

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 2 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 SBAR relates to the month 2 2022/23 Integrated Performance Assurance Report (IPAR). The full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st May 2022](#). Ahead of the Board meeting, the dashboard will also be made available via our internet site in [Welsh](#) and [English](#).

Filters have been added to the summary and system measures of the dashboard to allow the user to navigate more easily to the key performance measures and those measures for which narrative is included i.e. show cause for concerns and/or high public interest. We have also added a toggle for Benchmarking data to give the option of viewing data through a trend chart rather than a ribbon chart.

The IPAR dashboard contains:

- Key improvement measures 2022/23 overview
- Summary: an overview of measures showing improvement or cause for concern
- System measures: statistical process control (SPC) charts and narrative
- Benchmarking: how we compare to our peers across Wales
- COVID-19 overview: cases, hospitalisations and vaccination uptake
- Quadrants of harm
- Strategic objective summaries

Essential Services has been removed from the IPAR dashboard as we are no longer asked to report to Welsh Government on our compliance against the guidance.

A number of bi-annual update reports have been submitted to Welsh Government and can be accessed along with the performance report dashboard via our internet site. They include:

- Accessible information for people with sensory loss
- Dementia learning and development framework

- Equality and good relations
- Health and well-being of homeless and vulnerable groups
- Learning disability 'Improving Lives' programme update
- Welsh language 'More Than Just Words'

Based on feedback from NHS Improvement England and the Executive Team, we have changed the rule determining whether a trend chart is displayed rather than an SPC on the IPAR dashboard, on the basis of a performance mean of less than 5 (previously less than 10) for statistical accuracy. For this IPAR iteration, this affects NIIAS family notifications, Opioid average daily quantities and Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients.

Please refer to the help pages on the performance report dashboard for a key to the icons used in the SPC charts. 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](#)

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

Cefndir / Background

The [NHS Wales Delivery Framework 21/22](#) is modelled on 'A Healthier Wales' quadruple aims, as part of the 'Single Integrated Outcomes Framework for Health and Social Care'. The framework and previous versions of the IPAR dashboard can be accessed via the supporting documents section of the [Monitoring our performance](#) internet page.

The 2022/23 NHS Delivery Framework is pending sign off from Welsh Government and is expected to be published in late June 2022.

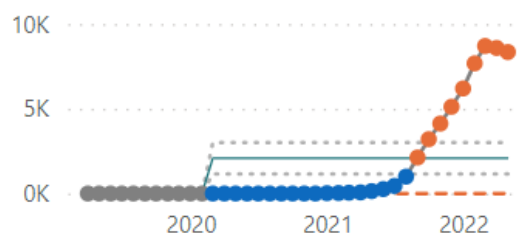
Asesiad / Assessment


A summary of our key improvement measures for 2022/23

The Executive Team have identified 8 key improvement measures to prioritise in 2022/23, 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).

Covid vaccination		Planned care recovery	
Our ambition for May	Our actual performance	Our ambition for May	Our actual performance
tbc	tbc	tbc	8346

We are currently reviewing this measure to ensure it is relevant to evolving booster requirements. We are working with public health colleagues to develop a revised measure to be approved by the Executive Team.



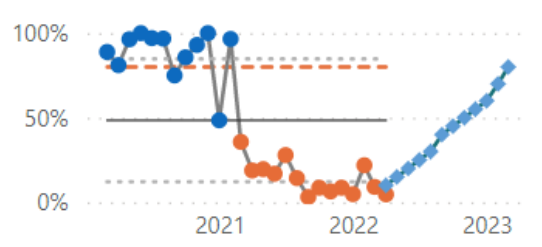
 **Integrated localities:
Community care**


Our ambition for May	Our actual performance
tbc	tbc

During 2022/23 we will seek to maximise healthy days spent at home. A national measure is currently being developed and will be reported here once available.

 **Mental health and
learning disabilities**


Our ambition for April	Our actual performance
10.0%	4.7%



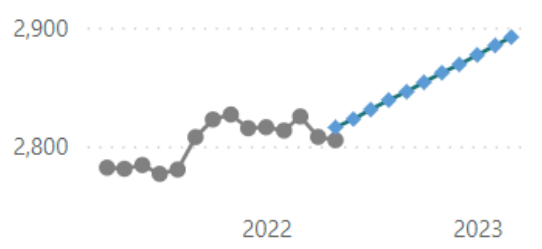
 **Urgent and
emergency care**

Our ambition for May	Our actual performance
tbc	tbc

In 2022/23 we will reduce the number of people admitted as an emergency who remain in an acute or community hospital more than 21 days. A national measure is currently being developed and will be reported here once available.

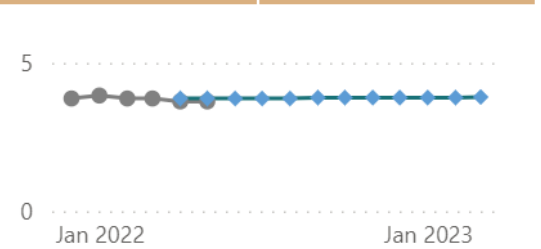
 **Staff vacancies**

Our ambition for May	Our actual performance
2816	2805



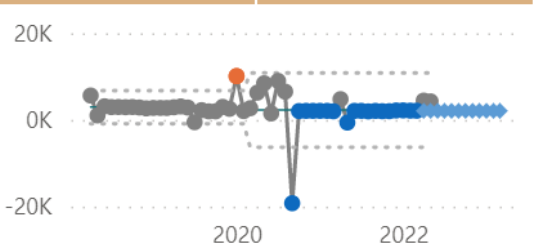
 **Staff engagement**

Our ambition for May	Our actual performance
3.8	3.7



 **Finance**

Our ambition for May	Our actual performance
£2,083k	£4,268k



The key risks impacting our performance are:

Staff shortages



Vacancy gaps, staff retention and staff sickness all continue to impact on our capacity to see and treat patients. Administrative roles require upskilling to effectively manage and achieve the patient waiting list backlog reduction.

April 2018 – May 2022

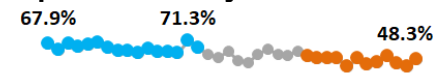


Staff turnover (12m rolling)

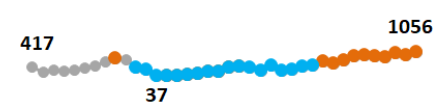


Staff sickness (in-month)

April 2019 – May 2022



Red calls arriving within 8 mins



Ambulance handovers >1 hour

Ambulance Conveyance



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

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 assessments, domiciliary care provision, availability or 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 for an inpatient bed.

As at 9th June 2022, we had 231 medically optimised patients and 104 were ready to leave (RTL).

Demand



We are experiencing demand challenges across various areas including mental health services.

April 2021 – April 2022



CAMHS ASD* referrals



Integrated Psychological Therapy Services referrals

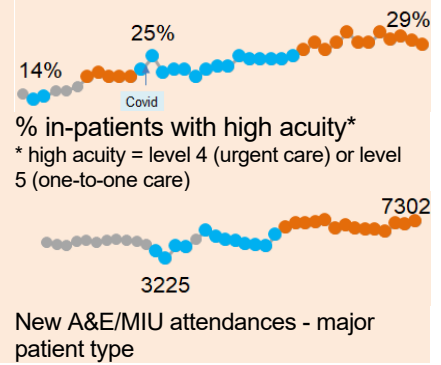
Patient acuity



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.

Due to issues with ambulance availability, patient acuity is increasing in patients that are self-presenting in our emergency departments.

April 2019 - May 2022



Capacity



Insufficient accommodation space to see, care for, and treat the volume of patients. This is further impacted by the COVID-19 social distancing and infection control requirements.

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

Since early February 2022, our acute inpatient beds have been at 96%+ occupancy.

*CAMHS ASD = Child and adolescent mental health service autism spectrum disorder

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 May 2022, 25.2% of all new and 27% of all follow up appointments undertaken were virtually. Without this activity, new and follow up lists would be much larger.

Planned care capacity



A key focus of the current delivery plan for Planned Care includes returning outpatient services to their pre-Covid levels of activity as soon as possible. Most specialties expect to achieve this by the end of June 2022. This will positively impact on available capacity for both Referral To Treat and follow up patients.

Waiting list validation



Waiting list validation within Health Board services is having a positive effect on reducing the number of breaches. This has been attributed by delayed follow-up patients waiting beyond 100% of their target date achieving the best performance since the pandemic began.

Dietetics triage and assessment



A new triage and assessment process introduced within Dietetics to prioritise those with greatest need/risk level has seen a reduction in patients waiting over 14 weeks for the weight management service. Further to triage, patients are provided with the appropriate dietetic treatment and intervention. For those patients who are not yet ready to engage, they are provided with information and advised to self-refer at a later date. Other patients are directed to the appropriate area of the service for the support they need e.g., if they have diabetes and this is the main issue, they require support with (rather than weight management), the referral is passed to our diabetes team.

These are some of the initiatives underway, 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. The aim is to minimise admissions, with wrap around care from the community available to support admission avoidance where assessment and diagnostics have determined it is safe and appropriate to do so.

Ambulance Triage



To reduce the impact on our acute hospital front doors during peak hours (10am-2pm), patients waiting for an ambulance are given a triage assessment and streamed accordingly. This potentially reduces the number of patients conveyed via ambulance to our hospitals.

Primary Care



Most GP practices have signed up to the Virtual Urgent Primary Care Centre and will 'go live' once 111 First and our Local Flow Hub are operational (pending WAST/HB agreement). In the meantime, a 'Redirection Policy' is being drafted which will support redirection of patients from our Emergency Departments presenting with Primary Care needs.

Measures to highlight which are showing statistical improvements

- Follow ups: Both delayed follow ups measures continue to show special cause improving variation in May 2022:
 - Follow ups delayed by over 100%: There were 18,645 follow-ups delayed over 100% against a target of 10,078. Special cause improving variation is showing for this measure, with May 2022 performance the best recorded since April 2020.
 - Follow ups delayed past target date: There were 29,690 follow-ups delayed past their target date against a target of 15,446. Special cause improving variation is showing for this measure, with May 2022 performance the best ever recorded.
- Diagnostics: Overall diagnostics is showing common cause variation; with, two measures consistently showing special cause improvement variation. However, both metrics are showing a rise in the number of breaches:
 - Physiological Measurement: There were 16 breaches in May 2022.
 - Imaging: There were 18 breaches in May 2022. Although waits have been rising no specific reason has been identified, waits are not predicted to increase any further in June.
- Therapies: Overall therapies is showing special cause concerning variation; however, two measures have been consistently showing special cause improvement variation; Podiatry since January 2021 and Audiology since February 2021.
- Job Planning: In May 2022, 48% of Consultants and SAS doctors had an up-to-date job plan (target 90%). This metric is showing special cause improving variation for the third consecutive month.

- COVID complaints: There were 6 COVID related complaints made in May 2022. The highest number received was 70 in February 2021, the SPC chart shows consistent special cause improvement variation since April 2021.

Key declining and concerning measures to highlight

- Unscheduled care: special cause concerning variation performance continued in May 2022:
 - Red call responses within 8 minutes: 48% (target 65%). Pembrokeshire 47.4%.
 - Ambulance handovers: 1,056 over 1 hour and 315 handovers over 4 hours (targets 0).
 - Ambulance handover lost hours is 3839.5 and showing special cause concerning variation performance.
 - A&E 4 hour waits: 70.2% (target 95%). Lowest performance in Glangwili General Hospital (GGH) (58.2%) and Withybush General Hospital (WGH) (62.5%).
 - Accident & Emergency 12 hour waits: 1,246 (target 0). All acute sites except BGH are showing concerning variation.
 - Bed occupancy patients aged 75+: May 2022 is showing an overall upward trajectory in numbers and is below the upper control limit but above the mean.
- Patient reporting a positive experience in Emergency Departments: This measure is showing special cause concern variation, however, we achieved 82% in May 2022 against a target of 85%.
- Mental Health: special cause concerning variation performance continued in April 2022 for the following measures:
 - Mental Health Assessments within 28 days (under 18): 4.7% (target 80%)
 - % of residents under 18 with a valid care and treatment plan: 71.6% (target 90%)
 - Mental Health therapeutic interventions within 28 days (under 18): 50% (target 80%)
- Referral to treatment (RTT): special cause concerning variation performance continued in May 2022:
 - Patients waiting under 26 weeks: 56.6% (target 95%)
 - Patients waiting over 36 weeks: 32,067 (target 0)
 - Patients waiting over 104 weeks: 8,346 (target 0)
 - Patients waiting over 52 weeks for a new outpatient appointment: 13,852 (target 0)
 - Patients waiting over 104 weeks for a new outpatient appointment: 3,770 (target 0)
 - Residents waiting over 36 weeks for treatment by other providers: In April, the number of patients waiting (3,526) was showing special cause concerning variation.
- Hospital initiated cancellations: In April 2022, performance (55 procedures postponed within 24 hours for non-clinical reasons) is showing special cause concerning variation, predominantly due to staff vacancies and sickness.
- Cancer: In April 2022, 50% of patients (121 out of 242), started their first definitive cancer treatment within 62 days of the point of suspicion. Expected performance is between 52% and 71%.
- Endoscopy Diagnostic: In May 2022 there were 1,566 patients waiting over 8 weeks for endoscopy services, the number of breaches continues to rise each month and breaches have been above the upper control limit for 6 consecutive months.
- Therapies as a whole service is showing special cause concern variation with 1,055 patients waiting 14 weeks and over. The latest benchmarking data shows Hywel Dda performing 4th out of 7 other Welsh Health Boards in March 2022.

- Occupational Therapy: In May 2022 there were 493 patients waiting over 14 weeks, the number of breaches has been rising consecutively since July 2021.
- Physiotherapy: In May 2022 there were 341 patients waiting over 14 weeks. Performance has been showing special cause concerning variation since October 2021.
- Dietetics: In May 2022 there were 115 patients waiting over 14 weeks, this is the first rise seen in the service in 5 months following the introduction of dietetic assistant led assessment clinics. A significantly greater proportion of patients requiring level 3 specialist multi-disciplinary intervention was identified as the cause. There is currently no capacity to deliver this, and as a consequence, the assessment clinics have been put on hold while alternative options are explored.

Other important areas/changes to highlight

- Data has been included for the metrics below, this will be developed further once the 2022/2023 delivery framework target information has been published, and there are 15 data points for a SPC chart.
 - Median time from arrival at an emergency department to triage by a clinician
 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker.
- Lost ambulance handover hours data has been included in this iteration at Health Board and acute site level and is showing special cause concerning variation. Supporting narrative will be developed with senior reporting officers for next month.
- New RTT measures: 3 new RTT measures reported on this month:
 - Patients waiting over 104 weeks for treatment
 - Patients waiting over 52 weeks for a new outpatient appointment
 - Patients waiting over 104 weeks for a new outpatient appointment
- Mental Health: Common cause variation is showing; however, performance continued to be considerably far from the 80% target in April 2022 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 41.6%
 - Child Neurodevelopment Assessments waits under 26 weeks: 23.4%
- Planned Care
 - Ophthalmology: Performance in April 2022 is 66.5% against a target of 95%. Common cause variation is showing, and performance is within expected limits, however, the target has never been achieved.
 - Follow ups: In May 2022, 65,150 patients were waiting for a follow-up appointment against a target of 37,973. Common cause variation is showing for this measure and performance is within expected limits.
- Diagnostics as a whole service is showing common cause variation, however there were 6,515 patients waiting 8 weeks and over in May 2022. The latest benchmarking data shows Hywel Dda performing 4th out of 7 other Welsh Health Boards in March 2022.
 - Neurophysiology: There was a significant reduction in the number of breaches in March due to increased capacity to carry out nerve conduction studies as a result of putting Electroencephalograms (EEGs) on hold due to staff shortages. However, this month breaches have risen with 677 patients waiting over 6 weeks.
 - Cardiology: In May 2022 there were 996 patients waiting over 8 weeks, the number of breaches has been steadily rising since February 2022.
 - Radiology: In May 2022 there were 3,242 patients waiting 8 weeks and over. Performance is showing common cause variation although waits have steadily increased during the last quarter.

- Clinical Musculoskeletal Assessment and Treatment service (CMATs): In May 2022 the number of breaches reduced to 49 patients. It is likely this is due to better staffing levels but does not yet represent a sustainable recovery trajectory.
- Patient experience measures:
 - Numbers accessing the Patient Experience System: We have fully migrated from the Envoy Patient Experience System to the new All Wales Civica Experience System. Civica does not have the functionality to output the data for this measure. A request has been made to add functionality to the system so that this information can be accessed as a direct output. The provider has been unable to commit to a timeline for completing this upgrade, it is unlikely to occur before their next scheduled release which will be February 2023.
- COVID:
 - New COVID cases: COVID case data for May 2022 are unpublished figures provided by Public Health Wales subject to reconciliation of reporting - expected to be complete by the beginning of July.
 - COVID-19 risks: COVID-19 risks relating to sufficient workforce to deliver services required for 'recovery' as well as the continued response to COVID-19 (was risk score 16) and COVID-19 infections from poor adherence to Social Distancing (risk score 10) have been removed from the Corporate Risk Register.
- Nursing and midwifery staff in post: Figures and ambitions are now available for the number of nursing and midwifery staff in post. This relates to the key improvement measure 'in 2022/23 we will continue to work to reduce our vacancy rate.'
- Antibiotic Usage: Data is now available for secondary care antibiotic usage within the WHO Access category relating to antimicrobial prescribing practices.

Argymhelliad / Recommendation

The Committee is asked to consider the SDODC measures from the Integrated Performance Assurance Report and advise of any issues that need to be escalated to the July 2022 Public Board meeting.

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>
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	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.
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:	NHS Wales Delivery Framework 2021-22
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