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Health Board

# Swansea Bay University Health Board Integrated Performance Report November 2025

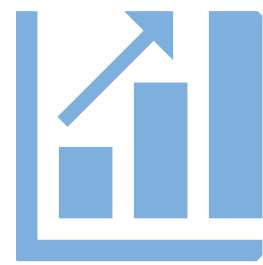


# Report Overview

The Health Board Integrated Performance Report will provide updates against all areas under escalation with Welsh Government, all performance metrics outlined within the NHS Wales Performance Framework 202-26, along with updates against the Delivery Expectations and the Ministerial Enabling actions as outlined in the NHS Wales Planning Framework 2025-2028



**Section 1:** Updates against all Escalation areas with Welsh Government



**Section 2:** Performance against the Health Board's Strategic Objectives



**Section 3:** Service Specific Updates



**Section 4:** Quarter 2 Updates against the plan





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# Section 1:

## Updates against all Escalation areas with Welsh Government

# Delivery against Targeted Intervention and Enhanced Monitoring Criteria 2025/26

TI Area (Level 4)	Criteria to achieve	Performance (Oct -25)
<b>Cancer</b>	60% performance maintained for 3 months against the SCP target. This position in <b>draft</b>	<b>60% (Sept - 25)</b>
<b>UEC</b>	Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on Q2/Q3 2023 baseline)	<b>173 (19% increase)</b>
	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across HB	<b>9.17%</b>
	Median time from arrival at emergency department to assessment by a clinical decision maker should not exceed 60 minutes	<b>90.28%</b>
	Continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline)	<b>186 (2.6% Reduction)</b>
<b>HCAIs</b>	A clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs.	<b>In place</b>
	C-Diff: reduce the number of hospital onset infections by 40% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 6 per month)	<b>5 cases</b>
	Staph aureus: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 4 cases to no more than 3 per month)	<b>4 cases</b>
	E-coli: reduce the number of hospital onset infections by 20% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 5 cases to no more than 4 per month)	<b>4 cases</b>
	Klebsiella: reduce the number of hospital onset infections by 10% and maintain for 3 months based on 2017/18 figures (baseline - 54 cases in 2017/18, reduce to average of at most 4 per month)	<b>4 cases</b>
<b>Finance</b>	Detailed Updates included in the monthly Escalation Report	
<b>Strategy &amp; Planning</b>	Detailed Updates included in the monthly Escalation Report	
<b>Maternity &amp; Neonates</b>	Detailed Updates included in the monthly Perinatal Report	



# Delivery against Targeted Intervention and Enhanced Monitoring Criteria 2025/26

Escalation Area (Level 3)	Criteria to achieve	Performance (Sep-25)
<b>CAMHS</b>	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral	<b>97% (Sept-25)</b>
	70% of therapeutic interventions started within 28 days following an assessment by LPMHS	<b>58% (Sept-25)</b>
	85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan	<b>95% (Sept-25)</b>
<b>Planned Care</b>	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 month	<b>100%</b>
	Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks	<b>76.99%</b>
	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months	<b>100%</b>
	Continuous improvement towards 80% of all open pathways waiting less than 36 weeks	<b>74.82%</b>
	12% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2024 baseline.)	<b>15.15%</b>
	68% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months	<b>72.28%</b>
	85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months	<b>75.52%</b>
	85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 month	<b>37.61%</b>
	85% of patients waiting for a NOUS and non cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	<b>85.98%</b>
	90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months	<b>100%</b>

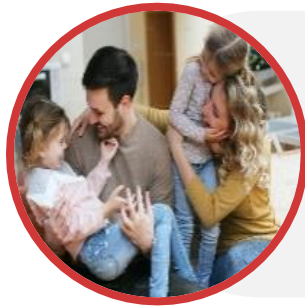
## **Section 2:**

# Summary of the performance against the Health Boards Strategic Objectives

# SBUHB Strategic Objectives and Quality Aspects

Our refreshed Strategic Objectives –aligned to ‘a Healthier Wales’ articulate the future state of Swansea Bay UHB as a high-quality organisation. We have set out what this looks like for our population, communities, staff , partners and services and are developing strategic indicators that will tell us if our efforts are delivering our objectives

## People of Swansea Bay live healthier, equitable and more equal and prosperous lives



- Every child has the best start in life
- All children, young people and adults are enabled to maximise their capabilities and have control over their lives
- Good work and fair employment is created for all
- A healthy standard of living is ensured for all
- Healthy and sustainable places are created through placemaking
- The role and impact of ill-health prevention is strengthened
- Racism, discrimination and their outcomes are tackled
- Environmental sustainability and health equity are pursued together

## Care is high quality, safe, efficient and delivers the best possible outcomes for people



- Care is safe, it helps people and avoids harm
- Care is evidence based, effective and improves outcomes
- Care is timely and delivered by the right person in the right place
- Care is efficient
- Care delivers equitable outcomes regardless of demographic, socioeconomic or geographic factors
- Care is person centred and delivered with compassion, dignity and mutual respect

## Care is delivered in safe and appropriate settings supported by innovative digital solutions



- Care is delivered around the patient in the most appropriate setting as close to home as possible supported by digital and data solutions
- Care settings are fit for purpose, appropriately designed and equipped
- Secure, trusted and insightful data and digital platforms empower staff to deliver more and higher quality care and improved patient outcomes and population health
- We have a digitally inclusive culture, where patients, clinicians and non-clinical colleagues work collaboratively to create effective and efficient services and patients are empowered to make informed and meaningful choices about their health and care
- Through where and how they are delivered, services contribute to the environmental, economic, social and cultural well-being of Swansea Bay

## The health board is a great place to work where staff feel valued and work together towards a common goal



- Our Workforce is engaged, motivated and healthy; they feel valued, fairly-rewarded and supported
- The Health Board is recognised as an employer of choice
- We have a well-planned workforce with the right number of skilled people working on the right things
- People feel ready for our digital future
- People are supported to develop the skills and capabilities they need
- People role model collective and compassionate leadership and live our values
- We are diverse and inclusive, ensuring all voices are heard

## The health board is a resilient, financially sustainable and responsible organisation



- The health board is financially balanced and able to invest in service transformation and change
- Decisions are made balancing short-term improvements and long-term impacts
- Resources are used efficiently and proportionately, reducing waste and variation
- The environmental impact of health care delivery in Swansea Bay is minimised
- The health board invests in and works with others locally and responsibly, using our assets to positively contribute to the community
- Citizen stakeholders are meaningfully involved and engaged in decision making
- The health board has the capacity to effectively plan for and respond to incident and emergencies

# People of Swansea Bay live healthier, equitable and more equal and prosperous lives



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- Racism, discrimination and their outcomes are tackled
- Environmental sustainability and health equity are pursued together

		Target	Sep-25
<b>Childhood Immunisations</b>			
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	DE	95%	89.0% (Jun-25)
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	DE	90%	85.9% (Jun-25)
<b>Influenza &amp; Covid Immunisations</b>			
Percentage uptake of the influenza vaccine in adults 65 years and over	DE	75%	55.5% (25/26)
Percentage uptake of the COVID-19 vaccination for all those eligible – Spring Booster	DE	70%	50.8% (May-25)
<b>Smoking Cessation</b>			
Percentage of adult smokers who make a quit attempt via smoking cessation services		5% Annual target	N/A
Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks		40% annual target	N/A
<b>Screening</b>			
Percentage of patients offered an index colonoscopy procedure within 4 weeks		90%	
Percentage of well babies entering the new-born hearing screening programme within 4 weeks		90%	
Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life		95%	

TI Targeted Intervention Measure

DE Ministerial Delivery Expectation

RAG Rating Key

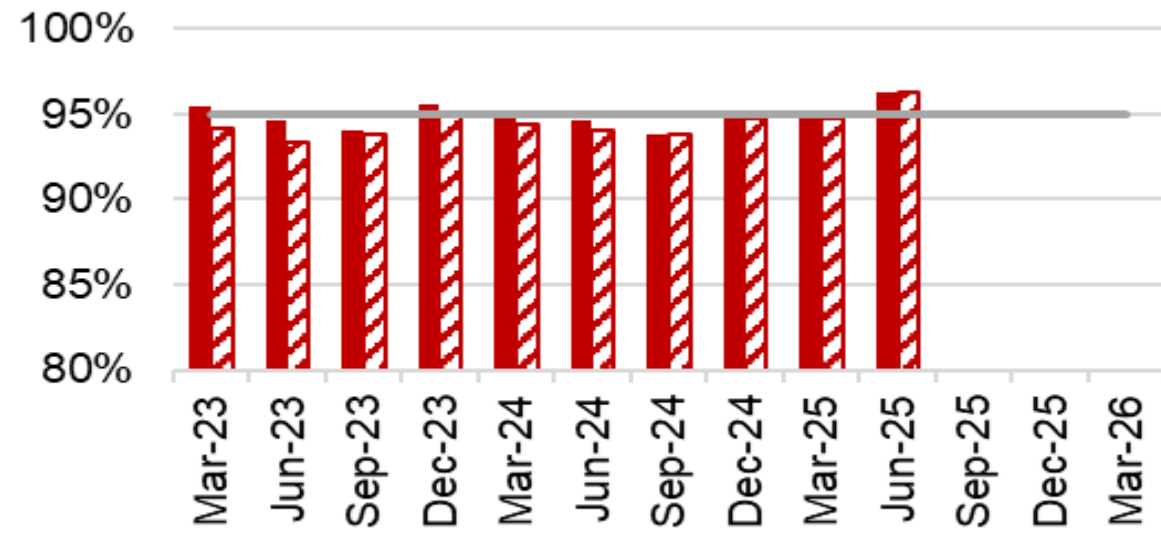
Off Target

Within 10% of target

On Target

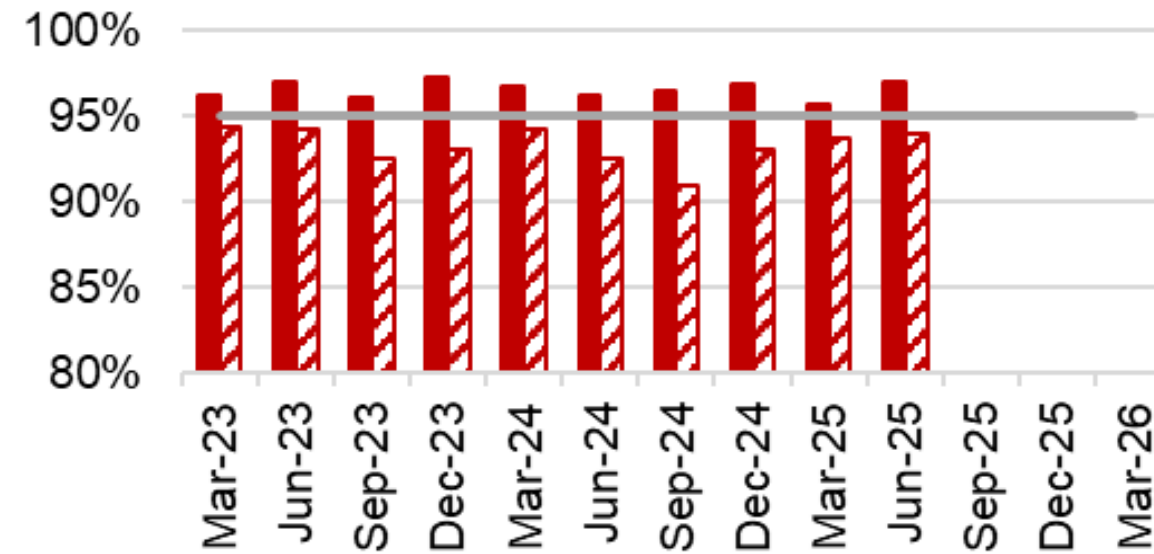
# Immunisations

% children who received 3 doses of the '6 in 1' vaccine & MenB2 vaccine by age 1



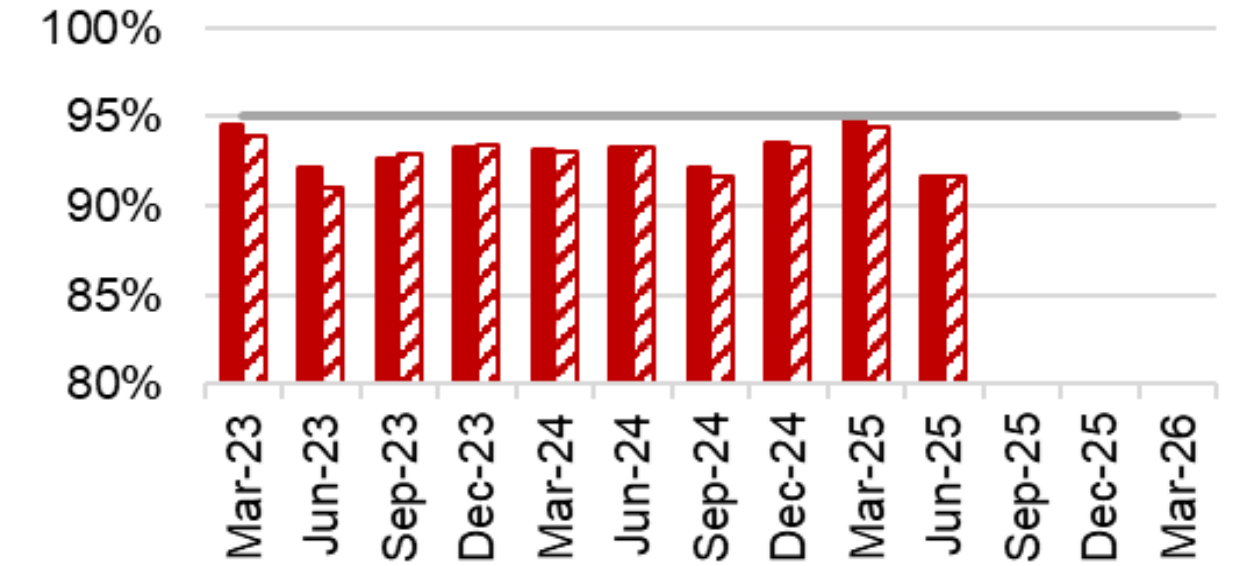
■ '6 in 1' by age 1    ▨ MenB2 by age 1    — Target

% children who received PCV2 vaccine & Rotavirus vaccine by age 1



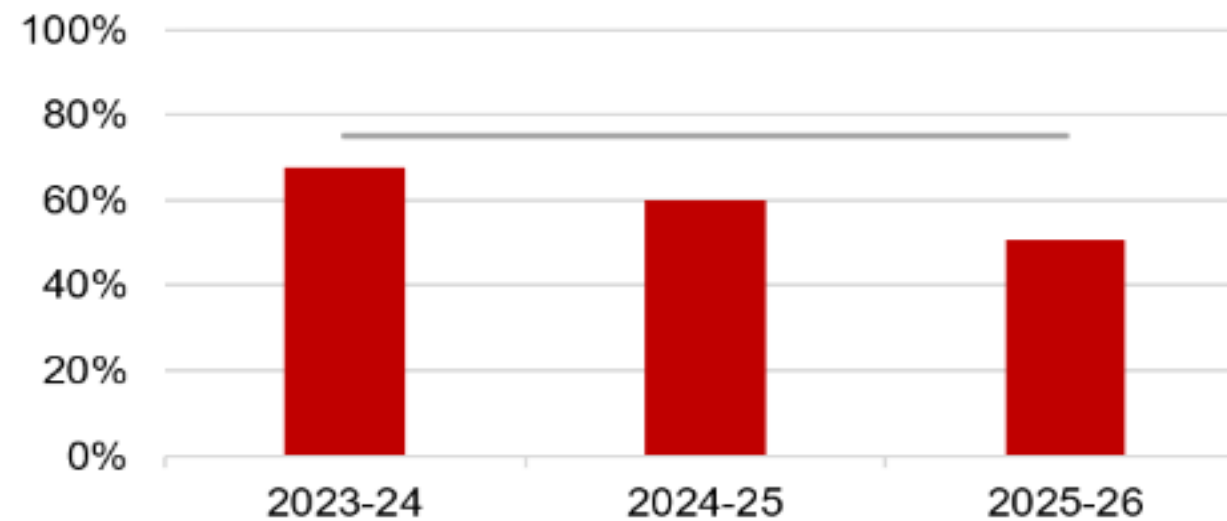
■ PCV2 by age 1    ▨ Rotavirus by age 1    — Target

% children who received MMR1 vaccine & PCVf3 vaccine by age 2



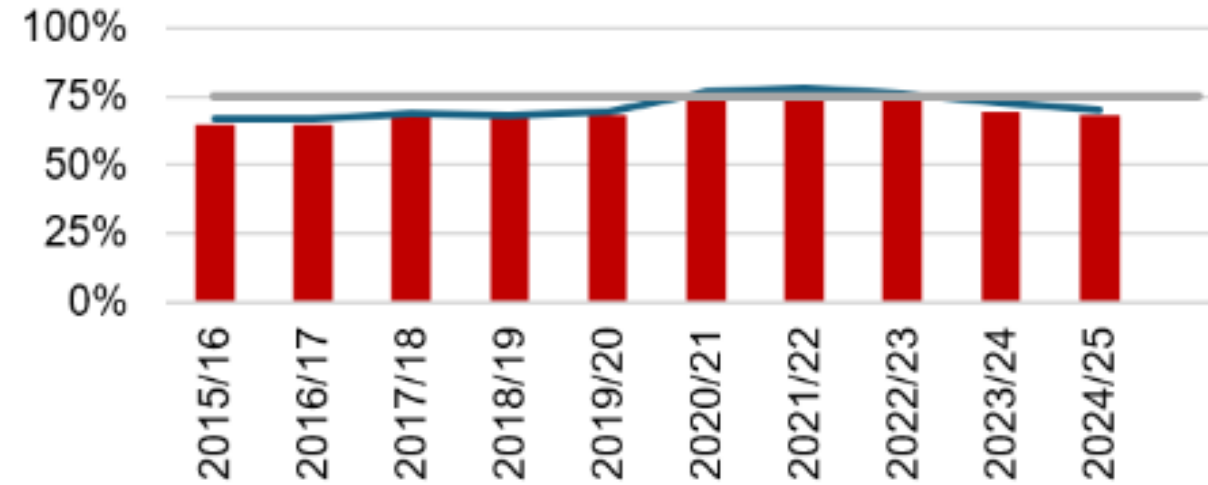
■ MMR1 by age 2    ▨ PCVf3 by age 2    — Target

% uptake of the COVID-19 vaccination for those eligible (Spring Booster)



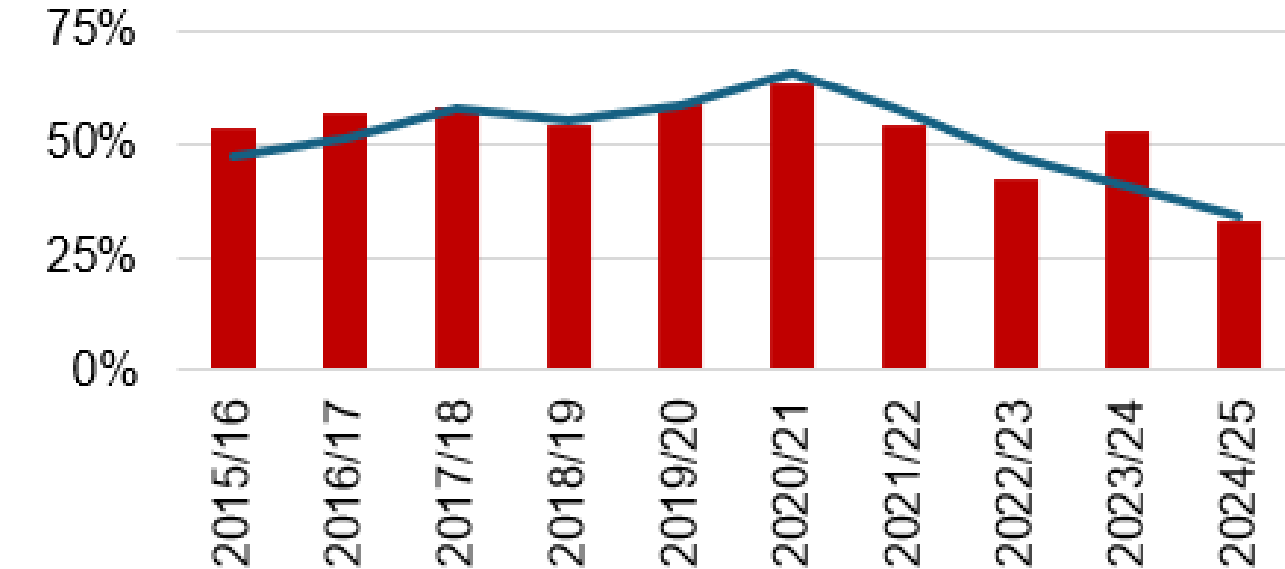
■ All eligible Total    — WG Target

% uptake of Flu vaccination in people aged 65+



■ 65 years +  
— Wales  
— WG Target & HB Trajectory (Both 75%)

% uptake of Flu vaccination in Healthcare Workers with direct patient contact



■ Healthcare Workers    — Wales

## Actions/Updates

- Performance against the immunisation targets is reported in arrears on a quarterly basis
- Updated targets have been set for the new financial year which can be seen on the graphs above


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Accident & Emergency	Target	Oct-25
4 -hour performance	95%	73.85%
12-hour performance	0	1,091
Number of Clinically Optimised Patients (HB wide)	Continuous Reduction	186
Number of cancelled Electives	0	9
Median time of arrival to assessment within 60 minutes	97%	90.28%
<b>Ambulance</b>		
Median emergency ambulance response time to purple: arrest category calls	6-8 minutes	6:41
Median emergency ambulance response time to red: emergency category calls	6-8 minutes	7:51
Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes	97%	90.28%
Total Handovers lost over 15 minutes	0	456


 Targeted Intervention Measure

 Ministerial Delivery Expectation

RAG Rating Key


 Off Target


 Within 10% of target

 On Target

# Care is high quality, safe, efficient and delivers the best possible outcomes for people


Stroke	Target	Sep -25
Percentage of admission within 4 hours	95%	24%
Percentage of stroke patients receiving a CT scan within 1 hour	95%	52%
Percentage of patients assessed by a stroke consultant within 24 hours	95%	100%
Percentage of patients to receive a mechanical Thrombectomy	10%	10%
Planned Care	Target	Oct – 25
Percentage of patients waiting < 26 weeks for an outpatient appointment	75%	76.99%
Total number of patients waiting < 36 weeks	80%	74.82%
Number of patients waiting at Stage 1 > 52 Weeks	0	0
Total number of patients waiting > 104 Weeks	0	0
Diagnostics & Therapies	Target	Oct – 25
Number of patients waiting > 8 weeks for diagnostics	0	3,873
Number of patients waiting > 8 weeks for an Endoscopy	0	1,976
Number of patients waiting > 14 weeks for Therapies	0	0
Number of children waiting > 6 weeks for Audiology	0	84


 Targeted Intervention Measure

 Ministerial Delivery Expectation

RAG Rating Key

 Off Target

 Within 10% of target

 On Target

# Care is high quality, safe, efficient and delivers the best possible outcomes for people

FUNB	Target	Oct -25
Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (All Specialties)	N/A	74,018
Total number of patients waiting 100% over their target date <span style="float: right;">TI</span>	0	44,260
Total number of patients waiting for a follow-up appointment	N/A	160,082
Mental Health & Learning Disabilities	Target	Oct – 25
Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral <span style="float: right;">DE</span>	80%	98%
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS <span style="float: right;">DE</span>	80%	82%
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health <span style="float: right;">DE</span>	80%	42.8%
Quality & Safety	Target	Oct – 25
Number of service user feedback experience responses on CIVICA	Monthly improvement	6,990
Percentage of complaint responses sent within 30 working days	80%	43% (Aug-25)
Number of Nationally Reported Incidents	N/A	9
Number of New Never Events	N/A	0

TI Targeted Intervention Measure

DE Ministerial Delivery Expectation

RAG Rating Key

Off Target

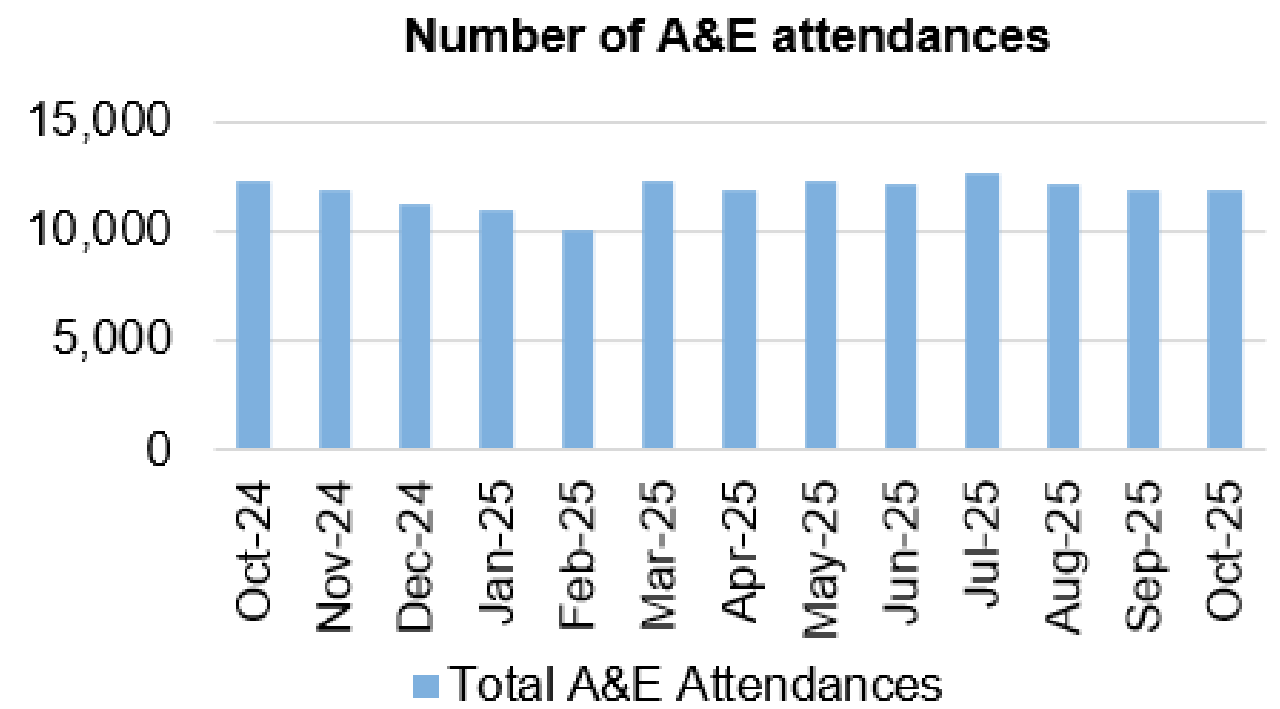
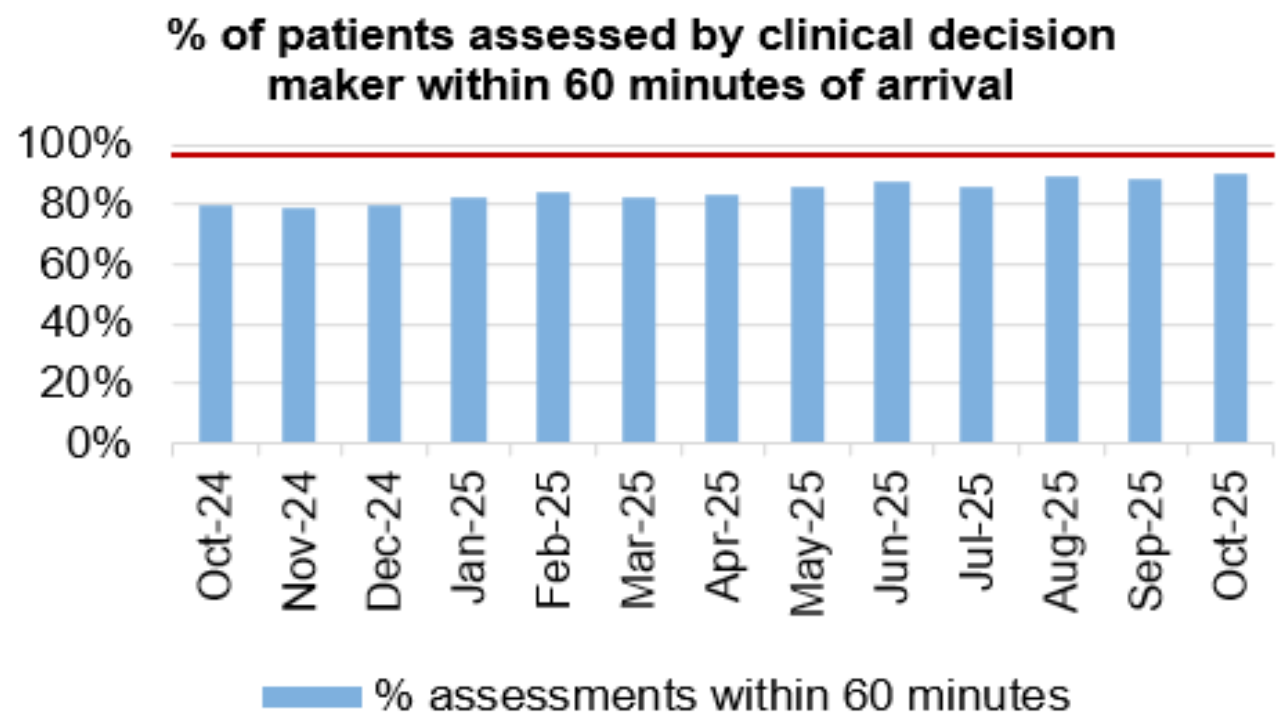
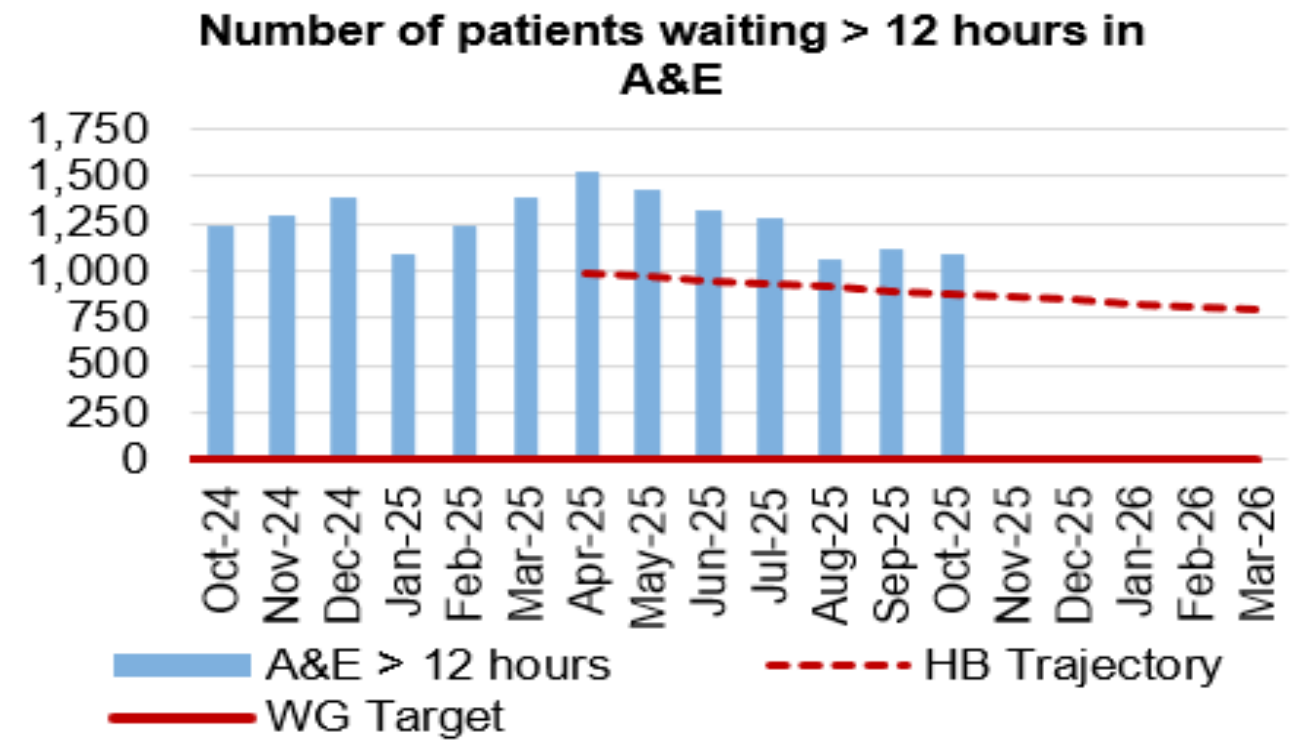
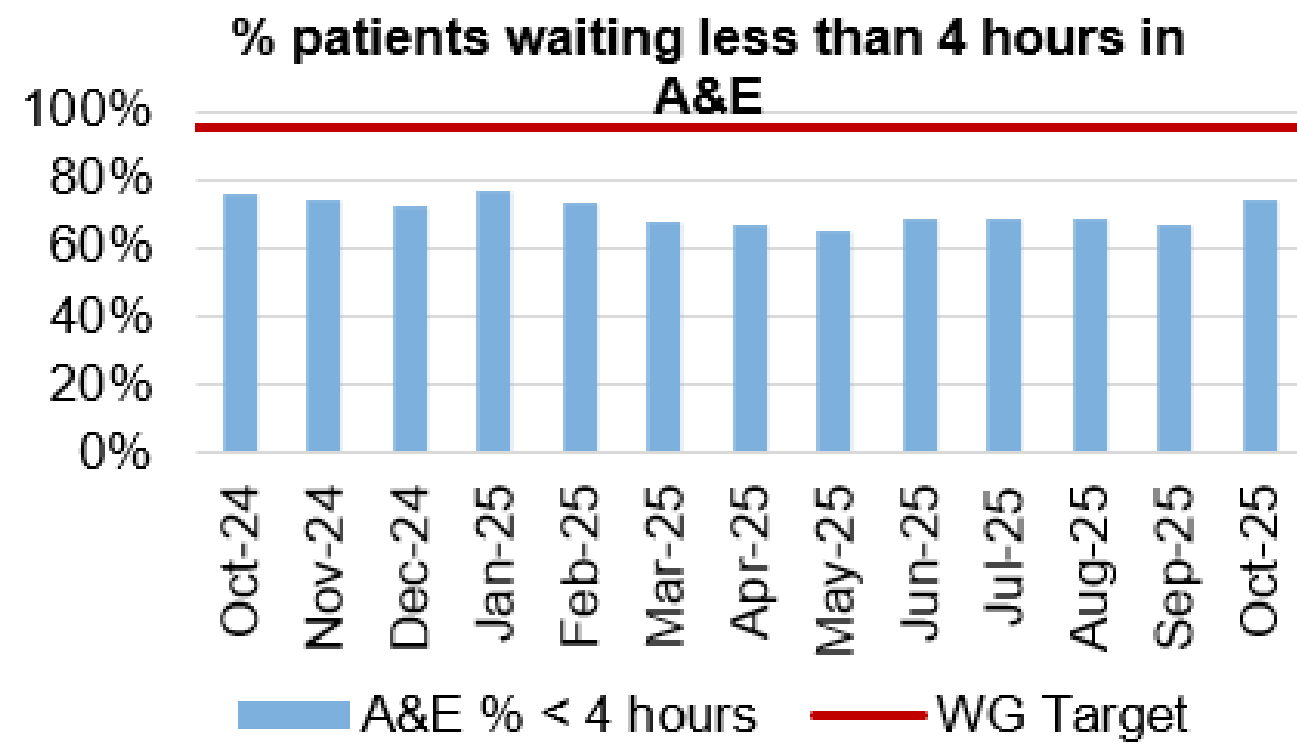
Within 10% of target

On Target

# Unscheduled Care



# Unscheduled Care

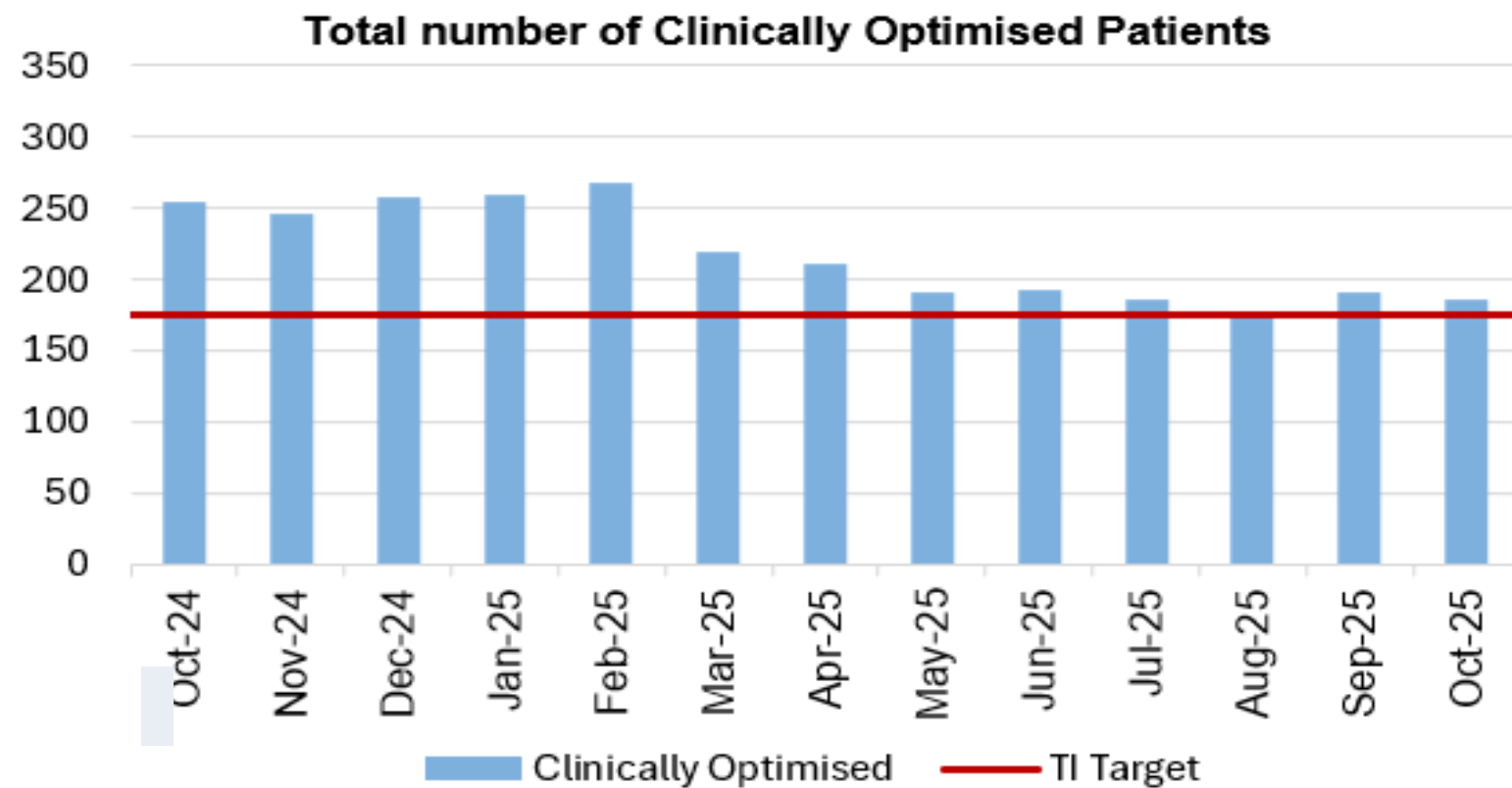


## Actions/Updates

- Full implementation of D2RA model** – Paper presented to community and older persons board, requesting support for joint commitment to OCP in respect of Health and Social care staff required to deliver the D2RA hub. Health Board and Swansea Local Authority have provided full commitment linked to the wider organisational changes process, 'Organising for Success' and a recruitment process in Swansea Local Authority. Neath Port Talbot Local Authority have committed to the current level of provision based on a "drop-in" arrangement at intervals throughout the day.
- Grip & control operational management** – Full Capacity protocol and zero tolerance on chair and trolley waits in full operation with additional 3:30 huddle now in situ at Morriston Hospital. Recent meeting held with colleagues from NHS Performance and Improvement to review the All-Wales escalation framework with potential to align the operational response to the Six Goals Framework, awaiting confirmation of workshop. There is high reliance on the use of 'Your Next Patient' capacity owing to the high number of clinically optimised patients held on the Morriston site. There is agreement to reorganise the distribution of the clinically optimised patient group to reduce the number of patients on the Morriston site and also a programme of work is on progress supported by Deloitte colleagues to better understand the capacity and demand for each of the D2RA pathways.



# Pathways of Care Delay: Action & Intervention



Site	Delayed Pathways of Care: October 28th	Delayed Pathways of Care: October 21st	Delayed Pathways of Care: October 15th	Delayed Pathways of Care: October 7th
Learning Disabilities	7	7	7	7
Mental Health	38	40	39	37
Morrison Hospital	98	96	99	104
Neath Port Talbot Hospital*	34	32	25	30
Singleton Hospital	16	15	16	15
<b>Total</b>	<b>193</b>	<b>190</b>	<b>186</b>	<b>193</b>

## What specific improvements will be delivered?

- Reduce LOS through improved Board Rounds and enhanced MDT approach
- Continued accountability and ownership via weekly review and 3 monthly refresh of Action Plan
- Reduce LOS through improved operational process when staff are absent-SOP
- Reduced LOS due to improved confidence and understanding of MCA process
- Reduced LOS if we can adopt HDUHB TA model for TA



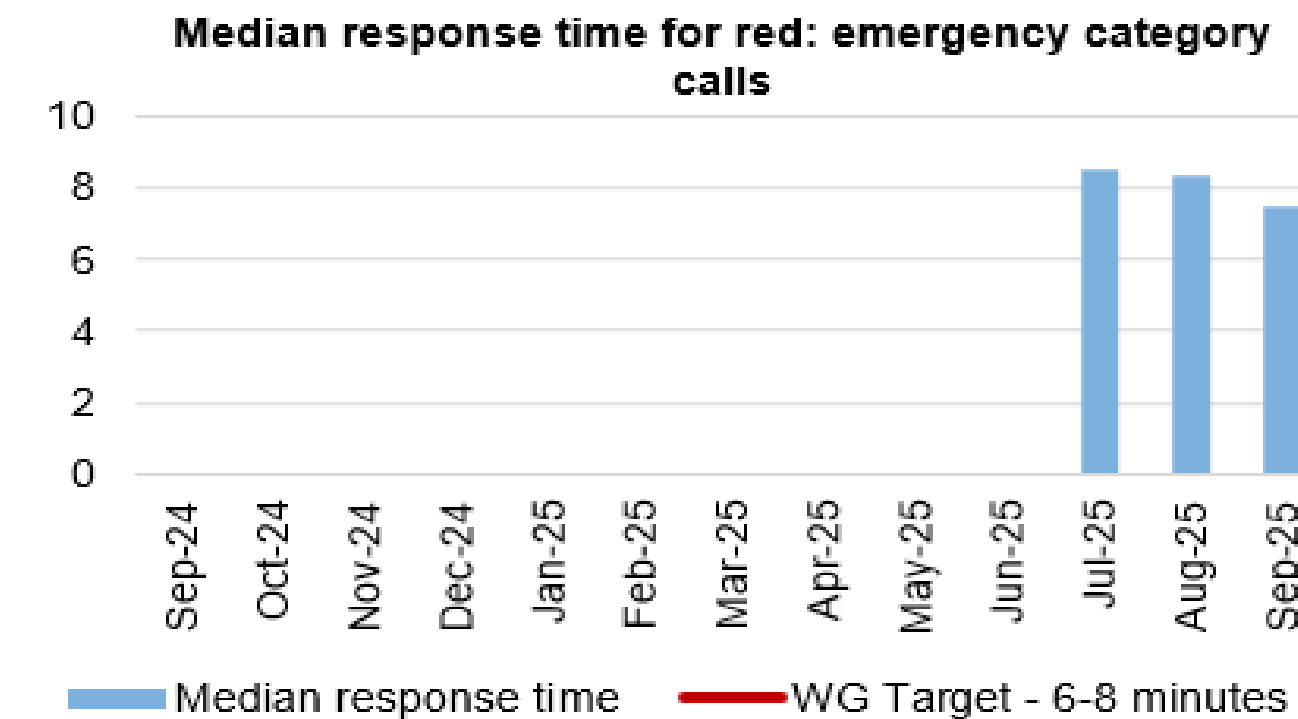
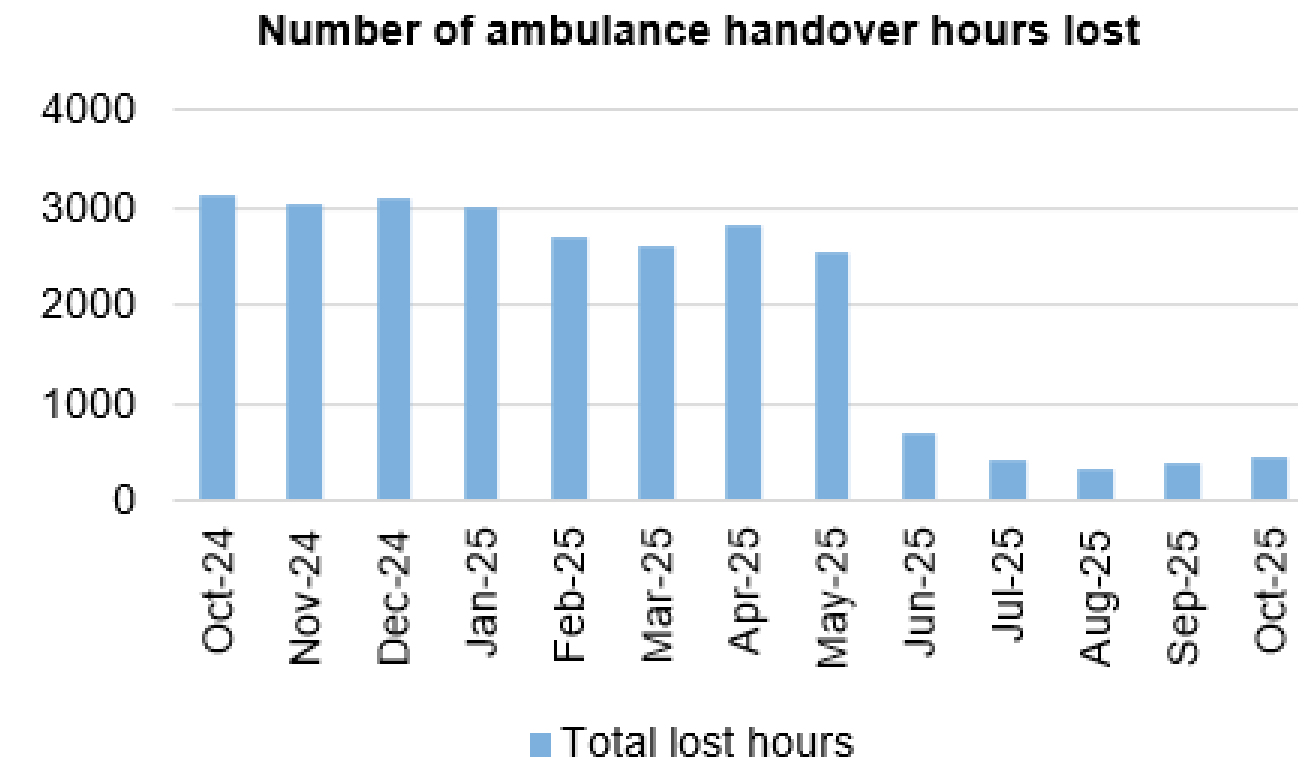
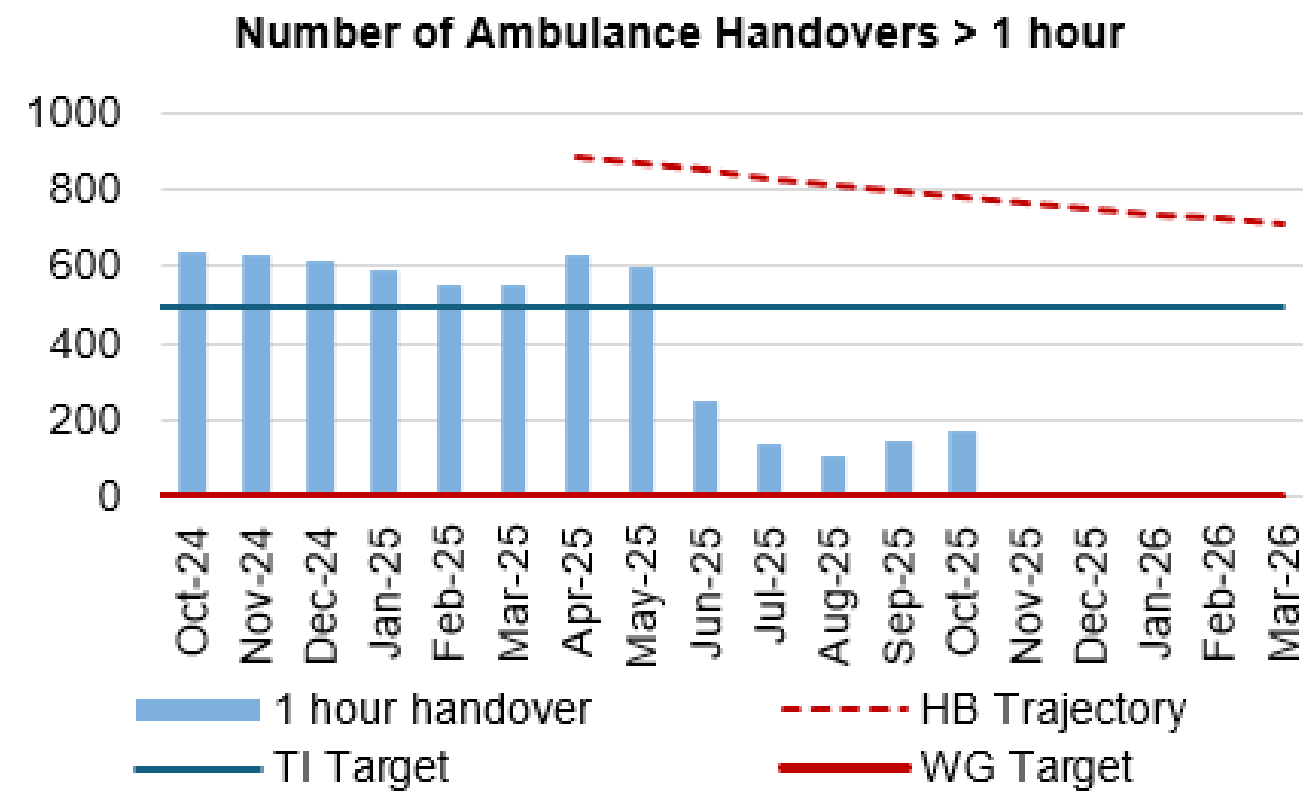
**WG target** -15% reduction in total delays,  
20% reduction in assessment delays,  
20% reduction in total days delayed from March 2024 baseline



## What is currently supporting the reduction:

- Robust weekly accountability meetings implemented with all sites – led to improved engagement & traction on delivery
- POCD Action Plan is refreshed on a 3 monthly cycle
- Weekly internal census and validation approach in place
- Monthly accountability meetings by site
- Board Round Refresh- Workshops underway
- Improving operational process to reduce delays due to sickness/AL.
- Recirculated MCA/BI Guidance
- Invited HDUHB colleagues to present on Trusted Assessment Model for MCA to promote shared learning

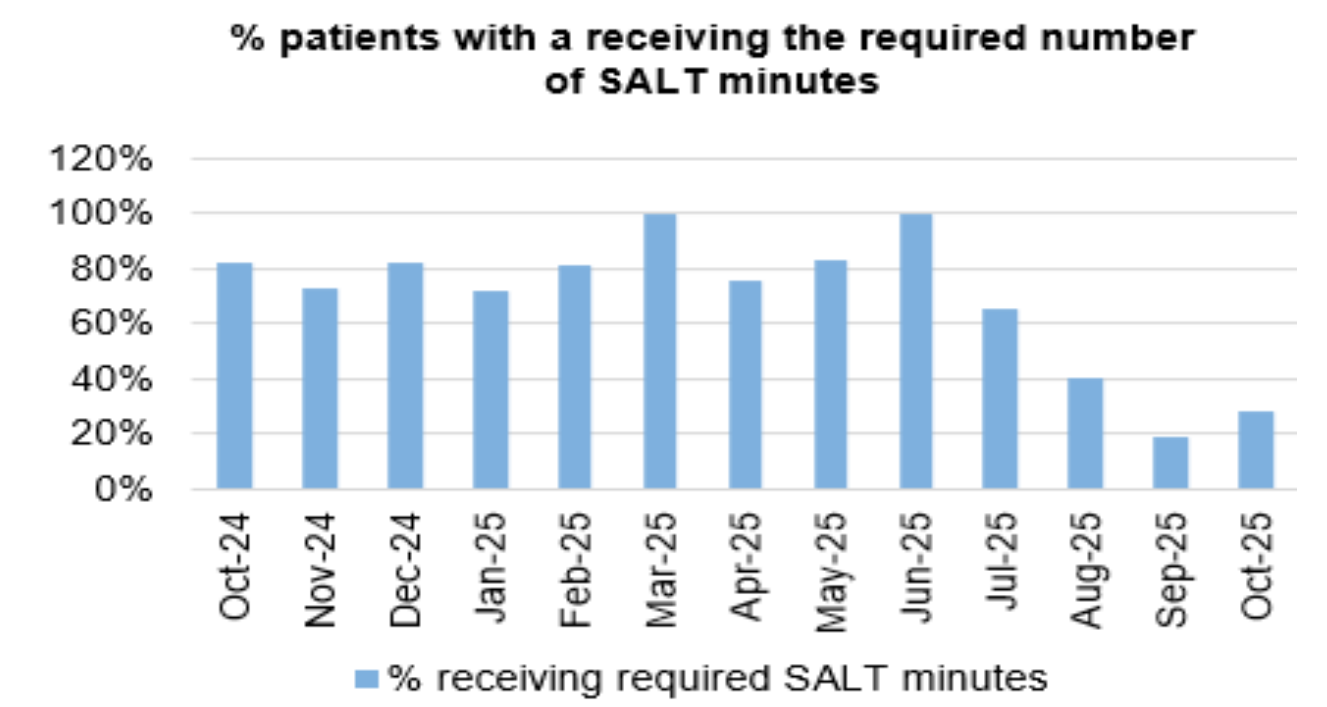
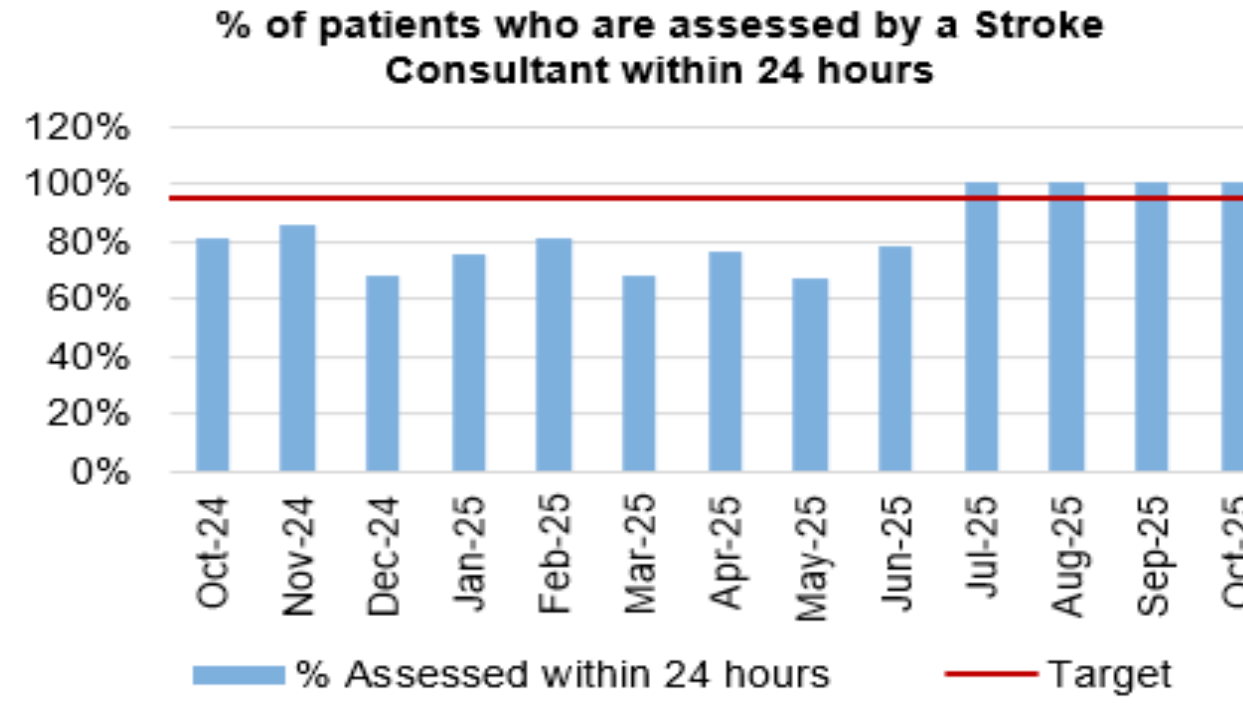
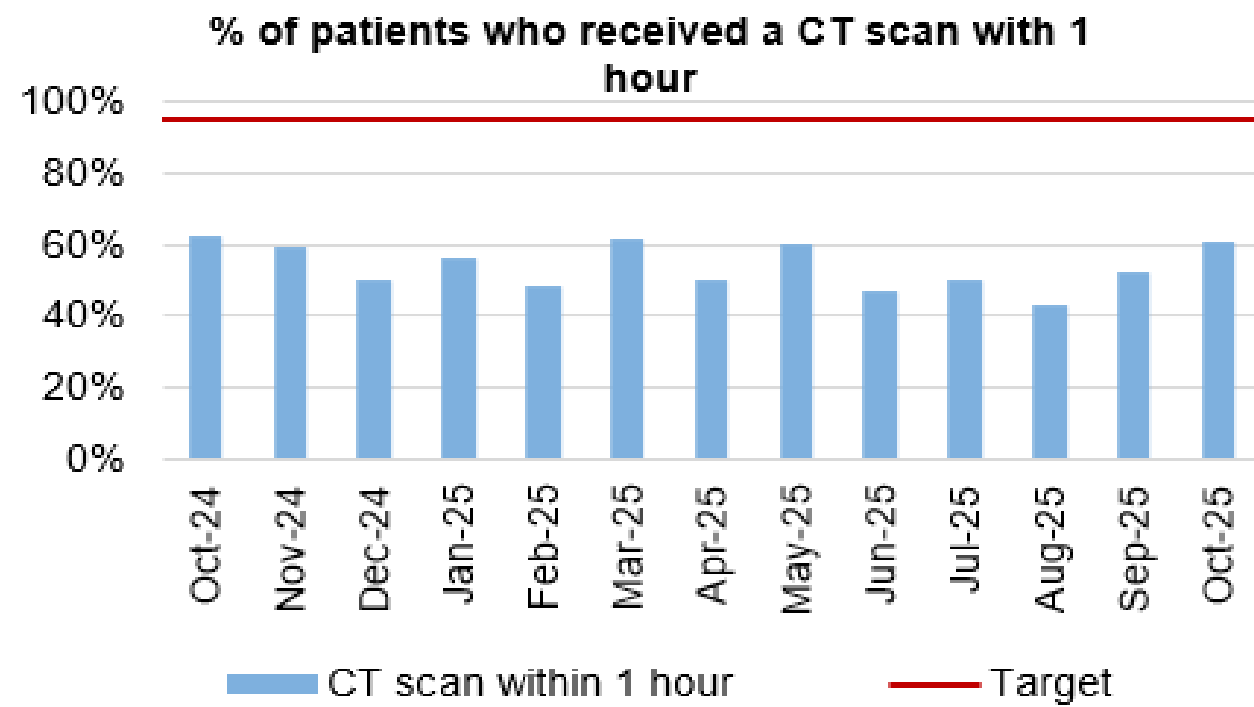
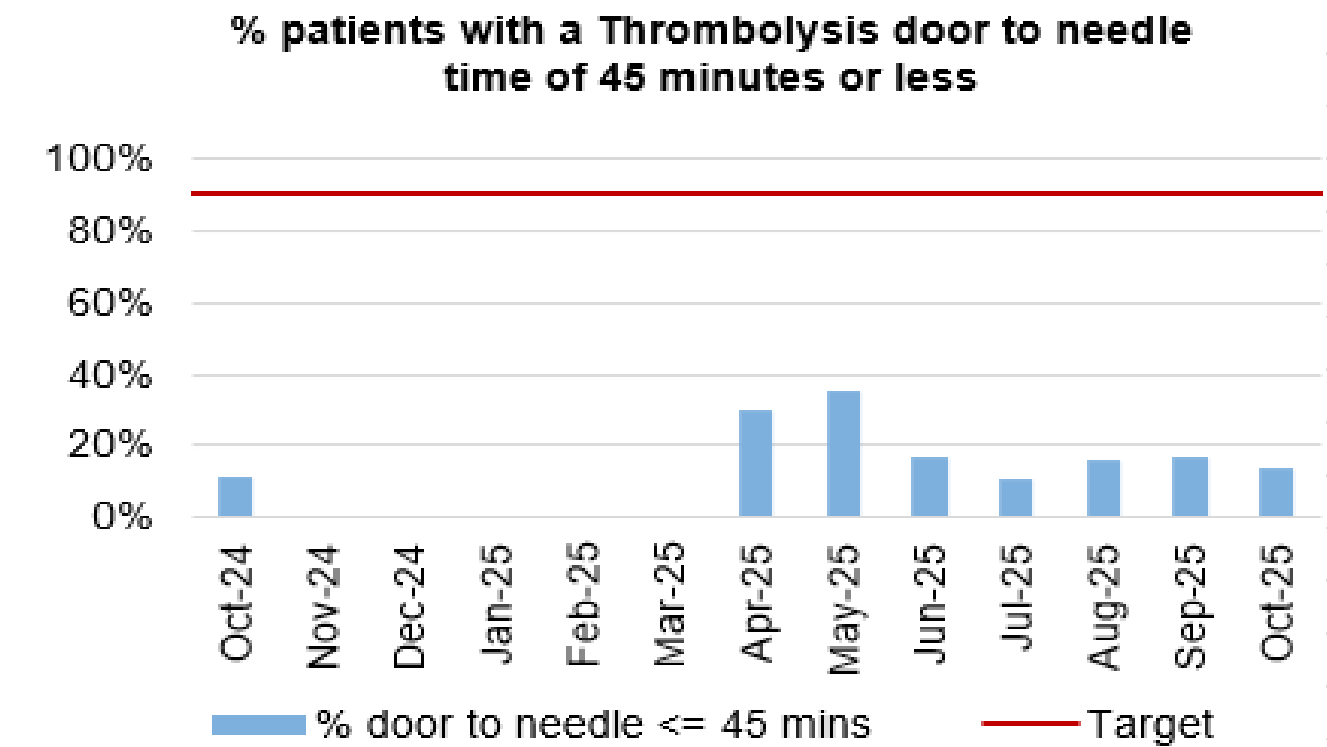
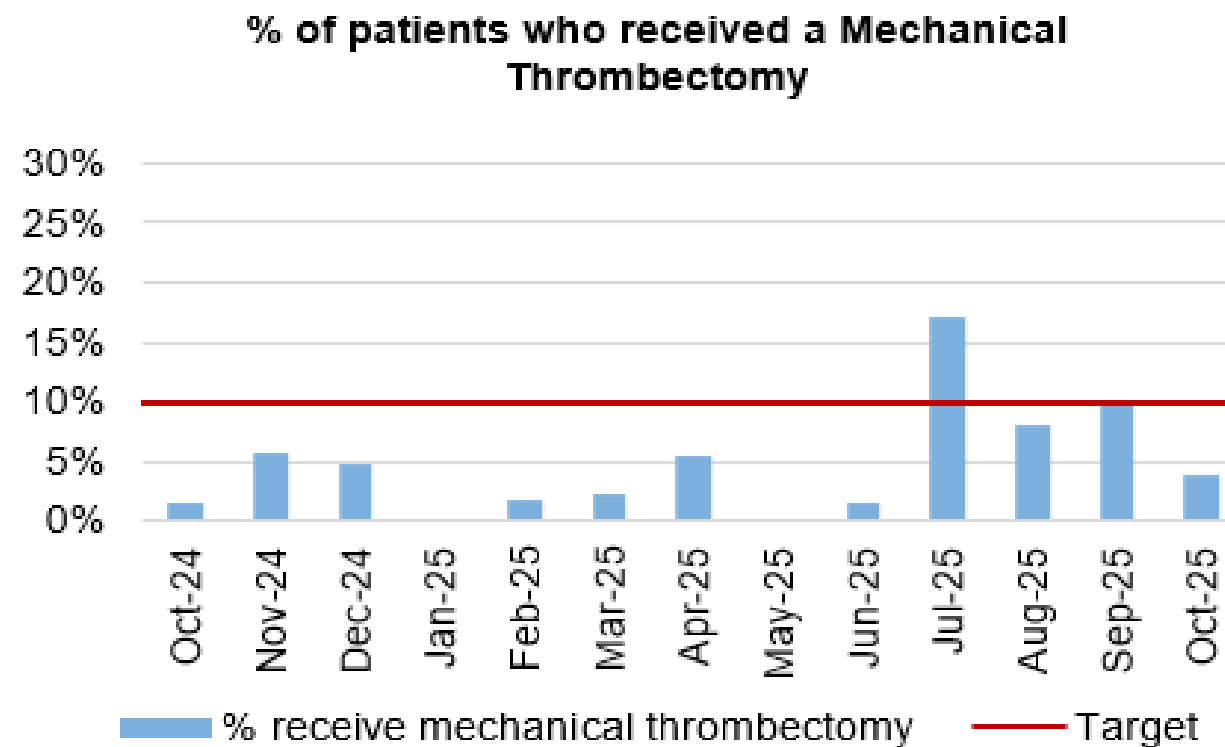
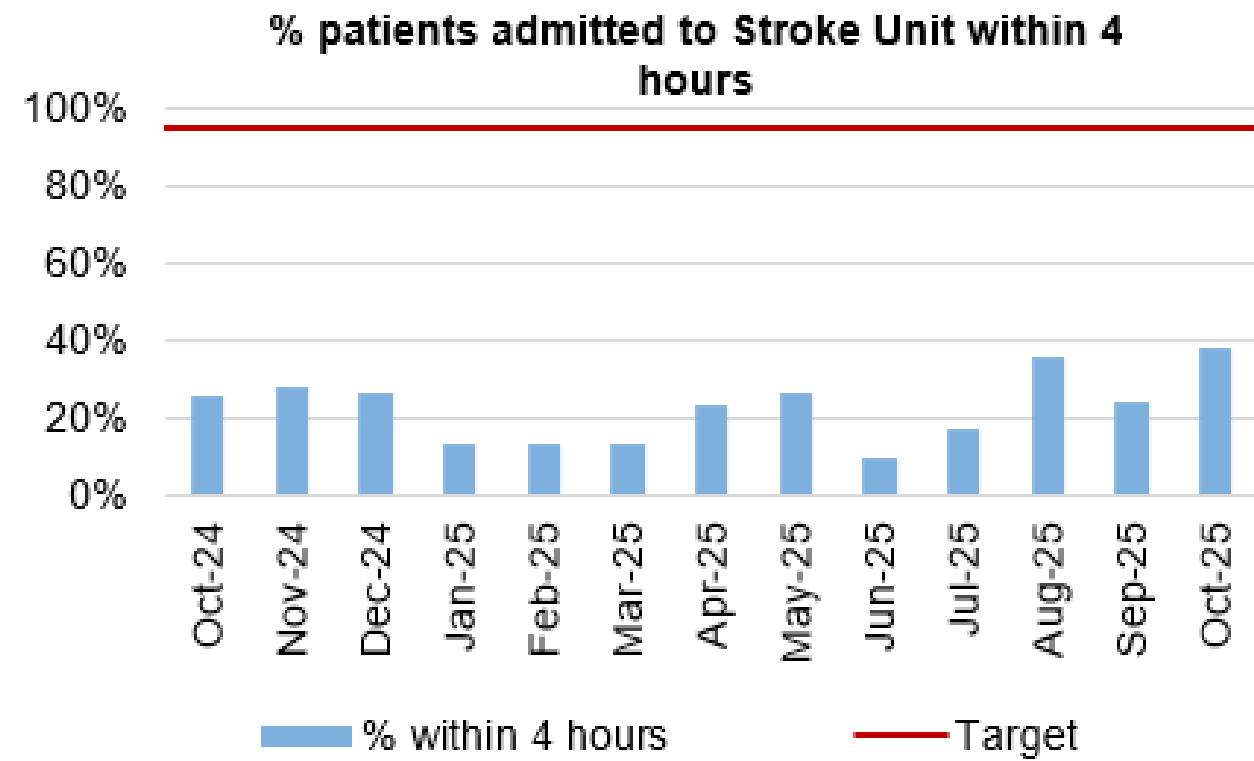
# Ambulance



## Actions/Updates

- UEC Care co-ordination Hub** – Formally referred to as single point of access, the service was launched on 2nd October 2025 with a focus on the National initiative “Clinical Conversation Before Conveyance”, CCBC is a national programme of work in partnership with WAST aimed at reducing patient conveyance from care homes where clinically appropriate. Focus on measurement and reporting metrics will allow good compliance with the national data set proposed. The D2RA hub is now co-located with the single point of access to pool the multi-disciplinary resource to deliver both admission avoidance and timely discharge/transfer of patients. The first reporting of metrics is due 21st November 25.
- Revised flow operating model/Anglesey Ward:** Initial UEC tests of change have proven successful in decompressing the Emergency department and improving ambulance handover. Phase 2 UEC test of change will commence September 2025 and will focus on the acute medical unit (AMU) downstream wards and the single point of access. There is a plan to deliver 6 PDSA's across the AMU/SDEC service with clinical sponsorship and robust measurement in place.

# Stroke

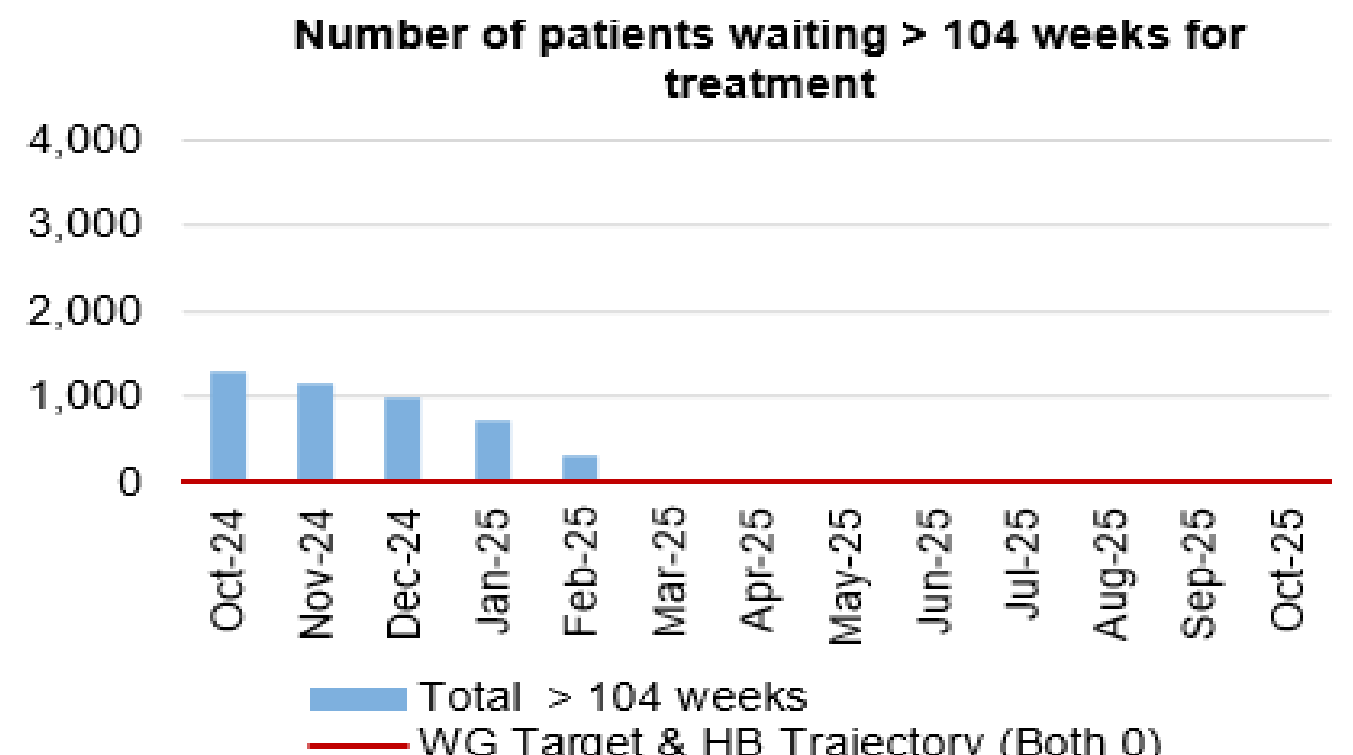
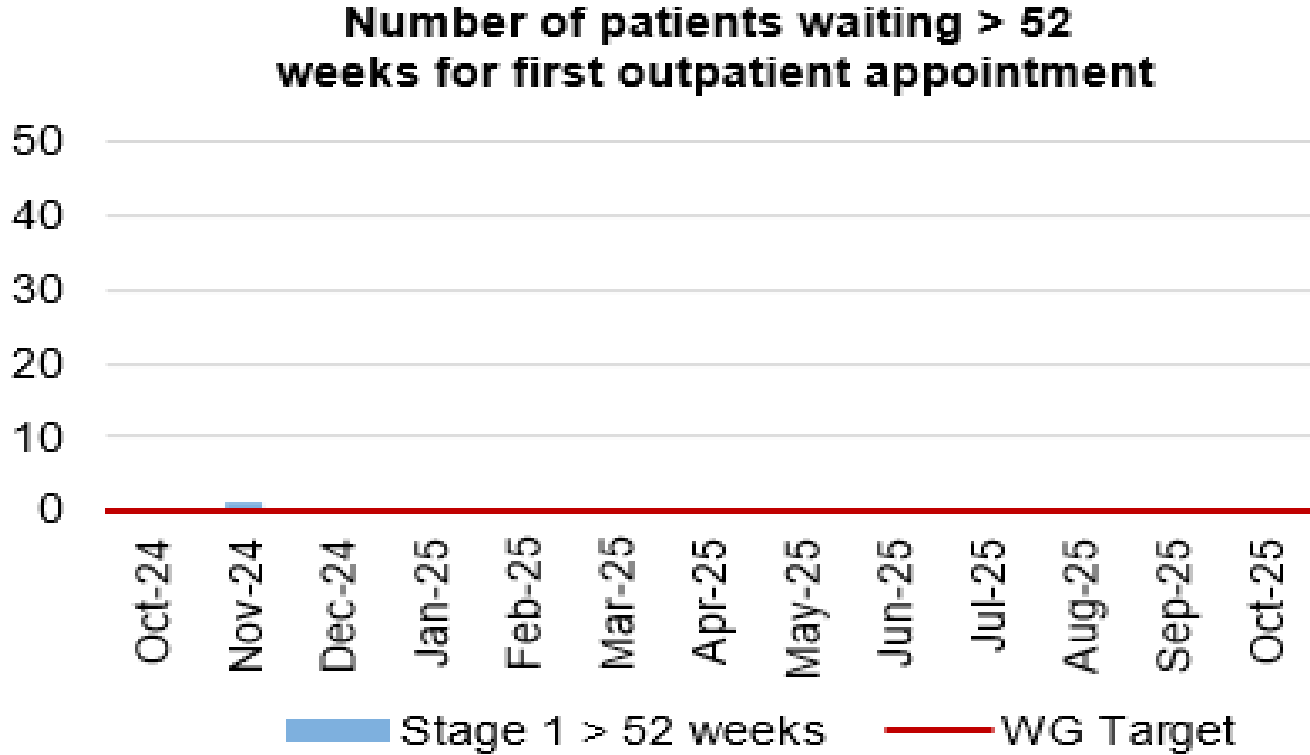
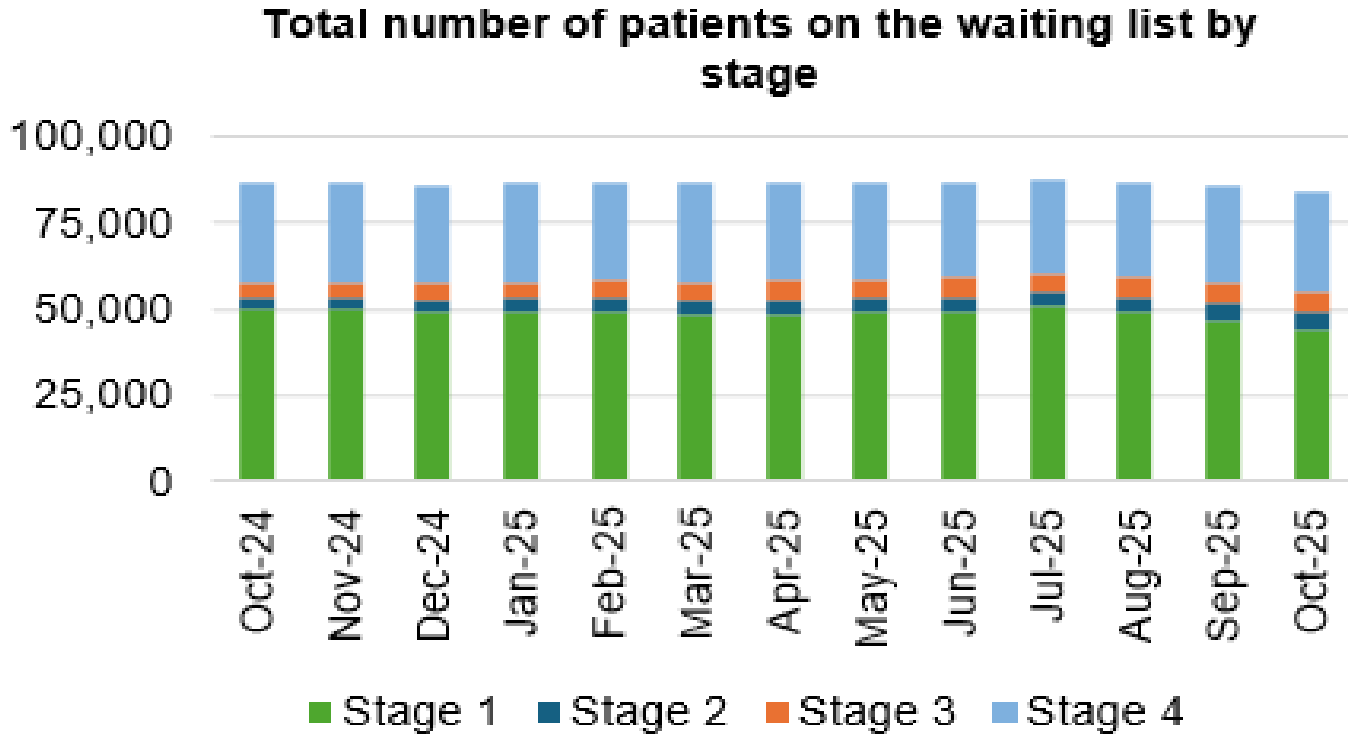
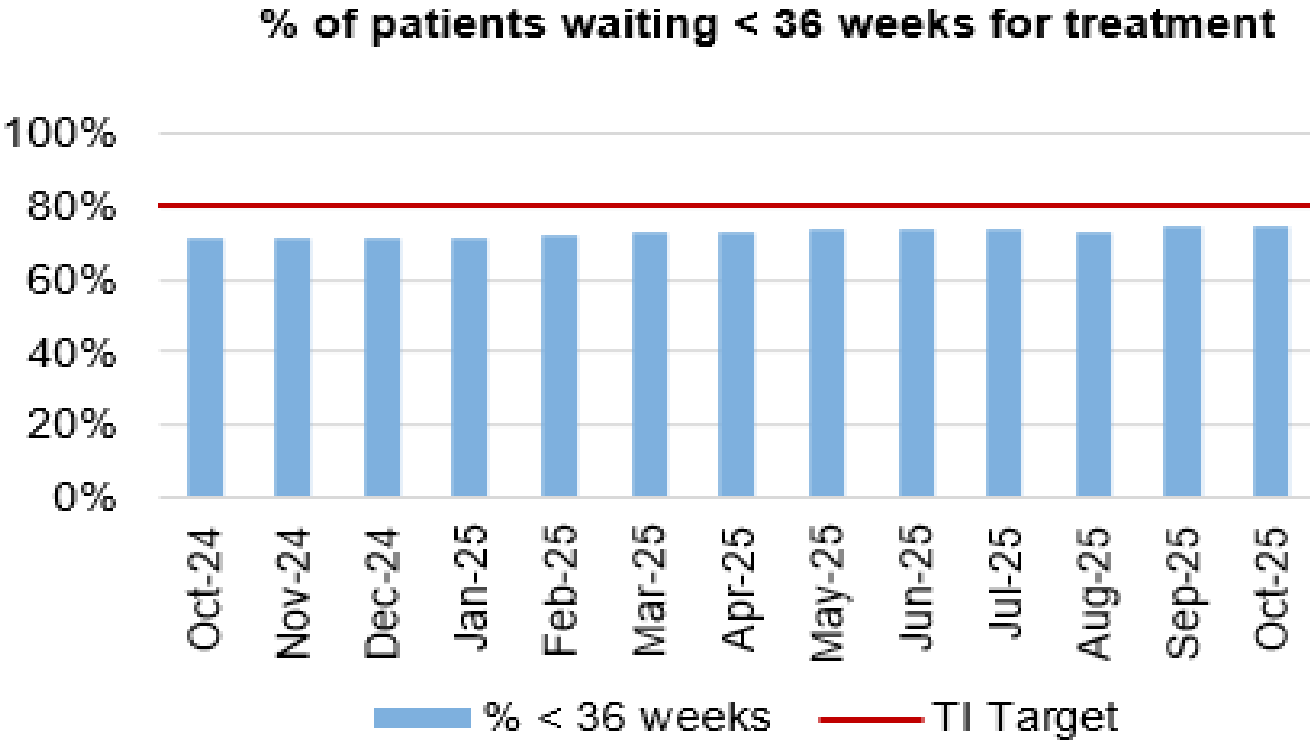


## Actions/Updates

- The directorate management team have introduced several successful 'Stroke Tests of Change' in order to improve the flow of stroke patients between Morrision and Neath Port Talbot Hospital, the significant improvements include:
  - A '4 day' reduction in Length of Stay (LOS) on the Acute Stroke Unit (ASU)
  - 36% increase in admissions onto the ASU
  - 36% increase in discharges from ASU
  - 50% increase in transfers from ASU
  - Improvements to several National Stroke Key Performance Indicators as identified below (Admission to ASU, Consultant Assessment and Therapeutic Reviews)

# Planned Care

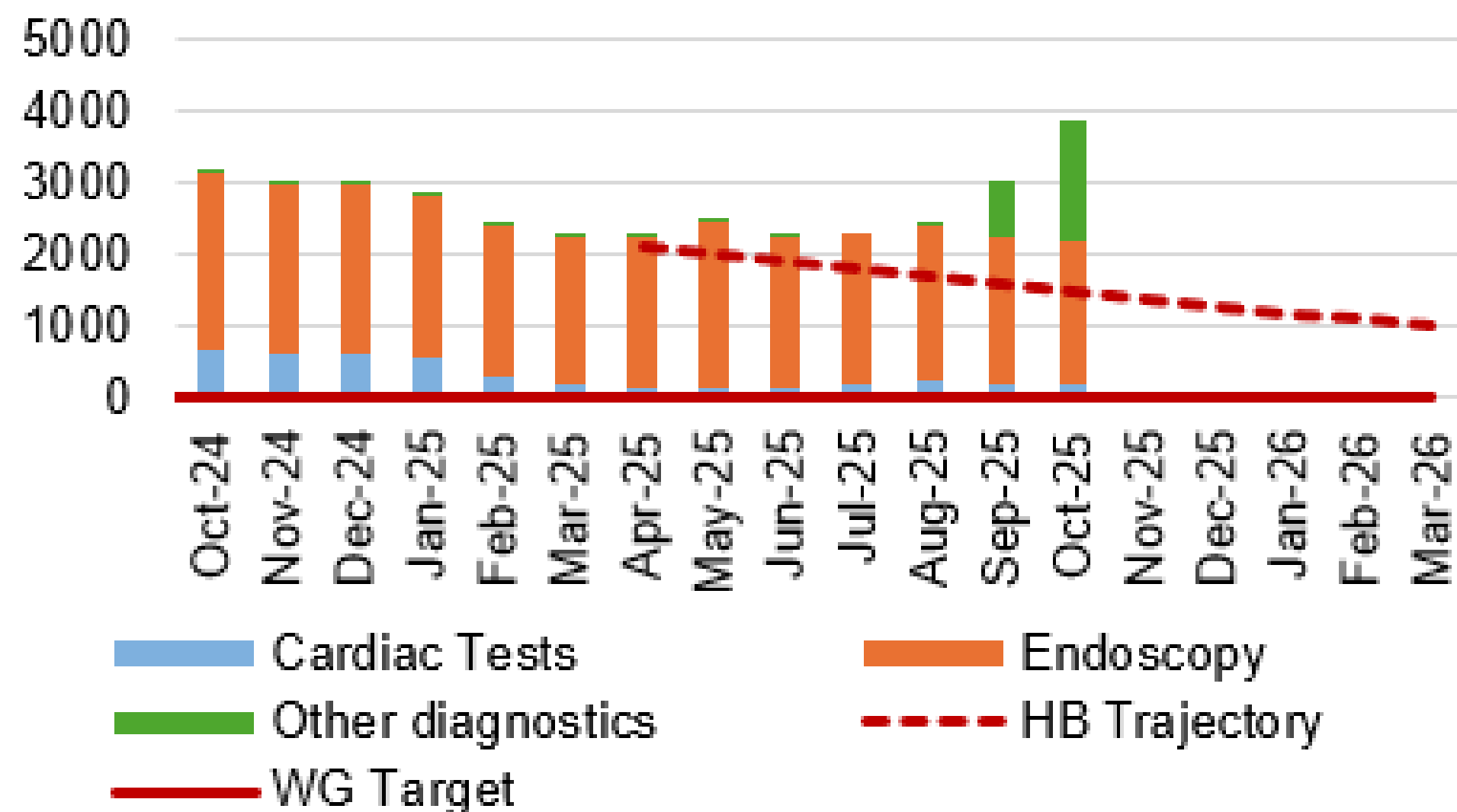




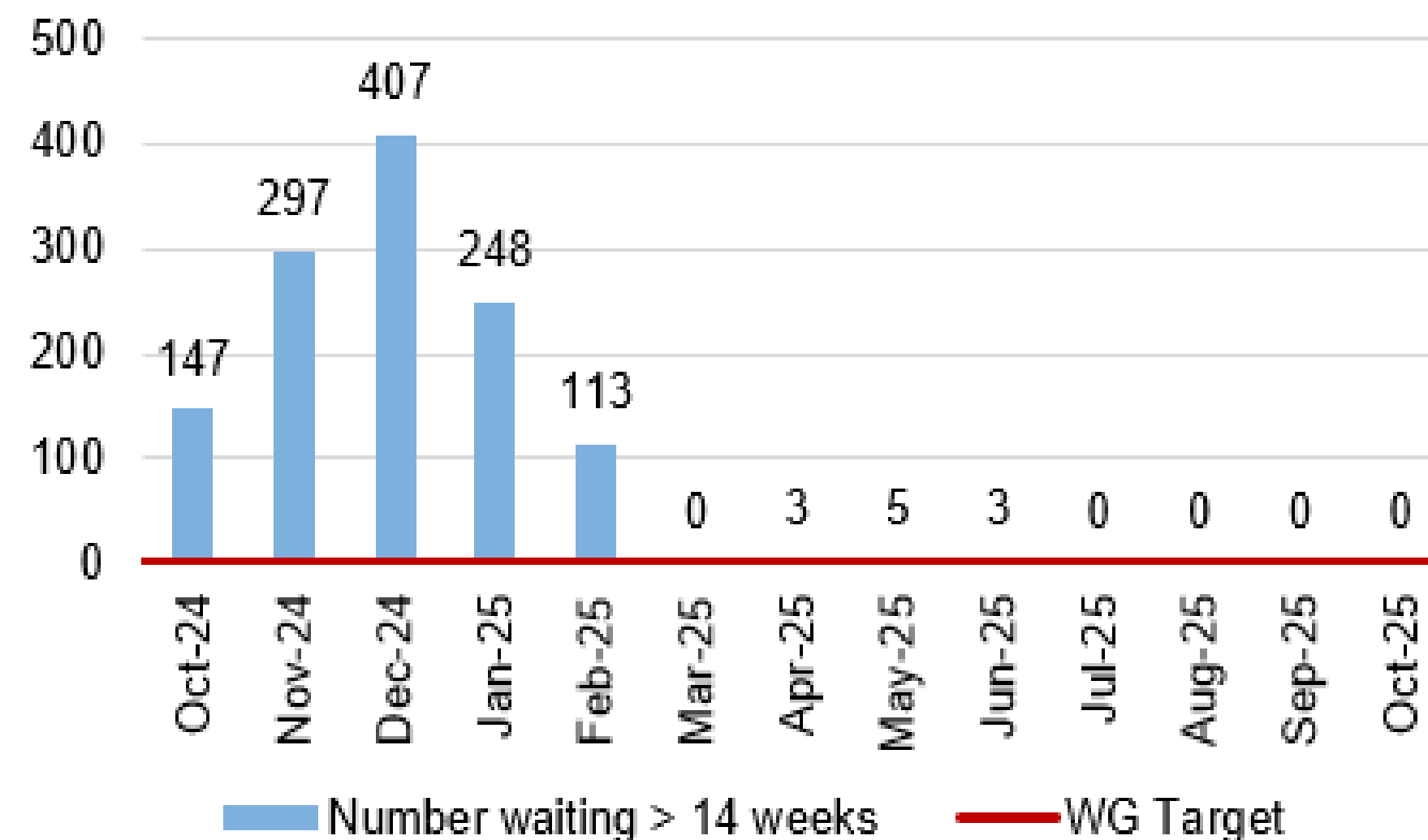
## Actions/Updates

- The Health Board have maintained the Stage 1 > 52 weeks target of 0 for October 2025.
- The Health Board have maintained the number of patients waiting > 104 weeks for treatment target of 0 for October 2025.
- Welsh Government have provided updated de-escalation criteria for all planned care metrics which reflect encouragement towards an improved position. Focus has now been placed on achieving a new Targeted Intervention Target for patients waiting <36 weeks for treatment.
- Key Risks to delivery include the current physical infrastructure to hold additional clinics, workforce availability, funding and willingness of patients to attend out of hours

## Number patients waiting > 8 weeks for diagnostics



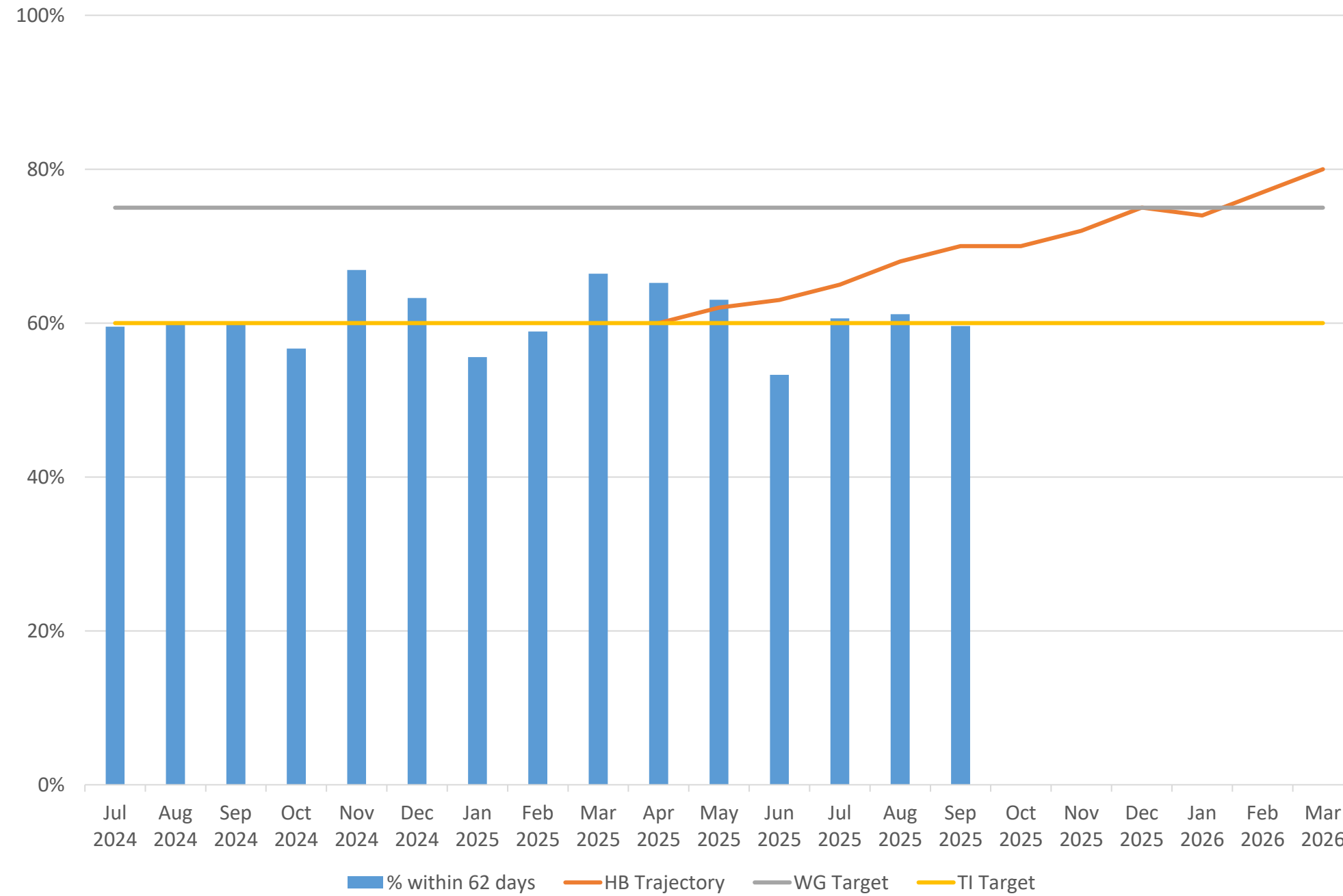
## Number of patients waiting > 14 weeks for Therapies



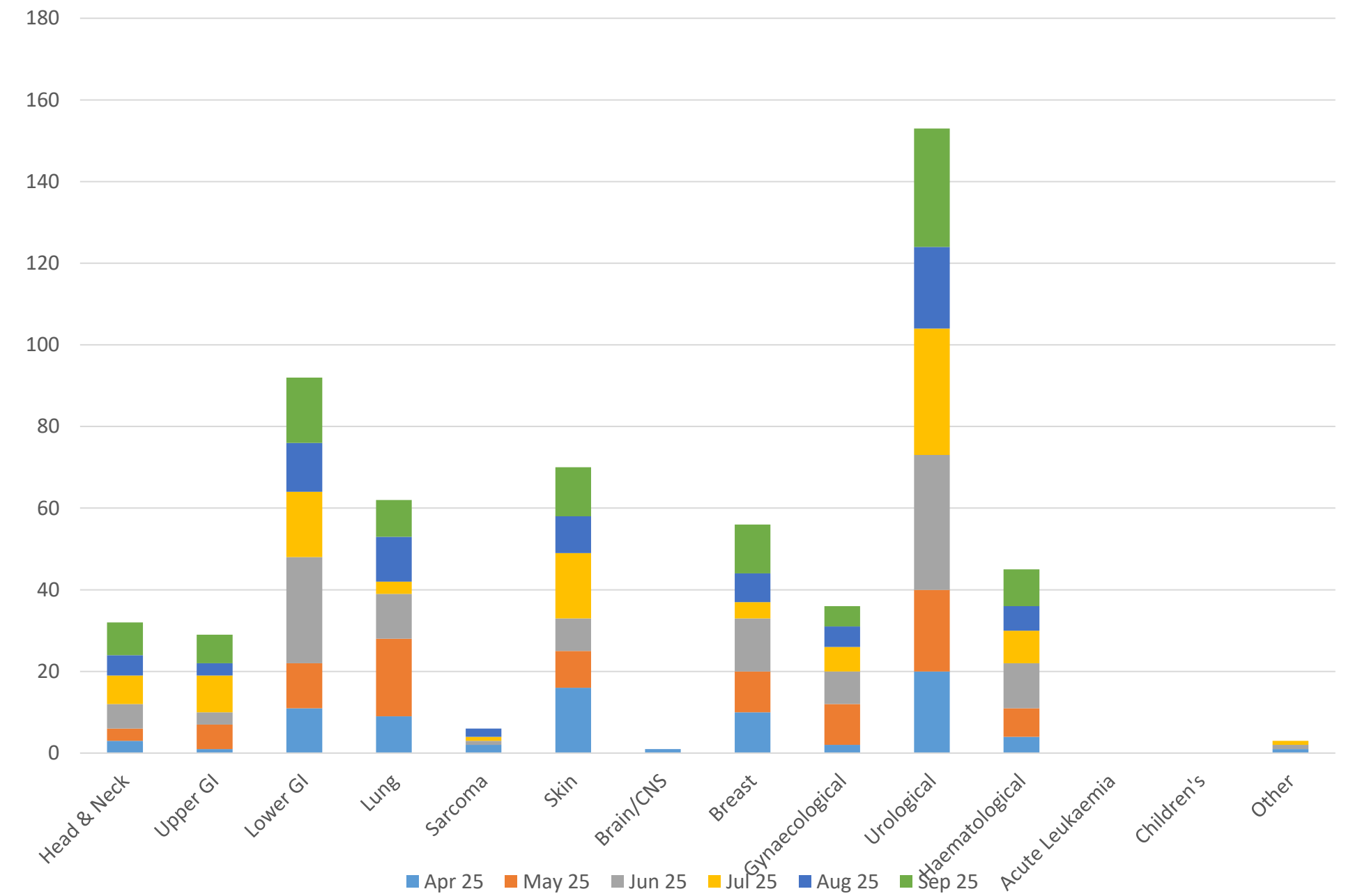
### Actions/Updates

- The total number of patients waiting > 8 weeks for diagnostics has increased in October 2025 to 3,873, compared to 3,017 in September 2025.
- Updated targets have been set for diagnostic de-escalation criteria which encourage further improvement, with the target for patients waiting < 8 weeks for diagnostics increasing to 85% from 80%.
- The additional Gastroenterology insourcing gained from recovery monies to support the stage 1 position through Q4, resulted in a greater volume of referrals for Endoscopy which meant further pressure on the 2025/26 Q1 position. Our trajectory has forecast that we will start recovering against the additional demand over the next quarter.
- The number of patients waiting > 14 weeks for therapies has been reported as 0 in October 2025

% of patients that started treatment within 62 days



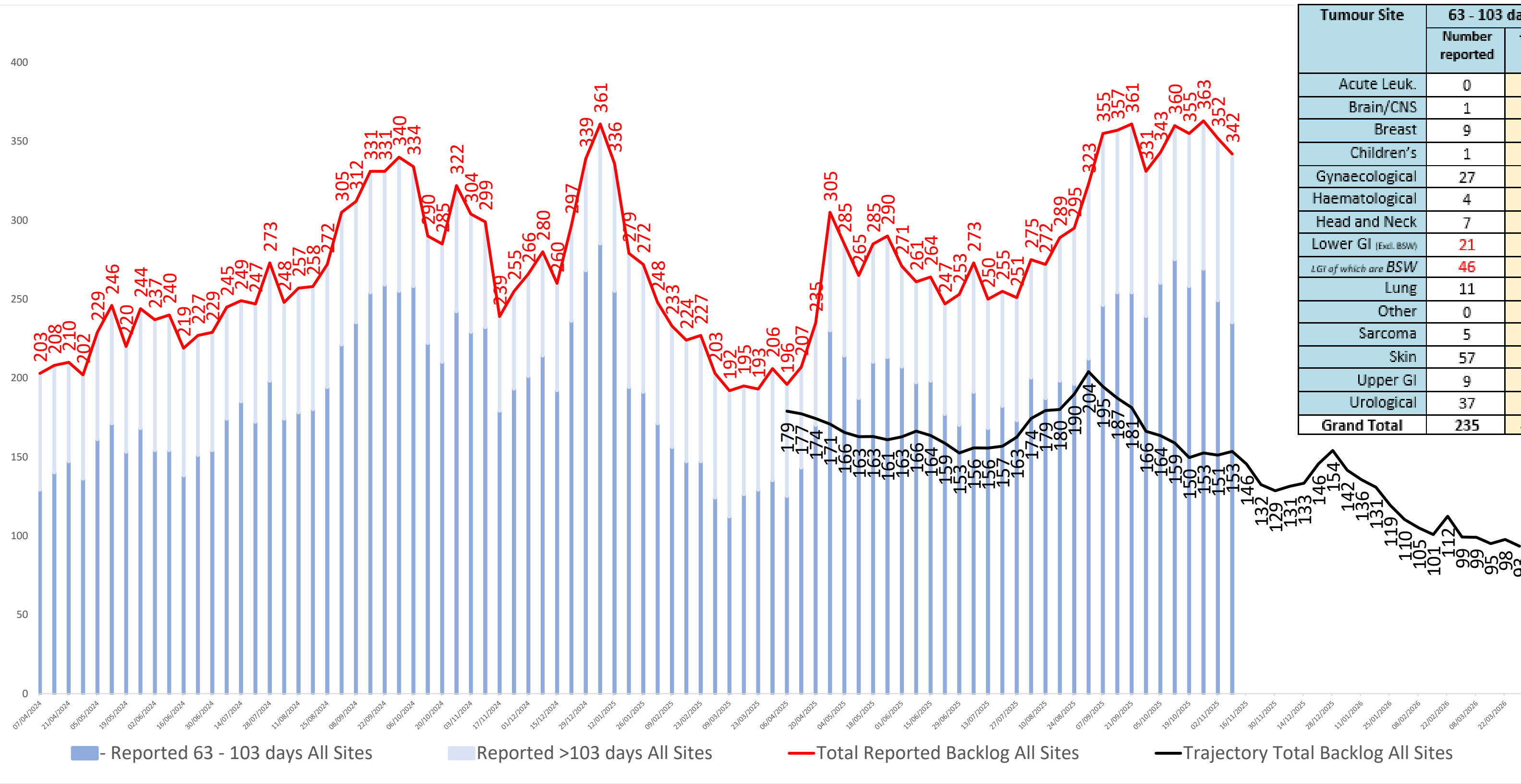
Breach volumes by tumour site



## Actions/Updates

- In September 2025, the service reported 60% of patients had started treatment within 62 days which is in line with the Welsh Government TI target of 60%. Additional actions are being undertaken to improve performance:
  - Continued focus on front end of pathway for all specialties
  - NHS Performance & Improvement visit 15th October 2025, specifically focussing on the Prostate pathway
  - Commence demand and capacity work in relation to the cancer pathway supported by Transformation Team

# Cancer



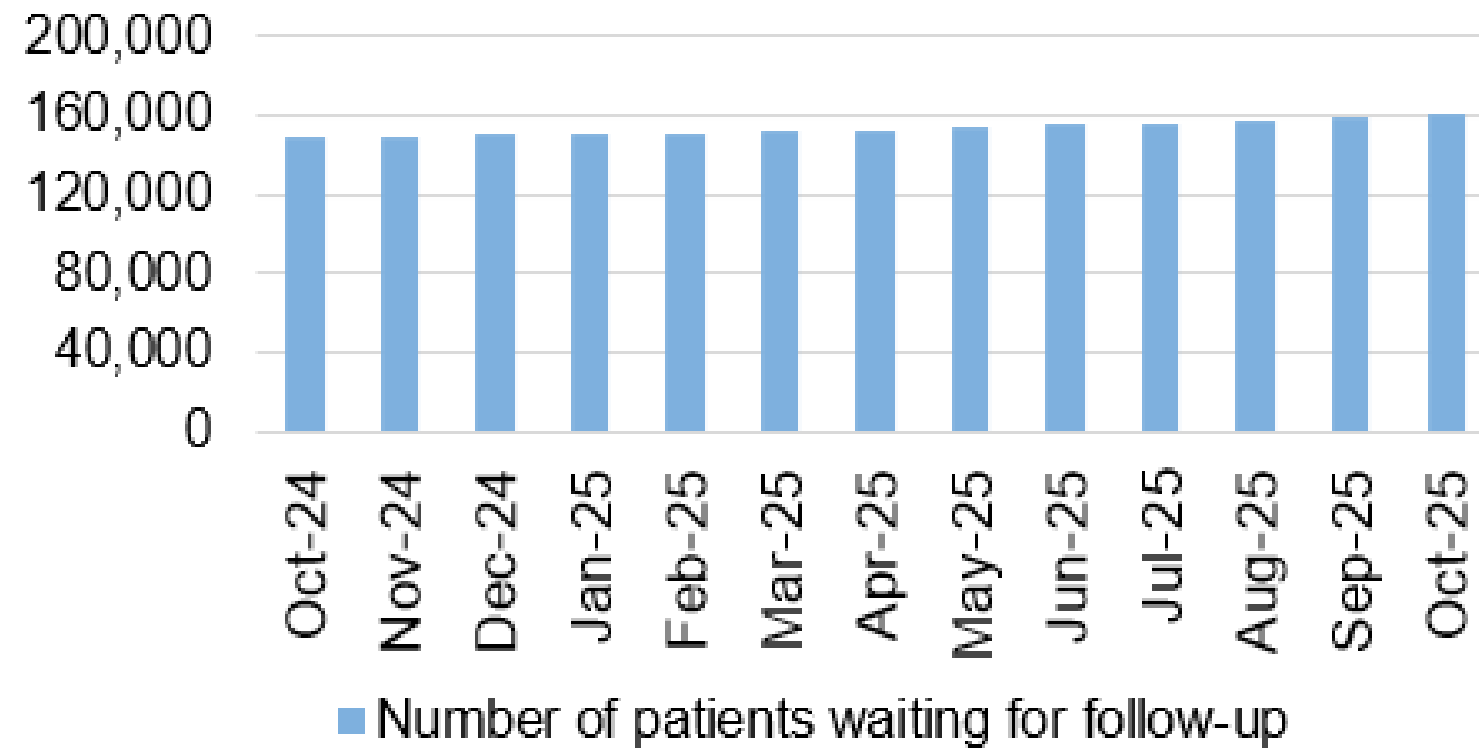
Tumour Site	63 - 103 days		≥104 Backlog		Total Backlog	Trajectory for w/e 09/11/25	Above or Below
	Number reported	+ / -	Number reported	+ / -			
Acute Leuk.	0	0	0	0	0	0	0
Brain/CNS	1	0	0	0	1	0	1
Breast	9	2	1	-1	10	8	2
Children's	1	1	1	1	2	0	2
Gynaecological	27	5	11	2	38	19	19
Haematological	4	2	9	-1	13	10	3
Head and Neck	7	-5	5	2	12	6	6
Lower GI (Excl. BSW)	21	-1	5	1	26	25	71
LGI of which are BSW	46	-2	24	4	70	-	0
Lung	11	-3	4	-1	15	17	-2
Other	0	-1	1	0	1	2	-1
Sarcoma	5	-3	0	0	5	4	1
Skin	57	-5	12	-1	69	24	45
Upper GI	9	-1	12	-2	21	16	5
Urological	37	-3	22	0	59	23	36
<b>Grand Total</b>	<b>235</b>	<b>-14</b>	<b>107</b>	<b>4</b>	<b>342</b>	<b>153</b>	<b>189</b>

## Actions/Updates

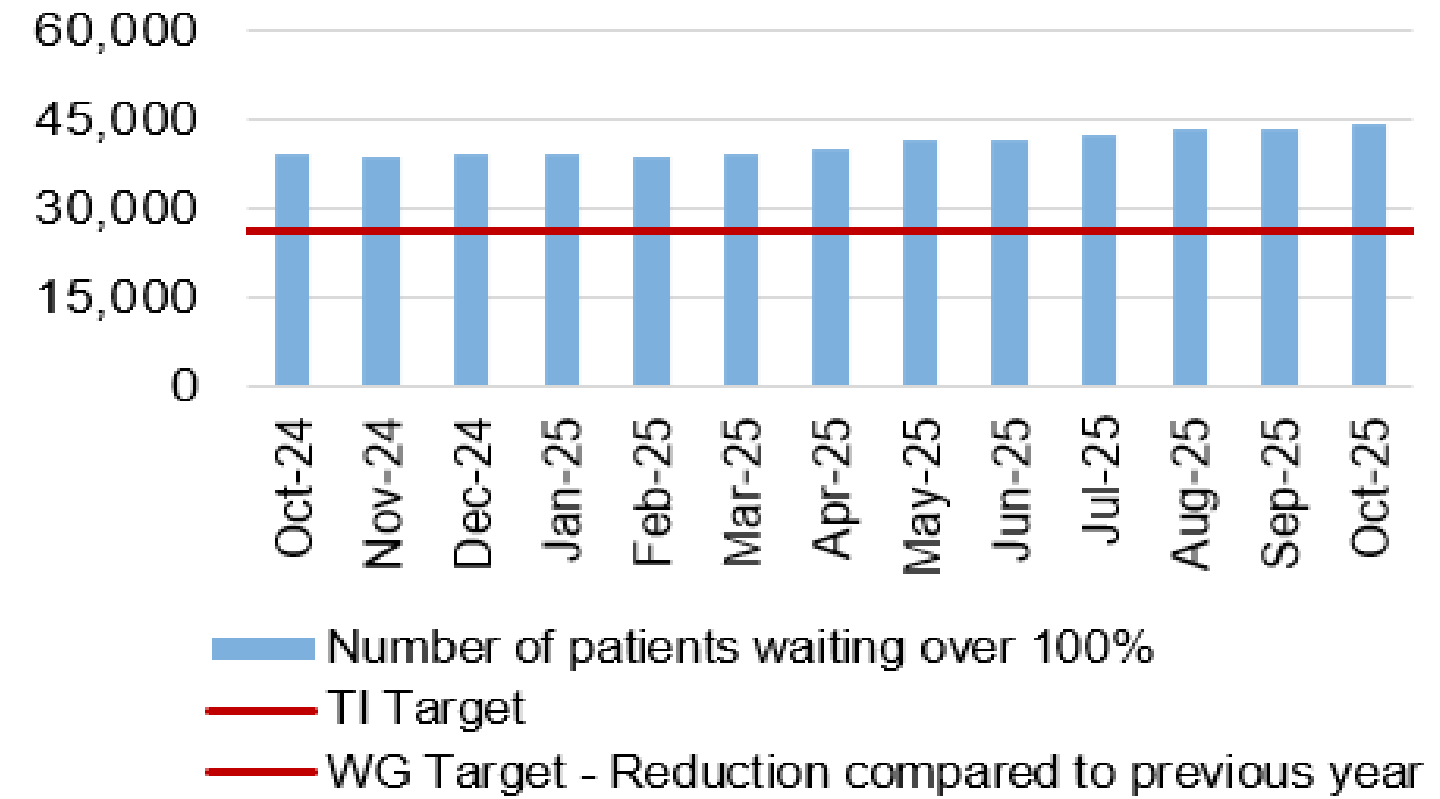
- The backlog has started to see a reduction in recent weeks, however it still remains above the outlined trajectory. The tumour sites with the largest proportion are Skin, Urology, Lower GI & Gynaecology.
  - Outsourcing pathology backlog for Skin, Urology and LGI
  - Detailed Dermatology demand and capacity exercise, supported by Healthcare Systems Engineering team currently in progress.
  - Phase 2, business case development for the long-term provision of complex gynae-oncology surgery commences.

# Follow-Ups & Activity

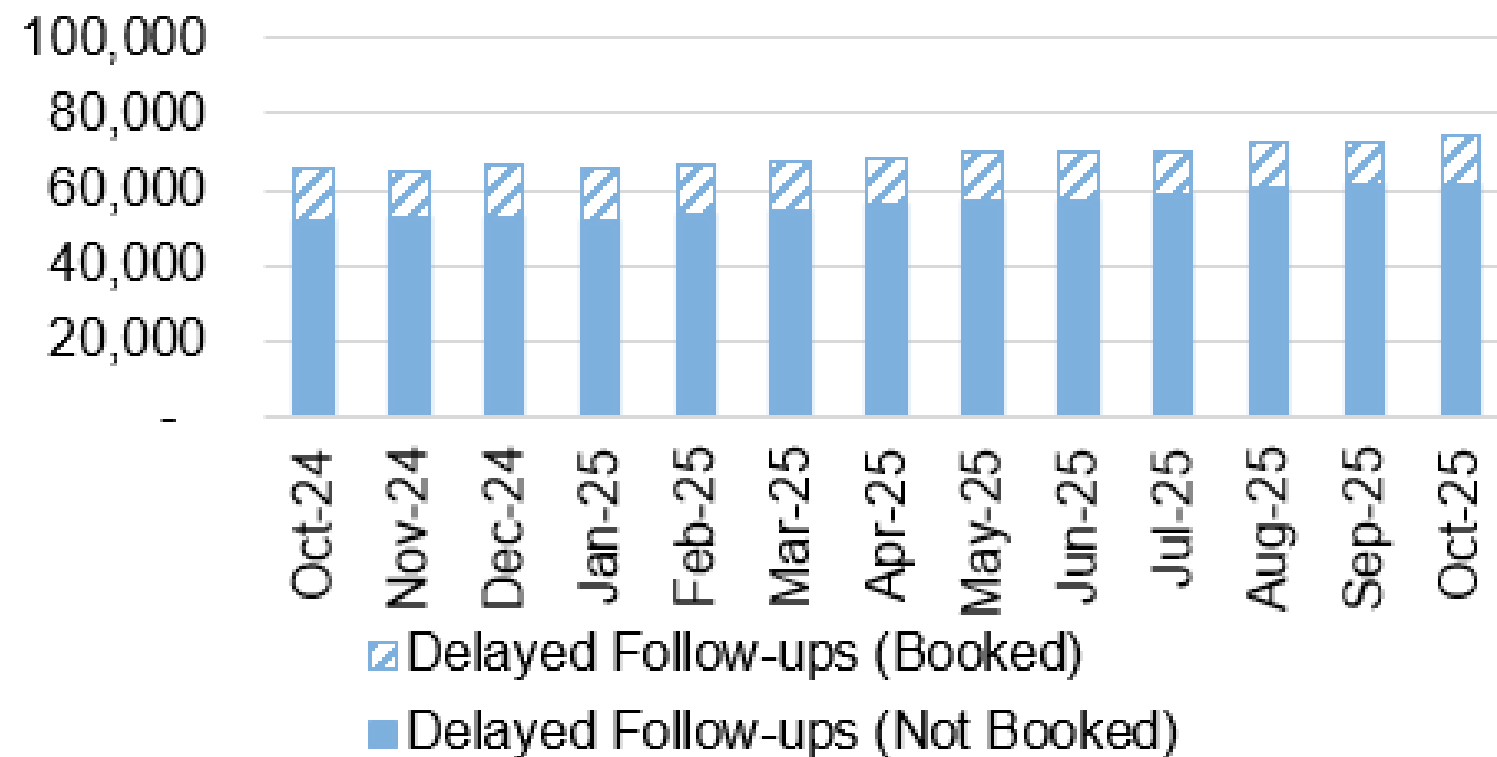
**Number of patients waiting for follow-up outpatient appointment**



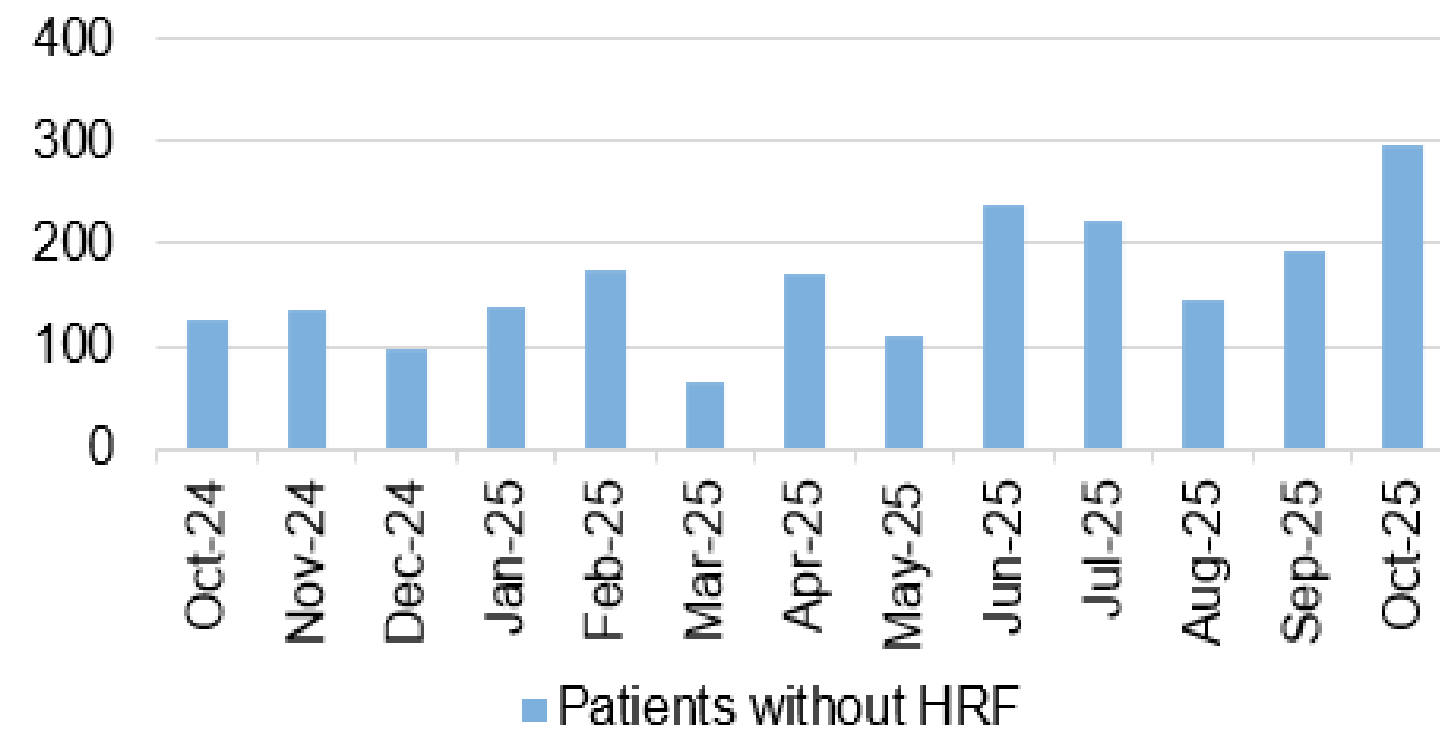
**Number of patients delayed by over 100% of their Target date**



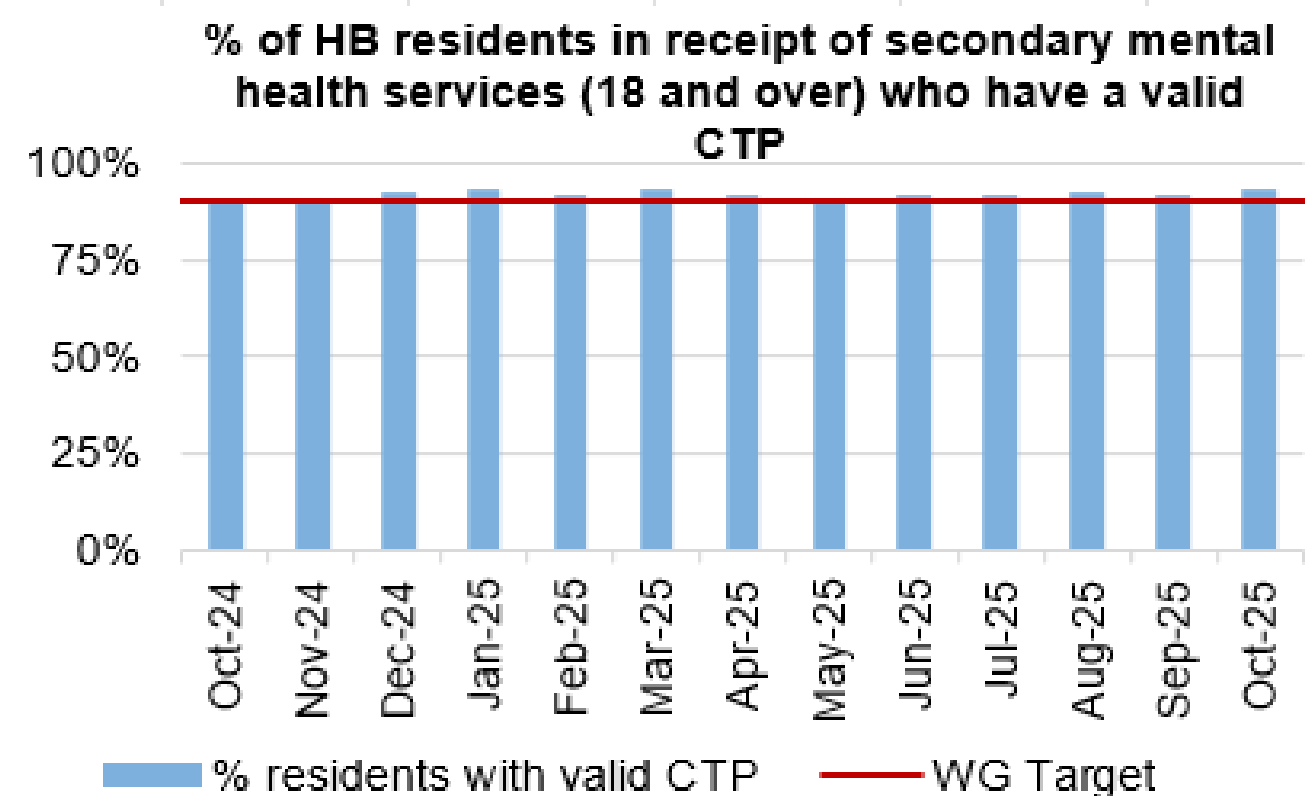
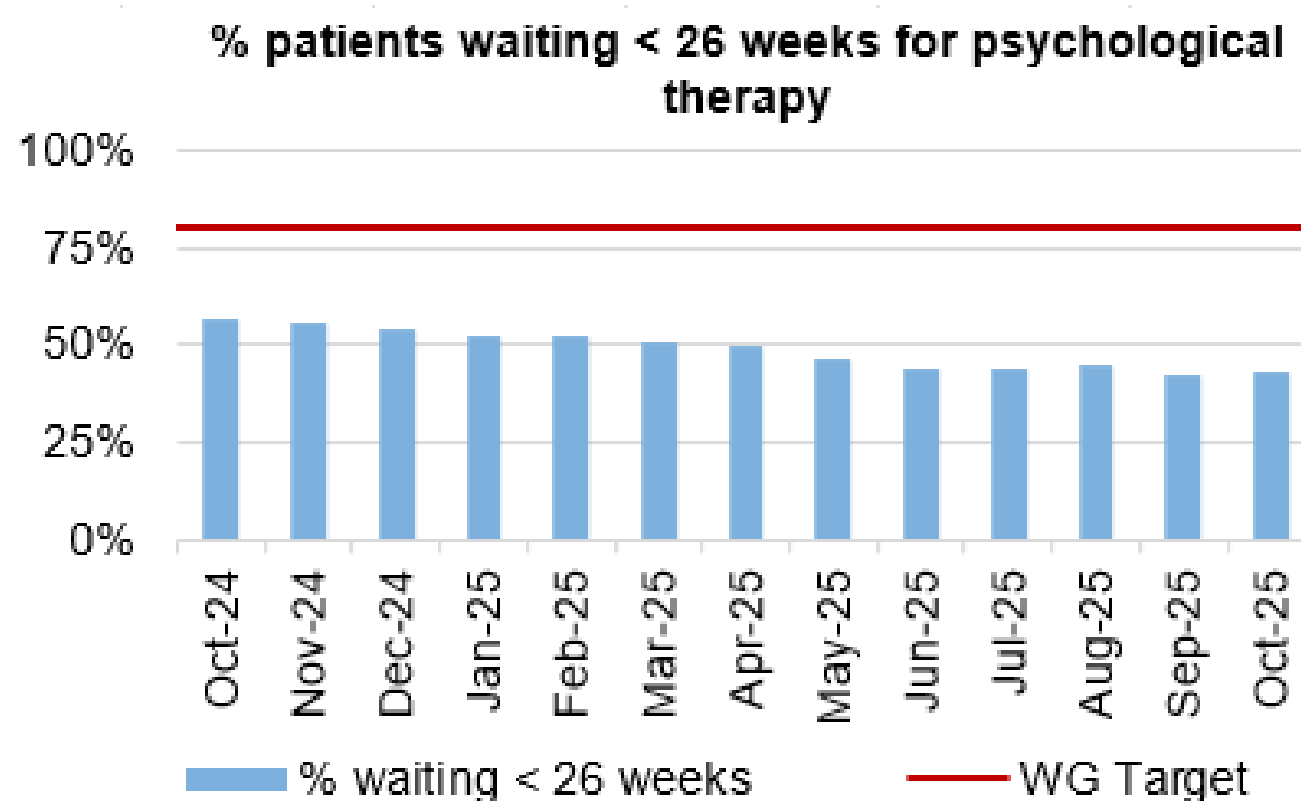
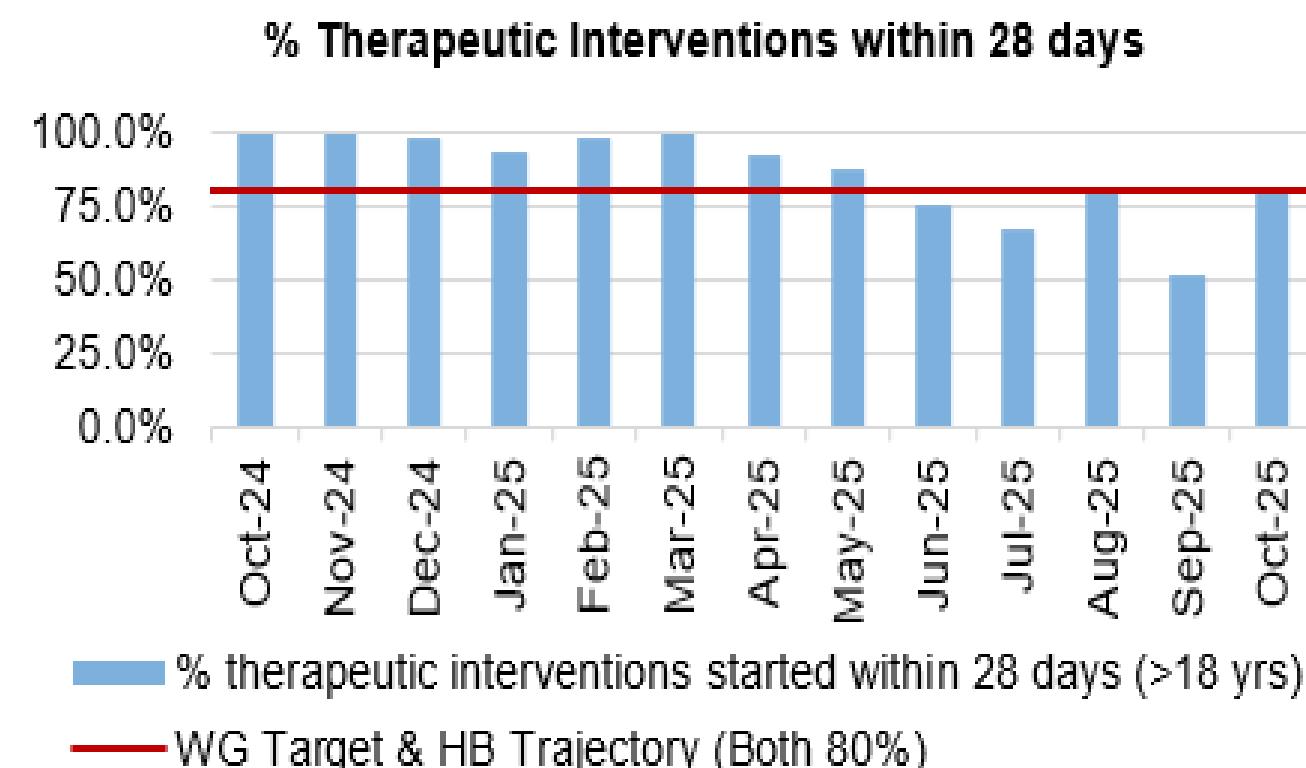
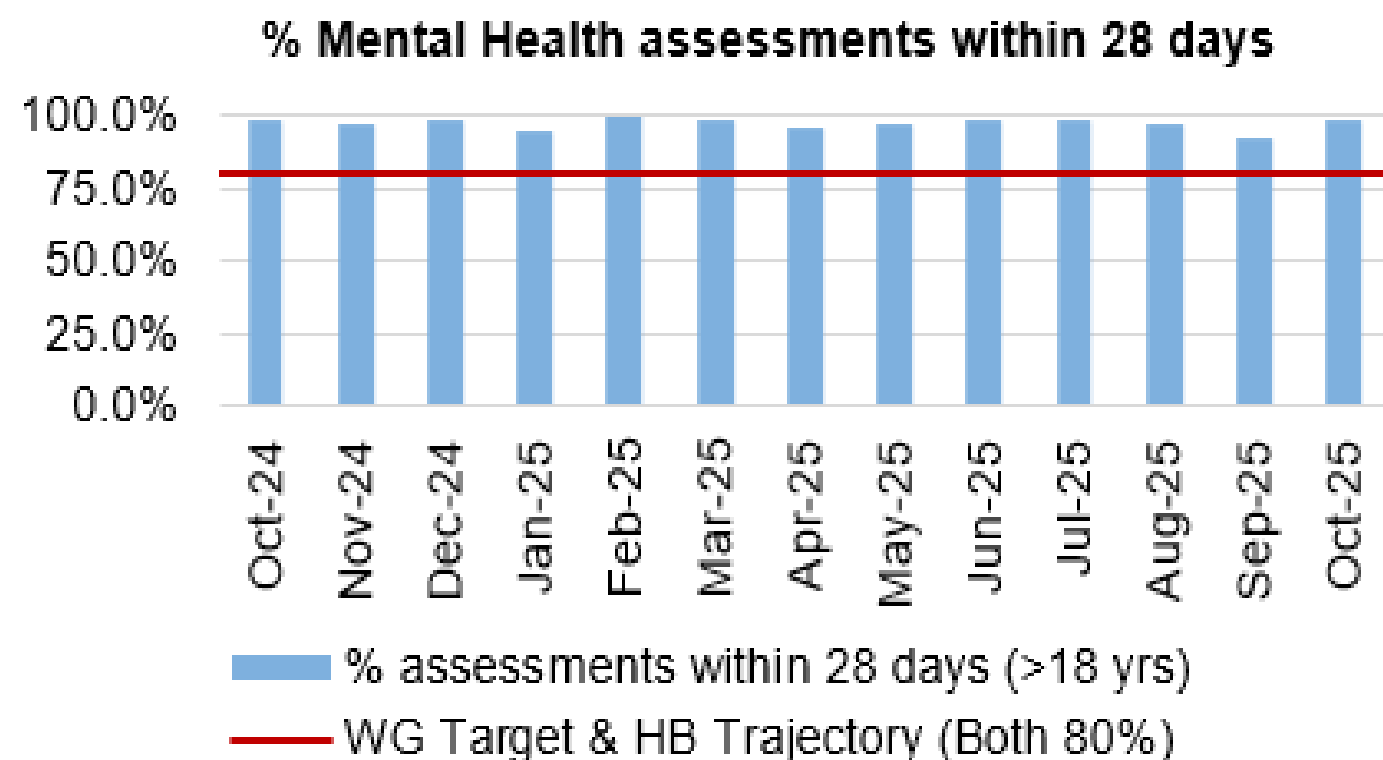
**Number of people waiting for Follow Up who are delayed past target their date**



**Ophthalmology patients without an allocated Clinical Risk Factor**



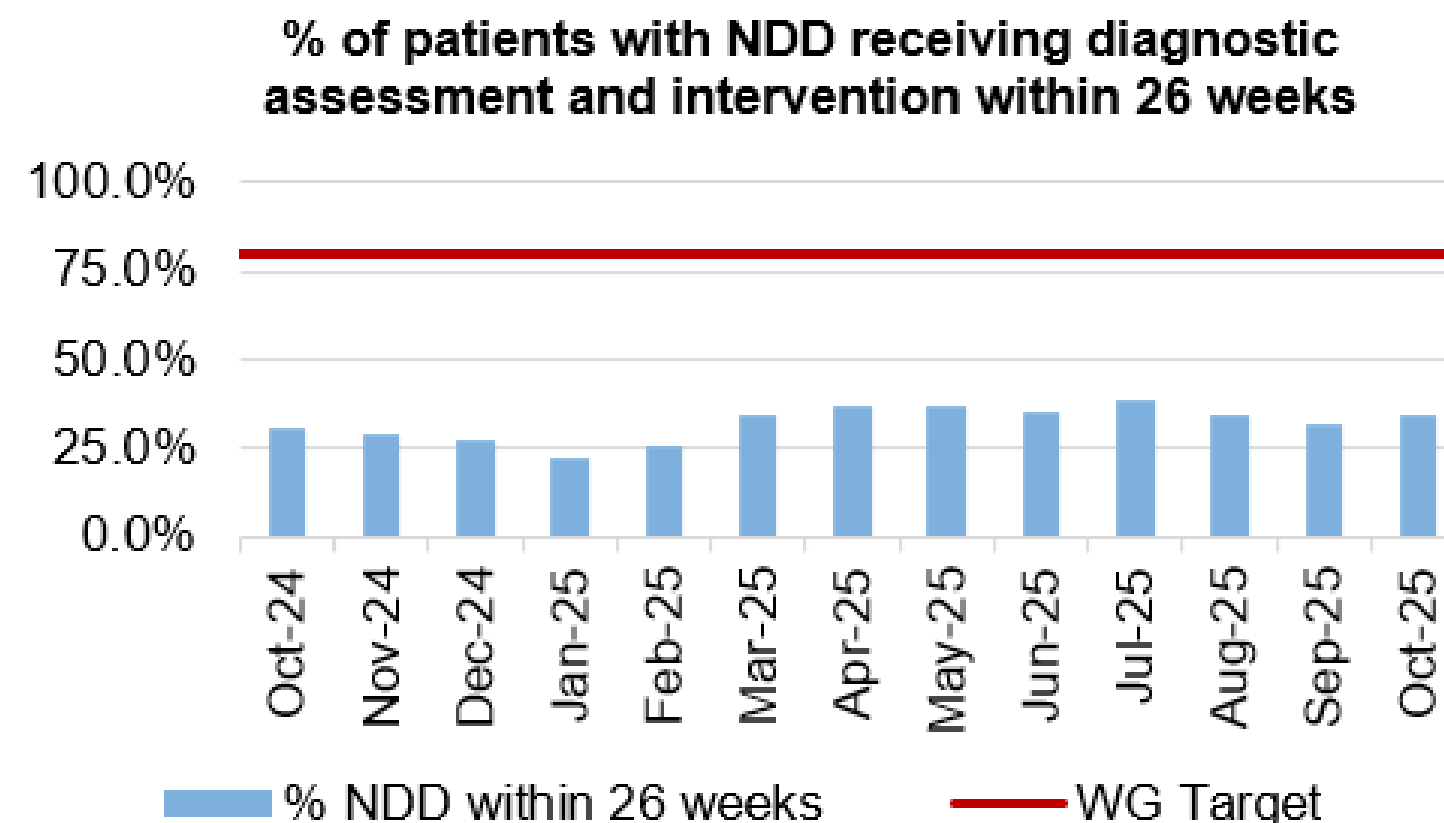
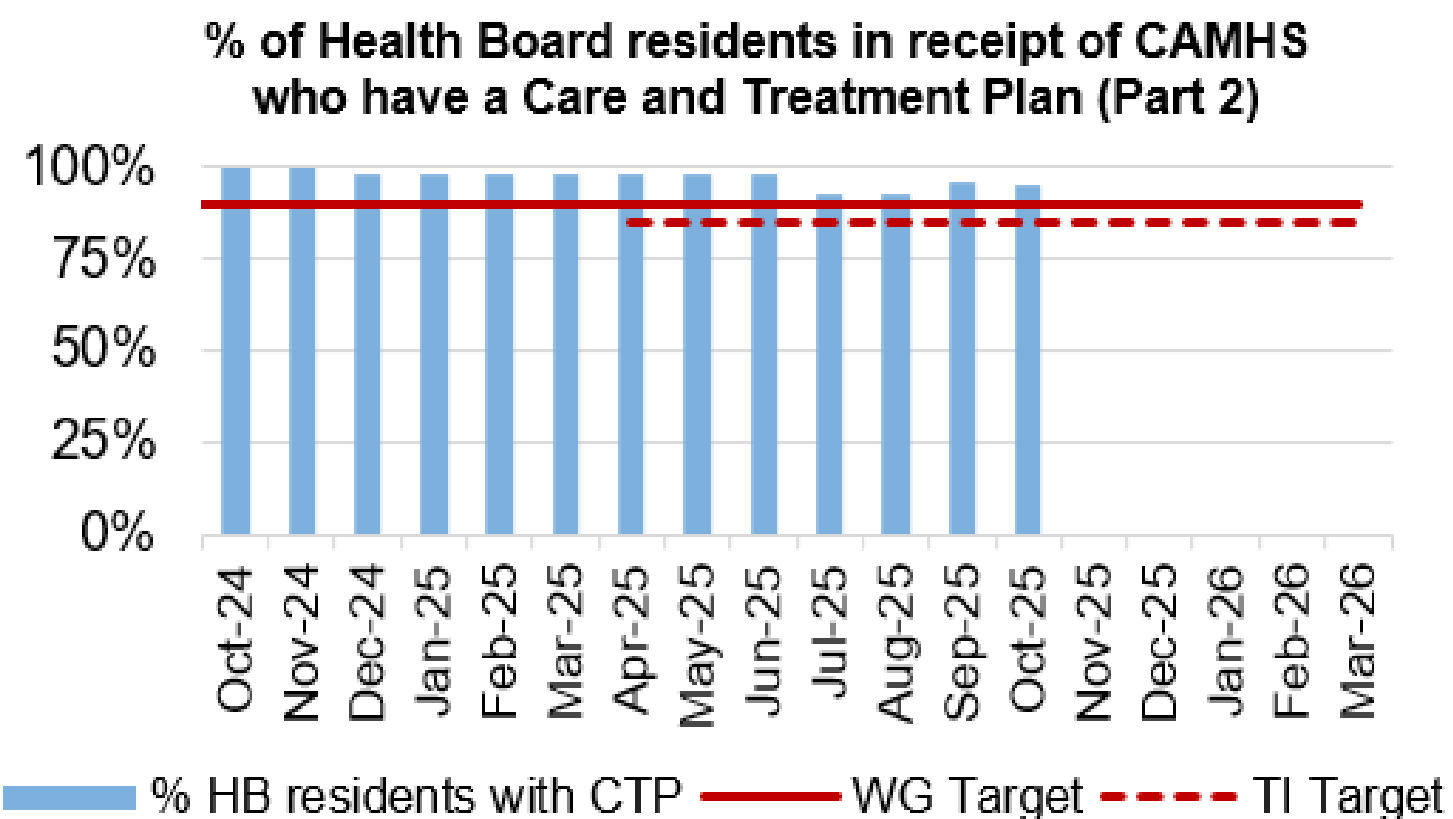
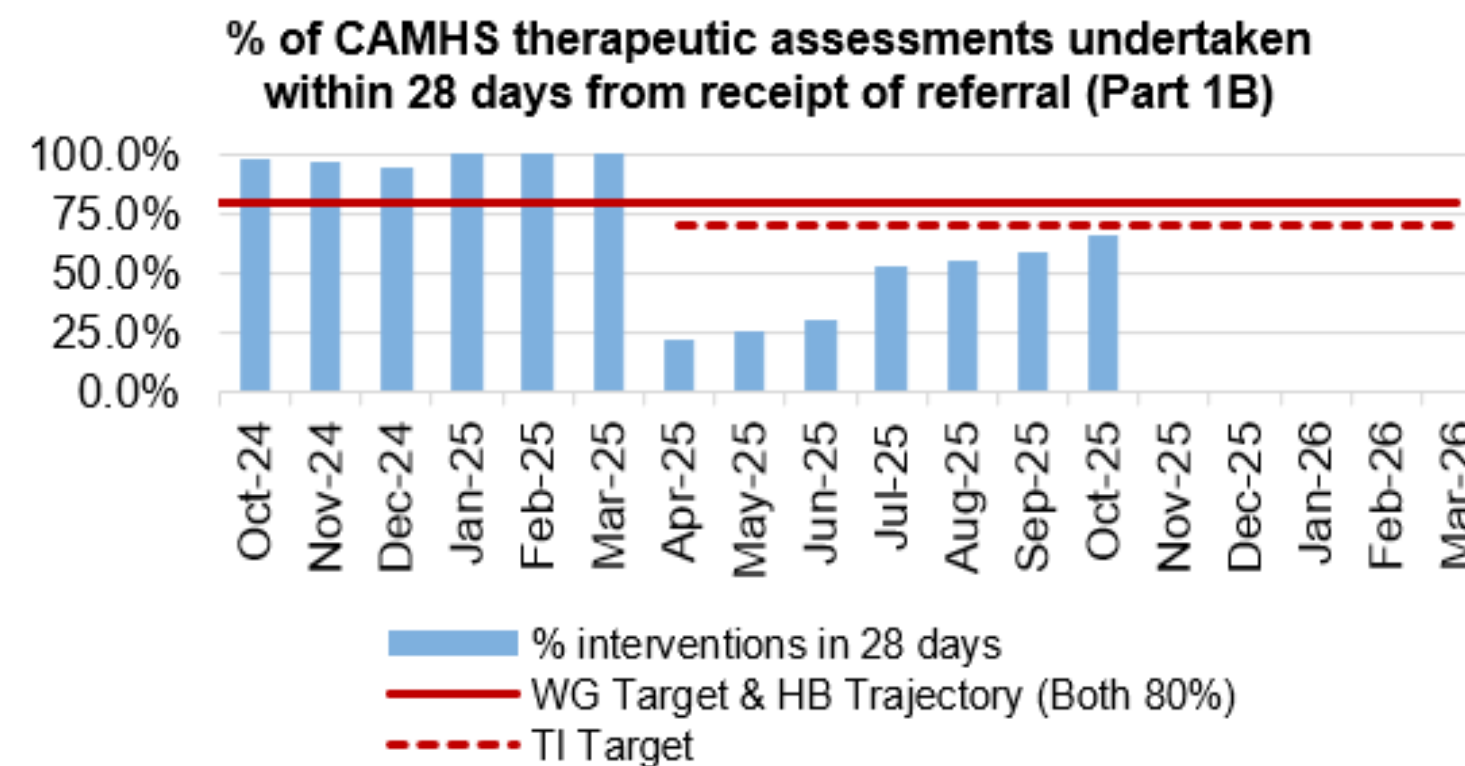
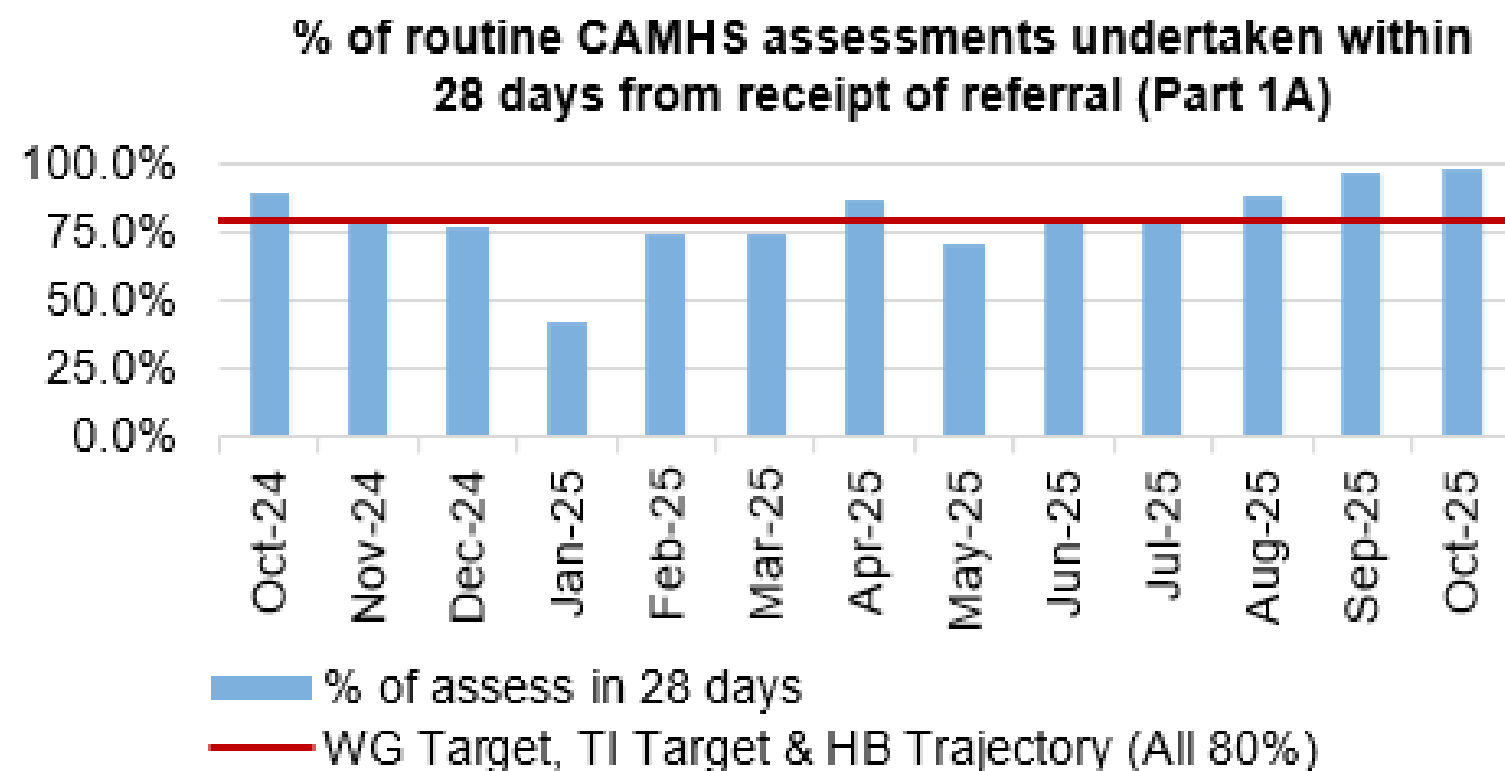
# Mental Health & Learning Disabilities



## Actions/Updates

- Welsh Government has identified Mental Health and Learning Disabilities (MH&LD) as an area of concern, with regards to oversight and escalation. Assurance has been sought with regards to the key areas of concern within the Service Group
- The Health Board has commenced work in advance of the receipt of the report and is setting up a Transformation Programme. This has been informed by a review of the service by an external advisor.

# Child and Adolescent Mental Health Service (CAMHS)

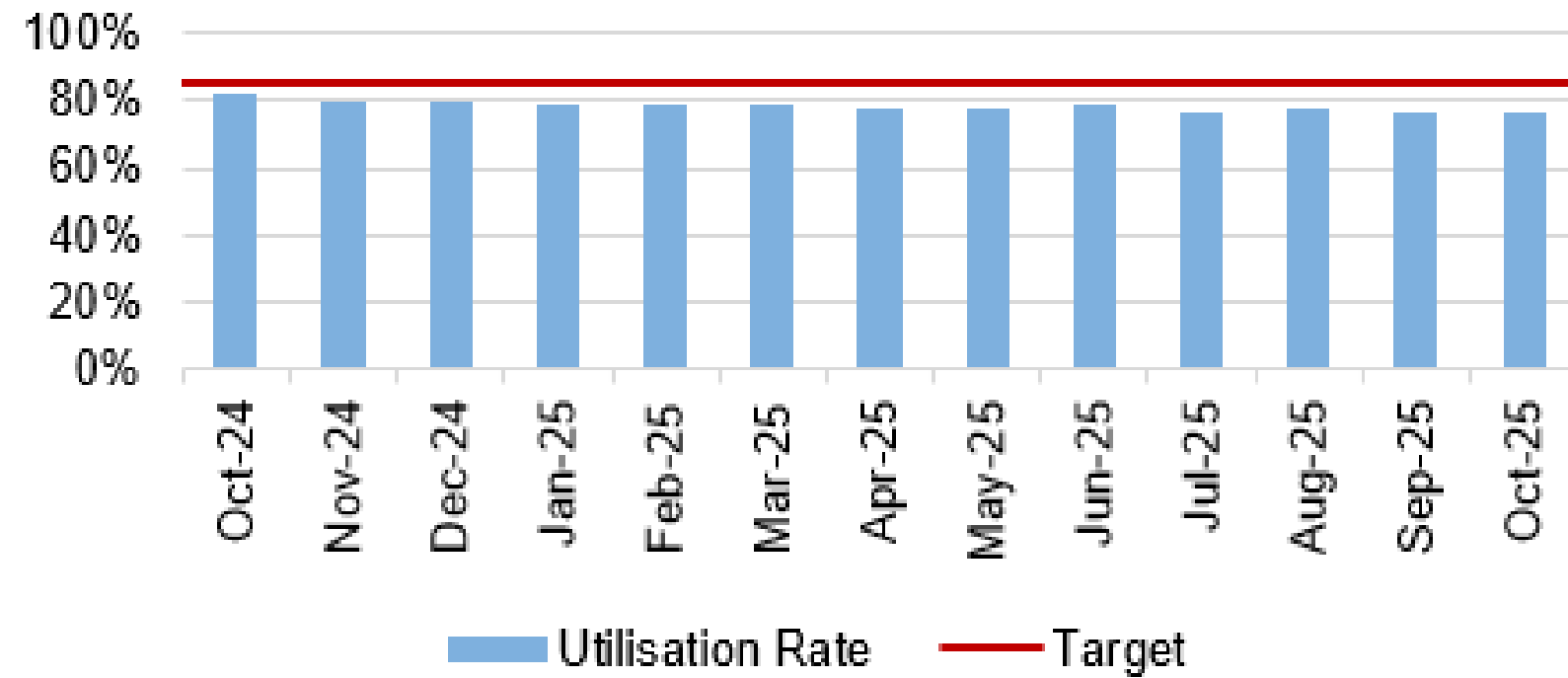


## Actions/Updates

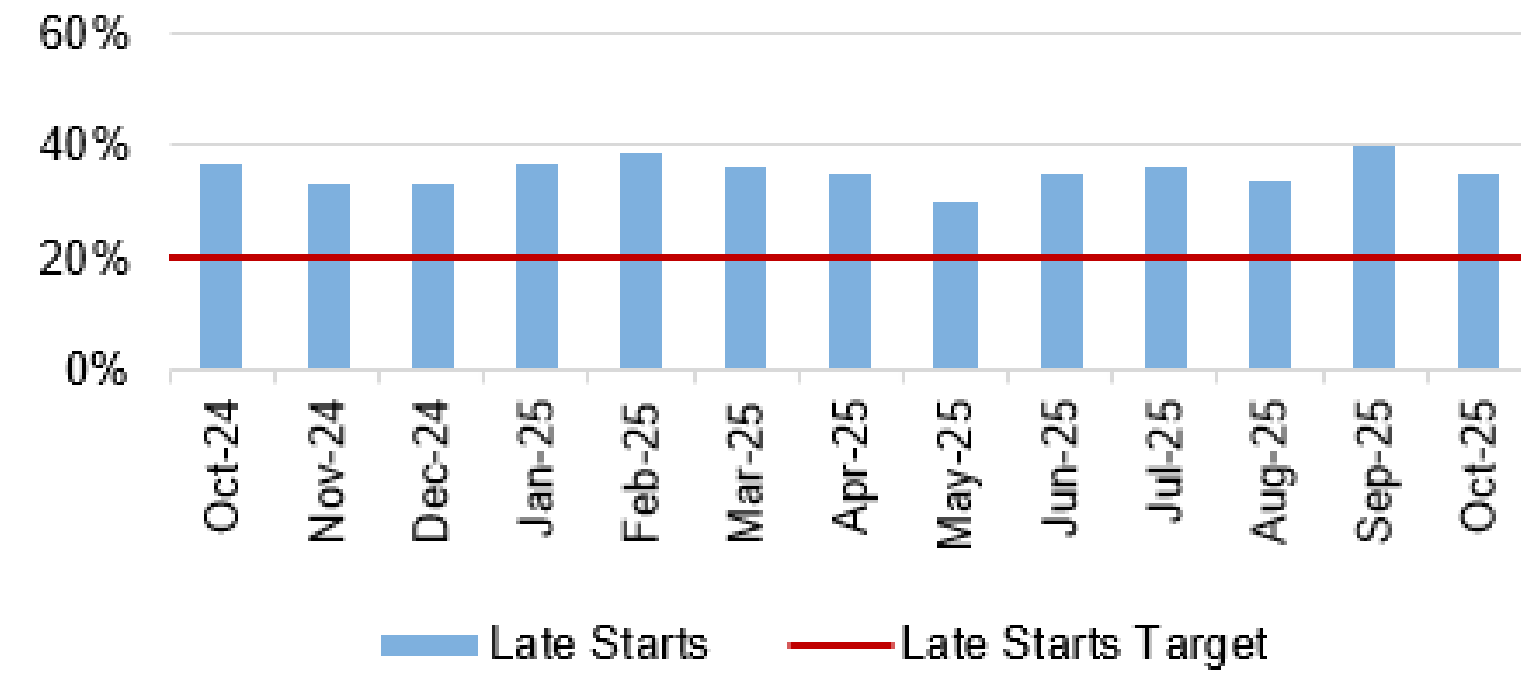
- **CAMHS Part 1B** – Performance against Part 1B will remain a challenge until the backlog of >28-day waiters is cleared. However, the recovery plan put in place will support this, and the planned Demand and Capacity review will help to identify the gap.
- CAMHS part 1B now shows a slight increase from previously reported performance to 65% for the last reporting period (October) from a previous position of 58%.
- Part 1A has been maintained at 98%, with Part 2 also maintaining performance against the trajectory reporting 95% in October.

# Theatre Efficiency

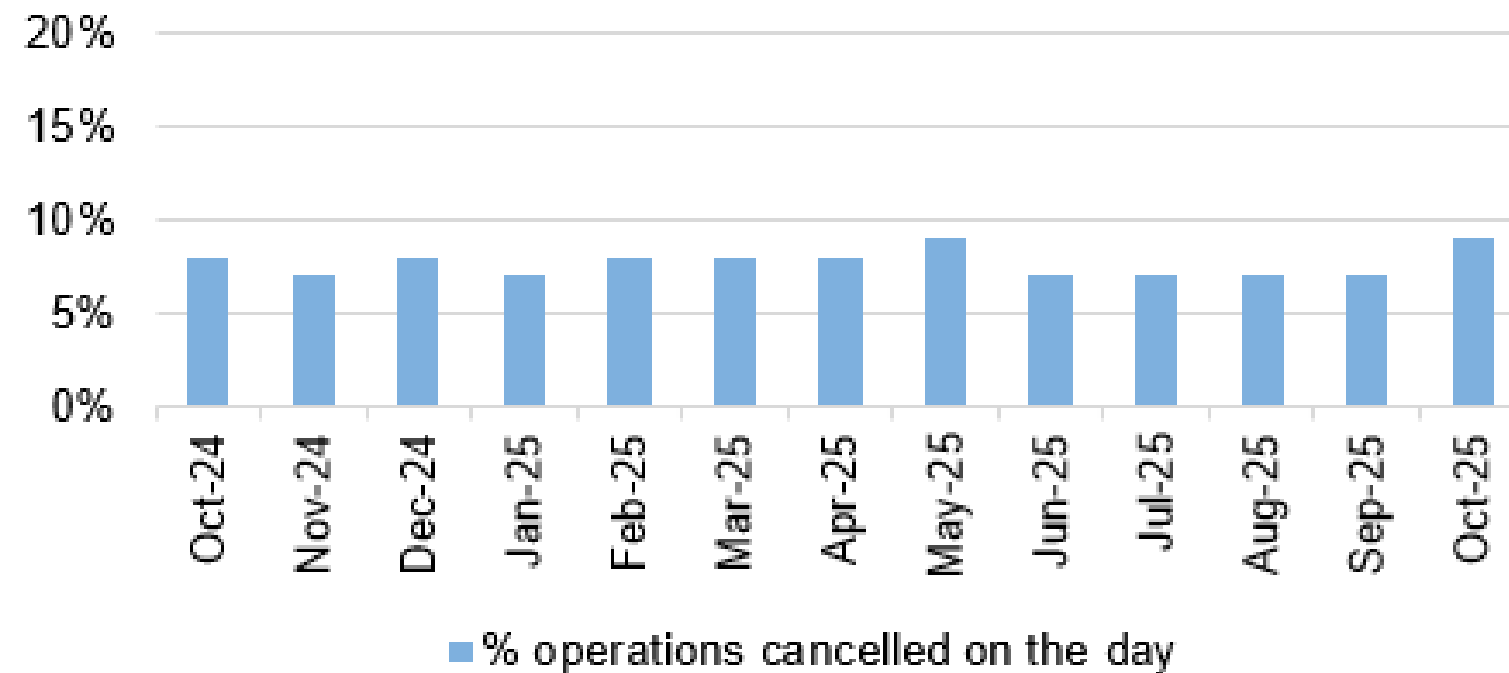
### Theatre Utilisation Rate



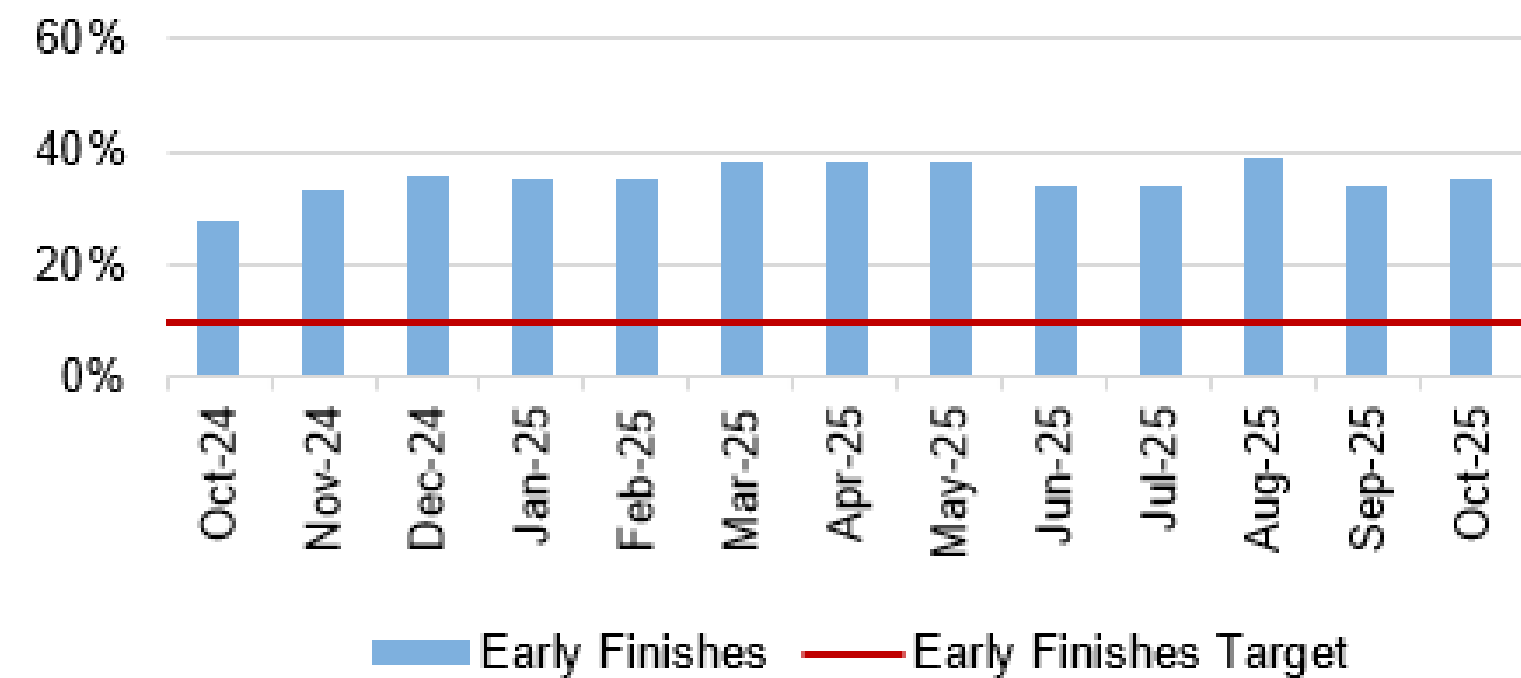
### % of Late Starts (15 minute target)



### % operations cancelled on the day



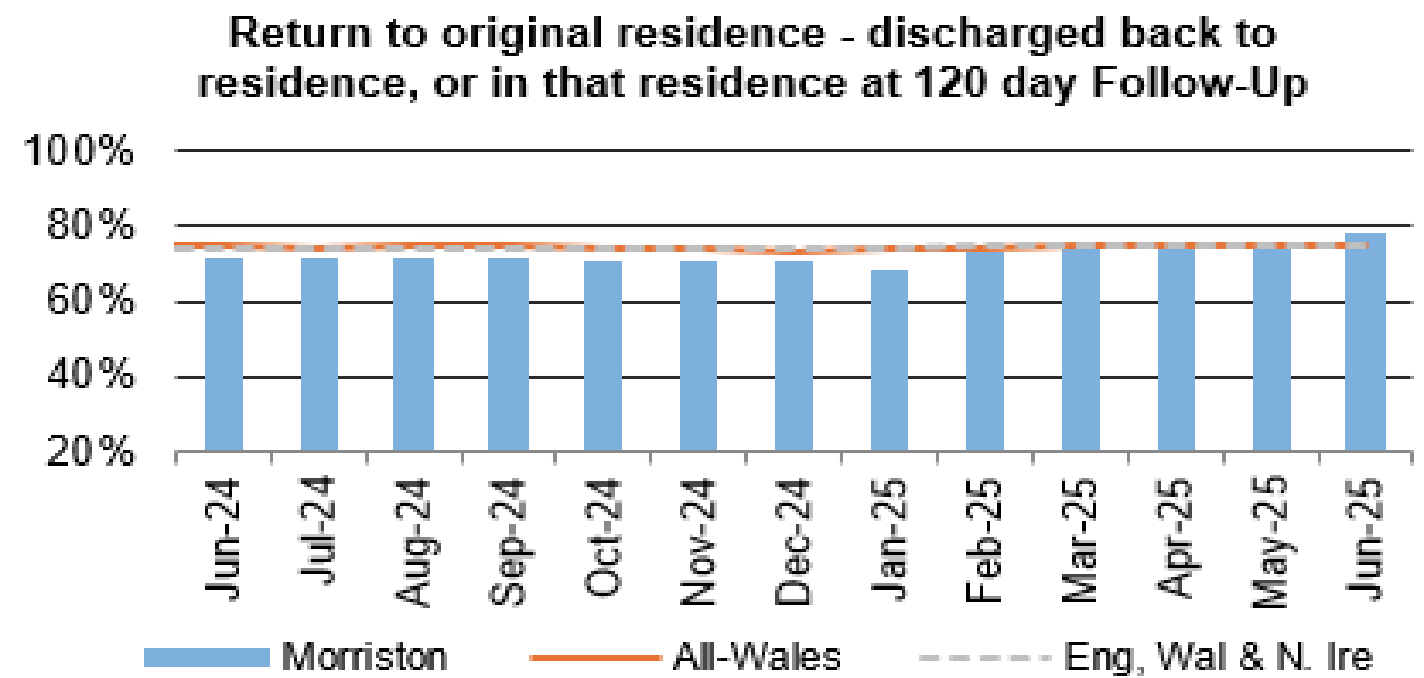
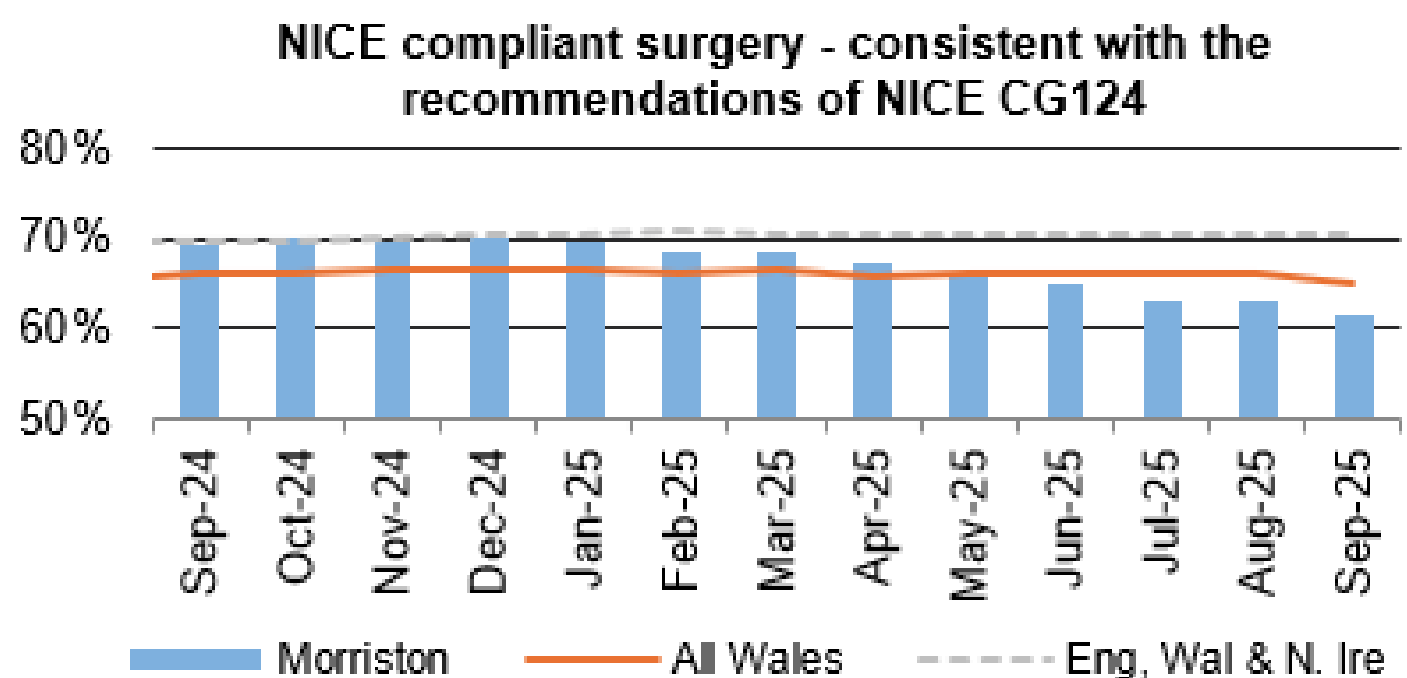
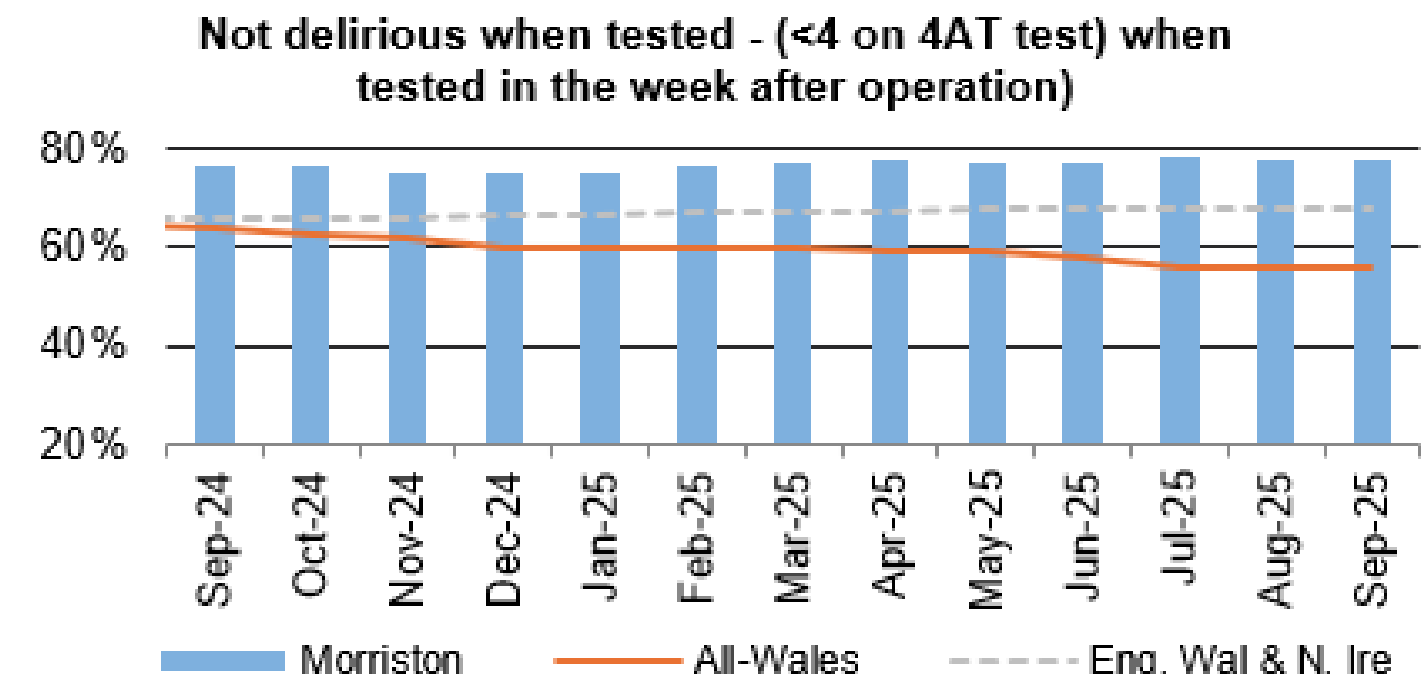
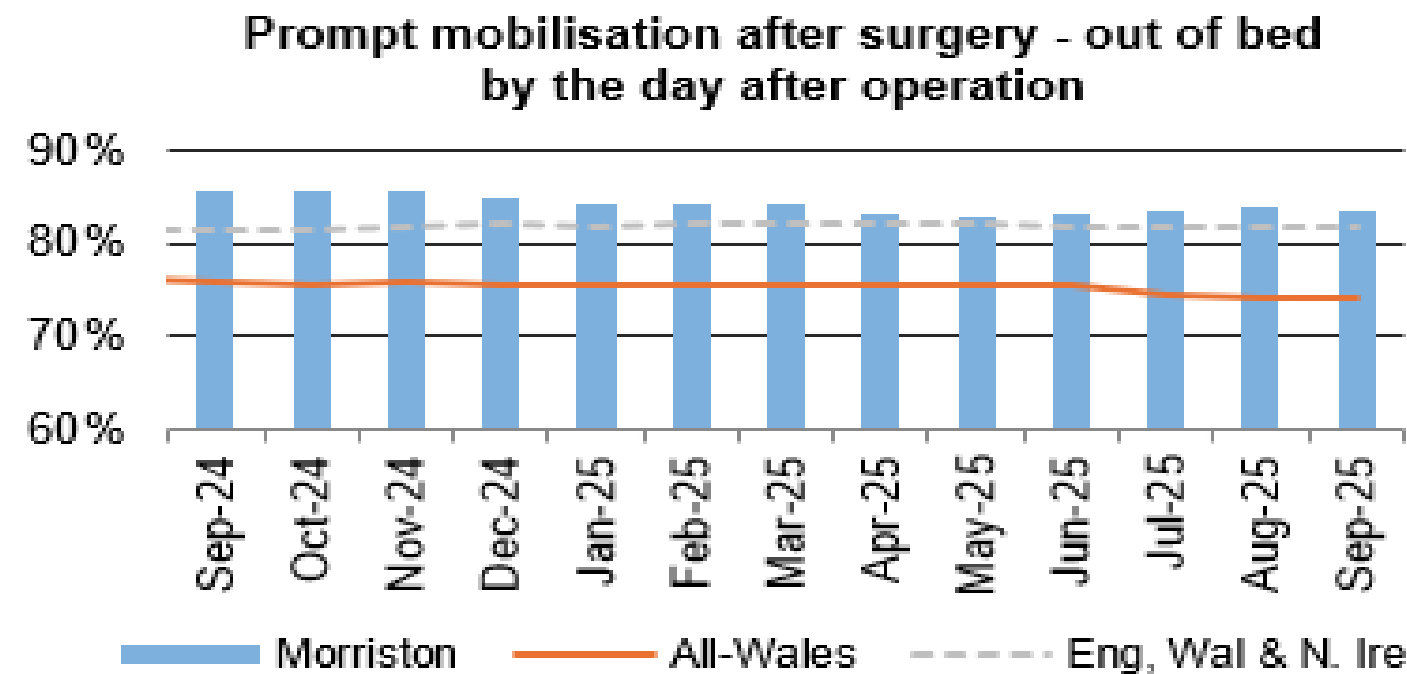
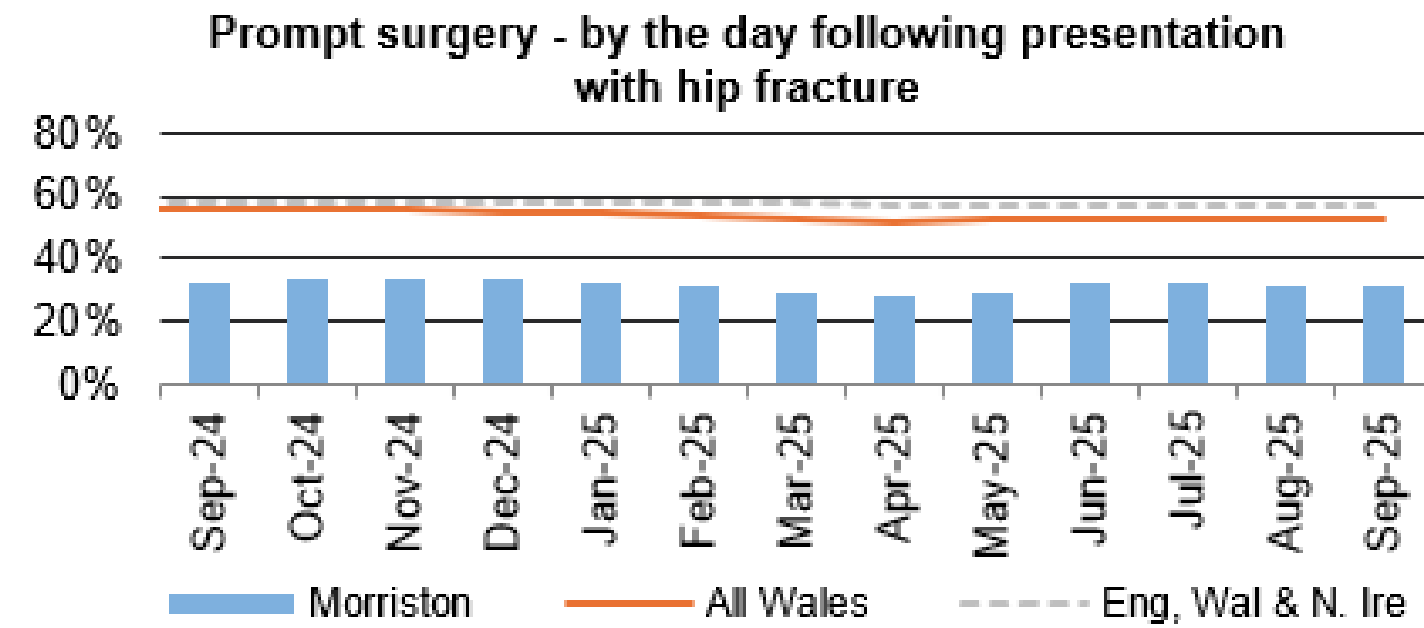
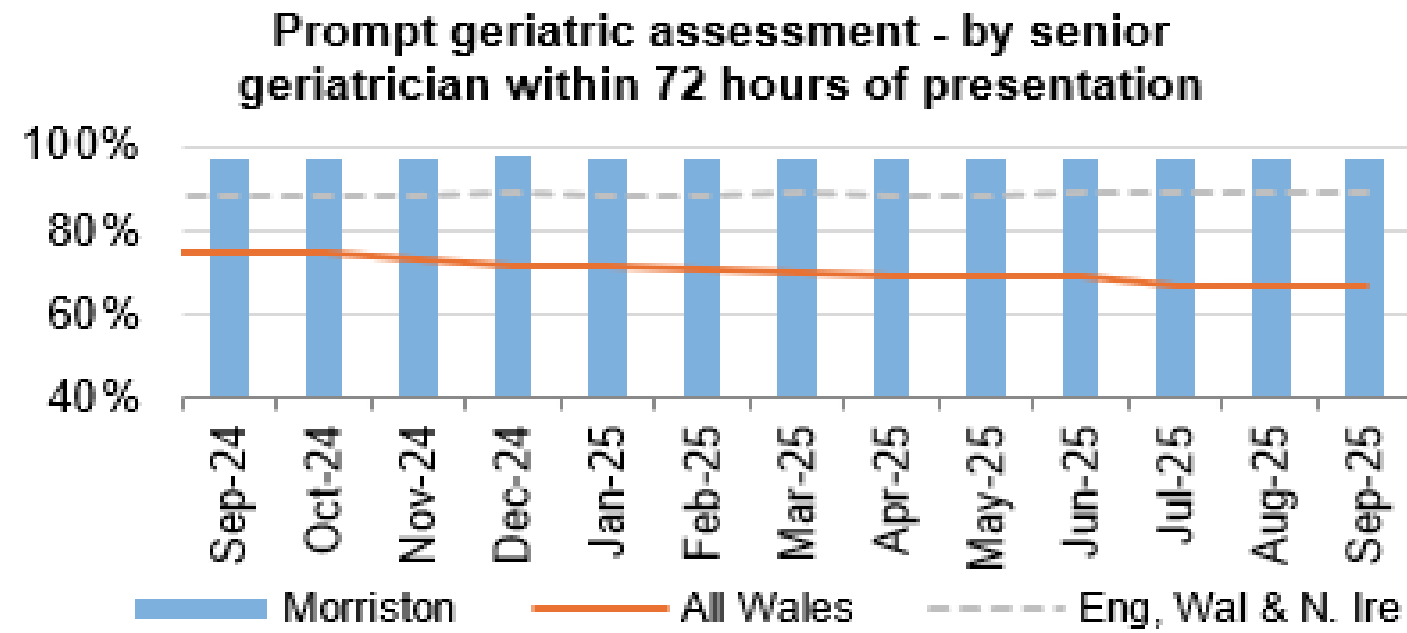
### % of Early Finishes (60 minute target)



## Actions/Updates

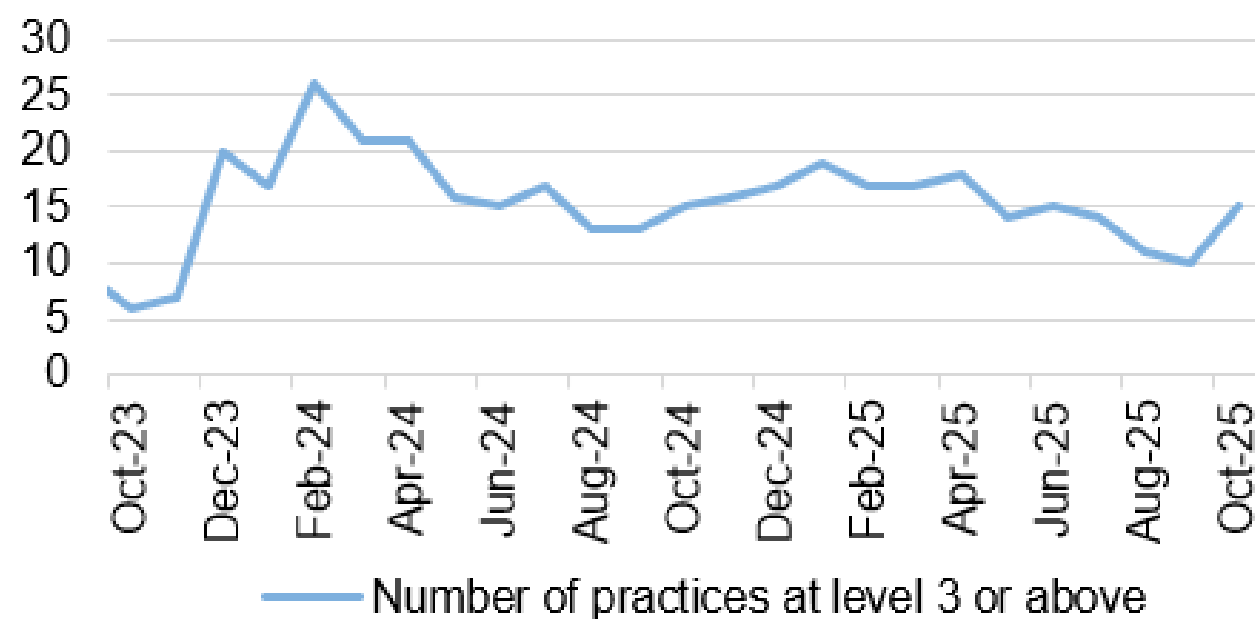
- The Planning Framework sets out enabling actions that must underpin the delivery priorities to successfully achieve the core service and changes required. These include value projects, digital innovations, workforce developments, financial sustainability and ways of working. The enabling actions and planning framework have been incorporated into SBUHB's Theatre performance framework and work is currently underway to report against these measures.

# Fractured Neck of Femur (NOF)

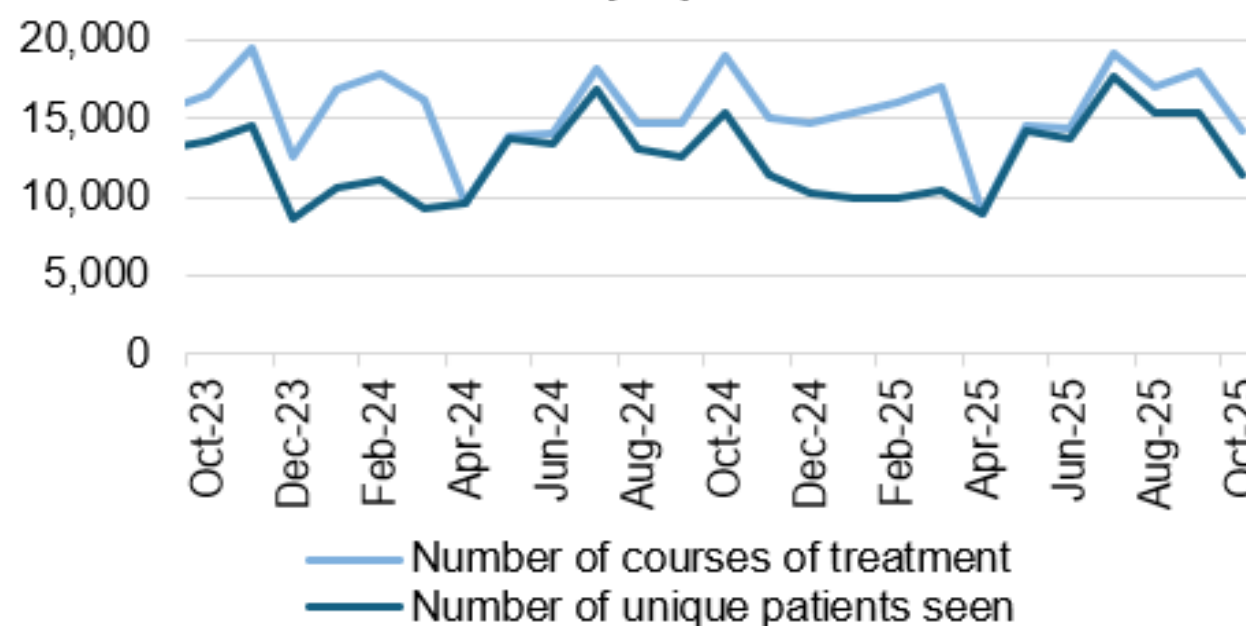


# Primary Care

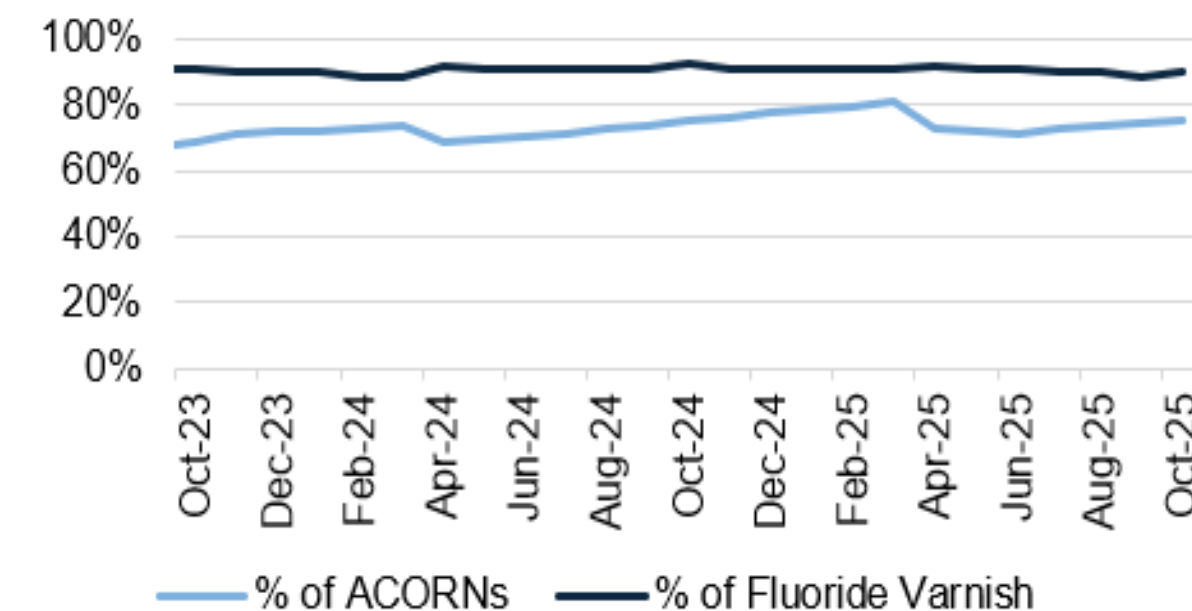
**Number of practices reporting escalation level 3 or above**



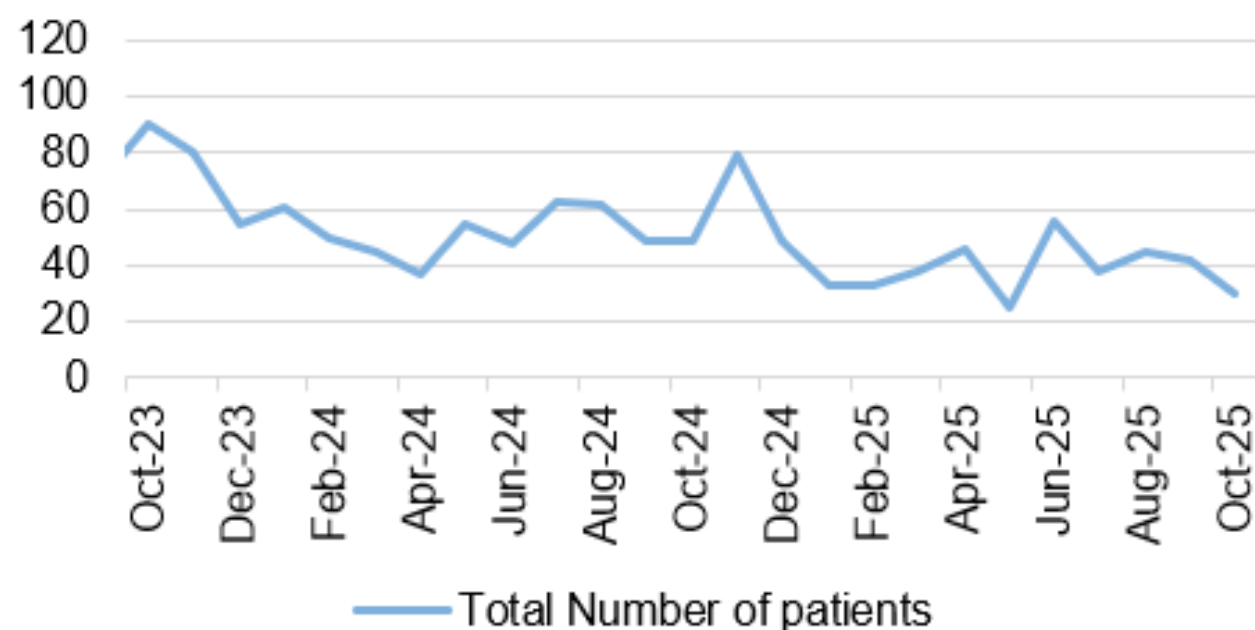
**GDS Number of courses of treatments & number of unique patients seen**



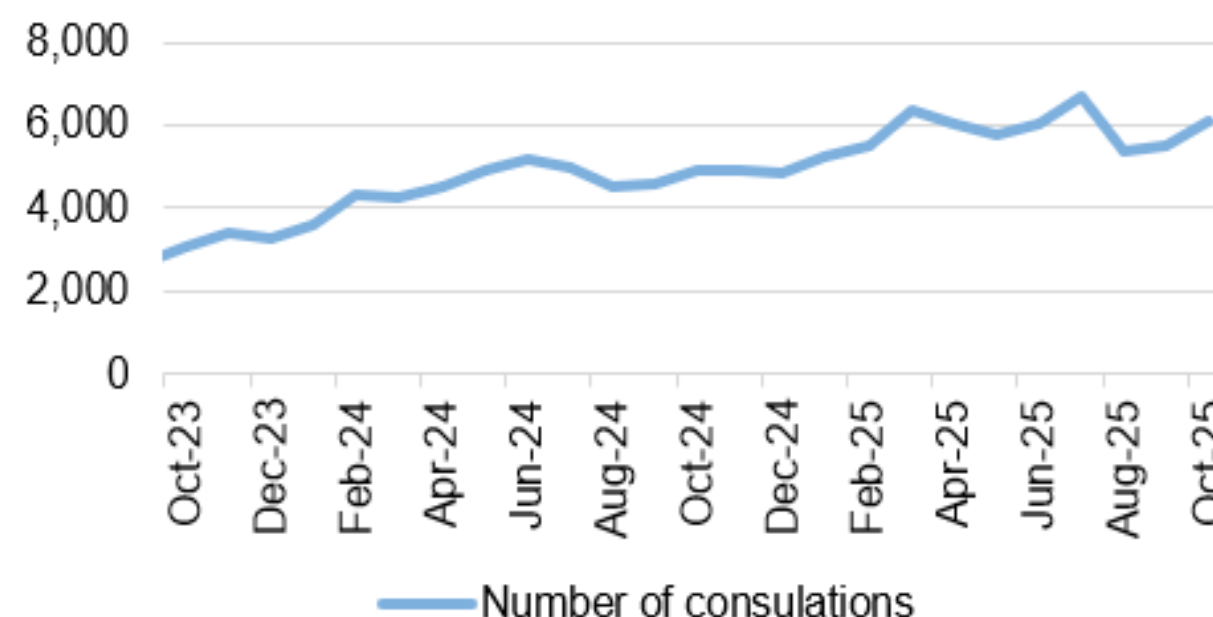
**% of ACORNs completed & % of Fluoride varnish application in children**



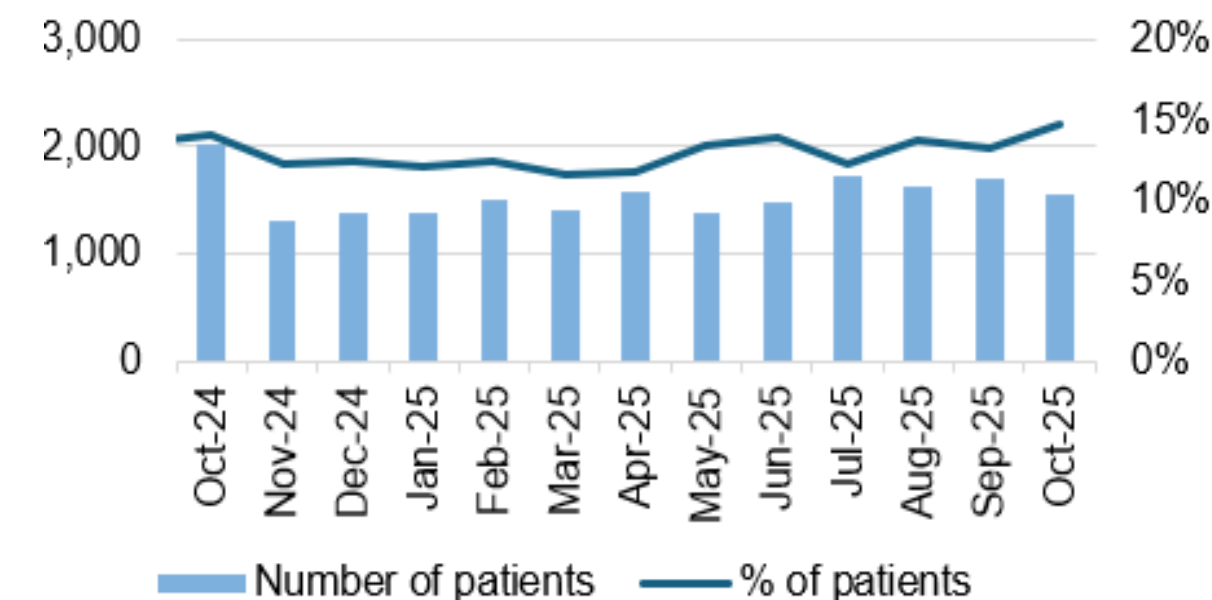
**Number of patients receiving Low Vision Care**



**Number of Common Ailment Scheme consultations provided**



**Number & % of patients re-attending NHS primary dental care between 6-9 months**

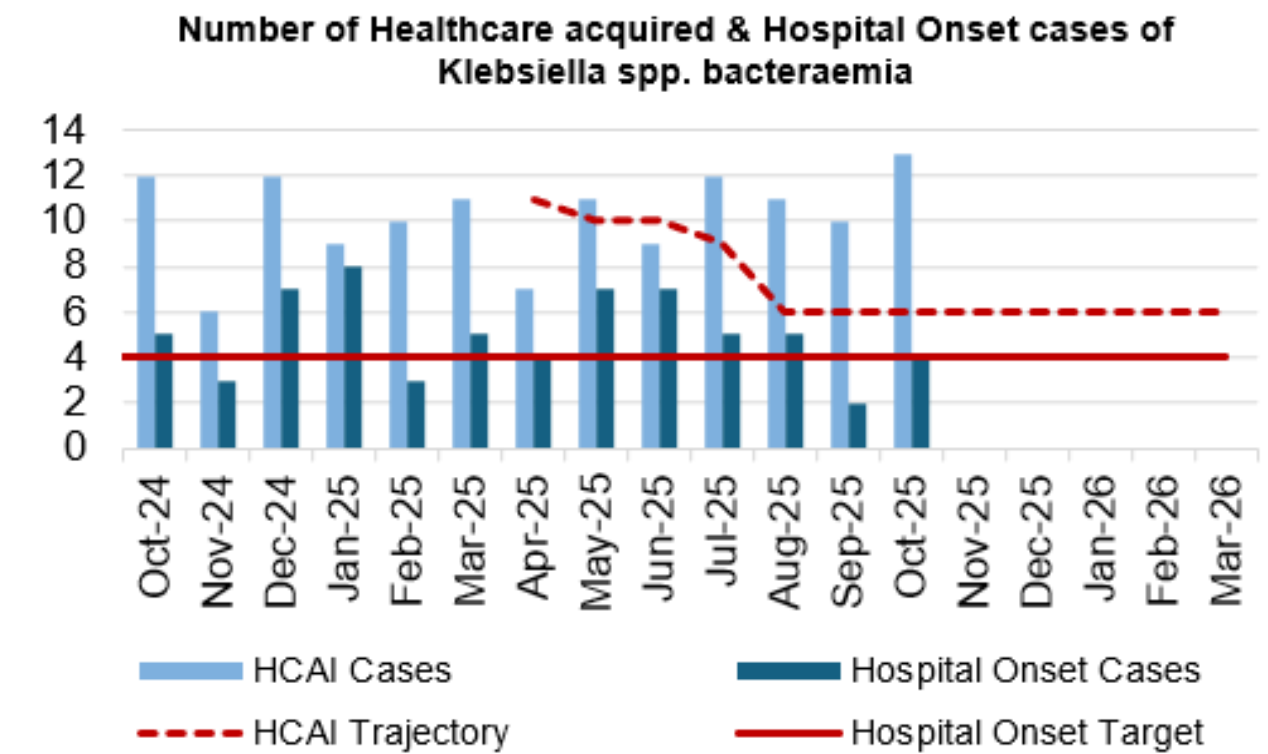
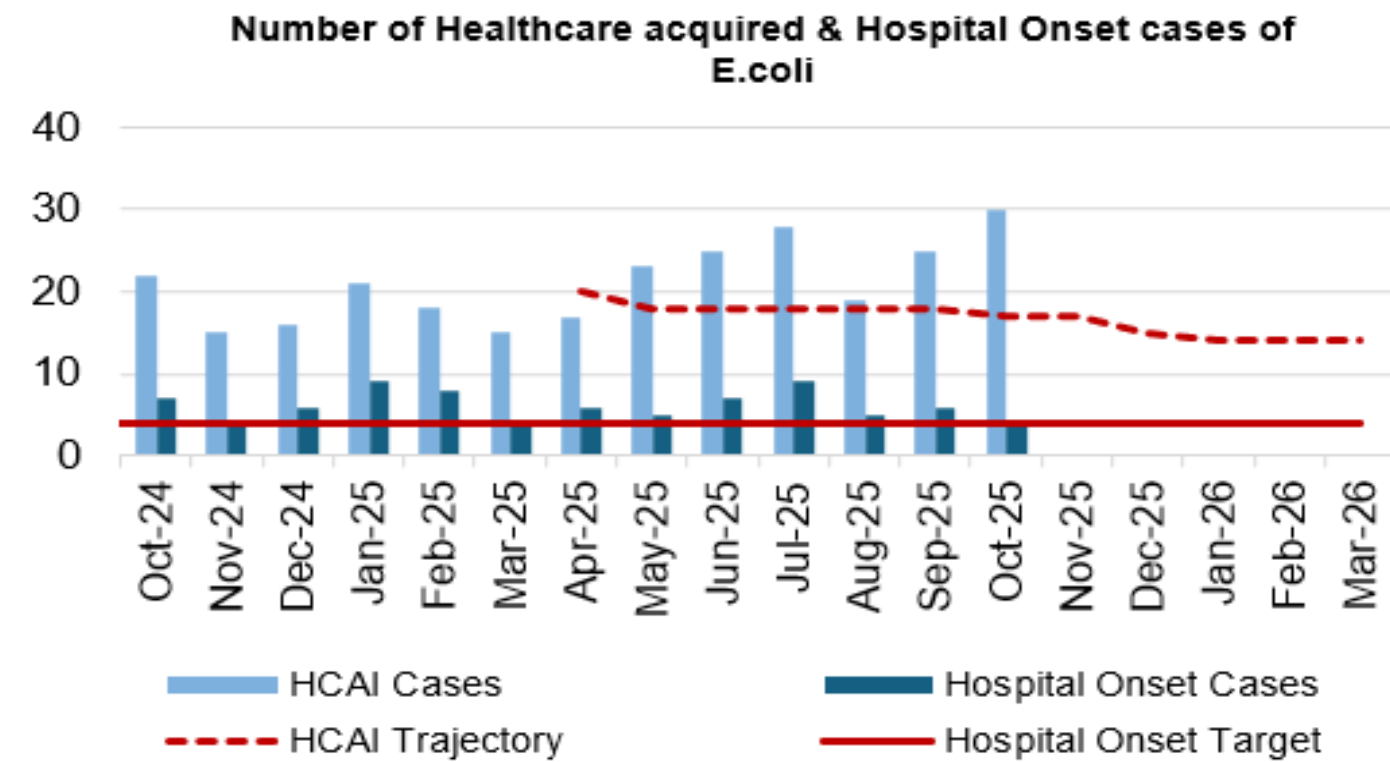
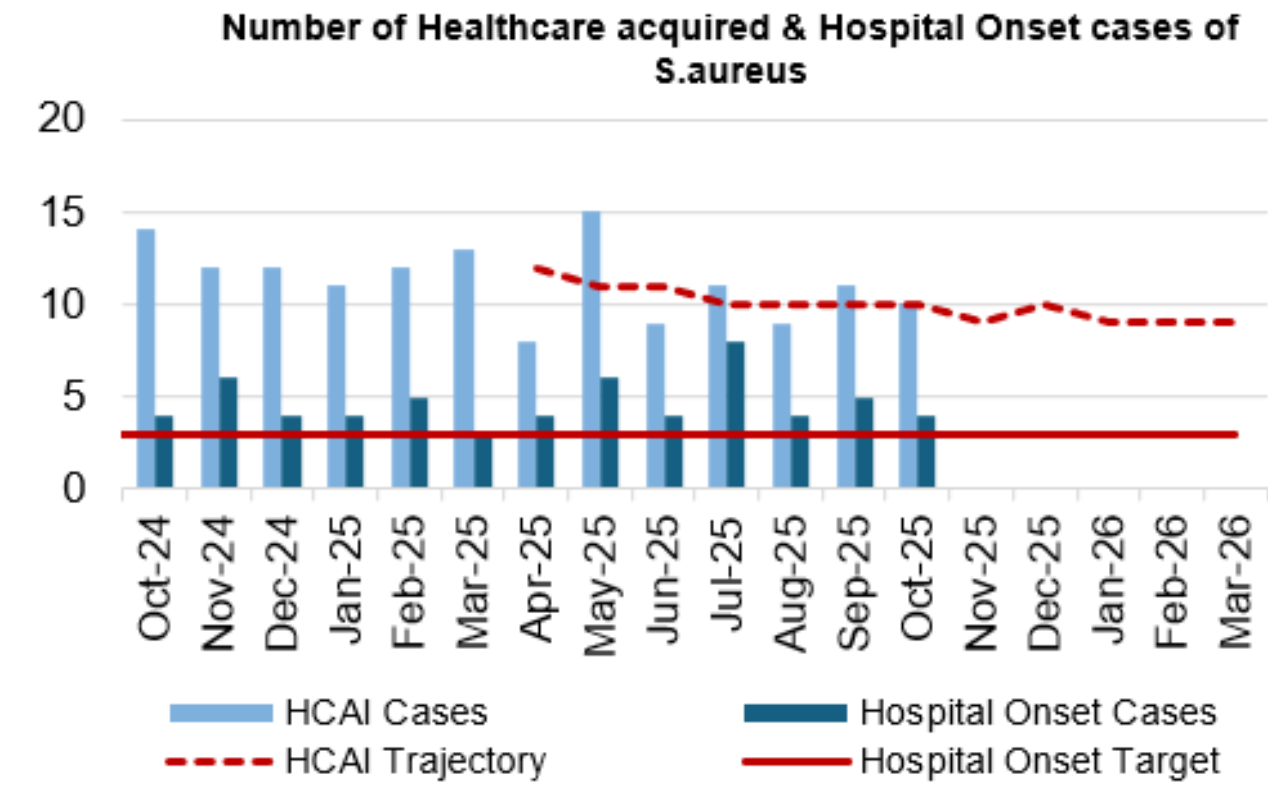
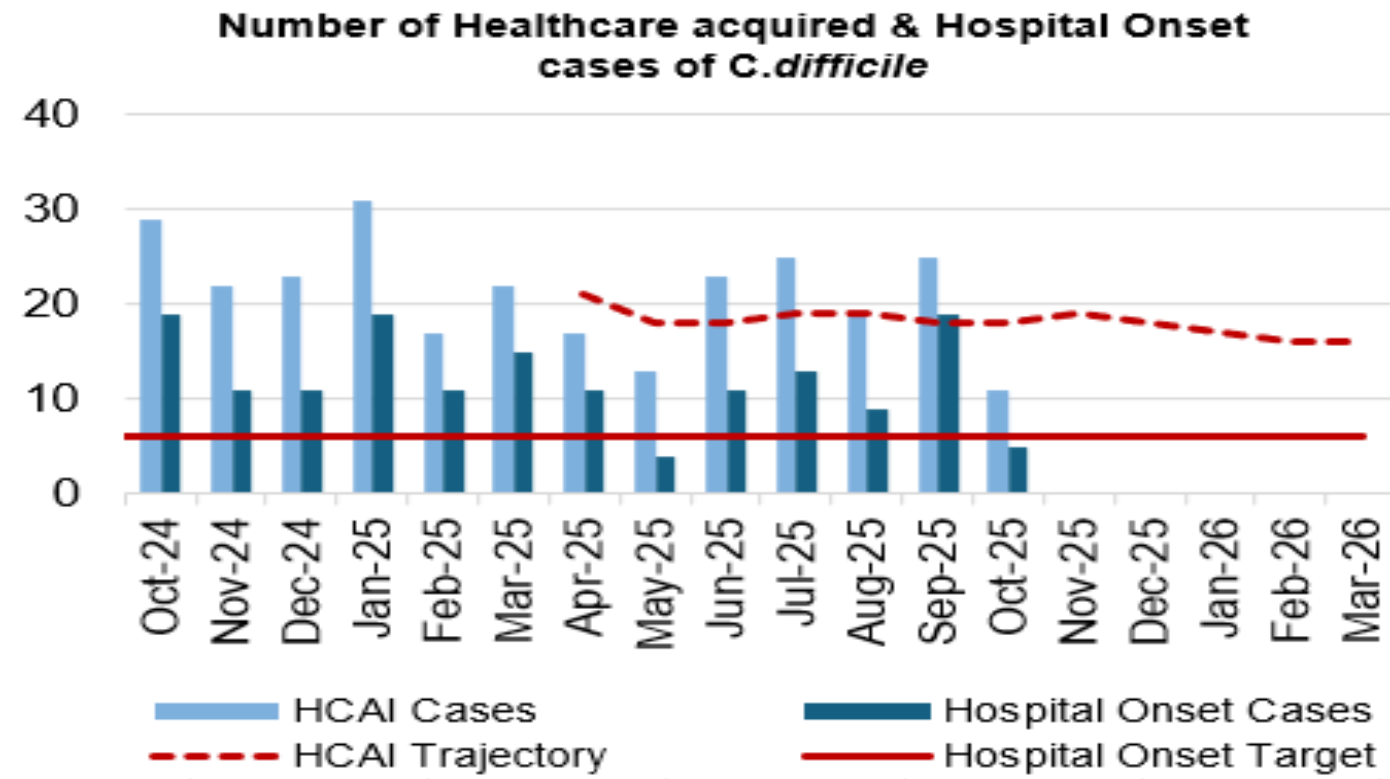


## Actions/Updates

- GMS escalation levels are currently remaining steady as we head not the winter period. Additional capacity support for GMS is currently being considered.
- The number of practices identified as having sustainability concerns has increased during an annual refresh of the self-assessment matrix. These are being worked through to identify which practices require urgent support from the primary care/ practice support team.
- The number of ACORNs completed is showing a steady increase towards the target as the year goes on. Fluoride varnish remains over target for both children and adults.
- The number of patients for eye health care Wales (emergency eye care) has increased from an average of 2,245 per month last year to an average of 2,608 per month this year to date. There is a slight increase in the number of patients receiving low vision services with an increase in domiciliary visits in particular.
- Common ailments consultations continue to increase with an average of 900 consultations per month over 24/25. If this trend continues this would be a further 17% increase on last year.

