

PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 10 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 10, 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.

A Power BI dashboard is also available, 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 committee meeting, the dashboard will also be made available via the Health Board's corporate [internet site](#).

The IPAR 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, displayed on one page per topic.

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.

Welsh Government published the [2025/26 NHS Wales Performance Framework](#) in January 2025. The Performance Team are currently reviewing the new framework and will advise of metric changes in the next IPAR update.

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 31 January 2025

Measure	Target	Latest data	Variance	Assurance
Financial deficit (in month)*	£2.629m (plan)	£-0.313m	●	n/a
Agency spend	5.47%	1.9%	●	☐
Break-even duty forecast	£21.003m (YTD) £31.550m (FYE)	£21.003m (YTD)	n/a	n/a
Third party spend – Hywel Dda suppliers	n/a	14.3%	●	n/a
Third party spend – Welsh suppliers	n/a	22.7%	●	n/a
Total carbon emissions**	n/a	93,940 tCO ₂ e	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 Sustainable Resources 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 March 2025 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 Termiau: 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:	Yes
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st January 2025

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 ways 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 31st January 2025](#)

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

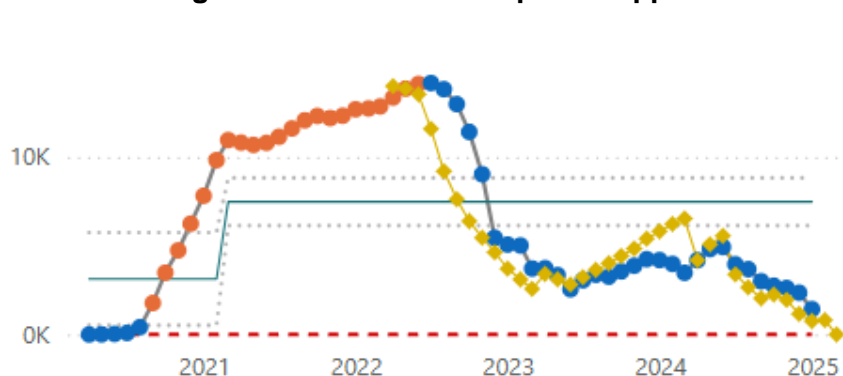
Statistical process control (SPC) charts

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

Key

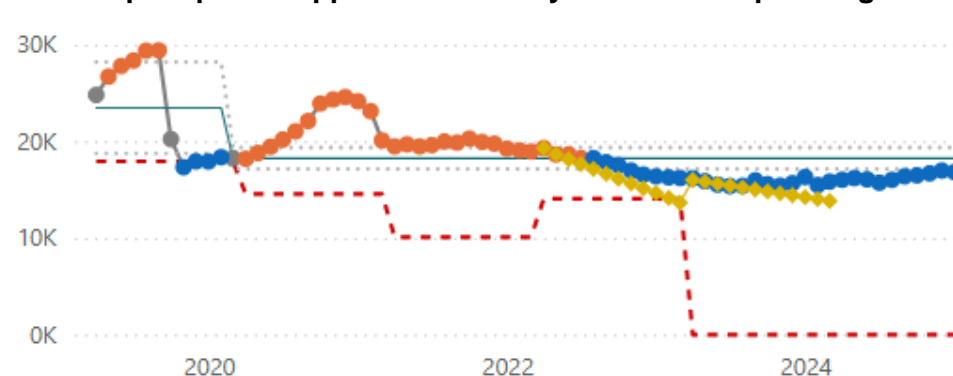
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Latest data is showing improving variation. Breaches have reduced for seven consecutive months and the 1,432 breaches at the end of January 2025 is the lowest recorded in over four years.

Follow up outpatient appointments delayed over 100% past target date



Latest data is showing improving variation, however, breaches in December 2024 (16,976) and January 2025 (16,818) at the highest level in over two years.

Key challenges / issues

- 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).
- 71% reduction in 52-week breaches since June 2024 & lowest volume for 4 years.
- 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.
- 41% reduction in 36-week breaches since June 2024 – positive indications for further recovery in future years

Key actions / initiatives

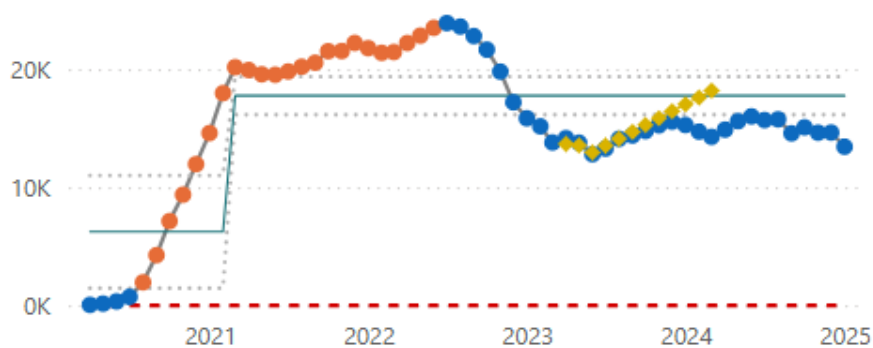
- The Health Board are on track to achieving no patients waiting over 52 weeks for their first outpatient appointment by March 2025. Progress towards this is dependent upon specialty specific operational plans that include the use of recovery monies from Welsh Government.
- Continue to manage demand 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.

Due date

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

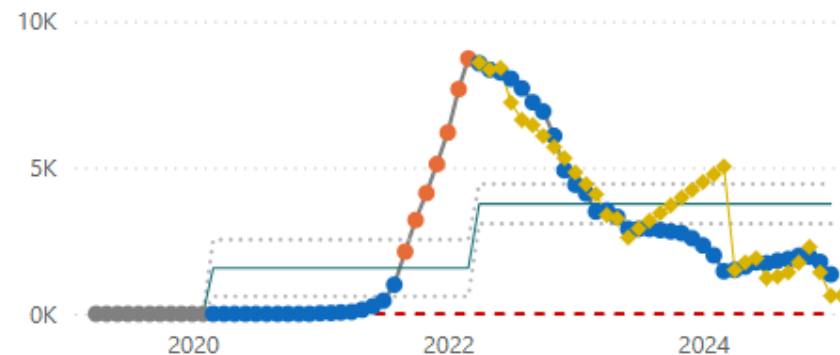
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Patients waiting over 52 weeks from referral to treatment



Latest data is showing improving variation. Breaches at the end of January 2025 (13,439) are the lowest since July 2023.

Patients waiting over 104 weeks from referral to treatment



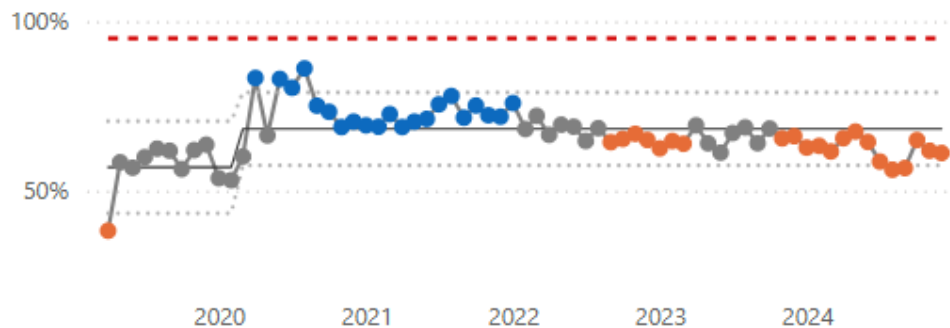
Latest data is showing improving variation. Breaches have reduced for three consecutive months and the 1,349 breaches at the end of January 2025 is the lowest recorded in over three years.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Urology cancer backlog being prioritised over routine backlog (inpatient demand is needed for both Cancer and longest waiting routine patients). ○ Colorectal cancer demand utilising routine slots. ○ Vascular regional capacity issues 	<ul style="list-style-type: none"> • 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 (See on Symptoms (SoS)/Patient Initiated Follow Up (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 has been commissioned to supplement existing capacity. 	<ul style="list-style-type: none"> Ongoing 31/03/25 Ongoing Ongoing

Key

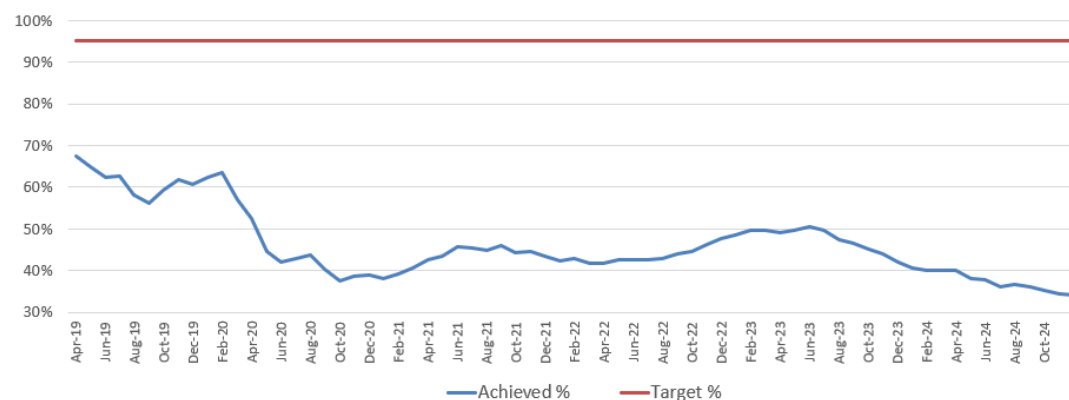
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest data is showing concerning variation. In December 2024, 925 out of 1,513 (61.1%) high-risk (R1) patients **attended appointments** within their clinically assigned target date or within 25% beyond that date (Target = 95%).

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

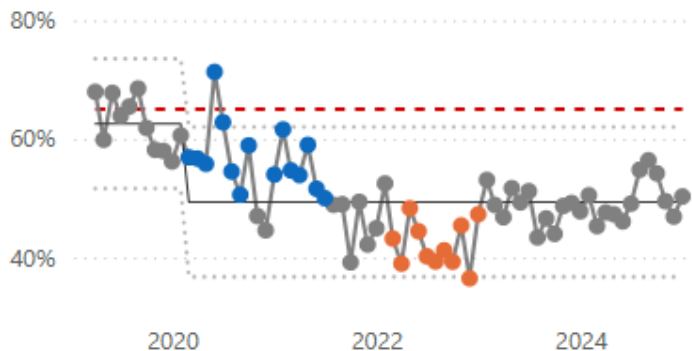


In December 2024, 6,182 out of 18,059 (34%) high-risk (R1) patients **were waiting** within their clinically assigned target date or within 25% beyond that date. Target = 95%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • Workforce/estates to deliver capacity to meet demand for high-risk (R1) patients in Glaucoma and Intravitreal Injection Therapy (IVT). • Referral process is convoluted with many delays in the processes resulting in delays to booking. • IVT patient breaches remain at 10 weeks which impacts R1 delivery. • Capacity for R1 delivery directly conflicts with Ministerial Measures and the need to deliver 52-week new outpatient target. 	<ul style="list-style-type: none"> • Potential regional solutions for Glaucoma and Medical Retina being explored. • The possibility of further regional posts could provide more Consultants. • Outsourcing of 500 IVT patients to improve breach from 10 weeks to 8 weeks. • Wales General Ophthalmic Services (WGOS) work continues with 277 patients discharged to the community to date. • Referral process has been mapped with improvements identified and solutions being explored. • IVT Situation, Background, Assessment, Recommendation (SBAR) produced to outline long term funding needed to introduce sustainable solutions. Short term solutions have been funded until March 2025 and will reduce breach position to 8 weeks. This will continue to impact R1 delivery. • Capacity has been identified in Demand and Capacity plans for R1 delivery. This will help with R1 delivery and potentially maintain performance against target but will not improve it. 	<p>Ongoing</p> <p>28/02/25</p> <p>30/09/25</p> <p>30/04/25</p> <p>Ongoing</p> <p>Ongoing</p>

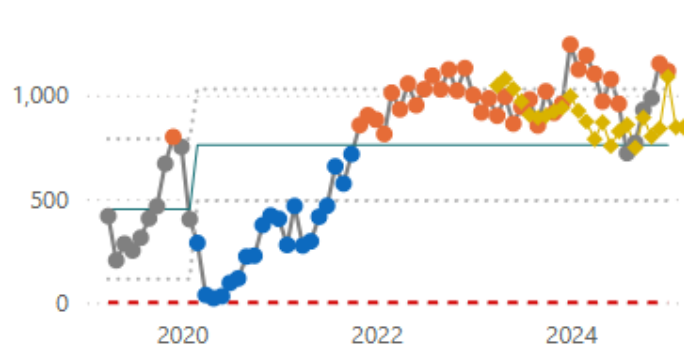
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Life threatening (red) call responses taking over 8 minutes



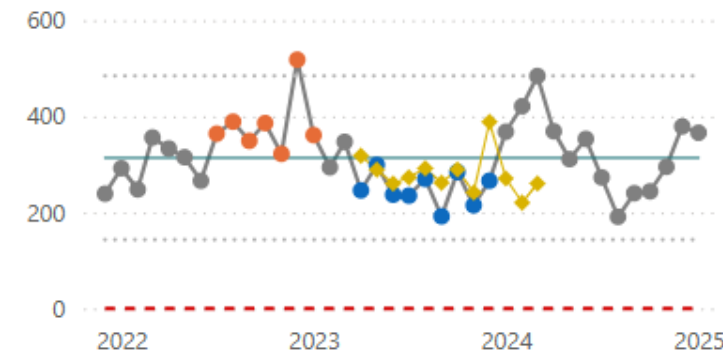
Latest data is showing expected (common cause) variation, 379 red calls met, out of a total of 754 responses, 50.3% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 1,117 handovers > 1 hour out of a total of 2,077, 54%. The trajectory of 1,089 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 366 handovers > 4 hour out of a total of 2,077, 18%.

Key challenges / issues – red calls

- 52.26% of missed red calls for January 2025 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.
- 43.46% of missed red calls for January 2025 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8minutes if a vehicle is available and on nearest standby point.
- Overall attended demand in Hywel Dda health board area for has mainly been as forecasted but continues to remain high.
- Hospital delays in offloading WAST ambulance crews, 3,805 hours lost at the 4 acute Hywel Dda hospital sites in January 2025, which has decreased by 5.04% when comparing January 2024. Top 3 reasons for handover delays according to system data 'no beds available', 'patient had complex needs', 'no available trolley or chair'.
- Increase in the number of immediate release requests for the month of January 2025. 38 requests made, 26 accepted, 13 not accepted. Acceptance rate has decreased to 66.67%

Key actions / initiatives – red calls

- 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
- WAST resourcing reviews and targeted overtime allocation
- Porth Preseli – prehospital clinical screening model now live with advanced paramedic practitioners assisting with admission avoidance. Continuing to improve cover.
- The NHS111 press 2 access for WAST clinicians in HD area for mental health advice now live.
- Neck of Femur pathway – ongoing challenges with progression from a health board perspective and support continues to be requested from health board colleagues. Previous due date not met
- Working with health board colleagues to improve SDEC referrals and acceptance. Recruitment drive has seen an increase in Cymru High Acuity Response Unit (CHARU) paramedics improving cover.
- Palliative Care Paramedic trial, supporting palliative patients is now live in Hywel Dda

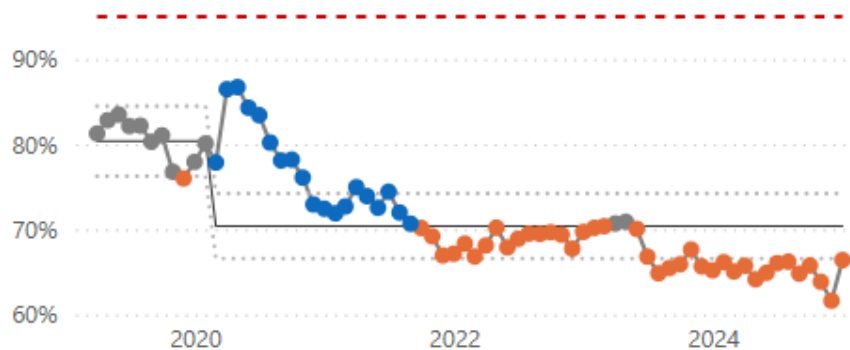
Due date

- Weekly ongoing, Daily – Hourly, ongoing.
- Weekly ongoing
- Weekly ongoing
- 30/08/25
- 30/08/25
- 31/03/25

Key

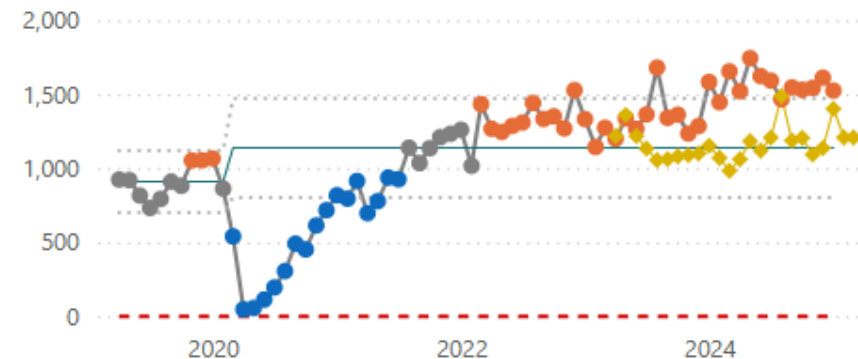
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



66% reported for January, 4,626 breaches out of 13,771 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,525 breaches out of 13,771 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,401 was not met

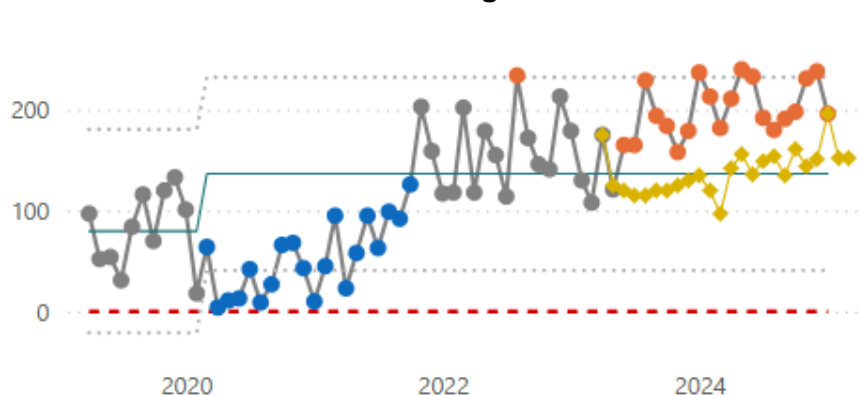
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

Key

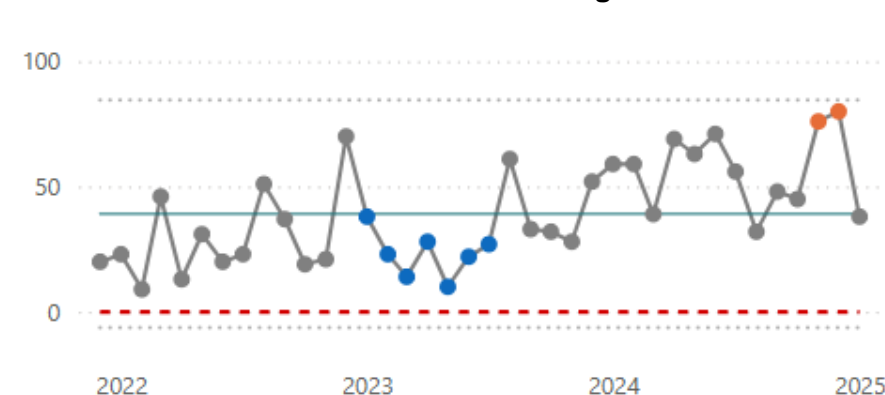
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 196 handovers >1 hours reported out of a total of 370 handovers, 53%. The trajectory of 196 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 38 handovers >4 hours were reported out of 370 total handovers 10%.

Key challenges / issues

- Emergency department “front door” capacity pressures continue. Ambulance conveyances to site average of 12 to 14 per day in the last 3 months. 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 and is currently subject to a review of its utility.
- Patient flow out of hospital continues to be compromised with limited care home capacity and reduced community hospital bed base.

Key actions / initiatives

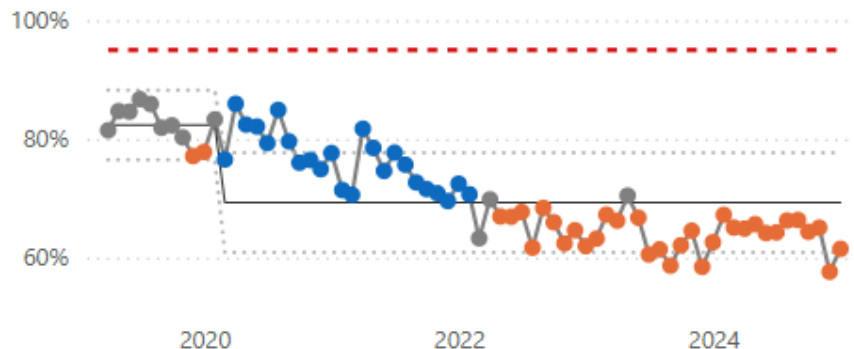
- NHS Executive action plan in situ to support actions designed to improve flow across the site
- Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.
- A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07.02.25 to explore options for future model Detailed proposal now to be worked up/ costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance.
- GIRFT follow up visit held 30.01.25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system

Due date

- 31/03/25
- 31/03/25
- 30/04/25
- 28/02/25

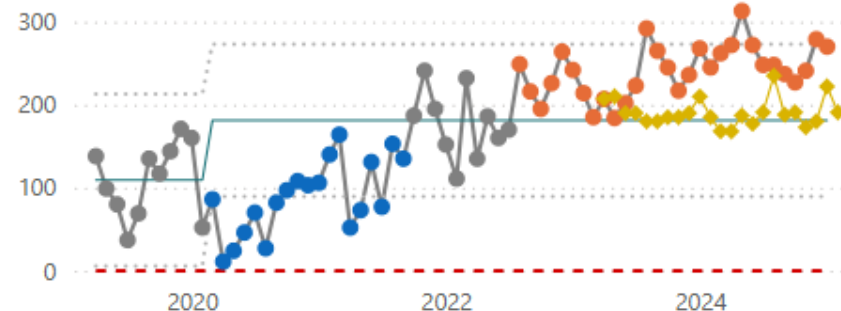
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Patients waiting less than 4 hours in A&E



61% reported for January, 870 breaches out of 2,259 new attendances. Chart is showing a concerning performance Trend.

Patients waiting over 12 hours in A&E



270 breaches out of 2,259 new attendances, 12%. The chart is showing a concerning performance trend. The trajectory of 222 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

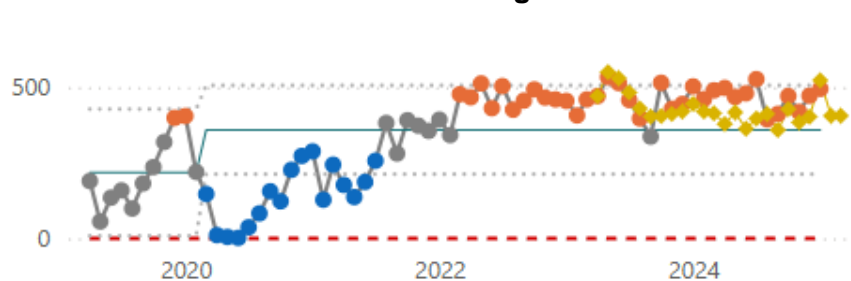
- NHS Executive action plan in situ to support actions designed to improve flow across the site
- Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.
- A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07/02/25 to explore options for future model Detailed proposal now to be worked up/ costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance.
- GIRFT follow up visit held 30/01/25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system

Due date

- 31/03/25
- 31/03/25
- 30/04/25
- 28/02/25

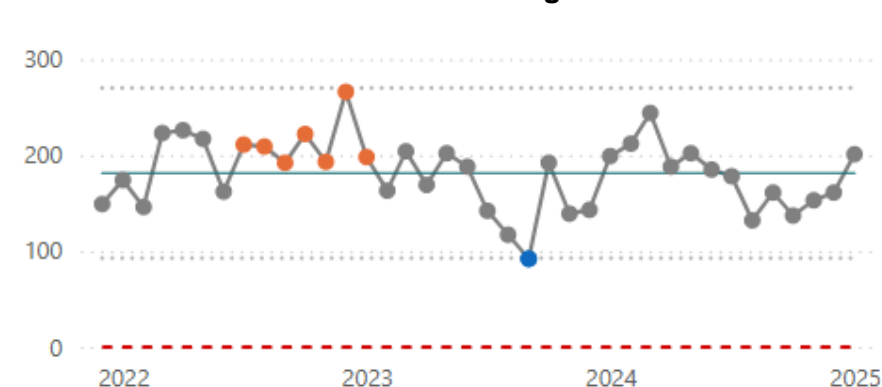
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 495 handovers >1 hours reported out of a total of 805 handovers, 61%. The trajectory of 523 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 201 handovers >4 hours reported out of a total of 805 handovers, 25%.

Key challenges / issues

Ambulance handover >1 hour performance has deteriorated in January, although total ambulance handover numbers have reduced in month compared to December. Some high ambulance arrivals reported throughout January in excess of 30.

Ambulance handover >4 hours has also seen a deterioration in January. Flow remains challenging with high acuity of patients and complex discharge needs.

Key actions / initiatives

- Red and Amber 1 release plans firmly in place and are accommodated when safe to do so. A&E safety huddle continue and focus on actions to handover ambulances and the clinical safety within the department.
- Twice daily HB calls to ensure system support for ambulance handover. Escalation of ambulance delays throughout the day to Manager of the Day and Senior Nurse for flow.
- Advanced Paramedic Practitioner and Integrated Commissioning multi disciplinary team to review ambulance stack and conveyance avoidance where possible.
- Delta rapid response and British Red Cross working at front door to facilitate early discharge with home support.

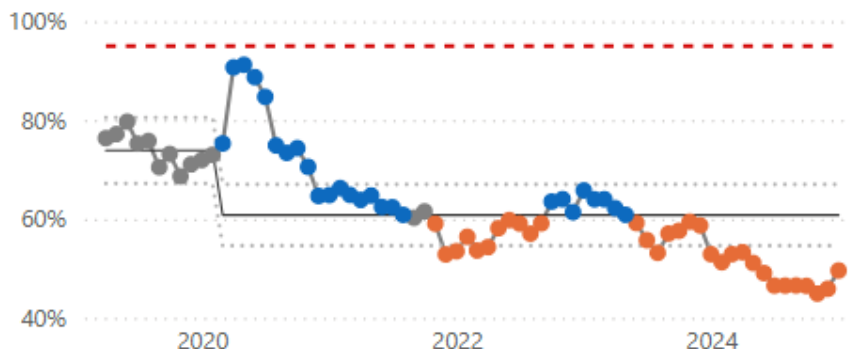
Due date

- Daily
- Daily
- Daily through Eastgate
- Daily

Key

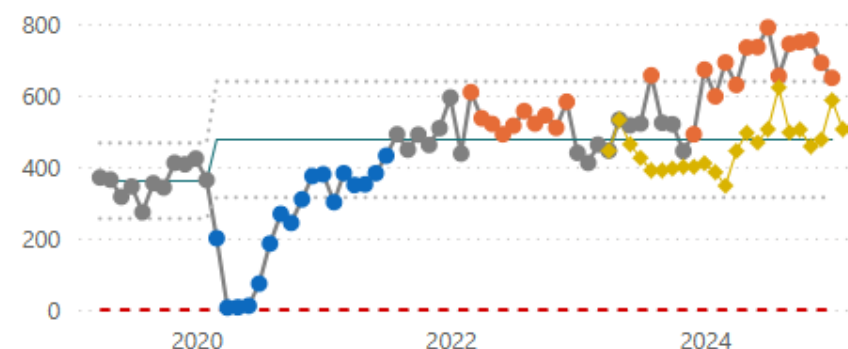
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



49.6% reported for January, 2,166 breaches out of 4,298 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



649 breaches out of 4,298 new attendances, 15%. Chart is showing concerning performance trend. The trajectory of 586 was not met.

Key challenges / issues

- 4 hour performance has remained relatively static in January although very slight improvement (4%).
- ED attendances demonstrated a slight decrease. Rapid triage and assessment is facilitated by a Senior Clinician where possible to enable early decision making.
- 12 hour performance remains relatively static due to flow through the Hospital, which continues to be challenging. High numbers of medically fit patients and increased number of ready to leave.
- Boarding protocol on ward areas at extreme risk encountered during January (additional patients in 4 bed bays) but contributed to lack of space to administer therapy and rehabilitation.

Key actions / initiatives

- Medical Same Day Emergency Care (SDEC) service trialled during perfect week (w/c 21/01/25) and continued within current staffing model.
- Surgical Same Day Emergency Care (SDEC) service continues for surgically expected patients to avoid ED overcrowding.
- Weekly Escalation meetings in place with Carmarthenshire Community teams to discuss long stay patients with focus on long stay patients.

Due date

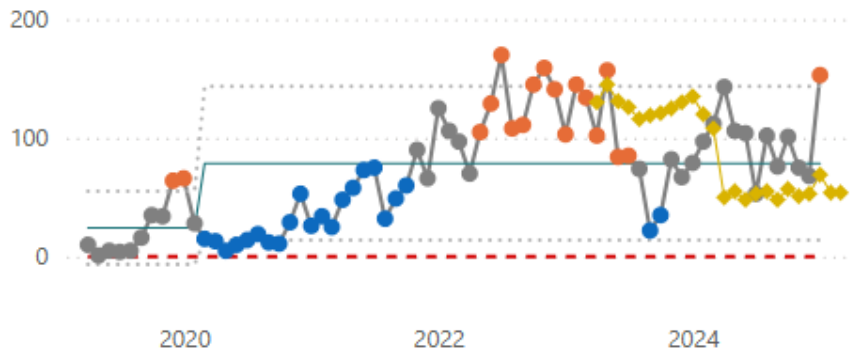
Review in March for Feb data.
SSDEC to continue.

Weekly

Key

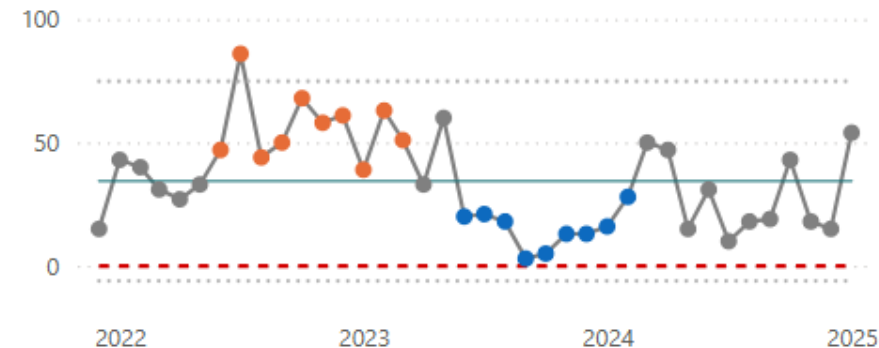
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 153 handovers >1 hours reported out of a total of 263 handovers, 58%. The trajectory of 69 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 54 handovers >4 hours reported out of a total of 263 handovers, 21%.

Key challenges / issues

- Due to the increase in ambulance demand in January, we experienced a higher number breaching >1 hour target.
- Challenges remain with a spike in infection control issues this month with various bays closing and with a temporary closure of 2 ward area resulting in closed beds.
- Across Carmarthenshire- Advanced Paramedic Practitioner (APP) fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave.
- Challenges continue with the prioritisation of medical patients in MIU which resulted in slightly longer delays in ambulance handovers.
- 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

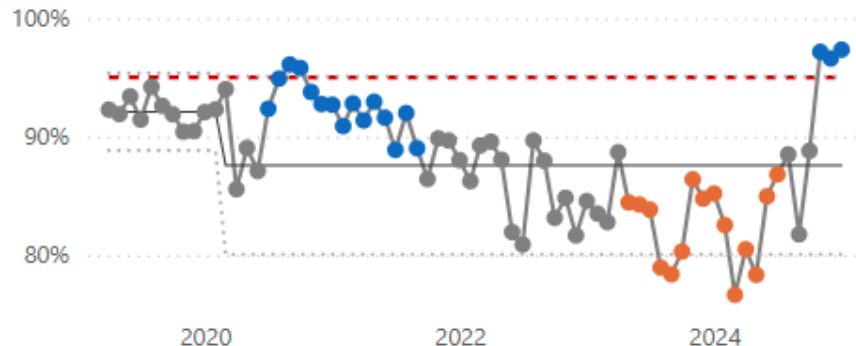
- Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients.
- SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions.
- Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) to included interface frailty service is in its final stages of planning. Recruitment has been successful. Frailty model currently being worked up.
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.

Due date

- 28/02/25
- 28/02/25
- 28/02/25

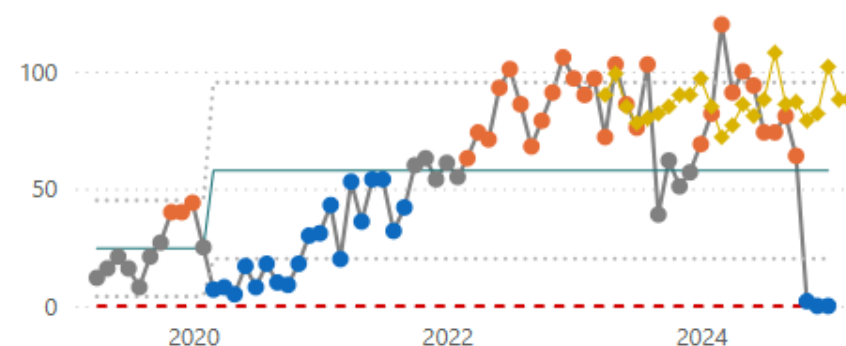
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Patients waiting less than 4 hours in MIU



97.3% reported for January, 57 breaches out of 2,143 new attendances. Chart is showing improving variation performance trend.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,143 new attendances. Chart is showing improving performance trend. The trajectory of 102 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. 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 breaches significantly.

Key actions / initiatives

- SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions.
- Implementation of Criteria Led Discharge across additional areas to include weekends.
- 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.
- Further use of Virtual Wards in the community supports early discharge

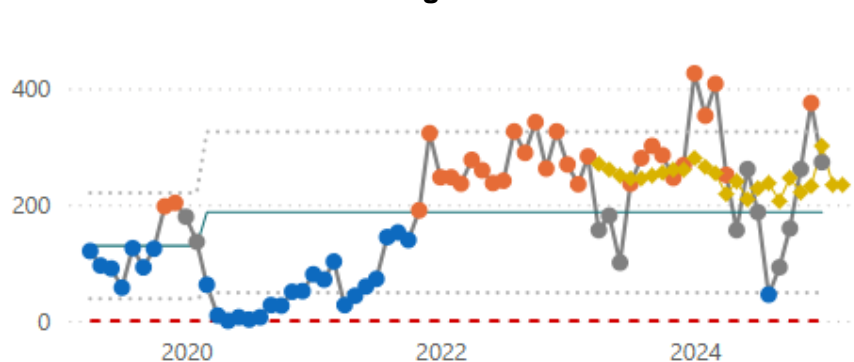
Due date

28/02/25

31/03/25

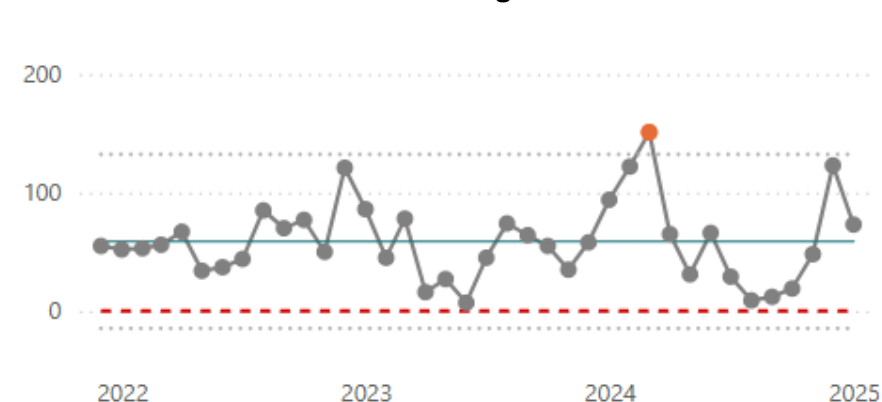
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) 273 handovers >1 hours reported out of a total of 639 handovers, 43%. The trajectory of 301 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 73 handovers >4 hours reported out of a total of 639 handovers, 11%.

Key challenges / issues

WGH had seen improvements in the 1 and 4 hr handover targets. During the winter pressure we have not been able to consistently sustain the improvement. The ED attendance numbers has not altered greatly. However, the acuity of the patients coming via ambulance and walk ins has increased. At times there has also been a spike in ambulance conveyance that is difficult to predict. There has been an increase of the acuity of the walk in patients presenting at ED, which have superseded the clinical needs of the patients being conveyed via ambulance.

However, WGH has meet the trajectory for this target.

Key actions / initiatives

- 1 Reses bay will be ringfenced, always, to assure rapid handover of the most clinically unstable patient.
- To establish a 2nd triage room
- Clinical streaming hub continues to participate signposting patients away from ED who do not require ED
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.
- Boarding policy is fully implemented
- Immediate release of an ambulance is continued to be facilitated. The rapid assessment bay is ringfenced for this function.
- SDEC has increased the pull of patient from the ED queue

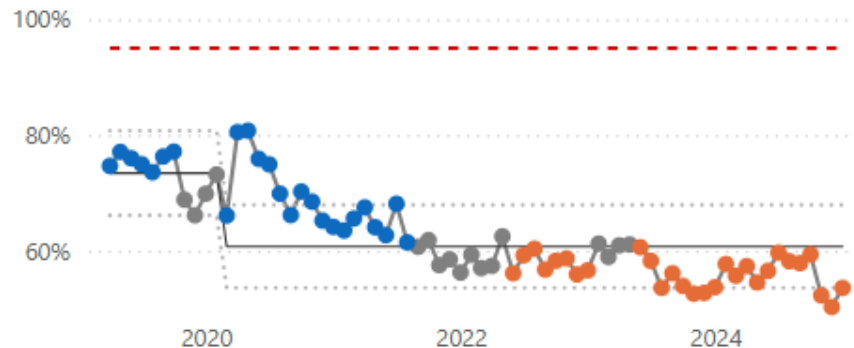
Due date

- 03/02/25
- 10/02/25
- Completed
- Completed
- Completed

Key

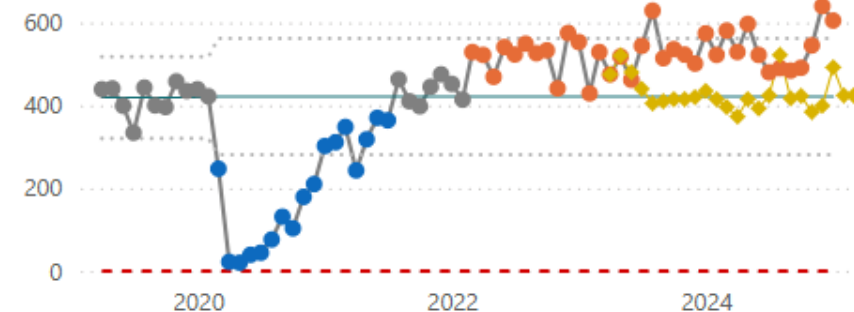
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



53.6% reported for January, 1,478 breaches out of 3,187 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



605 breaches out of 3,187 new attendances, 19%. Chart is showing concerning performance trend. The trajectory of 492 was not met.

Key challenges / issues

- We continue to see an over crowded ED. The ED clinicians do not have adequate space to see and treat patients in a timely manner.
- We consistently have 20 plus patients waiting for beds for over 12hrs.
- Pembrokeshire demographics shows we have higher percentage of people over 65 yrs. This is also seen in the SEDIT database, that our site see the higher attendance of patients being seen in ED over the age of 65. This can bring its own challenges with an increase of complexity.
- The acuity of the patients coming via ambulance and walk ins has increased
- There has been added pressure in the whole system due to seasonal infections such as Flu and Norovirus, which has seen wards/beds being closed.
- We are still seeing a high number of patients waiting in hospital who are now clinically optimised waiting for complex discharge support.

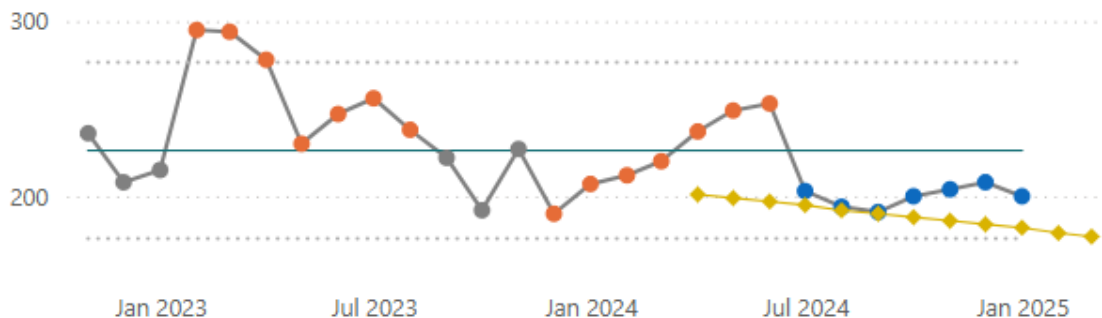
Key actions / initiatives

- Need to optimise the frailty pathway
- To have direct rereferrals from WAST/GPs to the acute frailty unit. This will avoid duplication in the patient care and have the correct input from the COTE team from the start of the patients journey in hospital.
- To map out 7 day working for the streaming hub, which may include SDEC.
- Further use of Virtual Ward and Virtual Hot clinic in the community supports early discharge or admission avoidance.
- GIRFT follow up visit held 30.01.25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system

Due date

- 01/04/25
- 01/06/25
- 01/06/25
- 01/04/25
- 01/03/25

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

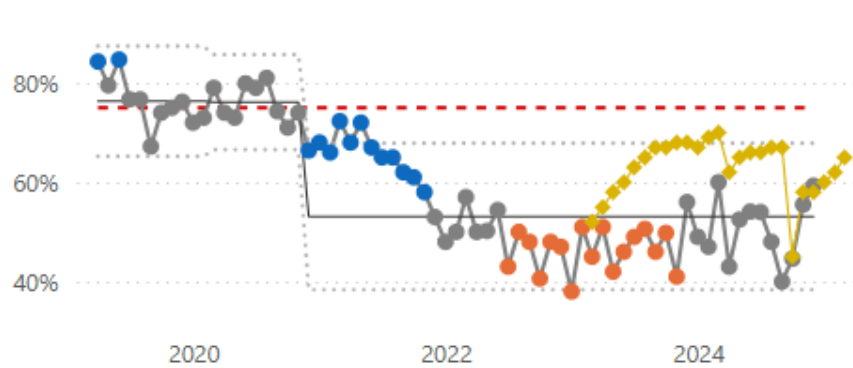


- Number of census count delays decreased in January with 200 patients and chart shows improving variation. The trajectory of 182 was missed.
- The total days delayed for non-mental health decreased in January, 7,797 days vs 7,983 December. Mental Health and learning disability delays have been increasing since August 2024 , 1,474 days in January vs 1,236 in December.
- Assessment delays remain the largest proportion of delays.
- 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
Non-mental health: Still significant health related assessment delays for nursing (21 delays, 536 days), AHP (18 delays, 301 days), CHC (1 delay, 54 days). In addition, there were 15 delays related to mental capacity (435 days). 4 Court of protection delays (637 days) Ongoing wider system challenges (RH/NH availability/ home care packages).	Review formal arrangements between senior Health Board and Local Authority partners within the region at all levels.	30/09/25
	Weekly county system patient flow review meetings feed into the monthly regional review meeting.	Complete
	Oversight of POCD established within the 6 Goals for Urgent and Emergency Care workstream 3 (known as 'Safe Hospital Care'). This encompasses the actions required from Goal 5 and 6 including POCD, D2RA, Safer and Red2Green.	30/06/25
	Health and social services weekly POCD meetings for all hospital sites in place.	Complete
	Standardised regional process required for monitoring and escalation of patients who have a length of stay of over 7 days (stranded and super stranded) – to prevent them becoming delayed by our system.	30/09/25
	Developing Trusted Assessor model - Trusted Assessor sub-group established reporting through to Health Board Delivery group.	Complete
	Review all health-related assessment delays to agree and develop interprofessional standards.	30/09/25
Mental Health The Mental Health & Learning Disability directorate Pathway of Care Delay (PoCD) census count for January 2025 remained at 13, this includes 4 discharges, and 4 new patients identified as being PoCD eligible from last month.	The position includes seven patients who have a length of stay over the 90-day threshold for Mental Health. Since last month, one new patient has attained a 90-day delay, and one was discharged. All patients have concise discharge plans in place and the discharge delays are beyond the control of the in-patient multi-disciplinary team. The patients include five on older adult wards and 2 on acute. This position has been raised with the respective heads of service to note and action where possible for discharge.	31/03/25

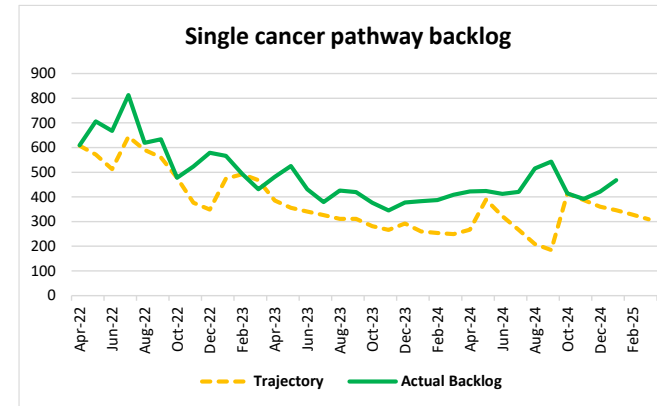
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

% single cancer pathway patients starting treatment within 62 days



In December 2024 59.3% of patients (131 out of 221) started treatment within 62 days from referral exceeding the trajectory of 58%. There were 1,733 referrals in the same month, this is the fewest number of referrals since January 2024.

Number of single cancer pathway patients waiting over 62 days



In January 2025 there were 468 patients waiting over 62 days to start treatment against the trajectory of 346. The trajectory has only been met once since April 2023.

Key challenges / issues | **Key actions / initiatives** | **Due date**

Single cancer pathway

The legacy impact of both Radiology reporting delays and loss of capacity within the skin pathway have impacted performance since August 2024. There was an improved position in December 2024 with performance trajectory on track for 65% by March 2025.

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.

Backlog

Backlog increased again in January, affecting LGI (lower gastrointestinal) and Urology pathways. Over 100 are attributable to Radiology with over half in LGI expected to recover in line with recovery plan commencing mid February (200 patients over 4 weeks). 59 Local Anaesthetic Transperineal Prostate (LATP) Urology, additional activity in place February until 50% sustainable increase in capacity commences end of February 2025.

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.

31/03/25

Additional resources prioritised for 200 patients for CT Scans now agreed to be delivered in Q4 as agreed in IQFPD to be resourced via recovery funds. To commence 17th February 2025

31/03/25

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

Additional resources prioritised for 50 patients awaiting a LATP biopsy agreed to be delivered by end January 2025 ahead of planned sustainable increase of capacity of 50% beginning in February 2025.

31/03/25

Planning in place to deliver improvements in the Prostate Cancer Diagnosis (PROSTAD) Pathway and increase of nursing Cystoscopy workforce as per successful allocation of Wales Cancer Network (WCN) Cancer Recovery Monies.

31/07/25

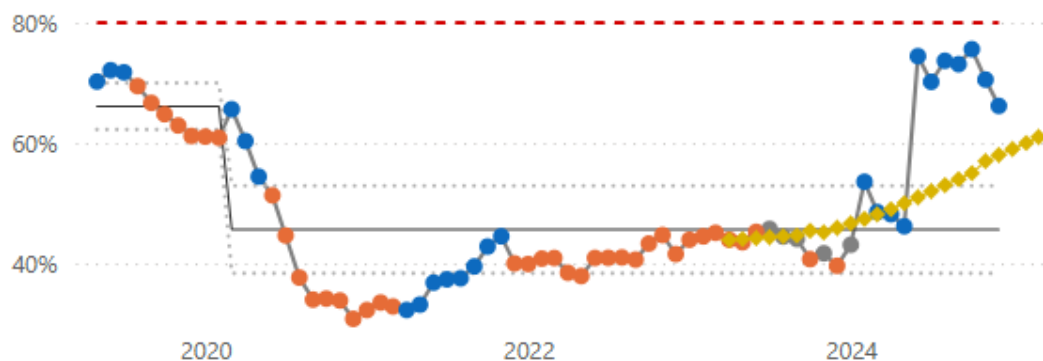
Focus on Gynaecology recovery – Clinically led action plan in place, smart measurable actions developed and monitored via weekly focus group with NHS Exec including additional 2 One stop clinics to be implemented beginning March 2025

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

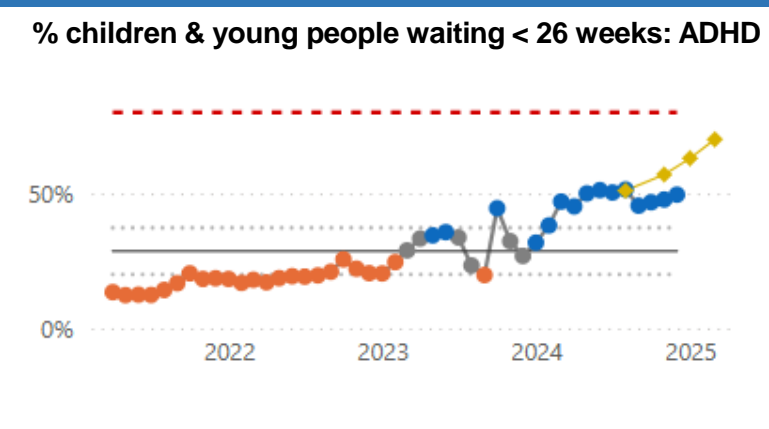
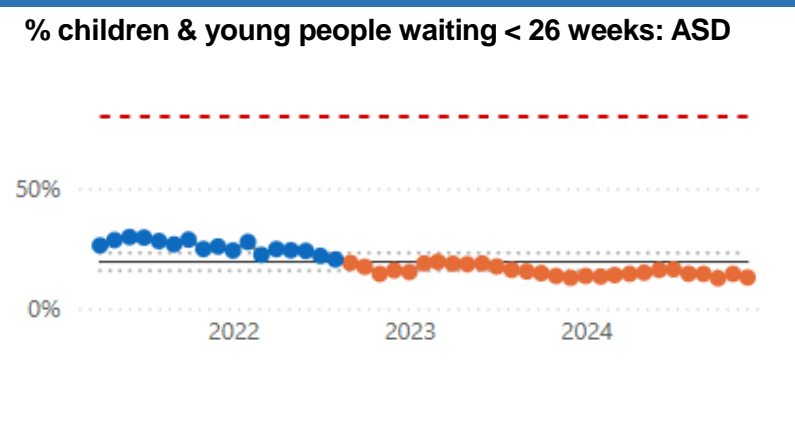
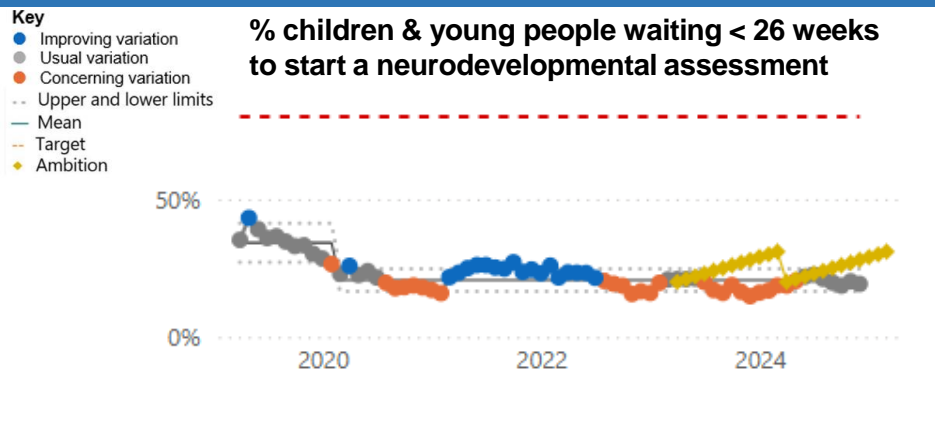


- Performance in December of 66.2% shows improving variation and the trajectory of 58% was met.
- 446 out of 628 (71%) patients started an integrated psychological therapy;
- 5 out of 12 (41.7%) started an adult psychology assessment;
- 30 out 87 (34.5%) started a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Integrated Psychological Therapies Service (IPTS): There has been a reduction in our compliance by approximately 3.9%. The drop in compliance directly links to the time between the end of the last round of groups to the current round, where clients have moved above the 26 week wait.</p>	<p>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. We have received a small amount of financial support from Welsh Government to increase the number of groups which are planned to commence imminently.</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. Additional clinical time has also been recently made accessible to the service.</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 was long-term sickness within the team in November who have since returned.</p>	<p>Learning disabilities: Practitioners across the service are utilised to prioritise most urgent cases.</p>	28/02/25

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in December 2024 of 19.3%, shows common cause variation and the trajectory of 28% was not met. Performance is driven by ASD, where 453 of 3,499 (12.9%) patients had an ASD assessment < 26 weeks. 362 out of 731 (49.5%) patients had an ADHD assessment <26 weeks.

Key challenges / issues

Autism Spectrum Disorder (ASD): The current waiting list for an ASD assessment stands at 3,499 with longest wait times of 4.75 years. Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 116 referrals per month in 2024. All-Wales Procurement controls across Health Boards impede timely utilisation of additional Welsh Government monies to help tackle waiting lists.

Attention Deficit Hyperactivity Disorder (ADHD): The significant uplift in referrals for an ADHD assessment continues and the service has seen 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. Furthermore, clinic room capacity across sites is a significant challenge with longer term solutions being explored at Bandi and Puffin.

Key actions / initiatives

ASD: A procurement exercise to outsource ASD assessments to address waiting lists is in its final year, with 445 diagnostic assessments for children and young people by March 2025. Timing of referrals uploaded are in accordance with financial controls and monthly contract monitoring meetings are in place. Additional monies of £312,000 have been awarded by Welsh Government to help tackle waiting lists - securing 182 additional assessments. A further 100 assessments are to be outsourced using Neurodivergence Improvement Programme and Regional Integration Fund slippage funds up until March 2025. All clinical posts are recruited into, with no retention issues. Introduced skill mix to teams to attract more interest in specialist roles and to promote a 'grow your own' culture. Two support worker roles have been created.

ADHD: To achieve the target of 80% of children and young people waiting less than 26 weeks by 31st March 2025, the service would need to increase core capacity significantly. This would require the provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device is available 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. There is a post to advert that if successful would see the Recruitment of one whole-time equivalent Community Paediatrician in BGH. Continue to flexibly manage clinic capacity and match demand through rigorous job planning.

Due date

31/03/26

31/03/26

Diagnostic waits over 8 weeks

(Ministerial priority)

Key

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

Variation - how are we doing over time

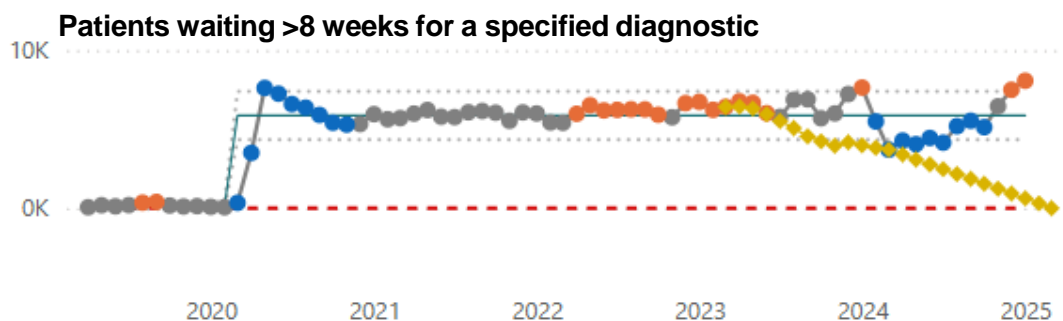
● Improving variation
 ● Usual variation
 ● Concerning variation

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	Nov 2024	8,068	●	■	◆
Radiology		7,108	●	■	n/a
Cardiology		586	●	■	n/a
Endoscopy		216	●	■	n/a
Neurophysiology		124	●	■	n/a
Imaging		21	●	■	n/a
Phys measure		13	●	■	n/a

Performance in January is showing concerning trend. Breaches are higher than any time over the previous five years and the trajectory of 619 was not met. Main driver is Radiology performance, 88% of all breaches are attributed to Radiology.

Key challenges / issues	Key actions / initiatives	Due date
<p>Endoscopy:</p> <ul style="list-style-type: none"> Endoscopy theatre nursing staff fragility, due to short term sickness and gaps in the staffing establishment budget. Stability of consultant workforce affecting provision of core capacity. Capital replacement programme – ageing/fragile scopes replacement. 	<p>Endoscopy:</p> <ul style="list-style-type: none"> 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. 	<p>31/03/25</p> <p>31/03/25</p>
<p>Radiology:</p> <ul style="list-style-type: none"> Demand exceeding capacity for timely investigations and reporting. 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. Increase of 875 breaches from M9. Current breaches CT 1,234 (+318) MRI 3,350 (-3), NOUS 2,301 (+341) 7,130 breaches in total. Highest ever breach position since data recorded via single instance of Radiology Information System (RadIS) (April 2019). Radiology received 356 more USC requests than in Dec and 2,254 more requests overall which is our highest increase since Jan 2024 	<p>Radiology:</p> <ul style="list-style-type: none"> Welsh Government funding allocation has allowed planning of additional capacity in: <ul style="list-style-type: none"> NOUS via insourcing started in February. CT- no appetite from substantive staff to undertake additional work, however CT locums are starting on 15/02 MRI staffed mobile solution 9th Jan-3rd April 2025 will remove 2,184 patients. Successful advertisement and appointment of trainee Sonographers under annex 21 rules Service fragilities, waiting list trajectories and longer-term staffing needs described in detail within the 2025/26 Radiology annual plan and accompanying SBAR requesting workforce investment. 	<p>31/03/25</p> <p>31/03/25</p> <p>31/03/25</p>
<p>Cardiology:</p> <ul style="list-style-type: none"> Waiting list backlog ETT breach position increased due to temporary equipment failure at PPH. 	<p>Cardiology:</p> <ul style="list-style-type: none"> Echocardiography (ECHO) - additional insourcing activity planned for February and March to achieve a breach-free position at the end of March '25; Ambulatory Monitors - in-house management of demand/capacity between sites planned for February and March to achieve a breach-free position at the end of March '25; Other Diagnostics (TOE, ETT, DSE) - in-house management of demand/capacity between sites planned for February and March to achieve a breach-free position at the end of March '25. 	<p>31/03/25</p> <p>31/03/25</p> <p>31/03/25</p>

Therapy waits over 14 weeks

(Ministerial priority)

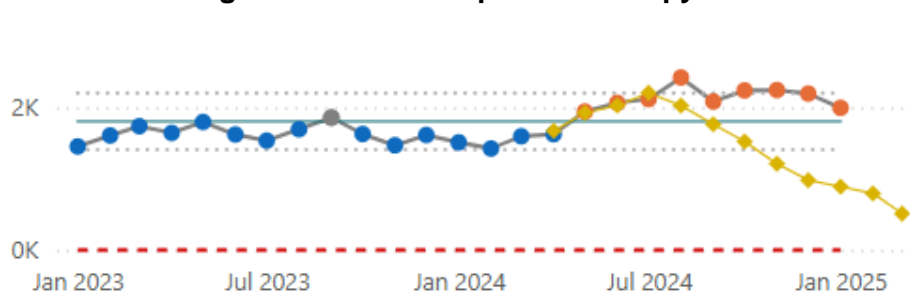
Key
 - - - Upper and lower limits
 — Mean
 - - - Target
 ● Ambition

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



Overall breaches have reduced for two consecutive months and are the lowest since May 2024, however, concerning variation is showing in all but two services. Physiotherapy accounts for just over half of all breaches.

Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	January 2025	1,995	●	□	◆	68.2%
Physiotherapy		1,040	●	□	◆	99.5%
Podiatry		523	●	□	◆	63.2%
OT		321	●	□	◆	24.4%
Dietetics**		58	●	□	◆	74.4%
Art therapy		46	●	□	◆	n/a
SALT		7	●	□	◆	100%
Audiology*		1,636	●	□	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

Physiotherapy:

- Demand in Musculoskeletal (MSK) and some areas of community is greater than capacity.
- Some parts of the system (E.g. MSK Carmarthenshire) are having challenges with certain grade of registrant recruitment.

Physiotherapy:

- Targeted workforce campaign for band 5 registrant posts with a view to securing candidates to offset turnover later in the year. Campaign has been initiated.
- Development of a bank system for registrants at Band 5 and 6. Five whole time equivalent (WTE) band 5 posts offered. Aiming for completion of recruitment process by 17th March 2025.
- Extend current agency and recruit up to 7 WTE to support recovery.

30/09/25
31/03/25
31/03/25

Occupational Therapy (OT):

- High number of breaches in paediatrics due to backlog and demand.
- Staff going on maternity leave in February and March 2025. Backfill recruitment underway to minimise impact or reduced capacity.

Occupational Therapy:

- 321 breaches, continuing to track near to our trajectory.
- High number of breaches in paediatrics due to backlog and demand, with a focus on prioritising caseloads and recruitment to address capacity shortfalls.

Ongoing

Podiatry:

- Impacted by recruitment issues and chronic vascular / diabetic foot pathology demand.

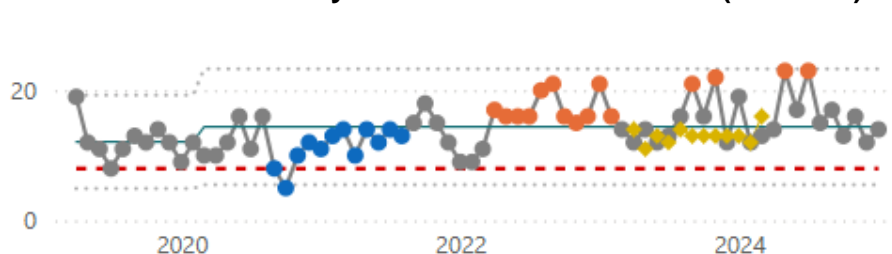
Podiatry:

- Actions to address include constant staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and telephone triage.
- Long term plan needs to be agreed to avoid podiatry service having a reduction from its 48 whole time equivalent (WTE) staffing position. Podiatry and Orthotics have been reduced effectively by 2 WTE which has happened this year with subsequent performance deterioration.

Ongoing

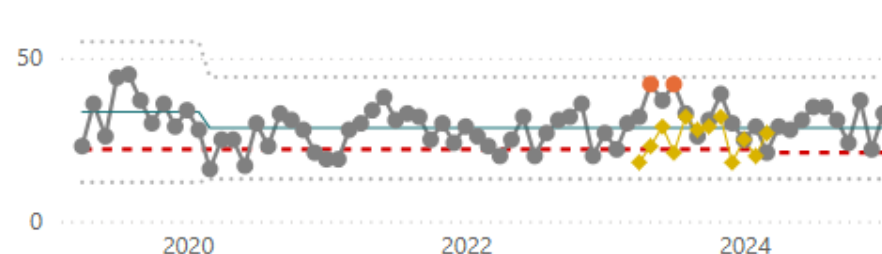
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 - - Target
 ● Ambition

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 50.8.

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

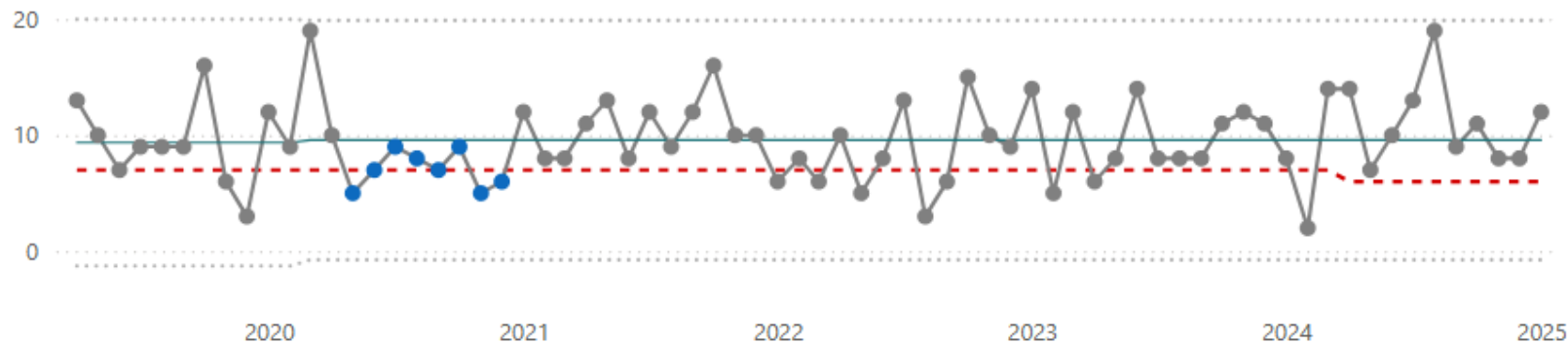


The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 94.47.

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, specific clusters have been identified in PPH and GGH. 6 Hospital onset (HO) cases were recorded in December, increasing to 8 in January. The targeted intervention (TI) goal of 6 cases was not met for January 2025. 	<p>C.difficile:</p> <ul style="list-style-type: none"> C.diff infection (CDI) Improvement Group established with Deputy medical director chairing. Continued use of DiffX and HPV disinfection, working collaborative with hotel facilities and estates Scrutiny of cases and any linked cases. Cases that were not linked in time or person to suggest a transmission event and have been reviewed accordingly Genome sequencing has been completed, strains are those already circulating within the HDUHB Existing actions are being revisited Planned deep clean and use of HPV for PPH and GGH once surged areas de-escalated. 	<p>Ongoing Ongoing Ongoing Ongoing Ongoing 31/03/25</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. 5 HO cases were recorded in December, less than November. The TI goal of 5 cases was met in December and January with January having 0 cases meeting the Hospital Onset definition. 	<p>E.coli:</p> <ul style="list-style-type: none"> Continued education of staff around catheter and device care To continue to profile ANTT Discussion of HO cases at scrutiny meetings to ascertain learning which is shared Environmental cleanliness reviewed linking to C.diff program of work 	<p>Ongoing Ongoing Ongoing Ongoing</p>

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

Number of laboratory confirmed S.aureus cases (in-month)



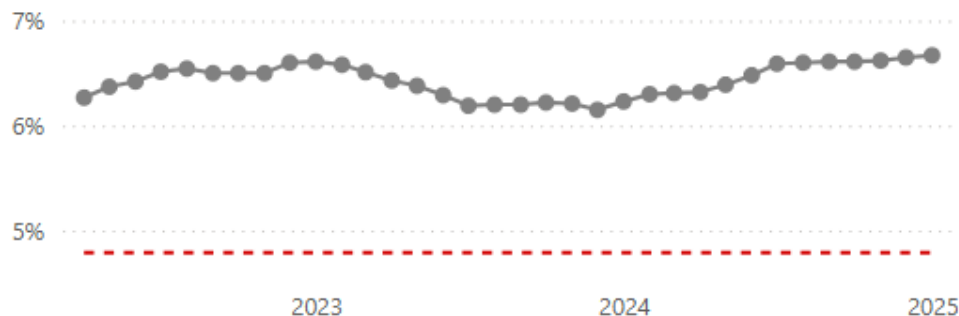
The chart is showing expected (common cause) variation for the in-month number of s.aureus cases.
The cumulative rate per 100,000 population this month is 34.07

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. • Case number have steadily increased from November to January for Hospital onset. 2 in November 3 in December and 4 in January. 	<ul style="list-style-type: none"> •Some improvement in ANTT compliance with December figure 80.05% •PVC bundle compliance monitored, with an emphasis on devices being removed at the earliest opportunity •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 •Bare below the continues to be proactively profiled with all staff groups 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Key

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

% staff sickness rate (12 months rolling)



In January 2025, the rolling 12-month staff sickness absence was 6.67%.

Highest levels of sickness absence for teams with over 50 staff:

Team	Staff	R12m %	In-month %
Prince Philip Hotel Services	(73 staff)	15.1%	(13.8%)
Glangwili Hotel services	(141 staff)	14.3%	(16.8%)
Prince Philip Acute Response	(56 staff)	14.1%	(12.9%)
Withybush Hotel Services	(150 staff)	12.9%	(14.6%)

Key challenges / issues

Conditions impacting absence rates include:

Although anxiety, stress and depression continues to account for the highest reasons for absence across the Health Board there has been a slight reduction in December 2024 to 30.3%. But there has been an increase in the instances attributed to cold, cough, flu to 16.35% which remains the second highest reason for staff sickness absence.

Review Outcomes:

Focused support from the Workforce Team and an action plan has been implemented within Facilities in Glangwili Hospital, further analysis and support is now being focused on Unscheduled Care in Prince Philip Hospital.

The Workforce Sickness Absence Advisor has developed a program of works focusing on deep dives into prevalent high sickness areas with focus on managers understanding of the sickness absence process and how best to support their staff, with bespoke action plans/additional training devised to support.

Key actions / initiatives

Task & Finish Group action plan in place. The group has now concluded. A large volume of actions have been implemented, and remaining activities have been integrated into workstreams of the relevant department within Workforce & Organisational Development, to be carried forward as business as usual.

Temporary redeployment guidance remains under review as an All-Wales guidance on redeployment and temporary redeployment has been circulated for comment. 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. Awaiting feedback from stakeholder groups.

Bite size training sessions in development to focus on single elements of the absence management process. Individual training subjects have been identified and are currently under review by the Senior Workforce Team with a view to progress with support from the Learning and Development team.

The Welsh Health Circular (17) Non-Pay Health & Wellbeing Group a final report on progress of the action plan has been submitted to PODCC. The designated teams within this group will continue to deliver their elements of the action plan to support a reduction in sickness absence as per business as usual.

Due date

31/01/25
Complete

28/02/25
(revised)

28/02/25
(revised)

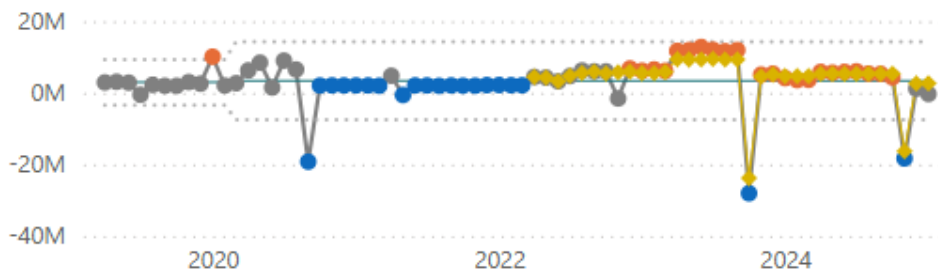
28/02/25
(revised)

26/01/25
Complete

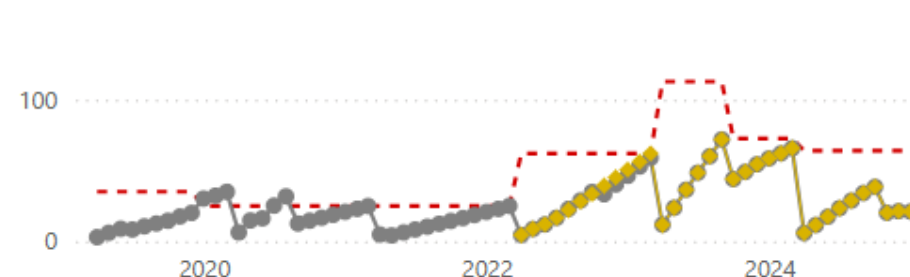
Key

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

Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

Key actions / initiatives

Due date

The Month 10 financial position is a surplus of £0.3m, which is an improvement against the in-month Deficit Plan of £2.6m.

- With an improving run rate trend, and several financial improvement actions in progress, urgent management action is required to formally recognise recurrent savings schemes to close the recurrent savings gap before the end of March 2025. Whilst the 2024/25 outturn is favourable against the restated annual plan, the underlying deficit is materially adverse due to the continued reliance on non-recurrent actions.

31/03/25

The core operational variance to plan is £(2.7)m with the in-month savings target of £2.7m being successfully over-identified by £(0.4)m, with savings plans under-delivering against their planned benefits by £0.2m.

- Of the £20.0m Executive Team commitment made to identify robust recurrent savings delivery plans by December 2024, £19.0m of schemes have been identified. Further action is required to convert the ideas (£12.0m of the £19.0m) at pace into robust plans alongside additional assessments of underspending Directorates for conversion into recurrent savings. A risk is likely on the conversion factor reducing the £12.0m.

An over-reliance on non-recurrent savings in-year gives rise to a recurrent gap (£14.0m), which does not support an improvement in the underlying deficit as the starting point for the 2025/26 planning cycle.

- As part of the 2025/26 Annual Plan deliberations the underlying deficit impact is being reviewed. Due to the reliance on non-recurrent actions an opening delivery gap exists in next year's financial plan if not addressed, or a decision not taken to hold expenditure levels at the current run rate.

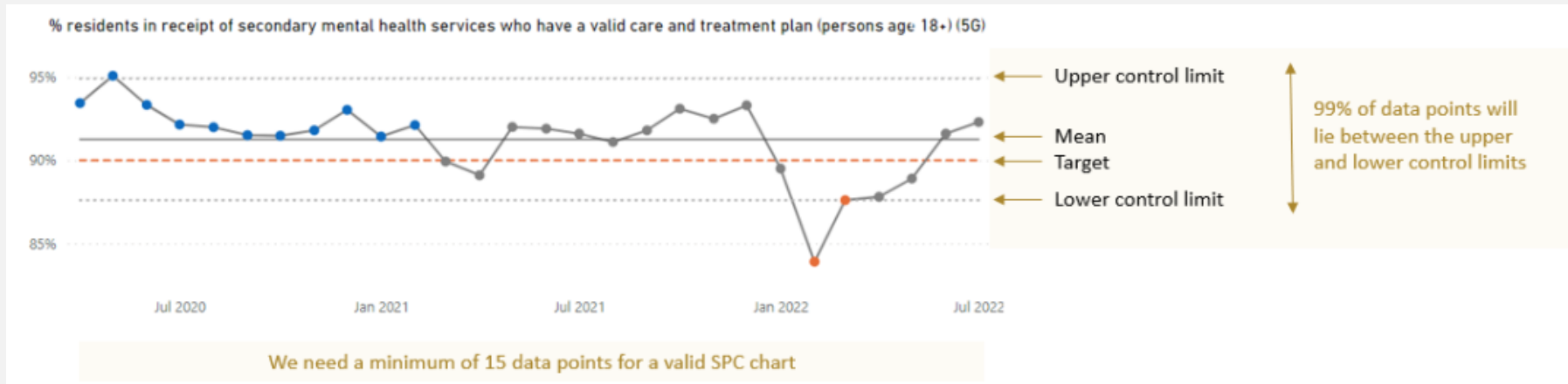
Following the latest review of the Health Boards end of year financial forecast position, the annual reported deficit has been improved by £4.0m to £24.0m. This recognises the improving trajectory previously signalled and the ongoing actions that are being managed across service areas.

- Escalation process – Performance levels of directorates, for six domains, is scrutinised through the internal escalation process. For the domain of Finance, Strategy and Planning, six directorates have been escalated to Level 3 (no assurance) for four consecutive months or more. An urgent recovery plan is required from each directorate, and assurance cannot be taken that there is an imminent improvement trajectory in place.
- Medical Additional Cover and Premium – Continued use of 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 to support service sustainability.
- The Health Board acknowledges the conditions assigned to the allocation of the conditionally recurrent funding received in 2024/25. Initial assessments of the financial challenge for 2025/26 indicates both a significant risk in the delivery of the required recovery trajectory and mitigating a net macro-economic and growth impact following the budget allocation confirmation to ensure this funding can be made recurrent

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.

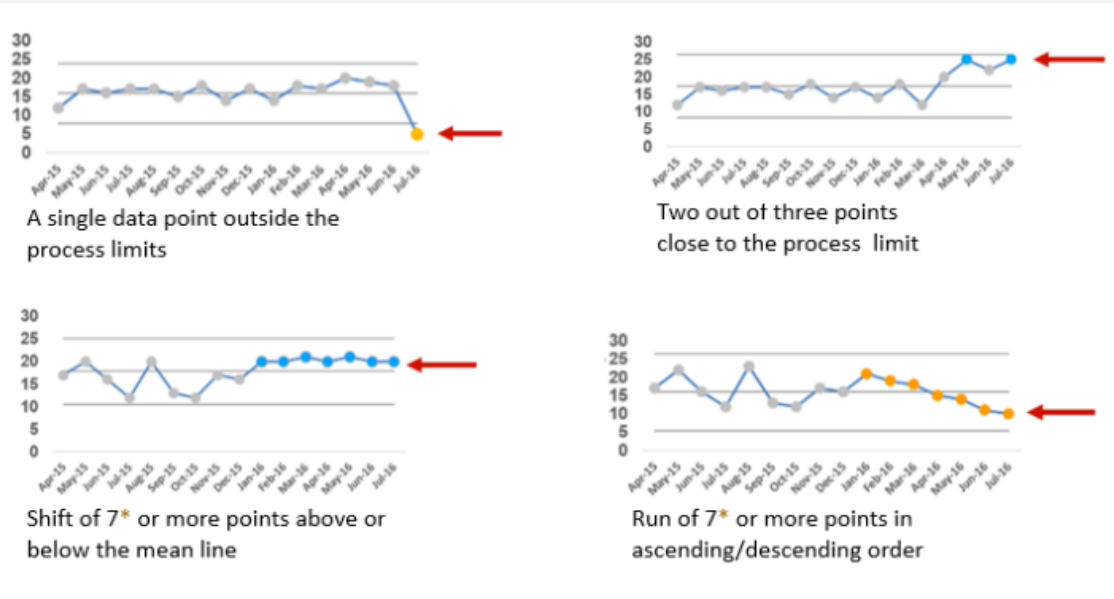
Anatomy of a SPC chart



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		