

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**







DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 5 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**

<p><u>Sefyllfa / Situation</u></p> <p>This report relates to the Month 5, 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.</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 August 2023. Ahead of the Board 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>An overview document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 31 August 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 (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.</p> <p>A summary of the SPC chart icons is included below. Further details on why we are using SPC charts and SPC rules can be found in the supporting overview document.</p>
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If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

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

Cefndir / Background

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










Asesiad / Assessment


















Key areas for improvement

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

Key (see the Situation section above for further details)

Variation How are we doing over time	Assurance Performance against target	Trajectory 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 care recovery	Return activity back to 2019/20 levels	12-month change: OP +9%, IP +8%, DC +23% *			
	Waits over 52 weeks from referral to treatment	14,108			
	Waits over 104 weeks from referral to treatment	2,901			
	Waits over 36 weeks for a first outpatient	11,752			
	Waits over 52 weeks for first outpatient	3,367			
	Delayed follow-up outpatient appointments	15,400			

Continued on next page.

Topic	Area for Improvement	Latest actual	Variation	Assurance	Trajectory
Urgent and emergency care	Ambulance handovers over 1 hour	980	●		
	Ambulance handovers over 4 hours	270	●		n/a
	Patients waiting over 12 hours in A&E/MIU	1,680	●		
	Delayed pathways of care	238	n/a	n/a	n/a
Cancer	Single cancer pathway	49%	●		
	Patients waiting over 62 days for cancer treatment	426	n/a	n/a	
Mental health	Primary and secondary care CAMHS	92%	●		
	Waits <26 weeks for psychological therapies	46%	●		
	Waits <26 weeks for neurodevelopmental assess	20%	●		
Diagnostics	Diagnostic waits over 8 weeks	6,867	●		
Therapies	Therapy waits over 14 weeks	2,896	●		
Primary care	Primary care referrals into ophthalmology	1,043	●	n/a	
Infections	Reduce the number of C.Difficile cases	16	●		n/a
	Reduce the number of E.Coli cases	33	●		n/a
Workforce	Increase number of nurses and midwives in post	2,977	●	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 August 2023.](#)



Key achievements since our previous Board update

- **UEC:**
 - **1 Hour ambulance handovers:** Both GGH and PPH have met their performance trajectories.
 - **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:**
 - **Ophthalmology:** Relocation of Rapid Access Casualty for Eyes (RACE) service back to a dedicated area on Tysul Ward, GGH has made a significant positive difference. Since the move, we have increased capacity for laser treatment and RACE follow up appointments. Out of hours on-call is now carried out on Tysul Ward ensuring both patient and staff safety is not compromised.
- **Cancer:**
 - 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.
 - With Cancer Research UK funding we have established a dedicated prostate straight to test MRI scanning session, with a 24 hour reporting turnaround and patient review clinic with consultant/Clinical Nurse Specialist the day after the scan. Roll out at Bronglais from July 2023, then at Witybush within 3 months.

- **Diagnostics:**
 - **Cardiology:** Recovery of Echocardiography breach position: In-source tender awarded to provider which will deliver an additional 500 echocardiograms by the end of October 2023, targeted at longest waits, with activity commencing in September 2023.
 - **Endoscopy:** Validation of longest wait surveillance to identify high risk patients undertaken throughout August and continuing.
 - **Neurophysiology:** A new Electromyography (EMG) machine has been procured, with loan equipment received from supplier as an interim measure, and training on the machine commencing in September 2023. This will mitigate the loss of approximately 40 appointments per week during July and August due to the breakdown of the previous machine.
- **HCAI: C.diff** remains on trajectory to achieve the 20% reduction target, however the number of cases has increased in August.



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 7,768 waiting list removals in 2023/24 (1,611 in August 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 16 August 2023, 238 of our inpatients were ready to leave, 186 of these patients are in our acute hospitals.
- Risk to patients waiting in the community for an ambulance or access to treatment / transport. Patients potentially at risk whilst they remain on an ambulance outside of hospital.
- Discharge delays are impacting on our emergency departments (EDs) and assessment units, with a number of patients waiting for an inpatient bed. On the afternoon of 30 August, we had 62 unplaced patients (awaiting admission) in our EDs and had 45 assigned spaces for major/resus patients. Any unplaced patients can wait in minor bays, on ambulances, in chairs, in corridors and in the waiting room.
- PPH experienced challenges due to infection control issues which restricted flow on site. To minimise disruption when infection control issues impact patient flow due to bed closures we supplement capacity through surge beds.
- At Withybush hospital, the Reinforced Autoclaved Aerated Concrete (RAAC) plank survey requirements has necessitated the reduction of inpatient capacity by 76 medical beds in August. 28 beds have been opened in Cleddau & 13 in PHODU to mitigate the bed loss.

Demand and capacity

- Insufficient accommodation space to treat new patients arriving in our EDs due to patient flow issues described above, WGH and GGH being the sites with the greatest impact. The improvement plan for GGH currently includes SDEC in place on weekdays and Welsh Ambulance Service Trust (WAST) to refer into SDEC to avoid conveyance to Accident and Emergency (A&E), a frailty pathway is being established for the front door with the Home First team supporting with admission avoidance and support of frail older patients, and medically fit cohorting on "Y Lolfa" to release acute beds. At WGH, the ongoing need for RAAC plank survey programme to progress at pace, necessitated the overall reduction of 76 acute medical beds in WGH. RAAC plank survey programme will present further challenge over the next 12-18 months.
- High demand across various areas including referrals for mental health services, single cancer pathway 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.
- Reinforced Autoclaved Aerated Concrete (RAAC) issue at Withybush has had a significant impact on Planned Care and Diagnostics & Therapies due to the ongoing relocation of clinical space. Available space is prioritised by clinical need, resulting in a reduction of capacity for more routine work.
- Radiology diagnostics: Removal of the mobile MRI scanner at Prince Philip Hospital in July, the loss of weekend lists for both substantive and high-cost locums and increases in referrals for MRI from acute specialties have all contributed to an increase in breaches this month.

Other key things to flag

- **Ophthalmology:** In July 2023, 67% 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.
- **Waits less than 4 hours in A&E/MIU:** In August 2023, 64.9% of patients spent less than 4 hours in A&E/ MIU. Performance had been relatively static from January to June 2023, however, has deteriorated during July and August. All sites are showing special cause concerning variation. The number of **patients waiting longer than 12 hours in A&E/MIU** has increased significantly during August.

- **Care Home Beds commissioned:** In August 2023, we commissioned 45.5% 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.
- **MH therapeutic interventions** started within 28 days following LPMHSS assessment (age 0-17 years): 49% of children and young people commenced therapy in July 2023. Performance had improved in May and June; however, this has since returned to similar levels previously reported.
- **HCAI in August 2023:**
We continue to not attain the Welsh Government target for E.coli bacteraemia cases. However, a reduction has been noted for the month of August with 33 cases identified - down from 42 the previous month. Again, the vast majority are community onset.
- **Incidents in August 2023:**
A high number of incidents (278) where harm was initially reported with a grade of moderate or above have been closed this month. 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 patient safety incidents closed in August 2023 that were initially reported as causing moderate, severe, or catastrophic harm.	278
Number of patient safety incidents closed in August 2023 that were finally classified as causing moderate, severe, or catastrophic harm.	58

- **Hip fractures:** Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours has improved to 64% in August 2023. Following several months of reporting 0%, Wylabush Hospital has now shown a significant improvement following the commencement of a new Specialist Registrar in July. Due to this, overall performance for all sites is now better than any time since early 2022.
- **Colonoscopy:** 29.7% of patients were offered an index colonoscopy procedure within 4 weeks of booking their appointment in July. 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 (Swansea Bay) achieved 33.3% in May 2023.
- **Finance:**
 - In month deficit: £11.614m against a target of £9.4m
 - Year to date deficit: £60.1m against a target of £47.0m
 - Agency spend as a percentage total of pay bill: 6.0% (target 4.79%), Deteriorating position for last 2 months. Nursing fill rates have increased in USC.

Argymhelliad / Recommendation

The Board is asked to take **ASSURANCE** from the IPAR – Month 5 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: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care 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



GIG
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st August 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 August 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 +9%, IP +8%, DC +23% *			
	Waits over 52 weeks from referral to treatment	14,108	●	⊙	☀
	Waits over 104 weeks from referral to treatment	2,901	●	⊙	☀
	Waits over 36 weeks for a first outpatient	11,752	●	⊙	☀
	Waits over 52 weeks for first outpatient	3,367	●	⊙	☀
	Delayed follow-up outpatient appointments	15,400	●	⊙	☀
Urgent and emergency care	Ambulance handovers over 1 hour	980	●	⊙	☀
	Ambulance handovers over 4 hours	270	●	⊙	n/a
	Patients waiting over 12 hours in A&E/MIU	1,680	●	⊙	☀
	Delayed pathways of care	238	n/a	n/a	n/a
Cancer	Single cancer pathway	49%	●	⊙	☀
	Patients waiting over 62 days for cancer treatment	426	n/a	n/a	☀
Mental Health	Primary and secondary care CAMHS	92%	●	⊙	☀
	Waits under 26 weeks for psychological therapies	46%	●	⊙	☀
	Waits under 26 weeks for neurodevelopmental assess	20%	●	⊙	☀
Diagnostics	Diagnostic waits over 8 weeks	6,867	●	⊙	☀
Therapies	Therapy waits over 14 weeks	2,896	●	⊙	☀
Primary Care	Primary care referrals into ophthalmology	1,043	●	n/a	☀
Infections	Reduce the number of C.Difficile cases	16	●	⊙	n/a
	Reduce the number of E.Coli cases	33	●	⊙	n/a
Workforce	Increase number of nurses and midwives in post	2,977	●	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

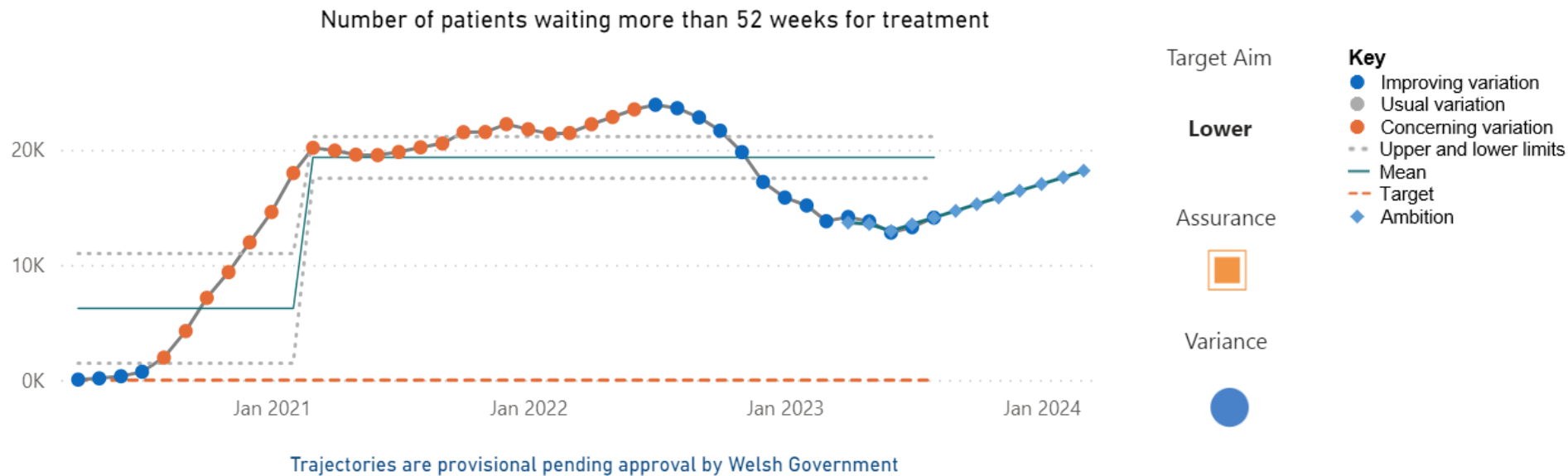
Statistical process control (SPC) charts

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

Planned care recovery: 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
August 23	14,108	●	⊙	⚙	<p>The number of patients waiting over 52 weeks for treatment continues to show an improving trend, although breaches have increased for the last two months. Our trajectory for August 2023 (14,113) has been met.</p> <p>The number of 52 week breaches for treatment is projected to increase for the remainder of this financial year within existing health board resources. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>



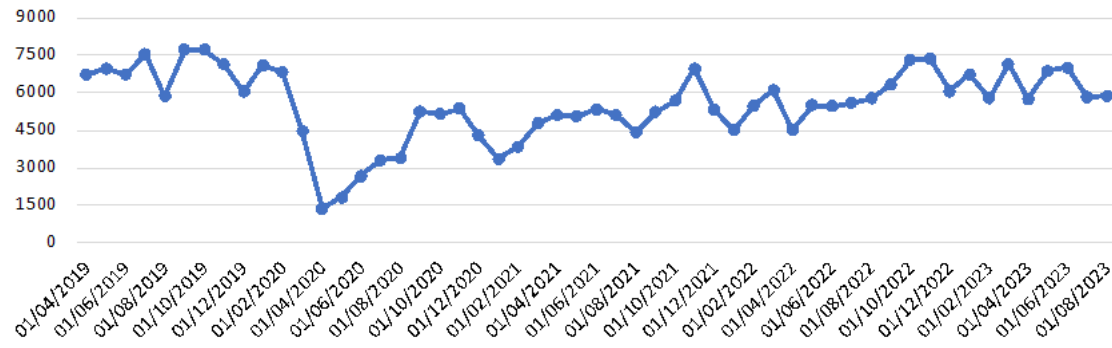
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

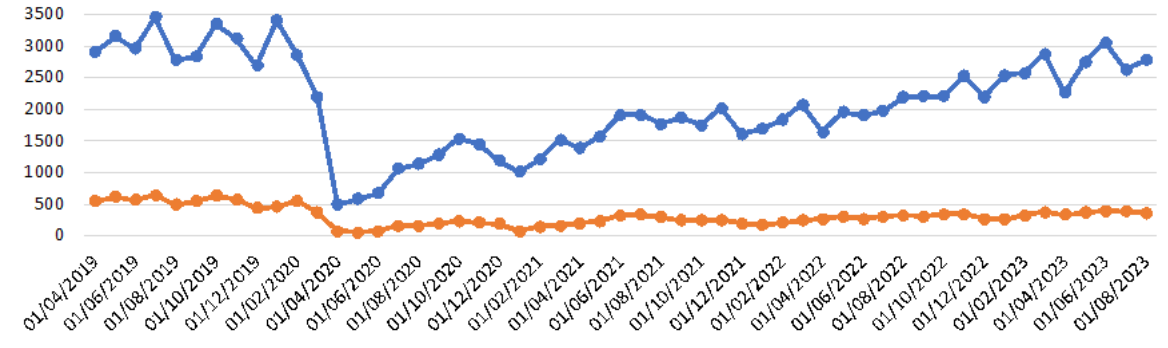
Planned care recovery: Ensure actual activity realised is back to 2019/20 levels especially in surgical specialties
(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 23	n/a	n/a	n/a	n/a	Compared to August 2022, in August 2023 (for selected surgical specialties), we completed; <ul style="list-style-type: none"> • 9% more new outpatient appointments • 8% more inpatient procedures • 23% more day case procedures.

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



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



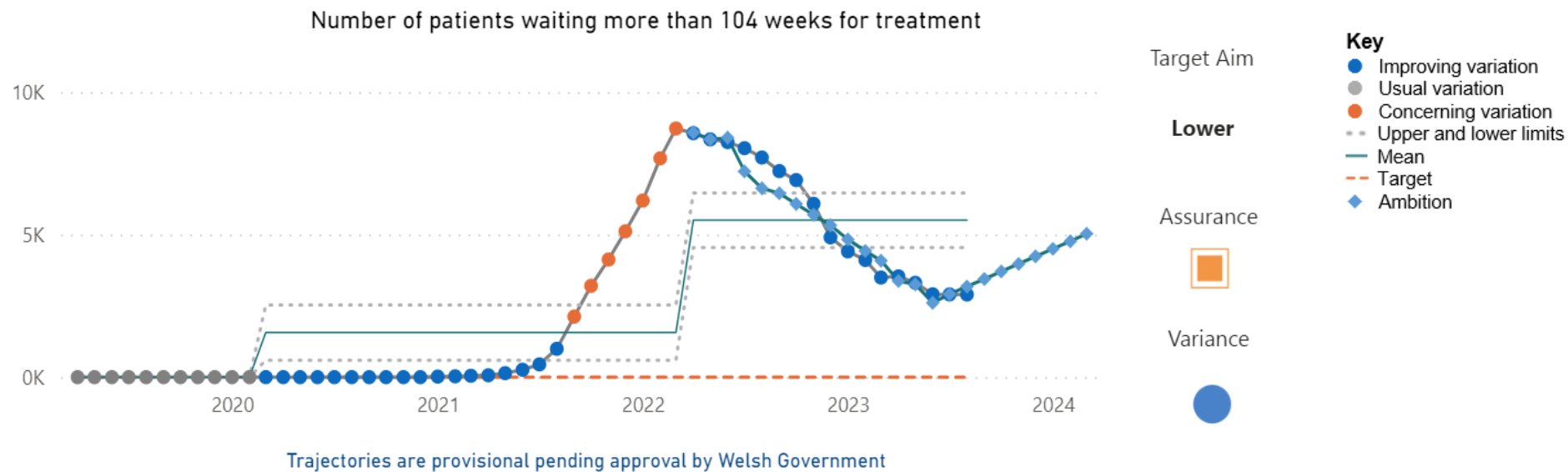
Planned Care activity: Aug 22 compared to Aug 23

Selected surgical Specialties	New Outpatient				Inpatient				Day case			
	2019/20 avg.	Aug 22	Aug 23	% change: Aug 22 to Aug 23	2019/20 avg.	Aug 22	Aug 23	% change: Aug 22 to Aug 23	2019/20 avg.	Aug 22	Aug 23	% change: Aug 22 to Aug 23
Breast	337	312	367	+18%	37	50	53	+6%	-	-	-	-
Colorectal	195	338	499	+48%	14	32	29	-9%	24	17	42	+147%
ENT	564	551	646	+17%	46	29	44	+52%	51	38	48	+26%
Gastroenterology	302	270	374	+39%	-	-	-	-	573	369	532	+44%
General Surgery	362	131	183	+40%	75	23	22	-4%	512	293	294	+0%
Gynaecology	712	838	801	-4%	43	34	46	+35%	133	99	74	-25%
Ophthalmology	673	396	401	+1%	-	-	-	-	327	155	207	+34%
Trauma & Orthopaedics	615	462	421	-9%	198	74	61	-18%	217	208	129	-38%
Urology	262	266	176	-34%	107	81	95	+17%	434	346	556	+61%
Selected surgical specialties total	4,022	3,564	3,868	+9%	520	323	350	+8%	2,271	1,525	1,882	+23%
All specialties grand total	6,745	5,779	5,904	+2%	547	337	370	+10%	2,986	2,195	2,788	+27%

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
August 23	2,901	●	Ⓢ	⚙️	<p>The number of patients waiting over 104 weeks for treatment continues to show an improving trend and our trajectory for August 2023 (3,179) has been met.</p> <p>The number of 104 week breaches for treatment is projected to increase for the remainder of this financial year within existing health board resources. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>



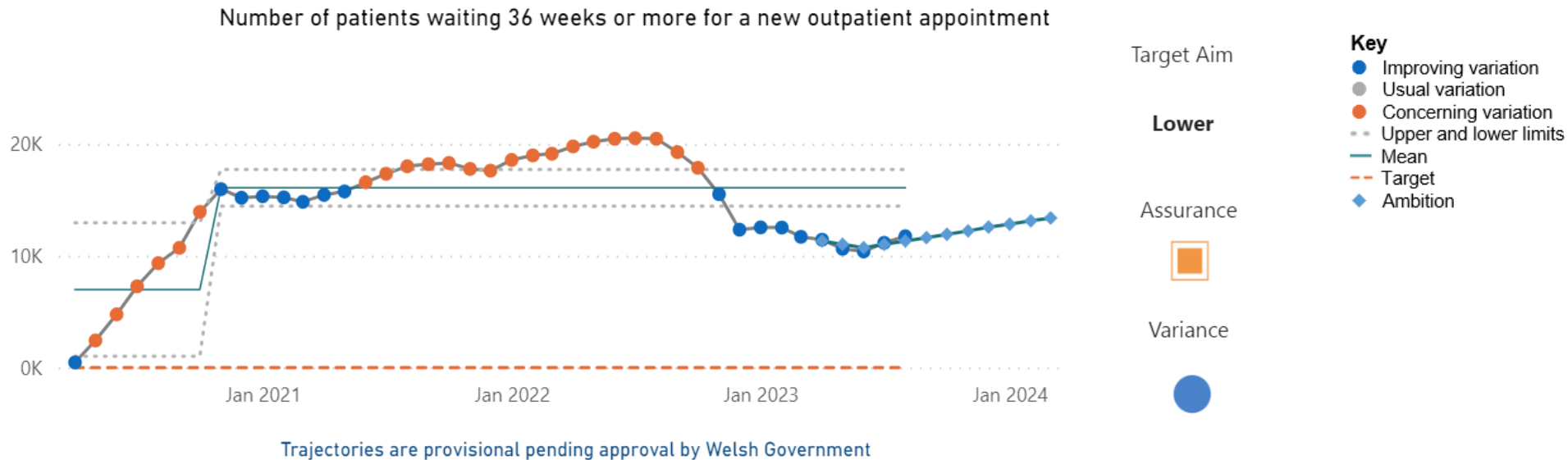
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

(Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 23	11,752	●	⊙	☼	<p>The number of patients waiting over 36 weeks for a new outpatient appointment continues to show an improving trend. We were within 5% of our trajectory for August 2023 (11,327).</p> <p>The number of 36 week breaches for a new outpatient appointment is projected to increase for the remainder of this financial year within existing health board resources. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>



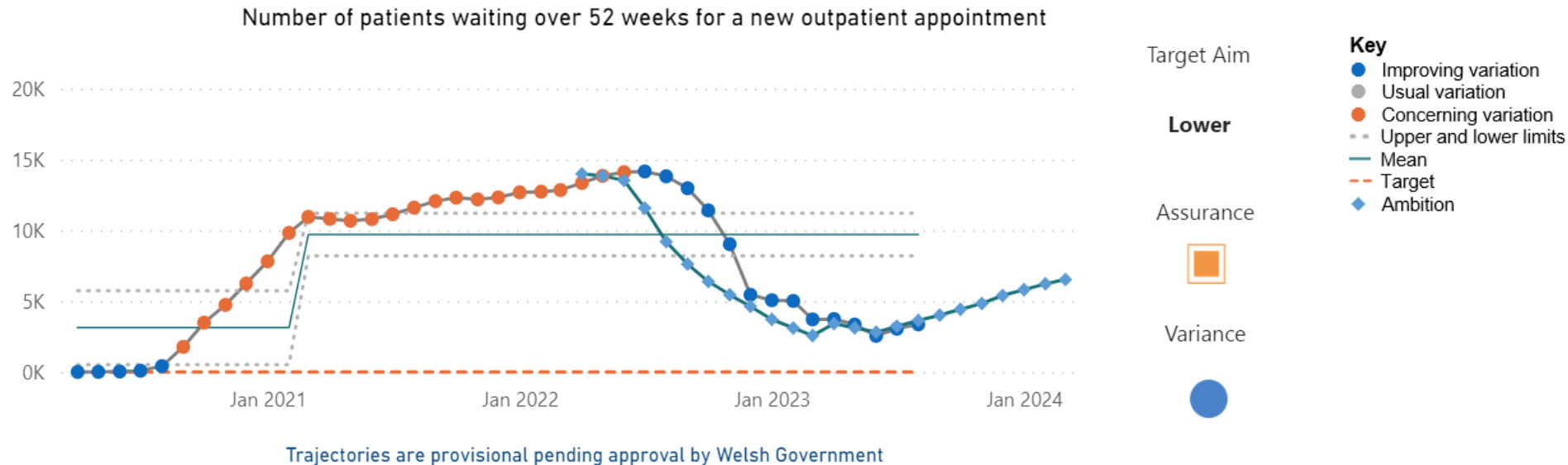
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- [Metric Name] = select a metric to view chart and supporting narrative

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
August 23	3,367				<p>The number of patients waiting over 52 weeks for a new outpatient appointment continues to show an improving trend, although breaches have increased for the last two months. Our trajectory for August 2023 (3,639) has been met.</p> <p>The number of 52 week breaches for a new outpatient appointment is projected to increase for the remainder of this financial year within existing health board resources. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>

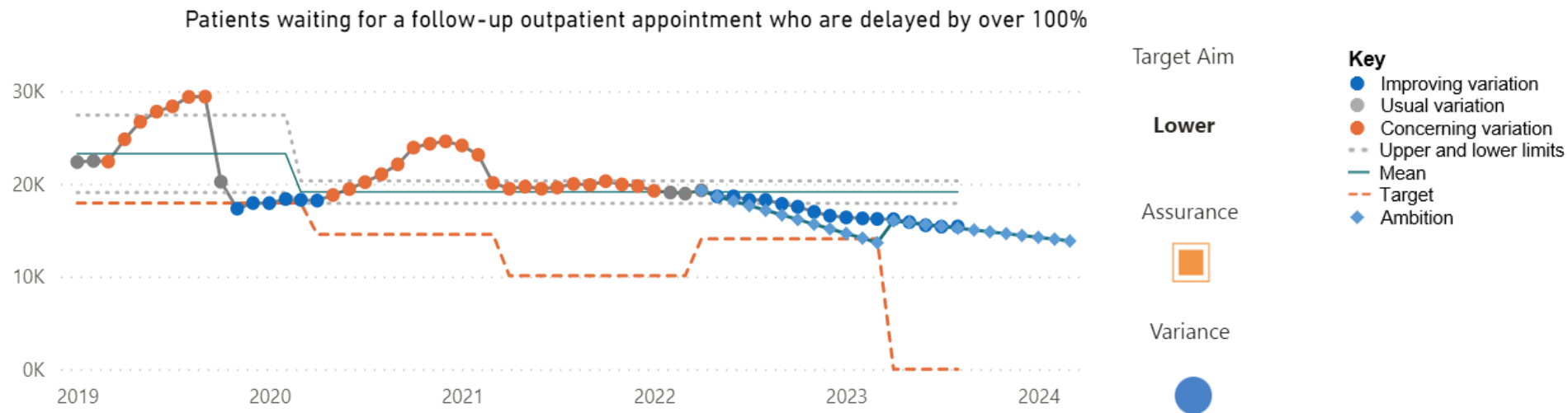


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- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

