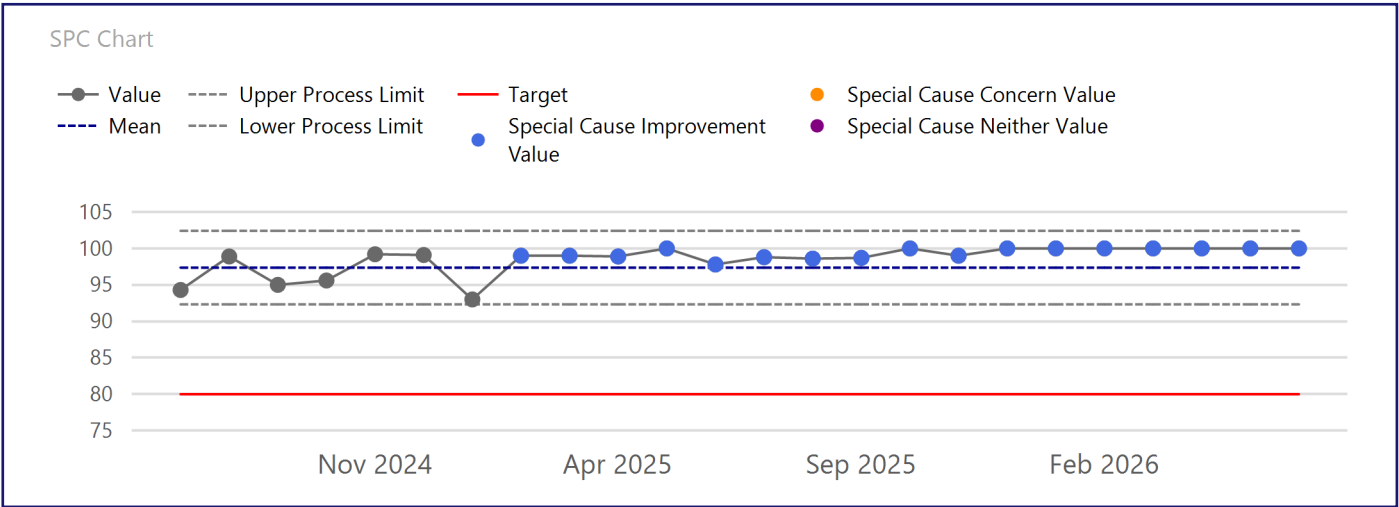


Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	100	80			Chief Operating Officer



Narrative

Consistently exceeding the standard, many months at 100% compliance

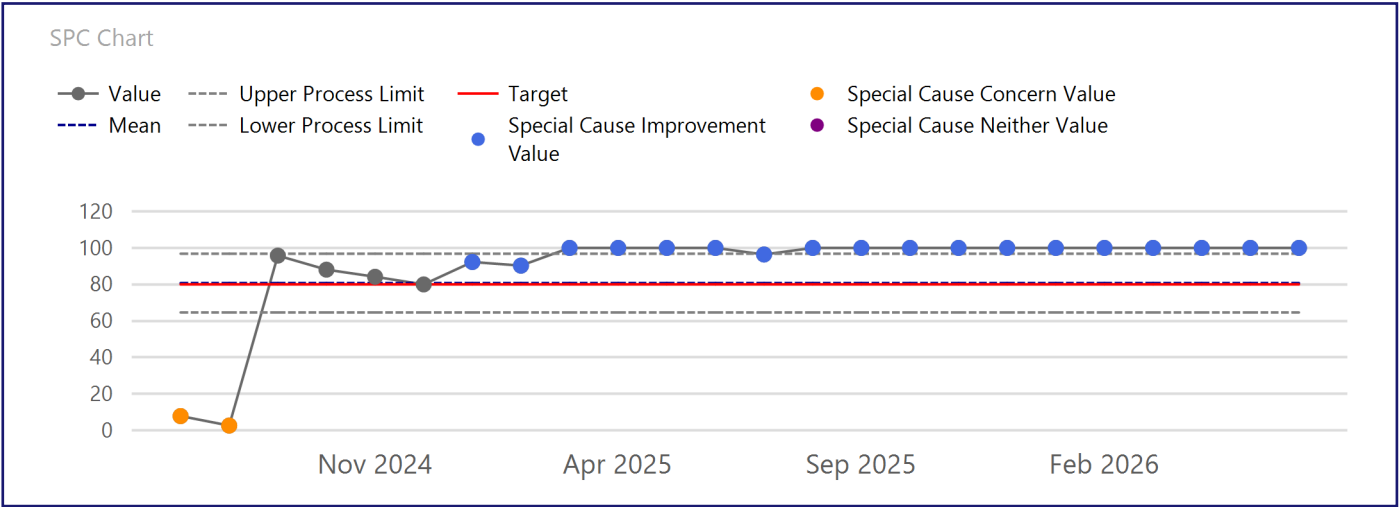
Actions and Owners

Sustained 100% compliance with Part 1A and Part 1B has been achieved through robust demand and capacity management, flexible deployment of clinical resource and continuous review of service capacity in response to changing demand. Psychoeducation Connection Contacts provide children and young people with earlier access to intervention while supporting delivery of the 28-day Part 1B standard

Concerns

n/a

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	100	80			Chief Operating Officer



Narrative

Consistently exceeding the standard, many months at 100% compliance

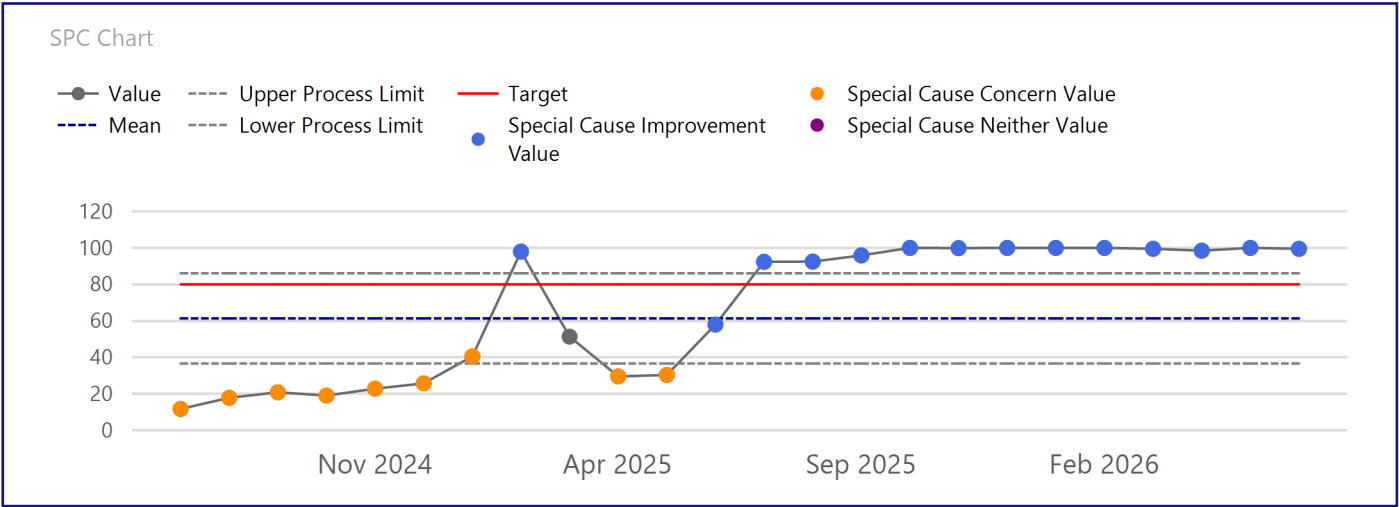
Actions and Owners

Sustained 100% compliance with Part 1A and Part 1B has been achieved through robust demand and capacity management, flexible deployment of clinical resource and continuous review of service capacity in response to changing demand. Psychoeducation Connection Contacts provide children and young people with earlier access to intervention while supporting delivery of the 28-day Part 1B standard

Concerns

n/a

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	99.5	80			Chief Operating Officer



Narrative

Consistently exceeding the target

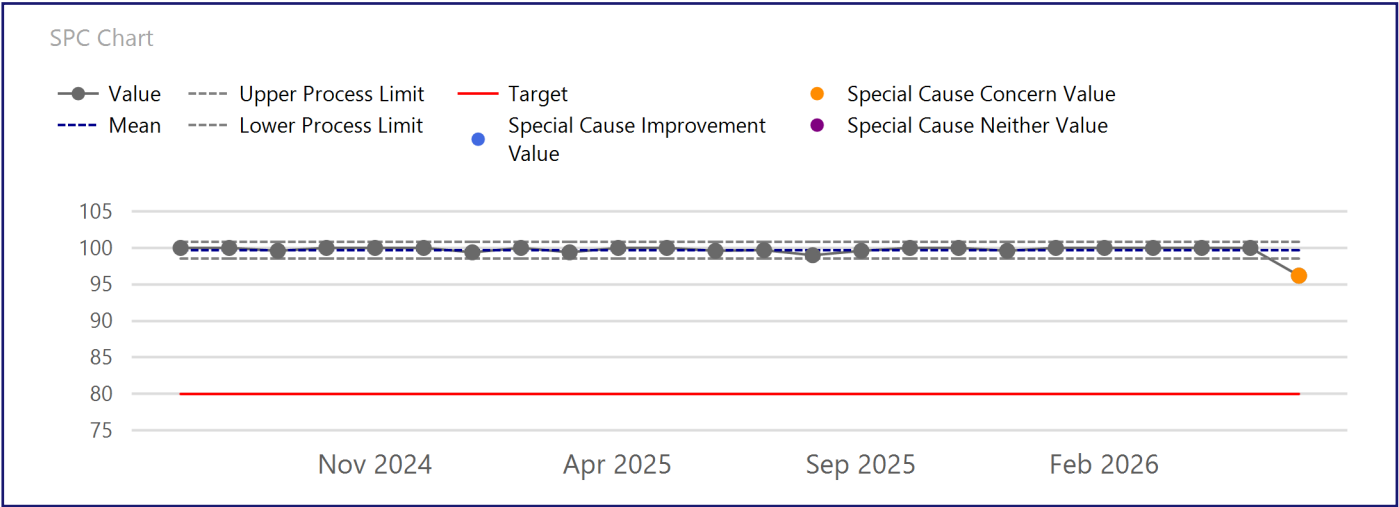
Actions and Owners

Internal flexibility to ensure sufficient assessments are completed

Concerns

Rise in long term sickness absence in PMHSS

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	96.2	80			Chief Operating Officer



Narrative

Consistently exceeding the target

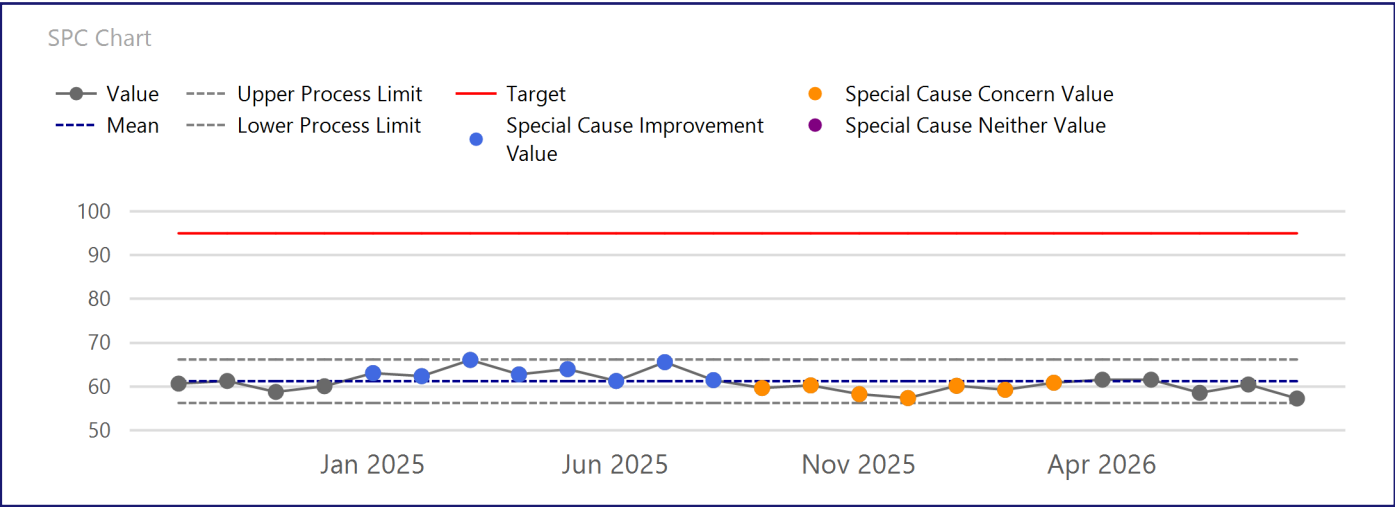
Actions and Owners

Development of more open access groups
Targeted work with highest referring GP clusters

Concerns

Rise in long term sickness absence in PMHSS

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	57.3	95			Chief Operating Officer



Narrative

No meaningful changes through the year but reduced compliance noted during periods of operational pressures.

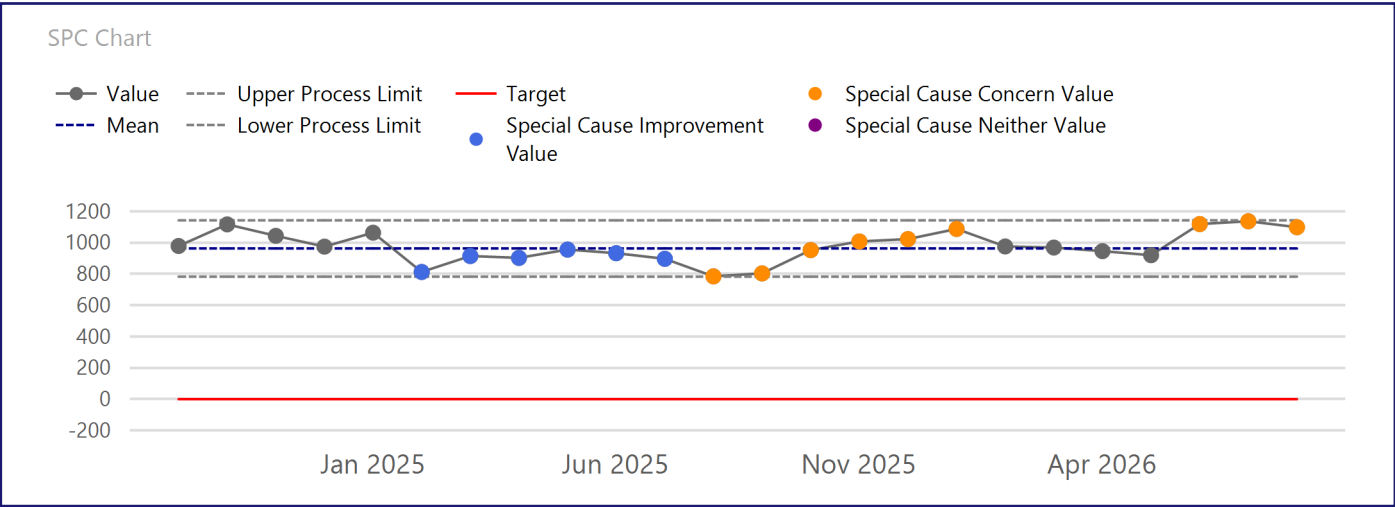
Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

Concerns

No Health Board is meeting this standard

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	1099	0			Chief Operating Officer



Narrative

No meaningful changes through the year but increases noted during periods of operational pressures, including past 2 months. We are routinely reporting over 800 12-hour breaches each month

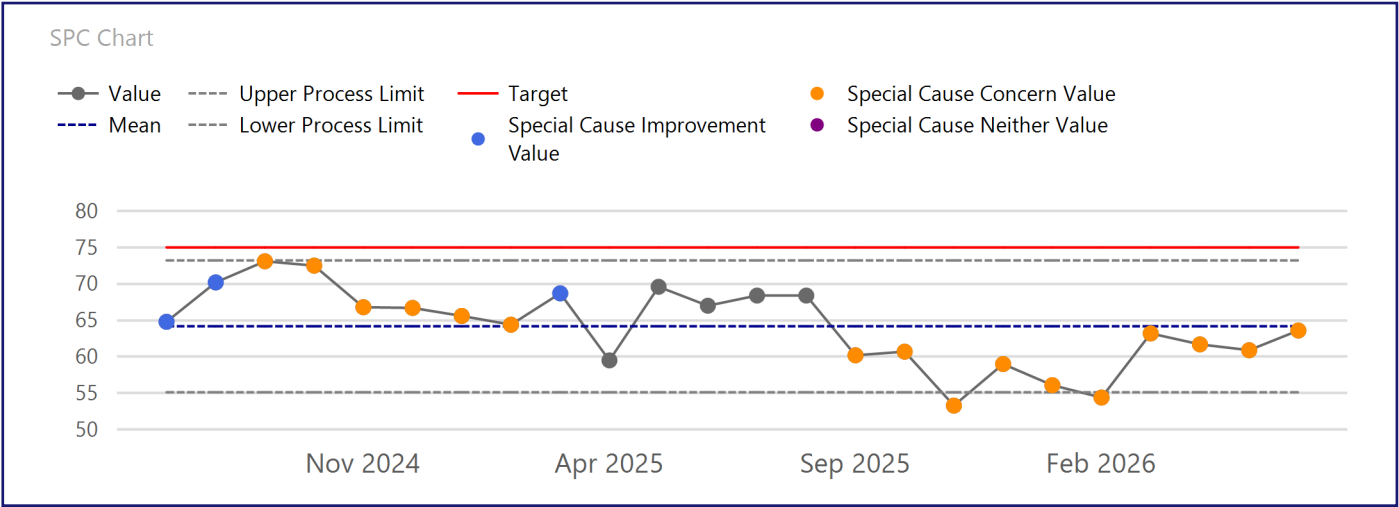
Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

Concerns

Increased breach numbers during periods of high escalation.
We are not meeting our de-escalation criteria

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	63.6	75			Chief Operating Officer



Narrative

Growth in the 62 day backlog and a reduction in SCP performance from August 2025 to February 2026

Maintained over 60% compliance since March 2026 following stabilisation of the skin waiting list with rebalanced capacity

We are not meeting the SCP standard of 75%

Actions and Owners

Trajectory to achieve SCP 75% compliance by Q4 underpinned by actions in key tumour sites:

Upper GI - Locum starting in July with 5 Consultants joining in Q2/Q3

Urology - new consultant post starting August

Skin - Specialty doctor and fellow recruitment in July, conversion of FU outpatient slots to cancer, working group development to review referral process

Review and update of Cancer governance structure/process

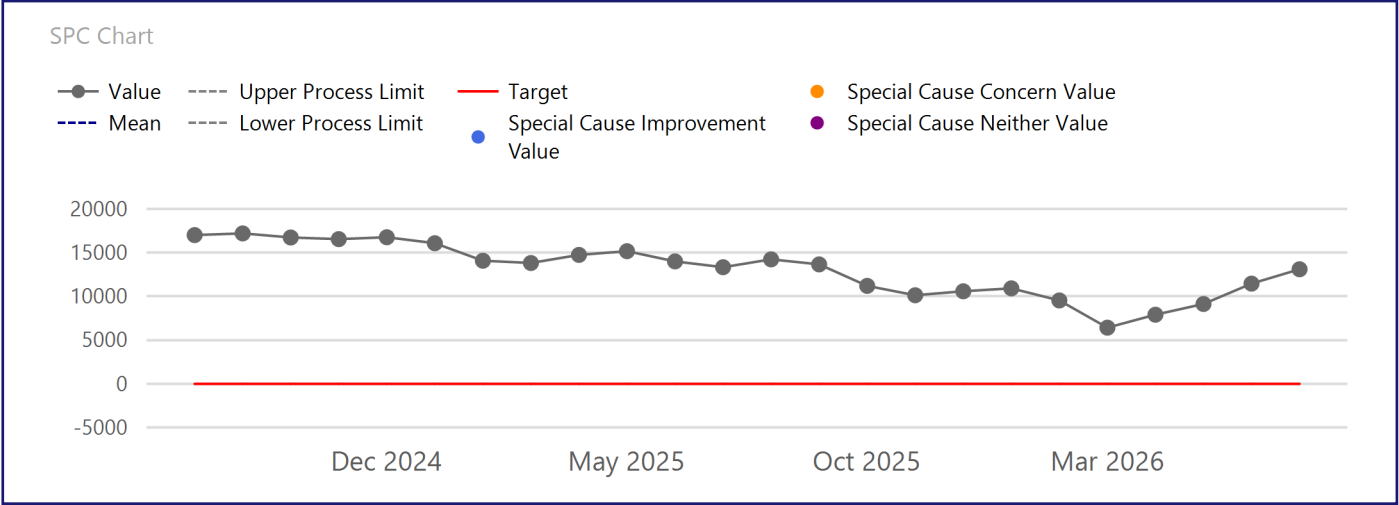
Concerns

Increase in demand and total waiting list volume

Growth in backlog of patients waiting over 62 days for treatment

Sustainable capacity concerns in Upper GI, Urology and Skin

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	13110	0			Chief Operating Officer



Narrative

Significant reduction in 8 week waits through 25/26, driven by improvements in Endoscopy and Radiology, despite increased demand as a result of the national outpatient insourcing programme. Cardiac imaging waits have increased as a result of the insourcing work, but the service have secured insourcing capacity to mitigate this. The 8 week position has increased since March driven by Cardiac imaging, NOUS and Endoscopy

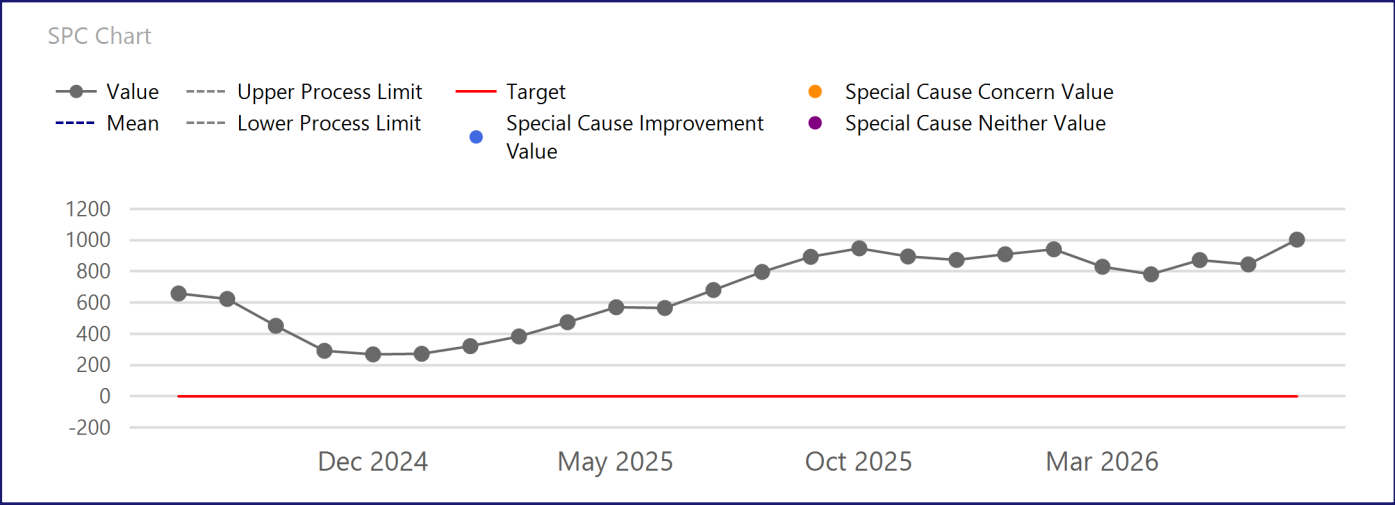
Actions and Owners

- Non-recurrent insourcing to support Cardiology
- Endoscopy - insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity
- Short term outsourcing and insourcing to support radiology position
- An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

Endoscopy and Radiology capacity

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	1004	0			Chief Operating Officer



Narrative

Total number of patients waiting over 14 weeks has fluctuated, breaches are clustered in Dietetics and Occupational Therapy. Overall >90% of patients are waiting less than 14 weeks for Therapy and we are consistently meeting our de-escalation requirement

Actions and Owners

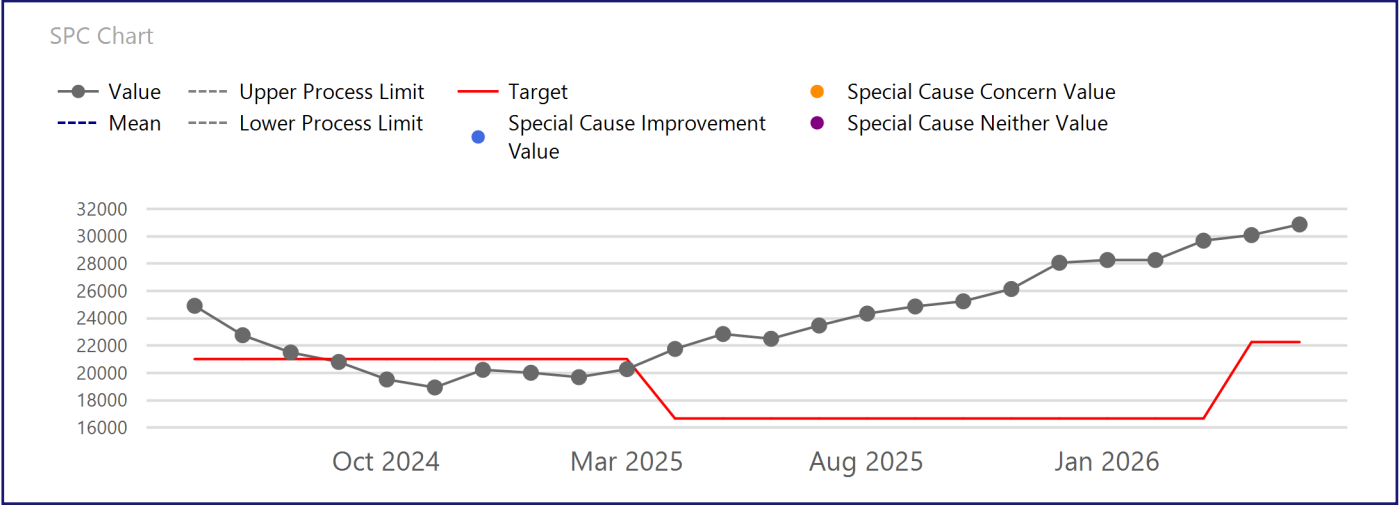
Text reminders have been rolled out to drive down DNA/CAN rates

Implementation of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways. This has been shown to reduce DNAs and allows FU capacity to be used for new patients

Concerns

Capacity shortfall in Dietetics and OT

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	30870	22261			Chief Operating Officer



Narrative

Uploaded data DRAFT not signed off

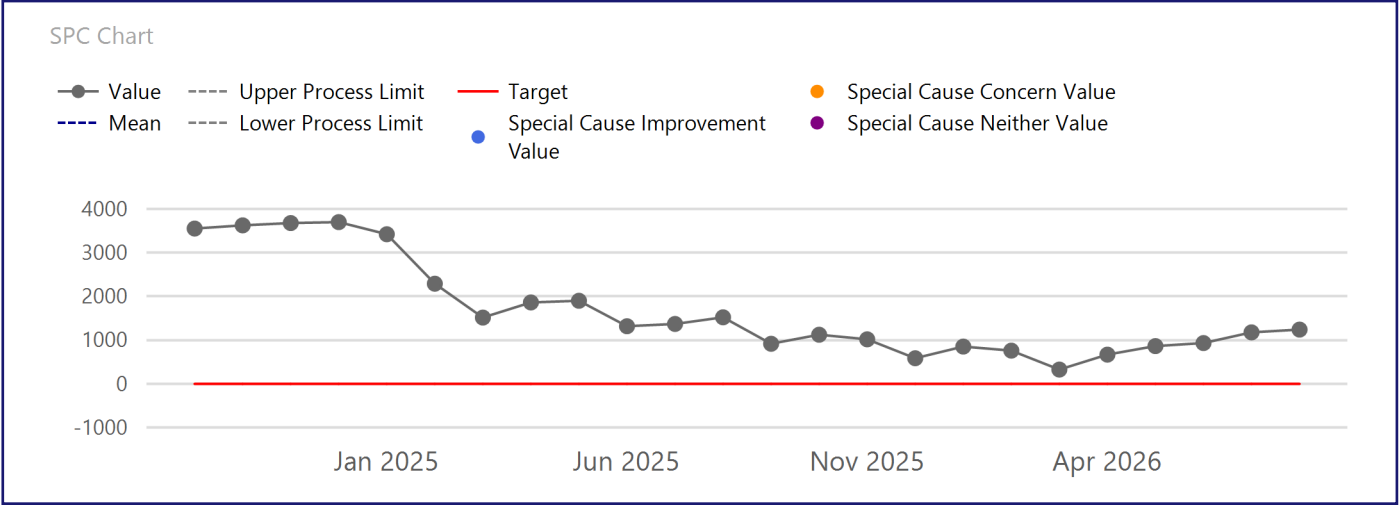
Actions and Owners

Conversion of un-booked, long waiting follow-ups to SOS/PIFU pathways in selected specialties. This will allow those patients needing follow-up to access an appointment in a timely manor through the see-on-symptoms and patient-initiated follow-up models

Concerns

Risks within follow-up cycle

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	1242	0			Chief Operating Officer



Narrative

The number of 2-year waits reduced significantly through 25/26 - additional activity funded non-recurrently. March 2026 saw 2-year waits reduce to their lowest level since April 2021 and the elimination of 3-year waits. The number of patients waiting 2-years for treatment has increased since April, driven mainly by Dermatology, General Surgery and Orthopaedics

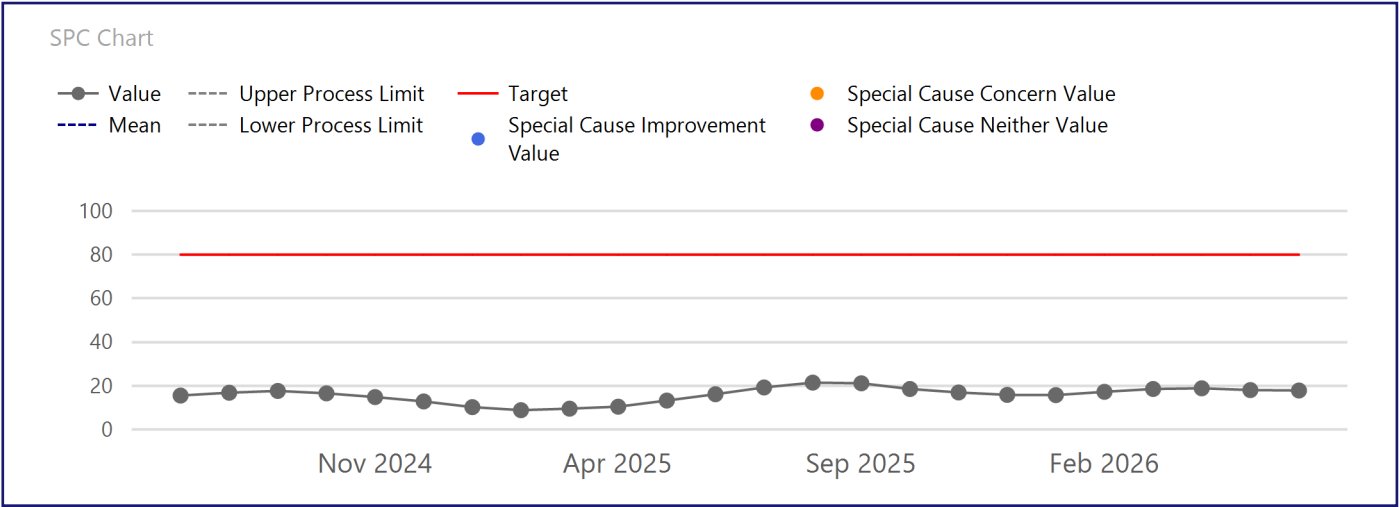
Actions and Owners

In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region. Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

Concerns

Unable to meet required reductions without additional activity

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	17.9	80			Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:

- Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
- Holistic approach across the ND pathway from referral. Whole-system approach has been embedded from triage through to full ND assessment - referrals are accepted for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.
- Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
- Dedicated assessment pathways for young people aged 17 and over
- Making every contact count - stronger collaboration has been established across all services. A unified observation template has been drafted and is currently being trialled in OT and SALT to ensure consistent identification and recording of ND traits. Promotes seamless cross-referral and co-working between services

Actions and Owners

Non-recurrent money available for this year - currently assessing options for best use of this money within funding constraints. Additional actions to increase efficiencies and capacity:

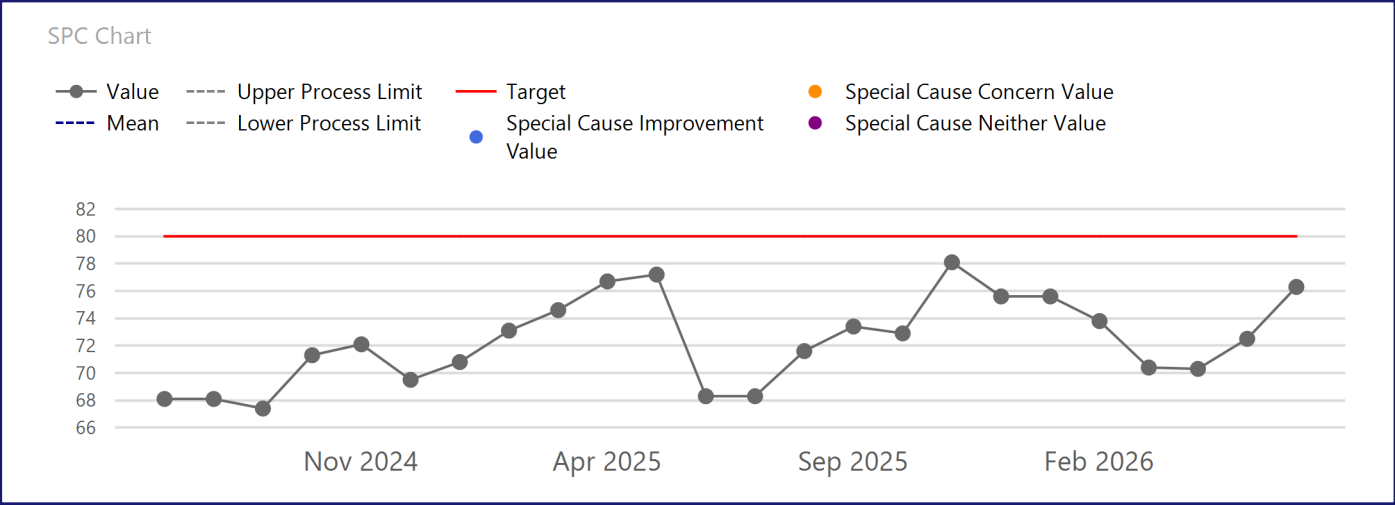
- Review of Consultant and Practitioner job planning to increase capacity by over 200 appointments/year
- Clinical validation and new 'touch base' letters to allow those no longer needing the service to opt-out
- Embed under 5s assessment protocol with dedicated SLT case note reviews. Reduced but does not remove requirement for 2nd assessment
- Increased digitisation, including digital platforms for assessments and follow-up appointments
- Continued engagement with Education

Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

Concerns

Significant capacity shortfall under current model

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	76.3	80			Chief Operating Officer



Narrative

Not meeting standard. Second in Wales for compliance against this measure. Current performance impacted by number of waits in Complex PTSD and longer waits for the Traumatic Stress Service

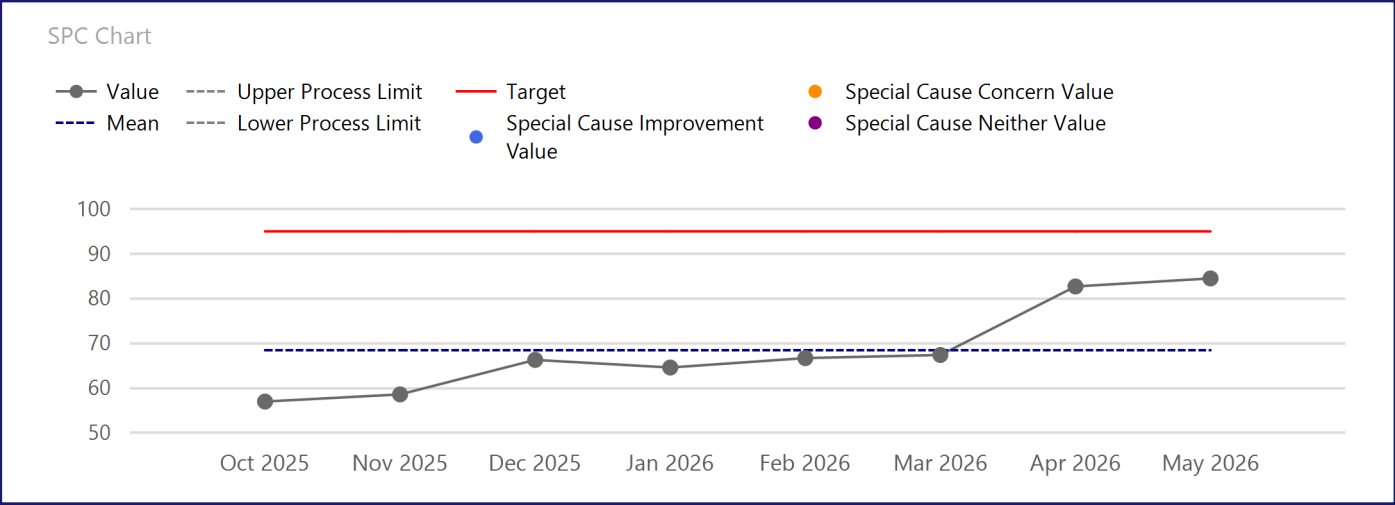
Actions and Owners

Development of OAAT (One at a Time) pilot in CPTD service to reduce waiting times across the service. OAAT focusses on resolving one specific issue per appointment. Monitored through directorate and Clinical Board performance meetings

Concerns

Not meeting the standard

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	84.5	95			Chief Operating Officer



Narrative

Performance remains below the required target; however, sustained improvement has been achieved over the past two years.

