



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 May 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 12, 2023/2024 – Final position
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

<p><b><u>Sefyllfa / Situation</u></b></p> <p>This report relates to the <b>final</b> Month 12, 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.</p> <p>The IPAR consists of two parts:</p> <ul style="list-style-type: none"> <li>• A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: <a href="#">Integrated Performance Assurance Report (IPAR) dashboard as at 31<sup>st</sup> March 2024</a>. Ahead of the Board meeting, the dashboard will also be made available via our <a href="#">internet site</a>.</li> <li>• A summary document entitled ‘Integrated Performance Assurance Report (IPAR) Overview: as at 31<sup>st</sup> March 2024 is also provided (Appendix 1). This document summarises performance, issues and actions for our key improvement measures for 2023/24.</li> </ul> <p>A new summary table has been included in this SBAR, from the <a href="#">Our Performance dashboard</a> (accessible to health board staff only). The dashboard triangulates performance data with that of quality and safety, risk, workforce and finance.</p> <p>The IPAR dashboard summarises the quantitative measures from the 2023/24 NHS Performance Framework (see background section below for further details). The framework also includes qualitative templates that Health Boards are required to complete. The following updates were submitted to Welsh Government April 2024:</p> <ol style="list-style-type: none"> <li>1. Progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway</li> <li>2. Progress to develop a whole school approach to CAMHS in reach services</li> <li>3. Progress to improve dementia care (providing evidence of training and development in line with Good Work – Dementia and Learning Development Framework) and increasing access to timely diagnosis</li> <li>4. Progress against the priority areas to improve the lives of people with learning disabilities</li> <li>5. Evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes</li> <li>6. The Health Boards’ plan to deliver the NHS Wales Weight Management Pathway</li> <li>7. Implementation of Help Me Quit in Hospital smoking cessation service and Progress to reduce smoking during pregnancy</li> </ol>
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8. Progress against the organisation's prioritised Strategic Equality Plan's equality objectives
9. Progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan

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

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](mailto: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 key targets.

In February 2024, Welsh Government published the Performance Framework for 2024/25. The Performance Team are currently reviewing the new framework and will be updating the measures in the month 1 2024/25 IPAR accordingly.

The 2024/25 NHS Wales Performance Framework is available:

- Cymraeg: <https://www.llyw.cymru/fframwaith-perfformiad-gig-cymru-2024-i-2025>
- English: <https://www.gov.wales/nhs-wales-performance-framework-2024-2025-0>

## Asesiad / Assessment

Our performance in March 2024 was impacted by industrial action, patient flow issues, staff shortages and demand exceeding our capacity to see and treat patients.



### 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<sup>st</sup> March 2024](#)'.

Variation	Assurance	Trajectory
How are we doing over time	Performance against target	Performance against our ambition
<ul style="list-style-type: none"> <li><span style="color: blue;">●</span> Improving trend</li> <li><span style="color: grey;">●</span> Usual trend</li> <li><span style="color: orange;">●</span> Concerning trend</li> </ul>	<ul style="list-style-type: none"> <li><span style="border: 1px solid blue; display: inline-block; width: 10px; height: 10px;"></span> Always hitting target</li> <li><span style="border: 1px solid grey; display: inline-block; width: 10px; height: 10px;"></span> Hit and miss target</li> <li><span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span> Always missing target</li> </ul>	<ul style="list-style-type: none"> <li><span style="color: blue;">◆</span> Trajectory met or improved upon</li> <li><span style="color: grey;">◆</span> Within 5% of trajectory</li> <li><span style="color: orange;">◆</span> More than 5% off trajectory</li> </ul>

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits 36 weeks or more: new outpatient appointment	Mar 2024	0	11,464	<span style="color: blue;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: blue;">◆</span>
Planned care	Waits over 52 weeks: new outpatient appointment	Mar 2024	0	3,479	<span style="color: blue;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: blue;">◆</span>
Planned care	Follow-up appts - delayed > 100%	Mar 2024	0	15,829	<span style="color: blue;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: orange;">◆</span>
Planned care	Patients waiting over 52 weeks RTT	Mar 2024	0	14,274	<span style="color: blue;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: blue;">◆</span>
Planned care	Patients waiting 104 weeks+ RTT	Mar 2024	0	1,458	<span style="color: blue;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: blue;">◆</span>
Emergency care	% Ambulance red call responses < 8 mins	Mar 2024	65%	45.3%	<span style="color: grey;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Mar 2024	0	1,192	<span style="color: orange;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: orange;">◆</span>
Emergency care	Ambulance handover > 4 hours Hywel Dda	Mar 2024	0	484	<span style="color: grey;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: orange;">◆</span>
Emergency care	% patients spending < 4 hours in A&E/MIU Hywel Dda	Mar 2024	95%	65.1%	<span style="color: orange;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Mar 2024	0	1,655	<span style="color: orange;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: orange;">◆</span>
Emergency care	Number of Pathways of Care delayed discharges	Mar 2024	n/a	220	<span style="color: blue;">●</span>	N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Mar 2024	75%	60%	<span style="color: grey;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: orange;">◆</span>
Mental health	% pt waits < 28 days 1st CAMHS appt	Mar 2024	80%	92.0%	<span style="color: grey;">●</span>	<span style="border: 1px solid grey; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: blue;">◆</span>
Mental health	% adult psychological therapy waits < 26 weeks	Mar 2024	80%	48.5%	<span style="color: blue;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: blue;">◆</span>
Mental health	% child neurodevelopment assess waits < 26 weeks	Mar 2024	80%	18.7%	<span style="color: orange;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: orange;">◆</span>
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Mar 2024	0	3,699	<span style="color: blue;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: grey;">◆</span>
Therapies	Pts waiting 14 wks+ for specified therapy	Mar 2024	0	3,863	<span style="color: orange;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: orange;">◆</span>
Primary & Community Care	Referrals from primary care into secondary care	Mar 2024	n/a	1,028	<span style="color: grey;">●</span>	N/a	<span style="color: orange;">◆</span>
Quality	Ophthalmology services						
Quality	C. difficile: Number of confirmed cases (in-month)	Mar 2024	8	13	<span style="color: grey;">●</span>	<span style="border: 1px solid grey; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: blue;">◆</span>
Quality	E.coli: Number of confirmed cases (in-month)	Mar 2024	22	21	<span style="color: grey;">●</span>	<span style="border: 1px solid grey; display: inline-block; width: 10px; height: 10px;"></span>	<span style="color: blue;">◆</span>
Workforce	% sickness absence rate of staff	Mar 2024	4.79%	6.31%	<span style="color: orange;">●</span>	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	N/a
Finance	Financial in month deficit	Mar 2024	n/a	£3,636,000	<span style="color: grey;">●</span>	N/a	<span style="color: blue;">◆</span>

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<sup>st</sup> March 2024](#).

## Triangulating our data: March 2024

- **Quality safety and risk** – there was a very high number of patient falls reported in March and our risk register has high numbers of high and extreme risks. However, there were lower numbers of new health care acquired infections and reduced C.Diff cases this month.
- **Workforce** – Bank usage was very high in March, nursing and midwifery agency use has been rising since its lowest point in December 2023.
- **Finance** – our agency spend has decreased this month, with an increase in bank spend.
- **Performance** - ambulance handover delays and emergency department waits are continuing to remain high. Planned care performance measures are all improving and diagnostic waits over 8 weeks have reduced again. However, therapy waits over 14 weeks continue to rise and the single cancer pathway performance remains under trajectory. Improvements seen in adult psychological therapy waits and children’s neurodevelopmental waits for Attention Deficit Hyperactivity Disorder.

Finance						
Annual budget	£1,171,606,732	Year to date balance	£64,788,996 overspend	End of year forecast	£65,815,000 overspend	
<b>Quality, safety and risk</b>	<b>Best</b>		<b>Worst</b>	<b>Latest</b>	<b>Trend</b>	<b>More info</b>
Reported incidents causing moderate harm or above	146		300	180		
Patient falls	184		277	277		
Medication errors	66		143	97		
Pressure damage developing or worsening during care	100		169	107		
New complaints by month received (ward level not available)	112		208	165		
Number of high and extreme risks (health board & directorate only)	401		516	511		
Infections: new cases	53		84	64		
Infections: C. difficile cases	12		22	12		
<b>Workforce</b>						
Number of staff/contractor related incidents	35		75	35		
Sickness - short term	1.7%		3.6%	2.6%		
Sickness - long term	3.3%		4.6%	3.7%		
Number of vacancies	To follow					
Staff turnover (12 month rolling)	7.3%		9.8%	7.7%		
Nursing and midwifery vacancies	To follow					
Nursing and midwifery agency (WTE)	212.59		379.79	254.41		
Bank (WTE)	212.99		347.46	347.46		
<b>Financial recovery</b>						
Agency spend	£1,573,725		£3,491,731	£1,921,138		
Bank spend	£389,032		£1,628,320	£1,290,636		
<b>Performance - UEC (health board and site only)</b>						
Ambulance handover > 4 hours	192		518	484		
Ambulance handovers > 1 hour	854		1,245	1,192		
A&E/MIU attendances	12,293		16,032	14,801		
A&E/MIU waits under 4 hours	70.9%		64.9%	65.1%		
A&E/MIU waits over 12 hours	1,144		1,680	1,655		
Delayed pathways of care (health board only)	190		295	220		
<b>Performance - Planned care and cancer (health board only)</b>						
New outpatient waits over 52 weeks	2551		14,168	3,479		
RTT: patients waiting over 104 weeks	1458		8,563	1,458		
Single cancer pathway patients starting treatment within 62 days	56.0%		38.0%	47.0%		
<b>Performance - Diagnostics and therapies (health board only)</b>						
Radiology diagnostic waits over 8 weeks	1533		4,402	1,693		
Physiotherapy waits over 14 weeks	278		1,111	769		
Occupational therapy waits over 14 weeks	393		611	443		
Podiatry waits over 14 weeks	93		421	259		
<b>Performance - Mental health (health board only)</b>						
Mental health assessments within 28 days (0-17 years)	93.8%		4.7%	92.0%		
% neurodevelopmental assessments within 26 weeks	23.4%		14.8%	16.8%		
% psychological therapy waits within 26 weeks	53.6%		37.9%	53.6%		

## Other key things to flag

**Diagnostics waits 8 weeks and over and Therapies waits 14 weeks and over:** 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:

- **Neurophysiology:** Breaches in March 2024 continued to reduce to 339 from a high of 634 in December 2023. Work continues to maximise capacity including calling patients to ensure attendance and installation of new equipment to prevent services being reduced or delayed. The use of e-referrals is being reviewed to further streamline referrals from primary care. Additionally, tighter controls have been implemented to monitor waiting lists and longest waiting patients.
- **Colonoscopy:** In January 2024, 23.9% of patients were offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment (target 90%). The onboarding of one additional screening Endoscopist in December 2023 introduced one additional list per week into core Bowel Screening Wales capacity. Demand up until October 2024 requires us to be running at least 6.5 lists per week to appropriately accommodate patient volumes, however, modelling work has shown that the service actually delivers on average 5.5 lists per week when factoring in activity lost due to annual leave/sickness/on-call, leading to a backlog in performance. Therefore, arrangements are in place to uplift core capacity by one list every other week to mitigate this and on-board one further screening Colonoscopist (assessment likely June 2024). As an interim solution, the service is operating 2 additional lists per month to make-up for lost core activity due to annual leave and sickness. Performance from January 2024 is expected to be sustained until April 2024 with a view of further improvement from May 2024.

**Therapies:** There have been a series of workshops and engagement events with key stakeholders from therapies, risk and assurance, informatics, performance and workforce from across the Health Board. This discovery exercise has informed an overarching therapy integrated improvement plan to improve:

1. Oversight of performance.
2. Oversight of clinical risk profile and mitigations.
3. Clinical risk profile and mitigations
4. Oversight of demand and capacity.
5. Oversight of quality, safety and experience.

The Therapy Integrated Improvement plan will enable progression of this improvement work, including smart actions, resource requirements and estimated timescales.

- **Occupational Therapy:** Breaches within children's services account for 324 of the 443 occupational therapy breaches in March 2024. A band 6 occupational therapist left the service in February. This post has now been recruited into but has left reduced capacity from mid-February until end of March. There has been some staff sickness. The waiting list support service (WLSS) have started telephoning families to offer information and signposting whilst they are waiting for paediatric occupational therapy services. Performance and actions for improvement are being reported and reviewed weekly via the Therapies Performance Steering Group. An external company are providing occupational therapy assessment and intervention for 10 young people on the waiting list over the next two months.

**Ophthalmology:** Our target is to see 95% of high risk (R1) ophthalmology patients within the nationally agreed timeframe\*. 858 out of 1,393 (61.6%) of our R1 patients attended appointments within the nationally agreed timeframe in March 2024 and concerning variation is showing. Due to the volume of leave (annual and sickness), we saw a reduced number of patients in clinic resulting in a decline compared to February 2024. We have, however, secured funding to continue additional sessions and outsourcing which supports the additional capacity required to maintain our position.

\*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date

**% patients aged 60+ with a hip fracture receiving orthogeriatrician assessments within 72 hours:** Decline to 56% in March, affected by lower performance in Glangwili and Wityhush acute hospital sites. Both sites experienced reduced clinical activity due to annual leave and other commitments.

**Workforce:** Nurses and midwifery staff in-post: We had 3,177 nursing and midwifery staff in post in March 2024, which exceeded our improvement trajectory. This is attributable to graduate recruitment of newly qualified nurses, overseas nursing recruitment and the addition of registered nurses through the 'Grow Your Own' workforce programme.

**Coding errors corrected:** Increased the baseline compliance of 29.3% in August 2023 to 98.5% in January 2024, exceeding 90% target. Sustained improvement as a result of collaborative working between Clinical Coding team and Digital Health Care Wales to resolve data export issues.

**Incidents:** The number of national reportable incidents that remain open over 90 days is showing concerning variation, with the 42 open in March 2024 the highest seen since August 2022. Work is underway with directorates to ensure that they understand the process for timely sign off of completed investigations and the required nationally reportable incident outcome form. Dashboards are available for directorate triumvirate teams to enable monitoring of open incidents.

### Argymhelliad / Recommendation

The Board is asked to note the report from the [IPAR – Month 12 2023/2024 – final position](#).

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	2023/2024 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	<p>Contained within the body of this SBAR and the supporting IPAR overview:</p> <ul style="list-style-type: none"> <li>• IPAR – Integrated Performance Assurance Report</li> <li>• PODCC – People, Organisational Development &amp; Culture Committee</li> <li>• SDODC – Strategic Development &amp; Operational Delivery Committee</li> <li>• SRC – Sustainable Resources Committee</li> </ul>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	<ul style="list-style-type: none"> <li>• Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care</li> <li>• Strategic Development &amp; Operational Delivery Committee</li> <li>• People, Organisational Development &amp; Culture Committee</li> <li>• Sustainable Resources Committee</li> </ul>

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
Ariannol / Gwerth am Arian: Financial / Service:	<p>Better use of resources through integration of reporting methodology</p> <p><a href="#">Integrated Impact Assessment Template</a></p>
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>Use of key metrics to triangulate and analyse data to support improvement</p> <p><a href="#">Integrated Impact Assessment Template</a></p>
Gweithlu: Workforce:	<p>Development of staff through pooling of skills and integration of knowledge</p> <p><a href="#">Integrated Impact Assessment Template</a></p>
Risg: Risk:	<p>Better use of resources through integration of reporting methodology</p> <p><a href="#">Integrated Impact Assessment Template</a></p>
Cyfreithiol: Legal:	<p>Better use of resources through integration of reporting methodology</p> <p><a href="#">Integrated Impact Assessment Template</a></p>
Enw Da: Reputational:	<p>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 impact recruitment and staff morale.</p> <p><a href="#">Integrated Impact Assessment Template</a></p>
Gyfrinachedd: Privacy:	<p>N/A</p> <p><a href="#">Integrated Impact Assessment Template</a></p>
Cydraddoldeb: Equality:	<p>N/A</p> <p><a href="#">Equality Impact Assessment</a></p>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 31<sup>st</sup> March 2024

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 31<sup>st</sup> March 2024.](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits 36 weeks or more: new outpatient appointment	Mar 2024	0	11,464			
Planned care	Waits over 52 weeks: new outpatient appointment	Mar 2024	0	3,479			
Planned care	Follow-up appts - delayed >100%	Mar 2024	0	15,829			
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Emergency care	% Ambulance red call responses < 8 mins	Mar 2024	65%	45.3%			
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Mar 2024	0	1,192			
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Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Mar 2024	0	1,655			
Emergency care	Number of Pathways of Care delayed discharges	Mar 2024	n/a	220			
Cancer	% pts on single cancer pathway within 62 days	Mar 2024	75%	60%			
Mental health	% pt waits <28 days 1st CAMHS appt	Mar 2024	80%	92.0%			
Mental health	% adult psychological therapy waits <26 weeks	Mar 2024	80%	48.5%			
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Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Mar 2024	0	3,699			
Therapies	Pts waiting 14 wks+ for specified therapy	Mar 2024	0	3,863			
Primary & Community Care	Referrals from primary care into secondary care	Mar 2024	n/a	1,028			
Quality	Ophthalmology services						
Quality	C. difficile: Number of confirmed cases (in-month)	Mar 2024	8	13			
Quality	E.coli: Number of confirmed cases (in-month)	Mar 2024	22	21			
Workforce	% sickness absence rate of staff	Mar 2024	4.79%	6.31%			
Finance	Financial in month deficit	Mar 2024	n/a	£3,636,000			

**Key**

**Variation - how are we doing over time**

- Improving trend
- Usual trend
- Concerning trend

**Assurance - performance against target**

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

**Trajectory - performance against our ambition**

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

**Statistical process control (SPC) charts**

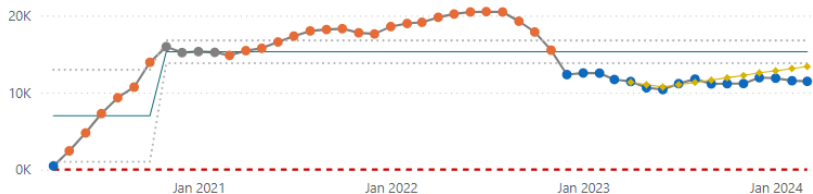
- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

\* Trajectory being developed

Key

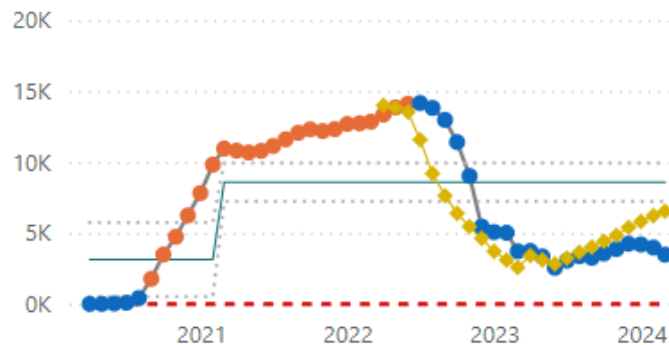
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting >36 weeks for first outpatient appointment



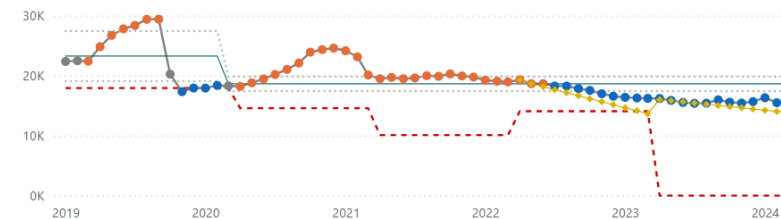
Improving variation is showing. Trajectory (13,387) was met in March 2024 (11,446) and performance has improved for 3 consecutive months.

Patients waiting >52 weeks for first outpatient appointment



Improving variation is showing. Trajectory (6,532) was met and breaches in March 2024 (3,479) are the lowest since September 2023 & the third consecutive monthly improvement.

Follow up outpatient appointments delayed over 100% past target date



Improving variation is showing. Trajectory has not been met for the last 8 months. Performance deteriorated between February 2024 and March 2024.

Key challenges / issues

- Industrial action in March 2024 impacted routine activity for outpatients (new and follow up appointments) and theatre sessions.
- Ongoing acute hospital site pressures can adversely affect elective care.
- Additional health needs/co-morbidities can impact a patient's suitability for an outsourced procedure to private providers and can lengthen treatment times.
- Maintaining and reducing waiting times into 2024/25.

Only orthopaedics (40 patients) and vascular (9 patients) had waits over 4 years at the end of March. Orthopaedics service were supported by the NHS Executive to maximise capacity during March 2024 along with use of the private sector to treat longest waits. Vascular long waits are dependent on Swansea health board to reduce numbers.

Key actions / initiatives

- Progress towards our key aims by 31<sup>st</sup> March 2024 was driven by steady increases in the volumes of activity delivered, targeted prioritisation of longest waiting patients, tracking of diagnostic pathways, supported by clinical validation of longest waiting patients.
- **Reduce the number of patients waiting over 3 years for referral to treatment (RTT).** March 2023: 1,770 breaches, March 2024: 185 breaches.
  - **Reduce waits over 2 years for RTT to between 1,600 and 1,700.** March 2024: 1,458.
  - **Reduce waits over 52 weeks for a first outpatient appointment to less than 4,200.** March 2024: 3,479.
  - **Reduce number of patients waiting beyond 100% of their follow up target date to below 14,000.** March 2024: 15,829. Ophthalmology the key driver locally and nationally in terms of rising waiting lists.

Work is underway to monitor April 2024, May 2024 and June 2024 positions, each with monthly targets to maintain waiting times into the new financial year.

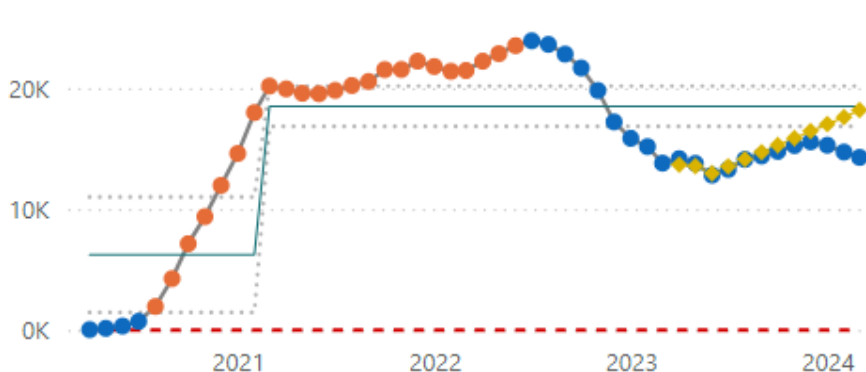
Due date

- Achieved
- Achieved
- Achieved
- Not achieved

30/04/24

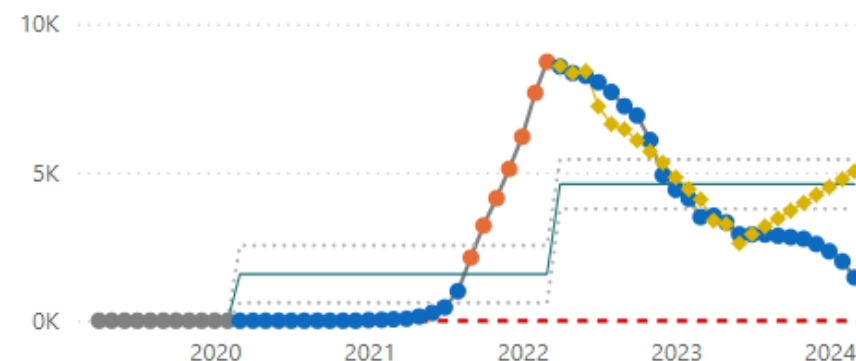
**Patients waiting over 52 weeks from referral to treatment**

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



Improving variation is showing. Performance in March 2024 (14,274) has improved for 3 consecutive months and trajectory (18,188) was met.

**Patients waiting over 104 weeks from referral to treatment**



Improving variation is showing. Breaches have reduced in each of the last 11 months and breaches in March 2024 (1,458) are the lowest since August 2021. Trajectory (5,034) was met.

**Key challenges / issues**

- Industrial action in March 2024 impacted routine activity for outpatients (new and follow up appointments) and theatre sessions.
- Ongoing acute hospital site pressures can adversely affect elective care.
- Additional health needs/co-morbidities can impact a patient's suitability for an outsourced procedure to private providers and can lengthen treatment times.
- Maintaining and reducing waiting times into 2024/25.

Only orthopaedics (40 patients) and vascular (9 patients) had waits over 4 years at the end of March. Orthopaedics service were supported by the NHS Executive to maximise capacity during March 2024 along with use of the private sector to treat longest waits. Vascular long waits are dependent on Swansea health board to reduce numbers.

**Key actions / initiatives**

- Progress towards our key aims by 31<sup>st</sup> March 2024 was driven by steady increases in the volumes of activity delivered, targeted prioritisation of longest waiting patients, tracking of diagnostic pathways, supported by clinical validation of longest waiting patients.
- **Reduce the number of patients waiting over 3 years for referral to treatment (RTT).** March 2023: 1,770 breaches, March 2024: 185 breaches.
  - **Reduce waits over 2 years for RTT to between 1,600 and 1,700.** March 2024: 1,458.
  - **Reduce waits over 52 weeks for a first outpatient appointment to less than 4,200.** March 2024: 3,479.
  - **Reduce number of patients waiting beyond 100% of their follow up target date to below 14,000.** March 2024: 15,829. Ophthalmology the key driver locally and nationally in terms of rising waiting lists.

Work is underway to monitor April 2024, May 2024 and June 2024 positions, each with monthly targets to maintain waiting times into the new financial year.

**Due date**

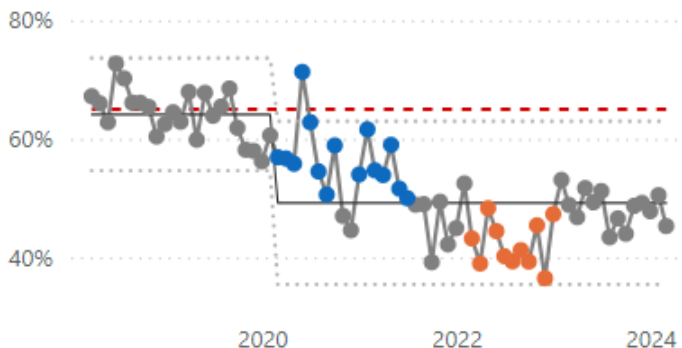
- Achieved
- Achieved
- Achieved
- Not achieved

30/04/24

**Key**

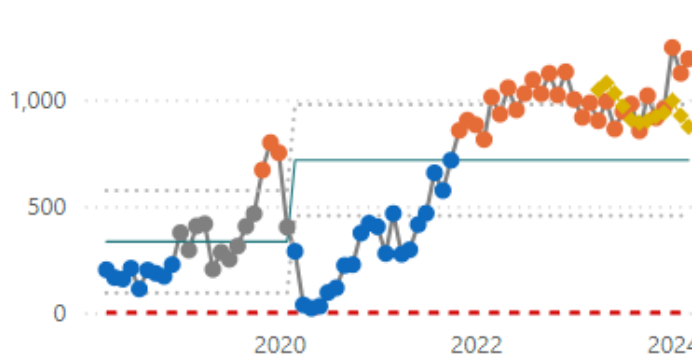
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**Life threatening (red) call responses taking over 8 minutes**



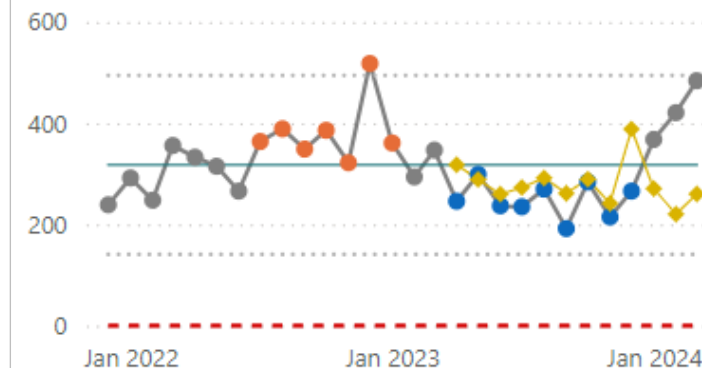
Latest data is showing expected (common cause) variation, 262 red calls met, out of a total of 578 responses, 45.3% (target = 65%).

