



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 April 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 12 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 12, 2022/23 Integrated Performance Assurance Report (IPAR) which summarises the Health Board's progress against a range of national and local performance measures. The Strategic Development and Operational Delivery Committee (SDODC) is asked to consider whether an assurance, or otherwise, can be taken from the IPAR – Month 12 2022/2023.

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 March 2023](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

The 2022/23 Performance Framework end of year qualitative updates listed below, were submitted to Welsh Government (WG) during the week beginning 10 April 2023. The updates can be accessed via our [internet site](#).

- Progress against the Health Board's plans to deliver the NHS Wales Weight Management Pathway
- Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy
- Progress to develop a whole school approach to CAMHS in reach services
- Progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis
- Progress against the priority areas to improve the lives of people with learning disabilities
- Progress of NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan
- Evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-2022 Programme
- Evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes

Note: The Health Board's Executive Team receive weekly updates on the planned care and Urgent and Emergency Care (UEC) performance targets, as outlined within our accountability conditions from Welsh Government. A summary of our position as of 31 March 2023 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

Ministerial Priority = MP

All = AC, EM & MP

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 into Targeted Intervention (TI) status for planning and finance, as well as Enhanced Monitoring (EM) for performance. In addition, WG 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 in post. For further details see the 'System Measures' section of the latest update of the [IPAR dashboard](#).

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
All	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 activity in March 2023: <ul style="list-style-type: none"> New outpatients – we completed 18% more appointments than our monthly average in 2019/20 Inpatients – 30% less inpatient procedures were undertaken compared to our average monthly activity levels in 2019/20 Day cases – 15% less day case procedures were undertaken compared to our average monthly activity levels in 2019/20.
All	Planned care recovery: Deliver zero 52 weeks wait for first outpatient appointments by June 2023	Blue	Improving	Consistently missing	Exceeded	<ul style="list-style-type: none"> 3,715 patients were waiting over 52 weeks for a first outpatient appointment at the end of March 2023. Our local trajectory estimates this position will reduce to 2,813 by the end of June 2023, with breaches only expected in ENT, Colorectal and Vascular specialties.

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
All	Planned care recovery: Deliver zero 104 weeks waits for treatment by Spring 2023	Blue	Improving	Consistently missing	Exceeded	<ul style="list-style-type: none"> We exceeded our draft 3-year plan aim for March 2023 with 3,495 patients waiting over 104 weeks for treatment against our trajectory of 4,087. Our ambition is to reduce this position to around 2,609 breaches (with no patients waiting over 104 weeks for an outpatient appointment) by the end of June 2023.
All	Urgent and emergency care: Eradicate ambulance handovers to emergency departments taking longer than 4 hours by 31 March 2023	Grey	Usual variation	Hit and miss	Not achieved	<p>Timely ambulance handovers remain a challenge. All ambulance conveyances are triaged upon arrival. Main issues:</p> <ul style="list-style-type: none"> Emergency departments consistently escalated and overcrowded. Significant challenges across sites due to infection control issues, resulting in ward closures restricting patient flow. Staffing deficits remain a challenge. Significant number of patients (294 as at 22nd March 2023) are ready to leave our acute / community hospitals but are unable to be discharged primarily due to a lack of social care and domiciliary support. <p>Despite these difficulties, in March 2023 16.6% of ambulance handovers took more than 4 hours, this is a very minimal decline to February (16.2%), as each site strives to achieve the target.</p>
All	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	<ul style="list-style-type: none"> As 28 February 2023: <ul style="list-style-type: none"> 51% of patients seen within 62 days 2,858 Total number on the SCP 276: Number awaiting Diagnostics (Radiology & Endoscopy) 120 Number awaiting Tertiary Treatment 24: Number awaiting surgery Total referrals in February: 1,747 The remainder of patients on the pathway are waiting for an out-patient appointment (OPA) or have an OPA date booked, results and appointments/interventions. Oncology and surgical cancer treatments have exceeded pre-pandemic levels.

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
All	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	Orange	n/a	n/a	n/a	<p>March 2023 overall backlog decreased by 64 from previous month. 30 ahead of internal prediction.</p> <p>Note: Not all backlog patients will become SCP breaches.</p>
All	Mental health: Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories	Grey	Usual variation	Hit and miss target over 12+ month period	n/a	<p>In February 2023, 95 out of 111 (85.6%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 70% of mental health assessments were undertaken within 28 days for patients aged 0-17.</p> <p>Main Issues: Onboarding of new staff, sickness and annual leave has impacted availability of initial assessments slots. An increase in Did Not Attend (DNAs) with inability to fill at short notice.</p> <p>Actions: recruitment drives, improved team communication and commenced weekend waiting list initiative in Pembs.</p>
AC	Mental health: Meet the agreed improvement trajectory for psychological therapies by 31 March 2023	Grey	Usual variation	Consistently Missing	n/a	<p>In February 2023, 504 out of 1,133 (44.5%) adults waited less than 26 weeks to start a psychological therapy.</p> <p>Main issues: sickness, vacancies, increasing referrals which are leading to demand and capacity gaps.</p> <p>Actions: recruitment, regular waiting list and staff job plan reviews and establishing group therapy sessions to help improve the position.</p>
All	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	<p>In February 2023, 453 out of 2,408 (18.8%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 106 out of 432 (24.5%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment.</p> <p>Main issues: sickness, vacancies, estate issues, demand and capacity gaps and backlogs created during the pandemic.</p> <p>Actions: recruitment drives, staff training and regular job plan reviews along with ongoing work to secure additional estates to increase capacity.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
AC & EM	C.Difficile: Reduce the number of cases	Orange	Concerning	Hit and miss	n/a	In March 2023, there were 14 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 and control. Progress against the Improvement Plan will be monitored and reported monthly. The plan has five core commitments: changing the culture, leadership, improving quality and safety, measuring success and public health. Each of these five 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 March 2023, we had 30 cases which is an increase 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

- Capacity and throughput in outpatients is now similar to pre-COVID levels with some areas exceeding throughput by the use of alternative pathways.
- 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.
- Two new day surgical theatres opened on the 5 December 2022 at Prince Philip Hospital.
- A 'CT in a box' has been installed at Withybush General Hospital (WGH). This is a mobile unit used to increase capacity.
- Introduction of text reminder for mental health appointments to alleviate the number of DNAs.
- 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

- We are having a positive effect on reducing the number of breaches by removing those patients no longer needing care eg, their issue has resolved, patient has received alternative treatment. Validation has accounted for 6,375 waiting list removals in the year April 2022 to March 2023 (838 in March 2023).

Same Day Emergency Care

- Being progressed across all acute sites, along with the Same Day Urgent Care (SDEC) 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

- Despite extreme system pressures, there were no business continuity incidents (BCI) declared in March 2023.

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. Historically we have used agency to recover positions as and when necessary, however, this is becoming increasingly difficult to do. As an alternative we are 'over recruiting' against our traditional baseline but within our funding envelope, based on historical run rate of absences and vacancies. We are successfully recruiting from overseas but lead in times are considerable.

Patient acuity

- Due to delays in patients coming forward for care and increased waiting times, many patients are 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 22 March, 294 of our inpatients were ready to leave, 245 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 (EDs) and assessment units, with a number of patients waiting for an inpatient bed. On the morning of 12 April, we had 70 unplaced patients (awaiting admission) in our EDs but only had spaces for 38 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.
- Prince Philip Hospital (PPH) and WGH experienced significant challenges due to infection control issues which restricted flow on both sites.

Demand and capacity

- Insufficient accommodation space to treat new patients arriving in our EDs due to patient flow issues described above, Glangwili Hospital being the site with the greatest impact. The improvement plan for Glangwili Hospital currently includes SDEC in place on weekdays and Welsh Ambulance Service Trust (WAST) to refer into SDEC to avoid conveyance to Accident and Emergency (A&E), a frailty pathway is being established for the front door with the Home First team supporting with admission avoidance and support of frail older patients, and medically fit cohorting on "Y Lolfa" to release acute beds.
- As of 29 March, our acute hospitals have been at 95%+ occupancy for more than 12 months.
- High demand across various areas including referrals for mental health services, single cancer pathway and endoscopy. 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), March 2023:
 - Percentage of patients waiting under 26 weeks: 60.2% (target 95%). This measure is showing common cause variation.
 - Patients waiting 26 weeks and over: 39,523 breaches and special cause concerning variation showing.
 - Patients waiting 36 weeks and over: 27,973 (target 0). The number of in-month breaches has reduced for the seventh consecutive month and the March position reports the lowest number of breaches since April 2021. Improving variation showing.
 - Patients waiting over 104 weeks: 3,495 (target 0). The number of in-month breaches has reduced for the 12th consecutive month and the March 2023 position reports the lowest number of breaches since October 2021. Improving variation showing.
 - Patients waiting over 52 weeks for a new outpatient appointment: 3,715 (target 0), a reduction of 1,302 from February. The number of in-month breaches has reduced for the eighth consecutive month and the March 2023 position reports the lowest number of breaches since October 2020. Improving variation showing.
 - Patients waiting over 104 weeks for a new outpatient appointment: 130 (target 0). The number of in-month breaches has reduced for the 12th consecutive month and the March 2023 position reports the lowest number of breaches since July 2021. Improving variation showing.
 - Residents waiting over 36 weeks for treatment by other providers: In February, the number of patients waiting (3,019) has reduced for the sixth consecutive month and reports the lowest number of breaches since June 2021. Improving variation is now showing.
- Outpatient follow ups: Both delayed follow ups metrics showing special cause improving variation in March 2023, with performance consistently better than pre-pandemic:
 - Follow ups delayed by over 100%: 16,207 (target 14,066).
 - Follow ups delayed past target date: 27,357 (target 23,080).
 - Total number of patients waiting for a follow up appointment: 66,222 (target 43,297) with common cause variation showing.
- Ophthalmology: In February 2023, 64.7% of R1 appointments attended were within their clinical target date, or within 25% delay to their target. The national 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.
- Benchmarking: When compared to the six largest Health Boards in Wales (excluding Powys), for measures where data is available, our Planned Care performance ranks:
 - 1st out of 6 for RTT waits over 36 weeks in January 2023
 - 1st out of 6 for outpatient waits over 52 weeks in January 2023
 - 1st out of 6 for follow ups delayed over 100% in January 2023
 - 2nd out of 6 for RTT waits over 104 weeks in January 2023
 - 2nd out of 6 for % waits less than 26 weeks for RTT in January 2023
 - 2nd out of 6 for Ophthalmology R1 performance in February 2023

Measures to highlight which are showing statistical improvements

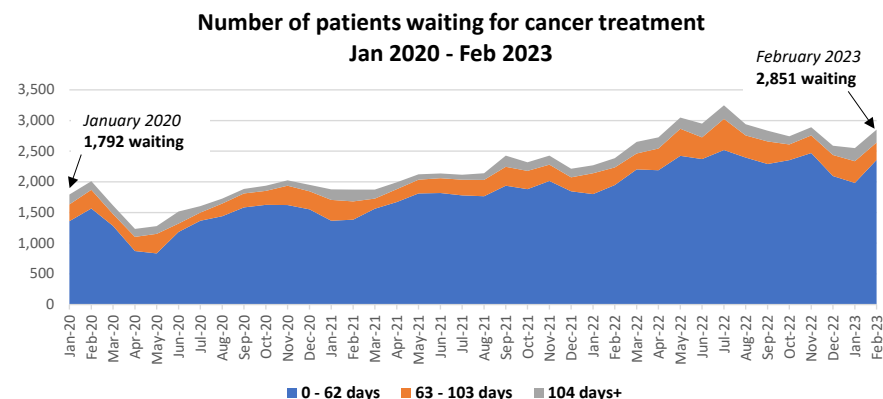
- **Unscheduled care:** In March 2023, improving cause variation performance is shown for the following measures:
 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12-month reduction): 47 minutes. This is only the second time performance is showing improving cause variation since March 2021.
 - Percentage of total emergency bed days accrued by people with a length of stay over 21 days: 50.3%, first time performance is showing improving cause variation since September 2021.
- **Mental Health:** In February 2023, performance is showing improving cause variation for the following measures:
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18): 98.6% (target 90%). Performance continues to improve and is above the target for the second 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.
- **Healthcare Associated Infection (HCAI):** In March 2023, improving cause variation is shown for the following measures:
 - S.aureus; Cumulative rate per 100,000 population: 29 (target 20). Performance is lower when compared to the same period for 2021/22
- **Diagnostics:**
 - Neurophysiology: Although the target (0) has not been met, there is a sustained improvement trend since June 2022, with 142 breaches in March 2023 (677 breaches in May 2022).
 - Imaging: Continuing improvement trend showing, however there were five breaches of the 8-week target in March 2023.
- **Workforce:**
 - Compliance for level 1 competencies of the core skills and training framework exceeded the target of 85% in March with 85.6%, this is the highest level of compliance achieved to date.
 - Personal Appraisal and Development Review (PADR compliance) has improved every month in the last year with 73% achieved in March 2023 (target 85%)
 - Current Job Planning compliance is also showing improving variation with 58% in March 2023 (target 90%)

Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in March 2023:**
 - Ambulance handovers over one hour: 985 (target 0). Performance has slightly improved in the last quarter of 2022/23, although it has remained above the upper control limit since March 2022
 - Lost Ambulance handover hours: 3,996. Performance is above the trajectory (2,899) and has increased since February 2023. However, Bronglais Hospital (BH) and PPH have reported a reduction in lost ambulance handover hours in March 2023.
 - A&E 4 hour waits: 70.4% (target 95%). Lowest performance in WGH (60%).
 - Accident & Emergency 12 hour waits: 1,274 (target 0). The longest wait in March was 260 hours at BGH. All acute sites are showing concerning variation. However, reduction in 12-hour waits have been seen in BH since December 2022.
- **Mental Health: In February 2023, performance is showing special cause concerning variation for the following measure:**
 - Child Neurodevelopment Assessments waits under 26 weeks: 19.7% (target 80%). The overall position is driven by:
 - Autism Spectrum Disorder (ASD) – 18.8%, showing special cause concerning variation
 - Attention Deficit Hyperactivity Disorder (ADHD) – 24.5%, showing improving cause variation
- **Cancer: The trajectories submitted to Welsh Government have been updated to take into 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. In February 2023, 51% of patients started their first definitive cancer treatment within 62 days of the point of suspicion. This equals an additional 34 patients starting treatment with 62 days, compared to the previous month.**

The latest benchmarking data (December 2022) shows Hywel Dda performing fifth out of six other Welsh Health Boards.

February 2023		
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 February 2023
131	258	1,747



- HCAI: In March 2023, performance is showing special cause concerning variation for the following measures:
 - C.difficile cases:
 - Number of confirmed cases (in-month): 14 (target 8). Performance has been above target since November 2020.
 - Cumulative rate per 100,000 population: 52.4 (target 25). Performance is higher when compared to the same period for 2021/22.
 - Klebsiella bacteraemia:
 - Number of confirmed cases (in-month): 10 (target 6). Performance is above target for the eighth consecutive month.
 - Cumulative number of cases: 117 (target 64). Performance is higher when compared to the same period for 2021/22.

- Diagnostics: In February 2023, there were 6,410 patients waiting 8 weeks and over. The latest benchmarking data (January 2023) shows Hywel Dda performing fifth out of seven other Welsh Health Boards.
 - Endoscopy: Breaches have been rising continuously for over a year, however there was a reduction to 2,302 in March from 2,491 in January. Recovery Money funding has been secured until the end of March 2023 for 42 additional lists. This has equated to 252 additional endoscopies in this period. A further application for 36 lists has been submitted to scheduled care for approval for April-June 2023. 1.5 additional substantive lists secured weekly in PPH, 1 additional substantive list secured in BH. A regional plan for Endoscopy is being developed with initial proposals shared with Welsh Government. A local plan for Hywel Dda is being drafted with an intended completion date of Quarter 2, 2023. Both Hywel Dda and Swansea Bay University Health Board (SBUHB) are due to meet within the next month to review the regional proposals shared with WG. It should be noted that recovery of endoscopy capacity will require additional investment above levels committed for 2022/2023. A plan and timescales for implementation on both a local and regional footprint are yet to be agreed. The latest benchmarking data (January 2023) shows Hywel Dda performing fourth out of seven other Welsh Health Boards.
 - Cardiology: There were 1,442 patients waiting over 8 weeks in March 2023. Echocardiography is the main diagnostic driving the overall breach position, we anticipate the breach position to decrease with plans for additional in-sourcing and in-house capacity during March 2023 and Q1 of 23/23. Additional substantive establishment will be required to maintain a breach-free position once the current backlog is cleared utilising additional funded short-term capacity.
 - Radiology: Following a continuous month-on-month reduction in performance from May to November 2022, breaches of the 8-week target have been rising each month with 2,488 breaches in March. The service has experienced increased referrals and reduced capacity since December 2022, with an increase of 2,533 requests in March 2023 which resulted in a decrease in capacity for the patients waiting over eight weeks.

- Stroke: In March 2023, performance is showing special cause concerning variation for the following measure:
 - Percentage of stroke patients receiving 45 mins of Speech and Language Therapy; 20.1% (target 50%). Performance continues to decline month on month and is now below the lower control limit for the fourth consecutive month. A Speech and Language Therapy (SALT) therapist for stroke is now in post so performance should steadily improve over the forthcoming months. The GH Sentinel Stroke National Audit Programme (SSNAP) report is incomplete for December, January, February, and March 2023 so will not reflect the correct performance.

- Therapies as a whole service is showing special cause concern variation, in March 2023 breaches rose to 1,895 patients waiting 14 weeks and over for a specific therapy. The latest benchmarking data (January 2023) shows Hywel Dda performing sixth out of seven Health Boards. Reasons for the increased breach positions across therapy services include reduction in agency staff, delays in recruitment of band 6 staff and industrial action. Due to the advance notice of the intent to take industrial action given by members of staff who are members of the Chartered Society of Physiotherapists, and based on responses, we cancelled approximately 95% of Physiotherapy related activity to ensure service users had prior notice. However, due to the timescale of the strike being stood down, we were unable to ensure all cancelled clinical appointments were refilled. All patients who had been cancelled have since been contacted and offered alternative appointment dates.
 - Physiotherapy: As predicted, in March 2023, there was another sharp increase to 980 patients waiting 14 weeks and over, issues included: the impacts associated with standing-down and then rebooking of scheduled activity due to industrial action, an increase in annual leave, post graduate study leave and increase in short term illness during February. With the current workforce position and recruitment lead times it is possible Musculoskeletal (MSK) services will recover to a zero-breach position by December 2023. However, community services currently have an escalating breach position. The current focus is to reduce urgent breaches over the next three to four months to zero and to stabilise the current escalating routine waiting times position.
 - Occupational Therapy: There were 467 breaches in March. Breaches have been steadily reducing for the last five months; however, staffing and vacancies remain a challenge across the service. Within Children's services we have seen a significant increase in social care referrals in Carmarthenshire and due to the complexity of cases this has a significant impact on capacity.
 - Podiatry: In March 2023, there were 220 patients waiting 14 weeks and over, the majority within Carmarthenshire. New staffing appointments and continued validation of the waiting list has contributed to reducing the number of breaches.
 - Dietetics: This service has seen a fluctuating position over the last two years with five significant peaks and troughs seen in performance since May 2021. In March 2023 there were 130 breaches with the majority for weight management services where there has been the biggest increase in demand. The impact of service delivery over the next few months will be monitored to understand the level of complexity of referrals received by the service.
- Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified): 106, performance is showing cause concerning variation for the first time since July 2021.
- Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19: 45.6% (target 42.1%). Target is a reduction against the same month in 2021-22.

Other important areas/changes to highlight

- **Unscheduled Care:** Common cause variation is showing in March 2023 for the following measures:
 - Red call responses within eight minutes: 48.9% (target 65%). Hywel Dda is third out of the seven Health Boards, with the lowest performance in Ceredigion at 40.9%. Performance is showing common cause variation for the second consecutive month since February 2022
 - Ambulance handovers over four hours: 347 (target 0), BGH and PPH have shown an improvement since February 2023.
 - BH: 14 handovers
 - GH: 204 handovers
 - PPH: 51 handovers
 - WGH: 78 handovers

The longest handover was 23 hours at GH.

 - Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission: 573, lowest reported since September 2021.
 - Median time from arrival at an emergency department to triage by a clinician (target 12-month reduction) is showing 23 minutes for January 2023.
- **Mental Health:** Common cause variation is showing in February 2023 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 44.5% (target 80%). The overall position is driven by:
 - Integrated Psychological Therapy (IPTTS) – 46.4%, showing improving cause variation
 - Adult Psychology – 37.7%, showing special cause concerning variation
 - Learning Disabilities Psychology – 29.8%, showing common cause variation
 - Percentage of Mental Health assessments undertaken within 28 days (under 18): 70% (target 80%), performance has met the trajectory (70%)
 - Percentage of Mental Health Assessments undertaken within 28 days (over 18): 94.7% (target 80%), performance has been above target for the second consecutive month.
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (over 18): 88.1% (target 90%), performance has fallen below target for the first time since October 2022.
 - Percentage of Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 85.6% (target 80%), performance has been above target for the third consecutive month.
 - Mental Health therapeutic interventions within 28 days (under 18): 48.1% (target 80%), performance is below the trajectory (75%) for the third consecutive month.
 - Mental Health therapeutic interventions within 28 days (over 18): 97.7% (target 80%), performance has been above target since February 2021.

- HCAI: Common cause variation is showing in March 2023 for the following measures:
 - S.aureus cases;
 - Number of confirmed cases (in-month): 12 (target 7).
 - Cumulative rate per 100,000 population: 29 (target 20). Performance is lower when compared to the same period for 2021/22
 - E.coli cases:
 - Number of confirmed cases (in-month): 30 (target 22).
 - Cumulative rate per 100,000 population: 86 (target 67). Performance is lower when compared to the same period for 2021/22.
 - Pseudomonas aeruginosa cases;
 - Number of confirmed cases (in-month): 3 (target 2).
 - Cumulative number of cases: 29 (target 24). Performance is slightly lower when compared to the same period for 2021/22.

- Therapies:
 - Art Therapy: The number of patients waiting 14 weeks and over for Art Therapy began to rise in August 2022 due to increase in referrals following the promotion of the service within multi-disciplinary team (MDT) meetings. In March, the number of breaches rose again to 38. The service only has one Art Therapist and whilst group therapy sessions are being piloted, demand is exceeding capacity and additional resource is needed.
 - Speech and Language: Breaches of the 14-week target for Speech and Language Therapy (10 in March 2023) are within our Adult Learning Disabilities service. The majority of patients waiting are for services within Pembrokeshire, where there are a number of vacancies following retirements.

- Diagnostics:
 - Physiological measurement: This measure has gone from consistently showing improving variation to showing common cause variation, breaches rose for the fourth consecutive month in March 2023 to 31 patients waiting 14 weeks and over. Equipment used in out-patients was unavailable for over six weeks, resulting in patients being diverted to the clinical nurse specialist (CNS) Flow clinic, where demand outstripped capacity causing a backlog of waits. The flow machine has now been recommissioned in out-patients. Additional clinics will be arranged during May and June 2023 to increase capacity, improved performance is expected by mid-June 2023.

- Stroke: In March 2023, performance is showing common cause variation for the following measure:
 - Percentage of stroke patients having direct admission to a stroke unit within four hours; 34.15% (target 40.9%). Performance is showing common cause variation for the fourth consecutive month. The GH SSNAP report is incomplete for December, January, and February 2023, it will be uploaded to IRIS once available.
 - Percentage of stroke patients who receive mechanical thrombectomy; 2.08% (target 10%). This is the second consecutive month that we are showing performance as common cause variation. The GH SSNAP report is incomplete for December, January, February, and March 2023 so will not reflect the correct performance.

- Hip Fractures: Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 49% (target 50%) for March 2023. Concerning performance is driven by WGH (0%), however performance should improve in the coming months as a new Specialist Registrar has commenced at WGH in April.
- Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported): 159, which is the third highest since June 2022. However, it is showing common cause variation.
- Mortality: The crude hospital mortality rate in February 2023 was 0.83%, a reduction from 1.32% in January and the lowest level recorded.
- Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19; 24.6% (target 15.7%). Target is a reduction against the same month in 2021-22.
- Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within one hour of their initial call being completed: 88.43% (target 90%), performance has been below target since October 2022.
- Patient Experience: Overall patient experience exceeded the target of 90%, with 95% of patients reporting a positive response in March. However, there are a couple of areas where a concerning variation is showing including:
 - I was able to communicate in Welsh to staff: 50% (target 80%)
 - I am supported and encouraged to share my experience of care, both good and bad to help improve things: 79% (target 90%)
 - My care is provided in the most appropriate setting to meet my health needs: 70% (target 90%)

The areas which have exceeded the target include:

- I am listened to
- I am treated with dignity, respect and kindness
- I feel supported to take more personal responsibility for my own health
- % patients reporting a positive experience attending emergency departments

Argymhelliad / Recommendation

The Strategic Development and Organisational Delivery Committee is asked to CONSIDER whether an assurance, or otherwise, can be taken from the IPAR – Month 12 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