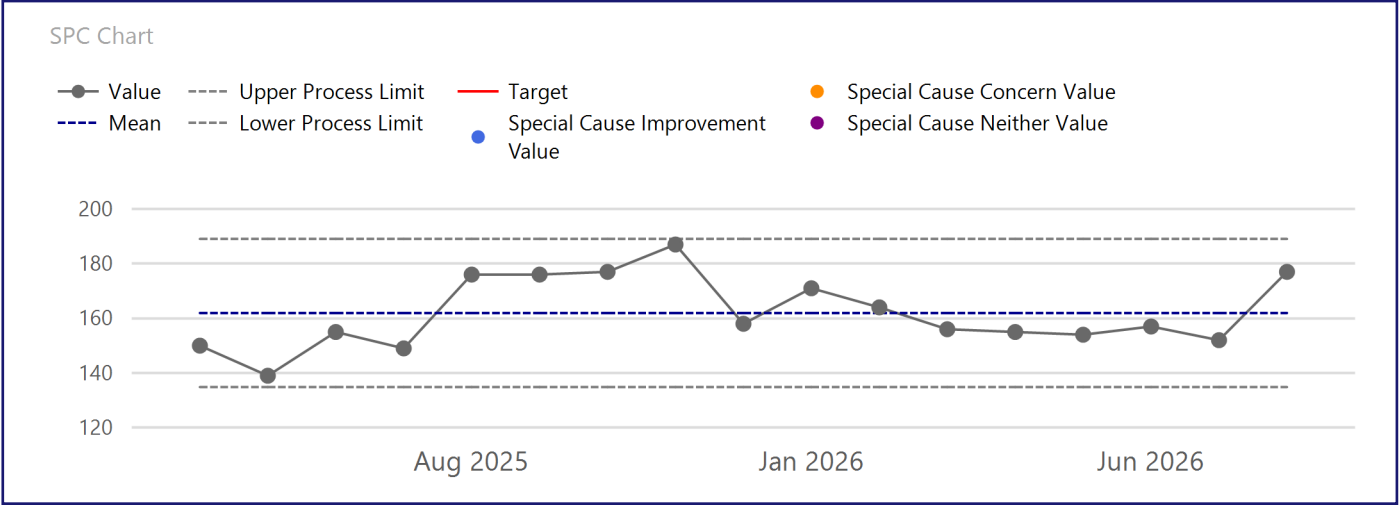
Actions and Owners

Recent improvements have been supported by enhanced staff retention, productivity improvements across the service, and the strategic deployment of a small number of highly experienced agency coders to supplement the establishment, strengthen skill mix and support ongoing service delivery.
Sustainable Clinical Coding Plan in development

Concerns

In May 2026 Audit Wales issued a follow-up audit report of the service in. Audit Wales recognised improvements in management arrangements, workforce stability and team culture; however, significant risks remain relating to workforce capacity, medical records, clinical engagement, governance, and sustained delivery of national performance standards. Six new recommendations were made and a Sustainable Clinical Coding Plan is now being developed.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	177				Chief Operating Officer



Narrative

August saw an expected increase in overall numbers of POCD, although total bed days lost is reduced from this month last year. The average days delayed in August was 52

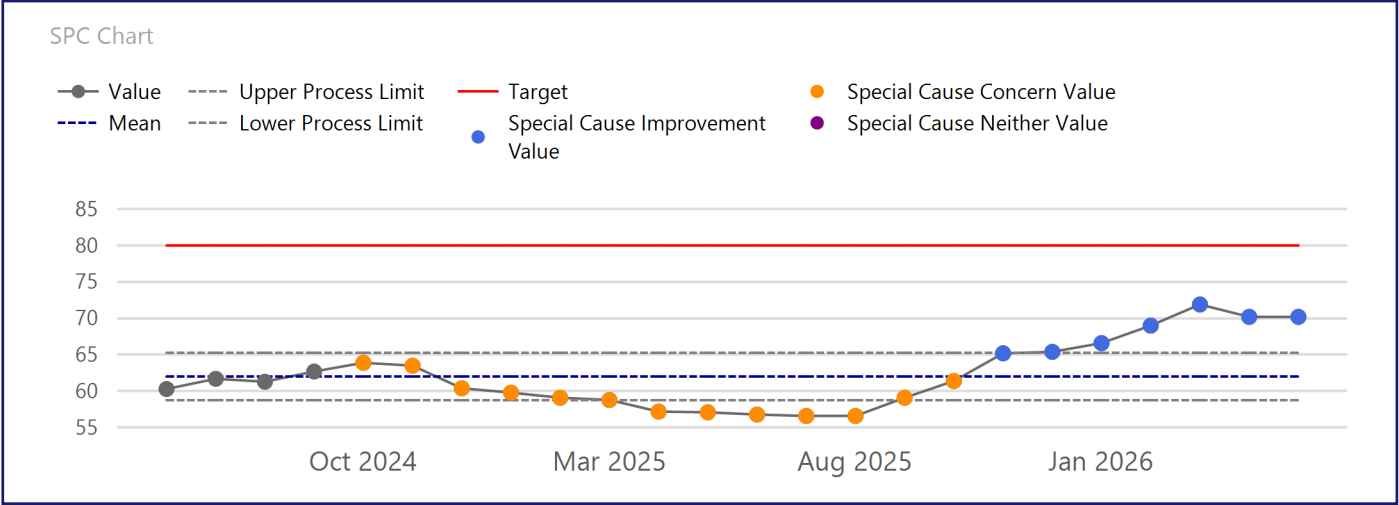
Actions and Owners

- Implementation of 'Prism' flow recommendations
- Discharge planning on arrival
- Focus on Red to Green
- Continue top 20 fortnightly review
- Review of IDS/IDH workforce
- Impact of actions monitored through UEC Programme Board

Concerns

Total delays remain higher than our de-escalation criteria

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	70.2	80			Chief Operating Officer



Narrative

Initial rapid process against action plan, recent plateau at c70% for overall compliance. The majority of teams are meeting the standard - actions are focussed on 2 CMHTs to improve their performance from c65%

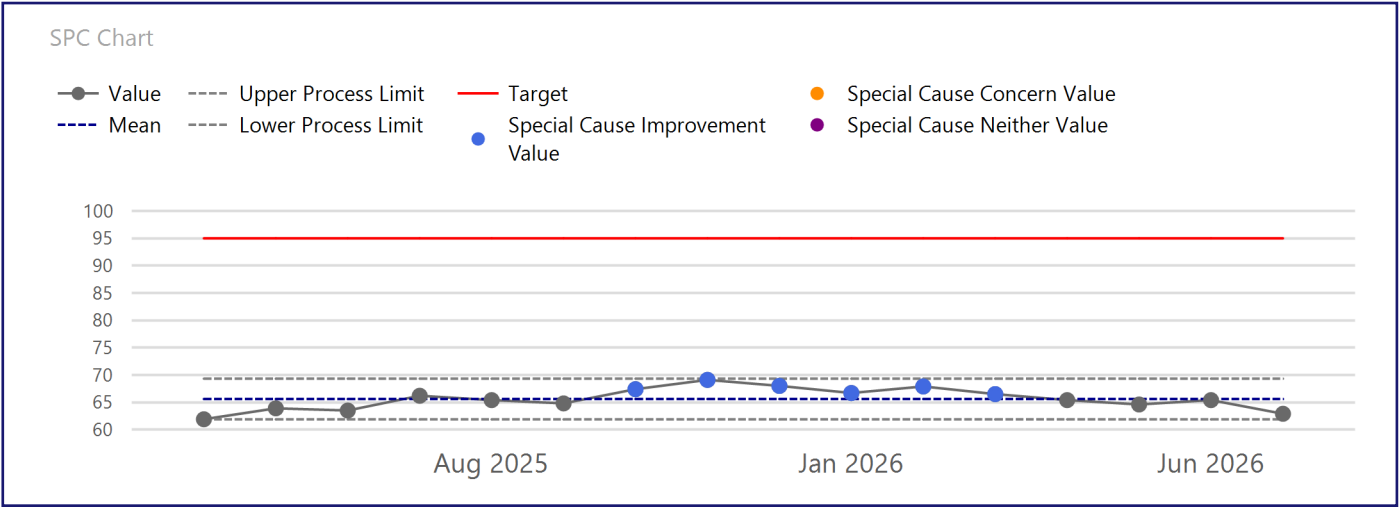
Actions and Owners

Review and redistribute CTPs across all specialties within the teams.
Monitored through newly developed Power BI dashboard (weekly meetings). Monthly Directorate reviews and monthly Touchpoint with NHSP&I colleagues

Concerns

Uneven distribution of incomplete CTPs leading to bottlenecks in completion

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	62.9	95			Chief Operating Officer



Narrative

Consistent performance but not always meeting de-escalation requirement. The R1 cohort is predominantly made up of Glaucoma and Medical Retina Patients. We have gone live with our Glaucoma Diagnostic Unit which will allow us to see all our R1 Glaucoma patients in a timely manner.

Actions and Owners

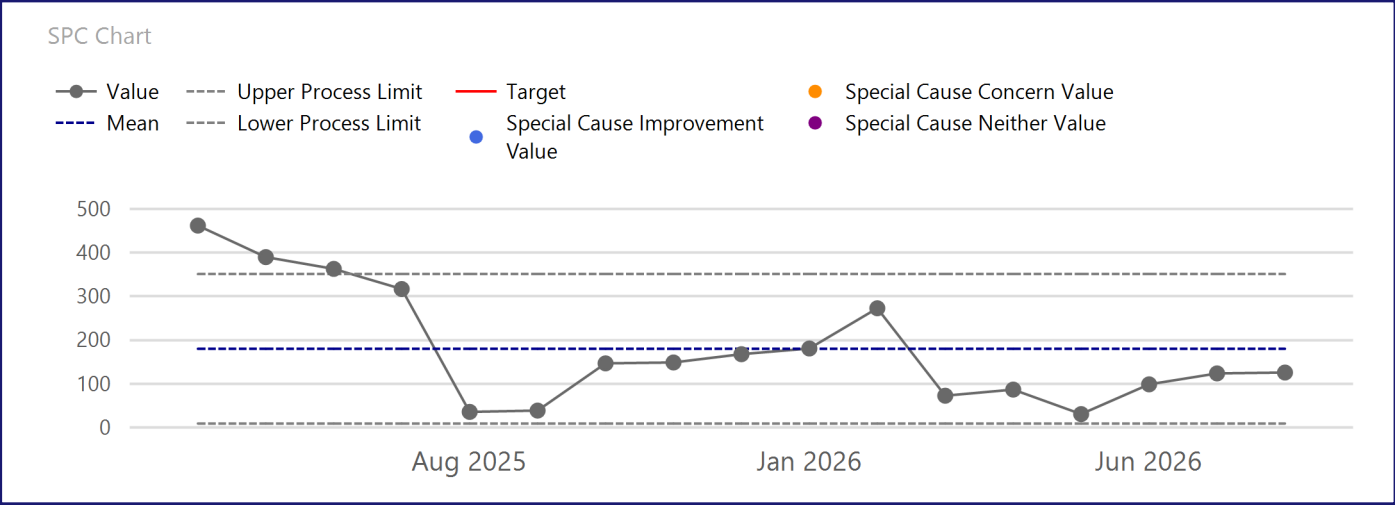
Progressing business case to increase capacity for Medical Retina patients.

Working with Primary Care on pathway for Diabetic patients to reduce lower grade referrals and free capacity to see urgent patients in a more timely manner

Concerns

Not consistently meeting de-escalation requirement

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	126				Chief Operating Officer



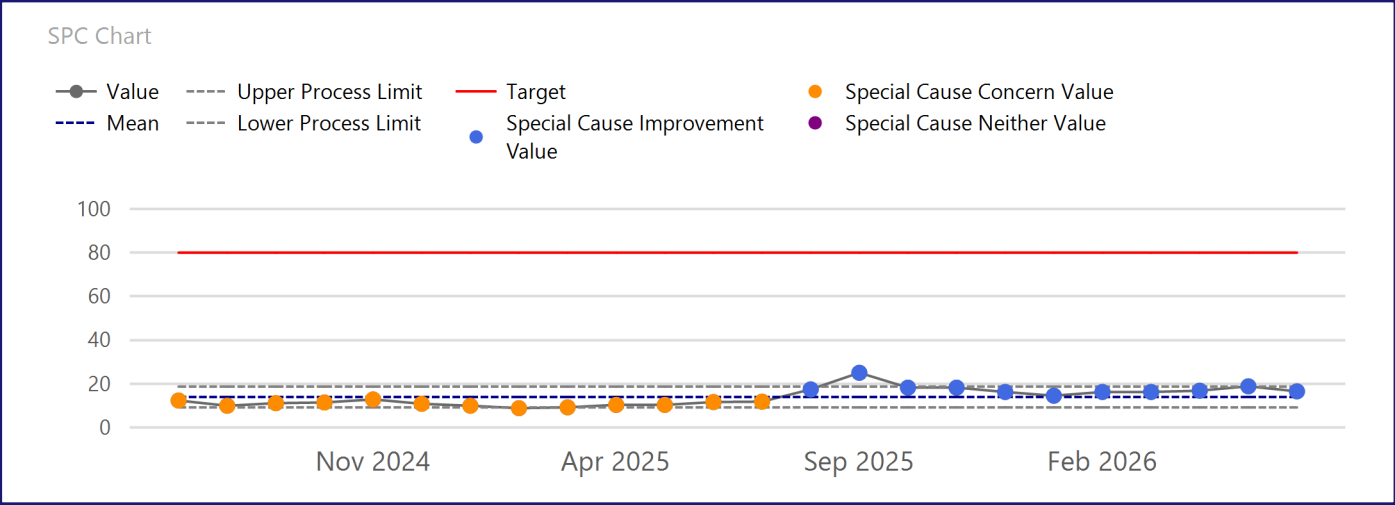
Narrative

Uploaded data DRAFT not signed off

Actions and Owners

Concerns

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	16.6	80			Chief Operating Officer



Narrative

No meaningful change - current operational priority is the 45-minute handover in line with the national requirements

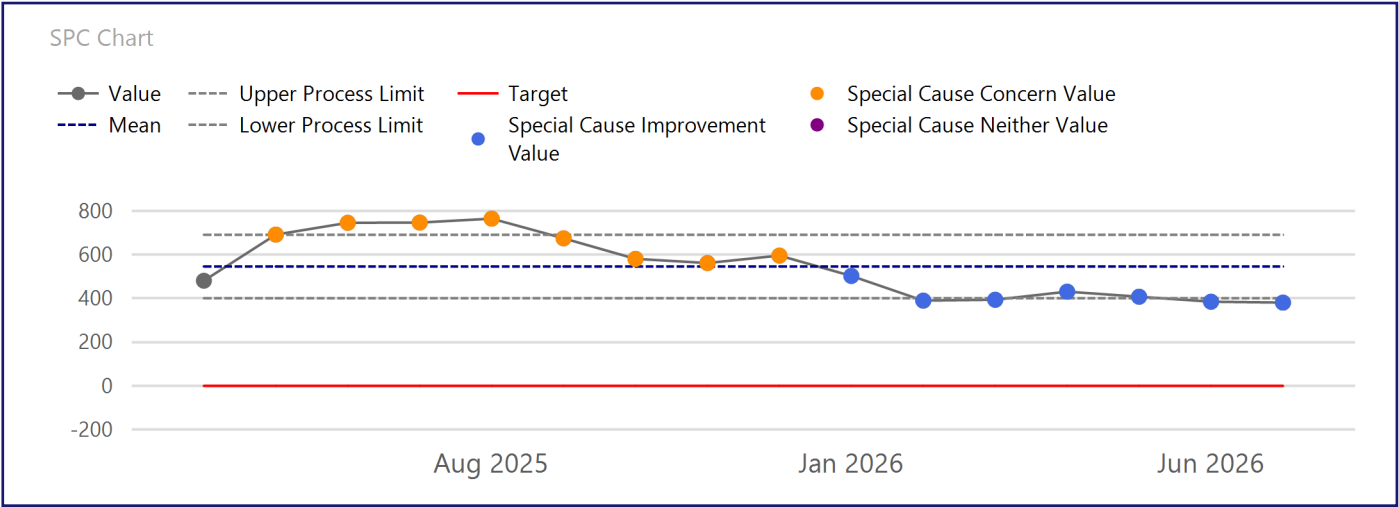
Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

Concerns

Maintaining ambulance performance during periods of high escalation

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	381	0			Chief Operating Officer



Narrative

We have seen an increase in the audiology waiting list through the last year driven by an increase in demand. 14 week waits have increased as capacity within the service is unable to match the increase. To mitigate some of this demand some staff time has been converted from the adult to the paediatric service. Clinical triage of referrals ensures urgent cases are identified and booked directly into the appropriate clinic

Actions and Owners

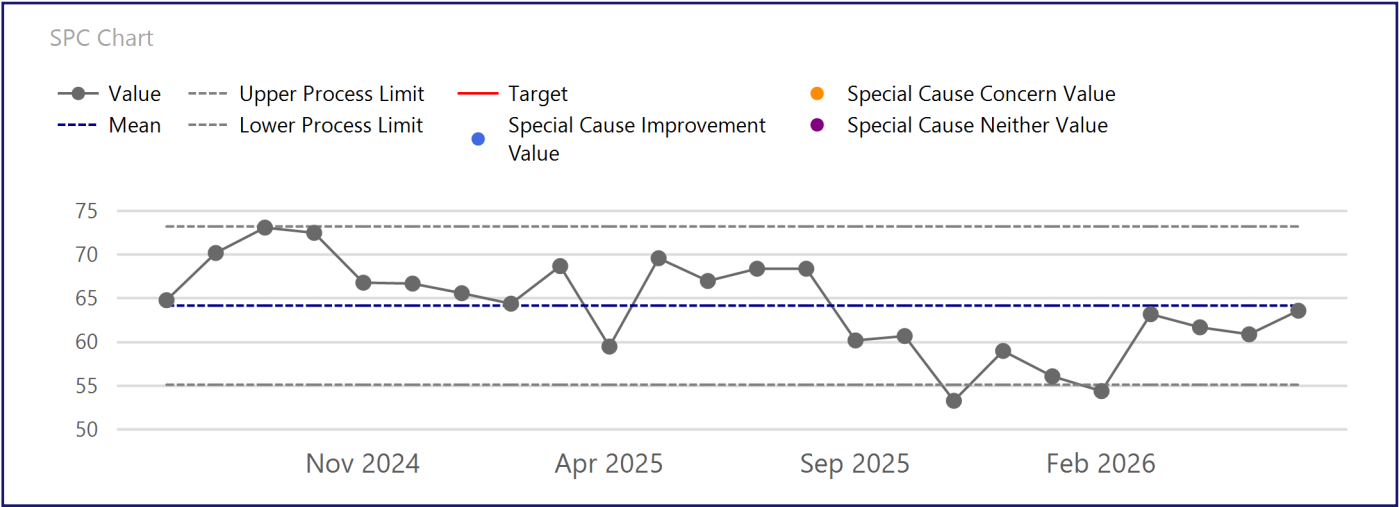
Service are developing a text reminder service to reduce DNAs and validate patients who no longer need an appointment

3 audiologist posts recruited - starts dates in Q2 and Q3 - providing additional capacity

Concerns

Increasing demand and insufficient capacity to meet the waiting time standard

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	63.6				Chief Operating Officer



Narrative

Growth in the 62 day backlog and a reduction in SCP performance from August 2025 to February 2026

Maintained over 60% compliance since March 2026 following stabilisation of the skin waiting list with rebalanced capacity

We are not meeting the SCP standard of 75%

Actions and Owners

Trajectory to achieve SCP 75% compliance by Q4 underpinned by actions in key tumour sites:

Upper GI - Locum starting in July with 5 Consultants joining in Q2/Q3

Urology - new consultant post starting August

Skin - Specialty doctor and fellow recruitment in July, conversion of FU outpatient slots to cancer, working group development to review referral process

Review and update of Cancer governance structure/process

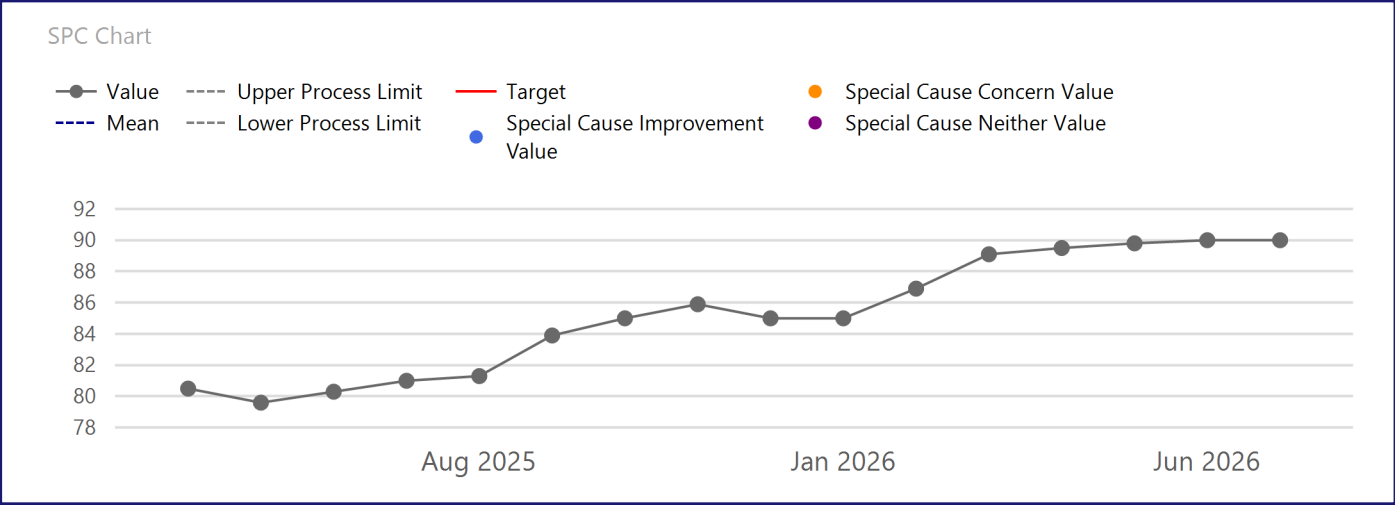
Concerns

Increase in demand and total waiting list volume

Growth in backlog of patients waiting over 62 days for treatment

Sustainable capacity concerns in Upper GI, Urology and Skin

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	90				Chief Operating Officer



Narrative

Significant reduction in the volume of long waiting outpatients through last year as a result of the National and Local outpatient insourcing work. An additional 22k appointments were delivered through the national scheme, with a further 9k through C&V schemes. This activity ceased in March 2026 and we have maintained this improved position.

The use of SPC charts in not appropriate for the RTT measures - the format for this reporting will be reviewed locally and in line with the national reporting dashboard

Actions and Owners

Outpatient improvement summit in July 2026.
From Q3 - overbooking of outpatient clinics to mitigate the impact of patient DNAs.

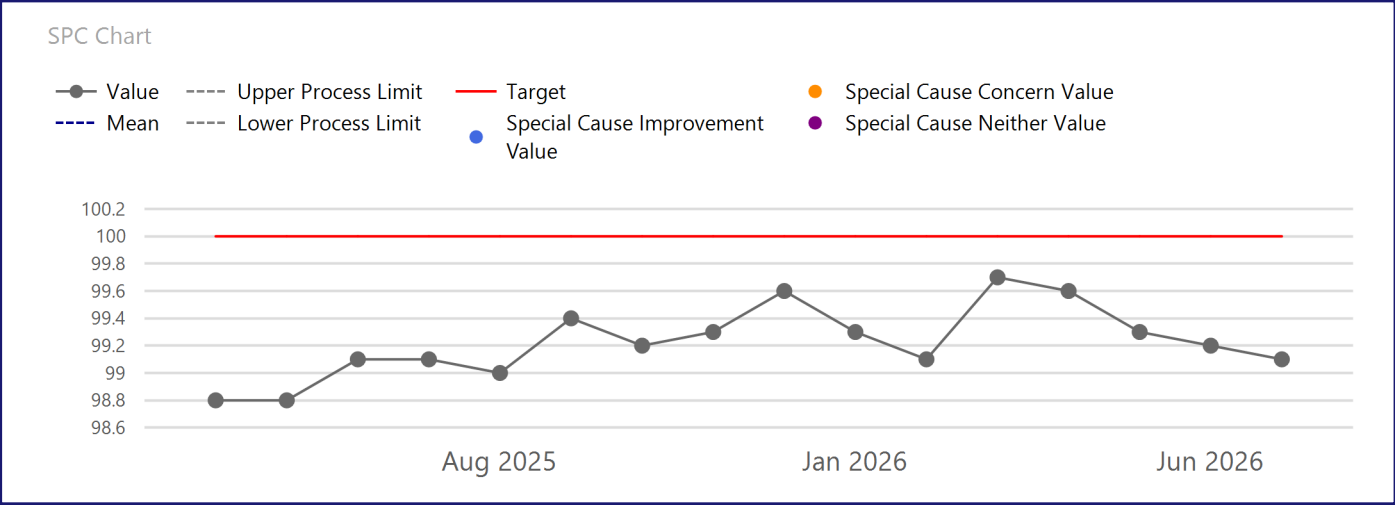
Focus on use of SOS/PIFU to free up follow-up capacity for new patients

Actions and performance monitored through the newly establish Productivity and Efficiency Board

Concerns

Increase in the number of preaches in some specialties without additional activity

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	99.1	100			Chief Operating Officer



Narrative

The number of 2-year waits reduced significantly through 25/26 - additional activity funded non-recurrently. March 2026 saw 2-year waits reduce to their lowest level since April 2021 and the elimination of 3-year waits. The number of patients waiting 2-years for treatment has increased since April, driven mainly by Dermatology, General Surgery and Orthopaedics

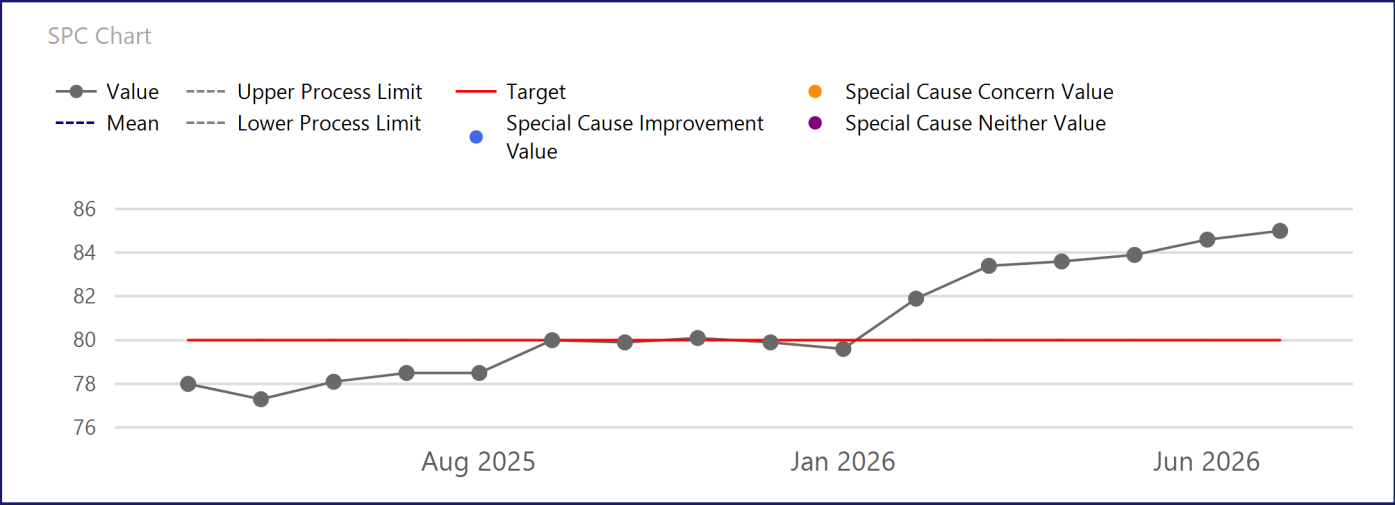
Actions and Owners

In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region. Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

Concerns

Unable to meet required reductions without additional activity

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	85	80			Chief Operating Officer



Narrative

The proportion of open pathways <52 weeks increased last year through a combination of the national outpatient insourcing programmes and additional activity focussed on reducing 2 and 3-year waits for treatment. This work was consolidated with work on referral management. We have met the de-escalation standard since February

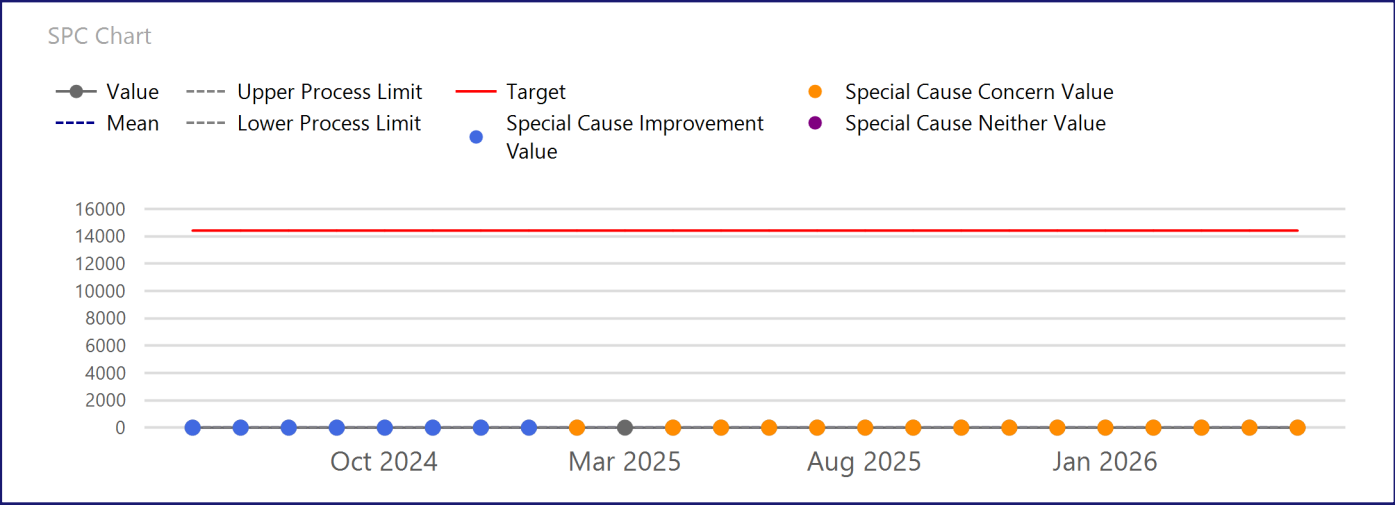
Actions and Owners

In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region. Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

Concerns

Long waits to increase in some specialties without additional activity

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	1	14415			Chief Operating Officer



Narrative

Consistently exceeding the target

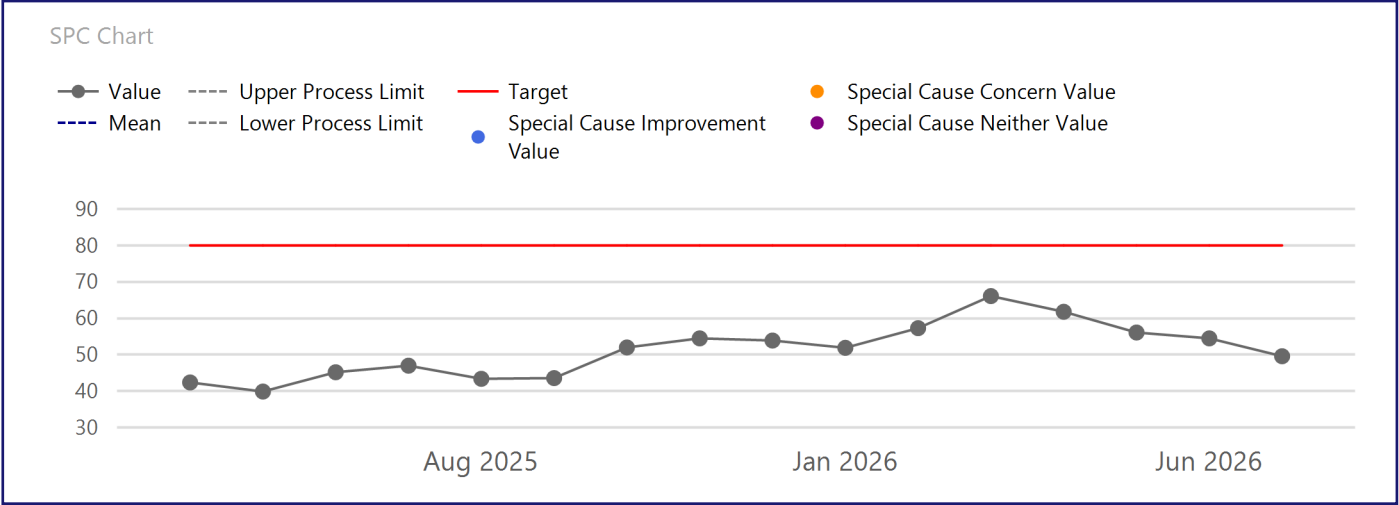
Actions and Owners

Internal flexibility to ensure sufficient assessments are completed

Concerns

Rise in long term sickness absence in PMHSS

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	49.6	80			Chief Operating Officer



Narrative

Significant reduction in 8 week waits through 25/26, driven by improvements in Endoscopy and Radiology, despite increased demand as a result of the national outpatient insourcing programme. Cardiac imaging waits have increased as a result of the insourcing work, but the service have secured insourcing capacity to mitigate this. The 8 week position has increased since March driven by Cardiac imaging, NOUS and Endoscopy

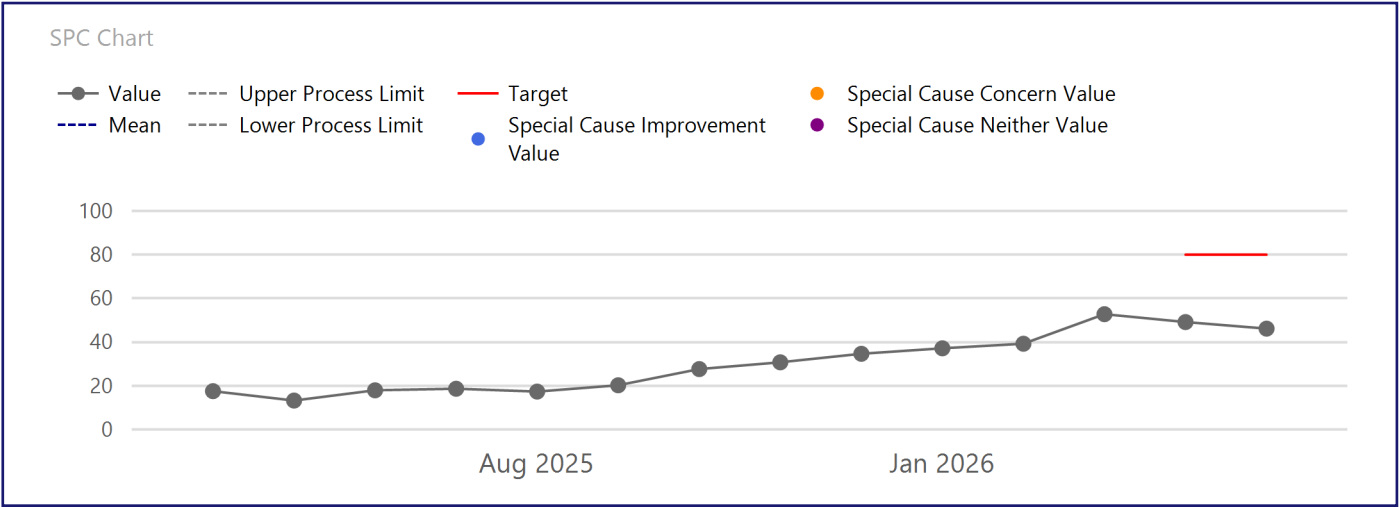
Actions and Owners

- Non-recurrent insourcing to support Cardiology
- Endoscopy - insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity
- Short term outsourcing and insourcing to support radiology position
- An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

- Endoscopy and Radiology capacity
- We are consistently not meeting this de-escalation criteria

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	46.2	80			Chief Operating Officer



Narrative

Significant improvement through 25/26 - recurrent capacity issues remain, we are working with colleagues from NHSP&I to develop solutions

Actions and Owners

Insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

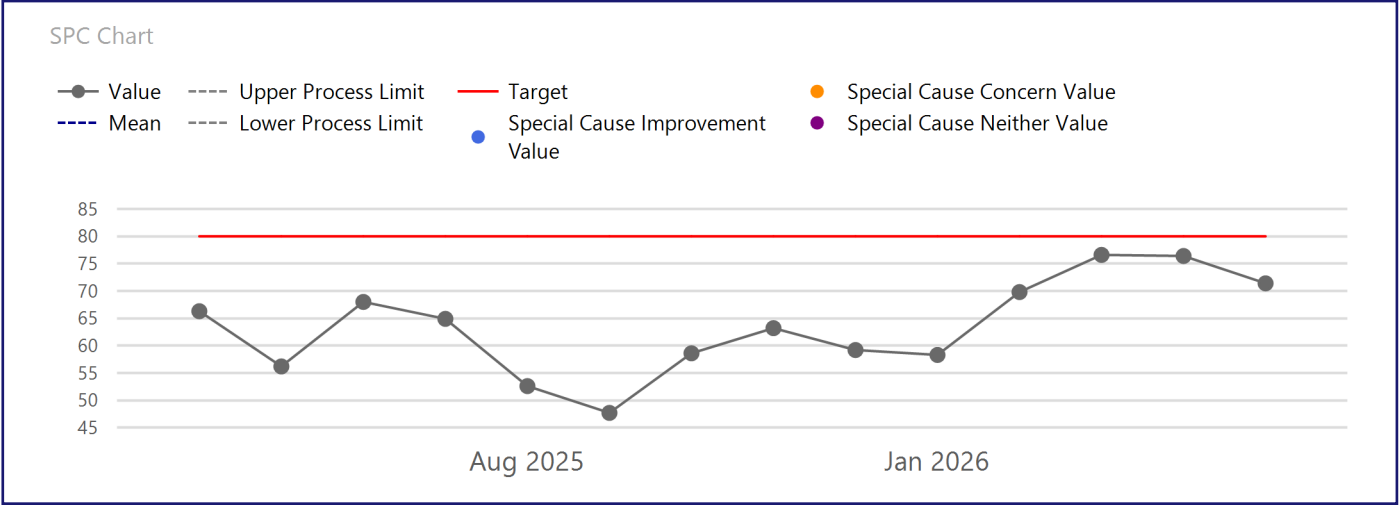
An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

Endoscopy capacity

We are consistently not meeting this de-escalation criteria

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	71.4	80			Chief Operating Officer



Narrative

Improvement noted through Q3 and Q4 25/26 but we are consistently not meeting the standard. Insourcing has been secured to drive down the backlog from Q3 this year

Actions and Owners

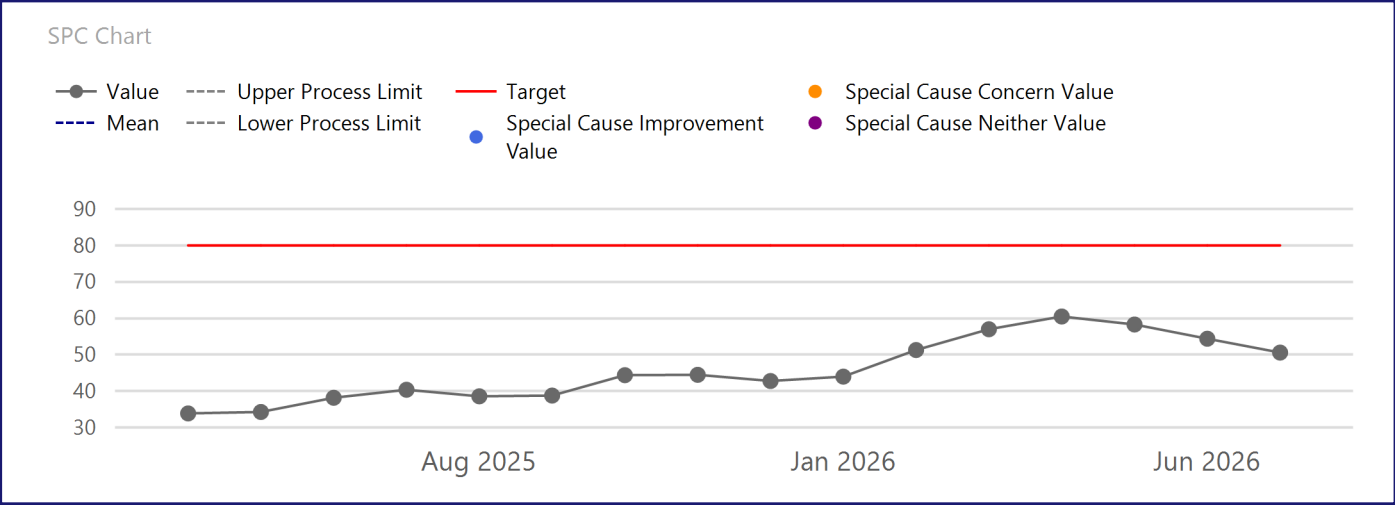
Short term insourcing to help recover the backlog of long waits.

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

We are consistently not meeting this de-escalation criteria

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	50.6	80			Chief Operating Officer



Narrative

Improvement noted through Q3 and Q4 25/26 but we are consistently not meeting the standard. There was a delay in commencement of the insourcing contract, which did not deliver contracted volumes.

Actions and Owners

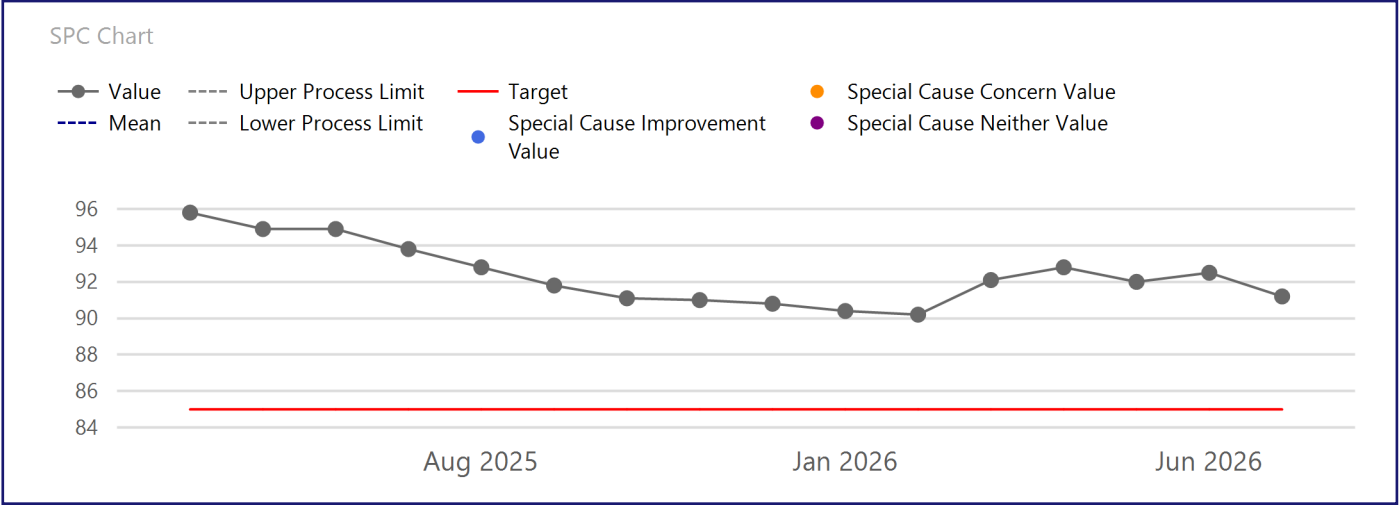
Short term support for NOUS with outsourcing, long term plan for advanced sonographer training, build on learning from Swansea Bay UHB model.

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

We are consistently not meeting this de-escalation criteria

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	91.2	85			Chief Operating Officer



Narrative

Total number of patients waiting over 14 weeks has fluctuated, breaches are clustered in Dietetics and Occupational Therapy. Overall >90% of patients are waiting less than 14 weeks for Therapy and we are consistently meeting our de-escalation requirement

Actions and Owners

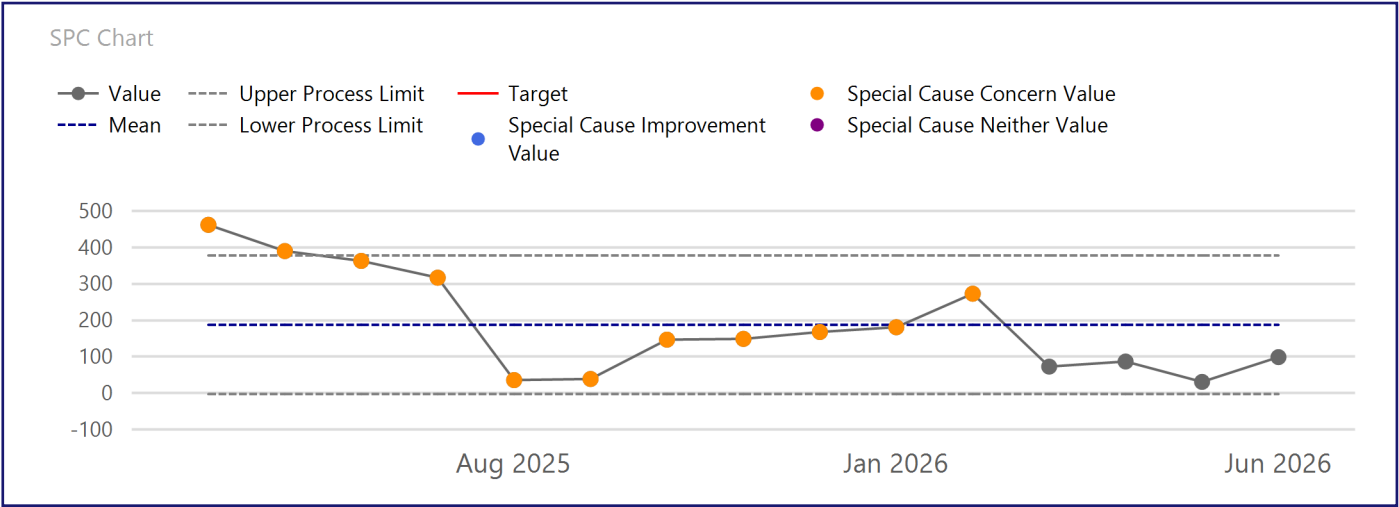
Text reminders have been rolled out to drive down DNA/CAN rates

Implementation of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways. This has been shown to reduce DNAs and allows FU capacity to be used for new patients

Concerns

Capacity shortfall in Dietetics and OT

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	99				Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. June saw an increase in 1-hour ambulance holds and an increase in the average handover time to 28 minutes from 24 minutes in May. Over half the 1-hour breaches came during the Business Continuity Incident at the end of the month. We are reviewing our data from across the health system over the past 8 weeks to better understand the impact of external and internal pressures.

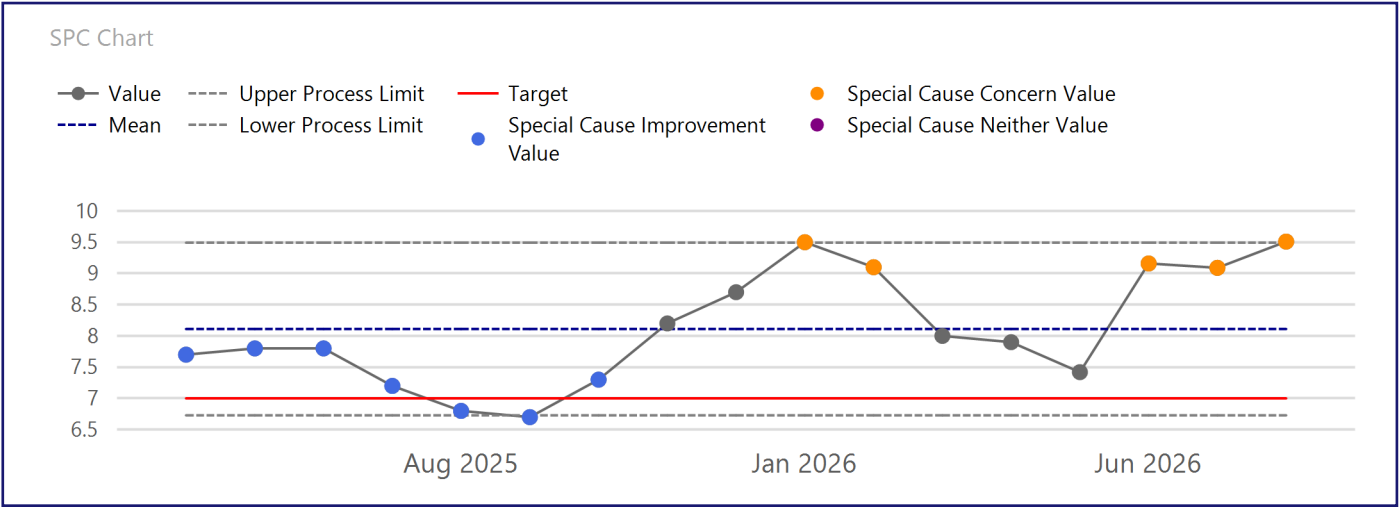
Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

Concerns

Maintaining ambulance performance during periods of high escalation

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	9.51	7			Chief Operating Officer



Narrative

No meaningful changes through the year but increases noted during periods of operational pressures, including July and August. We are routinely reporting over 800 12-hour breaches each month

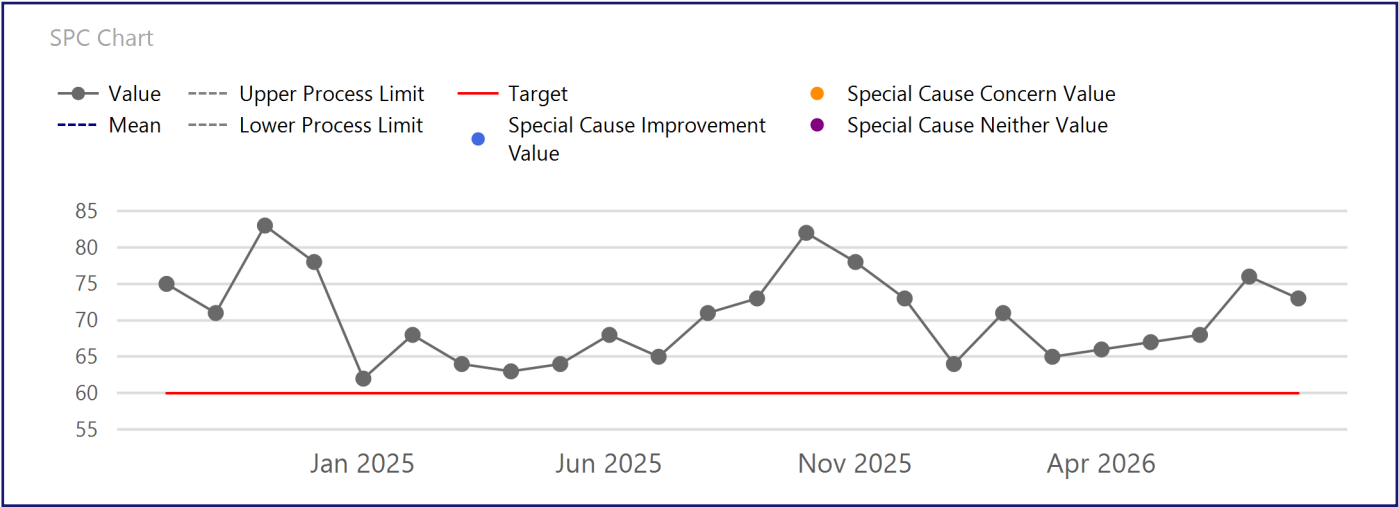
Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

Concerns

Improving performance during periods of high escalation.
We are not meeting our de-escalation criteria

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	73	60			Chief Operating Officer



Narrative

Improvement noted from Q3 last year but no meaningful changes in the last quarter. Periods of operational pressures through July and August have seen median time increase

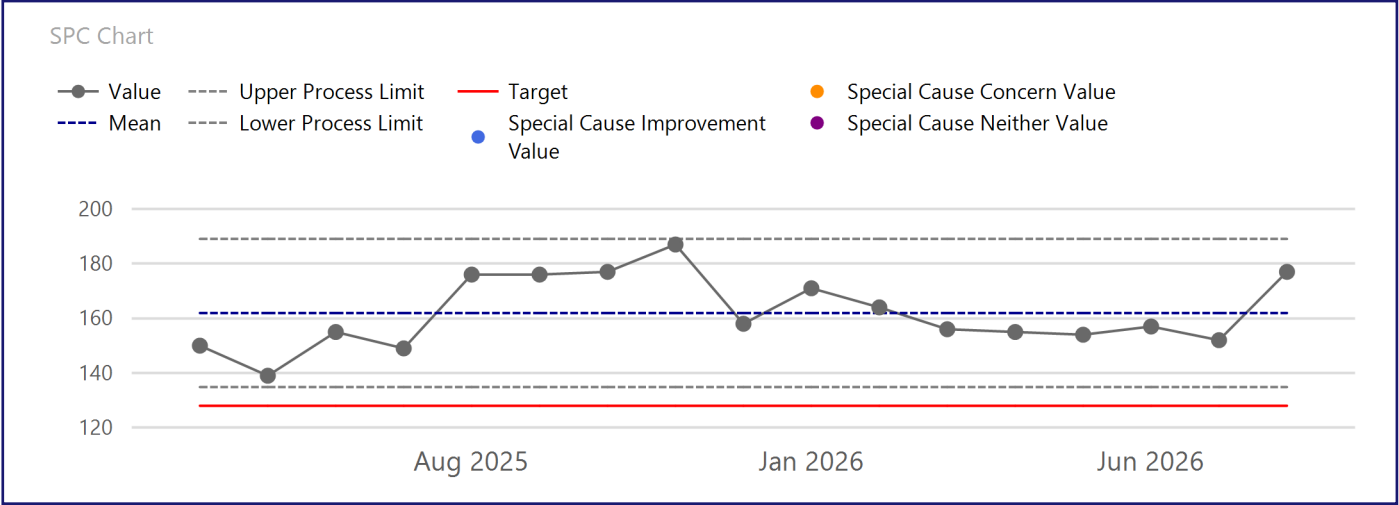
Actions and Owners

Continued maximisation of MSDEC activity.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
ACU desk to coordinate timely clinical responses.
Actions and performance metrics monitored through UEC Programme Board.

Concerns

Maintaining performance during periods of high escalation.
We are not meeting our de-escalation criteria

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	177	128			Chief Operating Officer



Narrative

August saw an expected increase in overall numbers of POCD, although total bed days lost is reduced from this month last year. The average days delayed in August was 52

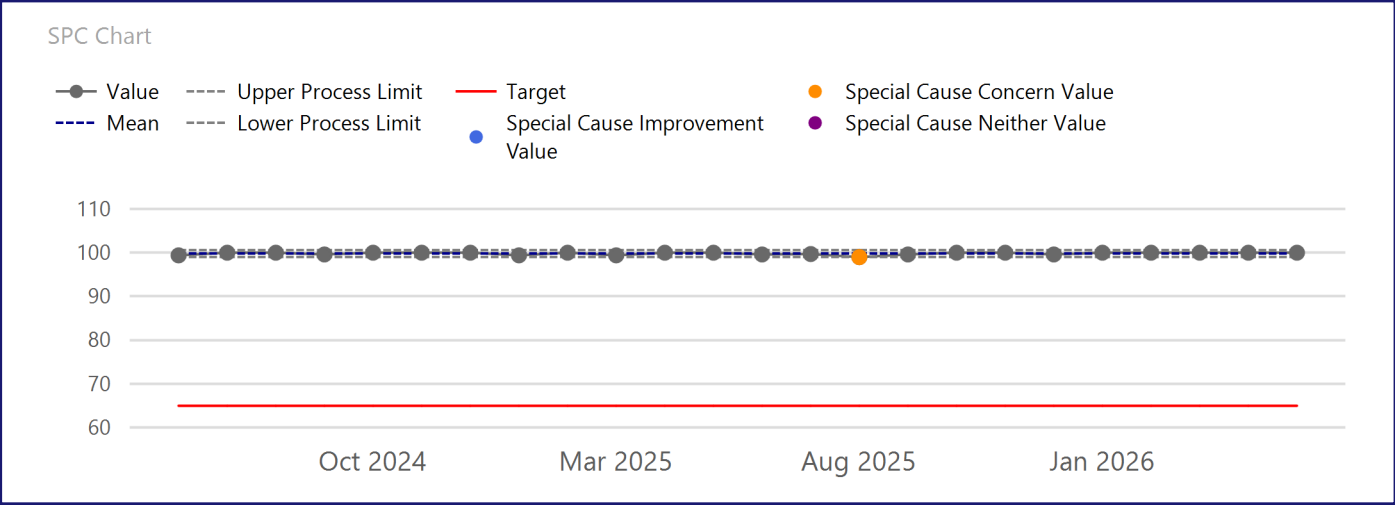
Actions and Owners

- Implementation of 'Prism' flow recommendations
- Discharge planning on arrival
- Focus on Red to Green
- Continue top 20 fortnightly review
- Review of IDS/IDH workforce
- Impact of actions monitored through UEC Programme Board

Concerns

Total delays remain higher than our de-escalation criteria

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	100	65			Chief Operating Officer



Narrative

Consistently exceeding the standard

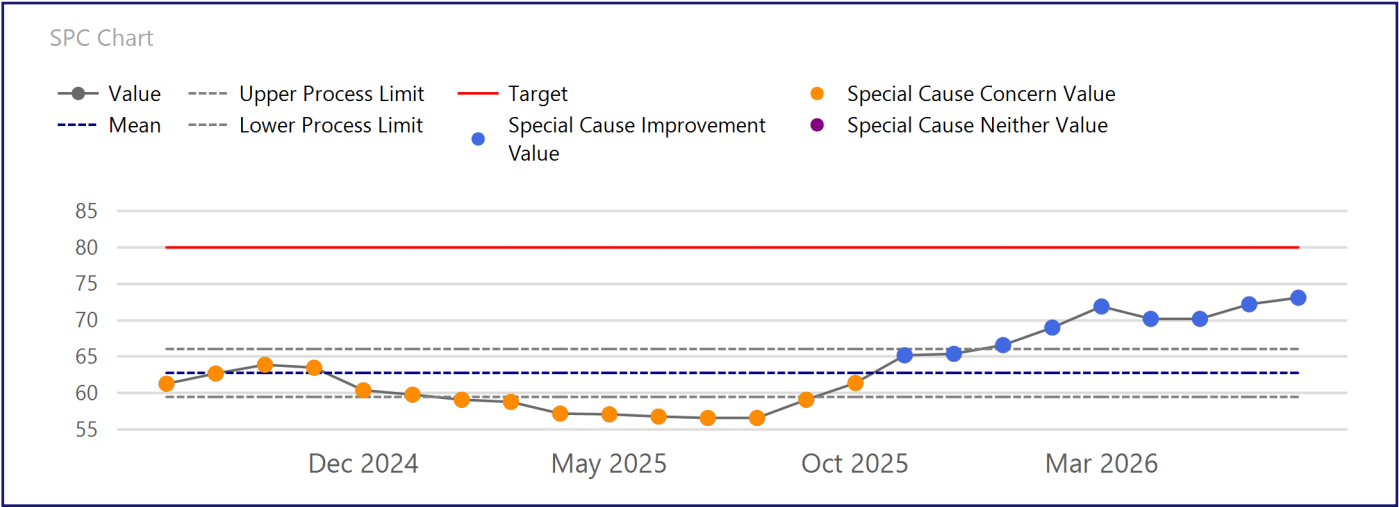
Actions and Owners

Development of more open access groups
Targeted work with highest referring GP clusters

Concerns

Rise in long term sickness absence in PMHSS

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	73.1	80			Chief Operating Officer



Narrative

Initial rapid process against action plan, recent plateau at c70% for overall compliance. The majority of teams are meeting the standard - actions are focussed on 2 CMHTs to improve their performance from c65%

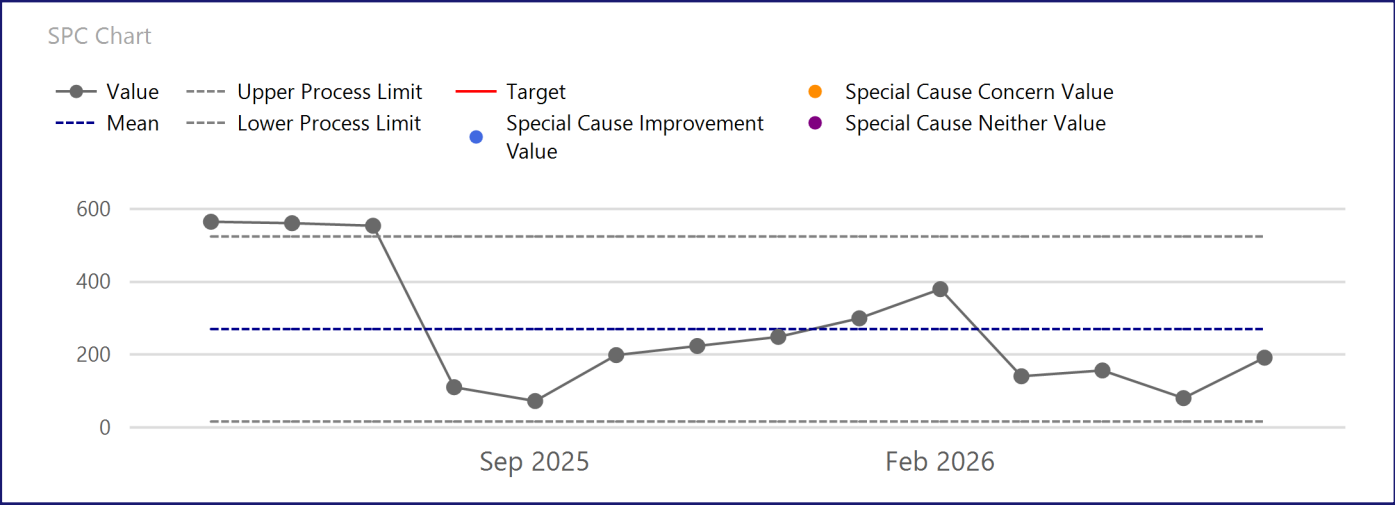
Actions and Owners

Review and redistribute CTPs across all specialties within the teams.
Monitored through newly developed Power BI dashboard (weekly meetings). Monthly Directorate reviews and monthly Touchpoint with NHSP&I colleagues

Concerns

Uneven distribution of incomplete CTPs leading to bottlenecks in completion

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	192				Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. In May 95% of handovers were completed within 45 minutes, this reduced to 88% in June and has remained at this level so far in July. We continue to focus on urgent and emergency care as we look to maintain this improvement with our ambition this year to maintain at least 95% of handovers within 45 minutes. All 45 minutes breaches are audited on a weekly basis

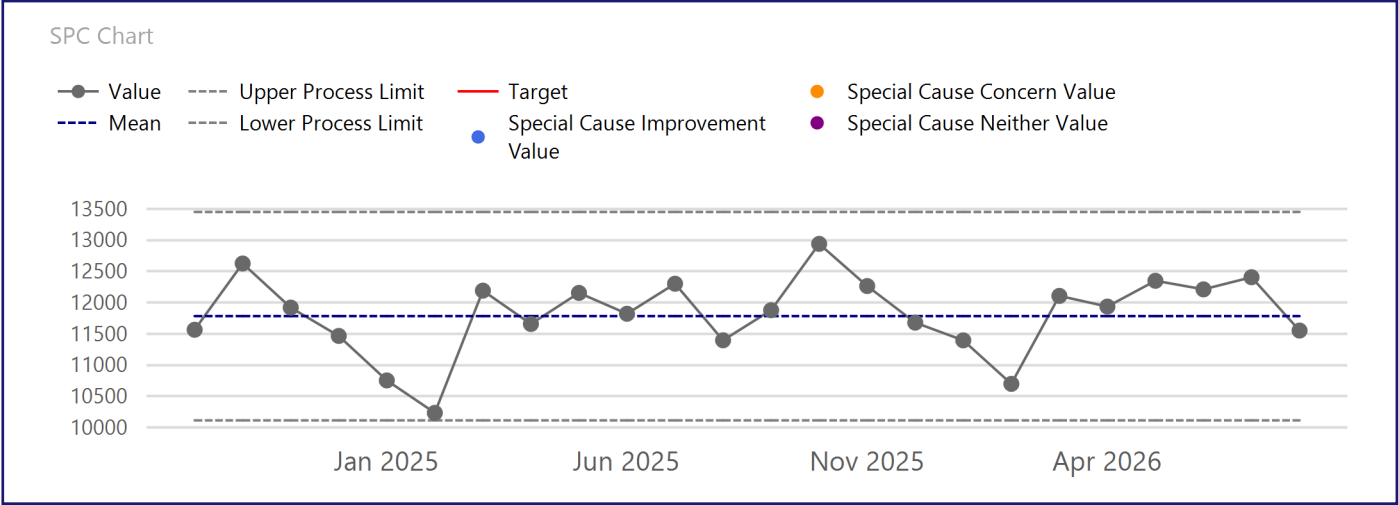
Actions and Owners

- Suite of actions to support EU and flow:
- Update and refresh of acute referral policy
- Escalation triggers moved to 15 and 30 minutes
- ACU desk to coordinate timely clinical responses
- Acute physician pull model from ambulatory areas direct to Medical SDEC
- Phase 1 of acute remodel - frailty assessment
- Actions and performance metrics monitored through UEC Programme Board

Concerns

Maintaining ambulance performance during periods of high escalation

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	11554				Chief Operating Officer



Narrative

Metric provided for information. The C&V approach for reporting against these measures will be reviewed in Q3

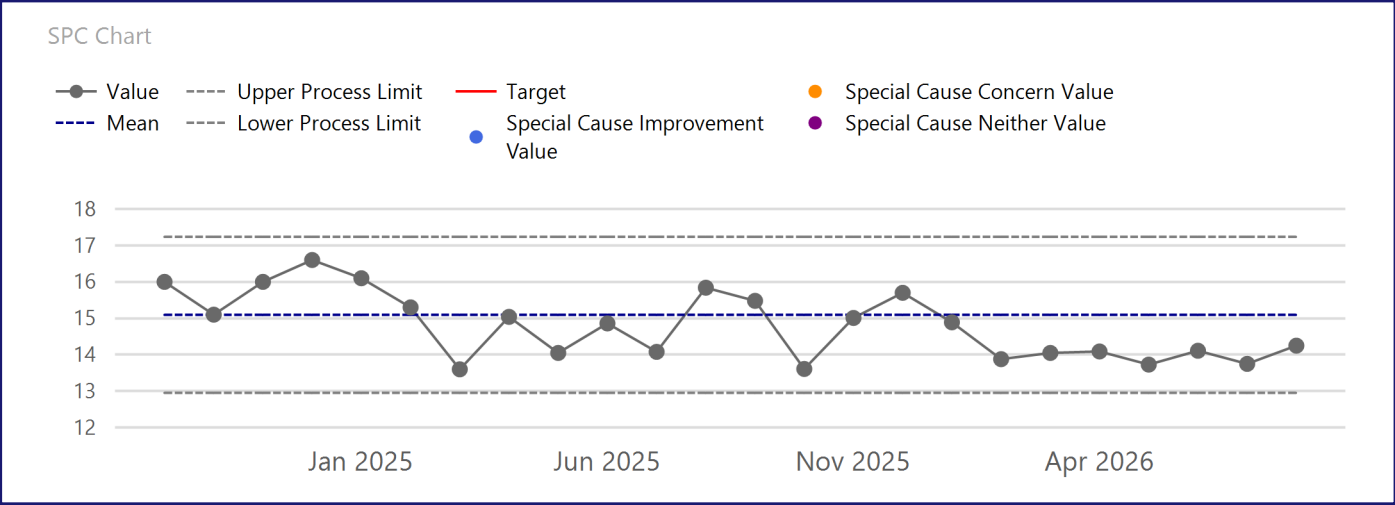
Actions and Owners

n/a

Concerns

n/a

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	14.25				Chief Operating Officer



Narrative

Metric provided for information. The C&V approach for reporting against these measures will be reviewed in Q3

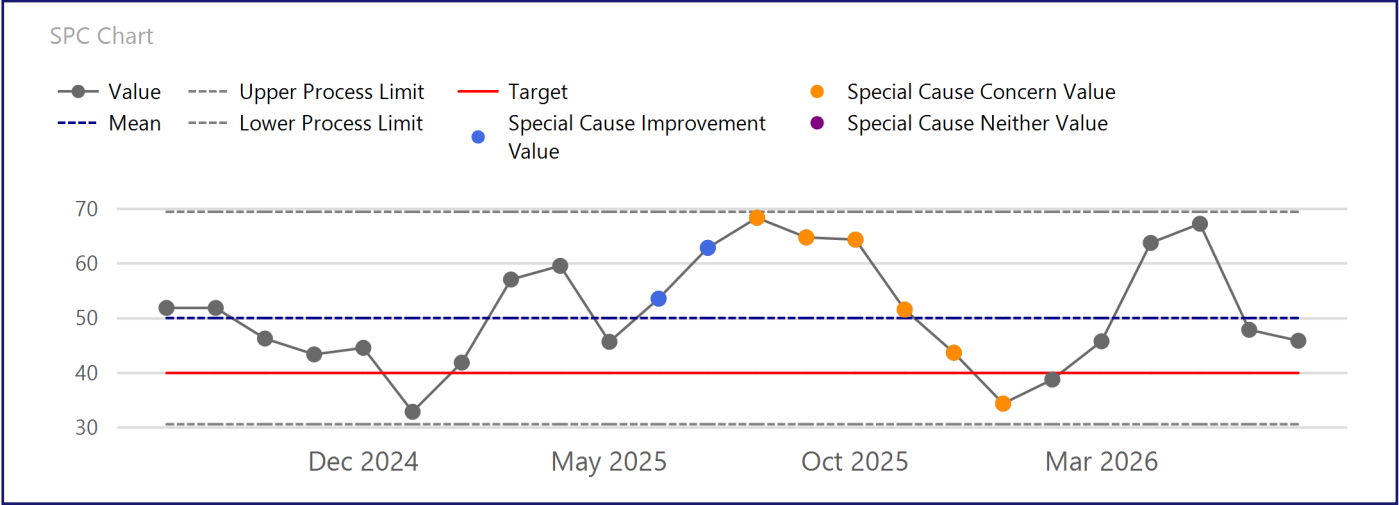
Actions and Owners

n/a

Concerns

n/a

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	45.9	40			Chief Operating Officer



Narrative

Performance has fluctuated in line with wider operational pressures in Emergency Unit, current performance remains above the all Wales average and SSNAP average, but we continue to review and develop the acute pathway. Compliance with the 4-hour standard has reduced in June and July, but we anticipate that August performance will have improved

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

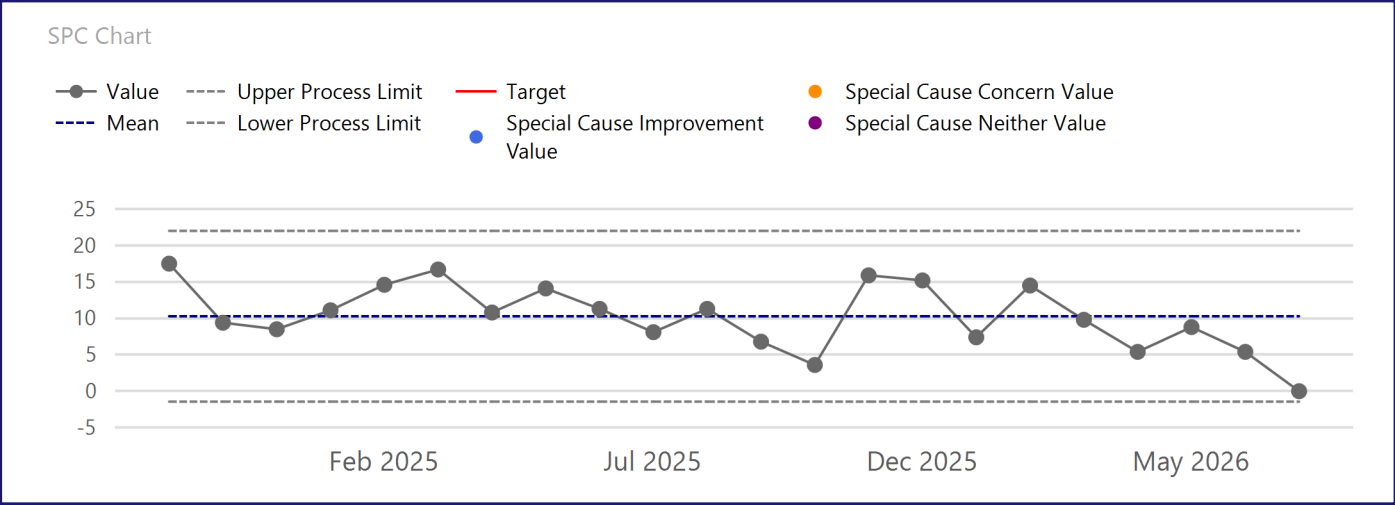
Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	0				Chief Operating Officer



Narrative

Following the launch of the new SNNAP standards, the performance standard for CT scan has changed to 20 minutes. While performance against the old 60 minute standards averages over 50%, performance against the 20 minute standard has fluctuated between 3 and 17%. Performance against this metric is impacted by pressure in EU, periods of downtime for the CT scanner and the volume of self presenting patients who enter EU through triage. Actions relating to WAST, pre-hospital triage and early identification of self presenting patients are particularly pertinent to this measure

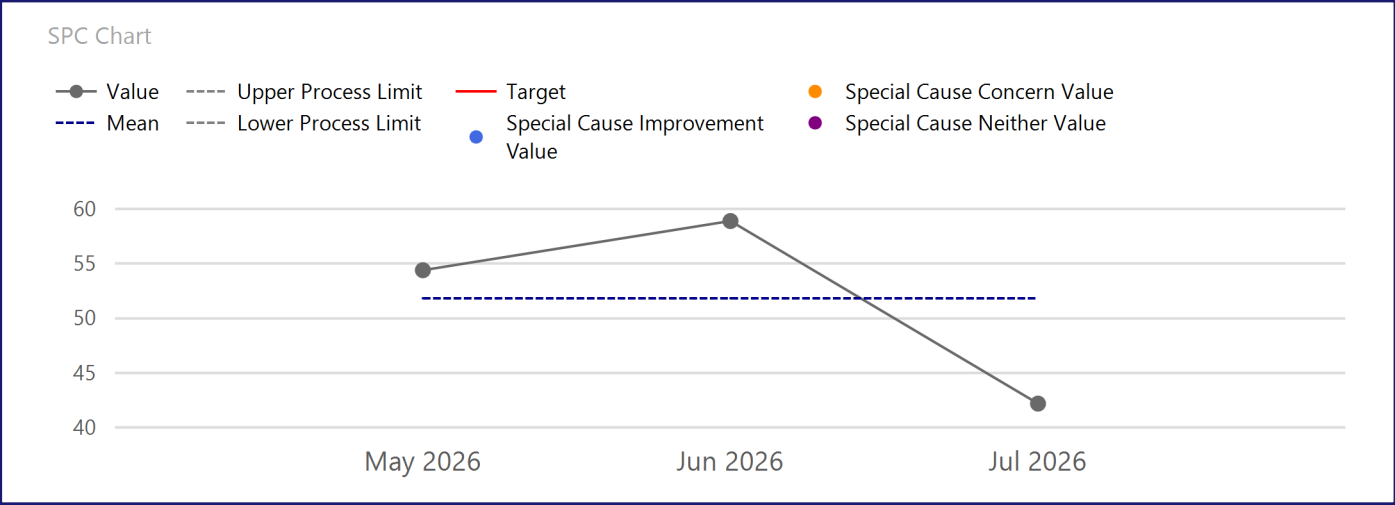
Actions and Owners

- Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.
- Revised breach analysis meeting with new membership across EU, radiology, service and site management
- Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project
- Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	42.2				Chief Operating Officer



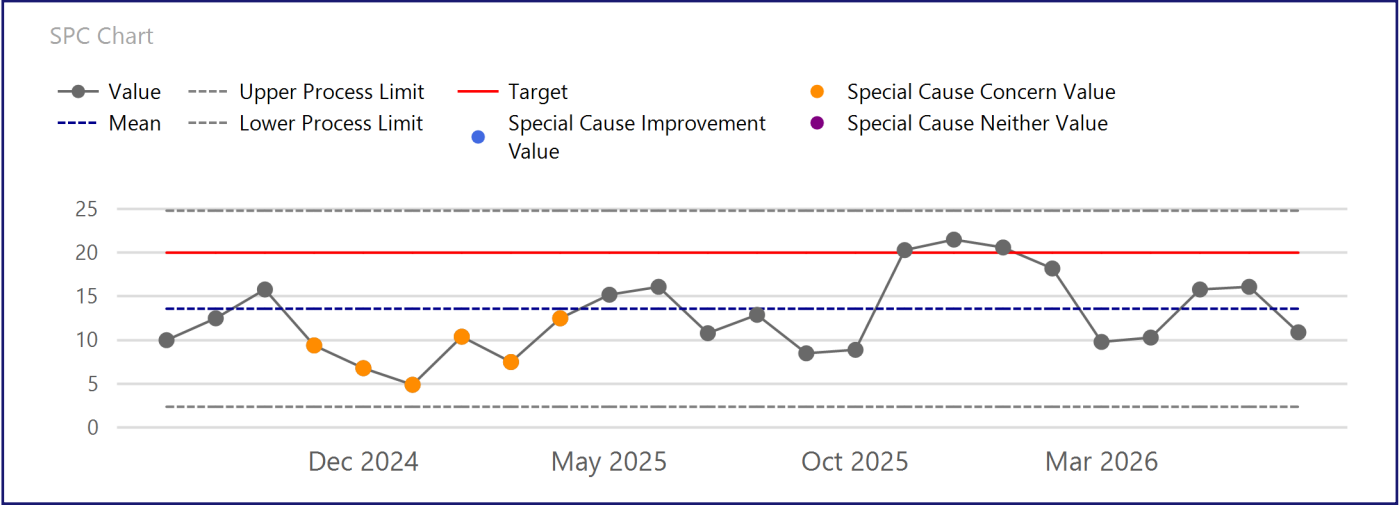
Narrative

Uploaded data DRAFT not signed off

Actions and Owners

Concerns

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	10.9	20			Chief Operating Officer



Narrative

Standard of 20% was met in Q3 25/26 but compliance has dropped this year and remains below standard but in-line with the all-Wales and SSNAP average. Focused efforts through the last year, including the use of advanced imaging software and ongoing education have seen a meaningful increase in thrombolysis rates. Thrombolysis rates through the national reporting are sometimes lower as we wait from records related to regional and out of hours working to be processed

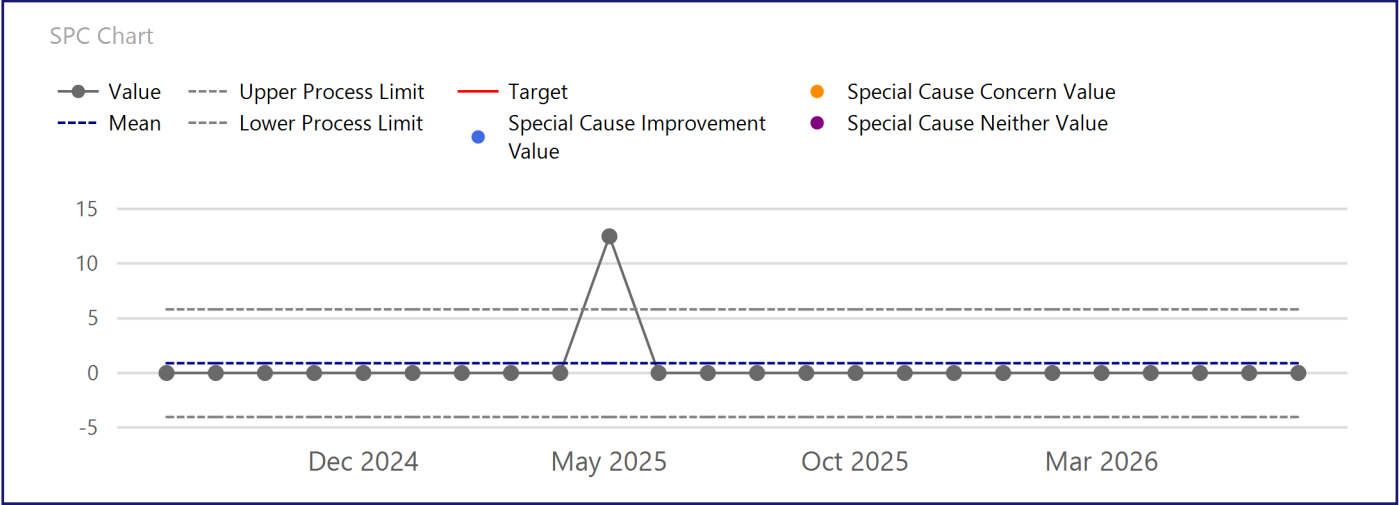
Actions and Owners

- Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.
- Revised breach analysis meeting with new membership across EU, radiology, service and site management
- Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project
- Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	0				Chief Operating Officer



Narrative

Door to needle thrombolysis treatment times remain a challenge and outside of the 30-minutes standard. All thrombolysis cases are reviewed by the stroke team and delay reasons investigated

