

Draft

Improvements made during the first year of Directorate Improving Together Sessions

January – December 2023



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Hywel Dda
University Health Board

Introduction

The Directorate Improving Together Sessions (DITS) were launched in January 2023. All directorates are invited to DITS meetings with selected Executive Team members. The purpose of the meetings is for each directorate's successes and challenges to be highlighted and discussed and improvement actions agreed. Directorate leads are also given the opportunity to request advice or support from Executive Team members and corporate teams to unblock issues.

The DITS meetings are supported by the Our Performance dashboard which was launched in December 2022. The purpose of the dashboard is to provide all health board staff with easy access to data for the 'must do' areas e.g. incidents, complaints, staff sickness, financial expenditure.

DITS meetings were held for the 20 areas of the health board listed below. This document summarises some of the key actions taken and improvements made during 2023.

Operations

- Carmarthenshire System
- Ceredigion System
- Pembrokeshire System
- Cancer & Oncology
- Cardiology, Radiology & Pathology
- Central Operations (excluding GP Out of Hours)
- Facilities
- GP Out of Hours
- Mental Health & Learning Disabilities
- Planned Care, Endoscopy & Neurology
- Primary Care, Meds Management & LTC
- Therapies & Health Science
- Women & Children

Corporate

- Directors of Governance and Communications
- Finance, Digital & Performance
- Medical Directorate
- Nursing, Quality & Patient Experience
- Public Health
- Strategic Planning & Transformation
- Workforce & Organisational Development

Improving Together

Below are some of the overarching improvements made across the health board during 2023.



ACTIONS

The Directorate Improving Together Sessions have generated a total of 516 actions, of which 343 (66%) have been dealt with and closed. The others are being progressed by actions leads and monitored by the Performance Team.

Of the 516 actions, 216 (42%) were assigned Executive Director or corporate support e.g. workforce, finance, quality, risk.



INCIDENTS

The average time an incident is open has reduced from 406 days to 249 days.

We are continuing to push for improvements in this area to ensure incidents are investigated in a timelier manner and corrective action is taken to reduce the chance of a recurrence.



COMPLAINTS

We have reduced the average number of days a complaint is open from 334 days to 176 days.

We appreciate needing to make a complaint is stressful. We will continue to push for improvements in this area to ensure our complaints are resolved as efficiently as possible.



RISKS

Despite an increase in the number of risks on our risk register, there has been a 30% improvement in the number of overdue risk actions (reduced from 557 overdue risk actions to 392).

Completing our actions in a timelier manner helps us to mitigate and reduce our risks.



SICKNESS, CORE SKILLS & PADRS

Increased scrutiny on staff sickness has helped make an improvement of 0.4% (reduced from 6.6% to 6.2%). More staff have had an appraisal in the previous 12 months (increased from 68% to 75%). Core skills training target (85%) has been consistently met since February 2023.

Reduced staff sickness increases our capacity to see and treat patients. Regular appraisals ensure staff are assigned objectives to work to help support the organisation and their development. Mandatory training compliance ensures our staff are equipped with essential core skills.

Carmarthenshire System

(includes Carmarthenshire County, Glangwili Hospital and Prince Philip Hospital)

Headline performance target improvement

Reduced 4-hour ambulance handover delays at Glangwili and Prince Philip Hospitals (Dec 22=327, Dec 23=156).

Some of the key actions achieved in 2023

38

Actions
agreed

71%

Actions
completed

- Plan established to revise the front door models in Glangwili and Prince Philip Hospitals. Plan includes Frailty Assessment Units with Home First wrap around care.
- Reviewed and ceased the use of off contract (high cost) agency nurses (from 499 shifts in Dec 22).
- Adopted the use of the Frontier system to track complex patients and delayed discharges.

Some of the other key improvements made in 2023



Reduced staff
sickness levels (in
month)

Dec 22
9.9%

Dec 23
8.2%



Reduced the average
number of days
incidents are open

Dec 22
362

Dec 23
233



Reduced the average
number of days
complaints are open

Dec 22
294

Dec 23
167



Achieved target for
staff completing core
skills training

Dec 22
80%

Dec 23
86%



Reduced the number
of overdue risk
actions by 67%

Dec 22
72

Dec 23
24

Ceredigion System

(includes Ceredigion County and Bronglais Hospital)

Headline performance target improvement

Reduced 4-hour ambulance handover delays at Bronglais Hospital (Dec 22=70, Dec 23=52).

