

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 November 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 7 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 7, 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 31 October](#). Ahead of the committee meeting, the dashboard will also be made available via our [internet site](#).

An overview document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 31 October 2023' is also provided (Appendix 1). This document summarises performance against our key improvement measures for 2023/24. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. Additional measures for delayed pathways of care and nurses in post are also included as both measures have a significant impact on our performance in other areas.

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

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

- Foundational Economy in Health and Social Services
- Progress against the health boards' plans to reduce pathways of care delays
- Smoking Cessation – Help Me Quit and Reducing Smoking During pregnancy
- Weight Management Pathway
- Progress to improve dementia care and increasing access to timely diagnosis

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

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

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

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

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

Cefndir / Background

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

Asesiad / Assessment



Key areas for improvement

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

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

Topic	Area for Improvement	Latest actual	Variation	Assurance	Trajectory
	Return activity back to 2019/20 levels	12-month change: OP -14%, IP -1%, DC +26% *			
Planned care recovery	Waits over 52 weeks from referral to treatment	14,770	●	▲	☀
	Waits over 104 weeks from referral to treatment	2,816	●	▲	☀
	Waits over 36 weeks for a first outpatient	11,162	●	▲	☀
	Waits over 52 weeks for first outpatient	3,558	●	▲	☀
	Delayed follow-up outpatient appointments	15,572	●	▲	☀
	Urgent and emergency care	Ambulance handovers over 1 hour	1,019	●	▲
Ambulance handovers over 4 hours		284	●	▲	n/a
Patients waiting over 12 hours in A&E/MIU		1,362	●	▲	☀
Delayed pathways of care		192	n/a	n/a	n/a
Cancer	Single cancer pathway	46%	●	▲	☀
	Patients waiting over 62 days for cancer treatment	370	n/a	n/a	☀
Mental health	Primary and secondary care CAMHS	93%	●	▲	☀
	Waits <26 weeks for psychological therapies	45%	●	▲	☀
	Waits <26 weeks for neurodevelopmental assess	16%	●	▲	☀
Diagnostics	Diagnostic waits over 8 weeks	5,695	●	▲	☀
Therapies	Therapy waits over 14 weeks	3,070	●	▲	☀
Primary care	Primary care referrals into ophthalmology	1,257	●	n/a	☀
Infections	Reduce the number of C.Difficile cases	16	●	▲	☀
	Reduce the number of E.Coli cases	31	●	▲	n/a
Workforce	Increase number of nurses and midwives in post	3,084	●	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 October 2023.](#)



Key achievements since our previous Board update

Urgent and emergency care:

- Ambulance handovers > 1 hour: PPH met their performance trajectory
- BGH, PPH and WGH are continuing the downward trend and reducing the number of handovers > 4 hours.
- 4 hours in A&E / MIU – PPH: Patients continue to be diverted to Same Day Emergency Care (SDEC) with circa 90% discharged rather than admitted. In addition, a Hot Clinic has also been introduced to facilitate early discharges and review.

Planned Care:

- RTT trajectories: All four ministerial priority measures for RTT achieved their quarter 2 trajectories.

Diagnostics:

- There has been an in-month improvement, particularly in cardiology, endoscopy, and radiology, however there is still work to do to meet the trajectory. Breaches reduced by 1,199 in October 2023 compared to September 2023.

Workforce:

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



Key initiatives and improvements impacting our performance

Increasing our capacity

- 379 children and young people diagnostic assessments for autism spectrum disorder (ASD) have been outsourced to an external provider, for completion by March 2025, with 212 referrals made to date.
- Ty Bryn in St David's Park, Carmarthen has been identified for use by Neurodevelopmental Services, although premises require refurbishment and a decision is pending on allocation for office space or patient services.
- Successful recruitment of additional Speciality & Associated Specialist doctors has increased capacity for ADHD Assessments, while a newly appointed ADHD nurse specialist is carrying out clinics and review of newly diagnosed patients and an additional post is to be advertise in quarter 2.
- Cardiology Diagnostics: Recovery of Echocardiography (ECHO) breach position, the main diagnostic driving the overall breach position in cardiology: Additional 350 ECHO in-source capacity in place for November and December 2023.

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:
 - 9,519 waiting list removals in 2023/24 out of 17,654 total records validated (54% yield)
 - 1,013 waiting list removals in October 2023 out of 3,284 records validated (31% yield).
- Endoscopy Diagnostics: Validation of longest wait surveillance to identify high risk patients continuing. This has resulted in a reduction of the Endoscopy waiting list by 253 in October 2023.



Key issues impacting our performance

Staff shortages

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

Patient flow

- The number of patients with complex discharge requirements are resulting in discharge delays while arrangements are put in place to meet the patient's needs. Most delays are attributable to timely access to various pathway assessments, domiciliary care provision, availability of reablement packages and care home placements. As of 24 October 2023, 192 of our inpatients were ready to leave, 142 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 31 October, we had 54 unplaced patients (awaiting admission) in our EDs and had 44 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 continue to experience 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 69 beds in October. 36 surge beds have been opened 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 acute medical beds. RAAC plank survey programme will present further challenge over the next 12-18 months. Wards are starting to become operational from the RAAC work. *HOT* clinics now in operation. SDEC are seeing more patients from ED. Frailty pathway being established for the front door.
- High demand across various areas including referrals for mental health services, single cancer pathway. Demand is more than our existing capacity in most of these areas, meaning breaches will continue to rise without additional capacity being identified.
- Audiology have seen an increase in referrals of an average of 75 per month compared to 2022. This increased demand cannot be matched with existing capacity.
- Dietetics: Most of the breaches over 14 weeks are in the Weight Management Service, with referrals increasing significantly over the last year due to a change to self-referral. An average referral rate of 235 per month between April and July 2023 compares to an average 146 per month in the first half of 2022, an increase of 89. Work is underway to streamline the self-referral and triage process.

- **Physiotherapy:** Caseload complexity is increasing in community services due to the impacts of discharge to recover and re-assess processes, along with pressures on acute sites. There has also been an increased proportion of urgent referrals over the last 12 months within Carmarthenshire.
- 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 Wityhush has impacted Planned Care and Diagnostics & Therapies capacity due to the ongoing relocation of clinical space.
- **Cancer:** Whilst there were incremental improvements for the previous 3 months, performance dropped to 46% in September and the trajectory has not been met this financial year (67% September). We are continuing to focus on reducing the backlog. Due to challenges within the Skin pathway caused by the transition between insourcing companies, capacity did not meet demand during Q1 and early part of Q2. Plans in place to recover skin position across 1st OPA, diagnostics and treatment.

Other key things to flag

- **Ophthalmology:** In September 2023, 961 R1 patients out of a total of 1,501 (64%) attended their appointment within their clinical target date or within 25% beyond their clinical target date. The national target (95%) has never been achieved and concerning variation is showing.
- **Ambulance red calls** - 44% against a target of 65% in October. Ambulance release delays can be due to: hospital delays in offloading WAST ambulance crews, hospital transfers when no bed available, small number of immediate release requests to HD Emergency Departments not accepted.
- **Ambulance handovers > 1 and 4 hour:** the overall Health Board trajectory was not met for >1 hour. Despite best efforts GGH has increased the number of handovers > 1 and 4 hours in October.
- **Waits less than 4 hours in A&E/MIU:** In October 2023, 65.9% of patients spent less than 4 hours in A&E/ MIU. Performance had slightly improved for the past 3 months. All sites are showing special cause concerning variation. The number of patients waiting longer than 12 hours in A&E/MIU has increased since June. It is still showing cause for concern in October.
- **MH therapeutic interventions** started within 28 days following LPMHSS assessment (age 0-17 years): 59% of children and young people commenced therapy in September 2023. Performance has improved in the past two months; however, this has since returned to similar levels previously reported and has not met trajectory (68%).
- **Psychological therapy:** In September 2023, 475 out of 1,078 (44.1%) adults waited less than 26 weeks to start a psychological therapy. The overall position is driven by:
 - Integrated Psychological Therapy (IPTTS) – 44.6%, showing improving cause variation.
 - Adult Psychology – 22.7%, showing special cause concerning variation.
 - Learning Disabilities Psychology – 43.5%, showing improving cause variation.
 In Adult psychology, an additional vacancy is likely to be advertised for SAS doctor in WGH - this is a replacement post.
- **HCAI:** C.diff has been unable to sustain the trajectory to achieve the 20% reduction target, although the number of cases have decreased in October. We continue to not attain the Welsh Government target for E.coli bacteraemia cases, and an increase noted for October with 31 cases identified. The vast majority are community onset.

- **Incidents:**

- Number of National Reportable incidents that remain open 90 days or more - The methodology has changed since the data was last reported and now the 90 days relates to working days, not calendar days. The result is that the numbers per month are lower than previously reported.
- Number of closed patient safety incidents causing moderate, severe or catastrophic harm has spiked in October 2023 (129) compared to September 2023 (57) and is the highest number since we started reporting in July 2021. A random review of records has identified a training issue regarding reporting of severity of harm post investigation. Work is underway to develop a guide for incident managers and senior staff responsible for reviewing the final information before closure of the incident record.

- **Colonoscopy:** 15.6% of patients were offered an index colonoscopy procedure within 4 weeks of booking their appointment in August. The target for this measure is 90%. Increased referral rates due to a change in the age range of tests offered, limited capacity including long-term sickness and backlog from the pandemic have been identified as the reasons for the current position.

- **Clinical coding:** The measure ‘% of all classifications coding error corrected by the next monthly reporting submission following identification’ is now being reported. In August we achieved 29% compliance and ranked 6th out of 8 in Wales. Work is being undertaken to improve compliance.

- **Finance:**

- In month surplus: £28.057m against a target of £6.057m. Additional funding received from WG.
- Year to date deficit: £44.0m against a target of £42.4m
- Agency spend as a percentage total of pay bill in October 2023 (4.4%) achieved target (5.47%).

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

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

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

Argymhelliad / Recommendation

The Board is asked to take **ASSURANCE** from the IPAR – Month 7 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
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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
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st October 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 31st October 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 -14%, IP -1%, DC +26% *			
	Waits over 52 weeks from referral to treatment	14,770	●	⊙	☀
	Waits over 104 weeks from referral to treatment	2,816	●	⊙	☀
	Waits over 36 weeks for a first outpatient	11,162	●	⊙	☀
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Cancer	Single cancer pathway	46%	●	⊙	☀
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Workforce	Increase number of nurses and midwives in post	3,084	●	n/a	☀

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Key

Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target

- ▲ Always hitting target
- ▲ Hit and miss target
- ▲ Always missing target

Trajectory - performance against our ambition

- ☀ Trajectory met
- ☀ Within 5% of trajectory
- ☀ More than 5% off trajectory

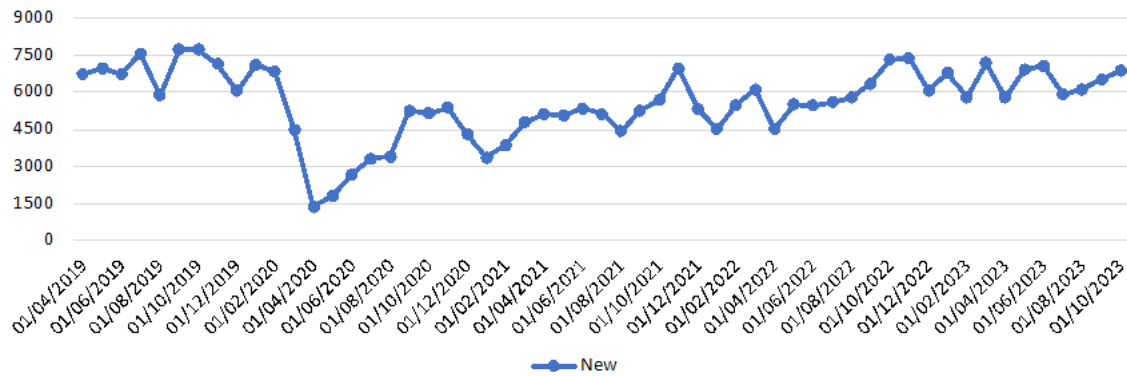
Statistical process control (SPC) charts

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

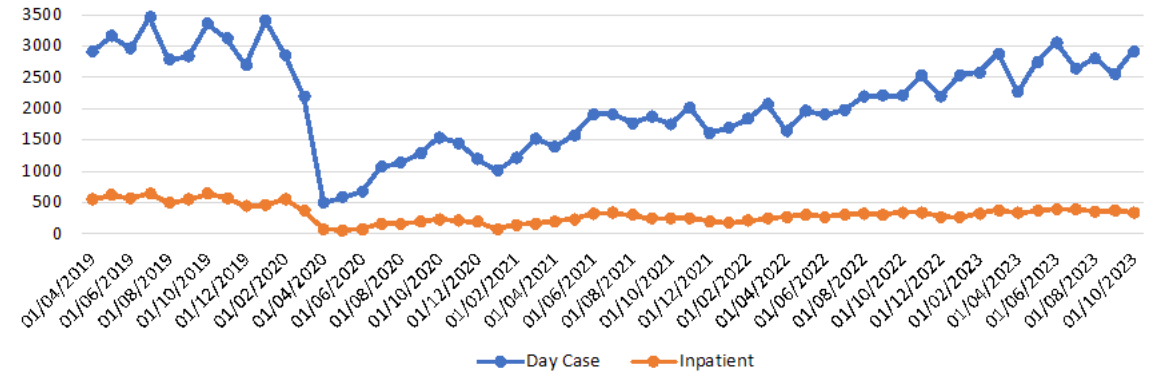
Planned care recovery: Ensure actual activity realised is back to 2019/20 levels especially in surgical specialties
(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
October 2023	n/a	n/a	n/a	n/a	Compared to October 2022, in October 2023 (for selected surgical specialties), we completed; <ul style="list-style-type: none"> • 14% less new outpatient appointments • 1% less inpatient procedures • 26% more day case procedures.

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



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



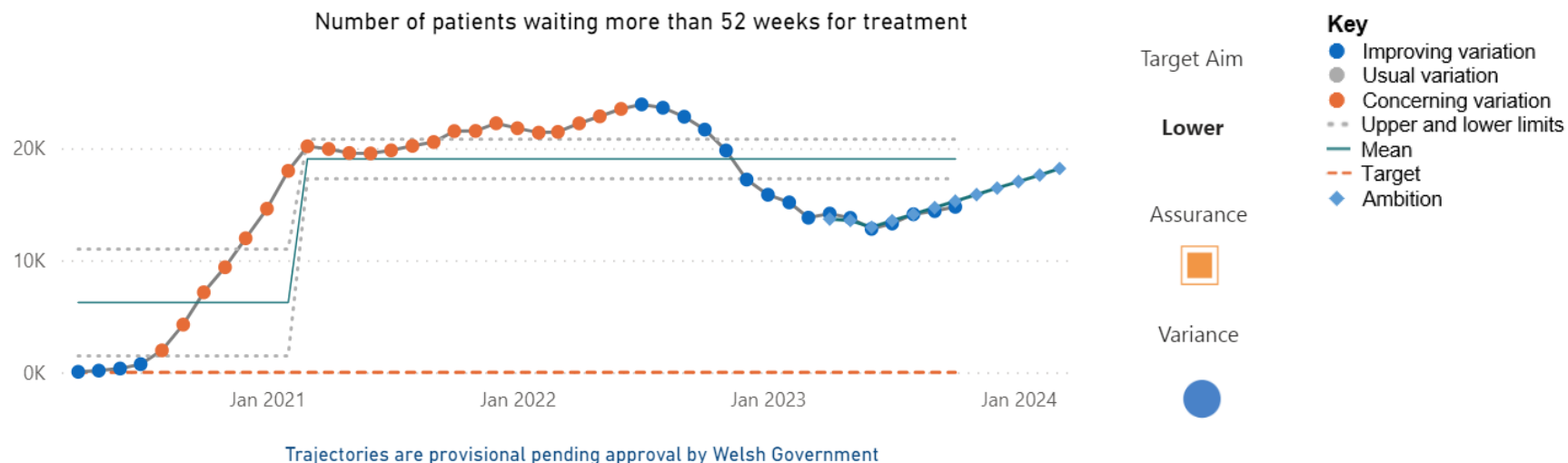
Planned Care activity: Oct 22 compared to Oct 23

Selected surgical Specialties	New Outpatient				Inpatient				Day case			
	2019/20 avg.	Oct 22	Oct 23	% change: Oct 22 to Oct 23	2019/20 avg.	Oct 22	Oct 23	% change: Oct 22 to Oct 23	2019/20 avg.	Oct 22	Oct 23	% change: Oct 22 to Oct 23
Breast	337	473	458	-3%	37	40	44	+10%	-	-	-	-
Colorectal	195	442	540	+22%	14	24	26	+8%	24	39	64	+64%
ENT	564	449	615	+37%	46	39	35	-10%	51	36	39	+8%
Gastroenterology	302	311	378	+22%	-	-	-	-	573	398	520	+31%
General Surgery	362	197	193	-2%	75	36	20	-44%	512	286	276	-3%
Gynaecology	712	953	714	-25%	43	37	44	+19%	133	126	108	-14%
Ophthalmology	673	615	414	-33%	-	-	-	-	327	172	245	+42%
Trauma & Orthopaedics	615	577	553	-4%	198	83	82	-1%	217	169	208	+23%
Urology	262	716	225	-69%	107	81	84	+4%	434	368	541	+47%
Selected surgical specialties total	4,022	4,733	4,090	-14%	520	340	335	-1%	2,271	1,594	2,001	+26%
All specialties grand total	6,745	7,321	6,865	-6%	547	355	350	-1%	2,986	2,220	2,926	+32%

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
October 2023	14,770	●	⊙	⚙	<p>The number of patients waiting over 52 weeks for treatment continues to show an improving trend, although breaches have increased for the last four months. Our trajectory for October 2023 (15,277) has been met. RAAC issues at WGH are impacting routine cohort activity due to prioritisation of Urgent Suspected Cancer and urgent activity. Teams are exploring alternative outpatient areas including local authority rooms. Other actions include deep dives into individual specialties, targeted workstreams monitoring theatre utilisation and clinic capacity with regular scrutiny sessions, and targeted waiting list validation to enhance removal rates.</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. Trajectories are subject to change pending additional recovery funding which is currently being scoped.</p>



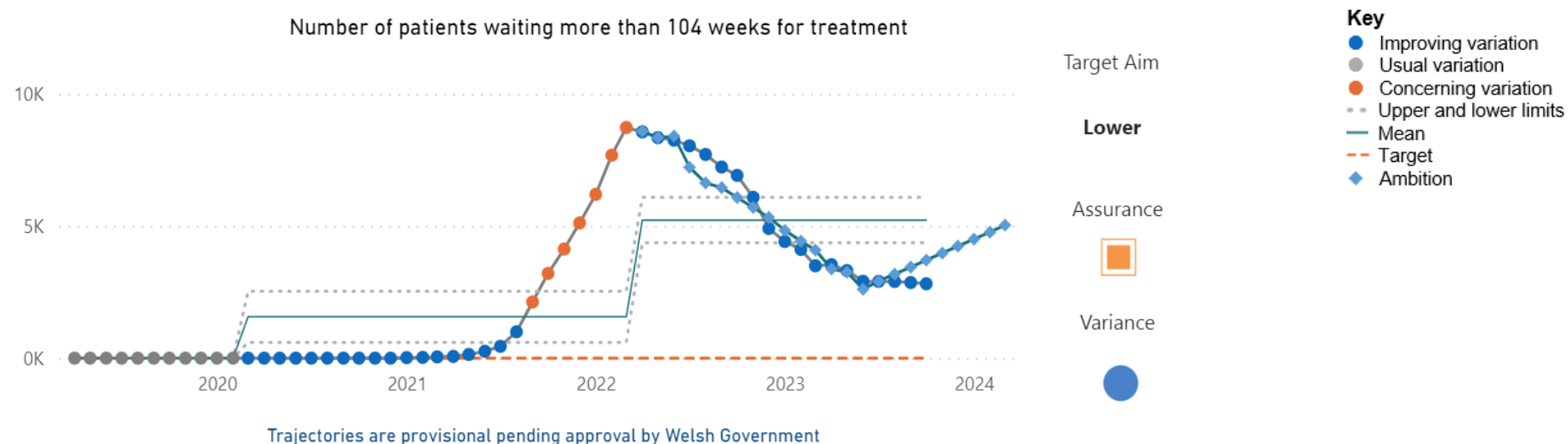
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our latest [IPAR dashboard](#) and navigate to:

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

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

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
October 2023	2,816	●	⊙	⚙	<p>The number of patients waiting over 104 weeks for treatment continues to show an improving trend and our trajectory for October 2023 (3,709) has been met. RAAC issues at WGH are impacting routine cohort activity due to prioritisation of Urgent Suspected Cancer and urgent activity. Teams are exploring alternative outpatient areas including local authority rooms. Other actions include deep dives into individual specialties, targeted workstreams monitoring theatre utilisation and clinic capacity with regular scrutiny sessions, and targeted waiting list validation to enhance removal rates.</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. Trajectories are subject to change pending additional recovery funding which is currently being scoped.</p>



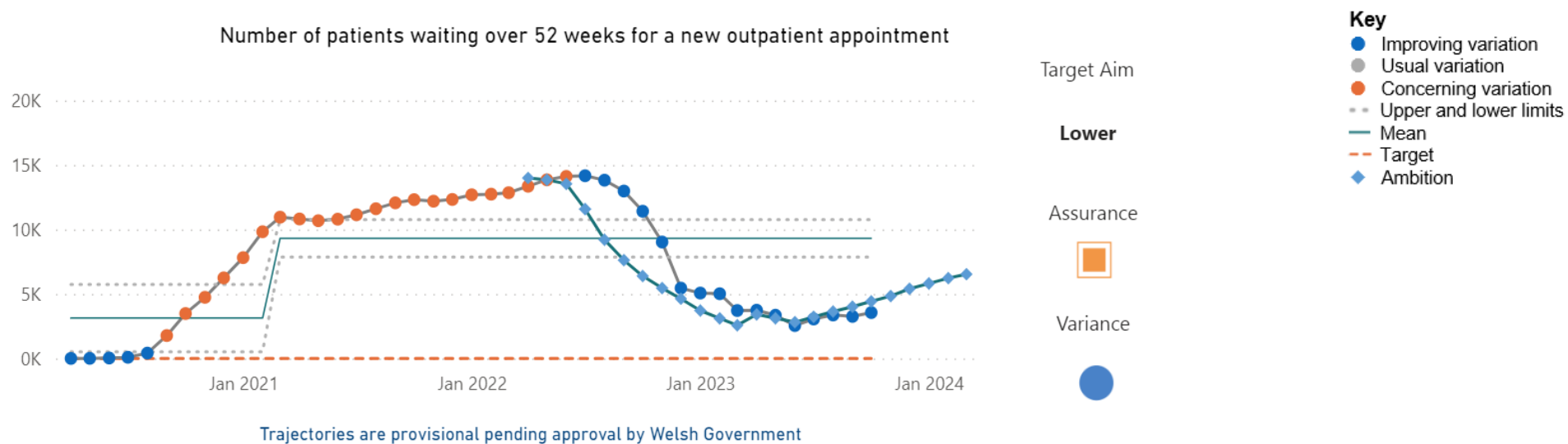
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our latest [IPAR dashboard](#) and navigate to:

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

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

(Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
October 2023	3,558	●	⊙	★	<p>Breaches increased in October 2023; however, we continue to show an improving trend. Our trajectory for October 2023 (4,426) has been met. RAAC issues at WGH are impacting routine cohort activity due to prioritisation of Urgent Suspected Cancer and urgent activity. Teams are exploring alternative outpatient areas including local authority rooms. Other actions include deep dives into individual specialties, targeted workstreams monitoring theatre utilisation and clinic capacity with regular scrutiny sessions, and targeted waiting list validation to enhance removal rates.</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. Trajectories are subject to change pending additional recovery funding which is currently being scoped.</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:

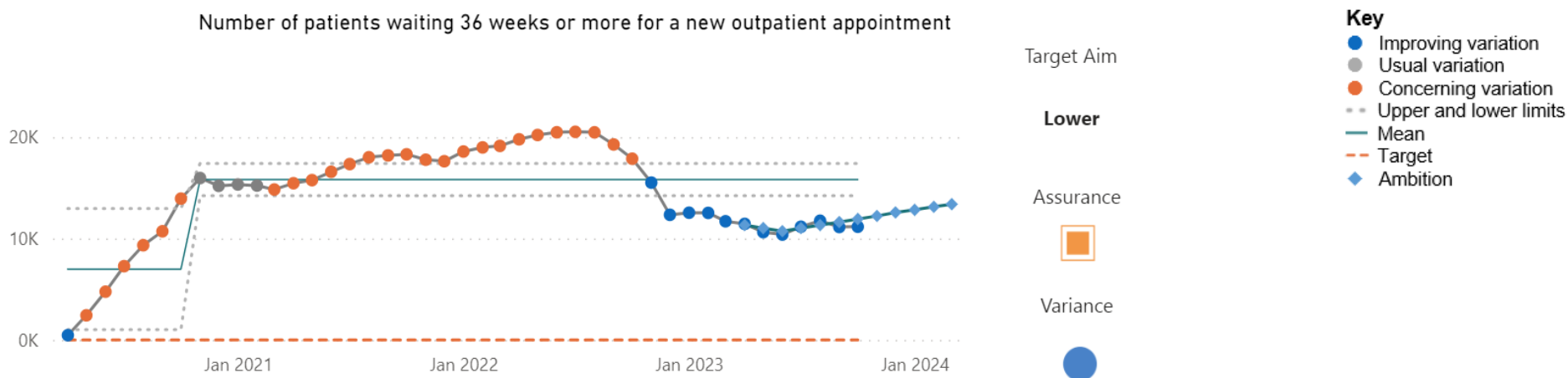
- [Topic] = 'Planned care'
- [Metric Name] = select a metric to view chart and supporting narrative

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
October 2023	11,162	●	⊙	★	<p>Breaches increased slightly in October 2023; however, we continue to show an improving trend and our trajectory for October 2023 (11,927) has been met. RAAC issues at WGH are impacting routine cohort activity due to prioritisation of Urgent Suspected Cancer and urgent activity. Teams are exploring alternative outpatient areas including local authority rooms. Other actions include deep dives into individual specialties, targeted workstreams monitoring theatre utilisation and clinic capacity with regular scrutiny sessions, and targeted waiting list validation to enhance removal rates.</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. Trajectories are subject to change pending additional recovery funding which is currently being scoped.</p>

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



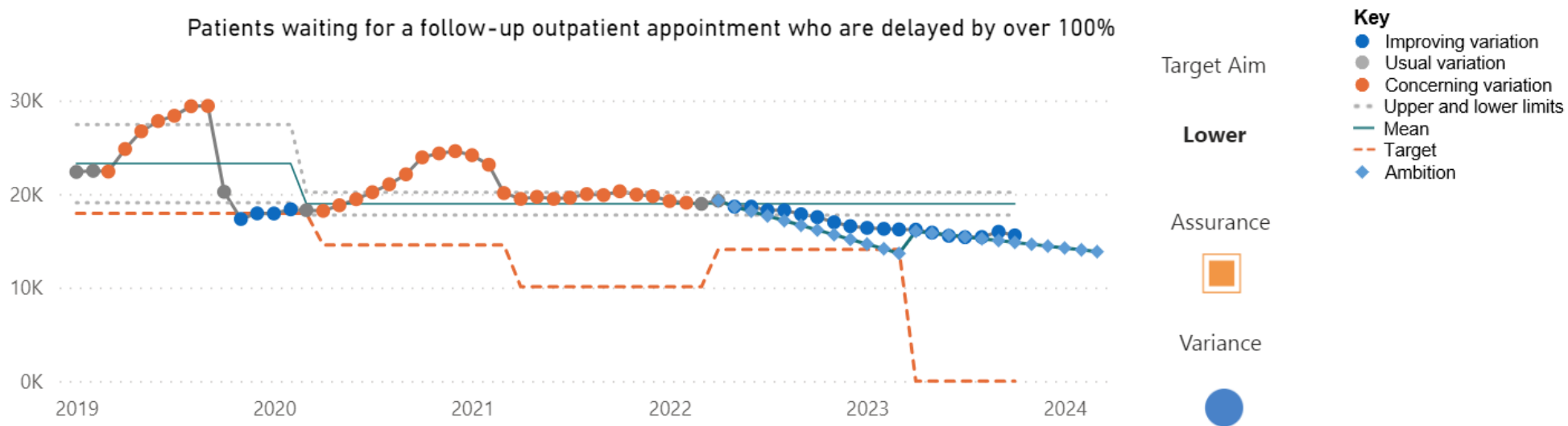
Trajectories are provisional pending approval by Welsh Government

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

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
October 2023	15,572	●	⊙	☀	<p>The number of patients waiting for a follow up appointment who are delayed by over 100% of their target date continues to show an improving trend, although our trajectory for October 2023 (14,821) was missed. The number of breaches has reduced by 386 since the previous month (September '23) following 2 months of increases. Consistent improved performance is due to outpatient throughput being increased, an increase in the use of alternative pathways such as See on Symptoms (SOS) / Patient Initiated Follow Up (PIFU), and a dedicated follow up validation team.</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

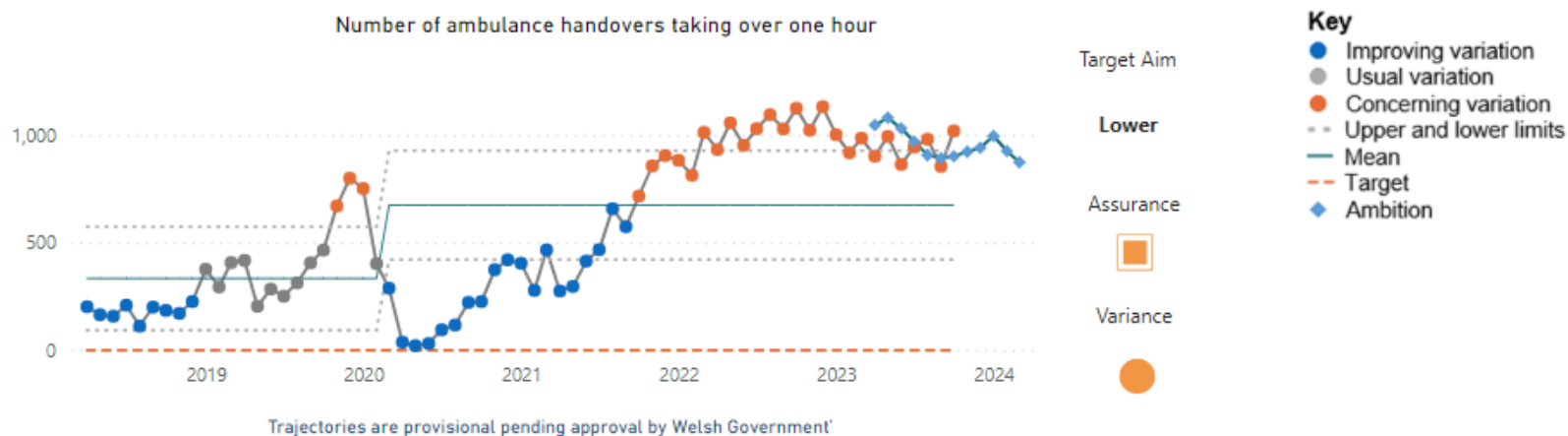
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our latest [IPAR dashboard](#) and navigate to:

- [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
October 2023	1,019	●	⊙	☀	<p>Ambulance handovers over 1 hour is showing a concerning trend. In October 2023, our improvement trajectory (901) was not met. Withybush performance has been impacted by the RAAC estates work and ward reconfiguration.</p> <ul style="list-style-type: none"> • Bronglais Hospital: 184 (trajectory: ☀ 120) • Glangwili Hospital: 515 (trajectory: ☀ 405) • Prince Philip Hospital: 35 (trajectory: ☀ 121) • Withybush Hospital: 285 (trajectory: ☀ 255) <p>Our aim now is to sustain and improve our performance further.</p>



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

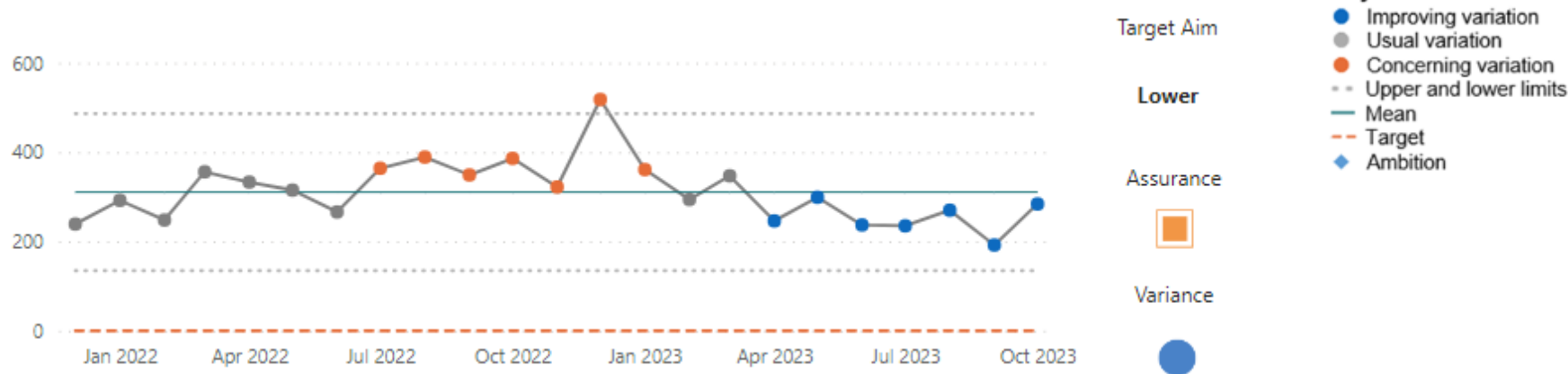
- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
October 2023	284	●	Ⓢ	n/a	<p>Ambulance handovers taking over 4 hours is showing improving trend variation. All sites except GGH have shown an improving trend. Whilst Withybush performance has been impacted by the RAAC estates work and ward reconfiguration, both PPH and WGH performance is below the mean value in October, whilst BGH is just above.</p> <p>There has been a reduction made since the peak in December 2022. Figures for 4 hour handover delays in October 2023 were:</p> <ul style="list-style-type: none"> • Bronglais Hospital: 32 • Glangwili Hospital: 192 • Prince Philip Hospital: 5 • Withybush Hospital: 55

Number of ambulance handovers > 4 hours



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

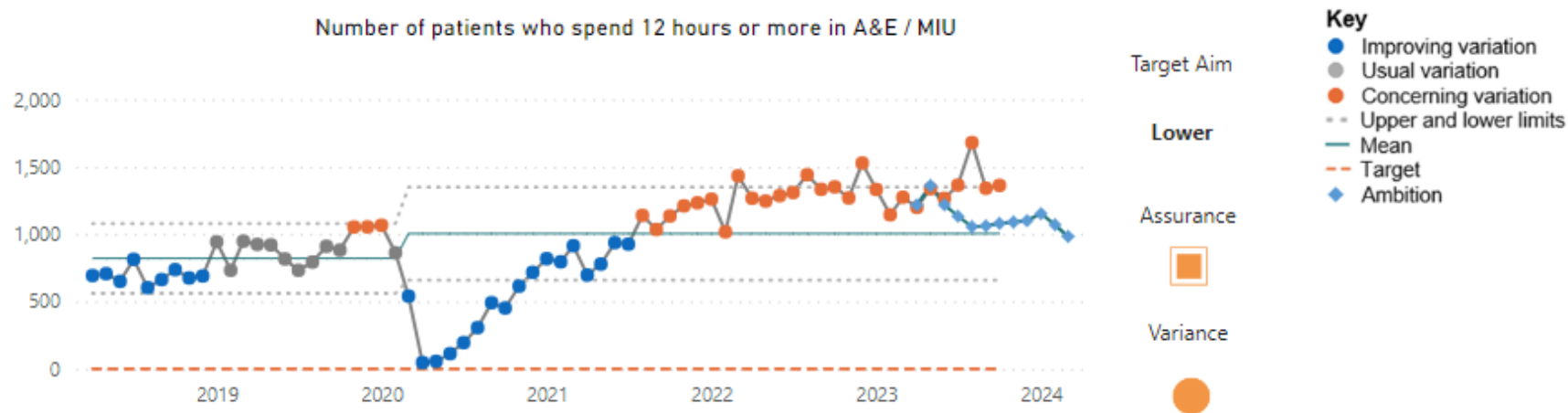
- [Topic] = 'Emergency care'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Ministerial priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
October 2023	1,362	●	©	☀	<p>Patients waiting over 12 hours is showing a concerning trend. The number of breaches have increased since June 2023 and we failed to achieve our improvement trajectory (1,080) for the health board. All acute sites, except PPH are showing concerning variation. PPH have achieved their individual trajectory. Withybush performance has been impacted by the RAAC estates work and resulting ward reconfiguration.</p> <p>Bronglais Hospital: 245 (trajectory: ☀ 185) Glangwili Hospital: 519 (trajectory: ☀ 395) Prince Philip Hospital: 62 (trajectory: ⚡ 85) Withybush Hospital: 536 (trajectory: ☀ 415)</p>

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

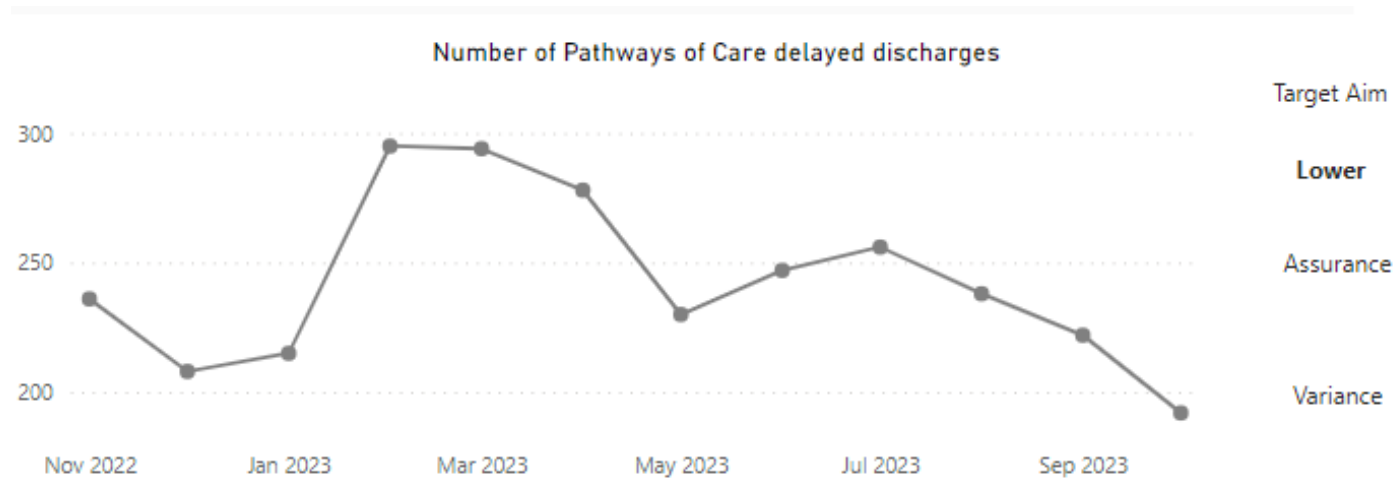


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
As 24 th October 2023	192	n/a	n/a	n/a	Significant number of patients are ready to leave our acute / community hospitals but are unable to be discharged primarily due to a lack of social care and domiciliary support. See next slide for further details.



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

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

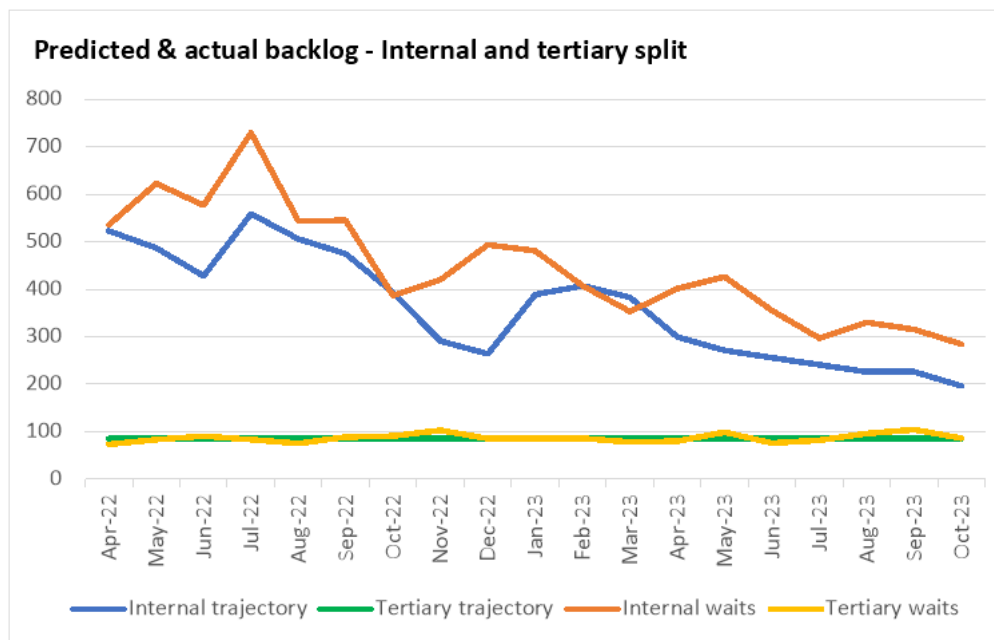
Urgent and emergency care: Reduce the number of patients in our hospitals with a delayed pathway / discharge
(Ministerial priority)

Reason	Aberystwyth MH Unit	Amman Valley Hospital	Bronglais Hospital	Caebryn Mental Health Unit	Carmarthen Mental Health Unit	Glangwili Hospital	H'west Mental Health Unit	Llandoverly Hospital	Prince Philip Hospital	South Pembrokeshire Hospital	St Davids Hospital	Tregaron Hospital	Withybush Hospital	TOTAL
Awaiting completion of assessment by social care	0	1	0	0	0	11	0	2	4	7	0	0	10	35
Awaiting start of new home care package	0	2	0	0	0	11	1	1	5	3	0	1	5	29
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	0	2	4	0	0	6	0	0	2	2	0	0	7	23
Awaiting reablement care package	0	0	0	1	0	4	0	1	4	0	0	0	1	11
Awaiting RH availability	0	0	1	0	0	4	0	0	4	2	0	0	0	11
Awaiting Social worker allocation	0	0	1	0	0	1	0	0	0	1	0	6	1	10
Awaiting EMI residential availability	0	0	2	0	0	5	0	0	2	0	0	0	1	10
Patient / family refusing to move to next stage of care/ discharge	0	0	2	0	0	2	0	1	2	0	0	0	0	7
Awaiting Continuing Healthcare (CHC) Assessment	0	1	0	0	0	3	0	0	2	0	0	0	0	6
Awaiting joint assessment	0	0	3	0	0	0	0	0	0	0	0	3	0	6
Awaiting NH availability	0	0	0	0	0	1	0	0	4	0	0	0	1	6
Mental Capacity / Court of Protection delays	0	1	0	0	0	0	1	0	2	0	0	0	0	4
No suitable abode	0	1	2	0	0	1	0	0	0	0	0	0	0	4
Awaiting completion of adaptations (DFG's)	0	0	1	0	0	1	0	0	1	0	0	0	0	3
Awaiting Community Resource capacity	0	0	0	0	0	0	0	0	3	0	0	0	0	3
Awaiting completion of arrangements prior to placement	0	0	0	0	0	0	0	0	1	1	1	0	0	3
Awaiting EMI nursing availability	1	0	0	0	0	1	1	0	0	0	0	0	0	3
Awaiting transfer to intermediate care bedded facility	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Awaiting integrated health /social care community provision	0	0	0	0	0	1	0	0	1	0	0	0	0	2
Awaiting funding decision	1	0	0	0	0	0	0	1	0	0	0	0	0	2
Awaiting Residential care home manager to visit and assess (Standard 3 residential)	0	0	0	0	1	1	0	0	0	0	0	0	0	2
Awaiting palliative care POC	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	0	0	0	0	0	1	0	0	1	0	0	0	0	2
Awaiting community based health provision D/N, CPN	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Awaiting funding decision FNC/CHC	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Awaiting provision of medicines management dispensing equipment/support	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Patient / family choice related issues	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Homeless	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Awaiting specialist bed availability	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Total	2	8	17	2	1	59	3	6	39	17	1	10	27	192

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)

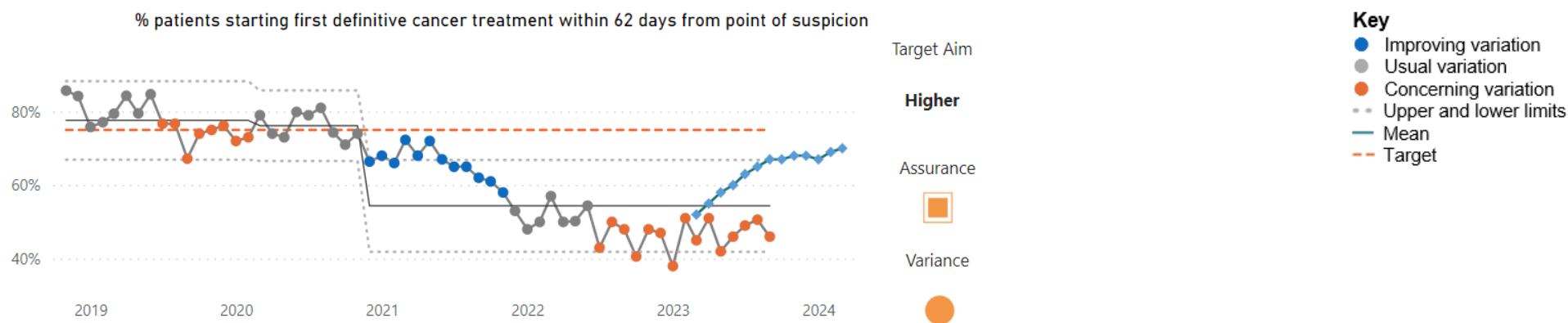
Latest period	Latest actual	Variation	Assurance	Trajectory	
October 2023	370	n/a	n/a	☀	<p>In October 2023, the overall backlog of 370 patients (trajectory 281) waiting over 62 days for their first definitive cancer treatment included:</p> <ul style="list-style-type: none"> • 284 patients waiting for an appointment/treatment within the health board (trajectory ▲ 196) • 86 patients waiting for an appointment/treatment with tertiary providers (trajectory ▲ 85) <p>The additional breaches in the September position was almost exclusively due to challenges within the Skin pathway caused by the transition between one insourcing company and another and capacity not meeting demand during Q1 and early part of Q2 which is now resolved. Plans now in place to recover skin position across 1st OPA, diagnostics and treatment.</p> <p>Note: Not all backlog patients will become SCP breaches.</p>



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
September 2023	46%	●	Ⓢ	☀	<p>Our single cancer pathway (SCP) performance has been showing concerning variation since July 2022 and the trajectory for September 2023 (67%) 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 skin cancers. The numbers of oncology and surgical cancer treatments provided have exceeded pre-pandemic levels.</p> <p>Key figures for September 2023: 1,903: Total referrals 3,004: Total number on the SCP 311: Number awaiting Diagnostics (Radiology & Endoscopy) 103: Number awaiting Tertiary Diagnostics & Treatment 152: Number awaiting surgery</p> <p>The remainder of patients on the pathway are waiting for an outpatient appointment, results and interventions.</p>



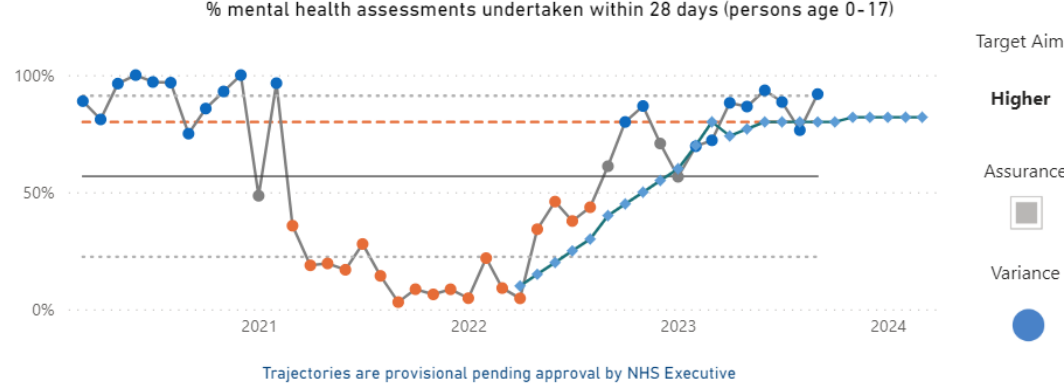
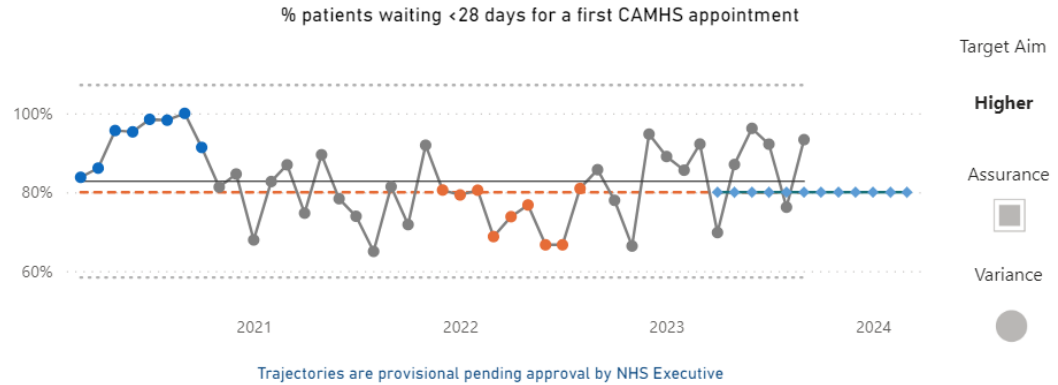
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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
September 2023	93%	●	Ⓢ	★	In September 2023, 42 out of 45 (93.3%) children and young people were seen within 28 days from referral to first CAMHS appointment whilst 91.9% of mental health assessments were undertaken within 28 days for patients aged 0-17. Performance exceeds trajectory and target this month.



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

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

- [Topic] = 'Mental health'

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

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	44%	●	Ⓢ	☀️	<p>In September 2023, 475 out of 1,078 (44.1%) adults waited less than 26 weeks to start a psychological therapy.</p> <p>The overall position is driven by:</p> <ul style="list-style-type: none"> • Integrated Psychological Therapy (IPTS) – 44.6%, showing improving cause variation • Adult Psychology – 22.7%, showing special cause concerning variation • Learning Disabilities Psychology – 43.5%, showing improving cause variation



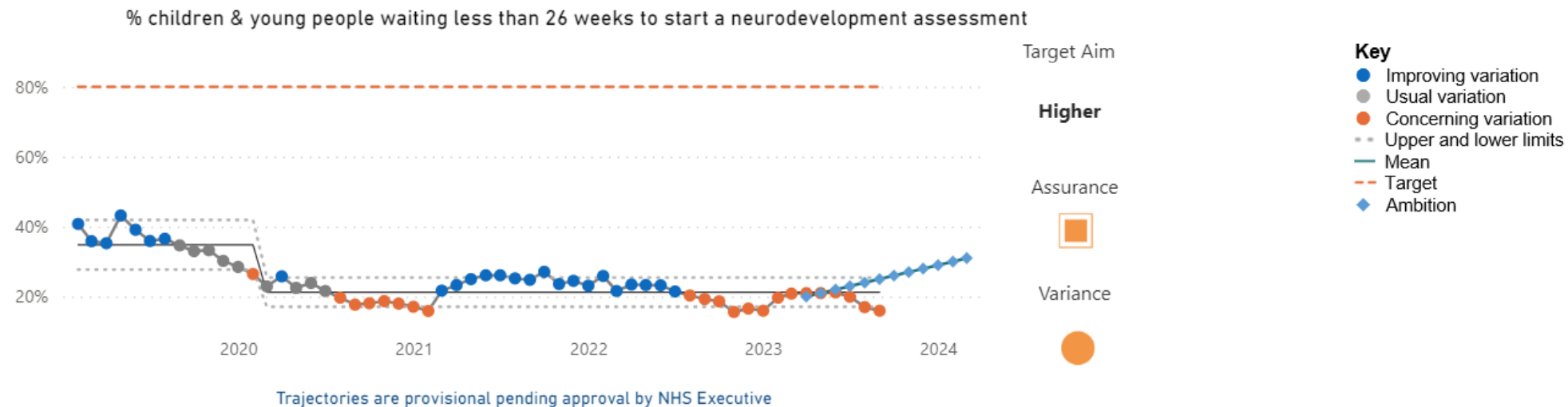
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
September 2023	16%	●	▲	☀	In September 2023, 434 out of 2,807 (15.5%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 75 out of 380 (19.7%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment. This is likely not to be a true reflection. This is because the way that Community Paediatrics is being recorded has changed, and the data is going through a transition period.



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:

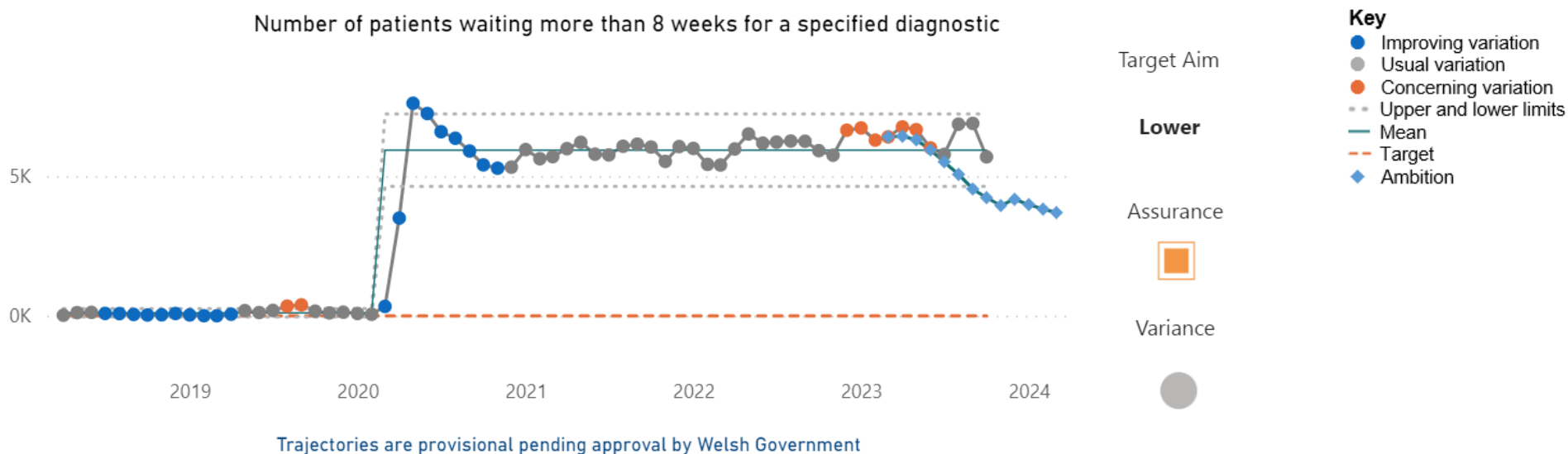
- [Topic] = 'Mental health'
- [Metric Name] = select a metric to view chart and supporting narrative

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	October 2023	5,695	●	⊙	☀	Trajectory = 4,233. Almost 1,200 fewer breaches in October 2023 compared to previous month. Breaches are now at the lowest level since March 2022.
Endoscopy		1,823	●	⊙	☀	Trajectory = 1,602. Over 300 less breaches than Sept '23. Lowest no. of breaches since August '22.
Radiology		2,227	●	⊙	☀	Trajectory = 1,838. Breaches reduced by over 450 from Sept '23.
Cardiology		1,229	●	⊙	☀	Trajectory = 648. Breaches reduced by over 400 from Sept '23. Lowest no. of breaches since July '22.
Neurophys		401	●	⊙	☀	Trajectory = 140. Breaches hovering around the 400 mark for the last 4 months.
Phys measure		8	●	⊙	☀	Trajectory = 5. Slight increase from previous month and trajectory not met for first time.
Imaging		7	●	⊙	n/a	Breaches reduced by over 50% compared to Sept '23.

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

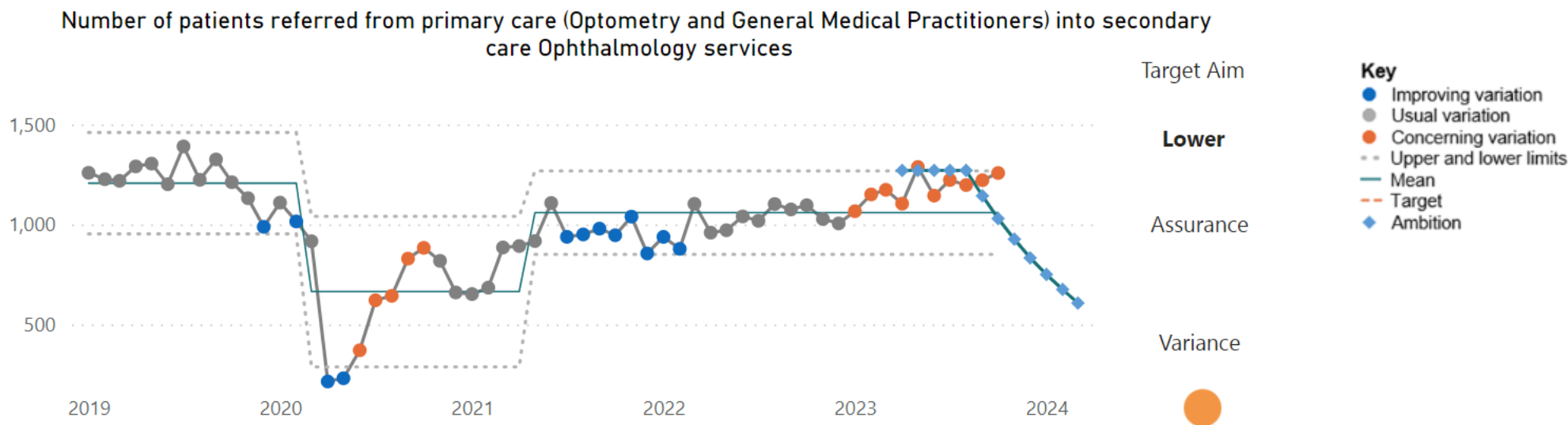


For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

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

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

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
October 2023	1,257	●	n/a	☀	<p>We did not achieve the trajectory in October 2023 (1,029).</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:

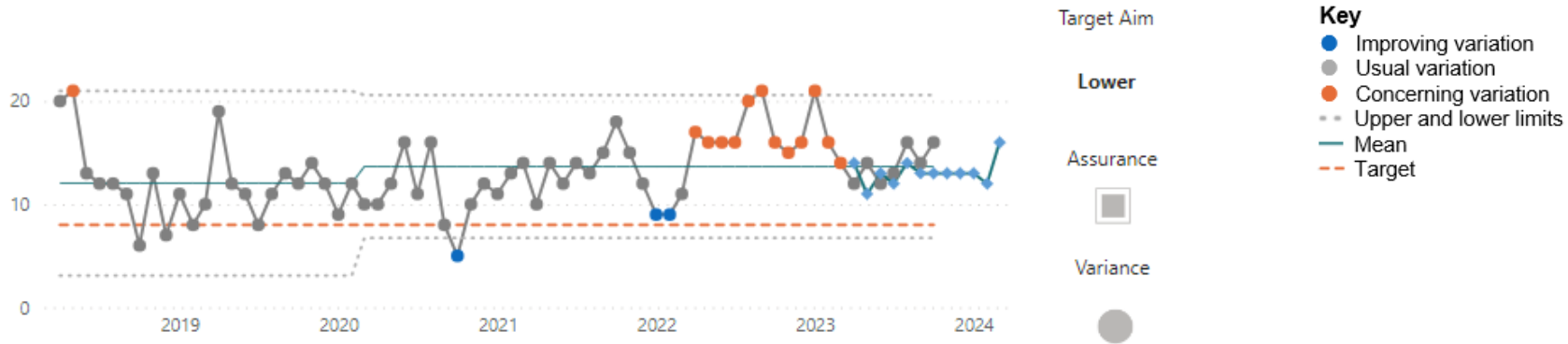
- [Topic] = 'Primary Care & Community Care'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
October 2023	16	●	©	☀	<p>October saw an increase in cases and the 20% reduction to 22/23 levels has not been sustained.</p> <p>The health board cumulative rate as of October 2023, is 45.6 cases per 100,000 population compared to 36.91 for Wales. Our rates for C.difficile are lower than for the same period last year.</p> <p>In 2022/23, we were consistently ranked 6th across Wales but as of September 2023, we ranked 5th 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:

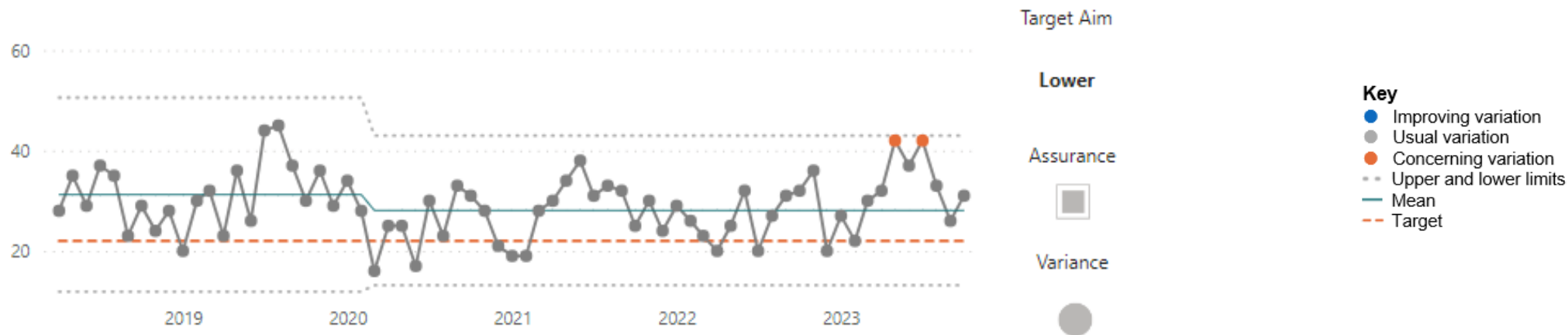
- [Topic] = 'Quality'
- [Metric Name] = select a metric to view chart and supporting narrative

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

(Accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
October 2023	31	●	©	n/a	<p>In October 2023, we have seen an increase in cases.</p> <p>The health board cumulative rate as of October 2023, is 106.64 cases per 100,000 population compared to 73.76 for Wales.</p> <p>Increased community focus as over 88% of all cases in September are confirmed as community onset.</p>

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



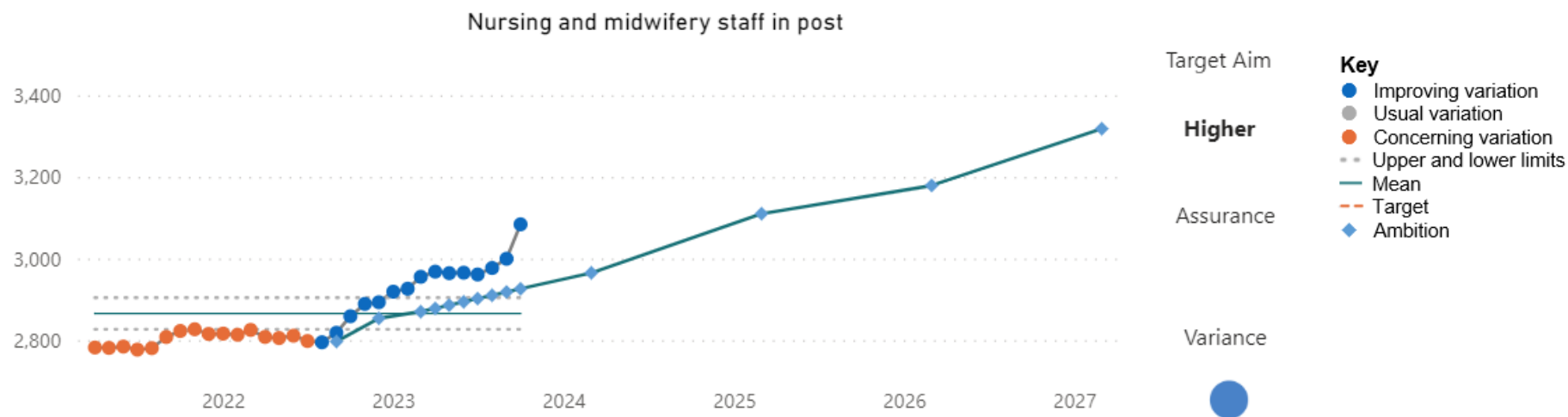
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [Topic] = 'Quality'

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

(Local priority)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
October 2023	3,084	●	n/a	✱	In October 2023, there were 3,084 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.



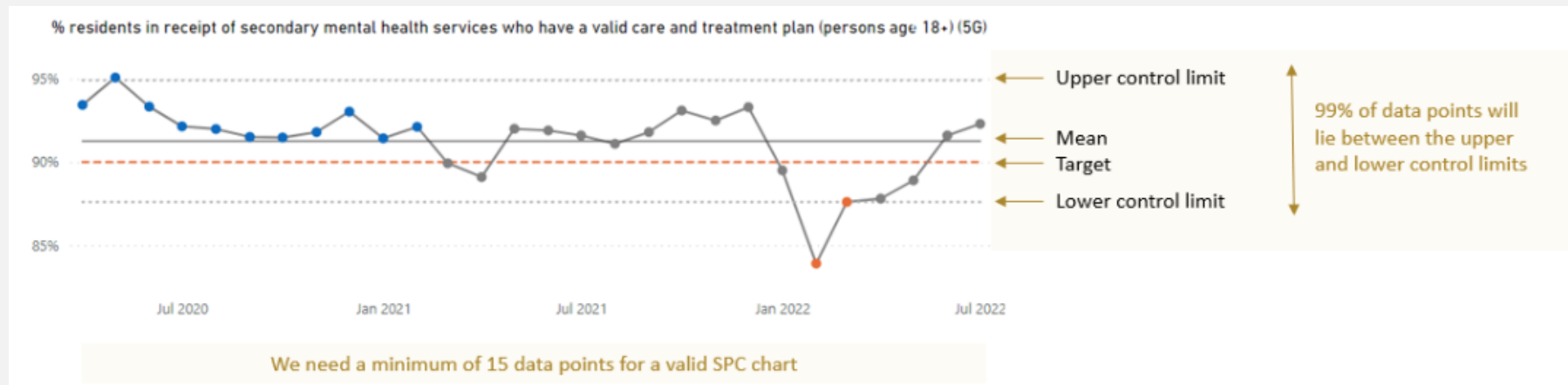
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our [latest IPAR dashboard](#) and navigate to:

- [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.

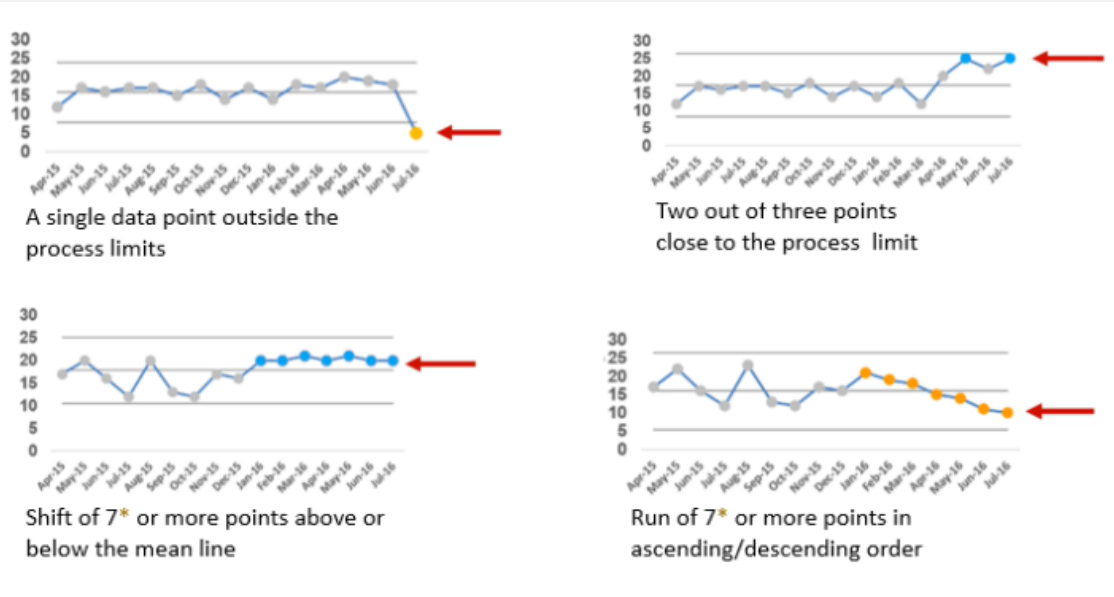
Anatomy of a SPC chart



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		