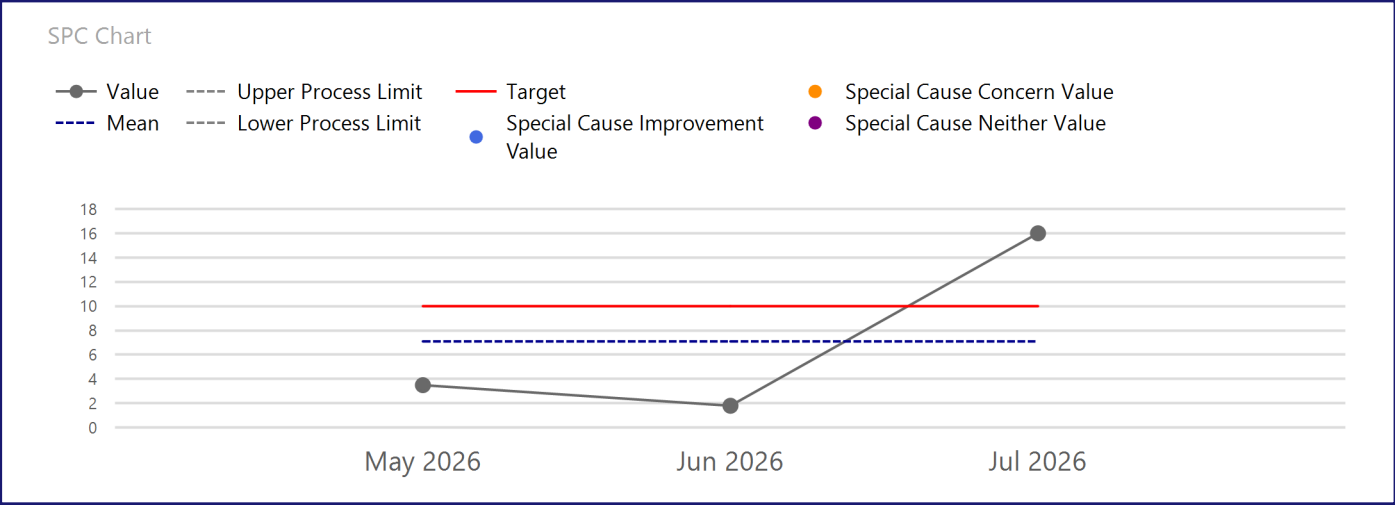
Actions and Owners

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- Revised breach analysis meeting with new membership across EU, radiology, service and site management
- Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project
- Education plan for all staff involved in stroke pathway being developed

Concerns

Door to needle time remains above standard

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	16	10			Chief Operating Officer



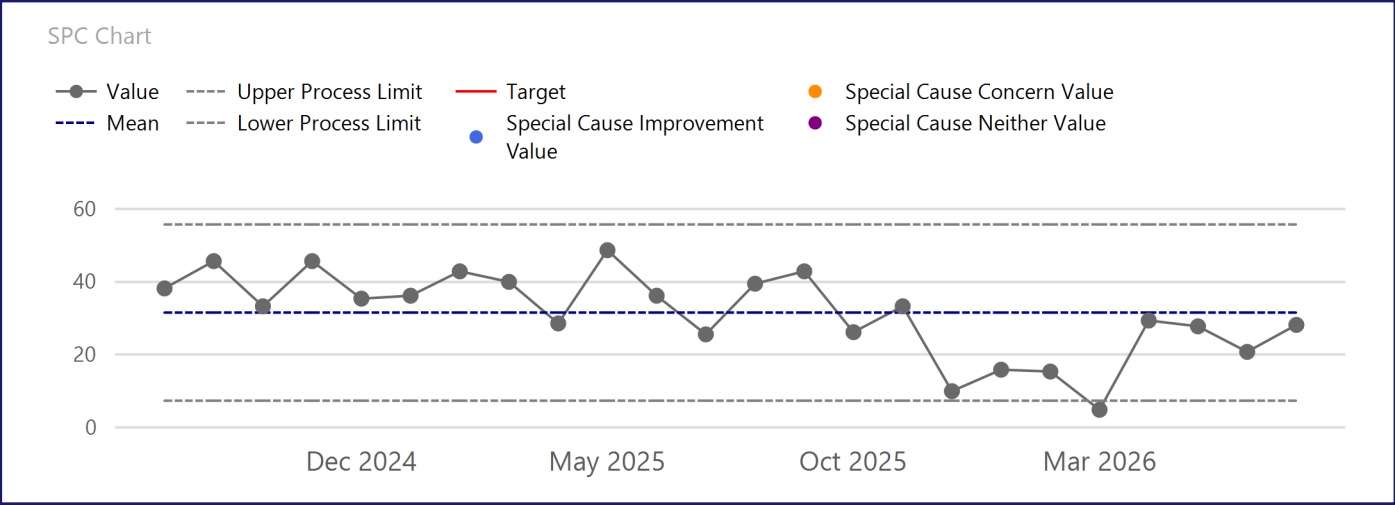
Narrative

Uploaded data DRAFT not signed off

Actions and Owners

Concerns

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	28.2				Chief Operating Officer



Narrative

Recent performance and annualised average remain well above the national average on the National Hip Fracture Database

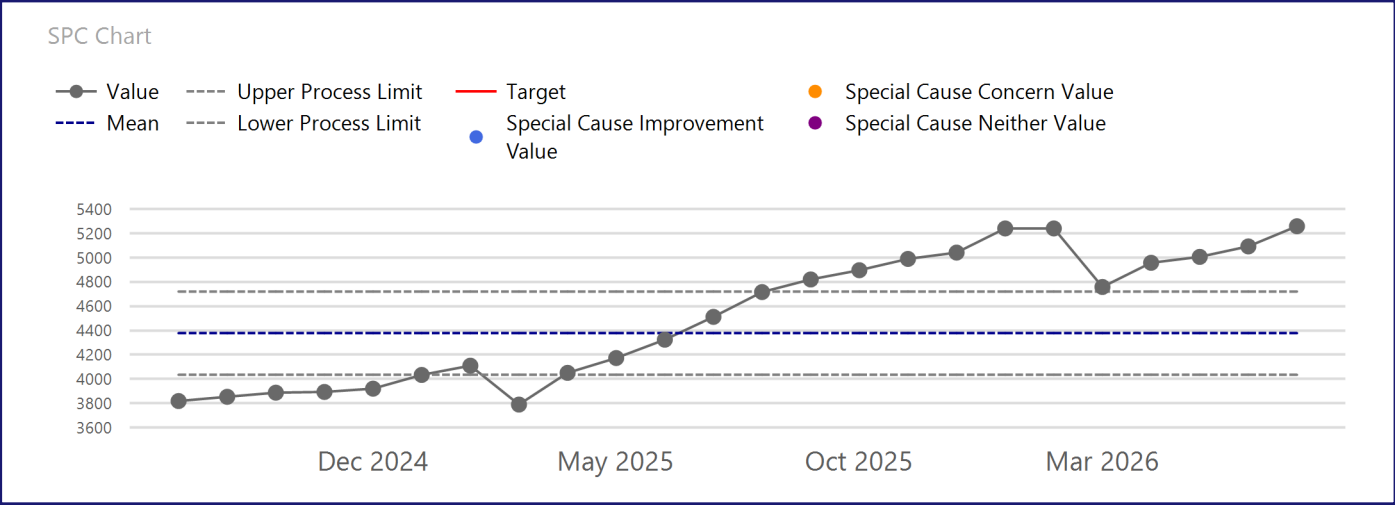
Actions and Owners

Ringfenced capacity remains
Review into Length of Stay
Morality review through Q&S

Concerns

Fluctuations in performance

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	5258				Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:

- Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
- Holistic approach across the ND pathway from referral. Whole-system approach has been embedded from triage through to full ND assessment - referrals are accepted for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.
- Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
- Dedicated assessment pathways for young people aged 17 and over
- Making every contact count - stronger collaboration has been established across all services. A unified observation template has been drafted and is currently being trialled in OT and SALT to ensure consistent identification and recording of ND traits. Promotes seamless cross-referral and co-working between services

Actions and Owners

Non-recurrent money available for this year - currently assessing options for best use of this money within funding constraints. Additional actions to increase efficiencies and capacity:

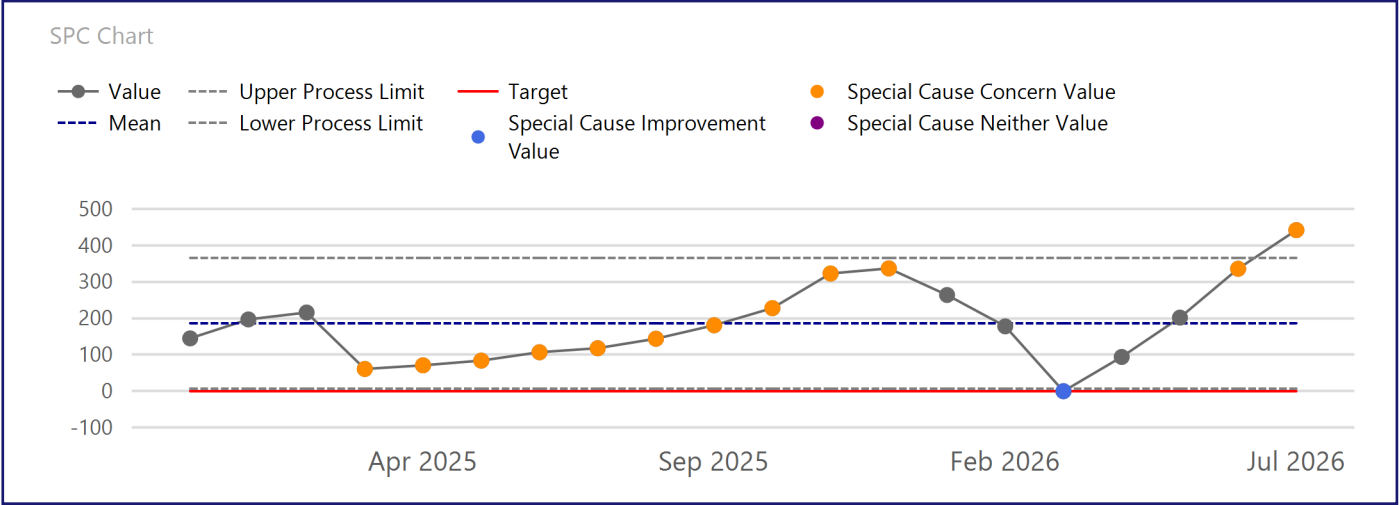
- Review of Consultant and Practitioner job planning to increase capacity by over 200 appointments/year
- Clinical validation and new 'touch base' letters to allow those no longer needing the service to opt-out
- Embed under 5s assessment protocol with dedicated SLT case note reviews. Reduced but does not remove requirement for 2nd assessment
- Increased digitisation, including digital platforms for assessments and follow-up appointments
- Continued engagement with Education

Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

Concerns

Significant capacity shortfall under current model

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	442	0			Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:

- Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
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Actions and Owners

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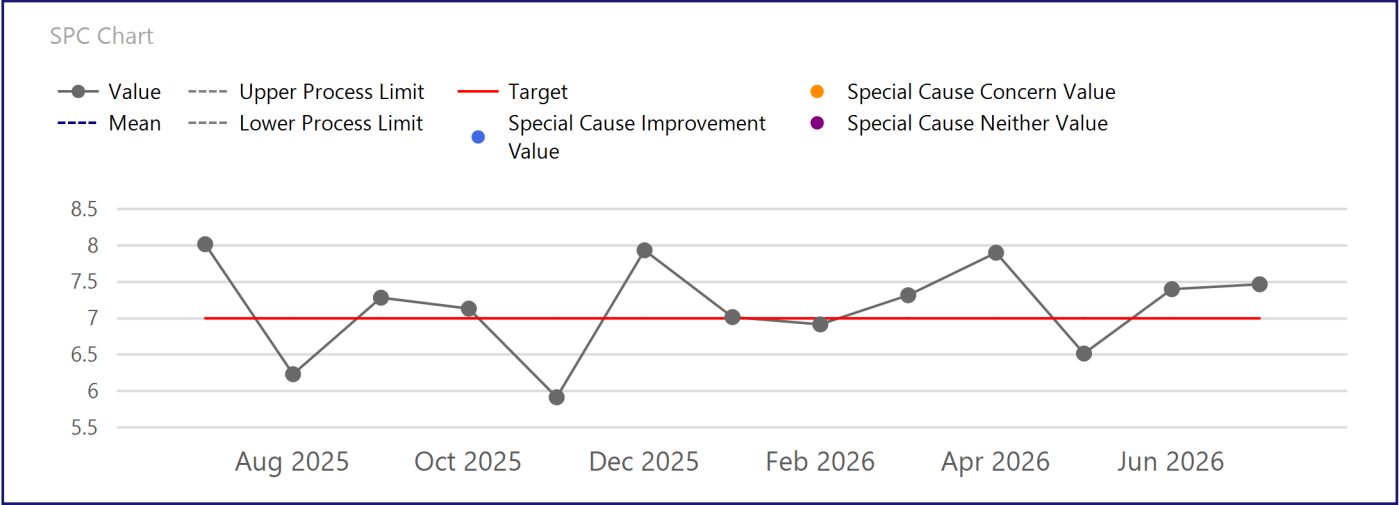
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- Embed under 5s assessment protocol with dedicated SLT case note reviews. Reduced but does not remove requirement for 2nd assessment
- Increased digitisation, including digital platforms for assessments and follow-up appointments
- Continued engagement with Education

Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

Concerns

Significant capacity shortfall under current model

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	7.467	7			Chief Operating Officer



Narrative

This measure is owned by WAST. The C&V approach for reporting against these measures will be reviewed in Q3

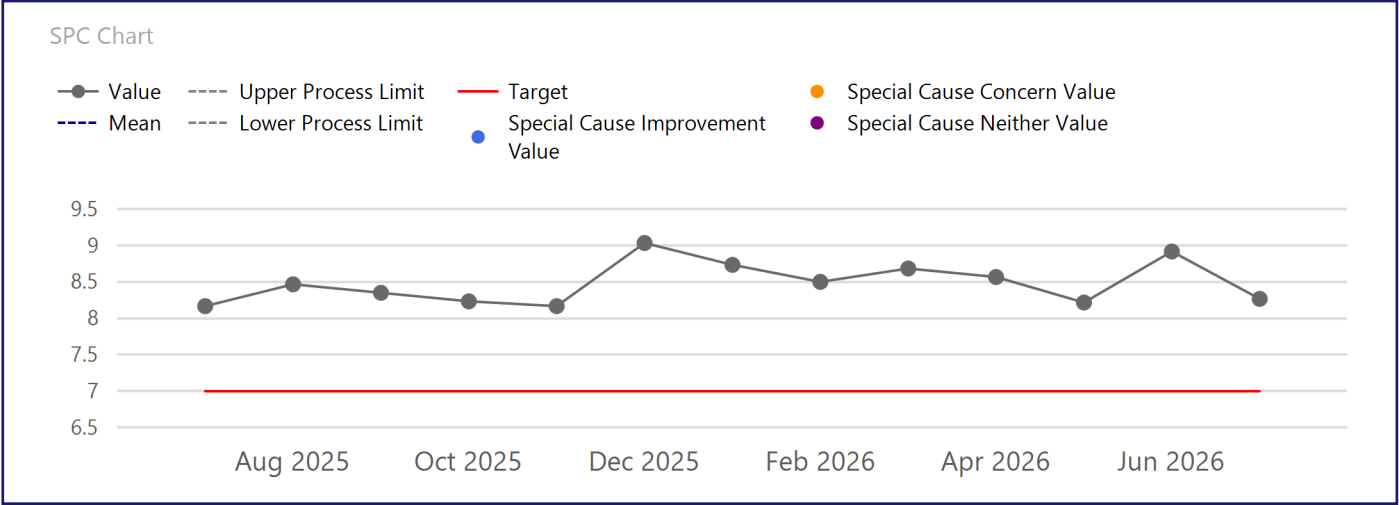
Actions and Owners

n/a

Concerns

n/a

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	8.267	7			Chief Operating Officer



Narrative

This measure is owned by WAST. The C&V approach for reporting against these measures will be reviewed in Q3

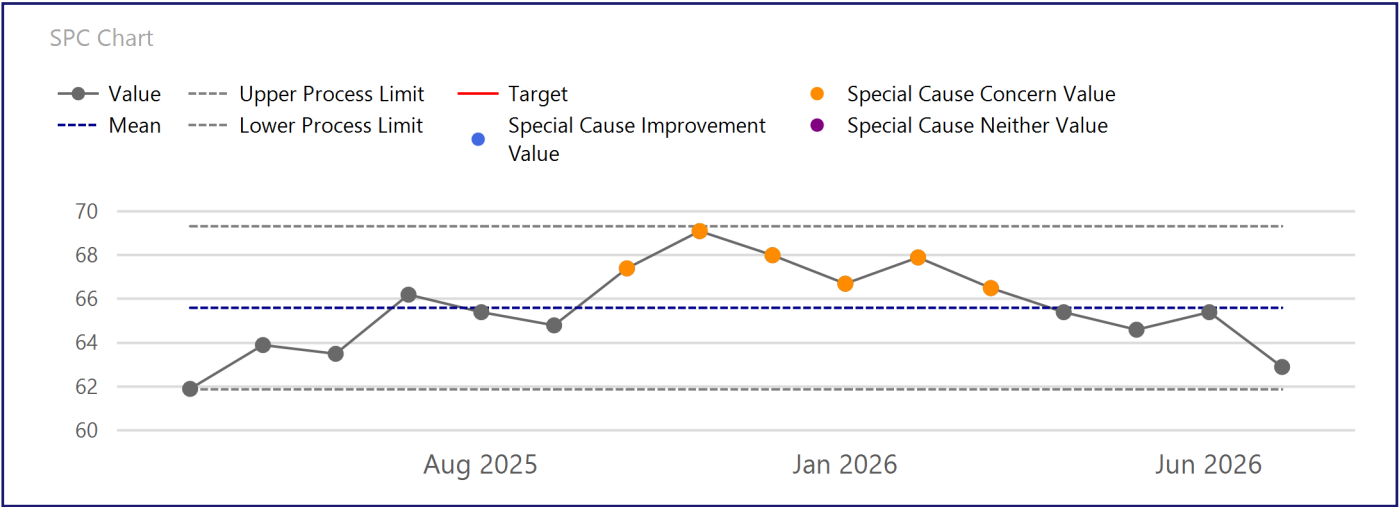
Actions and Owners

n/a

Concerns

n/a

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	62.9				Chief Operating Officer



Narrative

Consistent performance but not always meeting de-escalation requirement. The R1 cohort is predominantly made up of Glaucoma and Medical Retina Patients. We have gone live with our Glaucoma Diagnostic Unit which will allow us to see all our R1 Glaucoma patients in a timely manner.

Actions and Owners

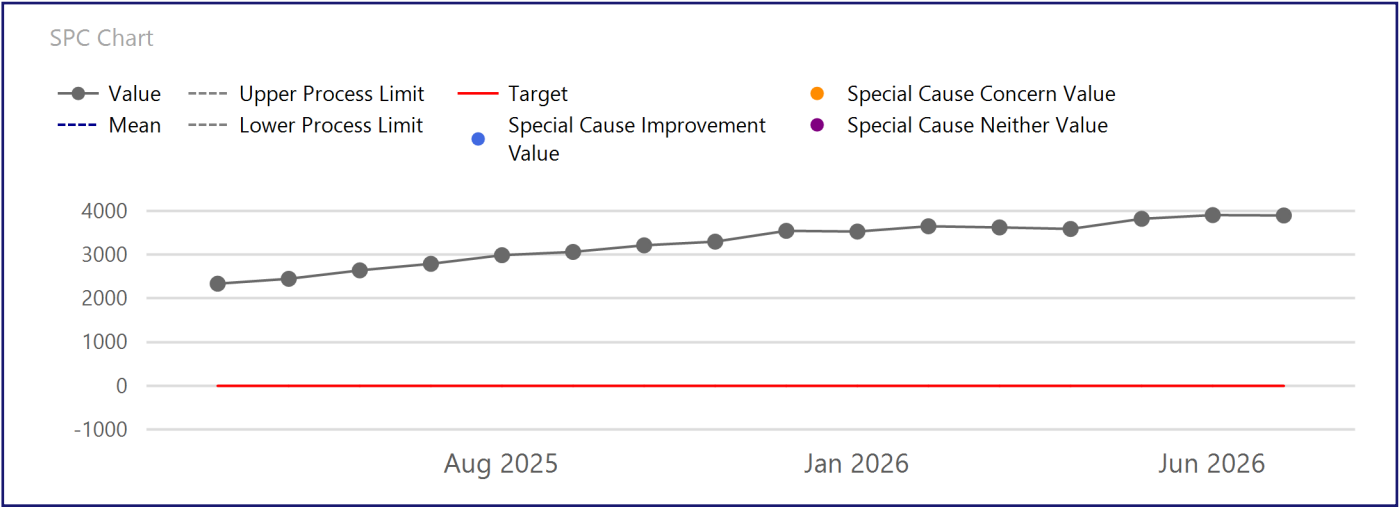
Progressing business case to increase capacity for Medical Retina patients.

Working with Primary Care on pathway for Diabetic patients to reduce lower grade referrals and free capacity to see urgent patients in a more timely manner

Concerns

Not consistently meeting de-escalation requirement

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	3898	0			Chief Operating Officer



Narrative

We have seen an increase in the audiology waiting list through the last year driven by an increase in demand. 14 week waits have increased as capacity within the service is unable to match the increase. This has been observed in our neighbouring health boards with similar deterioration in 14-week performance. Clinical triage of referrals ensures urgent cases are identified and booked directly into the appropriate clinic.

Actions and Owners

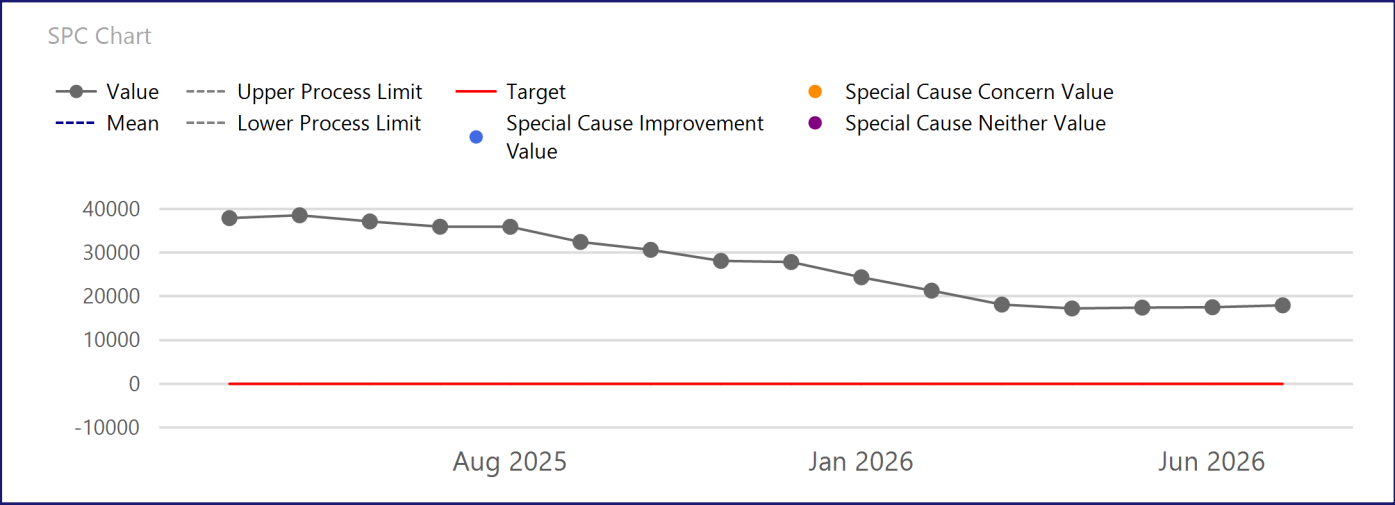
Service are developing a text reminder service to reduce DNAs and validate patients who no longer need an appointment

3 audiologist posts recruited - starts dates in Q2 and Q3 - providing additional capacity

Concerns

Increasing demand and insufficient capacity to meet the waiting times standard

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	17973	0			Chief Operating Officer



Narrative

Significant reduction in the volume of long waiting outpatients through last year as a result of the National and Local outpatient insourcing work. An additional 22k appointments were delivered through the national scheme, with a further 9k through C&V schemes. This activity ceased in March 2026 and we have maintained this improved position.

The use of SPC charts is not appropriate for the RTT measures - the format for this reporting will be reviewed locally and in line with the national reporting dashboard

Actions and Owners

Outpatient improvement summit in July 2026.
From Q3 - overbooking of outpatient clinics to mitigate the impact of patient DNAs.

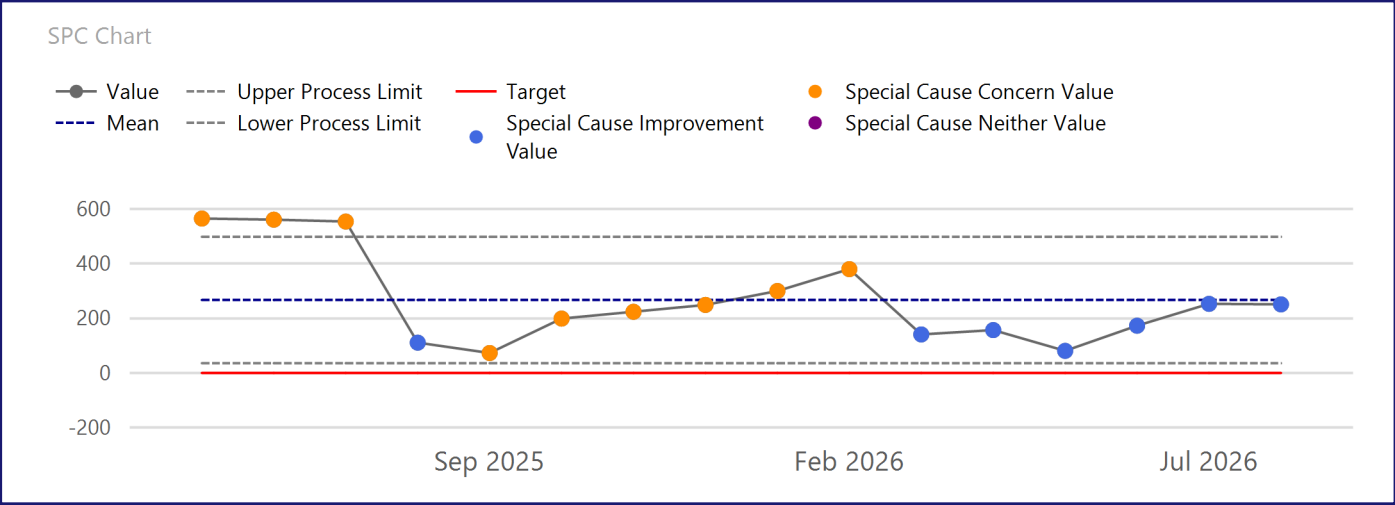
Focus on use of SOS/PIFU to free up follow-up capacity for new patients

Actions and performance monitored through the newly established Executive Productivity and Efficiency Board

Concerns

Not meeting standard

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	251	0			Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. In May 95% of handovers were completed within 45 minutes, this reduced to 88% in June and remained lower at 86% and 85% in July and August. We continue to focus on urgent and emergency care as we look to maintain this improvement with our ambition this year to maintain at least 95% of handovers within 45 minutes. All 45 minutes breaches are audited on a weekly basis. Welsh Government are currently reviewing the reporting criteria for Ambulance delays and we will reflect any changes to the methodology in our reporting

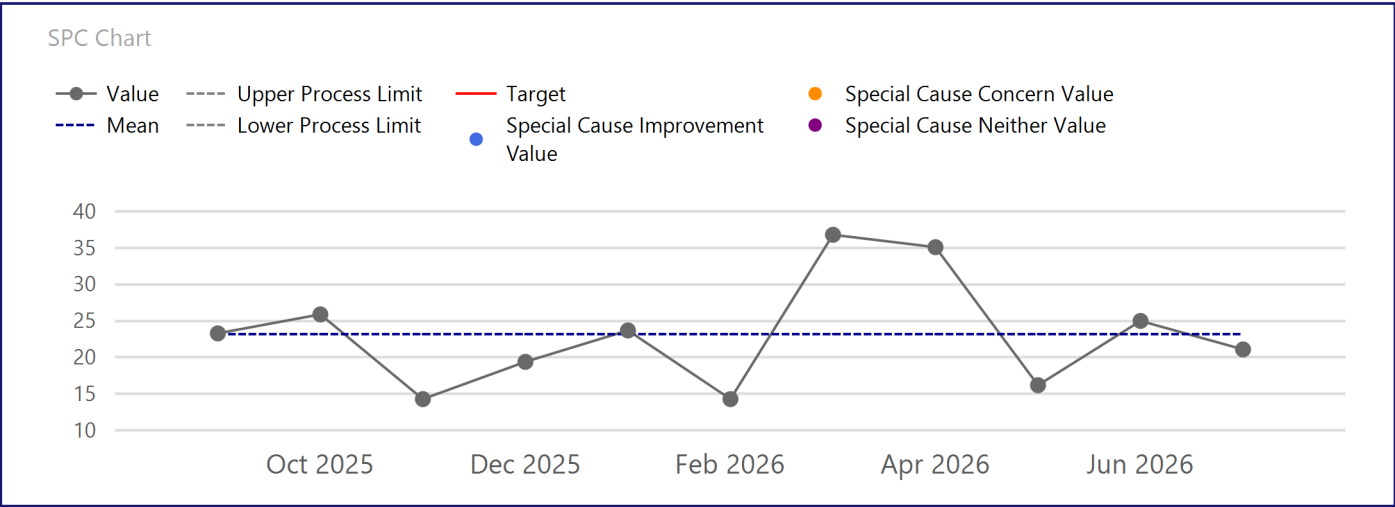
Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

Concerns

Maintaining ambulance performance during periods of high escalation

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	21.1				Chief Operating Officer



Narrative

This measure is owned by WAST and the national data is currently under review. The C&V approach for reporting against these measures will be reviewed in Q3

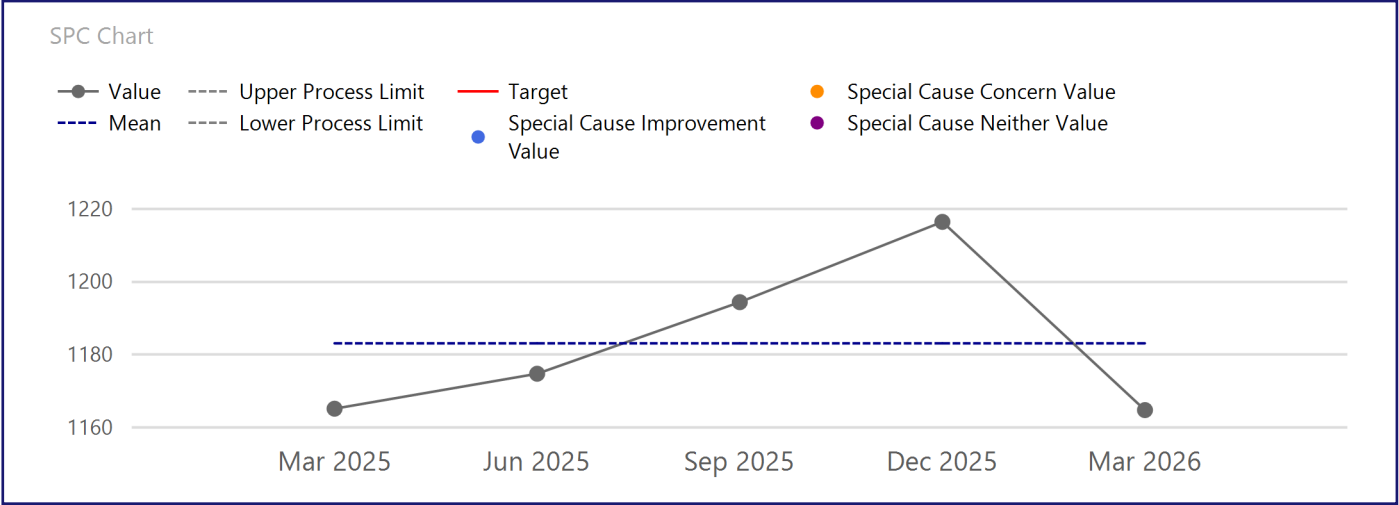
Actions and Owners

n/a

Concerns

n/a

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	1164.82				Chief Operating Officer



Narrative

Currently the best performing health board in Wales, and below all NE England CCGs and the English average. The second-best performing HB is over 16% higher than CAV UHB.

Early proactive work to deviate from the trend early and avoided the scale of increased prescribing that other Health Boards experienced.

Various projects and education pieces have been undertaken over the last decade to promote appropriate prescribing to both primary care prescribers and specialist teams, agreeing and adherence to prescribing pathways and routes to deprescribing.

Actions and Owners

Focus remains on decreasing inappropriate prescribing and prescribing safely.

Project focussed on safe prescribing included in the 2026/27 Medicines Management Incentive Scheme for GP practices.

PCIC medicines management team to promote the All Wales gabapentinoid resources for chronic pain once published.

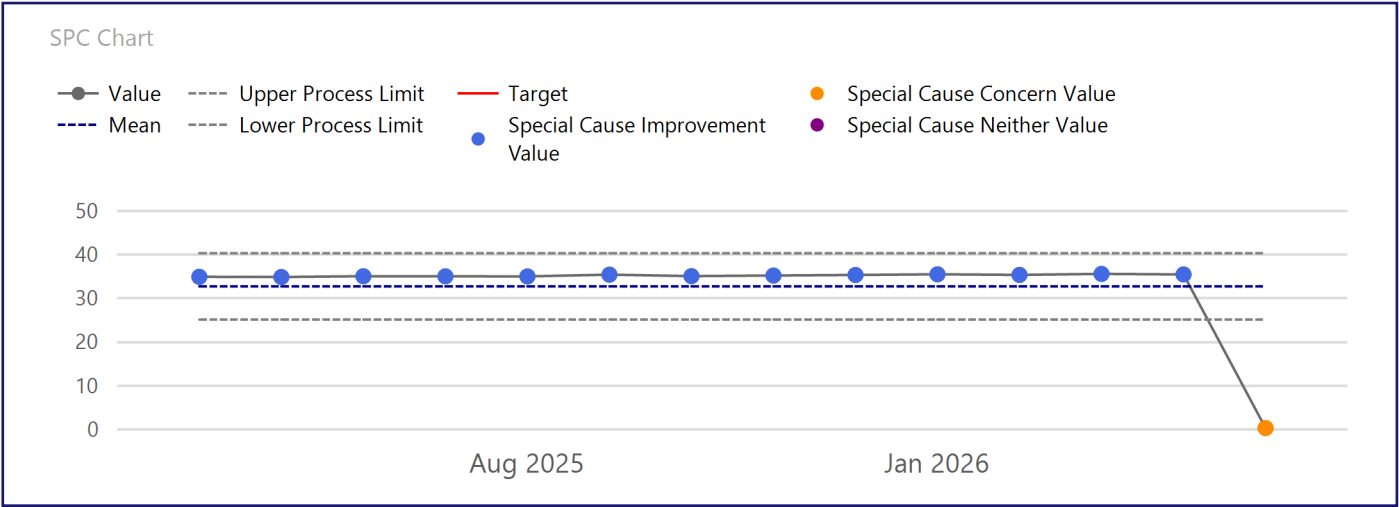
Concerns

Ability to decrease prescribing, when prescribing is already in the lowest quartile of all England and Wales areas, is difficult.

A drive to reduce gabapentinoid prescribing may cause an increase in other analgesia e.g. opioid prescribing, which may also pose safety concerns and be measured in other indicators.

Change takes time and relies on clinician and patient engagement and management of expectations.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	0.3582				Chief Operating Officer



Narrative

Currently the best performing health board in Wales, with the highest quantity per prescription item and the greatest percentage change from the start of data collection.

The only Health Board in Wales already above the prescribing interval target of 35 days (achieved June 2025).

The Welsh Government response to the Dispensing Volume Review (Jan 2022) and the All Wales Medicines Strategy Group guidance (October 2022) has been promoted to GP practices, Clusters and also with specialist teams within the wider UHB, when opportunity allowed. It has consistently been included in prescribing messages to GP practices at annual prescribing meetings, and engagement has been promoted via Community Pharmacy Collaboratives as well.

Actions and Owners

Continued promotion to GP practices.

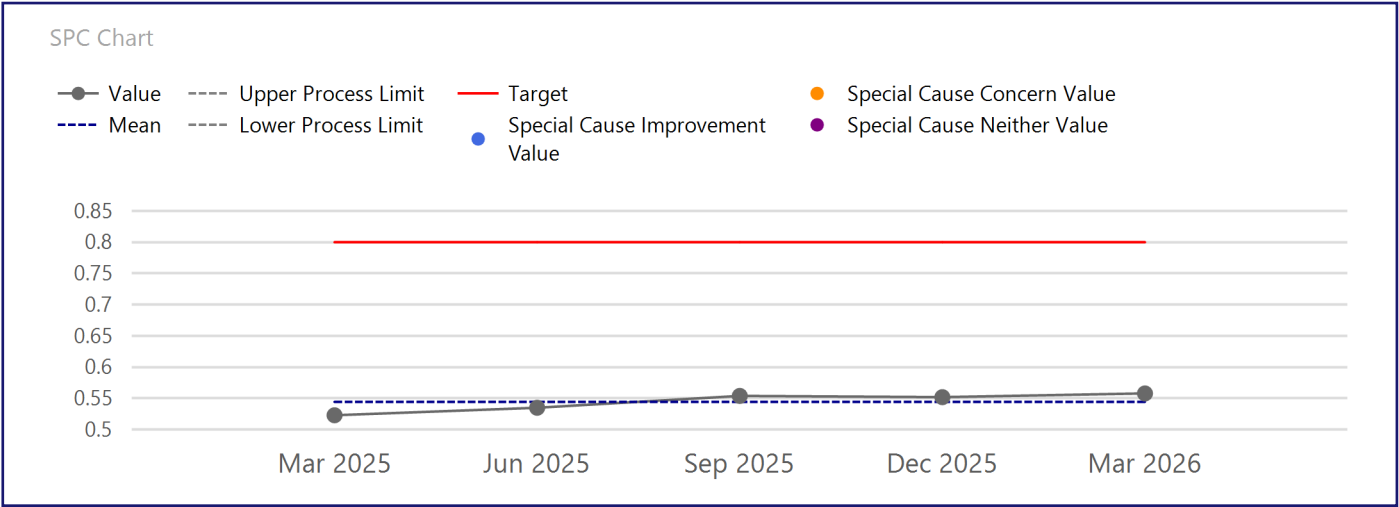
A National Prescribing Intervals Short Life Working Group is currently meeting. Health Board actions from this group will be considered once published.

Concerns

Implementation is limited by patient suitability for extended intervals of prescribing. Some patients and some medications are not suitable for this initiative.

Risk that promoting a fast pace of change will mean inappropriate patients are selected for this change which could lead to confusion, harm, increased waste along with increased workload and disengagement.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	0.558	0.8			Chief Operating Officer



Narrative

Currently the best performing health board in Wales, and above all NE England CCGs and the English average. Improvement continues.

Concerted work started in 2021/22 with heavy promotion of the All Wales Respiratory Guidance across all GP practice workforce, QI projects as part of the Medicines Management Incentive Scheme for GP practices as well as the PCIC medicines management team's work programme. In 2022/23 the Green Inhaler GMS QI project promoted the message further and learning from this project continues to embed.

Actions and Owners

Continued promotion of message to primary care workforce.

Identification and engagement with outliers.

Concerns

Change takes time given the volume of inhalers prescribed – some inhalers necessitate different technique which requires patient counselling.

Increasing amount of low carbon footprint inhalers are coming to market so indicator subject to change.

Risk that prescribing spend may increase as low carbon footprint inhalers are often more expensive.