

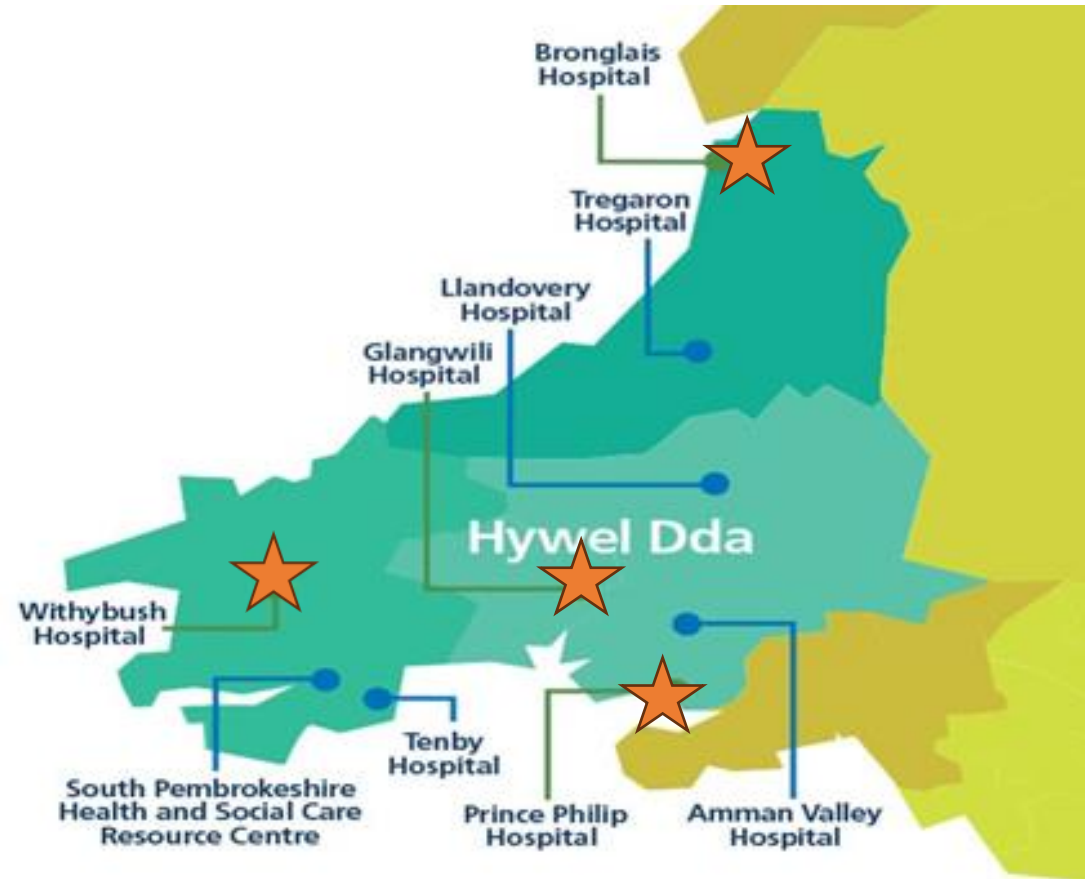
Development and Implementation of a Dashboard to Facilitate the Caseload of a New Fracture Liaison Service - HDUHB



Tracy George – Fracture Liaison Practitioner
Dr Will Backen – Bone Health Lead

Background

- Our FLS commenced in September 2024.
- Based across all four acute sites in our Health Board.
- We work virtually and often remotely, therefore, we required a tool to help us coordinate workloads across our whole team.
- The aim of the work was to allow our service to achieve timely assessment for patients.
- It is estimated that our service will need to see 3800 patients a year.



Aims and Objectives

- Our aim was to create an app incorporating an FLS dashboard within SharePoint, encompassing the functions that the team require to deliver high quality and safe standards of care across the whole Health Board.
- Our objective was to utilise applications already available to us to minimise costs, such as MS List, MS Teams and skills from our internal software developers.

Approach

- To achieve our aims and objectives we collaborated with our digital and software development leads, including meeting every fortnight to produce the system required.
- Discussed with our Information Governance team for approval.
- We initially planned to commence a 3-month pilot between June – August 2025.
 - Due to sickness in the digital team the system development was unfortunately delayed resulting in a trial being commenced in December.
- We evaluated the app through questionnaires to measure functionality, usability and usefulness.

PADDINGTON was developed:

Patient
And
Diagnostic
Dashboard
Incorporating
Notification
Generation &
Tracking
Of
Network



[File:Paddington Bear statue in St Andrew Square, Edinburgh, in October 2024.jpg - Wikimedia Commons](#)

Paddington overview:

It allows us to keep a record of all patients under our service, accessible to all staff regardless of location.

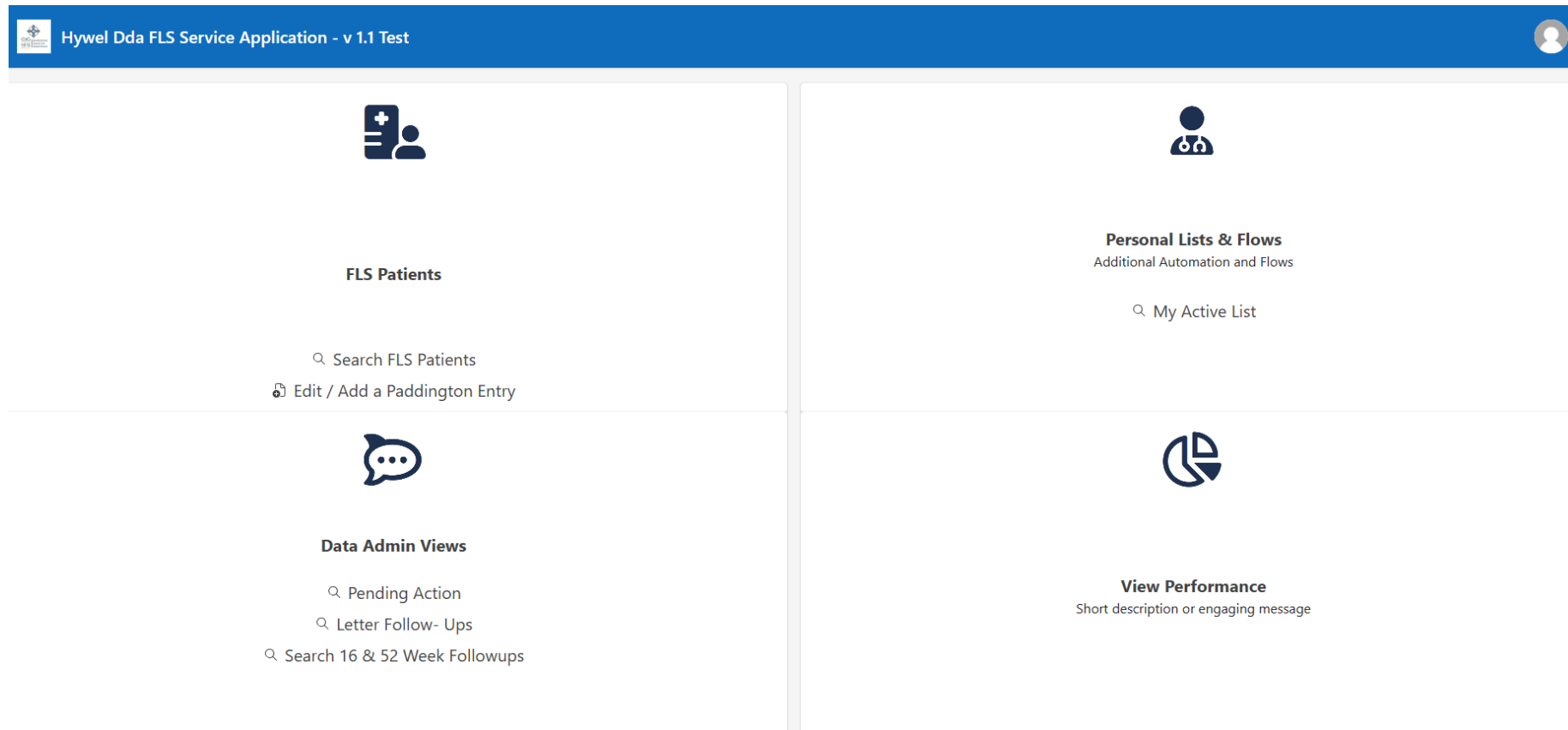
It highlights upcoming activity, for example the need for blood tests or another appointment, this allows the team to structure workload accordingly.

The coordinated approach allows us to easily distribute tasks to the local clinical team on one of our four sites, allowing us to work as an integrated team across our large rural area.

It also incorporates our electronic referral programme, a digital assessment proforma which feeds into Power BI, and simplifies access to key documents and useful tools such as Promptly, FRAX, Calcium calculators and more.



Inside Paddington:



Identifies actions for admin tasks:

Power Apps | FLS Service

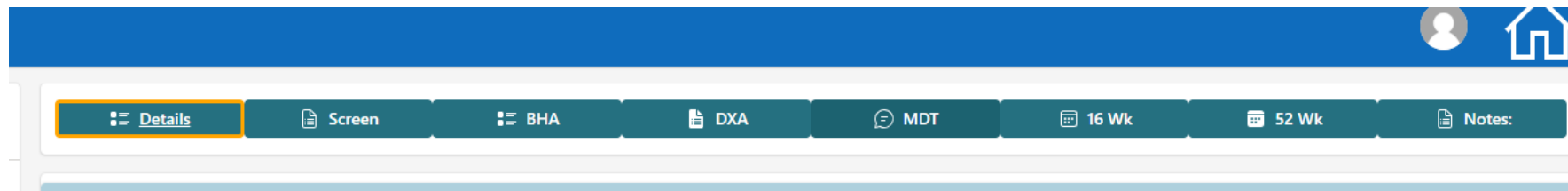
Filtered by Letter Follow-Ups Letter 1a

Letter 1a Filter Text

NHS Number	Given Name	Surname	Date of fracture	Date 1a sent	Date 1b sent	Date 1c sent	Date 1d sent	Pre assessment ...	Practitioner

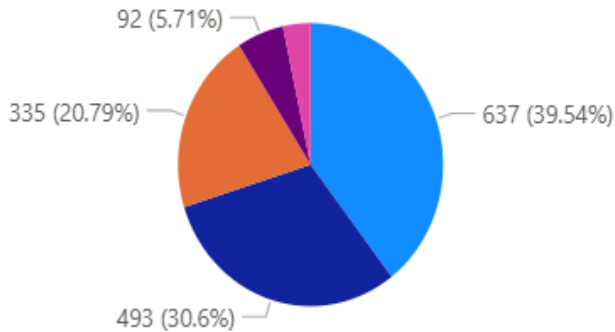
Rows: 365

Patient assessment:



Performance view:

County or Area



County or Area

- Carmarthenshire
- Pembrokeshire
- Ceredigion
- Other
- Powys

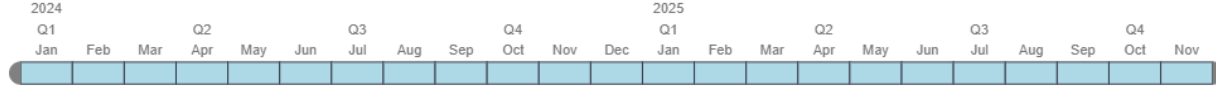
HDD_FLS_PADDINGTON_DATA_PBI
DATE KPI'S AVERAGE DAYS

- County or Area
- ☐ Carmarthenshire
 - ☐ Ceredigion
 - ☐ Other
 - ☐ Pembrokeshire
 - ☐ Powys

Date of fracture

Y Q M W D
Month

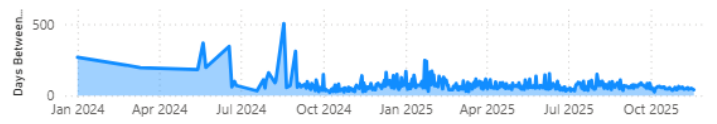
Jan 2024 - Nov 2025



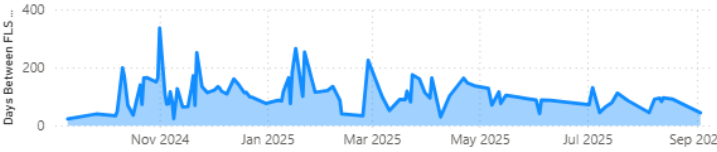
Days Between Bloods to Assessment by Year, Quarter, Month and Day



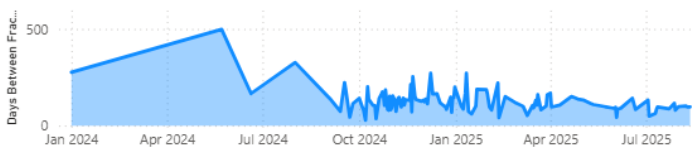
Days Between Fracture to Assessment by Year, Quarter, Month and Day



Days Between FLS Contact to DXA by Year, Quarter, Month and Day



Days Between Fracture to DXA by Year, Quarter, Month and Day



Evaluation – how & what?

We were evaluating our app as a **tool**, not our service.

Therefore, we chose to use questionnaires measure functionality, usability and usefulness.

1. **Users**, this was a digital form given to 4 practitioners and 3 members of admin staff within the FLS.
2. **Management team**, a digital questionnaire given to users with interest in service outcomes rather than those that input or use it daily. 3 entries were recorded.
3. **External teams within the same speciality**, this is a planned evaluation and will be distributed at one of the next the Welsh Osteoporosis Advisory Group (WOAG) meeting. The aim will be to establish if there is interest for spread & scale. This will be after further assessment through our service.

What the initial data showed – **Users**

Count of How often do you envisage using Paddington?



■ Daily ■ Several time a day

On a scale 1-10 - I will be able to use Paddington to save me time when managing patient caseloads.



■ On a scale 1-10 - I will be able to use Paddington to save me time when managing patient caseloads.

What the initial data showed – **Management team**

100% thought Paddington would make the patient experience better

100% thought Paddington would make quality of care provided to the patient better

100% thought Paddington would make quality improvement work easier in the future

More progress to be made:



Key Conclusions

- A digitally enabled, low-cost app can support safe, efficient, multi-site FLS delivery in a rural health board.
- Using existing platforms we can improve coordination, visibility of workload, and incorporate patient experience without additional system investment.
- The approach is transferable and offers a practical route to reducing variation and supporting scale across Wales.



Next Steps

Development and implementation of a Dashboard to facilitate the caseload of a new Fracture Liaison Service - HDUHB

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Dr Will Backen, Consultant Clinical Lead for FLS, HDUHB
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Background:

Our FLS is a new service which commenced in September 2024, based across all four acute sites in our Health Board. To provide high quality, timely and seamless care for patients we need to work flexibly across the different sites as one team including providing internal cross cover. We work virtually and thus require an approach to allow us to coordinate workloads across the whole team on different sites. This would allow us to work efficiently enabling patients to receive timely assessments and interventions which they require.

This is particularly important for the FLS due to the number of patients we estimate that we will see annually (approximately 3800 patients a year).



Aims and Objectives:

Our aim was to create a FLS dashboard within SharePoint, encompassing the functions that the team require to deliver safe standards of care across the whole Health Board.

Our objective was to utilise applications already available to us to minimise costs, such as MS List, MS Teams and skills from our internal software developers.

Approach:

To achieve our aims and objectives we collaborated with our digital and software development leads, meeting every fortnight to produce the programme required. This was then presented to our Information Governance team for approval. We then evaluated this tool through questionnaires to measure functionality, usability and usefulness. These were distributed to the internal team, the management team and a wider group.

Outcomes:

PADDINGTON was developed:

Patient And Diagnostic Dashboard
Incorporating Notification Generation & Tracking Of Network

The key benefits:


- It allows admin staff to highlight upcoming activity such as organising blood tests or appointments.
- Facilitates the safe distribution of caseloads across all sites, ensuring no inequality. It is innovative as it allows for more equitable distribution in areas with higher demand or where there is sickness or leave.



Impact:

The impact of introducing Paddington into the FLS at HDUHB means we can now:

- Demonstrate that the patients' journey is at the heart of the pathway.
- Share workload with ease across a virtual platform throughout a rural area.
- Have live key performance indicators on display for the team to visualise.
- Undertake Quality Improvement projects simply and in real time with less resource.
- Early indicators suggest that Paddington will demonstrate a reduced variation in the FLS Pathway.



Key Conclusions:

A digitally enabled, low-cost dashboard can support safe, efficient, multi-site FLS delivery in a rural health board. Using existing platforms can improve coordination, visibility of workload, and patient experience without additional system investment. The approach is transferable and offers a practical route to reducing variation and supporting scale across Wales.

Next Steps:

Continue to refine the tool utilising feedback from the team.

We aim to re-evaluate Paddington after 3 months within the team to ascertain functionality.

Extend this tool to a different area within the Health Board, initially the Specialist Osteoporosis Service.

Questionnaire to scope interest of other teams before consideration of spread and scale.

Support other Health Boards to adopt this tool if desired, aiming to reduce variation across FLS pathways throughout Wales.



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- Extend the app to different areas of service within Hywel Dda, initially to the Specialist Osteoporosis Service.
- Questionnaire to scope interest of other teams before consideration of spread and scale
- Support other Health Boards across Wales to adopt the app which has the potential to decrease variation in a vital service for the population of Wales.

Thank you 😊

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