

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 November 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 7 2024/2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Executive Director of Finance

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 7, 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. An IPAR overview update will be produced bi-monthly for committees.

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

The dashboard has been redesigned to make it more streamlined and easier to use so it may initially take a little more time to adjust to the changes. Developments are:

- A performance summary for all metrics, which can be filtered to show all or key deliverables metrics;
- Performance charts have been grouped by topic, enabling all charts to be displayed on one page.

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

<b>Variation</b> 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
<b>Assurance</b> 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](mailto: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.

## 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.

**Cancer** – In September 2024, 40% (109 out of 270) patients started their first definitive treatment from point of suspicion against the 67% trajectory, and the Statistical Process Control (SPC) chart is showing expected (common cause) variation. In the same month, there were 1,930 referrals. Performance is expected to improve beyond 60% by the end of December. August 2024 there was a loss of 60% treatment capacity within the skin pathway, as a consequence there was a corresponding growth in patients waiting over 62 days for their treatment (backlog 52 patients). The plan to treat all patients waiting over 62 days on the skin pathway in September 2024 had a negative impact on performance for that month. As the backlog was positively progressed and has been addressed, this will not impact on in-month performance for the remainder of the year and there is a plan to increase treatment capacity to the end of March 2025. In October 2024, there were 414 patients waiting for internal and tertiary treatment over 62 days (trajectory 414). A further reduction is anticipated for November.

**Child neurodevelopmental waits** – In September 2024, the overarching metric is showing expected (common cause) variation, with 19.8% of children having a neurodevelopmental assessment within 26 weeks, narrowly missing trajectory of 25%. Autism Spectrum Disorder (ASD) was 14.4%, and Attention Deficit Hyperactivity Disorder (ADHD) was 45.5%. The 26-week target for ADHD assessments is showing improving variation. ASD performance has been consistently below 20% since September 2022 and is showing concerning variation, with demand far outstripping our capacity to see ASD patients. This issue has been noted across Wales. We are working with the NHS Executive to develop a national solution, with a Neurodivergence Engagement event in November 2024 organised to promote a whole-system approach to identifying neurodivergence and meeting subsequent support needs.

**Staff sickness** – 12-month rolling sickness remains high at 6.6% in October 2024. Sickness absence in Hotel services remains concerning, concerted effort and a deep dive into this department is being carried out by the Workforce team in order to support. Online training has also been added to the Attendance at Work policy page to ensure managers can access training more easily.

**Ophthalmology** – In September 2024, 56.7% (986 out of 1,739) of high risk (R1) patients attended appointments within their nationally agreed timeframe\* against a target of 95%. Performance is showing concern variation.

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

Available capacity within the overall Eye Care service remains insufficient to meet the combined requirements of both the Ministerial Priority Referral to Treatment (RTT) and Eye Care Measures (ECM)

targets. Since the introduction of the ECM targets in 2019, the Health Board has not achieved the target 95% performance threshold. Mitigating action to improve current performance is highlighted below:

- Clinics will increase in November 2024 due to an improved clinical workforce position, with a further 2 clinicians on-boarding which will increase capacity further.
- The one stop cataract pathway commenced in July 2024 with further clinics in November 2024. This will release routine capacity to be reprioritised, introducing R1 capacity that is protected.
- The roll out of Welsh General Ophthalmic Services (WGOS) 4 in August 2024 successfully implemented a filtering process in the community, to reduce referrals to secondary care, with some secondary care patients discharged to primary care Optometrists.
- The clinical team are reviewing the referral triage process to reduce over-categorisation of R1 patients.
- Primary care Optometrists have completed two tiers of training, to prevent the need to come to secondary care where possible, allowing clinic appointments in secondary care to be focused on the most urgent and longest waiting patients.

