

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 July 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 3 2024/2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Executive 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

<p><u>Sefyllfa / Situation</u></p> <p>This report relates to the Month 3, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures.</p> <p>Improvement trajectories, in line with the Health Board’s 2024/25 Annual Plan, have been added to the IPAR for the following:</p> <ul style="list-style-type: none"> • Number of patients waiting more than 52 weeks for a new outpatient appointment • Number of patients waiting more than 104 weeks for referral to treatment • Number of patients waiting over 8 weeks for a specified diagnostic • Number of patients waiting over 14 weeks for a specified therapy • % of patients starting their first definitive treatment within 62 days from point of suspicion • Number of ambulance patient handovers over 1 hour • Number of patients who spend 12 hours or more in A&E/MIU • % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years and over. <p>The IPAR consists of two parts:</p> <ul style="list-style-type: none"> • A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: Integrated Performance Assurance Report (IPAR) dashboard as at 30th June 2024. Ahead of the Board meeting, the dashboard will also be made available via our internet site. • A summary document entitled ‘Integrated Performance Assurance Report (IPAR) Overview: as at 30th June 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. <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> <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 3 2024/25 IPAR where currently available.

Asesiad / Assessment

We have adopted the '3As assessment' approach to highlight either an Alert, Advise or Assure status for each of our key performance measures. Please refer to the supporting document entitled "Integrated Performance Assurance Report Overview as at 30th June 2024" for full details for each of the measures.

Alert (may require discussion)

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

Ambulance handovers – June saw an increase in the number of handovers taking longer than **1 hour**, from 970 in May to 1,078 in June. WGH were the main driver with deteriorating performance. Handovers taking more than **4 hours** also increased, with all sites except GGH increasing numbers, and BGH showing a concerning performance trend. The temporary closure of Meurig Ward at BGH for roof repairs impacted handovers considerably, due to limited safe places in which to place patients.

4 hour and 12 hour A&E/MIU patient delays – no significant change in June to the concerning performance trend for patients spending less than 4 hours in A&E/MIU or those spending longer than 12 hours.

Pathway of Care Delays (PoCD) – delays increased in June 2024 to 253, which is the highest number of delays since August 2023. At the June census date, the total number of days our non-mental health patients had been delayed was 9,535 days. There were 226 non-mental health delays, of which 30 were due to assessment delays. There were 19 mental health delays, with care home placement arrangements being the main delay reason.

Diagnostics – In June 2024, there was an increase to 4,443 patients waiting over 8 weeks for a diagnostic against the trajectory of 2,275. This is driven by an in month increase of 220 in cardiology and 211 in radiology. Cardiology was due to unforeseen sickness absence across two of our sites and performance is planned to recover in Q2, 24/25 when supplementary insourcing commences. Radiology was impacted by short-term re-prioritisation of CT capacity to support cancer backlog recovery patients, and we await release of a mobile MRI scanner to support that pathway capacity deficit.

Therapies – In June 2024, there was an increase to 2,065 patients waiting over 14 weeks for a specified therapy. The 3 highest waits for therapies were: Physiotherapy: 1,203, Occupational Therapy: 387 and Podiatry: 334.

Child neurodevelopmental waits – In May 2024, only 20.3% of children had a neurodevelopmental assessment within 26 weeks (ASD: 14.95%, ADHD: 50%), however, the 26 week target for ADHD assessments is showing improving variation.

Advise (to monitor)

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

Ambulance red calls responses < 8 mins – 46.1% in June, target is 65%. Performance has been around the mean value of 49% since February 2023.

Planned Care – As anticipated, breaches continued to increase in June 2024 for the number of patients waiting over 52 weeks for a new outpatient appointment. Performance was within forecast trajectory levels. Forecast delivery is projected to comply with the 40% improvement milestone in September 2024 and the zero breach performance target by March 2025. The number of follow-up appointments delayed over 100% has reached a plateau over the last 4 months with delays ranging between 15,829 in March 2024 and 16,062 in June 2024. The number of patients waiting over 52 weeks and 104 weeks for referral to treatment have both risen for 3 consecutive months as expected, however performance was within forecast trajectories. The Planned Care directorate are confident that with the improvement plans and actions in place, our March 2025 improvement trajectories will still be met for these measures.

Cancer – In May 2024, 52% (160 out of 305) patients started their first definitive treatment from point of suspicion against the 65% trajectory. In the same month there were 2,246 referrals which is the highest number in 4 years. In June there were 412 patients waiting for internal and tertiary treatment against the trajectory of 322.

Psychological therapy – the percentage of adults receiving a psychological therapy within 26 weeks is showing common cause variation but the trajectory for May 2024 was not met. This is driven by the integrated service but is expected to improve when all group therapies have commenced.

C.difficile infections – although the spike in case numbers seen in May of 23 cases has reduced in June to 17 cases, there has been increased hospital acquired cases for C.difficile, specifically in BGH.

E.coli infections - For the last 3 months, case numbers have been on average 29 cases per month. Despite HDdUHB continuing to have the highest case numbers of E.coli bacteraemia within Wales, our hospital acquired numbers are the lowest in Wales and we have met the TI de-escalation criteria of reducing hospital onset cases by 25% reduction, maintained for 3 months.

S.aureus infections – 10 cases in June. Increased numbers of S.aureus bacteraemias confirmed in June. Predominant source identified as skin and soft tissue, notably wounds.

Staff sickness – The 12 month rolling staff sickness for June 2024 was 6.48%, directorates with the highest levels of absence include: Facilities (11.9%), Ceredigion county (8.02%) and Carmarthenshire county (7.89%). Overall staff sickness absence has been increasing since December 2023.

Assure (to note)

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

Mental health: all part 1a and 1b measures for both adults and children were met in May 2024.

Spotlight on diagnostics

For background information and as part of the ongoing “spotlight on” deep dive series of reports, the Diagnostics spotlight is included in Appendix A of this document. This report was produced last month based on data up to May 2024 and was submitted to the Strategic Development and Operational Delivery Committee meeting. In June 2024, there was an increase to 4,443 patients waiting over 8 weeks for a diagnostic against the trajectory of 2,275.

Triangulating our data: June 2024

- Quality safety and risk – The number of complaints received were high in June (202). Patient falls were also high with 220 reported. We continue to have significant numbers of high and extreme risks on the risk register. However, instances of pressure damage developing or worsening during care has improved. The spike in C.difficile cases last month is now back to an average level of cases with 17 in June.
- Workforce – We saw a further increase in staff sickness in June. Nursing and midwifery agency use reduced by 220 whole-time equivalent staff from the same month last year. There was also a significant decline in the use of Bank staff across all staff groups.
- Finance – In June our agency spend was the lowest to date and has nearly halved since the same month last year.
- Performance – Waits over 4 and 12 hours in A&E/MIU and delayed pathways of care continue to be high. Physiotherapy waits over 14 weeks were the highest to date in June.

The summary of the escalation status of our directorates is appended to this SBAR (Appendix 2). Following the June escalation meetings, Directorates have been reassessed against their escalation status. Directorates have been assessed across the six domains of Quality; Governance; Workforce; Finance, Strategy and Planning; Fragile Services; and Performance and Outcomes. Within these, there are three escalation levels: Level 1 representing reasonable assurance; Level 2 representing limited assurance; and Level 3 representing no assurance that the key domain objectives can be met.

Quality, safety and risk	Best		Worst	Latest	Trend
Reported incidents causing moderate harm or above	111		223	123	
Patient falls	72		263	176	
Medication errors	39		129	85	
Pressure damage developing or worsening during care	62		118	64	
New complaints by month received (ward level not available)	120		217	202	
Number of high and extreme risks (health board & directorate only)	381		492	471	
Infections: new cases	53		84	72	
Infections: C. difficile cases	12		23	17	
Workforce					
Number of staff/contractor related incidents	12		69	52	
Sickness - short term	1.7%		3.6%	2.3%	
Sickness - long term	3.3%		4.6%	4.1%	
Number of vacancies	To follow				
Staff turnover (12 month rolling)	7.3%		9.8%	8.0%	
Nursing and midwifery vacancies	To follow				
Nursing and midwifery agency (WTE)	114.81		379.79	114.81	
Bank (WTE)	212.99		350.45	235.32	
Financial recovery					
Agency spend	£1,232,941		£3,491,731	£1,232,941	
Bank spend	£872,933		£1,628,320	£1,359,397	
Performance - UEC (health board and site only)					
Ambulance handover > 4 hours	192		518	353	
Ambulance handovers > 1 hour	854		1,245	1,078	
A&E/MIU attendances	12,293		16,643	15,374	
A&E/MIU waits under 4 hours	70.9%		64.2%	64.9%	
A&E/MIU waits over 12 hours	1,144		1,744	1,623	
Delayed pathways of care (health board only)	190		295	253	
Performance - Planned care and cancer (health board only)					
New outpatient waits over 52 weeks	2551		14,168	4,930	
RTT: patients waiting over 104 weeks	1458		8,563	1,757	
Single cancer pathway patients starting treatment within 62 days	60.0%		38.0%	52.5%	
Performance - Diagnostics and therapies (health board only)					
Radiology diagnostic waits over 8 weeks	1533		4,402	2,261	
Physiotherapy waits over 14 weeks	278		1,203	1,203	
Occupational therapy waits over 14 weeks	387		611	387	
Podiatry waits over 14 weeks	93		421	334	
Performance - Mental health (health board only)					
Mental health assessments within 28 days (0-17 years)	98.2%		4.7%	95.7%	
% neurodevelopmental assessments within 26 weeks	23.4%		14.8%	20.3%	
% psychological therapy waits within 26 weeks	53.6%		37.9%	46.2%	

Other key issues

Therapies waits 14 weeks and over: The overarching metric for patients waiting 14 weeks or more for a specified therapy has been amended in this report following changes set out by Welsh Government. Audiology is now reported as a separate, standalone metric, and breaches are not counted within the therapies total. Additionally, breaches within the weight management service for dietetics are not included. Due to these changes, the data for both the therapies overarching metric and dietetics are considerably lower than in previous reports. New charts have been developed to support this change, with revised data tracked over time, going back to January 2023.

Audiology: 1,198 breaches over 14 weeks in June 2024, sharp increases seen almost monthly since May 2023. Current performance is impacted by the COVID legacy, increasing referrals and reduced capacity as a result of long-term sickness and limited locum cover for maternity leave. Performance is not expected to improve in the coming months due to significant demand and capacity challenges.

Colonoscopy: In March 2024, 6.3% of patients were offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment. This is a reduction from 27.3% in February and can be attributed to sickness within the screening assessment team. The target is 90%. This metric specifically relates to Bowel Screening Wales (BSW) performance. Discussions are ongoing in collaboration with Public Health Wales (who own the system that reflects the data relating to this performance measure) to gain an improved understanding of how many patients have been seen within the 4-week target and how many were not - and associated reasons why, in order for relevant mitigation to be provided.

Incidents: The number of national reportable incidents that remain open over 90 days is showing concerning variation, with 50 open in May 2024. Work continues with directorates to ensure that they understand the process for timely sign-off of completed investigations and the required Nationally Reportable Incident outcome form. Dashboards are available for directorate triumvirate teams to enable monitoring of open incidents.

Argymhelliad / Recommendation

The Board is asked to **RECOGNISE** that arrangements are currently in place to support improvements in performance through the Health Board's Integrated Quality, Finance, Performance and Delivery (IQFPD) Group, chaired by the Chief Operating Officer. Board assurance is provided by the Strategic Development and Operational Delivery Committee for key performance measures.

The Board is asked to **CONSIDER** the assurance provided through this mechanism, noting that the IQFPD is supported by:

1. The Six Goals Programme, which provides assurance over actions taking place within unscheduled care to improve performance;
2. The Planned Care Recovery Plan, which provides assurance over actions to improve the trajectory of backlog in patient activity;
3. A plan being developed by the Director of Mental Health and Learning Disabilities to improve performance on psychological therapies.

