



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 10 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 10 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 31 January 2023](#). 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 31 January 2023 is included in the 'Accountability conditions and key improvement measures overview' section below.

Following a review of the IPAR measures, to streamline the IPAR content it is proposed from March 2023 onwards narrative is only provided for areas relating to enhanced monitoring, ministerial priorities, transforming urgent & emergency care (TUEC), diagnostics, therapies, staff sickness, stroke and hip fractures. Therefore only data (no narrative) will be provided for the topic areas below:

- PADRs, core skills, Welsh language and staff turnover
- Research and development
- Vaccinations
- Medicines management
- Patient experience (excludes in emergency departments which needed for TUEC)
- Staff experience
- Mortality
- Self-harm
- Alcohol misuse
- Carbon
- Diabetes
- COVID-19

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 2022/23 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 (statistical process control)			Notes
			Over time	National target	Local trajectory	
Both	Planned care recovery: Ensure actual activity realised is back to 2019/20 levels especially in surgical specialties	Grey	n/a	n/a	n/a	<p>For surgical specialties activity in January 2023:</p> <ul style="list-style-type: none"> New outpatients – we completed 7% more appointments than our monthly average in 2019/20 Inpatients – just under half of inpatient procedures (48%) were undertaken compared to our average monthly activity levels in 2019/20 Day cases – almost three quarters of day case procedures (73%) were undertaken compared to our average monthly activity levels in 2019/20. <p>Activity levels in January 2023 were impacted by industrial action.</p>
Both	Planned care recovery: Deliver zero 52 weeks wait for first outpatient appointments by December 2022	Blue	Improving	Consistently missing	Exceeded	<p>Following our final landing position of 5,452 breaches over 52 weeks at the end of December 2022, we are now tracking the weekly breach position with a view to holding/improving this by March 2023.</p> <p>As at 6 February 2023, we are reporting 5,104 breaches.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
Both	Planned care recovery: Deliver zero 104 weeks waits for treatment by Spring 2023	Blue	Improving	Consistently missing	Exceeded	<p>At the end of December 2022, when compared to other Health Boards in Wales, we ranked 1st for both Ministerial Measures targets for 52+ week outpatient and 104+ week treatment waits. Additionally, we achieved the greatest percentage improvement over the course of 2022 in respect of both measures, with significantly fewer breaches remaining per speciality than any other Health Board in Wales.</p> <p>We exceeded our draft 3-year plan aim for January 2023 with 4,414 patients waiting over 104 weeks for treatment against our trajectory of 4,833.</p> <p>For the total cohort of patients that will be waiting over 104 weeks at the end of March 2023, we are ahead of our improvement trajectory. The total cohort has reduced by 16,080 since April 2022 (from 21,312 in April 2022 to 5,232 as at 6 February 2023). We are on course to exceed our year end local delivery trajectory for this measure.</p>
Both	Urgent and emergency care: Eradicate ambulance handovers to emergency departments taking longer than 4 hours by 31 March 2023	Grey	Usual variation	Consistently Missing	Not achieved	<p>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. Despite these difficulties, in January 2023 there was a reduction in the number of handovers taking more than 4 hours, as each site strives to achieve the target. Significant number of patients (124 as at 6 February 2023) are ready to leave hospital but are unable to be discharged primarily due to a lack of social care and domiciliary support.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
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 2022.	Orange	n/a	n/a	n/a	<p>In January 2023, the overall backlog decreased slightly to 481 plus 85 Tertiary.</p> <p>The backlog reduction was lower than expected due to:</p> <ul style="list-style-type: none"> Significant loss of activity due to unforeseen sickness in Urology Conversion rates higher than anticipated in the latter part of the month in some tumour sites Number of patients deferring appointments until February 2023. <p>Note: Not all backlog patients will become breaches on the SCP.</p>
Both	Cancer: At least 75% of people referred on the suspected cancer pathway (SCP) start first definitive treatment within 62 days of the point of suspicion by end of March 2023.	Orange	n/a	n/a	n/a	<p>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.</p> <p>As 31 December 2022:</p> <p>Total number on the Single Cancer Pathway (SCP): 2,734 Number awaiting Diagnostics (Radiology & Endoscopy): 388 Number awaiting surgery: 23 Number awaiting Tertiary Treatment: 128</p> <p>The remainder of patients on the pathway are waiting for other diagnostics, results and appointments/interventions.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
Both	Mental health: Continue to drive improvement across primary and secondary CAMHS (Child and Adolescent Mental Health Service), delivering against planned performance trajectories	Grey	Usual variation	Hit and miss target over 12+ month period	n/a	In December 2022, 36 out of 38 (94.7%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 70.8% of mental health assessments were undertaken within 28 days for patients aged 0-17. Main Issues: Strike action, onboarding of new staff, sickness and annual leave have impacted availability of initial assessments slots. An increase in DNAs (Did Not Attend) with inability to fill at short notice. Actions: recruitment drives, improved team communication and commenced weekend waiting list initiative in Pembs.
AC	Mental health: Meet the agreed improvement trajectory for psychological therapies by 31 March 2023	Blue	Improving variation	Consistently Missing	n/a	In December 2022, 452 out of 1,088 (41.5%) 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 March 2023 and have clear plans in place to improve neurodevelopmental services	Orange	Concerning	Consistently missing	n/a	In December 2022, 374 out of 2,353 (15.9%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 86 out of 421 (20.4%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment. 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 (statistical process control)			Notes
			Over time	National target	Local trajectory	
Both	C.Difficile: Reduce the number of cases	Orange	Concerning	Hit and miss	n/a	In January 2023, there were 21 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 January 2023, we had 27 cases which is slightly lower compared to the same period in 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	Exceeded	We have exceeded our improvement trajectory of 2,870 nursing and midwifery staff in post by the end of Q4 2022/23. 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.
- 2 new day surgical theatres opened on the 5 December 2022 at Prince Philip Hospital.
- A 'CT in a box' has been installed at Withybush Hospital. This is a mobile unit used to increase capacity.
- Introduction of text reminder for mental health appointments to alleviate the number of Did Not Attend (DNAs). No timeframe of commencement at present.
- Mental Health have introduced group therapy sessions; however, uptake is low due to patients preferring one-to-one 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 4,310 waiting list removals since April 2022 (949 in January 2023).

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 Hospital, released for more serious calls (amber 1).



Key issues impacting our performance

Business continuity incidents

- Due to extreme system pressures, there were 2 business continuity incidents (BCI) declared in January 2023 at GH.

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. In addition, our capacity was impacted further by industrial action in January 2023.
- 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 number 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 of 6 February, 124 of our inpatients were ready to leave, most 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, PPH further impacted as 2 wards closed due an outbreak of norovirus. On the morning of 9 February 2023, we had 61 unplaced patients (awaiting admission) in our emergency departments (EDs). On that day, we had spaces for 48 major/resus patients in our EDs. The remaining unplaced patients were waiting in minor bays, on ambulances, on chairs, in corridors and in the waiting room.

Demand and 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 we have been unable to secure a robust and sustainable staffing model with WAST to support the unit, and the Emergency Department does not currently have sufficient staffing resources. The plan now is to redirect some of the medical patients from the emergency department and into the Same Day Emergency Care or Medical Admissions Unit.
- As of 31 January 2023, our acute hospitals have been at 95%+ occupancy in the previous 12 months. Capacity was at 98%+ in January 2023 except from 1 day.
- High demand across various areas including referrals for mental health services, single cancer pathway, endoscopy and echocardiography. Demand is more than our existing capacity in most of these areas meaning breaches will continue to rise without additional capacity being identified.
- High rate of patients that did not attend appointments continues to impact mental health service capacity, and unable to fill at short notice.

Spotlight on our planned care recovery

- Referral to treatment (RTT), January 2023:
 - o Percentage of patients waiting under 26 weeks: 58.7% (target 95%). This measure is now showing common cause variation.
 - o Patients waiting 26 weeks and over: 40,388 breaches and special cause concerning variation showing.
 - o Patients waiting 36 weeks and over: 28,269 (target 0). The number of in-month breaches has reduced for the 5th consecutive month and January 2023 position reports the lowest number of breaches since April 2021.
 - o Patients waiting over 52 weeks for a new outpatient appointment: 5,069 (target 0). The number of in-month breaches has reduced for the 6th consecutive month and January 2023 position reports the lowest number of breaches since November 2020.
 - o Patients waiting over 104 weeks: 4,414 (target 0). The number of in-month breaches has reduced for the 10th consecutive month and January 2023 position reports the lowest number of breaches since November 2021.
 - o Patients waiting over 104 weeks for a new outpatient appointment: 401 (target 0). The number of in-month breaches has reduced for the 10th consecutive month and January 2023 position reports the lowest number of breaches since August 2021.
 - o Residents waiting over 36 weeks for treatment by other providers: In December, the number of patients waiting (3,332) was showing special cause concerning variation, however, the number of breaches has reduced for the 4th consecutive month. No data is available for November 2022 for Hywel Dda residents waiting for treatment at University Hospitals Bristol NHS Foundation Trust.
- Outpatient follow ups: Both delayed follow ups metrics showing special cause improving variation in January 2023 and performance is now consistently better than pre-pandemic levels:
 - o Follow ups delayed by over 100%: 16,375 (target 14,066).
 - o Follow ups delayed past target date: 27,131 (target 23,080).
 - o Total number of patients waiting for a follow up appointment: 65,842 (target 43,297) with common cause variation showing.
- Ophthalmology: In December 2022, 65% 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, performance is now closer to pre-pandemic levels as we re-establish capacity for seeing other patients (such as risk categories R2 and R3) in order to achieve ministerial measures targets for reducing all outpatient waits.

Measures to highlight which are showing statistical improvements

- Mental Health: In December 2022, performance is showing improving cause variation for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 41.5% (target 80%). The overall position is driven by:
 - Integrated Psychological Therapy (IPTS) – 45.7%, showing improving cause variation
 - Adult Psychology – 42.1%, showing common cause variation
 - Learning Disabilities Psychology – 11.7%, showing special cause concerning variation
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18): 88.3% (target 90%). Performance continues to improve and is above the mean for the 3rd consecutive month. 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.
- Diagnostics:
 - Neurophysiology: Although the target (0) has not been met, there is a sustained improvement trend since June 2022, with 259 breaches in January.
 - Imaging: Continuing improvement trend showing with 6 breaches of the 8-week target in January 2023.
- 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 14 breaches in January 2023.

Percentage of stroke patients who receive a mechanical thrombectomy: 4% (target 10%), this is the second occasion whereby improving cause variation has been achieved since October 2020. The GH Sentinel Stroke National Audit Programme (SSNAP) report is incomplete for December and January, it will be uploaded to IRIS once available.

- Workforce:
 - Staff receiving a PADR within the previous 12 months: Continued improving variation with 70.4% compliance against a target of 85% in January 2023. The increase in performance is attributed to the new Pay Progression Policy and Performance Management training sessions which are available for all Health Board staff.
 - Core skills: In January 2023, we achieved 84.5% compliance against the national target of 85%.
- Patient Experience:
 - Emergency Departments: In January, 94% of patients reported that they had a positive experience when attending emergency departments in our Health Board.

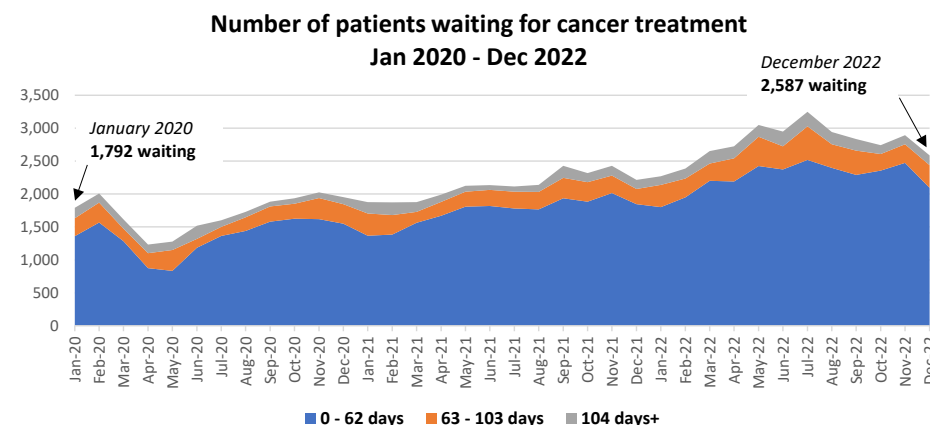
Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in January 2023:**
 - Red call responses within 8 minutes: 47.3% (target 65%). Lowest performance Ceredigion 42.9%.
 - Ambulance handovers over 1 hour: 1,006 (target 0). Performance has been above the upper control limit since March 2022.
 - Lost Ambulance handover hours: 4,100. All acutes sites have improved due to a reduction in lost ambulance handover hours.
 - A&E 4 hour waits: 69.7% (target 95%). Lowest performance in Wthybush Hospital (WH) (57%).
 - Accident & Emergency 12 hour waits: 1,331 (target 0). All acute sites are showing concerning variation. The longest wait in January 2023 was 151 hours at BH.
- **Mental Health: In December 2022, performance is showing special cause concerning variation for the following measure:**
 - Child Neurodevelopment Assessments waits under 26 weeks: 16.6% (target 80%). The overall position is driven by:
 - Autism Spectrum Disorder (ASD) – 15.9%, showing special cause concerning variation.
 - Attention Deficit Hyperactivity Disorder (ADHD) – 20.4%, showing improving cause variation.
- **Cancer: In December 2023, 47% of patients started their first definitive cancer treatment within 62 days of the point of suspicion. The trajectories submitted to Welsh Government have been updated to take in to account the significant backlog that was created as a result of the pandemic. Sustained improvements in addressing the backlog will support headline single cancer pathway (SCP) performance improvements in the months ahead.**

The latest benchmarking data (November 2022) shows Hywel Dda performing 5th out of 6 other Welsh Health Boards.

December 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	Referrals in November 2022
101	215	1,302

- **Diagnostics: In January 2023, there was another rise in breaches with a total of 6,730 patients waiting 8 weeks and over. The latest benchmarking data (November 2022) shows Hywel Dda performing 5th out of 7 other Welsh Health Boards.**



- Endoscopy: Breaches have been rising continuously for over a year, with a total of 2,491 patients waiting 8 weeks and over for endoscopy services in January 2023. It is anticipated that without the additional capacity, the number of patients waiting over 8 weeks will continue to rise. In the interim, an additional 36 clinics have been secured up to March 2023, this will equate to 216 additional endoscopies. A regional plan for endoscopy is being developed with initial proposals shared with Welsh Government. However, it should be noted that recovery of endoscopy capacity will require additional investment above levels committed for 2022/23. The latest benchmarking data (November 2022) shows Hywel Dda performing 4th out of 7 other Welsh Health Boards.
- Cardiology: In January 2023, there were 1,795 patients waiting over 8 weeks. Echocardiography is the main diagnostic driving the overall breach position and currently represents 47% of the 8-week diagnostic list. This is due to on-going capacity constraints, without additional capacity, the breach position is expected to continue to rise. The service is undertaking a demand and capacity exercise and scoping external market availability of in-source capacity, with a procurement mini-tender closing 10 February 2023.
- Radiology: Following a continuous month-on-month reduction in performance from May to November 2022, breaches of the 8-week target rose to 2,158 in January 2023. The service experienced increased referrals and reduced capacity between December 2022 and January 2023.
- Therapies as a whole service, is showing special cause concern variation, in January 2023 there were 1,504 patients waiting 14 weeks and over for a specific therapy. The latest benchmarking data (November 2022) shows Hywel Dda performing 6th out of 7 Health Boards.
 - Occupational Therapy: There were 505 breaches in January. Breaches have been steadily reducing for the last 4 months; however, sickness and vacancies remain a challenge across the service.
 - Physiotherapy: In January 2023, there were 537 patients waiting 14 weeks and over with the majority within the Musculoskeletal (MSK) specialty and Community service. However, the overall number of breaches across the service has been reducing over the last 4 months as capacity 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: In January 2023, there were 377 patients waiting 14 weeks and over, with the majority within Carmarthenshire due to staff shortages. However, two new members of staff have been recruited to replace retirements within the Pembrokeshire locality. One has started in January 2023, the other will commence in February 2023, this will give us an additional 100 plus appointments per week.
- Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed: 84.7% (target 90%), performance has been below target since June 2022 although data is missing for August and September 2022 due to Adastra outage.
- Number of new never events: 1 in January 2023. This is the second never event since October 2020.
- HCAI: In January 2023, performance is showing special cause concerning variation for the following measures:
 - Number of confirmed C.difficile cases: 21 (target 8). The year-to-date cumulative rate is higher compared to the same time last year.
- Stroke: In January 2023, performance is showing special cause concerning variation for the following measure:

- Percentage of stroke patients receiving 45 minutes of Speech and Language Therapy (SALT); 22.9% (target 50%). Performance continues to decline month on month and is now below the lower control limit for the 2nd consecutive month. However, a SALT therapist for stroke is now in post therefore performance should steadily improve over the forthcoming months.
- The GH SSNAP report is incomplete for December and January, it will be uploaded to IRIS once available.
- Hip Fractures: Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 15% (target 50%) for January 2023. Concerning performance is driven by:
 - WH (0%): awaiting onboarding of speciality registrar, currently using locum and agency cover where available in the interim.
 - GH (12%): Orthogeriatric Consultant sickness.
- Workforce:
 - Staff sickness: In December 2022 there were 6.61% of full-time equivalent days lost to sickness absence for the rolling 12-month period (6.39% in-month).
- Research & Development: % Open recruiting to time and target (commercial); 0% (target 100%) for January 2023. Performance is showing special cause concerning variation for the 8th consecutive month.

Other important areas/changes to highlight

- Unscheduled Care: Common cause variation is showing in January 2023 for the following measures:
 - Ambulance handovers over 4 hours: 361 (target 0), all acute sites have shown an improvement since December 2022.
 - BH: 38 handovers
 - GH: 198 handovers
 - PPH: 39 handovers
 - WH: 86 handovers

The longest handover was 34 hours at GH.

 - Median time from arrival at an emergency department to triage by a clinician (target 12-month reduction) is showing 27 minutes for November 2022.
 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12-month reduction) is showing 57 minutes for November 2022.
- Mental Health: Common cause variation is showing in December 2022 for the following measures:
 - Percentage of Mental Health assessments undertaken within 28 days (under 18): 70.8% (target 80%), performance continues to be above the trajectory (55%) for the 8th consecutive month.

- Percentage of Mental Health Assessments undertaken within 28 days (over 18): 74.6% (target 80%), performance has steadily declined since August 2022, and is now below target.
- Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (over 18): 92.2% (target 90%), above target for 3rd consecutive month.
- Percentage of Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 94.7% (target 80%), highest performance since September 2020.
- Mental Health therapeutic interventions within 28 days (under 18): 51.4% (target 80%), performance has fallen below the trajectory (66%)
- Mental Health therapeutic interventions within 28 days (over 18): 95.3% (target 80%)
- Therapies:
 - 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 January, there were 22 breaches for the service.
 - Dietetics was showing sustained improvement from a peak of 204 patients waiting 14 weeks and over in June 2022, however there were 47 breaches of the target (0) in January 2023.
- Diagnostics:
 - Physiological measurement: This measure has gone from consistently showing improving variation to showing common cause variation, however breaches (21) in January 2023 are relatively low compared to other diagnostic services.
- Patient safety Incidents: Common cause variation showing in January 2023 for the following measures:
 - Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported): 131, which is comparable to December 2022.
 - Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified): 71, performance is above the mean for the 3rd consecutive month.
- Stroke: In December 2022, performance is showing common cause variation for the following measure:
 - Percentage of stroke patients having direct admission to a stroke unit within 4 hours; 28.9% (target 40.9%). Performance is showing common cause variation for the first time since December 2021. The GH SSNAP report is incomplete for December and January, it will be uploaded to IRIS once available
- Total number of Hywel Dda resident deaths: 100 for week commencing 27 January 2023. Three of the last 5 weeks have seen considerably higher numbers of deaths than any other time in the last 18 months. We have seen a high number of older frail patients with multiple respiratory infections.
- HCAI: Common cause variation is showing in January 2023 for the following measures:
 - Number of confirmed S.aureus cases: 14 (target 7). The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22.

- Number of confirmed E.coli cases: 27 (target 22). The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22.
- Number of cases of Klebsiella bacteraemia: 9 (target 6). The year-to-date cumulative rate is higher compared to the equivalent period in 2021/22.
- Number of Pseudomonas aeruginosa cases: 1 (target 2). The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22
- Patient Experience: Overall patient experience has been consistently exceeding the target of 90% for the last 4 months, however there are some areas in the survey that are not reaching targets including:
 - I was able to communicate in Welsh, 72% agreed (18 out of 25). Target 80%
 - I was given all the information I needed in a format that met my individual communication needs, 80% agreed (94 out of 117). Target 90%
 - I am supported and encouraged to share my experience of care, both good and bad to help improve things, 79% agreed (92 out of 117). Target 90%
 - My care is provided in the most appropriate setting to meet my health needs, 81% agreed (97 out of 120). Target 90%.
 - I was involved in decisions about my care, 78% agreed (91 out of 117). Target 80%
- Percentage of complaints that have received a final reply or an interim reply up to and including 30 working days from the date the complaint was first received by the organisation: Although this measure is showing common cause variation with 69% achieved in January, the target of 75% has not been achieved for 2 years.
- Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19; 16.4% (target 15.1%). Target is a reduction against the same month in 2021/22.
- Percentage of confirmed COVID cases within hospital which had a definite hospital onset of COVID-19: 47.2% (target 35.3%). Target is a reduction against the same month in 2021/22.
- Workforce:
 - Job Planning: Although this measure is showing improving variation, a drop in compliance was experienced in January 2023 with 54% of Consultants and Specialty and Associate Specialty doctors having a current job plan in place.

Argymhelliad / Recommendation

The Committee is asked to consider and advise of any issues arising from the IPAR – Month 10 2022/23. This includes the proposal outlined in the Situation section to reduce the number of measures for which narrative is included for future reports.

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:	2022/23 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