

# Improving Health Board Lymphoedema Services across the Lymphoedema Wales Clinical Network

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## Context and Approach:

Activity data for health board lymphoedema services shows wide variation in numbers of appointments delivered. Some staff compensate for lack of staff by seeing extra patients, which can result in poor record keeping and lower quality care. This hides staffing shortfalls and means the true capacity of each service is unknown.

### Objectives:

1. Develop a dashboard that provides health board lymphoedema teams with activity data in a way that supports the decisions they need to make and alerts them to issues.
2. Monitor numbers of appointments delivered in services and use this to understand service capacity. Then create realistic clinical templates and job plans. Use activity monitoring and staff feedback to evaluate effect of clinical templates and job plans.

## Planned Activity:

### Research Questions:

- How can activity data support lymphoedema clinicians and managers to inform decisions? And how can this data best be presented to meet these needs?
- What is the current output of clinicians in terms of appointments delivered? What is the capacity of health board services?

### Leadership:

Work with clinicians to develop standards for time spent delivering appointments and non-clinical work, allowing estimates of service capacity and clearer expectations of realistic workload.

### Education/teaching:

Work with clinicians and managers to learn what activity data is available and what insights can be gained from it.

## Progress to date:

- I've worked with clinicians to update the activity dataset for 2024/25 and created an R script that integrates the new and old datasets into one report, which is created as a Word document.
- I've interviewed some clinical leads to understand how they use the current activity report, how they would like to use it in future, and how the data could best be presented to support this.

## Feedback on current reporting from initial clinician interviews:

### Uses of current activity report:

- Support business cases and management information requests
- Service planning: who are our patients and what are their needs?
- Alerts team to new issues
- Support workload planning and management
- Support service improvement projects and evaluation

### Improvements:

- Highlight areas of concern (e.g. red, amber, green)
- Report at local authority level for multi-centre services
- Remove reporting of patients' change in severity over time (may be misleading)
- Too much information – remove, restructure or move to appendix

### Useful content:

- Demographics and clinical characteristics of patients
- Referral numbers
- Appointments delivered by appointment type (virtual, clinic, home visit, new referral, follow-up, intensive treatment)
- Staff/patient ratio and appointments per staff member
- DNA/CNA rates
- Waiting time breaches
- Garment use per patient
- Comparison with other health boards allows interpretation of figures
- Understanding seasonality allows management of workload, e.g. postpone low grade cases
- PIFU use and returning PIFU patients helps inform correct use of PIFU

### Report presentation:

- Data as time series is important to see patterns and alert teams to changes
- Comparison with other health boards important to help interpretation
- Info overload: separate key performance measures from niche information that only some people use
- Clinicians varied in what they find useful: a dashboard would allow them to filter what's relevant to them and allow lesser used information to be on secondary tabs.
- Remove maps and make graphs bigger and clearer

## Reflections:

Initial interviews have developed my understanding of what clinicians and managers need from activity reporting. However, the original plan to understand all the variation between health boards and defining 'what good looks like' is unrealistic. Instead, I've reduced the scope to developing the reporting, and standardising clinic templates and job plans to better understand the capacity of services.