



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 March 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Operational Update and Progress Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Executive Director of Operations Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gareth Skye, Business & Governance Manager, Central Operations

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

This report provides the Board with an update on the progress against recovery plans delivered by the Operational team and are built on the clinical imperatives set by the organisation as well as ministerial priorities outlined by Welsh Government (WG). In addition, the report provides a wider and more general operational update.

The purpose of this report is to provide an overview of the context, actions, and progress of planned operational objectives. It does not seek to provide an alternative source of performance data to that contained within the Health Board's routine Integrated Performance Assurance Report (IPAR).

Cefndir / Background

The Operations Directorate and its supporting management teams will be involved in progressing each of the eight priorities set by the Board and whilst some fall under the full control and influence of the Directorate others are less so. Those in the first category are as follows:

- 1) Planned Care Recovery
- 2) Urgent and Emergency Care
- 3) Integrated Communities
- 4) Mental Health and Learning Disabilities
- 5) Vaccinations

Whilst progress updates will provide a continued focus on a number of the priorities, others may be provided cyclically. Equally, some of the above will inherently be delivered through Health Board infrastructures exclusively, whilst others will require a composite approach with support from the Integrated Executive Group (IEG). The IEG sits under the Regional Partnership Board (RPB) and consists of senior officers from Hywel Dda University Health Board (HDdUHB) and its three constituent local authorities. The group advises the RPB on priorities for integration and seeks to address shared operational challenges.

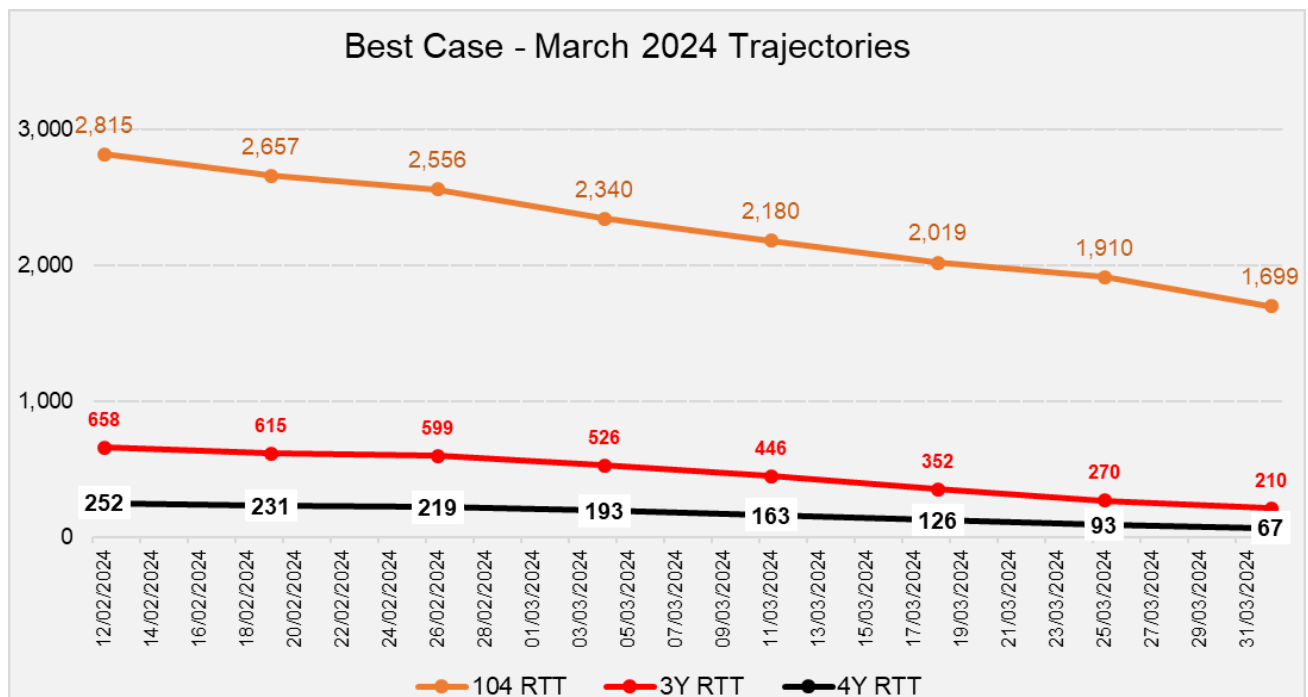
**Asesiad / Assessment**

Against the key delivery priorities set by the Board, along with the broader system pressures which exist, the following is provided as an update on the most recent developments within the Operations Directorate:

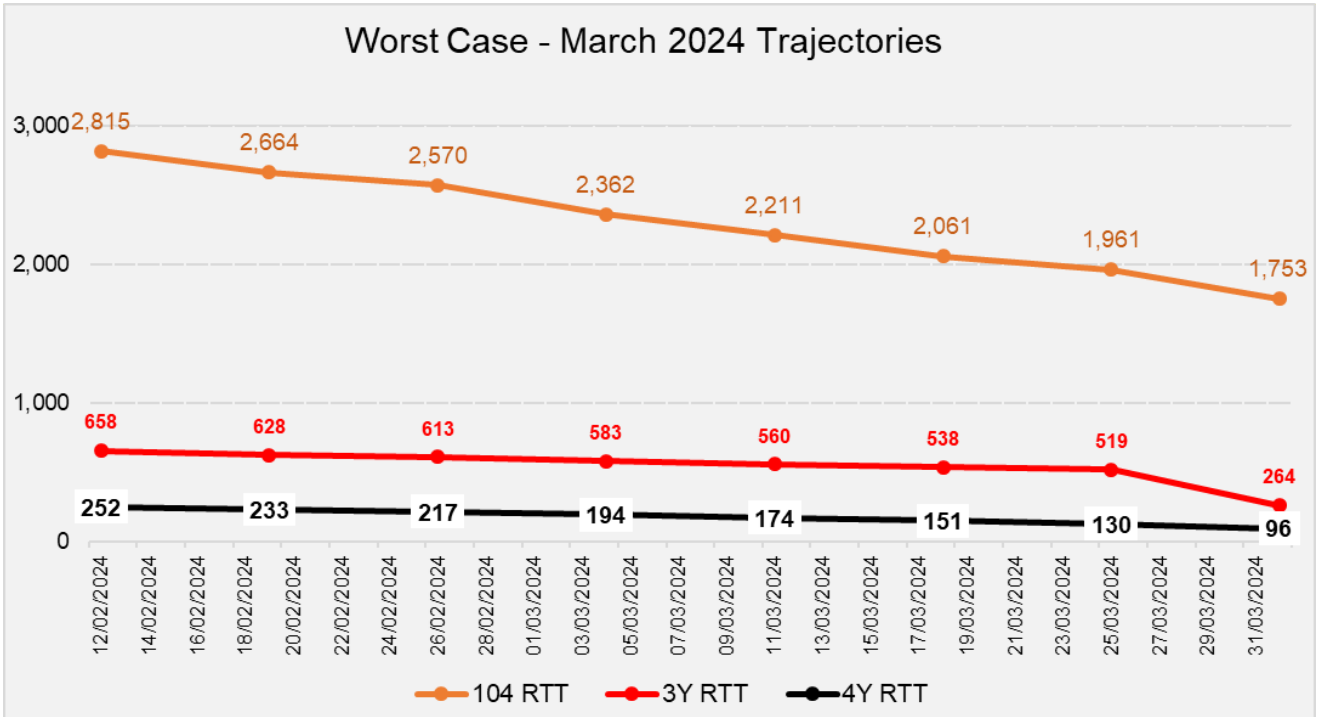
**PLANNED CARE RECOVERY**

HDdUHB has continued to make positive improvements in respect of the Ministerial priorities for planned care. To supplement improvements achieved through transformation of outpatient care, incremental increases in capacity and activity delivered, further progress is being supported by additional investment via additional financial support targeting to Planned Care Recovery.

The graphs below illustrate the latest best and worst case forecasts of the likely end of March 2024 trajectories in respect of RTT total pathways for 104 week, 156 week and 208 week milestones. The range between best and worst scenarios reflects the impact of British Medical Association (BMA) Junior Doctor Industrial Action in February and March 2024 also the consequential impact of the prioritisation of operating theatre capacity in March 2024 to support the orthopaedic ‘Perfect Month’ initiative.



Best Case - March 2024 Trajectories	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024	01/04/2024
	<b>104 RTT</b>	<b>2,815</b>	<b>2,657</b>	<b>2,556</b>	<b>2,340</b>	<b>2,180</b>	<b>2,019</b>	<b>1,910</b>
<b>3Y RTT</b>	<b>658</b>	<b>615</b>	<b>599</b>	<b>526</b>	<b>446</b>	<b>352</b>	<b>270</b>	<b>210</b>
<b>4Y RTT</b>	<b>252</b>	<b>231</b>	<b>219</b>	<b>193</b>	<b>163</b>	<b>126</b>	<b>93</b>	<b>67</b>



Worst Case - March 2024 Trajectories	Worst Case - March 2024 Trajectories							
	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024	01/04/2024
<b>104 RTT</b>	<b>2,815</b>	<b>2,664</b>	<b>2,570</b>	<b>2,362</b>	<b>2,211</b>	<b>2,061</b>	<b>1,961</b>	<b>1,753</b>
<b>3Y RTT</b>	<b>658</b>	<b>628</b>	<b>613</b>	<b>583</b>	<b>560</b>	<b>538</b>	<b>519</b>	<b>264</b>
<b>4Y RTT</b>	<b>252</b>	<b>233</b>	<b>217</b>	<b>194</b>	<b>174</b>	<b>151</b>	<b>130</b>	<b>96</b>

Progress in respect of the above has been supported by the allocation of £2.8m to support additional planned care recovery improvements. The table below illustrates the specialty areas where this allocation has been applied to date:

	End of March 2024 No WG Monies				End of March 2024 Scoping with 2.8m				Notes	Agreed No's	Agreed Costs
	52W S1	104W All	156W All	4Y ALL	52W S1	104W All	156W All	4Y ALL			
100 - General Surgery	16	0	0	0	14	6	0	0	New breaches due to strike impact.		
101 - Urology	960	920	400	0	800	300	12	12	120 Stones and TURP/Holeps pts. GH Main Theatre weekly Saturday lists 5 pts (3 xIP & 2 xOC). No HDU/Enhanced Care patients. No bed issue concerns. Internal solution (280 vasectomy pts). 54 WLI (Vasectomies). 280 patients circa 54k. Outsourcing plan being deployed for vasectomy. Risk of "perfect month" impact at theatre/PAC. New breaches due Impact = 12 patients at S4 in 3&4 year cohorts.	604	£ 475,384.00
104 - Colorectal	500	153	10	0	100	0	0	0	3 WLI lists requested for 10 parastomal hernia patients. EOJ submitted requesting outsourcing. Following D&C prep landing figure edited to zero. To reduce figure further additional endoscopy lists have been requested and approved.	10	£ 32,000.00
107 - Vascular	506	78	53	39	200	27	11	4	Combination of Podiatry and Consultant clinics. A proportion of 54 patients will need FOAM Sclerotherapy (done in OPD PPH), some who need laser will go to SDU PPH. RISK - Pts who require SBUHB investigation may breach. Solutions are being explored.	107	£ 24,182.00
110 - Orthopaedics	0	1,566	643	278	54	1,298	241	80	T&O have different workstreams. [30 outsourced to Werndale, Lift & shift sessions at PPH, Evening Sessions added to days, WLI, Emmerson Green & Neath Port Talbot lists. Perfect month programme impact will be added 14th Feb 2024. There is a Strike impact risk. Mitigations are being explored.	238	£ 932,712.50
120 - ENT	1,400	312	66	5	1,456	122	0	0	Budgeted for 22 sessions (11 all days).	70	£ 117,852.40
130 - Ophthalmology	1,088	313	0	0	1,079	0	0	0	Outsource 163 patients for cataracts. Price includes Pre-Op & FU costs (£1,132 per pt.) Internal WLI for 15 one stop preassessments and 14 op clinics see updated plan. New: 100 x 52 week breach full package requested (approved 12th Feb). Strike impact being scoped.	413	£ 352,844.00
191 - Pain Management	0	0	0	0	88	0	0	0	10 WLI sessions for Dr Prasad and Dr Jansen and conversion of theatre sessions to op sessions	76	£ 7,850.00
410 - Rheumatology	556	0	0	0	446	0	0	0	Dr Rashid doing 4 clinics a Week for 10 weeks (5pts per session). T=240 (S1 52 Week patients).	240	£ 55,980.00
420 - Paediatrics	0	0	0	0	0	0	0	0			
430 - Geriatric Medicine	26	0	0	0	0	0	0	0			
<b>RTT Total</b>	<b>5,052</b>	<b>3,342</b>	<b>1,172</b>	<b>322</b>	<b>4,237</b>	<b>1,753</b>	<b>264</b>	<b>96</b>	<i>Estimated compliance with 99% &lt;104 wks = 98.2%</i>	1,758	£1,998,804.90
<b>Diagnostics</b>		<b>23-Oct</b>	<b>23-Nov</b>	<b>23-Dec</b>	<b>24-Jan</b>	<b>24-Feb</b>	<b>24-Mar</b>		<b>Notes</b>		<b>Agreed</b>
Endoscopy		1,785	1,775	1,768	1,761	1,694	1,627		Current Agreed: 5 lists p/w 3WLI & 2Cons (T=5) Recover April 2026.	360	£ 116,893.00
									Endoscopy lists additional for Colorectal etc. 10 lists.	Estimated	£ 7,500.00
							1,303		10 medical (supplier grading highest) 324 pts/circa £170k) - **new staffing model costs TBC**	324	£ 170,000.00
Radiology US		1,274	1,547	1,547	1,276	1,005	734			1547	£ 60,000.00
Radiology MRI		886	1,110	1,110	807	505	202			1100	£ 187,820.00
Other Costs	Waiting list overtime, other overtime for admin support/notes etc									NA	£ 20,000.00
Dermatology	Dermatology Stage 1, 224 patients, circa 26k									224	£ 26,880.00
	Dermatology Triage (N=1,000) patients & Borth additional capacity									1000	£ 61,752.00
										<b>Agreed Total</b>	<b>£2,649,649.90</b>

In recognition of the specialty area with the longest waiting times, a 'Perfect Month' delivery project has been planned for March 2024 to maximise operating capacity and productivity in orthopaedics, utilising inpatient capacity at Prince Philip and Bronglais hospitals to support inpatient arthroplasty treatments and day case capacity across the Health Board. The learning from the initiative will be formally evaluated and a learning reflections report will be produced to inform sustainable improvements in capacity and productivity for 2024/25.

In addition, planning work is progressing to re-establish a high volume inpatient elective surgical unit at Withybush General Hospital early in the new financial year, supported by dedicated ward and theatre capacity. This development will further improve activity levels for 2024/25.

Underpinning the above, the Health Board is engaged in the national Elective Optimisation Programme, supported by Welsh Government and the GIRFT (Getting It Right First Time) improvement team which is designed to further improve theatre productivity and efficiency. Key improvement workstreams include Waiting List Booking & Scheduling, Pre-Assessment pathways and theatre session utilisation. A presentation was provided to Executive Team in February by the GIRFT team and the local operational team. The Director of Operations is working with the Director of Governance to formalise future reporting arrangements.

## TRANSFORMING URGENT AND EMERGENCY CARE (TUEC) PROGRAMME (6 GOALS)

### Impact of TUEC programme on '3C' Outcome Indicators

**Conveyance – Number of conveyances to Emergency Departments - Overall reducing trend from April 2023**

Whilst the overall trend in the numbers of individuals arriving by ambulance is reducing, since September there has been a modest but consistent increase in the number of patients arriving at the Emergency Departments conveyed by ambulance.

The number of arrivals in January 2024 showed a modest increase against those of December 2023; 1921<sup>1</sup> conveyances in January compared to 1884 in December 2023. Comparing year on year, January 2024 conveyances were 239, 14.2% higher than the same period in 2023. This is reflective of the continuing pressures seen at the Emergency Departments /Minor Injuries Units at the acute hospital sites.

As a balancing measure, the numbers self-presenting at HDdUHB Emergency Departments have been increasing across the financial year.

### **Conversion - Emergency Admissions via Emergency Departments – Overall trend stable.**

The overall trend in Emergency Admissions is reasonably stable, the admission numbers for this financial year overall are higher compared with the previous year.

There have been two peaks, one leading into the Christmas holiday period and one emerging from the New Year holiday period; week commencing 18 December 2023 had a peak of 512<sup>2</sup> admissions followed by a smaller spike of 485 week commencing 8 January 2024. By contrast the same period last year prior to Christmas, December 2022 was 96, 23% lower and the same week in January 2023 was 71, 14% lower.

Glangwili General Hospital continues to be a challenged site with emergency admissions continuing to increase over the last 12-month period, being 17.6% higher. This increase continues to be driven by those aged 75 years and over showing an increase of 20.8% in January 2024. However, those aged 0-49 also showed a significant increase of 18.6%. A review has been undertaken to understand if there were any peculiarities relating to locality, out of area, etc but this has not provided any additional insight thus far. Due to the absence of an acuity tool, it is difficult to evidence the growing acuity of patients attending emergency departments and subsequent admissions. Discussions with informatics colleagues continue with the aim of reviewing profiles across different datasets to establish if a proxy dataset could be used; for example those emergency admissions that result in an ITU or critical care inpatient stay.

It should be noted that this indicator does not take into account those individuals who completed their 'inpatient stay' within the Emergency Department. A reasonable proxy for this patient cohort is the number of 12-hour delays within the department, with the caveat that not all of the 12-hour delays will have required an inpatient stay. The number of 12-hour breaches has been reducing since August 2023, however January 2024 saw a significant increase in this measure with 1583<sup>3</sup> recorded. This is the highest number of breaches since the peak in August 2023.

### **Complexity**

**Emergency Admissions with a Length of Stay (LoS) > 21 days - Overall trend decreasing**

**% Occupied bed days for Emergency Admissions with a LoS >21 days - Overall trend decreasing**

Overall, the numbers of Emergency Admissions with a length of stay over 21 days continues to reduce since the peak seen in March. However, the weekly number has shown an increase since the beginning of January and is continuing to follow an upward trajectory.

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<sup>1</sup> data source; WAST Monthly Performance Report

<sup>2</sup> data source; HdUHB TUEC Weekly Performance Report

<sup>3</sup> data source; HdUHB Delivery Framework Report

As a percentage of all the occupied bed days those emergency admissions with a LoS > 21 days demonstrates a significant reduction since April 2023 until October 2023 when the percentage occupied plateaued at around 80% of all occupied beds<sup>4</sup> with a low of 78% of beds at the end of 2023. During January this has seen a slight increase pushing to 81%. However, remaining significantly lower than those seen in April 2023 of 86%.

This pattern is not consistent across the four acute sites;

Bronglais Hospital	On an upward trajectory since April 2023 with a peak at the end of January of 78%, compared to April 2023 of 71%. However, this has started to reduce at the beginning of February.
Glangwili Hospital	Was on a reducing trend from April 2023, a similar pattern with an increase in January and this trend continues into early February. This is a modest increase of 2% over that period and still below the April 2023 high of 86%.
Prince Philip Hospital	A similar pattern to Glangwili Hospital, showing a reduction from April 2023 of 91% to a low at the end of January of 80%. February has seen an increase to 86% in February.
Withybush Hospital	Again a similar pattern reducing from 82% in April 2023 down to 42% at the beginning of October 2023 and an upward trajectory since. At the end of January this had increased to 66% however there has been a modest improvement in February to 64%.

A focused piece of work has been undertaken by the sites in Carmarthenshire and at Withybush. In Withybush this is to prepare for the ward moves due to the RAAC position and focused on reducing those individuals with a LoS of over 50 and 100 days. The impact of this work has significantly reduced these numbers.

In Carmarthenshire, Glangwili Hospital has seen a reduction from 106 with a LoS >50 days and 70 with a Los >100 days down to 90 and 35 respectively at the end of January 2024. Prince Philip Hospital also demonstrates similar impact reducing from 76 with a LoS >50 days and 51 >100 days in April down to 60 and 22 respectively. This impact has been driven by a twice weekly escalation panel focusing on these complex individuals and having a proactive integrated discharge plan.

At Withybush Hospital those with a LoS >50 days stood at 83 and those >100 days was 43, by the end of January those >50 days was 31 and those >100 days was 3. It is worth noting that the numbers of those >50 days had been increasing since the end of November 2023 but is now showing a decreasing trend in February.

By contrast Bronglais Hospital has been showing an increasing trend from 1 April; >50 days stood at 24 and those >100days stood at 8, peaking at the end of October at 39 and 13 respectively. This trend is now reducing at the end of January the numbers were 30 with LoS >50 days and 7 >100 days.

A focused piece of work to fully understand these increases of those between 21 and 50 days is commencing as this is the only metric that is consistently increasing and all four acute sites are still seeing significant pressure and compromised patient flow.

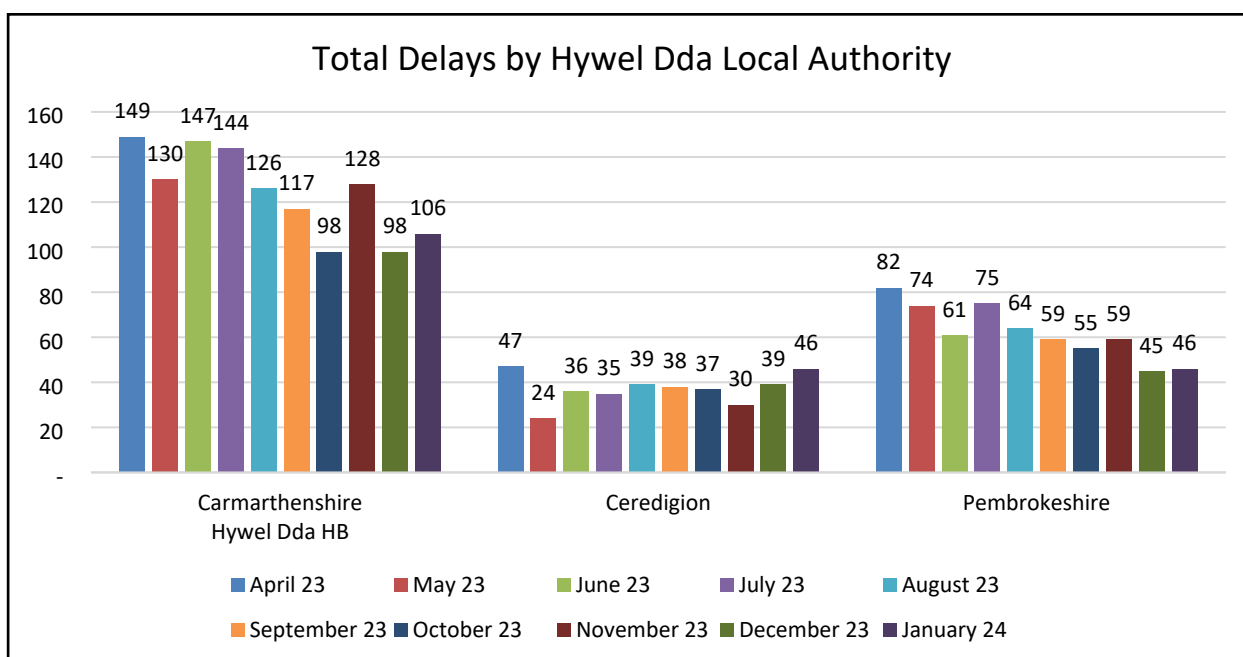
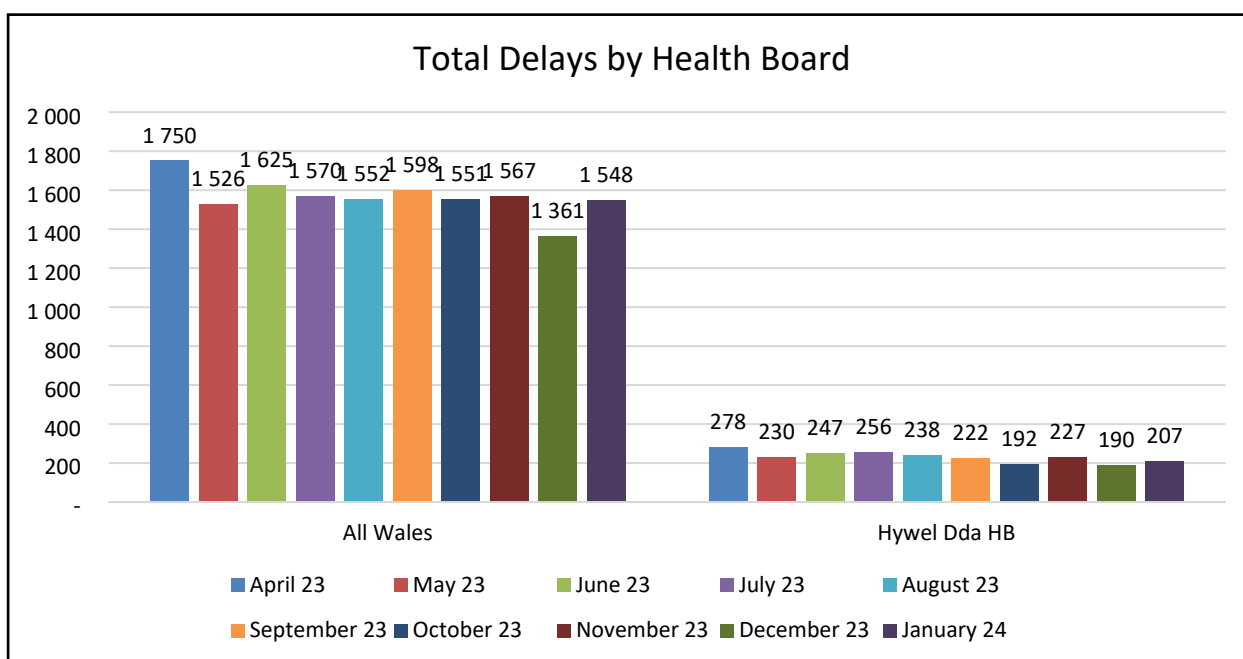
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<sup>4</sup> data source; HdUHB TUEC Weekly Performance Report  
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## PATHWAY OF CARE DELAYS (PoCD)

The number of Pathway of Care Delays (PoCD) showed an increase in numbers in the January 2024 census compared to the previous month. January reported an increase of 17 delays / 8.9% against the December figure however this was lower than the All-Wales increase for the same period of 13.7%

Overall, the trend continues to reduce compared to the April 2023 figure, this is in line with a broader trend of improvement across Wales. The region continues to deliver a greater reduction in PoCD numbers compared to the baseline, January showing an improvement of 71, 25.5% compared to the All Wales reduction of 11.5%. This improvement is provided in greater detail in the graphs below.

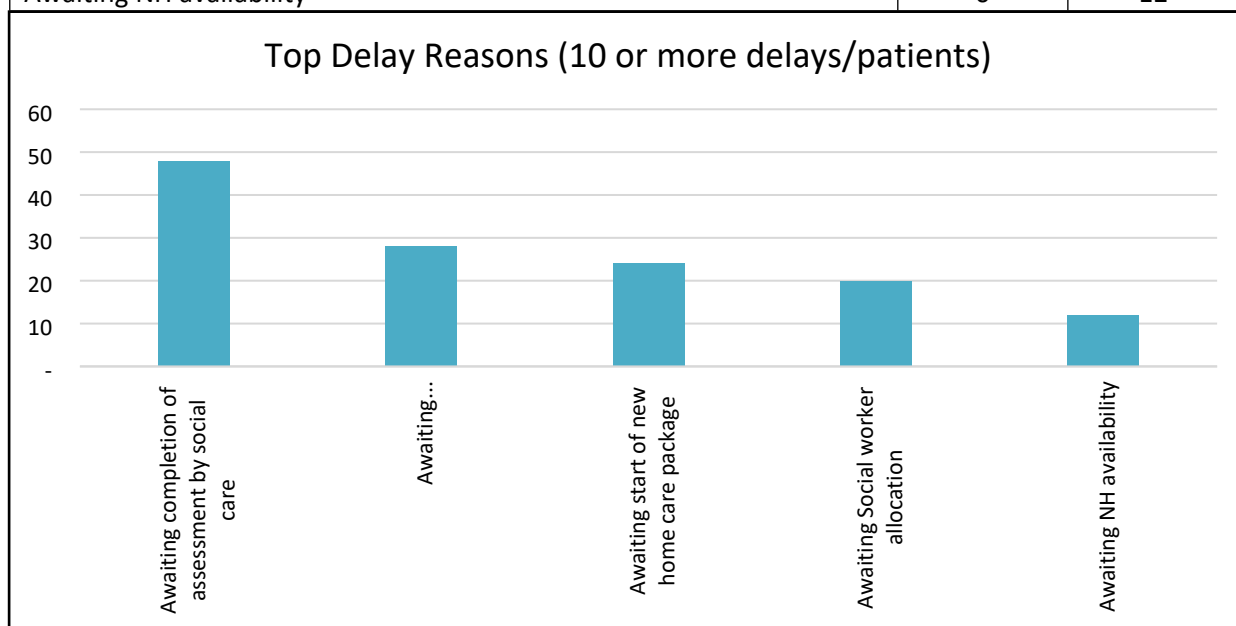


The main reasons for delays across the region remain within the assessment phase for those waiting an assessment by social care or by Nursing/Allied Health Professionals (AHP)/Medical/Pharmacy. In contrast, there has been an increase in those waiting for an intermediate care bed and issues related to patient/family choice.

However there has been a reduction in those individuals waiting for a new care home package, those awaiting joint assessment, awaiting Continuing Healthcare (CHC) assessment, patient / family refusing to move to next stage of care/discharge, awaiting completion of adaptations and awaiting palliative care POC.

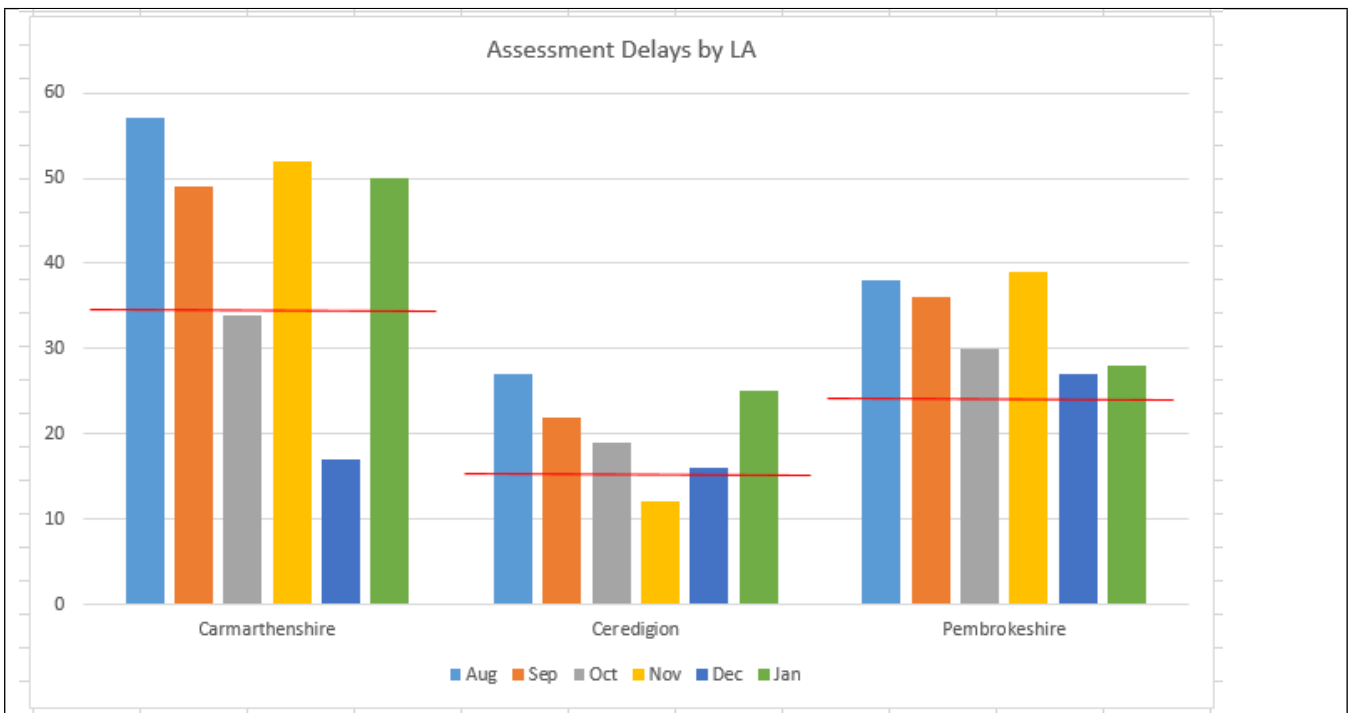
The top reasons for delay across the region are;

Delay Reason	December 2023	January 2024
Awaiting completion of assessment by social care	23	48
Awaiting completion of assessment Nursing / AHP/Medical/ Pharmacy	22	28
Awaiting start of new home care package	32	24
Awaiting Social worker allocation	10	20
Mental Capacity	15	0
Awaiting reablement care package	13	0
Awaiting RH availability	10	0
Awaiting EMI residential availability	12	0
Awaiting NH availability	0	12



Against the system resilience measure of reducing the number of delays associated with the assessment phase of the pathway to a baseline of 60% of the August 2023 figure all three counties have seen increases on this baseline figure in January; In Carmarthenshire an increase of 33 delays, 200%, Ceredigion 9 delays, 56% and Pembrokeshire 1 delay, 4%.





It should be noted that the January census period includes the Christmas and New Year holidays, and covers the period from 21 December 2023 to 17 January 2024.

### Carmarthenshire

Carmarthenshire has seen a significant rise in the number of patients awaiting allocation of a social worker and awaiting assessment by a social worker in January census, comparing with December returns.

This is reflective of a challenged Christmas and New Year period which saw significant surges in admissions into both acute hospitals in Carmarthenshire. Complexity of presentation remains a significant pressure and combined with social work staff sickness and annual leave with a corresponding increase in associated delays.

Carmarthenshire has a total of 74 Trusted Assessors (TA's) operating within the County. The TA's are positively impacting in terms of dealing with the less complex patients by transferring to discharge to recover and assess pathways, meaning that what remains are highly complex individuals who require social worker allocation and assessment and this needs to be done in hospital.

### Ceredigion

January 2024 saw an increase in patients awaiting Social Worker allocation/assessment which was due to the number of agency social worker staff who took extended leave over the Christmas and New Year period in addition to other core staff having leave over the period, however there is confidence that normal service has now returned.

The underlying challenge in Ceredigion continues to be associated with undertaking Health or Joint assessments rather than Social Care Allocation and Assessments. A Community Clinical Lead Nurse had been based in Bronglais General Hospital (BGH) to review current discharge arrangements and a report has been drafted which includes recommendations of how the system can improve. The Behavioural Physiology Team have completed their report, which will now be disseminated for discussion. However, both reports will be used to

support the development of a clinical coordination hub as detailed in the Ceredigion section of the Annual Plan.

An ongoing challenge currently is the number of nursing vacancies at BGH and the significant number of shifts which are subsequently covered by agency/bank nurses.

There has been an increase in the number of patients who are self-funding and awaiting either nursing or residential home placements. This is a particular challenge in Ceredigion due to a general lack of capacity in the local independent sector. Additionally, some of the residential homes are undergoing capital investment to improve the patient environments, which has resulted in reduced availability of beds; this work is ongoing.

### **Pembrokeshire**

Pembrokeshire has maintained or improved the position on assessment delays since the new coding system of delayed pathways of care (DPoC) has been introduced.

In general, we are seeing an increase in the complexity of inpatients and the support required to facilitate safe discharge from inpatient areas. The ongoing challenge of nursing vacancies with the significant number of shifts subsequently covered by agency/bank nurses is adding to the delays in identifying appropriate pathways to support timely discharge. The team are identifying alternative ways of supporting ward staff to enable processes to be put in place across the system.

The acute and community team meet twice weekly to discuss patients who have a length of stay > 21 days. Board rounds are regularly attended by the discharge specialist team and care assessors to support the decision around the pathways. An EQliP project is being run on Ward 12 aimed at identifying the right pathway at the beginning of patient care. The learning from this will be shared across the inpatient areas.

## PRIMARY CARE

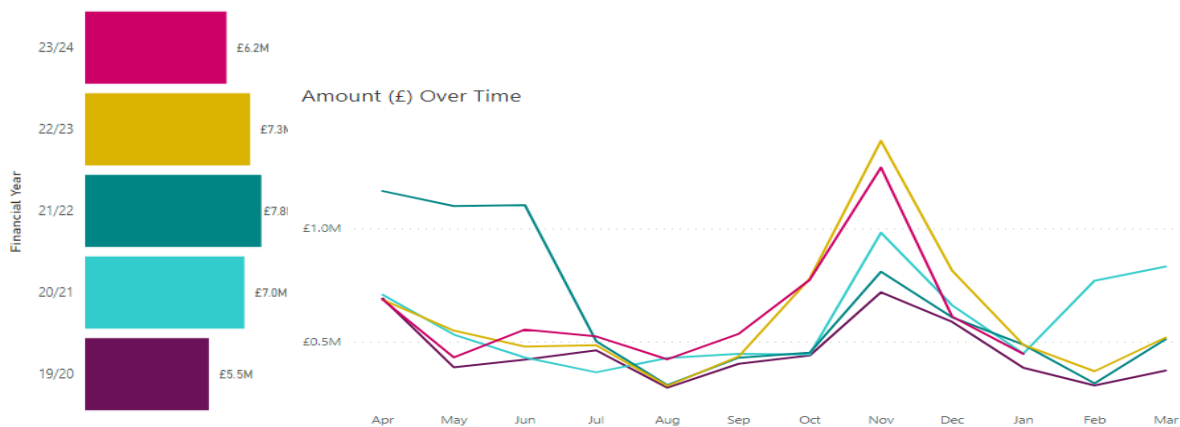
### **Primary Care Data**

Work undertaken to develop a data dashboard for the Health Board Managed Practices has been shared with the Strategic Programme for Primary Care, as there is alignment with the work which has been commissioned from Digital Health and Care Wales to undertake to develop a demand and capacity tool. It has been confirmed by the Strategic Programme that the Health Board will be designated a Pathfinder in progressing this important piece of work.

### **Enhanced Services Review Group**

The Enhanced Services Review Group continues to meet regularly with representatives of the Local Medical Committee as well as Community Pharmacy Wales to look at opportunities to revise the content and remuneration of existing specifications, as well as looking to develop new services. The group are currently looking at finalising a proposal for an Adult ADHD Enhanced Service.

The tables below show the level of expenditure over the last five years; however, in considering the data for 2021-2023 it needs to be noted that during the COVID-19 pandemic that there was protected payments for certain services that were averaged over a period of time. The peak of claims in the second table is mostly attributable to the COVID-19 and flu vaccination campaigns.



Alongside the vaccination programmes for COVID-19 and flu the other “high spend” Enhanced Services include Treatment Room (£0.8m\*) and Care Homes (£0.7m\*).

*\*data from 2022/23 financial year*

### **Optometry Contract Implementation**

Work is continuing to progress to ensure preparedness for the implementation of WGOS4 from 1 April 2024. WGOS4 Clinical Manual includes Glaucoma, Medical Retina and Hydroxychloroquine services. Fortnightly meetings are being held with the chair of the Regional Optometric Committee and the Service Delivery Manager for Ophthalmology to ensure that there is a plan to initially identify patients who can be taken from Secondary Care waiting lists, (until direct referrals are in place) and transferred into the Primary Care led WGOS4 service, along with mapping of Primary Care service provision to ensure that the profession is also in a state of readiness for the new contract model.

### **General Dental Services (GDS) Contract Termination**

Portfield Dental Contract in Haverfordwest has served notice on their contract which will terminate on 31 May 2024. Whilst the contract value is £89k and level of patients served is relatively small there will be an impact on accessibility to NHS Dental Services. Work is already underway to seek to secure new dental contracts through a procurement process for circa £1.7m of contract terminations which were enacted in the latter part of 2023.

## MENTAL HEALTH AND LEARNING DISABILITIES (MHL D)

### **Integrated Psychological Therapies & Local Primary Mental Health Support Services**

Performance has dipped slightly in December, with 377 (40.5%) individuals out of 934 waiting less than 26 weeks to start psychological therapy within the Integrated Psychological Therapy Service (IPTS). While 557 individuals were waiting more than 26 weeks.

Since April 2023, 44 individuals received Eye Movement Desensitisation and Reprocessing (EMDR) treatment via an externally commissioned provider. An EMDR service offer letter has been sent to individuals on the waiting list to take up appointments in Quarter 4.

HDdUHB are progressing with phase 2 of the group intervention work which will support a tiered approach to service provision. 398 individuals waiting more than 26 weeks have been offered a group intervention, of this 198 have accepted. 19 have so far completed group therapy, which has resulted in 75 being discharged.

December returns for Part 1A assessments undertaken within 28 days in Local Primary Mental Health Support Services (LPMHSS) has increased slightly to 97.7%, with Part 1B returns at increasing to 99.3%. the review of the Part 1 scheme is now concluded having engaged with partner agencies and will be ratified internally in March 2024.

The new GP Cluster Well-being Service has received over 160 referrals. The service has taken over the running of the psycho educational groups from LPMHSS. Work is continuing to improve links and promote the benefits of the service with GP cluster colleagues.

### **Adult Mental Health**

Recruitment has improved in all three counties, however some challenges remaining in Ceredigion, however an external Crisis Resolution Home Treatment manager has been appointed and is due to come into post in April.

Following consultation and review the new service specification for Community Mental Health Centres (CMHCs) and Community Mental Health Teams (CMHTs) has been approved and will be implemented in quarter 1 2024/25.

Police colleagues have begun the consultation process to introduce Right Care, Right Person, with all partner organisations. Revised implementation dates for Dyfed Powys Police have been agreed as October 2024 for Phase 1 Police Welfare Check Calls. Early data indicates low numbers of Police Welfare Check Calls will be redirected to mental health services, due to established working relationships and processes such as the 1010 police calls been redirected to 111 Option 2 where appropriate. Data is not yet available for the remaining phases of Right Care, Right Person, however it is anticipated that changes to s136 and Missing Persons Police call outs will increase demand on mental health services.

111 Option 2 demand continues to rise with 2,027 calls received in December. 1,324 calls were answered and 926 of these received a triage assessment and brief intervention with 554 provided with self-care advice/Third Sector advice. 55 were handed over to Community Mental Health Teams/Crisis Resolution and Home Treatment Teams (CMHT/CRHT), 12 to Specialist Child & Adolescent Mental Health Services (SCAMHS), 22 callers were advised to present to A&E, 23 were transferred to Police 101, and 55 individuals were escalated to 999 due to acuity/risk.

### **Older Adult Mental Health (OAMH)**

In December, overall occupancy was at 77% (target 85%) inclusive of surge capacity.

Delayed Transfer of Care (DToC) reduced from 13 (35% of bed base capacity) to 10 (24% of bed base capacity). HDdUHB continues to actively engage with the Long-Term Care Team and Local Authority colleagues who are supporting the acute pathway flow.

There has been an upsurge in acuity, dependency and risk (high forensic presentations) on inpatient wards, which has impacted on capacity. There were high sickness rates in December with two out of three ward managers and one inpatient service manager on long term sick, contingencies have been put in place to mitigate.

Caseloads, acuity and clinical risk within Community Mental Health Teams (CMHTs) continue to remain high and are regularly reviewed.

The Dementia Well-being Team (DWT) post diagnostic Occupational Therapy (OT) waiting list has now reduced to single figures. DWT services within the general hospital sites continue to be impacted by high vacancy rates. A structure review is nearing completion ahead of a planned recruitment drive.

Psychology team vacancies remain at 2.5 WTE, with an agreed skill-mix plan in place to mitigate. Health Education and Improvement Wales (HEIW) workforce training is in progress around psychotherapeutic modalities as demand for treatments remain high.

### **Specialist Child & Adolescent Mental Health (SCAMHS)**

In December 2023, performance has dipped slightly with 89.6% achieved against Part 1A and 80% achieved against Part 1B, evidencing continued improvement in our performance.

A new Crisis Assessment and Treatment Service Specification has been developed and will be widely consulted on during Quarter 4. This includes the newly integrated 24/7 Alternative to Admission service funded via Welsh Government.

School in Reach (SiR) continues to provide regular consultations and training to school staff across the three counties. Recently clinicians have undertaken direct work with schools in Pembrokeshire in providing personal, social, health and economic (PSHE) lessons in three secondary schools. Lessons were adapted for students with additional learning needs. Dedicated workshops have been delivered to parents/carers covering anxiety, sleep and worry.

The service continues to be impacted by some long-term sickness in the crisis team and in secondary mental health teams in Ceredigion. The service continues to work with HR and workforce colleagues to improve the situation.

### **Learning Disabilities**

Learning Disability Service Improvement Programme coproduction and engagement sessions continue, with more scheduled to take place throughout quarter 4. Work continues on developing process mapping for community and inpatients, which will streamline pathways from point of referral through to discharge.

Learning Disabilities Nurse recruitment issues continue to have an impact on the Service. The Professional Lead Nurse job description has been reviewed and evaluated and is currently out to advert. This role is essential in moving the new service developments forward as the postholder will lead on the development of the clinical pathways.

The Learning Disabilities Psychology Service continues to have capacity issues and remains on the Directorates Risk Register. There has been recent successful recruitment into a Band 7 and Band 8A posts who are currently going through onboarding. We continue to screen all new referrals for priority access. Keeping in touch letters for individuals on the waiting list have been produced in English, Welsh and Easy Read and are being communicated through Synertac over a three-month rolling programme.

### **Adult Inpatient Services**

Demand on inpatient beds continues to remain high, with a continued need for agency staff to meet acuity levels and cover establishment deficits. We are currently commissioning 1 private psychiatric intensive care unit (PICU) bed that had been in use in the previous reporting period,

this is due to high levels of acuity and increased demand for internal PICU services. This is being reviewed weekly.

Establishment work has now been completed on adult inpatient Wards, which evidences the gaps and shortfalls in inpatient staffing budgets and demonstrates the requirement for the current use of Bank, overtime and agency.

### **Section 136 (s136) Provision**

A review of section 136 facilities was undertaken jointly by the MHL D Directorate and the Health and Safety and Security Team to check environmental conditions and operational arrangements of the service and facilities. This included risks and impacts associates with staff and patient safety. The review included site visits, triangulated with information in relation to section 136 activity and related incidents over the last 2 years.

The findings from the review have identified that two facilities, the age appropriate suite on Morlais Ward, Glangwili District General Hospital, Carmarthen and the alternative/community place of safety at Gorwelion, Aberystwyth, were identified as unsuitable due to environmental safety concerns which cannot be fully mitigated. The risks highlighted in relation to location, environment and staffing means that these facilities do not meet professional standards.

In order to mitigate the patient, health, safety, environmental and staffing risks identified, a decision was made on 26 October 2023 to temporarily stand down the alternative/community place of safety at Gorwelion with immediate effect. As a result, all potential Ceredigion patients have been diverted to the section 136 facility based on Bryngofal Ward, Prince Philip Hospital, Llanelli.

The review noted potential benefits in forming a centralised place of safety where environment, staff resource and back up support can be more consistently provided and the interface with partner agencies more consistently applied.

A multi-agency group has been established which includes representatives from each Local Authority, Dyfed Powys Police, Third Sector and Mental Health Service users. The options appraisal will consider impact, risk and benefits to patients, staff, estates and partner organisations.

Next steps:

- Continue to work with Llais and respond to recommendations
- Engage with the public on service model options that respond to the review of s136 services in the Health Board
- Provide an update paper to Board in July 2024

### **REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) PLANK UPDATE**

The current plan of work is progressing well and to schedule.

The capital planning spend in 2023/24 and 2024/25 is fully agreed with Welsh Government as noted in the table below. HDdUHB regularly meet with WG and NWSSP in refining spend profiles for the end of the year.

Original budget 23/24	£	7,692,577.00
Expenditure reprofiled to 24/25	-£	1,160,580.00
AtkinsRéalís Financial report dated: 12/03/2024	£	6,531,997.00

Original planned spend 24/25	£	5,106,839.00
Reprofiled from 23/24	£	1,160,580.00
Revised projection 24/25	£	6,267,419.00

The full survey exercise for the ground floor areas is planned to complete by the end of March 2024; at this point, there will be full information available on the remaining remediation works necessary.

The detailed planning of the work is well underway with the general management team at WGH, once concluded the procurement and construction phases will commence on the ground floor area.

Task Name	Status	Duration (days)	Start	Finish
WGH RAAC:2023/24 construction summary		220	15/05/23	15/03/24
Potwash advanced work	Complete	50	15/05/23	21/07/23
Emergency propping/advance work	Complete	50	24/07/23	29/09/23
Ward 9	Complete	86	12/06/23	08/10/23
Ward 12	Complete	91	10/07/23	12/11/23
Temp kitchen enablement work	Complete	40	11/09/23	03/11/23
Temp kitchen facility	Complete	81	14/08/23	04/12/23
SPH additional bed capacity	Complete	50	16/10/23	22/12/23
Ward 7	Complete	55	09/10/23	22/12/23
Ward 11	Complete	55	09/10/23	22/12/23
Ward 8	Construction phase	75	04/12/23	15/03/24
Ward 10	Construction phase	75	04/12/23	15/03/24
Main Kitchen	Enablement work stage	195	08/01/24	04/10/24
OPD A	Construction phase	75	29/01/24	10/05/24
Professional Services: Structural survey/design and supervision		230	15/05/23	29/03/24

The remaining areas requiring remediation on the ground floor will be added to this programme as the programme of works is agreed.

It should be noted that the above works and approved funding will only cover remediation repairs to P1 and P2 Planks (critical and high-risk respectively). The Amber risk planks and Green risk planks will require regular inspection initially every 12 months, but this will be

reviewed following the first inspection. In addition, the Health Board will need to be mindful that as further national research is undertaken on the management of RAAC planks, this may require a change to the routine inspection processes.

The programming of the future inspection regime is now being planned. The initial view on this is for the areas already completed (ward areas) will be due for survey between 1 April 2024 and 31 March 2025.

The survey work on the first floor wards is likely to cost in the order of £154k. This is fully inclusive of any estates and domestic costs in managing this survey work.

The remaining works where remediation is planned for the 2024/25 Financial Year will require surveys to be undertaken in 2025/26 Financial Year. Current estimates of his cost are of the same order as noted above.

Given the current guidance to inspect annually, it is reasonable to assume at this point that these annual costs for all RAAC areas will be in the order of circa £300k inclusive of estates and domestic costs.

Specialist engineers (Curtins) have advised the need for and timing of future inspections, which will be linked to what is identified on the first round of inspections.

These indications of costs have recently been received by the HDdUHB and we continue to have ongoing conversations with Welsh Government (WG) in respect of support with ongoing costs. An update on the outcome of this discussion will be available in future update reports to the Board.

This inspection regime will be disruptive going forward and the advice from the specialist structural engineers is that further deterioration of RAAC planks should be expected, and therefore further costs are likely to be incurred in the future. Also, given the concerns on the structural stability of RAAC planks, any future maintenance which requires access to these flat roof areas will be challenging and will require a range of measures to avoid inappropriate loading of these areas.

These matters will continue to be reported to WG to make them fully aware of the ongoing challenges of RAAC at WGH.

## BMA INDUSTRIAL ACTION – JUNIOR DOCTORS UPDATE

### **Background**

The BMA balloted their members in relation to a pay dispute relating to Junior Doctors in Wales between 6 November and 18 December 2023.

HDdUHB received an aggregated ballot result (drawn from Health Boards and Shared Services across Wales) on 18 December 2023, together with dates for industrial action in January 2024 as follows:

- 07:00 Monday 15 January 2024 to 07:00 Thursday 18 January 2024

The mandate for industrial action itself covers the period 8 January 2024 – 17 June 2024.

In Wales, 65% of those eligible to vote did so, of which 98% voted in favour of industrial action.



## The response in Wales

NHS Wales Employers, Welsh Government and NHS Executive representatives worked with BMA officials to reach a position on a number of issues:

Terms and process for:

- Rates for Consultants/SAS Doctors covering different or additional hours to ensure patient safety (these rates were agreed internally for application via the Health Board Remuneration Committee)
- Reporting and deduction of pay for strike action.
- Payment of hours if called back.
- Guidance regarding management of picket lines etc.
- Guidance on Visa requirements
- Terms and centralised process for emergency derogations required during the strike action (no prospective derogations were considered)
- Frequently Asked Questions (FAQs)

## HDdUHB response

The Health Board re-established its Industrial Action Planning Group in November 2023 to plan for, monitor and respond to the impact of industrial action by junior doctors. Risk 1548 has been updated on the corporate risk register with regards to maintaining routine, urgent and emergency service provision across the organisation during the period of industrial action. This risk continues to be reviewed and updated as the situation evolves.

Service continuity and cover plans have been developed for all acute teams, planned care and women and children's services. Plans have also been developed for MHLD services. HEIW and Shared Services led the primary care element; however, the impact within primary care was considered minimal due to the numbers potentially able to take industrial action.

A national planning and response structure to co-ordinate and manage the response across the NHS in Wales was set up which HDdUHB fed into at strategic, tactical and operational levels.

## Impact of Industrial Action

The numbers taking part in the industrial action within the Health Board for January 2024 related to circa 79% of junior doctors. This was comparable to figures seen generally across Wales.

Details of those taking part in the industrial action were submitted to payroll for deduction in February's pay run. A breakdown of the numbers taking action has been provided below.

Junior Doctors	Monday 15/01/24 in hours	Monday 15/01/24 out of hours	Tuesday 16/01/24 in hours	Tuesday 16/01/24 out of hours	Wednesday 17/01/24 in hours	Wednesday 17/01/24 out of hours
Rostered to work but absent due to	193	25	193	28	199	28

<b>strike action:</b>						
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### Impact on services

All patients whose appointments were impacted by the industrial action were contacted by letter to notify them of the change to their planned appointment, and this was followed up by telephone call if no response to the letter was received.

The impact on services is detailed below:

### Outpatients:

Date	Normal slots	Actual slots running	Actual slots booked	Gap (09:00hrs 16/01/24)	Cancelled patients
15/01/24	1163	704	704	0	518
16/01/24	1558	837	722	115	626
17/01/24	1462	663	580	83	581
<b>Total</b>	<b>4183</b>	<b>2204</b>	<b>2006</b>	<b>198</b>	<b>1725</b>

### Theatres:

60 sessions were cancelled over the 3 days of industrial action, with 60 patients being rescheduled.

### Post January's Action

The IA Planning Group held its own debrief session and fed into the national sessions that also took place. A lessons learned approach was taken to the feedback. This resulted in revised All Wales documentation and additional measures being considered at service level to manage the impact of further action.

### Further Industrial Action – February 2024

A further period of industrial action was notified for Junior Doctors for 7am on Wednesday 21 February to 7am on Saturday 24 February 2024. The Industrial Action Planning Group took its learning, and that from across Wales, and applied it during the next phase of action.

### Impact of Industrial Action

The indicative numbers taking industrial action within the Health Board for February 2024 were in the region of 67% junior doctors. The figures across Wales were higher. HDdUHB are in the process of compiling the pay returns for the February period of industrial action.

Impact on services

### Out-patients:

Date	Normal slots	Actual slots running	Actual slots booked	Gap (09:00hrs 19/02/24)	Cancelled patients
21/02/2024	1,370	926	687	239	352
22/02/2024	1,127	683	431	252	254
23/02/2024	809	613	298	315	196
<b>Total</b>	<b>3,306</b>	<b>2,222</b>	<b>1,416</b>	<b>806</b>	<b>802</b>

**Theatres:**

30 sessions were cancelled over the 3 days, with 71 patients being rescheduled.

Due to the indicative notice received of further action, fewer appointments were booked which reduced the re-scheduling efforts needed compared to January.

**Next Steps**

- The British Dental Association (BDA) ballot closed on 21 February 2024. HDdUHB did not receive a notice of intention to ballot. Shared Services received notice impacting two HBs in terms of trainees. No outcome of this ballot has been received at this stage.
- BMA ballots for specialist, associate specialist and speciality (SAS) Doctors and Consultants both close on 4 March 2024.
- BMA has indicated that further action will take place for Junior Doctors between from 07:00 25 March 2024 and 07:00 29 March 2024. No formal notification has been received.
- Planning continues for the next cycle of industrial action.

**FREE BUS TRAVEL FOR HYWEL DDA UHB STAFF DURING MARCH 2024**

Hywel Dda University Health Board is working with Transport for Wales (TfW) to offer free bus travel for Health Board staff travelling to and from Glangwili and Bronglais Hospitals, as part of a new pilot to encourage staff to travel more sustainably and help reduce pressure on its car parks.

The month-long pilot, which began on 1 March 2024, means that Hywel Dda UHB staff are able to join the TrawsCymru T1 service to and from Glangwili Hospital in Carmarthen, as well as the TrawsCymru T2 and T28 services as far as Bronglais Hospital. The journey will be free of charge provided staff show their staff photo ID badge to drivers.

Hywel Dda UHB staff can also receive free travel on the T1, T2 and T28 services for non-work-related journeys, allowing workers to save on additional fuel costs for everyday trips made by car.

This scheme will not only provide a benefit to staff but will contribute to the NHS Wales Decarbonisation Strategy objective by reducing the amount of CO<sub>2</sub> generated by staff commuting to and from their place of work.

The pilot comes as the T1 service prepares to celebrate one-year since a new fleet of electric buses were introduced to the route. Equipped with reading lights, tables, cordless charging and USB sockets, arm rests, information screens and an air purification system, the new fleet has proved to be popular with customers, and passenger numbers continue to grow.

Hywel Dda UHB and TfW will be monitoring the uptake of the free travel offer during March before reviewing the initiative on completion. Depending on the uptake, Transport for Wales is considering introducing a 'long-term' discounted fare scheme for Hywel Dda staff travelling on TrawsCymru bus services.

The pilot is being funded by TfW, and bus services serving other Hywel Dda hospital sites (Prince Philip, Withybush) may then be considered for future trials.

**GWILI RAILWAY**

After several delays arising from the processing of legal agreements, the relevant documents were approved in January 2024.

The delayed final part of the sewerage, lighting and ground enablement works at the Gwili Railway are now underway and are planned for completion in early March. All aspects of the contractor's works at the GGH site are already complete.

HDdUHB has agreed with contactors to commence the enablement works at the rear of Teilo on 4 March 2024. This work is estimated to be completed in 3-4 weeks.

The Health Board is optimistic that, once the Gwili Railway completes all outstanding works and enablement works are completed without incurring further delay, the final legal agreements can be completed, and the parking facility can be commissioned into use at the end of April 2024.

### Argymhelliad / Recommendation

The Board is asked to:

- **RECEIVE** the operational update and progress report.
- **NOTE** the intention to engage with the public on service model options which respond to the review of s136 services in the Health Board and **AGREE** to receive an update paper in July 2024.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1382 - Risk to patients and staff due to a lack of assurance of safe estate as a consequence of RAAC (WGH) 1699 - Risk of loss of service capacity at WGH due to surveys and remedial work relating to RAAC
Parthau Ansawdd: Domains of Quality	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	As presented
Rhestr Termiau: Glossary of Terms:	<p>ADHD – Attention Deficit Hyperactivity Disorder</p> <p>AHP – Allied Health Professions</p> <p>BBV – Blood Borne Virus</p> <p>BDA - British Dental Association</p> <p>BGH – Bronglais General Hospital</p> <p>BMA – British Medical Association</p> <p>CHC – Continuing Healthcare</p> <p>CMHC – Community Mental Health Centre</p> <p>CMHT – Community Mental Health Team</p> <p>CRHT – Crisis Resolution and Home Treatment</p> <p>DGH – District General Hospital</p> <p>DHCW – Digital Health and Care Wales</p> <p>DPoC – Delayed Pathways of Care</p> <p>DToC – Delayed Transfers of Care</p> <p>DWT – Dementia Wellbeing Team</p> <p>EMDR - Eye Movement Desensitisation and Reprocessing</p> <p>EMI – Elderly Mentally Infirm</p> <p>EQiP – Enabling Quality Improvement in Practice</p> <p>FY – Financial Year</p> <p>GDS – General Dental Services</p> <p>GGH – Glangwili General Hospital</p> <p>GIRFT – Getting It Right First Time</p> <p>GMS – General Medical Services</p> <p>GP – General Practitioners</p> <p>HDdUHB – Hywel Dda University Health Board</p> <p>HEIW – Health Education and Improvement Wales</p> <p>IA – Industrial Action</p> <p>IEG – Integrated Executive Group</p> <p>IPAR – Integrated Performance Assurance Report</p> <p>IPOS - Independent Prescribing Optometry Service</p> <p>IPTS - Intensive Psychological Therapies Service</p> <p>LPMHSS- Local Primary Mental Health Support Services</p> <p>LoS – Length of Stay</p> <p>MAR – Medicines Administration Record</p> <p>MHLD – Mental Health and Learning Disabilities</p> <p>NWSSP – National Wales Shared Services Partnership</p> <p>OAMH – Older Adult Mental Health</p> <p>OT – Occupational Therapy</p> <p>PCCRG – Primary Care Contracts Review Group</p> <p>PCIP – Primary Care Improvement Plan</p> <p>PCIP – Primary Care Information Portal</p>

	<p>PDS – Personal Dental Services  PICU – Psychiatric Intensive Care Unit  PNA – Pharmaceutical Needs Assessment  POC – Pathway of Care  PoCD – Pathway of Care Delays  PPH – Prince Philip Hospital  RAAC - Reinforced Autoclaved Aerated Concrete  RPB – Regional Partnership Board  RTT – Referral to Treatment  SAS – Specialist, Associate Specialist and Speciality Doctors  SCAMHS – Specialist Child and Adolescent Mental Health Service  SPH – South Pembrokeshire Hospital  TA – Trusted Assessor  TfW – Transport for Wales  TUEC – Transforming Urgent and Emergency Care  WAST – Welsh Ambulance Service Trust  WG – Welsh Government  WGH – Withybush General Hospital  WGOS – Wales General Optometric Service  WTE – Whole Time Equivalent</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:  Parties / Committees consulted prior to University Health Board:</p>	Operational Planning and Delivery Programme Group

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Any financial impacts and considerations are identified in the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Any issues are identified in the report.
<b>Gweithlu:</b> <b>Workforce:</b>	Any issues are identified in the report
<b>Risg:</b> <b>Risk:</b>	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
<b>Cyfreithiol:</b> <b>Legal:</b>	Any issues are identified in the report
<b>Enw Da:</b> <b>Reputational:</b>	Any issues are identified in the report
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable



Annex 1

Best Case - March 2024 Trajectories	104W All								156W All								4Y ALL							
	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024	01/04/2024	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024	01/04/2024	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024	01/04/2024
100 - General Surgery	8	8	6	5	4	0	0	0	1	1	1	1	0	0	0	0	1	1	1	1	0	0	0	0
101 - Urology	658	608	558	508	458	408	358	300	111	98	98	71	57	40	20	0	48	44	44	35	30	20	10	0
103 - Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
104 - Colorectal	53	45	45	30	23	15	15	0	5	4	4	3	2	1	1	0	2	2	2	1	1	1	1	0
107 - Vascular	86	74	62	50	38	26	14	10	20	19	19	17	16	8	4	0	10	10	10	9	6	3	0	0
110 - Trauma & Orthopaedics	1539	1501	1463	1425	1387	1349	1311	1267	482	460	444	413	354	291	235	210	173	160	148	138	118	97	78	67
120 - ENT	216	203	203	176	162	149	149	122	34	29	29	19	15	10	10	0	13	11	11	7	6	4	4	0
130 - Ophthalmology	221	189	189	126	95	63	63	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
191 - Pain Management	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
300 - General Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
302 - Endocrinology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
307 - Diabetic Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320 - Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
328 - Stroke Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	8	7	7	5	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
330 - Dermatology	15	13	13	9	6	4	0	0	5	4	4	3	2	1	0	0	5	4	4	3	2	1	0	0
340 - Respiratory Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
400 - Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410 - Rheumatology	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420 - Paediatrics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	9	8	8	5	4	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2,815</b>	<b>2,657</b>	<b>2,556</b>	<b>2,340</b>	<b>2,180</b>	<b>2,019</b>	<b>1,910</b>	<b>1,699</b>	<b>658</b>	<b>615</b>	<b>599</b>	<b>526</b>	<b>446</b>	<b>352</b>	<b>270</b>	<b>210</b>	<b>252</b>	<b>231</b>	<b>219</b>	<b>193</b>	<b>163</b>	<b>126</b>	<b>93</b>	<b>67</b>



Worst Case - March 2024 Trajectories	104W All								156W All								4Y ALL							
	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024	01/04/2024	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024	01/04/2024	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024	01/04/2024
100 - General Surgery	8	8	8	7	7	7	7	6	1	1	1	1	0	0	0	0	1	1	1	1	0	0	0	0
101 - Urology	658	608	558	508	458	408	358	300	111	96	81	66	51	36	21	12	48	44	39	34	29	24	19	12
103 - Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
104 - Colorectal	53	45	45	30	23	15	15	0	5	4	4	3	2	1	1	0	2	2	2	1	0	0	0	0
107 - Vascular	86	77	68	59	50	41	32	27	20	19	19	17	16	15	13	11	10	10	10	9	8	4	4	4
110 - Trauma & Orthopaedics	1,539	1,505	1,471	1,437	1,403	1,369	1,335	1,298	482	474	474	474	474	474	474	241	173	162	151	140	129	118	107	80
120 - ENT	216	203	203	176	162	149	149	122	34	29	29	19	15	10	10	0	13	11	11	7	6	4	0	0
130 - Ophthalmology	221	189	189	126	95	63	63	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
191 - Pain Management	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
300 - General Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
302 - Endocrinology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
307 - Diabetic Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320 - Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
328 - Stroke Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	8	7	7	5	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
330 - Dermatology	15	13	13	9	6	4	0	0	5	4	4	3	2	1	0	0	5	4	4	3	2	1	0	0
340 - Respiratory Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
400 - Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410 - Rheumatology	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420 - Paediatrics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	9	8	8	5	4	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2,815</b>	<b>2,664</b>	<b>2,570</b>	<b>2,362</b>	<b>2,211</b>	<b>2,061</b>	<b>1,961</b>	<b>1,753</b>	<b>658</b>	<b>628</b>	<b>613</b>	<b>583</b>	<b>560</b>	<b>538</b>	<b>519</b>	<b>264</b>	<b>252</b>	<b>233</b>	<b>217</b>	<b>194</b>	<b>174</b>	<b>151</b>	<b>130</b>	<b>96</b>