



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 May 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Assurance Report – Month 12 Final 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

This is the SBAR for the month 12 final Integrated Performance Assurance Report (IPAR) for 2021/22. 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](#). Ahead of the Board meeting, the dashboard will also be made available via our internet site in [Welsh](#) and [English](#).

The dashboard contains:

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

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 was utilised to mitigate the reduction in capacity internally. This acted to steady the backlog position despite steadily increasing demand following the early waves of the pandemic. During 2021/22, 6,849 appointments/procedures were outsourced of which 1,526 were undertaken in March 2022. Work is underway to confirm plans for 2022/23.

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.

These are some of the initiatives underway, however the beneficial performance impact is currently masked due to significant increased patient length of stay.

Same Day Emergency Care



Same Day Emergency Care (SDEC) is being progressed across all sites 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 March 2022).

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



Staff turnover (12m rolling)



Staff sickness (in-month)

Patient flow



High numbers of patients with complex discharge requirements are resulting in discharge delays while arrangements are put in place to meet the patient's needs. Most delays are attributable to timely access to assessments, domiciliary care provision, availability or reablement packages and care home placements.

Discharge delays are impacting on our emergency departments and assessment units, with a number of patients waiting overnight for an inpatient bed.

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, cancer and mental health services.

- All 4 acute sites experienced an increase in emergency department attendances in March 2022.
- Urgent suspected cancer referrals increased by 13% 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 that are self-presenting in our emergency departments.

% in-patients with acuity level 4 (urgent care) or level 5 (one-to-one care)

March 2020	21%
March 2021	24%
March 2022	31%

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.

- First urgent suspected cancer outpatient appointments are not being booked within the national guidance of 10 days
- As at 12th April '22, our non-COVID-19 beds have been at 95%+ occupancy on all but 2 days in the previous 3-month period.

Key improving measures to highlight

- Carbon totals from waste (including food waste): Total carbon emissions from waste including food waste (in metric tonnes of carbon dioxide equivalent) is now showing special cause improving variation. The total carbon emissions were calculated in accordance with the ['Government conversion factors for company reporting of greenhouse gas emissions'](#) provided by the Department for Business, Energy & Industrial Strategy.
- 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%)
- Uptake of Influenza vaccination - 65 year olds and over: 75.9% and achieved the annual target (75%) at the end of the flu season.

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, 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 Withybush 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 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 March 2022 for the following measure:
 - Mental Health Assessments within 28 days (under 18): 9.1% (target 80%)
 - Residents under 18 with a valid care and treatment plan: 71.6% (target 90%)
 - Residents over 18 with a valid care and treatment plan: 87.6% (target 90%)
 - Mental Health therapeutic interventions within 28 days (under 18): 37.5% (target 80%)
- Hospital initiated cancellations: In March 2022, performance (86 procedures postponed within 24 hours for non-clinical reasons) is showing special cause concerning variation and the 3rd highest level recorded since the beginning of the pandemic.

- 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: Number of patients waiting is showing concerning variation.

- Influenza vaccination take up
 - Uptake of Influenza vaccination: Under 65s in risk groups (target 55%) reported 47.4% and did not achieve the annual target at the end of the flu season.
 - Uptake of Influenza vaccination: Healthcare workers with direct patient contact (target 60%) reported 53.9% and did not achieve the annual target at the end of the flu season.

- Accessing dental care
 - Children regularly accessing NHS primary dental care
 - Adults regularly accessing NHS primary dental care within 24 months
Based on September 2021 data, the performance trend continues to deteriorate against the quarterly improvement target. However, during the pandemic, Welsh Government and the Health Board have changed focus to monitor the number of new patients accessing NHS dental services. During 2021/22, the Health Board reported performance of 47.5%, just under the all Wales performance of 48.2%. Ranking Hywel Dda as 5th out of 7 health boards.

- Therapies: The overall service 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 March 2022, 57% of patients (141 out of 246), started their first definitive cancer treatment. Although showing concerning variation, improvement in performance is now being seen.

- 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.
- COVID-related staff absence: in March, 2.5% of staff were indicated on ESR as absent for potential COVID-related reasons. Performance is now showing special cause concerning variation and is below the lower process limit.
- Personal Appraisal and Development Review: in March, 63.9% of staff had an appraisal in the previous 12 months (including medical appraisals), against a target of 85%. Performance is now showing special cause concerning variation and is below the lower process limit.
- Variable pay reported for March 2022 was £9.108m and is showing concerning variation.
- Financial deficit reported a deficit of £25m which met the forecast year end deficit.

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: Common cause variation is showing; however, performance continued to be considerably far from the 80% target in March 2022 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 43.6%
 - Child Neurodevelopment Assessments waits under 26 weeks: 21.6%
- Ophthalmology: Performance in March 2022 is 72.1% against a target of 95%. Common cause variation is showing and performance is within expected limits, however, the target has never been achieved.
- Follow ups: In 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 Board is asked to consider and advise of any issues arising from the IPAR – Month 12 Final 2021/22.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
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
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2021-22
Rhestr Termiau: Glossary of Terms:	PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee
Partion / 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

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