

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 October 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 6 2021/2022
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 6 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 30th September 2022](#). Ahead of the Committee 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
- Dementia learning and development framework update
- NHS Wales' contribution to de-carbonisation update
- Help Me Quit and smoking during pregnancy update

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

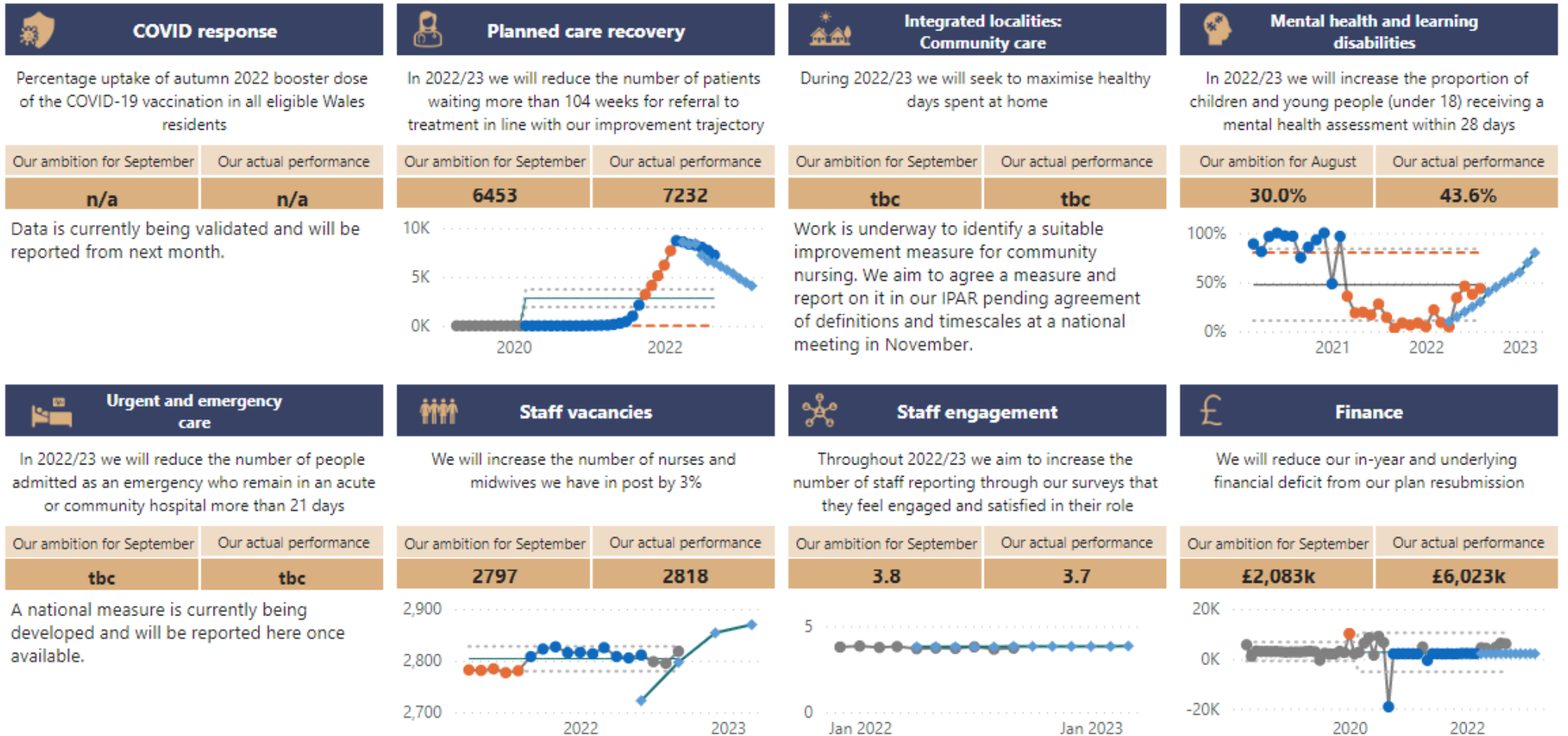
Cefndir / Background

The 2022/2023 NHS Performance Framework has been published. Changes are documented 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).



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 September 2022, 21.2% of all new and 25.6% of all follow up appointments undertaken were virtual. Without this activity, new and follow up lists would be much larger.

Increasing our capacity



- Planned Care are focussed on returning outpatient services to their pre-COVID levels of activity as soon as possible, which will positively impact on available capacity for both referral to treatment and follow up patients. As Health Records staffing has now improved to 80% on 3 sites and over 70% in GGH, additional activity volumes will be delivered during the Autumn period.
- A dedicated cataract theatre is now running at Amman Valley Hospital Day Surgery Unit as of the end of September, with Age-Related Macular Degeneration (AMD) relocated to the outpatients area. This will increase Day Case activity.
- 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 on-boarding in the service with the final 3 expected to start in October.
- A new out-patient facility for physiotherapy is planned for Aberystwyth to increase clinical capacity for new patients.
- In August, the introduction of the insourced ultrasound service at Glangwili and Withybush has contributed to the overall reduction of patients waiting for an ultrasound examination across the Health Board in September.
- A 'CT in a box' has been installed at Withybush, this Computed Tomography scanner will continue to increase capacity whilst the service ascertains the best permanent solution for utilisation of this scanner

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, 2,342 records have been removed through a combination of external and internal waiting list validation. Targeted validation is in place against the Ministerial Measure targets for new outpatient waits over 52 weeks and RTT waits over 104 weeks, with 958 removals in this bracket in September. Services have also been targeting follow-up patients waiting beyond 100% of their target date, which has seen a reduction in breaches since April 2022 of 1,458.

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 and release



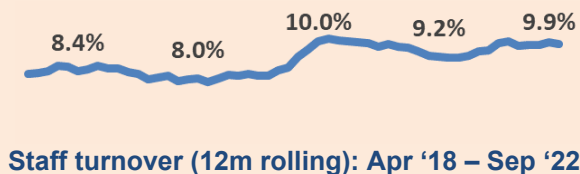
- To reduce the impact on our acute hospital front doors during peak hours (10am-2pm), patients waiting for an ambulance are given a GP triage assessment and streamed accordingly, across 5 days a week (not necessarily Monday-Friday) and resources are allocated based on the predicted service demand. This potentially reduces the number of patients conveyed via ambulance.
- Ambulance crews can request release from waiting outside a hospital to attend life threatening emergency calls and at GGH, released for more serious calls (amber 1).

The key risks impacting our performance are:



Staff shortages

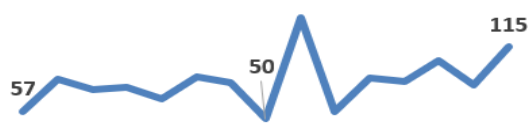
- Vacancy gaps, staff retention, staff sickness and carry over of annual leave from the pandemic all continue to impact on our capacity to see and treat patients across the Health Board.
- A noticeable reduction of agency staff across all therapy services which has previously given significant additional capacity.



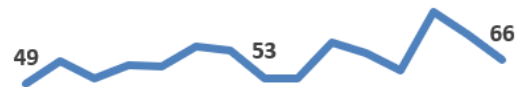


Demand

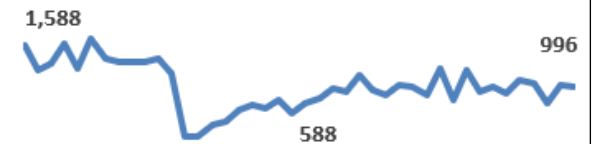
- We are experiencing demand challenges across various areas including mental health (MH) services. The high rate of patients that did not attend (DNA) appointments continues to impact MH services, with September 2022 showing 15.8% of MH patients that DNA, compared to a Health Board position of 7.2%. We hope that a 'text reminder service' will be introduced before the New Year to try and improve the position.
- Single Cancer Pathway (SCP) and paediatric referrals in Dietetics remain higher than pre-pandemic rates which impacts the backlog of waits and breach positions.
- The monthly referral rate is still exceeding the Endoscopy capacity and the backlog is increasing each month, trajectories to reduce waiting lists were based on additional funding for insourcing which will not be allocated this year. In Cardiology, the highest breaches are within Echocardiography. It is anticipated that without the additional funding for in-sourcing, the number of patients waiting over 8 weeks will continue to rise. Discussions are continuing at a regional level to explore opportunities for increased capacity to reduce waiting times.



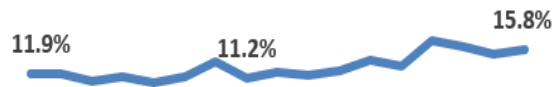
CAMHS ASD* referrals: Jun '21 – Aug '22



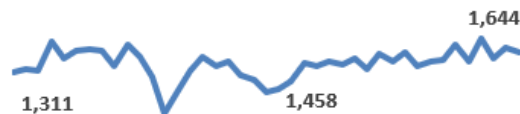
IPTS referrals: Jun '21 – Aug '22



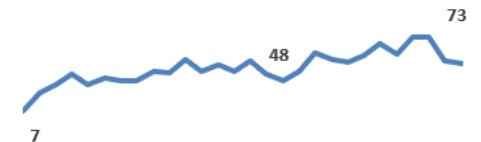
Endoscopy referrals: Apr '19 – Sept '22



MH DNA rates (reported on WPAS): May '21 – Sep '22



SCP referrals: Apr '19 – Aug '22



Dietetics (Paeds) referrals: May '20 – Sept '22



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 trollies and chairs for an inpatient bed.

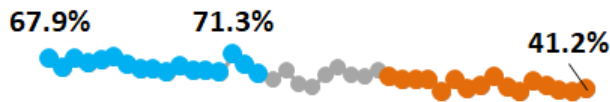
As at 11th October 2022, we had:

- 314 medically optimised (MO) patients and
- 150 were ready to leave (RTL).
- On the afternoon of 11th October, we had 53 unplaced patients in our MIU/A&E departments (patients not in a bay)

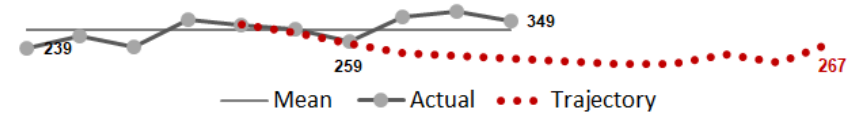


Ambulance Response

- 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. The longest ambulance handover in September was 22 hours at GGH.



Red calls arriving within 8 mins: Apr '19 – Sep '22

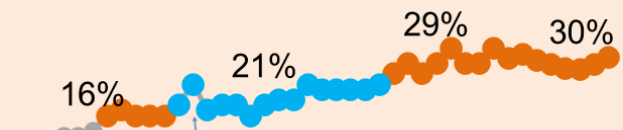


Ambulance handovers >4 hour: Dec '21 – Sep '22



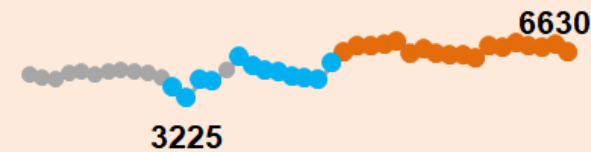
Patient acuity

- 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.



% in-patients with high acuity*: Apr '19 – Sep '22

* high acuity = level 4 (urgent care) or level 5 (one-to-one care)



New A&E/MIU attendances - major patient type: Apr '19 – Sep '22



Capacity

- Insufficient accommodation space to treat new patients arriving in our emergency departments due to patient flow issues described above.
- As of 30th September 2022, our non-COVID-19 beds have been at 95%+ occupancy on all except 2 days in the previous 9 months.

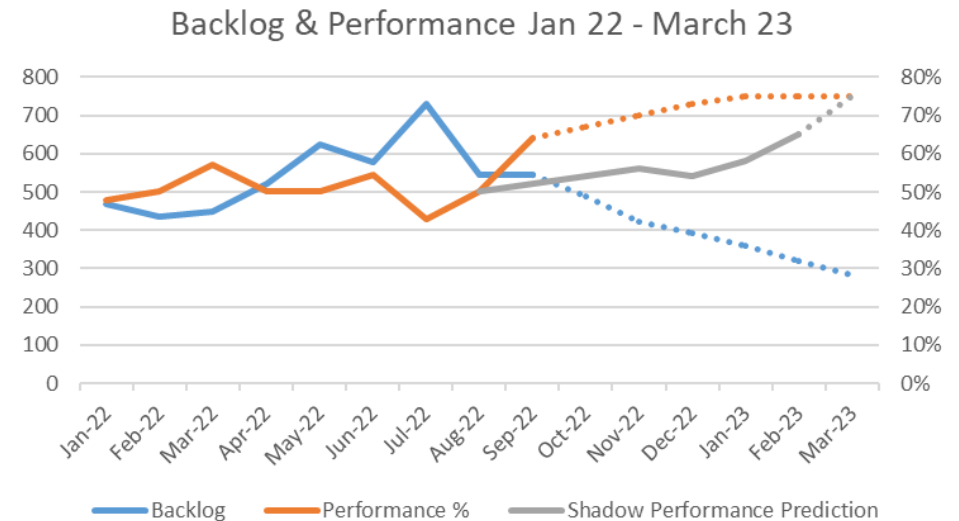
Measures to highlight which are showing statistical improvements

- Referral to treatment (RTT): Special cause improving variation showing from March 2022 for:
 - Patients waiting over 104 weeks: 7,232 (target 0). The total cohort of patients waiting over 104 weeks for RTT has reduced by 8,237 from April.
 - Patients waiting over 104 weeks for a new outpatient appointment: 2,847 (target 0)
- Follow ups: Both delayed follow ups measures continue to show special cause improving variation in September 2022 and the lowest levels recorded since before the pandemic:
 - Follow ups delayed by over 100%: 17,833 (target 14,066).
 - Follow ups delayed past target date: 28,774 (target 23,080).
- Diagnostics: Two measures consistently show special cause improving variation; Imaging and Neurophysiology.
- Therapies: Speech and language therapy has achieved the target of 0 breaches for the last 5 months. Audiology has consistently shown special cause improving variation, however there was a rise in breaches (70) in September due to an unpredictable spike in referral rates at Withybush (38%), Bronglais (57%) and Glangwili (46%). This was further exacerbated by some staffing issues in the service. There is an expectation that October will see some breaches but not at the level recorded in September.
- Job Planning: In September 2022, 56% of Consultants and SAS doctors had an up-to-date job plan (242 are current of the 432 total). The target for this metric is 90%.

Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in September 2022:**
 - Red call responses within 8 minutes: 41.2% (target 65%). Lowest performance Carmarthenshire 34.2%.
 - Ambulance handovers: 1,028 over 1 hour and 349 handovers over 4 hours (targets 0). Performance continues above the upper control limit since November 2021.
 - Ambulance handover lost hours is 3,754.9 and showing special cause concerning variation.
 - Median time from arrival at an emergency department to triage by a clinician (target 12 month reduction) is showing common cause variation at 26 for July 2022.
 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12 month reduction) is showing 69 for July 2022.
 - A&E 4 hour waits: 69.5% (target 95%). Lowest performance in Withybush General Hospital (WGH) (56.8%)
 - Accident & Emergency 12 hour waits: 1,331 (target 0). All acute sites are showing concerning variation. The longest wait in September was 148 hours at PPH.

- **Cancer:** In August 2022, 50% of patients started their first definitive cancer treatment within 62 days of the point of suspicion. There has been significant improvement in the backlog since July (25% reduction) and 7% improvement in performance. However, performance was below the trajectory of 61% and has been showing a pattern of concerning variation since November 2021. The trajectories submitted to Welsh Government have now been reviewed with a shadow performance prediction generated to take in to account the significant backlog that was created as a result of the pandemic. The shadow performance prediction for September is 52%. The latest benchmarking data (July 2022) shows Hywel Dda performing 6th out of 6 other Welsh Health Boards.



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

132

Total number of patients waiting for their first cancer treatment

264

- Planned Care: Procedures postponed within 24 hours for non-clinical reasons: 129 in August 2022. Performance has been above the mean since September 2021 and now shows the highest level recorded since the beginning of the pandemic.
- Referral to treatment (RTT): Special cause concerning variation performance continued in September 2022:
 - Patients waiting under 26 weeks: 57.6% (target 95%)
 - Patients waiting over 36 weeks: 32,265 (target 0)
 - Patients waiting over 52 weeks for a new outpatient appointment: 12,981 (target 0). However, the total cohort of patients waiting over 52 weeks for outpatients has reduced by 12,878 from April and the number of in-month breaches has reduced for the second consecutive month.
 - Residents waiting over 36 weeks for treatment by other providers: In August, the number of patients waiting (3,710) was showing special cause concerning variation.

Due to the unplanned additional Bank Holiday in September for the Queen's funeral, 785 outpatient appointments and 43 operations were cancelled. Teams prioritised rebooking all the cancelled patients at the next available appointments.

- Mental Health: In August 2022, performance is showing special cause concerning variation for the following measures:
 - Percentage of Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 81% (target 80%), below mean (82%) since December 2021.
 - Mental Health assessments within 28 days (under 18): 43.6% (target 80%)
 - Mental Health therapeutic interventions within 28 days (under 18): 53% (target 80%)
- Ophthalmology: Performance in August 2022 was 68.5% against a target of 95%. Special cause concerning variation is now showing and the target has never been achieved.
- Therapies as a whole service is showing special cause concern variation, in September 2022 1,741 patients were waiting 14 weeks and over. The latest benchmarking data (July 2022) shows Hywel Dda performing 4th out of 7 Health Boards. 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 have been specifically affected. The unexpected bank holiday for the Queen's funeral has also impacted breaches as appointments were cancelled and needed to be rearranged. A therapies deep dive has been added to the Quality, Safety and Experience Committee forward work programme for 2022.
 - Occupational Therapy: In September 2022, there were 589 patients waiting over 14 weeks, this is the highest number of breaches the service has seen, with an almost continuous monthly rise since January 2021. Staff sickness and vacancies continue to impact the service.

- Physiotherapy: As identified in previous reports, patients waiting over 14 weeks further increased with 755 breaches in September 2022. Physiotherapy services continue to be challenged by staffing and capacity issues.
- Diagnostics as a whole service is showing common cause variation, however there were 6,255 patients waiting 8 weeks and over in September 2022. The latest benchmarking data (July 2022) shows Hywel Dda performing 5th out of 7 other Welsh Health Boards.
 - Cardiology: In September 2022 breaches continued to rise with 1,657 patients waiting over 8 weeks. Echocardiography is the main diagnostic driving the overall increasing breach position this is due to on-going capacity constraints.
 - Endoscopy: In September 1,885 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 funding for additional Endoscopy lists through in-sourcing. It is anticipated that without the additional funding for in-sourcing, the number of patients waiting over 8 weeks will continue to rise. Discussions are continuing at a regional level to explore opportunities for increased capacity to reduce waiting times. The latest benchmarking data (July 2022) shows Hywel Dda performing 3rd out of 7 Health Boards.
- Stroke: In September 2022, performance is showing special cause concerning variation for the following measures:
 - Percentage of stroke patients having direct admission to a stroke unit within 4 hours; performance is 25.6% (target 38.3%)
 - Percentage of stroke patients who receive mechanical thrombectomy; 0% (target 10%)
- HCAI: Number of confirmed C.difficile cases: 21 (target 8) for September 2022. This is the first month since May 2018 that the in-month number of cases is showing special cause concerning variation and is now above the upper control limit. The year-to-date cumulative rate is also higher compared to the same time last year.
- Incidents: Number of closed patient safety incidents causing moderate, severe, or catastrophic harm; 87 in September 2022. This measure is showing special cause concerning variation and is above the upper control limit.
- Patient Experience:
 - Patients reporting a positive experience in Emergency Departments continues to show concerning variation. In September, performance showed 82% against a target of 85%.
 - Overall patient experience shows concerning variation for the 3rd consecutive month with 87.7% against a target of 90%. A change to the system causing a delay in patient surveys being sent out and functionality issues have been identified as the cause. Improvement is expected as the issues are being resolved.
- Sickness absence: In September 2022, 6.5% of staff were absent. Performance has been showing special cause concerning variation since September 2021.

- PADR (Performance Appraisal Development Review): In September 2022, 65.9% 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. The latest benchmarking data (March 2022) shows Hywel Dda performing 4th out of 10 Health Boards.

Other important areas/changes to highlight

- Planned Care: Follow ups: In September 2022, 64,831 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.
- Data not available: Unfortunately, due to the national ongoing long-term outage of our Aadastra patient contact management system, we are unable to provide September data for percentage of OOH/111 priority 1 patients starting their clinical assessment within 1 hour. We hope this matter will be resolved by next month.
- Mental Health: Common cause variation is showing in August 2022 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 41% (target 80%). The overall position is driven by Integrated Psychological Therapy (IPTTS) (43.9%), Adult Psychology (45.3%) and LD Psychology (17.9%)
 - Child Neurodevelopment Assessments waits under 26 weeks: 20.3% (target 80%). The overall position is driven by Autism Spectrum Disorder (ASD) (20.5%) and Attention Deficit Hyperactivity Disorder (ADHD) (19.6%)
 - Mental Health therapeutic interventions within 28 days (over 18): 84% (target 80%), performance declined by 11.7% from July 2022.
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years: 76.4% (target 90%). A process step has been added to the SPC chart in January 2022 due to a data cleanse exercise meaning data is now reported more accurately.
 - Percentage of mental health assessments undertaken within 28 days (over 18); 93.6% (target 80%), performance has increased by 21.3% from July 2022, and is now above the target and mean.
- Stroke: Percentage of stroke patients receiving 45 mins of Speech and Language Therapy; 34.5% (target 50%) in September 2022, although showing common cause variation, performance has been below target for the past 4 months.
- HCAI: Number of cases of Klebsiella bacteraemia: 16 (target 6) in September 2022, although showing common cause variation, the number of cases continue to rise. The year-to-date cumulative rate is higher compared to the same time last year.
- Ambitions for the number of nursing and midwifery staff in-post have now been amended in accordance with the 10-year workforce plan. In September we had 2,818 staff in-post, above the ambition of 2,797.

- Data has been included for the metrics below, trend charts will be developed further once there are 15 data points for an SPC chart.
 - Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19.
 - Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19.
- Data has been included for the metrics below and SPC charts are available:
 - Percentage of investigated incidents causing moderate, severe, or catastrophic harm per 100,000 population. This is a local measure that will allow us to benchmark against other areas.
- Data currently being validated and will be included in the next IPAR iteration:
 - Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccinations in all eligible Wales residents by health board
- Dietetics: In September 2022, there was continued improvement in performance with 39 patients waiting over 14 weeks, this is the lowest number breaches since July 2021.
- Podiatry: Sustained improving variation was interrupted in August and rose to 281 breaches in September 2022, this is the highest number of patients waiting in 2 years. The cause of this rise is due to staffing issues in Pembrokeshire which should be resolved shortly, with improvement expected within the next 2 months.
- Core skills: In September 2022, 83.2% of staff had completed all level 1 competencies of the Core Skills and Training Framework. This measure is now showing common cause variation. The latest benchmarking data (March 2022) shows Hywel Dda performing 5th out of 10 Health Boards.
- Art Therapy: In September there was a rise in the number of breaches, this has been attributed to the recent promotion of the service within multi-disciplinary team (MDT) meetings. Increasing referrals may cause further breaches as the service currently includes only one therapist.

Argymhelliad / Recommendation

The Committee is asked to consider and advise of any issues arising from the IPAR – Month 6 2022/2023.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A).</p> <p>3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development and Operational Delivery Committee People, Organisational Development and 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