

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 2 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)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 2, 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 31 May 2024. Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).
- A summary document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as of 31 May 2024 is also provided (**Appendix 1**). This document summarises performance, issues and actions for our key improvement measures for 2024/25. There have been changes made to the summary table to reflect the 2024/25 reporting requirements.

In January 2024, as part of the [NHS Wales escalation and intervention arrangements](#), Welsh Government placed the health board into targeted intervention. In response to the health board being escalated to targeted intervention, a new internal escalation framework has been developed. The framework requires each directorate to be assessed by Executive Team members across six key domains where improvements are needed:

- Quality – assessed by the Director for Nursing, Quality and Patient Experience
- Governance - assessed by the Director for Corporate Governance
- Workforce – assessed by the Director for Workforce and Organisational Development
- Finance, strategy and planning – assessed by the Director of Finance and Director of Strategy and Planning
- Fragile Services - assessed by the Director Nursing, Quality and Patient Experience and Director of Strategy and Planning
- Performance and outcomes – assessed by the Director of Operations

A summary of the current escalation levels for each of our directorates is included in **Appendix A**. Directorates at Level 3 will have monthly meetings with Executive Directors until improvements are made to de-escalate.

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 at 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. A summary of the measure changes made between the 2023/24 and 2024/25 performance frameworks can be found on page 48 of the new framework for this financial year. The Performance Team have reviewed the new framework and updated new metric data in the month 2 2024/25 IPAR where currently available.

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 of 31 May 2024

Measure	Target	Latest data	Variance	Assurance
Financial deficit (in month)*	£5.333m (plan)	£5.645m	●	n/a
Agency spend	5.47%	3.70%	●	☐
Break-even duty forecast	£11.5m (YTD) £64m (FYE)	£11.5m (YTD)	n/a	n/a
Third party spend – Hywel Dda suppliers	n/a	6.5%	●	n/a
Third party spend – Welsh suppliers	n/a	32.4%	●	n/a
Total carbon emissions**	n/a	93,940 tCO2e	n/a	n/a

* Positive figures represent a deficit and negative figures a surplus

~ Target quoted is for 2023/24.

** Carbon emissions data as at 31st March 2023

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to **CONSIDER** the SRC measures from the Integrated Performance Assurance Report and **ADVISE** of any issues that need to be escalated to the July 2024 Public Board meeting.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

- 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.
- 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.
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)	6. All Apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	7. All apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: 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

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

Appendix A – Escalation framework overview by directorate: May 2024

1 Reasonable assurance 2 Limited assurance 3 No assurance

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As of 31 May 2024



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

For data on all performance measures we are tracking, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st May 2024.](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits over 52 weeks: new outpatient appointment	May 2024	0	4,815			N/a
Planned care	Follow-up appts - delayed >100%	May 2024	0	16,201			N/a
Planned care	Patients waiting over 52 weeks RTT	May 2024	0	15,609			N/a
Planned care	Patients waiting 104 weeks+ RTT	May 2024	0	1,613			N/a
Emergency care	% Ambulance red call responses < 8 mins	May 2024	65%	47.3%			N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	May 2024	0	970			
Emergency care	Ambulance handover > 4 hours Hywel Dda	May 2024	0	311			N/a
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	May 2024	95%	64.2%			N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	May 2024	0	1,744			
Emergency care	Number of Pathways of Care delayed discharges	May 2024	n/a	247		N/a	
Cancer	% pts on single cancer pathway within 62 days	Apr 2024	75%	43%			
Mental health	% therapy interven post LPMHSS assess (age 0-17)	Apr 2024	80%	91.5%			
Mental health	% therapy interven post LPMHSS assess (age 18+)	Apr 2024	80%	96.5%			
Mental health	% adult psychological therapy waits <26 weeks	Apr 2024	80%	48.2%			
Mental health	% child neurodevelopment assess waits <26 weeks	Apr 2024	80%	18.6%			
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	May 2024	0	4,051			
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	May 2024	0	1,942			N/a
Quality	C. difficile: Number of confirmed cases (in-month)	May 2024	8	23			N/a
Quality	E.coli: Number of confirmed cases (in-month)	May 2024	21	28			N/a
Quality	S.aureus: Number of confirmed cases (in-month)	May 2024	6	07			N/a
Workforce	% sickness absence rate of staff	May 2024	4.79%	6.39%			N/a
Finance	Financial in month deficit	May 2024	n/a	£5,645,000		N/a	

Key

Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target

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

Trajectory - performance against our ambition

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

Statistical process control (SPC) charts

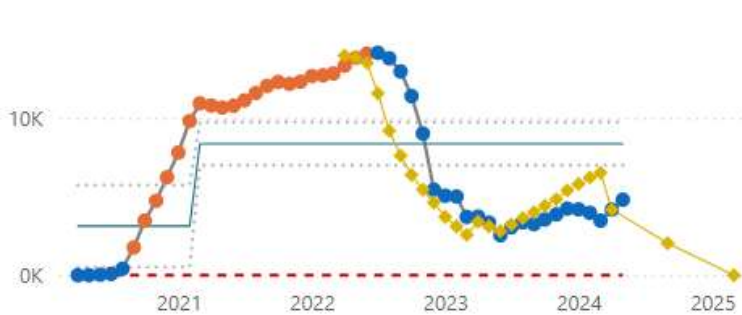
- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

Waits over 36 weeks, 52 weeks for first outpatient and delayed follow up appointments
(Ministerial priority)

Key

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

Patients waiting >52 weeks for first outpatient appointment



Improving variation is showing, however, breaches have risen for 2 consecutive months. The 4,815 breaches in May 2024 is the highest since February 2023 (5,017).

Follow up outpatient appointments delayed over 100% past target date



Breaches have risen for the last 3 months, with May 2024 position (16,201) the highest since January 2024 (16,310).

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 or a day case (rather than inpatient) procedure. This can impact treatment times.
- Maintaining and reducing waiting times into 2024/25 is dependent on additional plans (including outsourcing). These plans are being deployed from May 2024.
- Teams are working with the procurement department and within the 2024/25 additional recovery money allocation.
- Longer waiting patients are requiring additional pre-assessment support prior to being listed for surgery and can require additional time/treatment and appointments (for example an additional outpatient review prior to listing).

Key actions / initiatives

- Using the benchmark of March 2024, we aim to achieve a 40% reduction target of 2,042 patients waiting over 52 weeks for a first outpatient (OPD) appointment by October 2024.
- Progress towards no patients waiting over 52 weeks for their first OPD appointment by March 2025 is dependent upon specialty specific operational plans (including the use of recovery monies, outsourcing and insourcing) that are being deployed from May 2024.
- Continue to manage demand via targeted validation, referral management (i.e. implementing MyHealthPathways), robust clinical triage and the use of alternative pathways such as self-management (SOS/PIFU)
- Continues 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 the Welsh Government outpatient steering group. This will provide clinical leadership.

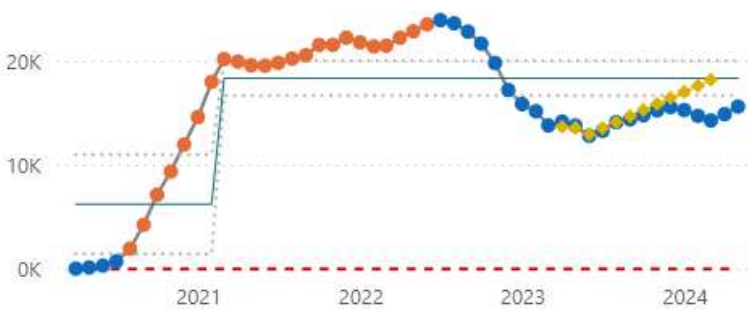
Due date

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

Waits over 52 and 104 weeks from referral to treatment
 (Enhanced monitoring condition, accountability condition and Ministerial priority)

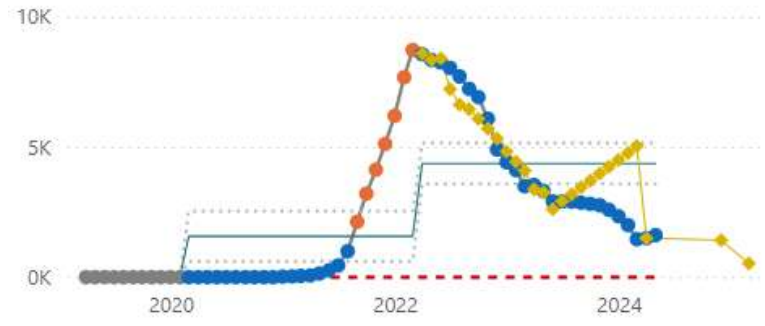
Patients waiting over 52 weeks from referral to treatment

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



Improving variation is showing, however, breaches have risen for 2 consecutive months. The 15,609 breaches in May 2024 is the highest since January 2023 (15,849).

Patients waiting over 104 weeks from referral to treatment

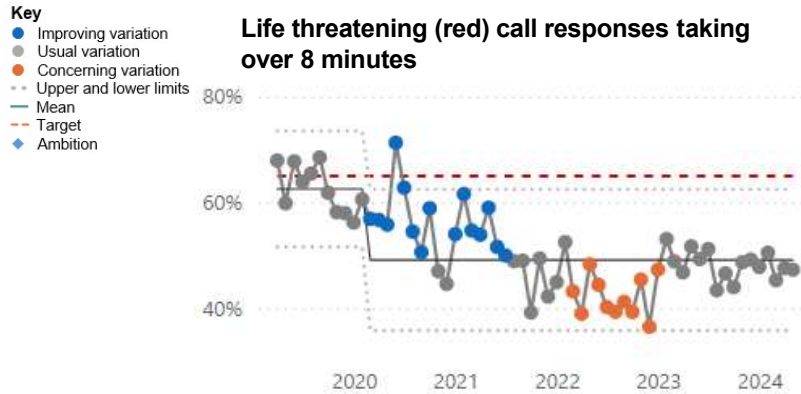


Improving variation is showing, however, breaches have risen for 2 consecutive months to 1,613 in May 2024.

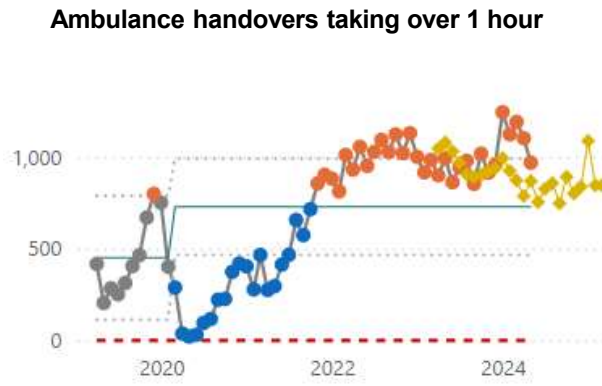
Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • Ongoing acute hospital site pressures can adversely affect elective care. • Additional health needs/co-morbidities can impact a patient's suitability for an outsourced or a day case (rather than inpatient) procedure. This can impact treatment times. • Maintaining and reducing waiting times into 2024/25 is dependent on additional plans (including outsourcing). These plans are being deployed from May 2024. • Teams are working with the procurement department and within the 2024/25 additional recovery money allocation. • Longer waiting patients are requiring additional pre-assessment support prior to being listed for surgery and can require additional time/treatment and appointments (for example an additional outpatient review prior to listing). • Achieving GIRFT (Getting It Right First Time) ambitions is variable amongst clinicians. GIRFT are a national organisation that provide clinical guidelines on expected throughput in theatres and outpatients, i.e., the expected number of cataracts that should be undertaken during one theatre session. 	<ul style="list-style-type: none"> • Progress towards reducing the number of patients waiting over 2 years from referral to treatment (RTT) by March 2025 is dependent upon specialty specific operational plans (including the use of recovery monies, outsourcing and insourcing). These plans are being deployed from May 2024. The specialties who have already recovered their 104-week position are moving towards the 52-week RTT target. • Prioritising the 104-week RTT target by December 24 with the ambition of having 1,417 remaining breaches in two specialties (orthopaedics & Ophthalmology) • Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate aims to improve the treat/booking in turn rate for the top decile of longest waiting patients. 	<p>31/03/25</p> <p>01/01/25</p> <p>31/03/25</p>

Urgent and Emergency Care – Ambulances – Hywel Dda
 (Enhanced monitoring condition, accountability condition and Ministerial priority)

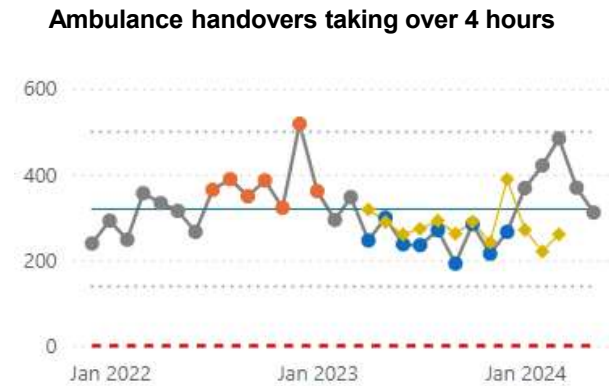
Urgent and Emergency Care



Latest data is showing expected (common cause) variation, 277 red calls met, out of a total of 586 responses, 47.3% (target = 65%).



Latest data is showing a concerning trend, 970 handovers > 1 hour out of a total of 2,120, 46%. The trajectory of 869 was not met.



Latest data is showing expected (common cause) variation. 311 handovers > 4 hour out of a total of 2,120, 15%.

Key challenges / issues – red calls

- 55.33% of missed red calls for May 2024 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.
- 38.83% of missed red calls for May 2024 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8 minutes if a vehicle is available and on nearest standby point.
- Overall attended demand in Hywel Dda health board area has mainly been as forecast but continues to remain high.
- Hospital delays in offloading WAST ambulance crews, 3,569 hours lost at the 4 acute Hywel Dda hospital sites during May 2024, which has increased by 2.16% when comparing May 2023. Top 3 reasons for handover delays according to system data 'no beds available', 'patient had complex needs', 'no available trolley or chair'
- There have been a decrease in the number of immediate release requests for the month of May 2024. 15 requests made, 9 accepted. 6 not accepted. 60% acceptance rate.

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 – challenges with progression from a health board perspective and now progressing a 'front door' model.

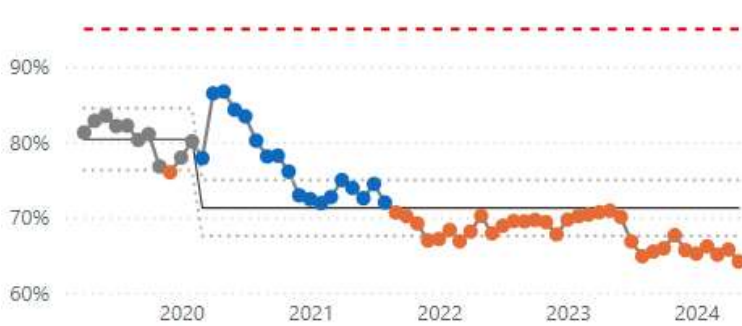
Due date

- Weekly ongoing
- Daily – Hourly
- Ongoing
- Weekly ongoing
- Weekly ongoing
- 30/06/24

Key

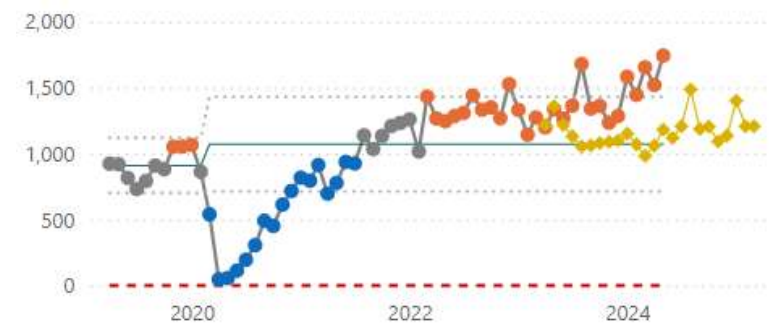
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

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



64% reported for May, 5,871 breaches out of 16,376 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,744 breaches out of 16,376 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,183 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:

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

Urgent and Emergency Care – Ambulances - Bronglais Hospital

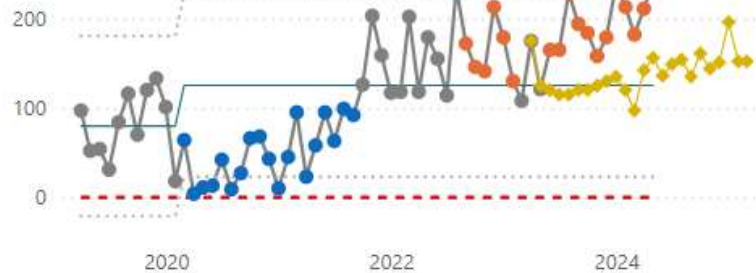
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Key

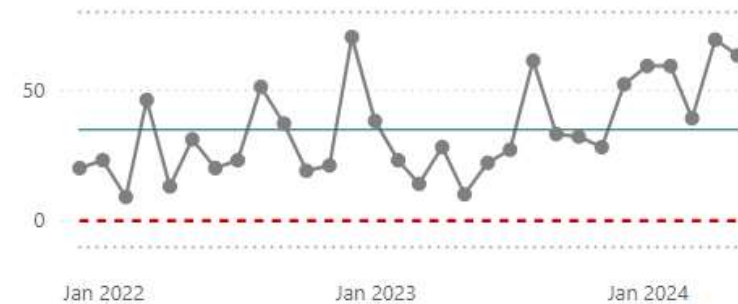
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning trend, 240 handovers >1 hours reported out of a total of 434 handovers, 55%. The trajectory of 156 was not met.

Ambulance handovers taking over 4 hours



This metric is showing expected (common cause) variation. 63 handovers >4 hours were reported out of 434 total handovers 15%.

Key challenges / issues

- Impact of temporary closure of Meurig ward to admissions (14 beds + 1 assessment room) has had a net impact of 17 beds to enable re-provision of co-horted oncology beds and supporting services.
- Emergency department “front door” facing capacity challenges not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010’s, the recent increase in acuity both in ambulances and in the waiting-room challenges the ability to effect alternatives to admissions. “Front door” regularly surged by 15 patients. Surged is where patient volumes challenge or exceed a hospital's servicing capacity.
- Ambulance handover delays, as no safe place to accommodate patients in the Emergency Department (ED).
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.
- Data quality concern identified with Dual Pin Data (mechanism by which handover times are recorded and calculated) presented by Welsh Ambulance Service Trust (WAST).

Key actions / initiatives

- Control group established to manage incident. Options being explored and use of elective bed base for emergency surgical patients initiated with consequential impact upon some elective care.
- Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase/Front door development review. Nurse led-review of front door service.
- Development of Interface Frailty Model Project Initiation Document .
- Additional ED junior doctor covering out of hours continued to cover the high demand and additional clinical workload due to the ward closure.
- ED staffed to agreed staffing levels to cover the high demand and additional workload due to the ward closure. Plan to implement recommended staffing levels from within the opportunity monies.
- Implementation of North Ceredigion Wrap Around service (Community Led)
- New protocol agreed with WAST and ED to improve data quality.

Due date

- 24/05/24
- Q1, 2024/25
- Q1, 2024/25
Plan to cease postponed.
- 24/05/24
- Q2, 2024/25
- 06/06/24

Key

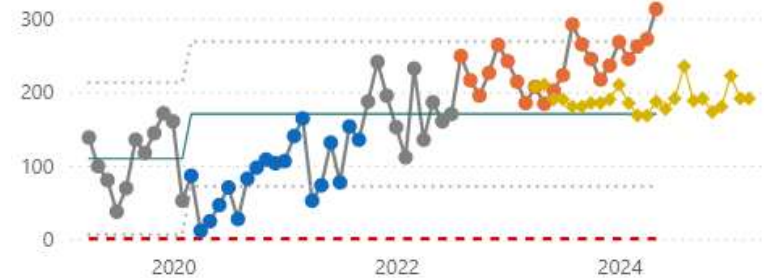
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E



66% reported for May, 999 breaches out of 2,908 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E



313 breaches out of 2,908 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 187 was not met.

Key challenges / issues

- Impact of temporary closure of Meurig ward to admissions (14 beds + 1 assessment room) has had a net impact of 17 beds to enable reprovision of co-horted oncology beds and supporting services.
- Emergency department “front door” facing capacity challenges not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010’s, the recent increase in acuity both in ambulances and in the waiting-room challenges the ability to effect alternatives to admissions. “Front door” regularly surged by 15 patients. Surged is where patient volumes challenge or exceed a hospital’s servicing capacity.
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.

Key actions / initiatives

- Control group established to manage incident. Options being explored and use of elective bed base for emergency surgical patients initiated with consequential impact upon some elective care.
- Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase/Front door development review. Nurse led-review of front door service.
- Development of Interface Frailty Model Project Initiation Document .
- Additional ED junior doctor covering out of hours continued to cover the high demand and additional clinical workload due to the ward closure.
- ED staffed to agreed staffing levels to cover the high demand and additional workload due to the ward closure. Plan to implement recommended staffing levels from within the opportunity monies.
- Implementation of North Ceredigion Wrap Around service (Community Led)
- Clarity regarding boarding capacity of the clinical decisions unit provided.

Due date

- 24/05/24
- Q1, 2024/25
- Q1, 2024/25
Plan to cease postponed.
24/05/24
- Q2, 2024/25
07/06/24

Urgent and Emergency Care – Ambulances - Glangwili Hospital

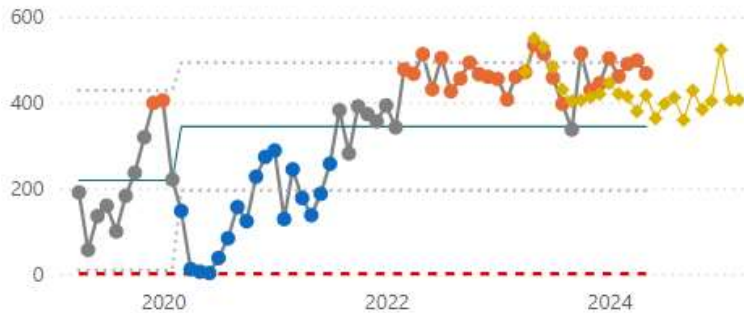
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

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 trend. 468 handovers >1 hours reported out of a total of 806 handovers, 58%. The trajectory of 417 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 202 handovers >4 hours reported out of a total of 806 handovers, 25%.

Key challenges / issues

- Closure of "Y Lolfa" has reduced overall bed capacity at Glangwili Hospital by 15 medical beds. The site continues to report increased medical outliers on surgical ward areas to this effect.
- Overcrowding in Emergency Department with limited capacity for handover spaces within the department safely. This is likely to impact on the ability to timely handover ambulances.
- High volume of daily attenders to the Emergency Department.
- Ambulance Paramedic Practitioner shift fill rate within Eastgate clinical streaming hub, has been variable.

Key actions / initiatives

- Continued focus on length of stay patients 21 days + through Carmarthenshire Escalation Panel with multi-disciplinary team (MDT) approach.
- 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.
- Ambulance Red (8 min response) and Amber 1 (20 min response) incident release plans continue to be facilitated, scoping safe areas to handover patients.
- Work underway to create capacity for patients categorised as "medically expected" directly to Clinical Decision Unit, avoiding the Emergency Department
- Front of House meeting initiated with focus on SDEC, Emergency Department and Clinical Decisions Unit (CDU) – focus on Targeted Intervention work and improving throughout of SDEC.
- Frailty Assessment Unit has decreased length of stay on Cadog Ward (commenced 13/05/24) with rapid turnaround of frail patients. Suitable elderly and frail patients will be admitted to the FAU with the aim to discharge within 72 hours safely.
- Priority to develop surgical SDEC to avoid presentation in ED and throughput of electives through Medical Day Unit.

Due date

Weekly – ongoing.
Daily – ongoing.
Daily – ongoing.
30/07/24
Monthly – ongoing
30/08/24

Urgent and Emergency Care – Emergency Departments - Glangwili Hospital

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Key

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

Patients waiting less than 4 hours in A&E



51.13% reported for May, 2,369 breaches out of 4,848 new attendances. Chart is showing concerning performance trend

Patients waiting over 12 hours in A&E



734 breaches out of 4,848 new attendances, 15%. Chart is showing concerning performance trend. The trajectory of 495 was not met.

Key challenges / issues

- High demand of attenders in the Emergency Department resulting in overcrowding and inability to see patients within targeted timescale.
- Lack of appropriate space for medical and surgical specialties to review patients when department is fully escalated.
- Long term sickness of Same Day Emergency Care (SDEC) Consultant has impacted on flow from ED to SDEC.

Key actions / initiatives

- Continued focus on length of stay patients 21 days + through Carmarthenshire Escalation Panel with multi-disciplinary team (MDT) approach.
- 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.
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- Priority to develop surgical SDEC to avoid presentation in ED and throughput of electives through Medical Day Unit.

Due date

- Weekly – ongoing.
- Daily – ongoing.
- Daily – ongoing. 30/07/24
- Monthly – ongoing
- 30/08/24

Key

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

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) variation. 106 handovers >1 hours reported out of a total of 245 handovers, 43%. The trajectory of 55 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 15 handovers >4 hours reported out of a total of 245 handovers, 6%.

Key challenges / issues

- Overall ambulance arrivals in May decreased slightly from April with >1 hour and > 4 hour handover performances improving.
- All our ward areas continued to operate on full capacity through-out the whole month with additional patients in surge areas to maintain patient flow.
- Across Carmarthenshire- Advanced Paramedic Practitioner shift fill rate within the clinical streaming hub at Eastgate has been challenging due to sickness and annual leave during May.
- Acuity of patients presenting remains a challenge alongside infection control issues with patients requiring specialist areas.

Key actions / initiatives

- Ambulance Red (8 min response) and Amber 1 (20 min response) incident release plans continue to be facilitated, scoping safe areas to handover patients.
- Continue to monitor surge areas with appropriate staffing levels.
- MDU (Medical Day Unit) options for co-location of accommodation being worked through in advance of Pentre Awel opening (a designated therapies facilities where patients can receive treatment outside an acute setting).
- Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) being agreed to include interface frailty service.
- Advanced Paramedic Practitioner within clinical streaming hub reviewing ambulance stack.

Due date

- 30/06/24
- 30/06/24
- 31/07/24
- 31/07/24
- 30/06/24

Key

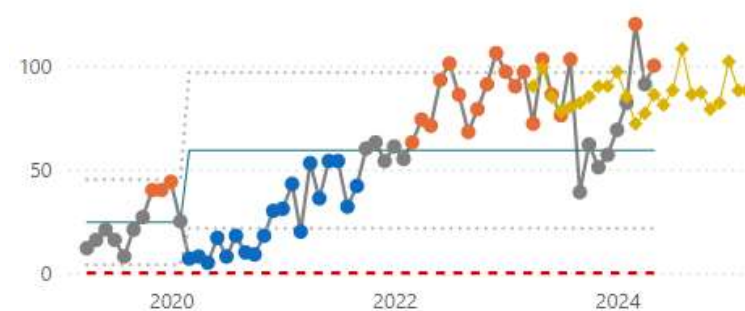
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in MIU



78.33% reported for May, 642 breaches out of 2,962 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in MIU



100 breaches out of 2,962 new attendances, 3%. Latest data is showing concerning performance trend. The trajectory of 86 was not met.

Key challenges / issues

- Minor Injury Unit (MIU) new patient attendances for May were slightly up on April with 31% of patients attending with a major complaint rather than a minor injury. These patients require admission and can wait in MIU overnight due to restricted availability of an appropriate bed.
- The ongoing challenges we are experiencing include limited doctor cover on certain shifts during the 24 hours resulting in patients waiting longer to be treated within a Minor Injury Unit setting.
- Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 40 patients per day. This does have an impact on patient flow throughout the hospital.

Key actions / initiatives

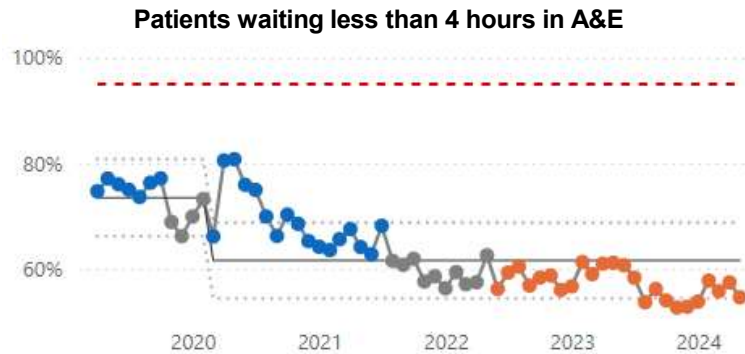
- Same Day Emergency Care (SDEC) continues to support with redirection from MIU if appropriate and admission avoidance. Attendances remain high with our hybrid model including medical input with circa 95% discharge rate.
- Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that 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 doctor's weekly timetables to meet the demand and avoid delays.
- Working with community colleagues on early discharge planning.
- Medical/Nursing recruitment process ongoing to support areas.

Due date

- 30/06/24
- 31/03/25
- 30/06/24
- 01/09/24

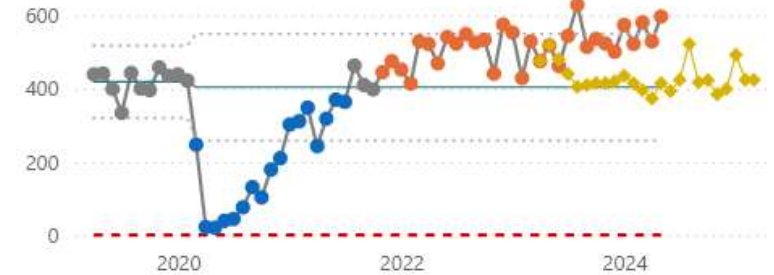
Key

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



54.58% reported for May, 1,815 breaches out of 3,996 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E



597 breaches out of 3,996 new attendances, 15%. The chart is showing a concerning performance trend. The trajectory of 415 was not met.

Key challenges / issues

- Although we have been able to reduce our bed base down by 25 beds, we are now surging into those beds areas to de-pressurise ED.
- There has been an increase to new attendances in May, with a higher medical acuity noted by the on-call Consultants. Which require admission.
- The clinically optimise and ready to leave cohort of patient are increasing, therefore unable to move patients out of ED in a timely manner.

Key actions / initiatives

- Working with our community colleagues to improve on the focus on length of stay patients 21 days + through Pembrokeshire Escalation Panel.
- To develop a robust scrutiny panel for ED breaches to be able to understand the reasons for the delays.
- Have re-established a surgical SDEC to reduce the surgical patients in ED and the increase the capacity in the medical SDEC to stream more patients from ED.
- Will be reviewing the medical day unit capacity and demand through value base health team to be able to fully be utilise to realise further pressure at the "front door".

Due date

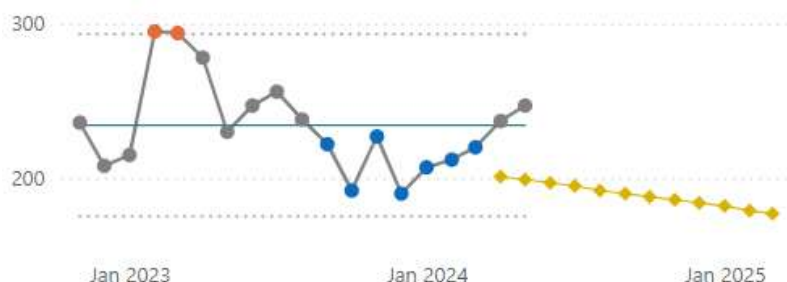
- Completed
- 31/08/24
- Completed
- 30/09/24

Urgent and Emergency Care – Delayed Discharges

(Ministerial priority)

Urgent and Emergency Care

Number of pathways of care delayed discharges



Reason	Resident Local Authority			
	Carmarthenshire	Ceredigion	Pembrokeshire	Total
Awaiting completion of assessment by social care	39	5	11	55
Awaiting Social worker allocation	18		12	30
Awaiting completion of assessment Nursing	12	3	4	19
Mental Capacity	5	3	8	16
Awaiting start of new home care package	7	1	6	14
Awaiting reablement care package	10		2	12
Awaiting completion of arrangements prior to placement	4	1	5	10
Awaiting joint assessment	5	4		9
Awaiting RH availability	3	1	5	9
Awaiting EMI nursing availability	4	3	1	8
Other	28	20	17	65
Grand Total	135	41	71	247

Patients with a delayed discharge increased during May, with Carmarthenshire Local Authority having the greatest number 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. There were 18 mental health patients and 229 non mental health patients. Trajectory of 199 was not met.

Key challenges / issues

Non mental Health:

- Whilst there was an increase in May, the average length of delay for each individual remains the same at 43 days.
- The assessment process is challenging, remaining static with 50% of all delays since reporting commenced in April 2023.
- Regional feedback on the quarterly POCD action plan, highlighted the robust governance and reporting structure associated with the POCD and areas of improvement for the forthcoming quarter period.

Mental health:

- The Mental Health & Learning Disability directorate did not improve their census count for May 2024. The number for May is eighteen which is a deterioration of six which incorporates three discharges but nine new individuals now eligible for POCD status. The new POCDs with the exception of one adult were admitted to older adult in-patient wards for this period.

Key actions / initiatives

- 4 key initiatives underway to address both the required reduction in overall POCD numbers and those delays specifically within the assessment phase;
 - Establishment of a POCD Delivery Group, integrated membership from health & social care (including mental health) responsible for reviewing POCD census data, understanding key themes and delivery of related improvement actions.
 - Establishment of a Discharge Strategy Group to focus on implementing effective and efficient discharge practice and process, supported by a discharge toolkit for front line staff.
 - Continued development of Trusted Assessor roles
 - Embedding of the optimal Flow Framework – identifying within 24 hours of admission those individuals who may need additional support on discharge.
- The monitoring and reporting of the improvement in the number of POCD will be through the newly formed Urgent & Emergency Care subgroup of the IQFPD structure

- POCD is an open action as part of the Directorate's Escalation Meetings in relation to Health Board financial savings. A meeting was held in May with the Principle Project Manager from the Value Based Health Care team to further scrutinise the directorate's position and explore any other avenues to secure improvement. The directorate will be joining the newly formed regional Pathway of Care Delay (POCD) delivery group.
- The adult POCD review meeting continues weekly and the position in respect to older adults highlights the issue of demand versus insufficient capacity to provide specialist elderly placements

Due date

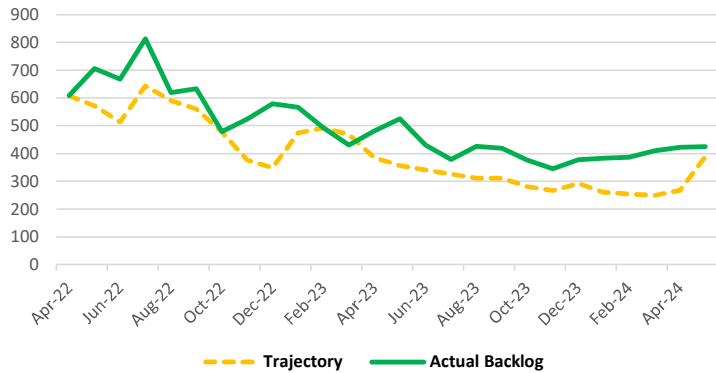
30/6/24

30/06/24

Single Cancer Pathway

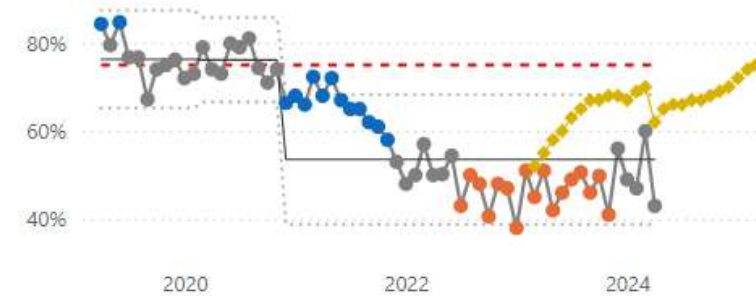
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Number of single cancer pathway patients waiting over 62 days



The backlog of patients has been increasing each month since November 2023. In May 2024 there were 424 patients waiting over 62 days for treatment (trajectory 389).

% single cancer pathway patients starting treatment within 62 days



In April 2024 there were 2,061 single cancer pathway referrals. 43% (99 out of 230) patients started treatment within 62 days, the 62% trajectory was not met.

Key challenges / issues

- Large volume of patients waiting in excess of 28 days for a diagnostic procedure within Lower gastrointestinal (LGI), Urology and Gynaecology
- Increasing volume of patients waiting First Definitive Treatment within the Skin Pathway
- Potential growth for patients waiting First Definitive Treatment within the Breast pathway

Key actions / initiatives

- Reducing patient waits in excess of 14 days for an out-patient appointment (OPA) and 28 days in the LGI diagnostic pathway. Recovery plan in place for patients who require radiology within the LGI diagnostic pathway. To commence 17th June. **Due date: 08/7/24**
- Securing additional minor operations procedure capacity within in July 24 to reduce treatment backlogs to reduce treatment waits within the Skin pathway. **Due date: 08/7/24**
- Post Menopausal Bleeding: One Stop Hysteroscopy commenced at Bronglais Hospital in May 2024 to include all Hywel Dda patients. Model to be rolled out across all sites within Q2. **Due date: 31/07/24**
- Eliminating patient waits in excess of 28 days in the Urology diagnostic pathway. Plans being developed to address growth in treatment volumes as a consequence of the Urology diagnostic recovery work. **Due date: 19/08/24**
- Detailed demand capacity plan being developed to address growth of patients waiting treatment on the Breast pathway. **Due date: 08/7/24**

Due date

Therapeutic interventions following primary mental health assessment

(Enhanced monitoring condition and accountability condition)

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 is showing special cause improving variation and trajectory (80%) was met. 91.5% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The target of 80% in April was met.

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



Latest performance is showing special cause improving variation and trajectory (80%) was met. 96.5% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The target of 80% in April was met.

Key challenges / issues

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):

Despite high levels of compliance over the past five months, we have found a reluctance amongst patients to take up online group work and online individual work who vastly favour one-to-one appointments resulting in longer caseloads.

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

Compliance for therapeutic interventions started within 28 days following LPMHSS assessment remains positive with a high compliance for both referral to assessment and assessment to treatment targets.

Key actions / initiatives

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

Some of the overall improvement in this target reflects a shift in Carmarthenshire towards offering all young people accepted for LPMHSS interventions an initial appointment within 28 days to set goals and agree self-management steps, where some will then continue to wait for further intervention sessions.

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

Access to rooms within GP surgeries remains problematic across several clusters, impacting on local service provision.
Sickness for key staff resulted in a dip in performance in Carmarthenshire for April, however, this has been managed with support from staff in other LPMHSS teams ensuring that performance did not drop below the required level.
Demand in Ceredigion remains high but is currently managed within team capacity.

Due date

30/06/24

30/06/24

Neurodevelopmental Assessment and Psychological Therapy Waits

(Enhanced monitoring condition and accountability condition)

Key

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

% children & young people waiting <26 weeks to start a neurodevelopmental assessment



Performance in April (18.6%) shows special cause concerning variation and trajectory (20%) was not met. 457 out of 3,162 (14.5%) patients had an ASD assessment and 225 out of 498 (45.2%) patients had an ADHD assessment within 26 weeks in April.

% adults waiting <26 weeks to start a psychological therapy



Performance in April (48.2%) shows special cause improving variation and trajectory (49%) was not met. 396 out of 765 (51.8%) patients started an integrated psychological therapies within 26 weeks, 4 out of 21 (19%) started an adult psychology assessment and 33 out of 111 (29.7%) started a learning disability psychology within 26 weeks.

Key challenges / issues

Neurodevelopmental assessments:

Autism Spectrum Disorder (ASD): Due to a demand and capacity imbalance, the longest wait times are now 4.75 years. Demand for assessment has increased year on year, from an average of 20 referrals per month in 2016 to an average of 117.5 referrals so far in 2024.

Attention Deficit Hyperactivity Disorder (ADHD): Referrals for ADHD assessment of children and young people (CYP) continue to increase. A Specialty Community Paediatrician is currently being on-boarded with an expected start date of August 2024. Access to clinical spaces continues to be a challenge as additional clinics are arranged. Unexpected annual leave has seen a decrease in expected activity.

Psychological therapies:

Integrated Therapies: Phase two of group work has commenced with seven groups now active across the service supporting 70+ clients. Commissioned Eye Movement Desensitization and Reprocessing (EMDR) supporting 23 clients referred since April 24.

Adult Psychology: Recruitment remains a challenge. Roll-out of EMDR treatment.

Learning disabilities: Demand remains high but recent recruitment has been successful.

Key actions / initiatives

Neurodevelopmental assessments:

ASD: Relocated to new premises with a small amount of dedicated clinic space to increase capacity and assessment opportunities. Extensive data validation exercise in place. Quarterly monitoring meetings with NHS Executive in place following review of CYP ND services across Wales published with Action Plan meet recommendations.

ADHD: Community paediatricians implementing 'screening clinics' with validation currently being undertaken. Activity for assessment expected to improve as we progress through the financial year. Working with specialist Mental Health team to respond to the NHS Executive All Wales CYP Neuro Diversity Review.

Psychological therapies:

Integrated Therapies: Phase two of group therapies to target waits of less than 15 weeks whilst waiting for 1:1 interventions. Phase three of groups will involve all clients upon assessment being supporting through groups prior to 1:1 interventions.

Adult Psychology: Consolidation to a single waiting list and refined referral criteria.

Learning disabilities: Keeping in touch letters have been produced in Easy Read, in English and Welsh and will be sent out via Synertec, with a rolling 3 month programme.

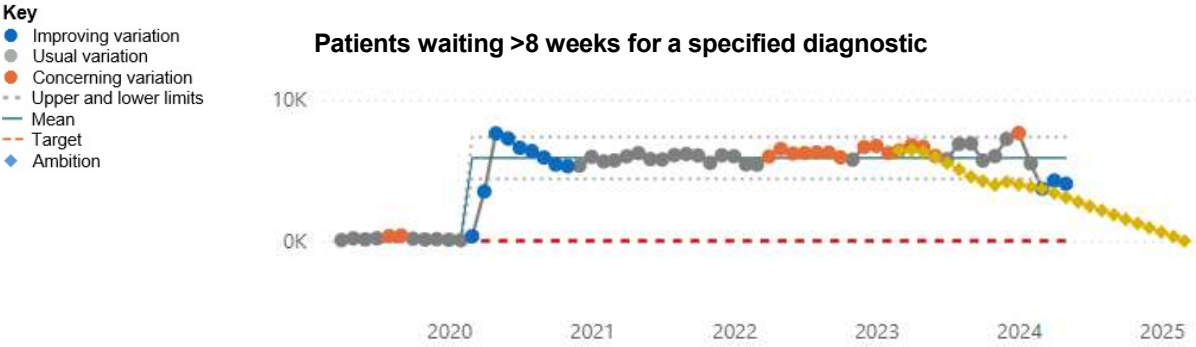
Due date

30/03/25

30/03/25

30/03/25

Diagnostic waits over 8 weeks
(Ministerial priority)



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	May 2024	4,051	●	▣	◆
Radiology		2,050	●	▣	n/a
Endoscopy		1,307	●	▣	n/a
Neurophysiology		341	●	▣	n/a
Cardiology		295	●	▣	n/a
Imaging		39	●	▣	n/a
Phys measure		19	●	▣	n/a

Overall breaches reduced in May 2024 (4,051) compared to April 2024 (4,278), with in-month reductions seen in Radiology, Neurophysiology and Endoscopy. Both Neurophysiology and Cardiology are showing improving variation. However, trajectory in May 2024 (3,083) was not met.

Key challenges / issues	Key actions / initiatives	Due date
<p>Endoscopy:</p> <ul style="list-style-type: none"> Projected waiting list growth of (average) 96 patients per month due to current demand & capacity gap as a result of endoscopist deficits. This is expected to be mitigated from October 2024 when a trainee clinical endoscopist qualifies. Stability of consultant workforce affecting provision of core endoscopy capacity. Capital replacement programme – ageing/fragile scopes require replacement. 	<p>Endoscopy:</p> <ul style="list-style-type: none"> Continue to run 9 additional sessions per week (funded via recovery) to uplift core capacity & reduce the backlog of patients waiting over 8 weeks. Advertise new clinical endoscopist & endoscopy nurse posts. Develop productivity and efficiency dashboard to identify opportunities for improved utilisation of capacity. 	<p>31/08/2024</p> <p>31/10/2024</p> <p>31/07/2024</p>
<p>Radiology:</p> <ul style="list-style-type: none"> Delivery of recovery trajectories following confirmation of recovery monies during April 2024 impacted due to loss of MRI mobile and insourced sonographers. Staff appetite for additional work reduced earlier than anticipated. Additional shifts already worked to cover out of hours. Recovery will depend on level of agreed payment rates. Increasing trajectory of requests received across all modalities which includes cancer referrals, which reduces capacity for 8-week diagnostic breaches. 	<p>Radiology:</p> <ul style="list-style-type: none"> Await confirmation of payment rates for staff to undertake additional sessions. Increase non-obstetric capacity further with insourcing Approach Swansea Bay (SBUHB) to utilise MRI capacity utilising recovery funding Await confirmation of approval to source a staffed mobile MRI scanner Consultant led review of referral criteria and pathways for MRI referral from primary care to be undertaken 	<p>30/06/24</p> <p>30/06/24</p> <p>30/06/24</p> <p>30/06/24</p> <p>31/08/24</p>
<p>Cardiology:</p> <ul style="list-style-type: none"> End of short-term funding, which facilitated a significantly reduced Echocardiography breach position. Breach position will deteriorate in 2024/25 without additional funding. Increased referrals and breaches in Ambulatory Heart Rate Monitoring in recent months. Risks to timeliness and sustainability of Myocardial Perfusion Imaging service due a combination of radiology workforce constraints and risks to re-licensing of this diagnostic by radiology regulatory body. 	<p>Cardiology:</p> <ul style="list-style-type: none"> Recovery funding required to in-source additional Echocardiography capacity in 2024/25. Tender process near complete, which will enable initiation of additional capacity from quarter 2 to quarter 4 (2024/25) on confirmation of funding. Focus on streamlining & optimal efficiencies in Ambulatory Monitoring across sites. Service currently scoping actions to mitigate constraints and risks facing the Myocardial Perfusion Imaging service. 	<p>30/06/24</p> <p>31/08/24</p> <p>31/08/24</p>

Therapy waits over 14 weeks

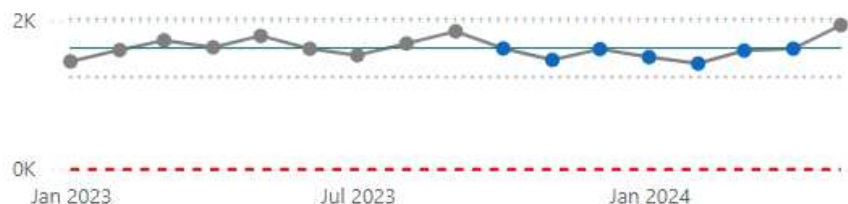
(Ministerial priority)

Therapies

Key

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

Patients waiting >14 weeks for a specified therapy



Breaches have increased for 3 consecutive months, from 1,425 in February 2024 to 1,942 in May 2024. Physiotherapy breaches increased by 290 in May 2024. All services show concerning variation.

Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All*	May 2024	1,942	●	□	69.5%
Physiotherapy		1,099	●	□	98.9%
OT		418	●	□	19.4%
Podiatry		271	●	□	84.8%
Dietetics**		88	●	□	78.4%
Art therapy		47	●	□	n/a
SALT		19	●	□	100%
Audiology*		1,109	●	□	n/a

*Data for all therapies now excludes Audiology

**Dietetics now excludes waits for Weight Management Service

Key challenges / issues

Physiotherapy:

- Musculoskeletal (MSK) continues to have a sharp increase in breaches due to vacancies and an unwinding of recruitment strategies designed to close the gap of workforce availability during vacancy management.
- Insufficient funded workforce to sustainably meet demand in community and MSK.

Occupational Therapy (OT):

- We are currently experiencing the highest number of breaches in paediatrics (323) due to our back log and managing current new demand.
- Our focus remains on prioritising urgent and non-urgent cases. We're assessing our current capacity and considering additional support to address any shortfalls.
- Initial improvements in capacity impacted by staff sickness within the team.

Podiatry:

- Overall position consistent with previous months: currently 271 patients waiting over 14 weeks.
- Significant follow up commitment of chronic vascular/diabetic foot pathology which is difficult to discharge and hence has an impact on new patient management.

Key actions / initiatives

Physiotherapy:

- Physiotherapy included in the Therapy Integrated Improvement Project. Improvement plans being developed to address deterioration in performance, including a business case to financial control panel for consideration of resource shift to bolster workforce to address access to care delays.
- Pilot to evaluate effectiveness of waiting list support initiative to patients on routine lists in community. Initial phase complete with data and feedback to be provided to inform next steps.

Occupational Therapy:

- Our performance and actions for improvement continue to be reviewed weekly via the Therapies Performance Steering Group
- We continue to work with an external company who are providing occupational therapy assessment and intervention for a small number of children and young people in Carmarthenshire
- Continuing to explore any further additional resource internally to support with the waiting list.
- Exploring opportunities to increase the numbers of clinic and group sessions offered

Podiatry:

- Continued validation of waiting lists
- Podiatry has a number of innovative schemes to manage waiting lists including open access clinics, phone triage and extensive staff skill mixing
- A need to develop an open access clinic in Cardigan Integrated Care Centre and further increase ratio of virtual phone contact rather than face to face throughout 3 counties.

Due date

21/06/24

14/06/24

31/07/24

31/07/24

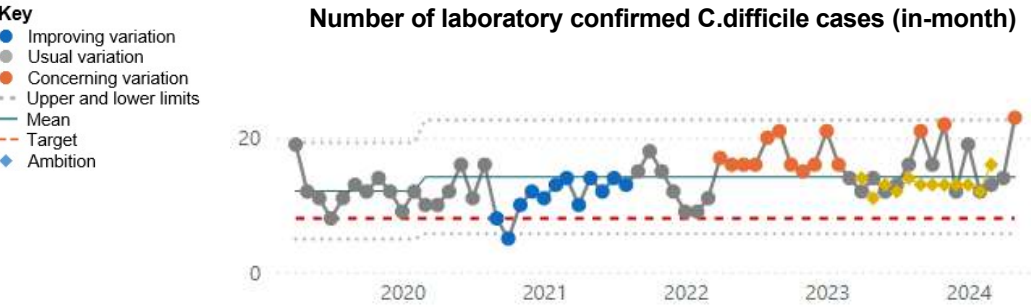
30/06/24

30/06/24

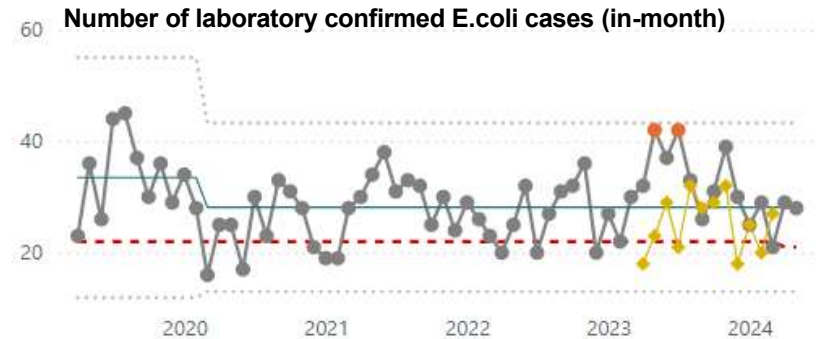
31/12/24

C.difficile and E.coli cases

(Enhanced monitoring condition and accountability condition)



The chart is showing concerning variation. The cumulative rate is 57.5 per 100,000 population.



The chart is showing expected (common cause) variation. The cumulative rate is 88.6 per 100,000 population.

Key challenges / issues

C.difficile

- We continue to see higher numbers of *C.difficile* in both the acute and community sector. We remain under enhanced monitoring through targeted interventions (TI) by Welsh Government though currently attaining the de-escalation criteria for hospital acquired *C.difficile*, equating to no more than 6 cases per month to attain de-escalation of TI.
- Reduced staff capacity of both Microbiology and Infection Prevention and Control (IP&C) team have led to cessation of weekly *C.difficile* ward rounds.

E.coli

- HDUHB continues to have the highest population rate of *E.coli* bacteraemia within Wales, however our hospital acquired numbers are the lowest in Wales.
- Interrogation of the data is necessary in understanding the rationale for the high levels and prevention work required.
- While *E.coli* bacteraemias predominantly are identified as community onset and of urinary source, the majority of health care acquired infections (HCAI) diagnosed have multiple co-morbidities and not often catheter associated urinary tract infection related.
- Hydration of patients is key, while Aseptic NonTouch Technique (ANTT), catheter care and hand hygiene are all confounding factors in reducing HCAI's.

Key actions / initiatives

C.difficile

- Improve antibiotic stewardship and encourage Drs completion of of "start smart, then focus" (SSTF) audits.
- Focus on hand hygiene quality improvement (QI) projects – quarterly validation audits.
- SpectrumX to be included in tender process for hand hygiene product.
- Cleaning matrix to include DiffX sporicidal disinfectant across all areas for general and terminal cleaning.
- Surveillance of all cases both Toxin and Polymerase Chain Reaction (PCR) positive cases, monthly review and scrutiny meetings continue – need medical engagement.
- Increased Faecal microbiota transplantation (FMT) focus for relapses of *C.difficile* infections – 7 patents treated since January this year, bringing total to 18

E.coli

- Patient hand hygiene essential – QI project to be developed to focus on this subject.
- Investigate *E.coli* strains to determine potential transmission factors.
- In-depth interrogation of data ongoing to identify geographical areas of concern and environmental factors.

Due date

- Ongoing
- 31/07/24
- Ongoing
- Complete August 24
- Ongoing
- 31/07/24
- 30/06/24
- 31/07/24

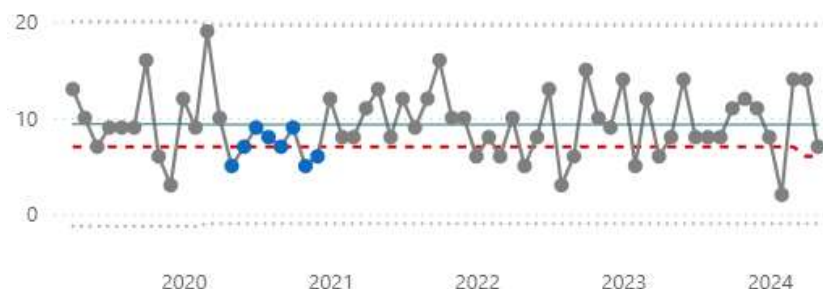
S.aureus

(Enhanced monitoring condition and accountability condition)

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 The cumulative rate is 32.6 per 100,000 population.

Key challenges / issues

- Decrease in case numbers of Staphylococcus aureus (*S.aureus*) bacteraemias confirmed across both the acute and community sectors.
- Investigation of cases identifies that while skin and soft tissue (wounds) are the dominant source, an increase in line associated infections is also detected.

Key actions / initiatives

- Wounds: Predominant source though variable – Improving compliance with ANTT on all sites, need to ensure District Nurses/Practice teams are competent and practice monitored.
- Wound management to be assessed, link with tissue viability team to determine practice compliance– primary and secondary care.
- Peripherally inserted central catheter (PICC/PVC) lines: Line care group to be established – line infections show slight increase, management to be addressed through targeted training and the line group
- Renal : Catheter care improvement project to be initiated, with education sessions to include maintenance and staff awareness of the removal criteria (HOUDINI protocol used)
- Re-instate availability of trial with out catheter (TWOC) clinics in community and acute settings
- ANTT – competency assessment rates improving – starting Silver Accreditation process with Critical Care
- Hand Hygiene

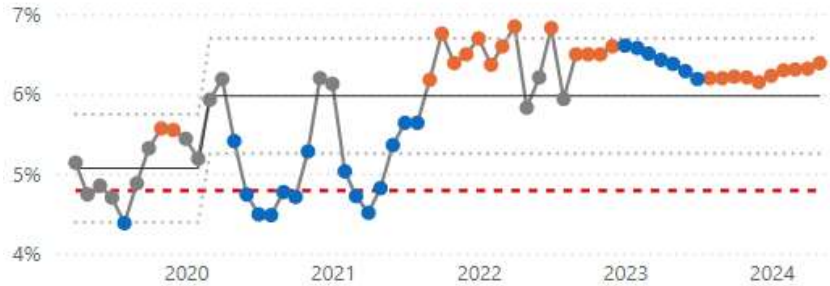
Due date

- 30/06/24
- 31/07/24
- 30/06/24
- May 24 – complete
- 31/07/24
- Ongoing

Key

- Improving variation
- Usual variation
- Concerning variation
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- Mean
- Target
- ◆ Ambition

% staff sickness rate (12 months rolling)



The rolling 12-month performance was 6.39% for May 2024 against the target of 4.79%

In-month performance for May 2024 was 6.2%. The highest levels of sickness absence were reported for:

- 11.9%: Facilities
 - 72%: Laundry GGH
 - 18%: Hotel services PPH
 - 16%: Portering WGH
 - 14%: Hotel services GGH
- 9.2%: Ceredigion county
- 8.2%: Carmarthenshire county

Key challenges / issues

Conditions impacting absence rates include:

- Anxiety/stress/depression continues to account for the highest reasons for absence accounting for more than 30% of all days lost.
- Absence levels in Estates & Facilities have remained consistently higher than most other departments with a continuing upward trend. Significant increase in cost of absence in May 2024 has prompted a deeper dive into bandings of those absent by reason to see if there is a trend emerging of more senior staff taking sickness absence.
- Concern identified with regard to the significantly higher levels of absence recorded for staff in the “other” category which was 20% for May 2024. Analysis of the data set for specific targeted intervention was undertaken. The report showed two significant changes which had resulted in an increase in absence levels: number of staff in this category had significantly reduced from 37 to 5 apprentices due to the majority being placed in departments. The remainder are staff that have not been placed due to, for example, health concerns. A number of the 5 remaining have recently had time off sick which in the remaining small pool appears as a significant increase in the rates of absence reported albeit actually equates to 1 person long term sick.

Key actions / initiatives

- Task & Finish Group action plan:** Several key issues for progression including training and support, digital accessibility, reasonable adjustments and a new approach to short term redeployment opportunities. Next meeting will assign timescales, key leads and sub workstreams required.
- Review of sickness audits:** To ensure that both theory and practice align when assessing understanding and compliance.
- Return to Work Interview Form:** applying the ‘HR Disrupted’ approach as part of encouraging better uptake/completion rates by managers due to the positive impact such interviews can have on reducing absence levels.
- Meeting to be arranged with Estate & Facilities senior management:** to discuss absence levels and strategies to reduce absence.

Due date

- 30/06/24
- 30/06/24
- 31/07/24
- 30/06/24

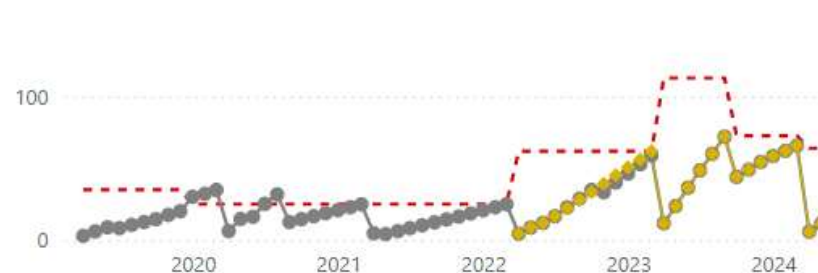
Key

- Improving variation
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- Concerning variation
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- Target
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Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

- The Health Board's end of year reported position is a £64.0m deficit. The Month 2 financial position is an overspend of £5.6m against the Planned Deficit of £5.3m, which is made up of £0.1m unidentified savings and an operational variation of £0.2m. Of the Savings target of £32.4m, £13.5m has been identified leaving a gap of £18.9m to be identified from the Opportunities Framework.
- The key focus for the organisation is to develop, implement and deliver savings schemes to close the current gap of £18.9m. This is the key driver for the forecast deviation to the planned deficit, with underspends being signalled across core budgets in Primary Care, Therapies, Public Health and Corporate, offsetting overspends within the Carmarthenshire Health System, Oncology and Women's & Childrens.

Key actions / initiatives

- In month, there were several positive actions which identified further savings taking the total Green and Amber schemes to £13.5m, largely made up of non-recurrent savings. The gap for future months in the year remains a concern and challenge, and the focus is to convert non-recurrent to recurrent as well as fully identifying directorate savings aspirations.
- The Withybush Bed Savings delivery is currently not delivering as per plan and requires intervention.
- Glangwili Ward Recovery plan – to manage the increase level of variable pay seen in Registered Nurse and Healthcare support worker.
- Swansea Bay Long Term Agreement (LTA) – The Month 2 position shows an improvement of £0.4m due to ongoing contract discussions with Swansea Bay realising a benefit for the Health Board, but this needs to be recognised as such within the formal LTA contract.
- Drugs pressures in Oncology and Homecare drugs costs in PPH and GGH is continuing to rise, mitigating actions will be required for these.
- Managed Practices - £1.9m cost pressure due to premium locum and agency costs, an action plan is being developed to re-tender into private management.
- An internal escalation framework has been agreed and implemented. Escalation meetings having taken place for Pathology, Radiology, Therapies, Mental Health, Carmarthenshire Health System and Planned Care. Recovery plans are being developed by those Directorates.
- Grip and control measures have been put in place during June, alongside the escalation process, covering recruitment, training and procurement.
- The newly created Value & Sustainability group and Integrated Quality, Finance, Performance and Delivery (IQFPD) Group are reviewing accountability arrangements for local delivery actions.
- A 3-year financial recovery plan was presented to Board In-Committee. Following further refinement, it will be presented in the next Board Seminar in June. This will highlight the plan around achieving the Target Control Total by 2025/26 and the inflated historical deficit by 2026/27.

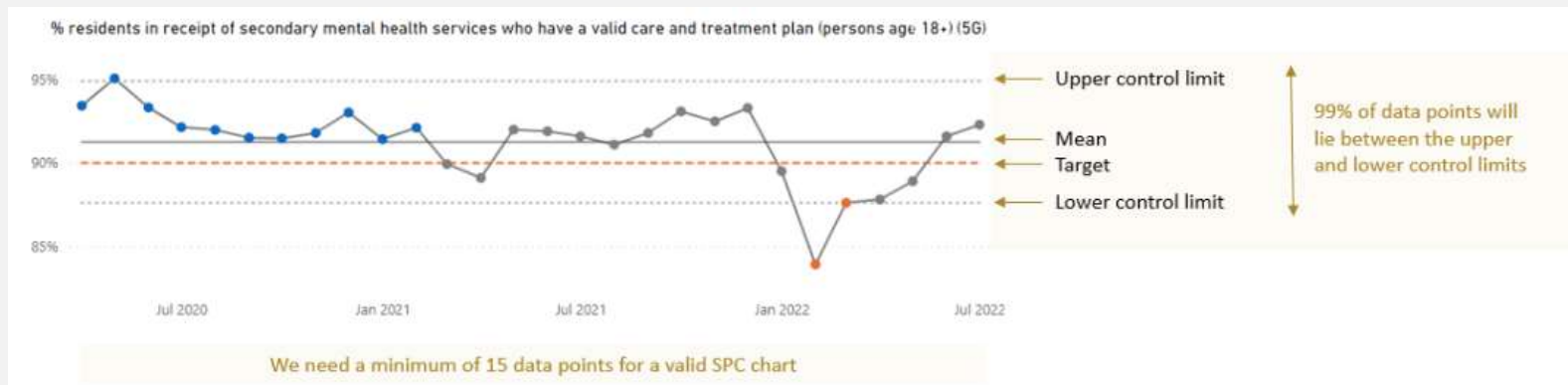
Due date

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.

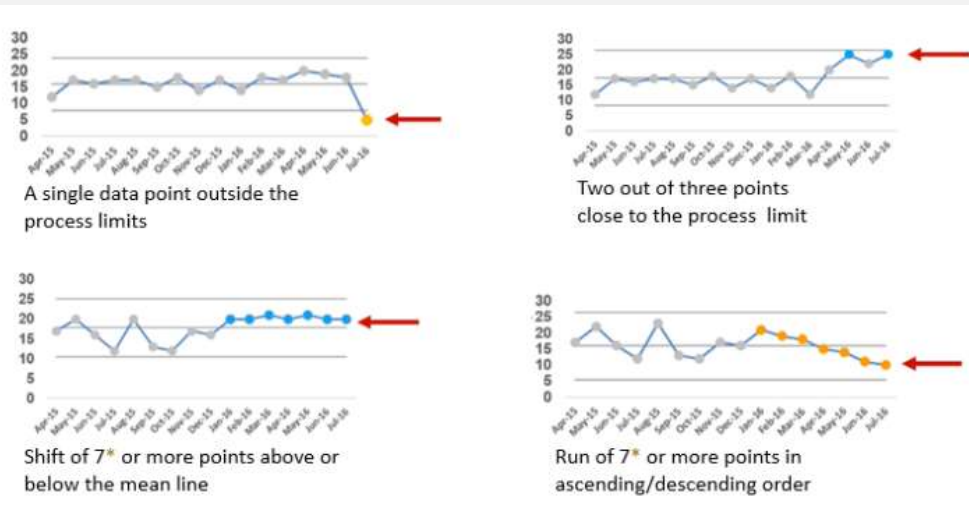
Anatomy of a SPC chart



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		