

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	24 November 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 7 2021/2022
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 7 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<sup>st</sup> October 2022](#). Ahead of the Board 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<sup>st</sup> October 2022 is included in the 'Accountability conditions and key improvement measures overview' section below.

As well as the quantitative measures included in the IPAR dashboard, the 2022/23 NHS Performance Framework also includes nine qualitative templates that we are required to complete. The updates listed below have been submitted to Welsh Government since the September 2022 Board meeting and can be accessed via our [internet site](#).

- Dementia learning and development framework update
- NHS Wales' contribution to de-carbonisation update
- Help Me Quit and smoking during pregnancy update

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](mailto:GenericAccount.PerformanceManagement@wales.nhs.uk)

**Cefndir / Background**

The 2022/2023 NHS Performance Framework can be accessed via the supporting documents section of the [Monitoring our performance](#) internet page.

## Asesiad / Assessment

### Report key

AC = Accountability Conditions

EM = Enhanced Monitoring

Both = AC & EM

### Current status key

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

Grey = usual variation, starting to improve or near trajectory

Blue = improving variation, improvement in performance or meeting trajectory



## Key areas for improvement

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

Report	Area for improvement	Current status	Performance			Notes
			Over time	National target	Local trajectory	
Both	<b>Urgent and emergency care:</b> Eradicate ambulance handovers to emergency departments taking longer than 4 hours by 31 <sup>st</sup> March 2023	Grey	Usual variation	Consistently missing	Failed	Timely ambulance handovers remain a challenge with our emergency departments consistently escalated and overcrowded. All ambulance conveyances are triaged upon arrival. Staffing deficits are challenging and have an impact. There are significant number of patients (100+) who are ready to leave hospital but are unable to be discharged due to a lack of social care and domiciliary support. The SPC chart will be developed further for the next iteration of IPAR.
Both	<b>Planned care recovery:</b> Ensure actual activity realised is back to 19/20 levels especially in surgical specialties	Orange	n/a	n/a	n/a	For surgical specialties, in October 2022 when compared to our activity levels in October 2019 we achieved: <ul style="list-style-type: none"> <li>• 100% new outpatient activity</li> <li>• 57% follow up outpatient activity</li> <li>• 91% inpatient activity</li> <li>• 83% day case activity</li> </ul>
Both	<b>Planned care recovery:</b> Deliver zero 52 weeks wait for first outpatient appointments by December 2022	Orange	Concerning	Consistently missing	Failed	We missed our improvement trajectory for October 2022. However, the total cohort of patients waiting over 52 weeks for a new outpatient appointment by December 2022 has reduced by 16,258 (from 30,789 in April to 14,531 in October). We are on course to achieve our local trajectories by 31 December 2022.

Report	Area for improvement	Current status	Performance			Notes
			Over time	National target	Local trajectory	
Both	<b>Planned care recovery:</b> Deliver zero 104 weeks waits for treatment by Spring 2023	Blue	Improving	Consistently missing	Failed	We failed to meet our 3-year plan aim for October 2022 with 6,917 patients waiting over 104 weeks for treatment against our trajectory of 6,080. However, when looking at the total cohort of patients that will be waiting over 104 weeks by March 2023, we are ahead of our improvement trajectory and the total cohort has reduced by 10,184 since April 2022 (from 21,312 in April to 11,128 in October). We are on course to exceed our year end local delivery trajectory for this measure.
Both	<b>Cancer:</b> Reduce the backlog of patients waiting over 104 days by end of October, with clear trajectories for sustainable backlog removal by end of December	Grey	n/a	n/a	n/a	The total backlog of patients waiting over 62 days has been reduced from 545 in September, to 387 at the end of October (of which 133 patients were waiting over 104 days). This is the 3rd consecutive month in which the backlog has fallen and represents a 47% reduction in the backlog since July 2022. We expect to reduce the total backlog waiting over 62 days to 264 and total waiting over 104 days to 55 by the end of December 2022. There are a number of actions being taken across the specialties to reduce the backlog and improve performance, including additional capacity through insourcing, recruitment, regional working and FIT testing in Primary Care.
Both	<b>Cancer:</b> At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion by end of March 2023.	Orange	n/a	n/a	n/a	Single cancer pathway (SCP) performance is expected to be compromised whilst the 62+ days backlog reduces. SCP performance is expected to significantly improve to meet the 75% national target by March 2023. Issues: Complex patient pathways, radiology, endoscopy, out-patient appointment & tertiary capacity. Actions: In addition to the actions listed above, introduction of a rapid diagnosis clinic (RDC) within the Health Board for patients with vague symptoms, who do not meet the criteria for the Site-Specific Tumour pathways.