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
August 23	15,400	●	⊙	⚙	<p>The number of patients waiting for a follow up appointment who are delayed by over 100% continues to show an improving trend, although our trajectory for August 2023 (15,217) was narrowly missed. Breaches continue to be lower than any other time over the last 4 years.</p> <p>Trajectories are subject to change pending potential additional recovery funding for 2023/24.</p>



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

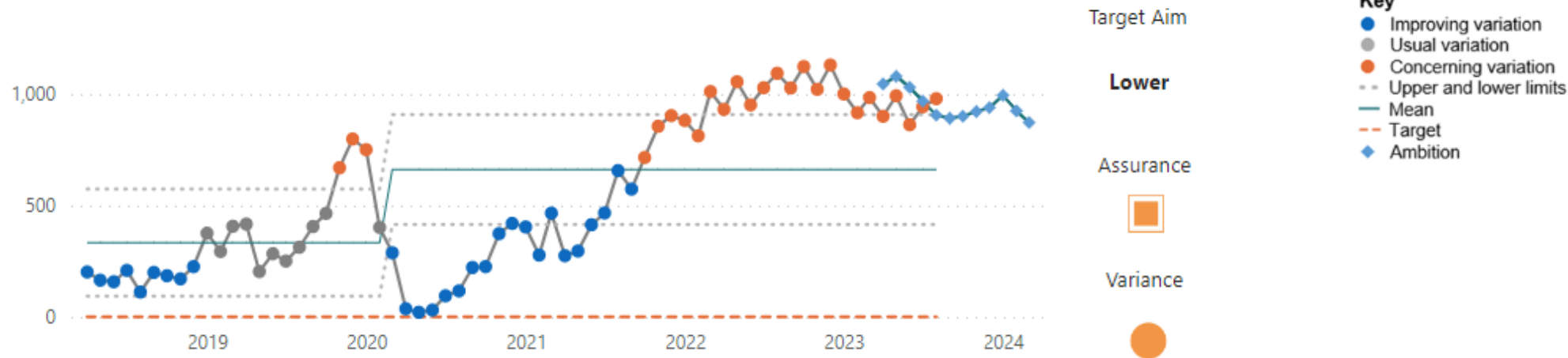
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 2023	980	●	⊙	☀	<p>Ambulance handovers over 1 hour is showing a concerning trend. However, whilst improvements were made during 2023, in August 2023, it was the first time our improvement trajectory (906) was not met. Withybush performance has been impacted by the RAAC estates work and ward reconfiguration. BGH implemented a bed reduction and closed 6 beds. This could not be sustained before front door pressure became too great to hold that position, alongside the sustained higher levels of attenders, and increase in the number of clinically optimised patients in hospital beds.</p> <ul style="list-style-type: none"> • Bronglais Hospital: 229 (trajectory: ☀ 115) • Glangwili Hospital: 397 (trajectory: ☀ 430) • Prince Philip Hospital: 74 (trajectory: ☀ 116) • Withybush Hospital: 280 (trajectory: ☀ 245) <p>Our aim now is to sustain and improve our performance further.</p>

Number of ambulance handovers taking over one hour



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

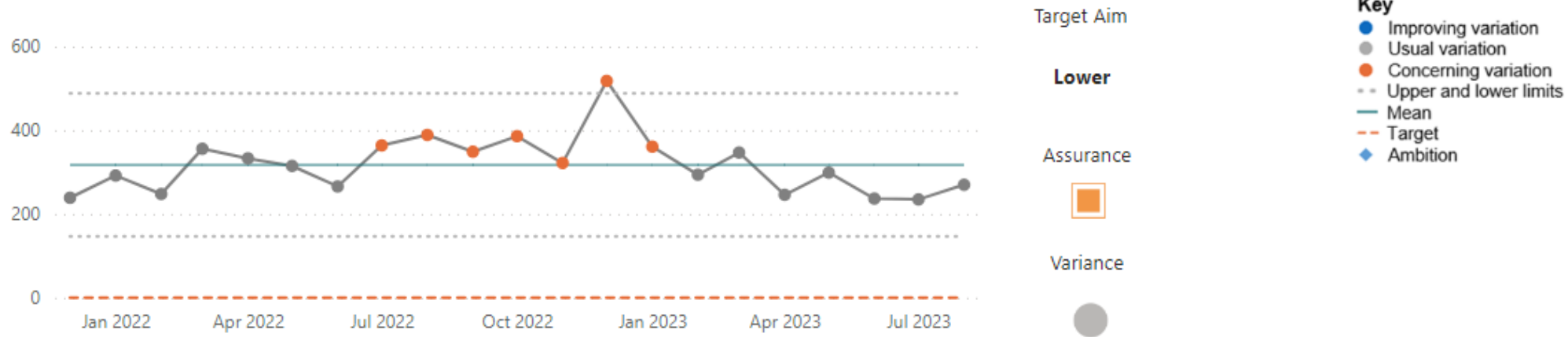
- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 2023	270	●	Ⓢ	n/a	<p>Ambulance handovers taking over 4 hours is showing usual variation. Both GGH and PPH have been below the mean for the past 3 months. Withybush performance has been impacted by the RAAC estates work and ward reconfiguration. BGH implemented a bed reduction and closed 6 beds. This could not be sustained before front door pressure became too great to hold that position, alongside the sustained higher levels of attenders, and increase in the number of clinically optimised patients in hospital beds.</p> <p>However, there has been a reduction made since the peak in December 2023. Figures for 4 hour handover delays in August 2023 were:</p> <p>Bronglais Hospital: 61 Glangwili Hospital: 117 Prince Philip Hospital: 18 Withybush Hospital: 74</p>

Number of ambulance handovers > 4 hours



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

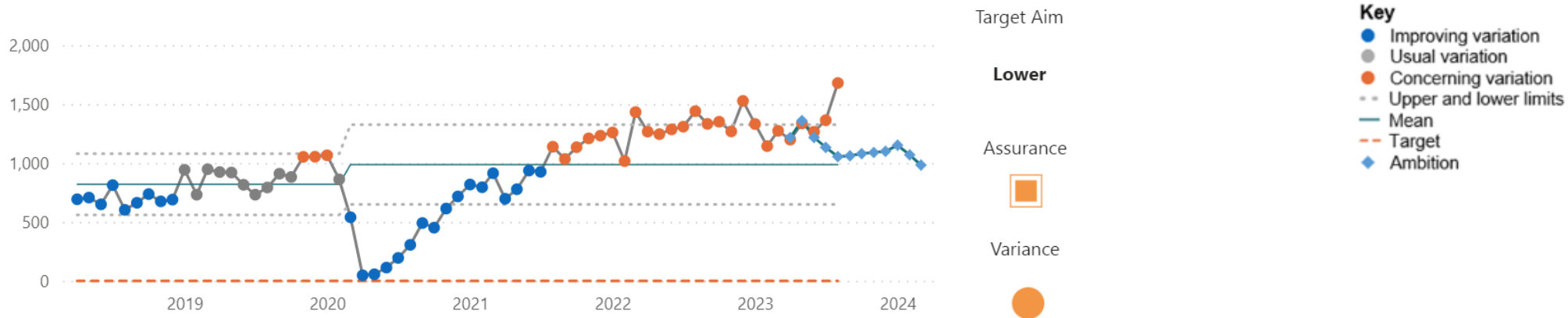
- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 2023	1,680	●	⊙	☀	<p>Patients waiting over 12 hours is showing a concerning trend. The number of breaches have been increasing since June 2023 and we failed to achieve our improvement trajectory (1,055) for the health board. All acute sites are showing concerning variation, with no hospital site achieving their individual trajectory. Withybush performance has been impacted by the RAAC estates work and ward reconfiguration.</p> <p>Bronglais Hospital: 292 (trajectory: ☀ 180) Glangwili Hospital: 656 (trajectory: ☀ 390) Prince Philip Hospital: 103 (trajectory: ☀ 80) Withybush Hospital: 629 (trajectory: ☀ 405)</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>

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



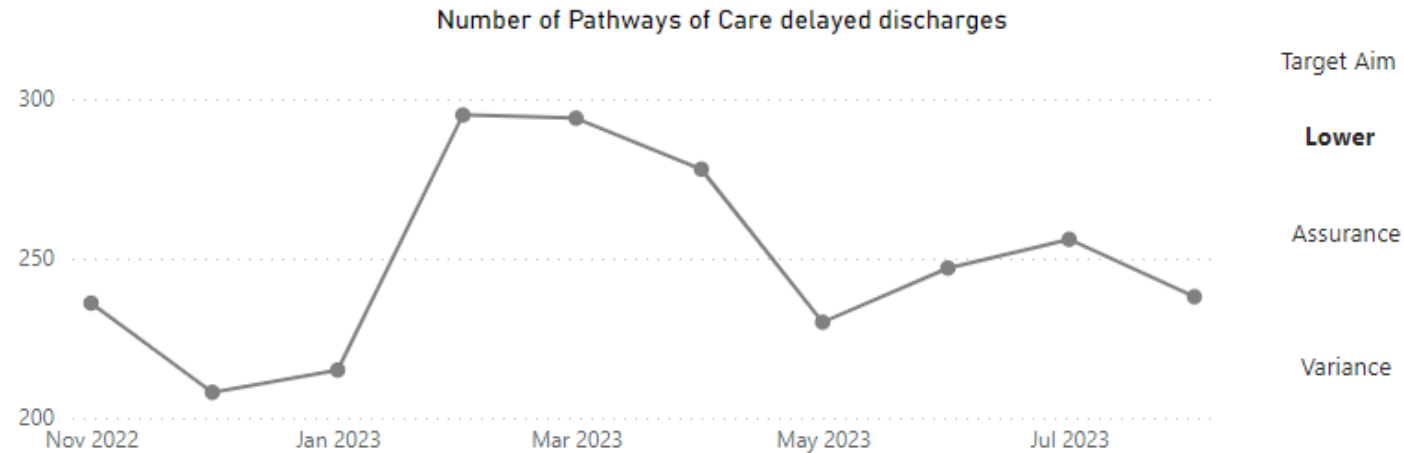
Trajectories are provisional pending approval by Welsh Government

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

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 16 th Aug 2023	238	n/a	n/a	n/a	Significant number of patients are ready to leave our acute / community hospitals but are unable to be discharged primarily due to a lack of social care and domiciliary support.



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

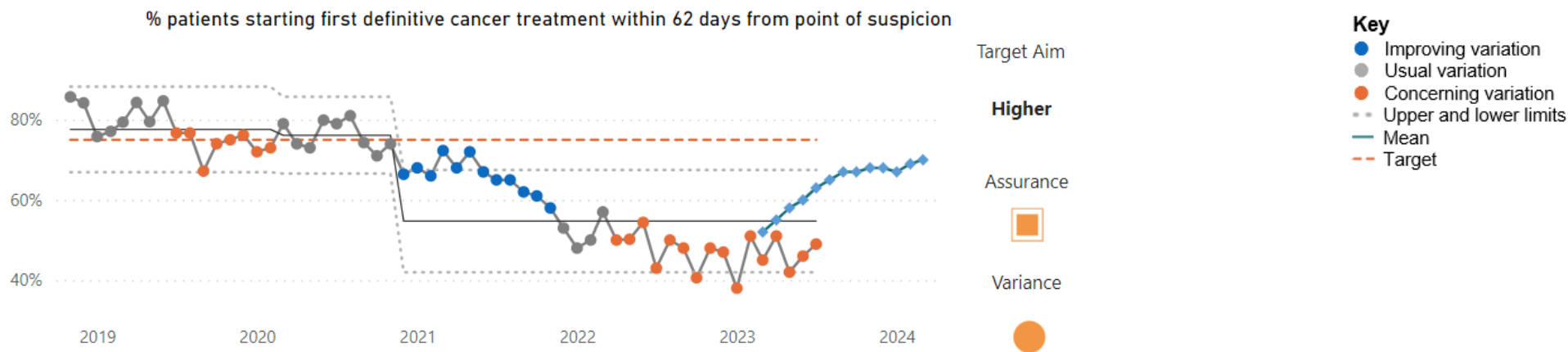
Urgent and emergency care: Reduce the number of patients in our hospitals with a delayed pathway / discharge
(Ministerial priority)

Reason	Aberystwyth MH Unit	Amman Valley Hospital	Bronglais Hospital	Caebryn Mental Health Unit	Glangwill Hospital	H'west Mental Health Unit	Llandovery Hospital	Prince Phillip Hospital	South Pembrokeshire Hospital	St Davids Hospital	Tregaron Hospital	Withybush Hospital	TOTAL
Awaiting completion of assessment by social care	0	2	3	0	7	0	0	5	11	0	0	12	40
Awaiting Social worker allocation	0	0	1	0	16	0	2	10	2	0	1	1	33
Awaiting start of new home care package	0	4	1	0	8	0	2	7	0	0	1	7	30
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	0	0	6	0	9	1	0	5	1	0	0	7	29
Awaiting RH availability	0	0	1	0	5	0	0	5	3	0	0	4	18
Awaiting completion of arrangements prior to placement	0	0	0	0	6	3	0	3	0	1	0	0	13
Awaiting NH availability	0	0	1	0	4	0	0	2	2	0	0	1	10
Awaiting reablement care package	0	1	0	1	7	0	0	0	0	0	0	0	9
Awaiting joint assessment	0	0	5	0	2	0	0	0	0	0	1	0	8
Awaiting Continuing Healthcare (CHC) Assessment	0	1	0	0	1	0	0	1	1	0	0	1	5
Mental Capacity / Court of Protection delays	0	0	0	0	2	0	0	2	0	0	0	1	5
Awaiting Residential care home manager to visit and assess (Standard 3 residential)	0	0	2	0	1	0	0	0	0	0	1	1	5
Awaiting health completion of assessment/provision for equipment	0	0	0	0	3	0	0	0	0	0	0	1	4
Awaiting Community Resource capacity	0	0	0	0	2	0	0	1	0	0	0	0	3
No suitable abode	0	1	1	0	1	0	0	0	0	0	0	0	3
Awaiting EMI residential availability	0	0	0	0	0	0	0	0	0	0	1	2	3
Awaiting transfer to intermediate care bedded facility	0	0	2	0	0	0	0	0	0	0	0	0	2
Patient / family choice related issues	0	0	1	0	0	0	0	0	0	0	1	0	2
Safeguarding issues impacting discharge arrangements	0	0	1	0	1	0	0	0	0	0	0	0	2
Homeless	0	0	0	0	1	0	0	1	0	0	0	0	2
Awaiting EMI nursing availability	0	0	0	1	1	0	0	0	0	0	0	0	2
Awaiting funding decision	1	0	0	0	0	0	0	0	0	0	0	0	1
Awaiting funding decision FNC/CHC	1	0	0	0	0	0	0	0	0	0	0	0	1
Awaiting provision of medicines management dispensing equipment/support	0	1	0	0	0	0	0	0	0	0	0	0	1
Awaiting restart of previous home care package	0	1	0	0	0	0	0	0	0	0	0	0	1
Patient / family refusing to move to next stage of care/ discharge	0	1	0	0	0	0	0	0	0	0	0	0	1
Awaiting nursing/residential home self-funding	0	0	0	0	0	0	0	0	0	0	1	0	1
Awaiting palliative care specialist bed	0	0	0	0	0	0	0	1	0	0	0	0	1
Awaiting social care completion of assessment/provision for equipment	0	0	0	0	1	0	0	0	0	0	0	0	1
Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	0	0	1	0	0	0	0	0	0	0	0	0	1
Awaiting Learning Disability bed	0	0	0	0	1	0	0	0	0	0	0	0	1
Total	2	12	26	2	79	4	4	43	20	1	7	38	238

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
July 23	49%	●	▲	☀	<p>Our single cancer pathway performance has been showing concerning variation since April 2022 and the trajectory for July 2023 (63%) 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 July 2023: - 1,811 referrals As at 31st July: - 2,980: Total number on the SCP - 297: Number awaiting Diagnostics (Radiology & Endoscopy) - 120: Number awaiting Tertiary Diagnostics & Treatment - 59: Number awaiting surgery The remainder of patients on the pathway are waiting for an outpatient appointment, results and interventions.</p>



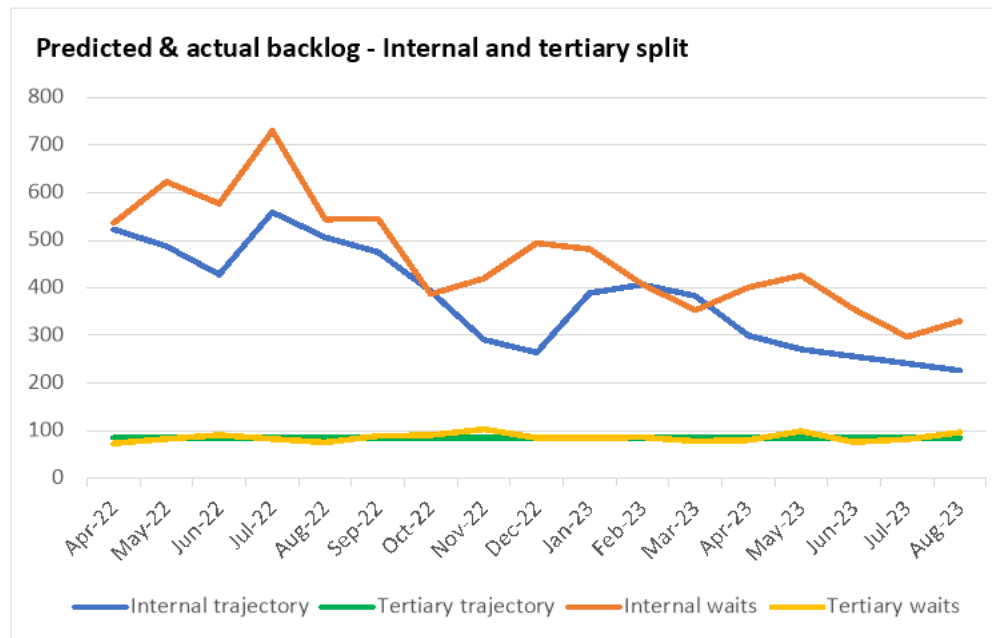
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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
Aug 23	426	n/a	n/a	🌟	<p>In August 2023, the overall backlog of 426 patients (trajectory 311) waiting over 62 days for their first definitive cancer treatment included:</p> <ul style="list-style-type: none"> 330 patients waiting for an appointment/treatment within the health board (trajectory ▲ 226) 96 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>

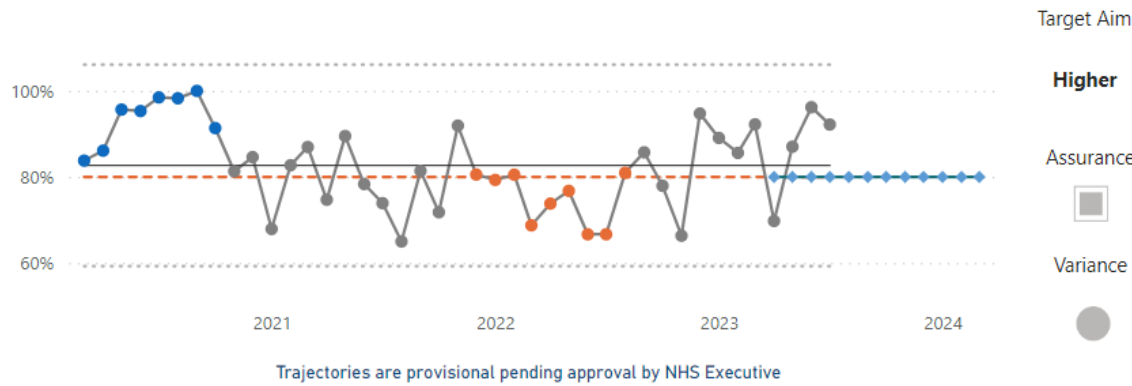


Mental health: Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories

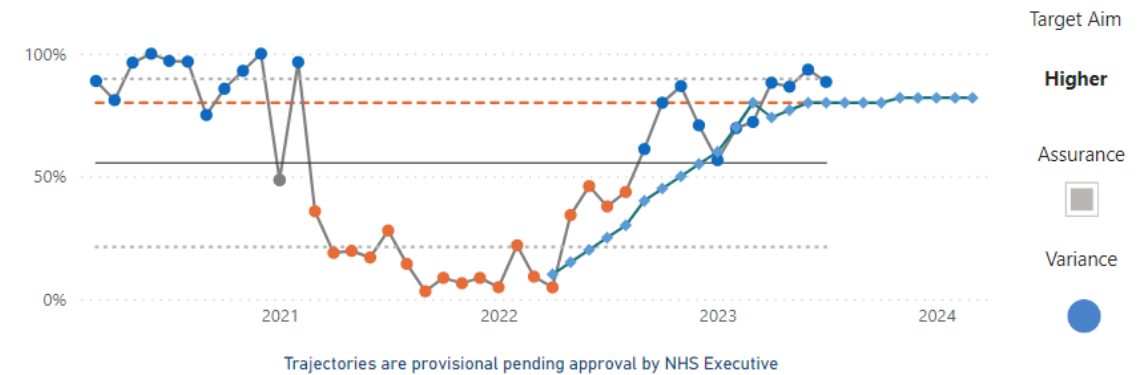
(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
July 2023	92%	●	▲	★	In July 2023, 59 out of 64 (92%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 89% 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.

% patients waiting <28 days for a first CAMHS appointment



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



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'

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

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
July 2023	46%	●	▲	★	In July 2023, 498 out of 1,089 (45.7%) adults waited less than 26 weeks to start a psychological therapy. The overall position is driven by: <ul style="list-style-type: none"> • Integrated Psychological Therapy (IPTs) – 47.7%, showing improving cause variation • Adult Psychology – 36.4%, showing special cause concerning variation • Learning Disabilities Psychology – 34.4%, showing common cause variation



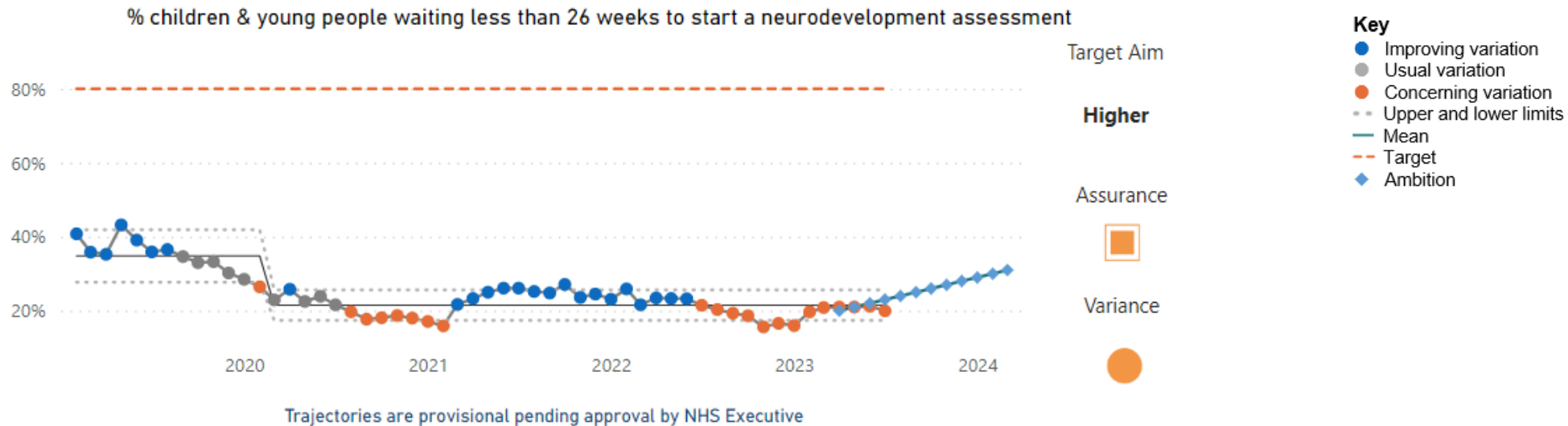
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Mental health'

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

(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
July 2023	20%	●	▲	☀	In July 2023, 480 out of 2,740 (17.5%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 164 out of 487 (33.7%) 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:

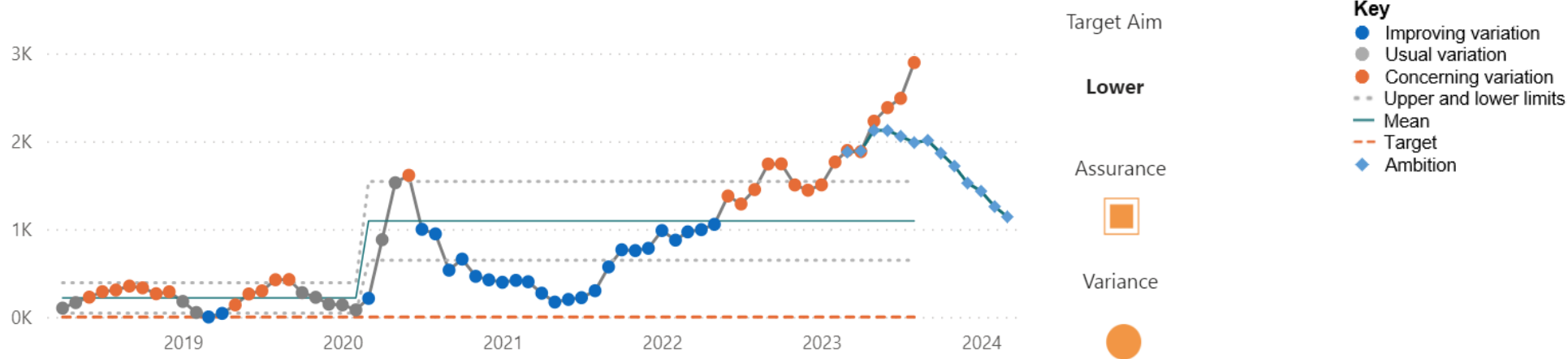
- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

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	August 23	2,896	●	⊙	☀	Trajectory = 1,985. Performance for this measure has been rapidly declining for a number of months and the overall trajectory for August 2023 has been missed. Breaches now at highest level seen.
Physio		1,011	●	⊙	☀	Trajectory = 1,005. Increase in breaches in August.
Audiology		654	●	⊙	☀	Trajectory = 49. Breaches continue to increase, now at highest level seen.
Dietetics		570	●	⊙	☀	Trajectory = 345. Continued monthly rise in breaches in weight management service since January 2023. Breaches now at highest level seen.
OT		439	●	⊙	☀	Trajectory = 395. Highest breaches in children's services
Podiatry		156	●	⊙	☀	Trajectory = 136. Reduction in breaches in August following an increase for previous 3 months
Art therapy		46	●	⊙	☀	Trajectory = 55. Breaches now at highest level seen.
SALT		20	n/a	n/a	☀	Trajectory = 0. All breaches in MH&LD services

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



Trajectories are provisional pending approval by Welsh Government

For further details on 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:

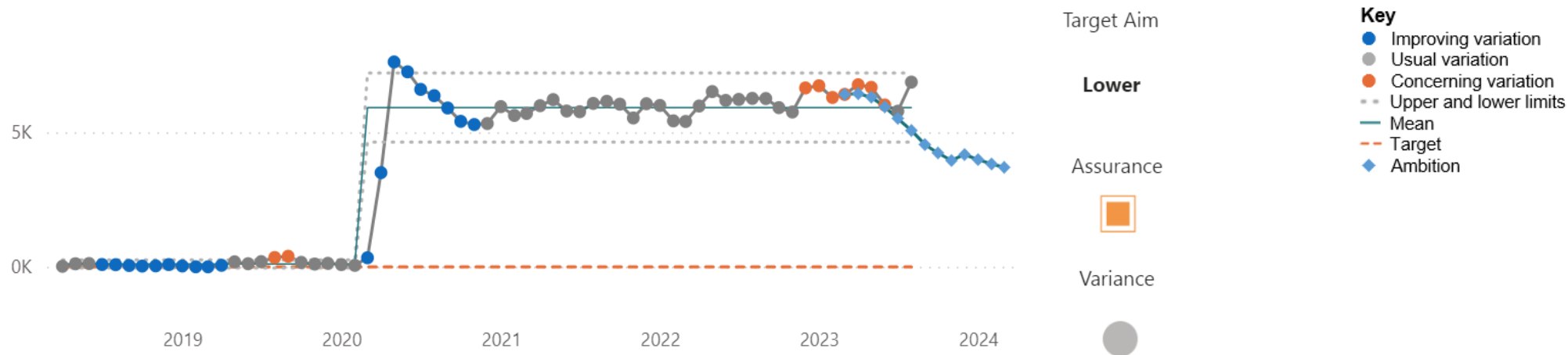
- [Topic] = 'Diagnostics & therapies'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Ministerial priority)

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
All	August 23	6,867	●	⊙	☀	Trajectory = 5,067. Substantial increase in breaches in August following 3 months of reductions. Breaches now at highest level since June 2020.
Endoscopy		2,179	●	⊙	☀	Trajectory = 1,702. Breaches have increased for the past 2 months.
Radiology		2,539	●	⊙	☀	Trajectory = 2,338. Significant increase in breaches in August (859), following 3 months of reductions.
Cardiology		1,724	●	⊙	☀	Trajectory = 852. Continued rise in breaches for 4 months
Neurophys		406	●	▲	☀	Trajectory = 160. Breaches have increase for last 5 months
Phys measure		5	●	⊙	☀	Trajectory = 15. Breaches now at lowest level since December 2021
Imaging		14	●	⊙	⊙	Breaches increased for 2 nd consecutive month

Number of patients waiting more than 8 weeks for a specified diagnostic



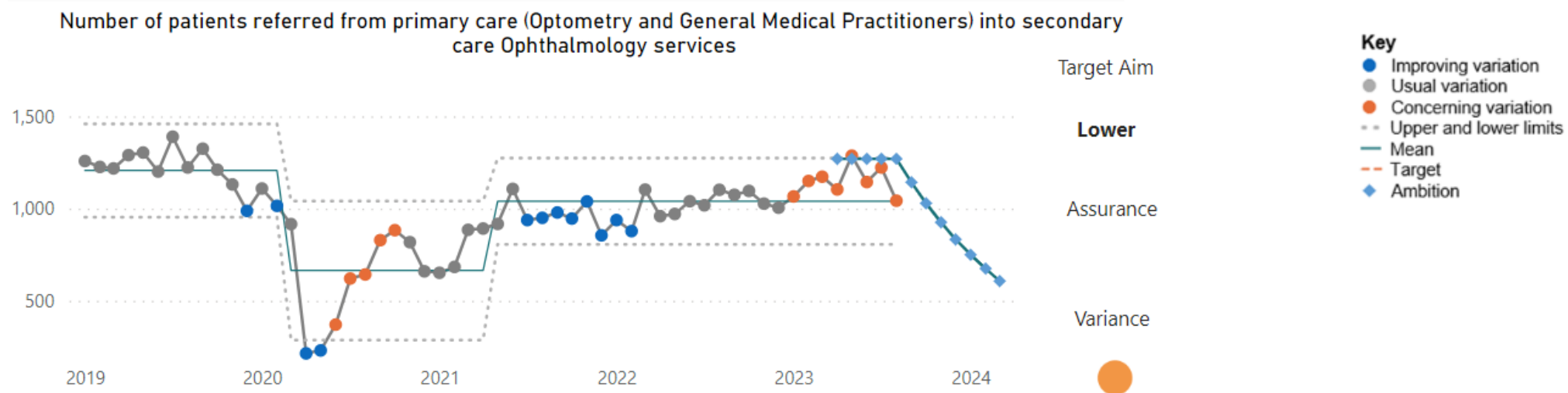
Trajectories are provisional pending approval by Welsh Government

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
Aug 2023	1,043	●	n/a	✱	<p>We exceeded the trajectory in August 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:

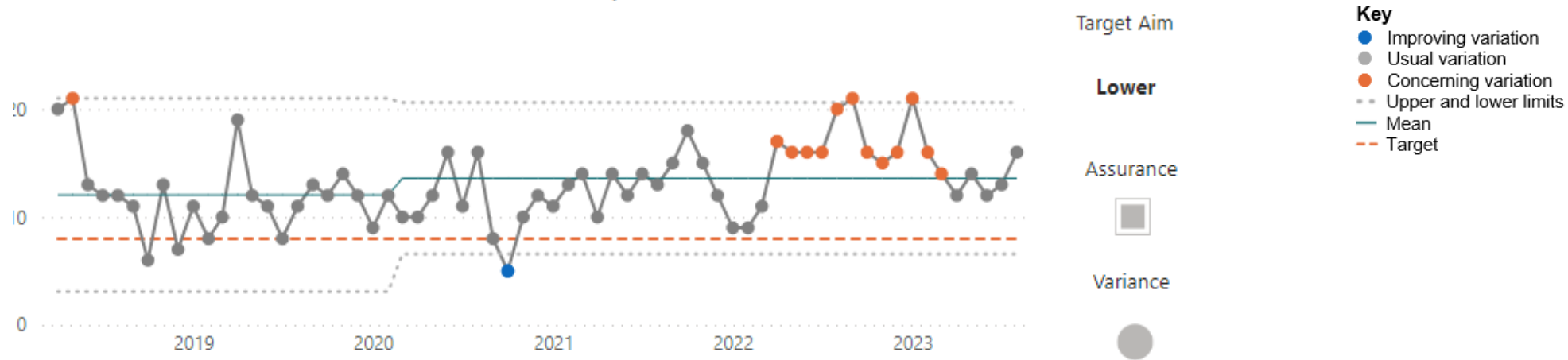
- [Topic] = 'Primary Care & Community Care'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 2023	16	●	⊙	n/a	<p>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 levels.</p> <p>The health board cumulative rate as of August 2023, is 41 cases per 100,000 population compared to 33 for Wales.</p> <p>In 2022/23, we were consistently ranked 6th across Wales but as of May 2023, we ranked 4th out of 6.</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:

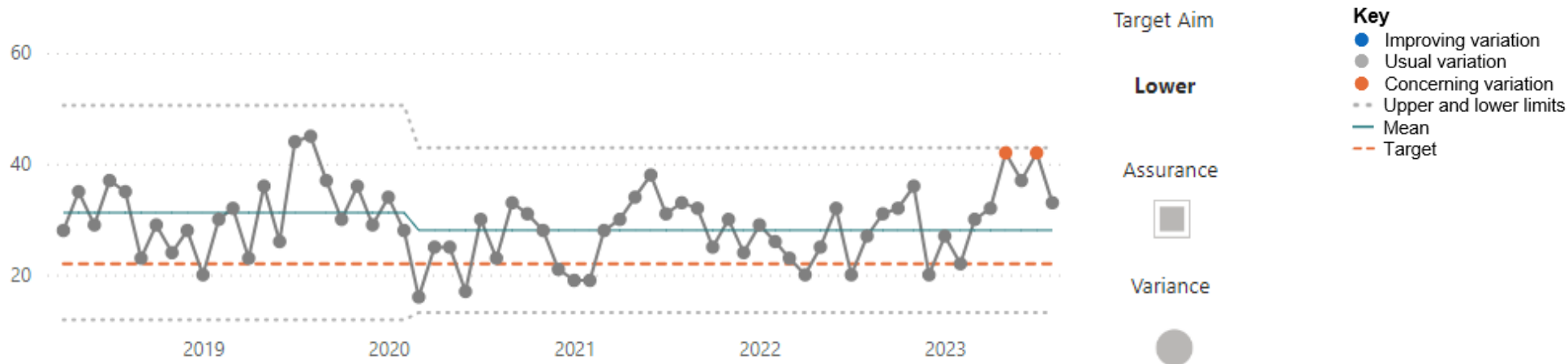
- [Topic] = 'Quality'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 2023	33	●	⊙	n/a	<p>In August 2023, we have seen a decrease in cases.</p> <p>The health board cumulative rate as of August 2023, is 114 cases per 100,000 population compared to 75 for Wales.</p> <p>Increased community focus as >90% of all cases are confirmed as community onset in August.</p>

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



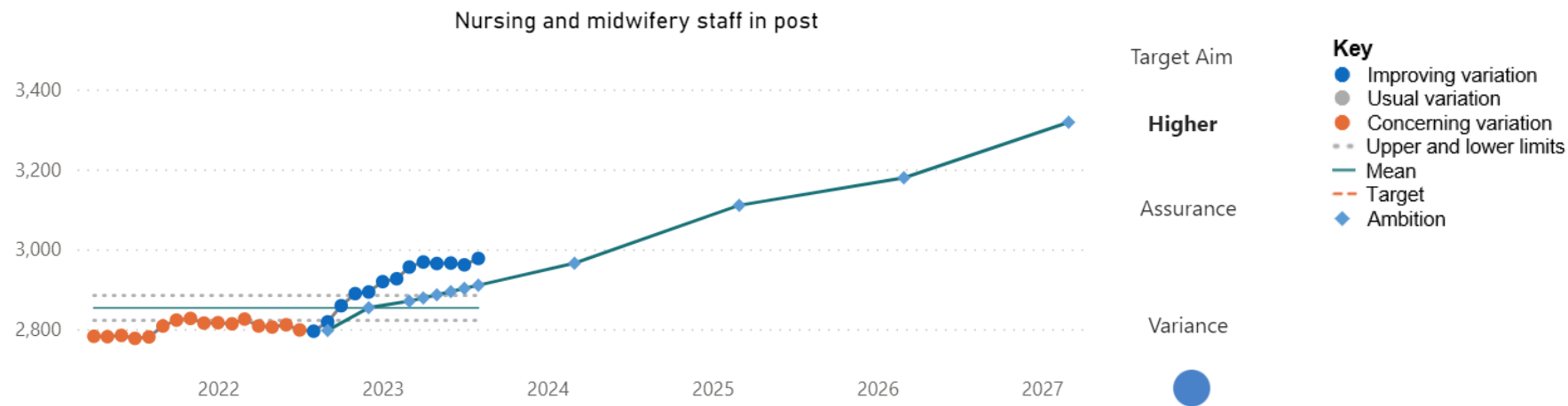
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

(Local priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
August 2023	2,977	●	n/a	☀️	In August 2023, there were 2,977 whole-time equivalent (WTE) nursing or midwifery staff in post. We have exceeded our trajectory to reach 2,965 nursing or midwifery staff in post by March 2024 in line with the 5 year Nursing Workforce Plan.



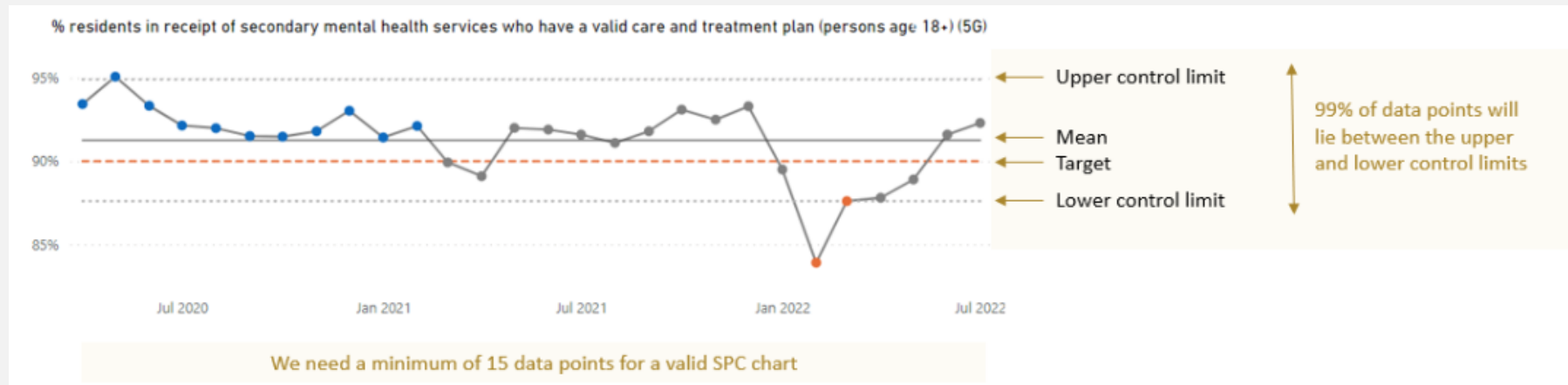
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

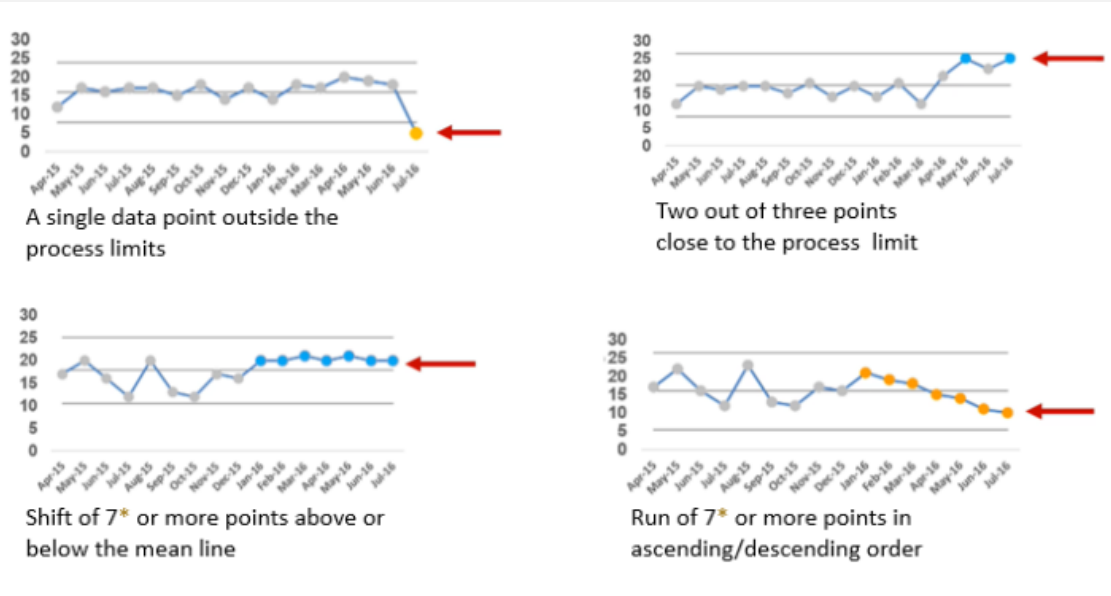
Anatomy of a SPC chart



Rules for special variation within SPC charts

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

We are using the Making Data Count approach for SPC charts. There are 4 rules:



* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e. one for variation and another for assurance.

Variation How 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		