

**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL  
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 October 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Committee – Month 6 2024/2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 6, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The Committee is asked to note the report.

The IPAR consists of two parts:

- A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 30<sup>st</sup> September 2024](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).
- A summary document entitled *Integrated Performance Assurance Report (IPAR) Overview: as at 30<sup>th</sup> September 2024* is also provided at Appendix 1. This document summarises performance, issues and actions for our key improvement measures for 2024/25.

A summary of the Statistical Process Control (SPC) chart icons is included below. Further details on why we are using SPC charts and SPC rules can be found in the supporting overview document.

<b>Variation</b> How are we doing over time	■	Concerning trend = a decline that is unlikely to have happened by chance
	■	Usual trend = common cause variation / a change that is within our usual limits
	■	Improving trend = an improvement that is unlikely to have happened by chance
<b>Assurance</b> Performance against target	□	Missing target = will consistently fail target without a service review
	□	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	□	Hitting target = will consistently meet target

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: [GenericAccount.PerformanceManagement@wales.nhs.uk](mailto:GenericAccount.PerformanceManagement@wales.nhs.uk).

## Cefndir / Background

In February 2024, Welsh Government published the [2024/25 NHS Wales Performance Framework](#). The framework outlines the Ministerial priorities for this financial year, along with key targets.

## Asesiad / Assessment

We have adopted the 3As Assessment approach to highlight either an Alert, Advise or Assure status for each of our key performance measures. Please refer to the latest [Integrated Performance Assurance Report \(IPAR\) dashboard](#) for data and charts for all performance measures.

### **Alert (may require discussion)**

There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

**Cancer** – In August 2024, 48% (117 out of 243) of patients started their first definitive treatment from point of suspicion against the 67% trajectory. In the same month there were 1,964 referrals. In September 2024 there were 543 patients waiting for internal and tertiary treatment over 62 days against the trajectory of 185. Anticipated further improvements in overall Single Cancer pathway performance and improvements in the backlog were not realised due to reduced radiology diagnostic reporting capacity during August and September 2024. This was a combined consequence of reduced levels of additional activity due to enhanced financial control measures and high levels of emergency demand which limited available capacity for urgent and non-urgent pathway activity. Remedial action has been agreed to resource additional reporting capacity to reduce Cancer pathway backlog patients and the Health Board is working closely with the NHS Executive to further improve pathway efficiency in key tumour pathways.

**Child neurodevelopmental waits:** In August 2024, the overarching metric showed that 21.1% of children had a neurodevelopmental assessment within 26 weeks, narrowly missing the trajectory of 24%. Autism Spectrum Disorder (ASD) was 14.5%, and Attention Deficit Hyperactivity Disorder (ADHD) was 51.4%. The 26-week target for ADHD assessments is showing improving variation. ASD performance has been consistently below 20% since September 2022 and is showing a concerning trend, with demand far outstripping our capacity to see ASD patients. This issue has been noted across Wales. We are working with the NHS Executive to develop a national solution.

**Staff sickness:** 12-month rolling sickness continued to increase for the ninth consecutive month, with 6.6% in September 2024. Facilities have the highest levels of sickness. Outcomes of recent audits within the Facilities directorate are being reviewed to identify target areas that require strategic support to reduce staff absence.

**Ophthalmology:** In August 2024, 56.2% (816 out of 1,451) of high risk (R1) patients attended appointments within their nationally agreed timeframe\* against a target of 95%. Monthly performance has been deteriorating since May 2024 (67.5%) due to limited overall capacity within the service, with August 2024 representing the lowest reported monthly position since February 2020.

\*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date.

Available capacity within the overall Eye Care service remains insufficient to meet the combined requirements of both the Ministerial Priority Referral to Treatment (RTT) and Eye Care Measures (ECM) targets. Since the introduction of the ECM targets in 2019, the Health Board has not achieved the target 95% performance threshold. Mitigating action to improve current performance is highlighted below:

- Clinics will increase in November 2024 due to an improved clinical workforce position, with a further 2 clinicians on-boarding which will increase capacity further.

- The one stop cataract pathway commenced in July 2024 with further one stop clinics being introduced in November 2024. This will release routine capacity to be reprioritised, introducing R1 capacity that is protected, ie does not compete with the need to book longest waiting routine patients.
- The roll out of Welsh General Ophthalmic Services (WGOS) 4 in August 2024 has successfully implemented a filtering process in the community to reduce referrals to Secondary Care and a cohort of patients has been identified as suitable to discharge from Secondary Care for monitoring by Primary Care Optometrists.
- Action to streamline the triage of referrals and support the appropriate categorisation of patients according to their relevant sub-specialty pathway is being implemented within the clinical team. This is designed to ensure that patient categorisation is overseen by senior clinicians with the appropriate sub-specialty expertise and the reduce the potential for over-categorisation of R1 patients by less experienced clinical staff.
- Primary Care Optometrists have completed two tiers of training, the aim being to prevent the need to come to Secondary Care where possible, allowing clinic appointments in Secondary Care to be focused on the most urgent and longest waiting patients.
  - Tier 1 - A cohort of Optometrists who can review patients and filter those that need to be seen in Secondary Care and those that can be monitored in Primary Care.
  - Tier 2 - A cohort of Optometrists who are able to monitor patients in Primary Care and only send to Secondary Care if their condition worsens. These Optometrists are highly trained and work alongside WGOS 5 Optometrists who are also able to prescribe.

**Diagnostics waits 8 weeks and over:** Breaches increased as expected in September to 5,534 and the trajectory of 1,851 was not met. The three highest waits for diagnostics were:

- Radiology: 3,710 – Breaches have been on an upward trajectory since March 2024. Impacted by demand exceeding capacity, reporting delays and a decrease in staff uptake of additional shifts. The Musculoskeletal group have developed a new series of protocols to address inappropriate referrals to the pathways to alleviate pressures. A deep dive into reasons for increasing demand and the end of recovery funding is underway to inform projected performance over the coming months. However, in October a staffed mobile Magnetic Resonance Imaging (MRI) scanner has been commissioned, which will provide 600 scans for 8-week breaches.
- Endoscopy: 874 – Improving variation is showing despite capacity issues within the pathway. Waiting lists have projected growth of 96 patients per month with the current demand and capacity deficit. Endoscopist deficits are being addressed, with the onboarding of recently qualified endoscopist trainees. An additional five sessions per week are being run to uplift core capacity and six designated sessions to reduce backlog.
- Cardiology: 805 – Breach volumes stabilised in September 2024, following four consecutive months of growth due to capacity deficits, relating to sickness, vacancies and consultant availability. Planned insource solution to begin in October 2024 to address echocardiogram (ECHO) gap. Ambulatory monitoring is being supported with the onboarding of two substantive Physiologists by October 2024.

**Therapies waits 14 weeks and over:** Breaches decreased in September 2024 to 2,083, breaking the trend of six consecutive months of increases. However, the trajectory of 1,765 was not met. The three highest waits for therapies were:

- Physiotherapy: 1,067 – Breaches reduced in September 2024, the trajectory (1,065) was not met, but was within 5% tolerance. Workforce capacity deficits compounded by demand are impacting performance. A targeted recruitment plan is in affect to reduce the shortfall by mid November 2024.
- Podiatry: 437 – Breaches in September 2024 remain high and the trajectory (238) was not met. Impacted by a general increase in new referrals coupled with increasing patient complexity resulting in longer appointments. To mitigate, services are continually reconfigured

where possible, waiting list validation continues and telephone triage clinics are used to reduce face to face demand. A new role has been introduced, to assist in managing backlog and breach reduction.

- Occupational Therapy: 411 – Breaches increased in September 2024 for the second consecutive month and trajectory (334) was not met. High levels of breaches reported within paediatrics services, due to new demand and backlog growth due to workforce capacity deficit. Addressing capacity issues via recruitment. An additional staff member onboarded in September 2024 with an additional two to commence by November 2024.

Trajectories for therapies breaches to the end of March 2025 are subject to change pending ongoing review by service leads, in line with our Therapy Improvement and Recovery Plan.

**Audiology:** 1,318 patients were waiting 14 weeks or more on an Adult Hearing Aid pathway in September 2024, the highest recorded. Breaches have been on an upward trajectory since April 2023. Impacting factors include a large backlog coupled with workforce deficits, significant long-term sickness and a revised rota in Ear, Nose and Throat (ENT) from November 2024, which will result in a loss of three audiology clinics per week. Service Delivery Manager to review fragile status of Audiology service, while work is underway to review clinic templates. Additionally, there is potential to move some virtual follow ups to Patient Initiated Follow Ups (PIFU) to release capacity.

**Ambulance red calls responses < 8 mins:** 56.4% in September 2024, target is 65%. Performance is showing an improvement for the past three months. Mitigation of risks via weekly reviews of Welsh Ambulance Service Trust (WAST) Resource Escalation Action Plan; dynamic review of demand and area specific pressures; Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance.

**Ambulance handovers:** The number of handovers taking longer than 1 hour in September 2024 is showing common cause variation for the second month this financial year and was within 5% of the trajectory. Wyllybush Hospital (WGH) met trajectory for the second successive month with 92 handovers >1 hour. Handovers taking more than four hours performance is showing a common cause (expected) variation trend overall and at each acute site.

**4 hour and 12 hour A&E/MIU patient delays:** No significant change in September 2024 to the concerning performance trend for patients spending less than four hours in Accident and Emergency (A&E)/ Minor Injuries Unit (MIU) or those spending longer than 12 hours. Prince Philip Hospital (PPH) met the trajectory for the 3<sup>rd</sup> successive month for 12 hour patient delays and the TI de-escalation criteria to reduce the percentage of patients waiting over 12 hours to no more than 7% however this needs to be maintained for three months for de-escalation to be considered. PPH is showing common cause (expected) variation for second successive month for 4-hour MIU performance.

**Health Care Associated Infections:** C.difficile and S.aureus case numbers to date are higher than last financial year. The infection types below are all above our monthly case number targets for hospital onset and community onset infections combined but are showing common cause (expected) variation. Progress is being made against the TI de-escalation criteria for hospital onset infections.

- C.difficile infections: The TI de-escalation criteria of reducing hospital onset cases by 25% was met for the second successive month however this needs to be maintained for three months for de-escalation to be considered and population rate per 100,000 population is showing a reduction. Assurance meetings held monthly on each site to review each hospital onset. Action plans developed with services focusing on Infection Prevention practice.
- E.coli infections: The TI de-escalation criteria of reducing hospital onset cases by 25% was met for the second successive month however this needs to be maintained for three months for de-

escalation to be considered. Population rates per 100,000 population are static at 97.9. Assurance meetings held monthly on each site to review each hospital onset.

- S.aureus infections: Cases have reduced for the first time in three months, with nine cases in September 2024. Population rates per 100,000 population are following suit. We are narrowly missing the TI de-escalation requirement of no more than two cases of hospital onset per month with three cases in September. Assurance meetings held monthly on each site to review each hospital onset.

### **Advise (to monitor)**

There are areas of concern where assurance has been taken on actions in place but require close monitoring. An early warning of an emerging and potentially serious concern.

**Pathway of Care Delays (PoCD):** Census count delays decreased for third successive month in September 2024 to 191, which is the lowest number of delays since January 2024, however, the total number of days delayed for our non-mental health patients increased to 8,575 days, due to the non-availability of community resources to meet patient needs on discharge. Assessment delays remain the largest proportion of delays. Ceredigion met the TI de-escalation criteria of 5% reduction in September 2024, second successive month however this needs to be maintained for three months for de-escalation to be considered.

**Planned Care:** Outpatient and treatment capacity has been impacted by sickness, clinical unavailability and other specialty specific factors such as managing urgent and routine demand. Operational plans are being deployed to make progress towards targets, including the use of recovery money to fund outsourcing and insourcing. Special cause improving variation is showing for the four key planned care metrics:

- Waits over 52 weeks for a new outpatient appointment reduced for the third consecutive month to 3,001, however, trajectory (2,041) was not met.
- Waits over 104 weeks on a referral to treatment (RTT) pathway increased to 1,875. Trajectory (1,417) was not met; however, the increasing breach trend from July 2024 is in line with expectations, with a forecast improvement expected during Quarter 3, 2024/25.
- The TI de-escalation criteria of 80% of patients waiting less than 52 weeks on an RTT pathway was met in September 2024 and is being maintained.
- The number of follow-up appointments delayed by over 100% showed a small increase in September 2024 to 16,381.

**Psychological therapy:** The percentage of adults receiving a psychological therapy within 26 weeks is showing special cause improving variation and the trajectory for August 2024 was exceeded with compliance of 73.7%. This improved following implementation of new processes to improve governance around data collection from group therapies.

### **Assure (to note)**

There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

**Mental health:** All Part 1a and 1b measures for both adults and children met target and trajectory in August 2024 with the exception of children and young adults having a valid care and treatment plan missing target by 0.2%. The TI de-escalation criteria of Local Primary Mental Health Support Services assessments undertaken; children and young people therapeutic interventions started within 28 days and those having a valid care treatment plan were met.

**Patient experience:** Overall patient experience is continuing to exceed the 90% target, with 93% of patients responding positively on the survey in September 2024.

**Staff survey response on Personal Appraisal Development Review (PADR):** 77% of staff responded positively to the staff survey question 'I have had a PADR in the last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals'. This is now showing special cause improving variation and the best response since the survey begin in December 2021.

### Triangulating our data: September 2024

- **Quality safety and risk;** During September 2024, there were a high number of patient falls (198) and medication errors (90) were also high. We continue to have significant numbers of high and extreme risks on the risk register (450). Complaints received reduced (150). The spikes in C.difficile and S.aureus cases seen in recent months are now back to an average level of cases with C.difficile having 17 cases and S.aureus 11 in September.
- **Workforce:** In month staff sickness remains static at 6%, high level of long-term sickness (4.1%). Short term sickness increased to 2.1%. Nursing and midwifery agency use reduced by 142 whole-time equivalent staff from the same month last year and is the lowest to date.
- **Finance** – Comparing September 2024 to September 2023, our agency spend reduced by 51% and is the lowest recorded since April 2022 and bank spend increased by 18%.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	93	236	122	
Patient falls	38	280	198	
Medication errors	24	142	90	
Pressure damage developing or worsening during care	62	211	76	
New complaints by month received (ward level not available)	111	218	150	
Number of high and extreme risks (health board & directorate only)	381	492	450	
Infections: new cases	53	84	73	
Infections: C. difficile cases	12	23	17	
<b>Workforce</b>				
Number of staff/contractor related incidents	7	74	46	
Sickness - short term	1.7%	3.6%	2.1%	
Sickness - long term	3.3%	4.6%	4.1%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	8.2%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	139.90	379.79	139.90	
Bank (WTE)	212.99	352.24	309.46	
<b>Financial recovery</b>				
Agency spend	£978,606	£3,491,731	£978,606	
Bank spend	£872,933	£1,628,320	£1,417,365	

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### Escalation: September 2024

A summary of the internal escalation status of each of our directorates is included in the table below. Directorates have been assessed across the six domains of Quality, Governance, Workforce, Finance, Strategy & Planning, Fragile Services and Performance & Outcomes. The assessment criteria can be found in Appendix A. Within these, there are three escalation levels: Level 1 representing reasonable assurance; Level 2 representing limited assurance; and Level 3 representing no assurance that the key domain objectives can be met.

# Escalation overview

Sep-24

KEY

1 Reasonable assurance    2 Limited assurance    3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance and Outcomes
Director of Operations	Director of Operations	1	2	2	3	1	1
	Facilities	3	2	3	2	1	3
	Mental Health & Learning Disabilities	3	3	3	3	2	3
	Cancer & Oncology	1	2	2	2	1	3
	Pathology	1	2	2	3	2	1
	Radiology	3	2	2	2	1	3
	Planned Care (incl. Audiology and Endoscopy)	3	3	2	3	2	3
	Bronglais Hospital	3	1	2	2	2	3
	Glangwili Hospital	3	1	2	3	3	3
	Prince Philip Hospital	3	1	2	3	2	3
	Withybush Hospital	3	1	2	3	2	3
Women & Children	3	3	2	3	2	3	
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	2	1	2	3	2	2
	Pembrokeshire County	2	1	2	3	1	3
	Primary Care	1	1	2	2	2	1
	Primary Care Management	1	1	2	2	1	1
Other	Medicines Management	1	1	2	3	2	1
	Director of Therapies and Health Sciences	2	1	2	3	1	3
	Director of Finance	1	2	1	1	2	1
	Director of Nursing	1	2	2	3	1	3
	Director of Public Health	1	1	2	1	1	2
	Director of Strategy and Planning	1	1	2	3	1	1
	Director of Workforce & OD	1	1	1	1	1	1
	Medical Directorate	1	2	1	1	1	1
Corporate Services	1	1	2	1	1	1	

The three directorates with the most concerning levels of escalation are included below. These directorates are having monthly meetings with Executive Directors to discuss actions being taken to address the escalation issues. Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

## Mental Health and Learning Disabilities

Escalation domain	Aug 24	Sep 24	Change	Notes
Quality	3	3	↔	Progress is being made but more work needed to address backlog in outstanding Health Inspectorate Wales actions and open incidents.
Governance	3	3	↔	Further work needed to improve compliance for reviewing risks and completing audit and inspection actions.
Workforce	3	3	↔	The directorate are seeking corporate support to reduce sickness levels. Some bank and agency staff have been appointed to permanent roles.
Finance, Strategy & Planning	3	3	↔	Assurance needed on delivery of recurrent savings for this financial year.
Fragile Services	2	2	↔	National solution needed to address challenges within the Autism Spectrum Disorder (ASD) pathway. Directorate linking

				with the police and local authority regarding 136 pressure.
Performance and Outcomes	3	3	↔	Directorate have been de-escalated to level 2 for Psychological Therapies. However, demand is outstripping capacity for ASD and the directorate are liaising with the NHS Executive for a national solution.

### Planned Care

Escalation domain	Aug 24	Sep 24	Change	Notes
Quality	3	3	↔	Position is improving but the pace of improvement needs to increase. Potential to de-escalate to Level 2 at the end of October 2024.
Governance	3	3	↔	Clear plans are in place. Further work required on Welsh Health Circulars.
Workforce	3	2	↓	Sickness remains high, with a large number of hotspot areas identified.
Finance, Strategy & Planning	3	3	↔	Lots of positive work undertaken, however limited opportunities for further improvement this financial year. Conversation scheduled for the 2025/26 plan at the directorate's next meeting with Executive Team members.
Fragile Services	2	2	↔	Mitigating plans are in place for the directorate's fragile services.
Performance and Outcomes	3	3	↔	Performance remains off trajectory but improvements are being made.

### Women and Children

Escalation domain	Aug 24	Sep 24	Change	Notes
Quality	3	3	↔	Improvements are underway. Directorate aiming to meet de-escalation criteria (to level 2) by end October 2024.
Governance	3	3	↔	Improvements are underway. Directorate aiming to meet de-escalation criteria (to Level 2) by end October 2024.
Workforce	3	2	↓	Plans in place to address de-escalation criteria and improvements have been made.
Finance, Strategy & Planning	3	3	↔	Savings goals are being progressed but more work needed. Directorate working with Value Based Health Care to identify opportunities for 2025/26.
Fragile Services	3	2	↓	Plan agreed at September's Board meeting for Paediatric Services at Bronlais Hospital.
Performance and Outcomes	3	3	↔	Plan in place to achieve 70% by March 2025.

### Argymhelliad / Recommendation

From the IPAR – Month 6 2024/2025, the Strategic Development and Operational Delivery Committee is asked to:

- **DISCUSS** the issues highlighted through this SBAR and the supporting IPAR overview
- **RECEIVE ASSURANCE** of the process and actions in place to address escalated directorates
- **ADVISE** of any issues to be escalated to the November Board meeting.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A).</p> <p>3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care  Strategic Development and Operational Delivery Committee People, Organisational Development and Culture Committee

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Better use of resources through integration of reporting methodology
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement
<b>Gweithlu: Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg: Risk:</b>	Better use of resources through integration of reporting methodology

<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology
<b>Enw Da:</b> <b>Reputational:</b>	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may have a knock-on impact onto recruitment and staff morale.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable

## Appendix A: Escalation criteria

	Quality	Governance	Workforce	Finance, Strategy & Planning	Fragile Services	Performance & Outcomes
	Director of Nursing	Director of Corporate Governance	Director of Workforce and OD	Director of Finance Director of Strategic Planning	Director of Strategic Planning Director of Nursing	Director of Operations
<b>Level 1</b>	<b>Reasonable assurance that there are no significant concerns within the directorate.</b>					
<b>Level 2</b>	<b>Limited assurance that the directorate:</b>					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. Healthcare Inspectorate Wales (HIW)/ Care Inspectorate Wales (CIW)</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits / inspections / Welsh Health Circulars (WHCs) / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. Freedom of Information (Fol) and corporate correspondence</li> <li>5. Policies (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. Personal Appraisal Development Reviews (PADRs)</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters and job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the trajectory missed for over two months.</p>
<b>Level 3</b>	<b>No assurance that the directorate:</b>					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. HIW/CIW</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits / inspections / WHCs / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. Fol and corporate correspondence</li> <li>5. Policies (where</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters and job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the target and improvement trajectory being consistently missed.</p>

		applicable) 6. Quality governance				
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GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 30<sup>th</sup> September 2024

For further details see the 'System measures' section of the latest [IPAR dashboard](#).



This document summarises performance against our key improvement measures for 2024/25. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government, along with the Minister for Health and Social Care’s priorities for this financial year. We have also included measures for delayed pathways of care, nurses in post and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard:  
[Integrated Performance Assurance Report \(IPAR\) dashboard as at 30<sup>th</sup> September 2024.](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits over 52 weeks: new outpatient appointment	Sep 2024	0	3,001	●	□	◆
Planned care	Follow-up appts - delayed > 100%	Sep 2024	0	16,381	●	□	N/a
Planned care	Patients waiting over 52 weeks RTT	Sep 2024	0	14,573	●	□	N/a
Planned care	Patients waiting 104 weeks+ RTT	Sep 2024	0	1,875	●	□	◆
Urgent and emergency care	% Ambulance red call responses < 8 mins	Sep 2024	65%	56.4%	●	□	N/a
Urgent and emergency care	Ambulance handovers > 1 hour Hywel Dda	Sep 2024	0	771	●	□	◆
Urgent and emergency care	Ambulance handover > 4 hours Hywel Dda	Sep 2024	0	240	●	□	N/a
Urgent and emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Sep 2024	95%	64.8%	●	□	N/a
Urgent and emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Sep 2024	0	1,546	●	□	◆
Delayed discharges	Number of Pathways of Care delayed discharges	Sep 2024	n/a	191	●	N/a	◆
Cancer	% pts on single cancer pathway within 62 days	Aug 2024	75%	48%	●	□	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 0-17)	Aug 2024	80%	83.3%	●	□	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 18+)	Aug 2024	80%	99.1%	●	□	◆
Mental health (includes neuro)	% adult psychological therapy waits <26 weeks	Aug 2024	80%	73.7%	●	□	◆
Mental health (includes neuro)	% child neurodevelopment assess waits <26 weeks	Aug 2024	80%	21.1%	●	□	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Sep 2024	0	5,534	●	□	◆
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Sep 2024	0	2,083	●	□	◆
Infections	C. difficile: Number of confirmed cases (in-month)	Sep 2024	8	16	●	□	N/a
Infections	E.coli: Number of confirmed cases (in-month)	Sep 2024	21	31	●	□	N/a
Infections	S.aureus: Number of confirmed cases (in-month)	Sep 2024	6	09	●	□	N/a
Workforce	% sickness absence rate of staff	Sep 2024	4.79%	6.61%	N/a	N/a	N/a
Finance	Financial in month deficit	Sep 2024	n/a	£5,323,000	●	N/a	◆

## Key

### Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

### Assurance - performance against target

- Always hitting target
- Hit and miss target
- Always missing target

### Trajectory - performance against our ambition

- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

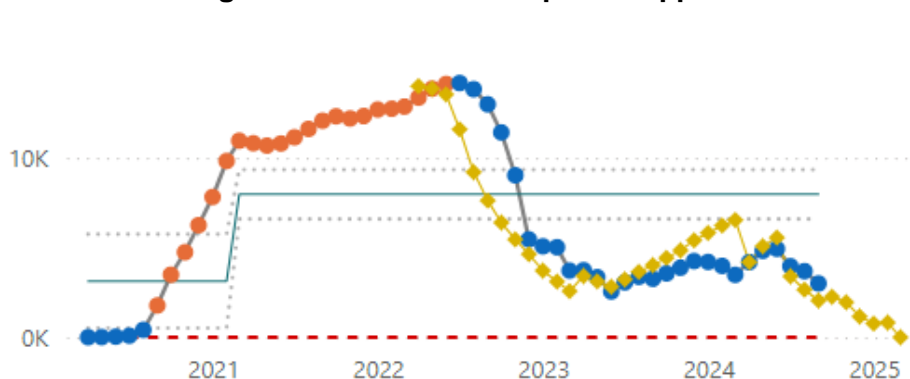
### Statistical process control (SPC) charts

- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

Key

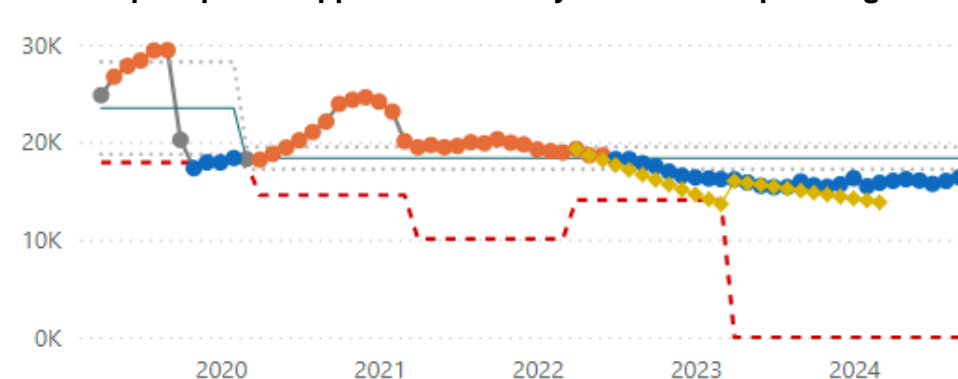
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Special cause improving variation showing in September 2024. Breaches are lower than any time since June 2023 and performance has improved for three consecutive months; however, trajectory (2,041) was not met.

Follow up outpatient appointments delayed over 100% past target date



Special cause improving variation is showing, however, the number of follow ups delayed by over 100% of their target date has increased for two consecutive months.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>• Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of See On Symptoms (SoS)/Patient Initiated Follow Up (PIFU) and active management of referral demand.</li> <li>• Outpatient waiting volumes are at their lowest since July 2021. Latest performance, although improved has been impacted by sickness, bereavement and clinical unavailability. Additional factors include:                             <ul style="list-style-type: none"> <li>○ Prioritising <b>Urology</b> cancer backlog over routine backlog demand</li> <li>○ <b>Colorectal</b> cancer demand utilising routine slots</li> <li>○ <b>Vascular</b> regional capacity issues</li> <li>○ <b>Dermatology</b> insourcing delay due to additional checks including the requirement of "cooling off period".</li> <li>○ <b>Orthopaedic</b> priority of 3 &amp; 4-year breaches</li> <li>○ <b>Ophthalmology and Rheumatology</b> capacity to meet demand.</li> </ul> </li> <li>• Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales</li> </ul>	<ul style="list-style-type: none"> <li>• Using a benchmark of March 2024, we aimed to achieve a 40% reduction target of 2,042 patients waiting 52+ weeks for a first outpatient (OPD) appointment by October 2024. This has not been met with 3,001 breaches at end of September, largely due to capacity challenges in Ophthalmology and Rheumatology.</li> <li>• Progress towards no patients waiting over 52 weeks for their first OPD appointment by March 2025 is dependent upon specialty specific operational plans (including the use of recovery monies, outsourcing and insourcing) that are being deployed from May 2024.</li> <li>• Continue to manage demand via targeted validation, referral management, robust clinical triage and the use of alternative pathways such as self-management (SoS &amp; PIFU).</li> <li>• Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.</li> <li>• Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and use of CIN (Clinical Implementation Network) guidelines.</li> <li>• Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately.</li> </ul>	<p>01/10/24</p> <p>31/03/25</p> <p>Ongoing</p> <p>31/03/25</p> <p>Ongoing</p>

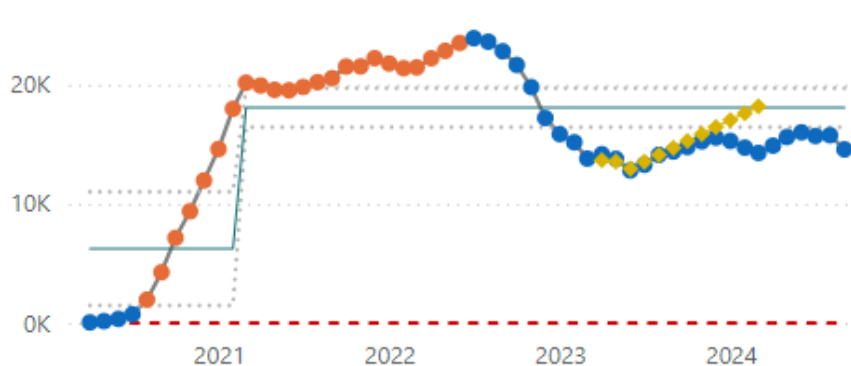
# Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition, accountability condition and Ministerial priority)

**Key**

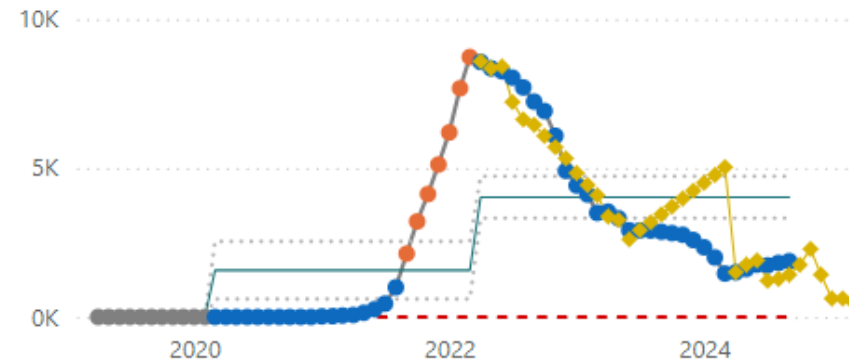
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Patients waiting over 52 weeks from referral to treatment**



Special cause improving variation showing in September 2024. Breaches are lower than any time since March 2024.

**Patients waiting over 104 weeks from referral to treatment**



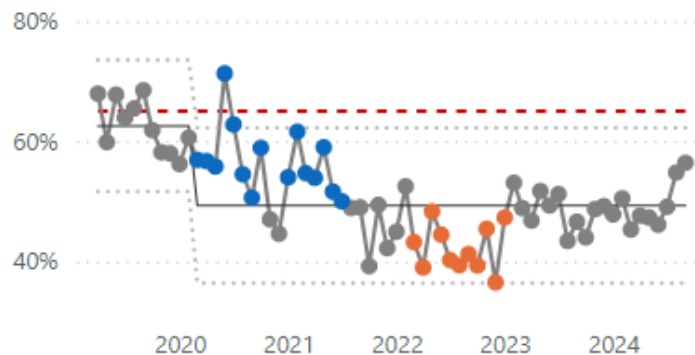
Special cause improving variation showing in September 2024, however, trajectory (1,417) was not met. Breaches have been increasing since March 2024.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>• Ongoing acute hospital site pressures can adversely affect elective care.</li> <li>• Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times.</li> <li>• Maintaining and reducing waiting times into 2024/25 is dependent upon agreed recovery funding and procurement support.</li> <li>• Longer waiting patients are requiring additional pre-assessment support.</li> <li>• Achieving GIRFT (Getting It Right First Time) ambitions in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway.</li> <li>• Performance has been impacted by sickness, annual leave, bereavement and clinical unavailability.</li> </ul> <p>Additional factors include:</p> <ul style="list-style-type: none"> <li>○ Prioritising Urology cancer backlog over routine backlog demand</li> <li>○ Colorectal cancer demand utilising routine slots</li> <li>○ Vascular regional capacity issues</li> <li>○ Dermatology insourcing delay due to additional checks including the requirement of "cooling off period".</li> <li>○ Orthopaedic priority of 3 &amp; 4-year breaches</li> <li>○ Ophthalmology and Rheumatology capacity to meet demand.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to manage demand via targeted validation, referral management (i.e. implementing <i>My Health Pathways</i>), robust clinical triage and the use of alternative pathways such as self-management (SoS &amp; PIFU).</li> <li>• Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.</li> <li>• Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately.</li> </ul>	<p>Ongoing</p> <p>31/03/25</p> <p>Ongoing</p>

**Key**

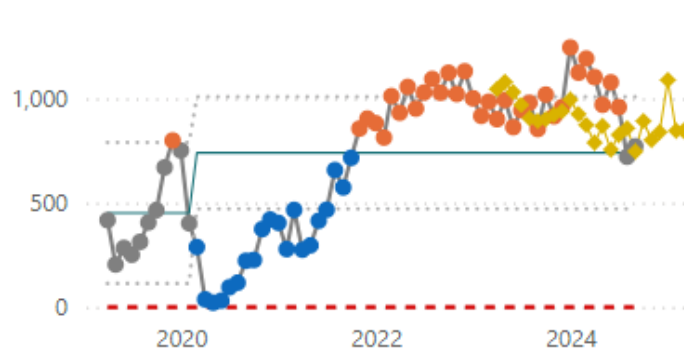
- Improving variation
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- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Life threatening (red) call responses within 8 minutes**



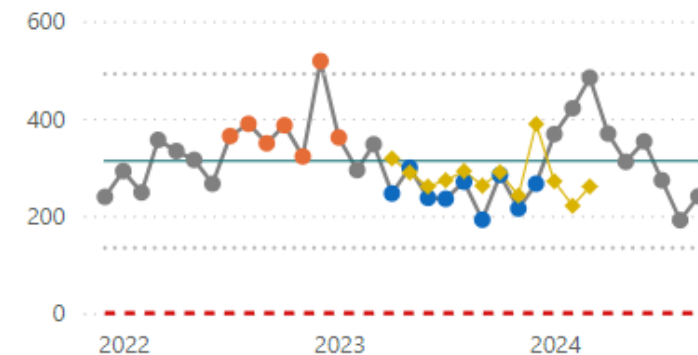
Latest data is showing expected (common cause) variation, 364 red calls met, out of a total of 645 responses, 56.4% (target = 65%).

**Ambulance handovers taking over 1 hour**



Latest data is showing expected (common cause) variation. 771 handovers > 1 hour out of a total of 1,959, 39%. The trajectory of 747 was not met, but within 5% tolerance.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 240 handovers > 4 hour out of a total of 1,959, 12%.

Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
-------------------------------------	---------------------------------------	----------

- 53.9% of missed red calls for September 2024 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.
- 41.42% of missed red calls for September 2024 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8 minutes if a vehicle is available and on nearest standby point.
- Overall attended demand in Hywel Dda health board area remains high. On average September 2024 has been above forecast, particularly w/c 9<sup>th</sup> September 2024 but within upper control limit.
- Hospital delays in offloading WAST ambulance crews, 2,852 hours lost at the 4 acute Hywel Dda hospital sites during September 2024.
- There have been 33 immediate release requests in September 2024 with an acceptance rate of 90.9%.

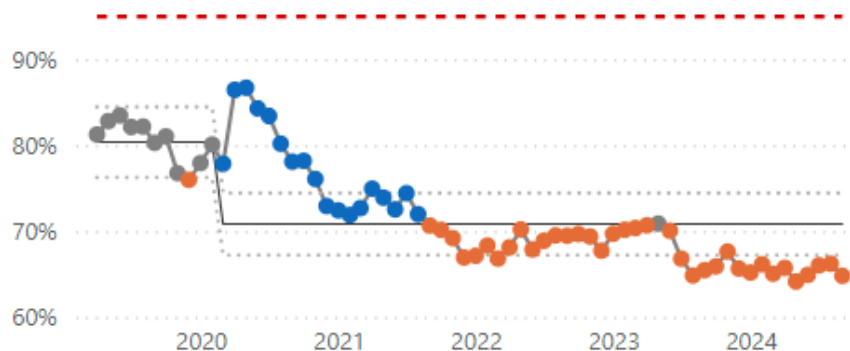
- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources.
- Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians.
- Palliative care Paramedic trial live 8<sup>th</sup> October 2024, which will provide support to palliative care patients within HD.
- Porth Preseli staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance. Improvements being made with uplifting cover
- WAST resourcing reviews and targeted overtime allocation.
- Recruitment of newly qualified paramedics into HD area, with ongoing recruitment for Emergency medical technicians continuing. Recruitment to fill vacancies in Cymru High Acuity Response Unit

- Weekly ongoing
- Daily – Hourly
- Ongoing
- Weekly ongoing
- Completed but needs ongoing work.  
8/10/2024
- 31/10/24
- Weekly review – ongoing
- End of January 2025

Key

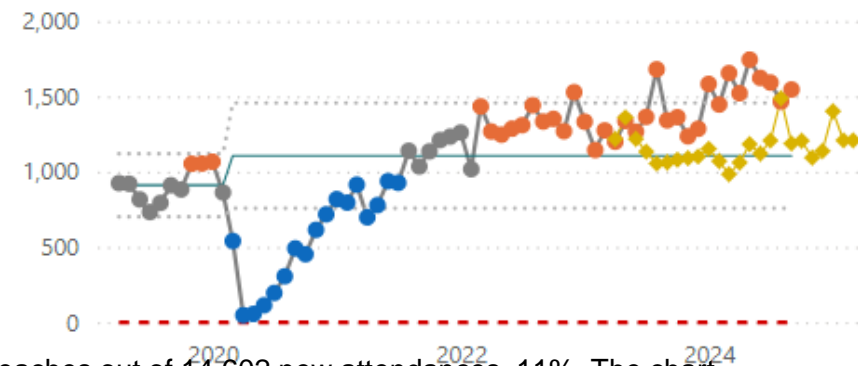
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E/MIU



62% reported for September, 5,138 breaches out of 14,602 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,546 breaches out of 14,602 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,187 was not met

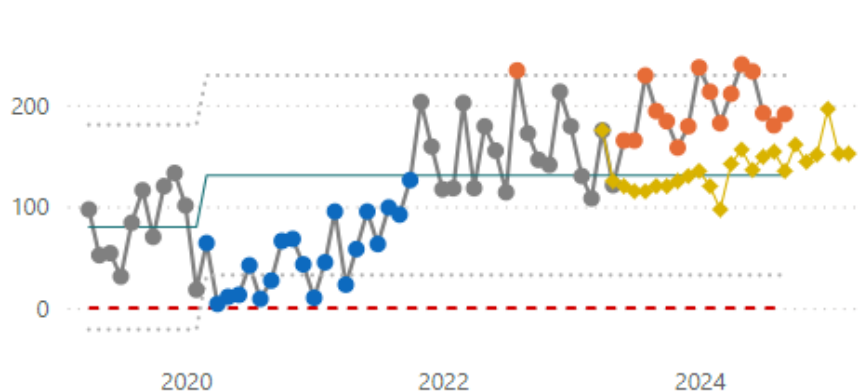
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- [Bronlais Hospital](#)
- [Glangwili Hospital](#)
- [Prince Philip Hospital](#)
- [Withybush Hospital](#)

**Key**

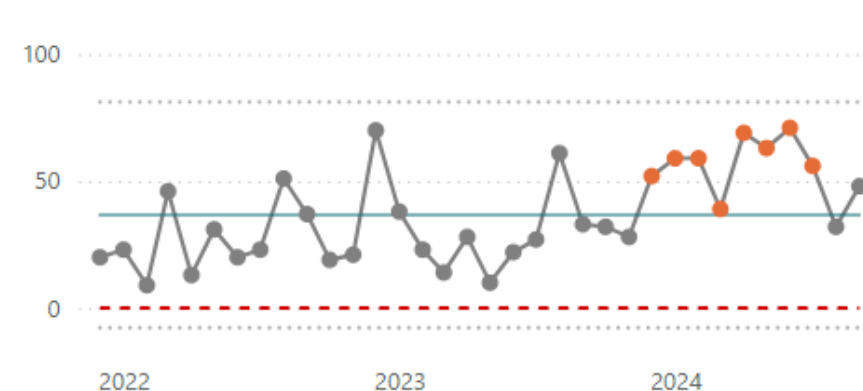
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing a concerning trend, 191 handovers >1 hours reported out of a total of 377 handovers, 51%. The trajectory of 135 was not met.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 48 handovers >4 hours were reported out of 377 total handovers 13%.

**Key challenges / issues**

- Emergency department “front door” facing capacity challenges reported previously continue, although demand was stable from July and consistent with the previous year. The position for 3 months has been relatively stable which may indicate the impact of the actions, but this will only be fully evidenced if this continues or performance improves.
- The temporary closure of Meurig Ward to effect roof repairs resulted in a bed reduction. The Y Bwa unit opened at the end of July (14 beds) which mitigated some of this pressure.
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.
- Data quality concern identified with Dual Pin Data (mechanism by which handover times are recorded and calculated) presented by Welsh Ambulance Service Trust (WAST). Protocol has been issued

**Key actions / initiatives**

- Front door development review. Nurse led-review of front door service, including 6-goals and ED Quality Statement requirements finalised and in management scrutiny before being taken forward.
- Additional nursing staff rostered when department is surged, including nurse support to patients on ambulances.
- Clarity over implementation of recommendations of review of nurse staffing levels for EDs. Consideration delayed until November; decision awaited.
- Implementation of North Ceredigion Wrap Around service (Community Led).
- Ambulance Handover Protocol appears to be improving lost hours data accuracy, although more work is required to continue the 3-months continuous improvement delivered since April 2024 now that this has appeared to stabilise.
- Y Bwa opened on 25 July 2024 to provide contingency bed capacity to compensate for the lost Meurig ward beds. The development of an Interface Frailty Model will now commence to establish how this new arrangement can deliver a true shift left. Y Bwa has enabled a shift of variable pay surge beds to within budget surge beds to support the financial recovery plan. There seems to also have been a benefit in terms of discharge and pathways of care delays (POCD), but more data is awaited to confirm this.

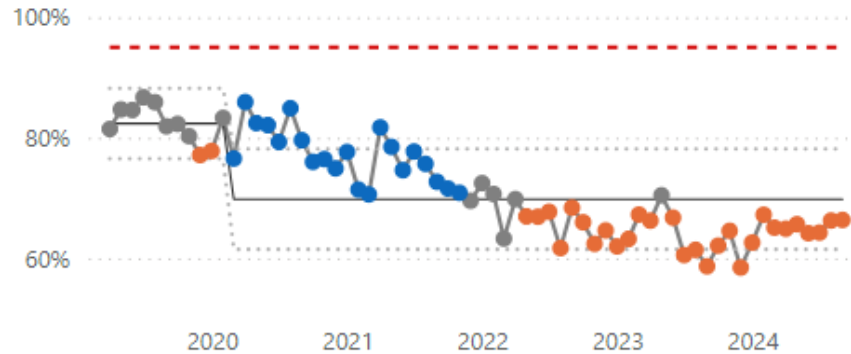
**Due date**

- Q3, 2024/25
- As required
- Awaited.
- Awaited
- 30/09/24

**Key**

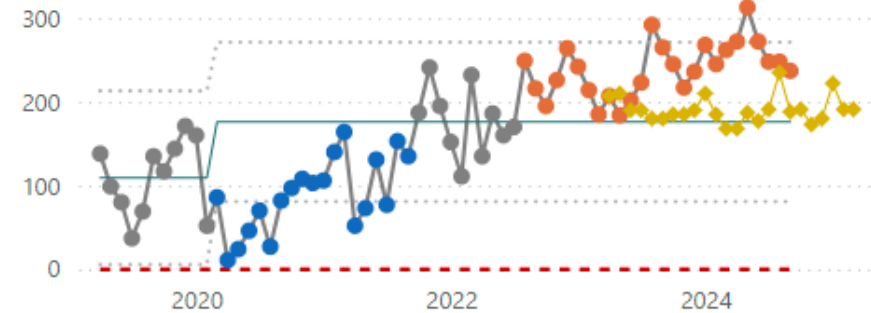
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Patients waiting less than 4 hours in A&E**



66% reported for September, 851 breaches out of 2,530 new attendances. Chart is showing a concerning performance Trend.

**Patients waiting over 12 hours in A&E**



237 breaches out of 2,530 new attendances, 9%. The chart is showing a concerning performance trend. The trajectory of 188 was not met.

**Key challenges / issues**

- 4 hour waits remain challenged, but have been stable whilst 12-hour waits have reduced for four months running. The impact of the Clinical Decisions Unit boarding protocol introduced at the beginning of June would seem to be supporting improvement, but is most pronounced in the 12 hour waits suggesting other challenges to patient flow remain. One must also consider whether performance has also been supported by seasonal factors for both ambulance arrivals and attendances.
- The temporary closure of Meurig Ward to effect roof repairs has exacerbated the current front door pressures with an alternative bed provision coming into operation at the end of July.
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.

**Key actions / initiatives**

- Front door development review. Nurse led-review of front door service, including 6-goals and ED Quality Statement requirements finalised and in management scrutiny before being taken forward.
- Implementation of North Ceredigion Wrap Around service (Community Led)
- Y Bwa opened on 25 July to provide contingency bed capacity to compensate for the lost ward beds. The development of an Interface Frailty Model will now commence to establish how this new arrangement can deliver a true shift left.

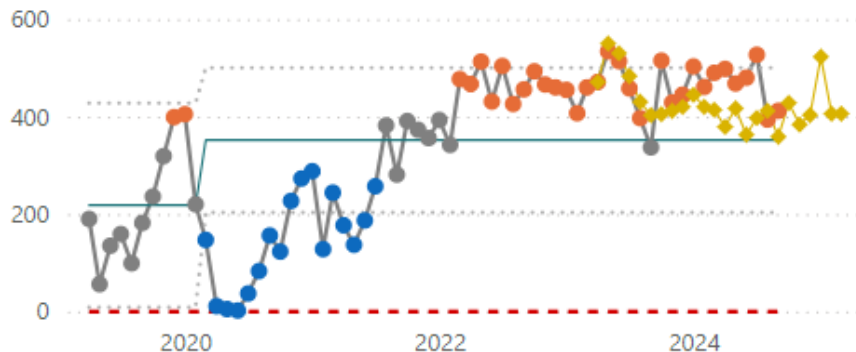
**Due date**

- Quarter 3, 2024/25
- Awaited.
- 30/09/24

**Key**

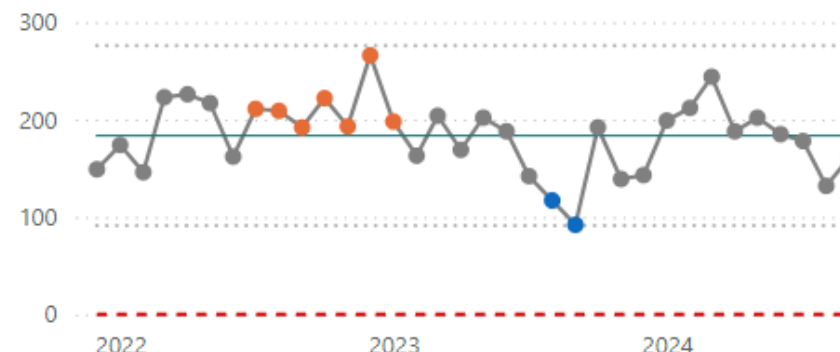
- Improving variation
- Usual variation
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**Ambulance handovers taking over 1 hour**



Latest data is showing concerning trend. 412 handovers >1 hours reported out of a total of 777 handovers, 53%. The trajectory of 359 was not met.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 161 handovers >4 hours reported out of a total of 777 handovers, 21%.

**Key challenges / issues**

- The Emergency Department (ED) continues to be overcrowded with a high surge of patients around the ED bay, in ambulatory rooms and in the waiting area. Overcrowding impacts on ability to handover ambulances in a timely manner.
- Reduced staff shift fill rate of Welsh Ambulance Services Trust (WAST) Ambulance Paramedic Practitioner within Eastgate clinical streaming hub, for admission avoidance.

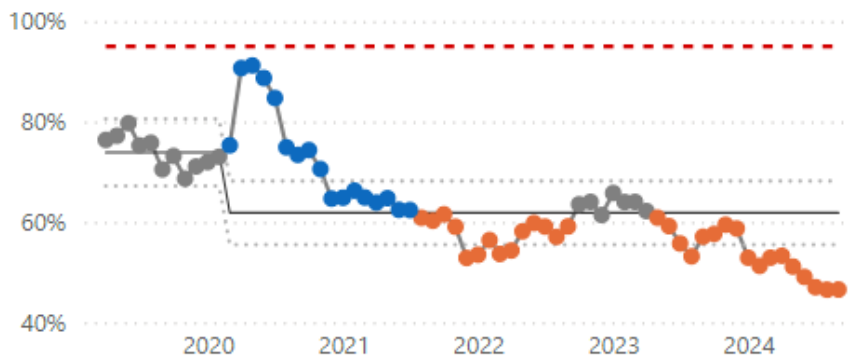
**Key actions / initiatives**

- Continued focus on long length of stay patients through Carmarthenshire escalation panel. Weekly.
- Plans to increase throughput of patients through medical and surgical Same Day Emergency Care (SDEC) areas. Surgical SDEC options currently in development. 30/11/24
- Ambulance Red (8 min response) and Amber 1 (20 min response) immediate release requests facilitated with escalation in place in and out of hours. Daily.
- Boarding protocols (where patients are moved towards early where discharges and query discharges are predicted) on confirmed discharges firmly in place. Daily.
- Front of House improvement plans for ED with focus on Targeted Intervention (TI) 1 and 4 hour ambulance performance. 30/10/24.

Key

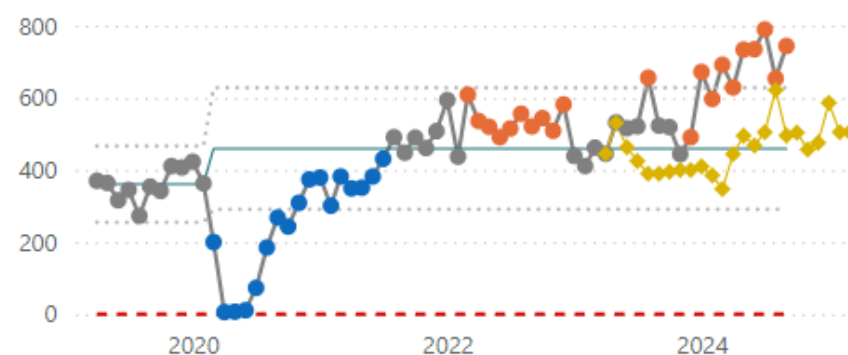
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



46.6% reported for September, 2,270 breaches out of 4,249 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



744 breaches out of 4,249 new attendances, 18%. Chart is showing concerning performance trend. The trajectory of 496 was not met.

Key challenges / issues

- Lack of appropriate space for medical and surgical specialties to review patients when department is fully escalated (co-ordinated and progressive response adopted when Emergency patient pathway has reached predefined thresholds of risk or failure).
- High demand of attenders within Emergency Department and large volume of high acuity self-presenters.
- Dependence upon agency consultants due to vacancies.

Key actions / initiatives

- Medical assessment unit for direct admissions of "medically expected".
- Surgical SDEC plans currently being developed in conjunction with Scheduled Care team.
- Use of virtual ward for community and SDEC along with adoption of Consultant Connect (telemedicine) within GGH SDEC.
- Monthly "Front of House" meetings (ED, SDEC and Clinical Decisions Unit (CDU)) with focus on TI work and improving patient throughput in SDEC.
- Recruitment plans for fixed term locum consultants onboarding.
- Clinical Streaming Hub development for Carmarthenshire, to take referrals for admission avoidance.
- Criteria Led Discharge pilot on Clinical Decisions Unit.
- Improvement initiative for discharge predictions.

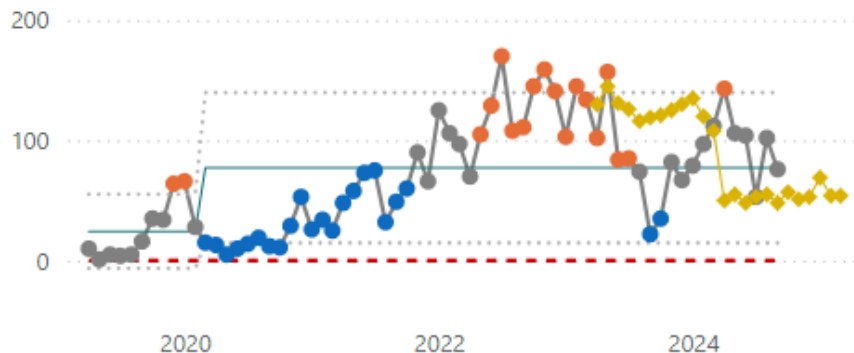
Due date

- 30/11/24
- 30/11/24
- 31/10/24
- Monthly
- 17/10/24
- 30/11/24
- 21/10/24.
- 21/10/24

Key

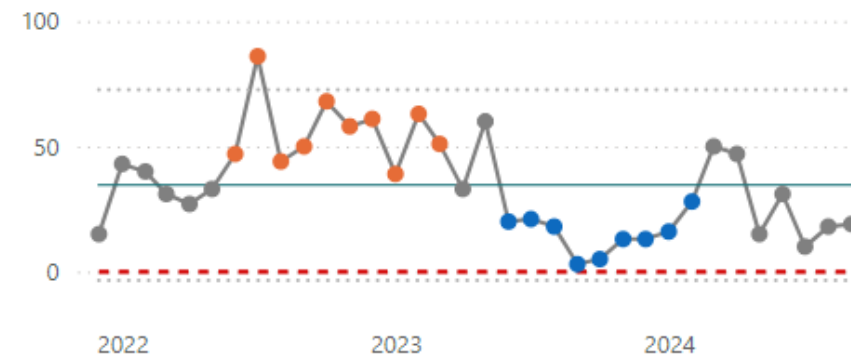
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) variation. 76 handovers >1 hours reported out of a total of 249 handovers, 25%. The trajectory of 48 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 19 handovers >4 hours reported out of a total of 249 handovers, 8%.

Key challenges / issues

- Overall ambulance arrivals has slightly decrease from last month but >1 hour target was still not met.
- Across Carmarthenshire- Advanced Paramedic Practitioner staff fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave.
- Boarding protocols (where patients are moved towards early where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation.
- Challenges remain with a spike in infection control issues this month with various bays closing and with the closure of 1 ward area resulting in closed beds.

Key actions / initiatives

- Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients.
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance incident call stack, for admission avoidance.
- MDU (Medical Day Unit) options for co-location of accommodation being worked through in advance of Pentre Awel opening (a designated therapies facilities where patients can receive treatment outside an acute setting).
- Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) being agreed to included interface frailty service.

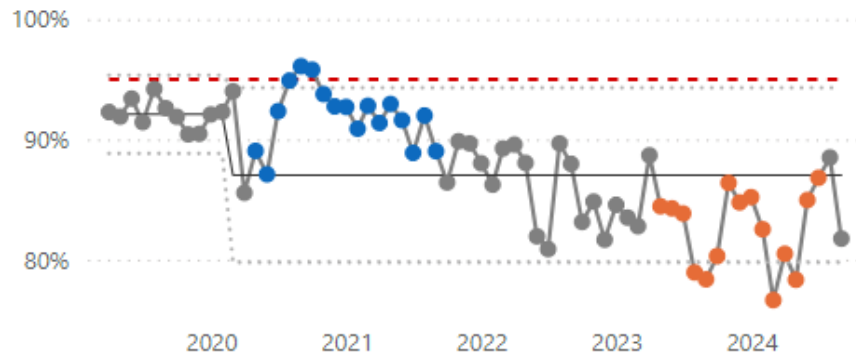
Due date

- 31/10/24
- 31/10/24
- 31/03/25
- 01/11/24

Key

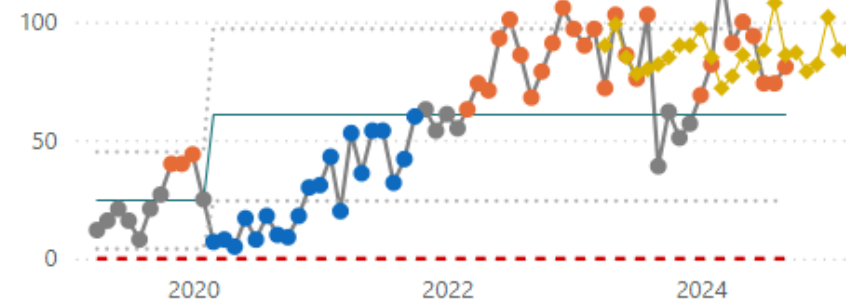
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



81.8% reported for September, 483 breaches out of 2,647 new attendances. Chart is showing common cause variation performance trend.

Patients waiting over 12 hours in MIU

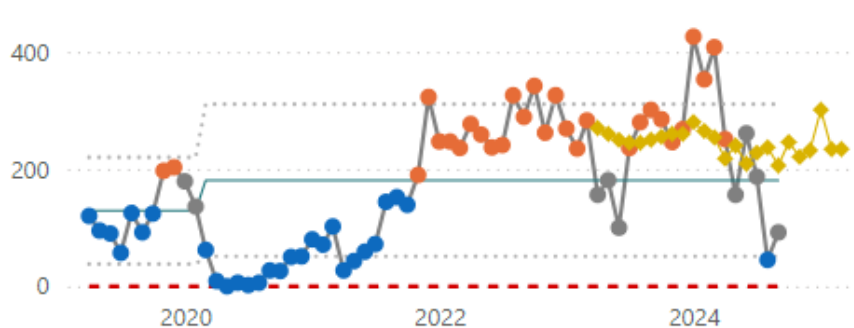


81 breaches out of 2,647 new attendances, 3%. Chart is showing concerning performance trend. The trajectory of 86 was not met. However, was within 5%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>• Minor Injury Unit (MIU) new patient attendances for September remains static although we did have 30% of patients attending with a major complaint rather than a minor injury. These patients require admission and can wait in MIU overnight due to restricted availability of an appropriate bed.</li> <li>• The ongoing challenges we are experiencing include limited doctor cover on certain shifts during the 24 hours resulting in patients having to be redirected to Accident &amp; Emergency in Glangwili General Hospital if appropriate.</li> <li>• Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 40 patients per day. This does have an impact on patient flow throughout the hospital and admitting patients into beds when they present to MIU.</li> </ul>	<ul style="list-style-type: none"> <li>• Same Day Emergency care (SDEC) continues to support with redirection from MIU if appropriate and admission avoidance. Attendances remain high with our hybrid model including medical input with circa 95% discharge rate. Looking to increase medical support.</li> <li>• Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continue to run which facilitates early discharges and follow up review. These clinics will increase over the next 12 months when we review doctor's weekly timetables to meet the demand and avoid delays.</li> <li>• Working with community colleagues on early discharge planning.</li> </ul>	<p>1/11/24</p> <p>31/03/25</p> <p>31/10/24</p>

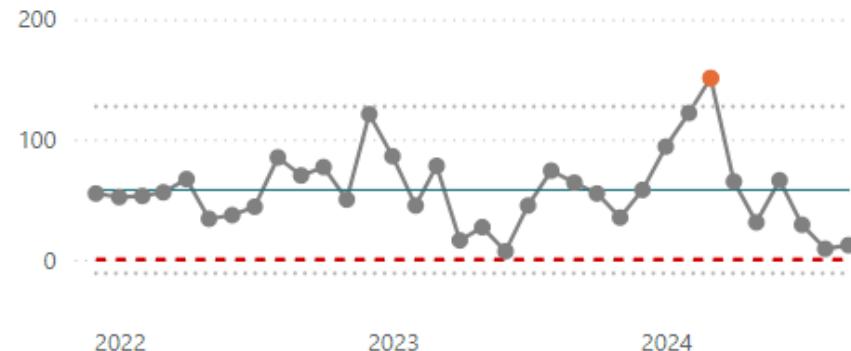
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing expected (common cause) 92 handovers >1 hours reported out of a total of 556 handovers, 17%. The trajectory of 206 was met.

**Ambulance handovers taking over 4 hours**



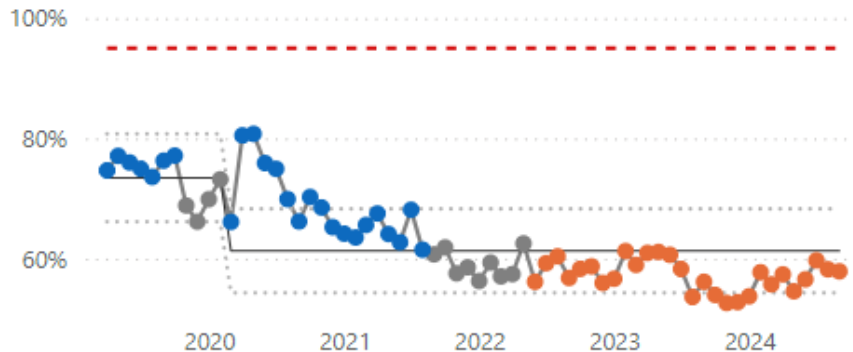
Latest data is showing expected (common cause) variation. 12 handovers >4 hours reported out of a total of 556 handovers, 2%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>• The Emergency Department remains overcrowded at times. This is mainly due to with a high demand of attenders within and large volume of high acuity self-presenters.</li> </ul>	<ul style="list-style-type: none"> <li>• 3 SDEC type units open (Medical, Frailty and Surgical).</li> </ul>	Completed
<ul style="list-style-type: none"> <li>• The patient list of those clinical optimised and ready to leave is increasing which slows down the patient flow.</li> </ul>	<ul style="list-style-type: none"> <li>• Speciality pathways have been improved by the medical teams picking up the patients from ED and not waiting for the patient to be on the wards.</li> </ul>	Completed
	<ul style="list-style-type: none"> <li>• Boarding protocol in place and the wards will take patients from the ED prior to the discharge patient leaving the ward.</li> </ul>	Completed
	<ul style="list-style-type: none"> <li>• Advanced Paramedic Practitioner (APP) now in place to screen the ambulance incident call stack to try to avoid conveyance.</li> </ul>	Completed

**Key**

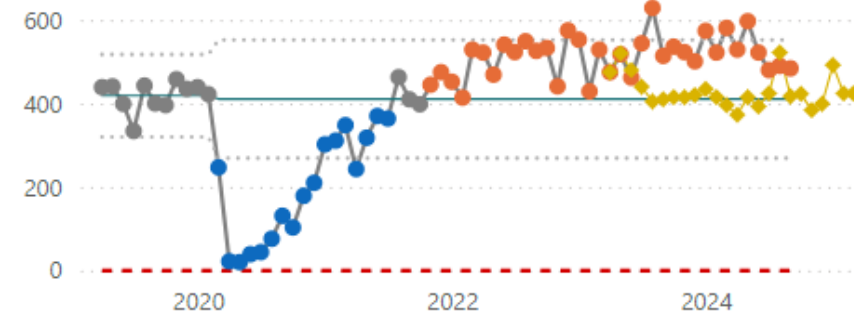
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

### Patients waiting less than 4 hours in A&E



57.9% reported for September, 1,514 breaches out of 3,595 new attendances. Chart is showing concerning performance trend.

### Patients waiting over 12 hours in A&E



484 breaches out of 3,595 new attendances, 13%. Chart is showing concerning performance trend. The trajectory of 417 was not met.

## Key challenges / issues

- The Emergency Department remains overcrowded at times. This is main due to with a high demand of attenders within and large volume of high acuity self-presenters.
- The discharges seem to be bottlenecking towards the end of the day. Which will slow down the patients flow through the day.
- The clinical optimised and ready to leave list is increasing which reduces the available of acute beds.
- There is a lack of care/nursing home beds available in county.

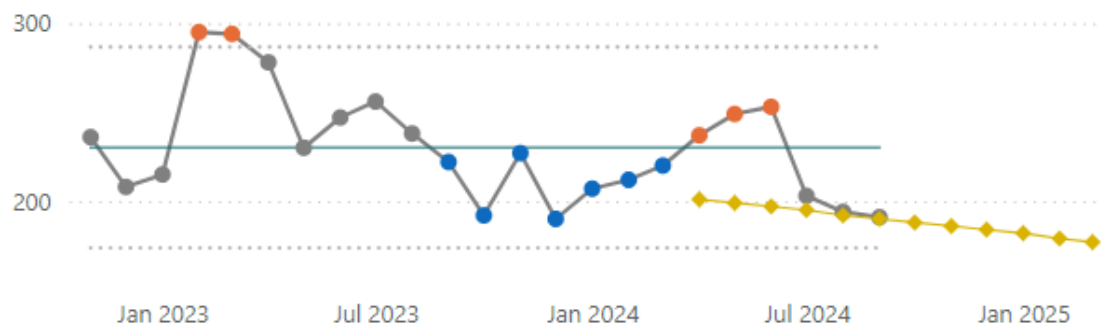
## Key actions / initiatives

- Acute and Community working collaboratively in supporting discharges back to the community.
- The teams have just completed the Vanguard programme which explores "what matters to the patients", this will put the patient in the centre of the treatment plan. This should improve on the patient journey and discharge planning
- Hot clinics running 5 days a week.

## Due date

- Completed
- 31/03/25
- Completed

## Total number of pathways of care delayed discharges (non MH + MH & LD)



- Number of census count delays continues to show a reduction in September with 191 patients and expected (common cause) variation. The trajectory was missed by a count of one.
- The total days delayed for non-mental increased in September, 8,575 days in vs 8,245 in August. Mental Health and learning disability delays also demonstrated an increase, 939 days in September vs 682 in August.
- Assessment delays remain the largest proportion of delays, 49.7%, in line with the rest of Wales.
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

Key Challenges / Issues	Key actions / initiatives	Due date
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**Non mental health:**  
 The Care Action Committee set the trajectory targets for the Pathway of Care Delays at a National level. Baseline for the 3 targets was set against the baseline figures for the Health Board in April 2024.

- The Acute and Community hospitals continue to improve on the reduction in number of patients who have a delay in their discharge plans having achieved a 15% reduction against National trajectory (variation from April 2024 census count to September count)
- Assessment delays remain a challenge however the number of Assessment delay reasons have reduced by 20% in line with the National trajectory (variance between April census date total delays and the total delays September census)
- The number of total days delayed increased in September however a 3% improvement was achieved against the National trajectory. Total days increased mainly due to the non-availability of community resources to meet patient needs on discharge.

**Non mental health:**  
 There are three areas of improvement we are aiming to achieve by November and maintain position to March 2025: 1) Reduction in number of patient delays by 15%; 2) Reduction in number of bed days delayed by 20%; 3) Reduction in number of Assessment reasons for delay by 20%

Initiatives to support the above improvements:

- Continue to work with the NHS Executive National Pathway of Care Delays (POCD). This group offers support, learning across Wales and ensures consistency of approach.
- A HB Pathway of Care Delivery Group, overseeing the 3 County HB and Local Authority Action plans to address reasons of delay.
- A Trusted Assessor Steering group has been established as a sub-group to the POCD Delivery group to support areas of assessment.
- Discharge Strategy Group has developed a Toolkit to support ward staff in the Discharge process, Patient Discharge Information leaflets are in development.
- A Regional Census Validation process Plan Do Study Act commenced in August 2024. This proved invaluable in consistency of approach, shared learning.
- A focus on twice weekly review of people with a length of stay over 21, 50 and 100 days remains in place across the system.

30/11/24

**Mental health:**  
 The Mental Health & Learning Disability directorate improved their census count for September 2024 with their position down from twelve to eleven, there were no new patients identified. This position includes five patients who have a length of stay over the 90-day threshold for Mental Health. However, all patients have concise discharge plans in place and the discharge delays are beyond the control of the in-patient multi-disciplinary team.

**Mental health:**  
 The Directorate is part of a national task and finish group across Wales to produce a patient leaflet to empower patients in respect of discharge planning which begins when they are first admitted to the ward.

31/10/24

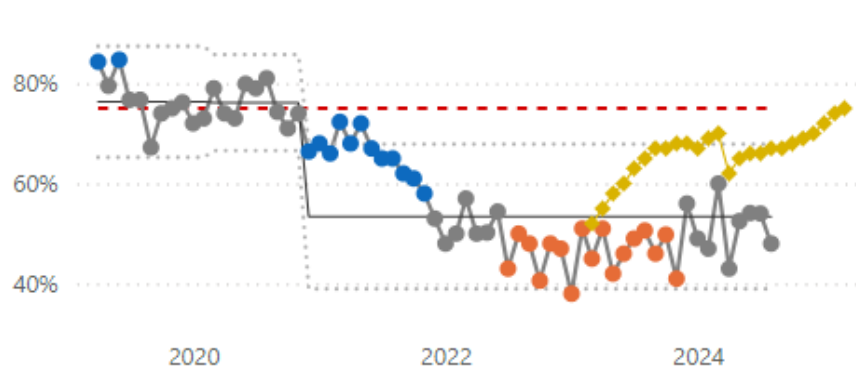
# Single Cancer Pathway

(Enhanced monitoring condition, accountability condition and Ministerial priority)

**Key**

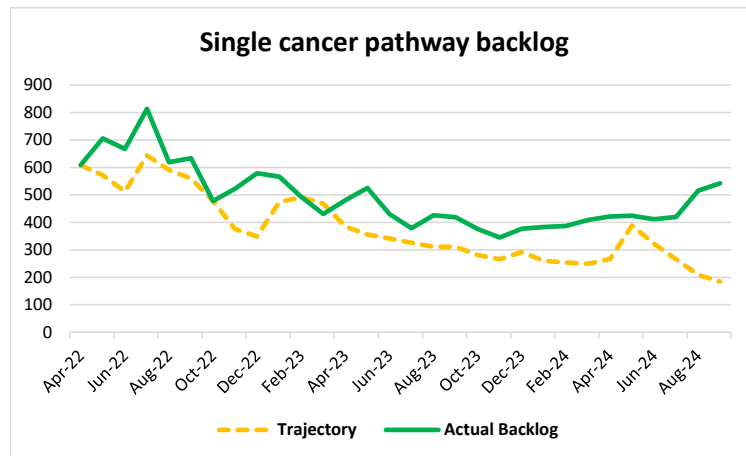
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**% single cancer pathway patients starting treatment within 62 days**



In August 2024 48% (117 out of 243) patients started treatment within 62 days. The 67% trajectory was not met.

**Number of single cancer pathway patients waiting over 62 days**

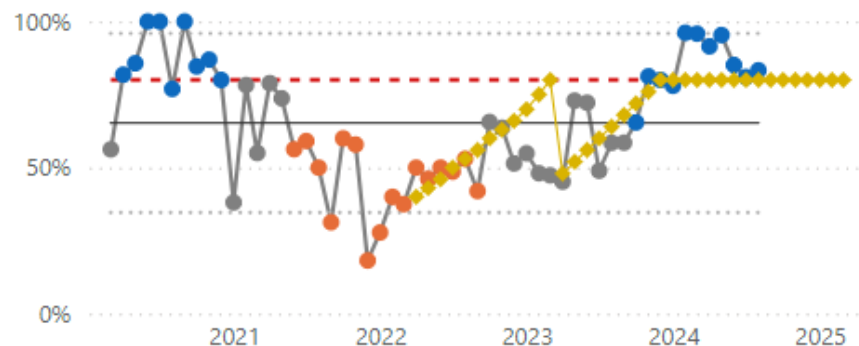


In September 2024 there were 543 patients waiting over 62 days for treatment (trajectory 185).

Key challenges / issues	Key actions / initiatives	Due date
Growth in patient backlog is attributed to the impact of Radiology reporting delays and scans (153 patients) and increased demand for Local Anaesthetic Trans Perineal Biopsy (LATP) (24 patients) in Urology and at treatment stage for skin (51 patients). Total of 228 patients in excess of predicted trajectory.	Confirmed funding for 6 sessions per week for Computed Tomography (CT) reporting in place until end of March 2025. Commenced 5 <sup>th</sup> October 2024 (122 reports per week).	31/03/25
August performance decreased to 48% due to the impact of Radiology reporting delays in July and 77 less treatments in August 2024 (affecting Skin & Urology pathways).	Short term recovery plan in place for Skin pathway during September/October. Confirmed plan to increase treatment capacity from 30 patients to 50 patients per week in place to end of March 2025.	31/03/25
	Urology increase demand for LATP procuring equipment to increase capacity-working in collaboration with pathology.	31/11/24

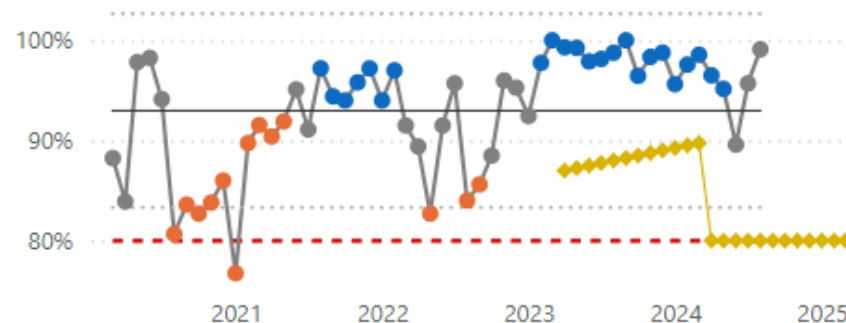
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)**



Latest performance of 83.3% is showing special cause improving variation and the trajectory and target of 80% were both met.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)**

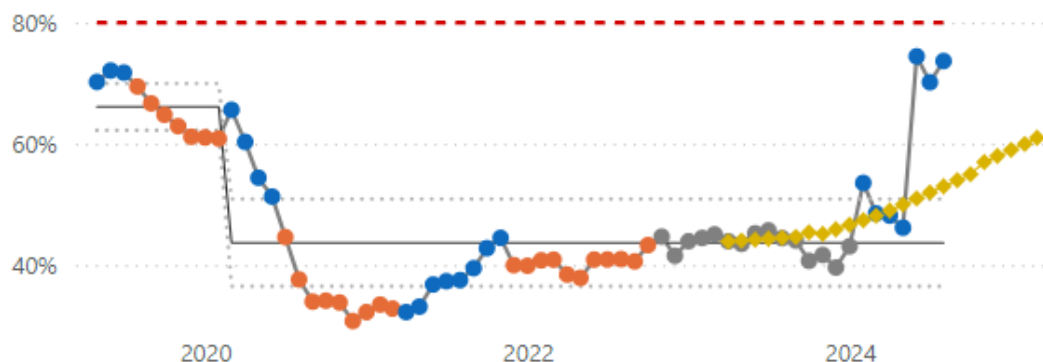


Latest performance of 99.1% is showing common cause variation and the trajectory and target of 80% were both comfortably exceeded.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):</b> Compliance in this target has now been sustained for a significant period. We continue to monitor this closely to ensure ongoing compliance is maintained.</p>	<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):</b> A CAMHS (Child and Adult Mental Health Services) senior leadership service development process will be initiated in October, to look at care pathways across the service and establish access arrangements. Patients have historically been reluctant to take up online group work and online individual work, and vastly favour one-to-one appointments resulting in longer caseloads. We continue to trial group work programmes and approaches to identify the right approach.</p>	30/11/24
<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b> Commencement of groups across the three counties will support Part 1(b) and offer more choice for the population, however access to adequate accommodation to deliver groups can be challenging.</p>	<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b> LPMHSS remains positive with a high compliance with both part 1 (a) and (b) targets.</p>	

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

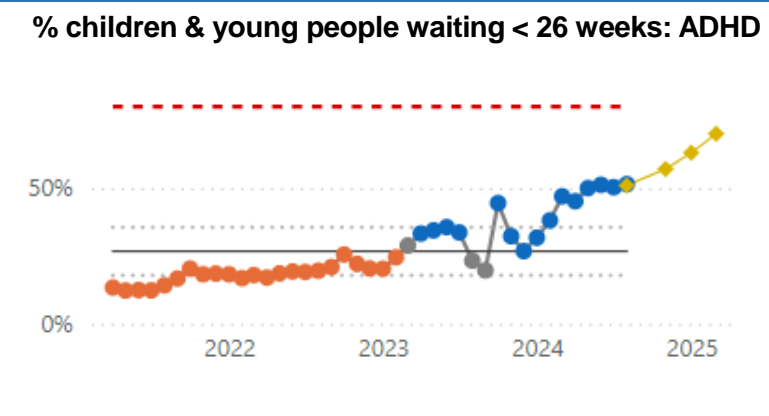
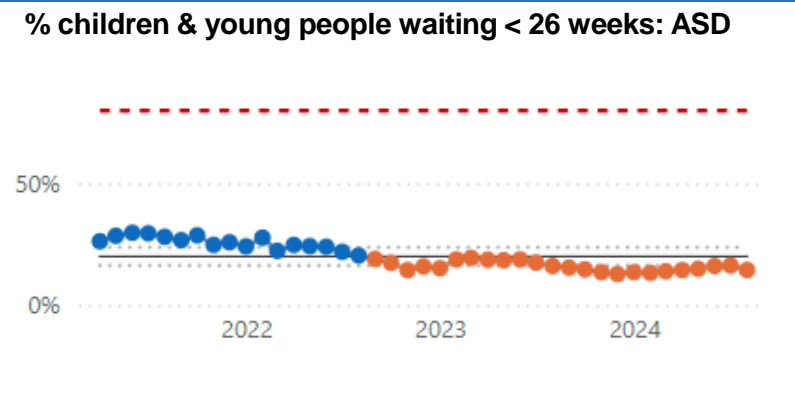
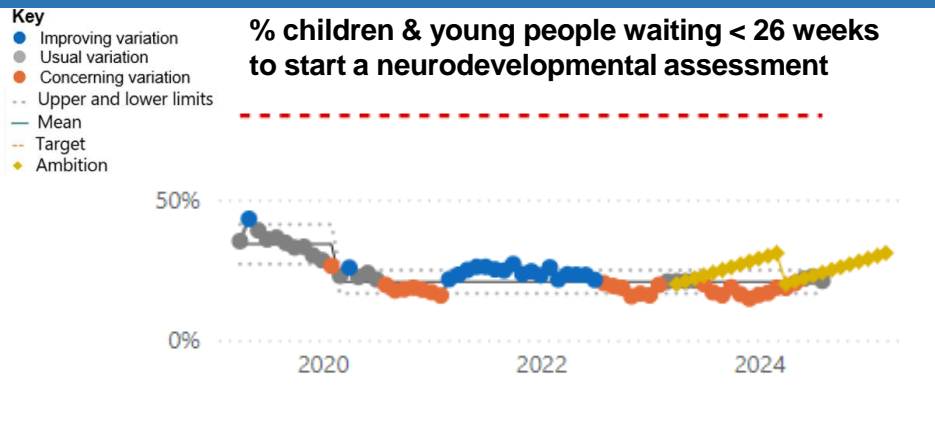
% adults waiting <26 weeks to start a psychological therapy



Performance in August of 73.7% shows special cause improving variation and the trajectory of 53% was met.

- 351 out of 440 (79.8%) patients started an integrated psychological therapy;
- 6 out of 12 (50%) started an adult psychology assessment;
- 40 out 87 (46%) started a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Integrated Psychological Therapies Service (IPTs):</b> Progression towards a prudent and tiered approach to high intensity intervention remains underway to support the increase in demand, however this is a cultural shift that requires effective planning over the next 6 months.</p>	<p><b>IPTS:</b></p> <ul style="list-style-type: none"> <li>• The data challenges from last month have been corrected ensuring that the compliance has increased. Systems are being implemented to safeguard and ensure the increased compliance achieves the required target moving forward.</li> <li>• The groups that have been in place this year have been subject to agreed PREMs and PROMs which will be reviewed, evaluated and reported in November.</li> <li>• Develop a plan for the next step of the service evolution which will be to offer a tiered approach to intervention with groups being the entry point to psychological therapies.</li> </ul>	<p>31/03/25</p> <p>30/11/24</p> <p>31/01/25</p>
<p><b>Adult Psychology:</b> Workforce issues still impact on capacity to offer initial appointments despite consistent improvement from April (19%) to August (50%).</p>	<p><b>Adult Psychology:</b></p> <ul style="list-style-type: none"> <li>• Review of job roles and widening access to vacant posts has been undertaken and are now advertised.</li> <li>• Continuing to operate a single waiting list with an option of remote sessions.</li> </ul>	<p>31/03/25</p> <p>31/03/25</p>
<p><b>Learning disabilities:</b> Psychologists are care co-ordinating a higher number of very complex cases and court protection work which takes up clinical time. There is long-term sickness within the team.</p>	<p><b>Learning disabilities:</b> Practitioners across service utilised to prioritise most urgent cases.</p>	<p>31/03/25</p>



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in August 2024 of 21.1%, shows common cause variation and the trajectory of 22% was not met. Performance is driven by ASD, where 482 of 3,326 (14.5%) patients had an ASD assessment < 26 weeks. 374 out of 727 (51.4%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
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**Autism Spectrum Disorder (ASD):**

- Longest wait times = 4.75 years. Increasing demand for assessment, ranging from an average of 20 monthly referrals in 2016 to 119 in 2024.
- Staff vacancies, sickness absence, maternity leave and training impact significantly on such a small team and affect output.
- Recruitment and lengthy induction processes affect speed new recruits can commence and undertake assessments due to specialist training involved.

**ASD:**

- Process mapping of current systems and pathways to improve efficiency and reduce waiting time.
- All clinical activity recorded on WPAS (Welsh Patient Administration System) to ensure accuracy of data to inform demand and capacity planning.
- Quarterly monitoring meetings with NHS Executive. NHS Executive review of children and young people neurodevelopmental services published with an action plan in place to meet recommendations.

31/03/25

**Attention Deficit Hyperactivity Disorder (ADHD):**

- Barriers: Lack of clinical space, limited capacity for tests often required prior to ADHD assessment, and response times for clinical questionnaires (an old referral process that has changed but will impact long waiters).
- Data capture: Despite improvement in capturing clinical conditions (Sep 2024 = 65% compliance, Sep 2023 = 37%), there remain approximately 200 referrals with no clinical condition; these are under review, however, there is a risk of increased ADHD demand.
- Additional hours - admin staff: Ceasing this would mean no additional sessions for Community Paediatricians, impacting the recovery trajectory.
- Uplift in ADHD referrals in July 2024 due to focused task where clinical conditions were added to current referrals after they were received. Triage delays seen due to extended leave.

**ADHD:**

- Work undertaken to identify the number to be seen before the end of December 2024 to achieve 70% performance over 3 consecutive months by March 2025. Excluding those who already have appointments (24) and those who will be over 18 by the end of the year (31) leaves a cohort of 448 to be seen.
- To enable this, we would need weekly capacity of 45 per week. Current capacity is approximately 27, a short fall of 18 per week. Options available to address the shortfall include replacing a limited number of follow ups with new (impacting the follow up waiting list, limiting capacity for medication reviews, and negatively impacting the overall Community Paediatric waiting list), and use of additional clinics (medical staff are already working to capacity, uptake is likely to be limited).
- Other options to reduce the shortfall include waiting list validation.
- Additional mitigation to be considered, including procurement and transition to adult services.

31/03/25

# Diagnostic waits over 8 weeks

(Ministerial priority)

Key

--- Upper and lower limits  
— Mean  
- - - Target  
● Ambition

Variation - how are we doing over time

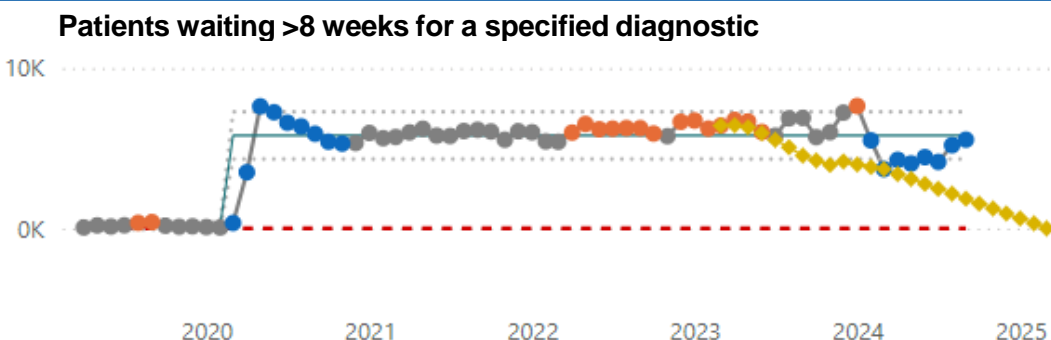
● Improving variation  
● Usual variation  
● Concerning variation

Assurance - performance against target

■ Always hitting target  
■ Hit and miss target  
■ Always missing target

Trajectory - performance against our ambition

◆ Trajectory met  
◆ Within 5% of trajectory  
◆ More than 5% off trajectory



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All		5,534	●	■	◆
Radiology		3,710	●	■	n/a
Endoscopy		874	●	■	n/a
Cardiology	Sep 2024	805	●	■	n/a
Neurophysiology		112	●	■	n/a
Phys measure		19	●	■	n/a
Imaging		14	●	■	n/a

Performance in September 2024 is showing improving variation; however, as expected breaches increased and are higher than any time since January 2024 and the trajectory of 1,851 was not met. Radiology performance has deteriorated for the third consecutive month and breaches continue to grow. Performance trend is improving for the other services.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Endoscopy:</b></p> <ul style="list-style-type: none"> <li>Projected waiting list growth of an average of 96 patents per month due to current demand and capacity gap - as a result of endoscopist deficits - trainee endoscopist recently qualified and will start to mitigate growth.</li> <li>Consultant workforce is negatively affecting endoscopy provision capacity.</li> <li>Capital replacement programme - ageing/fragile scopes need replacing.</li> </ul>	<p><b>Endoscopy:</b></p> <ul style="list-style-type: none"> <li>5 additional sessions per week (funded via recovery) to uplift core capacity and 6 designated core sessions to reduce the backlog of patients waiting over 8 weeks.</li> <li>In the process of onboarding endoscopy nurse posts.</li> <li>Productivity and efficiency dashboard developed to identify ongoing opportunities for improved utilisation of capacity.</li> </ul>	<p>31/03/25</p> <p>30/11/24</p> <p>31/12/24</p>
<p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>Demand exceeding capacity for timely investigations and reporting.</li> <li>Recovery funding has ended and so there are no additional lists being run since 31<sup>st</sup> August 2024, resulting in an expected increase in breaches.</li> <li>Reporting delays are causing delays in all pathways. Cancer and inpatient reporting is being prioritised which is deteriorating the routine position further.</li> </ul>	<p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>Staffed mobile MRI van has been secured for 4 weeks in October 2024. This will scan around 600 patients from the 8 week + cohort.</li> <li>The musculoskeletal working group has developed a new set of protocols and are meeting regularly to streamline pathways and reduce inappropriate requests.</li> <li>Awaiting potential Welsh Government funding decision to continue with additional lists.</li> <li>Recruitment of a further two locum radiologists. Onboarding at present.</li> </ul>	<p>31/10/24</p> <p>31/10/24</p> <p>31/10/24</p> <p>10/01/25</p>
<p><b>Cardiology:</b></p> <ul style="list-style-type: none"> <li><b>ECHO</b> - September breaches recovered to a position less than the predicted trajectory, due to staff picking up additional shifts. Insourcing to start in October to address gap.</li> <li><b>Ambulatory Monitors</b> - September breach position exceeded trajectory due to reduced monitor fitting capacity, as monitor analysis delays were prioritised.</li> <li><b>Transoesophageal ECHO (TOE)</b> – September breach position reduced but remained in excess of the trajectory, due to the changes of job planned capacity</li> </ul>	<p><b>Cardiology:</b></p> <ul style="list-style-type: none"> <li><b>ECHO</b> - funding confirmed to address the 1,134 in-year deficit in ECHO. Plan to initiate additional in-source activity from July 2024 delayed by issues in Procurement process – now to start in October 2024.</li> <li><b>Ambulatory Monitors</b> - Recruiting/on-boarding 2 substantive Physiologists by October 2024. Plan to utilise additional locum/enhanced-rate activity in meantime.</li> <li><b>Transoesophageal ECHO</b> - Review of Cardiologist job plans to prioritise capacity for increased TOE activity.</li> </ul>	<p>01/10/24</p> <p>31/10/24</p> <p>31/11/24</p>

# Therapy waits over 14 weeks

(Ministerial priority)

Key

- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

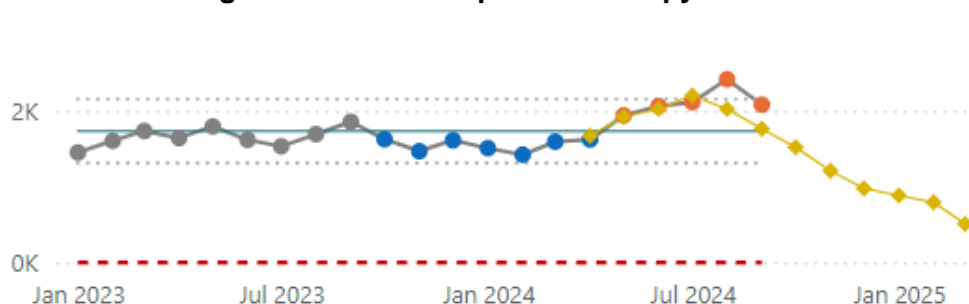
Assurance - performance against target

- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition

- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

### Patients waiting >14 weeks for a specified therapy



Latest performance data is showing a concerning trend variation. Breaches in September 2024 were 2,083. During September, overarching breach numbers are reducing as predicted, but remain above trajectory.

Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	Sep 2024	2,083	●	■	◆	55.3%
Physiotherapy		1,067	●	■	◆	96.7%
Podiatry		437	●	■	◆	64.8%
OT		411	●	■	◆	16.3%
Dietetics**		100	●	■	◆	43.8%
SALT		37	●	■	◆	83.7%
Arts Therapies		31	●	■	◆	n/a
Audiology*		1,318	●	■	n/a	n/a

\*Data for all therapies now excludes Audiology

\*\*Dietetics now excludes waits for Weight Management Service

## Key challenges / issues

### Physiotherapy:

- Patients waiting > 14 weeks, breach numbers are starting to reduce but narrowly missed their in-month trajectory by 2 patients.
- Demand is outstripping capacity due to vacancies and workforce availability.

## Key actions / initiatives

### Physiotherapy:

- Therapies Improvement and Recovery plan supported by executive team to increase capacity in Community and MSK services.
- A phased plan to increase baseline workforce by 8 whole time equivalent (WTE) posts should deliver incremental improvement in performance. Mitigated by utilising 5 agency staff in the short term. Targeted recruitment campaign is being supported by workforce to support interviews planned between 4<sup>th</sup> October and 7<sup>th</sup> November.

### Occupational Therapy (OT):

- We are experiencing the highest number of breaches in paediatrics due to the current back log and ongoing management of current new demand.
- Our focus remains on prioritising all case-loads and recruitment of additional staff to address capacity shortfalls.

### Occupational Therapy:

- Performance/actions for improvement reviewed weekly via Therapies weekly performance meeting
- We continue to work with an external company who are providing occupational therapy assessment and intervention for a small number of children and young people in Carmarthenshire.
- We have recruited, with one Band 6 starting in September and two Band 6 staff starting end of October and early November.

### Podiatry:

- Significant follow up commitment of chronic vascular/diabetic foot pathology which is difficult to discharge, impacting on new patient management.
- Recruitment restrictions and insufficient funded workforce leading to decreased service capacity.

### Podiatry:

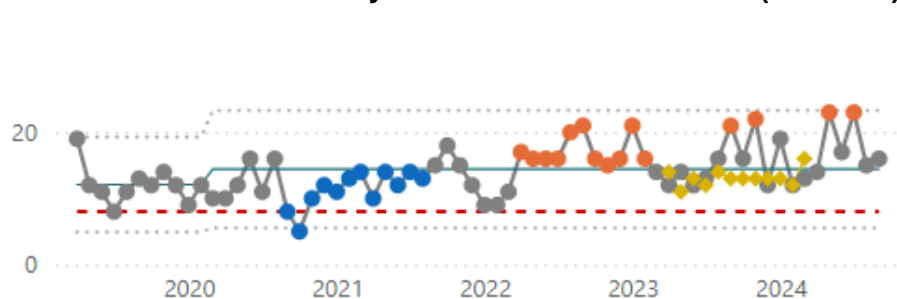
- Continued validation of waiting lists.
- Many innovative schemes to manage waiting lists including open access clinics, phone triage, extensive staff skill mixing.
- Band 6 podiatry role introduced to help manage breaches.

# C.difficile and E.coli cases

(Enhanced monitoring condition and accountability condition)

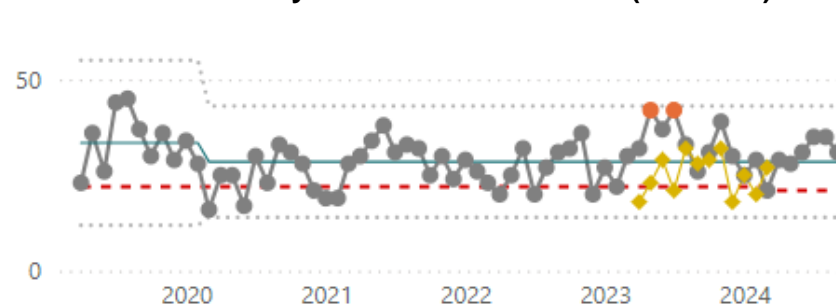
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

### Number of laboratory confirmed C.difficile cases (in-month)



The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 55.9.

### Number of laboratory confirmed E.coli cases (in-month)

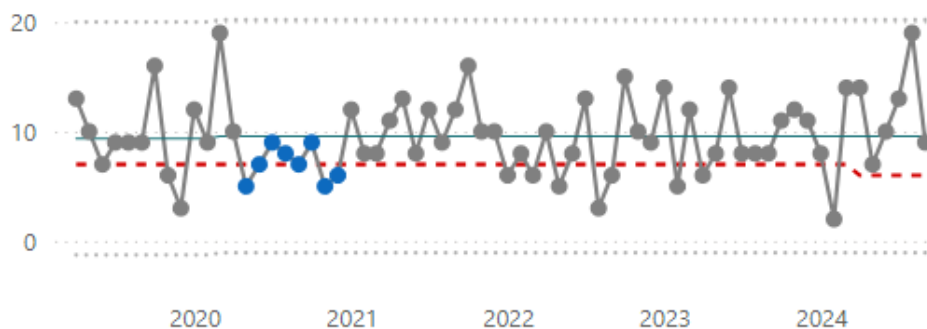


The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 97.9

Key challenges / issues	Key actions / initiatives	Due date
<p><b>C.difficile:</b></p> <ul style="list-style-type: none"> <li>• Case numbers have increased during 2024/25 reporting cycle, not just within Hywel Dda (HD) but increases noted across all Health Boards across Wales compared to last year's data.</li> <li>• Within HD, we have concerns regarding cases of cross infection of C.difficile within hospital sites.</li> </ul>	<p><b>C.difficile:</b></p> <ul style="list-style-type: none"> <li>• Assurance meetings held monthly on each site to review each hospital onset case to determine causation. Process will be reviewed 30/12/24.</li> <li>• Action plans developed with services focusing on Infection Prevention practice and uploaded to Datix incidents.</li> <li>• Monthly Environmental Group meetings for each site to review progress, compliance and escalate concerns.</li> <li>• C.difficile Infection Improvement Group has been established and first meeting held on 11/07/24 next meeting to be held once core members established.</li> <li>• Antimicrobial stewardship reviewed for each site using 'Start Smart and Then Focus' audit tool</li> <li>• Data presented to Managed Practices Quality and Safety Committee Meeting for discussion.</li> <li>• Monthly monitoring meetings with NHS Executive in place</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>30/10/24</p> <p>07/10/24</p> <p>01/10/24</p> <p>Ongoing</p>
<p><b>E.coli:</b></p> <ul style="list-style-type: none"> <li>• April 2024 to August 2024 has seen a consistent increase in cases across hospital and community.</li> <li>• A higher proportion of cases are that of community onset compared to hospital onset.</li> <li>• 2024/25 data presents fewer cases than last year for the same period.</li> </ul>	<p><b>E.coli:</b></p> <ul style="list-style-type: none"> <li>• Assurance meetings held monthly on each site to review each hospital onset case to determine causation. Process will be reviewed 30/12/24.</li> <li>• Community Infection Prevention Team planning to attend wellbeing events to provide health promotion and prevention information during International Infection Prevention Week 13-19 October 2024.</li> <li>• Core measures in relation to Infection Prevention such as hand hygiene, glove awareness and cleaning to be articulated to staff on hospital sites during Infection Prevention Week 13-19 October 2024.</li> <li>• Monthly monitoring meetings with NHS Executive in place</li> </ul>	<p>Ongoing</p> <p>20/10/24</p> <p>20/10/24</p> <p>Ongoing</p>

- Key**
- Improving variation
  - Usual variation
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**Number of laboratory confirmed S.aureus cases (in-month)**



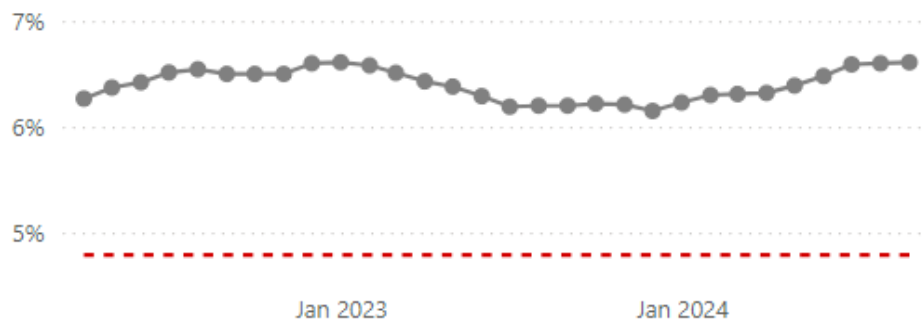
The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 37.3

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>•S.aureus cases in the HD have followed the all Wales trend and have continued to fluctuate month on month however cases have increased compared to the same period last year which matches the all Wales trend.</li> <li>•The majority of cases continue to be that of community onset rather than hospital onset.</li> </ul>	<ul style="list-style-type: none"> <li>• Assurance meetings held monthly on each site to review each hospital onset case to determine causation. Process will be reviewed 30/12/24.</li> <li>• Vascular Access working group established and meeting monthly to review policy, line insertion and care, aiming to improve line care and prevent infection.</li> <li>• Community Infection Prevention Team planning to attend wellbeing events to provide health promotion and prevention information during International Infection Prevention Week 13-19 October 2024.</li> <li>• Core measures in relation to Infection Prevention such as hand hygiene, glove awareness and cleaning to be articulated to staff on hospital sites during Infection Prevention Week 13-19 October 2024.</li> <li>• Monthly monitoring meetings with NHS Executive in place</li> <li>• Aseptic non-touch technique e-learning compliance 77.60% for September, aiming to increase compliance to 85% by January 2025.</li> <li>• Aseptic non-touch technique competency assessments being profiled, and assessor training planned by Infection Prevention Teams for October</li> </ul>	<p>30/12/24</p> <p>Ongoing</p> <p>20/10/24</p> <p>20/10/24</p> <p>Ongoing 31/12/24</p> <p>31/10/24</p>

**Key**

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

**% staff sickness rate (12 months rolling)**



Staff sickness levels (12 month rolling) increased for the 9<sup>th</sup> consecutive month September 2024 to 6.61% (in-month=6.19%).

Facilities continues to have the highest rates of staff absence with 11.1% 12 month rolling. The majority of in-month sickness in September was for long-term sickness (LTS) 8.79%.

**Key challenges / issues**

**Conditions impacting absence rates include:**

Sickness due to anxiety, stress and depression has been increasing and continues to be the highest reason for absence across the majority of our directorates. An increase in anxiety, stress and depression related sickness has also been noted across other NHS organisations.

**Review Outcomes:**

**Existing sickness absence training:** Fit for purpose, however, as the training is developed on an All-Wales basis there is currently minimal scope for change. Access to the training is challenging so has been included in the Attendance at Work Policy addendum section, to improve accessibility for staff.

**Effectiveness of sickness audits on reducing sickness absence:** Further audits paused (unless part of targeted activity) so that resource can be diverted to front line support for managers in managing long term sickness.

**Key actions / initiatives**

**Task & Finish Group action plan** in place: e.g. early mental health check-ins by managers and using stress risk assessments in a more preventative way i.e. before the individual goes off on sick. Work is on-going.

**Temporary redeployment guidance** to be developed and system put in place to support staff before they become too unwell to undertake their current role but would remain fit to do other work.

**Estates and Facilities** - audits undertaken and a deep dive of the data is taking place to establish specific hot spots and targeted interventions going forward. Meeting to be arranged with Estate & Facilities senior management to discuss the strategy and support to reduce absence.

**Development of skills training analysis** to be embedded in the redeployment/ temporary redeployment process to improve development and opportunities.

**Passport for reasonable adjustments** to be rolled out. A number of options have been explored with two rejected and a further option currently awaiting feedback from stakeholder groups.

**Bitesize training sessions** being developed to focus on single elements of the absence management process. Piloting 5-minute session on 'How to conduct effective return to work interviews'.

**Due date**

31/10/24

31/10/24

31/10/24

31/10/24

31/10/24

30/11/24

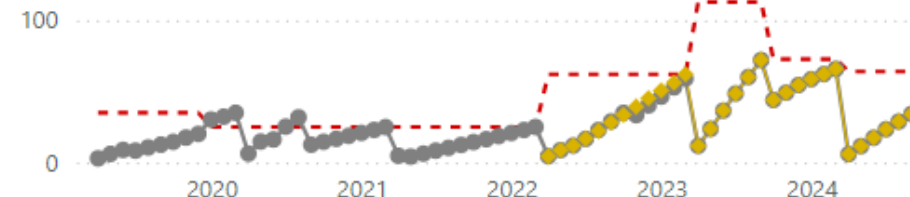
**Key**

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**Financial in-month deficit**



**Financial deficit (£m) – year to date**



**Key challenges / issues**

The Month 6 financial position is a deficit of £5.3m in line with the Annual Plan Deficit of £5.3m – the first month of the financial year that has achieved the planned in-month deficit. The average monthly deficit for Months 1-5 was £5.8m, indicating an improvement. The operational variation to plan is £0.4m with the in-month savings target of £2.7m being successfully overidentified by £0.4m. Of the annual savings target of £32.4m, £30.0m has been identified on an in-year basis leaving a gap of £2.4m to be identified from the Opportunities Framework, coupled with a delivery gap of £0.9m against expected benefits. There is a recurrent savings shortfall of £13.4m, resulting in the underlying deficit exceeding £64.0m.

The key focus for the organisation is to deliver the savings proposals presented at the Board Seminar and Public Board in September, together with managing any overspends. There is a recurrent savings shortfall of £13.4m against the annual savings target of £32.4m which needs to be addressed prior to the 2025/26 Annual Planning cycle with a £20.0m commitment made by the Executive Directors to identify robust recurring deliverable plans by December 2024.

**Key actions / initiatives**

- The latest assessment of the mitigation plan and route map to delivering £64.0m is that £2.3m of the £4.2m identified savings are now delivering. Each action is associated with either an Operational or Corporate Lead as appropriate and these leads are continually assessing what further actions must be implemented in order to meet the required delivery.
- Executive Delegated Officers, and their Service Leads are being scrutinised through the monthly forecasting and internal escalation process and are required to contain costs in-line with their current forecast positions to deliver £64.0m. Further mitigating actions for areas of over-spend are required to ensure remedial actions are taken.
- Work is continuing, with focus and pace required, to translate in-year over-reliance on non-recurrent savings into recurrent delivery in advance of the planning cycle for the forthcoming financial year. Whilst savings delivery is positively improving, with £29.1m delivery to date, there remains a £13.4m recurrent delivery gap which is yet to improve the underlying deficit currently reported as £77.4m this month.
- Executives and Directorates have been issued with savings targets for the coming year, with a plan to develop responses on delivery by end of December to deliver a Target Control Total position next year, pending confirmation of funding allocations.

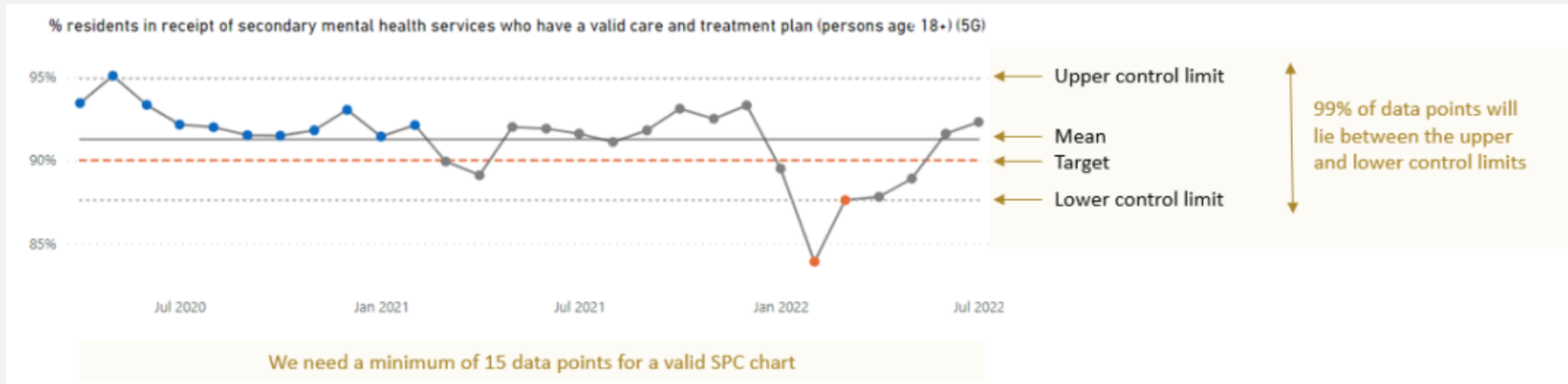
**Due date**

Ongoing monthly basis to 31/03/25

## Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

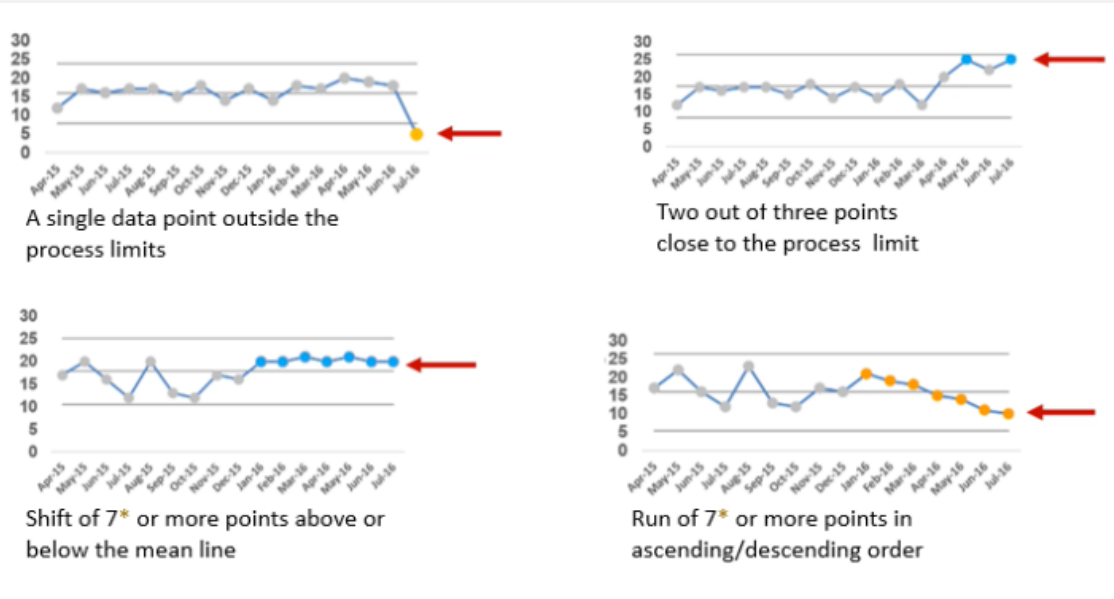
## Anatomy of a SPC chart



## Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:



\* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

## Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e. one for variation and another for assurance.

<b>Variation</b> How are we doing over time	<span style="color: orange;">●</span>	Concerning trend = a decline that is unlikely to have happened by chance
	<span style="color: grey;">●</span>	Usual trend = common cause variation / a change that is within our usual limits
	<span style="color: blue;">●</span>	Improving trend = an improvement that is unlikely to have happened by chance
<b>Assurance</b> Performance against target	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	Missing target = will consistently fail target without a service review
	<span style="border: 1px solid grey; display: inline-block; width: 10px; height: 10px;"></span>	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	<span style="border: 1px solid blue; display: inline-block; width: 10px; height: 10px;"></span>	Hitting target = will consistently meet target
Note: remember <b>blue</b> is good, orange is <b>bad</b>		