

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 11 2023/2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 11, 2023/24 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The Board is asked to note the report.

The IPAR consists of two parts:

- A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 29th February 2024](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).
- A summary document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 29th February 2024 is also provided (Appendix 1). This document summarises performance, issues and actions for our key improvement measures for 2023/24.

Trajectories have been added for ambulance handovers taking over 4 hours and the number of E.coli cases. The Performance Team are in discussions with service areas to review whether existing trajectories are appropriate and to develop trajectories for areas where not yet available.

A new summary table has been included in this SBAR, from the [Our Performance dashboard](#) (accessible to health board staff only). The dashboard triangulates performance data with that of quality and safety, risk, workforce and finance.

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

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

Cefndir / Background

In June 2023, Welsh Government published the [NHS Wales Performance Framework 2023-2024](#). The framework outlines the Ministerial priorities for this financial year, along with key targets.

Asesiad / Assessment



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 29th February 2024'.

Variation	Assurance	Trajectory
How are we doing over time	Performance against target	Performance against our ambition
<ul style="list-style-type: none"> Improving trend Usual trend Concerning trend 	<ul style="list-style-type: none"> Always hitting target Hit and miss target Always missing target 	<ul style="list-style-type: none"> Trajectory met or improved upon Within 5% of trajectory More than 5% off trajectory

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits 36 weeks or more: new outpatient appointment	Feb 2024	0	11,540			
Planned care	Waits over 52 weeks: new outpatient appointment	Feb 2024	0	3,978			
Planned care	Follow-up appts - delayed >100%	Feb 2024	0	15,478			
Planned care	Patients waiting over 52 weeks RTT	Feb 2024	0	14,715			
Planned care	Patients waiting 104 weeks+ RTT	Feb 2024	0	1,999			
Emergency care	% Ambulance red call responses < 8 mins	Feb 2024	65%	50.5%			N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Feb 2024	0	1,124			
Emergency care	Ambulance handover > 4 hours Hywel Dda	Feb 2024	0	421			
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Feb 2024	95%	66.2%			N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Feb 2024	0	1,446			
Emergency care	Number of Pathways of Care delayed discharges	Feb 2024	n/a	212		N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Jan 2024	75%	49%			
Mental health	% pt waits <28 days 1st CAMHS appt	Jan 2024	80%	90.7%			
Mental health	% adult psychological therapy waits <26 weeks	Jan 2024	80%	43.1%			
Mental health	% child neurodevelopment assess waits <26 weeks	Jan 2024	80%	16.1%			
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Feb 2024	0	5,489			
Therapies	Pts waiting 14 wks+ for specified therapy	Feb 2024	0	3,479			
Primary & Community Care	Referrals from primary care into secondary care	Feb 2024	n/a	1,187		N/a	
Quality	Ophthalmology services						
Quality	C. difficile: Number of confirmed cases (in-month)	Feb 2024	8	12			
Quality	E.coli: Number of confirmed cases (in-month)	Feb 2024	22	29			
Workforce	% sickness absence rate of staff	Feb 2024	4.79%	6.30%			N/a
Finance	Financial in month deficit	Feb 2024	n/a	£3,568,000		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 29th February 2024](#).

Triangulating our data: February 2024

- **Quality, safety and risk** – we had a low number of reported patient safety incidents where moderate harm or above was caused. However, we had a high number of new complaints and our risk register had very high numbers of high and extreme risks reported.
- **Workforce** – staff turnover continued to improvements but long term staff sickness was high.
- **Finance** – both our agency and bank spend have increased this month.
- **Performance** – ambulance handover delays and emergency department waits are continuing to remain high. Planned care performance measures are all improving and radiology diagnostic waits over 8 weeks have reduced. However cancer waits increased.

Finance

Annual budget £1,166,542,644 Year to date balance £66,973,201 overspend End of year forecast £66,000,000 overspend

Quality, safety and risk	Best		Worst	Latest	Trend
Reported incidents causing moderate harm or above	143		298	159	
Patient falls	189		266	221	
Medication errors	65		144	93	
Pressure damage developing or worsening during care	101		169	128	
New complaints by month received (ward level not available)	116		210	199	
Number of high and extreme risks (health board & directorate only)	401		514	512	
Infections: new cases	54		88	56	
Infections: C. difficile cases	12		26	16	
Workforce					
Number of staff/contractor related incidents	41		75	61	
Sickness - short term	1.7%		3.6%	2.4%	
Sickness - long term	3.3%		4.6%	4.1%	
Staff turnover (12 month rolling)	7.3%		9.8%	7.4%	
Nursing and midwifery agency (WTE)	212.52		379.79	219.18	
Bank (WTE)	212.99		308.94	297.88	
Financial recovery					
Agency spend	£1,573,725		£3,491,731	£2,007,799	
Bank spend	£389,032		£1,628,320	£1,253,389	
Performance - UEC (health board and site only)					
Ambulance handover > 4 hours	192		518	421	
Ambulance handovers > 1 hour	854		1,245	1,124	
A&E/MIU attendances	12,293		16,032	14,815	
A&E/MIU waits under 4 hours	70.9%		64.9%	66.2%	
A&E/MIU waits over 12 hours	1,144		1,680	1,446	
Delayed pathways of care (health board only)	190		295	212	
Performance - Planned care and cancer (health board only)					
New outpatient waits over 52 weeks	2551		14,168	3,978	
RTT: patients waiting over 104 weeks	1999		8,563	1,999	
Single cancer pathway patients starting treatment within 62 days	56.0%		38.0%	49.0%	
Performance - Diagnostics and therapies (health board only)					
Radiology diagnostic waits over 8 weeks	1533		4,402	3,027	
Physiotherapy waits over 14 weeks	278		1,111	621	
Performance - Mental health (health board only)					
Mental health assessments within 28 days (0-17 years)	93.8%		4.7%	81.3%	
% neurodevelopmental assessments within 26 weeks	23.4%		14.8%	16.1%	
% psychological therapy waits within 26 weeks	45.7%		37.9%	43.1%	

Other key things to flag

Patient Experience: Although the measures for overall patient experience and positive experience in ED achieved target in January, there was a noticeable decline for all the other patient experience measures with 5 not reaching target compared to just 2 in December. This was investigated however, no specific area or service was identified as driving the reduction, no other cause was identified, and the latest data shows most measures are now achieving target.

% patients aged 60+ with a hip fracture receiving orthogeriatrician assessments within 72 hours: Up to 88.3% in February 2024, the best recorded since November 2021 (100%) and second highest performance since April 2020.

Planned Care waiting list validation: Operational colleagues will be submitting a paper to SDODC in April 2024 to provide further information around the process.

Ophthalmology: Our target is to see 95% of high risk (R1) ophthalmology patients within the nationally agreed timeframe*. We only achieved this target for 958 out of 1,527 (62.7%) of our R1 patients that attended appointments in January 2024. The national target (95%) has never been achieved and concerning variation is showing.

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

Diagnostics waits 8 weeks and over and Therapies waits 14 weeks and over: In addition to the narrative for other services within diagnostics and therapies covered within the IPAR overview file, the following areas are to be highlighted:

- **Neurophysiology:** Breaches in February 2024 reduced to 401 from 569 in January 2024, however, remain high compared to previous months. The on-call commitments of a visiting neurophysiology consultant continue to impact on consultant only diagnostic tests, allowing for only limited capacity. Discussions continue to explore maximising sessions to deal with this backlog. Work is ongoing to ensure GPs are referring appropriately to avoid unnecessary referrals, validate waiting lists, backfill empty sessions and apply the access policy to maximise capacity.
- **Colonoscopy:** In November 2023, 24.2% of patients were offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment (target 90%). Improvements are expected from January 2024, as an additional screening Endoscopist qualified in December 2023 following assessment. This will introduce one additional list per week into core Bowel Screening Wales capacity. Additionally, plans are in place to on-board one further screening Colonoscopist in June 2024. As an interim solution, the service is operating 2 additional lists per month to make-up for lost core activity due to annual leave and sickness.
- **Occupational Therapy:** Breaches within children's services account for 313 of the 434 breaches in February 2024. A band 6 occupational therapists left the service in February. This post has now been recruited into but has left reduced capacity from mid-February and will continue to end of March. The waiting list support service (WLSS) have started telephoning families to offer information and signposting whilst they are waiting for paediatric occupational therapy services. Funding secured to commission additional assessment and intervention to help with our waiting list.

Workforce: Nurses and midwifery staff in-post: We had 3,163 nursing and midwifery staff in post in February 2024, which continues to exceed our improvement trajectory. This is attributable to commissioning of newly qualified registered nurses, overseas nursing recruitment and the 'Grow Your Own' educational pathway for staff to become a registered nurse.

Consultations delivered through Pharmacists Independent Prescribing Service (PIPS): In November 2023 there was an increase to 1,151 consultations delivered, more than double for the same period in the previous year. This is directly as a result of additional Pharmacists qualifying as Independent Prescribers. Recurrent funding for Designating Prescribing Practitioners (DPPs) is available to support even more to qualify but we do not have enough DPPs to undertake the work at this time.

Argymhelliad / Recommendation

The Board is asked to note the report from the IPAR – Month 11 2023/2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2023/2024 NHS Performance Framework
Rhestr Termiau: Glossary of Terms:	PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care

Parties / Committees consulted prior to University Health Board:	Strategic Development & Operational Delivery Committee People, Organisational Development & 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:	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may have a knock on impact onto recruitment and staff morale.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 29th February 2024

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 measures for delayed pathways of care, nurses in post and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard:
[Integrated Performance Assurance Report \(IPAR\) dashboard as at 29th February 2024.](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits 36 weeks or more: new outpatient appointment	Feb 2024	0	11,540	●	□	◆
Planned care	Waits over 52 weeks: new outpatient appointment	Feb 2024	0	3,978	●	□	◆
Planned care	Follow-up appts - delayed >100%	Feb 2024	0	15,478	●	□	◆
Planned care	Patients waiting over 52 weeks RTT	Feb 2024	0	14,715	●	□	◆
Planned care	Patients waiting 104 weeks+ RTT	Feb 2024	0	1,999	●	□	◆
Emergency care	% Ambulance red call responses < 8 mins	Feb 2024	65%	50.5%	●	□	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Feb 2024	0	1,124	●	□	◆
Emergency care	Ambulance handover > 4 hours Hywel Dda	Feb 2024	0	421	●	□	◆
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Feb 2024	95%	66.2%	●	□	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Feb 2024	0	1,446	●	□	◆
Emergency care	Number of Pathways of Care delayed discharges	Feb 2024	n/a	212	●	N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Jan 2024	75%	49%	●	□	◆
Mental health	% pt waits <28 days 1st CAMHS appt	Jan 2024	80%	90.7%	●	□	◆
Mental health	% adult psychological therapy waits <26 weeks	Jan 2024	80%	43.1%	●	□	◆
Mental health	% child neurodevelopment assess waits <26 weeks	Jan 2024	80%	16.1%	●	□	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Feb 2024	0	5,489	●	□	◆
Therapies	Pts waiting 14 wks+ for specified therapy	Feb 2024	0	3,479	●	□	◆
Primary & Community Care	Referrals from primary care into secondary care	Feb 2024	n/a	1,187	●	N/a	◆
Quality	Ophthalmology services						
Quality	C. difficile: Number of confirmed cases (in-month)	Feb 2024	8	12	●	□	◆
Quality	E.coli: Number of confirmed cases (in-month)	Feb 2024	22	29	●	□	◆
Workforce	% sickness absence rate of staff	Feb 2024	4.79%	6.30%	●	□	N/a
Finance	Financial in month deficit	Feb 2024	n/a	£3,568,000	●	N/a	◆

* Trajectory being developed

Key

Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target

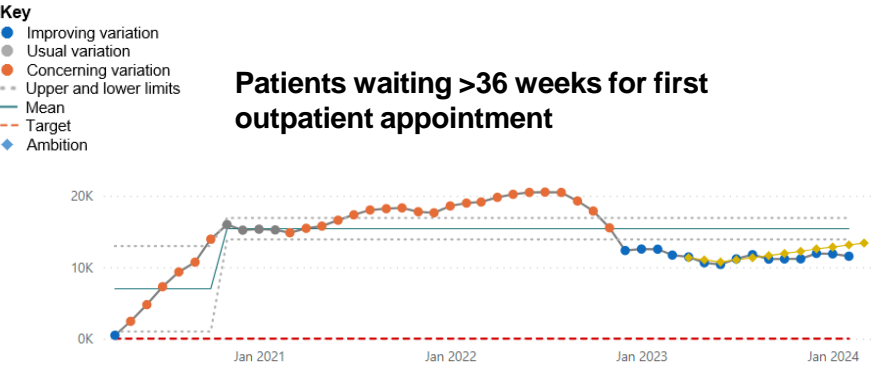
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition

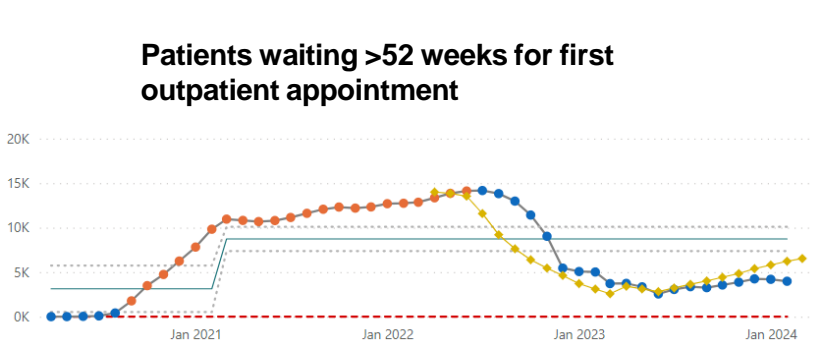
- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

Statistical process control (SPC) charts

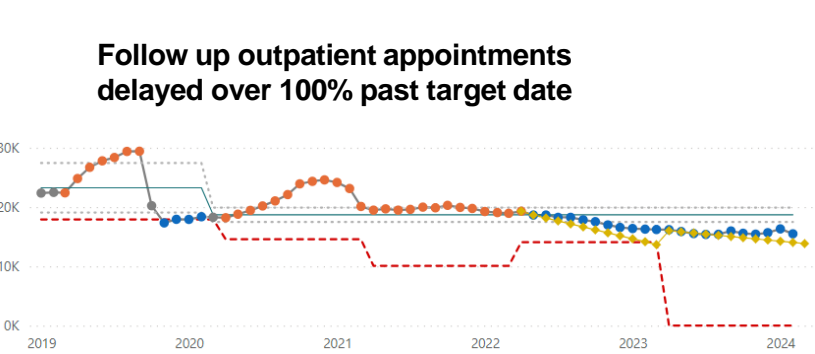
- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)



Breaches in February 2024 (11,540) are over 1,500 below trajectory (13,127) and have reduced for the last 2 months. The most breaches are within Ophthalmology (2,751) and ENT (2,036).



Breaches in February 2024 (3,978) are over 2,000 below trajectory (6,226) and have reduced for the last 2 months. The most breaches are within ENT (1,313) and Ophthalmology (1,031).



Trajectory (14,029) has not been met in the last 7 months, however, breaches reduced between January 2024 (16,310) and February 2024 (15,478).

Key challenges / issues

Industrial action in January and February 2024 impacted routine activity for outpatients (new and follow up appointments) and theatre sessions.

Actions and initiatives for the rest of the financial year will be impacted by upcoming industrial action by both junior doctors and consultants for 4 days in March 2024.

Ongoing acute hospital site pressures can adversely affect elective care.

Additional health needs/co-morbidities can impact a patient's suitability for an external outsourced procedure and can lengthen treatment times.

Key actions / initiatives

We aim to have no patients waiting from referral to treatment (RTT) over 3 years in all specialties (apart from Orthopaedics) by March 2024. Further aims by the end of March 2024 are to have:

- between 1,600 and 1,700 patients waiting over 2 years for RTT.
- less than 4,200 patients waiting over 52 weeks for a first outpatient appointment.
- less than 14,000 patients waiting beyond 100% of their follow up target date.

Aims depend on specialty specific delivery plans, including additional internal and outsourced activity. Work to mitigate impact of strike action to protect both urgent cases and delivery of ministerial targets. Extensive validation of stage 4 longest waiting patients completed in February, including phone calls to patients in trauma and orthopaedics. This ensures appropriate treatment based on availability and fitness. The waiting list support service continue to offer support for all long waiting patients.

The additional allocation of £2.8 million to the planned care directorate is supporting the outsourcing of approximately 1,342 RTT pathways, 360 endoscopy procedures, 2,500 radiology diagnostics, 224 dermatology outpatient pathways, 240 rheumatology outpatient pathways.

The Orthopaedics service are being supported by the NHS executive to learn what efficiency and improvements they can achieve during the month of March 2024.

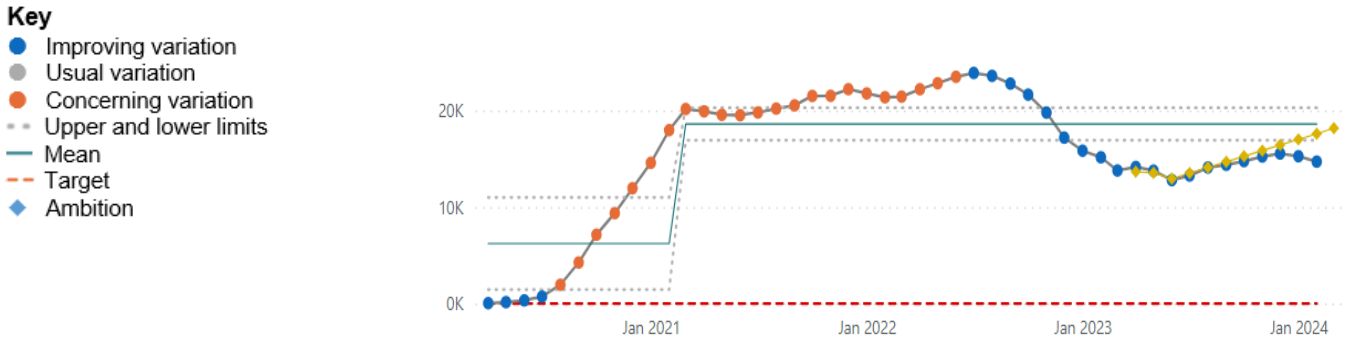
Due date

31/03/24

31/03/24

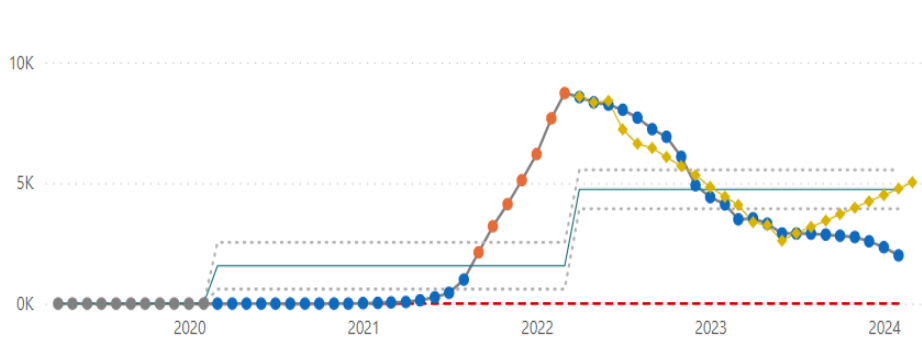
31/03/24

Patients waiting over 52 weeks from referral to treatment



Breaches in February 2024 (14,715) are almost 3,000 below trajectory (17,605) and have reduced for the last 2 months. The most breaches are within Orthopaedics (3,522) and Ophthalmology (3,431).

Patients waiting over 104 weeks from referral to treatment

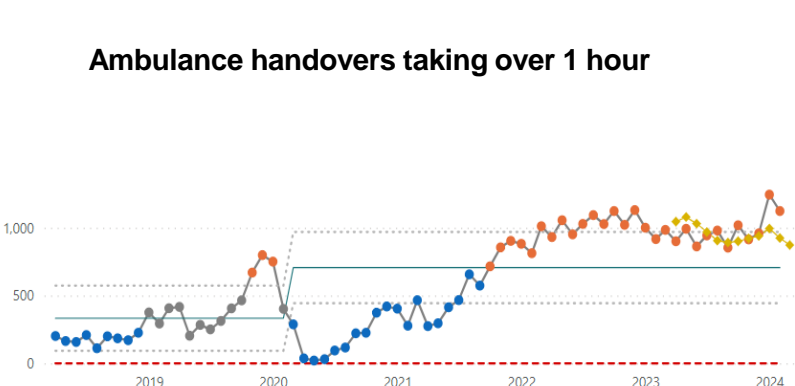


Performance has improved for the last 10 consecutive months. The 1,999 breaches in February 2024 is the first time there have been fewer than 2,000 breaches since August 2021, and trajectory (4,769) has been met. The most breaches are within Orthopaedics (1,288) and Urology (423).

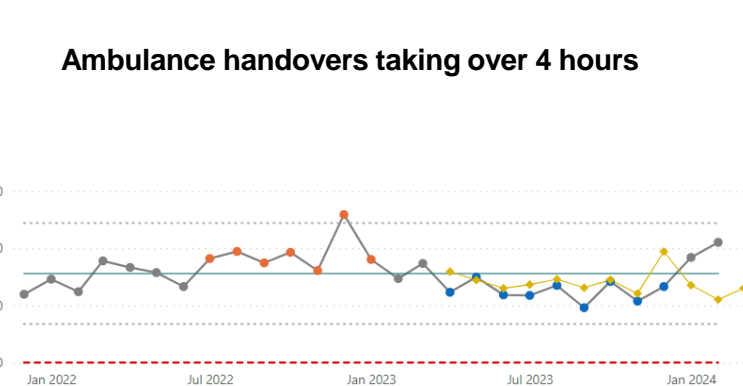
Key challenges / issues	Key actions / initiatives	Due date
Industrial action in January and February 2024 impacted routine activity for outpatients (new and follow up appointments) and theatre sessions. Actions and initiatives for the rest of the financial year will be impacted by upcoming industrial action by both junior doctors and consultants for 4 days in March 2024. Ongoing acute hospital site pressures can adversely affect elective care. Additional health needs/co-morbidities can impact a patient's suitability for an external outsourced procedure and can lengthen treatment times.	We aim to have no patients waiting from referral to treatment (RTT) over 3 years in all specialties (apart from Orthopaedics) by March 2024. Further aims by the end of March 2024 are to have: <ul style="list-style-type: none"> between 1,600 and 1,700 patients waiting over 2 years for RTT. less than 4,200 patients waiting over 52 weeks for a first outpatient appointment. less than 14,000 patients waiting beyond 100% of their follow up target date. Aims depend on specialty specific delivery plans, including additional internal and outsourced activity. Work to mitigate impact of strike action to protect both urgent cases & delivery of ministerial targets. Extensive validation of stage 4 longest waiting patients completed in February, including phone calls to patients in trauma and orthopaedics. This ensures appropriate treatment based on availability and fitness. The waiting list support service continue to offer support for all long waiting patients.	31/03/24
	The additional allocation of £2.8 million to the planned care directorate is supporting the outsourcing of approximately 1,342 RTT pathways, 360 endoscopy procedures, 2,500 radiology diagnostics, 224 dermatology outpatient pathways, 240 rheumatology outpatient pathways.	31/03/24
	The Orthopaedics service are being supported by the NHS executive to learn what efficiency and improvements they can achieve during the month of March 2024.	31/03/24



Latest data is showing expected (common cause) variation, 293 red calls met, out of a total of 580 responses, 50.5% (target = 65%).



Latest data is showing a concerning trend, 1,124 handovers > 1 hour out of a total of 2,043, 55%. The trajectory of 925 was not met



Latest data is showing expected (common cause) variation,, 421 handovers > 4 hour out of a total of 2,043, 21%. The trajectory of 221 was not met

Key challenges / issues – red calls

- 51.21% of missed red calls for February 2024 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.
- 42.1% of missed red calls for February 2024 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8 minutes, if a vehicle is available and on nearest standby point.
- Overall attended demand in Hywel Dda health board area for February has been variably on forecast., which has continued into week 1 of March.
- Hospital delays in offloading WAST ambulance crews, 4,652 hours lost at the 4 acute Hywel Dda hospital sites during February 2024. Top 3 reasons from handover system data for late turnaround are ‘no beds available’. ‘free text entries’ and ‘no available trolley’.
- There have been 39 immediate release requests for the month of February 2024. 84.6% acceptance rate. 39 requests made, 33 accepted. 6 not accepted. An acceptance rate increase of 15% on previous month which was 69.3%

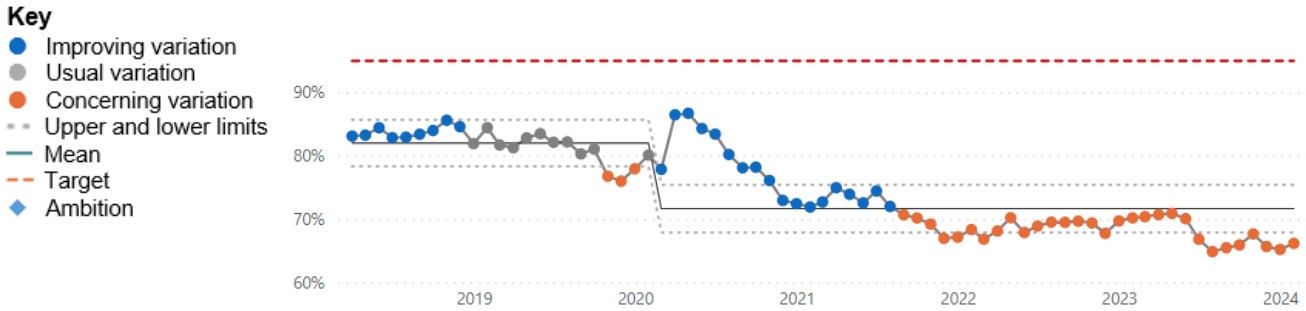
Key actions / initiatives – red calls

- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources
- Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. Consultant connect has been updated. Consultant connect, is APP used by WAST clinicians to identify pathway with a direct line to the relevant referral pathway.
- The NHS 111 medical helpline, press 2 option, is now available for WAST clinicians.
- “Eastgate” and “ Porth Preseli” (PP) mutli disciplinary clinical screening hubs are active , with PP going live end of Feb 24.
- WAST resourcing reviews and targeted overtime allocation.
- Intracapsular neck of femur fractures pathway discussions progressing for Glangwili hospital. Challenges identified internally to HB. To progress at pace, with an alternative versions ‘front door model’.

Due date

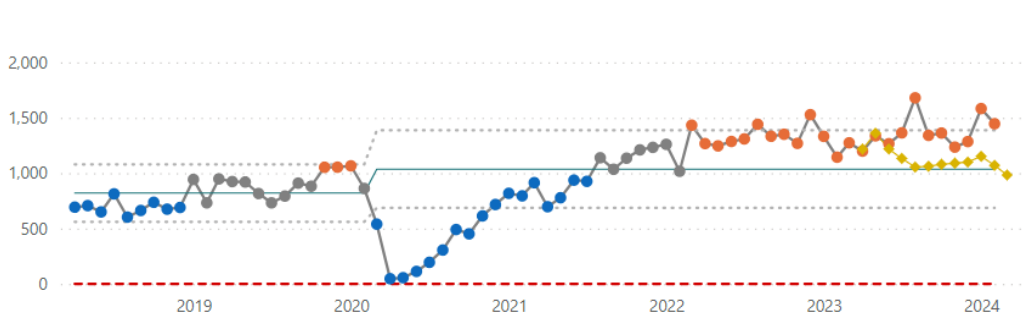
- Weekly ongoing
- Daily – hourly ongoing
- 31/03/24
- 29/02/24
- Q2, 2024/25
- Q2, 2024/25

Patients waiting less than 4 hours in A&E/MIU



66. 2% reported for February (4,512 breaches out of 13,334 new attendances). The chart is showing a concerning performance trend.

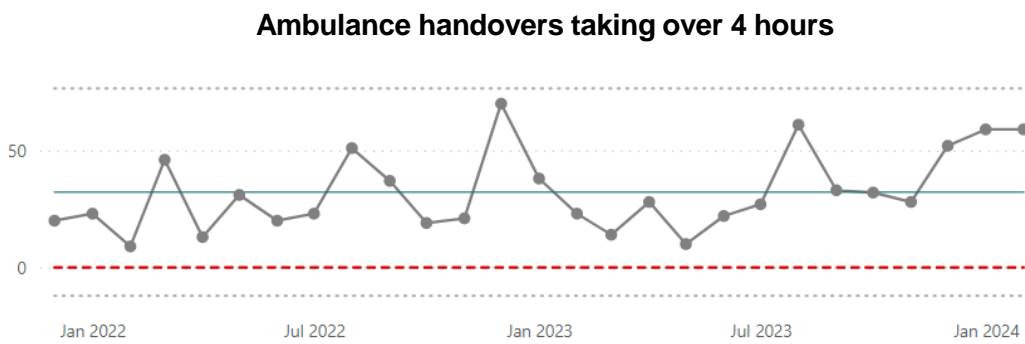
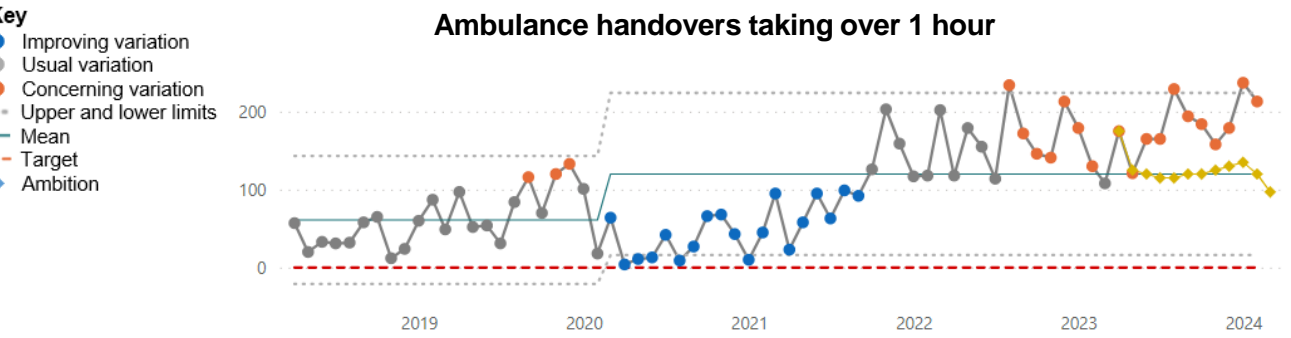
Patients waiting over 12 hours in A&E/MIU



1,446 breaches out of 13,334 new attendances, 11%. Trajectory of 1,070 not met and chart is showing a concerning performance trend.

Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- [Bronglais Hospital](#)
- [Glangwili Hospital](#)
- [Prince Philip Hospital](#)
- [Withybush Hospital](#)



This metric is showing expected (common cause) variation. 59 handovers >4 hours were reported out of 370 total handovers 16%.

Key challenges / issues

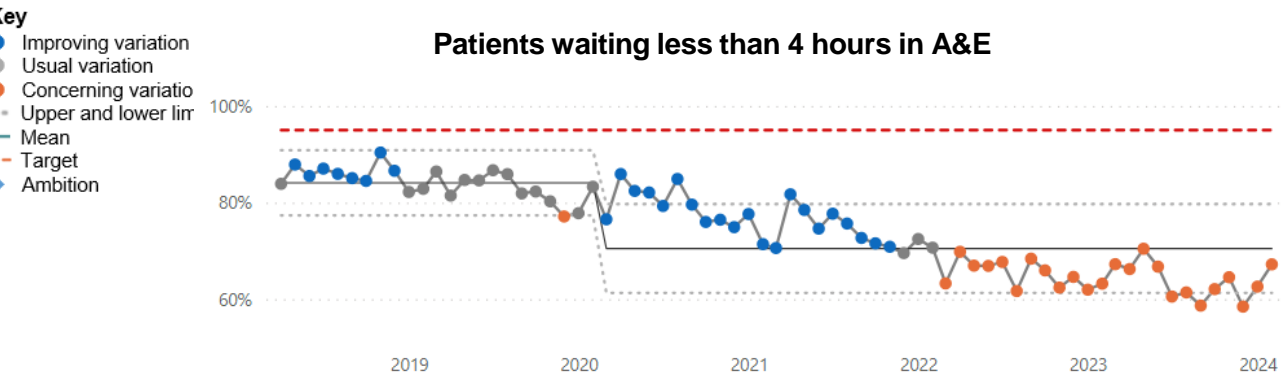
- Front door overwhelmed, not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010's, the recent increase in acuity both in ambulances and in the waiting-room, challenges the ability to effect alternatives to admissions. Front door regularly surged by 15 patients.
- Ambulance handover delays as no safe place to accommodate patients in the Emergency Department (ED).
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.
- Data quality concern identified with Dual Pin Data (mechanism by which handover times are recorded and calculated) presented by Welsh Ambulance Service Trust (WAST).
- Additional challenge in February was created by a rise in COVID and Norovirus for a two-week period that closed a number of beds and compromised the ability to discharge patients and move patients to create the required capacity.

Key actions / initiatives

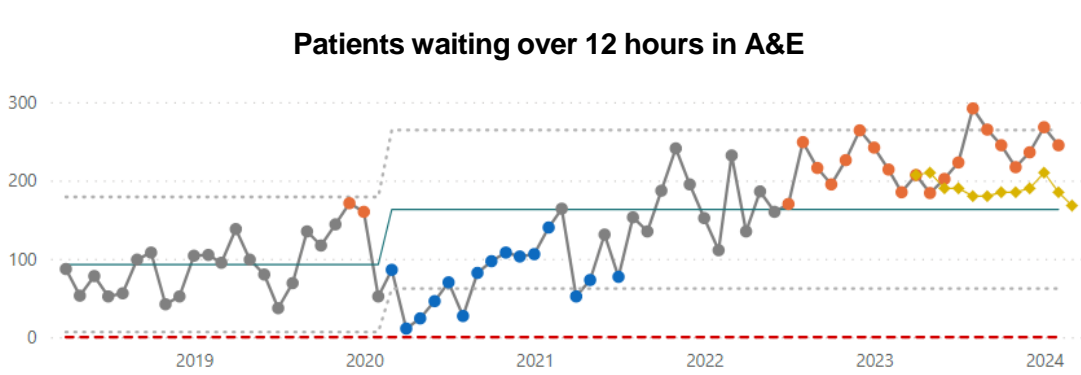
- Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase.
- Front door development review. Nurse led-review of front door service.
- Development of Interface Frailty Model Project Initiation Document.
- Additional ED junior doctor covering out of hours, but unfunded so will end 31/3/24
- Additional nursing staff rostered when department is surged, including nurse support to patients on ambulances.
- Clarity over implementation of recommendations of review of nurse staffing levels for EDs
- Review Dual Pin Data concerns with WAST (cause may be operator error/timing of use or many other factors)
- Implementation of North Ceredigion Wrap Around service (Community Led)

Due date

- Q1, 2024/25
- Q1, 2024/25
- Q1, 2024/25
- 31/3/2024
- Implemented when required.
- Awaited
- Q1, 2024/25
- Q2, 2024/25



67.2% reported for February, 744 breaches out of 2,270 new attendances. Chart is showing a concerning performance trend



245 breaches out of 2,270 new attendances, 11%. The trajectory of 185 was not met and chart is showing a concerning performance trend.

Key challenges / issues

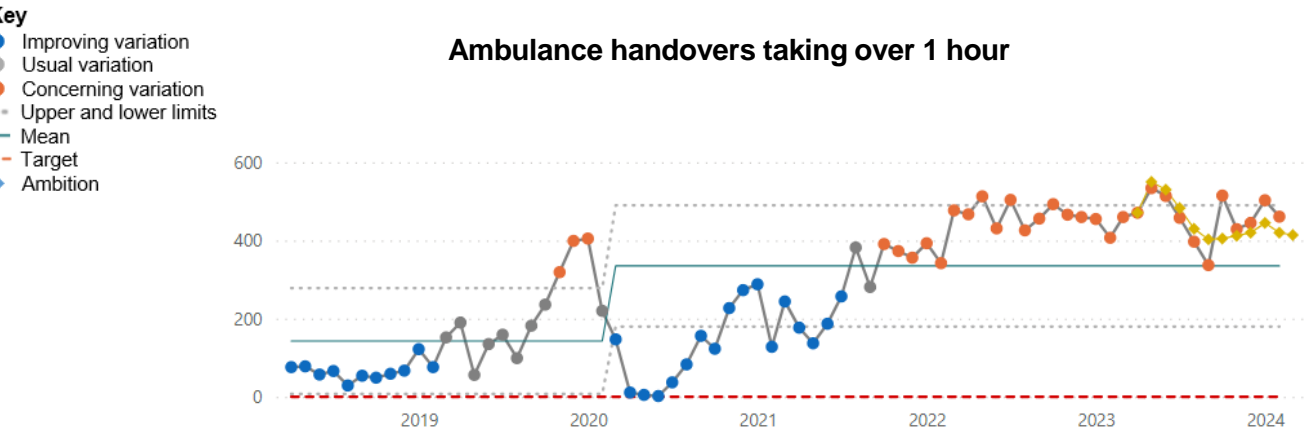
- Front door overwhelmed, not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010's, the recent increase in acuity both in ambulances and in the waiting-room challenges the ability to effect alternatives to admissions. Front door regularly surged by 15 patients.
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.
- Additional challenge in February was created by a rise in COVID and Norovirus for a two-week period that closed a number of beds and compromised the ability to discharge patients and move patients to create the required capacity.

Key actions / initiatives

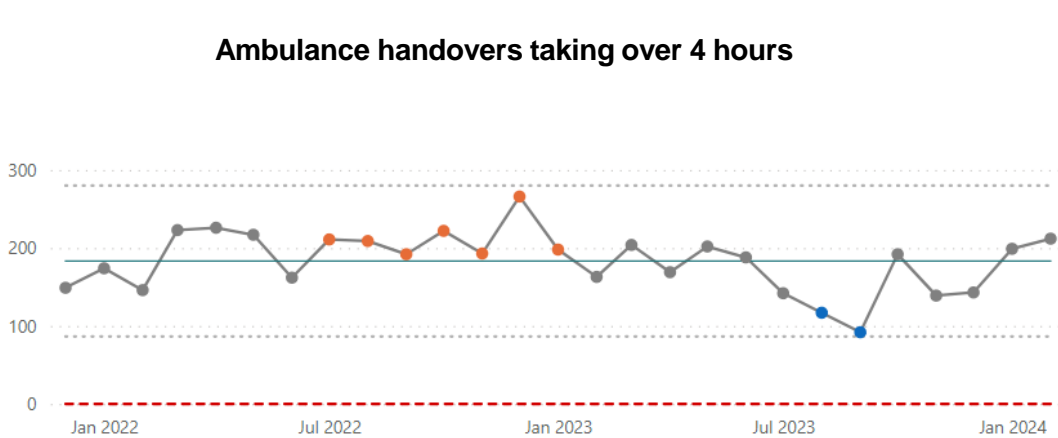
- Front door review – TUEC data gathering phase.
- Front door development review. Nurse led-review of front door service
- Development of Interface Frailty Model Project Initiation Document
- Additional ED junior doctor covering out of hours, but unfunded so will end 31/3/24
- Implementation of North Ceredigion Wrap Around service (Community Led)

Due date

- Q1, 2024/25
- Q1, 2024/25
- Q1, 2024/25
- 31/3/2024
- Q2, 2024/25



Latest data is showing concerning trend. 461 handovers >1 hours reported out of a total of 825 handovers, 56%. The trajectory of 420 was not met.



Latest data is showing expected (common cause) variation. 212 handovers >4 hours reported out of a total of 825 handovers, 26%.

Key challenges / issues

- Ambulance handovers >1 hour performance has improved in February. However, the overall >4 hour has deteriorated. This has been due to some significantly challenging periods of high demand on the site.
- Total Ambulance handovers have very slightly decreased in month although recognising that February is a shorter month.
- Advanced Paramedic Practitioner (APP) fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave during February

Key actions / initiatives

- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance calls (stack). March shift fill rate has improved.
- Red and Amber 1 ambulance incidents, release plans continue to be facilitated despite challenging patient flow. Review of any red or amber incidents declined with senior management team.
- Improvement plan around Real Time Demand and Capacity (RTDC) being implemented for focus on "home for lunch" for discharged patients.

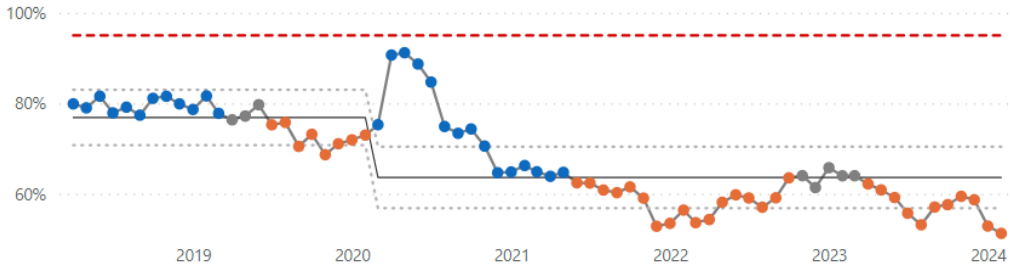
Due date

- 31/03/24
- 31/03/24
- 30/04/24

Key

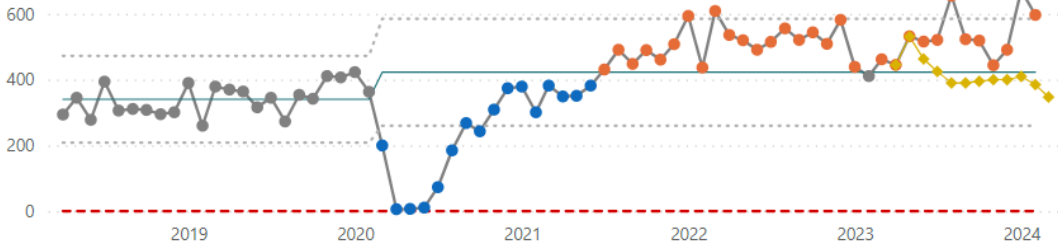
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



51.28% reported for February, 1,977 breaches out of 4,058 new attendances. Chart is showing concerning performance trend

Patients waiting over 12 hours in A&E



597 breaches out of 4,058 new attendances, 15%. The trajectory of 385 was not met. Chart is showing concerning performance trend.

Key challenges / issues

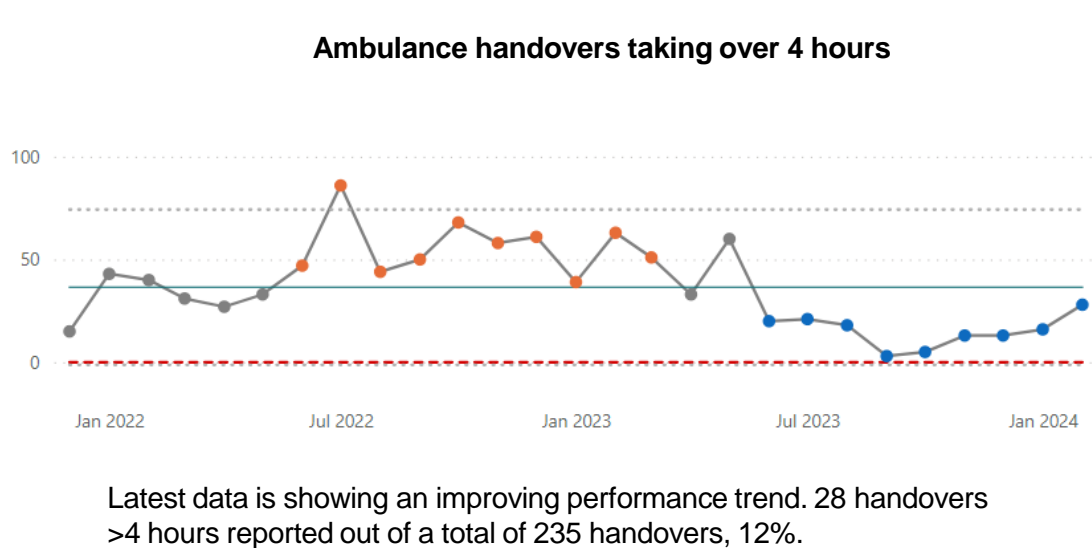
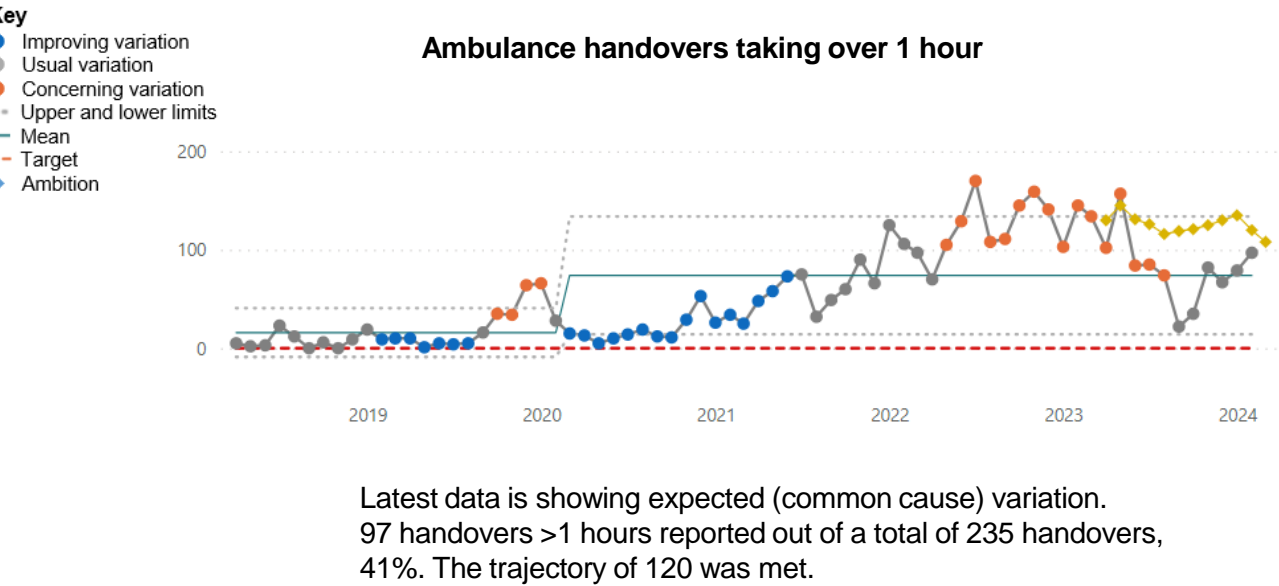
- ED attendances have remained relatively static on average (recognising that February was a shorter month).
- 12 hour performance has deteriorated against significantly challenging patient flow and high medically fit numbers seen in February (at one point >100 medically optimised patients). Medically optimised patients are where patients no longer require care in an acute hospital setting.
- 4 hour performance has been on a decreasing trend since November 2023. On numerous days, ED see and treat rooms are blocked due to clinical need of patients from waiting room or ambulance.

Key actions / initiatives

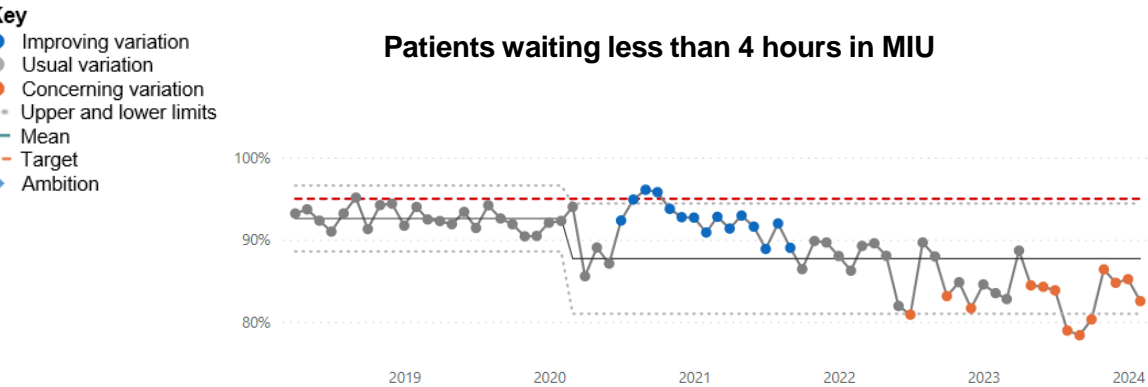
- RTDC Improvement plan being developed to facilitate earlier discharge to create early patient flow
- Senior clinician (GP or Senior ED Doctor) to provide rapid assessment and triage.
- Virtual Ward and Intermediate Care multi-discipline team (ICMDT) are in-reaching to ED as a pilot scheme with referrals to community facilities to prevent patient deconditioning in A&E and Clinical Decisions Unit. Success of pilot to be reviewed.

Due date

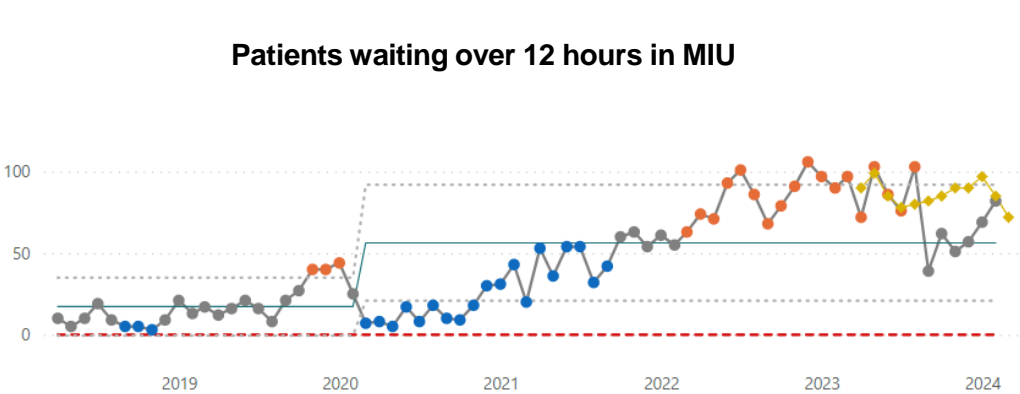
- 30/04/24
- 30/04/24
- 31/05/24



Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">PPH overall ambulance arrivals numbers have been reducing steadily since the summer. However our >1 hour and > 4 hour performance to handover has deteriorated slightly in February.Acuity of patients presenting remains a challenge alongside infection control issues with patients requiring specialist areas.Across Carmarthenshire - Advanced Paramedic Practitioner shift fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave during February.	<ul style="list-style-type: none">Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients.Front door model being reviewed to included interface frailty service.Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance calls (stack). March shift fill rate has improved.	<div>31/03/24</div> <div>30/04/24</div> <div>30/04/24</div>



82.53% reported for February, 404 breaches out of 2,313 new attendances. Chart is showing concerning performance trend.



82 breaches out of 2,313 new attendances, 4%. The trajectory of 85 was met and chart is showing expected (common cause) variation.

Key challenges / issues

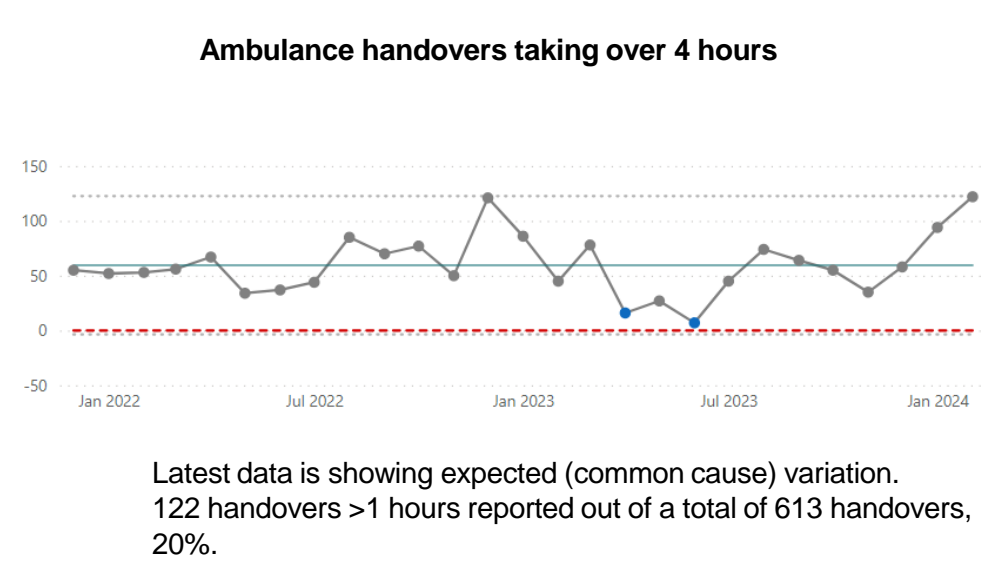
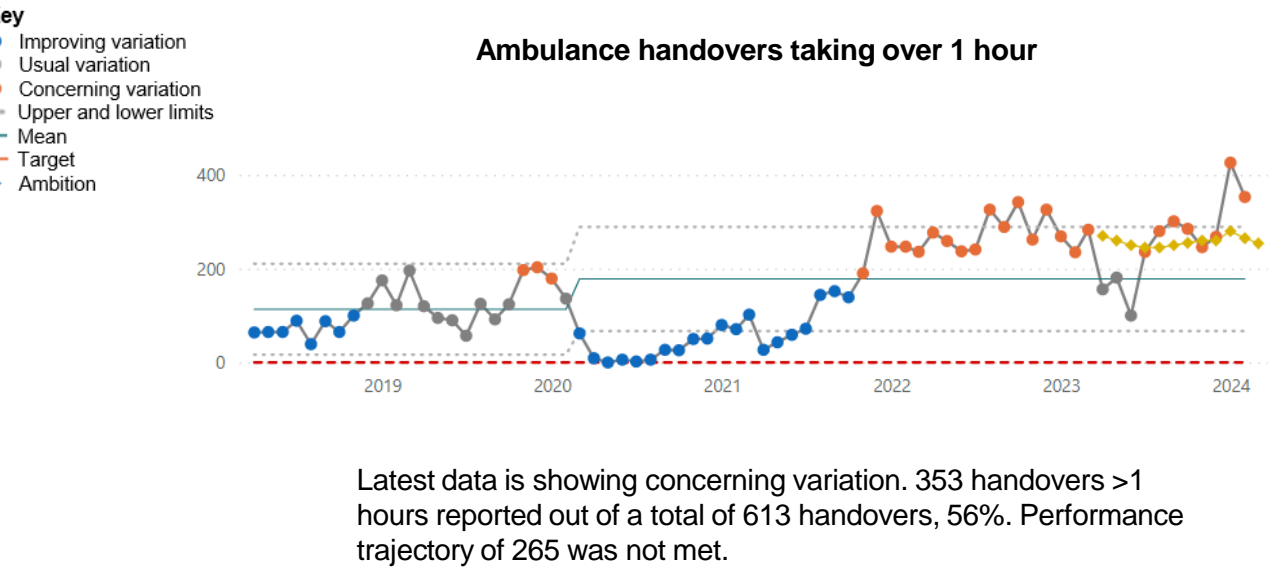
- Minor Injury Unit (MIU) new patient attendances in February reduced slightly to 2,313 but 37% of patients attended with a major complaint rather than a minor injury. These patients require admission and can wait in MIU overnight due to restricted availability of an appropriate bed.
- Patients waiting longer than 4 hours increased slightly but our 12 hour compliance remains high.
- Patients who are medically optimised, (who no longer requiring medical intervention) needing discharge support due to complex needs, remains a challenge with around 40 patients per day. This does contribute to patient flow throughout the hospital.
- We continue to experience challenges with limited nursing/doctor cover.

Key actions / initiatives

- Reviewing Same Day Emergency care (SDEC) model which continues to support with attendances high with our hybrid model including medical input with circa 95% discharge rate.
- Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continues to run which facilitates early discharges and follow up review. These clinics will increase through Dr job planning over the next 12 months.
- Medical Recruitment process ongoing to support areas.

Due date

- 30/04/24
- 31/03/25
- 31/03/25

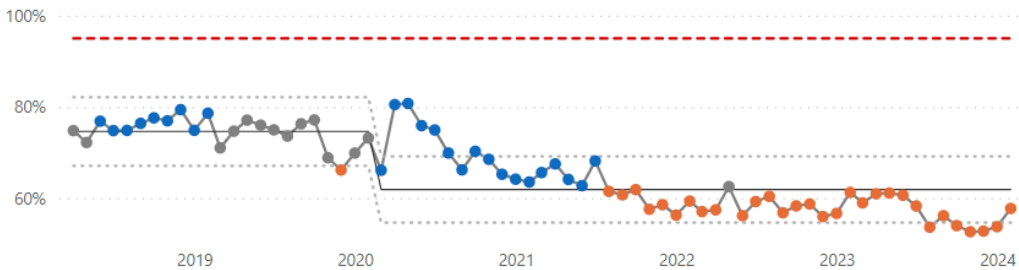


Key challenges / issues	Key actions / initiatives	Due date
Ambulance conveyance has seen a slight decrease in the month of February. With a decrease in total new attendances.	On going planning in the bed modelling at WGH, to enable the inpatient wards that are returning to service, to be fully utilised and efficient post RAAC	31/05/24
The main challenge is the number of medical patients lodged as inpatients in the ED. We are averaging 35 medical patients per day.	Immediate ambulance release RED/AMBER is maintained and prioritised.	Complete
This challenge is compounded by the reduction of acute medical beds due to Reinforced Autoclaved Aerated Concrete (RAAC) and the constrained capacity in our community facilities to facilitate timely discharges.	Continue to work closely with the community teams such Integrated Community Team and the Local Authority at the front door.	Complete
	Continue to work closely with WAST. A member of the locality WAST management joins our morning safety huddles plus has a workstation in ED. This fosters a collaborative working relationship.	Complete
Our day-to-day discharges does not allow a sufficient patient flow through the hospital.	There is a new bed booking process now in place from ED to the wards, this should avoid and communication delays regarding transferers.	Complete

Key

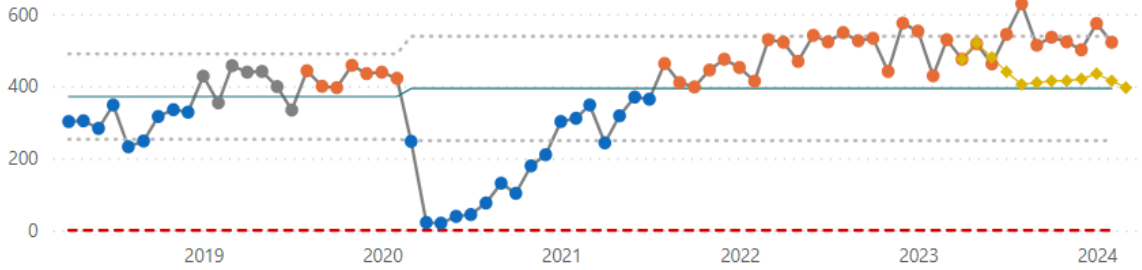
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



57.74% reported for February, 1,373 breaches out of 3,249 new attendances. Chart is showing a concerning performance trend

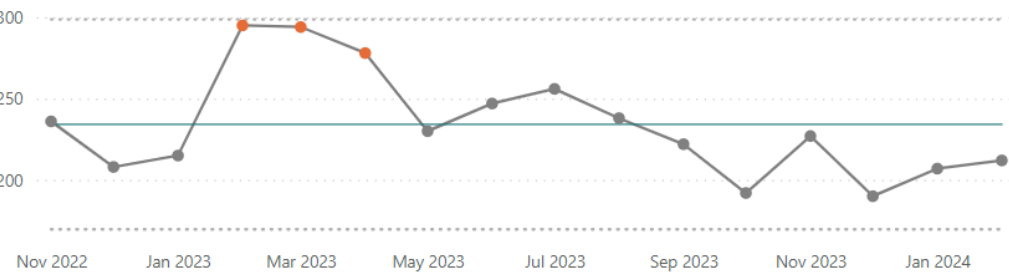
Patients waiting over 12 hours in A&E



522 breaches out of 3,249 new attendances, 16%. The trajectory of 415 was not met and the chart is showing a concerning performance trend.

Key challenges / issues	Key actions / initiatives	Due date
There is a concerning trend regarding the 4 hours and 12 hours patients waiting in ED.	On going planning in the bed modelling at WGH, to enable the inpatient wards that are returning to service, to be fully utilised and efficient post RAAC	Complete
The main challenge is the number of medical patients lodged as inpatients in the ED. We are averaging 35 medical patients per day.	The acute and community teams have twice weekly deep dives to challenge and support the pathway management of patients. As part of this, those patients waiting >21 days are discussed with clear actions and ownership of next steps.	Complete
Our day-to-day discharges do not allow a sufficient flow through the hospital.	Plan to improve patient flow by embedding of Clinical Streaming Hub and Enhanced Community Ward. We would aim to reduce the medical patients in ED, reduce ambulance conveyance and improve ambulance handover. The majority of streaming hub staff are in place.	Phased implementation up to May 2024
Our number of inpatients admitted for over 21 days is also deteriorating.		

Number of pathways of care delayed discharges

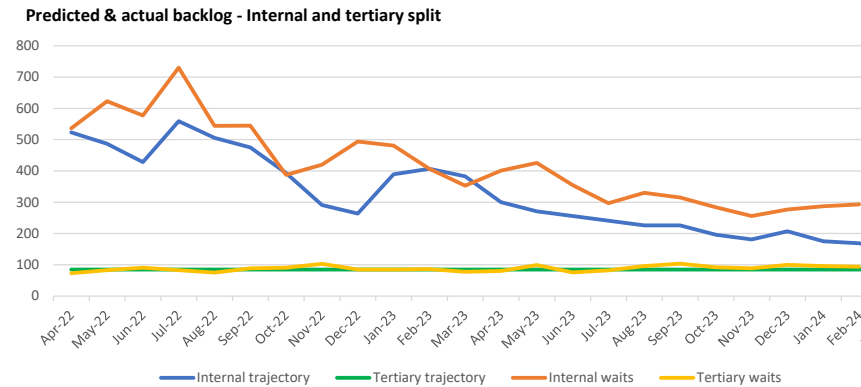


Reason	Resident Local Authority				
	Carmarthenshire	Ceredigion	Pembrokeshire	Swansea	Total
Awaiting completion of assessment by social care	20	3	16		39
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	15	7	10		32
Awaiting reablement care package	11	2			13
Awaiting Social worker allocation	11		2		13
Awaiting start of new home care package	7	2	3		12
Awaiting RH availability	5	3	2		10
Mental Capacity	8	1	1		10
Awaiting NH availability	3		5		8
No suitable abode	6	1			7
Awaiting EMI residential availability	3	2	1		6
Other	28	17	16	1	62
Grand Total	117	38	56	1	212

Patients with a delayed discharge increased during February, with Carmarthenshire Local Authority having the greatest number of delays. The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas. There were 15 mental health patients and 197 non mental health patients.

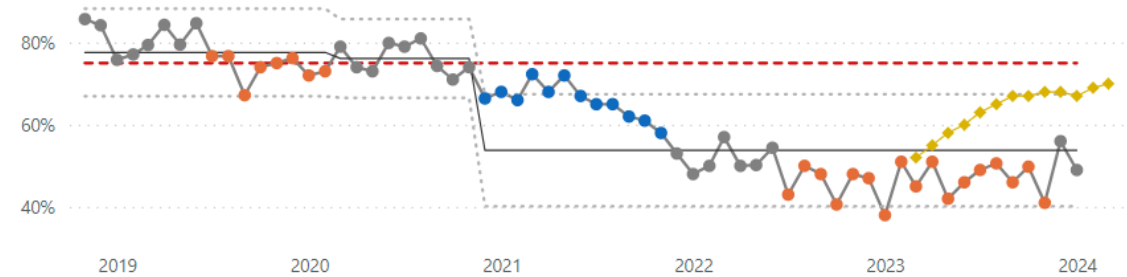
Key challenges / issues	Key actions / initiatives	Due date
<p>Non mental Health: There is a slight increase in overall delays from those recorded in January (up 2%).</p> <p>The reasons for delays with social care is down 5% , health related up 2% and joint assessments are up 3%. The codes related to delays in assessments account for 42% compared to 49% in January.</p> <p>One of the key issues identified is the numerous initiatives, teams, projects, targets endeavouring to address the issue of patient flow and discharge. In response to this the Health Board Discharge Strategy Group established in February 2024 under the nurse leadership to provide oversight of all current workstreams, and actions being undertaken around discharge. A workplan will be developed with timelines and key objectives at the meeting scheduled in March 2024.</p>	<p>The HB group will focus on:</p> <ul style="list-style-type: none">• Re-establish the Discharge Liaison Nurse Review working group• Quality Improvement team to provide oversight of current rollout and evaluation of Optimal Patient Flow work across acute inpatient areas• Map out all current workstreams, leads and reporting structures throughout the Health Board• Consider quality, safety and experience metrics in place in HB (as well as national mandated measures)• Legal and Risk to be invited to provide a training / overview session on policies such as Reluctant Discharge Policy in practice.• Consider developing an overarching Discharge Strategy as opposed to a discharge policy to capture the complexity and challenges of discharge.• Explore potential of intranet Discharge SharePoint Page to support education and learning	<p>Q1, 2024/25</p>
<p>Mental health: The directorate has a deteriorating position in respect of the census count of delayed pathways of care for February 2024 however, on analysis of the data for January and February, there are five individuals who are no longer DPOC and six new DPOCs were identified in February. The majority of individuals with delayed pathways are in the older adult in-patient population but three previous DPOCs in this category have now been discharged</p>	<p>DPOC was an agenda item at the Directorate’s Business Performance Assurance Group meeting in January and will be on the agenda for subsequent BPAG deep dive sessions with in-patient services.</p> <p>The newly established operational adult and LD monthly DPOC meeting with health, local authority and commissioning is having an impact in respect of escalating actions to facilitate patient discharge and will continue.</p>	<p>30/06/24</p>

Number of single cancer pathway patients waiting over 62 days



Total of 387 patients waiting over 62 days. 293 for treatment within Hywel Dda, 94 for tertiary treatment . The total trajectory of 254 was not met. Highest waits were for Urology (164).

% single cancer pathway patients starting treatment within 62 days



In January 2024 there were 1,717 single cancer pathway referrals, 49% (131 out of 270) patients started treatment within 62 days.

Key challenges / issues

- Complex patient pathways** increase the time on the pathway before treatment can begin.
- Industrial action**, reduction in capacity in December 2023 . There is also a risk of reduced capacity due to further industrial action scheduled for February, March and April 2024. Plans in development to understand and numerate the impact on capacity.
- Tertiary centre capacity**, 25% of our total breaches are for tertiary treatment.
- Radiology & Endoscopy capacity** issues are delaying diagnosis and subsequent treatment. This relates to current workforce.
- Out-patient appointment (OPA) clinical space & staffing**, issues with availability of clinical space and staffing to support the clinics.

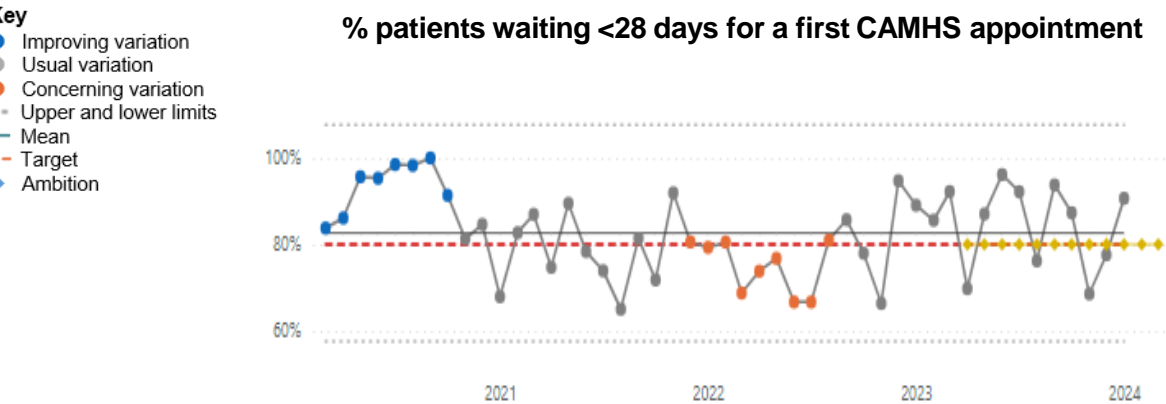
Key actions / initiatives

- Demand and capacity planning for Radiology**
Radiology reviewing referral pathway mapping, working with ARCH (A Regional Collaboration for Health) to build a new Radiology dashboard, support from strategic workforce team to review workforce elements. Aim is more timely examinations and reports which will improve the patient pathway and reduce the risk of long waits for investigations and reporting of results.
Radiology dashboard: Launched January 2024
- Referral pathway mapping:** 31st March 2024
Workforce review: 31st March 2024
- Develop improvement plans for tumour sites that have patients waiting in excess of 14 days for OPA and 28 days for diagnostics.

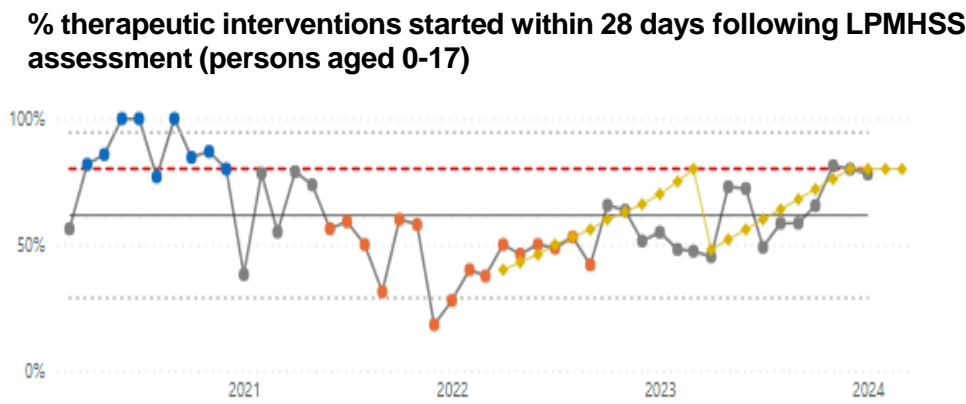
Due date

31/03/24
31/03/24

05/04/24

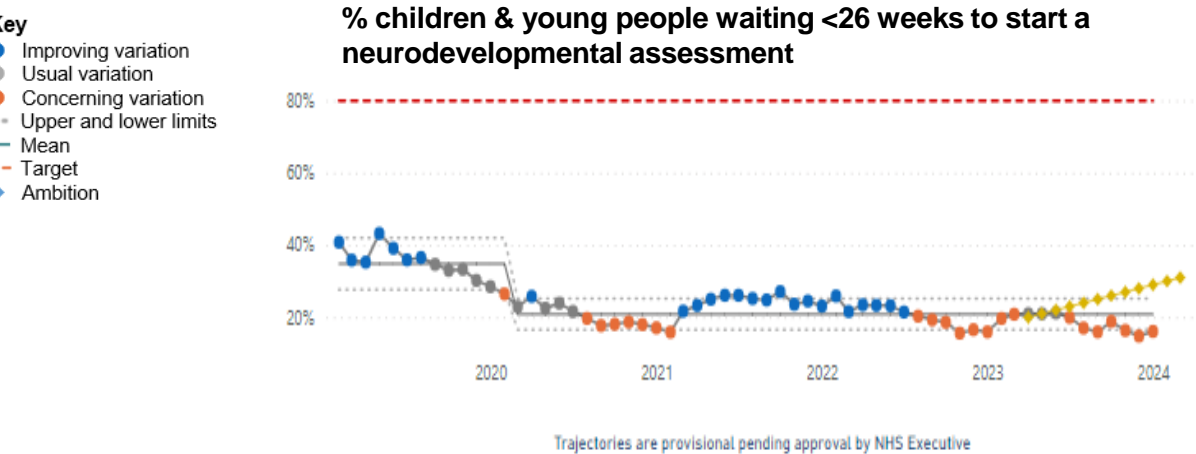


Latest performance is showing expected (common cause) variation. 68 out of 75 (90.7%) young people had their first CAMHS appointment within 28 days. The overall trajectory of 80% in January was reached.

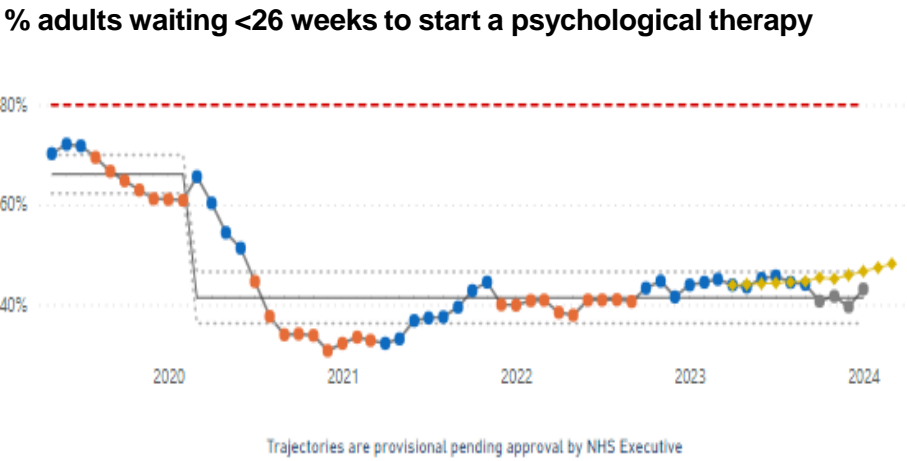


Latest performance is showing expected (common cause) variation. 78% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The trajectory of 80% in January was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% patients waiting <28 days for a first CAMHS appointment:</p> <p>90.7% of first CAMHS (Child and Adolescent Mental Health Services) appointments took place within 28 days of referral, meaning further improvement for January relative to November and December. The improvement reflects increased initial appointment slots being created to address the backlog.</p>	<p>% patients waiting <28 days for a first CAMHS appointment:</p> <ul style="list-style-type: none">The Pembrokeshire Secondary team is working to a recovery plan to address the backlog and increase compliance in the coming months.Team Leads have complete process mapping of current systems and pathways to improve efficiency and reduce time to assessment.Additional clinical space being sourced for assessment clinics.	31/03/24
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):</p> <p>There was a slight dip in performance to 78% in January, following the first two months of compliance for this target in November and December. We anticipated some possible short-term deterioration in performance in January and February, as highlighted in the previous IPAR, due to some breached interventions commencing in these months. We expect to return to compliance in the subsequent months once these are processed.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assess (0-17):</p> <ul style="list-style-type: none">We continue to run multiple in-person skills group work and a review of access arrangements.A review is underway with partner agencies to reflect key areas of service development and clarify how the service structure is aligned with this target.We are piloting gov.uk notify for assessments, which have significantly reduced Did-Not-Attends at assessment appointments; we are now rolling these out for first intervention appointments.Kooth, online counselling service, has now become universal and, therefore, can be accessed without a specialist CAMHS referral.	31/03/24

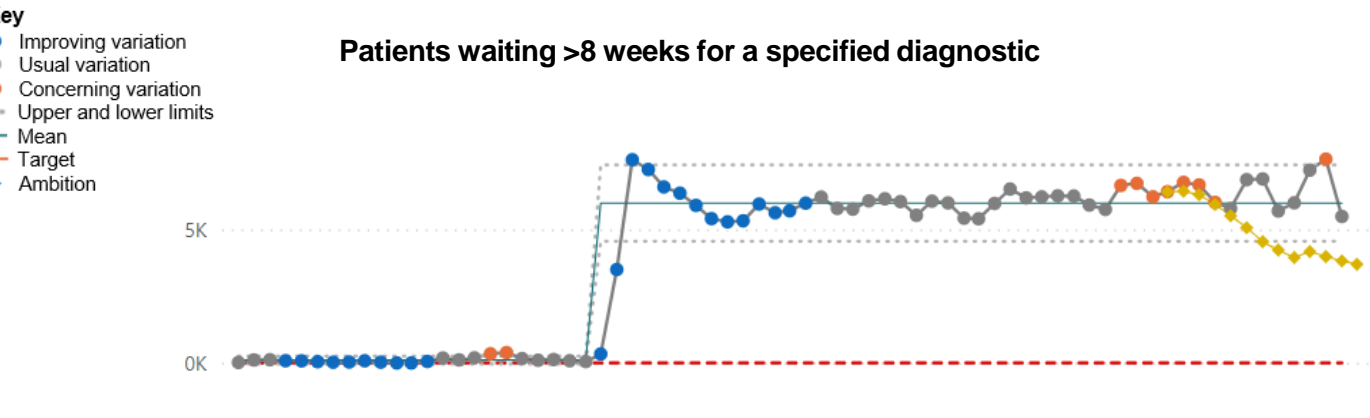


Performance in January (16.1%) shows special cause concerning variation and trajectory (29%) was not met. 411 out of 3,025 (13.6%) patients had an ASD assessment and 154 out of 485 (31.8%) patients had an ADHD assessment within 26 weeks in January.



Performance in January (43.1%) shows expected (common cause) variation but trajectory (46.7%) was not met. 390 out of 873 (44.7%) patients started an integrated psychological therapies within 26 weeks, 4 out of 18 (22.2%) started an adult psychology assessment and 37 out of 109 (33.9%) started a learning disability psychology within 26 weeks.

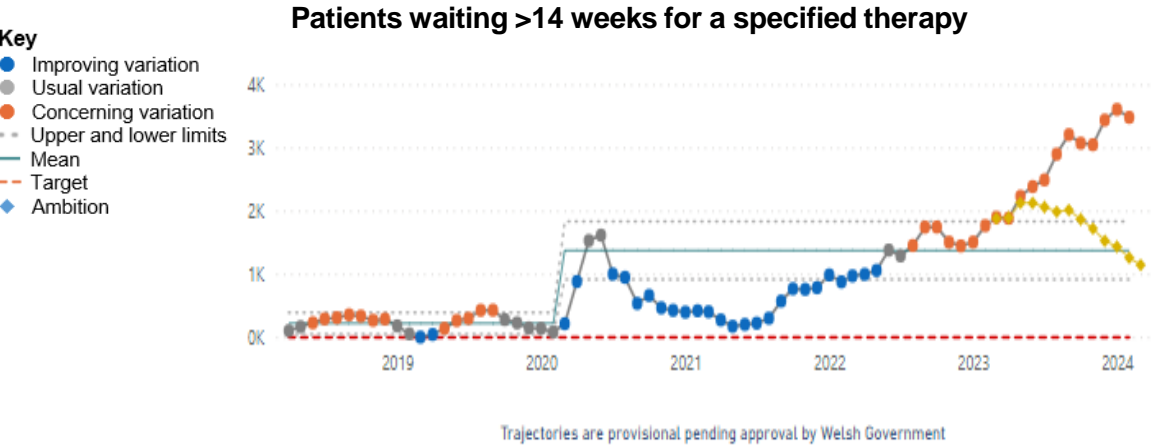
Key challenges / issues	Key actions / initiatives	Due date
Neurodevelopmental assessments: <ul style="list-style-type: none">Attention Deficit Hyperactivity Disorder (ADHD): Referrals received for ADHD assessment of children and young people (CYP) continue to increase. A Specialty Community Paediatrician is currently being on-boarded.Autism Spectrum Disorder (ASD): An estimated 25 assessments per month can be completed with current resources, depending on complexity of cases, support from parents, carers and schools, staff travel time and sourcing suitable clinic space.	Neurodevelopmental assessments: <ul style="list-style-type: none">ADHD: Community paediatricians are implementing 'screening clinics' with validation currently being undertaken. We aim to have additional clinics in March to reduce the numbers on the waiting list. Working with specialist Mental Health team to respond to the recent NHS Executive All Wales CYP Neuro Diversity Review.ASD: Relocated to new premises with some dedicated clinic space to increase capacity and assessment opportunities. Action Plan following CYP Neuro Diversity Review.	31/03/24 31/03/25
Psychological therapies: <ul style="list-style-type: none">Integrated Therapies: Demand continues to outweigh capacity, however, all clients waiting over 26 weeks have now been offered group therapy, with the view that once cleared all clients referred will receive group therapy as first offer.Adult Psychology: Recruitment is still challenging and impacted on by additional scrutiny, however, we are seeing an improvement expected to continue into February.Learning disabilities: Recruitment into Band 8a posts has been successful in Pembrokeshire with an estimated start date of April 2024.	Psychological therapies: <ul style="list-style-type: none">Integrated Therapies: 398 people who were waiting above the 26 week target have been offered a group to support their wait, with 200 accepting. 44 have taken up the offer of Eye Movement Desensitisation Therapy. A further letter has gone out offering this for which 31% have responded to accept the offer of online therapy.Adult Psychology: consolidation of a single waiting list and refined criteria for referralsLearning disabilities: Keeping in touch letters have been produced to via Synertec, with a rolling 3 month programme.	31/03/24 31/03/24 31/03/24



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	February 2024	5,489	●	□	◆
Radiology		3,027	●	□	◆
Endoscopy		1,545	●	□	◆
Cardiology		479	●	□	◆
Neurophysiology		401	●	□	◆
Imaging		25	●	□	n/a
Phys measure		12	●	□	◆

Overall breaches reduced by 2,149 in February 2024 and are at the lowest level since March 2022. Improvements recorded in the latest month in all services apart from physiological measurements, which saw a small increase. Radiology breaches reduced by 1,375 in February 2024. Endoscopy have met trajectory (1,682) for the first time. Cardiology have been on a downward trajectory since August 2023 and are now showing improving variation. Neurophysiology breaches have reduced by over 200 since December 2023.

Key challenges / issues	Key actions / initiatives	Due date
Endoscopy: <ul style="list-style-type: none">Constraints within job plans limiting ability to uplift core endoscopy sessions.Recruitment of endoscopy nurses and an up-to-date review of establishment requirements to enable full utilisation of all available sessions.	Endoscopy: <ul style="list-style-type: none">Funded recovery plan of 5 additional lists per week implemented from the beginning of January 2024 up until the end of March 2024. These additional lists will reduce the waiting list growth.Focussed booking continuing across all lists to maximise utilisationWaiting list reduction of 23 patients per week.	31/03/24
Radiology: <ul style="list-style-type: none">Demand exceeding capacity mainly in Non-Obstetric Ultrasound (NOUS), MRI and to a lesser extent CT leading to increased waitsReporting demand exceeding capacity mainly for CT and MRIStaffing shortages in NOUS remains an issue	Radiology: <ul style="list-style-type: none">Improvement seen due to Waiting List Initiatives in CT, NOUS and MRI along with the hire of a staffed MRI unit and insourced ultrasound service funded from recovery monies. This has removed 1,387 patients waiting 8 weeks plus from the waiting list.Continued use of the above during March 2024 will see further improvement in this position. Breaches are anticipated to be approximately 2,000 at the end of March 24.Ultrasound control group undertaking service needs assessment, to be completed by July '24.	31/03/24 31/07/24
Cardiology: <ul style="list-style-type: none">Constraints in Cardiologist capacity limiting pace at which the service is able to deliver the required volumes of in-source Echocardiography activity currently.Increased number of referrals for Ambulatory Monitoring in October '23 posed a continued challenge for February performance, along with staff shortages due to annual leave and sickness.	Cardiology: <ul style="list-style-type: none">Continue and procure additional temporary Locum Cardiologist capacity to address Cardiologist capacity constraint and facilitate delivery of optimal levels of in-source Echocardiography by end of March '24.Focused efforts in quarter four 2023/24 to streamline and achieve optimal efficiencies in Ambulatory Monitoring across all 4 diagnostic sites.	31/03/24

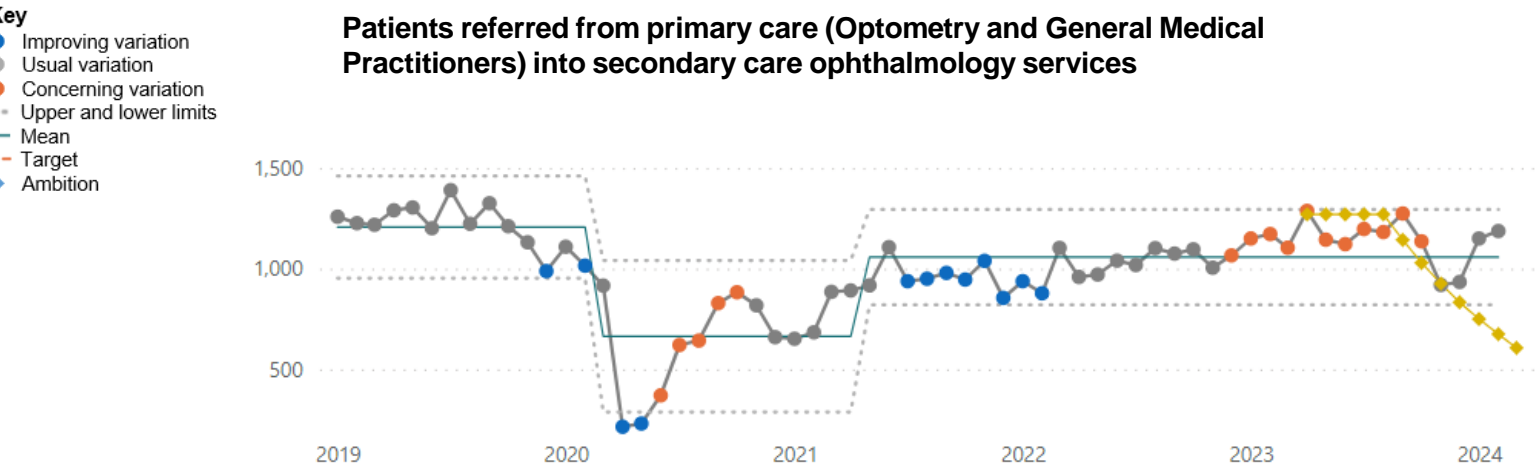


Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory
All	February 2024	3,479	●	□	◆
Dietetics*		1,265	●	□	◆
Audiology		818	●	□	◆
Physiotherapy		621	●	□	◆
OT		434	●	□	◆
Podiatry		264	●	□	◆
Art therapy		54	●	□	◆
SALT		23	●	□	◆

*Dietetics includes 1,236 breaches relating to the Weight Management Service (WMS)

Overall breaches reduced by 125 in February 2024, however breaches remain high, and trajectory (1,257) was not met. Podiatry saw the biggest reduction of 85 breaches in the latest month, while slight reductions were also recorded in dietetics, audiology and physiotherapy. Breaches have been rising for the last 3 months in occupational therapy.

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: <ul style="list-style-type: none">Accommodation challenges at Withybush Hospital due to reinforced autoclaved aerated concrete (RAAC) survey and repair work impacting service capacity for community and musculoskeletal (MSK) services.Insufficient establishment, funded workforce to sustainably meet demand in community & MSK.	Physiotherapy: <ul style="list-style-type: none">Reinstatement of South Pembrokeshire Hospital physiotherapy department and gym.Pilot in collaboration with waiting list support service in Carmarthenshire to review the longest waiting patients on routine lists.	01/03/24 15/04/24
Audiology: <ul style="list-style-type: none">Insufficient establishment. Current workforce is not appropriate to sustainably meet increased demand following 11% increase in referrals compared to pre-pandemic and the 2023 backlog.Unknown impact of ambient noise levels due to fire prevention work in the outpatients department at Glangwili Hospital with potential to result in hearing assessments being suspended.	Audiology: <ul style="list-style-type: none">Strategy plan submitted to scheduled care directorate with request to increase clinical establishment by two Band 5 clinicians.Staff already allocated to work at other sites during fire prevention work to minimise disruption.9 months maternity leave cover advertised on Trac.	Awaiting response scheduled care 26/03/24
Dietetics: <ul style="list-style-type: none">Demand is significantly greater than capacity in the adult weight management service.Reduced community and acute capacity due to vacancies, coupled with increased referrals is resulting in loss of clinic capacity and requirement to redirect capacity to non-clinic - inpatient activity.Paediatric vacancy and high demand from selective eating referrals is resulting in ongoing long waiting times.	Dietetics: <ul style="list-style-type: none">Weight Management services implementing Power BI App (process in place from April 24) & increased new assessment capacityFurther locum support for clinic delivery being actively pursuedSome acute & community vacancies recruited, pending start dates / graduatesPaediatric vacancy filled from April 24Review of selective eating pathway with aim of alternative model	01/05/24 01/04/24 01/07/24 01/07/24 01/09/24

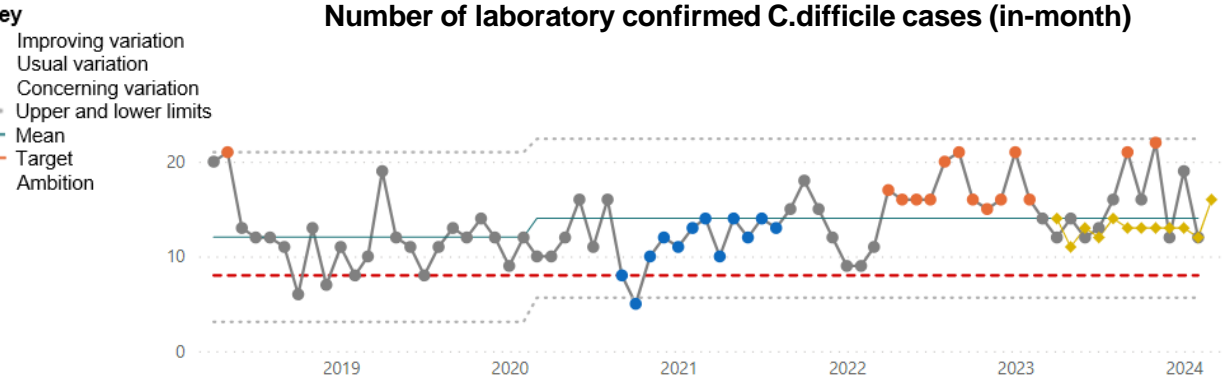


The target for this measure is to reduce the number of referrals from primary care into secondary care ophthalmology services.

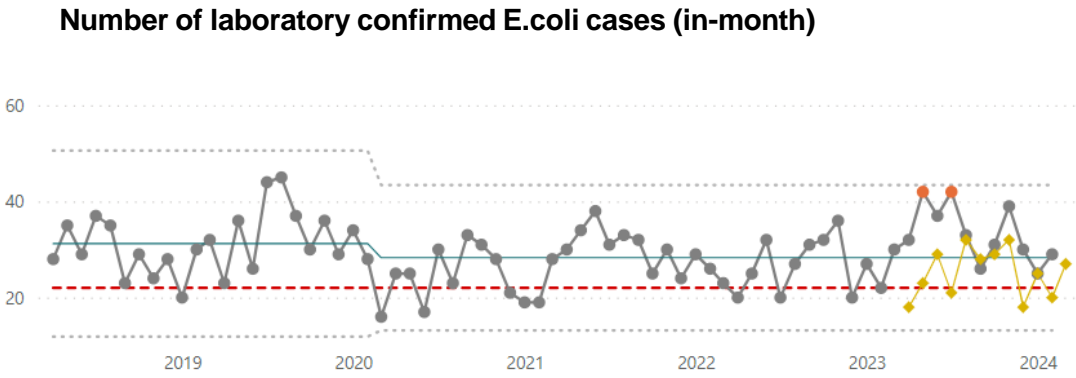
The chart is showing common cause variation; however, performance has been declining since November 2023 where referrals have risen to 1,187 in February 2024.

The monthly reduction trajectory has not been met.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Implementation of national clinical pathways are being staggered therefore there is limited impact on the number of patients being referred into Ophthalmology, with Wales General Ophthalmic Services (WGOS) 4 being implemented from April 2024.The Independent Prescribing Optometry Service (IPOS) was established during the COVID-19 pandemic and has continued to be commissioned. This has now transferred into WGOS 5 under the new contractual arrangements.	<p>Discussion with Regional Optometric Committee (ROC) to agree minimum service provision levels for IPOS.</p> <p>Clinical pathway implementation as and when the clinical contract manuals are made available from Welsh Government</p>	<p>Complete</p> <p>Dependant on WG</p>

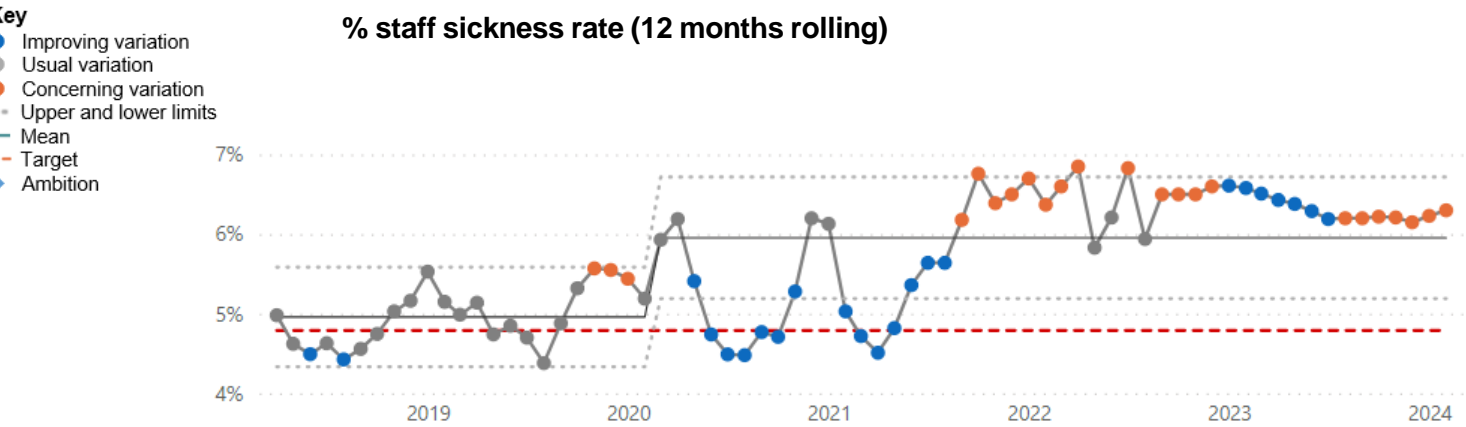


Case numbers decreased in February and the chart is showing expected (common cause) variation. The trajectory of 12 was met. The cumulative rate 48.0 per 100,000 population has been increasing since April 2023.



Case numbers increased in February and the chart is showing expected (common cause) variation. The cumulative rate 103.8 per 100,000 population is above the mean and expected levels. Our internal trajectory of 22 in month cases was not met.

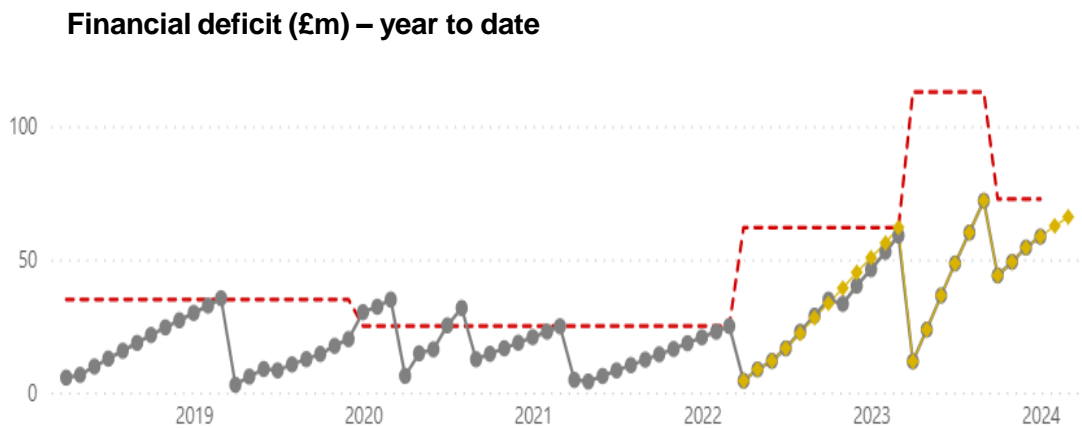
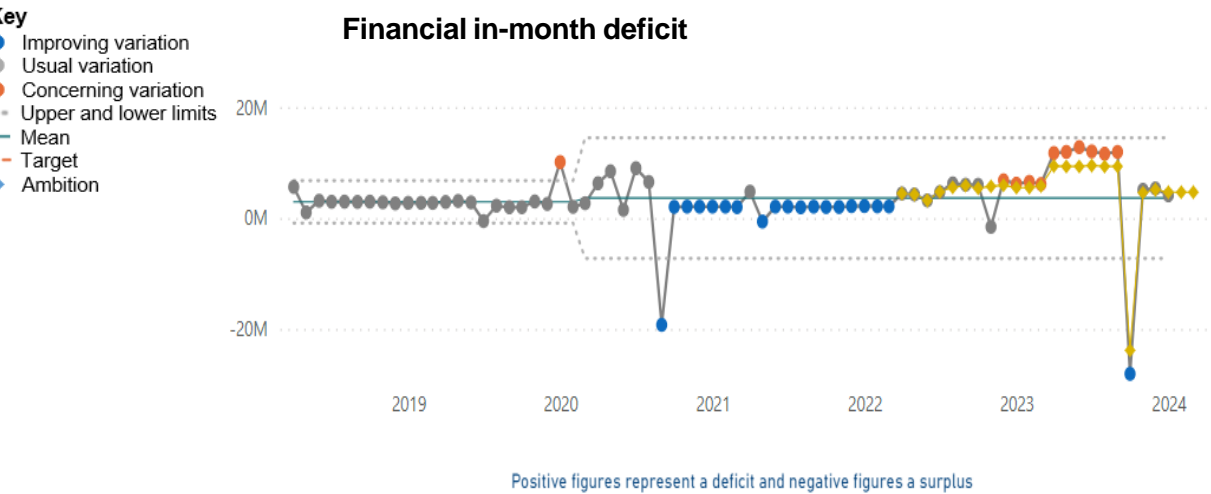
Key challenges / issues	Key actions / initiatives	Due date
C.difficile The continuing trend of an almost equal split between community and hospital onset cases mirrors the picture that is seen across Wales. While our case numbers remain lower than the same period last year, we continue to be above average in comparison to the rest of Wales.	C.difficile <ul style="list-style-type: none">Weekly ward rounds on all sites, to ensure correct management for patient safety.Working with Antimicrobial Pharmacists, to encourage antibiotic stewardship and completion of “start smart, then focus” audits. Ongoing, continuous efforts to highlight the importance of these audits. Continuous education, workshops and training for medical and nursing teams.Improving cleaning with sporicidal disinfectant and hand hygiene training to reduce the risk of transmission and cross infection. Complete on all acute sites, community hospitals to now be included.Surveillance, monthly review and scrutiny meetings held to determine root cause and identify any learning. Utilising HCAI dashboard to identify hotspots, to enable targeted interventions. Current areas of concern include wards in BGH and PPH – targeted work in these areas has commenced.Letters sent to each GP informing of their patient’s case, providing education sessions to Primary Care.Continuing with the Nurse led Faecal Microbiota Transplantation service.	30/04/24
E.coli HB continues to have the highest rate per 100,000 population of E.coli within Wales and this is of particular concern. The increase in the rates is noted across Wales with the majority of HB's seeing higher case numbers. The percentage for community onset E.coli within the HB is 84%, national average of 77%.	E.coli <ul style="list-style-type: none">Interrogation of data suggests the issue is within the general population rather than our Care Home residents and further investigation is ongoing to determine any commonality or concerning themes.The predominant source continues to be urinary and prevention methods around health promotion and healthier living are considered necessary and need to be the focus of any ongoing community messaging. As part of the collaborative work with Public Health, a health promotion campaign is being developed. Delivery by the integrated infection prevention team and local authority teams shall commence during Q1	30/04/24
		31/03/24
		Q1, 2024/25



The rolling 12-month performance of an average was 6.3% for February 2024 against the target of 4.79%
In-month performance for February 2024 was 6.57%
The highest levels were reported for:

- Pembrokeshire county (11.2%)
- Facilities (10.6%)
- Unscheduled care PPH (8.4%)

Key challenges / issues	Key actions / initiatives	Due date
Conditions impacting absence rates include: <ul style="list-style-type: none">Anxiety/stress/depression continues to account for the highest reasons for absence accounting for some 30% of all days lost.Seasonal cough/colds/flu absences remain high but are consistent for the time of year when compared to previous years.	Meeting to discuss the Workforce Sickness Action Plan with the TU leads was delayed due to industrial action in February. New due date set.	12/03/24
Other challenges: <ul style="list-style-type: none">We continue to see higher levels of absence than seen prior to the pandemic even though some services have made significant improvements in their absence rates over the past 12 months.Industrial action may also impact our absence rates especially if the action continues into the spring and summer months.	Estates & Facilities to undertake 4 sickness absence audits.	31/03/24
	Sickness Absence Task & Finish Group to have it first meeting.	12/04/24
	Sickness Absence Task & Finish Group to prepare work plan	31/05/24



Key challenges / issues

- The Health Board's forecast position for the year has remained at £66.0m. The Month 11 financial position is a overspend of £3.6m, which is made up of a £1.1m improvement against the planned deficit. The original planned saving requirement of £19.5m is over identified, before the additional £11.3m target control total was issued.
- The Health Board will not be able to deliver the target control total and the Health Board's deficit position has remained at £66.0m. The forecast reflects anticipated industrial action in March but there remains some uncertainty due to activity levels although this is unlikely to materially impact the reported position. Work is progressing to mitigate the increased cost base, and is continually being reviewed, having reported a £6.7m improvement in the January 2024 cycle.

Key actions / initiatives

- The Health Board notes the letter received from the Director General on 23 January 2024 setting out the further escalation measures being placed on the whole organisation.
- Prior to receipt of the letter, the forecasted end of year deficit position of the Health Board was reported as £72.7m. Following targeted improvements and internal reviews of key drivers, the annual forecast in Month 10 reduced to £66.0m, improving by £6.7m.
- The Health Board has a comprehensive opportunities framework, which has been shared with the organisation and the NHS Executive Financial Planning & Delivery team and is under on-going review. Key outstanding actions relating to the programme management and delivery frameworks are reviewed as part of the quarterly Targeted Intervention escalation with Welsh Government.
- The Health Board has an active in-year savings tracker which has been shared with the NHS Executive Financial Planning & Delivery team, including dashboards for active opportunities progressing from Black and Red into Amber and Green statuses.
- Further arrangements are being enhanced to implement a tiered escalation framework internally for executive portfolios linked to multi-faceted performance criteria, with a view of these being implemented in readiness for the start of the new financial year.
- Annual plan development for the forthcoming financial year is now in its latter stages, including an assessment of the choices the Health Board will have to make. At this stage there is insufficient assurance to achieve the target control total for the 2024/25 financial year with this is being communicated as part of the annual plan, including an anticipated delivery trajectory.

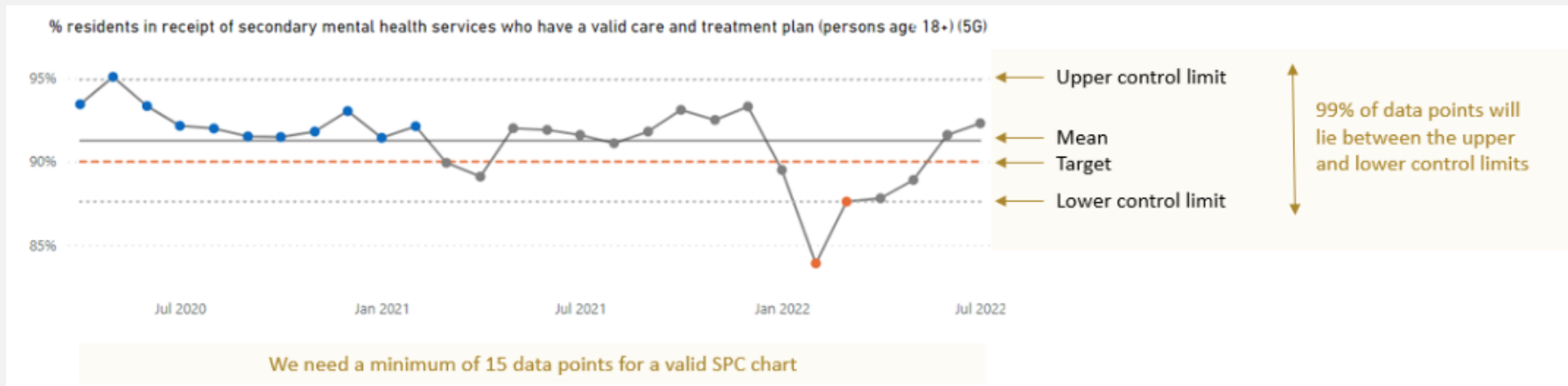
Due
date

31/03/24

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.

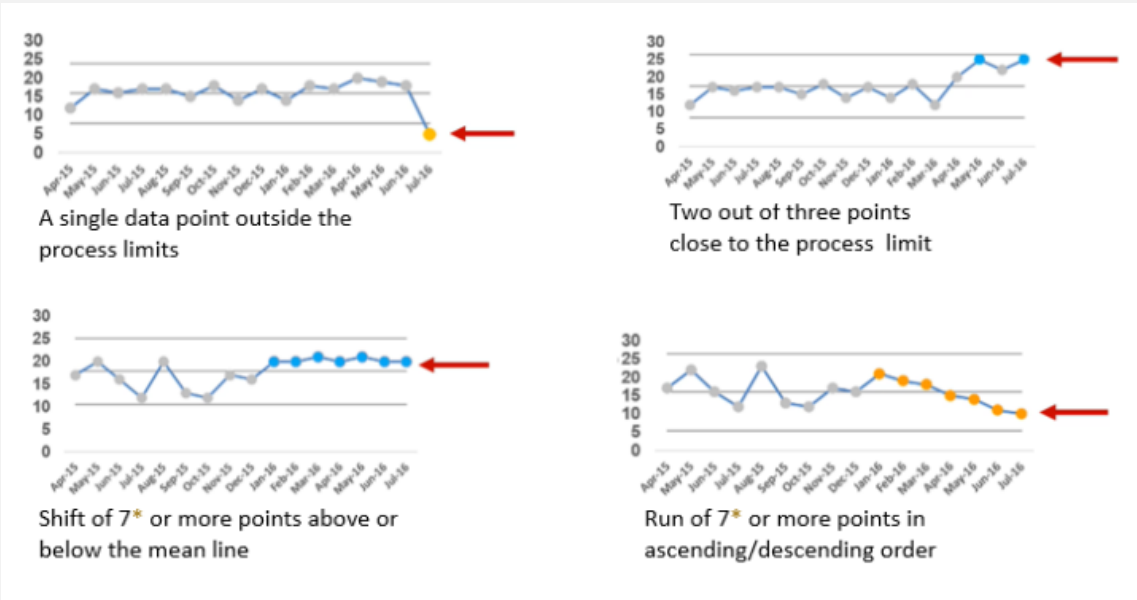
Anatomy of a SPC chart



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 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 are we doing over time	●	Concerning trend = a decline that is unlikely to have happened by chance
	●	Usual trend = common cause variation / a change that is within our usual limits
	●	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target	□	Missing target = will consistently fail target without a service review
	■	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	□	Hitting target = will consistently meet target
Note: remember blue is good, orange is bad		