



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 July 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Assurance Report – Month 3 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 SBAR relates to the month 3 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 June 2022](#). Ahead of the Board meeting, the dashboard will also be made available via our internet site in [English](#). The Welsh version is no longer produced as the translation resources required outweigh the number of times the dashboard was viewed.

Essential Services has been removed from the IPAR dashboard as we are no longer asked to report to Welsh Government on our compliance against the guidance.

Integrated Medium Term Plan (IMTP) activity trajectories have been included in the dashboard for Ministerial Measures listed below and more will follow in August 2022.

- Number of patients waiting over 104 weeks for treatment
- Number of patients waiting over 104 weeks for a new outpatient appointment
- Number of patients waiting over 52 weeks for a new outpatient appointment
- Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%
- Number of patients waiting over 8 weeks for a diagnostic endoscopy
- Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

A number of bi-annual update reports have been submitted to Welsh Government and can be accessed along with the performance report dashboard via our internet site. They include:

- Accessible information for people with sensory loss
- Dementia learning and development framework
- Equality and good relations
- Health and well-being of homeless and vulnerable groups
- Learning disability 'Improving Lives' programme update
- Welsh language 'More Than Just Words'

Based on feedback from NHS Improvement England and the Executive Team, we have changed the rule determining whether a trend chart is displayed rather than an SPC on the IPAR dashboard, on the basis of a performance mean of less than 5 (previously less than 10) for statistical accuracy. For this IPAR iteration, this affects NIIAS family notifications and Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients.

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

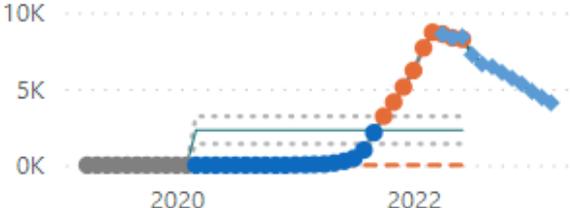
The interim 2022/2023 NHS Performance Framework has recently been published and the Performance Team are working through the metric changes, and plan to update Board, Committees, and senior reporting offices during August 2022. The final version will follow once a few queries have been resolved at a national level.

The 2021/2022 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

A summary of our key improvement measures for 2022/23

The Executive Team have identified 8 key improvement measures to prioritise in 2022/2023, which align to our 3-year plan. 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 response		 Planned care recovery	
Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents		In 2022/23 we will reduce the number of patients waiting more than 104 weeks for referral to treatment in line with our improvement trajectory	
Our ambition for June	Our actual performance	Our ambition for June	Our actual performance
n/a	n/a	8406	8250
A national measure is currently being developed and will be reported here once available.			



Integrated localities: Community care

During 2022/23 we will seek to maximise healthy days spent at home

Our ambition for June	Our actual performance
tbc	tbc

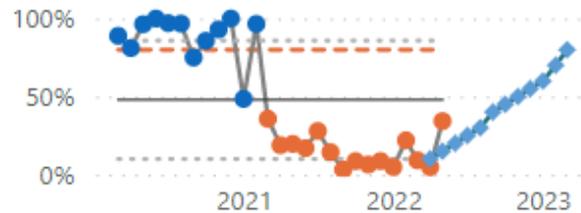
Work is underway to identify a suitable improvement measure for community nursing. We aim to agree a measure and report on it in our IPAR in October 2022.



Mental health and learning disabilities

In 2022/23 we will increase the proportion of children and young people (under 18) receiving a mental health assessment within 28 days

Our ambition for May	Our actual performance
15.0%	34.2%



Urgent and emergency care

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

Our ambition for June	Our actual performance
tbc	tbc

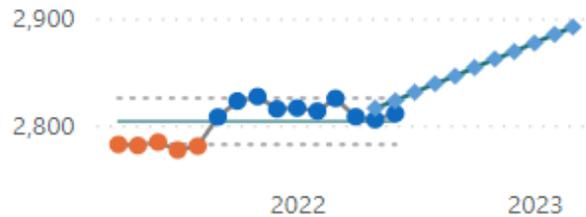
A national measure is currently being developed and will be reported here once available.



Staff vacancies

We will increase the number of nurses and midwives we have in post by 3%

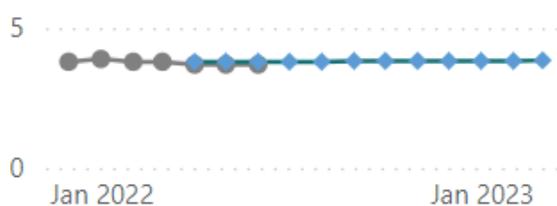
Our ambition for June	Our actual performance
2823	2811



Staff engagement

Throughout 2022/23 we aim to increase the number of staff reporting through our surveys that they feel engaged and satisfied in their role

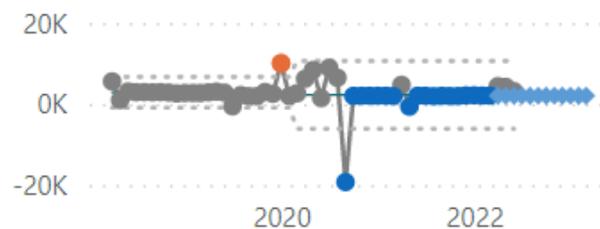
Our ambition for June	Our actual performance
3.8	3.7



Finance

We will reduce our in-year and underlying financial deficit from our plan resubmission

Our ambition for June	Our actual performance
£2,083k	£3,204k



The key risks impacting our performance are:

Staff shortages



Vacancy gaps, staff retention and staff sickness all continue to impact on our capacity to see and treat patients. Administrative roles require upskilling to effectively manage and achieve the patient waiting list backlog reduction.

Radiology: Ultrasound service at Withybush Hospital is now critical due to staff sickness and vacancies. Shortage of chronic Radiographer and Radiologist staff across the Health Board. Insourced ultrasound service secured for 3 months from end of July.

April 2018 – June 2022



Staff turnover (12m rolling)



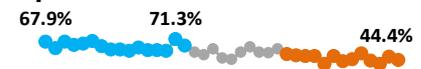
Staff sickness (in-month)

Ambulance Conveyance



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

April 2019 – June 2022



Red calls arriving within 8 mins



Ambulance handovers >1 hour

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.

Increased stay in hospital can cause patients to decondition and increase exposure to infection.

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

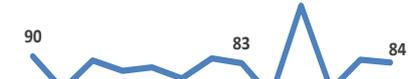
As at 11th July 2022, we had 238 medically optimised patients and 118 were ready to leave (RTL).

Demand



We are experiencing demand challenges across various areas including mental health services, however the high rate of patients that did not attend continues to impact MH services, with June '22 showing 18.7% for those MH services recording activity on WPAS against a Health Board position of 6.9%.

May 2021 – May 2022



CAMHS ASD* referrals



Integrated Psychological Therapy Services referrals

May 2021 – June 2022



MH DNA rates

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 - June 2022



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



New A&E/MIU attendances - major patient type

Insufficient accommodation space to see, care for, and treat the volume of patients.

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

Capacity



The monthly referral rate is still exceeding the Endoscopy capacity and the backlog is increasing each month.

The number of Single Cancer Pathway (SCP) referrals are increasing, 16% in May 2022.

Physiotherapy waiting list referrals have increased for the past 5 months. Increased breaches are expected over the coming months.

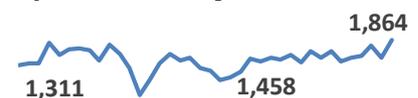
As of 30th June, our non-COVID-19 beds have been at 95%+ occupancy on all except 2 days in the previous 6 months.

April 2019 - June 2022



Endoscopy referrals

April 2019 - May 2022



SCP referrals

April 2019 - June 2022



Physiotherapy referrals

*CAMHS ASD = Child and adolescent mental health service autism spectrum disorder

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 June 2022, 25.3% of all new and 27% of all follow up appointments undertaken were virtually. Without this activity, new and follow up lists would be much larger.

Planned care and mental health capacity



A key focus of the current delivery plan for Planned Care includes returning outpatient services to their pre-Covid levels of activity as soon as possible. Most specialties expect to achieve this by the end of July 2022. This will positively impact on available capacity for both Referral To Treatment and follow up patients.

For Mental Health Assessments within 28 days for under 18s, a revised approach to waiting lists means we are now assessing an increasing proportion within 28 days in line with the recovery trajectory.

Waiting list validation



Waiting list validation within Health Board services is having a positive effect on reducing the number of breaches. This has been attributed by delayed follow-up patients waiting beyond 100% of their target date achieving the best performance since the pandemic began.

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, along with the Same Day Urgent Care (SDUC) 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



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 (pending WAST/HB agreement). In the meantime, a 'Redirection Policy' is being drafted which will support redirection of patients from our Emergency Departments presenting with Primary Care needs.

Measures to highlight which are showing statistical improvements

- % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 (target 95%) shows common cause variation at 94.9% at quarter 4, 2021/2022.
- % adult smokers making a quit attempt via smoking cessation services (in month target 1.25%) shows common cause variation at 1.06% at quarter 4, 2021/2022. Year to date position of 4.13% against cumulative target 5%.
- Follow ups: Both delayed follow ups measures continue to show special cause improving variation in June 2022:
 - Follow ups delayed by over 100%: There were 18,648 follow-ups delayed over 100% against a target of 10,078. Performance in the last 2 months is lower than at any point since April 2020.
 - Follow ups delayed past target date: There were 29,674 follow-ups delayed past their target date against a target of 15,446. Special cause improving variation is showing for this measure, with June 2022 performance the best ever recorded.
- Diagnostics: Overall diagnostics is showing common cause variation; with, two measures consistently showing special cause improvement variation; Imaging and Physiological Measurement.
- Therapies: Overall therapies is showing special cause concerning variation; however, two measures have been consistently showing special cause improvement variation; Audiology and Podiatry.
- Job Planning: In June 2022, 50% of Consultants and SAS doctors had an up-to-date job plan (target 90%).

Key declining and concerning measures to highlight

- Unscheduled care: special cause concerning variation performance continued in June 2022:
 - Red call responses within 8 minutes: 44.4% (target 65%). Lowest performance Ceredigion 41.2%.
 - Ambulance handovers: 952 over 1 hour and 266 handovers over 4 hours (targets 0). Handover > 4 hour is tracking just above trajectory and numbers are reducing.
 - Ambulance handover lost hours is 3,357.8 and showing special cause concerning variation, however performance is starting to improve.
 - A&E 4 hour waits: 67.9% (target 95%). Lowest performance in Worthybush General Hospital (WGH) (56.2%) and Glangwili General Hospital (GGH) (59.8%).
 - Accident & Emergency 12 hour waits: 1,285 (target 0). All acute sites except Bronglais General Hospital (BGH) are showing concerning variation.
 - Bed occupancy patients aged 75+: June 2022 is continuing to show an overall upward trajectory in numbers and latest performance is between the upper control limit and the mean.
- % children receiving 2 doses of the MMR vaccine by age 5 (target 95%) Performance is deteriorating, whilst the target has not been met.
- Mental Health: special cause concerning variation performance continued in May 2022 for the following measures:

- Mental Health Assessments within 28 days (under 18): 34.2% (target 80%), although performance significantly improved from 4.7% in April.
 - Mental Health Assessments within 28 days (18+): 74.2% (target 80%), performance in May being the lowest ever recorded.
 - % of residents under 18 with a valid care and treatment plan: 74.2% (target 90%)
 - Mental Health therapeutic interventions within 28 days (under 18): 46.2% (target 80%)
- Referral to treatment (RTT): special cause concerning variation performance continued in June 2022:
 - Patients waiting under 26 weeks: 57.8% (target 95%)
 - Patients waiting over 36 weeks: 32,774 (target 0)
 - Patients waiting over 104 weeks: 8,250 (target 0)
 - Patients waiting over 52 weeks for a new outpatient appointment: 14,114 (target 0)
 - Patients waiting over 104 weeks for a new outpatient appointment: 3,601 (target 0)
 - Residents waiting over 36 weeks for treatment by other providers: In May, the number of patients waiting (3,591) was showing special cause concerning variation.
- Hospital initiated cancellations: In May 2022, performance (70 procedures postponed within 24 hours for non-clinical reasons) is showing special cause concerning variation and above the mean.
- Sickness absence: In June 2022, 6.21% of staff were absent. Performance has been showing special cause concerning variation since September 2021. This includes absence for colds, coughs, flu/influenza, chest/respiratory problems and infectious diseases, including COVID, which was 1.78%.
- PADR (Performance Appraisal Development Review): In June 2022, 62.9% of staff had completed their annual appraisal with their line manager in the previous 12 months. This has been showing special cause concerning variation since April 2022.
- Core skills: In June 2022, 82% of staff had completed all level 1 competencies of the Core Skills and Training Framework. This has been showing special cause concerning variation since May 2022.
- Cancer: In May 2022, 50.2% of patients (122 out of 246), started their first definitive cancer treatment within 62 days of the point of suspicion. Performance is now below the lower expected performance limit of 52%. The latest benchmarking data shows Hywel Dda performing 6th out of 6 other Welsh Health Boards.
- Endoscopy Diagnostic: In June there were 1,652 patients waiting over 8 weeks for endoscopy services, the number of breaches continues to rise each month and breaches have been above the upper control limit for 7 consecutive months. Active steps have been taken to improve performance by increasing capacity through insourcing, 7 companies are interested in applying for the contract, with the aim to start the tender process at the beginning of August '22.
- Therapies as a whole service is showing special cause concern variation with a sharp rise in breaches in June 2022 with 1,377 patients waiting 14 weeks and over. Reported increased complexity of referrals, due to delayed access to routine service provision during COVID pandemic, are resulting in a shift for increased urgent appointments with a resultant shift in reduced availability of routine appointments thus increasing waiting times.
 - Occupational Therapy: In June patients waiting over 14 weeks increased to 520, staff sickness and vacancies has led to reduced capacity within the service.

- Physiotherapy: In June patients waiting over 14 weeks increased to 511. Capacity demand forecasting suggests there will be a further deterioration in performance over the next 4 months. The majority of the breaches are within the musculoskeletal (MSK) service where recovery has not been made since cessation of services in January 2022. Unfilled vacancies are an issue, Pembrokeshire and South Ceredigion are particularly challenged across MSK and community specialties. Since the cessation of enhanced overtime rates at the end of March and the onset of summer months, we have been unable to significantly engage workforce to undertake additional overtime.
- Dietetics: In June there were 204 patients waiting over 14 weeks, this is despite the introduction of Dietetic Assistant led assessment clinics. A significantly greater proportion of patients requiring level 3 specialist multi-disciplinary intervention was identified as the cause. There is currently no capacity to deliver this, and as a consequence, the assessment clinics have been put on hold while alternative options are explored. The increase in patients waiting over 14 weeks at the end of June 2022 is due to a consistent increase in referrals and reduced capacity within the team due to staff vacancies. This situation is projected to deteriorate due to further loss of capacity from September 2022.

- Finance

- In month deficit is £3,204k against a plan of £2,083k. Cumulative position is £11,918k against a plan of £25,000k
- Agency spend as a percentage of the total pay bill (target 4.79%) is showing common cause variation, with 6.8% in month for June 2022.
- Variable pay (target £4,800k) is showing special cause concerning variation, with £6,484k in month.

Other important areas/changes to highlight

- Data has been included for the metrics below, this will be developed further once the final 2022/2023 performance framework target information has been published, and there are 15 data points for a SPC chart.
 - Median time from arrival at an emergency department to triage by a clinician
 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker.
- Lost ambulance handover hours data has been included in this iteration at Health Board and acute site level and is showing special cause concerning variation. Supporting narrative will be developed with senior reporting officers for next month.
- New RTT measures: 3 new RTT measures reported on this month:
 - Patients waiting over 104 weeks for treatment
 - Patients waiting over 52 weeks for a new outpatient appointment
 - Patients waiting over 104 weeks for a new outpatient appointment
- Mental Health: Common cause variation is showing; however, performance continued to be considerably far from the 80% target in May 2022 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 40%
 - Child Neurodevelopment Assessments waits under 26 weeks: 23.3%
- Planned Care
 - Ophthalmology: Performance in May 2022 is 69.5% 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 June 2022, 65,124 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.
- COVID risks: A COVID risk relating to the delivery of planned care services set out in the Quarter 3/4 Operating Plan of 2020/21 and those proposed for Quarter 1/2 of 2021/2022 (risk score 16) has been removed from the Corporate Risk Register.
- Diagnostics as a whole service is showing common cause variation, however there were 6,186 patients waiting 8 weeks and over in June 2022. The latest benchmarking data shows Hywel Dda performing 4th out of 7 other Welsh Health Boards.
 - Cardiology: In June there were 998 patients waiting over 8 weeks, the number of breaches has been steadily rising since February 2022.
 - Radiology: In June 2022 there were 2,963 patients waiting 8 weeks and over.
- Sepsis: In June 2022 there was a sharp drop in performance to just 31% compliance against a target of 90%. This is thought to be a one-off occurrence, an investigation is underway.
- Clinical Musculoskeletal Assessment and Treatment service (CMATs): This measure is now showing common cause variation. From a rise to 138 breaches in March 2022, down to 25 breaches in June 2022. Better staffing levels has been attributed to this reduction.
- Patient experience measures:
 Numbers accessing the Patient Experience System: We have fully migrated from the Envoy Patient Experience System to the new All Wales Civica Experience System. Civica does not have the functionality to output the data for this measure. A request has been made to add functionality to the system so that this information can be accessed as a direct output. The provider has been unable to commit to a timeline for completing this upgrade, it is unlikely to occur before their next scheduled release which will be February 2023.

Argymhelliad / Recommendation

The Board is asked to consider and advise of any issues arising from the IPAR – Month 3 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 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

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