



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 12 2022/2023
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 Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 2, 2023/24 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The Committee is asked to consider whether an assurance, or otherwise, can be taken from the IPAR – Month 2 2023/2024.

The full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31 May 2023](#). Ahead of the Committee meeting, the dashboard will also be made available via our [internet site](#).

We have developed the IPAR dashboard to help provide information and transparency on the steps being taken to manage and improve performance. A summary of this information is provided as part of the SBAR. We are finding that people are not accessing the dashboard as much as we anticipated and we would really like to understand why and find out whether we can do anything to support you.







A new overview document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 31 May 2023' is also provided (Appendix 1). 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. Additional measures for delayed pathways of care and nurses in post are also included as both measures have a significant impact on our performance in other areas.

On 31 May 2023 we submitted improvement trajectories to Welsh Government for the 2023/24 Ministerial Priorities. The trajectories have been included in the IPAR dashboard. Note: the trajectories are pending Welsh Government sign off.

In response to SDODC action 23(26) regarding concern over therapies performance, a supplementary paper is also provided to outline the difficulties faced and mitigations and actions needed to improve (Appendix 2).

The IPAR dashboard uses Statistical Process Charts (SPC) charts. There are two short videos available to explain more about SPC charts: [Why we are using SPC charts for performance reporting](#) and [How to interpret SPC charts](#).

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

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 range
		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 = will randomly meet and fail target without a service review
		Hitting target = will consistently meet target

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

Cefndir / Background

The 2022/2023 NHS Performance Framework can be accessed via the supporting documents section of the [Monitoring our performance](#) internet page.

Asesiad / Assessment

Current status key

Orange = concerning variation, decline in performance or considerably off trajectory

Grey = usual variation, starting to improve or near trajectory

Blue = improving variation, improvement in performance or meeting trajectory



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 May 2023'.

Topic	Area for Improvement	Current status	Latest period	Actual	T
Planned care recovery	Return activity back to 19/20 levels	Grey	May 23	n/a	
	Waits over 52 weeks from referral to treatment	Blue	May 23	13,779	
	Waits over 104 weeks from referral to treatment	Blue	May 23	3,313	
	Waits over 36 weeks for a first outpatient	Blue	May 23	10,628	
	Waits over 52 weeks for first outpatient	Blue	May 23	3,351	
	Delayed follow-up outpatient appointments	Blue	May 23	15,867	
Urgent and emergency care	Ambulance handovers over 1 hour	Orange	May 23	993	
	Ambulance handovers over 4 hours	Grey	May 23	299	
	Patients waiting over 12 hours in A&E/MIU	Orange	May 23	1,337	
	Delayed pathways of care	n/a	May 23	230	
Cancer	Single cancer pathway	Orange	Apr 23	51%	
	Patients waiting over 62 days for cancer treatment	Orange	Apr 23	481	
Mental health	Primary and secondary care CAMHS	Grey	Apr 23	69.8%	
	Waits over 26 weeks for psychological therapies	Blue	Apr 23	43.9%	
	Waits over 26 weeks for neurodevelopmental assess	Orange	Apr 23	21%	
Diagnostics	Diagnostic waits over 8 weeks	Grey	May 23	6,671	
Therapies	Therapy waits over 14 weeks	Orange	May 23	2,229	
Primary care	Primary care referrals into ophthalmology	Grey	May 23	1,108	
Infections	Reduce the number of C.Difficile cases	Grey	May 23	14	
	Reduce the number of E.Coli cases	Grey	May 23	42	
Workforce	Increase number of nurses and midwives in post	Blue	May 23	2,964	

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 31 May 2023](#).



Key initiatives and improvements impacting our performance

Increasing our capacity

- Capacity and throughput in outpatients is now similar to pre-COVID-19 levels with some areas exceeding throughput by the use of alternative pathways.
- Virtual appointments are being used, alongside face-to-face to maximise capacity.
- A dedicated cataract theatre is running at Amman Valley Hospital Day Surgery Unit to increase day case activity.
- Two new day surgical theatres opened on the 5 December 2022 at Prince Philip Hospital (PPH).
- A 'CT in a box' has been installed at Withybush General Hospital (WGH). This is a mobile unit used to increase capacity.
- Introduction of text reminder for mental health appointments to alleviate the number of did not attend (DNAs).
- Mental Health have introduced group therapy sessions; however, uptake is low due to patients preferring one-to-one appointments.

Quicker diagnosis

- Faecal Immunochemical Testing (FIT) being introduced in primary care. This will also reduce the number of endoscopy referrals.
- Introduced a rapid diagnosis clinic for suspected cancer patients who do not meet the criteria for the site-specific tumour pathways.

Waiting list validation

- We are having a positive effect on reducing the number of breaches by removing those patients no longer needing care e.g., their issue has resolved, patient has received alternative treatment. Validation has accounted for 1,933 waiting list removals in 2023/24 (465 in April 2023 & 1,468 in May 2023).

Same Day Emergency Care

- Being progressed across all acute sites, along with the Same Day Urgent Care (SDEC) service operating from Cardigan Integrated Care Centre. The aim is to minimise admissions, with wrap around care from the community available to support admission avoidance where assessment and diagnostics have determined it is safe and appropriate to do so.

Ambulance triage and release

- To reduce the impact on our acute hospital front doors during peak hours (10am-2pm), patients waiting for an ambulance are given a GP triage assessment and streamed accordingly.
- Ambulance crews can request release from waiting outside a hospital to attend life threatening emergency calls and at Glangwili Hospital (GGH), released for more serious calls (amber 1).



Key issues impacting our performance

Business continuity incidents

- Despite extreme system pressures, there were no business continuity incidents (BCI) declared in May 2023.

Staff shortages

- Vacancy gaps, staff retention, staff sickness and carry over of annual leave from the pandemic, all continue to impact on our capacity to see and treat patients across the Health Board.
- A noticeable reduction in availability of agency staff across all therapy services, which has previously given significant additional capacity. Historically we have used agency to recover positions as and when necessary, however, this is becoming increasingly difficult to do. As an alternative we are 'over recruiting' against our traditional baseline but within our funding envelope, based on historical run rate of absences and vacancies. We are successfully recruiting from overseas but lead in times are considerable.

Patient acuity

- In May 2023, patient acuity reduced significantly and was the lowest reported level since pre-pandemic, this is despite the delays in patients coming forward for care and increased waiting times.

Patient flow

- The number of patients with complex discharge requirements are resulting in discharge delays while arrangements are put in place to meet the patient's needs. Most delays are attributable to timely access to various pathway assessments, domiciliary care provision, availability of reablement packages and care home placements. As of 24 May, 230 of our inpatients were ready to leave, 186 of these patients are in our acute hospitals.
- Risk to patients waiting in the community for an ambulance or access to treatment / transport. Patients potentially at risk whilst they remain on an ambulance outside of hospital.
- Discharge delays are impacting on our emergency departments (EDs) and assessment units, with a number of patients waiting for an inpatient bed. On the afternoon of 9 June, we had 38 unplaced patients (awaiting admission) in our EDs and had spaces for 64 major/resus patients. Any unplaced patients can wait in minor bays, on ambulances, in chairs, in corridors and in the waiting room.
- PPH experienced challenges due to infection control issues which restricted flow on site. To minimise disruption when infection control issues impact patient flow due to bed closures we supplement capacity through surge beds.

Demand and capacity

- Insufficient accommodation space to treat new patients arriving in our EDs due to patient flow issues described above, GGH being the site with the greatest impact. The improvement plan for GGH currently includes SDEC in place on weekdays and Welsh Ambulance Service Trust (WAST) to refer into SDEC to avoid conveyance to Accident and Emergency (A&E), a frailty pathway is being established for the front door with the Home First team supporting with admission avoidance and support of frail older patients, and medically fit cohorting on "Y Lolfa" to release acute beds.
- High demand across various areas including referrals for mental health services, single cancer pathway and endoscopy. Demand is more than our existing capacity in most of these areas meaning breaches will continue to rise without additional capacity being identified.
- High rate of patients that did not attend appointments continues to impact mental health service capacity, and unable to fill at short notice.

Other key things to flag

- **Ophthalmology:** In April 2023, 69.3% of R1 appointments attended were within their clinical target date, or within 25% delay to their target. The national target (95%) has never been achieved and concerning variation is showing. However, performance in April 2023 is the best recorded since May 2022.
- Lost **ambulance handover** hours: 3,483. Performance has been above the mean since November 2021 and is showing concerning variation. All sites except for Bronglais Hospital (BGH) have seen an increase in lost ambulance handover hours in May 2023.
- Percentage of **stroke** patients receiving 45 mins of Speech and Language Therapy; 32% (target 50%). Performance has improved in May 2023 when compared to the past 4 months, however, has been below target for 12 consecutive months and is showing concerning variation.
- **Incidents** in May 2023:
A higher number of incidents were closed where harm initially reported with a grade of moderate or above. GGH and PPH both had significant spikes in investigated incidents causing moderate harm or worse, but this is due to a push to review, investigate and close incidents as opposed to an increase in incidents causing moderate or above harm. A random review of the incidents for all areas highlights that there were no acts or inactions in care and therefore the grading of the incident should be lower.

Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported)	4
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Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified)	4
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- **Hip fractures:** Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 52% (target 50%) for May 2023. Performance has improved from a low point of 15% in January 2023. Common cause variation is showing. Withybush Hospital (WGH) shows as 0%, however performance should improve further in the forthcoming months as a new Specialist Registrar commenced in April 2023.
- **Staff sickness:** 6.38% 12-month rolling, 5.33% in-month (target 4.79%). Concerning variation is showing, however, the 12-month rolling figure has consistently reduced since January 2023 (6.61%).
- **Workforce:**
 - Personal Appraisal and Development Review (**PADR compliance**) had improved every month in the last year, however a slight drop between April (74.58%) and May 2023 (74.14%) (target 85%). Performance is now similar to pre-pandemic levels.
 - Current **job planning** compliance is also showing improving variation with 60% in May 2023 (target 90%). Performance is now at levels not seen since pre-pandemic.
- **Patient experience:** Overall patient experience exceeded the target of 90%, with 95% of patients reporting a positive response in May 2023. Other areas where the target was exceeded include:
 - I am listened to

- I am treated with dignity, respect and kindness
 - % patients reporting a positive experience attending emergency departments
 - I feel supported to take more personal responsibility for my own health
- Children receiving 2 doses of the **MMR vaccine** by age 5: 88.6% achieved in March 2023 against the target of 95%. Concerning variation showing and target not been met in the last 5 years.
 - Number of patients aged 65 years or over **prescribed an antipsychotic**: 1,288 in quarter 4 2022/23. Performance has improved from quarter 3 although still showing concerning variation.
 - The table below summarises for each of the 2022/23 **NHS Performance Framework qualitative measures**, Welsh Government's RAG ratings of our submissions along with a summary of their feedback notes.

Qualitative update	RAG 31.08.22	RAG 31.03.23	Feedback notes from Welsh Government
NHS Wales weight management pathway update	Amber	Green	The Health Board has shown real progress in its pathway development, and with key individuals in post, this progress is heading in the right direction.
Implement Help Me Quit (HMQ) in Hospital smoking cessation services	Amber	Amber	The Health Board has made solid progress and demonstrated a good understanding of the actions required to deliver the HMQ in the new model. We are pleased to see that lead systems and structures are in place to progress this work.
Reduce smoking during pregnancy	Amber	Amber	The Health Board has demonstrated clear evidence of understanding the agenda and we look forward to seeing progress in the future.
Progress to develop a whole school approach to CAMHS in reach services	Green	Green	Overall service development and delivery appears to be progressing well, although we would like to understand any internal monitoring methods for service evaluation.
Dementia learning and development framework update	Amber	Amber	Planning & delivering integrated learning and development (L&D) for dementia, particularly with social care - The Regional Dementia Steering Group via West Wales Partnership Board has commissioned work to produce a regional L&D Dementia framework for health and social care providers founded on best practice and evidence based care for people living with Dementia and their carers.
Progress against the priority areas to improve the lives of people with learning disabilities	Red	Amber	The organisation has clearly identified the key issues to be addressed, as well as some of the barriers to fully achieving the outcomes and objectives of the programme. Plans for tackling these challenges have been identified and are being developed, but the significant restructuring activity, though yet to be fully implemented.

Qualitative update	RAG 31.08.22	RAG 31.03.23	Feedback notes from Welsh Govern
NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan	Amber	Amber	Governance and delivery mechanisms have been maintained. Activity is reported as good in many but not all actions within the plan. Further evidence of progress would have provided greater delivery assurance. A good awareness of risks, however, further mitigations would provide greater delivery confidence.
Evidence of NHS Wales embedding Value Based Health Care (VBHC)	Green	Green	VBHC is being strategically embedded in the Health Board's planning as a whole system approach, including a strategic document to make the direction clear and this whole system approach is already making a difference. For example, the Health Board is tackling chronic disease management caused by chronic conditions together rather than in silo with its Pain Management Programme.
Evidence of NHS Wales advancing its understanding of Foundational Economy in Health and Social Services 2021-22 Programme update	Green	Green	The Health Board are cognisant that it is a large anchor institution for West Wales and has the ability to affect positive change in the local economy for its communities including social determinants of health.

Argymhelliad / Recommendation

The Strategic Development and Organisational Delivery Committee is asked to take ASSURANCE from the IPAR – Month 2 2023/2024.

Recognising that Committee Members have limited time to engage with the dashboard, the team would like to explore whether there are further opportunities to work with members to allow more effective use of the IPAR dashboard.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
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	<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
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains 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 Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development and Operational Delivery Committee People, Organisational Development and Culture Committee
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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:	Yes
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st May 2023

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



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

For further details on all of the performance measures we are monitoring, including additional data, issues faced, actions being taken, risks and mitigations, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31 May 2023](#).

Click on a measure of interest below to access further details within this overview report.

Topic	Area for Improvement	Current status	Latest period	Actual	Trajectory
Planned care recovery	Return activity back to 19/20 levels	Grey	May 23	n/a	n/a
	Waits over 52 weeks from referral to treatment	Blue	May 23	13,779	13,555
	Waits over 104 weeks from referral to treatment	Blue	May 23	3,313	3,255
	Waits over 36 weeks for a first outpatient	Blue	May 23	10,628	11,029
	Waits over 52 weeks for first outpatient	Blue	May 23	3,351	3,115
	Delayed follow-up outpatient appointments	Blue	May 23	15,867	15,811
Urgent and emergency care	Ambulance handovers over 1 hour	Orange	May 23	993	1,080
	Ambulance handovers over 4 hours	Grey	May 23	299	n/a
	Patients waiting over 12 hours in A&E/MIU	Orange	May 23	1,337	1,360
	Delayed pathways of care	n/a	May 23	230	n/a
Cancer	Single cancer pathway	Orange	Apr 23	51%	55%
	Patients waiting over 62 days for cancer treatment	Orange	Apr 23	481	385
Mental health	Primary and secondary care CAMHS	Grey	Apr 23	69.8%	n/a
	Waits over 26 weeks for psychological therapies	Blue	Apr 23	43.9%	n/a
	Waits over 26 weeks for neurodevelopmental assess	Orange	Apr 23	21%	n/a
Diagnostics	Diagnostic waits over 8 weeks	Grey	May 23	6,671	6,306
Therapies	Therapy waits over 14 weeks	Orange	May 23	2,229	2,124
Primary care	Primary care referrals into ophthalmology	Grey	May 23	1,108	1,270
Infections	Reduce the number of C.Difficile cases	Grey	May 23	14	n/a
	Reduce the number of E.Coli cases	Grey	May 23	42	n/a
Workforce	Increase number of nurses and midwives in post	Blue	May 23	2,964	n/a

Current status key

- Orange
Concerning variation, decline in performance or considerably off trajectory
- Grey
Usual variation, starting to improve or near trajectory
- Blue
Improving variation, improvement in performance or meeting trajectory

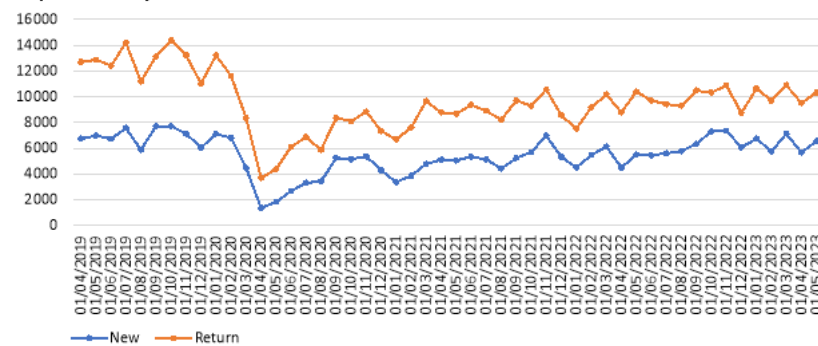
Statistical process control (SPC) charts

- Why use SPC charts?
- Anatomy of a SPC chart
- Rules for special variation within SPC charts
- Understanding SPC icons

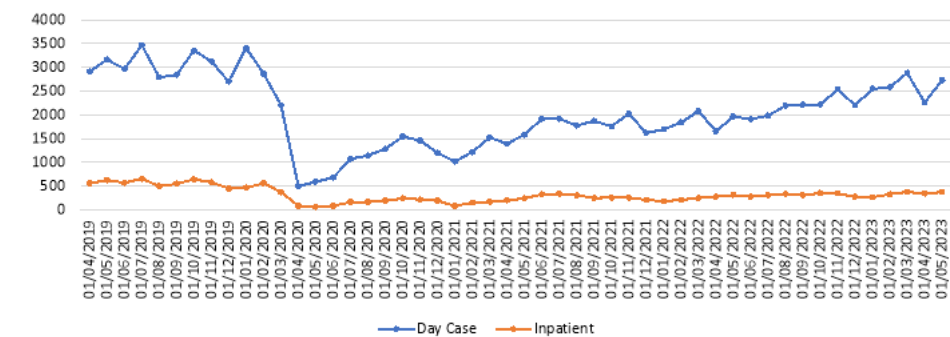
Planned care recovery: Ensure actual activity realised is back to 19/20 levels especially in surgical specialties
(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	May 23	n/a	n/a	In May 2023, for selected surgical specialties, when compared to May 2022, we completed; <ul style="list-style-type: none"> 36% more new outpatient appointments 16% more inpatient procedures 42% more day case procedures.

Monthly outpatient activity (all specialties):
Apr 19 to May 23



Monthly day case & inpatient activity (all specialties):
Apr 19 to May 23



Outpatient activity: May 22 compared to May 23

Selected surgical Specialties	New				Return			
	2019/20 avg.	May 22	May 23	% change*	2019/20 avg.	May 22	May 23	% change*
Breast	337	339	408	+20%	468	484	461	-5%
Colorectal	195	244	480	+97%	169	275	170	-38%
ENT	564	464	590	+27%	652	475	524	+10%
Gastroenterology	302	252	510	+102%	496	576	653	+13%
General Surgery	362	106	192	+81%	399	99	115	+16%
Gynaecology	712	717	697	-3%	822	655	737	+13%
Ophthalmology	673	375	715	+91%	1664	1120	1196	+7%
Trauma & Orthopaedics	615	475	495	+4%	1478	871	985	+13%
Urology	262	187	215	+15%	1143	931	1031	+11%
Selected surgical specialties total	4022	3159	4302	+36%	7291	5486	5872	+7%
All specialties grand total	6745	5516	6570	+19%	12369	10410	10324	-1%

*% change refers to latest month compared to same month the previous year. 2019/20 monthly average figures included for reference

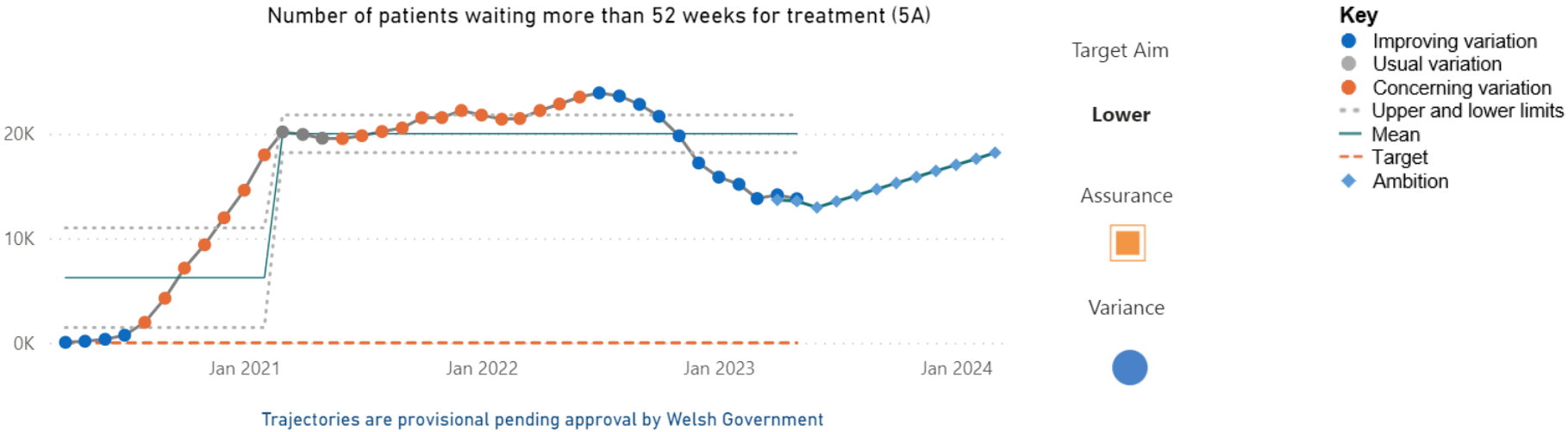
Inpatient and day case activity: May 22 compared to May 23

Selected surgical Specialties	Inpatients				Day cases			
	2019/20 avg.	May 22	May 23	% change*	2019/20 avg.	May 22	May 23	% change*
Breast	37	49	52	+6%	10	4	7	+75%
Colorectal	14	33	14	-58%	24	29	29	0%
ENT	46	28	34	+21%	51	47	37	-21%
Gastroenterology	5	3	2	-33%	573	326	581	+78%
General Surgery	75	23	35	+52%	512	258	286	+11%
Gynaecology	43	34	49	+44%	133	71	98	+38%
Ophthalmology	2	1	1	0%	327	128	188	+47%
Trauma & Orthopaedics	198	65	97	+49%	217	121	229	+89%
Urology	107	76	78	+3%	434	393	495	+26%
Selected surgical specialties total	528	312	362	+16%	2280	1377	1950	+42%
All specialties grand total	547	319	379	+19%	2985	1966	2728	+39%

*% change refers to latest month compared to same month the previous year. 2019/20 monthly average figures included for reference

Planned care recovery: Deliver zero 52 weeks wait from referral to treatment by March 2025
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	May 23	13,779	13,555	13,779 patients were waiting over 52 weeks for treatment at the end of May 2023 (provisional trajectory: 13,555). This is the lowest number of breaches since December 2020 and the position reduced by 379 since April 2023. Our provisional trajectory estimates the position will be 12,949 breaches by the end of June 2023.



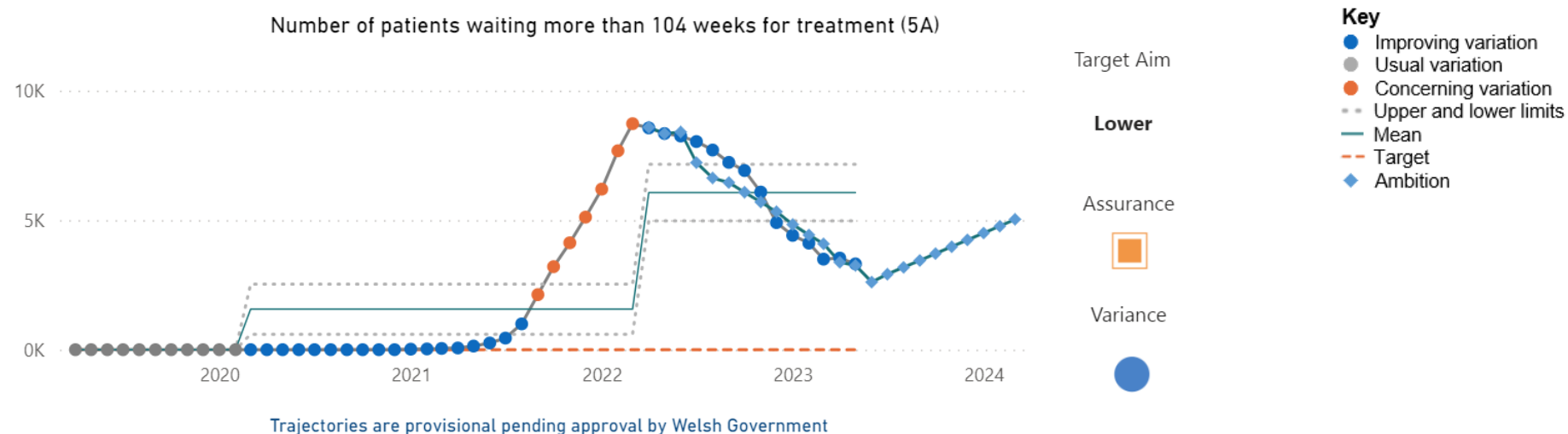
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Planned care recovery : Deliver zero 104 weeks waits for treatment by June 2023

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	May 23	3,313	3,255	3,313 patients were waiting over 104 weeks for treatment at the end of May 2023 (trajectory: 3,255). This is the lowest number of breaches since October 2021 and the position reduced by 224 since April 2023. Our trajectory estimates breaches will reduce to 2,609 by the end of June 2023.

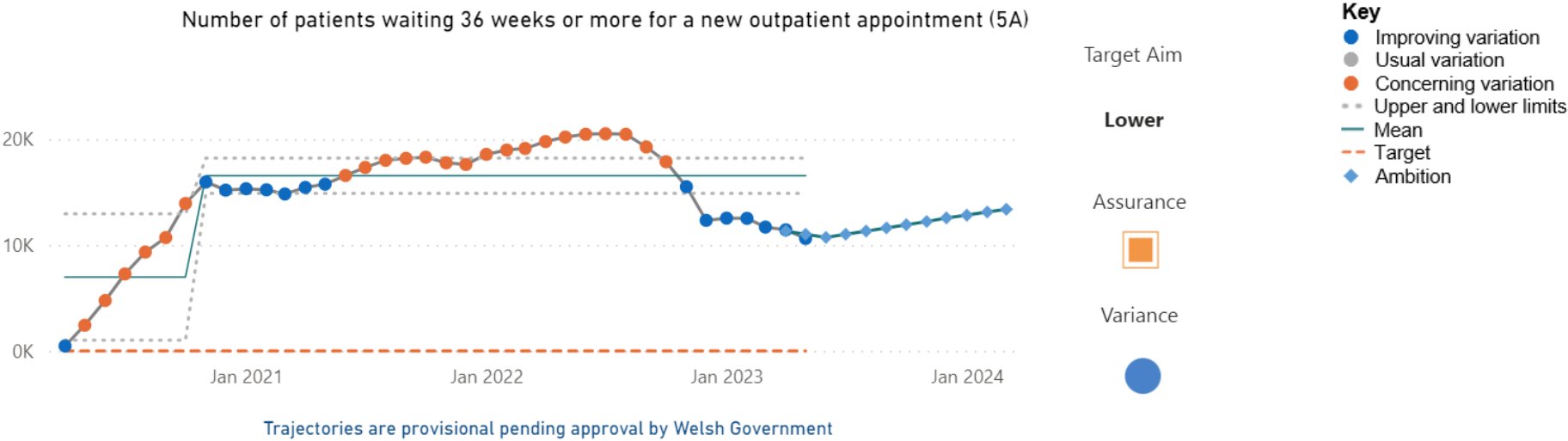


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Planned care recovery: Deliver zero 36 weeks waits for new outpatient appointments by March 2024
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	May 23	10,628	11,029	10,628 patients were waiting 36 weeks or more for a first outpatient appointment at the end of May 2023 (provisional trajectory: 11,029). This is the lowest number of breaches since August 2020 and the position reduced by 814 since April 2023. Our provisional trajectory estimates the position will be 10,727 breaches by the end of June 2023.

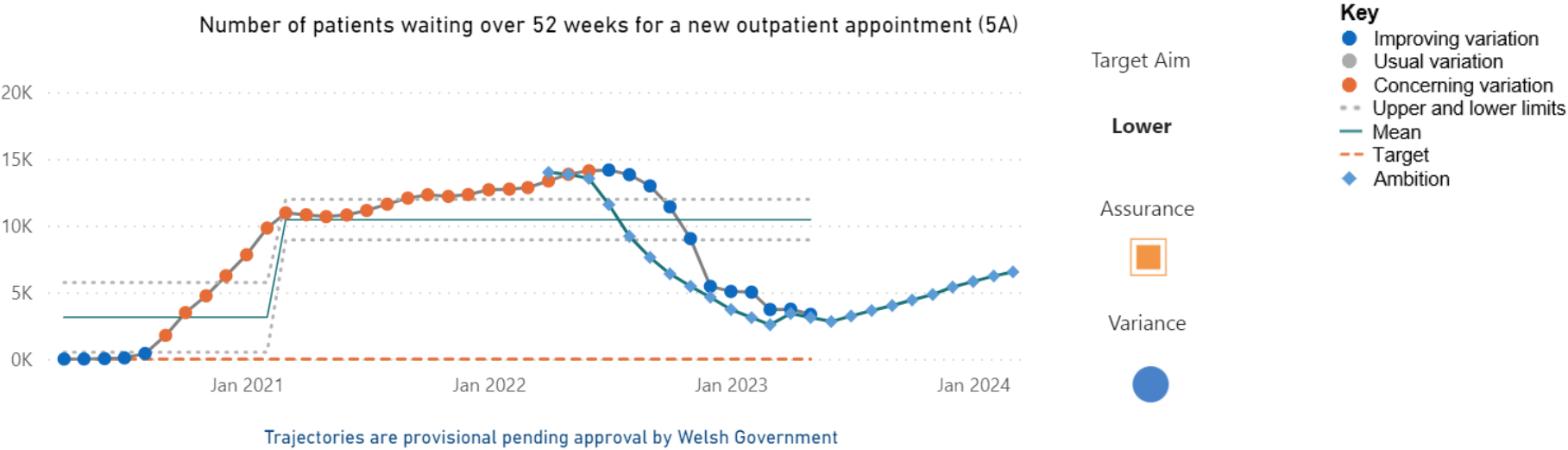


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Planned care recovery: Deliver zero 52 weeks wait for first outpatient appointments by June 2023
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	May 23	3,351	3,115	<p>3,351 patients were waiting over 52 weeks for a first outpatient appointment at the end of May 2023 (trajectory: 3,115). This is the lowest number of breaches since September 2020 and the position reduced by 388 since April 2023.</p> <p>Our trajectory for the end of June 2023 is 2,813 breaches. ENT, Colorectal and Vascular are the only specialties where breaches are expected.</p>

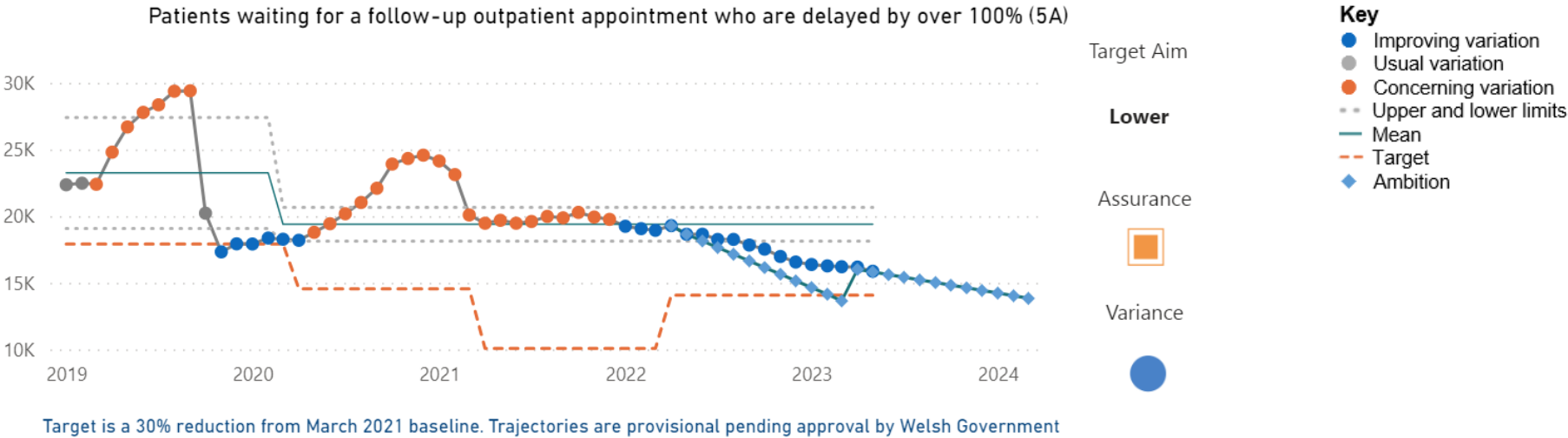


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Planned care recovery: Reduce the number of patients waiting for a follow-up appointment who are delayed by over 100% (Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	May 23	15,867	15,811	<p>As of 31st May 2023, a total of 66,547 patients were waiting for a follow up appointment, of which 15,867 were delayed over 100% of their target date (provisional trajectory: 15,811). Breaches are lower now than any other time in the last 4 years and position reduced by 314 since April 2023.</p> <p>Our provisional trajectory estimates the position will reduce to 13,831 by the end of March 2024.</p>

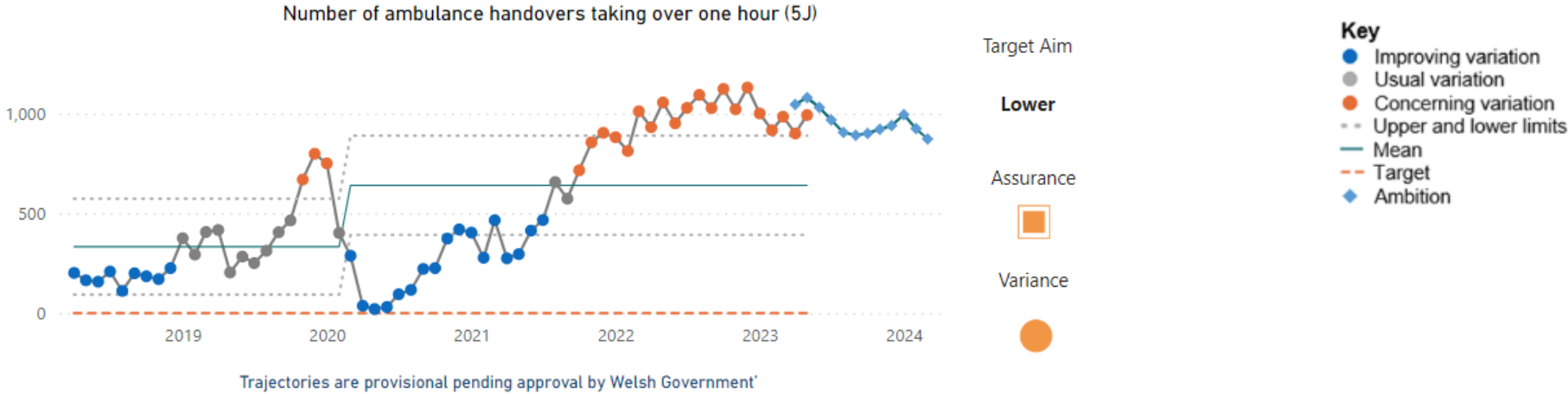


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Urgent and emergency care: Deliver zero ambulance handovers to EDs taking longer than 1 hour by 31st March 2024
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	May 2023	993	1,080	<p>Overall performance deteriorated in May, however there was a total increase of 193 handovers when compared to April 2023. All sites achieved their trajectories except PPH.</p> <ul style="list-style-type: none">• Bronglais Hospital: 121 (trajectory: 125)• Glangwili Hospital: 534 (trajectory: 550)• Prince Philip Hospital: 157 (trajectory: 145)• Withybush Hospital: 181 (trajectory: 260) <p>Our ambition is to reduce the number of handovers taking more than one hour to 873 by March 2024, continuing to strive towards a national target of zero.</p>



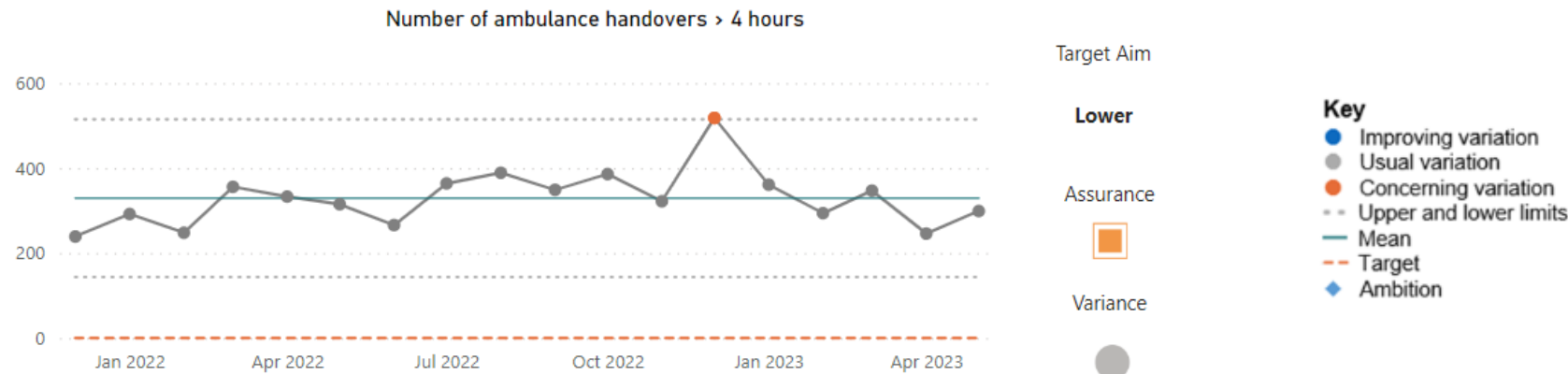
For further details on this measure, including site specific information, additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

Urgent and emergency care: Deliver zero ambulance handovers to EDs taking longer than 4 hours

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Grey, Usual variation, starting to improve or near trajectory	May 2023	299	n/a	<p>Performance in May 2023 deteriorated slightly due to an increase of 53 handovers taking more than 4 hours compared to the previous month. However, the total number of handovers also increased by 193 compared to April, with all sites except BH showing a decline.</p> <p>Bronglais Hospital: 10 handovers (previously 28) Glangwili Hospital: 202 handovers (previously 169) Prince Philip Hospital: 60 handovers (previously 33) Withybush Hospital: 27 handovers (previously 16)</p> <p>The longest handover was 23 hours at PPH.</p>

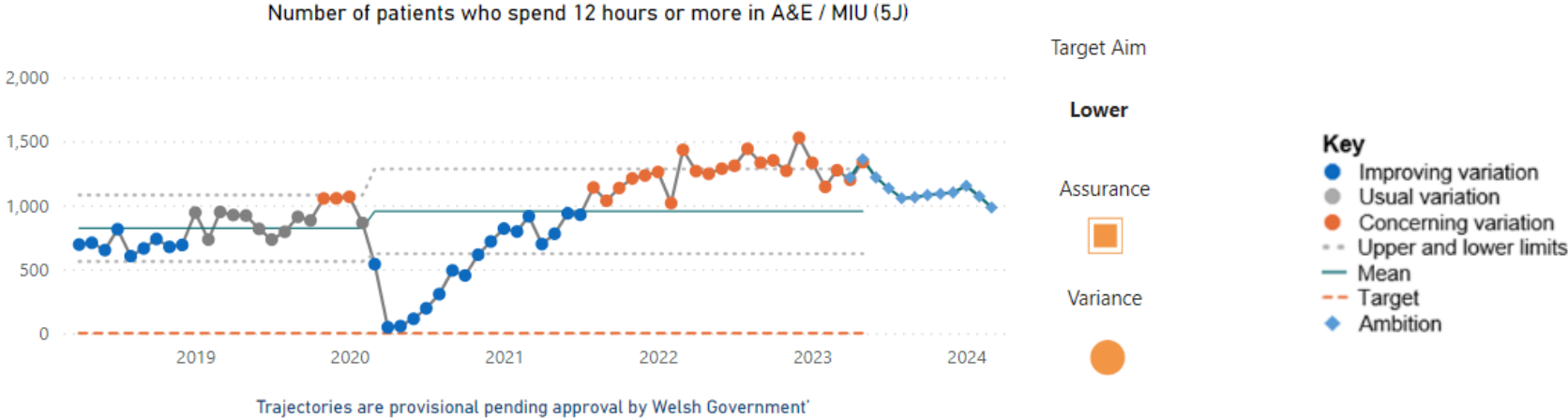


For further details on this measure, including site specific information, additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

Urgent and emergency care: Deliver zero patients waiting over 12 hours in A&E/MIU by 31st March 2024
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	May 2023	1,337	1,360	<p>The trajectory was achieved in May despite an increase in new attendances (1,717) across all sites compared to April 2023. The longest wait in May was 165 hours at PPH. All acute sites are showing concerning variation, with BH and WH achieving their individual trajectories.</p> <p>Bronglais Hospital: 184 (trajectory: 210) Glangwili Hospital: 532 (trajectory: 531) Prince Philip Hospital: 103 (trajectory: 99) Withybush Hospital: 518 (trajectory: 520)</p> <p>Our ambition is to reduce the number of patients waiting more than 12 hours in A&E/ MIU to 983 by March 2024, continuing to strive towards a national target of zero.</p>



For further details on this measure, including site specific information, additional data, issues faced, actions being taken, risks and mitigations see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

Urgent and emergency care: Reduce the number of patients in our hospitals with a delayed transfer / discharge (Local priority)

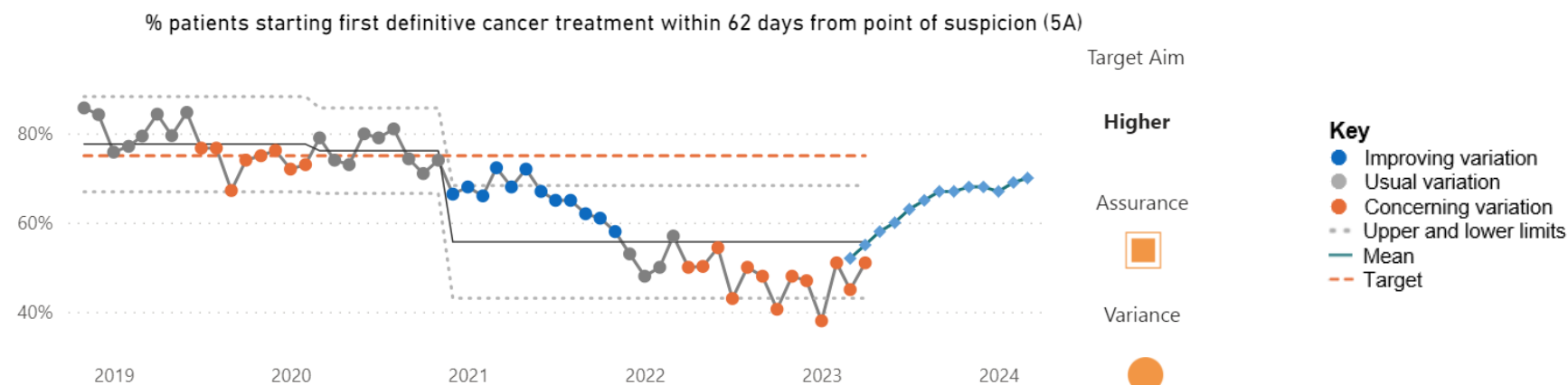
Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	As at 24 th May 2023	230	n/a	Significant number of patients are ready to leave our acute / community hospitals but are unable to be discharged primarily due to a lack of social care and domiciliary support

Reason	Aberystwyth MH Unit	Amman Valley Hospital	Bronglais Hospital	Caebryn Mental Health Unit	Glangwili Hospital	H'west Mental Health Unit	Llandovery Hospital	Prince Philip Hospital	South Pembrokeshire Hospital	St Davids Hospital	Tregaron Hospital	Withybush Hospital	TOTAL
Awaiting Social worker allocation	0	0	1	0	16	0	1	7	5	0	0	22	52
Awaiting completion of assessment by social care	0	1	0	0	10	0	1	16	7	0	1	9	45
Awaiting start of new home care package	0	1	1	1	8	0	0	13	4	0	1	0	29
Awaiting completion of arrangements prior to placement	0	0	0	0	9	3	0	0	0	1	0	0	13
Awaiting RH availability	0	0	1	0	0	0	0	9	0	0	0	2	12
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	0	0	2	0	2	1	0	0	1	0	1	4	11
Awaiting NH availability	0	0	1	2	2	0	0	2	0	0	0	4	11
Awaiting reablement care package	0	1	0	0	2	0	0	3	1	0	0	2	9
Awaiting EMI residential availability	0	0	2	0	4	0	0	1	0	0	0	1	8
Awaiting Continuing Healthcare (CHC) Assessment	0	0	0	0	3	0	0	0	1	0	0	1	5
Awaiting funding decision FNC/CHC	3	0	0	0	0	0	0	0	0	0	0	1	4
Awaiting Residential care home manager to visit and assess (Standard 3 residential)	0	0	0	0	3	0	0	1	0	0	0	0	4
Awaiting funding decision	2	0	0	0	0	1	0	0	0	0	0	0	3
Mental Capacity / Court of Protection delays	0	0	0	0	2	0	0	1	0	0	0	0	3
Awaiting transfer to intermediate care bedded facility	0	0	0	0	1	0	0	0	0	0	0	1	2
Awaiting community based health provision D/N, CPN	0	0	0	0	1	0	0	0	1	0	0	0	2
Patient / family refusing to move to next stage of care/ discharge	0	0	0	0	1	0	0	1	0	0	0	0	2
Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	0	0	1	0	0	1	0	0	0	0	0	0	2
Awaiting EMI nursing availability	0	0	0	0	1	0	0	1	0	0	0	0	2
Awaiting Learning Disability bed	0	0	0	0	2	0	0	0	0	0	0	0	2
Homeless	0	0	0	0	0	0	0	2	0	0	0	0	2
Assessment through the language of choice	0	0	1	0	0	0	0	0	0	0	0	0	1
Awaiting integrated health /social care community provision	0	0	0	0	1	0	0	0	0	0	0	0	1
Awaiting provision of medicines management dispensing equipment/support	0	0	0	0	0	0	0	1	0	0	0	0	1
Awaiting Community Resource capacity	0	0	0	0	1	0	0	0	0	0	0	0	1
Patient / family choice related issues	0	0	0	0	0	0	0	0	0	0	1	0	1
Safeguarding issues impacting discharge arrangements	0	0	0	0	1	0	0	0	0	0	0	0	1
Awaiting acute bed	0	0	0	0	1	0	0	0	0	0	0	0	1
Total	5	3	10	3	71	6	2	58	20	1	4	47	230

Cancer: At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion by end of March 2023

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	Apr 23	51%	55%	As 30th April 2023: 2,938: Total number on the SCP 185: Number awaiting Diagnostics (Radiology & Endoscopy) 33: Number awaiting Tertiary Treatment 97: Number awaiting surgery Total referrals in April: 1,500 The remainder of patients on the pathway are waiting for an out-patient appointment (OPA) or have an OPA date booked, results and appointments/interventions. Oncology and surgical cancer treatments have exceeded pre-pandemic levels.



For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

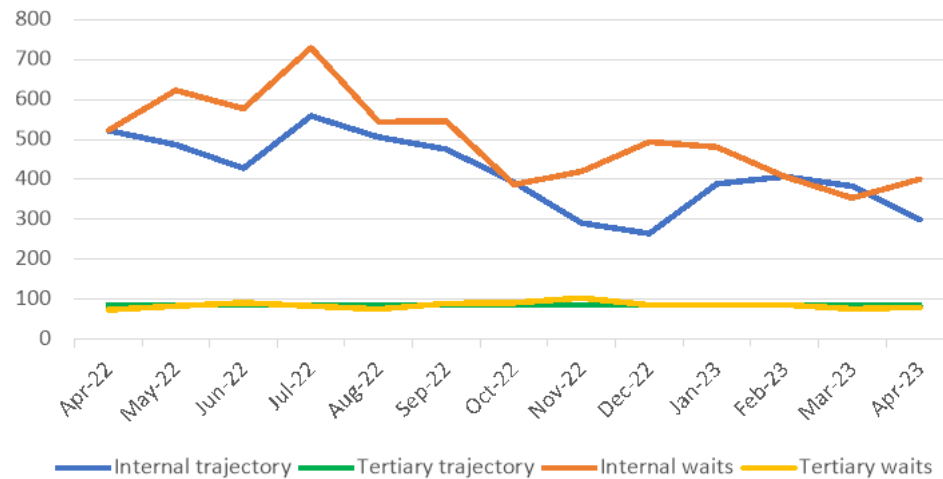
- [Topic] = 'Cancer'
- [Metric Name] = select a metric to view chart and supporting narrative

Cancer: Reduce the number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion by March 2024

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	Apr 23	481	385	<p>In April, the overall backlog of 481 included 401 patients waiting for an appointment/treatment within the health board and 80 with tertiary providers. Our trajectory predicted we would have 300 waits within the health board and 85 waits with tertiary providers.</p> <p>Additionally, 136 patients were waiting 104+ days for cancer treatment. This is a reduction of 63 patients from the previous month.</p> <p>Note: Not all backlog patients will become SCP breaches.</p>

Predicted & actual backlog - Internal and tertiary split



Mental health: Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories

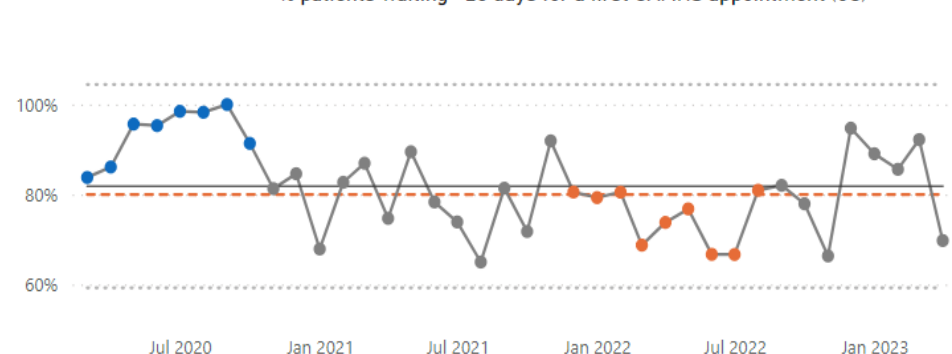
(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	April 2023	69.8%	n/a	In April 2023, 30 out of 43 (69.8%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 88.2% of mental health assessments were undertaken within 28 days for patients aged 0-17.

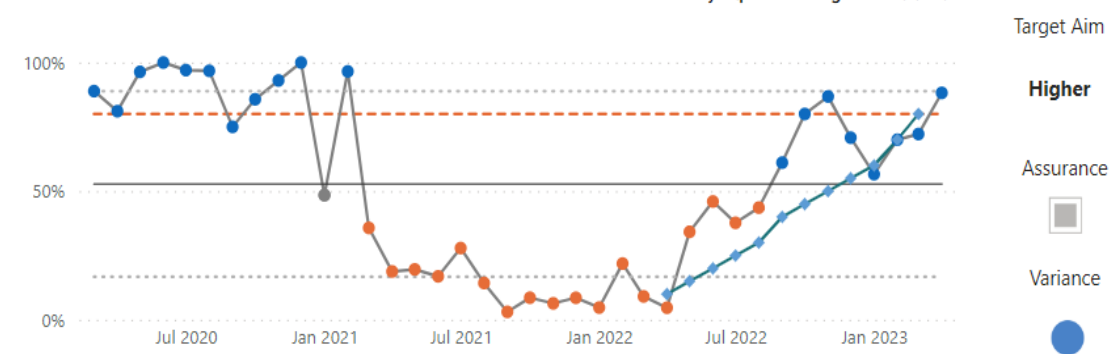
Key

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

% patients waiting <28 days for a first CAMHS appointment (5G)



% mental health assessments undertaken within 28 days (persons age 0-17) (5G)



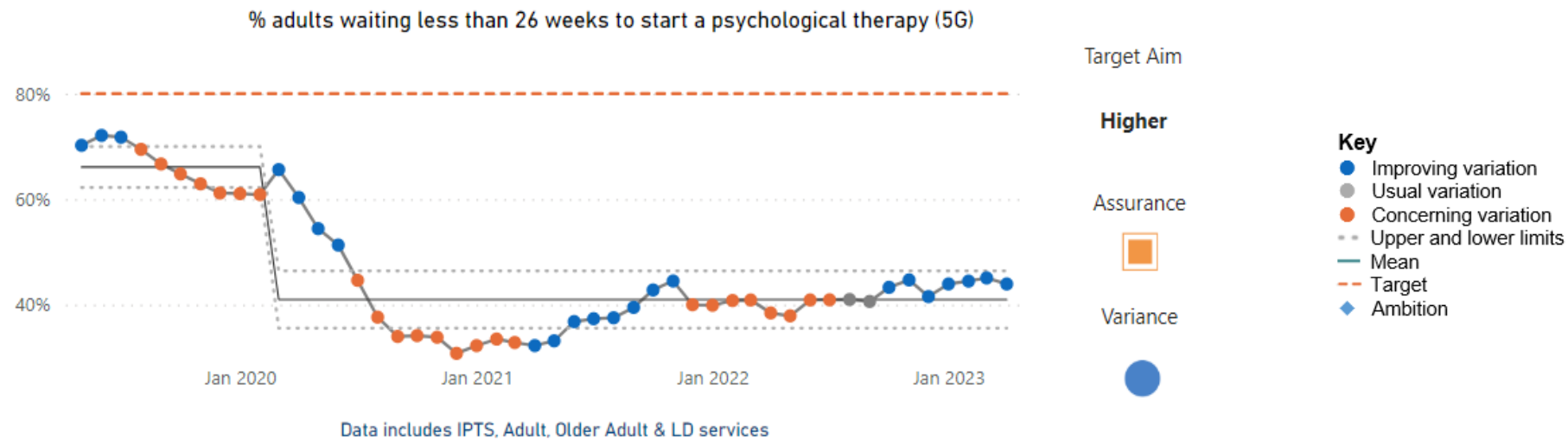
For further details on these measures, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

Mental health: Meet the agreed improvement trajectory for psychological therapies by 31st March 2023

(Accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	April 2023	43.9%	n/a	In April 2023, 529 out of 1,204 (43.9%) adults waited less than 26 weeks to start a psychological therapy. The overall position is driven by: <ul style="list-style-type: none"> Integrated Psychological Therapy (IPTS) – 45.1%, showing improving cause variation Adult Psychology – 35.3%, showing special cause concerning variation Learning Disabilities Psychology – 36.8%, showing improving cause variation



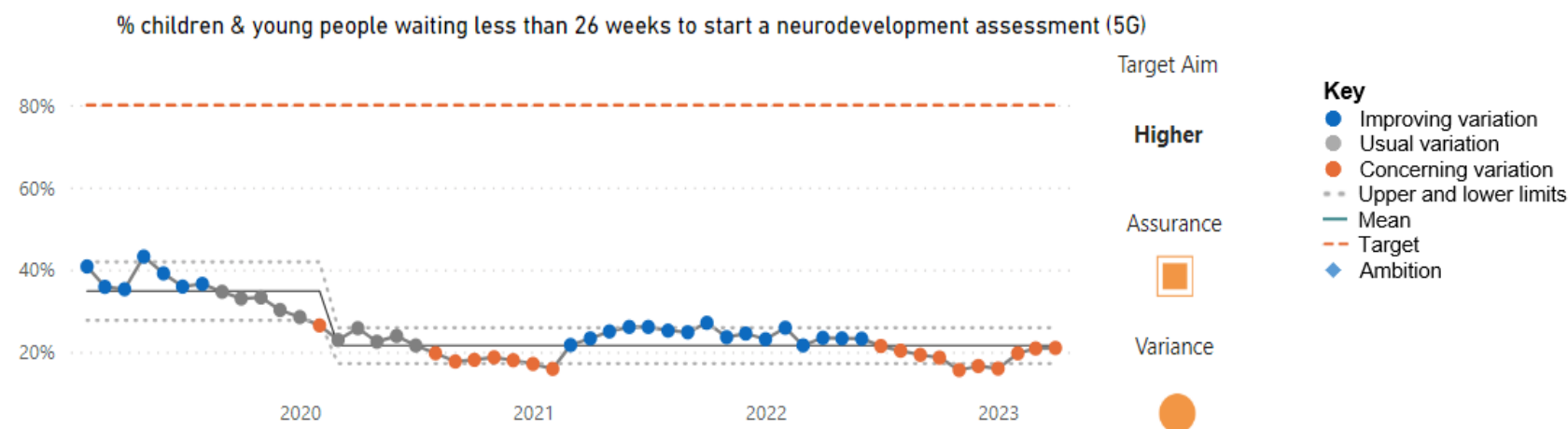
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

Mental health: Submit an improvement trajectory to demonstrate how we will meet the national target by 31st March 2023 and have clear plans in place to improve neurodevelopmental services

(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	April 2023	21%	n/a	In April 2023, 477 out of 2,551 (18.7%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 158 out of 475 (33.3%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment.

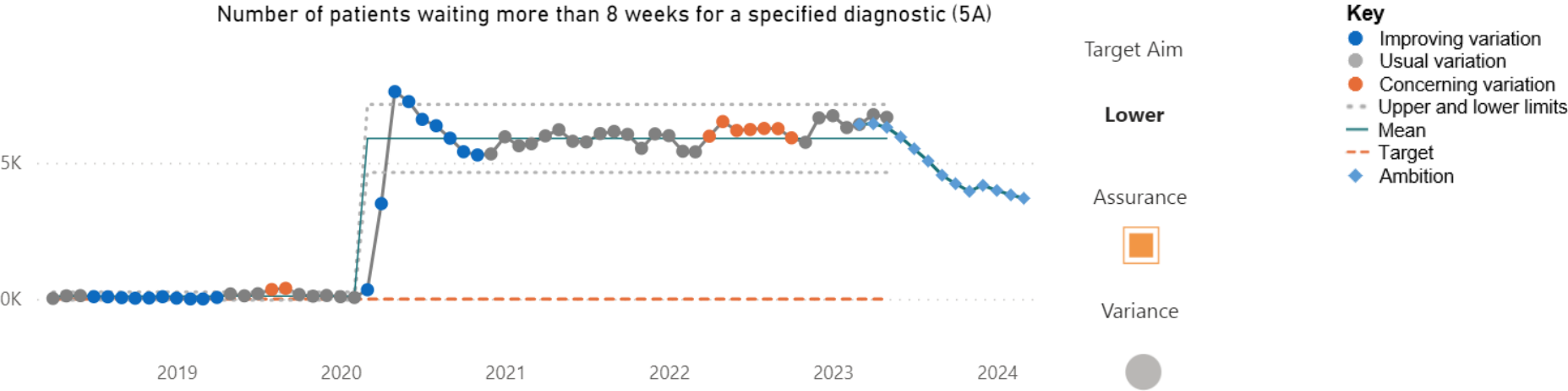


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

Diagnostics: Deliver zero patients waiting over 8 weeks for a diagnostic by March 2024
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	May 23	6,671	6,306	Performance in May was a slight improvement from April's figure of 6,767 breaches. Breaches were seen in; <ul style="list-style-type: none">• Radiology: 2,703 (trajectory: 2,788) – improving variation with 218 less breaches than April• Endoscopy: 2,239 (trajectory: 2,062) – concerning variation, however, lowest number of breaches since November 2022• Cardiology: 1,472 (trajectory: 1,236) – concerning variation with 192 more breaches than April• Neurophysiology: 210 (trajectory: 170) – improving variation, however, 17 more breaches than April• Physiological Measurement: 26 (trajectory: 50) – usual variation and 1 less breach than April• Imaging: 21 – usual variation with 15 more breaches than April

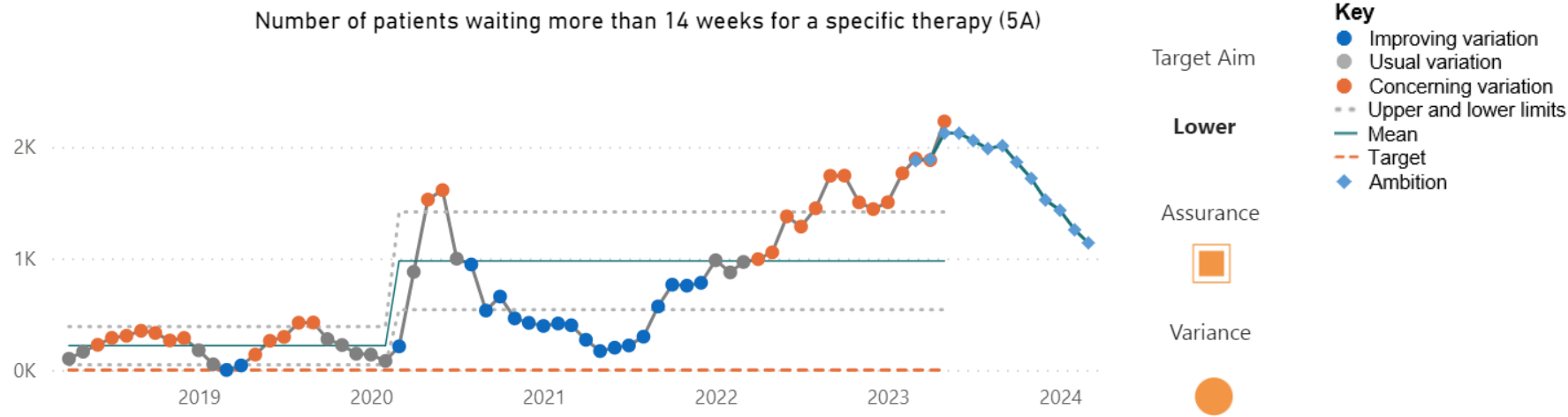


For further details on all diagnostics, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Diagnostics & therapies'
- [Metric Name] = select a metric to view chart and supporting narrative

Therapies: Deliver zero patients waiting over 14 weeks for a specified therapy by March 2024
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	May 23	2,229	2,124	<p>Performance in May was a deterioration from April's figure of 1,882 breaches. Breaches were seen in;</p> <ul style="list-style-type: none">• Physiotherapy: 1,111 (trajectory: 1,098) – concerning variation with 130 more breaches than April• Occupational Therapy : 404 (trajectory: 439) – improving variation with lowest number of breaches since January 2022• Audiology: 258 (trajectory: 70) – concerning variation, 191 more breaches than April & most breaches since September 2020• Dietetics: 215 (trajectory: 265) – concerning variation with 21 more breaches than April & highest number of breaches recorded• Podiatry: 192 (trajectory: 193) – usual variation, however, 39 more breaches than April• Art therapy: 40 (trajectory: 59) – only April (41) has seen more breaches• Speech & language: 9 (trajectory: 0)• There were also 58 breaches in May for CMATs.

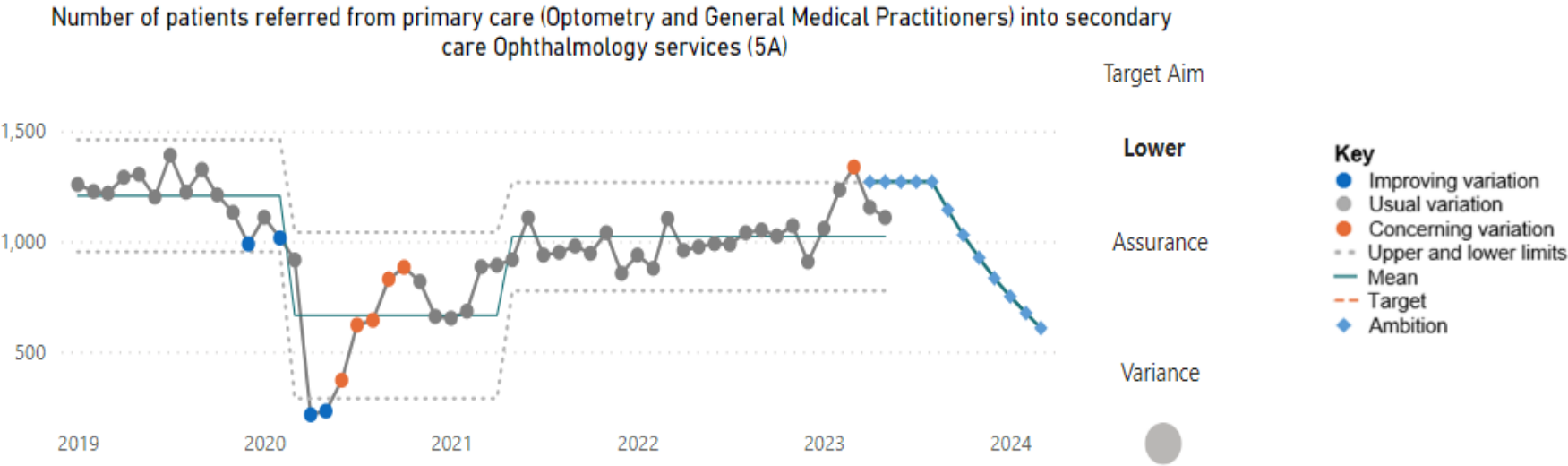


For further details on all therapies, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Diagnostics & therapies'
- [Metric Name] = select a metric to view chart and supporting narrative

Primary Care: Reduce the number of patients referred from primary care into secondary care Ophthalmology services
(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	May 2023	1,108	1,270	<p>We achieved the trajectory in May 2023, with performance showing a steady decline since the peak in March 2023.</p> <p>Please note this is a new measure that has been included in the IPAR as of this month. Process steps have been added to the SPC chart in March 2020 and May 2021 to reflect the reduction in referrals due to the pandemic.</p>

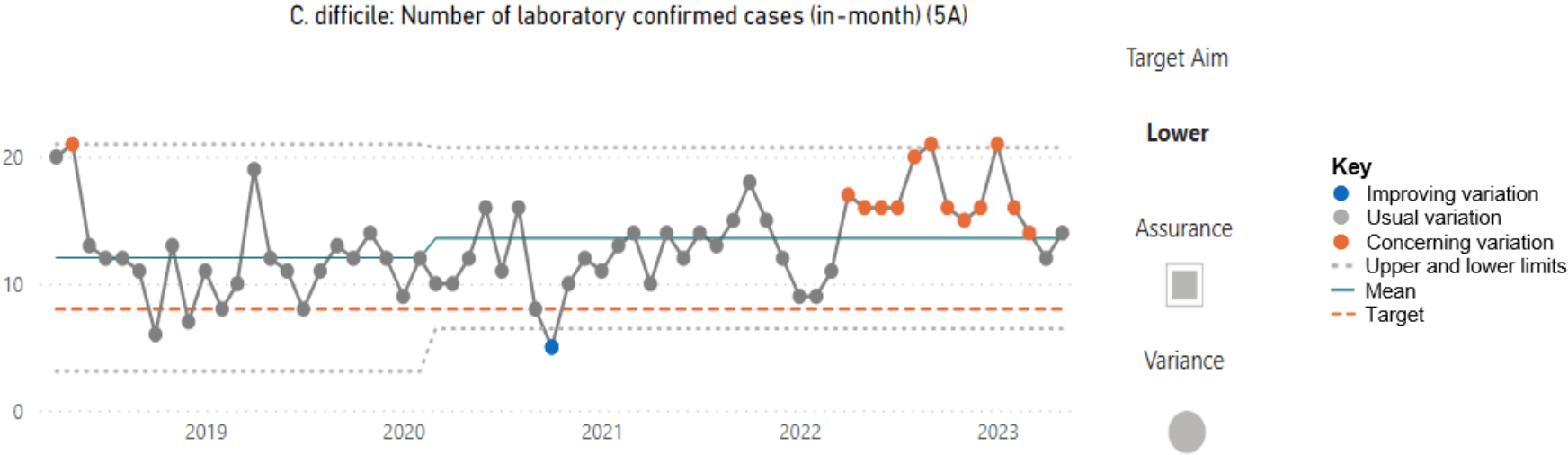


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Healthcare acquired infections: Reduce the number of C.difficile cases
(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	May 2023	14	n/a	Although cases have been above target since November 2020, we have seen an improvement since the peak in January 2023 with performance steadily returning to pre 2022/23. However, we continue to remain higher than other HB's within Wales.



For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

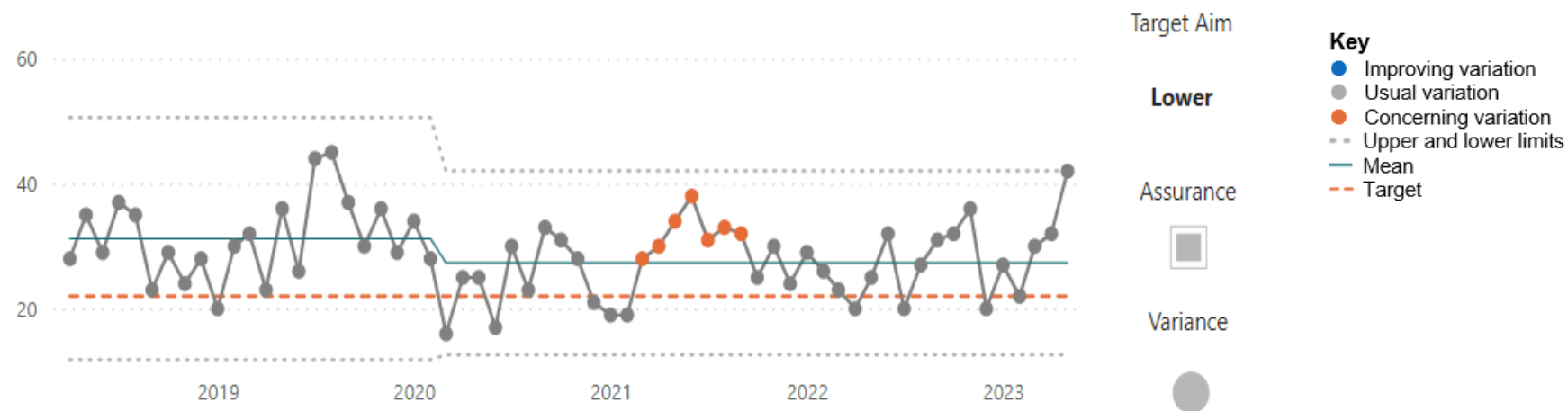
- [Topic] = 'Quality'
- [Metric Name] = select a metric to view chart and supporting narrative

Healthcare acquired infections: Reduce the number of E.Coli cases

(Accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	May 2023	42	n/a	In month cases have increased and is the highest reported since September 2019. Increased community focus as >70% of all cases are confirmed as non in-patient.

E.coli: Number of laboratory confirmed bacteraemia cases (in-month) (5A)

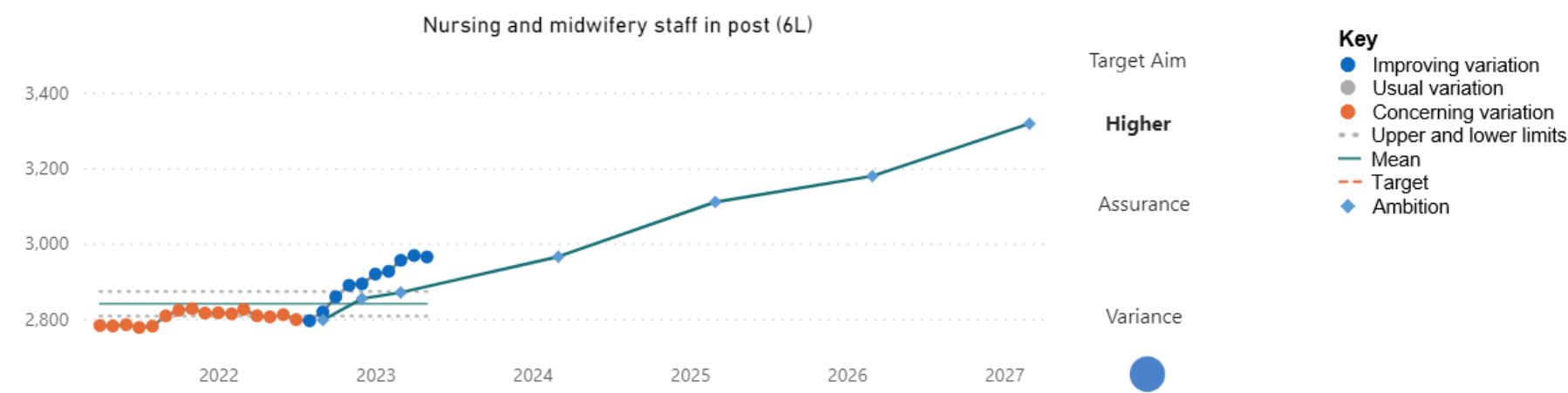


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Quality'
- [Metric Name] = select a metric to view chart and supporting narrative

Workforce: Increase the number of nurses and midwives we have in post
(Local priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	May 2023	2,964	n/a	In May 2023, there were 2,964 whole-time equivalent (WTE) nursing or midwifery staff in post. This is 1 WTE post short of our ambition to have 2,965 nursing or midwifery staff in post by March 2024 in line with the 5 year Nursing Workforce Plan.



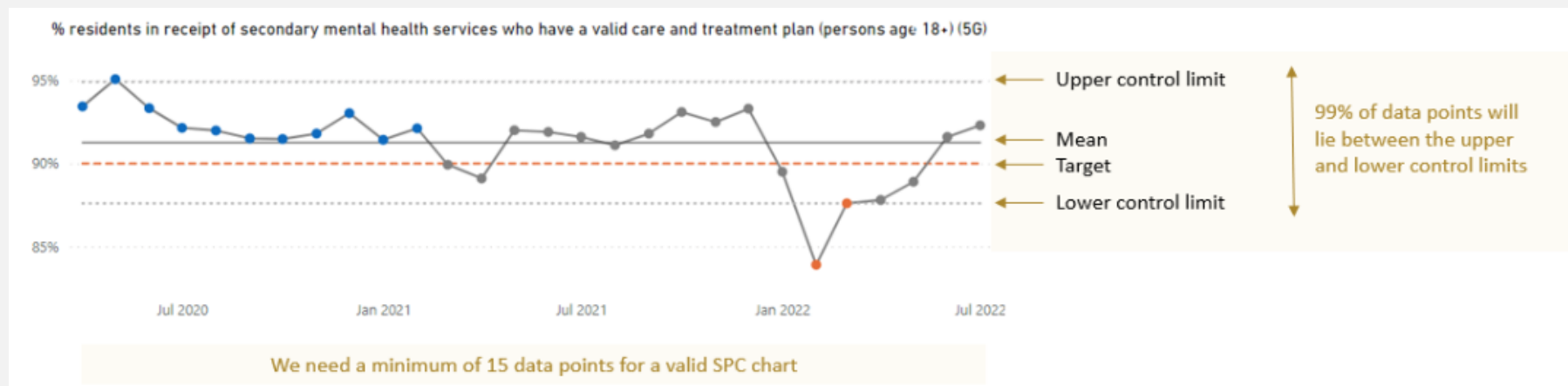
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Workforce'
- [Metric Name] = select a metric to view chart and supporting narrative

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.

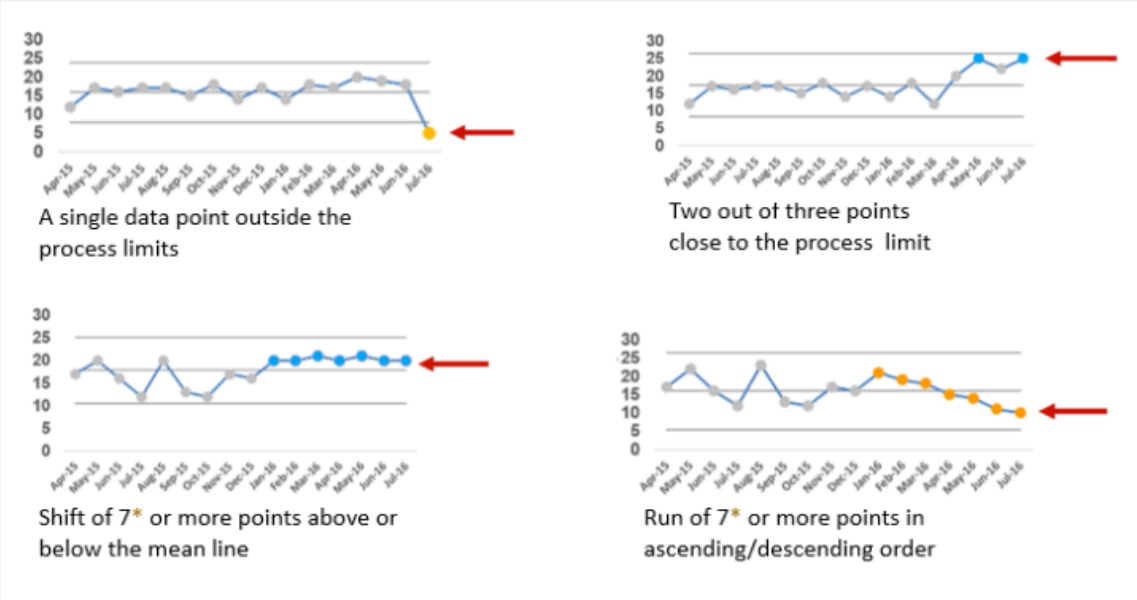
Anatomy of a SPC chart



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 we are doing over time		Concerning trend	Special cause concerning variation = a decline in performance that is unlikely to have happened by chance
		Usual trend	Common cause variation = a change in performance that is within our usual limits
		Improving trend	Special cause improving variation = an improvement in performance that is unlikely to have happened by chance
ASSURANCE Performance against target		Missing target	We will consistently fail the target without a review of the service
		Hit and miss target	We will randomly hit and miss the target without a review of the service
		Hitting target	We will consistently hit the target

Note: remember **blue** is good, **orange** is bad

Therapy Services Directorate RTT 14 Week Target Performance June 2023

1. Introduction

Therapy Services have provided in this report, for consideration by the Strategic Development and Operational Delivery Committee (SDODC), an assessment of waiting times that are failing to meet targets of seeing patients within 14 weeks for adults and 8 weeks for paediatrics. A review of the current position and key actions (either in progress or planned) is provided to demonstrate the difficulties, mitigations and actions in place to address this position and to continuously improve the care given to our patients.

Timely access to health services is a priority issue. An aging population and multi-morbidity increases the demands on NHS services and patient care and contributes to pressure to deliver assessment, treatment, rehabilitation and intervention to optimise function, mobility and independence in the community. To recalibrate the system and remove the backlog of people waiting is a top priority.

Clinical teams have reported an increasing complexity in caseloads, especially in frail populations, and this has an impact on overall service capacity. Changes to acuity in these caseloads are multifactorial and include a development of more complex conditions due to limited health care provision over the pandemic and challenges accessing healthcare across specialities in both urgent and routine pathways. Patients have experienced delays or cancellations that intensifies the risk to planned care and delay increases the risk of deconditioning whilst waiting which potentially affects the value of the proposed treatment.

There is a historical pattern of recovering position from accessing short-term recovery funding, however this deteriorates without a longer term and sustained solution. The actions identified within this paper to mitigate against breach positions are not sufficient to reverse to a zero breach position.

Criteria used to determine clinical priority

Clinical criteria informs the priority order of cases, with patients with the most urgent needs fast tracked for care. Urgent referrals represent activity of high acuity patients seen urgently that do not hit routine waiting lists. To ensure each receives the most appropriate decision for care, cases are prioritised using specific criteria for each service to this clinical decision. These include:

- High priority clinical need – wounds, sepsis and acute cellulitis
- Sudden loss of function resulting in inability to maintain independence safely.
- Severe choking episodes
- Crisis response to functional decline to avoid hospital admission/deconditioning.
- Immediate safety risk – very high falls risk, failing to clear chest adequately.
- At risk of deterioration resulting in long-term harm and impact on recovery.

- If not seen likely to result in emergency care package, loss of independence (temporarily), loss of dignity (temporarily).
- Traumatic hand injuries, tendon rupture and hand surgery
- Hospital discharges with current on-going goals
- Palliative/cancer care.
- Post-operative/Fracture clinic.
- Acute, new episode of pain – 6 weeks or less of duration.
- Spinal pain with neurological symptoms.
- Reported overt signs of airway compromise on all oral intake every day.
- Ongoing chest infections – not responding to antibiotics OR chest infection at time of referral.

Routine and Urgent Referrals

January 2021 – December 2022

	Total Referrals	Routine	Urgent	% Urgent	Urgent Response Times
Occupational Therapy	8,624	6,652	1,972	23%	Within 72 hours (for Children Service)
Physiotherapy*	63,967	34,910	28,787	45%	Rapid Response (Community) – within 72 hours Urgent Community – within 2 weeks MSK – within 2 weeks
Podiatry	31,880	23,642	8,238	26%	Ulceration, Sepsis, Cellulitis – within 24 hours Urgent loss of function – within 7 to 10 days
Speech and Language Therapy	9,332	8,328	1,004	11%	Neonates and urgent dysphagia – within 2 days

*MSK and Community Data only (excluding Paeds, Lymphedema and acute services)

Management of risk and actions to improve the position

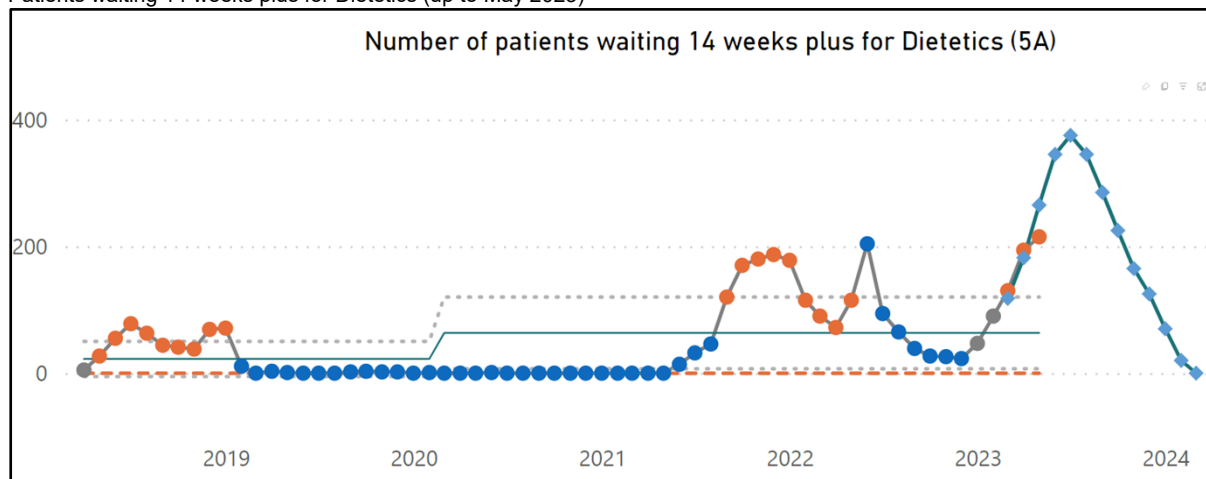
Therapy Services advocates a systematic approach to clinical risk management underpinned by effective communication between and within teams. Management of waiting lists is a dynamic process that ensures patients receive timely equitable access to treatment. Services and teams within the Therapies Directorate actively monitor the waiting list to review changes in patients' risks and needs and uses various strategies to monitor effectively including:

- Regular communication with teams to regularly review and revise professional caseloads with referrals prioritised according to urgency (summarised criteria noted above) and times adjusted according to patient risk.
- Regular clinical assessment to screen referrals.
- Patient (or referrer) given contact and supportive information and advised to contact the service should the condition worsen/deteriorate. This is not in place for all patients in all areas.
- Regular waiting list audits to scrutinise at Directorate level.
- Pilot for Electronic Health Records project with expected outcome an increased efficiency in clinical time and available data.

- Information or education provided during the waiting period to try to prevent deterioration or prepare patients for upcoming intervention(s).
- Group interventions where clinically appropriate.
- Pathway process mapping to determine any inefficiencies and potential service improvements including how the waiting list support service can further support within referral pathways.
- Development and further roll out of job plans for each clinical staff.
- Utilise digital initiatives wherever possible and/or applicable
- Expand and embed central support function to improve consistency and availability of data and reporting to develop action plans to improve quality and efficiency of services and thus improve clinical capacity.

Dietetics

Patients waiting 14 weeks plus for Dietetics (up to May 2023)



Breakdown of Breaches for May 2023

Service	Number of Patients Waiting Over 14 Weeks
Weight Management	174
MH&LD	4
Paediatrics	29
Community Dietetics	9
Total	216

Work is ongoing within the Weight Management Service (WMS) to understand and manage the increased waiting times further in order to mitigate risks and agree actions. The aim is to evaluate the impact of new weight management medication on the rate of referrals to improve intelligence and predictions regarding the impact on waiting times. Recent data indicates that referral numbers are settling (noting limited administrative capacity means a delay of 4-6 weeks to upload referrals), however the referral trend remains well above demand last year. In addition to the proposed waiting time recovery actions, a short-term opportunity to increase the number of new patient assessment clinics is being pursued, however this is

dependent on securing additional administrative capacity. Options for a sustainable solution beyond March 2024 are being explored.

Dietetics closely monitor waiting times for Paediatrics and have re-prioritised work including redirecting resources and offering extra hours to the team to try to minimise a further increase in waiting times. The aim is to evaluate the impact of new selective feeding referrals on the rate of referrals to understand and proactively respond to the impact on waiting times over the next reporting period.

Locum clinic sessions are supporting cover for a paediatric vacancy in the team, but this is not enabling the service to address increased waiting time pressure due to higher referral numbers. Sickness absence within the team will result in a further increase in waiting times. Whilst additional locum capacity will be sought, there are very few specialist paediatrics locums available. Additionally, discussions are underway with Nutrition and Dietetics service leads regarding a more sustainable solution to manage the demand from increased selective eating referrals (which are mainly for Children and Young People with ASD), seeking funding to build dietetic capacity within the service.

Potential risks due to current position

- Patients disengage from the service that could result in deconditioning.
- Unmet need and risk of escalating with avoidable admission to hospital.
- Increase of frailty and malnutrition.
- Reduced ability to manage co-morbidities.
- Increased risk of conditions in paediatric patients such as faltering growth, gastro-oesophageal reflux, obesity, cow's milk protein allergy, food avoidance and nutrient deficiencies.

Actions to address risks

- Prioritise referrals to actively manage urgent and routine and maximise capacity.
- Processes to map demand and capacity
- Offer of advice to patients waiting for appointments to actively manage risk of deconditioning.
- Engage with wider MDT's to understand patient requirements and likelihood of dietetic referral.
- Additional clinics and extra hours for staff to meet demand.
- Liaise with Primary Care to ensure referrals are predominantly self-referrals, reducing the number of people who are not ready to engage with the WMS.
- Develop and test the impact of new pre-clinic patient group education session.
- Continue to review access criteria for specialist WMS, in collaboration with Primary Care and dependent on plans for level-2 services.
- Monitor increasing demand, expected due to new obesity drug treatments that will become available in the next few months to update trajectory and review plans.
- Reviewing pathways and processes to identify and implement efficiencies.

Urgent Referral Criteria

Malnutrition

- Patients with extremely limited/no oral food/fluid intake for >5 days.
- Patients with significant deterioration in swallowing function (Patient will require referral to SLT).
- BMI < 18.5 Kg/m² or unintentional weight loss > 10% 3-6 months.
- MUST Score > 2.
- Pressure damage associated with poor nutritional intake/weight loss.
- Patients requiring pre-assessment for enteral tube feeding (i.e PEG or NG feeding).

Diabetes

- Newly Diagnosed Type 1 Diabetes.
- Gestational Diabetes.

Gastro/Hepatobiliary

- Newly diagnosed Coeliac Disease (confirmed by biopsy/serology)
- Newly diagnosed or 'Active' Inflammatory Bowel Disease (IBD) with associated weight loss
- Diagnosed food allergy. Pancreatic enzyme insufficiency and Liver Disease with associated malnutrition.

Eating Disorders

High Risk – Refer to CMHT

- BMI < 14 kg/m².
- Diabetes, pregnancy.
- Investigations of concern (hypoglycaemia -poor diabetic control, cardiovascular compromise, electrolyte disturbances, proximal myopathy, system failure).
- Purging daily* (Bulimia nervosa).
- Total resistance to food intake. Resistance to fluid intake.
- Rapid weight loss of > 20% in 6 months (Risk of refeeding syndrome).

Medium Risk – Refer to CMHT

- BMI < 15 kg/m².
- Possible system failure.
- Purging > 3 times/week* (bulimia nervosa). Frequent non-compliance with meal plan and /or compensatory behaviours (exercising, laxatives, vomiting).

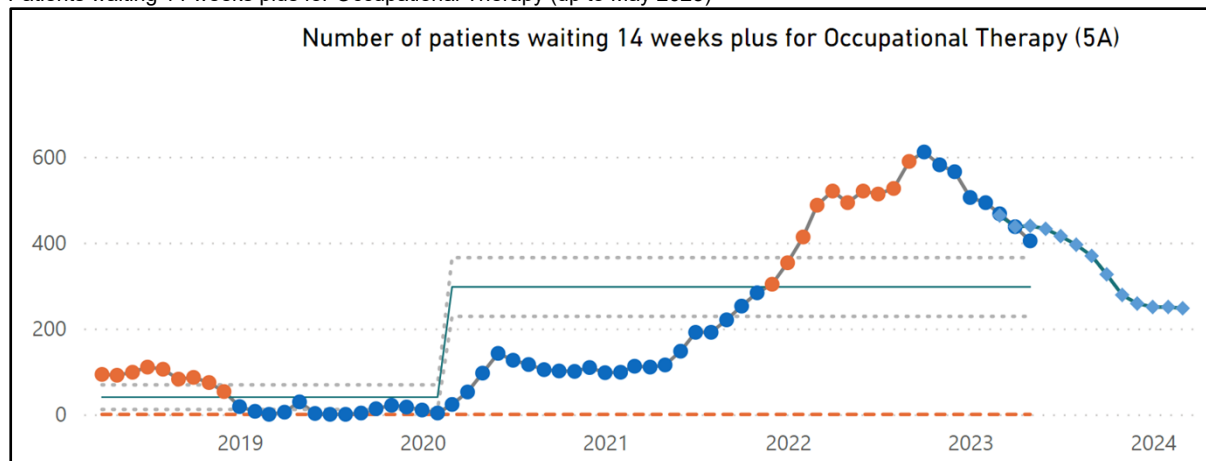
Low Risk or Suspected Eating Disorders – Refer to Dietetic Service

- > 17 kg/m².
- No additional co-morbidities.
- Infrequent purging* (< 2/week). Mild binge eating disorder.

*Purging with the presence of other risk factors, as stated above

Occupational Therapy

Patients waiting 14 weeks plus for Occupational Therapy (up to May 2023)



Breakdown of Breaches for May 2023

Service	Number of Patients Waiting Over 14 Weeks
Mental Health	42
Learning Disabilities	42
Children's Services	259
Adult Community	53
Total	396

In May 2023, 312 breaches out of 396 are relating to services within Therapies Directorate, and 124 within the Mental Health and Learning Disabilities Directorate. At the end of May 2023, there were 259 Children and Young People waiting 14 weeks and over.

Work is ongoing to increase the number of functional assessment clinics across the three counties to improve the position. Adult, Community and Children's Occupational Therapy have seen improvements; however, this trajectory is at risk if demand for acute and urgent work increases with associated redeployment from planned service provision to support.

In the Occupational Therapy Children and Young People Service, urgent activity initially reduced at the start of the COVID-19 Pandemic. The demand steadily increased as families required assistance due to a lack of access to other services and provision such as school and wider family support. Occupational Therapy (Children and Young People) experienced a reduction in available clinical hours each month over the last due to factors such as maternity leave and staff sickness. During the last 12 month period the Service has recovered some of that time (18 hours). Whilst actions to recruit have gone some way to mitigate the risks with 48.75 lost hours a week covered, 66.38 hours out of 115.13 lost hours remain and this has impacted the Service's ability to manage the urgent and routine waiting lists in a timely manner.

The service is utilising additional bank hours and exploring additional support from within existing core Occupational Therapy services. The service reviews weekly trajectories for activity in order to prioritise the resultant waiting list breach numbers throughout the year. Services prioritise referrals according to clinical risk and classified as either routine or urgent. Locum recruitment with MEDACS remains open and the service is reviewing outsourcing options to support with current demand and backlog.

Urgent and Routine Referrals

	Total Referrals	Routine	Urgent	% Urgent
Jan 2021 – Dec 2021	4,400	3,263	1,137	26%
Jan 2022 – Dec 2022	4,224	3,389	835	20%
Total	8,624	6,652	1,972	23%

At the point of referral, all patients receive an initial screening via phone call by a registered Occupational Therapist. During screening, patients receive appropriate information and advice to assist in managing the problem prior to full assessment and this may include signposting to other services. During screening patients are also provided with contact information (single point of access for Carmarthenshire) and advised to inform the service if their situation changes.

Patients on the routine waiting list longer than 14 weeks are contacted to review their current condition. This may result in reprioritisation as urgent, continuing to wait on the routine list or removal from the list if occupational therapy is no longer required.

Urgent Criteria for Occupational Therapy

Occupational Therapy – Children and Young People

- Hospital discharges
- Palliative/cancer care
- Access issues to toileting and property
- Children up to the age of 2
- High clinical risk including moving and handling assessment/equipment provision
- At risk of pressure ulcers such postural changes/Environmental adaptations where behaviours that challenge are putting people at risk.
- Those approaching 18 years of age (19 if in specialist education) where they would progress to adult services while waiting or become eligible for means testing from a social care perspective.

Occupational Therapy - Rheumatology

- Traumatic hand injuries and tendon rupture, where critical to maintain hand function
- Hand surgery, where critical to maintain hand function.
- Crisis response to functional decline in community
- Hand conditions referred to the service requiring post op splinting or therapy, or any injuries requiring rehab where delays in intervention could lead to a condition deteriorating or missing a window of opportunity for therapy to be most effective.

Occupational Therapy – Community (patients seen within 72 hours)

- Sudden functional decline (perhaps over a 4-week period) which has resulted in them being unable to carry out essential activities of daily living (toileting, transfers from bed or chair).
- Sudden functional decline (perhaps over a 4-week period) where there is now a risk of hospital admission or short-term placement.
- Receiving informal or formal care and the situation has broken down due to a change in the person's function.
- People with a complex presentation something has happened resulting in a change in ability to transfer significantly and as a result will put the individual and or carers at risk.

Potential risks due to current position

- Increased time spent in hospital.
- Patients at risk of deconditioning whilst waiting which potentially negatively affects the effectiveness of any further treatment.
- Reduced job satisfaction and associated impact on workforce retention.

Actions to address risks

- Triage: The Children and Young People Service hold weekly triage meetings to discuss new referrals, See on Symptoms (SOS) and Patient Initiated Follow Ups

(PIFU). For the Adult Service, clinical triage processes ensure priority for patients at highest risk of poor outcome without intervention.

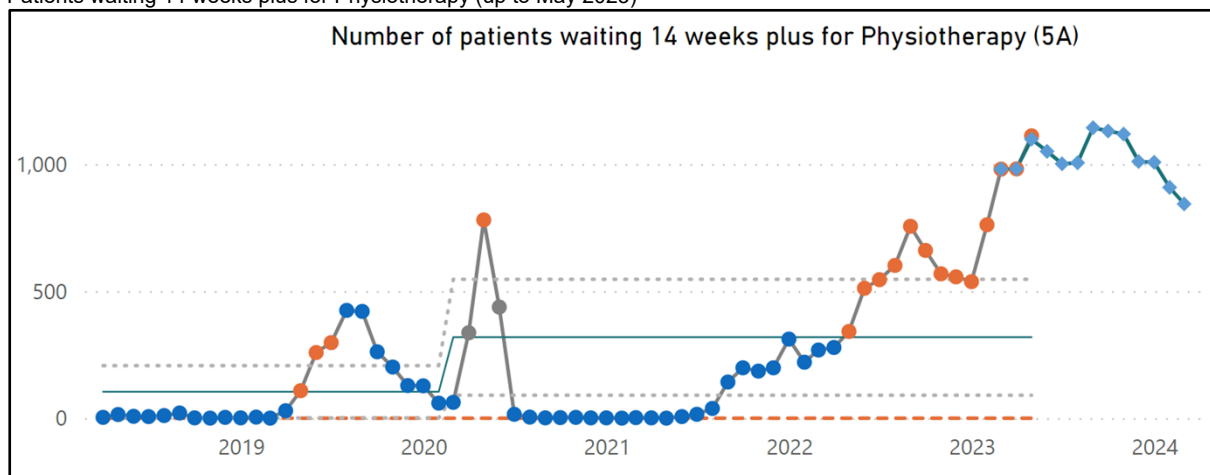
- Advice: Appointment letter advises the referrer to contact the service if the situation changes. Any new information considered at triage meetings and patients re-prioritised using the criteria above if appropriate.
- Bank Staff: Recruited two bank staff providing 33.75 hours per week.

Whilst it is not currently possible to mitigate fully the risk of patients on routine waiting lists deconditioning or from having worsening conditions, clinical triage prioritisation processes are designed to ensure patients at high risk of poor outcomes without intervention are seen under the urgent category.

Urgent referrals have not reduced significantly since the Community Response Team became operational, partly due to the team mainly focused on discharge from acute sites with roll out to community only beginning within the past few weeks. Sickness within the team has resulted in limited capacity to manage the crisis response and urgent cases.

Physiotherapy

Patients waiting 14 weeks plus for Physiotherapy (up to May 2023)



The majority of patients waiting over 14 weeks for Physiotherapy are within Musculoskeletal (MSK) speciality and Community Services. The MSK Service continues to recover following the impacts of service cessation and redeployment in January 2022. MSK is high volume service and therefore has the highest amount of breaches, with the majority of issues within Pembrokeshire. However, similar issues are now also affecting Carmarthen and Ceredigion, albeit to a lesser degree. Prioritisation systems have worked well with a high percentage of urgent patients seen within the 2-week target.

There has been an increasing number of patients in Community services breaching routine waiting times from May 2022. The largest area of challenge has been Carmarthenshire. The service in Carmarthenshire has also had an escalating breach position in urgent 2-week waiting times.

Issues affecting MSK and Community include:

- Due to the unprecedented pressures on patient flow, acute and community services receive priority for rotational Band 5 staff. Consequently, MSK carries significant and consistent Band 5 rotational vacancies. Whilst streamlining has been successful during 2022 in supporting recruitment to these vacancies, there is still a high risk that Band 5 rotational gaps will continue due to the continued pandemic pressures and workforce turnover.
- Over the last 2 years, the service has lost a major outpatient department at Bronglais Hospital (BGH). Whilst there is now an estates solution planned, the two-year interim period has negatively affected staffing, capacity and service effectiveness. The Canolfan Rheidol Centre site has now opened and is supporting the delivery of service in Aberystwyth and the site will allow improvements to clinical efficiency for outpatient MSK services and community frailty services.
- Baseline staffing is insufficient to meet demand if vacancies, long-term sickness and maternity cover is not available. 95% of establishment staffing is required to meet current service demand within MSK specialty.
- Physiotherapy has a number of essential services delivered without a defined budget. Examples include respiratory on call and some weekend orthopaedics services. This limits the service ability to recruit up to its full establishment position in MSK and Community Specialties.
- Caseload complexity is increasing in community services due to impacts of "Discharge to Recover and Re-Assess" processes, along with pressures on acute sites. There has also been an increased proportion of urgent referrals over the last 12 months within Carmarthenshire.
- There is insufficient agency available to cover all within budget vacancies. There are still challenges in securing agency due to lack of local accommodation options and other organisations willing to pay above framework rates.
- Over the last 12 months, there have been recurrent waves of redeployment effecting planned care outpatients teams to shore up acute sites. Due to the high volume of clinical activity disrupted, this has caused a significant backlog of caseload, increasing waiting times pressures.

Urgent and Routine Referrals

Physiotherapy routine and urgent referrals from January 2021 to December 2022

	Total Referrals	Routine	Urgent	% Urgent
Jan 2021 – Dec 2021	30,115	17,055	13,060	43%
Jan 2022 – Dec 2022	33,582	17,855	15,727	47%
Total	63,967	34,910	28,787	45%

Physiotherapy services received 63,691 referrals over the last 2 years from 1st January 2021 to 31st December 2022. During the past year, 47% triaged as urgent (including intermediate care 72 hour rapid response patients).¹

Examples of criteria to inform triage (MSK and Community)

¹ The Therapies Directorate did not operationally manage intermediate care services in Pembrokeshire during this period, and therefore urgent work within those teams may be unaccounted in these figures.

Community Physiotherapy	
Rapid response (Recorded under urgent category) Response within 72 hrs.	<ul style="list-style-type: none"> Sudden loss of function resulting in inability to maintain independence safely that can be addressed by Physiotherapy. Immediate safety risk – high falls risk, failing to clear chest adequately. If not seen, likely to deteriorate resulting in long-term harm and impact on recovery. If not seen will result in admission to hospital. If not seen puts at risk of adverse event (e.g. significant falls risk)
Urgent Response within 2 weeks	<ul style="list-style-type: none"> Loss of function resulting in difficulty safely maintaining independence but still able to do so (potentially with assistance of family or carers), which can be addressed by Physiotherapy. Some safety risk – moderate to high falls, deteriorating chest but still maintaining. Hospital discharges with current on-going goals. If not seen likely to result in emergency care package, loss of independence (temporarily), loss of dignity (temporarily). Ongoing unmet need will result in failure to improve and potentially further deterioration.
MSK	
Urgent Response within 2 weeks	<ul style="list-style-type: none"> Post-operative (hand surgery patients to be seen within 2 days) Fracture clinic Under 18 Acute, new episode of pain – 6 weeks or less of duration. Potentially considered urgent if greater than 6 weeks but with worsening symptoms. Spinal pain without radiculopathy of 2 weeks or less. Off work secondary to referring problem. Carer responsibilities affected significantly by condition. Pregnancy related conditions e.g. PGP. Recent injection therapy. Staff working within the Health Board. Veteran Status.

Potential risks due to current position

- Increased access to primary care and unscheduled care services seeking condition management support.
- Increased poor outcome and development of chronic conditions with higher future disease burden on health systems.
- Increased risk of inappropriate referrals to radiology from primary care teams for MSK conditions.
- Delayed cancer diagnosis – there is a developing body of evidence to demonstrate that a significant number of cases are identified through routine work in MSK services.

Actions to address risks

Whilst not possible mitigate fully the risk of patients on routine waiting lists deconditioning, clinical triage processes are designed to ensure patients at high risk of poor outcome without intervention, are seen under the urgent category. Currently there is no active monitoring or review process for patients waiting on routine lists in

core MSK services or community services due to service capacity. Targeted work is underway to manage the risk in urgent caseloads and to improve position overall.

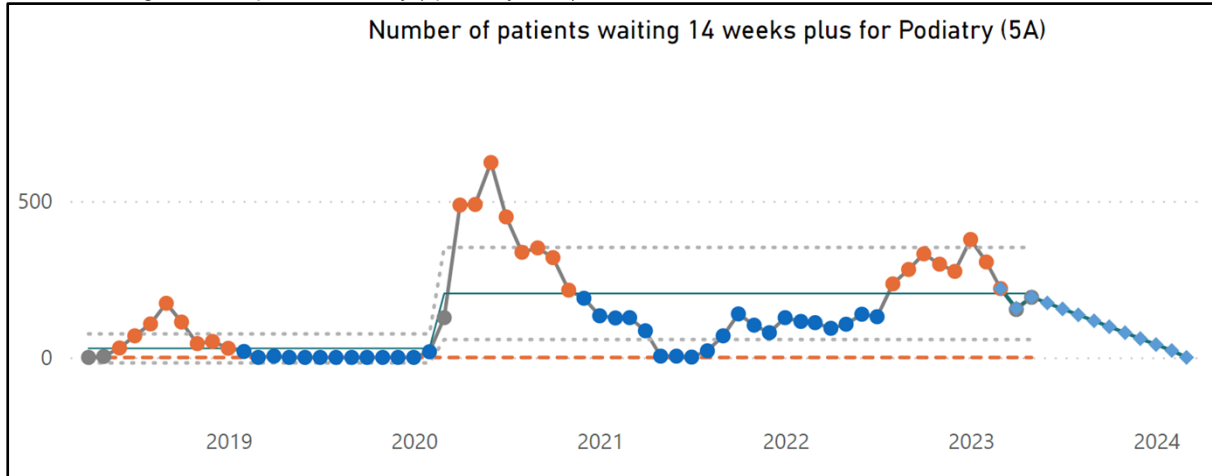
Actions in place to address the risks include:

- Patients at high risk of coming to harm or risk of admission triaged with a higher level of urgency and seen within 72 hours by intermediate care teams in Pembrokeshire and Carmarthenshire.
- Urgent community waiting lists under review and validation by clinical teams for assurance regarding triage priority. Clinical prioritisation criteria inform this triage process. Clinical caseloads reviewed and prioritised based on clinical risk.
- Three County task and finish group including senior community leads reviewing urgent and routine triage criteria.
- Review of Community booking processes to evaluate correlation of urgent and routine caseloads.
- Ongoing recruitment to core vacancies combined with over recruitment strategies, bank, agency and overtime. Work with MEDACS to recruit agency in all three counties to cover vacancies.
- MSK is running with eight vacant posts in April despite increased rate of recruitment strategies. Lead times for recruitment, limited agency availability and staff turnover are key factors. The service may be able to increase the prospective rate of recruitment at Band 6 grades without financial risk, against the vacancy run rate.
- Monitor services against agency/bank utilisation using vacancy tracker.
- Audit of patients waiting for urgent community physiotherapy who have accessed A&E due to delays in service provision.
- Community intermediate care services also triage patients to a rapid response category with a 72-hour target. This is noted on patient records and actioned accordingly but not formally reported through WPAS.
- Patients at risk of deconditioning are able to contact services directly. The service reviews triage decisions if symptoms change and are of concern. The MSK service has developed self-help resources on the Physiotherapy website²; however, Community Physiotherapy services do not currently have a similar resource.

² [Physiotherapy services - Hywel Dda University Health Board \(nhs.wales\)](https://www.nhs.uk/physiotherapy-services/)

Podiatry

Patients waiting 14 weeks plus for Podiatry (up to May 2023)



Podiatry continues to recover its position with 153 patients waiting more than 14 weeks. Actions in place include recruitment in Pembrokeshire, phone triage system for follow up appointments, continued validation of waiting lists, reviews of eligibility criteria and open access walk in clinics.

Urgent and Routine Referrals

Podiatry routine and urgent referrals from January 2021 to December 2022

	Total Referrals	Routine	Urgent	% Urgent
Jan 2021 – Dec 2022 ³	31,880	23,642	8,238	26%

Podiatry Criteria to inform discharge

Podiatry	
Urgent	<ul style="list-style-type: none"> Diabetic and vascular impaired lower limb leading to tissue necrosis, sepsis and amputation. Wounds that require wound care intervention. Sepsis and Acute Cellulitis Severe foot deformities requiring musculoskeletal specialist intervention or which require general podiatry care only. Multiple foot lesions Trauma – acute injuries such as ankle sprain and stress fractures.
Routine	<ul style="list-style-type: none"> Musculoskeletal Orthopaedic lower limb and foot pain pathology. Moderate foot deformities, foot lesions and pathologies Monitoring Nail pathologies

Potential risks due to current position

The inability to see new patients in a timely way in line with Welsh Government targets and Health Care Standards results in chronicity of condition, poor patient

³ Approximate figures based on Tynedale and WPAS reporting data.

experience, impact on primary and secondary care demands and impacts on successful outcomes.

Other risks due to delays to treatment include:

- Deterioration to crisis (vascular & sepsis) potentially leading to patients presenting at A&E/SDEC.
- Deterioration into chronic condition with reduced positive outcomes and increased costs of care.
- Increased demand on primary and secondary care services including avoidable hospital admissions.
- The multi-disciplinary team should see diabetic and vascular patients with lower limb tissue necrosis, ischaemia, and ulceration/infection within the recommended timeframe of 24 hours, as per the NICE guidelines. There is a risk that the service does not meet this timeframe due to capacity constraints as previously outlined.
- Increased chronicity and care requirements with reduced positive outcomes.

Actions to address risks

By ensuring services are delivered closer to home (cluster based) utilising a care and support approach with co-produced plans helps patients and their carers gain knowledge and confidence to self-manage through activation which improves outcomes and reduces short and long term demands services.

Waiting list validation exercises have targeted waiting lists in certain clinics against an ongoing duty of care to manage a significant portion of follow-up patients requiring ongoing monitoring and review. Future initiatives include placing follow-up patients on a "See on Symptom" (SOS) pathway so the patient is advised to contact the service if another appointment is needed.

The service introduced phone triaging for follow-up appointments resulting in an increase in the number of available face-to-face appointments by targeting follow-up non-attender's.

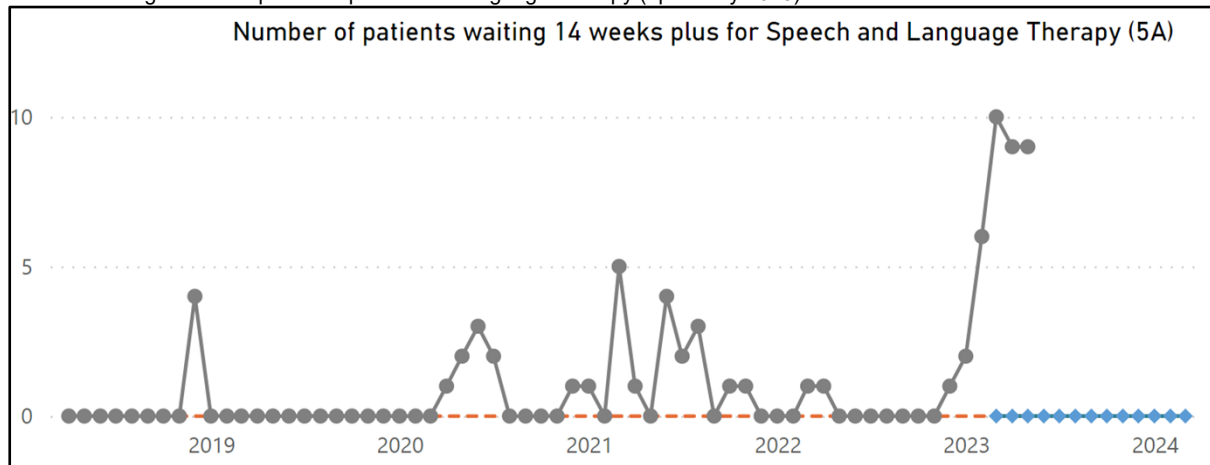
The Podiatry service also offers 'open access' drop in clinics for patients with severe diabetic foot problems such as ulceration or sepsis allowing access for patients with acute problems to turn up for same day assessment and care.

There is ongoing validation and scrutiny of the WPAS referral list and a number of new patient initiative clinics undertaken. Whilst vacancies and maternity leave absences accounted for a loss of approximately 80 weekly clinical appointments, this position has improved with recent recruitments to vacant positions.

Speech and Language Therapy

Current position and associated factors

Patients waiting 14 weeks plus for Speech and Language Therapy (up to May 2023)



The majority of patients waiting are for non-urgent referrals for Learning Disabilities Services. The increase in breaches is due to prioritising dysphagia referrals, increased demand and vacancies in the service.

Urgent and Routine Referrals

There is no evidence to suggest the number of urgent referrals have increased in recent years and the service remains within waiting list guidelines, with the average wait around 10 weeks for an appointment.

Speech and Language Therapy routine and urgent referrals from January 2021 to December 2022

	Total Referrals	Routine	Urgent	% Urgent
Jan 2021 – Dec 2021	4,729	3,935	668	14%
Jan 2022 – Dec 2022	4,603	4,393	336	7%
Total	9,332	8,328	1,004	11%

The Speech and Language Therapy Service provides triage and telephone advice as soon as possible to reduce risks and signpost to the GP/palliative care/A&E if appropriate. The service sees urgent cases within one working week of the triage (dependent on staff availability and area).

- Reported overt signs of airway compromise on all oral intake, every day
- Ongoing chest infections – not responding to antibiotics OR chest infection at time of referral.
- Severe choking episodes – more than one occasion of turning blue/requiring back slaps
- Nutrition and hydration compromised by swallowing difficulties
- At risk of hospital admission
- High level of client/carer/family distress

The Service holds weekly screening meetings to identify any cases that may be a priority and allocating patients to the appropriate therapists for telephone triage within 2 weeks of receipt of referral. During triage, patients receive interim advice and strategies to manage risk until a face-to-face appointment could take place.

A new system is currently in development whereby on receipt of referral, patients receive generic safe swallow/communication information to reduce risk (in line with care aims). This system will also include information regarding the referral process and guidance should they feel their condition is changing/worsening in the meantime.

Clinical standards set out by the Royal College of Speech and Language Therapists (RCSLT) define the urgent criteria regarding clinical diagnoses. These are stammering, paediatric dysphagia and looked after children. The Service has a triage system that screens all referrals weekly. Neonates and urgent dysphagia referrals receive appointments within 2 days as per the RCSLT.

Quality improvement work is underway to improve job planning, demand, and capacity reporting within the service. The Service has an open referral system where parents or professionals can highlight concerns if there is a change in condition with patients seen as soon as possible with a minimal wait (usually a few days).