



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board (HDdUHB) – Month 12 2021/22
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

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 March 2022](#). The dashboard contains:

- Summary of performance: an overview of measures showing improvement or cause for concern
- System measures: includes statistical process control (SPC) charts and narrative
- Benchmarking: how we compare to our peers across Wales for the nationally reported measures
- A measures summary for each of our six strategic objectives
- COVID-19 overview: cases, hospitalisations and vaccination uptake
- Quadrants of harm
- Essential services

The following developments are currently planned for the next IPAR dashboard update:

- Data to be added for all Ministerial measures where data is available
- A new section is being created for the newly approved key improvement measures for 2022/23 (as highlighted in our 3-year plan)

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:

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.

Asesiad / Assessment

Key initiatives and improvements impacting our performance include:

Outsourcing



Outsourcing is being utilised to mitigate the reduction in capacity internally. This has acted to steady the backlog position despite demand returning to pre-pandemic levels. 1,526 appointments / procedures were outsourced across all specialties in March 2022, with work underway to confirm plans for the new financial year.

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 March 2022, 26.9% of all follow up appointments undertaken were virtual. Without this activity, follow up lists would be much larger.

There are some of the initiatives underway. We will work to assess whether these have an impact on performance over time.

Same Day Emergency Care



Same Day Emergency Care (SDEC) is being progressed across all sites which aims 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



The majority of our 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 (anticipated January-March 2023).

In the Pembrokeshire North Cluster, a Home Visiting service has been implemented to increase primary care capacity. This started on 29th November 2021 and further recruitment will

see this model increase to be able to deliver 12-15 visits per day.

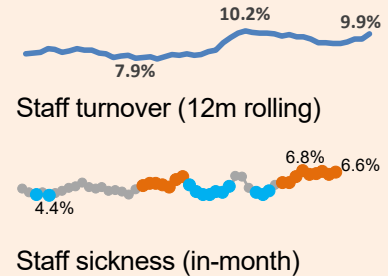
The key risks impacting our performance are:

Staff shortages



High numbers of vacancies, staff retention and staff sickness all continue to impact on our capacity to see and treat patients.

Apr 2018 – Mar 2022



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 discharge delays are attributable to timely access to assessments, domiciliary care provision, availability or reablement packages and care home placements.

The discharge delays are impacting on our emergency departments and assessment units, with a number of patients waiting overnight for an inpatient bed to become available.

As at 12th April 2022, we had 263 medically optimised patients and 136 were ready to leave (RTL). This is more than a 40% increase in RTL patients (+40) since 9th March 2022.

Demand



We are experiencing demand challenges across various areas including our emergency departments and mental health services.

All 4 acute sites experienced an increase in emergency department attendances in March 2022.

Demand for mental health services is greater than our available capacity.

Patient acuity



Due to delays in patients coming forward for care during lockdown, and increased waiting times resulting from the pandemic restrictions, a number of patients are now of greater acuity and complexity.

Due to issues with ambulance availability, patient acuity is increasing

% in-patients with acuity level 4 (urgent care) or level 5 (one-to-one care)
March 2020 – 21%
March 2021 – 24%
March 2022 – 31%

in patients that are self-presenting in our emergency departments.

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.

The patient flow issues described above are resulting in insufficient space to treat new patients arriving in our emergency departments.

As at 12th April 2022, our non-COVID-19 beds have been at 95%+ occupancy on all apart from 2 days in the previous 3-month period.

Key improving measures to highlight

- **Mortality:** Crude hospital mortality for February 2022 was 0.98%; the lowest level recorded since June 2019.
- **Delayed follow ups:** In March 2022, total delayed follow ups (31,335) and follow ups delayed by over 100% (18,941) are both showing continued improvement, and performance is below the lower control limit.
- **Patient experience measures:** in March 2022 we witnessed improvements in a number of our patient experience measures:
 - I am listened to: 90.3% (target 80%)
 - I am involved in decisions about my health & care services: 87.3% (target 80%)

Key declining and concerning measures to highlight

- **Unscheduled care:** concerning performance continued in March 2022:
 - Bronglais General Hospital (BGH) declared a Business Continuity Incident due to significant staff absence impacting on patient flow and urgent ambulance release. Immediate actions were taken to mitigate the risk and the incident was resolved within 5 hours.
 - Red call responses within 8 minutes: 43.2% (target 65%). Carmarthenshire 39.6%
 - Ambulance handovers: 1,012 over 1 hour and 356 handovers over 4 hours (targets 0)
 - A&E 4 hour waits: 66.8% (target 95%). Lowest performance in Glangwili General Hospital (GGH) (54%) and Wityhush General Hospital (WGH) (57%).
 - A&E 12 hour waits: 1,433 (target 0). All 4 acute sites are showing concerning variation.
 - Bed occupancy patients aged 75+: In March 2022, bed day occupancy for emergency admission patients aged 75+ showed an upwards trajectory and is now above the upper control limit.
- **Patient experience measures:**
 - Patient experience in our emergency departments: March 2022 evidenced our lowest recorded performance in over 5 years (77.3% against an 85% target).
 - Overall patient experience: 90.5% although above the 90% target, this falls outside the lower control limit.

- **Mental Health:** concerning performance continued in February 2022 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 42.1% (target 80%)
 - Child Neurodevelopment Assessments waits under 26 weeks: 25.9% (target 80%)
 - Mental Health Assessments within 28 days (under 18): 21.9% (target 80%)
 - Mental Health therapeutic interventions within 28 days (under 18): 40% (target 80%)
 - Patients under 18 with a valid care and treatment plan: 75.4% (target 90%)
 - Patients over 18 with a valid care and treatment plan: 83.9% (target 90%)

- **Referral to treatment:** concerning performance continued in March 2022:
 - Patients waiting under 26 weeks – 56.7% (target 95%)
 - Patients waiting over 36 weeks – 30,542 (target 0).
 - HDdUHB residents waiting over 36 weeks for treatment by other providers – 3,390 at February (target 0).

- **Hospital initiated cancellations:** In February 2022, performance (103 procedures postponed within 24 hours for non-clinical reasons) is showing special cause concerning variation and above the upper control limit for only the second time since the beginning of the pandemic.

- **Therapies:**
 - Total number of patients waiting for a specific therapy: this is showing concerning variation, there were 969 patients waiting over 14 weeks in March 2022.
 - Occupational Therapy: The number of patients waiting over 14 weeks continues to rise. In March 2022 there were 487 patients waiting, this is more than double the upper control limit and the most waits in Occupational Therapy the Health Board has seen.
 - Dietetics: In March 2022, 90 patients were waiting over 14 weeks, which is above the upper control limit. However, this service has seen a steady a reduction in waits since the 187 reported for December 2021.
 - Physiotherapy: There were 268 patients waiting over 14 weeks for physiotherapy in March 2022; physiotherapy waits have been showing concerning variation since September 2021.
 - Clinical Musculoskeletal Assessment and Treatment service (CMATs): In March 2022 there were 138 patients waiting over 6 weeks for this service against the target of 0.

- **Diagnostics:**
 - Endoscopy: There were 1,504 patients waiting over 8 weeks for an endoscopy diagnostic in March 2022. Performance has been above the upper control limit of 1,237 since December 2021.
 - Neurophysiology: This service has been showing concerning variation since January 2021, the highest number of patients waiting reached 966 in April 2021. There were 716 patients waiting over 8 weeks in March 2022.

- **Cancer:** In February 2022, 50% of patients started their first definitive cancer treatment, which is below the lower control limit (target 75%).

- **Measles, mumps and rubella (MMR) vaccination:** performance continues to deteriorate 88.5%, failing to meet the 95% target for the first 9 months of 2021/22. There are not yet enough data points (15 or more) to produce an SPC chart.

Other important areas/changes to highlight

- **Medicines Management:** the target for total antibacterial items per 1,000 STAR-Pus has been revised following an error by using the incorrect baseline. Please note we are awaiting confirmation from Welsh Government Delivery and Performance of the correct target figures prior to 2021/22
- **Mental Health:** data for assessments within 28 days and therapeutic interventions within 28 days (both under and over 18) has been slightly revised from April 21 to February 22 due a change to the way outcome information is captured.
- **Ophthalmology:** Performance in February 2022 was 68.2% against a target of 95%. Common cause variation is showing for this measure and performance is within expected limits.
- **Follow ups:** In March 2022, there were 66,418 patients 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.
- **Stroke:** Mechanical thrombectomy has seen a performance improvement to 2% (target 10%) in February 2022. Despite continuously failing to meet target due to challenges, the service is taking positive steps to improve the patient outcome.
- **Radiology:** The number of patients waiting over 8 weeks has been steadily decreasing since December 2021, however, there were a total of 2,556 breaches in March 2022(target 0).
- **COVID-19 risks:** COVID-19- risk relating to achieving the Capital Resource Limit for 2021/22 (was risk score 12) has been removed from the Corporate Risk Register.

Argymhelliad / Recommendation

The Committee is asked to consider the Performance Update report – Month 12 2021/22 and advise of any issues arising, including issues that need to be escalated to the May 2022 Public Board meeting.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

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>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:	NHS Wales Delivery Framework 2021-22
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / 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