

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 February 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 10 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 10, 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 IPAR consists of two parts:

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

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

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

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

Cefndir / Background

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

Asesiad / Assessment

Our performance in January 2024 was impacted by industrial action, patient flow issues, staff shortages and demand exceeding our capacity to see and treat patients. A total of 1,725 outpatient appointments and 178 procedures were cancelled during the industrial action in January 2024.



Key areas for improvement

The table below gives a snapshot of our key areas for performance improvement in 2023/24. Further details for all of the measures below can be found within the supporting document entitled ‘Integrated Performance Assurance Report Overview: as at 31 January 2024’.

Variation		Assurance		Trajectory			
How are we doing over time		Performance against target		Performance against our ambition			
● Improving trend		▲ Always hitting target		⚙ Trajectory met or improved upon			
● Usual trend		▲ Hit and miss target		⚙ Within 5% of trajectory			
● Concerning trend		▲ Always missing target		⚙ 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	Jan 2024	0	11,871	●	■	◆
Planned care	Waits over 52 weeks: new outpatient appointment	Jan 2024	0	4,197	●	■	◆
Planned care	Follow-up appts - delayed > 100%	Jan 2024	0	16,310	●	■	◆
Planned care	Patients waiting over 52 weeks RTT	Jan 2024	0	15,278	●	■	◆
Planned care	Patients waiting 104 weeks+ RTT	Jan 2024	0	2,339	●	■	◆
Emergency care	% Ambulance red call responses < 8 mins	Jan 2024	65%	47.8%	●	■	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Jan 2024	0	1,245	●	■	◆
Emergency care	Ambulance handover > 4 hours Hywel Dda	Jan 2024	0	368	●	■	◆
Emergency care	% patients spending < 4 hours in A&E/MIU Hywel Dda	Jan 2024	95%	65.2%	●	■	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Jan 2024	0	1,583	●	■	◆
Emergency care	Number of Pathways of Care delayed discharges	Jan 2024	n/a	207	●	N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Dec 2023	75%	56%	●	■	◆
Mental health	% pt waits < 28 days 1st CAMHS appt	Dec 2023	80%	77.6%	●	■	◆
Mental health	% adult psychological therapy waits < 26 weeks	Dec 2023	80%	39.6%	●	■	◆
Mental health	% child neurodevelopment assess waits < 26 weeks	Dec 2023	80%	14.8%	●	■	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Jan 2024	0	7,638	●	■	◆
Therapies	Pts waiting 14 wks+ for specified therapy	Jan 2024	0	3,604	●	■	◆
Primary & Community Care	Referrals from primary care into secondary care	Jan 2024	n/a	1,140	●	N/a	◆
Ophthalmology services							
Quality	C. difficile: Number of confirmed cases (in-month)	Jan 2024	8	19	●	■	◆
Quality	E.coli: Number of confirmed cases (in-month)	Jan 2024	22	25	●	■	◆
Workforce	% sickness absence rate of staff	Jan 2024	4.79%	6.23%	●	■	N/a
Finance	Financial in month deficit	Jan 2024	n/a	£4,123,000	●	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 January 2024](#).

Other key things to flag

Patient Experience: Although the measures for overall patient experience and positive experience in Emergency Departments exceeded the target in January 2024, there has been a noticeable decline for all the other patient experience measures, also including five not reaching target compared to just two in December 2023. The Patient Experience team are investigating this unexpected decline and will report outcomes next month.

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

Ophthalmology: Our target is to see 95% of high risk (R1) ophthalmology patients within the nationally agreed timeframe*. We only achieved this target for 769 out of 1,163 (66.1%) of our R1 patients that had appointments in December 2023. The national target (95%) has never been achieved and concerning variation is showing.

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

Diagnostics waits eight 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 January 2024 (569) decreased compared to December, however, remain high compared to previous months. Machinery failure and low staffing levels between June and November 2023 led to a waiting list backlog. Whilst these issues have since been resolved, it has taken until now to see the full benefits. With the new lead neurophysiologist working closely with the management team, service improvements are being seen, including the addition of an extra two patients per day to clinics, patient access policy training, text messaging reminders to reduce non-attendances and validation of waiting lists.
- **Colonoscopy:** In October 2023, 26.1% of patients were offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment, an increase of over 20% from the previous month, although below target (90%). Further improvements are expected from January 2024 with an additional screening Endoscopist being trained and qualified in December 2023. This will introduce one additional list per week into core Bowel Screening Wales capacity. Additionally, plans are in place to on-board one further screening Colonoscopist in April 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.
- **Podiatry:** Breaches in January 2024 (349) decreased compared to December 2023, however, remain high relative to previous months. The service has seen an increase of approximately 3,000 referrals per year. To manage lists, work is ongoing to streamline pathways wherever possible, including validating waiting lists.
- **Occupational Therapy:** Breaches within children's services account for 299 of the 422 breaches in January 2024. A paper will be taken to the Operational Quality, Safety and Experience Sub-Committee in February 2024, outlining key risks and issues. Funding secured in January 2024 to commission additional assessment and intervention to help with our waiting list. In February, we will go live with the Waiting List Support Service (WLSS) to signpost children and young people and their parents or carers to appropriate support and resources while they wait.

Workforce: Nurses and midwifery staff in-post: We had 3,154 nursing and midwifery staff in post in January 2024, which continues to exceed our 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.

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

Argymhelliad / Recommendation

The Committee is asked to **NOTE** the report from the IPAR – Month 10 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
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y 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
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st January 2024

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



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

For data on all performance measures we are tracking, see our IPAR dashboard:
[Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st January 2024.](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
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Quality	Ophthalmology services						
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Workforce	% sickness absence rate of staff	Jan 2024	4.79%	6.23%	●	□	N/a
Finance	Financial in month deficit	Jan 2024	n/a	£4,123,000	●	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

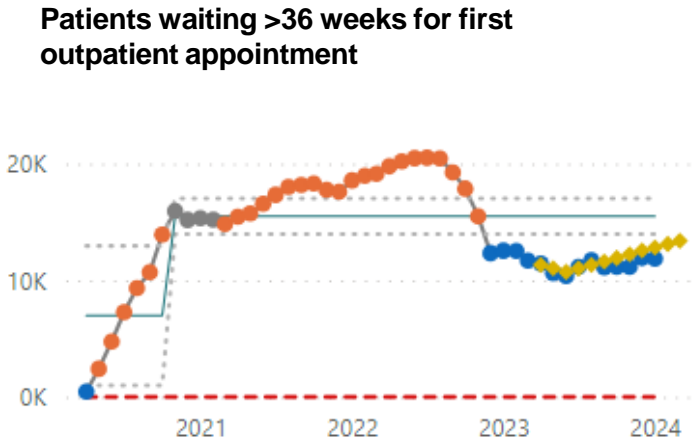
- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

Statistical process control (SPC) charts

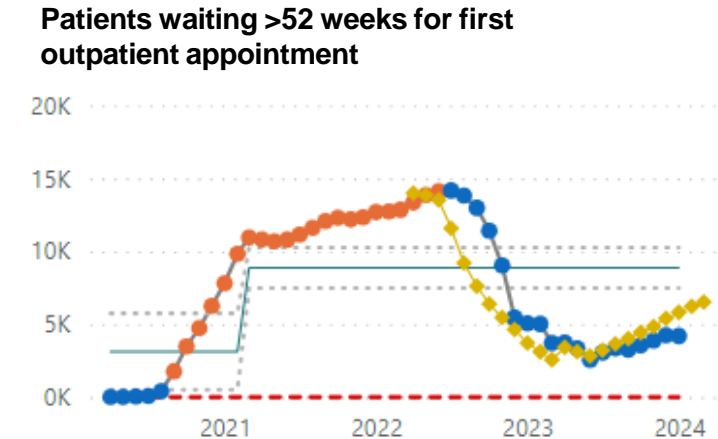
- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

Key

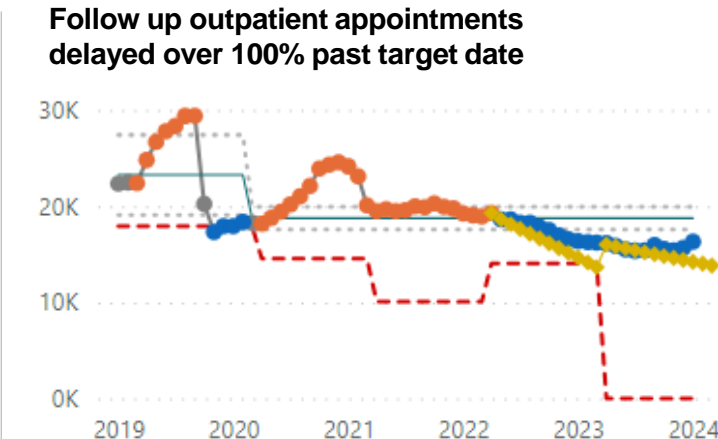
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition



Breaches reduced between December 2023 (11,937) and January 2024 (11,871) and are almost 1,000 below trajectory (12,827). The most breaches are within Ophthalmology (2,641) and ENT (2,042).



Breaches reduced in January 2024 (4,197) following 3 months of increases. Trajectory (5,813) continues to be exceeded. The most breaches are within ENT (1,261) and Ophthalmology (956).



Trajectory (14,227) has not been met in the last 6 months and breaches increased between December 2023 (15,669) and January 2024 (16,310).

Key challenges / issues

- Industrial action in January impacted routine activity for outpatients (new and follow up appointments) and theatre sessions.
- Actions and initiatives for the rest of the financial year will be impacted by upcoming industrial action by junior doctors for 3 days at the end of February and 4 days in March – with consultant industrial action also possible.
- 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 and can lengthen treatment times.

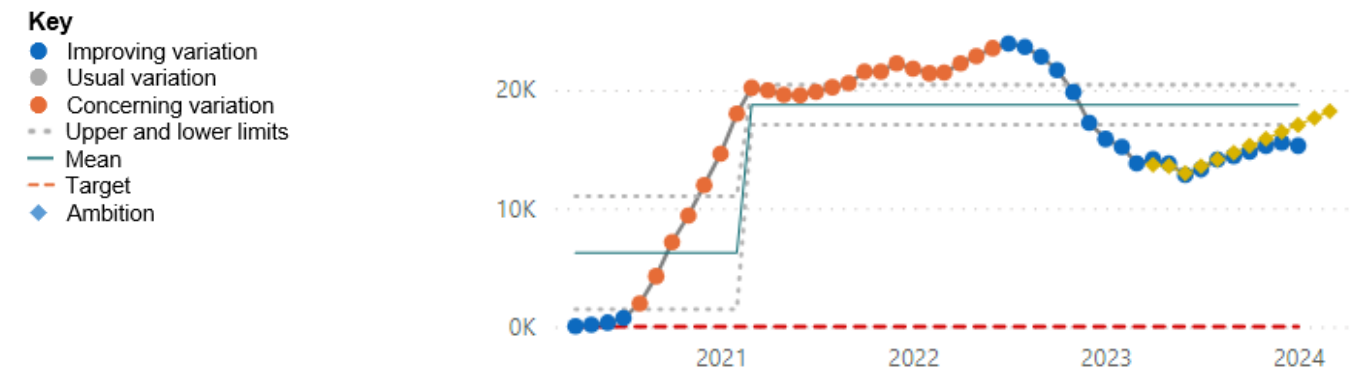
Key actions / initiatives

- We aim to have no patients waiting from referral to treatment (RTT) over 3 years in all specialties (apart from Orthopaedics) by March 2024. Further aims by the end of March 2024 are to have:
 - between 1,600 and 1,700 patients waiting over 2 years from referral to treatment.
 - less than 4,200 patients waiting over 52 weeks for their first outpatient appointment.
 - less than 14,000 patients waiting beyond 100% of their follow up target date.
- These aims are dependent on specialty specific delivery plans, including additional internal and external (outsourcing) activity.
- The additional allocation of £2.8 million to the planned care directorate is supporting the outsourcing of approximately 1,342 RTT pathways, 360 endoscopy procedures, 2,500 radiology diagnostics, 224 dermatology outpatient pathways, 240 rheumatology outpatient pathways.
- The Orthopaedics directorate are being supported by the NHS executive to learn what efficiency and improvements they can achieve during the month of March 2024.

Due date

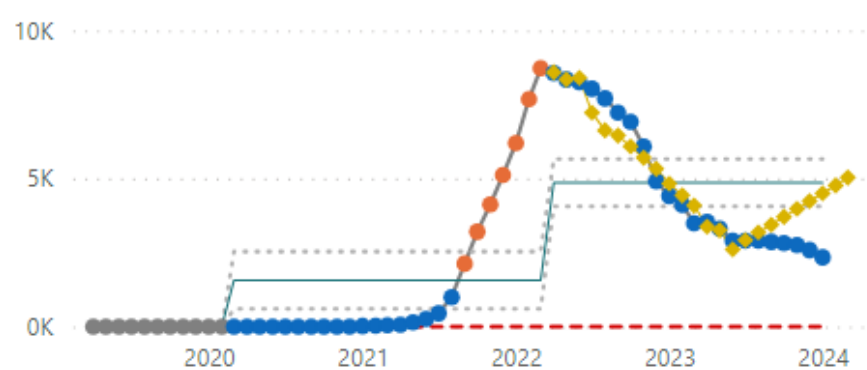
- 31st March 2024
- 31st March 2024
- 31st March 2024

Patients waiting over 52 weeks from referral to treatment



Breaches reduced in January 2024 (15,278) following 6 months of increases. Trajectory (17,023) continues to be exceeded. The most breaches are within Orthopaedics (3,508) and Ophthalmology (3,342).

Patients waiting over 104 weeks from referral to treatment



Performance has improved for the last 9 consecutive months, and the 2,339 breaches in January 2024 is over 2,000 below trajectory (4,504). The most breaches are within Orthopaedics (1,363) and Urology (602).

Key challenges / issues

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

 Actions and initiatives for the rest of the financial year will be impacted by upcoming industrial action by junior doctors for 3 days at the end of February and 4 days in March – with consultant industrial action also possible.

 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 and can lengthen treatment times.

Key actions / initiatives

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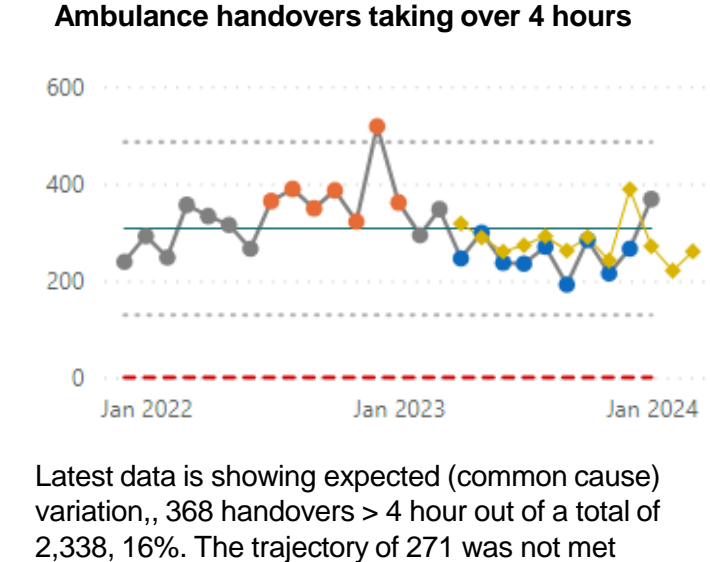
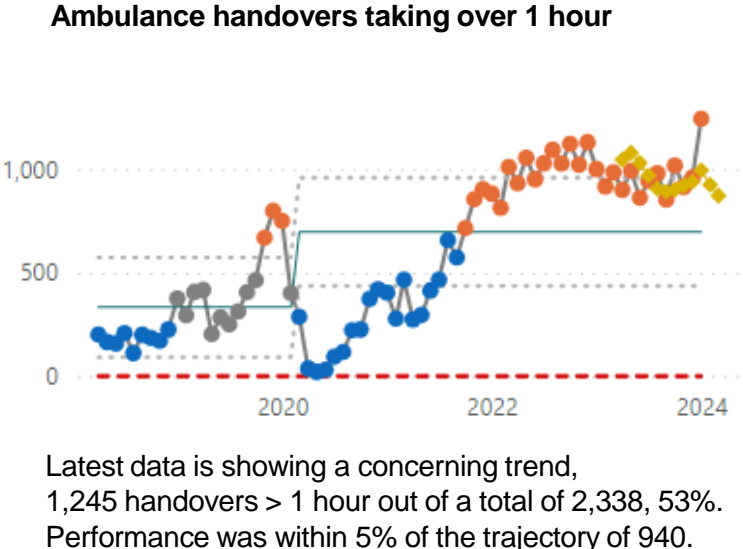
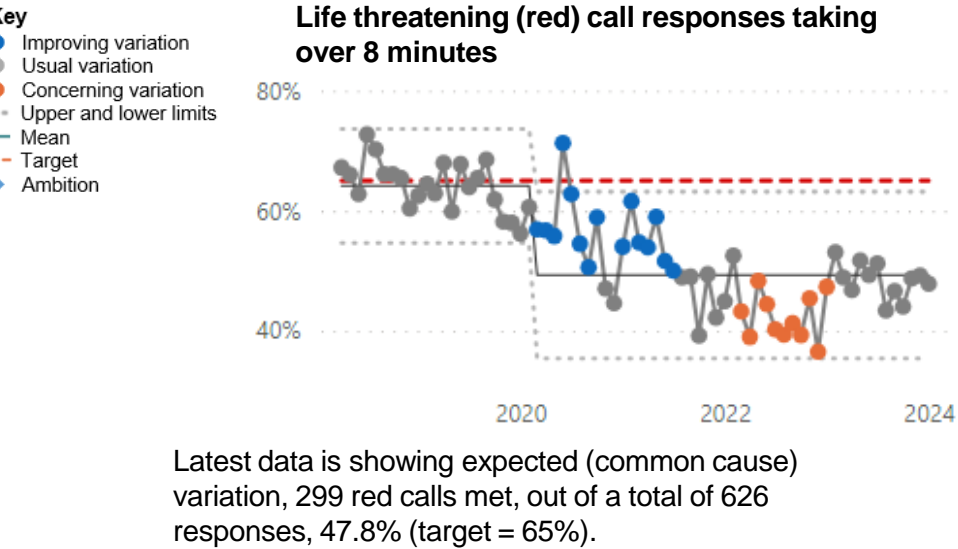
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Due date

31st March 2024

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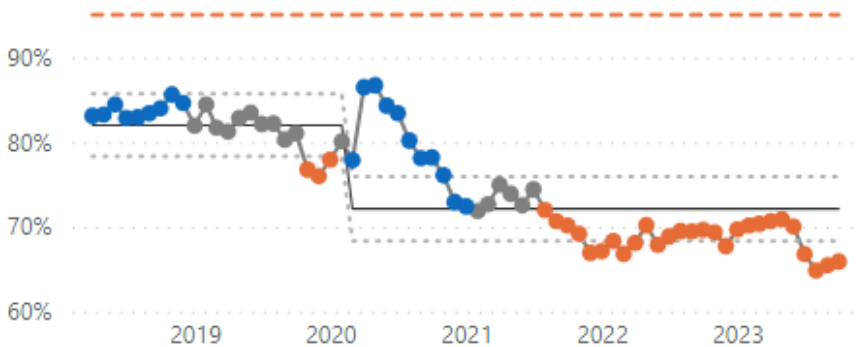


Key challenges / issues – red calls
<div><div><div>49.8% of missed red calls for January 24 were attributed to the call being within the 8 minutes response time but no vehicle being available to respond, which includes vehicles held at hospital sites.</div><div>44.6% of missed red calls for January 24 were attributed to the red call not being reachable within 8 minutes, if a vehicle is available and on nearest standby point.</div><div>Overall, attended demand in Hywel Dda area for 2 weeks of January have been above the forecast, particularly w/c 8th January 24 and w/c 15th January 2024.</div><div>Hospital delays in offloading WAST ambulance crews, 4,388 hours lost at the 4 acute Hywel Dda hospital sites during January 2024, which has increased by 27.42% from the month of December. Handover delays continued to be challenged and would welcome pathways such as cerebral vascular accident and neck of femur pathways to assist in reducing delays.</div><div>There has been an increase in the number of immediate release requests for the month of Jan 2024. 23 requests made, 16 accepted. 7 not accepted. 69.6% acceptance rate.</div></div></div>

Key actions / initiatives – red calls	Due date
<div><div>Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts</div><div>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</div><div>Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. Consultant connect, an APP used by WAST clinicians to identify pathway with a direct line to the relevant referral pathway. This is in the process of being updated.</div><div>Eastgate clinical streaming hub is active. Phase 2 being 'Porth Preseli' clinical streaming hub is progressing. Expected to 'go live' with advanced paramedic practitioners before the end of February to support safe admission avoidance</div><div>WAST resourcing reviews and targeted overtime allocation to bolster resource availability.</div></div>	<div>Weekly</div> <div>Hourly / daily</div> <div>29 February 24</div> <div>29 February 24</div> <div>Daily ongoing</div>

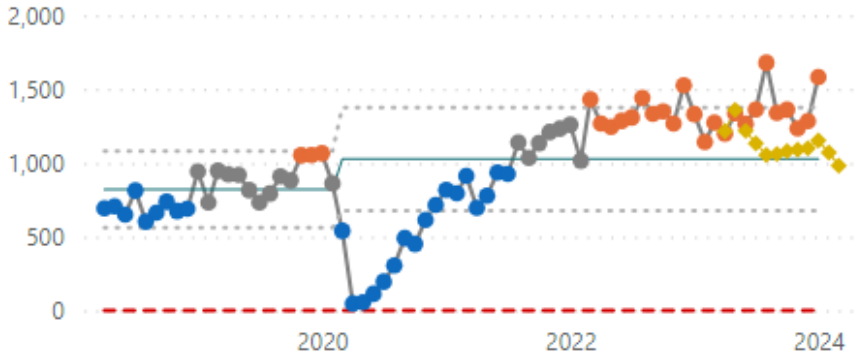
- Key
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - ◆ Ambition

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



65. 2% reported for January (4,704 breaches out of 13,519 new attendances). The chart is showing a concerning performance trend.

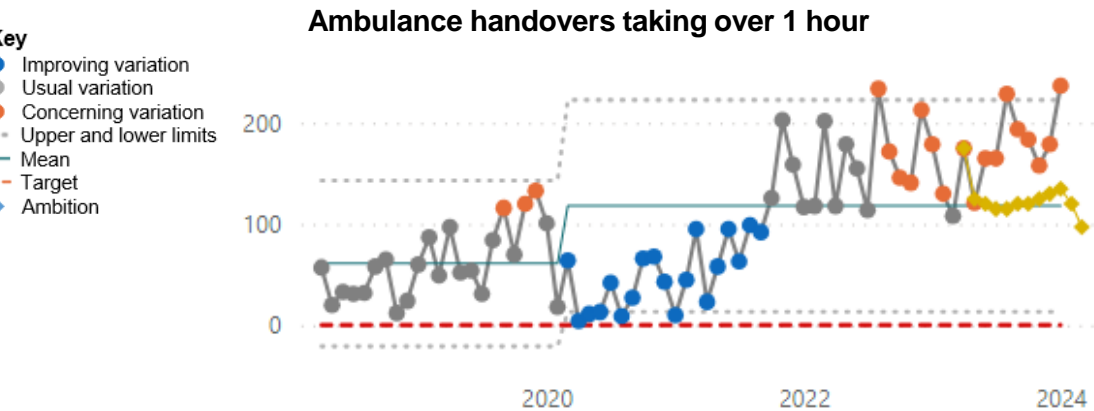
Patients waiting over 12 hours in A&E/MIU



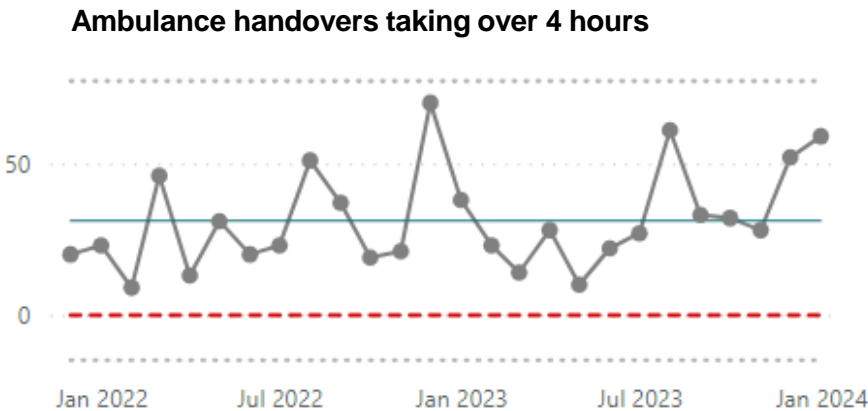
1,583 breaches out of 13,519 new attendances, 12%. Trajectory of 1,152 not met and chart is showing a concerning performance trend.

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](#)

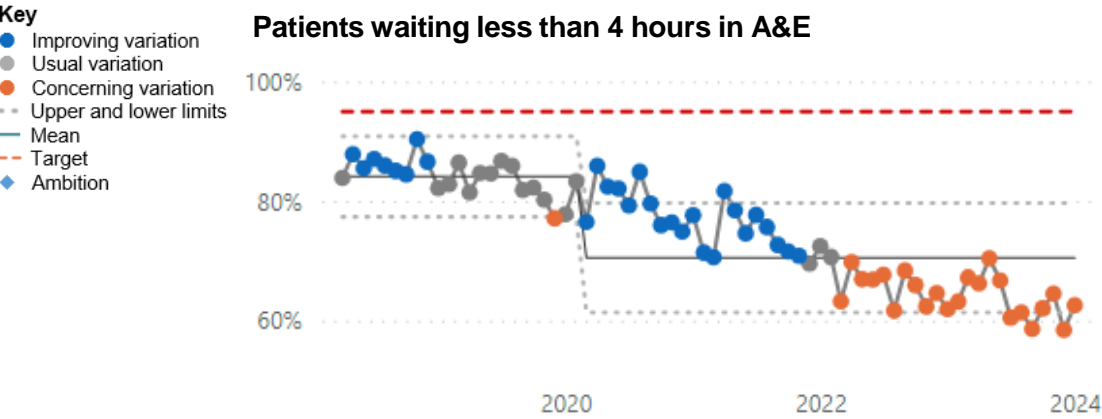


Latest data is showing concerning trend, 237 handovers >1 hours reported out of a total of 419 handovers, 57%. The trajectory of 135 has not been met.

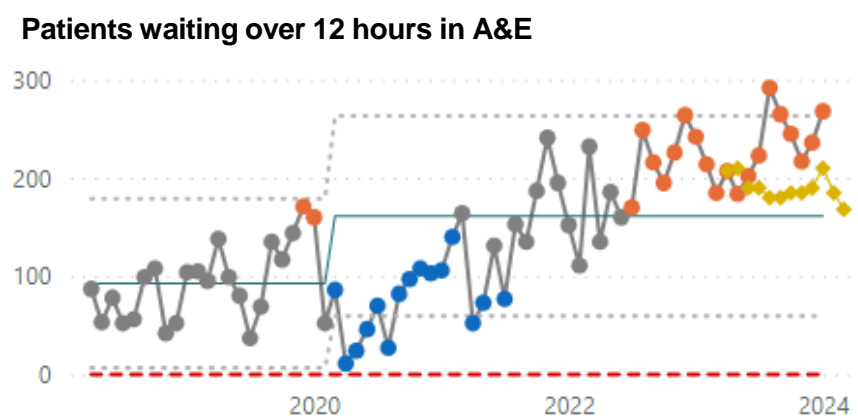


This metric is showing expected (common cause) variation. 59 handovers >4 hours were reported out of 419 total handovers 14%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Front door overwhelmed, not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010's, the recent increase in acuity challenges the ability to effect alternatives to admissions. Front door regularly surged by 15 patients.Clinicians regularly report higher acuity patients self-presenting than waiting in ambulances.Ambulance handover delays as no safe place to accommodate patients in the Emergency Department (ED).Acuity of admitted patients challenges out-of-hours care with more input required by the Hospital at Night medical team thereby limiting support provided to ED.Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base with no on-demand alternative available for a cohort of patients. Patients who do not necessarily require a hospital bed, but the correct capacity needs to be available in the correct place at the correct time.Data quality concern identified with Dual Pin Data (mechanism by which handover times are recorded and calculated) presented by WAST. Only particularly obvious when department is quiet, but there is concern about data quality.	<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 31/3/24Additional nursing staff rostered when department is surged, including nurse support to patients on ambulances.Clarity over implementation of recommendations of review of nurse staffing levels for EDsReview Dual Pin Data concerns with WAST (cause may be operator error/timing of use or many other factors)	<p>29/2/2024</p> <p>31/3/2024</p> <p>31/3/2024</p> <p>31/3/2024</p> <p>Implemented when required.</p> <p>Awaited</p> <p>31/03/2024</p>

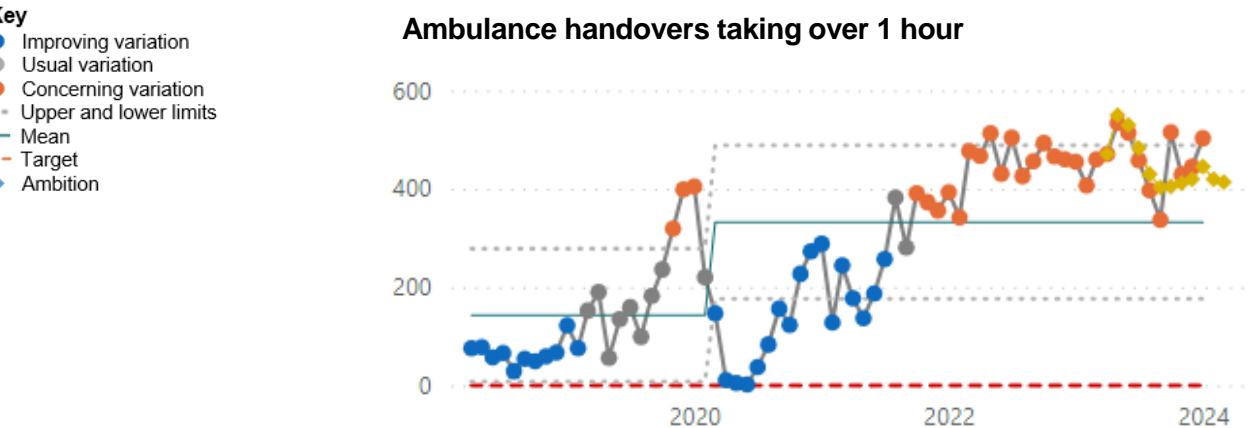


62.61% reported for January, 823 breaches out of 2,201 new attendances. Chart is showing a concerning performance trend

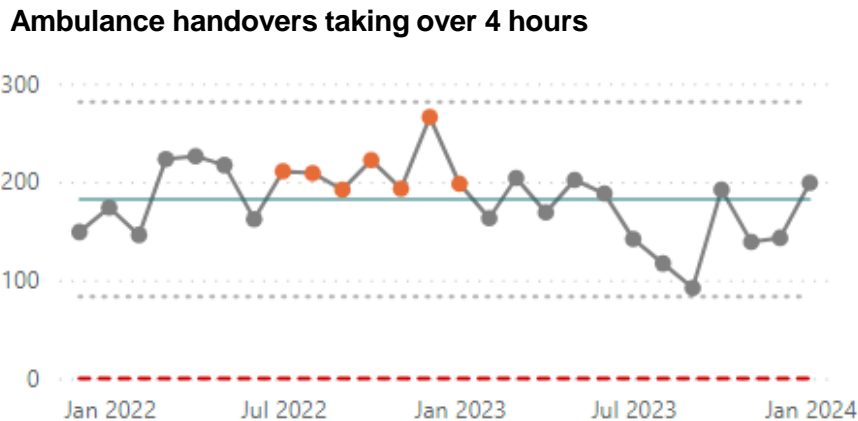


268 breaches out of 2,201 new attendances, 12%. The trajectory of 210 was not met and chart is showing a concerning performance trend.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Front door overwhelmed, not necessarily by volume of demand, but by acuity of presentations. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010s, the recent increase in acuity challenges the ability to effect alternatives to admissions.Clinicians regularly report higher acuity patients self-presenting than waiting in ambulances.Acuity of admitted patients challenges out-of-hours care with more input required by the Hospital at Night medical team thereby limiting support provided to ED.Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base with no on-demand alternative available for a cohort of patients. Patients who do not necessarily require a hospital bed, but the correct capacity needs to be available in the correct place at the correct time.	<ul style="list-style-type: none">Front door review – TUEC data gathering phase.Front door development review. Nurse led-review of front door serviceDevelopment of Interface Frailty Model Project Initiation DocumentAdditional ED junior doctor covering out of hours, but unfunded so will end 31/3/24	<div>29/2/2024</div> <div>31/3/2024</div> <div>31/3/2024</div> <div>31/3/2024</div>



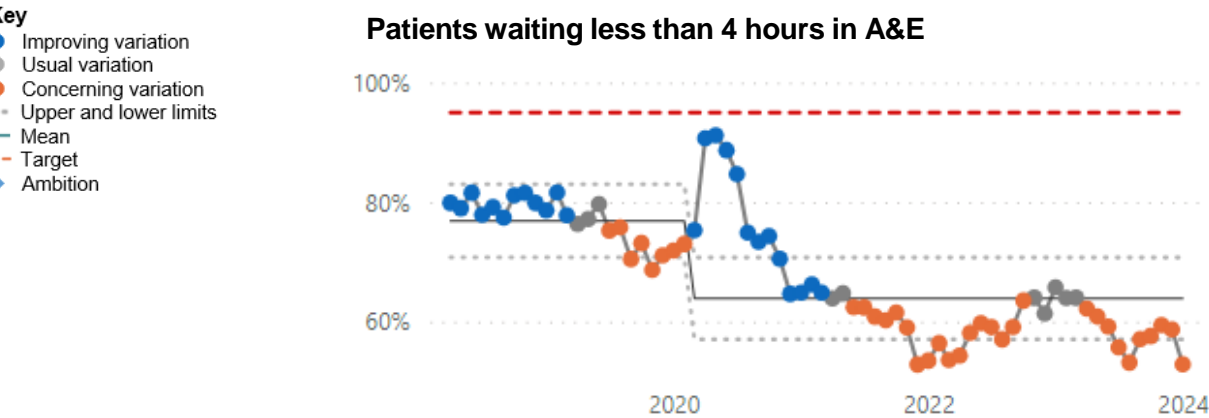
Latest data is showing concerning trend. 503 handovers >1 hours reported out of a total of 859 handovers, 59%. The trajectory of 445 was not met.



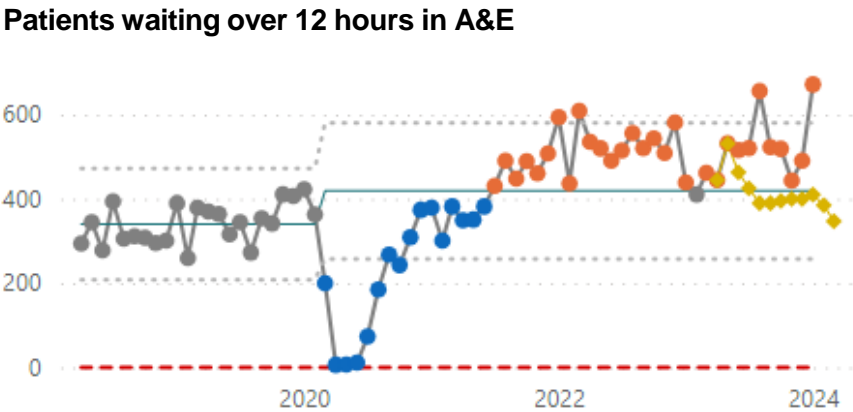
Latest data is showing expected (common cause) variation. 199 handovers >4 hours reported out of a total of 859 handovers, 23%.

Key challenges / issues
<ul style="list-style-type: none">Both 1 and 4 hour Ambulance performance has deteriorated with only a minimal increase in total ambulance numbers in comparison to December 23.Flow has remained challenging due to the high acuity of patients and complex discharge needs along with the increased prevalence of flu and Covid.Advanced Paramedic Practitioner (APP) support within Eastgate clinical streaming hub has been limited due to sickness and leave periods.Acuity of unwell patients who self-present can often contribute to ambulance handover delays.

Key actions / initiatives	Due date
A&E safety huddles continue with a focus on ambulance handover and clinical safety within the department.	Daily
Advanced Paramedic Practitioner shift fill rate being focused on for February and March by WAST and Eastgate clinical streaming hub.	March 24
Real Time Demand and Capacity (RTDC) fully embedded to increase focus on early discharge.	Daily
Same Day Emergency Care effectively collaborating with WAST and Emergency Department for suitability of patients.	Daily



52.90% reported for January, 2,003 breaches out of 4,253 new attendances. Chart is showing concerning performance trend



672 breaches out of 4,253 new attendances, 16%. The trajectory of 410 was not met. Chart is showing concerning performance trend.

Key challenges / issues

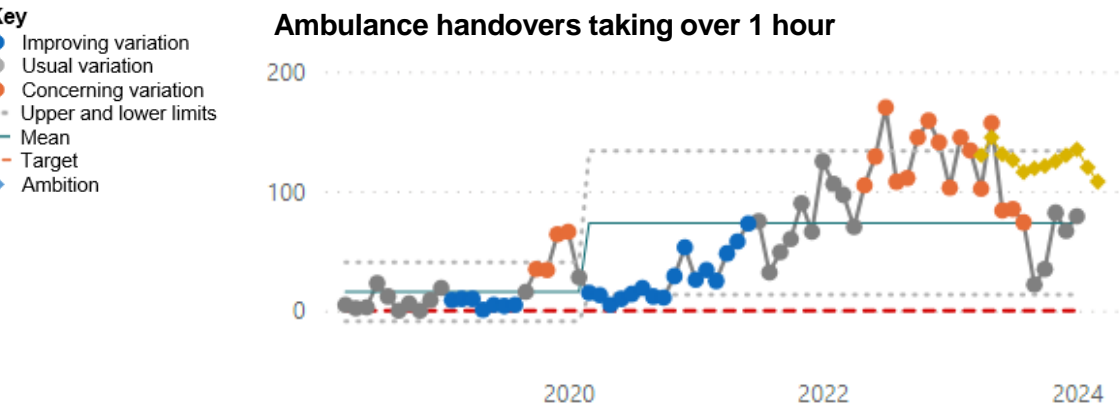
- Overcrowding in ED continues to be challenging with patients often allocated inappropriate space around the nursing bay.
- Approximately 75% of attenders are categorised as major patients.
- Glangwili Hospital is the Health Board clinical pathway for numerous specialties.
- Patient flow out of hospital continues to be challenging due to complexity of long-stay patients.

Key actions / initiatives

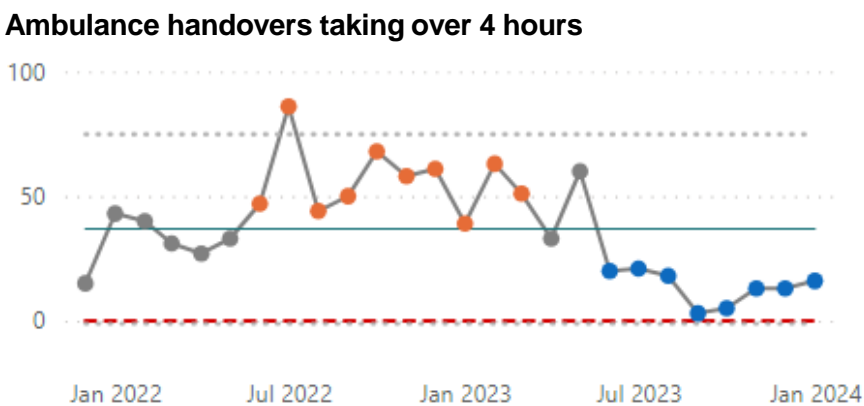
- Intermediate Care multi-discipline team (IC MDT) pilot underway within SDEC with in-reach to the Emergency Department for suitable patients to be cared for in community environment with support.
- Development of Surgical SDEC. First meeting to be confirmed.
- Carmarthenshire Acute Transfer Panel in place to discuss longest stay patients.
- We transfer patients up to the wards early where discharges are identified to improve the flow throughout the hospital.

Due date

- Awaiting update from IC MDT re timeline of pilot review.
- February 24
- Weekly
- Daily

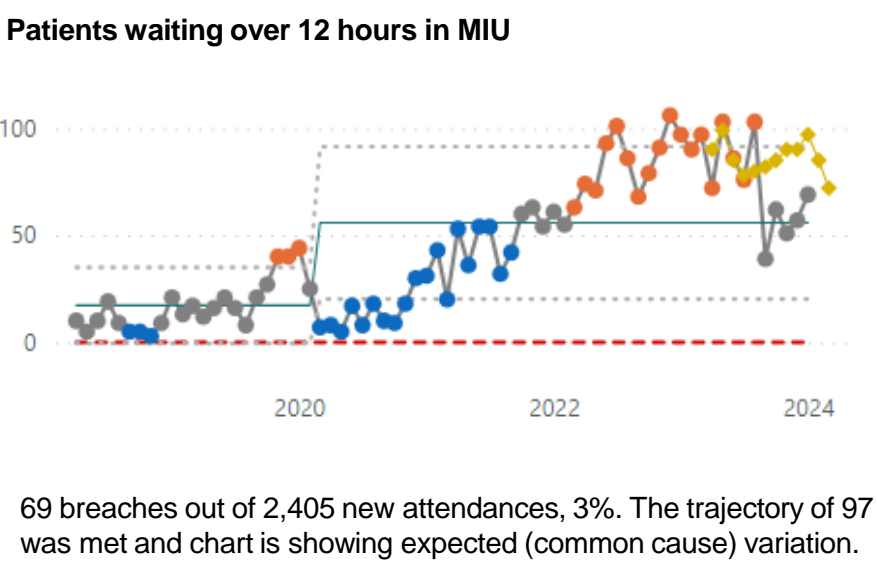
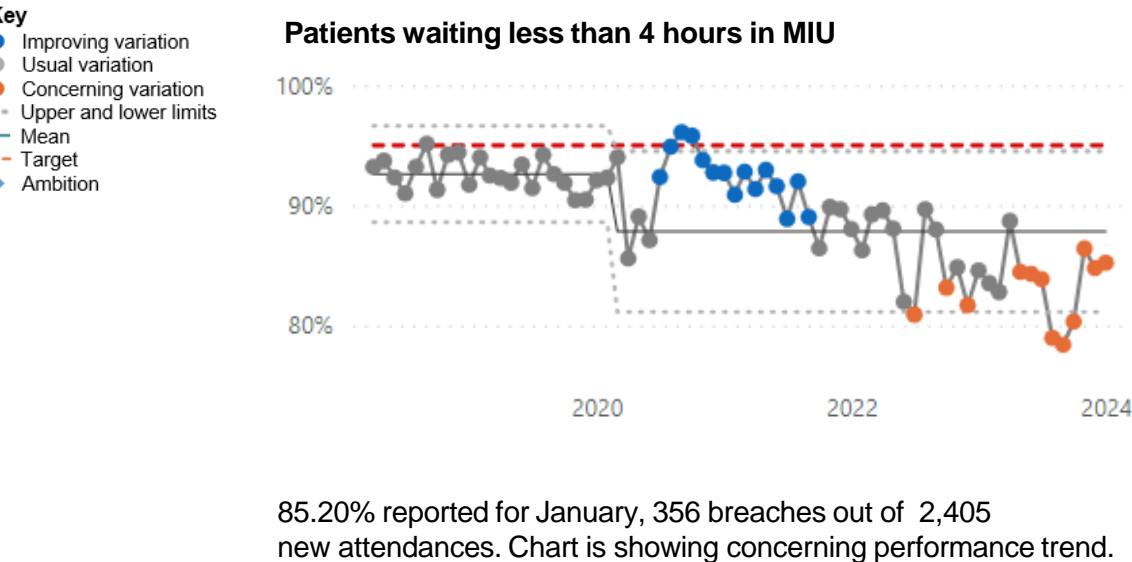


Latest data is showing expected (common cause) variation. 79 handovers >1 hours reported out of a total of 270 handovers, 29%. The trajectory of 135 was met.



Latest data is showing an improving performance trend. 16 handovers >4 hours reported out of a total of 270 handovers, 6%.

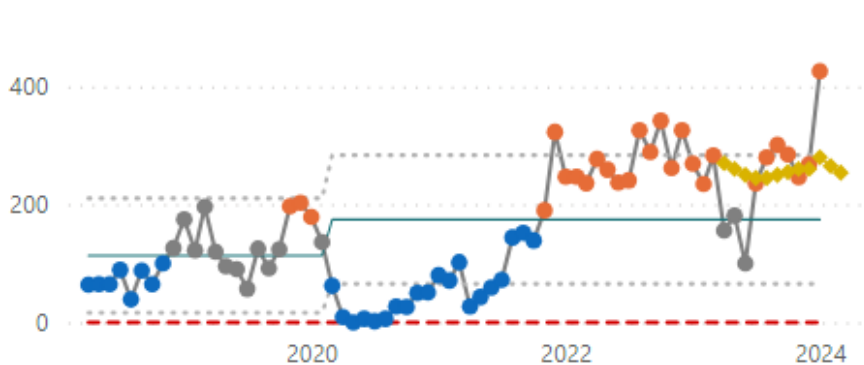
Key challenges / issues	Key actions / initiatives	Due date
<div><div>Ambulance demand increased during January which was anticipated. Having dropped in December, this month saw 29% increase to handovers greater than 1 hour and 16% over 4 hours.</div><div>Patient flow from the emergency department and through the hospital remains a challenge, with delays to discharge being a contributory factor. Complexity of patient needs delays timely discharge.</div><div>Infection control issues remain a challenge when scoping appropriate bed areas for patients.</div></div>	<div><div>Red/amber ambulance incident release remains a priority.</div><div>RTDC (Real time Demand and Capacity) continues to identify early discharges to improve patient flow throughout the hospital.</div><div>Focus remains on daily safety huddles with a multi discipline team (MDT) approach on patient pathway and expediting any outstanding tests to prevent delays.</div><div>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. We transfer patients up to the wards early where discharges are identified to improve the flow throughout the hospital.</div><div>Front door review – TUEC data gathering phase</div><div>Frailty model review - recruitment process</div></div>	<div><div>Daily</div><div>Daily</div><div>Daily</div><div>Daily</div><div>31 March 24</div><div>1 July 24</div></div>



Key challenges / issues	Key actions / initiatives	Due date
<div><div>Minor Injury Unit (MIU) new patient attendances in January matched that of November's position which is slightly down on attendances throughout the year, 32% of patients attended with a major complaint rather than a minor injury. These patients require admission and can wait in MIU overnight due to restricted availability of an appropriate bed.</div><div>Patients waiting longer than 4 hours to be seen increased slightly this month but positively our 12 hour compliance remains high at 97%.</div><div>Patients who are clinically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs, remains high at around 45 patients per day. This does impact to 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) Mon-Fri, 10am-6pm - attendances have increased due to our hybrid model including medical input with circa 95% discharged rather than admitted. SDEC team has increased with the support of a Locum Consultant.</div><div>Hot Clinic (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not on a ward) continues to run which facilitates early discharges and a follow up review. These clinics will increase through job planning over the next 12 months.</div><div>Continue to focus on recruitment and staff retention with weekly education sessions for both medical and nursing staff.</div><div>Medical Day Unit model is being worked on to support our front door pressures with appropriate pathways reducing length of stay.</div><div>Continued focus on increasing patient flow throughout the inpatient ward beds, admission avoidance and more importantly turnaround at the front door. Well attended safety huddles support early identification of problems and solutions, early discharges and the usage of discharge lounge improves flow across the site.</div></div>	<div>Daily</div> <div>31 March 25</div> <div>Weekly</div> <div>30 April 24</div> <div>Daily</div>

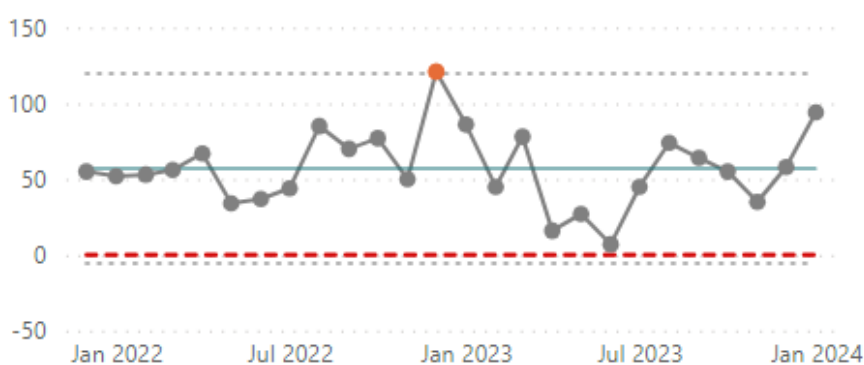
- Key
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 426 handovers >1 hours reported out of a total of 790 handovers, 54%. Performance trajectory of 280 was not met.

Ambulance handovers taking over 4 hours



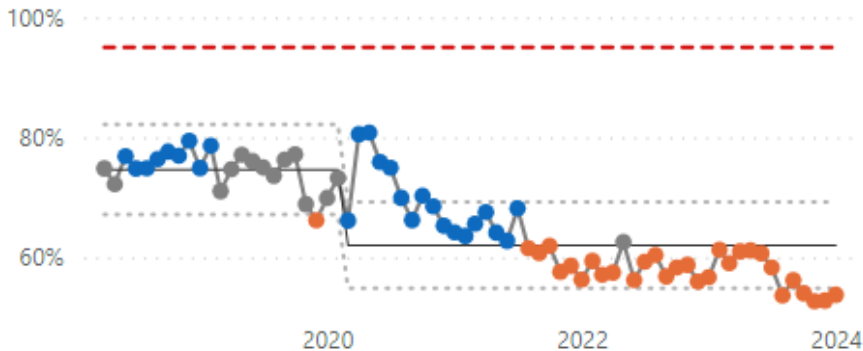
Latest data is showing expected (common cause) variation. 94 handovers >1 hours reported out of a total of 790 handovers, 12%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Withybush Hospital continues to struggle to accept handover of patients from the ambulances in a timely manner.Overcrowding in the emergency department (ED) is continuing to be problematic. The demand in attendance has not increased, however this month we have seen a significant increase to our ambulance conveyance (from 693 in Dec 23 to 790 in Jan 24).There has also been an increase in the acuity of our "walk in patients". At times they will take priority over the patients in the ambulances due to clinical condition.Lack of capacity in the community settings is extremely challenging, and not being able to discharge patients promptly to their own homes, care or residential homes, causes a significant challenge on the acute system and impacts the patient flow through the hospitals.	ED safety huddles continue with a focus on ambulance handover and clinical safety within the department. Site safety huddles continues 3x daily whereby whole system discussion takes place to aid in patients flow through the hospital back home into the community	Daily
	We transfer patients up to the wards early where discharges are identified to improve the flow throughout the hospital.	Daily
	Red/amber ambulance incident release remains a priority. We try to ringfence the rapid assessment and treatment area to assist in this request.	Daily
	Working to increase our discharges before 2pm via Real Time Demand Capacity (RTDC).	29 Feb 2024
	Porth Preseli (clinical streaming hub) is operational to assist in reviewing GP and the WAST Stack to assess if the patients requires conveyance. Further Advanced Paramedic Practitioner staff required to fully implement this service.	29 Feb 2024

Key

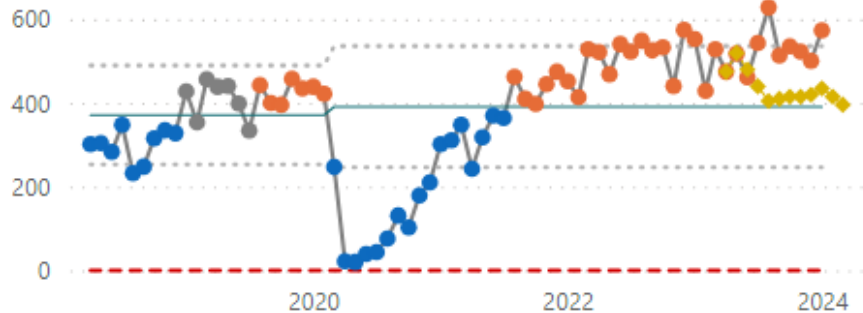
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



53.74% reported for January, 1,515 breaches out of 3,275 new attendances. Chart is showing a concerning performance trend

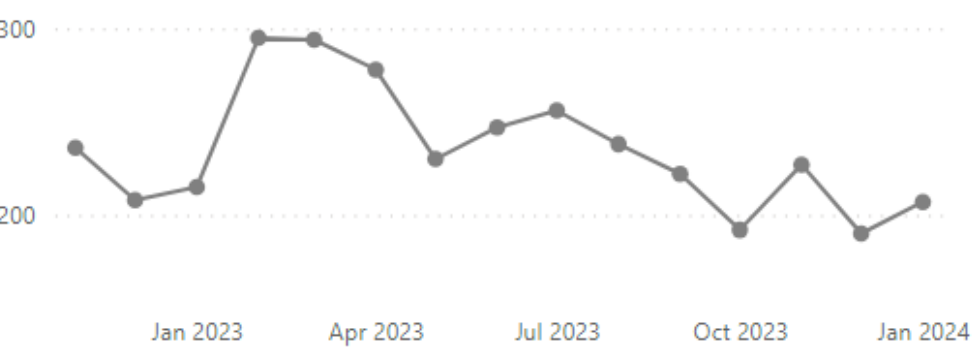
Patients waiting over 12 hours in A&E



574 breaches out of 3,275 new attendances, 18%. The trajectory of 435 was not met and the chart is showing a concerning performance trend.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">The emergency department (ED) continues to be overwhelmed due to lack of actual assessment and treatment space for ED patients to be seen due to the unrepresented number medical patients waiting for inpatient beds.Lack of capacity in the community settings is extremely challenging, and not being able to discharge patients promptly to their own homes, care or residential homes, causes a significant challenge on the acute system and impacts the patient flow through the hospitals.The RAAC work has not been resolved fully, which means Withybush Hospital continues to have less acute medical beds.	ED escalation plan developed. ED have changed footprint to accommodate the inpatients waiting for beds that should help the ED flow. Same day emergency care (SDEC) have increased the redirecting of patients from ED. However, the acuity of the patients seemed to have increased which SDEC would not have been able to see and treat.	Complete
	Working to increase our discharges before 2pm via Real Time Demand Capacity (RTDC).	End of Feb 2024
	Acute Frailty unit will be opening shortly, the unit will have designated SDEC to elevated the demand within the whole system	End of March 2024

Number of pathways of care delayed discharges

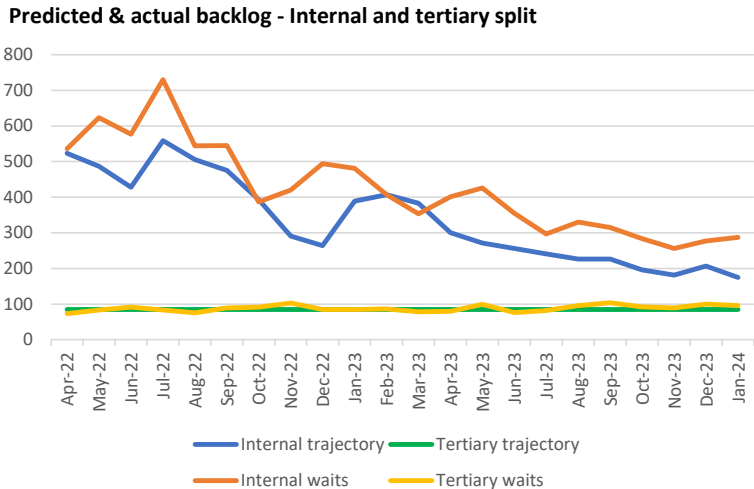


Reason	Resident Local Authority				
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	Total
Awaiting completion of assessment by social care	29	1	16	2	48
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	11	10	7		28
Awaiting start of new home care package	20	2	2		24
Awaiting Social worker allocation	5	11	3	1	20
Awaiting NH availability	5	2	5		12
Awaiting reablement care package	3	4	1		8
Awaiting RH availability	4	1	1	2	8
Mental Capacity	3	1	1	1	6
Awaiting joint assessment	1	3			4
Awaiting nursing/residential home self-funding		4			4
Other	25	7	10	3	45
Grand Total	106	46	46	9	207

Patients with a delayed discharge reduced during January, 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 13 mental health patients and 194 non mental health patients.

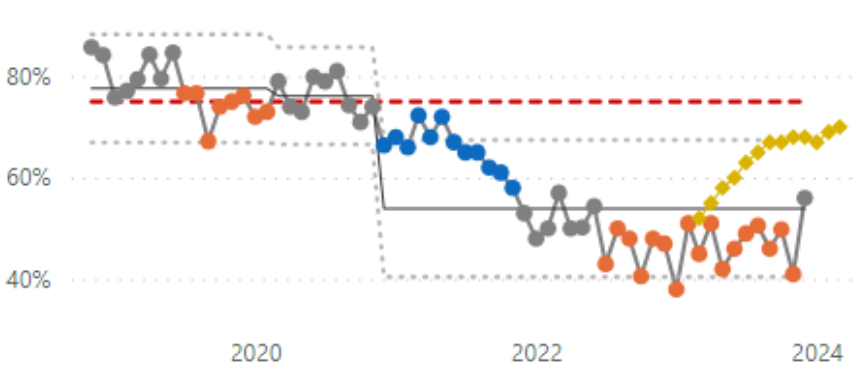
Key challenges / issues	Key actions / initiatives	Due date
Non mental health: <ul style="list-style-type: none">Key challenges continue to manifest through complexity of care needs of our adult in-patients across our community and acute sites.Social care allocation and assessment delays exacerbated by the Christmas period and staff taking annual leave, some of which are agency within the region.There are differing reasons for assessment delays across the sites, for example in Carmarthenshire, it is reduced capacity in therapy driving delays. In Ceredigion and Pembrokeshire, it is more around nursing assessment delays.Community capacity is a significant challenge, particularly within domiciliary care.	To progress a Task and Finish group, to develop a discharge and transfer of care procedures policy (nursing directorate led).	Q2 23/24
	DPOC monitoring withing each County Management System to address the outcome of census reporting in conjunction with Local Authority (LA) colleagues .	Monthly
	Continue to work collaboratively with LA colleagues, third sector/independent sector partners & Welsh Ambulance Service Trust to enable flow, safe patient transfer and enhance community care.	Q1 24/25
Mental health: <ul style="list-style-type: none">Deteriorating position from 16 to 18 delayed pathways of care (DPOC) for January 2024.The numbers of DPOC are almost equally divided between the older adult in-patient population and adult in-patients which includes the Learning Disability (LD) in-patient population.	<ul style="list-style-type: none">An operational adult and LD monthly meeting with health, LAs and commissioning to achieve high level actions to reduce the number of DPOCs.The Director for Mental Health & Learning Disabilities raised the high number of DPOCs within the Directorate at the Operational Performance, Governance and Planning Meeting on the 23rd January. The County Directors (CD) have escalation/DPOC processes in place and the Directorate will link in regarding the Older Adult in-patient population. All CDs requested to share their methods with a view to a collective approach going forward in an attempt to improve the position.	Jun-24 Jun-24

Number of single cancer pathway patients waiting over 62 days



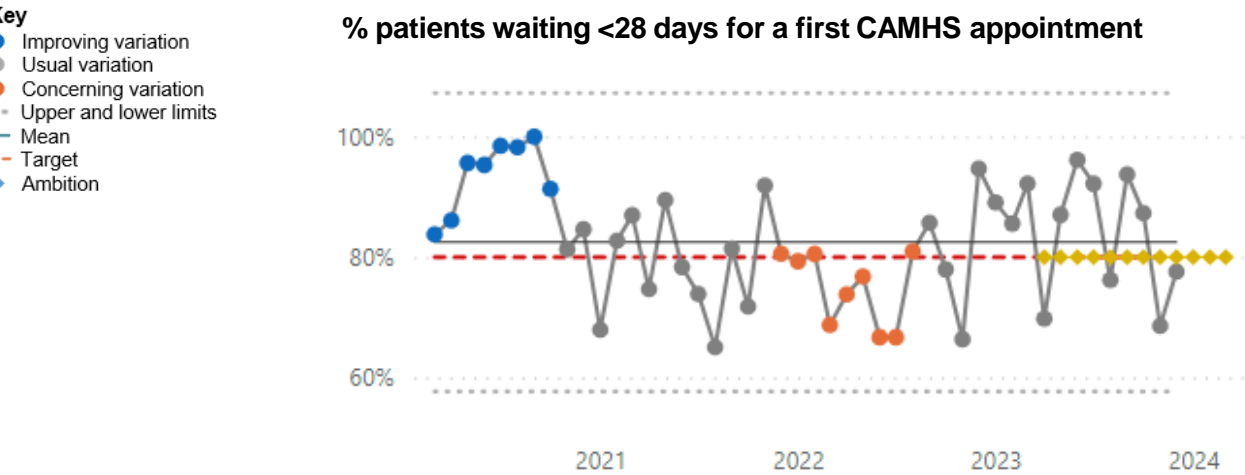
Total of 383 patients waiting over 62 days. 287 for treatment within Hywel Dda, 96 for tertiary treatment . The total trajectory of 260 was not met. Highest waits were for Urology (149).

% single cancer pathway patients starting treatment within 62 days

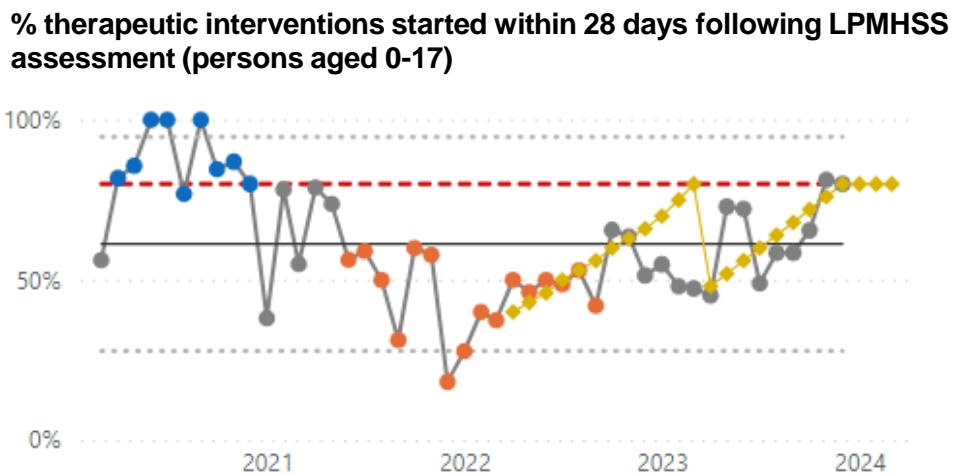


The latest data shows the best performance this year, achieving 56% in December 2023. Between September and November there were 200 to 300 more referrals each month than in December.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Complex patient pathways increase the time before treatment can begin.Reduction in capacity due to industrial action in Dec '23 . Risk of reduced capacity due to further industrial action scheduled for Feb & Mar '24. Plans in development for February to understand and numerate the impact on capacity.Tertiary centre capacity issues, 25% of our total breaches are for tertiary treatment.Radiology & Endoscopy capacity issues related to current workforce are delaying diagnosis and subsequent treatment.Outpatient appointment capacity is limited due to staff needed to support the clinics and availability of clinic space.	<p>Rapid Diagnosis Clinic (RDC) – Roll out 2nd clinic to another acute site. Working with clinicians, Radiology and Estates. This will increase capacity by 1 clinic per week. Currently, demand does not justify a second clinic.</p> <p>Demand and capacity planning for Radiology</p> <ul style="list-style-type: none">Radiology reviewing referral pathway mapping¹Working with ARCH to build a new Radiology dashboard²Support from strategic workforce team to review workforce elements³ <p>Aim is more timely examinations and reports which will improve the patient pathway and reduce the risk of long waits for investigations and reporting of results.</p> <p>New Endoscopy booking process - to reduce time on patient pathways, this was introduced in Nov '23. It tracks all patients referred as urgent suspected cancer (USC) priority. If capacity is identified as a trending breach, the Service Management team will support targeted intervention e.g. additional lists/movement of patients to accommodate USC cases.</p>	<p>31/08/2024</p> <p>¹ 31st March 2024 ²Launched Jan '24 ³End Mar '24</p> <p>Launched November 2024</p>

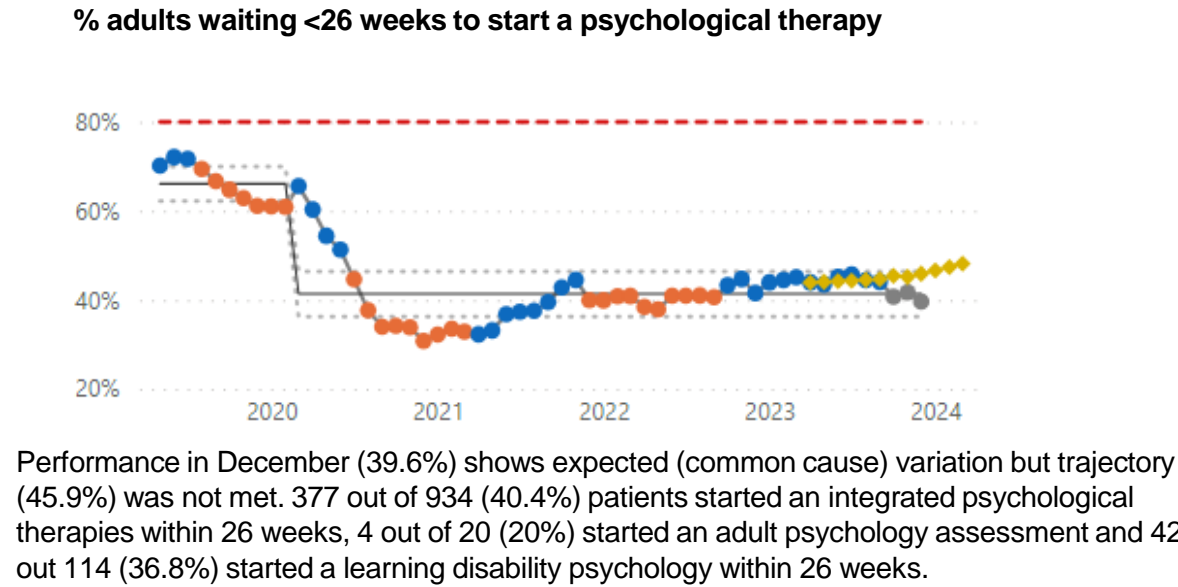
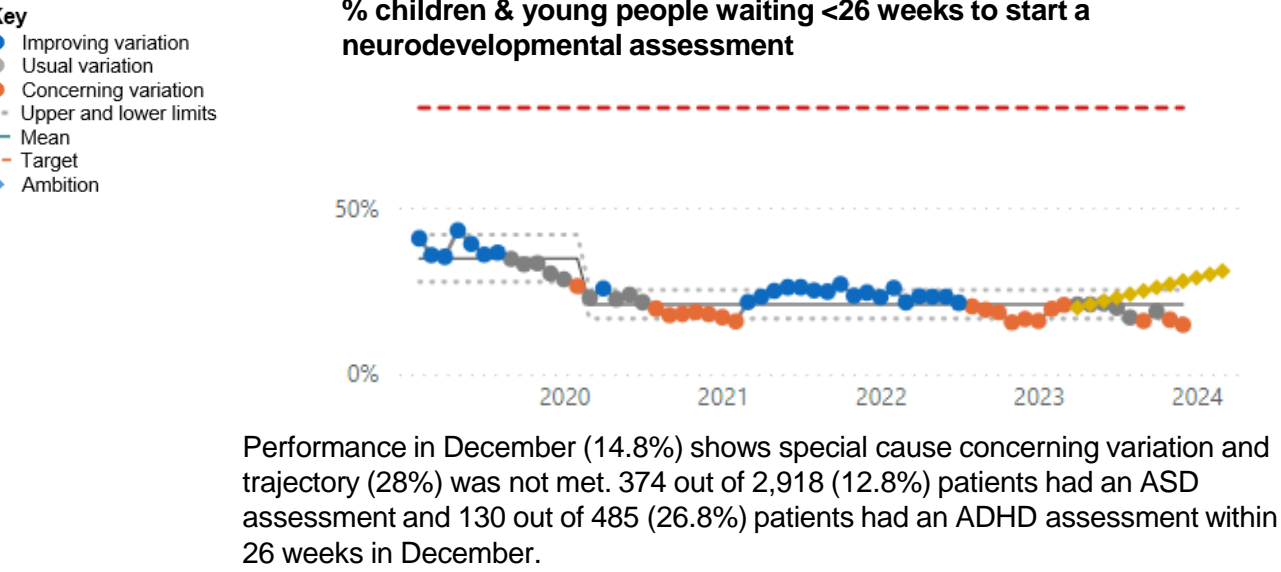


Latest performance is showing expected (common cause) variation. 52 out of 67 (77.6%) young people had their first CAMHS appointment within 28 days. The overall trajectory of 80% in December was not reached.

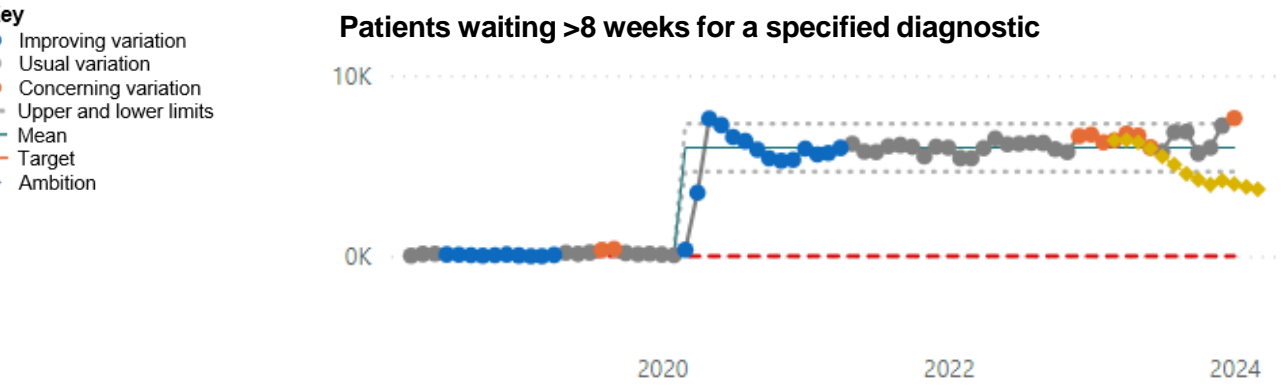


Latest performance is showing expected (common cause) variation. 80% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The trajectory of 80% in December was met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% patients waiting <28 days for a first CAMHS appointment:</p> <p>Improvement in performance 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 changeover of team secretaries contributed to initial appointments not being booked within the 28 day period across October and November 2023.</p>	<p>% patients waiting <28 days for a first CAMHS appointment:</p> <ul style="list-style-type: none">The Pembrokeshire Secondary Care team is to be supported by the Senior Nurse to identify a recovery plan to address the backlog and increase compliance.Team leads have undertaken demand and capacity training to enable process mapping of current systems and pathways 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.	Mar-24
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):</p> <p>Whilst this is now the second month in a row where we have been complaint with this target, we anticipate some possible short-term deterioration in performance in January and February as there remain some breached interventions which will commence in these months. We expect to return to compliance in subsequent months once these are processed.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assess (0-17):</p> <ul style="list-style-type: none">Running multiple in-person skills group work and a review of access arrangements.Increased use of schools for clinical appointments to tackle estates issue.A review is underway with partner agencies, to reflect key areas of service development and clarify how the service structure is aligned with targets.We are piloting the gov.uk notify service to remind patients of assessments. This has reduced missed appointments for assessments and are now being rolled out for first intervention appointments.	Mar-24



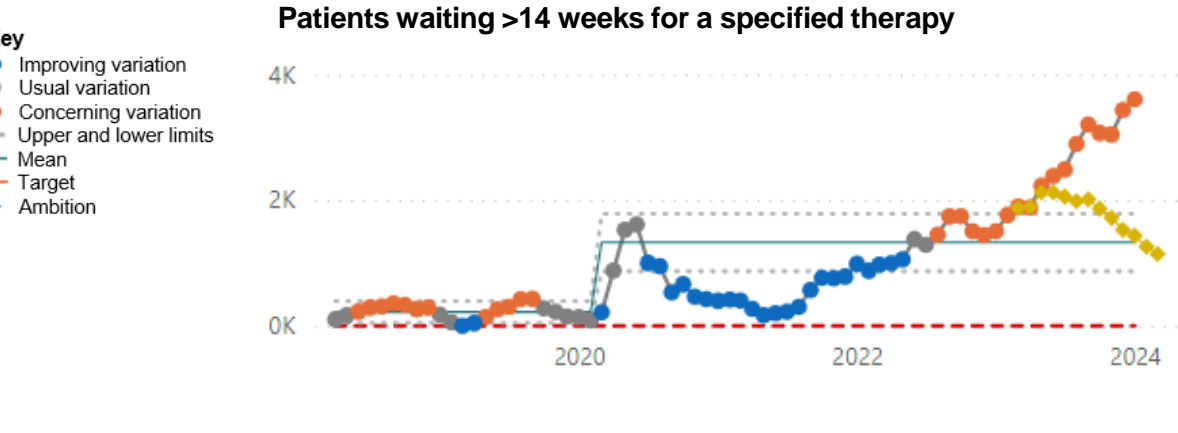
Key challenges / issues	Key actions / initiatives	Due date
Neurodevelopmental assessments: <ul style="list-style-type: none">Attention deficit hyperactivity disorder (ADHD): Referrals received for ADHD assessment for children and young people (CYP) continue to increase. The service has recently interviewed for a Specialty doctor and hopes to recruit in the next few weeks.Autism Spectrum Disorder (ASD): Only 28 assessments can be completed with current resources per month despite 120 referrals for assessment per month. Staff vacancies, staff leave and training impacts significantly on output of a small service.	Neurodevelopmental assessments: <ul style="list-style-type: none">ADHD: Community paediatricians are starting to implement 'screening clinics'. Further validation is being undertaken. The service is working with colleagues in SCAMHS as a response to the recent All Wales Children and Young Peoples Neuro Diversity Review.ASD: 379 diagnostic assessments for CYP have been outsourced. Use of digital platforms where possible. Recording all activity on the Welsh Patient Administration System to inform demand and capacity planning. Refined referral and triage process.	Mar-24 Mar-25 Mar-24
Psychological therapies: <ul style="list-style-type: none">Integrated Therapies: Demand continues to outweigh capacity, however, the backlog waiting list are being offered group therapy, with the view that once cleared all clients referred will receive group therapy as first offer.Adult Psychology: Recruitment still challenging and impacted on by additional scrutiny, however, is now progressing.Learning disabilities: Recruitment into Band 8a posts has been successful in Pembrokeshire with an estimated start date of April 2024.	Psychological therapies: <ul style="list-style-type: none">Integrated Therapies: 532 letters have been sent to offer a group therapy invitation and booking of groups as a second point of contact. 100 clients have not responded to three offers for this therapy. 43 clients have now been outsourced for Eye Movement Desensitization and Reprocessing therapy.Adult Psychology: consolidation of a single waiting list and refined criteria for referralsLearning disabilities: Keeping in touch letters have been produced to be sent out in January via Synertec, with a rolling 3 month programme. Caseloads have been reviewed and prioritised in order of clinical need.	Mar '24 Mar-24 Mar-24 24/32



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	January 2024	7,638	●	□	◆
Radiology		4,402	●	□	◆
Endoscopy		1,723	●	□	◆
Cardiology		897	●	□	◆
Neurophysiology		569	●	□	◆
Imaging		37	●	□	n/a
Phys measure		10	●	□	◆

The number of breaches in January 2024 (7,638) is higher than any time since the start of the COVID-19 pandemic, where a height of 7,615 breaches were recorded in May 2020. Driving this position is the growth being seen in Radiology, where breaches have almost doubled in the last 4 months from 2,227 in October 2023 to 4,402 in January 2024. No services met their January 2024 trajectory; however, Cardiology, Endoscopy and Neurophysiology all saw reductions in breaches in the latest month.

Key challenges / issues	Key actions / initiatives	Due date
Endoscopy: <ul style="list-style-type: none">Waiting list growth of (average) 41 patients per week (increasing backlog).Constraints within job plans limiting ability to increase core endoscopy sessions.Recruitment of endoscopy nurses and an up-to-date review of establishment requirements to enable full utilisation of all available sessions.	Endoscopy: <ul style="list-style-type: none">Funded recovery plan of 5 additional lists per week implemented from the beginning of January 2024 up until the end of March 2024. These additional lists will reduce the waiting list growth.Continued focussed booking to maximise utilisation and productivity of all lists.	March 2024
Radiology: <ul style="list-style-type: none">Unfunded additional overtime for MRI and CT stopped in November 2023 due to cost savings required, leading to an increase in the backlog of patients waiting 8 weeks+.Staffing establishment does not allow for shift systems to be in place to run modalities 12 hrs per day (or to report on the additional studies).Challenges remain within ultrasound due to sonographer shortages.	Radiology: <ul style="list-style-type: none">Insourced ultrasound service from February to 31/03/2024 will remove approximately 1,300 patients waiting over 8 weeks+ (end of year (EOY) recovery monies).Insourced staffed MRI service from 22/01/24 to 29/03/2024 will remove approximately 1,696 patients waiting over 8 weeks, to cover the reporting element (EOY recovery monies)Interviews for a sonographer clinical educator to be held on 19/02/24. Successful recruitment will allow expansion of sonographer training across the Health Board.	March 2024
Cardiology: <ul style="list-style-type: none">Constraints in cardiologist capacity is limiting the pace at which the service can deliver the required volumes of in-source Echocardiography activity currently.Increased number of referrals for ambulatory monitoring in October 2023 posed a continued challenge for January's performance, further impacted by Christmas/New Year bank holidays and heightened levels of staff leave.	Cardiology: <ul style="list-style-type: none">Continue to procure additional temporary locum cardiologist capacity to address constraints & facilitate optimal levels of in-source Echocardiography by end of March '24.Focused efforts in quarter 4 to streamline and achieve optimal efficiencies in ambulatory monitoring across all 4 diagnostic sites.	March 2024

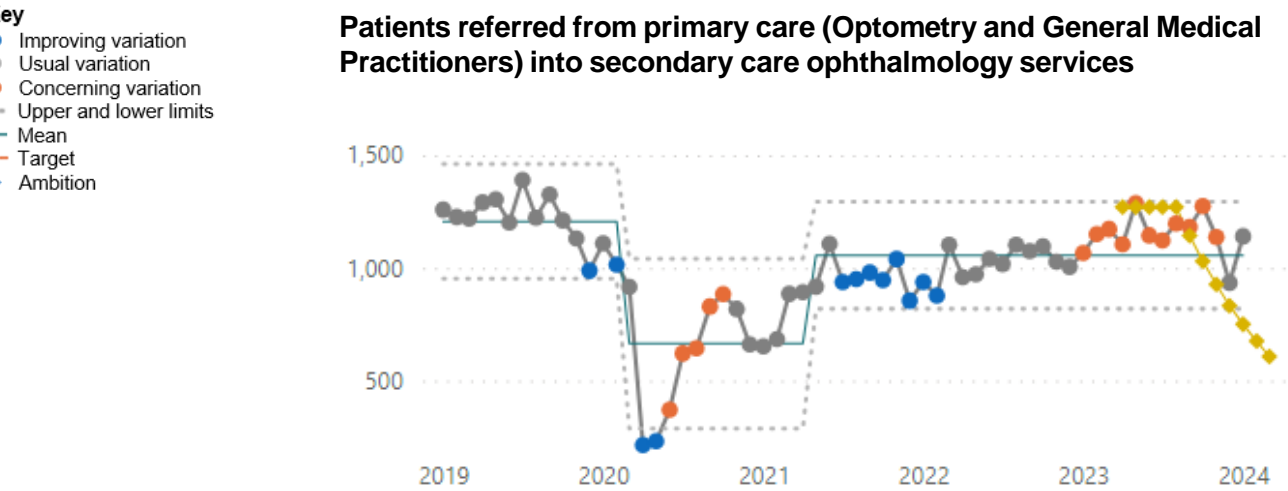


Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory
All	January 2024	3,604	Concerning variation	Assurance	Concerning variation
Dietetics*		1,269	Concerning variation	Assurance	Concerning variation
Audiology		859	Concerning variation	Assurance	Concerning variation
Physiotherapy		632	Concerning variation	Assurance	Improving variation
OT		422	Concerning variation	Assurance	Concerning variation
Podiatry		349	Usual variation	Assurance	Concerning variation
Art therapy		53	Concerning variation	Assurance	Concerning variation
SALT		20	n/a	n/a	Concerning variation

*Dietetics includes 1,108 breaches relating to the Weight Management Service (WMS)

Breaches in January 2024 (3,604) are more than double what they were at the height of the COVID-19 pandemic, where 1,613 breaches were recorded in June 2020. Increases in Dietetics and Audiology breaches continue to drive this position. However, in-month improvements have been seen in Podiatry and Physiotherapy, which is the only service to meet trajectory in January 2024.

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: <ul style="list-style-type: none">Accommodation challenges at Withybush Hospital due to Reinforced autoclaved aerated concrete (RAAC) survey and repair work impacting service capacity for community and musculoskeletal (MSK) services.Insufficient establishment, funded workforce to sustainably meet demand in community and MSK.	Physiotherapy: Relocation of physiotherapy department and gym to Ward 3 at Withybush Hospital. Reinstatement of physiotherapy department and gym at South Pembrokeshire Hospital.	13/02/24 01/03/24
Audiology: <ul style="list-style-type: none">Insufficient establishment, current workforce is not appropriate to sustainably meet increased demand following 11% increase in referrals compared to pre-pandemic and the 2023 backlog.Impact of fire prevention work in the outpatients department at Glangwili Hospital – increase in ambient noise due to building work may result in hearing assessments being suspended.	Audiology: Strategy plan to be submitted to Scheduled Care with request to increase clinical establishment by two Band 5 clinicians.	12/02/24
Dietetics: <ul style="list-style-type: none">Demand is significantly greater than capacity in the adult weight management service.Reduced community and acute capacity due to vacancies, coupled with increased referrals is resulting in loss of clinic capacity and requirement to redirect capacity to non-clinic activity.Paediatric vacancy and high demand from selective eating referrals is resulting in ongoing long waiting times.	Dietetics: <ul style="list-style-type: none">Weight Management services implementing Power BI App & increased new assessment capacityFurther locum support for clinic delivery being pursuedSome acute & community vacancies recruited, pending start dates / graduatesPaediatric vacancy filled from April 24Review of selective eating pathway with aim of alternative model	1/04/24 1/04/24 1/07/24 1/07/24 1/07/24



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

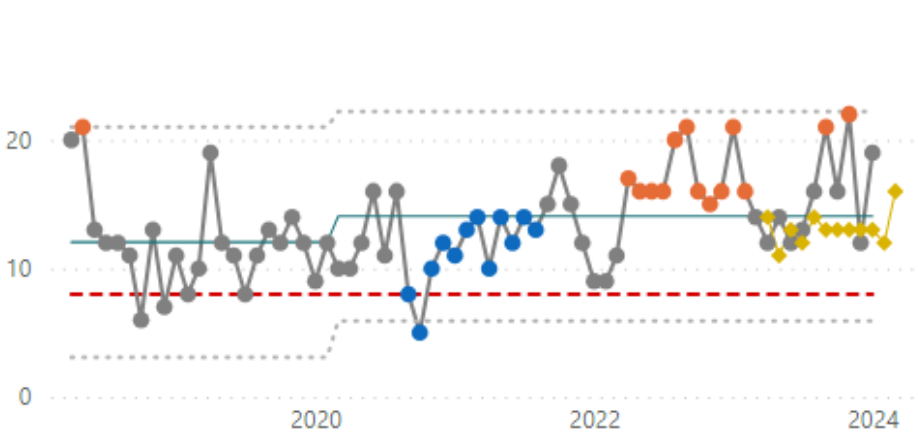
The chart is showing common cause variation; however, the latest data shows a decline in performance in January 2024 with a rise to 1,140 referrals from 934 in December.

The monthly downward trajectory has not been met.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">Wales General Ophthalmic Services (WGOS) 4 is yet to be signed off for implementationWGO3 is not covered by the Primary legislation therefore there is an element of risk around the ongoing provision of the service without any contractual mechanism in place	<ul style="list-style-type: none">WGOS Level 5 for Independent Prescribing Optometry Services (IPOS) transferred across from the existing IPOS service in January 2024. Activity as at 1 January 2024 is at 2,500 patients seen compared to 2,200 patients in 2022/23	January 2024
	<ul style="list-style-type: none">Implementation of WGOS4 when Clinical Manual is introduced; working with colleagues to identify 'quick wins'National solution for WGOS3 being sought	April 2024

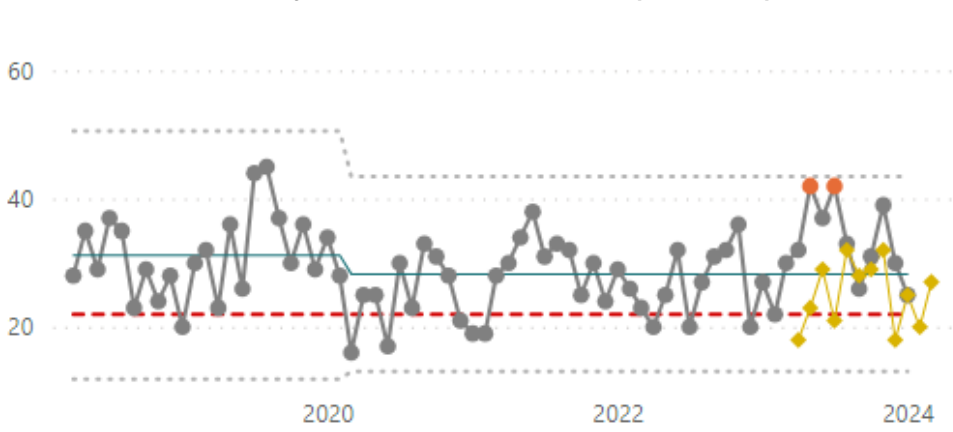
- Key
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



Case numbers increased in January and the chart is showing expected (common cause) variation. The trajectory of 13 was not met. The cumulative rate 48.8 per 100,000 population has been increasing since April 2023.

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



Case numbers increased in January and the chart is showing expected (common cause) variation. The cumulative rate 104.7 per 100,000 population is above the mean and expected levels. Our internal trajectory of 25 in month cases was not met.

Key challenges / issues

C.difficile

- Reduced numbers seen in December 2023 though not sustained into January;
- Remain under WG enhanced monitoring;
- High attendance in our emergency and admission units presenting challenges for effective environmental decontamination.

E.coli

- Despite lower numbers seen in January, E.coli bacteraemia remains of particular concern
- Focus continues to remain on the high percentage of community onset cases.

Key actions / initiatives

C.difficile

- Every case reviewed in site based scrutiny meetings
- We remain on our 20% reduction trajectory as agreed with WG
- Focused training and education for all staff on prevention and management of C.difficile continues
- New sporicidal cleaning product has been introduced across all sites
- Trial of a sporicidal hand hygiene solution completed. Under consideration for wider role out.
- Acute Medical Assessment Unit in PPH has been identified as the trial area for hydrogen peroxide vapour post discharge cleaning (due to identified cross infection in this area).
- Request for feasibility study for negative pressure isolation rooms in clinical discission unit in GGH submitted.

E.coli

- Public Health colleagues to determine realistic interventions in the community. Investigations into the potential for environmental sources such as water, soil and rurality are being discussed while an aging population must also be considered. Public facing health and well-being campaign to be aimed at the general population using variety of media platforms.
- Evidence suggests that the greater numbers are from the wider population and not linked to our nursing/care homes.
- Ongoing investigation with Public Health colleagues into epidemiology.

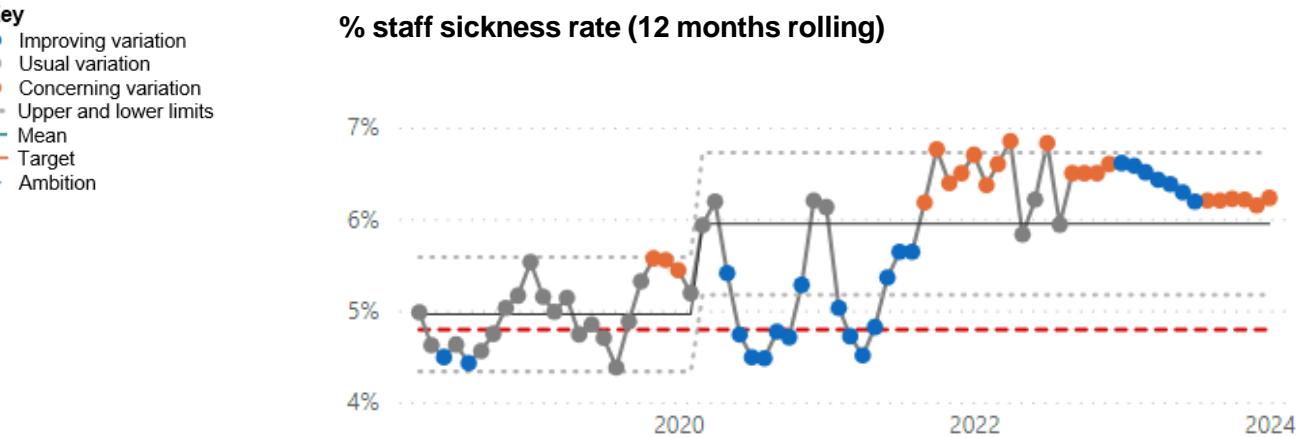
Due date

Ongoing, daily, weekly.

March 2024

March 2024

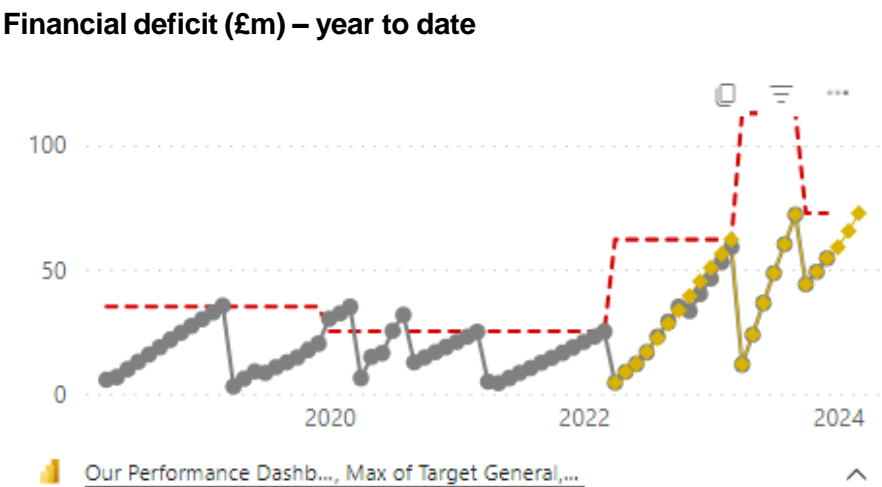
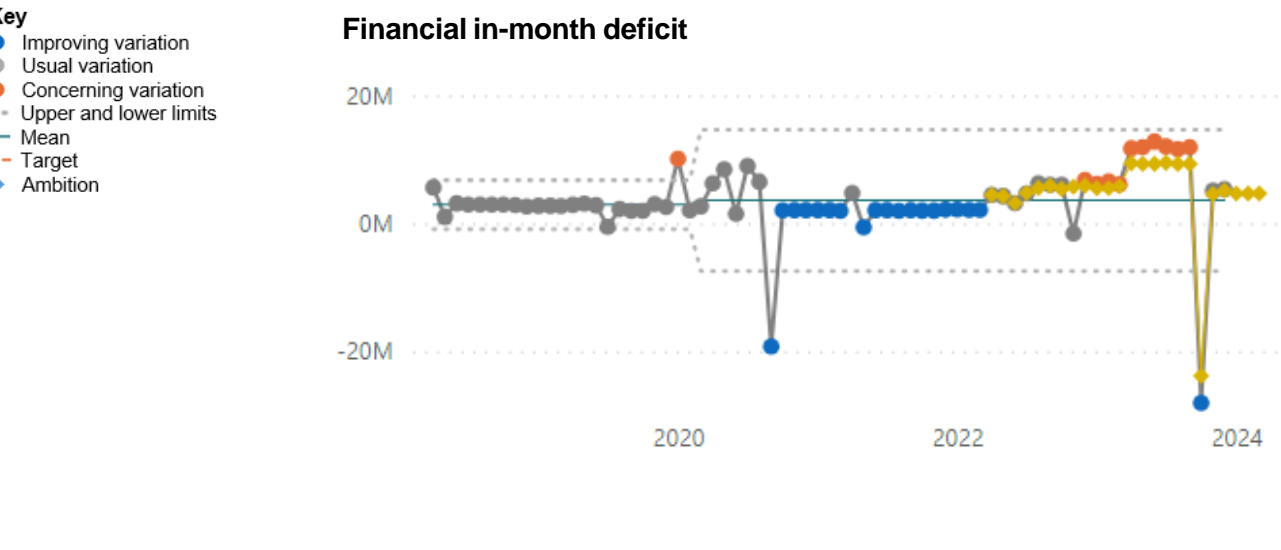
May 2024



The rolling 12-month performance of an average 6.2% has been maintained since August 2023 against the target of 4.79%
In-month performance for January 2024 was 7.11%
The highest levels were reported for:

- Pembrokeshire county (12.7%)
- Facilities (11.6%)
- Carmarthenshire county (9%)

Key challenges / issues	Key actions / initiatives	Due date
<p>Conditions impacting absence rates include:</p> <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 and other respiratory conditions have increased during the winter months which is consistent with previous years <p>Other challenges:</p> <ul style="list-style-type: none">• Across all key sites there are delays in absence being recorded, some taking 2-3 weeks.• We continue to see higher levels of absence than seen prior to the pandemic.• Industrial action may also impact our absence rates especially if the action continues into the spring and summer months.	A health and wellbeing workstream established in partnership with trade unions to consider this element of the non-pay deal. Workshop undertaken to scope our baseline offer and set out our intentions.	Dec 2023 complete
	Meeting with trade unions to discuss current sickness absence action plan.	Feb 2024
	Task & Finish Group to be established for health and wellbeing as identified in the non-pay deal to progress the agreed intentions identified.	Feb 2024
	T&F Group to establish breadth of other work streams already actively engaged across Health Board that can feed into the plan to avoid duplication and/or conflicting activity.	Mar 2024
	Overarching action plan and key metrics to be developed to address full scope of health & wellbeing element of the non-pay deal. The sickness absence elements will be monitored in terms of our future reporting requirements to see if they result in a positive influence on absence rates.	Begin phase 1 end Apr '24

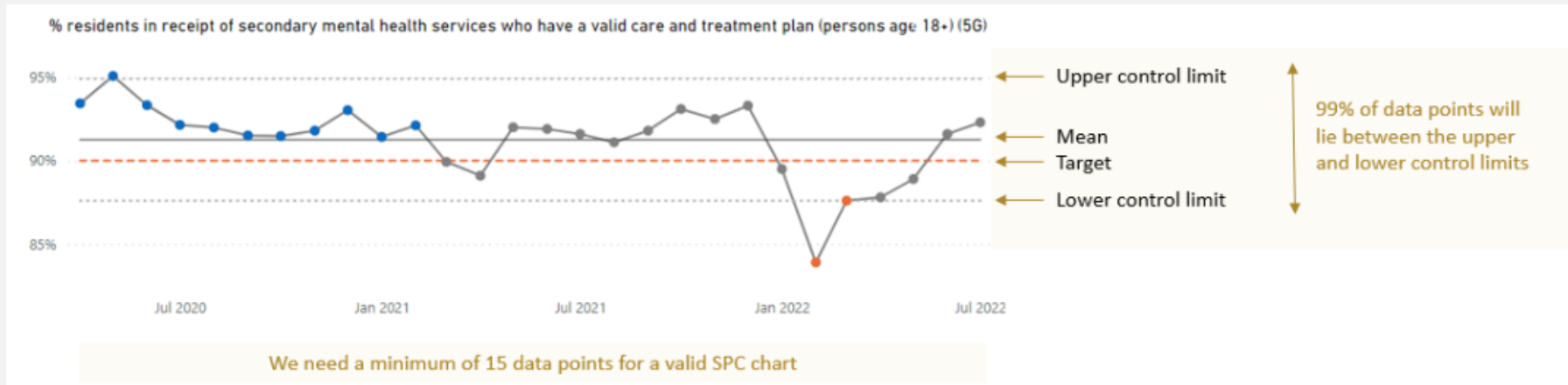


Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none">The Health Board will not be able to deliver the target control total however, following the review of key drivers within the Health Board, the end of year forecast as at Month 10 has reduced from £72.7m to £66.0m.The original planned saving requirement of £19.5m is over identified, before the additional £11.3m target control total was issued.The Month 10 financial position is a overspend of £4.1m, which is made up of a £0.6m improvement against the planned deficit.The key elements contributing to this change include Primary care prescribing nationally driven price improvements, Long Term Agreement (LTA) risk share gains in line with confirmed forecasts, NHS Wales Shared Service Partnership (NWSSP) utility price forecast improvements and additional savings relating to Oxygen VAT recoveries. The forecast reflects proposed industrial action in February and March 2024 but there remains some risk due to activity levels.	<ul style="list-style-type: none">As part of the planning round for 2024/25, we are focusing on accelerating cost mitigation and savings plans through established planning deep dives with operational directorate leads. This includes a requirement to identify savings plans of 5%, or, if higher, 50% of the drivers of waste (agency premium, medically optimised and ready to leave patient bed numbers). Assurance is also being sought on in-year delivery to impact the improved deficit of £66.0m.Active change led by the Executive Team and Board meetings to respond to Welsh Government escalation of the organisation into targeted intervention to review the appropriateness of existing accountabilities and impact on delivery arrangements.Work with nurse stabilisation schemes continues, with additional plans to support national and international recruitment.Work ongoing on the increased cost of supporting junior doctors and wider medical absences including sustaining services during the junior doctor industrial action planned for February and March.Choices available for key drivers of the deficit, coupled with other choices and opportunities, are regularly discussed at key governance forums, including Executive Team, Core Delivery Group (CDG) and Board. A Board seminar on 22 February will discuss these choices further.	<div>31/03/24</div> <div>30/32</div>

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.

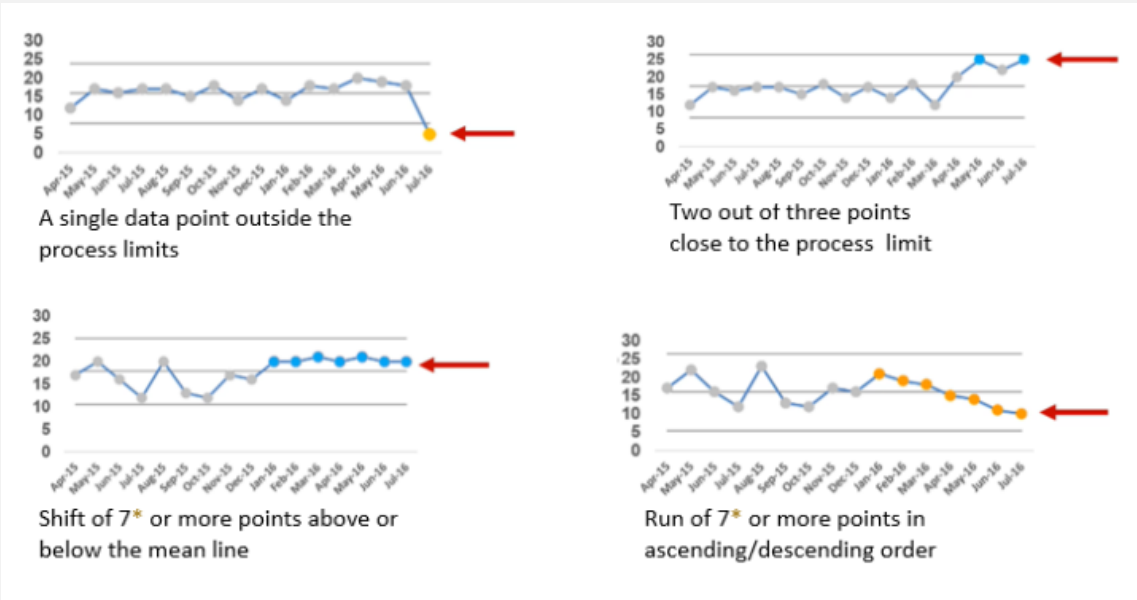
Anatomy of a SPC chart



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		