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Targeted Intervention Update January 2025



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Urgent & Emergency Care Six Goals Programme



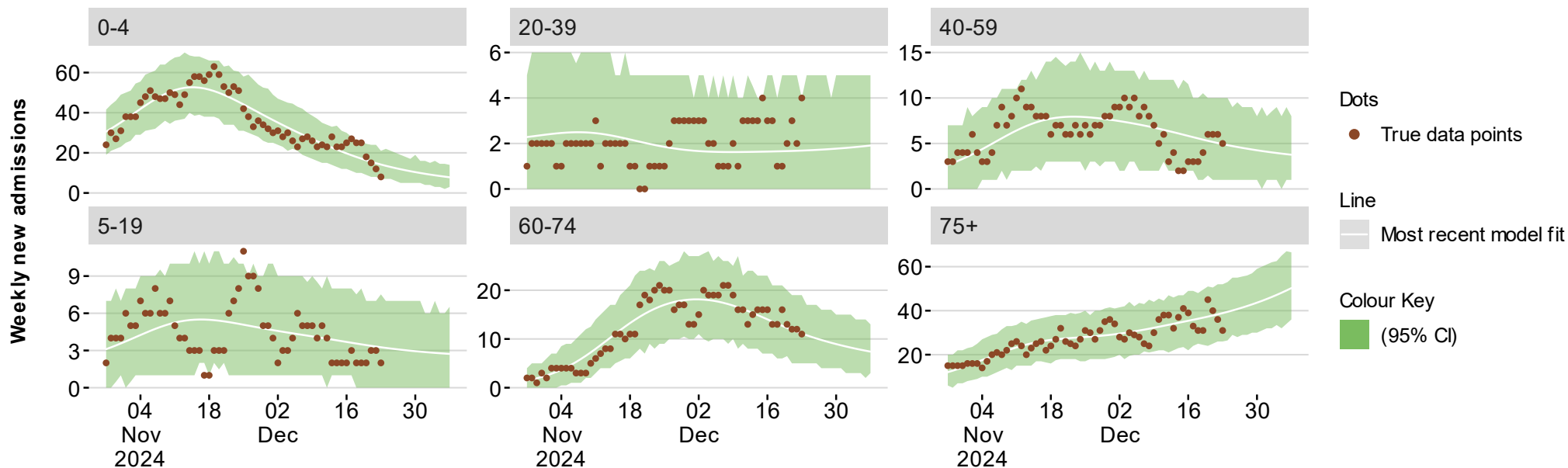
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75+ age-group shows an increase in RSV admissions projections



Age wise breakdown of RSV Admissions Projections , Data until 23 December 2024

Parameters: $k_1 = 5$, $k_2 = 3$, $k_3 = 3$



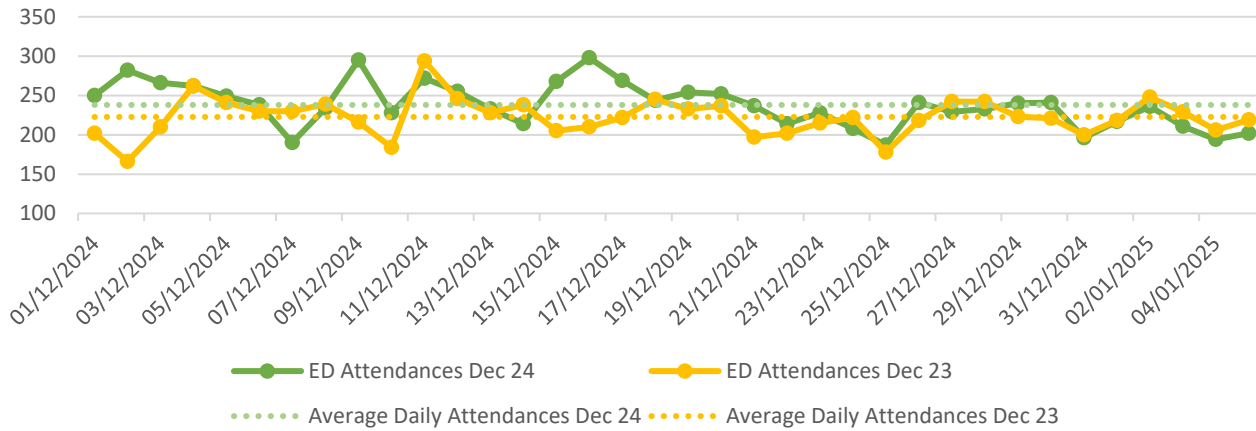
Source: Public Health Wales

This uses admissions data from PHW until 23rd December to create short term projections for RSV two weeks forward (6th January 2025). The dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence interval.

ED Attendance AMU Admissions December 2024 and projected January 2025



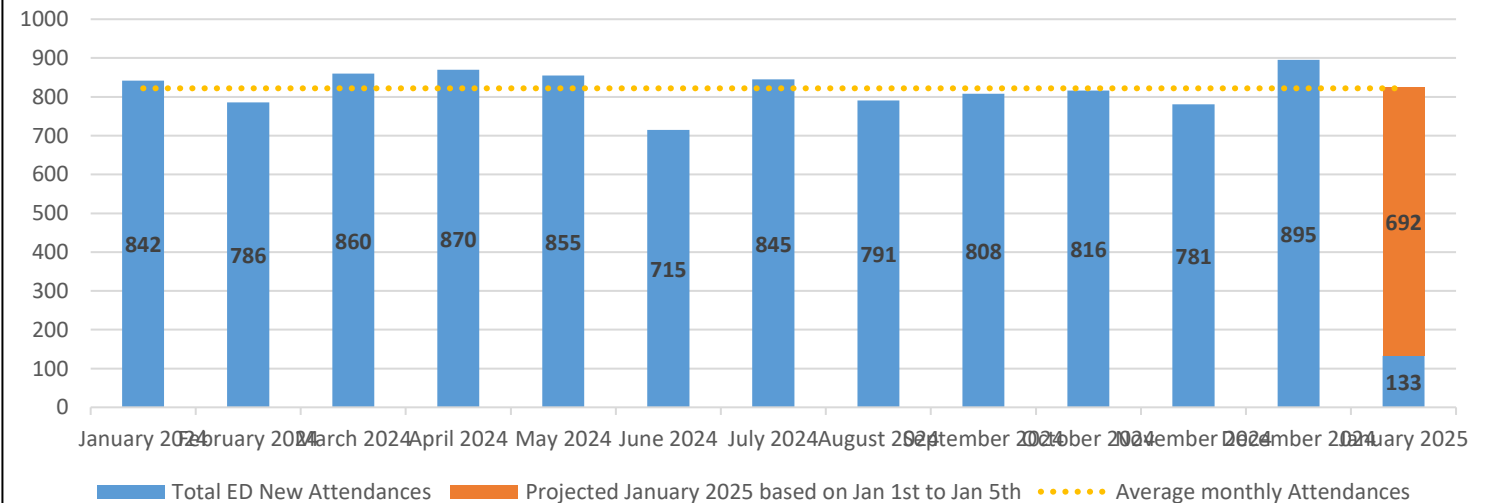
ED Attendances between 01/12/2024 - 05/05/2025 against 01/12/2023 - 05/01/2024



- 549 more ED attendances over this period compared to 2023
- 15 more attendances per day

- 889 AMU admissions during December 2024 is our highest in month number for the whole of 2024 4% above the average of the whole year
- January prediction is 825 which although improving is still above the average for the whole of 2024

AMU Admissions in 2024 and projected January 2025



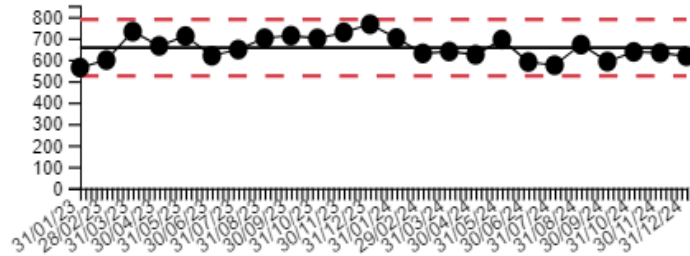


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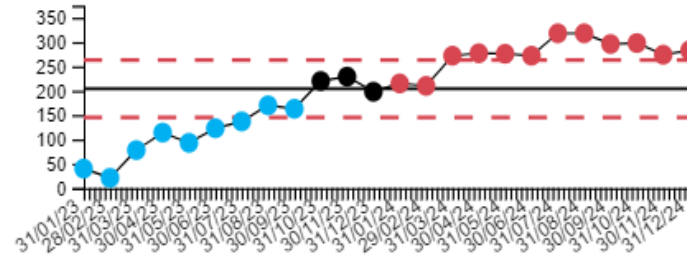
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UEC – De-escalation KPIs

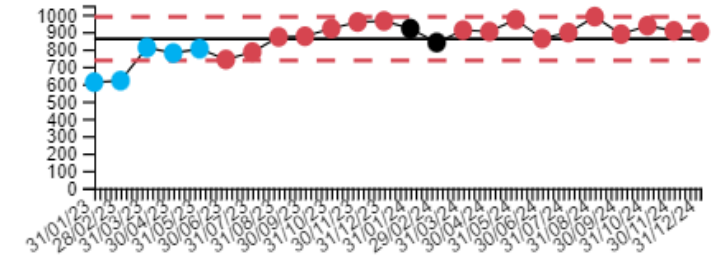
Total Ambulance Handover Delays > 1 Hour (ED)



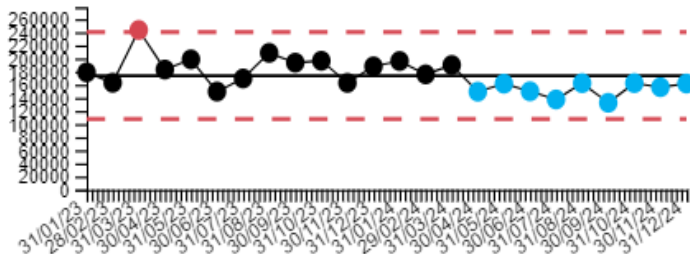
Total Ambulance Handover Delays > 1 Hour (AMU)



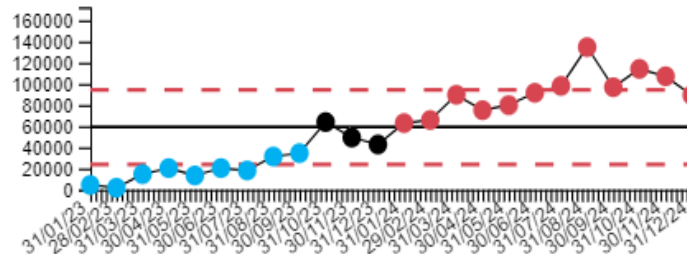
Total Ambulance Handover Delays > 1 Hour (Total)



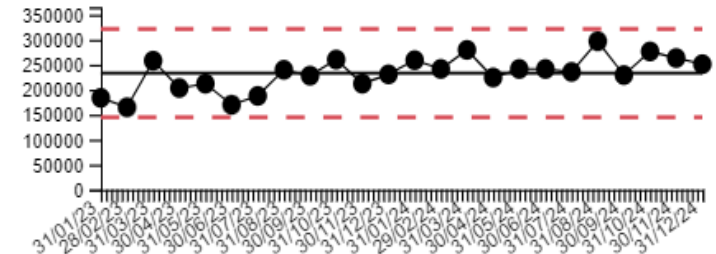
Lost Ambulance Hours After 60 Minutes (ED)



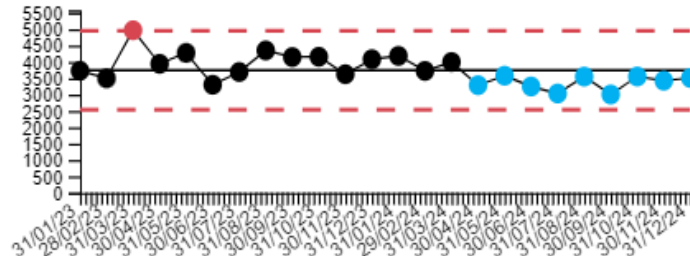
Lost Ambulance Hours After 60 Minutes (AMU)



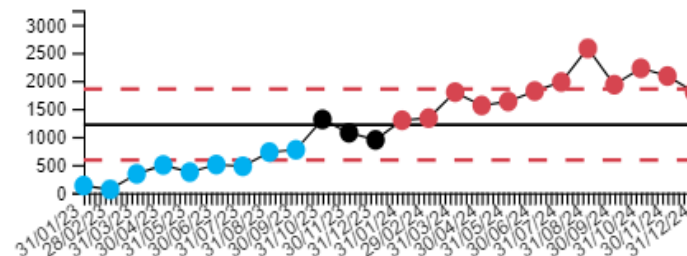
Lost Ambulance Hours After 60 Minutes (Total)



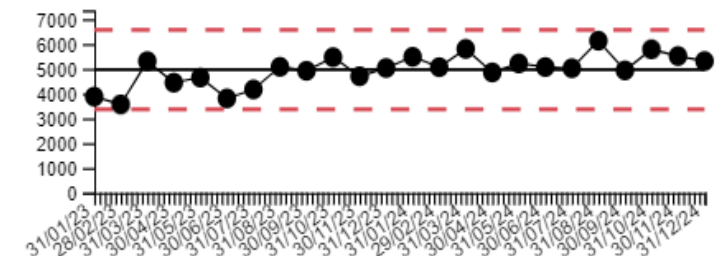
Lost Ambulance Hours (ED)



Lost Ambulance Hours (AMU)



Lost Ambulance Hours (Total)



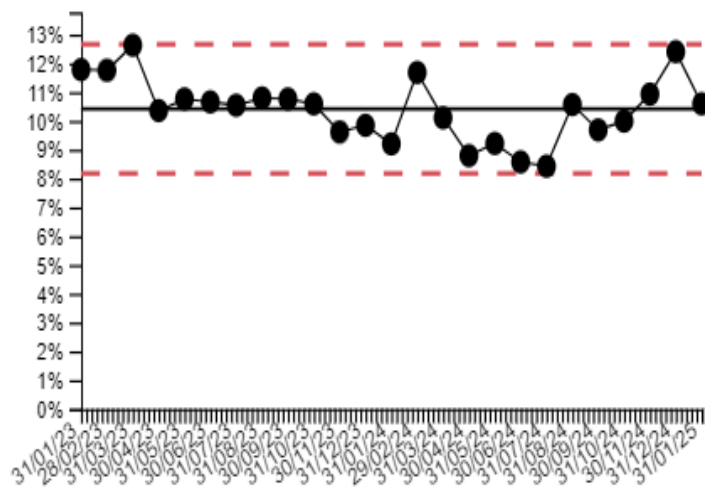


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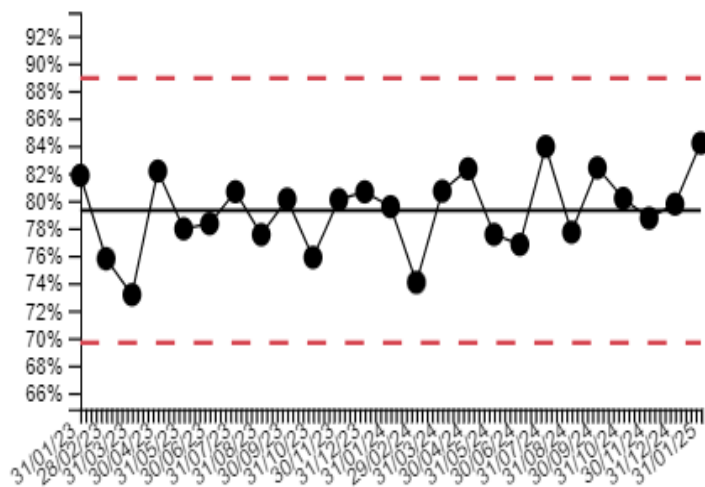
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UEC – De-escalation KPIs

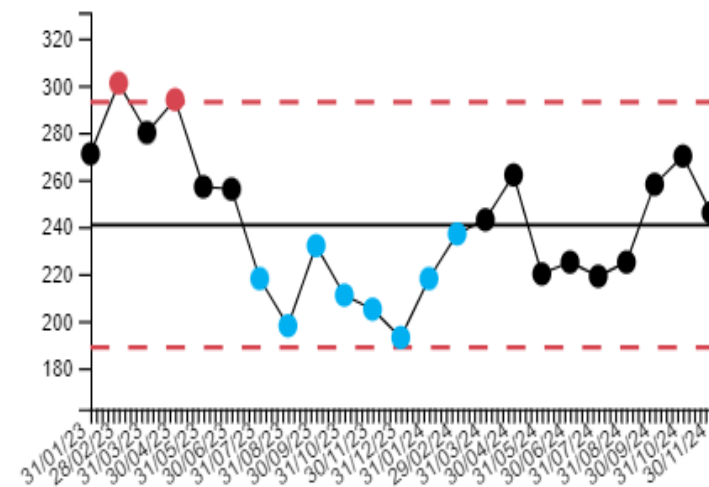
% Waiting Over 12 Hours in ED



% First Review within ED in 60 Minutes



Total DTOCs (Monthly)



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Swansea Bay UHB – GIRFT progress

Following the GIRFT team visit a Gold Command structure was stood up to tackle the immediate challenges raised. Formal GIRFT Gold Command meetings took place on 4th, 12th, 16th, 22nd and 31st July 2024. (31st July noted as formal group close down) and included multi-disciplinary team representation, Chaired by the COO.

SWANSEA BAY UHB IMPROVEMENT ACTION PLANS

Emergency Department Quality Statement & GIRFT Recommendations

Green ED Contacts

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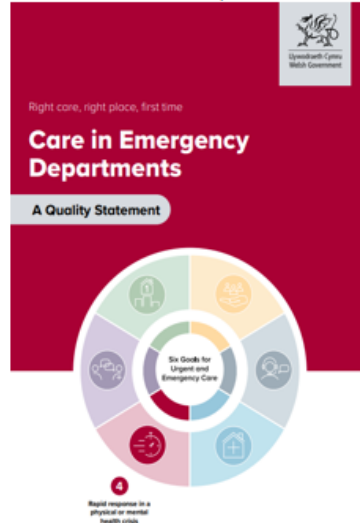
Clinical Network Contacts

Rupert Clement (rupert.clement@wales.nhs.uk)

Welsh Government Contacts

Febe Ashley (febe.ashley@gov.wales)

[Click here for the Quality Statement](#)



- Key actions carried out via GIRFT Gold Command structure. Examples included:
 - Reviewed Mental Health provision within the ED relating to MH assessment and transfer
 - Developed a process/ SOP/ rota for ensuring medical outliers are reviewed
 - Identify and implement minor capital estate works to improve the environment that can be progressed immediately
- All other recommendations mapped against UEC redesign activity/ schemes of work within Morrision Hospital Service Group
- Monitoring of activity aligned with the GIRFT recommendations and Emergency Department Quality Statement's 7 Priority Areas takes place quarterly with 6 Goals Team/ NHS Executive (most recent assurance meeting – 14th January 2025)

UEC What Next?

- COP Review
- Respiratory Pathway
- UEC Care Co-ordination Hub
- Acute Medical Rota
- Integrated Discharge Hub
- VW/ACT full integration
- D2RA



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Planned Care



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Planned Care Performance –December

	52 week Stage 1 - 100%	52 week RTT - 80%	104 week RTT - 100%	Follow up waiting list reduction - 15% reduction in the number of patients delayed by 100% (based on November 2023 baseline)	R1 ophthalmology pathway with 25% of their target date (65%)	8 week Diagnostics (all) - 80%	8 week Endoscopy - 80%	14 week Therapies - 85%	NOUS and Non-cardiac MRI total <8 weeks
Apr-23	95.80%	80.32%	93.43%	1.03%	55%	58.73%	18.79%	97.55%	92.22%
May-23	96.69%	81.35%	93.63%	3.27%	55%	56.34%	16.63%	97.40%	91.56%
Jun-23	98.42%	83.06%	94.02%	-0.93%	58%	56.91%	15.63%	96.43%	90.16%
Jul-23	98.93%	83.70%	94.28%	-0.16%	59%	60.15%	16.96%	96.89%	91.30%
Aug-23	99.20%	84.00%	94.63%	-3.03%	62%	58.90%	16.89%	96.94%	87.68%
Sep-23	99.79%	84.48%	95.00%	-0.34%	62%	58.66%	19.57%	96.78%	84.37%
Oct-23	100.00%	84.82%	95.54%	0.00%	63%	63.09%	23.08%	96.59%	88.91%
Nov-23	100.00%	85.07%	96.16%	1.31%	65%	63.89%	24.98%	98.46%	88.35%
Dec-23	100.00%	85.09%	96.69%	6.30%	64%	60.94%	22.58%	98.64%	84.55%
Jan-24	100.00%	85.20%	97.15%	9.20%	65%	62.92%	21.80%	98.42%	88.25%
Feb-24	100.00%	85.41%	97.60%	12.85%	66%	67.42%	25.29%	99.51%	97.25%
Mar-24	100.00%	85.57%	98.00%	18.89%	66%	67.99%	22.96%	99.98%	99.92%
Apr-24	100.00%	85.95%	98.12%	21.00%	67%	67.65%	24.49%	99.98%	99.86%
May-24	100.00%	85.91%	98.32%	22.96%	69%	70.49%	26.55%	100.00%	99.77%
Jun-24	100.00%	85.31%	98.42%	20.39%	69%	70.75%	26.22%	99.93%	100.00%
Jul-24	100.00%	85.45%	98.64%	20.40%	72%	72.06%	27.58%	99.91%	100.00%
Aug-24	100.00%	85.29%	98.66%	-3.11%	73%	70.54%	26.03%	99.71%	99.91%
Sep-24	100.00%	85.08%	98.69%	-4.09%	74%	71.52%	29.83%	97.79%	99.81%
Oct-24	100.00%	84.77%	98.65%	-4.98%	76%	73.81%	30.68%	97.54%	100.00%
Nov-24	100.00%	85.08%	98.81%	-6.68%	76%	75.10%	32.09%	94.99%	100.00%
Dec-24	100.00%	85.20%	98.96%	-7.40%	74%	75.14%	32.19%	92.40%	100.00%

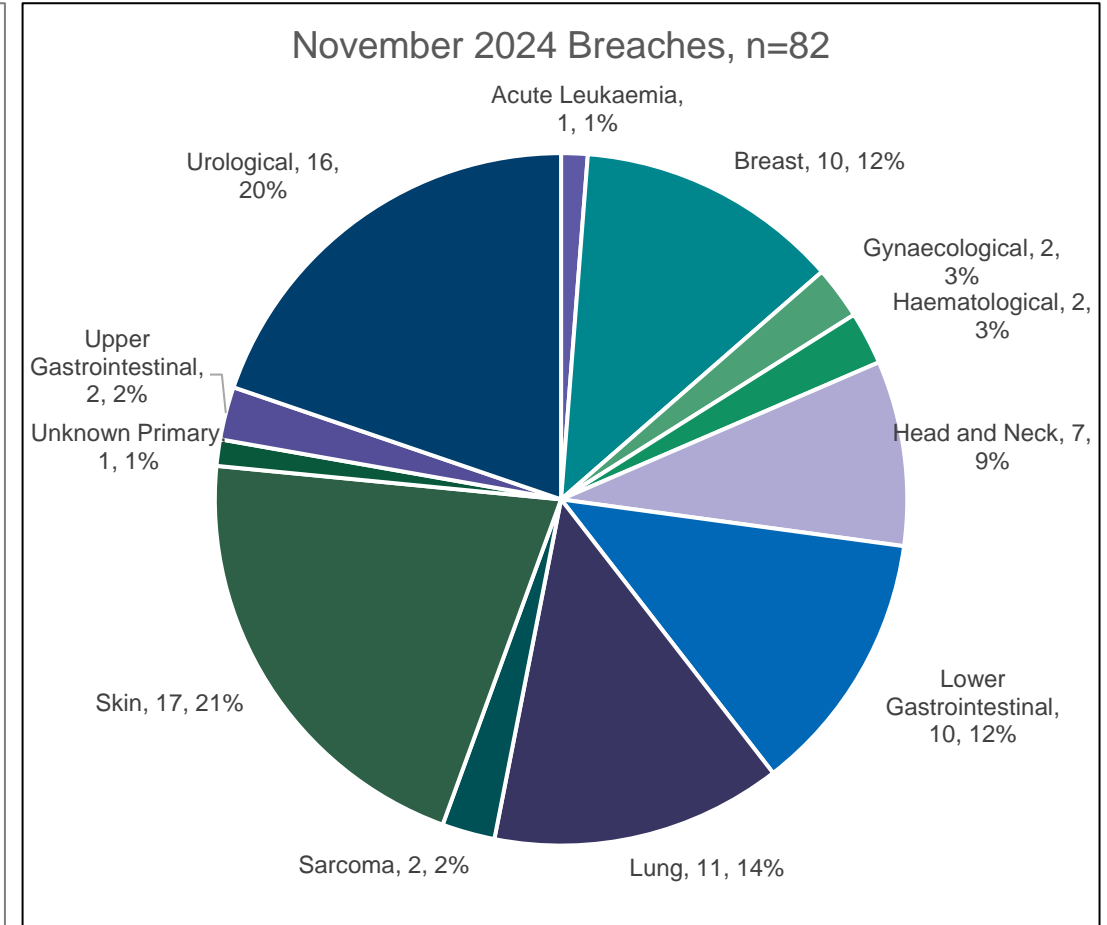
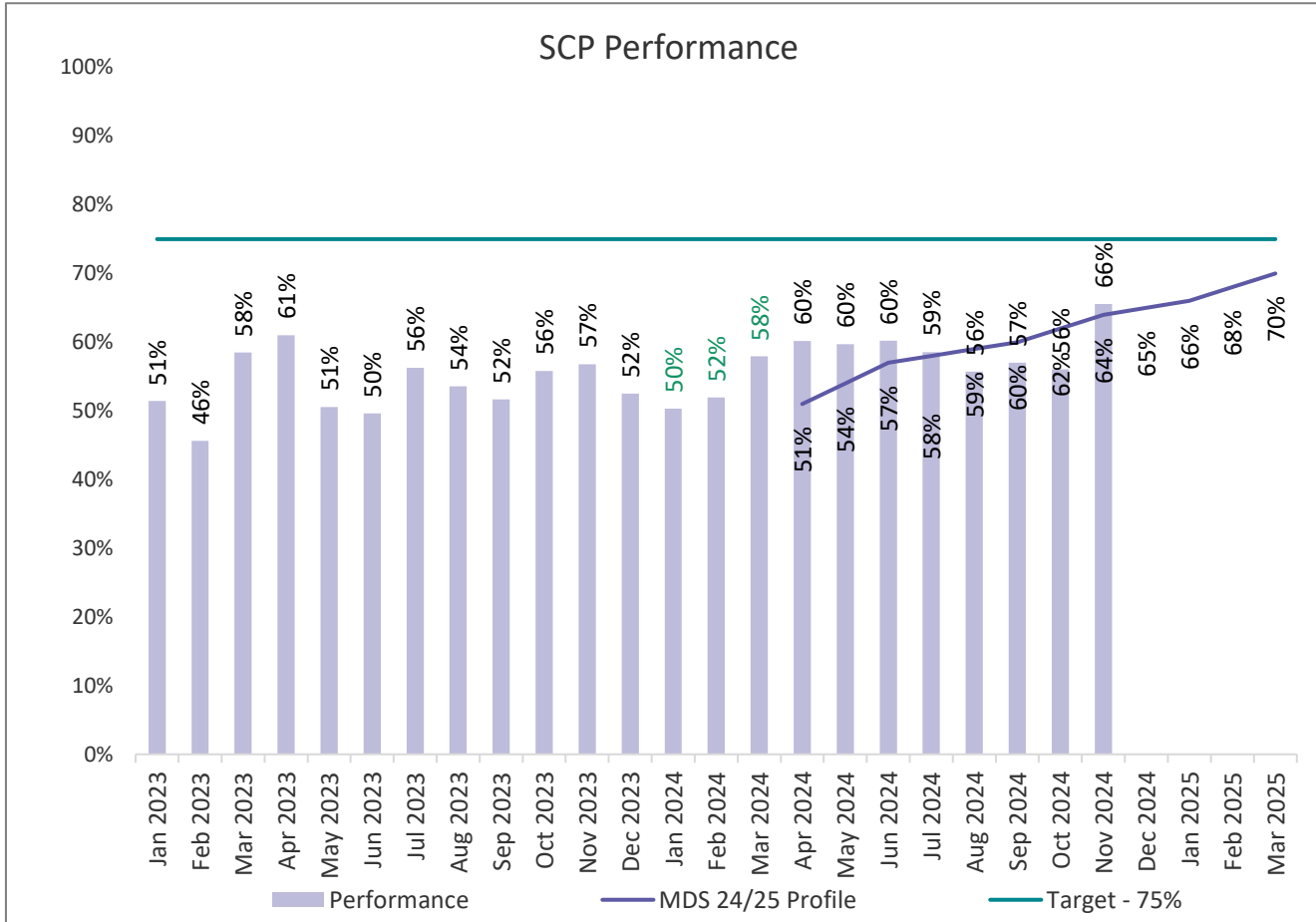


Planned Care actions to

- Robust monitoring via live dashboards
- Weekly monitoring meetings chaired by Service Group Directors
- Bi-weekly oversight meeting chaired by the Chief Operating Officer
- Specific support commissioned for Gynaecology improvement plans
- Regional orthopaedics programme ongoing to provide capacity for patients not suitable for surgery at NPTH to reduce demand for Morriston Hospital services.
- Focussed work being undertaken within the Podiatry service to improve future therapy waiting list position.

