



**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 1 2022/23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This SBAR relates to the month 1 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 30th April 2022](#). Ahead of the Board meeting, the dashboard will also be made available via our internet site in [Welsh](#) and [English](#).

The Executive Team have identified 8 key improvement measures to prioritise in 2022/23, which align to our 3-year plan:

Area for improvement	Improvement measure	March 2023 ambition
Covid vaccination	% priority groups 1-4 who have already received a second vaccination dose, or third dose if severely immune compromised	90%
Planned care recovery	Number of patients waiting more than 104 weeks for treatment	Reduce to no more than 3,840
Integrated localities: Community care	Maximise healthy days spent at home	To be confirmed
Integrated localities: Mental health	% children and young people (aged under 18) receiving a mental health assessment within 28 days	80%
Urgent and emergency care	Number of people admitted as an emergency who remain in an acute or community hospital more than 21 days	To be confirmed
Staff vacancies	To be confirmed	To be confirmed
Staff engagement	Overall staff engagement score	3.9 (out of 5)
Finance	Financial balance	<= £25 million deficit

Filters have been added to the summary and system measures of the dashboard to allow the user to navigate more easily to the key performance measures and those measures for which narrative is included i.e. show cause for concerns and/or high public interest.

The IPAR dashboard contains:

- Key improvement measures 2022/23 overview
- Summary: an overview of measures showing improvement or cause for concern
- System measures: statistical process control (SPC) charts and narrative
- Benchmarking: how we compare to our peers across Wales
- 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 the Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk

Cefndir / Background

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

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

Asesiad / Assessment

Key initiatives and improvements impacting our performance include:

Virtual appointments



During the pandemic, virtual appointments have been offered as an alternative to face to face. This has mitigated the reduction in face to face capacity. In April 2022, 24.8% of all follow up appointments undertaken were virtual. Without this activity, follow up lists would be much larger.

Waiting list validation



In April 2022, 561 records were removed from the follow up waiting list via internal validation. As follow ups delayed over 100% are targeted, validation has been a key driver in reducing the delayed follow ups volumes.

Dietetics triage and assessment



A new triage and assessment process introduced within dietetics to prioritise those with greatest need/risk level has seen a reduction in patients waiting over 14 weeks for the weight management service (70 patients waiting in March 2022 reduced to 48 in April 2022). Further to triage, patients are provided with the appropriate dietetic treatment and intervention. For those patients who are not yet ready to engage, they are provided with information and advised to self-refer at a later date. Other patients are directed to the appropriate area of the service for the support they need e.g. if they have diabetes and this is considered to be the main issue, they require support with (rather than weight management), the referral is passed to our diabetes team.

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

Same Day Emergency Care



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



Most GP practices have signed up to the Virtual Urgent Primary Care Centre and will 'go live' once 111 First and our Local Flow Hub are operational (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. 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.

The number of staff prepared to do overtime has reduced since the enhanced overtime payments ceased at the end of March 2022.

April 2018 – April 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 May 2022, we had 250 medically optimised patients and 119 were ready to leave (RTL).

Demand



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

- Urgent suspected cancer referrals increased by 13% in March 2022.
- Demand for mental health services is greater than our available capacity.

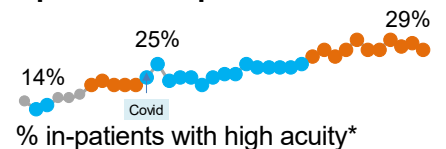
Patient acuity



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

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

April 2019 - April 2022



* high acuity = level 4 (urgent care) or level 5 (one-to-one care)

Capacity



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

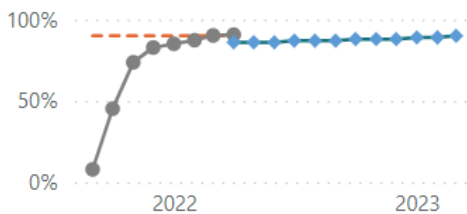
Insufficient space to treat new patients arriving in our emergency departments due to patient flow issues described above.

Since early March 2022, our acute inpatient beds have been at 95%+ occupancy.

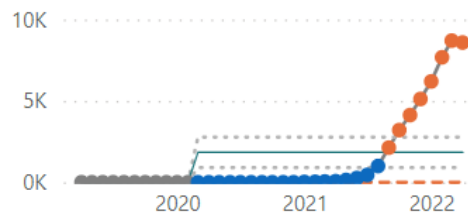
A summary of our key improvement measures for 2022/23

Measure definitions and our in-month ambitions to help us meet our March 2023 targets can be found in the IPAR dashboard (see link above).

Covid vaccination	
Our ambition for April	Our actual performance
86.0%	90.7%



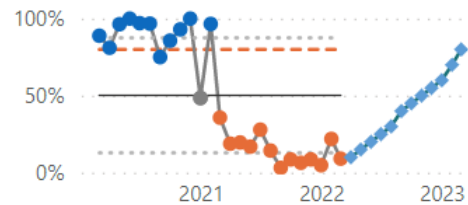
Planned care recovery	
Our ambition for April	Our actual performance
tbc	8587



Integrated localities: Community care	
Our ambition for April	Our actual performance
tbc	tbc

Mental health and learning disabilities	
Our ambition for March	Our actual performance
n/a	9.1%

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



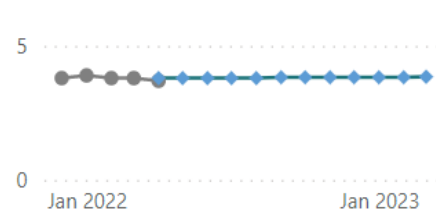
Urgent and emergency care	
Our ambition for April	Our actual performance
tbc	tbc

Staff vacancies	
Our ambition for April	Our actual performance
tbc	tbc

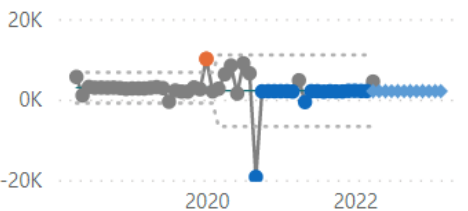
In 2022/23 we will reduce the number of people admitted as an emergency who remain in an acute or community hospital more than 21 days. A national measure is currently being developed and will be reported here once available.

Work is underway to identify a suitable improvement measure. We aim to agree the measure and include data in the next IPAR update.

Staff engagement	
Our ambition for April	Our actual performance
3.8	3.7



Finance	
Our ambition for April	Our actual performance
£2,083k	£4,446k



Measures to highlight which are showing statistical improvements

- Follow ups delayed by over 100%: In April 2022, there were 19,291 follow-ups delayed over 100% against a target of 10,078. Special cause improving variation is showing for this measure and performance is within expected limits, however, the target has never been achieved.
- Diagnostics: Overall diagnostics is showing common cause variation; however, two measures have been consistently showing special cause improvement; Physiological Measurement since October 2020 and Imaging since April 2021.
- Therapies: Overall therapies is showing special cause concerning variation; however, two measures have been consistently showing special cause improvement; Podiatry since December 2020 and Audiology since February 2021.

Key declining and concerning measures to highlight

- **Unscheduled care: concerning performance continued in April 2022:**
 - Red call responses within 8 minutes: 39% (target 65%). Ceredigion 35.7%.
 - Ambulance handovers: 932 over 1 hour and 333 handovers over 4 hours (targets 0).
 - A&E 4 hour waits: 68.1% (target 95%). Lowest performance in Glangwili General Hospital (GGH) (54.3%) and Withybush General Hospital (WGH) (57.4%).
 - A&E 12 hour waits: 1,267 (target 0). All acute sites except BGH are showing concerning variation.
 - Bed occupancy patients aged 75+: In April 2022, bed day occupancy for emergency admission patients aged 75+ is showing an overall upward trajectory in numbers and is below the upper control limit but above the mean.
 - Patients experiencing a positive experience in emergency departments: In April 81% of patients gave positive responses against the target of 85%. Lowest responses were recorded in Withybush (75%) and Glangwili (72%).
- **Cancer:** In March 2022, 57% of patients (141 out of 246), started their first definitive cancer treatment. Although showing concerning variation, since January 2022, performance has started to improve and is now within normal parameters and is in-line with the trajectory.
- **Mental Health: concerning performance continued in March 2022 for the following measure:**
 - Mental Health Assessments within 28 days (under 18): 9.1% (target 80%)
 - % of residents under 18 with a valid care and treatment plan: 71.6% (target 90%)
 - % of 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%)
- **Referral to treatment: concerning performance continued in April 2022:**
 - Patients waiting under 26 weeks: 56.2% (target 95%).
 - Patients waiting over 36 weeks: 31,498 (target 0).
 - Patients waiting over 104 weeks: 8,587 (target 0).
 - Residents waiting over 36 weeks for treatment by other providers: Number of patients waiting is showing concerning variation.
- **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.
- **Endoscopy:** In April there were 1,540 patients waiting over 14 weeks for endoscopy services, the number of breaches has been rising for 5 consecutive months.

- Therapies
 - Occupational Therapy: In April there were 520 patients waiting over 14 weeks, the number of breaches has been rising consecutively since July 2021.
 - Physiotherapy: In April there were 278 patients waiting over 14 weeks. Performance has been showing special cause concerning variation since September 2021.
 - Clinical Musculoskeletal Assessment and Treatment service (CMATs): In April there were 126 patients waiting over 6 weeks for CMATs. Performance has been showing special cause concerning variation since a sharp rise from 16 breaches in December 2021 to 116 breaches in January 2022.
 - Dietetics: Although this measure is showing special cause concerning variation, in April, the number of patients waiting continued to reduce for the fourth consecutive month (187 in December 2021, 72 in April 2022). This improvement is due to the introduction of a new triage and assessment process to support increased patient throughput.
- Sickness absence: In April 2022, 6.85% of staff were absent. Performance has been showing special cause concerning variation since July 2021. This includes absence for colds, coughs, flu/influenza, chest/respiratory problems and infectious diseases, including COVID, which was 2.68%.
- Variable pay reported for April 2022 was £6.818m and is showing concerning variation.
- Financial deficit reported for April 2022 is in month actual of £4.4m with a projected year end forecast of £25m

Other important areas/changes to highlight

- Diagnostics
 - Neurophysiology: There was a significant reduction in breaches this month, from 716 in March to 539 in April. This was due to increased capacity to carry out nerve conduction studies as a result of putting Electroencephalograms (EEGs) on hold due to staff shortages. Following this, the service intends to review their resource structure to see if changes can be made to enable this improvement to continue over the coming months.
 - Cardiology: In April there were 891 patients waiting over 8 weeks, the number of breaches is steadily rising and is no longer showing special cause improvement.
 - Radiology: The number of breaches for 8 weeks waits had been steadily decreasing since December 2021, however, the number of patents waiting increased by over 400 to 2,986 in April.
- 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%
- Planned Care
 - 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 April 2022, 66,257 patients were waiting for a follow-up appointment against a target of 37,973. Common cause variation is showing for this measure and performance is within expected limits, however, the target has never been achieved.

- COVID
 - New COVID cases: Figures now include confirmed cases through Polymerase Chain Reaction (PCR) testing and cases reported by Hywel Dda residents through Lateral Flow testing.
 - COVID Booster for levels 1-4: Figures are now available for priority groups 1-4 who have received a booster dose for COVID-19.
 - COVID-19 risks: COVID-19 risk relating to planning and responding to the pandemic where there are changes in the COVID testing and reporting policy (was risk score 12) has been removed from the Corporate Risk Register.
- Welsh Speakers - Staff: Figures are now for staff with at least a level 2 Welsh language competency, rather than level 3. The target is to have 50% of staff at a level 2 Welsh language skill.

Argymhelliad / Recommendation

The Board is asked to consider and advise of any issues arising from the IPAR – Month 1 2022/2023.

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 Termau: 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