

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 December 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 8 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 8, 2023/24 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The Committee is asked to note the report.

The full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 30th November](#). Ahead of the committee meeting, the dashboard will also be made available via our [internet site](#).

An overview document entitled Integrated Performance Assurance Report (IPAR) Overview: as at 30 November 2023 is also provided (Appendix 1). This document summarises performance against key improvement measures for 2023/24. This includes measures relating to Enhanced Monitoring and Accountability conditions from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. Additional measures for delayed pathways of care and nurses in post are also included as both measures have a significant impact on the Health Board's performance in other areas.

The accompanying IPAR overview (Appendix 1) has been revised for this iteration.

- Changes have been made to the way Performance narrative is collated and displayed.
- User statistics from the IPAR dashboard illustrate that colleagues place a greater use on the narrative within the accompanying IPAR overview and SBAR documents than the dashboard.
- Narrative is no longer displayed on the IPAR dashboard, making the process more efficient for both senior reporting officers (SRO) and Performance Team members.
- The new overview layout will give Board and Committees a richer summary of Hywel Dda UHB's (HDdUHB) performance, key issues and actions. It also enables SROs to be focused with their summary points.

A summary of the Statistical Process Chart (SPC) chart icons is included below. Further details on why SPC are used 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 (WG) published the [NHS Wales Performance Framework 2023-2024](#). The framework outlines the Ministerial priorities for this financial year, along with the targets Health Boards must work towards.

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 30 November 2023.

Variation How are we doing over time		Assurance Performance against target		Trajectory Performance against our ambition			
● Improving trend ● Usual trend ● Concerning trend		▲ Always hitting target ▲ Hit and miss target ▲ Always missing target		● 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	Nov 2023	0	11,175	●	■	◆
Planned care	Waits over 52 weeks: new outpatient appointment	Nov 2023	0	3,876	●	■	◆
Planned care	Follow-up appts - delayed >100%	Nov 2023	0	15,420	●	■	◆
Planned care	Patients waiting over 52 weeks RTT	Nov 2023	0	15,249	●	■	◆
Planned care	Patients waiting 104 weeks+ RTT	Nov 2023	0	2,761	●	■	◆
Emergency care	% Ambulance red call responses < 8 mins	Nov 2023	65%	48.7%	●	■	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Nov 2023	0	915	●	■	◆
Emergency care	Ambulance handover > 4 hours Hywel Dda	Nov 2023	0	215	●	■	N/a
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Nov 2023	95%	67.6%	●	■	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Nov 2023	0	1,235	●	■	◆
Emergency care	Number of Pathways of Care delayed discharges	Nov 2023	n/a	227	N/a	N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Oct 2023	75%	50%	●	■	◆
Mental health	% pt waits <28 days 1st CAMHS appt	Oct 2023	80%	87.3%	●	■	◆
Mental health	% adult psychological therapy waits <26 weeks	Oct 2023	80%	40.7%	●	■	◆
Mental health	% child neurodevelopment assess waits <26 weeks	Oct 2023	80%	18.9%	●	■	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Nov 2023	0	6,001	●	■	◆
Therapies	Pts waiting 14 wks+ for specified therapy	Nov 2023	0	3,046	●	■	◆
Primary & Community Care	Referrals from primary care into secondary care	Nov 2023	n/a	1,127	●	N/a	◆
Quality	Ophthalmology services						
Quality	C. difficile: Number of confirmed cases (in-month)	Nov 2023	8	22	●	■	◆
Quality	E.coli: Number of confirmed cases (in-month)	Nov 2023	22	39	●	■	N/a
Workforce	% sickness absence rate of staff	Nov 2023	4.79%	6.21%	●	■	N/a
Finance	Financial in month deficit	Nov 2023	n/a	£5,107,000	●	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 the IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 30th November 2023](#).

The supporting IPAR overview (Appendix 1) includes the latest data, challenges, issues and key actions for the following:

- Patients waiting over 36 weeks and 52 weeks for a new outpatient appointment
- Delayed follow-up outpatient appointments
- Patients waiting for treatment for over 1 year and 2 years
- Ambulance responses for life threatening calls

- Ambulance handovers to HDdUHB hospitals taking over 1 hour and over 4 hours
- Patients waiting in Emergency Departments for less than 4 hours and over 12 hours
- Delayed pathways of care in HDdUHB hospitals
- Cancer patients beginning treatment within 62 days
- Children and young people having a mental health assessment within 28 days of referral
- Adults waiting less than 26 weeks for a psychological therapy
- Children and young people waiting less than 26 weeks for a neurodevelopment assessment
- Patients waiting over 8 weeks for a diagnostic test
- Patients waiting over 14 weeks for a specified therapy
- Reducing referrals from Primary Care into Secondary Care Ophthalmology services
- Cases of C.difficile and E.coli infections
- Staff sickness
- Financial deficit

Other key things to flag

Patient Experience:

In November HDdUHB achieved 94% for Overall patient experience (target 90%), in total 10 out of 12 patient experience measures exceeded their targets.

Workforce:

Nurses and midwifery staff in-post: 3,107 nursing and midwifery staff in post in November 2023, which continues to exceed the improvement trajectory. This is attributable to streamlining of newly qualified registered nurses, the International Registered Nursing Recruitment Project and a targeted campaign for return to practice nurses.

Planned Care waiting list validation:

Between April and November 2023, a total of 23,562 pathways were validated, with 10,428 removed (44% removal rate). November 2023 saw 883 removals from 2,880 validated, a 31% removal rate. Detailed reasons for validating and removing patient pathways include:

- Stage 1 (new outpatients): Review of expedited referrals where patients are already on other waiting lists (including follow up or surgical waiting list). Review of patients that have been seen in the same or similar specialty in the last year.
- Stage 2 and 3 (diagnostic tests): Review records where tests are all clear and consultants have written letters to patients, but they have not been taken off the waiting list. This is the largest area of removals for the Refer To Treat (RTT) validation team with a 54% removal rate since April 2023.
- Stage 4 (treatment/surgical stage): Rarer to have removals in this stage, but patients can be unfit for procedure, listed twice for bilateral operations, seen in private sector or consultants have decided that surgery is no longer the best option for the patient. Some specialties suffer from data quality issues where patients regularly attend medical day case facilities and clean-up of these lists often results in higher removal rates in stage 4.

Ophthalmology:

In October 2023, 1,005 R1 patients out of a total of 1,470 (68.4%) attended their appointment within their clinical target date or within 25% beyond their clinical target date. The national target (95%) has never been achieved and concerning variation is showing.

Clinical coding:

The new measure entitled, '% of all classifications coding error corrected by the next monthly reporting submission following identification' is now being reported. In September the Health Board achieved 47.7% compliance and ranked third from eight in Wales. Work is being undertaken to improve compliance.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to:

- Note the report from the IPAR – Month 8 2023/2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A).</p> <p>3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. All Apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	7. All apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development and Operational Delivery Committee People, Organisational Development and Culture Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology

Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	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:	Not applicable
Cydraddoldeb: Equality:	Not applicable



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 30th November 2023

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



This document summarises performance against our key improvement measures for 2023/24. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government, along with the Minister for Health and Social Care’s priorities for this financial year. We have also included 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 30th November 2023.](#)

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

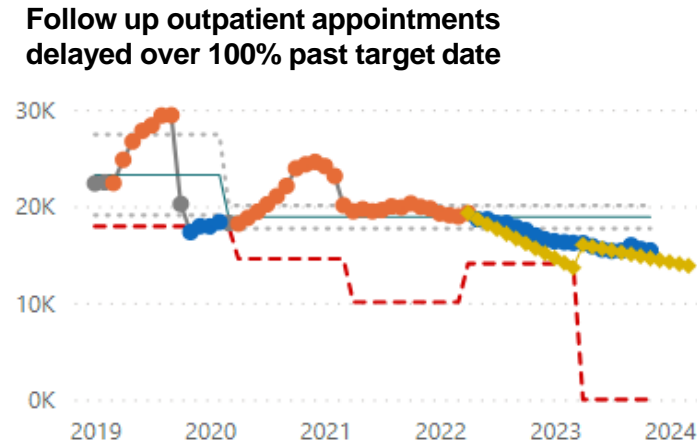
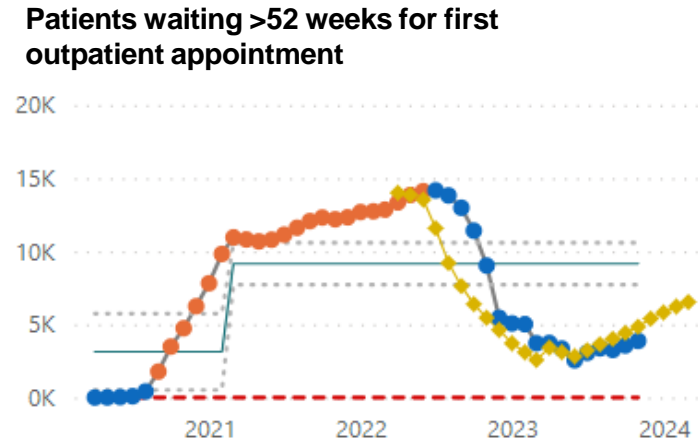
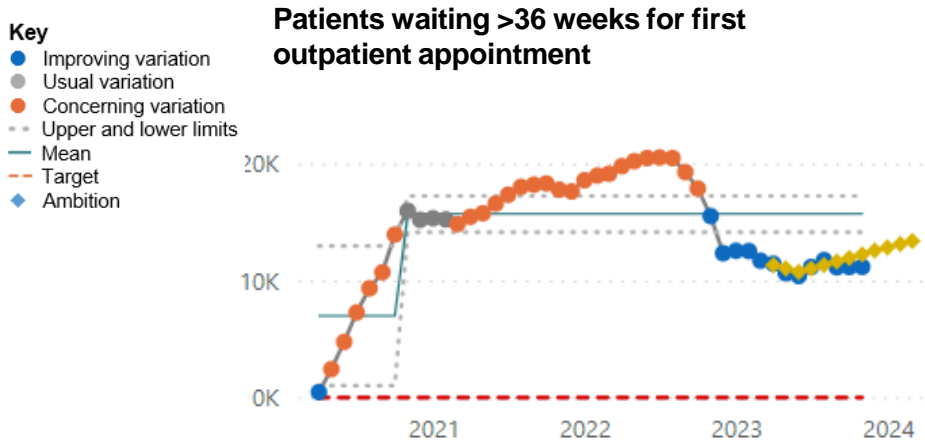
Trajectory - performance against our ambition

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

Statistical process control (SPC) charts

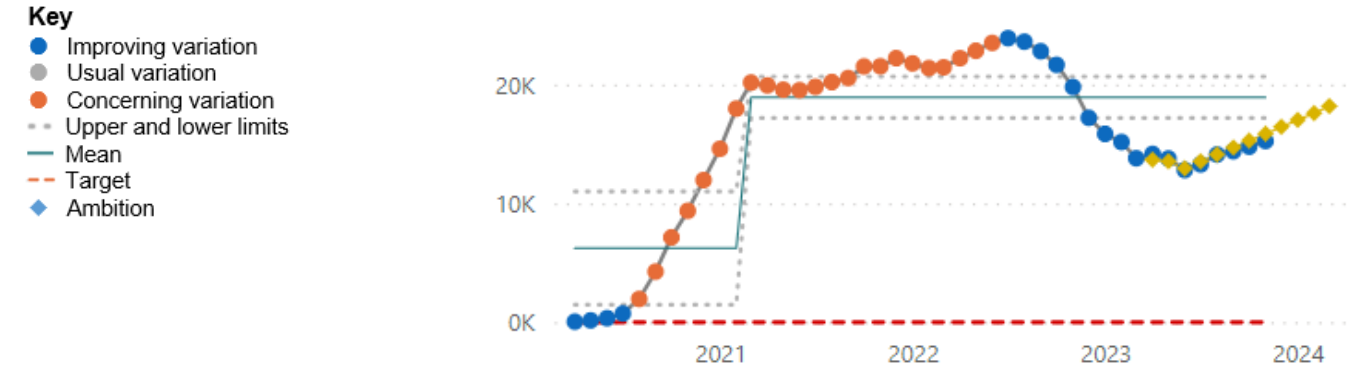
- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

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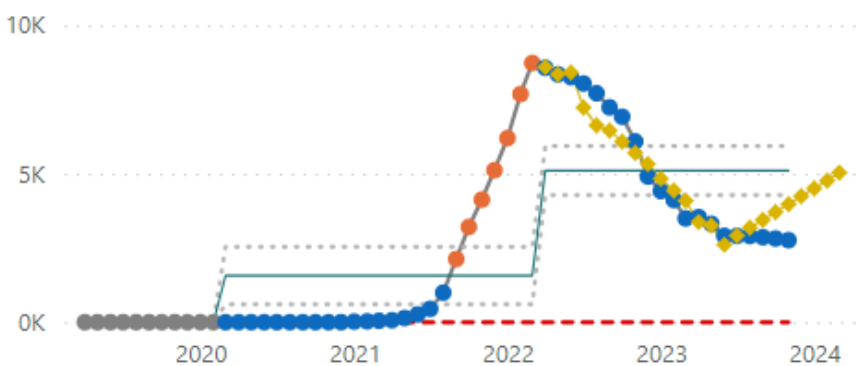
Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Planned care continues to work towards fully re-establishing pre-COVID capacity levels. For theatres this continues to be a challenge due to anaesthetic and nursing staffing issues. Capacity and throughput in outpatients are like pre-COVID levels with some areas exceeding activity by using appointments and alterative pathways (i.e., the new teledermoscopy pathway in Dermatology). Although some specialties have activity that matches their demand, the ability to reduce the backlog of patients needing to be seen remains challenging. Follow Ups - Managing follow up demand against the volume of new and urgent patients needing an appointment continues to be a challenge. There is an impact on follow up activity in Withybush due to the RAAC issue. The outpatient (OPD) team are working towards alternative OPD rooms including available rooms being used from the local authority. 	<p>Work continues towards recovery including meeting the Ministerial Measure targets within existing resources. This includes maximising outpatient throughput, managing DNAs, improving other pathway use including See On Symptoms (SOS) / Patient Initiated Follow Up (PIFU) and working alongside Getting It Right First Time (GIRFT) & the National Programme Board to improve theatre throughput.</p> <p>Additional monies for backlog recovery have been approved and the directorate is working alongside procurement and finance to finalise outsourcing & insourcing plans. Increasing internal capacity is being planned alongside theatres, pre-assessment, outpatient, waiting list support services, therapies and operational leads. Regular scrutiny meetings monitor progress to ensure financial and operational governance.</p> <p>Co-ordinated validation of RTT waiting lists across all stages of the pathway ensures that patients are prioritised effectively, and capacity protected to ensure the Health Board treats based on clinical priorities and ministerial targets.</p> <p>Follow Ups – By utilising SOS/PIFU and robust validation the directorate can marginally improve the follow up position. Virtual functionality is being utilised as much as possible including virtual review of regular diagnostics.</p>	<p>Ongoing</p> <p>Mar 2024</p> <p>Ongoing</p>

Patients waiting over 52 weeks from referral to treatment



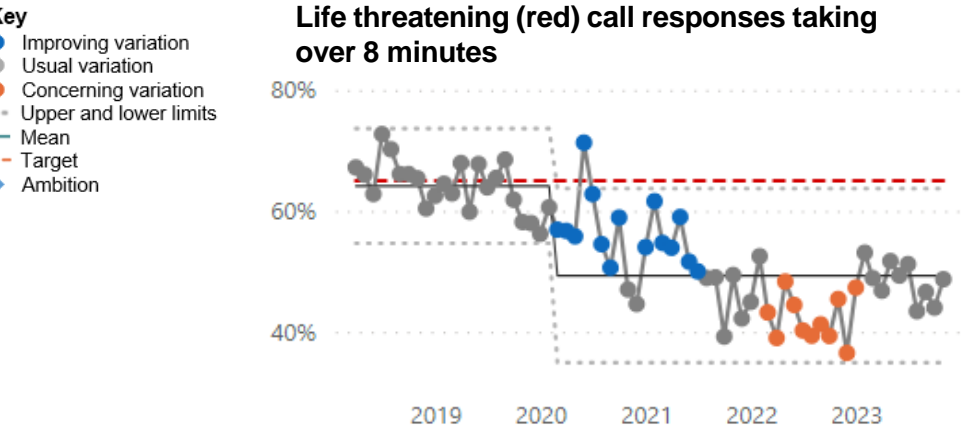
Performance has declined in the last 6 months to 15,249 in November 2023. However, this is tracking in line with our original trajectory and an improving trend is showing. We met our trajectory for November 2023 (15,859).

Patients waiting over 104 weeks from referral to treatment

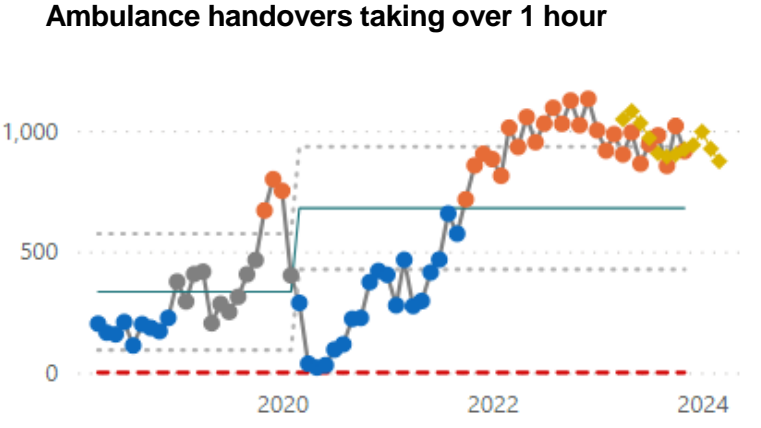


Performance continues to improve and the 2,761 breaches in November 2023 is over 1,200 below our trajectory (3,974). Latest performance is better than any time since September 2021.

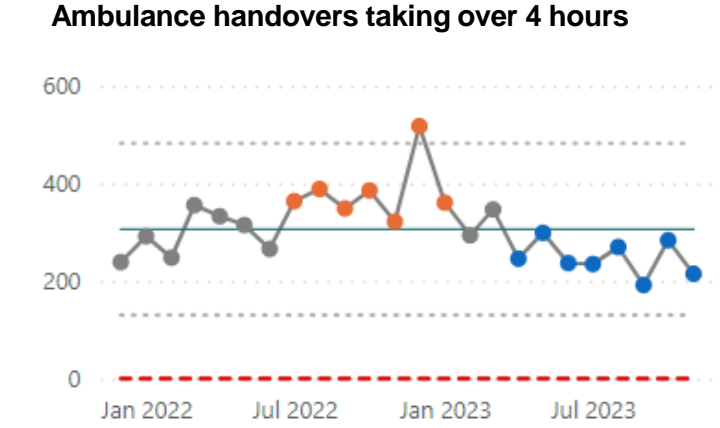
Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Planned care continues to work towards fully re-establishing pre-COVID capacity levels. For theatres this continues to be a challenge due to anaesthetic and nursing staffing issues. Capacity and throughput in outpatients are like pre-COVID levels with some areas exceeding activity by using appointments and alternative pathways (i.e., the new teleremoscopy pathway in Dermatology). Although some specialties have activity that matches their demand, the ability to reduce the backlog of patients needing to be seen remains challenging. Trajectories are subject to change pending additional recovery funding which is currently being scoped. 	Work continues towards recovery including meeting the Ministerial Measure targets within existing resources. This includes maximising outpatient throughput, managing Did Not Attend (DNA's), improving other pathway use including See On Symptoms (SOS) / Patient Initiated Follow Up (PIFU) and working alongside Getting It Right First Time (GIRFT) & the National Programme Board to improve theatre throughput.	Ongoing
	Additional monies for backlog recovery have been approved and the directorate is working alongside procurement and finance to finalise outsourcing & insourcing plans. Increasing internal capacity is being planned alongside theatres, pre-assessment, outpatient, Waiting list support services, therapies and operational leads. Regular scrutiny meetings monitor progress to ensure financial and operational governance.	Mar 2024
	Co-ordinated validation of RTT waiting lists across all stages of the pathway ensures that patients are prioritised effectively, and capacity protected to ensure the Health Board treats based on clinical priorities and ministerial targets.	Ongoing



Latest data is showing expected (common cause) variation, 271 red calls met, out of a total of 557 responses, 48.7% (target = 65%).



Latest data is showing a concerning trend, 915 handovers > 1 hour out of a total of 2,200, 41.6% Trajectory of 922 was met.



Latest data is showing an improving trend, 215 handovers > 4 hour out of a total of 2,200, 9.8%

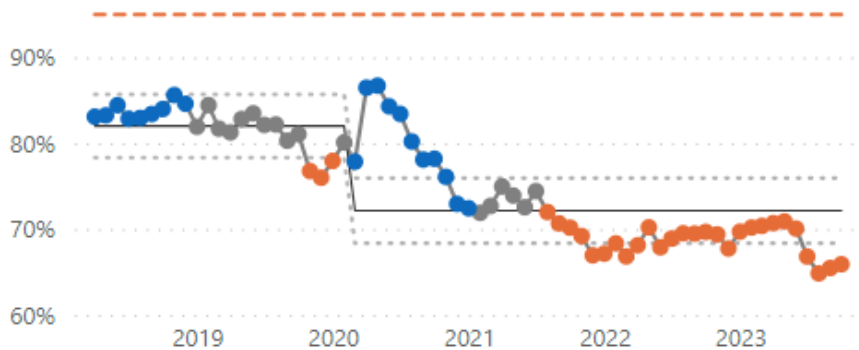
Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
<ul style="list-style-type: none">Hospital delays in offloading Welsh Ambulance Service Trust (WAST) ambulance crews, 2,834 hours lost at the 4 acute Hywel Dda hospital sites during November 2023.Hospital transfers when no bed available - increasing in frequency, when crews advised a transfer has been accepted by another Hywel Dda (HD) receiving unit, but on arrival there is no bed and crew then at the back of a queue at a new Emergency Department (ED). Issues are raised through Datix but this increases workload for HD and WAST teams.Same Day Emergency Care (SDEC) - some units not always open & others unable to accommodate the patient intake number initially discussed from a WAST perspective, from the agreed intake.	<ul style="list-style-type: none">Integrated Commissioning Action Plans continue.Same Day Emergency Care (SDEC) - Trial extended for SDEC intake to be at front door of ED - positive feedback from clinical colleagues.Discussions between WAST and the HB on what a clinical streaming hub model for Pembrokeshire could look like. Phase 2 of the clinical streaming hub in Carmarthenshire will conclude in Spring 2024.Enabling Quality Improvement in Practice (EQliP) meetings continuing with clinical teams.Advanced Paramedic Practitioner (APP) Navigator phase 2 pull model will conclude end of December, and evaluation will be ready in February 2023. model to review admission avoidance and streaming.	<p>Due to wider system pressures hospital delays far exceeding 15 minutes; impacting on response times within community.</p>

Ambulance handover delays - 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](#)
- [Gwithybury Hospital](#)

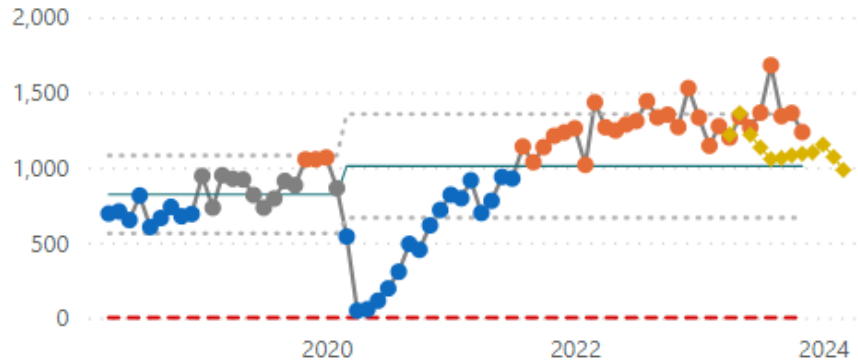
- Key
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - ◆ Ambition

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



67.64% reported for November, 4,427 breaches out of 13,682 new attendances. The chart is showing a concerning performance trend.

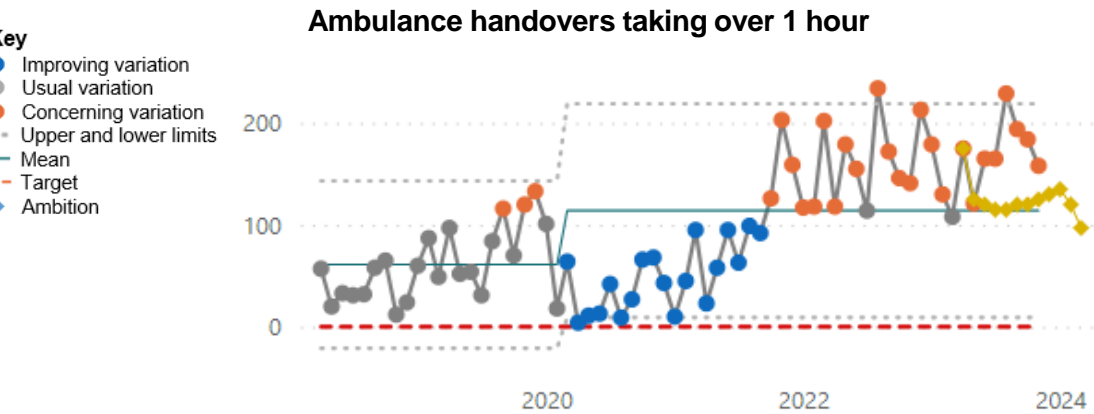
Patients waiting over 12 hours in A&E/MIU



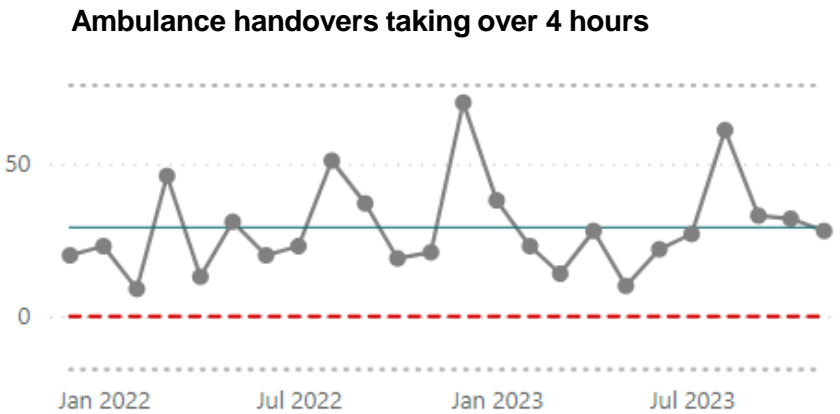
1,235 breaches out of 13,682 new attendances, 9.03%. Trajectory of 1,090 not met and chart is showing a concerning performance trend.

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](#)

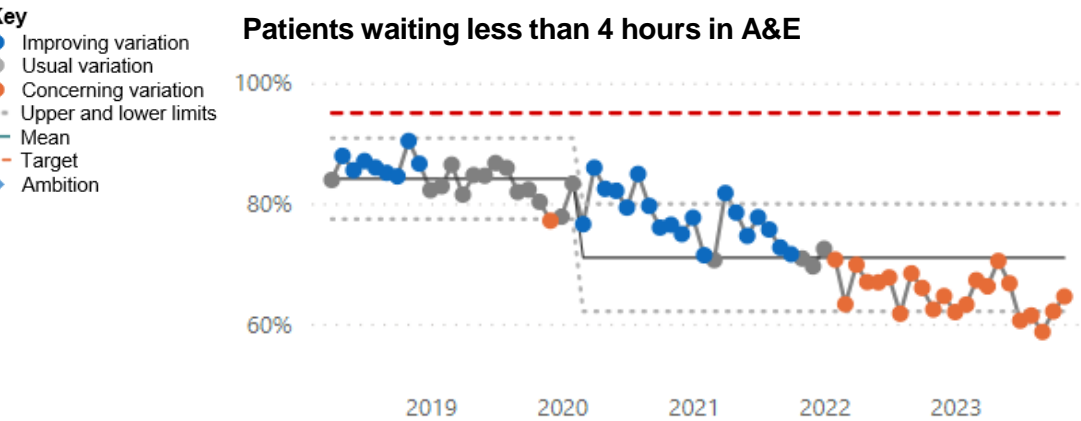


Latest data is showing concerning trend, although numbers are continuing to decrease. 158 handovers >1 hours reported in November out of a total of 391 handovers, 40.4%. The trajectory of 125 has not been met.

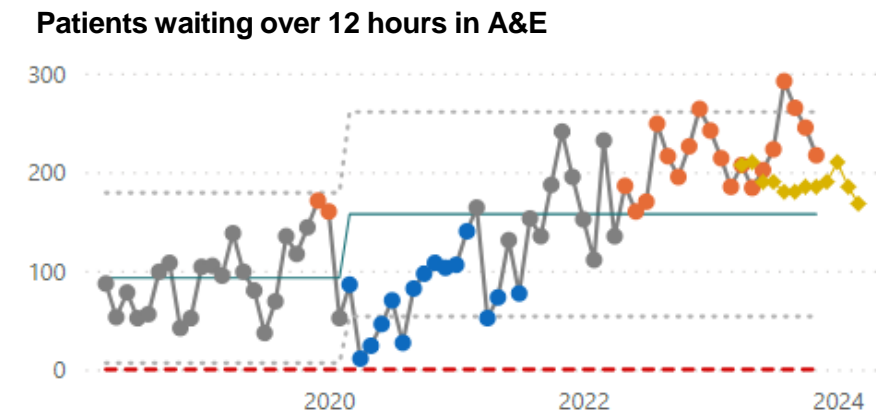


This metric is showing expected (common cause) variation. 28 handovers > 4 hours were reported in November out of 391 total handovers 7.2%. Numbers are decreasing.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Performance improved on the previous 4 months and was supported by a slight freeing up of capacity in care homes over the period that enabled patients requiring residential and nursing home care to be discharged. The total number of ED attenders reduced slightly although there is still reportedly high levels of patients with complex conditions presenting. The number of ambulances waiting more than 4 hours was stable compared to last month, continuing the improved position seen in SeptemberCapacity in community settings is extremely challenging, often no available community beds within Ceredigion into which patients can move to. Additionally, towards the end of the month, the community service reduced the capacity in Tregaron Hospital by 6 beds due to challenges in securing agency staff. This places significant challenge on the acute system and contributed to the inability to hold the bed reduction plan.	<ul style="list-style-type: none">Although in the past, flow out of the hospital did not prove to be as challenging in mid-Wales as it is in other parts of Wales, this has changed over the past two periods with high levels of "clinically optimised" patients being present in the hospital. Further actions are being put in place with Ceredigion Community Services taking a lead on relocating patients from the hospital.Staff vacancy rates across the site prove challenging and a targeted Ceredigion specific recruitment effort is being developed by the site team in order to deliver more focussed support for this function. Restoration of the clinical site management team back to its funded establishment will support management of flow and attainment of the performance targets.The front door frailty team continue to explore alternatives to admission for eligible patients.The Wales Real Time Demand Capacity (RTDC) programme has been adopted within Bronglais Hospital and, following some modification, has been incorporated within the daily management processes.	<p>The current volatility in both demand and supply makes a meaningful trajectory difficult to define.</p>



64.55% reported for November, 867 breaches out of 2,446 new attendances. Chart is showing a concerning performance trend



217 breaches out of 2,446 new attendances, 8.9%. The trajectory of 185 was not met and chart is showing a concerning performance trend.

Key challenges / issues

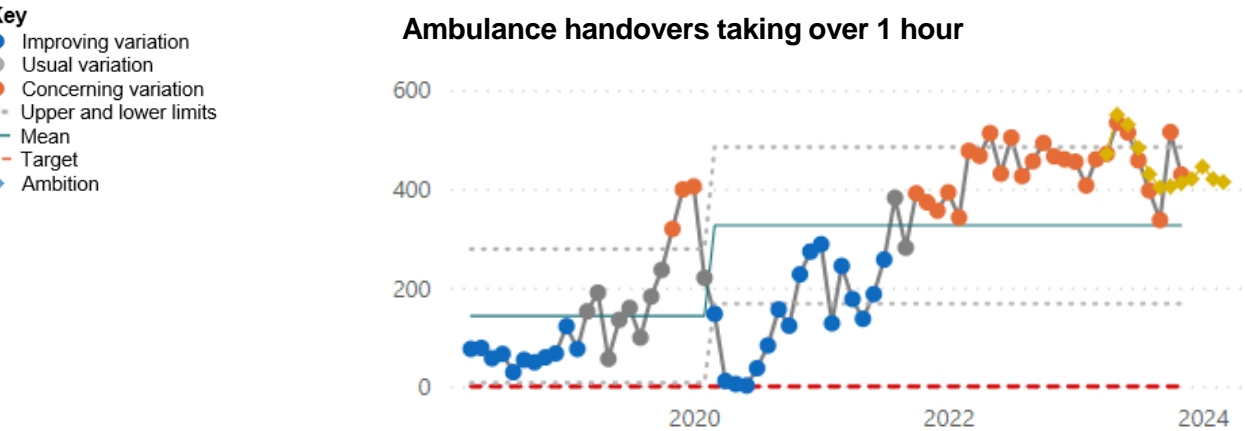
- Slight improvement compared to October (62.09%). This is an improvement on the previous 4 months and was supported by a slight freeing up of capacity in care homes over the period that enabled patients requiring residential and nursing home care to be discharged, thereby enabling the site to flow from ED into inpatient beds.
- Capacity in community settings is extremely challenging, often no available community beds within Ceredigion into which patients can move to. Additionally, towards the end of the month, the community service reduced the capacity in Tregaron Hospital by 6 beds due to challenges in securing agency staff. This places significant challenge on the acute system and contributed to the inability to hold the bed reduction plan.

Key actions / initiatives

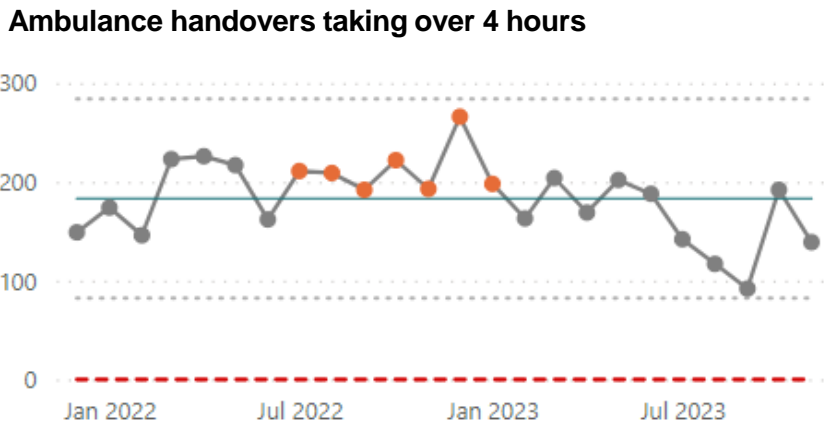
- Although in the past, flow out of the hospital did not prove to be as challenging in mid-Wales as it is in other parts of Wales, this has changed over the past two periods with high levels of "clinically optimised" patients being present in the hospital. Further actions are being put in place with Ceredigion Community Services taking a lead on relocating patients from the hospital. At the same time, increased focus on internal processes will identify priorities for improvement.
- Staff vacancy rates across the site prove challenging and a targeted Ceredigion specific recruitment effort is being developed by the site team in order to deliver more focussed support for this function. Restoration of the clinical site management team back to its funded establishment will support management of flow and attainment of the performance targets.
- The front door frailty team continue to explore alternatives to admission for eligible patients.
- The Wales Real Time Demand Capacity (RTDC) programme has been adopted within Bronglais Hospital and, following some modification, has been incorporated within the daily management processes.

Due date

The current volatility in both demand and supply makes a meaningful trajectory difficult to define.



Latest data is showing concerning trend. 429 handovers >1 hours reported in November out of a total of 880 handovers, 48.8%. The trajectory of 412 has not been met but was within 5%.

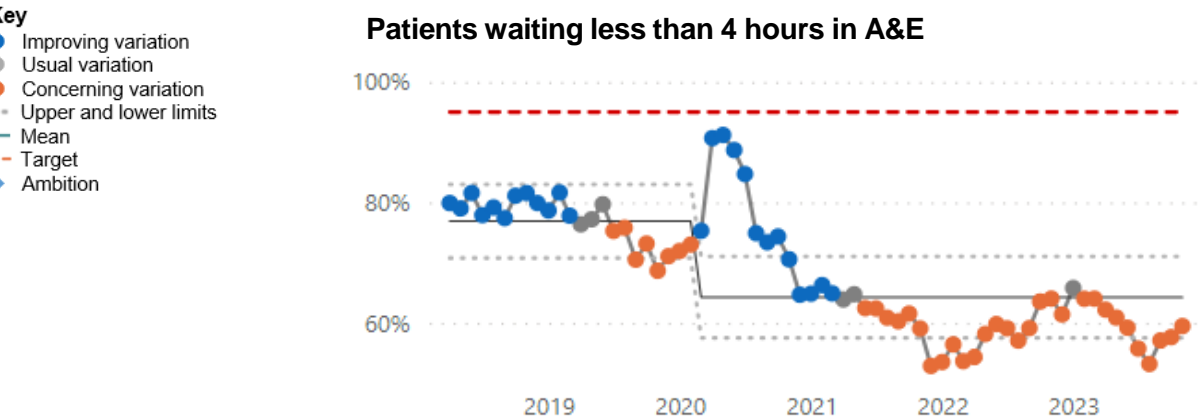


Latest data is showing expected (common cause) variation. 139 handovers >1 hours reported in November out of a total of 880 handovers, 15.8%.

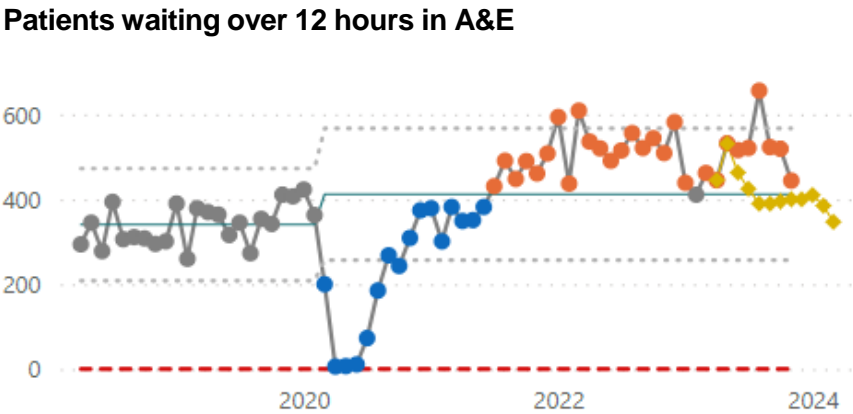
Key challenges / issues
<ul style="list-style-type: none">Ambulance handover >1 hour performance has slightly improved in November although total ambulance handover numbers have reduced in month compared to October, the daily comparison is similar to October, an average of 30 handovers per day. Handover numbers have increased since September.Ambulance handover >4 hours has also seen an improvement in November. Since September, the additional ambulance attenders have impacted this performance.Flow remains challenging with high acuity of patients and complex discharge needs.

Key actions / initiatives
Red and Amber 1 release plans firmly in place and are accommodated when safe to do so. A&E safety huddles continue and focus on actions to handover ambulances waiting. 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.
Advanced Paramedic Practitioner in place within Integrated Commissioning multi discipline team to review ambulance stack and conveyance avoidance when possible.
Delta rapid response and British Red Cross working at front door to facilitate early discharge with support.
Real Time Demand and Capacity (RTDC) fully embedded to increase early discharge.

Due date
Long term plan dependant on system actions to enable flow through the Hospital.



59.74% reported for November, 1,689 breaches out of 4,167 new attendances. Chart is showing concerning performance trend



444 breaches out of 4,167 new attendances, 10.7%. The trajectory of 400 was not met. Chart is showing concerning performance trend.

Key challenges / issues

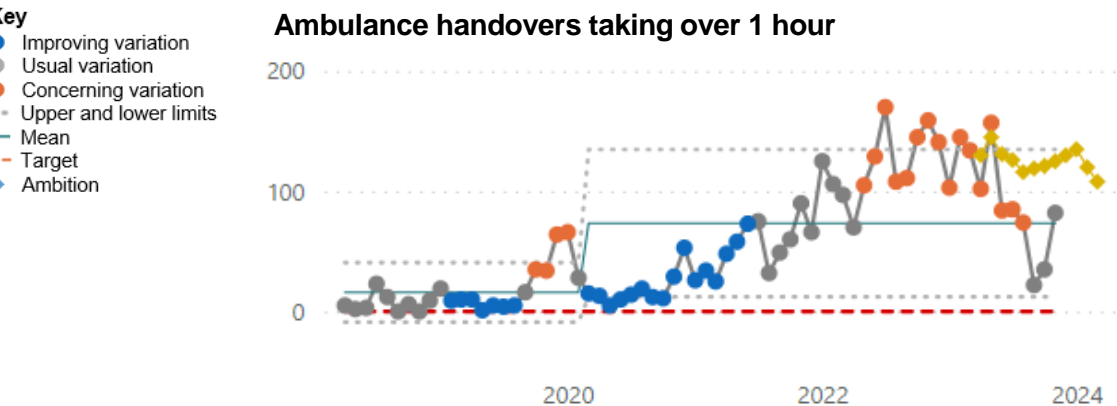
- 4 hour performance has remained relatively static throughout November. ED attendances have been increasing since September. Rapid triage is facilitated by senior clinician in place where possible.
- 12 hour performance has shown some improvement in comparison to October.
- 76% are major category patients.
- The breaches are variable on a daily basis which is dependent on the flow out of hospital which continues to be challenging with high numbers of medically fit patients and increased numbers for ready to leave hospital. Access to social care and support services continues to be challenging in Carmarthenshire. On average, there were 80 medically fit throughout the Hospital. Real Time Demand Capacity (RTDC) in place to create early discharge/ flow.

Key actions / initiatives

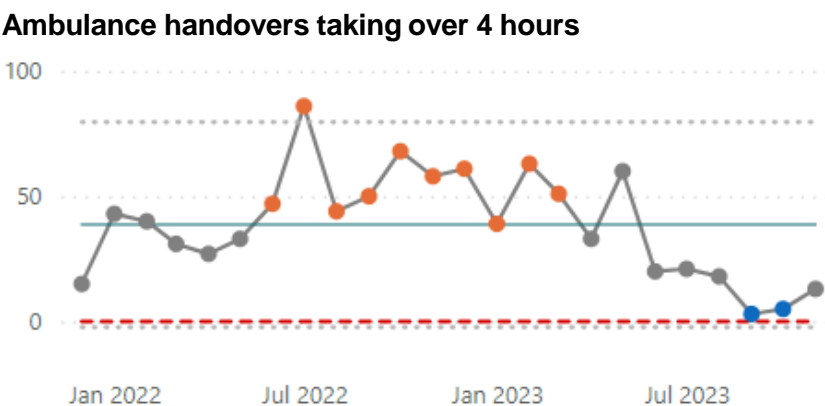
- Senior clinician supporting triage for early re-direction to primary care and alternative pathways.
- Carmarthenshire community/ local authority and IC MDT are continuing to identify patients who can be cared for at home.
- SDEC service are continuing to review patients in ED for same day turnaround suitability.
- Frailty pathway being established for the front door.
- Recruitment in progress to assist with admission avoidance and support the frail older patients.
- A&E nurse staffing recruitment plan to address department deficits.

Due date

Long term plan dependant on system actions to enable flow through the Hospital.



Latest data is showing expected (common cause) variation. 82 handovers >1 hours reported in November out of a total of 224 handovers, 36.6%. The trajectory of 125 was met.



Latest data is showing expected (common cause) variation. 13 handovers >4 hours reported in November out of a total of 224 handovers, 5.8%.

Key challenges / issues

- We saw a slight decrease in overall ambulance demand during November but patients continue to experience delays in handover with 36% over 1 hour and 5% over 4 hours. The ability to allow patients to flow through the system remains a challenge with delays to discharge being a contributory factor.
- Infection control issues/barriers remain a challenge when scoping appropriate bed areas for patients.
- Complexity of patient need delays timely discharge

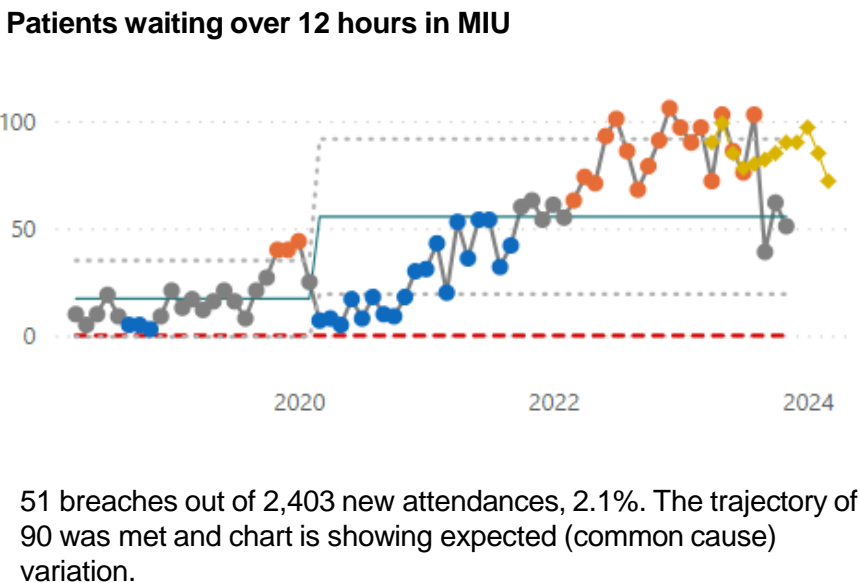
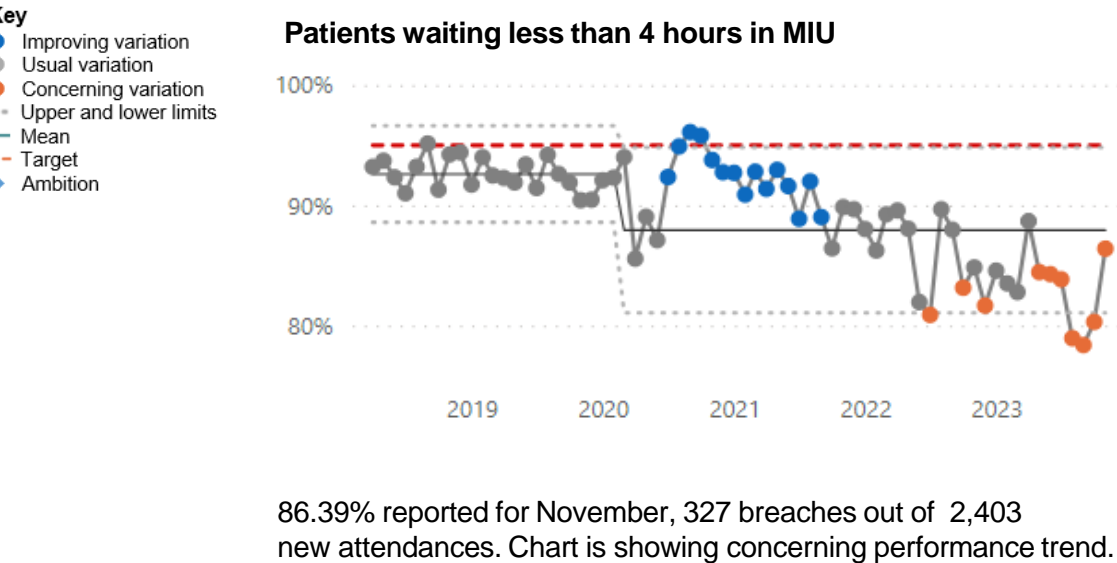
Key actions / initiatives

RTDC (Real time Demand and Capacity) continues to identify early discharges to improve flow throughout the hospital. Daily safety huddles continue to be successful with a multi discipline team (MDT) approach on patient pathway and expediting any outstanding tests to prevent delays.

Continuing to work collaboratively with Intermediate Care MDT and Delta Rapid Response to support admission avoidance with 'front door' visibility and to support early identification of patient needs. Red release remains in place."

Due date

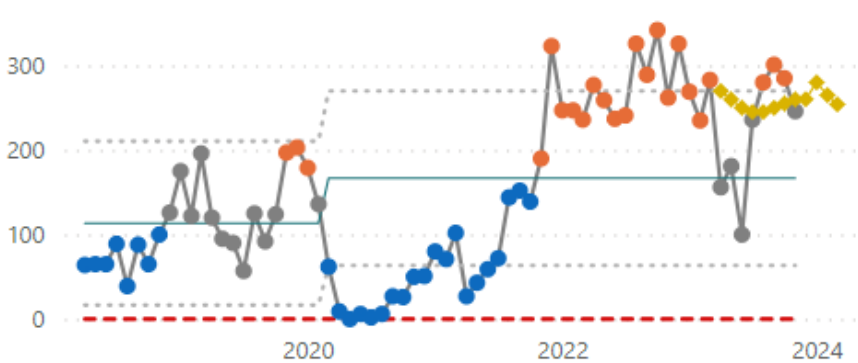
Long term plan dependent on system actions. Significant increase in discharge delays will impact on timescale prediction.



Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Minor Injury Unit (MIU) new patient attendances also decreased during November with 29% categorised as majors . Our compliance within the 4 hour breach has improved further but we continue to experience challenges due to spikes in infection control issues within Prince Philip Hospital which restricts flow.Patients often attend the Minor Injury Unit (MIU) with a major condition and if they require admission, can wait in MIU overnight due to availability of an appropriate bed. Patients who are deemed medically optimised remains high averaging 60 which contributes to delayed discharge and patient flow. These delays are a result of continued pressures within the acute and care sectors including availability of re-ablement and domiciliary services, sickness and limited bed availability.	<p>Same Day Emergency care (SDEC) Mon -Fri, 10am-6pm - attendances have increased due to our hybrid model including medical input with circa 95% discharged rather than admitted. SDEC team have enhanced with the support of a Locum Consultant. Hot Clinic continues to be successful which facilitates early discharges and review. Continue to focus on recruitment and staff retention with weekly education sessions for both medical and nursing staff."</p> <p>Continued focus on increasing flow throughout the inpatient ward beds, admission avoidance and more importantly turnaround at the front door. Well attended Safety huddles also enable movement and early identification of problems and solutions. Identifying early discharges and usage of discharge lounge improves flow across the site.</p>	<p>The site is working towards the national target of 95% of patients waiting less than 4 hours in MIU. Long term plan dependent on system actions.</p>

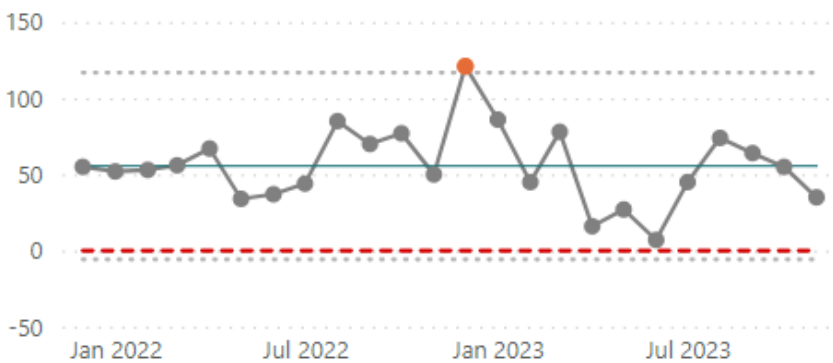
- Key
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) variation. 246 handovers >1 hours reported in November out of a total of 705 handovers, 34.9%. The trajectory of 260 was met.

Ambulance handovers taking over 4 hours



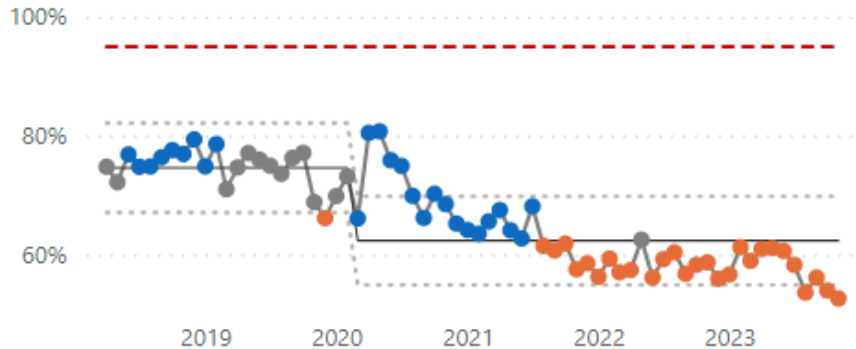
Latest data is showing expected (common cause) variation. 35 handovers >1 hours reported in November out of a total of 705 handovers, 5.0%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">In November WGH had 705 ambulances presenting at the front door. 34.9% (246/705) of these took longer than 1 hour to handover. Numbers have started to decreasing since September.5.0% (35/705) took longer than 4 hours to handover, number have been decreasing the past 3 months.	RED/AMBER release remains as a priority. Patient flow remains a challenge, however having Ward 9 back online from the RAAC work may have impacted positively. Ward 12 was back online early November. On going work with ICT to improve patients flow. Ambulance handover delays escalated to management team through the day. ED escalation plan developed.	Long term plan dependant on whole system actions. Further RAAC work needs to be completed
	Continued focus on all handover delays at 3 x daily huddles and patient flow meetings by senior management team.	
	RAAC continues to be problematic for the capacity to meet the demand for in patients beds. However with wards coming back on line we should see a positive impact of the handover ability in ED	
	Escalation of ambulance delays throughout the day to Manager of the Day and Senior Nurse for flow.	

Key

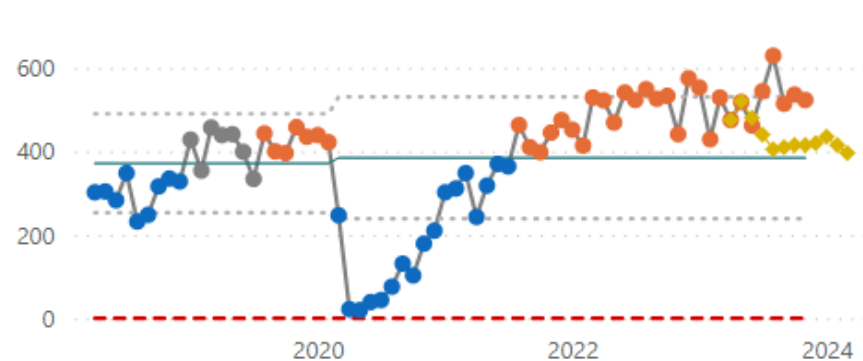
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



52.63% reported for November, 1,533 breaches out of 3,236 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



523 breaches out of 3,236 new attendances, 16.2%. The trajectory of 415 was not met and the chart is showing a concerning performance trend.

Key challenges / issues

- 4 hour performance has deteriorated slightly to 52.63%. The ED remains overcrowded and the complexity/acuity of the patients have increased over the last month.
- There has been an increase of over 12 hours stays in ED. Patient flow out of the hospital remains challenging with between 20 to 30 medical patients waiting for beds on a daily basis.

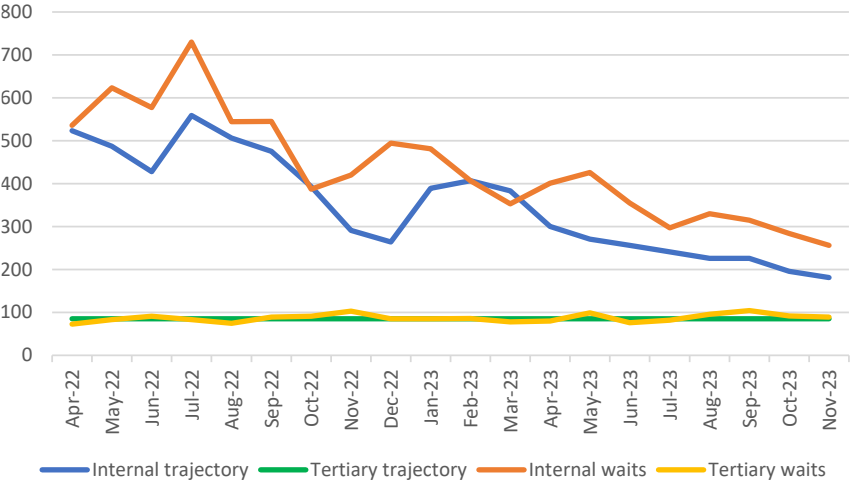
Key actions / initiatives

- ED escalation plan developed . ED have changed footprint to accommodate the in-patients waiting for beds that should help the ED flow. SDEC will need to increase the pull out of ED. Clinical Streaming being developed . Need to increase our discharges before 2pm (RTDC)
- Further HOT clinics now in operation. SDEC pulling more patients from ED. Further wards coming back on line from the RAAC work. Frailty pathway being established for the front door. Medical Assessment Unit fully operational.
- Ongoing whole system approach to the problem. Working towards a streaming process with a single point of contact. SDEC pulling more form ED
- Significant risk in A&E when over 30 patients are in the department and awaiting an inpatient beds, which has continued to be challenging. RAAC continues to be an issue, however we should see and improvement with further wards now being handed back from the works

Due date

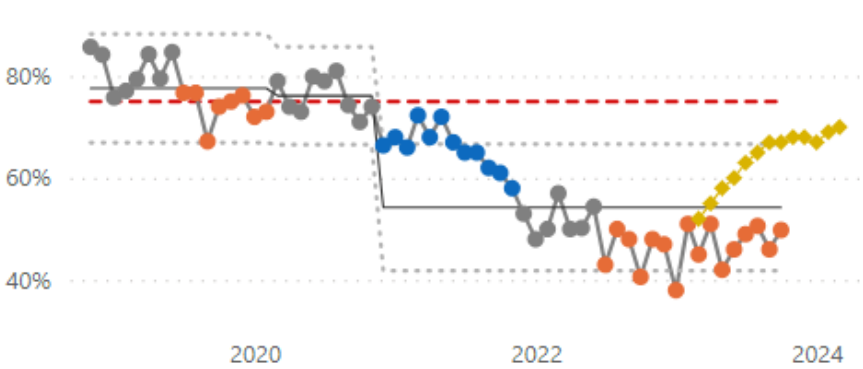
Long term plan dependant on whole system actions. Further RAAC work needs to be completed

Number of single cancer pathway patients waiting over 62 days



Total of 345 patients waiting over 62 days. 256 for treatment within Hywel Dda, 89 for tertiary treatment . The total trajectory of 266 was not met, however the backlog continues to reduce each month.

% single cancer pathway patients starting treatment within 62 days



Performance has fluctuated between 38% and 51% during the last 12 months. It should be noted that there were 321 more referrals in October 2023 than there were for the same period last year.

Key challenges / issues

- Unplanned workforce pressures resulting in loss of capacity
- Increase in Infection Prevention Control measures resulting in loss of capacity
- Impact of unscheduled care pressures resulting in loss of capacity
- Financial challenges including rising drug costs

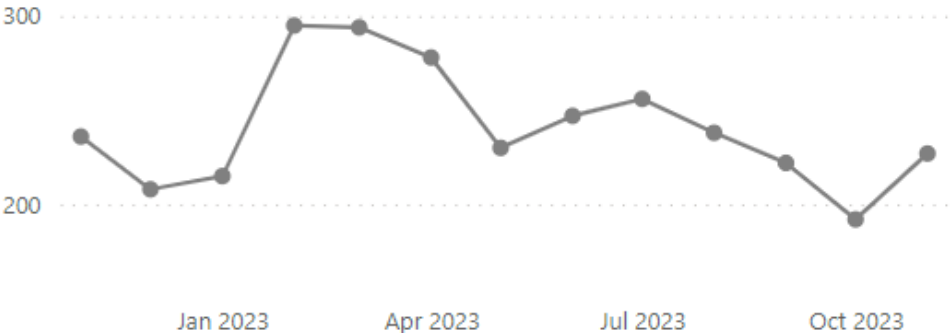
Key actions / initiatives

- Digital process for Pathology MDT with Swansea Bay – Roll out for other tumour sites - started with Lymphoma patients. All the other MDTs are on hold currently due to the lack of storage space for these images, this issue should be solved when the next phase of the digital project is implemented.
- Rapid Diagnosis Clinic (RDC) – Roll out 2nd clinic to another acute site - piloted and implemented in Prince Philip
- Demand and capacity planning for Radiology - to be conducted in collaboration with the Delivery Unit.
- Productivity and efficiency review in Endoscopy – a review of productivity and efficiency of list utilisation in Endoscopy is being undertaken as part of a pilot with the Delivery Unit.

Due date

- Dec '23
- Mar '24
- Mar '24
- Mar '25

Number of pathways of care delayed discharges



Pathway of care delay reason	Resident Local Authority						
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	Cardiff	Gwynedd	Total
Awaiting completion of assessment by social care	26	1	17		1		45
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	16	4	17			1	38
Awaiting start of new home care package	13	2	3	1			19
Awaiting Social worker allocation	8	1	5	1			15
Mental Capacity	11	2	1				14
Awaiting reablement care package	11						11
Awaiting RH availability	7	2	2				11
Awaiting EMI residential availability	10						10
Awaiting transfer to intermediate care bedded facility	2	4		1		2	9
Patient / family choice related issues		5	3				8
Other	24	9	11	1	0	2	47
Grand Total	128	30	59	4	1	5	227

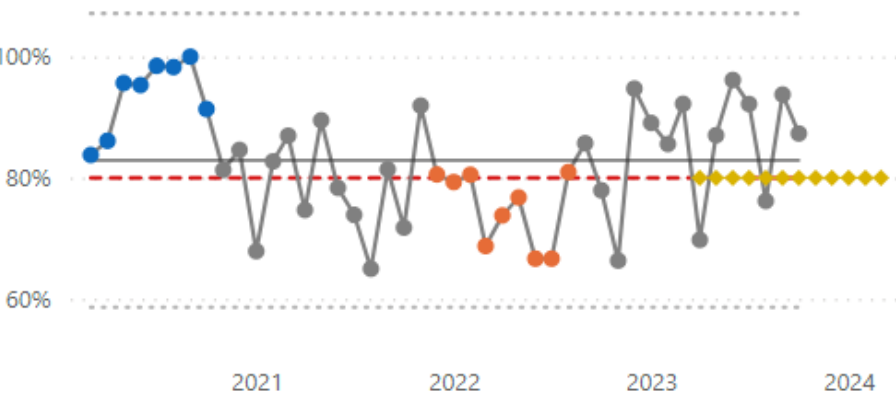
Patients with a delayed discharge increased during November, with Carmarthenshire Local Authority having the greatest proportion. The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas. There were 14 mental health patients and 213 non mental health.

Key challenges / issues	Key actions / initiatives	Due date
Non-mental health: <ul style="list-style-type: none">Increased complexity of patient need; the trusted assessor can support low level discharges however specialist social workers are required for the complex needsWorkforce challenges in Health and Social Care sector, workforce capacity e.g. enablementFinancial pressures on public sector servicesMarket instability in the independent sector; including nursing / EMI / residential homes and Domiciliary CareInability to meet need at different points of pathways (from prevention through to crisis)Reduce by 60% 'Assessment delays' as a reason for a pathway of care delay in each Local Authority Area (August 2023 baseline) by the end of December 202	<ul style="list-style-type: none">The Health Board has established a task and finish group for Discharge and Transfer of Care Procedures / Policy in support of reluctant discharges, patient, family choice related issues.Trusted Assessor workstreams are established across the health board.Regional Joint Community Equipment Store Review is taking place and reporting through the IEG.Continue to work collaboratively with Local Authority colleagues to enable flow and safe patient transfer. Exploring models of alternative care provision	<div>Draft policy by 31/12/23</div> <div>Ongoing</div> <div>Ongoing</div> <div>Ongoing</div>
Mental health: <ul style="list-style-type: none">14 is a deteriorating position and the increase relates to patients in our older adult beds who require Elderly Mentally Ill (EMI) residential or care provision. Older Adults Mental Health (OAMH) tend to have the most complex patients with care homes more likely to prioritise people with less complex needs.Local Authority domiciliary care packages remain challenged across the region.The other challenge is the shared in-patient pathway with Learning Disabilities and the specialised placements required for a number of complex individuals awaiting transition.	<ul style="list-style-type: none">Head of Commissioning has questioned the process whereby all OAMH EMI Specialist placement requests are routinely passed to all types of Nursing Homes before funding for the higher cost specialist placement are considered.Due to current increase and processes beyond our control to revise reduction to 12.5%Target date reliant on Local Authority and Legal Team processes	<div>December 2023</div>

Key

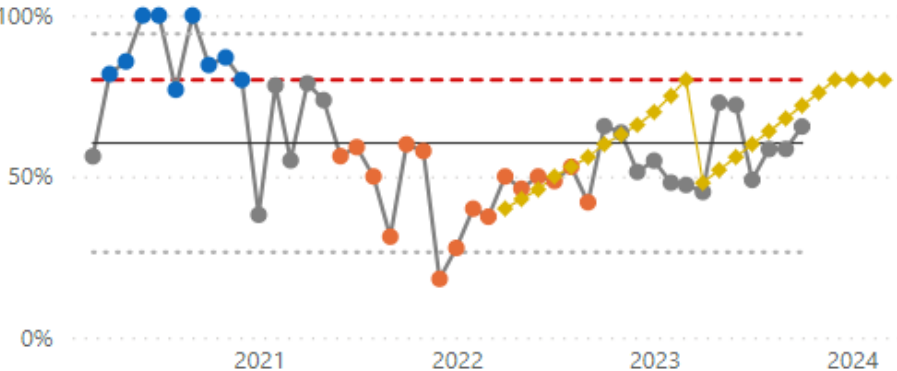
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% patients waiting <28 days for a first CAMHS appointment



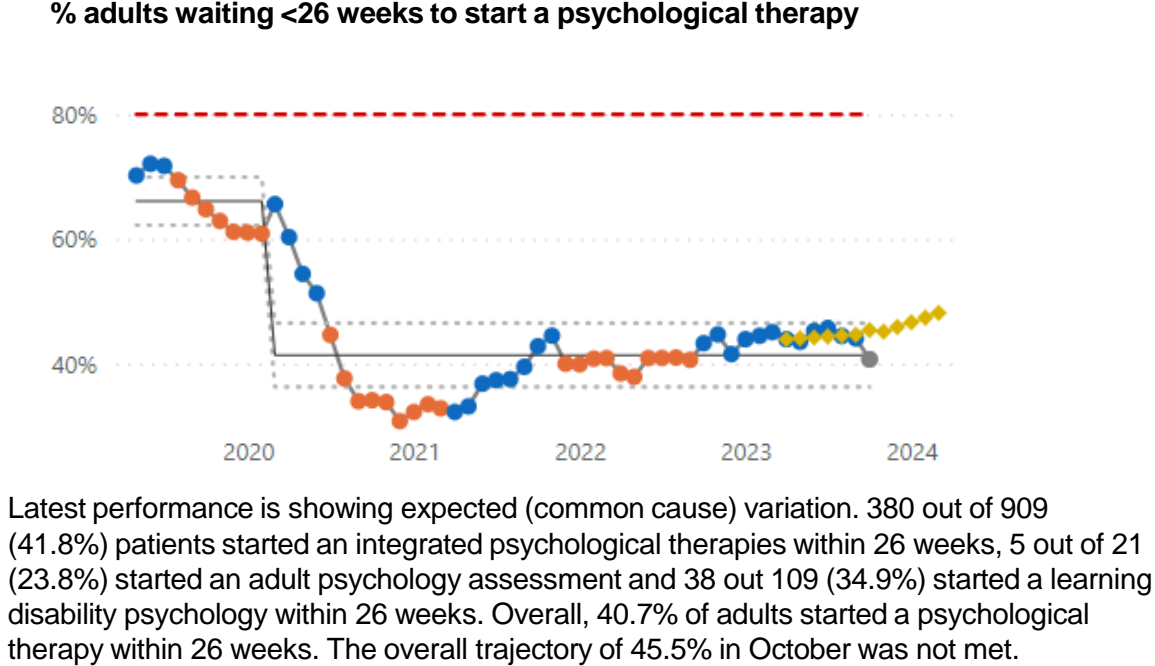
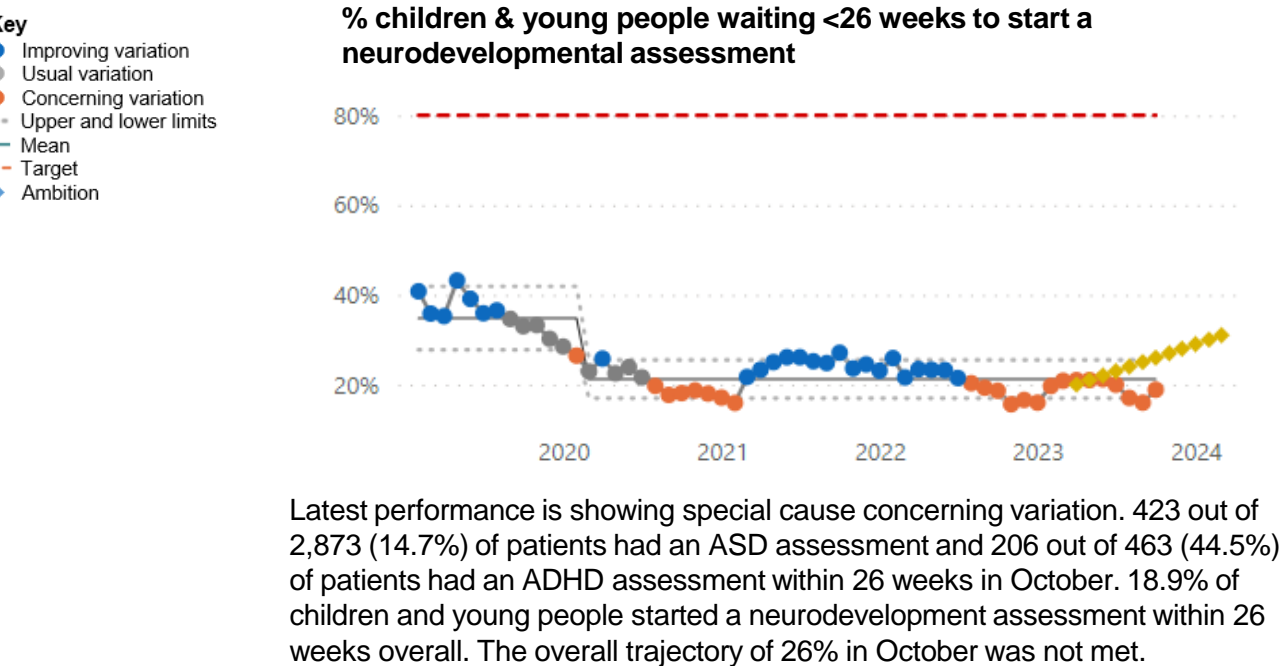
Latest performance is showing expected (common cause) variation. 62 out of 71 (87.3%) young people had their first CAMHS appointment within 28 days. The overall trajectory of 80% in October was exceeded.

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

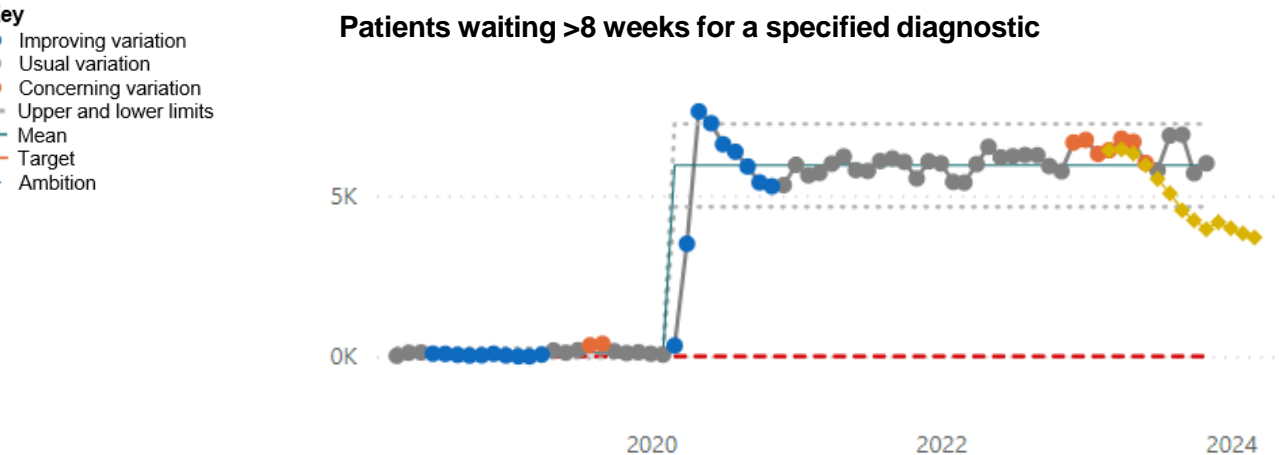


Latest performance is showing expected (common cause) variation. 36 out of 55 (65.5%) young people started therapeutic interventions within 28 days following LPMHSS assessment. The trajectory of 80% in October was not met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% patients waiting <28 days for a first CAMHS appointment:</p> <ul style="list-style-type: none">Workforce pressures in respect of recruitment into vacancies and onboardingImpact of annual leave and staff absenceThe estates position and RAAC have resulted in reduced clinical spaceReferrals are risk assessed on receipt to highlight urgency	<p>% patients waiting <28 days for a first CAMHS appointment:</p> <ul style="list-style-type: none">Process mapping of current systems and pathways is complete to improve efficiency and reduce time to assessmentAdditional clinical space being sourced for assessment clinicsMeetings continue with a variety of digital platform providers to identify alternative ways of tackling waiting lists	Mar '24
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):</p> <ul style="list-style-type: none">An improvement in capacity due to new staff coming into role and completing induction, however, 2 WTE registered posts remain vacant, with 3 candidates now shortlisted for interviewOur intervention backlog has been eliminated in Pembrokeshire and Ceredigion with our only waiting list being in Carmarthenshire. Patients have been reluctant to take up online group work and online individual work, and vastly favour one-to-one appointments resulting in longer caseloads.	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons age 0-17):</p> <ul style="list-style-type: none">Will be making SilverCloud, an online therapy platform, available as a referral option post-assessment as soon as the memorandum of understanding is completeWe piloted gov.uk notify for assessments which significantly reduced did-not-attends and are now being rolled out for first intervention appointmentsA recruitment campaign is currently underway and we are exploring the recruitment of Advanced Nurse Practitioners to replace medical workforceKooth, online counselling service, has now become universal and therefore it can be accessed without a SCAMHS referral	Mar '24



Key challenges / issues	Key actions / initiatives	Due date
<div>Neurodevelopmental assessments:</div> <ul style="list-style-type: none">ADHD - an upward trend in referral rate is impacting on demand and capacity in addition to challenges in recruitment. Consultant vacancies in October are now recruited but there continues to be specialist doctor vacancies with interviews planned for January.Autism Spectrum Disorder (ASD) - a year on year increase in demand for assessment from an average of 20 referrals per month in 2016 to 120 in 2023 is affecting output. Resources to tackle waiting lists are diverted by requirements to fulfil Neurodivergence Improvement Programme stipulations of pre and post diagnostic support. <div>Psychological therapies:</div> <ul style="list-style-type: none">Integrated Therapies - demand continues to outweigh capacity leading to a focus on group therapiesAdult Psychology - recruitment still challenging and impacted on by additional scrutiny, however, is now progressingLearning disabilities - 3 behaviour practitioners and 2 assistant psychology posts began in November, however, capacity issues are still managed on the risk register.	<div>Neurodevelopmental assessments:</div> <ul style="list-style-type: none">ADHD - recruited an ADHD nurse to carry out clinics and reviews of newly diagnosed patients in line with NICE guidance, an initiative by Community Paediatric consultants to review 17 year olds currently on the waiting list.ASD - 379 diagnostic assessments have been outsourced to two providers, an action plan in response to an independent review of neurodevelopment services for children and young people in Wales to explore pathways between ADHD and ASD services is in development. All options being explored to recruit hard-to-fill clinical posts. <div>Psychological therapies:</div> <ul style="list-style-type: none">Integrated Therapies - 532 letters have been sent to offer a group therapy invitation and is pending responses and booking of groups. We are procuring eye movement desensitisation and reprocessing therapy and location management of the waiting list.Adult Psychology - consolidation of a single waiting list and refined criteria for referralsLearning disabilities psychology - a waiting list review has been undertaken with letters in easy read being developed to keep patients up to date	<div>Mar '24</div> <div>Mar '24</div>



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	November 2023	6,001	●	□	◆
Radiology		2,793	●	□	◆
Endoscopy		1,789	●	□	◆
Cardiology		998	●	□	◆
Neurophysiology		395	●	□	◆
Imaging		20	●	□	n/a
Phys measure		6	●	□	◆

Performance in November 2023 (6,001) is over 2,000 above the trajectory (3,951). Breaches have consistently been between 5,000 and 7,000 since July 2020. No services met their trajectory in November 2023. Between October 2023 and November 2023, Radiology saw an increase of 566 more breaches while Cardiology saw a reduction of 231 less breaches.

Key challenges / issues

- Endoscopy:**
- Constraints within surgeon job plans limiting ability to uplift core endoscopy sessions.
 - Recruitment of endoscopy nurses & an up-to-date review of establishment requirements to enable full utilisation of all available sessions.
- Radiology:**
- Increased number of requests received in October (1,169) which has had a knock-on effect on November's performance.
 - Reduction of unfunded weekend lists in MRI due to overspend position of directorate.
 - Demand for MRI and ultrasound scans exceeding capacity.
- Cardiology:**
- Constraints in Cardiologist capacity is limiting the 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 poses a particular challenge for November and December performance.

Key actions / initiatives

- Endoscopy:**
- Implement funded recovery plan of 5 additional lists per week up until the end of March 2024.
 - Focus booking to continue to maximise utilisation of all lists & continued review of consultant job plans to maximise the number of core endoscopy sessions.
- Radiology:**
- Awaiting funding approval to insource ultrasound service and staffed MRI mobile with funded reporting to clear backlogs prior to the end of the financial year. This does not include any additional work from other services which has been funded by Waiting List Initiatives which could worsen the Radiology waits further e.g. Endoscopy (above)
 - Workforce planning with associated capacity and demand work has started.
- Cardiology:**
- Secure 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 Q3/Q4 to streamline and achieve optimal efficiencies in Ambulatory Monitoring across all 4 diagnostic sites.

Due date

Mar '24

Feb '24

Pre
31/03/24

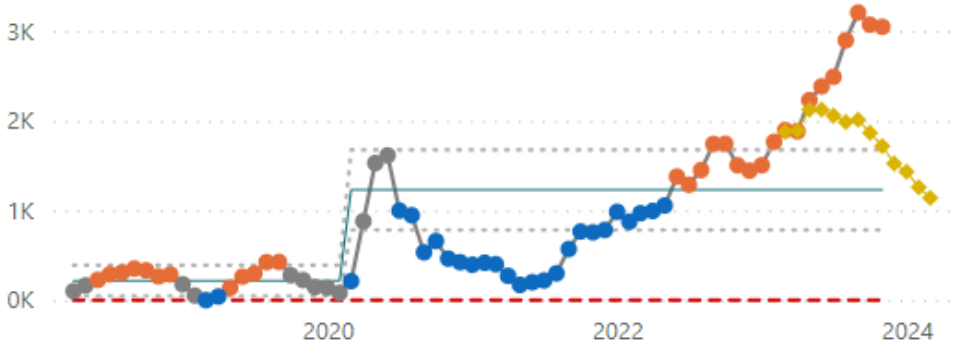
Jan '24

Jan '24

Key

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

Patients waiting >14 weeks for a specified therapy



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	November 2023	3,046	Concerning	Assurance	Concerning
Dietetics		1,015	Concerning	Assurance	Concerning
Physiotherapy		689	Concerning	Assurance	Improving
Audiology		583	Concerning	Assurance	Concerning
OT		395	Concerning	Assurance	Concerning
Podiatry		294	Usual	Assurance	Concerning
Art therapy		46	Concerning	Assurance	Improving
SALT		24	n/a	n/a	Concerning

Performance in November 2023 (3,046) is over 1,300 above the trajectory (1,718). Breaches have decreased slightly in the last 2 months following a prior gradual increase between December 2022 and September 2023 where breaches more than doubled. Only Physiotherapy and Art Therapy met their trajectory in November 2023. Between October 2023 and November 2023, Dietetics saw an increase of 163 more breaches while Physiotherapy saw a reduction of 126 less breaches. Dietetics breaches continue to grow and are now the highest level recorded.

Key challenges / issues

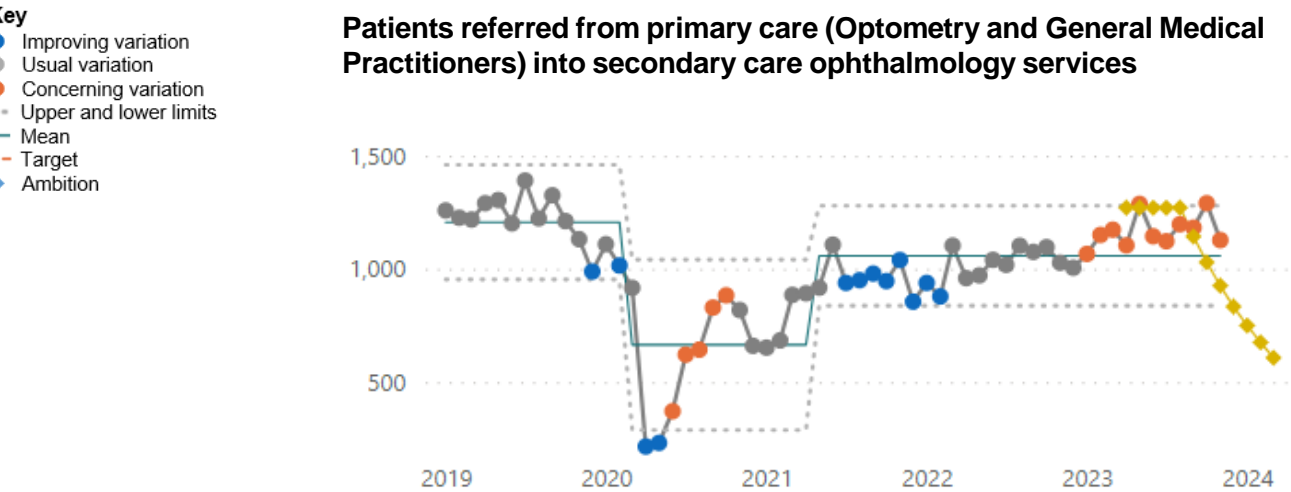
- Physiotherapy:**
- 1 - Baseline staffing is insufficient to meet demand.
 - 2 - Accommodation issues for community services significantly impacts service efficiency
- Audiology:**
- 1 - There continues to be an increase in the referral rate for new patients into Audiology (10% from this time last year).
 - 2 - Although fully staffed, we do not have enough room or staffing capacity to meet the current demand.
- Dietetics:**
- 1 - Majority of breaches remain for MDT Weight Management Service (WMS), awaiting information support to set up as stand-alone service with own reporting.
 - 2 - New treatment availability continues to increase demand for WMS at time of vacancies, maternity leave and sick leave impacting on capacity.

Key actions / initiatives

- Physiotherapy:**
- 1 - Accommodation review with estates property team underway to source community base within Pembrokeshire. Target completion date Jan 2024.
 - 2 - Pilot of admin led new patient digital booking process in community services utilising Microsoft Outlook to improve service efficiency.
- Audiology:**
- 1 - Staff continue to do overtime clinics at help address the waiting list.
 - 2 - The service is working on reducing the list of those patients waiting for the hearing aid fitting component of this pathway.
- Dietetics:**
- 1 - Working with information to set up by end of March 2024
 - 2 - Developing digital solution (Power App) to reduce clinical time lost to admin; operational by April 2024. Self-referral introduced which has slowed increase in referrals (yet to impact on WT), Proposal for group starts for medication developed awaiting approval. Group interventions developed, trialled and being implemented to support greatest demand. Staffing back to establishment early Dec 23.

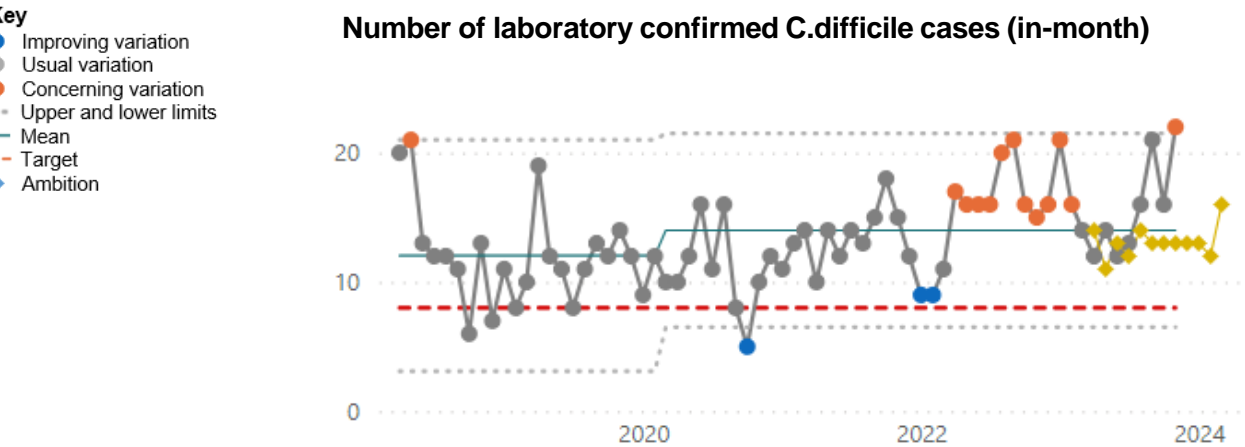
Due date

- Jan 2024
- Feb 2024
- March 2024
- 26/32

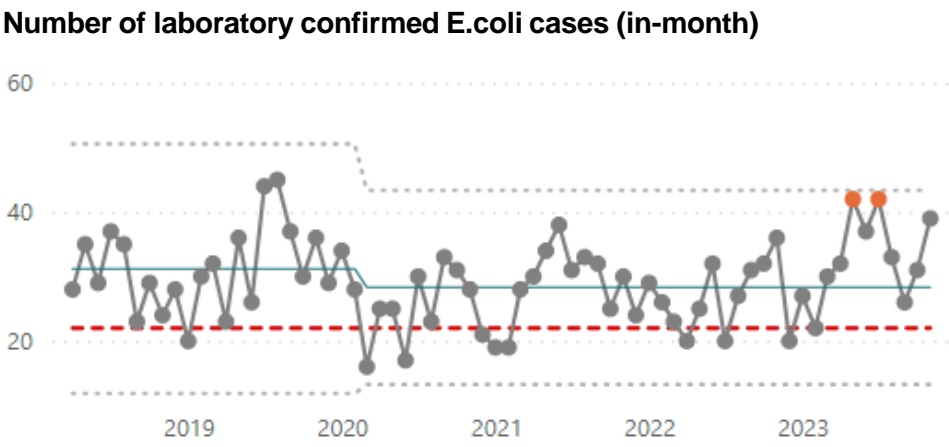


In the last 12 months, the lowest number of referrals were in December 2022 (1,005) with the latest position having the one of the highest in-month referral counts. The trajectory has not been met for 3 consecutive months.

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. 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>Ongoing</p>

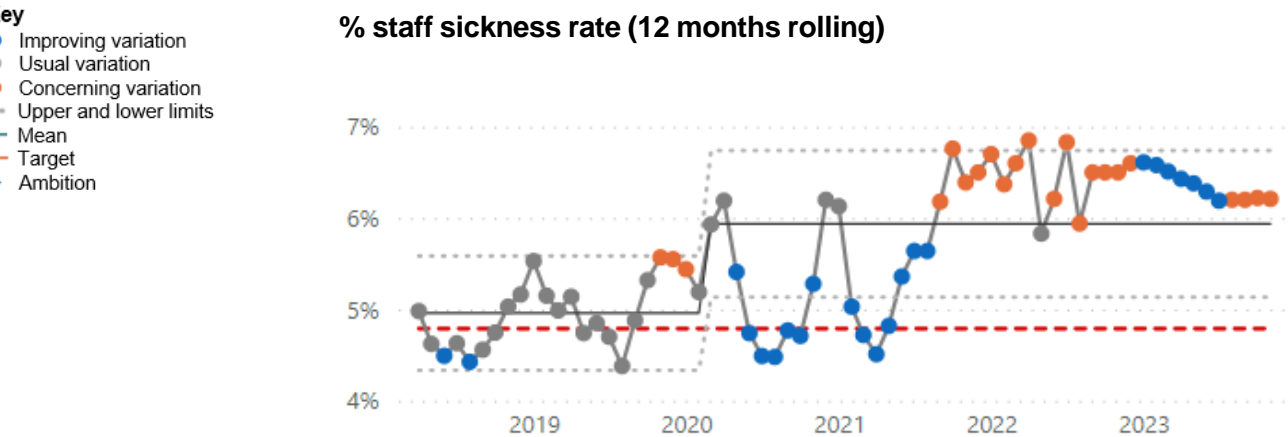


Case numbers increased in November and the chart is showing a concerning trend. The trajectory of 13 was not met. The cumulative rate 48.5 per 100,000 population has been increasing since April 2023.



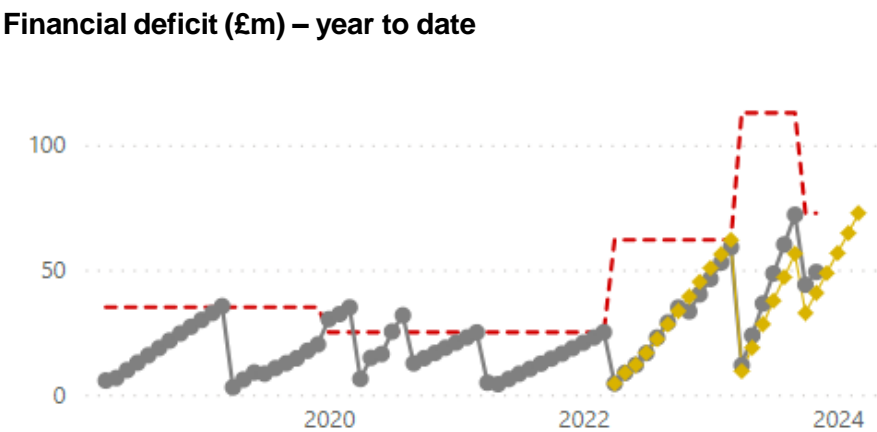
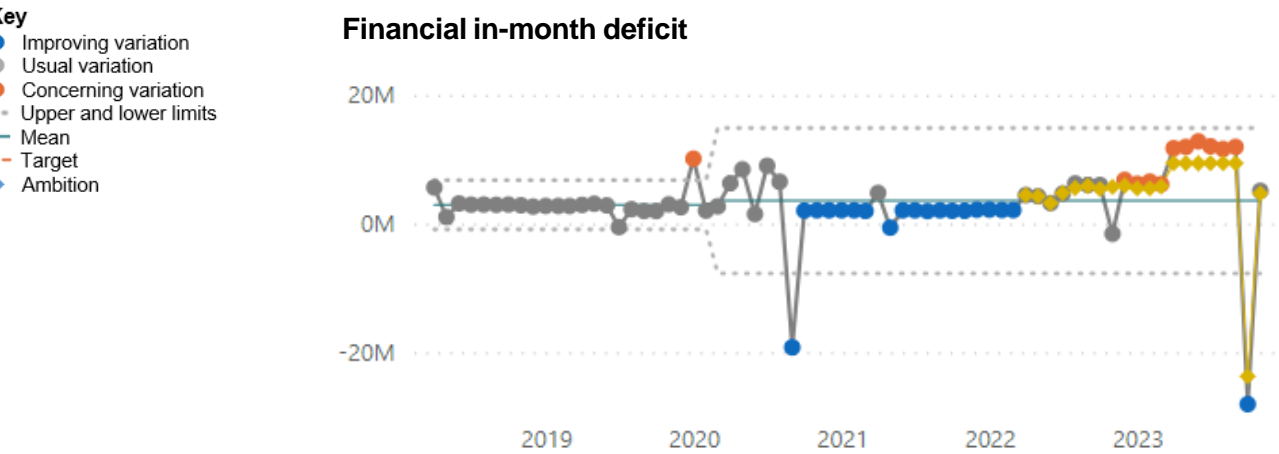
Case numbers increased in November however the chart is showing expected (common cause) variation. The cumulative rate 108.5 per 100,000 population is over expected levels.

Key challenges / issues	Key actions / initiatives	Due date
<p>C.difficile</p> <ul style="list-style-type: none">The C.difficile Strategic Plan for Wales recognises the growth in Clostridioides difficile infection (CDI) cases within our communities and Primary Care and the increasing necessity to concentrate efforts outside of Secondary Care. We are currently 5th out of 6 health boards within Wales (historically we have been consistently 6th) – indicating improvements. Environmental and rural factors are potentially confounding factors and these areas (including water) are being explored by PHW. <p>E.coli</p> <ul style="list-style-type: none">Continual battle with the community burden for this year to date at 85% (higher than the national average of 78%).	<p>C.difficile</p> <ul style="list-style-type: none">The HB HCAI Improvement Plan aligns with the national Strategic Plan in identifying the need to combine IP&C energies in both sectors to drive improvement. While the historic focus has been primarily on reduction of healthcare acquired infection, we now need to focus attention on a reduction strategy within the community setting, including household infection prevention practice. <p>E.coli</p> <ul style="list-style-type: none">We are currently working with the Public Health Wales Team within HDUHB to provide a wider public messaging campaign through health promotion using media of varying forms, including utilising technology such as QR codes on promotional leaflets and local media. Utilising extra workforce potential from the vaccination teams as their workload decreases to aid health promotion is part of the wider plan. Domiciliary carers now attend our IP&C mandatory training sessions which will prove beneficial in 'Every Moment Counts' messaging.	<p>Current agreed 20% reduction target is not currently being met however the aim is to ensure this is achieved by end of FY 24.</p> <p>Unlikely to be met</p>



Although the data is showing concerning variation, the rolling 12-month performance of 6.21% in November 2023 is slightly better than the same period last year (6.5% November 2022). The in-month performance of 6.51% is also slightly better than the same period the previous year (6.68%) and falls within the expected parameters of 5.1% and 6.7%.

Key challenges / issues	Key actions / initiatives	Due date
In the rolling 12-month period we have seen fluctuating absence levels at around 6% and anticipate that this may peak again this winter. HDUHB performance remains consistently lower than the majority of the other health boards in Wales.	Provision of ongoing advice and support for managers in the management of short term and long-term absences.	Ongoing
	Undertaking sickness audits on request by managers which provides a deep dive into trends and areas for improvement	Ongoing
	Development of sickness absence action plan as part of our overall work into kinder people processes.	31/3/24
		29/32



Key challenges / issues

The Month 8 Health Board financial position is a overspend of £5.1m, which is made up of a £0.4m deterioration against the planned deficit; The EoY planned deficit remains unchanged at £72.7m. Within the month a further £0.6m savings schemes have been identified which brings the annual total to £19.5m, the same as the original planned requirement before the additional £11.3m target control total was issued.

There is insufficient assurance that the revenue risk for the in-year position can be recovered to the target control total. The scale of mitigations are very unlikely to be achieved in-year and the reported position remains in excess of the target control total. Scenario options and service level control totals have been implemented but there remains insufficient assurance over delivery at pace and scale. Actions are ongoing to seek further improvement and assessments are being reviewed weekly as part of the Executive led Core Delivery Group.

Key actions / initiatives

- In month, there were several positive actions which identified further recurrent and non-recurrent savings of £0.6m, resulting in the original £19.5m savings plan being identified.
- The Executive Team have agreed and cascaded a directorate level control total to target improvements for the additional £11.3m savings requirement. During the month £1.9m opportunities have been identified against the target, although this is positive, no assurance can be taken at this time for robust delivery plans being in place.
- Nurse stabilisation schemes, supported with national and international recruitment, have curtailed agency costs being incurred, allowing for significant increases in fill rates to provide more consistent and appropriate care.
- Further work is ongoing with the increased cost of supporting junior doctors and wider medical absences that continue to impact.
- The choices available for the key drivers of the deficit, coupled with other choices and opportunities, are regularly discussed across key governance forums, including the Executive Team, Core Delivery Group (CDG) and Board.

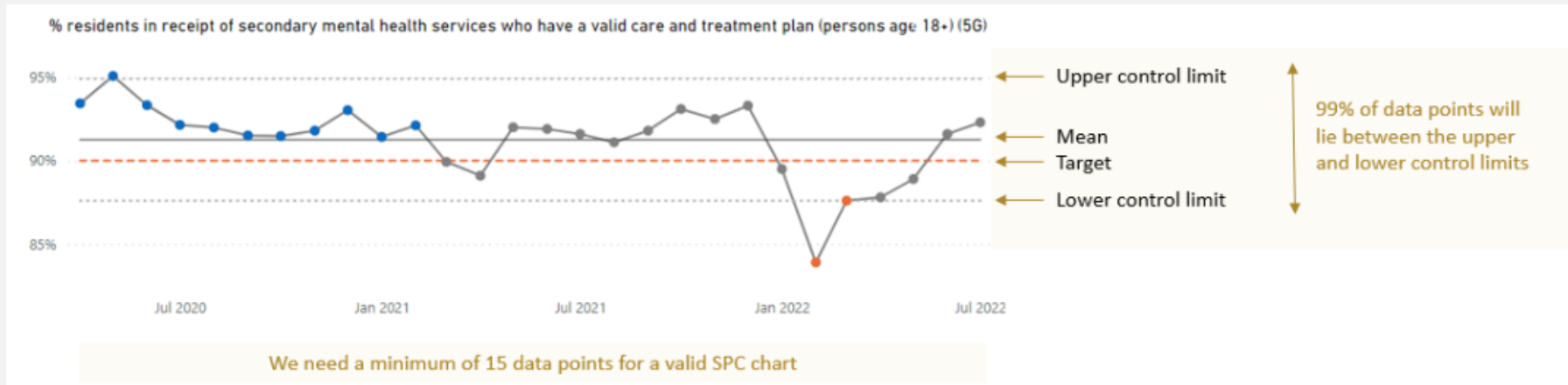
Due date

31/3/24

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.

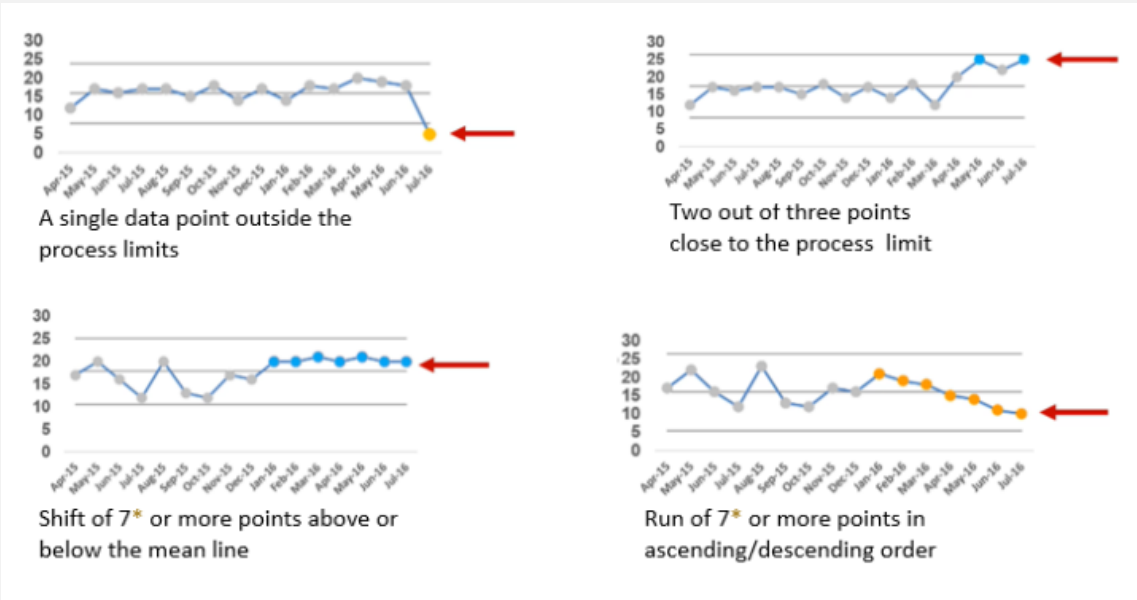
Anatomy of a SPC chart



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		