

Planned care recovery

As at 12th December 2022

Planned Care

Enhanced monitoring

- Agreed trajectories towards the planned care ambitions
- Progress made month on month against agreed trajectories
- Activity back at 19/20 levels particularly surgical specialities

Context

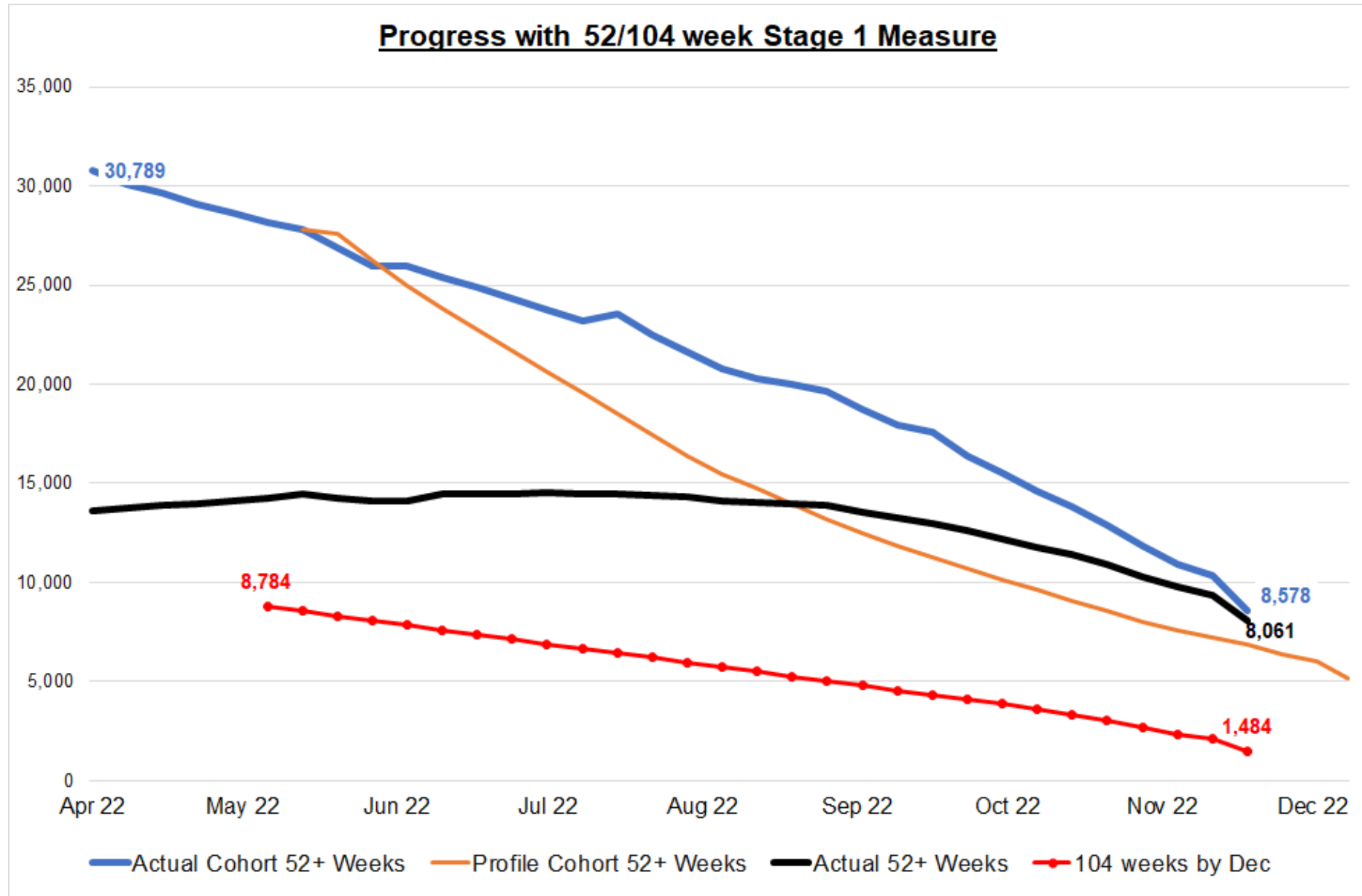
Our delivery plan includes trajectories to:

- reduce the volume of patients waiting in excess of 52 weeks for a Stage 1 outpatient appointment to a range between 5,061 and 7,778 patients by end December 2022. The service aims to maintain and improve this position into 2023.
- reduce volume of patients waiting in excess of 104 weeks for a Stage 1 outpatient appointment to less than 700 patients by end December 2022 [Subject to mitigating strike action and Swansea Bay assistance]
- Strike impact of 229 patients on December cohort (with 87 waiting over 104 weeks)
- reduce the volume of patients waiting in excess of 104 weeks for total pathway waits to a range between 1,900 and 3,358 patients by end March 2022

Key features of our delivery plan include:

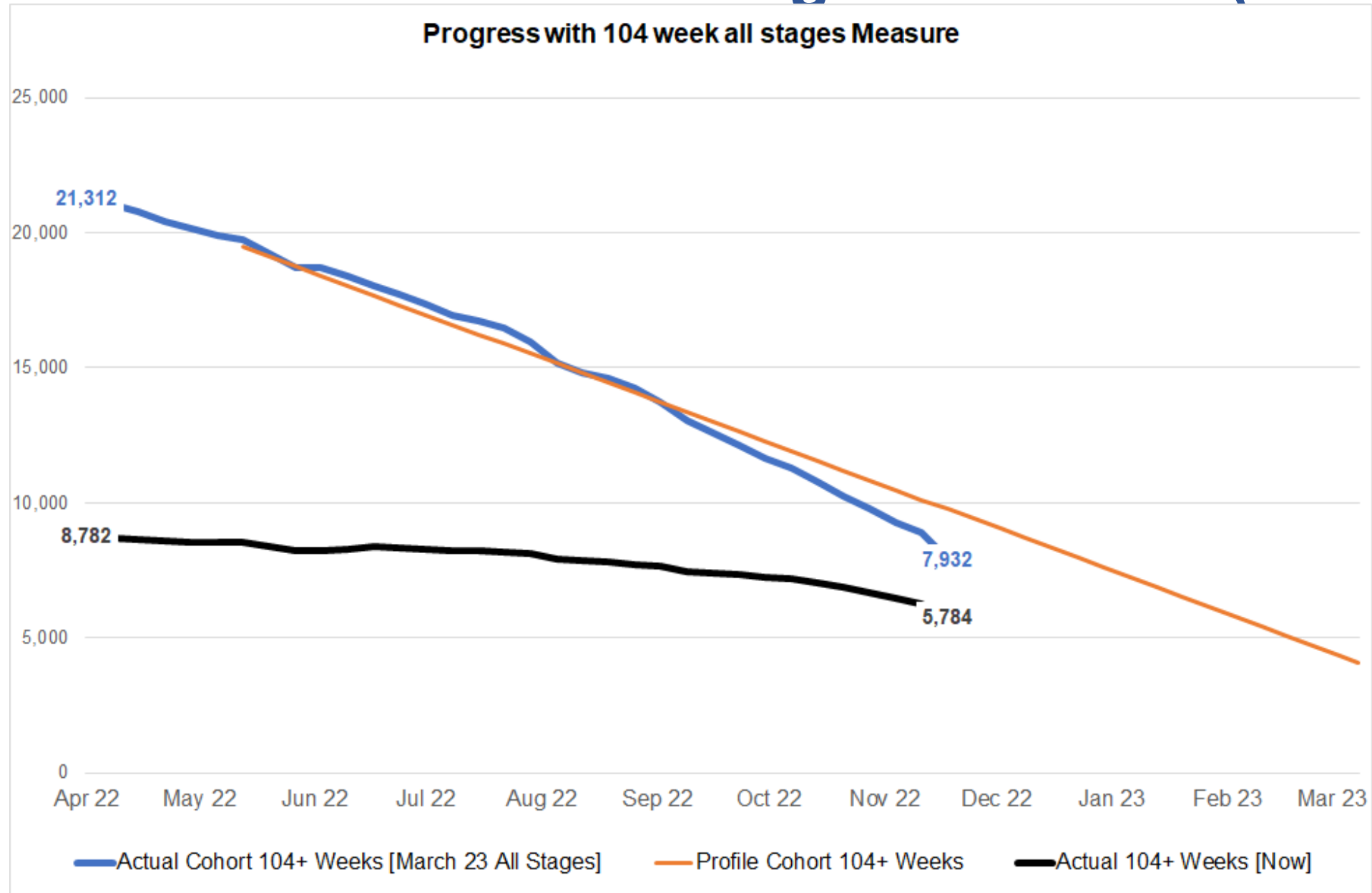
- Dedicated wards areas for elective inpatients
- Further improvements in the volume of patients booked / treated from cohort numbers
- Incremental improvements in outpatient, day case and inpatient activity as determined by workforce development and recruitment plans
- Clinical leadership and adoption best practice guidance to support improved productivity and efficiency to support outpatient and surgical treatment activity
- The advent of a dual theatre modular day surgical unit at Prince Philip Hospital from December 2022
- A new dedicated Ophthalmology day surgical facility at Amman Valley Hospital
- Continued progress with our outpatient transformation priorities including utilisation of digital delivery platforms and increasing application of SoS/PIFU approaches to follow-up care
- Focused and targeted validation of waiting lists, utilising local resources and external support
- Active support to long waiting patients awaiting access to care via our locally developed Waiting Lists Support Service (WLSS)
- Close scrutiny and monitoring of delivery plans by specialty to support these ambitions

Progress with 52/104 week stage 1 measure (12th Dec)



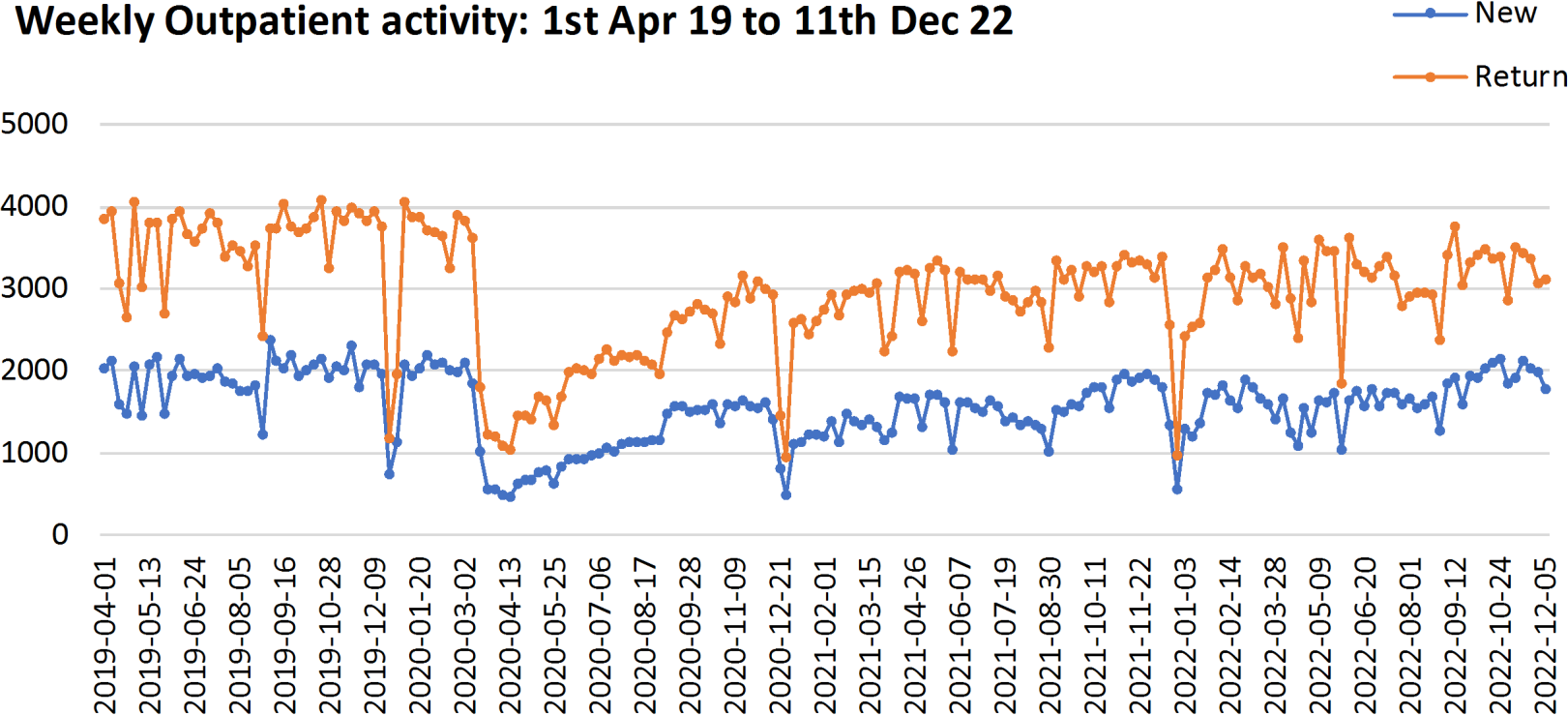
Note: The above is updated every Monday. Today's breach number is just under 8k

Progress with 104 week all stages measure (12th Dec)



Note: Latest position updated each Monday. Cohort has since reduced to 7,613 on 15th December

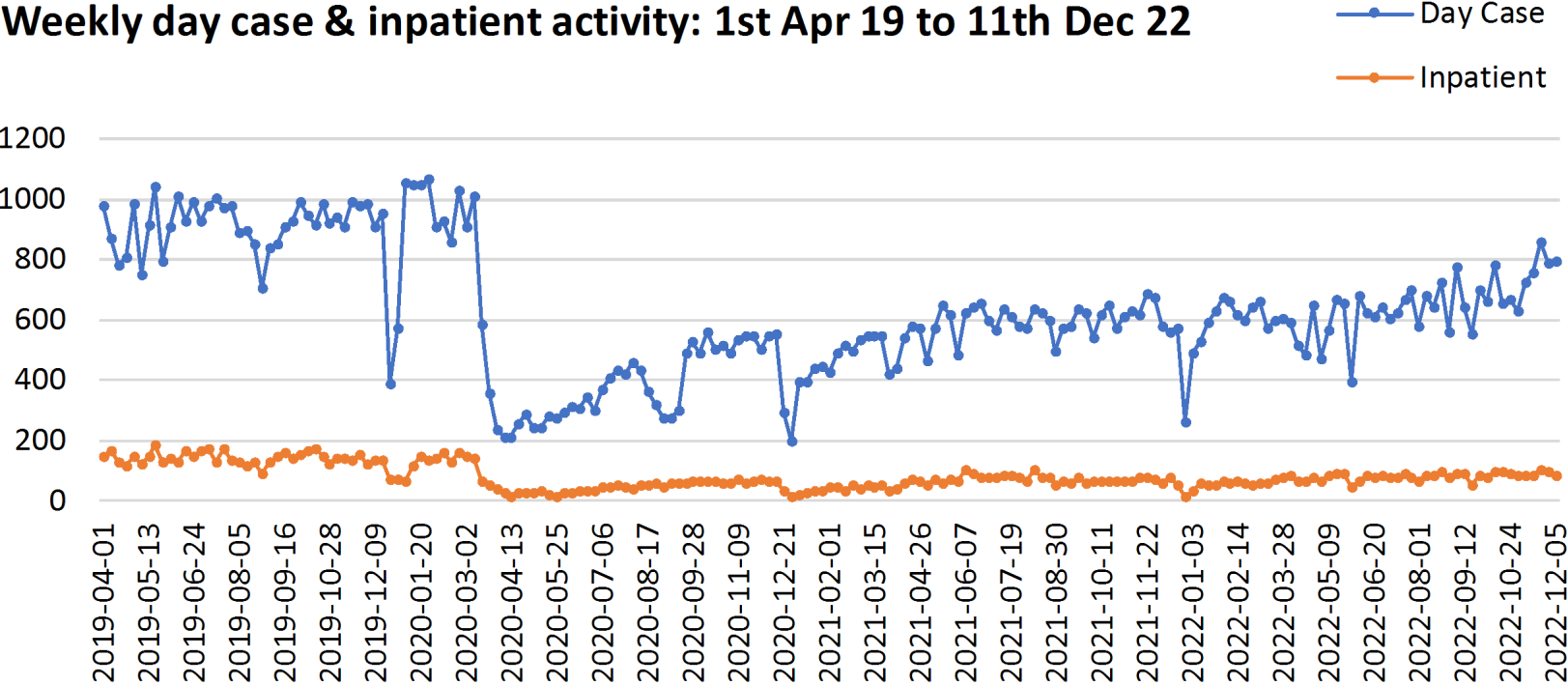
Weekly Outpatient activity: 1st Apr 19 to 11th Dec 22



Outpatient activity: 2019/20 monthly average compared to November 2022

Surgical Specialty	New			Return		
	2019/20 avg.	Nov-22	% change	2019/20 avg.	Nov-22	% change
Breast	331	345	104%	466	463	99%
Colorectal	195	241	124%	169	264	156%
ENT	564	680	121%	651	520	80%
General Surgery	361	370	102%	399	149	37%
Gynaecology	623	813	130%	727	543	75%
Ophthalmology	673	645	96%	1663	1090	66%
Trauma & Orthopaedics	615	627	102%	1478	899	61%
Urology	262	479	183%	1140	831	73%
Surgical specialties total	3624	4200	116%	6692	4759	71%

Weekly day case & inpatient activity: 1st Apr 19 to 11th Dec 22

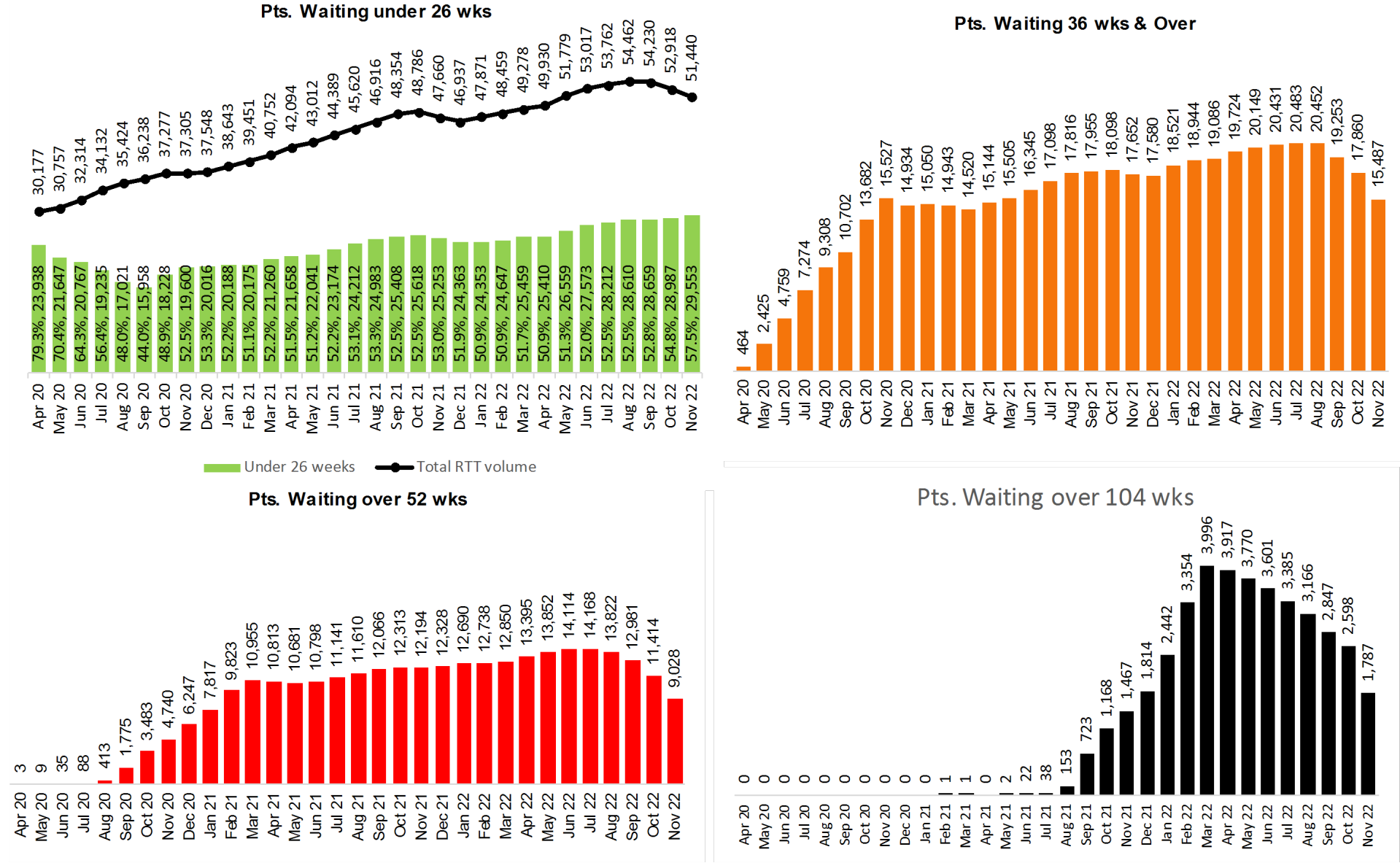


Inpatient and day case activity: 2019/20 monthly average compared to November 2022

Surgical Specialty	Inpatients			Day cases		
	2019/20 avg.	Nov-22	% change	2019/20 avg.	Nov-22	% change
Breast	37	52	140%	10	5	53%
Colorectal	14	24	175%	24	44	186%
ENT	46	38	83%	51	50	97%
General Surgery	75	25	33%	534	311	58%
Gynaecology	43	37	85%	135	134	99%
Ophthalmology	5	3	63%	898	593	66%
Trauma & Orthopaedics	199	67	34%	218	155	71%
Urology	110	93	84%	512	483	94%
Surgical specialties total	529	339	64%	2382	1775	75%

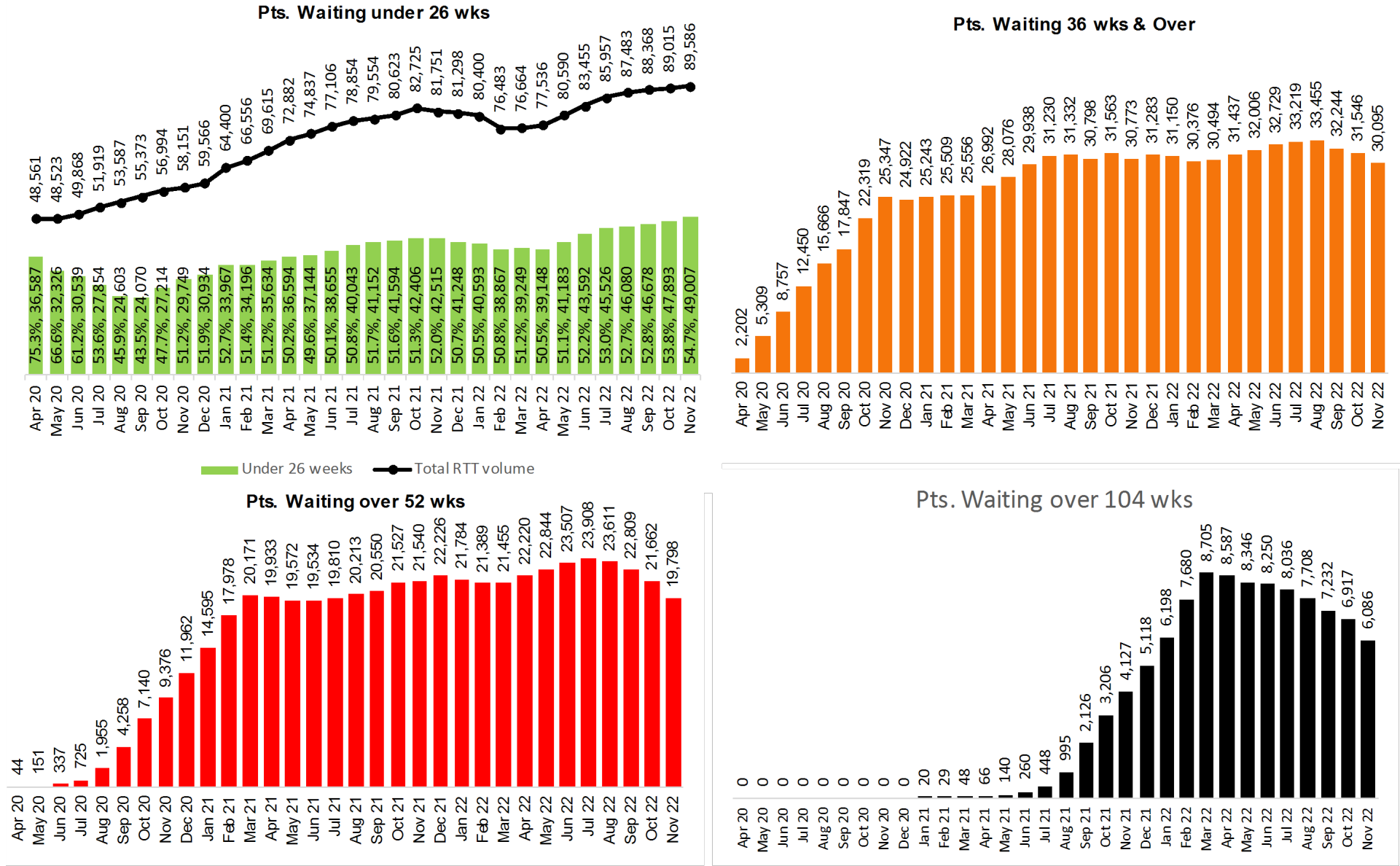
Waiting List: Patients at Stage 1

Specialty: (Multiple Items) - Pathway Stage - 1



Waiting List: Patients at all stages

Specialty: (Multiple Items) - Pathway Stage - (All)



Current Forecast Stage 1 52/104 Weeks by end Dec 22

	December 52 Week Cohort	
	Current Total	> 104 Weeks
ENT	2,102	17
General Surgery	771	0
Urology	0	0
Breast	0	0
Colorectal	1,240	356
Ophthalmology	565	0
Vascular	595	237
Orthopaedics	0	0
Pain	0	0
Gastro	550	0
Dermatology	0	0
Neuro	0	0
Rheumatology*	433	69
Paediatrics	0	0
Geriatric Medicine	0	0
Gynaecology	0	0
Total	6,256	679

* assumes SBUHB continue

Zero >52 weeks in:

- Urology
- Breast
- Orthopaedics
- Pain
- Dermatology
- Neurology
- Paediatrics
- Geriatric Medicine
- Gynaecology
- Respiratory Medicine

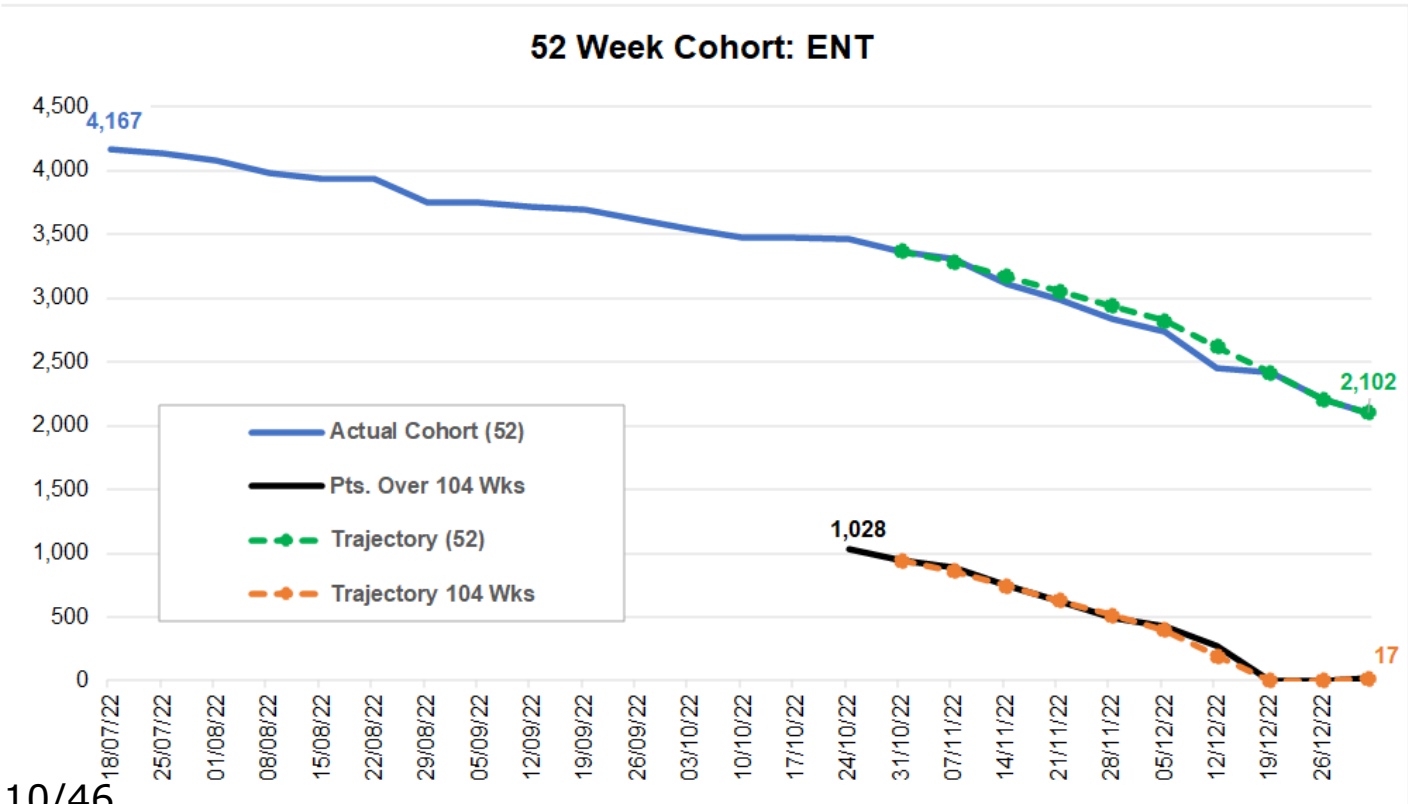
4 specialties taking longer to recover:

- ENT, Colorectal, Vascular & Rheumatology

Strike impact of 229 patients
(87 >104 weeks)

ENT

85 Average Appointments Per Week																	Off Target			On Target						
New Outpatients	52 Week Cohort: ENT	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation
	Activity each week																	85	115	115	115	115	205	205	205	106
	Actual Cohort (52)	4,167	4,129	4,074	3,984	3,939	3,939	3,750	3,750	3,718	3,693	3,619	3,545	3,470	3,469	3,467	3,368	3,308	3,115	2,989	2,831	2,735	2,451	2,413	2,208	2,102
	Pts. Over 104 Wks															1,028	943	895	744	625	497	424	279	0	0	17
	Trajectory (52)																3,368	3,283	3,168	3,053	2,938	2,823	2,618	2,413	2,208	2,102
	Trajectory 104 Wks																943	858	743	628	513	398	193	0	0	17

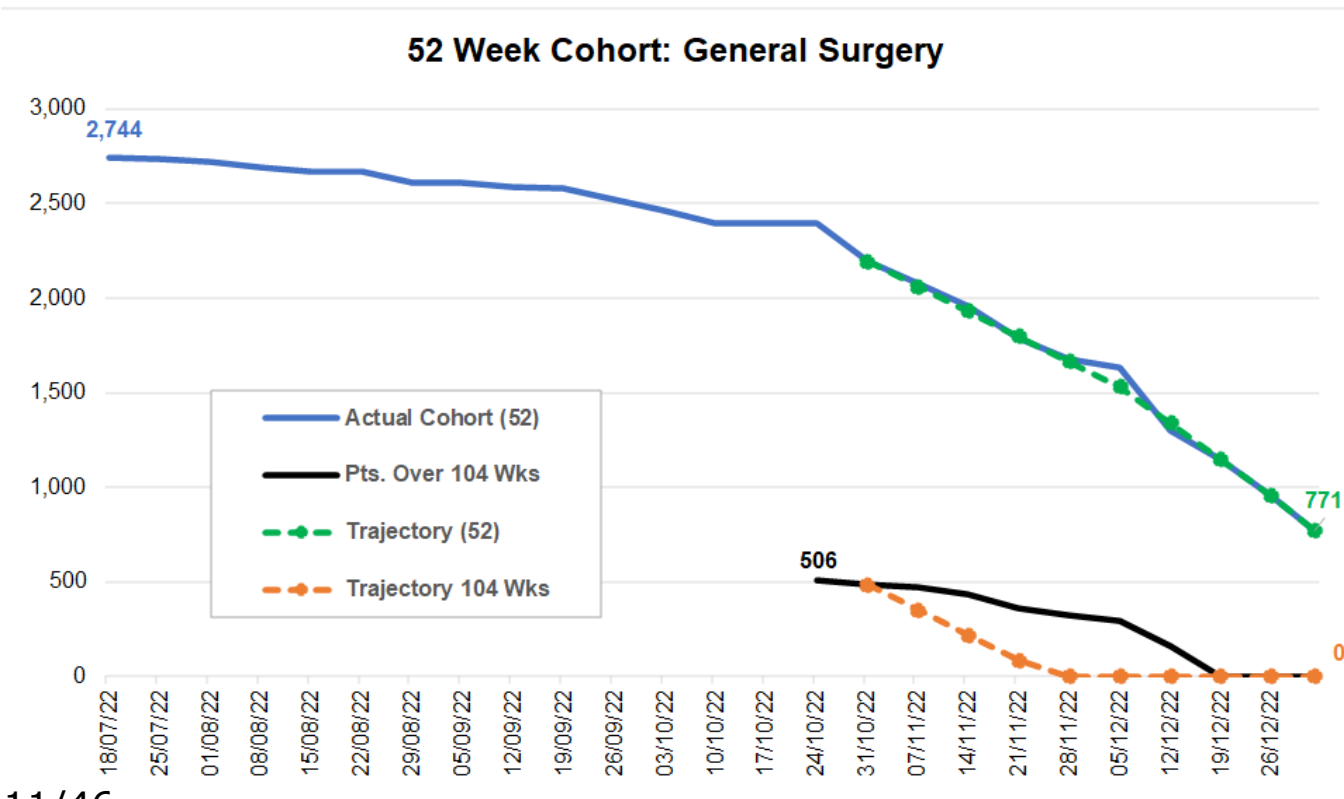


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General Surgery

22 Average Appointments Per Week																		Off Target			On Target					
New Outpatients	52 Week Cohort: General Surgery	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation
	Activity each week																	132	132	132	132	132	192	192	192	185
	Actual Cohort (52)	2,744	2,737	2,717	2,691	2,671	2,671	2,611	2,611	2,587	2,581	2,520	2,459	2,398	2,398	2,397	2,194	2,077	1,960	1,787	1,678	1,636	1,298	1,148	956	771
	Pts. Over 104 Wks															506	484	476	434	365	322	298	160	0	0	0
	Trajectory (52)																2,194	2,062	1,929	1,797	1,665	1,532	1,340	1,148	956	771
	Trajectory 104 Wks																484	352	219	87	0	0	0	0	0	0

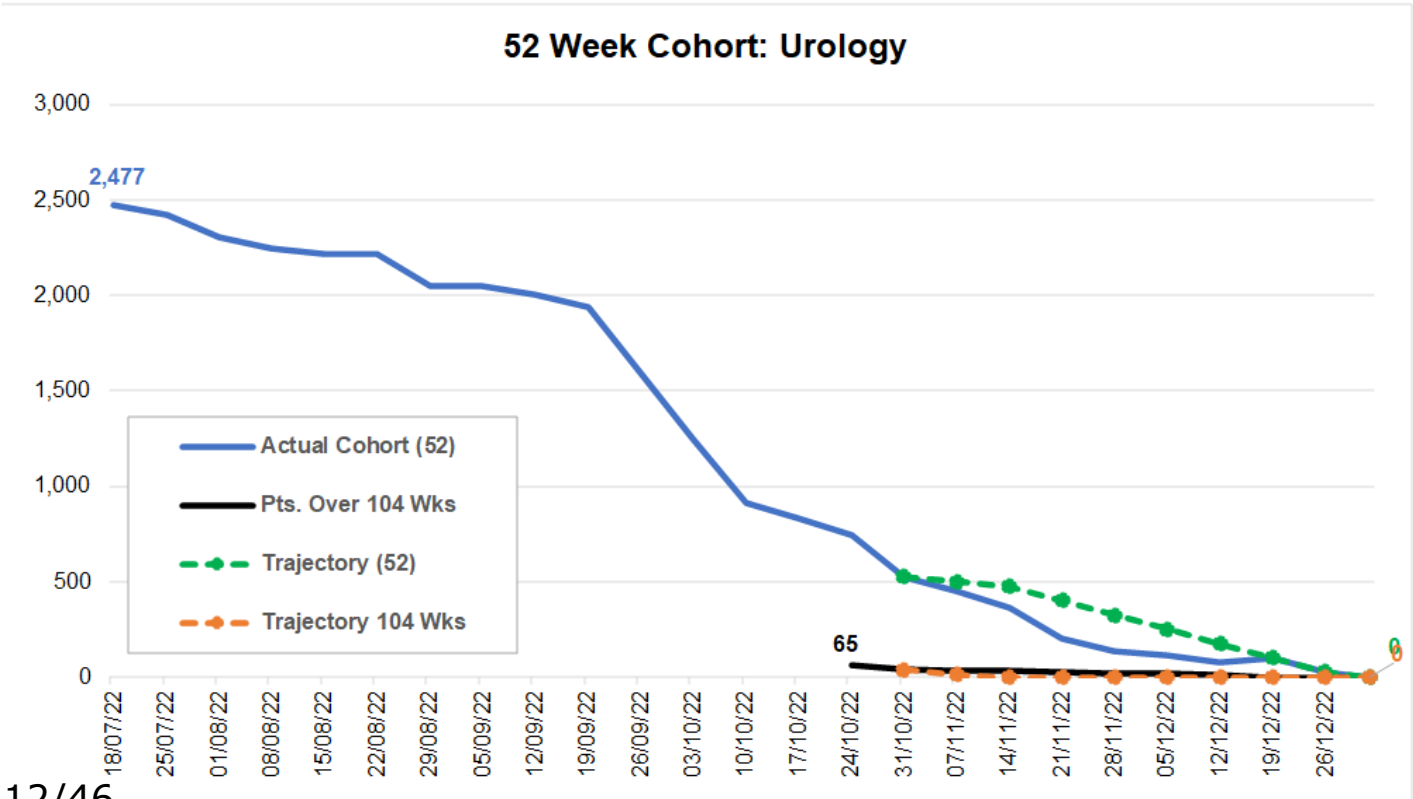


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Urology

25 Average Appointments Per Week																		Off Target			On Target					
New Outpatients	52 Week Cohort: Urology	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation
	Activity each week																	25	25	75	75	75	75	75	75	27
	Actual Cohort (52)	2,477	2,424	2,307	2,249	2,216	2,216	2,047	2,047	2,004	1,937	1,596	1,254	913	829	746	525	450	362	201	137	118	78	102	27	0
	Pts. Over 104 Wks															65	40	36	34	27	19	17	12	0	0	0
	Trajectory (52)																525	500	475	401	326	251	176	102	27	0
	Trajectory 104 Wks																40	15	0	0	0	0	0	0	0	0

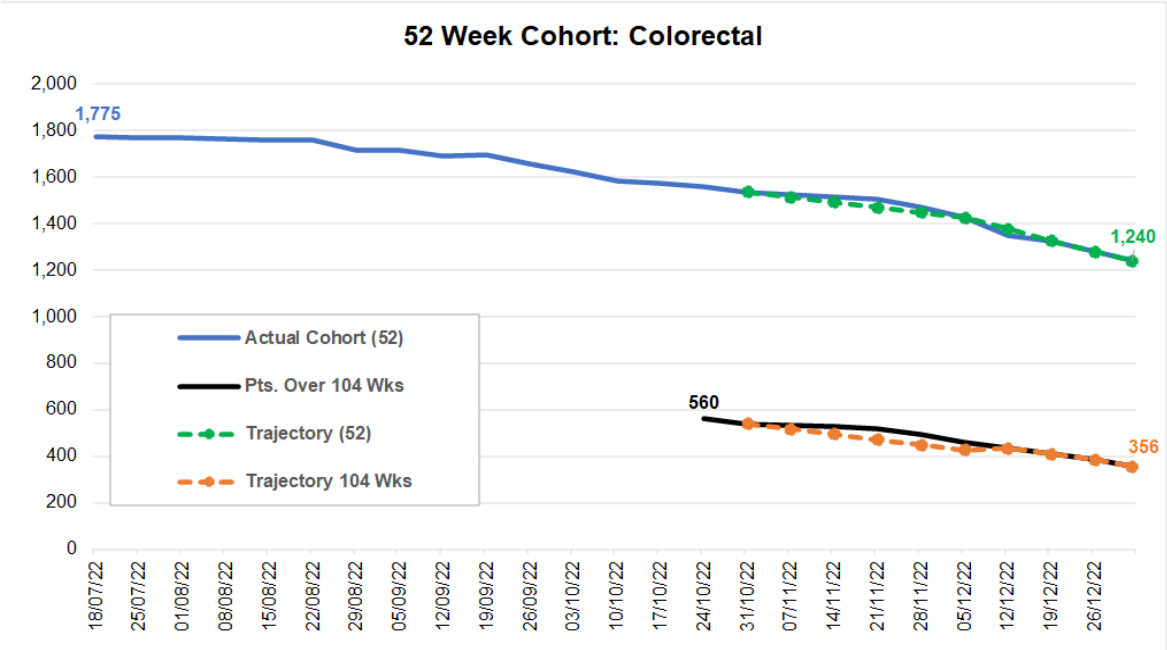


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Colorectal

22 Average Appointments Per Week																	Off Target			On Target						
New Outpatients	52 Week Cohort: Colorectal	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation
	Activity each week																	22	22	22	22	22	49	49	47	40
	Actual Cohort (52)	1,775	1,771	1,768	1,763	1,758	1,758	1,715	1,715	1,690	1,694	1,658	1,622	1,585	1,572	1,559	1,535	1,527	1,515	1,503	1,472	1,428	1,347	1,327	1,280	1,240
	Pts. Over 104 Wks															560	538	535	530	516	494	460	435	410	385	356
	Trajectory (52)																1,535	1,513	1,491	1,469	1,447	1,425	1,376	1,327	1,280	1,240
	Trajectory 104 Wks																538	516	494	472	450	428	435	410	385	356

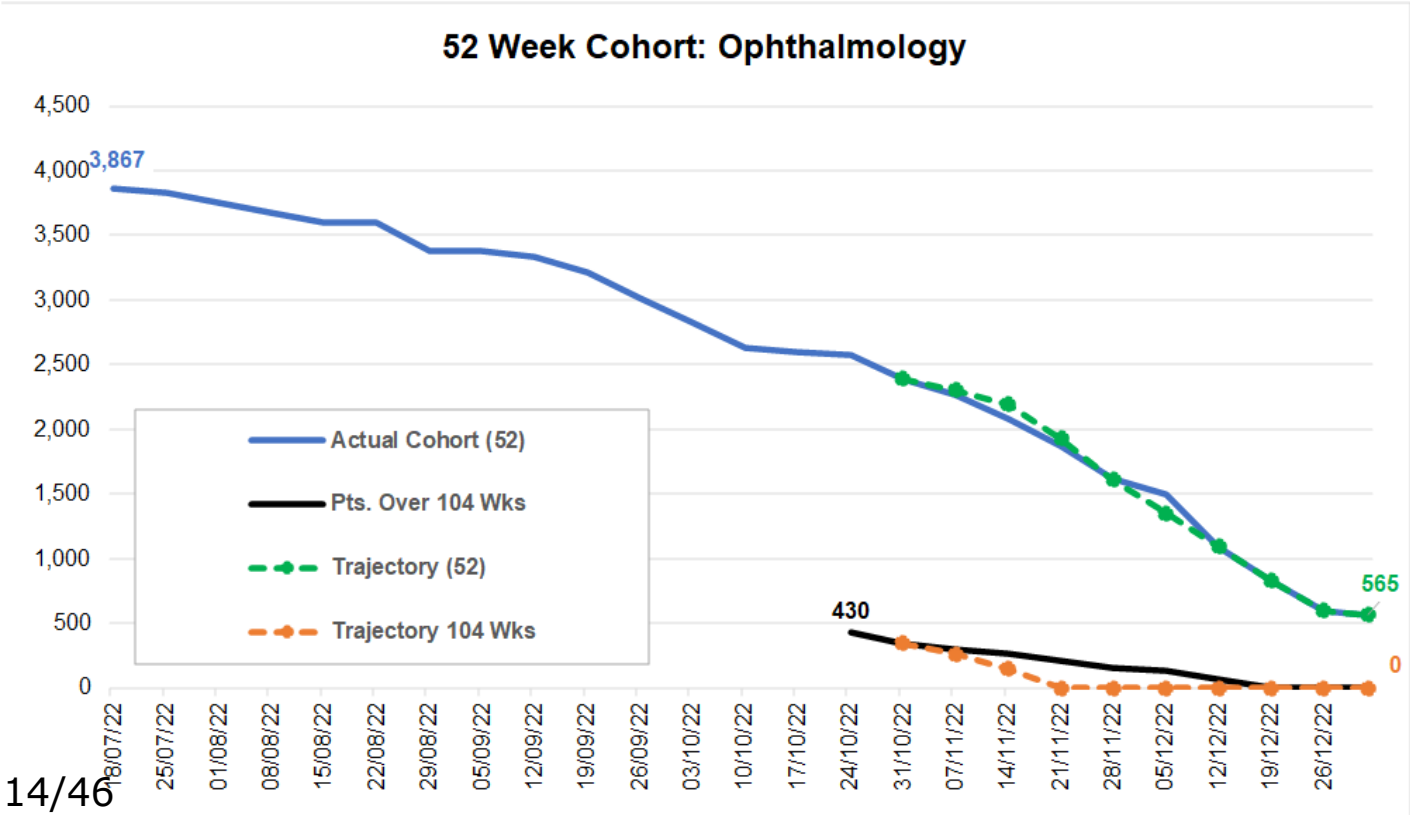


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Geriatric Medicine	0	0
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Ophthalmology

84 Average Appointments Per Week																		Off Target			On Target					
New Outpatients	52 Week Cohort: Ophthalmology	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation etc
	Activity each week																	84	114	260	320	260	260	260	230	37
	Actual Cohort (52)	3,867	3,833	3,758	3,671	3,595	3,595	3,382	3,382	3,333	3,213	3,019	2,824	2,630	2,600	2,571	2,390	2,273	2,084	1,868	1,622	1,494	1,095	833	602	565
	Pts. Over 104 Wks															430	346	302	268	218	153	138	69	0	0	0
	Trajectory (52)																2,390	2,307	2,193	1,933	1,613	1,353	1,093	833	602	565
	Trajectory 104 Wks																346	263	149	0	0	0	0	0	0	0

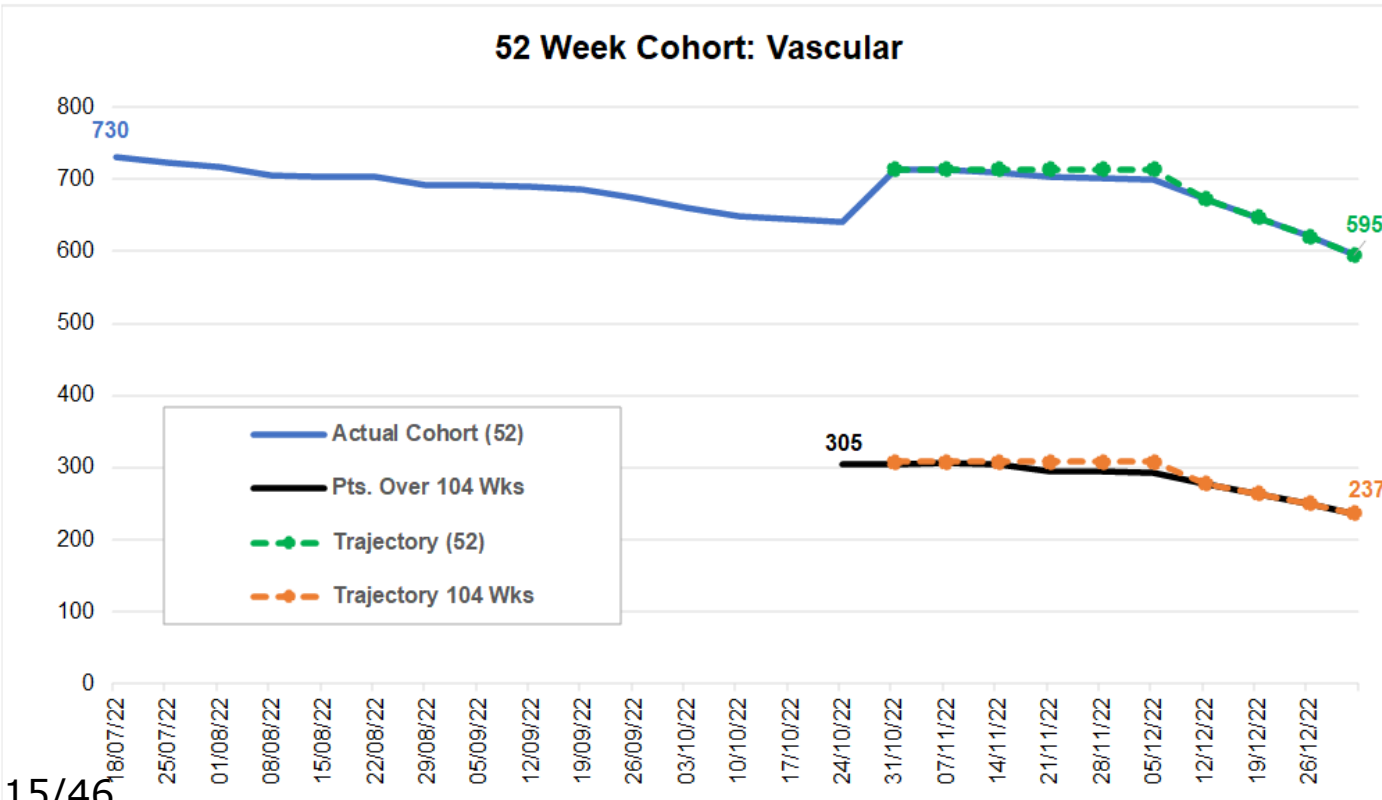


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Vascular

0 Average Appointments Per Week																	Off Target			On Target						
New Outpatients	52 Week Cohort: Vascular	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation
	Activity each week																	0	0	0	0	0	0	0	0	0
	Actual Cohort (52)	730	723	717	706	703	703	691	691	690	686	674	661	649	645	641	714	713	710	703	702	699	673	647	621	595
	Pts. Over 104 Wks															305	305	307	304	295	295	292	278	264	250	237
	Trajectory (52)																714	714	714	714	714	714	673	647	621	595
	Trajectory 104 Wks																308	308	308	308	308	308	278	264	250	237

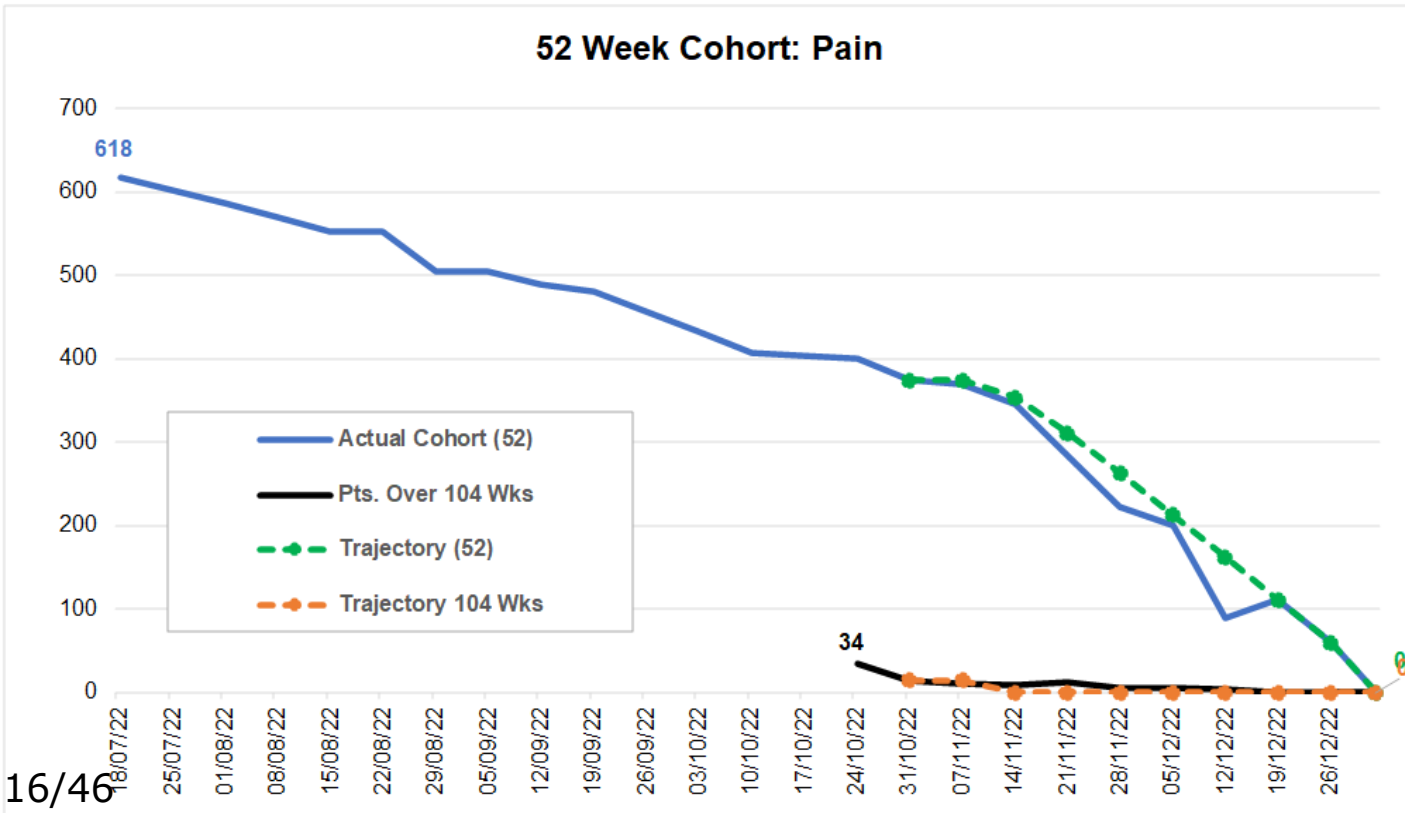


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Geriatric Medicine	0	0
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Pain

20 Average Appointments Per Week																		Off Target			On Target					
New Outpatients	52 Week Cohort: Pain	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation
	Activity each week																	0	20	43	48	50	51	51	51	60
	Actual Cohort (52)	618	603	586	569	553	553	505	505	489	480	456	432	408	405	401	374	369	345	284	223	201	89	111	60	0
	Pts. Over 104 Wks															34	14	11	9	12	5	5	4	0	0	0
	Trajectory (52)																374	374	354	311	263	213	162	111	60	0
	Trajectory 104 Wks																14	14	0	0	0	0	0	0	0	0

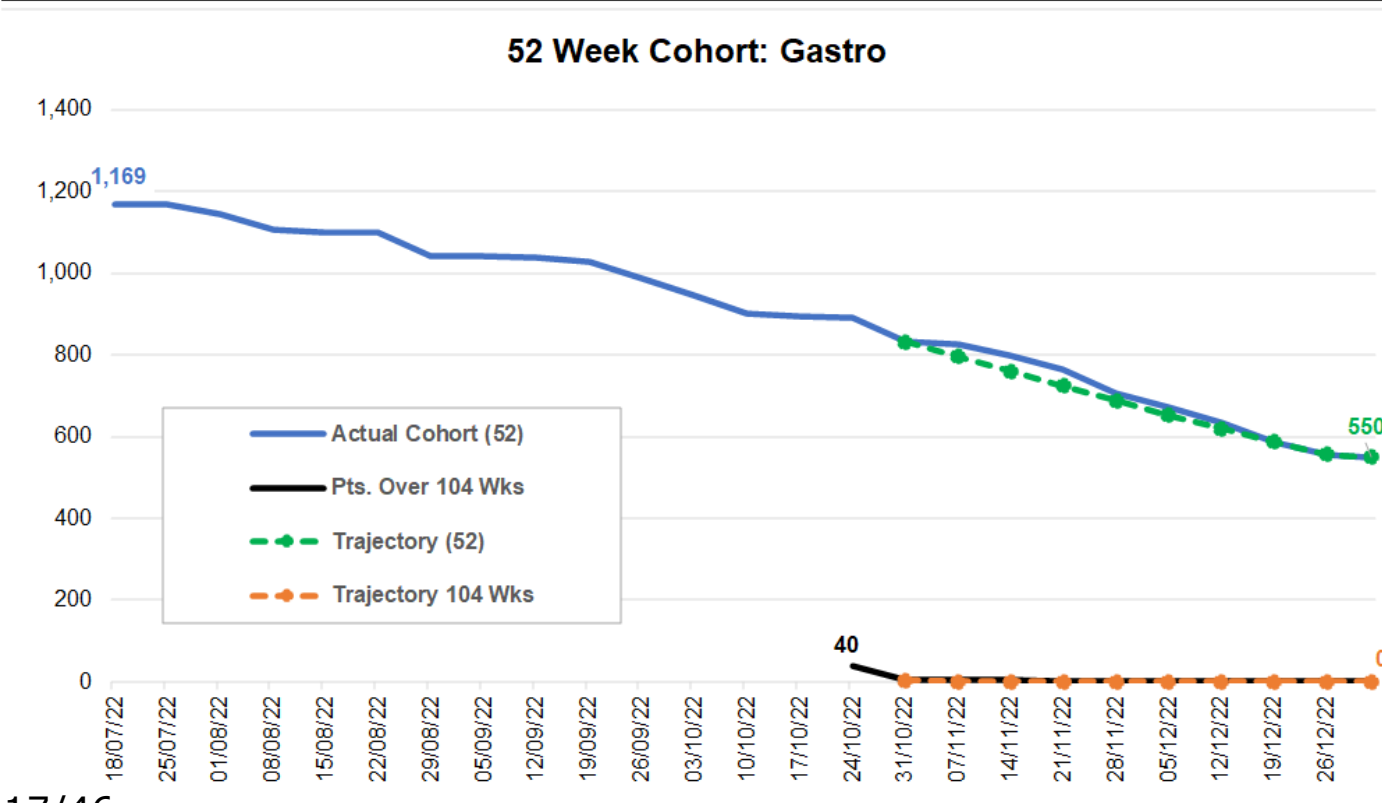


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Gastro

36 Average Appointments Per Week																		Off Target			On Target						
New Outpatients	52 Week Cohort: Gastro	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation	
	Activity each week																	36	36	36	36	36	33	32	31	0	
	Actual Cohort (52)	1,169	1,167	1,143	1,107	1,099	1,099	1,041	1,041	1,038	1,029	987	945	902	896	890	832	827	798	765	707	673	634	587	556	550	
	Pts. Over 104 Wks															40	4	4	4	1	1	0	0	0	0	0	
	Trajectory (52)																	832	796	760	724	688	652	619	587	556	550
	Trajectory 104 Wks																	4	0	0	0	0	0	0	0	0	0

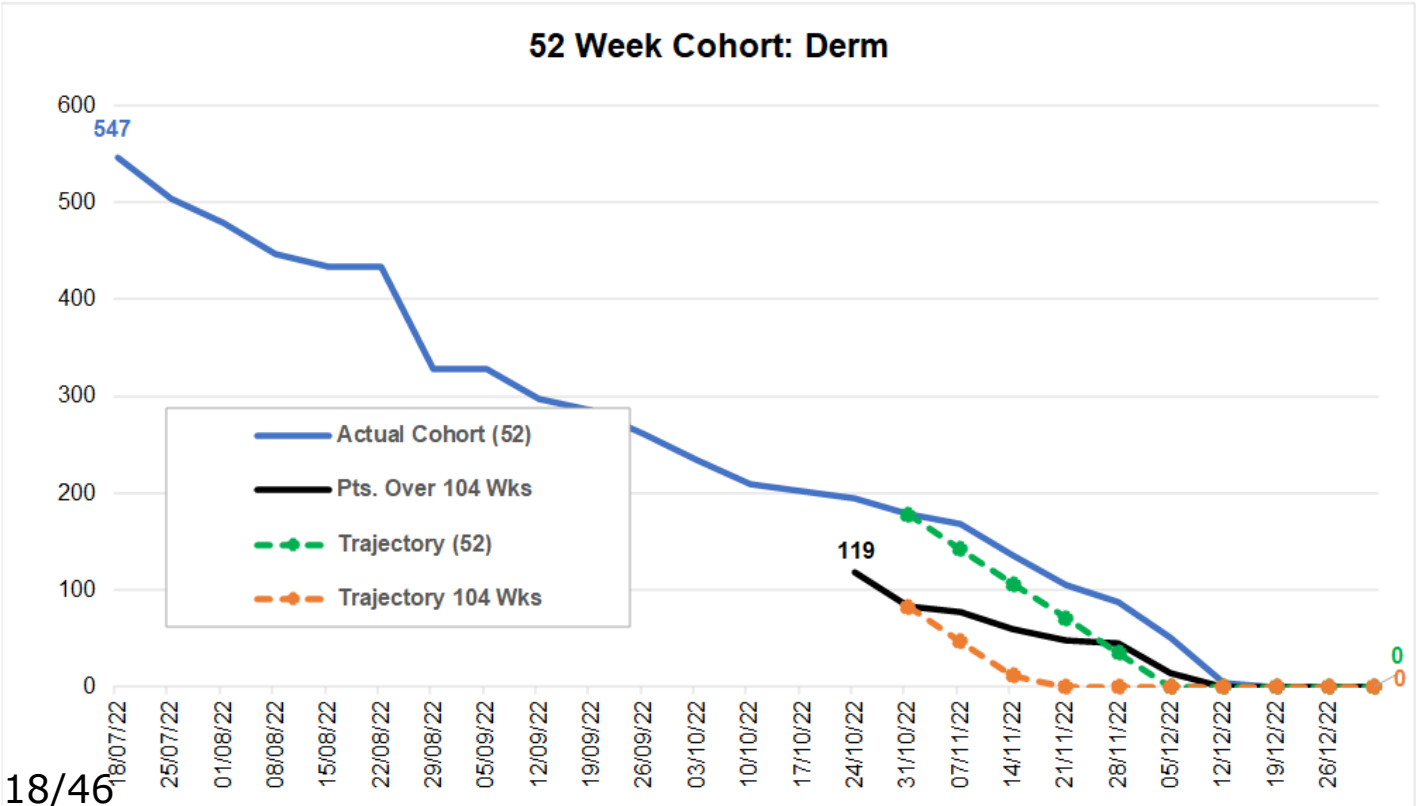


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Dermatology

36 Average Appointments Per Week																		Off Target			On Target					
New Outpatients	52 Week Cohort: Derm	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation
	Activity each week																	36	36	36	36	36	0	0	0	8
	Actual Cohort (52)	547	504	479	447	434	434	328	328	297	286	260	235	209	202	195	178	168	136	105	87	51	4	0	0	0
	Pts. Over 104 Wks															119	83	77	60	48	45	15	0	0	0	0
	Trajectory (52)																178	142	107	71	35	0	0	0	0	0
	Trajectory 104 Wks																83	47	12	0	0	0	0	0	0	0



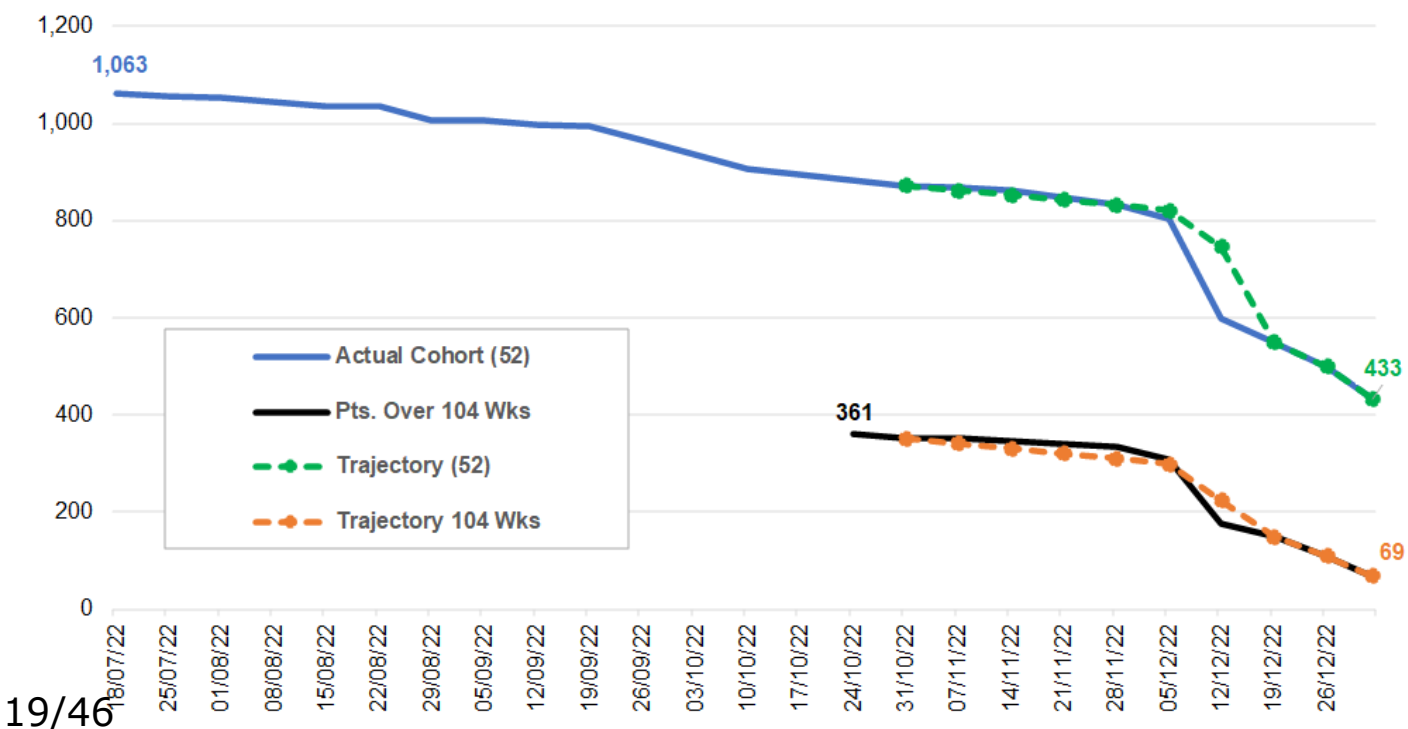
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Rheumatology

10 Average Appointments Per Week																		Off Target			On Target					
New Outpatients	52 Week Cohort: Rheumatology	18/07/22	25/07/22	01/08/22	08/08/22	15/08/22	22/08/22	29/08/22	05/09/22	12/09/22	19/09/22	26/09/22	03/10/22	10/10/22	17/10/22	24/10/22	31/10/22	07/11/22	14/11/22	21/11/22	28/11/22	05/12/22	12/12/22	19/12/22	26/12/22	Validation
	Activity each week																	10	10	10	10	12	75	75	75	75
	Actual Cohort (52)	1,063	1,055	1,053	1,045	1,036	1,036	1,007	1,007	997	994	965	936	906	895	883	872	868	861	847	834	804	599	549	499	433
	Pts. Over 104 Wks															361	351	351	347	340	335	307	175	149	110	69
	Trajectory (52)																872	862	852	842	832	820	745	549	499	433
	Trajectory 104 Wks																351	341	331	321	311	299	224	149	110	69

52 Week Cohort: Rheumatology

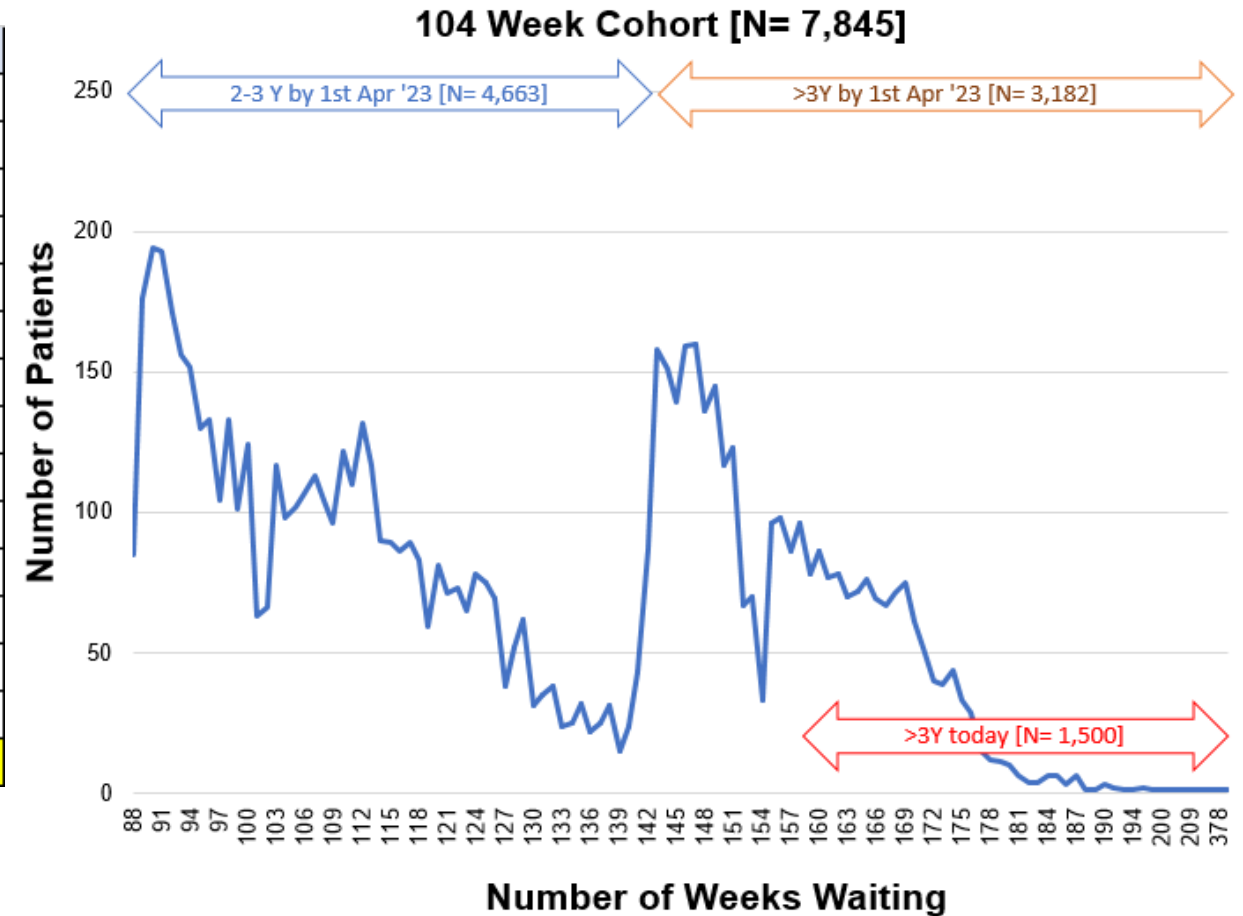


	December 52 Week Cohort	
	Current Total	> 104 Weeks
ENT	2,102	17
General Surgery	771	0
Urology	0	0
Breast	0	0
Colorectal	1,240	356
Ophthalmology	565	0
Vascular	595	237
Orthopaedics	0	0
Pain	0	0
Gastro	550	0
Dermatology	0	0
Neuro	0	0
Rheumatology*	433	69
Paediatrics	0	0
Geriatric Medicine	0	0
Gynaecology	0	0
Total	6,256	679

* assumes SBUHB continue

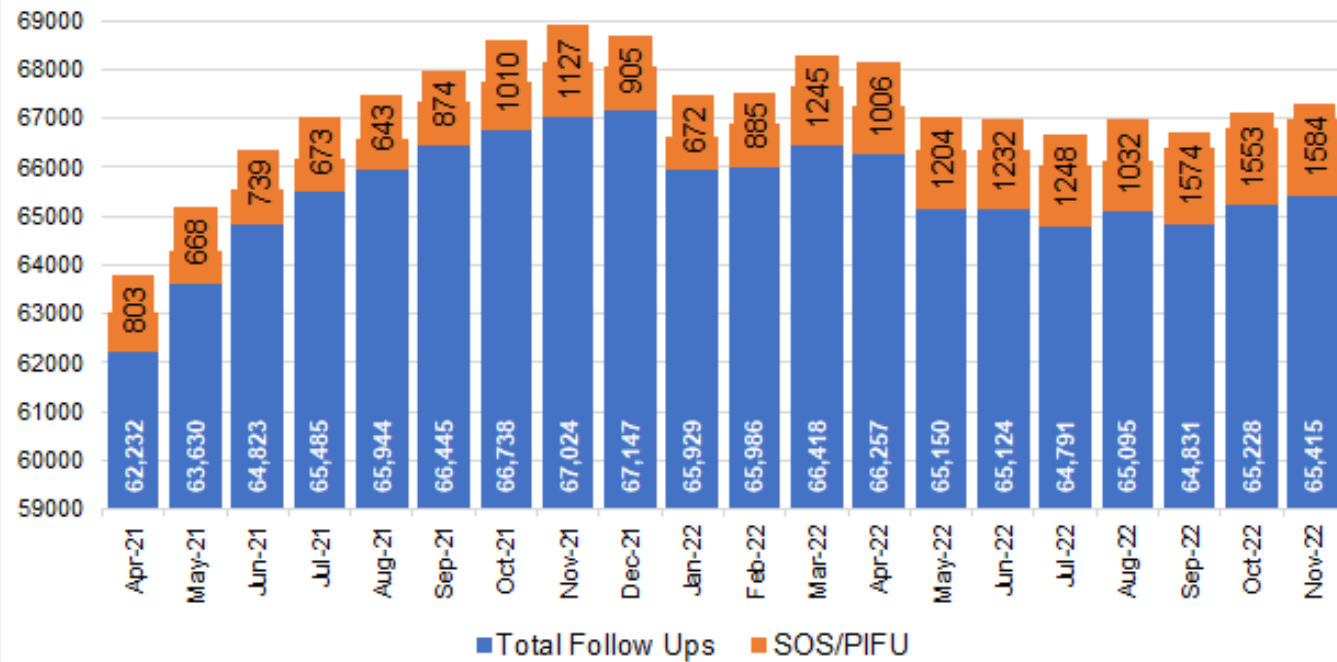
3 year waits & total waiting list (13th Dec)

	⊕ Stage 1	⊕ Stage 2/3	⊕ Stage 4	Grand Total
110 - Trauma & Orthopaedics		33	610	643
101 - Urology	1	14	248	263
100 - General Surgery	4	18	142	164
502 - Gynaecology		12	77	89
130 - Ophthalmology	11	13	62	86
120 - ENT	4	7	61	72
107 - Vascular	27	16	13	56
104 - Colorectal	33	7	15	55
191 - Pain Management		3	39	42
330 - Dermatology		13		13
410 - Rheumatology	4	3		7
300 - General Medicine		6		6
430 - Geriatric Medicine		3		3
103 - Breast			1	1
Grand Total	84	148	1,268	1,500



SOS/PIFU

Patients Waiting for a Follow Up & Number of SOS/PIFU



- **28,380** pathways to date
- November '22 – **highest so far**
- **26** Specialities using pathways
- **168** clinical conditions
- **174** clinicians

Benefits

- Also used for New attendances
- Improves capacity for S1 & FU
- Facilitates self care for patients

New patients in November 22	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)	
103 - Breast	56	29%	2	1%	132	69%	134	71%
300 - General Medicine	17	63%	0	0%	10	37%	10	37%
328 - Stroke Medicine	15	50%	0	0%	15	50%	15	50%
410 - Rheumatology	35	67%	7	13%	10	19%	17	33%
107 - Vascular	23	68%	0	0%	11	32%	11	32%
502 - Gynaecology	370	63%	46	8%	172	29%	218	37%
400 - Neurology	61	50%	18	15%	43	35%	61	50%
100 - General Surgery	138	54%	17	7%	101	39%	118	46%
110 - Trauma & Orthopaedics	523	64%	170	21%	124	15%	294	36%
301 - Gastroenterology	109	64%	4	2%	58	34%	62	36%
120 - ENT	225	56%	14	3%	165	41%	179	44%
320 - Cardiology	80	71%	14	13%	18	16%	32	29%
430 - Geriatric Medicine	43	62%	4	6%	22	32%	26	38%
340 - Respiratory Medicine	103	78%	3	2%	26	20%	29	22%
104 - Colorectal	148	93%	3	2%	8	5%	11	7%
191 - Pain Management	28	88%	1	3%	3	9%	4	13%
420 - Paediatrics	142	71%	18	9%	41	20%	59	29%
330 - Dermatology	319	83%	17	4%	48	13%	65	17%
130 - Ophthalmology	418	72%	42	7%	123	21%	165	28%
302 - Endocrinology	31	79%	0	0%	8	21%	8	21%
101 - Urology	265	82%	14	4%	45	14%	59	18%
361 - Nephrology	18	95%	0	0%	1	5%	1	5%
307 - Diabetic Medicine	26	96%	0	0%	1	4%	1	4%
303 - Clinical Haematology	44	90%	0	0%	5	10%	5	10%
22/46 Total	3,237	67%	394	6%	1,190	12%	1,584	33%

SOS PIFU use for Stage 1 OPD patients = 6%

Some specialties utilise SOS/PIFU before OPD appointment- Figures not reflected

Overall discharge + SOS/PIFU Rate in November = 33%

Return patients in November 22	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)	
103 - Breast	191	82%	1	0%	41	18%	42	18%
300 - General Medicine	24	51%	1	2%	22	47%	23	49%
328 - Stroke Medicine	4	44%	0	0%	5	56%	5	56%
410 - Rheumatology	276	72%	94	24%	14	4%	108	28%
107 - Vascular	34	69%	4	8%	11	22%	15	31%
502 - Gynaecology	347	82%	21	5%	56	13%	77	18%
400 - Neurology	37	66%	4	7%	15	27%	19	34%
100 - General Surgery	79	85%	6	6%	8	9%	14	15%
110 - Trauma & Orthopaedics	884	65%	240	18%	246	18%	486	35%
301 - Gastroenterology	328	67%	98	20%	61	13%	159	33%
120 - ENT	256	82%	15	5%	42	13%	57	18%
320 - Cardiology	95	68%	8	6%	37	26%	45	32%
430 - Geriatric Medicine	93	76%	2	2%	27	22%	29	24%
340 - Respiratory Medicine	154	74%	10	5%	43	21%	53	26%
104 - Colorectal	98	61%	5	3%	58	36%	63	39%
191 - Pain Management	38	73%	8	15%	6	12%	14	27%
420 - Paediatrics	308	84%	21	6%	38	10%	59	16%
330 - Dermatology	199	75%	36	14%	30	11%	66	25%
130 - Ophthalmology	1,088	87%	24	2%	134	11%	158	13%
302 - Endocrinology	103	89%	2	2%	11	9%	13	11%
101 - Urology	431	91%	7	1%	35	7%	42	9%
361 - Nephrology	116	93%	0	0%	9	7%	9	7%
307 - Diabetic Medicine	136	94%	0	0%	8	6%	8	6%
303 - Clinical Haematology	566	96%	0	0%	24	4%	24	4%
Grand Total	5,885	79%	607	6%	981	12%	1,588	21%

Follow Up SOS & PIFU Challenge:

T&O have a high SOS/PIFU rate (14%) and even higher discharge rate (18%)

Stroke have highest discharge rate (56%) but no patients put on SOS/PIFU

Some specialties utilise SOS/PIFU **before** OPD appointment- Figures not reflected

Overall discharge + SOS/PIFU rate = 21%

Follow Ups November 2022

Metric	Data	Chart
Total number of patients waiting for a follow-up outpatient appointment	Oct 22: 65,228 Nov 22: 65,415	<p>Number of patients waiting for a follow-up outpatient appointment (5A)</p> <p>Target is a 30% reduction from March 2021 baseline</p>
Follow-ups: delayed by over 100%	Oct 22: 17,527 Nov 22: 16,976	<p>Patients waiting for a follow-up outpatient appointment who are delayed by over 100% (5A)</p> <p>Target is a 30% reduction from March 2021 baseline</p>
Follow-ups: delayed past their agreed target date	Oct 22: 27,862 Nov 22: 27,144	<p>Number of patients waiting for an outpatient follow-up past their agreed target date (5B)</p> <p>Target is a 30% reduction from March 2021 baseline</p>

Sustained improvement in delayed follow ups

[16.6% of our population on a FU pathway]

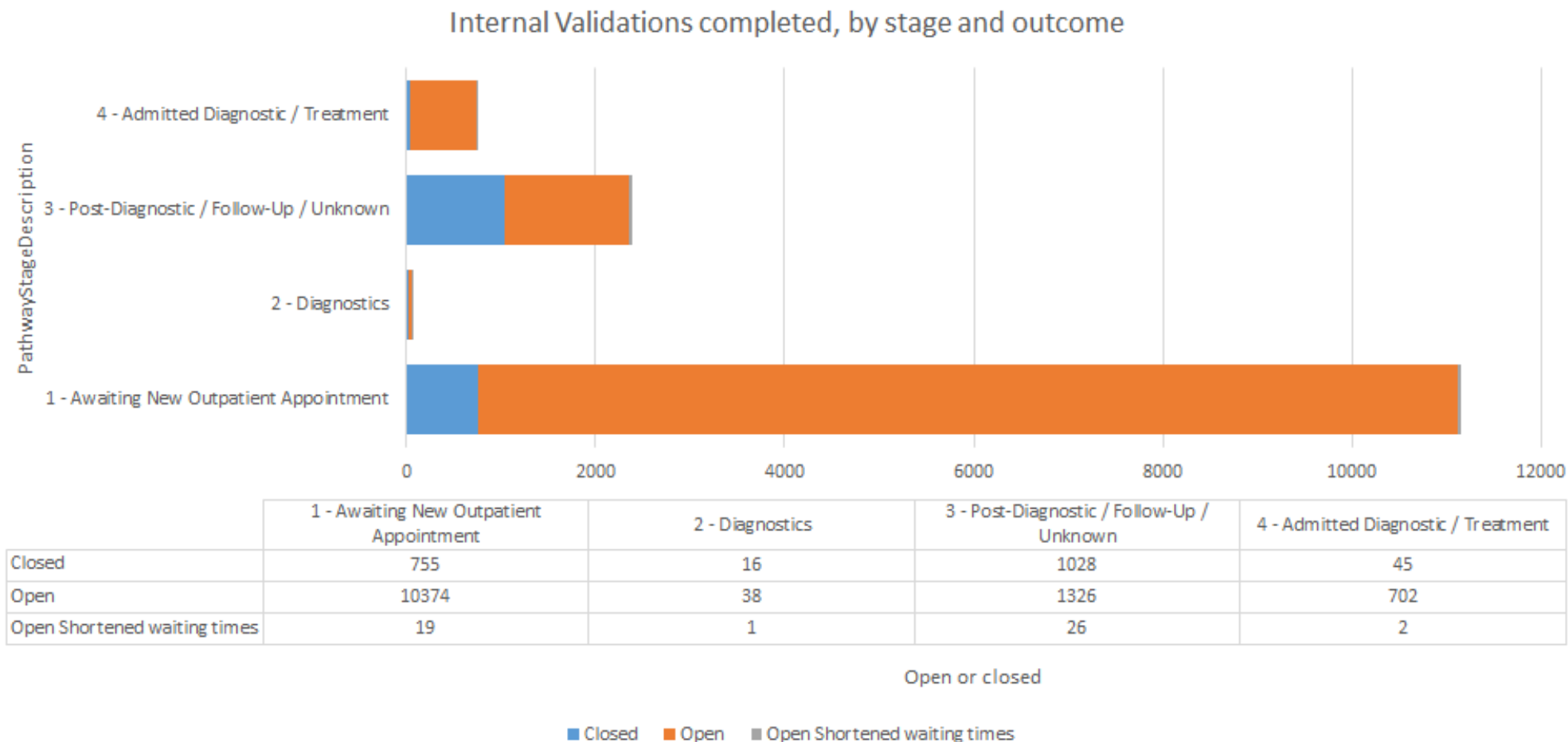
HB Transformation Measures: SOS/PIFU Challenge

- Currently 16.6% (64,831) of HD population on a Follow up pathway
- Compared to up to 34% in other HB's including SB (March 2022 data)

Health Board	Population	Total March 22	% of Population
Cardiff & Vale	504,497	172,902	34%
Swansea Bay	390,949	133,772	34%
Betsi Cadwaldr	703,361	185,293	26%
Cwm Taff	449,836	112,698	25%
Aneurin Bevan	598,194	113,107	19%
Hywel Dda	389,719	66,416	17%
Powys	133,030	6,440	5%
Wales	3,169,586	790,628	25%

Validation Internal – Since September 2022.

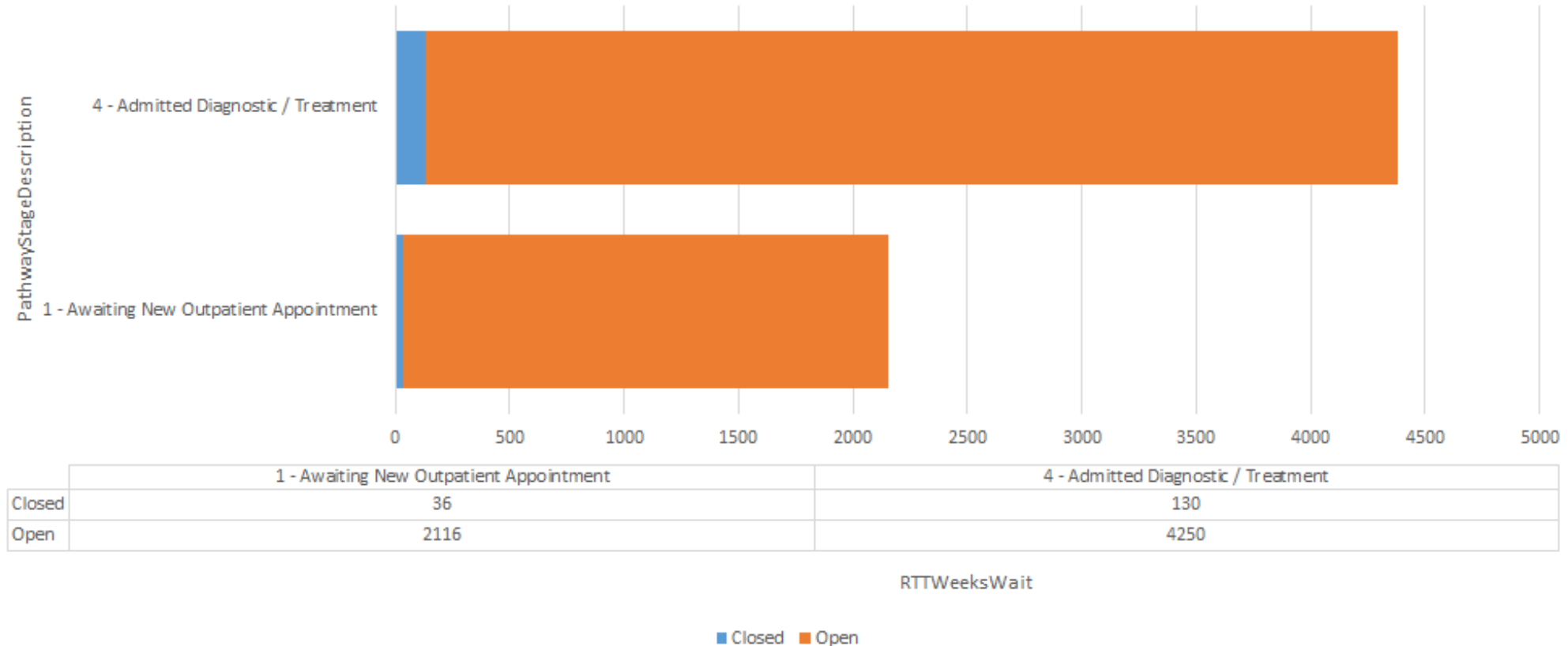
Ministerial targets.



All Stage 1 Admin validations completed as at 24/11/2022. Internal team currently focussed on ringing long waiters in pressure specialties. (ENT, Rheumatology, colorectal). Team lead liaising with scheduled care managers to manage daily corrections to pathways around DNA's, cancellations etc.

External Validation

External Validations to date (7/12/2022)



All Stage 1 and Stage 4 admin validations will be completed as at end of 8/12/2022. External team currently finishing stage 1 52 for ENT (only 2 left) and stage 4 104 target all specialties (46 left) as at 8/12/2022. Will then move further down the lists. No phone calls have taken place yet for the external team.

Patient Support and Communication

Objective: A designated service (Waiting List Support Service) to support patients on waiting lists for elective procedures (stage 4) with the aim to:

- Establish a process to maintain personalised contact with all patients on waiting lists
- Keep them regularly informed of their current expected wait
- Offer a single point of contact should they need to contact us
- Provide advice on self-management options whilst waiting
- Offer advice on what to do if their symptoms deteriorate
- Establish a systematic approach to measuring harm-bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritization.
- Offer alternative treatment options if appropriate

Outcomes (Dec 2021- Oct 2022):

- 10,800 Stage 4 patients contacted (ENT, T&O, Dermatology, Urology, Ophthalmology, Gynae)
- 1445 calls received
- 4511 hits online on "Preparing for Treatment" resources



- Plan to contact a further 3425 patients in October and November (General surgery, Gastro and colorectal)
- Aim to contact all stage 4 patients who have waited over 36 weeks by end of November 2022
- Services linked to Prehabilitation programmes

Draft leaflet to be provided on listing:

Waiting List Support Service



Optimising Your Route to Treatment



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Maintaining or improving your physical and mental health and wellbeing whilst you await your treatment or procedure is important.



The Waiting List Support Service provides you with a single point of contact for advice, support and guidance.

For further information scan here



How Can the Waiting List Support Service Help?

- Review your situation and discuss 'What Matters' to establish if there is any additional support that could help you maintain your quality of life and independence.
- Signpost and support referral to other healthcare services e.g. Physiotherapy, Occupational Therapy, Expert Patient Programme, Specialist Nurses, Smoking Cessation.
- Signpost and support referral to community-based services e.g. Care & Repair, Delta Wellbeing, Dewis Cymru.
- Support you to take control over your condition whilst awaiting your treatment.
- Provide reassurance.
- Advise on what you can do if your symptoms deteriorate.

Telephone: 0300 030 8322
Email: ask.hdd@wales.nhs.uk
Monday to Friday 9am to 5pm

Mental health

Enhanced monitoring

- Part 1a and 1b LPMHSS CAHMS backlog trajectory achieved each month
- Monthly meetings to progress activity and mitigate risks
- Neurodevelopmental backlog trajectory agreed and delivered
- Finalised demand and capacity model

CAMHS

S-CAMHS will focus on the development of the workforce through increasing skills and competencies in order to improve emotional resilience in children and young people. Objectives for 2022/23 include:

- Continue to develop an integrated service model for children with mental health and learning disabilities.
- Further develop the established multi-disciplinary Perinatal Mental Health including the development of infant mental health services.
- Continue our commitment to achieving and implementing the RCP Standards for Perinatal Mental Health.
- To work collaboratively with Welsh Government in the implementation of the recommendations from the Neurodevelopmental Service evaluation (2022/23) all ages.
- In line with the anticipated recommendations of the review develop ways to deliver timely multi-disciplinary assessments and interventions in Autistic Spectrum Disorder services (all ages).
- Undertake a restructure of primary care mental health services in line with the implementation of the School In-reach Service .
- To continue strengthening our pathways with adult services in line with the Transforming Mental Health agenda and to continue improving transition pathways.
- To progress the recruitment of the CAMHS Eating Disorder Service, which will align closely to the adult service to increase access to timely assessment, treatment and transition.
- In order increase capacity to expand the age range across EIP services additional resources will be secured via Welsh Government funding (2022/23).
- To continue working in partnership with Local Authorities and other stakeholders to develop Trauma Informed services to enable care closer to home.

The Directorate commissions a range of Third Sector organisations that provide essential early intervention and prevention well-being and mental health services, including undertaking a full commissioning exercise of all Third Sector services in line with OJEU procurement regulations including; Service reviews; Market engagement; Service user and carer engagement; Development of new service specifications and Tender exercise

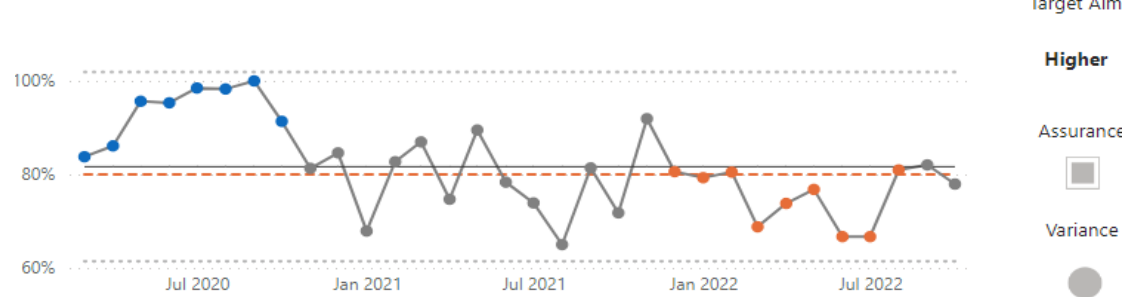
As part of our ACD offering:

- MDT Working / Recruitment of other Roles (16 projects) – Reducing pressures on Secondary Care and improving community access by enhancing cluster services e.g. recruitment of Occupational Therapist; physiotherapists; Cluster Pharmacists; Care Co-ordinators; Respiratory Specialist Nurses and providing better Psychological support to patients.

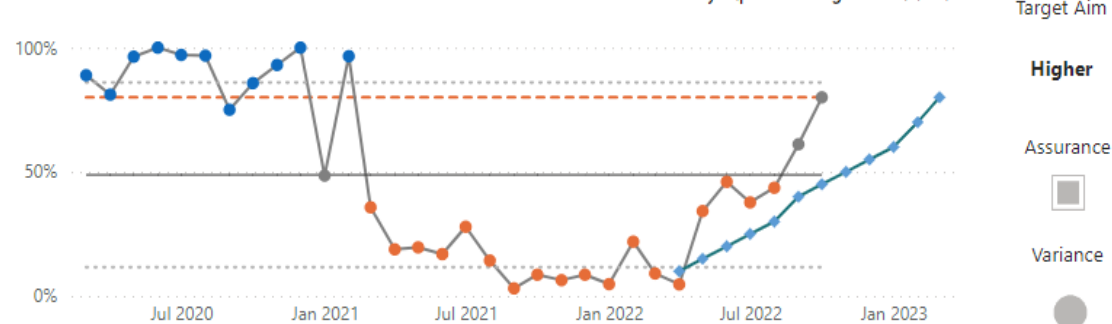


Mental Health - CAMHS

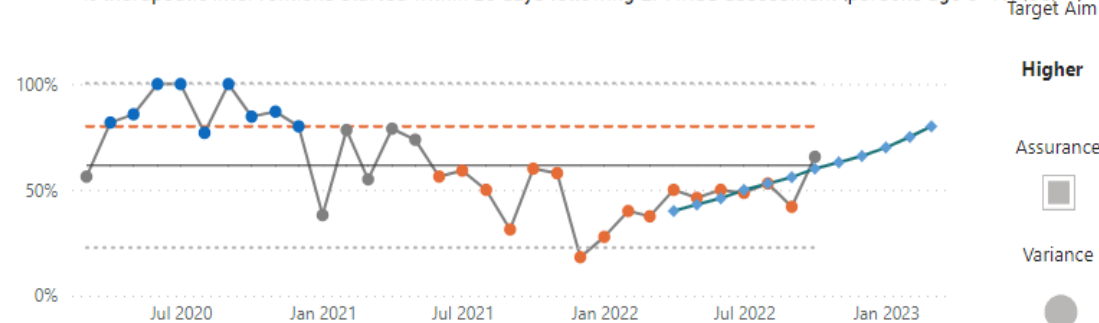
% patients waiting <28 days for a first CAMHS appointment (5G)



% mental health assessments undertaken within 28 days (persons age 0-17) (5G)



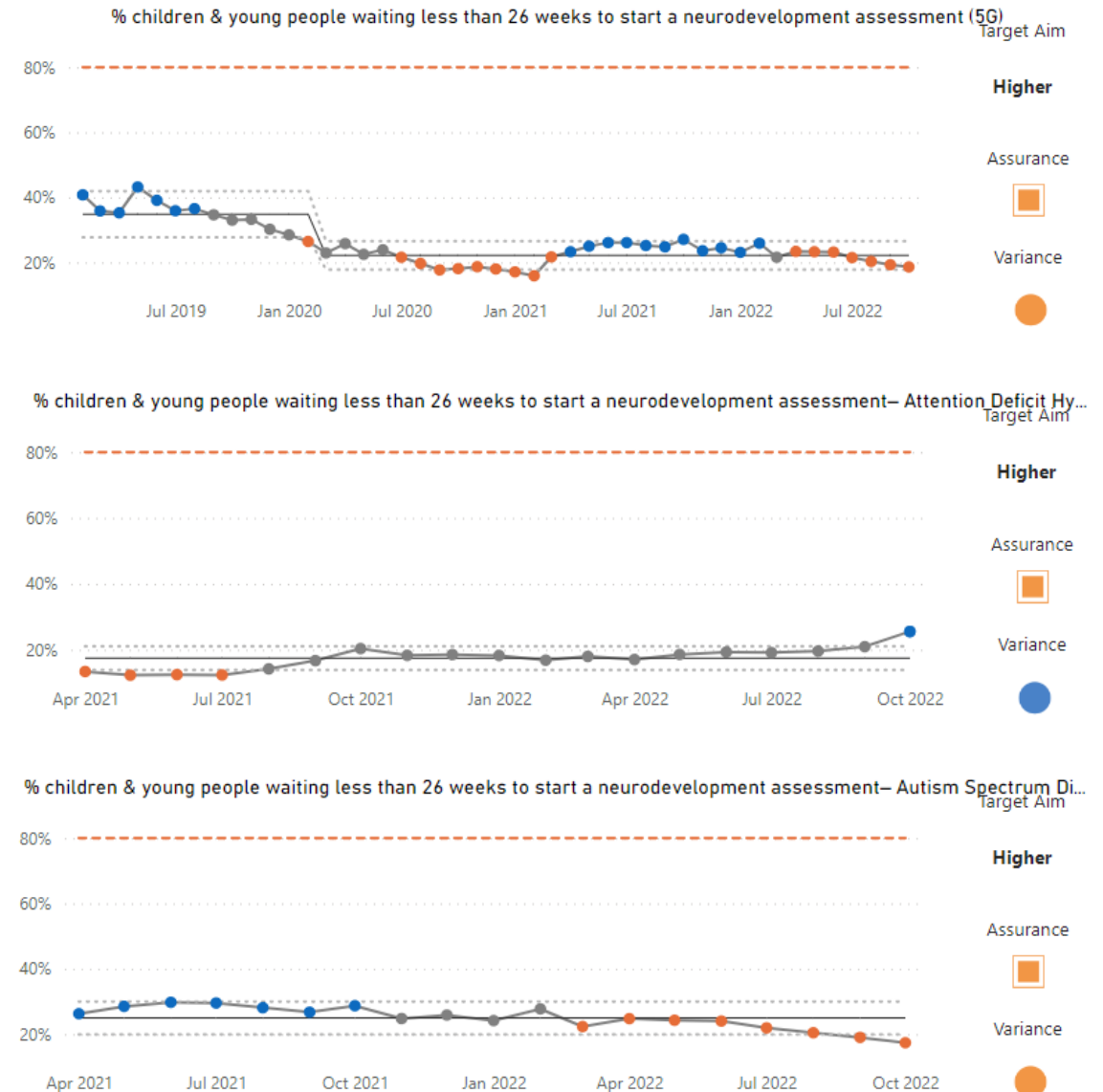
% therapeutic interventions started within 28 days following LPMHSS assessment (persons age 0-17) (5G)



Action plan (Identify possible solutions and prioritise based on value and ease of implementation, actions, owners, deadlines and review dates)	Owner	By When	Complete Y/N
Risk stratification on all referrals	Alastair Wakely	Ongoing	Ongoing
A recruitment campaign is currently underway within the Health Board to complete full recruitment inline with allocated budget. This will help mitigate the risks around staffing issues.	Alastair Wakely	September 2022	Complete
Training to ensure all new staff have the requisite skills to undertake the assessments and interventions to meet the Mental Health Measure.	Alastair Wakely	December 2022	Ongoing
Deliver the targeted recovery plan	Angela Lodwick	March 2023	Ongoing
Consider alternative accommodation and secure additional estate to increase capacity, enable client appointments and increase number of assessment opportunities	Angela Lodwick & Estates	March 2023	Ongoing
Increase the number of therapeutic groups to increase capacity to meet 28 day target.	Alastair Wakely	September 2022	Y
Review the number of Did Not Attend (DNA) and explore use of text messaging service to remind and reduce DNAs	Alastair Wakely	September 2022	Y
Continue use of Digital platforms to increase capacity e.g. Use of digital online counselling support service Kooth offered to all referrals who do not meet threshold criteria and those on the waiting lists	Angela Lodwick	March 2023	Ongoing
Undertake individual job planning for all staff, to improve capacity and efficiency across the service	Alastair Wakely	December 2022	Ongoing
Use SiR pathway to divert referrals from the service where school based MH consultation can meet the need	Alastair Wakely	March 2023	N
Clinical psychologist to support more efficient and targeted use of intervention time to address greater acuity and complexity and utilise robust outcome measures	Alastair Wakely	March 2023	N
Undertake demand and capacity training and embed learning – the Delivery Unit have agreed to facilitate this training when we are ready	Alastair Wakely	December 2022	N
Improve service understanding of performance standards and need for robust data	Alastair Wakely	October 2022	Y

Mental Health - Neurodevelopmental Services

- The Welsh Government percentage of Adults , children and young people waiting less than 26 weeks for a Neurodevelopment diagnostic assessment is 80%. Demand for diagnostic assessments continues to be significantly high with a wait time of up to three years . Demand for assessment continues to increase with average referrals ranging from 26 referrals in 2016 to an average of 102 referrals per month in 2022.
- Due to the significant waiting lists, for Adult and Child ASD services, we are unable to agree a realistic trajectory at this time. However, we are providing regular data to the National Delivery Unit on activity (completed assessments) to assist with the national demand and capacity exercise. We are reviewing all the processes involved in diagnostic assessment to identify efficiencies and identify ways to reduce the length of time that takes to complete an assessment.
- The service has a number of vacant posts which are currently out to advert and when recruited into ,will provide additional capacity for diagnostic assessments once staff have been inducted and onboarded. However, workforce requirements to meet the ongoing increasing demand is inadequate and there is a clear demand capacity imbalance . We continue to review all job plans to identify areas where we can increase capacity for assessments.
- The HB has successfully recruited a Service Delivery Manager for Neurodevelopmental Services on a substantive basis following the recent funding allocation of £177,044 from WG to improve existing services, in addition the funding will secure a full time Clinical Psychologist and Administrative support.
- Demand within our IAS service remains similarly high. Again, this is compounded by inadequate workforce numbers to meet the increasing demand. The directorate is funding a number of fixed term additional posts to address some of these demand and capacity issues.
- The recent procurement exercise has been successful and two companies have been selected (out of 4) and will be awarded the contract when we receive final approval from WG of the 1.2 million contract. This will assist us to undertake 150 additional ASD assessments per year x 3 years.
- Senior Managers are engaged in the Neurodivergence Improvement Programme and have attended the WG workshop to contribute to the planning of future improvements. Senior Managers are also currently working with other health boards to identify areas of best practice to improve waiting lists.
- Whilst we await the outcome of the Delivery Unit Demand and Capacity audit we aim to develop a plan which monitors progress against the backlog reduction.



Mental Health - Neurodevelopmental Services

Waiting lists & referrals

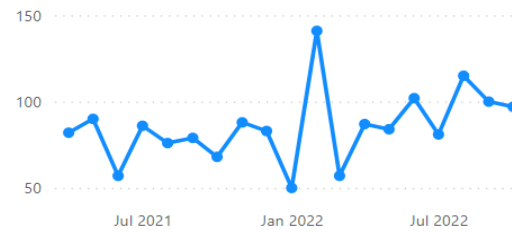
Please select the data you require:

Service

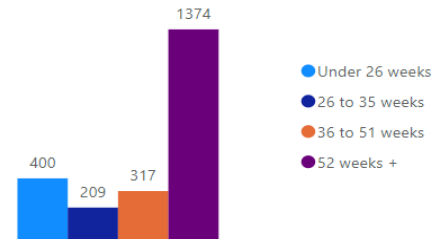
CAMHS ASD

Data is available up to October 2022.

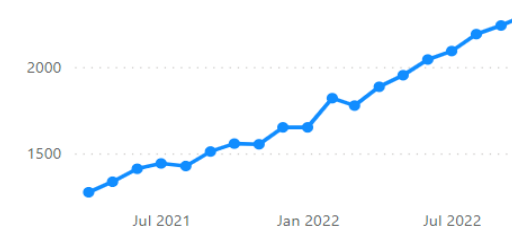
New referrals



Current waiting list by time waiting



Total waiting list



Waiting lists & referrals

Please select the data you require:

Service

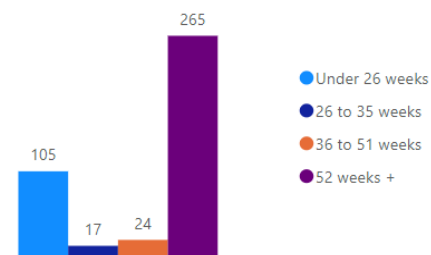
CAMHS ADHD

Data is available up to October 2022.

New referrals



Current waiting list by time waiting



Total waiting list



Mental Health - Neurodevelopmental Services

Waiting lists & referrals

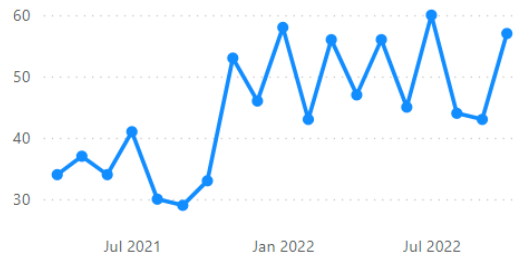
Please select the data you require:

Service

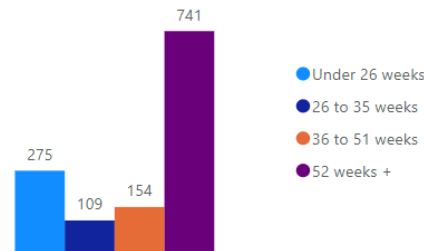
Adult ASD

Data is available up to October 2022.

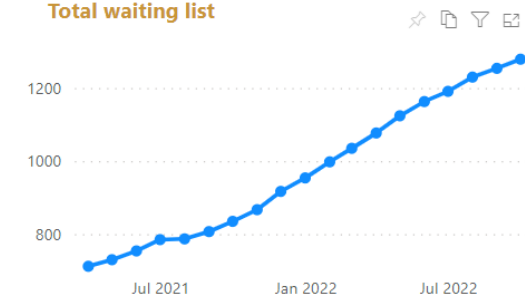
New referrals



Current waiting list by time waiting



Total waiting list



Waiting lists & referrals

Please select the data you require:

Service

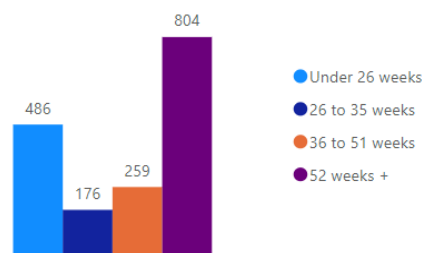
Adult ADHD

Data is available up to October 2022.

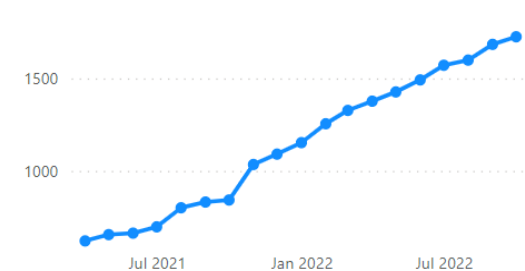
New referrals



Current waiting list by time waiting



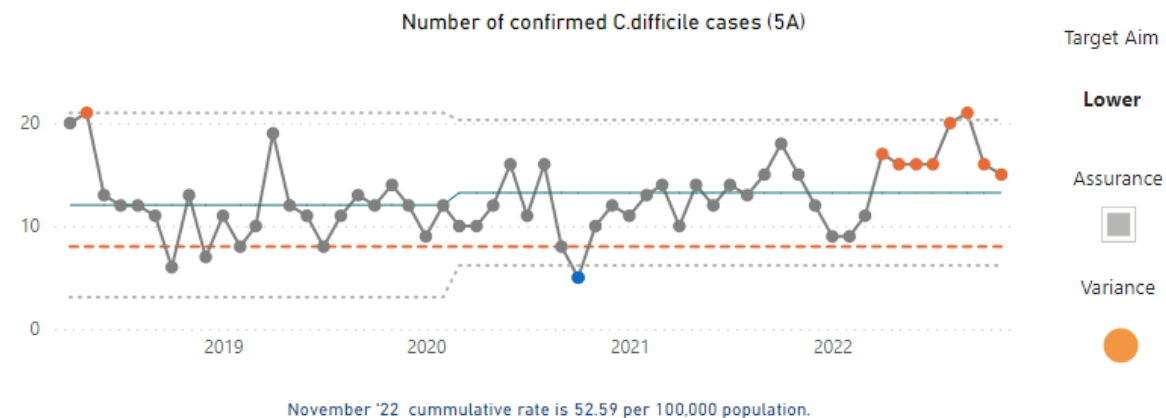
Total waiting list



Infection control

C-difficile

- CDI (Clostridioides *difficile* infection) is a growing concern nationally, the HB CDI improvement plan ([link here](#)) outlines actions in detail.
- A number of the actions replicate the focused work undertaken in PPH (June-Oct 2021), where excellent engagement from the triumvirate team had a positive impact resulting in PPH currently being the fifth lowest (out of 18 hospitals) in Wales with sustained improvement.
- “Post COVID” IP&C training on ANTT, invasive device management and bundle compliance has been re-instated to address bacteraemia incidence. Link nurse and community champion programme is being re-established.
- Surveillance of *Klebsiella sp.* Bacteraemia to date indicates that patients generally have complex co-morbidities with the overall underlying primary source being either urinary or hepatobiliary (not necessarily alcohol related). Further in-depth surveillance is in-progress to inform targeted activity.
- As a result of the recognised community burden the HB has allocated increased ICN presence to work collaboratively with community and primary care teams. Focused work includes care home training and public awareness campaigns. At an individual and cluster level working with GP’s to raise awareness of CDI symptoms, levels of clinical suspicion and latest NICE treatment guidelines.
- A HCAI dashboard (Power BI) is being developed to support the targeted improvement work with clinical teams in hospital in-patient and community settings.



HCAI Dashboard: In-Patient



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University and
Health Board

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01/04/2022

31/03/2023



LA

All

Site

All

Ward

All

Location Type

All

Patient_Cla...

In

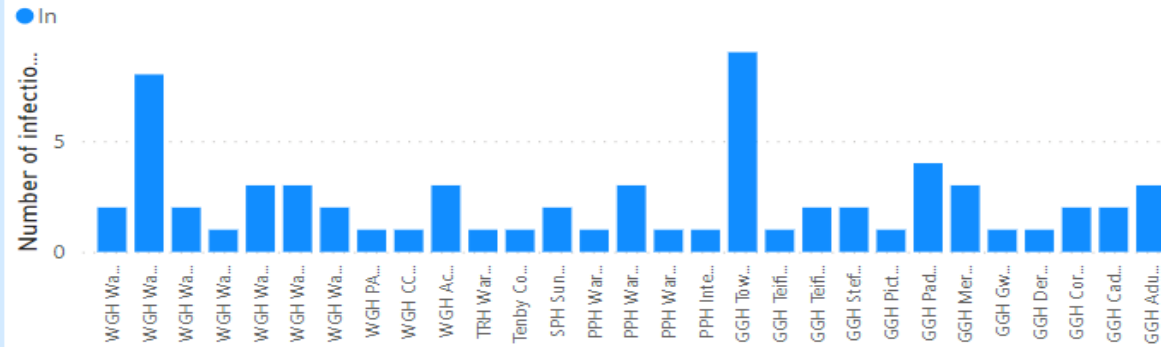
Quick Summary

Total Number_of_Specimens was higher for Acute Hospital (72) than Community Hospital (3).

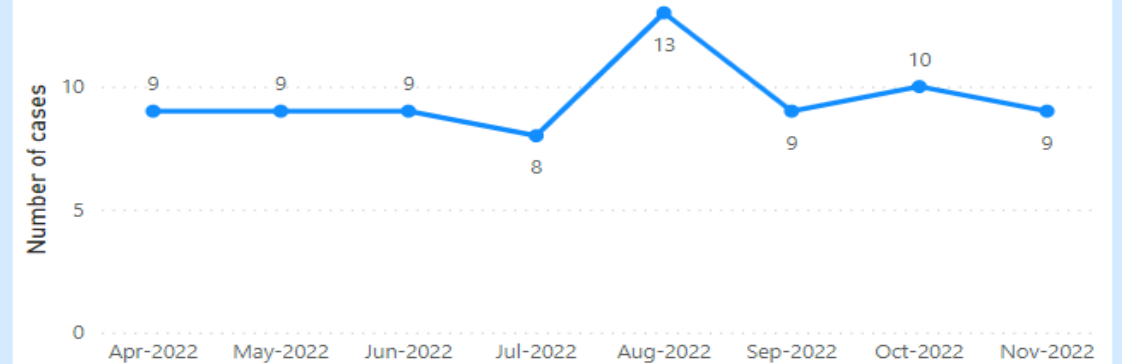
Total number of infections

76

Number of cases by Ward

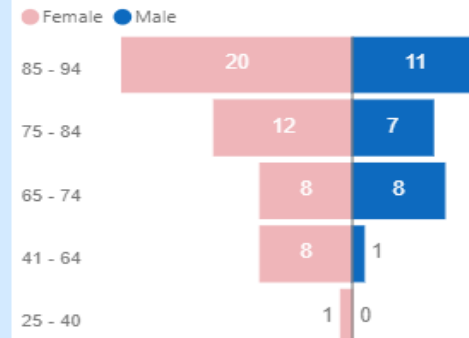


Number of cases per Month

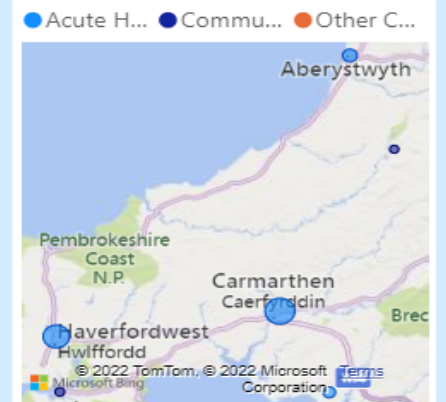
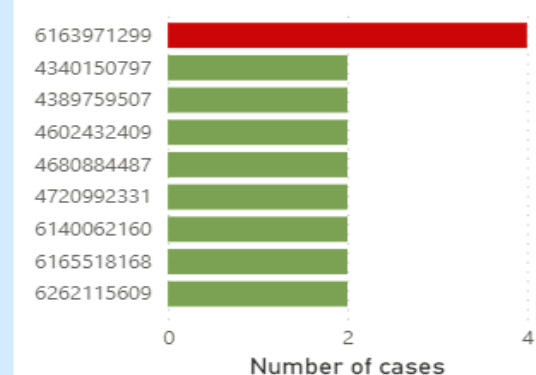


Day	Month	Year	NHS_Number	Ward
Name				
30-08-22				PPH Ward 5
29-10-22				GGH Towy Ward
29-06-22				WGH Ward 10
29-04-22				TRH Ward 1
29-04-22				GGH Merlin Ward
28-08-22				GGH Padarn Ward
27-08-22				SPH Sunderland Ward
26-09-22				GGH Towy Ward
25-11-22				GGH Coronary Care Unit
25-06-22				GGH Merlin Ward

Age of patients



Patients with more than 1 case





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Health Board

HCAI Dashboard: Community/Primary Care

Pages

Information

C. difficile

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01/04/2022

14/12/2022

GP Cluster

All

GP Surgery or Heal...

All

LA

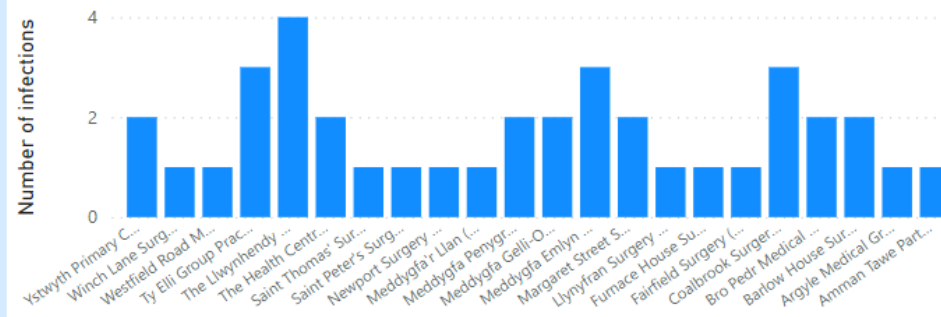
All

Total number of infections

38

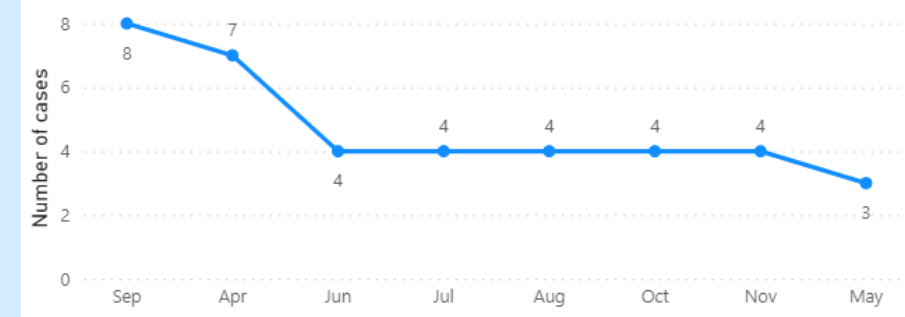
Number of cases by Ward

Non-in

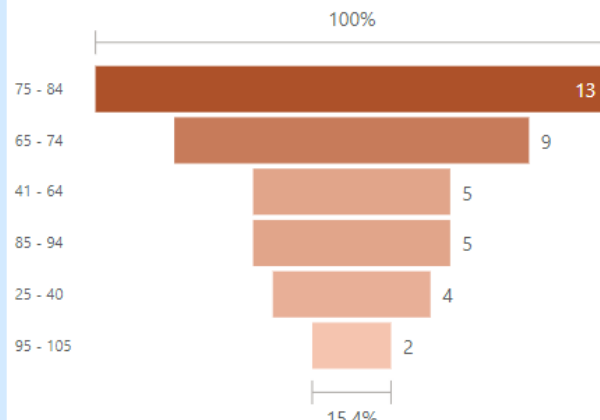


Number of cases per Month

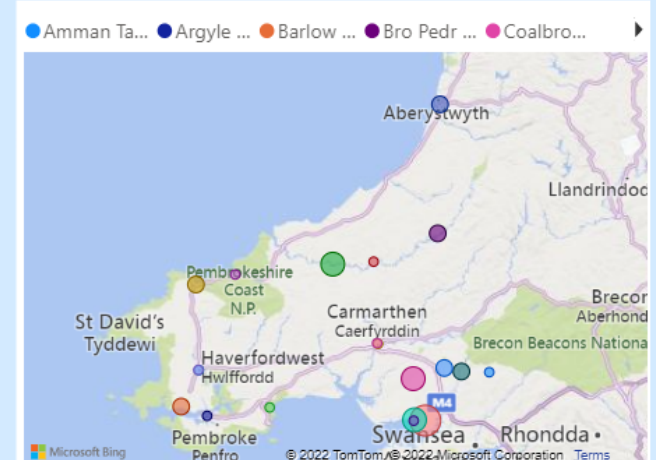
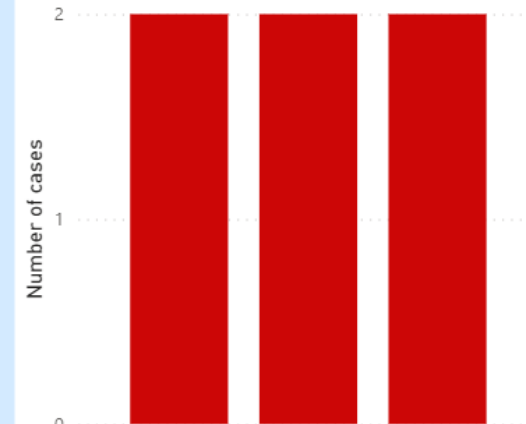
2022/23



Age of patients



Number of patients with more than one case



HCAI Infection Reduction Expectations 2022/23

Rate per 100,000 population - % of cases identified in non-inpatient location and number of cases to date in blue						
	HDUHB	AB	BC	C&V	CT	SB
S.aureus	28.02 – 67% Non- inpatient *73 cases (7 MRSA)	22.76	26.16	27.87	35.25	39.03
E.coli	90.59 – 74% Non- inpatient 236 cases	55.02	75.08	62.27	87.13	70.02
Klebsiella sp.	29.94 – 60% Non- inpatient 78 cases	19.01	21.69	25.8	18.95	26.02
P. aeruginosa	8.44 – 54% Non- inpatient 22 cases	3.5	5.32	5.93	8.98	11.86
C.diff	52.59 – 47% Non- inpatient 137 cases	34.26	41.26	31.43	25.94	50.89

* non-inpatient denotes specimen was taken within 48 hours of admission (usually A&E or admission unit) highlighting the burden of community acquired infection (CAI)

Infection Reduction Expectations 2022/2023



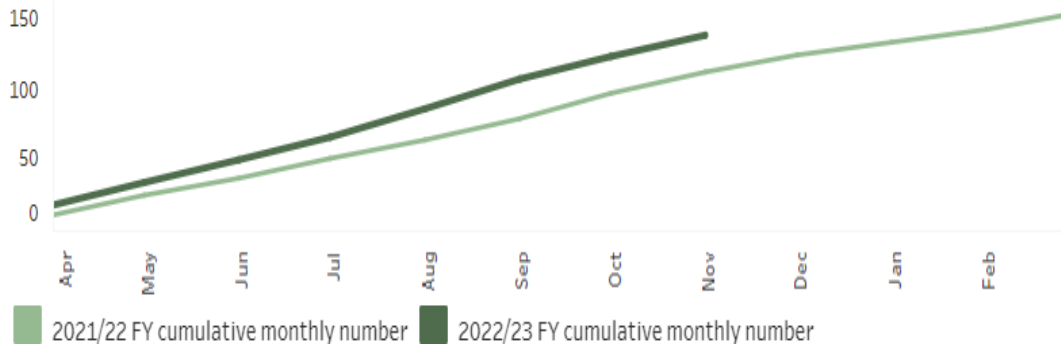
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NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Hywel Dda UHB numbers and rates of *C. difficile* per 1,000 hospital admissions and 100,000 population, Apr 10 to Nov 22

	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population
2022/23	137	78	59	4.53	52.59

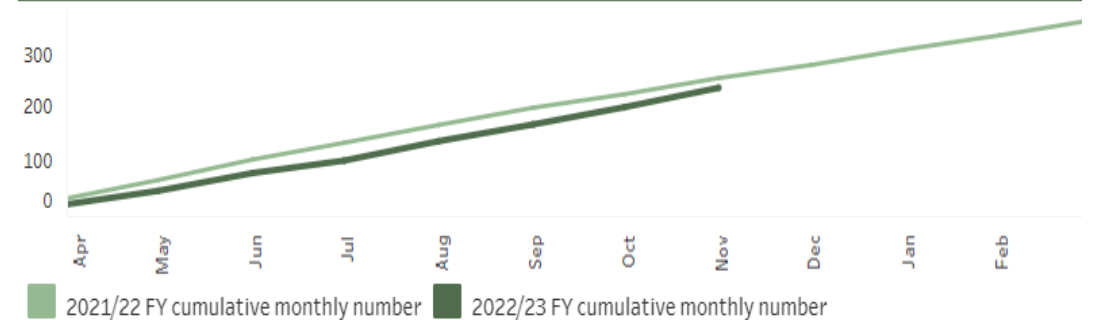
Chart 3. Hywel Dda UHB cumulative monthly numbers of *C. difficile* for Apr to Nov 22 compared to the equivalent period in 2021/22



Hywel Dda UHB numbers and rates of *E. coli* bacteraemia per 1,000 hospital admissions and 100,000 population, Apr 10 to Nov 22

	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population
2022/23	236	65	171	7.80	90.59

Chart 3. Hywel Dda UHB cumulative monthly numbers of *E. coli* bacteraemia for Apr to Nov 22 compared to the equivalent period in 2021/22

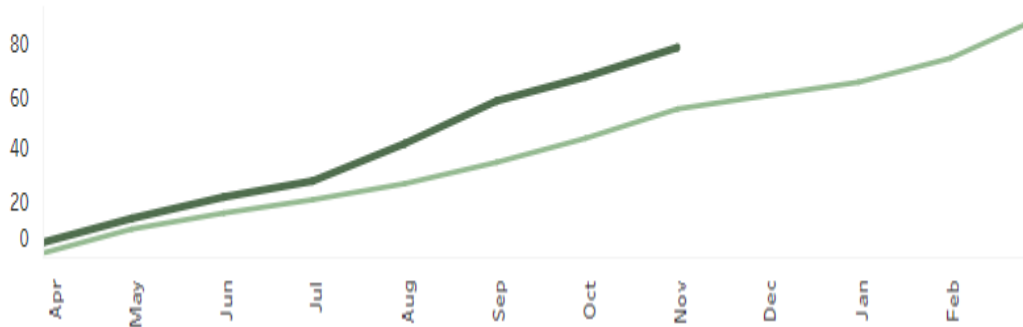


Infection Reduction Expectations 2022/2023

Hywel Dda UHB numbers and rates of *Klebsiella* sp bacteraemia per 1,000 hospital admissions and 100,000 population, Apr 10 to Nov 22

	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population
2022/23	78	31	47	2.58	29.94

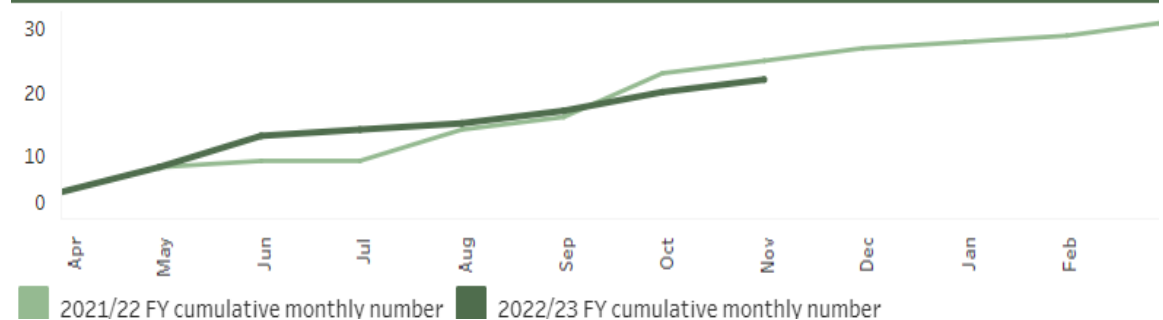
Chart 3. Hywel Dda UHB cumulative monthly numbers of *Klebsiella* sp bacteraemia for Apr to Nov 22 compared to the equivalent period in 2021/22



Hywel Dda UHB numbers and rates of *P. aeruginosa* bacteraemia per 1,000 hospital admissions and 100,000 population, Apr 10 to Nov 22

	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population
2022/23	22	10	12	0.73	8.44

Chart 3. Hywel Dda UHB cumulative monthly numbers of *P. aeruginosa* bacteraemia for Apr to Nov 22 compared to the equivalent period in 2021/22



Infection Reduction Expectations 2022/2023



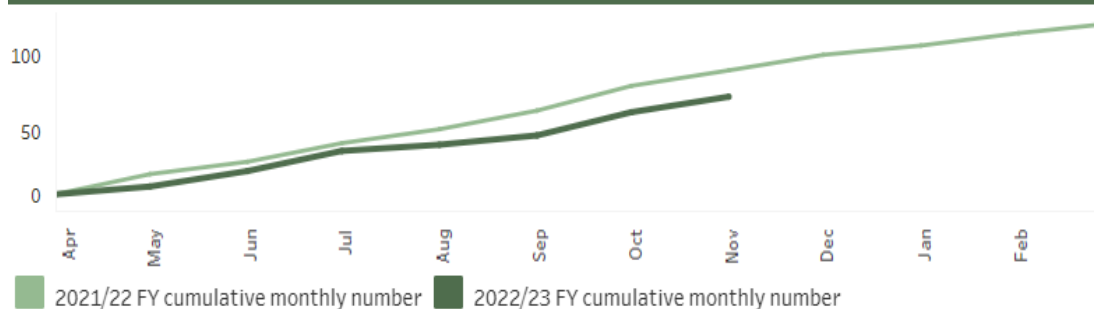
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Hywel Dda UHB numbers and rates of *S. aureus* bacteraemia per 1,000 hospital admissions and 100,000 population, Apr 10 to Nov 22

	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population
2022/23	73	24	49	2.41	28.02

Chart 3. Hywel Dda UHB cumulative monthly numbers of *S. aureus* bacteraemia for Apr to Nov 22 compared to the equivalent period in 2021/22



Range per 1000 admissions: PPH 2.14, GGH 2.06, BGH 2.47, WGH 3.63

Wales numbers and rates of *S. aureus* bacteraemia per 1,000 hospital admissions and 100,000 population, Apr 10 to Nov 22

	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population
2022/23	589	298	291	2.19	27.80

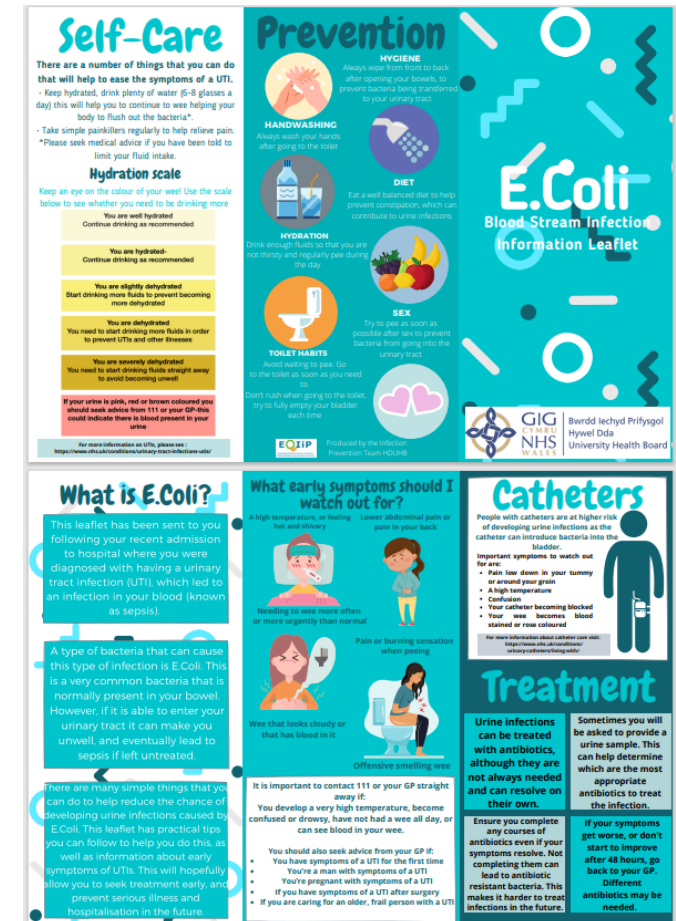
IPC interventions targeted at reducing bacteraemia rates/numbers of cases

Gram negative bacteraemia: majority cases originate in the community therefore shift of limited IPC team resource to community/primary care focusing on:

- Reducing urinary tract infection / urosepsis including quality improvement initiative - patient information campaign; targeted education and training in care homes, GP practices (at an individual practice and cluster level).

Gram positive bacteraemia

- Refocus on basic IPC face-to-face training; recommence aseptic non-touch technique (ANTT) training programme & competency assessments; plans to carry out prevalence survey of peripheral intravascular cannula usage and practice in New Year



Critical care

Enhanced monitoring

- Critical Care workforce plan
- Plans developed and agreed with CHC and the public for a safe, sustainable service
- Effective surge planning in case increase of capacity was required

On 25th July 2022, an operational decision was implemented to amend the admission protocols to the Critical Care Unit at Prince Philip Hospital as a consequence of a further deterioration in the availability of Critical Care consultant staff to provide appropriate and sustainable levels of on-site support to the unit. This decision was affirmed on 28th July 2022 by the Operational Planning & Delivery Group, chaired by the Director of Operations, following discussion at the In-Committee Board session earlier that day.

From this date, admission protocols to the unit were amended to patients requiring Level 1 and 2 Critical Care, with patients requiring Level 3 care to be admitted/transferred to neighbouring Critical Care units, appropriate to their clinical needs. This adjustment to the admission protocol was intended as a temporary measure, with restoration of the previous arrangements dependent upon an improvement in consultant level Critical Care staffing resources.

A paper taken to Board in September 2022 provided an overview of the latest position and to agree to receive a further assessment and update in January 2023, in the event that Critical Care consultant staffing levels do not improve to a sufficient level in the intervening period to enable restoration of the admission protocols in place prior to 25th July 2022.

A full copy of the Board paper can be found via the [link here](#).