

**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STAKEHOLDER REFERENCE GROUP**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 July 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 2 2023/2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Catherine Evans, Head of Strategic Performance Improvement

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Stakeholder Reference Group (SRG) is provided with a copy of the month 2 2023/24 Integrated Performance Assurance Report (IPAR) which was submitted to Strategic Development and Operational Delivery Committee (SDODC) in June 2023. The IPAR summarises progress against a range of national and local performance measures.







The full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31 May 2023](#) and can also be accessed via our [internet site](#).

A new overview document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 31 May 2023' is also provided (Appendix 1). This document summarises performance against our key improvement measures for 2023/24. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. Additional measures for delayed pathways of care and nurses in post are also included as both measures have a significant impact on our performance in other areas.

On 31 May 2023 we submitted improvement trajectories to Welsh Government for the 2023/24 Ministerial Priorities. The trajectories have been included in the IPAR dashboard. Note: the trajectories are pending Welsh Government sign off.

The IPAR dashboard uses Statistical Process Charts (SPC). There are two short videos available to explain more about SPC charts: [Why we are using SPC charts for performance reporting](#) and [How to interpret SPC charts](#).

A summary of the SPC chart icons are included below. Further details on why we are using SPC charts and SPC rules can be found in the supporting overview document.

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 = will randomly meet and fail target without a service review
		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

The 2022/2023 NHS Performance Framework can be accessed via the supporting documents section of the [Monitoring our performance](#) internet page.

Asesiad / Assessment

Current status key

Orange = concerning variation, decline in performance or considerably off trajectory

Grey = usual variation, starting to improve or near trajectory

Blue = improving variation, improvement in performance or meeting trajectory



Key areas for improvement

The table below gives a snapshot of our key areas for performance improvement in 2023/24.

Further details for all of the measures below can be found within the supporting document entitled 'Integrated Performance Assurance Report Overview: as at 31 May 2023'.

Topic	Area for Improvement	Current status	Latest period	Actual	Trajectory
Planned care recovery	Return activity back to 19/20 levels	Grey	May 23	n/a	n/a
	Waits over 52 weeks from referral to treatment	Blue	May 23	13,779	13,555
	Waits over 104 weeks from referral to treatment	Blue	May 23	3,313	3,255
	Waits over 36 weeks for first outpatient appointments	Blue	May 23	10,628	11,029
	Waits over 52 weeks for first outpatient appointments	Blue	May 23	3,351	3,115
	Delayed follow-up outpatient appointments	Blue	May 23	15,867	15,811
Urgent and emergency care	Ambulance handovers over 1 hour	Orange	May 23	993	1,080
	Ambulance handovers over 4 hours	Grey	May 23	299	n/a
	Patients waiting over 12 hours in A&E/MIU	Orange	May 23	1,337	1,360
	Delayed pathways of care	n/a	May 23	230	n/a
Cancer	Single cancer pathway	Orange	Apr 23	51%	55%
	Patients waiting over 62 days for cancer treatment	Orange	Apr 23	481	385
Mental health	Primary and secondary care CAMHS	Grey	Apr 23	69.8%	n/a
	Waits over 26 weeks for psychological therapies	Blue	Apr 23	43.9%	n/a
	Waits over 26 weeks for neurodevelopmental assessment	Orange	Apr 23	21%	n/a
Diagnostics	Diagnostic waits over 8 weeks	Grey	May 23	6,671	6,306
Therapies	Therapy waits over 14 weeks	Orange	May 23	2,229	2,124
Primary care	Primary care referrals into ophthalmology	Grey	May 23	1,108	1,270
Infections	Reduce the number of C.Difficile cases	Grey	May 23	14	n/a
	Reduce the number of E.Coli cases	Grey	May 23	42	n/a
Workforce	Increase number of nurses and midwives in post	Blue	May 23	2,964	n/a

For further details on all of the performance measures we are monitoring, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31 May 2023](#).



Key initiatives and improvements impacting our performance

Increasing our capacity

- Capacity and throughput in outpatients is now similar to pre-COVID-19 levels with some areas exceeding throughput by the use of alternative pathways.
- Virtual appointments are being used, alongside face-to-face to maximise capacity.
- A dedicated cataract theatre is running at Amman Valley Hospital Day Surgery Unit to increase day case activity.
- Two new day surgical theatres opened on 5 December 2022 at Prince Philip Hospital (PPH).
- A 'CT in a box' has been installed at Withybush Hospital (WH). This is a mobile unit used to increase capacity.
- Introduction of text reminder for mental health appointments to alleviate the number of did not attend (DNAs).
- Mental Health have introduced group therapy sessions; however, uptake is low due to patients preferring one-to-one appointments.

Quicker diagnosis

- Faecal Immunochemical Testing (FIT) being introduced in primary care. This will also reduce the number of endoscopy referrals.
- Introduced a rapid diagnosis clinic for suspected cancer patients who do not meet the criteria for the site-specific tumour pathways.

Waiting list validation

- We are having a positive effect on reducing the number of breaches by removing those patients no longer needing care e.g. their issue has resolved, patient has received alternative treatment. Validation has accounted for 1,933 waiting list removals in 2023/24 (465 in April 2023 & 1,468 in May 2023).

Same Day Emergency Care

- Being progressed across all acute sites, along with the Same Day Urgent Care (SDEC) service operating from Cardigan Integrated Care Centre. The aim is to minimise admissions, with wrap around care from the community available to support admission avoidance where assessment and diagnostics have determined it is safe and appropriate to do so.

Ambulance triage and release

- To reduce the impact on our acute hospital front doors during peak hours (10am-2pm), patients waiting for an ambulance are given a GP triage assessment and streamed accordingly.
- Ambulance crews can request release from waiting outside a hospital to attend life threatening emergency calls and at Glangwili Hospital (GH), released for more serious calls (amber 1).



Key issues impacting our performance

Business continuity incidents

- Despite extreme system pressures, there were no business continuity incidents (BCI) declared in May 2023.

Staff shortages

- Vacancy gaps, staff retention, staff sickness and carry over of annual leave from the pandemic, all continue to impact on our capacity to see and treat patients across the Health Board.
- A noticeable reduction in availability of agency staff across all therapy services, which has previously given significant additional capacity. Historically we have used agency staff to recover positions as and when necessary, however, this is becoming increasingly difficult to do. As an alternative we are 'over recruiting' against our traditional baseline but within our funding envelope, based on historical run rate of absences and vacancies. We are successfully recruiting from overseas but lead in times are considerable.

Patient acuity

- In May 2023, patient acuity reduced significantly and was the lowest reported level since pre-pandemic, despite the delays in patients coming forward for care and increased waiting times.

Patient flow

- The number of patients with complex discharge requirements are resulting in discharge delays while arrangements are put in place to meet the patient's needs. Most delays are attributable to timely access to various pathway assessments, domiciliary care provision, availability of reablement packages and care home placements. As of 24 May, 230 of our inpatients were ready to leave, 186 of these patients are in our acute hospitals.
- Risk to patients waiting in the community for an ambulance or access to treatment / transport. Patients potentially at risk whilst they remain on an ambulance outside of hospital.
- Discharge delays are impacting on our emergency departments (EDs) and assessment units, with a number of patients waiting for an inpatient bed. On the afternoon of 9 June, we had 38 unplaced patients (awaiting admission) in our EDs and had spaces for 64 major/resus patients. Any unplaced patients can wait in minor bays, on ambulances, in chairs, in corridors and in the waiting room.
- PPH experienced challenges due to infection control issues which restricted flow on site. To minimise disruption when infection control issues impact patient flow due to bed closures we supplement capacity through surge beds.

Demand and capacity

- Insufficient accommodation space to treat new patients arriving in our EDs due to patient flow issues described above, GH being the site with the greatest impact. The improvement plan for GH currently includes SDEC in place on weekdays and Welsh Ambulance Service Trust (WAST) to refer into SDEC to avoid conveyance to Accident and Emergency (A&E); a frailty pathway is being established for the front door with the Home First team supporting with admission avoidance and support of frail older patients, and medically fit cohorting on "Y Lolfa" to release acute beds.
- High demand across various areas including referrals for mental health services, single cancer pathway and endoscopy. Demand is more than our existing capacity in most of these areas meaning breaches will continue to rise without additional capacity being identified.
- High rate of patients not attending appointments continues to impact mental health service capacity, and results in the Health Board being unable to offer those appointments at short notice.

Other key things to flag

- **Ophthalmology:** In April 2023, 69.3% of R1 appointments attended were within their clinical target date, or within 25% delay to their target. The national target (95%) has never been achieved and concerning variation is showing. However, performance in April 2023 is the best recorded since May 2022.
- Lost **ambulance handover** hours: 3,483. Performance has been above the mean since November 2021 and is showing concerning variation. All sites except for Bronglais Hospital (BH) have seen an increase in lost ambulance handover hours in May 2023.
- Percentage of **stroke** patients receiving 45 mins of Speech and Language Therapy; 32% (target 50%). Performance has improved in May 2023 when compared to the past 4 months, however, has been below target for 12 consecutive months and is showing concerning variation.
- **Incidents** in May 2023:
A higher number of incidents were closed where harm initially reported with a grade of moderate or above. GH and PPH both had significant spikes in investigated incidents causing moderate harm or worse, but this is due to a push to review, investigate and close incidents as opposed to an increase in incidents causing moderate or above harm. A random review of the incidents for all areas highlights that there were no acts or inactions in care and therefore the grading of the incident should be lower.

Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported)	400
Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified)	119

- **Hip fractures:** Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 52% (target 50%) for May 2023. Performance has improved from a low point of 15% in January 2023. Common cause variation is showing. Withybush Hospital (WH) shows as 0%, however performance should improve further in the forthcoming months as a new Specialist Registrar commenced in April 2023.
- **Staff sickness:** 6.38% 12-month rolling, 5.33% in-month (target 4.79%). Concerning variation is showing, however, the 12-month rolling figure has consistently reduced since January 2023 (6.61%).
- **Workforce:**
 - Personal Appraisal and Development Review (**PADR compliance**) had improved every month in the last year, however a slight drop between April (74.58%) and May 2023 (74.14%) (target 85%). Performance is now similar to pre-pandemic levels.
 - Current **job planning** compliance is also showing improving variation with 60% in May 2023 (target 90%). Performance is now at levels not seen since pre-pandemic.
- **Patient experience:** Overall patient experience exceeded the target of 90%, with 95% of patients reporting a positive response in May 2023. Other areas where the target was exceeded include:
 - I am listened to
 - I am treated with dignity, respect and kindness
 - % patients reporting a positive experience attending emergency departments
 - I feel supported to take more personal responsibility for my own health

- Children receiving 2 doses of the **MMR vaccine** by age 5: 88.6% achieved in March 2023 against the target of 95%. Concerning variation showing and target not been met in the last 5 years.
- Number of patients aged 65 years or over **prescribed an antipsychotic**: 1,288 in quarter 4 2022/23. Performance has improved from quarter 3 although still showing concerning variation.
- The table below summarises for each of the 2022/23 **NHS Performance Framework qualitative measures**, Welsh Government's RAG ratings of our submissions along with a summary of their feedback notes.

Qualitative update	RAG 31.08.22	RAG 31.03.23	Feedback notes from Welsh Government
NHS Wales weight management pathway update	Amber	Green	The Health Board has shown real progress in its pathway development, and with key individuals in post, this progress is heading in the right direction.
Implement Help Me Quit (HMQ) in Hospital smoking cessation services	Amber	Amber	The health board has made solid progress and demonstrated a good understanding of the actions required to deliver the HMQ in hospital model. We are pleased to see that leadership, systems and structures are in place to progress this work.
Reduce smoking during pregnancy	Amber	Amber	The health board has demonstrated clear evidence of understanding the agenda and we look forward to seeing progress in the next return.
Progress to develop a whole school approach to CAMHS in reach services	Green	Green	Overall service development and delivery appears to be progressing well, although would like to understand any internal monitoring methods for service evaluation.
Dementia learning and development framework update	Amber	Amber	Planning & delivering integrated learning & development (L&D) for dementia, particularly with social care - The Regional Dementia Steering Group via West Wales Partnership Board has commissioned work to produce a regional L&D Dementia framework for health and social care providers founded on rights and evidence based care for people living with Dementia and their carers.
Progress against the priority areas to improve the lives of people with learning disabilities	Red	Amber	The organisation has clearly identified some of the key issues to be addressed, as well as some of the barriers to fully achieving the outcomes and objectives of the programme. Plans for tackling these challenges have been identified and are being developed, but due to the significant restructuring activity, they have yet to be fully implemented.
Qualitative update	RAG 31.08.22	RAG 31.03.23	Feedback notes from Welsh Government

NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan	Amber	Amber	Governance and delivery mechanisms have been maintained. Activity is reported across many but not all actions within the plan, further evidence of progress would have provided greater delivery assurance. A good awareness of risks, however, further clarity on mitigations would provide greater delivery confidence.
Evidence of NHS Wales embedding Value Based Health Care (VBHC)	Green	Green	VBHC is being strategically embedded into the Health Board's planning as a whole system approach, including a strategic document to make the direction clear and this whole system approach is already making a difference. For example, the Health Board is tackling pain management caused by chronic conditions together rather in silo with its Pain Management Programme.
Evidence of NHS Wales advancing its understanding of Foundational Economy in Health and Social Services 2021-22 Programme update	Green	Green	The Health Board are cognisant that it is a large anchor institution for West Wales and has the ability to affect positive change on the economy for its communities including its wider determinants of health.

Argymhelliad / Recommendation

The Stakeholder Reference Group is being provided with the IPAR – Month 2 2023/2024 for information.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A).</p> <p>3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. 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
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development and Operational Delivery Committee People, Organisational Development and Culture Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Yes
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st May 2023

For further details see the 'System measures' section of the latest [IPAR dashboard](#).



This document summarises performance against our key improvement measures for 2023/24. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. We have also included additional measures for delayed pathways of care and nurses in post as both measures have a significant impact on our performance in other areas.

For further details on all of the performance measures we are monitoring, including additional data, issues faced, actions being taken, risks and mitigations, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31 May 2023](#).

Click on a measure of interest below to access further details within this overview report.

Topic	Area for Improvement	Current status	Latest period	Actual	Trajectory
Planned care recovery	Return activity back to 19/20 levels	Grey	May 23	n/a	n/a
	Waits over 52 weeks from referral to treatment	Blue	May 23	13,779	13,555
	Waits over 104 weeks from referral to treatment	Blue	May 23	3,313	3,255
	Waits over 36 weeks for a first outpatient	Blue	May 23	10,628	11,029
	Waits over 52 weeks for first outpatient	Blue	May 23	3,351	3,115
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Urgent and emergency care	Ambulance handovers over 1 hour	Orange	May 23	993	1,080
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	Delayed pathways of care	n/a	May 23	230	n/a
Cancer	Single cancer pathway	Orange	Apr 23	51%	55%
	Patients waiting over 62 days for cancer treatment	Orange	Apr 23	481	385
Mental health	Primary and secondary care CAMHS	Grey	Apr 23	69.8%	n/a
	Waits over 26 weeks for psychological therapies	Blue	Apr 23	43.9%	n/a
	Waits over 26 weeks for neurodevelopmental assess	Orange	Apr 23	21%	n/a
Diagnostics	Diagnostic waits over 8 weeks	Grey	May 23	6,671	6,306
Therapies	Therapy waits over 14 weeks	Orange	May 23	2,229	2,124
Primary care	Primary care referrals into ophthalmology	Grey	May 23	1,108	1,270
Infections	Reduce the number of C.Difficile cases	Grey	May 23	14	n/a
	Reduce the number of E.Coli cases	Grey	May 23	42	n/a
Workforce	Increase number of nurses and midwives in post	Blue	May 23	2,964	n/a

Current status key

- **Orange**
Concerning variation, decline in performance or considerably off trajectory
- **Grey**
Usual variation, starting to improve or near trajectory
- **Blue**
Improving variation, improvement in performance or meeting trajectory

Statistical process control (SPC) charts

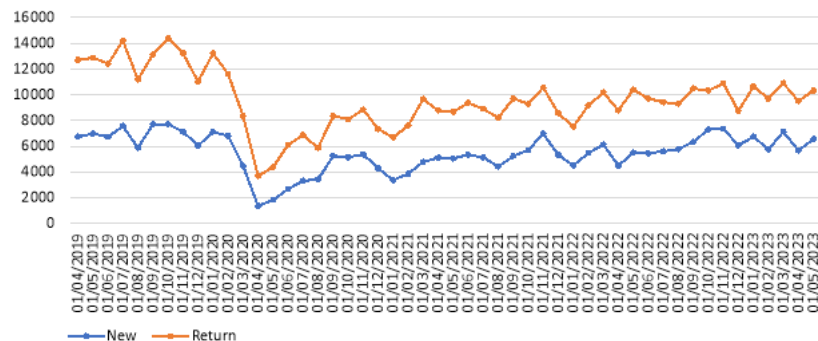
- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

Planned care recovery: Ensure actual activity realised is back to 19/20 levels especially in surgical specialties

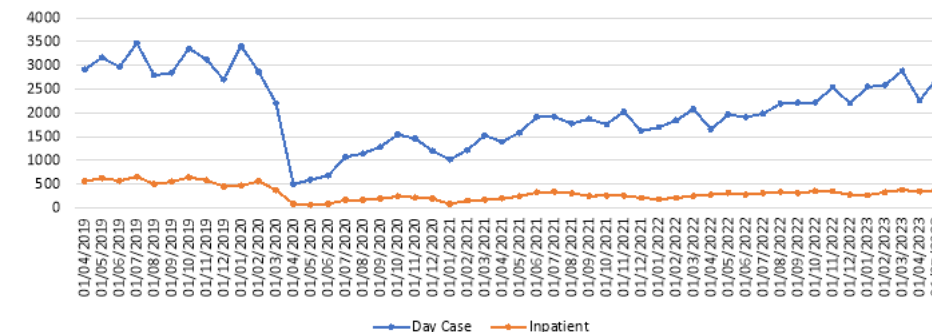
(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	May 23	n/a	n/a	In May 2023, for selected surgical specialties, when compared to May 2022, we completed; <ul style="list-style-type: none"> • 36% more new outpatient appointments • 16% more inpatient procedures • 42% more day case procedures.

Monthly outpatient activity (all specialties):
Apr 19 to May 23



Monthly day case & inpatient activity (all specialties):
Apr 19 to May 23



Outpatient activity: May 22 compared to May 23

Selected surgical Specialties	New				Return			
	2019/20 avg.	May 22	May 23	% change*	2019/20 avg.	May 22	May 23	% change*
Breast	337	339	408	+20%	468	484	461	-5%
Colorectal	195	244	480	+97%	169	275	170	-38%
ENT	564	464	590	+27%	652	475	524	+10%
Gastroenterology	302	252	510	+102%	496	576	653	+13%
General Surgery	362	106	192	+81%	399	99	115	+16%
Gynaecology	712	717	697	-3%	822	655	737	+13%
Ophthalmology	673	375	715	+91%	1664	1120	1196	+7%
Trauma & Orthopaedics	615	475	495	+4%	1478	871	985	+13%
Urology	262	187	215	+15%	1143	931	1031	+11%
Selected surgical specialties total	4022	3159	4302	+36%	7291	5486	5872	+7%
All specialties grand total	6745	5516	6570	+19%	12369	10410	10324	-1%

*% change refers to latest month compared to same month the previous year. 2019/20 monthly average figures included for reference

Inpatient and day case activity: May 22 compared to May 23

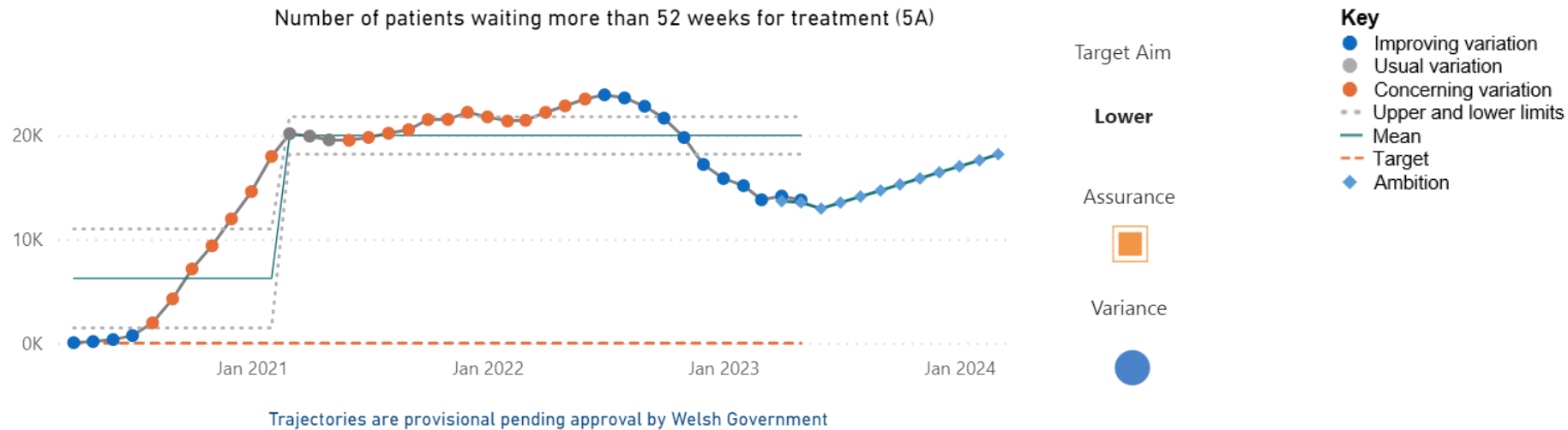
Selected surgical Specialties	Inpatients				Day cases			
	2019/20 avg.	May 22	May 23	% change*	2019/20 avg.	May 22	May 23	% change*
Breast	37	49	52	+6%	10	4	7	+75%
Colorectal	14	33	14	-58%	24	29	29	0%
ENT	46	28	34	+21%	51	47	37	-21%
Gastroenterology	5	3	2	-33%	573	326	581	+78%
General Surgery	75	23	35	+52%	512	258	286	+11%
Gynaecology	43	34	49	+44%	133	71	98	+38%
Ophthalmology	2	1	1	0%	327	128	188	+47%
Trauma & Orthopaedics	198	65	97	+49%	217	121	229	+89%
Urology	107	76	78	+3%	434	393	495	+26%
Selected surgical specialties total	528	312	362	+16%	2280	1377	1950	+42%
All specialties grand total	547	319	379	+19%	2985	1966	2728	+39%

*% change refers to latest month compared to same month the previous year. 2019/20 monthly average figures included for reference

Planned care recovery: Deliver zero 52 weeks wait from referral to treatment by March 2025

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Blue</p> <p>Improving variation, improvement in performance or meeting trajectory</p>	May 23	13,779	13,555	<p>13,779 patients were waiting over 52 weeks for treatment at the end of May 2023 (provisional trajectory: 13,555). This is the lowest number of breaches since December 2020 and the position reduced by 379 since April 2023.</p> <p>Our provisional trajectory estimates the position will be 12,949 breaches by the end of June 2023.</p>



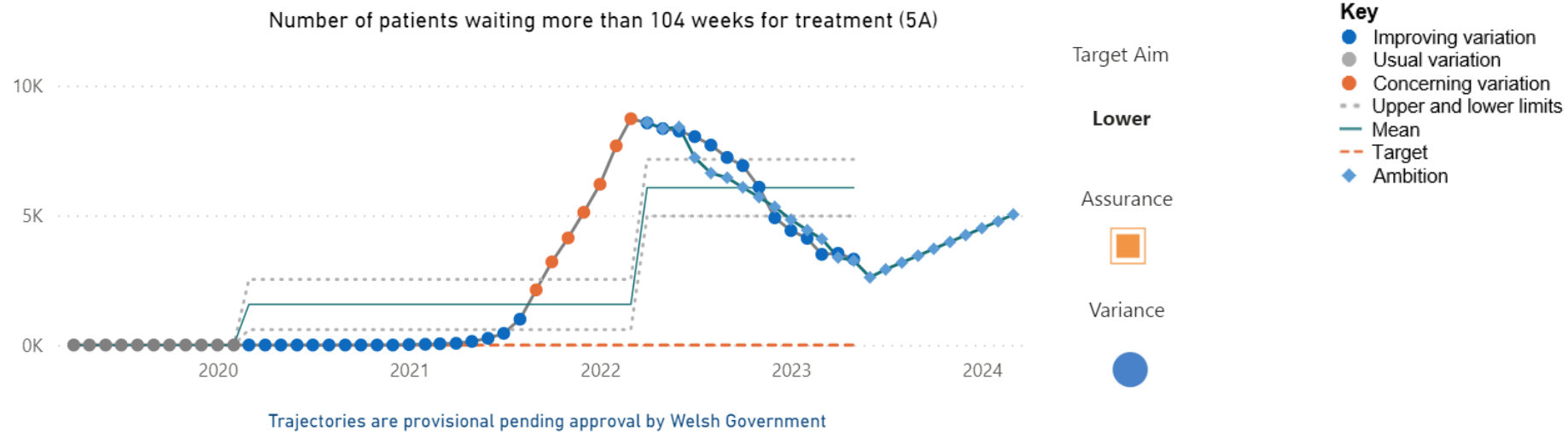
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Planned care recovery : Deliver zero 104 weeks waits for treatment by June 2023

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Blue</p> <p>Improving variation, improvement in performance or meeting trajectory</p>	May 23	3,313	3,255	<p>3,313 patients were waiting over 104 weeks for treatment at the end of May 2023 (trajectory: 3,255). This is the lowest number of breaches since October 2021 and the position reduced by 224 since April 2023.</p> <p>Our trajectory estimates breaches will reduce to 2,609 by the end of June 2023.</p>

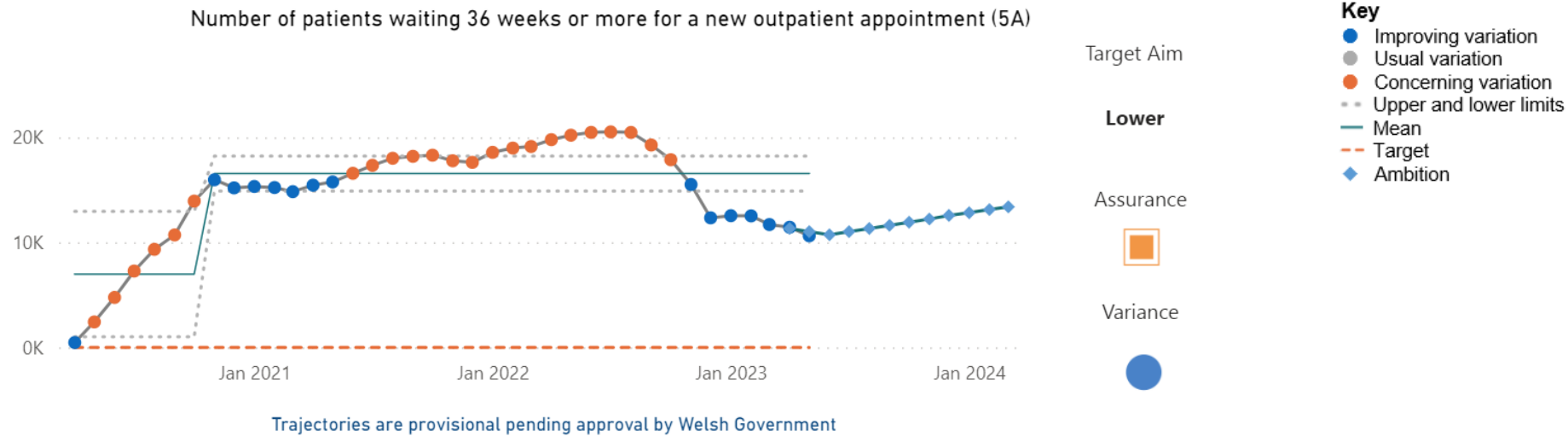


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Planned care recovery: Deliver zero 36 weeks waits for new outpatient appointments by March 2024
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Blue</p> <p>Improving variation, improvement in performance or meeting trajectory</p>	May 23	10,628	11,029	<p>10,628 patients were waiting 36 weeks or more for a first outpatient appointment at the end of May 2023 (provisional trajectory: 11,029). This is the lowest number of breaches since August 2020 and the position reduced by 814 since April 2023.</p> <p>Our provisional trajectory estimates the position will be 10,727 breaches by the end of June 2023.</p>



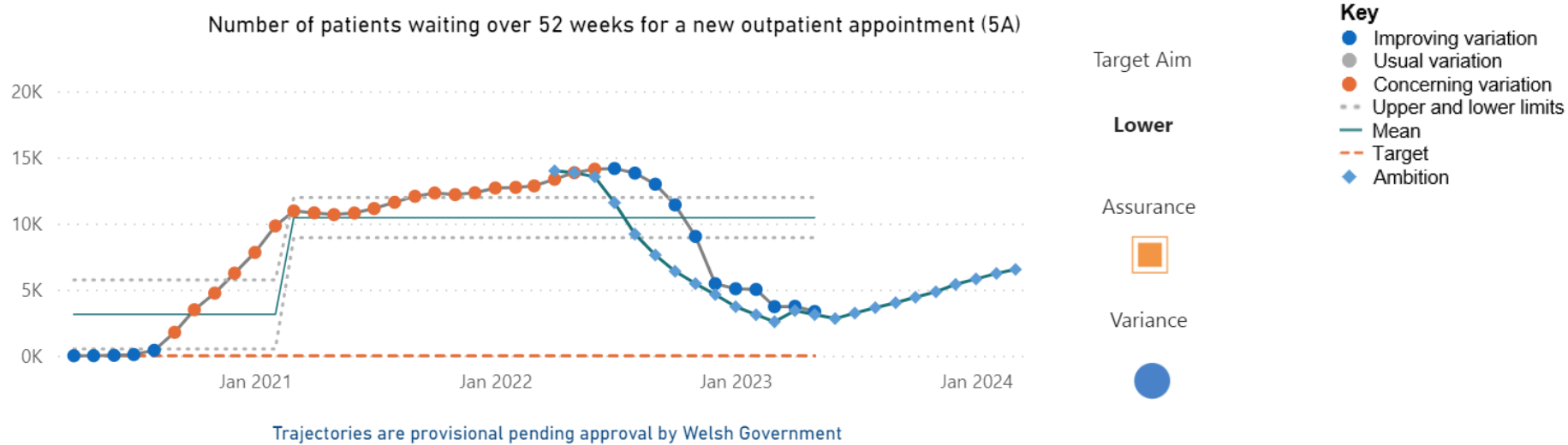
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Planned care recovery: Deliver zero 52 weeks wait for first outpatient appointments by June 2023

(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	May 23	3,351	3,115	3,351 patients were waiting over 52 weeks for a first outpatient appointment at the end of May 2023 (trajectory: 3,115). This is the lowest number of breaches since September 2020 and the position reduced by 388 since April 2023. Our trajectory for the end of June 2023 is 2,813 breaches. ENT, Colorectal and Vascular are the only specialties where breaches are expected.

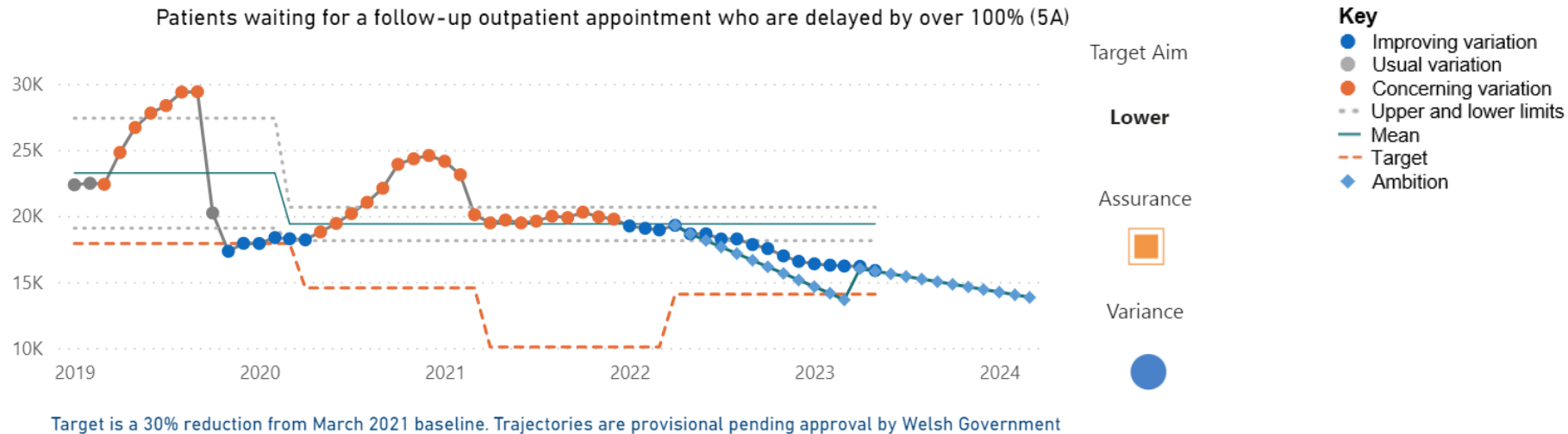


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Planned care recovery: Reduce the number of patients waiting for a follow-up appointment who are delayed by over 100% (Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Blue</p> <p>Improving variation, improvement in performance or meeting trajectory</p>	May 23	15,867	15,811	<p>As of 31st May 2023, a total of 66,547 patients were waiting for a follow up appointment, of which 15,867 were delayed over 100% of their target date (provisional trajectory: 15,811). Breaches are lower now than any other time in the last 4 years and position reduced by 314 since April 2023.</p> <p>Our provisional trajectory estimates the position will reduce to 13,831 by the end of March 2024.</p>



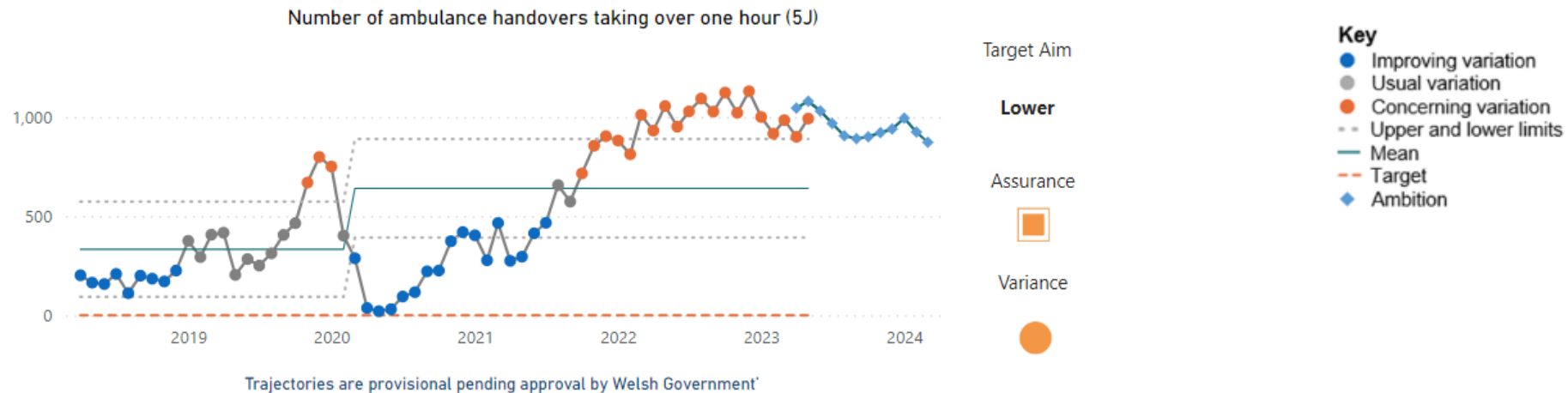
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Urgent and emergency care: Deliver zero ambulance handovers to EDs taking longer than 1 hour by 31st March 2024

(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Orange Concerning variation, decline in performance or considerably off trajectory</p>	May 2023	993	1,080	<p>Overall performance deteriorated in May, however there was a total increase of 193 handovers when compared to April 2023. All sites achieved their trajectories except PPH.</p> <ul style="list-style-type: none"> • Bronglais Hospital: 121 (trajectory: 125) • Glangwili Hospital: 534 (trajectory: 550) • Prince Philip Hospital: 157 (trajectory: 145) • Witybush Hospital: 181 (trajectory: 260) <p>Our ambition is to reduce the number of handovers taking more than one hour to 873 by March 2024, continuing to strive towards a national target of zero.</p>



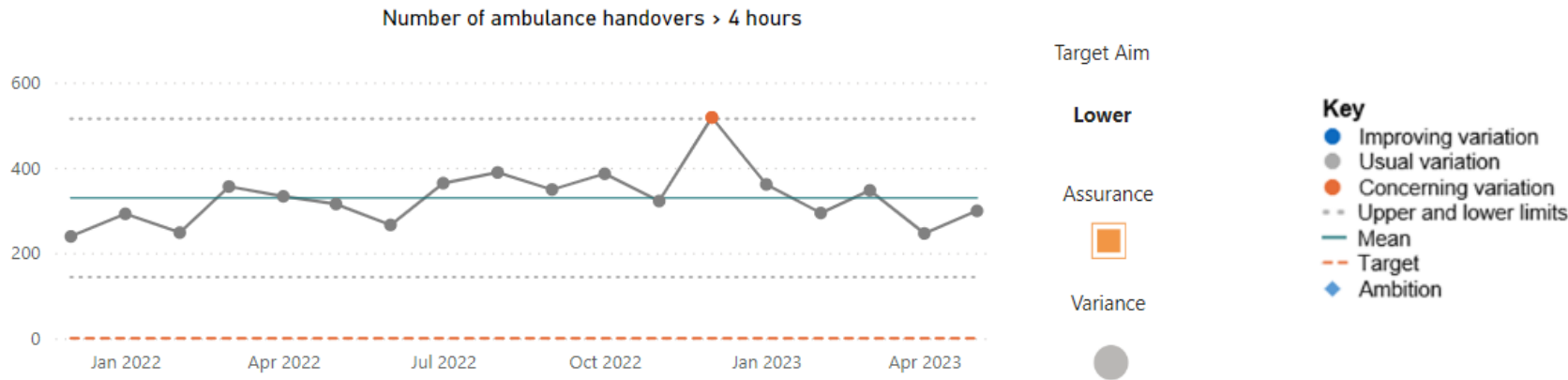
For further details on this measure, including site specific information, additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

Urgent and emergency care: Deliver zero ambulance handovers to EDs taking longer than 4 hours

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Grey, Usual variation, starting to improve or near trajectory	May 2023	299	n/a	<p>Performance in May 2023 deteriorated slightly due to an increase of 53 handovers taking more than 4 hours compared to the previous month. However, the total number of handovers also increased by 193 compared to April, with all sites except BH showing a decline.</p> <p>Bronglais Hospital: 10 handovers (previously 28) Glangwili Hospital: 202 handovers (previously 169) Prince Philip Hospital: 60 handovers (previously 33) Withybush Hospital: 27 handovers (previously 16)</p> <p>The longest handover was 23 hours at PPH.</p>



For further details on this measure, including site specific information, additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

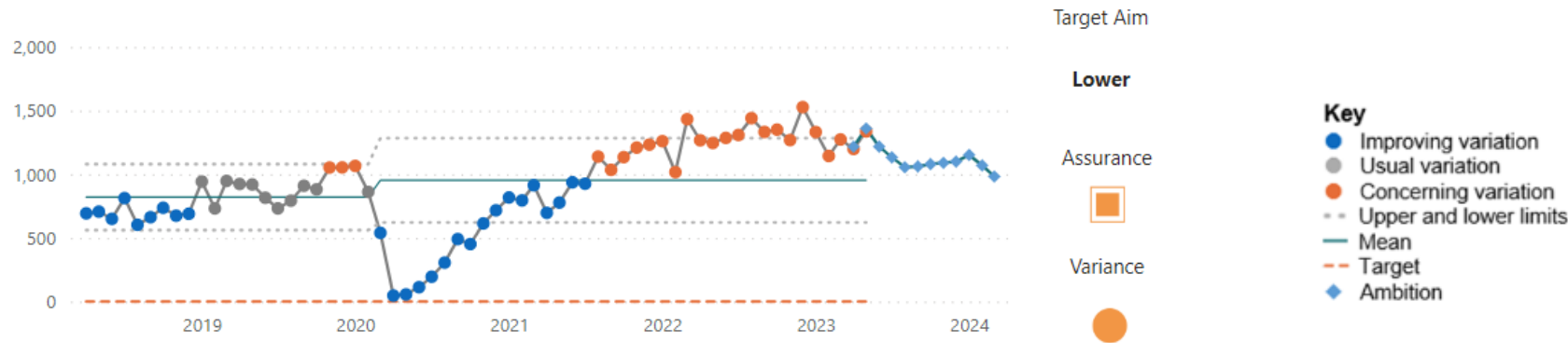
- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

Urgent and emergency care: Deliver zero patients waiting over 12 hours in A&E/MIU by 31st March 2024

(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Orange Concerning variation, decline in performance or considerably off trajectory</p>	May 2023	1,337	1,360	<p>The trajectory was achieved in May despite an increase in new attendances (1,717) across all sites compared to April 2023. The longest wait in May was 165 hours at PPH. All acute sites are showing concerning variation, with BH and WH achieving their individual trajectories.</p> <p>Bronglais Hospital: 184 (trajectory: 210) Glangwili Hospital: 532 (trajectory: 531) Prince Philip Hospital: 103 (trajectory: 99) Withybush Hospital: 518 (trajectory: 520)</p> <p>Our ambition is to reduce the number of patients waiting more than 12 hours in A&E/ MIU to 983 by March 2024, continuing to strive towards a national target of zero.</p>

Number of patients who spend 12 hours or more in A&E / MIU (5J)



Trajectories are provisional pending approval by Welsh Government

For further details on this measure, including site specific information, additional data, issues faced, actions being taken, risks and mitigations see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

Urgent and emergency care: Reduce the number of patients in our hospitals with a delayed transfer / discharge
(Local priority)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	As at 24 th May 2023	230	n/a	Significant number of patients are ready to leave our acute / community hospitals but are unable to be discharged primarily due to a lack of social care and domiciliary support

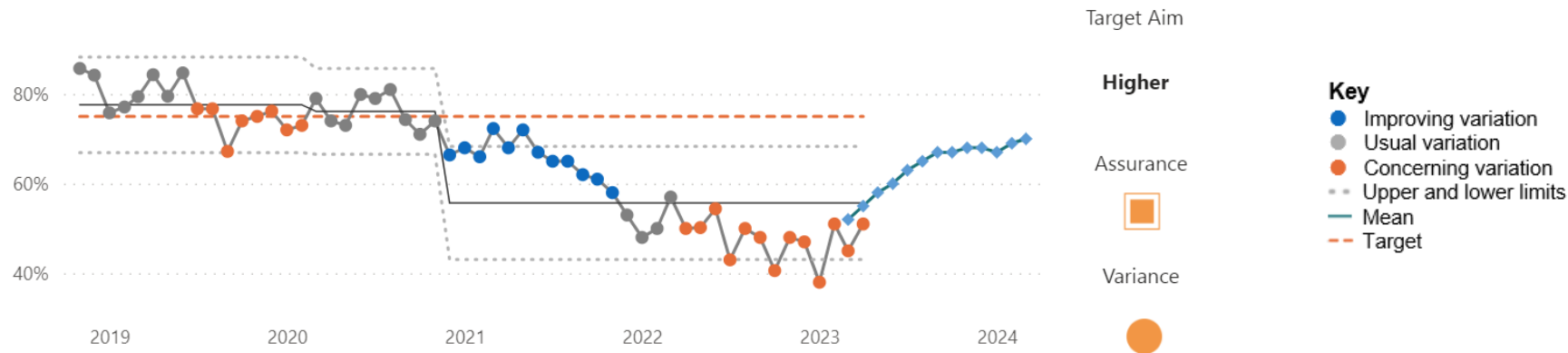
Reason	Aberystwyth MH Unit	Amman Valley Hospital	Bronglais Hospital	Caebryn Mental Health Unit	Glangwili Hospital	H'west Mental Health Unit	Llandoverly Hospital	Prince Philip Hospital	South Pems Hospital	St Davids Hospital	Tregaron Hospital	Withybush Hospital	TOTAL
Awaiting Social worker allocation	0	0	1	0	16	0	1	7	5	0	0	22	52
Awaiting completion of assessment by social care	0	1	0	0	10	0	1	16	7	0	1	9	45
Awaiting start of new home care package	0	1	1	1	8	0	0	13	4	0	1	0	29
Awaiting completion of arrangements prior to placement	0	0	0	0	9	3	0	0	0	1	0	0	13
Awaiting RH availability	0	0	1	0	0	0	0	9	0	0	0	2	12
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	0	0	2	0	2	1	0	0	1	0	1	4	11
Awaiting NH availability	0	0	1	2	2	0	0	2	0	0	0	4	11
Awaiting reablement care package	0	1	0	0	2	0	0	3	1	0	0	2	9
Awaiting EMI residential availability	0	0	2	0	4	0	0	1	0	0	0	1	8
Awaiting Continuing Healthcare (CHC) Assessment	0	0	0	0	3	0	0	0	1	0	0	1	5
Awaiting funding decision FNC/CHC	3	0	0	0	0	0	0	0	0	0	0	1	4
Awaiting Residential care home manager to visit and assess (Standard 3 residential)	0	0	0	0	3	0	0	1	0	0	0	0	4
Awaiting funding decision	2	0	0	0	0	1	0	0	0	0	0	0	3
Mental Capacity / Court of Protection delays	0	0	0	0	2	0	0	1	0	0	0	0	3
Awaiting transfer to intermediate care bedded facility	0	0	0	0	1	0	0	0	0	0	0	1	2
Awaiting community based health provision D/N, CPN	0	0	0	0	1	0	0	0	1	0	0	0	2
Patient / family refusing to move to next stage of care/ discharge	0	0	0	0	1	0	0	1	0	0	0	0	2
Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	0	0	1	0	0	1	0	0	0	0	0	0	2
Awaiting EMI nursing availability	0	0	0	0	1	0	0	1	0	0	0	0	2
Awaiting Learning Disability bed	0	0	0	0	2	0	0	0	0	0	0	0	2
Homeless	0	0	0	0	0	0	0	2	0	0	0	0	2
Assessment through the language of choice	0	0	1	0	0	0	0	0	0	0	0	0	1
Awaiting integrated health /social care community provision	0	0	0	0	1	0	0	0	0	0	0	0	1
Awaiting provision of medicines management dispensing equipment/support	0	0	0	0	0	0	0	1	0	0	0	0	1
Awaiting Community Resource capacity	0	0	0	0	1	0	0	0	0	0	0	0	1
Patient / family choice related issues	0	0	0	0	0	0	0	0	0	0	1	0	1
Safeguarding issues impacting discharge arrangements	0	0	0	0	1	0	0	0	0	0	0	0	1
Awaiting acute bed	0	0	0	0	1	0	0	0	0	0	0	0	1
Total	5	3	10	3	71	6	2	58	20	1	4	47	230

Cancer: At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion by end of March 2023

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Orange Concerning variation, decline in performance or considerably off trajectory</p>	Apr 23	51%	55%	<p>As 30th April 2023: 2,938: Total number on the SCP 185: Number awaiting Diagnostics (Radiology & Endoscopy) 33: Number awaiting Tertiary Treatment 97: Number awaiting surgery Total referrals in April: 1,500</p> <p>The remainder of patients on the pathway are waiting for an out-patient appointment (OPA) or have an OPA date booked, results and appointments/interventions. Oncology and surgical cancer treatments have exceeded pre-pandemic levels.</p>

% patients starting first definitive cancer treatment within 62 days from point of suspicion (5A)



For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

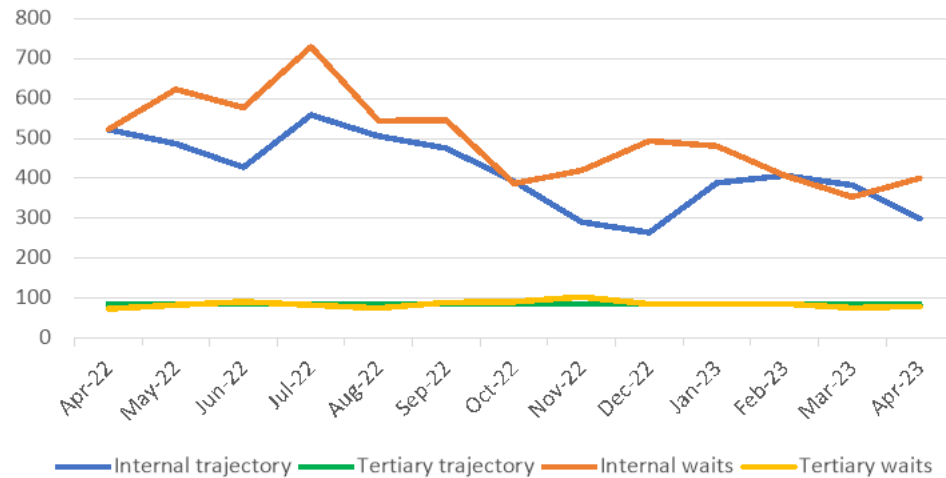
- [Topic] = 'Cancer'
- [Metric Name] = select a metric to view chart and supporting narrative

Cancer: Reduce the number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion by March 2024

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Orange Concerning variation, decline in performance or considerably off trajectory</p>	Apr 23	481	385	<p>In April, the overall backlog of 481 included 401 patients waiting for an appointment/treatment within the health board and 80 with tertiary providers. Our trajectory predicted we would have 300 waits within the health board and 85 waits with tertiary providers.</p> <p>Additionally, 136 patients were waiting 104+ days for cancer treatment. This is a reduction of 63 patients from the previous month.</p> <p>Note: Not all backlog patients will become SCP breaches.</p>

Predicted & actual backlog - Internal and tertiary split



Mental health: Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories

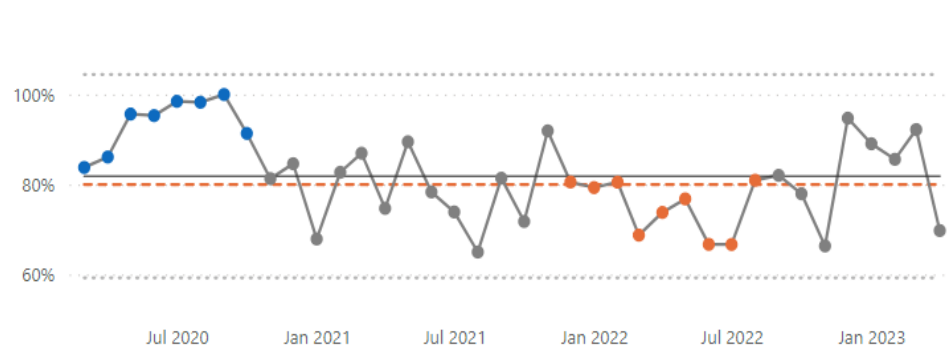
(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
<p>Grey</p> <p>Usual variation, starting to improve or near trajectory</p>	April 2023	69.8%	n/a	In April 2023, 30 out of 43 (69.8%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 88.2% of mental health assessments were undertaken within 28 days for patients aged 0-17.

Key

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

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



Target Aim

Higher

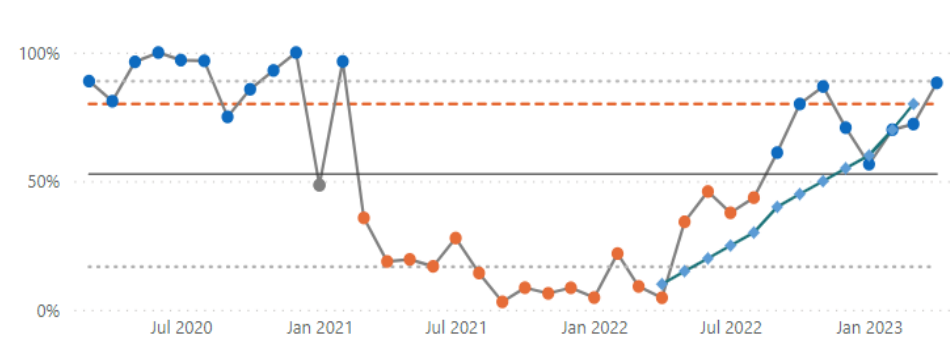
Assurance



Variance



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



Target Aim

Higher

Assurance



Variance



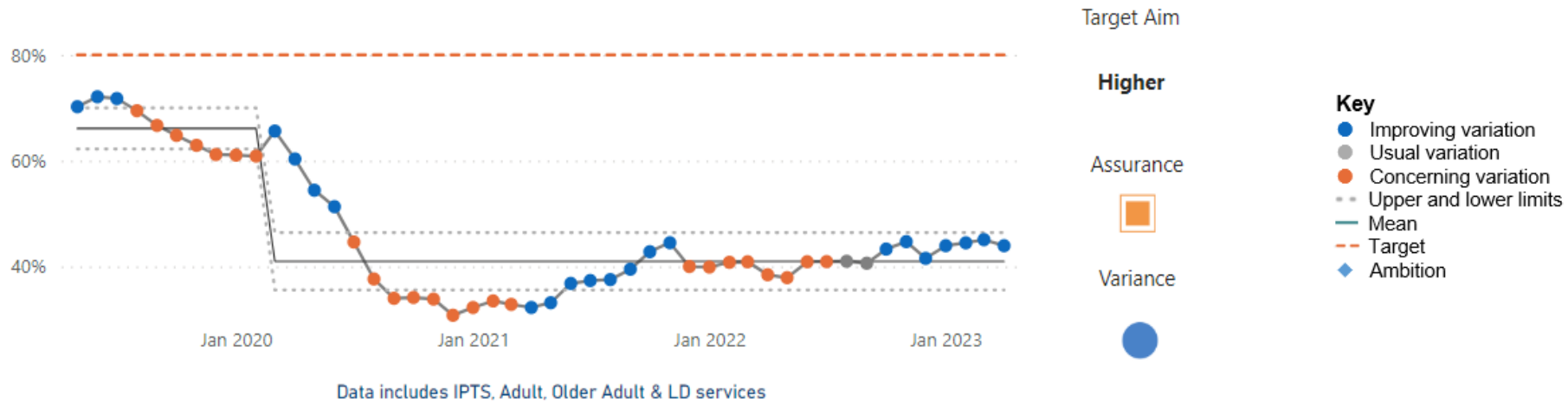
For further details on these measures, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

Mental health: Meet the agreed improvement trajectory for psychological therapies by 31st March 2023
(Accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
<p>Blue Improving variation, improvement in performance or meeting trajectory</p>	April 2023	43.9%	n/a	<p>In April 2023, 529 out of 1,204 (43.9%) adults waited less than 26 weeks to start a psychological therapy.</p> <p>The overall position is driven by:</p> <ul style="list-style-type: none"> • Integrated Psychological Therapy (IPTS) – 45.1%, showing improving cause variation • Adult Psychology – 35.3%, showing special cause concerning variation • Learning Disabilities Psychology – 36.8%, showing improving cause variation

% adults waiting less than 26 weeks to start a psychological therapy (5G)



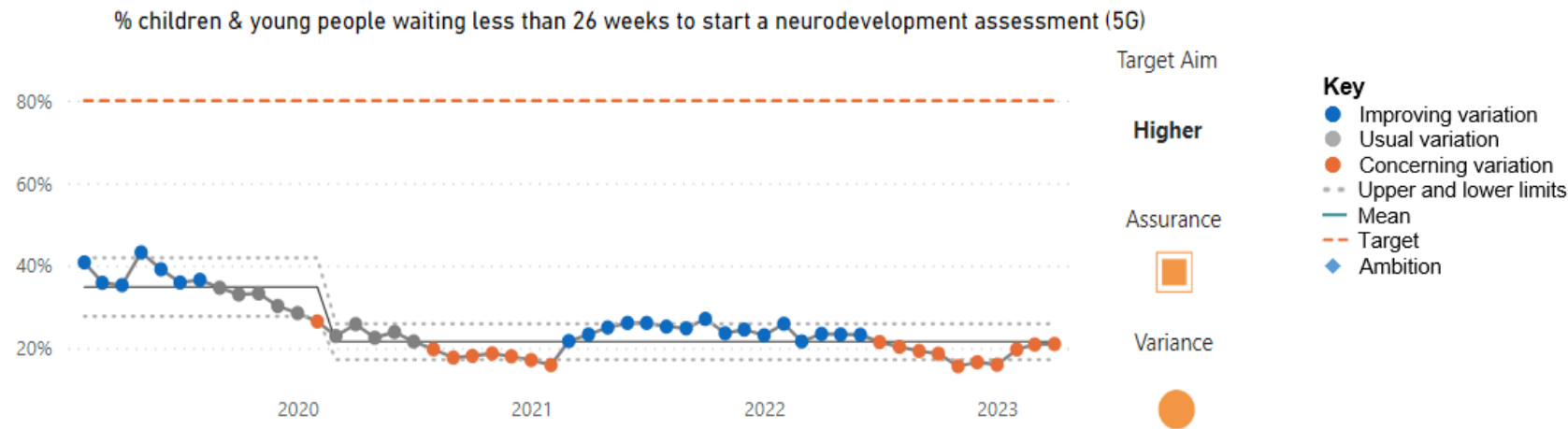
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

Mental health: Submit an improvement trajectory to demonstrate how we will meet the national target by 31st March 2023 and have clear plans in place to improve neurodevelopmental services

(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
<p>Orange Concerning variation, decline in performance or considerably off trajectory</p>	April 2023	21%	n/a	In April 2023, 477 out of 2,551 (18.7%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 158 out of 475 (33.3%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment.



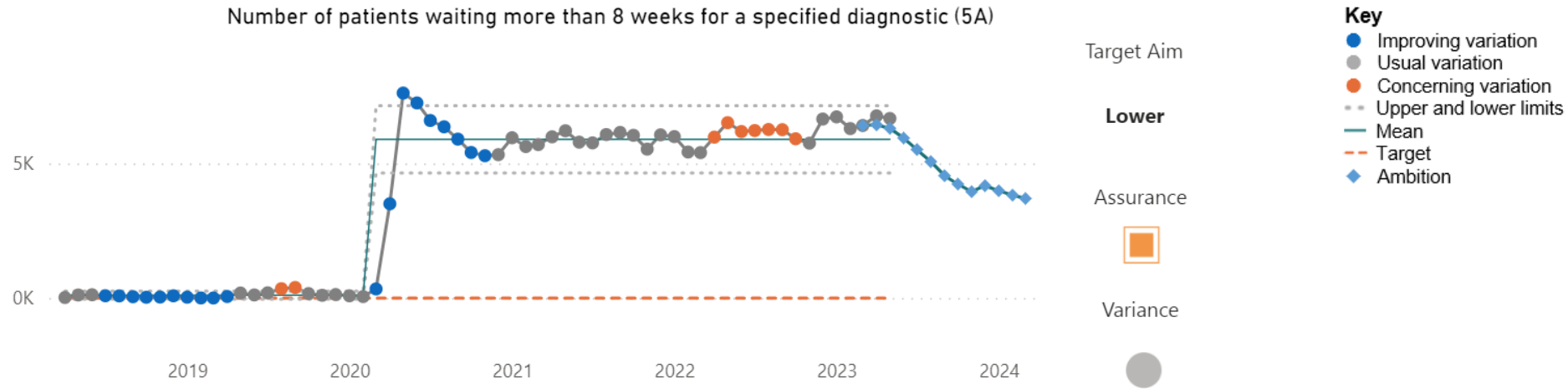
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

Diagnosics: Deliver zero patients waiting over 8 weeks for a diagnostic by March 2024

(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	May 23	6,671	6,306	Performance in May shows a slight improvement from April's figure of 6,767 breaches. Breaches were seen in; <ul style="list-style-type: none"> • Radiology: 2,703 (trajectory: 2,788) – improving variation with 218 less breaches than April • Endoscopy: 2,239 (trajectory: 2,062) – concerning variation, however, lowest number of breaches since November 2022 • Cardiology: 1,472 (trajectory: 1,236) – concerning variation with 192 more breaches than April • Neurophysiology: 210 (trajectory: 170) – improving variation, however, 17 more breaches than April • Physiological Measurement: 26 (trajectory: 50) – usual variation and 1 less breach than April • Imaging: 21 – usual variation with 15 more breaches than April

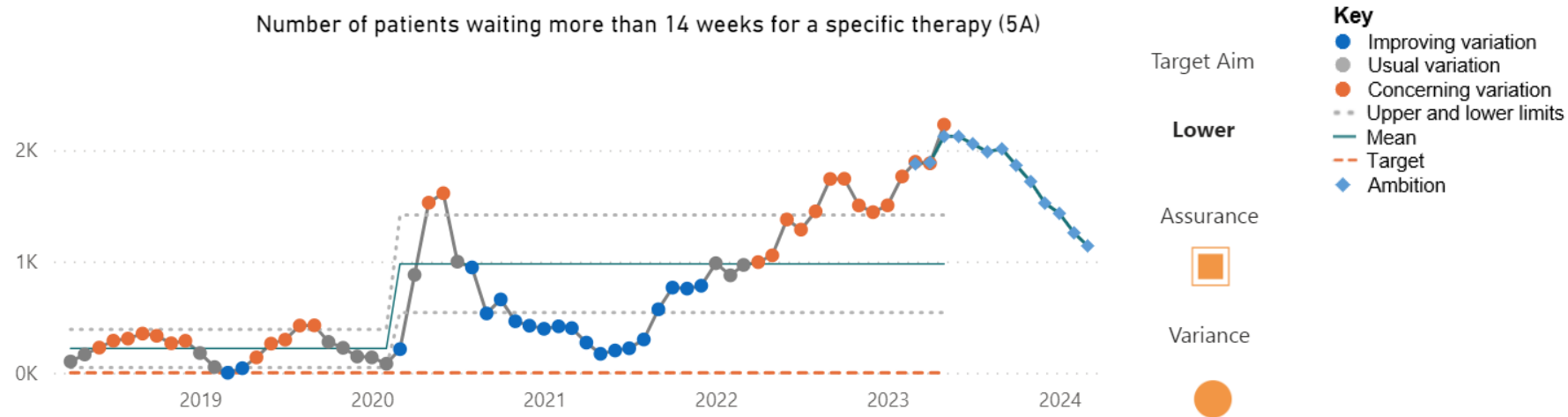


For further details on all diagnostics, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Diagnostics & therapies'
- [Metric Name] = select a metric to view chart and supporting narrative

Therapies: Deliver zero patients waiting over 14 weeks for a specified therapy by March 2024
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Orange Concerning variation, decline in performance or considerably off trajectory</p>	May 23	2,229	2,124	<p>Performance in May shows a deterioration from April's figure of 1,882 breaches. Breaches were seen in;</p> <ul style="list-style-type: none"> Physiotherapy: 1,111 (trajectory: 1,098) – concerning variation with 130 more breaches than April Occupational Therapy : 404 (trajectory: 439) – improving variation with lowest number of breaches since January 2022 Audiology: 258 (trajectory: 70) – concerning variation, 191 more breaches than April & most breaches since September 2020 Dietetics: 215 (trajectory: 265) – concerning variation with 21 more breaches than April & highest number of breaches recorded Podiatry: 192 (trajectory: 193) – usual variation, however, 39 more breaches than April Art therapy: 40 (trajectory: 59) – only April (41) has seen more breaches Speech & language: 9 (trajectory: 0) There were also 58 breaches in May for CMATs.



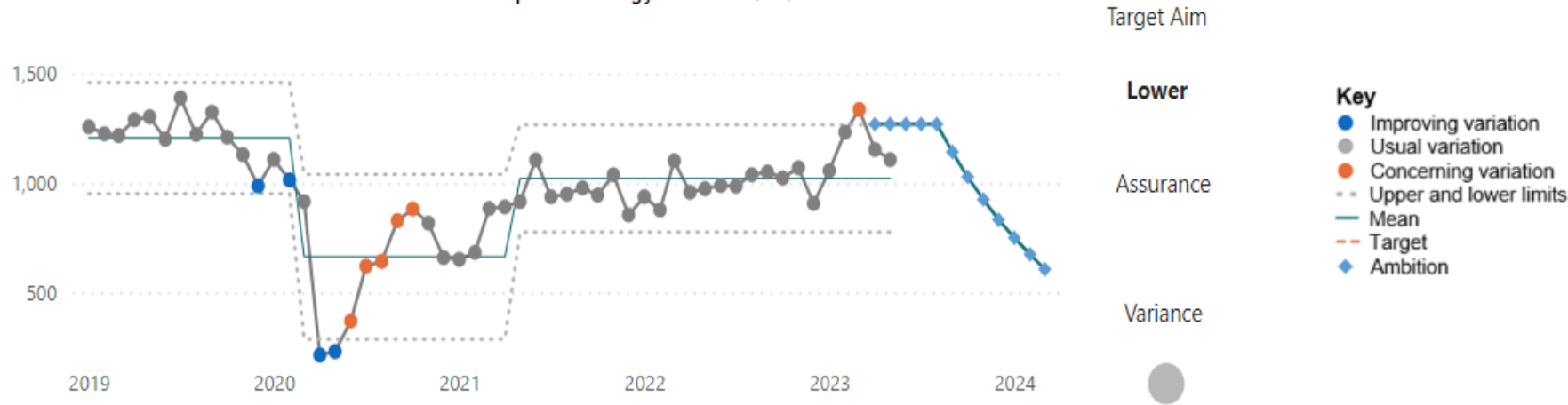
For further details on all therapies, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Diagnostics & therapies'
- [Metric Name] = select a metric to view chart and supporting narrative

Primary Care: Reduce the number of patients referred from primary care into secondary care Ophthalmology services (Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Grey Usual variation, starting to improve or near trajectory</p>	May 2023	1,108	1,270	<p>We achieved the trajectory in May 2023, with performance showing a steady decline since the peak in March 2023.</p> <p>Please note this is a new measure that has been included in the IPAR as of this month. Process steps have been added to the SPC chart in March 2020 and May 2021 to reflect the reduction in referrals due to the pandemic.</p>

Number of patients referred from primary care (Optometry and General Medical Practitioners) into secondary care Ophthalmology services (5A)



For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

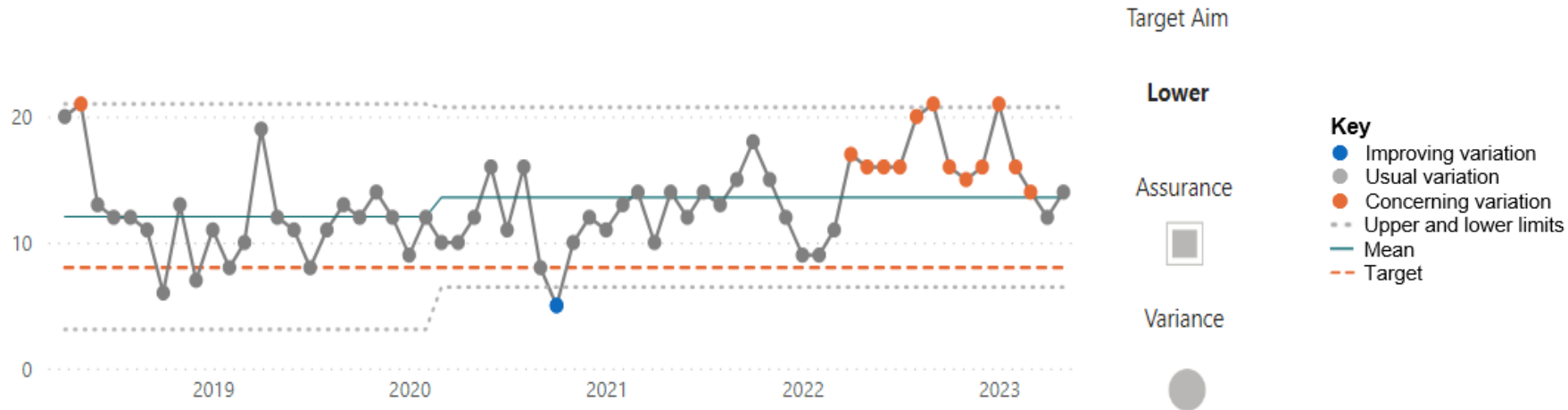
- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Healthcare acquired infections: Reduce the number of C.difficile cases

(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
<p>Grey Usual variation, starting to improve or near trajectory</p>	May 2023	14	n/a	<p>Although cases have been above target since November 2020, we have seen an improvement since the peak in January 2023 with performance steadily returning to pre 2022/23. However, we continue to remain higher than other HB's within Wales.</p>

C. difficile: Number of laboratory confirmed cases (in-month) (5A)



For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

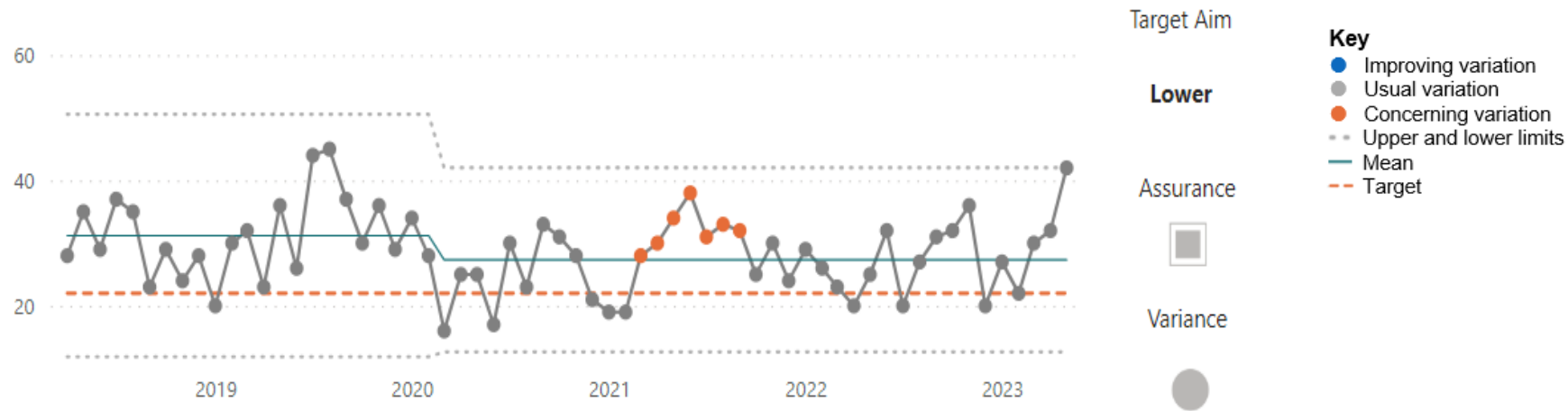
- [Topic] = 'Quality'
- [Metric Name] = select a metric to view chart and supporting narrative

Healthcare acquired infections: Reduce the number of E.Coli cases

(Accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	May 2023	42	n/a	In month cases have increased and is the highest reported since September 2019. Increased community focus as >70% of all cases are confirmed as non in-patient.

E.coli: Number of laboratory confirmed bacteraemia cases (in-month) (5A)

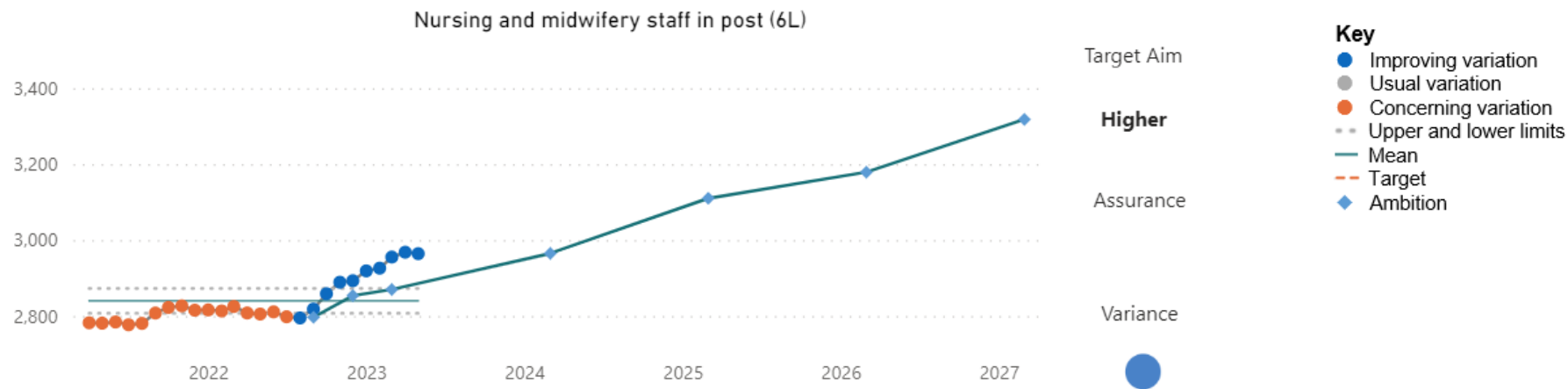


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Quality'
- [Metric Name] = select a metric to view chart and supporting narrative

Workforce: Increase the number of nurses and midwives we have in post
(Local priority)

Current status	Latest period	Actual	Trajectory	Notes
<p>Blue Improving variation, improvement in performance or meeting trajectory</p>	May 2023	2,964	n/a	In May 2023, there were 2,964 whole-time equivalent (WTE) nursing or midwifery staff in post. This is 1 WTE post short of our ambition to have 2,965 nursing or midwifery staff in post by March 2024 in line with the 5 year Nursing Workforce Plan.



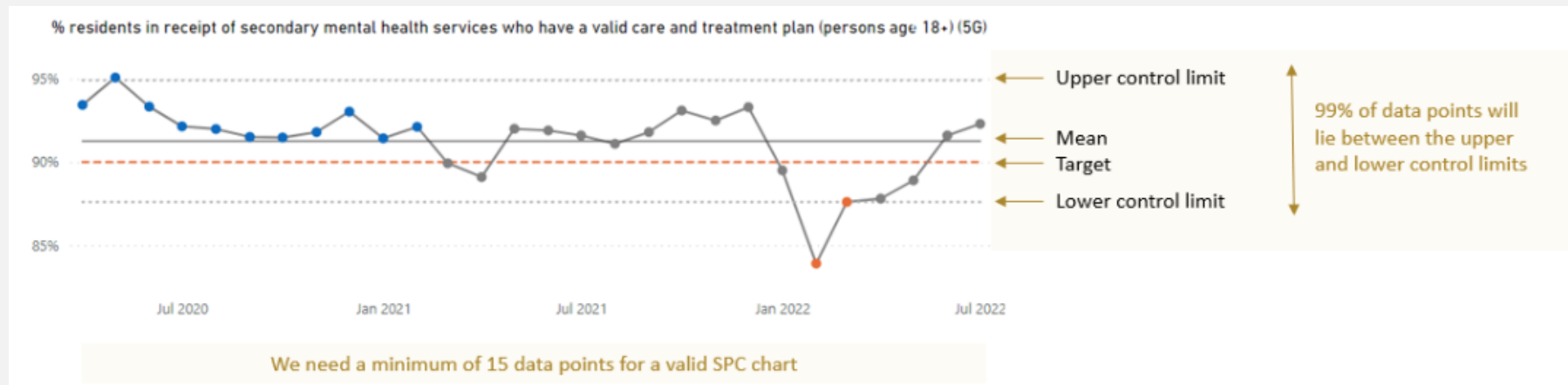
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Workforce'
- [Metric Name] = select a metric to view chart and supporting narrative

Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

Anatomy of a SPC chart



Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:



A single data point outside the process limits



Two out of three points close to the process limit



Shift of 7* or more points above or below the mean line



Run of 7* or more points in ascending/descending order

* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e. one for variation and another for assurance.

VARIATION How we are doing over time		Concerning trend	Special cause concerning variation = a decline in performance that is unlikely to have happened by chance
		Usual trend	Common cause variation = a change in performance that is within our usual limits
		Improving trend	Special cause improving variation = an improvement in performance that is unlikely to have happened by chance

ASSURANCE Performance against target		Missing target	We will consistently fail the target without a review of the service
		Hit and miss target	We will randomly hit and miss the target without a review of the service
		Hitting target	We will consistently hit the target

Note: remember **blue** is good, **orange** is bad