The Board is also asked to **NOTE** that these arrangements are supplemented by escalation meetings across directorates based on six domains, one of which is performance and outcomes. These meetings are chaired by the Director of Finance and report to the Targeted Intervention Working Group. A summary status is appended.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2024/2025 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	<p>Contained within the body of this SBAR and the supporting IPAR overview:</p> <ul style="list-style-type: none"> • IPAR – Integrated Performance Assurance Report • PODCC – People, Organisational Development & Culture Committee • SDODC – Strategic Development & Operational Delivery Committee • SRC – Sustainable Resources Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	<ul style="list-style-type: none"> • Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care • Strategic Development and Operational Delivery Committee • People, Organisational Development and Culture Committee • Sustainable Resources Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology Integrated Impact Assessment Template
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement Integrated Impact Assessment Template
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge Integrated Impact Assessment Template
Risg: Risk:	Better use of resources through integration of reporting methodology Integrated Impact Assessment Template
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology Integrated Impact Assessment Template
Enw Da: Reputational:	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may impact recruitment and staff morale. Integrated Impact Assessment Template
Gyfrinachedd: Privacy:	N/A Integrated Impact Assessment Template
Cydraddoldeb: Equality:	N/A Equality Impact Assessment

Appendix A: Spotlight on diagnostic 8-week breaches

Please note: This report was produced last month based on data up to May 2024 and was submitted to the Strategic Development and Operational Delivery Committee meeting. In June 2024, there was an increase to 4,443 patients waiting over 8 weeks for a diagnostic against the trajectory of 2,275.

Referrals

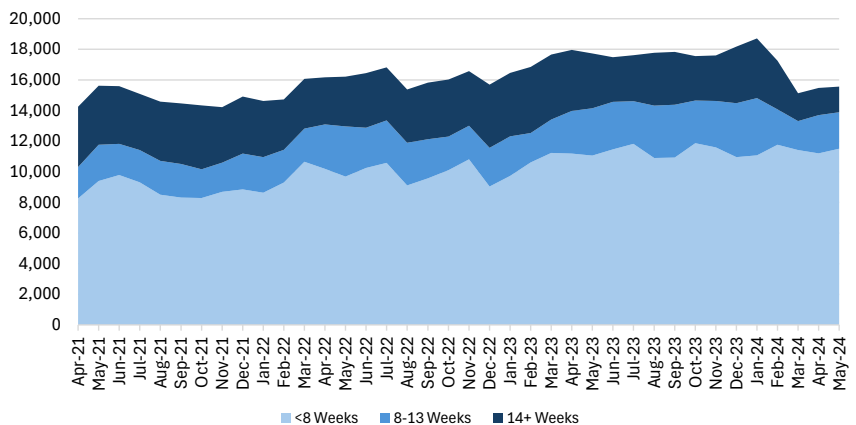
Neurophysiology, Endoscopy, Radiology and Cardiology are the 4 diagnostic specialties areas with the highest number of breaches. Since April 2021, referrals for these 4 specialties combined have increased by 9%. However, where Cardiology has only seen a small (1%) increase in referrals, Neurophysiology, Endoscopy and Radiology have all seen a 10+% increase in referrals.

Annual referrals	2021/2022	2022/2023	2023/2024	% change 2021/22 to 2023/24
Neurophysiology	2,902	2,937	3,295	↑ 14%
Endoscopy	13,137	14,728	14,645	↑ 11%
Radiology	123,120	133,351	135,613	↑ 10%
Cardiology	19,477	20,068	19,662	↑ 1%
Total (4 specialties)	158,636	171,084	173,215	↑ 9%

Total waiting list

The total number of patients waiting for a diagnostic in May 2024 decreased slightly from the May 2021 position (-57 patients). The number of patients waiting over 8 weeks for any diagnostic has reduced considerably between March and May 2024. In May 2021 there were 6,215 people waiting over 8 weeks for a specified diagnostic, compared to 4,051 in May 2024, which is a 35% reduction. However, the change varies considerably by diagnostic specialty, with neurophysiology having a 61% reduction and radiology a 49% reduction in breaches between May 21 to May 24, whereas Cardiology has seen a 251% increase in 8-week breaches over the same period.

Total diagnostics waiting list volume



Waiting list - 8-week breaches	May-21	May-22	May-23	May-24	% change 2021/22 to 2023/24
Neurophysiology	878	677	210	341	↓ 61%
Radiology	4,028	3,243	2,703	2,050	↓ 49%
Endoscopy	1,202	1,566	2,239	1,307	↑ 9%
Cardiology	84	996	1,472	295	↑ 251%
All diagnostics	6,215	6,516	6,671	4,051	↓ 35%

Activity

Neurophysiology, Endoscopy, Radiology and Cardiology have all had increases in activity since 2021/22. The most noticeable increase is for Endoscopy (31% increase).

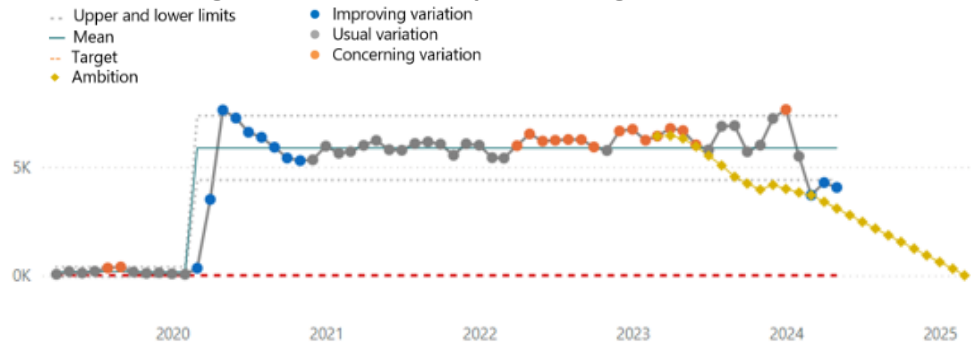
Annual activity	2021/2022	2022/2023	2023/2024	% change 2021/22 to 2023/24
Endoscopy	8,458	9,240	11,044	↑ 31%
Neurophysiology	2,172	2,854	2,355	↑ 8%
Radiology	123,017	132,498	133,351	↑ 8%

Cardiology	18,265	17,174	19,143	↑ 5%
Total (4 specialties)	151,912	161,766	165,893	↑ 9%

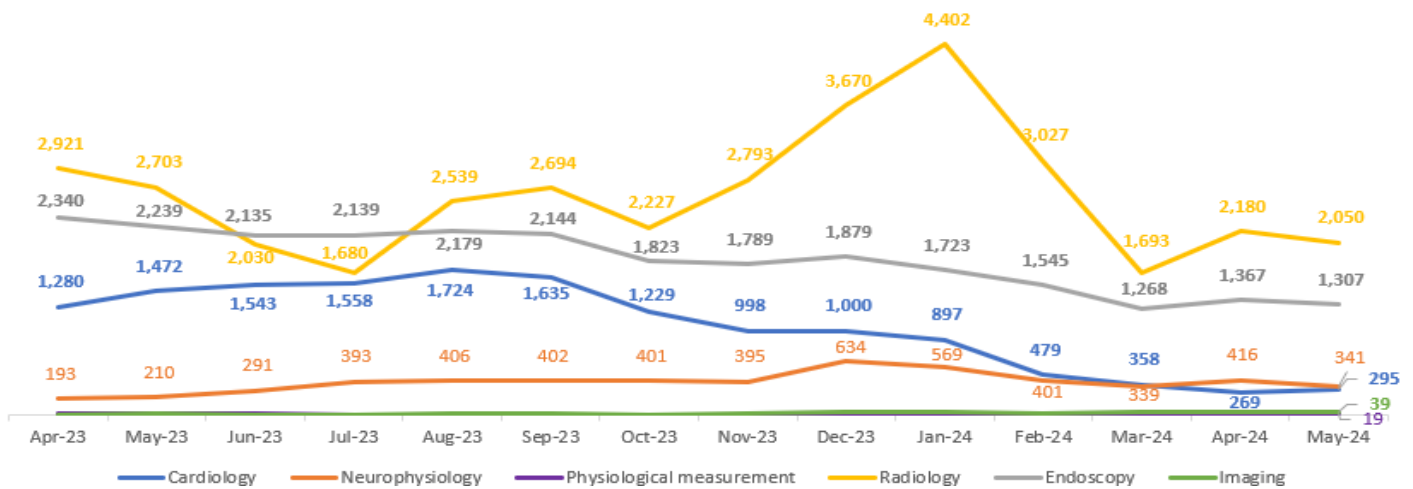
Performance

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

Patients waiting over 8 weeks for a specified diagnostic



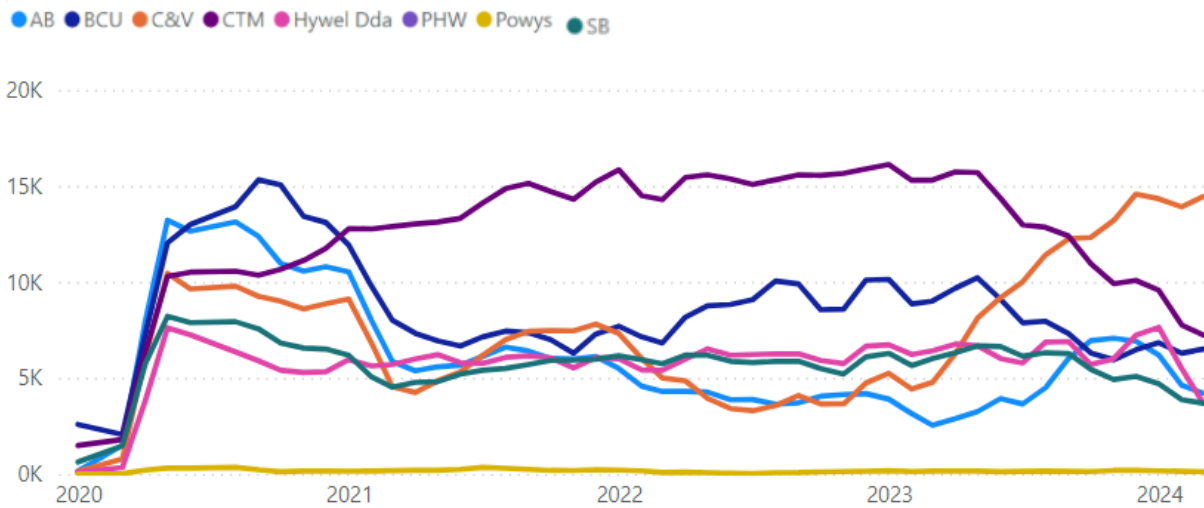
Patients waiting over 8 weeks by diagnostic specialty



Benchmarking

As at 31st March 2024, Hywel Dda ranked 3rd out of 7 for diagnostic breaches over 8 weeks and were only 12 breaches behind Swansea Bay. Hywel Dda residents account for 12% of the Wales population, whereas we are responsible for 9% of all 8-week diagnostic breaches in Wales. Number of 8-week diagnostic breaches as at 31st March 2024:

- Powys – 116
- Swansea Bay – 3,687
- Hywel Dda – 3,699
- Aneurin Bevan – 4,209
- Betsi Cadwaladr – 6,504
- Cwm Taf Morgannwg – 7,236
- Cardiff and Vale – 14,454



Actions

Radiology:

- End of year recovery monies in 2023/24 funded a large reduction in breaches in March 2024 (to 1,693), using additional in-house sessions, a staffed mobile unit in MRI and insourced ultrasound service.
- Swansea Bay University Health Board have been approached for additional MRI capacity using recovery funding.
- Investigate insourcing options for non-obstetric capacity.
- Review referral criteria for MRI from primary care and awaiting approval to source a staffed mobile MRI scanner.

Endoscopy:

- Additional five lists per week, implemented from January to March 2024, utilising recovery funding, which led to a reduction in breaches to 1,268 by March 2024.
- A new trainee clinical endoscopist will qualify in October 2024.
- New clinical endoscopist and endoscopy nurse posts are to be advertised.
- Product and efficiency dashboard to be developed, which will allow opportunities to be developed for improved utilisation of capacity.

Neurophysiology:

- Additional sessions scheduled in 2023/24 to recover some of the backlog.
- Urgent discussions are in place regarding consultant cover, with one consultant dropping Neurophysiology sessions by the end of the summer 2024.
- One of the newer physiologists now performs more advanced tests, providing more availability to cover clinics.
- All clinics continue to be filled to maximum capacity, filling last minute cancellation slots.
- Validation phone calls to be conducted, targeting the longest waiting patients.
- All patients having more specialised diagnostic testing, requiring longer appointment slots, are called the week before to ensure they are still attending to maximum capacity.
- New equipment been installed, awaiting new IT infrastructure before use. This will provide a smoother reporting process and more timely uploading of results onto Welsh Clinical Portal.
- E-referrals are in the process of being set up along with text reminders for appointments.
- Streamlining of the referral pathway from primary care is being created with the healthcare pathways team.

Cardiology:

- Value Based Health Care (VHBC) short-term funding facilitated the significantly reduced Echocardiography breach position, which helped reduce overall Cardiology diagnostic breaches to 358 in March 2024.
- We await confirmation of recovery funding to in-source additional Echocardiography capacity in 2024/25, with the tender process near complete which will enable additional capacity from quarter 2 2024/25.
- Increased referrals and resulting breaches in Ambulatory Heart Rate Monitoring. Efforts in place to streamline and achieve optimal efficiencies in Ambulatory Monitoring across all four sites.
- Service currently scoping actions to mitigate constraints and risks facing the Myocardial Perfusion Imaging service, with issues relating to re-licensing and Radiology workforce constraints.



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Integrated Performance Assurance Report (IPAR) Overview

As at 30th June 2024

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



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

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

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits over 52 weeks: new outpatient appointment	Jun 2024	0	4,930	●	■	◆
Planned care	Follow-up appts - delayed >100%	Jun 2024	0	16,062	●	■	N/a
Planned care	Patients waiting over 52 weeks RTT	Jun 2024	0	16,006	●	■	N/a
Planned care	Patients waiting 104 weeks+ RTT	Jun 2024	0	1,757	●	■	◆
Emergency care	% Ambulance red call responses < 8 mins	Jun 2024	65%	46.1%	●	■	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Jun 2024	0	1,078	●	■	◆
Emergency care	Ambulance handover > 4 hours Hywel Dda	Jun 2024	0	353	●	■	N/a
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Jun 2024	95%	64.9%	●	■	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Jun 2024	0	1,623	●	■	◆
Emergency care	Number of Pathways of Care delayed discharges	Jun 2024	n/a	253	●	N/a	◆
Cancer	% pts on single cancer pathway within 62 days	May 2024	75%	53%	●	■	◆
Mental health	% therapy interven post LPMHSS assess (age 0-17)	May 2024	80%	95.3%	●	■	◆
Mental health	% therapy interven post LPMHSS assess (age 18+)	May 2024	80%	95.2%	●	■	◆
Mental health	% adult psychological therapy waits <26 weeks	May 2024	80%	46.2%	●	■	◆
Mental health	% child neurodevelopment assess waits <26 weeks	May 2024	80%	20.3%	●	■	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Jun 2024	0	4,443	●	■	◆
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Jun 2024	0	2,065	●	■	◆
Quality	C. difficile: Number of confirmed cases (in-month)	Jun 2024	8	17	●	■	N/a
Quality	E.coli: Number of confirmed cases (in-month)	Jun 2024	21	30	●	■	N/a
Quality	S.aureus: Number of confirmed cases (in-month)	Jun 2024	6	10	●	■	N/a
Workforce	% sickness absence rate of staff	Jun 2024	4.79%	6.48%	●	■	N/a
Finance	Financial in month deficit	Jun 2024	n/a	£5,862,000	●	N/a	◆

Key

Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target

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

Trajectory - performance against our ambition

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

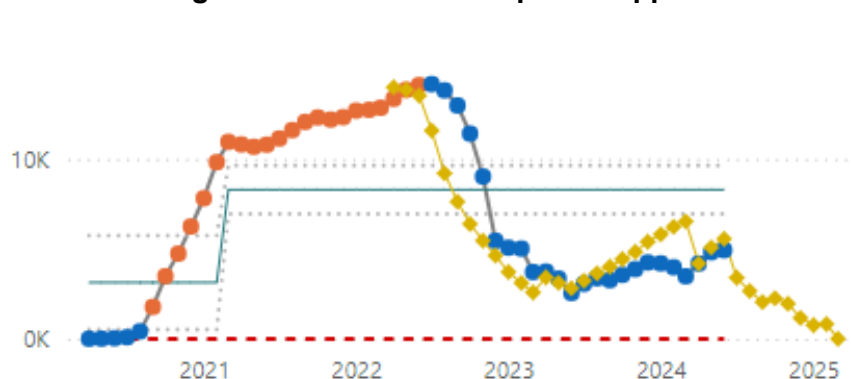
Statistical process control (SPC) charts

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

Key

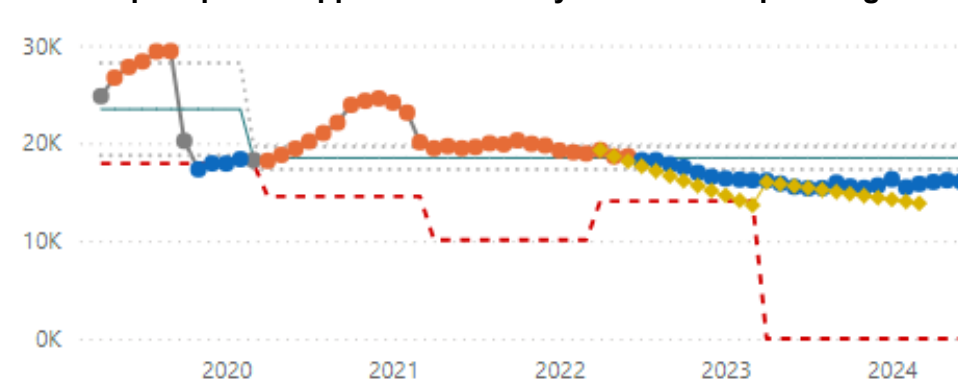
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Patients waiting >52 weeks for first outpatient appointment



Improving variation is showing, however, breaches have risen for 3 consecutive months. The 4,930 breaches in June 2024 is the highest since February 2023 (5,017).

Follow up outpatient appointments delayed over 100% past target date



Improving variation is showing. The number of breaches reduced in June 2024 to 16,062.

Key challenges / issues

- Delivery of a maximum 52 week outpatient wait by March 2025 is supported by outpatient modernisation plans across specialties including maximisation of See On Symptoms/Patient Initiated Follow Up (SoS/PIFU) approaches and active management of referral demand.
- Outpatient waiting volumes are at their lowest levels since July 2021;
- Achievement of the delivery milestone by March 2025 is dependent on the implementation of the one-stop cataract pathway, reducing the volume of patients who require outpatient assessment by the hospital based eye care team.
- The volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other Health Board areas.

Key actions / initiatives

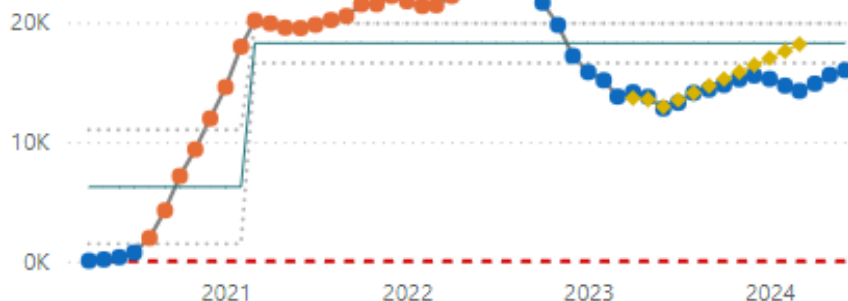
- Using a benchmark of March 2024, we aim to achieve a 40% reduction target of 2,042 patients waiting 52+ weeks for a first outpatient (OPD) appointment by October 2024.
- Progress towards no patients waiting over 52 weeks for their first OPD appointment by March 2025 is dependent upon specialty specific 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 (See On Symptoms/Patient Initiated Follow Up)
- Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients
- Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and the

Due date

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

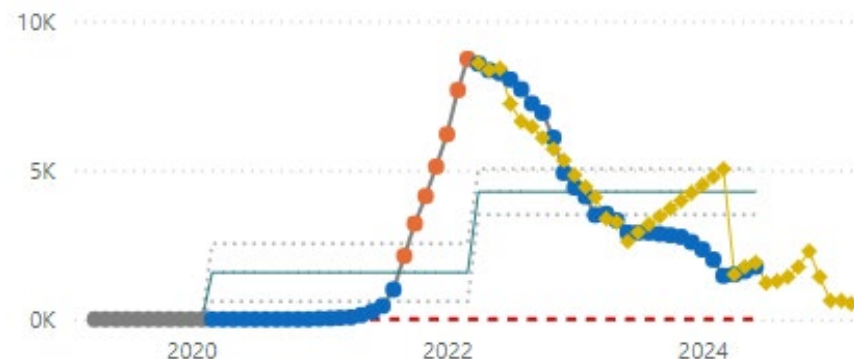
Patients waiting over 52 weeks from referral to treatment

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



Improving variation is showing, however, breaches have risen for 3 consecutive months. The 16,006 breaches in June 2024 is the highest since December 2022 (17,204).

Patients waiting over 104 weeks from referral to treatment



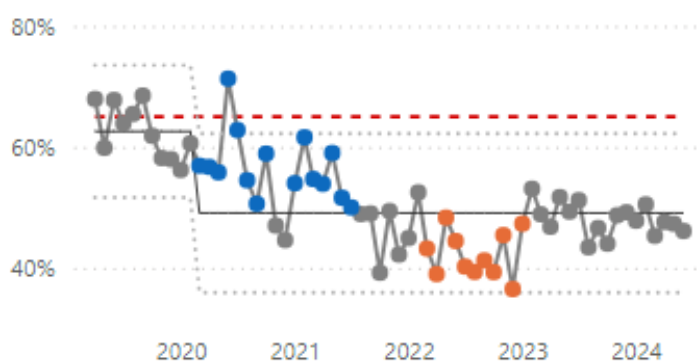
Improving variation is showing, however, breaches have risen for 3 consecutive months to 1,757 in June 2024.

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/day case (rather than inpatient) which impacts treatment times. • Carving out routine activity is challenging, especially where urgent demand has been increasing (Urology & Dermatology). • Maintaining and reducing waiting times into 2024/25 is dependent upon agreed recovery funding to support additional activity. • 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 in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway. 	<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 have been 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 2024 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>

Key

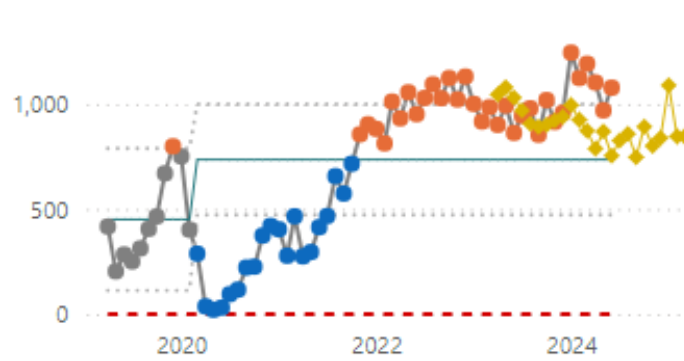
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Life threatening (red) call responses taking over 8 minutes



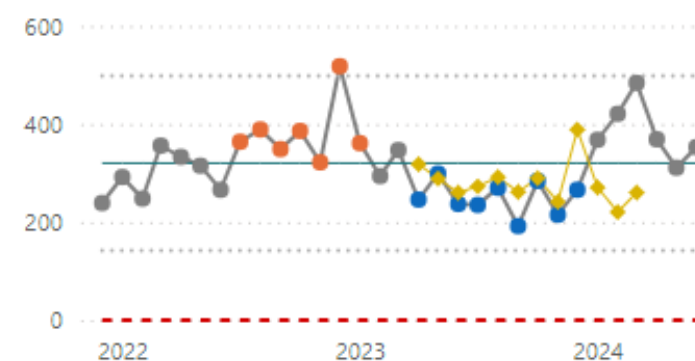
Latest data is showing expected (common cause) variation, 288 red calls met, out of a total of 625 responses, 46.1% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing a concerning trend, 1,078 handovers > 1 hour out of a total of 2,086, 52%. The trajectory of 755 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 353 handovers > 4 hour out of a total of 2,086, 17%.

Key challenges / issues – red calls

- 50.14% of missed red calls for June 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.
- 46.58% of missed red calls for June 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 for has mainly been as forecasted but continues to remain high.
- Hospital delays in offloading WAST ambulance crews, 3,992 hours lost at the 4 acute Hywel Dda hospital sites during June 2024, which has increased by 24.% when comparing June 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 increase in the number of immediate release requests for the month of June 2024. 17 requests made, 12 accepted. 5 not accepted. Acceptance rate has increased to 70.6%

Key actions / initiatives – red calls

- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources
- WAST resourcing reviews and targeted overtime allocation
- Porth Preseli – prehospital clinical screening model now live with advanced paramedic practitioners assisting with admission avoidance. Continuing to improve cover.
- The NHS111 press 2 access for WAST clinicians in HD area for mental health advice now live.
- Neck of Femur pathway – ongoing challenges with progression from a health board perspective and support requested from health board colleagues
- Working with health board colleagues to improve Same Day Emergency Care (SDEC) referrals and acceptance.

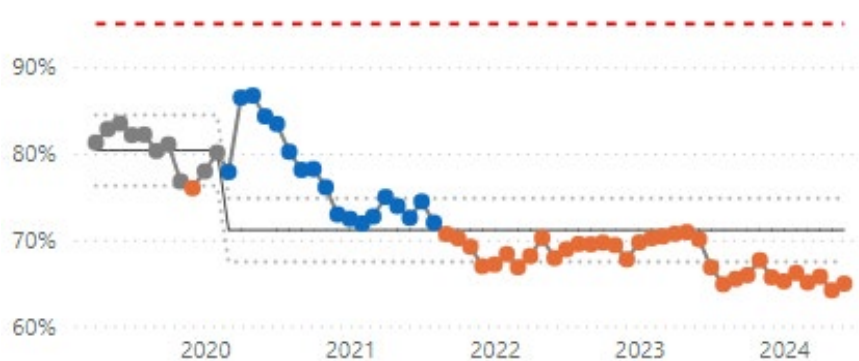
Due date

- Weekly ongoing
- Daily – Hourly
- Ongoing
- Weekly ongoing
- Weekly ongoing
- 30/08/24
- 30/08/24

Key

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

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



64.9% reported for June, 5,313 breaches out of 15,146 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,623 breaches out of 15,146 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,120 was not met.

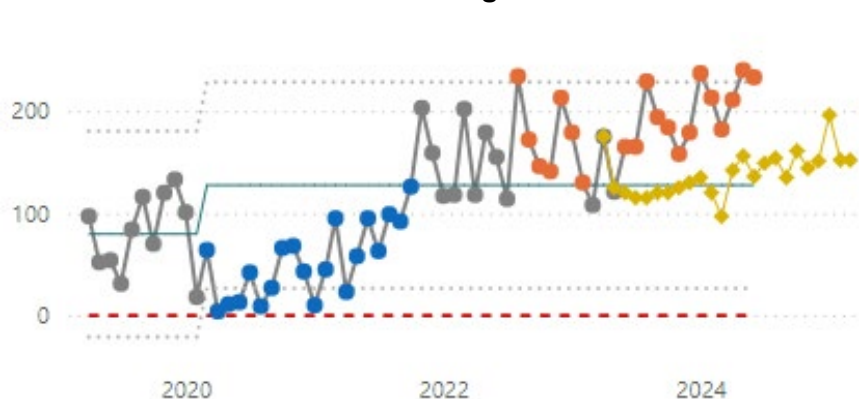
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

Key

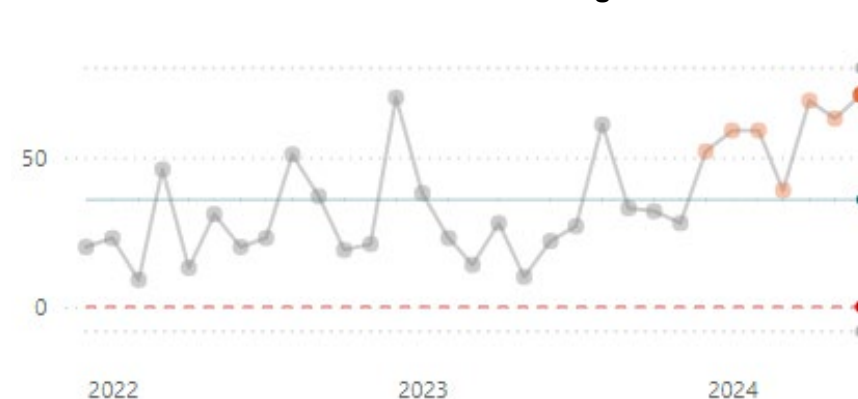
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning trend, 233 handovers >1 hours reported out of a total of 395 handovers, 59%. The trajectory of 136 was not met.

Ambulance handovers taking over 4 hours



This metric is showing a concerning trend. 71 handovers >4 hours were reported out of 395 total handovers 18%.

Key challenges / issues

- 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.
- The temporary closure of Meurig Ward to effect roof repairs has exacerbated the current front door pressures and has pushed the level of surge and ability to handover ambulances in time considerably because of limited safe places in which 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). Protocol has been issued.

Key actions / initiatives

- Front door development review. Nurse led-review of front door service. Expanded to include 6-goals and ED Quality Statement requirements. Now in final write up and initial stakeholder review. Recommendations to be presented.
- Development of Interface Frailty Model Project Initiation Document.
- 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)
- Review Dual Pin Data concerns with WAST completed and identified compliance issues in both staff groups. A protocol was agreed and implemented in the first week of June to ensure both Hywel Dda and WAST enter the information on time. Impact on data quality will be assessed in the coming months.
- Secure contingency bed capacity to compensate for the lost ward beds.

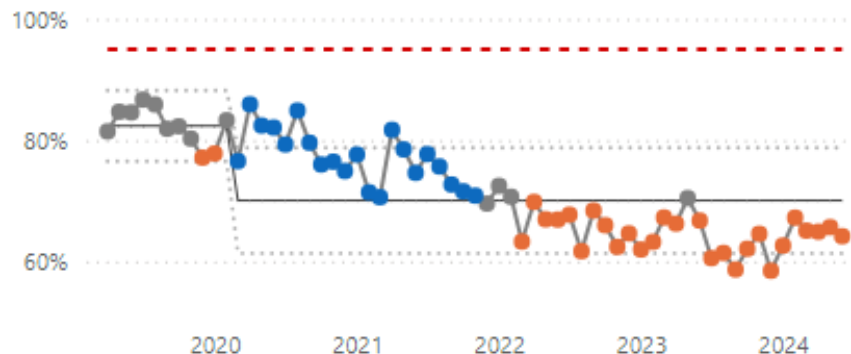
Due date

- Q2, 2024/25
- Q2 2024/25
Implemented when required.
Awaited Q2
- 2024/25 Q2,
Completed
- 31/7/24

Key

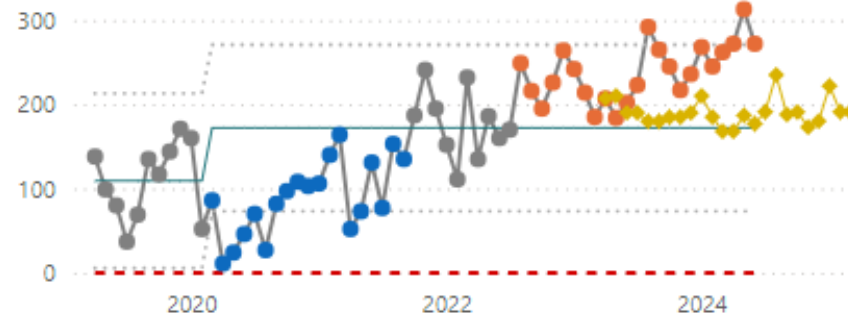
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E



64% reported for June, 890 breaches out of 2,483 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E



272 breaches out of 2,483 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 177 was not met.

Key challenges / issues

- 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

- Front door development review. Nurse led-review of front door service. Expanded to include 6-goals and ED Quality Statement requirements. Now in final write up and initial stakeholder review. Recommendations to be presented.
- Development of Interface Frailty Model Project Initiation Document; delayed due to Meurig Ward closure, but interim solution for bed re-provision to be developed into a model of care to shift left.
- Implementation of North Ceredigion Wrap Around service (Community Led)

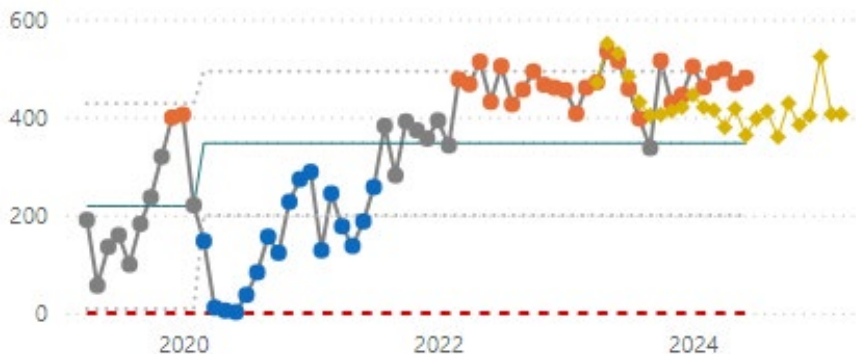
Due date

- Q2, 2024/25
- Q2, 2024/25
- Q2, 2024/25

Key

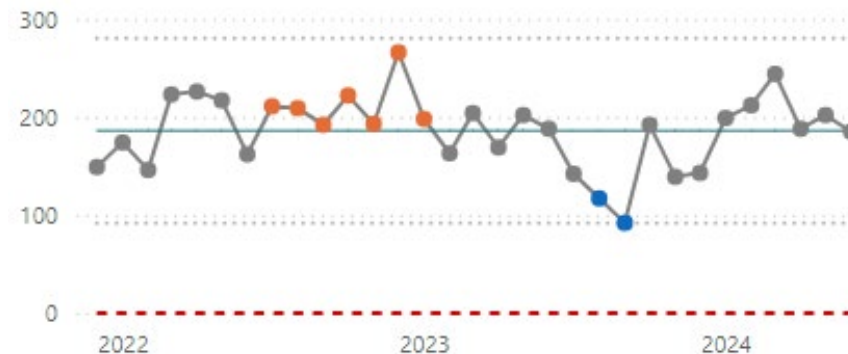
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning trend. 480 handovers >1 hours reported out of a total of 857 handovers, 56%. The trajectory of 363 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 185 handovers >4 hours reported out of a total of 857 handovers, 22%.

Key challenges / issues

- Overcrowding in the Emergency Department continues with high volume of self-presenters, some of whom will be clinical priority. Overcrowding impacts on ability to handover ambulances in a timely manner.
- Ambulance Paramedic Practitioner shift fill rate within Eastgate clinical streaming hub, although improved continues to be variable.

Key actions / initiatives

- Continued focus on long length of stay patients through Carmarthenshire Escalation Panel.
- 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 the Clinical Decision Unit to avoid the Emergency Department.
- Front of House meeting initiated with focus on SDEC, Emergency Department and Clinical Decision Unit (CDU) - with focus on the targeted intervention work and improving throughput through Same Day Emergency Care Unit (SDEC).
- Frailty Assessment Unit embedded within Cadog Ward to enable rapid turnaround of frailty patients with length of stay with in 72 hours safely.
- Surgical SDEC development to avoid presentation in ED and throughput of planned care patients through Medical Day Unit.

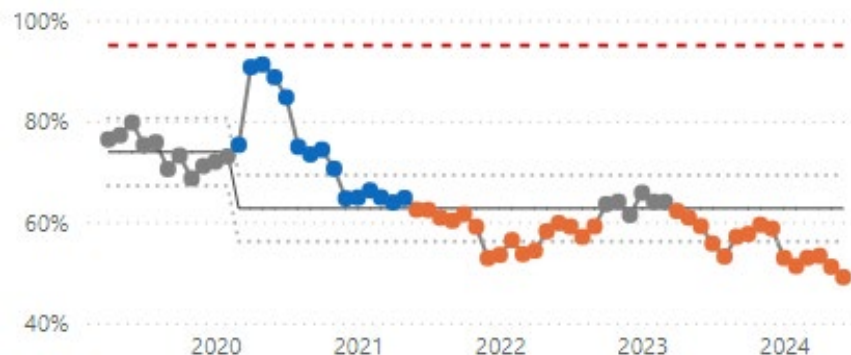
Due date

- Weekly (ongoing)
- Daily (ongoing)
- 30/07/24
- Ongoing monthly
- Ongoing
- 30/08/24

Key

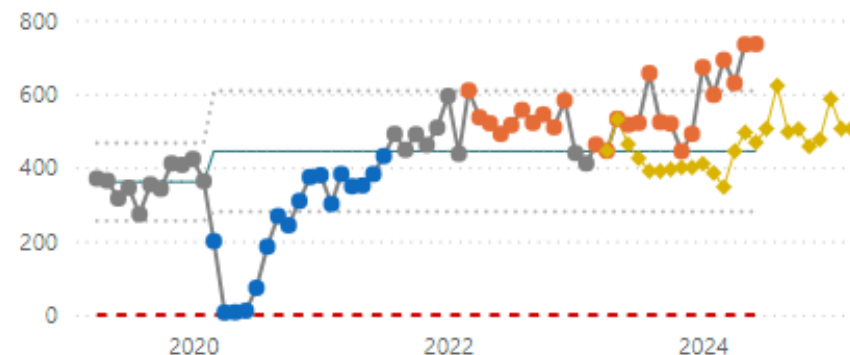
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E



49.1% reported for June, 2,355 breaches out of 4,625 new attendances. Chart is showing concerning performance trend

Patients waiting over 12 hours in A&E



735 breaches out of 4,625 new attendances, 16%. Chart is showing concerning performance trend. The trajectory of 468 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 patient 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.
- 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

Key

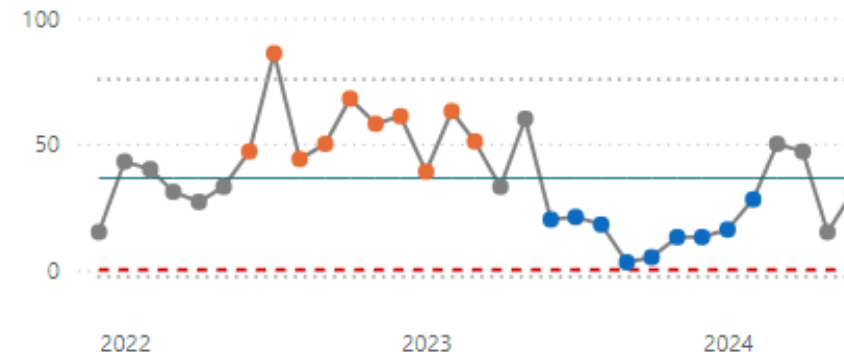
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) variation. 104 handovers >1 hours reported out of a total of 224 handovers, 46%. The trajectory of 48 was not met

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 31 handovers >4 hours reported out of a total of 224 handovers, 14%.

Key challenges / issues

Overall ambulance arrivals in June decreased slightly from May with >1 hour performance showing an improving picture.

All our ward areas continued to operate at full capacity throughout the whole month with additional patients in surge areas to maintain flow.

Across Carmarthenshire- Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave during June.

Acuity of patients presenting remains a challenge alongside infection control issues with patients requiring specialist areas.

Key actions / initiatives

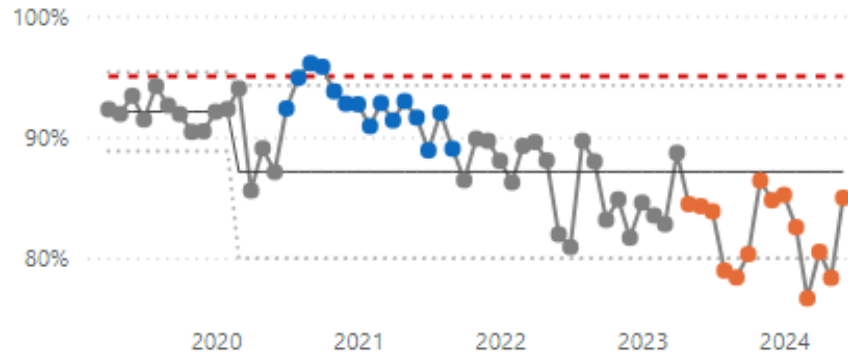
- Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients. Daily (ongoing)
- Boarding protocols (where patients are moved to wards early where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation. Daily (ongoing)
- 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). 31/07/24
- 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. 31/07/24
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack. Daily (ongoing)

Due date

Key

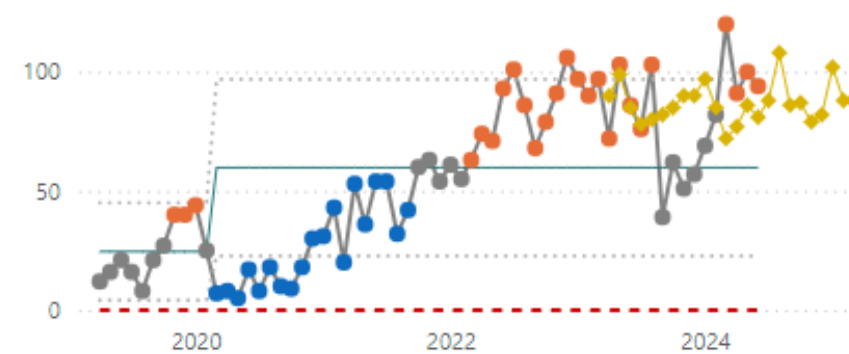
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in MIU



84.96% reported for June, 404 breaches out of 2,686 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in MIU



94 breaches out of 2,686 new attendances, 4%. Latest data is showing concerning performance trend. The trajectory of 81 was not met.

Key challenges / issues

Minor Injury Unit (MIU) new patient attendances for June were slightly down on May with 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.

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 doctors weekly timetables to meet the demand and avoid delays.
- Work with community colleagues on early discharge planning.
- Medical/Nursing recruitment process ongoing to support areas.

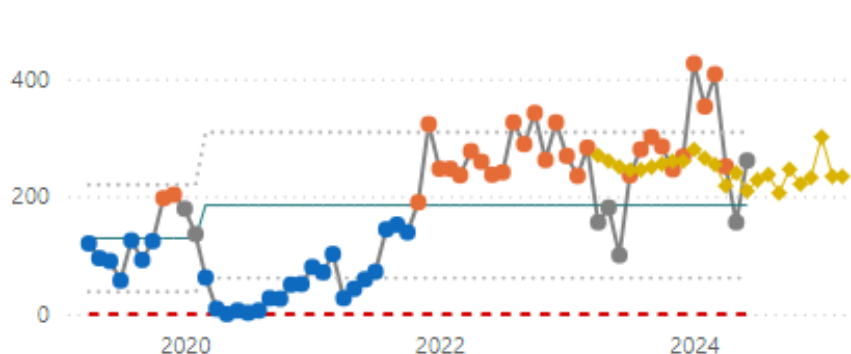
Due date

- 31/07/24
- 31/03/25
- 01/09/24
- 01/09/24

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) 261 handovers >1 hours reported out of a total of 610 handovers, 43%. The trajectory of 209 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 66 handovers >1 hours reported out of a total of 610 handovers, 11%.

Key challenges / issues

- Whilst there was improvement in May, however, there has been a disappointing deteriorating trend in June.
- WGH demand from the front door was greater than the number of discharges in the month of June.
- ED remains overcrowded even though our bed capacity has been re-commissioned from the reinforced autoclaved aerated concrete RAAC issue.
- We are still receiving a high number of medically unwell patients walking through the front door, which take priority, they will be seen and treated prior to the ambulance handovers.
- Our medically fit and ready to leave patient cohort is steadily increasing.
- Due to pressure for in-patient surgical beds this at times stopped the flow into our surgical SDEC.

Key actions / initiatives

- Ongoing focus on our 21-day length of stay through our twice weekly joint acute/ community and Local Authority patient review meetings.
- Will use the Boarding protocol on confirmed discharges, will board at risk as per protocol.
- Will strongly protect all 3 SDECs, to be able to maintain flow and allow patients to be reviewed in a timely manner and discharged home.
- For GP medical direct patient to either attend SDEC or if requiring admission to be directed to Acute Clinical Decision Unit and not through ED.
- Ambulance Red (8 min response) and Amber 1 (20 min response) incident release plans continue to be facilitated.

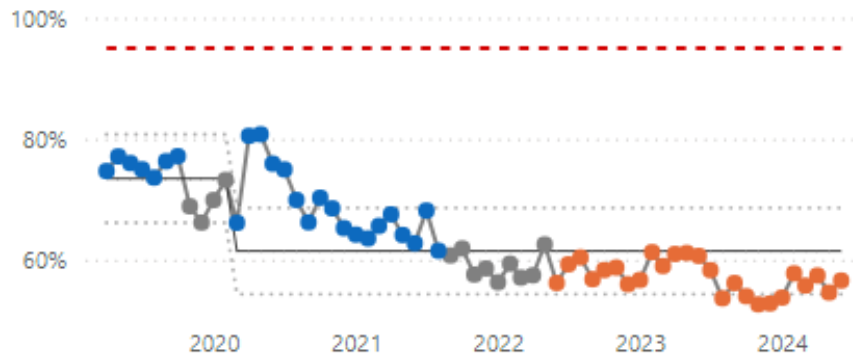
Due date

- Complete
- Complete
- Complete
- Complete
- Complete

Key

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

Patients waiting less than 4 hours in A&E



56.56% reported for June, 1,620 breaches out of 3,729 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E



522 breaches out of 3,729 new attendances, 14%. The chart is showing a concerning performance trend. The trajectory of 393 was not met.

Key challenges / issues

- The 4 and 12 hours patient waits remains problematic.
- ED remains overcrowded, which decrease suitable space for patients to be reviewed in a timely manner.
- Patient flow out of the hospital remains problematic.
- We did see an increase of an infection control issue in June that reduced our bed and patient flow capacity.
- Our in-patient bed capacity has remained at full surge.

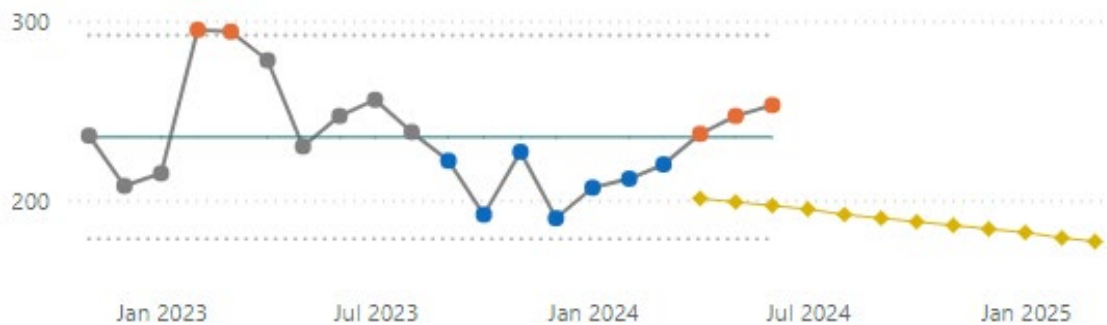
Key actions / initiatives

- Tight infection control measures in place with meetings being chaired by the Infection Prevention and Control Clinical Nurse Specialist.
- We have 3 SDECs that are operational: medical, frailty and surgical
- We are focussing on patients' pathways, which are identified and tracked during the patient safety briefing, twice daily.
- Work ongoing regarding "ED Breach" screening
- Porth Preseli (clinical streaming hub) remains operational to sign post the appropriate patients away from ED

Due date

- Completed
- Completed
- Complete
- 31/08/24
- Complete

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



Pathways of care delayed discharge codes

Descriptor	Carms (non MH)		Ceredigion (non MH)		Pembs		Mentla Health	
	May-24	Jun-24	May-24	Jun-24	May-24	Jun-24	May-24	Jun-24
1.01 - Assessment Issues	59	45	17	11	32	32	1	2
1.02 - Transfer related issues	2	0	3	2	0	1	0	1
2.01 - Funding Issues	0	1	0	0	0	0	2	2
2.02 - Home adaptation/equipment issues	3	1	1	1	1	1	0	0
2.03 - Home care related issues	11	18	1	4	5	4	2	1
2.04 - Step down to recover and assess	11	14	0	1	2	1	0	0
2.05 - Disagreements /Legislation	17	15	6	4	11	15	0	1
3.01 - Care Home placement arrangements	22	25	9	11	13	11	13	11
3.02 - NHS bed related issues	0	1	0	0	0	1	0	0
3.03 - Housing Related Issues	2	5	1	0	1	0	0	1
Grand Total	127	125	38	34	65	66	18	19

The total number of delays increased in June, 253 compared to 247 in May 2024. Non mental health had an increase of 3, 234 vs 231 in May and mental health had an increase of 1, 19 vs 18 in May. The length of delays in days for non-mental health patients has reduced in June, 9,535 total days in June vs 9,773 days in May, MH has also reduced 983 total days in June vs 993 in May. The Census count is based on any patient regardless of area of residency delayed within our hospitals and will include residents from the three Hywel Dda UHB Local authority areas.

Key Challenges / Issues

Non mental Health:

- Number of PoCD - continues to increase month and month during 2024 however June 2024 showed a reduction compared to June 2023 (234 vs 238)
- Total lost days for PoCDs - remains very high but showed a reduction in June.
- Large number of assessment delays

Mental health:

- PoCD numbers increased from May to June also from June 2023 to June 2024.
- Care home placement arrangements remains the largest proportion of delays, (58%) in June

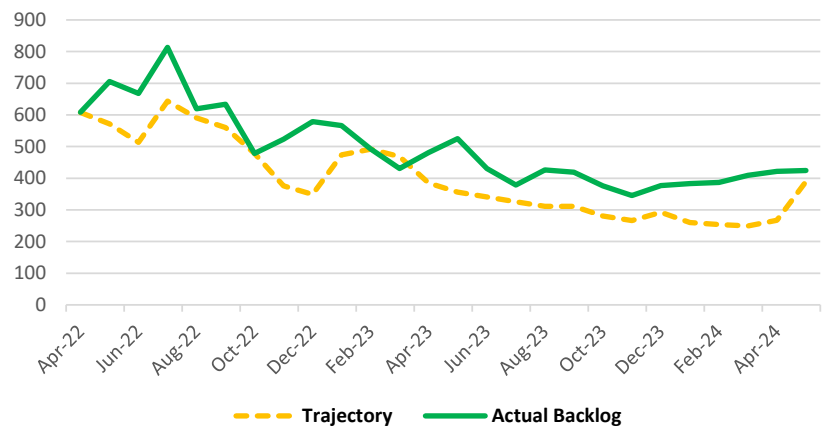
Key actions / initiatives

- Pathway of Care Delay (PoCD) action plan with ‘SMART’ actions and robust metrics reporting are in place within each county system and reviewed on a monthly basis to align with themes identified in the census.
- Deep dive undertaken of all census days with a delay length of > 100 days, 26 delays in total of which 22 were non mental health. A total of 16 individuals had been discharged within the month.
- The 6 goals programme workstream leads are now in post and are working alongside operational colleagues to ensure delivery of the of key performance indicators, reporting of which is through the UEC IQFPD subgroup which meets on a fortnightly basis. Actions to deliver the necessary improvement will be outlined with milestones within the operational plans. Operational plans are due for submission mid July.
- The NHS Executive 6 Goals Lead will be attending each county validation panel in July to observe processes and assist in redesign. Feedback will inform a pilot to run a regional validation process in August.
- PoCD remains an open action as part of the Directorate’s Escalation Meetings in relation to required financial savings across the Health Board. The directorate is due to join the newly formed regional Pathway of Care Delay (PoCD) delivery group this month.
- The adult PoCD review meeting continues weekly and there is now an older adult PoCD meeting too. The position in respect to older adults highlights the issue of demand versus insufficient capacity to provide specialist elderly placements.
- Deep dive undertaken of all census days with a delay length of > 100 days, 26 delays in total of which 4 were mental health. Only one of these individuals remains a PoCD as they are awaiting a bed in a specialist placement.

Due date

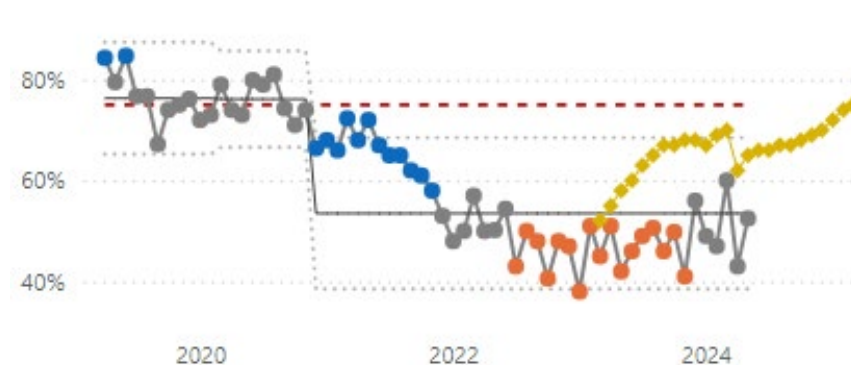
- Monthly
- Fortnightly
- July 24
- July 24
- Weekly

Number of single cancer pathway patients waiting over 62 days



In June 2024 there were 412 patients waiting over 62 days for treatment (trajectory 322).

% single cancer pathway patients starting treatment within 62 days



In May 2024 there were a high number of single cancer pathway referrals (2,246).

52.5% (160 out of 305) patients started treatment within 62 days, the 65% trajectory was not met.

Key challenges / issues

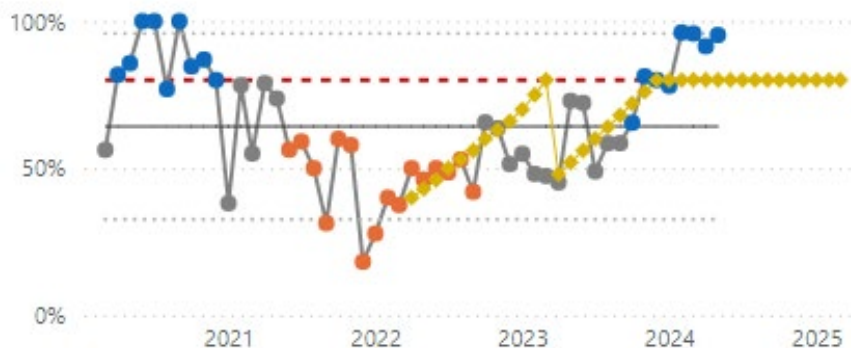
- Large volume of patients waiting in excess of 28 days for a diagnostic procedure within Lower gastrointestinal (LGI), Urology and Gynaecology
- Increasing volume of patients waiting First Definitive Treatment within the Skin Pathway
- Potential growth for patients waiting First Definitive Treatment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

Key actions / initiatives

Key actions / initiatives	Due date
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.	08/07/24
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.	19/08/24
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.	31/07/24
Securing additional minor operations procedure capacity within in July 2024 to reduce treatment backlogs to reduce treatment waits within the Skin pathway.	Complete
Detailed demand capacity plan being developed to address growth of patients waiting treatment on the Breast pathway.	Complete

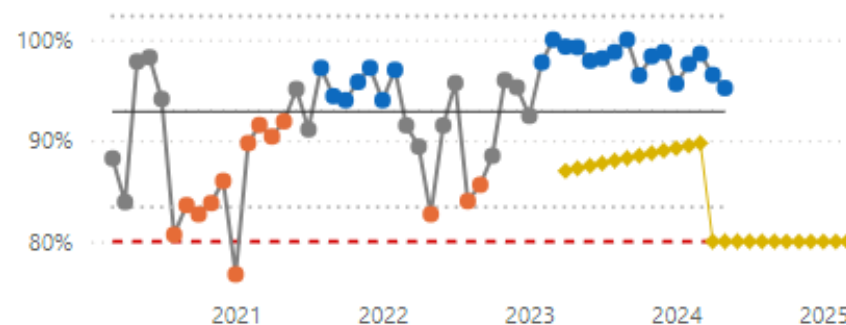
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - - - Target
 - ◆ Ambition

% 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. 95.3% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The target of 80% in May 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. 95.2% of adults started therapeutic interventions within 28 days following LPMHSS assessment. The target of 80% in May was met.

Key challenges / issues

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):
 41 out of 43 interventions commenced in May have been undertaken within target. Some of the overall improvement 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+):
 LPMHSS remains positive with a high compliance with both referral to assessment and assessment to treatment targets. 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 but is currently managed within team capacity.

Key actions / initiatives

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):
 Increase the proportion of interventions for treatment which are provided through groupwork.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
 Cognitive behavioural therapy-based groups are being introduced to support service provision and reduce pressure on 1:1 waiting lists. Seven groups are commencing between the end of May and early June of 8 weeks in length.

Due date

31/07/24

15/06/24

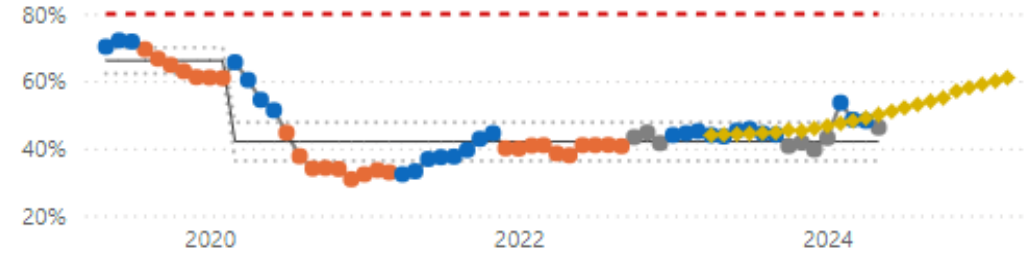
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - ◆ Ambition

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



Performance in May (20.3%) shows special cause concerning variation and trajectory (21%) was not met. 487 out of 3,257 (15%) patients had an ASD assessment and 293 out of 586 (50%) patients had an ADHD assessment within 26 weeks.

% adults waiting <26 weeks to start a psychological therapy



Performance in May (46.2%) shows special cause improving variation and trajectory (50%) was not met. 380 out of 784 (48.5%) patients started an integrated psychological therapies within 26 weeks, 5 out of 12 (41.7%) started an adult psychology assessment and 37 out of 118 (31.4%) started a learning disability psychology within 26 weeks.

Key challenges / issues

Neurodevelopmental assessments:

Autism Spectrum Disorder (ASD): The longest wait times are now 4.75 years with an average of 123 referrals per month in 2024 causing a demand and capacity imbalance.

Attention Deficit Hyperactivity Disorder (ADHD): Referrals for ADHD assessment of children and young people (CYP) continue to increase. A Specialty Community Paediatrician is 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.

Psychological therapies:

Integrated Therapies: A lag in administrative processes is resulting in figures for group therapies not showing positively on current trajectories until June when all groups have commenced. Commissioned eye movement desensitization and reprocessing (EMDR) service continues to support with 40 clients referred since April 24.

Adult Psychology: The single waiting list initiative has proven effective with clients being offered the option of remote appointments where there is not a psychologist in post.

Learning disabilities: Waiting list information was not accurate in May due to practitioner capacity to update and is showing improvement.

Key actions / initiatives

Neurodevelopmental assessments:

ASD: Process mapping of systems and pathways completed to improve efficiency and reduce time to assessment. Extensive data validation exercise on-going.

ADHD: Community paediatricians continue to implement 'screening clinics'. Additional activity in June has seen improvement in the numbers of children waiting to be seen. The ADHD service predicts that the 26 week wait target will be achieved by March 2025. Responding to the recent NHS Executive All Wales CYP Neuro Diversity Review.

Psychological therapies:

Integrated Therapies: High numbers of clients waiting 1:1 interventions, phase two of groups targeting <15 weeks have commenced with 7 commencing across the service. The positive impact on trajectory will show over the next 3-6 months with the service progressing towards phase 3 of groups where all clients upon assessment will be supported initially through groups prior to accessing 1:1 interventions.

Adult Psychology: Vacancies continue to be advertised.

Learning disabilities: Waiting list information will be updated for June. Recruitment into vacancies has been successful, however, demand remains high.

Due date

30/03/25

30/03/25

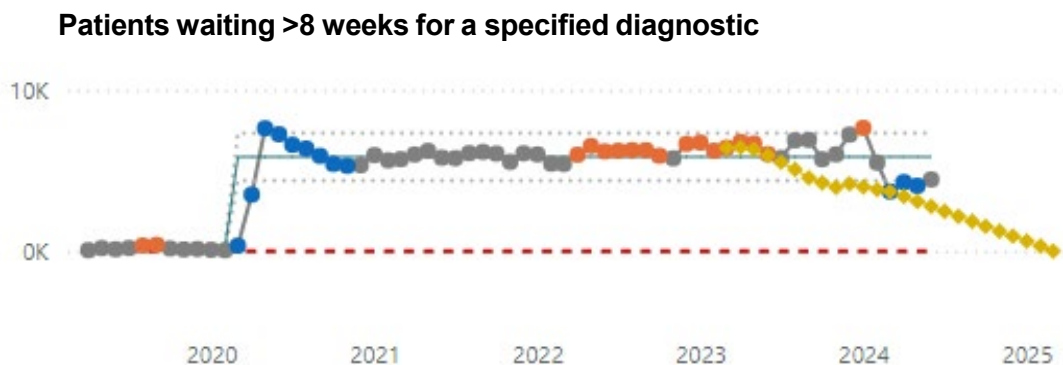
31/12/24

31/07/24

31/07/24

Key

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



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	June 2024	4,443	●	□	◆
Radiology		2,261	●	□	n/a
Endoscopy		1,258	●	□	n/a
Cardiology		515	●	□	n/a
Neurophysiology		322	●	□	n/a
Imaging		62	●	□	n/a
Phys measure		25	●	□	n/a

In June 2024, 4,443 patients were waiting over 8 weeks for a diagnostic against the trajectory of 2,275.

Key challenges / issues

Endoscopy:

- Projected waiting list growth of (average) 96 patients per month due to current demand and capacity gap due to 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.

Radiology:

- Demand exceeding capacity for timely investigations across CT, MR and Non-Obstetric Ultrasound Scanning for investigations and CT and MR reporting
- Staff appetite for undertaking Waiting List Initiatives (WLI) has reduced, and this has been demonstrated by the increase in patients waiting over 8 weeks on a background of a reduced number of requests received in month.

Cardiology:

- **Echocardiogram (ECHO):** June breach position exceeded predicted trajectory due to un-anticipated additional demand in April and loss of core capacity in June due to sickness;
- **Ambulatory Monitors:** June breach position exceeded predicted trajectory due reduced monitor fitting to prioritise and address monitor analysis delays;
- **Transoesophageal ECHO (TOE):** Changes to Cardiologist job planned capacity and cancellation of 1 list due to Unscheduled Care surge in TOE diagnostic room.

Key actions / initiatives

Endoscopy:

- Continue to run 9 additional sessions per week (funded via recovery) to uplift core capacity and reduce the backlog of patients waiting over 8 weeks.
- Advertise new clinical endoscopist & nurse posts.
- Develop productivity and efficiency dashboard.

Radiology:

- Continue offer of WLIs for substantive staff and engage bank staff where appropriate.
- Recovery monies decision needed to fund a mobile MRI mobile to address 1,456 patients waiting over 8 weeks as of end June 2024.
- Awaiting a response and costing for SBUHB to use spare MRI capacity.
- A musculoskeletal MSK working group has been set up to address referral criteria and pathways of care for patients requiring MRI including Primary Care.

Cardiology:

- Funding confirmed to address the 1,134 in-year deficit in ECHO. Plan to initiate additional in-source and enhanced-rate activity from July '24.
- Ambulatory Monitors: Recruiting/on-boarding 2 WTE substantive Physiologists by October '24. Plan to utilise additional locum/enhanced-rate activity in meantime.
- TOE: Review of Cardiologist job plans to prioritise capacity for increased TOE activity and improved ring-fencing of TOE diagnostic room.

Due date

- 31/08/24
- 31/10/24
- 31/07/24

- Subject to funding
- 12/07/24
- 12/07/24
- 31/08/24

- 31/07/24
- 31/10/24
- 31/10/24

Therapy waits over 14 weeks

(Ministerial priority)

Patients waiting >14 weeks for a specified therapy



In June 2024, 2,065 patients were waiting over 14 weeks for a specified therapy.

Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	June 2024	2,065	●	□	◆	68.9%
Physiotherapy		1,203	●	□	◆	96.9%
OT		387	●	□	◆	19.2%
Podiatry		334	●	□	◆	94.2%
Dietetics**		70	●	□	◆	77.2%
Art therapy		49	●	□	◆	n/a
SALT		22	●	□	◆	98.6%
Audiology*		1,198	●	□	n/a	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 (310) due to our backlog and managing new demand
- Our focus remains on prioritising urgent and non-urgent cases.
- We are assessing our current capacity and have requested additional support to address any shortfalls

Podiatry:

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

Key actions / initiatives

Physiotherapy:

Physiotherapy included in the Therapy Integrated Improvement Project. Improvement plans being developed to address deterioration in performance, including business case to financial control panel for consideration of resource shift to bolster workforce to address access to care delays. Successful pilot to evaluate effectiveness of waiting list support initiative to patients on routine lists in community within Carmarthenshire. Spread and scale to all clusters in county.

Occupational Therapy:

Performance and actions are reviewed monthly via the Therapies Performance Steering Group. Working with an external company who are providing occupational therapy assessment and intervention for a small number of children and young people in Carmarthenshire. Request submitted to the financial control group to recruit 3x Band 6 OT staff to increase capacity. Exploring opportunities to offer weekend clinics.

Podiatry:

Continued validation of waiting lists. Waiting list management: Open access clinics, phone triage and extensive staff skill mixing. Exploring development of 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

10/07/24

01/09/24

31/07/24

31/07/24

31/08/24

31/08/24

31/12/24

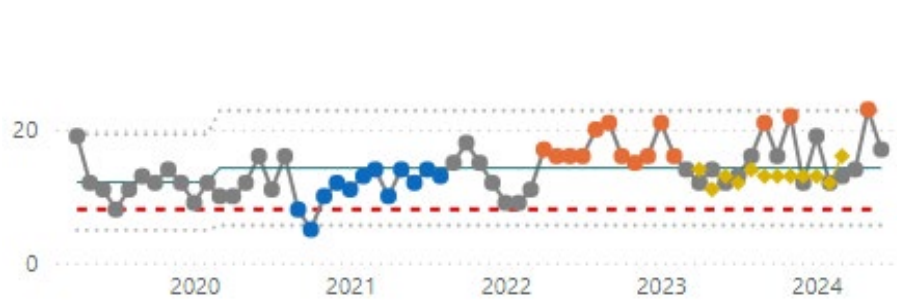
C.difficile and E.coli cases

(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 56.2 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 90.6 per 100,000 population.

Key challenges / issues

C.difficile:

Increased hospital acquired cases for C.difficile, specifically in Bronglais Hospital

E.coli:

In despite of HDUHB continuing to have the highest case numbers of E.coli bacteraemia within Wales, our hospital acquired numbers are the lowest in Wales

Key actions / initiatives

C.difficile:

- Period of increased incidence meeting held to determine scale of issues and what is driving higher cases.
- Deep clean of affected areas arranged.
- C.difficile improvement group to be established with Microbiology leading, first meeting 10.07.24.
- Targeted improvement methodology including training to be given to staff on affected area.
- Monitor whole genome sequencing to exclude/include cross infection.
- Scrutiny meetings to include medical representation.

E.coli:

- In-depth interrogation of data is ongoing to identify geographical areas of concern including environmental factors to obtain an understanding of the rationale for the higher levels within our population. Refined intelligence will enable targeted prevention campaigns that will be undertaken collaboratively with the IP&C community team and Health Protection team.
- While E.coli bacteraemias predominantly are identified as community onset and of urinary source, the majority of HAI's diagnosed have multiple co-morbidities and not often Catheter-associated urinary tract Infection (CAUTI) related, therefore focus streams to prevent these cases are included within the IP&C work plan for 24/25.
- Hydration of patients is key, while Aseptic NonTouch Technique (ANTT), catheter care and hand hygiene are all confounding factors in reducing HCAI's.
- Patient hand hygiene essential – QI project to be developed to focus on this subject.
- Investigate E.coli strains to determine potential transmission factors.

Due date

- 02/07/24
- 04/07/24
- 10/07/24
- 09/07/24
- 30/07/24
- 31/08/24

30/09/24

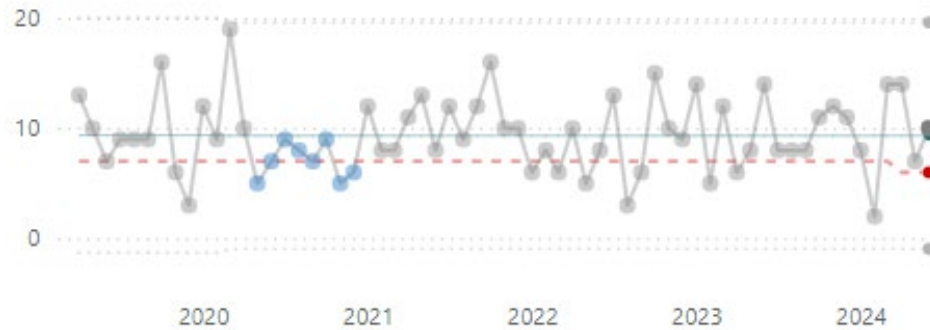
30/09/25

Ongoing

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 32.3 per 100,000 population.

Key challenges / issues

Increased numbers of S.aureus bacteraemias confirmed in June
 Predominant source identified as skin and soft tissue, notably wounds

Key actions / initiatives

- Primary care excellent progress with ANTT practical assessments – each practice has an ANTT assessor or nominated assessor and so excellent progress with assessments including GP’s . Will look for accreditation soon.
- Throughout the HB improved progress with ANTT assessments in acute sites and community compared to last couple of years and sessions delivered by the IP&C team have trained more staff to be assessors. There remains the need to remind staff to assess their colleagues.
- Critical care has demonstrated an excellent rolling programme with assessments amongst their nursing team and looking to move on silver accreditation process.
- ANTT practical assessments was recently on the Executives dashboard but restructure of this process means less meetings and ANTT will not be included – disappointing.
- Medical staff show disappointing progress with practical assessments despite meetings and further attempts to engage with post grad leads – allocated time is necessary to progress this area.
- Wound management to be assessed – 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 line group.
- Renal : Catheter care improvement project to be initiated, with education sessions to include maintenance, removal criteria (*HOUDINI* protocol used), while linking with ANTT and Hand Hygiene

Due date

Ongoing

31/08/24

31/08/24

Key

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

% staff sickness rate (12 months rolling)



The rolling 12-month performance was 6.48% for June 2024 against the target of 4.79%

In-month performance for June 2024 was 6.4%. The highest levels of sickness absence were reported for:

- 11.9%: Facilities
 - 71.7%: Laundry GGH
 - 17.8%: Portering PPH
 - 17.2%: Hotel services GGH
 - 16.6%: Hotel services PPH
- 8.02%: Ceredigion county
- 7.89%: Carmarthenshire county

Key challenges / issues

Conditions impacting absence rates include:

- Anxiety, stress and 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.
- 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.

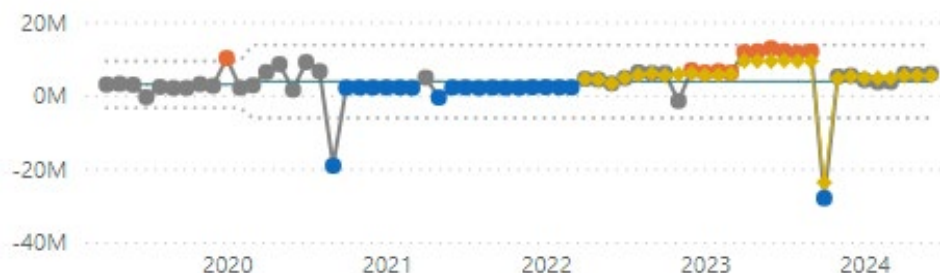
Key actions / initiatives

Key actions / initiatives	Due date
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. Timescales and key leads and sub-workstreams to be confirmed.	31/07/24
Task & Finish Group action plan: To ensure that support for the mental wellbeing of staff has parity with physical wellbeing support.	31/07/24
Review of existing sickness absence training to ensure its fit for purpose.	30/07/24
Review of sickness audits: Findings and recommendations to be presented to Senior Workforce Manager meeting on 07/08/24.	31/08/24
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. Update – Review process reduced the form's length by 50% to focus on the key questions and supportive outcomes required. Form now progressing to final stages of review.	31/07/24
Meeting to be arranged with Estate & Facilities senior management: to discuss absence levels and strategies to reduce absence.	31/07/24

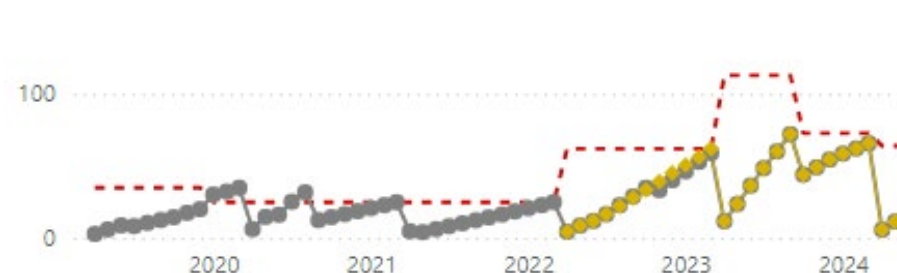
Key

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

Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

The Health Board's end of year reported position is a £64.0m deficit. The Month 3 financial position is an overspend of £5.9m against the Planned Deficit of £5.3m, which is made up of £0.4m unidentified savings and an operational variation of £0.2m. Of the Savings target of £32.4m, £19.8m has been identified leaving a gap of £12.6m to be identified from the Opportunities Framework.

The key focus for the organisation is to develop, implement and deliver savings schemes at pace to close the savings gap of £12.6m. 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.

Key actions / initiatives

- Following the Month 3 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 £19.8m, 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 1st 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 & 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 developed by those directorates.
 - Grip and control measures have been further strengthened during June 2024, 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.

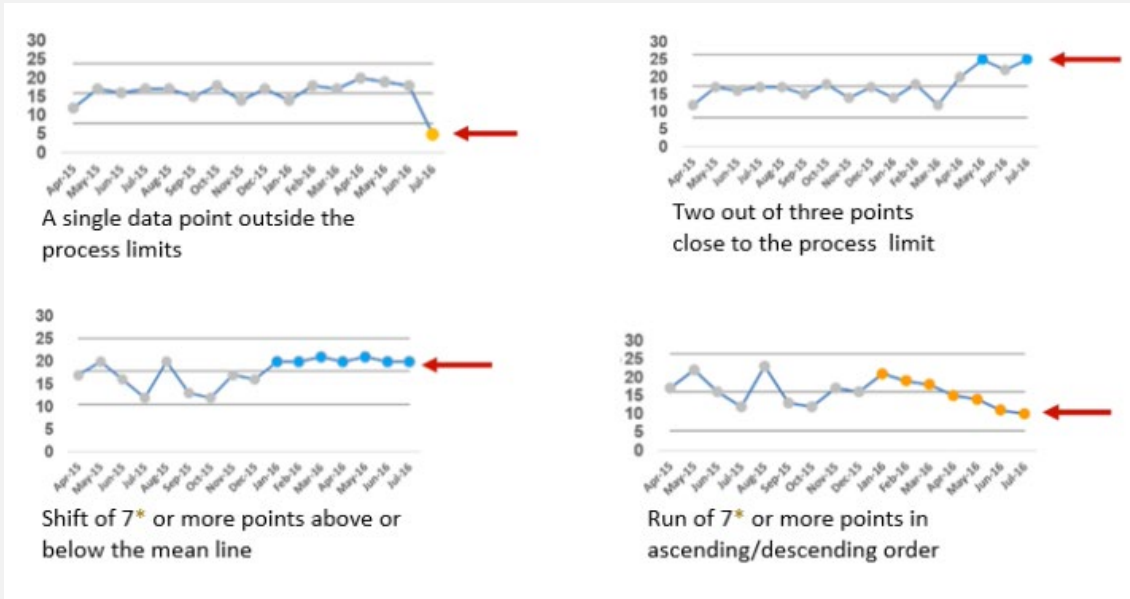
Anatomy of a SPC chart



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		



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Hywel Dda University Health Board
Internal escalation summary
June 2024

Overview



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- The current escalation overview for the Directorates as of June 24
- Sites and Planned Care - High escalation (3) in critical domains
- Facilities - Major challenges in quality, governance, and workforce.
- Mental Health & LD - Financial instability and challenging performance. However, it is noteworthy that MH&LD have been formally deescalated by WG for Part 1 A
- Radiology & Pathology - Financial and governance challenges
- Key Domains - Widespread issues within key domains in quality (9), finance (13), and performance across directorates (11).

Escalation overview Jun-24

KEY

1 Reasonable assurance 2 Limited assurance 3 No assurance

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

Directorates and domains de-escalated since May



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The below represents the positive improvements within several Directorates below:

Directorate	Domain	May-24	Jun-24	De-escalated
Bronglais Hospital	Governance	3	2	Y
Cancer & Oncology	Governance	3	2	Y
Carmarthenshire County	Workforce	2	1	Y
Ceredigion County	Workforce	2	1	Y
Ceredigion County	Finance, Strategy and Planning	3	2	Y
Corporate Services	Governance	2	1	Y
Director of Finance	Governance	3	2	Y
Director of Nursing	Performance & Outcomes	3	2	Y
Director of Public Health	Governance	3	1	Y
Director of Public Health	Workforce	2	1	Y
Director of Strategy and Planning	Governance	3	1	Y
Director of Therapies and Health Sciences	Governance	3	1	Y
Glangwili Hospital	Governance	2	1	Y
Glangwili Hospital	Workforce	2	1	Y
Medical Directorate	Governance	3	2	Y
Medical Directorate	Performance & Outcomes	3	2	Y
Medicines Management	Governance	3	1	Y
Medicines Management	Workforce	2	1	Y
Mental Health & Learning Disabilities	Workforce	2	1	Y
Pathology	Governance	3	1	Y
Planned Care (incl. Audiology and Endoscopy)	Finance, Strategy and Planning	3	2	Y
Primary Care	Governance	2	1	Y
Primary Care	Workforce	2	1	Y
Primary Care	Performance & Outcomes	2	1	Y
Primary Care Management	Governance		2	Y
Primary Care Management	Workforce	2	1	Y
Prince Philip Hospital	Governance	2	1	Y
Radiology	Governance	3	1	Y
Withybush Hospital	Governance	3	2	Y
Women & Children	Workforce	2	1	Y

Directorates and domains escalated since May



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- Following the Directorate Escalation meetings throughout June. The Directorates below have been escalated within several domains
- The majority have been escalated due to the absence of identified savings

Directorate	Domain	May-24	Jun-24	Escalated
Cancer & Oncology	Finance, Strategy and Planning	1	2	Y
Director of Operations	Governance	1	3	Y
Director of Therapies and Health Sciences	Finance, Strategy and Planning	2	3	Y
Medicines Management	Finance, Strategy and Planning	1	3	Y
Mental Health & Learning Disabilities	Fragile Services	1	2	Y
Pathology	Finance, Strategy and Planning	2	3	Y
Planned Care (incl. Audiology and Endoscopy)	Governance	2	3	Y
Primary Care Management	Finance, Strategy and Planning	1	2	Y
Withybush Hospital	Finance, Strategy and Planning	2	3	Y
Facilities	Finance, Strategy and Planning	2	3	Y

Reasons for further escalation



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Directorate	Domain	Reason for Escalation
Cancer & Oncology	Finance, Strategy and Planning	Limited assurance that 5% recurrent savings can be delivered while maintaining a balanced in-year position.
Director of Operations	Governance	Significant governance issues with 15 risks, 7 (47%) overdue for review, and 1 overdue by more than a month. 44% of actions on risk plans are overdue. Audit and Inspections have 7 reports with 24 recommendations, 18 (75%) overdue, and 11 (46%) overdue by more than 6 months.
Director of Therapies and Health Sciences	Finance, Strategy and Planning	No assurance that 5% recurrent savings can be delivered while maintaining a balanced in-year position.
Medicines Management	Finance, Strategy and Planning	No assurance that 5% recurrent savings can be delivered while maintaining a balanced in-year position.
Mental Health & Learning Disabilities	Fragile Services	Neurodevelopment services demand significantly outweighs capacity. Inpatient services heavily reliant on variable pay and consultant goodwill.
Pathology	Finance, Strategy and Planning	No assurance that 5% recurrent savings can be delivered while maintaining a balanced in-year position.

Reasons for further escalation



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Directorate	Domain	Reason for Escalation
Planned Care (incl. Audiology and Endoscopy)	Governance	75 risks, 64 (45%) overdue for review, 78% of actions on risk plans overdue. 10 reports with 78 recommendations, 72 (98%) overdue, 21 (27%) overdue by more than 6 months. Notable issues with Welsh Health Circulars and QIAs in progress.
Primary Care Management	Finance, Strategy and Planning	Limited assurance that 5% recurrent savings can be delivered while maintaining a balanced in-year position.
Withybush Hospital	Finance, Strategy and Planning	No assurance that 5% recurrent savings can be delivered while maintaining a balanced in-year position.
Facilities	Finance, Strategy and Planning	Limited assurance that 5% recurrent savings can be delivered while maintaining a balanced in-year position.