Some of the key actions achieved in 2023

31






Actions
agreed

65%

Actions
completed

- Active recruitment for vacant band 5 nursing posts.
- Issue with cleaning standards across sites addressed and resolved.
- A review of the front door model and patient flow in Bronglais Hospital is underway.
- Stabilisation of management team for Bronglais Hospital.

Some of the other key improvements made in 2023

	Reduced sickness levels for nurses & midwives in Bronglais (12m rolling)	Dec 22 6.4%	Dec 23 5.8%
	Reduced the average number of days incidents are open	Dec 22 436	Dec 23 350
	Reduced the average number of days complaints are open	Dec 22 329	Dec 23 243
	Increase in staff having an appraisal within previous 12 months	Dec 22 55%	Dec 23 64%
	Reduction in staff turnover (12m rolling)	Dec 22 10.3%	Dec 23 5.5%

Pembrokeshire System

(includes Pembrokeshire County and Withybush Hospital)

Headline performance target improvement

Reduced 4-hour ambulance handover delays at Withybush Hospital (Dec 22=121, Dec 23=58).

Some of the key actions achieved in 2023

21






Actions
agreed

81%

Actions
completed

- Successful management of RAAC incident across the system.
- Orthogeriatric speciality doctor commenced post in Withybush.
- New governance post created to support timely and effective investigation of Duty of Candour, incidents & complaints. Also includes identification and sharing of learning.
- Support provided from the Workforce Stabilisation Team to reduce the number of nursing vacancies at Withybush (Dec 22=89, Dec 23=50).

Some of the other key improvements made in 2023

	Reduced sickness levels for nurses & midwives (12m rolling)	Dec 22 7.4%	Dec 23 6.3%
	Reduction in C.difficile cases (year to date total)	Dec 22 32	Dec 23 22
	Reduced the average number of days incidents are open	Dec 22 363	Dec 23 243
	Reduced the average number of days complaints are open	Dec 22 378	Dec 23 202
	Ceased the use of off contract (high cost) agency nurses	Dec 22 168 shifts	Dec 23 0

Cancer and Oncology

Headline performance target improvement

Reduced the single cancer pathway backlog (Dec 22=579, Dec 23=377).

Some of the key actions achieved in 2023

39

Actions
agreed

59%

Actions
completed

- Initiative to assess and improve Key Worker compliance via new patient survey and PREM. First in Wales to roll-out this PREM across all tumour sites.
- Plan to improve tracking and communications for patients referred from GP to tertiary care.
- Review to map out where location of DNAs occur and explore accessibility and areas of deprivation.
- Plan for development of senior management leads of the future.

Some of the other key improvements made in 2023



Reduced average
number of days
incidents are open

Dec 22
534

Dec 23
138



Achieved target for
staff having an
appraisal within
previous 12 months

Dec 22
44%

Dec 23
82%



Increased compliance
for staff completing
core skills training

Dec 22
84.7%

Dec 23
90.4%

Cardiology, Radiology and Pathology

Headline performance target improvement

Reduced 8 weeks breaches for a cardiology diagnostic (Dec 22=1,941, Dec 23=1,000).

Some of the key actions achieved in 2023

83






Actions
agreed

53%

Actions
completed

- The average number of days incidents and complaints are open has significantly reduced.
- Cardiology re-introduced the Treat and Repatriate pathway.
- Radiology sonographer staffing levels reviewed to provide updates on fragility and risks. Ultrasound Control Group established, with key stakeholders meeting weekly.
- Pathology LIMS system risk reviewed and score reduced with new system being provided by the same supplier as current system.

Some of the other key improvements made in 2023

	Reduced audit & inspection recommendations behind schedule	Jun 23 14	Sep 23 8
	Reduction in staff turnover (12m rolling)	Dec 22 8.89%	Dec 23 7.21%
	Achieved target for staff having an appraisal within previous 12 months	Dec 22 59.5%	Dec 23 69%
	Reduced agency and bank spend	Dec 22 £143,000	Dec 23 £79,000
	Job planning compliance improved in Pathology	May 23 45%	Jan 24 73%

Central Operations (excluding GP Out of Hours)

(includes Clinical Engineering, Health Records, HSDU and Transport)

Some of the key actions achieved in 2023

9






Actions
agreed

78%

Actions
completed

- Identification of Central Engineering spend for equipment owned and operated in other directorates to ensure accountability and the cost of maintenance remains with device owners/operators.
- An internal audit of instrument loans and consumables provided to Werndale Hospital has indicated actions to improve the integrity of the loans process.
- Work between informatics teams and the Central Transport Unit to develop a new system to ensure patients who have deceased or are in hospital are not assigned a patient transport trip.
- Further training and support received in relation to ESR.

Some of the other key improvements made in 2023

	A year-to-date budget underspend achieved	Dec 22 £529k overspend	Dec 23 £534k underspend
	Reduced the average number of days incidents are open	Dec 22 496 days	Dec 23 303 days
	Achieved target for staff having an appraisal within previous 12 months	Dec 22 77%	Dec 23 88%
	Continued to exceed core skills training target (85%)	Dec 22 93.5%	Dec 23 95.4%
	Reduction in staff turnover (in month)	Dec 22 12.52%	Dec 23 7.76%

Some of the key actions achieved in 2023

16

Actions
agreed

37%

Actions
completed

- Weekly engagement with Occupational Health to support sickness management.
- Recruitment fairs organised which yielded a high calibre and quality of candidates in the March exercise.
- Won an award at the IHEEM conference for sustainability connected with the Solar Farm.
- Vending solution was introduced for the staff canteen in Hafan Derwen.

Some of the other key improvements made in 2023

£	A year-to-date budget underspend achieved	Dec 22 £3,484k overspend	Dec 23 £605k underspend
⚠	Reduced the average number of days incidents are open	Dec 22 440 days	Dec 23 89 days
+	Reduced agency spend	Dec 22 £11,750	Dec 23 £7,375
!	Reduced the number of overdue risk actions	Dec 22 153	Dec 23 68
🔍	Reduced audit & inspection recommendations behind schedule	Jan 23 24	Nov 23 9

GP Out of Hours

Some of the key actions achieved in 2023

26





Actions
agreed

81%

Actions
completed

- Work is underway to develop a 24/7 model for urgent and emergency care. GP Out of Hours are a key component.
- Liaised with Primary Care on specification for a GP Out of Hours dashboard.
- Paused the use of virtual locums for a temporary period to reduce spend for this financial year.
- Reviewed pay rates to bring them in line with other health boards. This has increased the number of filled shifts.

Some of the other key improvements made in 2023

	Reduced the average number of days complaints are open	Dec 22 410	Dec 23 173
	Reduced staff sickness (12m rolling)	Dec 22 10.0%	Dec 23 7.2%
	Increased compliance for staff completing core skills training	Dec 22 69%	Dec 23 79%
	Reduction in staff turnover (12m rolling)	Dec 22 14.5%	Dec 23 7.7%

Mental Health and Learning Disabilities

Headline performance target improvement

All part 1a and 1b targets were met for both children and adults in December 2023.

Some of the key actions achieved in 2023

31






Actions
agreed

81%

Actions
completed

- Following success of the pilot, SMS appointment reminders for patients were rolled out within relevant areas of the directorate. This has led to a reduction in did not attend (DNA) rates across services, especially Child and Adolescent Mental Health Services.
- To improve complaints progression, a monthly complaints meeting has been established. The meeting is attended by members of the directorate and the Complaints Team.
- Capital funding has been confirmed for a new ECT machine.
- Decision made to move the Carmarthenshire Community Learning Disability Team from Penlan into Ty Bryn in 2024.

Some of the other key improvements made in 2023

	Reduced the average number of days incidents are open	Dec 22 327	Dec 23 138
	Reduced the average number of days complaints are open	Dec 22 278	Dec 23 171
	Reduced staff sickness levels (in month)	Dec 22 8.6%	Dec 23 5.9%
	Reduced the number of overdue risk actions	Dec 22 29	Dec 23 8
	Reduced DNAs for Child and Adolescent Psychiatry	Dec 22 23.6%	Dec 23 12.6%

Planned Care, Endoscopy and Neurology

Headline performance target improvement

Reduced the number of patients waiting over 52 weeks for a new outpatient appointment (Dec 22=5,452, Dec 23=4,246).
Reduced the number of patients waiting over 104 weeks from referral to treatment (RTT) (Dec 22=4,907, Dec 23=2,585).

Some of the key actions achieved in 2023

45






Actions
agreed

82%

Actions
completed

- Detailed plans put in place to manage fragile services, address issues with on-call pressures and increase recruitment.
- Work undertaken to reduce number of INNU (interventions not normally undertaken) on waiting lists.
- A "productivity/efficiency gain" working document developed to describe/track all achievements and cost savings in the directorate.
- A theatre utilisation Power BI dashboard was launched with input from key stakeholders, providing more accurate and reliable data.

Some of the other key improvements made in 2023

	Reduced average number of days incidents are open	Dec 22 379	Dec 23 235
	Reduced the average number of days complaints are open	Dec 22 349	Dec 23 176
	Reduced staff sickness levels (in month)	Dec 22 7.14%	Dec 23 5.36%
	Reduced agency and bank spend	Dec 22 £484,500	Dec 23 £199,500
	Reduced the number of overdue risk actions	Dec 22 74	Dec 23 48

Primary Care, Medicines Management and Long Term Care

Headline performance target improvement

Increased the number of consultations delivered through the Pharmacist Independent Prescribing Service (Dec 22=1,016, Nov 23*=1,151).

* Dec 23 data not available at time of writing

Some of the key actions achieved in 2023

29






Actions
agreed

45%

Actions
completed

- New visualisation of primary and secondary care data. Strategic Programme for Primary Care/DHCW are interested in the work that we are doing and asked the HB to be a pathfinder in their demand and capacity work.
- Support given from Workforce and VBHC to progress integrating the Ophthalmology/Optometry pathway.
- Additional performance measures introduced to visualise the change in care home beds over time.
- Business case developed to progress implementing EPMA effectively across all HB sites.

Some of the other key improvements made in 2023

	Reduced average number of days incidents are open	Dec 22 839	Dec 23 372
	Reduced the average number of days complaints are open	Dec 22 341	Dec 23 264
	Achieved target for staff having an appraisal within previous 12 months	Dec 22 62.7%	Dec 23 70.6%
	Achieved target for staff completing core skills training	Dec 22 83.4%	Dec 23 87.8%
	Reduced the number of overdue risk actions	Dec 22 20	Dec 23 15

Therapies and Health Science

Headline performance target improvement

Reduced the number of patients waiting over 14 weeks for occupational therapy (Dec 22=565, Dec 23=400).

Some of the key actions achieved in 2023

36

Actions
agreed

94%

Actions
completed

- Digital workshops/summit held with Digital/Value Based Healthcare to review digital priorities and maximise use of technology, including a digital record. Sessions continue in 2024.
- Early supported discharge service for stroke patients established at Withybush Hospital and being rolled out to other sites in 2024.
- Welsh Government funding secured until 2026 for Orthopaedic Prehabilitation.
- Work progressed to monitor Weight Management Service (WMS) patients through rehabilitation medicine and more accurately report relevant breaches within both WMS and Dietetics services.

Some of the other key improvements made in 2023



Reduced average number of days incidents are open

Dec 22
424

Dec 23
187



Reduced staff sickness levels (in month)

Dec 22
6.2%

Dec 23
3.9%



Achieved target for staff having an appraisal within previous 12 months

Dec 22
70%

Dec 23
80%



Reduction in staff turnover (12m rolling)

Dec 22
9.2%

Dec 23
8.5%



Reduced agency and bank spend

Dec 22
£40,000

Dec 23
£28,000

Women and Children

Headline performance target improvement

Reduced the number of patients waiting over 52 weeks from referral to treatment (RTT) - Gynaecology (Dec 22=860, Dec 23=373).

Reduced the number of patients waiting over 104 weeks from referral to treatment (RTT) - Gynaecology (Dec 22=263, Dec 23=2).

Some of the key actions achieved in 2023

31

Actions
agreed

84%

Actions
completed

- Gap analysis and action plan developed for transitional care for children & young people with learning disabilities from children to adult services.
- Amendment to existing Obstetrics and Gynaecology consultant on call rota arrangements agreed with consultant body.
- To reduce DNAs (did not attend), the 'Bookwise' clinic management tool was introduced into Paediatrics.
- Collaborated with the Performance team to develop the directorate response pack template and guidance document.

Some of the other key improvements made in 2023



Reduced the average number of days incidents are open

Dec 22
334

Dec 23
180



Reduced audit & inspection recommendations behind schedule

Dec 22
26

Sep 23
6



Reduced the average number of days complaints are open

Dec 22
344

Dec 23
219



Reduction in staff turnover (in month)

Dec 22
7.6%

Dec 23
5.2%



Achieved target for staff having an appraisal within previous 12 months

Dec 22
64%

Dec 23
72%

Directors of Governance and Communications

(includes Communications, Corporate Governance, Corporate Office and Welsh Language)

Some of the key actions achieved in 2023

6

Actions
agreed

50%

Actions
completed

- Publicising key achievements raised through various Directorate Improving Together Sessions to raise the profile of services and the health board.
- Providing support to undertake public engagement and communications for Tumble and Cross Hands GP Practice.
- Supported directorates to address and reduce audit and inspection recommendations behind schedule.
- Supported directorates to improve timely risk reviews and progress overdue actions.

Some of the other key improvements made in 2023



Reduced the average number of days incidents are open

Dec 22
596

Dec 23
486



Achieved target for staff having an appraisal within previous 12 months

Dec 22
34%

Dec 23
60%



Achieved target for staff completing core skills training

Dec 22
76%

Dec 23
85%



Reduced procurement spend

Apr-Dec 22
£384.3k

Apr-Dec 23
£279.8k



Reduced audit & inspection recommendations behind schedule

May 22
4

Dec 23
1

Finance, Digital and Performance

Headline performance target improvement

Reduced agency spend as a percentage of the health board's total pay bill (Dec 22=6.3%, Dec 23=4.6%)

Some of the key actions achieved in 2023

22

Actions
agreed

50%

Actions
completed

- Worked to support everyone within the health board to be curious about data and improve data literacy using visualisations that are user friendly.
- Use of the Our Performance dashboard in management meetings has been established and proactive management has shown an increase in PADR compliance.
- Development of a Data Strategy in train with a data, intelligence and engagement plan.
- Establishment and oversight of the Directorate Improving Together Sessions.

Some of the other key improvements made in 2023



Reduced the average number of days incidents are open

Dec 22
15%

Dec 23
61%



Achieved target for staff having an appraisal within previous 12 months

Dec 22
64%

Dec 23
81%



Reduction in staff turnover (12m rolling)

Dec 22
12.2%

Dec 23
9.7%



Continued to exceed core skills training target (85%)

Dec 22
94.4%

Dec 23
95.5%

Some of the key actions achieved in 2023

21






Actions
agreed

38%

Actions
completed

- Introductions made with University partners with a view to establishing a revenue agreement opportunity to commit to capital spend.
- Extensive renovation project undertaken at GGH Junior Dr's accommodation in August 2023 to improve Estate. Directorate is developing a programme of inspections to each site accommodation to ensure estate is kept to an acceptable standard.
- Embedded monthly Business Governance meetings to ensure timely review of incidents and audit and inspection recommendations.

Some of the other key improvements made in 2023

	Increase in staff having an appraisal within previous 12 months	Dec 22 60%	Dec 23 85%
	Continued to exceed core skills training target (85%)	Dec 22 88.5%	Dec 23 91%
	Reduced staffing over establishment	Dec 22 21.74 wte	Dec 23 7.06 wte
	Reduced the average number of days incidents are open	Dec 22 411	Dec 23 270
	Reduced the number of overdue risk actions	Dec 22 36	Dec 23 24

Nursing, Quality and Patient Experience

Headline performance target improvement

Overall patient experience target (90%) consistently met throughout 2023

Some of the key actions achieved in 2023

10






Actions
agreed

30%

Actions
completed

- Strategy under development to improve delivery, participation and outcomes of the clinical audit programme.
- Building on positive outcomes of the Communications Hub to align digital and operational systems across services.
- Progression of long-term plan for the Virtual Prehabilitation service.

Some of the other key improvements made in 2023

	Reduced the average number of days incidents are open	Dec 22 644	Dec 23 49
	Reduced the average number of days complaints are open	Dec 22 284	Dec 23 169
	Reduced staffing over establishment	Dec 22 37.19 wte	Dec 23 0.42 wte
	Reduced staff sickness levels (in month)	Dec 22 8.14%	Dec 23 6.92%
	Achieved target for staff having an appraisal within previous 12 months	Dec 22 45%	Dec 23 65%

Headline performance target improvement

Consistently met the 90% target for babies completing newborn hearing screening within 4 weeks (Dec 22=94%, Oct 23=99%).

Some of the key actions achieved in 2023

5





Actions
agreed

80%

Actions
completed

- Head of Nursing post created to provide professional nurse leadership for the directorate.
- Risk training undertaken and improved risk reporting culture.
- Ensured Public Health expertise available to support the health board's large change programmes:
 - Public Health leads liaised closely with the Transformation Programme Managers.
 - Public Health clinical leaders included in the Clinical Leaders Workshop.
 - Public Health representation added for all relevant Directorate Improving Together Sessions e.g. three county systems, Planned Care.

Some of the other key improvements made in 2023

	Reduced the average number of days complaints are open	Dec 22 273	Dec 23 0
	Reduced the average number of days incidents are open	Dec 22 323	Dec 23 211
	Reduction in staff turnover (12m rolling)	Dec 22 14.5%	Dec 23 4.5%
	Increase in staff having an appraisal within previous 12 months	Dec 22 45%	Dec 23 65%

Strategic Planning and Transformation

Some of the key actions achieved in 2023

8

Actions
agreed

25%

Actions
completed

- Shared lessons learned from Land Consultation process, including costs of public engagement events, with teams involved with the Paediatric Consultation project.
- Initiative to progress robust and consistent project/programme management across the health board.
- Supporting directorates with TPO project management resource and advise.
- Supporting directorates with accommodation/estates challenges to initiate and progress improvement work.

Some of the other key improvements made in 2023



Achieved target for staff having an appraisal within previous 12 months

Dec 22
60.7%

Dec 23
77.8%



Reduction in vacancies

Dec 22
6.2%

Dec 23
0.66%



Reduction in staff turnover (in month)

Dec 22
20.9%

Dec 23
6.9%



Reduced procurement spend

Apr 22 - Dec
22
£1,078,230

Apr 23 - Dec
23
£225,474



Continued to exceed core skills training target (85%)

Dec 22
77.8%

Dec 23
83.8%

Workforce and Organisational Development

Headline target improvement

Core skills training framework target (85%) achieved in February 2023 and maintained throughout 2023.
Increased the percentage of staff who had a PADR in the previous 12 months (Dec 22=68%, Dec 23=75%).

Some of the key actions achieved in 2023

4





Actions
agreed

25%

Actions
completed

- The trajectory for nursing and midwifery staffing levels consistently exceeded our 5-year Nursing Workforce Plan.
- Supporting directorates with recruitment challenges, ESR training, culture improvement work and organisational change policy (OCP).
- Support in development of young people's services and vacancy management whilst working through engagement and OCP.
- Support to understand contractual mechanisms for hybrid roles (Managed Practices/ OOH).

Some of the other key improvements made in 2023

	Reduced the average number of days incidents are open	Dec 22 541	Dec 23 261
	Reduction in agency spend as a % total pay bill	Dec 22 £1,556.35	Dec 23 £0
	Exceeded target to increase nurses & midwives in post	Dec 22 2,893	Dec 23 3,128
	Reduced the number of overdue risk actions	Dec 22 14	Dec 23 3