Report	Area for improvement	Current status	Performance			Notes
			Over time	National target	Local trajectory	
Both	<b>Mental health:</b> Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories	Grey	Usual variation	Hit and miss	n/a	We have achieved target for two consecutive months. In September 2022, 66 out of 77 (82%) children and adolescents were waiting less than 28 days from referral to appointment. However, the aim is to achieve full compliance by February 2023.
AC	<b>Mental health:</b> Meet the agreed improvement trajectory for psychological therapies by 31 <sup>st</sup> March 2023	Grey	Usual variation	Consistently Missing	n/a	In September 2022, 429 out of 1056 (41%) 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: regular waiting list and staff job plan reviews and establishing group therapy sessions to help improve the position.
Both	<b>Neurodevelopmental services:</b> Submit an improvement trajectory to demonstrate how we will meet the national target by 31 <sup>st</sup> March 2023 and have clear plans in place to improve neurodevelopmental services	Grey	Usual variation	Consistently missing	n/a	In September 2022, 1,815 (81%) children and adolescents were waiting for an Autism Spectrum Disorder (ASD) assessment and 317 (79%) waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment over 26 weeks. Main issues: sickness, vacancies, estate issues and demand and capacity gaps. Actions: recruitment drives, staff training and regular job plan reviews along with ongoing work to secure additional estates to increase capacity.
Both	<b>C.Difficile</b> – reduce the number of cases	Orange	Concerning	Hit and miss	n/a	In October 2022, there were 16 C.difficile cases, a reduction of 5 cases from September. 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.

Report	Area for improvement	Current status	Performance			Notes
			Over time	National target	Local trajectory	
AC	E.Coli – reduce the number of cases	Grey	Usual variation	Hit and miss	n/a	In October 2022, we had 32 cases which is higher compared to the same period in 2021. Cases have been above target since August 2022. Main Issues: Seasonal fluctuation of E.coli bacteraemia can make the monthly target difficult to achieve. 70% of cases are community based, Actions: Improvement Plan created. See C.Difficile above for further details.
n/a	Workforce: Increase the number of nurses and midwives we have in post	Blue	Improving	n/a	Achieved	We are above our improvement trajectory to achieve 2,854 nursing and midwifery staff in post by the end of Q3 2022. This is attributable to streamlining of newly qualified registered nurses and other actions within our Nursing Workforce Plan, including the active workplan of the Nursing Retention Task & Finish Group, the International Registered Nursing Recruitment Project and a targeted campaign for return to practice nurses.
AC	Finance: Submit an improvement trajectory outlining how we will deliver a financial position that is a significant improvement on the current draft financial plan within this financial year	n/a	n/a	n/a	n/a	Please refer to Financial Report contained within <a href="#">Board Agenda and Papers 24<sup>th</sup> November 2022</a> .



## 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 to mitigate the reduction in face-to-face capacity
- A dedicated cataract theatre is running at Amman Valley Hospital Day Surgery Unit to increase day case activity.
- A new out-patient facility for physiotherapy is planned for Aberystwyth to increase clinical capacity for new patients.
- A 'CT in a box' has been installed at Withybush. This is a mobile unit used to increase capacity.
- Did not attend text reminder being introduced for mental health appointments

### **Quicker diagnosis**

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

### **Waiting list validation**

- Having a positive effect on reducing the number of breaches by removing those patients who no longer need care. Validation has accounted for 2,668 waiting list removals since April 2022 (327 in October).

### **Same Day Emergency Care**

- Being progressed across all acute sites, along with the Same Day Urgent Care service operating from Cardigan Integrated Care Centre. The aim is to minimise admissions, with wrap around care from the community available to support admission avoidance where assessment and diagnostics have determined it is safe and appropriate to do so.

### **Ambulance triage and release**

- To reduce the impact on our acute hospital front doors during peak hours (10am-2pm), patients waiting for an ambulance are given a GP triage assessment and streamed accordingly.
- Ambulance crews can request release from waiting outside a hospital to attend life threatening emergency calls and at Glangwili, released for more serious calls (amber 1).



## Key risks impacting our performance

### Staff shortages

- Vacancy gaps, staff retention, staff sickness and carry over of annual leave from the pandemic all continue to impact on our capacity to see and treat patients across the Health Board.
- A noticeable reduction in availability of agency staff across all therapy services which has previously given significant additional capacity.

### Patient acuity

- Due to delays in patients coming forward for care during lockdown and increased waiting times, many patients are now of greater acuity and complexity than pre-pandemic.

### Patient flow

- The numbers of patients with complex discharge requirements are resulting in discharge delays while arrangements are put in place to meet the patient's needs. Most delays are attributable to timely access to various pathway assessments, domiciliary care provision, availability of reablement packages and care home placements. As at 7<sup>th</sup> November 2022, 139 of our inpatients were ready to leave. The vast majority of these patients are in our acute hospitals.
- Risk to patients waiting in the community for an ambulance or access to treatment / transport. Patients potentially at risk whilst they remain on an ambulance outside of hospital.
- Discharge delays are impacting on our emergency departments and assessment units, with a number of patients waiting overnight on trolleys and chairs for an inpatient bed. On the afternoon of 26<sup>th</sup> October, we had 64 unplaced patients (not in a bay) in our emergency departments.

### Demand and capacity

- High demand across various areas including referrals for mental health services, single cancer pathway, endoscopy and echocardiography.
- Endoscopy, Cardiology and Radiology have identified that without increased capacity to enable additional activity, breaches will rise in the coming months. Current breaches against the target of 0 patients waiting over 8 weeks for a diagnostic are: Endoscopy - 2,017, Radiology - 1,974, Cardiology - 1,598.
- High rate of patients that did not attend appointments continues to impact mental health service capacity
- Insufficient accommodation space to treat new patients arriving in our emergency departments due to patient flow issues described above. Glangwili Hospital are exploring introducing a pod to create additional space and will provide an update in the next IPAR.
- As of 31<sup>st</sup> October 2022, our acute hospitals have been at 95%+ occupancy on all except 2 days in the previous 10 months.

## Measures to highlight which are showing statistical improvements

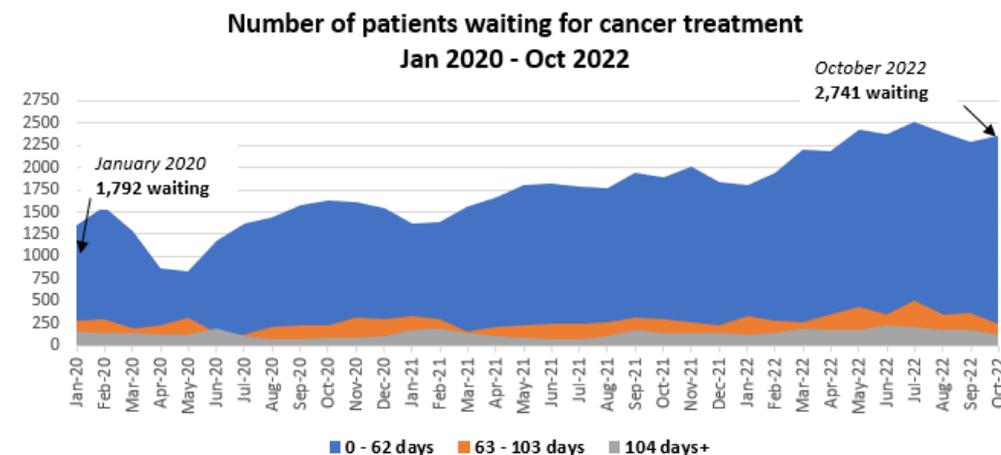
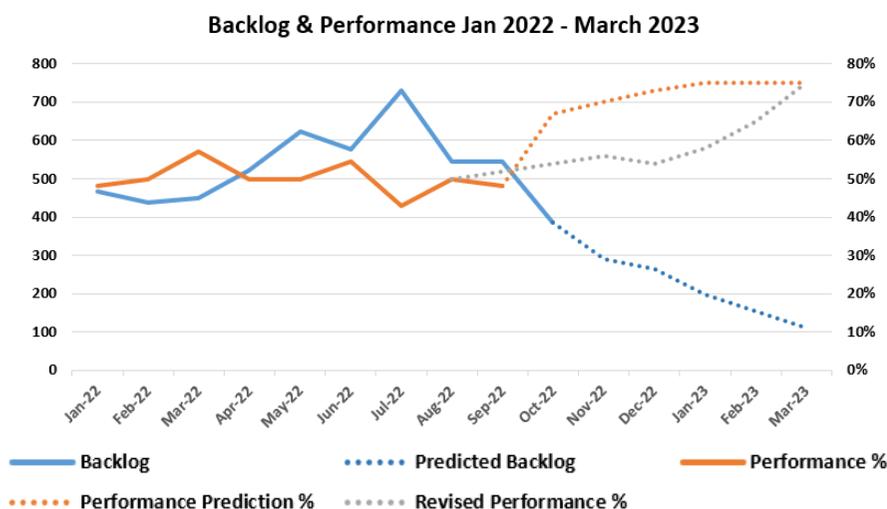
- Referral to treatment (RTT): Special cause improving variation showing from March 2022 for:
  - Patients waiting over 104 weeks: 6,917 (target 0).
  - Patients waiting over 104 weeks for a new outpatient appointment: 2,598 (target 0)
- Follow ups: Both delayed follow ups measures continue to show special cause improving variation in October 2022 and the lowest levels recorded since before the pandemic:
  - Follow ups delayed by over 100%: 17,527 (target 14,066).
  - Follow ups delayed past target date: 27,862 (target 23,080).
- Diagnostics: The following diagnostic measures are showing special cause improving variation for the number of patients waiting 8 weeks or over against a target of 0:
  - Imaging: 2
  - Physiological Measurement: 13
  - Neurophysiology: 313
  - Radiology: 1,974 (reduced breaches for 5 consecutive months)
- Therapies: Speech and language therapy has achieved the target of 0 breaches for the last 5 months.
- Workforce:
  - Staff leaving post with 12 months: Improving variation now achieved, with 0.62% in October 2022.
  - Staff receiving a PADR within the previous 12 months: This is now showing improving variation with 67.5% compliance against a target of 85% in October, the increase in performance is attributed to the new Pay Progression Policy.
  - Job Planning: In October 2022, 58% of Consultants and SAS doctors had an up-to-date job plan (244 are current of the 432 total), compliance has risen for the 3<sup>rd</sup> consecutive month.

## Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in October 2022:**
  - Red call responses within 8 minutes: 39.4% (target 65%). Lowest performance Ceredigion 37.6%.
  - Ambulance handovers: 1,124 over 1 hour and 386 handovers over 4 hours (targets 0). Performance continues above the upper control limit since November 2021. The longest handover was 25.6 hours at GGH.
  - Ambulance handover lost hours is 4,487.6 and showing special cause concerning variation.
  - Median time from arrival at an emergency department to triage by a clinician (target 12 month reduction) is showing common cause variation at 28 for August 2022.
  - Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12 month reduction) is showing 75 for August 2022.
  - A&E 4 hour waits: 69.7% (target 95%). Lowest performance in Wthybush General Hospital (WGH) (58.3%)
  - Accident & Emergency 12 hour waits: 1,351 (target 0). All acute sites are showing concerning variation. The longest wait in October was 142.5 hours at BGH.
- **Planned Care:**
  - RTT (October 2022):
    - Patients waiting over 36 weeks: 31,558 (target 0). The number of in-month breaches has reduced for the second consecutive month.
    - Patients waiting over 52 weeks for a new outpatient appointment: 11,414 (target 0). However, the number of month breaches has reduced for the third consecutive month.
    - Residents waiting over 36 weeks for treatment by other providers: In September, the number of patients waiting (3,668) was showing special cause concerning variation.
  - Procedures postponed within 24 hours for non-clinical reasons: 70 in September 2022. Performance has been above the mean since September 2021.
- **Mental Health: In September 2022, performance is showing special cause concerning variation for the following measure:**
  - Mental Health therapeutic interventions within 28 days (under 18): 42% (target 80%)

- Cancer: In September 2022, 48% of patients started their first definitive cancer treatment within 62 days of the point of suspicion. The trajectories submitted to Welsh Government have now been reviewed with a shadow performance prediction generated to take in to account the significant backlog that was created as a result of the pandemic. The latest benchmarking data (August 2022) shows Hywel Dda performing 4<sup>th</sup> out of 6 other Welsh Health Boards.

September 2022	
No. of patients who received their 1 <sup>st</sup> treatment within 62 days from the point of suspicion	Total number of patients waiting for their first cancer treatment
117	243



- Diagnostics as a whole service is showing special cause concerning variation, with 5,917 patients (36.9%) waiting 8 weeks and over in October 2022. The latest benchmarking data (August 2022) shows Hywel Dda performing 5<sup>th</sup> out of 7 other Welsh Health Boards.
  - Cardiology: In October 2022 there were 1,598 patients waiting over 8 weeks. Echocardiography is the main diagnostic driving the overall increasing breach position this is due to on-going capacity constraints.
  - Endoscopy: In October breaches rose to over 2,000 for endoscopy services. Trajectories submitted in our draft 3-year plan were based on securing funding for additional Endoscopy lists through insourcing. We are currently scoping potential capacity through in-source providers for the period January to March 2023. Should potential capacity be identified, this would need further approval by the Board given our financial constraints. It is anticipated that without the additional capacity for in-sourcing, the number of patients waiting over 8 weeks will continue to rise. The latest benchmarking data (August 2022) shows Hywel Dda performing 3<sup>rd</sup> out of 7 Health Boards.

- Therapies as a whole service is showing special cause concern variation, in October 2022 1,743 patients were waiting 14 weeks and over. The latest benchmarking data (August 2022) shows Hywel Dda performing 4<sup>th</sup> out of 7 Health Boards. There has been a reported increase in complexity of referrals, due to delayed access to routine service provision during the COVID-19 pandemic. This has increased the number of urgent appointments and reduced the availability of routine appointments thus increasing waiting times. All Therapy referrals continue to be triaged as urgent or routine, with prioritisation of urgent referrals. Significant staffing deficits continue to impact upon capacity in Paediatric Occupational Therapy and Podiatry. The impact of carry-over of leave, reduction in uptake of additional hours, and noticeable reduction in availability of agency provision continues to pose operational challenges.
  - Occupational Therapy: In October 2022, there were 611 patients waiting over 14 weeks, an almost continuous monthly rise since January 2021. The highest volume of patients waiting were for Mental Health services (296), this is due to increased referrals following the introduction of a new pathway for patients with dementia. Until vacant posts are filled, breaches are expected to continue to rise.
  - Physiotherapy: There were 660 breaches in October 2022 the majority of these are for MSK services which continue to be challenged by staffing and capacity issues. This has improved in October and we anticipate further improvement in November.
- Stroke: In October 2022, performance is showing special cause concerning variation for the following measure:
  - Percentage of stroke patients having direct admission to a stroke unit within 4 hours; performance is 28% (target 40.2%)
- HCAI: In October 2022, performance is showing special cause concerning variation for the following measures:
  - Number of confirmed C.difficile cases: 16 (target 8) for October 2022. The year-to-date cumulative rate is also higher compared to the same time last year.
  - Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19; 22.6% (target 5.43%). Target is a reduction against the same month in 2021-22.
- OOH/111 priority 1 patients starting their clinical assessment within 1 hour: 77.7% (target 90%) for October 2022. Due to the outage of our Aداstra patient contact management system, data is not available for August and September 2022, and resumes from 11<sup>th</sup> October 2022.
- Research & Development: % Open recruiting to time and target (commercial); 0% (target 100%) for October 2022. Performance is showing special cause concerning variation for only the second time since June 2021.

## Other important areas/changes to highlight

- Welsh Government RAG responses to the qualitative reports we submitted in September/October 2022:

Qualitative update	RAG status	Notes from Welsh Government
NHS Wales weight management pathway update	Amber	Progress is being made but needs to translate into active services for the population
Implement Help Me Quit in Hospital smoking cessation services	Amber	The health board has made solid progress and demonstrated a good understanding of the actions required to deliver the Help Me Quit in hospital model
Reduce smoking during pregnancy	Amber	The health board has demonstrated clear evidence of understanding the agenda and we look forward to seeing progress in the next return.
Progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	Amber	HDUHB is the only HB to have direct paramedic referral to SDEC pathways in place across its patch.
Progress to develop a whole school approach to CAMHS in reach services	Green	The report demonstrates improvements in development and delivery of the service.
Dementia learning and development framework update	Amber	High rate of training being delivered at informed level but further improvements needed at skilled and influencer level. Evidence of improvements to support timely diagnosis, but a number of issues continue to impact on this, such as staff shortages.
Progress against the priority areas to improve the lives of people with learning disabilities	Red	Borderline amber status. The Health Board (HB) / Regional Partnership Board plans have been impacted significantly by the pandemic but it is clear the HB are clear on the key risks and required corrective action.
NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan	Amber	Robust plans, governance and delivery mechanisms have been established. More evidence is needed on how they are addressing risks and seeking ways to make progress on activities that are not hampered by capital constraints
Evidence of NHS Wales advancing its understanding of Foundational Economy in Health and Social Services 2021-22 Programme update	Green	Strong evidence of working across the breadth of foundational economy principles
Evidence of NHS Wales embedding Value Based Health	Green	Hywel Dda UHB has demonstrated that it is planning and creating a structure and working practices to ensure that it is a success.

- **Unscheduled Care:**
  - A new SPC chart has been developed for Ambulance handovers taking longer than 4 hours. This is currently based on data from the Emergency Ambulance Service Committee Dashboard. Data is reported weekly and covers 9<sup>th</sup> May – 31<sup>st</sup> October 2022.
- **Planned Care:**
  - RTT: A new measure for patients waiting 26 weeks and over for RTT is being reported in October 2022.
  - RTT: Patients waiting under 26 weeks: October 2022, 58.6% (target 95%).
  - Follow ups: In October 2022, 65,228 patients were waiting for a follow-up appointment against a target of 43,297. Common cause variation is showing for this measure and performance is within expected limits.
  - Ophthalmology: In September 2022, 64.3% of R1 appointments attended were within their clinical target date or within 25% delay to their target. This is the lowest level recorded since before the pandemic and the target (95%) has never been achieved.
- **Mental Health: Common cause variation is showing in September 2022 for the following measures:**
  - Adult Psychological Therapies waits under 26 weeks: 41% (target 80%). The overall position is driven by:
    - Integrated Psychological Therapy (IPTs) - 44.2%, showing common cause variation
    - Adult Psychology - 41.2%, showing common cause
    - Learning Disabilities Psychology – 14.8%, showing special cause concerning variation
  - Child Neurodevelopment Assessments waits under 26 weeks: 19.3% (target 80%). The overall position is driven by:
    - Autism Spectrum Disorder (ASD) - 19%, showing special cause concerning variation
    - Attention Deficit Hyperactivity Disorder (ADHD) - 21%, showing improving cause variation
  - Percentage of Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 82% (target 80%), performance is showing common cause variation for the first time since December 2021.
  - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18): 69.4% (target 90%). A process step has been added to the SPC chart in January 2022 due to a data cleanse exercise meaning data is now reported more accurately.
  - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (over 18): 88.5% (target 90%), performance has declined and below target for the first time since June 2022.
  - Percentage of Mental Health assessments undertaken within 28 days (under 18): 61% (target 80%), performance is improving and is above the trajectory (40%)
  - Percentage of Mental Health Assessments undertaken within 28 days (over 18): 91.7% (target 80%), performance has been above the target and mean for the 2nd consecutive month.
  - Mental Health therapeutic interventions within 28 days (under 18): 85.6% (target 80%), performance has continually been above target since January 2021

- Hip Fractures: Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 29% (target 50%) for October 2022. The key driver affecting performance is WGH as awaiting onboarding of speciality registrar, using locum and agency in the interim.
- Stroke: Common cause variation is showing in September 2022 for the following measures
  - Percentage of stroke patients receiving 45 mins of Speech and Language Therapy; 31.8% (target 50%) in October 2022, although showing common cause variation, performance continues to decline month on month.
  - Percentage of stroke patients who receive a mechanical thrombectomy: 1.7% (target 10%)
- HCAI: Common cause variation is showing in October 2022 for the following measures:
  - Number of confirmed S.aureus cases: 15 (target 7). The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22.
  - Number of confirmed E.coli cases: 32 (target 22), above target for 3 consecutive months. 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.
  - Percentage of confirmed COVID cases which had a definitive hospital onset of COVID: 51.9% (target 30.4%)
- COVID: Number of new COVID cases; 1795 in October 2022, showing common cause variation for 3<sup>rd</sup> consecutive month.
- Core skills: In October 2022, 83.4% of staff had completed all level 1 competencies of the Core Skills and Training Framework. This measure is now showing common cause variation.
- Therapies:
  - Dietetics: In October 2022, there was continued improvement in performance with 27 patients waiting over 14 weeks, this is a significant improvement on the peak of 204 breaches in June 2022.
  - Podiatry: Sustained improving variation was interrupted in August and rose again to 331 breaches in October 2022, this is the highest number of patients waiting in 2 years. The cause of this rise is due to staffing issues in Pembrokeshire which should be resolved shortly, with improvement expected within the next couple of months.
  - 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.
  - Art Therapy: In October there was another rise in the number of breaches to 13, this has been attributed to the recent promotion of the service within multi-disciplinary team (MDT) meetings. Increasing referrals may cause further breaches as the service currently includes only one therapist.

## Argymhelliad / Recommendation

The Board is asked to consider and advise of any issues arising from the IPAR – Month 7 2022/2023.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners Choose an item.
<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termiau: Glossary of Terms:	PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development & Operational Delivery Committee People, Organisational Development & Culture Committee

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement
<b>Gweithlu:</b> <b>Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg:</b> <b>Risk:</b>	Better use of resources through integration of reporting methodology
<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology
<b>Enw Da:</b> <b>Reputational:</b>	Not applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable