



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Assurance Report – Month 5 2022/23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report relates to the month 5 2022/23 Integrated Performance Assurance Report (IPAR). The full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st August 2022](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

The IPAR dashboard uses Statistical Process Charts (SPC) charts. A summary of the SPC chart icons can be found in the dashboard help pages. There are also two short videos available to explain more about SPC charts:

- [Why we are using SPC charts for performance reporting](#)
- [How to interpret SPC charts](#)

The IPAR dashboard summarises the quantitative measures from the 2022/23 NHS Performance Framework (see background section below for further details). The framework also includes nine qualitative templates that Health Boards are required to complete. The following updates were submitted to Welsh Government early September 2022:

- Progress against the Health Board's plans to deliver the NHS Wales Weight Management Pathway
- Progress to develop a whole school approach to CAMHS in reach services
- Progress against the priority areas to improve the lives of people with learning disabilities
- Evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-2022 Programme
- Evidence of NHS Wales embedding Value Based Health & Care within organisational strategic plans and decision making processes

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

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk

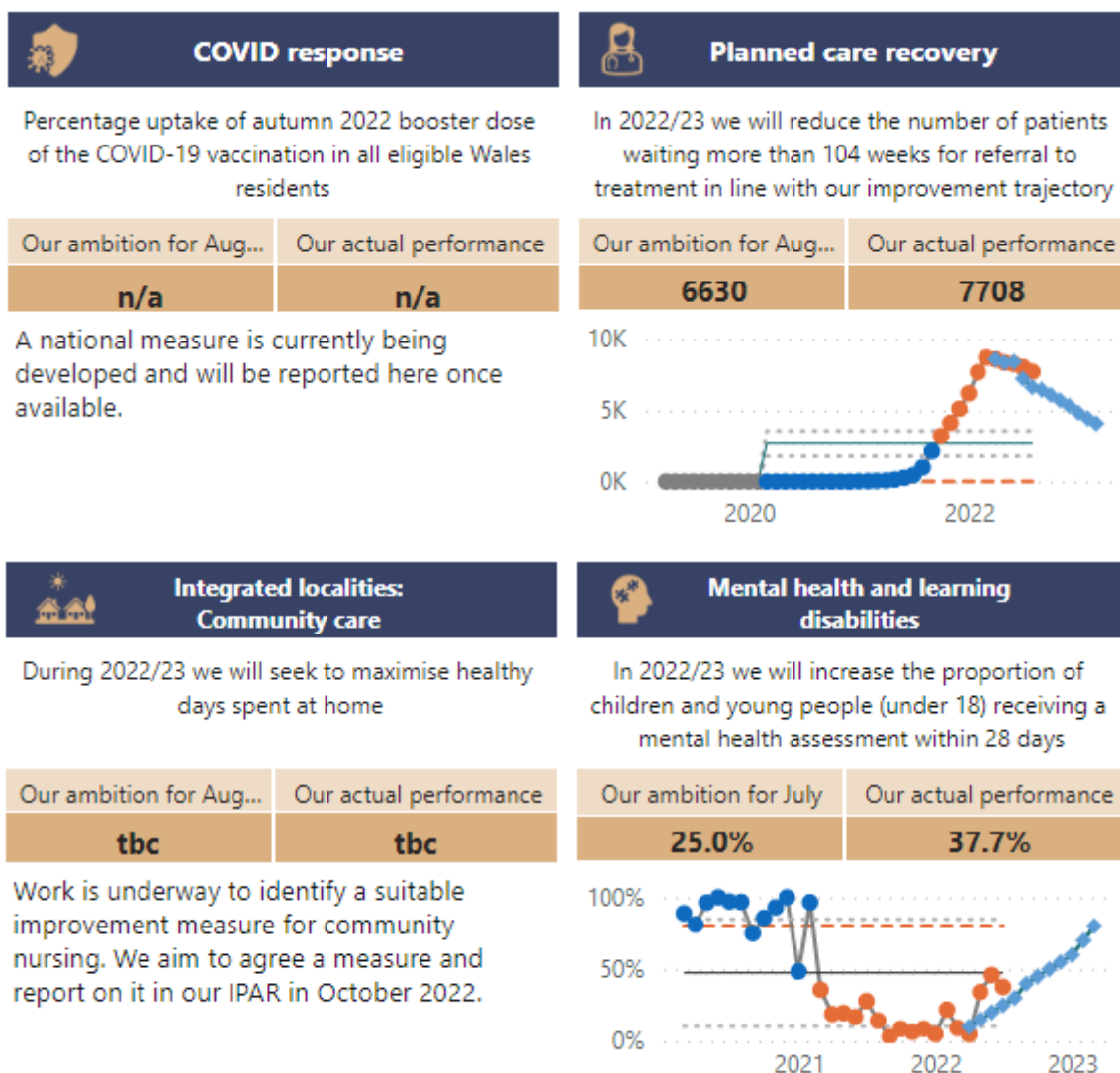
Cefndir / Background

The 2022/2023 NHS Performance Framework has recently been published. The Performance Team have reviewed the list of measures included in the IPAR against the new framework and have documented the changes in a document entitled 'Integrated Performance Assurance Report: Measure review August 2022'. Both the new performance framework and the measure review document can be accessed via the supporting documents section of the [Monitoring our performance](#) internet page.

Asesiad / Assessment

A summary of our key improvement measures for 2022/23

The Executive Team have identified 8 key improvement measures to prioritise in 2022/2023, which align to our 3-year plan. Measure definitions and our in-month ambitions to help us meet our March 2023 targets can be found in the IPAR dashboard (see link above).





Urgent and emergency care

In 2022/23 we will reduce the number of people admitted as an emergency who remain in an acute or community hospital more than 21 days

Our ambition for Aug...

Our actual performance

tbc

tbc

A national measure is currently being developed and will be reported here once available.



Staff vacancies

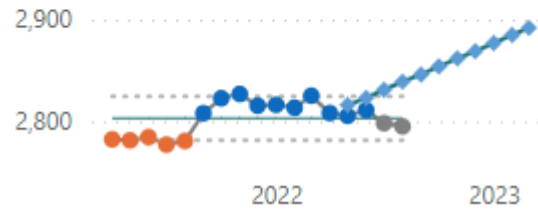
We will increase the number of nurses and midwives we have in post by 3%

Our ambition for Aug...

Our actual performance

2839

2795



Staff engagement

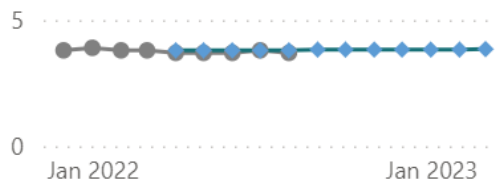
Throughout 2022/23 we aim to increase the number of staff reporting through our surveys that they feel engaged and satisfied in their role

Our ambition for Aug...

Our actual performance

3.8

3.7



Finance

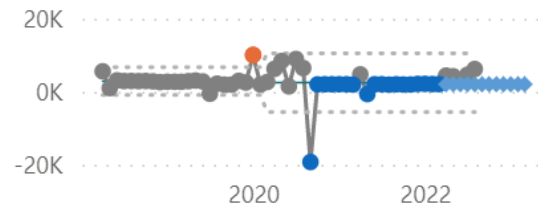
We will reduce our in-year and underlying financial deficit from our plan resubmission

Our ambition for Aug...

Our actual performance

£2,083k

£6,256k



Key initiatives and improvements impacting our performance include:

Virtual appointments



During the pandemic, virtual appointments have been offered as an alternative to face to face. This has mitigated the reduction in face-to-face capacity. In August 2022, 21.5% of all new and 25.4% of all follow up appointments undertaken were virtually. Without this activity, new and follow up lists would be much larger.

A key focus of the current delivery plan for Planned Care includes returning outpatient services to their pre-COVID-19 levels of activity as soon as possible, which will positively impact on available capacity for both referral to treatment and follow up patients. Some specialties have achieved this, however, the vacancy position within Health Records has delayed this for some specialties. Recruitment levels within Health Records are improving and will support additional activity volumes during the Autumn period.

Increasing our capacity



For Mental Health Assessments within 28 days for under 18s, a revised approach to managing our waiting lists means we are now assessing an increasing proportion within 28 days in line with the recovery trajectory.

We have an additional 13 physiotherapy staff coming into the service through September and October, as their professional registration processes allows.

A new insourcing team is being established within our Endoscopy department. The team will work outside of usual working hours (weekends) to see additional patients to help reduce waiting lists and breaches.

Quicker diagnosis



Work is underway to introduce Faecal Immunochemical Testing (FIT) in primary care. This will help to get a quicker diagnosis for patients and reduce the number of endoscopy referrals.

We have introduced a rapid diagnosis clinic (RDC) for suspected cancer patients with vague symptoms, who do not meet the criteria for the site-specific tumour pathways. This helps get confirmed cancer patients in this group on the right pathway as quickly as possible to get the required treatment.

Waiting list validation



Waiting list validation within Health Board services is having a positive effect on reducing the number of breaches. Since April 2022, 2,075 records have been removed through waiting list validation. Services have been targeting follow-up patients waiting beyond 100% of their target date, which has seen a reduction in breaches since April 2022 of 1,032.

These are some of the initiatives underway within urgent and emergency care, however the beneficial performance impact is currently masked due to significant increased patient length of stay.

Same Day Emergency Care



Same Day Emergency Care (SDEC) is being progressed across all sites, along with the Same Day Urgent Care (SDUC) service operating from Cardigan Integrated Care Centre. These services are available Monday to Friday and scoping of potential additional opening is being undertaken. The aim is to minimise admissions, with wrap around care from the community available to support admission avoidance where assessment and diagnostics have determined it is safe and appropriate to do so.

Ambulance Triage



To reduce the impact on our acute hospital front doors during peak hours (10am-2pm), patients waiting for an ambulance are given a GP triage assessment and streamed accordingly, across 5 days a week (not necessarily Monday-Friday) and resources are allocated based on the predicted service demand. This potentially reduces the number of patients conveyed via ambulance to our hospitals.

Ambulance Release



Ambulance crews can request release from waiting outside a hospital to attend life threatening emergency calls.

The key risks impacting our performance are:

Staff shortages



Vacancy gaps, staff retention, staff sickness and carry over of annual leave from the pandemic all continue to impact on our capacity to see and treat patients across the Health Board. This is further compounded by less staff available during the summer months to cover overtime shifts.

In Carmarthenshire, a shortage in critical care consultant posts has led to an adjustment to the pathway for Level 3 admissions with the PPH unit supporting Level 1 & 2 patients at the present time. This is impacting on theatre lists.

Low staffing numbers on our hospital wards mean ward cleaning standards for the environment and equipment cannot be met. The Infection Prevention Team continue to deal with covid cases and outbreaks daily, which limits their ability to engage fully in preventative measures.

There has been a noticeable reduction of agency staff across all therapy services which historically has given significant additional capacity.

April 2018 – August 2022



Staff turnover (12m rolling)



Staff sickness (in-month)

Demand



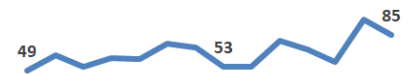
We are experiencing demand challenges across various areas including mental health (MH) services. The high rate of patients that did not attend appointments also continues to impact MH services, with August 2022 showing 15.1% of MH patients that did not attend, compared to a Health Board position of 7.3%. We are working on a 'text reminder service' to try and improve the position. We will provide a timeline for when the text reminder service will be up and running in the next IPAR.

The monthly referral rate is still exceeding the Endoscopy capacity and the backlog is increasing each month.

June 2021 – July 2022

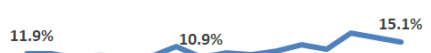


CAMHS ASD* referrals



Integrated Psychological Therapy Services referrals

May 2021 – August 2022



MH DNA rates (reported on WPAS)

April 2019 - August 2022



Endoscopy referrals

April 2019 - June 2022



SCP referrals

Patient flow



High numbers of patients with complex discharge requirements are resulting in discharge delays while arrangements are put in place to meet the patient's needs. Most delays are attributable to timely access to various pathway assessments, domiciliary care provision, availability of reablement packages and care home placements.

Increased stay in hospital can cause patients to decondition and increase exposure to infection. Discharge delays are impacting on our emergency departments and assessment units, with a number of patients waiting overnight on trolleys and chairs for an inpatient bed.

As at 12th September 2022, we had:

- 283 medically optimised patients and
- 134 were ready to leave (RTL).

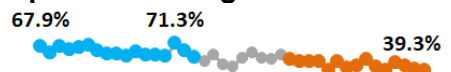
On the afternoon of 16th September, we had 37 unplaced patients in our MIU/A&E departments (patients not in a bay)

Ambulance Response



Risk to patients waiting in the community for an ambulance or access to treatment / transport. Patients potentially at risk whilst they remain on an ambulance outside of hospital.

April 2019 – Aug 2022



Red calls arriving within 8 mins

Patient acuity

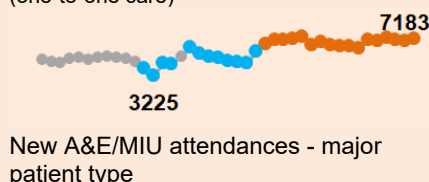
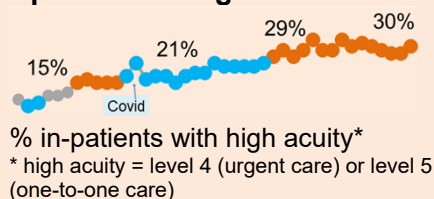


Due to delays in patients coming forward for care during lockdown and increased waiting times, many patients are now of greater acuity and complexity than pre-pandemic.

Acuity is also increasing in patients self-presenting in our emergency departments due to issues with ambulance availability.



April 2019 - August 2022



Capacity



Insufficient accommodation space to treat new patients arriving in our emergency departments due to patient flow issues described above.

As of 31st August 2022, our non-COVID-19 beds have been at 95%+ occupancy on all except 2 days in the previous 8 months.

Measures to highlight which are showing statistical improvements

- **Diagnostics:** Overall diagnostics is showing common cause variation. However, three measures consistently show special cause improvement variation; Imaging, Physiological Measurement and Radiology - although the number of breaches for Radiology is reducing, there were 2,640 patients waiting over 8 weeks in August. Neurophysiology is now showing improving cause variation. In July 2022, capacity for additional Nerve Conduction Studies (NCS), which have the highest waits was redirected from Electroencephalograms (EEGs) due to the EEG Consultant being on leave. NCS take half the time of EEGs so more patients can be seen within a clinic.
- **Therapies:** Overall therapies is showing special cause concerning variation. The latest benchmarking data (June 2022) shows Hywel Dda performing 5th out of 7 Health Boards. Audiology has consistently shown special cause improvement variation. Speech and language therapy has been on target of 0 breaches for the last 4 months.
- **Job Planning:** In August 2022, 53% of Consultants and SAS doctors had an up-to-date job plan (227 are current of the 432 total). The target for this metric is 90%.
- **Patient Experience - I am involved in decisions about my health and care services:** In August 2022 the target was exceeded with 89.2% of patients agreeing to this statement.
- **Follow ups:** Both delayed follow ups measures continue to show special cause improving variation in August 2022:
 - Follow ups delayed by over 100%: There were 18,259 follow-ups delayed over 100% (target 14,066).

- Follow ups delayed past target date: There were 29,381 follow-ups delayed past their target date (target 23,080).

Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in August 2022:**
 - Red call responses within 8 minutes: 39.3% (target 65%). Lowest performance Ceredigion 35.1%.
 - Ambulance handovers: 1,094 over 1 hour and 389 handovers over 4 hours (targets 0). Performance continues above the upper control limit since November 2021.
 - Ambulance handover lost hours is 4,304.5 and showing special cause concerning variation. August 2022 is the highest hours lost since data was recorded from March 2020. Bronglais General Hospital (BGH) and Withybush General Hospital (WGH) are showing a significant spike in hours lost for August 2022.
 - Median time from arrival at an emergency department to triage by a clinician (target 12 month reduction) is showing common cause variation at 27 for August 2022.
 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12 month reduction) is showing 77 for August 2022.
 - A&E 4 hour waits: 69.5% (target 95%). Lowest performance in Glangwili General Hospital (GGH) (57%) and WGH (60.4%).
 - Accident & Emergency 12 hour waits: 1,440 (target 0). All acute sites are showing concerning variation.
- **Finance**
 - In month deficit is £6,256k against a plan of £2,083k. Cumulative position is £22,864k against a plan of £25,000k
 - Agency spend as a percentage of the total pay bill (target 4.79%) is showing common cause variation, with 6.4% in month for August 2022.
 - Variable pay (target £4,800k) is showing special cause concerning variation, with £6,462k in month.
- **Cancer:** In July 2022, 43% of patients started their first definitive cancer treatment within 62 days of the point of suspicion. The decline in performance in July was due to a backlog of Radiology reporting, affecting head and neck, skin, breast and haematology. This was addressed by reporters working over 2 weekends to clear the backlog. Performance in August is expected to improve in line with trajectories (61% predicted for August) with a significant reduction in the backlog of patients noted at the end of August 2022. The latest benchmarking data (June 2022) shows Hywel Dda performing 2nd out of 6 other Welsh Health Boards.

Number of patients who received their 1st treatment within 62 days from the point of suspicion

111

Total number of patients waiting for their first cancer treatment

258

- Planned Care - procedures postponed within 24 hours for non-clinical reasons: 84 in July 2022 and performance has been above the mean since September 2021.
- Referral to treatment (RTT): special cause concerning variation performance continued in August 2022:
 - Patients waiting under 26 weeks: 57.4% (target 95%)
 - Patients waiting over 36 weeks: 33,475 (target 0)
 - Patients waiting over 104 weeks: 7,708 (target 0)
 - Patients waiting over 52 weeks for a new outpatient appointment: 13,822 (target 0)
 - Patients waiting over 104 weeks for a new outpatient appointment: 3,166 (target 0)
 - Residents waiting over 36 weeks for treatment by other providers: In August, the number of patients waiting (3,687) was showing special cause concerning variation.

However, reductions are being achieved in the total cohort of patients waiting for both 52 week waits for outpatients (reduced by 10,010 from April) and 104 weeks for RTT (reduced by 6,117 from April).

- Mental Health: special cause concerning in July 2022 for the following measures:
 - % Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 66.7% (target 80%)
 - Mental Health Assessments within 28 days (under 18): 37.7% (target 80%)
 - Mental Health Assessments within 28 days (18+): 72.3% (target 80%)
 - Mental Health therapeutic interventions within 28 days (under 18): 48.6% (target 80%)
 - % of residents under 18 with a valid care and treatment plan: 76.3% (target 90%)
- Stroke: In August 2022, performance for two of the three stroke measures has declined.
 - % of stroke patients having direct admission to a stroke unit within 4 hours; performance is 28.9% (target 41.8%). This measure has only been above target twice in the last 8 months, and is showing special cause concerning variation.
 - % of stroke patients receiving 45 mins of Speech and Language Therapy; performance is 34.3% (target 50%), although showing common cause variation, performance has declined by 5% since July 2022.
- Therapies as a whole service is showing special cause concern variation, in August 2022 1,450 patients were waiting 14 weeks and over. There has been a reported increase in complexity of referrals, due to delayed access to routine service provision during the COVID-19 pandemic. This has increased the number of urgent appointments and reduced the availability of routine appointments thus increasing waiting times. Therapy services within Mental Health & Eating Disorder services has been specifically affected. A therapies deep dive has been added to the Quality, Safety and Experience Committee forward work programme for 2022.
 - Occupational Therapy: In August 2022 breaches continued to increase with 526 patients waiting over 14 weeks. Staff sickness and vacancies has led to reduced capacity within the service.
 - Physiotherapy: As identified in previous reports, patients waiting over 14 weeks further increased with 601 breaches in August 2022. Physiotherapy services continue to be challenged by capacity challenges, however, it is anticipated that we will start to see a recovery trajectory from September.

- Dietetics: In August 2022, there was continued improvement in performance with 65 patients waiting over 14 weeks, this is the lowest number breaches since August 2021.
- Diagnostics as a whole service is showing common cause variation, however there were 6,261 patients waiting 8 weeks and over in August 2022. The latest benchmarking data (June 2022) shows Hywel Dda performing 5th out of 7 other Welsh Health Boards.
 - Cardiology: In August 2022 there were 1,506 patients waiting over 8 weeks, the number of breaches has been steadily rising since February 2022.
 - Endoscopy: In August 1,768 patients waiting over 8 weeks for endoscopy services, the number of breaches continues to rise each month. Trajectories submitted in the Integrated Medium-Term Plan were based on securing additional Endoscopy lists in-house, which the team continue to explore. The latest benchmarking data (June 2022) shows Hywel Dda performing 2nd out of 7 Health Boards.
- HCAI: In August 2022, performance for two of the measures has declined.
 - Number of confirmed C.difficile cases: performance is 20 (target 8), this is the first month since May 2018 that this measure is showing special cause concerning variation. The YTD cumulative position is also higher compared to the same time last year.
 - Number of cases of Klebsiella bacteraemia: performance is 13 (target 6), although showing common cause variation, this has increased by 7 cases from July 2022. The YTD cumulative position is higher compared to the same time last year.
- Patient Experience Patients reporting a positive experience in Emergency Departments continues to show concerning variation. In August, performance showed 82% against a target of 85%.
- Sickness absence: In August 2022, 5.94% of staff were absent. Performance has been showing special cause concerning variation since September 2021.
- PADR (Performance Appraisal Development Review): In August 2022, 65.3% of staff had completed their annual appraisal with their line manager in the previous 12 months. This has been showing special cause concerning variation since September 2021.
- Core skills: In August 2022, 83% of staff had completed all level 1 competencies of the Core Skills and Training Framework. This has been showing special cause concerning variation since February 2022.
- % of Health and Care Research Wales non-commercial portfolio studies recruiting to target: (target 100%). shows special cause concerning variation at 0% at August 2022

Other important areas/changes to highlight

Unfortunately, due to the national ongoing long-term outage of our Adastra patient contact management system, we are unable to provide August data for percentage of OOH/111 priority 1 patients starting their clinical assessment within 1 hour.

Data has been included for the metrics below, trend charts will be developed further once there are 15 data points for a SPC chart.

- % of adults (aged 16+) reporting that they currently smoke either daily or occasionally (target = an annual reduction towards a 5% prevalence rate by 2030)
- % of total conveyances taken to a service other than a Type One Emergency Department (target = 4 quarter improvement trend)
- % of eligible people will have participated in the bowel screening programme within the last 2.5 years (annual target 60%).
- % of women resident and eligible for breast screening at a particular point in time will have been screened in the previous three years (annual target 70%).
- % of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years (annual target 80%).
- Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust (4 quarter improvement trend).
- Number of wards using the Welsh Nursing Clinical Record by Health by Board/Trust (4 quarter improvement trend).
- Number of reported patient safety incidents causing moderate, severe or catastrophic harm
- Number of closed patient safety incidents causing moderate, severe or catastrophic harm.

Following the inclusion of the two new patient safety incidents measures, the previous measure for % patient safety incidents causing moderate, severe or catastrophic harm has been retired.

Data has been included for the metrics below and SPC charts are available:

- Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate keeping assessment by the Crisis Resolution and Home Treatment (CRHT) service prior to admission
- Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission.
- Mental Health Psychological Therapy waits less than 26 weeks for service areas;
- Adult Psychology
- Learning Disability Psychology
- Integrated Psychological Therapies Service.
- Mental Health Child Neurodevelopment Assessment waits less than 26 weeks for service areas;
- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Total number of Hywel Dda resident deaths
- Two new patient safety incidents measures;

Following the release of the new NHS Wales Performance Framework 2022/23, the following targets have been revised:

- New follow ups targets. Revised to a 30% reduction from a March 2021 baseline. The previous calculation was based on a 55% reduction to the March 2019 baseline. The new targets from April 2022 are:
 - Delayed follow ups: 23,080 (previous target 15,446)
 - Follow ups delayed over 100%: 14,066 (previous target 10,078)
 - Total follow ups: 43,297 (previous target 37,973).

- Revision to data for Mental Health Psychological Therapy waits under 26 weeks. Due to an error in reporting, previously data for some smaller areas of the service was excluded. This measure now includes data for the following services:
 - Adult Psychology
 - Older Adult Psychology
 - Learning Disability Psychology
 - Integrated Psychological Therapies Service.
- % adult smokers making a quit attempt via smoking cessation services: (in month target 1.25%) shows common cause variation at 1.35% at quarter 4, 2021/2022. Year to date position of 5.23% against cumulative target 5%. Revised Welsh Government data has been published and performance has improved compared to previously reported data for the same period.
- Mental Health: Common cause variation is showing; however, performance continued to be considerably far from the 80% target in July 2022 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 40.9%. The overall position is driven by IPTS (43.5%), Adult Psychology (46.9%) and LD Psychology (19.5%)
 - Child Neurodevelopment Assessments waits under 26 weeks: 21.5%. The overall position is driven by ASD (21.9%) and ADHD (19.1%)
- Planned Care:
 - Ophthalmology: Performance in July 2022 was 64.7% against a target of 95%. Common cause variation is showing, and performance is within expected limits, however, the target has never been achieved.
 - Follow ups: In August 2022, 65,095 patients were waiting for a follow-up appointment against a target of 43,297. Common cause variation is showing for this measure and performance is within expected limits.

Argymhelliad / Recommendation

The Board is asked to consider and advise of any issues arising from the IPAR – Month 5 2022/2023.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

Not applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termiau: Glossary of Terms:	PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development & Operational Delivery Committee People, Organisational Development & Culture Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology

Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable