



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 April 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 12 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 12, 2023/24 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The Strategic Development and Operational Delivery Committee (SDODC) is asked to note the report.

The IPAR consists of two parts:

- A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st March 2024](#). Ahead of the committee meeting, the dashboard will also be made available via our [internet site](#).
- A summary document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 31 March 2024' is also provided (Appendix 1). This document summarises performance, issues and actions for our key improvement measures for 2023/24.

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

The IPAR dashboard summarises the quantitative measures from the 2023/24 NHS Performance Framework (see background section below for further details). The framework also includes qualitative templates that Health Boards are required to complete. The following updates were submitted to Welsh Government in April 2024:

1. Progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement pathway.
2. Progress to develop a whole school approach to Child and Adolescent Mental Health Services (CAMHS) inreach services.
3. Progress to improve dementia care (providing evidence of training and development in line with Good Work – Dementia and Learning Development Framework) and increasing access to timely diagnosis.
4. Progress against the priority areas to improve the lives of people with learning disabilities.
5. Evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes.
6. The Health Board's plan to deliver the NHS Wales Weight Management pathway.

7. Implementation of Help Me Quit in Hospital smoking cessation service and progress to reduce smoking during pregnancy.
8. Progress against the organisation's prioritised Strategic Equality Plan's equality objectives.
9. Progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan.

The qualitative report updates can be accessed via our [internet site](#).

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

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

Cefndir / Background

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

In February 2024, Welsh Government published the Performance Framework for 2024/25. The Performance Team are currently reviewing the new framework and will be updating the measures in the Month 1 2024/25 IPAR accordingly.

The 2024/25 NHS Wales Performance Framework is available:

- Cymraeg: <https://www.llyw.cymru/fframwaith-perfformiad-gig-cymru-2024-i-2025>
- English: <https://www.gov.wales/nhs-wales-performance-framework-2024-2025-0>

Asesiad / Assessment

Our performance in March 2024 was impacted by industrial action, patient flow issues, staff shortages and demand exceeding our capacity to see and treat patients.



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 31st March 2024](#)'.

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

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits 36 weeks or more: new outpatient appointment	Mar 2024	0	11,464			
Planned care	Waits over 52 weeks: new outpatient appointment	Mar 2024	0	3,479			
Planned care	Follow-up appts - delayed > 100%	Mar 2024	0	15,829			
Planned care	Patients waiting over 52 weeks RTT	Mar 2024	0	14,274			
Planned care	Patients waiting 104 weeks+ RTT	Mar 2024	0	1,458			
Emergency care	% Ambulance red call responses < 8 mins	Mar 2024	65%	45.3%			N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Mar 2024	0	1,192			
Emergency care	Ambulance handover > 4 hours Hywel Dda	Mar 2024	0	484			
Emergency care	% patients spending < 4 hours in A&E/MIU Hywel Dda	Mar 2024	95%	65.1%			N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Mar 2024	0	1,655			
Emergency care	Number of Pathways of Care delayed discharges	Mar 2024	n/a	220		N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Feb 2024	75%	47%			
Mental health	% pt waits < 28 days 1st CAMHS appt	Feb 2024	80%	93.4%			
Mental health	% adult psychological therapy waits < 26 weeks	Feb 2024	80%	53.6%			
Mental health	% child neurodevelopment assess waits < 26 weeks	Feb 2024	80%	16.8%			
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Mar 2024	0	3,699			
Therapies	Pts waiting 14 wks+ for specified therapy	Mar 2024	0	3,863			
Primary & Community Care	Referrals from primary care into secondary care	Mar 2024	n/a	1,028		N/a	
Quality	Ophthalmology services						
Quality	C. difficile: Number of confirmed cases (in-month)	Mar 2024	8	13			
Quality	E.coli: Number of confirmed cases (in-month)	Mar 2024	22	21			
Workforce	% sickness absence rate of staff	Mar 2024	4.79%	6.31%			N/a
Finance	Financial in month deficit	Mar 2024	n/a	£3,636,000		N/a	

For further details on all of the performance measures we are monitoring, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st March 2024.](#)

Triangulating our data: March 2024

- **Quality safety and risk:** There was a very high number of patient falls reported in March 2024 and our risk register has high numbers of high and extreme risks. However, there were lower numbers of new health care acquired infections and reduced C.Difficile cases this month.
- **Workforce:** Bank usage was very high in March 2024, nursing and midwifery agency use has been rising since its lowest point in December 2023, this may have been influenced by rising staff turnover and vacancies.
- **Finance:** Our agency spend has decreased this month, with an increase in bank spend.
- **Performance:** Ambulance handover delays and Emergency Department waits are continuing to remain high. Planned Care performance measures are all improving and diagnostic waits over eight weeks have reduced again. However, therapy waits over 14 weeks continue to rise and the Single Cancer pathway performance remains under trajectory. Improvements seen in Adult Psychological Therapy waits and Children's Neurodevelopmental waits for Attention Deficit Hyperactivity Disorder.

Finance

Annual budget £1,171,606,732 Year to date balance £64,788,996 overspend End of year forecast £65,815,000 overspend

Quality, safety and risk	Best	Worst	Latest	Trend	More info
Reported incidents causing moderate harm or above	146	300	180		
Patient falls	184	277	277		
Medication errors	66	143	97		
Pressure damage developing or worsening during care	100	169	107		
New complaints by month received (ward level not available)	112	208	165		
Number of high and extreme risks (health board & directorate only)	401	516	511		
Infections: new cases	53	84	64		
Infections: C. difficile cases	12	22	12		
Workforce					
Number of staff/contractor related incidents	35	75	35		
Sickness - short term	1.7%	3.6%	2.6%		
Sickness - long term	3.3%	4.6%	3.7%		
Number of vacancies	To follow				
Staff turnover (12 month rolling)	7.3%	9.8%	7.7%		
Nursing and midwifery vacancies	To follow				
Nursing and midwifery agency (WTE)	212.59	379.79	254.41		
Bank (WTE)	212.99	347.46	347.46		
Financial recovery					
Agency spend	£1,573,725	£3,491,731	£1,921,138		
Bank spend	£389,032	£1,628,320	£1,290,636		
Performance - UEC (health board and site only)					
Ambulance handover > 4 hours	192	518	484		
Ambulance handovers > 1 hour	854	1,245	1,192		
A&E/MIU attendances	12,293	16,032	14,801		
A&E/MIU waits under 4 hours	70.9%	64.9%	65.1%		
A&E/MIU waits over 12 hours	1,144	1,680	1,655		
Delayed pathways of care (health board only)	190	295	220		
Performance - Planned care and cancer (health board only)					
New outpatient waits over 52 weeks	2551	14,168	3,479		
RTT: patients waiting over 104 weeks	1458	8,563	1,458		
Single cancer pathway patients starting treatment within 62 days	56.0%	38.0%	47.0%		
Performance - Diagnostics and therapies (health board only)					
Radiology diagnostic waits over 8 weeks	1533	4,402	1,693		
Physiotherapy waits over 14 weeks	278	1,111	769		
Occupational therapy waits over 14 weeks	393	611	443		
Podiatry waits over 14 weeks	93	421	259		
Performance - Mental health (health board only)					
Mental health assessments within 28 days (0-17 years)	93.8%	4.7%	92.0%		
% neurodevelopmental assessments within 26 weeks	23.4%	14.8%	16.8%		
% psychological therapy waits within 26 weeks	53.6%	37.9%	53.6%		

Other key things to flag

Spotlight on Single Cancer Pathway Performance: During the last 12-month period, Single Cancer pathway referrals have increased by 12% and we have treated 9% more patients than the previous 12 months. This has impacted on our ability to reduce the backlog of patients waiting over 62 days (22 less in March 2024 than March 2023). The biggest backlog reductions have been seen for the Lower Gastrointestinal (LGI) and Breast tumour sites. However, Urology, Head and Neck, Unknown Primary and Sarcoma all reported an increase in backlog breaches. There was a decline in performance for the percentage of patients treated within 62 days and the ambition of 69% compliance in February 2024 was not met. Planned actions include reducing waits for diagnostic procedures and reviewing capacity. See Appendix A below for further details.

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

- **Neurophysiology:** Breaches in March 2024 continued to reduce to 339 from a high of 634 in December 2023. Work continues to maximise capacity including calling patients to ensure attendance and installation of new equipment to prevent services being reduced or delayed. The use of e-referrals is being reviewed to further streamline referrals from Primary Care. Additionally, tighter controls have been implemented to monitor waiting lists and longest waiting patients.
- **Colonoscopy:** In December 2023, 21.2% of patients were offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment (target 90%). Further improvements are expected from January 2024 with an additional screening Endoscopist trained and qualified in December 2023, offering an uplift in capacity of one list per week. Additionally, plans are in place to on-board one further screening Colonoscopist in June 2024. As an interim solution, the service is operating two additional lists per month to make-up for lost core activity due to annual leave and sickness.
- **Therapies:** There have been a series of workshops and engagement events with key stakeholders from Therapies, Risk and Assurance, Informatics, Performance and Workforce from across the Health Board. This discovery exercise has informed an overarching therapy integrated improvement plan to improve:
 1. Oversight of performance.
 2. Oversight of clinical risk profile and mitigations.
 3. Clinical risk profile and mitigations.
 4. Oversight of demand and capacity.
 5. Oversight of quality, safety and experience.

The Therapy Integrated Improvement plan will enable progression of this improvement work, including smart actions, resource requirements and estimated timescales.

- **Occupational Therapy:** Breaches within Children's Services account for 324 of the 443 Occupational Therapy breaches in March 2024. A Band 6 occupational therapist left the service in February. This post has now been recruited into but has left reduced capacity from mid-February until the end of March. There has been some staff sickness. The Waiting List Support Service (WLSS) have started telephoning families to offer information and signposting whilst they are waiting for Paediatric Occupational Therapy services. Performance and actions for improvement are being reported and reviewed weekly via the Therapies Performance Steering Group. An external company are providing occupational therapy assessment and intervention for ten young people on the waiting list over the next two months.
- **Ophthalmology:** Our target is to see 95% of high risk (R1) Ophthalmology patients within the nationally agreed timeframe*. 917 out of 1,450 (63.2%) of our R1 patients attended appointments within the nationally agreed timeframe in February 2024 and concerning variation is showing.
Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date
- **Percentage of patients aged 60+ with a hip fracture receiving orthogeriatrician assessments within 72 hours:** Decline to 56% in March, affected by lower performance in Glangwilli and Wilybush acute hospital sites. Both sites experienced reduced clinical activity due to annual leave and other commitments.
- **Workforce:** Nurses and midwifery staff in-post: We had 3,177 nursing and midwifery staff in post in March 2024, which continues to exceed our improvement trajectory. This is attributable to graduate recruitment of newly qualified nurses, overseas nursing recruitment and the addition of registered nurses through the 'Grow Your Own' workforce programme.

- **Coding errors corrected:** Increased the baseline compliance of 29.3% in August 2023 to 98.5% in January 2024, exceeding 90% target. Sustained improvement as a result of collaborative working between Clinical Coding team and Digital Health Care Wales to resolve data export issues.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to **NOTE** the report from the IPAR – Month 12 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, Welsh Government (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 Termiau: 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

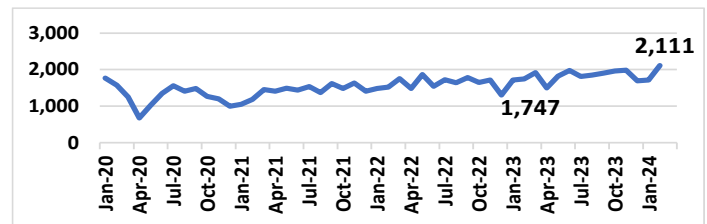
Enw Da: Reputational:	<p>A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may have a knock-on impact onto recruitment and staff morale.</p>
Gyfrinachedd: Privacy:	<p>Not applicable</p>
Cydraddoldeb: Equality:	<p>Not applicable</p>

Appendix A - Spotlight on single cancer pathway performance

Referrals

Single cancer pathway referrals have increased by 12%, with on average an additional 194 referrals seen each month in March 2023 to February 2024, compared to the previous 12-month period.

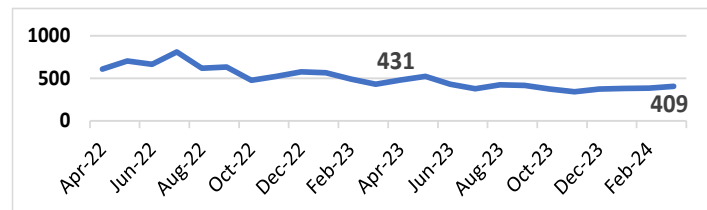
	Total referrals	Monthly average
Mar 2022 – Feb 2023	19,919	1,660
Mar 2023 – Feb 2024	22,252	1,854
Change	↑ 2,333	↑ 194



Backlog

The number of single cancer pathway patients waiting over 62 days has marginally improved during the last 12 months.

	Backlog	Ambition
Mar 2023	431	
Mar 2024	409	236
Change	↓ 22	



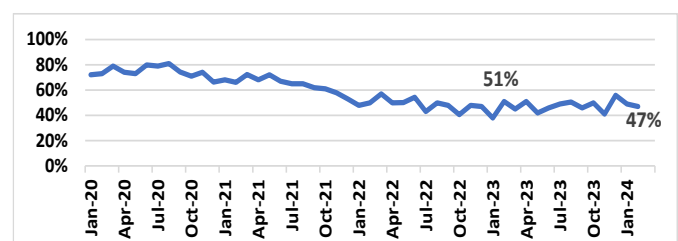
The biggest backlog reductions have been seen for the LGI and Breast tumour sites. However, Urology, Head and Neck, Unknown Primary (UKP) and Sarcoma all reported an increase in backlog breaches.

Tumour site	Baseline March 2023	March 2024	Difference	Progress	% of March 2024 backlog
Urology	170	180	10	↑	44%
Lower GI	103	71	-32	↓	17%
Lung	56	49	-7	↓	12%
Gynae	31	34	3	↓	8%
Upper GI	21	18	-3	↓	4%
Head & neck	4	18	14	↑	4%
Skin (excl. BCC)	16	16	0	↔	4%
Haematological	8	8	0	↔	2%
UKP	3	5	2	↑	1%
Sarcoma	2	4	2	↑	1%
Breast	13	3	-10	↓	1%
Other	4	3	-1	↓	1%
Brain CNS	0	0	0	↔	0%

Single Cancer Pathway Compliance (first treatment within 62 days)

In the 12-month period March 2023 to February 2024, 130 (9%) more patients were treated on the Single Cancer pathway than in the previous 12-month period. However, there was a decline in performance for the percentage of patients treated within 62 days and the ambition of 69% compliance in February 2024 was not met.

	Number treated	% treated within 62 days	Ambition
Mar 2022 – Feb 2023	1,404	51%	
Mar 2023 – Feb 2024	1,534	47%	69%
Change	↑ 130	↓ 4%	



Planned actions

Diagnostics

- Urology and Lower Gastrointestinal (LGI) are the two tumour sites with the highest number of patients waiting in excess of 28 days for a diagnostic procedure. A 3-month plan is in development to be delivered in Quarter 1 2024/25 to ensure no patient is waiting in excess of 28 days for a diagnostics procedure and to reduce the overall waiting list for Urology and LGI patients waiting for a diagnostic procedure. These steps will have a positive impact on overall performance for the Single Cancer pathway.
- There is currently a backlog and short fall in providing diagnostic procedure for Gynaecology patients which is having an impact on patients commencing treatment. A plan will be developed in Quarter 1 2024/25 to re-establish the one stop Gynaecology pathway and will be implemented in Quarter 1 2024/25.

Workforce

- Workforce challenges in the Breast pathway at Withybush Hospital have increased the waiting time for patients who require triple assessment and therefore, have increased a number of patients waiting in excess of 14 days for first out-patient appointment and over 28 days for a diagnostic procedure. To mitigate the risk and reduce the waiting time, the Health Board will simplify the pathway at Prince Philip and Bronglais Hospitals during Quarters 1 and 2 2024/24. There are plans in development to re-establish the Breast pathway at Withybush Hospital by Quarter 3 2024/25.
- During Quarter 4 2023/24, there was a significant reduction of patients waiting in excess of 14 days for first outpatient appointment within the Skin pathway, causing the volume of patients waiting for treatment to increase. To mitigate the risk of the increased waits to impact on performance there are plans to increase treatment capacity during Quarter 1 2024/25 to reduce the volumes of patients awaiting surgery to a sustainable level.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st March 2024

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



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

For data on all performance measures we are tracking, see our IPAR dashboard:
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Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
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Cancer	% pts on single cancer pathway within 62 days	Feb 2024	75%	47%	●	□	◆
Mental health	% pt waits <28 days 1st CAMHS appt	Feb 2024	80%	93.4%	●	□	◆
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Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Mar 2024	0	3,699	●	□	◆
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Primary & Community Care	Referrals from primary care into secondary care	Mar 2024	n/a	1,028	●	N/a	◆
Quality	Ophthalmology services						
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Quality	E.coli: Number of confirmed cases (in-month)	Mar 2024	22	21	●	□	◆
Workforce	% sickness absence rate of staff	Mar 2024	4.79%	6.31%	●	□	N/a
Finance	Financial in month deficit	Mar 2024	n/a	£3,636,000	●	N/a	◆

* Trajectory being developed

Key

Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target

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

Trajectory - performance against our ambition

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

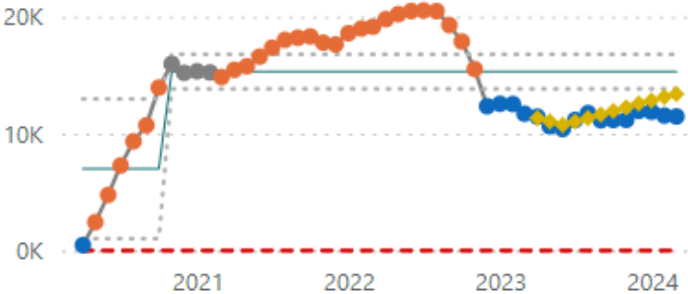
Statistical process control (SPC) charts

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

Key

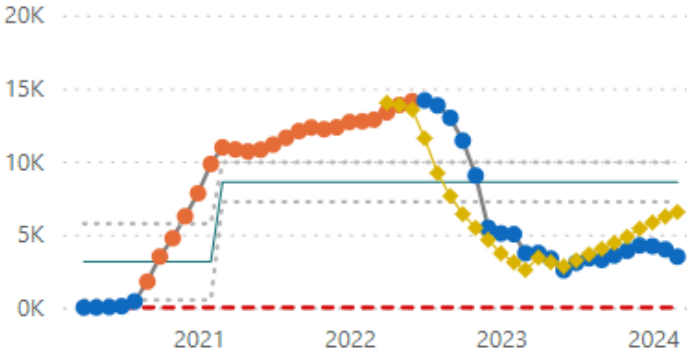
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >36 weeks for first outpatient appointment



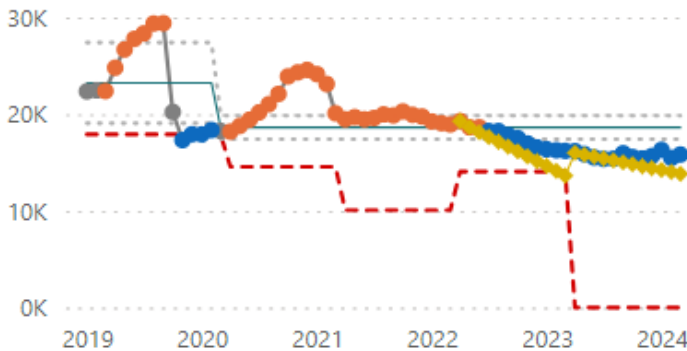
Improving variation is showing. Trajectory (13,387) was met in March 2024 (11,446) and performance has improved for 3 consecutive months.

Patients waiting >52 weeks for first outpatient appointment



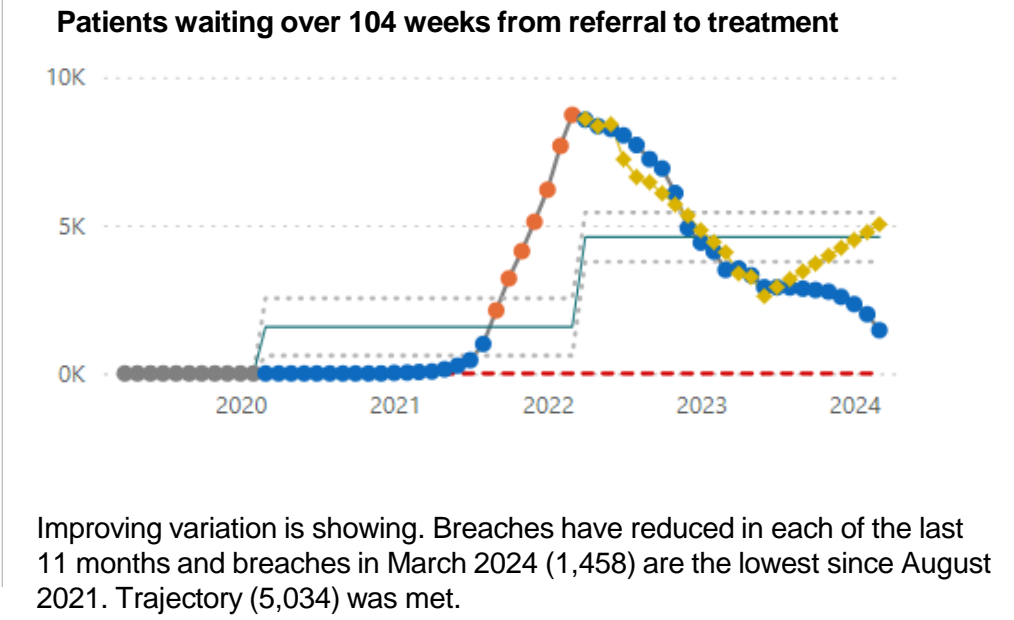
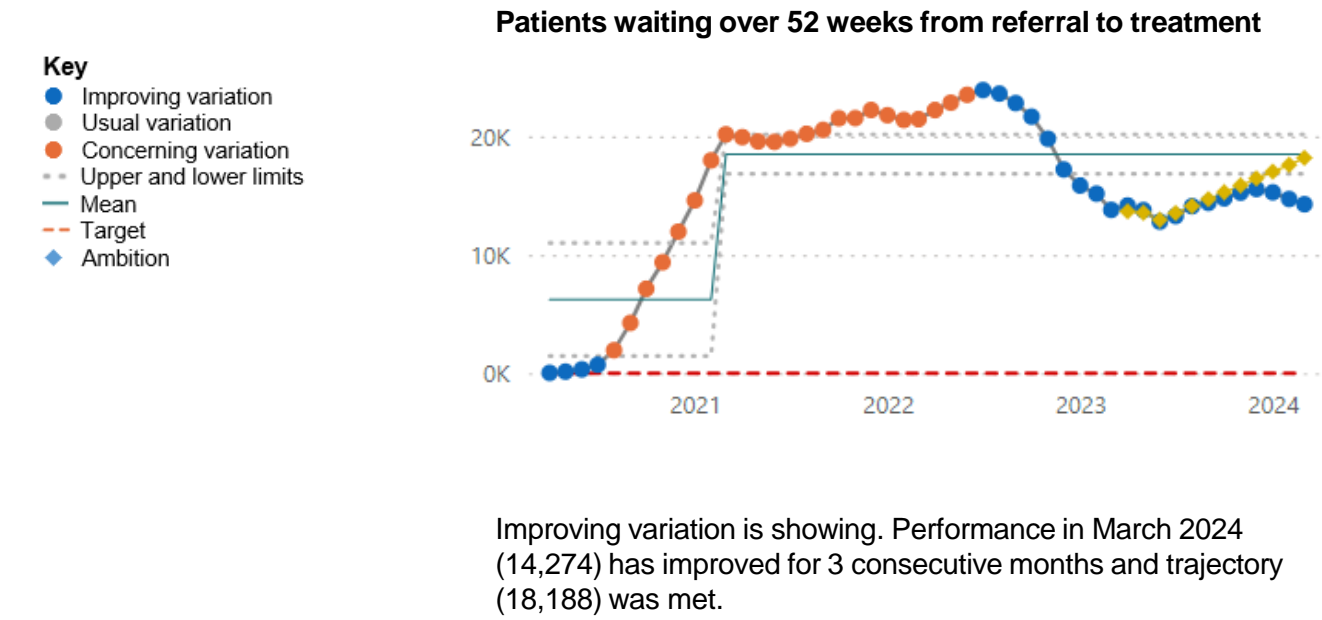
Improving variation is showing. Trajectory (6,532) was met and breaches in March 2024 (3,479) are the lowest since September 2023 & the third consecutive monthly improvement.

Follow up outpatient appointments delayed over 100% past target date

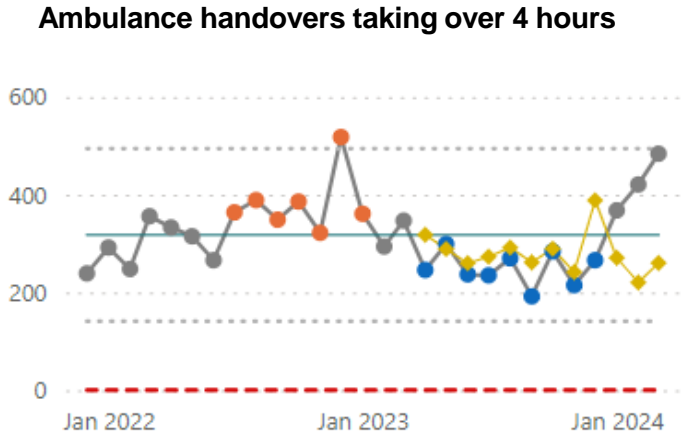
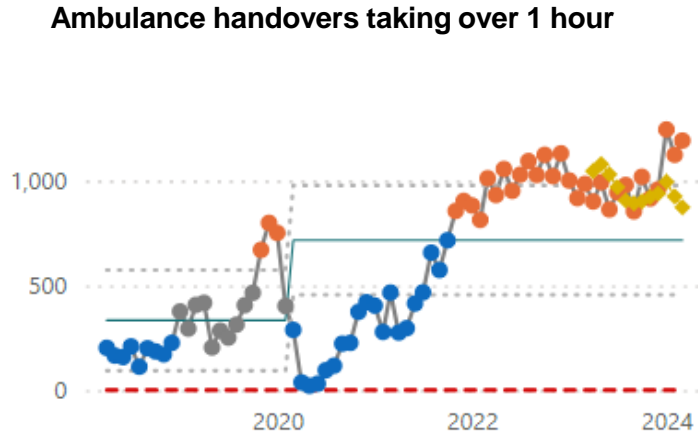
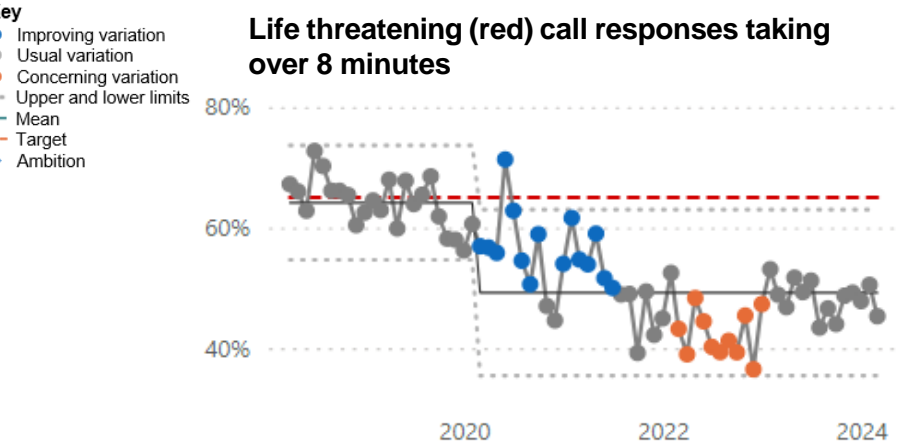


Improving variation is showing. Trajectory has not been met for the last 8 months. Performance deteriorated between February 2024 and March 2024.

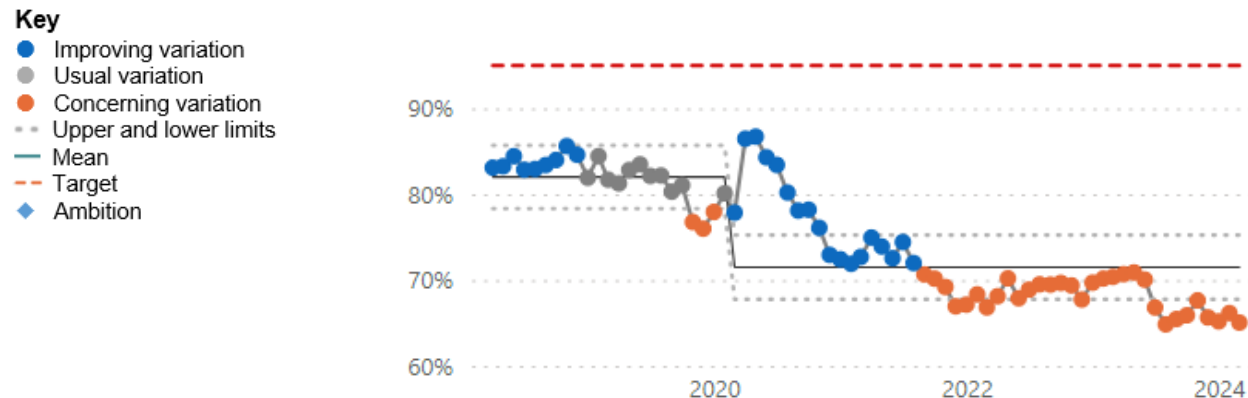
Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Industrial action in March 2024 impacted routine activity for outpatients (new and follow up appointments) and theatre sessions.Ongoing acute hospital site pressures can adversely affect elective care.Additional health needs/co-morbidities can impact a patient's suitability for an outsourced procedure to private providers and can lengthen treatment times.Maintaining and reducing waiting times into 2024/25. <p>Only orthopaedics (40 patients) and vascular (9 patients) had waits over 4 years at the end of March. Orthopaedics service were supported by the NHS Executive to maximise capacity during March 2024 along with use of the private sector to treat longest waits. Vascular long waits are dependent on Swansea health board to reduce numbers.</p>	<p>Progress towards our key aims by 31st March 2024 was driven by steady increases in the volumes of activity delivered, targeted prioritisation of longest waiting patients, tracking of diagnostic pathways, supported by clinical validation of longest waiting patients.</p> <ul style="list-style-type: none">Reduce the number of patients waiting over 3 years for referral to treatment (RTT). March 2023: 1,770 breaches, March 2024: 185 breaches.Reduce waits over 2 years for RTT to between 1,600 and 1,700. March 2024: 1,458.Reduce waits over 52 weeks for a first outpatient appointment to less than 4,200. March 2024: 3,479.Reduce number of patients waiting beyond 100% of their follow up target date to below 14,000. March 2024: 15,829. Ophthalmology the key driver locally and nationally in terms of rising waiting lists. <p>Work is underway to monitor April 2024, May 2024 and June 2024 positions, each with monthly targets to maintain waiting times into the new financial year.</p>	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Not achieved</p> <p>30/04/2024</p>



Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Industrial action in March 2024 impacted routine activity for outpatients (new and follow up appointments) and theatre sessions. Ongoing acute hospital site pressures can adversely affect elective care. Additional health needs/co-morbidities can impact a patient’s suitability for an outsourced procedure to private providers and can lengthen treatment times. Maintaining and reducing waiting times into 2024/25. <p>Only orthopaedics (40 patients) and vascular (9 patients) had waits over 4 years at the end of March. Orthopaedics service were supported by the NHS Executive to maximise capacity during March 2024 along with use of the private sector to treat longest waits. Vascular long waits are dependent on Swansea health board to reduce numbers.</p>	<p>Progress towards our key aims by 31st March 2024 was driven by steady increases in the volumes of activity delivered, targeted prioritisation of longest waiting patients, tracking of diagnostic pathways, supported by clinical validation of longest waiting patients.</p> <ul style="list-style-type: none"> Reduce the number of patients waiting over 3 years for referral to treatment (RTT). March 2023: 1,770 breaches, March 2024: 185 breaches. Reduce waits over 2 years for RTT to between 1,600 and 1,700. March 2024: 1,458. Reduce waits over 52 weeks for a first outpatient appointment to less than 4,200. March 2024: 3,479. Reduce number of patients waiting beyond 100% of their follow up target date to below 14,000. March 2024: 15,829. Ophthalmology the key driver locally and nationally in terms of rising waiting lists. <p>Work is underway to monitor April 2024, May 2024 and June 2024 positions, each with monthly targets to maintain waiting times into the new financial year.</p>	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Not achieved</p> <p>30/04/2024</p>

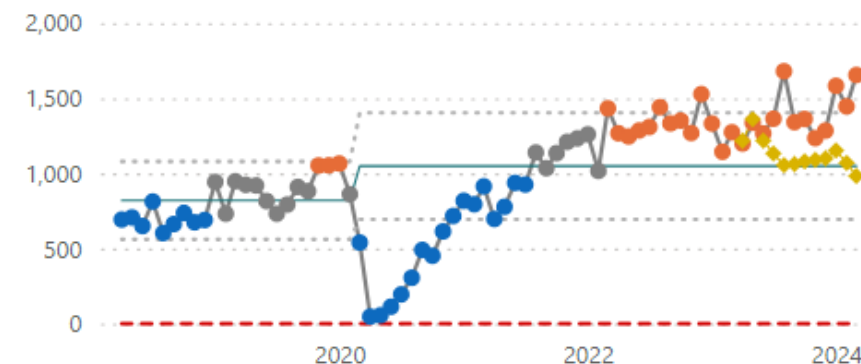


Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
<ul style="list-style-type: none">•53.79% of missed red calls for March 24 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.•42.4% of missed red calls for March 24 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8 minutes if a vehicle is available and on nearest standby point.•Overall attended demand in Hywel Dda (HD) health board area has mainly been as forecasted but continues to remain high.•Hospital delays in offloading WAST ambulance crews, 5,038 hours lost at the 4 acute HD hospital sites during March 24, which has increased by 20.7% when comparing March 23. Top 3 reasons for handover delays according to system data ‘no beds available’, ‘patient had complex needs’, ‘no available trolley or chair’•There have been an increase in the number of immediate release requests for the month of March 24. 65 requests made, 51 accepted. 17 not accepted. 75% acceptance rate.	<ul style="list-style-type: none">•Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.•Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources.•WAST resourcing reviews and targeted overtime allocation.•Porth Preseli – prehospital clinical screening model now live with advanced paramedic practitioners assisting with admission avoidance. Continuing to improve cover.•The NHS 111 press 2 access for WAST clinicians in HD area for mental health advice now live.•Neck of Femur pathway – challenges with progression from a health board perspective and now progressing a ‘front door’ model.•Operational planning in progress nationally in preparation for the British Medical Association industrial action	<div>Weekly ongoing</div> <div>Daily – Hourly ongoing</div> <div>Weekly ongoing</div> <div>30/04/24</div> <div>30/04/24</div> <div>30/04/24</div> <div>15/04/24</div>



65% reported for March, 5,099 breaches out of 14,594 new attendances. Chart is showing a concerning performance trend

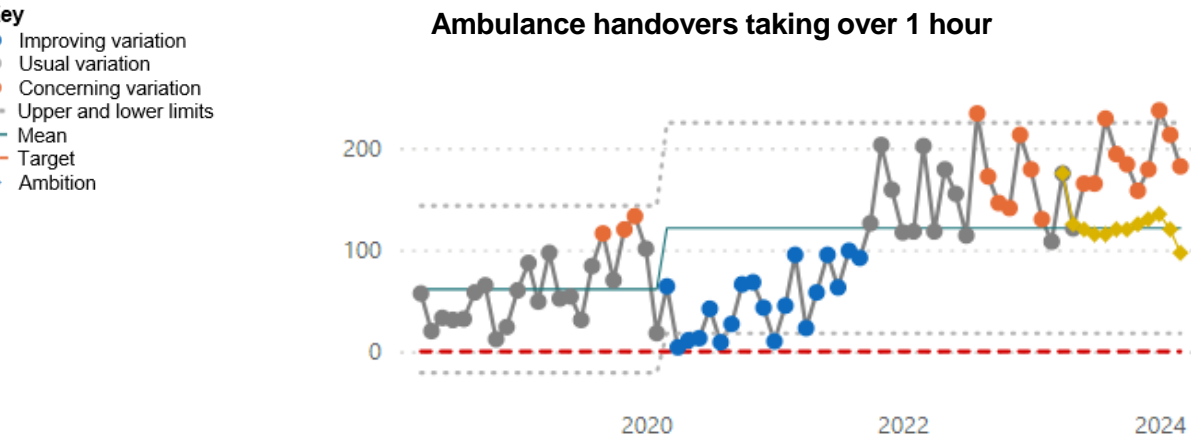
Patients waiting over 12 hours in A&E/MIU



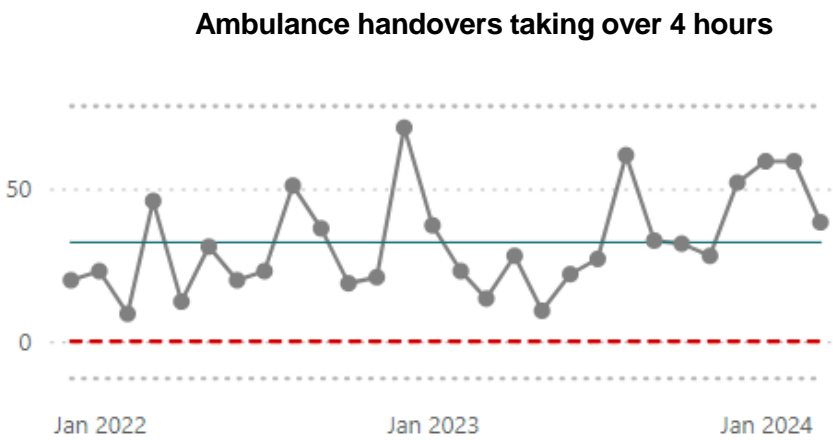
1,655 breaches out of 14,594 new attendances, 11%. The trajectory of 983 was not met and chart is showing a concerning performance trend.

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](#)

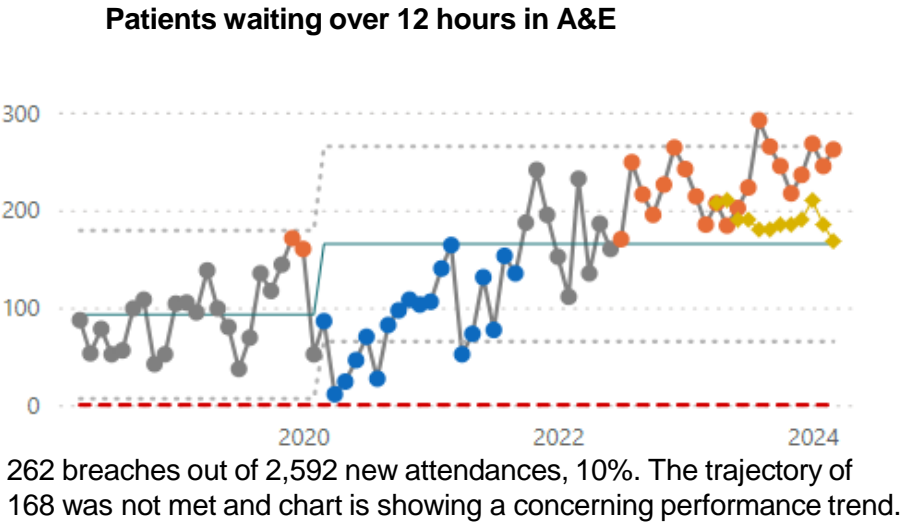
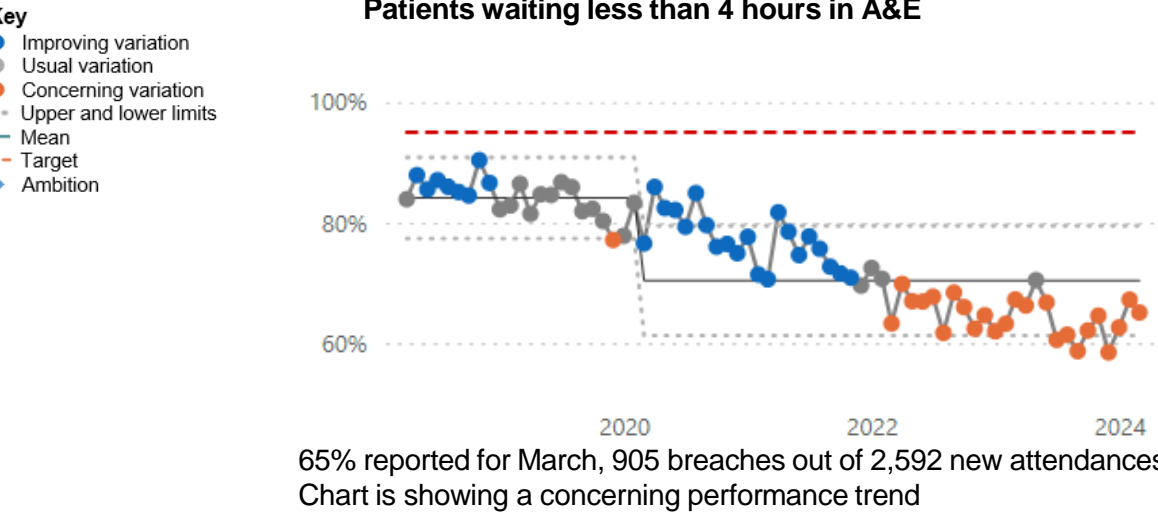


Latest data is showing concerning trend, 182 handovers >1 hours reported out of a total of 366 handovers, 50%. The trajectory of 97 has not been met.



This metric is showing expected (common cause) variation. 39 handovers >4 hours were reported out of 366 total handovers 11%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Emergency department “front door” facing capacity challenges not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010’s, the recent increase in acuity both in ambulances and in the waiting-room challenges the ability to effect alternatives to admissions. “Front door” regularly surged by 15 patients. Surged is where patient volumes challenge or exceed a hospital's servicing capacity.Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to Emergency Department (ED).Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.March presented a reduction in both 1 hour and 4 hour handover delays and a marked reduction in the total lost ambulance hours (time taken for ambulance crews to handover a patient and be released).	<ul style="list-style-type: none">Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase.Front door development review. Nurse led-review of front door service.Development of Interface Frailty Model Project Initiation Document.Additional ED junior doctor covering out of hours, but unfunded so will end 31/3/24.	<div>Q1, 2024/25</div> <div>Q1, 2024/25</div> <div>Q1, 2024/25</div> <div>31/3/2024</div>



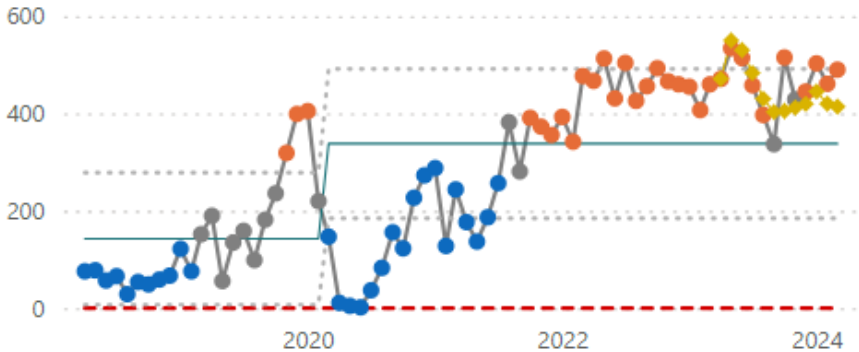
Key challenges / issues
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Key actions / initiatives	Due date
Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase.	Q1, 2024/25
Front door development review. Nurse led-review of front door service.	Q1, 2024/25
Development of Interface Frailty Model Project Initiation Document.	Q1, 2024/25
Additional ED junior doctor covering out of hours, but unfunded so will end 31/3/24.	31/3/2024

Key

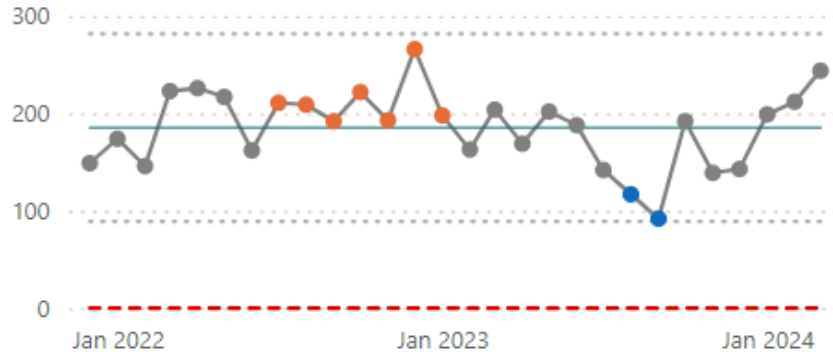
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning trend. 490 handovers >1 hours reported out of a total of 776 handovers, 63%. The trajectory of 414 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 244 handovers >4 hours reported out of a total of 776 handovers, 31%.

Key challenges / issues

- Both >1 and >4 hour ambulance performance has seen a worsening trend during March, with the 4 hour performance reported to be the highest throughout the financial year 23/24. However, overall the number of ambulance handovers have decreased, although overall patient attendances to the Emergency Department remains high.
- Advanced Paramedic Practitioner (APP) within the Clinical Streaming Hub shift fill rate has improved throughout March, focusing on admission avoidance with Welsh Ambulance Service Trust (WAST).

Key actions / initiatives

WAST Red (Immediately life threatening) and Amber 1 (life threatening) incidents, ambulance release plans continue to be facilitated despite challenges with patient flow. Escalation of any red or amber release difficulties with senior management team daily.

Improvement plan around Real Time Demand and Capacity (RTDC) to commence end of April.

Due date

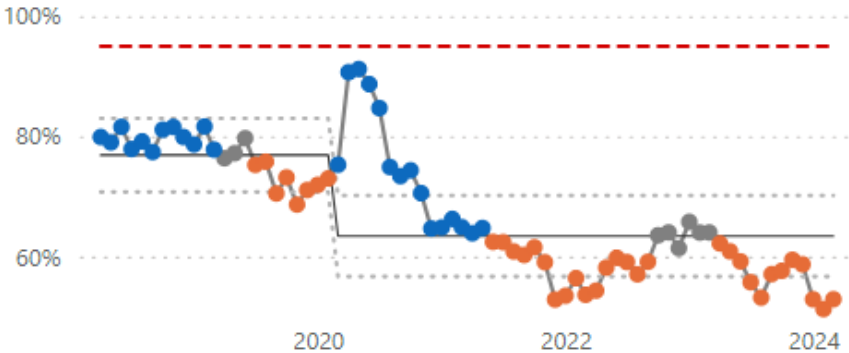
30/04/2024

30/04/2024

Key

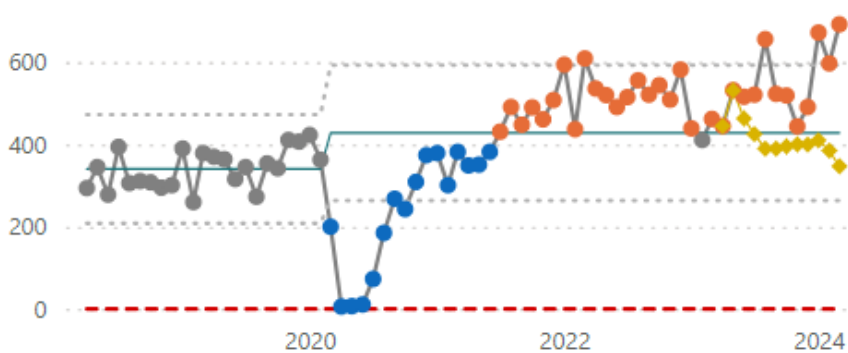
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



52.91% reported for March, 2,030 breaches out of 4,311 new attendances. Chart is showing concerning performance trend

Patients waiting over 12 hours in A&E



692 breaches out of 4, 311 new attendances, 16%. The trajectory of 347 was not met. Chart is showing concerning performance trend.

Key challenges / issues

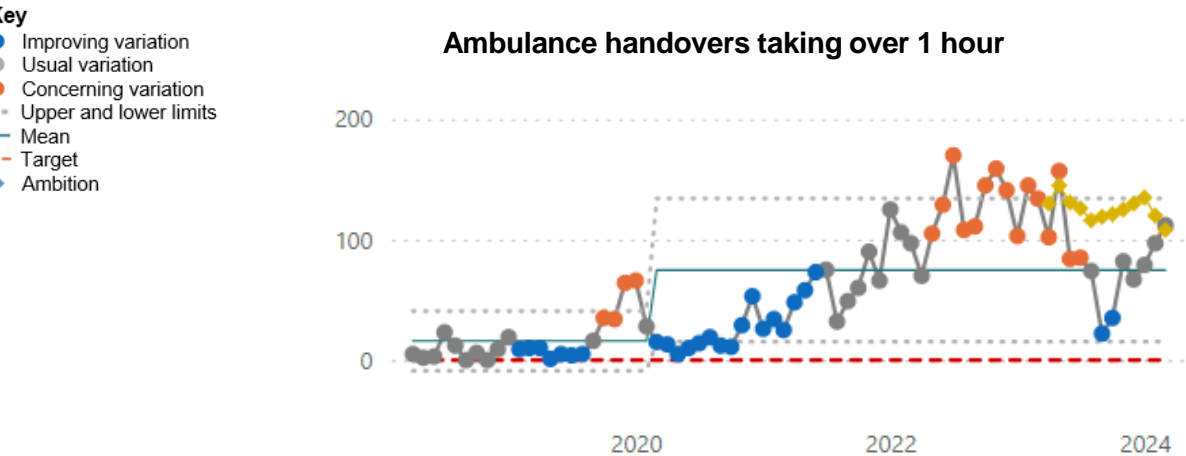
- 4 hour performance has very marginally improved in March, although challenges remain when the department is fully escalated, with lack of appropriate space for reviews due to high acuity of patient needs within the department.
- 12 hour performance has also deteriorated against challenging patient flow and high medically optimised numbers. Medically optimised patients are where patients no longer require care in an acute hospital setting.

Key actions / initiatives

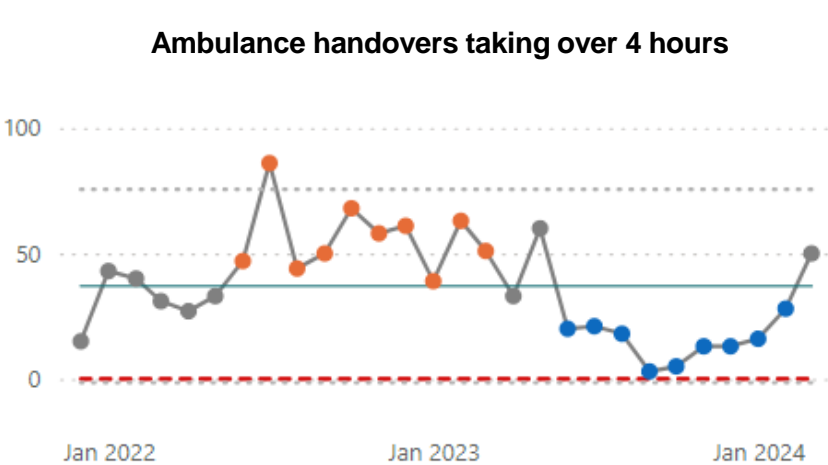
- Improvement workstream to commence end of April focusing on Real Time Demand and Capacity to create earlier patient flow.
- Virtual Ward and Intermediate Care Team in-reaching to the acute setting to facilitate rapid discharge of patients. This is currently in pilot stage and will be reviewed towards the end of May.

Due date

- 30/04/2024
- 30/05/2024

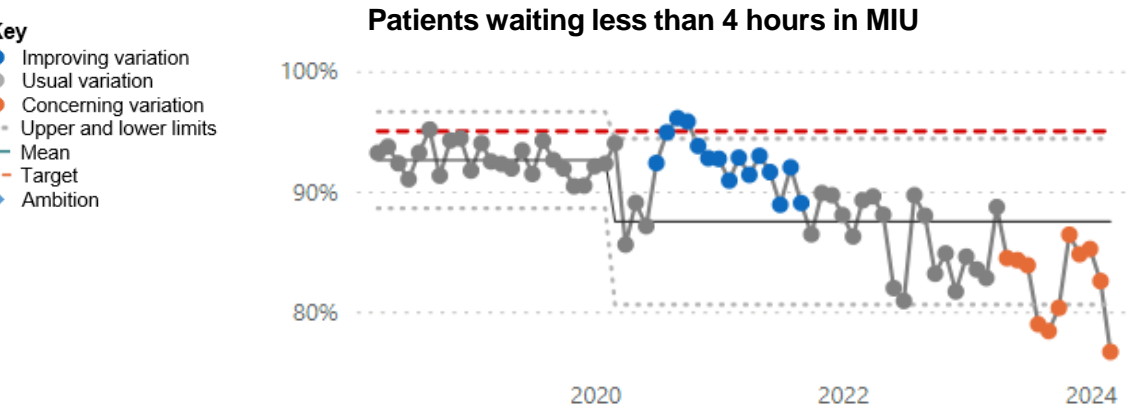


Latest data is showing expected (common cause) variation.
112 handovers >1 hours reported out of a total of 254 handovers, 44%. We were within 5% of the trajectory 108

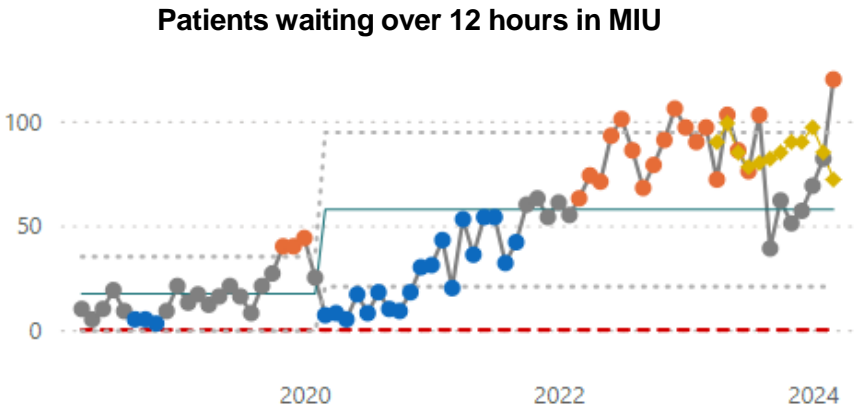


Latest data is showing expected (common cause) variation.
50 handovers >4 hours reported out of a total of 254 handovers, 20%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Whilst overall ambulance arrivals have been reducing steadily since the summer, March did see a small increase in demand with >1 hour and > 4 hour performance to handover affected by this.Industrial action during March saw wards and emergency areas stretched with limited medical cover present.Across Carmarthenshire- Advanced Paramedic Practitioner shift fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave during March.Acuity of patients presenting remains a challenge alongside infection control issues with patients requiring specialist areas.	<ul style="list-style-type: none">Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients.During strike days, all senior decision makers were prioritising the front door acute areas and facilitating discharges to maintain patient flow throughout the hospital.Front door model being reviewed to included interface frailty service.Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.	<div>30/04/24</div> <div>31/03/24</div> <div>30/04/24</div> <div>30/04/24</div>



79.64% reported for March, 547 breaches out of 2,687 new attendances. Chart is showing concerning performance trend.

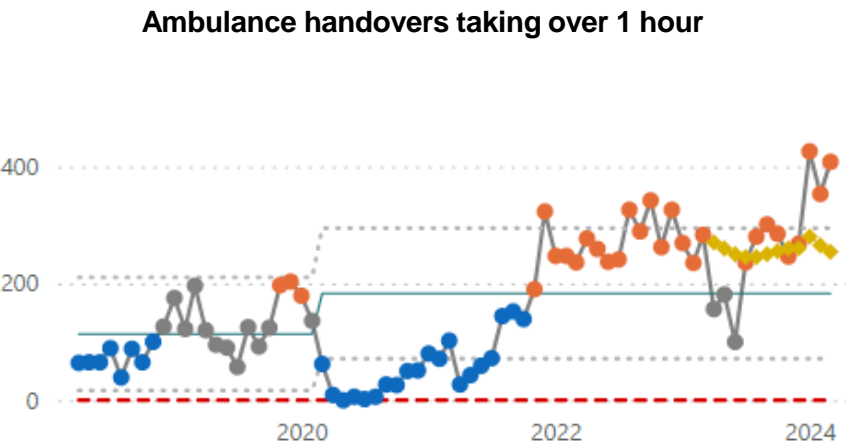


120 breaches out of 2,687 new attendances, 4.5%. The trajectory of 72 was not met and chart is showing concerning performance trend.

Key challenges / issues	Key actions / initiatives	Due date
<div><div>Minor Injury Unit (MIU) new patient attendances for March slightly up with an increase of 35.5% in patients attending with a major complaint rather than a minor injury. These patients require admission and can wait in MIU overnight due to restricted availability of an appropriate bed.</div><div>Patients waiting longer than 4 hours remains high with our 12 hour compliance static at 96%.</div><div>Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remains a challenge with around 40 patients per day. This does have an impact on patient flow throughout the hospital.</div><div>We continue to experience challenges with limited nursing/doctor cover.</div></div>	<div><div>Same Day Emergency Care (SDEC) continues to support with attendances high with our hybrid model including medical input with circa 95% discharge rate.</div><div>Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continues to run which facilitates early discharges and follow up review. These clinics will increase through job planning over the next 12 months.</div><div>Medical/Nursing recruitment process ongoing to support areas.</div></div>	<div>30/04/24</div> <div>31/03/25</div> <div>31/03/25</div>

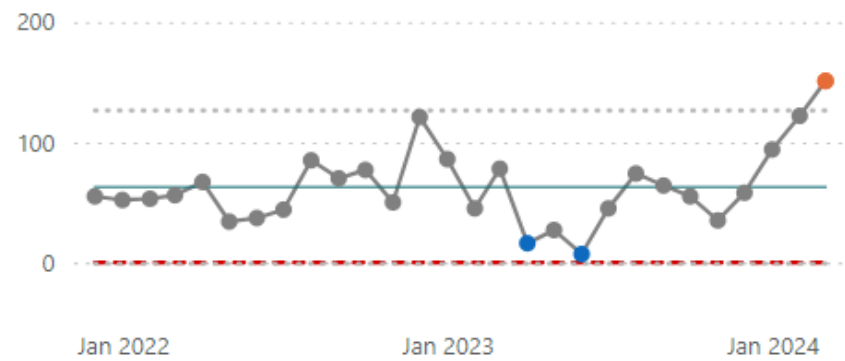
Key

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



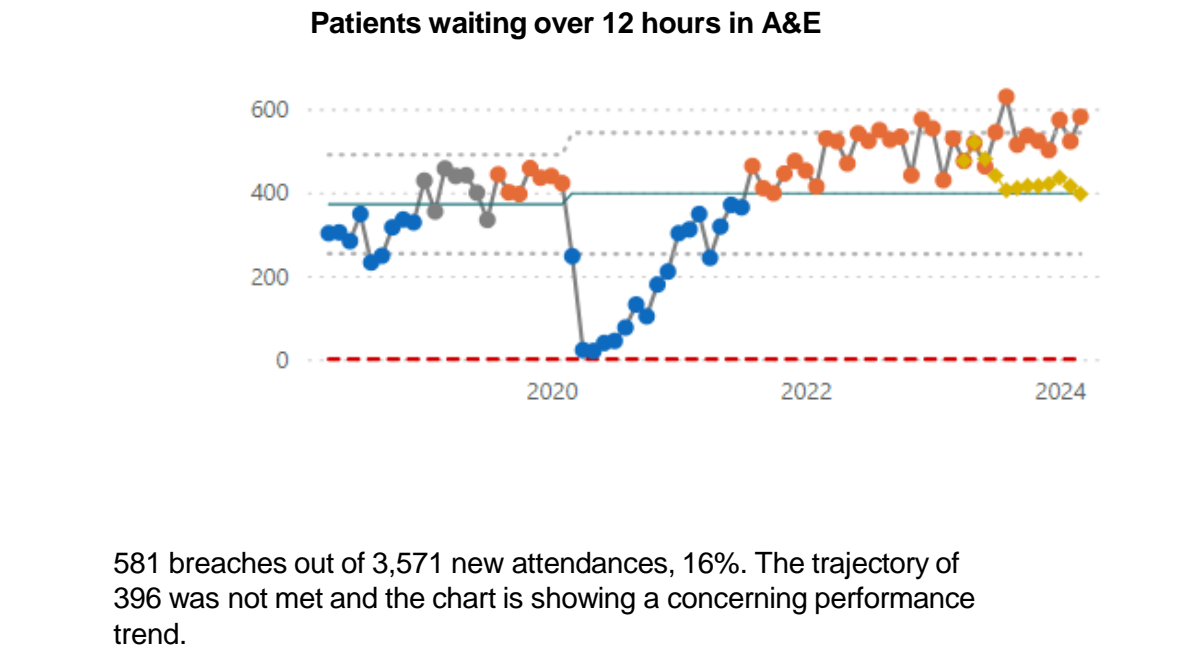
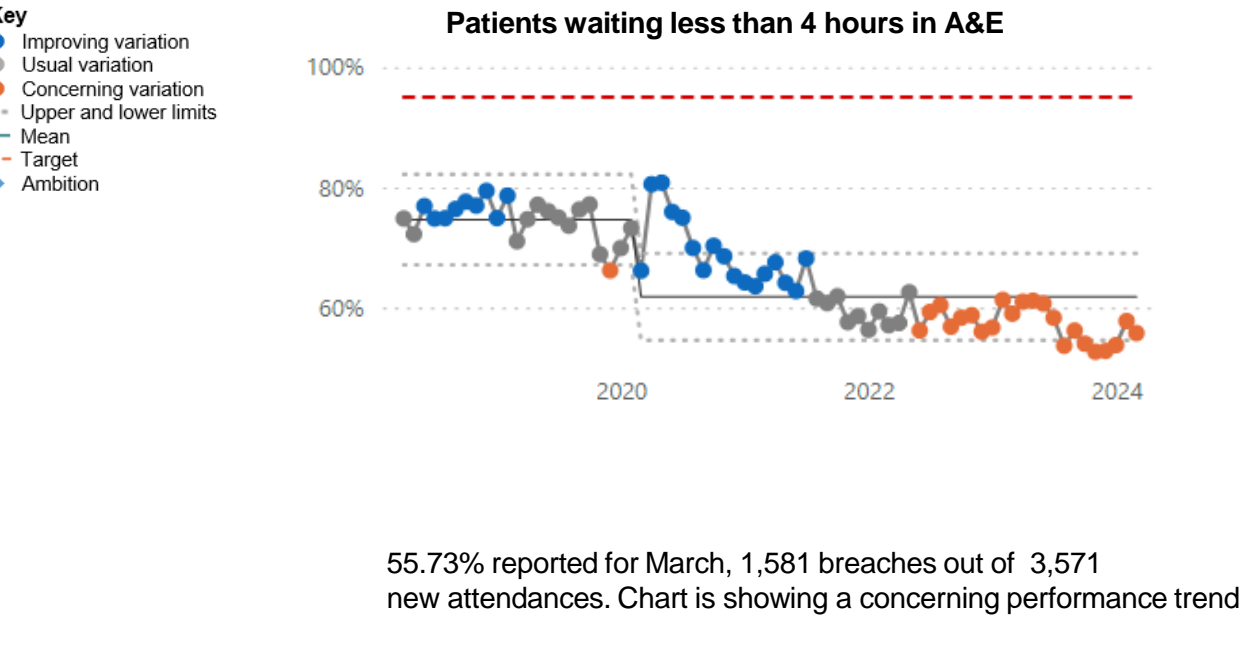
Latest data is showing concerning variation. 408 handovers >1 hours reported out of a total of 670 handovers, 61%. Performance trajectory of 254 was not met.

Ambulance handovers taking over 4 hours



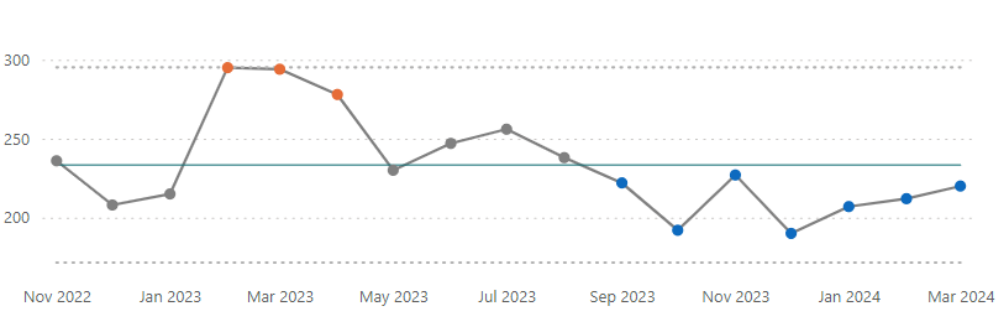
Latest data is showing concerning variation 151 handovers >1 hours reported out of a total of 670 handovers, 23%.

Key challenges / issues	Key actions / initiatives	Due date
Overall performance for the 1 hour and 4 hour handovers has deteriorated throughout the beginning of 2024. In March, we saw a small increase of ambulance conveyance to our Emergency Department (ED).	WAST Red (immediately life threatening) and Amber 1 (life threatening) incidents, ambulance release plans continue to be facilitated.	Completed
We still have number of acute medical beds out of the system due to RAAC.	Improvement plan around Real Time Demand and Capacity (RTDC) to commence end of April.	29/4/2024
Our discharge rate out of the medical wards do not balance the number of beds required for our admissions.	Advanced Paramedic Practitioner (APP) navigator and GP now based in our local contact hub. They will screen the calls on the stack and when possible, will sign post the paramedics and patients to other agencies if they do not require ED.	Completed
	We have team including GP, frailty ACP/PA who will review patients at their own home or care homes (if suitable) to avoid hospital admissions.	Completed



Key challenges / issues	Key actions / initiatives	Due date
We have a very pressured and overcrowded Emergency Department (ED). We have also seen a small but steady increase in our attendances from December of last year.	We have several acute beds are coming back online on the 18th April this year.	18/04/2024
WGH still have number of acute beds remaining out of use due to RAAC.	Stand-alone Acute Frailty Unit is also opening on the 18th of April which will have a Frailty Same Day Emergency Care (SDEC).	18/04/2024
Our discharge rate out of the medical wards do not balance the number of beds required for our admissions.	Patients being rerouted to Hot clinics and SDEC from ED.	Completed
	Clinical Streaming Hub and Enhanced Community Ward has now been implemented. This should support early discharges and avoid hospital admissions.	Completed

Number of pathways of care delayed discharges

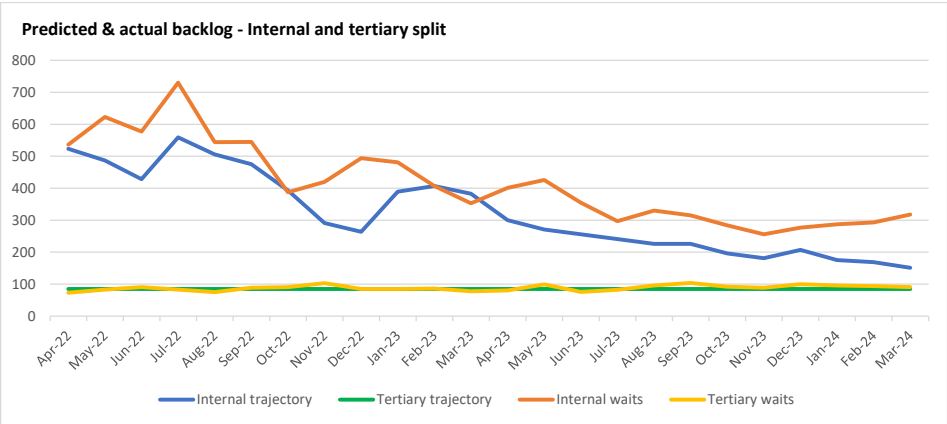


Reason	Resident Local Authority					
	Carmarthenshire	Ceredigion	Pembrokeshire	Swansea	Powys	Total
Awaiting completion of assessment by social care	23	3	23			49
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	13	10	9			32
Awaiting Social worker allocation	10		5			15
Awaiting start of new home care package	7	4	4			15
Awaiting RH availability	9	1	4			14
Mental Capacity	8	2	2			12
Awaiting joint assessment	3	8				11
Awaiting Community Resource capacity	7		1			8
Awaiting EMI nursing availability	4		2			6
Awaiting reablement care package	4					6
Other	25	13	12	1	1	52
Grand Total	113	43	62	1	1	220

Patients with a delayed discharge increased during March, with Carmarthenshire Local Authority having the greatest number of delays. The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas. There were 14 mental health patients and 206 non mental health patients.

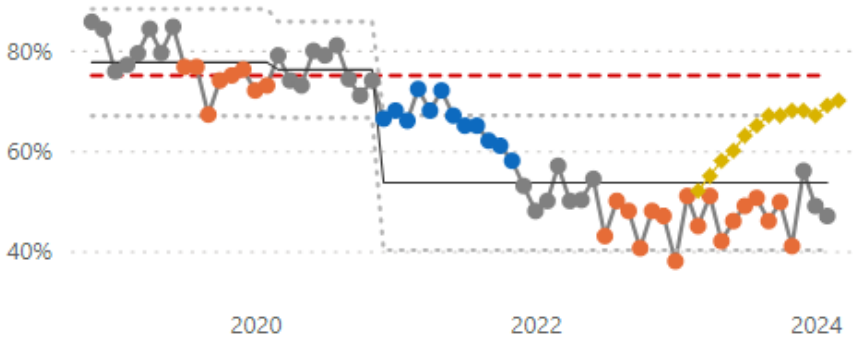
Key challenges / issues	Key actions / initiatives	Due date
<p>Non mental Health:</p> <p>During 23/24, there was a 23.47% reduction in the number of discharges being delayed for those validated as a patient with a Delayed Pathway of Care (DPOC). There has been concern regarding the number of delays associated with the Assessment processes. However, in March there was a 10.3% improvement of delays associated with assessments. Trusted Assessors completed 90 assessments in February. These are not included in DPOC patient census count but it is anticipated this process will prevent a delay occurring. The optimal hospital patient flow programme of work in place across the acute sites demonstrated the following compliance with improvement measures and ensures further improvement:</p> <p>Site: GGH BGH PPH WGH</p> <p>Compliance: 42% 37% 73% 66%</p>	<ul style="list-style-type: none">Development of DPOC action plan with “SMART” actions and robust metrics reporting. Triangulation of the main reasons for delays of care with patient length of stay. Improvement of key performance indicators will be submitted to Welsh Government on a quarterly basis through the national groups established to oversee all Health Boards. 1st return 15th April 2024 via regional lead.Health Board working group to monitor action plans and metrics, working as an integrated system to address the complexity of the patient flow constraints. The group to support the operational delivery and ownership of key objectives of the Discharge Strategy and Managing Complexity Groups.To continue to develop the Trusted Assessor models across the region learning from local and national best practice. New reporting template across Region which will link to DPOC plan.	30/04/24
<p>Mental health:</p> <p>The MH & LD directorate has a significantly improved position in respect of the census count for delayed pathways of care for March 2024. The new number is reflective of discharges but there were five new DPOCs identified on the older adult wards.</p>	<p>The adult DPOC meetings have increased to weekly, and the improved position suggests a positive impact.</p> <p>The aim continues to be further improvement with the acknowledgement that some factors are beyond the control of the Directorate.</p> <p>The ability to sustain improvement remains at risk from external factors namely, Local Authority and Continuing Care processes alongside the overall lack of elderly mentally ill accommodation placements.</p>	30/04/24

Number of single cancer pathway patients waiting over 62 days



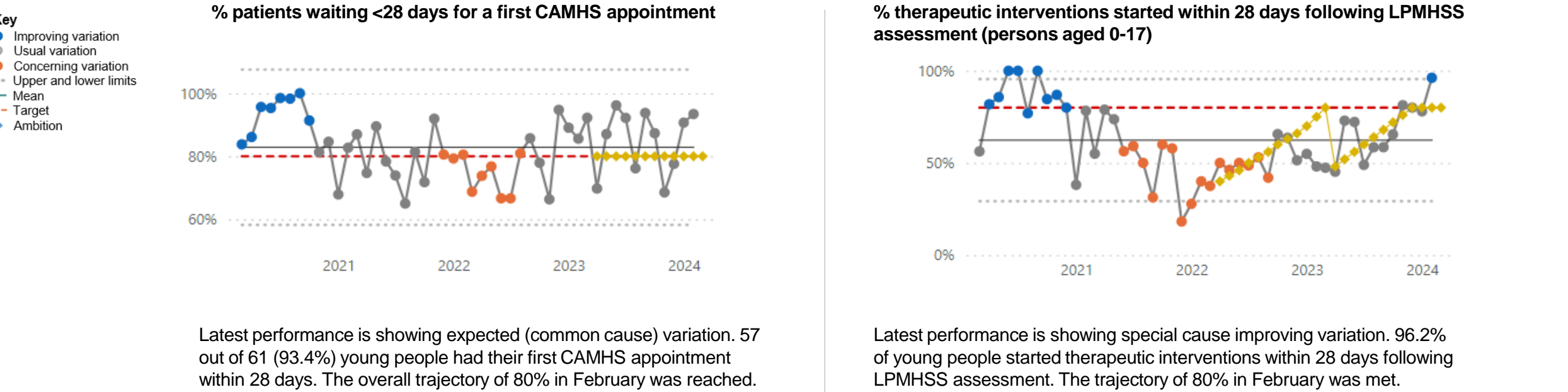
The backlog of patients has been increasing each month since November 2023. As March 2024: Internal waits = 318 (trajectory 151), tertiary waits = 91 (trajectory 85), total 409 patients (trajectory 236).

% single cancer pathway patients starting treatment within 62 days

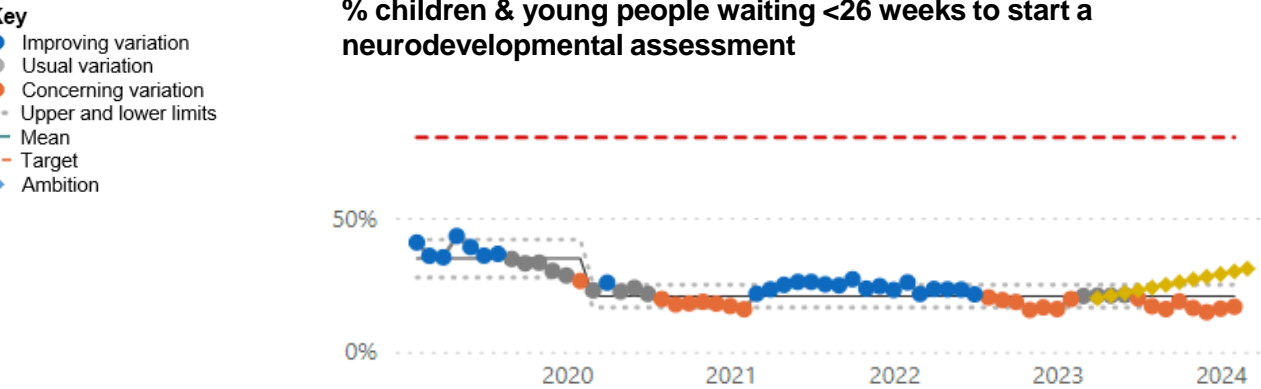


In February 2024 there were 2,111 single cancer pathway referrals – the highest level recorded to date. 47% (111 out of 236) patients started treatment within 62 days.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">• Increased referrals, compared to the same period last year, referrals have increased by an average of over 190+ per month• Complex patient pathways increase the time on the pathway before treatment can begin.• Industrial action, reduction in capacity in December 2023, February and March 2024 . Risk of reduced capacity due to further industrial action scheduled for this month. Plans in development to understand and numerate the impact on capacity.• Radiology & Endoscopy capacity issues are delaying diagnosis and subsequent treatment. This relates to current workforce.• Tertiary centre capacity, significant number of breaches are for tertiary treatment.	Urology and Lower Gastrointestinal (LGI) are the 2 largest volume tumor sites with the highest number of patients waiting in excess of 28 days for a diagnostic procedure. Urology continues to have the highest volume of patients treated beyond the 62-day target. A 3-month plan is in development to eliminate patients waiting in excess of 28 days and reduce the overall waiting list for patients waiting for a diagnostic procedure within Urology & LGI. Reducing the diagnostic pathway will have a positive impact on overall performance.	30/04/2024



Key challenges / issues	Key actions / initiatives	Due date
<p>% patients waiting <28 days for a first CAMHS appointment:</p> <p>This evidences sustained improvement following a short-term deterioration in our position in November and December 2023. The improvement reflects increased initial appointment slots being created to address the backlog, particularly in our Pembrokeshire Secondary CAMHS team, where a combination of a spike in referrals (10 in one week), a team secretary long term sickness and change over of team secretaries contributed to initial appointments not being booked within the 28 day period across October and November. Estates position and RAAC have resulted in reduced in clinical space, which is being mitigated but results in increased staff travel time to and from alternative clinic spaces, reducing time available for initial appointments.</p>	<p>% patients waiting <28 days for a first CAMHS appointment:</p> <p>The Pembrokeshire Secondary team have enacted a recovery plan to address the backlog, resulting in the improvement reflected in our January and February figures. Team Leads have undertaken Demand and Capacity training from DU to enable process mapping of current systems and pathways is complete to improve efficiency and reduce time to assessment. Additional clinical space being sourced for assessment clinics. Monthly demand and capacity and Waiting List monitoring meetings are in place.</p>	31/10/24
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):</p> <p>There has been a trend of overall improvement for several months now, with three of the last four months being within target. Some of the overall improvement in this target reflects a shift in Carmarthenshire towards offering all young people accepted for LPMHSS interventions an initial appointment within 28 days to set goals and agree self-management steps, where some will then continue to</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assess (0-17):</p> <p>We continue to run multiple in-person skills group work and a review of access arrangements; increased use of schools for clinical appointments to tackle estates issue, and will be making SilverCloud available as a referral option post-assessment as soon as a Memorandum of Understanding is complete (this is out of our hands currently). We are piloting gov.uk notify for assessments, which have significantly reduced DNAs at assessment appointments; we are now rolling these out for first intervention appointments</p>	31/10/24

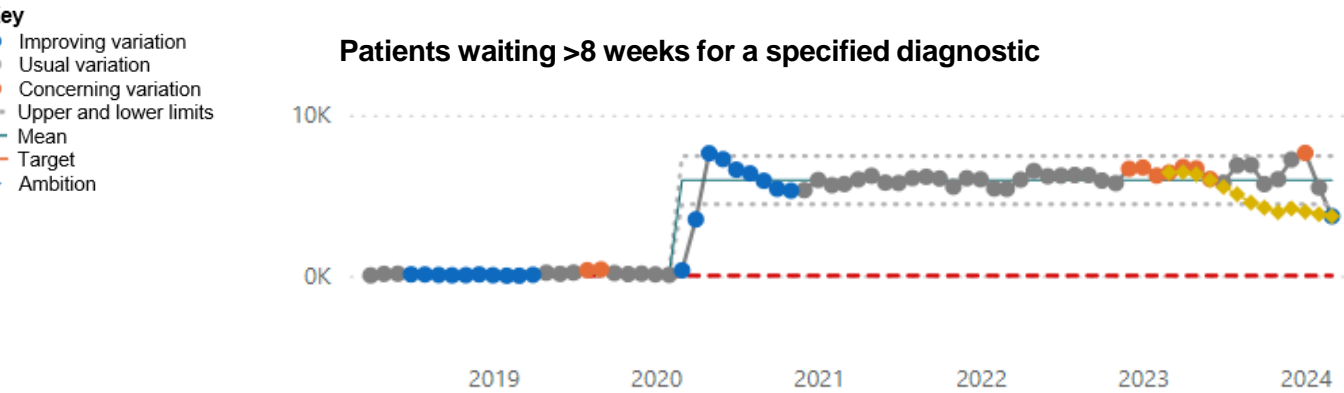


Performance in February (16.8%) shows special cause concerning variation and trajectory (30%) was not met. 402 out of 3,020 (13.3%) patients had an ASD assessment and 191 out of 501 (38.1%) patients had an ADHD assessment within 26 weeks in February.



Performance in February (53.6%) shows special cause improving variation and trajectory (47.4%) was met. 393 out of 672 (58.5%) patients started an integrated psychological therapies within 26 weeks, 5 out of 20 (25%) started an adult psychology assessment and 31 out 109 (28.4%) started a learning disability psychology within 26 weeks.

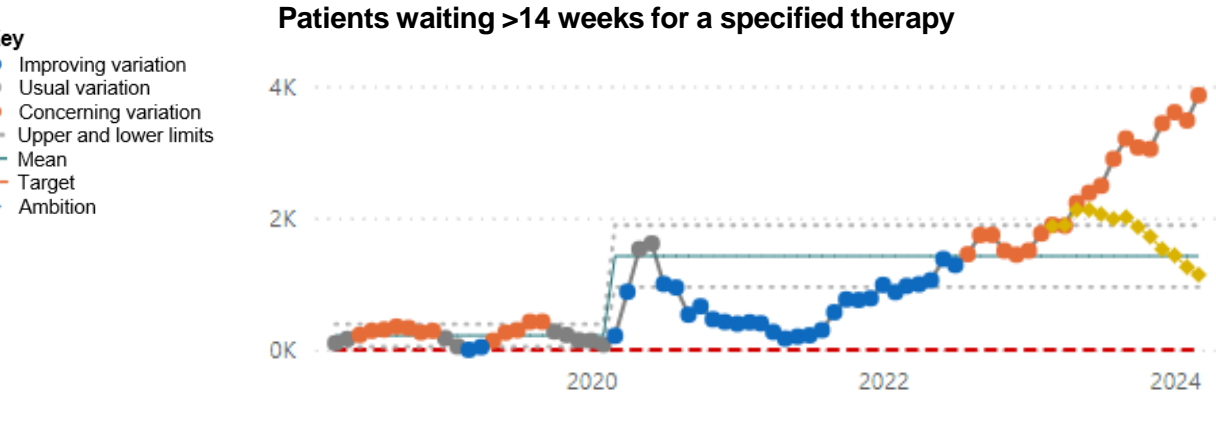
Key challenges / issues	Key actions / initiatives	Due date
Neurodevelopmental assessments: <ul style="list-style-type: none">Attention Deficit Hyperactivity Disorder (ADHD): Referrals continue to increase. Access to clinical spaces continues to be a challenge as additional clinics are arranged.Autism Spectrum Disorder (ASD): The current waiting list stands at 3,020 (for ASD) with longest wait times in excess of 4 years. Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 110 referrals per month in 2023.	Neurodevelopmental assessments: <ul style="list-style-type: none">ADHD: Community paediatricians implementing screening clinics.Working with specialist Mental Health team to respond to the recent NHS Executive All Wales Children & Young People Neuro Diversity Review.ASD: Relocated to new premises with a small amount of dedicated clinic space to increase capacity and assessment opportunities. Refined Referral and Triage processes.	30/04/24 30/04/24 31/03/24
Psychological therapies: <ul style="list-style-type: none">Integrated Therapies: Demand continues to outweigh capacity, all clients waiting over 26 weeks have been offered group therapy, followed by all those waiting 15-26 weeks groups. Once cleared all clients referred will receive group therapy as first offer.Adult Psychology: Recruitment remains a challenge, however, improvement has been sustained for the last 2 months.Learning disabilities: Demand remains high but recent recruitment into Band 8a and Band 7 posts have been successful.	Psychological therapies: <ul style="list-style-type: none">Integrated Therapies: New cohort of patients assessed to commence outsourced Eye Movement Desensitization and Reprocessing, with the first 8 to be transferred ASAP.Adult Psychology: Consolidation to a single waiting list and refined criteria for referrals implemented.Learning disabilities: Keeping in touch letters have been produced in Easy Read, in English and Welsh and will be sent out via Synertec, with a rolling 3 month programme.	30/04/24 Complete 30/06/24



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	March 2024	3,699	●	□	◆
Radiology		1,693	●	□	◆
Endoscopy		1,268	●	□	◆
Cardiology		358	●	□	◆
Neurophysiology		339	●	□	◆
Imaging		32	●	□	n/a
Phys measure		9	●	□	◆

The best performance since April 2020, with improving variation showing. Significant improvements seen in the last 2 months, with breaches reducing by over 50% between January 2024 (7,638) and March 2024 (3,699), narrowly missing trajectory of 3,697. Driving this improvement is radiology with breaches below 1,700 for only the 3rd time since May 2020, endoscopy with less breaches than any time since November 2021 and Cardiology with the lowest number of breaches since September 2021. Breaches in Neurophysiology have almost halved since December 2023.

Key challenges / issues	Key actions / initiatives	Due date
Endoscopy: <ul style="list-style-type: none">Constraints within job plans limiting ability to uplift core endoscopy sessions.Recruitment of endoscopy nurses and an up-to-date review of staffing establishment required to enable full utilisation of all available sessions.Waiting list growth of 9 patients per week.	Endoscopy: <ul style="list-style-type: none">Funded recovery plan of 5 additional lists per week implemented from the beginning of January 2024 to the end of March 2024. These additional lists reduced the waiting list growth.Continued focussed booking to maximise utilisation and productivity of all lists.	30/04/24
Radiology: <ul style="list-style-type: none">Demand continues to exceed capacity mainly across MRI, CT and ultrasound (US).Reduced staffing establishment for Radiographers and Radiologists has led to delays for examinations and additional reporting delays.Reduction of 8-week waits is directly related to the need for additional funded sessions in the absence of additional staffing establishment.	Radiology: <ul style="list-style-type: none">End of year recovery monies funded 2,714 removals from the waiting list during February and March 2024, which was 4,439 at the end of January 2024.This has been achieved by use of additional in-house sessions in CT, use of additional in-house sessions and hire of staffed mobile unit in MRI, and an insourced US service and some additional in-house sessions in Non-obstetric ultrasound (NOUS).Continued recovery relies upon additional funded sessions for both examination & reporting.	30/04/24
Cardiology: <ul style="list-style-type: none">End of Value Based Health and Care (VBHC) short-term funding which has facilitated the significantly reduced Echo breach position in March 2024 (231) – breach position will deteriorate in 2024/25 without funding for additional capacity.Increased referrals numbers for Ambulatory Monitoring in recent months.	Cardiology: <ul style="list-style-type: none">Await confirmation of recovery funding to continue in-sourcing of additional Echo capacity in 2024/25. Tender process near completion which will enable speedy initiation of additional capacity in quarter 1 on confirmation of funding.Continue focused efforts in quarter 1 to streamline and achieve optimal efficiencies in Ambulatory Monitoring across all 4 acute sites.	30/04/24

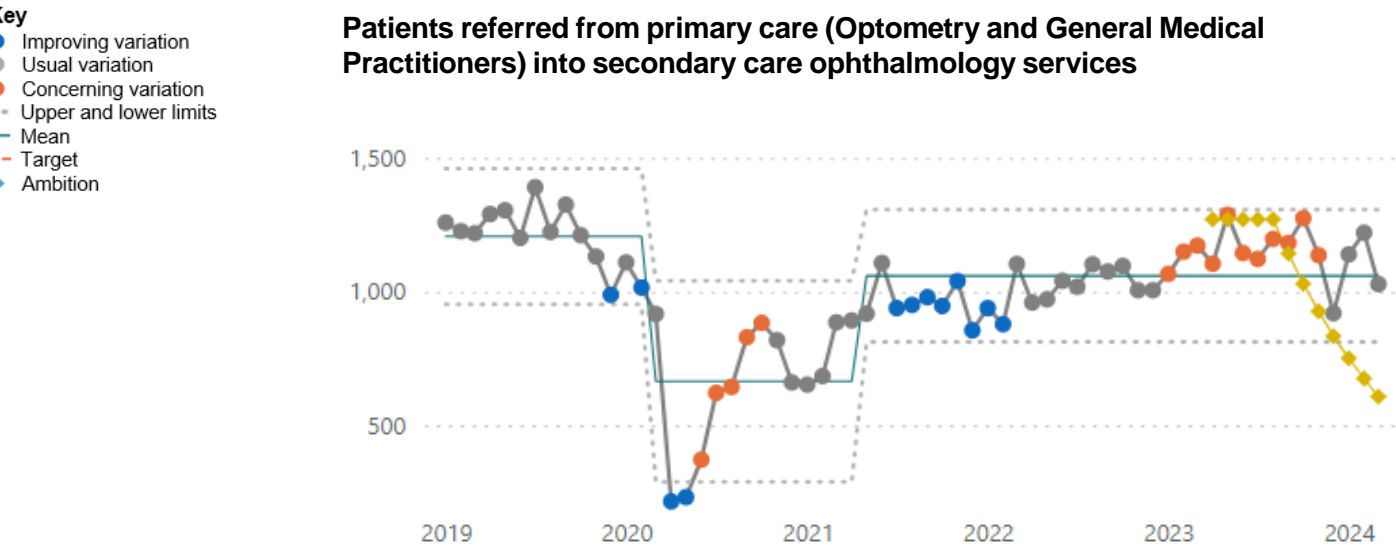


Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory
All	March 2024	3,863	●	□	◆
Dietetics*		1,312	●	□	◆
Audiology		996	●	□	◆
Physiotherapy		769	●	□	◆
OT		443	●	□	◆
Podiatry		259	●	□	◆
Art therapy		60	●	□	◆
SALT		24	●	□	◆

*Dietetics includes 1,267 breaches relating to the Weight Management Service (WMS)

Concerning variation is showing. Overall breaches continue to grow and March 2024 (3,863) was more than 3 times higher than trajectory (1,140). Podiatry was the only service to see a reduction in breaches between February 2024 and March 2024. Physiotherapy was the only service to meet trajectory. Dietetics*, audiology and art therapy breaches are at their highest level.

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: <ul style="list-style-type: none">Accommodation challenges at Withybush Hospital due to reinforced autoclaved aerated concrete (RAAC) survey and repair work impacting service capacity for community and musculoskeletal (MSK) services.Insufficient funded workforce to sustainably meet demand in community & MSK	Physiotherapy: <ul style="list-style-type: none">Reinstatement of South Pembrokeshire Hospital physiotherapy department and gym. Opening of department delayed due to minor works and logistics challenges.Pilot, with waiting list support service in Carmarthenshire, to review the longest waiting patients on routine lists. Delay in start due to capacity to support.	01/05/24 15/05/24
Audiology: <ul style="list-style-type: none">Current workforce is not sufficient to sustainably meet increased demand following increased referral rates and the covid legacy backlog.The outpatients ‘fire works’ at Glangwili Hospital (increase in ambient noise floor) resulted in no assessment / fitting appointments being booked for 1 week.Long-term staff sickness	Audiology: <ul style="list-style-type: none">Strategy plan submitted to scheduled care with request to increase clinical establishment by two Band 5 clinicians. Further meeting requested with service delivery manager and finance partner to look at possible staffing solutions. (pending early May 24).New clinic template developed to match capacity to demand going forward (implemented 29.04.24). However, this will not address the existing backlog.	01/05/24 29/04/24
Dietetics: <ul style="list-style-type: none">95% of total waiting over 14 weeks are for weight management service (WMS).Reduced Capacity across acute, community, paediatrics, and mental health due to vacancies.	Dietetics: <ul style="list-style-type: none">From April, WMS referrals will be disaggregated from dietetics waiting list. National discussions concluded these will no longer require submission as part of diagnostics and therapies submissions. Local reporting & support for those waiting, linked to national Healthy Weight Healthy Wales (HWHW) expectations underway.45 patients breaching 14-week target, actively filling vacancies and seeking interim agency cover to manage risk.	01/04/24 01/07/24



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

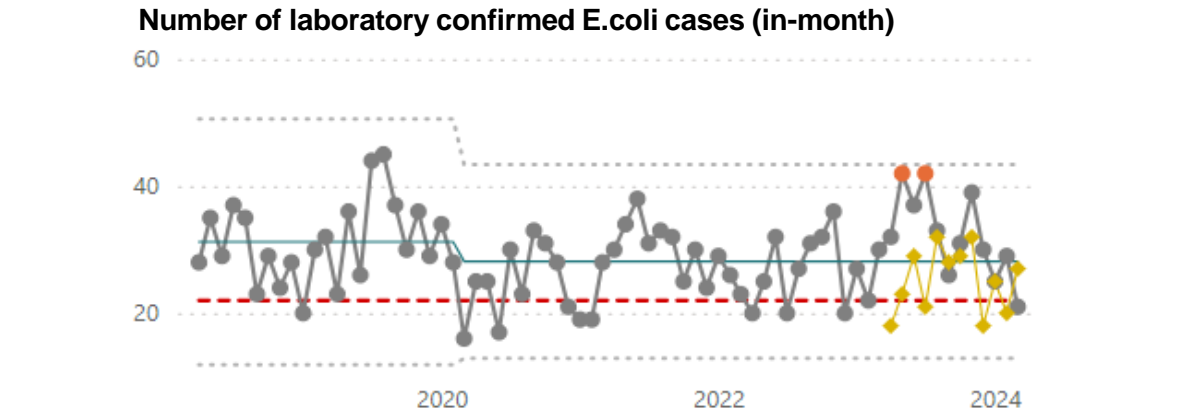
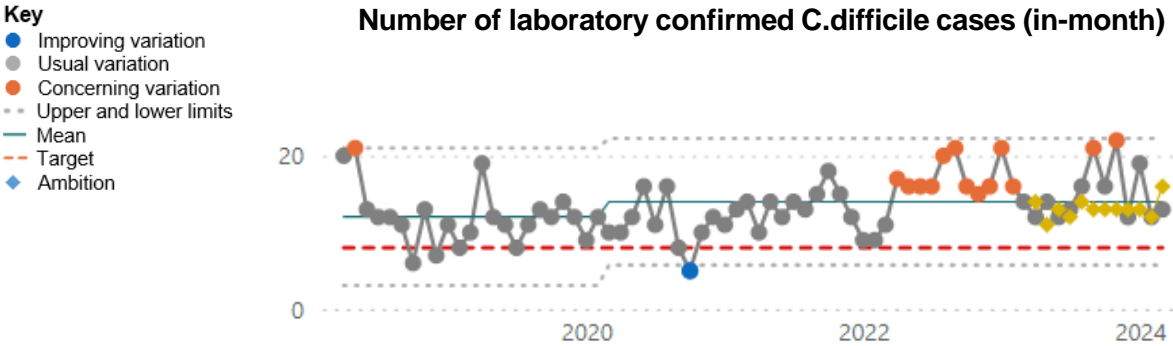
The chart is showing common cause variation; in March 2024 the number of referrals reduced to 1,028.

The monthly reduction trajectory of 607 was not met.

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

C.difficile and E.coli cases

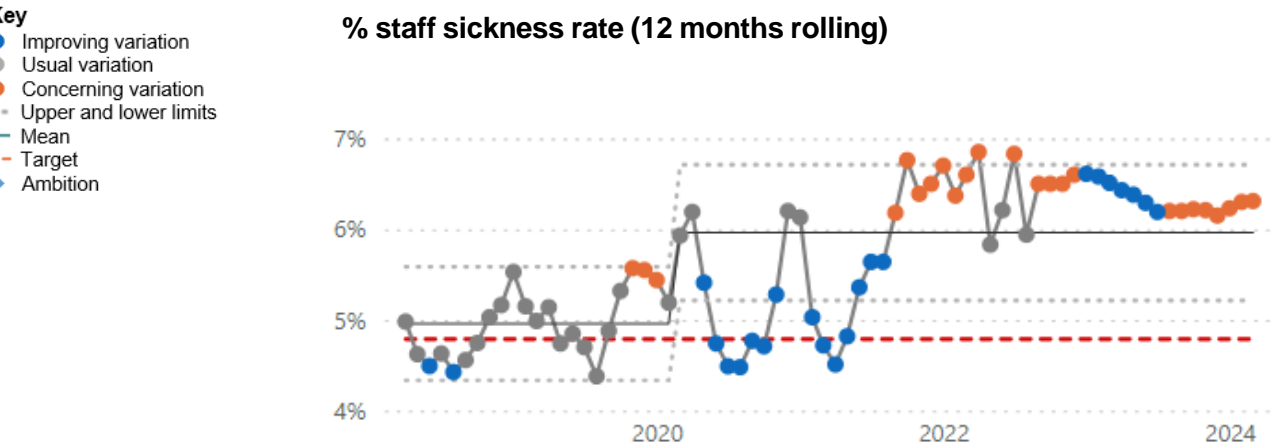
(Enhanced monitoring condition and accountability condition)



Case numbers increased in March and the chart is showing expected (common cause) variation. The trajectory of 16 in month cases was met. The cumulative rate 47.30 per 100,000 population has been decreasing since January 2024

Case numbers decreased in March and the chart is showing expected (common cause) variation. Our internal trajectory of 27 in month cases was met. The cumulative rate 100.5 per 100,000 population has been decreasing since July 2023.

Key challenges / issues	Key actions / initiatives	Due date
<p>C.Difficile</p> <p>A reduction of 10% of C.diff cases has been realised over this last year against the previous year (2022/23), with a 13% reduction in hospital onset cases.</p> <p>The challenge for the coming year is to reduce hospital onset cases by 25% as directed by WG in the Targeted Intervention document.</p>	<p>C.Difficile</p> <p>Continuing with the HB HCAI Improvement Plan to reduce HCAI, our focus shall be on targeting areas of high C.diff cases such the Prince Philip and Bronglais sites</p> <ul style="list-style-type: none">Weekly C.diff ward rounds on all sites to ensure correct management for patient safety;Working with Antimicrobial Pharmacists to encourage antibiotic stewardship and completion of “start smart, then focus” audits (this continues to be a challenge with medical teams), continuous efforts to highlight the importance of these audits are ongoing.Improving environmental cleaning with sporicidal disinfectant and hand hygiene training to reduce the risk of transmission and cross infection, this is now complete on all acute sites, community hospitals to now be included.Using DiffX sporicidal disinfectant across all areas for general and terminal cleaning.Surveillance of all cases both Toxin and Polymerase Chain Reaction (PCR) positive cases, monthly review and scrutiny meetings held to determine root cause and identify any learning themes25% Reduction of HAI C.diff expectation	<p>Ongoing</p>
<p>E.coli</p> <p>Continued high cases of E.coli bacteraemia, though showing some signs of improvement over the last quarter.</p> <p>The predominant source continues to be urinary, and prevention methods around health promotion and healthier living are considered necessary and need to be the focus of any ongoing community messaging.</p>	<p>E.coli</p> <p>As part of the collaborative work with our Public Health colleagues, a spread and scale health promotion campaign is being developed. Delivery by the integrated infection prevention team and local authority teams shall commence during Q1.</p> <p>Continuation of improvement in community and hospital onset of E.coli bacteraemia expected</p>	<p>31/07/24</p>



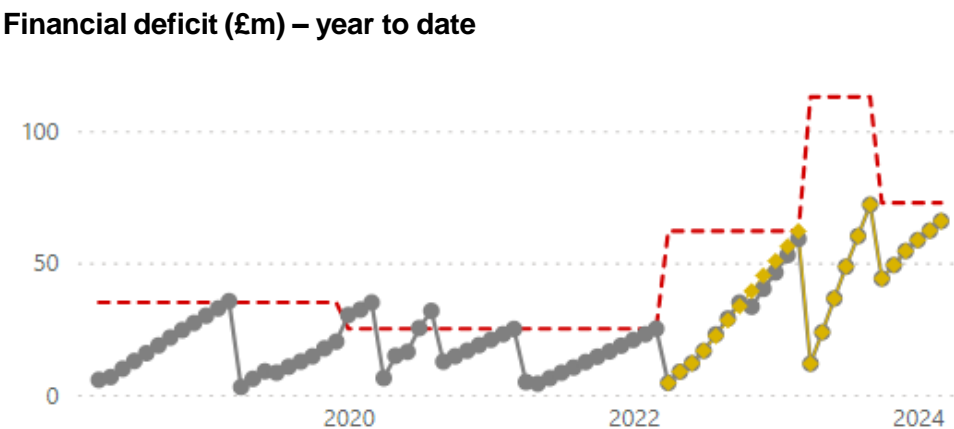
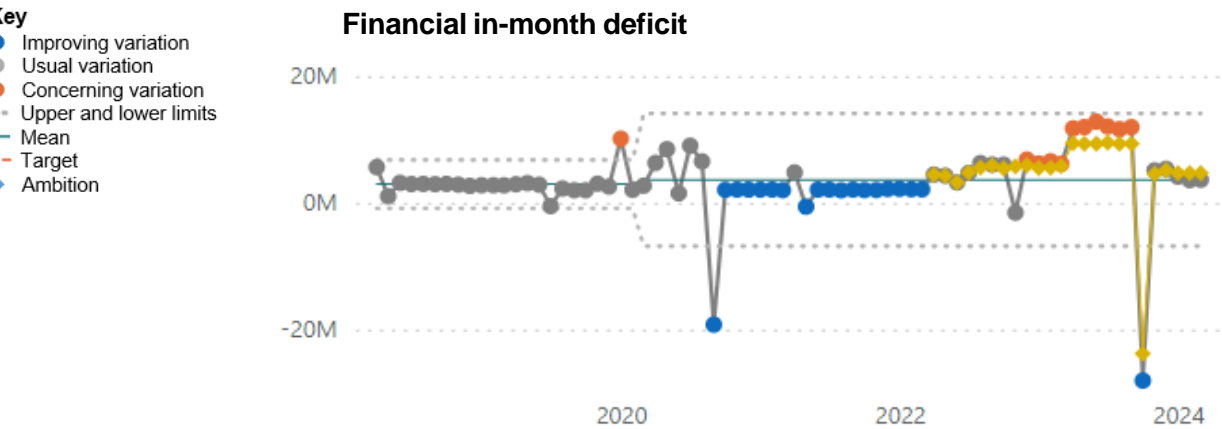
The rolling 12-month performance was 6.3% for March 2024 against the target of 4.79%

In-month performance for March 2024 was 6.34%

The highest levels were reported for:

- Facilities (10.3%)
- Unscheduled care PPH (9.5%)
- Ceredigion county (8.9%)

Key challenges / issues	Key actions / initiatives	Due date
Conditions impacting absence rates include: <ul style="list-style-type: none">Anxiety/stress/depression continues to account for the highest reasons for absence accounting for some 30% of all days lost.Seasonal cough/colds/flu absences remain high (still in the top 3 reasons for absence across all Counties) but is consistent for the time of year when compared to previous years.	Meeting to discuss the Workforce Sickness Action Plan with the TU leads took place on 12 March 2024. Workshop with Staff Partnership Forum taken place on progress to date.	Complete
Other challenges: <ul style="list-style-type: none">We continue to see higher levels of absence than seen prior to the pandemic even though some services have made significant improvements in their absence rates over the past 12 months.Industrial action has marginally impacted our absence rates but should it continue, the impact may increase absence rates more significantly into the summer months. However at present further action has been paused.	Estates & Facilities to undertake 4 sickness absence audits. 3 audits have been completed with 1 to conclude in April.	31/03/24
	Sickness Absence Task & Finish Group to have it first meeting. Managment lead now reassigned and meeting arranged for 18 April 2024.	12/04/24
	Sickness Absence Task & Finish Group to prepare work plan.	31/05/24



Key challenges / issues

The Health Board's draft unaudited end of year position is a £65.8m deficit. The Month 12 financial position is an overspend of £3.6m, which is made up of a £1.1m improvement against the planned deficit; The original planned saving requirement of £19.5m is over identified, before the additional £11.3m target control total was issued.

The Health Board was unable to deliver the target control total and the Health Board's end of year deficit position is £65.8m. Work is progressing as part of the 24/25 planning cycle to mitigate the increased cost base.

Key actions / initiatives

- Annual plan development for the forthcoming financial year is now in its implementation stage, including an assessment of the choices the Health Board will have to make. At this stage there is insufficient assurance to achieve the target control total for the 2024/25 financial year with this being communicated as part of the annual plan, including an anticipated delivery trajectory.
- The following next steps and mitigating actions are being pursued across Executive Director portfolios, with ongoing reviews in place via Executive team discussions to evaluate progress and impact updates, de-risking the annual plan.
- Creation of the Value & Sustainability Group to systematically implement themed improvements ensuring working groups provide clear decision making across the organisation on a consistent basis.
 - Chief Executive Officer has indicated that an internal Escalation Framework will be implemented to manage a balanced criteria covering quality, safety, patient, performance and finance.
 - Further, with pace, the conversion of Opportunities into accepted and deliverable operational plans to provide clarity of commitments in quarter 1 that will formally de-risk the current savings delivery gap.
 - Board Seminar to further scrutinise progress and provide oversight of the expectations they set out as part of the annual plan endorsement on 28th March 2024.
 - Accountability letters are being issued in April to delegated Executive Directors inclusive of the savings expectations for their portfolios.

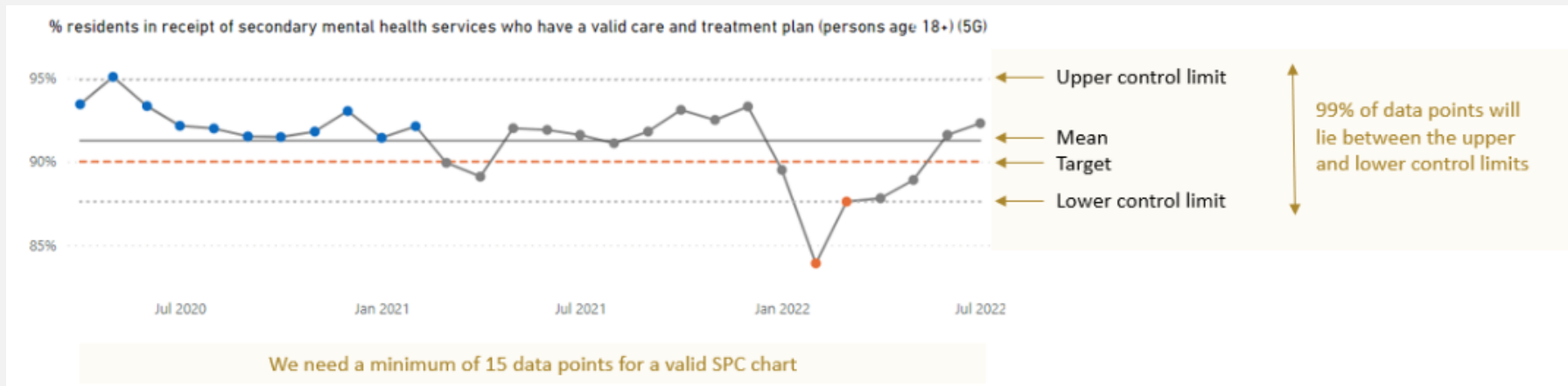
Due date

30/04/24

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.

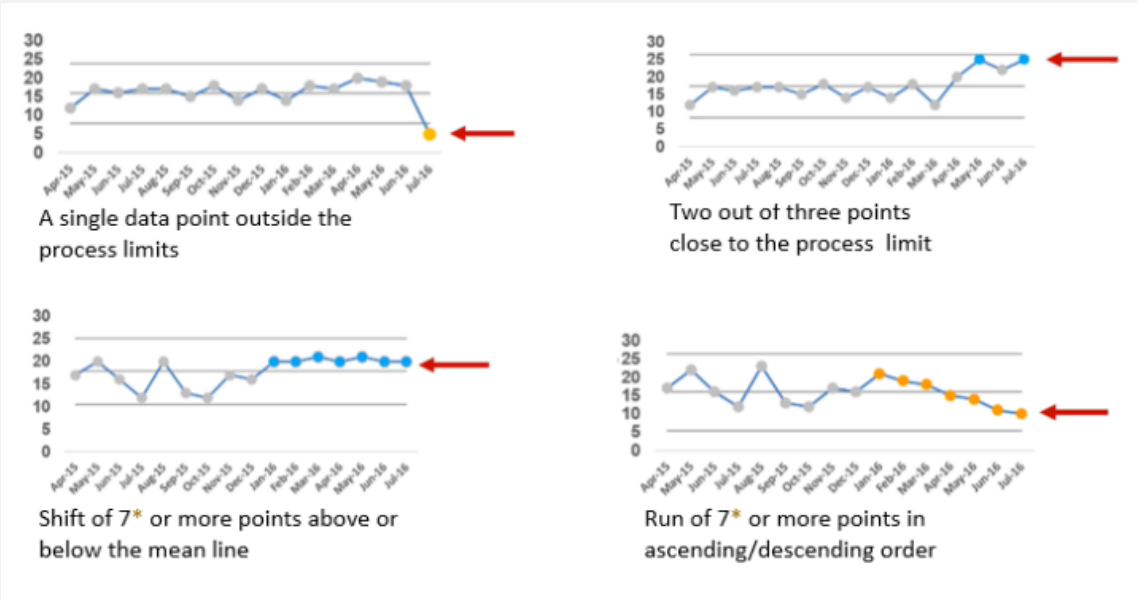
Anatomy of a SPC chart



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		