GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD	
UNIVERSITY HEALTH BOARD MEETING	

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 July 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Committee – Month 3 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 3, 2023/24 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The Board 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 June 2023. Ahead of the Board meeting, the dashboard will also be made available via our internet site.

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.

A new overview document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 30 June 2023' is also provided (Appendix 1). This document summarises performance against our key improvement measures for 2023/24. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. Additional measures for delayed pathways of care and nurses in post are also included as both measures have a significant impact on our performance in other areas.

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

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

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

Variation How are we doing over time	🟠	Concerning trend = a decline that is unlikely to have happened by chance
	⚪	Usual trend = common cause variation / a change that is within our usual 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

Current status key
Orange = concerning variation, decline in performance or considerably off trajectory
Grey = usual variation, starting to improve or near trajectory
Blue = improving variation, improvement in performance or meeting trajectory

Key areas for improvement

The table below gives a snapshot of our key areas for performance improvement in 2023/24.

Further details for all of the measures below can be found within the supporting document entitled 'Integrated Performance Assurance Report Overview: as at 30 June 2023'.

Topic	Area for Improvement	Current status*	Latest period	Actual	Trajectory
Planned care recovery	Return activity back to 19/20 levels	Grey	June 23	n/a	n/a
	Waits over 52 weeks from referral to treatment	Blue	June 23	12,805	12,949
	Waits over 104 weeks from referral to treatment	Blue	June 23	2,908	2,609
	Waits over 36 weeks for a first outpatient	Blue	June 23	10,391	10,727
	Waits over 52 weeks for first outpatient	Blue	June 23	2,551	2,813
	Delayed follow-up outpatient appointments	Blue	June 23	15,526	15,613
Urgent and emergency care	Ambulance handovers over 1 hour	Orange	June 23	863	1,031
	Ambulance handovers over 4 hours	Grey	June 23	237	n/a
	Patients waiting over 12 hours in A&E/MIU	Orange	June 23	1,266	1,218
	Delayed pathways of care	n/a	June 23	247	n/a
Cancer	Single cancer pathway	Orange	May 23	42%	58%
	Patients waiting over 62 days for cancer treatment	Orange	June 23	431	341
Mental health	Primary and secondary care CAMHS	Grey	May 23	87%	n/a
	Waits under 26 weeks for psychological therapies	Blue	May 23	43.5%	n/a
	Waits under 26 weeks for neurodevelopmental assess	Orange	May 23	21%	n/a
Diagnostics	Diagnostic waits over 8 weeks	Orange	June 23	6,015	5,943
Therapies	Therapy waits over 14 weeks	Orange	June 23	2,383	2,123
Primary care	Primary care referrals into ophthalmology	Grey	June 23	1,098	1,270
Infections	Reduce the number of C.Difficile cases	Grey	June 23	12	n/a
	Reduce the number of E.Coli cases	Grey	June 23	37	n/a
Workforce	Increase number of nurses and midwives in post	Blue	June 23	2,965	n/a

* The current status is against performance trends in line with SPC methodology, rather than the trajectory

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 June 2023](#).

Key initiatives and improvements impacting our performance

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

Quicker diagnosis
- Faecal Immunochemical Testing (FIT) being introduced in primary care. This will also reduce the number of endoscopy referrals.
- Introduced a rapid diagnosis clinic for suspected cancer patients who do not meet the criteria for the site-specific tumour pathways.
- A new digital process for Pathology has been introduced where scanners are located at both Hywel Dda and Swansea Bay sites to instantly transfer images.

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 4,012 waiting list removals in 2023/24 (465 in April, 1,919 in May & 1,628 in June).

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

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

Key Achievements

- **RTT progress against Q1 trajectories:**
  - Waits over 52 weeks for new outpatient appointment: We exceeded our end of June ambition, with 2,551 breaches against our trajectory of 2,813. In all areas the trajectory was exceeded with only three specialties having breaches that will need to be tracked into Q2. This was achieved despite losing circa 100 appointments due to strikes in June.
  - Waits over 104 weeks for new outpatient appointment: Only 40 breaches recorded in June 2023, all in Vascular, a reduction from a high point of 3,996 breaches in March 2022.
  - Waits over 104 weeks for treatment: Despite progress being made, we missed our end of June ambition, with 2,908 breaches against our trajectory of 2,609. However, in most specialties, the trajectory was exceeded including Urology, Colorectal, ENT, Pain Management and Dermatology.

- **Cancer:** 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:**
  - Endoscopy: Successful recruitment to Clinical Endoscopist trainee programme – post completion of 12-15 months training, this post will offer 5-6 endoscopy lists per week in efforts to create sustainable capacity for endoscopy.
  - 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.
  - Radiology: Mobile MRI unit sited at PPH for 9 weeks has currently reduced the longest waits from 41 weeks to 16 weeks.

- **Therapies:**
  - Physiotherapy: The Canolfan Rheidol Centre has now opened and is supporting normal delivery of service in Aberystwyth. This includes MSK outpatient services and community frailty clinics.
  - Dietetics: Progress of demand /capacity work being supported by the therapies support project team alongside the weight management service lead.
  - Audiology: Accessed Charitable Funds to purchase an additional soundproof booth for Withybush Audiology.

- **Mental Health**: Percentage of MH assessments undertaken within 28 days (0 - 17 years): 86.6% of children and young people received an assessment within the 28-day timeframe, this is a remarkable recovery from the 4.7% in April 2022.

- **HCAI**: Hywel Dda was the only health board to achieve the 20% reduction in C.diff cases in month. There has been a great improvement in the number of cases since February 2023.

We recognise the good work being done across the Health Board. Due to the introduction of the Improving Together approach, we now have a process of sending key achievements more promptly to the Board's attention.

⚠️ **Key issues impacting our performance**

Business continuity incidents
- Due to extreme system pressures, there was one business continuity incident (BCI) declared in June 2023 at Glangwili Hospital.

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 'over recruiting' against our traditional baseline but within our funding envelope, based on historical run rate of absences and vacancies. We are successfully recruiting from overseas but lead in times are considerable.

Patient acuity
- In June 2023, patient acuity reduced and was the second lowest reported level since October 2020, this is despite the delays in patients coming forward for care and increased waiting times.

Patient flow
- The number of patients with complex discharge requirements are resulting in discharge delays while arrangements are put in place to meet the patient's needs. Most delays are attributable to timely access to various pathway assessments, domiciliary care provision, availability of reablement packages and care home placements. As of 21 June, 247 of our inpatients were ready to leave, 181 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 morning of 11th July, we had 50 unplaced patients (awaiting admission) in our EDs and had spaces for 54 major/resus patients. Any unplaced patients can wait in minor bays, on ambulances, in chairs, in corridors and in the waiting room.
- PPH experienced challenges due to infection control issues which restricted flow on site. To minimise disruption when infection control issues impact patient flow due to bed closures we supplement capacity through surge beds.

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

Other key things to flag

- **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 27,676
  Data for all RTT metrics has been updated to incorporate these revisions.

- **Ophthalmology**: In May 2023, 64% 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.

- Lost **ambulance handover** hours: 3,030. Performance has been above the mean since November 2021 and is showing concerning variation. Both Bronglais and Glangwili Hospital have seen an increase in lost ambulance handover hours in June 2023.

- Percentage of **MH assessments undertaken within 28 days (aged 18+)**: 66.5% in May, this is the lowest performance reported since March 2020.

- **Incidents** in June 2023:
  A higher number of incidents were closed where harm initially reported with a grade of moderate or above. A random review of the incidents for all areas highlights that there were no acts or inactions in care and therefore the grading of the incident should be lower.

Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported)	335
Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified)	95

- **Hip fractures**: Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 41% (target 50%) for June 2023. Performance has improved from a low point of 15% in January 2023. Common cause variation is showing. Withybush Hospital shows as 0%, however performance should improve in the forthcoming months as a new Specialist Registrar will be starting on the Ward on 10th July 2023.

- **Finance** in June 2023**:**
    - In month deficit: £12.8m against a target of £9.4m
    - Year to date deficit: £36.5m against a target of £28.2m
    - Agency spend as a percentage total of pay bill: 5.1% (target 4.79%), improvement in month with a 2.4% reduction from May 2023.

The table below summarises for each of the 2022/23 **NHS Performance Framework qualitative measures**, Welsh Government's RAG ratings of our submissions along with a summary of their feedback notes.

Qualitative update	RAG 31.08.22	RAG 31.03.23	Feedback notes from Welsh Government
NHS Wales weight management pathway update	Amber	Green	The Health Board has shown real progress in its pathway development, and with key individuals in post, this progress is heading in the right direction.
Implement Help Me Quit (HMQ) in Hospital smoking cessation services	Amber	Amber	The health board has made solid progress and demonstrated a good understanding of the actions required to deliver the HMQ in hospital model. We are pleased to see that leadership, systems and structures are in place to progress this work.
Reduce smoking during pregnancy	Amber	Amber	The health board has demonstrated clear evidence of understanding the agenda and we look forward to seeing progress in the next return.
Progress to develop a whole school approach to CAMHS in reach services	Green	Green	Overall service development and delivery appears to be progressing well, although would like to understand any internal monitoring methods for service evaluation.
Dementia learning and development framework update	Amber	Amber	Planning & delivering integrated learning & development (L&D) for dementia, particularly with social care - The Regional Dementia Steering Group via West Wales Partnership Board has commissioned work to produce a regional L&D Dementia framework for health and social care providers founded on rights and evidence based care for people living with Dementia and their carers.
Progress against the priority areas to improve the lives of people with learning disabilities	Red	Amber	The organisation has clearly identified some of the key issues to be addressed, as well as some of the barriers to fully achieving the outcomes and objectives of the programme. Plans for tackling these challenges have been identified and are being developed, but due to the significant restructuring activity, they have yet to be fully implemented.
NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan	Amber	Amber	Governance and delivery mechanisms have been maintained. Activity is reported across many but not all actions within the plan, further evidence of progress would have provided greater delivery assurance. A good awareness of risks, however, further clarity on mitigations would provide greater delivery confidence.

Qualitative update	RAG 31.08.22	RAG 31.03.23	Feedback notes from Welsh Government
Evidence of NHS Wales embedding Value Based Health Care (VBHC)	Green	Green	VBHC is being strategically embedded into the Health Board's planning as a whole system approach, including a strategic document to make the direction clear and this whole system approach is already making a difference. For example, the Health Board is tackling pain management caused by chronic conditions together rather in silo with its Pain Management Programme.
Evidence of NHS Wales advancing its understanding of Foundational Economy in Health and Social Services 2021-22 Programme update	Green	Green	The Health Board are cognisant that it is a large anchor institution for West Wales and has the ability to affect positive change on the economy for its communities including its wider determinants of health.

Argymhelliad / Recommendation

The Board is asked to **TAKE ASSURANCE** from the IPAR – Month 3 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)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. 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	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2023/2024 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care

Parties / Committees consulted prior to University Health Board:	Strategic Development & Operational Delivery Committee People, Organisational Development & 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:	N/A
Cydraddoldeb: Equality:	N/A

Integrated Performance Assurance Report (IPAR) Overview

As at 30th June 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 June 2023.

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

Topic	Area for Improvement	Current status*	Latest period	Actual	Trajectory
Planned care recovery	Return activity back to 19/20 levels	Grey	June 23	n/a	n/a
	Waits over 52 weeks from referral to treatment	Blue	June 23	12,805	12,949
	Waits over 104 weeks from referral to treatment	Blue	June 23	2,908	2,609
	Waits over 36 weeks for a first outpatient	Blue	June 23	10,391	10,727
	Waits over 52 weeks for first outpatient	Blue	June 23	2,551	2,813
	Delayed follow-up outpatient appointments	Blue	June 23	15,526	15,613
Urgent and emergency care	Ambulance handovers over 1 hour	Orange	June 23	863	1,031
	Ambulance handovers over 4 hours	Grey	June 23	237	n/a
	Patients waiting over 12 hours in A&E/MIU	Orange	June 23	1,266	1,218
	Delayed pathways of care	n/a	June 23	247	n/a
Cancer	Single cancer pathway	Orange	May 23	42%	58%
	Patients waiting over 62 days for cancer treatment	Orange	May 23	525	356
Mental health	Primary and secondary care CAMHS	Grey	May 23	87%	n/a
	Waits under 26 weeks for psychological therapies	Blue	May 23	43.5%	n/a
	Waits under 26 weeks for neurodevelopmental assess	Orange	May 23	21%	n/a
Diagnostics	Diagnostic waits over 8 weeks	Orange	June 23	6,015	5,943
Therapies	Therapy waits over 14 weeks	Orange	June 23	2,383	2,123
Primary care	Primary care referrals into ophthalmology	Grey	June 23	1,098	1,270
Infections	Reduce the number of C.Difficile cases	Grey	June 23	12	n/a
	Reduce the number of E.Coli cases	Grey	June 23	37	n/a
Workforce	Increase number of nurses and midwives in post	Blue	June 23	2,965	n/a

* The current status is against performance trends in line with SPC methodology, rather than the

- **Orange**
  Concerning variation, decline in performance or considerably off trajectory

- **Grey**
  Usual variation, starting to improve or near trajectory

- **Blue**
  Improving variation, improvement in performance or meeting trajectory

Statistical process control (SPC) charts
- Why use SPC charts?
- Anatomy of a SPC chart
- Rules for special variation within SPC charts
- Understanding SPC icons

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

| Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	June 23	n/a	n/a	In June 2023, for selected surgical specialties, when compared to June 2022, we completed; • 40% more **new outpatient** appointments • 49% more i**npatient** procedures • 66% more **day case** procedures.

Monthly outpatient activity (all specialties):
Apr 19 to Jun 23
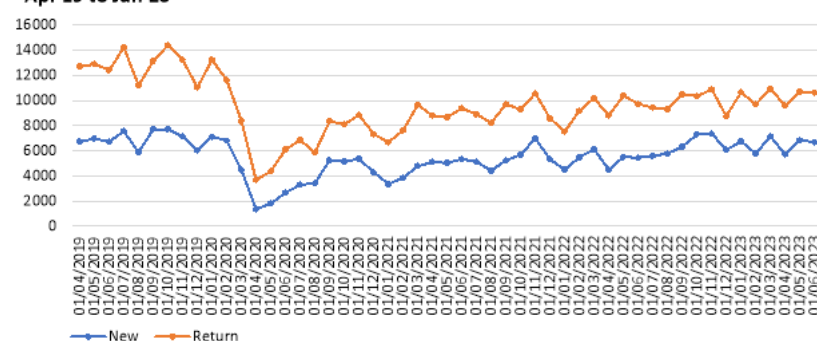
Monthly day case & inpatient activity (all specialties):
Apr 19 to Jun 23
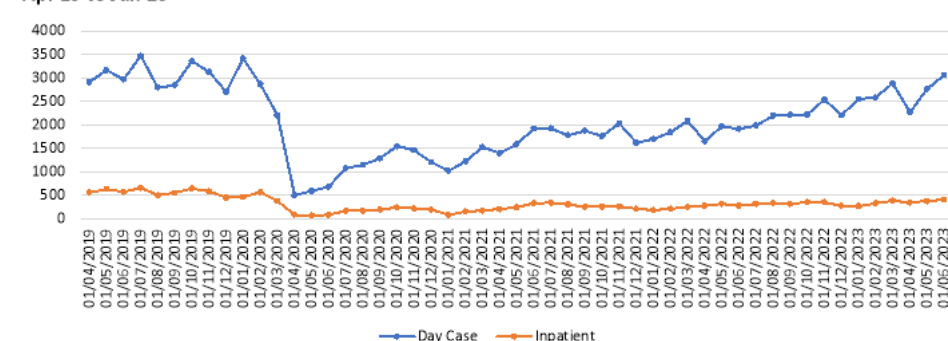
Outpatient activity: Jun 22 compared to Jun 23

Selected surgical Specialties	New				Return			
	2019/20 avg.	Jun 22	Jun 23	% change*	2019/20 avg.	Jun 22	Jun 23	% change*
Breast	337	311	281	-10%	468	428	464	+8%
Colorectal	195	238	600	+152%	169	237	172	-27%
ENT	564	417	717	+72%	652	475	667	+40%
Gastroenterology	302	303	367	+21%	496	568	667	+17%
General Surgery	362	83	165	+99%	399	84	79	-6%
Gynaecology	712	673	805	+20%	822	569	826	+45%
Ophthalmology	673	321	721	+125%	1664	820	1276	+56%
Trauma & Orthopaedics	615	445	433	-3%	1478	893	921	+3%
Urology	262	334	273	-18%	1143	1013	931	-8%
Selected surgical specialties total	4022	3125	4362	+40%	7291	5087	6003	+18%
All specialties grand total	6745	5458	6695	+23%	12369	9720	10624	+9%

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

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

Selected surgical Specialties	Inpatients				Day cases			
	2019/20 avg.	Jun 22	Jun 23	% change*	2019/20 avg.	Jun 22	Jun 23	% change*
Breast	37	44	55	+25%	10	3	9	+200%
Colorectal	14	25	29	+16%	24	22	47	+114%
ENT	46	18	46	+156%	51	36	38	+6%
Gastroenterology	5	2	4	+100%	573	332	596	+80%
General Surgery	75	28	37	+32%	512	221	266	+20%
Gynaecology	43	31	54	+74%	133	77	115	+49%
Ophthalmology	2	1	3	+200%	327	140	224	+60%
Trauma & Orthopaedics	198	68	85	+25%	217	145	265	+83%
Urology	107	50	86	+72%	434	322	600	+86%
Selected surgical specialties total	528	267	399	+49%	2280	1298	2160	+66%
All specialties grand total	547	278	409	+47%	2985	1913	3057	+60%

*% change refers to latest month compared to same month the previous year. 2019/20 monthly average figures included for reference
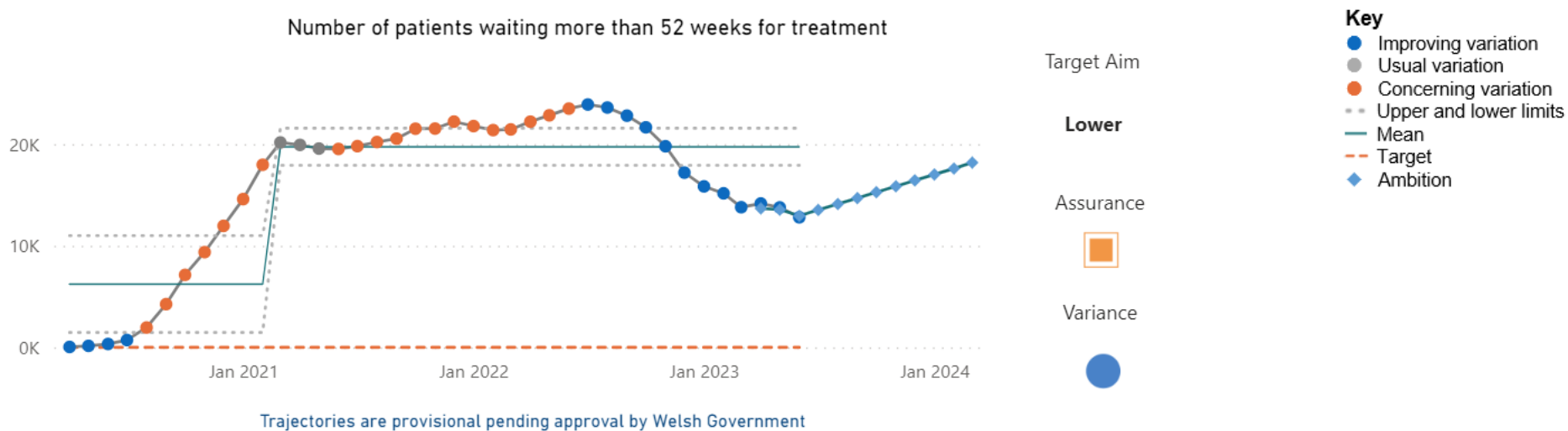
Planned care recovery: Deliver zero 52 weeks waits from referral to treatment by March 2025

(Enhanced monitoring condition, accountability condition and Ministerial priority)

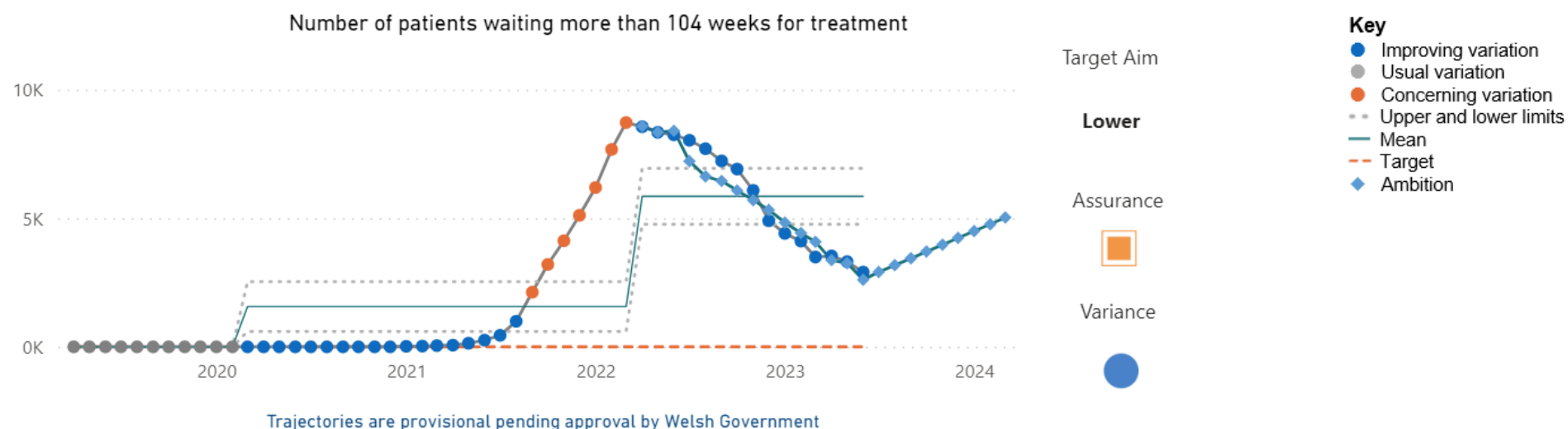| Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	June 23	12,805	12,949	The June 2023 position is the lowest number of breaches since December 2020 and there were 976 breaches less than May 2023. Trajectories for the remainder of 2023/24 are subject to change pending confirmation of additional Welsh Government funding.

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

4

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

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	June 23	2,908	2,609	The June 2023 position is the lowest number of breaches since September 2021 and there were 405 less breaches than May 2023. Trajectories for the remainder of 2023/24 are subject to change pending confirmation of additional Welsh Government funding.

Number of patients waiting more than 104 weeks for treatment

Trajectories are provisional pending approval by Welsh Government

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

Target Aim

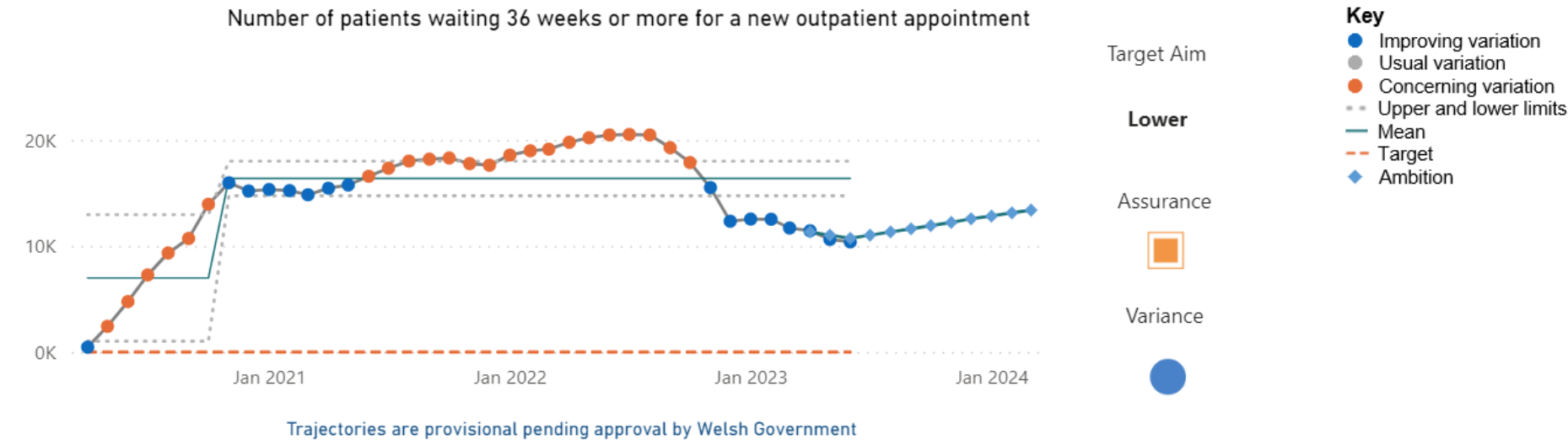**Lower**

Assurance

Variance

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

5

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

(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	June 23	10,391	10,727	The June 2023 position is the lowest number of breaches since August 2020 and there were 237 less breaches than May 2023. Trajectories for the remainder of 2023/24 are subject to change pending confirmation of additional Welsh Government funding.

Number of patients waiting 36 weeks or more for a new outpatient appointment

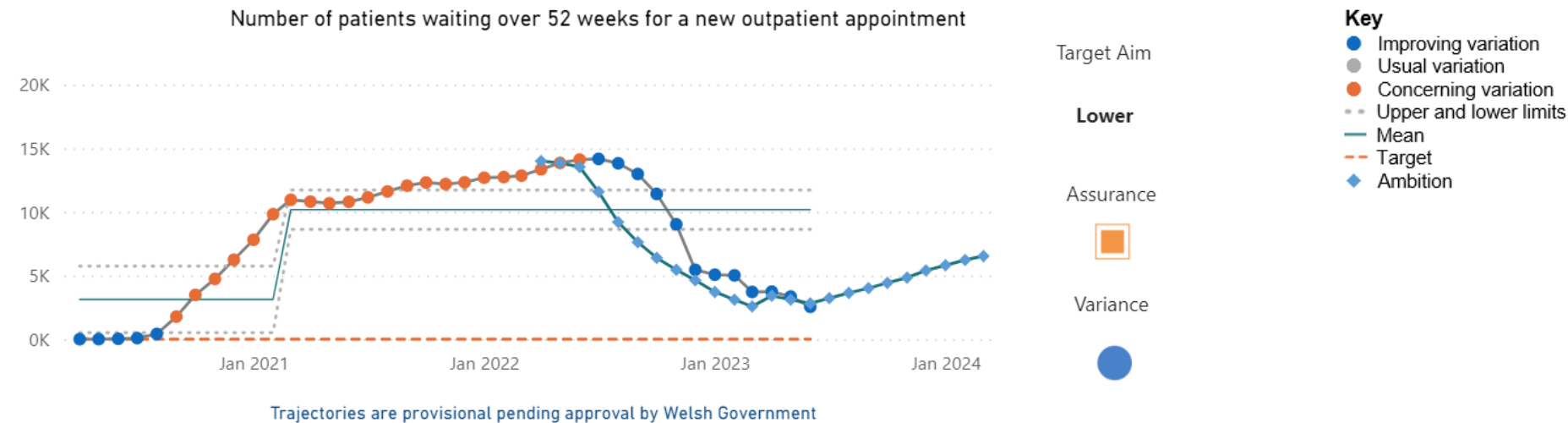Trajectories are provisional pending approval by Welsh Government

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

6

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

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	June 23	2,551	2,813	The June 2023 position is the lowest number of breaches since September 2020 and there were 800 less breaches than May 2023. Trajectories for the remainder of 2023/24 are subject to change pending confirmation of additional Welsh Government funding.

Number of patients waiting over 52 weeks for a new outpatient appointment

Trajectories are provisional pending approval by Welsh Government

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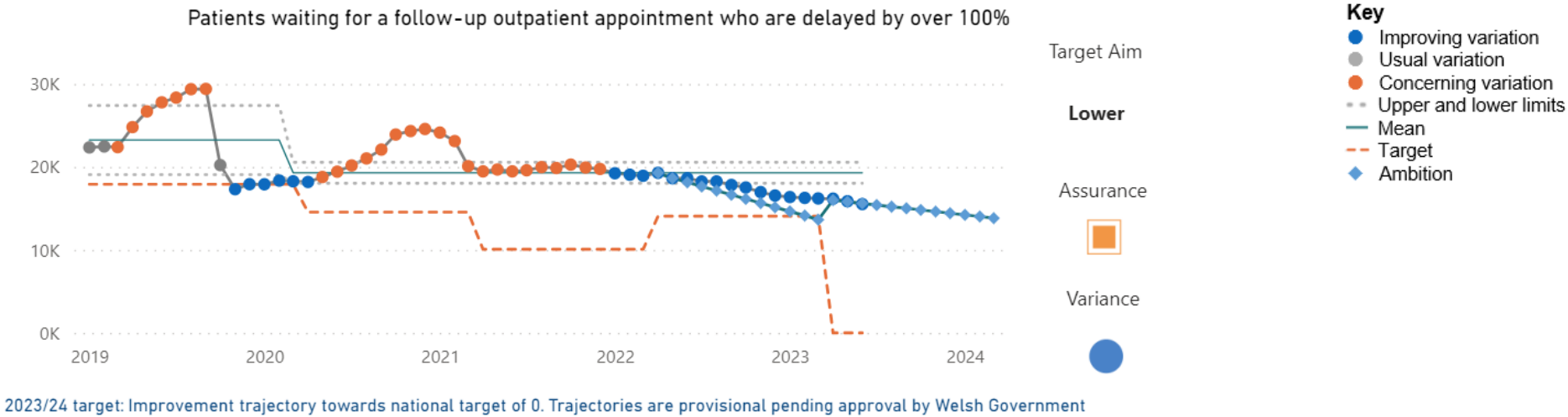- Ambition

Target Aim

Lower

Assurance

Variance

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

7

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

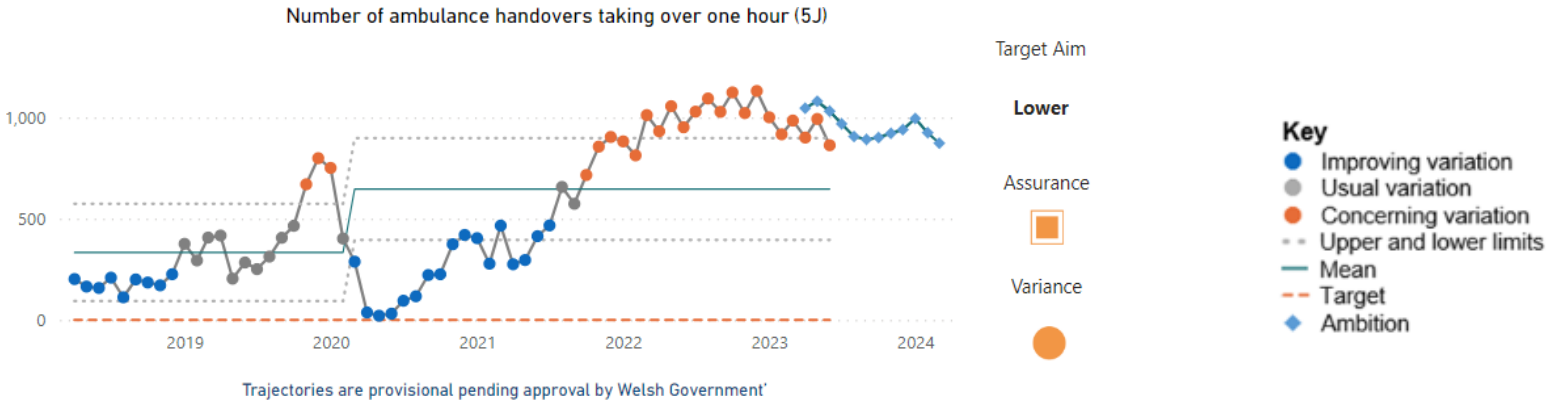| Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	June 23	15,526	15,613	Breaches are now consistently lower than any other time over the last 4 years and there were 341 less breaches than May 2023. Trajectories for the remainder of 2023/24 are subject to change pending confirmation of additional Welsh Government funding.

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

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

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

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	June 2023	863	1,031	Overall performance improved in June with a reduction in handovers taking more than 1 hour. This also corresponds with a reduction in the total numbers of handovers decreasing by 87 when compared to May 2023. All sites achieved their trajectories except Bronglais. • Bronglais Hospital: 165 (trajectory: 120) • Glangwili Hospital: 514 (trajectory: 530) • Prince Philip Hospital: 84 (trajectory: 131) • Withybush Hospital: 100 (trajectory: 250) In June 2023, we achieved and exceeded our 2023/24 year end ambition (873 by March 2024) to reduce the number of handovers taking more than one hour. Our aim now is to sustain and improve our performance further.

Number of ambulance handovers taking over one hour (5J)

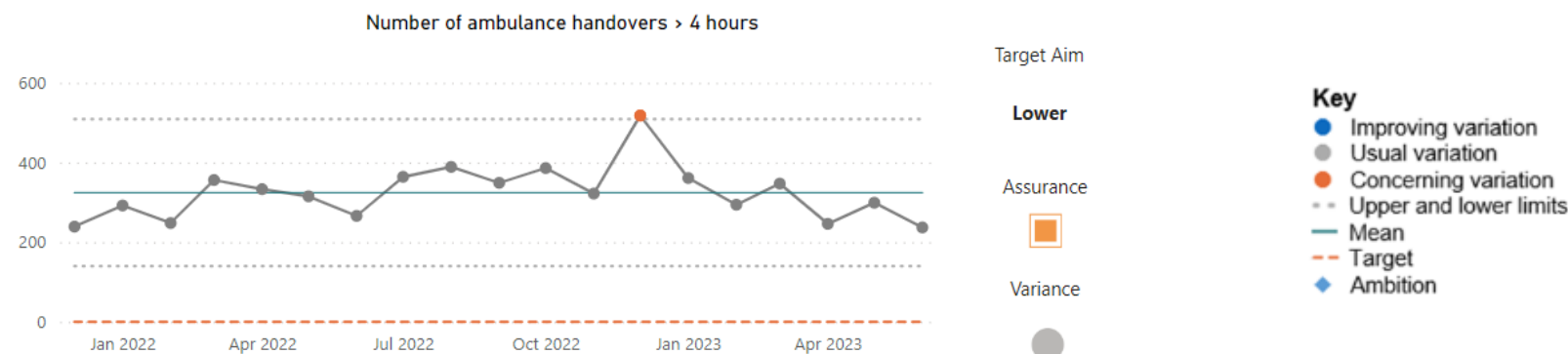Trajectories are provisional pending approval by Welsh Government'

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

9

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

(Enhanced monitoring condition, accountability condition and Ministerial priority)

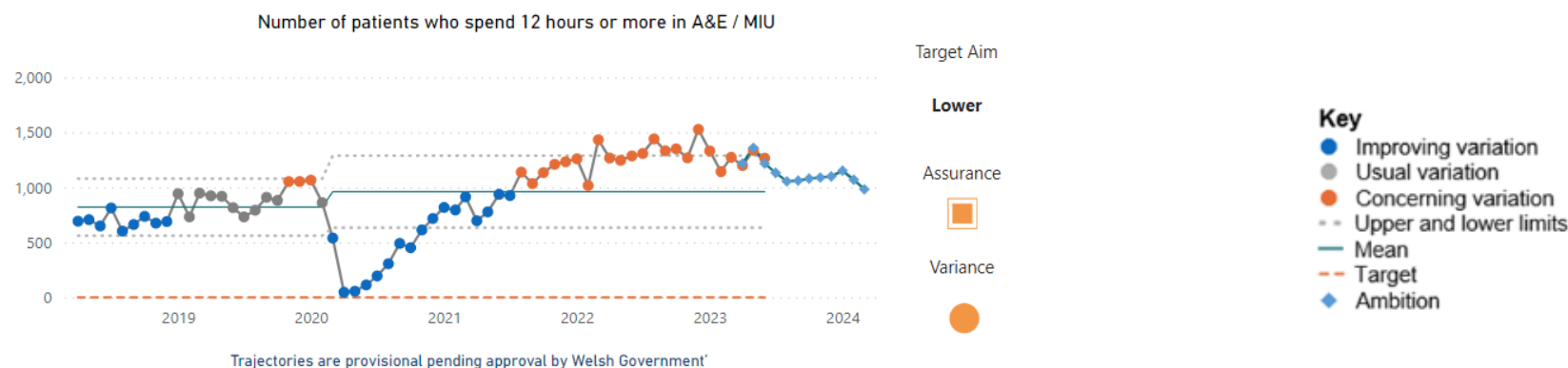| Current status	Latest period	Actual	Trajectory	Notes
Grey, Usual variation, starting to improve or near trajectory	June 2023	237	n/a	Performance in June 2023 improved due to an decrease of 62 handovers taking more than 4 hours compared to the previous month. This also corresponds with a reduction in the total numbers of handovers decreasing by 87 when compared to May 2023, with all sites except BH showing a decline. Bronglais Hospital: 22 handovers (previously 10) Glangwili Hospital: 188 handovers (previously 202) Prince Philip Hospital: 20 handovers (previously 60) Withybush Hospital: 7 handovers (previously 27) All sites were set a challenge to reduce 4 hr handovers by 25% in Qtr 1. Withybush hospital has consistently achieved the target, with Prince Philip achieving on 2 occasions and Bronglais on 1 occasion. Glangwili have not achieved the challenge due to the consistent pressures seen in the ED.

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

10

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

(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	June 2023	1,266	1,218	The trajectory was narrowly missed in June by 48 handovers. The longest wait in June was 391 hours at GH. All acute sites are showing concerning variation, WH is the only site to achieve their individual trajectories. Bronglais Hospital: 202 (trajectory: 190) Glangwili Hospital: 516 (trajectory: 463) Prince Philip Hospital: 86 (trajectory: 85) Withybush Hospital: 462 (trajectory: 480) 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.

Number of patients who spend 12 hours or more in A&E / MIU

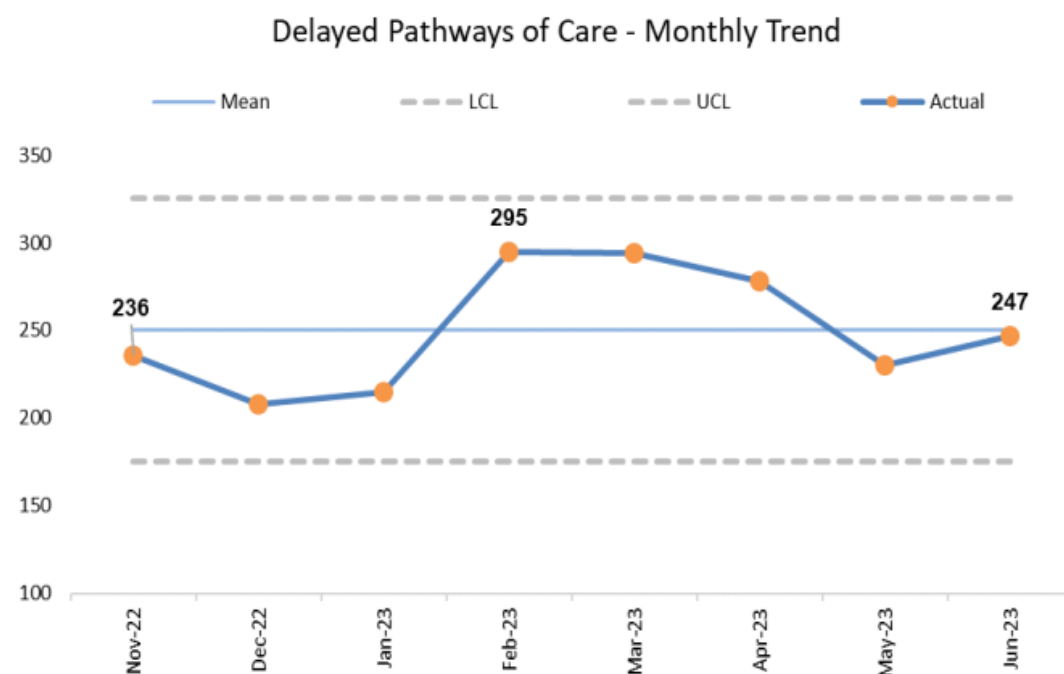Trajectories are provisional pending approval by Welsh Government'

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

11

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

| Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	As at 21st June 2023	247	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.

Delayed Pathways of Care - Monthly Trend

Legend: Mean — LCL --- UCL --- Actual

Data points: Nov-22: 236, Dec-22, Jan-23, Feb-23: 295, Mar-23, Apr-23, May-23, Jun-23: 247

Reason	Aberystwyth MH Unit	Amman Valley Hospital	Bronglais Hospital	Glangwili Hospital	H'west Mental Health Unit	Llandovery Hospital	Prince Philip Hospital	South Pembs Hospital	St Davids Hospital	Tregaron Hospital	Withybush Hospital	TOTAL
Awaiting completion of assessment by social care	0	4	0	11	0	1	14	8	0	4	4	46
Awaiting Social worker allocation	0	2	1	9	0	2	5	9	0	0	16	44
Awaiting start of new home care package	0	0	1	6	0	3	13	0	0	3	2	28
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	0	0	2	6	1	0	3	4	0	2	9	27
Awaiting RH availability	0	3	2	9	0	0	12	0	0	0	1	27
Mental Capacity / Court of Protection delays	0	0	0	3	0	2	2	0	0	0	1	8
Awaiting reablement care package	0	1	0	4	0	0	2	0	0	0	0	7
Awaiting integrated health /social care community provision	0	0	0	1	0	0	5	0	0	0	0	6
Awaiting funding decision	1	1	2	0	1	0	1	0	0	0	0	6
Awaiting completion of arrangements prior to placement	0	1	1	1	2	0	0	0	1	0	0	6
Awaiting EMI residential availability	0	1	0	2	0	0	1	0	0	1	1	6
Awaiting NH availability	0	0	1	1	0	0	1	0	0	0	2	5
Awaiting joint assessment	0	0	2	2	0	0	0	0	0	0	0	4
Awaiting transfer to intermediate care bedded facility	0	0	0	2	0	0	1	0	0	0	0	3
Awaiting funding decision FNC/CHC	2	0	0	0	0	0	0	0	0	1	0	3
Patient / family refusing to move to next stage of care/ discharge	0	0	0	2	0	0	1	0	0	0	0	3
Awaiting Continuing Healthcare (CHC) Assessment	0	0	0	2	0	0	0	0	0	0	0	2
Safeguarding issues impacting discharge arrangements	0	0	1	0	0	0	1	0	0	0	0	2
Awaiting Residential care home manager to visit and assess (Standard 3 residential)	0	0	1	1	0	0	0	0	0	0	0	2
No suitable abode	0	1	0	0	0	1	0	0	0	0	0	2
Awaiting EMI nursing availability	0	0	1	1	0	0	0	0	0	0	0	2
Awaiting community based health provision D/N, CPN	0	0	0	0	0	0	0	1	0	0	0	1
Awaiting restart of previous home care package	0	0	1	0	0	0	0	0	0	0	0	1
Disputes between agencies	0	1	0	0	0	0	0	0	0	0	0	1
Awaiting nursing/residential home self-funding	0	0	1	0	0	0	0	0	0	0	0	1
Awaiting palliative care home	0	0	0	1	0	0	0	0	0	0	0	1
Homeless	0	0	0	0	0	0	1	0	0	0	0	1
Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	0	0	0	0	1	0	0	0	0	0	0	1
Awaiting Learning Disability bed	0	0	0	0	0	0	1	0	0	0	0	1
Total	**3**	**15**	**17**	**64**	**5**	**9**	**64**	**22**	**1**	**11**	**36**	**247**

12

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

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	May 23	42%	58%	As of 31st May 23: 2891: Total number on the SCP 265: Number awaiting Diagnostics (Radiology & Endoscopy) 78: Number awaiting Tertiary Treatment 22: Number awaiting surgery Total referrals in May: 1,817 Variation and lower than predicted performance in the last three months has been driven by high numbers of patients treated beyond target in a number of specialties, particularly in Urology, LGI and Lung cancers. The remainder of patients on the pathway are waiting for an out-patient appointment (OPA) or have an OPA date booked, results and appointments/interventions. Oncology and surgical cancer treatments have exceeded pre-pandemic levels.

% patients starting first definitive cancer treatment within 62 days from point of suspicion
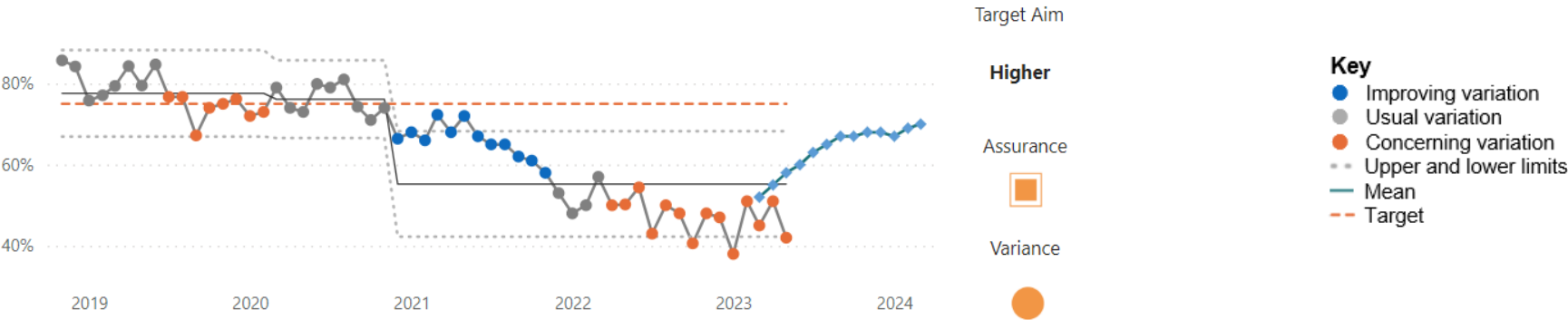
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our latest IPAR dashboard and navigate to:

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

Cancer: Reduce the number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion by March 2024
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	June 23	431	341	In June, the overall backlog of 431 included: • 355 patients waiting for an appointment/treatment within the health board (trajectory 256) • 76 patients waiting for an appointment/treatment with tertiary providers (trajectory 85) In May, 138 patients were waiting 104+ days for cancer treatment. Note: Not all backlog patients will become SCP breaches.

Predicted & actual backlog - Internal and tertiary split

14
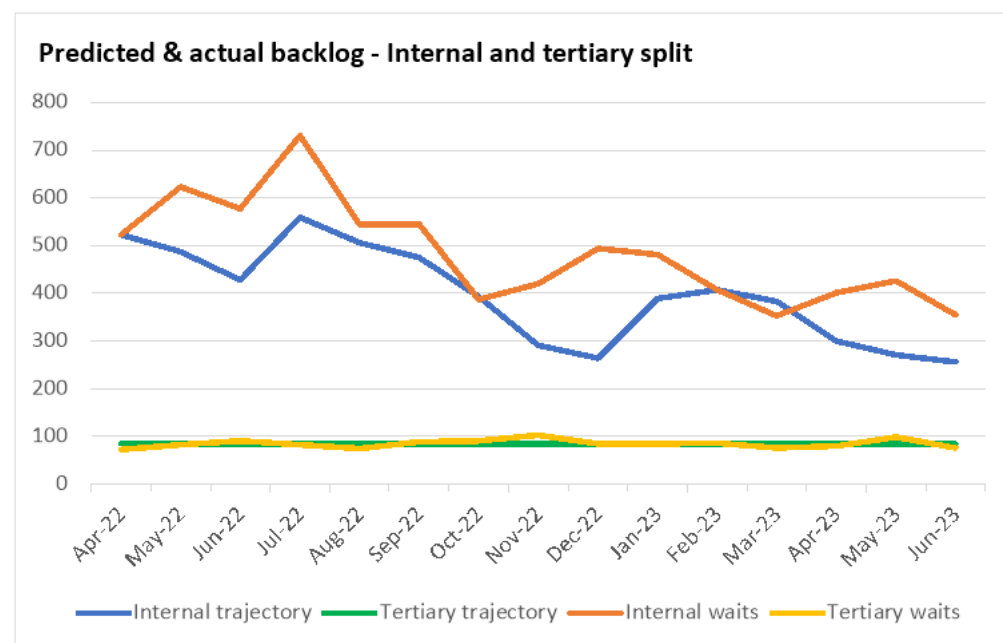
Mental health: Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories

(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	May 2023	87%	n/a	In May 2023, 47 out of 54 (87%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 86.6% 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 target this month.

Key
- 🔵 Improving variation
- ⚪ Usual variation
- 🔴 Concerning variation
- ⠂⠂ Upper and lower limits
- — Mean
- - - Target
- 🔷 Ambition

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

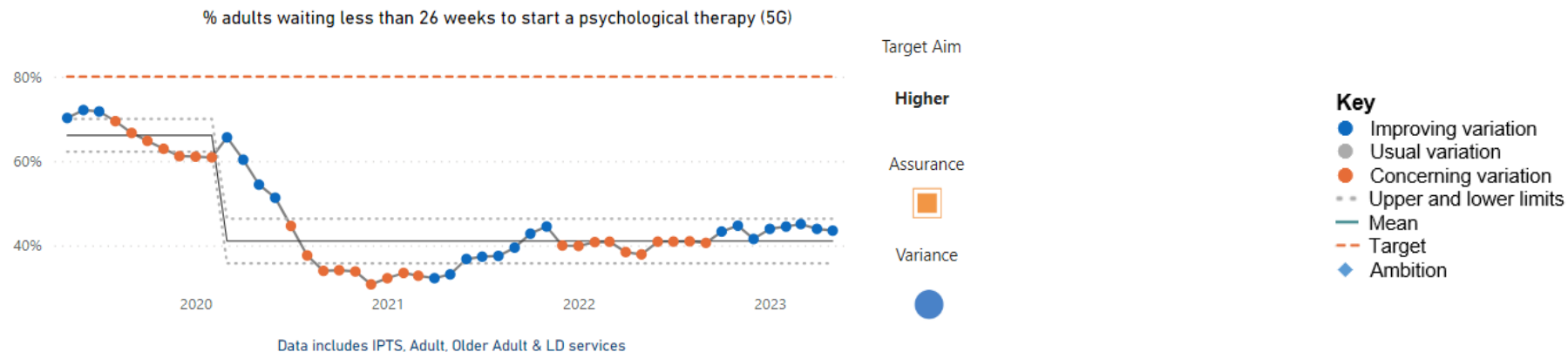% mental health assessments undertaken within 28 days (persons age 0-17) (5G)
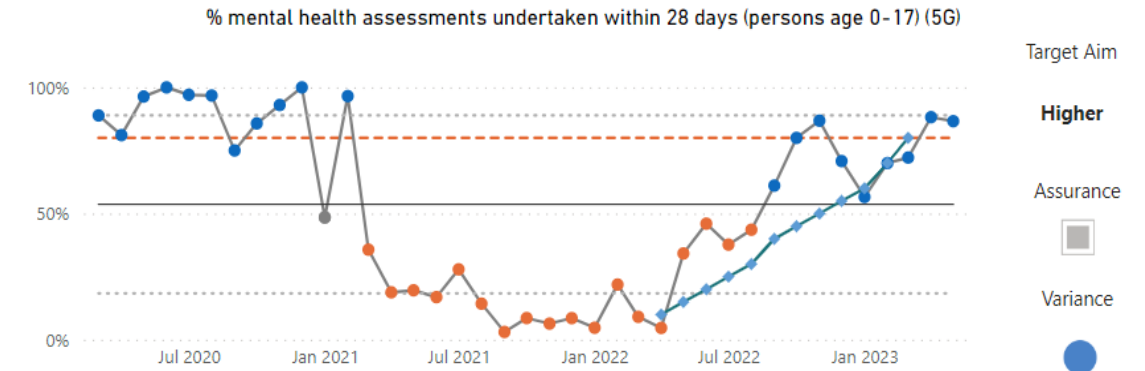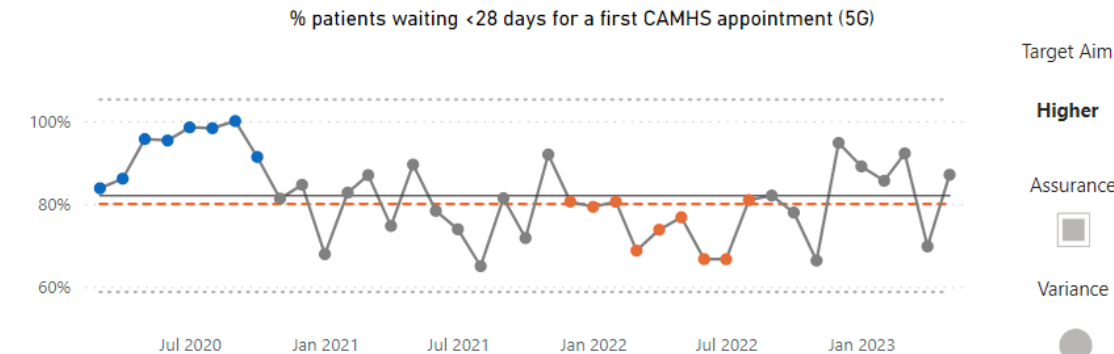
For further details on these measures, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our latest IPAR dashboard and navigate to:

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

15

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

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	May 2023	43.5%	n/a	In May 2023, 537 out of 1,234 (43.5%) adults waited less than 26 weeks to start a psychological therapy. The overall position is driven by: • Integrated Psychological Therapy (IPTS) – 44.2%, showing improving cause variation • Adult Psychology – 31.9%, showing special cause concerning variation • Learning Disabilities Psychology – 42.2%, showing improving cause variation

% adults waiting less than 26 weeks to start a psychological therapy (5G)

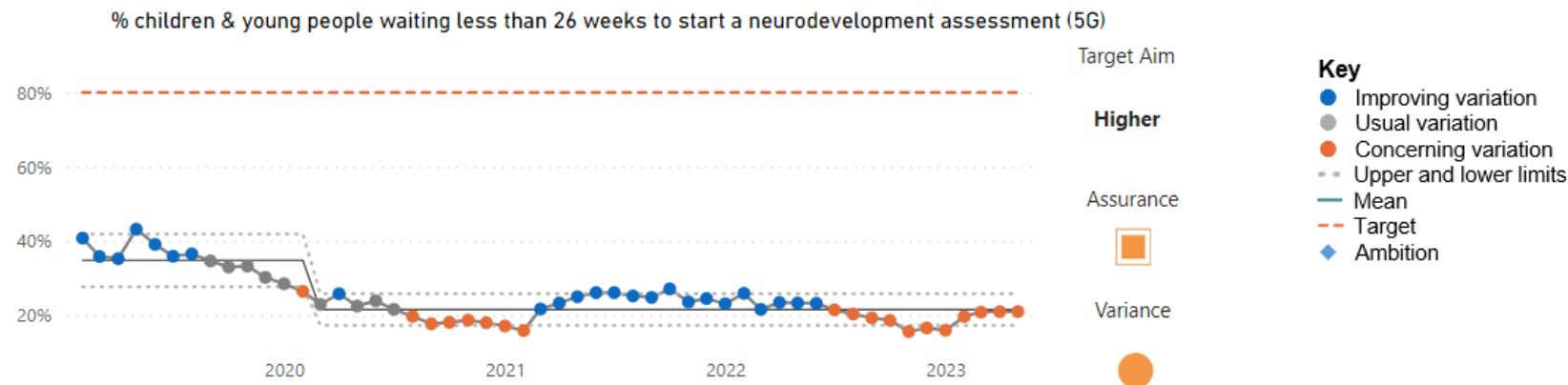Data includes IPTS, Adult, Older Adult & LD services

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

16

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

(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	May 2023	21%	n/a	In May 2023, 482 out of 2,608 (18.5%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 168 out of 488 (34.4%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment.

% children & young people waiting less than 26 weeks to start a neurodevelopment assessment (5G)
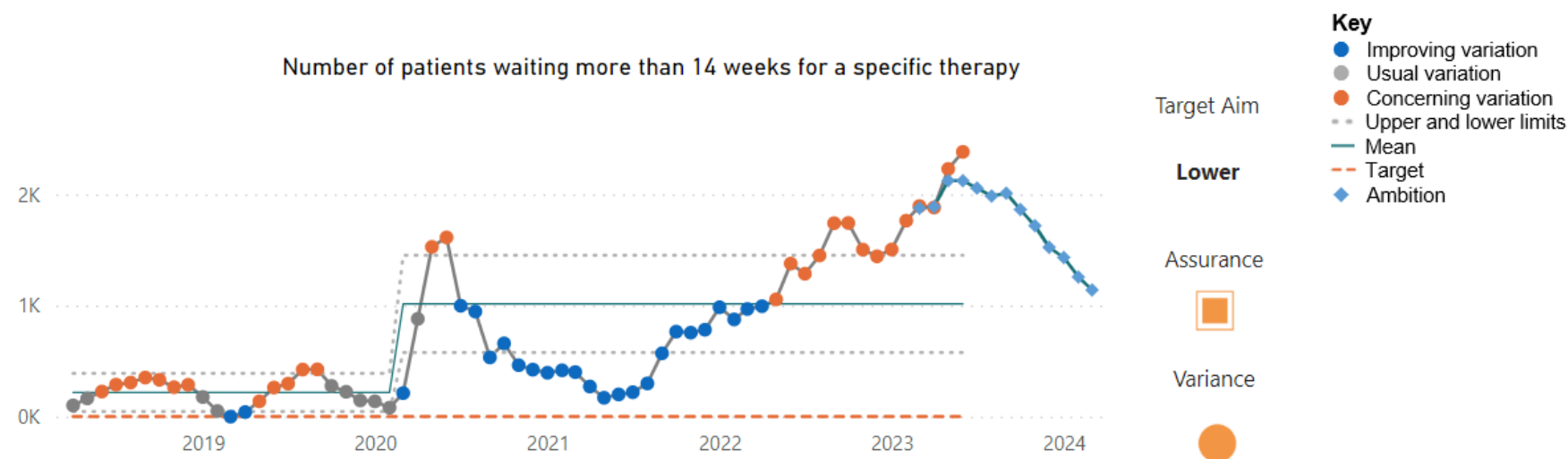
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our latest IPAR dashboard and navigate to:

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

17

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

(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	June 23	2,383	2,123	Performance in June was a deterioration from May's figure of 2,229 breaches. Breaches were seen in; • Physiotherapy: 947 (trajectory: 1,050) – concerning variation but with 137 less breaches than May • Audiology: 434 (trajectory: 63) – concerning variation, rise of 357 breaches since April & most breaches since August 2020 • Occupational Therapy : 393 (trajectory: 432) – improving variation with lowest number of breaches since January 2022 • Dietetics: 353 (trajectory: 345) – concerning variation, continued monthly rise in breaches since January 2023 • Podiatry: 206 (trajectory: 174) – usual variation, however, continued rise in breaches for 3 months • Art therapy: 40 (trajectory: 59) – only April 2023 has seen more breaches (41) • Speech & language: 10 (trajectory: 0) • There were also 0 breaches in June for CMATs.

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

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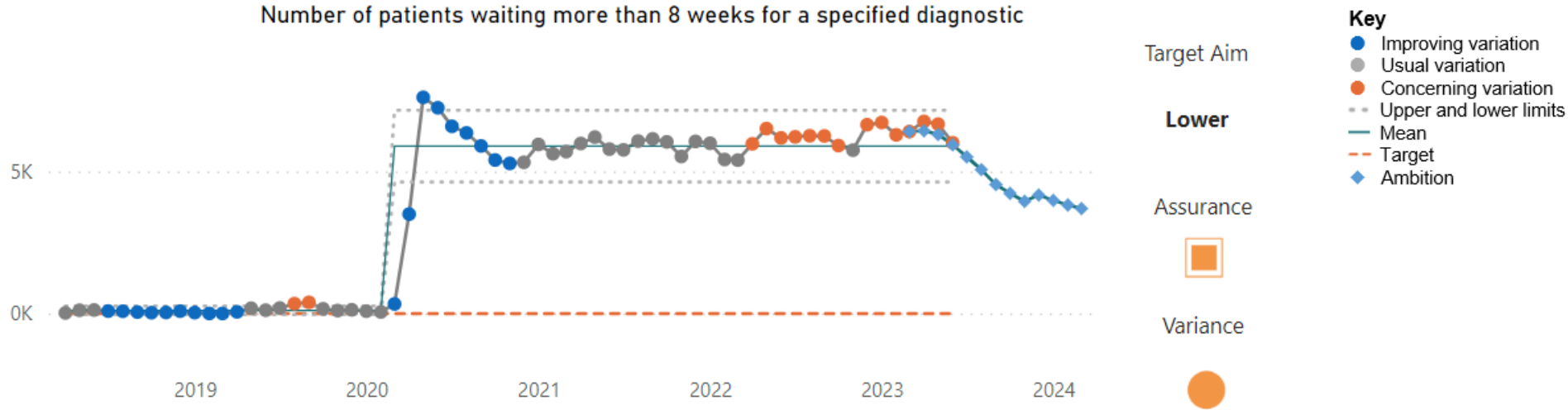
Target Aim

Lower

Assurance

Variance

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

18

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

(Ministerial priority)

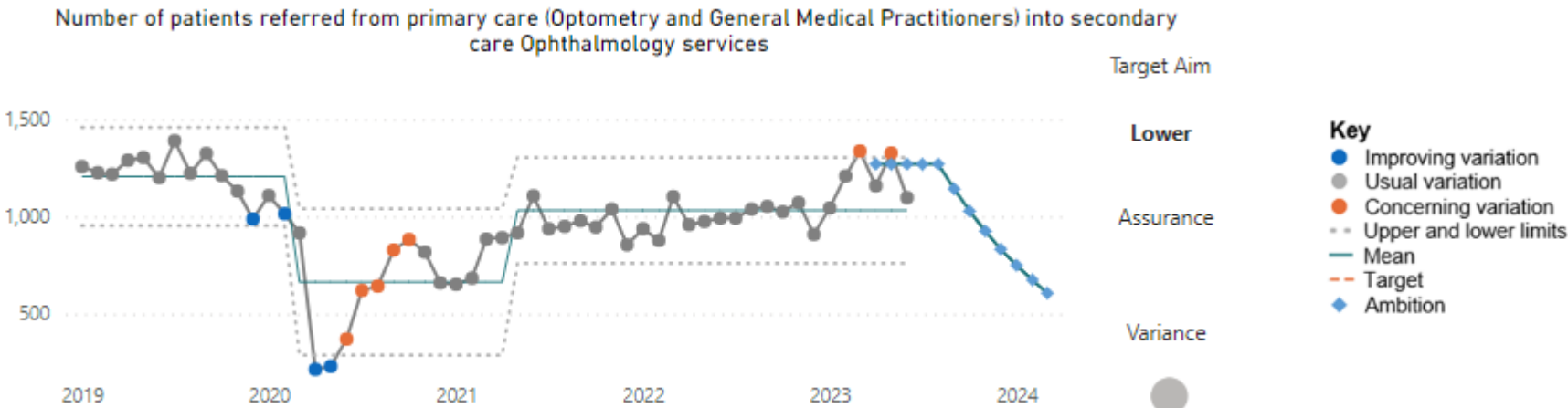| Current status	Latest period	Actual	Trajectory	Notes
Orange Concerning variation, decline in performance or considerably off trajectory	June 23	6,015	5,943	Performance in June was an improvement from May's figure of 6,671 breaches. Breaches were seen in; • Endoscopy: 2,135 (trajectory: 1,942) – concerning variation, however, lowest number of breaches since November 2022 • Radiology: 2,030 (trajectory: 2,688) – improving variation with 673 less breaches than May • Cardiology: 1,543 (trajectory: 1,123) – concerning variation with a continued rise in breaches for 3 months • Neurophysiology: 291 (trajectory: 160) – improving variation, however, breaches have doubled in 3 months • Physiological Measurement: 13 (trajectory: 30) – usual variation, however, breaches have halved since May • Imaging: 3 – usual variation with lowest breaches since November 2022

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

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

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

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	June 2023	1,098	1,270	We achieved the trajectory in June 2023, with performance showing an improvement from the peak in March 2023. Please note this is a new measure that has been included in the IPAR as of May. 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.

Number of patients referred from primary care (Optometry and General Medical Practitioners) into secondary care Ophthalmology services
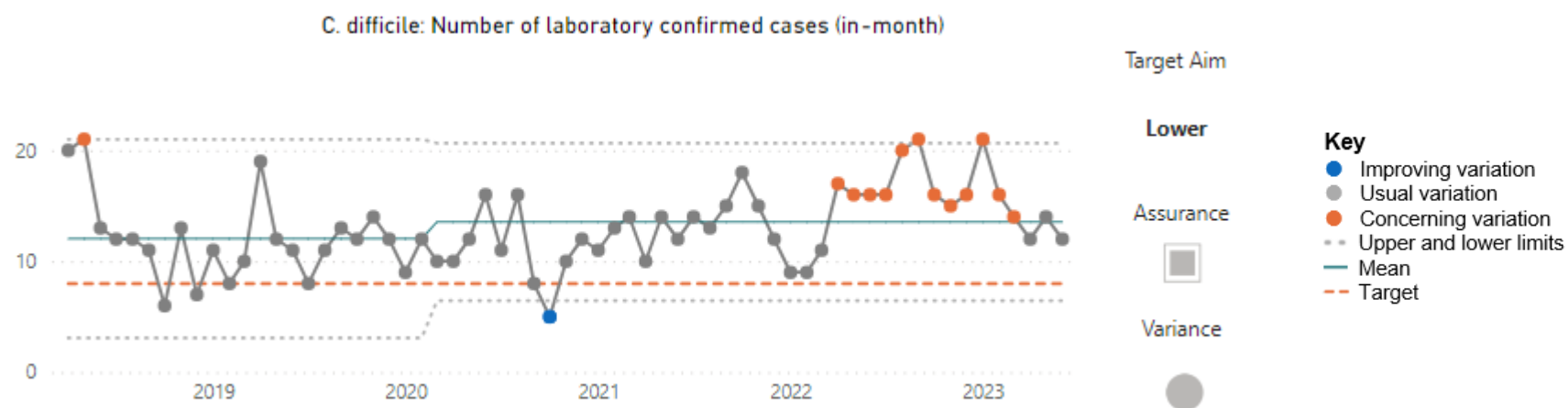
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our latest IPAR dashboard and navigate to:

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

20

20/25

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

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	June 2023	12	n/a	Although cases have been above target since November 2020, we have seen an improvement since the peak in January 2023 with performance steadily returning to pre 2022/23. However, we continue to remain higher than other HB's within Wales.

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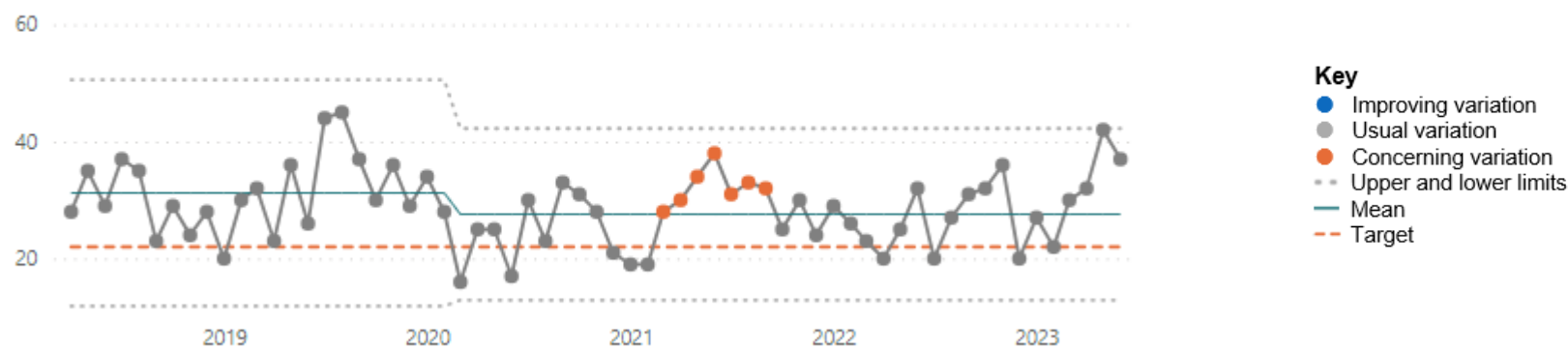
- [Topic] = 'Quality'
- [Metric Name] = select a metric to view chart and supporting narrative

21

Healthcare acquired infections: Reduce the number of E.Coli cases
(Accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	June 2023	37	n/a	In month cases have reduced compared to last month, however is the second highest reported since July 2021. Increased community focus as >70% of all cases are confirmed as non in-patient.

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

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
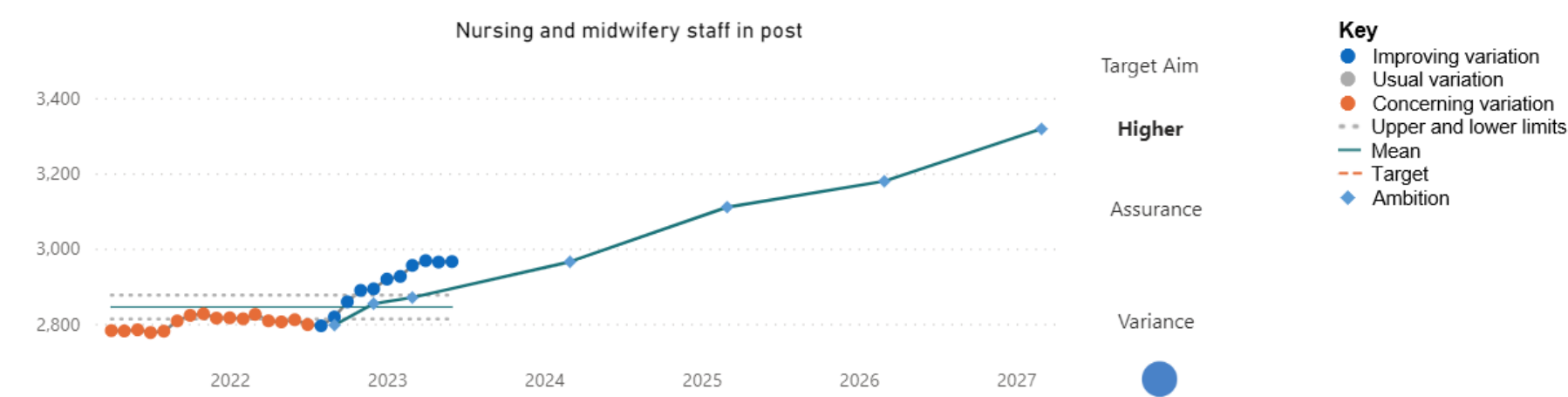- ‥‥ Upper and lower limits
- — Mean
- -- Target

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

22

Workforce: Increase the number of nurses and midwives we have in post

(Local priority)

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

Nursing and midwifery staff in post

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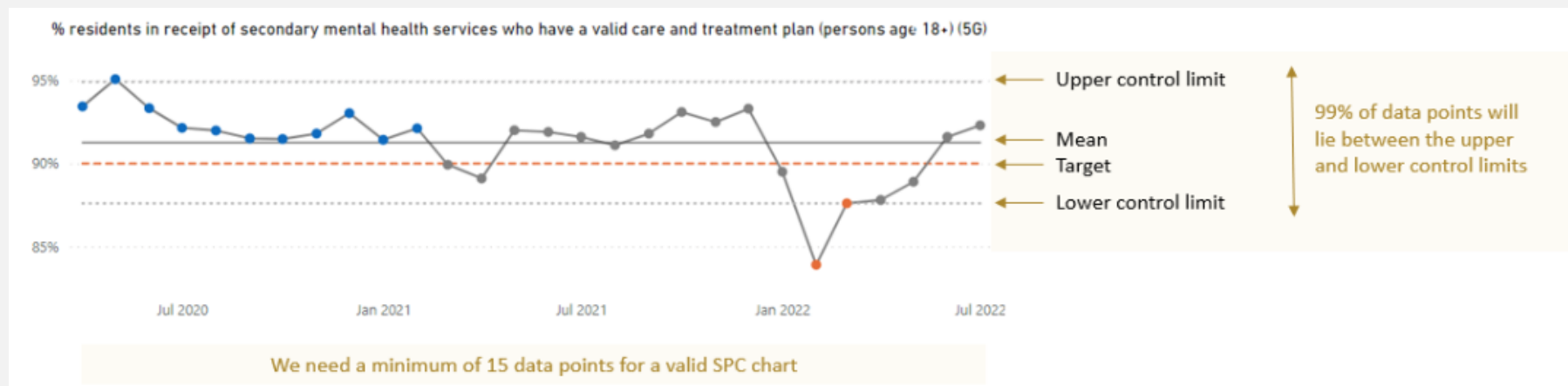- Mean
- Target
- Ambition

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

23

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.
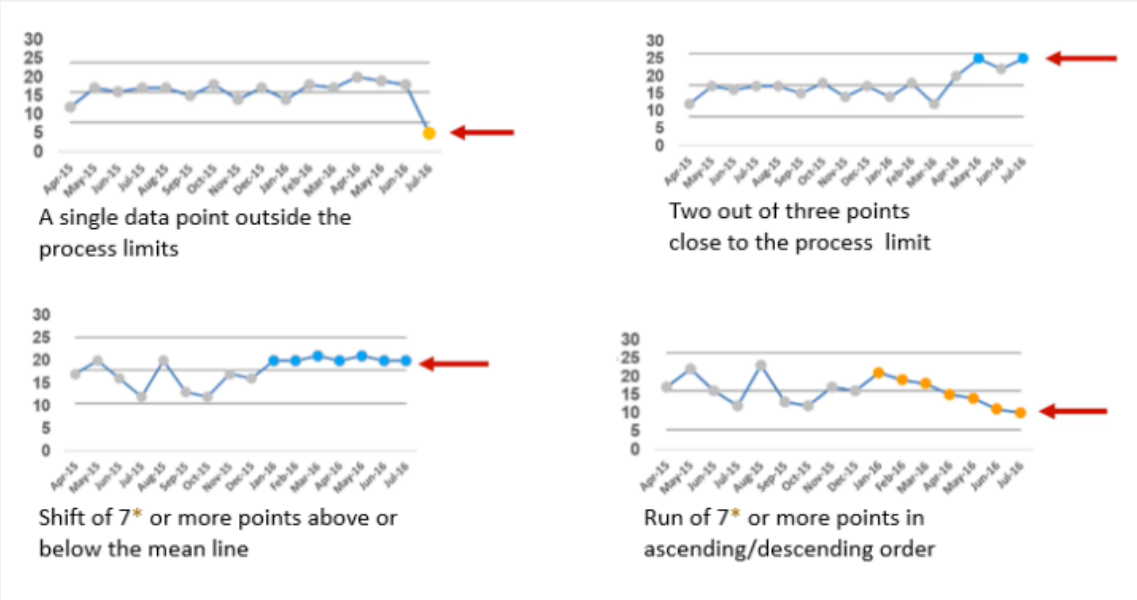
Anatomy of a SPC chart

% residents in receipt of secondary mental health services who have a valid care and treatment plan (persons age 18+) (5G)

We need a minimum of 15 data points for a valid SPC chart

24

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 single data point outside the process limits

Two out of three points close to the process limit

Shift of 7* or more points above or below the mean line

Run of 7* or more points in ascending/descending order

* 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**