



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 8 2022/2023
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 8 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 November 2022](#). Ahead of the Committee meeting, the dashboard will also be made available via our [internet site](#).

The Health Board's Executive Team receive weekly updates on the performance targets as outlined within our accountability conditions from Welsh Government. A summary of our position as of 31st October 2022 is included in the 'Accountability conditions and key improvement measures overview' section below.

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](#) and [How to interpret SPC charts](#).

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 can be accessed via the supporting documents section of the [Monitoring our performance](#) internet page.

Asesiad / Assessment

Report key

AC = Accountability Conditions

EM = Enhanced Monitoring

Both = AC & EM

Current status key

Orange = concerning variation, decline in performance or considerably off trajectory

Grey = usual variation, starting to improve or near trajectory

Blue = improving variation, improvement in performance or meeting trajectory



Key areas for improvement

In October 2022, Welsh Government placed the Health Board in targeted intervention for planning and finance, as well as enhanced monitoring (EM) for performance. In addition, Welsh Government also gave the Health Board a series of accountability conditions (AC) for areas where improvements are needed. A summary of the key improvement areas for these accountability conditions and enhanced monitoring areas is given below, along with an additional key improvement measure identified by our Executive Team to increase the number of nurses and midwives we have in post. For further details see the 'System measures' section of the [IPAR dashboard](#).

Report	Area for Improvement	Current status	Performance			Notes
			Overtime	National target	Local trajectory	
Both	Planned care recovery: Ensure actual activity realised is back to 19/20 levels especially in surgical specialties	Grey	n/a	n/a	n/a	For surgical specialties, in November 2022 when compared to our average monthly activity for 2019/20 (pre-pandemic) we achieved: <ul style="list-style-type: none"> • 116% new outpatient activity • 71% follow up outpatient activity • 64% inpatient activity • 75% day case activity
Both	Planned care recovery: Deliver zero 104 weeks waits for treatment by Spring 2023	Blue	Improving	Consistently missing	Not achieved	We did not meet our 3-year plan aim for November 2022 with 6,086 patients waiting over 104 weeks for treatment against our trajectory of 5,703. However, when looking at the total cohort of patients that will be waiting over 104 weeks by March 2023, we are ahead of our improvement trajectory and the total cohort has reduced by 12,424 since April 2022 (from 21,312 in April to 8,888 in November). We are on course to exceed our year end local delivery trajectory for this measure.

Report	Area for Improvement	Current status	Performance			Notes
			Overtime	National target	Local trajectory	
Both	Urgent and emergency care: Eradicate ambulance handovers to emergency departments taking longer than 4 hours by 31 st March 2023	Grey	Usual variation	Consistently missing	Not achieved	Timely ambulance handovers remain a challenge with our emergency departments consistently escalated and overcrowded. All ambulance conveyances are triaged upon arrival. Staffing deficits are challenging and have an impact. There are significant number of patients (100+) who are ready to leave hospital but are unable to be discharged due to a lack of social care and domiciliary support. The SPC chart will be developed further for the next iteration of IPAR.
Both	Cancer: Reduce the backlog of patients waiting over 104 days by end of October, with clear trajectories for sustainable backlog removal by end of December	Grey	n/a	n/a	n/a	The total backlog of patients waiting over 62 days has been reduced by 47% from July to October. The end of November backlog was 420, which was 129 above our prediction of 291, this was due to an unexpected reduction in capacity within Upper Gastrointestinal (UGI), Lower Gastrointestinal (LGI), and urology in the month of November. Although we expect the position to recover back in-line with December's prediction, there remains an underlying risk within the urology pathway.
Both	Cancer: At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion by end of March 2023.	Orange	n/a	n/a	n/a	Single cancer pathway (SCP) performance is expected to be compromised whilst the 62+ days backlog reduces and then significantly improve to meet the 75% national target by March 2023. Issues: Complex patient pathways, radiology, endoscopy, out-patient appointment & tertiary capacity. Actions: Introduction of a rapid diagnosis clinic (RDC). PPH Gastroenterologist post recruited expected start date January 2023. Regional meetings with SBUHB to discuss further capacity solutions. Endoscopy secured 60 additional lists from January to March 2023. GGH have recruited into one of their two radiology vacancies. FIT Testing in Primary Care - pilot in January, full roll out in April 2023 Joint bid to Wales Cancer Network to enable digital pathology imaging for Gynaecology which will improve the turnaround time of digital imaging within a week from 50% to 90% and shorten pathway up to 3 weeks.

Report	Area for Improvement	Current status	Performance			Notes
			Overtime	National target	Local trajectory	
Both	Mental health: Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories	Grey	Usual variation	Hit and miss	n/a	In October 2022, 53 of 68 (77.9%) children and young people were seen within 28 days from referral to appointment. Main Issues: Sickness and annual leave impacted availability of initial assessments slots and increase in DNA's. Actions: recruitment drives and waiting list reviews to maintain compliance above 75% and full compliance by February 2023.
AC	Mental health: Meet the agreed improvement trajectory for psychological therapies by 31 st March 2023	Grey	Usual variation	Consistently Missing	n/a	In October 2022, 462 out of 1067 (43%) adults waited less than 26 weeks to start a psychological therapy. Main issues: sickness, vacancies, increasing referrals which are leading to demand and capacity gaps. Actions: recruitment, regular waiting list and staff job plan reviews and establishing group therapy sessions to help improve the position.
Both	Neurodevelopmental services: Submit an improvement trajectory to demonstrate how we will meet the national target by 31 st March 2023 and have clear plans in place to improve neurodevelopmental services	Orange	Concerning	Consistently missing	n/a	In October 2022, 400 out of 2300 (17%) children and adolescents were waiting for an Autism Spectrum Disorder (ASD) assessment and 105 out of 411 (26%) waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment under 26 weeks. Main issues: sickness, vacancies, estate issues, demand and capacity gaps and backlogs created during the pandemic. Actions: recruitment drives, staff training and regular job plan reviews along with ongoing work to secure additional estates to increase capacity.

Report	Area for Improvement	Current status	Performance			Notes
			Overtime	National target	Local trajectory	
Both	C.Difficile: Reduce the number of cases	Orange	Concerning	Hit and miss	n/a	In November 2022, there were 15 C.difficile cases. Cases have been above target since November 2020. Main Issue: Antimicrobial usage has had an impact on our number of cases, and going into what is expected to be a difficult winter for respiratory illness we may see an increase in antibiotic usage. Actions: Improvement Plan created to focus on both infection prevention & control. Progress against the Improvement Plan will be monitored and reported monthly. The plan has 5 core commitments: changing the culture, leadership, improving quality and safety, measuring success and public health. Each of these 5 core commitments have a series of aligned improvement actions.
AC	E.Coli: Reduce the number of cases	Grey	Usual variation	Hit and miss	n/a	In November 2022, we had 36 cases which is higher compared to the same period in 2021. Cases have been above target since August 2022. Main Issues: Seasonal fluctuation of E.coli bacteraemia can make the monthly target difficult to achieve. 70% of cases are community based. Actions: Improvement Plan created. See C.Difficile above for further details.
n/a	Workforce: Increase the number of nurses and midwives we have in post	Blue	Improving	n/a	Achieved	We are above our improvement trajectory to achieve 2,854 nursing and midwifery staff in post by the end of Q3 2022. This is attributable to streamlining of newly qualified registered nurses and other actions within our Nursing Workforce Plan, including the active workplan of the Nursing Retention Task & Finish Group, the International Registered Nursing Recruitment Project and a targeted campaign for return to practice nurses.



Key initiatives and improvements impacting our performance

Increasing our capacity

- Activity has been returned to pre-COVID levels for new outpatient appointments.
- Virtual appointments are being used, alongside face-to-face to maximise capacity.
- A dedicated cataract theatre is running at Amman Valley Hospital Day Surgery Unit to increase day case activity.
- A dual theatre modular day surgical unit at Prince Philip Hospital is opening 5th December 2022.
- A new out-patient facility for physiotherapy is planned for Aberystwyth to increase clinical capacity for new patients.
- A 'CT in a box' has been installed at Withybush. This is a mobile unit used to increase capacity.
- Did not attend text reminder being introduced for mental health appointments

Quicker diagnosis

- Faecal Immunochemical Testing (FIT) being introduced in primary care. This will also reduce the number of endoscopy referrals.
- Introduced a rapid diagnosis clinic for suspected cancer patients who do not meet the criteria for the site-specific tumour pathways.

Waiting list validation

- Having a positive effect on reducing the number of breaches by removing those patients who no longer need care. Validation has accounted for 3,165 waiting list removals since April 2022 (497 in November).

Same Day Emergency Care

- Being progressed across all acute sites, along with the Same Day Urgent Care service operating from Cardigan Integrated Care Centre. 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.
- Ambulance crews can request release from waiting outside a hospital to attend life threatening emergency calls and at Glangwili, released for more serious calls (amber 1).



Key risks impacting our performance

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 in availability of agency staff across all therapy services which has previously given significant additional capacity.

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.

Patient flow

- The 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. As at 5th December 2022, 122 of our inpatients were ready to leave. The vast majority of these patients are in our acute hospitals.
- 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.
- Discharge delays are impacting on our emergency departments and assessment units, with a number of patients waiting for an inpatient bed. On the morning of 30th November, we had 59 unplaced patients (awaiting admission) in our emergency departments.

Demand and capacity

- High demand across various areas including referrals for mental health services, single cancer pathway, endoscopy and echocardiography.
- Endoscopy, Cardiology and Radiology have identified that without increased capacity to enable additional activity, breaches will rise in the coming months. Current breaches against the target of 0 patients waiting over 8 weeks for a diagnostic are: Endoscopy - 2,172, Cardiology – 1,747.
- High rate of patients that did not attend appointments continues to impact mental health service capacity
- Insufficient accommodation space to treat new patients arriving in our emergency departments due to patient flow issues described above. Glangwili Hospital considered the introduction of a pod to create additional space, however due to staffing concerns this will no longer progress. The plan now is to redirect some of the medical patients from the emergency department and into the Same Day Emergency Care (SDEC) or Medical Admissions Unit (MAU).
- As of 30th November 2022, our acute hospitals have been at 95%+ occupancy on all except 2 days in the previous 11 months.

Spotlight on our planned care recovery

- Referral to treatment (RTT):
 - Percentage of patients waiting under 26 weeks: 59.4% (target 95%). This measure is now showing common cause variation.
 - A new measure for the number of patients waiting 26 weeks and over is being reported from October 2022. In November 2022 there were 40,808 breaches.
 - Patients waiting 36 weeks and over: 30,122 (target 0). The number of in-month breaches has reduced for the third consecutive month and reduced by 1,436 from October's position.
 - Patients waiting over 52 weeks for a new outpatient appointment: 9,028 (target 0). The number of in-month breaches has reduced for the fourth consecutive month and reduced by 2,386 from October's position. This measure is now showing common cause variation.
 - Patients waiting over 104 weeks: 6,086 (target 0). Special cause improving variation showing since March 2022.
 - Patients waiting over 104 weeks for a new outpatient appointment: 1,787 (target 0). Special cause improving variation showing since March 22:
 - Residents waiting over 36 weeks for treatment by other providers: In October, the number of patients waiting (3,603) was showing special cause concerning variation.
- Outpatient follow ups: All measures showing special cause improving variation in November 2022, with delayed follow ups recording lower levels than before the pandemic:
 - Follow ups delayed by over 100%: 16,976 (target 14,066).
 - Follow ups delayed past target date: 27,144 (target 23,080).
 - Total number of patients waiting for a follow up appointment: 65,415 (target 43,297)
- Procedures postponed within 24 hours for non-clinical reasons: 82 in October 2022. Because of the sustained position above the mean, we have recalculated the process limits. Expected performance was between 0 and 81, it is now between 20 and 141. As we reinstate more theatre sessions when compared to the early stages of the pandemic, we will naturally see more cancellations. This is reflected in our performance now becoming closer to pre-pandemic levels.
- Ophthalmology: In October 2022, 65.3% of R1 appointments attended were within their clinical target date or within 25% delay to their target. The target (95%) has never been achieved. Following an improvement in performance seen during the early stages of the pandemic, we are now closer to pre-pandemic levels of performance as we re-establish capacity for seeing other patients (such as R2 and R3) in order to achieve ministerial measures targets for reducing all outpatient waits over 52 weeks to 0 by December 2022.

Measures to highlight which are showing statistical improvements

- Diagnostics: The following diagnostic measures are showing special cause improving variation for the number of patients waiting 8 weeks or over against a target of 0:
 - Imaging: 2
 - Physiological Measurement: 9
 - Neurophysiology: 291
 - Radiology: 1,533 (reduced breaches for 6 consecutive months)
- Therapies: Speech and language therapy has achieved the target of 0 breaches for the last 6 months.
- Stroke: Percentage of stroke patients who receive a mechanical thrombectomy: 3.8% (target 10%). Performance is showing improving cause variation for second consecutive month.
- Smoking: Adults who make a quit attempt via smoking cessation services is continuing to show improvement with 1.2% achieved in quarter 2 against the 1.25% target.
- Workforce:
 - Staff receiving a PADR within the previous 12 months: This is now showing improving variation with 68.9% compliance against a target of 85% in November, the increase in performance is attributed to the new Pay Progression Policy.
 - Job Planning: In November 2022, 58% of Consultants and SAS doctors had an up-to-date job plan (245 are current of the 420 total).
 - Nursing and midwifery staff: This is showing improving variation with 2,889 nursing and midwifery staff in-post in November against a Q3 ambition of 2,854

Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in November 2022:**
 - Red call responses within 8 minutes: 45.4% (target 65%). Lowest performance Pembrokeshire 42.5%.
 - Ambulance handovers: 1,022 over 1 hour and 322 handovers over 4 hours (targets 0). Performance continues above the upper control limit since November 2021. The longest handover was 24.45 hours at GGH.
 - Ambulance handover lost hours is 3978.5 and showing special cause concerning variation.
 - A&E 4 hour waits: 69.4% (target 95%). Lowest performance in Withybush General Hospital (WGH) (58.7%)
 - Accident & Emergency 12 hour waits: 1,267 (target 0). All acute sites are showing concerning variation. The longest wait in November was 130.5 hours at PPH.
- **Mental Health: In October 2022, performance is showing special cause concerning variation for the following measure:**
 - Child Neurodevelopment Assessments waits under 26 weeks: 18.6% (target 80%). The overall position is driven by:
 - Autism Spectrum Disorder (ASD) – 17.4%, showing special cause concerning variation
 - Attention Deficit Hyperactivity Disorder (ADHD) – 25.6%, showing improving cause variation
- **Cancer: In October 2022, 40.6% of patients started their first definitive cancer treatment within 62 days of the point of suspicion. The decrease in performance in October is directly related to actions taken to significantly reduce the backlog of patients waiting greater than 62 days at the end of October 2022. Sustained improvements in the backlog will support headline single cancer pathway (SCP) performance improvements in the months ahead. 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 latest benchmarking data (September 2022) shows Hywel Dda performing 4th out of 6 other Welsh Health Boards.**

October 2022	
No. of patients who received their 1 st treatment within 62 days from the point of suspicion	Total number of patients waiting for their first cancer treatment
87	214

- **Stroke: In November 2022, performance is showing special cause concerning variation for the following measure:**
 - Percentage of stroke patients having direct admission to a stroke unit within 4 hours; performance is 38% (target 40.2%)
 - Percentage of stroke patients receiving 45 mins of Speech and Language Therapy; 27.5% (target 50%). Performance continues to decline month on month, and is now below the lower control limit, first time since July 2020.

- Diagnostics as a whole the service is now showing common cause variation, with 5,754 patients waiting 8 weeks and over in November 2022. The latest benchmarking data (September 2022) shows Hywel Dda performing 5th out of 7 other Welsh Health Boards.
 - Cardiology: In November 2022 there were 1,747 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 November breaches continued to rise to over 2,172 for endoscopy services. Trajectories submitted in our draft 3-year plan were based on securing additional capacity for Endoscopy lists. We are currently scoping potential capacity through insource providers for the period January to March 2023. Should potential capacity be identified, this would need further approval by the Board given our financial constraints. It is anticipated that without the additional capacity, the number of patients waiting over 8 weeks will continue to rise. The latest benchmarking data (September 2022) shows Hywel Dda performing 3rd out of 7 Health Boards.

- Therapies as a whole service is showing special cause concern variation, however there was a significant decrease in breaches during November 2022. This decrease was seen across all services, particularly in Occupational Therapy and Physiotherapy. The latest benchmarking data (August 2022) shows Hywel Dda performing 6th out of 7 Health Boards.
 - Occupational Therapy: There were 581 breaches in November. The backlog of patients on the waiting list, with a diagnosis of dementia, was due to a change in service pathway which requires additional OT staff in the memory assessment service. Before the service was able to recruit these additional OT staff, there was a blanket approach to referrals, which did not take into consideration the clinical suitability for intervention of the referral. The service has undertaken numerous rounds of recruitment campaigns, however not all posts have been filled yet. A clear pathway with improved clinical governance has now been introduced. A data cleanse has been scheduled for December which should make a significant impact on the number of breaches reported next month.
 - Physiotherapy: Breaches reduced from 660 in October, to 568 in November. This improvement is largely due to recovery within the MSK specialty. Overall capacity in the system has improved due to the success of band 5 recruitment campaigns through streamlining and an improved ability to secure agency in MSK and community specialties.
 - Podiatry: From August 2022 podiatry saw a monthly rise in breaches, due to staffing issues in Pembrokeshire. Breaches reduced for the first time in November to 298 with a significant reduction in Pembrokeshire. There has been increased validation and scrutiny of the WPAS list and a number of new patient initiative clinics undertaken.

- HCAI: In November 2022, performance is showing special cause concerning variation for the following measures:
 - Number of confirmed C.difficile cases: 15 (target 8). The year-to-date cumulative rate is also higher compared to the same time last year.
 - Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19; 22.6% (target 5.43%). Target is a reduction against the same month in 2021-22.

- Number of new never events; Although showing common cause variation, there was 1 never event in November 2022. This is the first never event since October 2020.

Other important areas/changes to highlight

- **Unscheduled Care:**
 - Median time from arrival at an emergency department to triage by a clinician (target 12 month reduction) is showing 25 minutes for September 2022.
 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12 month reduction) is showing 62 minutes for September 2022.
 - A new SPC chart has been developed for Ambulance handovers taking longer than 4 hours. This is currently based on data from the Emergency Ambulance Service Committee Dashboard. Data is reported weekly and covers 9 May – 28 November 2022.
- **Mental Health: Common cause variation is showing in October 2022 for the following measures:**
 - Adult Psychological Therapies waits under 26 weeks: 43% (target 80%). The overall position is driven by:
 - Integrated Psychological Therapy (IPTTS) – 46.7%, showing improving cause variation
 - Adult Psychology – 55.6%, showing common cause variation
 - Learning Disabilities Psychology – 13.1%, showing special cause concerning variation
 - Percentage of Mental Health assessments undertaken within 28 days (under 18): 80% (target 80%), performance continues to improve and is above the trajectory (45%). This is the first time target has been achieved since February 2021.
 - Percentage of Mental Health Assessments undertaken within 28 days (over 18): 86.5% (target 80%), performance has been above the target for the 3rd consecutive month.
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18): 79.7% (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 Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (over 18): 92.5% (target 90%) and is back above target.
 - Percentage of Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 77.9% (target 80%), performance is just below the target.
 - Mental Health therapeutic interventions within 28 days (under 18): 65.6% (target 80%), first time performance is showing common cause since June 2021 and is above trajectory (60%)
 - Mental Health therapeutic interventions within 28 days (over 18): 88.5% (target 80%)
- **Hip Fractures: Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 59% (target 50%) for November 2022, however, the WGH position (0%) is impacting as they await onboarding of speciality registrar, currently using locum and agency cover where available in the interim.**

- Patient safety Incidents: Common cause variation showing in November 2022 for the following measures:
 - Number of reported patient safety incidents causing moderate, severe or catastrophic harm (initially reported): 180, which is the second highest position since July 2021
 - Number of closed patient safety incidents causing moderate, severe or catastrophic harm (finally classified): 92, which is the highest position since July 2021
- COVID: Number of new COVID cases; 871 in November 2022, showing common cause variation for 4th consecutive month.
- HCAI: Common cause variation is showing in November 2022 for the following measures:
 - Number of confirmed S.aureus cases: 10 (target 7). The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22.
 - Number of confirmed E.coli cases: 36 (target 22), above target for 4 consecutive months. The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22.
 - Number of cases of Klebsiella bacteraemia: 11 (target 6). The year-to-date cumulative rate is higher compared to the equivalent period in 2021/22.
 - Number of Pseudomonas aeruginosa cases: 2 (target 2). The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22
- Core skills: In November 2022, 83.9% of staff had completed all level 1 competencies of the Core Skills and Training Framework (target 85%).
- Therapies:
 - Audiology has consistently shown special cause improving variation, however there was a rise in breaches (101) in October due to an unpredictable spike in referral rates and staff absences due to COVID, performance is now recovering with a reduction to 18 breaches in November.
 - Art Therapy: The number of patients waiting 14 weeks and over for Art Therapy began to rise in August 2022 due to the recent an increase in referrals following the promotion of the service within multi-disciplinary team (MDT) meetings. Increasing referrals may cause further breaches as the service currently includes only one therapist. In November, there were 12 breaches for the service.
- Patient Experience: A new local measure has been introduced into our performance reporting framework – ‘Things were explained to me in a way I could understand’. The target for this measure has been set at 85%.

Data has been included for the metric ‘Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e., both UPCC models)’, trend charts will be developed further once there are 15 data points for a SPC chart.

Argymhelliad / Recommendation

The Committee is asked to consider and advise of any issues arising from the IPAR – Month 8 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 Termau: 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