**Diagnostics waits 8 weeks and over** – Breaches in October were 5,128 and the trajectory of 1,543 was not met. However, performance is showing improving variation. The three highest waits for diagnostics were:

- Radiology: 3,637 breaches – The number of breaches have been increasing since March 2024. Expected (common cause) variation is showing on the SPC chart, despite performance impacted by demand exceeding capacity. Reporting delays are causing further delays in all pathways. Cancer and inpatient reporting is being prioritised, which is further deteriorating the position. A deep dive into reasons for increasing demand and the end of recovery funding is underway to inform projected performance over the coming months. Additional recovery proposals submitted in September 2024 to resolve forecast 8 week Radiology breaches over remaining 6 months.
- During October, the commissioned mobile MRI scanner, scanned 600 patients and contributed to a reduction of 385 patients in the 8 week waiting list. Two locum consultant Radiologists are currently in the process of onboarding. Commencement dates 2 December 2024 and 20 January 2025. Additional lists funding has ceased however, we are awaiting a potential new funding source.
- Endoscopy: 571 breaches – Improving variation is showing on the SPC chart despite capacity issues within the pathway. Waiting lists have projected growth of average 96 patients per month with the current demand and capacity deficit. Endoscopist deficits are being addressed, with the onboarding of recently qualified endoscopist trainees. An additional five sessions per week are being run to uplift core capacity and six designated sessions to reduce backlog. Endoscopy and Cardiology recovery plans in place and expected to achieve zero 8 week breach performance by March 2025.
- Cardiology: 757 breaches – Breach volumes are showing a decrease and performance is showing improving variation, with the second successive month of reductions in October. Planned insource solution began in October 2024 addressing ECHO gaps until the end of March 2025. Ambulatory monitoring and Transoesophageal ECHO (TOE) exceeded the breach trajectory due to capacity issues. Two substantive Physiologists are being recruited by November 2024, to address capacity deficits in Ambulatory monitoring and Cardiologist job plans will be reviewed in November 2024 to priorities capacity.

**Therapies waits 14 weeks and over** – Breaches in October 2024 (2,252) are the second highest level recorded, with all services showing concerning variation:

- Physiotherapy: 1,232 breaches and above trajectory. Workforce capacity deficits compounded by demand are impacting performance. A targeted recruitment plan is in process with support from the workforce campaigns team. However, challenges in securing agency and substantive workforce have reduced service capacity. Breach position will improve by mid-December 2024, pending interim increase in agency capacity whilst substantive recruitment plan proceeds.
- Podiatry: 462 breaches, higher than any time since June 2020. Impacted by a general increase in new referrals coupled with increasing patient complexity resulting in longer appointments. To mitigate, services are continually reconfigured where possible, waiting list validation continues and telephone

triage clinics are used to reduce face to face demand. An additional recruitment plan has been agreed with anticipated commencement December 2024 to address backlog and breach reduction.

- Occupational therapy: 349 breaches, the lowest number recorded since December 2021, although trajectory was narrowly missed. High levels of breaches reported within paediatrics services, due to new demand and backlog growth due to workforce capacity deficit. Addressing capacity issues via recruitment. Additional 2 x Band 6 occupational therapists commenced this month.
- Dietetics (excluding Weight Management Service): 124 breaches, the highest number recorded. Majority of breaches within paediatrics due to predicted demand and capacity gap and long-term sickness, with breaches expected to increase over the next three months due to a backlog of referrals added to the waiting list in October. A locum has commenced for three months to support recovery.
- Speech and language therapy: 40 breaches, the highest recorded. The majority of breaches are within the paediatric service which was due to unanticipated long-term sickness and maternity leave. These patients are currently being appointed, and there is a high level of confidence to return to zero breach position by December 2024, due to two additional new staff starters and those returning from long term sick leave.

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** – 1,377 patients were waiting 14 weeks or more on an adult hearing aid pathway in October 2024. Breaches have been increasing since April 2023 and are showing concerning variation. Impacting factors include a large backlog coupled with workforce deficits, significant long-term sickness and a revised rota in ENT from November 2024, which will result in a loss of three audiology clinics per week. Service Delivery Manager to review fragile status of Audiology service, while work is underway to review clinic templates. Additionally, there is potential to move some virtual follow ups to Patient Initiated Follow Ups (PIFU) to release capacity but awaiting approval of Quality Impact Assessment.

**Ambulance red calls responses < 8 mins** – 54.2% in October 2024, target is 65%. Performance is showing expected (common cause) variation. Mitigation of risks via weekly reviews of WAST resource escalation action plan; Dynamic review of demand and area specific pressures; Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance.

**Ambulance handovers** – the number of handovers taking longer than 1 hour in October 2024 is showing expected (common cause) variation for the third month this financial year but did not meet the trajectory of 892. Withybush Hospital met trajectory for the fourth successive month with 159 handovers >1 hour. Handovers taking more than 4 hours, performance is showing expected (common cause) variation overall and at each acute site. Risk mitigation actions: Red and Amber 1 ambulance release plans, Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance incident call stack, for admission avoidance.

**4 hour and 12-hour A&E/MIU patient delays** – no significant change in October to the concerning performance trend for patients spending less than 4 hours in A&E/MIU or those spending longer than 12 hours. Prince Philip Hospital (PPH) met the trajectory for the fourth successive month for 12-hour patient delays and 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 de-escalation to be considered. PPH is showing expected (common cause) variation for third successive month for 4-hour MIU performance. Risk mitigation actions: Same Day Emergency Care (SDEC) units continue to support; Boarding protocol in place and the wards will take patients from the ED prior to the discharge patient leaving the ward; 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) continue to run which facilitates early discharges and follow up review.

**Health Care Associated Infections** – Cumulative C. difficile and S. aureus case numbers to date are higher than the same period last financial year. The infection types detailed below are all above our

monthly case number targets for hospital and community onset infections combined but are showing expected (common cause) variation for in month case numbers. Progress is being made against the TI de-escalation criteria for hospital onset infections.

- C.difficile infections – The TI de-escalation criteria of reducing hospital onset cases by 25% was met for the third successive month. Population rate per 100,000 population continues to reduce. Assurance meetings are held monthly on each site to review each hospital onset. Action plans developed with services focusing on Infection Prevention practice.
- E. coli infections - The TI de-escalation criteria of reducing hospital onset cases by 25% was met for the third successive month. Population rates per 100,000 population are reducing after being static for two months. Assurance meetings are held monthly on each site to review each hospital onset.
- S. aureus infections – in month cases are showing expected (common cause) variation in October. Population rates per 100,000 population are reducing and the TI target was achieved in October, with hospital onset cases recorded at 0. Assurance meetings are held monthly on each site to review each hospital onset.

**Finance deficit** – Progress is being made to improve the financial year end deficit forecast. Month 7, in month deficit is £4.340m, with a projected year end forecast of £64.0m. This is £19.2m over the Welsh Government control total of. £44.8m. Further details can be found in the Finance reports.

### **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)** – Performance is showing expected (common cause) variation. Census count delays increased during October 2024 to 200, however, the total number of days delayed for our non-mental health patients decreased to 7,923 days from 8,575 days previously, Assessment delays remain the largest proportion of delays. Ceredigion met the TI de-escalation criteria of 5% reduction in October, for the 3<sup>rd</sup> successive month. The HB continues to work with the NHS Executive National Pathway of Care Delays team; A HB Pathway of Care Delivery Group has been established, overseeing the three County HB and Local Authority Action plans to address reasons of delay; Trusted Assessor Steering to support areas of assessment; Discharge Strategy Group has developed a Toolkit to support ward staff in the Discharge process and a focus on twice weekly review of people with a length of stay over 21, 50 and 100 days remains in place across the system.

**Planned Care** – Outpatient and treatment capacity has been impacted by sickness, clinical unavailability, and other specialty specific factors such as managing urgent and routine demand. Operational plans are being deployed to make progress towards targets, including the use of recovery money to fund outsourcing, insourcing and additional internal activity. The performance metrics below are all indicating improving variation.

- Waits over 52 weeks for a new outpatient appointment reduced for the fourth consecutive month to 2,750 in October 2024, the second lowest number since September 2020. Delivery Plan forecasts no patients waiting >52 weeks by March 2025
- Waits over 104 weeks on a referral to treatment (RTT) pathway show 1,986 at the end of October 2024. The increasing breach trend has been stemmed, with a forecast improvement expected by the end of 2024. No patients waiting over 3 years since August and no growth in total pathway waiting list volumes.
- The TI de-escalation criteria of 80% of patients waiting less than 52 weeks on a RTT pathway was met in October 2024 and is being maintained.
- 16,481 follow ups were delayed over 100% at the end of October 2024. A clinical validation exercise and audit of the follow up list is underway. Patients in the 100% delayed cohort are being prioritised first. All clinicians are being contacted (with the support of the All-Wales Clinical Director for planned care) to ensure compliance against the Clinical Implementation Network (CIN) discharge and see on symptoms (SOS) / patient initiated follow up (PIFU) protocols.

**Psychological therapy** – the percentage of adults receiving a psychological therapy within 26 weeks is showing an improving variation and the trajectory for September 2024 was exceeded with compliance of 73.1%. Systems are being designed and implemented to ensure that robust data collection and reporting continues as Welsh PAS becomes the core route of data analysis, including for new group therapies which has resulted in increased compliance. Adult Psychology is now showing improving variation with improvement from April (19%) to September (61.5%) with operation of a single waiting list with an option of remote sessions helping to improve capacity to offer initial appointments.

**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 adults and children met target and trajectory in September 2024 with the exception of children and young adults having a valid care and treatment plan (89.9% in September 2024, target is 90%) and starting therapeutic interventions within 28 days following assessment (75% in September 2024, target is 80%) narrowly missing target. All part 1a and 1b measures are showing improving variation with the exception of both adult, assessments within 28 days and interventions starting within 28 days following assessment, which are showing common cause variation. A new system has been implemented to provide more robust oversight, to ensure a return to achieving target in therapeutic interventions for children and young people moving forward. The TI de-escalation criteria of Local Primary Mental Health Support Services assessments undertaken; children and young people therapeutic interventions started within 28 days and those having a valid care treatment plan were met.

**Patient experience:** is showing improving variation. Overall patient experience is continuing to exceed the 90% target, with 93% of patients responding positively on the survey in October 2024.

**Personal Appraisal Development Review within 12 months:** is showing improving variation. In October 2024 compliance rose again to 83% (target 85%). Continuous improvement has been made since our lowest compliance of 62% in April 2022.

**Staff survey response on Personal Appraisal Development Review (PADR):** 77% of staff responded positively to the staff survey question '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'. This is showing special cause improving variation and continues to be the best response since the survey began in December 2021 for a second month.

## Triangulating our data: October 2024

- **Quality safety and risk** – during October 2024, there were high number of patient falls (212) and medication errors (88) were also high. We continue to have significant numbers of high and extreme risks on the risk register (451). Complaints received increased (188). The number of new infection cases is the second lowest (55) recorded and C. difficile cases are second lowest (13) recorded.
- **Workforce** – In month staff sickness was 6.67%, high level of long-term sickness (4.3%). Short term sickness increased to (2.4%). During October Nursing and midwifery agency use reduced by 143 whole-time equivalent staff from the same month last year and is the lowest to date.
- **Finance** – Comparing October 2024 to October 2023, our agency spend reduced by 40% and is the lowest recorded since April 2022 and bank spend increased by 8.8%.

Quality, safety and risk	Best	Worst	Latest	Trend	More info
Reported incidents causing moderate harm or above	90	222	164		
Patient falls	36	277	212		
Medication errors	22	140	88		
Pressure damage developing or worsening during care	57	178	78		
New complaints by month received (ward level not available)	111	218	188		
Number of high and extreme risks (health board & directorate only)	381	492	451		
Infections: new cases	53	84	55		
Infections: C. difficile cases	12	23	13		
<b>Workforce</b>					
Number of staff/contractor related incidents	13	184	123		
Sickness - short term	1.7%	3.6%	2.4%		
Sickness - long term	3.3%	4.6%	4.3%		
Number of vacancies	To follow				
Staff turnover (12 month rolling)	7.3%	9.8%	8.2%		
Nursing and midwifery vacancies	To follow				
Nursing and midwifery agency (WTE)	110.67	379.79	110.67		
Bank (WTE)	212.99	352.69	315.20		
<b>Financial recovery</b>					
Agency spend	£813,619	£3,491,731	£813,619		
Bank spend	£872,933	£1,628,320	£1,291,956		

## Escalation: October 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.

## Escalation overview October 2024

### KEY

1 Reasonable assurance    2 Limited assurance    3 No assurance

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

## Escalation changes from September to October 2024

Domain	Escalated up ↑	De-escalated ↓
Quality	-	Glangwili Hospital Prince Philip Hospital Withybush Hospital Women & Children
Governance	Director of Operations Director of Strategy and Planning Pathology	Director of Nursing
Workforce	Director of Public Health Medical Directorate	Cancer and Oncology Director of Strategy and Planning
Finance, Strategy and Planning	Facilities Primary Care Primary Care Management	Director of Strategy and Planning
Fragile Services	-	-
Performance & Outcomes	Director of Public Health	-



Since the escalation review as at 31 August 2024, the Women and Children’s directorate have been de-escalated from level 3 to level 2 for the quality, workforce and fragile services domains.

As at 31 October 2024, the Mental Health and Learning Disabilities directorate had the highest level (3) of escalation across 5 out of the 6 domains. The escalation levels and key points to note are summarised below. Directorates with concerning levels of escalation (level 3s) are having monthly contacts with Executive Directors to discuss actions being taken to address the escalation issues. Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

### Mental Health and Learning Disabilities

Escalation domain	Sep 24	Oct 24	Change	Notes
Quality	3	3	↔	Progress is being made but more work needed to address backlog in outstanding Health Inspectorate Wales actions. Trajectories are now in place to reduce the number of long open incidents.
Governance	3	3	↔	Further work needed to improve compliance for completing audit and inspection actions.
Workforce	3	3	↔	Improvements needed in medical job planning compliance and ensuring no staff pay progression reviews are overdue.
Finance, Strategy & Planning	3	3	↔	Assurance needed on delivery of recurrent savings for this financial year.
Fragile Services	2	2	↔	National solution needed to address challenges within the Autism Spectrum Disorder (ASD) pathway.
Performance and Outcomes	3	3	↔	Directorate have been de-escalated to level 2 for psychological therapies. However, demand is outstripping capacity for ASD and the directorate are liaising with the NHS Executive for a national solution.

### Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 7 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’.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

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

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement. <a href="#">Integrated Impact Assessment Template</a>
<b>Gweithlu:</b> <b>Workforce:</b>	Development of staff through pooling of skills and integration of knowledge <a href="#">Integrated Impact Assessment Template</a>
<b>Risg:</b> <b>Risk:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Enw Da:</b> <b>Reputational:</b>	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. <a href="#">Integrated Impact Assessment Template</a>
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A <a href="#">Integrated Impact Assessment Template</a>
<b>Cydraddoldeb:</b> <b>Equality:</b>	N/A <a href="#">Equality Impact Assessment</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
<b>Level 1</b>	<b>Reasonable assurance that there are no significant concerns within the directorate.</b>					
<b>Level 2</b>	<b>Limited assurance that the directorate:</b>					
	<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"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. HIW/CIW</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<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"> <li>1. Risks</li> <li>2. Audits / inspections / WHCs / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. Fol and corporate correspondence</li> <li>5. Policies (where applicable)</li> </ol>	<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"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters &amp; job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<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>
<b>Level 3</b>	<b>No assurance that the directorate:</b>					
	<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"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. HIW/CIW</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<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"> <li>1. Risks</li> <li>2. Audits / inspections / WHCs / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. Fol and corporate correspondence</li> <li>5. Policies (where applicable)</li> <li>6. Quality governance</li> </ol>	<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"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters &amp; job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<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>