CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 9 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 Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 9, 2023/24 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The Board is asked to note the report.

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 December. Ahead of the Board 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 December 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.

The accompanying IPAR overview (Appendix 1) has been revised for this iteration.
- Changes have been made to the way Performance narrative is collated and displayed.
- User statistics from the IPAR dashboard illustrated that colleagues place a greater use on the narrative within the accompanying IPAR overview and SBAR documents than the dashboard.
- Narrative is no longer displayed on the IPAR dashboard, making the process more efficient for both senior reporting officers (SRO) and Performance Team members.
- The new overview layout will give Board and Committees a richer summary of our performance, key issues and actions. It also enables SROs to be focused with their summary points.

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 31 December 2023'.

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 period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits 36 weeks or more: new outpatient appointment	Dec 2023	0	11,937	●	🟧	🔷
Planned care	Waits over 52 weeks: new outpatient appointment	Dec 2023	0	4,246	●	🟧	🔷
Planned care	Follow-up appts - delayed >100%	Dec 2023	0	15,669	●	🟧	🔶
Planned care	Patients waiting over 52 weeks RTT	Dec 2023	0	15,560	●	🟧	🔷
Planned care	Patients waiting 104 weeks+ RTT	Dec 2023	0	2,585	●	🟧	🔷
Emergency care	% Ambulance red call responses < 8 mins	Dec 2023	65%	49.2%	●	🟧	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Dec 2023	0	959	●	🟧	◆
Emergency care	Ambulance handover > 4 hours Hywel Dda	Dec 2023	0	266	●	🟧	🔷
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Dec 2023	95%	65.7%	●	🟧	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Dec 2023	0	1,285	●	🟧	🔶
Emergency care	Number of Pathways of Care delayed discharges	Dec 2023	n/a	190	N/a	N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Nov 2023	75%	41%	●	🟧	🔶
Mental health	% pt waits <28 days 1st CAMHS appt	Nov 2023	80%	68.5%	●	⬜	🔶
Mental health	% adult psychological therapy waits <26 weeks	Nov 2023	80%	41.7%	●	🟧	🔶
Mental health	% child neurodevelopment assess waits <26 weeks	Nov 2023	80%	16.4%	●	🟧	🔶
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Dec 2023	0	7,225	●	🟧	🔶
Therapies	Pts waiting 14 wks+ for specified therapy	Dec 2023	0	3,436	●	🟧	🔶
Primary & Community Care	Referrals from primary care into secondary care Ophthalmology services	Dec 2023	n/a	915	●	N/a	🔶
Quality	C. difficile: Number of confirmed cases (in-month)	Dec 2023	8	12	●	⬜	🔷
Quality	E.coli: Number of confirmed cases (in-month)	Dec 2023	22	30	●	⬜	🔶
Workforce	% sickness absence rate of staff	Dec 2023	4.79%	6.15%	●	🟧	N/a
Finance	Financial in month deficit	Dec 2023	n/a	£5,356,000	●	N/a	◆

Trajectory is being developed for Red calls.

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 December 2023.

The supporting IPAR overview (Appendix 1) includes the latest data, challenges, issues and key actions for the following:

- Patients waiting over 36 weeks and 52 weeks for a new outpatient appointment
- Delayed follow-up outpatient appointments
- Patients who have been waiting for treatment for over 1 year and 2 years
- Ambulance responses for life threatening calls
- Ambulance handovers to our hospitals taking over 1 hour and over 4 hours
- Patients waiting in our emergency departments for less than 4 hours and over 12 hours
- Delayed pathways of care in our hospitals
- Cancer patients beginning treatment within 62 days
- Children and young people having a mental health assessment within 28 days of referral
- Adults waiting less than 26 weeks for a psychological therapy
- Children and young people waiting less than 26 weeks for a neurodevelopment assessment
- Patients waiting over 8 weeks for a diagnostic
- Patients waiting over 14 weeks for a specified therapy
- Reducing referrals from Primary Care into secondary care Ophthalmology services
- Cases of c.difficile and e.coli infections
- Staff sickness
- Financial deficit

Other key things to flag

Patient Experience: In December we achieved 94.7% for Overall patient experience (target 90%), with a total 10 out of 12 patient experience measures exceeding their targets.

Diagnostics and Therapies: In addition to the narrative for other services within Diagnostics and Therapies covered within the IPAR overview file, the following areas are to be highlighted:

- **Diagnostics – Neurophysiology:** Breaches in December 2023 (634) saw a large spike of 239 compared to the previous month. This follows a stable period where breaches were around 400 per month from July to November. The service experienced significant sickness in December, a high proportion of last-minute cancellations and consultant annual leave. Due to concerns with DNA (Did Not Attend) rates, all patients booked in January 2024 will be called prior to their appointment to ensure they attend and text-message reminders will be sent, allowing us to apply patient access rules fairly if a patient does not attend.
- **Diagnostics – Colonoscopy:** In September 2023, 5.1% of patients were offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment. The target is 90%. Sickness and annual leave within the SSP team impacted in September. Data for October should show improvement, and performance should improve further in 2024 due to an additional screening Endoscopist being trained and qualified in December 2023, introducing one additional list per week. Additionally, further plans are in place to on-board one further screening Colonoscopist in April 2024.
- **Therapies – Podiatry:** Breaches in December 2023 (421) saw a large spike of 127 compared to the previous month and are now at the highest level since July 2020. An increased amount of annual leave was seen in December. Additionally, the loss of two staff and delayed recruitment has impacted on waiting times.

Ophthalmology: In November 2023, 891 R1 patients out of a total of 1,361 (65.5%) 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.

Planned Care waiting list validation: Between January 2023 & December 2023, a total of 35,005 pathways were validated, with 14,701 removed (42% removal rate). Detailed reasons for validating and removing patient pathways include:

- Stage 1 (new outpatients): Review of expedite referrals where patients are already on other waiting lists (including follow up or surgical waiting list). Review patients that have been seen in the same or similar specialty in the last year.
- Stage 2 and 3 (diagnostic tests): Review records where tests are all clear and consultants have written letters to patients, but they have not been taken off the waiting list. This is the largest area of removals for the RTT validation team with a 54% removal rate since April 2023.
- Stage 4 (treatment/surgical stage): Rarer to have removals in this stage, but patients can be unfit for procedure, listed twice for bilateral operations, seen in private sector or consultants have decided that surgery is no longer the best option for the patient. Some specialties suffer from data quality issues where patients regularly attend medical day case facilities and clean-up of these lists often results in higher removal rates in stage 4.

Workforce:

Nurses and midwifery staff in-post: We had 3,128 nursing and midwifery staff in post in December 2023, which continues to exceed our improvement trajectory. This is attributable to streamlining of newly qualified registered nurses, the International Registered Nursing Recruitment Project and a targeted campaign for return to practice nurses.

Clinical coding: Significant improvement has been seen for coding errors corrected within 35 days or under, with an increase from 29% in August 2023, to 88% in October 2023. The service has worked with Digital Health and Care Wales (DHCW) to obtain monthly reports which now detail the corrections needed, which has improved performance for this measure.

Argymhelliad / Recommendation

The Board is asked to note the report from the IPAR – Month 9 2023/2024.

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 SDODC, PODCC

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: **Workforce:**	Development of staff through pooling of skills and integration of knowledge
Risg: **Risk:**	Better use of resources through integration of reporting methodology
Cyfreithiol: **Legal:**	Better use of resources through integration of reporting methodology
Enw Da: **Reputational:**	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may have a knock on impact onto recruitment and staff morale.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

Integrated Performance Assurance Report (IPAR) Overview

As at 31st December 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 measures for delayed pathways of care, nurses in post and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard:
Integrated Performance Assurance Report (IPAR) dashboard as at 31st December 2023.

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits 36 weeks or more: new outpatient appointment	Dec 2023	0	11,937	●	▣	◆
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Planned care	Follow-up appts - delayed >100%	Dec 2023	0	15,669	●	▣	◆
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Planned care	Patients waiting 104 weeks+ RTT	Dec 2023	0	2,585	●	▣	◆
Emergency care	% Ambulance red call responses < 8 mins *	Dec 2023	65%	49.2%	●	▣	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Dec 2023	0	959	●	▣	◆
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Mental health	% pt waits <28 days 1st CAMHS appt	Nov 2023	80%	68.5%	●	▣	◆
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Workforce	% sickness absence rate of staff	Dec 2023	4.79%	6.15%	●	▣	N/a
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Trajectory being developed

2

Patients waiting >36 weeks for first outpatient appointment

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ···· Upper and lower limits
- — Mean
- --- Target
- ◆ Ambition

Performance in December 2023 (11,937) has increased to the highest level since February 2023; however, trajectory (12,572) has been met.

Patients waiting >52 weeks for first outpatient appointment

Breaches have increased for the last 3 months; however, this is in line with trajectory. December 2023 (4,246) has over 1,200 less breaches than December 2022.

Follow up outpatient appointments delayed over 100% past target date

Trajectory has not been met in the last 5 months and breaches increased between November and December 2023 to 15,669.

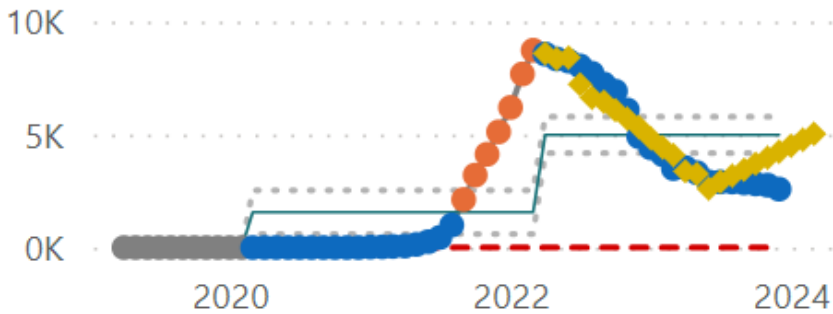| Key challenges / issues |
|---|
| • Planned care continues to work towards fully re-establishing pre-COVID capacity levels. In theatres this continues to be challenging due to Anaesthetic and Nursing staffing issues. |
| • Capacity and throughput in outpatients is similar to pre-COVID levels in some areas, with some exceeding pre-COVID levels of activity. |
| • Follow ups - Balancing follow up demand with new and urgent patient demand continues to be a challenge. |
| • Both new and follow up routine activity will be impacted by the Junior Doctor strikes in January 2024. |
| • **March 2024 trajectories are subject to change pending additional funding and outsourcing (see key actions).** |

Key actions / initiatives	Due date
Work continues towards recovery including meeting the Ministerial Measure targets. This includes maximising the use of See On Symptoms (SOS) / Patient Initiated Follow Up (PIFU) and working alongside Getting It Right First Time (GIRFT).	Ongoing
Additional moneys for recovery have been approved and the directorate is working alongside procurement and finance to finalise and deploy outsourcing delivery plans. Increasing internal capacity is being planned alongside theatres, pre-assessment, outpatient, waiting list support services, therapies and operational leads. Regular scrutiny meetings monitor progress to ensure financial and operational governance.	March 2024
Co-ordinated validation of waiting lists across all stages of the pathway ensures that patients are prioritised effectively, and capacity is protected to ensure the Health Board treats based on clinical priorities and ministerial targets.	Ongoing
Follow ups – By utilising SOS/PIFU and robust validation the directorate can marginally improve the follow up position. Virtual functionality is being utilised as much as possible including virtual review of regular diagnostics.	Ongoing

Waits over 52 and 104 weeks from referral to treatment
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Planned Care Recovery

Patients waiting over 52 weeks from referral to treatment

Patients waiting over 104 weeks from referral to treatment

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
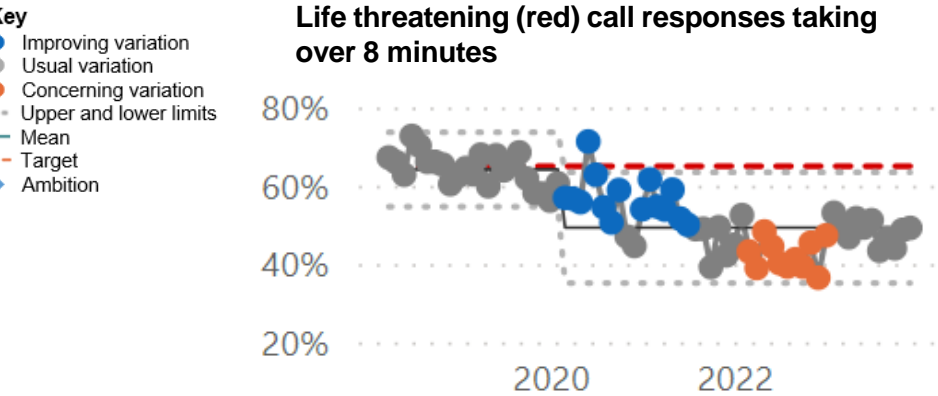- ⋯ Upper and lower limits
- — Mean
- -- Target
- ◆ Ambition
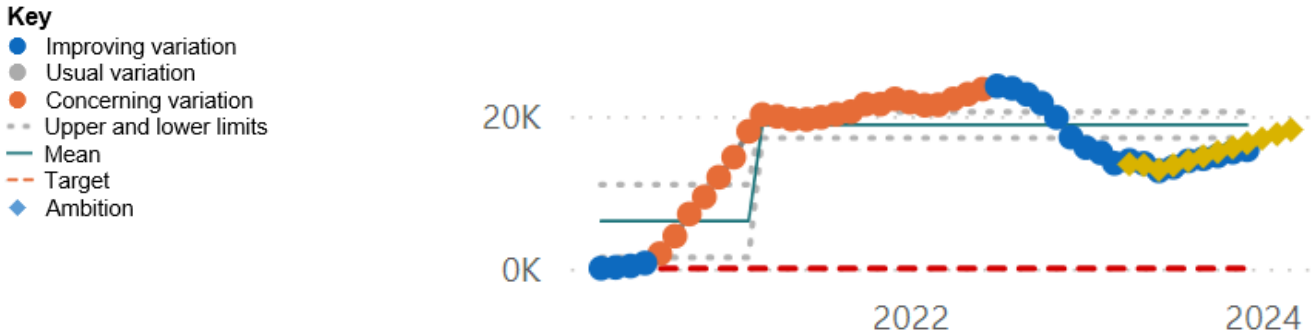
Breaches have increased for the last 6 months to 15,560 in December 2023. However, this is tracking in line with our original trajectory and an improving trend is showing. We met trajectory in December 2023 (16,441).