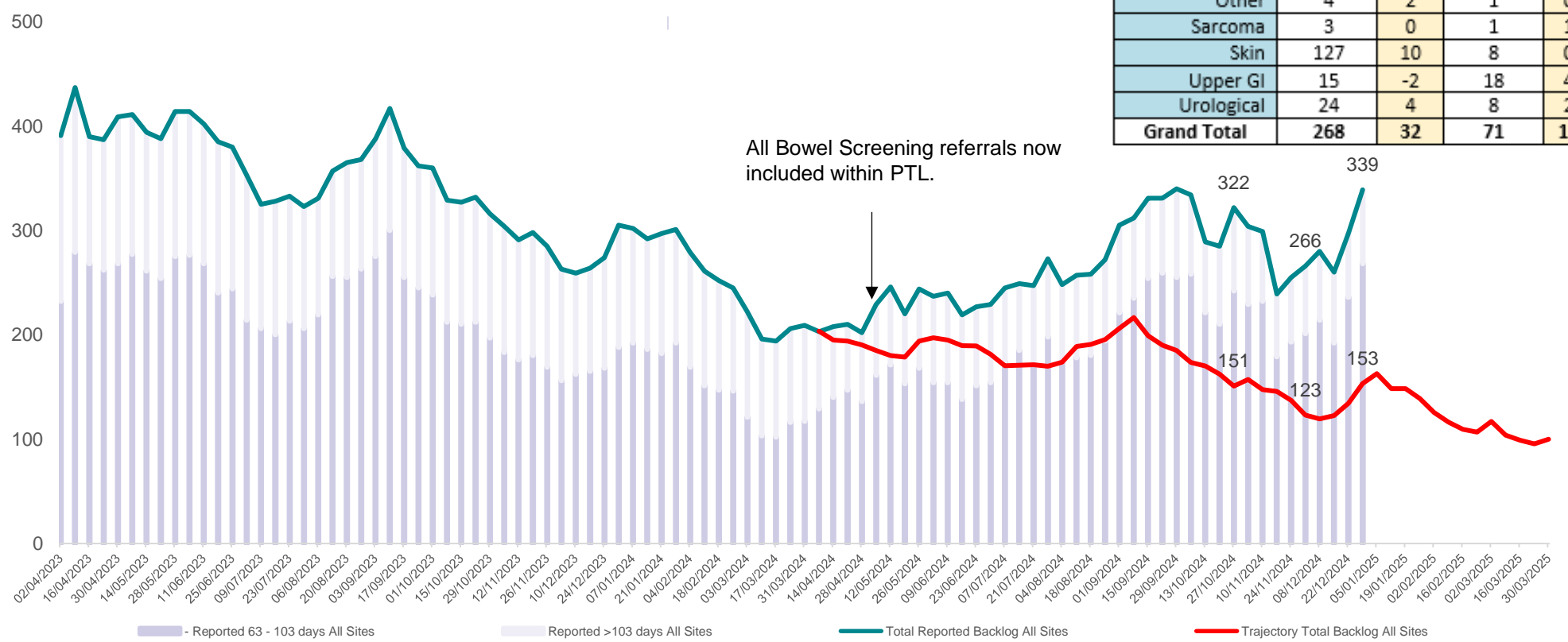
Cancer TI Update

Cancer Performance - % treated within 62 days

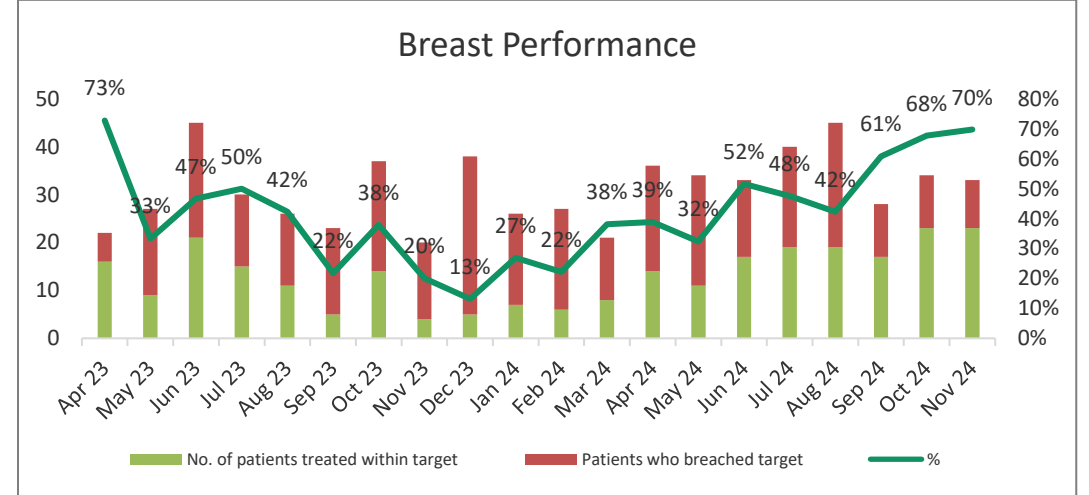
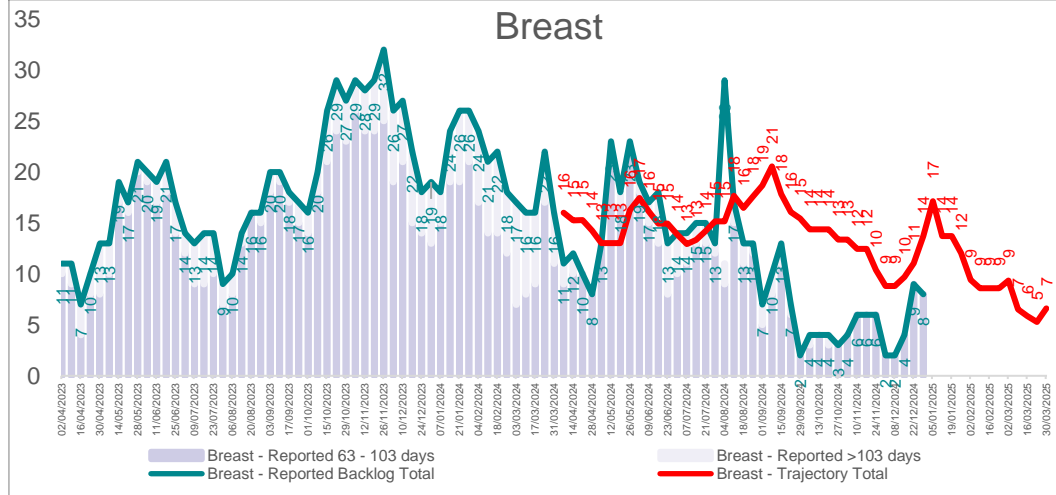
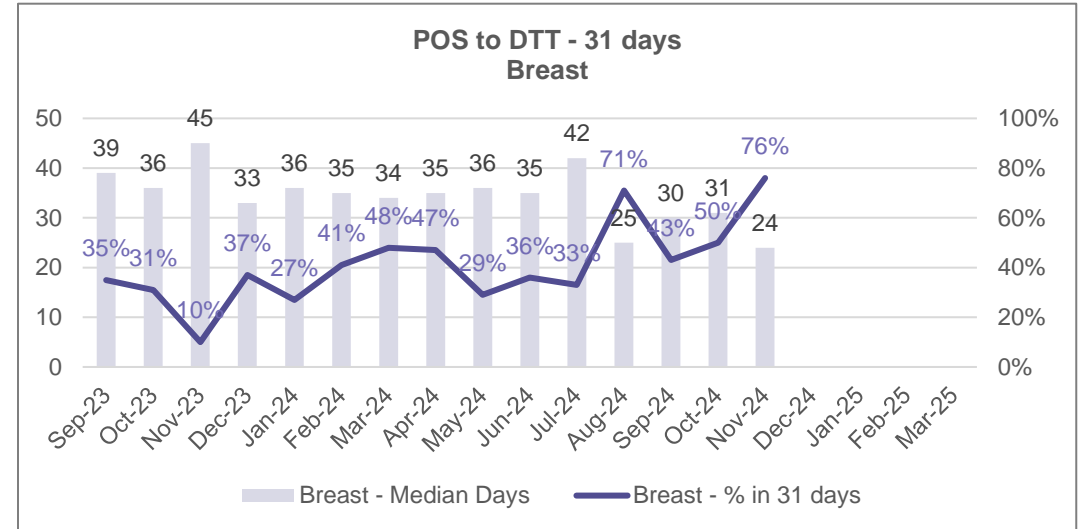
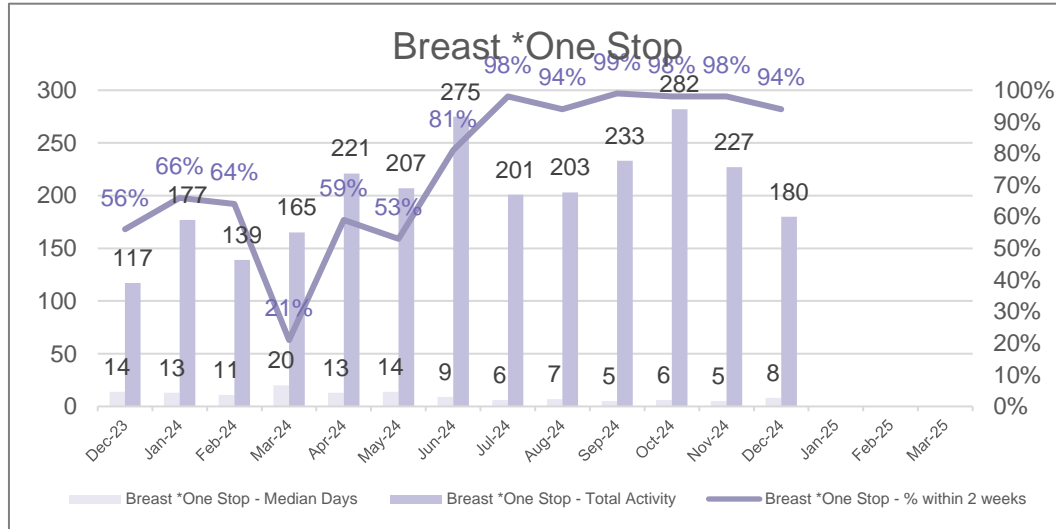


Cancer Backlog - 62 & 104 days

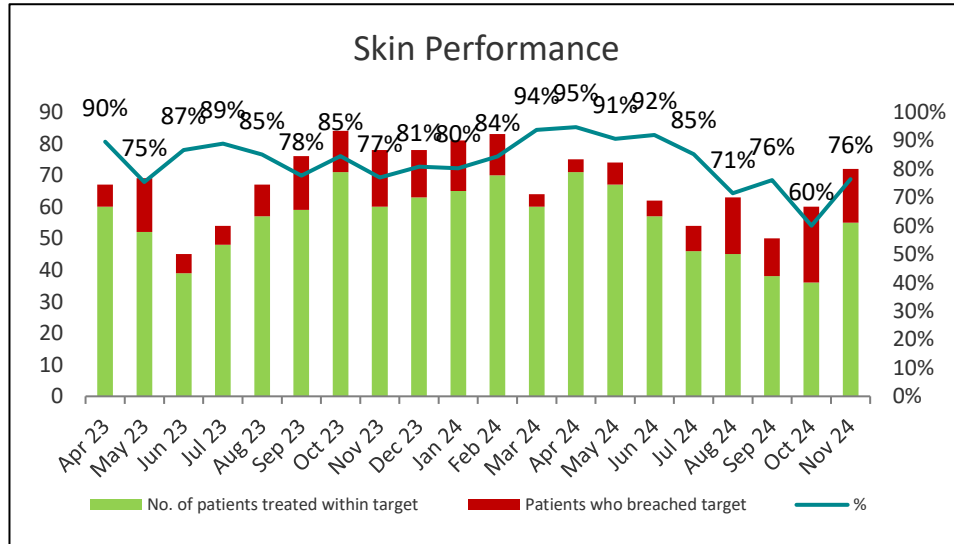
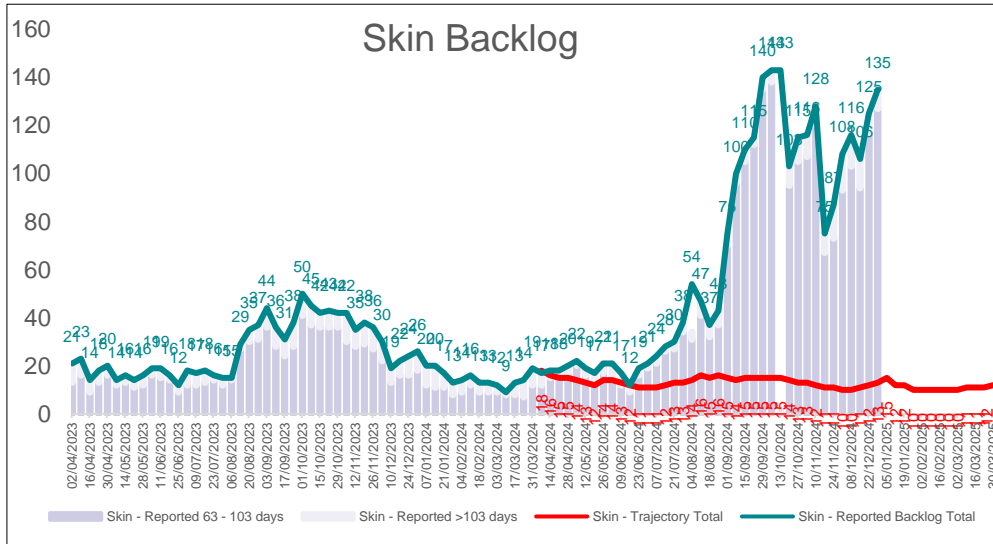
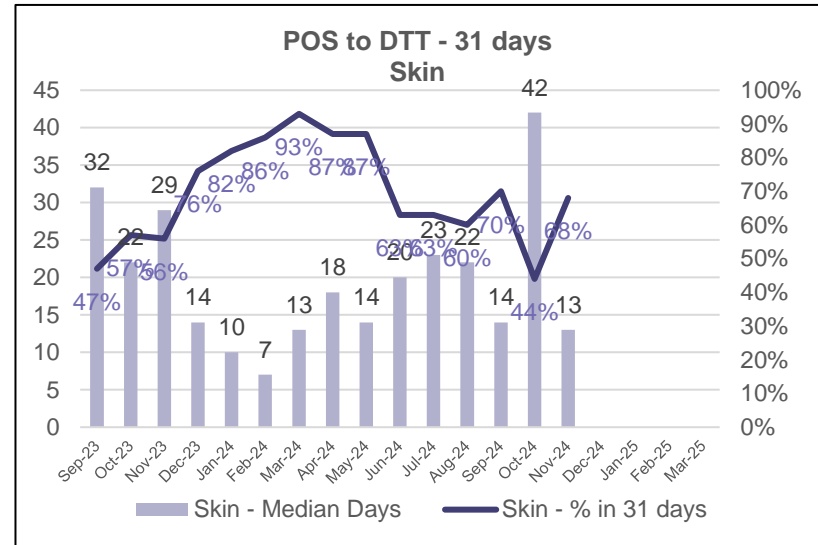
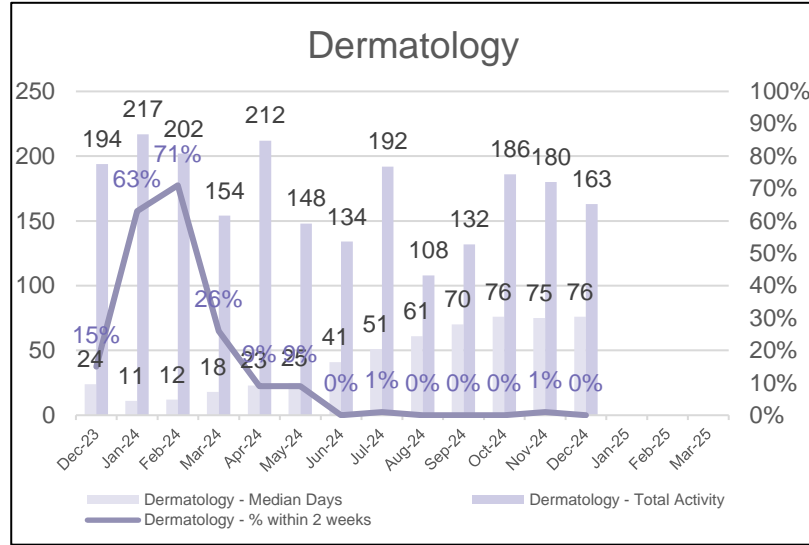
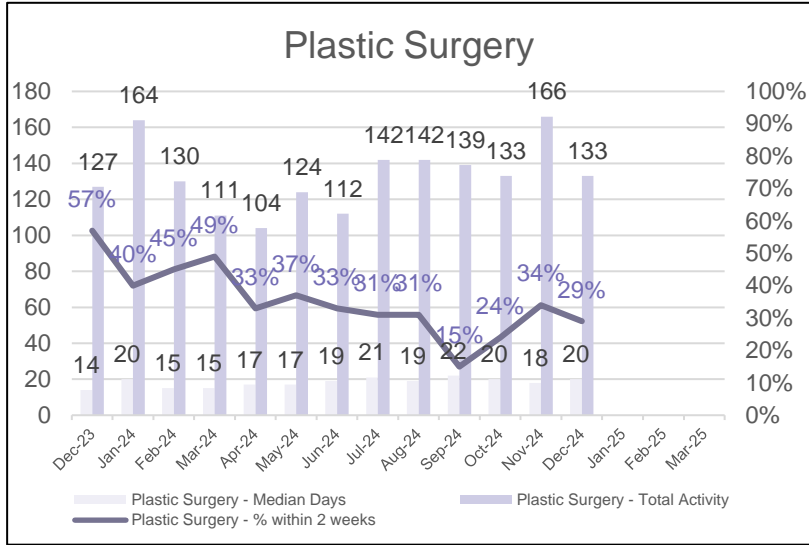
Tumour Site	63 - 103 days		≥104 Backlog		Total Backlog	Trajectory for w/e 29/12/24	Above or Below	% of backlog
	Number reported	+ / -	Number reported	+ / -				
Acute Leuk.	0	0	0	0	0	0	0	0%
Brain/CNS	0	0	0	0	0	0	0	0%
Breast	8	-1	0	0	8	14	-6	2%
Children's	0	-1	1	1	1	0	1	0%
Gynaecological	20	3	10	0	30	28	2	9%
Haematological	9	3	3	1	12	8	4	4%
Head and Neck	12	2	2	0	14	8	6	4%
Lower GI (Excl. BSW)	25	5	12	0	37	22	15	14%
BSW	9	4	2	1	11	0	11	-
Lung	12	3	5	0	17	16	1	5%
Other	4	2	1	0	5	0	5	1%
Sarcoma	3	0	1	1	4	6	-2	1%
Skin	127	10	8	0	135	13	122	40%
Upper GI	15	-2	18	4	33	14	19	10%
Urological	24	4	8	2	32	24	8	9%
Grand Total	268	32	71	10	339	153	186	



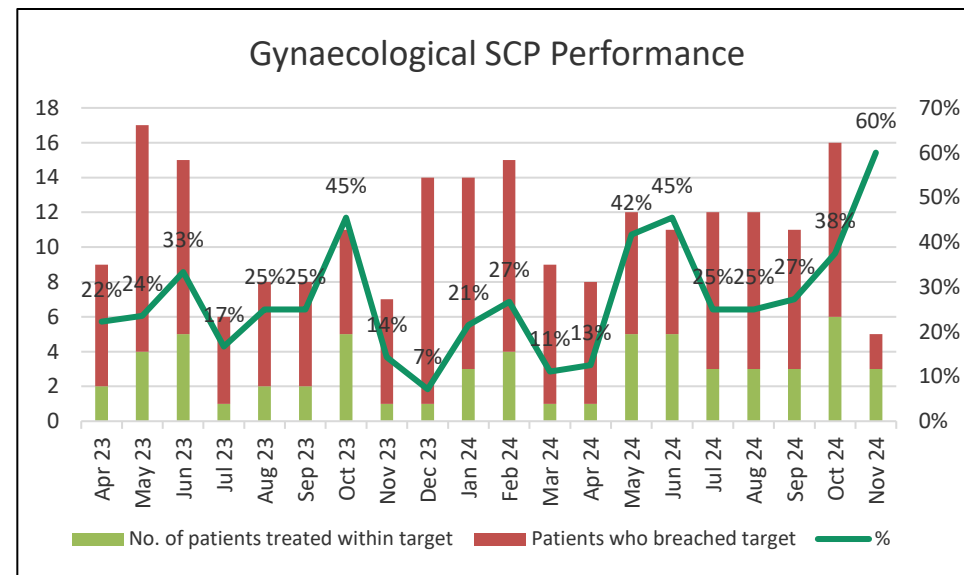
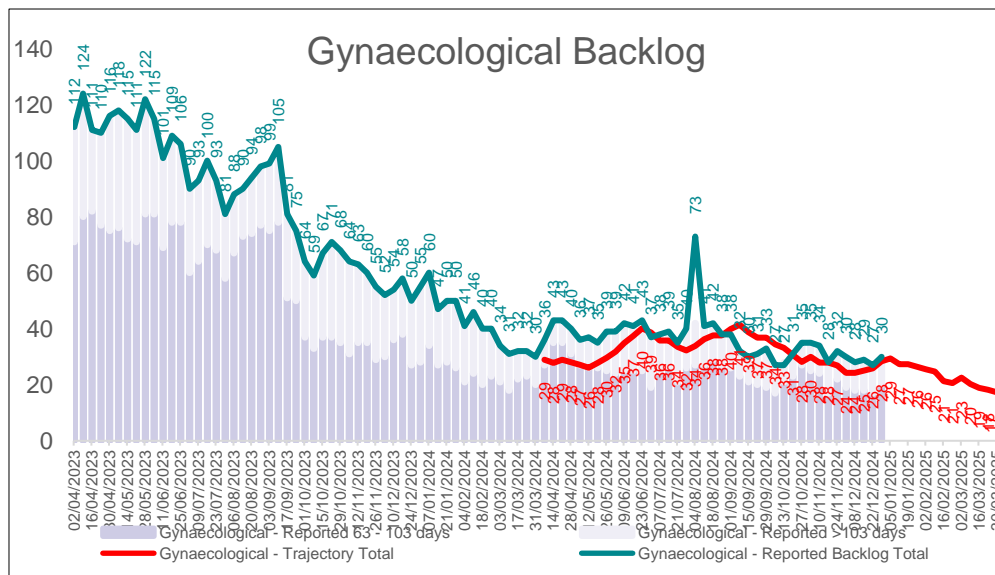
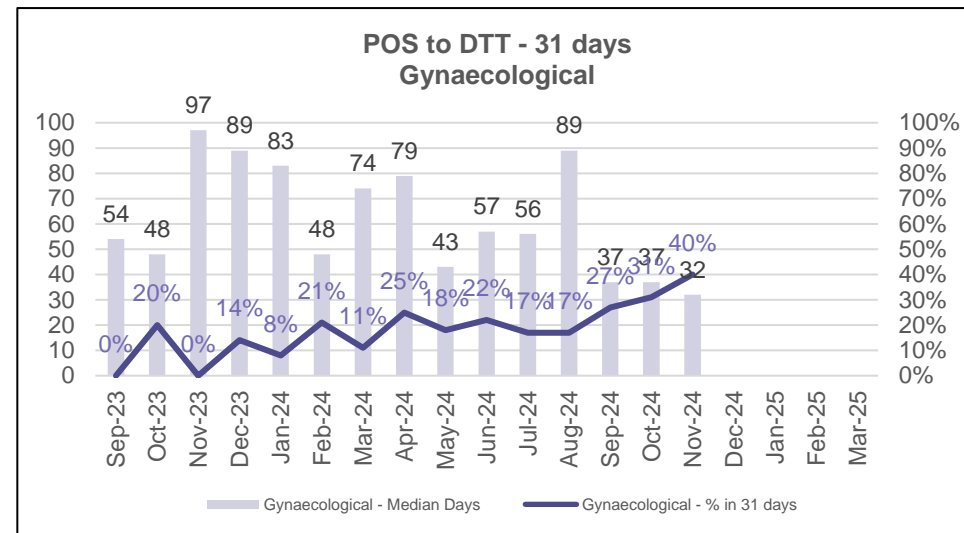
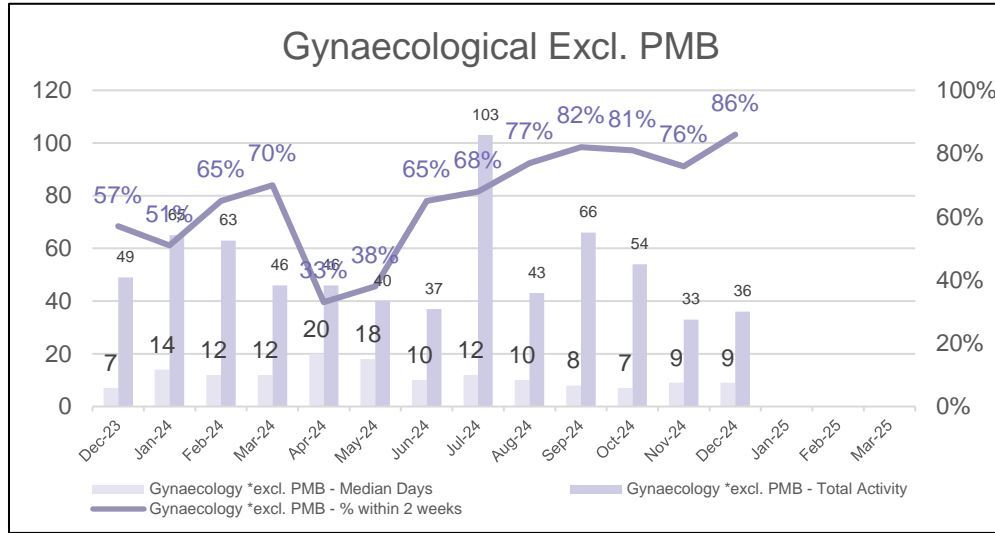
Breast Position



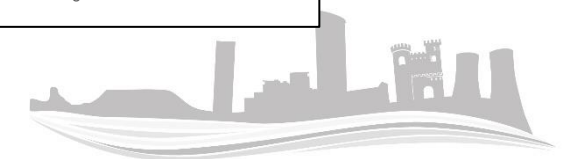
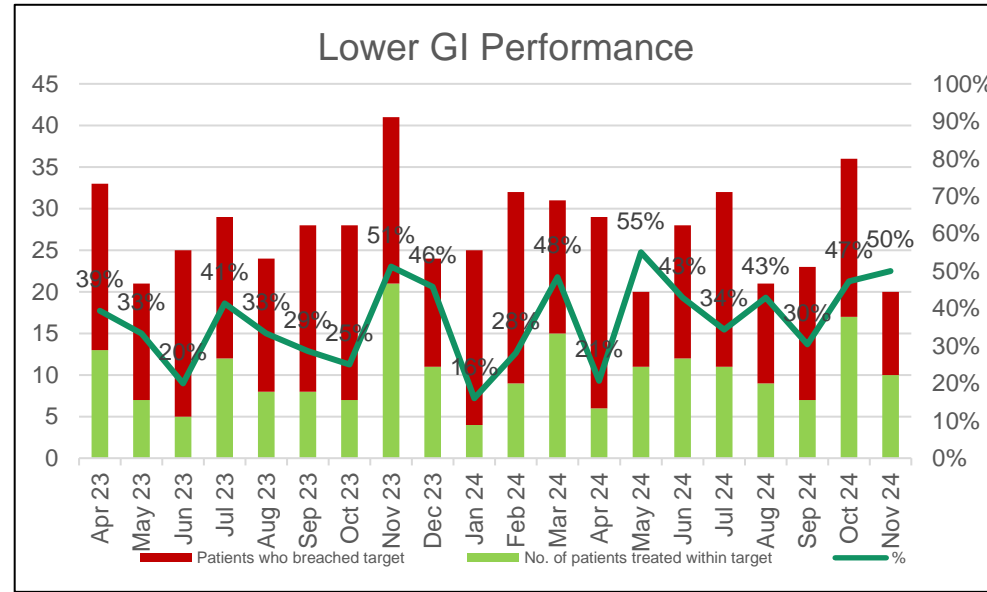
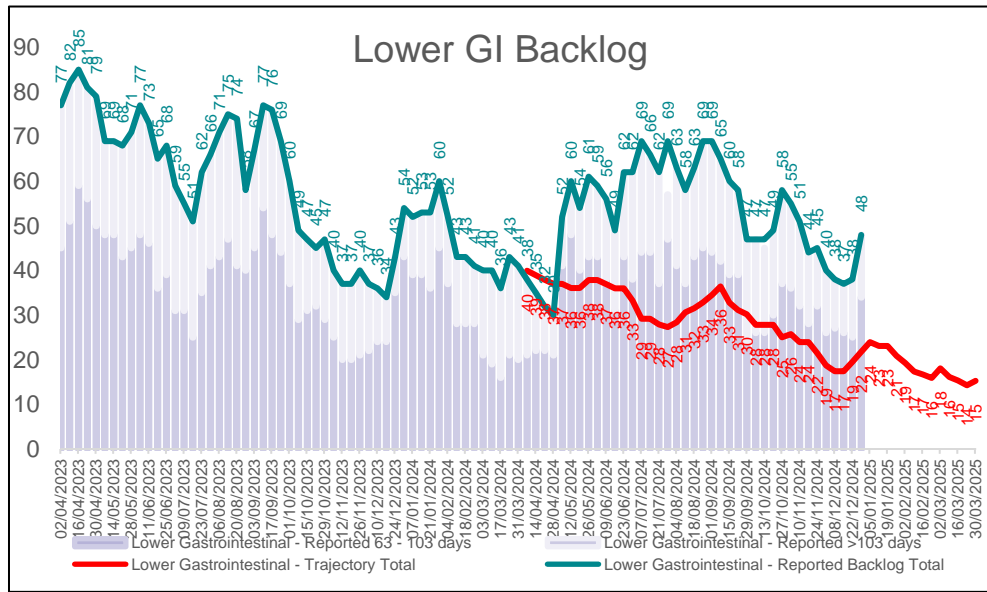
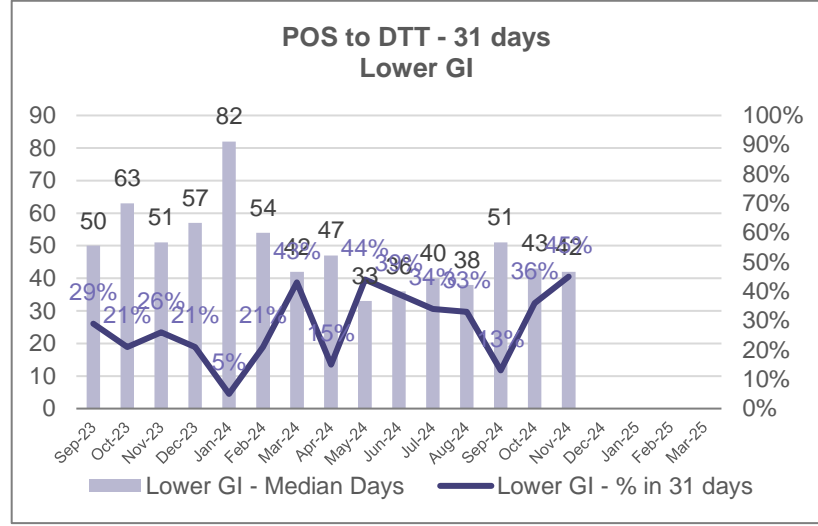
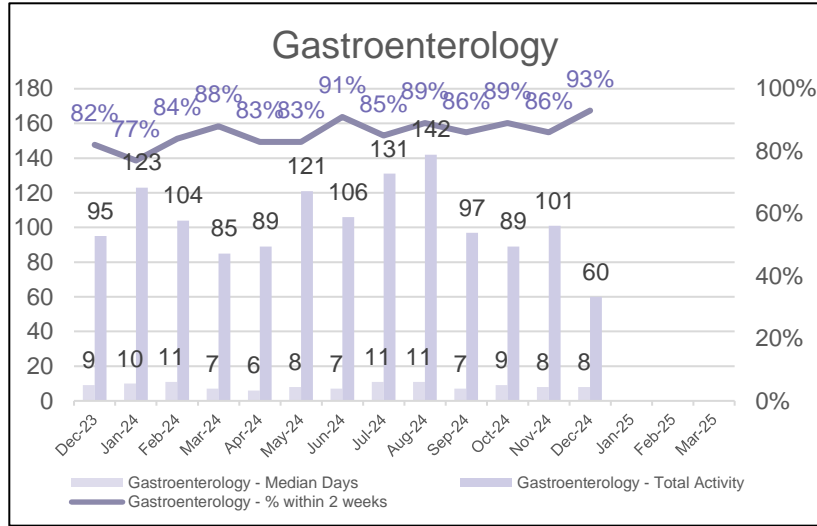
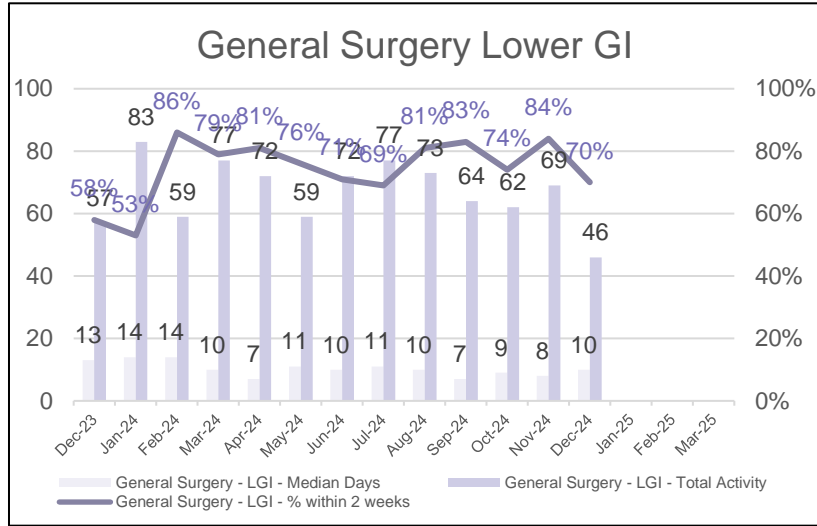
Skin Position



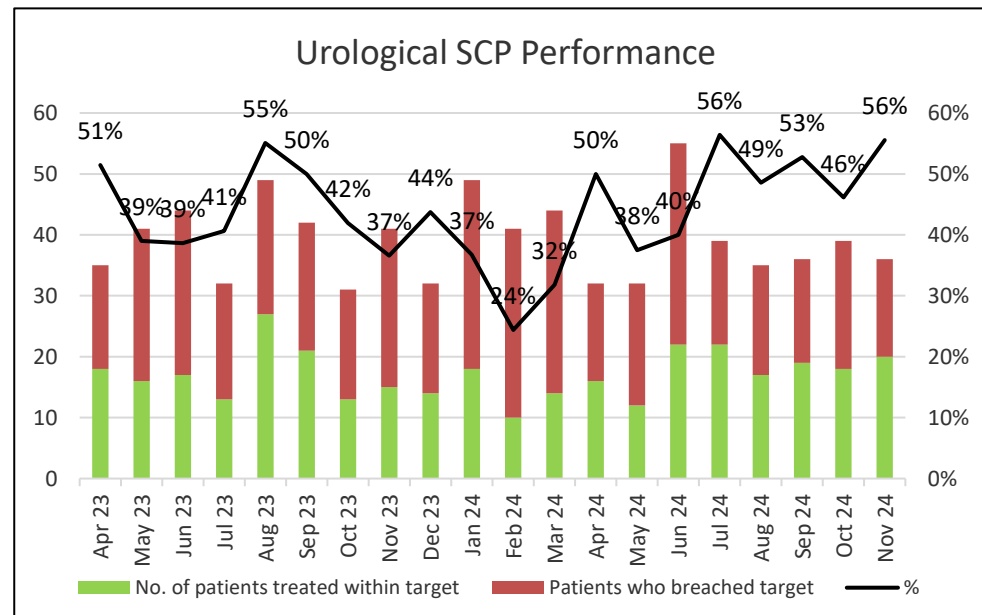
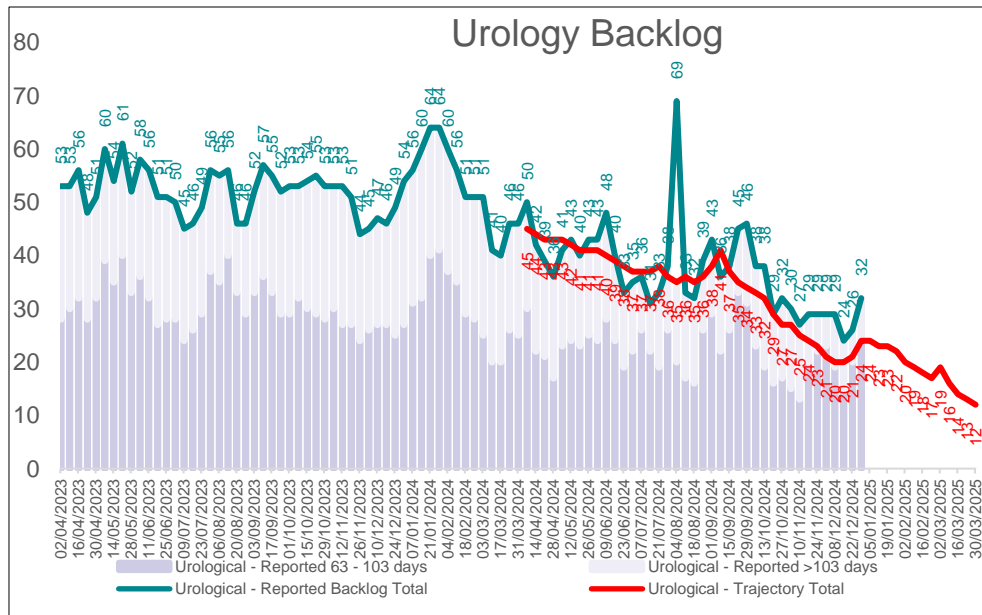
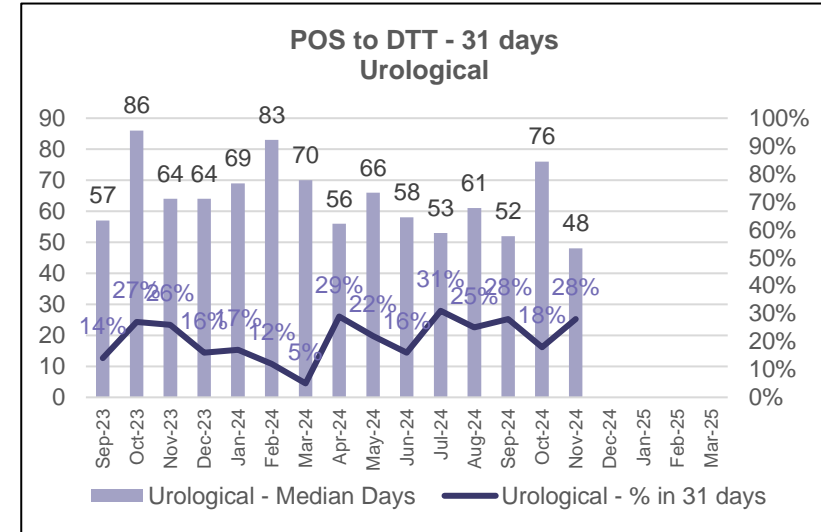
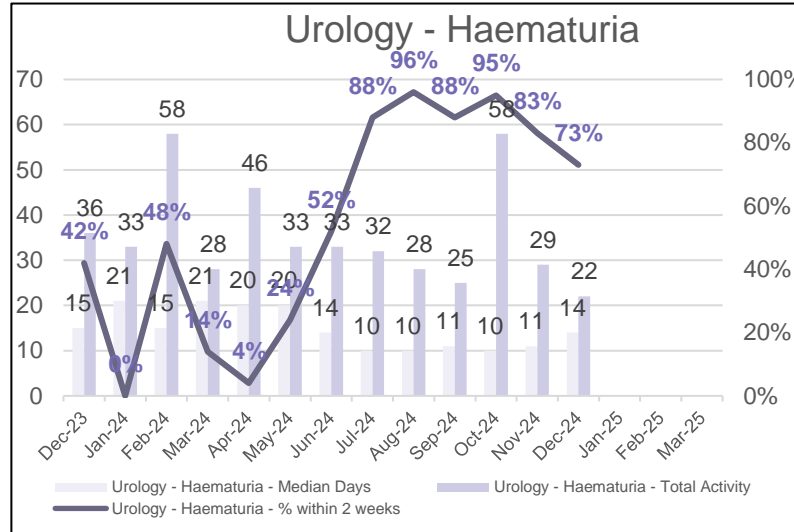
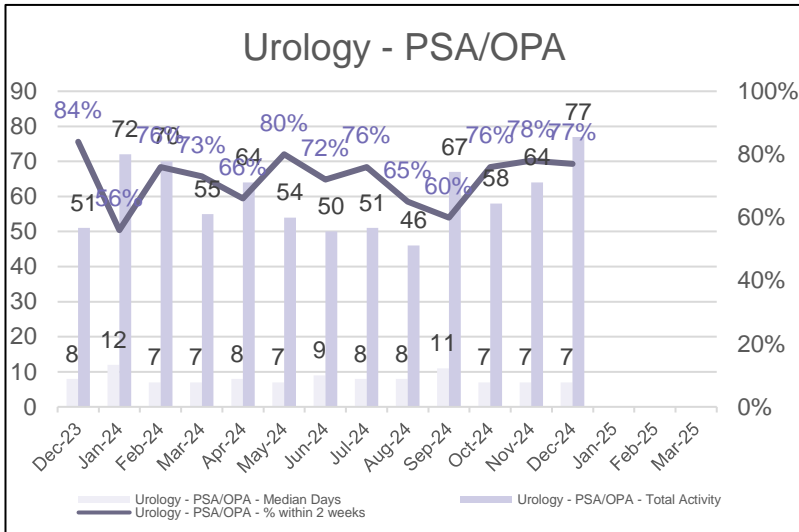
Gynaecological Position



Lower GI Position

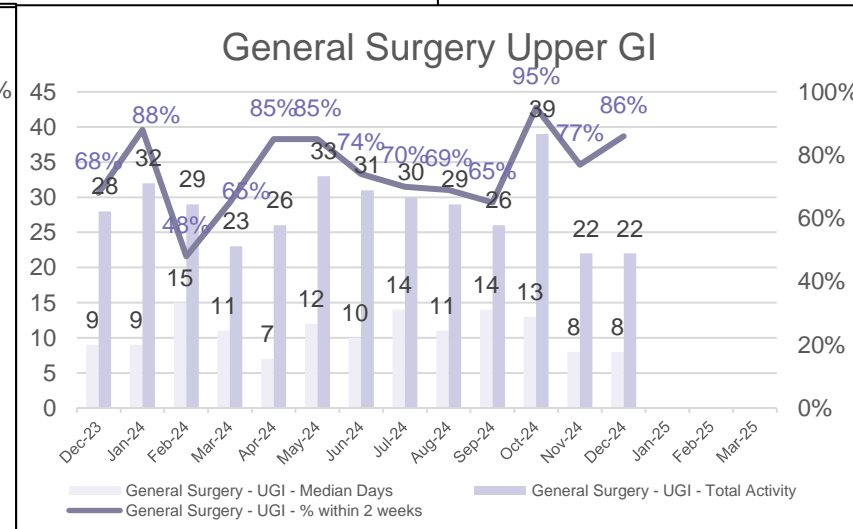
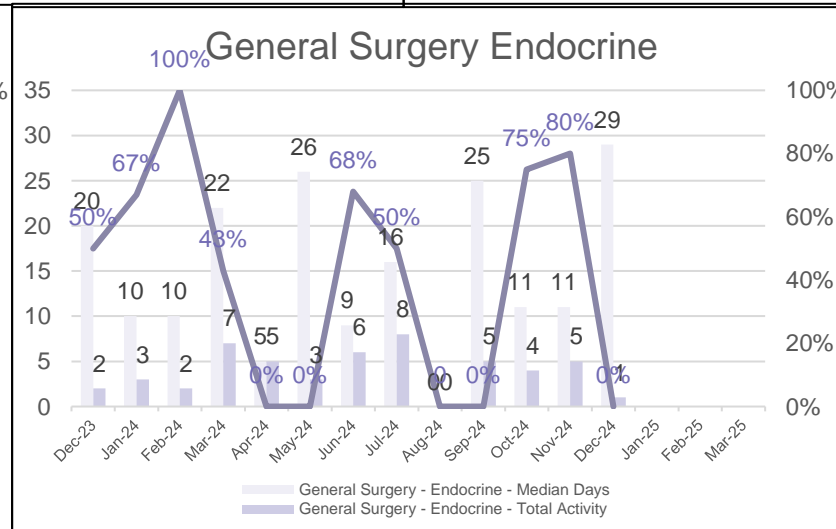
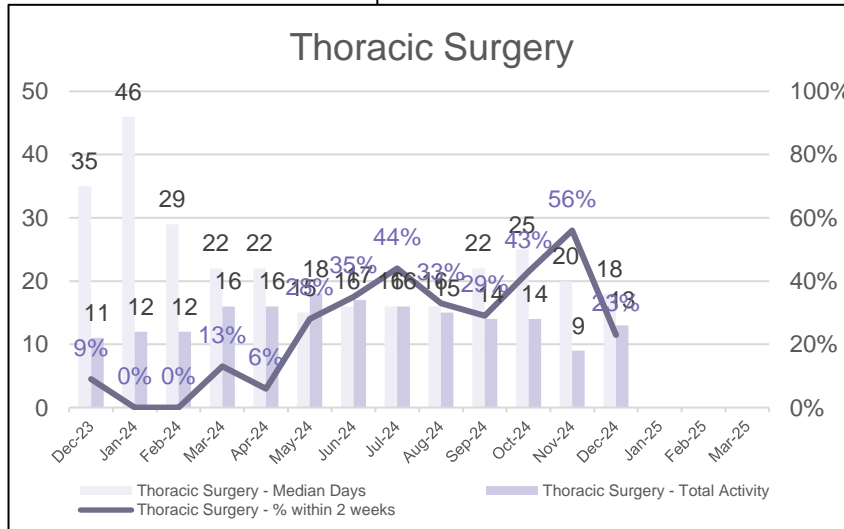
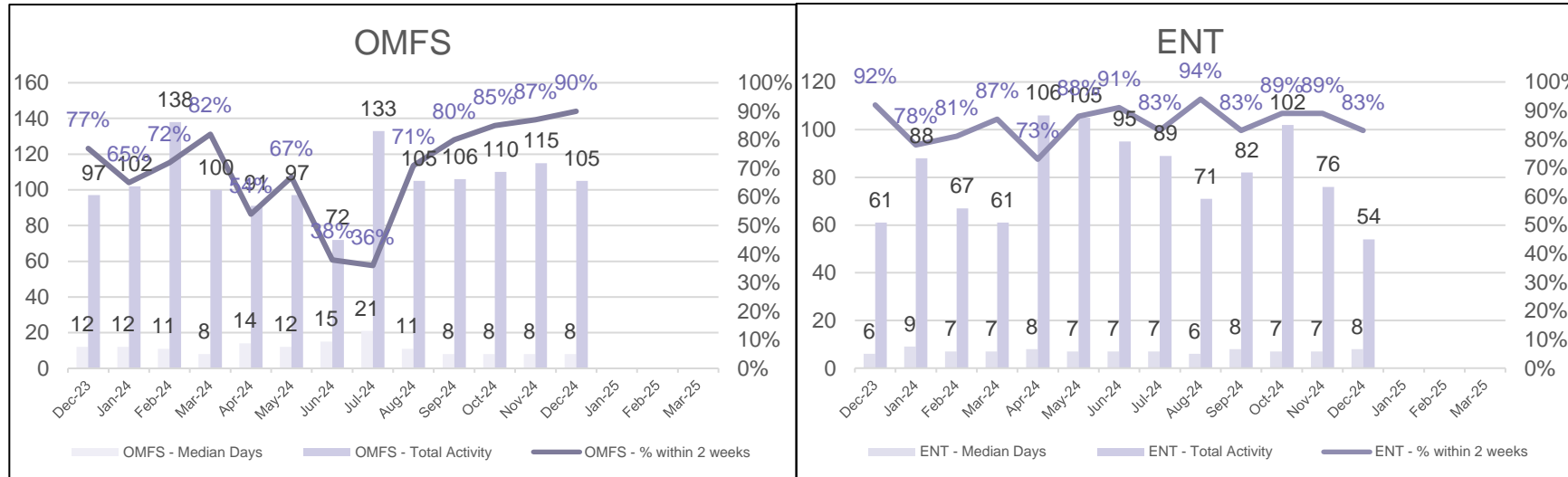


Urological Position



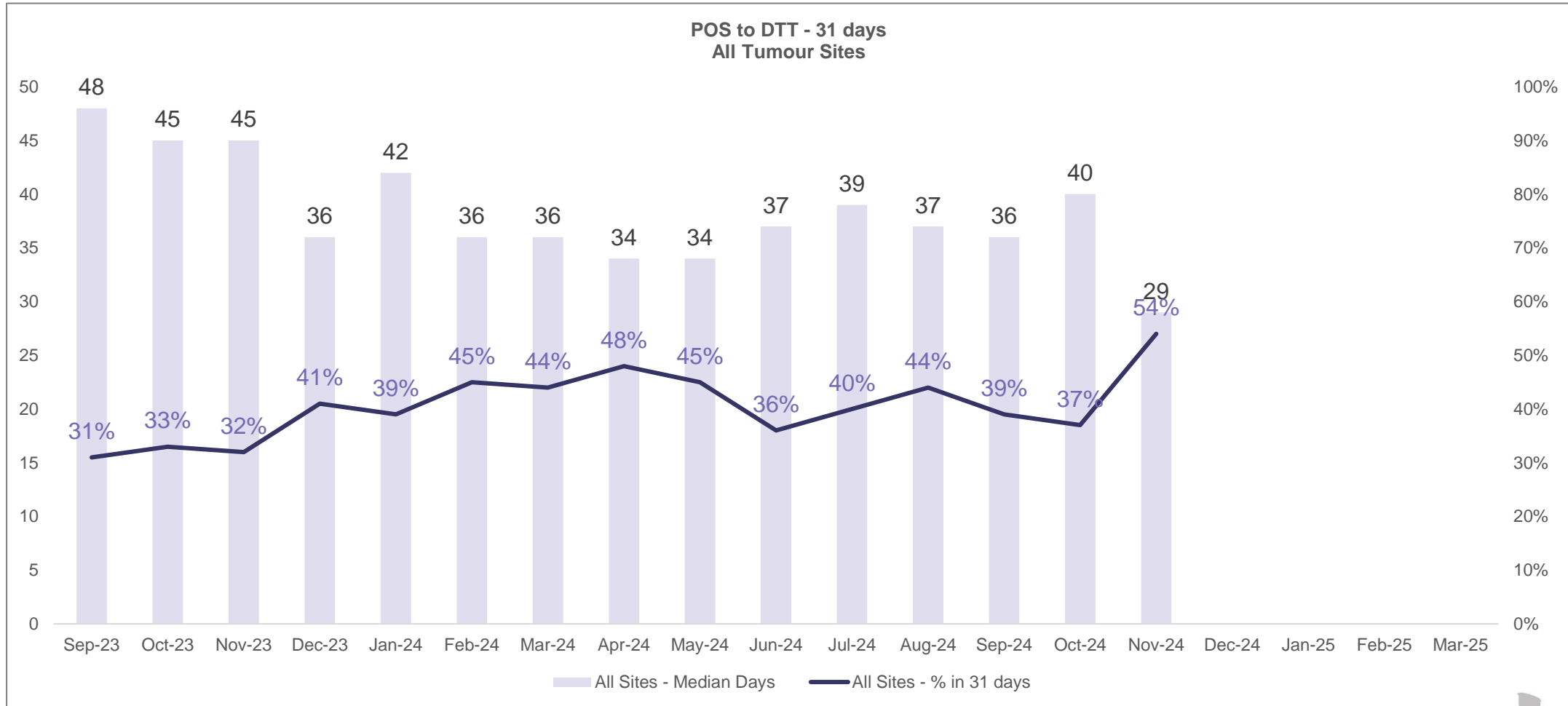
USC First outpatient waits within 2 weeks

The table demonstrates the median wait days for new USC outpatient activity undertaken, and percentage of patients seen within two weeks. The waits are unadjusted, therefore include any patient unavailability. These services are under daily monitoring arrangements.

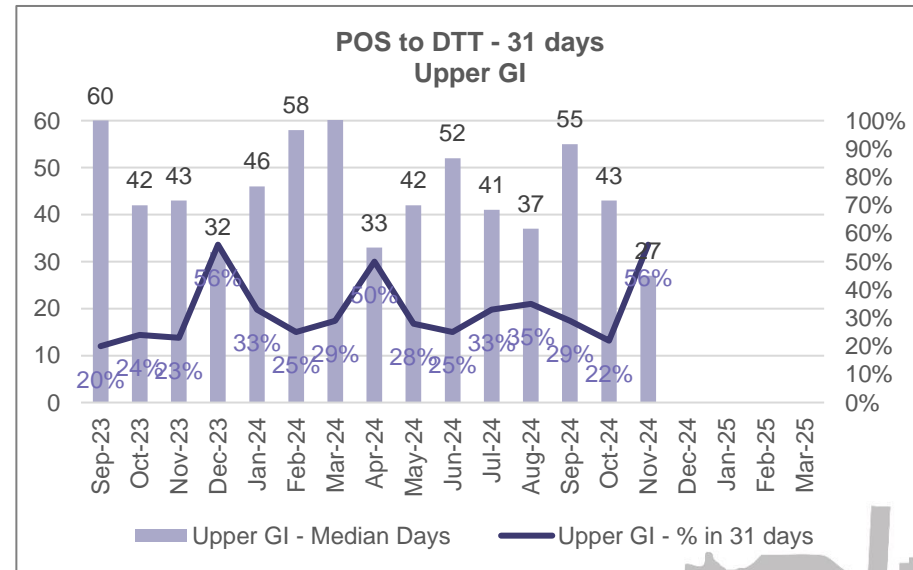
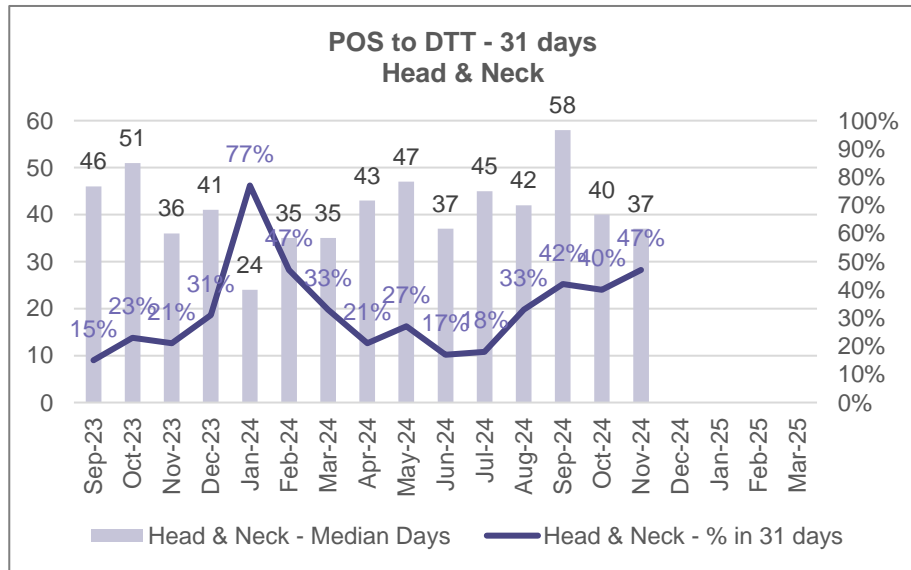
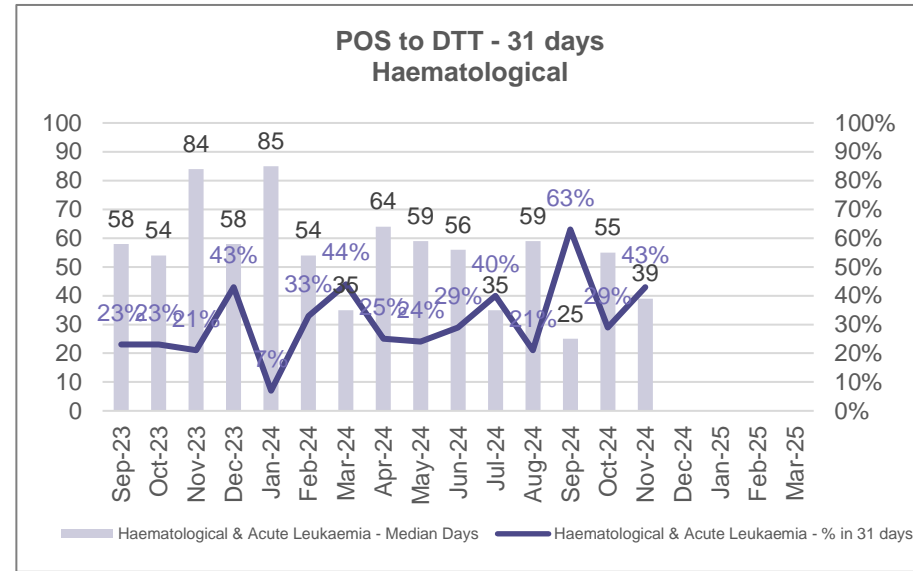
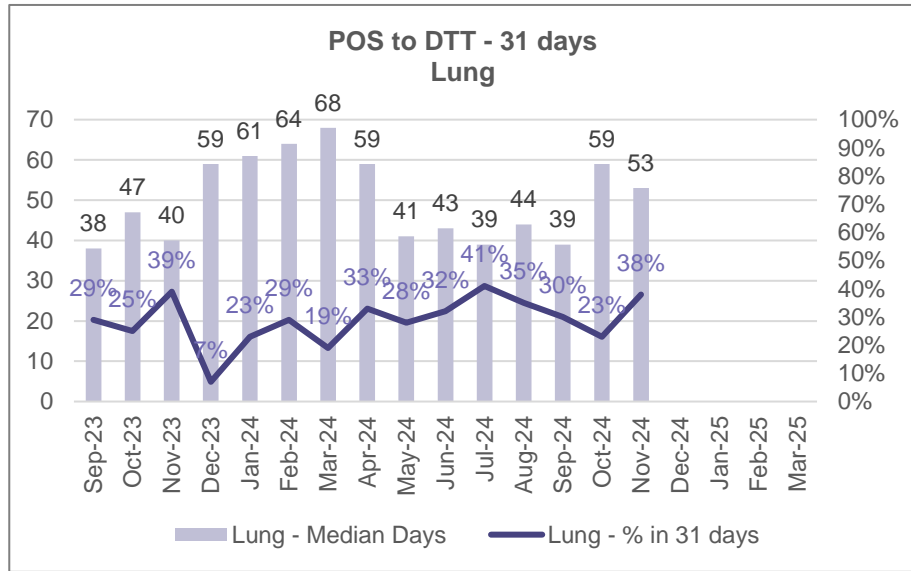


Decision to Treat within 31 Days – Treated Pathways

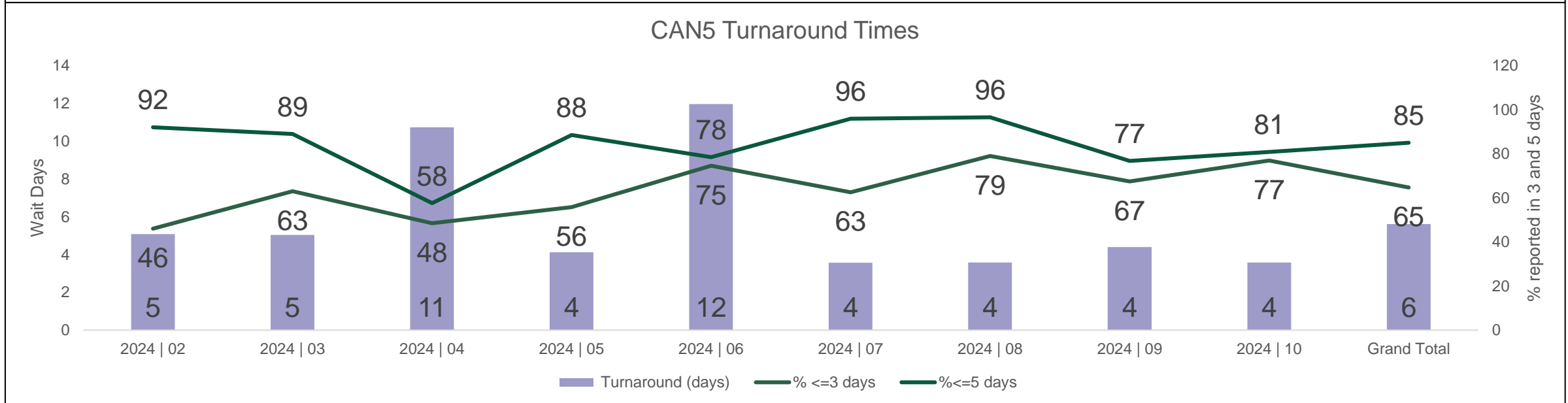
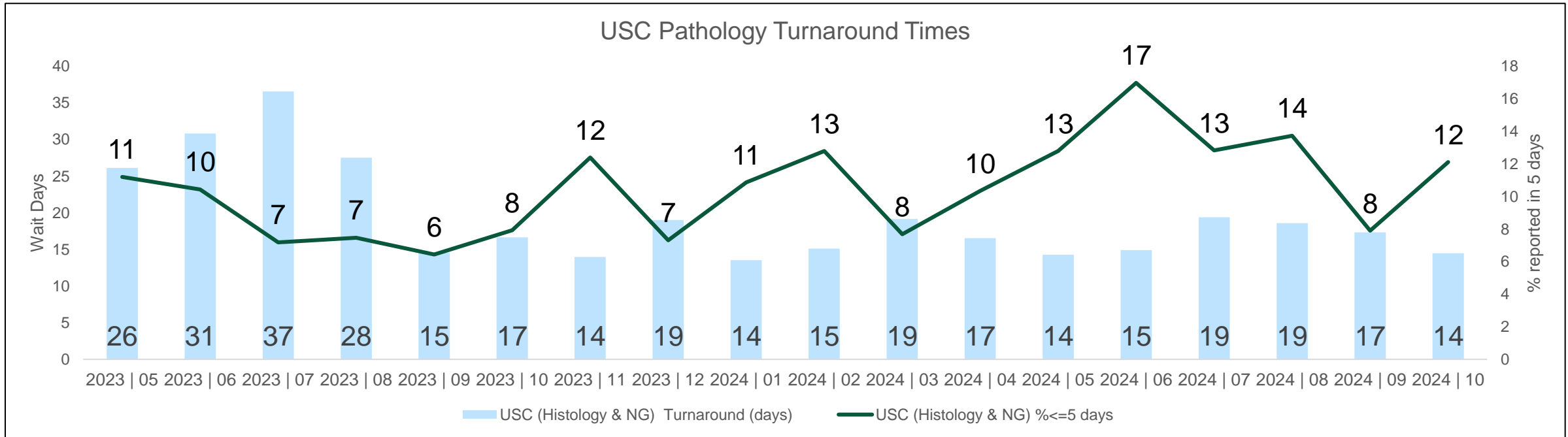
The chart demonstrates the median wait days to Decision to Treat for treated patients along with the percentage meeting 31 days.



Decision to Treat within 31 Days – Treated Pathways



Pathology Turnaround Times (information as at 1/12/24)



Radiotherapy Waits – November 2024



South West Wales Cancer Centre Radiotherapy Performance

General Information

	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Attendances	2367	2350	2778	2478	2202	2438	2160
Exposures	4538	4463	4909	4487	4084	4721	4192

Time to Radiotherapy

		May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Scheduled	Number of treatments	95	106	117	110	115	116	80
	% within 14 days (target 80%)	14 15%	7 7%	19 16%	11 10%	35 30%	29 25%	25 31%
	% within 21 days (target 100%)	48 51%	52 49%	75 64%	60 55%	90 78%	87 75%	69 86%
	% Out of Target	47 49%	54 51%	42 36%	50 45%	25 22%	29 25%	11 14%
Urgent SC	Number of treatments	35	33	32	33	27	39	32
	% within 2 days (target 80%)	7 20%	1 3%	9 28%	10 30%	10 37%	10 26%	9 28%
	% within 7 days (target 100%)	17 49%	19 58%	24 75%	23 70%	18 67%	29 74%	28 88%
	% Out of Target	18 51%	14 42%	8 25%	10 30%	9 33%	10 26%	4 13%
Emergency	Number of treatments	16	15	14	12	5	17	27
	% within 1 day (target 80%)	12 75%	12 80%	14 100%	8 67%	5 100%	17 100%	26 96%
	% within 2 days (target 100%)	16 100%	15 100%	14 100%	11 92%	5 100%	17 100%	26 96%
	% Out of Target	0 0%	0 0%	0 0%	1 8%	0 0%	0 0%	1 4%
Elective Delay	Number of treatments	67	61	74	54	46	64	44
	% within 7 days (target 80%)	57 85%	54 89%	68 92%	51 94%	42 91%	57 89%	42 95%
	% within 14 days (target 100%)	63 94%	61 100%	73 99%	53 98%	46 100%	63 98%	44 100%
	% Out of Target	4 6%	0 0%	1 1%	1 2%	0 0%	1 2%	0 0%

Total number of new courses

213	215	237	209	193	236	183
-----	-----	-----	-----	-----	-----	-----

Total treated in 21 days

177	161	195	158	167	207	172
-----	-----	-----	-----	-----	-----	-----

% treated in 21 days

83%	75%	82%	76%	87%	88%	94%
-----	-----	-----	-----	-----	-----	-----



SACT Waits – November 2024

The percentage of patients starting SACT who breached their target wait time:

	% <u>patients</u> breaching metrics	Change since previous month
Priority 1	0%	No P1 patients in Oct
Priority 2	86%	↑ 9
Priority 3	61%	↓ 14

The average number of days patients breached their target by:

	Average days breached	Change since previous month
Priority 1	0	No P1 patients in Oct
Priority 2	10	↓ 1
Priority 3	6	↓ 2

The maximum number of days waited to start treatment:

	Max days waited	Change since previous month
Priority 1	2	No P1 patients in Oct
Priority 2	39	↓ 2
Priority 3	39	↓ 4

	Total	Change since previous month
New patients started (included in metrics)	56	↓ 17
Total patients treated (new and ongoing)	533	↓ 20
Attendances for treatment	948	↓ 31

Chair capacity

The number of chair slots (15 min each) assigned to treat patients is compared to the nominal capacity agreed by the directorate and percentage of capacity calculated:

% <u>of</u> nominal capacity used	Change since previous month
98%	↓ 7

Chair capacity decreased in November. This is possibly due to staff shortages on CDU, resulting in being unable to safely open and run 3 treatment rooms.



Priorities/Focus Next Month

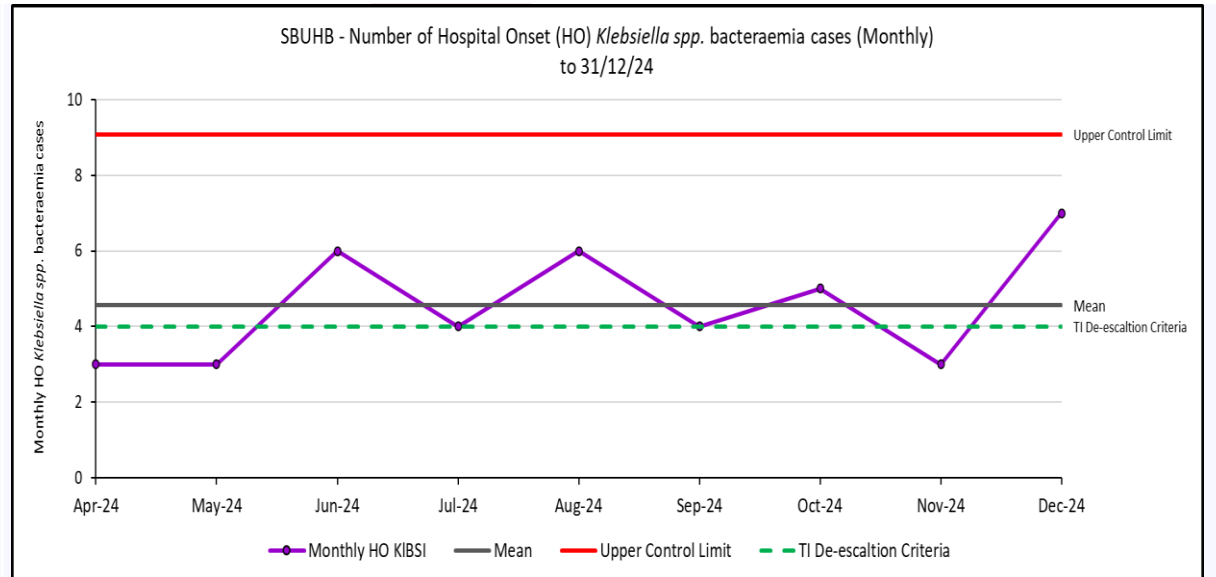
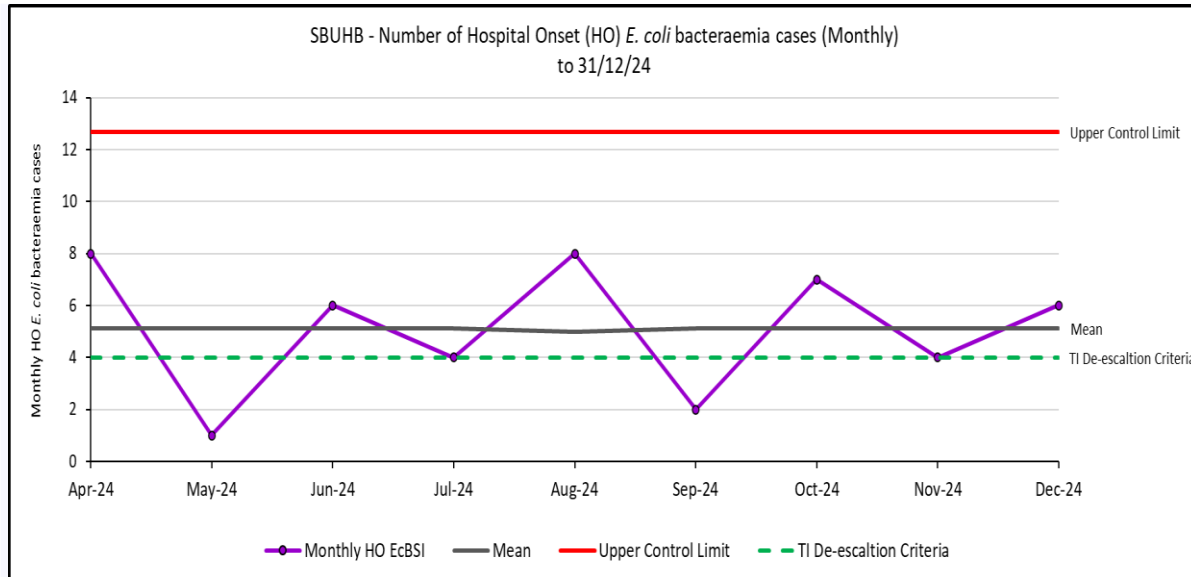
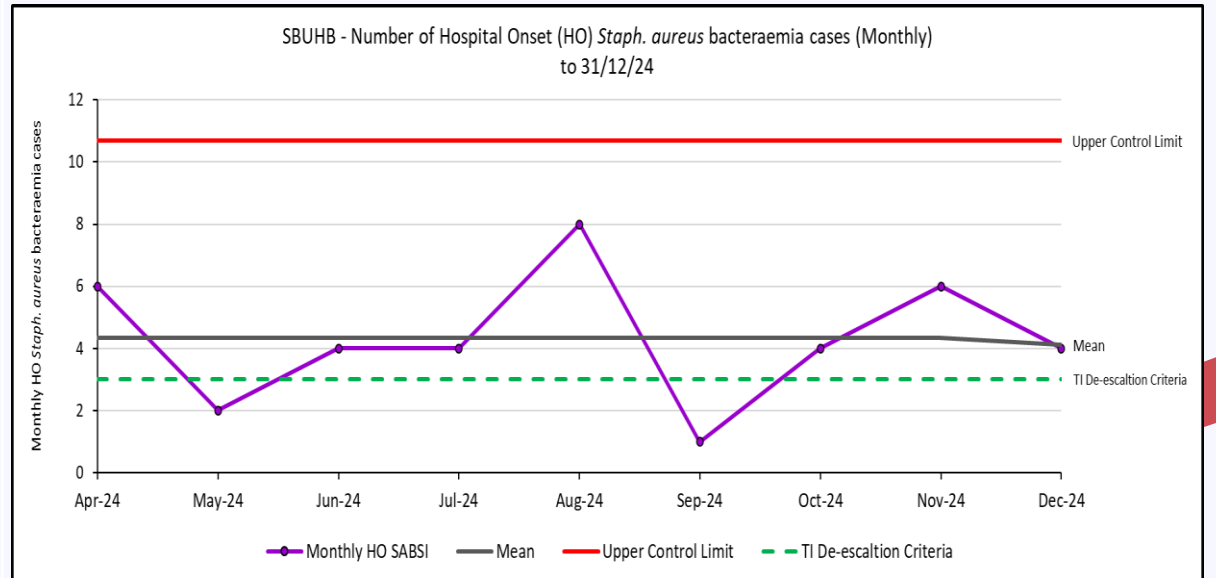
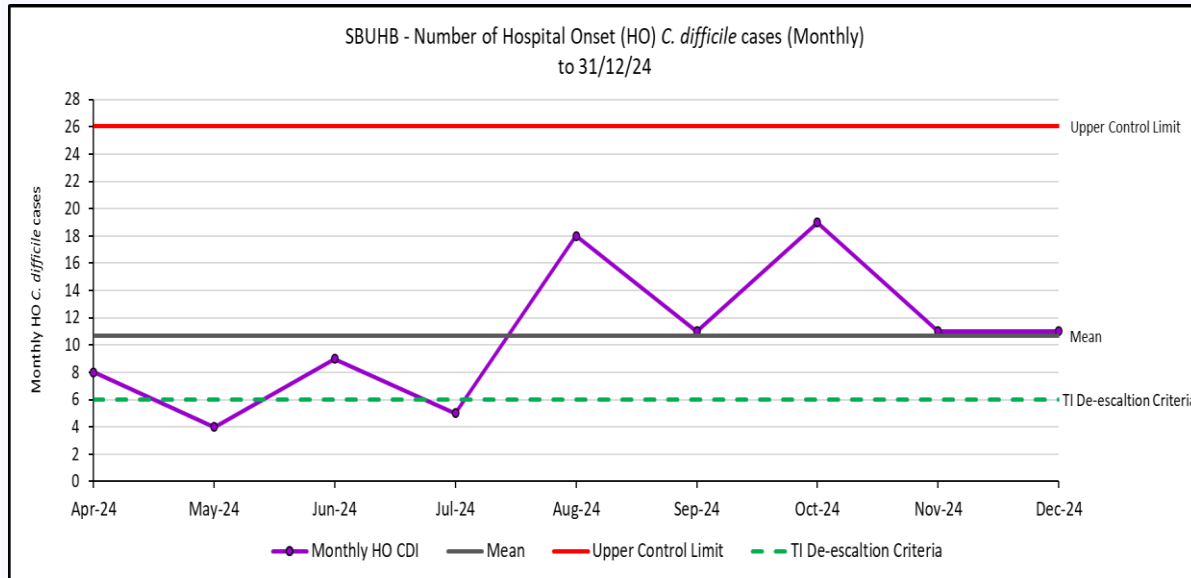
- Continued focus on front end of pathway for all specialties
- Assess impact on capacity of agreed actions from skin workshop (inc. super clinics, locum consultant, job plan reviews)
- Continued focus on cellular pathology
- Identify additional surgical (upper GI in particular) and chemotherapy capacity
- Radiology cancer performance review
- Agree further actions/improvement around Skin, LGI, Urology and Lung

HCAI TI Position to 31.10.24

Progress against TI goals: 01 Apr – 31st December 2024

Targeted Intervention - De-escalation Criteria for Hospital Onset HCAs		Q1 2024/25 Actual	Q2 2024/25 Actual	Q3 2024/25 Actual			
Av. Monthly HO TI Criteria (Max. av. monthly cases)	Q1 TI Criteria (Max. quarterly cases)	Q1 TI - HO Cases to 30.06.24	Q2 TI - HO Cases to 30.09.24	Oct-24 Hospital Onset Total cases (actual)	Nov-24 Hospital Onset Total cases (actual)	Dec-24 Hospital Onset Total cases (actual)	Q3 TI - HO Cases to 31.12.24
6	18	21	34	19 (+13)	11 (+5)	11 (+5)	41
3	9	12	13	4 (+1)	6 (+3)	4 (+1)	14
4	12	15	14	7 (+3)	4	6 (+2)	17
4	12	12	14	5 (+1)	3 (-1)	7 (+3)	15

Hospital Onset HCAI TI Criteria to 31/12/24



Antimicrobial Stewardship: 72-hour review, FY 2025 Q2

(Q3 results currently unavailable)

Swansea Bay University Health Board Compliance

Compliance to guidelines

90%

72-hour review

88%

Outcome of 72-hour review:

- Change (escalate/de-escalate)
- Continue
- IV to Oral Switch
- Stop

5%

71%

4%

21%

All Wales Compliance (12 month rolling average)

Compliance to guidelines

89%

72-hour review

81%

Outcome of 72-hour review:

- Change (escalate/de-escalate)
- Continue
- IV to Oral Switch
- Stop

8%

66%

7%

19%

Outbreaks of infection and associated beds out of use

During December, there were 16 infection related incidents/outbreaks.

- 10 in Morriston: 9 Influenza; 1 Norovirus (73 bed days lost).
- 1 in Singleton: COVID-19 (0 bed days lost).
- 1 in Neath Port Talbot: Influenza (9 bed days lost).
- 2 in Gorseinon Hospital: 1 Norovirus; 1 Influenza (9 bed day lost).
- 2 in Mental Health Facilities: 1 Influenza; 1 COVID-19 (22 bed days lost).

During December, there was 1 identified genomically-linked outbreaks of *C. difficile* in Morriston (involving 3 patients). There were no bed days lost as a consequence.

WHC HCAI & AMR 2024/25 Improvement Goals

HCAI 2024/25 FY IG at Apr - Dec 2024, by HB

GREEN: On trajectory to achieve 2024/25 FY IG

ORANGE: Lower than baseline trajectory, but not yet on trajectory to achieve 2024/25 FY IG

RED: Not on trajectory to achieve 2024/25 FY IG

BLACK: No longer possible to achieve 2024/25 FY IG

HB	<i>C. difficile</i>		<i>E. coli</i>		<i>Klebsiella spp.</i>		<i>P. aeruginosa</i>		<i>S. aureus</i>	
	HO	CO	All	HO	All	HO	All	HO	MRSA HO	MSSA HO
Aneurin Bevan UHB	113	110	285	67	94	30	32	13	5	44
Betsi Cadwaladr UHB	117	157	401	88	104	25	19	6	3	24
Cardiff and Vale UHB	89	75	214	55	95	35	31	21	4	44
Cwm Taf Morgannwg UHB	53	78	266	54	86	22	11	5	2	22
Hywel Dda UHB	61	89	272	45	80	13	20	6	1	27
Swansea Bay UHB	92	113	170	41	90	35	13	6	2	36

HO = Number of hospital onset cases HB has from Apr 24 to last month

CO = Number of community onset cases HB has from Apr 24 to last month

All = Number of overall cases HB has from Apr 24 to last month

Focus for the quarter

- Gold *C. difficile* High Incidence Management Group continues, with Silver Groups reporting into Gold.
- The Digital App for HCAI incident case reviews: the pilot has been delayed to late January, with feedback anticipated in February, which will inform revisions, with an ambition to launch in early March 2025.
- The *C. difficile* risk stratification project work continues.
- The prescribing audit for hospital acquired pneumonia is due completion end of January and results will be reviewed.
- Review of health board cleaning and disinfection standards for *C. difficile*, using risk-based approach to direct resources effectively and efficiently. Outcome of review to inform proposal for consideration by Board.
- Cwmtawe Cluster Project - developing a proof of concept pilot: “**P**revent, **E**nable appropriate diagnostics and **E**nsure accurate diagnosis and correct acute UTI treatment” (**PEE** Project), with the aim to prevent UTI, enable appropriate use of diagnostics and ensure accurate diagnosis and treatment. The work is multi disciplinary with engagement of: GMS practice, 4 Care Homes within cluster, medicines management team support with education; IPC Care Home nurse support for education in Care Homes; Microbiology support; healthy bladder and bowel team to identify catheter patients and support work around catheter associated UTIs.