

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 6 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 Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 6, 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 this IPAR.

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 30 September 2023](#). Ahead of the committee meeting, the dashboard will also be made available via our [internet site](#).

An overview document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 30th September 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.

A metric review took place in September 2023, and several have been stood down with immediate effect. The full list can be found at the end of the Assessment section of this SBAR.

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.

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

- Foundational Economy in Health and Social Services
- Progress against the health boards' plans to reduce pathways of care delays
- Smoking Cessation – Help Me Quit and Reducing Smoking During pregnancy

- Weight Management Pathway
- Progress to improve dementia care and increasing access to timely diagnosis
- Progress to develop a whole school approach to CAMHS in reach services
- Progress against the priority areas to improve the lives of people with learning disabilities
- Progress against the organisation's prioritised Strategic Equality Plan's equality objectives
- Evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes
- Delivery of Bereavement Care in Wales

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

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 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



Key areas for improvement

The table below gives a snapshot of our key areas for performance improvement in 2023/24. Further details for all of the measures below can be found within the supporting document entitled 'Integrated Performance Assurance Report Overview: as at 30 September 2023'.

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

Topic	Area for Improvement	Latest actual	Variation	Assurance	Trajectory
Planned care recovery	Return activity back to 2019/20 levels	12-month change: OP -1%, IP +16%, DC +16% *			
	Waits over 52 weeks from referral to treatment	14,390	●	▣	◆
	Waits over 104 weeks from referral to treatment	2,861	●	▣	◆
	Waits over 36 weeks for a first outpatient	11,136	●	▣	◆
	Waits over 52 weeks for first outpatient	3,260	●	▣	◆
	Delayed follow-up outpatient appointments	15,958	●	▣	◆
Urgent and emergency care	Ambulance handovers over 1 hour	854	●	▣	◆
	Ambulance handovers over 4 hours	192	●	▣	n/a
	Patients waiting over 12 hours in A&E/MIU	1,341	●	▣	◆
	Delayed pathways of care	222	n/a	n/a	n/a
Cancer	Single cancer pathway	50.6%	●	▣	◆
	Patients waiting over 62 days for cancer treatment	419	n/a	n/a	◆
Mental health	Primary and secondary care CAMHS	76%	●	▣	◆
	Waits <26 weeks for psychological therapies	45%	●	▣	◆
	Waits <26 weeks for neurodevelopmental assess	17%	●	▣	◆
Diagnostics	Diagnostic waits over 8 weeks	6,894	●	▣	◆
Therapies	Therapy waits over 14 weeks	3,205	●	▣	◆
Primary care	Primary care referrals into ophthalmology	1,172	●	n/a	◆
Infections	Reduce the number of C.Difficile cases	21	●	▣	n/a
	Reduce the number of E.Coli cases	26	●	▣	n/a
Workforce	Increase number of nurses and midwives in post	3,000	●	n/a	◆

* OP = new outpatient IP = inpatient treatment DC = day case treatment

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 30 September 2023.](#)



Key achievements since our previous SDODC update

Urgent and emergency care:

- Ambulance handovers > 1 hour: Both GGH and PPH have met their performance trajectories, and the overall Health Board trajectory has been met.
- Both GGH and PPH have recorded their lowest number of handovers > 4 hours since December 2021. Real Time Demand and Capacity (RTDC) in place to increase discharges and highlight necessary actions to facilitate discharge. At GGH, Advanced Paramedic Practitioner reviewing stack and intercepting calls within intermediate care Multi Discipline Team (MDT) for admission avoidance. However, this is only in place Monday to Friday.
- 4 hours in A&E / MIU – PPH: Patients continue to be diverted to Same Day Emergency Care (SDEC) with circa 90% discharged rather than admitted. In addition, a Hot Clinic has also been introduced to facilitate early discharges and review.

Planned Care:

- RTT trajectories: All four ministerial priority measures for RTT achieved their quarter 3 trajectories.
- Ophthalmology: Relocation of Rapid Access Casualty for Eyes (RACE) service back to a dedicated area on Tysul Ward, GGH has made a significant positive difference. Since the move, we have increased capacity for laser treatment and RACE follow up appointments. Out of hours on-call is now carried out on Tysul Ward ensuring both patient and staff safety is not compromised.
- Cancer: The number of patients waiting more than 62 days has significantly reduced for tumour sites with largest volumes (Lower Gastrointestinal & Urology), due to successful implementation of improvement plans.
- Diagnostics:
 - Cardiology: Recovery of Echocardiography breach position: In-source tender awarded to provider which will deliver an additional 350 echocardiograms during October and November 2023.
 - Endoscopy: Validation of longest wait surveillance to identify high risk patients undertaken throughout August and continuing.
 - Neurophysiology: A new Electromyography (EMG) machine has been procured, with loan equipment received from supplier as an interim measure, and training on the machine commenced in September 2023. This will mitigate the loss of approximately 40 appointments per week during July and August and early September due to the breakdown of the previous machine.

Workforce:

- Nurses and midwifery staff in-post: We have exceeded our improvement trajectory to achieve 2,965 nursing and midwifery staff in post by the end of Q4 2023/24. This is attributable to actions within our Nursing Workforce Plan, including streamlining of newly qualified registered nurses, the International Registered Nursing Recruitment Project and a targeted campaign for return to practice nurses.



Key initiatives and improvements impacting our performance

Increasing our capacity

- 379 children and young people diagnostic assessments for autism spectrum disorder (ASD) have been outsourced to an external provider, for completion by March 2025, with 212 referrals made to date.
- Ty Bryn has been identified and allocated for use by Neurodevelopmental Services, although premises require refurbishment.
- Successful recruitment of additional Speciality & Associated Specialist doctors has increased capacity for ADHD Assessments, while a newly appointed ADHD nurse specialist is carrying out clinics and review of newly diagnosed patients and an additional post is to be advertise in quarter 2.

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 8,506 waiting list removals in 2023/24 (738 in September 2023).



Key issues impacting our performance

Staff shortages

- Vacancy gaps, staff retention, staff sickness, all continue to impact on our capacity to see and treat patients across the Health Board.
- Historically, therapies services have used agency staff to recover positions as and when necessary. However, there continue to be challenges in securing agency staff due to lack of local accommodation options and other organisations willing to pay above framework rates. Agency costs in general are increasing above framework rates due to market forces.

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 20th September 2023, 222 of our inpatients were ready to leave, 168 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 29th September, we had 42 unplaced patients (awaiting admission) in our EDs and had 45 assigned spaces for 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.
- At Withybush hospital, the Reinforced Autoclaved Aerated Concrete (RAAC) plank survey requirements has necessitated the reduction of inpatient capacity by 39 medical beds in September. 28 beds have been opened in Cleddau & 13 in PHODU to mitigate the bed loss.

Demand and capacity

- Insufficient accommodation space to treat new patients arriving in our EDs due to patient flow issues described above, WGH and GGH being the sites 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. At WGH, the ongoing need for RAAC plank survey programme to progress at pace, necessitated the overall reduction of 39 acute medical beds in WGH. RAAC plank survey programme will present further challenge over the next 12-18 months.
- High demand across various areas including referrals for mental health services, single cancer pathway. 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. However, the introduction of a text reminder service is helping to improve attendance.
- Reinforced Autoclaved Aerated Concrete (RAAC) issue at Withybush has had a significant impact on Planned Care and Diagnostics & Therapies due to the ongoing relocation of clinical space. Available space is prioritised by clinical need, resulting in a reduction of capacity for more routine work.
- Radiology diagnostics: Removal of the mobile MRI scanner at Prince Philip Hospital in July, the loss of weekend lists for both substantive and high-cost locums and increases in referrals for MRI from acute specialties have all contributed to an increase in breaches.

Other key things to flag

- **Ophthalmology:** In August 2023, 68.7% 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.
- **Ambulance red calls** - 46.6% against a target of 65% in September. Ambulance release delays can be due to: hospital delays in offloading WAST ambulance crews, hospital transfers when no bed available, small number of immediate release requests to HD Emergency Departments not accepted.
- **Waits less than 4 hours in A&E/MIU:** In September 2023, 65.5% of patients spent less than 4 hours in A&E/MIU. Performance had been relatively static from January to June 2023, however, has deteriorated during the summer. All sites are showing special cause concerning variation. The number of patients waiting longer than 12 hours in A&E/MIU has increased significantly during August. It is still showing cause for concern in September.
- **Care Home Beds commissioned:** In September 2023, we commissioned 46.6% of the 1,174 care home beds available. This measure is now showing special cause concerning variation.
- **MH therapeutic interventions** started within 28 days following LPMHSS assessment (age 0-17 years): 59% of children and young people commenced therapy in August 2023. Performance improved in May and June; however, this has since returned to similar levels previously reported and has not met trajectory (64%).
- **Psychological therapy:** In August 2023, 473 out of 1,064 (44.5%) adults waited less than 26 weeks to start a psychological therapy. The overall position is driven by:
 - Integrated Psychological Therapy (IPTs) – 44.3%, showing improving cause variation.
 - Adult Psychology – 23.5%, showing special cause concerning variation.
 - Learning Disabilities Psychology – 52.8%, showing improving cause variation.In Adult psychology, an additional vacancy is likely to be advertised for SAS doctor in WGH - this is a replacement post.

- **HCAI:**

C.diff has been unable to sustain the trajectory to achieve the 20% reduction target, due to the number of cases increasing in September.

We continue to not attain the Welsh Government target for E.coli bacteraemia cases. However, a further reduction has been noted for September with 26 cases identified - down from 33 the previous month. Again, the vast majority are community onset.

- **Incidents:** Number of National Reportable incidents that remain open 90 days or more - The methodology has changed since the data was last reported and now the 90 days relates to working days, not calendars days. The result is that the numbers per month are lower than previously reported.
- **Hip fractures:** Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours has improved to 81% in September 2023. Following several months of reporting 0%, Withybush Hospital has now shown a significant improvement following the commencement of a new Specialist Registrar in July. Due to this, overall performance for all sites is now better than any time since November 2021.
- **Colonoscopy:** 15.6% of patients were offered an index colonoscopy procedure within 4 weeks of booking their appointment in August. The target for this measure is 90%. Increased referral rates due to a change in the age range of tests offered, limited capacity including long-term sickness and backlog from the pandemic have been identified as the reasons for the current position.
- **Finance:**
 - In month deficit: £11.94m against a target of £9.41m
 - Year to date deficit: £72.1m against a target of £56.4m
 - Agency spend as a percentage total of pay bill in September 2023 (4.8%) achieved target (5.47%).

Measures we are standing down with immediate effect (not in the NHS Performance Framework)

- Never Events: Number of new Never Events
- CMATs: Number of patients waiting 6 weeks+ for Clinical Musculoskeletal Assessment and Treatment
- Job Plan - Current: Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)
- Follow-ups OPD: The number of patients waiting for a follow-up outpatient appointment
- Staff turnover rate in first year
- Healthy days spend at home: During 2022/23 we will seek to maximise healthy days spent at home
- Number of reported patient safety incidents causing moderate, severe or catastrophic harm
- Number of investigated incidents causing moderate, severe or catastrophic harm per 100,000 population.
- Reduction in conversion rates
- Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission
- Lost ambulance handover hours (notification of arrival to handover) HDUHB
- Lost ambulance handover hours (notification of arrival to handover) BGH
- Lost ambulance handover hours (notification of arrival to handover) GGH
- Lost ambulance handover hours (notification of arrival to handover) PPH
- Lost ambulance handover hours (notification of arrival to handover) WGH
- % total emergency bed days accrued by people with a length of stay over 21 days
- % staff who report that their line manager takes a positive interest in their health and well-being
- Staff Experience - I look forward to going to work
- Staff Experience - I am enthusiastic about my job
- Staff Experience - Involved: I am involved in deciding on the changes that affect my work / team / dept

- Staff Experience - Improvements: I am able to make improvements in my area at work
- Staff Experience - I am able to make a difference to patient's experiences
- Staff Experience - Listened to: I feel genuinely listened to
- Staff Experience - Valued: I feel valued and appreciated at work
- Staff Experience - Safe: I am safe to be me
- Staff Experience - Recommend: I would recommend my organisation as a place to work
- Staff Experience - Right info: I have the right information and knowledge to do my job effectively
- Staff Experience - PADR: I have had a PADR in last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals
- Staff Experience - Reflect & Suggest: I am able to reflect and offer suggestions
- Staff Experience - I behave responsibly with regard to environmental issues'
- Staff Experience - I use the resources available to me in the best possible way
- Staff Experience - Empowered to enact change: We are empowered and supported to enact change and continuously learn and improve
- Staff survey - Do you know what the vision of the health board is?
- Staff survey - Do you know how you contribute to the objectives of the health board?
- Number of patients waiting 36 weeks or more from referral to treatment
- RTT other providers: Hywel Dda residents waiting over 36 weeks for treatment by other providers
- Pts waiting >104 wks for outpatients: Number of patients waiting over 104 weeks for a new outpatient appointment
- Staff Experience - Extra mile: I am happy to go the extra mile at work when required

Argymhelliad / Recommendation

The Committee is asked to take **ASSURANCE** from the IPAR – Month 6 2023/2024.

In response to feedback, we now have Appendix 1 which is an extract from the IPAR Dashboard of key pertinent issues for the Board's attention in line with reported performance for NHS Wales.

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 30th September 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 30 September 2023](#).

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

Topic	Area for Improvement	Latest actual	Variation	Assurance	Trajectory
Planned care recovery	Return activity back to 2019/20 levels	12 month change: OP -1%, IP +16%, DC +16% *			
	Waits over 52 weeks from referral to treatment	14,390	●	▣	◆
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* OP = new outpatient IP = inpatient treatment DC = day case treatment

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

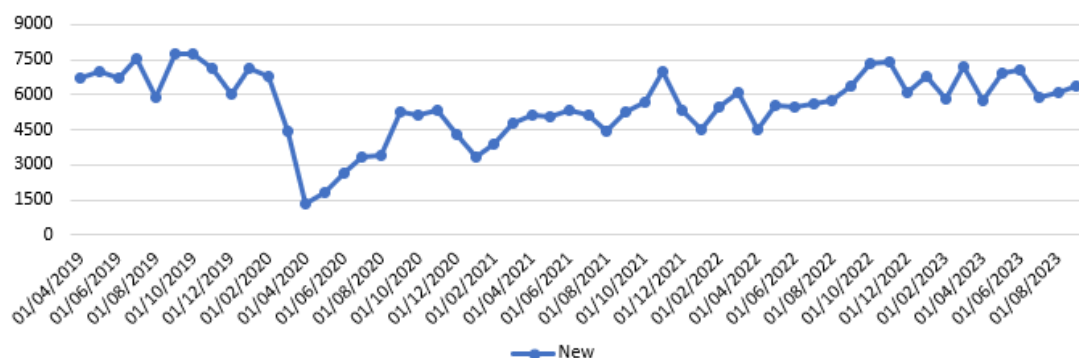
- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

Planned care recovery: Ensure actual activity realised is back to 2019/20 levels especially in surgical specialties

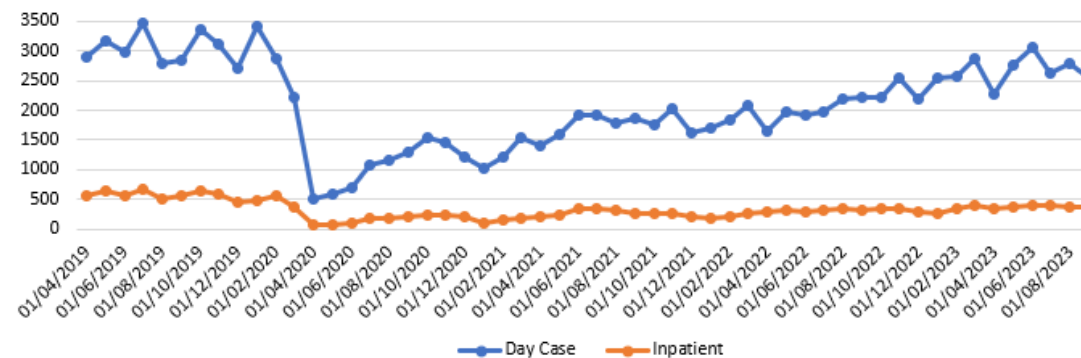
(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	n/a	n/a	n/a	n/a	Compared to September 2022, in September 2023 (for selected surgical specialties), we completed; <ul style="list-style-type: none"> 1% less new outpatient appointments 16% more inpatient procedures 16% more day case procedures.

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



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



Planned Care activity: Sep 22 compared to Sep 23

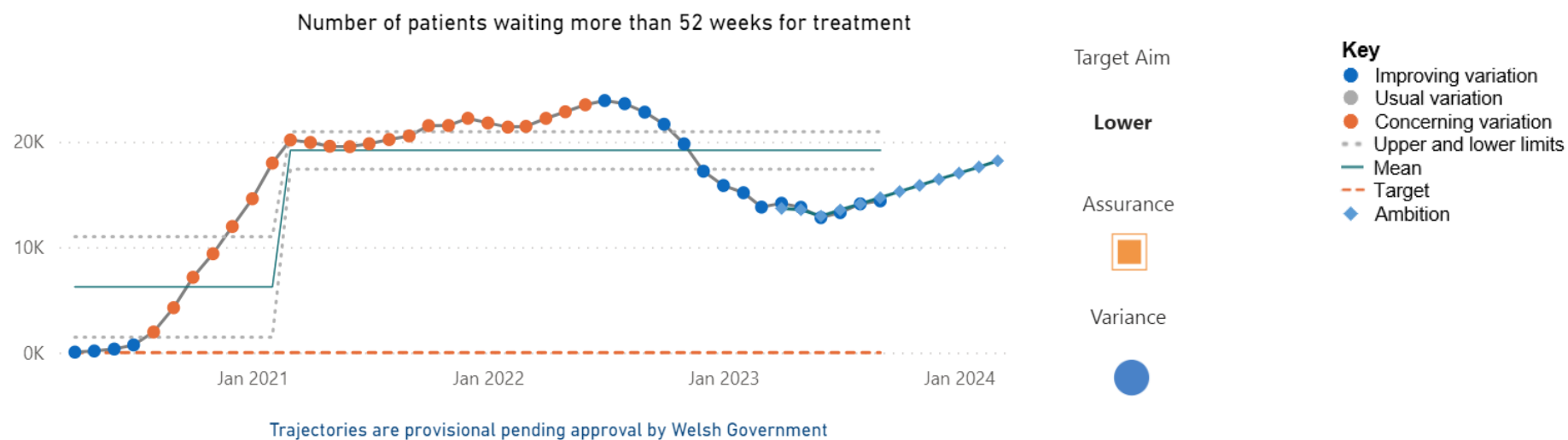
Selected surgical Specialties	New Outpatient				Inpatient				Day case			
	2019/20 avg.	Sep 22	Sep 23	% change: Sep 22 to Sep 23	2019/20 avg.	Sep 22	Sep 23	% change: Sep 22 to Sep 23	2019/20 avg.	Sep 22	Sep 23	% change: Sep 22 to Sep 23
Breast	337	280	367	+31%	37	43	49	+14%	-	-	-	-
Colorectal	195	320	535	+67%	14	16	18	+13%	24	18	45	+150%
ENT	564	476	564	+18%	46	33	40	+21%	51	45	33	-27%
Gastroenterology	302	260	307	+18%	-	-	-	-	573	422	502	+19%
General Surgery	362	149	203	+36%	75	30	32	+7%	512	282	223	-21%
Gynaecology	712	938	696	-26%	43	36	42	+17%	133	104	83	-20%
Ophthalmology	673	494	453	-8%	-	-	-	-	327	152	221	+45%
Trauma & Orthopaedics	615	511	510	0%	198	64	89	+39%	217	170	151	-11%
Urology	262	455	191	-58%	107	83	85	+2%	434	342	523	+53%
Selected surgical specialties total	4,022	3,883	3,826	-1%	520	305	355	+16%	2,271	1,535	1,781	+16%
All specialties grand total	6,745	6,344	6,342	0%	547	315	374	+19%	2,985	2,216	2,537	+14%

2019/20 monthly average figures included for reference. Where data for a specialty is lower than 10, a dash (-) is shown, and the figure is included in the 'All specialties grand total' field.

Planned care recovery: Deliver zero 52 weeks waits from referral to treatment by March 2025

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	14,390	●		◆	<p>The number of patients waiting over 52 weeks for treatment continues to show an improving trend, although breaches have increased for the last three months. Our trajectory for September 2023 (14,695) has been met.</p> <p>The number of 52 week breaches for treatment is projected to increase for the remainder of this financial year within existing health board resources. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>



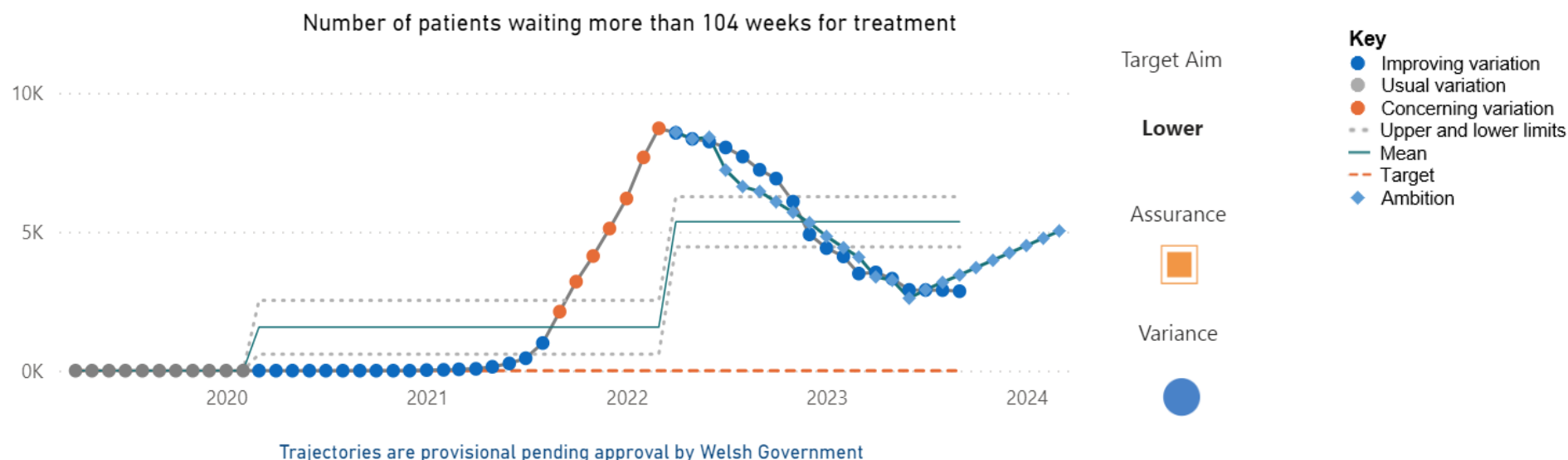
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	2,861	●	□	◆	<p>The number of patients waiting over 104 weeks for treatment continues to show an improving trend and our trajectory for September 2023 (3,444) has been met.</p> <p>The number of 104 week breaches for treatment is projected to increase for the remainder of this financial year within existing health board resources. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>






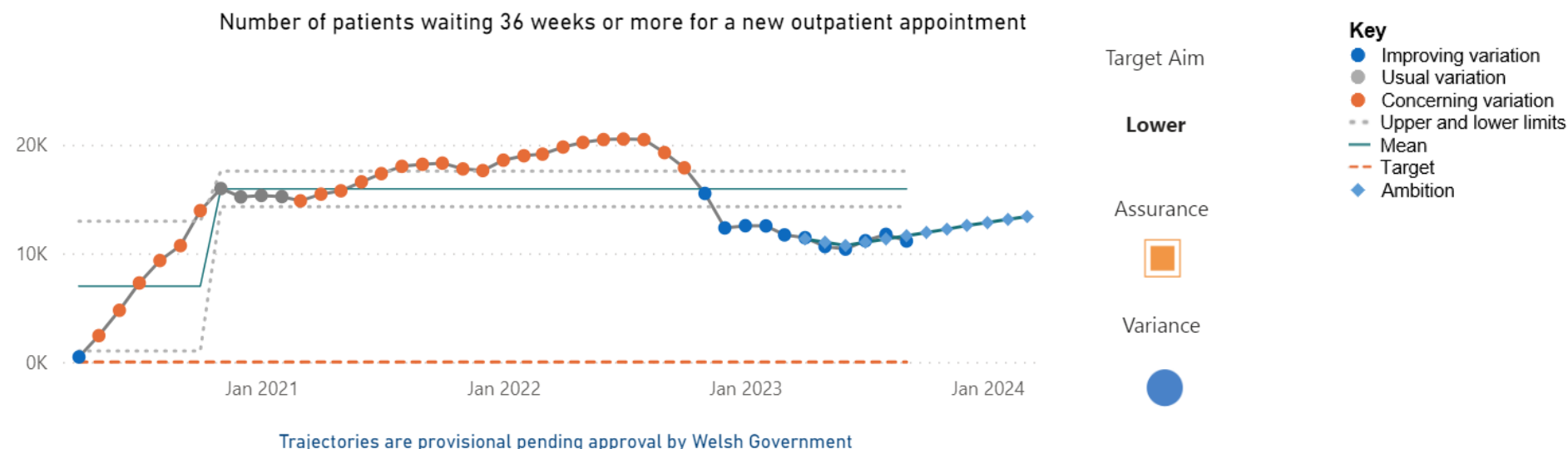
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

(Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	11,136				<p>Following 2 months of increases, breaches reduced in September 2023. The number of patients waiting over 36 weeks for a new outpatient appointment continues to show an improving trend and our trajectory for September 2023 (11,627) has been met.</p> <p>The number of 36 week breaches for a new outpatient appointment is projected to increase for the remainder of this financial year within existing health board resources. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>



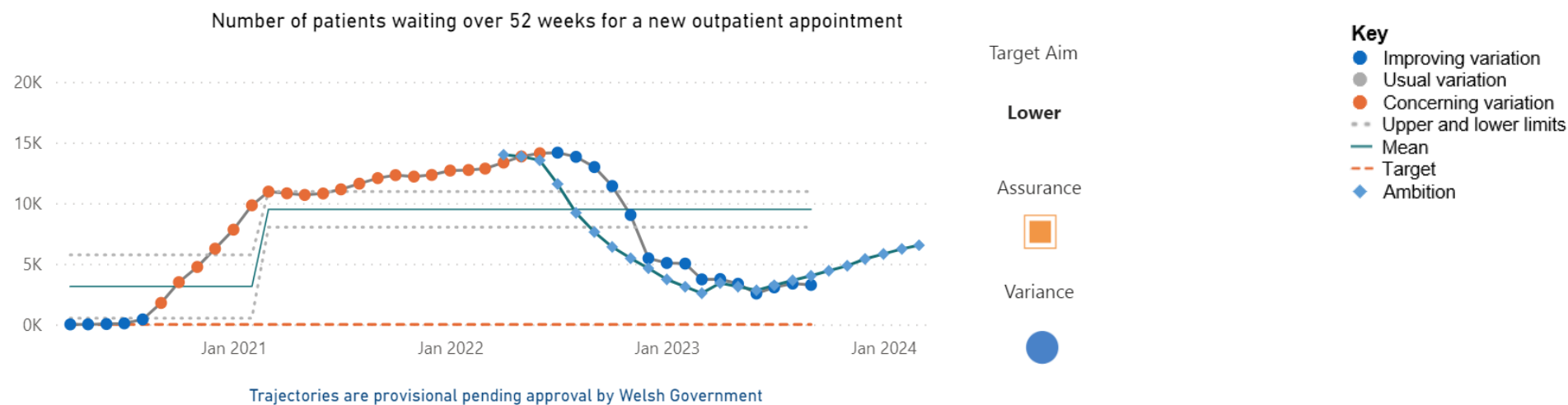
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- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

Planned care recovery: Deliver zero 52 weeks wait for first outpatient appointment by June 2023

(Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	3,260	●	□	◆	<p>Following 2 months of increases, breaches reduced in September 2023. The number of patients waiting over 52 weeks for a new outpatient appointment continues to show an improving trend. Our trajectory for September 2023 (4,013) has been met.</p> <p>The number of 52 week breaches for a new outpatient appointment is projected to increase for the remainder of this financial year within existing health board resources. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>

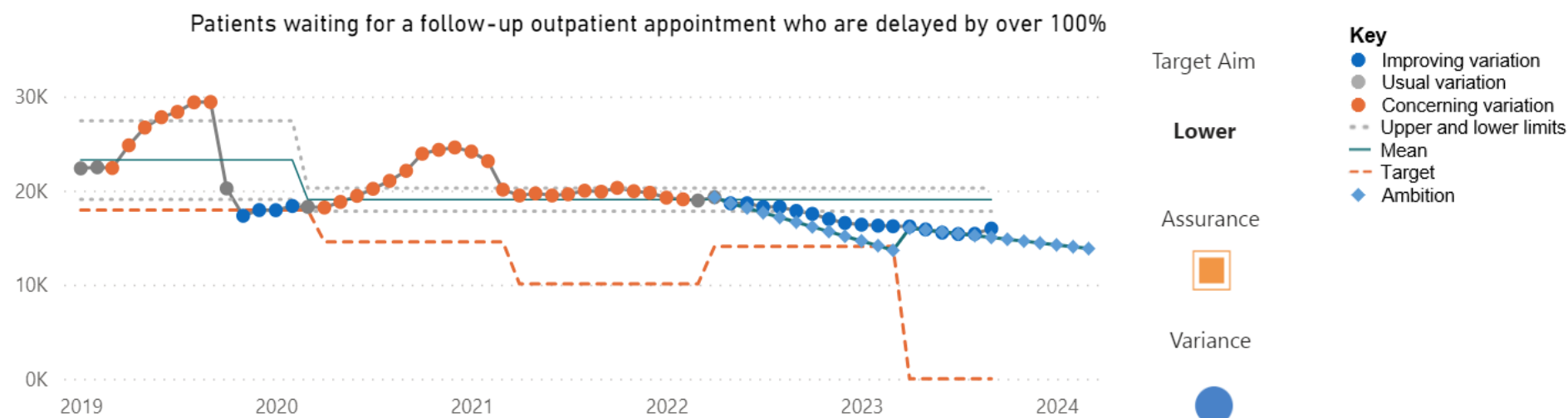


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	15,958	●	□	◆	<p>The number of patients waiting for a follow up appointment who are delayed by over 100% of their target date continues to show an improving trend, although our trajectory for September 2023 (15,019) was missed and the number of breaches has increased for the last 2 months.</p> <p>Trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>



2023/24 target: Improvement trajectory towards national target of 0. Trajectories are provisional pending approval by Welsh Government

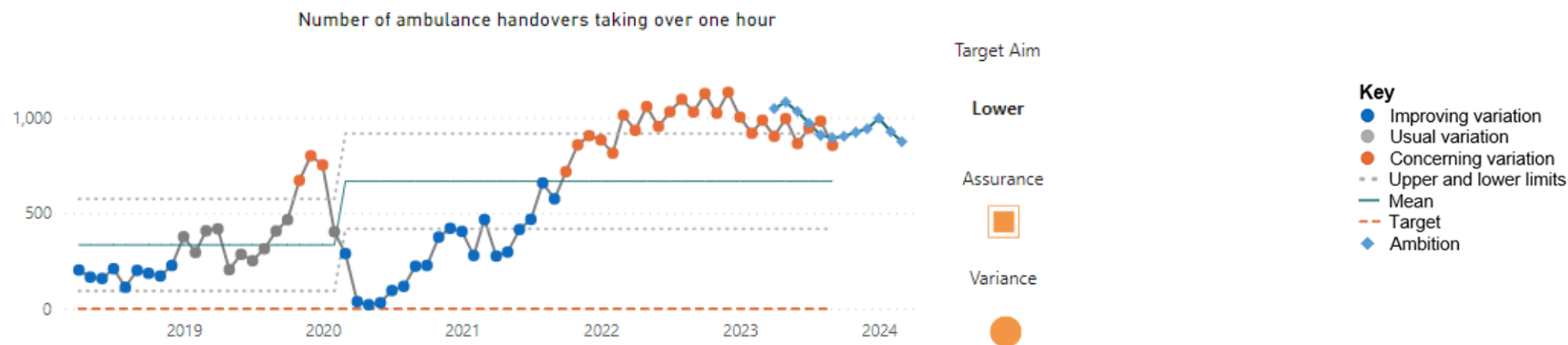
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- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	854	●	□	◆	<p>Ambulance handovers over 1 hour is showing a concerning trend. In September 2023, our improvement trajectory (892) was met. Withybush performance has been impacted by the RAAC estates work and ward reconfiguration.</p> <ul style="list-style-type: none"> • Bronglais Hospital: 194 (trajectory: ◆ 120) • Glangwili Hospital: 337 (trajectory: ◆ 403) • Prince Philip Hospital: 22 (trajectory: ◆ 119) • Withybush Hospital: 301 (trajectory: ◆ 250) <p>Our aim now is to sustain and improve our performance further.</p>



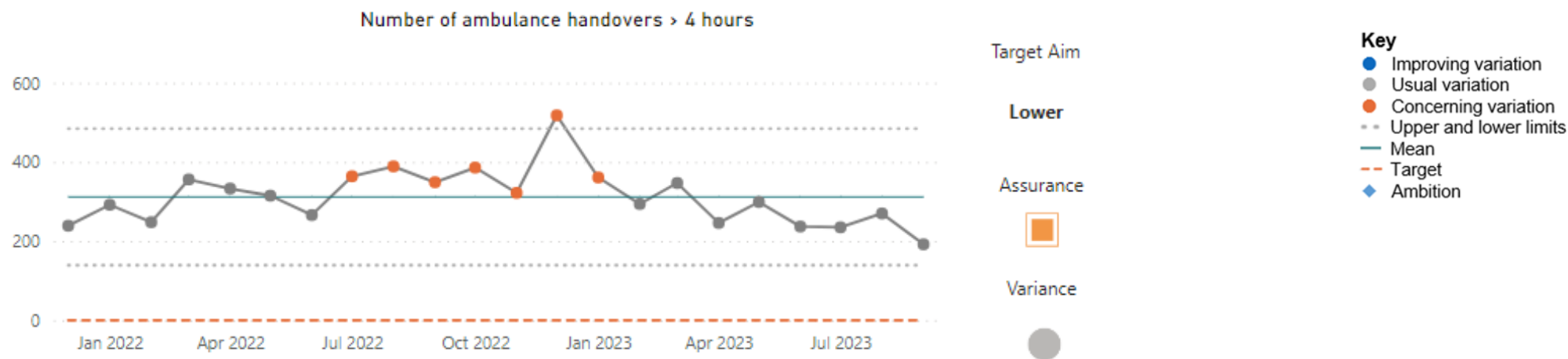
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = '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)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	192	●	■	n/a	<p>Ambulance handovers taking over 4 hours is showing usual variation. Both GGH and PPH continue to be below the mean and GGH is showing an improving trend. Whilst Withybush performance has been impacted by the RAAC estates work and ward reconfiguration, both WGH and BGH performance is just above the mean value in September.</p> <p>However, there has been a reduction made since the peak in December 2022. Figures for 4 hour handover delays in September 2023 were:</p> <ul style="list-style-type: none"> • Bronglais Hospital: 33 • Glangwili Hospital: 92 • Prince Philip Hospital: 3 • Withybush Hospital: 64



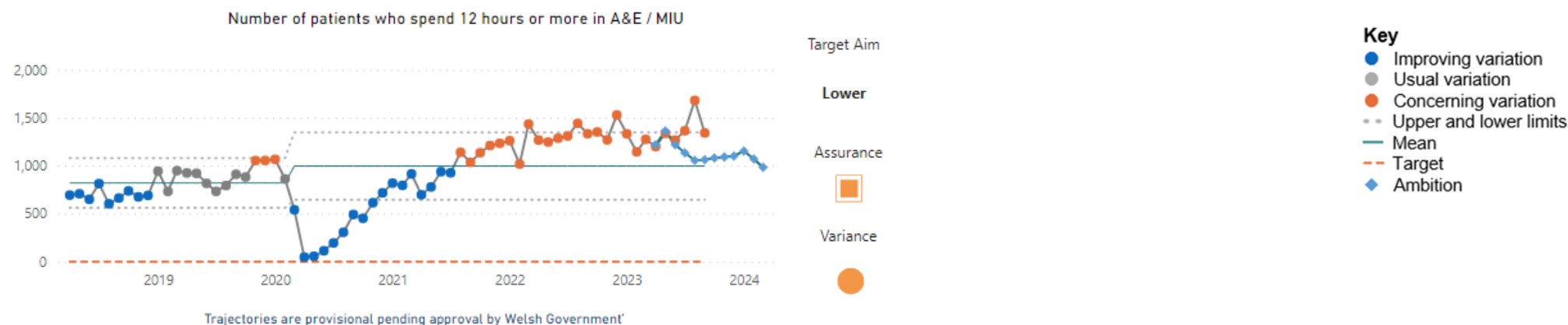
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = '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)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	1,341	●	□	◆	<p>Patients waiting over 12 hours is showing a concerning trend. The number of breaches have increased since June 2023 and we failed to achieve our improvement trajectory (1,062) for the health board. All acute sites, except PPH are showing concerning variation. PPH have achieved their individual trajectory. Withybush performance has been impacted by the RAAC estates work and resulting ward reconfiguration.</p> <p>Bronglais Hospital: 265 (trajectory: ◆ 180) Glangwili Hospital: 523 (trajectory: ◆ 390) Prince Philip Hospital: 39 (trajectory: ◆ 82) Withybush Hospital: 514 (trajectory: ◆ 410)</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] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

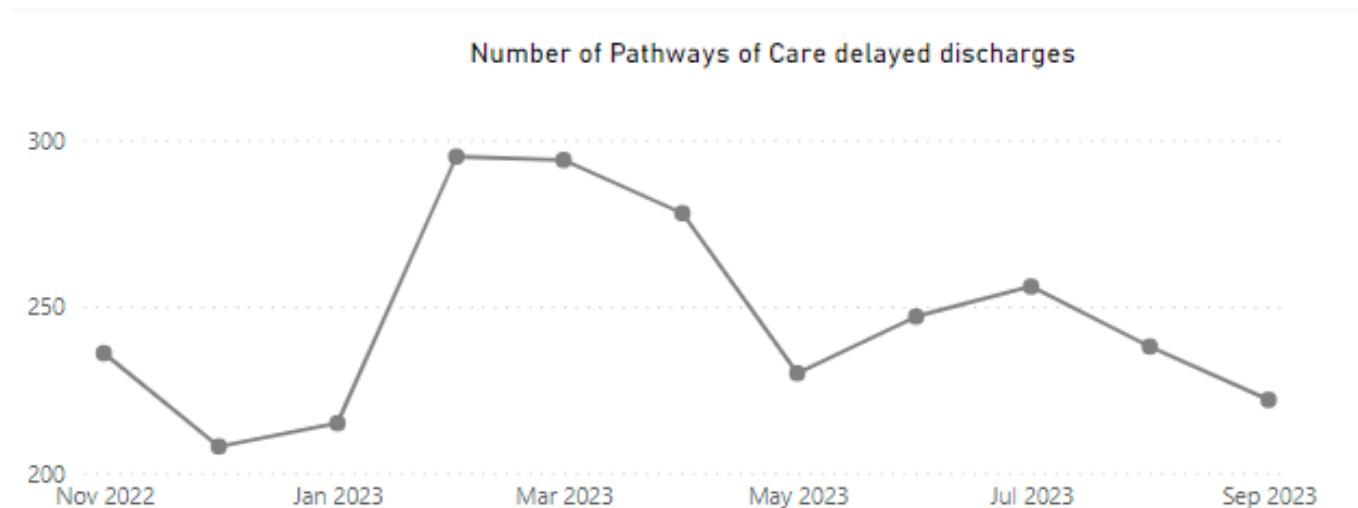
Urgent and emergency care: Reduce the number of patients in our hospitals with a delayed pathway / discharge
(Ministerial priority)

Reason	Aberystwyth MH Unit	Amman Valley Hospital	Bronglais Hospital	Caebyn Mental Health Unit	Carmarthen Mental Health Unit	Glangwill Hospital	H'west Mental Health Unit	Llandovery Hospital	Prince Phillip Hospital	South Pembro Hospital	St Davids Hospital	Tregaron Hospital	Withybush Hospital	TOTAL
Awaiting completion of assessment by social care	0	1	2	0	0	10	0	4	10	7	0	0	10	44
Awaiting Social worker allocation	0	0	3	0	0	17	0	1	1	5	0	1	2	30
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	0	2	5	0	0	7	0	1	2	3	0	1	4	25
Awaiting start of new home care package	0	3	1	0	0	6	0	0	6	1	0	1	4	22
Awaiting RH availability	0	1	0	0	0	13	0	0	5	3	0	0	0	22
Awaiting reablement care package	0	1	1	1	0	5	0	0	0	0	0	0	1	9
Awaiting completion of arrangements prior to placement	0	0	0	0	0	2	2	1	2	1	1	0	0	9
Awaiting EMI residential availability	0	0	2	0	0	2	0	0	1	0	0	0	3	8
Awaiting transfer to intermediate care bedded facility	0	0	3	0	0	2	0	0	1	0	0	0	0	6
Awaiting NH availability	0	0	1	0	0	1	0	0	3	1	0	0	0	6
Awaiting joint assessment	0	0	4	0	0	0	0	0	0	0	0	1	0	5
Awaiting integrated health /social care community provision	0	0	0	0	0	0	0	0	5	0	0	0	0	5
No suitable abode	0	3	1	0	0	1	0	0	0	0	0	0	0	5
Patient / family refusing to move to next stage of care/ discharge	0	0	0	0	0	1	0	0	3	0	0	0	0	4
Awaiting Residential care home manager to visit and assess (Standard 3 residential)	0	0	2	0	1	1	0	0	0	0	0	0	0	4
Awaiting completion of adaptations (DFG's)	0	0	1	0	0	0	0	0	2	0	0	0	0	3
Awaiting Continuing Healthcare (CHC) Assessment	0	0	1	0	0	0	0	0	0	0	0	0	1	2
Awaiting funding decision	1	0	0	0	0	0	0	0	0	1	0	0	0	2
Awaiting funding decision FNC/CHC	1	0	1	0	0	0	0	0	0	0	0	0	0	2
Awaiting nursing/residential home self-funding	0	0	0	0	0	0	0	0	0	0	0	1	1	2
Awaiting Community Resource capacity	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Mental Capacity / Court of Protection delays	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Safeguarding issues impacting discharge arrangements	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Awaiting EMI nursing availability	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Awaiting specialist bed availability	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Homeless	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Total	2	11	28	2	1	70	2	7	44	23	1	5	26	222

Urgent and emergency care: Reduce the number of patients in our hospitals with a delayed pathway / discharge

(Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
As 20 th September 2023	222	n/a	n/a	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. See next slide for further details.



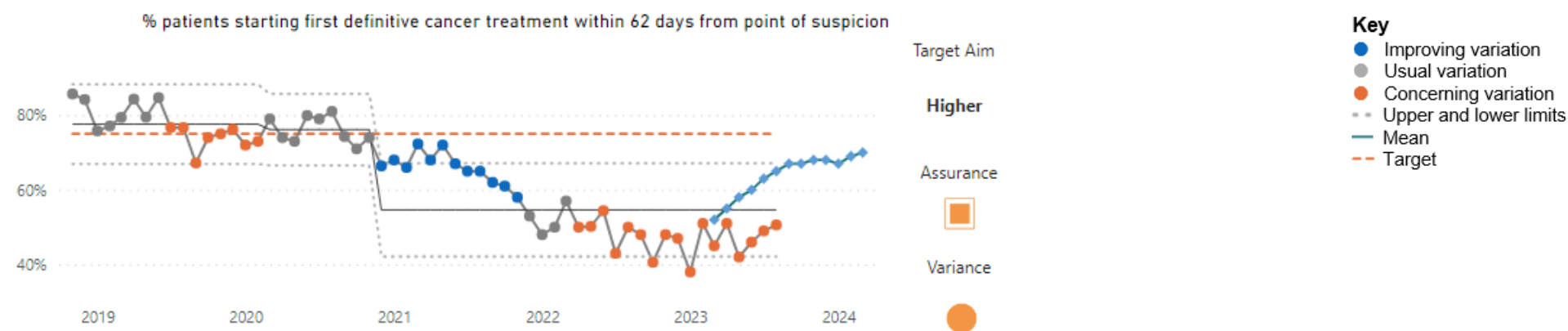
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

Cancer: At least 75% of people referred on the single 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)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 23	50.6%	●	■	◆	<p>Our single cancer pathway performance has been showing concerning variation since April 2022 and the trajectory for August 2023 (65%) has been missed. This has been driven by high numbers of patients treated beyond their target date in a number of specialties, including urology, lower gastrointestinal and lung cancers. The numbers of oncology and surgical cancer treatments provided have exceeded pre-pandemic levels.</p> <p>Key figures for August 2023: 1,848: Total referrals 3,055: Total number on the SCP 295: Number awaiting Diagnostics (Radiology & Endoscopy) 132: Number awaiting Tertiary Diagnostics & Treatment 141: Number awaiting surgery</p> <p>The remainder of patients on the pathway are waiting for an outpatient appointment, results and interventions.</p>



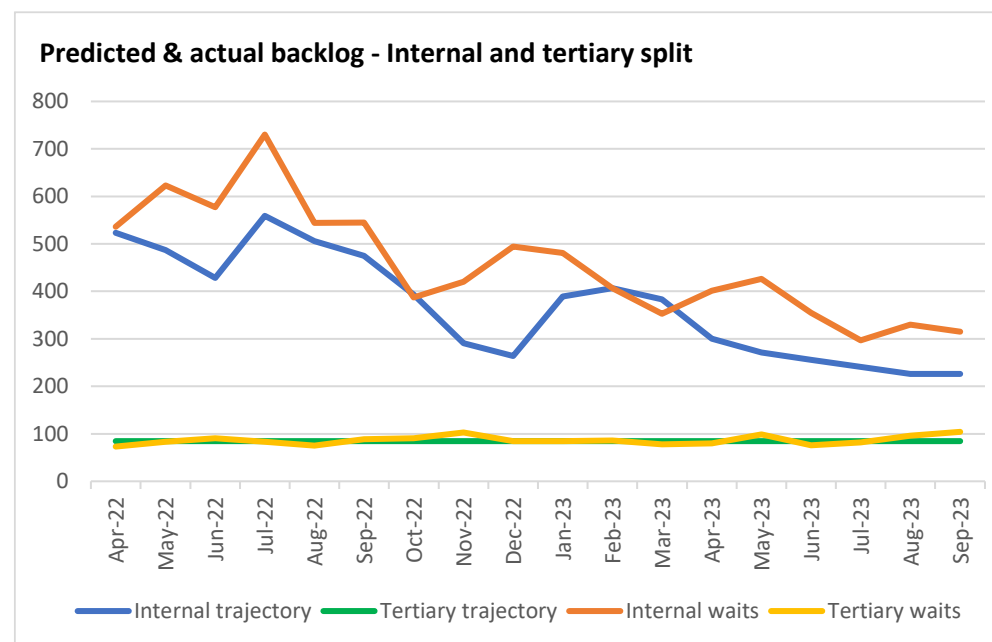
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = '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)

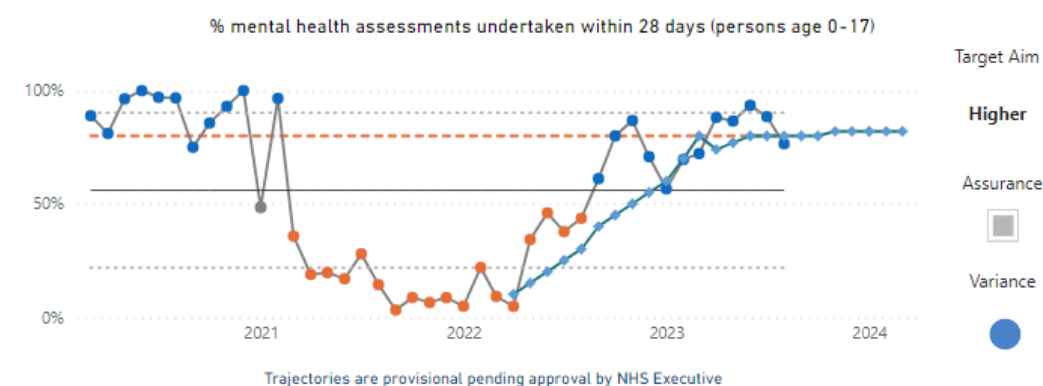
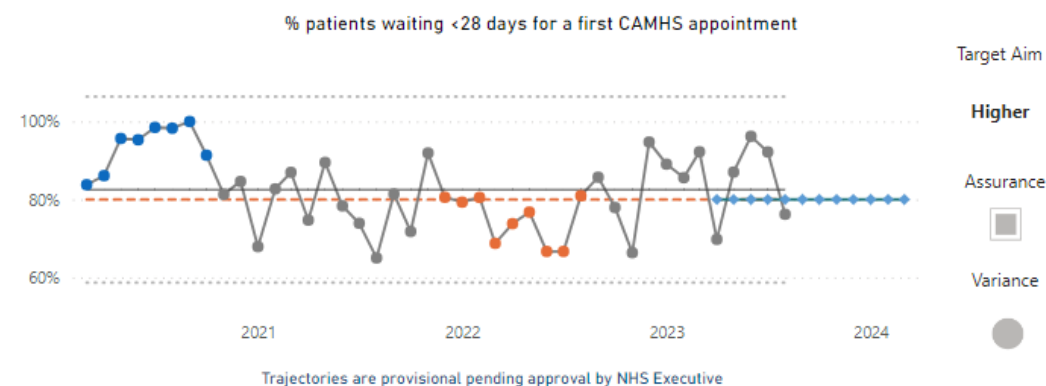
Latest period	Latest actual	Variation	Assurance	Trajectory	
September 2023	419	n/a	n/a	◆	<p>In September 2023, the overall backlog of 419 patients (trajectory 311) waiting over 62 days for their first definitive cancer treatment included:</p> <ul style="list-style-type: none"> 315 patients waiting for an appointment/treatment within the health board (trajectory ▲ 226) 104 patients waiting for an appointment/treatment with tertiary providers (trajectory ▲ 85) <p>The additional breaches in the September position was almost exclusively due to challenges within the Skin pathway caused by the transition between one insourcing company and another and capacity not meeting demand during Q1 and early part of Q2 which is now resolved. Plans now in place to recover skins position across 1st OPA, diagnostics and treatment.</p> <p>Note: Not all backlog patients will become SCP breaches.</p>



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

(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 2023	76%	●	■	◆	In August 2023, 32 out of 42 (76.2%) children and young people were seen within 28 days from referral to first CAMHS appointment whilst 76.5% of mental health assessments were undertaken within 28 days for patients aged 0-17. Performance has dipped below trajectory and target this month.



Key

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

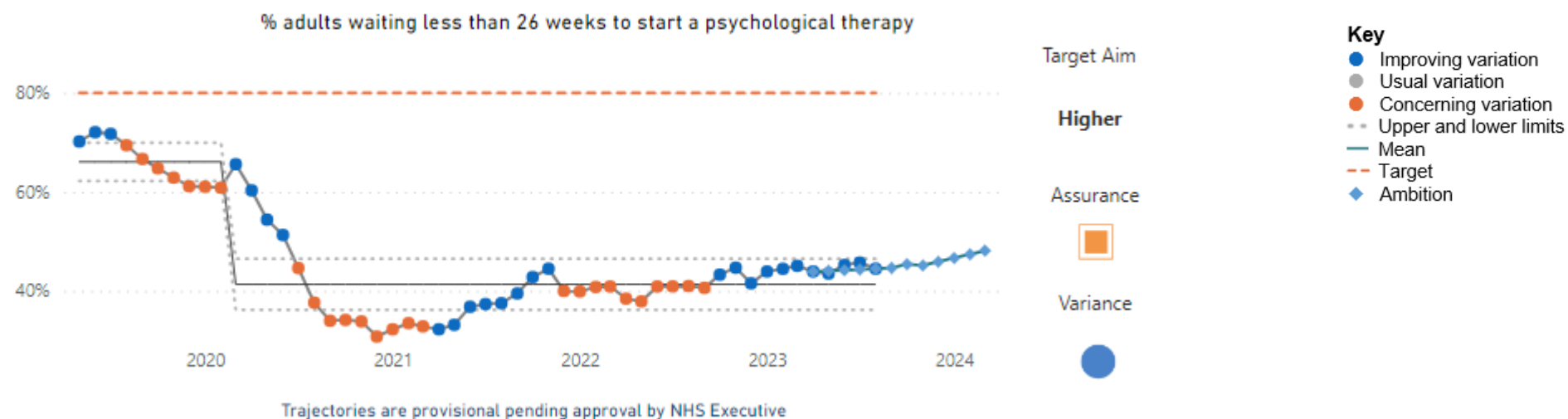
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

(Accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 2023	45%	●	□	◆	<p>In August 2023, 473 out of 1,064 (44.5%) adults waited less than 26 weeks to start a psychological therapy.</p> <p>The overall position is driven by:</p> <ul style="list-style-type: none"> Integrated Psychological Therapy (IPTTS) – 44.3%, showing improving cause variation Adult Psychology – 23.5%, showing special cause concerning variation Learning Disabilities Psychology – 52.8%, showing improving cause variation






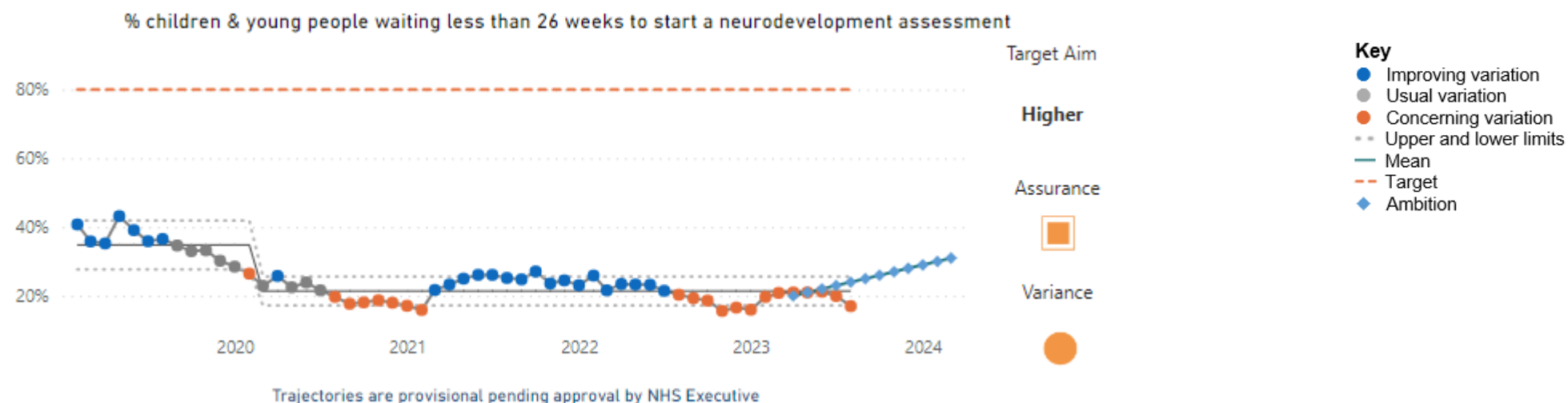
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- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

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)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 2023	17%				In August 2023, 445 out of 2,758 (16.1%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 93 out of 400 (23.3%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment. This is likely not to be a true reflection. This is because the way that Community Paediatrics is being recorded has changed, and the data is going through a transition period.



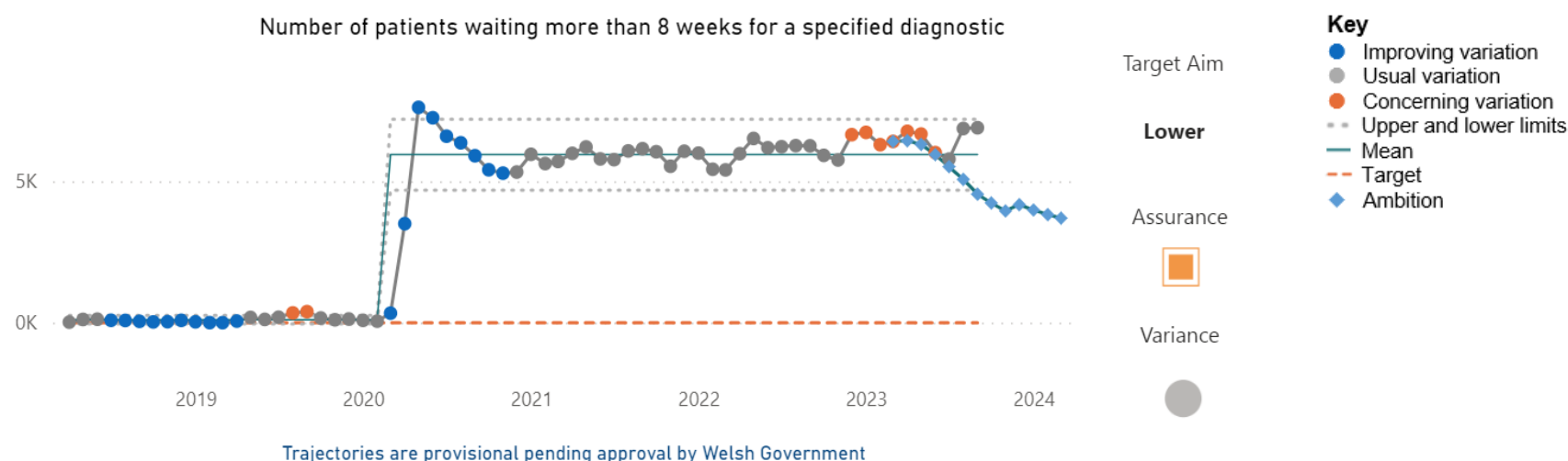
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- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

Diagnostics: Deliver zero patients waiting over 8 weeks for a diagnostic by March 2024

(Ministerial priority)

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
All	September 2023	6,894	●	□	◆	Trajectory = 4,544. Slight increase in breaches in September compared to August. Breaches at highest level since June 2020.
Endoscopy		2,144	●	□	◆	Trajectory = 1,582. Following 2 months of increases, breaches reduced slightly in September
Radiology		2,694	●	□	◆	Trajectory = 2,038. Breaches increased steeply in last 2 months.
Cardiology		1,635	●	□	◆	Trajectory = 764. Following 4 months of increases, breaches reduced in September
Neurophys		402	●	□	◆	Trajectory = 150. Following 5 months of increases, breaches reduced slightly in September
Phys measure		4	●	□	◆	Trajectory = 10. Breaches now at lowest level since March 2020
Imaging		15	●	□	n/a	Breaches increased for 3 rd consecutive month



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:

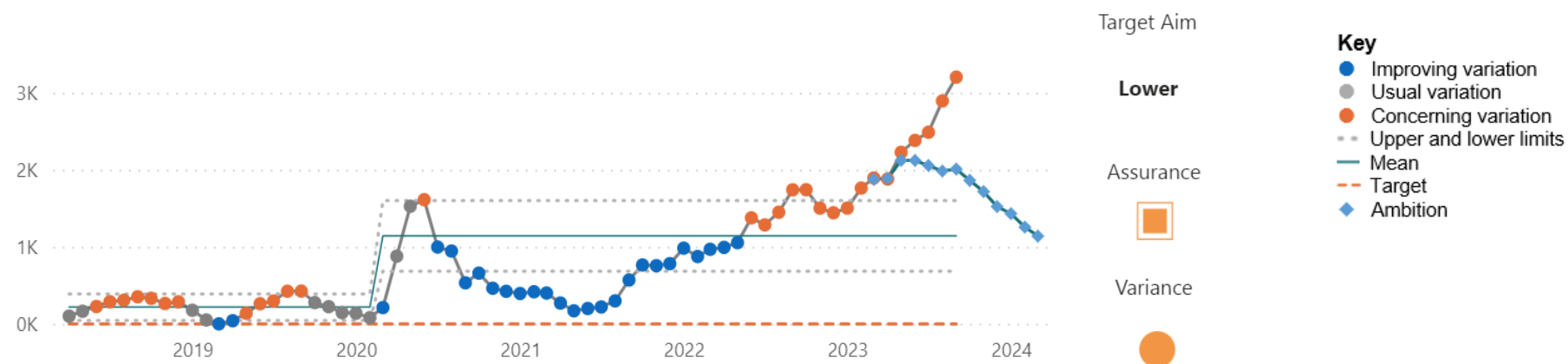
- [Topic] = 'Diagnostics & therapies'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Ministerial priority)

Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
All	September 2023	3,205	●	□	◆	Trajectory = 2,011. Performance for this measure has been rapidly declining for a number of months and the overall trajectory for September 2023 has been missed. Breaches now at highest level seen.
Physio		989	●	□	◆	Trajectory = 1,143. Slight reduction in breaches in September.
Audiology		694	●	□	◆	Trajectory = 42. Breaches increasing for last 6 months, now at highest level seen.
Dietetics		662	●	□	◆	Trajectory = 285. Continued monthly rise in breaches since January 2023. Breaches now at highest level seen. 653 of these breaches are waiting for Weight Management Service
OT		443	●	□	◆	Trajectory = 369. Highest breaches in children's services
Podiatry		351	●	□	◆	Trajectory = 117. Breaches more than doubled from August (156) to September 2023 (351).
Art therapy		43	●	□	◆	Trajectory = 55. Slight reduction in breaches in September.
SALT		23	n/a	□	◆	Trajectory = 0. All breaches in MH&LD services

Number of patients waiting more than 14 weeks for a specific therapy



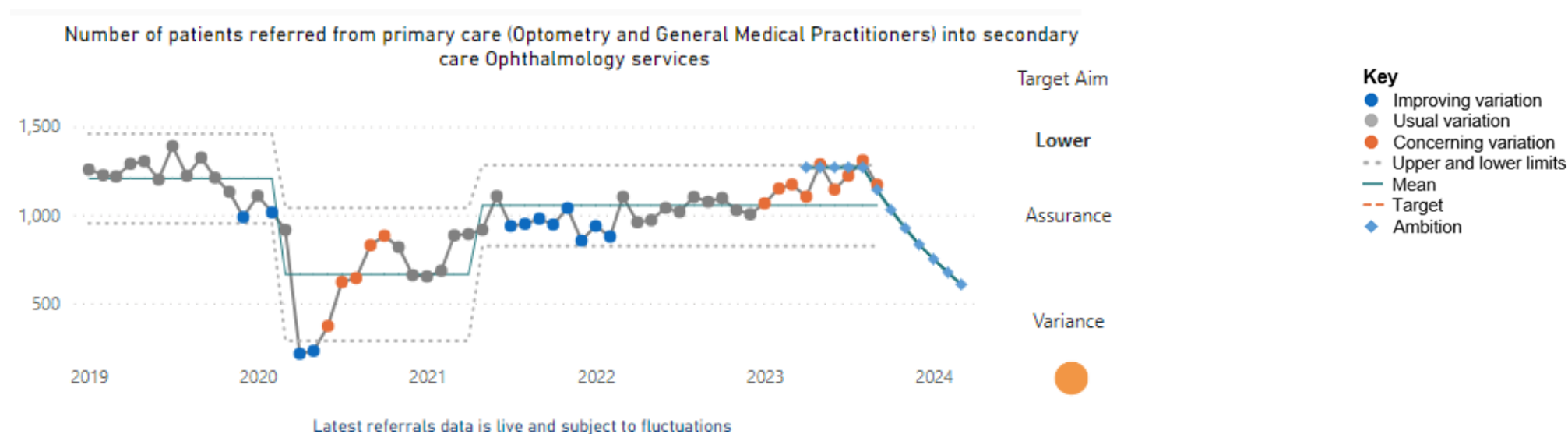
Trajectories are provisional pending approval by Welsh Government

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] = '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)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	1,172	●	n/a	◆	<p>We did not achieve the trajectory in September 2023 (1,143).</p> <p>Please note this is a new measure that has been included in the IPAR as of May 2023. 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>



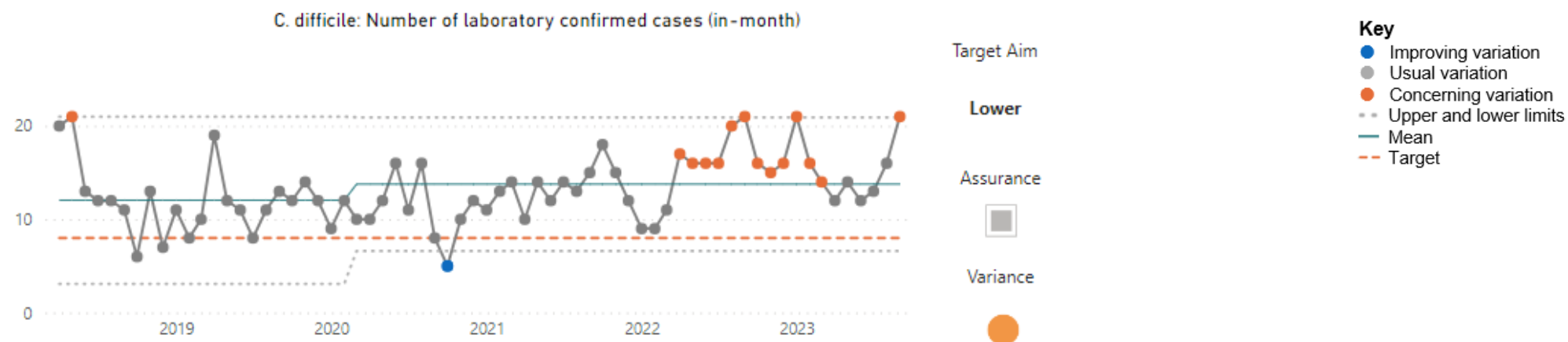
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Primary Care & Community 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)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	21	●	■	n/a	<p>September saw an increase in cases and the 20% reduction to 22/23 levels has not been sustained.</p> <p>The health board cumulative rate as of September 2023, is 45.16 cases per 100,000 population compared to 35.53 for Wales.</p> <p>In 2022/23, we were consistently ranked 6th across Wales but as of August 2023, we ranked 5th out of 6.</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:

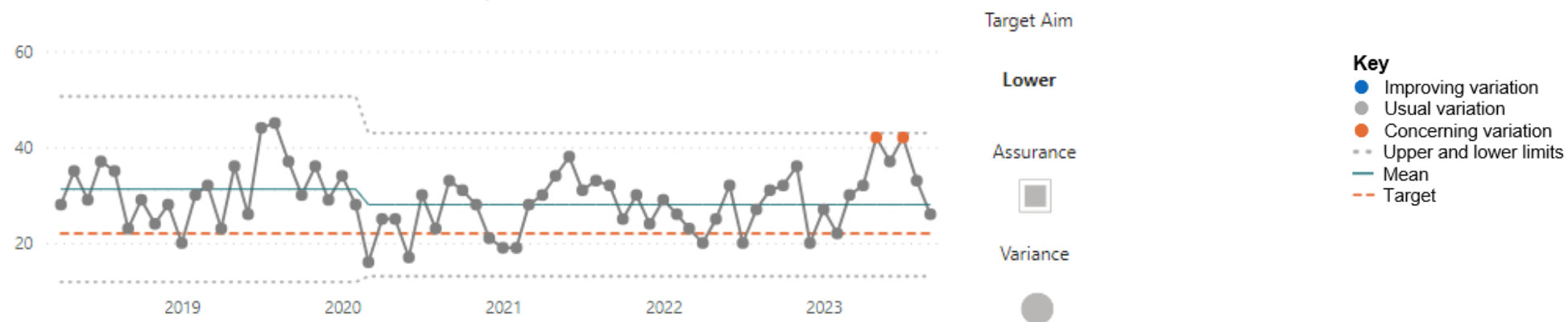
- [Topic] = 'Quality'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	26	●	■	n/a	<p>In September 2023, we have seen a further decrease in cases.</p> <p>The health board cumulative rate as of August 2023, is 108.80 cases per 100,000 population compared to 75.09 for Wales.</p> <p>Increased community focus as over 88% of all cases in September are confirmed as community onset.</p>

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

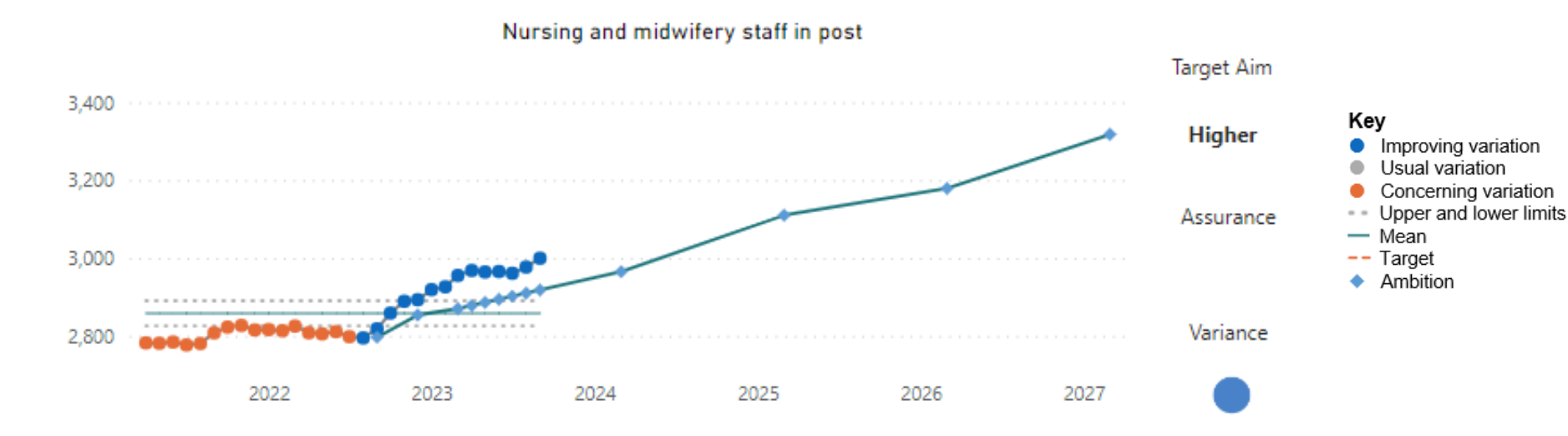


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	3,000	●	n/a	◆	In September 2023, there were 3,000 whole-time equivalent (WTE) nursing or midwifery staff in post. We have exceeded our trajectory to reach 2,965 nursing or midwifery staff in post by March 2024 in line with the 5 year Nursing Workforce Plan.



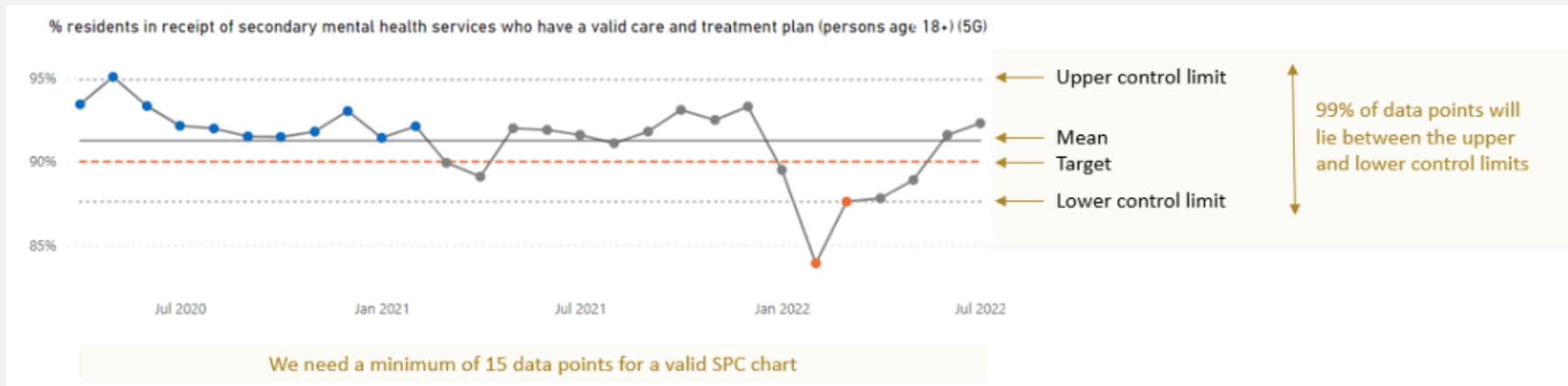
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- [Topic] = 'Workforce'
- [Metric Name] = select a metric to view chart and supporting narrative

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.

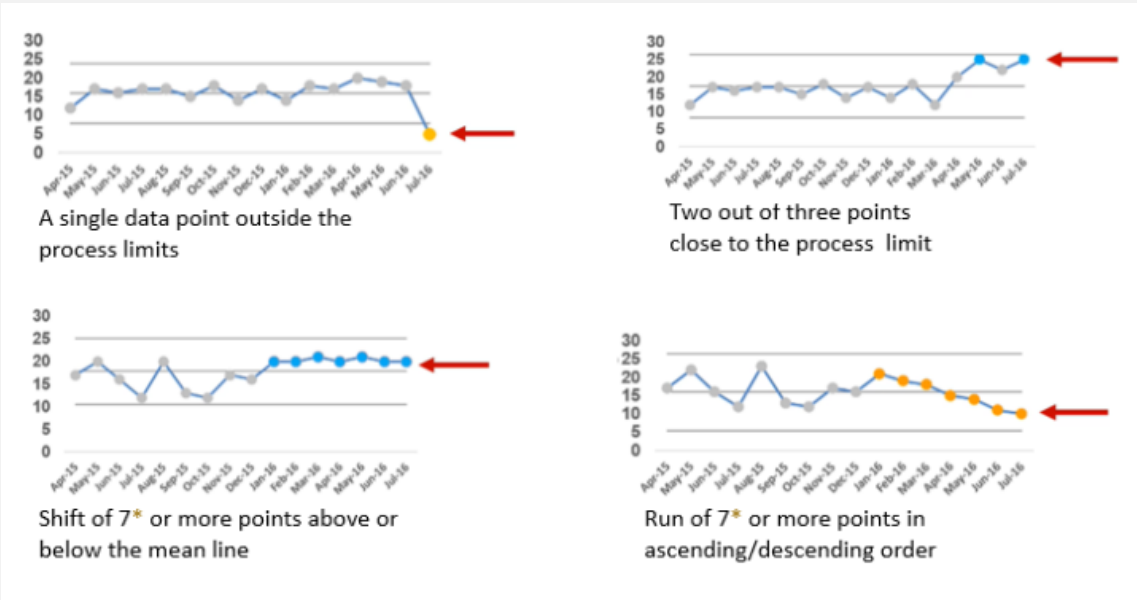
Anatomy of a SPC chart



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 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		