**Ambulance handovers taking over 1 hour**



Latest data is showing a concerning trend, 1,192 handovers > 1 hour out of a total of 2,066, 58%. The trajectory of 873 was not met.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 484 handovers > 4 hour out of a total of 2,066, 23.4%. The trajectory of 260 was not met.

**Key challenges / issues – red calls**

- 53.79% of missed red calls for March 24 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.
- 42.4% of missed red calls for March 24 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8 minutes if a vehicle is available and on nearest standby point.
- Overall attended demand in Hywel Dda (HD) health board area has mainly been as forecasted but continues to remain high.
- Hospital delays in offloading WAST ambulance crews, 5,038 hours lost at the 4 acute HD hospital sites during March 24, which has increased by 20.7% when comparing March 23. Top 3 reasons for handover delays according to system data ‘no beds available’, ‘patient had complex needs’, ‘no available trolley or chair’
- There have been an increase in the number of immediate release requests for the month of March 24. 65 requests made, 51 accepted. 17 not accepted. 75% acceptance rate.

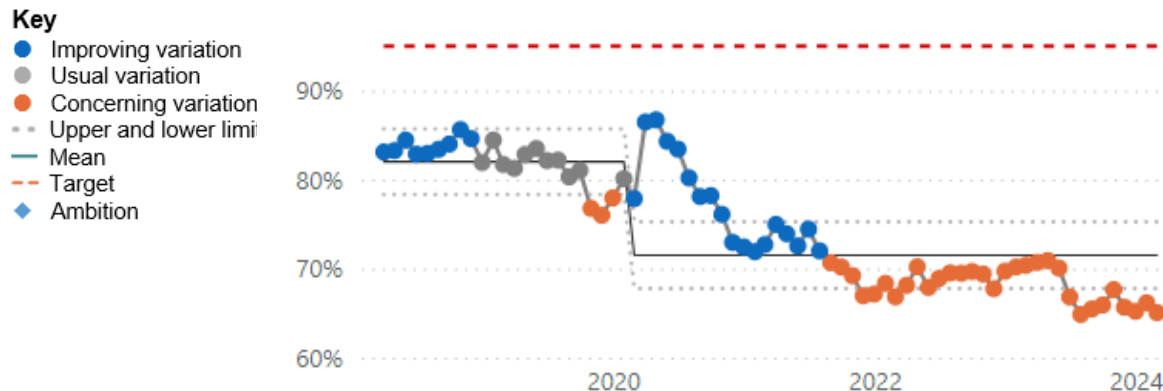
**Key actions / initiatives – red calls**

- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources.
- WAST resourcing reviews and targeted overtime allocation.
- Porth Preseli – prehospital clinical screening model now live with advanced paramedic practitioners assisting with admission avoidance. Continuing to improve cover.
- The NHS 111 press 2 access for WAST clinicians in HD area for mental health advice now live.
- Neck of Femur pathway – challenges with progression from a health board perspective and now progressing a ‘front door’ model.
- Operational planning in progress nationally in preparation for the British Medical Association industrial action

**Due date**

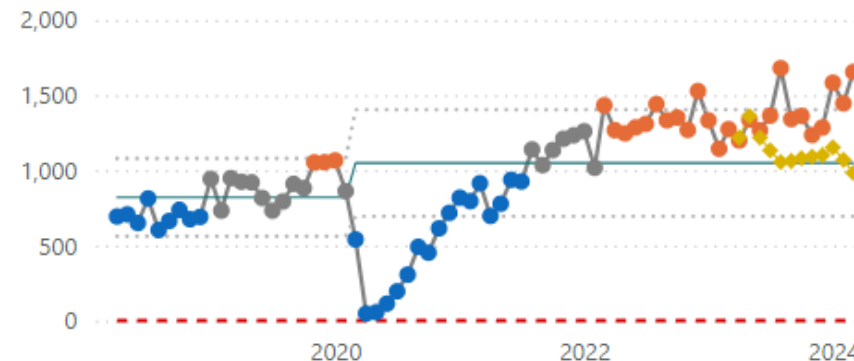
- Weekly ongoing
- Daily – Hourly ongoing
- Weekly ongoing
- 30/04/24
- 30/04/24
- 30/04/24
- 15/04/24

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



65% reported for March, 5,099 breaches out of 14,594 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E/MIU



1,655 breaches out of 14,594 new attendances, 11%. The trajectory of 983 was not met and chart is showing a concerning performance trend.

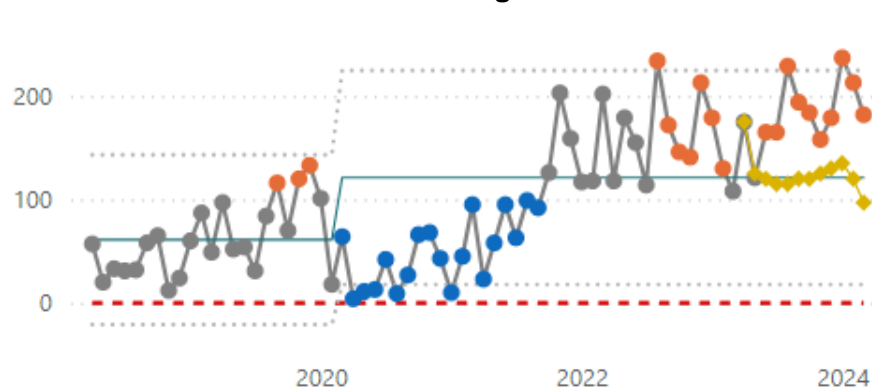
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- [Bronlais Hospital](#)
- [Glangwili Hospital](#)
- [Prince Philip Hospital](#)
- [Withybush Hospital](#)

**Key**

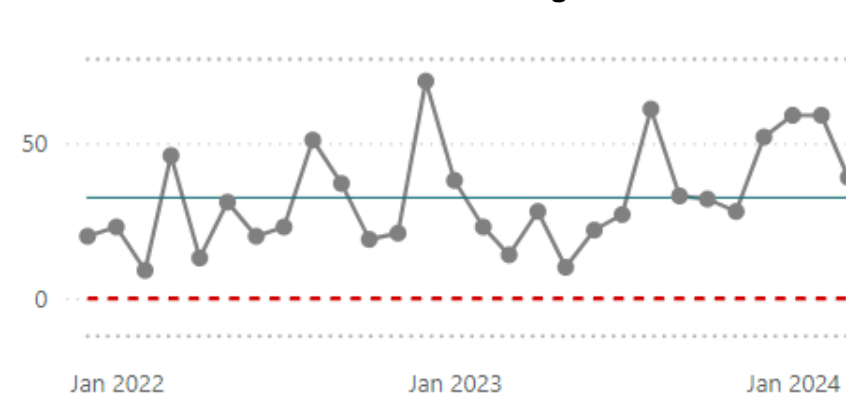
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing concerning trend, 182 handovers >1 hours reported out of a total of 366 handovers, 50%. The trajectory of 97 has not been met.

**Ambulance handovers taking over 4 hours**



This metric is showing expected (common cause) variation. 39 handovers >4 hours were reported out of 366 total handovers 11%.

**Key challenges / issues**

- Emergency department “front door” facing capacity challenges not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010’s, the recent increase in acuity both in ambulances and in the waiting-room challenges the ability to effect alternatives to admissions. “Front door” regularly surged by 15 patients. Surged is where patient volumes challenge or exceed a hospital's servicing capacity.
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to Emergency Department (ED).
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.
- March presented a reduction in both 1 hour and 4 hour handover delays and a marked reduction in the total lost ambulance hours (time taken for ambulance crews to handover a patient and be released).

**Key actions / initiatives**

- Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase.
- Front door development review. Nurse led-review of front door service.
- Development of Interface Frailty Model Project Initiation Document.
- Additional ED junior doctor covering out of hours, but unfunded so will end 31/3/24.

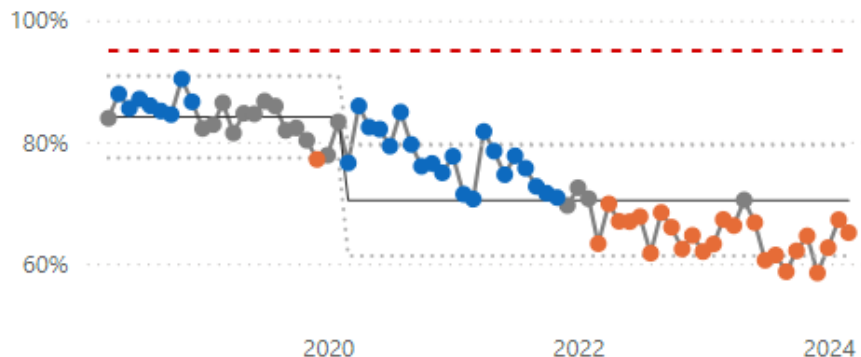
**Due date**

- Q1, 2024/25
- Q1, 2024/25
- Q1, 2024/25
- 31/3/24

**Key**

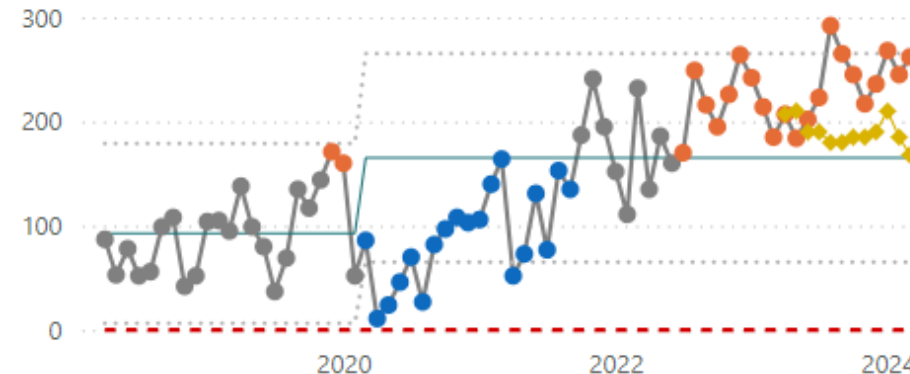
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**Patients waiting less than 4 hours in A&E**



65% reported for March, 905 breaches out of 2,592 new attendances. Chart is showing a concerning performance trend

**Patients waiting over 12 hours in A&E**



262 breaches out of 2,592 new attendances, 10%. The trajectory of 168 was not met and chart is showing a concerning performance trend.

**Key challenges / issues**

- Emergency department “front door” facing capacity challenges not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010’s, the recent increase in acuity both in ambulances and in the waiting-room challenges the ability to effect alternatives to admissions. “Front door” regularly surged by 15 patients. Surged is where patient volumes challenge or exceed a hospital's servicing capacity.
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to Emergency Department (ED).
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.
- 4-hour waits were consistent with previous months reflecting the challenge in admitting patients to the wards.

**Key actions / initiatives**

- Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase.
- Front door development review. Nurse led-review of front door service.
- Development of Interface Frailty Model Project Initiation Document.
- Additional ED junior doctor covering out of hours, but unfunded so will end 31/3/24.

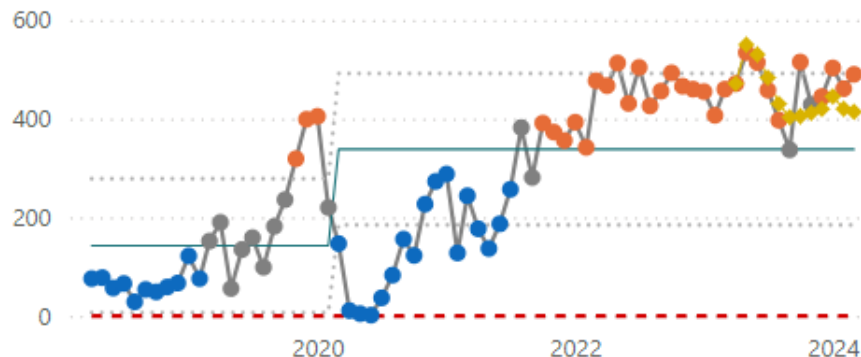
**Due date**

- Q1, 2024/25
- Q1, 2024/25
- Q1, 2024/25
- 31/3/24

Key

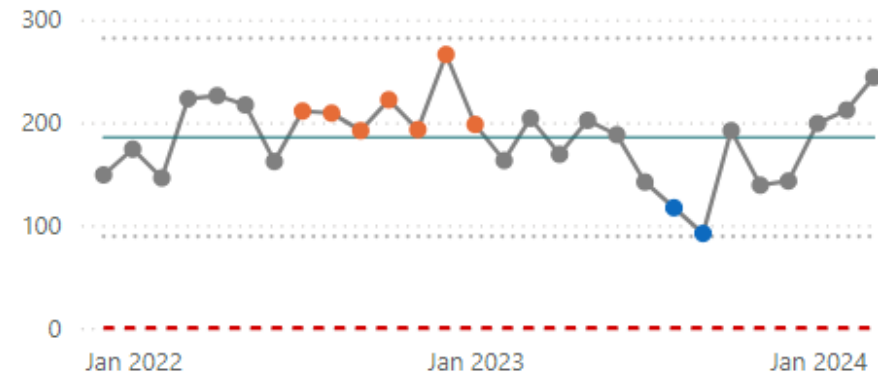
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning trend. 490 handovers >1 hours reported out of a total of 776 handovers, 63%. The trajectory of 414 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 244 handovers >4 hours reported out of a total of 776 handovers, 31%.

Key challenges / issues

- Both >1 and >4 hour ambulance performance has seen a worsening trend during March, with the 4 hour performance reported to be the highest throughout the financial year 23/24. However, overall the number of ambulance handovers have decreased, although overall patient attendances to the Emergency Department remains high.
- Advanced Paramedic Practitioner (APP) within the Clinical Streaming Hub shift fill rate has improved throughout March, focusing on admission avoidance with Welsh Ambulance Service Trust (WAST).

Key actions / initiatives

WAST Red (Immediately life threatening) and Amber 1 (life threatening) incidents, ambulance release plans continue to be facilitated despite challenges with patient flow. Escalation of any red or amber release difficulties with senior management team daily.

Improvement plan around Real Time Demand and Capacity (RTDC) to commence end of April.

Due date

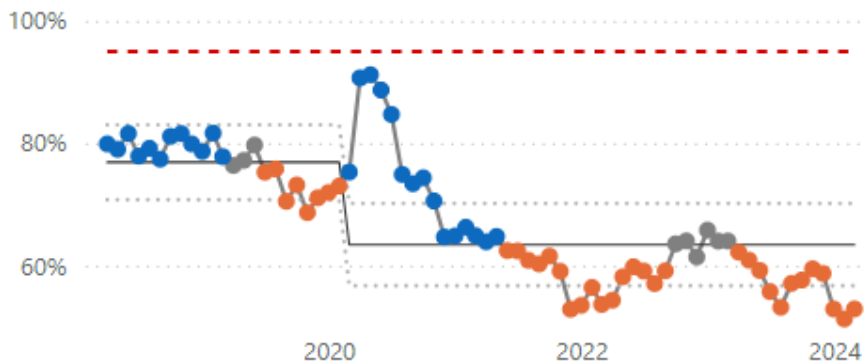
30/04/24

30/04/24

Key

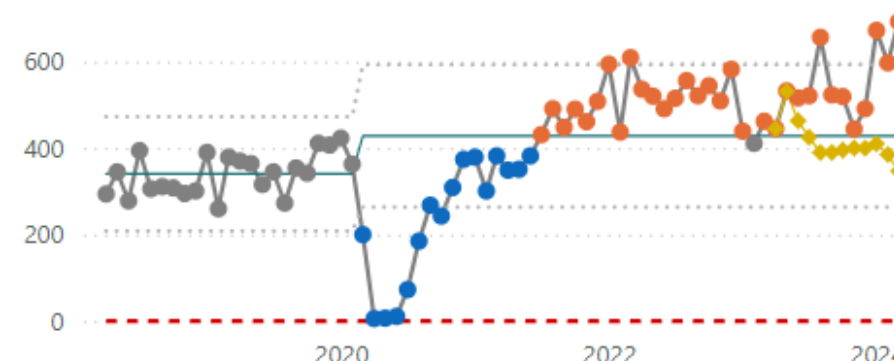
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E



52.91% reported for March, 2,030 breaches out of 4,311 new attendances. Chart is showing concerning performance trend

Patients waiting over 12 hours in A&E



692 breaches out of 4, 311 new attendances, 16%. The trajectory of 347 was not met. Chart is showing concerning performance trend.

Key challenges / issues

- 4 hour performance has very marginally improved in March, although challenges remain when the department is fully escalated, with lack of appropriate space for reviews due to high acuity of patient needs within the department.
- 12 hour performance has also deteriorated against challenging patient flow and high medically optimised numbers. Medically optimised patients are where patients no longer require care in an acute hospital setting.

Key actions / initiatives

- Improvement workstream to commence end of April focusing on Real Time Demand and Capacity to create earlier patient flow.
- Virtual Ward and Intermediate Care Team in-reaching to the acute setting to facilitate rapid discharge of patients. This is currently in pilot stage and will be reviewed towards the end of May.

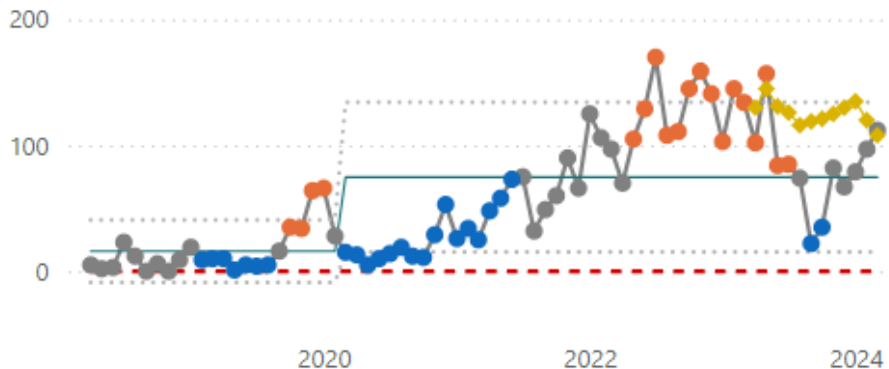
Due date

- 30/04/24
- 30/05/24

Key

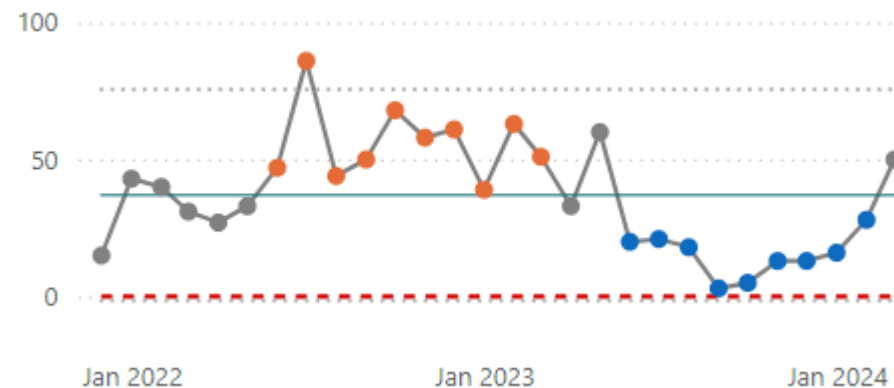
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) variation. 112 handovers >1 hours reported out of a total of 254 handovers, 44%. We were within 5% of the trajectory 108

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 50 handovers >4 hours reported out of a total of 254 handovers, 20%.

Key challenges / issues

- Whilst overall ambulance arrivals have been reducing steadily since the summer, March did see a small increase in demand with >1 hour and > 4 hour performance to handover affected by this.
- Industrial action during March saw wards and emergency areas stretched with limited medical cover present.
- Across Carmarthenshire- Advanced Paramedic Practitioner shift fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave during March.
- Acuity of patients presenting remains a challenge alongside infection control issues with patients requiring specialist areas.

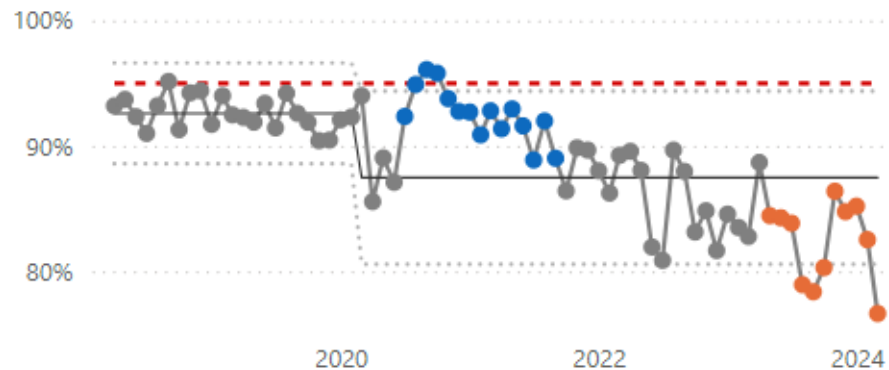
Key actions / initiatives

- Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients. 30/04/24
- During strike days, all senior decision makers were prioritising the front door acute areas and facilitating discharges to maintain patient flow throughout the hospital. 31/03/24
- Front door model being reviewed to included interface frailty service. 30/04/24
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack. 30/04/24

Key

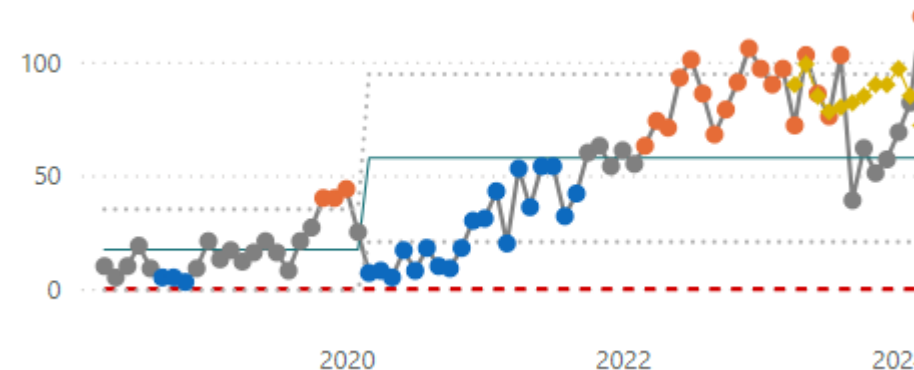
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in MIU



79.64% reported for March, 547 breaches out of 2,687 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in MIU



120 breaches out of 2,687 new attendances, 4.5%. The trajectory of 72 was not met and chart is showing concerning performance trend.

Key challenges / issues

- Minor Injury Unit (MIU) new patient attendances for March slightly up with an increase of 35.5% in patients attending with a major complaint rather than a minor injury. These patients require admission and can wait in MIU overnight due to restricted availability of an appropriate bed.
- Patients waiting longer than 4 hours remains high with our 12 hour compliance static at 96%.
- Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remains a challenge with around 40 patients per day. This does have an impact on patient flow throughout the hospital.
- We continue to experience challenges with limited nursing/doctor cover.

Key actions / initiatives

- Same Day Emergency Care (SDEC) continues to support with attendances high with our hybrid model including medical input with circa 95% discharge rate.
- Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continues to run which facilitates early discharges and follow up review. These clinics will increase through job planning over the next 12 months.
- Medical/Nursing recruitment process ongoing to support areas.

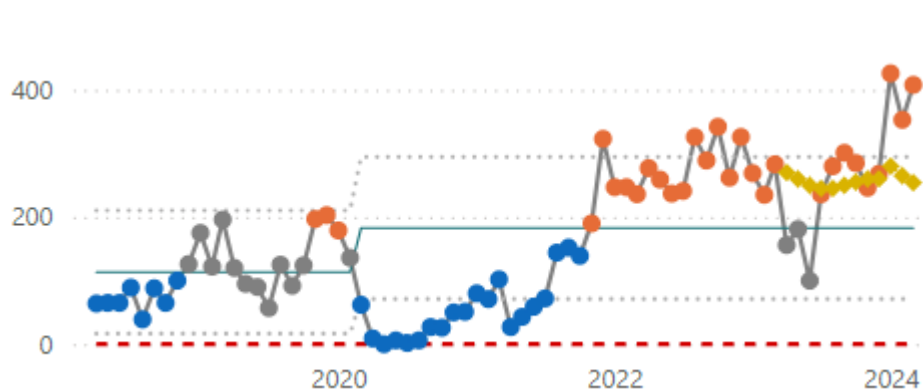
Due date

- 30/04/24
- 31/03/25
- 31/03/25

**Key**

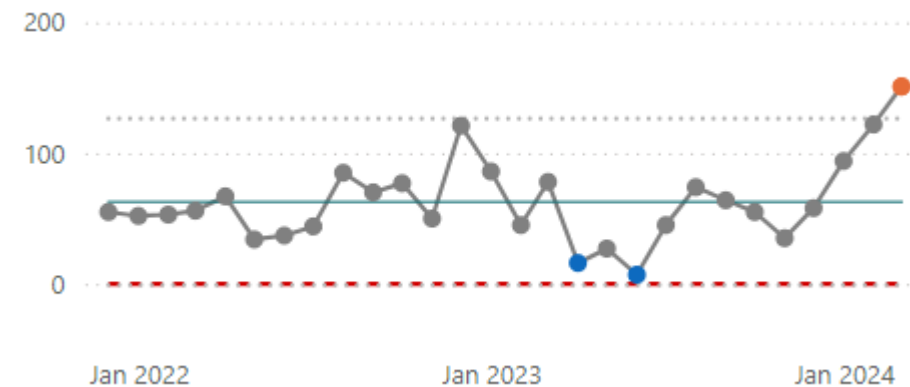
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing concerning variation. 408 handovers >1 hours reported out of a total of 670 handovers, 61%. Performance trajectory of 254 was not met.

**Ambulance handovers taking over 4 hours**



Latest data is showing concerning variation 151 handovers >1 hours reported out of a total of 670 handovers, 23%.

**Key challenges / issues**

Overall performance for the 1 hour and 4 hour handovers has deteriorated throughout the beginning of 2024. In March, we saw a small increase of ambulance conveyance to our Emergency Department (ED).

We still have number of acute medical beds out of the system due to RAAC.

Our discharge rate out of the medical wards do not balance the number of beds required for our admissions.

**Key actions / initiatives**

WAST Red (immediately life threatening) and Amber 1 (life threatening) incidents, ambulance release plans continue to be facilitated.

Improvement plan around Real Time Demand and Capacity (RTDC) to commence end of April.

Advanced Paramedic Practitioner (APP) navigator and GP now based in our local contact hub. They will screen the calls on the stack and when possible, will sign post the paramedics and patients to other agencies if they do not require ED.

We have team including GP, frailty ACP/PA who will review patients at their own home or care homes (if suitable) to avoid hospital admissions.

**Due date**

Completed

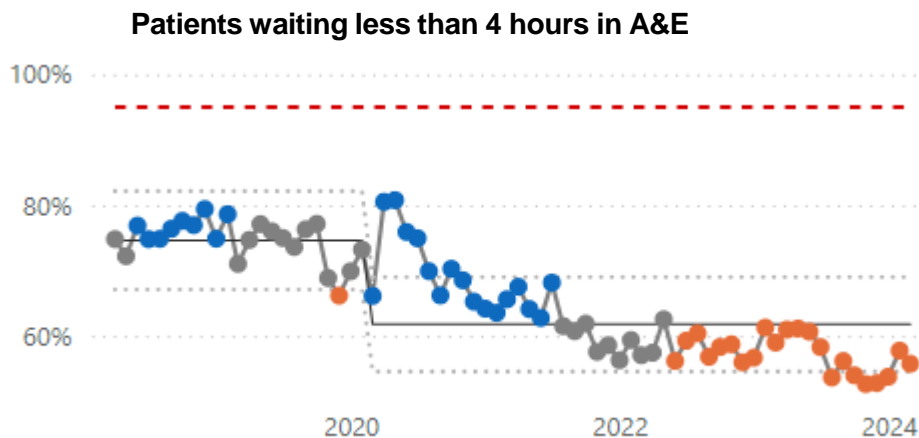
29/04/24

Completed

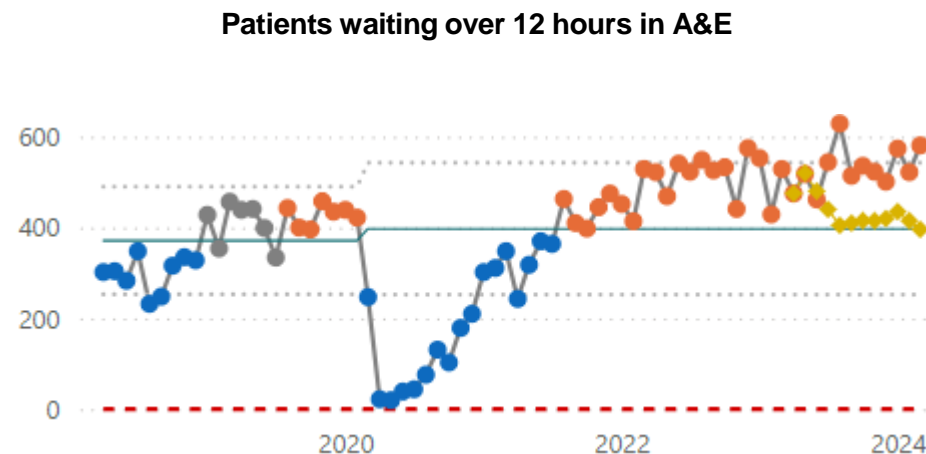
Completed

**Key**

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



55.73% reported for March, 1,581 breaches out of 3,571 new attendances. Chart is showing a concerning performance trend



581 breaches out of 3,571 new attendances, 16%. The trajectory of 396 was not met and the chart is showing a concerning performance trend.

**Key challenges / issues**

We have a very pressured and overcrowded Emergency Department (ED). We have also seen a small but steady increase in our attendances from December of last year.

WGH still have number of acute beds remaining out of use due to RAAC.

Our discharge rate out of the medical wards do not balance the number of beds required for our admissions.

**Key actions / initiatives**

We have several acute beds are coming back online on the 18th April this year.

Stand-alone Acute Frailty Unit is also opening on the 18th of April which will have a Frailty Same Day Emergency Care (SDEC).

Patients being rerouted to Hot clinics and SDEC from ED.

Clinical Streaming Hub and Enhanced Community Ward has now been implemented. This should support early discharges and avoid hospital admissions.

**Due date**

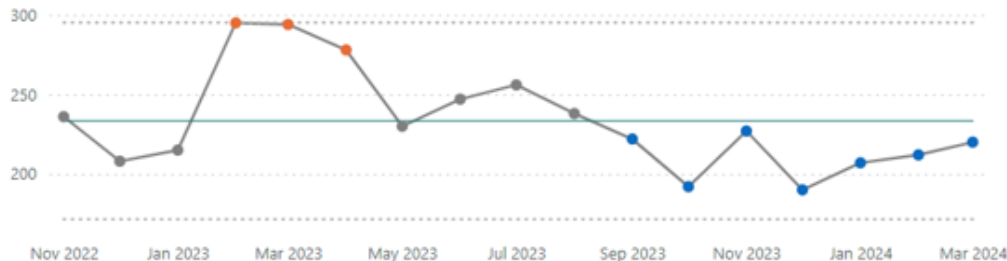
18/04/24

18/04/24

Completed

Completed

**Number of pathways of care delayed discharges**

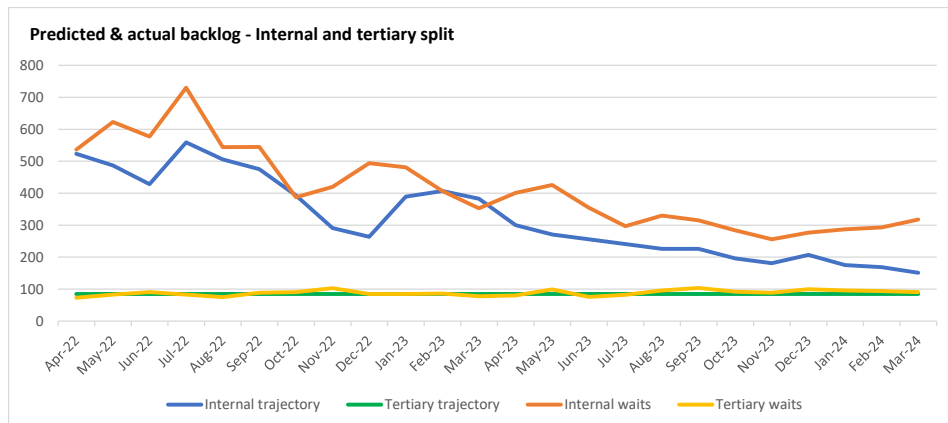


Reason	Resident Local Authority					Total
	Carmarthenshire	Ceredigion	Pembrokeshire	Swansea	Powys	
Awaiting completion of assessment by social care	23	3	23			49
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	13	10	9			32
Awaiting Social worker allocation	10		5			15
Awaiting start of new home care package	7	4	4			15
Awaiting RH availability	9	1	4			14
Mental Capacity	8	2	2			12
Awaiting joint assessment	3	8				11
Awaiting Community Resource capacity	7		1			8
Awaiting EMI nursing availability	4		2			6
Awaiting reablement care package	4	2				6
Other	25	13	12	1	1	52
<b>Grand Total</b>	<b>113</b>	<b>43</b>	<b>62</b>	<b>1</b>	<b>1</b>	<b>220</b>

Patients with a delayed discharge increased during March, with Carmarthenshire Local Authority having the greatest number of delays. 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 14 mental health patients and 206 non mental health patients.

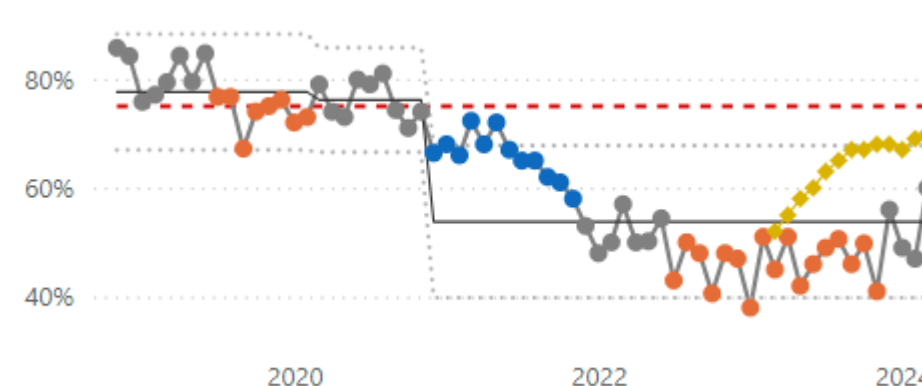
Key challenges / issues	Key actions / initiatives	Due date
<p><b>Non mental Health:</b>                      During 23/24, there was a 23.47% reduction in the number of discharges being delayed for those validated as a patient with a Delayed Pathway of Care (DPOC). There has been concern regarding the number of delays associated with the Assessment processes. However, in March there was a 10.3% improvement of delays associated with assessments. Trusted Assessors completed 90 assessments in February. These are not included in DPOC patient census count but it is anticipated this process will prevent a delay occurring. The optimal hospital patient flow programme of work in place across the acute sites demonstrated the following compliance with improvement measures and ensures further improvement:                      Site: GGH BGH PPH WGH                      Compliance: 42% 37% 73% 66%</p>	<ul style="list-style-type: none"> <li>Development of DPOC action plan with “SMART” actions and robust metrics reporting. Triangulation of the main reasons for delays of care with patient length of stay. Improvement of key performance indicators will be submitted to Welsh Government on a quarterly basis through the national groups established to oversee all Health Boards. 1<sup>st</sup> return 15<sup>th</sup> April 2024 via regional lead.</li> <li>Health Board working group to monitor action plans and metrics, working as an integrated system to address the complexity of the patient flow constraints. The group to support the operational delivery and ownership of key objectives of the Discharge Strategy and Managing Complexity Groups.</li> <li>To continue to develop the Trusted Assessor models across the region learning from local and national best practice. New reporting template across Region which will link to DPOC plan.</li> </ul>	30/04/24
<p><b>Mental health:</b>                      The MH &amp; LD directorate has a significantly improved position in respect of the census count for delayed pathways of care for March 2024. The new number is reflective of discharges but there were five new DPOCs identified on the older adult wards.</p>	<p>The adult DPOC meetings have increased to weekly, and the improved position suggests a positive impact.                      The aim continues to be further improvement with the acknowledgement that some factors are beyond the control of the Directorate.                      The ability to sustain improvement remains at risk from external factors namely, Local Authority and Continuing Care processes alongside the overall lack of elderly mentally ill accommodation placements.</p>	30/04/24

## Number of single cancer pathway patients waiting over 62 days



The backlog of patients has been increasing each month since November 2023. As March 2024: Internal waits = 318 (trajectory 151), tertiary waits = 91 (trajectory 85), total 409 patients (trajectory 236).

## % single cancer pathway patients starting treatment within 62 days



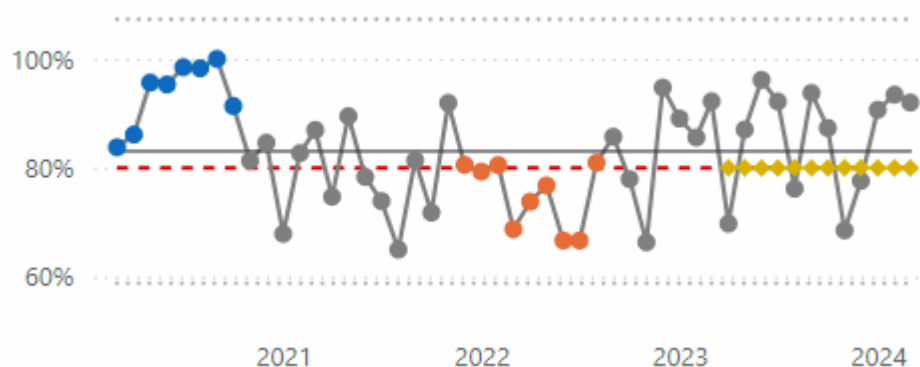
In March 2024 there were 1,876 single cancer pathway referrals. 60% (145 out of 241) patients started treatment within 62 days.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>Large volume of patients waiting in excess of 28 days for a diagnostic procedure within Lower gastrointestinal (LGI), Urology and Gynaecology</li> </ul>	Reducing patient waits in excess of 14 days for an out-patient appointment (OPA) and 28 days in the LGI diagnostic pathway.	16/05/24
<ul style="list-style-type: none"> <li>Increasing volume of patients waiting First Definitive Treatment within the Skin Pathway</li> </ul>	Securing additional minor ops procedure capacity to reduce treatment waits within the Skin pathway.	22/05/24
<ul style="list-style-type: none"> <li>Potential growth for patients waiting First Definitive Treatment within the Breast pathway</li> </ul>	Developing a plan during Q1 to implement One Stop Hysteroscopy in Q2 (One Stop Hysteroscopy pilot at BGH to commence May 2024).	31/07/24
	Eliminating patient waits in excess of 28 days in the Urology diagnostic pathway	19/08/24
	Temporary relocation of the WGH breast pathway to PPH & BGH with increased capacity to absorb associated growth in Q4 2023/24.	Complete

Key

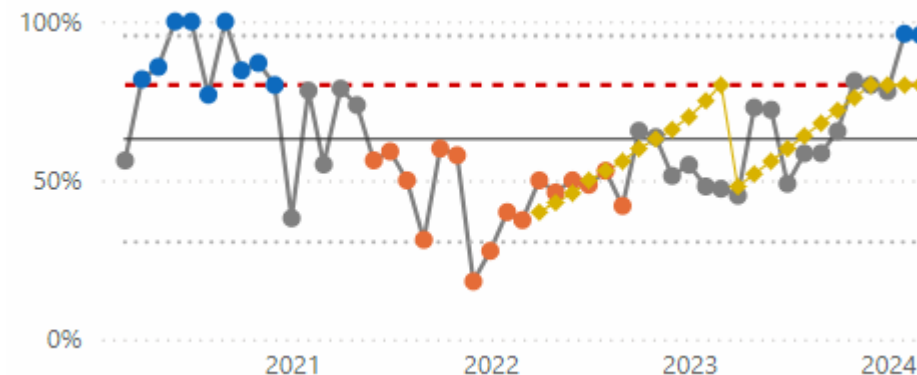
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**% patients waiting <28 days for a first CAMHS appointment**



Latest performance is showing expected (common cause) variation. 69 out of 75 (92%) young people had their first CAMHS appointment within 28 days. The overall trajectory of 80% in March was reached.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)**



Latest performance is showing special cause improving variation. 95.8% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The trajectory of 80% in March was met.

**Key challenges / issues**

**% patients waiting <28 days for a first CAMHS appointment:**

We have seen sustained improvement since January through an increase in initial appointment slots being created to address the waiting list backlog, particularly in our Pembrokeshire Secondary CAMHS team, where a combination of a spike in referrals (10 in one week), long-term sickness and changeover of team secretaries contributing to initial appointments not being booked within the 28-day period in October and November.

**% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):**

We are now seeing a sustained improvement trend with four of the last five months being within target. Some of the overall improvement in this target reflects a shift in Carmarthenshire towards offering all young people accepted for LPMHSS interventions an initial appointment within 28 days to set goals and agree self-management steps, where some will then continue to wait for further intervention sessions. Improvement can also be attributed to the recruitment of 1.8 WTE (whole-time equivalent) staff in January and 2 WTE in February.

**Key actions / initiatives**

**% patients waiting <28 days for a first CAMHS appointment:**

- The Pembrokeshire Secondary CAMHS team has enacted a recovery plan to address the backlog, with results reflected in the improvement in compliance since January.
- Additional clinical space is being sourced for assessment clinics.
- Monthly demand and capacity and Waiting List monitoring meetings are in place. Team Leads have undertaken Demand and Capacity training to enable process mapping of current systems and pathways to improve efficiency and reduce time to assessment.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):**

- We continue to run multiple in-person skills group work and are reviewing access arrangements.
- Increased use of schools for clinical appointments to tackle estates issues.
- We will be making SilverCloud available as a referral option post-assessment as soon as a Memorandum of Understanding is complete.
- A review of the Part 1 Scheme with partner agencies has been signed off to reflect on key areas of service development and alignment of the service structure.

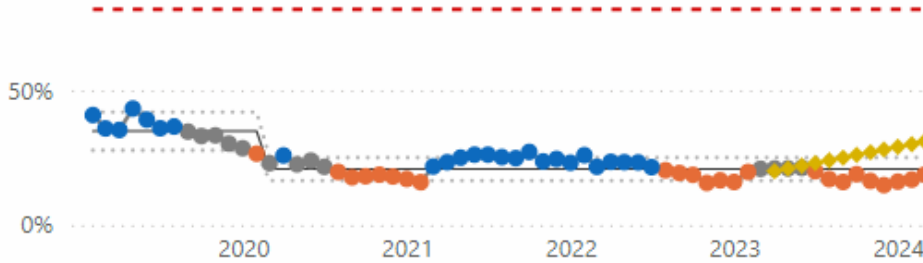
**Due date**

30/06/24

30/06/24

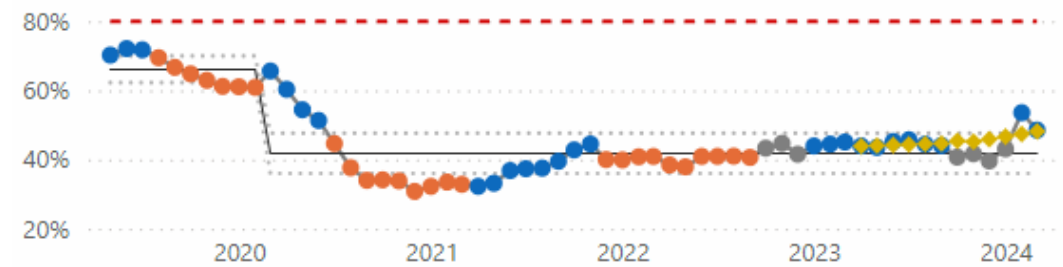
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - ◆ Ambition

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



Performance in March (18.7%) shows special cause concerning variation and trajectory (31%) was not met. 429 out of 3,072 (14%) patients had an ASD assessment and 241 out of 513 (47%) patients had an ADHD assessment within 26 weeks in March.

**% adults waiting <26 weeks to start a psychological therapy**



Performance in March (48.5%) shows special cause improving variation and trajectory (48.15%) was met. 359 out of 683 (52.6%) patients started an integrated psychological therapies within 26 weeks, 5 out of 21 (23.8%) started an adult psychology assessment and 32 out 112 (28.6%) started a learning disability psychology within 26 weeks.

**Key challenges / issues**

**Neurodevelopmental assessments:**

**Autism Spectrum Disorder (ASD):** Demand has increased year on year from an average of 20 referrals per month in 2016 to an average of 110 referrals per month in 2023. An average of 26-28 assessments per month are started and completed with current resources. Complexity of cases, reliance on parent carers and schools to provide information and as a 3-county service, staff travel time and sourcing suitable clinic space.

**Attention Deficit Hyperactivity Disorder (ADHD):** Referrals received for ADHD assessment continue to increase. A Specialty Community Paediatrician is currently being on-boarded with an expected start date of August 2024. Access to clinical spaces continues to be a challenge when arranging additional clinics.

**Psychological therapies:**

**Integrated Therapies:** Demand continues to outweigh capacity. All clients waiting over 26 weeks have been offered group therapy with phase 2 roll-out to target waits over 15 weeks.

**Adult Psychology:** Recruitment remains a challenge despite sustained improvement. Roll-out of treatment with the EMDR (eye movement desensitization and reprocessing) provider.

**Key actions / initiatives**

**Neurodevelopmental assessments:**

**ASD:** Relocated to new premises with a small amount of dedicated clinic space to increase capacity and assessment opportunities. Extensive data validation exercise in place. Refined Referral and Triage processes. Process mapping of current systems and pathways completed to improve efficiency and reduce time to assessment.

**ADHD:** Community paediatricians are implementing 'screening clinics' with validation currently being undertaken. Additional activity in April has seen more improvement in the numbers of children waiting to be seen. The Service expects that picture to improve as we progress through the Financial year. Working with specialist Mental Health team to respond to the recent NHS Executive All Wales CYP Neuro Diversity Review.

**Psychological therapies:**

**Integrated Therapies:** Phase two of groups therapies will begin from 3<sup>rd</sup> June with 300 offers already made. A further 15 clients have accepted EMDR treatment.

**Adult Psychology:** Consolidation to a single waiting list and refined referral criteria. **Learning disabilities:** Keeping in touch letters have been produced in Easy Read, in English and Welsh and will be sent to all patients with the following criteria:

**Due date**

31/03/25

31/03/25

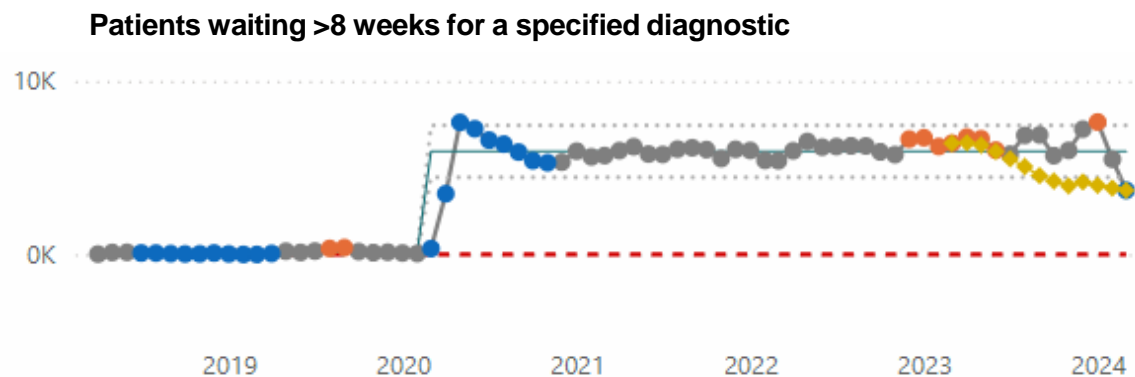
31/05/25

# Diagnostic waits over 8 weeks

(Ministerial priority)

**Key**

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



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	March 2024	3,699	●	□	◆
Radiology		1,693	●	□	◆
Endoscopy		1,268	●	□	◆
Cardiology		358	●	□	◆
Neurophysiology		339	●	□	◆
Imaging		32	●	□	n/a
Phys measure		9	●	□	◆

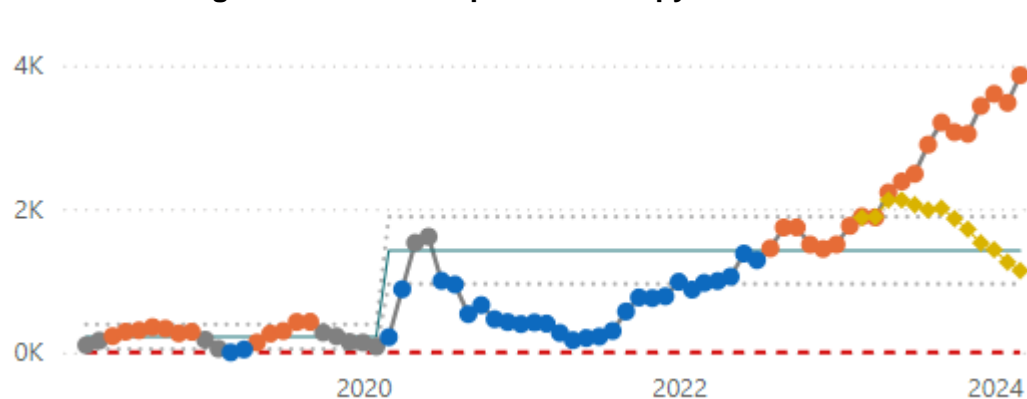
The best performance since April 2020, with improving variation showing. Significant improvements seen in the last 2 months, with breaches reducing by over 50% between January 2024 (7,638) and March 2024 (3,699), narrowly missing trajectory of 3,697. Driving this improvement is radiology with breaches below 1,700 for only the 3<sup>rd</sup> time since May 2020, endoscopy with less breaches than any time since November 2021 and Cardiology with the lowest number of breaches since September 2021. Breaches in Neurophysiology have almost halved since December 2023.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Endoscopy:</b></p> <ul style="list-style-type: none"> <li>Constraints within job plans limiting ability to uplift core endoscopy sessions.</li> <li>Recruitment of endoscopy nurses and an up-to-date review of staffing establishment required to enable full utilisation of all available sessions.</li> <li>Waiting list growth of 9 patients per week.</li> </ul>	<p><b>Endoscopy:</b></p> <ul style="list-style-type: none"> <li>Funded recovery plan of 5 additional lists per week implemented from the beginning of January 2024 to the end of March 2024. These additional lists reduced the waiting list growth.</li> <li>Continued focussed booking to maximise utilisation and productivity of all lists.</li> </ul>	30/04/24
<p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>Demand continues to exceed capacity mainly across MRI, CT and ultrasound (US).</li> <li>Reduced staffing establishment for Radiographers and Radiologists has led to delays for examinations and additional reporting delays.</li> <li>Reduction of 8-week waits is directly related to the need for additional funded sessions in the absence of additional staffing establishment.</li> </ul>	<p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>End of year recovery monies funded 2,714 removals from the waiting list during February and March 2024, which was 4,439 at the end of January 2024.</li> <li>This has been achieved by use of additional in-house sessions in <b>CT</b>, use of additional in-house sessions and hire of staffed mobile unit in <b>MRI</b>, and an insourced US service and some additional in-house sessions in <b>Non-obstetric ultrasound (NOUS)</b>.</li> <li>Continued recovery relies upon additional funded sessions for both examination &amp; reporting.</li> </ul>	30/04/24
<p><b>Cardiology:</b></p> <ul style="list-style-type: none"> <li>End of Value Based Health and Care (VBHC) short-term funding which has facilitated the significantly reduced Echo breach position in March 2024 (231) – breach position will deteriorate in 2024/25 without funding for additional capacity.</li> <li>Increased referrals numbers for Ambulatory Monitoring in recent months.</li> </ul>	<p><b>Cardiology:</b></p> <ul style="list-style-type: none"> <li>Await confirmation of recovery funding to continue in-sourcing of additional Echo capacity in 2024/25. Tender process near completion which will enable speedy initiation of additional capacity in quarter 1 on confirmation of funding.</li> <li>Continue focused efforts in quarter 1 to streamline and achieve optimal efficiencies in Ambulatory Monitoring across all 4 acute sites.</li> </ul>	30/04/24

# Therapy waits over 14 weeks

(Ministerial priority)

Patients waiting >14 weeks for a specified therapy



Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory
All	March 2024	3,863	●	□	◆
Dietetics*		1,312	●	□	◆
Audiology		996	●	□	◆
Physiotherapy		769	●	□	◆
OT		443	●	□	◆
Podiatry		259	●	□	◆
Art therapy		60	●	□	◆
SALT		24	●	□	◆

\*Dietetics includes 1,267 breaches relating to the Weight Management Service (WMS)

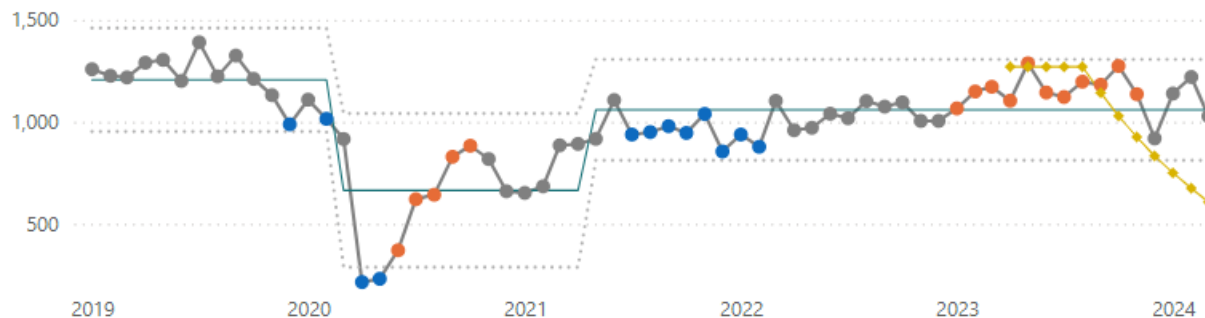
Concerning variation is showing. Overall breaches continue to grow and March 2024 (3,863) was more than 3 times higher than trajectory (1,140). Podiatry was the only service to see a reduction in breaches between February 2024 and March 2024. Physiotherapy was the only service to meet trajectory. Dietetics\*, audiology and art therapy breaches are at their highest level.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Physiotherapy:</b></p> <ul style="list-style-type: none"> <li>Accommodation challenges at Withybush Hospital due to reinforced autoclaved aerated concrete (RAAC) survey and repair work impacting service capacity for community and musculoskeletal (MSK) services.</li> <li>Insufficient funded workforce to sustainably meet demand in community &amp; MSK</li> </ul>	<p><b>Physiotherapy:</b></p> <ul style="list-style-type: none"> <li>Reinstatement of South Pembrokeshire Hospital physiotherapy department and gym. Opening of department delayed due to minor works and logistics challenges.</li> <li>Pilot, with waiting list support service in Carmarthenshire, to review the longest waiting patients on routine lists. Delay in start due to capacity to support.</li> </ul>	<p>01/05/24</p> <p>15/05/24</p>
<p><b>Audiology:</b></p> <ul style="list-style-type: none"> <li>Current workforce is not sufficient to sustainably meet increased demand following increased referral rates and the covid legacy backlog.</li> <li>The outpatients 'fire works' at Glangwili Hospital (increase in ambient noise floor) resulted in no assessment / fitting appointments being booked for 1 week.</li> <li>Long-term staff sickness</li> </ul>	<p><b>Audiology:</b></p> <ul style="list-style-type: none"> <li>Strategy plan submitted to scheduled care with request to increase clinical establishment by two Band 5 clinicians. Further meeting requested with service delivery manager and finance partner to look at possible staffing solutions. (pending early May 24).</li> <li>New clinic template developed to match capacity to demand going forward (implemented 29.04.24). However, this will not address the existing backlog.</li> </ul>	<p>01/05/24</p> <p>29/04/24</p>
<p><b>Dietetics:</b></p> <ul style="list-style-type: none"> <li>95% of total waiting over 14 weeks are for weight management service (WMS).</li> <li>Reduced Capacity across acute, community, paediatrics, and mental health due to vacancies.</li> </ul>	<p><b>Dietetics:</b></p> <ul style="list-style-type: none"> <li>From April, WMS referrals will be disaggregated from dietetics waiting list. National discussions concluded these will no longer require submission as part of diagnostics and therapies submissions. Local reporting &amp; support for those waiting, linked to national Healthy Weight Healthy Wales (HWHW) expectations underway.</li> <li>45 patients breaching 14-week target, actively filling vacancies and seeking interim agency cover to manage risk.</li> </ul>	<p>01/04/24</p> <p>01/07/24</p>

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.

The chart is showing common cause variation; in March 2024 the number of referrals reduced to 1,028.

The monthly reduction trajectory of 607 was not met.

Key challenges / issues

- 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.
- 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.

Key actions / initiatives

- Discussion with Regional Optometric Committee (ROC) to agree minimum service provision levels for IPOS.
- Clinical pathway implementation as and when the clinical contract manuals are made available from Welsh Government

Due date

- Complete
- Dependant on WG

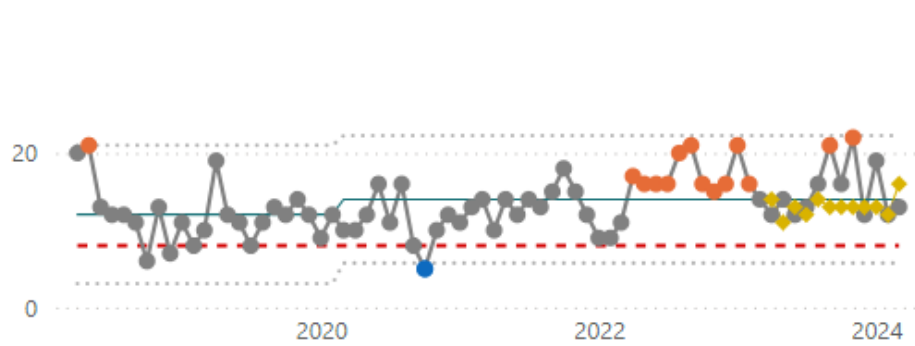
## C.difficile and E.coli cases

(Enhanced monitoring condition and accountability condition)

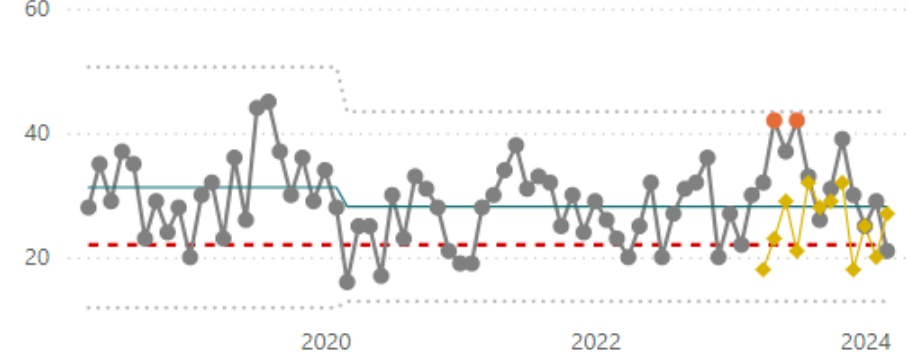
### Key

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

### Number of laboratory confirmed C.difficile cases (in-month)



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



Case numbers increased in March and the chart is showing expected (common cause) variation. The trajectory of 16 in month cases was met. The cumulative rate 47.30 per 100,000 population has been decreasing since January 2024

Case numbers decreased in March and the chart is showing expected (common cause) variation. Our internal trajectory of 27 in month cases was met. The cumulative rate 100.5 per 100,000 population has been decreasing since July 2023.

Key challenges / issues	Key actions / initiatives	Due date
-------------------------	---------------------------	----------

**C.Difficile**  
 A reduction of 10% of C.diff cases has been realised over this last year against the previous year (2022/23), with a 13% reduction in hospital onset cases.  
 The challenge for the coming year is to reduce hospital onset cases by 25% as directed by WG in the Targeted Intervention document.

**E.coli**  
 Continued high cases of E.coli bacteraemia, though showing some signs of improvement over the last quarter. The predominant source continues to be urinary, and prevention methods around health promotion and healthier living are considered necessary and need to be the focus of any ongoing community messaging.

- C.Difficile**  
 Continuing with the HB HCAI Improvement Plan to reduce HCAI, our focus shall be on targeting areas of high C.diff cases such the Prince Philip and Bronglais sites
- Weekly C.diff ward rounds on all sites to ensure correct management for patient safety;
  - Working with Antimicrobial Pharmacists to encourage antibiotic stewardship and completion of “start smart, then focus” audits (this continues to be a challenge with medical teams), continuous efforts to highlight the importance of these audits are ongoing.
  - Improving environmental cleaning with sporicidal disinfectant and hand hygiene training to reduce the risk of transmission and cross infection, this is now complete on all acute sites, community hospitals to now be included.
  - Using DiffX sporicidal disinfectant across all areas for general and terminal cleaning.
  - Surveillance of all cases both Toxin and Polymerase Chain Reaction (PCR) positive cases, monthly review and scrutiny meetings held to determine root cause and identify any learning themes
  - 25% Reduction of HAI C.diff expectation

**E.coli**  
 As part of the collaborative work with our Public Health colleagues, a spread and scale health promotion campaign is being developed. Delivery by the integrated infection prevention team and local authority teams shall commence during Q1.  
 Continuation of improvement in community and hospital onset of E.coli bacteraemia expected

Ongoing

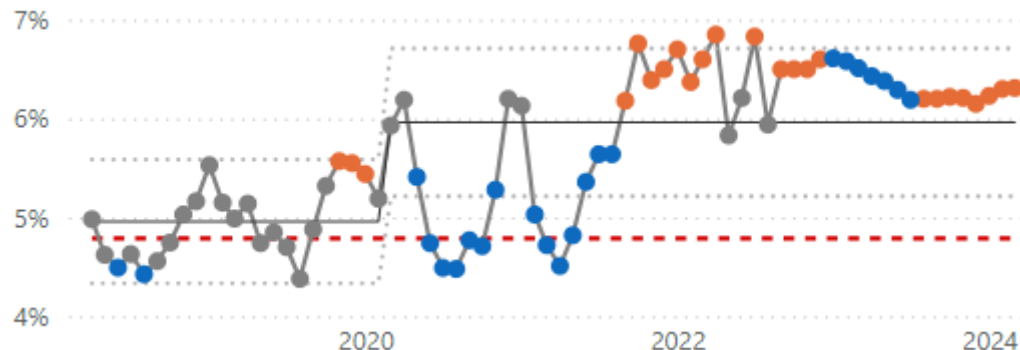
31/07/24

31/07/24

**Key**

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

**% staff sickness rate (12 months rolling)**



The rolling 12-month performance was 6.3% for March 2024 against the target of 4.79%

In-month performance for March 2024 was 6.34%

The highest levels were reported for:

- Facilities (10.3%)
- Unscheduled care PPH (9.5%)
- Ceredigion county (8.9%)

**Key challenges / issues**

Conditions impacting absence rates include:

- Anxiety/stress/depression continues to account for the highest reasons for absence accounting for some 30% of all days lost.
- Seasonal cough/colds/flu absences remain high (still in the top 3 reasons for absence across all Counties) but is consistent for the time of year when compared to previous years.

Other challenges:

- We continue to see higher levels of absence than seen prior to the pandemic even though some services have made significant improvements in their absence rates over the past 12 months.
- Industrial action has marginally impacted our absence rates but should it continue, the impact may increase absence rates more significantly into the summer months. However at present further action has been paused.

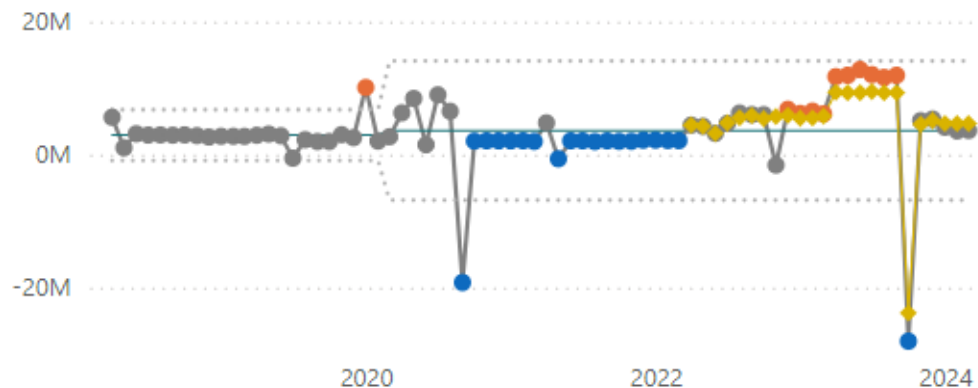
**Key actions / initiatives**

Key actions / initiatives	Due date
Meeting to discuss the Workforce Sickness Action Plan with the TU leads took place on 12 March 2024. Workshop with Staff Partnership Forum taken place on progress to date.	Complete
Estates & Facilities to undertake 4 sickness absence audits. 3 audits have been completed with 1 to conclude in April.	31/03/24
Sickness Absence Task & Finish Group to have it first meeting. Management lead now reassigned and meeting arranged for 18 April 2024.	12/04/24
Sickness Absence Task & Finish Group to prepare work plan.	31/05/24

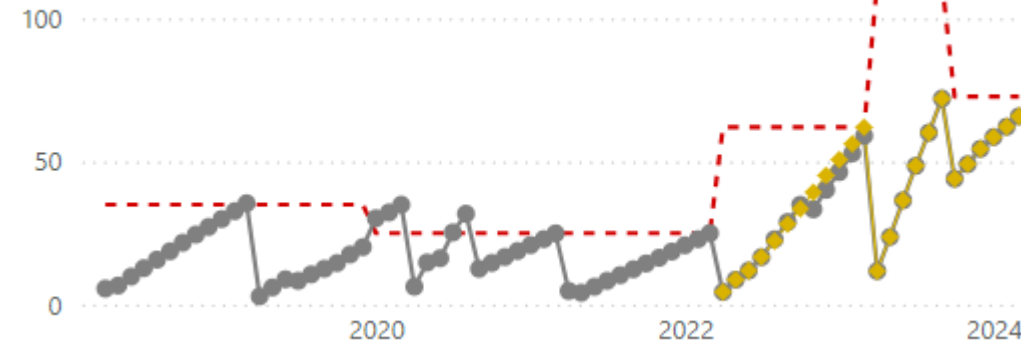
Key

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

Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

The Health Board’s draft unaudited end of year position is a £65.8m deficit. The Month 12 financial position is an overspend of £3.6m, which is made up of a £1.1m improvement against the planned deficit; The original planned saving requirement of £19.5m is over identified, before the additional £11.3m target control total was issued.

The Health Board was unable to deliver the target control total and the Health Board’s end of year deficit position is £65.8m. Work is progressing as part of the 24/25 planning cycle to mitigate the increased cost base.

Key actions / initiatives

Annual plan development for the forthcoming financial year is now in its implementation stage, including an assessment of the choices the Health Board will have to make. At this stage there is insufficient assurance to achieve the target control total for the 2024/25 financial year with this being communicated as part of the annual plan, including an anticipated delivery trajectory.

The following next steps and mitigating actions are being pursued across Executive Director portfolios, with ongoing reviews in place via Executive team discussions to evaluate progress and impact updates, de-risking the annual plan.

- Creation of the Value & Sustainability Group to systematically implement themed improvements ensuring working groups provide clear decision making across the organisation on a consistent basis.
- Chief Executive Officer has indicated that an internal Escalation Framework will be implemented to manage a balanced criteria covering quality, safety, patient, performance and finance.
- Further, with pace, the conversion of Opportunities into accepted and deliverable operational plans to provide clarity of commitments in quarter 1 that will formally de-risk the current savings delivery gap.
- Board Seminar to further scrutinise progress and provide oversight of the expectations they set out as part of the annual plan endorsement on 28th March 2024.
- Accountability letters are being issued in April to delegated Executive Directors inclusive of the savings expectations for their portfolios.

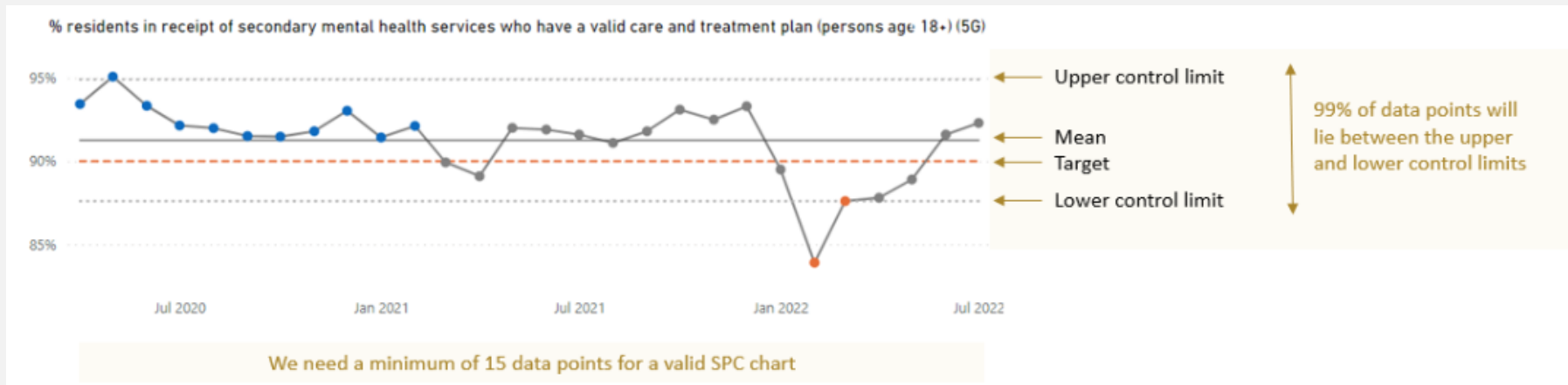
Due date

30/04/24

## 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.

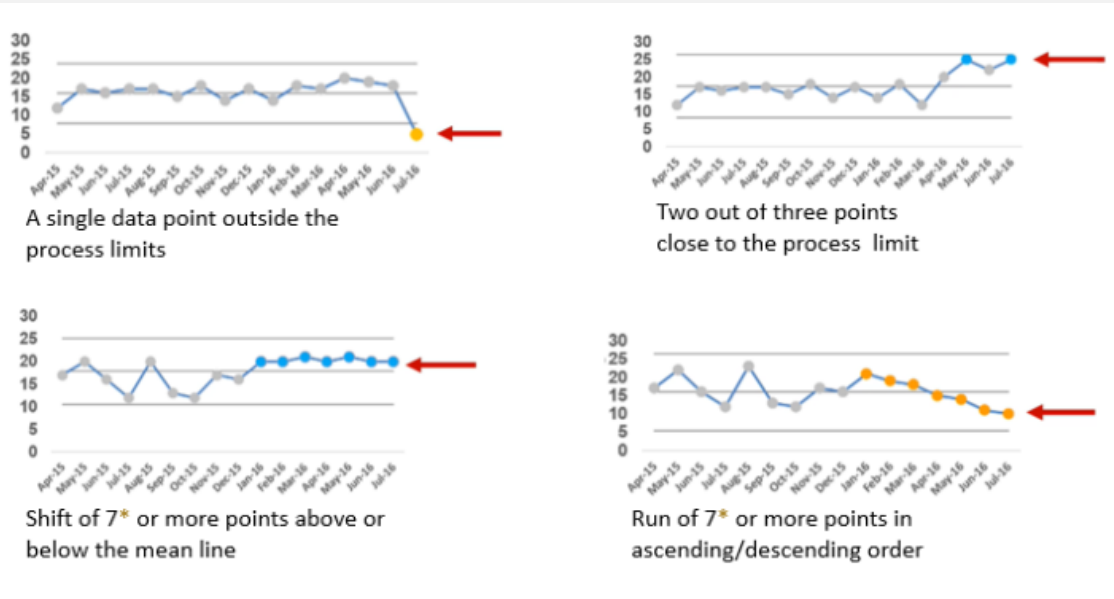
## Anatomy of a SPC chart



## Rules for special variation within SPC charts

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

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



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

## Understanding the SPC icons

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

<b>Variation</b> 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
<b>Assurance</b> 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 <b>blue</b> is good, orange is <b>bad</b>		



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 May 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 1 2024/2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report relates to the Month 1, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. Improvement trajectories are being developed and will be added for the next IPAR update to Board in July 2024. The Board is asked to note the report.

The IPAR consists of two parts:

- A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 30<sup>th</sup> April 2024](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).
- A summary document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 30<sup>th</sup> April 2024 is also provided (Appendix 1). This document summarises performance, issues and actions for our key improvement measures for 2023/24.

In January 2024, as part of the [NHS Wales escalation and intervention arrangements](#), Welsh Government placed the health board into targeted intervention. A summary of the progress towards our de-escalation criteria for the measures relating to the [2024/25 NHS Wales Performance Framework](#), is included in Appendix A. In response to the health board being escalated to targeted intervention, a new internal escalation framework has been developed. The framework requires each directorate to be assessed by Executive Team members across six key domains where improvements are needed:

- Quality – assessed by the Director for Nursing, Quality and Patient Experience
- Governance - assessed by the Director for Corporate Governance
- Workforce – assessed by the Director for Workforce and Organisational Development
- Finance, strategy and planning – assessed by the Director of Finance and Director of Strategy and Planning
- Fragile Services - assessed by the Director Nursing, Quality and Patient Experience and Director of Strategy and Planning
- Performance and outcomes – assessed by the Director of Operations

A summary of the current escalation levels for each of our directorates is included in Appendix B. Directorates at level 3 will have monthly meetings with Executive Directors until improvements are made to de-escalate.

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](mailto:GenericAccount.PerformanceManagement@wales.nhs.uk).

### Cefndir / Background

In February 2024, Welsh Government published the [2024/25 NHS Wales Performance Framework](#). The framework outlines the Ministerial priorities for this financial year, along with key targets. A summary of the measure changes made between the 2023/24 and 2024/25 performance frameworks can be found on page 48 of the new framework for this financial year. The Performance Team have reviewed the new framework and updated new metric data in the month 1 2024/25 IPAR where currently available.

## Asesiad / Assessment

Our performance in April 2024 was mainly impacted by patient flow issues, staff shortages and demand exceeding our capacity to see and treat patients.



### Key areas for improvement

The table below gives a snapshot of our key areas for performance improvement in 2023/24. Further details for all of the measures below can be found within the supporting document entitled '[Integrated Performance Assurance Report Overview: as at 30<sup>th</sup> April 2024](#)'.

Variation	Assurance	Trajectory
How are we doing over time	Performance against target	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 over 52 weeks: new outpatient appointment	Apr 2024	0	4,187	●	▣	N/a
Planned care	Follow-up appts - delayed >100%	Apr 2024	0	16,028	●	▣	N/a
Planned care	Patients waiting over 52 weeks RTT	Apr 2024	0	14,885	●	▣	N/a
Planned care	Patients waiting 104 weeks+ RTT	Apr 2024	0	1,500	●	▣	N/a
Emergency care	% Ambulance red call responses < 8 mins	Apr 2024	65%	47.6%	●	▣	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Apr 2024	0	1,103	●	▣	N/a
Emergency care	Ambulance handover > 4 hours Hywel Dda	Apr 2024	0	369	●	▣	N/a
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Apr 2024	95%	65.7%	●	▣	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Apr 2024	0	1,521	●	▣	N/a
Emergency care	Number of Pathways of Care delayed discharges	Apr 2024	n/a	237	●	N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Mar 2024	75%	60%	●	▣	◆
Mental health	% pt waits <28 days 1st CAMHS appt	Mar 2024	80%	92.0%	●	▣	◆
Mental health	% adult psychological therapy waits <26 weeks	Mar 2024	80%	48.5%	●	▣	◆
Mental health	% child neurodevelopment assess waits <26 weeks	Mar 2024	80%	18.7%	●	▣	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Apr 2024	0	4,278	●	▣	N/a
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Apr 2024	0	1,625	●	▣	N/a
Quality	C. difficile: Number of confirmed cases (in-month)	Apr 2024	8	14	●	▣	N/a
Quality	E.coli: Number of confirmed cases (in-month)	Apr 2024	22	29	●	▣	N/a
Workforce	% sickness absence rate of staff	Apr 2024	4.79%	6.32%	●	▣	N/a
Finance	Financial in month deficit	Apr 2024	n/a	£5,858,000	●	N/a	◆

For further details on all of the performance measures we are monitoring, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 30<sup>th</sup> April 2024](#).

## Triangulating our data: April 2024

- **Quality safety and risk** – The number of reported incidents causing moderate harm or above have reduced in April and are the lowest since June 2022, however the number of patient falls reported, and complaints received were higher. We also continue to have high numbers of high and extreme risks on the risk register. There were small increases in cases of C.difficile and E.coli infections.
- **Workforce** – Following four months of decreasing long-term sickness, we had an increase in April. There was a notable lower use of nursing and midwifery agency staff this month.
- **Finance** – In April our agency spend was the lowest to date, 2.7% of total pay bill, however bank spend has been rising since January 2024.
- **Performance** - Ambulance handover delays and emergency department waits continue to remain high. Breaches of our planned care, diagnostic, and some therapy performance measures increased in April. Single cancer pathway performance improved in March 2024 to 60%, which is our highest performance since October 2021.

### Finance

Annual budget £1,159,139,849    Year to date balance £5,858,149 overspend    End of year forecast £81,501,630 overspend

Quality, safety and risk	Best	Worst	Latest	Trend	More info
Reported incidents causing moderate harm or above	140	273	140		
Patient falls	145	282	241		
Medication errors	52	143	83		
Pressure damage developing or worsening during care	96	148	104		
New complaints by month received (ward level not available)	111	209	190		
Number of high and extreme risks (health board & directorate only)	401	517	517		
Infections: new cases	53	84	63		
Infections: C. difficile cases	12	22	15		
<b>Workforce</b>					
Number of staff/contractor related incidents	37	74	38		
Sickness - short term	1.7%	3.6%	2.2%		
Sickness - long term	3.3%	4.6%	3.9%		
Number of vacancies	To follow				
Staff turnover (12 month rolling)	7.3%	9.8%	7.8%		
Nursing and midwifery vacancies	To follow				
Nursing and midwifery agency (WTE)	205.35	379.79	205.35		
Bank (WTE)	212.99	350.06	280.72		
<b>Financial recovery</b>					
Agency spend	£1,456,300	£3,491,731	£1,456,308		
Bank spend	£389,032	£1,628,320	£1,479,336		
<b>Performance - UEC (health board and site only)</b>					
Ambulance handover > 4 hours	192	518	369		
Ambulance handovers > 1 hour	854	1,245	1,103		
ABE/MIU attendances	12,293	16,032	14,801		
ABE/MIU waits under 4 hours	70.9%	64.9%	65.7%		
ABE/MIU waits over 12 hours	1,144	1,680	1,521		
Delayed pathways of care (health board only)	190	295	237		
<b>Performance - Planned care and cancer (health board only)</b>					
New outpatient waits over 52 weeks	2551	14,168	4,187		
RTT: patients waiting over 104 weeks	1458	8,563	1,500		
Single cancer pathway patients starting treatment within 62 days	60.0%	38.0%	60.0%		
<b>Performance - Diagnostics and therapies (health board only)</b>					
Radiology diagnostic waits over 8 weeks	1533	4,402	2,180		
Physiotherapy waits over 14 weeks	278	1,111	809		
Occupational therapy waits over 14 weeks	393	611	427		
Podiatry waits over 14 weeks	93	421	287		
<b>Performance - Mental health (health board only)</b>					
Mental health assessments within 28 days (0-17 years)	98.2%	4.7%	98.2%		
% neurodevelopmental assessments within 26 weeks	23.4%	14.8%	18.7%		
% psychological therapy waits within 26 weeks	53.6%	37.9%	48.5%		

## Other key things to flag

### Spotlight on single cancer pathway performance:

Please note: This report was produced last month based on data up to February 2024 and was submitted to the 25<sup>th</sup> April 2024 Strategic Development and Operational Delivery Committee. The latest performance is 60% for March 2024.

During the last 12-month period, single cancer pathway referrals have increased by 12% and we have treated 9% more patients than the previous 12 months. This has impacted on our ability to reduce the backlog of patients waiting over 62 days (22 less in March 2024 than March 2023). The biggest backlog reductions have been seen for the lower GI and breast tumour sites. However, urology, head and neck, unknown primary and sarcoma all reported an increase in backlog breaches. There was a decline in performance for the percentage of patients treated within 62 days and the ambition of 69% compliance in February 2024 was not met. Planned actions include, reducing waits for diagnostic procedures and reviewing capacity. See Appendix C below for further details.

**Spotlight on Mental Health & Learning Disabilities:** The following measures are all showing special cause improving variation in March 2024:

- Children and young people:
  - having a mental health assessment undertaken within 28 days
  - in receipt of secondary mental health services had a valid care and treatment plan
  - therapeutic interventions starting within 28 days following LPMHSS assessment
- Adults
  - waiting less than 26 weeks for a psychological therapy in the Integrated Psychological Therapies Service and Learning Disabilities Psychology
  - having a mental health assessment undertaken within 28 days
  - in receipt of secondary mental health services had a valid care and treatment plan
  - therapeutic interventions starting within 28 days following LPMHSS assessment

Two mental health measures showed special cause concerning variation in March:

- We are currently receiving an average 109 referrals per month for Autism Spectrum Disorder (ASD) neurodevelopment assessments. However, we only have capacity to undertake 26-28 assessments per month. This has led to an increase in our waiting list (3,072 waiting in March 2024), with some children waiting over 4 years for an assessment. Our planned actions include procurement of additional capacity from external providers, using virtual platforms for appointments where appropriate to reduce travel time and recruitment to vacant posts. The issue of demand for ASD assessments being greater than capacity is seen across NHS Wales and a national review of children and young people's services for neurodiversity has been undertaken and the resulting actions are underway.
- Clinical staff have reviewed the patient pathway for adult psychological therapy. This has resulted in a reduction in referrals from an average of 9 to 1-2 per month and patients being referred to the most appropriate service for their needs. The waiting list backlog has also reduced from 60 to 21 patients. However, performance for the percentage of patients receiving an assessment within 26 weeks for adult psychology continues to be below target. Actions being taken to address this performance issue include introduction of a single waiting list for the health board to ensure equity of access, review of the service structure and recruitment.

Further insight on these measures is provided in the 'Spotlight on Mental Health & Learning Disabilities' in Appendix D.

**Diagnostics waits 8 weeks and over and Therapies waits 14 weeks and over:** 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:

- **Neurophysiology:** Breaches increased to 416 in April 2024 (up from 339 in March 2024), following three months of reductions. A physiologist is currently on sick leave, with a slight reduction in clinic

capacity to accommodate this. An increase in referrals received, particularly for our EEG's (Electroencephalography) which are already breaching. To mitigate these issues, all clinics continue to be filled to maximum capacity, filling last minute cancellation slots and discussions are in place regarding consultant cover for clinics. New equipment been installed, awaiting IT before use. This will provide a smoother reporting process and more timely uploading of results onto Welsh Clinical Portal.

- **Colonoscopy:** In January 2024, 23.9% of patients were offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment (target 90%). The onboarding of one additional screening Endoscopist in December 2023 introduced one additional list per week into core Bowel Screening Wales capacity. Demand up until October 2024 requires us to be running at least 6.5 lists per week to appropriately accommodate patient volumes, however, modelling work has shown that the service actually delivers on average 5.5 lists per week when factoring in activity lost due to annual leave/sickness/on-call, leading to a backlog in performance. Therefore, arrangements are in place to uplift core capacity by one list every other week to mitigate this and on-board one further screening Colonoscopist (assessment likely June 2024). As an interim solution, the service is operating 2 additional lists per month to make-up for lost core activity due to annual leave and sickness. Performance from January 2024 is expected to be sustained until April 2024 with a view of further improvement from May 2024.

**Therapies:** The overarching metric for patients waiting 14 weeks or more for a specified therapy has been amended in this report following changes set out by Welsh Government. Audiology is now reported as a separate, standalone metric, and breaches are not counted within the therapies total. Additionally, breaches within the weight management service for dietetics are not included. Due to these changes, the data for both the therapies overarching metric and dietetics are considerably lower than in previous reports. New charts have been developed to support this change, with revised data tracked over time, going back to January 2023.

- **Dietetics:** The number of breaches has significantly reduced to 31 in April 2024 due to the removal of weight management services from Dietetic reporting. Ongoing vacancies in the community team, leading to reduced capacity, continues to result in a small number of breaches. An increasing vacancy factor in mental health directorate is projected to result in increased breaches over the next 1-3 months. Paediatric breaches have reduced (with recent establishment staffing) and are projected to continue to improve. Recruitment is underway to fill vacancies; 3 graduates are due to join the service July 2024 and all other vacancies are being actively recruited. Additional sessions, bank/fixed term and agency will continue to be required to hold the current position, pending recruitment. Delivery of community clinics is under review with potential for a fixed term dedicated 'remote clinic' role being explored, within resource, to protect scheduled clinic delivery which is, at times, reduced to prioritise acute demands.

**Audiology:** 1,060 breaches over 14 weeks in April 2024. Current workforce is not sufficient to sustainably meet the demand for appointments following the referral rate increase plus the covid legacy backlog. There is a lack of appropriately trained Audiologists when vacant posts are approved to be advertised. Long-term staff sickness resulting in staff having to be released from other clinical activity to support ENT clinics. A strategy plan submitted to Scheduled Care with a request to increase clinical establishment by two Band 5 clinicians. A new clinic template to match capacity with demand implemented April 2024, however, this will not address the existing backlog.

**Ophthalmology:** Our target is to see 95% of high risk (R1) ophthalmology patients within the nationally agreed timeframe\*. 858 out of 1,393 (61.6%) of our R1 patients attended appointments within the nationally agreed timeframe in March 2024 and concerning variation is showing. Due to the volume of leave (annual and sickness), we saw a reduced number of patients in clinic resulting in a decline compared to February 2024. We have, however, secured funding to continue additional sessions and outsourcing which supports the additional capacity required to maintain our position.

\*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date

**Incidents:** The number of national reportable incidents that remain open over 90 days is showing concerning variation, with the 42 open in March 2024 the highest seen since August 2022. Work is underway with directorates to ensure that they understand the process for timely sign off of completed investigations and the required nationally reportable incident outcome form. Dashboards are available for directorate triumvirate teams to enable monitoring of open incidents.

**Argymhelliad / Recommendation**

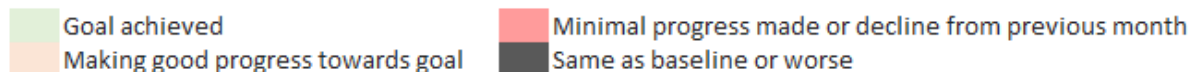
The Board is asked to note the report from the IPAR – Month 1 2024/2025.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	2024/2025 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	<p>Contained within the body of this SBAR and the supporting IPAR overview:</p> <ul style="list-style-type: none"> <li>• IPAR – Integrated Performance Assurance Report</li> <li>• PODCC – People, Organisational Development &amp; Culture Committee</li> <li>• SDODC – Strategic Development &amp; Operational Delivery Committee</li> <li>• SRC – Sustainable Resources Committee</li> </ul>

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	<ul style="list-style-type: none"> <li>• Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care</li> <li>• Strategic Development &amp; Operational Delivery Committee</li> <li>• People, Organisational Development &amp; Culture Committee</li> <li>• Sustainable Resources Committee</li> </ul>
<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement <a href="#">Integrated Impact Assessment Template</a>
<b>Gweithlu:</b> <b>Workforce:</b>	Development of staff through pooling of skills and integration of knowledge <a href="#">Integrated Impact Assessment Template</a>
<b>Risg:</b> <b>Risk:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Enw Da:</b> <b>Reputational:</b>	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 impact recruitment and staff morale. <a href="#">Integrated Impact Assessment Template</a>
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A <a href="#">Integrated Impact Assessment Template</a>
<b>Cydraddoldeb:</b> <b>Equality:</b>	N/A <a href="#">Equality Impact Assessment</a>

## Appendix A - Tracking performance against our targeted intervention de-escalation criteria for 2024/25 Performance Framework measures



	Measure	De-escalation criteria	Baseline	Goal	Latest position													
					Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Planned Care and Cancer	% single cancer pathway patients starting treatment within 62 days	60% for 3 consecutive months	50%	60%	45%	51%	42%	46%	49%	51%	46%	50%	41%	56%	49%	47%	60%	
	% patients waiting less than 52 weeks for new outpatient appointment	100% for 3 consecutive months	94%	100%	93.7%	93.6%	94.2%	95.6%	94.8%	94.3%	94.6%	94.0%	93.4%	92.7%	92.8%	93.1%	93.8%	92.5%
	% patients waiting less than 104 weeks from referral to treatment	100% for 3 consecutive months	97%	100%	96.5%	96.5%	96.7%	97.1%	97.1%	97.1%	97.1%	97.2%	97.2%	97.4%	97.6%	97.9%	98.5%	98.4%
	% patients waiting less than 52 weeks from referral to treatment	80% for 3 consecutive months	85%	80%	86.1%	85.8%	86.1%	87.1%	86.5%	85.7%	85.6%	85.2%	84.7%	84.2%	84.5%	84.9%	85.1%	84.3%
	Number of patients delayed by 100% for their follow up appointment	15% reduction 3 consecutive months, maintained for 3 months	15,419	9,469	16,207	16,181	15,867	15,526	15,377	15,399	15,957	15,571	15,419	15,668	16,310	15,478	15,829	16,028
	% R1 ophthalmology patients waiting no longer than 25% of target date	65% for 3 consecutive months	45%	65%	49.6%	49.1%	49.7%	50.4%	49.6%	47.5%	46.6%	45.2%	44.0%	42.1%	40.5%	40.1%	40.0%	
	% patients waiting less than 8 weeks for a diagnostic endoscopy	80% for 3 consecutive months	28%	80%	27.1%	26.8%	27.6%	28.5%	28.9%	24.7%	24.8%	27.8%	26.9%	25.3%	27.0%	31.9%	37.0%	64.2%
	% patients waiting less than 8 weeks for a Non-obstetric ultrasound (NOUS)	80% for 3 consecutive months	73%	80%	80.2%	75.8%	70.2%	72.7%	74.1%	67.5%	67.8%	73.3%	68.4%	63.1%	60.6%	70.3%	79.0%	74.3%
	% patients waiting less than 8 weeks for a non-cardiac MRI	80% for 3 consecutive months	75%	80%	54.7%	55.1%	63.1%	78.7%	84.3%	70.7%	67.6%	74.6%	69.5%	61.5%	54.4%	65.2%	78.5%	71.7%
	% patients waiting less than 14 weeks for a specific therapy (excluding Audiology and Weight Management Service)	85% for 3 consecutive months	85%	85%	82.6%	83.7%	83.3%	85.4%	86.6%	85.3%	84.1%	86.1%	87.4%	86.2%	86.8%	87.8%	86.9%	81.8%
UEC	Ambulance handovers taking over 1 hour	11% reduction 3 consecutive months, maintained for 3 months	915	680	985	901	993	863	944	980	854	1,019	915	959	1,245	1,124	1,192	1,103
	% Emergency department patients assessed by a senior clinical decision maker within 60 minutes of arrival	97%	97%	97%	55.3%	52.8%	52.8%	51.6%	44.7%	44.8%	45.0%	47.6%	51.3%	46.6%	48.6%	48.5%	46.7%	
	% patients waiting over 12 hours in an emergency department	Continuous improvement towards no more than 7%	9%	7%	9.2%	8.6%	8.6%	8.2%	8.9%	10.9%	9.2%	9.2%	9.0%	9.7%	11.7%	10.8%	11.3%	10.3%
	Number of delayed pathways of care	5% reduction 3 consecutive months, maintained for 3 months	227	174	294	278	230	247	256	238	222	192	227	190	207	212	220	237
CAMHS	% 0-17 year olds LPMHSS assessments undertaken <28 days	80%	92%	80%	72.2%	88.2%	86.6%	93.5%	88.5%	76.5%	91.9%	93.8%	86.9%	89.6%	81.3%	92.0%	98.2%	
	% 0-17 year olds therapeutic interventions started <28 days	65%	59%	65%	47.4%	45.2%	72.9%	72.2%	48.9%	58.5%	58.5%	65.5%	81.3%	80.0%	78.0%	96.2%	95.8%	
	% 0-17 year olds having secondary mental health services with valid care treatment plan	80%	95%	80%	98.7%	100%	100%	100%	97.0%	95.2%	95.5%	93.2%	92.7%	92.9%	91.1%	92.1%	88.4%	
Infections	Number of hospital onset C.difficile infections	25% reduction, maintained for 3 months	8	6	6	7	6	3	9	8	5	8	10	6	10	7	7	6
	Number of hospital onset Staph aureus infections	33% reduction, maintained for 3 months	3	2	0	3	3	3	3	2	2	4	3	2	4	1	5	6
	Number of hospital onset E.coli infections	25% reduction, maintained for 3 months	7	5	8	3	9	5	8	3	3	5	12	3	2	5	4	4

## Appendix B – Escalation framework overview by directorate: April 2024

1 Reasonable assurance    2 Limited assurance    3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance and Outcomes
Director of Operations	Director of Operations	1	1	1	1	1	1
	Facilities	3	3	3	2	1	1
	Mental Health & Learning Disabilities	2	2	2	3	1	3
	Cancer & Oncology	1	3	1	1	1	3
	Pathology	3	3	2	2	2	1
	Radiology	3	3	2	3	1	2
	Planned Care (incl. Audiology and Endoscopy)	3	2	2	3	2	3
	Bronglais Hospital	3	3	2	3	2	3
	Glangwili Hospital	3	2	2	3	2	3
	Prince Philip Hospital	2	2	2	3	3	3
	Withybush Hospital	3	3	2	2	2	3
Women & Children	3	3	2	3	3	1	
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	2	2	2	3	3	3
	Pembrokeshire County	2	1	2	3	1	3
	Primary Care	2	2	2	2	2	2
	Primary Care Management			2	1	1	1
	Medicines Management	1	3	2	1	2	1
Other	Director of Therapies and Health Sciences	3	3	1	2	1	3
	Director of Finance	1	3	1	1	2	1
	Director of Nursing	1	2	1	1	1	3
	Director of Public Health	1	3	2	1	1	1
	Director of Strategy and Planning	1	3	1	1	1	1
	Director of Workforce & OD	1	1	1	1	1	1
	Medical Directorate	1	3	1	1	1	3
	Corporate Services	1	2	1	1	1	1

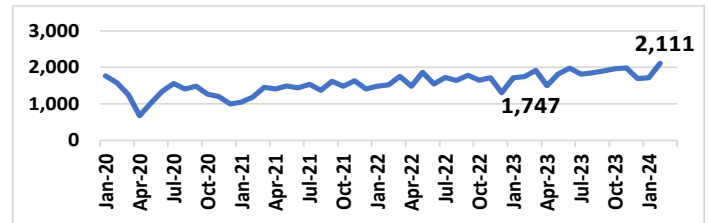
## Appendix C Spotlight on single cancer pathway performance

**Please note:** This report was produced last month based on data up to February 2024 and was submitted to the 25<sup>th</sup> April 2024 Strategic Development and Operational Delivery Committee. The latest performance is 60% for March 2024.

### Referrals

Single cancer pathway referrals have increased by 12%, with on average an additional 194 referrals seen each month in March 2023 to February 2024, compared to the previous 12-month period.

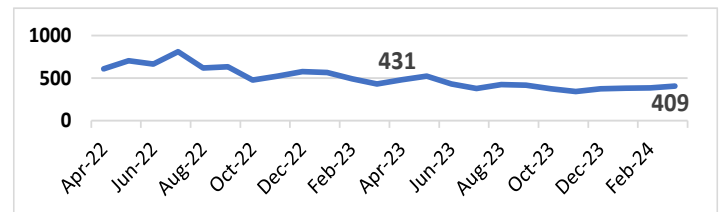
	Total referrals	Monthly average
Mar 2022 – Feb 2023	19,919	1,660
Mar 2023 – Feb 2024	22,252	1,854
Change	↑ 2,333	↑ 194



### Backlog

The number of single cancer pathway patients waiting over 62 days has marginally improved during the last 12 months.

	Backlog	Ambition
Mar 2023	431	
Mar 2024	409	236
Change	↓ 22	



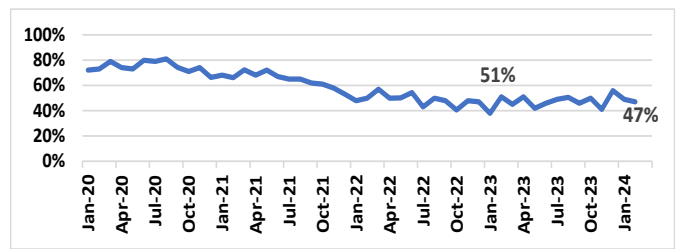
The biggest backlog reductions have been seen for the lower GI and breast tumour sites. However, urology, head and neck, unknown primary (UKP) and sarcoma all reported an increase in backlog breaches.

Tumour site	Baseline March 2023	March 2024	Difference	Progress	% of March 2024 backlog
Urology	170	180	10	↑	44%
Lower GI	103	71	-32	↓	17%
Lung	56	49	-7	↓	12%
Gynae	31	34	3	↓	8%
Upper GI	21	18	-3	↓	4%
Head & neck	4	18	14	↑	4%
Skin (excl. BCC)	16	16	0	↔	4%
Haematological	8	8	0	↔	2%
UKP	3	5	2	↑	1%
Sarcoma	2	4	2	↑	1%
Breast	13	3	-10	↓	1%
Other	4	3	-1	↓	1%
Brain CNS	0	0	0	↔	0%

## Single cancer pathway compliance (first treatment within 62 days)

In the 12-month period March 2023 to February 2024, 130 (9%) more patients were treated on the single cancer pathway than in the previous 12-month period. However, there was a decline in performance for the percentage of patients treated within 62 days and the ambition of 69% compliance in February 2024 was not met.

	Number treated	% treated within 62 days	Ambition
Mar 2022 – Feb 2023	1,404	51%	
Mar 2023 – Feb 2024	1,534	47%	69%
Change	↑ 130	↓ 4%	



## Planned actions

### Diagnostics

- Urology and Lower Gastrointestinal (LGI) are the 2 tumour sites with the highest number of patients waiting in excess of 28 days for a diagnostic procedure. A 3-month plan is in development to be delivered in quarter 1 2024/25 to ensure no patient is waiting in excess of 28 days for a diagnostics procedure and to reduce the overall waiting list for Urology and LGI patients waiting for a diagnostic procedure. These steps will have a positive impact on overall performance for the single cancer pathway.
- There is currently a backlog and short fall in providing diagnostic procedure for Gynaecology patients which is having an impact on patients commencing treatment. A plan will be developed in quarter 1 2024/25 to re-establish the one stop Gynaecology pathway and will be implemented in quarter 1 2024/25.

### Workforce

- Workforce challenges in the Breast pathway at Withybush Hospital have increased the waiting time for patients who require triple assessment and therefore, have increased a number of patients waiting in excess of 14 days for first out-patient appointment and over 28 days for a diagnostic procedure. To mitigate the risk and reduce the waiting time, the health board will simplify the pathway at Prince Philip and Bronglais Hospitals during quarters 1 and 2 2024/24. There are plans in development to re-establish the breast pathway at Withybush Hospital by quarter 3 2024/25.
- During quarter 4 2023/24, there was a significant reduction of patients waiting in excess of 14 days for first outpatient appointment within the Skin pathway, causing the volume of patients waiting for treatment to increase. To mitigate the risk of the increased waits to impact on performance there are plans to increase treatment capacity during quarter 1 2024/25 to reduce the volumes of patients waiting surgery to a sustainable level.

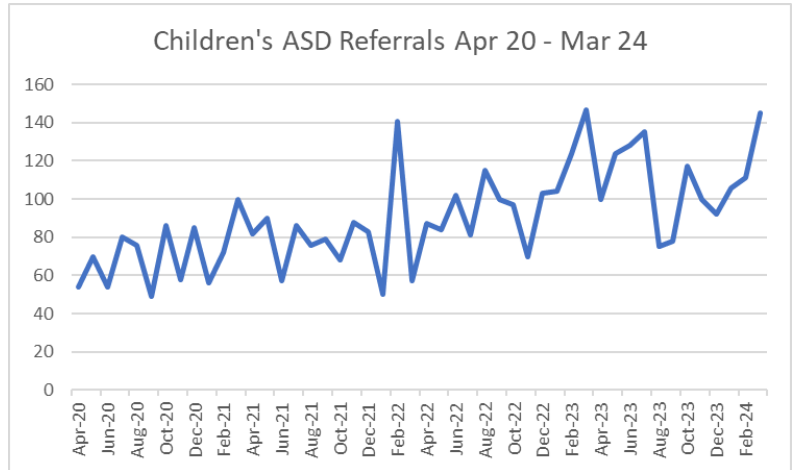
## Appendix D Spotlight on Mental Health & Learning Disabilities

### % children & young people waiting <26 weeks Autism Spectrum Disorder (ASD) assessment

#### Referral rate

Demand for an ASD assessment has increased year on year from an average of 70 referrals per month in 2020-21 to an average of 109 referrals per month in 2023-24. An average of 26-28 assessments per month are started and completed with current resources.

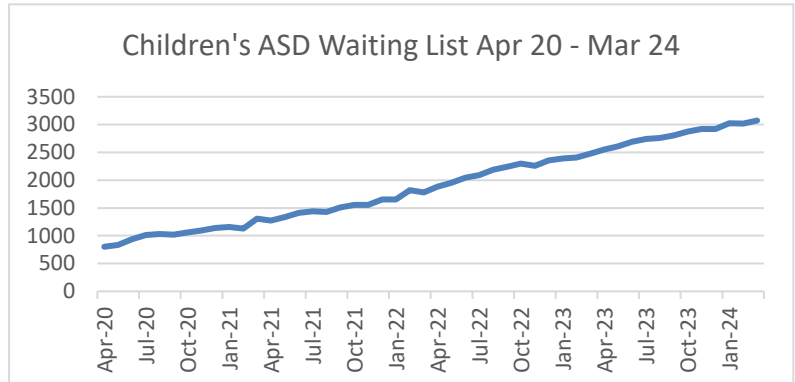
	Total referrals	Monthly average
Apr 2020 – Mar 2021	840	70
Apr 2021 – Mar 2022	957	80
Apr 2022 – Mar 2023	1,214	101
Apr 2023 – Mar 2024	1,311	109
Change, 23/24 to 20/21	↑ 471	↑ 39



#### Backlog

The number of patients waiting for a neurodevelopment assessment for ASD stands at 3,072 with the longest wait times in excess of 4 years.

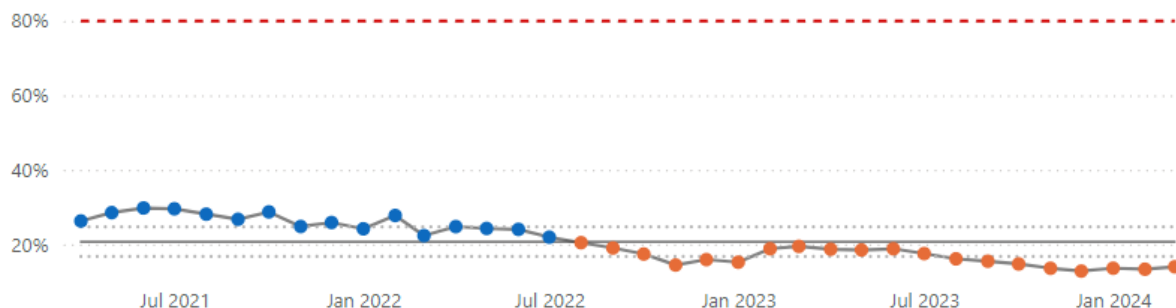
	Backlog	% within 26 weeks
Apr 2020 -Mar 2021	1,309	25.5%
Apr 2021 – Mar 2022	1,777	22.3%
Apr 2022 – Mar 2023	2,478	19.5%
Apr 2023 – Mar 2024	3,072	14.0%
Change, 23/24 to 20/21	↑ 1,763	↓ 11.5%



#### Performance

Performance is affected by a high referral rate and waiting list backlog as well as complexity of cases, reliance on parents, carers and schools to provide information and as a three-county service, staff travel time and sourcing suitable clinic space.

% children & young people waiting less than 26 weeks to start a neurodevelopment assessment– Autism Spectrum Disorder (ASD)



## Planned actions

The following actions are in progress:

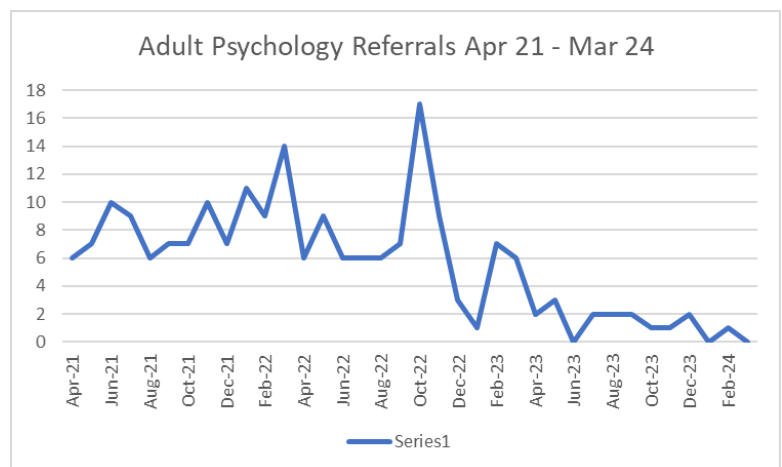
- Relocated to new premises with a small amount of dedicated clinic space to increase capacity and assessment opportunities.
- Procurement exercise to outsource ASD assessments to address waiting lists is well underway with contracts awarded to 2 providers. An additional 66 diagnostic assessments have been procured using NDIP (Neurodivergent Improvement Programme) and RIF (Regional Integration Fund) slippage monies for this year, bringing the total to 445 diagnostic assessments for children and young people by March 2025. Timing of referrals uploaded are in accordance with financial controls. Monthly contract monitoring meetings in place.
- Blended approach including use of digital platforms to reduce need for travel and face-to-face appointments where possible.
- All posts have now been recruited in to, with no retention issues. Introduced skill mix to team to attract more interest in specialist roles and to promote a 'grow your own' culture.
- Process mapping of current systems and pathways completed to improve efficiency and reduce time to assessment.
- Refined Referral and Triage processes.
- All clinical activity now entered on WPAS (Welsh Patient Administration System), which will ensure accuracy of data to inform demand and capacity planning.
- Extensive data validation exercise in place.

## % adults waiting < 26 weeks to start psychological therapy – adult psychology

### Referral rate

Demand for an Adult Psychology therapy is showing a downward trend. The referral rate and waiting list have been reduced by means of introducing thorough consultations with clinicians who are considering referring that have led to patients being more appropriately referred elsewhere or supporting clinicians in other services with caseloads.

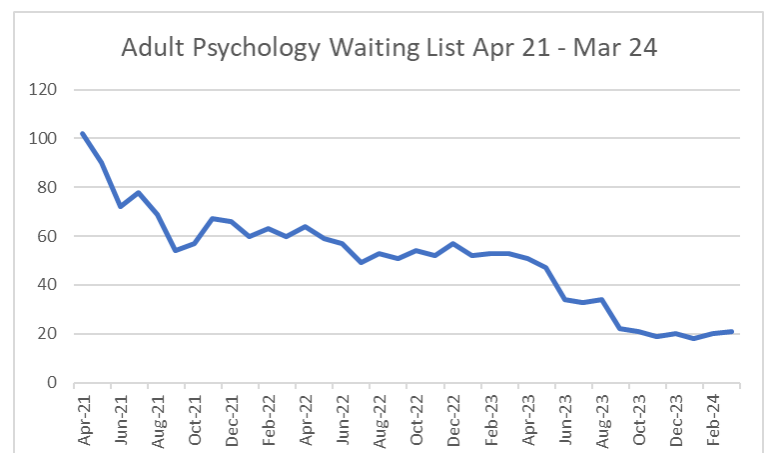
	Total referrals	Monthly average
Apr 2021 – Mar 2022	103	9
Apr 2022 – Mar 2023	83	7
Apr 2023 – Mar 2024	16	1
Change, 23/24 to 21/22	↓ 87	↓ 8



### Backlog

The number of patients waiting over 26 weeks assessments for Adult Psychology therapies has similarly reduced.

	Backlog	% within 26 weeks
Apr 2021 – Mar 2022	60	55%
Apr 2022 – Mar 2023	53	43.4%
Apr 2023 – Mar 2024	21	23.8%
Change, 23/24 to 21/22	↓ 39	↓ 31.2%



## Performance

Performance can be attributed to the combination of a reducing referral rate in conjunction with a previously higher waiting list which is currently being progressed. Recruitment remains a challenge despite sustained improvement.



## Planned actions

The following actions are in place to deal with the outstanding backlog:

- We have implemented and continue to operate using a single waiting list across three counties that enables areas where there is no psychologist in post to have equal access to the service.
- We have reviewed the service structure and balanced this with the challenges around recruitment and will be advertising for a further 1.0wte whose main job role will be to complete assessments and formulations for those referred to the Psychology Adult Mental Health (AMH) service.
- We have recruited to a CRHT (Crisis Resolution and Home Treatment) psychology lead to start in January 2025 following maternity leave. Clinicians who are covering some of the work will then have more capacity to work with clients referred to the community psychology AMH Service.
- We have committed to two trainee clinical psychologist placements this year. As these are now year-long placements this makes it feasible for these clinicians to pick up cases from the Psychology AMH waiting list that would otherwise have been too complex for placements of shorter duration. This is in conjunction with a Grow Your Workforce initiative anticipated to mitigate general recruitment issues.
- Offering consultation slots to discuss client formulation to clinician's working with complex clients has resulted in a decrease in the numbers of referrals.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 30<sup>th</sup> April 2024

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 30<sup>th</sup> April 2024.](#)

## Key

### Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

### Assurance - performance against target

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

### Trajectory - performance against our ambition

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

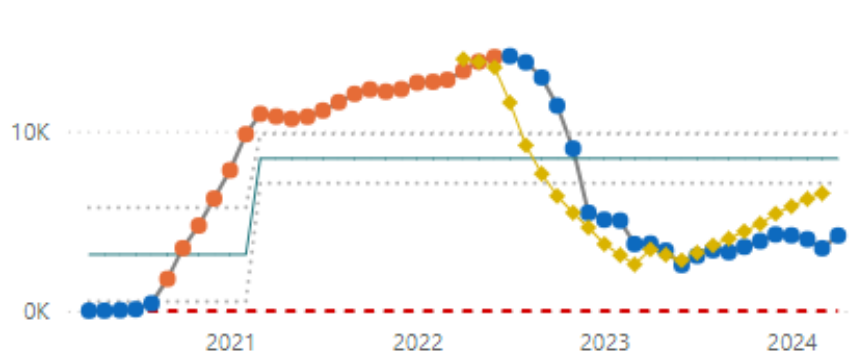
### Statistical process control (SPC) charts

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

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits over 52 weeks: new outpatient appointment	Apr 2024	0	4,187	●	▣	N/a
Planned care	Follow-up appts - delayed >100%	Apr 2024	0	16,028	●	▣	N/a
Planned care	Patients waiting over 52 weeks RTT	Apr 2024	0	14,885	●	▣	N/a
Planned care	Patients waiting 104 weeks+ RTT	Apr 2024	0	1,500	●	▣	N/a
Emergency care	% Ambulance red call responses < 8 mins	Apr 2024	65%	47.6%	●	▣	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Apr 2024	0	1,103	●	▣	N/a
Emergency care	Ambulance handover > 4 hours Hywel Dda	Apr 2024	0	369	●	▣	N/a
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Apr 2024	95%	65.7%	●	▣	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Apr 2024	0	1,521	●	▣	N/a
Emergency care	Number of Pathways of Care delayed discharges	Apr 2024	n/a	237	●	N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Mar 2024	75%	60%	●	▣	◆
Mental health	% pt waits <28 days 1st CAMHS appt	Mar 2024	80%	92.0%	●	▣	◆
Mental health	% adult psychological therapy waits <26 weeks	Mar 2024	80%	48.5%	●	▣	◆
Mental health	% child neurodevelopment assess waits <26 weeks	Mar 2024	80%	18.7%	●	▣	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Apr 2024	0	4,278	●	▣	N/a
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Apr 2024	0	1,625	●	▣	N/a
Quality	C. difficile: Number of confirmed cases (in-month)	Apr 2024	8	14	●	▣	N/a
Quality	E.coli: Number of confirmed cases (in-month)	Apr 2024	22	29	●	▣	N/a
Workforce	% sickness absence rate of staff	Apr 2024	4.79%	6.32%	●	▣	N/a
Finance	Financial in month deficit	Apr 2024	n/a	£5,858,000	●	N/a	◆

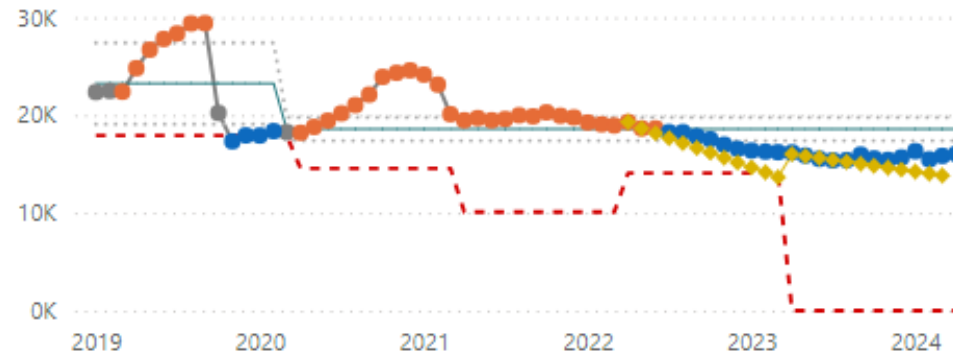
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - - - Target
  - ◆ Ambition

**Patients waiting >52 weeks for first outpatient appointment**



Special cause improving variation is showing, however, breaches in April 2024 (4,187) increased compared to March 2024 (3,479).

**Follow up outpatient appointments delayed over 100% past target date**



Special cause improving variation is showing, however, breaches in April 2024 (16,028) increased compared to March 2024 (15,829).

**Key challenges / issues**

- Ongoing acute hospital site pressures can adversely affect elective care.
- Additional health needs/co-morbidities can impact a patient's suitability for an outsourced or a day case (rather than inpatient) procedure. This can impact treatment times.
- Maintaining and reducing waiting times into 2024/25 is dependent on additional plans (including outsourcing). These plans are currently being developed alongside the procurement department and 2024/25 additional recovery allocation.
- Longer waiting patients are requiring additional pre-assessment support prior to being listed for surgery and can require additional time/treatment and appointments (for example an additional outpatient review prior to listing).
- Achieving GIRFT (Getting It Right First Time) ambitions is variable amongst clinicians. GIRFT are a national organisation that provide clinical guidelines on expected throughput in theatres and outpatients, i.e., The expected number of cataracts that should be undertaken during one theatre session.

**Key actions / initiatives**

- Progress towards our key aims of 1,500 patients waiting over 52 weeks for their first outpatient appointment and 1,639 patients waiting over 2 years from referral to treatment (RTT) by March 2025 is dependent upon specialty specific operational plans (including the use of recovery monies, outsourcing and insourcing). These plans are being deployed from May 2024.
- The directorate continues to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists.
- Work is underway to monitor cohort reduction via regular ministerial measure scrutiny meetings.
- Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and the Welsh Government outpatient steering group. This will provide clinical leadership.

**Due date**

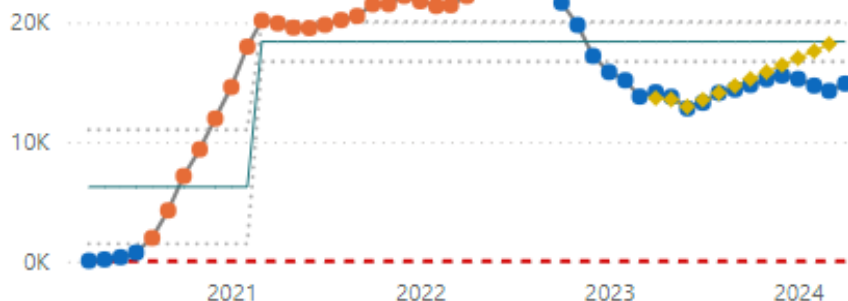
- 31/03/25
- Ongoing
- Ongoing
- 31/03/25

# Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition, accountability condition and Ministerial priority)

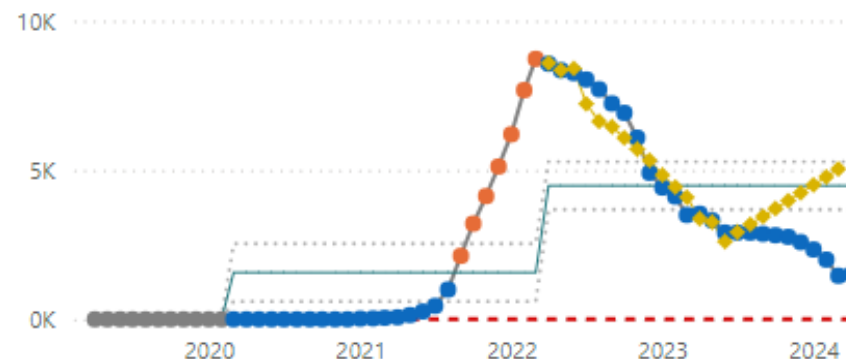
Patients waiting over 52 weeks from referral to treatment

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



Special cause improving variation is showing, however, breaches in April 2024 (14,885) increased compared to March 2024 (14,274).

Patients waiting over 104 weeks from referral to treatment



Special cause improving variation is showing, however, breaches in April 2024 (1,500) increased compared to March 2024 (1,458).

## Key challenges / issues

- Ongoing acute hospital site pressures can adversely affect elective care.
- Additional health needs/co-morbidities can impact a patient's suitability for an outsourced or a day case (rather than inpatient) procedure. This can impact treatment times.
- Maintaining and reducing waiting times into 2024/25 is dependent on additional plans (including outsourcing). These plans are currently being developed alongside the procurement department and 2024/25 additional recovery allocation.
- Longer waiting patients are requiring additional pre-assessment support prior to being listed for surgery and can require additional time/treatment and appointments (for example an additional outpatient review prior to listing).
- Achieving GIRFT (Getting It Right First Time) ambitions is variable amongst clinicians. GIRFT are a national organisation that provide clinical guidelines on expected throughput in theatres and outpatients, i.e., The expected number of cataracts that should be undertaken during one theatre session.

## Key actions / initiatives

- Progress towards our key aims of 1,500 patients waiting over 52 weeks for their first outpatient appointment and 1,639 patients waiting over 2 years from referral to treatment (RTT) by March 2025 is dependent upon specialty specific operational plans (including the use of recovery monies, outsourcing and insourcing). These plans are being deployed from May 2024.
- The directorate continues to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists.
- Work is underway to monitor cohort reduction via regular ministerial measure scrutiny meetings.
- Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and the Welsh Government outpatient steering group. This will provide clinical leadership.

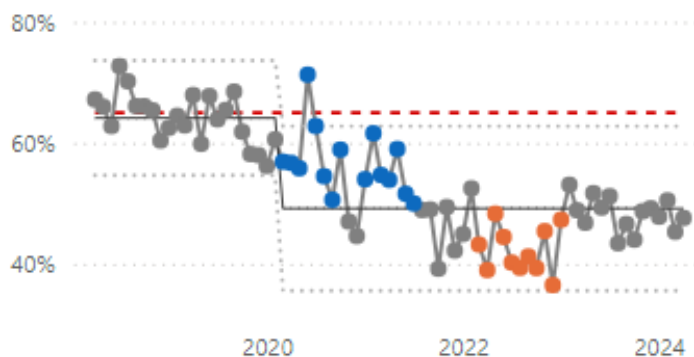
## Due date

- 31/03/25
- Ongoing
- Ongoing
- 31/03/25

**Key**

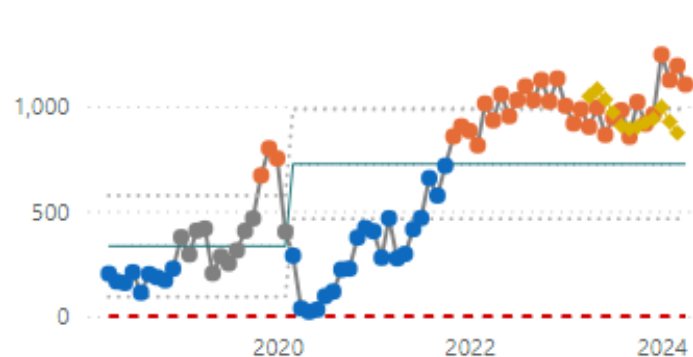
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**Life threatening (red) call responses taking over 8 minutes**



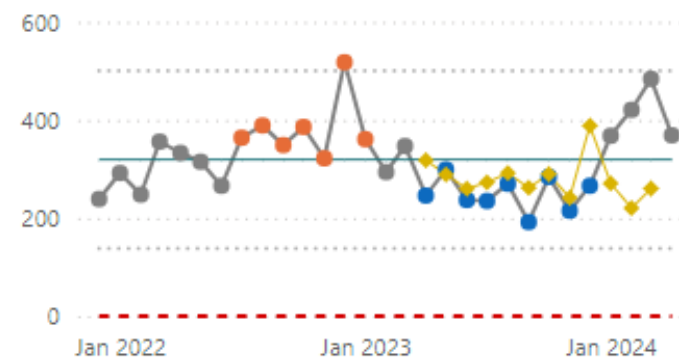
Latest data is showing expected (common cause) variation, 245 red calls met, out of a total of 515 responses, 47.6% (target = 65%).

**Ambulance handovers taking over 1 hour**



Latest data is showing a concerning trend, 1,103 handovers > 1 hour out of a total of 2,068, 53%.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 369 handovers > 4 hour out of a total of 2,068, 18%.

**Key challenges / issues – red calls**

- 55.5% of missed red calls for April 2024 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.
- 39.62% of missed red calls for April 2024 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8minutes if a vehicle is available and on nearest standby point.
- Overall attended demand in Hywel Dda health board area has mainly been as forecasted but continues to remain high.
- Hospital delays in offloading WAST ambulance crews, 4,179 hours lost at the 4 acute Hywel Dda hospital sites during April 2024, which has increased by 26.3% when comparing April 2023. Top 3 reasons for handover delays according to system data ‘no beds available’, ‘patient had complex needs’, ‘no available trolley or chair’
- There have been an increase in the number of immediate release requests for the month of April 2024. 31 requests made, 24 accepted. 7 not accepted. 77.4% acceptance rate.

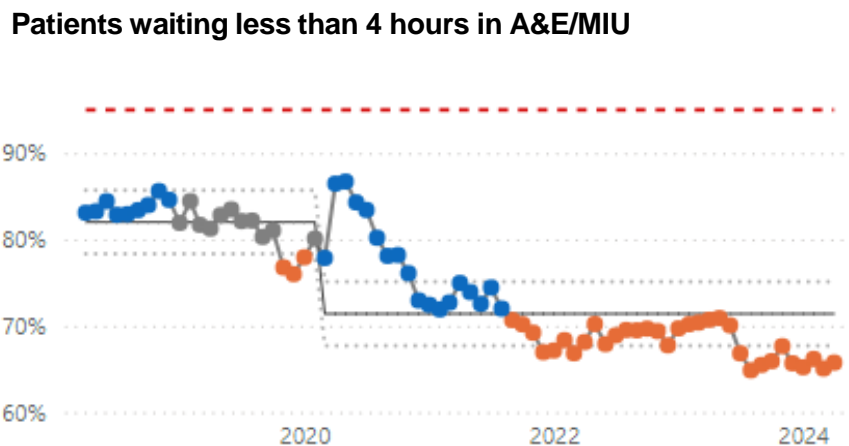
**Key actions / initiatives – red calls**

- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources
- WAST resourcing reviews and targeted overtime allocation
- Porth Presli – prehospital clinical screening model now live with advanced paramedic practitioners assisting with admission avoidance. Continuing to improve cover.
- The NHS111 press 2 access for WAST clinicians in HD area for mental health advice now live.
- Neck of Femur pathway – challenges with progression from a health board perspective and now progressing a ‘front door’ model. Assistance from HD senior team needed to implement. – Requested awaiting response

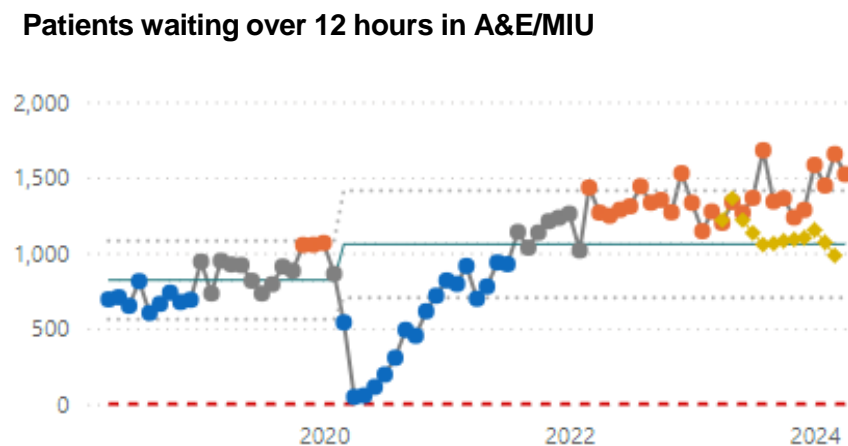
**Due date**

- Weekly ongoing
- Daily – Hourly ongoing
- Weekly ongoing
- 31/05/24
- 31/05/24
- 31/05/24

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



66% reported for March, 5,046 breaches out of 14,727 new attendances. Chart is showing a concerning performance trend`



1,521 breaches out of 14,727 new attendances, 10%. The chart is showing a concerning performance trend.

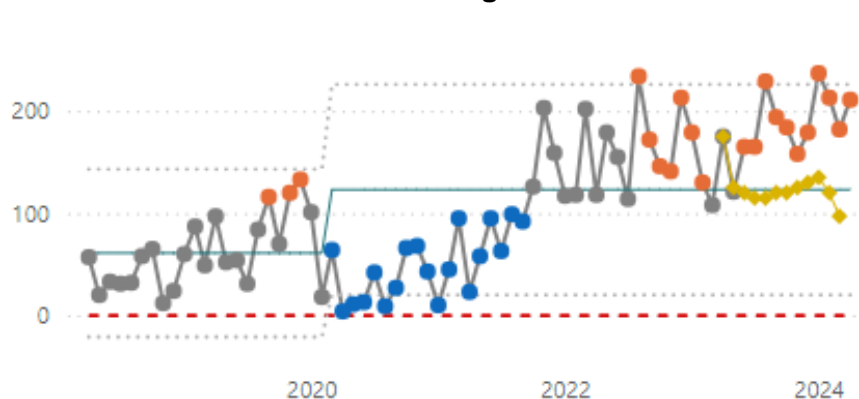
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- [Bronlais Hospital](#)
- [Glangwili Hospital](#)
- [Prince Philip Hospital](#)
- [Withybush Hospital](#)

**Key**

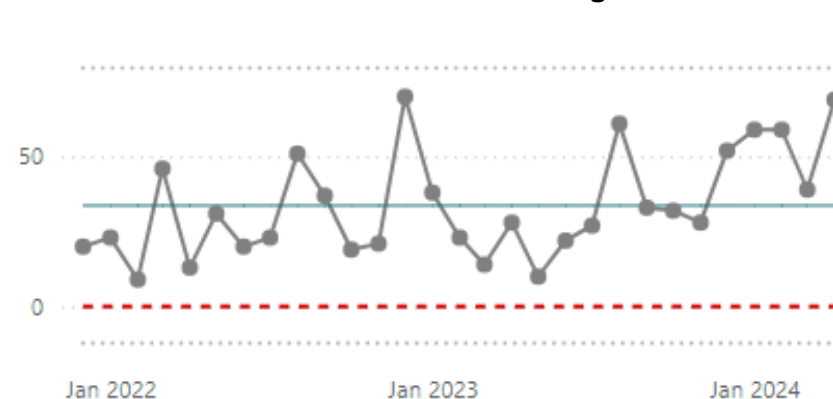
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing concerning trend, 211 handovers >1 hours reported out of a total of 379 handovers, 56%.

**Ambulance handovers taking over 4 hours**



This metric is showing expected (common cause) variation. 69 handovers >4 hours were reported out of 379 total handovers 18%.

**Key challenges / issues**

- Emergency department “front door” facing capacity challenges not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010’s, the recent increase in acuity both in ambulances and in the waiting-room challenges the ability to effect alternatives to admissions. “Front door” regularly surged by 15 patients. Surged is where patient volumes challenge or exceed a hospital's servicing capacity.
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to Emergency Department (ED).
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.
- April presented an increase in both 1 hour and 4 hour handover delays and a corresponding increase in the total lost ambulance hours, although validation work continues with WAST to assure the accuracy of this metric.

**Key actions / initiatives**

- Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase.
- Front door development review. Nurse led-review of front door service.
- Development of Interface Frailty Model Project Initiation Document.
- Lost Hours Validation in partnership with WAST

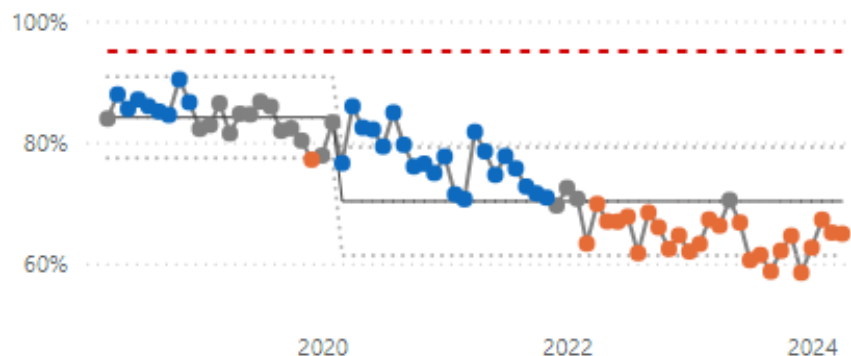
**Due date**

- Q1, 2024/25
- Q1, 2024/25
- Q1, 2024/25
- Q1, 2024/25

Key

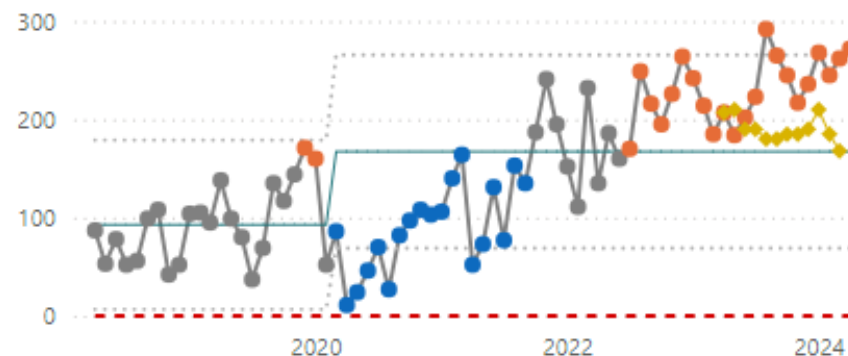
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E



65% reported for April, 880 breaches out of 2,507 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E



272 breaches out of 2,507 new attendances, 11%. The chart is showing a concerning performance trend

Key challenges / issues

- Emergency department “front door” facing capacity challenges not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010’s, the recent increase in acuity both in ambulances and in the waiting-room challenges the ability to effect alternatives to admissions. “Front door” regularly surged by 15 patients. Surged is where patient volumes challenge or exceed a hospital's servicing capacity.
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to Emergency Department (ED).
- Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.
- 4-hour waits were consistent with previous months, reflecting the challenge in admitting patients to the wards and a seasonal increase in minor attenders.

Key actions / initiatives

- Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase.
- Front door development review. Nurse led-review of front door service.
- Development of Interface Frailty Model Project Initiation Document.

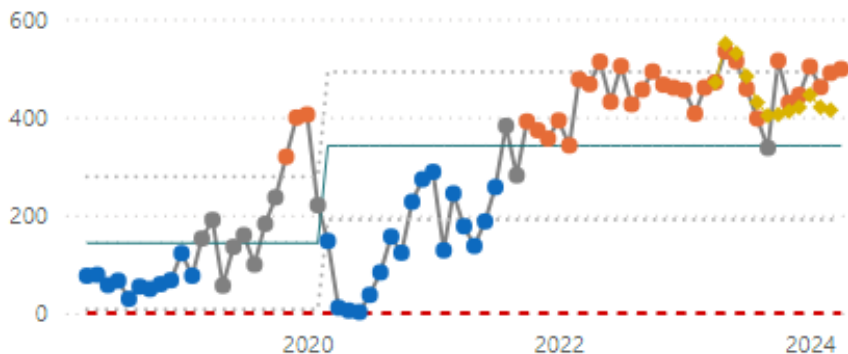
Due date

- Q1, 2024/25
- Q1, 2024/25
- Q1, 2024/25

Key

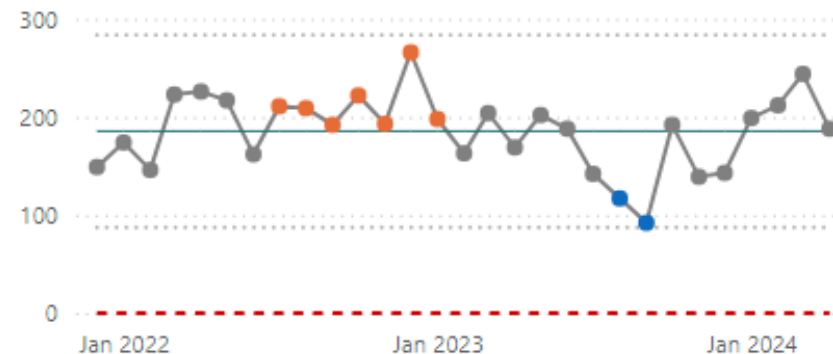
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning trend. 498 handovers >1 hours reported out of a total of 817 handovers, 61%.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 188 handovers >4 hours reported out of a total of 817 handovers, 23%.

Key challenges / issues

- Closure of "Y Lolfa" Ward has reduced the bed capacity at Glangwili Hospital by 15 medical beds from the end of April. As a consequence, the site is now reporting higher levels of medical outliers on surgical wards to this effect. This is likely to impact on the ability to timely handover ambulances.
- However, both ambulance handovers over 1 hour, 4 hours and overall lost handover hours have slightly improved month on month although overall ambulance attenders has increased from previous month by 41.

Key actions / initiatives

- Continued focus on length of stay patients 21 days+ through Carmarthenshire Escalation panel with multi discipline team (MDT) approach.
- Improvement plan around Real Time Demand and Capacity to adopt "home for lunch" initiative with the aim to move "discharged by 2pm" to "discharge by 12 noon".
- Boarding protocols (where patients are moved to wards where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation.

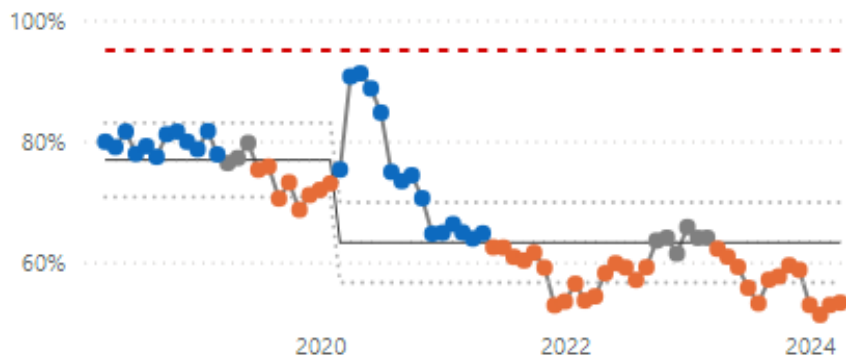
Due date

- 30/05/24
- 30/05/24

Key

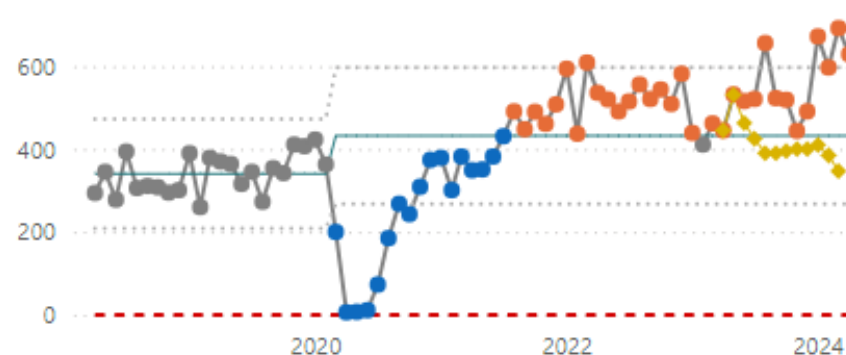
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in A&E



53.29% reported for April, 2,090 breaches out of 4,474 new attendances. Chart is showing concerning performance trend

Patients waiting over 12 hours in A&E



629 breaches out of 4, 474 new attendances, 14%. Chart is showing concerning performance trend.

Key challenges / issues

- Some slight Improvements seen in April both 4 hour and 12 hour Emergency Department performance even with higher front door demands through April (highest since July 23).
- There continues to be lack of space for specialties to review patients when department is fully escalated.
- Long term-sickness of SDEC Consultant has impacted on senior cover within the department.

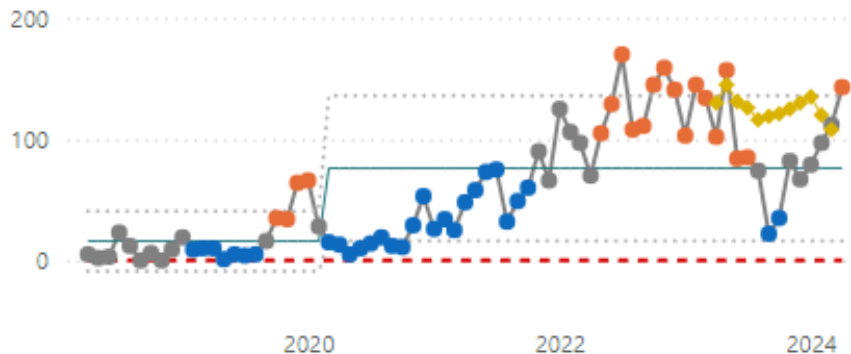
Key actions / initiatives

- | Key actions / initiatives   | Due date |
|---|----------|
| Improvement work stream on Real Time Demand and Capacity to adopt "home for lunch" initiative.  | 30/05/24 |
| Same Day Emergency Care (SDEC) deep-dive completed and outcomes currently being reviewed. Improvement work around new attendances and suitability criteria being reviewed by clinical team. | 30/05/24 |
| Frailty Assessment Unit (FAU) to launch on 13/05/24 on Cadog Ward. Suitable elderly and frail patients will be admitted to the FAU with the aim to discharge within 72 hours safely.        | 13/05/24 |
| Virtual Ward pilot has ceased with on-site presence. Eastgate (clinical streaming hub) reviewing effectiveness but sites will continue to refer. Awaiting results of pilot.                 | 30/05/24 |

**Key**

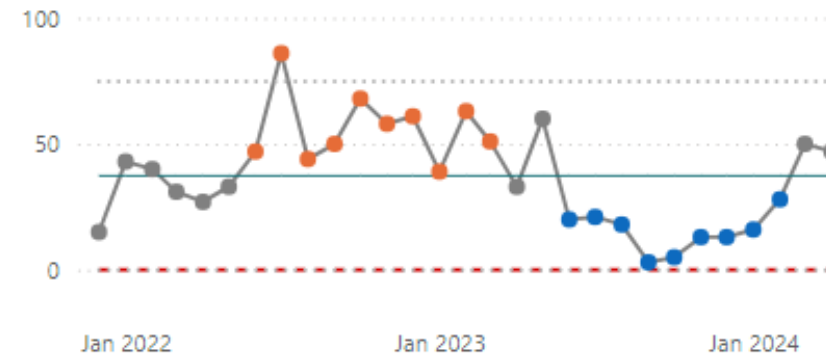
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing a concerning trend. 143 handovers >1 hours reported out of a total of 253 handovers, 57%.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 47 handovers >4 hours reported out of a total of 253 handovers, 19%.

**Key challenges / issues**

- Overall ambulance arrivals has fluctuated over previous months, April demand remained similar to that of March but >1 hour and > 4 hour handover performance remains high.
- During April we experienced a high level of infection control issues which led to the closure of 3 wards resulting in a total of 9 closed beds out of the system at one given time. This impacted significantly on capacity to handover ambulances.
- Across Carmarthenshire- Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave during April.
- Acuity of patients presenting remains a challenge alongside infection control issues with patients requiring specialist areas.

**Key actions / initiatives**

- Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients.
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.
- Front door model (which will have designated areas for patients to receive multi-disciplinary treatment to expedite discharge home) being agreed to included interface frailty service.
- MDU (Medical Day Unit) options for co location of accommodation being worked through in advance of Pentre Awel opening (a designated therapies facilities where patients can receive treatment outside an acute setting).

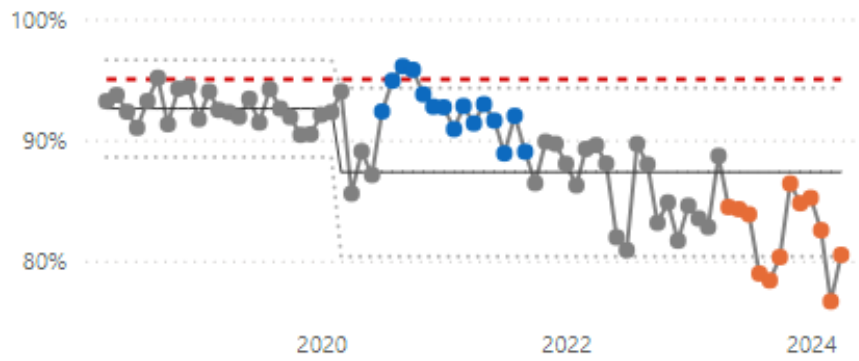
**Due date**

- 31/05/24
- 30/04/24
- 31/05/24
- 31/07/24

Key

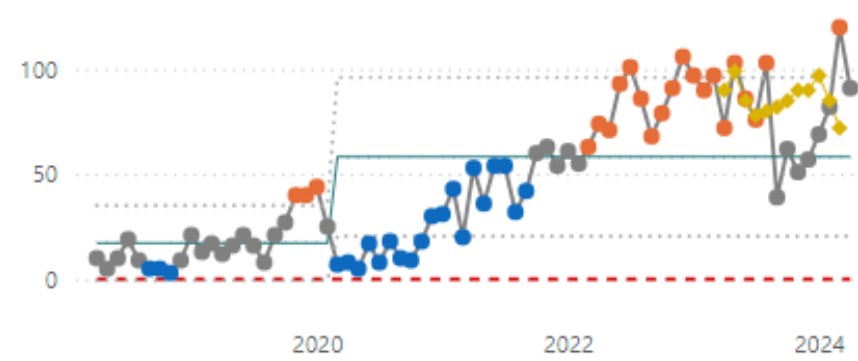
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Patients waiting less than 4 hours in MIU



80.49% reported for April, 527 breaches out of 2,701 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in MIU



91 breaches out of 2,701 new attendances, 3%.. Latest data is showing expected (common cause) variation.

Key challenges / issues

- Minor Injury Unit (MIU) new patient attendances for April up on last month with 31% of patients attending with a major complaint rather than a minor injury. These patients require admission and can wait in MIU overnight due to restricted availability of an appropriate bed.
- Patients continue to experience waits over the 4 hours to see a doctor but this overall figure of patients waiting is reducing and our 12 hour compliance continues to be high
- Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs, remains a challenge with around 40 patients per day. This does have an impact on patient flow throughout the hospital.
- We continue to experience challenges with limited nursing/doctor cover due to high levels of sickness.

Key actions / initiatives

- Same Day Emergency care (SDEC) continues to support with attendances high with our hybrid model including medical input with circa 95% discharge rate.
- Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continues to run which facilitates early discharges and follow up review. These clinics will increase over the next 12 months when we review doctor's weekly timetables to meet the demand and avoid delays.
- Medical/Nursing recruitment process ongoing to support areas.

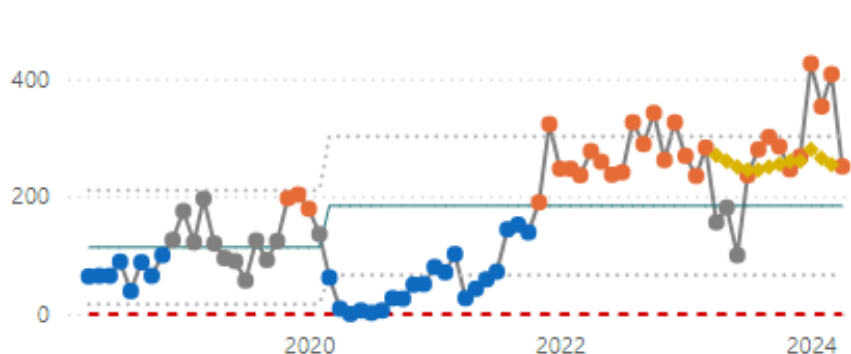
Due date

- 31/05/24
- 31/05/24
- 01/09/24

**Key**

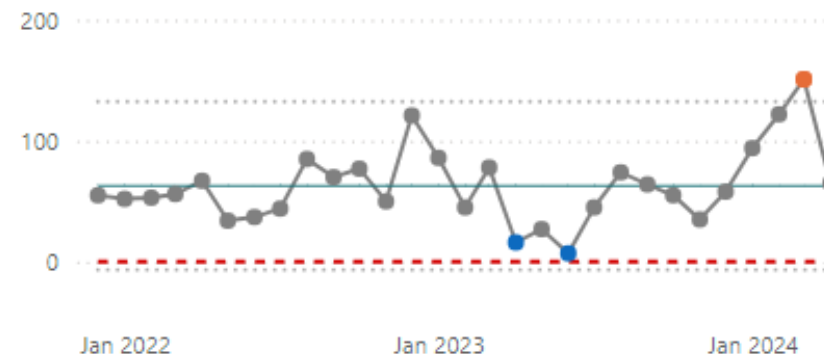
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing concerning variation. 251 handovers >1 hours reported out of a total of 619 handovers, 41%.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 65 handovers >1 hours reported out of a total of 619 handovers, 11%.

**Key challenges / issues**

- The average daily new attendances in the ED has been increasing in recent months, from 106 in January 2024 to 118 in April 2024. Whilst patients conveyed to our hospital via ambulance has remain static at 21-22 average daily handovers per month.
- Our number of handovers taking over 1 hour has improved compared to recent months and since November 2024 and the number of handovers over 4 hours has shown a similar reduction and since January 2024.
- With a decrease in the total lost ambulance handover hours during April, to 796 hours.

**Key actions / initiatives**

- We have been able to secure a rota of Advanced Paramedic Practitioner (APP's) within Porth Preseli clinical streaming hub ( the teams/services joined forces with intermediate care, GP out of hours, Frailty, WAST, 111 and social services).
- This hub will enable patients who do not require acute emergency care to be sign posted and reviewed by other health and social care professionals rather than ED.
- SDEC remains to be a high function unit (volume of patients and their acuity), bring patients from the community and ED. GPs, Ambulance Service or acute oncology services can refer in.
- Remaining in-patients' medical wards have now come back online since being closed due to RAAC, which has de-pressurised ED in that more beds are available for patient admittance. Allowing the department to function as an ED and not a partial medical ward..

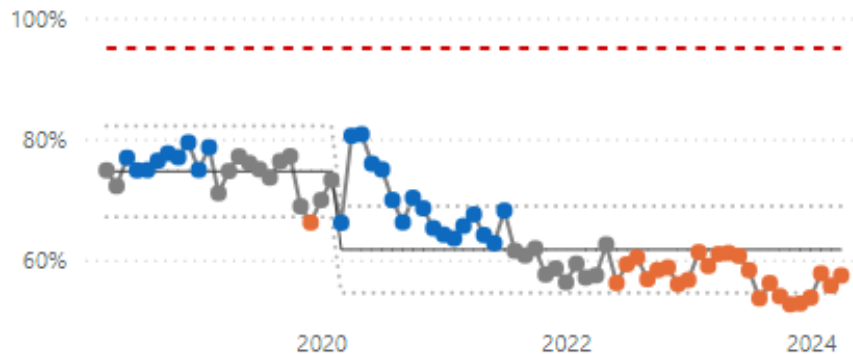
**Due date**

- Completed
- Completed
- Completed
- 18/05/24

**Key**

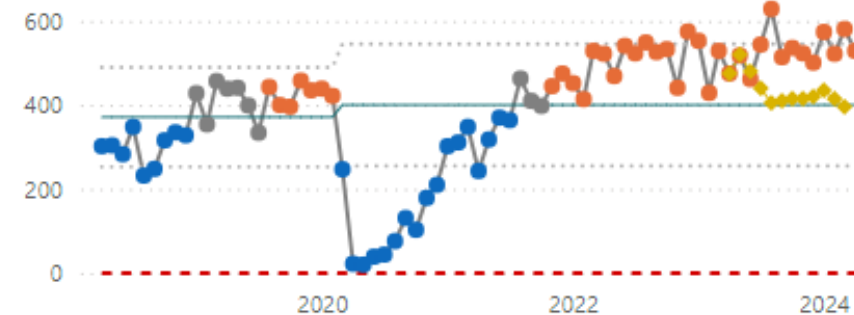
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**Patients waiting less than 4 hours in A&E**



57.39% reported for April, 1,502 breaches out of 3,525 new attendances. Chart is showing a concerning performance trend

**Patients waiting over 12 hours in A&E**



529 breaches out of 3,525 new attendances, 15%. The chart is showing a concerning performance trend.

**Key challenges / issues**

- There has been a small improvement in how long our patients spending time in ED. The 4 hour and 12 hour length of stay has slightly reduced. However further work and monitoring is required.
- We are still experiencing some patient flow delays, transferred out of ED and discharged from Hospital.
- Our over 21 days length of stay has increased throughout the last few months.
- Our Clinically optimised and ready to leave patient figures are also increasing.

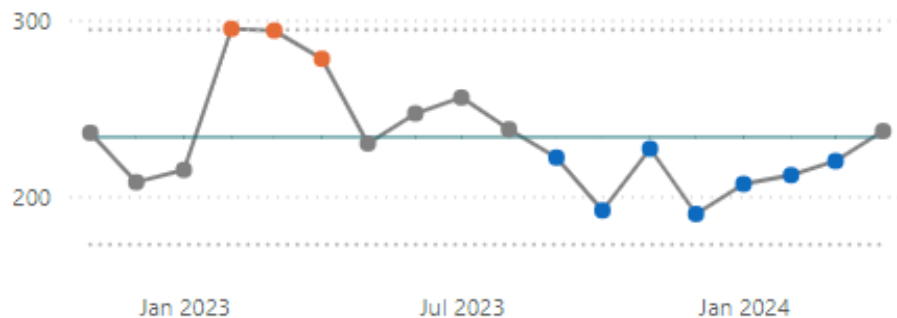
**Key actions / initiatives**

- We have had our in-patient bed capacity back operationally
- We have established and standalone Acute Frailty Unit, with 18 short stay bed unit with a Frailty SDEC, whereby frailty patients can have a comprehensive geriatric assessment.
- We have now also reconfigured the acute clinical discission unit (ACDU) ward back from an in-patients ward to a clinical decisions unit.
- Speciality medical teams still review and discharge (if able) from ED.
- Speciality wards actively request patients from ED/ACDU when ready to receive them rather than ED/ACDU pushing patients out to wards.

**Due date**

- Completed
- Completed
- Completed
- Ongoing
- Ongoing

Number of pathways of care delayed discharges



Reason	Resident Local Authority				
	Carmarthenshire	Ceredigion	Pembrokeshire	Swansea	Total
Awaiting completion of assessment by social care	20	4	13	1	38
Awaiting Social worker allocation	17	2	11		30
Awaiting completion of assessment Nursing	15	6	5		26
Awaiting start of new home care package	8	4	3		15
Mental Capacity	6	3	6		15
Awaiting reablement care package	5	7	1		13
Awaiting RH availability	7	3	3		13
Awaiting joint assessment	4	8			12
Awaiting Community Resource capacity	7	1			8
Awaiting completion of arrangements prior to placement	1	3	3		7
Other	29	13	18	0	60
<b>Grand Total</b>	<b>119</b>	<b>54</b>	<b>63</b>	<b>1</b>	<b>237</b>

Patients with a delayed discharge increased during April, with Carmarthenshire Local Authority having the greatest number of delays. 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 12 mental health patients and 225 non mental health patients.

Key challenges / issues

**Non mental Health:**

- April total number of delays were recorded as 237 versus 220 delays in March, increase of 8%
- However, the total length of stay in bed days associated with these delays was reduced in April to 9721 bed days versus 9879 in March, a reduction of 158 days which equates to 1.6%
- Please note that the previous code 1.01.03 Awaiting completion of assessment Nursing/AHP/Pharmacist has not been split into the professional groups. This was initiated through the National group and will enable greater understanding of delays in the system and appropriate action to remedy.

**Mental health:**

- The Mental Health & Learning Disability directorate shows a marginal deterioration of one in respect of the census count for pathway of care delayed discharges of care for April 2024. The number for April is twelve which incorporates three discharges and four new individuals identified as POCDs who were admitted to an older adult in-patient ward for this period.
- The ability to sustain improvement remains at risk from external factors namely, Local Authority and Continuing Care processes alongside the overall lack of elderly mentally ill accommodation placements.

Key actions / initiatives

- Development of POCD action plan with 'SMART' actions and robust metrics reporting. Triangulation of the main reasons for delays of care discharge with patient length of stay. Improvement of key performance indicators will be submitted to Welsh Government on a quarterly basis through the national groups established to oversee all Health Boards. 1<sup>st</sup> return 15<sup>th</sup> April 2024 via regional lead.
- Health Board working group to monitor action plans and metrics, working as an integrated system to address the complexity of the patient flow constraints. The group to support the operational delivery and ownership of key objectives of the Discharge Strategy and Managing Complexity Groups.
- To continue to develop the Trusted Assessor models across the region learning from local and national best practice. New reporting template across Region which will link to POCD plan.

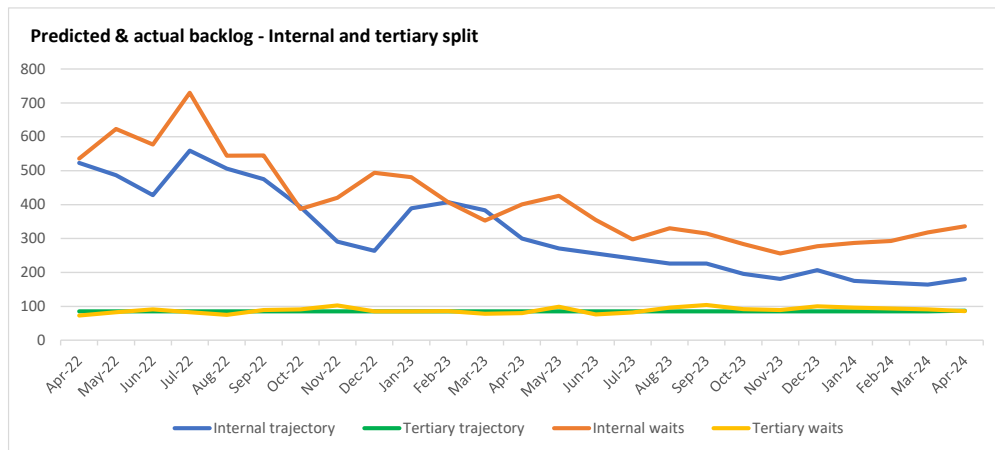
The adult POCD review meeting continues weekly and a review of the three individuals with the longest lengths of stay does not reveal any thematic information but does highlight the capacity to provide specialist elderly placements is insufficient for the demand.

Due date

31/05/24

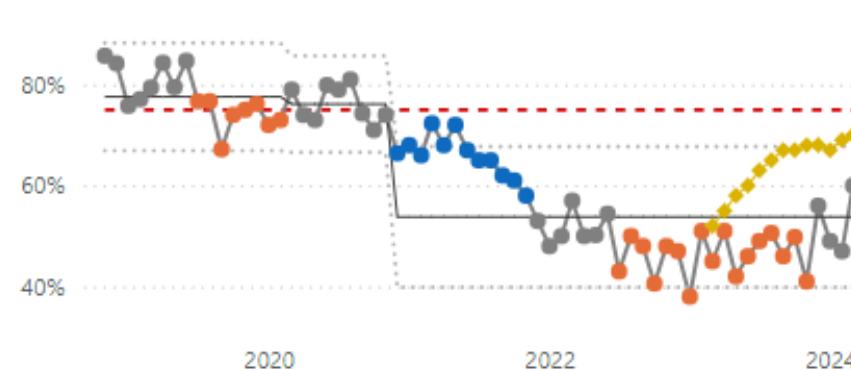
31/05/24

## Number of single cancer pathway patients waiting over 62 days



The backlog of patients has been increasing each month since November 2023. As April 2024: Internal waits = 336 (trajectory 180), tertiary waits = 86 (trajectory 87), total 422 patients (trajectory 155).

## % single cancer pathway patients starting treatment within 62 days



In March 2024 there were 1,876 single cancer pathway referrals. 60% (145 out of 241) patients started treatment within 62 days.

### Key challenges / issues

- Large volume of patients waiting in excess of 28 days for a diagnostic procedure within Lower gastrointestinal (LGI), Urology and Gynaecology
- Increasing volume of patients waiting First Definitive Treatment within the Skin Pathway
- Potential growth for patients waiting First Definitive Treatment within the Breast pathway

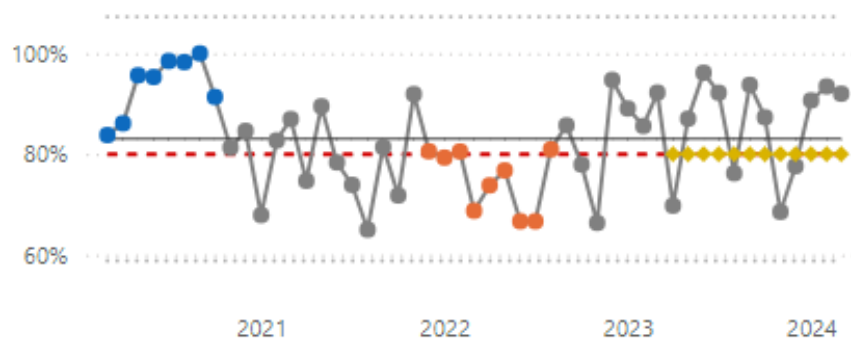
### Key actions / initiatives

- Reducing patient waits in excess of 14 days for an out-patient appointment (OPA) and 28 days in the LGI diagnostic pathway. 16/05/24
- Securing additional minor ops procedure capacity to reduce treatment waits within the Skin pathway. 22/05/24
- Developing a plan during Q1 to implement One Stop Hysteroscopy in Q2 (One Stop Hysteroscopy pilot at BGH to commence May 2024). 31/07/24
- Eliminating patient waits in excess of 28 days in the Urology diagnostic pathway 19/08/24
- Temporary relocation of the WGH breast pathway to PPH & BGH with increased capacity to absorb associated growth in Q4 2023/24. Complete

Key

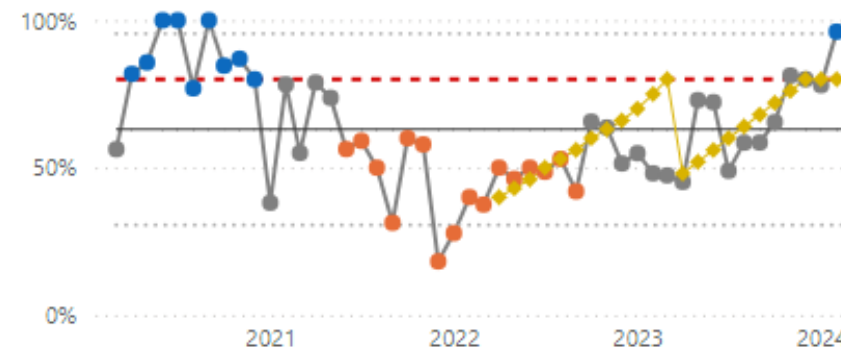
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- ◆ Ambition

**% patients waiting <28 days for a first CAMHS appointment**



Latest performance is showing expected (common cause) variation. 69 out of 75 (92%) young people had their first CAMHS appointment within 28 days. The overall trajectory of 80% in March was reached.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)**



Latest performance is showing special cause improving variation. 95.8% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The trajectory of 80% in March was met.

**Key challenges / issues**

**% patients waiting <28 days for a first CAMHS appointment:**

We have seen sustained improvement since January through an increase in initial appointment slots being created to address the waiting list backlog, particularly in our Pembrokeshire Secondary CAMHS team, where a combination of a spike in referrals (10 in one week), long-term sickness and changeover of team secretaries contributing to initial appointments not being booked within the 28-day period in October and November.

**% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):**

We are now seeing a sustained improvement trend with four of the last five months being within target. Some of the overall improvement in this target reflects a shift in Carmarthenshire towards offering all young people accepted for LPMHSS interventions an initial appointment within 28 days to set goals and agree self-management steps, where some will then continue to wait for further intervention sessions. Improvement can also be attributed to the recruitment of 1.8 WTE (whole-time equivalent) staff in January and 2 WTE in February.

**Key actions / initiatives**

**% patients waiting <28 days for a first CAMHS appointment:**

- The Pembrokeshire Secondary CAMHS team has enacted a recovery plan to address the backlog, with results reflected in the improvement in compliance since January.
- Additional clinical space is being sourced for assessment clinics.
- Monthly demand and capacity and Waiting List monitoring meetings are in place. Team Leads have undertaken Demand and Capacity training to enable process mapping of current systems and pathways to improve efficiency and reduce time to assessment.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):**

- We continue to run multiple in-person skills group work and are reviewing access arrangements.
- Increased use of schools for clinical appointments to tackle estates issues.
- We will be making SilverCloud available as a referral option post-assessment as soon as a Memorandum of Understanding is complete.
- A review of the Part 1 Scheme with partner agencies has been signed off to reflect on key areas of service development and alignment of the service structure.

**Due date**

30/06/24

30/06/24

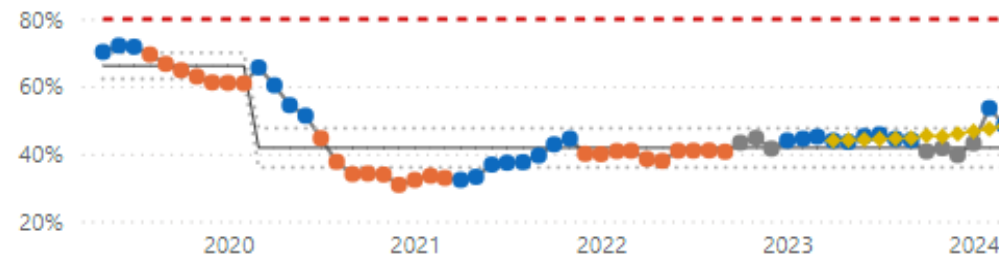
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - ◆ Ambition

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



Performance in March (18.7%) shows special cause concerning variation and trajectory (31%) was not met. 429 out of 3,072 (14%) patients had an ASD assessment and 241 out of 513 (47%) patients had an ADHD assessment within 26 weeks in March.

**% adults waiting <26 weeks to start a psychological therapy**



Performance in March (48.5%) shows special cause improving variation and trajectory (48.15%) was met. 359 out of 683 (52.6%) patients started an integrated psychological therapies within 26 weeks, 5 out of 21 (23.8%) started an adult psychology assessment and 32 out 112 (28.6%) started a learning disability psychology within 26 weeks.

**Key challenges / issues**

**Neurodevelopmental assessments:**

**Autism Spectrum Disorder (ASD):** Demand has increased year on year from an average of 20 referrals per month in 2016 to an average of 110 referrals per month in 2023. An average of 26-28 assessments per month are started and completed with current resources. Complexity of cases, reliance on parent carers and schools to provide information and as a 3-county service, staff travel time and sourcing suitable clinic space.

**Attention Deficit Hyperactivity Disorder (ADHD):** Referrals received for ADHD assessment continue to increase. A Specialty Community Paediatrician is currently being on-boarded with an expected start date of August 2024. Access to clinical spaces continues to be a challenge when arranging additional clinics.

**Psychological therapies:**

**Integrated Therapies:** Demand continues to outweigh capacity. All clients waiting over 26 weeks have been offered group therapy with phase 2 roll-out to target waits over 15 weeks.

**Adult Psychology:** Recruitment remains a challenge despite sustained improvement. Roll-out of treatment with the EMDR (eye movement desensitization and reprocessing) provider.

**Key actions / initiatives**

**Neurodevelopmental assessments:**

**ASD:** Relocated to new premises with a small amount of dedicated clinic space to increase capacity and assessment opportunities. Extensive data validation exercise in place. Refined Referral and Triage processes. Process mapping of current systems and pathways completed to improve efficiency and reduce time to assessment.

**ADHD:** Community paediatricians are implementing 'screening clinics' with validation currently being undertaken. Additional activity in April has seen more improvement in the numbers of children waiting to be seen. The Service expects that picture to improve as we progress through the Financial year. Working with specialist Mental Health team to respond to the recent NHS Executive All Wales CYP Neuro Diversity Review.

**Psychological therapies:**

**Integrated Therapies:** Phase two of groups therapies will begin from 3<sup>rd</sup> June with 300 offers already made. A further 15 clients have accepted EMDR treatment.

**Adult Psychology:** Consolidation to a single waiting list and refined referral criteria.  
**Learning disabilities:** Keeping in touch letters have been produced in Easy Read, in

**Due date**

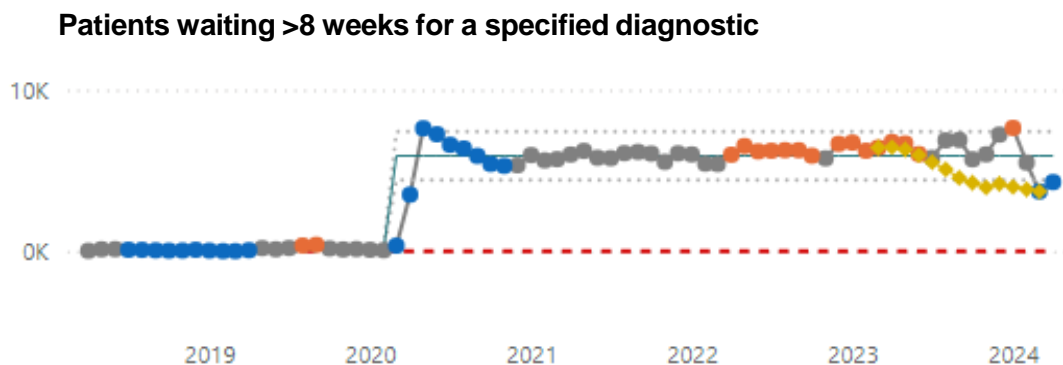
31/03/25

31/03/25

31/03/25

**Key**

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



Diagnostic	Latest period	Latest actual	Variation	Assurance
All	April 2024	4,278	●	□
Radiology		2,180	●	□
Endoscopy		1,367	●	□
Neurophysiology		416	●	□
Cardiology		269	●	□
Imaging		29	●	□
Phys measure		17	●	□

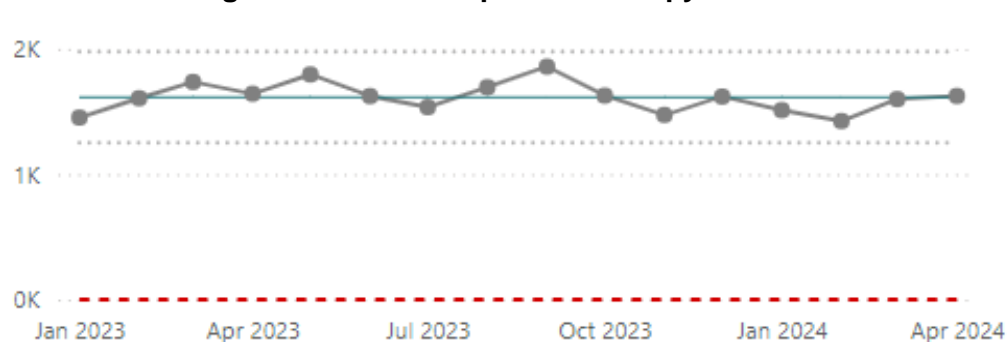
Special cause improving variation is showing, however, April 2024 (4,278) had an increase in breaches compared to March 2024 (3,699). Cardiology have seen improvements for the last 4 consecutive months. All other services (except imaging) deteriorated in April 2024, with Radiology accounting for around half of all breaches.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Endoscopy:</b></p> <ul style="list-style-type: none"> <li>Projected waiting list growth of (average) 96 patients per month due to current demand and capacity gap – as a result of endoscopist deficits. This is expected to be mitigated from October 2024 when a trainee clinical endoscopist qualifies.</li> <li>Stability of consultant workforce is affecting provision of core endoscopy capacity.</li> <li>Capital replacement programme of significance to the endoscopy recovery plan – ageing/fragile scopes require replacement this financial year.</li> </ul>	<p><b>Endoscopy:</b></p> <ul style="list-style-type: none"> <li>Funding received for 9 additional sessions per week until 31 March 2025. Uplift of capacity through waiting list initiatives and insourcing short term, whilst recruitment is undertaken to uplift core capacity, involving fixed term recruitment of clinical endoscopist and endoscopy nurses.</li> <li>Additional sessions will be used to book longest waiting patient cohort to reduce the waiting list backlog and waiting list growth.</li> <li>Continued focussed booking to maximise utilisation and productivity of all lists.</li> </ul>	<p>In progress up until 31/03/25</p>
<p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>Demand exceeds capacity for MRI, non-obstetric ultrasound (NOUS) and CT.</li> <li>Reporting demand continues to exceed capacity for MRI and CT reporting (NOUS reported at the time of examination)</li> <li>Increased breaches in April 2024 mainly seen in MRI (+375) followed by CT (+72) and ultrasound (+45). This is due to the confirmation of recovery funding part way through April and associated lead time to arrange appointments.</li> <li>Nuclear medicine saw a reduction of 5 patients and fluoroscopy of 3.</li> </ul>	<p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>Recovery monies are funding additional scanning &amp; reporting activity from substantive staff.</li> <li>Re-engagement with ultrasound insourcing at PPH, GGH and WGH</li> <li>2 locum consultants have commenced employment as part of Everlight reduction plan and we have a further consultant starting in June 2024, with two more due in October 2024, skilled in paediatrics, interventional and breast radiology. This will provide additional reporting capacity during induction period and will start working a shift pattern after approximately 2 months to reduce reliance on outsourcing (approximately July 2024 for the first two consultants).</li> </ul>	<p>All in progress 31/10/24</p>
<p><b>Cardiology:</b></p> <ul style="list-style-type: none"> <li>Demand continues to exceed core capacity for Echocardiography – additional capacity of 1,134 needed in 2024/25 to achieve breach-free position at 31/03/25.</li> <li>Increased referral numbers for Ambulatory Monitoring in recent months.</li> </ul>	<p><b>Cardiology:</b></p> <ul style="list-style-type: none"> <li>Awaiting confirmation of recovery funding for in-source Echo. Service is already progressing procurement in readiness.</li> <li>Focused efforts to streamline &amp; achieve efficiencies in Ambulatory Monitoring across sites.</li> </ul>	<p>31/05/24 31/07/24</p>

# Therapy waits over 14 weeks

(Ministerial priority)

Patients waiting >14 weeks for a specified therapy



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All*	April 2024	1,625	●	□	70.3%
Physiotherapy		809	●	□	97.7%
OT		427	●	□	20.1%
Podiatry		287	●	□	82.5%
Art therapy		49	●	□	n/a
Dietetics**		31	●	□	92.3%
SALT		22	●	□	100%
Audiology*		1,060	●	□	n/a

The data for this metric now excludes Audiology and the Weight Management Service element of the Dietetics service. Performance has been between 1,400 and 1,900 since January 2023. The highest number of breaches are within physiotherapy, occupational therapy and podiatry.

\*Data for all therapies now excludes Audiology

\*\*Dietetics now excludes waits for Weight Management Service

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Physiotherapy:</b></p> <ul style="list-style-type: none"> <li>Musculoskeletal (MSK) had a sharp increase in breaches due to vacancies and an unwinding of recruitment strategies designed to close the gap of workforce availability during vacancy management. Community Physiotherapy (Carmarthenshire) has a slow escalating challenge.</li> <li>Accommodation challenges at Withybush Hospital due to reinforced autoclaved aerated concrete (RAAC) survey and repair work impacting service capacity for community and MSK.</li> <li>Insufficient funded workforce to sustainably meet demand in community &amp; MSK</li> </ul>	<p><b>Physiotherapy:</b></p> <ul style="list-style-type: none"> <li>Physiotherapy included in the Therapy Integrated Improvement Project. Improvement plans being developed to address the deterioration in performance.</li> <li>South Pembrokeshire Hospital MSK site now returned to functional rehab space. Withybush MSK department now in Ward 3, with anticipated return to MSK Physiotherapy department October 2024.</li> <li>Pilot, with waiting list support service in Carmarthenshire, to review the longest waiting patients on routine lists. Delay in start due to capacity to support.</li> </ul>	<p>31/10/24</p> <p>15/05/24</p>
<p><b>Occupational Therapy (OT):</b></p> <ul style="list-style-type: none"> <li>We're currently experiencing the highest number of breaches in paediatrics due to our backlog and managing current new demand.</li> <li>Our focus remains on prioritising urgent and non-urgent cases. We're assessing our current capacity and considering additional support to address any shortfalls.</li> </ul>	<p><b>Occupational Therapy:</b></p> <ul style="list-style-type: none"> <li>Outsourced OT assessment and intervention for approximately 5 young people.</li> <li>Additional internal resource to support with the current Paediatric waiting list.</li> <li>Rheumatology team - Carmarthenshire staff providing an additional clinic once a month in Pembrokeshire.</li> </ul>	<p>30/06/24</p> <p>31/05/24</p> <p>31/10/24</p>
<p><b>Podiatry:</b></p> <ul style="list-style-type: none"> <li>There is a year-on-year trend for increasing new patients and complexity on presentation.</li> <li>It is anticipated that the current performance trend will continue for the next few months.</li> </ul>	<p><b>Podiatry:</b></p> <ul style="list-style-type: none"> <li>Increased validation of waiting lists, targeting the longest waits.</li> <li>All staff have clinical templates and an electronic staff rota indicates how all sessions are delegated.</li> </ul>	<p>30/09/24</p> <p>Complete</p>

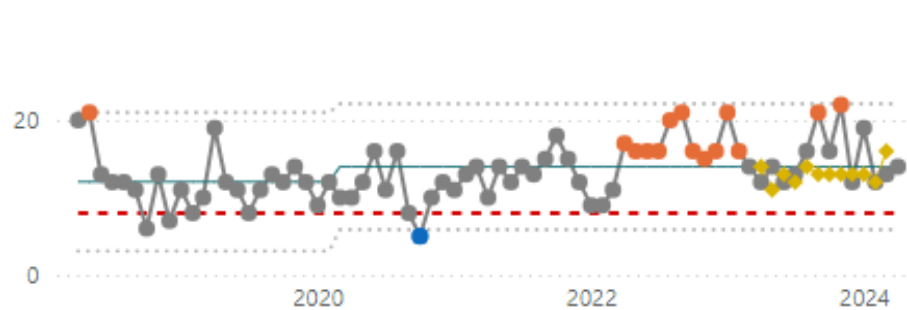
## C.difficile and E.coli cases

(Enhanced monitoring condition and accountability condition)

### Key

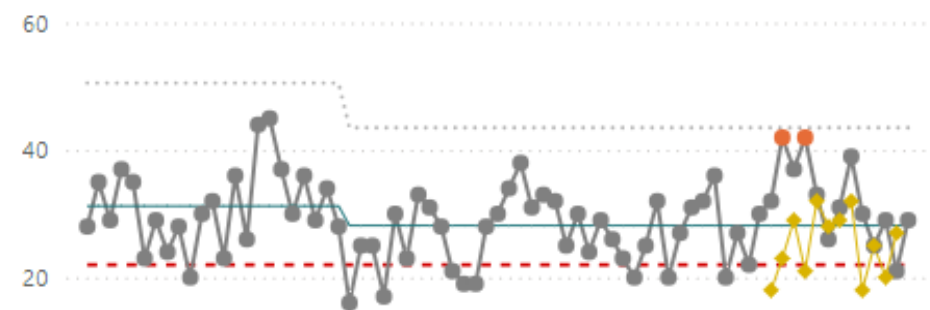
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

### Number of laboratory confirmed C.difficile cases (in-month)



Case numbers slowly increased since February 2024 and the chart is showing expected (common cause) variation. The cumulative rate is 44.230 per 100,000 population.

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



Case numbers are averaging 26 case per month over the last 4 months, reducing from 39 in November 2023 and the chart is showing expected (common cause) variation. The cumulative rate is 91.6 per 100,000 population

### Key challenges / issues

#### C.difficile

The current C.diff case numbers for the month of April total 14; of these six are considered to be hospital acquired thereby realising the TI targets of no greater than 6 cases of hospital acquired cases per month. However, the aim is to reduce overall case numbers by a further 10% this financial year.

#### E.coli:

- Hywel Dda Health Board continue to have the highest overall case numbers in Wales though we have the lowest number of hospital onset cases - 16% against the national average of 23%.
- We have yielded a slight reduction in E.coli cases over the last quarter.
- While E.coli bacteraemias predominantly are identified as community onset and of urinary source, the majority of hospital acquired infections diagnosed have multiple co-morbidities and not often associated with urinary catheters (CAUTI).
- Hydration of patients is key, while Aseptic Non Touch technique ( ANTT), catheter care and hand hygiene are all confounding factors in reducing Healthcare acquired associated infections.

### Key actions / initiatives

#### C.difficile

HCAI Improvement Plan for 24/25

- 25% reduction of HAI C.diff expectation
- Weekly C.diff ward rounds on all sites to ensure correct management for patient safety
- Improve antibiotic stewardship and completion of “start smart, then focus” (SSTF) audits.
- Focus on hand hygiene QI projects – quarterly validation audits
- SpectrumX to be included in tender process for hand hygiene product (sporicidal product to help eliminate C.diff)
- Cleaning Matrix to include DiffX sporicidal disinfectant across all areas for general and terminal cleaning
- Surveillance of all cases both Toxin and Polymerase Chain Reaction (PCR) positive cases, monthly review and scrutiny meetings continue
- Increased Faecal microbiota transplantation (FMT) focus for relapses of C.difficile infections – 7 patents treated since Jan this year, bringing total to 18

#### E.coli

- Patient hand hygiene essential – new Quality Initiative (QI) project to focus on this subject – current ongoing QI project focusing on staff hand hygiene.
- Liaise with Public Health Wales and epidemiologist to investigate whole genome sequencing of E.coli strains to determine potential transmission factors.
- In-depth interrogation of data ongoing to identify geographical areas of concern and environmental factors.

### Due date

Ongoing

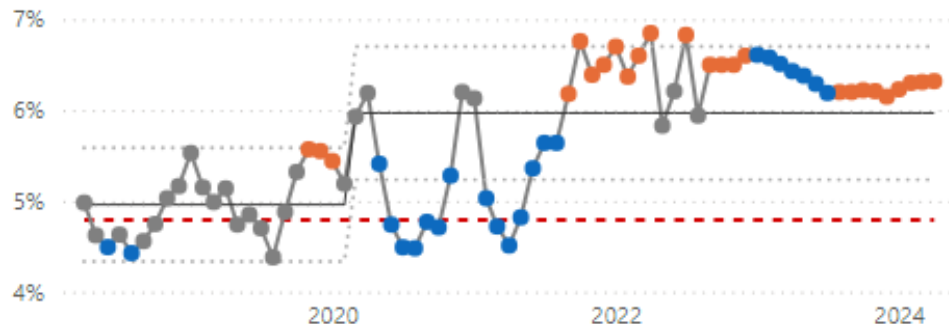
31/07/24

31/07/24

**Key**

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

**% staff sickness rate (12 months rolling)**



The rolling 12-month performance was 6.3% for April 2024 against the target of 4.79%

In-month performance for April 2024 was 6.15%

The highest levels were reported for:

- Facilities (10.4%)
- Unscheduled care PPH (9.3%)
- Ceredigion county (8.2%)

**Key challenges / issues**

**Conditions impacting absence rates include:**

- Anxiety/stress/depression continues to account for the highest reasons for absence accounting for more than 30% of all days lost.
- Seasonal cough/colds/flu, gastro related health issues and anxiety/stress/depression account for more than 50% of the reasons for all absences in April 2024.
- Absence levels in Estates & Facilities have remained consistently higher than most other departments with 10 of the last 12 months being in excess of 8% due to high levels of long term absences.

**Other challenges:**

- We continue to see higher levels of absence than seen prior to the pandemic even though some services have made significant improvements in their absence rates over the past 12 months. All three counties are now showing circa 50% of their units with absence levels below 4.79%
- Delays in inputting sickness absence also impacts proactive interventions with one area taking 80 days to enter absence details in the last month.

**Key actions / initiatives**

**Estates & Facilities to undertake 4 sickness absence audits.**

3 audits have been completed with 1 to conclude end of April. Two audit reports have been finalised to date with the majority of actions having been implemented. Both reports gave satisfactory assurance.

Sickness Absence Task & Finish Group held first meeting on 18<sup>th</sup> April 2024. Meeting outcomes: Management lead now reassigned. Data requirements identified and an action plan is being produced based around the agreed intentions.

**Sickness Absence Task & Finish Group to prepare work plan.**

Action plan to be discussed at next meeting along with source data. This meeting will also explore delays to absence reporting in general and also reasons as to why Estates continues to consistently show higher levels of absence than most other directorates.

**Due date**

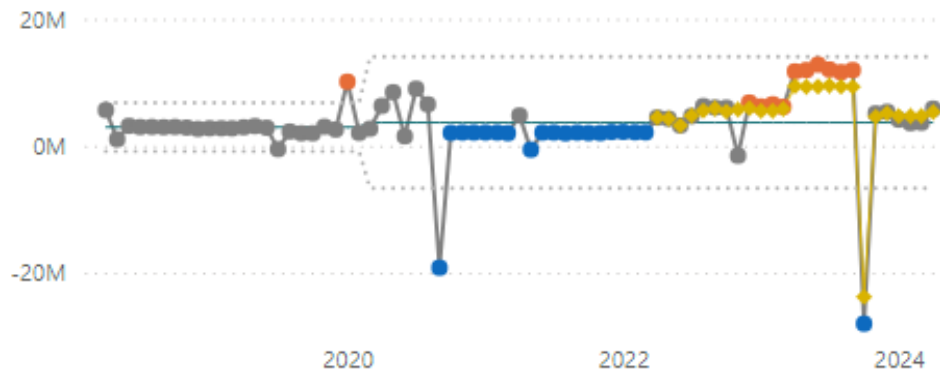
Completed

31/05/24

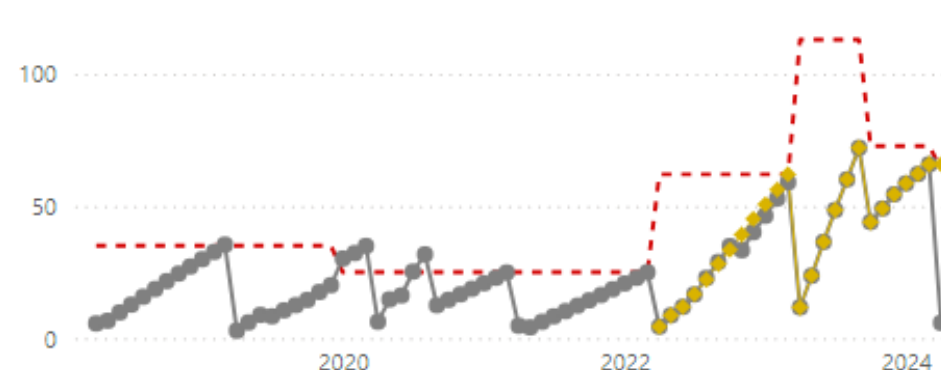
**Key**

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

**Financial in-month deficit**



**Financial deficit (£m) – year to date**



**Key challenges / issues**

- The Health Board’s end of year reported position is £64.0m deficit.
- The Month 1 financial position is an overspend of £5.9m against the Planned Deficit of £5.3m, £0.6m variance deficit. The operational variation of £0.6m is made up of £2.1m unidentified savings and the (£1.5)m operational position contributing to being over plan.
- Of the Savings target of £32.4m, only £8.4m has been identified leaving a gap of £24.0m to be identified from the Opportunities Framework.

**Key actions / initiatives**

- Quarter 1 – de-risking the delivery trajectory of the annual plan to achieve the savings expectation that is set out within it; and
  - Quarter 2 – de-risking to further reduce the planned deficit towards the target control total, as a minimum.
- The following next steps and mitigating actions are being pursued across Executive Director portfolios, with ongoing reviews in place via Executive team discussions to evaluate progress and impact updates, de-risking the annual plan.
- Accountability letters have been issued in April to delegated Executive Directors inclusive of the savings aspirations for their portfolios.
  - Board Seminar has further scrutinised progress and provided oversight of the expectations they set out as part of the annual plan endorsement on 28th March 2024.
  - Creation of the Value & Sustainability Group to systematically implement themed improvements ensuring working groups provide clear decision making across the organisation on a consistent basis.
  - An internal Escalation Framework has been implemented to manage a balanced criteria covering quality, safety, patient, performance, planning and finance.
  - Further, with pace, the conversion of Opportunities into accepted and deliverable operational plans to provide clarity of commitments in quarter 1 that will formally de-risk the current savings delivery gap, via an Integrated Quality, Finance, Performance and Delivery (IQFPD) Group.

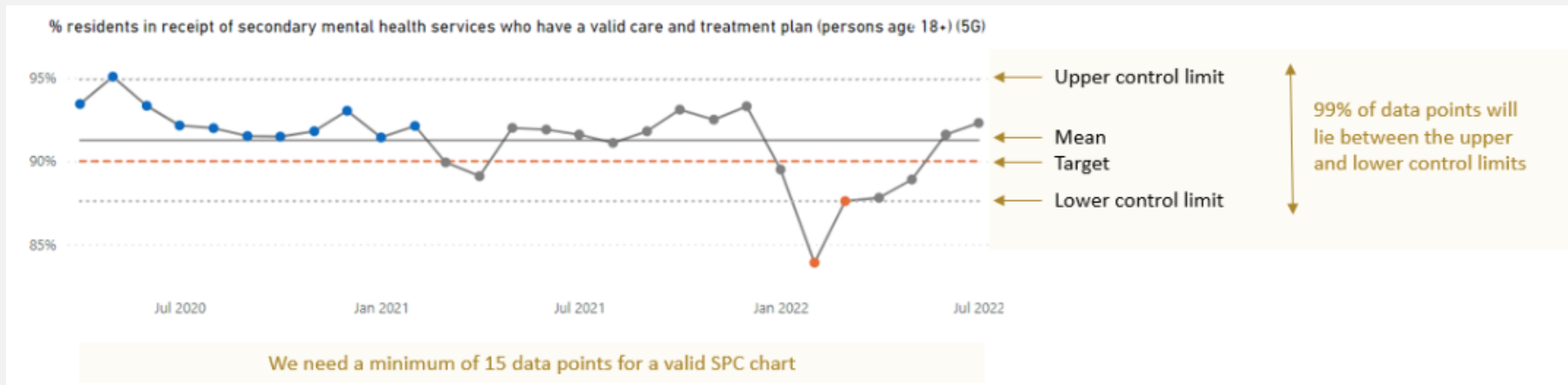
**Due date**

- Q1, 24/25
- Q2, 24/25

## Why use SPC charts?

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

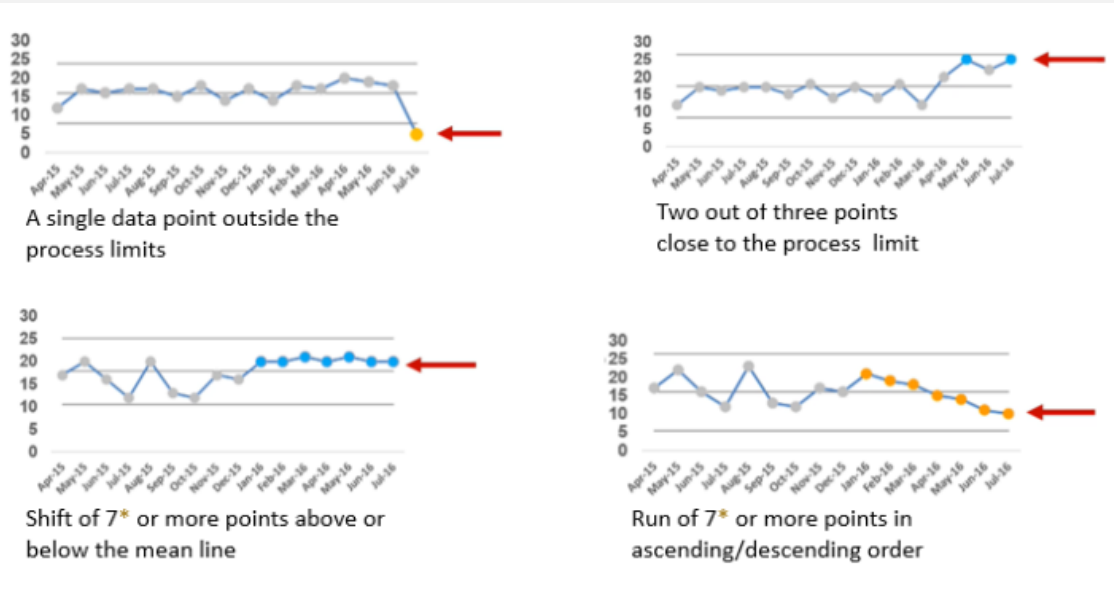
## Anatomy of a SPC chart



## Rules for special variation within SPC charts

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

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



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

## Understanding the SPC icons

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

<b>Variation</b> 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
<b>Assurance</b> 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 <b>blue</b> is good, orange is <b>bad</b>		