



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Caspe Health Knowledge Systems (CHKS) update report Hywel Dda Annual Overview Report 2023-2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood
SWYDDOG ADRODD: REPORTING OFFICER:	Professor Subhamay Ghosh, Associate Medical Director for Quality & Safety Donna Edwards, Head of Effective Clinical Practice and Quality Improvement

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

CHKS provide an annual report on key performance indicators to each of the Health Boards in Wales. CHKS is a leading provider of healthcare intelligence and quality improvement services. They help to develop hospital benchmarking and performance management solutions for healthcare organisations. In January 2025 they produced their annual report for 2023 – 2024.

Quality and Patient Safety

- Across several diagnosis groups the rate of readmissions is higher than the peer and higher than would be expected for these patients.
- Antepartum complication rates are higher than the upper quartile for the peer group and outside the confidence limits.

Efficiency and improvement

- Elective length of stay is shorter than the peer group however there are a handful of patient groups where Hywel Dda do have longer stays.
- Hywel Dda have lower outpatient new to follow-up ratios than peers and Did Not Attend (DNA) rates are also low. There are some specialties where new to follow-up rates are higher than peers.
- Generally non-elective length of stay is shorter than the peer however there are several specialties where Hywel Dda exceed the peer norms.

Cefndir / Background

CHKS use patient activity data to provide a benchmarking analysis service built around the comparative performance across a suite of indicators to suitable organisational peer groups. In this 2023 - 2024 report, analysis is structured around four key themes.

- Mortality
- Quality and patient safety
- Efficiency and service improvement
- Data quality

Comparative peer data is included from the other health boards in Wales for the same periods including:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Swansea Bay University Health Board

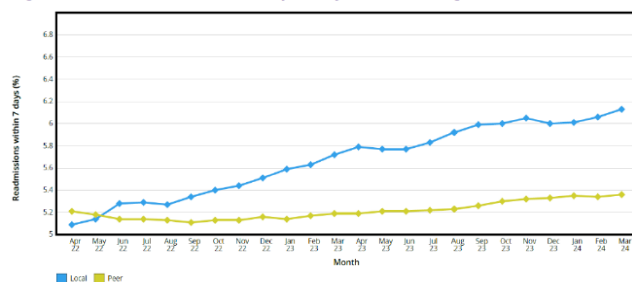
Scorecards are at the core of the CHKS benchmarking system (iCompare) and conveniently group together indicators to areas of interest and are used extensively in the annual reports.

Asesiad / Assessment

Quality and Safety (page3):

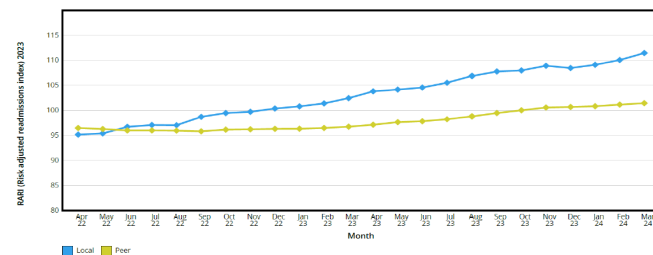
Readmissions within 7 days and the risk adjusted readmission rate are both higher than the peer upper quartile and outside the confidence limits. Both rates are shown to be increasing across 2023/24 and are higher than the peer.

Figure 6b: Readmissions within 7 days two-year trend rolling 12 months



6.2 The two-year rolling 12 month time series in Figure 6b shows that readmissions within 7 days are increasing compared to peer

Figure 6c: RARI two-year trend rolling 12 months



6.3 The risk adjusted readmission rate shown in figure 6c also indicates and increasing readmission rate which should be reviewed in more detail.

Reasons for high readmission rates include

- Medical and Surgical Same Day Emergency Care (SDEC) attendances are recorded as admissions and reattendances each time they return for further review.
- Potential coding issues.
- Patient transfers between Health Board hospital sites, not always transferred but discharged from one hospital and readmitted to another.
- Patient repatriation from other Health Boards post treatment/ procedure.

- Early discharge with poor communication or discharge summary regarding expectations/requirements with families/ GP's leads to readmissions.
- Inability to access appropriate advice through 111 can lead to readmission.

Actions undertaken/ in progress:

- A group has been set up to review this data in greater detail comprising of Mortality team, Clinical Effectiveness, Informatics and Maternity leads. Initial discussion has already taken place.
- Meetings and communications have been had with service leads, Clinical Directors and Quality Improvement leads.
- Meeting is in the diary (9th June 2025) with CHKS to discuss the issues with accuracy and completeness of clinical coding.

Antepartum complication rates are higher than the upper quartile for the peer group and outside the confidence limits.

Figure 6h: Antepartum complications scorecard

Description	Local Numerator	Apr 23 - Mar 24	Apr 22 - Mar 23	Change	Peer Value	Performance	Alert
Antepartum haemorrhage; not elsewhere classified	309	4.21%	4.79%	-12.22%	3.32%		Amber
False labour	241	3.28%	3.59%	-8.53%	1.01%		Red
Other disorders of amniotic fluid and membranes	40	0.54%	0.81%	-32.65%	1.26%		-
Placenta praevia specified as without haemorrhage	12	0.16%	0.09%	85.21%	0.18%		-
Placenta praevia with haemorrhage	36	0.49%	0.22%	122.25%	0.33%		Amber
Placental disorders	13	0.18%	0.13%	33.76%	0.51%		-
Polyhydramnios	74	1.01%	1.57%	-35.96%	1.32%		-
Premature rupture of membranes	368	5.01%	5.22%	-4%	5.29%		-
Premature separation of placenta [abruptio placentae]	12	0.16%	0.21%	-20.62%	0.16%		-
Prolonged pregnancy	274	3.73%	2.62%	42.55%	1.61%		Red

6.8 The antepartum complication rate has triggered a red alert (see appendix 1). Figure 6h shows a breakdown of these complications and this shows that the incidence of false labour and prolonged pregnancy are higher than the peer group and should be reviewed further.

Reasons for prolonged pregnancy: The Health Board have a higher number of pregnant people who choose to birth outside of guidance and actively decline induction of labour (NICE Guidance prolonged pregnancy is 42 weeks: [Recommendations](#) | [Inducing labour](#) | [Guidance](#) | [NICE](#)).

Despite the above the numbers remain higher than expected and consideration should be given for:

- Is there a data collection issue with an incorrect Expected Date of Delivery recorded.
- Reported numbers are inconsistent with clinical expectations

Actions undertaken/ in progress:

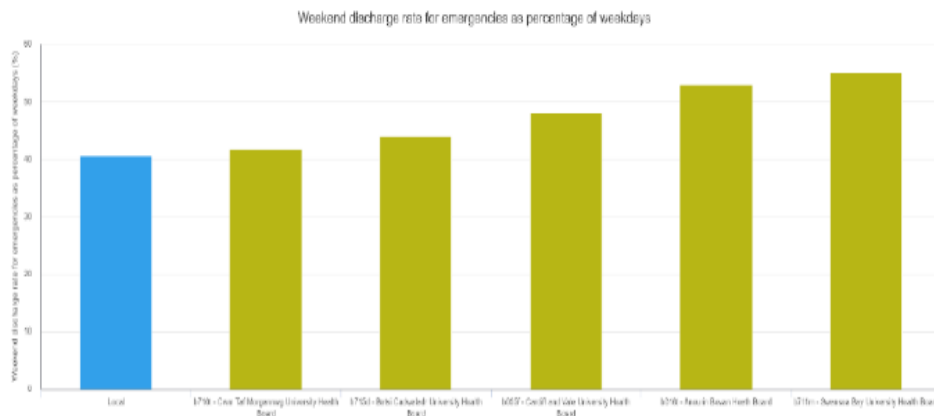
- A group has been set up to review this data in greater detail comprising of Mortality team, Clinical Effectiveness, Informatics and Maternity leads. Initial discussion has already taken place.

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- Meeting is in the diary (9th June 2025) with CHKS to discuss the issues with accuracy and completeness of clinical coding.

Non-elective Efficiency and Improvement (page 24):

Hywel Dda has the lowest proportion of patients discharged at a weekend.

Figure 8j: Weekend discharge rate for emergencies peer distribution



8.5 Figure 8j shows that Hywel Dda has the lowest proportion of patients discharged at a weekend across Wales. A lower discharge rate at weekends may be contributing to increased length of stay.

Reasons for lower weekend discharge rates in the Health Board than other peers include:

- Lack of Specific Allied Health Professionals such as Physiotherapy cover over the weekend delaying discharges particularly in orthopaedics, including fracture neck of femur care.
- Lack of weekend trauma theatre capacity for surgical specialities.
- Lack of criteria led discharge in place in absence of responsible team.
- Poor handover communication to out of hours team regarding weekend discharges.

The Health Board appears to be an outlier in Cardiology:

- Readmissions: likely to be impacted by managing cases via SDEC therefore recounting attendances as readmissions.
- Longer length of stay for cardiac conditions: likely to be impacted by in patient delays in transferring patients to Morriston for their procedures/ interventions.

Actions undertaken/ in progress:

- Meetings and communications have been had with service leads, Clinical Directors and Quality Improvement leads to understand the data.

The Health Board appears to be an outlier in Stroke Services:

- Longer length of stay for stroke: likely to be influenced by social issues and paucity of community provision including social care. This has been highlighted in the stroke issues paper for Clinical Services Plan (CSP)

- In line with the time period published also influenced by transition of therapists into retirement/ sickness and absence management leading to lack of available therapists. This is also reflective of availability of therapists in the community.
- Limited resources across the stroke multi-disciplinary team (MDT).

Actions undertaken/ in progress:

- Meetings and communications have been had with service leads, Clinical Directors and Quality Improvement leads to understand the data.
- Service changes have been revised and introduced since data reported in the annual report, through the stroke steering group including early supported discharge health board wide which is developing.
- Stroke length of stay meetings held in Prince Philip Hospital (PPH) is leading to changes in ground practice.
- Weekly Stroke MDT meetings have been replaced by daily 30-minute MDT board rounds which show improvement despite being in early stages.

The Health Board also appears to be an outlier in Urology:

- Relating to retention of foreign body after operation: the numbers reported appear to be high, however it depends on how they have been reported. It is recognised that there were a group of patients who had encrusted stents due to delayed operations which has already been highlighted. These patients required multiple operations to remove the stents which appears to be the reason for the data provided by CHKS.
- Extended length of stay: likely to impact is the sociodemographic and aging population within our population including the availability of community resources including social services.

Actions undertaken/ in progress:

- Discussions are being had with clinical directors and service leads.
- Meeting with CHKS to discuss the issues with accuracy and completeness of clinical coding, particularly in areas like comorbidity recording.

Argymhelliad / Recommendation

The Committee are asked to note the content of the report and take assurance that further actions are being undertaken to understand the data accurately, to identify and address any areas of improvement that are required.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.6	Provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators.
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Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	
Amcanion Cynllunio Planning Objectives	6 Clinical services plan 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the body of the report.

Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Contained within the body of the report
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable