



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 March 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Integrated Performance Assurance Report – Month 11 2021/22
<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**

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 28<sup>th</sup> February 2022](#). The dashboard contains:

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

Changes made for this month's IPAR update include:

- The format of this SBAR has been simplified from previous months to only include the key risks, areas of improvement, areas of concern and other important issues/changes to highlight. The SPC charts and narrative for each the measures highlighted can be accessed via the dashboard
- Additional tabs have been added to the dashboard to show a summary of measures for each of our six strategic objectives, including the outcome measures for each

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

**Cefndir / Background**

The [final NHS Wales Delivery Framework 21/22](#) was published in October 2021 and is modelled on 'A Healthier Wales' quadruple aims, as part of the 'Single Integrated Outcomes Framework for Health and Social Care'. New metrics have been added and a number have either been amended or retired. A summary of the changes can be found [here](#). Both of these documents can also be accessed via the supporting documents section of the [Monitoring our performance internet page](#).

## Asesiad / Assessment

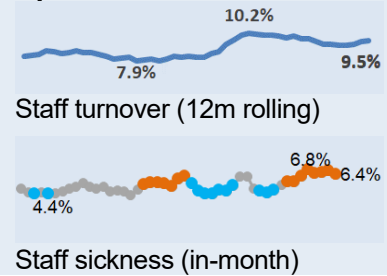
The five key risks that are impacting our performance are:

### Staff shortages



Vacancies, turnover, sickness and COVID-19 isolation are all impacting on our staff capacity to see and treat patients. Following further staffing prioritisation and review, in February 2022 some Planned Care services were re-established, including outpatient appointments.

### Apr 2018 – Feb 2022



### Timely discharge



County and community services continue to report high numbers of cases with complex discharge requirements which result in discharge delays while arrangements are put in place to meet the patient's needs. This is further compounded by a shortage of domiciliary care to meet increasing demand from an ageing population.

As at 9<sup>th</sup> March 2022, we had 252 medically optimised patients and 96 were ready to leave (RTL).

### Increase in demand



We are seeing demand increases across various services including, cancer, radiology and mental health.

Referrals to the Older Adult Community Mental Health Team and Child & the Adolescent Mental Health Service increased by 22% and 15% respectively from January 2020 to January 2022.

### Patient acuity



Due to delays in patients coming forward for care during lockdown, many cases are now of greater acuity and complexity.

% in-patients with acuity level 4 (urgent care) or level 5 (one-to-one care)  
 Feb 2020 – 19%  
 Feb 2021 – 24%  
 Feb 2022 – 29%

### Space to treat



Insufficient accommodation space to see, care for and treat the volume of patients needed. This is further impacted by the social distancing requirement resulting from the COVID-19 pandemic.

As at 8<sup>th</sup> March 2022, our non-COVID beds have been at 95%+ occupancy on all bar 8 days in the previous 6-month period.

## Key improving measures to highlight

- **Consultants and Specialty and Associate Specialty (SAS) doctors with a job plan:** in February 2022, 88% of Consultants and SAS doctors had a job plan against the target of 90%. This is the first time since October 2020 that this metric has shown special cause improving variation.
- **Patient experience measures:** in February we saw improvement for a number of our patient experience measures:
  - I am listened to: 89.7% (target 80%)
  - I am involved in decisions about my health & care services: 84% (target 80%)
  - I feel safe and well cared for: 95.3% (target 85%)
  - Number accessing the Patient Experience System: 436 (target 200)
- **Core skills:** in February, 82.9% of staff achieved compliance for all completed Level 1 competencies within the Core Skills and Training Framework. Whilst this is below the target of 85%, it is no longer showing special cause concerning variation.
- **COVID-19 cases:** the number of new COVID-19 cases fell from 11,813 in January to 4,593 in February 2022.

## Key declining and concerning measures to highlight

- **Mental health:** concerning performance continued in January for the following measures:
  - Adult Psychological Therapies waits under 26 weeks: 40.7% (target 80%)
  - Child Neurodevelopment Assessments waits under 26 weeks: 23.1% (target 80%)
  - Mental Health Assessments within 28 days (under 18): 5.3% (target 80%)
  - Mental health therapeutic interventions within 28 days (under 18): 50% (target 80%)
  - Patients under 18 with a valid care and treatment plan: performance in January was 76.9% (target 90%) and the first time this has been recorded as lower than 100%

The table below illustrates the demand growth for mental health services:

Waiting lists	Jan '20	Jan '21	Jan '22	% change Jan '20 to Jan '22
CAMHS ASD	709	1,158	1,651	+133%
Adult ADHD	612	584	1,153	+88%
Adult ASD	549	666	954	+74%
CAMHS ADHD	309	384	372	+20%
IPTS	673	790	797	+18%
LD Psychology & Behaviour	109	130	118	+8%
Adult Psychology	112	130	60	-46%
Perinatal	294	52	125	-57%

**ADHD** Attention Deficit Hyperactivity Disorder

**ASD** Autism Spectrum Disorder

**CAMHS** Child and Adolescent Mental Health Service

**IPTS** Integrated Psychological Therapy Services

**LD** Learning Disabilities

- **Referral to treatment:** concerning performance continued in February 2022:
  - Patients waiting under 26 weeks – 55.9% (target 95%)
  - Patients waiting over 36 weeks – 30,415 (target 0). However, this is an improvement from the January 22 position (31,207).

- **Unscheduled care:** concerning performance continued in February 2022:
  - Red call responses within 8 minutes: 52.5% (target 65%)
  - Ambulance handovers >1 hour: 813 (target 0)
  - A&E 4 hour waits: 68.3% (target 95%). Lowest performance in Glangwilli Hospital (56%) and Withybush Hospital (59%)
  - A&E 12 hour waits: 1,017 (target 0). All 4 acute sites are showing concerning variation
- **Cancer:** against a target of 75%, in January 48% of patients started their first definitive cancer treatment within 62 days from the point of suspicion. Performance is now showing special cause concerning variation and is under the lower process limit.
- **Therapies:**
  - Occupational therapy: breaches have increased for the 6th consecutive month with 413 patients waiting over 14 weeks for this service against the target of 0
  - Dietetics: in February there were 115 patients waiting over 14 weeks for this service against the target of 0. However, there are now fewer breaches than the 187 reported for December 2021
  - Clinical Musculoskeletal Assessment and Treatment service (CMATs): in February there were 116 patients waiting over 6 weeks for this service against the target of 0
- **Measles, mumps and rubella (MMR) vaccination:** performance continued to deteriorate, 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.

#### Other important areas/changes to highlight

- **Patient safety incidents causing harm:** this measure has changed from the number of incidents causing some level of harm in previous iterations to patient safety incidents causing moderate, severe or catastrophic harm (levels 3, 4 or 5) as a percentage of all patient safety incidents at both the reporting stage (open) and identified post investigation (closed).
- **Ophthalmology R1 appointments:** due to an error within the data source last month, data for December 2021 has been revised from 39.1% to 71.9% and the measure now shows common cause variation.
- **Usage of carbon friendly inhalers:** we are now reporting the percentage of dry powder inhalers and soft mist inhalers prescribed out of total number of inhalers prescribed. These inhalers emit significantly less greenhouse gas emissions than metered dose inhalers. Figures are provided by the All Wales Therapeutics and Toxicology Centre.
- **Carbon totals from waste including food waste:** we are now reporting the total carbon emissions from waste including food waste (in metric tonnes of carbon dioxide equivalent). The total carbon emissions are calculated in accordance with the [‘Government conversion factors for company reporting of greenhouse gas emissions’](#) provided by the Department for Business, Energy & Industrial Strategy, and include the following:
  - Recycling and waste recovered from landfill
  - Black bag waste not recovered from landfill
  - Deep landfill (offensive sanitary waste)
  - Incinerated clinical waste
  - Anaerobic digestion (patient and staff food waste)
- **Percentage of patients reporting a positive experience attending emergency departments:** a target of 85% has been proposed for this patient experience measure, the Board is asked to review the proposal and advise of any changes required.

## Argymhelliad / Recommendation

The Board is asked to consider and advise of any issues arising from the IPAR – Month 11 2021/22.

<b>Amcanion: (rhaid cwblhau)</b> <b>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
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
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

## **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)**

<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: Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg: Risk:</b>	Better use of resources through integration of reporting methodology
<b>Cyfreithiol: Legal:</b>	Better use of resources through integration of reporting methodology
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable