as cancer performance, urgent and emergency care (UEC), and planned care waiting times. The Health Board has made notable strides in achieving the financial control total for 2024/25 (reducing the projected deficit from £31.5m to £28m) and has indicated an ability to continue on track through to 2025/26. Furthermore, mental health services have consistently exceeded core performance targets, and some progress is evident in areas like infection control, with noticeable reductions in *Clostridioides difficile* and *E.coli* infection rates.

However, the focus of this paper is on the remaining high-risk or significantly pressured areas that continue to carry an Alert status. These criteria present the most pressing challenges for the Health Board, require targeted interventions, and must be prioritised to move into either an Advise or Assure category in future review cycles. In many of these Alert domains there are external and internal factors such as workforce shortages, winter pressures, and capital investment constraints. This report details the key points for each Alert criterion, outlining the actions taken, and any known risks.

The ultimate goal is to ensure that through robust planning, transparent governance, and sustained leadership engagement, each of these Alert areas can demonstrate meaningful improvement over the coming months. As the Health Board refines its 2025/26 Annual Plan and advances its Clinical Services Plan (CSP), there is an opportunity to tackle these persistent challenges by embedding learning from successful areas, strengthening local and regional partnerships, and making strategic decisions about service sustainability and modernisation. This introduction thus sets the context for the detailed update below, which highlights the Alert criteria requiring the Committee's closest attention and resources.



Alert Status (9 criteria):

1. Criteria 6 - Board clarity on the strategic vision
2. Criteria 8 - Delivery of commitments in the Annual Plan
3. Criteria 13 - 60% performance maintained for three months against the Single Cancer Pathway (SCP) target
4. Criteria 17 - 15% reduction in delayed follow-up appointments
5. Criteria 18 - R1 ophthalmology patient pathways
6. Criteria 24 - Reduction in ambulance handovers over an hour
7. Criteria 25 - Reduction in patients waiting over 12 hours in Emergency Department (ED)
8. Criteria 26 - Median time to assessment in ED
9. Criteria 27 - Reduction in delayed pathways of care

Criteria 4 - Submission of an Acceptable Annual Plan – Advise (From Alert)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- The action under this criterion is to submit an annual plan that meets the financial control total and aligns with Welsh Government's planning framework. The TI Coordination Group oversees progress, reporting to the Strategic Development and Operational Delivery Committee (SDODC). The current status is Advise, having moved from Alert to Advise on the basis that the Health Board reduced its projected deficit from £31.5m to £28m for 2024/25 and is on track to deliver control totals again in 2025/26. Lee Davies is the Executive Lead, and the shift in status reflects Welsh Government's acknowledgement of positive financial improvements and the Health Board's commitment to break even over three years.
- In terms of the summary of the current status, Welsh Government has highlighted reduced reliance on agency staffing and the fact that out of the initial financial actions identified under Targeted Intervention, only five remain open. The Health Board has also demonstrated improving cancer performance (reaching 59.2% in December) and reduced rates of healthcare-acquired infections such as C.diff and E.coli. However, gynaecology cancer performance, diagnostics, ophthalmology waits, and urgent and emergency care pressures remain challenging.
- The Executive Lead's response indicates that the Health Board intends to develop the 2025/26 plan through robust internal and external engagement, including formal Executive reviews, Board Seminars, and Public Board sign-off in March 2025. This process will ensure that financial and service delivery priorities are fully triangulated. A structured timeline is in place to consolidate Directorate plans (January–February 2025), refine a draft plan (mid-February–early March 2025), present it to Board Seminar and Public Board (early–mid March 2025), and submit it to Welsh Government by 31 March 2025.
- In terms of actions outstanding, the Health Board must embed improvement plans for cancer, diagnostics, urgent care, and workforce in the final 2025/26 submission. Evidence and assurance will be provided through monthly Executive Team reviews, ongoing reports to SDODC, quarterly updates to Public Board, and formal governance structures for monitoring financial and performance progress. There is a continued risk that financial and performance expectations in the planning framework may not be fully deliverable within the designated budgets, although current trajectories indicate the Health Board is moving in the right direction.

Criteria 6 - Board Clarity on the Strategic Vision - Alert



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Descriptor: Board clarity on the strategic vision for the organisation.

Status: Alert

Reporting Group: AHMWW

Committee: SDODC

Executive Lead: Lee Davies

Overview and Key Issues:

Preliminary Board discussions in November and December 2024 highlighted significant gaps in the current A Healthier Mid and West Wales strategy. Delays in planned capital programmes, such as major infrastructure and estate developments, plus changes in demand patterns (both demographically and post-pandemic), mean that the initial strategy must be refreshed. Multiple Clinical Directorates and corporate services have reported that, without a more coherent and updated strategic vision, efforts to modernise service delivery risk becoming fragmented. Additionally, the absence of a formally ratified refreshed plan can cause confusion when prioritising projects, making it harder to align operational decisions with overall strategic goals. Welsh Government expectations around future focused, medium-term strategic planning also require the Health Board to demonstrate a clear direction of travel for the next three to five years.

Actions Underway:

A Strategic Refresh Working Group has been established under the AHMWW programme, chaired by the Executive Director of Strategy and Planning. This group is mapping out the essential components of the revised strategic framework—purpose, vision, objectives, and critical success factors—and developing a robust engagement plan involving staff, patients, the Local Authority, and third-sector partners. The Health Board is reviewing regional demographics, undertaking a deep dive into population health data, and assessing current service configuration to produce an evidence-based strategy proposal. The intention is to integrate the refreshed strategic aims into the 2025/26 Annual Plan, ensuring that each operational plan at Directorate level has a direct line of sight to the overall organisational goals. A series of Board Seminars will scrutinise draft proposals before formal adoption, and specific workshops with Welsh Government will ensure alignment with national policy objectives.

