



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 26 September 2024 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Performance Update for Hywel Dda University Health Board – Month 5 2023/2024 |
| 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) |
| Ar Gyfer Trafodaeth/For Discussion |

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 5, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures.

This month’s IPAR update consists of this SBAR and an IPAR dashboard. In an attempt to streamline the performance update for Board Members, whilst making workload efficiency savings for the Performance Team and Senior Reporting Officers (SROs) across the Health Board, no supporting IPAR overview document has been produced this month. An IPAR overview update will be produced bi-monthly for committees. Comments are welcomed on this piloted new approach for performance updates for Board.

The IPAR dashboard which includes data and charts for all performance measures, can be accessed via: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st August 2024](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

A summary of the Statistical Process Control (SPC) chart icons is included below.

| | | |
|--|---|--|
| Variation How are we doing over time | ■ | Concerning trend = a decline that is unlikely to have happened by chance |
| | ■ | Usual trend = common cause variation / a change that is within our usual limits |
| | ■ | Improving trend = an improvement that is unlikely to have happened by chance |
| Assurance Performance against target | □ | Missing target = will consistently fail target without a service review |
| | □ | Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors |
| | □ | Hitting target = will consistently meet target |

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

Cefndir / Background

In February 2024, Welsh Government published the [2024/25 NHS Wales Performance Framework](#). The framework outlines the Ministerial priorities for this financial year, along with key targets. 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 5 2024/25 IPAR where currently available. New metrics are:

- % of adult smokers who make a quit attempt via smoking cessation services;
- Number of adults waiting 14 weeks+ for Audiology;
- Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology);
- Staff experience - I have had a PADR in the last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals;
- % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes;
- % of Children receiving the Human Papillomavirus (HPV) vaccination by the age of 15;
- Median time from arrival at an emergency department to assessment by a clinical decision maker, <60 minutes;
- % of ambulance patient handovers within 15 minutes;

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 latest [Integrated Performance Assurance Report \(IPAR\) dashboard](#) for data and charts for all performance 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.

Staff sickness – 12-month rolling sickness continued to increase for the eight consecutive month, with 6.6% in August 2024. There has been a notable increase in the percentage of staff who are absent due to anxiety/stress/depression/other psychiatric illnesses.

Ophthalmology – In July 2024, 58.1% (940 out of 1,617) of high risk (R1) patients attended appointments within their nationally agreed timeframe* against a target of 95%. Performance has been deteriorating since May 2024 (67.5%) and is now lower than any time since February 2020. Demand has outstripped available capacity, posing a delivery of care challenge to high risk patients and those waiting the longest. The current service provision does not allow enough capacity to meet both demands. As mitigation, R1 capacity is to increase with an improved clinical workforce position from September 2024 and the introduction of a one stop cataract pathway from June 2024 to incrementally release routine capacity to be reprioritised into R1 capacity. Additionally, a roll out of Welsh General Ophthalmic Services (WGOS) 4 is planned in August 2024 to reduce referrals.

*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date.

Cancer – In July 2024, 54% (173 out of 320) patients started their first definitive treatment from point of suspicion against the 66% trajectory. In the same month there were 2,441 referrals. In August there were 515 patients waiting for internal and tertiary treatment against the trajectory of 209. Anticipated further improvements in overall Single Cancer Pathway performance and further improvements in the backlog were not realised due to reduced Radiology diagnostic reporting capacity during August 2024 caused by financial challenges and high levels of urgent and emergency demand. Cancer services are working closely with the NHS Executive to further improve pathway efficiency.

Diagnostics waits 8 weeks and over – A large increase of 1,043 breaches in August 2024 to 5,190 against a trajectory of 2,159. Breaches at the highest level since March 2024. The three highest waits for diagnostics were:

- Radiology: 2,876 – breaches have been on an upward trajectory since March 2024. August 2024 performance was impacted by a decrease in uptake of additional lists (due to summer holidays) and an increase in demand for emergency and cancer patients. There will be a further deterioration in the position in September 2024 due to funding for additional lists ceasing. A deep dive into reasons for increasing demand and the end of recovery funding is underway to understand the impact over the coming months. However, a staffed mobile MRI scanner has been commissioned from October 2024, which will provide 600 scans for 8 weeks breaches;
- Endoscopy: 1,179 – an increase in August 2024 following two months of performance improvement, impacted by sickness and annual leave affecting uptake of additional lists. Plans are in place to recover this position from September 2024;
- Cardiology: 818 – breach volumes have increased for the last four consecutive months due to sickness, vacancies, consultant availability, and the planned insource solution has been delayed by 5 weeks (due to start in October 2024). Plans are in place to recover the breach position by March 2025.

Therapies waits 14 weeks and over – Breaches increased by over 300 to 2,420 in August 2024, the sixth consecutive month of increases and the trajectory of 2,027 was not met. The three highest waits for therapies were:

- Physiotherapy: 1,404 – breaches are higher in August 2024 than at any other time and trajectory (1,218) was not met;
- Podiatry: 453 – breaches are at the highest level since July 2020 and trajectory (278) was not met. Impacted by a general increase in new referrals coupled with increasing patient complexity resulting in longer appointments. As mitigation, services are continually reconfigured where possible, waiting list validation continues and telephone triage clinics are used to reduce face to face demand;
- Occupational Therapy: 389 – breaches increased in August 2024, following four months of performance improvement, and trajectory (355) was not met. The majority of breaches (308) continue to be within paediatric services.

Trajectories for therapies breaches to the end of March 2025 are subject to change pending ongoing review by service leads, in line with our Therapy Improvement and Recovery Plan.

Audiology – 1,239 patients were waiting 14 weeks or more on an adult hearing aid pathway in August 2024, the highest recorded. Breaches have been on an upward trajectory since April 2023. Impacting factors include a large backlog, coupled with significant long-term sickness and reducing staff appetite for additional shifts. Work is underway to look at changing booked virtual follow ups to Patient Initiated Follow Ups (PIFU) to release capacity. Additionally, approval has been granted for 7-month maternity leave locum cover (15 hours).

Ambulance red calls responses < 8 mins – 54.8% in August 2024, target is 65%. Performance has shown an improvement for August.

Ambulance handovers – the number of handovers taking longer than **1 hour** decreased in August 2024 and is showing common cause variation. This is the first time improving performance has been shown since October 2021. Withybush Hospital is now showing an improving performance trend, first time since October 2021 and has met trajectory of 237 with 45 handovers >1 hour. The TI de-escalation criteria of reducing handovers > 1hour by 11% has been met, however, this needs to be maintained for 3 months for de-escalation to be considered. Glangwili has also improved and met its trajectory of 412 with 394 handovers >1 hour. Handovers taking more than **4 hours** performance has improved for the past 3 months and is showing a common cause variation trend overall and at each acute site.

4 hour and 12 hour A&E/MIU patient delays – no significant change in August 2024 to the concerning performance trend for patients spending less than 4 hours in A&E/MIU or those spending longer than 12 hours. The trajectory of 1,487 was met for the overarching 12 hour patient delay performance. This month, Prince Philip Hospital met the TI de-escalation criteria to reduce the percentage of patients waiting over 12 hours to no more than 7%; however, this needs to be maintained for 3 months for de-escalation to be considered.

Child neurodevelopmental waits – In July 2024, 22.6% of children had a neurodevelopmental assessment within 26 weeks, narrowly missing trajectory of 23% (ASD: 16.3%, ADHD: 50.3%). However, the 26-week target for ADHD assessments is showing improving variation.

C.difficile infections – the number of cases decreased for August 2024, to 15. The TI de-escalation criteria of reducing hospital onset cases by 25% was met this month; however, this needs to be maintained for 3 months for de-escalation to be considered.

E.coli infections – for the last 3 months, case numbers have been increasing, and have now plateaued at 35 in August 2024. The TI de-escalation criteria of reducing hospital onset cases by 25% was met this month; however, this needs to be maintained for 3 months for de-escalation to be considered.

S.aureus infections – cases have been increasing for the past 3 months, with 19 cases in August 2024. We are not attaining the TI de-escalation requirement of no more than two cases of hospital onset per month.

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.

Pathway of Care Delays (PoCD) – census count delays decreased in August 2024 to 194, which is the lowest number of delays since January 2024; however, the total number of days delayed for our non-mental health patients increased to 8,245 days. Assessment delays remain the largest proportion of delays. Both Ceredigion and Pembrokeshire met the TI de-escalation criteria of 5% reduction in August 2024; however, this needs to be maintained for 3 months for de-escalation to be considered.

Planned Care – The TI de-escalation criteria of 80% of patients waiting less than 52 weeks on a Referral To Treatment (RTT) pathway was met in August 2024 and the number of patients waiting over 52 weeks for a new outpatient appointment reduced for the second consecutive month to 3,683; however, trajectory (2,658) was not met. Patients waiting over 104 weeks on a RTT pathway increased to 1,815 and the trajectory (1,277) was not met. The number of follow-up appointments delayed by over 100% increased in August 2024 to 16,015. The Ministerial requirement to resolve all waits for RTT above 156 weeks (3 years) was achieved.

Psychological therapy – the percentage of adults receiving a psychological therapy within 26 weeks is showing special cause improving variation and the trajectory for July 2024 was exceeded with compliance of 70.2%. This is expected to improve next month, following implementation of new processes to improve governance around data collection from group therapies. Group sessions in the Integrated Psychological Therapies Service continue to be rolled out, with a further 15-20 groups commencing in September 2024.

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 met target and trajectory in July 2024. The TI de-escalation criteria of Local Primary Mental Health Support Services assessments undertaken and therapeutic interventions started within 28 days for children and young people were met.

Patient experience: Overall patient experience is continuing to exceed the 90% target, with 94% of patients responding positively on the survey in August 2024.

Triangulating our data: August 2024

- **Quality safety and risk** – High number of patient falls (201) and medication errors (86) were also high. We continue to have significant numbers of high and extreme risks on the risk register (454). Complaints received reduced to (164). We have seen an increase in the number of S.aureus cases (19).
- **Workforce** – Staff sickness decreased slightly (August = 6%), high level of long-term sickness (4.4%). Short term sickness decreased to 1.7%, the lowest reported. Nursing and midwifery agency use reduced by 150 whole-time equivalent staff from the same month last year and is the lowest to date.
- **Finance** – In August, our agency spend reduced by 52% and bank spend increased by 10%, since the same month last year.

| Quality, safety and risk | Best | | Worst | Latest | Trend |
|--|------------|--|------------|------------|-------|
| Reported incidents causing moderate harm or above | 100 | | 243 | 120 | |
| Patient falls | 43 | | 280 | 201 | |
| Medication errors | 26 | | 141 | 86 | |
| Pressure damage developing or worsening during care | 70 | | 212 | 86 | |
| New complaints by month received (ward level not available) | 111 | | 218 | 164 | |
| Number of high and extreme risks (health board & directorate only) | 381 | | 492 | 454 | |
| Infections: new cases | 53 | | 84 | 80 | |
| Infections: C. difficile cases | 12 | | 23 | 15 | |
| Workforce | | | | | |
| Number of staff/contractor related incidents | 9 | | 74 | 48 | |
| Sickness - short term | 1.7% | | 3.6% | 1.7% | |
| Sickness - long term | 3.3% | | 4.6% | 4.4% | |
| Number of vacancies | To follow | | | | |
| Staff turnover (12 month rolling) | 7.3% | | 9.8% | 8.1% | |
| Nursing and midwifery vacancies | To follow | | | | |
| Nursing and midwifery agency (WTE) | 164.13 | | 379.79 | 164.13 | |
| Bank (WTE) | 212.99 | | 350.81 | 350.81 | |
| Financial recovery | | | | | |
| Agency spend | £1,195,396 | | £3,491,731 | £1,195,396 | |
| Bank spend | £872,933 | | £1,628,320 | £1,391,126 | |

Escalation: August 2024

A summary of the internal escalation status of each of our directorates is included in the table below. Directorates have been assessed across the six domains of Quality, Governance, Workforce, Finance, Strategy & Planning, Fragile Services and Performance & Outcomes. The assessment criteria can be found in Appendix A, at the end of this report. 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.

Directorates with the most concerning levels of escalation are listed below. These Directorates are having monthly meetings with Executive Directors to discuss actions being taken to address the escalation issues:

- Women and Children – Level 3 escalation in all six domains;
- Mental Health and Learning Disabilities – Level 3 escalation in five out of six domains;
- Planned Care – Level 3 escalation in five out of six domains;

Escalation overview

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

Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 5 2024/2025 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

| 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 Termiau: Glossary of Terms: | IPAR – Integrated Performance Assurance Report PODCC – People, Organisational Development and Culture Committee SDODC – Strategic Development and Operational Delivery Committee SRC – Sustainable Resources Committee |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care SDODC PODCC SRC |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|--|
| Ariannol / Gwerth am Arian: Financial / Service: | Better use of resources through integration of reporting methodology |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Use of key metrics to triangulate and analyse data to support improvement |
| Gweithlu: Workforce: | Development of staff through pooling of skills and integration of knowledge |
| Risg: Risk: | Better use of resources through integration of reporting methodology |
| Cyfreithiol: Legal: | Better use of resources through integration of reporting methodology |
| Enw Da: Reputational: | 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. |
| Gyfrinachedd: Privacy: | N/A |
| Cydraddoldeb: Equality: | N/A |

Appendix A: Escalation criteria

| | Quality | Governance | Workforce | Finance, Strategy & Planning | Fragile Services | Performance & Outcomes |
|----------------|--|---|---|--|--|---|
| | Director of Nursing | Director of Corporate Governance | Director of Workforce and OD | Director of Finance Director of Strategic Planning | Director of Strategic Planning Director of Nursing | Director of Operations |
| Level 1 | Reasonable assurance that there are no significant concerns within the directorate. | | | | | |
| Level 2 | Limited assurance that the directorate: | | | | | |
| | <p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Incidents 2. Concerns 3. Complaints 4. Medical Examiner 5. Duty of Candour 6. HIW/CIW 7. Quality and Equality Impact assessments (where applicable) | <p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Risks 2. Audits / inspections / WHCs / Ministerial Directions 3. Board / Committee actions 4. FoI and corporate correspondence 5. Policies (where applicable) | <p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Bullying and harassment, difficult working relationships or complaints 2. Sickness 3. PADRs 4. Turnover 5. Mandatory training 6. Career development 7. Rosters & job plans | <p>Will:</p> <ol style="list-style-type: none"> 1. Operate within budget or deliver a recovery plan which will return to budget in year. 2. Identify and delivery recurrent savings to the level required. 3. Has a triangulated plan to operate services effectively for the year. | <p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p> | <p>Will achieve target performance, with the trajectory missed for over 2 months.</p> |
| Level 3 | No assurance that the directorate: | | | | | |
| | <p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Incidents 2. Concerns 3. Complaints 4. Medical Examiner 5. Duty of Candour 6. HIW/CIW 7. Quality and Equality Impact assessments (where applicable) | <p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Risks 2. Audits / inspections / WHCs / Ministerial Directions 3. Board / Committee actions 4. FoI and corporate correspondence 5. Policies (where applicable) 6. Quality governance | <p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Bullying and harassment, difficult working relationships or complaints 2. Sickness 3. PADRs 4. Turnover 5. Mandatory training 6. Career development 7. Rosters & job plans | <p>Will:</p> <ol style="list-style-type: none"> 1. Operate within budget or deliver a recovery plan which will return to budget in year. 2. Identify and delivery recurrent savings to the level required. 3. Has a triangulated plan to operate services effectively for the year. | <p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p> | <p>Will achieve target performance, with the target and improvement trajectory being consistently missed.</p> |