Performance has improved for the last 8 consecutive months, and the 2,585 breaches in December 2023 is over 1,600 below trajectory (4,239). Latest performance is better than any time since September 2021.

Key challenges / issues	Key actions / initiatives	Due date
• Planned care continues to work towards fully re-establishing pre-COVID capacity levels. In theatres this continues to be challenging due to Anaesthetic and Nursing staffing issues. • Capacity and throughput in outpatients is similar to pre-COVID levels in some areas, with some exceeding pre-COVID levels of activity. • Follow ups - Balancing follow up demand with new and urgent patient demand continues to be a challenge. • Both new and follow up routine activity will be impacted by the Junior Doctor strikes in January. • **March 2024 trajectories are subject to change pending additional funding and outsourcing (see key actions).**	Work continues towards recovery including meeting the Ministerial Measure targets. This includes maximising the use of See On Symptoms (SOS) / Patient Initiated Follow Up (PIFU) and working alongside Getting It Right First Time (GIRFT).	Ongoing
	Additional moneys for recovery have been approved and the directorate is working alongside procurement and finance to finalise and deploy outsourcing delivery plans. Increasing internal capacity is being planned alongside theatres, pre-assessment, outpatient, waiting list support services, therapies and operational leads. Regular scrutiny meetings monitor progress to ensure financial and operational governance.	March 2024
	Co-ordinated validation of waiting lists across all stages of the pathway ensures that patients are prioritised effectively, and capacity is protected to ensure the Health Board treats based on clinical priorities and ministerial targets.	Ongoing
	Follow ups – By utilising SOS/PIFU and robust validation the directorate can marginally improve the follow up position. Virtual functionality is being utilised as much as possible including virtual review of regular diagnostics.	Ongoing

Urgent and Emergency Care – Ambulances – Hywel Dda
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

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

Life threatening (red) call responses taking over 8 minutes

Latest data is showing expected (common cause) variation, 291 red calls met, out of a total of 592 responses, 49.2% (target = 65%).

Ambulance handovers taking over 1 hour
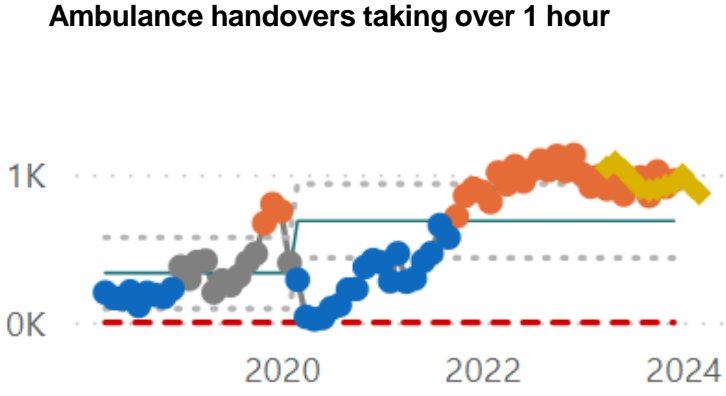
Latest data is showing a concerning trend, 959 handovers > 1 hour out of a total of 2,220, 43%. Performance was within 5% of the trajectory of 940.

Ambulance handovers taking over 4 hours
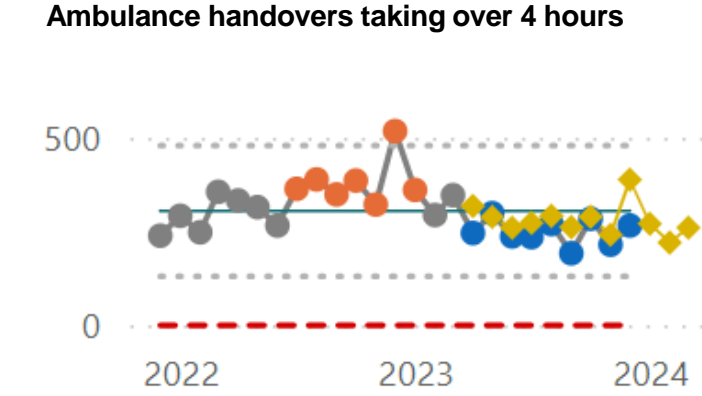
Latest data is showing an improving trend, 266 handovers > 4 hour out of a total of 2,220, 12%. The trajectory of 389 was met

Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
• Hospital delays in offloading WAST ambulance crews, 3,185 hours lost at the 4 acute Hywel Dda hospital sites during December 2023. • Due to site pressures, there is an increased frequency of ambulances being redirected to another Hywel Dda hospital where a bed has been identified. • Immediate release requests to HD Emergency Departments; accepted = 16, declined = 1. Glangwili was the only sites to decline. Increase of laparotomy and other transfers from Withybush to Glangwili. • Same Day Emergency Care (SDEC) – capacity not always sufficient to accommodate the patient intake number that was initially discussed from a WAST perspective.	• Integrated Commissioning Action Plans (ICAPs) continue to be develop for collaborative working between the HB and WAST; to share resources and ideas to establish solutions. • rial extended for SDEC intake to be at front door of ED - positive feedback from clinical colleagues. • Discussions between WAST and the HB on what a clinical streaming hub model for Pembrokshire could look like. Phase 2 of the clinical streaming hub in Carmarthenshire will conclude in Spring 2024. Model to review admission avoidance and streaming. • Enabling Quality Improvement in Practice (EQIiP) meetings continuing with clinical teams.	Ongoing

Ambulance handover delays - please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

Urgent and Emergency Care – Emergency Departments - Hywel Dda
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Patients waiting less than 4 hours in A&E/MIU

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- -- Target
- Ambition
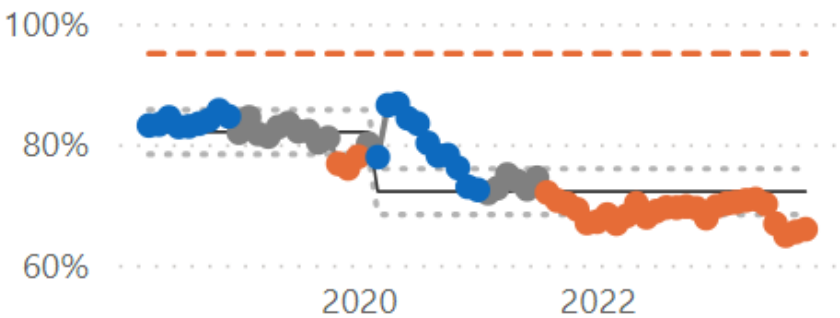
65.7% reported for December 2023 (4,569 breaches out of 13,307 new attendances). The chart is showing a concerning performance trend.
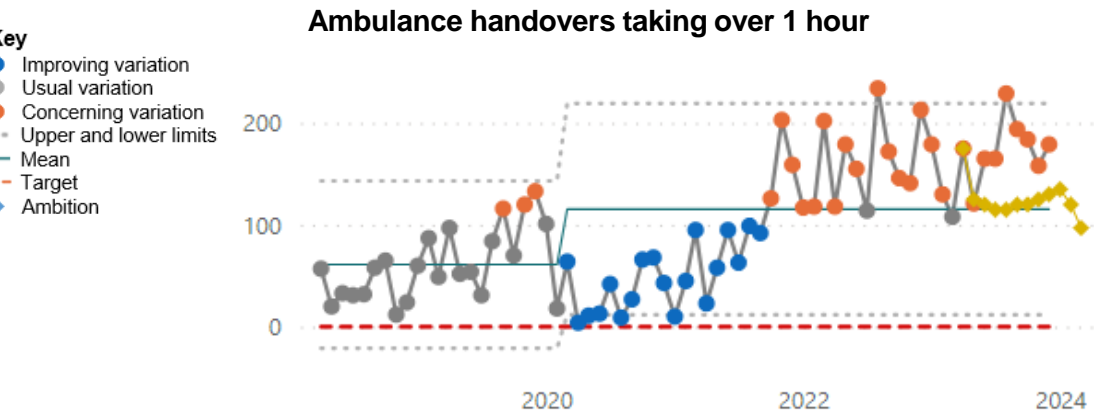
**Patients waiting over 12 hours in A&E/MIU**
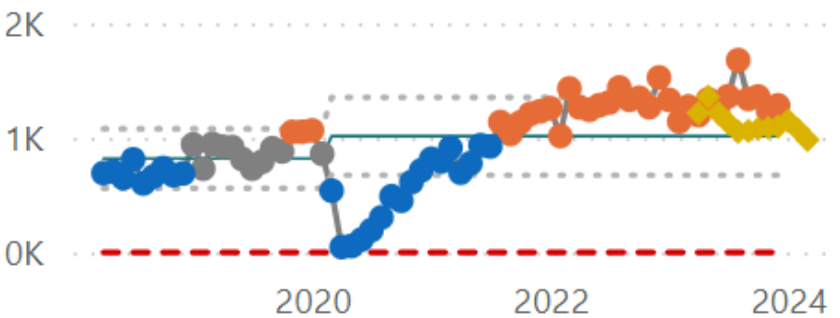
1,285 breaches out of 13,307 new attendances, 9.7%. Trajectory of 1,100 not met and chart is showing a concerning performance trend.

Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances - Bronglais Hospital
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Ambulance handovers taking over 1 hour

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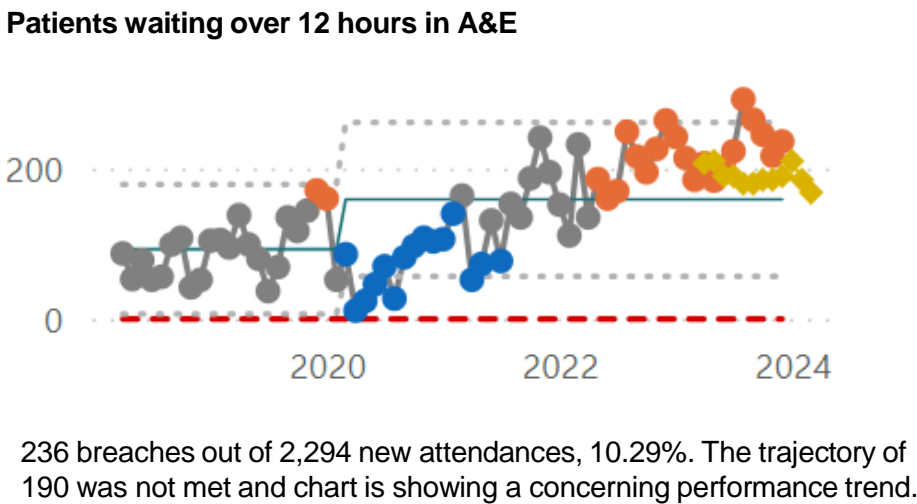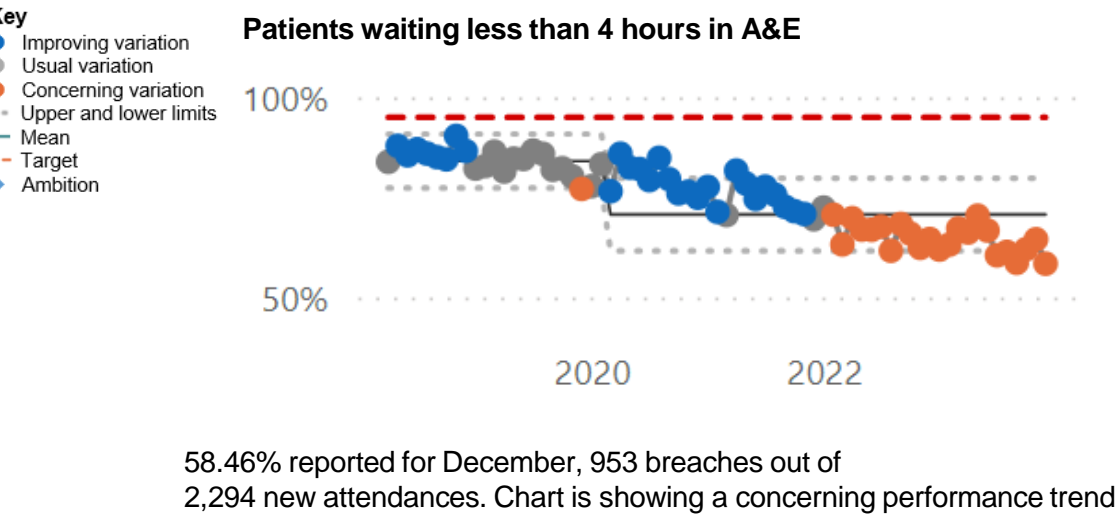- Upper and lower limits
- Mean
- Target
- Ambition

Latest data is showing concerning trend, 179 handovers >1 hours reported out of a total of 414 handovers, 43%. The trajectory of 130 has not been met.
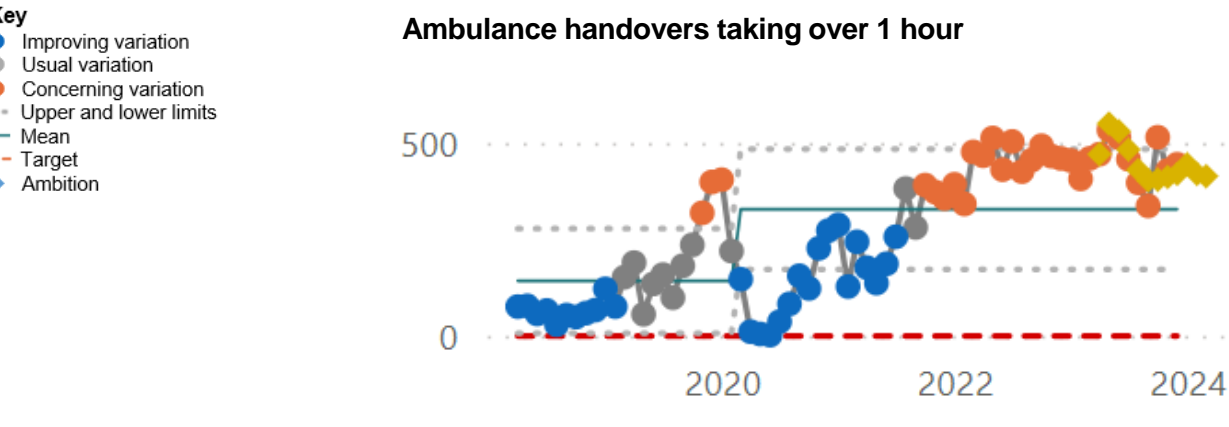
Ambulance handovers taking over 4 hours
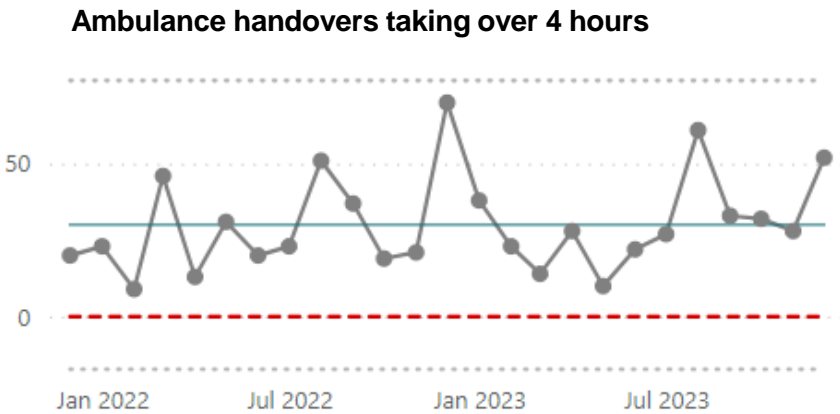
This metric is showing expected (common cause) variation. 52 handovers >4 hours were reported out of 414 total handovers 12.6%.

| Key challenges / issues	Key actions / initiatives	Due date
Performance worsened slightly compared to the month previous, but still maintained an improvement compared to the remainder of the period since August 2023. The number of patients who were clinically optimised has increased following the significant reduction in the previous month, indicating the returning challenge of discharging patients with more complex care needs. The total number of Emergency Department (ED) attenders reduced slightly although there is still reportedly high levels of complexity presenting. The number of ambulances waiting more than 4 hours increased compared to month previous and this was associated with the increased escalation levels reported (level of risk/system pressure on at hospital). Capacity in community settings is extremely challenging, and there are often no available community beds within Ceredigion into which patients can move to and the Tregaron hospital 6 bed reduction continues to be in effect. This places significant challenge on the acute system and contributed to the inability to hold the bed reduction plan and impacts the patient flow through the hospitals.	• Although in the past, patient flow out of the hospital did not prove to be as challenging in mid-Wales as it is in other parts of Wales, this has changed over the past two periods with high levels of "clinically optimised" patients being present in the hospital. Further actions are being put in place with Ceredigion Community Services taking a lead on relocating patients from the hospital. At the same time, increased focus on internal processes will identify priorities for improvement. • Staff vacancy rates across the site prove challenging and a targeted Ceredigion specific recruitment effort is being developed by the site team in order to deliver more focussed support for this function. Restoration of the clinical site management team back to its funded whole time equivalent establishment budget will support management of patient flow and attainment of the performance targets and the team is expected to be at full strength in February. • The front door frailty team continue to explore alternatives to admission for eligible patients. • The Wales Real Time Demand Capacity (RTDC) programme has been adopted within Bronglais Hospital and, following some modification, has been incorporated within the daily management processes.	Ongoing

Urgent and Emergency Care – Emergency Departments - Bronglais Hospital
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Patients waiting less than 4 hours in A&E

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

58.46% reported for December, 953 breaches out of 2,294 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E

236 breaches out of 2,294 new attendances, 10.29%. The trajectory of 190 was not met and chart is showing a concerning performance trend.

Key challenges / issues	Key actions / initiatives	Due date
This month saw a deterioration compared to last with performance falling from 64.5% to 58.5%. As noted above, the number of clinically optimised patients has started to increase again following a significant improvement in the month previous and the month saw increase escalation levels compared to previous. The total number of ED attenders reduced slightly although there is still reportedly high levels of complexity presenting. The number of ambulances waiting more than 4 hours increased compared to month previous and this was associated with the increased escalation levels reported. Capacity in community settings is extremely challenging, and there are often no available community beds within Ceredigion into which patients can move to and the Tregaron hospital 6 bed reduction continues to be in effect. This places significant challenge on the acute system and contributed to the inability to hold the bed reduction plan and impacts the patient flow through the hospitals.	• Although in the past, patient flow out of the hospital did not prove to be as challenging in mid-Wales as it is in other parts of Wales, this has changed over the past two periods with high levels of "clinically optimised" patients being present in the hospital. Further actions are being put in place with Ceredigion Community Services taking a lead on relocating patients from the hospital. At the same time, increased focus on internal processes will identify priorities for improvement. • Staff vacancy rates across the site prove challenging and a targeted Ceredigion specific recruitment effort is being developed by the site team in order to deliver more focussed support for this function. Restoration of the clinical site management team back to its funded whole time equivalent establishment budget will support management of patient flow and attainment of the performance targets and the team is expected to be at full strength in February. • The front door frailty team continue to explore alternatives to admission for eligible patients. • The Wales Real Time Demand Capacity (RTDC) programme has been adopted within Bronglais Hospital and, following some modification, has been incorporated within the daily management processes.	Ongoing

Urgent and Emergency Care – Ambulances - Glangwili Hospital
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

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

Ambulance handovers taking over 1 hour

Latest data is showing concerning trend. 445 handovers >1 hours reported out of a total of 854 handovers, 52.1%. The trajectory of 420 was not met.
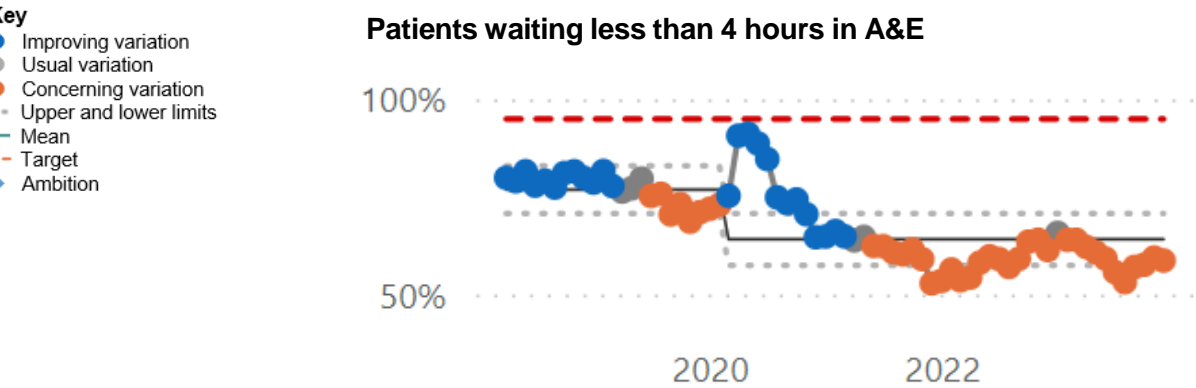
Ambulance handovers taking over 4 hours
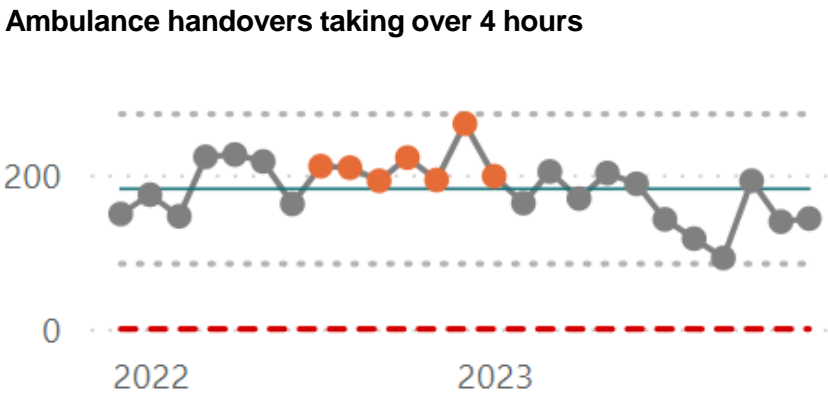
Latest data is showing expected (common cause) variation. 143 handovers >1 hours reported out of a total of 854 handovers, 16.7%.

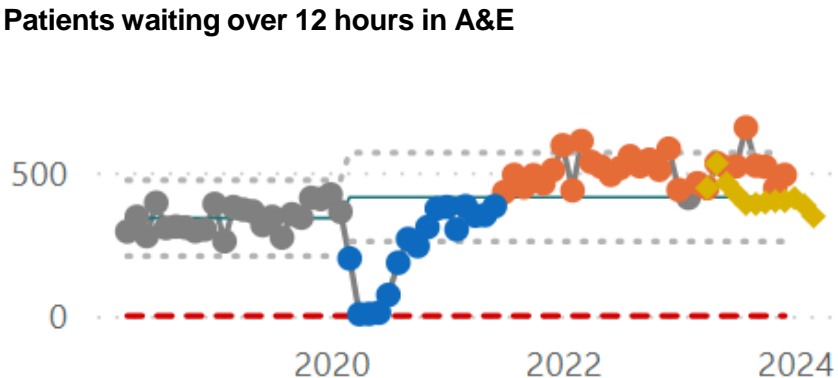| Key challenges / issues |
| --- |
| • Ambulance handover >1 hour performance has deteriorated in December although total ambulance handover numbers have reduced in month compared to November. The daily comparison is similar to November on average 28 handovers per day. However, the 27th December saw 42 ambulance arrivals in total.
• Ambulance handover >4 hours has also seen a deterioration in December.
• Flow remains challenging with high acuity of patients and complex discharge needs. |

Key actions / initiatives	Due date
Red and Amber 1 release plans firmly in place and are accommodated when safe to do so. A&E safety huddles continue and focus on actions to handover ambulances and the clinical safety within the department.	Ongoing
Twice daily HB calls to ensure system support for ambulance handover. Escalation of ambulance delays throughout the day to Manager of the Day and Senior Nurse for flow.	
Advanced Paramedic Practitioner (APP) navigator in place within Integrated Commissioning (IC) multi discipline team (MDT) to review ambulance stack and conveyance avoidance where possible.	
Delta Rapid Response and British Red Cross working at front door to facilitate early discharge with home support.	

Urgent and Emergency Care – Emergency Departments - Glangwili Hospital
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- -- Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E

58.71% reported for December, 1,740 breaches out of 4,214 new attendances. Chart is showing concerning performance trend

Patients waiting over 12 hours in A&E

491 breaches out of 4,214 new attendances, 11.65%. The trajectory of 400 was not met. Chart is showing concerning performance trend.

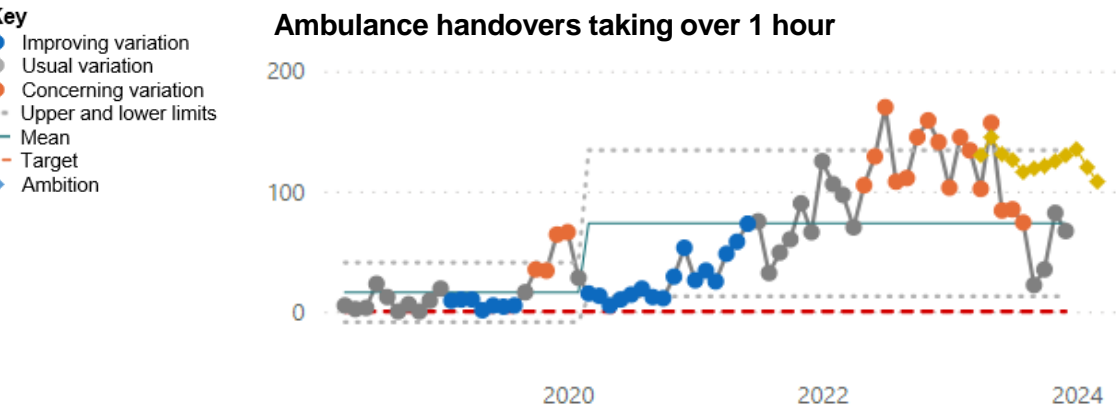| Key challenges / issues	Key actions / initiatives	Due date
• The 4 hour performance has remained relatively static throughout December. Emergency Department (ED) attendances have been increasing since September. Rapid triage is facilitated by Senior Clinician where possible. • The 12 hour performance has demonstrated a deterioration in comparison to November. • 76% of ED attendances are major category patients. • The breaches are variable on a daily basis which is dependent on flow out of the hospital. Patient flow continues to be challenging with high numbers of medically fit patients and increased numbers of patients ready to leave hospital. Access to social care and support services continues to be challenging in Carmarthenshire. On a daily average, there were 80 medically fit throughout the hospital. Real Time Demand and Capacity (RTDC) in place to focus on early discharge/ flow.	Senior clinician supporting triage for early re-direction to primary care and alternative pathways.	Ongoing
	Carmarthenshire community/ local authority and IC MDT are continuing to identify patients who can be cared for at home.	
	Same Day Emergency Care (SDEC) service are continuing to review patients in ED for same day turnaround suitability. Attempts to establish frailty pathway within establishment for the front door.	

Urgent and Emergency Care – Ambulances – Prince Philip Hospital
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Ambulance handovers taking over 1 hour

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

Latest data is showing expected (common cause) variation.
67 handovers >1 hours reported out of a total of 259 handovers, 25.9%. The trajectory of 130 was met.

Ambulance handovers taking over 4 hours
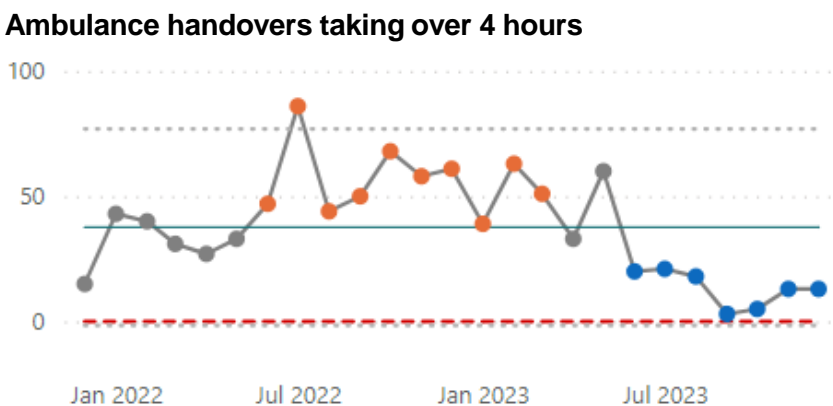
Latest data is showing an improving performance trend.
13 handovers >4 hours reported out of a total of 259 handovers, 5%.

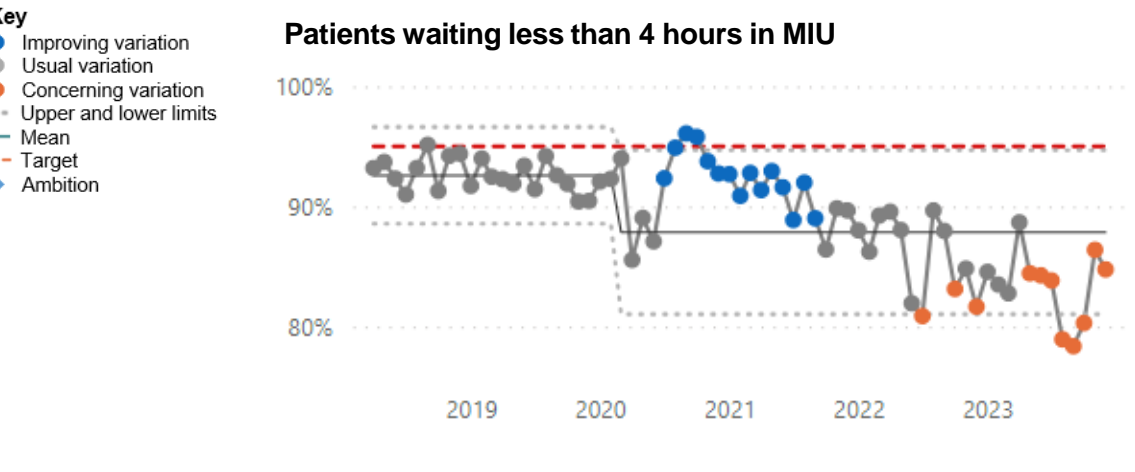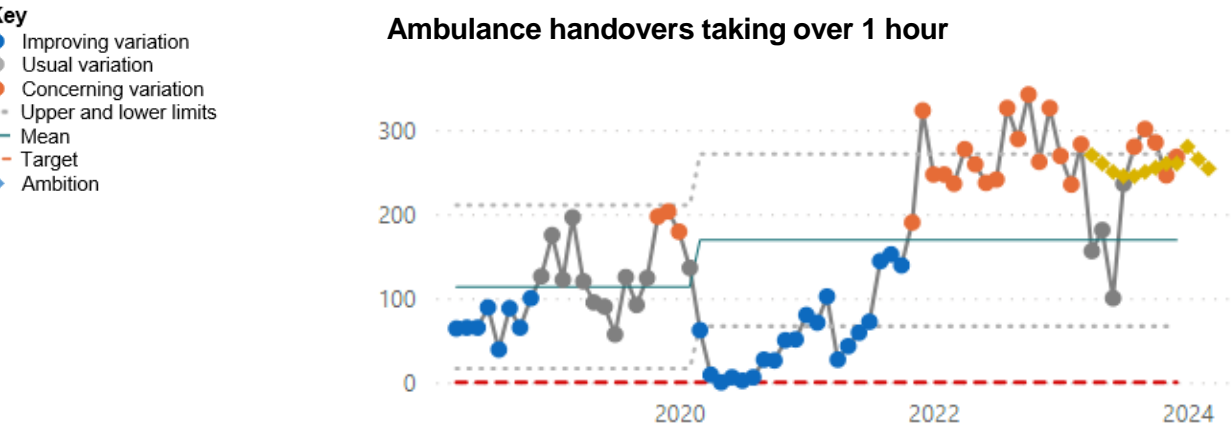| Key challenges / issues	Key actions / initiatives	Due date
• We saw an increase in overall ambulance demand during the month of December, patients continue to experience delays in handover with 25% over 1 hour. • The ability to flow patients through our system remains a challenge with delays to discharge being a contributory factor. Complexity of patient needs, delays timely discharge. • Infection control issues remain a challenge when scoping appropriate bed areas for patients.	• RTDC (Real time Demand and Capacity) continues to identify early discharges to improve flow throughout the hospital. Daily safety huddles continue to be successful with a multi discipline team (MDT) approach on patient pathway and expediting any outstanding tests to prevent delays. • Continuing to work collaboratively with Intermediate Care MDT and Delta Rapid Response to support admission avoidance with 'front door' visibility and to support early identification of patient needs. • Advanced Paramedic Practitioner (APP) navigator in place within Integrated Commissioning MDT to review ambulance stack and conveyance avoidance where possible. • Transferring patients early onto wards, where discharges are identified to improve the flow throughout the hospital	Ongoing

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ·· Upper and lower limits
- — Mean
- -- Target
- ◆ Ambition

Patients waiting less than 4 hours in MIU

84.76% reported for December, 359 breaches out of 2,355 new attendances. Chart is showing concerning performance trend.

### Patients waiting over 12 hours in MIU
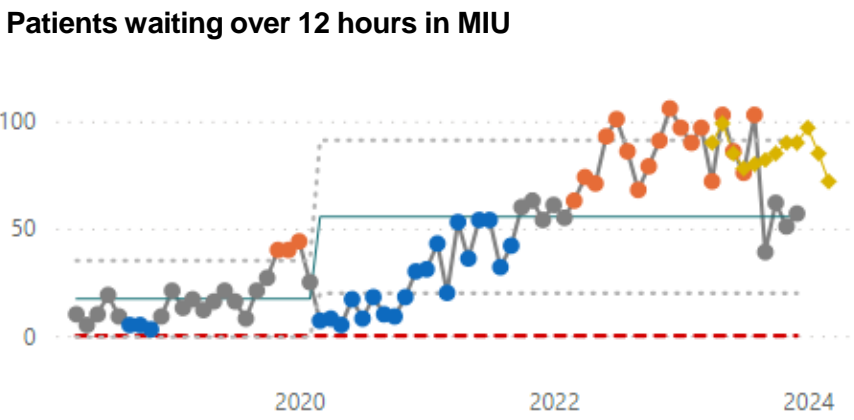
57 breaches out of 2,355 new attendances, 2.42%. The trajectory of 90 was met and chart is showing expected (common cause) variation.

Key challenges / issues	Key actions / initiatives	Due date
• Minor Injury Unit (MIU) new patient attendances decreased during December, with 34% categorised as majors . Our compliance within the 4 hour breach has fallen slightly as we continue to experience challenges due to spikes in infection control issues within Prince Philip Hospital which restricts flow. • Patients often attend the Minor Injury Unit (MIU) with a major condition and if they require admission, can wait in MIU overnight due to availability of an appropriate bed. Patients who are deemed medically optimised remains high, averaging daily 55 which contributes to delayed discharge and patient flow. These delays are a result of continued pressures within the acute and care sectors including availability of re-ablement and domiciliary services, sickness and limited bed availability.	• Same Day Emergency care (SDEC) Mon -Fri, 10am-6pm - attendances have increased due to our hybrid model including medical input with circa 95% discharged rather than admitted. SDEC team have enhanced with the support of a Locum Consultant. • "Hot Clinic" continues to be successful which facilitates early discharges and review. • Senior clinician supporting triage for early re-direction to primary care and alternative pathways. • Continue to focus on recruitment and staff retention with weekly education sessions for both medical and nursing staff.	Ongoing

Urgent and Emergency Care – Ambulances - Withybush Hospital
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- -- Target
- ◆ Ambition

Ambulance handovers taking over 1 hour

Latest data is showing concerning variation. 268 handovers >1 hours reported out of a total of 693 handovers, 38.7%. Performance was within 5% of the trajectory.

Ambulance handovers taking over 4 hours
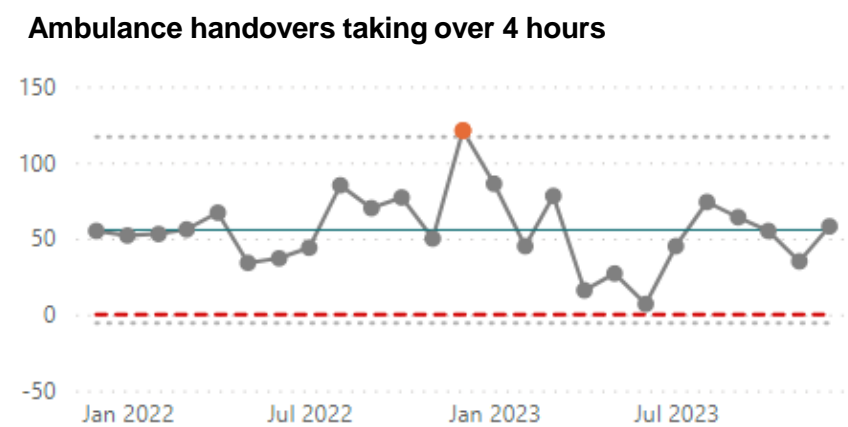
Latest data is showing expected (common cause) variation. 58 handovers >1 hours reported out of a total of 693 handovers, 8.4%.

| Key challenges / issues	Key actions / initiatives	Due date
Emergency Department (ED) remains highly pressured with long waits for in-patient beds. There was a slight decrease in ambulance attending ED however the walk in attendances have become highly complex and at times will come into the department before the patients on the ambulances. Lack of capacity in the community settings is extremely challenging, and not being able to discharge patients promptly to their own homes, care or residential homes, causes a significant challenge on the acute system and impacts the patient flow through the hospitals.	RED/AMBER release remains as a priority. Patient flow remains a challenge, however having Ward 9 back online from the reinforced autoclaved aerated concrete (RAAC) work may have impacted positively. Ward 12 was back online early November. On going work with Intermediate Care Team (ICT) to improve patient flow. Porth Preseli (clinical streaming hub) now operational with staff reviewing the WAST Ambulance call stack. Ambulance handover delays escalated to management team through the day. ED escalation plan developed.	Ongoing
	Continued focus on all handover delays at 3 x daily huddles and patient flow meetings by senior management team. WAST join our morning huddles to explore supporting each other.	
	RAAC continues to be problematic for the capacity to meet the demand for in patients beds. However with wards coming back on line we should see a positive impact of the handover ability in ED	
	New Advanced Paramedic Practitioner (APP) coming on line end of January 2024 to support screening the ambulance stack.	

Urgent and Emergency Care – Emergency Departments - Withybush Hospital
(Enhanced monitoring condition, accountability condition and Ministerial priority)

Urgent and Emergency Care

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- – – Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E
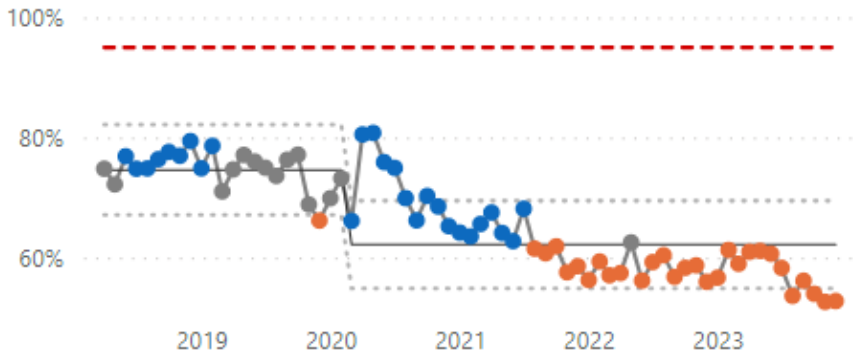
52.77% reported for December, 1,507 breaches out of 3,191 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E
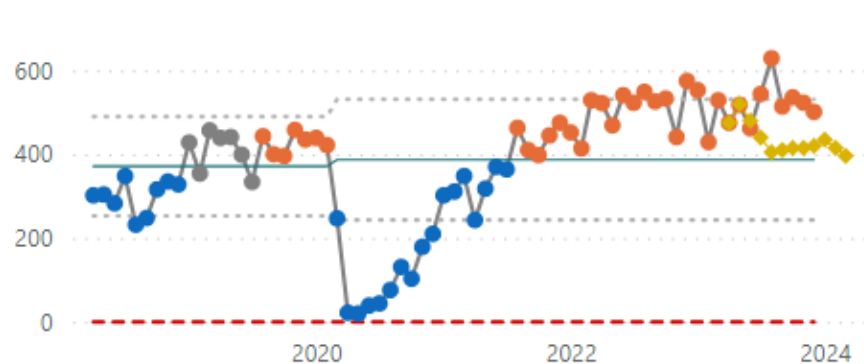
501 breaches out of 3,191 new attendances, 15.70%. The trajectory of 420 was not met and the chart is showing a concerning performance trend.

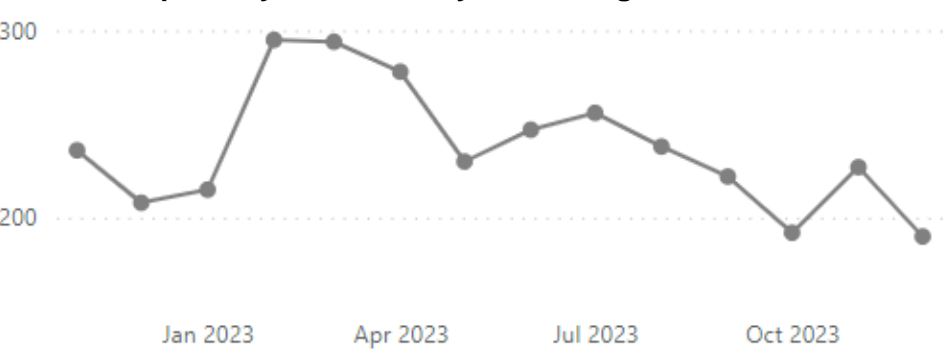| Key challenges / issues	Key actions / initiatives	Due date
• 4 hour performance continues to be poor • The ED remains overcrowded and the complexity/acuity of the patients has continues to increase over the last month. • There has been an increase of over 12 hours stays in ED. Patient flow out of the hospital remains challenging with over 30 medical patients waiting for beds on a daily basis.	ED escalation plan developed . ED have changed footprint to accommodate the inpatients waiting for beds that should help the ED flow. Same day emergency care (SDEC) will need to increase the redirecting of patients from ED. Clinical Streaming being developed . Need to increase our discharges before 2pm via Real Time Demand Capacity (RTDC).	Long term plan dependant on whole system actions. Further RAAC work needs to be completed
	Further "HOT" (adhoc) clinics now in operation. SDEC redirecting more patients from ED. Further wards coming back on line from the RAAC work. Frailty pathway being established for the front door. Medical Assessment Unit fully operational.	
	Ongoing whole system approach to the problem. Streaming process with a single point of contact in now operational. SDEC pulling more form ED	
	Significant risk in A&E when over 30 patients are in the department and awaiting an inpatient beds, which has continued to be challenging. RAAC continues to be an issue, however we should see and improvement with further wards now being handed back from the work	

Number of pathways of care delayed discharges

Reason	Resident Local Authority					
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	Gwynedd	Total
Awaiting start of new home care package	22	4	5	1		32
Awaiting completion of assessment by social care	3	2	18			23
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	11	4	6		1	22
Mental Capacity	12	2	1			15
Awaiting reablement care package	11	2				13
Awaiting EMI residential availability	11	1				12
Awaiting RH availability	6	2	2			10
Awaiting Social worker allocation		7	2	1		10
Awaiting transfer to intermediate care bedded facility	2	4		1	2	9
Awaiting EMI nursing availability	3	1	4			8
Other	17	10	7	0	2	36
Grand Total	**98**	**39**	**45**	**3**	**5**	**190**

Patients with a delayed discharge reduced during December, with Carmarthenshire Local Authority having the greatest proportion. The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas. There were 10 mental health patients and 180 non mental health.

Key challenges / issues	Key actions / initiatives	Due date
Non-mental health: • There is a consistent improvement across the region in adult delays in pathways of care transfers (DPOC). Showing a reduction from Novembers 213 cases to Decembers 180 cases.	• DPOC performance is monitored within each County Management Team system.	Monthly
• The 60% reduction target of assessment delays has been achieved in December in line with WG directives. In August, the assessment delays were 112 and December is 57.	• The Health Board has established a Task & finish group for Discharge and Transfer of Care procedures / policy.	Update January
• Key challenges continue to manifest through complexity of patients, workforce challenges in both health and social care. • Financial pressures and the market instability in the independent sector; including nursing, elderly mentally ill (EMI) ,residential home and domiciliary care provision.	• Continue to work collaboratively with Local Authority Colleagues, third sector partners and WAST to enable flow and safe patient transfer, exploring models of alternative care provision.	Ongoing
Mental health: • Deteriorating position of between 14 -16 DPOC, census count was 10 for December. • 68.8% of the DPOCs are with the older adult service, who are experiencing high levels of clinical risk and acuity within their in-patient population, resulting in a consistent occupancy of 100%. • The 2 new DPOCs are with the older adult service and both are awaiting a funding decision by continuing care. The service will collaborate closely to ensure timely decision making. • The issue of inadequate provision of care homes within the region, especially Ceredigion will not be resolved in the short term.	In order to meet any reduction particularly in older adult, some multi agency strategic planning is anticipated for 2024. DPOCs are monitored at the Directorate's Business Performance Assurance Group meeting and due to our continued deteriorating position this will be highlighted at the January meeting. Whilst the aim is to reduce, there are some factors beyond the control of the Directorate but all DPOC cases are closely monitored. An improved position is at risk from reliance some external factors namely Local Authority and Continuing Care processes plus winter pressures and an anticipated increase in admissions.	January 2024

Number of single cancer pathway patients waiting over 62 days

Predicted & actual backlog - Internal and tertiary split

— Internal trajectory   — Tertiary trajectory   — Internal waits   — Tertiary waits
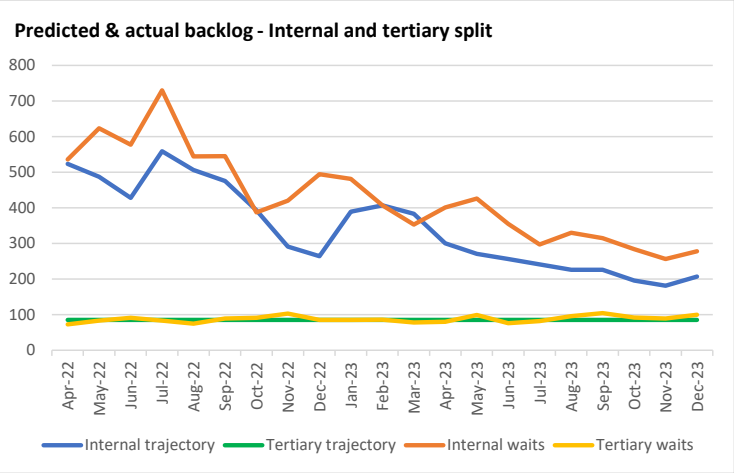
Total of 378 patients waiting over 62 days. 278 for treatment within Hywel Dda, 100 for tertiary treatment . The total trajectory of 292 was not met.

% single cancer pathway patients starting treatment within 62 days
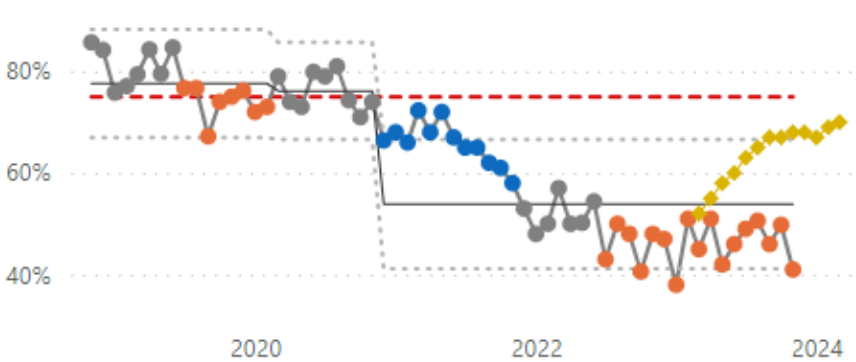
Performance has fluctuated between 38% and 51% during the last 12 months. None of the trajectories set for 2023/2024 have not been met. It should be noted that there were more referrals in November 2023 than any other month during the last year.

| Key challenges / issues |
| --- |
| • Unplanned workforce pressures resulting in loss of capacity;
• Increase in Infection Prevention Control resulting in loss of capacity
• Impact of unscheduled care pressures resulting in loss of capacity
• Finance – current financial position reduces flexibility to undertake additional activity
• Industrial action |

| Key actions / initiatives	Due date
Digital process for Pathology multi-disciplinary team with Swansea Bay – Roll out for other tumour sites	Completed December 2023
Gastrointestinal Improvement group – same day CT staging. Roll out across health board	June 2024
Demand and capacity planning for Radiology	March 2024
Productivity and efficiency review in Endoscopy	March 2025

Primary and secondary care Child and Adolescent Mental Health Services (CAMHS)
(Enhanced monitoring condition and accountability condition)

Mental Health

% patients waiting <28 days for a first CAMHS appointment

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- --- Target
- ◆ Ambition
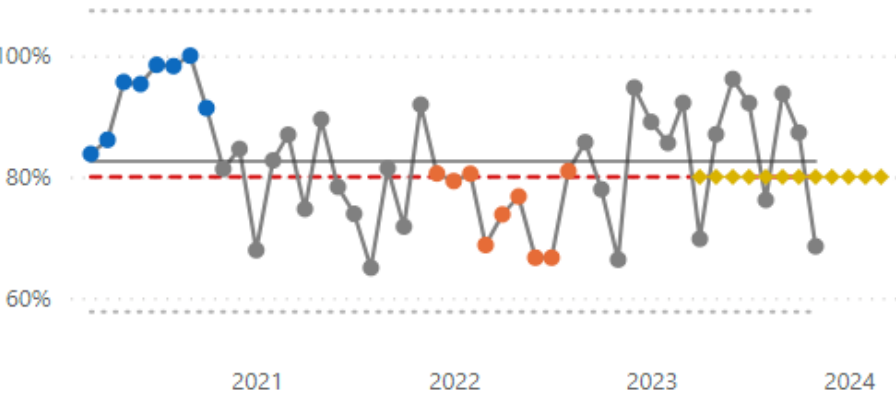
Latest performance is showing expected (common cause) variation. 61 out of 89 (68.5%) young people had their first CAMHS appointment within 28 days. The overall trajectory of 80% in November was not reached.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)
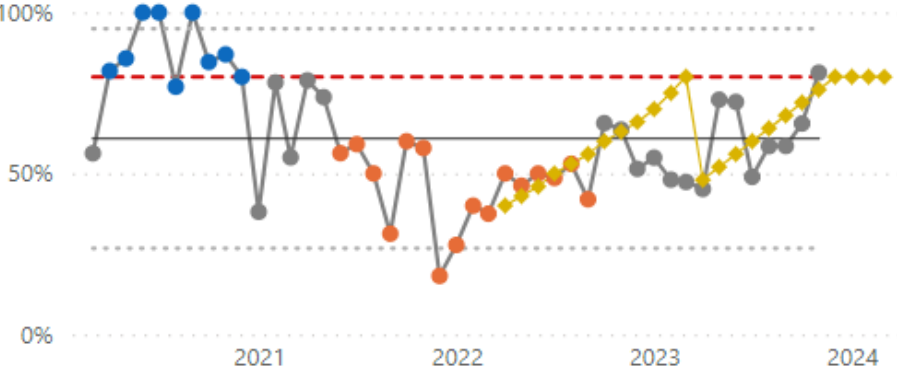
Latest performance is showing expected (common cause) variation. 81.3% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The trajectory of 76% in November was met.

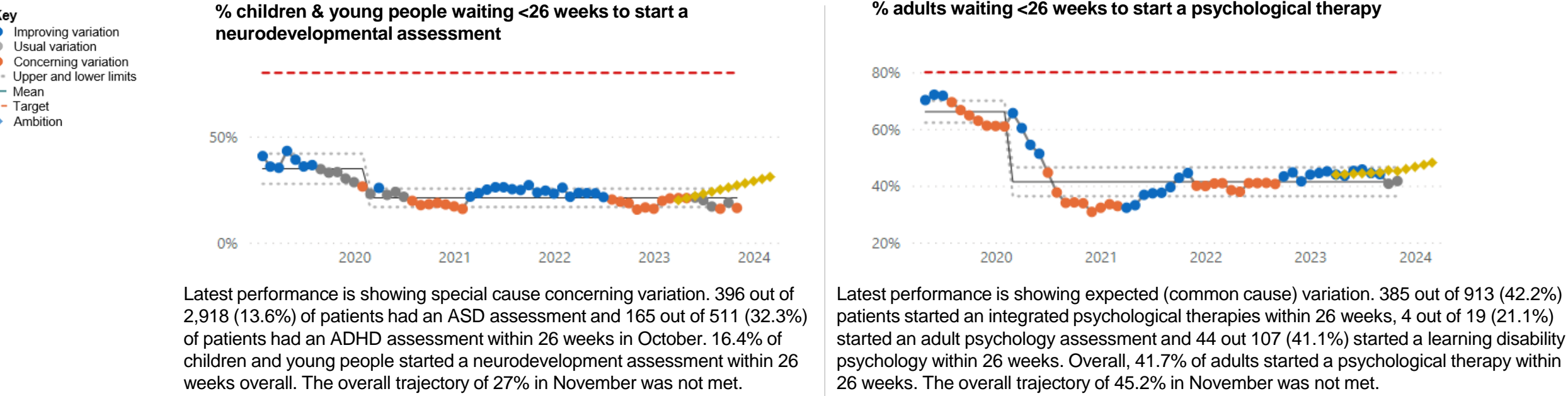| Key challenges / issues	Key actions / initiatives	Due date
% patients waiting <28 days for a first CAMHS appointment: • The decline in November was mainly centred on our Pembrokeshire Secondary Care team, where a combination of a spike in referrals (10 in one week), long term sickness and changeover of team secretary contributed to initial appointments not being booked within the 28-day period across October and November. • Several staff remain off on long term sickness throughout December.	**% patients waiting <28 days for a first CAMHS appointment:** • The Pembrokeshire Secondary Care team is to be supported by the Senior Nurse to identify a recovery plan to address the backlog and increase compliance. • Team leads have undertaken Demand and Capacity training from the Delivery Unit to enable process mapping of current systems and pathways is complete to improve efficiency and reduce time to assessment. • Additional clinical space being sourced for assessment clinics. • Monthly demand and capacity and Waiting List monitoring meetings are in place.	Mar '24
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): • This is the first month where this target has been met for over two years which is in part due to an increase in capacity due to new staff coming into role. • Significant long-term sickness (now resolved), staff progression and turnover left vacancies in the largest Primary Mental Health team. Two full-time posts remain vacant, with 3 candidates shortlisted for interview. • Patients have been reluctant to take up online group work and online individual work, and vastly favour one-to-one appointments resulting in longer caseloads.	**% therapeutic interventions started within 28 days following LPMHSS assess (0-17):** • Running multiple in-person skills group work and a review of access arrangements • Increased use of schools for clinical appointments to tackle estates issue • A review is underway with partner agencies, to reflect key areas of service development and clarify how the service structure is aligned with targets • We are piloting "gov.uk notify for assessments", which has reduced missed appointments for assessments and are now being rolled out for first intervention appointments	Mar '24

Neurodevelopmental Assessment and Psychological Therapy Waits
(Enhanced monitoring condition and accountability condition)

Mental Health

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- --- Target
- ◆ Ambition

% children & young people waiting <26 weeks to start a neurodevelopmental assessment

Latest performance is showing special cause concerning variation. 396 out of 2,918 (13.6%) of patients had an ASD assessment and 165 out of 511 (32.3%) of patients had an ADHD assessment within 26 weeks in October. 16.4% of children and young people started a neurodevelopment assessment within 26 weeks overall. The overall trajectory of 27% in November was not met.

% adults waiting <26 weeks to start a psychological therapy

Latest performance is showing expected (common cause) variation. 385 out of 913 (42.2%) patients started an integrated psychological therapies within 26 weeks, 4 out of 19 (21.1%) started an adult psychology assessment and 44 out 107 (41.1%) started a learning disability psychology within 26 weeks. Overall, 41.7% of adults started a psychological therapy within 26 weeks. The overall trajectory of 45.2% in November was not met.

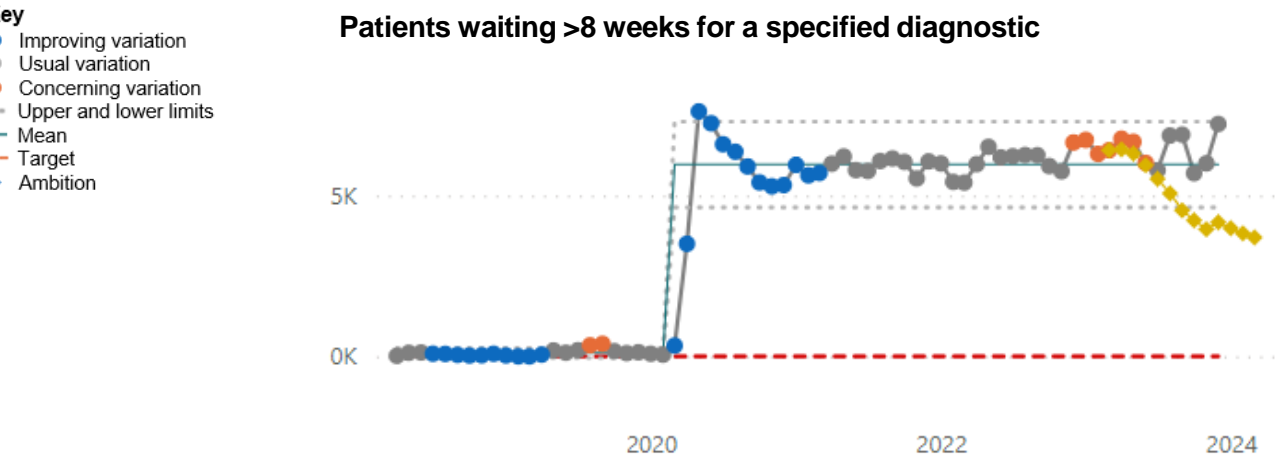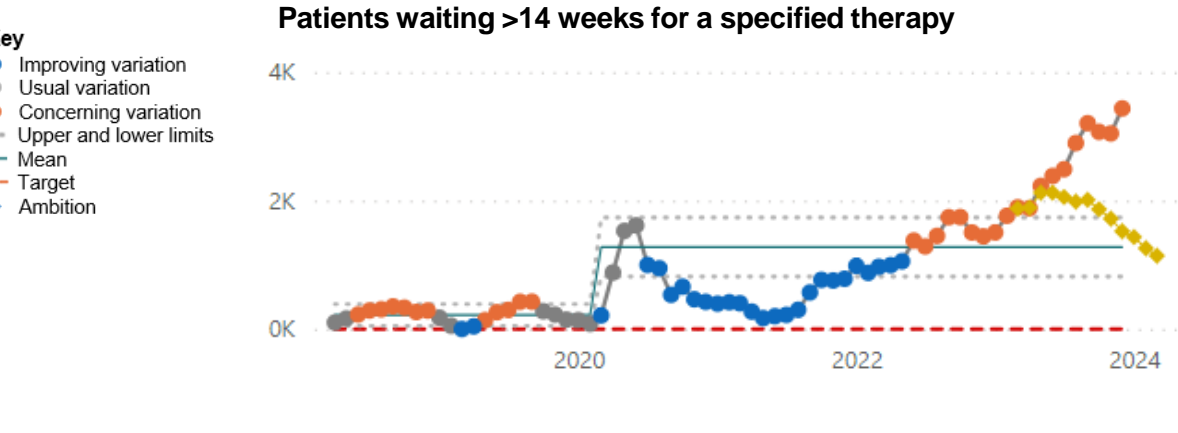| Key challenges / issues	Key actions / initiatives	Due date
Neurodevelopmental assessments: • Attention Deficit Disorder (ADHD): There has been a significant increase in referrals in recent months. New posts filled recently in the service are starting to make a positive impact, however, a considerable amount of annual leave was taken over autumn. • Autism Spectrum Disorder (ASD): demand for assessment has increased from an average of 20 referrals per month in 2016 to 120 in 2023, however, only 28 assessments per month can be completed with current resources. Staff vacancies, sickness and maternity leave, leave and training impact significantly affect output of a small service. **Psychological therapies:** • Integrated Therapies: Demand continues to outweigh capacity, however, the backlog waiting list are being offered group therapy, with the view that once cleared all clients referred will receive group therapy as first offer. • Adult Psychology: Recruitment still challenging and impacted on by additional scrutiny, however, is now progressing. • Learning disabilities: Recruitment into Band 5 posts has been successful however the service still has vacant Band 7/8a posts, recruitment campaign and review is planned.	**Neurodevelopmental assessments**: • ADHD: An ADHD nurse has begun clinics to review newly diagnosed patients to enable capacity to focus on initial assessment. The service is liaising with the third sector to support children and young people (CYP) waiting for first assessment. A working group is reviewing IT processes to introduce centralised booking to reduce Did Not Attends • Autism Spectrum Disorder (ASD): 379 diagnostic assessments for CYP have been outsourced. Use of digital platforms where possible is in place. Recording all activity on the Welsh Patient Administration System to inform demand and capacity planning. **Psychological therapies:** • Integrated Therapies: 532 letters have been sent to offer a group therapy invitation and booking of groups as a second point of contact. The service are still outsourcing a number of clients for Eye Movement Desensitization and Reprocessing therapy. • Adult Psychology: consolidation of a single waiting list and refined criteria for referrals. • Learning disabilities: Keeping in touch letters have been produced to be sent out in January via Synertec, with a rolling 3 month programme. Caseloads have been reviewed and prioritised in order of clinical need.	Mar '24 Mar '25 Mar '24 Mar '24

Patients waiting >8 weeks for a specified diagnostic

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- – – Target
- ◆ Ambition

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	December 2023	7,225	●	▣	◆
Radiology		3,670	●	▣	◆
Endoscopy		1,879	●	▣	◆
Cardiology		1,000	●	▣	◆
Neurophysiology		634	●	▣	◆
Imaging		37	●	▣	n/a
Phys measure		5	●	▣	◆

Breaches in December 2023 have risen to the highest level since June 2020 and the third highest ever recorded. Radiology have seen the largest recent increases, with breaches growing by over 1,400 in the last 2 months. Endoscopy continue to show special cause concerning variation, with breaches increasing in the last 2 months. Cardiology breaches have remained steady for the last 2 months. Neurophysiology breaches spiked in December 2023 by over 200, following 5 months where performance was around 400 per month. Trajectories have been missed in 4 of 5 services.
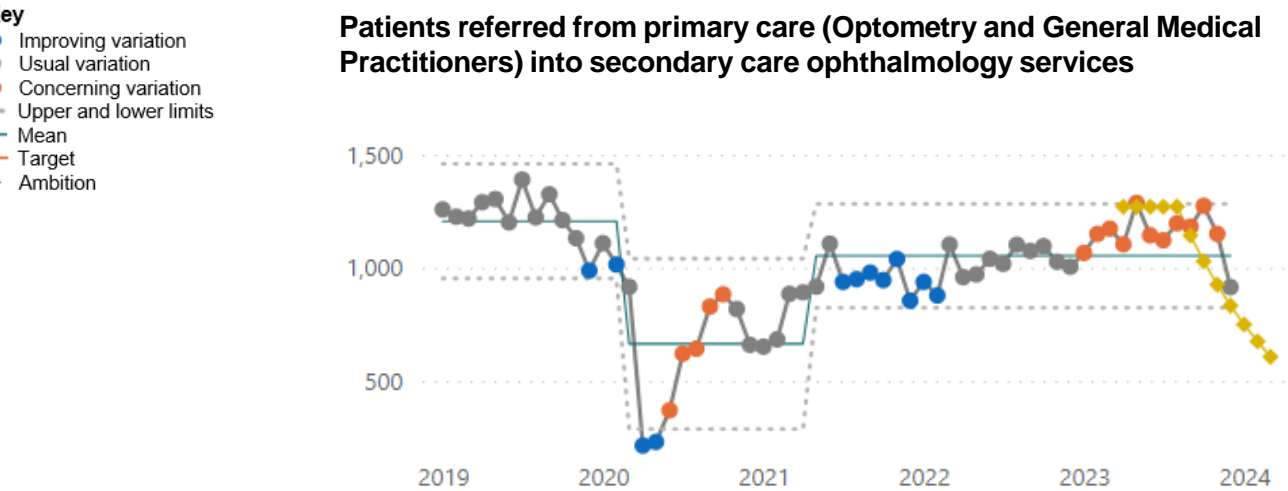
Key challenges / issues	Key actions / initiatives	Due date
Endoscopy: • Waiting list growth of (average) 53 patients per week (increasing backlog). • Constraints within surgeon job plans limiting ability to uplift core endoscopy sessions. • Recruitment of endoscopy nurses & an up-to-date review of base line staffing requirements to enable full utilisation of all available sessions.	**Endoscopy:** • Implement funded recovery plan of 5 additional lists per week up until the end of March 2024 – lists due to take place from January 2024 – these additional lists will combat the waiting list growth currently experienced. • Continuation of focused booking to maximise utilisation and productivity of all lists.	March 2024
Radiology: • Increased referrals and reduction of unfunded additional overtime has increased waiting list position. • Capacity and demand work is ongoing to realise base line staffing requirements for Radiologist and Radiographers to meet demand. • Reporting timelines remain a challenge due to increase in same day emergency work, increase in overall demand and difficulty in recruiting Radiologists.	**Radiology:** • Agreement to implement an insourced Ultrasound & MRI service to reduce backlog utilising recovery funding, to be completed by 31st March 2024. This includes associated reporting for MRI.	March 2024
Cardiology: • Constraints in Cardiologist capacity is limiting the pace at which the service is able to deliver the required volumes of in-source Echocardiography activity currently. • Increased number of referrals for Ambulatory Monitoring in October 2023 posed a continued challenge for December/January's performance, further impacted by Christmas/New Year bank holidays and heightened levels of staff leave.	**Cardiology:** • Continue and procure additional temporary Locum Cardiologist capacity to address Cardiologist capacity constraint and facilitate delivery of optimal levels of in-source Echocardiography by end of March '24. • Focused efforts in Quarter 4 to streamline and achieve optimal efficiencies in Ambulatory Monitoring across all 4 diagnostic sites.	March 2024

Patients waiting >14 weeks for a specified therapy

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

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	December 2023	3,436	🟠	▣	🔶
Dietetics		1,132	🟠	▣	🔶
Audiology		722	🟠	▣	🔶
Physiotherapy		689	🟠	▣	🔷
Podiatry		421	🟠	▣	🔶
OT		400	🟠	▣	🔶
Art therapy		46	🟠	▣	🔷
SALT		26	n/a	n/a	🔶

Following reductions for the previous 2 months, breaches increased to the highest level ever recorded in December 2023. Dietetics breaches continue to grow, with increases seen every month for the last 12 months. Audiology breaches have grown to the highest level ever seen following reductions for the previous 2 months. Physiotherapy breaches remain high but saw no change in the last month and are lower than any time since January 2023. Podiatry breaches have increased to the highest level since July 2020. 5 out of 7 services missed trajectory in December 2023.

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: • Base line staffing insufficient to meet demand in Musculoskeletal (MSK) & community services. • All workforce turnover gaps need to be covered by prospective increased rates of recruitment, bank or agency to maintain recovery performance. This is challenging in the financial climate. • Accommodation issues associated with Reinforced Autoclaved Aerated Concrete (RAAC) reducing community and MSK capacity. **Audiology:** • The service is still struggling to meet its trajectory to reduce the number of long waiters that arose due to significant staff absence and increased referral rates in 2023. • Base line staffing insufficient to now address the number of referrals into the service whilst maintaining a service for existing hearing aid users and supporting the Ear, Nose & Throat (ENT) clinics. It is only with recurrent funding to recruit more staff and access to additional testing facilities that we will be able to control these wait times. **Dietetics:** • Demand for adult Weight Management Services (WMS) is greater than capacity. • Increased vacancy & maternity leave in the community service leading to increased waiting times, with several breaches due to a cancelled clinic because of staff sickness.	**Physiotherapy:** • Planning process in place to support decant of physiotherapy MSK services to ward 3 at Withybush to allow RAAC structural survey and remedial work. • Planning process to refurbish Cleddau ward, South Pembrokeshire Hospital to reinstate outpatient and community services displaced as part of RAAC contingency measures. **Audiology:** • Ongoing review of capacity and demand by the Senior Team. • Staff schedules amended where possible to see additional patients. • Weekend working to address wait times (long-term sustainability of this is unknown) **Dietetics:** • WMS: new capacity is doubled from Jan 2024, slowing the increasing no. of breaches; further work required to project the impact on trajectory, as referral volume not steady. • Clinical capacity will increase when triage and administration processes are streamlined linked to the service going live with PowerApps (expected by end January 2024). The projected impact on demand and capacity will be determined following implementation. • Community Dietetics continues running extra clinic sessions and agency use (within budget) however based on the team vacancy rate the usual clinic capacity cannot be maintained and an increasing breach trajectory is projected, pending recruitment.	Feb 2023 March 2023 Ongoing Ongoing

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- -- Target
- ◆ Ambition

Patients referred from primary care (Optometry and General Medical Practitioners) into secondary care ophthalmology services


The target for this measure is to reduce the number of referrals from primary care into secondary care ophthalmology services.

Although the trajectory for December 2023 (833) wasn't met, the latest position shows the lowest number of patients were referred during the last 12 months, with a reduction to 915 in December 2023.

Key challenges / issues	Key actions / initiatives	Due date
• Implementation of national clinical pathways are being staggered therefore there is limited impact on the number of patients being referred into Ophthalmology, with Wales General Ophthalmic Services (WGOS) 4 being implemented from April 2024.	Discussion with Regional Optometric Committee (ROC) to agree minimum service provision levels for IPOS.	Complete
• The Independent Prescribing Optometry Service (IPOS) was established during the COVID-19 pandemic and has continued to be commissioned. This has now transferred into WGOS 5 under the new contractual arrangements.	Clinical pathway implementation as and when the clinical contract manuals are made available from Welsh Government	Ongoing

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- --- Target
- ◆ Ambition

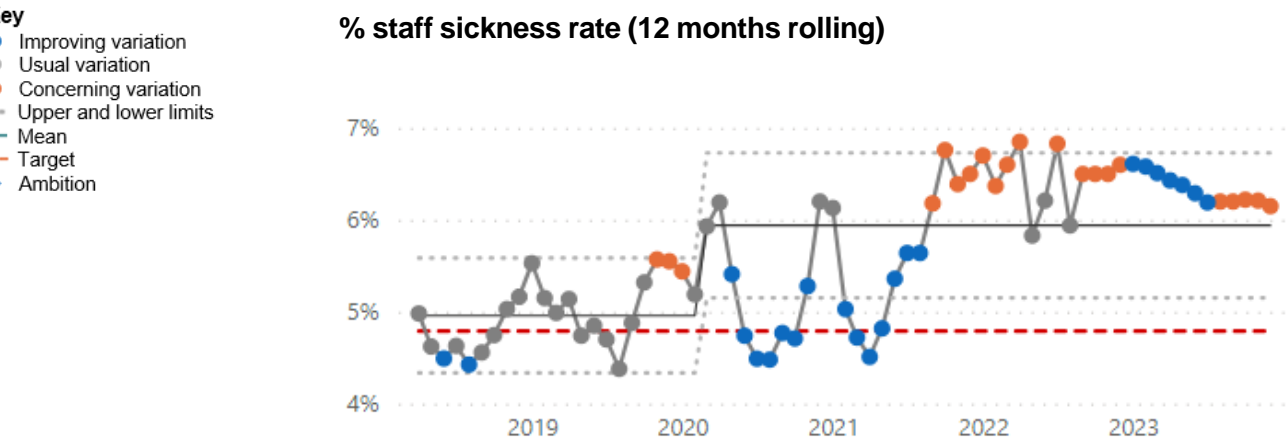### Number of laboratory confirmed C.difficile cases (in-month)
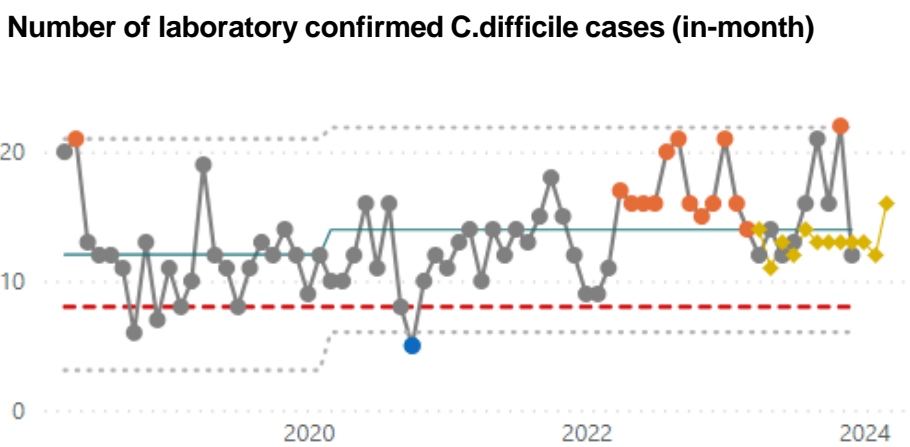
Case numbers decreased in December and the chart is showing expected (common cause) variation. The trajectory of 13 was met. The cumulative rate 47.1 per 100,000 population has been increasing since April 2023.
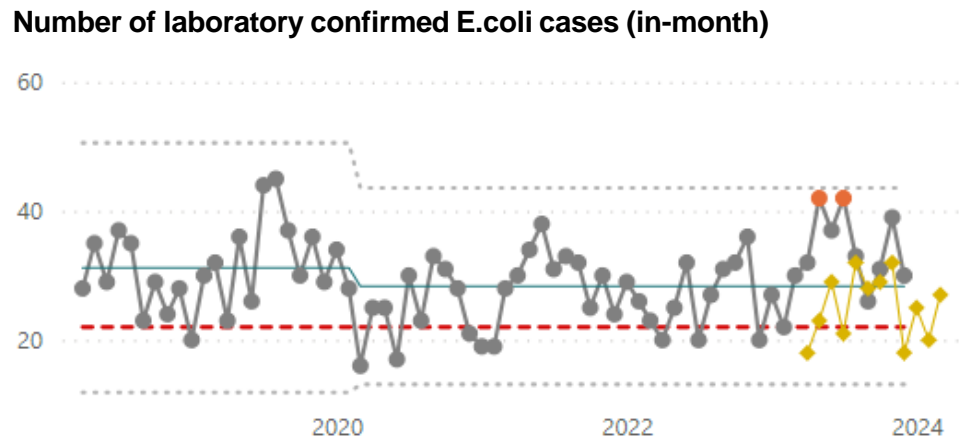
Number of laboratory confirmed E.coli cases (in-month)

Case numbers decreased in December and the chart is showing expected (common cause) variation. The cumulative rate 106.6 per 100,000 population is over expected levels. Our internal trajectory of 22 in month cases was not met.

Key challenges / issues	Key actions / initiatives	Due date
C.difficile Cases of C.*difficile* within Hywel Dda remain higher than the national expectation, though improvements are shown. Despite a seasonal peak during the autumn months, we have achieved our 20% reduction trajectory. We are currently 5th out the 6 Health Boards in Wales, where historically we have had the highest rates. Cases within the community account for 55% of all cases across Wales which equals the split for HDUHB.	**C.difficile** To reduce the risk of environmental cases of C.difficile we have changed the cleaning product and have now adopted a sporicidal disinfectant/detergent that is being used universally across the Health Board. C.*difficile* roadshows are being held on a ward and department basis with the emphasis of targeted education delivered in an informal format that is producing encouraging engagement and feedback from staff.	Current 20% reduction trajectory is being met with the aim to continue this reduction rate for the rest of the FY 23/24
E.coli Rates for E.*coli* bacteraemia identified as a community onset continue to be of concern, with 90% of cases during December attributed to the HDUHB community, this is in comparison with 75% nationally.	**E.coli** Our elevated rates are also being monitored through our health protection oversight group and working collaboratively with Public Health Wales, we are reviewing external factors and differing campaigns for health promotions and prevention of infections. This includes further investigation into potential environmental source; scoping keep well events and holding roadshows to promote health messaging; interrogation of data to determine lower/medium super output areas to allow targeted approaches.	Unlikely to be met

22/26

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- -- Target
- ◆ Ambition

% staff sickness rate (12 months rolling)

Although the data is showing concerning variation, the rolling 12-month performance of 6.15% in December 2023 is slightly better than the same period last year (6.6%).

The in-month performance of 6.84% is also slightly better than the same period the previous year (7.91%) and falls within the expected parameters of 5.2% and 6.7%.

| Key challenges / issues	Key actions / initiatives	Due date
Conditions impacting absence rates include: • Anxiety/stress/depression, this may be linked to the impact of service pressures across the health board. • Seasonal cough/colds/flu and other respiratory conditions as well as an increase in gastro related conditions. • Pregnancy absences are included in the top 4 reasons for absence at 2 of our acute sites. Other challenges: • Across all key sites there are delays in absence being recorded, some taking 2-3 weeks. • We have seen continued higher levels of absence since pre-pandemic levels, this trend could continue. • Forthcoming industrial action may also impact future absence rates. Current data shows our health board has lower levels of sickness absence rates compared to other Welsh health boards.	Continuing to support managers with individual management of long and short-term sickness absence cases	Ongoing
	Continuing to support managers through undertaking sickness absence audits with recommendations that are time specific and monitored.	Ongoing
	Undertake a deeper dive into the increase levels of pregnancy related absences to see what further support can be included in the local risk assessment which may impact on future ability to attend work.	Ongoing

Financial in-month deficit

Key
- ● Improving variation
- ● Usual variation
- ● Concerning variation
- ⋯ Upper and lower limits
- — Mean
- -- Target
- ◆ Ambition
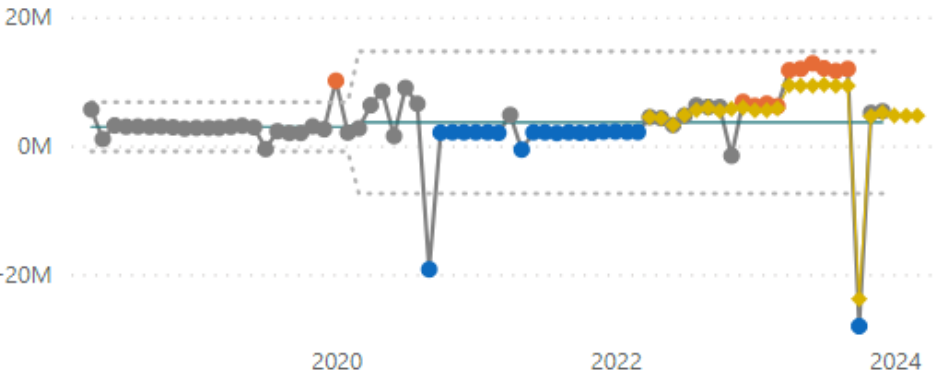
Financial deficit (£m) – year to date
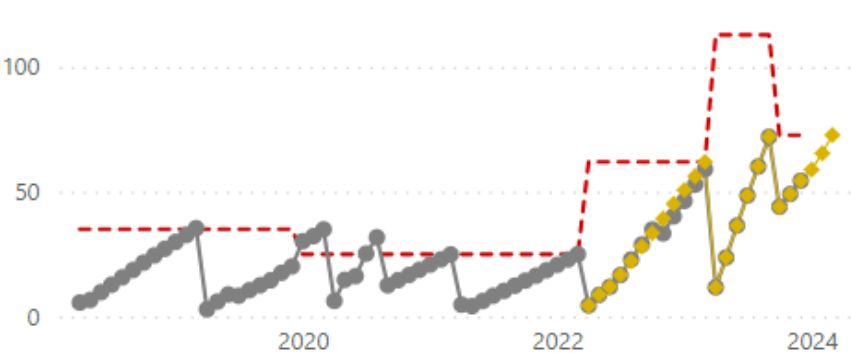
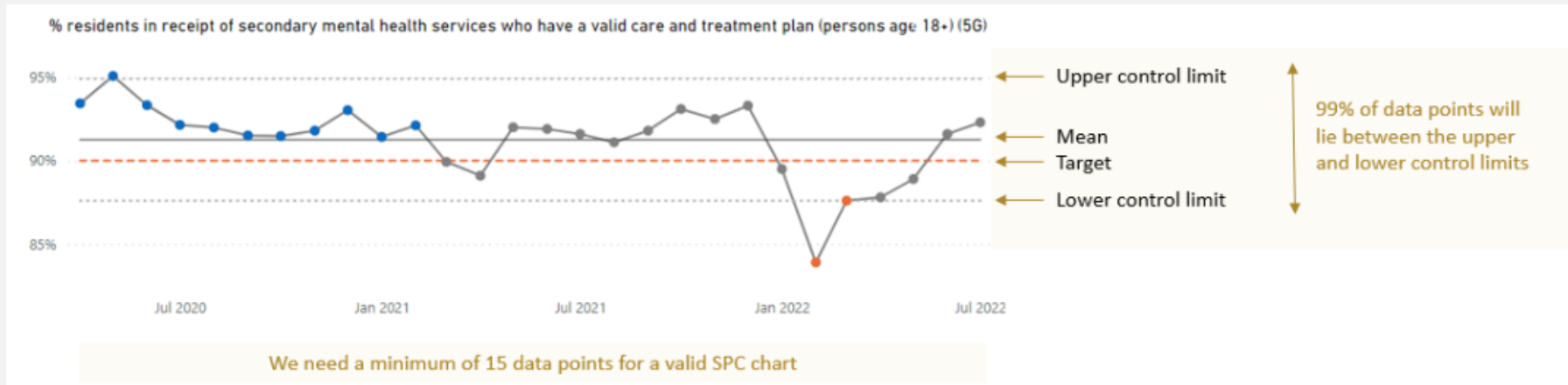| Key challenges / issues	Key actions / initiatives	Due date
• The Month 9 Health Board financial position is a overspend of £5.4m, which is made up of a £0.7m deterioration against the planned deficit. A further £0.1m savings has been identified during the month. The total identified savings now exceeds the original planned saving requirement of £19.5m, before the additional £11.3m target control total was issued. • The Health Board will not be able to deliver the target control total. The current projection is c.£70m and further work is being progressed to assess the risks and opportunities during January 2024 so the month 10 report can provide a final forecast assessment for the year. This process is in recognition of the significant risks which are being managed arising from winter pressures and industrial action.	• In month, there were positive actions which identified further recurrent and non-recurrent savings of £0.1m, resulting in identification of £19.6m savings plans in total. • The Executive Team have agreed and cascaded a directorate level target control total to target improvements for the additional £11.3m savings requirement. £2.7m opportunities have been identified against the target, although this is positive, no assurance can be taken at this time for robust delivery plans being in place. • Nurse stabilisation schemes, supported with national and international recruitment, have curtailed agency costs being incurred, allowing for significant increases in fill rates to provide more consistent and appropriate care. • Further work is ongoing with the increased cost of supporting junior doctors and wider medical absences that continue to impact. • The choices available for the key drivers of the deficit, coupled with other choices and opportunities, are regularly discussed across key governance forums, including the Executive Team, Core Delivery Group (CDG) and Board. The following tables summarised the actions taken to date, and the further work scheduled for deep dives	31/03/24

Why use SPC charts?

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

Anatomy of a SPC chart

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

Upper control limit

Mean
Target

Lower control limit

99% of data points will lie between the upper and lower control limits
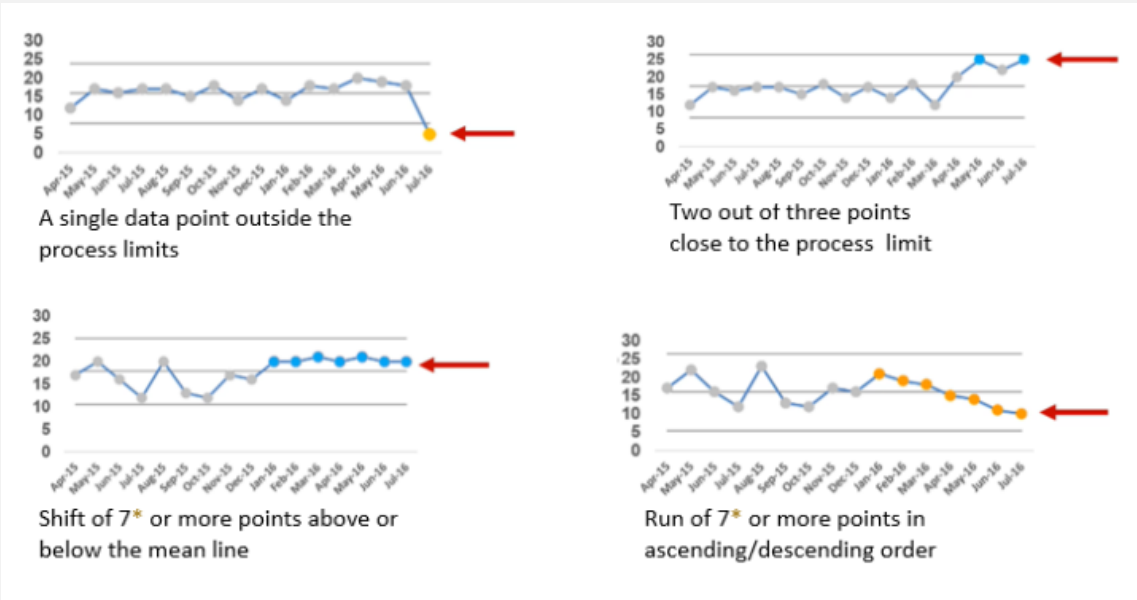
We need a minimum of 15 data points for a valid SPC chart

25

Rules for special variation within SPC charts

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

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

A single data point outside the process limits

Two out of three points close to the process limit

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

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

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

Understanding the SPC icons

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

Variation How are we doing over time	●	Concerning trend = a decline that is unlikely to have happened by chance
	●	Usual trend = common cause variation / a change that is within our usual limits
	●	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target	▣	Missing target = will consistently fail target without a service review
	▣	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	▣	Hitting target = will consistently meet target

Note: remember **blue** is good, orange is **bad**