Criteria 6 - Board Clarity on the Strategic Vision - Alert



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Next Steps and Risks

Moving from Alert to Advise requires a clear Board-approved strategy refresh timetable with clear milestones. The next step to move to Assure may provide early evidence that the organisation is mobilising around this new framework—for instance, by adapting operational plans and investment decisions to reflect strategic priorities. Furthermore, there is a risk of stakeholder disengagement if the plan is not sufficiently co-produced with local communities and staff, hence the focus on a robust consultation process. The Health Board will continue to track and report progress through Strategy & Planning Committee (SPC), aiming to demonstrate clear progress by mid-2025.

Criteria 8 - Delivery of Commitments in the Annual Plan - Alert



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Descriptor: Delivery of commitments set out within the Annual Plan, particularly in relation to the Ministerial Priorities.

Status: Alert

Reporting Group: IQFPD

Committee: SDODC

Executive Lead: Andrew Carruthers

Overview and Key Issues:

Although the Health Board has successfully achieved the financial control total for 2024/25, several other areas within the Annual Plan continue to fall short of Ministerial Priorities. Notably, diagnostics remain a bottleneck, with waiting times for endoscopy, Magnetic Resonance Imaging (MRI), and some ultrasound modalities exceeding the intended targets. Cancer performance, urgent care (including ambulance handovers), and follow-up waiting lists all require improvement if the Health Board is to evidence sustained compliance with the commitments in the Annual Plan. Winter pressures have exacerbated these operational challenges, testing the resilience of front-door services and intensifying demand for diagnostics. Performance reviews show that, while pockets of local improvement exist—for instance, targeted success in some specialties at Wthybush Hospital wider system-level issues persist across the Health Board footprint.

Actions Underway:

To address diagnostic delays, the Health Board has implemented extended working hours in endoscopy and imaging, supported by outsourcing arrangements. This includes using independent sector providers for overflow scanning and routine endoscopy sessions where in-house capacity is limited. For urgent care, initiatives under the 50-Day Challenge are underway, focusing on enhanced flow, earlier discharge, and improved community response services to prevent avoidable ED attendances. A strengthened performance management approach has been introduced, with monthly directorate-level accountability meetings tracking progress on each priority. These meetings align with SDODC oversight, providing a direct link between operational performance, executive oversight, and Board scrutiny.

Criteria 8 - Delivery of Commitments in the Annual Plan - Alert



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Next Steps and Risks:

Maintaining or improving compliance in these Ministerial Priorities (or likely Targeted Intervention requirements for 2025/26) throughout the year is essential for moving this criterion away from Alert. Key risks include any inability to sustain additional or extended diagnostic sessions (owing to staff shortages or resource constraints) and the potential for emergency pressures or elective demand surges to overwhelm improvements. The Health Board will continue to submit regular updates to Welsh Government on key performance measures, seeking additional support or policy flexibilities where appropriate (within the TI expectations).

Criteria 13 - Single Cancer Pathway Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Descriptor: 60% performance maintained for 3 months against the SCP target.

Status: Alert

Reporting Group: IQFPD

Committee: SDODC

Executive Lead: Andrew Carruthers

Overview and Key Issues:

Cancer performance under the Single Cancer Pathway has climbed from 40% to the high 50% range (59.2% in December), but the Health Board has yet to achieve 60% for three consecutive months. Lower Gastrointestinal (LGI) and urology remain the most pressured tumour sites, reflecting shortages in diagnostic capacity (especially endoscopy and MRI) and theatre availability. These high-demand pathways often involve complex multi-step diagnostics, and any backlog in one step creates a ripple effect that leads to breaches.

Actions Underway:

The Health Board is using extended evening and weekend theatre sessions to target bottlenecks, focusing first on tumour types with the highest breach volume. Outsourcing is utilised for specific diagnostic elements, such as routine endoscopy and MRI scans, providing short-term relief. Tumour-site huddles, held weekly or bi-weekly, review each patient's status, escalate high-risk cases, and coordinate the early ordering of diagnostic tests or operating slots. The 2025/26 Annual Plan will feature a dedicated cancer improvement workstream to consolidate these measures. The Health Board aims to expand advanced practitioner roles (eg, nurse endoscopists, radiography-led clinics) in tumour pathways with particularly acute workforce gaps. Progress updates are reported through SDODC and the Executive Team, creating a chain of accountability across clinical services, finance, and workforce leads.

Criteria 13 - Single Cancer Pathway Performance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Next Steps and Risks:

Once 60% compliance is achieved for three consecutive months, the criterion can be reclassified to Advise. Risks include ongoing recruitment challenges especially in rural settings and fluctuations in referral patterns, which may strain capacity. The Health Board is also mindful that merely hitting 60% does not guarantee longer-term stability if workforce or equipment constraints persist and the expectation is the Health Board needs to be achieving 80% by March 2026.

Criteria 17 - Reduction in Delayed Follow-Up Appointments



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Descriptor: 15% reduction in the number of patients delayed by 100% for their follow-up appointment in three consecutive months and maintained for three months (Based on the November 2023 baseline).

Status: Alert

Reporting Group: IQFPD

Committee: SDODC

Executive Lead: Andrew Carruthers

Overview and Key Issues:

Against a November 2023 baseline of 15,419 patients, the Health Board aimed to reduce follow-up delays by 15%. Current data hover around 16,000 patients overdue, indicating no net progress despite weekend clinics, extra validation, and increased virtual consultations. Referral rates in certain specialties continue to grow faster than the Health Board can absorb with existing clinical capacity (when balancing how this capacity is deployed to all other performance targets ie 52 Weeks).

Actions Underway:

Specialities are rolling out patient-initiated follow-up (PIFU) for stable or long-term conditions, hoping to release capacity for urgent cases. Administrative processes are being streamlined; for instance, digital validation tools are being upgraded to identify inactive cases or those who can be safely removed from lists. Some specialties have begun specialty-focused “backlog blitz” clinics, offering intensified sessions over a short period to reduce large groups of overdue appointments. Weekly data reviews with senior managers highlight any specialty that shows a rising follow-up queue, triggering immediate escalation to the Executive Team if improvements remain stagnant. The Health Board is also exploring cross-site clinician rotation to share the workload, although sustaining these rotations depends on securing resources.

Criteria 17 - Reduction in Delayed Follow-Up Appointments



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Next Steps and Risks:

A consistent and verifiable backlog reduction sustained over three months—remains essential for de-escalation. Risks include limited consultant availability, especially for high-demand specialties like ear, nose and throat (ENT) and ophthalmology, as well as potential funding constraints for running weekend or evening sessions over long periods. The Health Board's ambition is to reach meaningful backlog reduction by the end of the 2024/25 cycle, factoring this into the 2025/26 Annual Plan trajectories.

Criteria 18 - R1 Ophthalmology Patient Pathways



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Descriptor: 65% of R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for three months.

Status: Alert

Reporting Group: IQFPD

Committee: SDODC

Executive Lead: Andrew Carruthers

Overview and Key Issues:

R1 ophthalmology performance is around 36–37%, well below the 65% target. High volumes of glaucoma and intravitreal therapy (IVT) patients, combined with limited equipment and specialist staff, create persistent backlogs. Demand often rises due to regular follow-up regimens required for chronic ophthalmic conditions, meaning any capacity shortfall leads to recurring delays.

Actions Underway:

Weekend IVT clinics continue as an immediate measure. Community optometry schemes are being scaled to handle routine checks, thereby freeing in-hospital capacity for those most at risk of vision deterioration. The Health Board is investing in training non-medical injectors to increase IVT capacity, alongside exploring more advanced roles for ophthalmic nurses and optometrists to manage stable or less complex cases. Discussions with neighbouring Health Boards include the possibility of centralising some specialist ophthalmic activity to reduce duplication and improve throughput. Additionally, the organisation is reviewing the digital infrastructure that supports booking and patient tracking in ophthalmology, aiming for better real-time visibility of who needs urgent follow-up.

Criteria 18 - R1 Ophthalmology Patient Pathways



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Next Steps and Risks:

Improving monthly R1 compliance above 65% will require a sustained increase in clinical output, especially for IVT and specialist glaucoma clinics. Should recruitment fall behind schedule or capital funding for necessary equipment be withheld, progress may stall. Once monthly data show consistent improvement over a three-month window, the criterion will be ready to move from Alert to Advise.

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Descriptor: A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline -680).

Status: Alert

Reporting Group: IQFPD

Committee: SDODC

Executive Lead: Andrew Carruthers

Overview and Key Issues:

December 2024 data revealed 1,153 one-hour-plus handovers, surpassing the target of 839 and undermining earlier improvements. January 2024 shows a marginally improved position of 1,117, reflecting ongoing urgent care pressures, high ED attendances, and bed capacity issues. Despite some site-specific progress at Glangwili Hospital (and Wthybush Hospital (WGH)), the wider system remains under strain.

Actions Underway:

The Health Board is applying lessons from previous improvement cycles to re-emphasise patient flow, particularly through initiatives like the 50-Day Challenge (focusing on timely discharge, weekend ward rounds, and community support). Local site teams have strengthened escalation triggers; if ambulance queues grow, ED and site managers can rapidly redeploy clinicians or open additional assessment areas if staffing allows. Paramedics and ED teams are collaborating to pilot direct-to-ward or direct-to-SDEC pathways for low-acuity cases, reducing unnecessary ED handovers. Data dashboards offer real-time visibility of offload delays, enabling site managers to intervene promptly.

Next Steps and Risks:

The Health Board must sustain an 11% reduction in one-hour-plus handovers for three consecutive months to reclassify to Advise. If

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Descriptor: Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the Health Board.

Status: Alert

Reporting Group: IQFPD

Committee: SDODC

Executive Lead: Andrew Carruthers

Overview and Key Issues:

In December 2024 around 11.7% of attendances waited more than 12 hours in ED, exceeding the 7% target. GGH remains particularly pressured, although other sites also saw an uptick as winter admissions rose. System feedback indicates that a consistent throughput challenge exists at discharge, leading to ED overcrowding when inpatient beds are not freed promptly. January 2025 indicates a small improvement of 11.1%.

Actions Underway:

The Health Board is utilising a £2.5m winter resilience fund for measures such as seven-day working (ward rounds and therapies), extended SDEC capacity to avoid unnecessary admissions, and improved discharge lounges to facilitate earlier patient transfers. GGH's 12-week plan, reviewed fortnightly, includes additional board rounds, structured "Big Room" staff engagements, and a targeted approach to Criteria Led Discharge (CLD). Site leads are also encouraged to apply Red2Green daily, identifying barriers (eg, awaiting diagnostics, social care package) to each patient's discharge. This real-time approach helps direct immediate remedial actions for instance, rescheduling scans or escalating social work referrals.

Next Steps and Risks:

To move from Alert to Advise, the Health Board must show a downward trend in 12-hour breaches across all sites, stabilising at or under 7% for three consecutive months. If Local Authority care packages or community rehabilitation capacity remain limited, timely discharge will remain problematic. The Health Board will closely monitor daily breach data to understand whether this winter's

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Descriptor: Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.

Status: Alert

Reporting Group: IQFPD

Committee: SDODC

Executive Lead: Andrew Carruthers

Overview and Key Issues:

Although the baseline hovered near 58 minutes, December 2024 saw the median assessment time climb to 89 minutes, with an average of around 72 minutes. This slowdown is attributed to spikes in ED attendance, resource constraints and delays in transferring admitted patients to inpatient beds. Once EDs become congested, triage and initial assessment capacity becomes constrained. There was a positive improvement to 70 minutes in January.

Actions Underway:

Teams are standardising triage procedures, implementing quick triage for minor injuries/illnesses, and holding regular safety huddles to prioritise the sickest patients. GGH's 12-week plan includes an immediate expansion of SDEC, allowing certain ambulatory or stable medical cases to bypass the main ED queue. Other hospitals, including Prince Philip and Bronglais, are replicating successful approaches like scheduled "rapid assessment" slots during peak arrival times. The Health Board has also increased communication with paramedic leads, aiming to fast-track patients who have already been assessed by ambulance clinicians and can be safely directed to alternative pathways.

Next Steps and Risks:

Once median assessment times remain at or below 60 minutes for three consecutive months, the criterion can be reclassified. Risks

Criteria 27 - Reduction in Delayed Pathways of Care



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Descriptor: A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (Based on Oct-Dec 2023 baseline).

Status: Alert

Reporting Group: IQFPD

Committee: SDODC

Executive Lead: Andrew Carruthers

Overview and Key Issues:

From an October–December 2023 baseline of 203 delayed pathways, the Health Board’s objective was to reduce this figure to around 174; instead, it remains at approximately 204. Complex discharge requirements—particularly for older patients needing social care or rehabilitation input—create system-wide gridlock. Directorates also cite late-day discharges and weekend capacity shortages as aggravating factors.

Actions Underway:

Red2Green methodologies are being rolled out on every ward, aiming to ensure that each patient’s next steps are actioned promptly (eg, scheduling follow-up scans, arranging allied health professional assessments). The Discharge to Recover then Assess (D2RA) model is being reinforced with additional social care and therapy support on weekends, funded by the £2.5m winter allocation. Weekly long-stay reviews target patients over 21 days in hospital, identifying blocks and solutions on a case-by-case basis. Site-based operational managers coordinate with community services for supported discharges, aiming to shift lower-acuity patients to step-down facilities or home-based care sooner. Data from these weekly reviews feed into escalation processes at SDODC, ensuring executive-level awareness of persistent pressures.

Next Steps and Risks:

Sustained improvement over three consecutive months (reducing the delayed pathways figure by at least 5%) is required before the criterion moves from Alert to Advise. Risks include limited domiciliary care capacity, especially if demand spikes in the community, and

Conclusion



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Closing Note

In examining the contents of this pack, it is clear that multiple factors - ranging from urgent care capacity to diagnostic wait times contribute to the current Alert designations. Some domains have demonstrated tangible progress, reflecting the impact of initiatives already in place. Others continue to experience significant operational and strategic pressures. The details of how each directorate plans to overcome these pressures, including specific actions, resources, and timeframes, should therefore be sourced directly from the appropriate Executive Lead and the TI spreadsheet (Appendix 1), where the most up-to-date evidence and milestones are recorded.

These slides seek to provide a consolidated view of the situation as it currently stands, linking performance metrics to the improvement actions underway. They are offered for the Committee's assurance and to facilitate strategic oversight. Where further detail is required particularly around deadlines, additional mitigations, or the precise scope of workstreams further consultation with the relevant directorate and executive lead may be necessary. This approach allows for a clear division of responsibilities: the Lead Executives oversee the comprehensive plans and their implementation, while these slides help the Health Board monitor and direct attention to areas needing continued focus to move out of Alert' status.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Criteria	Action	Reporting Group	Committee	Status	Executive Lead	Summary of Current Status	Lead Executive Response (if applicable)	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk
4	Submission of an acceptable annual plan in line with the current planning framework.	TI coordination group	SDODC	Advise	Lee Davies	<p>Rationale for Status Change from Alert to Advise</p> <p>1. Acceptable Annual Plan Focus Under the current planning framework, the Health Board must submit a plan that meets the financial control total. Having achieved the 2024/25 control total (improving the projected deficit from £31.5m to £28m) and being on track to deliver again in 2025/26, the Health Board has demonstrated sufficient progress to transition from 'Alert' to 'Advise'. Three-Year Break-Even Commitment: Welsh Government acknowledges the statutory requirement for Health Boards to break even. The organisation is committed to working over the next three years to achieve full financial balance, but the immediate criterion centres on delivering an acceptable one-year plan in line with the planning framework.</p> <p>2. Positive Developments from Welsh Government Letter: Financial Deficit Reduction: Welsh Government highlighted good progress in reducing the financial deficit, aided by reduced reliance on agency staffing. TI Action Plan: Of the initial financial actions identified in Targeted Intervention, only five remain, indicating momentum towards addressing the 56 de-escalation criteria overall.</p> <p>Improving Performance in Key Areas: Cancer Pathway: Performance improvements have been noted (from 40% to 56% and 59.2% in December), with a goal of reaching 70% by March 2025. Healthcare-Acquired Infections: C. diff and E. coli rates have improved to meet de-escalation targets; attention remains on Staph aureus. Innovations in Urgent Care: The streaming hub at Bronllais Hospital and the Cardigan SDEC model are effectively reducing admissions and emergency department pressures. Organisational Change: Recruitment is progressing well for senior leadership roles (Medical Director, Director of Nursing), and a strategic partner for digital transformation is now in place.</p> <p>3. Ongoing Pressures Performance Sustainability: Areas such as gynaecology cancer (currently below 20%), diagnostics, and ophthalmology need significant attention to meet longer-term targets. Urgent & Emergency Care: Despite some positive local initiatives, ambulance handovers and long ED waits remain a concern, especially through winter pressures. Workforce Challenges: Rising sickness rates and hard-to-recruit roles may impact service stability and financial plans.</p>	<p>The development of the plan for 2025/26 and key decisions relating to it will be closely monitored through the Executive Team and overseen by SDOD, Board Seminars and Public Board.</p>	<p>Documented Plan and Dates for Delivery</p> <p>1. January–February 2025: Directorate Submissions and Triangulation - Directorate Plans Finalised: By late January, each Directorate is expected to have refined its integrated plans (finance, workforce, quality and performance). - Triangulation & Consolidation: Throughout February, the Executive Team will review Directorate submissions to ensure alignment between financial, workforce, and performance objectives. This process will include validating assumptions around capacity, recurrent/non-recurrent savings, and compliance with the Welsh Government's planning framework.</p> <p>2. Mid-February – Early March 2025: Draft Plan Refinement - Executive Review and Sign-Off: A draft version of the Health Board's overarching annual plan will be discussed at Formal Executive Team and Business Executive Team (BET) meetings. Any significant risks—such as diagnostic backlogs, gynaecology cancer performance, or urgent/emergency care pressures—will be highlighted, with corresponding mitigation actions built into the plan. - Stakeholder Engagement: Targeted discussions will take place with key internal and external stakeholders (e.g., clinical leads, finance leads, partnership forums) to verify the feasibility of proposed actions and to incorporate feedback in advance of formal Board scrutiny.</p> <p>3. Early–Mid March 2025: Board Seminar and Public Board Review - Board Seminar: A dedicated session with Board members will allow for detailed dialogue on the draft plan's risks, deliverables, and resource requirements. This ensures that any final amendments can be incorporated before formal approval. - Public Board Approval: The revised plan will be presented for sign-off at a Public Board meeting in mid-to-late March. This meeting will confirm the Health Board's commitment to delivering the financial control total, ensuring progress on ministerial priority areas, and outlining a pathway towards statutory break-even over the three-year horizon.</p> <p>4. By 31 March 2025: Submission to Welsh Government - Formal Submission: Following Public Board approval, the finalised annual plan will be submitted to Welsh Government by the statutory deadline of 31 March 2025. - Feedback and Confirmation: Welsh Government may provide feedback or require clarifications. The Health Board will address any queries promptly to secure formal acceptance of the annual plan.</p> <p>5. Post-Submission (April 2025 onwards): Implementation and Monitoring - Operational Launch: Directorates and services will begin implementation of the agreed actions from April. Teams will track performance against the plan's milestones and key targets (e.g., reducing waiting lists, meeting cancer trajectory commitments, maintaining financial discipline). Monitoring & Reporting: Formal Executive Team & Business Executive Team: Monthly reviews of performance and finance data, tracking spend against the control total and highlighting any slippage against objectives. - SDODC & TI Coordination Group: Ongoing oversight of outstanding financial and operational actions tied to the Targeted Intervention de-escalation criteria (56 in total). - Public Board & Board Seminars: Quarterly updates will summarise progress on major deliverables, risks to achieving plan objectives, and any necessary revisions or additional controls.</p> <p>6. Key Deliverables & Milestones Within the Plan - Cancer Performance Improvements: Progressing towards 80% compliance by March 2026, with further trajectory improvements beyond this date. - Diagnostics and Long-Wait Eradication: Targeted action to reduce backlogs and secure sustainable capacity solutions, especially in orthopaedics and ophthalmology. - Urgent & Emergency Care: Strengthening existing initiatives (e.g., Bronllais Streaming Hub, Cardigan SDEC) and scaling them where evidence demonstrates positive impact on flow and patient outcomes. - Workforce Stabilisation: Addressing short-term and long-term sickness rates, continuing to reduce agency reliance, and embedding organisational development activities to support staff well-being and retention.</p> <p><i>In summary, this structured timeline ensures that all necessary governance steps are completed from the early consolidation of Directorate plans through to robust Board-level scrutiny and onward submission to Welsh Government while maintaining clear accountability and</i></p>			<p>Risks: - Financial plan to achieve control total - Performance expectations in planning framework not deliverable within financial plan</p>
5	Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.	TI coordination group	SDODC	Advise	Lee Davies	<p>The annual planning process for 2025-26 has been structured to ensure co-production across all senior leaders, both managerial and clinical, within the organisation. To support alignment with the Targeted Intervention (TI) de-escalation criteria, several key points have now been clarified to eliminate confusion between the annual plan, the Clinical Services Plan, and the wider strategic refresh.</p> <p>Additionally, the teams now have clarity on the parameters that define how they must balance resources across workforce, finance, performance, and management. A clear descriptor has been developed, explicitly linking the plan to the 55 de-escalation criteria (originally 56, however, one was removed due to it being duplicative in nature), with an aim to achieve full compliance by March 2026.</p> <p>To ensure maximum engagement and co-production, clinical leads have been invited to participate in the planning workshops. Furthermore, the Medical Leadership Forum has been engaged, with clear requests for ideas to support the plan's development conveyed during these sessions. This approach ensures that all contributions are aligned with the overarching goal of achieving de-escalation by March 2026 across all relevant domains, with clearly defined roles and responsibilities for all contributors.</p>	As above	As above			No risk identified
6	Board clarity on the strategic vision for the organisation.	AHMWW	SDODC	Alert	Lee Davies		<p>This was discussed in detail at the Board Seminar in October and a paper is being presented to the November Public Board.</p>	<p>Evidence of Actions to Date Whilst this criteria is an alert, assurance to the alert can be sort by the positive actions undertaken by the Executive Lead to date, which include:</p> <ol style="list-style-type: none"> The SBAR report and associated Board papers from November 2024 and January 2025 provide clear evidence of early progress, including detailed discussions on the need to update the AHMWW framework and the initiation of preparatory work for a strategic refresh. The Health Board's scheduled attendance at the Welsh Government Infrastructure Investment Board on 23rd January 2025 was a critical milestone, reinforcing our commitment to securing external validation and aligning the AHMWW Strategic Outline Case with emerging capital investment opportunities. Revised governance arrangements have been documented, with the Strategy and Planning Committee set to assume oversight from April 2025. This structured approach confirms that robust monitoring and accountability mechanisms are in place to guide the strategic refresh. Formal endorsement of the revised purpose statement and strategic objectives for inclusion in the 2025/26 Annual Plan is a key documented milestone. This endorsement, supported by the evidence in the board papers, marks a significant step towards embedding a refreshed approach that prioritises sustainability and enhanced utilisation of services. The initiation of a dedicated workstream under the AHMWW group, chaired by the Executive Director of Strategy and Planning, provides further documented evidence of active steps being taken to develop a detailed strategic refresh plan, ensuring that all subsequent activities will be aligned with our long-term objectives. The launch of the Clinical Services Plan (CSP) consultation project plan, as noted in the SBAR report, demonstrates ongoing engagement with stakeholders and confirms that the broader strategic refresh is progressing through structured, measurable phases. <p>Next Actions</p> <ol style="list-style-type: none"> Obtain formal Board endorsement of the revised purpose statement and strategic objectives for inclusion in the 2025/26 Annual Plan, thereby solidifying the refreshed vision under the theme "Healthier Lives, Well Led." Establish a dedicated workstream under the AHMWW group, chaired by the Executive Director of Strategy and Planning, to drive the strategic refresh process and oversee all subsequent activities. Undertake a comprehensive review of the current strategic framework, focusing on addressing the unsustainable elements—such as over-reliance on hospital services and under-developed digital capabilities—and realigning the planning objectives towards sustainable service delivery and enhanced utilisation. Initiate a structured stakeholder engagement programme, including consultations with internal staff, external partners, and the community, to refine the scope and approach of both the strategic refresh and the Clinical Services Plan (CSP). Develop a detailed strategic refresh plan that incorporates a rigorous risk assessment, clear indicators, and defined milestones to facilitate the transition from Alert to Advise and ultimately to Assure, ensuring the plan reflects the realities outlined in the SBAR report. Establish robust governance and monitoring mechanisms—commencing with the Strategy and Planning Committee from April 2025—alongside regular progress reporting and evidence gathering, to provide ongoing assurance of the plan's successful phased implementation and sustainable outcomes. 		The evidence required is and will be satisfied by the steps as set out in "Documented Plan and Evidence for Delivery"	No risk identified
7	Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.	AHMWW	SDODC	Advise	Lee Davies	<p>Criterion 7 centres on demonstrating a clear roadmap for implementing the Health Board's Clinical Services Plan. Following completion of Phase 2 (options development) in November 2024, the Board approved a shortlist of service reconfiguration proposals in nine key areas—Critical Care, Dermatology, Emergency General Surgery, Endoscopy, Radiology, Ophthalmology, Orthopaedics, Stroke, and Urology. In January 2025, a detailed consultation project plan was presented to the Public Board, setting out how Phase 3 (public consultation and engagement) will unfold through 2025. This plan commits the Health Board to meaningful involvement of patients, staff, and stakeholders in shaping the next phase of service changes. Once the consultation concludes in November 2025, Phase 4 (implementation) will commence, prioritising short- and medium-term improvements where current budgets and workforce permit, alongside longer-term solutions requiring capital investment and possible regional collaborations. Oversight and assurance will be provided via the Strategy, Development and Operational Delivery Committee (SDODC), Board Seminars, and bi-monthly Public Board meetings.</p>	<p>This was discussed in detail at the Board Seminar in October and papers have been presented to the November and January Public Board Meetings.</p>	<p>Completion of Phase 2 (Options Development). Phase 2 concluded in November 2024, with the Board approving a shortlist of options for the nine services within the Clinical Services Plan. A closing report confirming readiness to proceed into Phase 3 was presented at the November 2024 Public Board.</p> <p>Phase 3 (Public Consultation and Engagement – January to November 2025). A Consultation Project Plan was brought to the Public Board on 30 January 2025, setting out the scope, timeline, and resources for a formal public consultation on proposed reconfigurations across Critical Care, Dermatology, Emergency General Surgery, Endoscopy, Radiology, Ophthalmology, Orthopaedics, Stroke, and Urology. Between January and May 2025, the Health Board will complete detailed stakeholder mapping, finalise equality impact assessments, and develop consultation materials (including various accessible versions). In May 2025, the Public Board will formally launch the consultation, which is scheduled to run for around 12 weeks until August. There will be a mid-point review (during weeks 4–6) to assess public uptake and identify any gaps in participation. Analysis and conscientious consideration of feedback will follow between August and October 2025, drawing on an independent partner to collate responses and produce a draft output report. In November 2025, the Public Board will receive the final outcome of the consultation, along with recommended service configurations for phased implementation in Phase 4.</p> <p>Phase 4 (Implementation Planning and Delivery – From November 2025 onwards). Implementation will be staged according to immediate (0–2 years), medium-term (2–4 years), and longer-term (beyond 4 years) needs. Early changes will focus on existing workforce and budgets to mitigate urgent fragilities. Longer-term solutions (including capital investments and regional planning) will be delivered in line with the "A Healthier Mid and West Wales" strategy. The Transformation Programme Office will coordinate these efforts, while regular updates will be presented to the Strategy, Development and Operational Delivery Committee (SDODC), Board Seminars, and Public Board meetings for governance and assurance.</p> <p>Governance and Oversight. Board Seminars, held quarterly, will explore emerging risks, financial constraints, and workforce plans in detail. Public Board meetings, which take place bi-monthly, will receive progress reports and consider any key decisions that arise. The SDODC will continue to monitor alignment with Welsh Government requirements and the Health Board's long-term strategic vision.</p> <p>Key Deliverables and Milestones within the Plan. January 2025 marks the approval of the Consultation Project Plan, with detailed consultation preparations commencing thereafter. In May 2025, the finalised service options are released for formal consultation. The consultation ends in August 2025, after which data are analysed independently. In November 2025, the Public Board will make the definitive decision on final reconfigurations, triggering Phase 4 implementation. From 2026 to 2029, these changes will be rolled out as funding, workforce availability, and capital developments permit.</p> <p>No Risk Identified. There are no additional high-level risks specifically against Criterion 7, although potential financial, workforce, and capital constraints will be tracked as part of Clinical Services Plan implementation.</p>			No risk identified

19	80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Overall diagnostic performance remains below 80%, though endoscopy (covered separately under Criterion 20) has shown notable improvement. Radiology continues to face significant workforce shortages, ageing equipment, and rising demand, particularly for urgent and suspected cancer referrals. Plans to extend scanning hours and outsource some MRI and CT capacity are being developed, and a dedicated Radiology paper is forthcoming to address the fundamental issues of staffing levels and capital investment.		Extended or weekend sessions are underway in radiology and endoscopy, subject to staffing constraints, with outsourcing to independent providers arranged to tackle immediate capacity gaps. A strategic capacity review is included within the Clinical Services Plan to identify long-term solutions for the shortfall in imaging. Directors are providing monthly updates on waiting times at the site and modality levels, with ongoing monitoring through SDODC to ensure alignment with broader 2025/26 planning requirements			1843 (C) 1547 (D)
20	80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Endoscopy performance has shown improvement, achieving 64% in December 24, up from the baseline of 28%. While this indicates positive progress, it remains below the target of 80%, highlighting the need for continued focus to bring performance closer to expectations. Key Challenges: Endoscopist Shortages: Recruitment and retention of consultants and non-medical endoscopists remain problematic. Limited Suite Availability: Scheduling constraints and reliance on additional sessions (including weekends) to increase capacity. High GI Demand: Screening programmes (such as Bowel Screening Wales) and urgent referrals drive increasing volumes.		Mobile Endoscopy and In-House Sessions - Deploy mobile units at high-pressure sites if staffing is available; Expand evening/weekend in-house capacity to expedite backlog clearance. Outsourcing Arrangements - Engage with independent sector providers for routine or lower-complexity endoscopy procedures when internal capacity is limited. Service Optimisation - Standardise booking and triage processes for urgent/suspicious cases; Identify potential for additional nurse endoscopists or advanced practitioners to augment consultant-led sessions.			1628 (S) 1580 (S) 1628 (S)
21	80% of patients waiting for a NUIS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	For non-obstetric ultrasound, the three-month average stands at 79.3%, with performance slipping below the 80% target in the past two months. Cardiac MRI performance currently averages 58.8%, which remains below both the baseline of 75% and the Targeted Intervention target of 80%. These figures indicate a need for continued improvement in both areas to reach the desired levels of performance. Staffing Shortages - Radiology (sonographers, radiographers) and endoscopy (endoscopists, nursing staff). Equipment Constraints - Limited scanning capacity (e.g. MRI, ultrasound) and ageing infrastructure. High Demand - Ongoing backlog and increasing referrals, particularly for cancer pathways and urgent diagnostics.		Multiple initiatives are in progress, including extended scanning hours, outsourcing arrangements (MRI, CT), and a strategic review of diagnostic capacity under the 2025/26 Annual Plan. Recognising the fragility within Radiology, a dedicated paper is being developed to detail the longer-term investments, staffing models, and phased improvements necessary to meet growing demand sustainably. This paper will clarify key risks if funding is not secured in full and provide milestones for tracking capacity gains. Documented Plan and Dates for Delivery (Evidence) Extended or Weekend Sessions - Radiology (ultrasound, MRI, CT) and endoscopy: evening/weekend slots to maximise throughput where staffing is available. Outsourcing - Collaborations with independent providers to address peaks in demand and reduce lengthy waits. Strategic Capacity Review - Part of the Clinical Services Plan (CSP) and central to the forthcoming Radiology paper, examining long-term solutions such as additional scanners, mobile units, or service reconfiguration.	Quantifying Impact - A robust breakdown of how many additional slots or scans each intervention will create per month, and how this translates into achieving 80%. Workforce & Training - Securing and retaining specialist staff required to deliver extended hours; upskilling or introducing new roles where possible.		797 (C) 1349 (D) 1936 (D)
22	85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Therapy waiting times have shown a modest improvement from approximately 75% to about 77.2%, short of the 85% target. Staffing deficits in physiotherapy, occupational therapy, and speech & language therapy, along with rising community and inpatient referral demand, continue to challenge service delivery. Plans involve extending working hours, harnessing virtual or group-based therapy models, and refining triage to ensure timely appointments for priority cases.		Teams are establishing weekend or evening sessions for core therapy services, piloting remote and group-based solutions (such as digital physiotherapy classes), and introducing administrative changes to reduce DNAs and accelerate rebooking. Monthly performance dashboards will track therapy waiting times across sites and specialities, while directorates progress with recruitment and skill-mix initiatives to strengthen capacity. The Health Board aims to close the gap to 85% by ensuring adequate financial and workforce support for these expansion measures.			1766 (D) 736 (S) 1517 (S) 1661 (S)
24	A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	Andrew Carruthers	December 2024 data show 1,153 handovers taking longer than one hour, exceeding the revised monthly target of 839 and indicating a short-term reversal of previous gains. Over the past year, January 2024 has been the highest-reported month with 1,245 delayed handovers. Glangwili General Hospital (GGH) did see a modest percentage improvement (from 57.3% in November to 56.5% in December of handovers taking over an hour); however, system-wide pressures remain significant at other sites.		Provide regular updates to QSEC/Board.			1027 (C) 1210 (D) 1115 (D) 750 (D)
25	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	IQFPD	SDODC	Alert	Andrew Carruthers	In December 2024, 1,543 patients waited more than 12 hours in ED (target: 1,137), averaging around 10%—above the 7% goal. Glangwili General Hospital (GGH) remains the most pressured site, although other sites also saw an uptick due to winter demand.		Key Improvement Actions 50-Day Challenge & Winter Planning Dedicated funding - £2.5m - used to enhance weekend discharge (7-day H&SC working), expand community falls response, and embed the Optimal Hospital Flow Framework (Red2Green, D2RA). Local Site Initiatives GGH 12-week plan - Fortnightly reviews, weekly "Big Room" staff engagement, and an expanded SDEC model are all in place to address ED congestion. Other sites (Bronglais, Prince Philip, Withybush) refining boarding protocols and improving discharge lounge use to ease ED pressures. 6 Goals for Urgent and Emergency Care Goal 3 (SDEC Expansion) - Aims to reduce non-urgent ED admissions. Goal 5 (Optimal Flow) - Reinforces Criteria Led Discharge and earlier identification of medically optimised patients. Forward Outlook Sustained delivery of these interventions is expected to reduce 12-hour waits closer to the 7% target. Performance is tracked through weekly UEC governance, with continued alignment to the 50-Day Challenge, winter resilience initiatives, and the 6 Goals framework to ensure the necessary improvements are actioned promptly.			1027 (C) 1210 (D) 1115 (D) 750 (D)
26	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	IQFPD	SDODC	Alert	Andrew Carruthers	Baseline: 58 minutes; Target: 60 minutes. Three-Month Average: 72 minutes, with December 2024 peaking at 89 minutes—the highest in the last 12 months. Rising attendances, winter pressures, and workforce constraints are inflating the initial assessment backlog. ED congestion is compounded by upstream factors such as delayed discharges and surges in ambulance offloads, diverting clinical resources away from immediate assessment.		Key Improvement Actions EDQS Action Group: Standardises triage, introduces routine safety huddles, and applies the National Six Goals Team's ED Improvement Toolkit to redirect non-urgent attendances. 50-Day Challenge & Winter Measures: Embedding the Optimal Flow Framework (Schemes 1 & 2) and community-based responses (Schemes 6 & 10) to reduce front-door pressures. Local Site Plans: Glangwili's 12-week plan (SDEC expansion, Criteria Led Discharge) and site-specific rostering/boarding adjustments in Bronglais, Prince Philip, and Withybush aim to cut ED crowding. Forward Outlook Sustaining performance at or below 60 minutes requires continued optimisation of SDEC, effective discharge arrangements, and robust community pathways to avoid unnecessary ED use. Progress is tracked via weekly UEC governance meetings, with escalation procedures in place for surges or staffing shortages. The Health Board remains focused on stabilising ED flows and regaining compliance with this important timeliness measure.			1027 (C) 1210 (D) 1115 (D) 750 (D)

27	A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	Andrew Carruthers	<p>Baseline: 203; Target: 174.</p> <p>Three-Month Average: 204, reflecting a steady decline from the baseline yet still above the target (208 in December 24).</p> <p>Winter pressures, complex discharge arrangements (e.g., social care packages), and bed constraints continue to shape the pace of progress.</p> <p>A multi-agency approach involving community, social care, and therapy services remains essential to mitigate lengthy hospital stays and free capacity.</p>		<p>Key Improvement Actions</p> <p>50-Day Challenge & Winter Planning</p> <p>Embedding the Optimal Hospital Flow Framework (Red2Green, D2RA) across weekdays and weekends (7-day working) to expedite discharges.</p> <p>Weekly review of long-stay patients (over 21 days) and top 20 longest-stay cases for targeted action.</p> <p>Local Site Plans</p> <p>GGH 12-week plan: Same Day Emergency Care (SDEC) expansion to reduce unnecessary admissions, plus improved daily discharge coordination ("Big Room" sessions).</p> <p>Other sites (Bronglais, Prince Philip, Withybush) enhancing discharge lounges, boarding protocols, and multi-agency referrals to reduce delay points.</p> <p>Forward Outlook</p> <p>Sustaining the downward trend toward 174 hinges on maintaining robust discharge practices, optimising weekend capacity, and leveraging winter resilience funding (£2.5m) to alleviate pressures. Performance is closely monitored through weekly governance huddles, ensuring prompt intervention for any emerging bottlenecks</p>			1027 (C) 1078 (D) 1231 (D) 572 (D) 695 (S)
28	Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.	IQFPD	SDODC	Advice	Sharon Daniel	<p>Efforts are underway to incorporate patient experience data more systematically across the organisation. This data, now feeding into escalation meetings and being linked with updates on the patient safety dashboard, aims to enhance quality improvement by providing directorates with greater visibility into feedback trends. Although the roll-out has been slower than anticipated, this month marks the start of broader inclusion in directorate packs for escalation and improvement meetings. As the data becomes embedded in these processes, we expect it will strengthen our ability to respond to service user feedback and drive improvement initiatives effectively.</p>	Duplication	SA= we can amalgamate with 23 and close them down subject to the evidence and move to assure			1184 (P)
29	80% of LPMHSS mental health assessments undertaken within 28 days from the date of referral.	IQFPD	SDODC	Assure	Andrew Carruthers	<p>This measure has consistently met and exceeded target performance, achieving 91% against a goal of 80% over June, July, and August, with sustained delivery over the past 18 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.</p>					No risk identified
30	65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	IQFPD	SDODC	Assure	Andrew Carruthers	<p>Performance has consistently met and exceeded the target, with an average of 83.1% against a 65% goal, showing sustained delivery over the past 11 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.</p>					No risk identified
31	80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	IQFPD	SDODC	Assure	Andrew Carruthers	<p>This criterion has consistently met and exceeded target performance, achieving 92.1% against an 80% target, with sustained delivery over the past 20 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.</p>					No risk identified
46	Whether the people who use services, the public, staff, and external partners are engaged and involved to support high quality sustainable services demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.	TI coordination group	SDODC	Assure	Lisa Gostling	<p>The health board has made progress in engaging staff and stakeholders to support high-quality sustainable services. Key metrics for 2024 include an average of 22% of leavers completing exit interviews and a 73% average engagement score within the board outcome survey. In addition over 1050 staff have completed the Hywel Dda Culture Survey which enables development of localised people culture plans for Directorates.</p> <p>Speak Up - make meaningful change was launched October 2024 with a wide array of communications, that will support the workforce. The communication strategy also includes:</p> <ul style="list-style-type: none"> Bespoke posters which will include a QR code for staff with limited digital access Toolkits for Speak Up Guardians Education sessions included into Leadership Development Programmes A dedicated video with colleagues de-stigmatising Speak Up Devoted Sharepoint pages where all information is housed <p>The organisation has developed an in-depth escalation process for any concern that cannot be resolved at the point of contact. This includes a Voices Network as a first point of escalation, which includes key stakeholders for all directorates, then Executive colleagues and finally Chief Executive and Chair.</p>					1185 (P)