# Quality & Safety

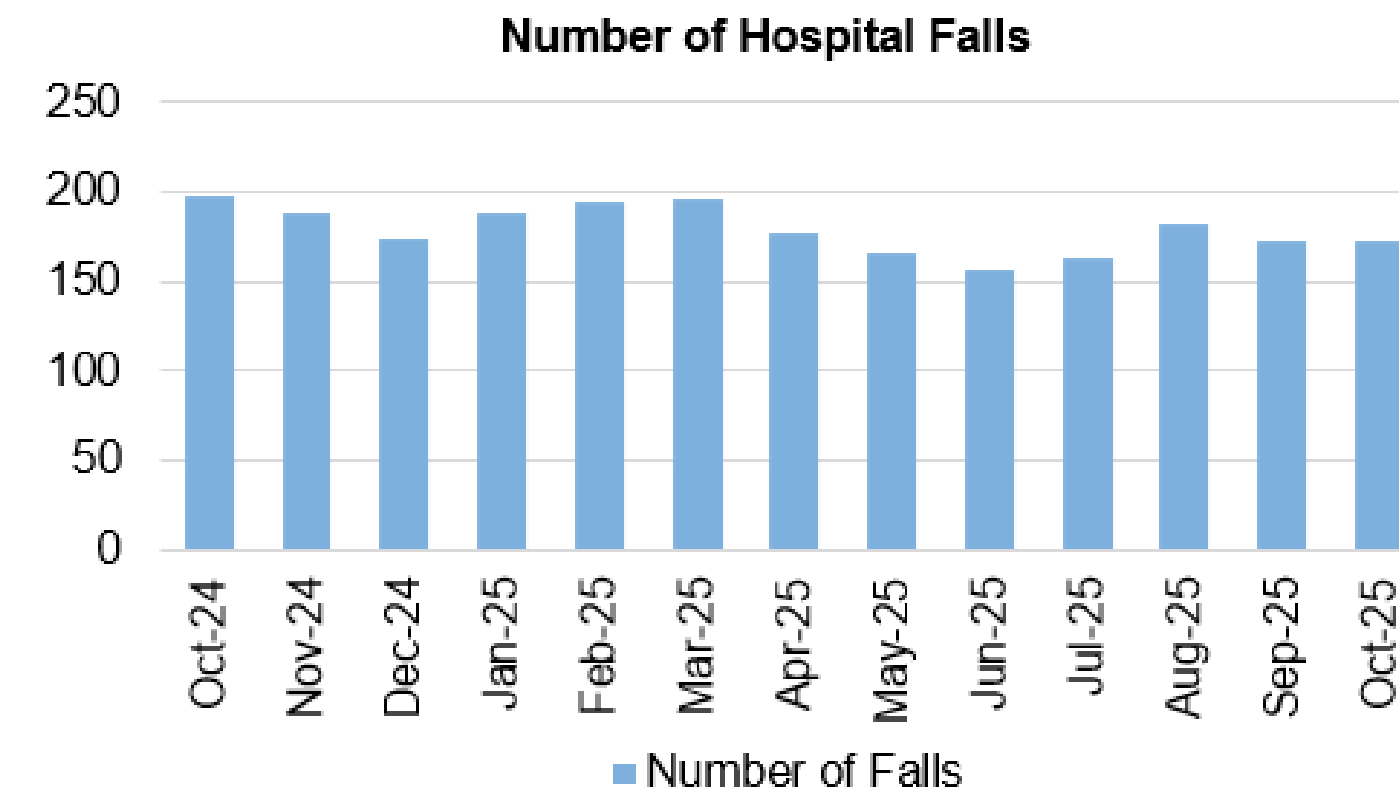
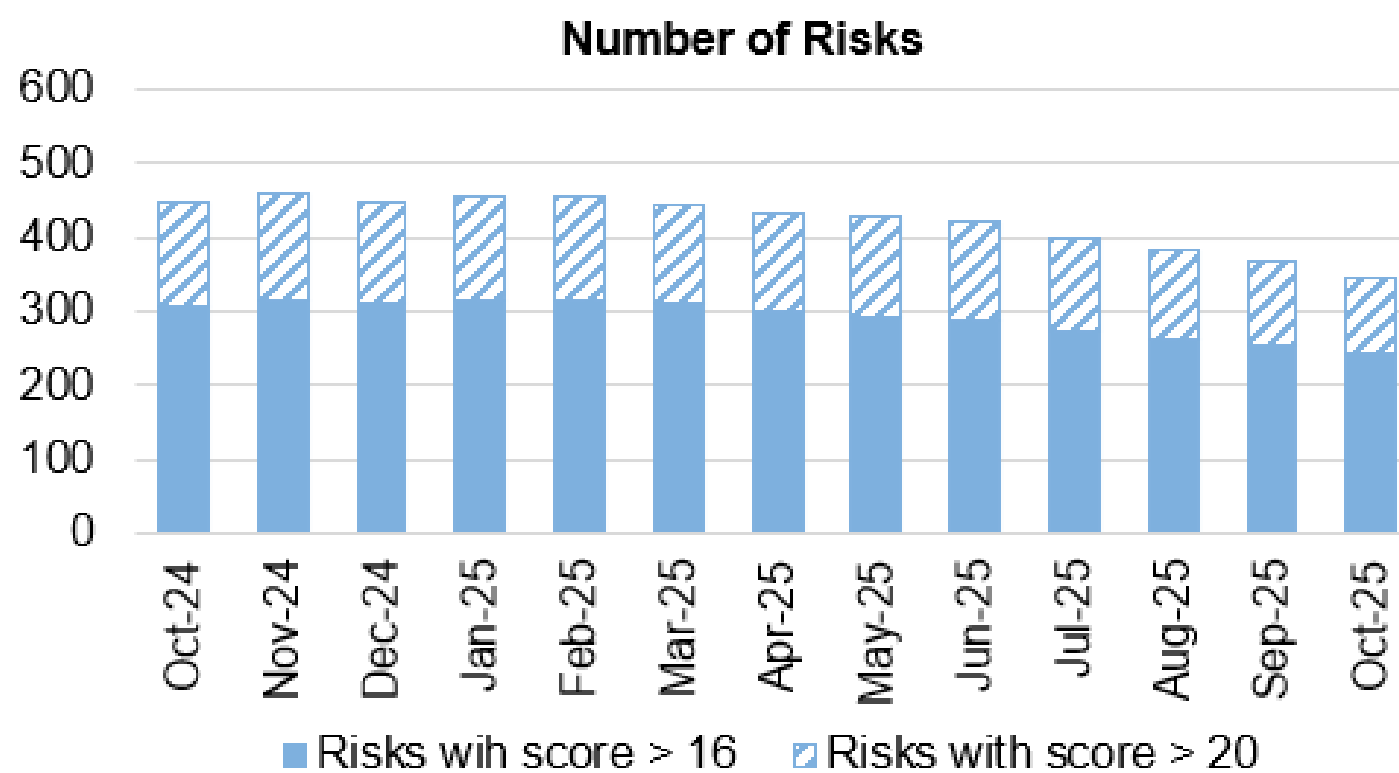
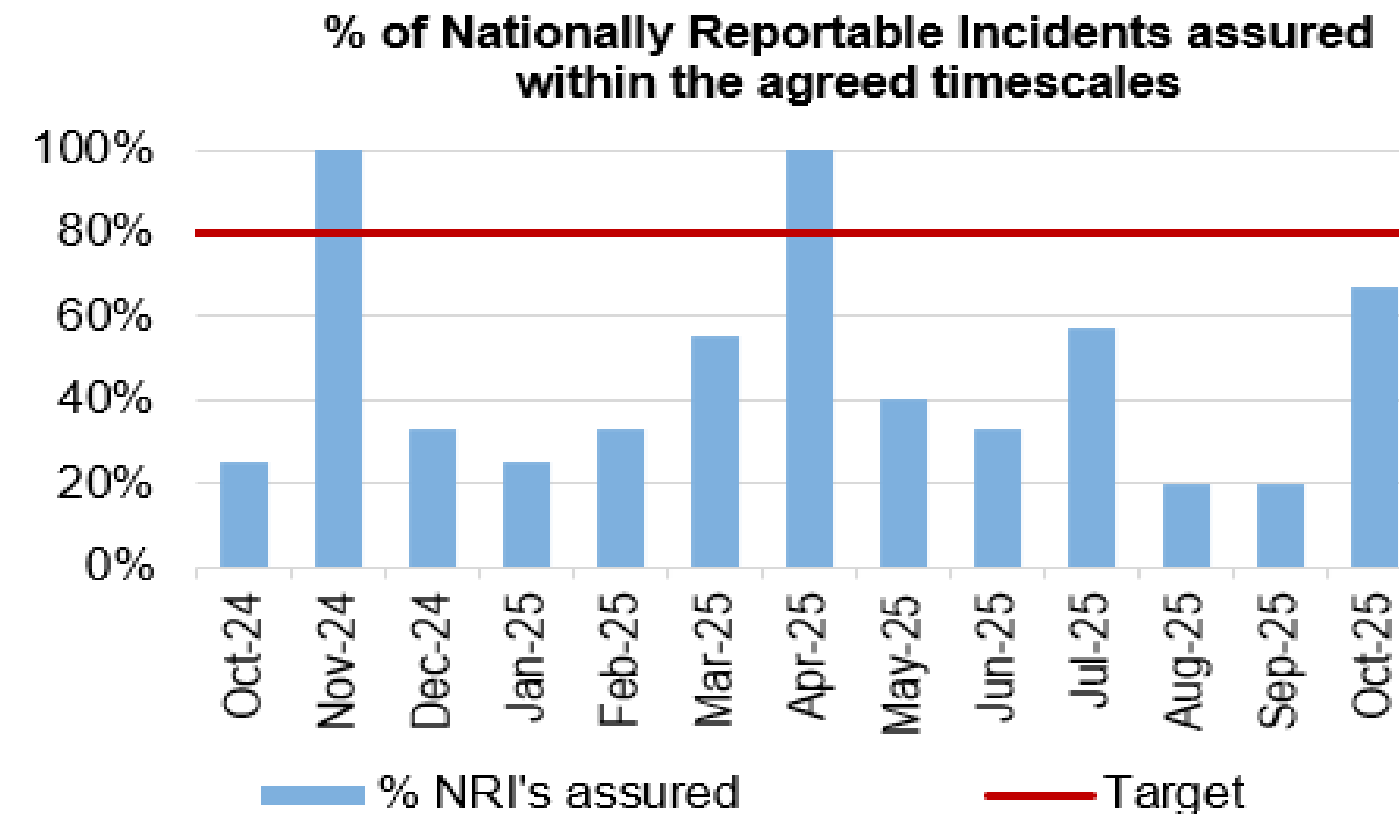
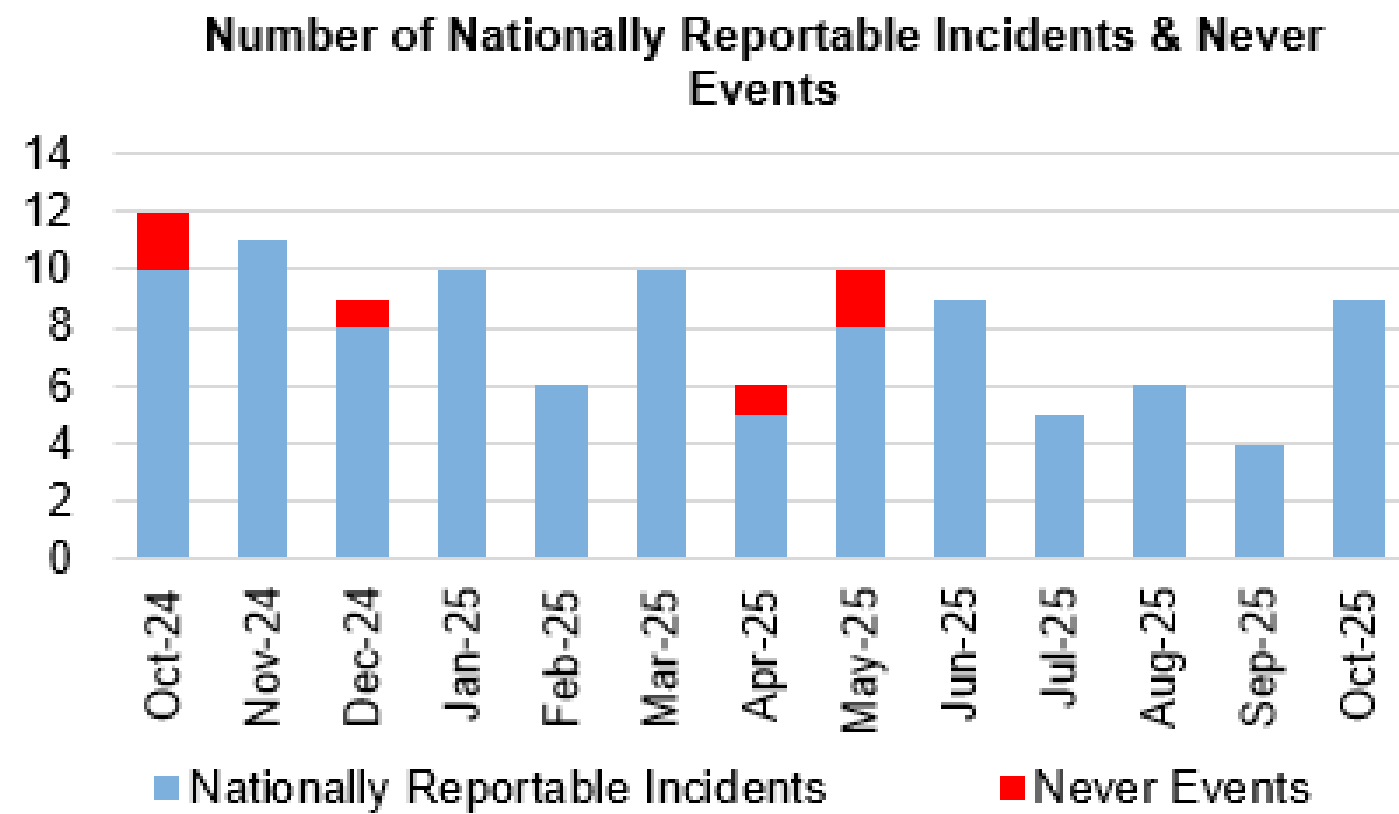




## Actions/Updates

- Gold *C. difficile* High Incidence Management Group.
- Monitoring of *C. difficile* Standards: Risk Assessment & Governance Framework.
- Continuation of QI Project in Acute Medical Unit focusing on AMS and 72-hour review and improving switch to oral route for administration.
- Scoping exercise to explore the feasibility of extending role of ward based enhanced cleaner.
- Trial of new Microfibre cleaning systems
- Primary care QI projects to reduce urinary tract infections in care home residents

# Serious Incidents and Risks



## Actions/Updates

- There were nine Nationally Reported Incidents reported in October 2025 and there were no new never events reported. The detail surrounding the nature of the reported NRI's can be found on the subsequent pages.
- In October 2025, there were 102 open risks with a score >20 recorded for the Health Bord which is a reduction compared to 115 in September 2025. There were 242 open risks with a score >16, which again is a reduction compared to 254 in September 2025.
- There were 173 hospital falls recorded in October 2025

# Nationally Reported Incidents & Early Warning Notifications

## What is the data telling us?

- **Graph 1** – Number of NRIs/Never Events reported to NHSWP&I. *October 2025 included 4 avoidable pressure damage / falls (combination forms)*
- **Graph 2** – 37 open NRIs open with NHSWP&I – 11 open past closure date of which 6 are awaiting outcome of external reviews
- **Graph 3** – Total number of outcome forms submitted per month

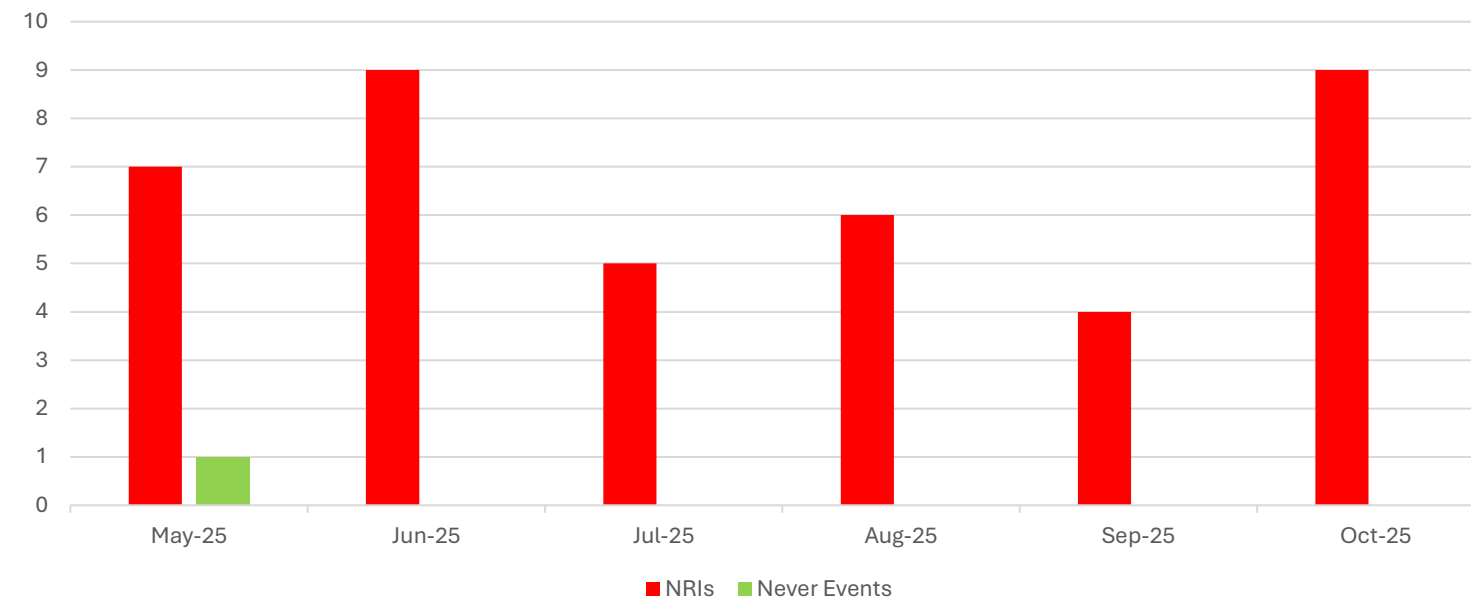
## What are we doing about it?

- Weekly review with PSI investigator to:
  - ✓ monitor progress of corporate investigations; identify barriers
  - ✓ escalate outstanding actions required
- Fortnightly service group meetings:
  - ✓ service group investigations - progress towards closure date discussed
  - ✓ updates on PSI investigation given
  - ✓ escalate to service group any barriers identified with PSI investigations
- Service Group Directors contacted separately if actions remain outstanding
- Data presented and discussed at health board Patient Safety and Compliance Group; Quality and Safety Group; Patient Stakeholder and Experience Group - Service Group assurance sought against outstanding actions for completion of investigation / outcome form

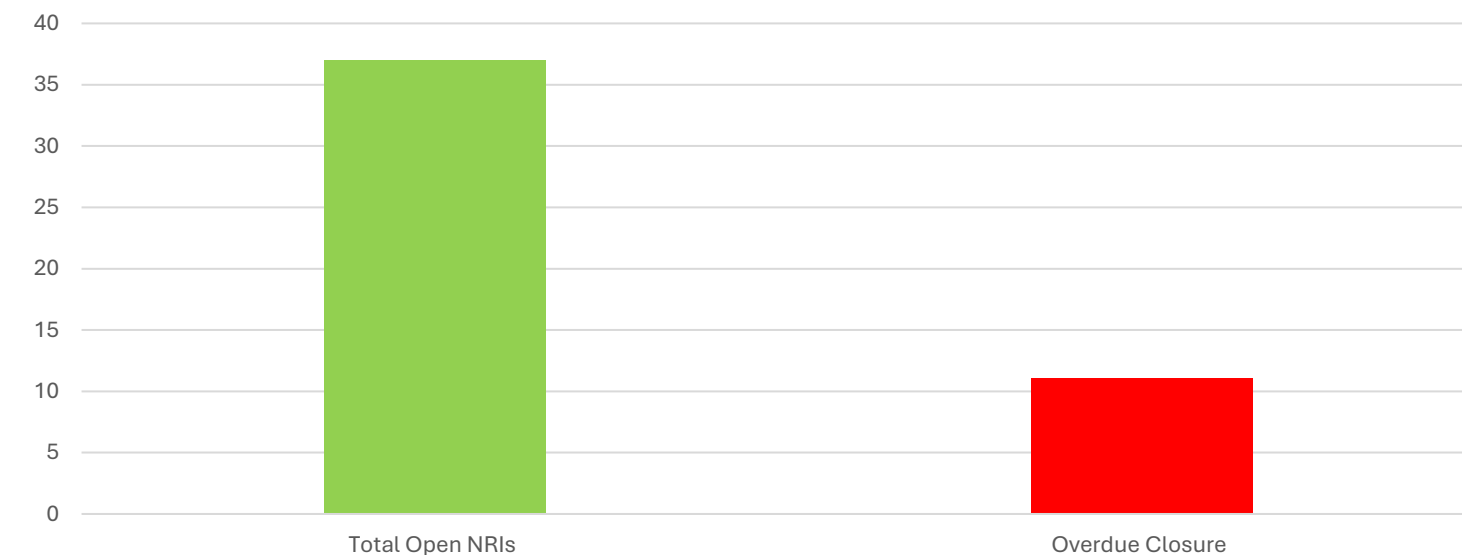
## What do we expect to see change and when?

- Reduction in number of overdue investigation outcomes forms monthly
- Reduction in number of NRIs / NEs reported through recommendations made / learning shared – rolling 12-month period

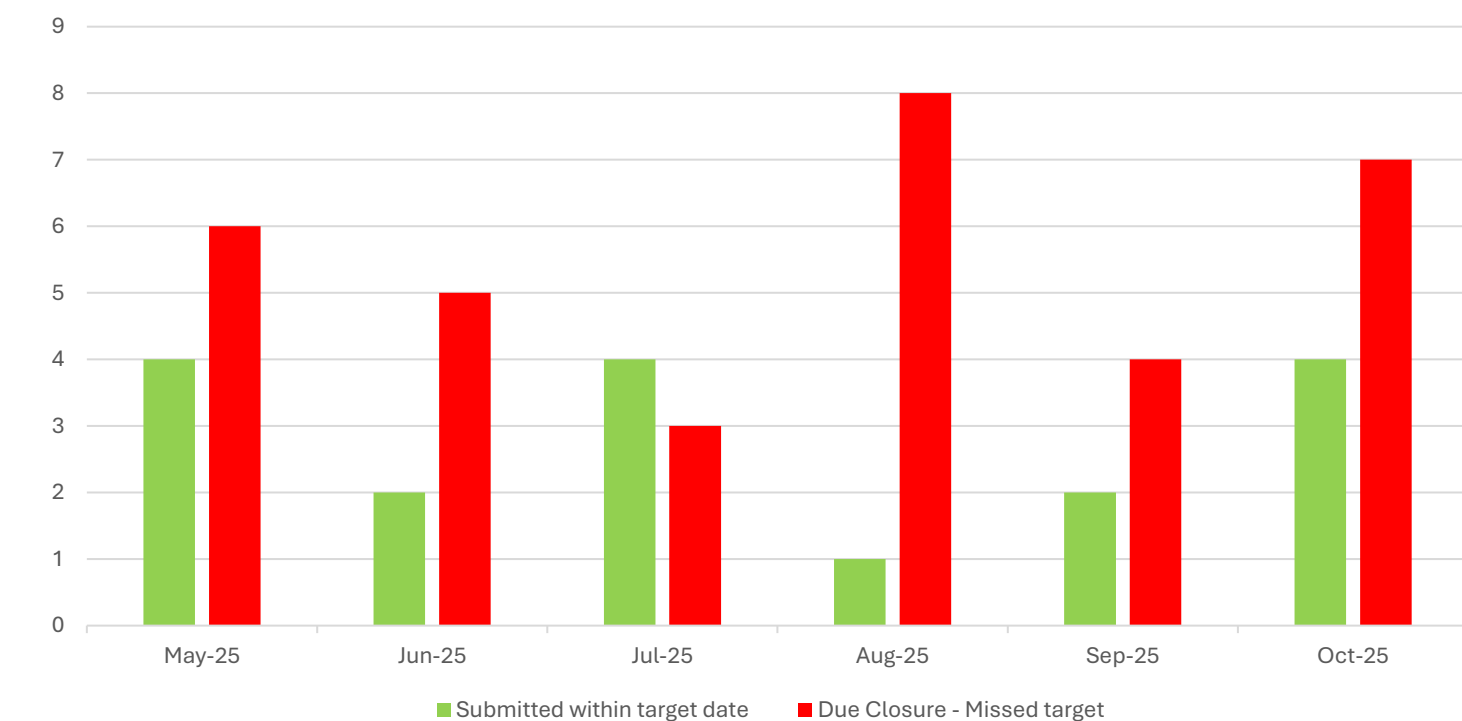
Graph 1 - NRIs / Never Event Reported to NHSWP&I  
May 2025-October 2025



Graph 2 - Open NRIs October 2025



Graph 3 - Outcome Forms Submitted May 2025 - October 2025



## EWNs – October 2025

- Potential for adverse media attention - outcome of child practice review published on C&V Safeguarding website. Patient is care coordinated by CVHB currently an inpatient within Caswell Clinic
- Potential for adverse media attention - care home service – dual registered care home placed under escalating concerns/suspension of placements 06/02/25, following multiple safeguarding referrals. Reinstated 27/08/25. Suspended once again as no improvement
- Patient Risk - significant number of internal referrals for mental health/psychological assessments sent to an incorrect (internal) email address. This has resulted in referrals not being processed as the email address was not monitored.
- Regulatory concerns - SBU notified by HFEA that they have been made aware of alleged concerns within WFI NPTH relating to laboratory services
- Absconded patient – Patient detained at low secure unit under S37 of MHA absconded from hospital grounds whilst on escorted leave. Appropriate actions taken

# NRI Learning (YCFs) – October 2025

<p><b>Domain 1 – Situational Factors</b></p>	<p><b>Team Factors:</b> Finishing the procedure/providing pain relief to the patient; Interruptions by other theatre staff requiring advice; Patient was waiting in the ED for transfer to an inpatient ward; Procedural task design or clarity; Understandable - Task sequencing</p> <p><b>Individual staff factors:</b> Rushed; Member of staff Locum - no NHS email address, no access to SOP/pathway information; Focus and attention; Reasoning and decision making</p>	<p><b>Task characteristics:</b> Patient in inappropriate clinical setting for the levels of pressure care required ; Relocation of patient to pre-empt area to facilitate drains maintenance the following day – clinical judgement should have been considered</p> <p><b>Patient factors:</b> Patient had multiple moles in the same area; Patient living with terminal diagnosis and at end of life; Patient admitted following long lie fall, hypothermia, hypoperfusion, fluid overload, infection, multiple pelvic fractures resulting in reduced mobility; Poorly controlled diabetes; Nonattendance to multiple appointments during care; Smoker and COD Conditions, diseases and events of the placenta and membranes</p>
<p><b>Domain 2 – Local Working Conditions</b></p>	<p><b>Workload and staffing issues:</b> High Unit Workload - Dermatology Clinic is a busy stand-alone unit; High unit workload – 2 x 1:1 patients, reduced staffing at nighttime</p>	<p><b>Leadership, supervision, and roles:</b> Locum did not follow procedure; Increasing patient frailty/ increased risk of worsening pre-existing pressure injuries not communicated to NIC; Clinical judgement – suitability of patient to relocate during nighttime with less supervision available</p>
<p><b>Domain 3 – Organisational Factors</b></p>	<p><b>Physical environment:</b> Patient remained in ED for more than 112-hours; Poor visibility of therapies room when 1:1 patients and bay watch in place; Design of physical environment/work area design; Lines of sight</p>	<p><b>Scheduling and bed management:</b> The patient waited too long for transfer to a more suitable clinical setting</p> <p><b>Staff training and education:</b> Incorrect grading of pressure ulcer and failure to increase frequency of repositioning; Little evidence of attempts to offload sacrum.</p>
<p><b>Domain 5 – Communication and Culture</b></p>	<p><b>Safety culture:</b> Not removing/looking for the guidewire on checking; Risk assessment and prevention measures were not followed; Awareness and adherence to current practice; Staff competence - Knowledge, skill, experience; Need for clinical curiosity rather than 'process' for the management of non-attendance of care in pregnancy</p>	<p><b>Verbal and Written communication:</b> No verbal communication between the see &amp; treat clinic staff and surgical staff; Prioritising and escalating the patient sooner could have led to an earlier inpatient transfer; Failure to record repositioning opportunities where patient may have declined. Wrong grading of skin damage; No risk assessment or plaster documentation form completed; Communication and strategy and policy documents; Involvement of patients/families in care and treatment; Communication of risks to families/carers; Communication flow to staff up/ down and across; Use of language; Specificity; Direction</p>

# Falls Prevention

## What is the Data telling us?:

In-patient falls rate remains below National average

The numbers of injurious incidents causing moderate harm or above Sept'24-Oct'25 is **down 40%** from the previous year

Falls rate by ward over 12 months shows high rates in mental health services, AMU and older persons rehabilitation wards.

Falls related attendance to ED/MIU averages 2700 per month (approx.. 20% of all ED/MIU attendances) Sept '25 is 20% higher than Sept '24

There have been 5 NRI falls related incidents in the last 12 months (Sept'24-Aug'25) compared to 10 in the previous 12 months = 50% decrease

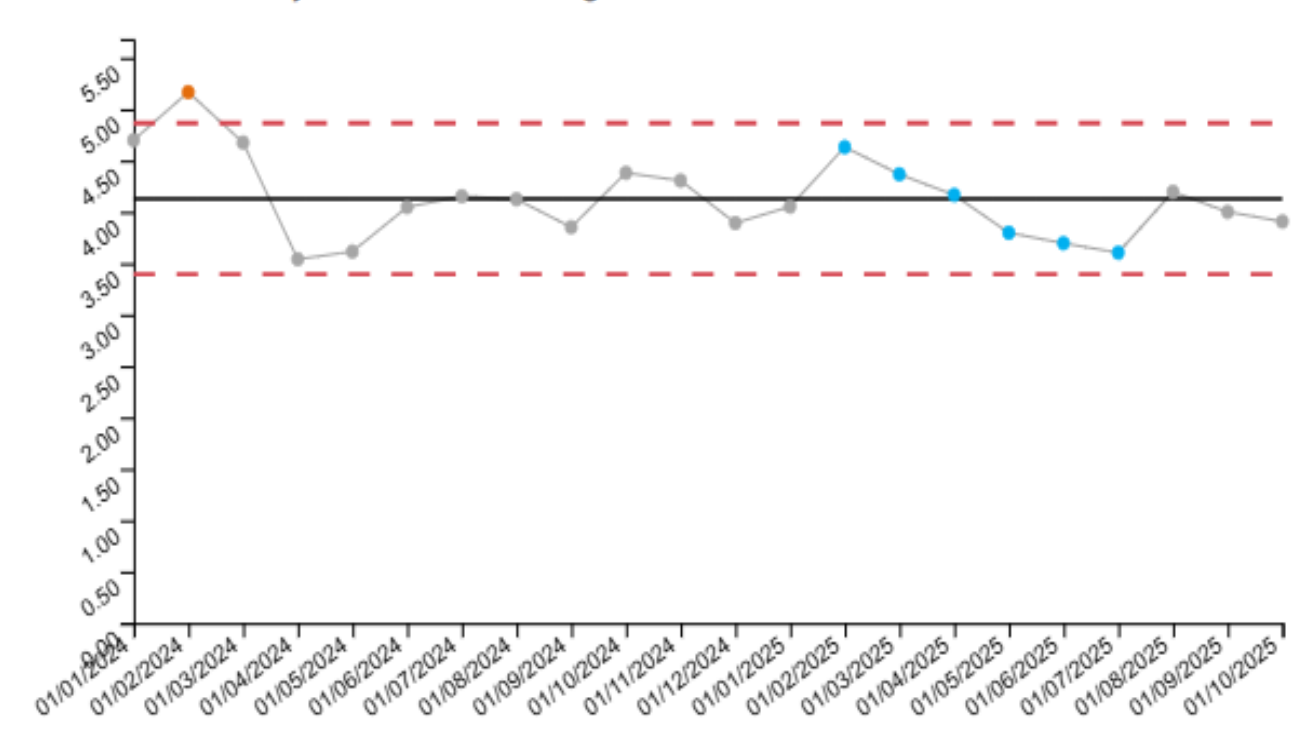
Calls to WAST continue to increase however since starting the level 1 falls response in care homes project, calls to WAST from all Care homes have reduced by 8% (this is impact of project in just one care home – due to roll out across all care homes by Dec 2025)

## Underlying causes:

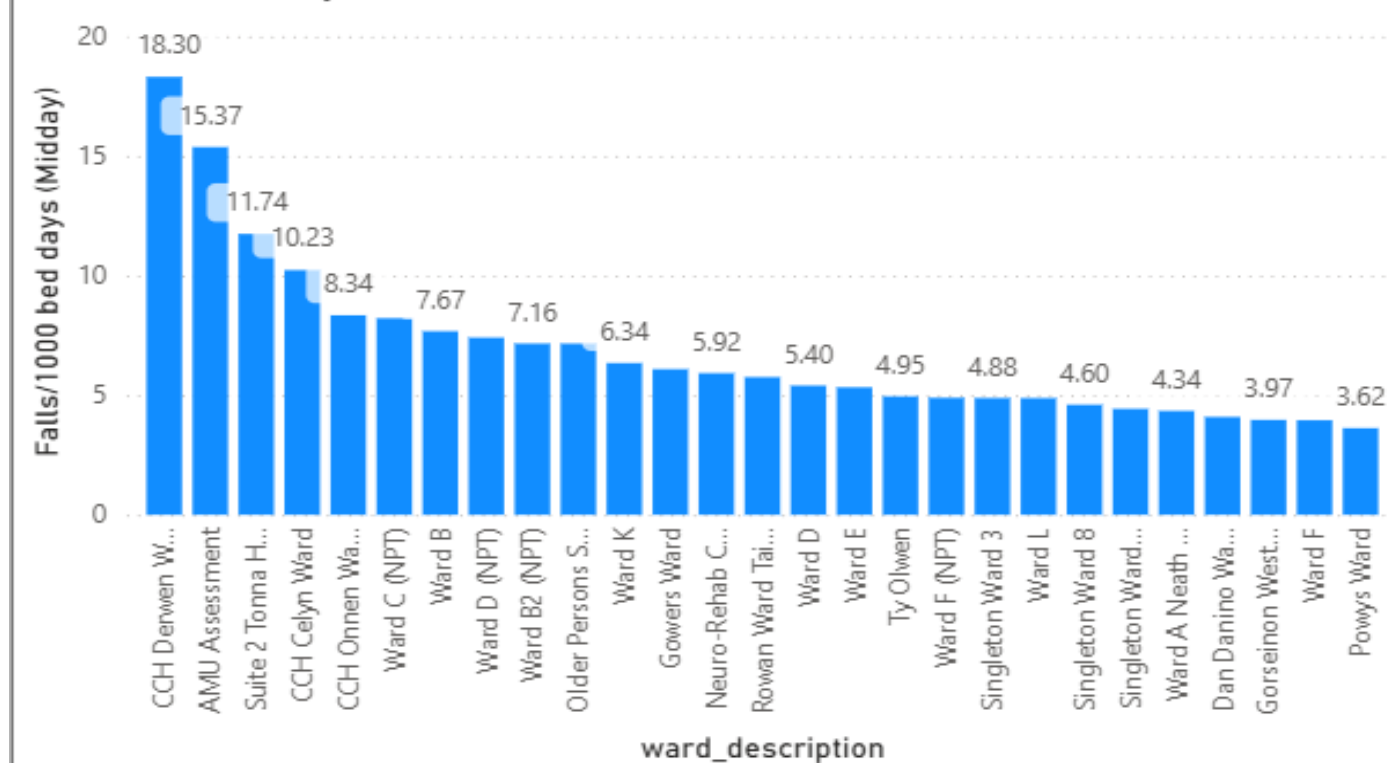
- Ageing population with increasing frailty picture
- Increased demand on WAST and front door services
- Limited alternative WAST response to level 1 and level 2 falls regionally
- Inconsistent approach to falls advice in community/primary care
- Reduced access and provision of falls clinics across region
- Insufficient access to appropriate strength and balance exercise provision
- Some ward areas including AMU do not have an environment which enables safe monitoring of patients at risk of falls
- Risk assessment and care planning inconsistent and inaccurate in some areas of HB

## Key Outcome Measure/s –

Falls/1000 bed days (National Average - 6.6)



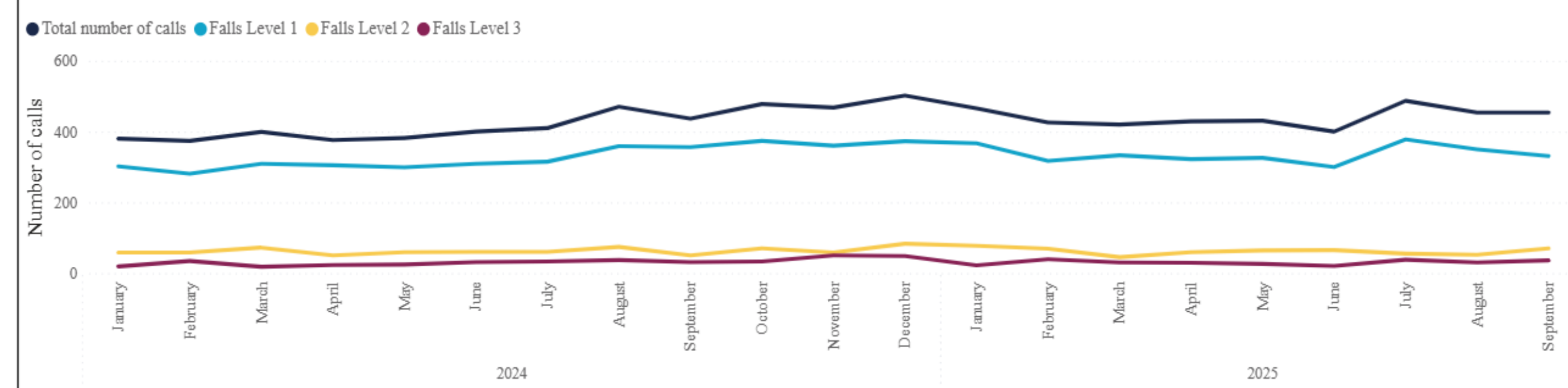
Falls/1000 bed days



## What are we doing about it:

- Regional Falls Prevention taskforce enabling collaboration
- Primary Care action plan agreed
- Development of Level 1 and level 2 falls pathways in collab with therapies, St Johns Ambulance and LA (Level 2 (Enhanced) falls response due to launch Nov' 2025)
- Safe Care partnership work on deconditioning progressing
- Falls page on Waiting Well internet pages
- falls policy update Nov 25.
- Improvement in digital audit through AMAT
- Application to fund community strength and balance classes submitted
- Recognising progress of level 1 falls response project through shortlisting in 2 National Awards (NHS Wales and HSJ)

## All calls

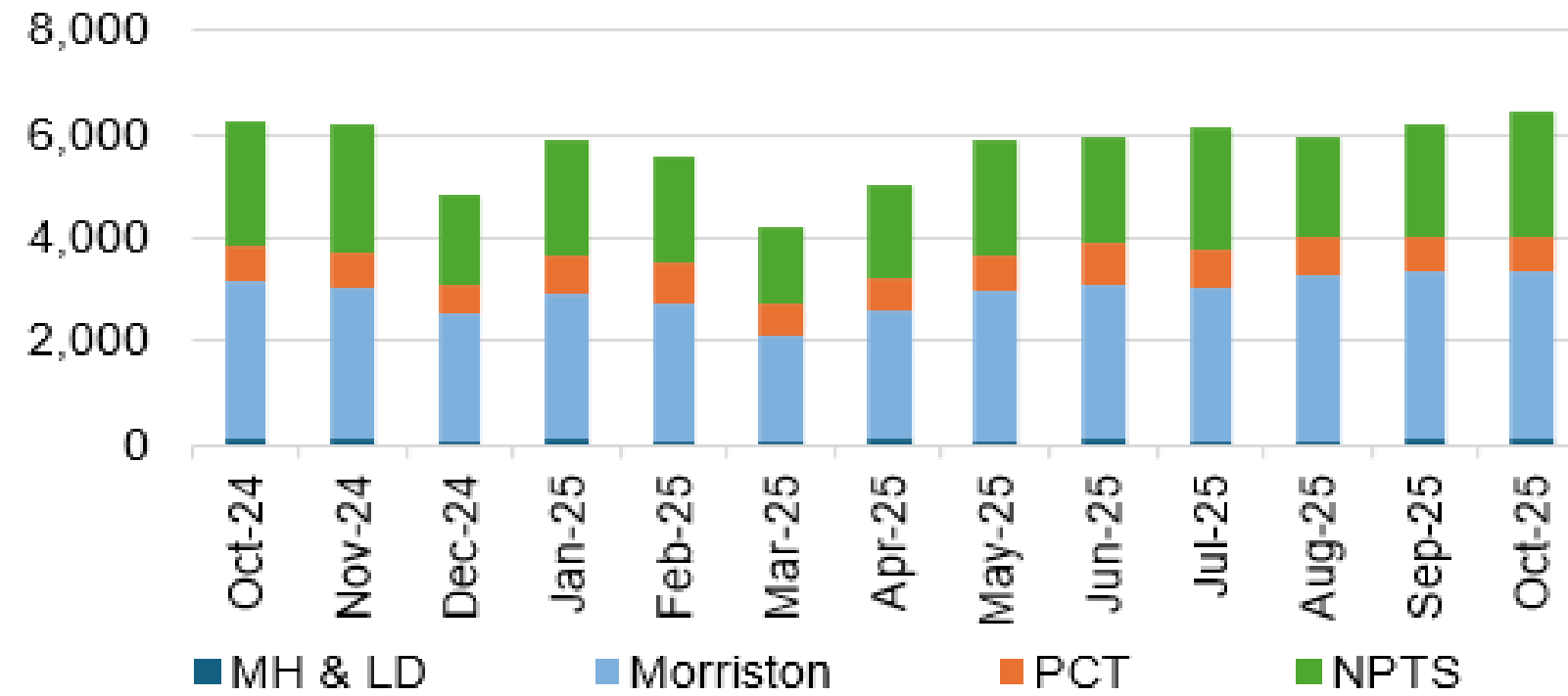


## What do we expect to see change?

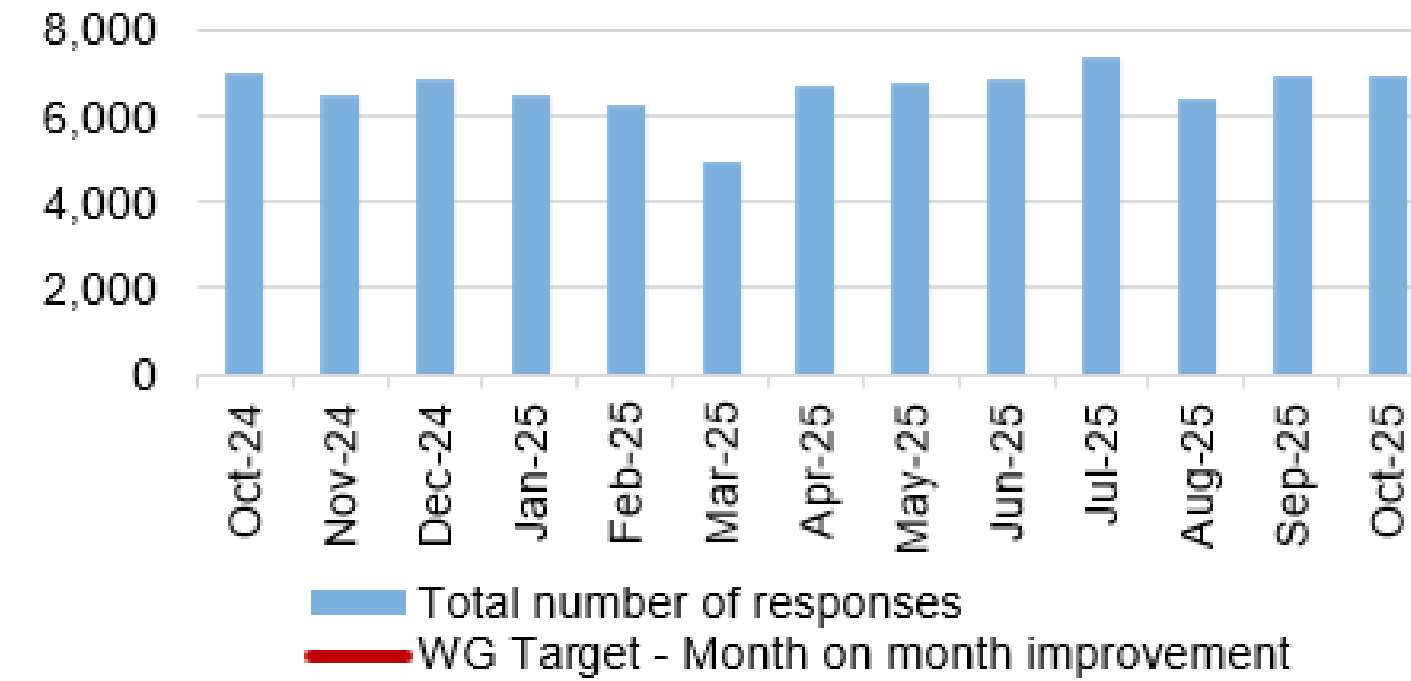
- Reduction in WAST call out from care homes following falls incident (goal – 30% reduction per site by March '26)
- Falls rate not exceeding 5.0 (falls/1000beddays) over proceeding 12 months
- Reduction in conveyance to hospital via WAST for level 2 falls (WG target of 25% reduction)

# Patient Experience & Concerns

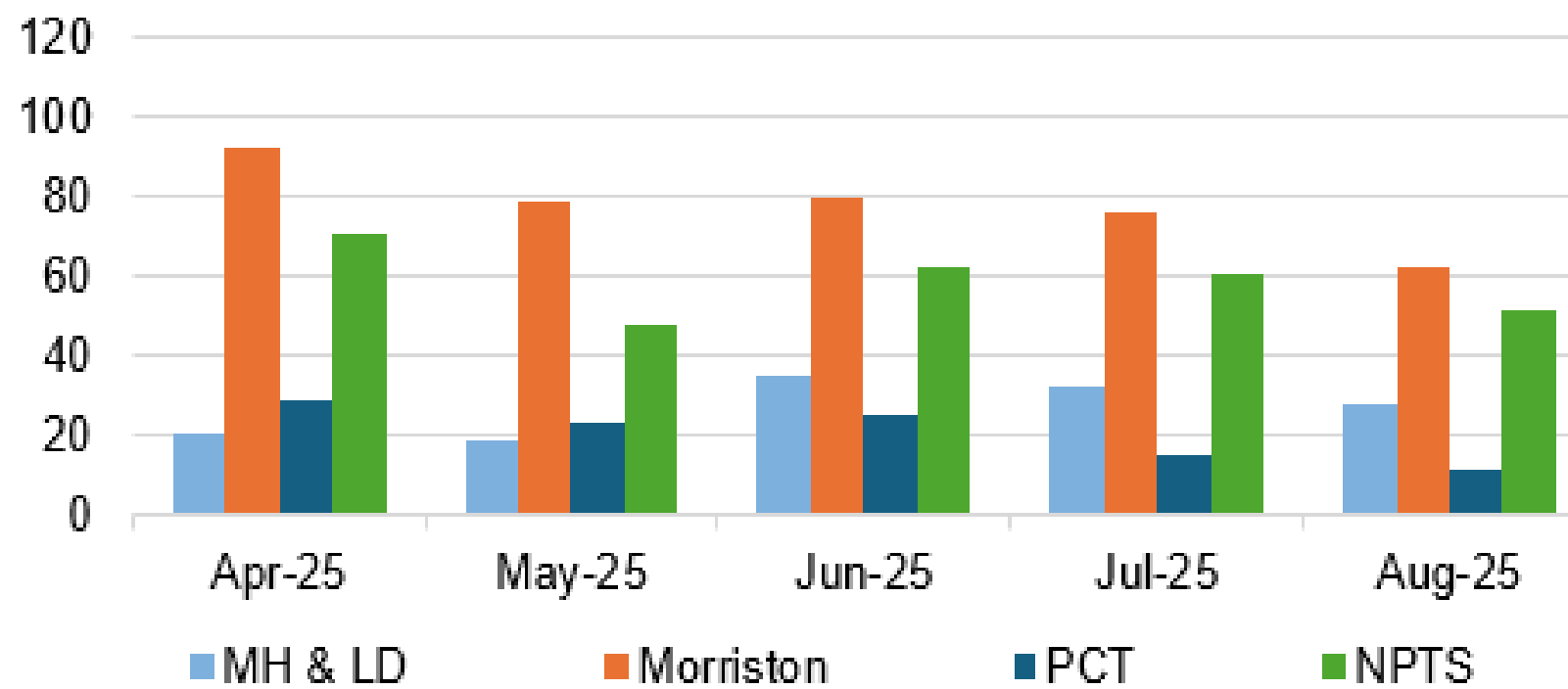
### Number of Friends & Family Survery completed



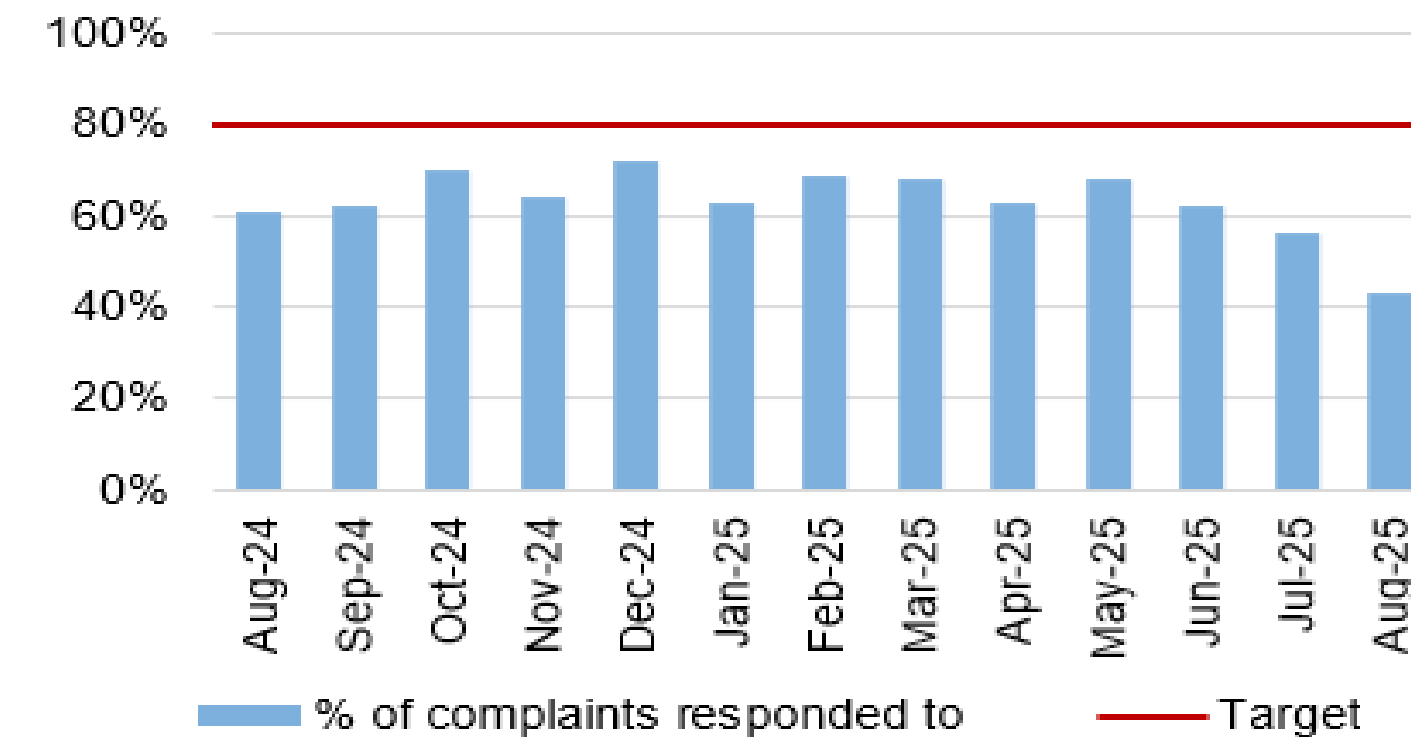
### Number of Service User feedback experience responses on CIVICA



### Number of new complaints received



### % of complaint responses sent within 30 days



## Actions/Updates

- There were 6,332 friends and family surveys completed in October 2025 which is an increase on the previous month where 6,081 surveys were completed.
- Of those surveys completed, the 91% of patients would highly recommend the services they received.
- There were 158 concerns receive in August 2025, and 43% of those concerns had responses sent within 30 days in August.<sup>35</sup>

# Complaints

## What is the data telling us?

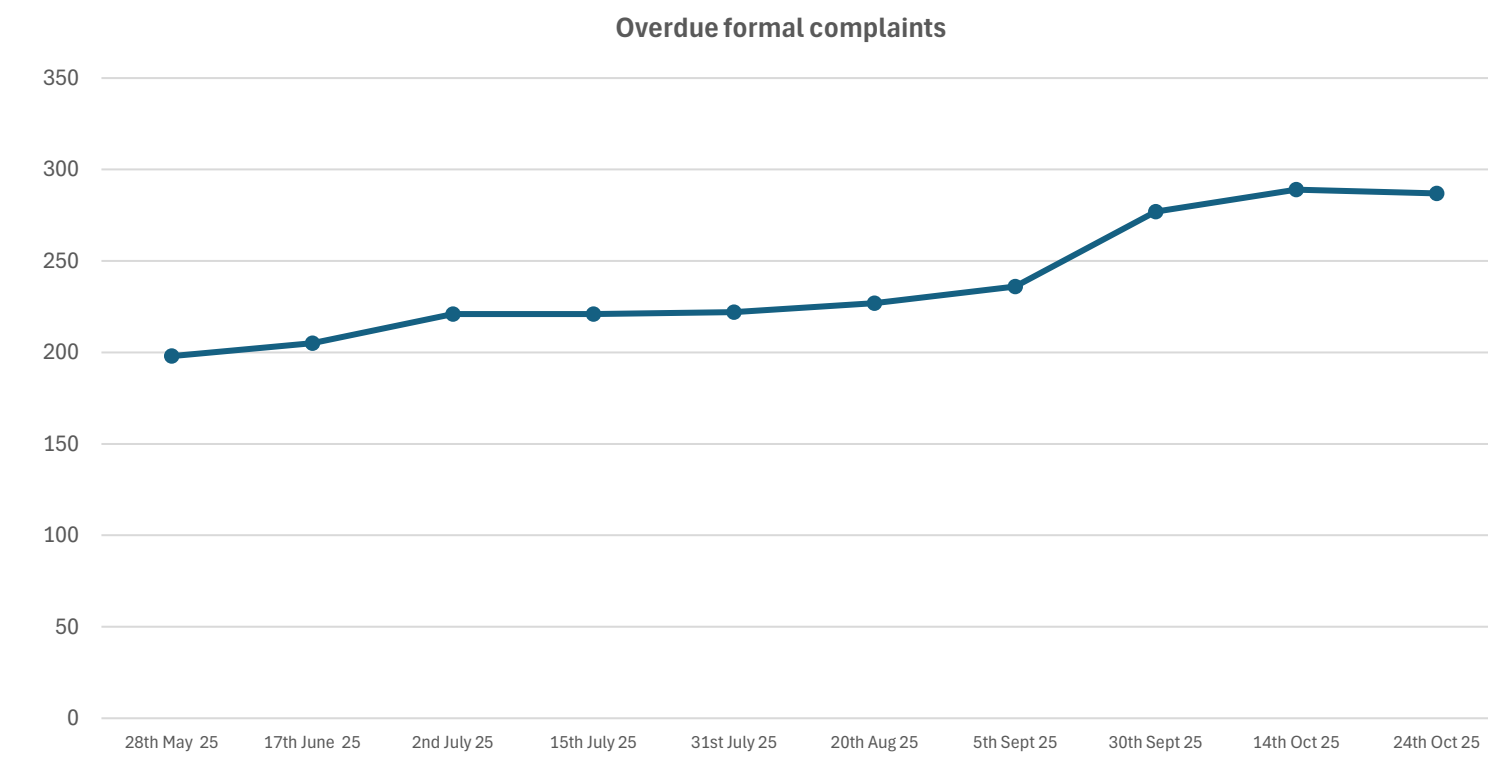
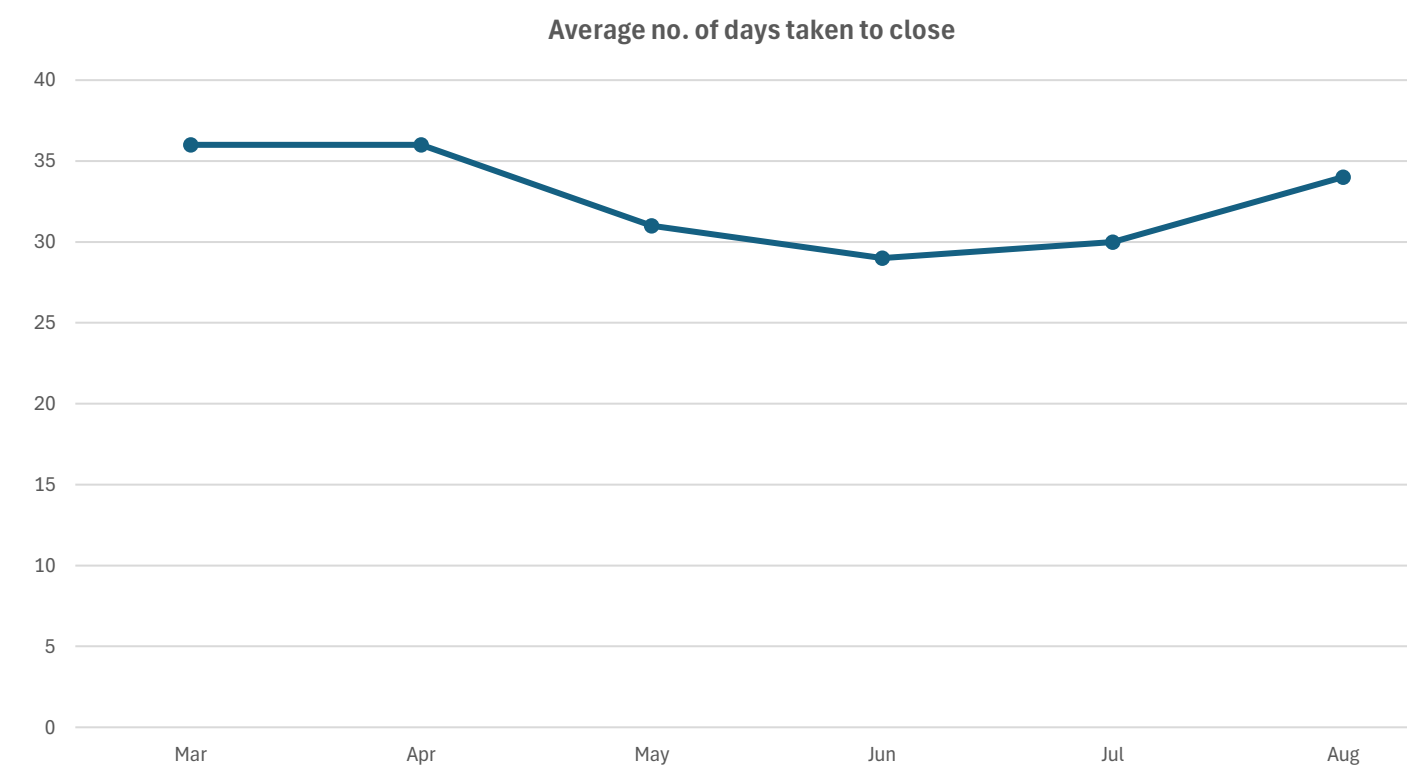
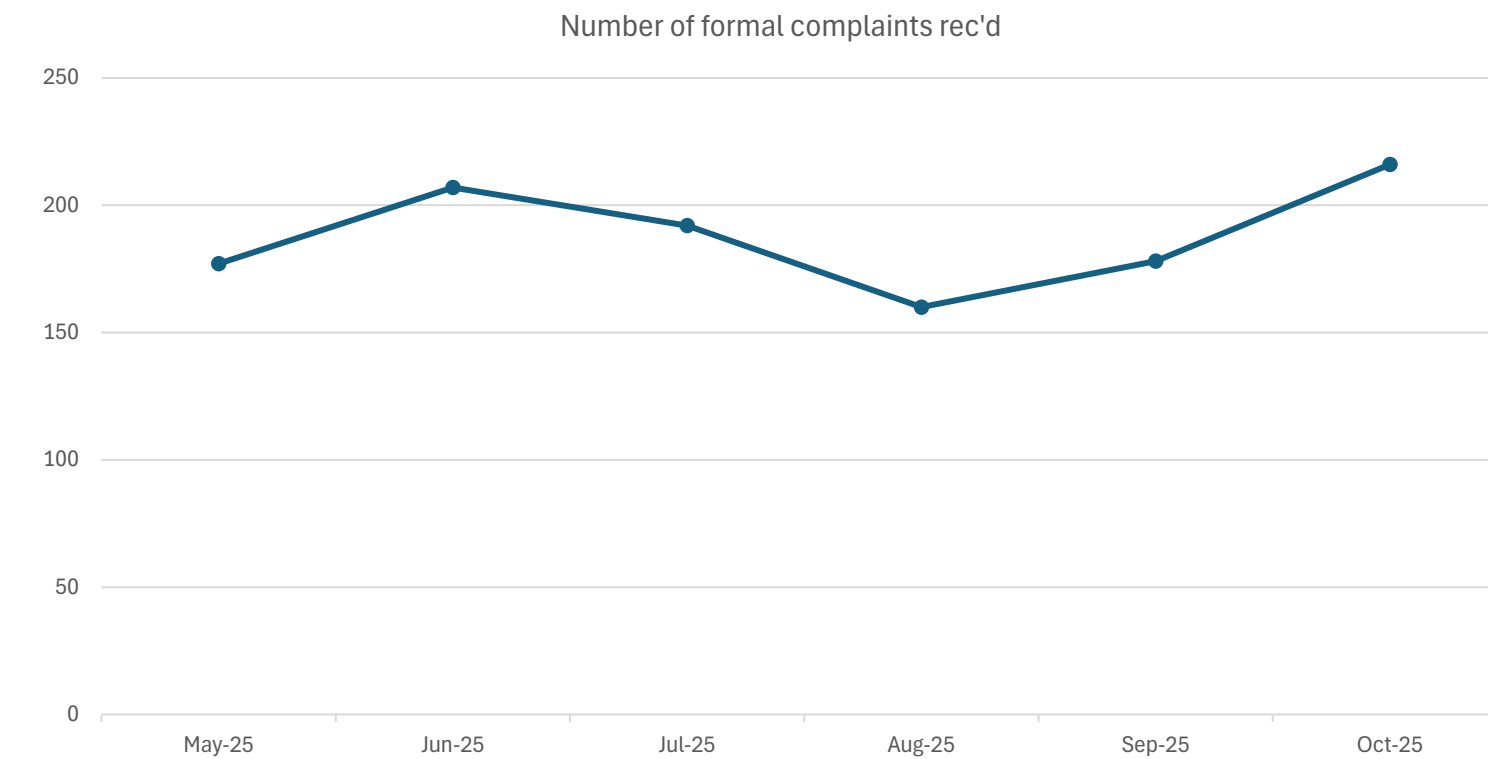
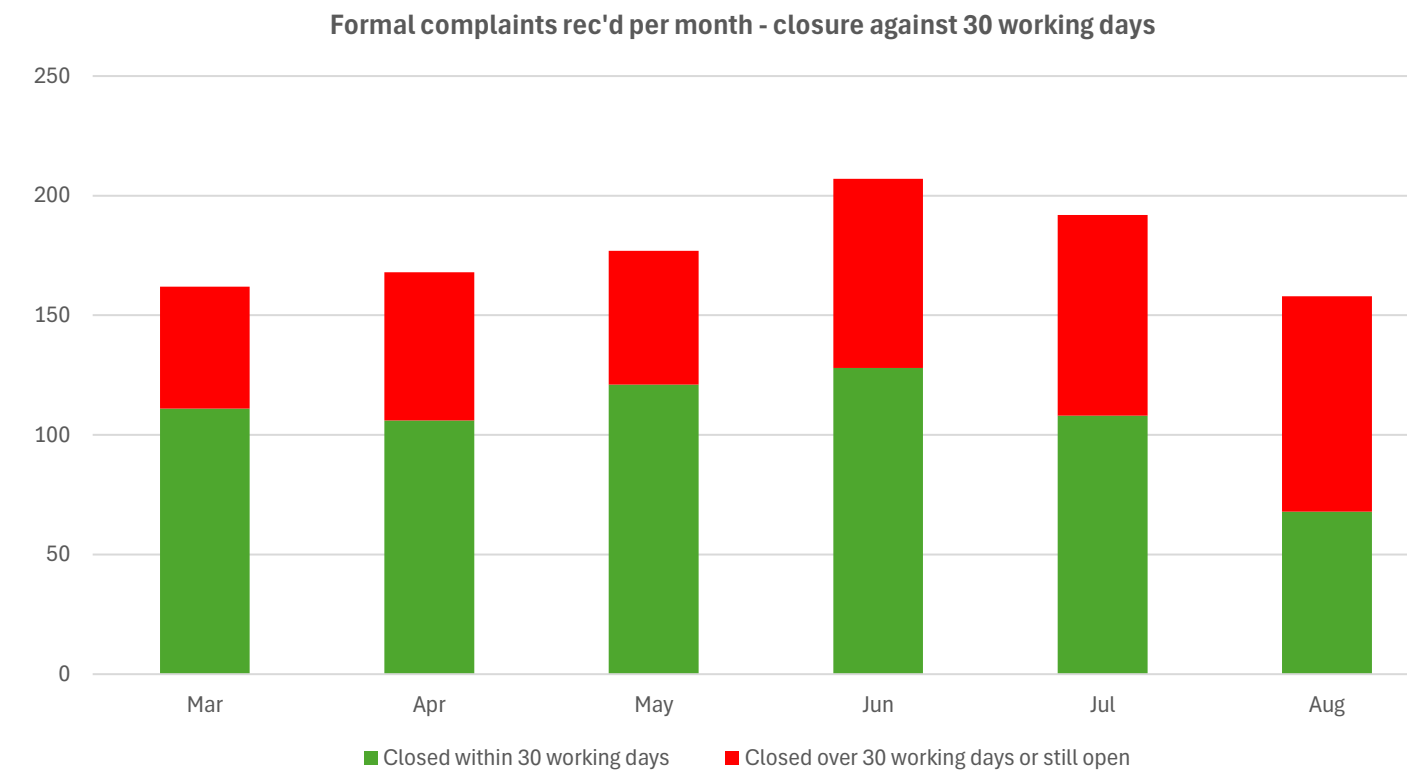
- Graph 1 – is indicating that a number of complaints are not compliant with the 30 working day target for responding to formal complaints in line with the Putting Things Right Guidance.
- Graph 2 – 216 new formal complaints in October which is an increase compared to 178 in September and the most received in the last 6 months.
- Graph 3 - The average number of days taken to close a formal complaint does appear to be increasing again.. Average days for August being 34 days which is over the Welsh Government target of 30 working days.
- Graph 4 - The number of overdue formal complaints is increasing bi-weekly and is the highest it has been. As of the 24<sup>th</sup> October, 287 formal complaints were overdue

## What are we doing about it?

- Bi-weekly report run on all overdue complaints which is sent to each Service Groups requesting updates.
- Bi-weekly drop-in sessions where complaint handlers can join to discuss any issues.
- Bi-weekly meetings with Service Groups to discuss open complaints and Ombudsman cases.
- Test to Change in SNPT to trial new way of managing complaints and trying to resolve early on.

## What do we expect to see change and when?

- Reduction in the overdue complaints by January 2026, in readiness for the new Putting Things Right Guidance being introduced in April 2026.
- Early engagement with the complainant combined with listening meetings which will support an empathetic and compassionate handling of the complaint.



*\*Please note two graphs only go up as far as August, this is due to the 30 working days for complaints received in Sep/Oct not being available yet\**

## What is the data telling us?

- Graph 1 – Illustrates that Swansea Bay UHB's overall score consistently exceeds the benchmark of 85%, maintaining a performance of 90% or higher.
- Graph 2 – Displays the overall satisfaction scores across the different Service Groups.
- Graph 3 – Highlights wards/clinics achieving scores above 100%, based on more than 25 responses..
- Graph 4 – Identifies the wards/clinics with the lowest satisfaction percentages.

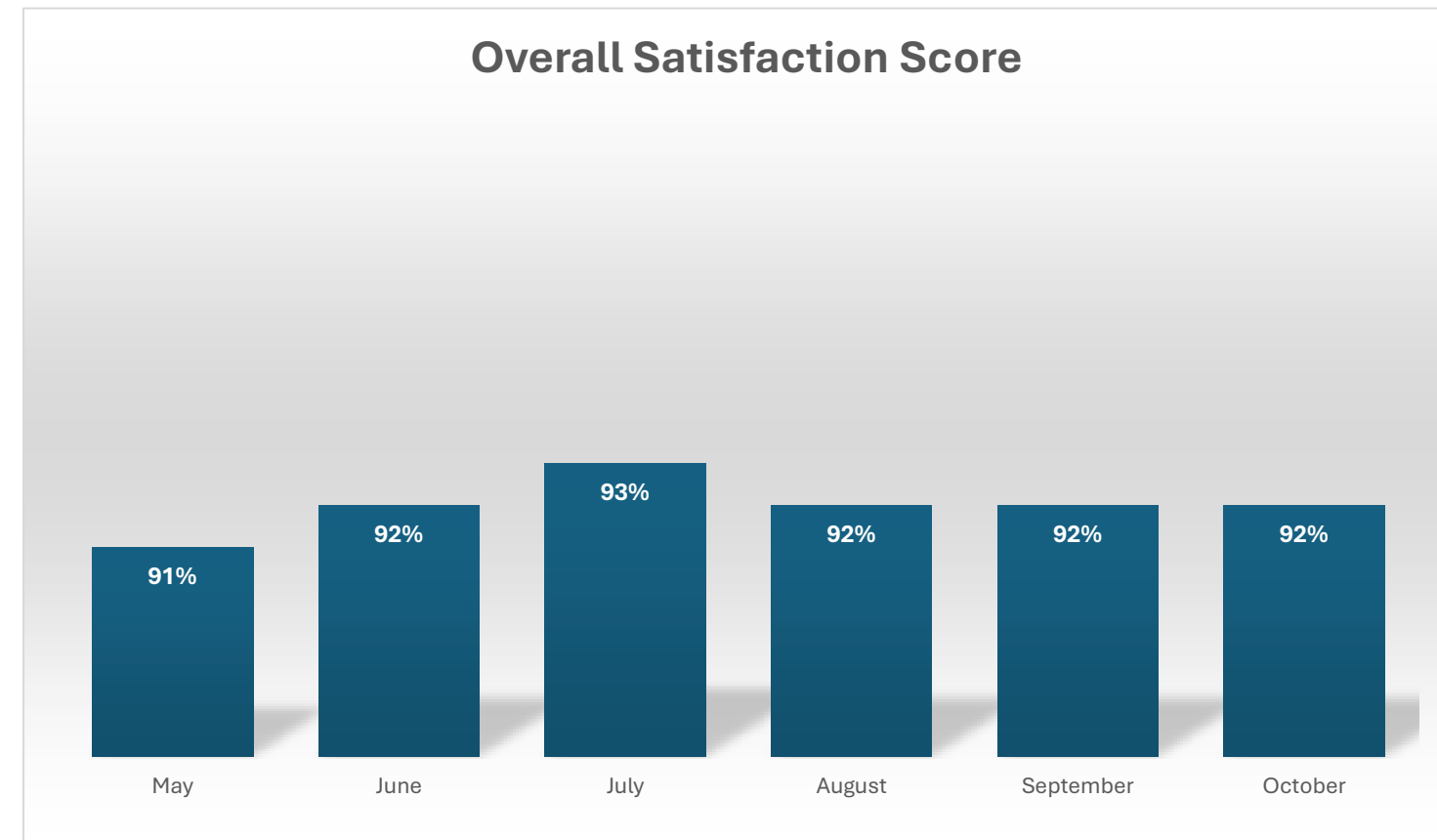
## What are we doing about it?

- The system generates weekly feedback summaries for Service Group Leads, enabling timely action on low scores and recognition of positive feedback and comments.
- Ongoing drop-in feedback sessions are held to support teams in using Civica effectively and managing their feedback constructively.
- For alerts flagged as very poor or poor, the Action Manager is triggered. This tool tracks the progress and resolution of issues within Civica, managed by the PALS and Quality & Safety departments.

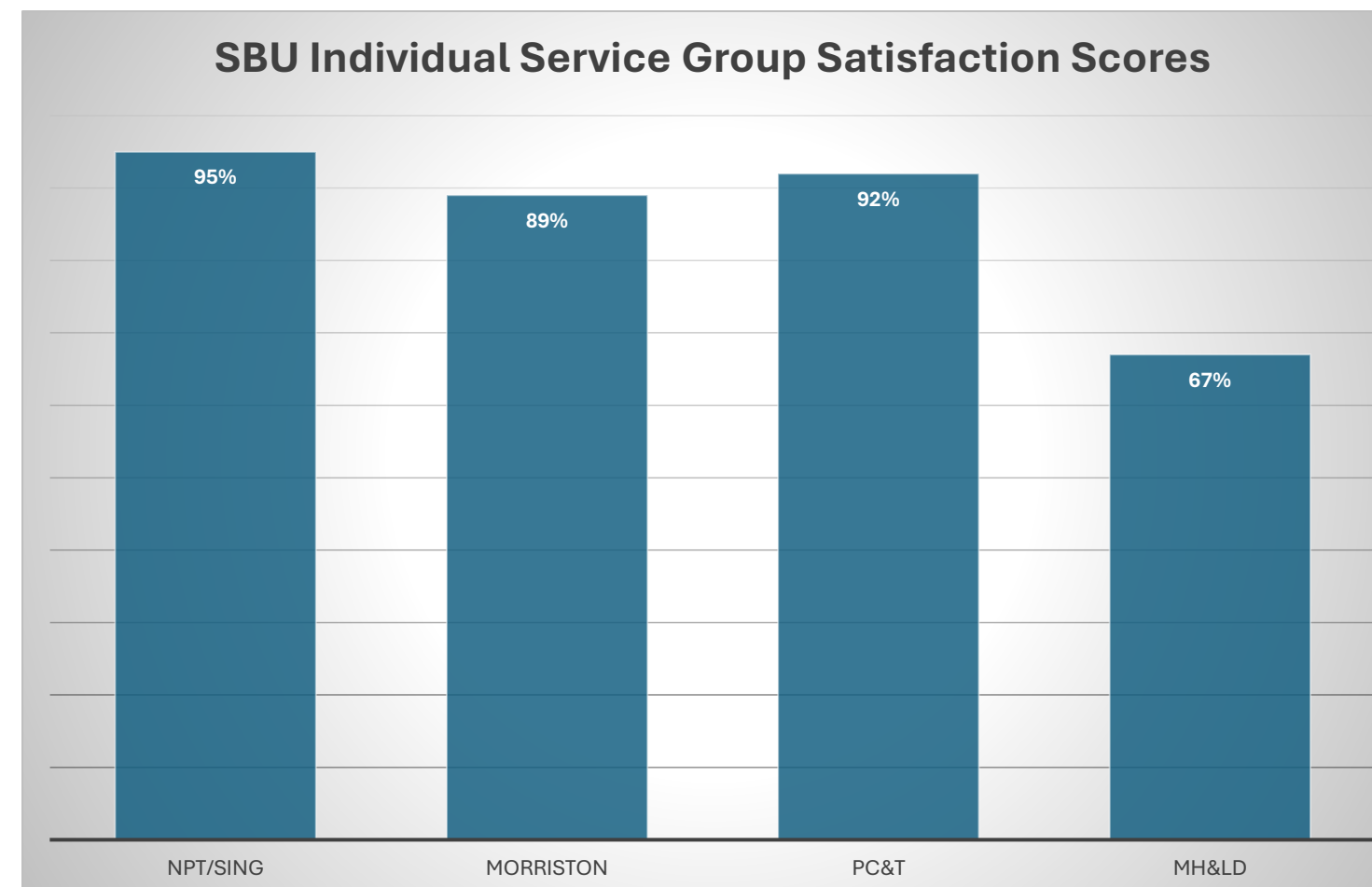
## What do we expect to see change and when?

- Singleton Phlebotomy has received several complaints following the recent relocation. This is currently being reviewed, and patients' feedback is being actively considered.

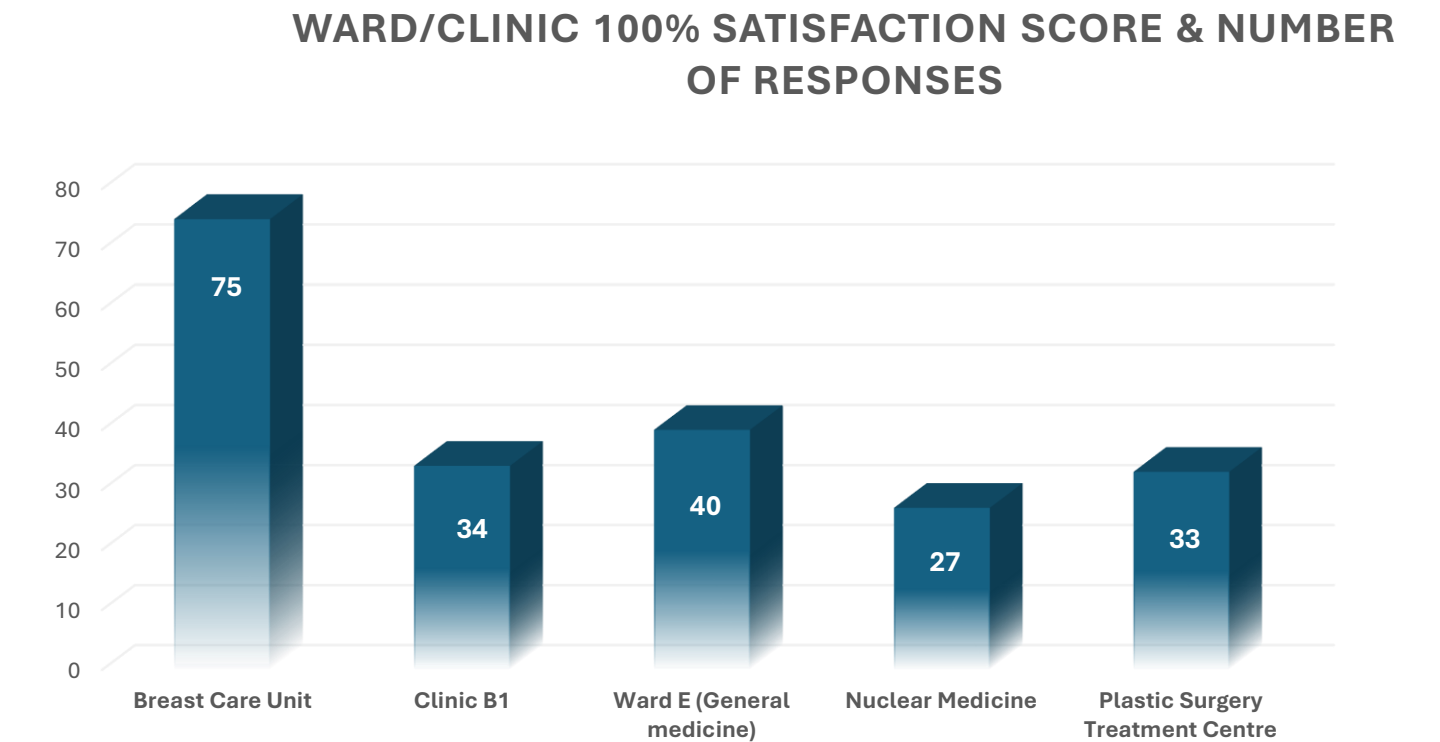
Graph 1



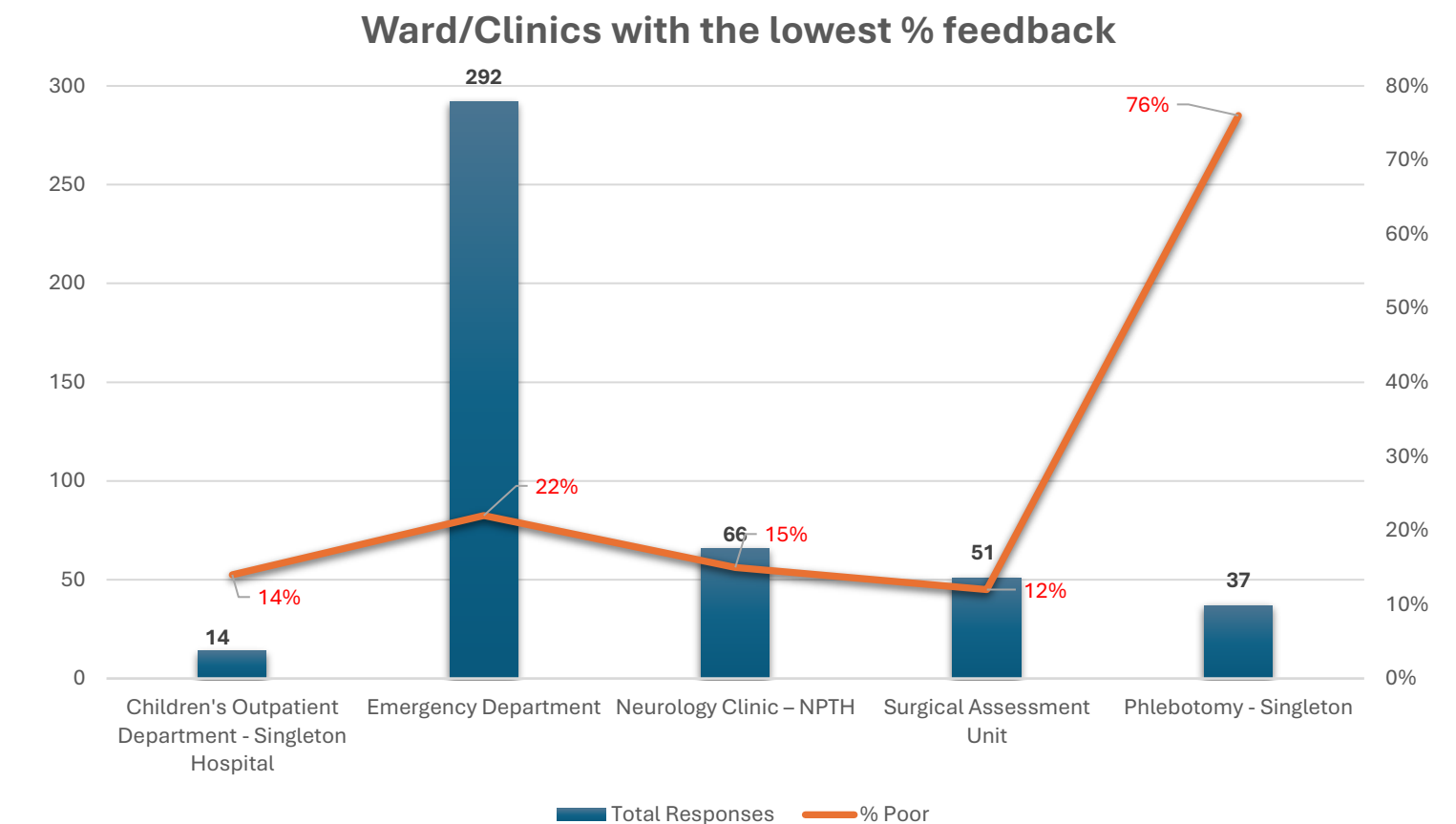
Graph 2



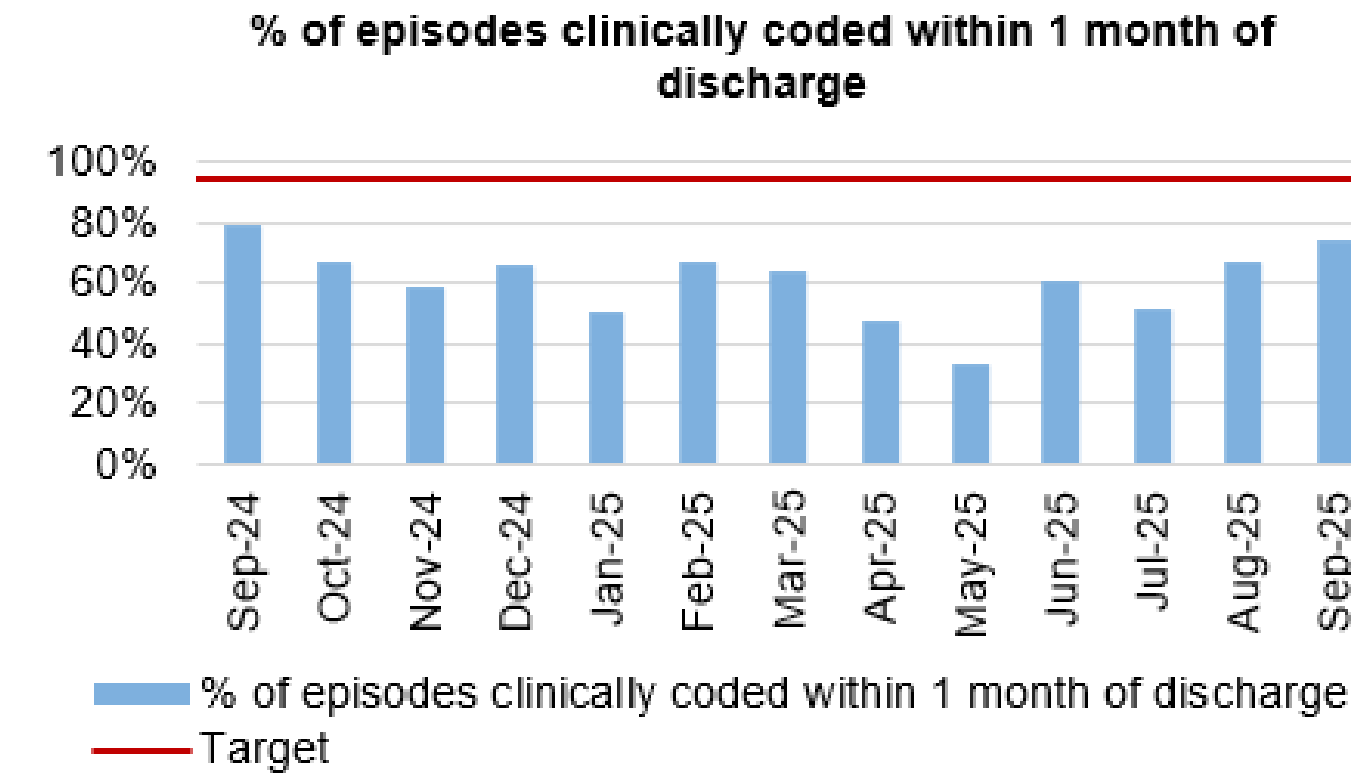
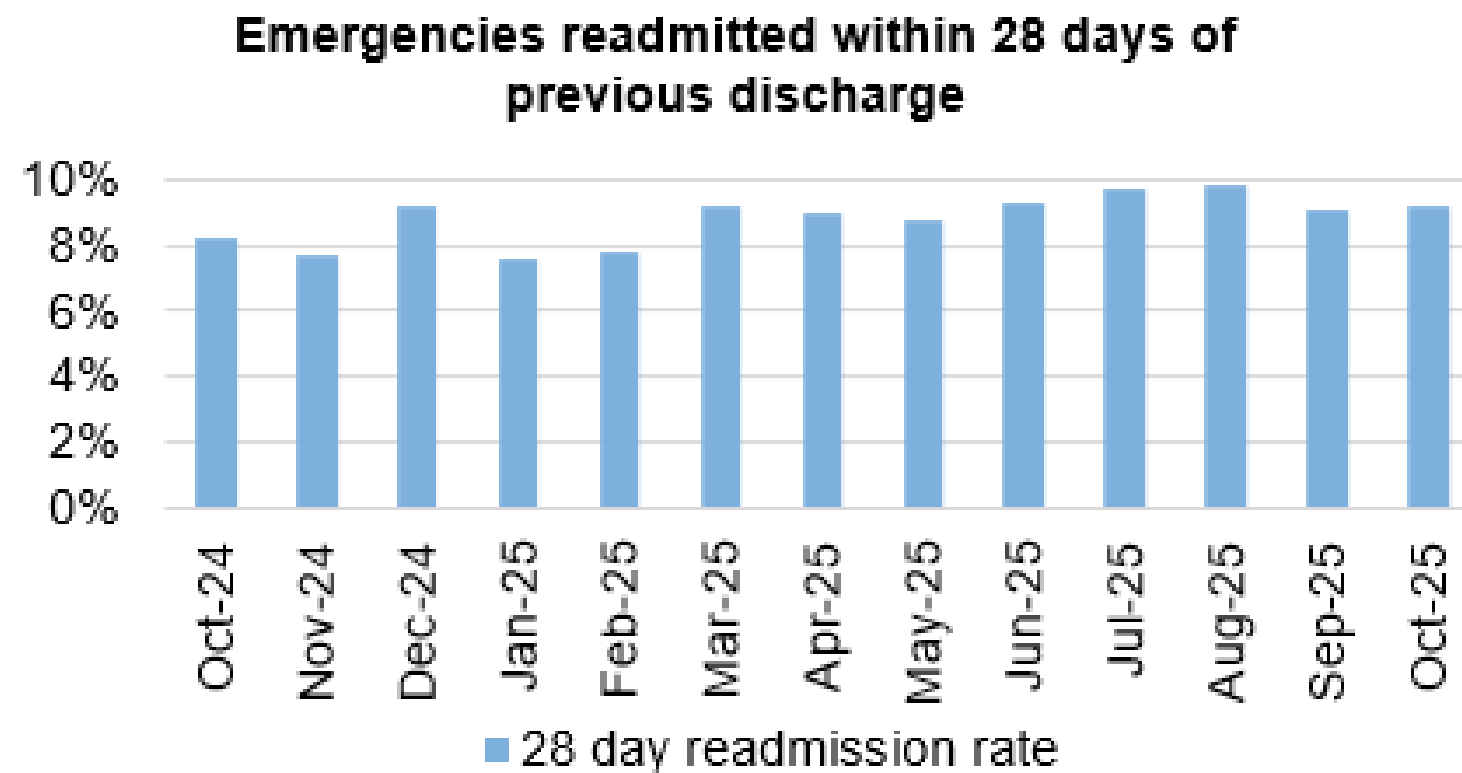
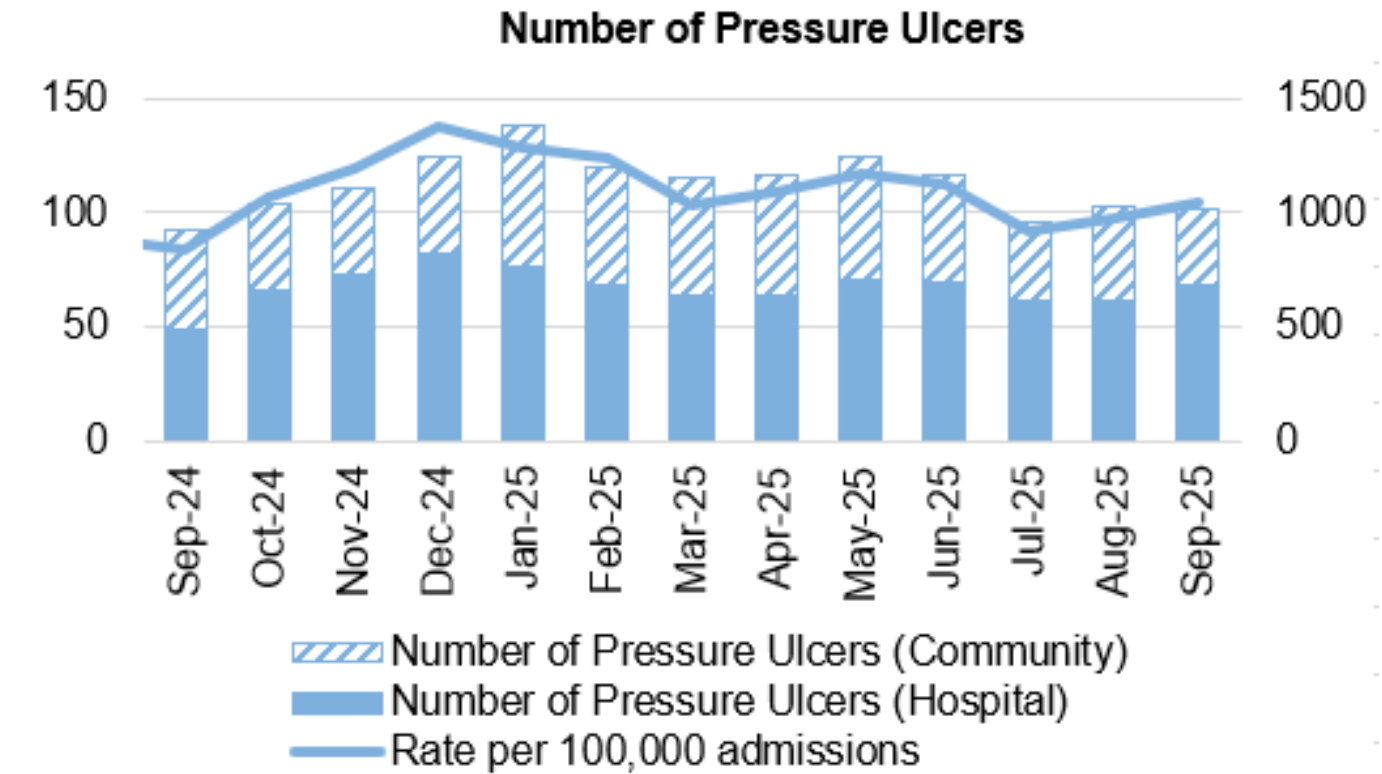
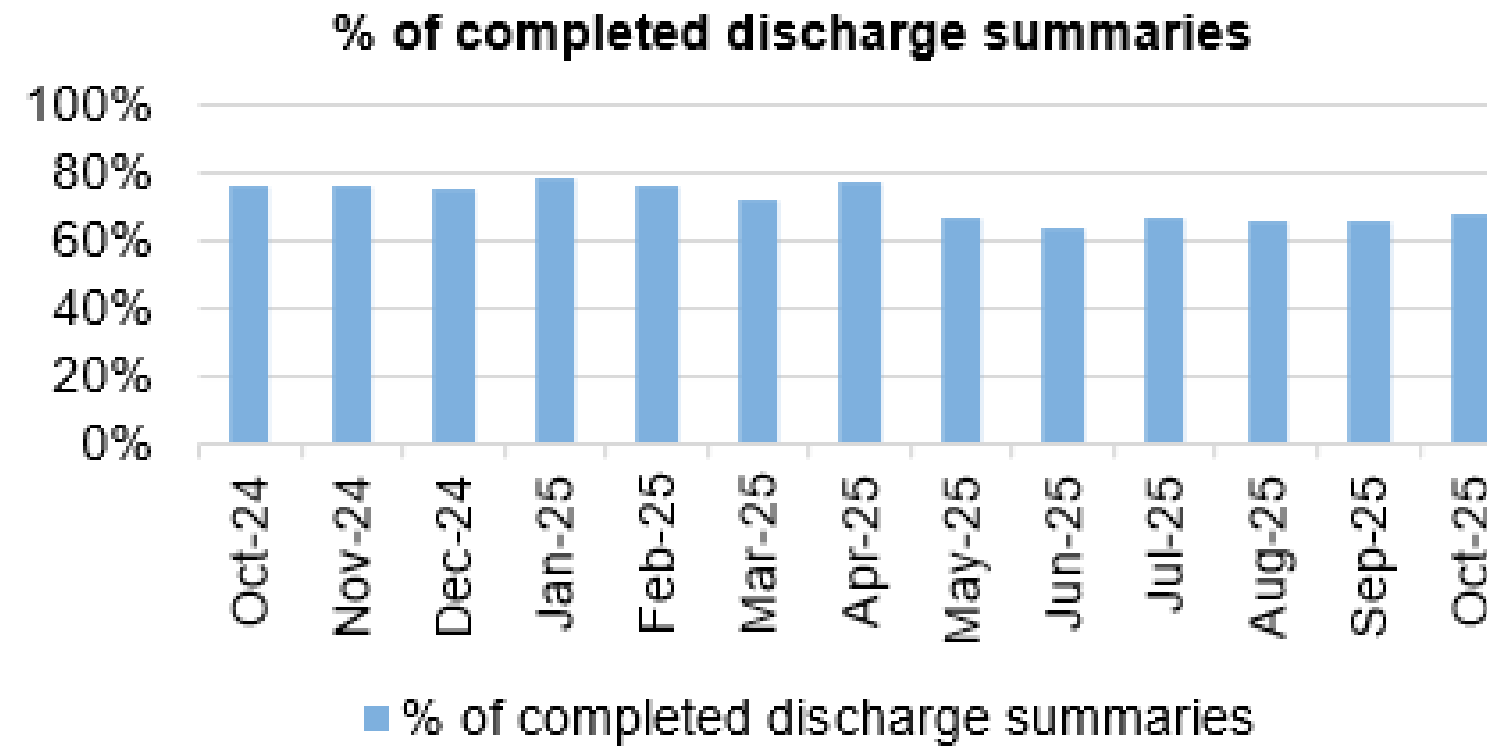
Graph 3



Graph 4



# Quality & Safety



## Actions/Updates

- The percentage of completed discharge summaries 67% in October 2025, which is above the 65% reported in September.
- There were 102 Pressure Ulcers reported in September 2025, of which 34 were recorded in the Community.
- There was an increase in the percentage of episodes clinically coded within 1 month of discharge, increasing from 67% in August 2025 to 74% in September.

# Pressure Ulcers – Action & Intervention

## Goal – To reduce the amount of patients developing HB acquired avoidable pressure damage by 20% by end of March 2026

### What is the Data telling us: Overview

Incident reporting for pressure ulcers has increased by **8.4%** when comparing 2024 to 2025. This reflects higher numbers both in hospital settings and on community caseloads.

**Key Data Points, Graph 1:** Total number of HB acquired incidents across SBU (hospital, community, MH & LD combined). **Graph 2:** The HB deep damage reported with or without avoidability status. Deep damage incidents have dropped by **29% from Jan 2025 to Oct 2025**.

**Severity: 90% of incidents** remain superficial in nature. Of incidents closed in the last quarter: **55%** deemed unavoidable **11%** deemed avoidable **34%** closed without a recorded status, **29%** of incidents remain pending investigation and are not reflected in current figures.

#### Harm Profile

There has been a **50% reduction in serious harm incidents** compared to 2024/25 to date in both NPSSG and PCS.

**No nationally reportable incidents** have been recorded in Morriston.

#### Location of Incidents

Health board-acquired pressure ulcers remain **more prevalent in patients' homes**. The highest report on inpatient sites remains ED/AMAU, with an average of 30 HB acquired per Quarter

### Underlying causes:

**Patient factors:** Vulnerability, deconditioning (esp. first 72h of admission).

**Leadership/Process:** Poor accountability, admin gaps.

**Risk assessment & care planning:** Incomplete or poorly linked to interventions; staff skill gaps in ulcer recognition, repositioning, and offloading.

**Equipment/Resources:** Delays in dynamic mattress/bed provision; no targeted support in high-incidence wards.

**Education/Training:** Limited prevention training, lack of tissue viability expertise, weak engagement in QI.

**Documentation/Technology:** Delayed/incomplete digital charting; limited use of medical photography.

**Governance/Learning:** Gaps in guideline implementation and feedback systems

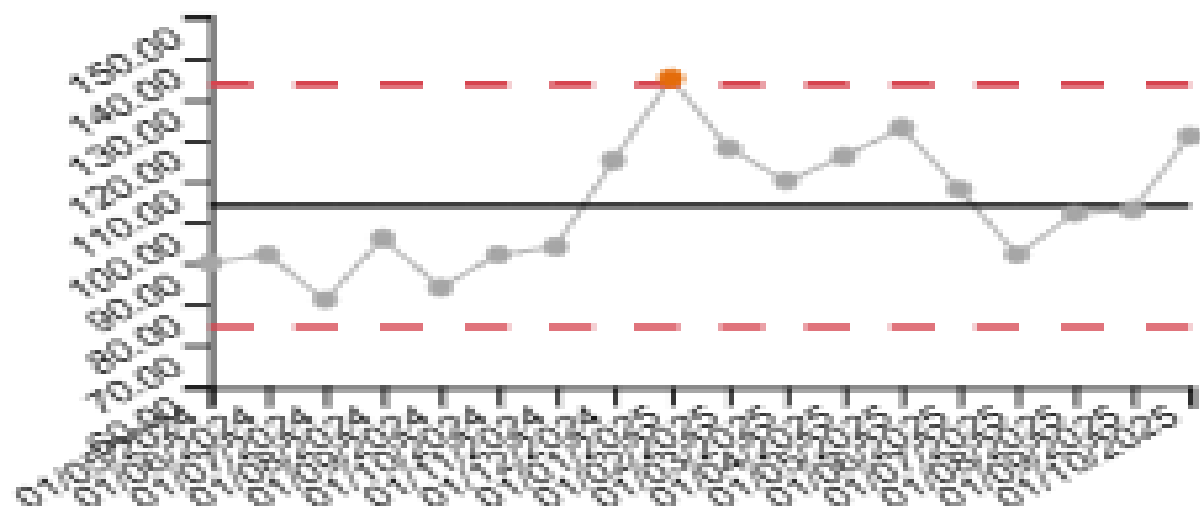
#### Risks:

- Limited access to accurate data; executive dashboards don't reflect site-level SG data.
- Lack of medical photography for validation (RR 15 / 3701).
- Insufficient Tissue Viability Nurse (TVN) resources.
- Bed contract delays → risk to patients due to failing equipment.

### Key Outcome Measure/s

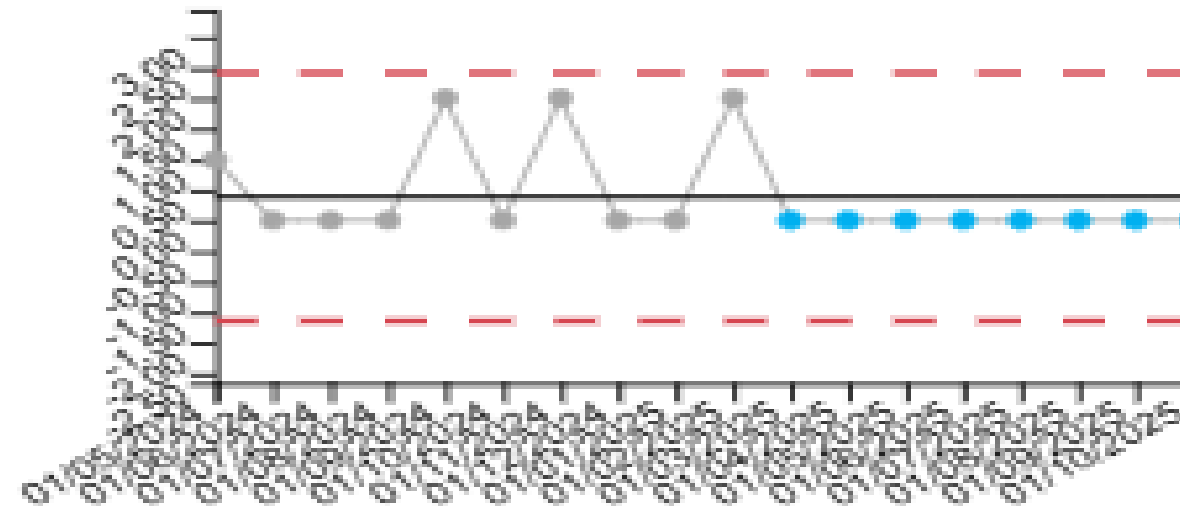
Graph 1

#### Total Pressure Ulcers Developed or Worsened During Care



Graph 2

#### Total Category 4 Pressure Ulcers Developed or Worsened During Care



### Actions to Address Pressure Ulcers (HB):

**Governance & Oversight:** Pressure Ulcer Strategic Group, scrutiny panels, peer reviews.

**Audits & Data:** Spot audits, Datix QA audits, data reviews/cleansing. Service provision and efficiency reviews

**Education & Training:** Multilayered education (face-to-face, Teams, videos), skills days, champions programme, Care home QI education, neonatal & maternity guidelines.

**Pathways & Policies:** Development of PU pathways, policies, and improvement plans supported by .

**Resources & Technology:** Centralised Tissue Viability service, digital wound imaging (Improvement Cymru), bed contract finalisation. Shared education, champions and skills programme

**Collaboration:** Shared responsibility across HB, data sharing. Lessons and good practice, accountability,

**Leadership-** Strengthen leadership and accountability

### What we expect to see (Outcomes by 2026):

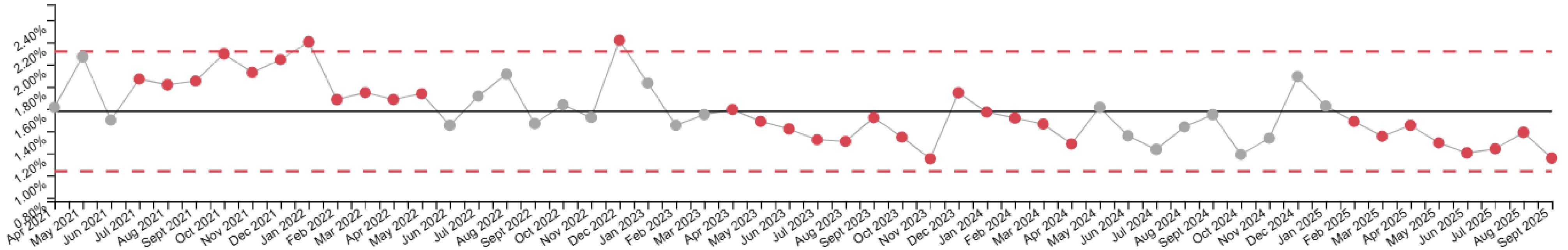
- ↓ 20% PU rates in acute sites; ≤1.6/1000 bed days.
- ↓ 10% avoidable PU in HB.
- Improved staff skills, governance, and learning culture.
- Equitable access to tissue viability services & medical photography across sites.
- Better supported care homes.
- Patients consistently receive “right care, right time.”





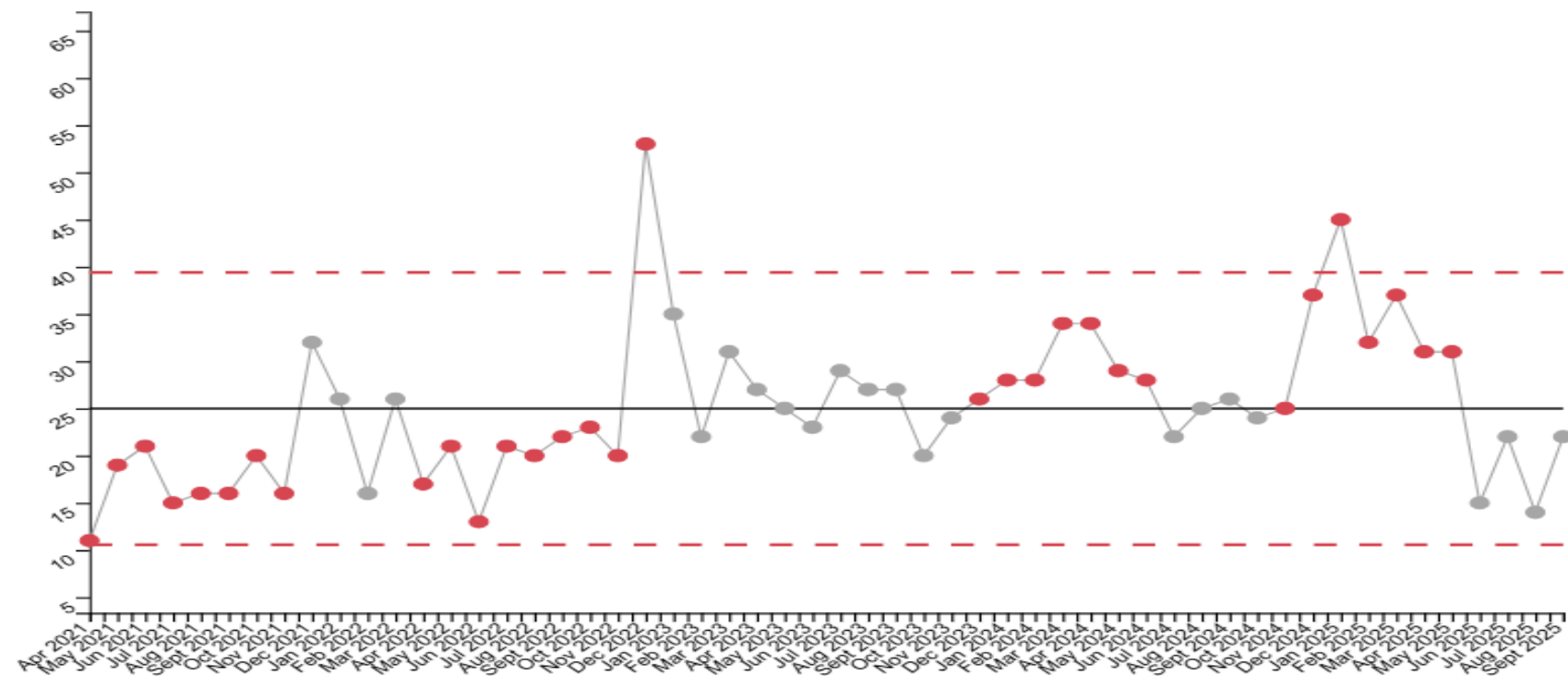
# Mortality: Action & Intervention

Crude Mortality Rate



The summary of deaths in the Emergency Department can be seen below:

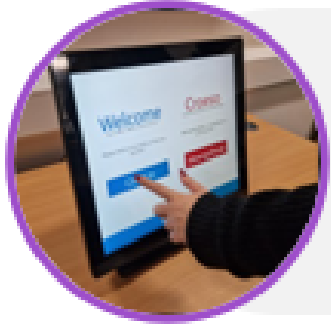
Deaths in ED



## Mortality Data Summary

- The crude mortality rate has seen a reduction in September 25, reporting 1.16% compared to the previous figure of 1.39% in August 2025.
- Crude mortality over the last 4 years is within the control limits and the recent data reflects the predicted decline of mortality as expected during summer months
- The summary of deaths in the Emergency Department shows a significant reduction in deaths in recent months.

# Care is delivered in safe and appropriate settings supported by innovative digital solutions



- Care is delivered around the patient in the most appropriate setting as close to home as possible supported by digital and data solutions
- Care settings are fit for purpose, appropriately designed and equipped
- Secure, trusted and insightful data and digital platforms empower staff to deliver more and higher quality care and improved patient outcomes and population health
- We have a digitally inclusive culture, where patients, clinicians and non-clinical colleagues work collaboratively to create effective and efficient services and patients are empowered to make informed and meaningful choices about their health and care
- Through where and how they are delivered, services contribute to the environmental, economic, social and cultural well-being of Swansea Bay

Quality Aspect	Action	Outcome
<p>Care is delivered around the patient in the most appropriate setting as close to home as possible supported by digital and data solutions</p>	<ul style="list-style-type: none"> <li>• Implementation of Rio to support integrated teams in Mental Health, Learning Disabilities and Community Services.</li> <li>• Increased access to services through the development of electronic self-referral forms for the population of Swansea Bay.</li> <li>• Implementation of Digital Maternity to support a single pregnancy record with real time recording of information in community and hospital settings.</li> </ul>	<ul style="list-style-type: none"> <li>• 750 users in integrated teams will be supported by a digital solution in the community.</li> <li>• Shared Care record for maternity with a patient facing app launching by end of March 2026.</li> </ul>
<p>We have a digitally inclusive culture where patients, clinicians and non-clinical colleagues work collaboratively to create effective and efficient services and patients are empowered to make informed and meaningful choices about their health.</p>	<p>The digital platforms listed above will support clinicians to work collaboratively and effectively. Additionally, patients will be empowered to manage their own health through the increased adoption of:</p> <ul style="list-style-type: none"> <li>• Swansea Bay Patient Portal (SBPO) in conjunction with the roll out of Hybrid Mail to improve patient communication by delivering outpatient letters digitally via the SBPP.</li> <li>• Implementation of Digital Health Assessments (DHA's) to include the Waiting Well holistic assessment question set.</li> <li>• Pilot the use of artificial intelligence to increase the efficiency and timeliness of clinical coding.</li> </ul>	<ul style="list-style-type: none"> <li>• Over 20,000 patients are accessing the portal, increasing by 500-1000 per week, empowering them to make informed and meaningful choices about their health.</li> <li>• Effective and efficient services enabled by digital technology.</li> <li>• Empowering patients to make informed and meaningful choices about their health.</li> <li>• Data insights will inform clinical and operational decisions to improve patient outcomes</li> </ul>

# Care is delivered in safe and appropriate settings supported by innovative digital solutions



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Quality Aspect	Action	Outcome
<p>Secure, trusted and insightful data and digital platforms empower staff to deliver more and higher quality care and improved patient outcomes and population health</p>	<ul style="list-style-type: none"> <li>• Implementation of a new pathology digital system (LIMS2.0)</li> <li>• Implementation of a new Radiology Information System and Picture Archiving and Communication System (PACS).</li> <li>• Enhancements to Signal functionality to support patient flow.</li> <li>• Implementation of Open Eyes to provide a digital eye care Electronic Patient Record (EPR).</li> <li>• Go live of the WNCR paediatric module, in line with the National Programme.</li> <li>• e-Prescribing and Medicines Management - Deliver successful integration with National Shared Medicines Record and Pharmacy Stock Control.</li> <li>• Implementation of Hospital Initiated Referral (HIR), enabling a consistent approach to dealing with referrals and a mechanism to monitor and analyse to inform service change</li> <li>• Implement the ED app to facilitate data capture of the WECDS and explore options for the procurement of a solution to support unscheduled care.</li> <li>• Replacement of the core networks at Morriston and Singleton.</li> <li>• Replacement of the Singleton Hospital network by replacing the hospital network switches which provide access to computers, video surveillance systems, and medical equipment.</li> <li>• Replacement of the wireless network at Neath Port Talbot Hospital.</li> <li>• The replacement of the computer backup system providing additional protection against cyber-attacks.</li> <li>• A suite of Quality and Safety dashboards to visualise key measures reporting from multiple systems.</li> <li>• Data literacy and Value training programme to support staff in the use of data and digital technology</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of key digital platforms to enable staff to deliver higher quality of care.</li> <li>• The refresh of infrastructure technology to strengthen the Health Board's cyber resilience.</li> </ul>

# The health board is a great place to work where staff feel valued and work together towards a common goal

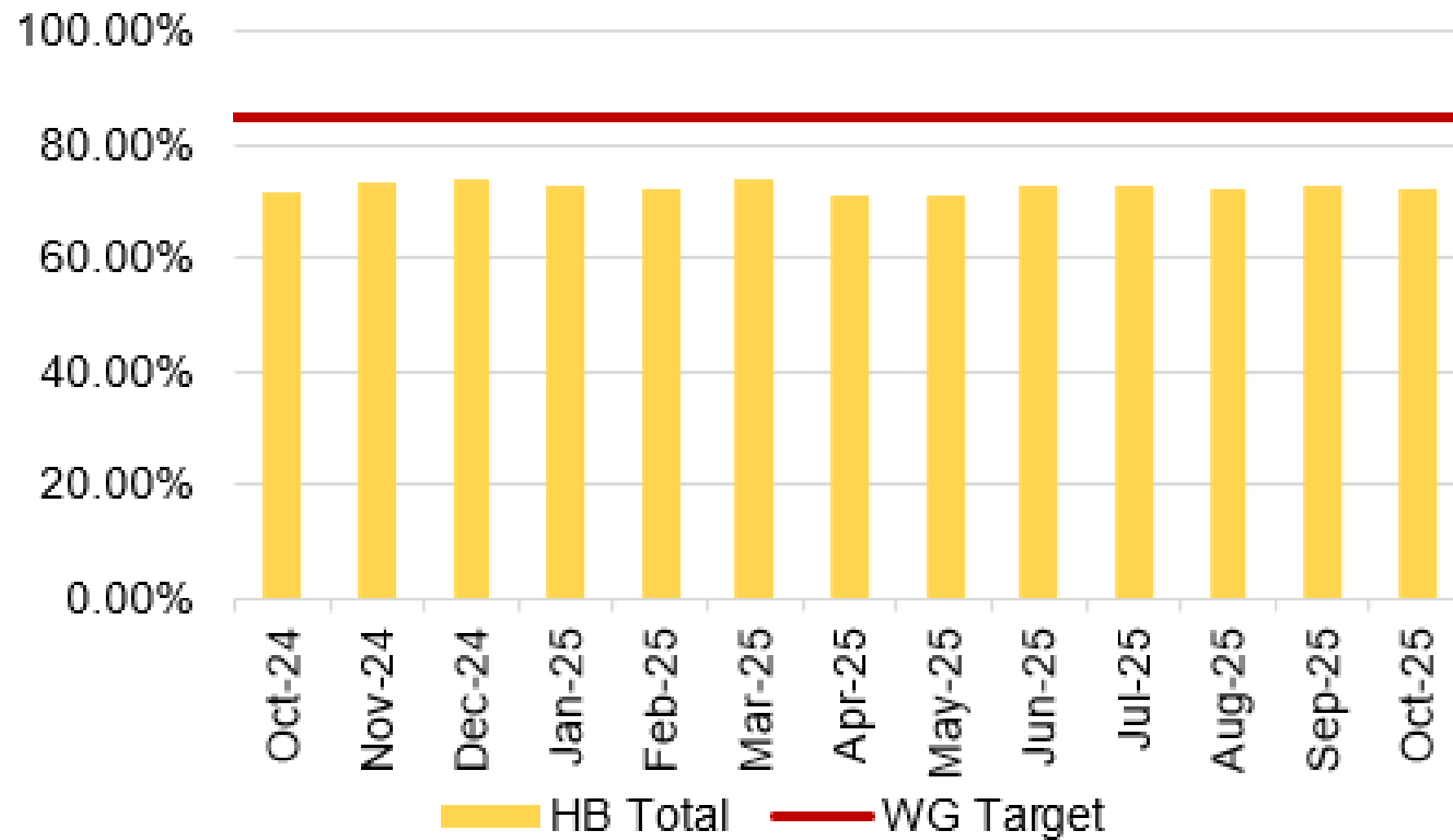


- Our Workforce is engaged, motivated and healthy; they feel valued, fairly-rewarded and supported
- The Health Board is recognised as an employer of choice
- We have a well-planned workforce with the right number of skilled people working on the right things

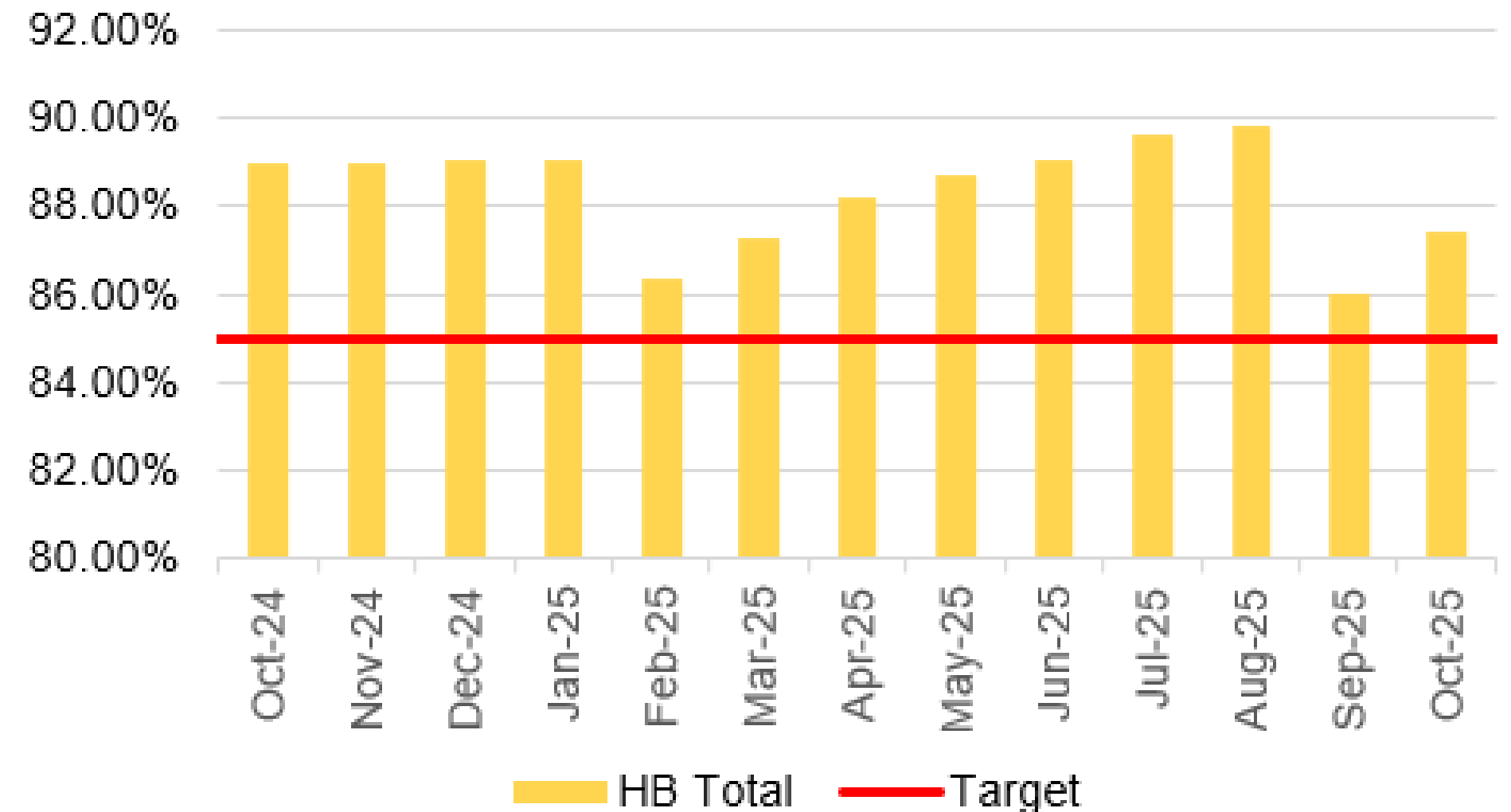
- People feel ready for our digital future
- People are supported to develop the skills and capabilities they need
- People role model collective and compassionate leadership and live our values
- We are diverse and inclusive, ensuring all voices are heard



**% of staff who have had a PADR in previous 12 months**



**% of staff who have completed all statutory & mandatory training modules**

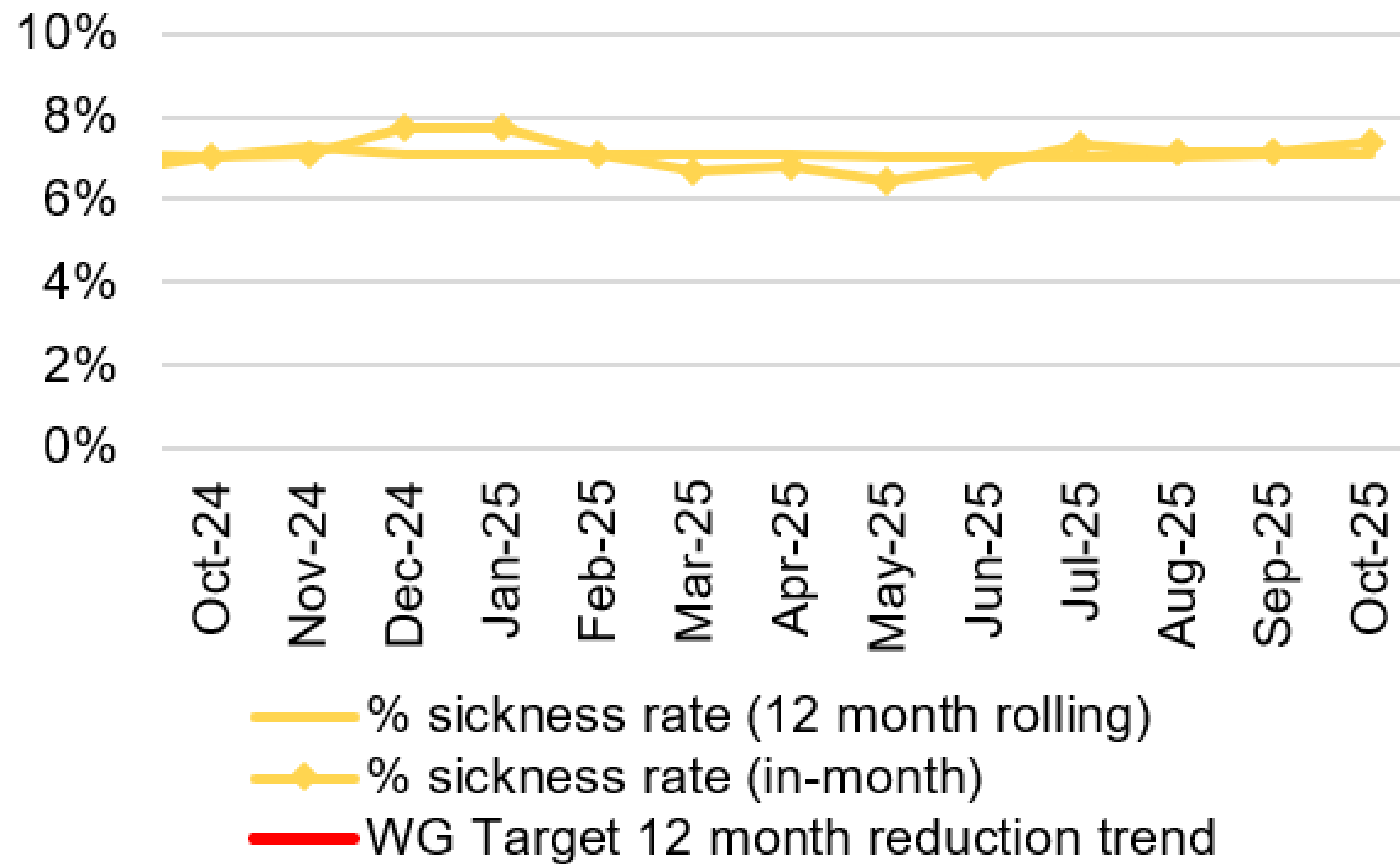


## Actions/Updates:

- Performance against the performance and development review compliance has improved slightly in October 2025 to 72.28% from 72.81% in September 2025. Performance is currently below the Welsh Government target of 85%
- Compliance with the 85% Welsh Government target has been maintained over the last year with regards to staff completing mandatory training. Performance has improved slightly to 87.41% in October 2025 from 86.01% in September 2025.

# Workforce Sickness

**In-month & 12 month rolling staff sickness rates**



October 2025		
Reason	FTE Days Lost	%
Anxiety/Stress/Depression/Other psychiatric illnesses	10,633.13	35.8%
Cold, Cough, Flu - Influenza	3,208.05	10.8%
Other musculoskeletal problems	2,965.23	10.0%
Gastrointestinal problems	1,928.49	6.5%
Other known causes - not elsewhere classified	1,382.50	4.7%

## Actions/Updates:

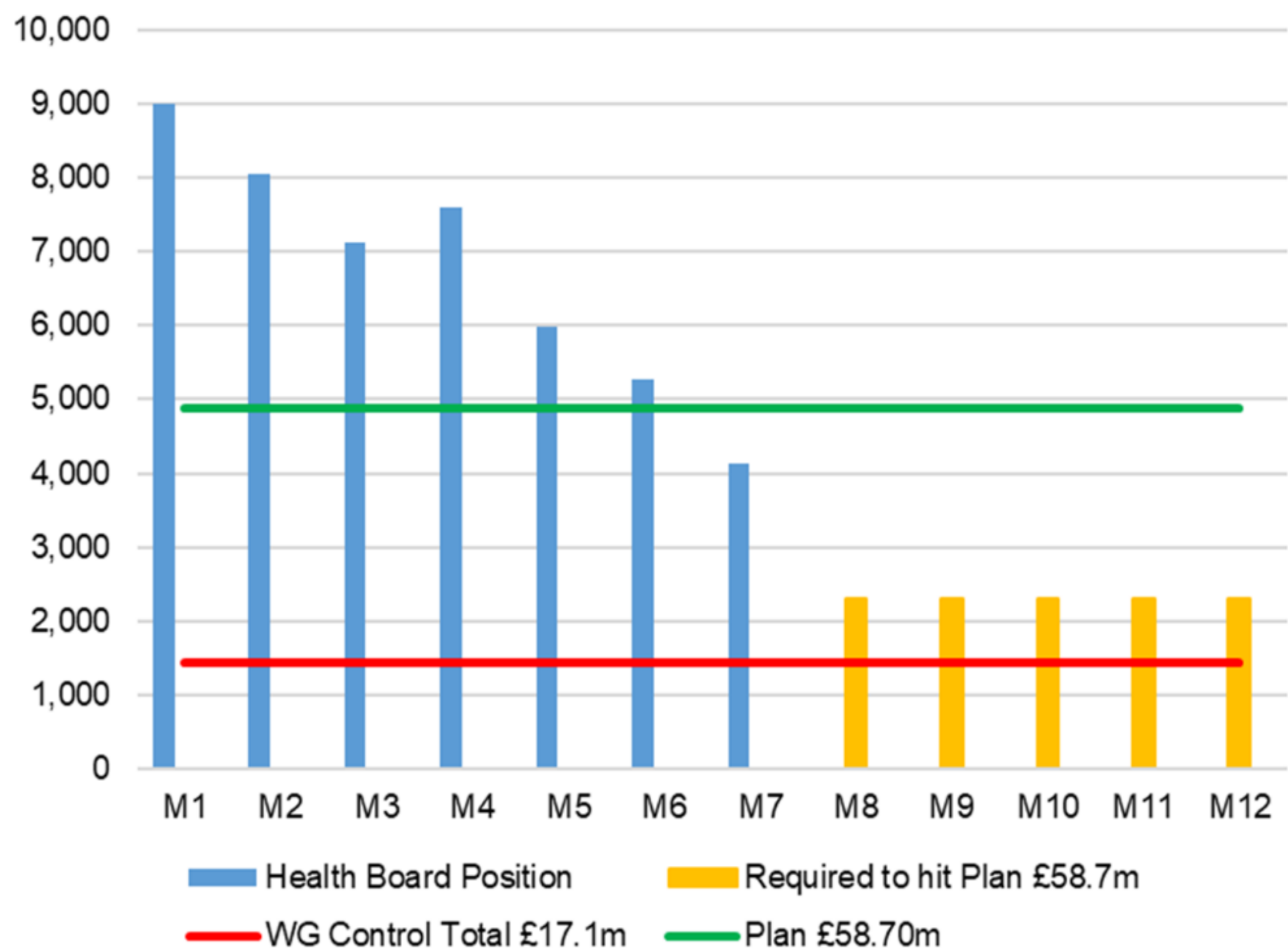
- The in-month workforce sickness rates have increased slightly in October 2025 to 7.40% from 7.15% in September 2025
- The 12-month rolling rate also increased slightly in October 2025, reporting 7.09% compared to 7.08% in September 2025.
- Anxiety/Stress/Depression/Other psychiatric illnesses has remained the top reason for sickness absence over the last year
- Detailed pieces of work are being undertaken within the service groups to address large areas of sickness with workforce colleagues

# The health board is a resilient, financially sustainable and responsible organisation



- The health board is financially balanced and able to invest in service transformation and change
- Decisions are made balancing short-term improvements and long-term impacts
- Resources are used efficiently and proportionately, reducing waste and variation
- The environmental impact of health care delivery in Swansea Bay is minimised
- The health board invests in and works with others locally and responsibly, using our assets to positively contribute to the community
- Citizen stakeholders are meaningfully involved and engaged in decision making
- The health board has the capacity to effectively plan for and respond to incident and emergencies

## Financial Performance 2025/26



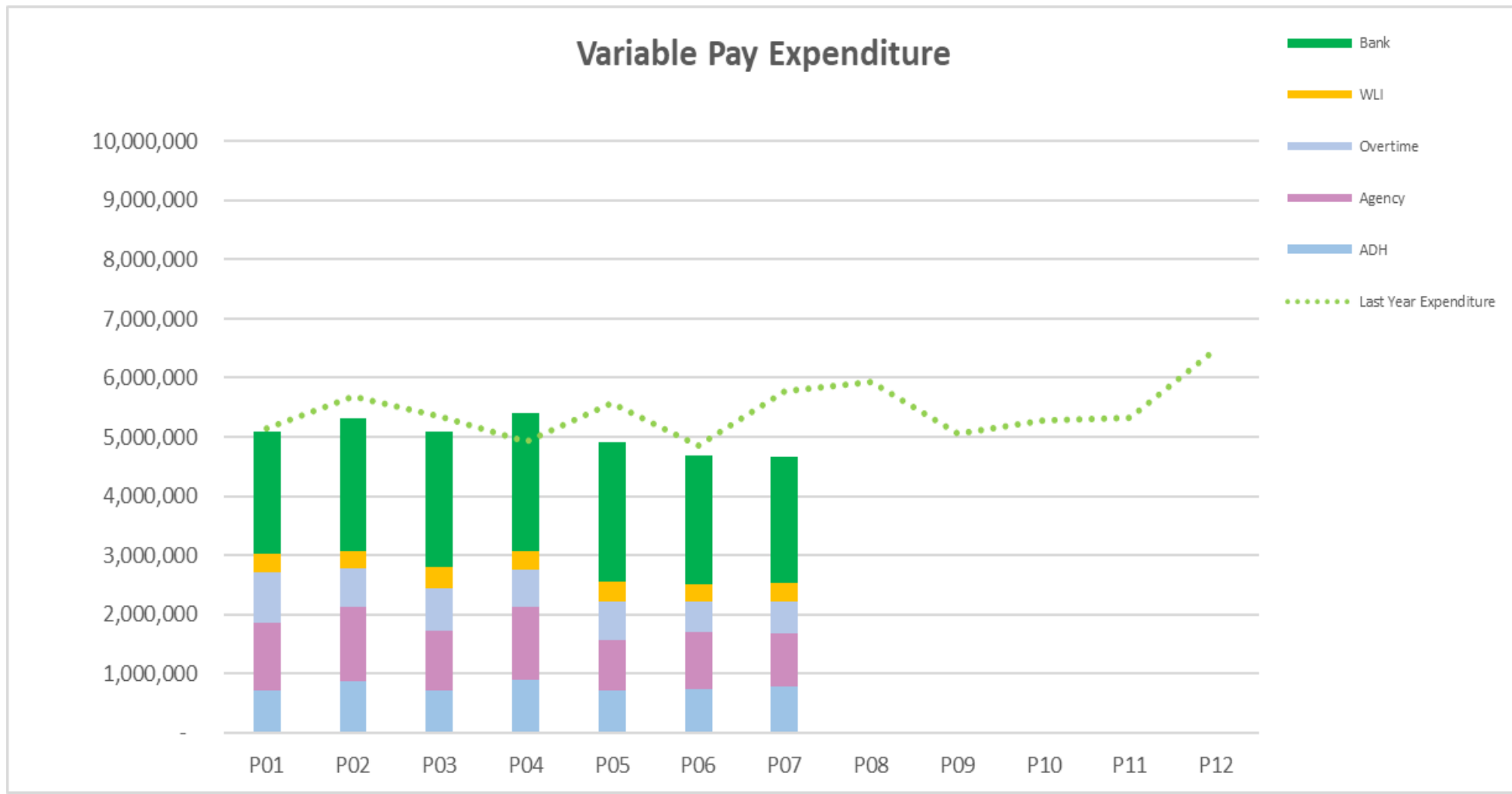
## Revenue Financial Position

The Plan submitted at the end of March, which has not been approved reported a £58.7m deficit with a requirement to deliver £55.4m of savings. The Control Total for the Health Board set by Welsh Government remains £17.1m.

In Month 07 there is an in-month overspend of £4.1m which is £0.8m below the planned deficit of £4.9m for the month.

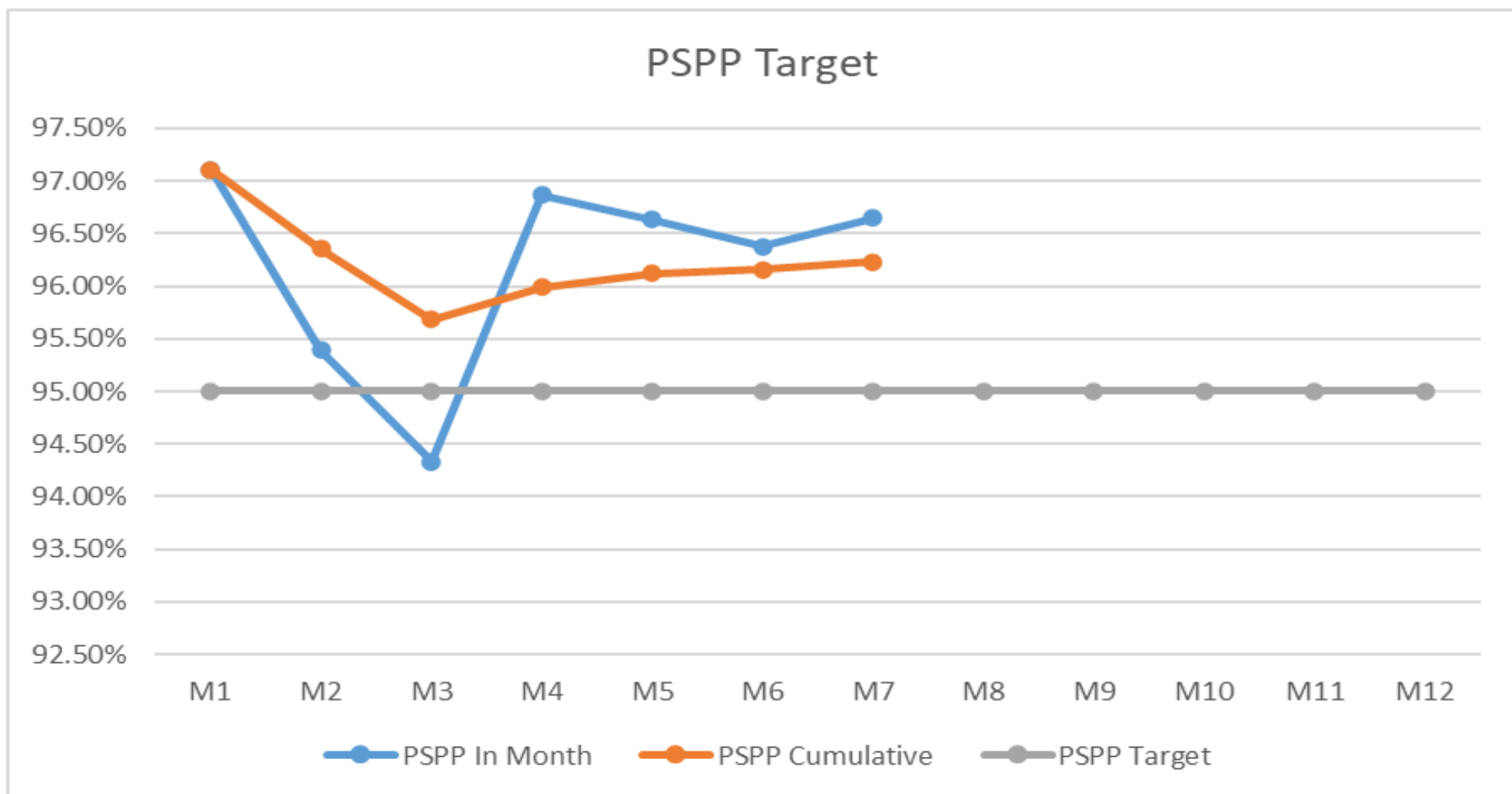
The YTD overspend is £47.1m. This is £12.9m above the planned deficit of £34.2m.

# The health board is a resilient, financially sustainable and responsible organisation



## Workforce Spend

- The pay budgets are underspent by £1.259m in Month
- Variable pay is £1.112m lower in October 2025 (£4.661m vs £5.773m) when compared to the same period last year.
- The biggest spends are attributable to ADH, Bank and Agency which make up 82% of the total variable pay spend.

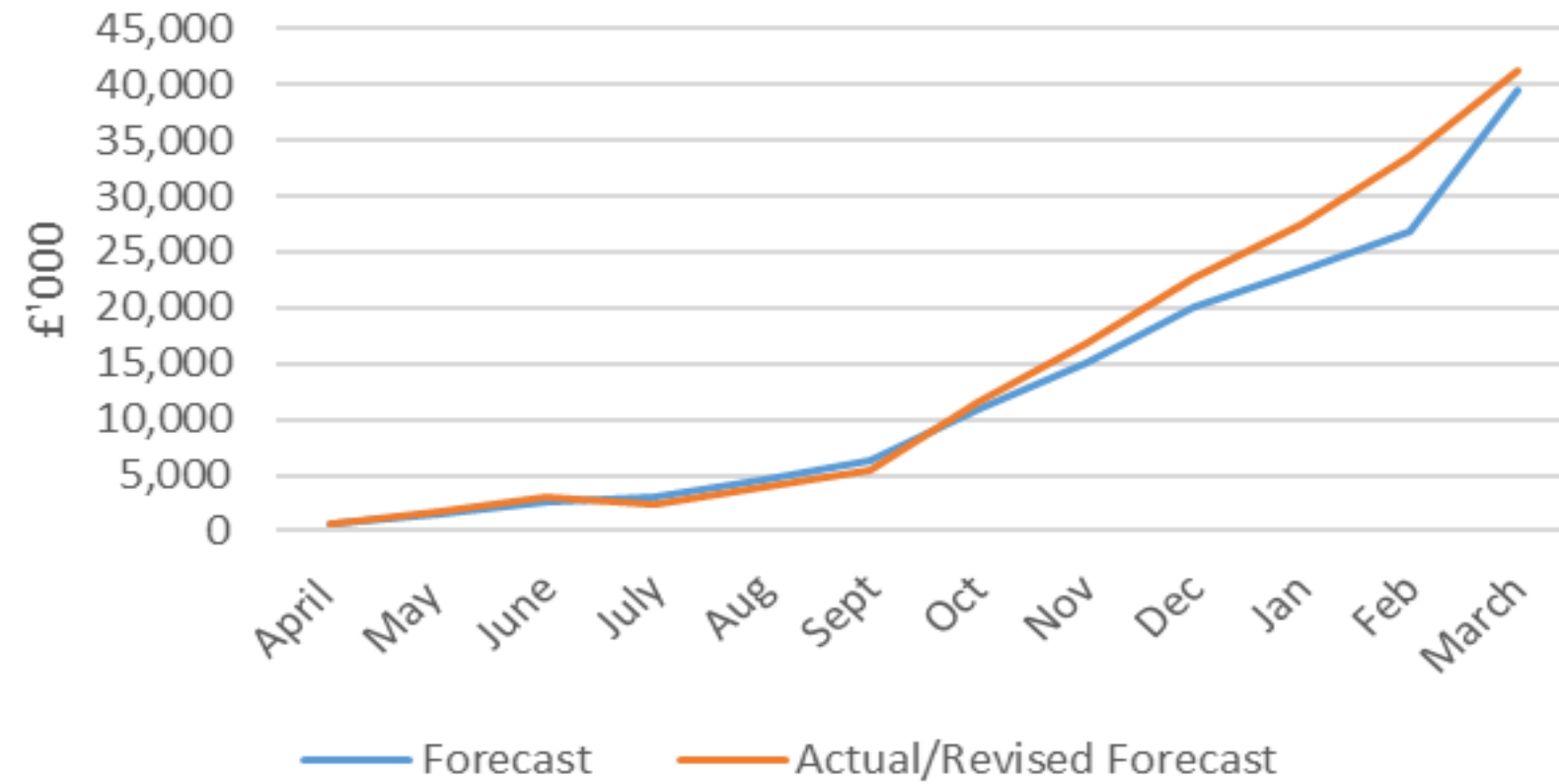


## Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice

- PSPP was achieved in month at 96.65% vs a target of 95%. (Cumulatively we remain above the target at 96.23%).
- There still remains issues with delays in receipting of invoices which is affecting the achievement of PSPP.

# The health board is a resilient, financially sustainable and responsible organisation

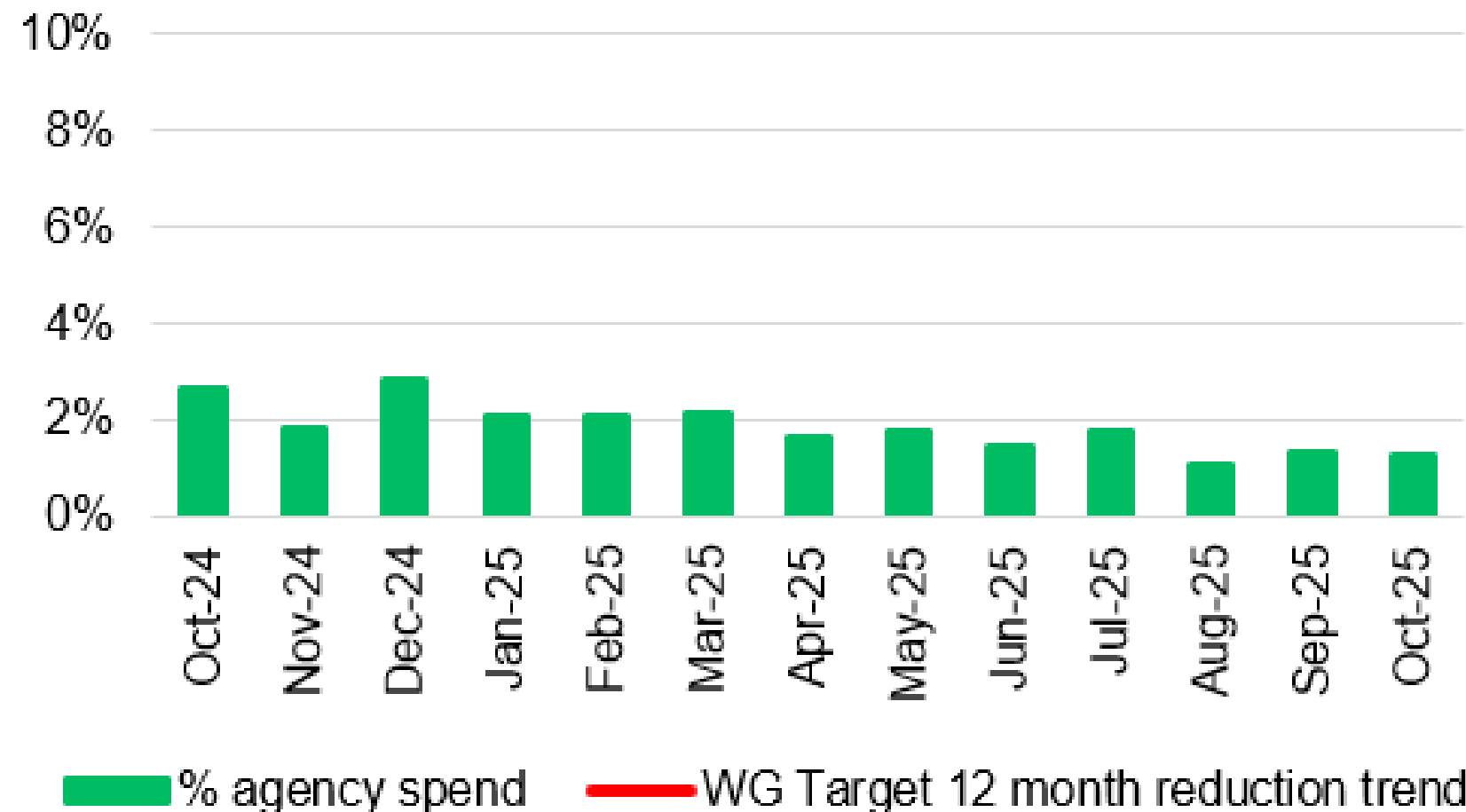
## Capital - Cumulative Performance to Plan



## Capital Financial Position

- The forecast outturn capital position for 2025/26 is an overspend of £1.415m. Allocations are anticipated from Welsh Government which will balance this position. The forecast outturn capital position includes income from disposals of £0.510m.
- Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government.

## Agency spend as a % of the total pay bill



## Agency spend as a % of the total pay bill

- Agency spend as a total percentage of the total pay bill has decreased in October 2025 to 1.25% from 1.34% in September 2025.

## Section 3: Service Specific Updates

# Unscheduled Care

Alison Gallagher

Interim Assistant Director of Operations: UEC

Data: 1<sup>st</sup> April 2025 to 16<sup>th</sup> November 2025

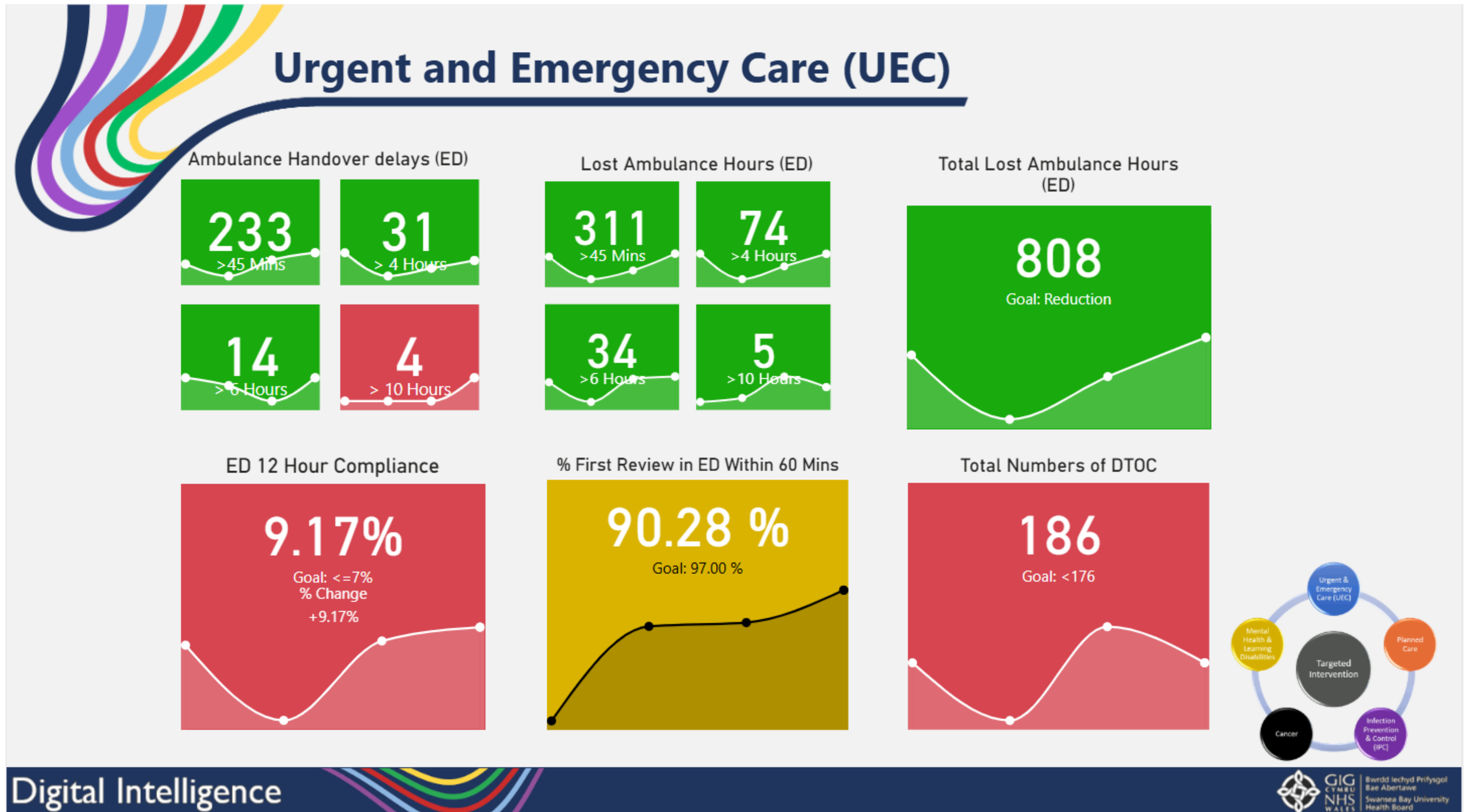
Unless otherwise stated

*(transaction and process time lag may affect most recent data for discharges)*



# UEC Targeted intervention measures as at 19<sup>th</sup> November 25

Data Source: Power BI: TI Dashboard



# Morrison Hospital *Test of Change* – Headline News

*All narrative relates to the pre (April to May 25) and post (June 25) test of change period*

*All indicators measured at the 80<sup>th</sup> Percentile.*

- **ED Ambulance Attends:** There has been a **10.2% increase** in Ambulance Attendances since October 2025.
- **ED Demand:** There has been a **12% increase** in ED attends since October 2025, and a **21% increase** since January 2025.
- **<45 Minute Handover:** There has been a **174% Improvement** in Handover Performance <45 Minutes since the ToC commenced in June 2025.
- **AVERAGE TIME TO HANDOVER (last month):** Pre: 2hrs:43 minutes Post: 0hrs:33 minutes– **79.7% improvement** (SOURCE: Joint Commissioning Committee).
- **Hours Lost:** There has been an **85.9% reduction** in *time lost due to ambulance handover* since the ToC commenced in June 2025.
- **ED TURNAROUND TIME (TOTAL TIME SPENT IN ED, DAILY):** There has been a **18.9% reduction** in the *Total ED Turnaround time (minutes)* .
- **ED Attends> 12 Hrs Daily:** During September, there was a **22.4% reduction** in *ED Attendances waiting >12 hours* since the ToC commenced in June 2025.
- **TOTAL NUMBER OF PATIENTS AWAITING ADMISSION AT 9 a.m.:** There has been a **32..7% reduction** in the number of patients awaiting admission at 9am.
- **WEEKDAY (MEDICAL) DISCHARGES:**
  - **20% INCREASE in WEEKDAY DISCHARGE LEVELS**
  - **10.4% INCREASE IN WEEKEND DISCHARGE LEVELS**
  - **REDUCED VARIATION** –Variation has reduced from +/- 13 to +/- 8 discharges – a **38% improvement**
- **Clinically Optimised Patients:** The number of COP patients in a bed at the start of each week has returned to the ‘normal’ expected value of circa 115 in the Morrison site (with the overall COP numbers at 192 Health Board wide.
- **National Status Level Reporting:** Significant shift from SL4 as a constant, to frequently reporting SL3 & SL2; SL4 reported more recently, mainly due to an increase in demand observed

Date: 18.11.25

# OVERARCHING PDSA MEASURES - WEEKLY

All measures are calculated at the 80<sup>th</sup> Percentile

- Weekly ED Ambulance Attends:

- Pre: 332
- Post (>Oct 25): 366
- 10.2 % Increase**

- Weekly ED New Attends :

- Pre: 1,510
- Post (>Oct 25): 1,692
- 12 % Increase**

- Weekly <45 Minute Handover:

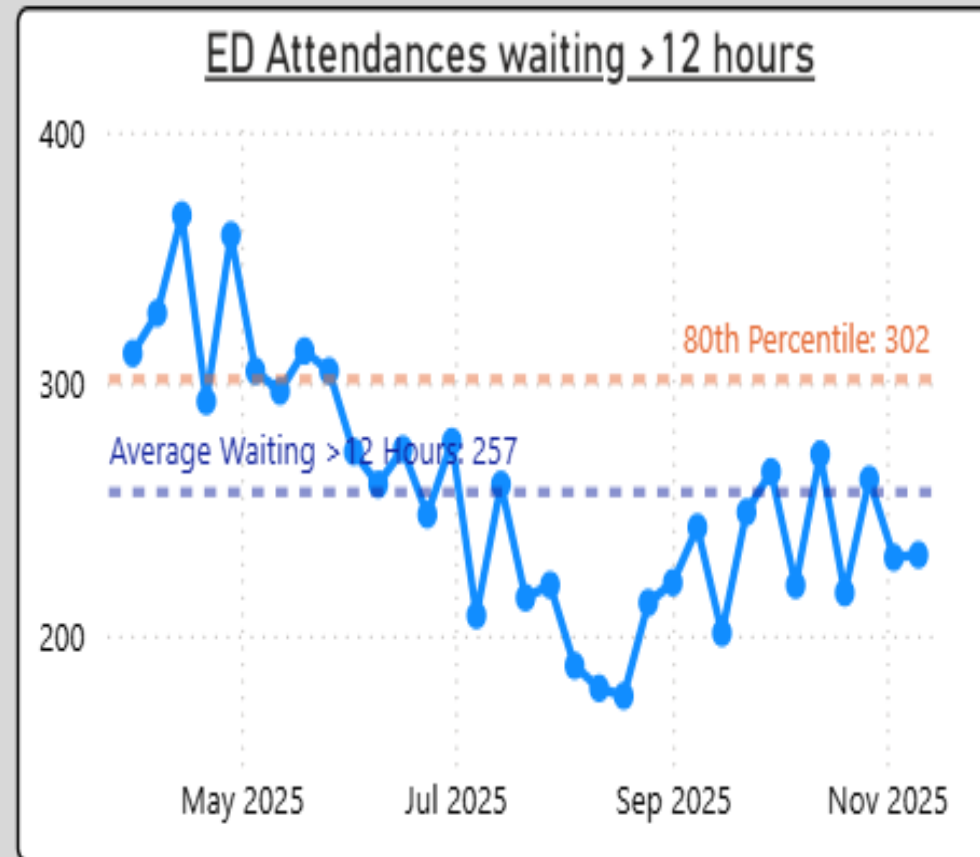
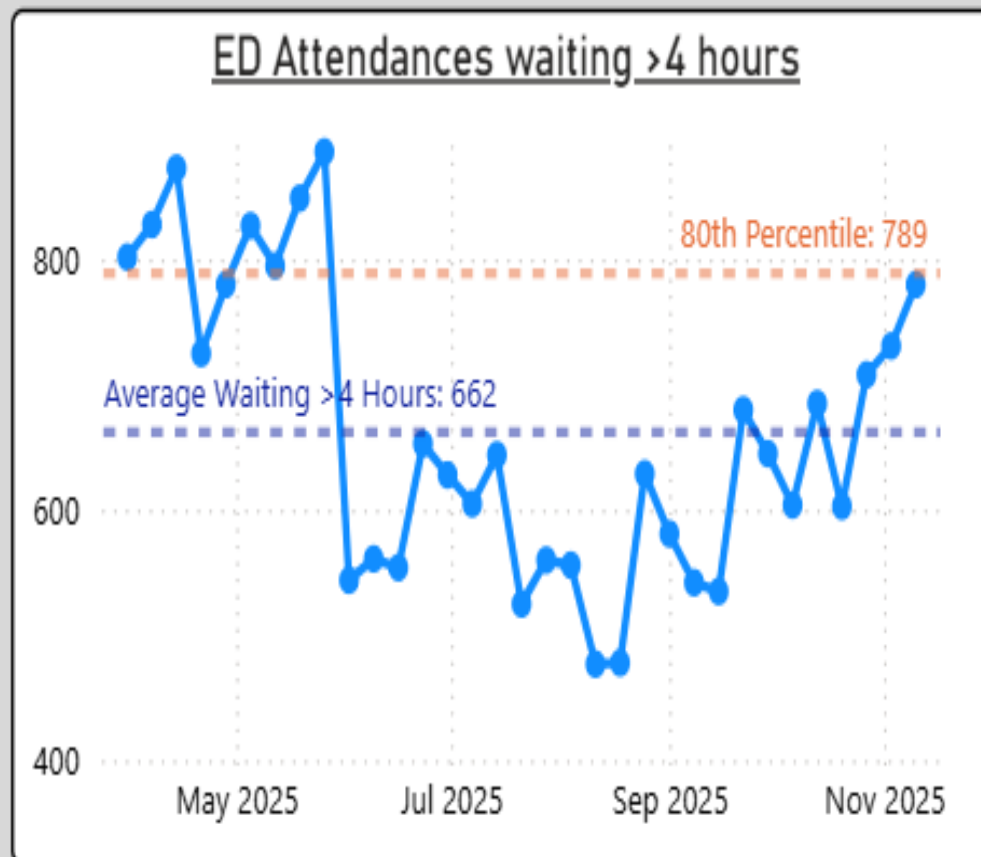
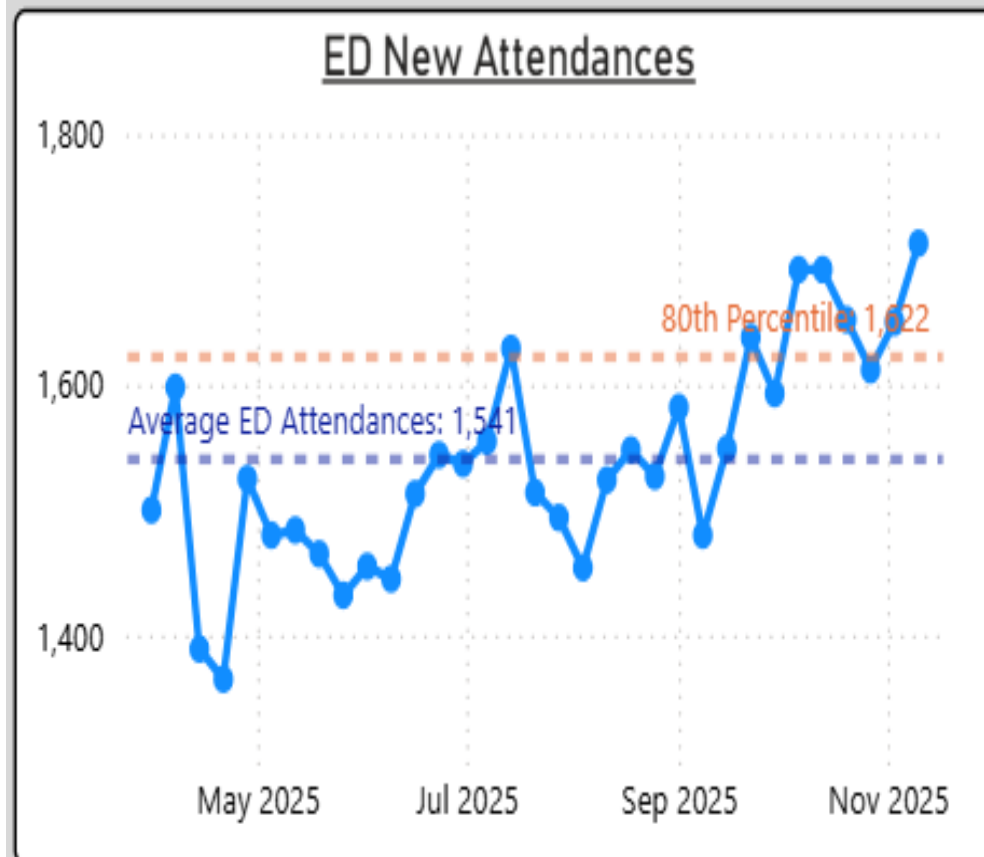
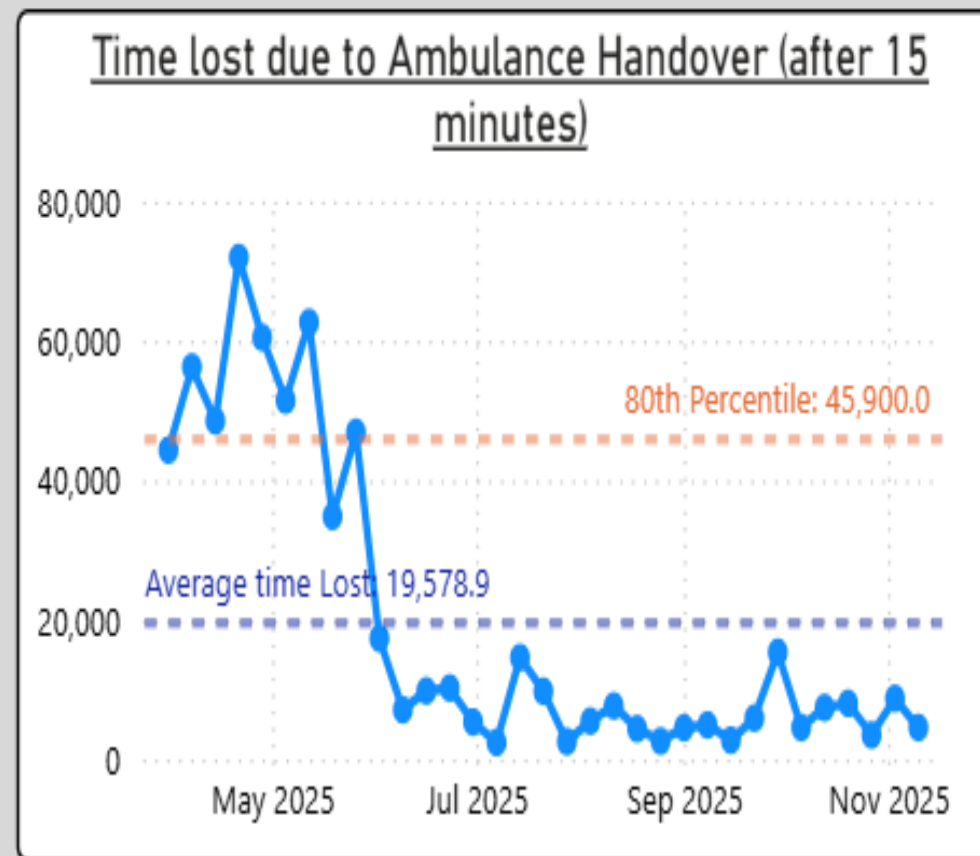
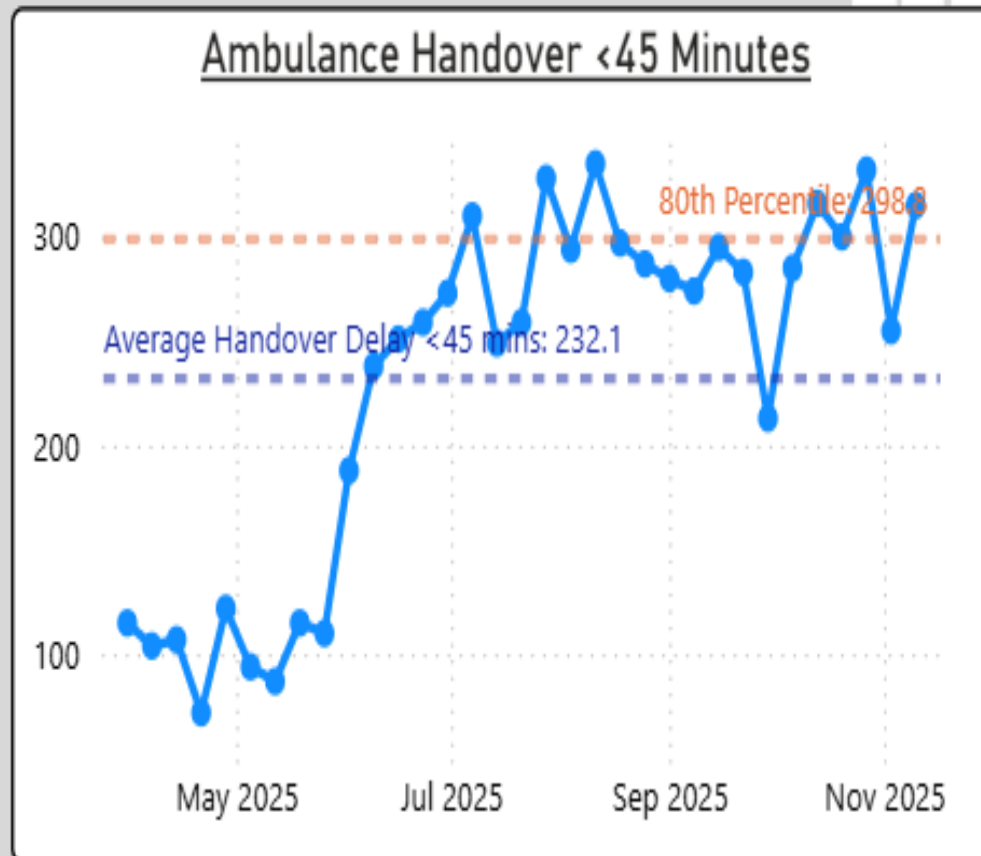
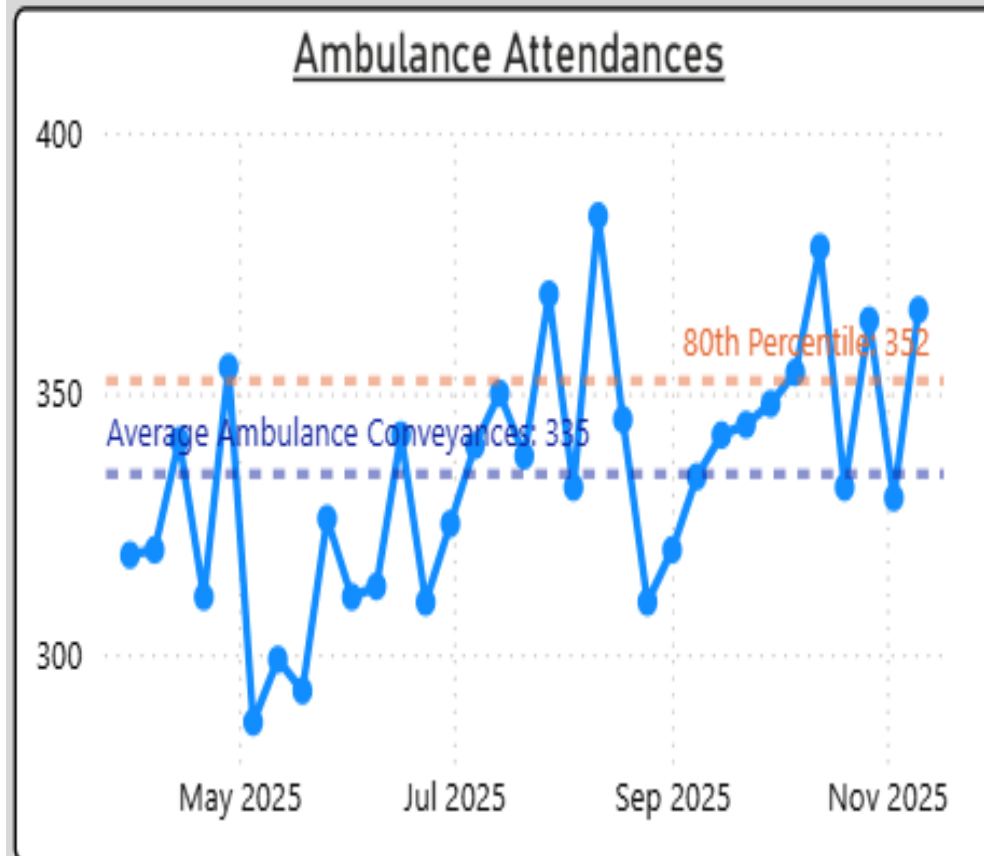
- Pre: 115
- Post (>Oct 25): 315
- 174% Improvement**

- Weekly Hours Lost:

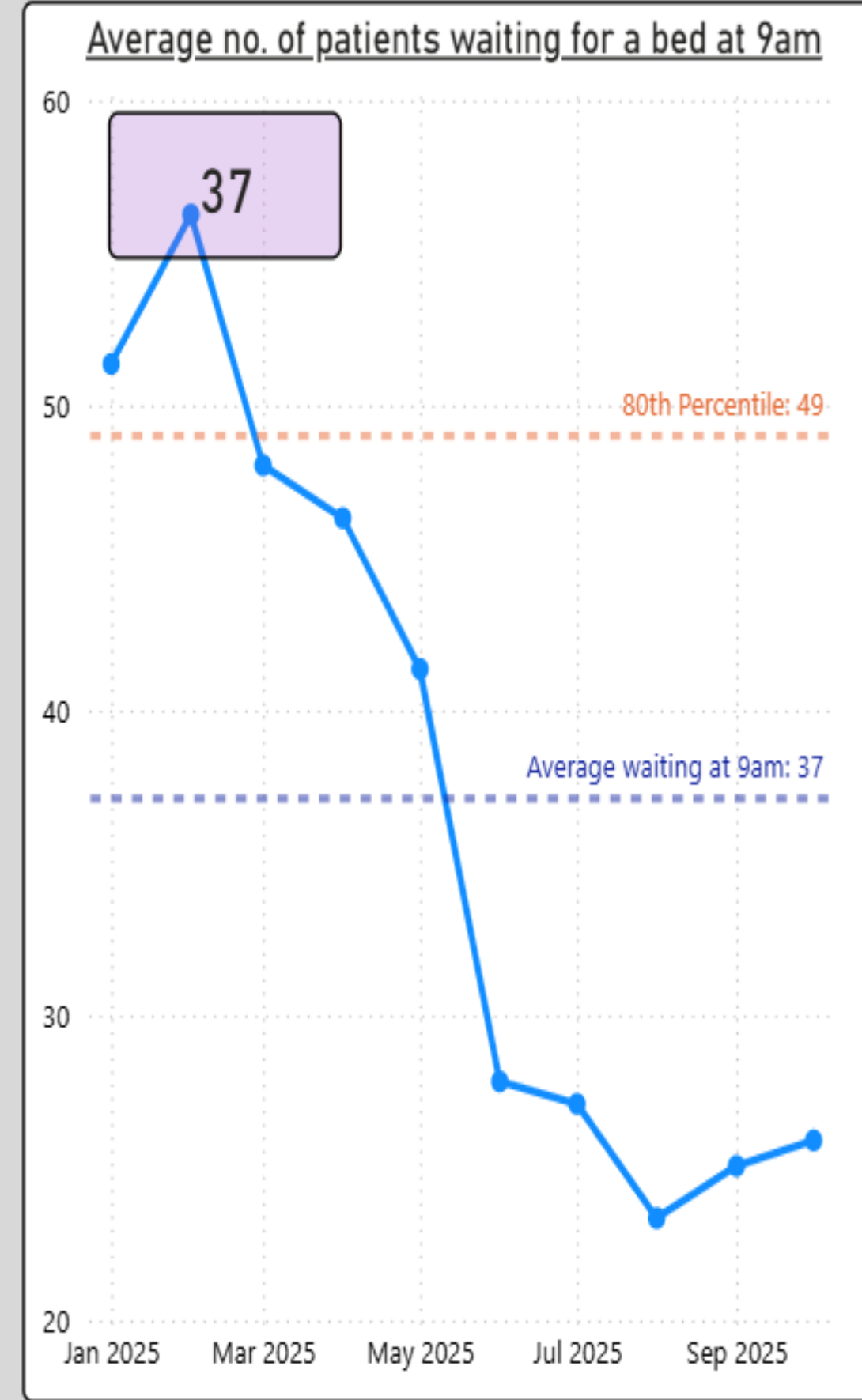
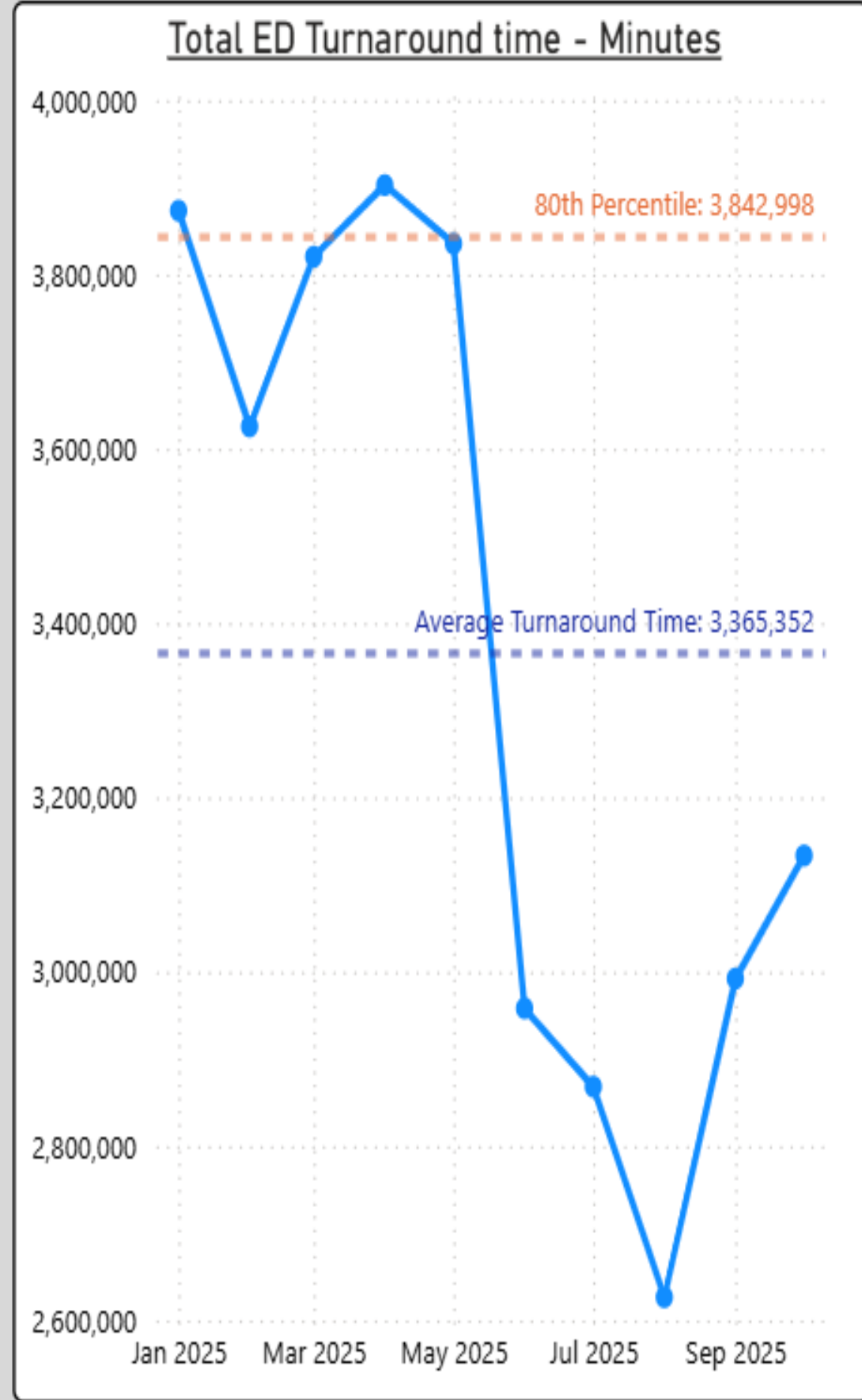
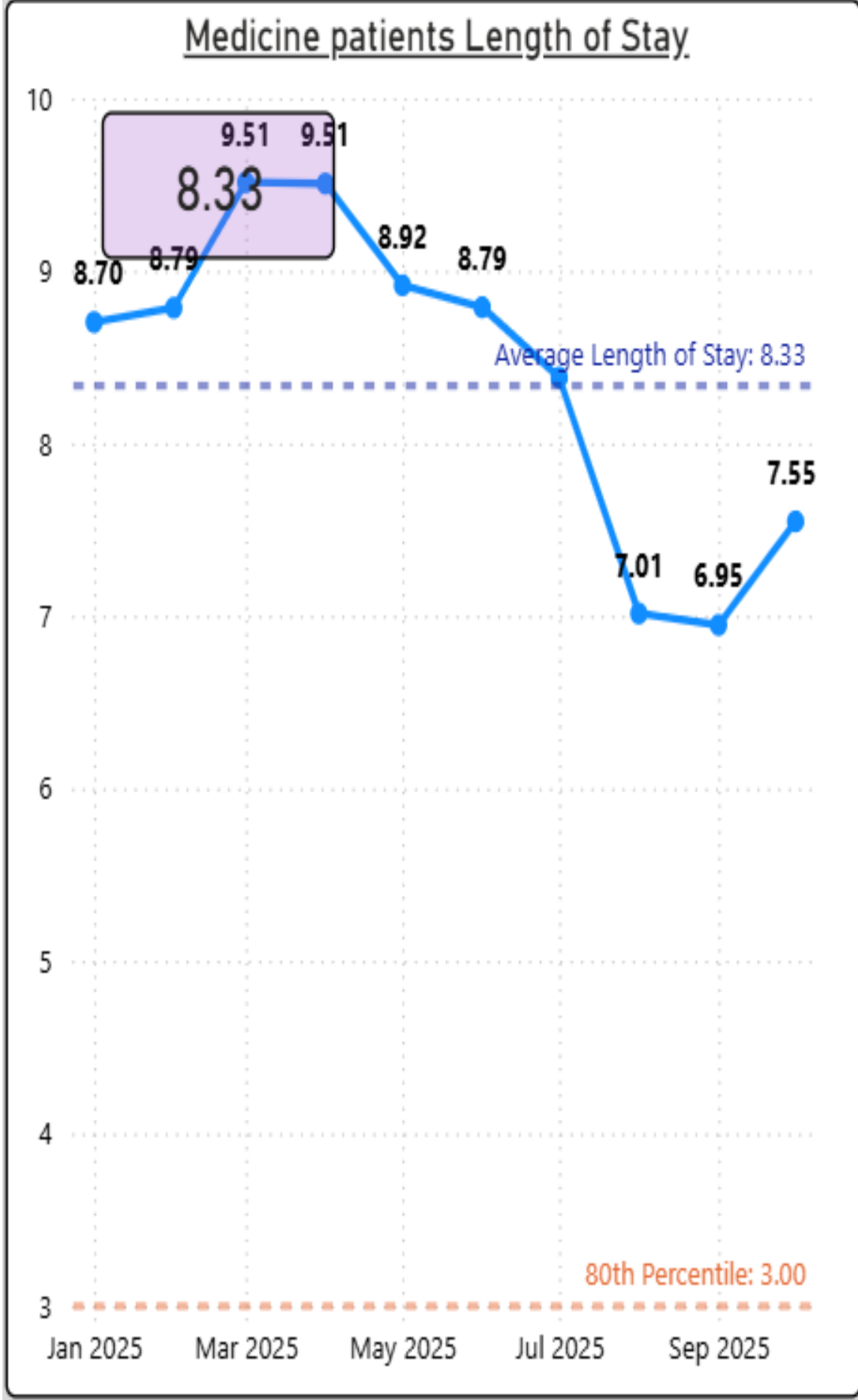
- Pre: 61,380 min = 1,023 Hrs
- Post (>Oct 25): 8,644 mins = 144Hrs
- 85.9% Reduction**

- Weekly ED Attends > 12 Hrs Daily:

- Pre: 340
- Post (>Oct 25): 264
- 22.4% Reduction**

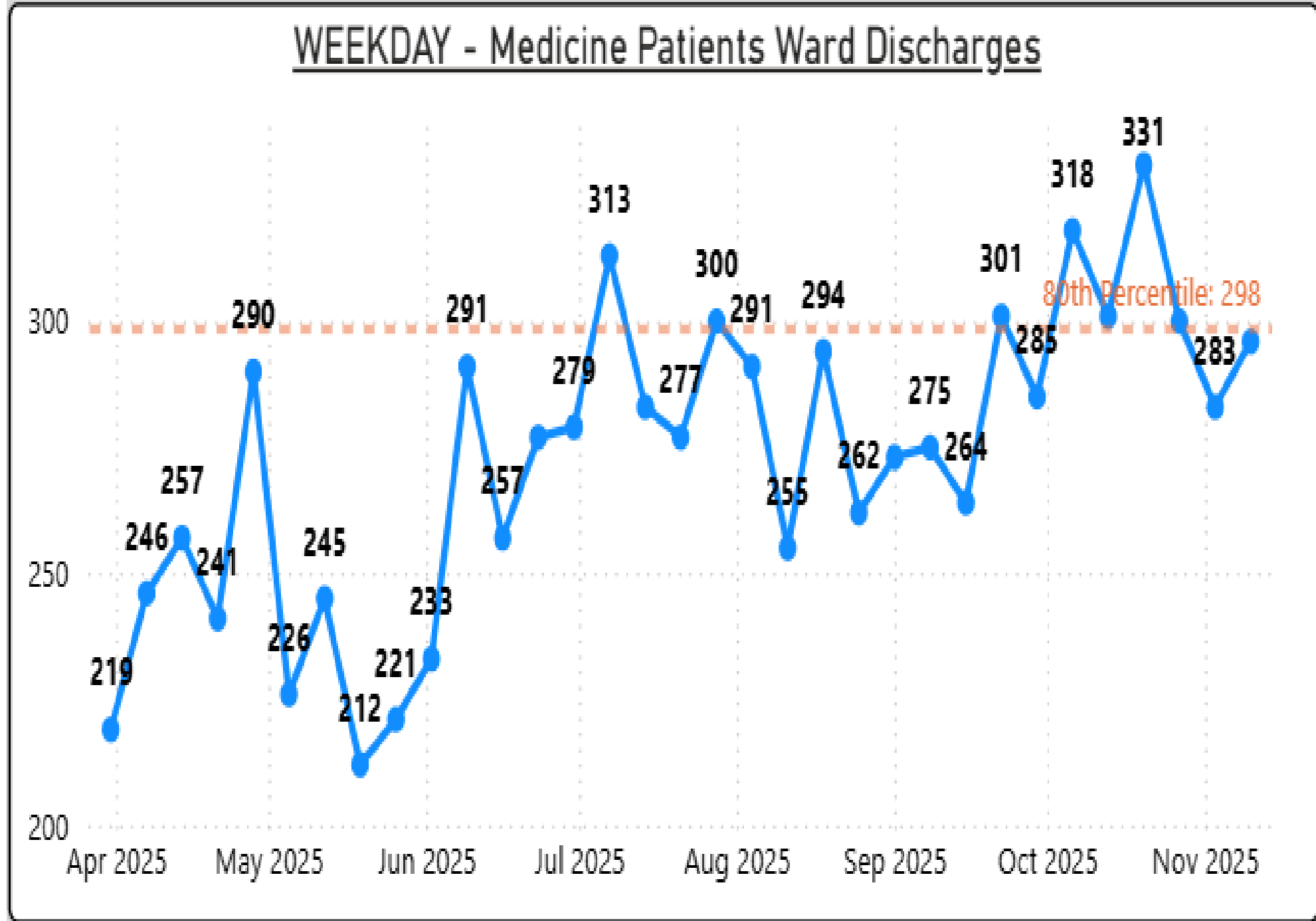


# Patient Flow and Decompressing ED - MONTHLY



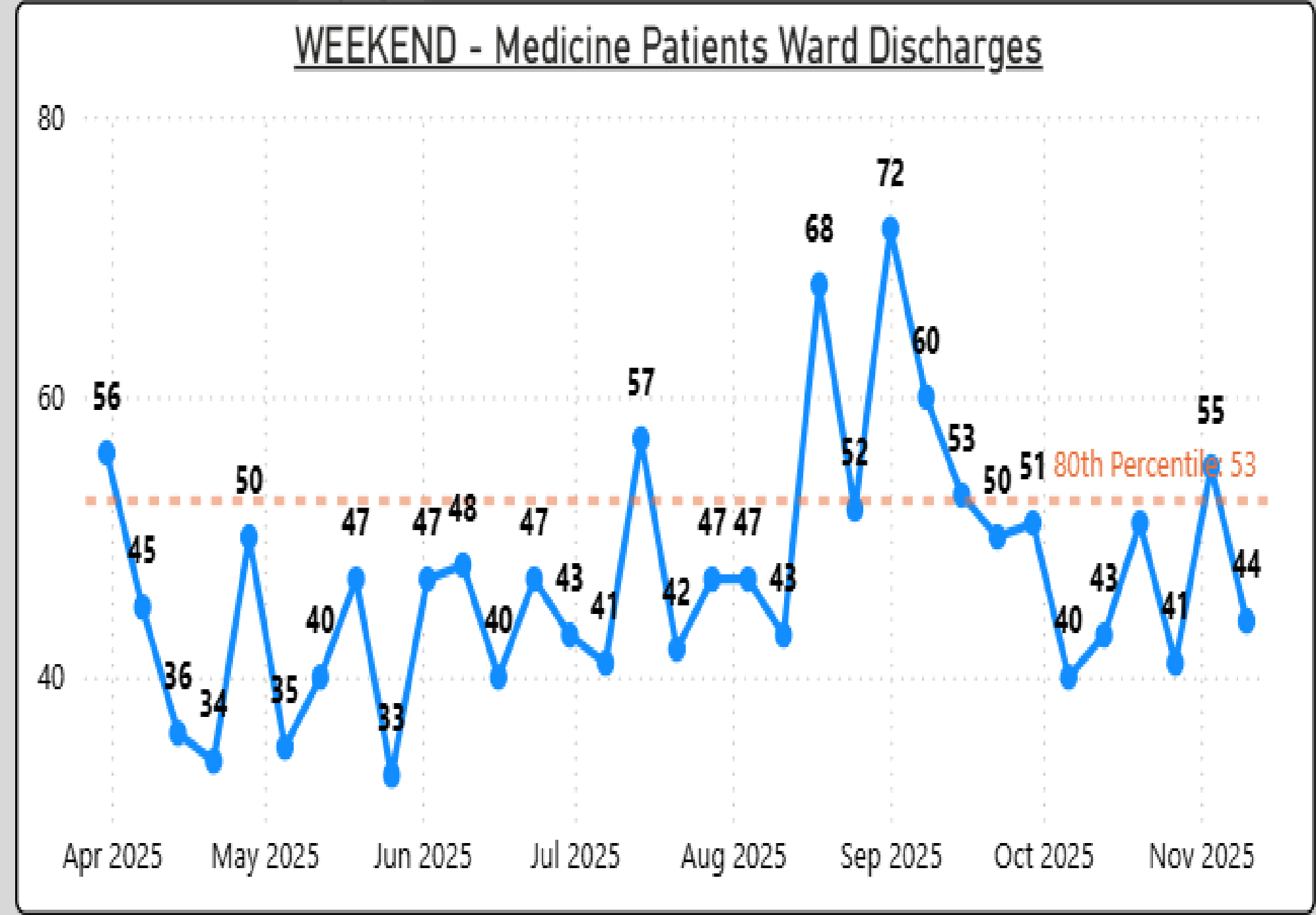
- **AVERAGE Length of Stay:** Reducing profile
  - Pre: 9.18days
  - **Post (>Oct 25): 7.71 days**
  - **1.5 day reduction**
- **80<sup>th</sup> Percentile:**
  - **ED Turnaround Time:**
    - Pre: 923,922 mins
    - **Post (>Oct 25): 749,051**
    - **18.9% reduction**
  - **Pts awaiting admission:**
    - Pre: 49 Patients
    - **Post (>Oct 25): 33 patients**
    - **32.7% reduction**

# WEEKDAY and WEEKEND DISCHARGE LEVELS - WEEKLY



Weekday Discharges (Weekly, 80<sup>th</sup> Percentile)

- PRE: 250 discharges
- POST: 300 discharges
- **20 % Increase**



Weekend Discharges (Weekly, 80<sup>th</sup> Percentile)

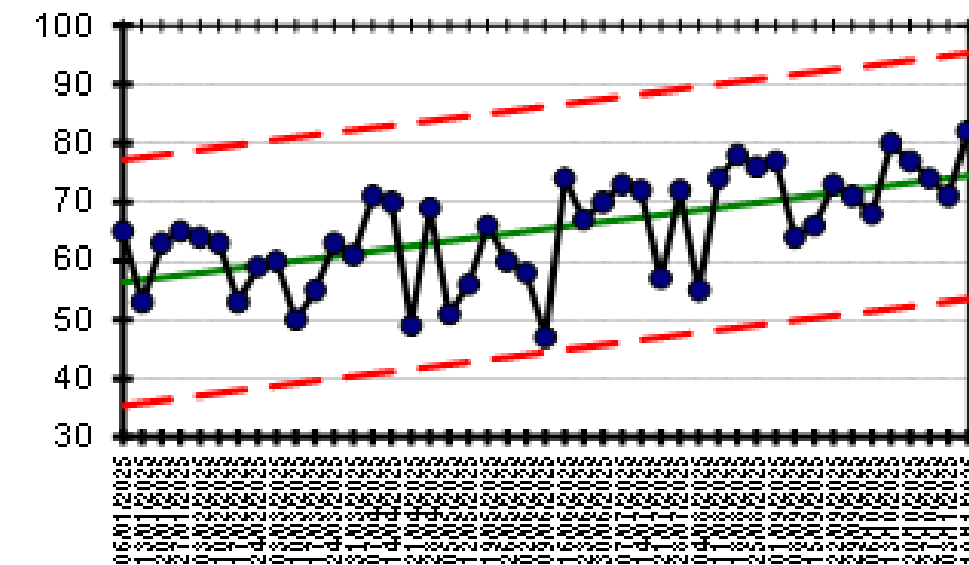
- PRE: 48
- POST: 54 discharges
- **10.4 % Increase**

# ED ATTENDS BY TRIAGE CATEGORY

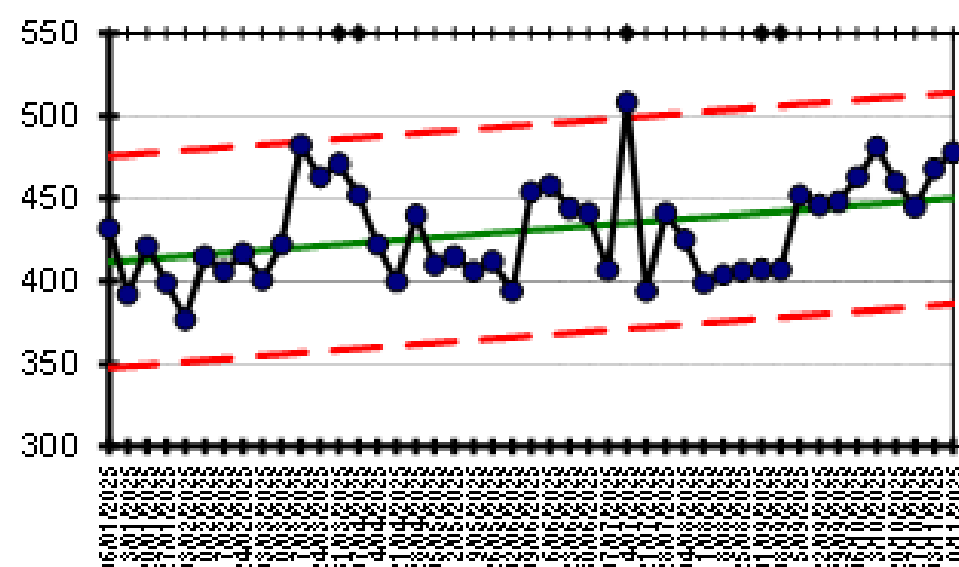
## Observations:

- **P1:** has increased by 32% over the period;
- **P2:** has increased by 14.5% over the period;
- **P3:** has increased by 35% over the period;
- **P4 :** has increased by 16% over the period;
- **P5:** no specific growth / decline has been observed;
- **See & Treat:** has increased by 28% over the period;
- **Grand Total:** 2 step change increases observed:
  - Between March 25 to September 25**
  - From September 25 to date**

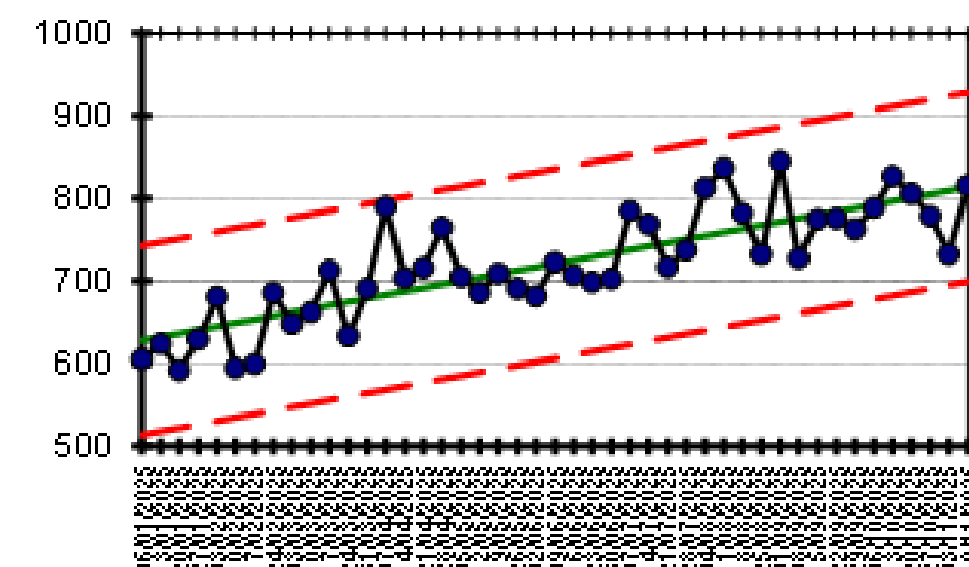
Priority One - Immediate



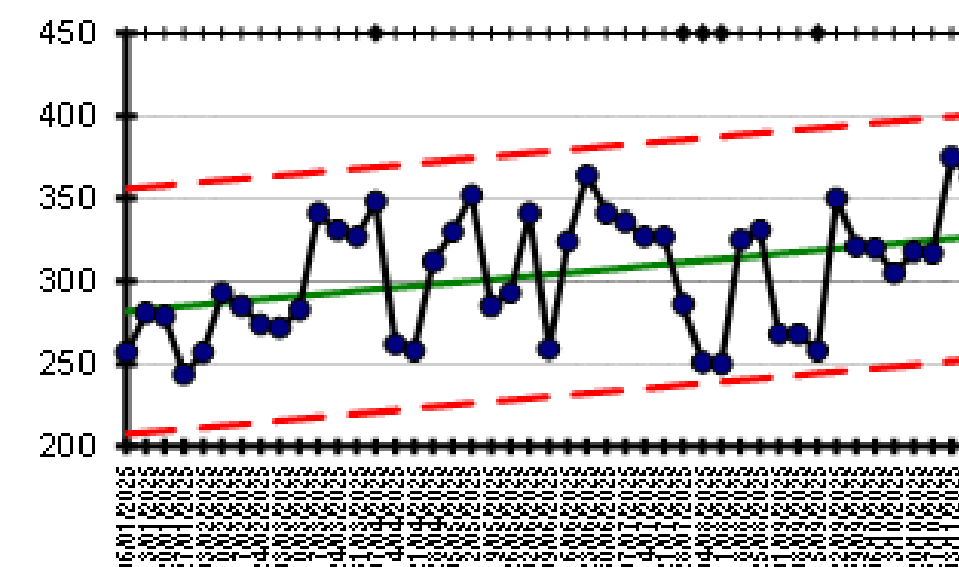
Priority Two - Very Urgent



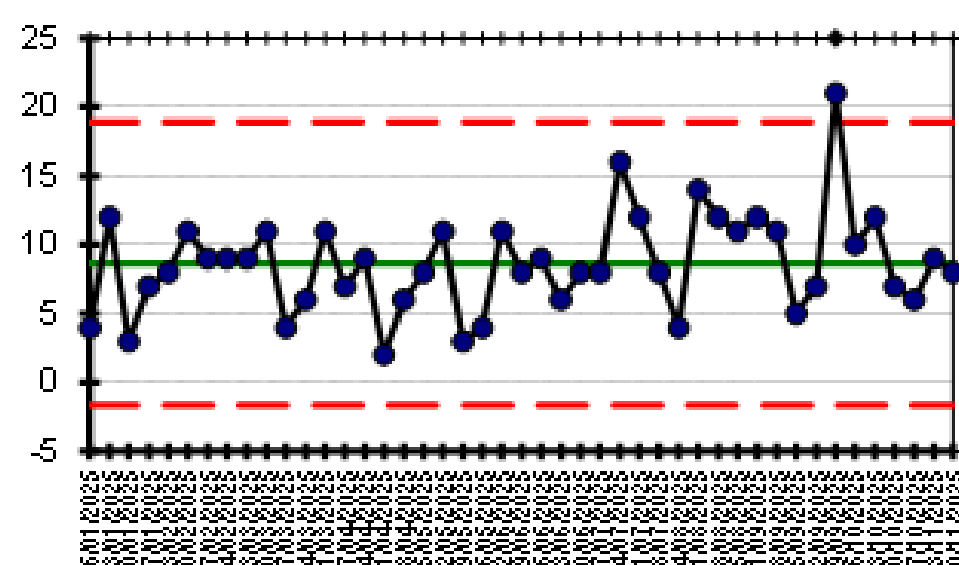
Priority Three - Urgent



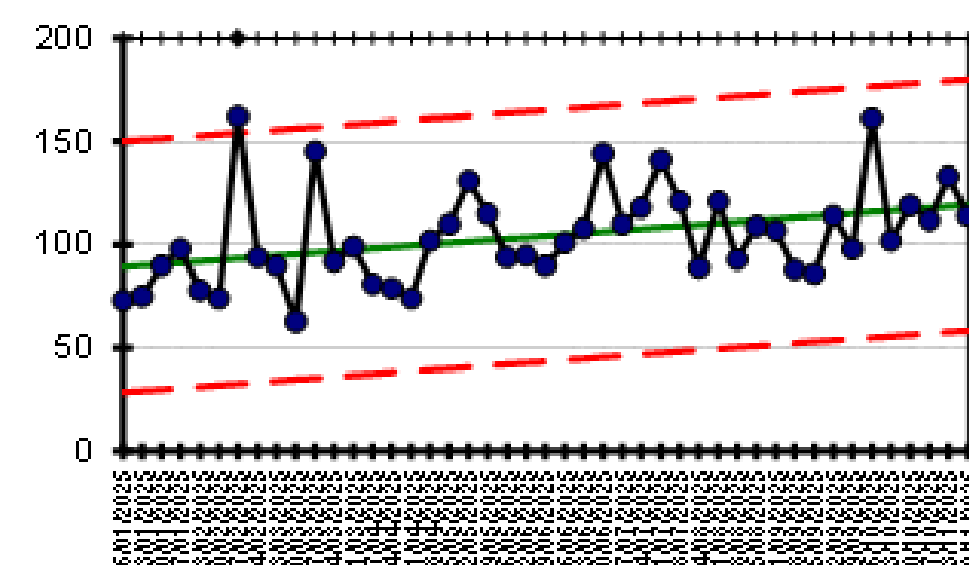
Priority Four - Standard



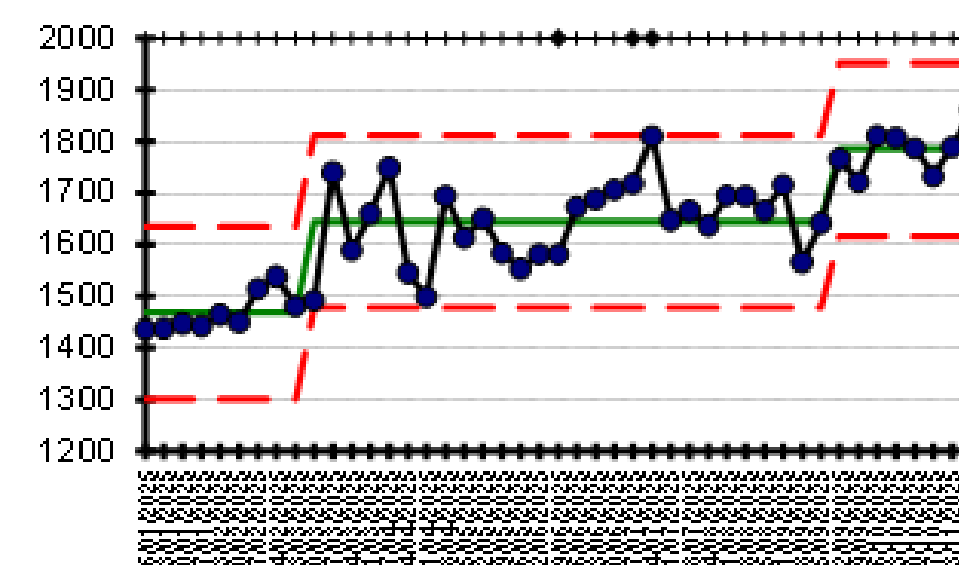
Priority Five - Non Urgent



See and Treat



Grand Total



Clinically Optimised patients

# Pathway of Care Delays

Clinically Optimised Bed Occupancy

Period

Daily

**Weekly**

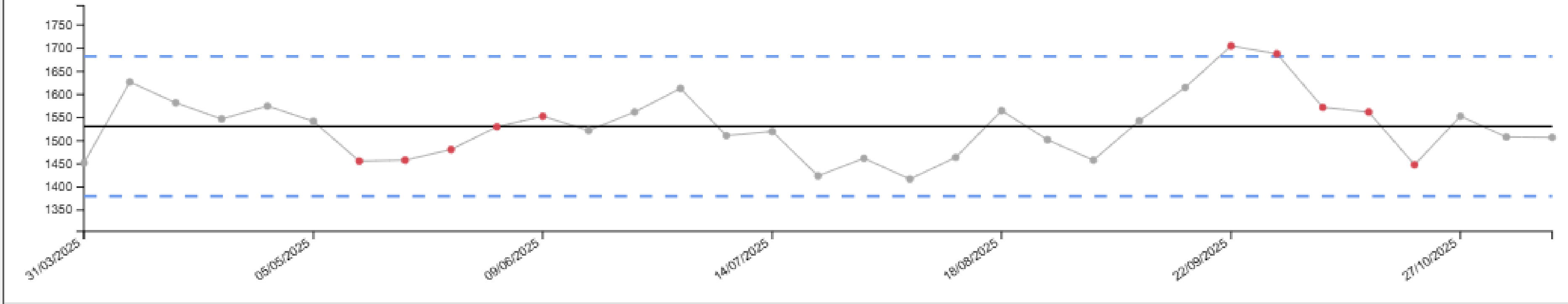
Monthly

Date

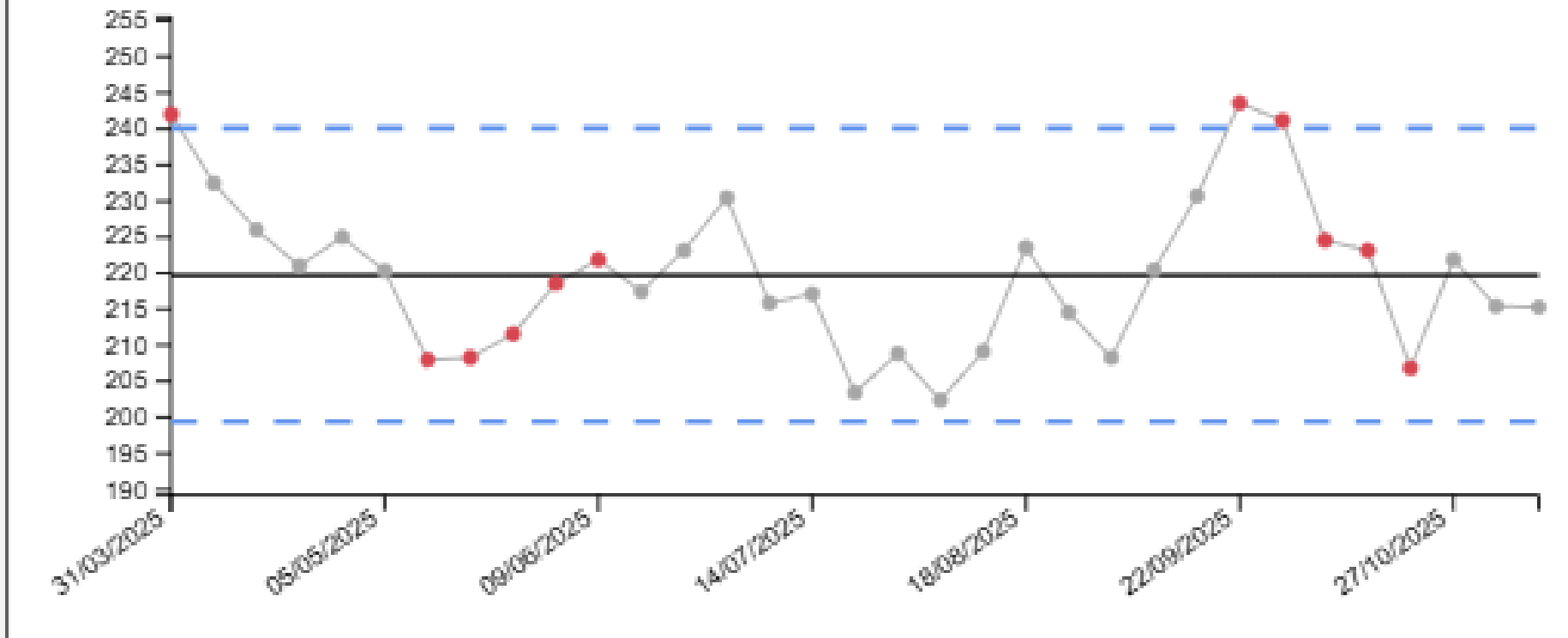
01/04/2025

16/11/2025

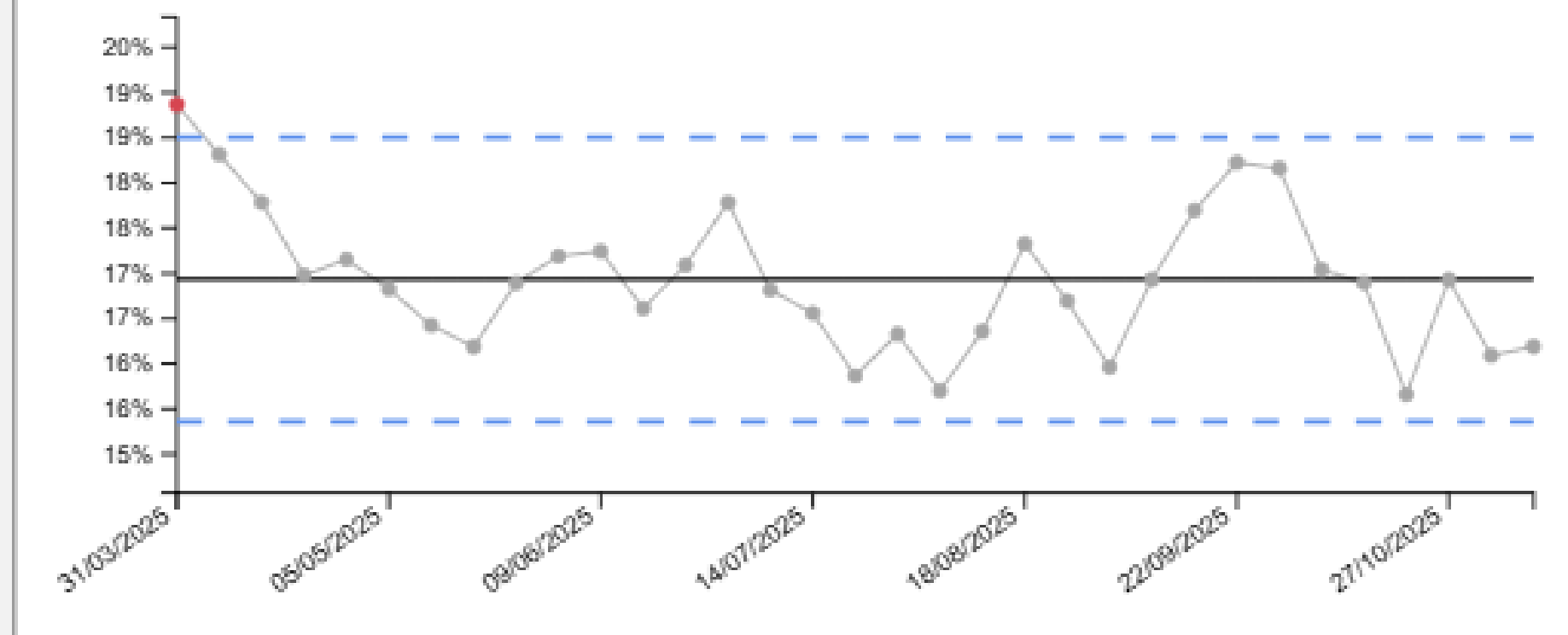
### Total COP Bed Days by Week Start



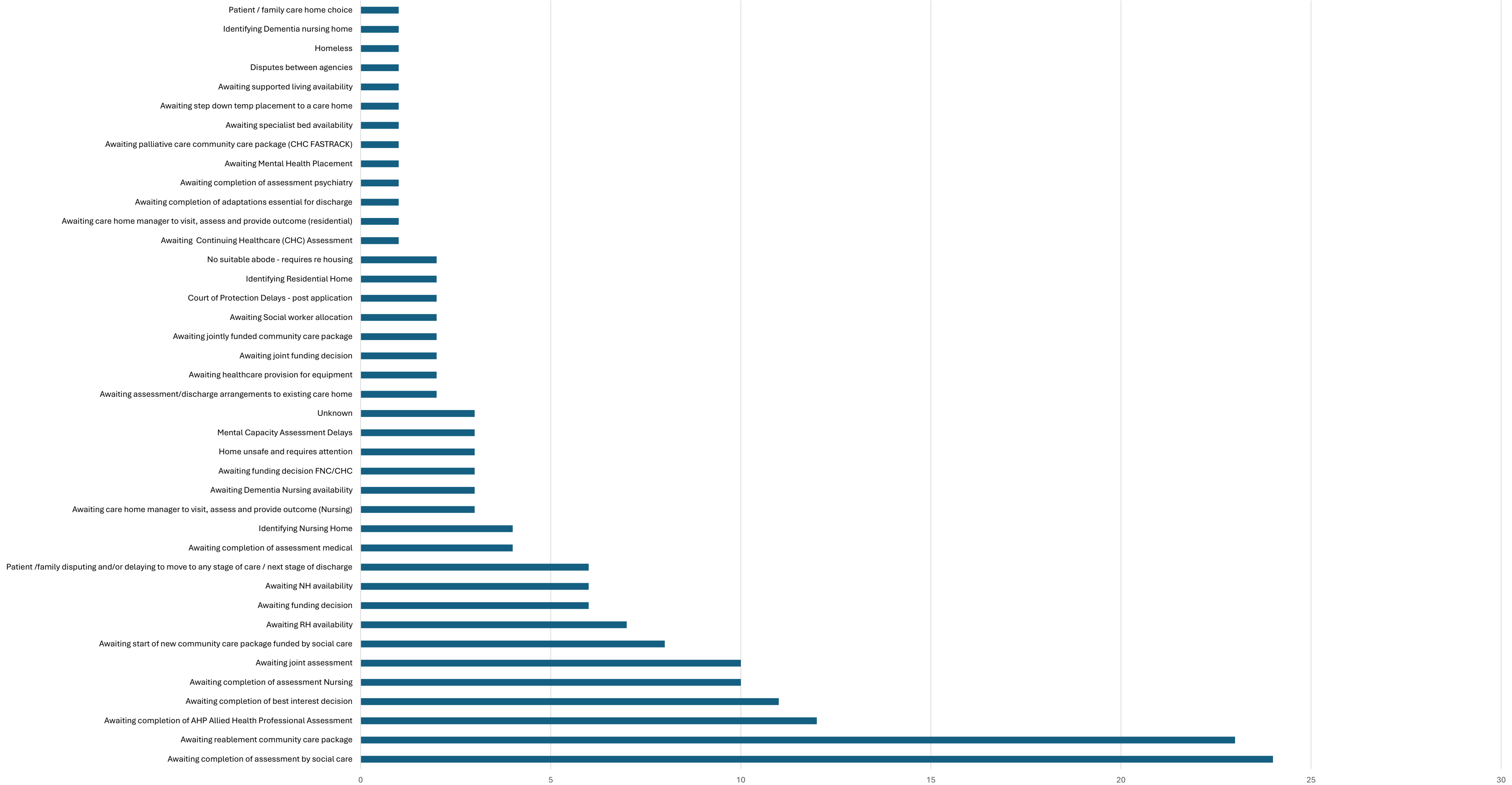
### Average COP Patients by Week Start



### % of Occupancy COP Patients by Week Start



# Total Delayed Pathways of Care by reason as at 18th November 2025



# Actions to address Pathway of Care Delays

- **Programme Delivery**

- Face to Face summit to target key areas of delay and refocus efforts on reductions coming into the Winter period
- P1 and P2 process mapping
- Demand & Capacity for each pathway supported by Deloitte

- **Morrison**

- Board Round Refresh – Optimal Hospital Flow
- Embed Weekend Criteria Led Discharges
- Weekend Board rounds to be explored
- Ward Managers to ensure SIGNAL is updated daily

- **Digital**

- Roll out of RRR tab on SIGNAL to support POCD reductions and monitoring

- **Mental Health & LD**

- Roll out of improvement plan and implementation of changes in DST processes to reduce delays

- **Performance**

- Undertake dashboard improvements to incorporate POCD removals and allow for tracking of days at each delay code

- **Governance**

- Incorporate changes within POCD SOP to share with site leads to support flow teams with escalations

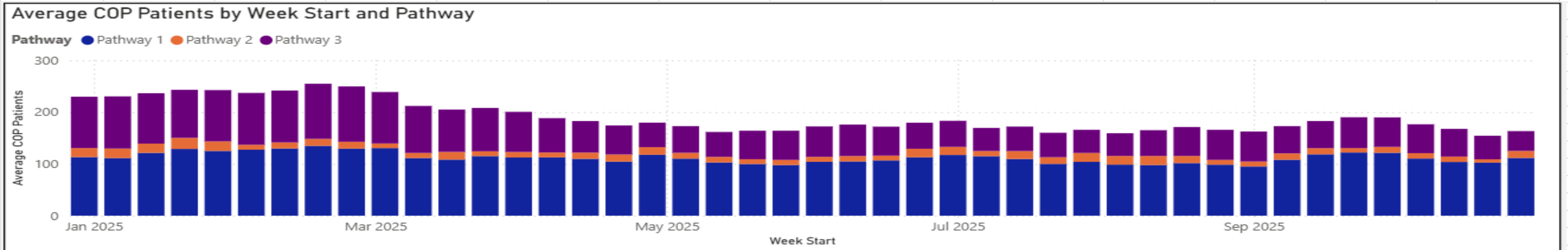
# Health Board Spell - Pathways of Care Length of Stay (Post COP, after first 48 Hrs)

January '25 to Oct '25

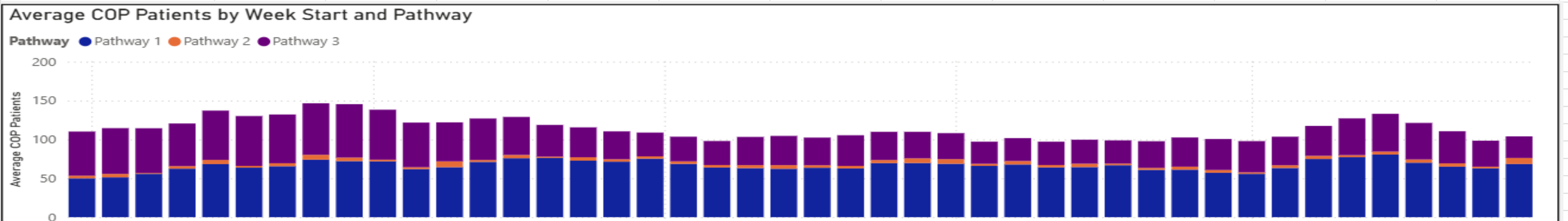
	Pathway 1				Pathway 2				Pathway 3				
Row Labels	No. Patient Discharges	Bed Days (>48hrs)	Average LOS (>48hrs) between COP and D/C	80th Percentile - From COP to D/C	No. Patient Discharges	Bed Days (>48hrs)	Average LOS (>48hrs) between COP and D/C	80th Percentile - From COP to D/C	No. Patient Discharges	Bed Days (>48hrs)	Average LOS (>48hrs) between COP and D/C	80th Percentile - From COP to D/C	
Neath Port Talbot	723	14632	20	34	69	1194	17	27	125	3350	27	46	
Swansea LA	958	17669	18	30	218	3060	14	23	255	5451	21	35	
<b>Grand Total</b>	<b>1681</b>	<b>32301</b>	<b>19</b>	<b>32</b>	<b>287</b>	<b>4254</b>	<b>15</b>	<b>24</b>	<b>380</b>	<b>8801</b>	<b>23</b>	<b>39</b>	<b>BED EQUIVALENT / COST OF BEDDAYS &gt;48hrs</b>
<b>Bed Equivalent (Number of beds occupied daily during the period):</b>			<b>108</b>				<b>14</b>				<b>29</b>		<b>151</b>
<b>Cost of bed day POST 48hrs (COP only)</b>	<b>£175</b>	<b>£5,652,755</b>			<b>£175</b>	<b>£744,525</b>			<b>£175</b>	<b>£1,540,165</b>			<b>£7,937,445</b>

Nominal Cost applied for illustrative purposes only – specific costing opportunity to be agreed

HB - WEEKLY



Morrison - WEEKLY



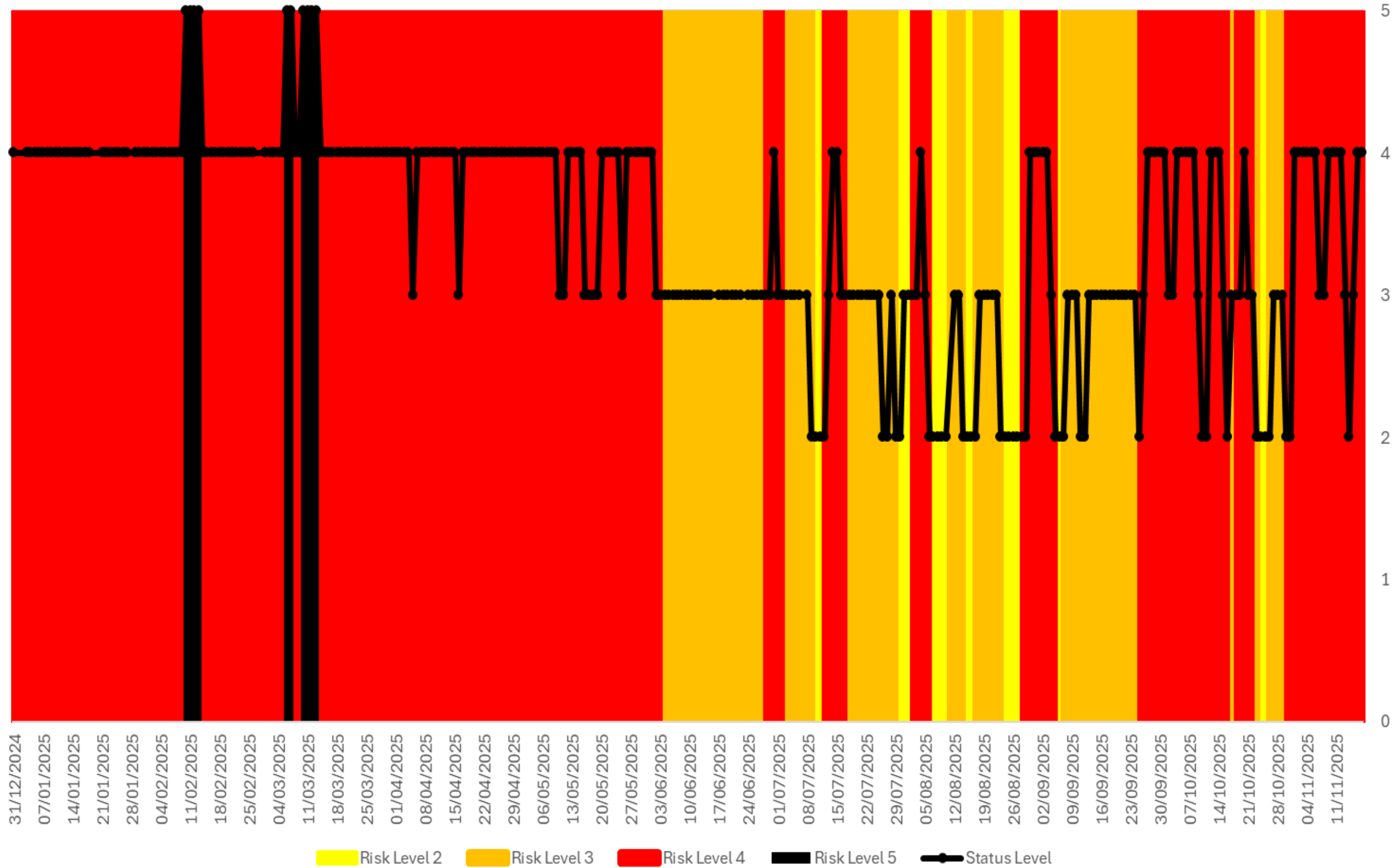
# Cost of Failure....

<b><u>AMU Surge Nursing</u></b>	<b>Registered Nurse</b>	<b>HCSW</b>	<b>Total FYE</b>
Surge areas WTE	8.6	4.3	
Cost	£698,638	£204,092	<b>£902,730</b>
Altered pathway RN (removed Oct 25)	£349,319		<b>£349,319</b>
<b>Nursing total</b>			<b>£1,252,050</b>
<b><u>Medical costs</u></b>	<b>Consultants</b>	<b>Non Consultants</b>	
1 lead consultant - currently locum (morning only)	£156,429		
1 Reg		£102,407	
1 F2		£86,145	
2 F1s		£131,056	
<b>Medical total</b>	£156,429	£319,608	<b>£476,037</b>
<b>Total cost Full Year</b>			<b>£1,728,087</b>

# National escalation and patient risk status reporting

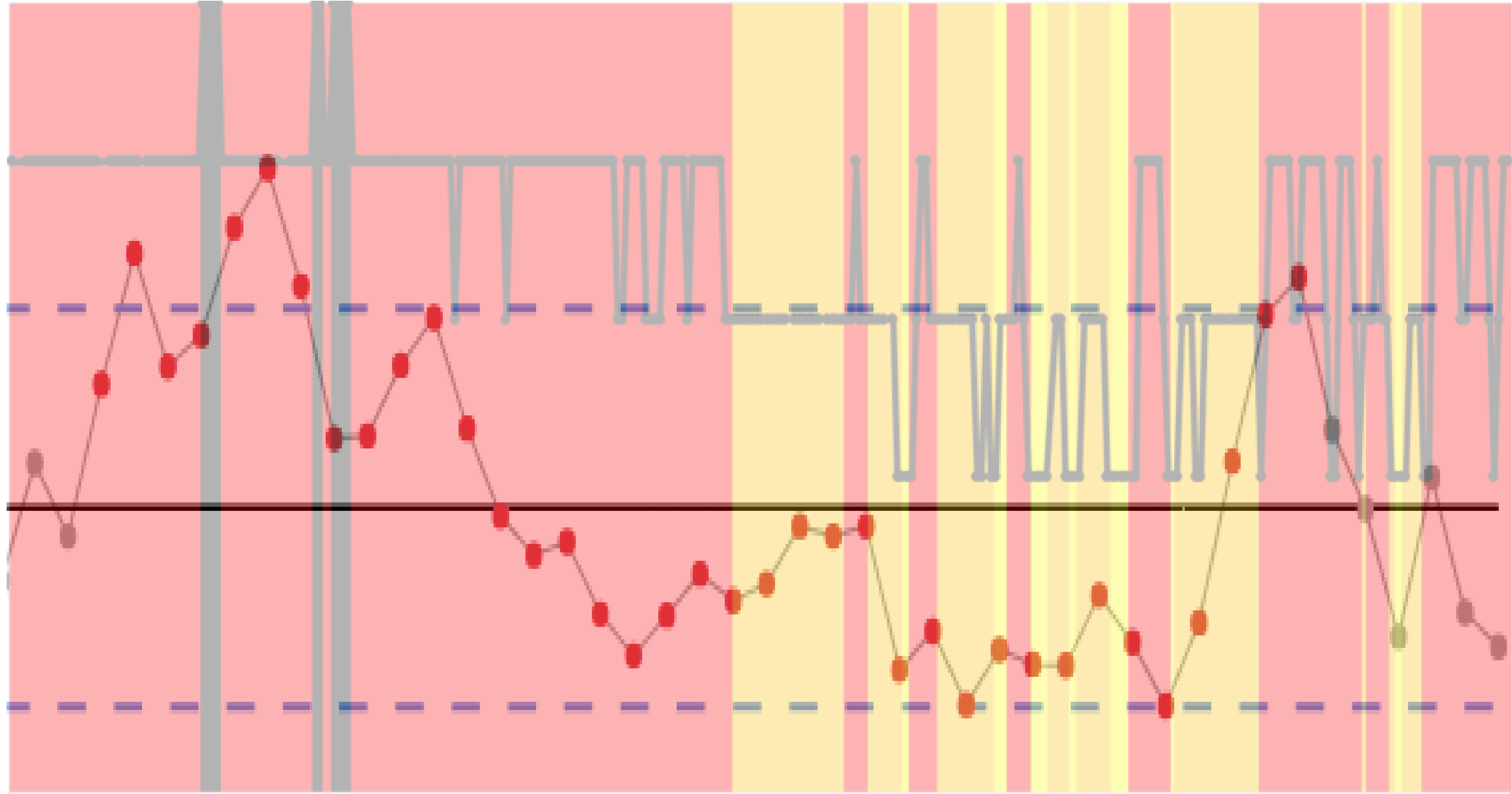
and the impact of the Clinically Optimised patient cohort

Morrison Hospital  
 Status Level & Risk Score  
 31st Dec 2024 to 18th November 2025



- At the highest level, the impact of the above improvements within the Test of Change PDSAs can be seen in the graphic opposite, a summary view of the daily reporting of RISK across the Hospital.
- You will note the increased declaration of Status Level 4 more recently. This was initially due to an increased demand profile and a reduced discharge profile (within which the level of COP patients had increased – see next slide).

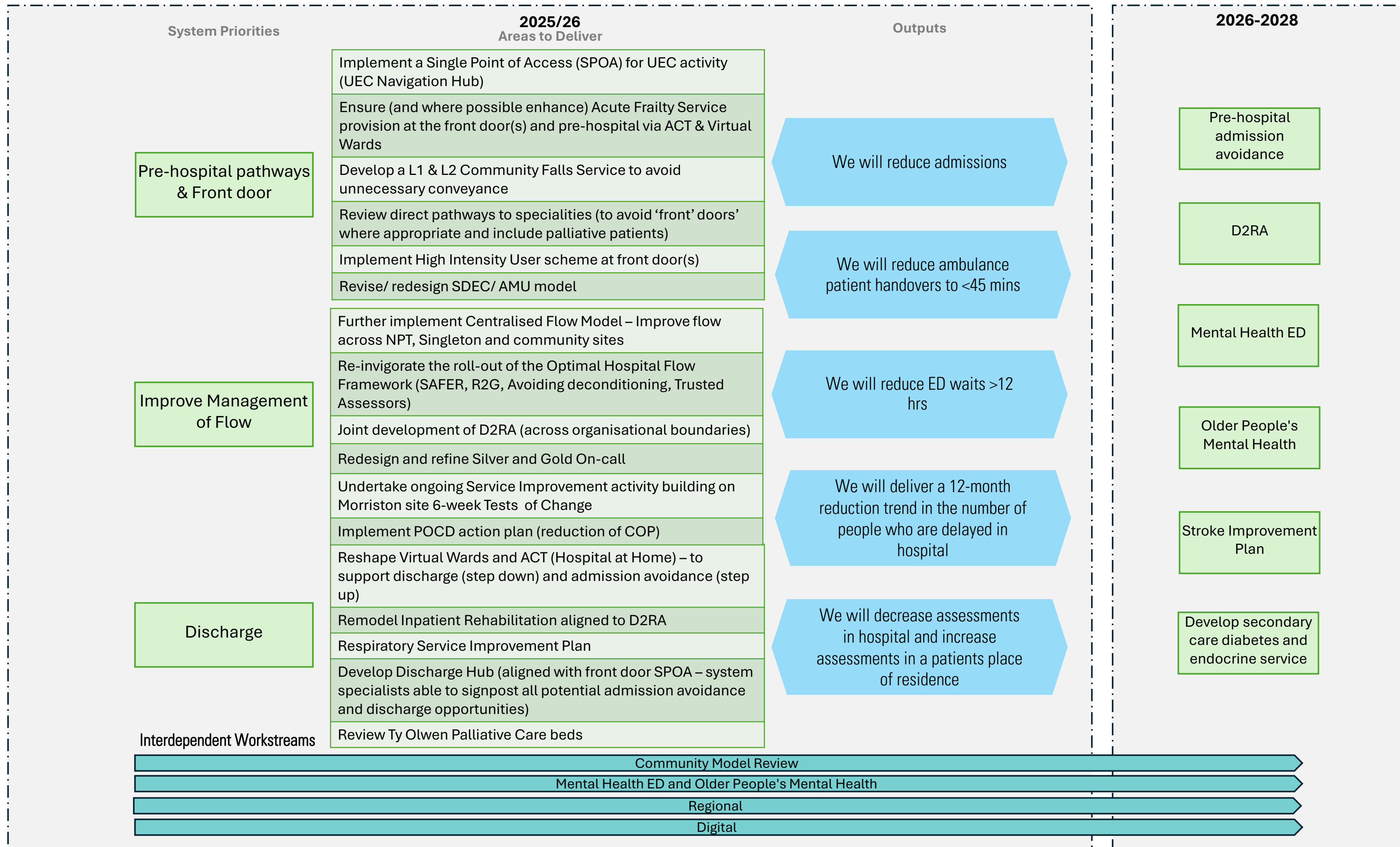
Super Imposing COP levels against STATUS LEVEL



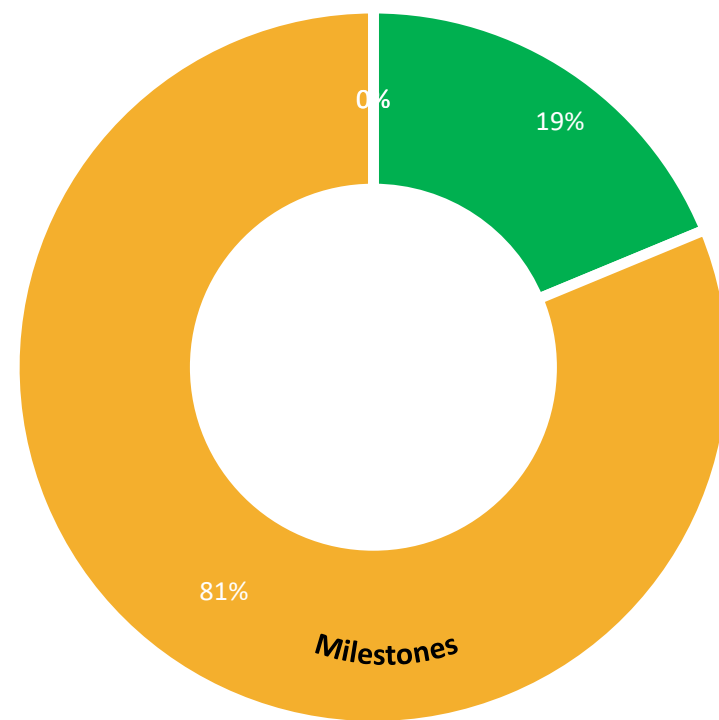
# Section 4:

## Quarter 2 Updates against the 2025/26 Annual plan

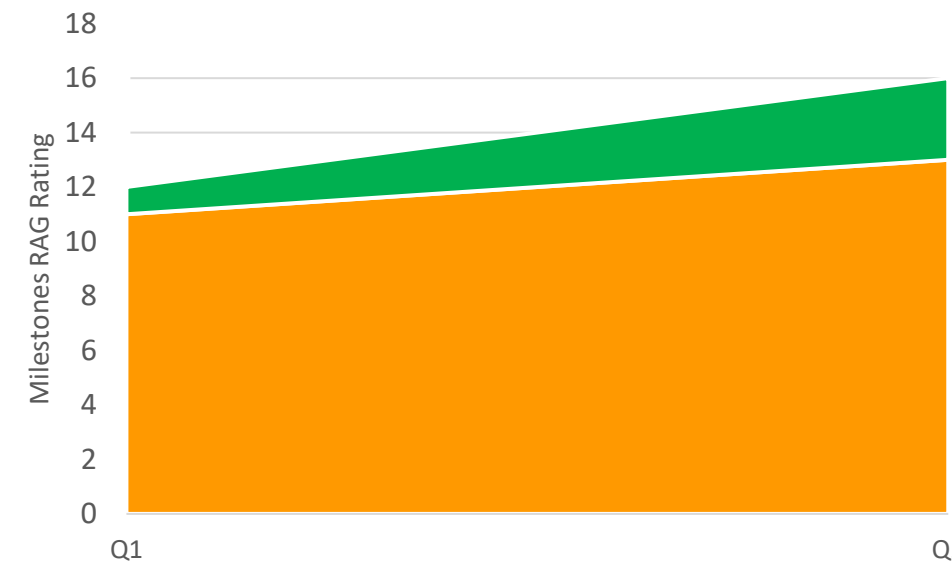
# UEC Plan on Page 2025/2026



## UEC Delivery



## Milestone Delivery Trend



## Highest Risks

	Previous	Q2
Risk that we fail to significantly reduce the number of clinically optimised patients in hospital beds	25	25
Risk that patient safety concerns related to lengthy Chair and Trolley waits at our front door(s) are not mitigated and these negatively impact patient outcomes/ experience (and health board performance measures)	20	20
<b>Risks that improved from 25</b>		
Risk that we fail to improve ambulance handovers (hrs lost) and ED 4/12 hrs performance	25	16

## Q2 Delivery Headlines

- **ED Ambulance Attends:** There has been a **3.9% increase** in Ambulance Attendances since the ToC commenced in June 2025;
- **<45 Minute Handover:** There has been a **150% Improvement** in Handover Performance <45 Minutes since the ToC commenced in June 2025;
- **AVERAGE TIME TO HANDOVER:** Pre: 2hrs:43 minutes Post: 0hrs:27 minutes – **83.4% improvement** (SOURCE: Joint Commissioning Committee)
- **Hours Lost:** There has been an **85.6% reduction** in *time lost due to ambulance handover* since the ToC commenced in June 2025;
- **ED TURNAROUND TIME (TOTAL TIME SPENT IN ED, DAILY):** There has been a **25.3% reduction** in the *Total ED Turnaround time (minutes)*
- **ED Attends > 12 Hrs Daily:** During September, there was a **29.8% reduction** since the ToC commenced in June 2025.
- **TOTAL NUMBER OF PATIENTS AWAITING ADMISSION AT 9 a.m.:** There has been a **46.9% reduction** in the number of patients awaiting admission at 9am.
- **WEEKDAY (MEDICAL) DISCHARGES:**
  - **16.4% INCREASE in WEEKLY DISCHARGE LEVELS**
  - **REDUCED VARIATION** – Variation has reduced from +/- 13 to +/- 7 discharges – a **46% improvement**
- **Clinically Optimised Patients:** The number of COP patients in a bed at the start of each week had reduced from a high of **163 (Feb 25)** to **117** during August but has increased **quite significantly** during September 25. Bed-days consumed and the % of beds occupied has therefore increased also.
- **National Status Level Reporting:** Significant shift from SL4 as a constant, to frequently reporting SL3 & SL2; SL4 reported more recently due to increase in demand and reduced discharge profile / increase in COPs.
- **Correlation recognised between COP & escalation status:** Analysis has shown a direct correlation between increasing escalation status & COP levels – discharge and flow of paramount importance



# UEC Q2 DELIVERY – OFF TRACK

\* Denotes reporting via RPB governance

System Priority	Work Programme	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
Pre-hospital pathways & Front door	Implement a Single Point of Access (SPOA) for UEC activity (UEC Navigation Hub)	<ul style="list-style-type: none"> <li>Begin baseline assessment - understand ambition for SPOA (SBUHB UEC Navigation Hub) to be operational (in shadow form) from Sept. 25.</li> <li>Develop SOP and complete funding bid to access 6 Goals funding to assist in roll-out (short term funding until end of 25/ 26 F/Y)</li> </ul>	Challenge re; accessing finance/ resource to provide 7 day service as per national guidelines (via recruitment)	indication of national funding becoming available to bolster SPOA staffing and support roll-out - early draw of funding underway (£49k) - awaiting decision of further funding for ANP and B3 administrative support until end of F/Y (Non-sustainable funding)	Q3	N/A
	Ensure (and where possible enhance) Acute Frailty Service provision at the front door(s) and pre-hospital via ACT & Virtual Wards	<ul style="list-style-type: none"> <li>Planning/ service redesign</li> </ul>	Staffing challenges impacting ability to roll-out. Further work needed to confirm way forward/ model and available staffing to implement a new service	TBC – Activity related to available resource/ capacity	TBC – Activity related to available resource/ capacity	TBC
	Develop a L1 & L2 Community Falls Service to avoid unnecessary conveyance	<p>Complete funding proposal to 6 Goals team – funding approved:</p> <ul style="list-style-type: none"> <li>Lifting cushions to care homes/ dom. care</li> <li>Associated iStumble training to support lifting cushion distribution</li> <li>First Aider in a car to provide L1 falls service</li> <li>Enhanced therapies support for enhance remit of Therapies Technician team to provide L2 falls service</li> </ul>	No resource to deliver change/ roll-out of L1 or L2 falls services pre-completion of funding bid. No discernible impact on performance target of 10% reduction of Conveyances & Admissions from March 25 baseline	Accessed funding until end of F/Y to roll-out L1 falls service (commissioned St Johns Ambulance to provide a First Aider in a Car) plus an L2 falls service (Enhanced therapies cover to increase remit of existing Therapies Technician team to provide L2 falls service). Services anticipated to reduce conveyances and admissions related to falls as per the 10%	Q3	N/A
	Review direct pathways to specialities (to avoid ‘front’ doors’ where appropriate and include palliative patients)	<p>Planning/ scoping – reviewing direct pathways to be as part of improvement activity at Morriston Hospital site</p>	Limited work carried out in relation to direct pathways within 25/ 26 to date. Focus to date has been on Tests of Change/ PDSAs so as to improve ambulance handovers.	Direct pathways to be as part of improvement activity at Morriston Hospital moving forward throughout 25/26. Aspiration to roll-out/ embed changes/ direct pathways – this being where possible in line with available resource	Q3	
	Implement High Intensity User scheme at front door(s)	<p>Funding approved/ accessed via 6 Goals team to provide High Intensity User lead role. This service to develop alternative plans in treating those patients that attend acute sites/ front door services regularly and front door services are not appropriate.</p> <ul style="list-style-type: none"> <li>Recruitment to be progressed</li> </ul>	High Intensity User led activity to date been carried out by goodwill/ sporadic.	Accessed funding until end of F/Y for High Intensity Lead role. Additional resource to be recruited to support High Intensity user activity	Q3	
	Revise/ redesign SDEC/ AMU model	<p>Acute Medical Rotas:</p> <ul style="list-style-type: none"> <li>Roster draft created</li> <li>Consultation meeting with staff</li> <li>Comms circulated ref preferred options</li> <li>Planned to commence in Sept 25</li> </ul> <p>Scoping/development of other services required for 7 day working</p>	<p><b>Acute medical rotas</b> - Significant change required in working practice. Impact on job plans and planned care to achieve.</p> <p><b>Nursing</b> - Review of staffing model within SPOA (UEC Nav. Hub) and associated model underway as part of national works to implement a SPOA. This linked with SDEC/ OPAU services - any uplift challenging in current financial climate</p>	<p>Consultation continued for acute medical rotas. Nursing - Review of staffing model linked to SPOA likely to be completed by Oct. - any staffing uplift dependent on available finance/ resource</p>	Q3	N/A

# UEC Q2 DELIVERY – OFF TRACK

System Priority	Work Programme	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
Improve Management of Flow	Re-invigorate the roll-out of the Optimal Hospital Flow Framework (SAFER, R2G, Avoiding deconditioning, Trusted Assessors)	<ul style="list-style-type: none"> <li>•Refresh of Optimal Hospital Flow Framework planned/ underway</li> <li>•SAFER dashboard noting key metrics to drive activity already developed</li> <li>•Recruitment (secondment) of 2x B6 flow roles to assist in roll-out of Optimal Hospital Flow activity underway – aim to focus on discharges by midday (aim: 33%), improving Board Rounds, data recording of D2RA pathways and Red2Green status</li> <li>•Forward plan of activity developed – MDT discharge sprint planned/ underway</li> </ul>	<p>Focus on Tests Of Change related to improving hospital handovers at the front door has limited available resource to thoroughly implement Optimal Hospital Flow activity.</p> <p>Senior buy-in/ leadership to drive activity put in place (associated with financial Recovery &amp; sustainability targets from Q3 onwards)</p>	<p>Recruitment (secondment) of 2x B6 flow roles completed by Q3 until end of F/Y – these roles to drive Optimal Hospital Flow and carry out activity related to Sustainable ward-level discharge coaching and support that focuses on:</p> <ul style="list-style-type: none"> <li>• Consistent Board Rounds: Holding board rounds consistently and before 09:30 each day.</li> <li>• Standardised Board Rounds: Standardising board rounds across SBUHB.</li> <li>• Ward Level Ownership: Board rounds owned at ward level</li> </ul> <p>Senior buy-in/ leadership to drive activity put in place (associated with financial Recovery &amp; sustainability targets from Q3 onwards)</p>	Q3	N/A
	Joint development of D2RA (across organisational boundaries) *	<ul style="list-style-type: none"> <li>• D2RA recorded/ reported nationally monthly</li> <li>• MADE event took place in April 25 (this to encourage more timely discharge in conjunction with Local Authorities)</li> <li>• D2RA noted as key programme moving forward with Associate Director of Unscheduled Care noted as lead to drive forward</li> </ul>	<p>Personnel required to fully implement across all sites - advertised for 2x B6 'Improvement Facilitators - Optimising Hospital Flow and D2RA'. If successfully recruited these roles would assist with improving position. Low compliance re; recording of D2RA pathway within 24hrs (as per national guidance)</p>	<p>Advertised for 2x B6 'Improvement Facilitators - Optimising Hospital Flow and D2RA' to come on board shortly and assist with improving position. (recruitment o these posts may be dependent of having backfill which may be challenging in current financial climate)</p>	Q3	N/A
	Redesign and refine Silver and Gold On-call	<ul style="list-style-type: none"> <li>• Aligned to Centralised Flow model - Bronze Tier at MGH given more autonomy to drive flow.</li> <li>• Your Next Patient implemented to assisting in driving flow away from ED and through the hospital in a timely manner.</li> <li>• Changes to Silver tier TBC</li> </ul>	<p>Off-track Amber - Test of Change activity to eb completed prior to altering Silver and Gold on-call</p>	<p>Test of Change activity to be completed prior to altering Silver and Gold on-call</p>	Q3	N/A

\* Denotes reporting via RPB governance



# UEC Q2 DELIVERY – OFF TRACK

System Priority	Work Programme	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
Discharge	Reshape Virtual Wards and ACT (Hospital at Home) – to support discharge (step down) and admission avoidance (step up) *	<ul style="list-style-type: none"> <li>Planning/ service redesign</li> </ul>	Staffing challenges impacting ability to roll-out. Further work needed to confirm way forward/ model and available staffing to implement a new service - date of activity TBC	TBC	TBC – Activity related to available resource/ capacity	N/A
	Remodel Inpatient Rehabilitation aligned to D2RA *	<ul style="list-style-type: none"> <li>Planning/ scoping</li> </ul>	Health Board wide framework in development - this to drive works regarding recommended rehab LOS per condition. This information will then assist in determining available rehab capacity and demand (and what can be redistributed for greater impact)	Health Board wide activity re; roll-out of rehab framework and next steps in relation to rehab standards (e.g. expected length of time on a particular rehab partway)	TBC - in line with Rehab Framework roll-out	N/A
	Respiratory Service Improvement Plan	<ul style="list-style-type: none"> <li>Work locally as part of clinical alliance to redesign Respiratory pathways</li> <li>Measurement to understand influence of pathways on D&amp;C and bed base including RSU / higher level ward care</li> <li>Workforce review for all staff groups</li> <li>Full engagement with Respiratory strategic Network and All Wales Resp Clinical Reference Group</li> </ul>	Engagement continues however recent reduction in CNS workforce (reduction from physio funded posts especially) has limited ability to support. Modelling complete and demand understood but unable to progress further at this stage	OCP completed to centralise CNS Teams to make cross cover more achievable. Ward J consistently over capacity - Specialty list created and allowing Resp patients to be identified and prioritised for transfer above other patient cohorts	Completely dependent on physio funding and Very dependent on CNS workforce to fully support admission avoidance and supported discharge	Decision on PCT led workforce review progression?
	Develop Discharge Hub (aligned with front door SPOA – system specialists able to signpost all potential admission avoidance and discharge opportunities) *	<ul style="list-style-type: none"> <li>Model piloted/ trialled</li> </ul>	Sustainable staffing model required to implement on a sustainable basis	Work underway to pool resource across IDH and D2RA operational hub - overall lead to be recruited into post and drive improvements	Q3	N/A

## Issues for escalation

- i.e. support required, recurring issues, blockages to delivery etc.

\* Denotes reporting via RPB governance



System Priority	Work programme	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone
Improve Management of Flow	Further implement Centralised Flow Model – Improve flow across NPT, Singleton and community sites		Business case presented at UEC Board	Embed model	Make model BAU
	Undertake ongoing Service Improvement activity building on Morriston site 6-week Tests of Change	<b>N/A – not listed as delivery action within Annual Plan – TOC implemented to improve ambulance handover (Ministerial Priority 4 in 6G UEC plan/ MAG)</b>	Tests of Change implemented resulting in significant handover performance improvements in Q2. PDSAs included: <ul style="list-style-type: none"> <li>• ED assessment &amp; referral to medicine</li> <li>• Change in medical assessment model in AMU (yellow zone)</li> <li>• Speciality assessment and patient assignment to speciality or GIM bed pool</li> <li>• 7-day SDEC service model</li> <li>• Criteria to reside</li> <li>• Your Next Patient/ continuous flow</li> </ul>	Continuous service improvement and review. Implement PDSA cycle across the system to improve ambulance handovers times	Continuous service improvement and review. Implement PDSA cycle across the system to improve ambulance handovers times
	Implement POCD action plan (reduction of COP)	<b>PCT/ RPB to provide</b>	<b>POCD managed by PCT/ RPB – RAG to be confirmed by PCT/ RPB colleagues – included here as key system wide activity impacting flow</b>	<b>PCT/ RPB to provide</b>	<b>PCT/ RPB to provide</b>
Discharge	Review Ty Olwen Palliative Care beds		Evaluate wellbeing plan and Pulse Survey results with ward managers and HR business partners, noting staff sickness	<ul style="list-style-type: none"> <li>• Implement strategies identified in Pulse survey and evaluate.</li> <li>• Dependant on financial capacity reduce beds to 12</li> </ul>	Repeat Pulse survey and compare data



# UEC FORWARD LOOK

## Opportunities and Focus for Q3

UEC activity moving into Q3 to align with amended/ updated UEC plan on a page 25/26 (slide 2). Therefore, key activity to be within the system priorities of:

- Pre-hospital pathways and Front Door
- Improve Management of Flow
- Discharge

These system priorities aligning with Deloitte review of most appropriate activity to target Recovery & Sustainability (R&S) targets whilst also working to improve performance metrics.

### **Key activity to include:**

- Roll-out of UEC SPOA with collocated IDH (to maximise resource with dual role) to where possible avoid unnecessary admission whilst also facilitating timely discharge. UEC SPOA to include implementing Clinical Conversation before Conveyance (with Care Homes). UEC SPOA supported by enhanced community falls service provision (L1& L2)
- Revising/ redesigning SDEC/ AMU model to improve front door flow/ capacity by removing activity that can be treated elsewhere (e.g. follow-ups) and increasing appropriate acuity through SDEC (decompress AMU/ ED)
- Re-invigorating the roll-out of Optimal Hospital Flow (SAFER, R2G) – this to improve flow/ discharge whilst working to ensure the patient is returned to their place residence prior to deconditioning taking place
- D2RA & POCD action plan implementation (aligned with Optimal Hospital Flow but managed via RPB Governance and working across organisational boundaries)

### **Challenges include:**

- COP position which shows a direct correlation with increased escalation/ risk status. To improve COP requires system wide support and ensuring the 'capacity matches demand'. Anticipated that Community Services Review will assist in aligning appropriate amount of P1 beds vs P2/ P3 bed allocation.
- Available resource (Financial & Human) to deliver in a timely manner against a backdrop of financial pressures – some mitigation via accessing 6 Goals monies for project specific activity

# Planned Care Plan on Page 2025/2026

## System Priorities

Referral Advice & Guidance

Diagnostics

Treatment Times and Outcomes

Diabetes

Community By Design/ Delivering Integrated Services

Regional / JCC

## Areas to Deliver

Deliver Outpatients Transformation Programme – Health Pathways; RTT Outpatients Delivery Plan; 3Ps	Outpatients Digital Transformation – Roll out Hybrid Mail, Hospital Initiated Referrals, Digital Assessment Platform (Promptly).
Monitor CNA/DNA rates	Clinical and Admin Clerical Validation
Pathology Engagement in Test of Change Phase 2 to rationalise demand	Maintain 8-week diagnostic target
Implement National Diagnostic systems – LIMS and RIS	
Theatres Improvement Programme	Theatres refurbishment programme
Increase HVLC lists linked to OR1 Theatres development	Data Intelligence and Demand and Capacity planning
Develop Robotic strategy	Hybrid Theatre & Interventional Radiology Transformation
Implement CIN Optimisation Frameworks	
Implement robust community diabetes model	
Further expanding hybrid closed loop system for Type 1 diabetics	
Planning for future programme and maintaining existing programme of work to include primary care services for – ring pessary, vasectomy, basal cell carcinoma, breathlessness/ spirometry, joint injections (DSS)	
Regional Specialised Services Partnership Programme with CVUHB – HPB Centralisation, Establish Gynae Oncology Operational Delivery Network	
JCC Cardiac Review	
Regional Orthopaedics and Ophthalmology programme (with HDdUHB, delivered through Eye Care Collaborative)	

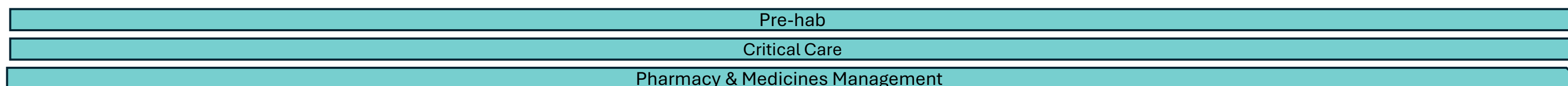
## Outputs

- We will maintain 0 patients waiting over 52 weeks for a first outpatients' appointment
- We will reduce number of patients waiting over 26 weeks for a first outpatients' appointment
- We will reduce the number of patients waiting over 8 weeks for a diagnostic endoscopy
- We will maintain our current position of no patients waiting over 8 weeks for all other diagnostics
- We will maintain zero 104 week waits for treatment
- We will deliver 14 week waits for Therapies
- We will improve compliance with 8 care process for diabetes

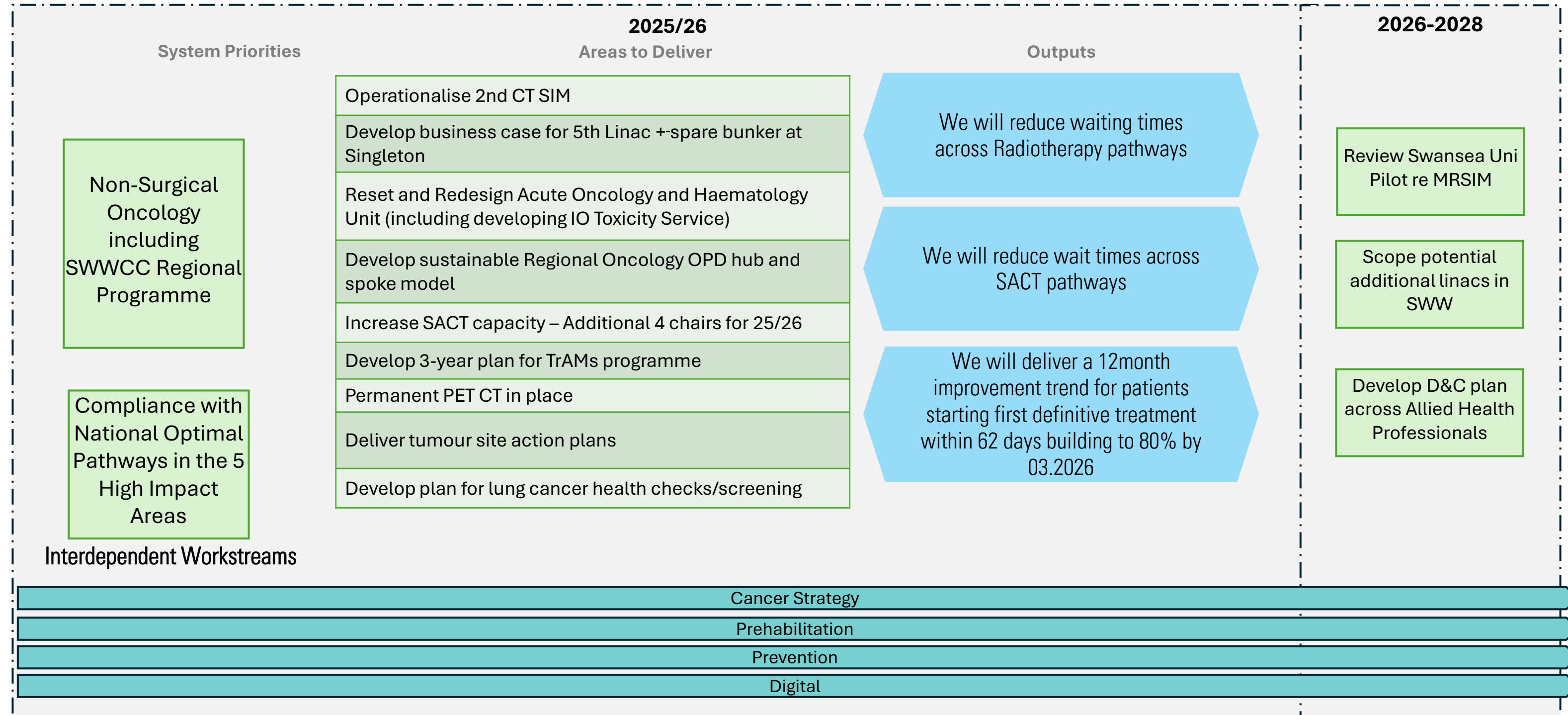
## 2026-2028

- Theatre Developments
- Interventional Radiology Sustainability
- Critical Care / Burns Expansion
- Building Resilient Cell Pathology
- Laboratory Medicine Improvement Plan

## Interdependent Workstreams

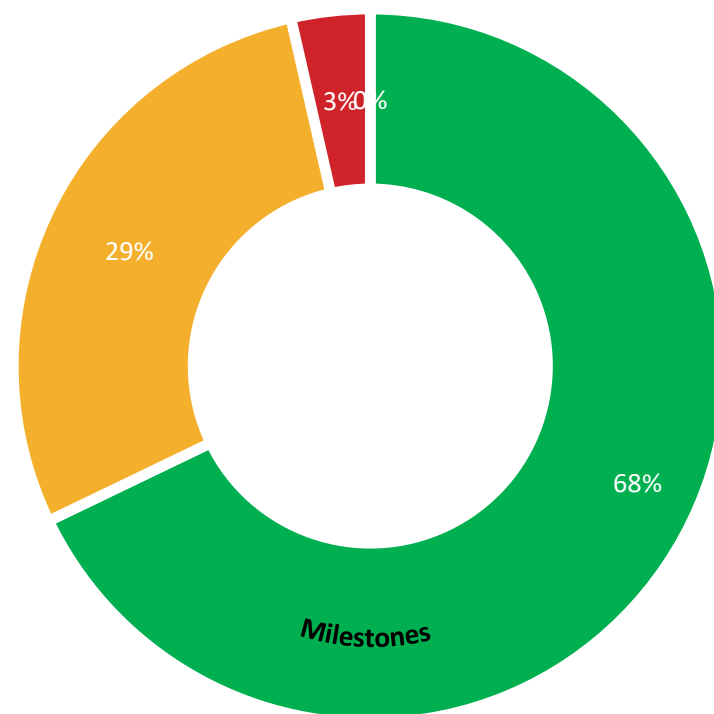


# Cancer Plan on Page 2025/2026

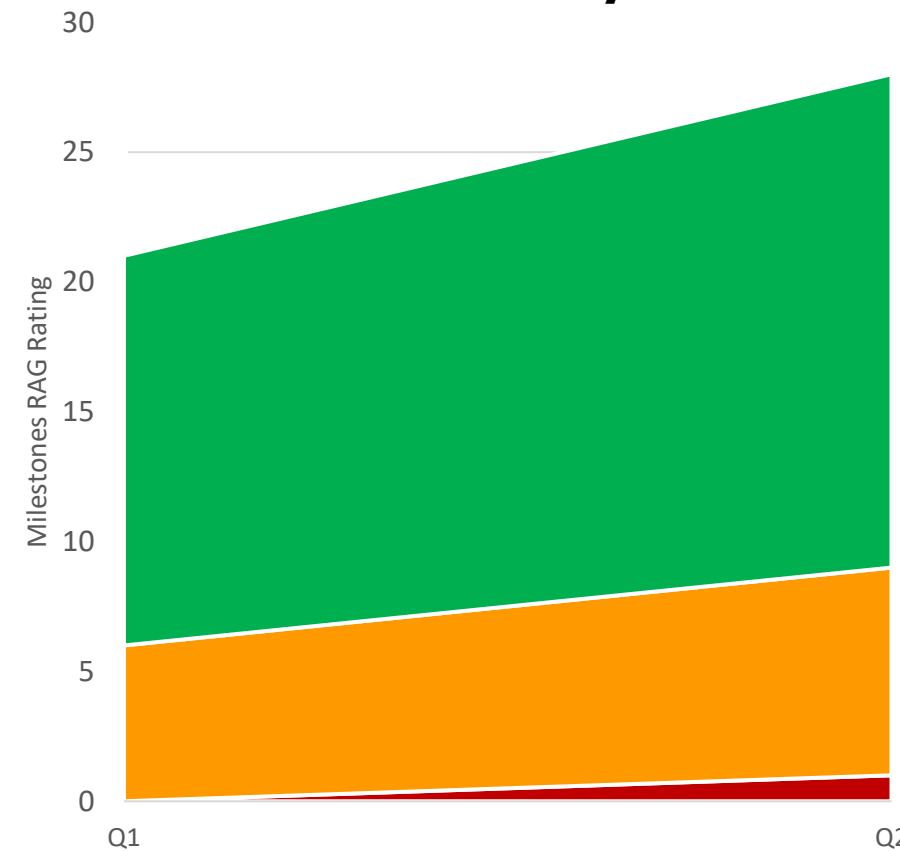


# Planned Care Summary Dashboard

## Planned Care and Cancer Delivery



## Milestone Delivery Trend



## Q2 Delivery Headlines

- Maintained 0 patients >52 weeks for first OPA and 0 patients >104 weeks for treatment.
- Plans on track to deliver against other key metrics e.g. Stage 1 26 weeks, All stages 36 weeks, FUWL reduction and 8-week diagnostic target.
- Significant progress made in improving 26-week outpatient position due to insourced clinics via HBSUK.
- Diagnostics Board to be reinstated in Q3.

## Highest Risks

	Q2	Previous
Risk of insufficient diagnostics capacity to meet Tier 1 targets due to rising demand for therapies, new diagnostics, USCs and 8 weeks and surveillance backlogs.	20	20
There is a risk that the additional commitments for the Health Board necessitated by Phase 3 of Cab Sec Delivery plan could impact clinical capacity and impact achievement of wider milestones and plans.	16	9



# PLANNED CARE Q2 DELIVERY – OFF TRACK

System Priority	Work Programme	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
Referral Advice & Guidance	Deliver Outpatients Transformation Programme – Health Pathways; RTT, Outpatients Delivery Plan, 3Ps	<ul style="list-style-type: none"> <li>&gt; 4 National (Lead Region) Pathways implemented, published and available for SB Community HealthPathways users</li> <li>&gt; 15 Localised (lift &amp; shift) Pathways implemented, published and available for SB Community HealthPathways users</li> <li>&gt; Create BAU handover plan</li> <li>&gt; Continue with Primary &amp; Secondary Care comms</li> </ul>	Only 2 national pathways published in Q2 (50%), but 7 of 8 completed YTD. BAU handover plan delayed pending a Welsh Government funding decision beyond March 2026. Local pathways on track with 48 published (70% annual target) and communications maintained.	COO-WG informal discussion taken place to flag risks associated with national funding cessation.	TBC	
	Outpatients Digital Transformation – Roll out Hybrid Mail, Hospital Initiated Referrals, Digital Assessment Platform (Promptly)	<ul style="list-style-type: none"> <li>• HIR - Continued roll out of HIR in line with plan approved by Outpatient Redesign Group</li> <li>• PROMPTLY = 5 existing &amp; pipeline services to be onboarded</li> </ul>	<p><b>HIR</b> - A Welsh Clinical Portal fix was required from Digital Health and Care Wales to enable rollout</p> <p><b>PROMPTLY</b> - Final integration trigger due to go live on the 22nd Sept, this completes the final integration/automatic form trigger within scope. Full outcome data flow back into the Health Board is continuing to be delayed but progress is being made with the data mappings. No delivery date confirmed as of yet.</p>	<p><b>HIR</b>- Upgrade Welsh Clinical Portal and roll out to Urology and Respiratory</p> <p><b>PROMPTLY</b> - While full outcome data is not yet flowing back to the Health Board, temporary data is being downloaded using a manual downloader</p>	<p><b>HIR</b> -Q3</p> <p><b>PROMPTLY</b> – Q3</p>	
	Clinical and Admin Clerical Validation	<ul style="list-style-type: none"> <li>&gt; Develop and submit business case for approval for additional resources as per scoping in Q1</li> <li>&gt; Recruit resources dependent on outcome of business case decision</li> <li>&gt; Deliver training to any existing members of Validation Team</li> </ul>	<p>Limited progress on the validation plan, caused by resourcing constraints across SBUHB.</p> <p>Some validation work is ongoing through the Phase 3 RTT Outpatient Delivery Plan, focusing on the top 11 specialties for patients waiting over 26 weeks, to prepare for booking new outpatient appointments. However, validation for stages 2–5 is impacted by the same resource issues.</p> <p>FUNB validation remains unchanged from Q1, with meetings and validation processes in place for Breast, Dermatology, ENT, Gastroenterology, General Surgery, Gynaecology, Ophthalmology, Rheumatology, Trauma &amp; Orthopaedics, and Urology.</p> <p>Training continues via the Planned Care Academy modules.</p>	Impact Assessment to be undertaken regarding the risk from the resourcing restrictions. A request to be made to allow posts to remain within the Patient Pathway and Booking Teams. This will provide the mitigation needed to enable validation for Stages 2 - 5.	This is dependent on the decision related to the impact assessment which is currently in development.	
Diagnostics	Implement National Diagnostics systems – LIMS and RISP	<p><b>LIMS</b> - Testing and training preparations ongoing as SBUHB continue to receive fixes to the LIMS 2.0 system in the test environment. Welsh Government agree to meet the full £1.6m cost of the mitigation plan.</p> <p><b>RISP</b> - Data migration commenced. Joint plan approved with supplier and DHCW.</p>	<p><b>LIMS</b> - Delays caused by national delivery of fixes to a large volume of defects in the LIMS 2.0 system and limited availability of specialist resource required for User Acceptance Testing.</p> <p><b>RISP</b> - Data Migration Testing has completed, however a number of queries around the incorrect source of scans across Wales need to be addressed before Data Migration can fully commence. A joint plan has been agreed with the supplier, however issues with configuration of Radiology+ has meant that milestones have slipped and need to be reviewed.</p>	<p><b>LIMS</b> - Welsh Government have agreed to pay the full £1.6m cost of the mitigation plan, which will see discipline based rollout of LIMS by the end of March 2026. SBUHB will be the first to go live with Cellular Pathology in November. National planning underway to determine go-live dates for other pathology disciplines.</p> <p><b>RISP</b> - Planning session arranged for 23rd September. CCN has been provided to Philips for impact assessment of 23rd Feb date. Soliton to attend Swansea to assist with configuration of Radiology+</p>	<p><b>LIMS</b> – Q3</p> <p><b>RISP</b> - Q3</p>	
Treatment Times and Outcomes	Increase HVLC lists linked to OR1 Theatres development	Enabling and building work to develop Theatres 4 and 5 into OR1s Downtime for theatres during building works, requires alternative theatres for activity. Develop and finalise plans for operationalising theatres - rebasing activity numbers, case mix	WG scrutiny response provided. Awaiting feedback from WG	Final approval of design	TBC	
Regional / JCC	JCC Cardiac Review	Full staffing/service review required to ensure bed base/theatre capacity/consumables/staffing levels/job planning are aligned with the JCC contract and fit for purpose to deliver the Cardiac Surgery Service Specification	Fully established with the appointment of a 6th consultant surgeon. 5th on-call slot still vacant due to ongoing HR processes	Locum cover for 5th on-call slot through remaining consultant body	Awaiting sign off from the Medical Director	

# CANCER Q2 DELIVERY – OFF TRACK

System Priority	Work Programme	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
<b>CANCER</b>						
<b>Non-Surgical Oncology including SWWCC Regional Programme</b>	Increase SACT capacity – Additional 4 chairs for 2025/26	Recruitment & Training (where required) begins Update 15.8.25 - Nursing posts out to advert, AP posts delayed due to JD issues	Recruitment process ongoing. Further discussions around admin posts	Resubmitted changes with savings	Q3	
<b>Compliance with National Optimal Pathways in the 5 High Impact Areas</b>	Develop a 3 year plan for TrAMs programme	Recruitment & Training (where required) begins Update 15.8.25 - Nursing posts out to advert, AP posts delayed due to JD issues TRAMS meeting held for options appraisal of location	D&C modeling commenced. 2nd National SACT Demand and Capacity event in Sept 2025	Draft D&C to be developed and taken through SLT	Q3	

## Issues for escalation

- i.e. support required, recurring issues, blockages to delivery etc



# PLANNED CARE Q2 DELIVERY – ON TRACK

ON TRACK – Action progressing as planned & agreed timelines

OFF TRACK – Action not progressing as planned / to original timelines, however, management & mitigating actions are in place

OFF TRACK – Action not progressing as planned / to original timelines, there is significant issue which require escalating

System Priority	Work programme	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone
Referral Advice & Guidance	Monitor CNA / DNA rates		>Achieve combined CNA / DNA target	Achieve combined CNA / DNA target	<<<<<
Diagnostics	Maintain 8-week diagnostic target – Right size endoscopy services		Plans include recruiting 3.5 WTE nursing posts (on- and off-unit), delivering targeted RN training, and increasing capacity through 8 phased in-house sessions to reduce insourcing in 25/26. Focus remains on sustained improvement against WG and TI targets, expanding BSW lists for a specialist screening endoscopist, and continuing regional work with HD HB.	- Further increase in nurse establishment by 3.5WTE to allow for further in house capacity swap - Continue workforce upskilling - Continue regional workstream with HD HB	Plan to add 4 more in-house lists by end of Q4, expand further in 26/27 pending funding, and continue regional collaboration with HD HB.
	Pathology Engagement in Test of Change Phase 2 to rationalise demand		New for Q2		
Treatment Times and Outcomes	Theatres Improvement Programme		TBC - dependant on Clinical Model / Surgical Hub discussions for each hospital site	TBC	TBC
	Theatres Refurbishment Programme		To complete phases 2 and 3 of the programme	OR1 at NPTH phase to begin	OR1 NPTH to complete and Morriston AHU phase to begin.
	Data Intelligence and Demand and Capacity planning		Away day planned 2023/24 to map out baseline D&C for General Surgery (inc theatres and outpatients) with a view to writing a 5 year plan for a sustainable service that meets Tier 1 targets	Development of D&C plan for 2026/2027	Submit D&C plan for 2026/2027
	Develop Robotic strategy		Development of business case to support robotic surgery in Singleton Hospital Need a HB Robotic Surgery Strategy framework to be agreed	Robot business case to be operationalised	Audit of Robotic surgery in Singleton to be reviewed
	Hybrid Theatre & Interventional Radiology Transformation		Investment BCC discussed at WG IIB on 16 <sup>th</sup> Oct and recommended for Cab Sec approval with no caveats. Awaiting Cab Sec sign off.	Business Case Implementation Plan to be enacted pending Cab Sec sign off of investment case.	Pending sign off of investment case, arrival of modular theatre anticipated in Q4.
	Implement CIN Optimisation Frameworks		Planning to determine remaining actions that will be achievable within financial envelope this year. Highest priorities & key actions that unlock largest gains to be identified.	Ongoing progression against optimisation frameworks and development of plan for 26/27	Business cases and service developments for 26/27 to be submitted
Community By Design / Delivering Integrated Services	Planning for future programme and maintaining existing programme of work to include primary care services for – ring pessary, vasectomy, basal cell carcinoma, breathlessness/ spirometry, joint injections (DSS)		Complete review of the Vasectomy Service and recommendations for future commissioning	Commence review of Pessary Scheme and Endodontic Pilot to inform long-term commissioning	Ongoing monitoring and review
Diabetes	Implement robust community diabetes model		Ongoing national work on HCL/Pumps and HB SBAR submissions. Local HCL clinics continue with a phased patient transition. A diabetes clinical nurse specialist lead is now in post and will review service development.	Ongoing local & national work via the NHS Exec network on Hybrid Closed Loop pump introduction, alongside a WF review for Diabetes Inpatient services & hospital-based DSNs.	<<<<
	Further expanding hybrid close loop system for Type 1 diabetes				
Regional / JCC	Regional Specialised Services Partnership Programme with CVUHB – HPB Centralisation, Establish Gynae Oncology Operational Delivery Network		Gynae Oncology Project Board first meeting held 19/9/25 Update received from Guy Shingler. JCC are not progressing with a single HPB centre		
	Regional Orthopaedics and Ophthalmology programme (with HDdUHB), delivered through Eve Care Collaborative		No milestones	No milestones	No milestones

# CANCER Q2 DELIVERY – ON TRACK

ON TRACK – Action progressing as planned & agreed timelines

OFF TRACK – Action not progressing as planned / to original timelines, however, management & mitigating actions are in place

OFF TRACK – Action not progressing as planned / to original timelines, there is significant issue which require escalating

System Priority	Work programme	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone
<b>CANCER</b>					
<b>Non-Surgical Oncology including SWWCC Regional Programme</b>	Operationalise 2 <sup>nd</sup> CT SIM		CT-SIM Installation and commissioning Update 15.8.25 delivery confirmed September 25 Clinical October 2025	CT SIM operational	<<<<
	Develop business cases for 5 <sup>th</sup> Linac + spare bunker at Singleton		Business Case through both HB Governance / Welsh Government Business Case submitted. Full options appraisal completed Business Case through both HB Governance / Welsh Government Business Case submitted. Update 15.8.25 - approved by both HBs to take to WG for scoping meeting	Welsh Government Business Case awaiting approval. Decision reached on Location for 6th Bunker Welsh Government Business Case awaiting approval.	
	Reset and Redesign Acute Oncology and Haematology Unit (including developing IO Toxicity Service)		HEIW fellow to begin Update 15.08.25 - HEIW fellow started Aug 5th	Service design established	Begin pilot
	Develop sustainable Regional Oncology OPD hub and spoke model		Complete D&C modelling Update 15.8.25 - 5 years of activity received, site complete site 2 almost complete	Identify current and future gaps	Consider new ways of working Alternative funding for staffing
<b>Compliance with National Optimal Pathways in the 5 High Impact Areas</b>	Permanent PET CT in place		Construction to start Update 15.8.25 Planning approved construction starting September	Construction continues with end date target of October 2026	<<<<
	Deliver tumour site action plans	New for Q2	Deliver in line with trajectories	Develop targeted programme of work dedicated to improving compliance with National Optimal Pathways for Urology, Lower GI and Gynaecology	TBC once work programme agreed
	Develop plan for lung cancer health checks / screening	New for Q2	Planning for implementation as per national programme led by P&I	Planning for implementation as per national programme led by P&I	<<<<



# PLANNED CARE & CANCER FORWARD LOOK

## Opportunities and Focus for Q3

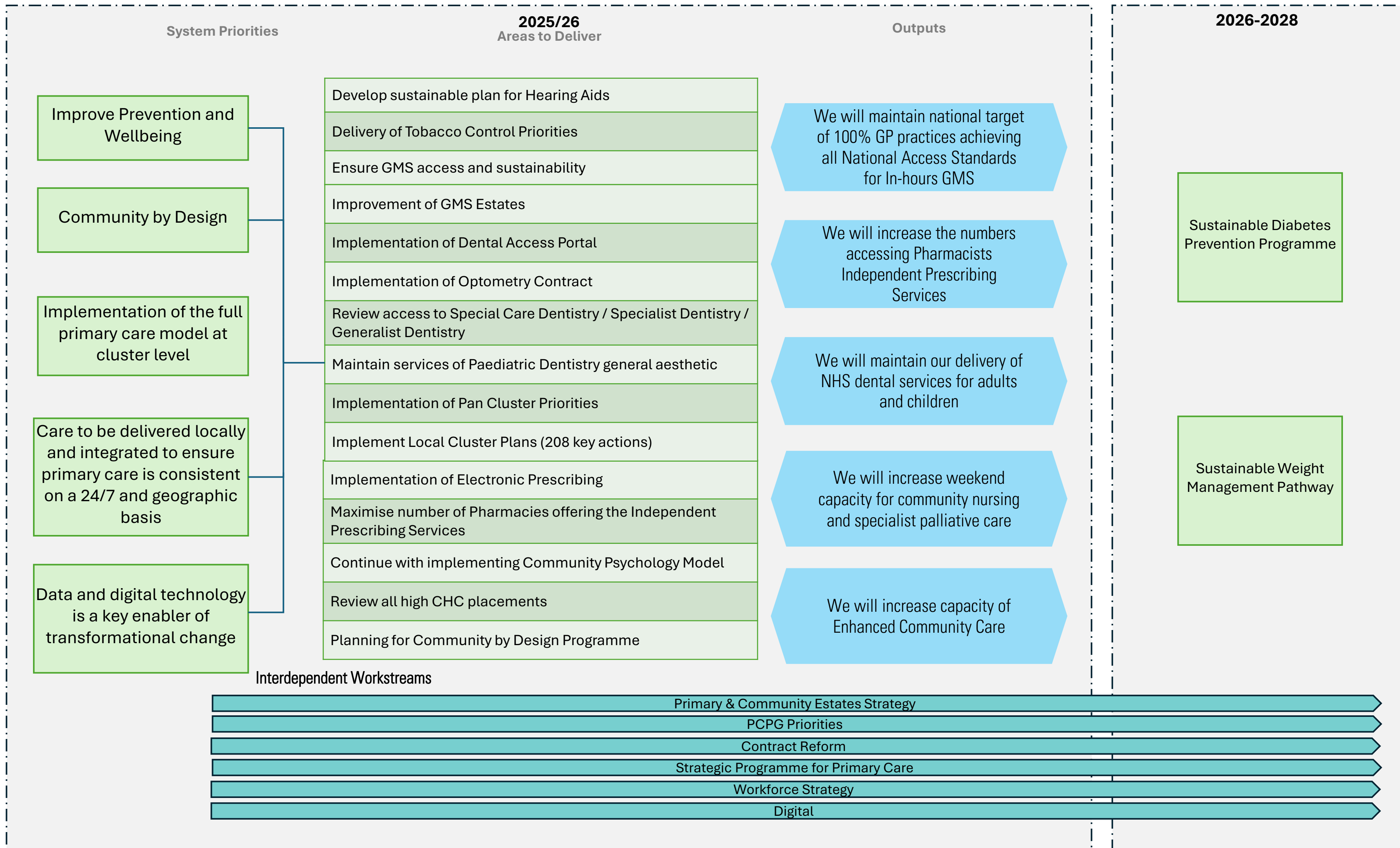
### **Planned Care:**

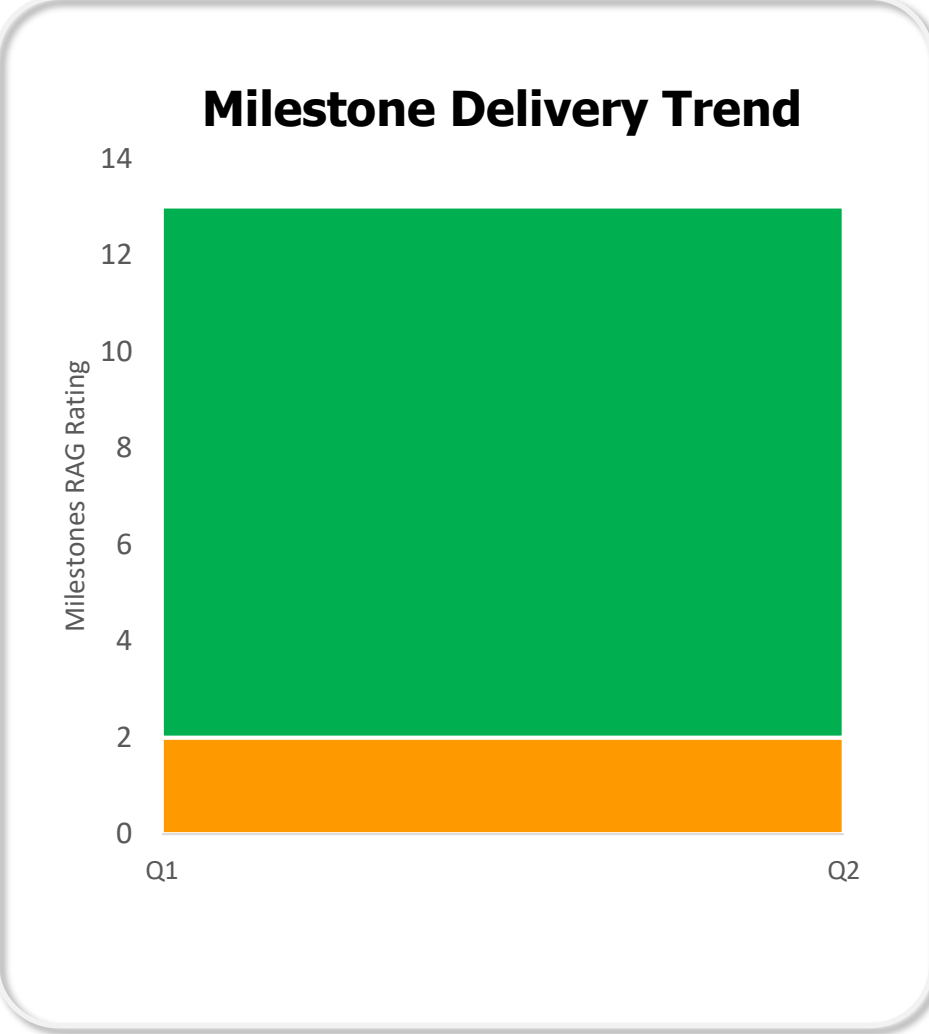
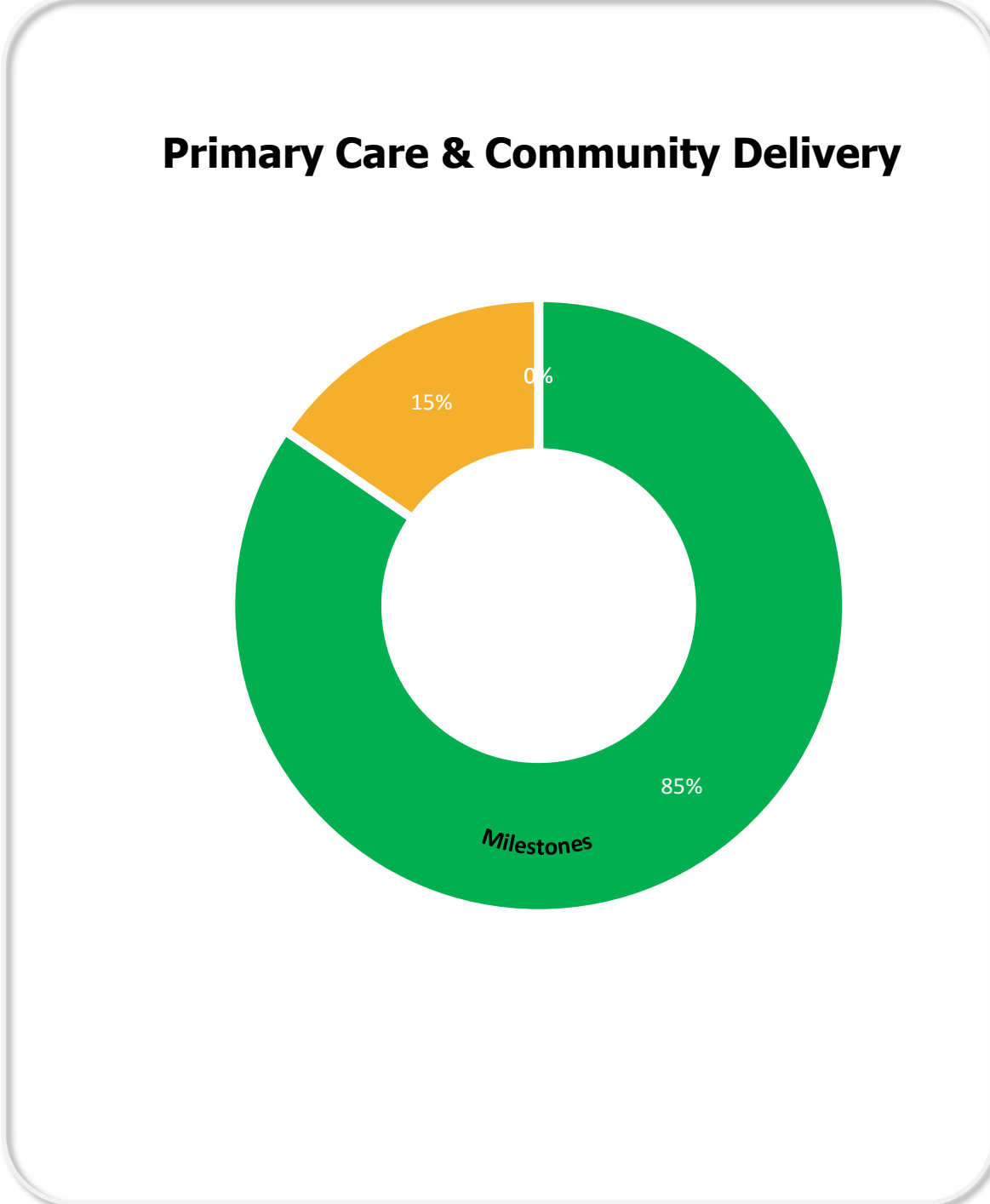
- Continued close monitoring of progress against Delivery Plans.
- Mobilising Clinical Committee to support with implementation of national CIN specialty optimisation frameworks.
- Progressing our planned care transformation priorities via our dedicated programme/systems approach in Outpatients, Diagnostics and Theatres with primary focus currently on pre-surgical pathway improvement, delivery of enabling actions/MAG recommendations for outpatients and theatres and Diagnostics recovery.

### **Cancer:**

- Develop targeted programme of work dedicated to improving compliance with National Optimal Pathways for Urology, Lower GI and Gynaecology.
- Maintaining the high level of performance around the USC two-week target; specific attention on the skin pathway following increased referrals over the summer months
- Improving Decision to Treat performance
- Further focus improving histopathology reporting turnaround times
- Explore opportunities to close any capacity gaps in patients' treatment regime, in particular urology and lower GI.

# Primary Care and Community Services Plan on Page 2025/2026





- ### Q2 Delivery Headlines
- New GDS Contract announcement
  - Maintained compliance for 14-week RTT for Therapies and Health Science
  - Reducing variable pay in Ty Olwen
  - Community nursing review commenced in August for a period of three months.
  - Collaborative work with Mental Health Services commenced in HMP Swansea
  - CHC High-Cost Placement review completed, now BAU
  - Brunswick GP practice successful transfer and opening in Phillips Parade
  - DSS for 0.5% Complex Frailty population and joint injections launched (unfunded by Welsh Gov)
  - Launch of Glaucoma Filtering (WGOS 4)
  - Open Eyes went live in HES
  - Reprovision of Dental capacity delay due to national procurement process

### Highest Risks

	Q2	Previous
<b>ID:2461</b> HB Wide DN Staffing Levels ( <i>PCT_20</i> )	20	20
<b>ID: 3071</b> Prison - Healthcare Nursing Staff Levels ( <i>PCT_19a, PCT_20</i> )	20	20
<b>ID: 4058</b> IDH Resources and Capacity ( <i>MGH_02b</i> )	20	20
<b>ID: 3834</b> Insufficient workforce to meet demand across 3 front door areas ( <i>PCT_35</i> )	20	20
<b>ID: 3638</b> Extended Waiting Times – Adult / Paeds Special Care Dentistry Treatments ( <i>PCT_13</i> )	20	20



# PRIMARY CARE AND COMMUNITY– OFF TRACK

System Priority	Work Programme	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
<b>Deliver care locally and ensure primary care is consistent on a 24/7 and geographical basis</b>	Review access to Special Care Dentistry/ Specialist Dentistry/ General Dentistry	Explore opportunities for increasing theatre capacity to reduce SCD backlog.	SCD GA List at POWH restarted 01/09/25 however due to suspension of service (1 year) a backlog has been created.	Plans for additional theatre capacity are being finalised	TBC when theatre capacity is finalised	
	Maintain Paediatric Dentistry General Anaesthetic Services					

## Issues for escalation

- i.e. support required, recurring issues, blockages to delivery etc.



# PRIMARY CARE & COMMUNITY Q2 DELIVERY – ON TRACK

ON TRACK – Action progressing as planned & agreed timelines

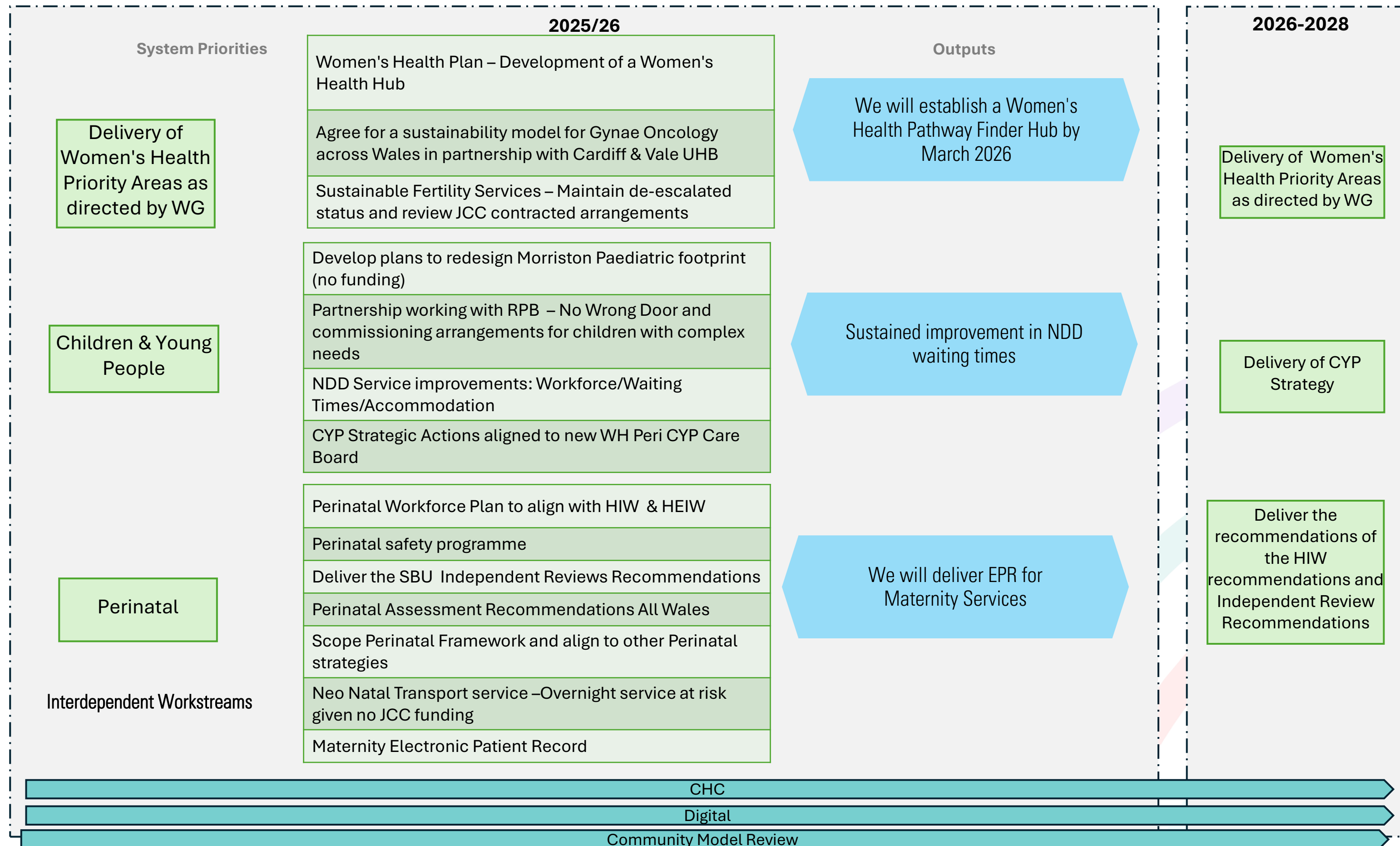
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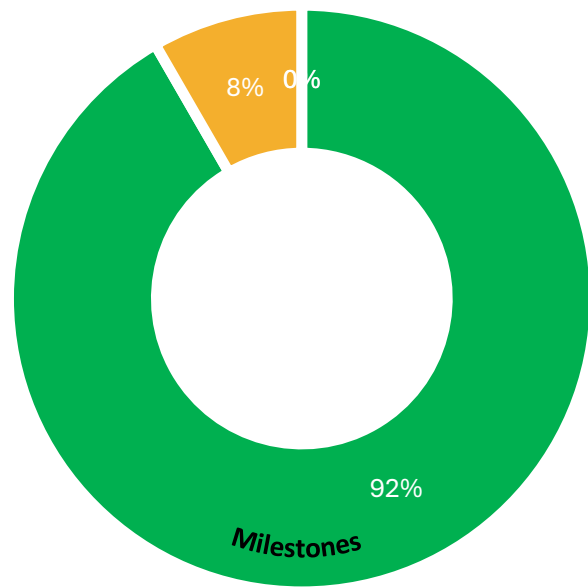
System Priority	Work programme	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone
Improve Prevention and Wellbeing	Develop sustainable plan for hearing aids		Hearing aid spend will be monitored	Hearing aid spend will be monitored. Evaluation of potential spend to save project for rechargeable hearing aids.	Hearing aid spend will be monitored and risk for 2026/27 outlined. Outcome of Llais Consultation to increase the lost aid fee reported
	Delivery of Tobacco Control priorities		Commence work on Business Case and develop local improvement targets	Continue work on business case to secure sustainable funding	If funding agreed, continue service into 26/27. If no funding agreed, develop Exit Strategy
Community By Design/ Delivering Integrated Services	Planning for future programme and maintaining existing programme of work to include primary care services for – ring pessary, vasectomy, basal cell carcinoma, breathlessness/ spirometry, joint injections (DSS)	*Newly added in Q2	Establish and maintain regular T&F groups, led by PCTG director	Identify potential sources of funding to support CBD programmes	Agree funding and timescales for delivery of CBD programmes
Implementation of the full primary care model at cluster level	Improve GMS Estates		Support the move of Brunswick Health Centre to Phillips Parade	Continue programme to review and improve primary care estates provision	Complete the required improvement grants (subject to national funding allocation)
	Implement Dental Access Portal		Consider (subject to release of new GDS contract requirements) the long-term proposal to manage the urgent dental pathway	Undertake mid-year reviews and implement any appropriate contract reductions for reinvestment to allocate DAP patients	Prepare for implementation of the new GDS Contract 26/27 and assess the impact on access
	Implement Optometry Contract		implement actions to address inequity identified though EHNA. If funding envelop allows continue to expand on WGOS 4 and 5 Clinical Pathways	Monitor WGOS activity	Implement the Quality for Improvement Framework.
	Maximise the number of pharmacies offering the Independent Prescribing Service		Support and promote uptake	Support and promote uptake	Support and promote uptake
Deliver care locally and ensure primary care is consistent on a 24/7 and geographical basis	Implement Pan Cluster Priorities		Continue implementation and monitor progress via Pan Cluster Planning Group on a bi-monthly basis.	Quarterly highlight report re progress on PCPG plan and 8xLCC IMTPs completed and reviewed in PCPG. Development phase for PCPG and x8 LCC Plans for 2026/27 commences	Quarterly highlight report re progress on PCPG plan and 8xLCC IMTPs completed and reviewed in PCPG. Approval of PCPG Plan and x8 LCC IMTPs for 2026/27 completed
	Implement Local Cluster Plans (208 key actions)		Continue implementation and monitor progress via Pan Cluster Planning Group on a bi-monthly basis. Finalise action plan on Falls prevention	Scoping to commence in Afan Cluster	Formulation to commence in Afan Cluster
	Continue implementing Community Psychology Model		Continued roll out of interventions in Cwm Tawe and Bay, and continued gathering of intelligence from all four clusters to feed to RPB, HB, APB	Continued roll out of interventions in Cwm Tawe and Bay	On-going roll-out in Cwmtawe and Bay
	Review all high cost CHC placements		Review of all high-cost placements to ensure patients are appropriately placed. Escalate outstanding MDT requests to Local Authority for Social Work allocation	Review of all high cost placements to ensure patients are appropriately placed. Escalate outstanding MDT requests to Local Authority for Social Work allocation	<<<
Data and Digital	Implement Electronic Prescribing in GMS and Community Pharmacy – national programme to be led by DHCW		Support practices as required to implement nationally led programme	Support practices as required to implement nationally led programme	Support practices as required to implement nationally led programme

## Opportunities and Focus for Q3

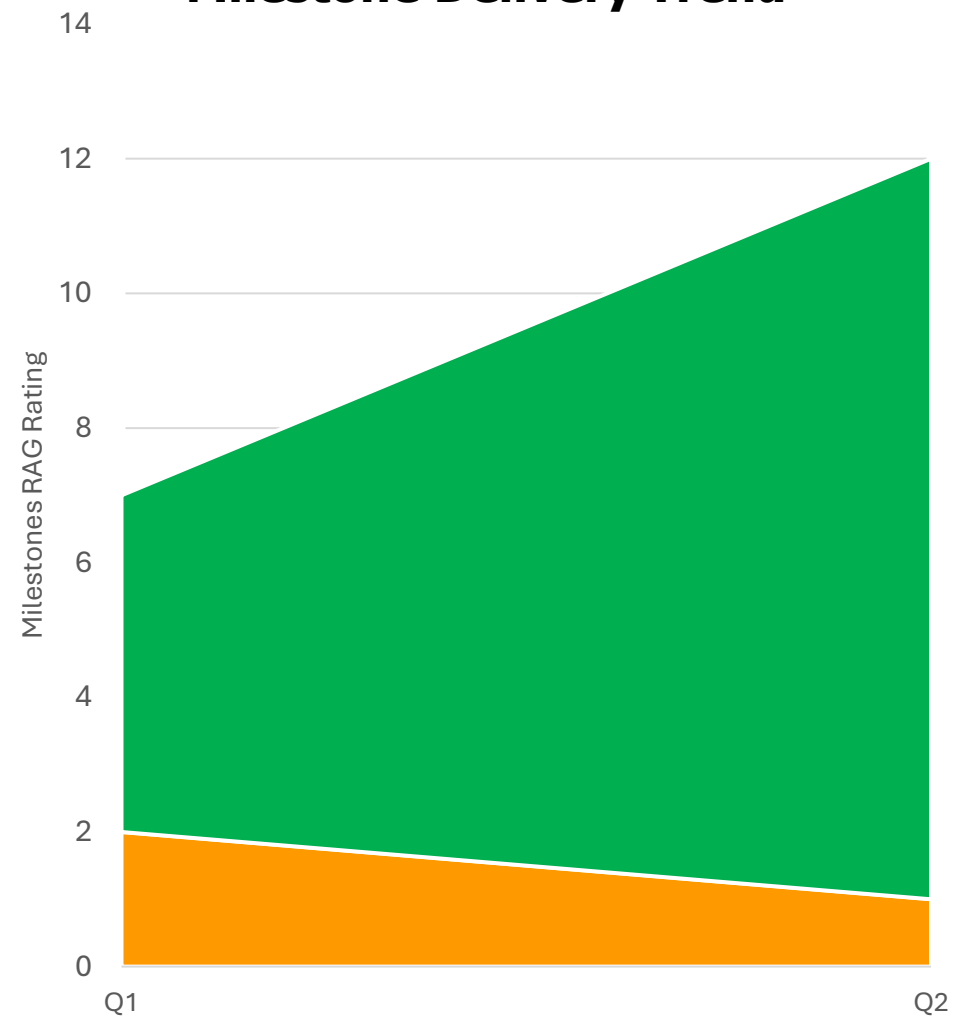
- Senior representation from Health Board at National Summit for ‘Delivering Integrated Services’.
- Local summit/workshop to be held in November
- Delivery in Immunisation Programme
- Implementation of the Dental Contracts
- Progress the Croeswrw Community Hub work with Business Justification Case (BJC) to Executives
- Implementation of the x3 DSS – (Frailty, Joint Injections and Minor Surgery)
- Implementation of Education and Training Programme as part of Women’s Health Plan
- Winter Planning and consider actions to enhance GMS provision over Xmas and New Year.
- SBUHB POCD summit/workshop to review progress to date and develop of further improvement actions including existing plans
- MH Improvement Plan,
- Trusted Assessor Trial at ‘front door’,
- improved coding in SIGNAL re ‘Recovery, reablement and Rehabilitation’)
- Commissioned Community Services Review concludes
- Temporary transfer of Gorseinon beds to Singleton
- PCT Group to maintain focus on delivery against DAs as per the 2025/26 Annual Plan



## CYP, WH, Perinatal



## Milestone Delivery Trend



## Q2 Delivery Headlines

- First Gynae Oncology Project Board met
- Perinatal engagement framework baseline assessment completed
- Scoping for insourcing tender exercise underway for ND service
- WFI sustainable service maintained
- Interim neonatal transport model maintained

## Highest Risks

	Q2	Previous
Delivery of reduced waiting times for ND service – risk of non-delivery due to fragility of staffing	20	20



# CYP, WOMENS AND PERINATAL– OFF TRACK

System Priority	Work Programme	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
Children & Young People	Partnership working with RPB – No Wrong Door and commissioning arrangements for children with complex needs	Establish information sharing processes between partner organisations Attend and contribute to the CYP Board and relevant local workstreams/ subgroups	RPB funding to enable the recruitment of a person to coordinate and lead this work has been delayed until Q2. However, funding has been agreed until March 2027.	Continue to engage in RPB groups and work towards the RPB vision in line with RPB timescales.	Q1 2026/27	Whole plan will be delayed by 2-4 quarters due to only obtaining agreement for the LA to fund a post in Q2, which will need to go out for LA recruitment in Q3. Therefore, can a decision be made to push back the plan by 4 Quarters?



# CYP, WOMENS & PERINATAL Q2 DELIVERY – ON TRACK

ON TRACK – Action progressing as planned & agreed timelines

OFF TRACK – Action not progressing as planned / to original timelines, however, management & mitigating actions are in place

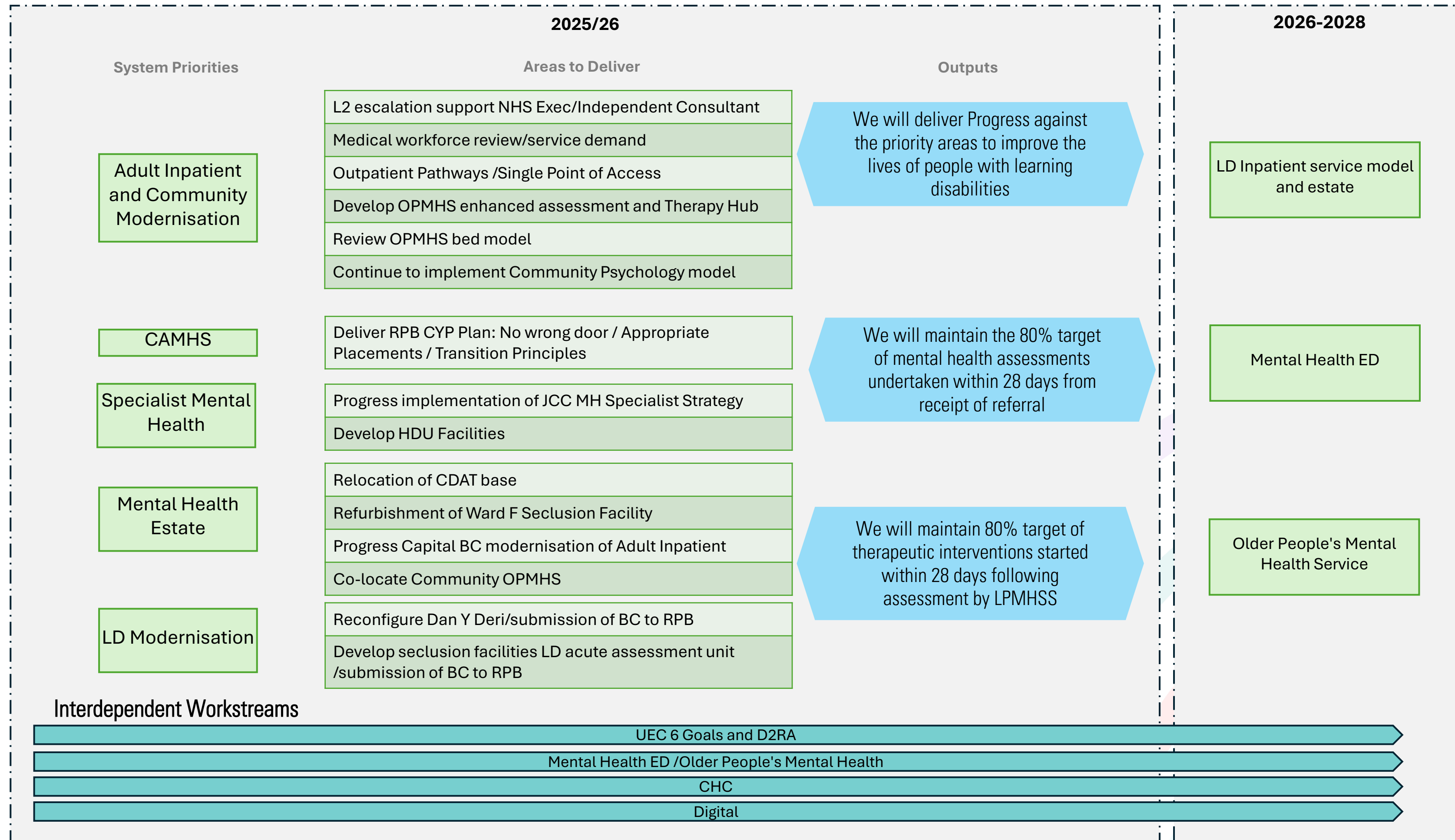
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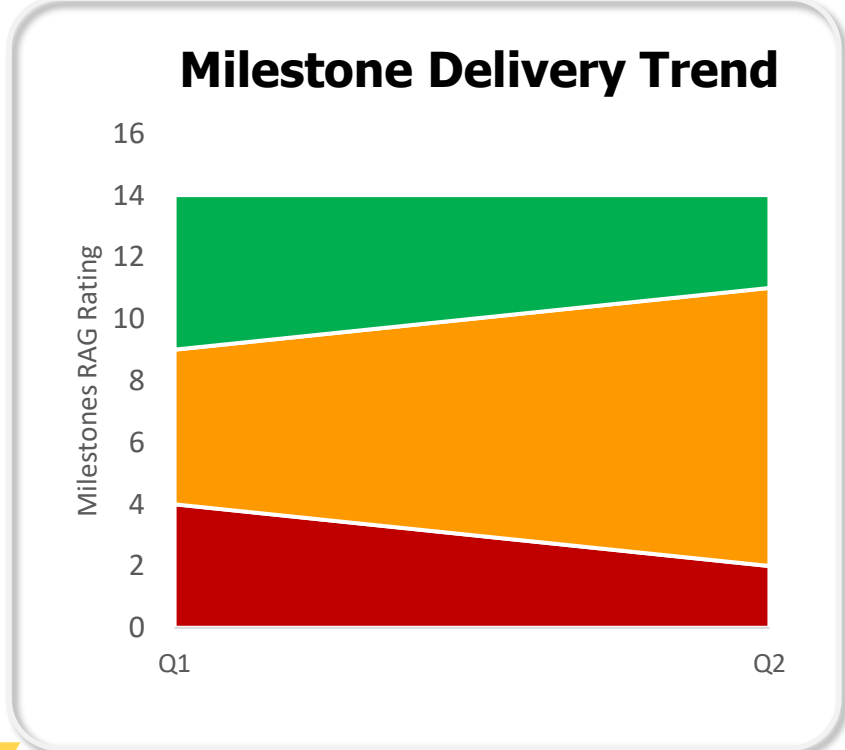
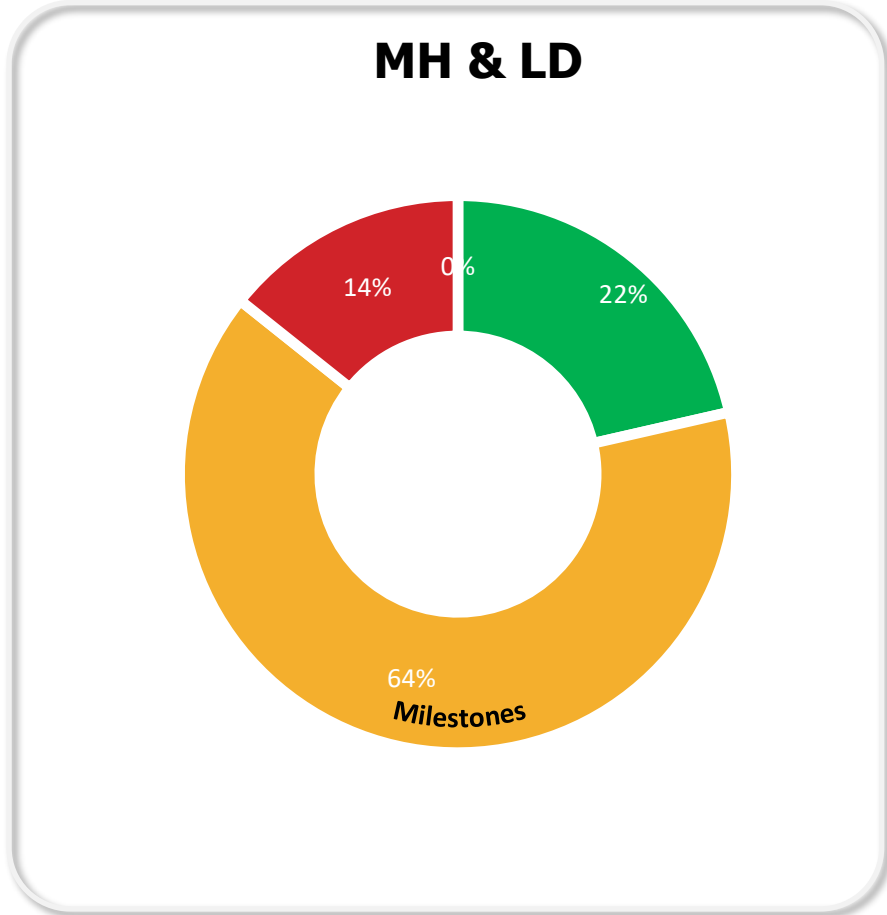
System Priority	Work programme	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone
Delivery of Women's Health Priority Areas as directed by WG	Women's Health Plan – Development of a Women's Health Hub		All the projects we bid for are now progressing well: <b>Primary Care Academy</b> – Completed a 1.5-day face-to-face training on menopause essentials with good course uptake; further sessions are being planned. <b>Physiotherapy Project</b> – Work is currently underway. <b>Sexual Health Project</b> – Advisory services through Consultant Connect are already operational. <b>Gynaecology Projects</b> – Advisory services via Consultant Connect are being set up. <b>Clinical Lead</b> – Successfully appointed.		
	Agree for a sustainability model for Gynae Oncology across Wales in partnership with Cardiff & Value UHB		Project Board first meeting held 19/9/25	Project timelines agreed and task and finish group meetings in place	Further objectives to be confirmed as project develops
	Sustainable Fertility Services – Maintain de-escalated status and review JCC contracted arrangements			The delivery of efficient and safe services will be monitored through quarterly assurance meetings - continue to deliver sustainable service	Maintain sustainable service
Children & Young People	Develop plans to redesign Murrison Paediatric footprint (no funding)	New DA	Discussions ongoing regarding moving to move suitable footprint	Discussions ongoing regarding moving to move suitable footprint	Aim to achieve decision on suitable footprint
	NDD Service improvements: Workforce, Waiting Times, Accommodation		<ul style="list-style-type: none"> <li>Exploring RPB funding for accommodation.</li> <li>Developing sustainable workforce and D&amp;C plan.</li> <li>Engaging with national neurodivergence programmes.</li> <li>Reducing CYP waiting times through effective staffing and planning.</li> <li>Enhancing digital systems (PaperLite, digital referrals, HealthRoster).</li> </ul>	Accommodation – hold meeting with RPB to discuss exploration of options to bid for space through RPB capital funding	Reach decision of option to move to additional space with support from RPB capital funding
	CYP Strategic Actions aligned to new WH Peri CYP Care Board		Invitations circulated for a Women, CYP & Perinatal Workshop scheduled to take place on 2 <sup>nd</sup> December to agree approach towards developing a Strategic Plan for CYP	Workshop to agree approach towards developing a CYP strategic Plan	Initiate CYP Steering Board, agreeing ToR and membership
Perinatal	Perinatal Workforce Plan to align with HIIW & HEIW	New DA	Perinatal team working through this strategy at present	Perinatal team working through this strategy	To be confirmed during quarter 3
	Perinatal safety programme		Advertising and appointment to Mat Neo Champion post in progress, continue to work through recommendations as part of perinatal assurance meetings	Interviews planned late October 2025	Successful candidates' intake up post
	Deliver the SBU Independent Reviews Recommendations		Perinatal team working through this strategy at present. Advertising and appointment to Mat Neo Champion post in progress, continue to work through recommendations as part of perinatal assurance meetings	Programme Manager taking up post and programme outline developed	
	Perinatal Assessment Recommendations All Wales Embed the All Wales Midwifery led care guidance into practice to ensure high quality care is provided in all settings including Perinatal engagement Framework		NPT33 – baseline assessment completed to inform service action plan	Action plan to be completed to inform service improvements/delivery	Delivery of action plans
	Neo Natal Transport service - Overnight service at risk given no JCC funding		Interim night model continues to be operational to provide 24 hours cover	Interim model to continue until WJCC confirm permanent funding arrangement	Interim model to continue until WJCC confirm permanent funding arrangement
	Maternity Electronic Patient Record	New DA?	Project plan on track up to September 2025	Project plan to remain on track	Project plan to remain on track

## Opportunities and Focus for Q3

- Perinatal safety programme champions – interviews planned for late October 2025
- Perinatal – delivery of external review recommendations – programme to be established overseen by programme manager newly appointed
- Scoping of alternative accommodation for ND service – meeting to be arranged with RPB
- Tender exercise to be completed for insourcing capacity for ND service
- A Women, CYP & Perinatal Workshop has been scheduled for 2nd December which will determine an agreed the approach to developing a Strategic Plan for CYP Services across all levels of care.
- MHL09 - Recruit to Regional CYP No Wrong Door coordinator post hosted by the Regional Partnership Board

# Mental Health and Learning Disabilities Plan on Page





### Highest Risks

	Q2	Previous
Clinical risk associated with a backlog in typing of Consultant & wider CMHT clinics due to workload volume and lack of workforce capacity.	20	20
Ward F Seclusion facility non-compliant with standards.	20	20
Deficits in administrative cover across adult mental health services - delays in clinic booking, delays in clinic typing and onward referrals up to 12 months backlog.	20	20
Psychological Therapies Waiting List Position – demand has more than doubled in 3 years	20	20
MH & LD Nursing workforce/Safe Staffing levels in accordance with the Nurse Staffing Act	20	20
Cefn Coed Environments of Care - Fendrod & Clyne Wards	20	20
Mental Health Site Security Issues (Cefn Coed & Garngoch)	20	20
Inadequate Seclusion Facilities at Caswell Clinic	20	20
Over occupancy in adult inpatients and increased use of private provision	20	20

- ### Q2 Delivery Headlines
- Modernisation of LD Inpatient Facilities: Development of Dan Y Deri Challenging Behaviour inpatient facility on track
  - Refurbishment of Seclusion Facility in Ward F – programme of work agreed with Capital Planning
  - Modernise Outpatients Pathways and Access – Outpatient Modernisation Group reinstated and will report into Community Modernisation Workstream
  - Connecting Care replacement of WCCIS – Procurement of RIO as replacement for WCCIS and additional funding secured for acceleration of RIO across other MH & LD services
  - Establish and embed Hillside Secure Children's Home In-Reach service – all staff are in post or in recruitment stage. Service priorities and operating procedures are progressing.



# MENTAL HEALTH & LEARNING DISABILITIES– OFF TRACK

System Priority	Work Programme	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
Adult Inpatient and Community Modernisation	L2 escalation support NHS Exec / Independent Consultant	MH Transformational Program is continuing to establish the requirements for change. The Service Redesign Workstream is due to commence in Oct, however the two groups that sit below the overarched group have already been established and commenced (Unscheduled Care Services i.e. community teams and outpatient models. Scheduled Care services i.e. inpatient and crisis home treatment services.	This is the last of the five workstreams under the MH Transformation Program to get established, hence the delay.		Progress should have been made and back on track by the end of Q3.	
	Medical workforce review / service demand	Implement a schedule for ongoing workforce reviews to adapt to changing needs and ensure continuous improvement.	Modernisation programme delayed but now commenced	MH Workforce workstream established as well as weekly medical pay meetings and monthly Medical Workforce meetings	Will be back on track Q3 and work will be ongoing as part of modernisation	N/A
	Develop OPMHS enhanced assessment and Therapy Hub	Commencement of OCP for staff who might require a change of base. Ratification of Operational policies.	Amber - was looking unlikely or red for this year in terms of getting the day hospital back to improve OPMHS but CDAT services have now located a new base.		Dependent on CDAT being relocated.	
	Review OPMHS bed model	Confirmation of capital funding is required before moving to finalising capital plans already drawn up and them being approved  In the interim a project board has been set up to develop a plan. We are working currently on reducing POCD numbers to free up beds as OPMHS beds are utilised at around 70-80% capacity with Adult outlying patients removed	Amber - was forecast to start End of October, still working to this and reducing beds weekly at present.	Comms Strategy  12-week test of change to OPMHS funding applications	Oct-25	
CAMHS	Deliver RPB CYP Plan: No wrong door, appropriate placements, transition principles	Establish information sharing processes between partner organisations  Attend and contribute to the CYP Board and relevant local workstreams/ subgroups	RPB funding to enable the recruitment of a person to coordinate and lead this work has been delayed until Q2. However, funding has been agreed until March 2027.	Continue to engage in RPB groups and work towards the RPB vision in line with RPB timescales.	Q1 2026/27	Whole plan will be delayed by 2-4 quarters due to only obtaining agreement for the LA to fund a post in Q2, which will need to go out for LA recruitment in Q3. Therefore, can a decision be made to push back the plan by 4 Quarters?



# MENTAL HEALTH & LEARNING DISABILITIES– OFF TRACK

System Priority	Work Programme		Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
Specialist Mental Health	Specialist Mental Health	Progress implementation of JCC MH Specialist Strategy	MH Specialist Services Strategy has not been progressed by Commissioners.	Commissioner not progressing recommendations	Elements of service modernisation progressing with the Division - HDU developments and Personal Alarms system being implemented by end of the financial year.	Unknown	Continue to progress local improvement plans.
		Develop HDU facilities	Scope of capital development work has been agreed. Options appraisal has been reviewed in Augusts Project Board to agree building approach for Taith Newydd Cedar Ward rebuild which has informed lead time to first HDU build in Caswell (Jun -26). Second suite is earmarked for 26/27	Unavailable capital funds in 25/26	None - funds unavailable but planning will continue during the financial year	Jun-26	
Mental Health Estate	Relocation of CDAT base		Work with Capital Planning and legal to arrange tenancy agreement/contracts confirm contract arrangements	Unlikely we will get one combined base for CDAT as envisaged so will only be able to partially complete.	Cimla Hospital being vacated by Llais so NPT CDAT team will move in there as it stands in Sept 25. This free's up Tonna for OPMHS.  Swansea CDAT team are being factored into a test of fit for a new build on the Kingsway.	Dependant on capital planning and timeframes around new build.	
	New Build Adult Mental Health – Progress Capital Business Case for Modernising Adult Mental Health Inpatient Services		Awaiting decision by WG. All milestones are dependent on this decision. Once approved timeframes and milestones will be reset and project board reinstated to oversee work.	No new build likely within next 5 years.	Interim solution is to refurbish tawe ward to keep it in use another 2 years whilst interim options are sought which include looking at existing estate and reconfiguring services.	Unknown in terms of purpose new build due to unavailability of capital to meet the need	
	Community OPMH Teams Co-Location (Westfa/Phillips Parade)		Work with Capital Planning and legal to arrange tenancy agreement/contracts confirm contract arrangements if leasing is our only option or submit design plans previously drawn up.	Not in our gift at present to deliver on this due to lack of capital in the HB however a property in Central Swansea is available for the potential relocation of CMHT 1&2. It has been requested that OPMHS (and CDAT services) are considered for this for a test of fit	OPMHS remain in Westfa/ Phillips parade until new premises found	Dependant on capital planning being able to factor OPMHS into new build on Kingsway. No other properties or options at present due to lack of capital/revenue	
LD Modernisation	Develop seclusion facilities LD acute assessment unit / submission of BC to RPB		Commence design	No funding identified in Health Board needs discretionary capital for design fees. Capital prioritisation signed off by Service Group .			Agree to roll over design milestone pending potential slippage in capital budget and decision of whether to prioritise spend on this



System Priority	Work programme	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone
Adult Inpatient and Community Modernisation	Outpatient Pathways / Single Point of Access		Implementation of action plan	Evaluate benefits realisation and performance data	Centralised booking system in place
	Continue to implement Community Psychology model	DUPLICATE – Reported on Primary Care Plan on a Page			
Mental Health Estate	Refurbishment of Ward F Seclusion facility		Agree programme of work with Capital Planning	Refurbishment work to commence as per programme	Completion of refurbishment work and review outcomes against performance measures.
LD Modernisation	Reconfigure Dan Y Deri / submission to BC to RPB		Health Board (Ratify) at this point set future milestones. Consider organisation change process to reduce inpatient capacity. Engagement with LLAIS regarding reduction of LD inpatient units.	Engagement with staff to Commence in line with organisation change process in reduction of inpatient CCU's	Continue with Organisational change process.



## Opportunities and Focus for Q3

- Implementation Plan to be developed for roll out of RIO across MH services
- Relocation of CDAT allowing review and development of OPMHS Day Services
- Continued Redesign of OPMH Inpatient services with reduction in POCD numbers
- Interim solution on future of Tawe Clinic to be agreed and engagement / consultation process to commence
- Continue transformation programme for MH Services

# DIGITAL Q2 DELIVERY - OFF TRACK

Ref. No	Delivery Action	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
D01 - Electronic Patient Health (EHR) - Digital Strategy	Procure module 1 of an Electronic Health Record (EHR) with a focus on Urgent and Emergency Care including ePMA	The approach to funding has been revised such that costs for a digital solution will be submitted as part of the UEC redesign case	In the context of the Ministerial Advisory Group position on investment in Electronic Health Records, the Health Board UEC redesign programme is looking to secure funding for a system to span UEC. However, funding is linked to the wider UEC redesign business case.	Financial discussions are ongoing to inform funding opportunities to support this.	Q3	
D02 - Pathology digital system replacement (LIMS 2.0)	Implement the new Laboratory Information Management System (LIMS 2.0)	Testing and training preparations ongoing as SBUHB continue to receive fixes to the LIMS 2.0 system in the test environment. Welsh Government agree to meet the full £1.6m cost of the mitigation plan.	Delays caused by national delivery of fixes to a large volume of defects in the LIMS 2.0 system and limited availability of specialist resource required for User Acceptance Testing.	Welsh Government have agreed to pay the full £1.6m cost of the mitigation plan, which will see discipline based rollout of LIMS by the end of March 2026. SBUHB will be the first to go live with Cellular Pathology in November. National planning underway to determine go-live dates for other pathology disciplines.	Q3	
D03 - Radiology digital systems replacement (RISP)	Radiology digital systems replacement (RISP) [DIGITAL, UEC, PLANNED CARE , CANCER]	Data migration commenced. Joint plan approved with supplier and DHCW.	Data Migration Testing has completed, however a number of queries around the incorrect source of scans across Wales need to be addressed before Data Migration can fully commence. A joint plan has been agreed with the supplier, however issues with configuration of Radiology+ has meant that milestones have slipped and need to be reviewed.	Planning session arranged for 23rd September. CCN has been provided to Philips for impact assessment of 23rd Feb date. Soliton to attend Swansea to assist with configuration of Radiology+	Q3	
D04 - WECDS Implementation	Work with the national programme to deliver a technical solution for the WECDS data set [DIGITAL]	Continued engagement in the development of WECDS	An implementation plan has been submitted to the 6 goals programme along with a request for funding to enable the delivery of the new ED app and the WECDS.	The local plan sets out several local dependencies which the Health Board requires to ensure a safe implementation including scanning of paper cas cards and integration of the e-triage solution with the WECDS App.	Q3	
D08 - Signal	Support new ways of working through the Integrated Discharge Hub. Prepare for working with the Electronic Health Record (EHR).	v3.6 of Signal development for HEPMA alerts	Delay due to a number of factors: -5 urgent patches required to v3.5 - development of HEPMA alerts, late additions to requirements. - additional development of non-HEPMA functionality.	Continue to work closely with HEPMA team to ensure no further gaps in requirements. Support with testing	Q3	
D09 - WCP - HIR	Complete the implementation of HIR (Hospital Initiated Referrals) across all specialities	Continued roll out of HIR in line with plan approved by Outpatient Redesign Group	A Welsh Clinical Portal fix was required from Digital Health and Care Wales to enable rollout	Upgrade Welsh Clinical Portal and roll out to Urology and Respiratory	Q3	
D10 - Digital Health Assessments	Implementation of PROMPTLY [DIGITAL, PLANNED CARE]	5 existing & pipeline services to be onboarded Referral to Waiting List form trigger integrations to be complete Power BI dashboards continue to build National PROMs to NDR project to commence	Final integration trigger due to go live on the 22nd Sept, this completes the final integration/automatic form trigger within scope. Full outcome data flow back into the Health Board is continuing to be delayed but progress is being made with the data mappings. No delivery date confirmed as of yet.	While full outcome data is not yet flowing back to the Health Board, temporary data is being downloaded using a manual downloader	Q3	

# DIGITAL Q2 DELIVERY - OFF TRACK

Ref. No	Delivery Action	Q2 Milestone Off track	Reason	Mitigating Actions	When on track	Decision for IPPR
D12 - Digital Maternity Cymru	Digital Maternity Cymru - Digitisation of maternity records - in line with National Programme	Complete benefits baselining and process mapping. Commence system configuration in non-production environment. Undertake recruitment activities	RAG changed from green to amber due to unplanned absence of key staff member within clinical project team, which is impacting the clinical aspects of the project, such as configuration, decision-making and process mapping	This has been escalated by maternity services and additional resources are in the process of being identified.	Q3	
D17 - Expand Electronic Test Requesting	Expand the use of Electronic Test Requesting and Reporting	Further DHCW development of Cardiology Clinical Worklist Manager functionality.	Additional Cardiology costs for Cardiobase which will require Cardiology to seek funding. Elongated timelines for all 3 cardiology integrations Cellma GP Letters - issues in letter templates delaying progress	Continue to work with DHCW on availability of vetting functionality required for Cardiology requesting Continue to progress Cardiology results integrations.	Q4	
D18 - SACT	Engage with the National Programme on the replacement of the Systemic Anti-Cancer Therapy SACT e-prescribing system	Continue to engage with national programme in the context of the extended current system and integration to the SMR.	Contract extension not yet confirmed	Awaiting confirmation of contract extension	Q3	
D19 - In-Touch - Go Live with 'In Touch' in Singleton Hospital	In-Touch - Go live with 'In Touch' outcome form and write back to WPAS	Complete recruitment	Recruitment of Product Specialist complete.	Product Specialist for InTouch started with the Clinical Systems team in September and work will likely start on the Singleton implementation in Q4 once they are familiar with the system and ways of working.	Q4	
D23 - NPT wireless equipment replacement	NPT Wireless Equipment Replacement		Prioritisation of another Delivery Action with support ending soon (D29 - Call Manager Upgrade to Cloud Voice)	Commence implementation in Q3	Q4	
D36 - Digital Cellular Pathology	Digitise cellular pathology services [DIGITAL, CANCER, PLANNED CARE]	Final Health Board (BCUHB) to agree Business Case	Publication of national Invitation To Tender delayed as not all Health Boards have yet agreed a Business Case.	Final Health Board (BCUHB) to agree Business Case. Publish Invitation to Tender	Q3	
D37 - eTriage	eTriage [DIGITAL, UEC]	Continue readiness activities - Assess integration requirements. Obtain quote for integration from Optum for Symphony. Explore options for use of ED App. Map process and workflows with service	Continue to await confirmation from DHCW of when eTriage will be integrated with the ED App	Undertake Options appraisal	Q3	

# DIGITAL Q2 DELIVERY – ON TRACK

ON TRACK – Action progressing as planned & agreed timelines

OFF TRACK – Action not progressing as planned / to original timelines, however, management & mitigating actions are in place

OFF TRACK – Action not progressing as planned / to original timelines, there is significant issue which require escalating

Ref. Number	Delivery Action & System	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone
D05 - Patient Portal/NHS App	Implementation of the NHS App in parallel with the Swansea Bay Patient Portal [DIGITAL, UEC, PLANNED CARE, CANCER]		Increase the adoption of SBPP in line with the NHS Wales App roll out. All Wales communication plan is a dependency to support local comms and implementation.  Engagement with the National Programme on proposed Planned Care functionality.	Increase the adoption of SBPP in line with the NHS Wales App roll out. All Wales communication plan is a dependency to support local comms and implementation.  Engagement with the National Programme on proposed Planned Care functionality.	<<<<<
D06 - Connecting Care	Identify and procure an alternative system for WCCIS and migrate existing 750+ Health Board users who are using WCCIS on the Swansea Council contract, aligned with Swansea Council timelines Decide on the future direction of the Health Board and whether a National or Regional approach to a solution will be followed [DIGITAL, PRIMARY CARE, MH LD]		Undertake data mapping activities, testing and configuration	System Admin Training, Data migration and configuration activities will continue through Q3. The first data load will include demographic data.	Continue data migration activities, configuration and testing for a go-live of Rio in September 2026
D07 - Hybrid Mail	Increase the spread and scale of adoption of the Hybrid Mail [DIGITAL, PLANNED CARE]		Implement Hybrid Mail in line with the plan approved by Outpatients Modernisation group	Implement Hybrid Mail in line with the plan approved by Outpatients Modernisation group	<<<<<
D11 - Welsh Nursing Care Record - Paediatrics	Implementation of WNCR in Paediatrics [DIGITAL, CYP]		Continue the digital development of WNCR Paediatrics	Continue the digital development of WNCR Paediatrics	Complete system testing in readiness to roll out to Morriston
D13 - ePMA - Alignment to National Programme and continued commitment to future integrations e.g. Shared Medicines Record	ePMA - Integrate HEPMA with National solutions such as the Shared Medicines Record (SMR) [DIGITAL, UEC]		Preparation for onboarding and agree requirements	Testing/go live of API if requirements agreed and signed off	
D14 - WPAS and associated services disaggregation	Disaggregation of WPAS currently combined with Bridgend/Cwm Taf [DIGITAL]		Continued support through stable operations of disaggregated systems and associated data.	[No milestone: Delivery Action complete]	[No milestone: Delivery Action complete]
D15 - Implement Open Eyes (Open ERS/Open EPR)	Implement Open Eyes aligned to the pathways as prioritised by the Ophthalmology Service including regional working with Hywel Dda UHB [DIGITAL, PLANNED CARE]		Go live across all specialities	Continue to develop and enhance Open Eyes to support clinical workflows	Continue to support the service to develop a regional model
D16 - Welsh Intensive Care Information System - Implementation	Implement WICIS in line with national implementation plan [DIGITAL]			Proposal submitted to Welsh Government	
D20 - Millcare System in Sexual Health	The Millcare System in Sexual Health is no longer supported, work is underway (led by PHW) to plan for a national solution. [DIGITAL, PRIMARY CARE]		Sustained use of the Millcare system on a best endeavours basis. Test environment established between Millcare and LIMS 2.0	Sustained use of the Millcare system on a best endeavours basis. Systems Integration Testing between Millcare and LIMS 2.0 complete.	Sustained use of the Millcare system on a best endeavours basis. User Acceptance Testing carried out between Millcare and LIMS 2.0 in accordance with national LIMS 2.0 national.
D21 - WPAS Roll out across Mental Health, Learning Disabilities and Primary Care and Therapies	WPAS roll out across Mental Health, Learning Disabilities and Primary Care and Therapies [DIGITAL, PRIMARY CARE, MH LD]		Go-live with HCP module for front door Mental Health services (SPOA and Crisis Home Treatment team)	Rollout of WPAS to identified services in line with prioritisation as agreed by the Mental Health Driver Group A rollout plan for PCTG is being drafted for rollout in 2026/27	<<<
D22- Cyber Secure Back Ups	Cyber Secure Back Ups [DIGITAL]		Complete implementation		

# DIGITAL Q2 DELIVERY – ON TRACK

ON TRACK – Action progressing as planned & agreed timelines

OFF TRACK – Action not progressing as planned / to original timelines, however, management & mitigating actions are in place

OFF TRACK – Action not progressing as planned / to original timelines, there is significant issue which require escalating

Ref. Number	Delivery Action & System	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone
D24 - Laptop, PC, iPad and Printer Replacement	Replace ageing hardware [DIGITAL]		Continue replacement of PCs, iPads and printers	Continue replacement of PCs, iPads and printers	<<<
D25 - Additional Server Equipment including Storage	Additional server equipment including storage [DIGITAL]		Procure and install additional servers		
D26 - Imprivata Rollout	Complete rollout of Imprivata card login system to all acute hospital wards [DIGITAL]		Complete rolling out Imprivata card login system		
D27 - Implement New Core Network at Morriston & Singleton	Implement new core network at Morriston & Singleton hospitals [DIGITAL]		Commence implementation	Complete implementation	
D28 - Windows 10 Removal	Upgrade to Windows 11 operating system and remove Windows 10 as Microsoft are ceasing support by in October 2025 [DIGITAL]		Continue upgrade to Windows 11 across devices		
D29 - Call Manager Upgrade to Cloud Voice	Undertake an options appraisal to assess a Call Manager Upgrade to Cloud Voice [DIGITAL]		Design of upgrade to Cloud Voice for identified scope Procure upgrade to Cloud Voice	Commence implementation of upgrade to Cloud Voice	<<<
D31 - Creation of a measures to be visualised in Dashboard pulling data from various systems	Delivery of a suite of Quality & Safety dashboards [DIGITAL]			Functionality for next phase of Quality and Safety app - prioritised drill-through dashboards completed and additional measures added.	
D32- Re-banding of Coding Staff and Development of Auto-coding Software	Re-banding of Coding Staff and development of auto-coding software to improve coding completeness in accordance with Clinical Coding Audit Action Plan. [DIGITAL]		OCP process completed, and re-banding done	Auto-coding model fine tuned for Neurology	Auto-coding App in use for two specialties
D33 - Data Literacy and Value	Delivery of Data Literacy and Value Programme [DIGITAL]		Data Literacy and Value training programme modules developed and delivered. Additional self-service dashboards delivered.	Data Literacy and Value training programme modules developed and delivered. Additional self-service dashboards delivered.	Data Literacy and Value training programme modules developed and delivered. Additional self-service dashboards delivered.
D34 - National Data Resource (NDR)	Help support the creation of the NDR across NHS Wales [DIGITAL]		Scoping of FHIR profiles and linkages with existing systems carried out	Data from the National Data Resource being shared and utilised by the Health Board and submissions data sent to NDR where applicable	<<<
D35- Health Records Centralisation	Centralisation of Health Records function to Ty Samlet [DIGITAL]		No milestone: Delivery Action complete	[No milestone: Delivery Action complete]	<<<



# DIGITAL - Q2 OVERVIEW

## Successes and Achievements

- **Open Eyes** was successfully implemented across all Ophthalmic sub-specialities on 8<sup>th</sup> September. Work continues to enhance and develop workflows from initial data sets. The Health Board are actively supporting Hywel Dda with their implementation readiness.
- **Hospital Initiated Referrals** has been developed in Welsh Clinical Portal (WCP) to enable the electronic sending of internal hospital referrals. All services to Neurology have been live since June and an additional 2 services, Respiratory and Urology, went live on 15th October. This will inform a wider Health Board rollout by Q4 FY2025/2026.
- A public communication campaign to promote the availability and benefits of the **Swansea Bay Patient Portal (SBPP)** continues. Patients are now able to access SBPP via the NHS Wales App providing a digital unified patient experience. 32,000 patients now access the patient portal via the app to support their care. A text messaging campaign ran through September/October and had a positive impact on patient sign-up; over 10,000 patients have registered during October.
- Digital and Mental Health services have worked collaboratively to implement the **WPAS Health Care Professional (HCP) module** for front line services in Mental Health who were still using paper and manual processes.
- **Hybrid Mail** - 14 services are now live with the solution; 4 new services went live during the reporting period. The task and finish group continues to oversee the adoption of the solution across services.
- A funding proposal to further **digitise mental health services** was submitted to Welsh Government for approval.
- **Quality and Safety Dashboard** - launch of the next phase of the Quality and Safety Dashboard which now includes assurance and compliance metrics, the addition of Mental Health and Learning Disabilities measures in the daily and weekly Health Board summary reports, which are sent automatically to Executives.
- **Colposcopy and Screening module** of Welsh Clinical Portal (WCP) went live during July which replaces the legacy system CANISC.
- **Windows 10 migration** – the migration to Windows 11 is currently at 89% of desktop and laptop computers. The remaining 11% cannot be upgraded due to a particular application running on them; however, support arrangements with Microsoft will be put in place for the next 12 months.

## Risks and Challenges

- **Digital Maternity** – funding has been allocated; however, there is no nationally agreed plan to enable integration which could impact project delivery timescales.
- **Hybrid Mail** – The Planned Care Board have accepted the proposal to accelerate the rollout of Hybrid Mail; however, this has not yet commenced due to the lack of agreement around the finance process.
- **LIMS & RISP** – there is a dependency on 3<sup>rd</sup> party providers to deliver against an ambitious national plan. The concern with **LIMS** is that defect levels are not reducing quickly enough. It is essential that the Health Board have continued access to the current LIMS if go-live is delayed, so that there is uninterrupted provision for Blood Transfusion. For **RISP**, the Health Board is aiming to go live on 23<sup>rd</sup> February 2026. RISP has experienced slippage by the supplier for image data migration, training and user acceptance testing. Going live this financial year is critical to spending the capital already provided to the Health Board. The national programme has commented that Welsh Government will not allow the funding to be moved into next financial year.
- The MIU currently use the **Welsh Emergency Department System (WEDS)** provided by Optum. The contract expires in September 2026. A replacement solution is required. At the request of the national 6 goals programme for unscheduled care, DHCW have developed the UEC app (including the WECDS dataset) which is being proposed as a data capture solution across unscheduled care settings in Wales. Swansea Bay will look to implement the UEC app in the Minor Injury Unit in the first instance given the impending WEDS contract end date. However, concerns relating to delayed delivery of the solution, coupled with requirements for local integration, have been escalated to the Health Board UEC board and 6 goals programme.
- There are a number of national programmes that are required to go live in Q4 of FY25/26 to align with Ministerial priorities and funding constraints in FY25/26.

## Opportunities and Focus for Q3

- Funding to support the digitisation of Mental Health and Learning Disability teams that are currently using paper, Excel spreadsheets and Access database has been secured via the Connecting Care programme. Work to accelerate the Rio implementation for paper-based teams will commence in Q3.
- UEC Redesign programme provides an opportunity to provide funding for a system across UEC settings, streamlining the number of systems in use.
- The upcoming release of the NHS Wales App features planned care functionality, which include the surfacing of the GP referral by the Health Board and notifying patients of their first outpatient appointment date and time.
- Signal version 3.6 is scheduled to go live in November. Key features include the surfacing of alerts from HEPMA: antimicrobial review due and notification a patient has been administered warfarin.
- Go-live of LIMS for Cellular Pathology; to bring the first end users in Wales onto the new LIMS system.
- Useability testing of the newly developed national UEC app with DHCW and users in SBUHB.
- Continued rollout of Hospital Initiated Referrals following a successful go live of 2 new services in Q2.
- Acceleration of the Hybrid Mail rollout following approval of the proposal by the Planned Care Board. However, this is dependent on the finance process being agreed.
- The clinical Coding Auto-coding Application will be tested and implemented for Neurology episodes
- Measures across a range of different areas such as PROMS, PREMS, and Complaints will be added into Quality and Safety Dashboard
- New Power BI data literacy modules will be available for staff to self-book via ESR

# WORKFORCE Q2 DELIVERY – ON TRACK

ON TRACK – Action progressing as planned & agreed timelines

OFF TRACK – Action not progressing as planned / to original timelines, however, management & mitigating actions are in place

OFF TRACK – Action not progressing as planned / to original timelines, there is significant issue which require escalating

Ref. No	Delivery Action & System	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone
WF_01	<b>Support line managers with timely Occupational Health advice to support health at work/enable timely return to work after sickness absence</b>		The 1st offered appointment date will be within 29 calendar days of the date referral received.	The 1st offered appointment date will be within 29 calendar days of the date referral received.	The 1st offered appointment date will be within 29 calendar days of the date referral received.
WF_02	<b>Improve Attendance at Work</b>		Partnership working with Public Health Wales	Established Healthy People Forum working in partnership with staff side to support Healthy People at Work Agenda	Increased audit compliance on Managing Attendance at Work Policy across the Health Board
WF_03	<b>Best Practice Review of HR policies and processes</b>		Reflective practice and learning from events embedded to create additional opportunities for improvement through the Best Practice Review	Improved education and guidance to line managers in partnership with staff side on HR processes and developments through Best Practice Review. Implement through Brilliant Basics	Review number of ER cases to determine impact (target: 5% reduction of formal ER cases by Q4)
WF_04	<b>Deliver Speaking Up Safely audit recommendations specific to Workforce &amp; OD, in collaboration with key stakeholders</b>		Service Groups to amalgamate the detail of concerns raised (themes, trends, actions taken, lessons learned) and report to Workforce & OD Delivery Group and Workforce & OD Committee on a rotational basis a minimum of twice yearly.	Review progress of the stakeholder group and continued delivery of audit report recommendations and action plan, against the set ToR and success measures/timeframes, evolving as required in line with external factors i.e. legislation, WG requirements. Progress will be monitored through Workforce & OD Delivery Group and Committee	Integrate Speaking Up Safely measures into the Workforce Performance Scorecard.
WF_05	<b>Embed the retention plan across service groups</b>		Work with the next service group to embed the plan and any lessons learnt.	Continue to deliver the retention plan with designated service groups and embed	Ensure all service groups have had the retention plan embedded within their work areas
WF_06	<b>In collaboration with stakeholders, design, embed and evaluate a suite of management and leadership development initiatives for all levels of clinical and non-clinical leaders that supports us to embed our values, behaviours and deliver our One Bay Way 10 year vision</b>		Work with key stakeholders and subject matter leads to collectively deliver agreed programme of work, as endorsed by Executive Team. Design and set evaluation and success measures to demonstrate increases in engagement, up-take and impact.	Continue to deliver agreed programme of work in collaboration with key stakeholders and continually monitor progress against success measures	In collaboration with key stakeholders, evaluate delivery and impact of our revised management and leadership development initiatives
WF_08	<b>Build on workforce Metrics Dashboard to increase insights</b>		Embed structure around incorporation of enhancements and new builds i.e. frequency of new releases and hotfix criteria	Implement development and feedback from users	Evaluate and define plan moving forward
WF_09	<b>Implement workforce-related programmes of work to achieve the ministerial priorities of reducing agency spend</b>		Develop and test heat map	Implement heat map	Evaluate and define actions to improve further

# WORKFORCE – Q2 Overview & Q3 Look Forward

## Q2 Overview – Key Achievements

- ✓ Absence management - Increased support for managers by HR teams has resulted in 37% increase in management referrals to Occupational Health June-July, highlighting more assertive approach to sickness absence management. OH KPI's being met currently despite additional demand.
- ✓ Staff Health Passport launched after partnership development with staff-side colleagues to provide early intervention/prevention approach for staff with disability/health condition(s) and support managing health at work
- ✓ R&S - WF Performance Heatmap published to dashboard

## Opportunities and Focus for Q3

### Opportunities:

- ✓ Improving Attendance at work – Establish a Healthy People's Forum, working in partnership with staff side to support the Healthy people at Work Agenda.
- ✓ Best Practice Review of HR policies and processes – Improved education and guidance to line managers in partnership with staff side on HR processes and developments through Best Practice Review. Implement through Brilliant Basics

### Challenges:

- Managing recruitment process at a time of financial challenge.
- Managing sickness absence.
- Managing variable pay.