

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 8 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 8, 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 the Integrated Performance Assurance Report (IPAR) dashboard as of 30 November 2024. Ahead of the Board meeting, the dashboard will also be made available via the Health Board's [internet site](#).
- A summary document entitled *Integrated Performance Assurance Report (IPAR) Overview: as at 30 November 2024* is also provided as **Appendix 1**. This document summarises performance, issues and actions for our key improvement measures for 2024/25.

The dashboard has been redesigned to make it more streamlined and easier to use so it may initially take a little more time to adjust to the changes. Developments are:

- A performance summary for all metrics, which can be filtered to show all or key deliverables metrics;
- Performance charts have been grouped by topic, enabling all charts to be displayed on one page.

A summary of the 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.

Variation 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

Assurance 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






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

The table below provides a summary of our key financial and sustainability measures. The supporting IPAR overview (**Appendix 1**) includes the latest data, challenges, issues and key actions for the financial deficit (in-month) measure.

Position as of 30 November 2024

Measure	Target	Latest data	Variance	Assurance
Financial deficit (in month)*	£-16.299m (plan)	£-18.315m		n/a
Agency spend	5.47%	1.3%		
Break-even duty forecast	£20.133m (YTD) £31.550m (FYE)	£20.133m (YTD)	n/a	n/a
Third party spend – Hywel Dda suppliers	n/a	7.9%		n/a
Third party spend – Welsh suppliers	n/a	41.5%		n/a
Total carbon emissions**	n/a	93,940 tCO2e	n/a	n/a

* Positive figures represent a deficit and negative figures a surplus

** Carbon emissions data as at 31st March 2023

Argymhelliad / Recommendation

The Committee is asked to **DISCUSS** the SRC measures from the Integrated Performance Assurance Report and **ADVISE** of any issues that need to be escalated to the January 2024 Board meeting.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.1 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.</p> <p>2.2 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objective 6 Sustainable Use of Resources (See Appendix 1), in accordance with the Board approved timescales, as set out in HDDUHB's Annual Plan</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 Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. 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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:
Further Information:

Ar sail tystiolaeth: Evidence Base:	2024/2025 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance, Performance, internal Escalation process

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.

Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



GIG
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 30th November 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 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 30th November 2024.](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Cancer	% pts on single cancer pathway within 62 days	Oct 2024	75%	45%	●	■	◆
Delayed discharges	Number of Pathways of Care delayed discharges	Nov 2024	n/a	204	●	N/a	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Nov 2024	0	6,451	●	■	◆
Finance	Financial in month deficit	Nov 2024	n/a	-£18,315,000	●	N/a	◆
Infections	E. coli: Number of confirmed cases (in-month)	Nov 2024	21	37	●	■	N/a
Infections	S. aureus: Number of confirmed cases (in-month)	Nov 2024	6	08	●	■	N/a
Infections	C. difficile: Number of confirmed cases (in-month)	Nov 2024	8	16	●	■	N/a
Mental health (includes neuro)	% adult psychological therapy waits <26 weeks	Oct 2024	80%	75.6%	●	■	◆
Mental health (includes neuro)	% child neurodevelopment assess waits <26 weeks	Oct 2024	80%	18.6%	●	■	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 0-17)	Oct 2024	80%	84.1%	●	■	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 18+)	Oct 2024	80%	98.1%	●	■	◆
Planned care	Waits over 52 weeks: new outpatient appointment	Nov 2024	0	2,622	●	■	◆
Planned care	Patients waiting 104 weeks+ RTT	Nov 2024	0	1,951	●	■	◆
Planned care	Patients waiting over 52 weeks RTT	Nov 2024	0	14,628	●	■	N/a
Planned care	Follow-up appts - delayed >100%	Nov 2024	0	16,682	●	■	N/a
Planned care	% R1 eyecare appts attended in target or 25% delay	Oct 2024	95%	65.0%	●	■	N/a
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Nov 2024	0	2,244	●	■	◆
Urgent and emergency care	% Ambulance red call responses < 8 mins	Nov 2024	65%	49.5%	●	■	N/a
Urgent and emergency care	Ambulance handovers > 1 hour Hywel Dda	Nov 2024	0	986	●	■	◆
Urgent and emergency care	Ambulance handover > 4 hours Hywel Dda	Nov 2024	0	295	●	■	N/a
Urgent and emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Nov 2024	95%	63.9%	●	■	N/a
Urgent and emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Nov 2024	0	1,543	●	■	◆
Workforce	% staff PADRs in the previous 12 months	Nov 2024	85%	83.1%	●	■	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

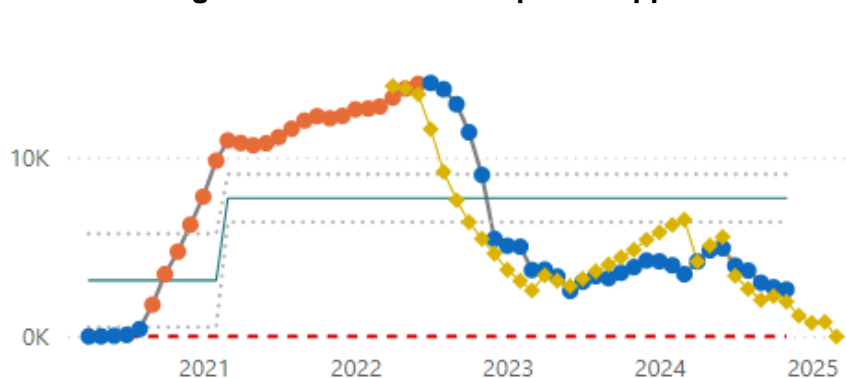
Statistical process control (SPC) charts

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

Key

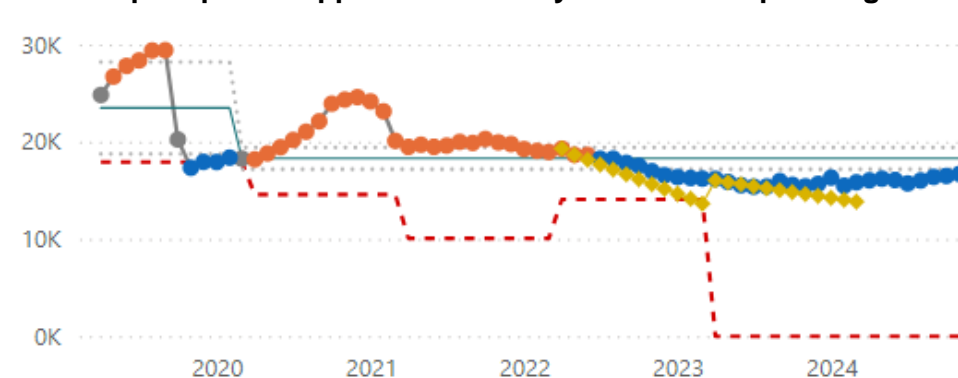
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Breaches have reduced for 5 consecutive months with improving variation showing. The 2,622 breaches in November 2024 equates to a 47% reduction since June 2024 and the lowest recorded since June 2023, however, the ambition for November (1,949) was not met.

Follow up outpatient appointments delayed over 100% past target date



The number of follow ups delayed by more than 100% of their target date has increased for 4 consecutive months. The 16,682 breaches in November 2024 is the highest recorded since November 2022.

Key challenges / issues	Key actions / initiatives	Due date
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<ul style="list-style-type: none"> Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU). The Health Board actively manages and triages referrals which has resulted in no waiting list growth. 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 vascular regional capacity issues. Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales. 35% reduction (4,606) in 36 week new outpatient breaches since June 2024, with positive indications for further recovery in future years. 	<ul style="list-style-type: none"> The Health Board are on track to achieving no patients waiting over 52 weeks for their first outpatient appointment by March 2025. Progress towards this is dependent upon specialty specific operational plans that include the use of recovery monies from Welsh Government. There are challenges within General Medicine and Care of the Elderly services where mitigation and recovery plans are being developed. Continue to manage demand via targeted validation, referral management, robust clinical triage and the use of alternative pathways such as self-management (SoS & PIFU). 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. 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. Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately. 	<p>31/03/25</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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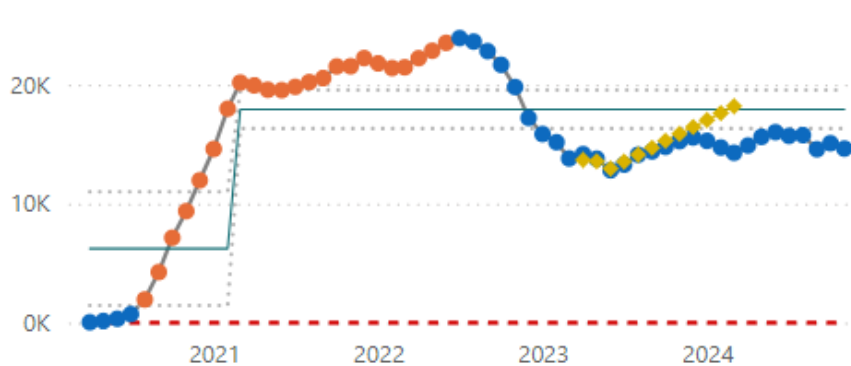
Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

Key

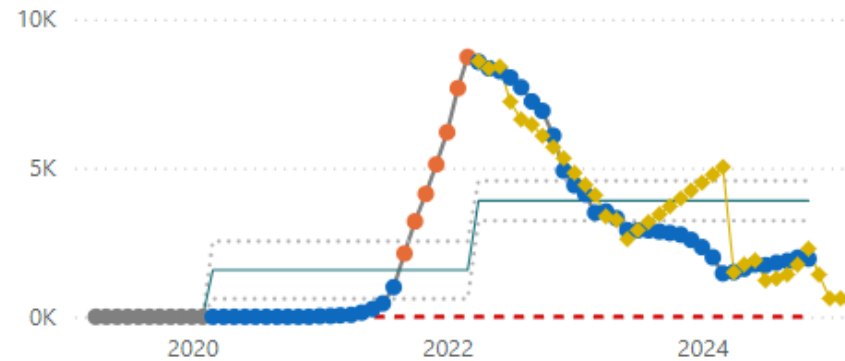
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Performance has been steadily improving in recent months, with improving variation showing. Breaches in November 2024: 14,628

Patients waiting over 104 weeks from referral to treatment



An increasing trend since March 2024, however, improving variation is showing and November 2024 saw a reduction in breaches (1,951) compared to October. Trajectory (2,284) was met.

Key challenges / issues

- Ongoing acute hospital site pressures can adversely affect elective care.
- Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times.
- Maintaining and reducing waiting times further by March 2025 is dependent upon agreed recovery funding and procurement support.
- Longer waiting patients are requiring additional pre-assessment support.
- 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.
- Performance has been impacted by sickness, annual leave, and clinical unavailability. Additional factors include:
 - Prioritising Urology cancer backlog over routine backlog demand
 - Colorectal cancer demand utilising routine slots.
 - Vascular regional capacity issues
 - Ophthalmology and Rheumatology capacity to meet demand.

Key actions / initiatives

- Continue to manage demand via targeted validation, referral management (i.e. implementing My Health Pathways), robust clinical triage and the use of alternative pathways such as self-management (SoS & PIFU).
- 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.
- Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately.
- Independent sector insource solution being commissioned to supplement existing capacity.

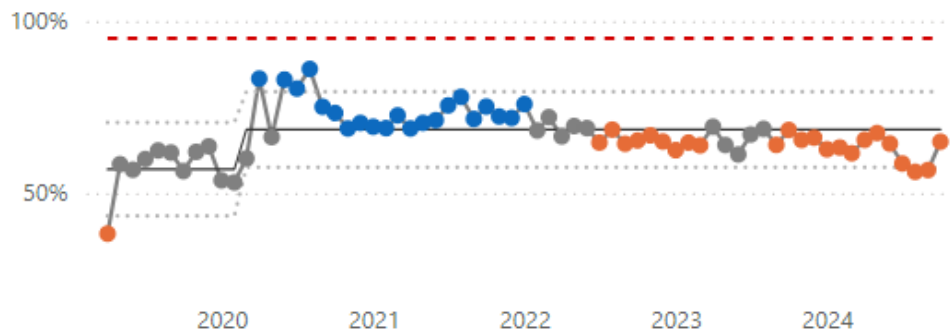
Due date

- Ongoing
- 31/03/25
- Ongoing
- 31/01/25

Key

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

% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



The summer saw the lowest performance since pre-Covid, however, performance increased from 56.7% in September to 65% in October 2024, where 1,166 out of 1,795 high-risk (R1) patients attended appointments within their clinically assigned target date or within 25% beyond that date and performance shows concerning variation. Target = 95%.

% R1 patients waiting within their clinical target date or within 25% beyond their clinical target date



In October 2024, 35% of high-risk (R1) patients (6,289 out of 17,892) were waiting within their clinically assigned target date or within 25% beyond that date, the lowest level recorded. Target = 95%.

Key challenges / issues

- Ophthalmology has struggled to recruit and retain the medical workforce to deliver required clinics.
- The service has struggled to recruit and retain the necessary skilled nursing and non-medical staff to deliver required clinics.
- Ophthalmology is delivered out of nine sites which is unsustainable in terms of travel and retaining skilled staff. There is limited estates available on central sites to deliver the required clinics. The current workforce would be better utilised if larger clinics could be overseen by one Consultant, which would increase productivity and help to retain staff.
- Limited clinic appointments result in a conflict between delivering the Eye care Measures targets and Ministerial Measures targets (including Referral To Treatment).

Key actions / initiatives

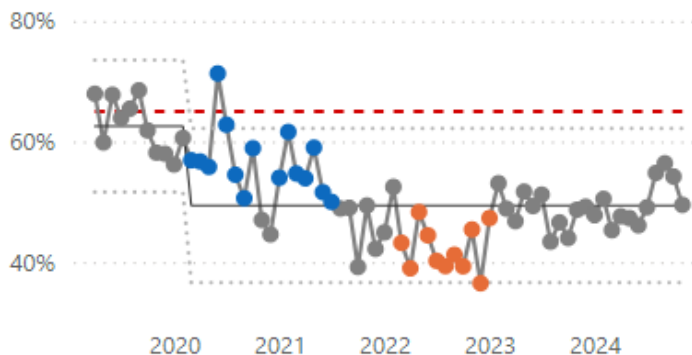
- Two speciality doctors on-boarding.
- Two consultant posts to go out to advert.
- Developing a training programme for two junior doctors.
- Two Band 7 posts awaiting job description sign off to go out to advert.
- R1 delivery plan presented to board with short term recovery secured, with further discussion about longer term recovery ongoing.
- Clinical Service Plan is ongoing to review resources and estates, reducing delivery to fewer key sites.
- The above measures and investment required will increase the percentage of R1 cohort of patients waiting for an appointment within their target from 35% to 75%.

Due date

- 31/03/25
- 30/06/25
- 31/08/25
- 31/03/25
- 30/04/25
- 31/01/27
- 31/03/26

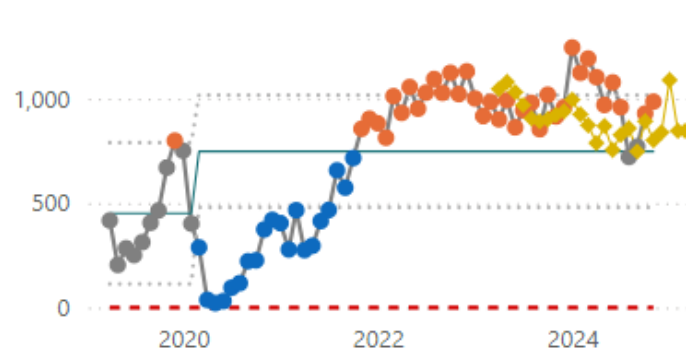
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 - - Target
 ● Ambition

Life threatening (red) call responses taking over 8 minutes



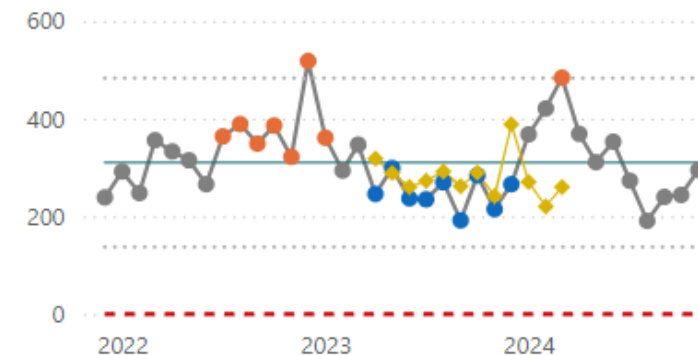
Latest data is showing expected (common cause) variation, 344 red calls met, out of a total of 695 responses, 49.5% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 986 handovers > 1 hour out of a total of 1,925, 51%. The trajectory of 801 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 295 handovers > 4 hour out of a total of 1,925, 15%.

Key challenges / issues – red calls

Key actions / initiatives – red calls

Due date

The Welsh Ambulance Services University NHS Trust (WAST) have been unable to provide an update on issues due to additional operational pressures resulting from Storm Darragh.

- 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 8th 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
- Recruitment of newly qualified paramedics, emergency medical technicians and to the Cymru High Acuity Response Unit

Weekly ongoing

Daily – Hourly

Ongoing

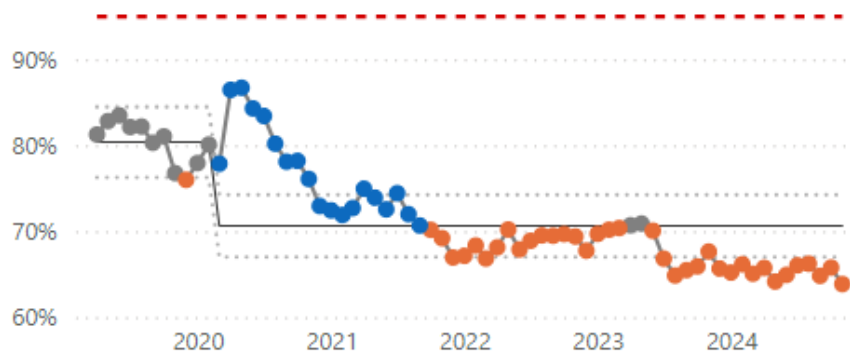
Weekly ongoing

Completed but needs ongoing work.

End of January 2025

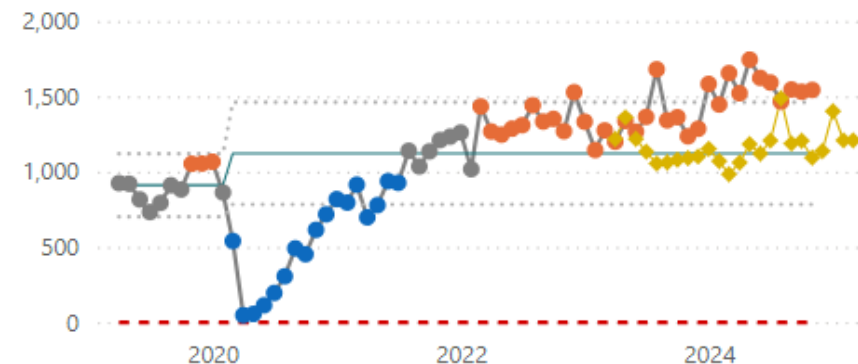
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



64% reported for November, 4,997 breaches out of 14,075 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,543 breaches out of 14,075 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,093 was not met

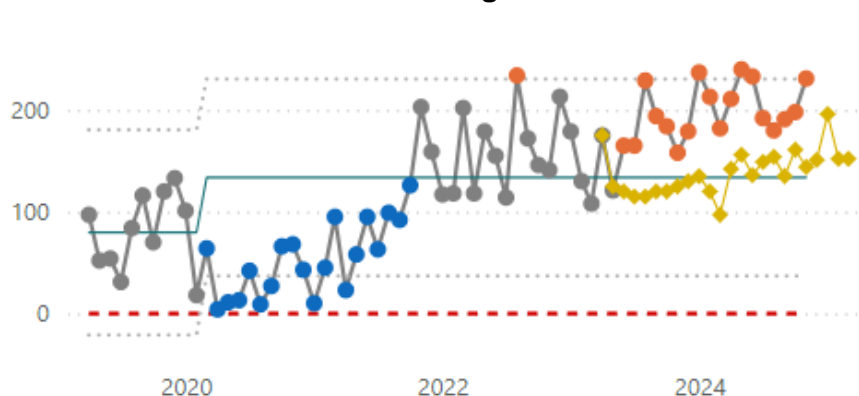
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

Key

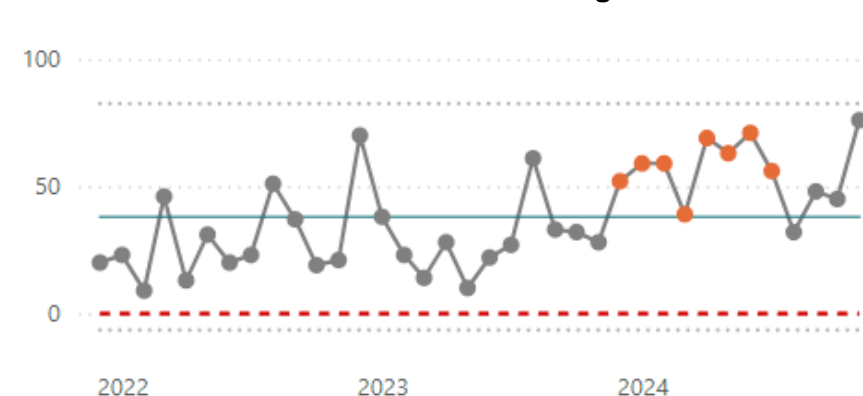
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 231 handovers >1 hours reported out of a total of 410 handovers, 56%. The trajectory of 144 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 76 handovers >4 hours were reported out of 410 total handovers 19%.

Key challenges / issues

- Continued Emergency department “front door” capacity pressures continue. Increase in ambulance conveyances to site currently seen – average of 12 per day to average of 18 presently. Emergency and Urgent Care surge (number of patients beyond the capacity) and unallocated bay pressures maximised - with patients routinely cared for in corridor areas to maximise flow available. Surge areas are additional beds opened to support additional demand where no other capacity is available. This is further compounded by an increase in the acuity of patients including those self-presenting and often, these patients are triaged with a higher priority than those subject to handover delays. Pathways of Care delay numbers have also increased concurrently. Recovery and de-escalation is impacted by the combination of all of these factors.
- The Y Bwa unit opened at the end of July (to manage the decant of Meurig Ward) continues to support site pressures by providing capacity for step-down (medically optimised) patients. Flow out from this unit has become constrained in relation to non-availability of social care capacity.
- Patient flow out of hospital continues to be compromised with limited care home capacity and reduced community hospital bed base.

Key actions / initiatives

- NHS Executive action plan in situ to support actions designed to improve flow across the site
- Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.
- A request to extend arrangements at the Y Bwa site is being made to the Executive Team with a view to exploring re-allocation of both BGH site capacity as well as reviewing the patient cohort at Y Bwa to improve the constraints previously detailed.
- Triumvirate team are pursuing the potential to devise and hold a “flow summit” in January 2026 with all elements of the patient flow journey to identify if any further improvements in process can be secured.

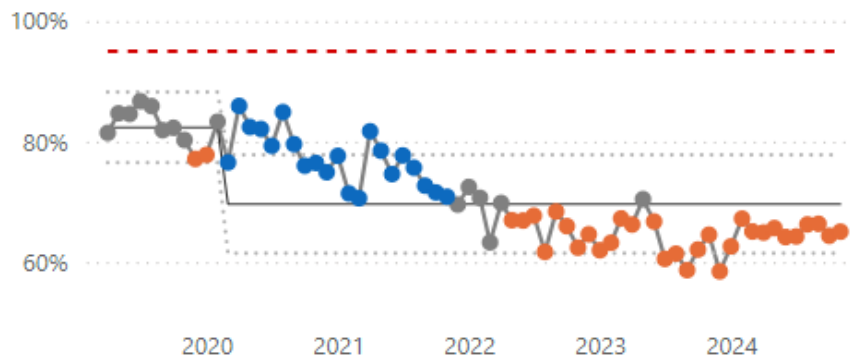
Due date

- 31/03/25
- 31/03/25
- 31/12/24
- To be confirmed

Key

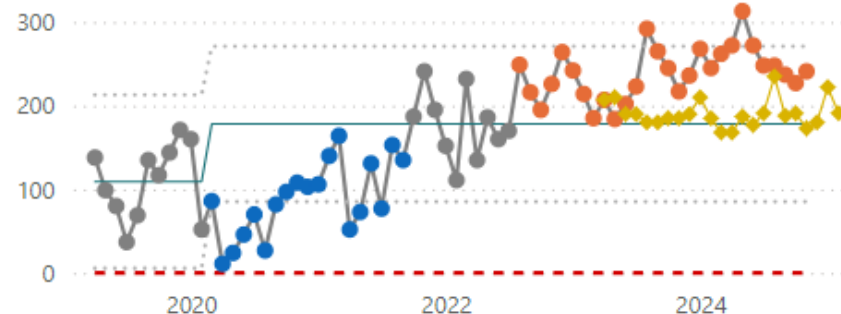
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



65% reported for November, 919 breaches out of 2,661 new attendances. Chart is showing a concerning performance Trend.

Patients waiting over 12 hours in A&E



241 breaches out of 2,661 new attendances, 9%. The chart is showing a concerning performance trend. The trajectory of 173 was not met.

Key challenges / issues

- 4 hour waits continue to be a challenge and are related to the constraints described in relation to the 1 hour ambulance handover position. The Clinical Decisions Unit boarding protocol introduced at the beginning of June continues to support site pressures in order to minimise delays as much as possible.
- The position is further compounded by an increase in the acuity of patients including those self-presenting- and often, these patients are triaged with a higher priority than those subject to handover delays
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.
- Patient flow out of hospital has also been compromised with limited care home capacity and reduced community hospital bed base.

Key actions / initiatives

- NHS Executive action plan in situ to support actions designed to improve flow across the site
- Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.
- A request to extend arrangements at the Y Bwa site is being made to the Executive Team with a view to exploring re-allocation of both BGH site capacity as well as reviewing the patient cohort at Y Bwa to improve the constraints previously detailed.
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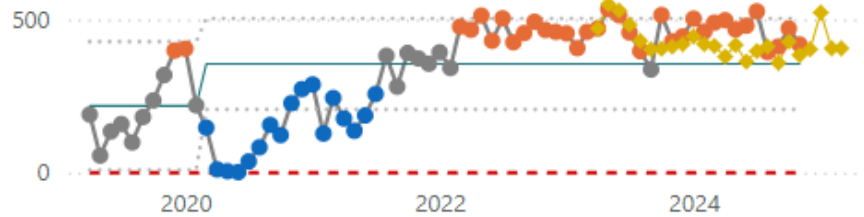
Due date

- 31/03/25
- 31/03/25
- 31/12/24
- To be confirmed

Key

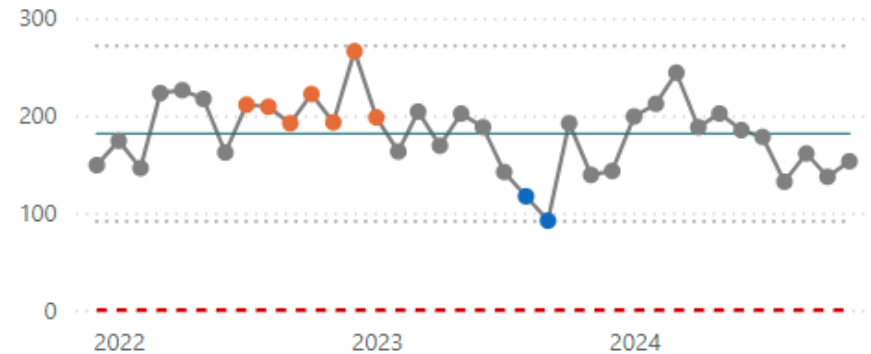
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 419 handovers >1 hours reported out of a total of 735 handovers, 57%. The trajectory of 384 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 153 handovers >4 hours reported out of a total of 735 handovers, 21%.

Key challenges / issues

Key actions / initiatives

Due date

The Emergency Department continues to be overcrowded with a high surge (number of patients beyond the capacity) of patients around the ED bay, in ambulatory rooms and in the waiting area. Overcrowding impacts on the ability to handover ambulances in a timely manner.

Ward closures within medicine specialty due to the prevalence of Flu and Covid.

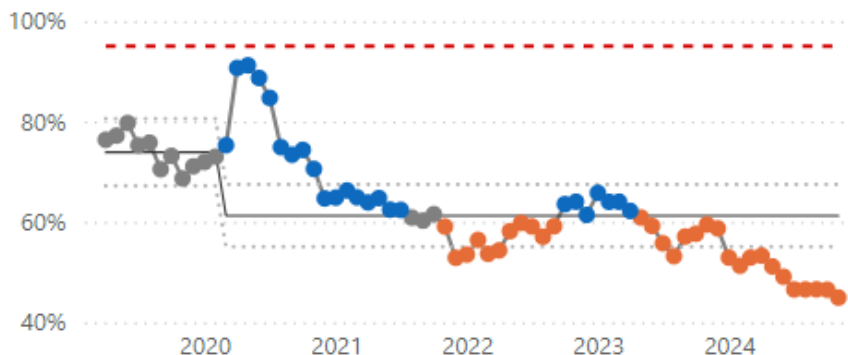
Reduced ED capacity due to Resus flooring repairs.

- Surgical Same Day Emergency Care (SSDEC) piloted w/c 11.11.24 within existing ward area with no additional staffing to reduce specialty waits within ED/ Reception area. 13/01/25
- Plans being worked up to accommodate additional specialties such as T&O and Urology within ward areas to avoid ED pathway. 31/01/25
- Red and Amber 1 ambulance release requests facilitated with escalation in place in and out of hours. Ongoing
- Boarding protocols implemented as daily practice on confirmed discharges from ward areas. Boarding on query discharges (predicted but not confirmed) at high escalation status. Ongoing
- 12 week improvement plan (currently in week 3) to focus on key areas in line with Targeted Intervention with support from Senior Quality Improvement. 03/02/25

Key

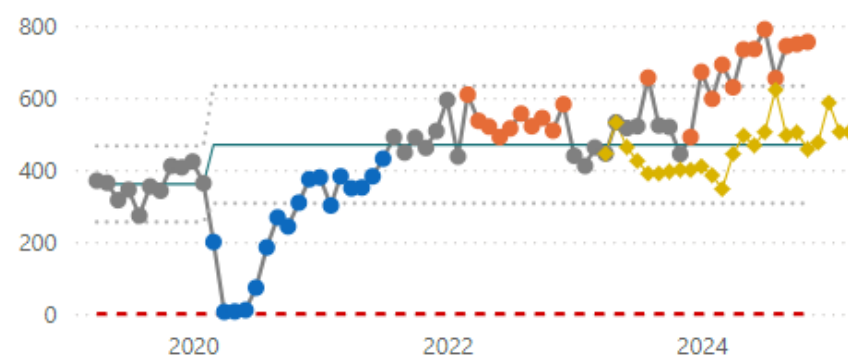
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



44.9% reported for November, 2,404 breaches out of 4,365 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



755 breaches out of 4,365 new attendances, 17%. Chart is showing concerning performance trend. The trajectory of 457 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.
- Long waits for Mental Health pathways with patients remaining in ED's.
- Continued high demand of attenders to Glangwili Hospital with large volume of high acuity self-presenters.

Key actions / initiatives

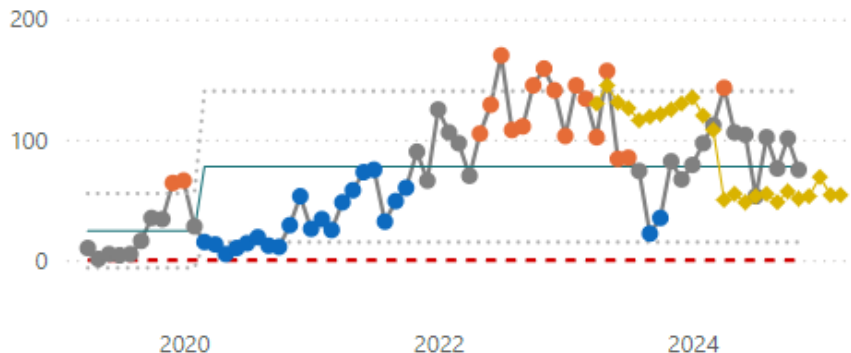
- Surgical Same Day Emergency Care (SSDEC) pilot commenced on 11/11/2024. Full impact to be reviewed mid January (from ED Length of stay data). Consideration for Phase 2 for surgery specialties.
- Data quality improvement work planned for roll-out mid to end of December with support from Informatics.
- Implementation of Criteria Led Discharge across additional areas to include weekends.
- Further use of virtual ward for community and Medical SDEC. Consultant connect in use within Medical SDEC for streaming.

Due date

- 13/01/25
- 31/12/24
- 31/12/24
- Ongoing

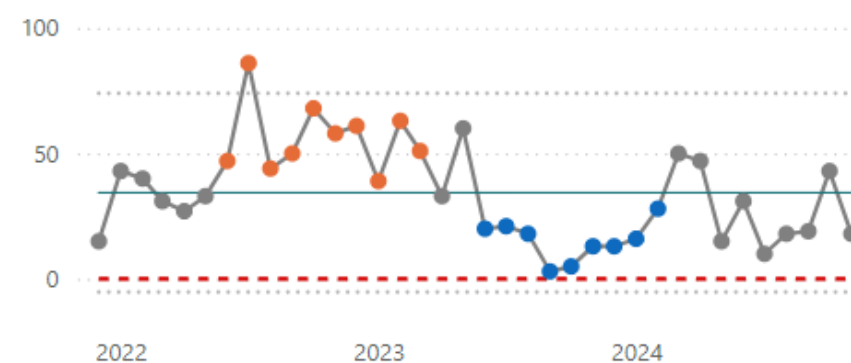
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) variation. 75 handovers >1 hours reported out of a total of 209 handovers, 36%. The trajectory of 51 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 18 handovers >4 hours reported out of a total of 209 handovers, 9%.

Key challenges / issues

- Overall ambulance arrivals shows a further decrease from previous months but <1 hour target was still not met.
- Challenges with the prioritisation of medical patients in MIU needing an inpatient bed which resulted in slightly longer delays in ambulance handovers due to clinical prioritisation.
- All our ward areas continue to operate on full capacity with additional patients in surge areas to maintain flow.
- Across Carmarthenshire- Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave
- 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

- Boarding protocols (where patients are moved to wards early where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation.
- Red and Amber 1 ambulance release plans continue to be facilitated, scoping safe areas to handover patients.
- 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. Recruitment of Advanced Nurse Paramedic (ANP) has been successful. Frailty model currently being worked up.
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.

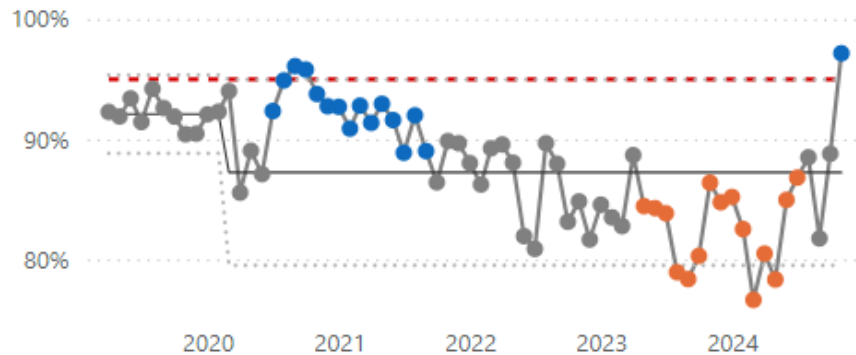
Due date

- 31/12/24
- Ongoing
- 31/12/24
- 31/12/24

Key

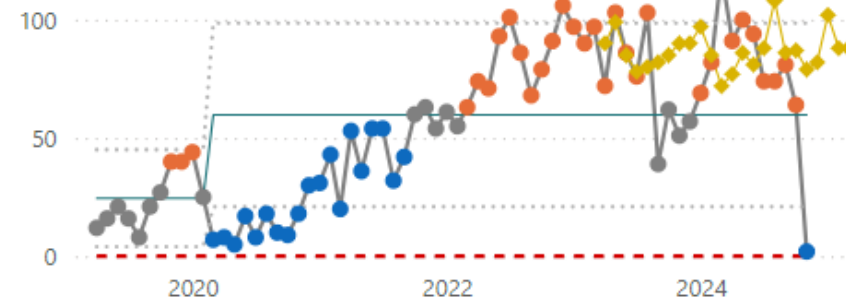
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



97.2% reported for November, 56 breaches out of 2,032 new attendances. Chart is showing improving performance trend.

Patients waiting over 12 hours in MIU



2 breaches out of 2,032 new attendances, 0.1%. Chart is showing improving performance trend. The trajectory of 79 was met.

Key challenges / issues

- Following the overnight closure which was introduced on the 1st November, the Minor Injury Unit (MIU) new patient attendances has decreased with only 23% of patients presenting with a major complaint. Patients who present to MIU with a medical complaint, following triage require admission, are handed over to the medical team in AMAU ward. In turn this has reduced our 12 hour breach position.
- Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 50 patients per day. This does have an impact on patient flow throughout the hospital.

Key actions / initiatives

- Same Day Emergency care (SDEC) continues to support with redirection from MIU (in hours) 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.
- 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) continues to run which facilitates early discharges and follow up review. These clinics will increase over the next 12 months when we review doctors weekly timetables to meet the demand and avoid delays.
- Nursing recruitment ongoing with nurses on boarding.
- Working with community colleagues on early discharge planning.

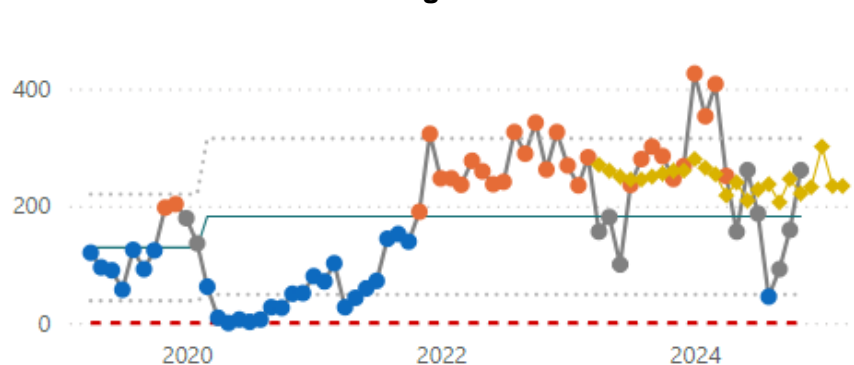
Due date

- 30/04/25
- 31/03/25
- Ongoing
- Ongoing

Key

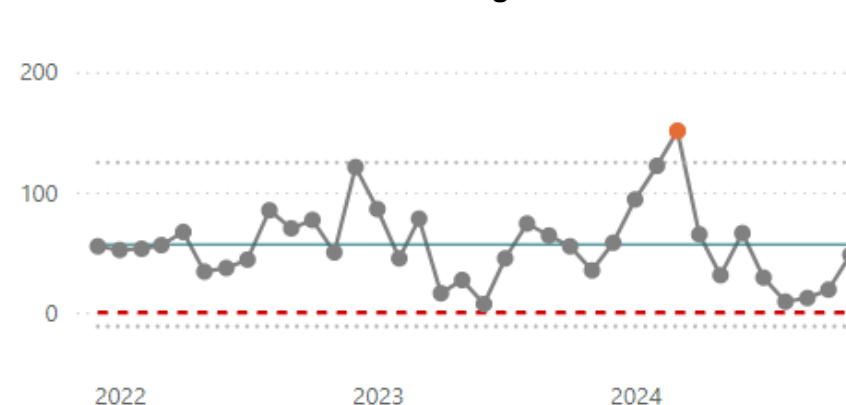
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) 261 handovers >1 hours reported out of a total of 571 handovers, 46%. The trajectory of 221 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 48 handovers >4 hours reported out of a total of 571 handovers, 8%.

Key challenges / issues

- The overcrowding in the emergency department is primarily driven by two factors: the high demand from a large number of patients seeking care and a significant influx of high-acuity self-presenting individuals. These challenges lead to congestion and longer wait times for patients requiring both urgent and non-urgent care.
- The growing number of clinically optimised patients who are medically ready for discharge but remain in the hospital is another significant factor contributing to slow patient flow in the emergency department. This backlog often leads to a bottleneck as inpatients beds remain occupied, limiting the ability to admit new patients from the emergency department.

Key actions / initiatives

- 3 SDEC type unit open (Medical, Frailty and Surgical)
- The improvement of specialty pathways, with medical teams directly engaging with patients in the emergency department (ED) before they are transferred to the ward, is a highly effective strategy for enhancing patient flow.
- The implementation of a boarding protocol, where wards accept patients from the ED even before a discharge patient has physically left the ward, is another valuable strategy to improve patient flow. This proactive measure can help reduce ED overcrowding by accelerating patient transfers.
- The implementation of an Advanced Paramedic Practitioner (APP) to screen the ambulance incident stack is a forward-thinking strategy to reduce unnecessary conveyance to the ED. By triaging & managing cases effectively this can significantly improve system efficiency and patient outcomes.

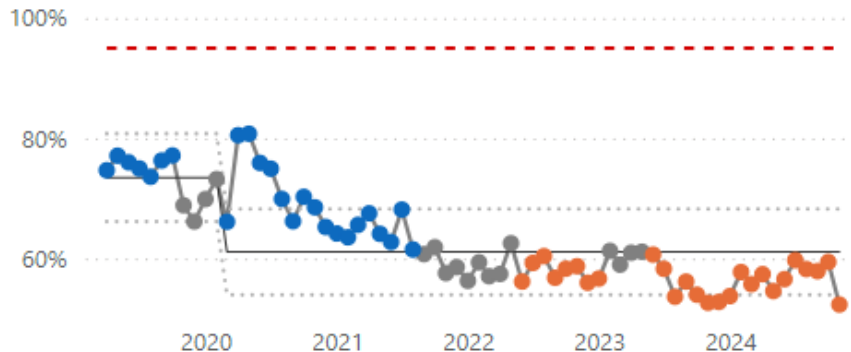
Due date

- Completed
- Completed
- Completed
- Completed

Key

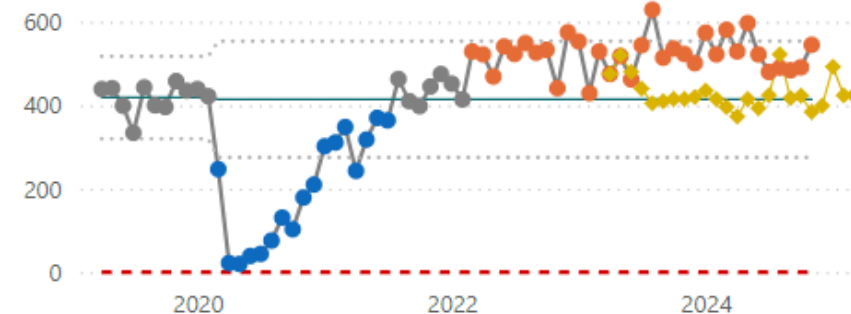
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



52.3% reported for November, 1,594 breaches out of 3,387 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



545 breaches out of 3,387 new attendances, 16%. Chart is showing concerning performance trend. The trajectory of 384 was not met.

Key challenges / issues

Key actions / initiatives

Due date

- The overcrowding in the emergency department is primarily driven by two factors: the high demand from a large number of patients seeking care and a significant influx of high-acuity self-presenting individuals. These challenges lead to congestion and longer wait times for patients requiring both urgent and non-urgent care.
- Discharge bottlenecks occurring toward the end of the day can significantly impact patient flow through the hospital, as inpatient beds remain occupied for most of the day, delaying admissions from the ED and other areas. This creates a domino effect, resulting in ED overcrowding and reduce capacity for incoming patients.
- The shortage of nursing home and care home beds in the county is a critical factor contributing to discharge delays, as patients who are medically fit for discharge but require ongoing care often remain in hospital beds unnecessarily.
- The growing number of clinically optimised patients who are medically ready for discharge but remain in the hospital is another significant factor contributing to slow patient flow in the emergency department.

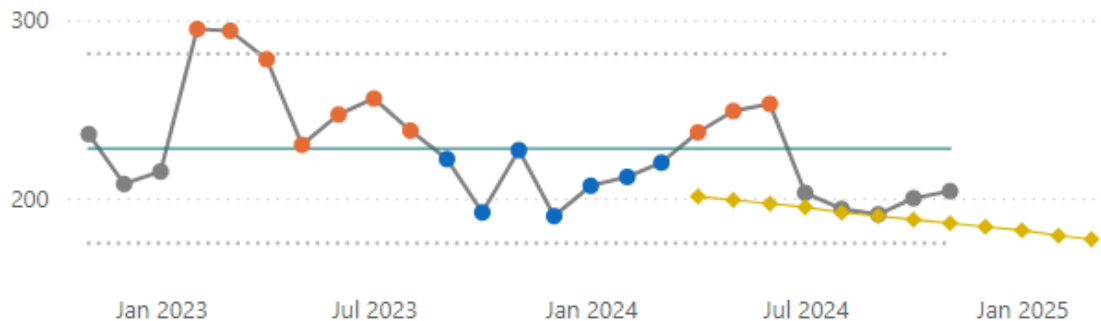
- Collaboration between acute care and community services is crucial for improving discharge processes. By working together, both sectors can ensure timely and safe discharges, reduce readmissions and improve patient outcomes.
- The completion of the Vanguard Programme, which focuses on exploring “what matters to the patient,” is a significant step in placing patients at the heart of their care. This programme will significantly enhance both the patient journey and discharge planning by ensuring that care is more personalised and aligned with the patients needs.
- Hot clinics running 5 days a week

Completed

31/03/25

Completed

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

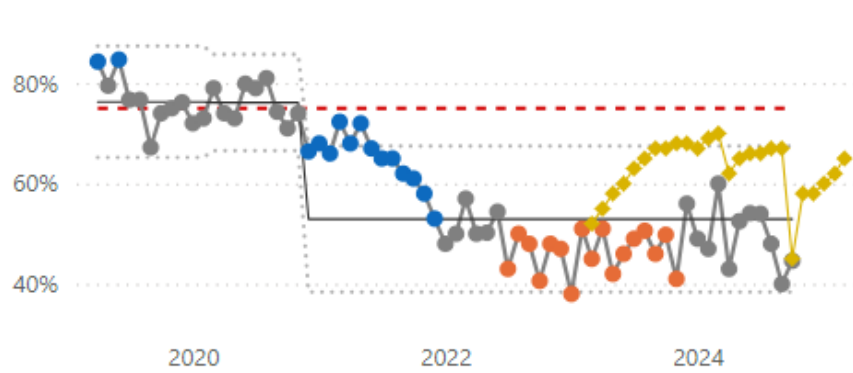


- Number of census count delays increased in November with 204 patients and expected (common cause) variation. The trajectory of 186 was missed.
- The total days delayed for non-mental health decreased in November, 7,524 days vs 7,923 in October and has decreased for the past 2 months. Mental Health and learning disability delays have been increasing since August 2024, 1,216 days in November vs 1,137 in October.
- Assessment delays remain the largest proportion of delays, 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
<p>Non mental Health: The Care Action Committee set the trajectory targets for the Pathway of Care Delays at a National level.</p> <p>Although the Health Boards trajectories have not been met this month for total delays and bed days associated with delays – the region continue to meet and exceed the trajectory in assessment reasons associated with the delays.</p> <p>Length of stay (LOS) continues to be a key challenge however the LOS >100 days has decreased from 59 patients in October to 46 in November (census related delays).</p> <p>Demand and capacity continues to be a challenge at all points in the patient's journey – the county teams continue to focus on all areas of assessment, provision of service and review of patient need.</p>	<ul style="list-style-type: none"> • Weekly system escalation meeting in place to consider any pathway delays across acute and community inpatient sites and to troubleshoot. Acute Head of Nursing, Ward Sister, Local Authority and Senior Community Nursing attend. • Weekly review of people with a LOS of over 21, 50 and 100 days, this patient cohort is reported to Executives on a weekly basis. • Deep dive fishbowl process on 100 day LOS across all sites to identify themes of delay, action learning focus and further escalation as required. • Following the census pathways of care delays, a report demonstrating numbers per hospital and reason codes is shared at Executive Team meetings demonstrating compliance against Care Action Committee targets. • The reasons of all census delays are mitigated and monitored through the Pathway of Care Delays Delivery Group. • The region continue to be supported by the National Executive team. 	31/03/25
<p>Mental health: The Mental Health & Learning Disability directorate census count for November 2024 remained unchanged as the position remained at 13. There were four discharges and four new patients identified.</p>	<p>This position now includes eight 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. This deterioration has been raised with the respective heads of service to note.</p>	31/03/25

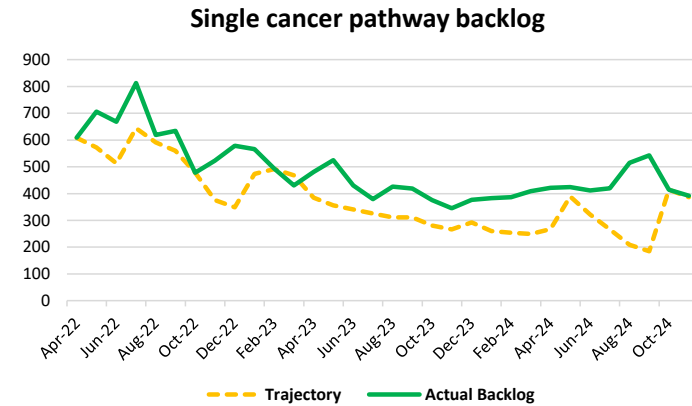
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

% single cancer pathway patients starting treatment within 62 days



In October 2024, 44.6% (134 out of 300) patients started treatment within 62 days against the 45% trajectory.

Number of single cancer pathway patients waiting over 62 days

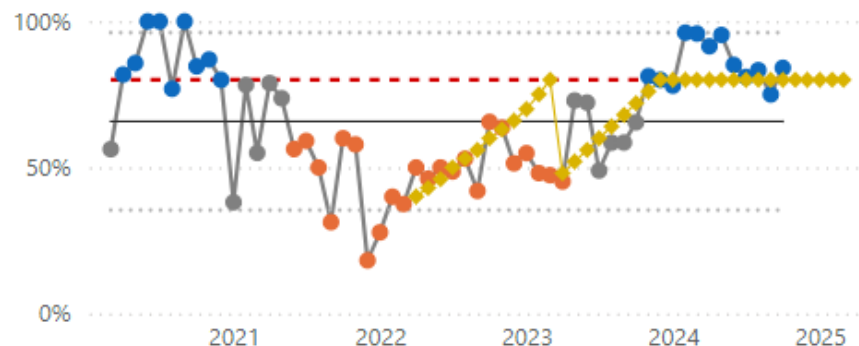


In November 2024 there were 392 patients waiting over 62 days for treatment (trajectory 387).

Key challenges / issues	Key actions / initiatives	Due date
<p>The legacy impact of both Radiology reporting delays which increased during summer period due the impact of the cessation of daytime Everlight external reporting and an increase in emergency pathway demand, and loss of capacity within the skin pathway have impacted performance since August 2024.</p>	<p>Confirmed funding for 6 sessions per week for Computed Tomography (CT) radiology reporting in place until end of March 2025. Commenced 5th October 2024 (122 reports per week). This additional capacity will reduce the single cancer pathway radiology diagnostic waits.</p>	<p>31/03/25</p>
<p>November single cancer pathway performance expected to show improvement with recovery beyond the 60% threshold expected by the end of quarter 3 (December 2024).</p>	<p>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.</p>	<p>31/03/25</p>
<p>Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (radiology and dermatology) which have limited resilience to sickness/absence.</p>	<p>Urology increase demand for LATP procuring equipment to increase capacity-working in collaboration with pathology.</p>	<p>31/11/24</p>

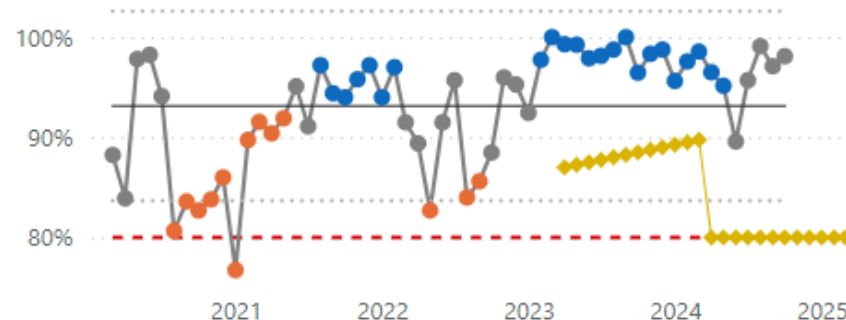
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



Latest performance of 84.1% 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 98.1% is showing common cause variation and the trajectory and target of 80% were both comfortably exceeded.

Key challenges / issues

Key actions / initiatives

Due date

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):
 37 of 44 of interventions were commenced within target in October. The team have implemented a new system to provide more robust oversight to ensure ongoing compliance is maintained.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):
 A CAMHS (Children and Adolescent Mental Health Service) senior leadership service development process was 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. However, we continue to trial group work programmes and approaches to identify the right approach and are working with our adult Psychological Therapies colleagues to learn from their experience.

31/03/25

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
 Groups are now underway to support compliance. Estates access continues to be challenging across the three counties. During November the service experienced a higher-than-average sickness rate which has impacted on service provision, however staff have endeavoured to ensure compliance.

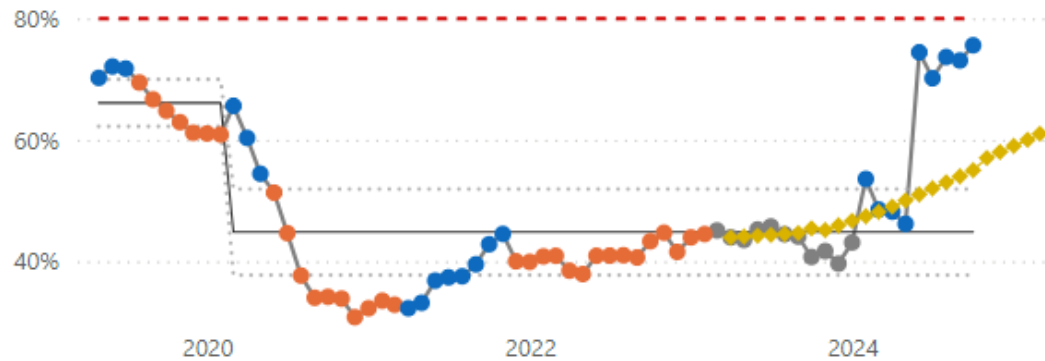
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
 Despite an increase in referrals in LPMHSS, we continue to see high compliance with targets.

31/03/25

Key

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

% adults waiting <26 weeks to start a psychological therapy

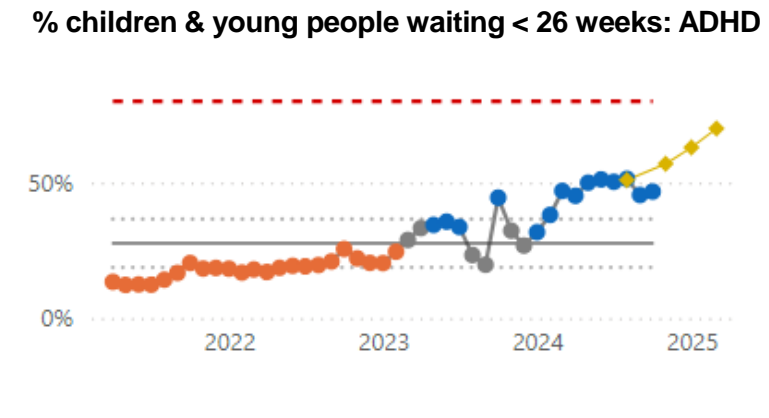
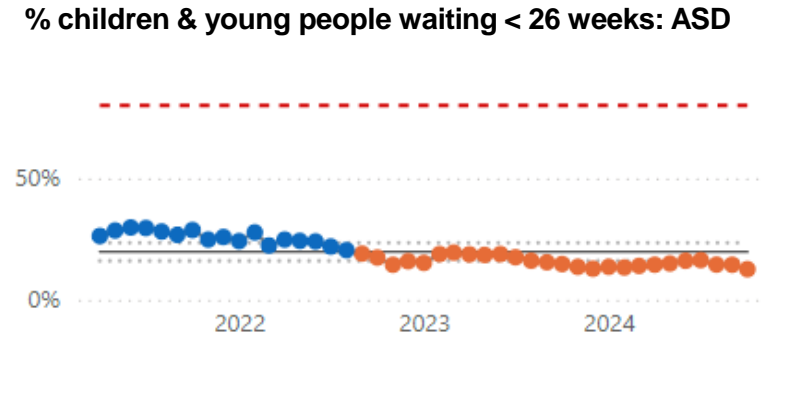
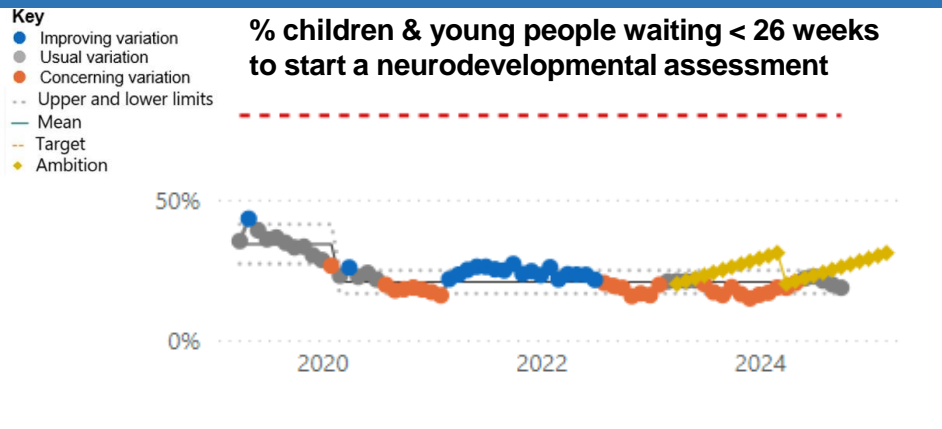


- Performance in October of 75.6% shows improving variation and the trajectory of 55% was met.
- 441 out of 533 (82.7%) patients started an integrated psychological therapy;
- 9 out of 15 (60%) started an adult psychology assessment;
- 33 out 91 (36.3%) started a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Integrated Psychological Therapies Service (IPTS): 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>IPTS: The service has achieved the required target and work now commences on the next phase of the service model of offering a tiered approach to intervention through groups being an entry point to psychological therapies ensuring it can continue to maintain the target compliance. An initial evaluation paper has reported positive outcomes to the groups and has been shared with NHS Executive, with the service planning further evaluation over the forthcoming months.</p>	31/03/25
<p>Adult Psychology: The Psychology Adult Mental Health workforce is difficult to recruit to. A large geographical area can mean that access is limited in some areas given small staffing numbers.</p>	<p>Adult Psychology: Grow your Workforce plans are in place. This is a long-term initiative that has been supported by Health Education and Improvement Wales with vacancies recruited. We continue to operate a Health Board waiting list rather than one based on locality offering remote and face to face appointments, thereby increasing access and options for those waiting..</p>	31/03/25
<p>Learning disabilities: 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>Learning disabilities: Practitioners across the service are utilised to prioritise most urgent cases.</p>	31/03/25

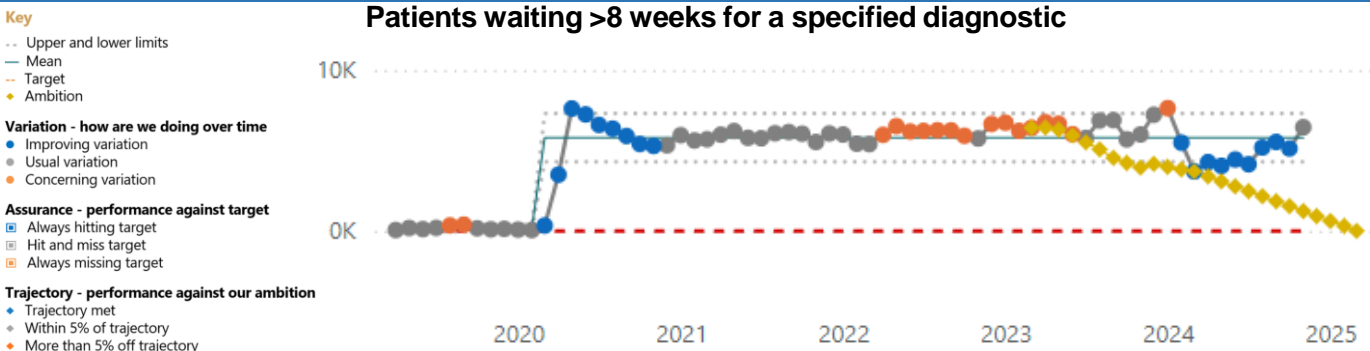
Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in October 2024 of 18.6%, shows common cause variation and the trajectory of 26% was not met. Performance is driven by ASD, where 423 of 3,353 (12.6%) patients had an ASD assessment < 26 weeks. 336 out of 719 (46.7%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Autism Spectrum Disorder (ASD): Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 118 referrals per month in 2024. Welsh Government's Neurodivergence Improvement Programme (NDIP) and Code of Practice legislative requirements stipulate development of pre and post diagnostic support, with pre-assessment workshops and advice hubs for parent carers routinely in place, which has diverted resources from tackling waiting lists.</p>	<p>ASD: A procurement exercise to outsource ASD assessments to address waiting lists is underway with contracts awarded. An additional 66 diagnostic assessments have been procured using NDIP and Regional Integration Fund (RIF) slippage monies for this year, bringing the total to 445 diagnostic assessments for children and young people (CYP) by March 2025. Timing of referrals uploaded are in accordance with financial controls. Monthly contract monitoring meetings are in place. Additional monies of £312,000 have been awarded to help tackle waiting lists. Relocated to new premises with dedicated clinic space to increase capacity and assessment opportunities. Robust caseload allocation and monitoring in place with extensive data validation of waiting list ongoing.</p>	31/03/25
<p>Attention Deficit Hyperactivity Disorder (ADHD) There has been a significant uplift in ADHD demand into Community Paediatrics in the last 2 years with a 100% increase in one year. In 2023/24, ADHD referrals averaged approximately 28 per month whilst in 2024/25 year-to-date the average monthly referral rate is 56. Increase in demand outweighs the ADHD capacity within the service of 40 per month. Significant progress has been made in CYP waiting over 104 weeks from 37% in March 2023 to 3% in September 2024. Clinic room capacity across sites is a significant challenge with longer term solutions being explored at Bandi and Puffin.</p>	<p>ADHD: To achieve the target of 80% of CYP waiting less than 26 weeks by 31st March 2025, the service would need to increase new ADHD capacity to 26 per week compared to current core capacity. This would require the provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device to carry these out across the counties and limited HCSW staff are trained to use these. Funding streams are being sought to support the purchase of additional devices and would require additional recruitment. The service is exploring the use of 'The Portsmouth Model' which, if found to be suitable, may reduce delays in diagnosis and demand on QB testing. Recruitment of one whole-time equivalent Community Paediatrician in BGH. Continue to flexibly manage clinic capacity and match demand through rigorous job planning.</p>	31/03/25



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Nov 2024	6,451	●	■	◆
Radiology		5,001	●	■	n/a
Cardiology		672	●	■	n/a
Endoscopy		575	●	■	n/a
Neurophysiology		176	●	■	n/a
Phys measure		15	●	■	n/a
Imaging		12	●	■	n/a

Performance in November is showing common cause variation; breaches are higher than any time since January 2024 and the trajectory of 1,235 was not met. Main driver is Radiology performance, 78% of all breaches are attributed to Radiology.

Key challenges / issues	Key actions / initiatives	Due date
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Endoscopy:

- Endoscopy theatre nursing staff fragility, due to short term sickness and gaps in the staffing establishment budget – mitigation plans have been put in place to utilise variable pay.
- Stability of consultant workforce affecting provision of core capacity.
- Capital replacement programme – ageing/fragile scopes replacement.

Endoscopy:

- Continue to run 5 additional sessions per week (funded via recovery money) to uplift core capacity and 7 designated core sessions per week to reduce the backlog of patients over 8 weeks.
- Productivity dashboard developed and being utilised to identify ongoing opportunities for improved utilisation of capacity.

31/03/25

Radiology:

- Demand exceeding capacity for timely investigations and reporting.
- There have been no additional lists due to funding since 31 August 2024, to reduce 8 week backlog in Computed Tomography (CT) or Ultrasonography (US) resulting in an expected increase in breaches.
- Increased breaches in CT, due to a breakdown of GGH CT scanner.
- Reporting delays are causing delays in all pathways which is deteriorating the position. Cancer and inpatient reporting is being prioritised and additional reporting lists being held for cancer pathway.

Radiology:

- Awaiting Welsh Government funding decision to re-establish with additional lists and US insourcing.
- Additional Locum Consultant Radiologist commenced 02/12/24 with a second starting 20/01/25. Interviews to be held in January for a speciality grade in Breast Radiology.
- Service fragilities, waiting list trajectories and longer-term staffing needs described in detail within the first draft of the 2025/26 Radiology annual plan.
- Magnetic Resonance Imaging (MRI) upgrade at PPH. Scanning capacity temporarily reduced due to the use of a mobile unit during the upgrade period. Plans for procurement of an additional mobile MRI scanner for Q4. Extended days at GGH MRI have been re-introduced on weekdays due to the engagement of two locum Radiographers in November.

31/03/25

Cardiology:

- Echocardiogram (ECHO) - breaches recovering, additional lists and insourcing utilised.
- Ambulatory Monitors – breaches reducing but exceeded trajectory due to additional on-boarding activity in November.
- Transoesophageal ECHO (TOE) – breach position reduced but higher than the trajectory, due to the changes of job planned capacity.

Cardiology:

- ECHO - additional inhouse enhanced rate and insourcing has commenced as planned .
- Ambulatory Monitors - we have recruited/on-boarding 2 substantive Physiologists in November 2024. Service to carry out Demand and Capacity with Cardio respiratory managers.
- TOE- Review of Cardiologist job plans to prioritise capacity for increased TOE activity. Due date - 31/12/24.

31/03/25
31/12/24

Therapy waits over 14 weeks

(Ministerial priority)

Key

- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time

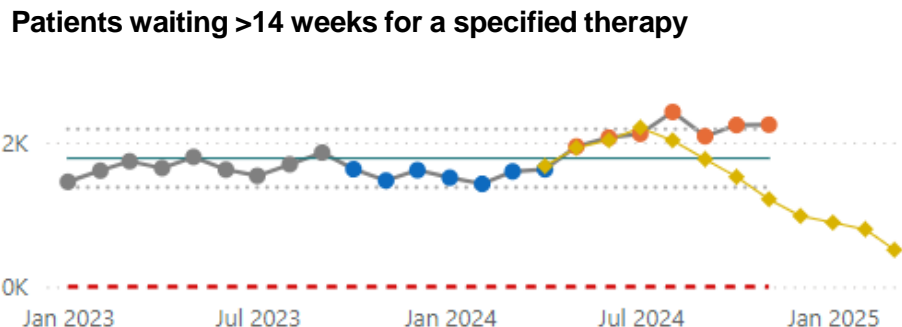
- Improving variation
- Usual variation
- Concerning variation

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



Breaches have been increasing since February 2024 and concerning variation is showing in all services, with only 1 meeting trajectory. Podiatry breaches have seen a sharp increase and are at the second highest level recorded.

Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	November 2024	2,244	●	■	◆	62.4%
Physiotherapy		1,184	●	■	◆	97%
Podiatry		546	●	■	◆	68.1%
OT		336	●	■	◆	20.3%
Dietetics**		114	●	■	◆	60.1%
Art therapy		33	●	■	◆	n/a
SALT		31	●	■	◆	91%
Audiology*		1,430	●	■	n/a	n/a

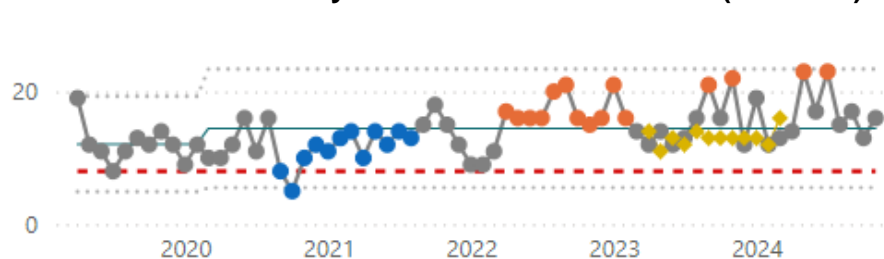
*Data for all therapies now excludes Audiology

**Dietetics now excludes waits for Weight Management Service

Key challenges / issues	Key actions / initiatives	Due date
<p>Physiotherapy:</p> <ul style="list-style-type: none"> Insufficient capacity to meet incoming demand and concurrently reduce the breach position. This is due to challenges securing agency and lead in times to recruit substantive posts. 	<p>Physiotherapy:</p> <ul style="list-style-type: none"> Active recruitment with support of campaigns team for 4 Whole Time Equivalent (WTE) Band 6 posts to support Musculoskeletal (MSK) and Community. Recruit 5 WTE agency for MSK recovery, supported by MEDACs Submit request to Financial Control Group to request support to increase bank workforce 	<p>31/03/25</p> <p>15/01/25</p> <p>19/12/24</p>
<p>Occupational Therapy (OT):</p> <ul style="list-style-type: none"> 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 	<p>Occupational Therapy:</p> <ul style="list-style-type: none"> Performance/actions for improvement are reviewed weekly via therapies weekly performance meeting. Continued validation of the waiting list. Review job planning process We have 2 x Band 6 staff going on maternity leave in Spring 2025. We are initiating the recruitment process in December 2024 to fill these vacancies. 	<p>31/05/25</p> <p>31/12/24</p> <p>31/01/25</p> <p>31/12/24</p>
<p>Podiatry:</p> <ul style="list-style-type: none"> Significant follow up commitment of chronic vascular/diabetic foot pathology which is difficult to discharge, impacting on new patient management. Withdrawal of successful candidate to Band 6 post which was introduced to manage waiting times. 	<p>Podiatry:</p> <ul style="list-style-type: none"> Continued validation of waiting lists. Proactive management of waiting lists including open access clinics, phone triage and skill mix of staff. To go back out to recruit Band 6 podiatry role by 31/1/25 Exploring opportunity for agency workers to support recovery. 	<p>31/12/24</p> <p>31/01/25</p> <p>31/01/25</p>

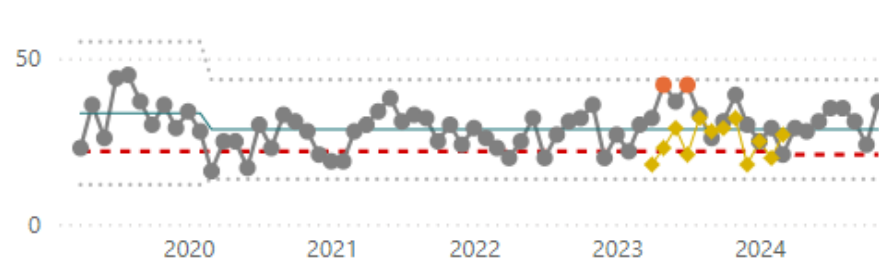
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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 53.6

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

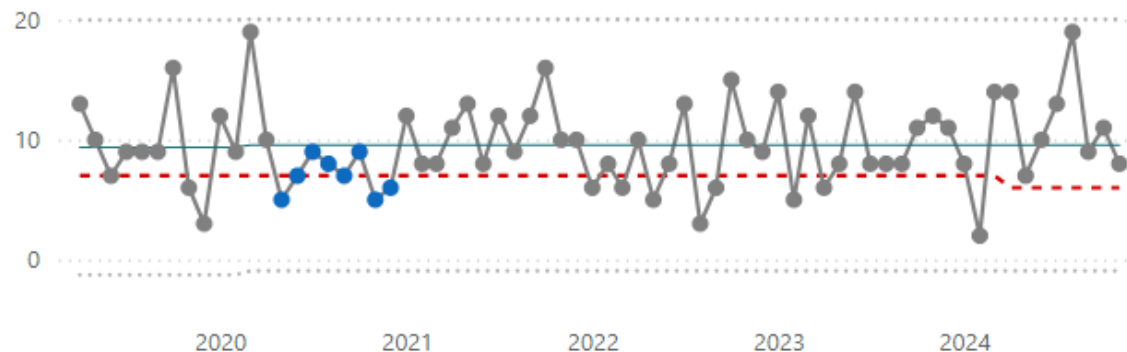


The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 97.1

Key challenges / issues	Key actions / initiatives	Due date
<p>C.difficile:</p> <ul style="list-style-type: none"> • 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. • Within HD, we have concerns regarding cases of cross infection of C.difficile within hospital sites. • 8 Hospital onset (HO) cases were recorded in November, increasing from 7 in October and did not meet the targeted intervention (TI) goal of 6 cases. 	<p>C.difficile:</p> <ul style="list-style-type: none"> • Assurance meetings held monthly on each site to review each hospital onset case to determine causation. Process will be reviewed 30/12/24. • Action plans developed with services focusing on Infection Prevention practice and uploaded to Datix incidents. • Clostridium difficile Improvement (CDI) Group meetings have commenced • Antimicrobial stewardship reviewed for each site using 'Start Smart and Then Focus' audit tool • Data presented to Managed Practices Quality and Safety Committee Meeting for discussion. • Monthly monitoring meetings with NHS Executive in place • HPV/UVc decontamination is being utilised across all hospital sites alongside DiffX. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p>E.coli:</p> <ul style="list-style-type: none"> • April 2024 to August 2024 has seen a consistent increase in cases across hospital and community. • A higher proportion of cases are that of community onset compared to hospital onset. • 2024/25 data presents fewer cases than last year for the same period. • 9 HO cases were recorded in November and did not meet the TI goal of 5 cases, following three successive months of achieving. 	<p>E.coli:</p> <ul style="list-style-type: none"> • Progression with the HCAI Improvement Plan to provide assurance of consistency of practice • Prevention work continues within the community with care homes • Monthly monitoring meetings with NHS Executive in place 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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



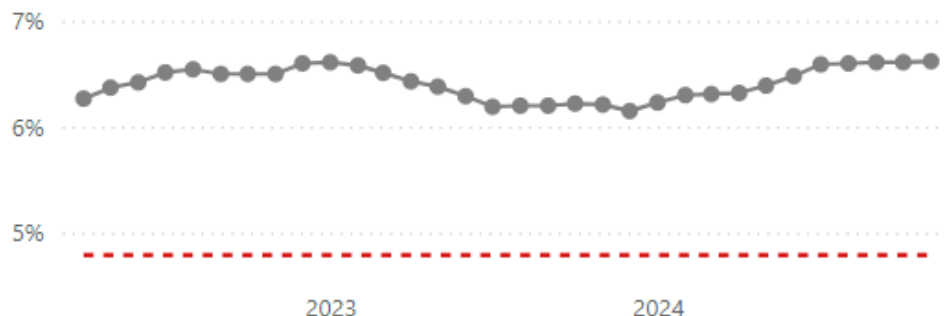
The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 35.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> •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. •The majority of cases continue to be that of community onset rather than hospital onset. 	<ul style="list-style-type: none"> • Aseptic Non-Touch Technique (ANTT) compliance for E-learning was 77.19% in August and 77.6% in September with training ongoing in December for ANTT assessors. Aiming to increase compliance to 85% by January 2025. • Hand hygiene compliance audits continue for clinical areas alongside messaging for 'Bare Below the Elbow'. • IPC representation within the Vascular Access Group to update guidance for the care and maintenance of lines • Learning from events for HCAI assurance meetings are reviewing cases of staph aureus bacteraemia infections for learning from events that can be shared across directorates and sites 	<p>31/01/25</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Key

- Improving variation
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% staff sickness rate (12 months rolling)



Performance shows common cause variation, however, the 6.62% 12 month rolling staff sickness rate recorded in November 2024 is the highest level in over 2 years.

Key challenges / issues

Conditions impacting absence rates include:

Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates. The analysis of long-term sickness cases (more than 4 weeks) shows that circa 38% of staff are off due to anxiety/stress/depression/other psychiatric illnesses. However, only 3% of these are entered as work related absences. More work is being done to understand what additional support would enable an earlier return to work and there has been a significant increase in the number of stress risk assessments being completed which helps understand the issues impacting an earlier return.

Review Outcomes:

Targeted support for sickness absence: Whilst Operational Workforce continue to support services with the management of sickness absence on a case-by-case basis, there is little capacity to support further with targeted and proactive interventions at present due to complex employee relations case work.

*We have diverted one part-time member of staff to some trend analysis and identification of additional interventions, and this is focused on one directorate at present. A review of the benefits of this work will be undertaken in January 2025.

Key actions / initiatives

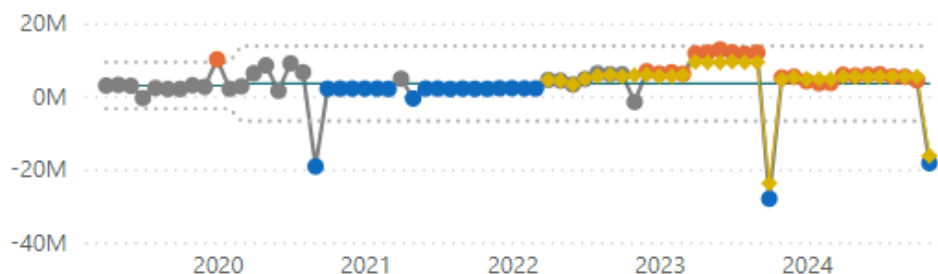
- Task & Finish Group action plan in place:** e.g. early mental health check-ins by managers and using stress risk assessments in a more preventative way i.e. before the individual goes off on sick. Ongoing
- Temporary redeployment guidance** – draft guidance is currently under review and awaiting approval. The guidance will support staff before they become too unwell to undertake their current role but would remain fit to do other work. 31/01/25 (revised)
- Estates and Facilities** - deep dive of sickness data has been undertaken, action plan and targeted interventions have been devised. Support in place as identified* Action complete with ongoing support. 31/11/24
- Development of skills training analysis** to be embedded in the redeployment/ temporary redeployment process to improve development and opportunities. 31/01/25 (revised)
- 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’. A list of 15 other similar sessions have been identified and have been allocated to the Workforce team to develop. 31/01/25 (revised)
- The Welsh Health Circular (17) Non-Pay Health & Wellbeing Group** – report on progress due end of January and will continue to adapt and deliver the action plan to support a reduction in sickness absence. 26/01/25

Due date

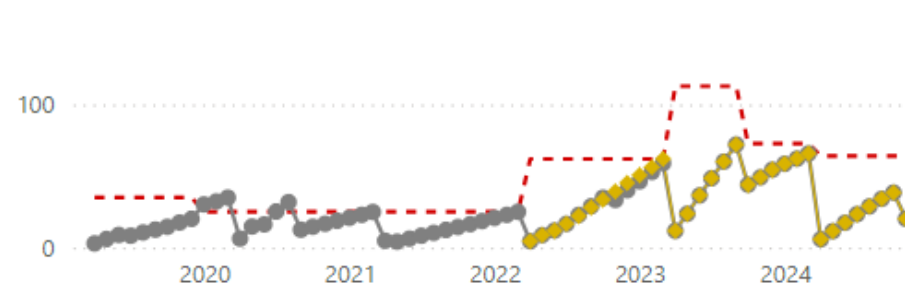
Key

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Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

Total funding, communicated in a letter to the CEO from Director General for The Health, Social Care and Early Years, is £32.45m, of which £26.0m has been made available on a conditionally recurrent basis, based on five criteria, one of which being to achieve a financial trajectory to breakeven by 2027/28. Whilst this does not change the previously agreed direction for the planning cycle, it provides clarity as to the Welsh Government expectation on the financial requirements to be included within the Health Boards plan for 2025-28.

The Month 8 financial position is a surplus of £18.3m, recognising the impact of 7/12th prior months' Welsh Government funding. The core operational variance to plan is £(1.6)m with the in-month savings target of £2.7m being successfully over-identified by £(0.5)m, with savings plans over-delivering against their planned benefits by £(0.1)m. An over-reliance on non-recurrent savings in-year gives rise to a significant recurrent gap (£14.1m), which increases the underlying deficit as the starting point for the 2025/26 planning cycle.

Key actions / initiatives

1. With an improving run rate trend, and several further financial improvement actions in progress, either as savings schemes or mitigation actions, the organisation will be reviewing an assessment of progress in readiness for Month 9 reporting.
2. The programme of actions to deliver £4.2m recovery savings as agreed by the Board, have now been integrated with the development of the £20.0m recurrent savings as part of the planning cycle. The focus is to close the recurring savings gap to reduce the underlying deficit.
3. Further to the first draft planning submissions from the service on the 29 November, the next iteration of the plan is 20 December. This will include progress against the prioritisation of schemes with a clear distinction between investment and savings components. Final iterations are due by 24 January 2025 to enable a submission to the appropriate Committee forums before being presented to Public Board. The Executive Team commitment was for £20.0m of recurrent savings to be identified by December 2024 – this stands at £10.0m following the first submission.
4. Escalation process – 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 £31.5m. Further mitigating actions for areas of overspend are being scrutinised to ensure remedial actions are taken.
5. Medical Additional Cover and Premium – Bronglais Hospital and Mental Health continue use premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters. Rate Card proposals required with LMC and exit strategies for reliance on premium cover.

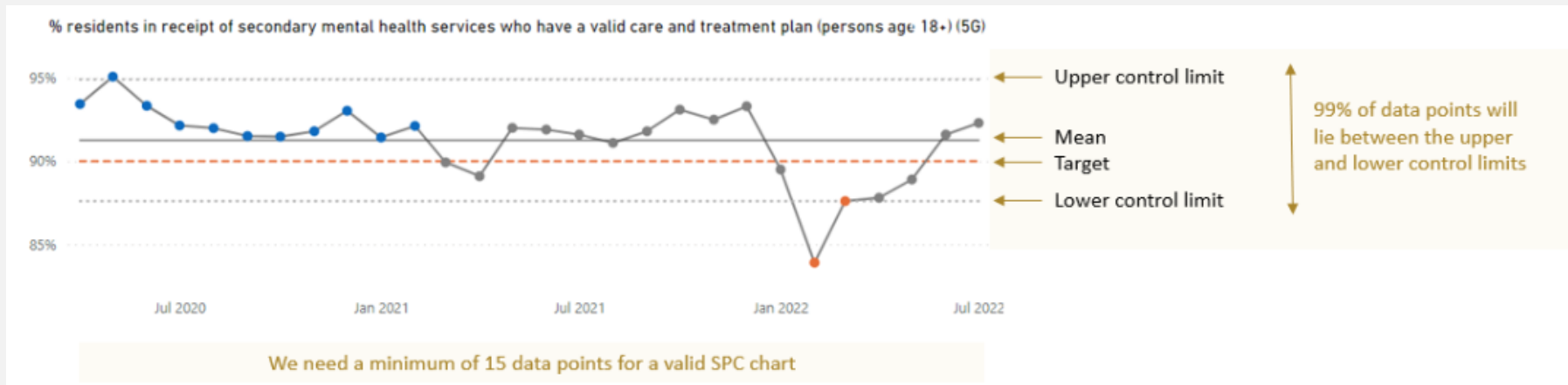
Due date

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.

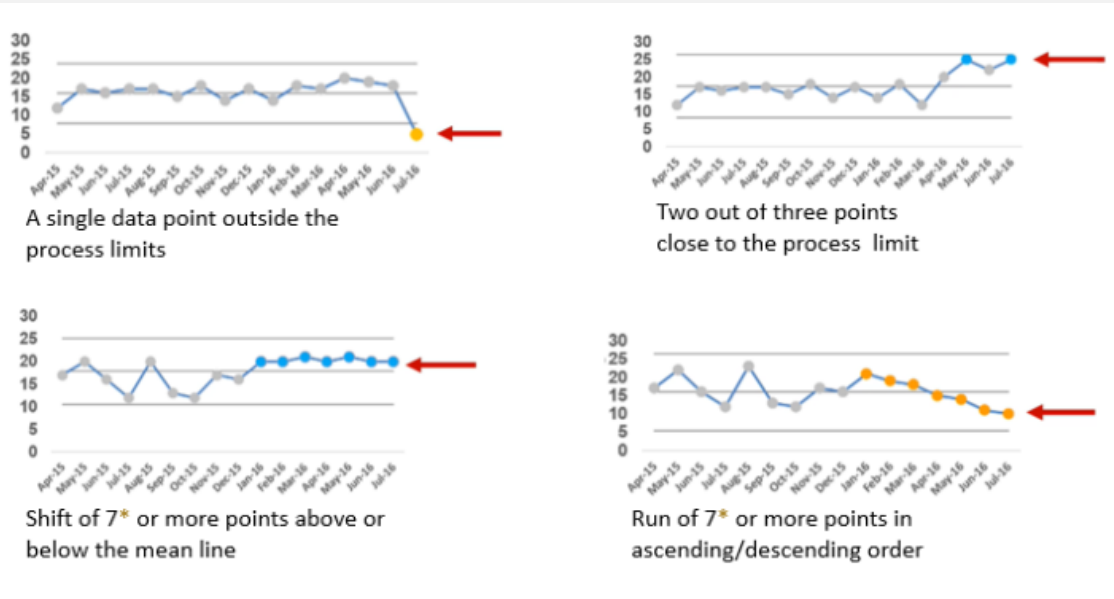
Anatomy of a SPC chart



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.

Variation 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
Assurance 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
Note: remember blue is good, orange is bad		