

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 4 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		
<u>Sefyllfa / Situation</u>		
<p>This report relates to the Month 4, 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.</p> <p>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 July 2024. Ahead of the Committee meeting, the dashboard will also be made available via the Hywel Dda University Health Board (HDdUHB) internet site.</p> <p>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.</p>		
Variation How are we doing over time	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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
		<p>If assistance is required in navigating the IPAR dashboard, please contact the Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk</p>

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 4 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 on 31 July 2024

Measure	Target	Latest data	Variance	Assurance
Financial deficit (in month)*	£5.333m (plan)	£6.021m	●	n/a
Agency spend	5.47%	2.9%	●	▣
Break-even duty forecast	£23.4m (YTD) £64m (FYE)	£23.4m (YTD)	n/a	n/a
Third party spend – Hywel Dda suppliers	n/a	8.5%	●	n/a
Third party spend – Welsh suppliers	n/a	11%	●	n/a
Total carbon emissions**	n/a	93,940 tCO2e	n/a	n/a

* Positive figures represent a deficit and negative figures a surplus

** Carbon emissions data as at 31st March 2023

Argymhelliad / Recommendation

The 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 September 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 Termau: Glossary of Terms:	Contained within the body of the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance, Performance, internal Escalation process
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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 of 31 July 2024

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



This document summarises performance against our key improvement measures for 2024/25. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government (WG), 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 31 July 2024.](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits over 52 weeks: new outpatient appointment	Jul 2024	0	3,959	●	■	◆
Planned care	Follow-up appts - delayed >100%	Jul 2024	0	15,714	●	■	N/a
Planned care	Patients waiting over 52 weeks RTT	Jul 2024	0	15,696	●	■	N/a
Planned care	Patients waiting 104 weeks+ RTT	Jul 2024	0	1,733	●	■	◆
Emergency care	% Ambulance red call responses < 8 mins	Jul 2024	65%	49.1%	●	■	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Jul 2024	0	959	●	■	◆
Emergency care	Ambulance handover > 4 hours Hywel Dda	Jul 2024	0	273	●	■	N/a
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Jul 2024	95%	66.0%	●	■	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Jul 2024	0	1,592	●	■	◆
Emergency care	Number of Pathways of Care delayed discharges	Jul 2024	n/a	203	●	N/a	◆
Cancer	% pts on single cancer pathway within 62 days	Jun 2024	75%	54%	●	■	◆
Mental health	% therapy interven post LPMHSS assess (age 0-17)	Jun 2024	80%	85.1%	●	■	◆
Mental health	% therapy interven post LPMHSS assess (age 18+)	Jun 2024	80%	89.6%	●	■	◆
Mental health	% adult psychological therapy waits <26 weeks	Jun 2024	80%	74.4%	●	■	◆
Mental health	% child neurodevelopment assess waits <26 weeks	Jun 2024	80%	21.9%	●	■	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Jul 2024	0	4,147	●	■	◆
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Jul 2024	0	2,117	●	■	◆
Quality	C. difficile: Number of confirmed cases (in-month)	Jul 2024	8	23	●	■	N/a
Quality	E.coli: Number of confirmed cases (in-month)	Jul 2024	21	35	●	■	N/a
Quality	S.aureus: Number of confirmed cases (in-month)	Jul 2024	6	14	●	■	N/a
Workforce	% sickness absence rate of staff	Jul 2024	4.79%	6.59%	●	■	N/a
Finance	Financial in month deficit	Jul 2024	n/a	£6,021,000	●	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



Latest performance is showing special cause improving variation. Following three months of rising breaches, performance in July 2024 improved to 3,959. However, trajectory (3,394) was not met.

Follow up outpatient appointments delayed over 100% past target date



Latest performance is showing special cause improving variation, with reductions in follow ups delayed over 100% for two consecutive months to 15,714 in July 2024, the lowest number since February 2024.

Key challenges / issues	Key actions / initiatives	Due date
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- Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of See On Symptoms (SoS)/Patient Initiated Follow Up (PIFU) and active management of referral demand.
- Outpatient waiting volumes are at their lowest since July 2021. Latest performance, although improved has been impacted by sickness, annual leave, bereavement and clinical unavailability. Additional factors include:
 - Prioritising **Urology** cancer backlog over routine backlog demand
 - **Colorectal** cancer demand utilising routine slots
 - **Vascular** regional capacity issues
 - **Dermatology** insourcing delay due to additional checks including the requirement of "cooling off period".
 - **Orthopaedic** priority of 3 and 4-year breaches
- The volume and percentage of patients on a follow up waiting list in Hywel Dda University Health Board (HDdUHB) is significantly lower than other large Health Boards in Wales.

- Using a benchmark of March 2024, we aim to achieve a 40% reduction target of 2,042 patients waiting 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 *My Health Pathways*), robust clinical triage and the use of alternative pathways such as self-management (SoS and 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.
- Demand and capacity plans have been developed and are scrutinised daily via the senior team to provide assurance on trajectory recovery.

		01/10/24
		31/03/25
		Ongoing
		31/03/25
		31/03/25
		01/09/24

Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Planned Care Recovery

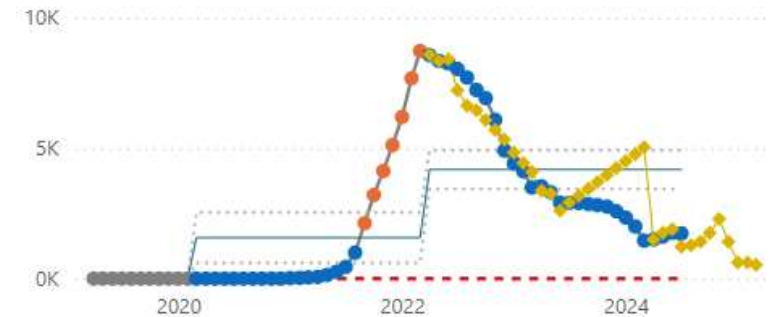
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - - Upper and lower limits
 - Mean
 - Target
 - Ambition

Patients waiting over 52 weeks from referral to treatment



Latest performance is showing special cause improving variation. Following three months of rising breaches, performance in July 2024 improved to 15,696.

Patients waiting over 104 weeks from referral to treatment

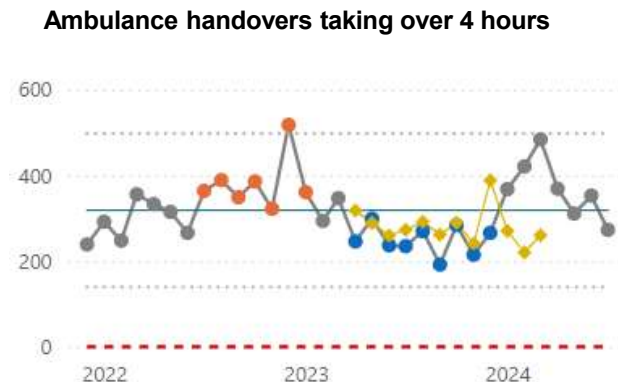
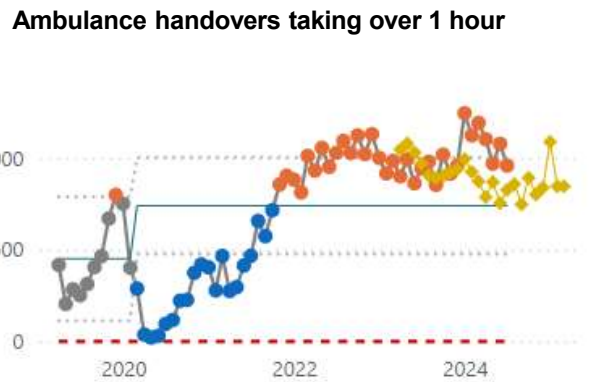
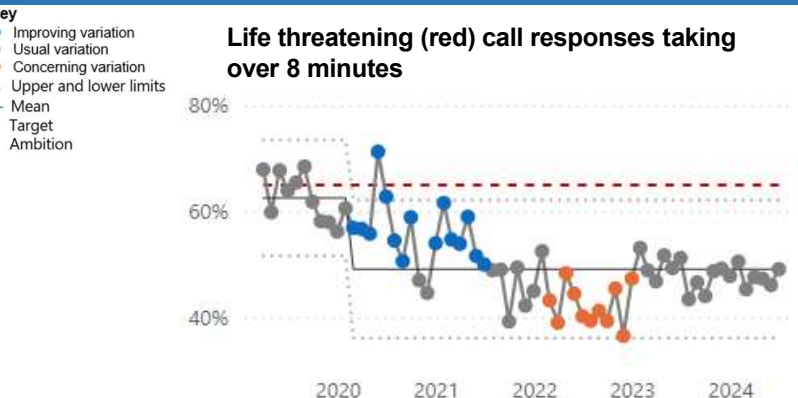


Latest performance is showing special cause improving variation. Following three months of rising breaches, performance in July 2024 improved to 1,733. However, trajectory (1,218) was not met.

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 into 2024/25 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. July performance, although improved has been impacted by sickness, annual leave, bereavement and clinical unavailability. Additional factors include: <ul style="list-style-type: none"> Prioritising Urology cancer backlog over routine backlog demand Colorectal cancer demand utilising routine slots Vascular regional capacity issues Dermatology insourcing delay due to additional checks including the requirement of "cooling off period". Orthopaedic priority of 3 and 4-year breaches 	<ul style="list-style-type: none"> Using a benchmark of March 2024, we aim to achieve a 40% reduction target of 2,042 patients waiting 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 <i>My Health Pathways</i>), robust clinical triage and the use of alternative pathways such as self-management (SoS and 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 scrutinised daily via the senior team to provide assurance on trajectory recovery. 	<p>01/10/24</p> <p>31/03/25</p> <p>Ongoing</p> <p>31/03/25</p> <p>01/09/24</p>

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

Urgent and Emergency Care



Latest data is showing expected (common cause) variation, 303 red calls met, out of a total of 617 responses, 49.1% (target = 65%).

Our Performance Dashboard, Max of Target General, Max of Target
 Latest data is showing a concerning trend, 959 handovers > 1 hour out of a total of 2,070, 46%. The trajectory of 826 was not met.

Latest data is showing expected (common cause) variation. 273 handovers > 4 hour out of a total of 2,070, 13%.

Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
<ul style="list-style-type: none"> •45.23% of missed red calls for July 24 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. •51.27% of missed red calls for July 24 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 Welsh Ambulance Service Trust (WAST) ambulance crews, 2,995 hours lost at the 4 acute Hywel Dda hospital sites during July 2024, which has increased by 7.68% when comparing July 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 July 2024. 16 requests made, 14 accepted. 2 not accepted. Acceptance rate has increased to 85.72% 	<ul style="list-style-type: none"> •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 Presli – 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 HDdUHB area for mental health advice now live. •Neck of Femur pathway – ongoing challenges with progression from a health board perspective and support requested from health board colleagues •Working with health board colleagues to improve SDEC referrals and acceptance. 	<p>Weekly ongoing</p> <p>Daily – Hourly ongoing</p> <p>Weekly ongoing</p> <p>Weekly ongoing</p> <p>31/08/24</p>

Urgent and Emergency Care – Emergency Departments - HDdUHB

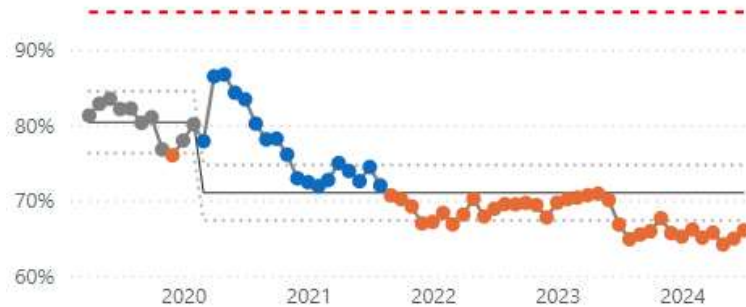
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Key

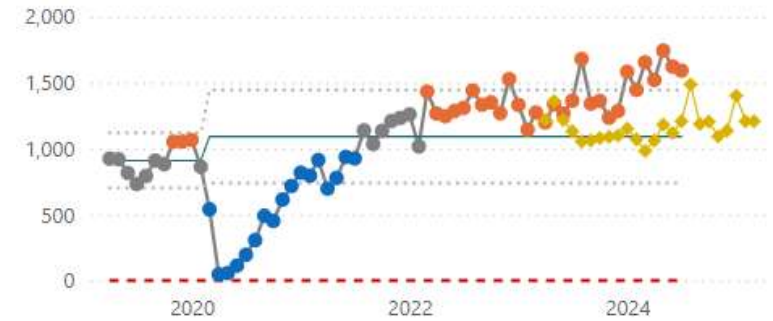
- Improving variation
- Usual variation
- Concerning variation
- - - Upper and lower limits
- Mean
- - - Target
- Ambition

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



66% reported for July, 5,329 breaches out of 15,694 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,592 breaches out of 15,694 new attendances, 10%. The chart is showing a concerning performance trend. The trajectory of 1,207 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](#)

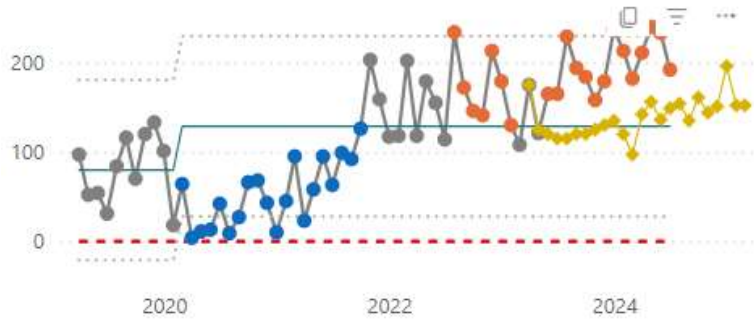
Urgent and Emergency Care – Ambulances - Bronglais Hospital (BGH)

(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 a concerning trend, 192 handovers >1 hours reported out of a total of 371 handovers, 52%. The trajectory of 149 was not met.

Ambulance handovers taking over 4 hours



This metric is showing a concerning trend. 56 handovers >4 hours were reported out of 371 total handovers 15%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Emergency department “front door” facing capacity challenges reported previously continue, although demand reduced in July that alleviated this to some extent. The temporary closure of Meurig Ward to effect roof repairs has exacerbated the current front door pressures with an alternative bed provision coming into operation at the end of July. Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to the Emergency Department (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 WAST. Protocol has been issued 	<ul style="list-style-type: none"> Front door development review. Nurse led-review of front door service, including 6-goals and ED Quality Statement requirements finalised and in management scrutiny before being taken forward. Additional nursing staff rostered when department is surged, including nurse support to patients on ambulances. Clarity over implementation of recommendations of review of nurse staffing levels for EDs. Consideration delayed until July; decision awaited. Implementation of North Ceredigion Wrap Around service (Community-led) Ambulance Handover Protocol appears to be improving lost hours data accuracy,, although more work is required to continue the 3-months continuous improvement delivered since April 2024. Y Bwa opened on 25 July 2024 to provide contingency bed capacity to compensate for the lost Meurig ward beds. The development of an Interface Frailty Model will now commence to establish how this new arrangement can deliver a true shift left. 	<p>Q3, 2024/25</p> <p>As required</p> <p>Awaited.</p> <p>Awaited</p> <p>30/09/24</p>

Urgent and Emergency Care – Emergency Departments - BGH
 (Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

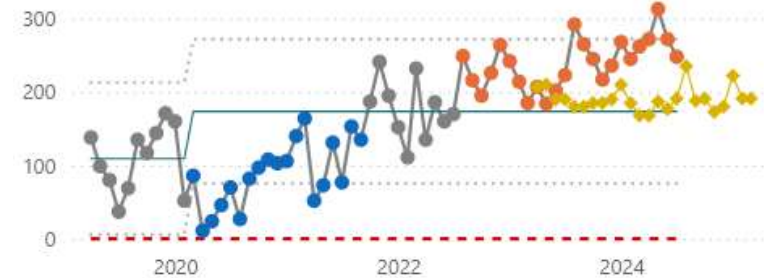
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 - - Target
 ● Ambition

Patients waiting less than 4 hours in A&E



64% reported for July, 922 breaches out of 2,580 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E



248 breaches out of 2,580 new attendances, 10%. The chart is showing a concerning performance trend. The trajectory of 191 was not met.

Key challenges / issues

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

Key actions / initiatives

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

Due date

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

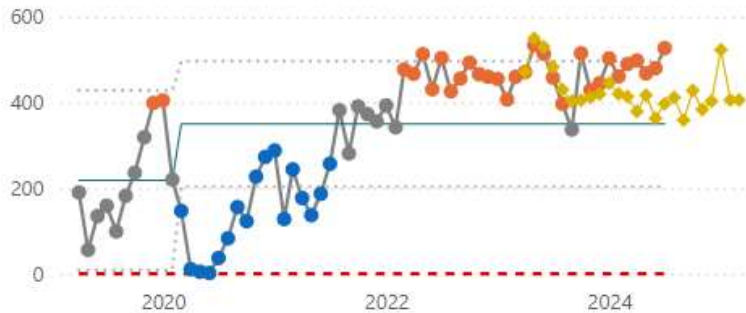
Urgent and Emergency Care – Ambulances - Glangwilli Hospital (GGH)

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

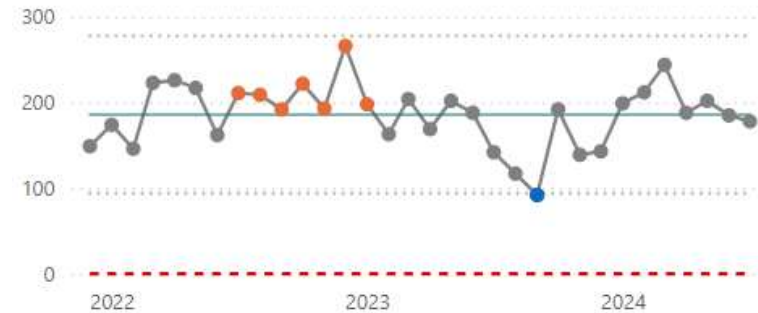
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - - Upper and lower limits
 - Mean
 - - Target
 - Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning trend. 527 handovers >1 hours reported out of a total of 877 handovers, 60%. The trajectory of 397 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 178 handovers >4 hours reported out of a total of 877 handovers, 20%.

Key challenges / issues

- ED continues to be overcrowded with surge around bay, in see and treat rooms and in waiting room which contributes to doctor waits and timely specialty reviews.

Key actions / initiatives

- Continued focus on long length of stay patients through Carmarthenshire escalation panel.
- Boarding protocols initiated at site escalation meetings throughout the day, to decreased ED surge and facilitate handover of ambulances.
- Red and Amber 1 ambulance calls immediate release plans continue to be facilitated.
- Plans to increase through put of patients through medical and surgical Same Day Emergency Care (SDEC) areas.

Due date

- Weekly.
- Daily/ongoing.
- Daily/ongoing.
- 30/09/24

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

Patients waiting less than 4 hours in A&E



47% reported for July, 2,422 breaches out of 4,572 new attendances. Chart is showing concerning performance trend

Patients waiting over 12 hours in A&E



790 breaches out of 4,572 new attendances, 17%. Chart is showing concerning performance trend. The trajectory of 505 was not met.

Key challenges / issues

- Lack of appropriate space for medical and surgical specialties to review patients when department is fully escalated.
- Long term sickness of SDEC Consultant with lack of cover within unit.
- High attenders within Emergency Departments and large volume of high acuity self-presenters.

Key actions / initiatives

- Medical Assessment Unit for direct admission of "medically expected" patients to avoid ED attendance.
- Surgical SDEC plans currently being developed for "surgically expected" direct to appropriate surgical area to avoid ED congestion.
- Scoping underway of SDEC presentations, admission avoidance and clinical input.
- Immediate release plans continue to be facilitated for Red and Amber 1 ambulance calls.
- Monthly Front of House meeting (A&E, SDEC and CDU) with focus on targeted intervention work and improving throughput through SDEC.
- 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 process.

Due date

- 30/09/24
- 30/09/24
- 30/09/24
- Daily/ongoing.
- Monthly
- Daily/ongoing

Urgent and Emergency Care – Ambulances – Prince Philip Hospital (PPH)

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

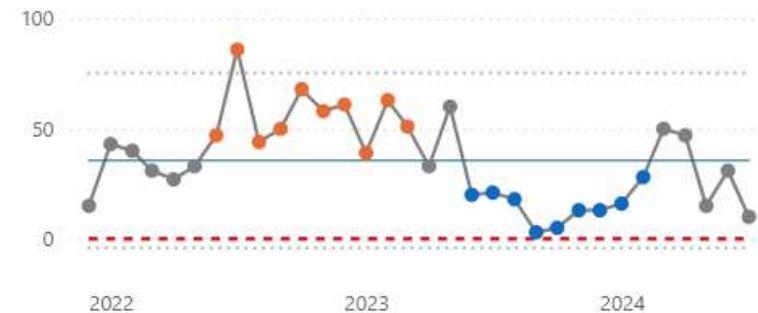
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - - Upper and lower limits
 - Mean
 - - Target
 - Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) variation. 53 handovers >1 hours reported out of a total of 216 handovers, 25%. The trajectory of 53 was met.

Ambulance handovers taking over 4 hours



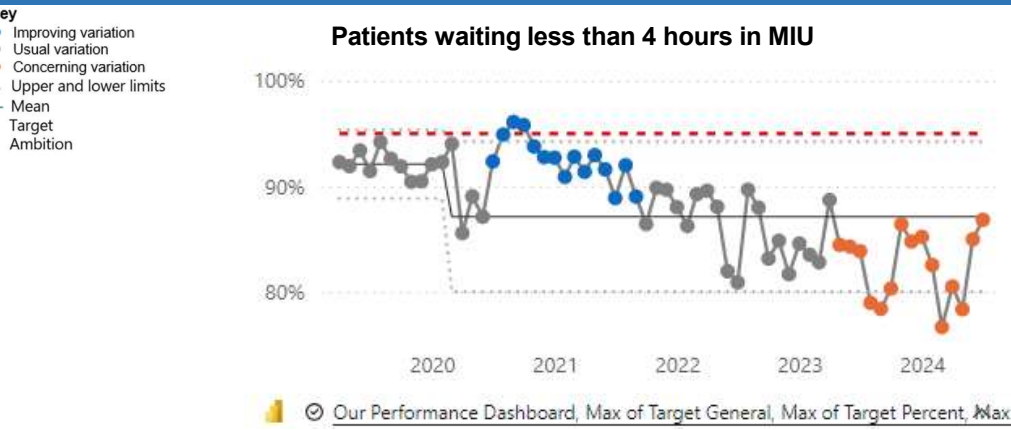
Latest data is showing expected (common cause) variation. 10 handovers >4 hours reported out of a total of 216 handovers, 5%.

Key challenges / issues

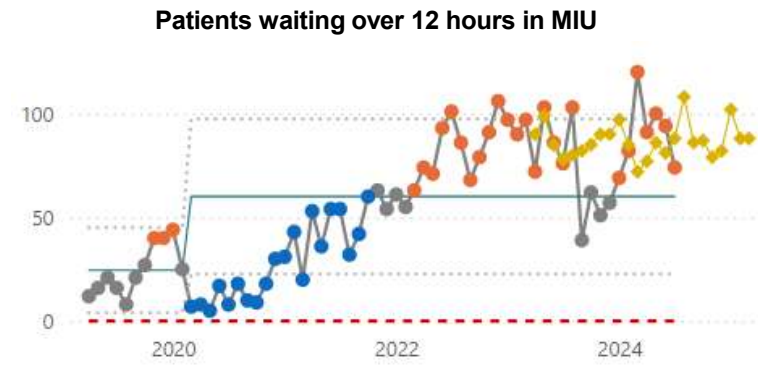
- Overall ambulance arrivals for July are slightly down on June demand and our >1 hour performance is showing an improving picture
- Challenges remain with a spike in infection control issues this month with various bays closing and with the closure of 2 ward areas resulting in closed beds

Key actions / initiatives

- Red and Amber 1 ambulance calls release plans continue to be facilitated, scoping safe areas to handover patients. 31/08/24
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack. 31/08/24
- 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). 01/09/24
- Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) being agreed to included interface frailty service. 01/09/24
- Boarding protocols (where patients are moved to wards early where discharges are predicted) initiated at site escalation through our patient flow meetings and manager of the day escalation Daily/
ongoing



87% reported for July, 372 breaches out of 2,821 new attendances. Chart is showing concerning performance trend.



74 breaches out of 2,821 new attendances, 3%. Latest data is showing concerning performance trend. The trajectory of 88 was not met.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Minor Injury Unit (MIU) new patient attendances for July were slightly down on June and historic data shows this to be expected, although we did have 30% of patients attending with a major complaint rather than a minor injury. These patients require admission and can wait in MIU overnight due to restricted availability of an appropriate bed 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 MIU 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. 	<ul style="list-style-type: none"> SDEC continues to support with redirection from MIU if appropriate and admission avoidance. Attendances remain high with our hybrid model including medical input with circa 95% discharge rate. Looking to increase medical support. 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 Continue to work with community colleagues on early discharge planning. 	<p>30/09/24</p> <p>31/03/25</p> <p>01/09/24</p>

Urgent and Emergency Care – Ambulances - Witherbush Hospital (WGH)

(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 expected (common cause) 187 handovers >1 hours reported out of a total of 606 handovers, 31%. The trajectory of 228 was met.

Ambulance handovers taking over 4 hours



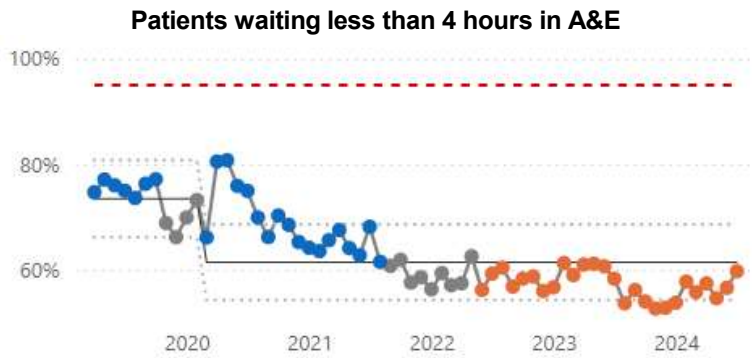
Latest data is showing expected (common cause) variation. 29 handovers >4 hours reported out of a total of 606 handovers, 5%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • WGH has seen an improvement in both 1-hour and 4-hour handover of patients from the ambulances into the ED. • There is an improvement noted on the lost ambulance handover hours overall. 	<ul style="list-style-type: none"> • We have been able to support the formation of 3 SDECs. Medical adult, Frailty and Surgical • Next phase of the Frailty SDEC is to have direct attendance from WAST. • Red and Amber 1 ambulance calls immediate release plans continue to be facilitated. • Medical patient in ED are highlighted in every safety briefing, with their pathways/specialties called out. This highlights to the correct wards which patients they will be expecting to be transferred, • WGH are in the process of establishing the "continues flow model", this again highlights the expected patients to the wards. 	<ul style="list-style-type: none"> Completed 31/10/24 Completed Completed Oct 2024

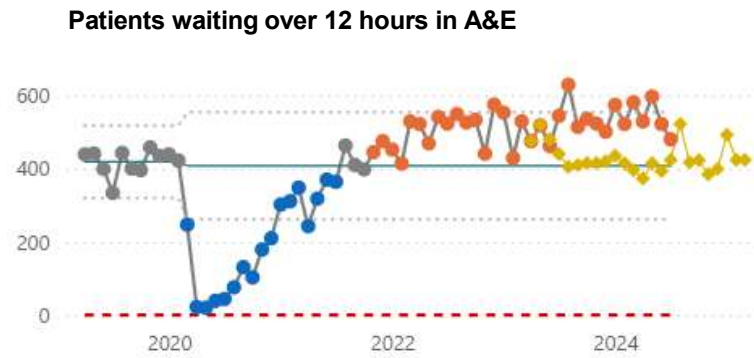
Urgent and Emergency Care – Emergency Departments - WGH
 (Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

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



60% reported for July, 1,560 breaches out of 3,872 new attendances. Chart is showing a concerning performance trend



480 breaches out of 3,872 new attendances, 12%. The chart is showing a concerning performance trend. The trajectory of 424 was not met.

Key challenges / issues

- There is further work required in both targets. However, there has been an improvement noted in the 12 hour wait in ED.
- ED remains overcrowded with patients requiring in-patient beds. This will cause delays in seeing and treating the ED patients due to lack of space.
- Seasonal attendances will add further pressure within the department.

Key actions / initiatives

- WGH are in the process of establishing the "continues flow model", this will highlight the expected patients to the wards.
- Within the Frailty pathway we are in the middle of a "what matters to me" pilot. This ensure we put the patient's wishes in the centre of the treatment and discharge plan. This should see a timelier discharge process being implemented.
- New leads in the " optimal flow" process has now been sourced, again this should support increased discharges on WGH site.
- Surgical SDEC has now been operationalised.
- Next phase of the Frailty SDEC is to have direct attendance from WAST.

Due date

- 31/10/24
- 31/12/24
- Completed
- Completed
- 31/10/24

Urgent and Emergency Care – Pathway of Care Delays (PoCD)

(Ministerial priority)

Urgent and Emergency Care

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



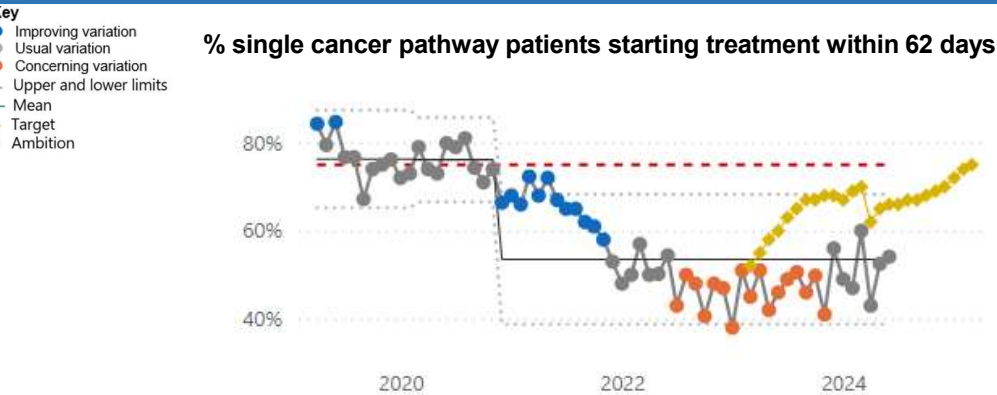
- Number of delays showed a reduction in June and reversed previous trend of monthly increases.
- Total number of delays reduced to 203 in July, a reduction of 50 on the previous month; 189 non mental health delays and 21 mental health and learning disability delays but remains higher than trajectory of 195.
- The length of delays for non-mental reduced in July, 8,198 days in July vs 9,535 in June. Mental Health and learning disability delays also demonstrated a consistent reduction, 968 days in July vs 983 in June.
- Assessment delays remain the largest proportion of delays, 52.3%, in line with the rest of Wales
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

Our Performance Dashboard, Max of Target General, Max of Target Percent, Max of Value General, Max of Value

Key Challenges / Issues	Key actions / initiatives	Due date
<p>Non mental Health:</p> <ul style="list-style-type: none"> • Even though numbers are reducing there still remain challenges in the patient pathway. These challenges relate to early identification of those complex individuals requiring support on discharge and with this patient cohort missed opportunities when the patient is clinically optimised and ready to move onto the next phase. • Mental capacity assessments remain an area of concern particularly in Pembrokeshire. 	<ul style="list-style-type: none"> • PoCD delivery group, with integrated membership and mental health and learning disabilities representation, meets monthly, to review themes and ensure actions are in place to deliver an improving position. Quarter 1 regional action plan submitted to Welsh Government in July and awaiting feedback. • Agreement through delivery group to pilot regional validation process from August, to ensure consistency of process and delay code application utilising lessons learnt from other regions across Wales. • Operational plans developed, with advice from 6 goals workstream leads, with key focus on early identification of those complex individuals who may need support on discharge alongside a multi discipline team (MDT) agreed “estimated date for discharge” to help reduce pathway delays. • Pilot currently underway to utilise trusted assessors, to reduce delays in mental capacity assessments. 	<p>Monthly – ongoing</p> <p>Commencing August 2024</p> <p>Ongoing</p> <p>31/08/24</p>
<p>Mental health:</p> <p>The Mental Health and Learning Disability directorate improved their census count for July 2024, the position improved from nineteen down to fourteen. The directorate attended their first NHS Executive National Programme for the Six Goals for Urgent and Emergency Care this month. Goal Six requires all patients on mental health or learning disability wards with admissions longer than 90 days to have a clear discharge plan in place, currently the directorate does not have any discharge delays over that time for admissions</p>	<p>The Directorate are reviewing all their Pathway of Care Delay processes to ensure compliance with the Health Boards Pathway of Care Delays (PoCD) Reporting and Validation Procedure.</p>	<p>30/09/24</p>

Single Cancer Pathway

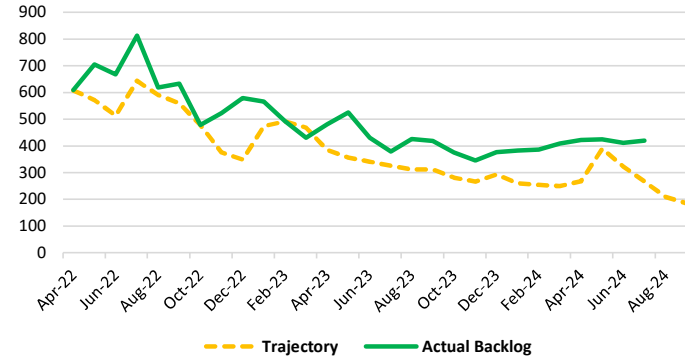
(Enhanced monitoring condition, accountability condition and Ministerial priority)



In June 2024 there were a high number of single cancer pathway referrals (2,130).

54.1% (155 out of 286) patients started treatment within 62 days. The 66% trajectory was not met.

Number of single cancer pathway patients waiting over 62 days



In July 2024 there were 420 patients waiting over 62 days for treatment (trajectory 266).

Key challenges / issues

- Large volume of patients waiting in excess of 28 days for a diagnostic procedure within Lower gastrointestinal (LGI), Urology and Gynecology

These pathways are impacted by waits for radiological intervention, equally split between the procedure itself or reporting. This is exclusively due to unplanned loss of capacity due to sickness and workforce issues. However, whilst acknowledging that the service is fragile, this is now recovering and not expected to continue.

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.

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.

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. GGH to commence 05/08/24

Due date

31/08/24

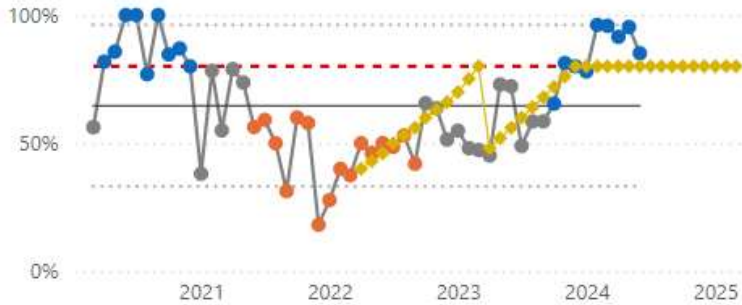
19/08/24

30/09/24

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. 85.1% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The target of 80% in June was met.

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

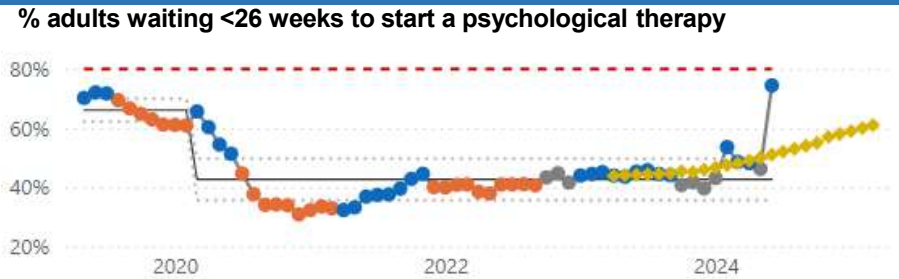
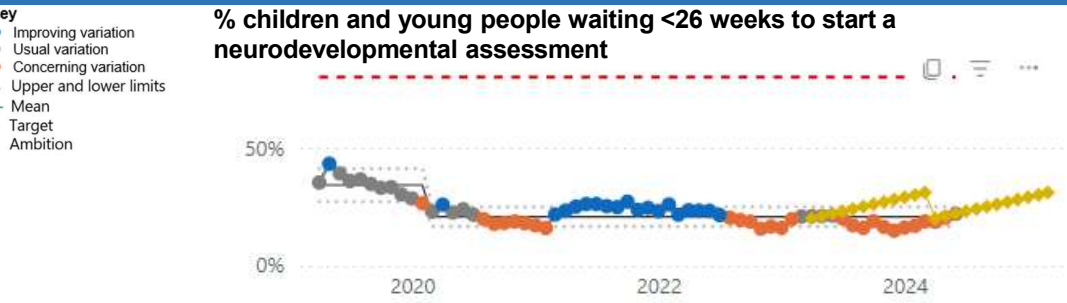


Latest performance is showing special cause improving variation and trajectory (80%) was met. 89.6% of adults started therapeutic interventions within 28 days following LPMHSS assessment. The target of 80% in June was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): The drop relative to May amounts to four additional young people being seen outside the 28-day period and is still within target. We continue to monitor this closely to ensure ongoing compliance is maintained.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): Patients have been reluctant to take up online group and individual work, and vastly favour one-to-one appointments resulting in longer caseloads to work through.</p>	31/10/24
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Despite high compliance with both referral to assessment and assessment to treatment targets, the slight reduction in performance against last month is related to administrative challenges over the past few months. Access to rooms within GP surgeries remains problematic across several clusters, impacting on local service provision. Workforce challenges remain evident across two teams but systems are in place to support service provision. Demand in Ceredigion remains high. Cognitive Behavioural Therapy (CBT) based groups have been introduced and are now running to support performance targets.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Continue CBT based groups to support service provision to ensure we remain compliant with the assessment to treatment target.</p>	30/09/24

Neurodevelopmental Assessment and Psychological Therapy Waits

(Enhanced monitoring condition and accountability condition)



Performance in June (21.9%) shows special cause concerning variation and trajectory (22%) was not met. 534 out of 3,319 (16.1%) patients had an ASD assessment and 337 out of 658 (51.2%) patients had an ADHD assessment < 26 weeks.

Performance in June (74.4%) shows special cause improving variation and trajectory (51%) was not met. 439 out of 551 (79.7%) patients started an integrated psychological therapies < 26 weeks, 5 out of 11 (45.5%) started an adult psychology assessment and 42 out of 91 (46.2%) started a learning disability psychology < 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Neurodevelopmental assessments: Autism Spectrum Disorder (ASD): Demand for assessment has increased six-fold between 2016 and 2024 to 125 referrals per month with the longest wait times being 4.75 years.</p> <p>Attention Deficit Hyperactivity Disorder (ADHD): Demand for assessment continues to increase, with a significant rise in referrals recently. Improved data capture following the All-Wales Neurodevelopmental Review has identified further numbers waiting. The waiting list for Community Paediatrics, including children's ADHD, has nevertheless improved and the service is targeting older children and young people (CYP) who have been waiting the longest. An additional Specialty Doctor started employment in WGH on 2 August 2024.</p>	<p>Neurodevelopmental assessments: ASD: Extensive data validation exercise is on-going. Keeping in touch letters are sent to the parent carers of CYP on the waiting list on a four-monthly basis to provide assurance their child remains on the list and includes sources of support. Weekly Autism Advice hubs are held for parent carers to access advice and support and dedicated workshops have been established while they wait. Professional consultation across all sectors is being rolled out.</p> <p>ADHD: Additional sessions have been supported to reduce waits. Waiting list validation continues and are being merged in the three counties to reduce gaps in waiting times. Triaging is completed as part of a team to ensure uniformity. The service keeps in touch with CYP and families on the waiting list and where possible our ADHD nurse speaks to those showing signs of anxiety. For the most vulnerable CYP, e.g. at risk of exclusion, we have an expedite list operated at clinical discretion.</p>	<p>31/03/25</p> <p>31/03/25</p>
<p>Psychological therapies: Integrated Psychological Therapies Service (IPTS): As co-ordination of increasing group therapies will impact on available 1:1 interventions, the patient journey into psychological therapies is implementing a tiered but prudent approach to intervention. This commences from the Primary Care Wellbeing Team linking with GP practices and the 111(2) service to support patients' wellbeing and psychological needs at a tier 0 level, through to LPMHSS at tier 1 to IPTS groups as appropriate.</p> <p>Adult Psychology: Recruitment and workforce issues still impact on capacity to offer initial appointments, however there is improved performance from 19% in April to 45% in June.</p> <p>Learning disabilities: Psychologists are care co-ordinating a higher number of very complex cases and court protection work which takes up clinical time.</p>	<p>Psychological therapies: Integrated Therapies: We are seeing the effect of phase 2 of group therapies roll-out with a 31% increase in the target. A further 15-20 groups will commence in September, to ensure that improvements made continues beyond the initial roll-out to support the waiting list. We continue to utilise the commissioned Eye Movement Desensitisation and Reprocessing (EMDR) service with 34 clients referred since April '24, and 85 in total being supported through this provision to date.</p> <p>Adult Psychology: Review of job roles and widening access to vacant posts has been undertaken and are now advertised. Continuing to operate a single waiting list in conjunction with the option of remote sessions to improve performance.</p> <p>Learning disabilities: An administrative issue incorrectly recording declined referrals is now rectified along with some out-of-date data contributing to an overall improvement in waits across the 3 counties in August 2024. Practitioners across service utilised to prioritise most urgent cases.</p>	<p>31/12/24</p> <p>31/08/24</p>

Diagnostic waits over 8 weeks

(Ministerial priority)



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	July 2024	4,147	●	■	◆
Radiology		2,169	●	■	n/a
Endoscopy		1,044	●	■	n/a
Cardiology		581	●	■	n/a
Neurophysiology		282	●	■	n/a
Phys measure		36	●	■	n/a
Imaging		35	●	■	n/a

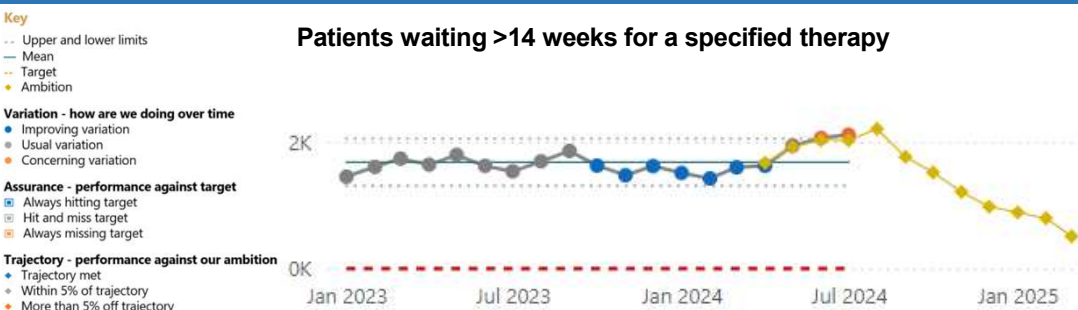
Performance shows special cause improving variation. In-month breaches reduced in all services except cardiology and physiological measurement, however, July 2024 trajectory (2,467) was not met.

Key challenges / issues	Key actions / initiatives	Due date
<p>Endoscopy:</p> <ul style="list-style-type: none"> Waiting list growth: 96 patients (average) per month projected due to current demand and capacity gap due to endoscopist deficits. Mitigation expected from October 2024 when a trainee clinical endoscopist qualifies. Stability of consultant workforce affecting core capacity. Capital replacement programme for ageing/fragile scopes. 	<p>Endoscopy:</p> <ul style="list-style-type: none"> Additional sessions: Continue to run 9 per week (funded via recovery) to uplift core capacity and reduce the backlog of patients waiting over 8 weeks. Posts out to advert: For clinical endoscopist and endoscopy nurse. Identify opportunities for improved utilisation of capacity: Productivity and efficiency dashboard in the process of being developed. 	<p>31/09/24</p> <p>31/10/24</p> <p>31/08/24</p>
<p>Radiology:</p> <ul style="list-style-type: none"> Demand exceeding capacity: For timely investigations across CT, MRI and Non-Obstetric Ultrasound (NOUS) and CT and MRI reporting. Additional shifts: Staff appetite has reduced. This has been demonstrated by the number of patients waiting over 8 weeks against a background of a reduced number of requests received in month. 	<p>Radiology:</p> <ul style="list-style-type: none"> Additional shifts: Offered to staff (using bank staff where appropriate). Funding expires August '24. Recovery funding: Insource sonographers via approved procurement process. Staffed mobile MRI unit: Await recovery funding decision for to address 1,313 breaches (as July '24). MRI capacity Swansea Bay (SBUHB): Awaiting response and costing. Picked up as part of work with A Regional Collaboration for Health (ARCH). Reduce imaging demand: Working group set up addressing referral criteria and pathways of care for MRI in primary care. Referral protocols written and meetings taking place to agree implementation, to ensure appropriate imaging referrals are received following work up with colleagues in other services. 	<p>31/8/24</p> <p>15/08/24</p> <p>02/09/24</p> <p>31/08/24</p>
<p>Cardiology:</p> <ul style="list-style-type: none"> ECHO: Breaches recovered to a position less than trajectory, despite increased demand in April and loss of capacity due to sickness; Ambulatory Monitors: Breaches exceeded trajectory due to reduced monitor fitting, to prioritise/address monitor analysis delays; TOE: Breaches reduced slightly but above trajectory due to continuing 	<p>Cardiology:</p> <ul style="list-style-type: none"> ECHO: Funding confirmed addressing 1,134 deficit. Plan to initiate additional in-source activity from July '24 delayed by issues in procurement process. Now expected to start in September '24. Ambulatory Monitors: Recruiting/on-boarding two substantive physiologists by October '24. Plan to utilise additional locum/enhanced-rate activity in meantime. Transoesophageal ECHO (TOE): Review of cardiologist job plans to prioritise capacity for increased 	<p>31/09/24</p> <p>31/10/24</p> <p>31/10/24</p>

Therapy waits over 14 weeks

(Ministerial priority)

Therapies



Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	July 2024	2,117	●	■	◆	64.7%
Physiotherapy		1,246	●	■	◆	97.8%
OT		376	●	■	◆	21.7%
Podiatry		348	●	■	◆	67.5%
Dietetics**		86	●	■	◆	68.7%
Art therapy		42	●	■	◆	n/a
SALT		19	●	■	◆	95.5%
Audiology*		1,195	●	■	n/a	n/a

Latest performance shows special cause concerning variation. Breaches have risen for 4 months, to 2,117 in July 2024, although this is in line with our trajectories, which predict improvement from September 2024.

*Data for all therapies now excludes Audiology
 **Dietetics now excludes waits for Weight Management Service

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: <ul style="list-style-type: none"> Musculoskeletal (MSK) continues to have escalation in breaches due to vacancies and an unwinding of recruitment strategies designed to close the gap of workforce availability during vacancy management. Demand is outstripping capacity in community and MSK. 	Physiotherapy: <ul style="list-style-type: none"> Improvement plan supported by executive team to increase capacity in Community and MSK services, a phased plan to increase baseline workforce by 8 whole time equivalent (WTE) posts that should deliver incremental improvement in performance (subject to recruitment success). Improvement towards 200 breaches by the end of financial year is the best-case scenario. Successful pilot to evaluate effectiveness of waiting list support initiative to patients on routine lists in community in Carmarthenshire. Spread and scale to all clusters in county. Llanelli and Amman Gwendraeth validation is complete. 	31/03/25 01/09/24
Occupational Therapy (OT): <ul style="list-style-type: none"> Number of breaches in paediatrics remains high at 303, but reduced from June 24 (323), attributed to a backlog and ongoing management of current new demand. Our focus remains on prioritising urgent and non-urgent cases, assessing our current capacity and considering additional support to address any shortfalls. 	Occupational Therapy: <ul style="list-style-type: none"> Performance and improvement actions reviewed weekly via Therapies Weekly Performance Meeting. Work continues with an external company providing occupational therapy assessment and intervention for a small number of children and young people in Carmarthenshire. To be reviewed 31 August 2024. Recruit an additional 3 band 6 occupational therapists. 2 posts already recruited into in Carmarthenshire and 1 post in Pembrokeshire is out to advert. Anticipate all posts will be filled by 30 September 2024. Explore opportunities to increase number of clinic and group sessions offered. Plan in place by 31 August 2024. 	30/09/24 31/08/24 30/09/24 31/08/24
Podiatry: <ul style="list-style-type: none"> Overall position similar to previous month. Significant follow up commitment of chronic vascular/diabetic foot pathology which is difficult to discharge, impacting on new patient management. Recruitment restrictions and insufficient funded workforce leading to decreased service capacity. 	Podiatry: <ul style="list-style-type: none"> Continued validation of waiting lists. Many innovative schemes to manage waiting lists including open access clinics, phone triage, 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. Potentially employ band 6 podiatry role to help manage breaches. 	31/12/24

C.difficile and E.coli cases

(Enhanced monitoring condition and accountability condition)

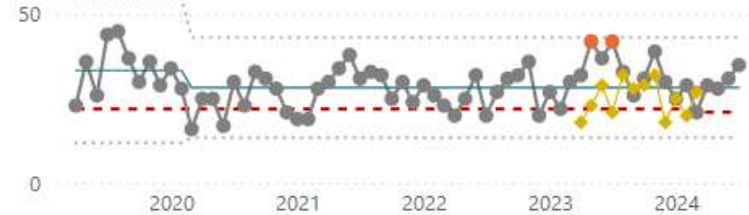
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - - Upper and lower limits
 - Mean
 - - Target
 - Ambition

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



The chart is showing concerning variation. The cumulative rate is 59.82 per 100,000 population.

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



The chart is showing expected (common cause) variation. The cumulative rate is 95.6 per 100,000 population.

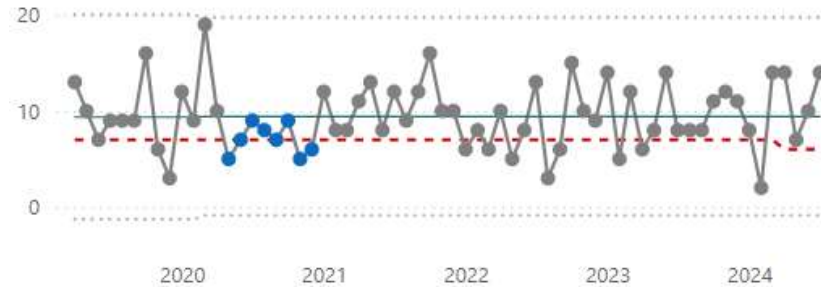
Key challenges / issues	Key actions / initiatives	Due date
<p>C.difficile:</p> <ul style="list-style-type: none"> • C.diff case numbers have increased not just within HDdUHB but increases noted across all Health Boards across Wales. • Within HDdUHB, we have concerning hospital onset increases in both BGH and WGH acute hospitals, with evidence of cross infection identified on both sites. 	<p>C.difficile:</p> <ul style="list-style-type: none"> • Scrutiny meetings held to review each hospital onset case to determine causality. • Action plans developed for each area that included focused work on Infection Prevention practice, equipment and environmental cleaning, hand hygiene and antibiotic stewardship. • Relapses of C.diff have been indicated in three of the seven hospital acquired cases, therefore treatment review is currently being explored • An inaugural meeting of the new C.diff Improvement Group has been held, initially with Microbiology, Antimicrobial Pharmacist, Epidemiologist and Infection Prevention and Control (IPC) leads. Following conversations with NHS Executive, it is recommended that an improvement plan should incorporate high level involvement from Board leads. • Further meeting to be arranged to include invitations to Board and external agencies including Public Health Wales and NHS Executive to develop a strategic ambition for improvement 	<p>30/07/24</p> <p>11/07/24</p> <p>30/09/24</p>
<p>E.coli:</p> <ul style="list-style-type: none"> • While some improvement noted with reduced hospital onset cases in the months January to June, increased numbers in July do not comply with the TI de-escalation requirement of no more than six hospital onset cases per month. • Compared to last year, we have seen a decrease though this may be a seasonal reduction with no room for complacency. 	<p>E.coli:</p> <ul style="list-style-type: none"> • Further exploration of data into area of residence, to explore correlation with areas of deprivation, urban versus rural. etc – in progress. • Occupational history i.e.: agriculture in previous occupation. • Further review of sampling for blood cultures in HD versus all Wales – comparable? Investigate typing for E.coli strains to determine transmission factors / identify potential multi drug resistant organisms. • Review prescribing data to particular GP Practices, determine if correlation with C.diff rates Review of healthcare acquired cases with District Nursing Teams Link with local health Protection service to: Provide Public Health education and awareness (Symptoms, transmission routes etc) Food safety (handling, inspections – work with health protection partners in Local Authority) Hygiene practices (hand washing, washing food) Environmental protection –water quality issues 	<p>Ongoing and continuous work</p>

S.aureus

(Enhanced monitoring condition and accountability condition)

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

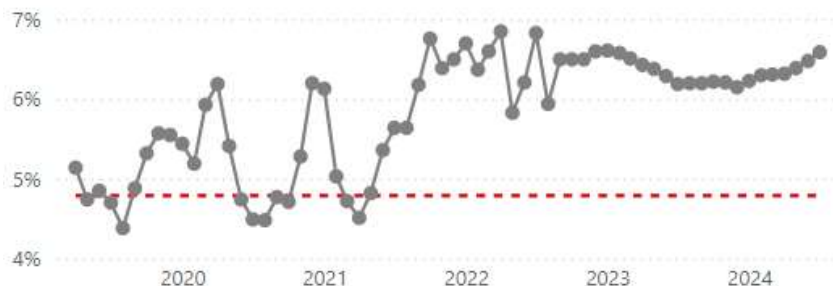
Number of laboratory confirmed S.aureus cases (in-month)



The chart is showing expected (common cause) variation. The cumulative rate is 35.0 per 100,000 population.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • An increase in Staphylococcus aureus (S.aureus) bacteraemia cases and we are not attaining the TI de-escalation requirement of no more than two cases of hospital onset per month. • While 4 out of 9 cases during the month of June were hospital onset, only 3 of 13 cases in July were considered hospital onset. The majority of cases have a source of infection identified as wound or muscular-skeletal with a small increase in line related infections (specifically Peripherally inserted central catheter (PICC) lines). 	<ul style="list-style-type: none"> • Point prevalence survey of lines/devices across each acute site. • “STOP” campaign focus during August with the aim to remove devices not required. • Improvement plans to include Emergency Departments – preventing 'just in case' line insertion. • Wounds: Predominant source though variable – Improving Aseptic NonTouch Technique (ANTT) compliance on all sites. • ANTT compliance with district and practice nurses/GPs in primary care. • ANTT competency assessment rates improving with Critical Care commencing their Silver accreditation process. • PICC/PVC lines: - Care group now established, audit results and management of lines to be addressed to this group. • Renal: Catheter care improvement project to be initiated in targeted areas with education on maintenance and removal criteria. • Trial without catheter clinics (TWOC) have not been re-established in each County. 	<p>Ongoing and continuous work</p>

% staff sickness rate (12 months rolling)



Staff sickness levels (12 month rolling) increased for the 7th consecutive month July 2024 to 6.59% (in-month=7.04%).

Facilities continues to have the highest rates of staff absence, the majority of which is for long-term sickness.

For the last 12 months there has been increase in the percentage of staff who are absent due to anxiety/stress/depression/other psychiatric illnesses, this contributed to 2.19% of the total in July.

Key challenges / issues

Conditions impacting absence rates include:

Anxiety, stress and depression continues to account for the highest reasons for absence. We have also seen a significant increase in cough, cold, flu reasons for absence.

Absence levels in Estates and Facilities have remained consistently higher than most other departments with a continuing upward trend and the majority of absence being for long term sickness.

Maintaining momentum for improvement is challenged by reduced capacity in the Operational Workforce team to meet increased demand from services requesting our support at an earlier stage of the sickness absence process.

Key actions / initiatives

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

Review of existing sickness absence training to ensure its fit for purpose. Training will focus on reasonable adjustments and tailored adjustments. Passport for reasonable adjustments to be rolled out.

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

Review of sickness audits: Agreement reached to undertake targeted activity based on monthly reports in some departments.

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. Revised form will be uploaded to SharePoint by 20 August 2024.

Meeting to be arranged with Estate and Facilities senior management: to discuss absence levels and strategies to reduce absence.

Due date

30/09/24

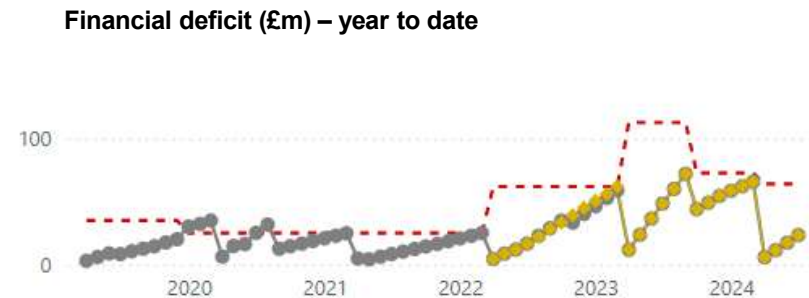
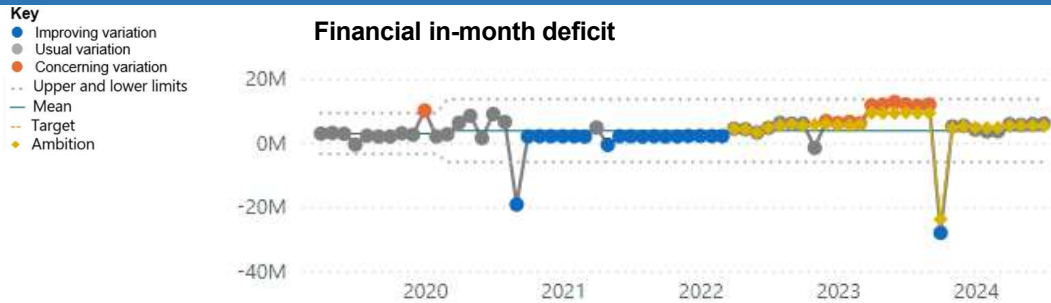
31/10/24

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20/08/24

31/08/24



Key challenges / issues

Key actions / initiatives

Due date

The Health Board's end of year reported position is a £64.0m deficit. The Month 4 financial position is an overspend of £6.0m against the Planned Deficit of £5.3m, which is made up of an operational variation of £1.3m, partly offset by the successful delivery of savings in excess of the budget. Of the Savings target of £32.4m, £23.1m has been identified leaving a gap of £9.3m to be identified from the Opportunities Framework.

- Following the Month 4 Executive review the following actions are required:
 - In month, there were several positive actions which identified further savings taking the total Green and Amber schemes to £23.1m, 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.
 - Operational and clinical team to progress through the 100-day cycle for the bed transformation programme to realise benefits from 1 October 2024.
 - 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.
 - 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 - £2.4m cost pressure due to premium locum and agency costs, an action plan is being developed to re-tender into private management.
 - Mental Health and Learning Disabilities premium Medical Locum costs.
- An internal escalation framework has been agreed and implemented. Escalation meetings having taken place for all escalated directorates. Recovery plans are being actively managed by those directorates.
- Grip and control measures have been further strengthened during July 2024, alongside the escalation process, covering recruitment, training and procurement.
- The newly created Value and Sustainability group and Integrated Quality, Finance, Performance and Delivery (IQFPD) Group are reviewing accountability arrangements for local delivery actions.

31/03/25

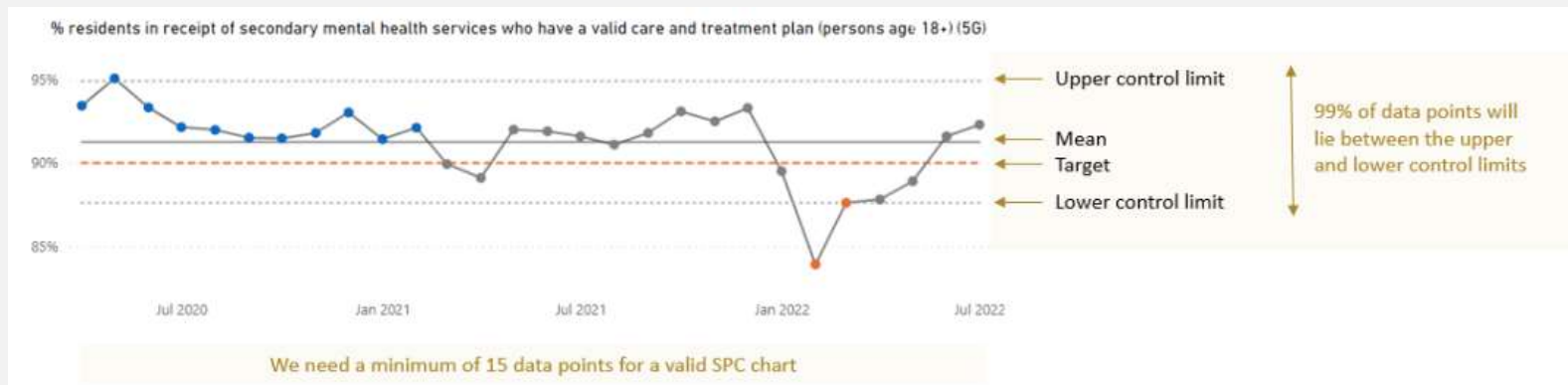
The key focus for the organisation is to develop, implement and deliver savings schemes at pace to close the savings gap of £9.3m.

Within the operational portfolios there are reported overspends in Unscheduled Care, particularly Glangwili, Women and Children's, Planned Care and Oncology. This is offset in Mental Health, Director of Operations and the Corporate Directorates.

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



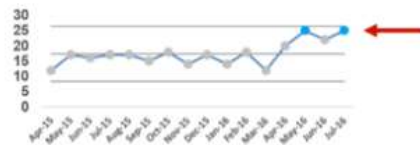
Rules for special variation within SPC charts

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

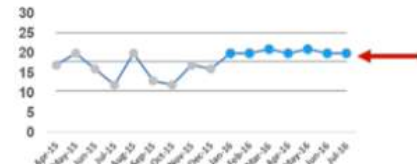
We are using the Making Data Count approach for SPC charts. There are 4 rules:



A single data point outside the process limits



Two out of three points close to the process limit



Shift of 7* or more points above or below the mean line



Run of 7* or more points in ascending/descending order

* 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		