GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st March 2025

For further details see the ‘System measures’ section of the latest IPAR dashboard.

This document summarises performance against our key improvement measures for 2024/25. This includes measures relating to our enhanced monitoring 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 ways 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 31st March 2025

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Cancer	% pts on single cancer pathway within 62 days	Feb 2025	75%	64%			
Delayed discharges	Number of Pathways of Care delayed discharges	Mar 2025	n/a	218		N/a	
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Mar 2025	0	4,851			N/a
Finance	Financial in month deficit	Mar 2025	n/a	£3,360,000		N/a	
Infections	E. coli: Number of confirmed cases (in-month)	Mar 2025	21	40			N/a
Infections	S. aureus: Number of confirmed cases (in-month)	Mar 2025	6	9			N/a
Infections	C. difficile: Number of confirmed cases (in-month)	Mar 2025	8	11			N/a
Mental health (includes neuro)	% adult psychological therapy waits <26 weeks	Feb 2025	80%	63.8%			
Mental health (includes neuro)	% child neurodevelopment assess waits <26 weeks	Feb 2025	80%	21.8%			
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 0-17)	Feb 2025	80%	97.7%			
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 18+)	Feb 2025	80%	96.3%			
Planned care	Waits over 52 weeks: new outpatient appointment	Mar 2025	0	0			N/a
Planned care	Patients waiting 104 weeks+ RTT	Mar 2025	0	0			
Planned care	Patients waiting over 52 weeks RTT	Mar 2025	0	12,202			N/a
Planned care	Follow-up appts - delayed >100%	Mar 2025	0	16,504			N/a
Planned care	% R1 eyecare appts attended in target or 25% delay	Feb 2025	95%	58.2%			N/a
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Mar 2025	0	2,216			
Urgent and emergency care	% Ambulance red call responses < 8 mins	Mar 2025	65%	51.7%			N/a
Urgent and emergency care	Ambulance handovers > 1 hour Hywel Dda	Mar 2025	0	988			
Urgent and emergency care	Ambulance handover > 4 hours Hywel Dda	Mar 2025	0	343			N/a
Urgent and emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Mar 2025	95%	68.8%			N/a
Urgent and emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Mar 2025	0	1,412			
Workforce	% staff PADRs in the previous 12 months	Mar 2025	85%	83.7%			N/a

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

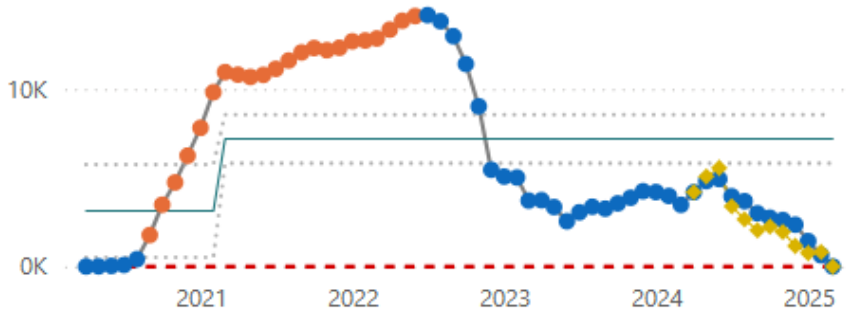
Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

Statistical process control (SPC) charts
- Why use SPC charts?
- Anatomy of a SPC chart
- Rules for special variation within SPC charts
- Understanding SPC icons

Waits over 36 weeks, 52 weeks for first outpatient and delayed follow up appointments
(Ministerial priority)

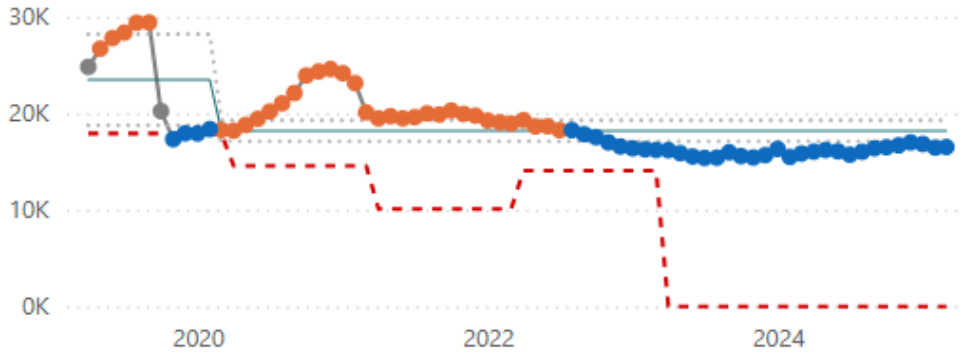
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Zero breaches recorded at the end of March 2025. The national target has been achieved for the first time in 5 years.

Follow up outpatient appointments delayed over 100% past target date



Latest performance (March 2025: 16,504) shows improving variation and the position has remained static across 2024/25.

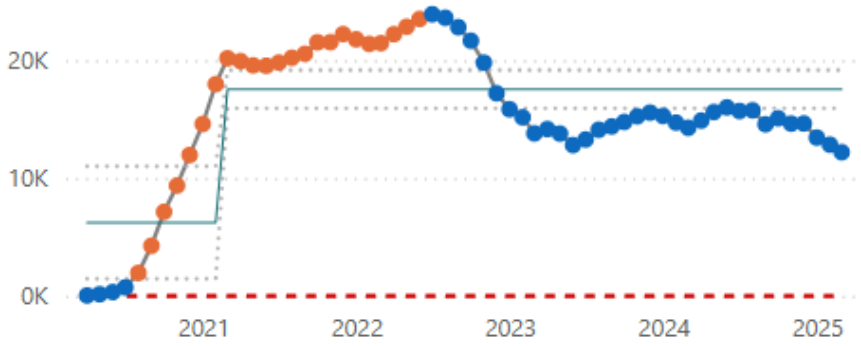
Key challenges / issues	Key actions / initiatives	Due date
• Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU). • No patients are now waiting beyond 52 weeks for their first outpatient appointment, a large reduction from the peak in 2024/25 (June 2024: 4,930). • Demand and capacity trajectories anticipate this target being maintained in most specialties. Recurrent recovery monies are being prioritised for areas that anticipate a breach (ENT, Neurology and Rheumatology). • The Health Board actively manages and triages referrals which has resulted in no waiting list growth. • Outpatient waiting volumes are at their lowest since April 2021. • Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales. • Since June 2024 there has been a 16% reduction in 36-week breaches for Referral to Treatment (RTT) and a 55% reduction in 36-week new outpatient breaches – positive indications for further recovery in future years.	• The Health Board has achieved the target of no patients waiting over 52 weeks for their first outpatient appointment. This has been achieved by utilising specialty specific operational plans and Welsh Government recovery monies. • Continue to manage demand via targeted validation, referral management, robust clinical triage and the use of alternative pathways such as self-management (SoS & PIFU). • Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients. • Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and use of CIN (Clinical Implementation Network) guidelines. • 25/26 Demand and capacity plans have been developed and will be used by all Planned Care services to work towards achieving no patients waiting over 36 weeks for their first outpatient attendance across key specialties to maximise available capacity and forecast accurately.	Ongoing Ongoing Ongoing Ongoing

Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

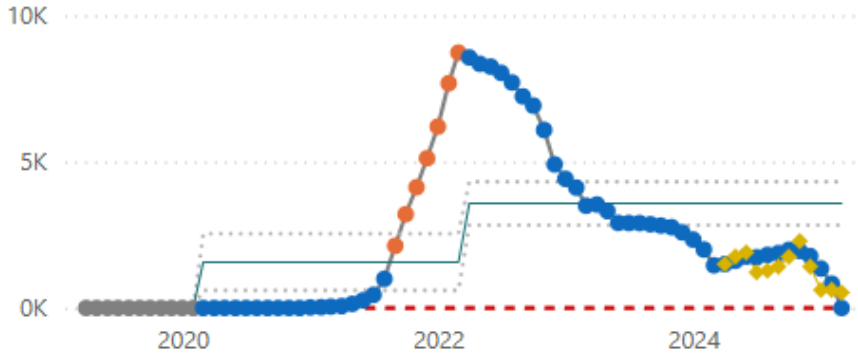
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Latest performance shows improving variation. Breaches at the end of March 2025 (12,202) are at the lowest point since December 2020.

Patients waiting over 104 weeks from referral to treatment



Zero breaches recorded at the end of March 2025. The national target has been achieved for the first time since December 2020.

Key challenges / issues	Key actions / initiatives	Due date

• Ongoing acute hospital site pressures can adversely affect elective care.
• Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times.
• Maintaining waiting times milestones post March 2025 is dependent upon agreed recovery funding and procurement support.
• Achieving GIRFT (Getting It Right First Time) ambitions in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway.
• Additional risk factors include:
  • Urology cancer backlog being prioritised over routine backlog (inpatient demand is needed for both Cancer and longest waiting routine patients).
  • Colorectal cancer demand utilising routine clinic slots.
  • Vascular regional capacity issues
	• Continue to manage demand via targeted validation, referral management (i.e. implementing My Health Pathways), robust clinical triage and the use of alternative pathways such as self-management (See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU)).
	• Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.
	• Demand and capacity plans have been developed and continue to be regularly in use across key specialties to maximise available capacity and forecast accurately.
	• Key focus on maintaining waiting times targets into 2025/26 using capacity and demand forecasts to highlight risk areas in each specialty, with a view to allocate any additional funding to appropriate specialties.
		Ongoing
		Ongoing
		Ongoing
		Ongoing

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
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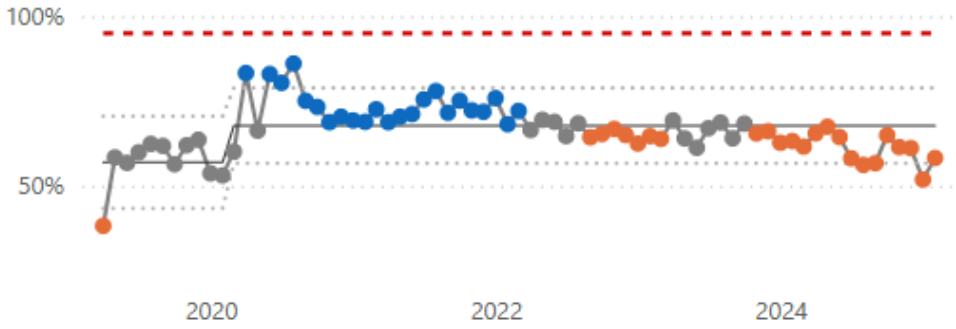
% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Latest data is showing concerning variation. In February 2025, 986 out of 1,693 (58.2%) high-risk (R1) patients attended appointments within 25% delay to their clinically assigned target date (Target = 95%).

% R1 patients waiting within their clinical target date or within 25% beyond their clinical target date

In February 2025, 6,203 out of 17,944 (35%) high-risk (R1) patients were waiting within a 25% delay to their clinically assigned target date (Target = 95%).

Key challenges / issues	Key actions / initiatives	Due date
• Limited capacity in key sites due to ageing estates and restricted space, leading to delivery out of eight sites. • Workforce challenges compounded by the need to work out of eight sites. • Working out of eight sites reduces efficiencies and reduces clinical oversight from Consultant leads. • Competing priorities between Ministerial Measures and Eye Care Measures due to limited capacity and reduced workforce. • Specialist staffing groups unable to work to the top of their licence as they do not have access to Consultant oversight and do not have time to do additional training due to travel time and current delivery model. • Lack of local training for specialist staffing groups, restricts staff development.	• Clinical Services Plan looks at reducing delivery out of eight sites and ensuring capacity needed is secured out of fewer sites. This ensures Consultant overview of clinics and theatres and better efficiencies within the service. • Clinical Implementation Network (CIN) guidance is being utilised to manage patient cohorts with the use of See on Symptoms (SoS) / Patient Initiated Follow Up (PIFU) where appropriate • Regional solutions are looking at two consultant vacancies being regional positions to support R1 sub-specialties through a regional working space. • Eye Care Measures Situation, Background, Assessment, and Recommendation (SBAR) has been submitted for consideration by the Board and detailed in the Planned Care Annual Plan with significant investment in both staffing and Intravitreal drugs needed to improve R1 delivery. • Additional staffing identified in Eye Care Measures SBAR will allow for staff training through a regional space.	31/03/2027 30/09/2025 31/10/2025 30/04/2025 31/10/2025

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
- Usual variation
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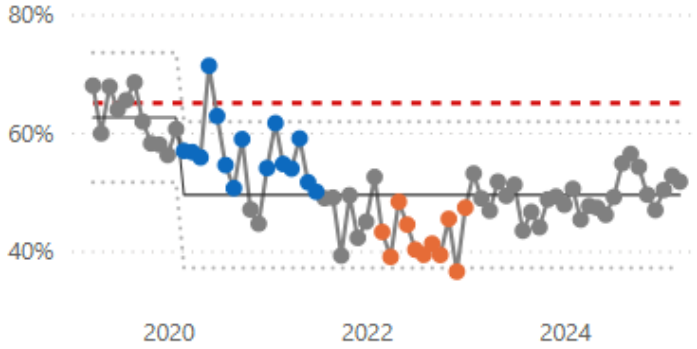
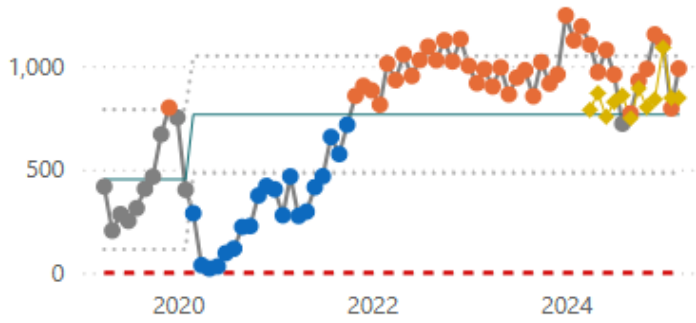
Life threatening (red) call responses taking over 8 minutes



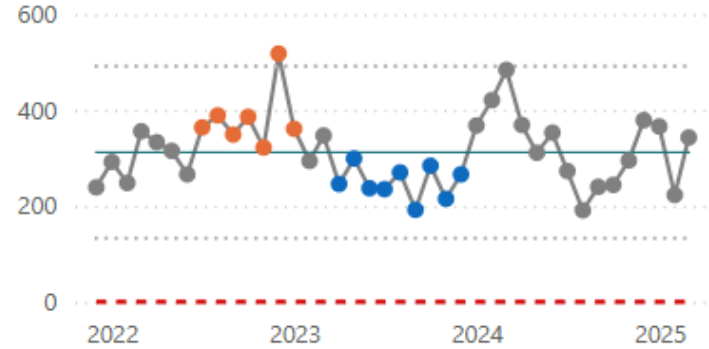
Latest data is showing expected (common cause) variation, 367 red calls met, out of a total of 710 responses, 51.7% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 988 handovers > 1 hour out of a total of 1,943, 51%. The trajectory of 846 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 343 handovers > 4 hour out of a total of 1,943, 18%.

Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
• 46.64% of missed red calls for March 2025 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.	• Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts	Weekly ongoing
• 49.72% of missed red calls for March 2025 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8minutes if a vehicle is available and on nearest standby point.	• 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	Daily – Hourly ongoing
• Overall attended demand in Hywel Dda health board area for March 2025 on average has been below forecast.	• Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of Emergency Department – positive feedback from clinicians. Consultant connect is being in the process of being updated.	Weekly ongoing
• Hospital delays in offloading WAST ambulance crews, 3,307 hours lost at the 4 acute Hywel Dda hospital sites during March 2025.	• 111 press 2 assisting WAST clinicians to support the management of mental health patients	Now completed
• There have been 77 immediate release requests in March 2025 with an acceptance rate of 78.21%.	• Porth Preseli and Eastgate (clinical streaming hubs) staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Ceredigion. Improvements being made with uplifting cover	Weekly ongoing
	• WAST resourcing reviews and targeted overtime allocation	Weekly review – ongoing

Urgent and Emergency Care – Emergency Departments - Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
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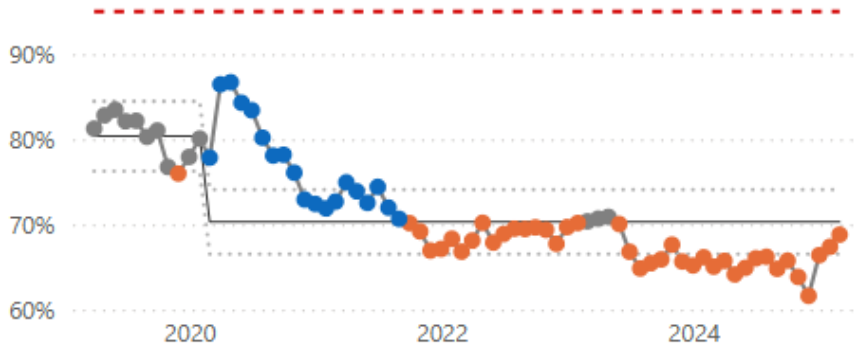
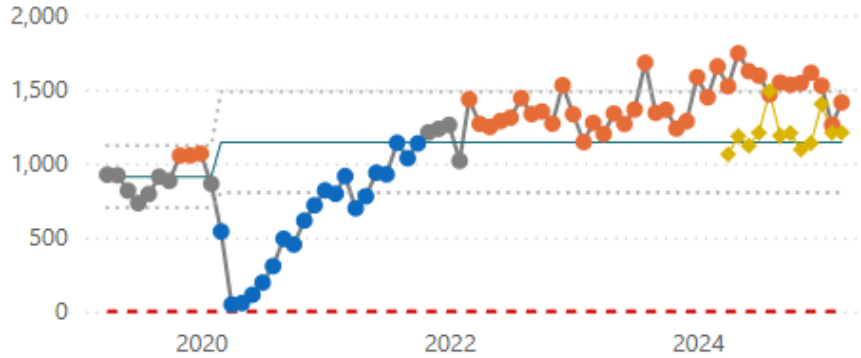
Patients waiting less than 4 hours in A&E/MIU



69% reported for March, 4,930 breaches out of 15,813 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,412 breaches out of 15,813 new attendances, 9%. The chart is showing a concerning performance trend. The trajectory of 1,208 was not met

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

Urgent and Emergency Care – Ambulances - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
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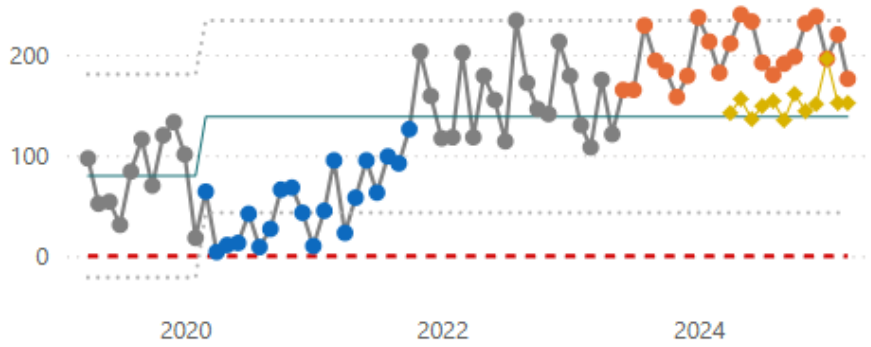
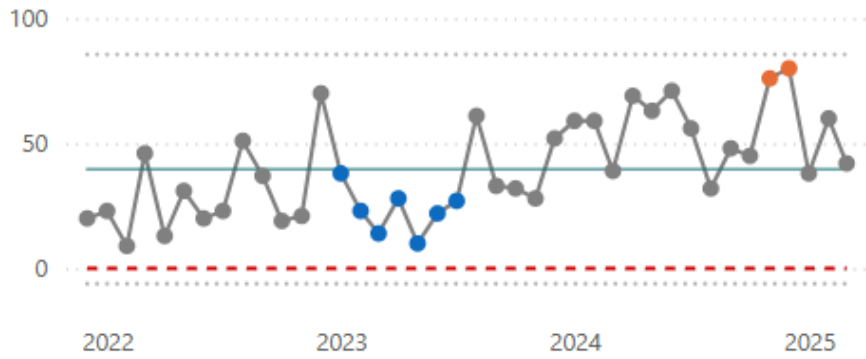
Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 176 handovers >1 hours reported out of a total of 363 handovers, 48%. The trajectory of 152 was met.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 42 handovers >4 hours were reported out of 363 total handovers 12%.

Key challenges / issues	Key actions / initiatives	Due date
• Emergency department capacity pressures continue. March saw a 13% increase in attenders compared to month previous, but a reduction in ambulance attendances from 14 to 11 per day and an improvement in lost hours from 1.9 to 1.5 per. conveyance. Emergency department surge is maximised with patients routinely cared for in corridor areas to manage demand. Pressure is further compounded by an increase in the acuity of patients including those self-presenting and often, these patients are triaged with a higher priority than those subject to handover delays. Pathways of Care delay numbers have also increased. Recovery and de-escalation is impacted by the combination of all of these factors.	• NHS Executive action plan in situ to support actions designed to improve patient flow across the site. Feedback from recent visit was positive with acknowledgement that there have been improvements, but further work required including:	31/03/25
• The Y Bwa unit opened at the end of July (to manage the decant of Meurig Ward) continues to support site pressures by providing capacity for step-down (medically optimised) patients. Patients with higher levels of acuity are admitted to the unit, requiring additional medical support. Flow out from this unit has become constrained in relation to non-availability of social care capacity and is currently subject to a review of its utility.	• Review of nursing staff establishment within Emergency and Urgent Care in line with the nurse staffing act, with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances. Planned meeting to be rearranged by the Nursing Directorate. • A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07.02.25 to explore options for future model. Detailed proposal now to be worked up/costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance	30/04/25 30/04/25
• Patient flow out of hospital continues to be compromised with limited care home capacity and reduced community hospital bed base.	• *Getting it Right First Time* (GIRFT) follow up visit held, 30.01.25 Action plan has been agreed.	31/03/25

Urgent and Emergency Care – Emergency Departments - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
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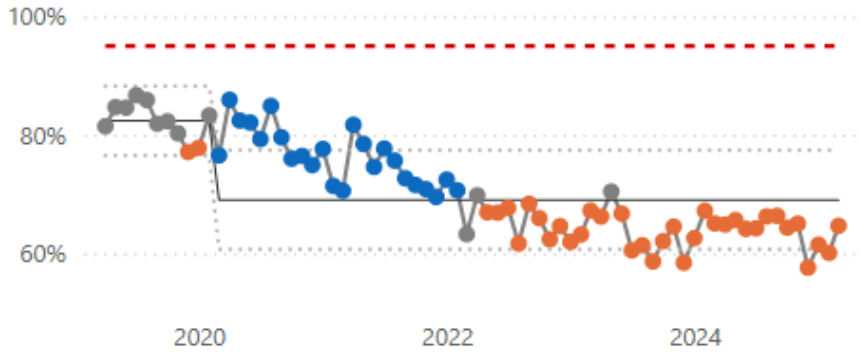
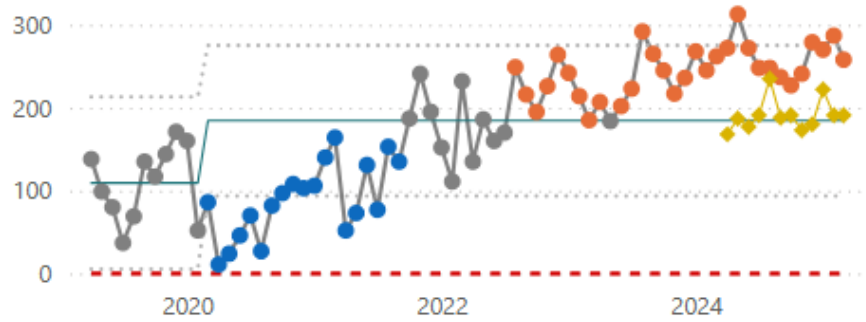
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



65% reported for March, 891 breaches out of 2,522 new attendances. Chart is showing a concerning performance Trend.

Patients waiting over 12 hours in A&E



258 breaches out of 2,522 new attendances, 10%. The chart is showing a concerning performance trend. The trajectory of 191 was not met.

Key challenges / issues	Key actions / initiatives	Due date
• 4 hour waits continue to be a challenge and are related to the constraints described in relation to the 1 hour ambulance handover position. The Clinical Decisions Unit boarding protocol introduced at the beginning of June continues to support site pressures in order to minimise delays as much as possible. • The position is further compounded by an increase in the acuity of patients including those self-presenting and often, these patients are triaged with a higher priority than those subject to handover delays • Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED. • Patient flow out of hospital has also been compromised with limited care home capacity and reduced community hospital bed base.	• NHS Executive action plan in situ to support actions designed to improve patient flow across the site. Feedback from recent visit was positive with acknowledgement that there have been improvements, but further work required including: • Review of nursing staff establishment within Emergency and Urgent Care in line with the nurse staffing act, with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances. Planned meeting to be rearranged by the Nursing Directorate. • A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07.02.25 to explore options for future model. Detailed proposal now to be worked up/costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance • *Getting it Right First Time* (GIRFT) follow up visit held, 30.01.25 Action plan has been agreed.	31/03/25 31/03/25 30/04/25 31/03/25

Urgent and Emergency Care – Ambulances - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
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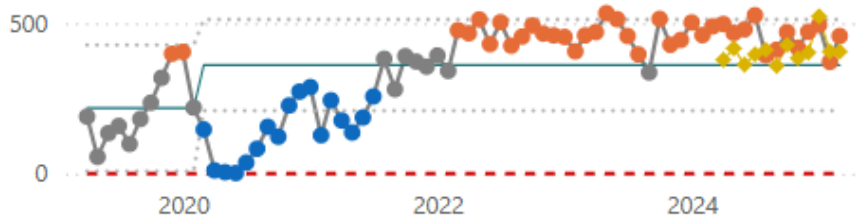
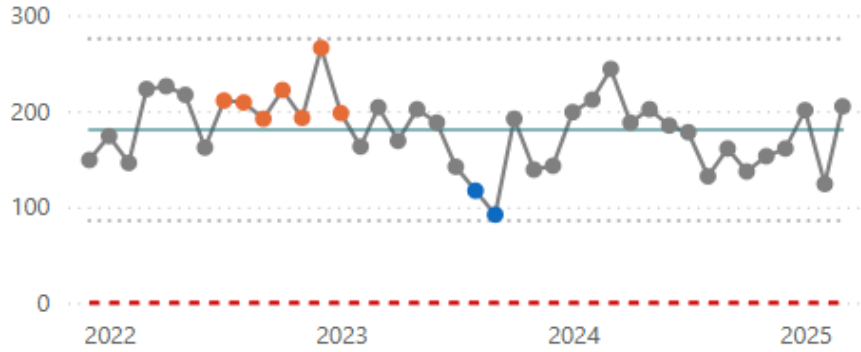
Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 458 handovers >1 hours reported out of a total of 755 handovers, 61%. The trajectory of 406 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected)variation.
205 handovers >4 hours reported out of a total of 755 handovers, 27%.

Key challenges / issues	Key actions / initiatives	Due date
• Urgent remedial flooring works have had an impact on space available to surge department for ambulance handover. This has impacted major bays and surge areas (around doctors desk).	• Flooring works due for completion by end of April.	30/04/25
	• Red and Amber 1 release plans firmly in place and are accommodated when safe to do so. A&E safety huddle continue and focus on actions to handover ambulances and the clinical safety within the department.	Daily
• Ambulance handover >1 hour performance has deteriorated, although daily average ambulance handover numbers have been reduced each month, compared to December. Some high numbers of daily ambulance arrivals reported, in excess of 30.	• Twice daily health board calls to ensure system support for ambulance handover. Escalation of ambulance delays throughout the day to Manager of the Day and Senior Nurse for flow.	Daily
• Flow remains challenging with high acuity of patients and complex discharge needs.	• Advanced Paramedic Practitioner and Integrated Commissioning multi disciplinary team to review ambulance stack and conveyance avoidance where possible.	Ongoing
	• Delta rapid response and British Red Cross working at front door to facilitate early discharge with home support.	Daily

Urgent and Emergency Care – Emergency Departments - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
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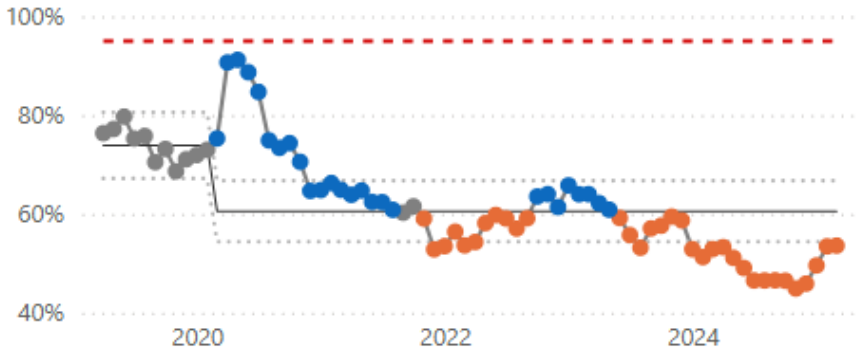
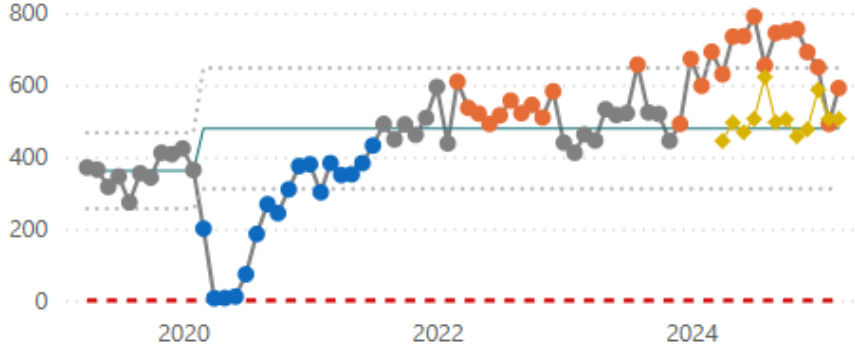
Patients waiting less than 4 hours in A&E



54% reported for March, 2,214 breaches out of 4,772 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



591 breaches out of 4,772 new attendances, 12%. Chart is showing concerning performance trend. The trajectory of 505 was not met.

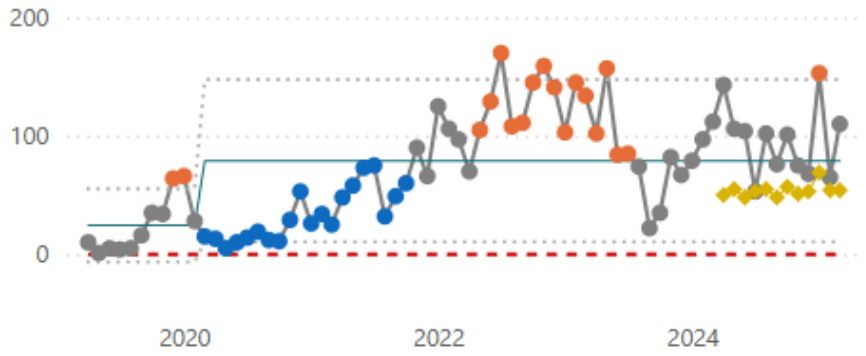
Key challenges / issues	Key actions / initiatives	Due date
• 4 hour performance has remained relatively static in March. However, significant increase in attendances in comparison to February.	• Medical Same Day Emergency Care (SDEC) continued to support medically expected cohort of patients within staffing hours.	Monthly review
• Rapid triage and assessment is facilitated by a Senior Clinician where possible to enable early decision making.	• Surgical Same Day Emergency Care (SDEC) service continues for surgically expected patients to avoid ED overcrowding.	Monthly review
• 12 hour performance remains relatively static due to patient flow through the hospital, which continues to be challenging. High numbers of medically fit patients and increased number of ready to leave.	• Teifi's Trauma Ambulatory Care (TTAC) pilot underway on Teifi Ward to receive Orthopaedic expected/ ambulatory patients. Review due end of April.	30/04/25
• Boarding protocol on ward areas at extreme risk has continued since January with often x 4 patients boarding on Clinical Decision Unit each day. All ward areas currently at full surge capacity.	• Weekly Escalation meetings in place with Carmarthenshire Community teams to discuss long stay patients with focus on long stay patients.	Ongoing weekly.

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

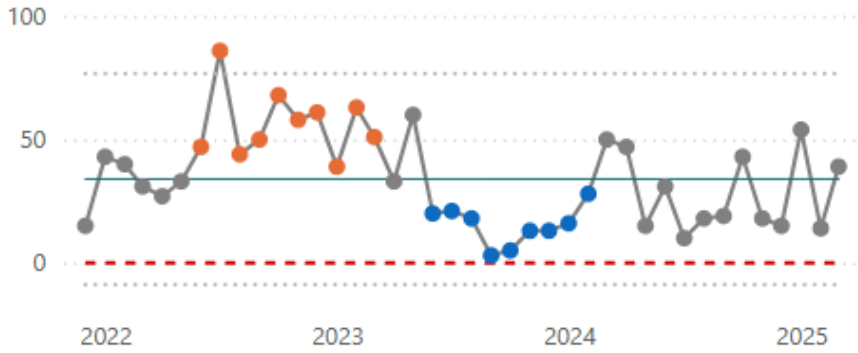
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 110 handovers >1 hours reported out of a total of 230 handovers, 48%. The trajectory of 54 was not met.

Ambulance handovers taking over 4 hours

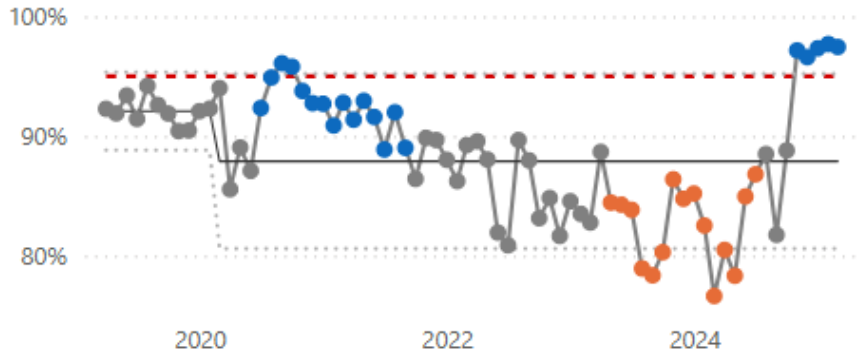


Latest data is showing common cause (expected) variation. 39 handovers >4 hours reported out of a total of 230 handovers, 17%.

Key challenges / issues	Key actions / initiatives	Due date
• Increase in ambulance demand in March resulting in a higher number breaching >1 hour target.	• Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients.	31/05/25
• The challenge remains with the prioritisation of medical patients in MIU which resulted in slightly longer delays in ambulance handovers.	• Front door model (which has designated areas for patients to receive multidisciplinary treatment to expedite discharge home) to included interface frailty service has commenced.	30/04/25
• Challenges also remain with infection control issues with various bays closing with a temporary closure of a ward area resulting in closed beds.	• SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions.	31/05/25
• Across Carmarthenshire - Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave	• MDU (Medical Day Unit) options for co-location of accommodation being worked through in advance of Pentre Awel opening (a designated therapies facilities where patients can receive treatment outside an acute setting).	31/10/25

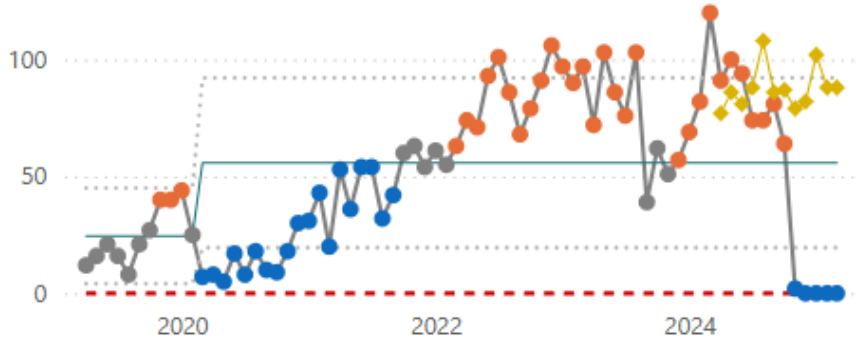
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



97% reported for March, 65 breaches out of 2,550 new attendances. Chart is showing improving variation performance trend and the 95% target was achieved.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,550 new attendances. Chart is showing improving performance trend. The trajectory of 88 was met and the target (0 breaches) was achieved.

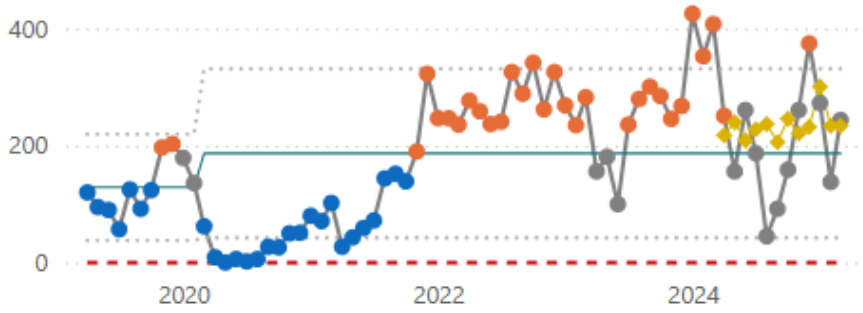
Key challenges / issues	Key actions / initiatives	Due date
• The Minor Injury Unit (MIU) new patient attendances increased in March with 23% of patients presenting with a major complaint. Patients who present to MIU with a medical complaint, following triage require admission, are handed over to the medical team in AMAU ward. In turn this has reduced our 12 hour breaches significantly.	• Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continue to support early discharges and follow up review.	31/05/25
• Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 50 patients per day. This does have an impact on patient flow throughout the hospital.	• Further use of virtual ward for community and Medical SDEC. Consultant connect in use within Medical SDEC for streaming.	31/05/25
	• Working with community colleagues on early discharge planning.	31/05/25

Urgent and Emergency Care – Ambulances - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

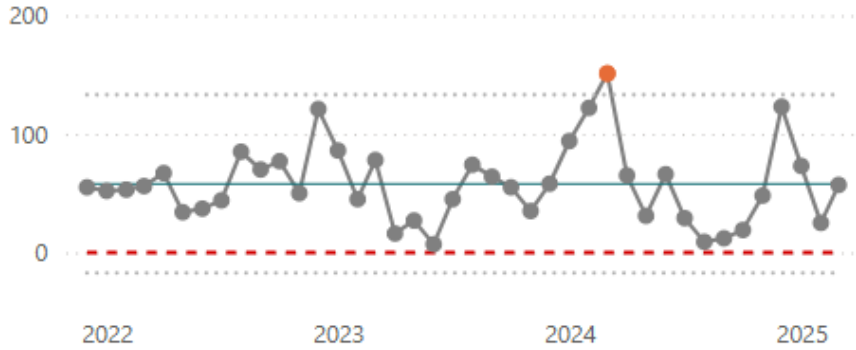
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 244 handovers >1 hours reported out of a total of 595 handovers, 41%. The trajectory of 234 was narrowly missed.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 57 handovers >4 hours reported out of a total of 595 handovers, 10%.

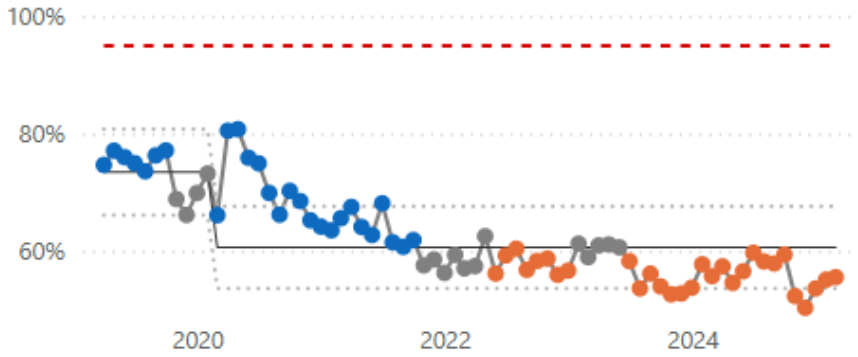
Key challenges / issues	Key actions / initiatives	Due date
• There had been an improvement in our 1 and 4 hour handover performance, as stated above, trajectory was narrowly missed.	• 2nd trolley now available in our Rapid Assessment and Treatment (RATS)/ ambulance bay	Completed
• In the last week of March WGH had some estate works within the department that has reduced the capacity to surge.	• Estates work due to finfish on the 9th of April 2025	09/04/25
• Post *"Getting It Right First Time"* (GIRFT) report, we had some imitate action to reduce the risk within the department. Therefore, we reduced the ability to surge further into the department.	• RED Ambulance immediate release plan in place, Amber ambulance immediate release will be honoured and will be accommodated when safe to do so within the risk level within the department. All declined immediate releases will be investigated.	Completed
• We have also seen an escalation of attendance to ED, with an increase of ambulance conveyance.	• Boarding policy in place, all ward/units adhering to policy	Completed.
	• Advanced Paramedic Practitioner and Integrated Commissioning multi-disciplinary team to review ambulance stack and conveyance avoidance where possible within the clinical screening hub.	Completed
	• We have twice daily safety huddles to review performance and safety plus a safety huddle in ED at 12:30.	Completed.

Urgent and Emergency Care – Emergency Departments - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

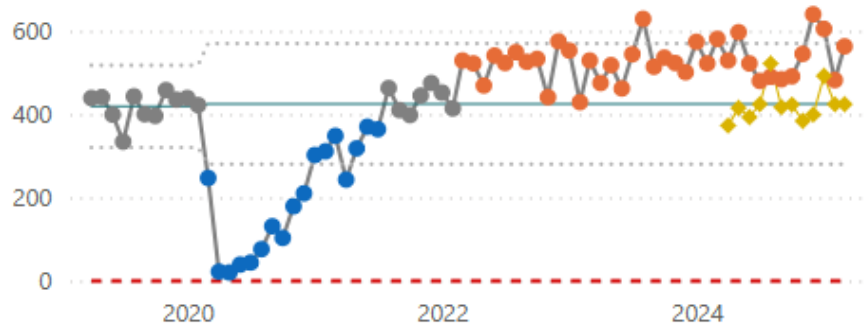
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



56% reported for March, 1,674 breaches out of 3,766 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



563 breaches out of 3,766 new attendances, 15%. Chart is showing concerning performance trend. The trajectory of 424 was not met.

Key challenges / issues

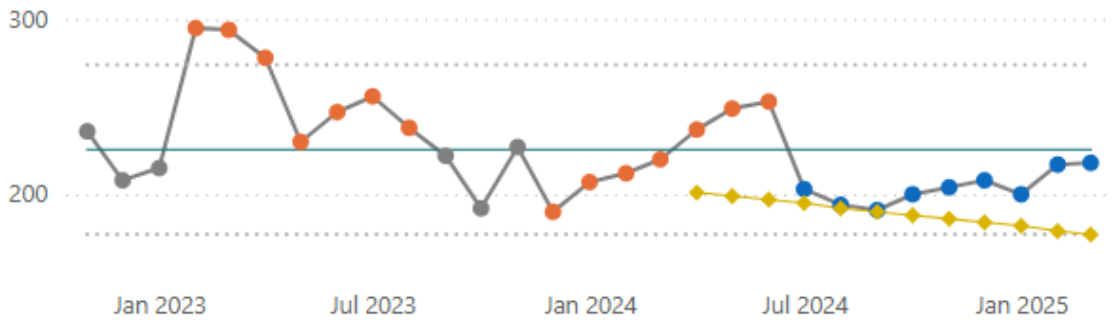
- We have seen an increase of attendances this month, 595 in March compared to 489 in February, in creasing daily average from 17.4 to 19.1.
- The 4 hour patient waits in ED has deteriorated in line with the demand. However, there is a slight improvement in the 12 hours waits in ED.
- The hospital remains in high escalation. Patient acuity remains high.
- Our clinically optimise patient numbers remains high, with our length of stay over 7 days remaining over 100 patients, which unbalances the capacity and demand of the site.
- Unable to de-surge our assessment units, this does slow down the patients flow throughout the site

Key actions / initiatives	Due date
• Need to optimise the frailty pathway	02/06/25
• To have direct referrals from WAST/GPs to the acute frailty unit. This will avoid duplication in the patient care and have the correct input from the Care of the Elderly (COTE) team from the start of the patients journey in hospital.	26/05/25
• To map out 7 day working for the streaming hub, which may include SDEC.	06/10/25
• Further use of Virtual Ward and Virtual Hot clinic in the community supports early discharge or admission avoidance.	Ongoing

Urgent and Emergency Care – Pathway of Care Delays (PoCD)

(Ministerial priority)

Total number of pathways of care delayed discharges (non-MH + MH & LD)



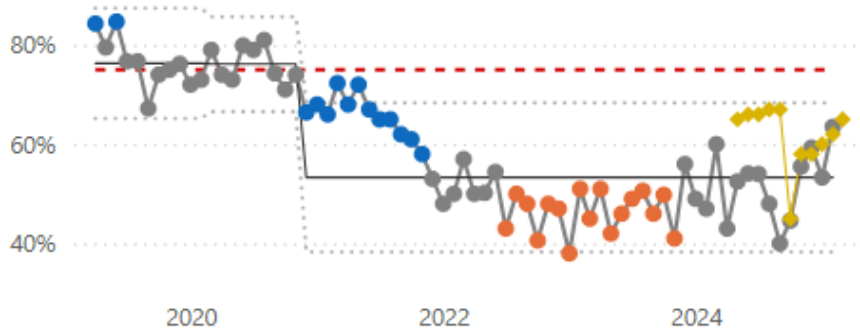
- Number of census count delays increased in March with 218 patients and chart shows improving variation. The trajectory of 177 was not met.
- The total days delayed for non-mental health increased in March, 8,110 days vs 7,847 February. Mental Health and learning disability delays increased, 945 days in March vs 699 in February.
- Assessment delays remain the largest proportion 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.

Key Challenges / Issues	Key actions / initiatives	Due date
Non-mental health: There has been a significant increase in delays around mental capacity, (28 delays in March compared to 16 in February) and associated days delayed of 720 days. Increased days delayed due to Allied Health Professional (AHP) assessments (412 days) and Elderly Mental Ill nursing availability (379 days). 4 ongoing court of protection delays totalling 856 days. Ongoing challenges: nursing assessments (19 delays, 582 days), residential home availability (15 delays, 827 days), and new home care packages (19 delays, 749 days).	Develop Trusted Assessor models to support improvements in PoCD especially around mental health capacity.	30/06/25
	Deep dive into health delays relating to AHP and nursing availability.	31/05/25
	Develop internal standards for timely health assessments relating to PoCD	31/07/25
	Ongoing work to support appropriate timely Discharge to Recover and Assess (D2RA) Allocation, to support discharge planning	31/07/25
Mental Health The Mental Health & Learning Disability directorate Pathway of Care Delay (PoCD) census count for March 2025, has deteriorated to 18, this figure includes one discharge, and four new patients identified as PoCD eligible since January 2025.	The position in respect of patients who have a length of stay over the 90-day threshold for Mental Health has improved, as 16 patients are below that threshold, however two patients above 90 days have significant delays with one over 200 days and the other 300 days. Both patients have concise discharge plans in place and the discharge delays are beyond the control of the in-patient multi-disciplinary team. Over 70% of patients identified as PoCD are in-patients on the older adult wards.	31/05/25

Single Cancer Pathway
(Enhanced monitoring condition and Ministerial priority)

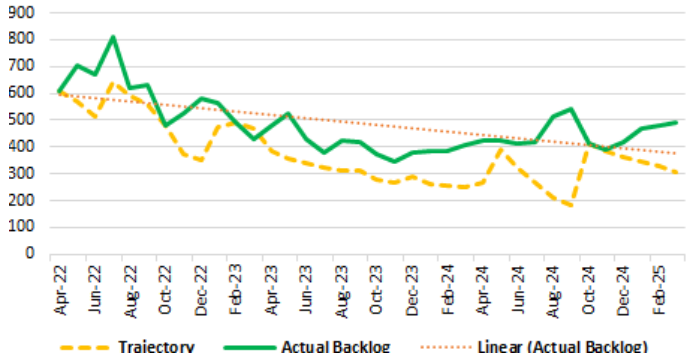
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



In February 2025, 63.5% of patients (244 out of 353) started treatment within 62 days from referral exceeding the trajectory of 62%. The highest number of patients waiting over 62 days continues to be for the Urology pathway (175 in February).

Number of single cancer pathway patients waiting over 62 days



In March 2025 there were 489 patients waiting over 62 days to start treatment against the trajectory of 309.

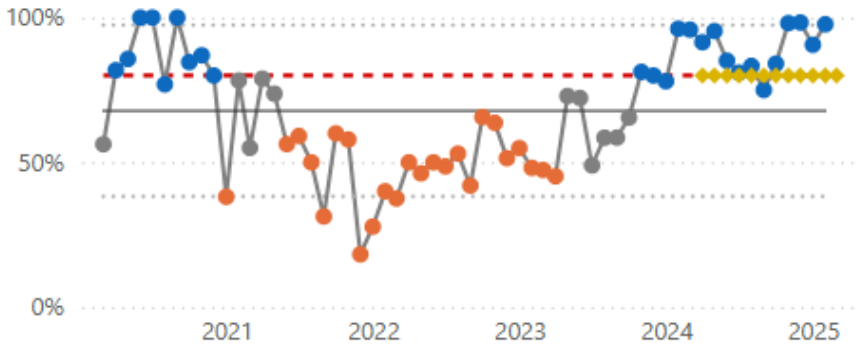
Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway Fragility in Radiology remains a key risk to delivery. Recurrent investment in Radiology provisionally agreed for 2025/26 February performance was 63.5% back in line with prediction of 62%. Performance trajectory on track for 65% by March 2025. **Backlog** Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (Radiology, Dermatology and Urology) which have limited resilience to sickness/absence.	**Diagnostics:** Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26.	31/03/26
	Urology: Additional resources planned for a sustainable increase of capacity of 50%. Recovery actions agreed to reduce overall waiting volumes for Flexi Cyst and Local Anaesthetic Transperineal Prostate (LATP) Biopsy for Q1. Robust improvement plans agreed for Urology diagnostics for 2025/26.	30/06/25
	Skin: Recovery plan in place until May 2025 to reduce overall volume by 160 patients.	31/05/25
	Focus on Gynaecology recovery: Clinically led action plan in place, recovery actions developed and monitored via weekly focus group with NHS Exec including full implementation of a One Stop model for post menopausal bleeding (PMB) hysterectomy to be implemented 1st May 2025.	01/05/25

Therapeutic interventions following primary mental health assessment

(Enhanced monitoring condition)

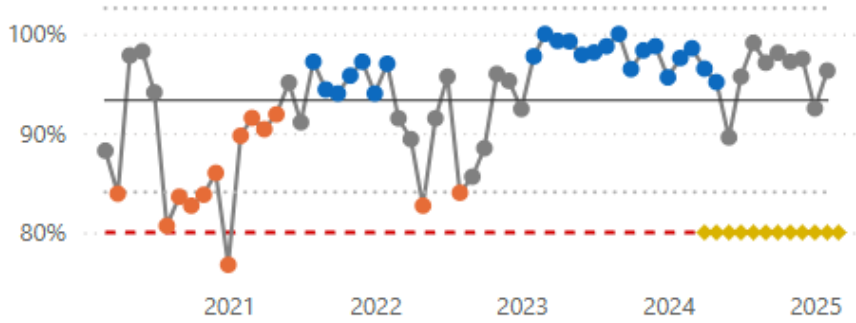
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 97.7% is showing special cause improving variation and the trajectory and target of 80% were both met.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)



Latest performance of 96.3% is showing common cause variation and the trajectory and target of 80% were both met.

Key challenges / issues	Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): 43 of 44 interventions commenced within target in February. There are some workforce challenges expected, with increased maternity leave (3 staff in one team) and long-term sickness.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):** Continue to achieve compliance above the 80% target despite the workforce challenges.	30/04/25
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Estates access continues to be challenging across the three counties. LPMHSS referrals have stabilised over the past quarter following an increase in referrals in the previous quarter. Staff sickness has decreased after experiencing a higher-than-average sickness rate which impacted on service provision in November and December. However, we had higher than average annual leave through March.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):** Staff endeavour to ensure compliance with the measure targets with group interventions now underway to support compliance. The Primary Care Liaison Service operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS.	30/04/25

Psychological Therapy Waits

(Enhanced monitoring condition and Ministerial priority)

Performance in February of 63.8% shows improving variation and the trajectory of 60% was met.

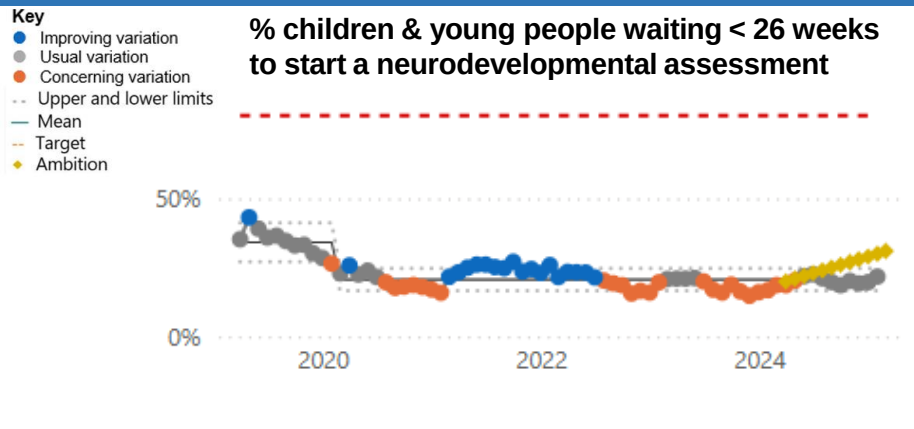
- 418 out of 626 (66.8%) patients started an integrated psychological therapy;
- 5 out of 13 (38.5%) started an adult psychology assessment;
- 30 out 76 (39.5%) started a learning disability psychology within 26 weeks.

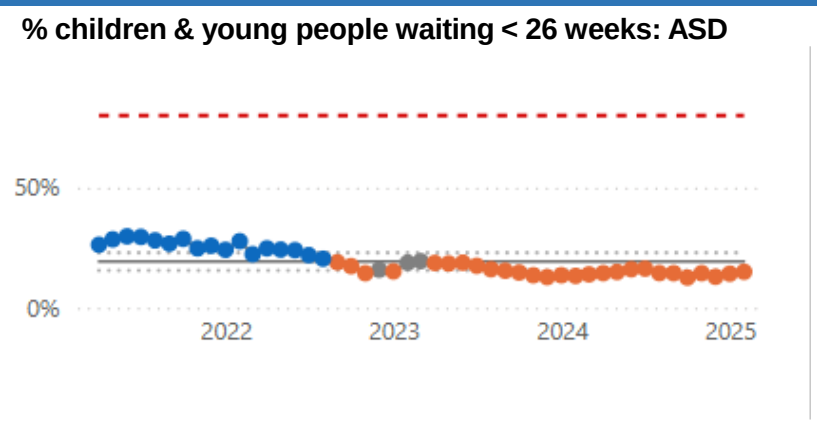
Key challenges / issues	Key actions / initiatives	Due date
Integrated Psychological Therapies Service (IPTS): The drop in compliance directly links to the time between the end of the last round of groups to the commencement of the current round. New groups are now being run as rolling programmes to reduce the time lag between groups ending and new groups commencing.	**IPTS:** Progression towards a prudent and tiered approach to high intensity intervention remains underway to support the increase in demand, however this is a cultural shift that requires effective planning. We have received a small amount of financial support from Welsh Government to support access to groups which will have a positive impact on the trajectory.	30/04/25
Adult Psychology: The Adult Psychology Mental Health workforce is difficult to recruit into. A large geographical area can mean that access is limited in some areas given small staffing numbers. Additional clinical time has, however, recently been made accessible to the service.	**Adult Psychology:** Grow your Workforce plans are in place. This is a long-term initiative that has been supported by Health Education and Improvement Wales with vacancies recruited. We continue to operate a Health Board waiting list rather than one based on locality offering remote and face to face appointments, thereby increasing access and options for those waiting.	30/04/25
Learning disabilities: We have ongoing long-term sickness within the workforce, alongside a number of complex cases/court of protection cases which are taking precedent in allocating new cases. The number of referrals has increased by 50% over the past five years, without an equivalent increase in workforce, as well as an increase in the severity and complexity of work that the service now undertakes.	**Learning disabilities:** Three posts have recently been approved through the vacancy panel and we are hoping to recruit to these as soon as possible.	30/04/25

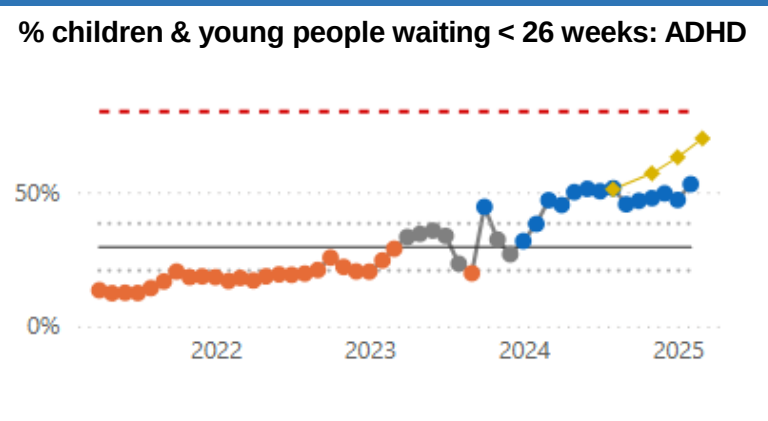
Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)

Mental Health



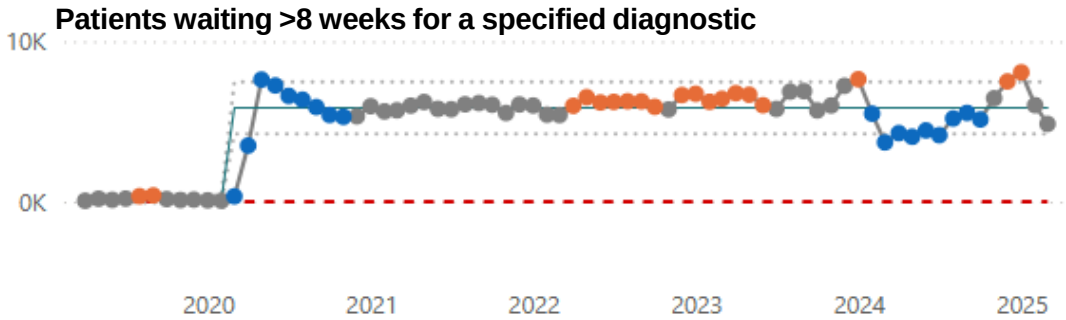




The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in February 2025 of 21.8%, shows common cause variation and the trajectory of 30% was not met. Performance is driven by ASD, where 541 of 3,599 (15%) patients had an ASD assessment < 26 weeks. 411 out of 776 (53%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
Autism Spectrum Disorder (ASD): The current waiting list for an ASD assessment stands at 3,658 with the longest wait times 4.75 years. Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 116 referrals per month in 2024.	**ASD:** Process mapping of systems and pathways to improve efficiency and reduce time to assessment. The assessment process has been stream-lined further to increase capacity within services with refined Referral and Triage processes. Robust caseload allocation and monitoring is in place with extensive data validation of existing waiting list. Additional monies of £312,000 awarded by WG secured 182 additional assessments by March 2025 with a further 392 assessments outsourced using slippage funds in February and March 2025.	31/03/26 Ongoing
Attention Deficit Hyperactivity Disorder (ADHD): The significant uplift in demand on the ADHD service continues. In the last two years the service has seen a 100% increase in referrals. In 2023/24, referrals averaged approximately 28 per month whilst in 2024/25 the average monthly referral rate was 56. Increase in demand outweighs the capacity within the service of 40 per month. We would need to increase core capacity significantly to achieve the target of 80% of children and young people waiting less than 26 weeks. Similarly, demand for Quantitative Behavioural (QB) Tests which form part of the diagnostic pathway outweighs current capacity. Clinic room capacity across sites is a significant challenge with longer term solutions being explored as part of the Bandi appeal and the reconfiguration of Puffin Ward at Withybush General Hospital.	**ADHD:** Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. Increase core capacity through provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device is available to carry these out across the counties and limited HCSW staff are trained to use these. Funding streams are being sought to support the purchase of additional devices and would require additional recruitment. The service is exploring the use of 'The Portsmouth Model' which, if found to be suitable, may reduce delays in diagnosis and demand on QB testing. Currently being tested by Carmarthenshire County Council. There is a post to advert that, if successful, would see the Recruitment of one whole-time equivalent Community Paediatrician in BGH. Continue to flexibly manage clinic capacity and match demand through rigorous job planning.	31/03/27 Ongoing Ongoing 30/06/25 Ongoing

Diagnostic waits over 8 weeks
(Ministerial priority)



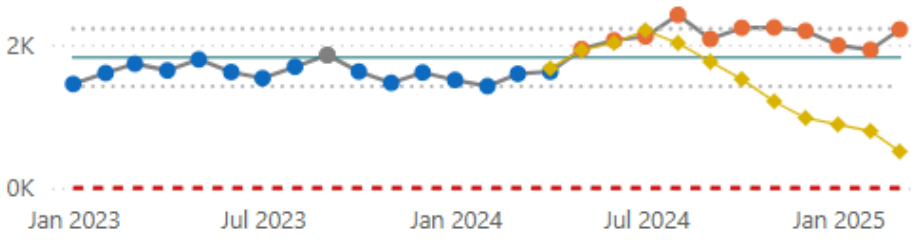
Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	March 2025	4,851	●	▣	◆
Radiology		4,587	●	▣	n/a
Cardiology		150	●	▣	n/a
Endoscopy		72	●	▣	n/a
Phys measure		29	●	▣	n/a
Imaging		13	●	▣	n/a
Neurophysiology		0	●	▣	n/a

Latest performance of 4,851 is showing common cause variation and the trajectory target of 0 was not met.

Key challenges / issues	Key actions / initiatives	Due date
Endoscopy: • Endoscopy theatre nursing staff fragility, due to short term sickness and gaps in the nursing establishment. • On-going capital replacement programme for old/fragile equipment. • Demand exceeding Capacity for Flexible Cystoscopy diagnostics in the Urology Service. • Cancer patients prioritised to achieve the reduction in Urgent Suspect Cancer Flexible Cystoscopy diagnostic pathway.	**Endoscopy:** • Continue to achieve compliance with the 8-week target for gastroenterology and respiratory patient cohorts. • An investment proposal has been submitted to the Board for decision to invest in an uplift in the endoscopy nursing establishment at GGH to maintain baseline core capacity. If approval is granted, recruitment of 2.88 whole time equivalents (WTE) B5 and 0.33 WTE B3 will need to commence. • Additional funding proposal submitted to increase capacity to overcome the urgent suspected cancer (USC) Flexible Cystoscopy backlog. This will release additional capacity for Urgent and Routine patients. • Deep dive into Urology diagnostics commenced.	31/05/25 31/07/25 01/05/25 09/05/25
Radiology: • Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised. • In March 2025 Radiology received 1,971 urgent suspected cancer requests, 84 more than in February 2025. 14,100 requests were received in total, which is 693 more than in February 2025. Resulting in a reduction in performance in month compared to the previous month.	**Radiology:** • Welsh Government recovery funding has allowed planning of additional capacity in: NOUS via insourcing commenced in February and will continue into the new financial year. CT: CT locum Radiographers started in GGH on 15/02 and will continue until substantive appointments are made. MRI- staffed MRI mobile solution 09/01/25 to 03/04/25. This has been extended into the new financial year. • Business case for workforce investment was approved by HDdUHB board. • Several actions which increased capacity and contributed to reductions in 8 week waiting list will remain in place at least for Q1 of the 2025-2026 financial year.	30/06/25 30/06/25 30/06/25
Cardiology: • Anticipated zero breach position in Cardiac Physiology diagnostics achieved at end of March 2025. • As anticipated/escalated, 150 Radiology Cardiac Myocardial Perfusion Imaging breaches at end of March 2025.	**Cardiology:** • Targeted actions to maintain zero breach position in Cardiac Physiology diagnostics at end of April 2025. • Targeted actions to recover breach position in Radiology Cardiac Myocardial Perfusion Imaging at end of April 2025.	31/04/25 31/04/25

Therapy waits over 14 weeks
(Ministerial priority)

Patients waiting >14 weeks for a specified therapy



Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All	March 2025	2,216	●	▣	◆	68%
Physiotherapy		1,192	●	▣	◆	97.7%
Podiatry		570	●	▣	◆	92.1%
OT		322	●	▣	◆	19.5%
Dietetics		78	●	▣	◆	67.9%
Art therapy		49	●	▣	◆	n/a
SALT		5	●	▣	◆	100%

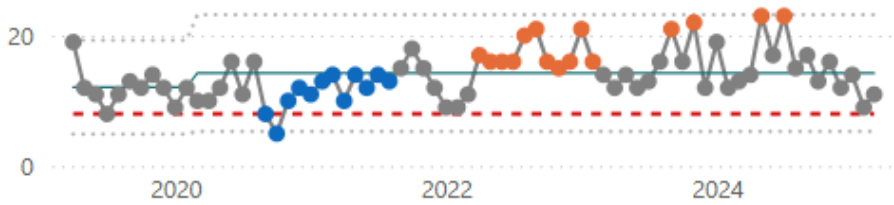
Latest performance shows concerning variation, with 2,216 breaches at the end of March 2025, a deterioration following 3 months of reducing breaches. Driving this position are physiotherapy and podiatry which account for almost 80% of the total breaches.

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: • 93% of breaches are within the Musculoskeletal (MSK) specialty. • Demand is growing and is greater than current capacity. • Recruitment at Band 6 grades is challenging in Carmarthenshire. • There is limited agency availability to cover substantive vacancies.	**Physiotherapy:** • Targeted band 5 recruitment campaign has been successful with 6 whole time equivalent (WTE) posts offered (Friday 4th April 2025) to support a range of specialty areas, including MSK. These post holders will come into post incrementally over the next 5 months (the majority will be graduating in September 2025). • Recruitment campaign for band 5 bank staff successful with 4 out of 5 posts offered, now available to work. The final post is anticipated soon. • Development of standard operating procedure for telephone triage initiative. • Recruit 7 WTE agency to support recovery until end of June 2025 across acute/community/MSK services. 3.4 WTE agency secured in MSK to cover funded establishment vacancies.	30/09/25 Action complete 31/05/25 30/06/25
Occupational Therapy (OT): • Highest number of breaches in paediatrics due to the current backlog and ongoing management of current new demand. • Our focus remains on prioritising all case-loads and recruitment of additional staff to address capacity shortfalls.	**Occupational Therapy:** • Our performance and actions for improvement continue to be reviewed weekly via the Therapies weekly performance meeting. • We are onboarding band 6 occupational therapist in April 2025 through core recruitment processes. • Exploring opportunities to increase the numbers of clinic and group sessions offered.	30/05/25 30/04/25 30/05/25
Podiatry: • Impacted by recruitment issues due to reduction in whole time equivalent (WTE) staffing position during 2024/25. • Increased chronic vascular / diabetic foot pathology demand. • There has been an increase in breaches in March 2025 to 570. This has occurred mainly in Pembrokeshire County.	**Podiatry:** • Actions to address include further in depth roll out of patient phone triage in Pembrokeshire County, constant staff skill mixing, recruitment to vacancies up to full WTE levels and waiting list management including open access clinics and additional clinics. • Podiatry and Orthotics reduced effectively by 2 WTE in 2024/25 with subsequent performance deterioration. Agreement has now been reached to recruit to full WTE staffing levels.	Ongoing Ongoing

C.difficile and E.coli cases
(Enhanced monitoring)

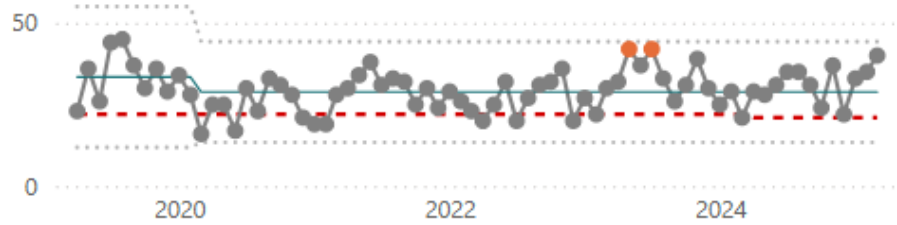
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Latest performance of 11 cases in March 2025 is showing common cause variation

Number of laboratory confirmed E.coli cases (in-month)



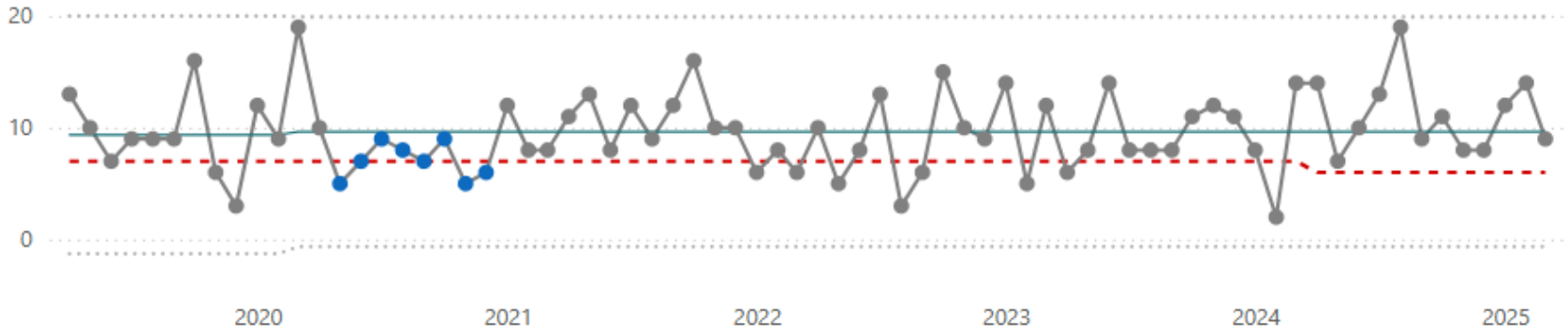
Latest performance of 40 cases in March 2025 is showing common cause variation. However, cases have increased for the third consecutive month.

Key challenges / issues	Key actions / initiatives	Due date
C.difficile: • Case numbers have increased during 2024/25 reporting cycle, not just within Hywel Dda (HD) but increases noted across all Health Boards across Wales compared to last year's data. Fluctuation is seen within the data set but with an overall downward trajectory. • Within HD, we have concerns regarding cases of cross infection of C.diff within PPH and GGH • 8 Hospital onset (HO) cases were recorded in January, with a reduction of 4 in February; however, this increased to 6 in March.	**C.difficile:** • C.difficile infection (CDI) Improvement Group established with Deputy Medical Director chairing. • Continued use of DiffX and Human Papillomavirus (HPV) disinfection, working collaborative with hotel facilities and estates. Deep cleaning of Prince Philip Hospital with HPV included. • Scrutiny of cases and any linked cases. Cases that were not linked in time or person to suggest a transmission event and have been reviewed accordingly • Additional scrutiny of community cases ongoing with managed practices involved • Reviewing and embedding existing Infection prevention control (IPC) practices • Targeted Estates Fund bid for further HPV machines successful	Ongoing 31/05/25 Ongoing Ongoing Ongoing 31/05/25
E.coli: • December 2024 to March 2025 has seen a consistent increase in cases across hospital and community. • A higher proportion of cases are that of community onset compared to hospital onset. • 2024/25 data presents fewer cases than last financial year	**E.coli:**. • Continued education of staff around catheter and device care • To continue to profile Aseptic non-touch technique (ANTT) E-learning and practical assessment review for Electronic staff record (ESR) • Work continues with the integrated infection prevention nurses in public health in prevention regarding health promotion	Ongoing 30/06/25 Ongoing

S.aureus
(Enhanced monitoring condition)

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

Number of laboratory confirmed S.aureus cases (in-month)



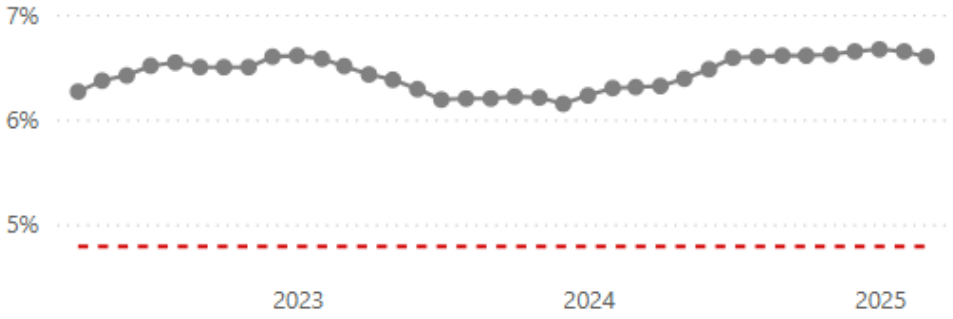
Latest performance of 9 cases in March 2025 is showing common cause variation

Key challenges / issues	Key actions / initiatives	Due date
• S.aureus cases in Hywel Dda have followed the all-Wales trend and have continued to fluctuate month on month however cases have increased compared to the same period last year which matches the all-Wales trend. • Most cases continue to be that of community onset rather than hospital onset. • S. aureus figures have increased overall for 24/25 compared to the previous financial year in Hywel Dda.	•ANTT compliance for E-learning at 80% •Review of ANTT practical component and assessing feasibility to make this mandatory on ESR •Bare below the elbow and hand hygiene actively promoted by the IPC team •Targeted work ongoing in WGH to review devices and provide additional learning	31/03/25 30/06/25 Ongoing 30/04/25

Staff sickness
(Delivery framework)

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

% staff sickness rate (12 months rolling)



In March 2025, the rolling 12-month staff sickness wabsence rate as 6.60%.

Highest levels of sickness absence for teams with over 50 staff:

Team	Staff	In-month %	R12m %
Glangwili Hotel services	136 staff	(13.0%)	**14.8%**
Prince Philip Hotel Services	71 staff	(5.0%)	**13.8%**
Prince Philip Acute Response	62 staff	(7.2%)	**12.9%**
Withybush Hotel Services	145 staff	(9.5%)	**12.8%**

Key challenges / issues

Conditions impacting absence rates include:
Anxiety, stress and depression continues to account for the highest reasons for absence across the Health Board (30.5% February). We have seen a marked increase in the number of stress risk assessments completed to help managers understand the issues.

Absence due to cold, cough, flu (10.7%) remains the second highest sickness reason.

The number of absences recorded as unknown/unclassified appears to be on the increase, 4.1% in February 2025 from 1.5% in January, which will need active management going forward.

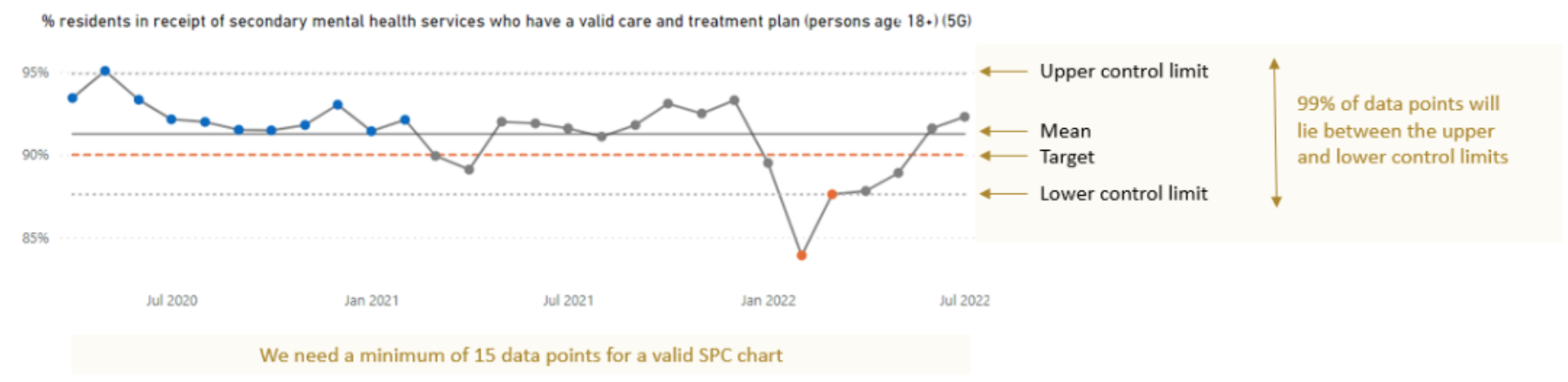
Targeted support for sickness absence:
Ongoing focused support from the Workforce (WF) Team continues in collaboration with Senior Managers within these areas e.g. Facilities in Glangwilli, Unscheduled Care in Prince Philip and Community Services in Withybush.

Key actions / initiatives	Due date
Temporary redeployment guidance: changed to a flow chart to complement any All Wales Policy on redeployment and temporary redeployment. Awaiting feedback and to be embedded in the policies portal to support the All Wales Attendance At Work Policy. Work ongoing to develop the Skills training analysis to be embedded in the redeployment/temporary redeployment process.	25/04/25 (revised)
Passport for reasonable adjustments to be rolled out. Awaiting feedback.	
Bite size training sessions: developed to focus on single elements of the absence management process. To date, 9 individual training sessions have been drafted and reviewed by the Senior WF team.	25/04/25 (revised)
Stress risk assessments are a key component woven through each aspect of the Bite Size training modules to ensure managers understand and actively support & manage any work-related stress issues.	Complete
Designated support: A program of works has been developed focusing on deep dives into prevalent high sickness areas with focus on managers understanding of the sickness absence process and how best to support their staff, with bespoke action plans/additional training devised to support. This will continue in collaboration and support from the WF teams and Senior managers form the Directorates.	Business as usual

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 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**		