

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 9 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)
Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 9, 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 31st December 2024](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

Trajectories for the performance measure 'percentage of episodes clinically coded within one reporting month post episode discharge end date', have now been included in the IPAR dashboard. This was an action assigned from the NHS Executive Integrated Quality, Planning and Delivery (IQPD) group and requested by them.

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.

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 – Performance in November 2024 improved to 55.5% with 151 out of 272 patients starting their first definitive treatment from point of suspicion. This was broadly in-line with expectations, against the revised trajectory of 58%. The performance improvement in November reflected the actions taken to address the legacy impact of both Radiology reporting delays which increased during summer period and temporary loss of capacity within the skin pathway during the same period. Performance is expected to improve beyond 60% by the end of March 2025.

During quarter 3, there has been growth in outpatient appointment waits over 14 days in the Lower Gastrointestinal and Urology pathways, although the impact has been mitigated by a significant and sustained reduction of diagnostic waits in these tumour pathways as result of recovery actions within Radiology and Urology. Reducing the volumes waiting over 28 days is a positive indicator and predictor of performance towards the end of quarter 4. There has been a small increase in the diagnostic pathway for Skin biopsies with a recovery plan in place to the end of January 2025. A number of additional recovery actions have been agreed and progressed which are designed to further improve projected performance through to March 2025. These include further increases in Radiology CT capacity and additional Urology biopsy capacity.

Child neurodevelopmental waits – In November 2024, the overarching metric is showing expected (common cause) variation, with 20.2% of children having a neurodevelopmental assessment within 26 weeks, narrowly missing trajectory of 27%. Autism Spectrum Disorder (ASD) was 14.4%, and Attention Deficit Hyperactivity Disorder (ADHD) was 47.7%.

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. Our procurement exercise to address waiting lists by outsourcing ASD assessments will have seen 445 diagnostic assessments for children and young people by March 2025. Additional monies awarded by Welsh Government of £312,000 has secured 182 additional assessments. A further 100 assessments are to be outsourced using Neurodivergence Improvement Programme and Regional Integration Fund slippage funds until March 2025. £100,643 has been allocated to the Regional Partnership Board to outsource additional support while families await diagnostic assessment.

Staff sickness – 12-month rolling sickness remains high at 6.65% in December 2024, the highest level in over two years. Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates. The Workforce teams have been assisting Directorates in particular Estates and Facilities and Unscheduled Care to undertake deep dives into the absence

data and have supported the implementation of targeted and bespoke action plans with the services for each specific area of concern.

Ophthalmology – In November 2024, 61.8% (1,048 out of 1,696) of high-risk (R1) patients attended appointments within their clinically assigned target date* or within 25% beyond that date and performance shows concerning variation. Whilst this represents a 3.1% reduction in performance compared with the previous month (Target = 95%) and overall performance continues to show concerning variation, improvements to the glaucoma pathway, a shared approach between the hospital and community-based Optometrist eye care teams, recruitment and training actions are being progressed to support performance improvement. Plans to significantly increase intravitreal injection (IVT) pathway capacity are planned for Q4 which are expected to further positively impact overall R1 performance.

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

Diagnostics waits 8 weeks and over – Breaches in December were 7,500 and the trajectory of 927 was not met. Performance is showing concerning trend variation with deteriorating performance largely driven by continuing challenges in Radiology:

- Radiology: 6,236 breaches in December. The number of breaches has been increasing since March 2024 and a concerning trend variation is now present on the SPC chart. Deterioration in performance driven by increased waits for CT, MRI and Non-Obstetric Ultrasound Scan (NOUS). Underlying increases in demand for investigative pathways has also influenced the position. Available resourced capacity is being prioritised for cancer and inpatient demand. Magnetic Resonance Imaging (MRI) upgrade at PPH complete and full scanning capacity restored.

Several actions have been agreed to increase capacity in the remainder of the financial year, including locum consultant Radiologist recruitment, start date 20 January 2025. Trainee Sonographer recruitment, under annex 21 rules. General and Breast Radiology Specialist recruitment, start date 10 January 2025. Procurement of an additional mobile MRI scanner, recommencement of an insource solution for non-obstetric ultrasound capacity (NOUS) and additional CT scanning and reporting capacity are all progressing. Service fragilities, waiting list trajectories and longer-term staffing needs are detailed in next year's Radiology annual plan.

- Endoscopy: 405 breaches in December. Improving variation is showing on the SPC chart. Short term sickness and gaps in the establishment caused theatre nursing staff challenges. An additional five sessions per week are being run to uplift core capacity and seven designated sessions to reduce backlog. A productivity dashboard has been developed and is being utilised to identify ongoing opportunities to improve utilisation of capacity. Endoscopy and Cardiology recovery plans in place and expected to achieve zero 8-week breach performance by March 2025.
- Cardiology: 706 breaches in December. Breach volumes slightly increased, however, performance is showing improving variation on the SPC chart. Planned insource solution began in October 2024 addressing Echocardiogram gaps until the end of March 2025. Increases in ambulatory monitoring breaches due to reduced capacity for bank holidays and increase annual leave. Prioritising work to move patients across to other sites to mitigate and reduce breach position for end of January 2025. There was also an increase in Exercise Tolerance Tests (ETT) breaches, due to two vacancy gaps.

Therapies waits 14 weeks and over – Whilst deteriorating breach performance plateaued in December 2024, total breaches (2,195) remain high, with all services except occupational therapy showing concerning variation. Services with the highest number of breaches are detailed below:

- Physiotherapy: 1,192 breaches, 54% of the therapies total. Stabilisation of workforce required to achieve recovery. Agency workers employed to support recovery position. Engaged with workforce

teams to recruit to substantive vacancies. Seeking to increase pool of bank staff and recruit additional staff.

- Podiatry: 533 breaches, the third highest in the last 5 years, with only June 2020 and November 2024 higher. Impacted by recruitment issues and chronic vascular / diabetic foot pathology demand. Actions to address include staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and telephone triage.
- Occupational therapy: 320 breaches, the lowest number recorded since December 2021, and tracking near to our trajectory. Majority of breaches in paediatrics due to backlog and demand, with a focus on prioritising caseloads and recruitment to address capacity shortfalls.

Trajectories for therapies breaches to the end of March 2025 are subject to review via the Integrated Quality, Finance, Performance & Delivery Group in January 2025.

Audiology waits 14 weeks and over – 1,655 breaches in December 2024 (concerning variation), an increasing number of breaches since April 2023 and the highest number recorded. Issues include a large backlog coupled with workforce deficits, significant long-term sickness and a revised rota in ENT from November 2024. The fragile status of the audiology service is under review, with actions underway including clinic template reviews, potential use of Patient Initiated Follow Ups (PIFU) to replace some virtual follow up appointments to release capacity (pending approval of Quality Impact Assessment panel) and a deep dive into capacity and demand which has identified data extraction issues that are being addressed by colleagues that provide the patient management system.

Ambulance red calls responses < 8 mins – 46.9% in December 2024, target is 65%. Performance is showing expected (common cause) variation however performance has been deteriorating the last 3 months and WAST declared a national critical incident on Monday 30 December 2024 due to extreme pressure on the 999 system and extensive hospital handover delays, exacerbated by a rising number of patients with viruses such as flu, norovirus and COVID-19.

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. The Trust took a number of additional measures to mitigate the extreme pressures as part of well-rehearsed plans and in order to continue to deliver a safe service.

Ambulance handovers – the number of handovers taking longer than 1 hour in December 2024 (1,153) is showing concerning variation and did not meet the trajectory of 839. All acute sites except PPH are showing concerning variation for December. Withybush is driving deteriorating performance trend due to a high demand from a large number of patients seeking care and a significant influx of high-acuity self-presenting individuals.

Handovers taking more than 4 hours (379), performance is showing expected (common cause) variation overall. Both BGH and WGH showed a marked increase in breach numbers during December. The number of lost hours due to delayed handover of patients for Hywel Dda ambulance crews at out 4 acute sites increased in recent months and 4,269 hours were lost in December.

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 December for overarching Health Board performance position. Concerning performance trend for patients spending less than 4 hours in A&E/MIU (61.6%) or those spending longer than 12 hours (1,612).

Prince Philip Hospital (PPH) met the 4-hour target (95%) for past two months and is showing improving variation and met trajectory for the sixth successive month for 12-hour patient delays, with zero reported in December. The TI de-escalation criteria to reduce the percentage of patients waiting over 12 hours to no more than 7% has been met however this needs to be maintained for de-escalation to be considered.

Risk mitigation actions: Same Day Emergency Care (SDEC) units continue to support and be developed; 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. Overnight closure of MIU at PPH has reduced the number of high acuity patients self-presenting. Any high acuity cases are triaged and if admission required, are handed over to the AMAU. Progress against the recommendations following all Wales Getting It Right First Time (GIRFT) is being monitored and learning is being reviewed during the 12-week plan at GGH. Patient flow is being supported in light of an increase of Flu and other infections cases via rapid infection testing, to reduce the contact and risk to patients within ED, and assessment units.

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.

Staff engagement – the overall score for staff engagement is showing special cause concerning variation at 71%. This is below the mean of 74% since monthly staff surveys began. Special cause concerning variation is also reported for responses to 'I am able to make improvements in my area at work' and 'I am proud to tell people I work for Hywel Dda'. Strategies to help build staff engagement and empower staff to bring improvements across the organisation include staff recognition and appreciation programmes, promoting a positive and supportive work environment, providing professional development, opportunities for growth and leadership programmes such as LEAP (Leadership Engagement with Awesome People) and the Enabling Quality Improvement in Practice (EQliP) programme.

Pathway of Care Delays – Performance is showing expected (common cause) variation. Census count delays increased during December 2024 to 208, and the total number of days delayed for our non-mental health patients increased to 7,983 days from 7,524 days previously. Assessment delays remain the largest proportion of delays.

The HB continues to work with the NHS Executive National Pathway of Care Delays team; Weekly system escalation meeting in place to consider any pathway delays across acute and community inpatient sites and to troubleshoot and a focus on weekly review of people with a length of stay over 21, 50 and 100 days remains in place across the system.

Planned Care – The key planned care metrics are showing improving variation in December 2024:

- New outpatient waits over 52 weeks: Breaches reduced for the sixth consecutive month to 2,357, which equates to a 52% reduction since June 2024 and the lowest recorded in over 4 years. Delivery plan forecasts no patients waiting >52 weeks by March 2025.
- Referral to treatment (RTT) waits over 104 weeks: Breaches reduced to 1,774, however above trajectory (1,417). Additional planned care recovery funding received from WG in November is being utilised to further reduce forecast 104-week breaches by 31 March 2025 with an additional insource solution being commissioned via the independent sector. A delivery risk of circa 100 orthopaedic inpatients has been identified and further mitigating solutions are actively being explored.

- Follow ups delayed over 100% of their target date: Whilst breaches of this measure remain below those recorded at other health boards, breaches increased to 16,976 in December, the highest recorded for two years. All specialties are reviewing national Clinical Implementation Network (CIN) guidance, See On Symptoms (SOS) / Patient Initiated Follow Ups (PIFU) opportunities and validating those delayed to longest to help drive improvements.

Health Care Associated Infections – Total S. aureus case numbers are higher to date than the same period in the last financial year. However, both C. difficile and E. coli cases are fewer than the same period, last financial year. Flu and other respiratory infections are increasing. A number of hospital outbreaks of Flu and Norovirus were declared and managed by public communications, mask wearing and increase rapid infection testing from the end of November and throughout December.

- C.difficile infections – In month cases are showing expected (common cause) variation in December. 150 cases within the Health Board this financial year to date compared to 130 reported at the same point for 2023/24. Bronglais and Wthybush are the drivers over the financial year, with increased total cases. Prince Philip and Glangwili have fewer cases compared with the last financial year. Population rates per 100,000 are reducing and the TI de-escalation criteria of reducing hospital onset cases by 25% was met in December (6).
An improvement group has been established with the Deputy Medical Director chairing. Next meeting planned for 21/01/2025. Continued use of DiffX and HPV disinfection, review of practices, hand hygiene audits, environmental audits and C. difficile transmission teaching provided to mitigate. 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 - In month cases are showing expected (common cause) variation in December. Population rates per 100,000 decreased slightly and the TI de-escalation criteria of reducing hospital onset cases by 25% was met in December (5). Continued education of staff around catheter and device care. 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 December. Population rates per 100,000 are reducing and the TI target was narrowly missed by 1 case in December, with hospital onset cases recorded at 38% of cases in December. Peripheral vascular catheter bundle compliance monitored, with an emphasis on devices being removed at the earliest opportunity. Assurance meetings are held monthly on each site to review each hospital onset.

Psychological therapy – the percentage of adults receiving a psychological therapy within 26 weeks is showing an improving variation in Adult Psychology, the Integrated Psychological Therapies Service and Learning Disabilities. The overall trajectory for November 2024 was exceeded with compliance of 70.5% (target is 80%).

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 November 2024. All part 1a and 1b measures are showing improving variation with the exception of both adult interventions starting within 28 days following assessment, which is showing expected (common cause) variation. The targeted Intervention 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 continue to be met.

Patient experience: is showing expected (common cause) variation. Overall patient experience is continuing to exceed the 90% target, with 93.4% of patients responding positively on the survey in December 2024. The target has been exceeded every month since October 2022.

Personal Appraisal Development Review within 12 months: is showing improving variation. In December 2024, 83.05% compliance was achieved (target 85%). Continuous improvement has been made since our lowest compliance of 62% in April 2022. Responses to the monthly staff survey agreeing or strongly agreeing that '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' is showing special cause improving variation since June 2024.

Directorate Improving Together Sessions (DITS) Thematic Report:

In the additional document - Appendix B, is a thematic report that summaries the work undertaken, key achievements and learning taken from meetings during November and December 2024.

Triangulating our data: December 2024

- **Quality safety and risk** – during December 2024, there were 229 patient falls. Medication errors reduced with 89 cases. We continue to have significant numbers of high and extreme risks on the risk register with 447 this month. New complaints received by month, significantly decreased to 98, the lowest amount in 3 years. The number of new infection cases was 53, 12 of which were C. difficile, the lowest amount of C. difficile since December 2023 and all infection types since February 2024.
- **Workforce** – In month staff sickness increased to 7.26%, highest level of long-term sickness (4.9%). Short term sickness decreased to (2.3%). During December Nursing and midwifery agency use continued at a low rate, 101.83 Whole Time Equivalents (WTE).
- **Finance** – Comparing December 2024 to December 2023, our agency spends reduced by 50% and bank spend increased by 13% during the same period.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	77	223	162	
Patient falls	28	295	229	
Medication errors	17	135	89	
Pressure damage developing or worsening during care	46	164	81	
New complaints by month received (ward level not available)	98	225	98	
Number of high and extreme risks (health board & directorate only)	380	490	447	
Infections: new cases	53	84	53	
Infections: C. difficile cases	12	23	12	
Workforce				
Number of staff/contractor related incidents	11	184	116	
Sickness - short term	1.7%	3.6%	2.3%	
Sickness - long term	3.3%	4.9%	4.9%	
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)	101.75	379.79	101.83	
Bank (WTE)	212.99	352.85	269.40	
Financial recovery				
Agency spend	£667,812	£3,491,731	£858,872	
Bank spend	£872,933	£1,628,320	£1,278,222	

Escalation: December 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

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

Escalation changes from November to December 2024

Domain	Escalated up 	De-escalated 
Quality	Director of Nursing (now L2) Primary Care (now L2)	Facilities (now L2)
Governance	Primary Care Management (now L2)	Cancer & Oncology (now L1) Women & Children (now L2)
Workforce	-	Director of Public Health (now L2)
Finance, Strategy and Planning	Cancer & Oncology (now L3) Director of Nursing (now L3) Director of Strategy and Planning (now L2) Radiology (now L3)	-
Fragile Services	-	-
Performance & Outcomes	-	Director of Public Health (now L2)

Our three directorates with the highest levels of escalation are Mental Health and Learning Disabilities, Planned Care and Radiology. The escalation levels and key points to note for each of these

directorates 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

From August 2024, the Mental Health and Learning Disabilities directorate had the highest level (3) of escalation across the 6 domains. In November 2024, the directorate were de-escalated to level 2 for the Workforce domain, recognising the improvements that have been made.

Escalation domain	Nov 24	Dec 24	Change	Notes
Quality	3	3	↔	55% Escalation assurance. Areas that need to be addressed: overdue Peer Review and Health Inspectorate Wales (HIW) actions, incidents open over 120 days and complaints open over 30 days and awaiting comments from service.
Governance	3	3	↔	Further work needed to improve compliance for completing audit and inspection actions.
Workforce	2	2	↔	Further action needed to reduce sickness and staff turnover. Overdue pay progressions and job planning compliance rates also need to be addressed.
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 on 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.

Planned Care

The Planned Care directorate are on level 3 escalation for 4 domains for the fourth consecutive month.

Escalation domain	Nov 24	Dec 24	Change	Notes
Quality	3	3	↔	64% Escalation assurance. Areas that need to be addressed: incidents open over 120 days, duty of candour assessments and complaints open over 30 days and awaiting comments from service.
Governance	3	3	↔	Improvement needed in compliance for completing audit and inspection actions. Directorate also need to ensure 90% of Welsh Health Circulars are implemented within the require timescales.
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, staff turnover, overdue pay progressions, mandatory training and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	2	2	↔	More sustainable plans required for: critical care (PPH), emergency general surgery (WGH & GGH),

				ophthalmology consultant on-call rota, anaesthetics medical workforce, provision of 7 day a week Trauma unit (GGH).
Performance and Outcomes	3	3	↔	Directorate working towards ensuring no patients wait over 52 weeks for a first outpatient or over 104 weeks from referral to treatment.

Radiology

The directorate was escalated up to a level 3 in December for Governance and for Finance, Strategy and Planning in the January review, resulting in 4 out of the 6 domains in the highest escalation level.

Escalation domain	Nov 24	Dec 24	Change	Notes
Quality	3	3	↔	77% Escalation assurance. Areas that need to be addressed: incidents open over 120 days, complaints open over 30 days and awaiting comments from service, HIW open actions.
Governance	3	3	↔	Improvement needed in compliance for risk reviews and open actions and completing audit and inspection actions.
Workforce	2	2	↔	Improvements needed for staff turnover and overdue pay progressions and active management of ER cases.
Finance, Strategy & Planning	2	3	↑	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	1	1	↔	
Performance and Outcomes	3	3	↔	8-week breaches have been above 2,000 since April 2024 (Dec 2024 = 6,236)

Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 9 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 Termau: Glossary of Terms:	Contained within the body of this SBAR and the supporting IPAR overview: IPAR – Integrated Performance Assurance Report PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee WAST – Welsh Ambulance Services University NHS Trust
Partïon / 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 Strategic Development & Operational Delivery Committee People, Organisational Development & 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:	<p>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.</p> <p>Integrated Impact Assessment Template</p>
Gyfrinachedd: Privacy:	<p>N/A</p> <p>Integrated Impact Assessment Template</p>
Cydraddoldeb: Equality:	<p>N/A</p> <p>Equality Impact Assessment</p>

Appendix A: Escalation criteria

	Quality	Governance	Workforce	Finance, Strategy & Planning	Fragile Services
	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
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. Fol 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>
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. Fol 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>

Directorate Improving Together Sessions (DITS)

Thematic Report

November and December 2024



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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Background

Improving Together is the health board's approach of embedding performance improvement through our governance to drive forward improvements for our patients and our staff.

Directorate Improving Together Sessions (DITS) were introduced in January 2023. The DITS meetings give Executive Directors an opportunity to meet with leads from each directorate twice a year to discuss key priorities and areas of concern.

This report summarises the DITS meetings held in November and December 2024. The meetings followed a standard agenda for all directorates i.e. planning for 2025/26, progress against the 2024/25 plan, a key item each directorate wanted to discuss, quality & safety, governance, workforce, finance, performance and key achievements.

For further information on DITS meetings see: [DITS - Ways of Working - 2024/25](#).



DITS meeting timetable

Below is an overview of the schedule of DITS meetings that took place in November and December 2024.

Meeting date	Directorates			
07/11/2024	Cardiology	Pathology	Therapies	Strategy & Planning
11/11/2024	Finance, Digital and Performance			
14/11/2024	Bronglais Hospital Ceredigion County	Carmarthenshire County Glangwili Hospital Prince Philip Hospital		
22/11/2024	Nursing, Quality & Patient Experience	Workforce & OD	Pembrokeshire County Withybush Hospital	
25/11/2024	Central Operations	Public Health		
26/11/2024	Women & Children	Cancer & Oncology	Primary Care Medicines Management	GP Out of Hours
05/12/2024	Planned Care	Facilities		
19/12/2024	MH&LD			

The following directorates did not have DITS meetings in November or December 2024:

- **Therapies** – stood down by lead Executive Director
- **Medical** – rearranged for 6th February 2025
- **Long Term Care and Chronic Conditions** – stood down by lead Executive Director
- **Communications and Governance** – stood down by Executive Director for Performance

3A assessment introduction

During each DITS meeting, the Chair in consultation with Executive Team colleagues (or their nominated deputies), assigned one or more of the assessments below for each agenda item.

A summary of the 3A assessments for each directorate by agenda item is included on the next page.

Details of the 3A assessments with reasons by directorate is included in Appendix A.

Assure

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

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.

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.

3A assessments summary

November and December 2024

Assure	To note
Advise	To Monitor
Alert	May require discussion

Note: some directorates had more than one 3A assessment per agenda item, the most concerning ranking for each agenda item is reported below.

Directorate	2025/26 Annual Plan preparations	Progress against the 2024/25 plan	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance and Outcomes
Bronglais Hospital	Advise	Assure	Advise	Advise	Advise	Assure	Assure	Alert
Cancer and Oncology	Advise	Alert	Assure	Assure	Assure	Alert	n/a	Alert
Cardiology	Advise	Advise	Assure	Alert	Assure	Assure	Assure	Alert
Carmarthenshire County	Advise	Advise	Alert	Assure	Advise	Alert	Assure	Alert
Central Operations (excludes GP OOH)	Alert	n/a	Advise	Assure	Advise	Alert	Advise	Alert
Ceredigion County	Advise	Assure	n/a	Alert	Advise	Assure	Assure	Assure
Facilities	Alert	n/a	Assure	Advise	Alert	Alert	n/a	Alert
Finance, Digital and Performance	Assure	Assure	Assure	Advise	Advise	Advise	Advise	Advise
Glangwili Hospital	Advise	Advise	Advise	Assure	Advise	Alert	Advise	Alert
GP Out of Hours	Alert	n/a	Alert	Advise	Alert	Advise	n/a	Advise
Medicines Management	Assure	n/a	Advise	Advise	Assure	Alert	Advise	n/a
Mental Health & Learning Disabilities	Alert	Alert	Alert	Advise	Alert	Alert	Alert	Advise
Nursing, Quality & Patient Experience	Assure	n/a	Advise	Advise	Alert	Alert	Assure	Alert
Pathology	Advise	Assure	Assure	Advise	Assure	Alert	Alert	n/a
Pembrokeshire County	Advise	Assure	Assure	Assure	Advise	Alert	n/a	Advise
Planned Care	Advise	Advise	Alert	Alert	Advise	Alert	Advise	Advise
Prince Philip Hospital	Advise	Advise	Assure	Assure	Advise	Alert	Assure	Advise
Primary Care	Advise	Advise	Advise	Assure	Advise	Assure	Alert	n/a
Public Health	Advise	Advise	Assure	Assure	Advise	Assure	n/a	Advise
Strategy and Planning	Advise	Alert	n/a	Assure	Assure	Assure	n/a	n/a
Withybush Hospital	Advise	Assure	Advise	Assure	Assure	Alert	n/a	Alert
Women and Children	Alert	n/a	Advise	Advise	Advise	Alert	Advise	Advise
Workforce and Organisational Development	Assure	Assure	Assure	Advise	Assure	Assure	Advise	n/a

3A assessment summary (2)

Our most challenged directorates (alert assessments)

Mental Health and Learning Disabilities

- Significant gaps in savings plans for 2024/25 and 2025/26.
- Concerns regarding the governance for investigating complaints and incidents.
- Workforce concerns for overdue pay progression and medical staff job planning.
- Long term model required to address demand and capacity for neurodevelopmental assessments.

Facilities

- Planning for 2025/26 identified several concerning areas. This includes strengthening of management/support roles, which is also resulting in poor compliance for workforce related measures.
- Performance improvements needed in cleanliness audits of high-risk areas.
- Laundry spend and high levels of variable pay spend need to be addressed.
- Recurrent savings for 2025/26 not yet identified.

Cancer and Oncology

- Single cancer pathway performance is not achieving our 2024/25 Annual Plan ambitions. Insufficient radiology reporting capacity is having a significant impact.
- Financial plans are insufficient to meet savings target and medicines management model needs revision.

Planned Care (includes Endoscopy and Neurology)

- Concerns regarding the governance for investigating incidents.
- Lack of compliance with external recommendations and Welsh Health Circulars.
- Savings requirements for 2024/25 not met and 2025/26 also at risk.

GP Out of Hours

- Workforce stability concerns which is negatively impacting reporting workforce engagement and culture for incidents. Workforce plan urgently needed to address high number of locum posts.

Directorate with the highest levels of assurance

Workforce and Organisational Development (WF&OD)

- Strong progress evidenced for development of the 2025/26 Annual Plan.
- Assurance provided on the actions being taken to improve incident management.
- WF&OD are actively supporting directorates across the organisation with fragile services.
- An overall underspend is being forecast for the directorate's end of year financial position and the required 5% recurrent savings have been identified.

Other directorates with 3 or more overall assessments of 'assure'

See Appendix A for further details.

- Bronglais Hospital
- Cancer and Oncology
- Cardiology
- Ceredigion County
- Finance, Digital and Performance
- Pathology
- Pembrokeshire County
- Prince Philip Hospital
- Public Health
- Strategy and Planning
- Withybush Hospital

Key issues identified by domain

Quality and safety

Management of incidents and complaints

Whereas improvements have been seen across the health board during 2024/25, some directorates still have high numbers of incidents open over 120 days and complaints open over 30 working days.

Directorates are being strongly encouraged and supported by the Nursing, Quality & Patient Experience directorate to address this by 31st March 2025 so that the focus can shift from these process type metrics to areas of quality improvement e.g. falls, pressure damage, medication errors.

Recording compliments

The health board receives many compliments from staff and patients. However, many of these compliments are not formally recorded. Staff are being actively encouraged to record compliments on the CIVICA system so that compliments can be better tracked and areas receiving high levels of positive feedback identified and acknowledged and congratulated.

United Kingdom Accreditation Service (UKAS)

Delays from UKAS have resulted in delayed accreditation for our Pathology services. The directorate are actively following this up and a risk has been added to the corporate risk register.

Hospital acquired infections

Further work needed to reduce cross infection and therefore the number of hospital acquired cases.

- C. difficile – 25% reduction maintained for 3 months. Latest rate per 100,000 population C. diff 51.70 (AW 49.63). Bronglais and Withybush Hospitals had reported more infections than the previous year up to December, these have now returned to baseline. Glangwili & Prince Phillip are reporting less C.diff infection that 2023/2024.
- S. aureus – total case numbers are higher to date than the same period in the last financial year. Breakdown: Bronglais and Glangwili reporting fewer cases. Prince Philip and Withybush Hospitals reporting more cases.
- E. coli – total case numbers are lower to date than at the same period in the last financial year. Breakdown: Bronglais reporting higher cases consistently each month. All other acute sites reporting fewer cases, however there were spikes for Prince Philip and Withybush in December.

Reporting culture for temporary staff

There is a high proportion of locum staff within the GP Out of Hours Service. Directorate leads flagged a concern that locum staff are less likely to report incidents and risks, which they are looking at ways to address.

Key issues identified by domain

Governance

Number of high and extreme risks

As at 16th December 2024, the health board had 465 high or extreme live risks on the organisation's risk register.

There are several common themes across these risks which include, but not limited to: workforce capacity, finance, the estate and demand exceeding our capacity to treat.

Further details are available via the [Our Performance Dashboard](#) (accessible to Hywel Dda Health Board staff only).

Governance process with Facilities and Estates

The directorate have made good progress addressing issues identified external to the directorate e.g. RAAC and Withybush Hospital Creche. However, the directorate need to strengthen their internal governance processes to ensure any evolving issues can be identified and addressed at the earliest opportunity to minimise impact.

Overdue audit and inspection recommendations

There are high numbers of overdue audit and inspection actions across the health board. Directorates with high proportions of overdue recommendations include Mental Health & Learning Disabilities, Pathology, Planned Care, Women & Children, Medicines Management, Central Operations, Digital, Director of Nursing, Director of Strategy & Planning and Medical Directorate.

Many recommendations are overdue owing to being accepted where not within out control or unrealistic timescales being proposed. Executive Team are actively encouraging directorate leads to ensure all new audit and inspection recommendations are properly considered with realistic timescales being set to address and any external dependencies clearly flagged.

Key issues identified by domain

Workforce

Sickness

Sickness levels have been increasing across the health board for several months. We are seeing increases in both short term and long term sickness. Stress, depression and anxiety related conditions have been identified as a key reason for absence, with both work and personal related circumstances identified as the cause. The increasing sickness trend is not being seen in other health boards and is being investigated as a priority.

Capacity and Financial Control Sub Group approval

Directorate leads identified capacity gaps for a variety of reasons e.g. sickness, vacancies, demand exceeding capacity. Challenges getting vacancies approved by Financial Control Sub Group was cited as a concern for several directorates.

Overdue pay progression

Several directorates were flagged as having staff with overdue pay progressions i.e. approval had not been granted for them to move to the next step of their pay scale. Directorate leads were asked to address this as a matter of urgency to ensure the affected staff do not feel undervalued and demoralised.

High staff turnover

Staff turnover i.e. staff leaving the health board, was flagged as being high for some directorates. Affected directorates were asked to investigate to determine if the high rates were for positive reasons (i.e. staff had been developed and supported to help enable them secure a promotion) or if there was a concerning pattern of staff leaving due to culture or other issues that need to be addressed.

Medical job planning

The percentage of medical staff with an active job plan was flagged as being below target for some directorates. Leads were asked to address this as job plans are key in ensuring staff feel valued, have targets to work towards and can inform demand and capacity planning.

Key issues identified by domain

Strategy and planning

Development of the 2025/26 annual plan

Directorates were at varying levels of progress towards completing their elements for the health board's 2025/26 annual plan. The work was being supported by corporate teams across the Planning, Workforce and Finance corporate teams.

Common concerns highlighted by directorates:

- Ability to develop a plan to meet the required performance targets, whilst ensuring quality and safety levels are maintained or improved, within the given financial envelope.
- Potential for individual directorate plans to contradict or negatively impact another directorate(s).

The Planning Team were arranging a number of workshops for all directorates to ensure a health board approach was agreed and progressed.

Commissioning capacity

Commissioning is the single largest cost centre across the health board. There is only one full-time member of staff in post to progress the commissioning agenda. The Deputy Director of Operational Planning and Commissioning also supports the commissioning work but has limited capacity due to other work priorities, including the role of Director for the Targeted Intervention Programme.

Key issues identified by domain

Finance

2024/25 budget and savings

For this financial year, all directorates have been instructed to have a breakeven or underspend end of year (31st March 2025) position and to identify 5% recurrent savings. This ask has been challenging for many directorates. The Finance directorate developed a Compendium of Variation which triangulates financial, performance and quality data to highlight variation and therefore potential areas of waste for directorates to investigate.

2025/26 savings

As part of the 2025/26 planning cycle, directorates have been allocated recurrent savings targets that need to be met in the next financial year. This will be more of a challenge for those directorates where savings identified in 2024/25 have been primarily non-recurrent.

Increasing drug spend

A significant increase in prescribing, most notably primary care, has had a considerable impact on the health board's overall spend. The Medicines Management directorate are investigating reasons and potential actions that can be taken to address.

Variable pay

Agency and bank use have been impacting our overall spend across many operational directorates. Work is underway to recruit to vacant clinical posts and eliminate variable pay. The number of agency staff shifts more than halved in November 2024 (1,662) compared to November 2023 (3,660).

Key issues identified by domain

Fragile services

A Healthier Mid and West Wales (AHMWW) Strategy

Due to national funding not being available, we have not been able to progress with the new hospital element of the AHMWW strategy, which is impacting on services. Plans are underway to refresh the strategy.

Clinical Services Plan

A process is being developed to identify fragile services across the health board. The Clinical Services Plan (CSP) is working to address the following fragile services which have already been identified:

- Critical Care
- Dermatology
- Emergency General Surgery
- Endoscopy
- Ophthalmology
- Orthopaedics
- Radiology
- Stroke
- Urology
- Primary Care and Community

Glangwili Hospital

A targeted programme has been established to improve patient flow in Glangwili Hospital (GGH). GGH is our largest acute hospital which accommodates most of our pathways. Addressing the challenges in GGH should have a positive impact on many other directorates and patient pathways.

Neurodevelopmental services

There has been a large increase in demand across England and Wales for neurodevelopmental services i.e. Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). The increase in ASD referrals is by far exceeding our capacity to treat these patients. We are working with the NHS Executive and other health boards to identify ways to address this issue.

Key issues identified by domain

Performance and outcomes

Radiology

Our radiology reporting capacity is insufficient to meet the demand. This is having a negative impact on many areas including the single cancer pathway, urgent & emergency care patients and planned care pathways.

Some of the additional recovery monies provided by Welsh Government to address backlogs is being used to create more radiology reporting capacity, with cancer and emergency/urgent pathways being prioritised.

Urgent and emergency care

Despite a range of actions (see next section) across our four acute sites and county teams, we are still not achieving the improvements across urgent and emergency care that we had hoped. Ambulance delays and patient waits in our emergency departments are much longer than we want them to be. Patient flow within our acute hospitals is a key factor, as is an increase in the number of patients with more complex needs.

Key actions taken since April 2024

Below is a summary of some of the key actions highlighted within the DITS meeting packs:

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

- International Nurses Programme – 15 international nurses allocated between Glangwili and Prince Philip Hospitals to fill remaining vacancies within emergency departments and the clinical decision unit.
- Prince Philip Hospital Minor Injury Unit (MIU) - temporary overnight closure completed on 1st November 2024. MIU Operational/Project and Steering Groups now in place to support the future model (post 6 months).
- Improving Care for patients admitted as an emergency - Getting It Right First-Time recommendations received and aligning to Transforming Urgent and Emergency Care (TUEC) plans, as well as the Busiest Day Review.
- Same Day Emergency Care (SDEC) – temporary reduction of opening hours at Glangwili Hospital due to address staffing shortfalls.
- Overtime and agency cost management – From 1st November, no planned nurse agency across all nursing areas. A revised agency escalation process live from 1st November 2024. All other requests for agency need to be made 24hrs in advance. Removal of all health board enhanced banks. Emergency Department/ Clinical Decisions Unit, AMAU Band 5 establishments aligned to offer fixed term contracts to all Band 5 bank staff. Central recruitment completed beginning of September with 12.8WTE onboarding. No planned agency use by 1st March 2025.
- Community Accommodation Review – Full mapping exercise has been undertaken; detailed plan is now in place which involves decommissioning at some sites, reducing our footprint where appropriate, reviewing legacy leaseholds and building a new accommodation plan in 2025 to generate capital bid submission(s) for relevant sites. Pentre Arwel and Carmarthen Hwb Highlight Reporting is being tracked via the assigned project leads.

Ceredigion System (Bronglais Hospital and Ceredigion County)

- Cylch Caron & Community model. The proposal was approved by the Board on 26/09/24 following a public engagement exercise. The last in-patient was discharged from Tregaron hospital on 21/10/24.
- Enhanced Practice development - The development of the Digital Ward (Hospital at Home / Enhanced Community Care) has commenced with a Standard Operating Procedure under development. The work aligns with the TUEC approach.
- Community Nursing specification rollout - The Welsh Government target is to increase the number of community nursing staff at weekends to be no less than 80% of weekday staffing. A review with the community nursing staff took place earlier in the year. There is work underway to determine the value of having additional nursing staff working the weekend to determine where the additional weekend capacity should be placed for the most benefit.
- Palliative Care development. Further Faster funding has enabled the recruitment of a Lead CNS (0.5 WTE) to cover the three counties, the post was filled in July 2024. This has enabled each county to operate a seven-day service, which has led to more appropriate care as each county is far more familiar with their own caseload.
- Trial without catheter clinics are now operating in Aberaeron and Cardigan Integrated Care Centres as well as Bronglais Hospital Medical Day Unit.
- Integrated Health and Wellbeing Centre model development (Aberystwyth) – linking closely with Welsh Government Estates and Ceredigion County Council. The Regional Integrated Capital Regional Fund team have undertaken a broad scoping of the needs and possibilities for Aberystwyth Integrated Care Centre.
- Women’s Health Psychology Service - Women’s Health Psychology Primary Care Project – accepted onto Bevan Exemplar 2024 Programme. Women’s Health Psychology Primary Care service accepted onto Spread & Scale Academy 2024.
- Community Joint Equipment Service Expansion. Work underway to ensure equity across the three counties.

Key actions taken since April 2024 (2)

Pembrokeshire System (Pembrokeshire County and Withybush Hospital)

- Safe and successful management of RAAC and provision of services which are on-going.
- Puffin Ward was utilised as an interim measure to support RAAC work on site.
- Reduction of in-patient bed numbers.
- Frailty Assessment Unit and Frailty SDEC opened.
- Elective Surgery restarted during 2024/2025. However, due to a number of challenges in maintaining efficiency and effectiveness, the decision was made between Scheduled and Unscheduled care to provide this through the Day Surgical Unit instead.
- Emergency Department Nurse recruitment – As part of the wider International Nurse Recruitment we have successfully recruited across the Directorate and stabilised the registered nursing workforce. We are still onboarding or expecting onboarding of 5 nurses with a further 3 posts out for advertisement. We have supported a significant and sustained increasing reduction in nurse agency usage.
- Rationalisation of contracts.
- Porth Preseli Implementation.
- Development of the Pembrokeshire Way and agreement of an integrated Pembrokeshire Alliance.

Cancer and Oncology

- Accelerated imaging for gastrointestinal (GI) pathways achieved June 24.
- Diagnostic efficiency: reducing trend for single cancer pathway patients in overall diagnostic waiting lists and those waiting over 28 days.
- Radial endobronchial ultrasound scan and biopsy (EBUS) commenced November 24.
- Accelerated imaging in Lung commenced November 24.
- Dedicated Cancer Therapies Service. The new service encompasses 4 pillars of support for people with cancer across the treatment pathway, reducing inequities in access to rehabilitation.
- Re-establishment of in-patient theatre pathways and exploration of local SACT production to enhance service capacity and reduce costs.
- Implement comprehensive improvement plans for each tumour site where demand exceeds capacity

Cardiology

Work underway to progress the following:

- NSTEMI (Non-ST segment Elevation Myocardial Infarction) & Heart Failure - achieve compliance with NICE recommended 72-hour pathway by Q4 2024/25.
- Identify and enact cost savings within Heart Failure to resource VBHC funded component by Q3/Q4 2024/25.
- Review, re-design pathway and develop strategies for Arrhythmia/Atrial Fibrillation and Chest Pain by Q4 2024/25.
- Develop a strategy, needed HB capacity for CT Coronary Angiography, Pacing and Myocardial Perfusion Imaging by Q4 2024/25.
- Review structure and develop a workforce strategy for Cardiac Physiology Strategy by Q4 2024/25.

Key actions taken since April 2024 (3)

Central Operations (excludes GP OOH)

- Decontamination - Maintain certification to ISO 13485 and medical device regulation audits. Maintain green status for IHEEM/JAG endoscope decontamination audit.
- Clinical Engineering - successful re-certification of ISO 13485 Quality Management System (linked with the Trittech Institute) for the next 3 years.
- Medical Records - Relocation of private provider document storage resulting in £22k p/a saving so far. 400k records transferred to scanning partners for digitisation.
- Transport - Commencement of the Gwili Railway car parking scheme on 2nd October 2024. Full capacity available from 1st November 2024.

Facilities

- Creche - All but one Care Inspectorate Wales (CIW) recommendations completed with positive reinspection and comments on issues addressed.
- RAAC – Site Operational award on the RAAC response with positive feedback across Welsh Government and NHS Wales Shared Service Partnership (NWSSP).
- Estate digitisation and Technology to reverse engineer our estate. Pioneering the development of Digital Twins to create virtual models of our estate.

GP Out of Hours

- Consistent performance for P1 (priority 1) cases

Medicines Management

- Controlled Drugs Licences granted for 4 Mental Health sites and provisionally granted for GP Out of Hours service and the Cardigan Same Day Urgent Care service.
- Staff have achieved Primary Care Pharmacy Technician of the Year 2024 by APTUK (Association of Pharmacy Technicians UK) and the Helen Tennant Award.
- Electronic prescribing has been implemented within two GP practices and connected pharmacies with three further sites scheduled to go-live in Q4 2024-25.

Mental Health & Learning Disabilities

- 111 Option 2 is now operational 24/7 and working with colleagues nationally to implement phase 2 plans.
- Specialist Child and Adolescent Mental Health Services (SCAMHS) part 1a and 1b targets continued to achieve compliance.
- Outsourcing of diagnostic assessments for Autism Spectrum Disorder (ASD) has seen 240 children and young people and 247 adult diagnostic assessments undertaken in the first year.
- The new well-being service is now fully operational, with well-being practitioners offering face to face therapeutic interventions.
- The newly commissioned Third Sector Framework for early intervention and prevention services is now fully operational through an open access process ensuring that individuals can access support when they need it.
- The new service model under the Learning Disability Service Improvement Programme is progressing with extensive coproduction and co-design with service users, carers/parents, staff and partner with support from Improvement Cymru.

Key actions taken since April 2024 (4)

Pathology

Completed actions:

- Implementation of LIMS 2.0 by Q1 2025/26.
- Development of regional pathology permanent service model by Q1 2025/26.
- Transfer Llanelli phlebotomy from Antioch to Dafen by Q1 2024/25.

Work underway to progress:

- Complete enabling works for blood science laboratory at Glangwili Hospital by Q3 2024/25.
- Modernising and standardisation of equipment within blood sciences across the HB by Q4 2024/25.
- Implementation of digital cellular pathology and artificial intelligence by Q4 2024/25.
- Implementation of digital morphology in diagnostic haematology by Q4 2024/25.
- Develop workforce plan for pathology by Q4 2024/25.

Planned Care

- Outpatient waits over 104 weeks reduced by 4,000 compared to March 2022. No growth in 52-week and 36-week breaches in the last 2 years with positive indications for future recovery. Delivery plans forecast achievement of zero 52-week breaches by March 2025.
- Referral to Treatment waits saw no substantial growth in 52-week and 36-week breaches. Delivery plan aims for zero 104-week breaches by March 2025, although risks around delivery within Orthopaedics.

Primary Care

Development of a Primary Care and Community Services Strategic Plan: Work to date

- Strategy Development Group meeting monthly.
- Primary Care and Community Services Issues Papers developed.
- Public and workforce engagement undertaken.
- Board update included as part of the CSP paper November 2024.

Development of a Primary Care and Community Services Strategic Plan: Next steps

- Development of options for consultation/engagement.
- Strategic Plan to Board May 2025.
- Implementation plan developed.

Key actions taken since April 2024 (5)

Women and Children

Transfer of Withybush Hospital Creche from Estates and Facilities to the Women and Children's Directorate.

- Establish Withybush Hospital Creche Control Group, and the development of an action plan.
- The management and governance structures will transfer to the Women and Children's Directorate and is now in the process of being aligned to the portfolio of the Acute Paediatrics Service Delivery Manager (SDM). The SDM is working closely with the Local Authority representative to assess and plan for the future

Finance, Digital and Performance

- Developed a detailed financial forecasting model incorporating numerous strategic factors.
- Consolidating retrospective analysis, medium-term planning and route map options to facilitate recognition of capacity needed to cope with demand in future years.
- Modelling of workstreams arising from Clinical Services Plan, A Healthier Mid and West Wales and community planning.
- Initial workforce modelling undertaken with support from Human Resources and Organisational Development.
- Developed a live Compendium of Variation resource for the health board.
- Engagement undertaken with senior clinical and operational leaders to raise awareness of financial topics.
- Appointment of a Strategic Transformation Partner to provide a multi-disciplined approach to transformation within Hywel Dda. The strategic partner will initially focus on the rollout of ePMA, Patient Flow and eObservations.
- We received a substantial rating from Internal Audit for the Digital Benefits Realisation framework.
- Over 53 million documents were made available electronically for clinical staff on an electronic document management system.
- Clinically Code Everything solution implemented for Emergency Department & Minor Injury Units activity, with an initial focus on attendances of over 24 hours.
- Tools have been produced to support strategic decision-making including forecasting, bed modelling, cancer planning, executive forecasts, outpatient Did Not Attend predictions, re-admission predictions, flow visualisers and mapping.
- We have been working with Aberystwyth University on a Human Digital Twin for personalised and proactive healthcare to help us accurately visualise, monitor, and optimise processes, services, and resources

Nursing, Quality & Patient Experience

- Reduction in harmful falls and work with pharmacy undertaken to reduce medication errors.
- Development of induction pack for all new starters to help with staff retention.
- Improved call response times due to implementation of call triage within PALS.
- Supporting 6 goals programme across sites and development of Red2Green dashboard.
- Waiting List Support Service (WLSS) now offered from point of listing. Over 16,000 patients provided Waiting Well support.
- Implementation of AMAT software for audit registration and implementation.
- Fragile services framework for identification and support developed. Register in development with terms of reference approved.

Key actions taken since April 2024 (6)

Public Health

Update against Strategic Objective 4: The best health and wellbeing for our communities. Objective are either completed or on track.

- Establish forum and implement vaccination equity strategy.
- Establish forum and implement regional health protection plan.
- Deliver on National Immunisation Framework.
- Implementation of local tobacco control plan.
- Delivery of whole systems approach to healthy weight.
- Re-establish regional Children and Young People's governance forum.
- Progress the development of the Social Model for Health and Wellbeing.
- Retender Alcohol and Drug Use service.
- Develop framework for integrating equity and prevention into clinical service planning.
- Produce a form of Return on Investment to health services for a few key public health services.

Strategy and Planning

- Strategic outline case for A Healthier Mid and West Wales (AHMWW) strategy:
 - Submission of a Business Justification Case to Welsh Government for a Carmarthen Hwb with IRCF funding awarded
 - Submission of a Finance Business Case for Pentre Awel – Welsh Government funding awarded for equipment and digital costs
 - Completed and submitted bid for progression of Picton Terrace – awaiting formal response to funding proposal
- Clinical Services plan – phase 2 (Options Development) of the programme is complete and phase 3 (engagement and / or consultation) is underway
- Primary Care and Community Services strategic plan – themes for Primary Care and Community Services Strategic Plan will be presented to Board in November
- TUEC: new governance structure implemented. Most programme deliverables completed for quarter 2, with improving trajectories in pathways of care delays and ambulance handovers.

Workforce and Organisational Development

- Significant work undertaken on drafting Workforce Plans for over 60 service areas.
- Linking of Workforce Plans into a themed Action Planner to plan for capacity across different staff groups.
- Reduced the gap of 400 whole-time equivalent nursing staff through the Nursing Stabilisation Programme which has led to the reduction in Nurse Agency Usage.
- A new staff retention group to focus on the retention of Allied Health Professionals and Health Care Scientists was established to mitigate workforce challenges.
- A significant increase in leadership and management support with the launch of the online INFORM management resource, the Hywel Dda Management programme, ongoing success of the LEAP programme and the new consultant development programme to strengthen leadership skills and knowledge.
- Collaboration with Swansea University to create Interprofessional Education and simulation opportunities which has staff and patient care.
- Improved data capturing to demonstrate the number of staff participating in development opportunities from previously under-represented groups.

Other key achievements

Below is a summary of some of the other key achievements highlighted within the DITS meeting packs:

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

- Reduction in nurse agency spend across Carmarthenshire.
- Emergency department and Acute Medical Admission Unit (AMAU) nurse recruitment.
- Closure of Y Lolfa ward in Glangwili Hospital.
- Closure of surge beds on Ward 5 Prince Philip Hospital.
- Recruitment of Frailty ANP at Prince Philip Hospital.
- Repatriation Database developed.
- Development of virtual ward.
- Fracture Liaison Service.
- ITU Level 1 Project – improved step-down process to ward area.
- Improved Junior doctor sickness reporting process/escalation with Shared services and variable pay scrutiny.
- Statement of Wishes – Project has become more multi-disciplinary in its delivery and is now being delivered across all 3 counties.
- National Community Nursing Service Specification – Improved compliance. Assistant Practitioners are now in post.
- Working with care homes to develop Future Care Plans for residents which incorporate advance care plans and statement of wishes. Calls to 999 directed also via the Home First Hub for a community response to attempt to avoid conveyance
- Proactive work is underway with Long Term Care for a pilot in a dual registered care setting to upskill their staff and improve confidence. This will reduce the number of district nursing hours spent on site.

Ceredigion System (Bronglais Hospital and Ceredigion County)

- Nurse of the Year - Sister Bianca Oakley has been shortlisted for Nurse of the Year.
- Meurig Roof Repairs - Due to estates work and in collaboration with infection control we were advised to close the ward until works could be complete, this led to immediate collaboration with the Local Authority to secure a wing in a Local Authority care home which supported our medically optimised patient flow.
- Colorectal Length of Stay for Elective Patients reduced.

Pembrokeshire System (Pembrokeshire County and Withybush Hospital)

- Trusted Assessor – Piloted and successfully embedded a trusted assessor model for reablement beds. Piloted and rolling out the Mental Capacity trusted assessor model.
- Trial without Catheter (12 month fixed-term) cluster funded project, commenced June 2024.
- Hospital@Home (H@H) - piloted and are now rolling out the regional model of a digital home ward which each County's H@H wards will utilise, however, in Pembrokeshire we have gone one step further and have a single H@H digital ward for Intermediate and SDEC patients as through our learning, we recognise the overlap with some cohorts of patient i.e. heart failure .

Other key achievements (2)

Cancer and Oncology

- Macmillan Quality Environment Mark (MQEM) award successfully maintained at Pembrokeshire Haematology & Oncology Unit (PHODU).
- Individuals and teams shortlisted for Moondance Cancer Awards with winners for Allied Health Professional services in two categories.
- Achievement Better Patient Experience - Prostate Active Care Together (PACT) Award for achievements in embedding holistic rehabilitation into prostate cancer pathway, 2) Non-Medical & Nursing Excellence Award won by Rachel Lewis, Allied Health Professional Lead.
- NHS Wales Awards 2024: Efficient Care Award won by the prostate pathway improvement initiative for the new prostate cancer rapid diagnosis pathway (PROSTAD)
- Implementation Accelerated imaging: Lung AIM change in process to deal with red-flagged referrals will result in a reduction to the diagnostic route of the patient's pathway by an average of 36 days and available at each acute site. LGI Accelerated Imaging established a same day staging CT CAP for patients attending GGH with GI cancer diagnosed at endoscopy which has reduced waiting times.

Cardiology

- Cardiology Quality, Safety, Assurance & Patient Experience (Governance) Group established.
- National Cardiac Audit Programme (NCAP) mandatory audits data collection.
- Atrial Fibrillation (AF) Project short-term funding - £288 24/25; £110 25/26.
- Recent successful recruitment to key appointments.

Facilities

- ISO14001 re-accreditation awarded in November 2024.
- Risks in date and reviewed and audit inspection recommendation rates have consistently improved over the last 4 months leading to de-escalation based on performance.

GP Out of Hours

- Face to face consultations are recovering following the Covid pandemic, up to 50% at a weekend in November.
- Work to implement Adastra for Hywel Dda own use and reporting.
- Improved sickness absence management and processes around pay and shift allocation.

Medicines Management

- Appointment into new innovative roles including Clinical Mentorship Pharmacists for the Strategic Programme for Primary Care and the Lead Pharmacist for Clinical Innovation and Value Based Healthcare.
- Developing relationships with directorates to share data to ensure Performance against Value and Sustainability recommendations are achieved with compliance with Medicines Value Unit targets recognised.

Other key achievements (3)

Mental Health & Learning Disabilities

- An Integrated Psychological Therapies Service (IPTs) practitioner has achieved the Practice Supervisor Award at the recent Health Board Education Liaison Awards Ceremony.
- Crisis and Home Treatment support in Llanelli has been strengthened to support the temporary MIU closure at Prince Philip Hospital.
- A Comprehensive Assessment Tool has been introduced and embedded to improve patient care and documentation within Community Adult Mental Health Services and inpatient areas.

Pathology

- Blood sciences – Refresh, standardisation and validation of modern equipment across Hywel Dda. New lab has been completed within GGH. New digital morphology system installed. Maintained accreditation at Prince Philip and Withybush Hospitals.
- Microbiology – maintained accreditation at Withybush Hospital.
- Cellular Pathology - Successfully appointed 2x NHS locum Consultants. Digital BJC SBAR will be presented to public board in January 2025.
- Mortuary - 2x staff members have passed their APT portfolio assessment and will undergo their practical end point assessment in November. Successful final sign off of HTA Inspection. Successfully secured £85,000 of discretionary capital to refresh mortuary equipment.
- Clinical Haematology - Successfully attracted a highly experienced Haematology Nurse to lead the CNS team and help develop the service. Have taken a change to our strategy and advertised for two subspecialist consultant haematologist posts for the first time.
- Training and Education - Equivalence funding approved for Support Staff completing Top Up modules and Part time Degree Course within Bronllys Hospital Blood Sciences. Equivalence funding approved for Support Staff completing Top Up modules within Withybush Hospital Microbiology.
- Higher awards Funding approved for an MSc Degree within Glangwili Hospital Blood Sciences.
- Blood Transfusion - First in Wales Mini-SSA (Senior Student Assistantship) training session with new F1 doctors was a success. Emergency funding for new Platelet incubator in GGH granted. Refresh and validation of modern equipment across the region, standardising services throughout Hywel Dda.

Planned Care

- NHS awards 2024: Outpatients teams were winners in the equitable care category. Awards also received for improving prostate cancer outcomes.
- Endoscopy Joint Advisory Group (JAG) accreditation. HDDUHB is the only health board in Wales to have JAG accredited endoscopy services.
- Outpatients achieved the Education Liaison Nurse Service award for commitment to nurse education, student learning and placement experience.

Other key achievements (4)

Primary Care

- Appointment of the first Consultant Pharmacist in Primary Care in Wales (Ash Grove Surgery).
- Agreement with HEIW to support the appointment of two GP Fellows.
- Introduction of locum GP rate cards in Managed Practices implemented with limited challenge generating greater interest in salaried GP roles.
- Pathfinder on Demand and Capacity modelling using Managed Practice dashboard .
- Appointment to key roles as part of the Strategic Programme for Primary Care (SPPC) fund supporting the implementation of the HEIW Primary Care Workforce Strategy.
- Optometry transition and transformation plans signed off by Welsh Government with funding allocated in Q3 and Q4.
- Implementation of the Dental Access Portal (DAP) in line with Welsh Government/DHCW timescales.
- EQiP projects ongoing and focussed sessions being held with Clusters to drive the QI agenda.

Women and Children

- Midwife received King's birthday honour.
- Bronglais Hospital Maternity unit – case study of good practice.
- Shortlisted and won a variety of professional accolades.

Finance, Digital and Performance

- Recruited to Management Accounts and Core Processing teams to stabilise capacity.
- Established a Grow Your Own apprenticeship scheme with two local apprentices in post who have passed first exams.
- New Budget Holder Dashboard has been implemented and rolled out with a budget holder training package.
- Healthcare Financial Management Association (HFMA) Wales Rising Star awards awarded to two staff.
- Nominated for Finance Team of the Year in collaboration with NWSSP Finance.
- Reignited "High Five" badges recognition thank you's within bi-monthly face-to-face team sessions.
- Hosted an All-Wales Lunch and Learn which was the highest attended session at 258.
- Improved the financial position across the organisation and expected to achieve our financial plan.
- Improvements in the availability of data via easily accessible, intuitive, suite of dashboards across recognised core areas (operational, clinical, workforce and finance) to cover user needs
- National and international recognition for our performance dashboards, including from Tower Hamlets College in London and Ontario Health in Canada.

Other key achievements (5)

Nursing, Quality & Patient Experience

- Nurse variable pay reduction by around 55% for registered nurses with revised escalation process in place.
- Delivery of orientation and preceptorship programmes to two cohorts of newly registered and international nurses.
- Review and ratification of registered nurse preceptorship programme agreed.
- Development of multi-professional medication errors policy, first in Wales.
- Quality Impact Assessment tool and governance process developed encouraging consideration of quality impact for strategic decisions.
- Concerns management central resource and toolkit developed, with increasing number of staff accessing training.
- Hywel Dda Charities improved data capture, work on visibility and review of fund structure to improve efficiencies.

Public Health

- Comprehensive Health Board wide response to the Llanbrynmair train crash on 21st October. A review of our major incident response and wider NHS Wales major incident communication process will follow as a result.
- Vaping Pathway developed for Children & Young People.
- New prevention, early intervention & treatment service for Children & Young People at risk of substance misuse.
- Healthy Schools and Whole School Approach to Emotional and Mental Wellbeing – 100% of secondary schools completed self-evaluation 89% completed action planning as at June 2024.
- The Health Board have participated in a Making Every Contact Count Level training.
- Successful major incident training and table-top exercise delivered to the Mortuary team. Disaster Victim Identification training to be delivered by Dyfed Powys Police.
- Production of ARCH Health Needs Assessment to inform the Clinical Services Plan and the Primary Care and Community Strategy.
- Leading work on Evidence Based Interventions relating to Procedures of Limited Clinical Effectiveness/Interventions Not Normally Undertaken.
- Production of a comprehensive Sexual Health Services Health Needs Assessment to inform Health Board wide Sexual Health Services Strategy.

Other key achievements (6)

Strategy and Planning

Regional Cancer Care Developments:

- Advancing key projects at the South-West Wales Cancer Centre, including the installation of a new CT-SIM and LINAC, to improve regional cancer care provision
- Actively managing ITU bed day utilisation at both Swansea and Cardiff Health Boards, ensuring optimal resource use and cost control through clear understanding of the activity drivers

Progress on Commissioning via Long-Term Agreements (LTA)

- Shifting focus from traditional commissioning activities to enhance financial oversight and control, involving detailed scrutiny of cost allocations and proactive contract challenges across various service lines, ensuring costs are appropriate and transparent and align with Health Board financial goals.
- Conducted comprehensive due diligence on LTAs, with a focus on identifying and addressing anomalies in the cost structures of high-value services such as neurology and vascular surgery within the Swansea Bay LTA and SLA
- Maintained rigorous oversight and active management across agreements to ensure alignment with organisational financial goals and improve overall grip and control on expenditures

Workforce and Organisational Development

- Supported recruitment of nine Bevan Exemplar projects, the highest across Wales.
- Established a new robust selection process for all leadership posts at band 8c and above as part of our approach to improving leadership capability, part of the criteria for de-escalation from Targeted Intervention.
- Driving forward inclusion projects to improve patient experience. We achieved the NHS Wales Award for Equitable Care for work undertaken in the Outpatients Department for patients with sensory loss.
- Work ongoing to ensure the early identification of unpaid carers and support them to access the help and support that they need to continue in their caring role, which impacts on timely hospital discharge and continued care within the community.
- Intersectional analysis of the workforce equality data to shine a light on any areas where there is potential for discrimination and to implement actions to address this.
- Review of our local policy framework using the disrupted approach has led to over 75% of policies now being 5 pages or less.
- The Future Workforce Team have been shortlisted for the Careers Wales Valued Partner Award, recognising HDdUHB support 100% of secondary schools within the Health Board area.

Learning from the DITS process

Process communications

At the start of each DITS meeting, the Executive Director chairing the meeting flagged with attendees this was a DITS rather than an escalation meeting and the differences between the two. In hindsight it would have been helpful if this had been included in the communications to directorates informing them of the upcoming DITS meetings. This will be addressed by the Performance Team for the next set of meetings scheduled to take place in June 2025.

Sharing good practice

There were many positive examples shared at the DITS meetings which could be of benefit to other directorates. A spread and scale process should be investigated to help communicate good practice and achievements across the health board so that we can learn from each other.

Support gaps

Many directorates asked for corporate support in areas such as project management, analysis, digital systems. Where support and capacity could be identified by Executive Directors, support was allocated. However, there were instances where capacity was not identified. Having a skills register for corporate staff, with a summary of time that could be made available to support operational teams could potentially help fill some of the gaps moving forward and therefore could be investigated.

New Care Groups

The Operations directorate are currently going through a restructure, which is bringing in new Care Groups. The DITS schedule and groupings for June 2025 will need to be revised to match the new organisation structure.

Quality metrics for corporate directorates

The metrics used for the quality and safety section of the agenda were not all applicable to corporate directorates. The Nursing, Quality & Patient Experience directorate are going to investigate what other metrics could be used for the next round of DITS meetings (June 2025).