







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

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 31 August 2023 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Performance Update for Hywel Dda University Health Committee – Month 4 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 |
| <p><u>Sefyllfa / Situation</u></p> <p>This report relates to the Month 4, 2023/24 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The Strategic Development and Operational Delivery Committee (SDODC) is asked to consider whether an assurance, or otherwise, can be taken from this IPAR.</p> <p>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 July 2023. Ahead of the committee meeting, the dashboard will also be made available via our internet site.</p> <p>We have developed our IPAR dashboard to provide valuable information and transparency on the issues we are facing and steps being taken to manage and improve performance. We welcome ideas on how we can increase visits to the dashboard.</p> <p>A new overview document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 31 July 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.</p> <p>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.</p> <p>The IPAR dashboard uses Statistical Process Charts (SPCs). 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.</p> |

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 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 |

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.

Following the publication of the new framework, we have reviewed all measures included within the IPAR which has resulted in the following changes:

- 40 national measures have been removed from the IPAR
- 13 local measures have been removed from the IPAR
- 25 new national measures have been added to the IPAR
- 9 measures have revised targets, as determined by Welsh Government

Details for all the above changes can be found in the supporting document entitled Integrated Performance Assurance Report: Measure review July 2023.










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 31 July 2023.

Key (see the Background section above for further details)

| Variation | Assurance | Trajectory |
|--|---|---|
| How are we doing over time | Performance against target | Performance against our ambition |
|  Improving trend |  Always hitting target |  Trajectory met or improved upon |
|  Usual trend |  Hit and miss target |  Within 5% of trajectory |
|  Concerning trend |  Always missing target |  More than 5% off trajectory |

| Topic | Area for Improvement | Latest actual | Variation | Assurance | Trajectory |
|---------|--|---|-----------|-----------|------------|
| Planned | Return activity back to 2019/20 levels | 12-month change: OP +6%, IP +24%, DC +24% * | | | |

| | | | | | |
|---------------------------|--|--------|-----|-----|-----|
| care recovery | Waits over 52 weeks from referral to treatment | 13,281 | ● | □ | ◆ |
| | Waits over 104 weeks from referral to treatment | 2,905 | ● | □ | ◆ |
| | Waits over 36 weeks for a first outpatient appointment | 11,163 | ● | □ | ◆ |
| | Waits over 52 weeks for a first outpatient appointment | 3,056 | ● | □ | ◆ |
| | Delayed follow-up outpatient appointments | 15,378 | ● | □ | ◆ |
| Urgent and emergency care | Ambulance handovers over 1 hour | 944 | ● | □ | ◆ |
| | Ambulance handovers over 4 hours | 235 | ● | □ | n/a |
| | Patients waiting over 12 hours in A&E/MIU | 1,364 | ● | □ | ◆ |
| | Delayed pathways of care | 256 | n/a | n/a | n/a |
| Cancer | Single cancer pathway | 46% | ● | □ | ◆ |
| | Patients waiting over 62 days for cancer treatment | 379 | n/a | n/a | ◆ |
| Mental health | Primary and secondary care CAMHS | 96% | ● | □ | ◆ |
| | Waits <26 weeks for psychological therapies | 45% | ● | □ | ◆ |
| | Waits <26 weeks for neurodevelopmental assessment | 21% | ● | □ | ◆ |
| Diagnostics | Diagnostic waits over 8 weeks | 5,785 | ● | □ | ◆ |
| Therapies | Therapy waits over 14 weeks | 2,489 | ● | □ | ◆ |
| Primary care | Primary care referrals into ophthalmology | 976 | ● | n/a | ◆ |
| Infections | Reduce the number of C.Difficile cases | 13 | ● | □ | n/a |
| | Reduce the number of E.Coli cases | 42 | ● | □ | n/a |
| Workforce | Increase number of nurses and midwives in post | 2,961 | ● | 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 31 July 2023.](#)



Key achievements since our previous SDODC update

• UEC:

- **Ambulance Handovers >4 hours:** All sites were set a challenge to reduce 4 hour handovers by 25% in quarter 1. Withybush hospital consistently achieved the target, with Prince Philip Hospital (PPH) achieving on 2 occasions and Bronglais on 1 occasion. Glangwili did not achieve the challenge due to the consistent pressures seen in the emergency department.
- **% patients spending less than 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:

- The implementation of the FIT (Faecal Immunochemical Test) in Colorectal has reduced the volume of outpatient appointments required as patients are sent by the GP for a FIT test initially rather than attend an outpatient appointment. The results of the FIT are then triaged to assess whether future secondary care intervention is required.

- Urology have launched the PKB (Patient Knows Best) platform for patients with stable prostate cancer monitoring. This frees up future outpatient appointments by facilitating evidence-based self-care.
- **Cancer:**
 - Improvements in the Urology diagnostic pathway has led to an increase in the number of patients receiving their diagnostic procedures in a more timely manner.
 - Implemented the Wales Cancer Network Patient Reported Experience Measures (WCN PREM) across all tumour sites and established multi-disciplinary Gastrointestinal Improvement Group to meet national optimal pathways.
- **Diagnostics:**
 - Availability of the mobile MRI scanner at Prince Philip Hospital has meant that at the end of June, unappointed requests have reduced from 42 weeks, to 14 weeks.
 - Cardiology: Recovery of Echocardiography breach position: In-source tender awarded to provider and short-term funding identified which will deliver an additional 500 echocardiograms over coming months, targeted at longest waits.
 - Endoscopy: Validation of longest wait surveillance to identify high risk patients undertaken throughout July.
- **Therapies:**
 - Dietetics: Early responses from a new patient reported experience measure (PREM) for the new streamlined assessment process for weight management, demonstrate patients are rating their experience highly.
 - Audiology: Accessed Charitable Funds to purchase an additional soundproof booth for Withybush Audiology.
 - Art: The pilot for group therapy sessions has received positive outcomes, demonstrating validity and value to the delivery model, further roll-out is underway.
 - Physiotherapy: Worked with Carmarthenshire local authority to align administration roles with community services, to streamline booking systems.
- **HCAI: C.diff** remains on trajectory to achieve the 20% reduction target, owing to a great improvement in the number of cases since February 2023. In June 2023, Hywel Dda was the only health board to achieve the 20% reduction in in-month.



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 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.

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 6,157 waiting list removals in 2023/24 (2,145 in July 2023).

Ambulance triage and release

- Advanced paramedic in place Monday to Friday at Glangwili Hospital to review the Welsh Ambulance Service Trust (WAST) stack and admission avoidance where possible.



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.
- 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 increasing the rate of recruitment against our traditional baseline to reduce lost capacity due to vacancies 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 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 19 July, 256 of our inpatients were ready to leave, 199 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 August, we had 52 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.
- Prince Philip Hospital (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 (WH), the Reinforced Autoclaved Aerated Concrete (RAAC) plank survey requirements have necessitated the reduction of inpatient capacity by 26 medical beds in July. To mitigate the bed loss, 14 beds have been opened in Cleddau.

Demand and capacity

- Insufficient accommodation space to treat new patients arriving in our EDs due to patient flow issues described above, Glangwili Hospital (GH) being the site with the greatest impact. The improvement plan for GH currently includes Same Day Emergency Care (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. However, the introduction of a text reminder service is helping to improve attendance.

Other key things to flag

Patient acuity

- In July 2023, patient acuity reduced and was the lowest reported level since June 2019.
- **Referral to treatment times (RTT):** Resubmitted figures for April and May 2023: Due to a filtering error on the submission file, figures for both months have been marginally revised. These revisions impact the 36 weeks RTT breaches figures:
 - April – previously 28,851 revised to 28,905
 - May – previously 27,636 revised to 27,676Data for all RTT metrics has been updated to incorporate these revisions.
- **Ophthalmology:** In June 2023, 61.2% of R1 appointments attended were within their clinical target date, or within 25% delay to their target, the lowest level of performance recorded since March 2020. The national target (95%) has never been achieved and concerning variation is showing.
- **Waits less than 4 hours in A&E:** In July 2023, 66.8% of patients spent less than 4 hours in A&E/MIU. Performance had been relatively static from January to June 2023, however, has deteriorated this month. All sites except PPH are showing special cause concerning variation.
- **Care Home Beds commissioned:** In July 2023, we commissioned 45.6% of the 1,174 care home beds available. This measure is now showing special cause concerning variation and is the lowest reported since January 2022.
- **Mental Health assessments** undertaken within 28 days (age 18+): 56.3% of adults received an assessment within the 28-day timeframe, this has been steadily deteriorating since March 2023, and is showing a concerning trend.
- **Health care acquired infections (HCAI) in July 2023:**
 - Number of **E.Coli** cases (in-month): HDdUHB reported 42 cases which is an increase from the previous month. This is the joint highest reported figure since August 2019 with 42 cases also reported in May 2023.
 - Number of **Klebsiella** cases (in-month): HDdUHB reported 12 cases which is an increase from the previous month. However, the increase is noted on a national scale.
- **Never Events:** In July 2023, there was one never event. HDdUHB has had four never events since November 2022, with each event reported slightly different in complexity. The previous never event was in October 2020.
- **Incidents** in July 2023:

A higher number of incidents were closed where harm initially reported with a grade of moderate or above. However, there is a recognition across Wales that work is required to ensure that there is further information available to support staff in selecting the right level of harm which matches the patient outcome when reporting an incident.

| | |
|---|-----|
| Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported) | 262 |
| Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified) | 76 |

- **Hip fractures:** Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 42% (target 50%) for July 2023. Withybush Hospital continues to drive this position,

with 0% compliance in the latest period, however performance should improve in the forthcoming months as a new Specialist Registrar started on the ward on 10 July 2023.

- **Colonoscopy:** 12% of patients were offered an index colonoscopy procedure within four weeks of booking their appointment in June. 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. Benchmarking data shows the best performing Health Board in Wales (Betsi Cadwaladr UHB) achieved 22.8% in April 2023.

Argymhelliad / Recommendation

The Committee is asked to:

RECEIVE ASSURANCE from the IPAR – Month 4 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 Committee'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: | 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. 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). 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. |
| 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 Termau: Glossary of Terms: | Contained within the body of the report |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee: | Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development and Operational Delivery Committee; People, Organisational Development and Culture Committee |

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

| | |
|------------------------------------|---|
| Risg: Risk: | Better use of resources through integration of reporting methodology |
| Cyfreithiol: Legal: | Better use of resources through integration of reporting methodology |
| Enw Da: Reputational: | A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a Health Board, which then may have a knock on impact onto recruitment and staff morale. |
| Gyfrinachedd: Privacy: | Not applicable |
| Cydraddoldeb: Equality: | Not applicable |



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st July 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 July 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 +6%, IP +24%, DC +24% * | | | |
| | Waits over 52 weeks from referral to treatment | 13,281 | ● | ▣ | ◆ |
| | Waits over 104 weeks from referral to treatment | 2,905 | ● | ▣ | ◆ |
| | Waits over 36 weeks for a first outpatient | 11,163 | ● | ▣ | ◆ |
| | Waits over 52 weeks for first outpatient | 3,056 | ● | ▣ | ◆ |
| | Delayed follow-up outpatient appointments | 15,378 | ● | ▣ | ◆ |
| Urgent and emergency care | Ambulance handovers over 1 hour | 944 | ● | ▣ | ◆ |
| | Ambulance handovers over 4 hours | 235 | ● | ▣ | n/a |
| | Patients waiting over 12 hours in A&E/MIU | 1,364 | ● | ▣ | ◆ |
| | Delayed pathways of care | 256 | n/a | n/a | n/a |
| Cancer | Single cancer pathway | 46% | ● | ▣ | ◆ |
| | Patients waiting over 62 days for cancer treatment | 379 | n/a | n/a | ◆ |
| Mental Health | Primary and secondary care CAMHS | 96% | ● | ▣ | ◆ |
| | Waits under 26 weeks for psychological therapies | 45% | ● | ▣ | ◆ |
| | Waits under 26 weeks for neurodevelopmental assess | 21% | ● | ▣ | ◆ |
| Diagnostics | Diagnostic waits over 8 weeks | 5,785 | ● | ▣ | ◆ |
| Therapies | Therapy waits over 14 weeks | 2,489 | ● | ▣ | ◆ |
| Primary Care | Primary care referrals into ophthalmology | 976 | ● | n/a | ◆ |
| Infections | Reduce the number of C.Difficile cases | 13 | ● | ▣ | n/a |
| | Reduce the number of E.Coli cases | 42 | ● | ▣ | n/a |
| Workforce | Increase number of nurses and midwives in post | 2,961 | ● | n/a | ◆ |

* 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

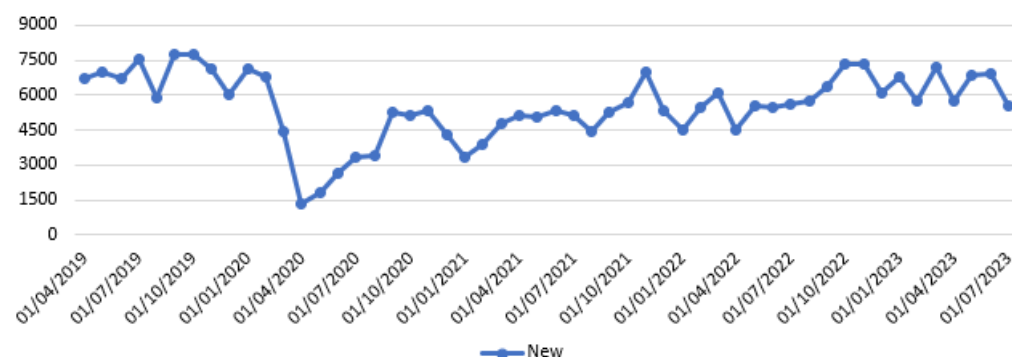
Statistical process control (SPC) charts

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

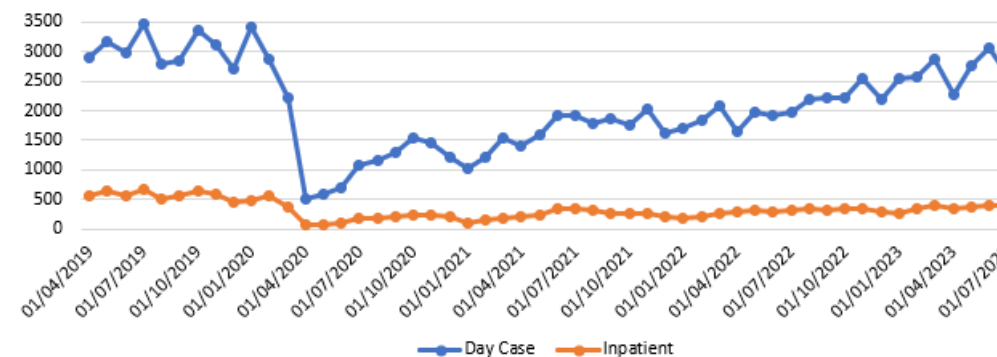
Planned care recovery: Ensure actual activity realised is back to 2019/20 levels especially in surgical specialties
(Enhanced monitoring condition and accountability condition)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-----------|-----------|------------|---|
| July 23 | n/a | n/a | n/a | n/a | <p>Compared to July 2022, in July 2023 (for selected surgical specialties), we completed:</p> <ul style="list-style-type: none"> 6% more new outpatient appointments 24% more inpatient procedures 24% more day case procedures |

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



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






Planned Care activity: Jul 22 compared to Jul 23

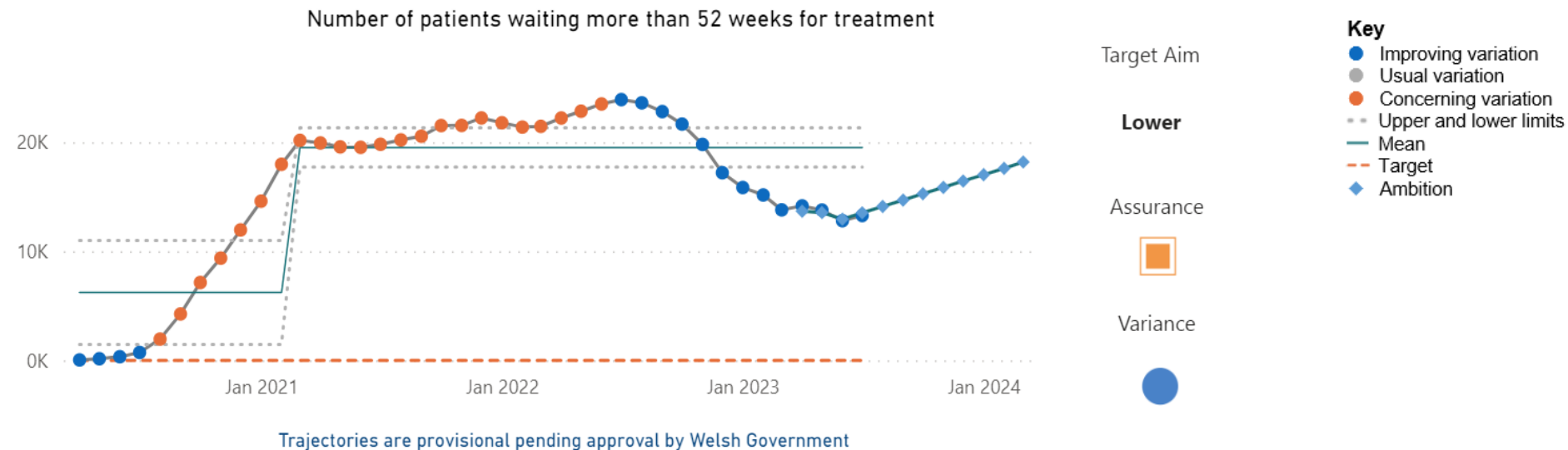
| Selected surgical Specialties | New Outpatient | | | | Inpatient | | | | Day case | | | |
|--|----------------|--------------|--------------|----------------------------|--------------|------------|------------|----------------------------|--------------|--------------|--------------|----------------------------|
| | 2019/20 avg. | Jul 22 | Jul 23 | % change: Jul 22 to Jul 23 | 2019/20 avg. | Jul 22 | Jul 23 | % change: Jul 22 to Jul 23 | 2019/20 avg. | Jul 22 | Jul 23 | % change: Jul 22 to Jul 23 |
| Breast | 337 | 232 | 357 | +54% | 37 | 38 | 51 | +34% | - | - | - | - |
| Colorectal | 195 | 347 | 358 | +3% | 14 | 24 | 29 | +21% | 24 | 21 | 44 | +110% |
| ENT | 564 | 463 | 578 | +25% | 46 | 28 | 28 | 0% | 51 | 39 | 30 | -23% |
| Gastroenterology | 302 | 282 | 335 | +19% | - | - | - | - | 573 | 364 | 528 | +45% |
| General Surgery | 362 | 105 | 118 | +12% | 75 | 20 | 32 | +60% | 512 | 249 | 224 | -10% |
| Gynaecology | 712 | 682 | 640 | -6% | 43 | 45 | 55 | +22% | 133 | 71 | 93 | +31% |
| Ophthalmology | 673 | 464 | 358 | -23% | - | - | - | - | 327 | 147 | 183 | +24% |
| Trauma & Orthopaedics | 615 | 378 | 526 | +39% | 198 | 79 | 91 | +15% | 217 | 203 | 185 | -9% |
| Urology | 262 | 262 | 152 | -42% | 107 | 69 | 89 | +29% | 434 | 367 | 518 | +41% |
| Selected surgical specialties total | 4,022 | 3,215 | 3,422 | +6% | 520 | 303 | 375 | +24% | 2,271 | 1,461 | 1,805 | +24% |
| All specialties grand total | 6,745 | 5,609 | 5,563 | -1% | 547 | 318 | 394 | +24% | 2,985 | 1,986 | 2,634 | +33% |

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 |
|---------------|---------------|---|---|---|--|
| July 23 | 13,281 |  |  |  | <p>The number of patients waiting over 52 weeks for treatment continues to show an improving trend and our trajectory for July 2023 (13,531) has been met. Breaches have reduced by over 10,000 when compared to July 2022 (23,908), a 44% reduction.</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> |



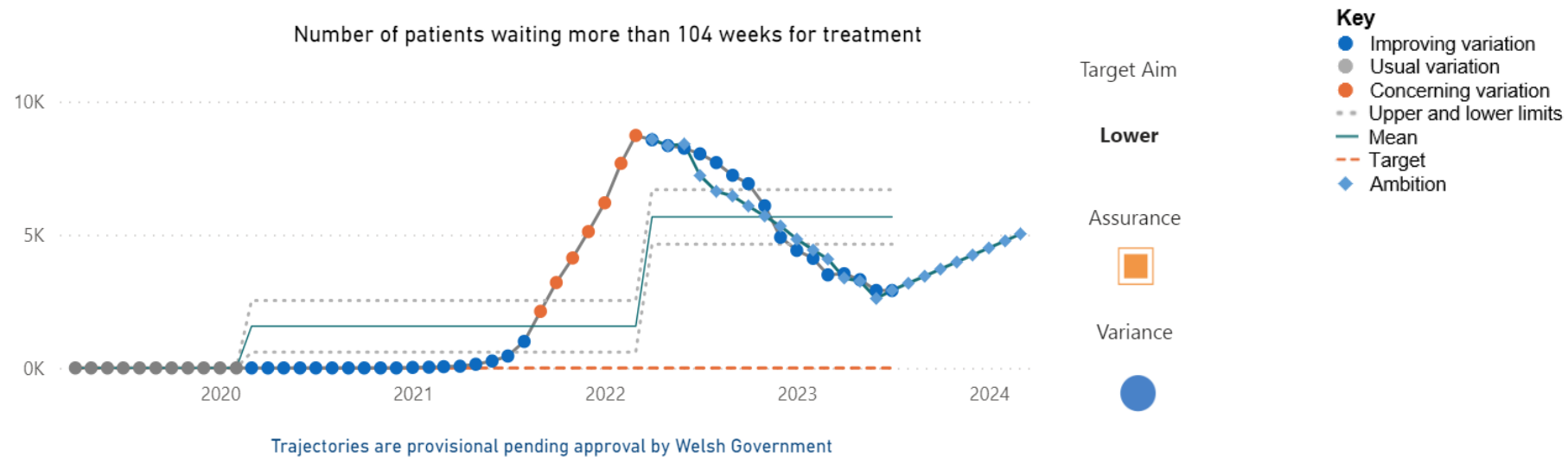
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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 |
|---------------|---------------|-------------------------------------|---------------------------------------|-------------------------------------|---|
| July 23 | 2,905 | ● | □ | ◆ | <p>The number of patients waiting over 104 weeks for treatment continues to show an improving trend and our trajectory for July 2023 (2,914) has been met. Breaches have reduced by over 5,000 when compared to July 2022 (8,036), a 64% reduction.</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> |



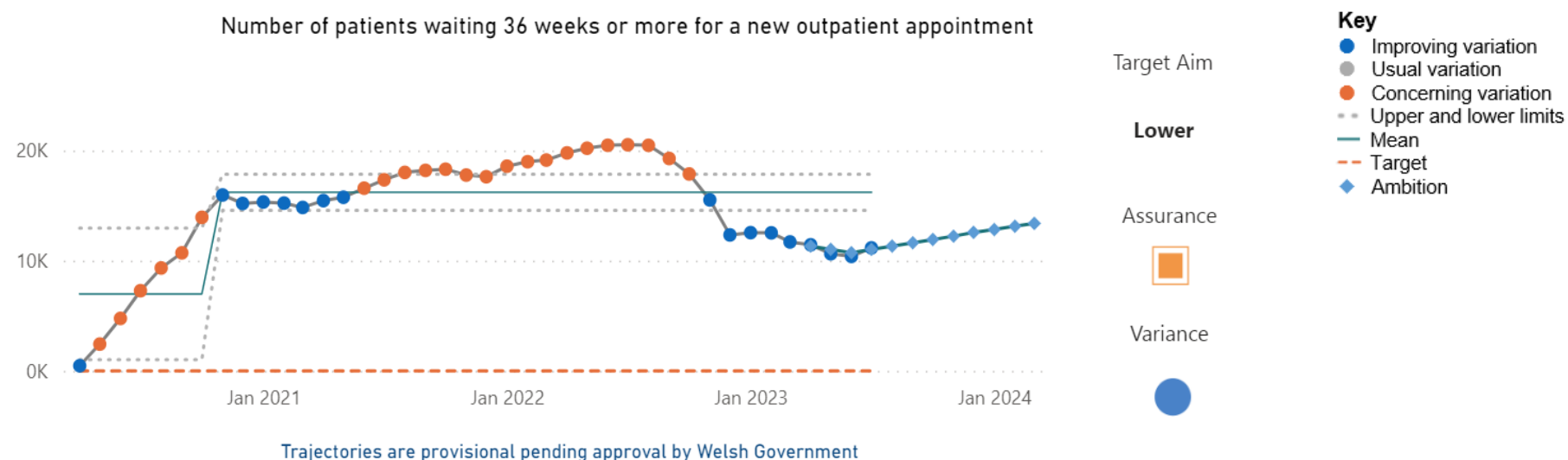
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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 |
|---------------|---------------|-----------|-----------|------------|--|
| July 23 | 11,163 | ● | □ | ◆ | <p>The number of patients waiting over 36 weeks for a new outpatient appointment continues to show an improving trend, however, our trajectory for July 2023 (11,027) was narrowly missed. Breaches have reduced by over 9,000 when compared to July 2022 (20,522), a 46% reduction.</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> |



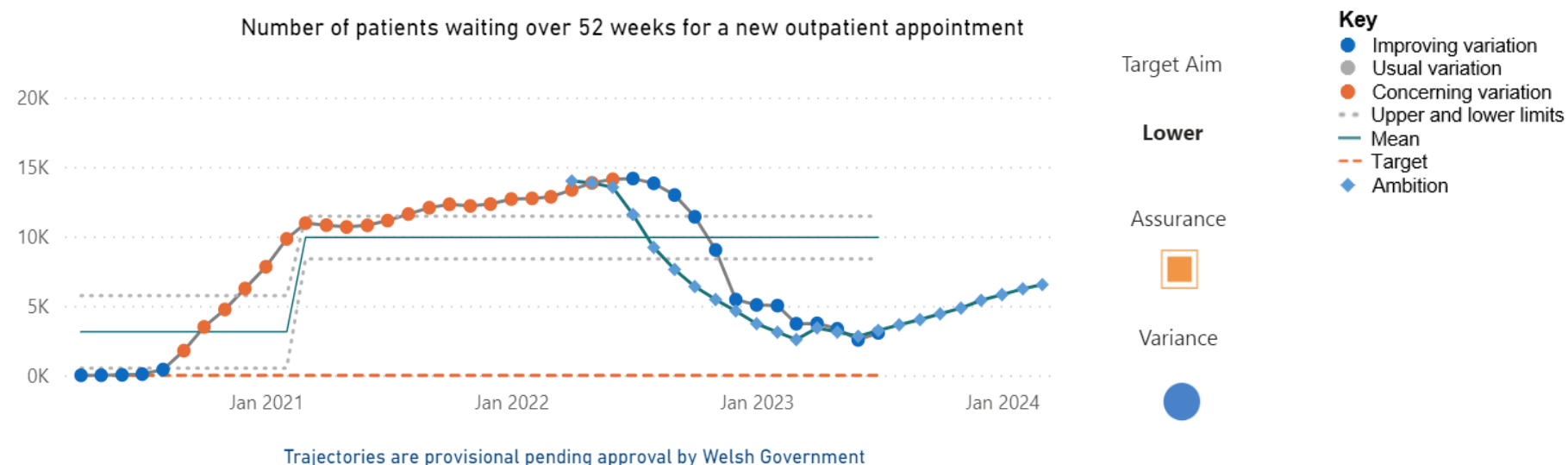
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-------------------------------------|---------------------------------------|-------------------------------------|---|
| July 23 | 3,056 | ● | □ | ◆ | <p>The number of patients waiting over 52 weeks for a new outpatient appointment continues to show an improving trend and our trajectory for July 2023 (3,226) has been met. Breaches have reduced by over 11,000 when compared to July 2022 (14,168), a 78% reduction.</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> |

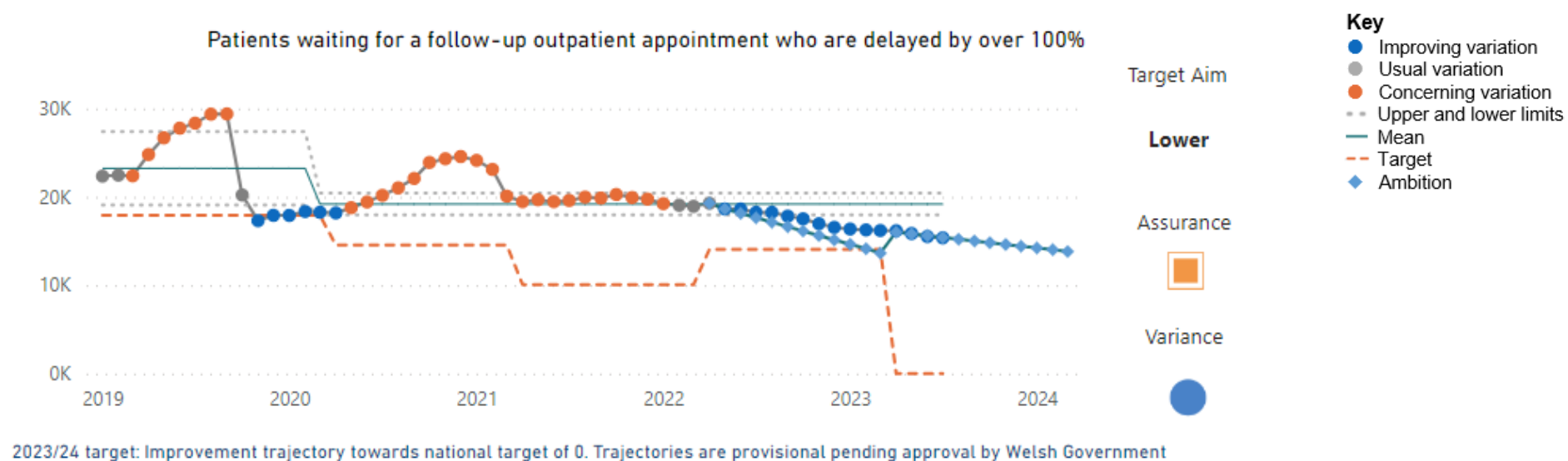


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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 |
|---------------|---------------|-----------|-----------|------------|--|
| July 23 | 15,378 | ● | □ | ◆ | <p>The number of patients waiting for a follow up appointment who are delayed by over 100% continues to show an improving trend and our trajectory for July 2023 (15,415) has been met. Breaches are now consistently lower than any other time over the last FOUR years.</p> <p>Trajectories are subject to change pending potential additional recovery funding for 2023/24.</p> |



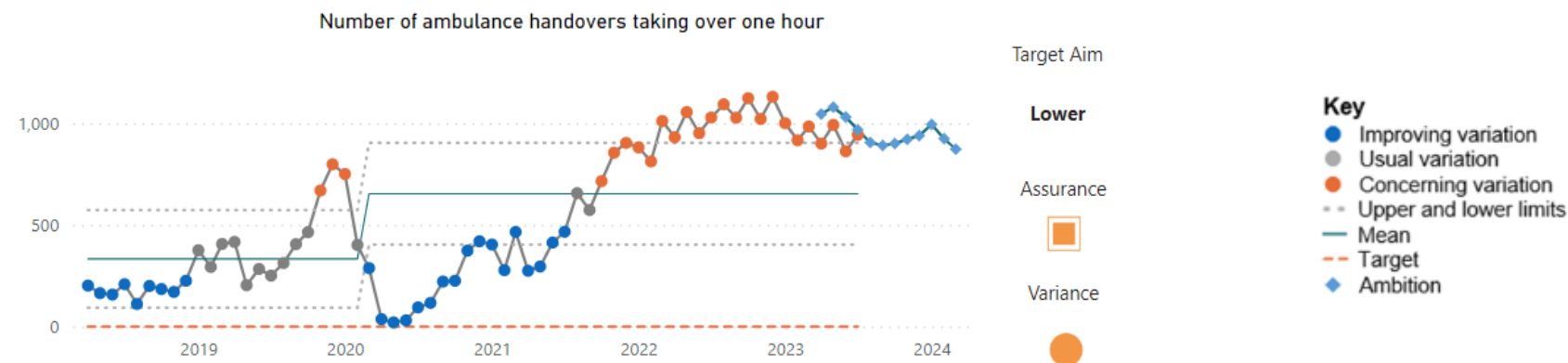
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

(Ministerial priority)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-----------|-----------|------------|--|
| July 2023 | 944 | ● | □ | ◆ | <p>Ambulance handovers over 1 hour is showing a concerning trend. However, improvements have been made during 2023 and in July 2023 we achieved our improvement trajectory (969) for the Health Board. All sites achieved their trajectories in July except Bronglais.</p> <ul style="list-style-type: none"> • Bronglais Hospital: 165 (trajectory: ◆ 115) • Glangwili Hospital: 458 (trajectory: ◆ 483) • Prince Philip Hospital: 85 (trajectory: ◆ 126) • Withybush Hospital: 236 (trajectory: ◆ 245) <p>The aim now is to sustain and further improve performance.</p> |



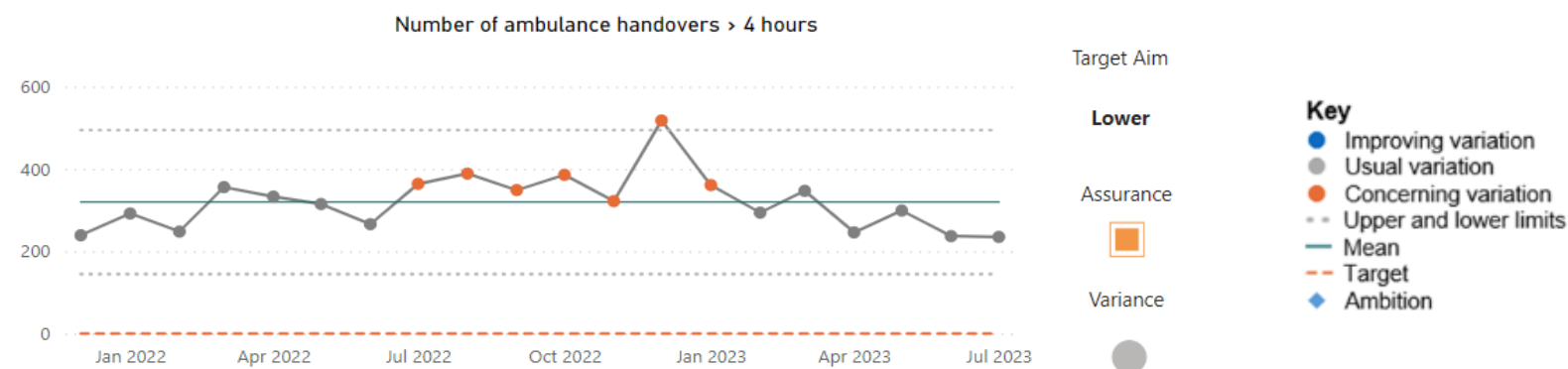
For further details on this measure, including site specific information, additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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 four hours

(Enhanced monitoring condition, accountability condition and Ministerial priority)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-----------|-----------|------------|---|
| July 2023 | 235 | ● | □ | n/a | <p>Ambulance handovers taking over four hours is showing usual variation. However, there has been a reduction made since the peak in December 2023. Figures for four hour handover delays in July 2023 were:</p> <p>Bronglais Hospital: 27 Glangwili Hospital: 142 Prince Philip Hospital: 21 Withybush Hospital: 45</p> <p>All sites were set a challenge to reduce four hr handovers by 25% in Quarter 1. Withybush Hospital consistently achieved the target, with Prince Philip Hospital achieving on two occasions and Bronglais Hospital on one occasion. Glangwili Hospital has not achieve the challenge due to the consistent pressures seen in the emergency department.</p> |



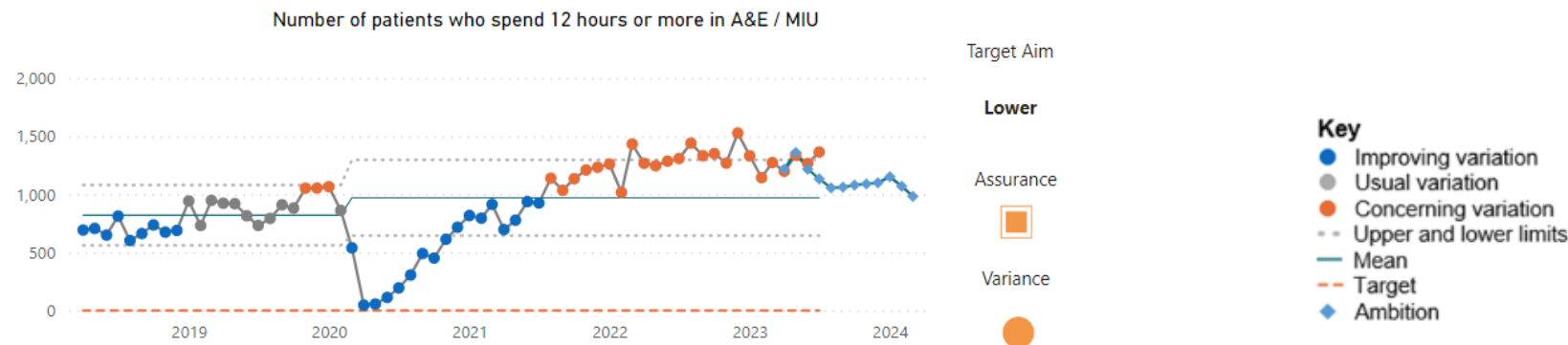
For further details on this measure, including site specific information, additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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 31 March 2024

(Ministerial priority)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-----------|-----------|------------|---|
| July 2023 | 1,364 | ● | □ | ◆ | <p>Patients waiting over 12 hours is showing a concerning trend. However, several improvements have been made during 2023 although in July, we failed to achieve our improvement trajectory (1,133) for the Health Board. All acute sites are showing concerning variation, with only PPH achieving their individual trajectory.</p> <p>Bronglais Hospital: 223 (trajectory: ◆ 190) Glangwili Hospital: 521 (trajectory: ◆ 425) Prince Philip Hospital: 76 (trajectory: ◆ 78) Withybush Hospital: 544 (trajectory: ◆ 440)</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> |



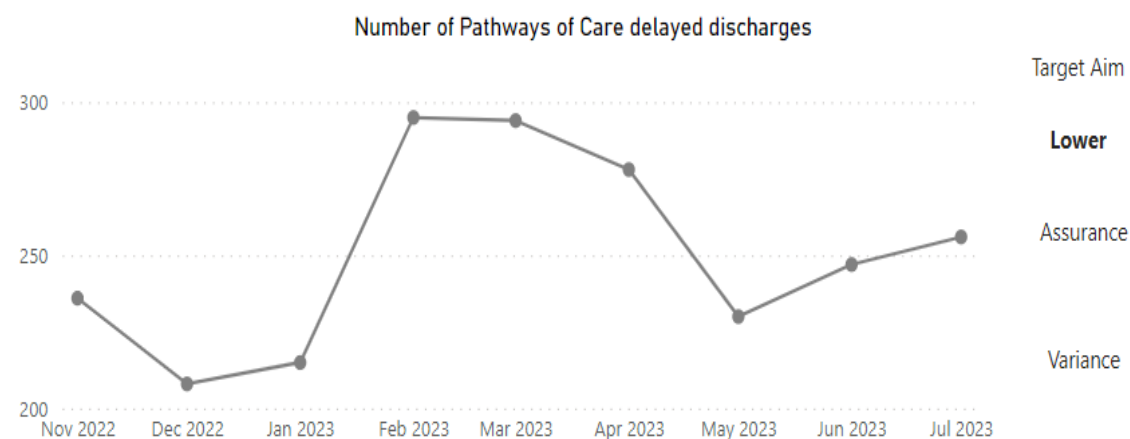
For further details on this measure, including site specific information, additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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 pathway / discharge

(Ministerial priority)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|----------------------------------|---------------|-----------|-----------|------------|--|
| As at 19 th July 2023 | 256 | n/a | n/a | n/a | Significant numbers 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. |



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

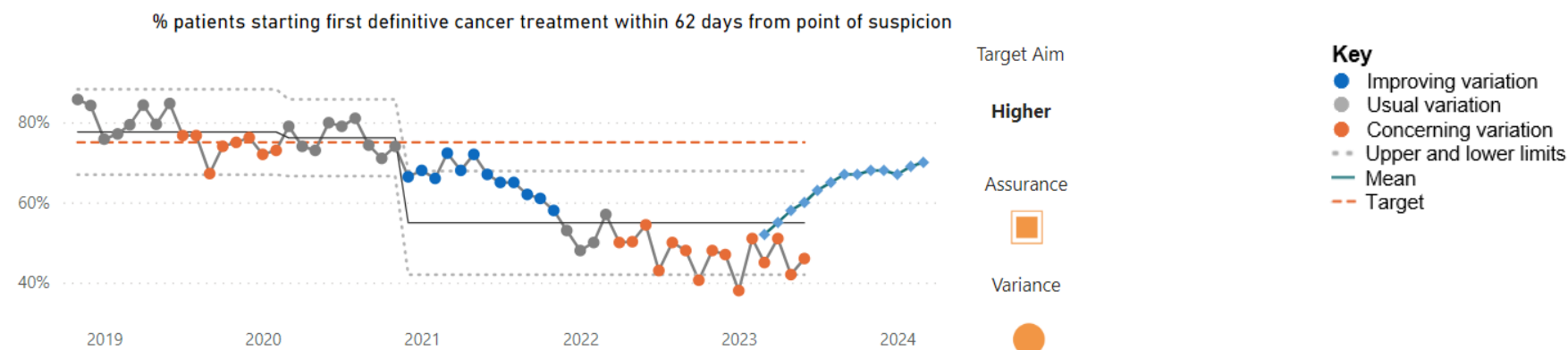
Urgent and emergency care: Reduce the number of patients in our hospitals with a delayed pathway / discharge
(Ministerial priority)

| 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 Pemb Hospital | St Davids Hospital | Tregaron Hospital | Withybush Hospital | TOTAL |
|---|------------------------|-----------------------------|-----------------------|-------------------------------------|-----------------------|------------------------------------|------------------------|------------------------------|---------------------------|-----------------------|----------------------|-----------------------|------------|
| Awaiting completion of assessment by social care | 0 | 1 | 3 | 0 | 12 | 0 | 1 | 9 | 6 | 0 | 2 | 16 | 50 |
| Awaiting start of new home care package | 0 | 1 | 1 | 0 | 12 | 0 | 1 | 14 | 2 | 0 | 1 | 5 | 37 |
| Awaiting Social worker allocation | 0 | 0 | 0 | 0 | 15 | 0 | 0 | 3 | 4 | 0 | 0 | 11 | 33 |
| Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy | 0 | 0 | 2 | 0 | 7 | 1 | 0 | 1 | 3 | 0 | 1 | 13 | 28 |
| Awaiting RH availability | 0 | 3 | 2 | 0 | 5 | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 19 |
| Awaiting EMI residential availability | 0 | 0 | 1 | 2 | 4 | 0 | 0 | 5 | 0 | 0 | 1 | 2 | 15 |
| Awaiting completion of arrangements prior to placement | 0 | 1 | 1 | 0 | 5 | 3 | 0 | 3 | 0 | 1 | 0 | 0 | 14 |
| Awaiting reablement care package | 0 | 1 | 1 | 1 | 5 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 12 |
| Awaiting joint assessment | 0 | 0 | 2 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 7 |
| Mental Capacity / Court of Protection delays | 0 | 0 | 0 | 0 | 4 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 6 |
| Awaiting NH availability | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 5 |
| Awaiting transfer to intermediate care bedded facility | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Awaiting funding decision FNC/CHC | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 |
| Patient / family refusing to move to next stage of care/ discharge | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 3 |
| No suitable abode | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 3 |
| Awaiting funding decision | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Patient / family choice related issues | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |
| Awaiting Residential care home manager to visit and assess (Standard 3 residential) | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Homeless | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 |
| Awaiting Community Resource capacity | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Safeguarding issues impacting discharge arrangements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Awaiting nursing/residential home self-funding | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Awaiting Mental Health bed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Awaiting palliative care POC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Awaiting Nursing care home manager to visit and assess (Standard 3 residential) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Assessment through the language of choice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Awaiting EMI nursing availability | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Awaiting Learning Disability bed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Awaiting acute bed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Total | 3 | 11 | 17 | 4 | 77 | 5 | 7 | 53 | 18 | 1 | 8 | 52 | 256 |

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 |
|---------------|---------------|-----------|-----------|------------|---|
| June 23 | 46% | ● | □ | ◆ | <p>Our single cancer pathway performance has been showing concerning variation since April 2022 and the trajectory for June 2023 (60%) 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 June 2023:</p> <ul style="list-style-type: none"> - 1,978 referrals - 2,900 patients on SCP - 245 patients awaiting diagnostics (radiology & endoscopy) - 90 patients awaiting tertiary treatment - 46 patients awaiting surgery <p>As at 30 June:</p> <p>The remainder of patients on the pathway are waiting for an outpatient appointment, results and interventions.</p> |



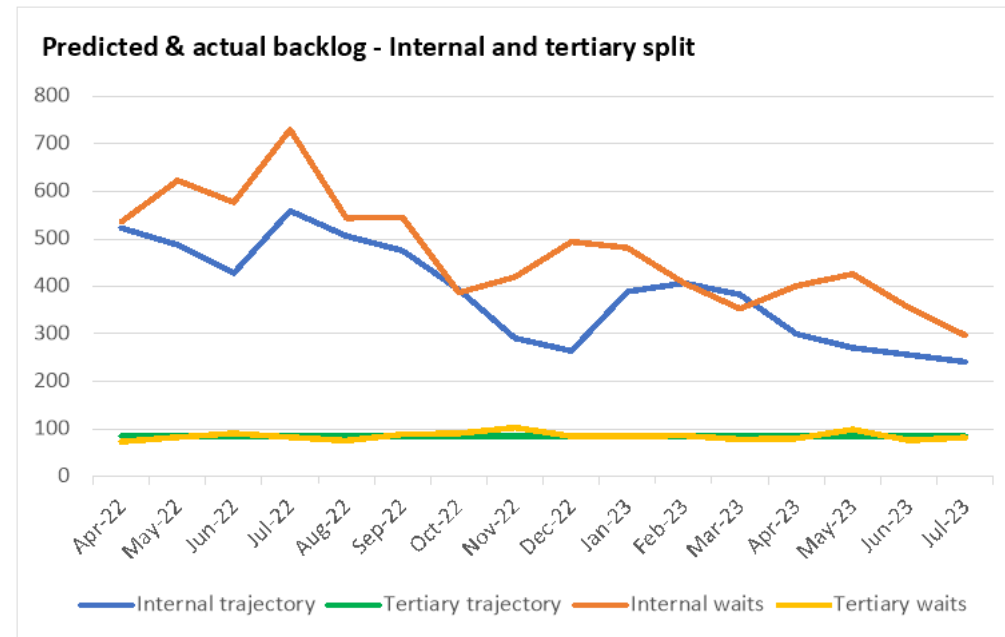
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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 | Notes |
|---------------|---------------|-----------|-----------|------------|--|
| July 23 | 379 | n/a | n/a | ◆ | <p>In July 2023, the overall backlog of 379 patients (trajectory 326) waiting over 62 days for their first definitive cancer treatment included:</p> <ul style="list-style-type: none"> 297 patients waiting for an appointment/treatment within the Health Board (trajectory ▲ 241) 82 patients waiting for an appointment/treatment with tertiary providers (trajectory ▲ 85) <p>Specialities with the highest waits include: urology, lower gastrointestinal and lung cancers</p> <p>Note: Not all backlog patients will become SCP breaches.</p> |



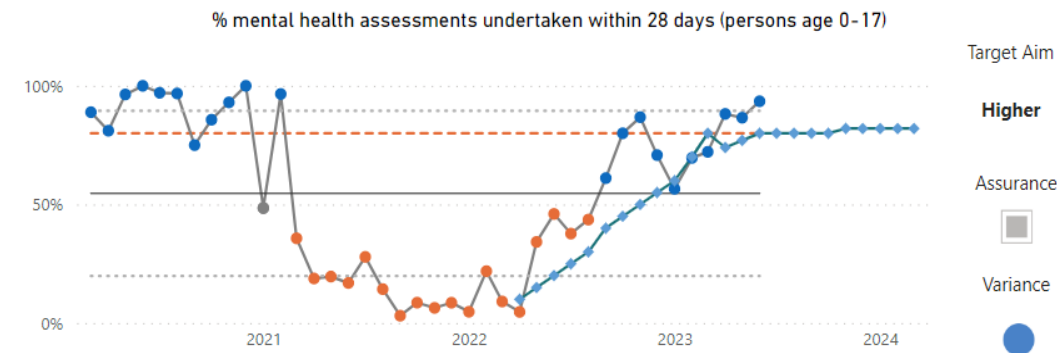
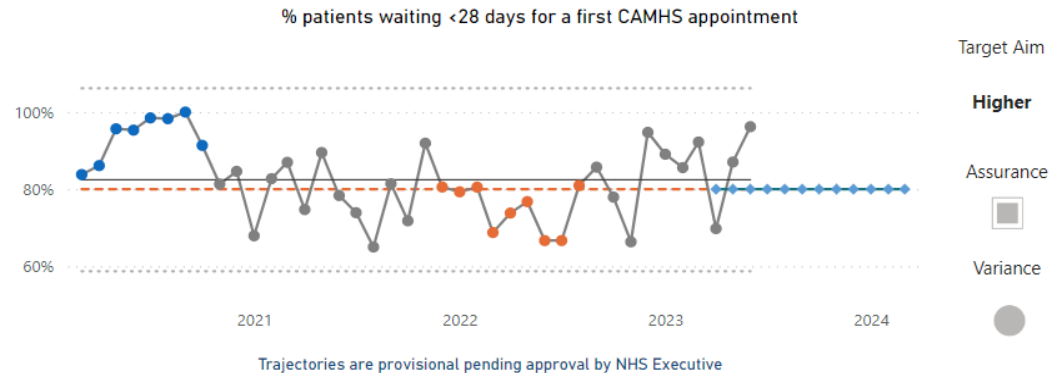
Mental health: Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories

(Enhanced monitoring condition and accountability condition)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-----------|-----------|------------|---|
| June 2023 | 96% | ● | ■ | ◆ | In June 2023, 50 out of 52 (96%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 94% of mental health assessments were undertaken within 28 days for patients aged 0-17. Performance continues to improve as demonstrated in the charts below, meaning that we have achieved and exceeded target this month. |

Key

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

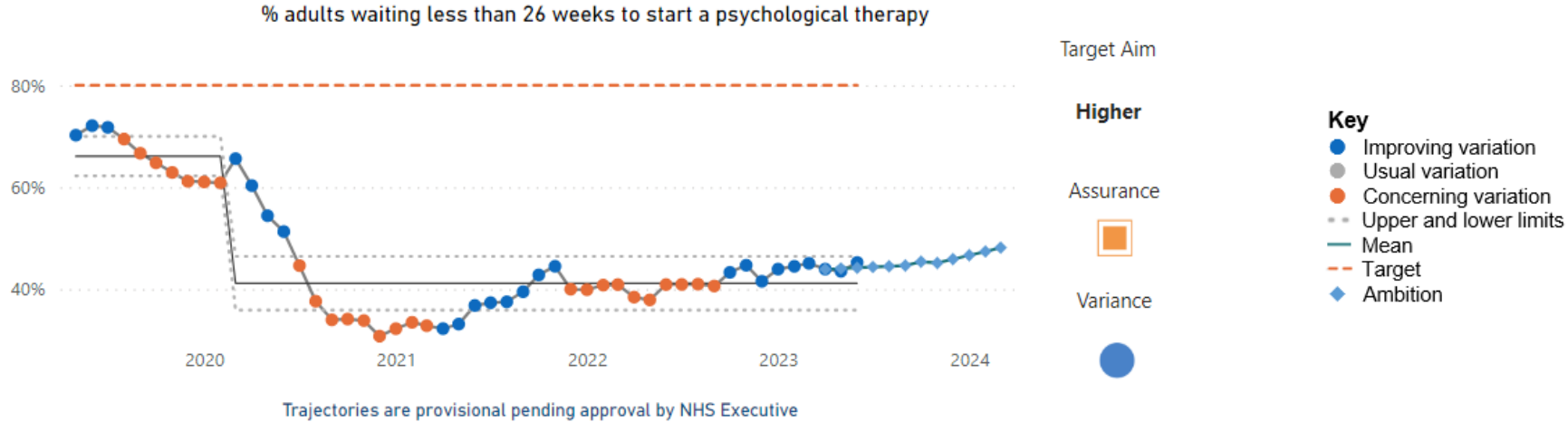


For further details on these measures, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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 31 March 2023
(Accountability condition)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-----------|-----------|------------|--|
| June 2023 | 45% | ● | □ | ◆ | <p>In June 2023, 504 out of 1,114 (45.2%) 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 (IPTS) – 46.5%, showing improving cause variation• Adult Psychology – 41.2%, showing special cause concerning variation• Learning Disabilities Psychology – 36.9%, showing improving cause variation |



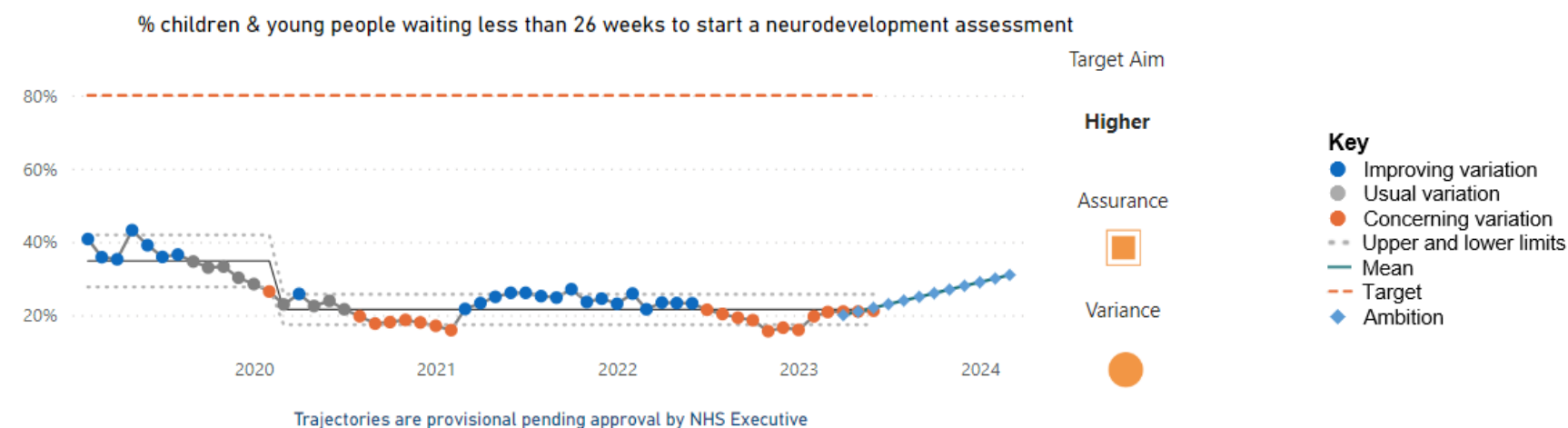
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

Mental health: Submit an improvement trajectory to demonstrate how HDdUHB will meet the national target by 31 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 |
|---------------|---------------|-----------|-----------|------------|--|
| June 2023 | 21% | ● | □ | ◆ | In June 2023, 506 out of 2,691 (18.8%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 160 out of 449 (35.6%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment. |



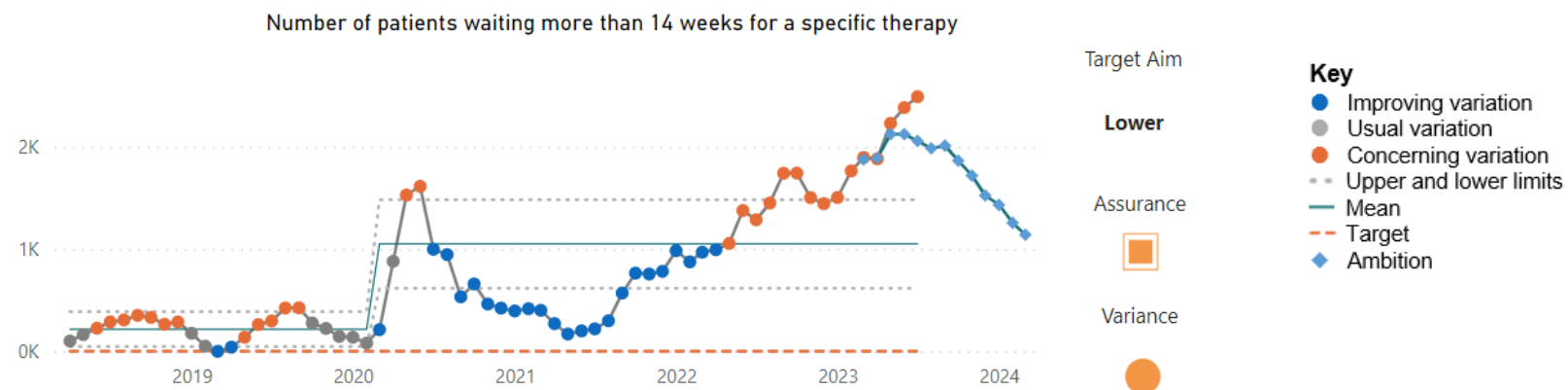
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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 | July 23 | 2,489 | ● | □ | ◆ | Trajectory = 2,057. Performance for this measure has been rapidly declining for a number of months and the overall trajectory for July 2023 has been missed. |
| Physio | | 826 | ● | □ | ◆ | Trajectory = 1,001. Continued reduction in breaches in July |
| Audiology | | 523 | ● | □ | ◆ | Trajectory = 56. Rise of 456 breaches since April and most breaches since August 2020 |
| Dietetics | | 452 | ● | □ | ◆ | Trajectory = 375. Continued monthly rise in breaches in weight management service since January 2023 |
| OT | | 399 | ● | □ | ◆ | Trajectory = 415. Highest breaches in children's services |
| Podiatry | | 233 | ● | □ | ◆ | Trajectory = 233. Continued rise in breaches for 3 months |
| Art therapy | | 46 | ● | □ | ◆ | Trajectory = 55. Increasing rise in breaches since August 2022 |
| SALT | | 10 | ● | □ | ◆ | Trajectory = 0. All breaches in MH&LD services |



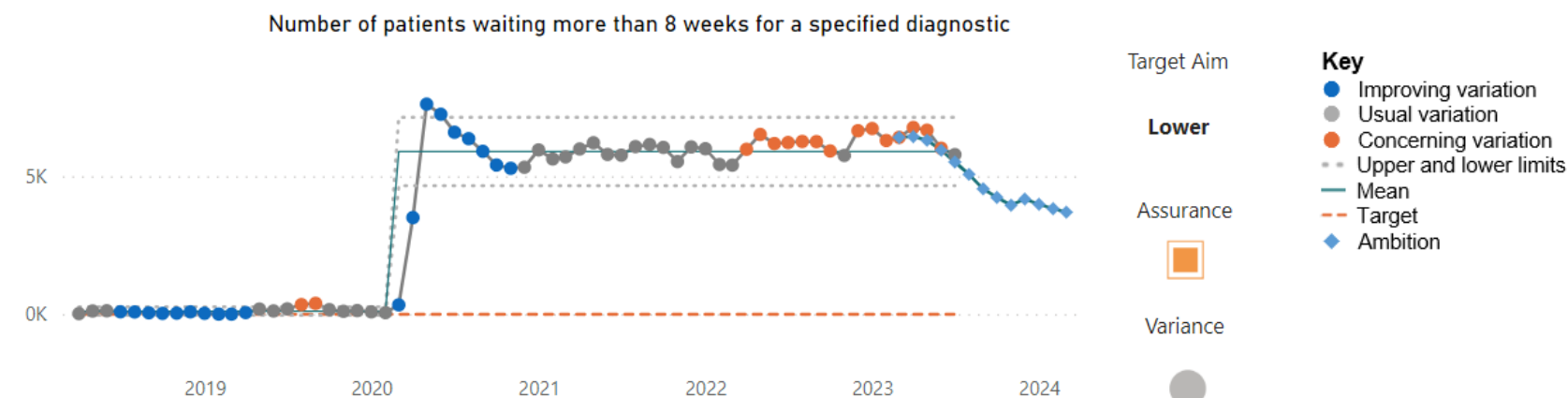
For further details on all therapies, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

(Ministerial priority)

| Diagnostic | Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|--------------|---------------|---------------|-----------|-----------|------------|--|
| All | July 23 | 5,785 | ● | □ | ◆ | Trajectory = 5,517. Performance has continued to improve for the last three months, although the trajectory for July 2023 has been missed. |
| Endoscopy | | 2,139 | ● | □ | ◆ | Trajectory = 1,822. Previous improvement momentum stalled in July |
| Radiology | | 1,680 | ● | □ | ◆ | Trajectory = 2,538. Reduction of 1,241 breaches (42%) since April |
| Cardiology | | 1,558 | ● | □ | ◆ | Trajectory = 977. Continued rise in breaches for four months |
| Neurophys | | 393 | ● | □ | ◆ | Trajectory = 160. Concerning sharp rise in breaches since March |
| Phys measure | | 5 | ● | □ | ◆ | Trajectory = 20. Breaches have continued to reduce since May |
| Imaging | | 10 | ● | □ | n/a | Peaks and troughs in performance observed over the last few months |

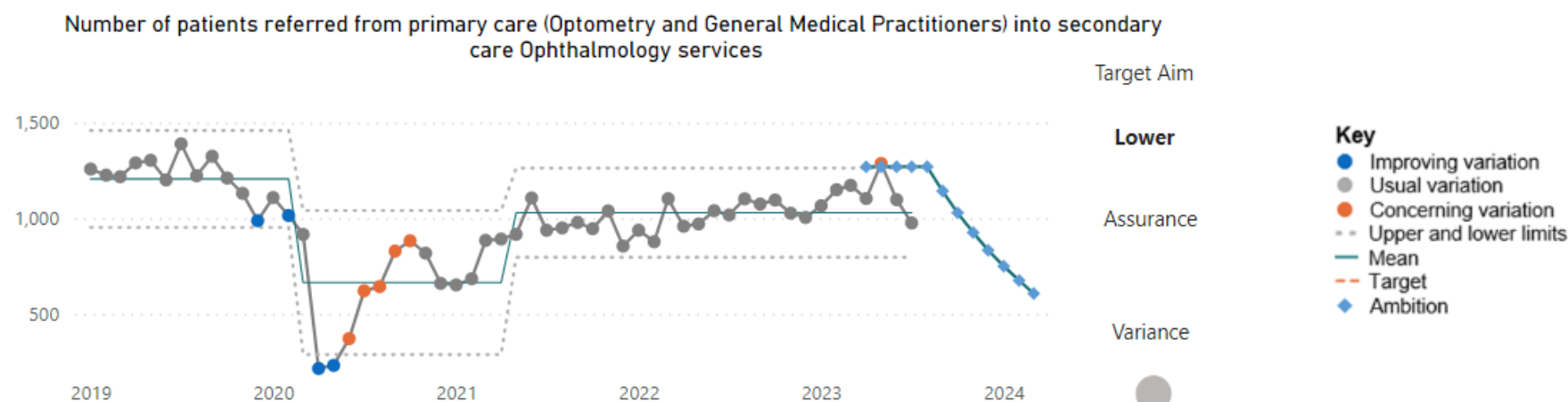


For further details on all therapies, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-----------|-----------|------------|---|
| July 2023 | 976 | ● | n/a | ◆ | <p>HDdUHB achieved the trajectory in July 2023 (1,270), with performance showing a steady improvement from the peak in May 2023.</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:

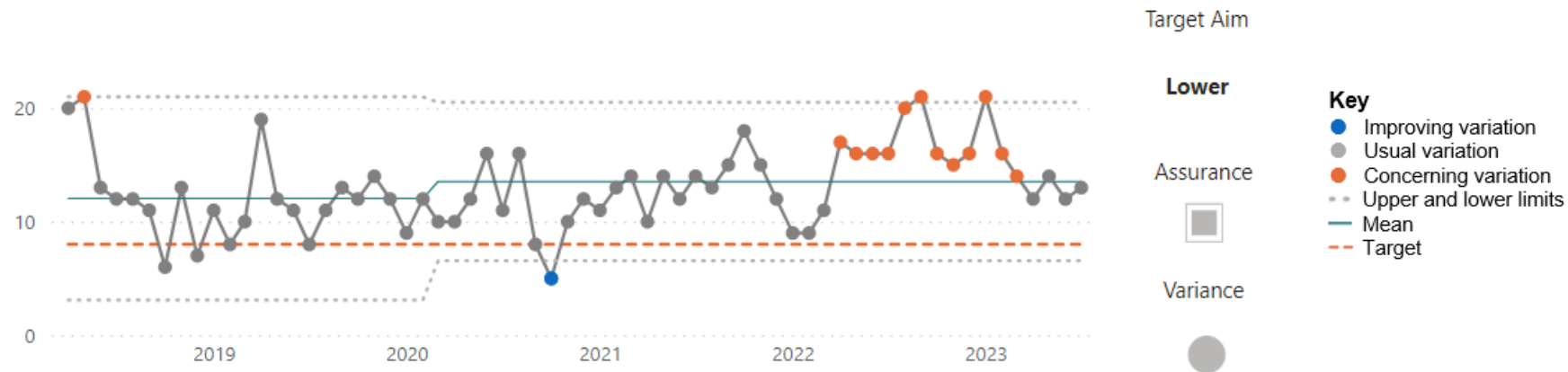
- [Topic] = Primary Care & Community Care
- [Metric Name] = select a metric to view chart and supporting narrative

Healthcare acquired infections: Reduce the number of C.difficile cases

(Enhanced monitoring condition and accountability condition)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-----------|-----------|------------|---|
| July 2023 | 13 | ● | ■ | n/a | <p>Although cases have been above target since November 2020, HDdUHB has seen an improvement since the peak in January 2023 with performance steadily returning to pre 2022/23 levels.</p> <p>The Health Board cumulative rate as of July 2023, is 39 cases per 100,000 population compared to 33 for Wales.</p> <p>In 2022/23, we were consistently ranked sixth across Wales but as of May 2023, we ranked fourth out of six.</p> |

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



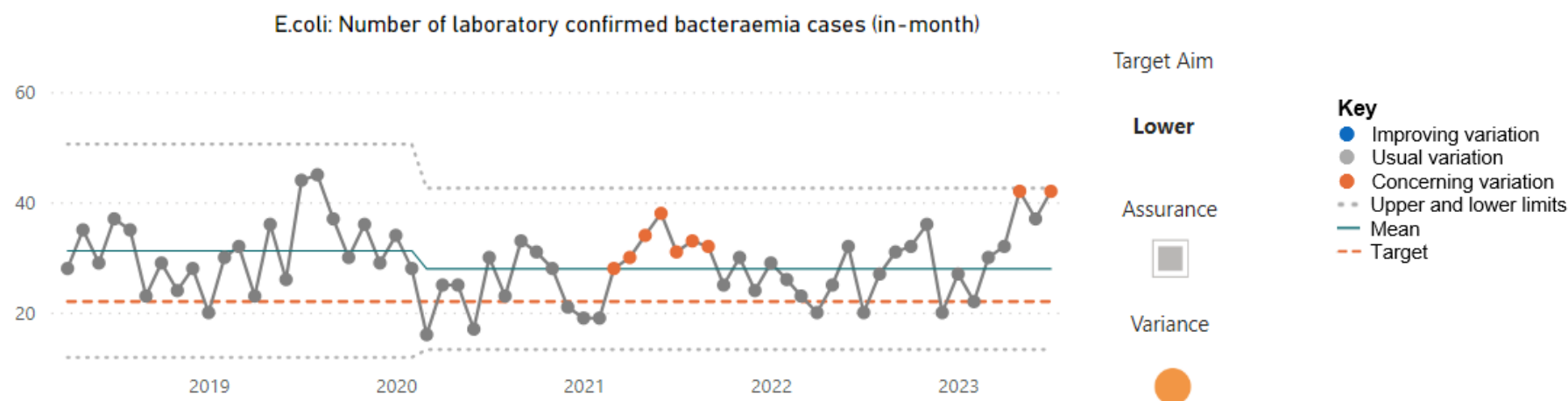
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

(Accountability condition)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|---------------------------------------|---|------------|---|
| July 2023 | 42 | ● | | n/a | <p>In July 2023, HDdUHB has seen an increase in cases, this is the second highest reported in-month figure since August 2019 with 42 cases also reported in May 2023.</p> <p>The Health Board cumulative rate as of July 2023, is 118 cases per 100,000 population compared to 76 for Wales.</p> <p>Increased community focus as >70% of all cases are confirmed as community onset.</p> |



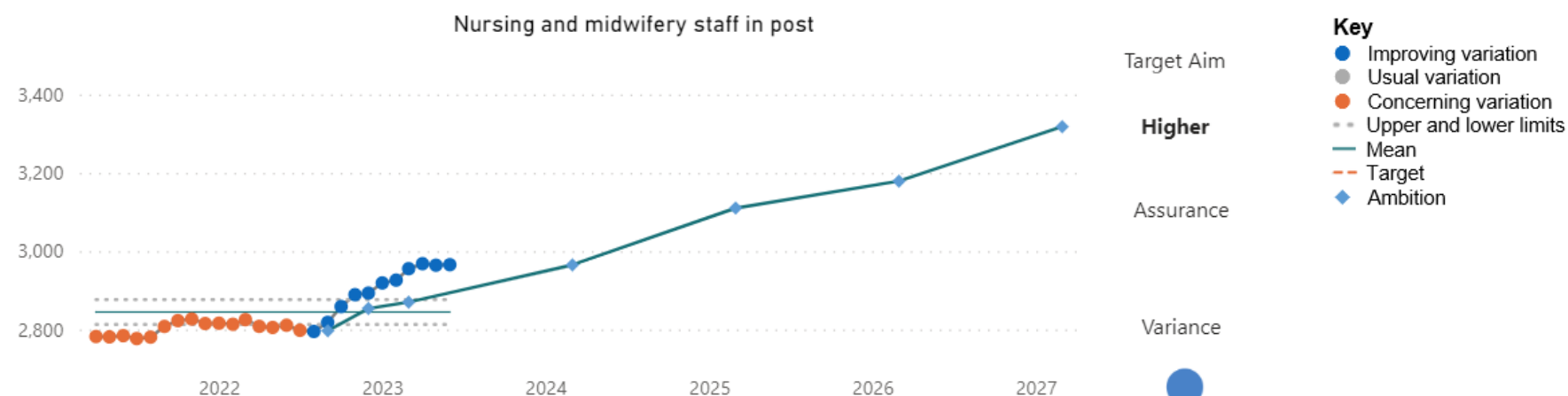
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

Workforce: Increase the number of nurses and midwives HDdUHB has in post

(Local priority)

| Latest period | Latest actual | Variation | Assurance | Trajectory | Notes |
|---------------|---------------|-----------|-----------|------------|--|
| July 2023 | 2,961 | ● | n/a | ◆ | In July 2023, there were 2,961 whole-time equivalent (WTE) nursing or midwifery staff in post. HDdUHB is on trajectory to reach 2,965 nursing or midwifery staff in post by March 2024 in line with the 5 year Nursing Workforce Plan. |



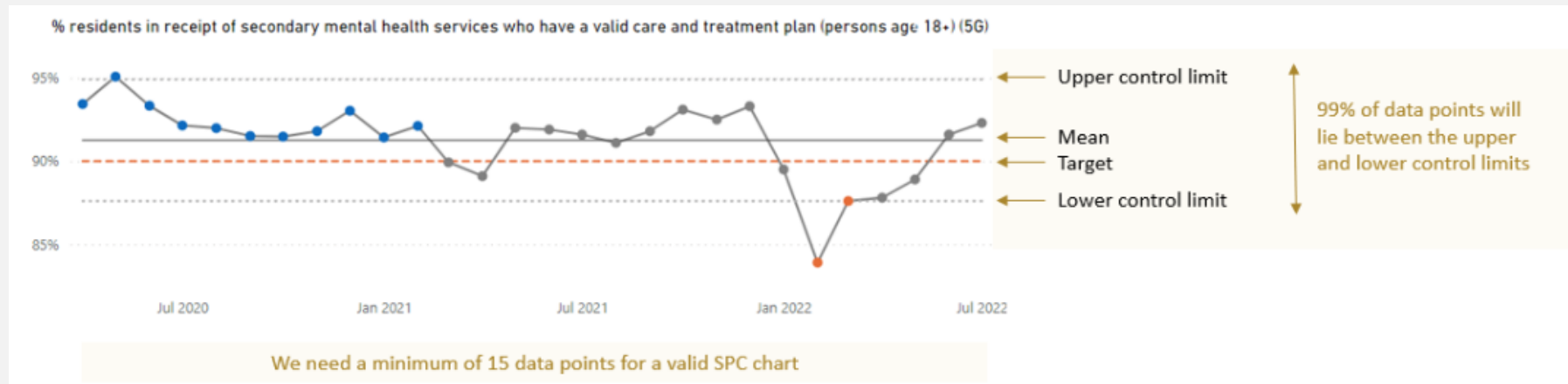
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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 performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable HDdUHB 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 the Health Board to easily compare performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- HDdUHB 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.

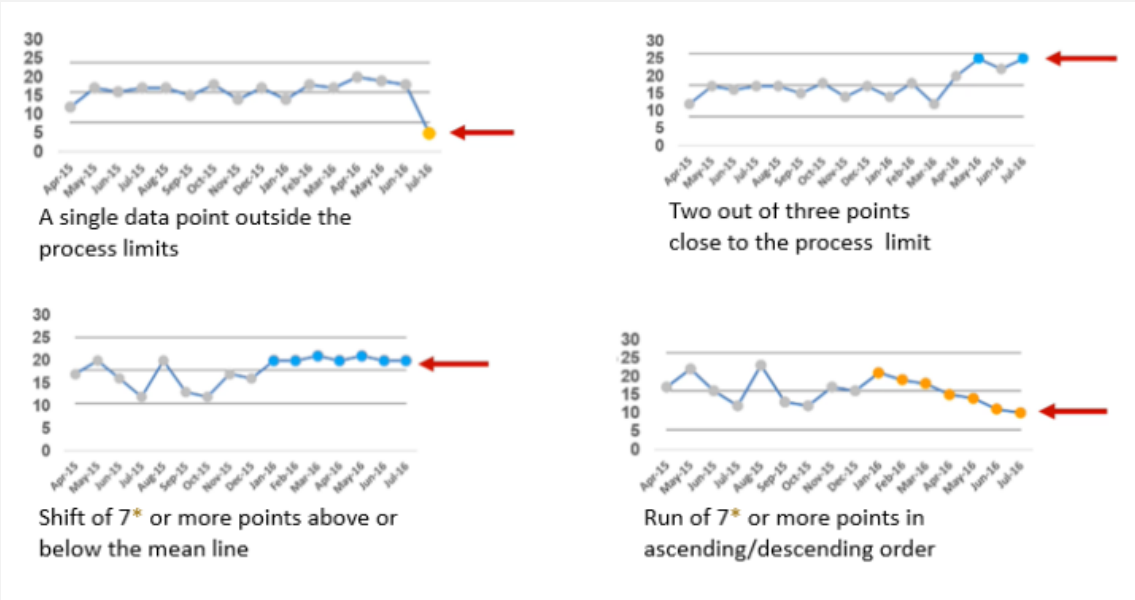
Anatomy of a SPC chart



Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

HDdUHB is using the Making Data Count approach for SPC charts. There are four 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 | | |

Integrated Performance Assurance Report

Measure review July 2023

Introduction

The NHS Performance Framework for 2023/24 (available [here](#)) was published in June 2023.

The list of performance measures included within the Integrated Performance Assurance Report (IPAR) has been reviewed to reflect changes within the framework. This paper documents the resulting decisions.

For further details, please contact the Performance Team: genericaccount.performancemanagement@wales.nhs.uk

Measures to be
stood down
from the IPAR from
July 2023



Measures stood down from the NHS Performance Framework

The measures below have been stood down by Welsh Government in the 2023/24 NHS Performance Framework and will not be included in our IPAR from July 2023 onwards.

Retired NHS Performance Framework measures

Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PUs)

Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation

Percentage of patients waiting less than 26 weeks for referral to treatment

Percentage of survival within 30 days of emergency admission for a hip fracture

Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)

Overall staff engagement score - scale score method (NHS Wales Staff Survey)

Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation

European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)

Opioid average daily quantities per 1,000 patients

Number of patients age 65 years or over prescribed an antipsychotic

Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days

Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)

Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 100,000 population

Percentage of babies who are exclusively breastfed at 10 days old

Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years

Percentage of women resident and eligible for breast screening at a particular point in time will have been screened in the previous three years

Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years

Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age

Crude hospital mortality rate (74 years of age or less)

Retired NHS Performance Framework measures (continued)

Percentage of secondary care antibiotic usage within the WHO Access category

Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above

Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway

Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally

Implementing Help Me Quit in Hospital smoking cessation service and to reduce smoking during pregnancy

Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months:

- Blood pressure reading is 140/80 mmHg or less
- Cholesterol values is less than 5 mmol/l (<5)
- HbA1c equal or less than 58 mmol/mol or less

Percentage uptake of 2022-23 influenza vaccination in all eligible Wales residents

Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e., both UPPC models)

Number of new patients (children aged under 18 years) accessing NHS dental services

Number of new patients (adults aged 18 years and over) accessing NHS dental services

Number of existing patients accessing NHS dental services

Percentage of total conveyances taken to a service other than a Type One Emergency Department

Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites

Percentage of people assigned a D2RA pathway within 48 hours of admission

Percentage of people leaving hospital on a D2RA pathway

Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate keeping assessment by the CRHT service prior to admission

Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission

Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19

Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust

Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust

Other measures we are standing down

The local measures below will no longer be included in our IPAR from July 2023 onwards.

Local measures we are removing from the performance assurance report dashboard

GP registered dementia diagnosis: Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia

Delayed follow-ups: (booked and not booked) who are delayed past their agreed target date

Savings Plan: The Savings Plan is on target (cumulative year to date position)

Variable pay: (Agency, Locum, Bank & Overtime; monthly position)

HICs: Number of procedures postponed either on the day or the day before for specified non-clinical reasons

% Open recruiting to time and target (portfolio)

% Open recruiting to time and target (commercial)

R&D Studies - Hosted: Number of new hosted R&D studies commenced in year

R&D Studies - Sponsored: Number of new sponsored R&D studies commenced in year

Number of people recruited from our 10 most deprived communities

Carbon performance

Number accessing the patient experience system

Total number of Hywel Dda resident deaths

New measures we will
report in the IPAR from
July 2023



New NHS Performance Framework 2023/24 measures

The measures below have been added to the 2023/24 NHS Performance Framework and therefore, we have a duty to monitor and report.

| Topic | Measure |
|---------------------------|--|
| Population health | Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 |
| | Percentage uptake of influenza vaccination amongst adults aged 65 and over |
| | Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life |
| | Percentage of children who are up to date with scheduled vaccinations by age 5 (4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) |
| | Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks |
| | Qualitative report detailing implementation of Help Me Quit in Hospital smoking cessation services |
| | Qualitative report detailing progress to reduce smoking during pregnancy |
| Primary care | Percentage of primary care dental services (GDS) contract value delivered (for course of treatment for new, new urgent and historic patients) |
| | Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS) |
| | Qualitative report providing assurance on GP access improvement |
| Urgent and emergency care | Median emergency response time to amber calls |
| | Percentage of calls ended following WAST telephone assessment (Hear and Teat) |
| | Number of Pathways of Care delayed discharges |
| | Qualitative report detailing progress against the health board's plans to reduce pathways of care delays |
| Diagnostics and therapies | Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their specialist Screening Practitioner Assessment Appointment |
| | Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional |
| | Allied Health Professional accessible and available to clusters by Health Board/Regional Partnership Board footprint |
| Workforce | Qualitative report detailing the progress made in preparation to embed and report against the Workforce Race Equality Standards (WRES) indicators |
| | Turnover rate for nurse and midwifery registered staff leaving NHS Wales |
| Quality and safety | Number of patient experience surveys completed and recorded on CIVICA |
| | Number of National Reportable incidents that remain open 90 days or more |
| | Qualitative report detailing progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway |
| Equality | Qualitative report detailing the progress made against the organisation's prioritised Strategic Equality Plan's equality objectives |
| Decarbonisation | Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan |
| Digital | Percentage of all classifications' coding error corrected by the next monthly reporting submission following identification |

Target changes for 2023/24



Updated targets in the 2023/24 Performance Framework

Welsh Government have updated the targets for the following 9 measures in the 2023/24 Performance Framework:

| Performance framework measure | Previous target | Target for 2023/24 |
|--|--|--|
| Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge | 95% | Improvement compared to the same month in 2022-23, towards the national target of 95% |
| Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge | 0 | Improvement trajectory towards a national target of zero by 31 March 2024 |
| Number of patients waiting more than 8 weeks for a specified diagnostic | 12 month reduction trend towards zero by Spring 2024 | Improvement trajectory towards a national target of zero by 31 March 2024 |
| Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology) | 12 month reduction trend towards zero by Spring 2024 | Improvement trajectory towards a national target of zero by 31 March 2024 |
| Number of patients waiting more than 52 weeks for a new outpatient appointment | Improvement trajectory towards eliminating 52 week waits by 31 December 2022 | Improvement trajectory towards a national target of zero |
| Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021 | Improvement trajectory towards a national target of zero |
| Number of patients waiting more than 104 weeks for referral to treatment | Improvement trajectory towards a national target of zero by 2024 | Improvement trajectory towards a national target of zero |
| Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission) | Reduction against the same month in 2021-22 | Reduction against the same month in 2022-23 |
| Number of ambulance patient handovers over one hour | 0 | Improvement trajectory towards achievement of zero ambulance patient handover delays >1 hour by March 2024 |