



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 1 2023/2024
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 report relates to the **final** Month 12, 2022/23 Integrated Performance Assurance Report (IPAR) which summarises the Health Board’s progress against a range of national and local performance measures. The Board is asked to consider whether an assurance, or otherwise, can be taken from the IPAR – Month 12 **final** 2022/2023.

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 March 2023](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

The 2022/23 Performance Framework end of year qualitative updates listed below, were submitted to Welsh Government (WG) during the week beginning 10 April 2023. The updates can be accessed via our internet site.

- Progress against the Health Board’s plans to deliver the NHS Wales Weight Management Pathway
- Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy
- Progress to develop a whole school approach to CAMHS in reach services
- Progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis
- Progress against the priority areas to improve the lives of people with learning disabilities
- Progress of NHS Wales’ contribution to de-carbonisation as outlined in the organisation’s plan
- Evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-2022 Programme

- Evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes

Note: The Health Board's Executive Team receive weekly updates on the planned care and Urgent and Emergency Care (UEC) performance targets, as outlined within our accountability conditions from Welsh Government. A summary of our position as of 31 March 2023 is included in the 'Accountability conditions and key improvement measures overview' section below.

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

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
Ministerial Priority = MP
All = AC, EM & MP

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 into Targeted Intervention (TI) status for planning and finance, as well as Enhanced Monitoring (EM) for performance. In addition, WG 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 in post. For further details see the 'System Measures' section of the latest update of the [IPAR dashboard](#).

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
All	Planned care recovery: Ensure actual activity realised is back to 19/20 levels especially in surgical specialties	Grey	n/a	n/a	n/a	For surgical specialties activity in March 2023: <ul style="list-style-type: none"> New outpatients – we completed 18% more appointments than our monthly average in 2019/20 Inpatients – 30% less inpatient procedures were undertaken compared to our average monthly activity levels in 2019/20 Day cases – 15% less day case procedures were undertaken compared to our average monthly activity levels in 2019/20.
All	Planned care recovery: Deliver zero 52 weeks wait for first outpatient appointments by June 2023	Blue	Improving	Consistently missing	Exceeded	<ul style="list-style-type: none"> 3,715 patients were waiting over 52 weeks for a first outpatient appointment at the end of March 2023. Our local trajectory estimates this position will reduce to 2,813 by the end of June 2023, with breaches only expected in ENT, Colorectal and Vascular specialties.

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
All	Planned care recovery: Deliver zero 104 weeks waits for treatment by Spring 2023	Blue	Improving	Consistently missing	Exceeded	<ul style="list-style-type: none"> We exceeded our draft 3-year plan aim for March 2023 with 3,495 patients waiting over 104 weeks for treatment against our trajectory of 4,087. Our ambition is to reduce this position to around 2,609 breaches (with no patients waiting over 104 weeks for an outpatient appointment) by the end of June 2023.
All	Urgent and emergency care: Eradicate ambulance handovers to emergency departments taking longer than 4 hours by 31 March 2023	Grey	Usual variation	Hit and miss	Not achieved	<p>Timely ambulance handovers remain a challenge. All ambulance conveyances are triaged upon arrival. Main issues:</p> <ul style="list-style-type: none"> Emergency departments consistently escalated and overcrowded. Significant challenges across sites due to infection control issues, resulting in ward closures restricting patient flow. Staffing deficits remain a challenge. Significant number of patients (294 as at 22nd March 2023) are ready to leave our acute / community hospitals but are unable to be discharged primarily due to a lack of social care and domiciliary support. <p>Despite these difficulties, in March 2023 16.6% of ambulance handovers took more than 4 hours, this is a very minimal decline to February (16.2%), as each site strives to achieve the target.</p>
All	Cancer: 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	<p>As 31st March 2023: 2,855 Total number on the SCP 318: Number awaiting Diagnostics (Radiology & Endoscopy) 22 Number awaiting Tertiary Treatment 29: Number awaiting surgery</p> <p>Total referrals in March: 1,920</p> <p>The remainder of patients on the pathway are waiting for an out-patient appointment (OPA) or have an OPA date booked, results and appointments/interventions. Oncology and surgical cancer treatments have exceeded pre-pandemic levels.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
All	Cancer: Reduce the backlog of patients waiting over 104 days by end of October, with clear trajectories for sustainable backlog removal by end of December	Blue	n/a	n/a	Total backlog - March 2023: Exceeded	As at 31 st March 2023, 199 patients were waiting 104+ days for cancer treatment. This is a reduction of 29 patients from the previous month. March overall backlog decreased by 64 from the previous month, 39 ahead of internal prediction (429 against a trajectory of 468). Note: Not all backlog patients will become SCP breaches.
All	Mental health: Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories	Grey	Usual variation	Hit and miss target over 12+ month period	n/a	In March 2023, 83 out of 90 (92.2%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 72.2% of mental health assessments were undertaken within 28 days for patients aged 0-17. Main Issues: Onboarding of new staff, sickness and annual leave has impacted availability of initial assessments slots. An increase in Did Not Attend (DNAs) with inability to fill at short notice. Actions: recruitment drives, improved team communication and commenced weekend waiting list initiative in Pems.
AC	Mental health: Meet the agreed improvement trajectory for psychological therapies by 31 March 2023	Grey	Usual variation	Consistently Missing	n/a	In March 2023, 531 out of 1,178 (45.1%) 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: recruitment, regular waiting list and staff job plan reviews and establishing group therapy sessions to help improve the position.
All	Neurodevelopmental services: Submit an improvement trajectory to demonstrate how we will meet the national target by 31 March 2023 and have clear plans in place to improve neurodevelopmental services	Orange	Concerning	Consistently Missing	n/a	In March 2023, 482 out of 2,478 (19.5%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 125 out of 433 (28.9%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment. Main issues: sickness, vacancies, estate issues, demand and capacity gaps and backlogs created during the pandemic. Actions: recruitment drives, staff training and regular job plan reviews along with ongoing work to secure additional estates to increase capacity.

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
AC & EM	C.Difficile: Reduce the number of cases	Orange	Concerning	Hit and miss	n/a	In March 2023, there were 14 C.difficile cases. 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 and control. Progress against the Improvement Plan will be monitored and reported monthly. The plan has five core commitments: changing the culture, leadership, improving quality and safety, measuring success and public health. Each of these five core commitments have a series of aligned improvement actions.
AC	E.Coli: Reduce the number of cases	Grey	Usual variation	Hit and miss	n/a	In March 2023, we had 30 cases which is an increase compared to the same period in 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	Exceeded	We have exceeded our improvement trajectory of 2,870 nursing and midwifery staff in post by the end of Q4 2022/23. 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.



Key initiatives and improvements impacting our performance

Increasing our capacity

- Capacity and throughput in outpatients is now similar to pre-COVID levels with some areas exceeding throughput by the use of alternative pathways.
- Virtual appointments are being used, alongside face-to-face to maximise capacity.
- A dedicated cataract theatre is running at Amman Valley Hospital Day Surgery Unit to increase day case activity.
- Two new day surgical theatres opened on the 5 December 2022 at Prince Philip Hospital.
- A 'CT in a box' has been installed at Withybush General Hospital (WGH). This is a mobile unit used to increase capacity.
- Introduction of text reminder for mental health appointments to alleviate the number of DNAs.
- Mental Health have introduced group therapy sessions; however, uptake is low due to patients preferring one-to-one appointments.
- 379 children and young people diagnostic assessments are being outsourced to an external provider to address waiting list in ASD.

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

- We are having a positive effect on reducing the number of breaches by removing those patients no longer needing care eg, their issue has resolved, patient has received alternative treatment. Validation has accounted for 6,375 waiting list removals in the year April 2022 to March 2023 (838 in March 2023).

Same Day Emergency Care

- Being progressed across all acute sites, along with the Same Day Urgent Care (SDEC) 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 Hospital, released for more serious calls (amber 1).



Key issues impacting our performance

Business continuity incidents

- Despite extreme system pressures, there were no business continuity incidents (BCI) declared in March 2023.

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.
- A noticeable reduction in availability of agency staff across all therapy services, which has previously given significant additional capacity. Historically we have used agency to recover positions as and when necessary, however, this is becoming increasingly difficult to do. As an alternative we are 'over recruiting' against our traditional baseline but within our funding envelope, based on historical run rate of absences and vacancies. We are successfully recruiting from overseas but lead in times are considerable.

Patient acuity

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

Patient flow

- The number 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 of 22 March, 294 of our inpatients were ready to leave, 245 of these patients are in our acute hospitals.
- Risk to patients waiting in the community for an ambulance or access to treatment / transport and patients on an ambulance outside of hospital.
- Discharge delays are impacting on our emergency departments (EDs) and assessment units, with a number of patients waiting for an inpatient bed. On the morning of 12 April, we had 70 unplaced patients (awaiting admission) in our EDs but only had spaces for 38 major/resus patients in our EDs. The remaining unplaced patients were waiting in minor bays, on ambulances, on chairs, in corridors and in the waiting room.
- Prince Philip Hospital (PPH) and WGH experienced significant challenges due to infection control issues which restricted flow on both sites.

Demand and capacity

- Insufficient accommodation space to treat new patients arriving in our EDs due to patient flow issues described above, Glangwili Hospital being the site with the greatest impact. The improvement plan for Glangwili Hospital currently includes SDEC in place on weekdays and Welsh Ambulance Service Trust (WAST) to refer into SDEC to avoid conveyance to Accident and Emergency (A&E), a frailty pathway is being established for the front door with the Home First team supporting with admission avoidance and support of frail older patients, and medically fit cohorting on "Y Lolfa" to release acute beds.
- As of 29 March, our acute hospitals have been at 95%+ occupancy for more than 12 months.
- High demand across various areas including referrals for mental health services, single cancer pathway and endoscopy. Demand is more than our existing capacity in most of these areas meaning breaches will continue to rise without additional capacity being identified.
- High rate of patients that did not attend appointments continues to impact mental health service capacity, and unable to fill at short notice.

Spotlight on our planned care recovery

- Referral to treatment (RTT), March 2023:
 - Percentage of patients waiting under 26 weeks: 60.2% (target 95%). This measure is showing common cause variation.
 - Patients waiting 26 weeks and over: 39,523 breaches and special cause concerning variation showing.
 - Patients waiting 36 weeks and over: 27,973 (target 0). The number of in-month breaches has reduced for the seventh consecutive month and the March position reports the lowest number of breaches since April 2021. Improving variation showing.
 - Patients waiting over 104 weeks: 3,495 (target 0). The number of in-month breaches has reduced for the 12th consecutive month and the March 2023 position reports the lowest number of breaches since October 2021. Improving variation showing.
 - Patients waiting over 52 weeks for a new outpatient appointment: 3,715 (target 0), a reduction of 1,302 from February. The number of in-month breaches has reduced for the eighth consecutive month and the March 2023 position reports the lowest number of breaches since October 2020. Improving variation showing.
 - Patients waiting over 104 weeks for a new outpatient appointment: 130 (target 0). The number of in-month breaches has reduced for the 12th consecutive month and the March 2023 position reports the lowest number of breaches since July 2021. Improving variation showing.
 - Residents waiting over 36 weeks for treatment by other providers: In March, the number of patients waiting (2,841) reduced for the seventh consecutive month and reports the lowest number of breaches since April 2021. Improving variation is now showing.
- Outpatient follow ups: Both delayed follow ups metrics showing special cause improving variation in March 2023, with performance consistently better than pre-pandemic:
 - Follow ups delayed by over 100%: 16,207 (target 14,066).
 - Follow ups delayed past target date: 27,357 (target 23,080).
 - Total number of patients waiting for a follow up appointment: 66,222 (target 43,297) with common cause variation showing.
- Ophthalmology: In March 2023, 63.9% of R1 appointments attended were within their clinical target date, or within 25% delay to their target. The national target (95%) has never been achieved and concerning variation is showing. Following an improvement in performance seen during the early stages of the pandemic, performance is now closer to pre-pandemic levels as we re-establish capacity for seeing other patients (such as risk categories R2 and R3) in order to achieve ministerial measures targets for reducing all outpatient waits.
- Benchmarking: When compared to the six largest Health Boards in Wales (excluding Powys), for measures where data is available, our Planned Care performance ranks:
 - 1st out of 6 for RTT waits over 36 weeks in January 2023
 - 1st out of 6 for outpatient waits over 52 weeks in January 2023
 - 1st out of 6 for follow ups delayed over 100% in January 2023
 - 2nd out of 6 for RTT waits over 104 weeks in January 2023
 - 2nd out of 6 for % waits less than 26 weeks for RTT in January 2023
 - 2nd out of 6 for Ophthalmology R1 performance in February 2023

Measures to highlight which are showing statistical improvements

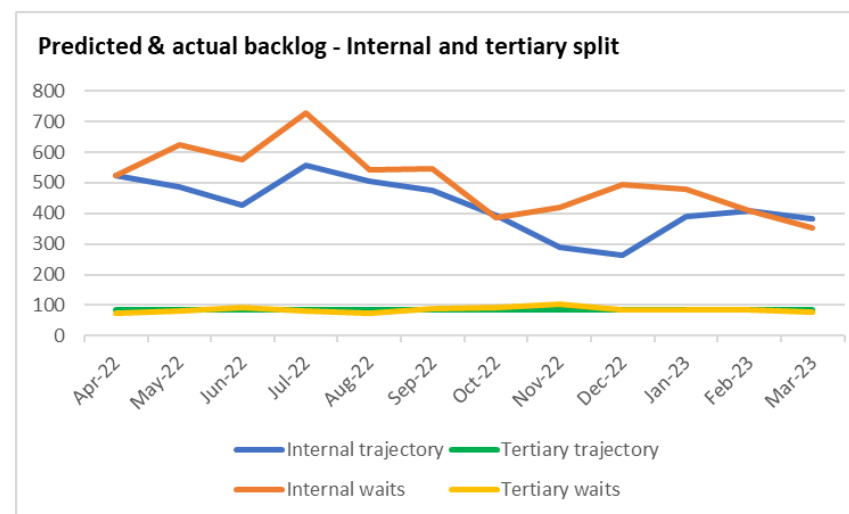
- **Unscheduled care:** In February 2023, improving cause variation performance is shown for the following measures:
 - Percentage of total emergency bed days accrued by people with a length of stay over 21 days: 49.5%, second time performance is showing improving cause variation since September 2021.
 - Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission: 477. This is the lowest reported figure since September 2021 and the first time this measure has shown improving cause variation.
- **Mental Health:** In March 2023, performance is showing improving cause variation for the following measures:
 - Percentage of Mental Health assessments undertaken within 28 days (under 18): 72.2% (target 80%), performance has narrowly missed the trajectory (80%) and target.
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18): 98.7% (target 90%). Performance continues to improve and is above the target for the third consecutive month. 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.
- **Healthcare Associated Infection (HCAI):** In March 2023, improving cause variation is shown for the following measures:
 - S.aerus; Cumulative rate per 100,000 population: 29 (target 20). Performance is lower when compared to the same period for 2021/22

Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in March 2023:**
 - Ambulance handovers over one hour: 985 (target 0). Performance has slightly improved in the last quarter of 2022/23, although it has remained above the upper control limit since March 2022
 - Lost Ambulance handover hours: 3,996. Performance is above the trajectory (2,899) and has increased since February 2023. However, Bronglais Hospital (BH) and PPH have reported a reduction in lost ambulance handover hours in March 2023.
 - A&E 4 hour waits: 70.4% (target 95%). Lowest performance in WGH (60%).
 - Accident & Emergency 12 hour waits: 1,274 (target 0). The longest wait in March was 260 hours at BGH. All acute sites are showing concerning variation. However, reduction in 12-hour waits have been seen in BH since December 2022.
- **Mental Health: In March 2023, performance is showing special cause concerning variation for the following measure:**
 - Child Neurodevelopment Assessments waits under 26 weeks: 19.9% (target 80%). The overall position is driven by:
 - Autism Spectrum Disorder (ASD) – 19.5%, showing special cause concerning variation
 - Attention Deficit Hyperactivity Disorder (ADHD) – 28.9%, showing improving cause variation
- **Cancer: The trajectories submitted to Welsh Government have been updated to take into account the significant backlog that was created as a result of the pandemic. Sustained improvements in addressing the backlog will support headline Single Cancer Pathway (SCP) performance improvements in the months ahead. In March 2023, 45% of patients started their first definitive cancer treatment within 62 days of the point of suspicion, there were an additional 173 referrals in March compared to the previous month.**

The latest benchmarking data (February 2023) shows Hywel Dda performing forth out of six other Welsh Health Boards.

March 2023		
No. of patients who received their 1 st treatment within 62 days from the point of suspicion	Total number of patients waiting for their first cancer treatment	Referrals in March 2023
126	281	1,920



- HCAI: In March 2023, performance is showing special cause concerning variation for the following measures:
 - C.difficile cases:
 - Number of confirmed cases (in-month): 14 (target 8). Performance has been above target since November 2020.
 - Cumulative rate per 100,000 population: 52.4 (target 25). Performance is higher when compared to the same period for 2021/22.
 - Klebsiella bacteraemia:
 - Number of confirmed cases (in-month): 10 (target 6). Performance is above target for the eighth consecutive month.
 - Cumulative number of cases: 117 (target 64). Performance is higher when compared to the same period for 2021/22.
- Stroke: In March 2023, performance is showing special cause concerning variation for the following measure:
 - Percentage of stroke patients receiving 45 mins of Speech and Language Therapy; 20.1% (target 50%). Performance continues to decline month on month and is now below the lower control limit for the fourth consecutive month. A Speech and Language Therapy (SALT) therapist for stroke is now in post so performance should steadily improve over the forthcoming months.
- Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified): 106, performance is showing cause concerning variation for the first time since July 2021.
- Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19: 45.6% (target 42.1%). Target is a reduction against the same month in 2021-22.

Other important areas/changes to highlight

- **Unscheduled Care:** Common cause variation is showing in March 2023 for the following measures:
 - Red call responses within eight minutes: 48.9% (target 65%). Hywel Dda is third out of the seven Health Boards, with the lowest performance in Ceredigion at 40.9%. Performance is showing common cause variation for the second consecutive month since February 2022
 - Ambulance handovers over four hours: 347 (target 0), BGH and PPH have shown an improvement since February 2023.
 - BH: 14 handovers
 - GH: 204 handovers
 - PPH: 51 handovers
 - WH: 78 handovers

The longest handover was 23 hours at GH.

- Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12-month reduction) is showing 49 minutes for February 2023. This has slightly increased from the previous month, however, is the third lowest time.
 - Median time from arrival at an emergency department to triage by a clinician (target 12-month reduction) is showing 26 minutes for February 2023.
- **Mental Health:** Common cause variation is showing in March 2023 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 45.1% (target 80%). The overall position is driven by:
 - Integrated Psychological Therapy (IPTs) – 46.2%, showing improving cause variation
 - Adult Psychology – 43.4%, showing common cause concerning variation
 - Learning Disabilities Psychology – 35.7%, showing improving cause variation
 - Percentage of Mental Health Assessments undertaken within 28 days (over 18): 86.6% (target 80%), performance has been above target for the third consecutive month.
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (over 18): 90.3% (target 90%), performance has recovered and achieved the target.
 - Percentage of Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 92.2% (target 80%), performance has been above target for the fourth consecutive month.
 - Mental Health therapeutic interventions within 28 days (under 18): 47.4% (target 80%), performance is below the trajectory (80%) for the fourth consecutive month.
 - Mental Health therapeutic interventions within 28 days (over 18): 100% (target 80%), performance has been consistently above target since February 2021.
 - **Hip Fractures:** Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 49% (target 50%) for March 2023. Concerning performance is driven by WGH (0%), however performance should improve in the coming months as a new Specialist Registrar has commenced at WGH in April.

- HCAI: Common cause variation is showing in March 2023 for the following measures:
 - S.aureus cases;
 - Number of confirmed cases (in-month): 12 (target 7).
 - Cumulative rate per 100,000 population: 29 (target 20). Performance is lower when compared to the same period for 2021/22
 - E.coli cases:
 - Number of confirmed cases (in-month): 30 (target 22).
 - Cumulative rate per 100,000 population: 86 (target 67). Performance is lower when compared to the same period for 2021/22.
 - Pseudomonas aeruginosa cases;
 - Number of confirmed cases (in-month): 3 (target 2).
 - Cumulative number of cases: 29 (target 24). Performance is slightly lower when compared to the same period for 2021/22.
- Stroke: In March 2023, performance is showing common cause variation for the following measure:
 - Percentage of stroke patients having direct admission to a stroke unit within four hours; 34.15% (target 40.9%). Performance is showing common cause variation for the fourth consecutive month.
 - Percentage of stroke patients who receive mechanical thrombectomy; 2.08% (target 10%). This is the second consecutive month that we are showing performance as common cause variation.
- Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported): 159, which is the third highest since June 2022. However, it is showing common cause variation.
- Finance: Financial plan figures have been updated to reflect the resubmitted financial plan for 2022/23.
 - At the end of March 2023, the in-month deficit is £6.545m against a plan of £5.515m. Cumulative position is £59m against a plan of £62m.
 - Agency spend as a percentage of the total pay bill (target 4.79%) is showing common cause variation, with 4.9% in month for March 2023. This is the lowest level recorded since March 2021.
 - Variable pay (target £4.8m) is showing common cause variation, with £7m in month.
- Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19; 24.6% (target 15.7%). Target is a reduction against the same month in 2021-22.
- Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within one hour of their initial call being completed: 88.43% (target 90%), performance has been below target since October 2022.

Argymhelliad / Recommendation

The Board is asked to consider whether an assurance, or otherwise, can be taken from the IPAR – Month 12 final 2022/2023.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All 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 2021-2022	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:	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:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care

Parties / Committees consulted prior to University Health Board:	Strategic Development & Operational Delivery Committee People, Organisational Development & Culture Committee
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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:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Committee – Month 1 2023/2024
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 report relates to the Month 1, 2023/24 Integrated Performance Assurance Report (IPAR) which summarises the Health Board’s progress against a range of national and local performance measures. The Board is asked to consider whether an assurance, or otherwise, can be taken from the IPAR – Month 1 2023/2024.

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 30 April 2023](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

Our service leads are in the process of developing monthly improvement trajectories for some of our key performance measures. The draft trajectories will be submitted to Welsh Government on 31 May 2023 and will be included in the month 2 IPAR to the Strategic, Development and Operational Delivery Committee in June 2023.

The Health Board’s Executive Team receive weekly updates on the planned care and Urgent and Emergency Care (UEC) performance targets, as outlined within our accountability conditions from Welsh Government. A summary of our position as of 30 April 2023 is included in the ‘Accountability conditions and key improvement measures overview’ section below.

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.

Cefndir / Background

We are awaiting the publication of the 2023/24 NHS Performance Framework. 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
 Ministerial Priority = MP
 All = AC, EM & MP

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 into Targeted Intervention (TI) status for planning and finance, as well as Enhanced Monitoring (EM) for performance. In addition, WG 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 in post. For further details see the 'System Measures' section of the latest update of the [IPAR dashboard](#).

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
All	Planned care recovery: Ensure actual activity realised is back to 19/20 levels especially in surgical specialties	Grey	n/a	n/a	n/a	<p>For surgical specialties activity in April 2023:</p> <ul style="list-style-type: none"> New outpatients – we completed 17% less appointments than our monthly average in 2019/20 Inpatients – around two thirds of the 2019/20 monthly average inpatient procedures were undertaken. Day cases – around two thirds of the 2019/20 monthly average day case procedures were undertaken. <p>However, in April 2023, we completed 18% more new outpatient appointments, 26% more inpatient procedures and 30% more day case procedures than in April 2022.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
All	Planned care recovery: Deliver zero 52 weeks wait for first outpatient appointments by June 2023	Blue	Improving	Consistently missing	n/a	<ul style="list-style-type: none"> 3,739 patients were waiting over 52 weeks for a first outpatient appointment at the end of April 2023. Our local trajectory estimates this position will reduce to 2,813 by the end of June 2023, with breaches only expected in ENT, Colorectal and Vascular specialties.
All	Planned care recovery: Deliver zero 104 weeks waits for treatment by June 2023	Blue	Improving	Consistently missing	n/a	<ul style="list-style-type: none"> 3,537 patients were waiting over 104 weeks for treatment at the end of April 2023. Our local trajectory estimates this position will reduce to 2,609 by the end of June 2023.
All	Urgent and emergency care: Eradicate ambulance handovers to emergency departments taking longer than 4 hours by 31 March 2023	Grey	Usual variation	Hit and miss	Not achieved	<p>Timely ambulance handovers remain a challenge. All ambulance conveyances are triaged upon arrival.</p> <p>Main issues:</p> <ul style="list-style-type: none"> Emergency departments consistently escalated and overcrowded. Significant challenges across sites due to infection control issues, resulting in ward closures restricting patient flow. Staffing deficits remain a challenge. Significant number of patients (278 as at 26 April 2023) are ready to leave our acute / community hospitals but are unable to be discharged primarily due to a lack of social care and domiciliary support. <p>Despite these difficulties, in April 2023 11.2% of ambulance handovers took more than 4 hours, this is an improvement to March (16.6%), as each site strives to achieve the target.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
All	Cancer: 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	<p>As 31st March 2023: 2,855 Total number on the SCP 318: Number awaiting Diagnostics (Radiology & Endoscopy) 22 Number awaiting Tertiary Treatment 29: Number awaiting surgery</p> <p>Total referrals in March: 1,920</p> <p>The remainder of patients on the pathway are waiting for an out-patient appointment (OPA) or have an OPA date booked, results and appointments/interventions. Oncology and surgical cancer treatments have exceeded pre-pandemic levels.</p>
All	Cancer: Reduce the backlog of patients waiting over 104 days by end of October, with clear trajectories for sustainable backlog removal by end of December	Blue	n/a	n/a	Total backlog - March 2023: Exceeded	<p>As at 31st March 2023, 199 patients were waiting 104+ days for cancer treatment. This is a reduction of 29 patients from the previous month. March overall backlog decreased by 64 from the previous month, 39 ahead of internal prediction (429 against a trajectory of 468). Note: Not all backlog patients will become SCP breaches.</p>
All	Mental health: Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories	Grey	Usual variation	Hit and miss target over 12+ month period	n/a	<p>In March 2023, 83 out of 90 (92.2%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 72.2% of mental health assessments were undertaken within 28 days for patients aged 0-17.</p> <p>Main Issues: Onboarding of new staff, sickness and annual leave has impacted availability of initial assessments slots. An increase in Did Not Attend (DNAs) with inability to fill at short notice.</p> <p>Actions: recruitment drives, improved team communication and commenced weekend waiting list initiative in Pems.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
AC	Mental health: Meet the agreed improvement trajectory for psychological therapies by 31 March 2023	Grey	Usual variation	Consistently Missing	n/a	In March 2023, 531 out of 1,178 (45.1%) 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: recruitment, regular waiting list and staff job plan reviews and establishing group therapy sessions to help improve the position.
All	Neurodevelopmental services: Submit an improvement trajectory to demonstrate how we will meet the national target by 31 March 2023 and have clear plans in place to improve neurodevelopmental services	Orange	Concerning	Consistently Missing	n/a	In March 2023, 482 out of 2,478 (19.5%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 125 out of 433 (28.9%) were waiting for an Attention Deficit Hyperactivity Disorder (ADHD) assessment. Main issues: sickness, vacancies, estate issues, demand and capacity gaps and backlogs created during the pandemic. Actions: recruitment drives, staff training and regular job plan reviews along with ongoing work to secure additional estates to increase capacity.
AC & EM	C.Difficile: Reduce the number of cases	Orange	Concerning	Hit and miss	n/a	In March 2023, there were 14 C.difficile cases. 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 and control. Progress against the Improvement Plan will be monitored and reported monthly. The plan has five core commitments: changing the culture, leadership, improving quality and safety, measuring success and public health. Each of these five core commitments have a series of aligned improvement actions.

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
AC	E.Coli: Reduce the number of cases	Grey	Usual variation	Hit and miss	n/a	In March 2023, we had 30 cases which is an increase compared to the same period in 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	Exceeded	We are currently above our improvement trajectory of 2,965 whole-time equivalent nursing and midwifery staff in post by the end of Q4 2023/24, with 2,968 in post as of April 2023. This is in line with the 5 year projection we are working to have 3,318 nursing and midwifery staff in post by 2027/28.



Key initiatives and improvements impacting our performance

Increasing our capacity

- Capacity and throughput in outpatients is now similar to pre-COVID levels with some areas exceeding throughput by the use of alternative pathways.
- Virtual appointments are being used, alongside face-to-face to maximise capacity.
- A dedicated cataract theatre is running at Amman Valley Hospital Day Surgery Unit to increase day case activity.
- Two new day surgical theatres opened on the 5 December 2022 at Prince Philip Hospital.
- A 'CT in a box' has been installed at Withybush General Hospital (WGH). This is a mobile unit used to increase capacity.
- Introduction of text reminder for mental health appointments to alleviate the number of DNAs.
- Mental Health have introduced group therapy sessions; however, uptake is low due to patients preferring one-to-one appointments.
- 379 children and young people diagnostic assessments are being outsourced to an external provider to address waiting list in ASD.

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

- We are having a positive effect on reducing the number of breaches by removing those patients no longer needing care eg, their issue has resolved, patient has received alternative treatment. Validation accounted for 465 waiting list removals in April 2023.

Same Day Emergency Care

- Being progressed across all acute sites, along with the Same Day Urgent Care (SDEC) 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 Hospital, released for more serious calls (amber 1).



Key issues impacting our performance

Business continuity incidents

- Despite extreme system pressures, there were no business continuity incidents (BCI) declared in April 2023.

Staff shortages

- Vacancy gaps, staff retention and staff sickness, 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. Historically we have used agency to recover positions as and when necessary, however, this is becoming increasingly difficult to do. As an alternative we are 'over recruiting' against our traditional baseline but within our funding envelope, based on historical run rate of absences and vacancies. We are successfully recruiting from overseas but lead in times are considerable.

Patient acuity

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

Patient flow

- The number 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 pathway assessments, domiciliary care provision, availability of reablement packages and care home placements. As of 26 April, 278 of our inpatients were ready to leave, 222 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 (EDs) and assessment units, with a number of patients waiting for an inpatient bed. On the morning of 10 May, we had 89 unplaced patients (awaiting admission) in our EDs but only had spaces for 51 major/resus patients in our EDs. The remaining unplaced patients were waiting in minor bays, on ambulances, on chairs, in corridors and in the waiting room.
- Prince Philip Hospital (PPH) experienced significant challenges due to infection control issues which restricted flow on both sites. To minimise disruption when infection control issues impact patient flow due to bed closures we supplement capacity through surge beds.

Demand and capacity

- Insufficient accommodation space to treat new patients arriving in our EDs due to patient flow issues described above, Glangwili Hospital being the site with the greatest impact. The improvement plan for Glangwili Hospital currently includes SDEC in place on weekdays and Welsh Ambulance Service Trust (WAST) to refer into SDEC to avoid conveyance to Accident and Emergency (A&E), a frailty pathway is being established for the front door with the Home First team supporting with admission avoidance and support of frail older patients, and medically fit cohorting on "Y Lolfa" to release acute beds.
- As of 3 May, our acute hospitals have been at 95%+ occupancy for more than 12 months.
- High demand across various areas including referrals for mental health services, single cancer pathway, radiology and endoscopy. Demand is more than our existing capacity in most of these areas meaning breaches will continue to rise without additional capacity being identified.
- High rate of patients that did not attend appointments continues to impact mental health service capacity, and unable to fill at short notice.

Spotlight on our planned care recovery

- Referral to treatment (RTT), April 2023:
 - Percentage of patients, all pathway stages, waiting under 26 weeks: 57.3% (target 95%). This measure is showing common cause variation.
 - Patients waiting 26 weeks and over, all pathway stages: 40,765 breaches and special cause concerning variation showing.
 - Patients waiting 36 weeks and over, all pathway stages: 28,851 (target 0). The number of in-month breaches increased in April following a reduction for seven consecutive months. Common cause variation is now showing.
 - Patients waiting over 104 weeks, all pathway stages: 3,537 (target 0). The number of in-month breaches increased slightly in April following a reduction for 12 consecutive months. However, improving variation is showing.
 - Patients waiting over 52 weeks for a new outpatient appointment: 3,739 (target 0). The number of in-month breaches increased slightly in April following a reduction for eight consecutive months. However, improving variation is showing.
 - Patients waiting over 104 weeks for a new outpatient appointment: 160 (target 0). The number of in-month breaches increased slightly in April following a reduction for 12 consecutive months. However, improving variation is showing.
 - Residents waiting over 36 weeks for treatment by other providers: In March, the number of patients waiting (2,841) reduced for the seventh consecutive month and reports the lowest number of breaches since April 2021. Improving variation is now showing.
- Outpatient follow ups: Both delayed follow ups metrics showing special cause improving variation in April 2023, with performance consistently better than pre-pandemic:
 - Follow ups delayed by over 100%: 16,181 (target 14,066).
 - Follow ups delayed past target date: 27,845 (target 23,080).
 - Total number of patients waiting for a follow up appointment: 66,317 (target 43,297) with common cause variation showing.
- Ophthalmology: In March 2023, 63.9% of R1 appointments attended were within their clinical target date, or within 25% delay to their target. The national target (95%) has never been achieved and concerning variation is showing. Following an improvement in performance seen during the early stages of the pandemic, performance is now closer to pre-pandemic levels as we re-establish capacity for seeing other patients (such as risk categories R2 and R3) in order to achieve ministerial measures targets for reducing all outpatient waits.
- Benchmarking: When compared to the six largest Health Boards in Wales (excluding Powys), for measures where data is available, in February 2023, our Planned Care performance ranks:
 - 1st out of 6 for RTT waits over 36 weeks
 - 1st out of 6 for outpatient waits over 52 weeks
 - 1st out of 6 for follow ups delayed over 100%
 - 2nd out of 6 for RTT waits over 104 weeks
 - 2nd out of 6 for % waits less than 26 weeks for RTT
 - 2nd out of 6 for Ophthalmology R1 performance

Measures to highlight which are showing statistical improvements

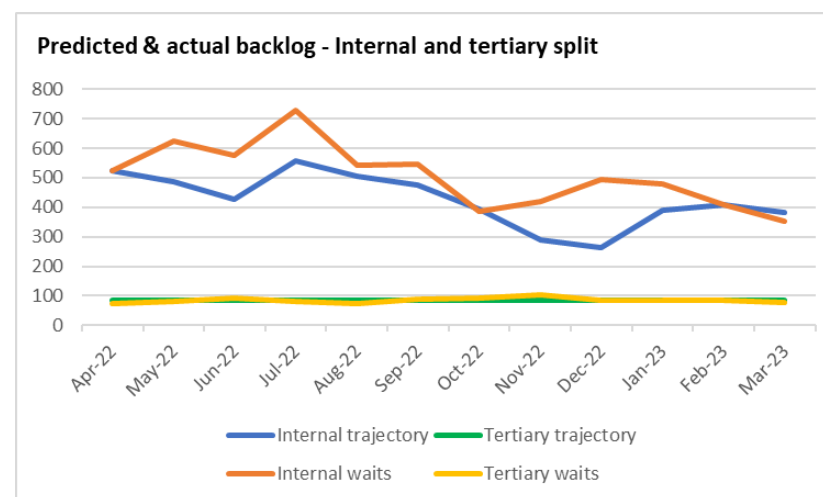
- **Unscheduled care:** In February 2023, improving cause variation performance is shown for the following measures:
 - Percentage of total emergency bed days accrued by people with a length of stay over 21 days: 49.5%, second time performance is showing improving cause variation since September 2021.
 - Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission: 477. This is the lowest reported figure since September 2021 and the first time this measure has shown improving cause variation.
- **Mental Health:** In March 2023, performance is showing improving cause variation for the following measures:
 - Percentage of Mental Health assessments undertaken within 28 days (under 18): 72.2% (target 80%), performance has narrowly missed the trajectory (80%) and target.
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18): 98.7% (target 90%). Performance continues to improve and is above the target for the third consecutive month. 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.
- **Diagnostics:**
 - Neurophysiology: Although the target (0) has not been met, there is a sustained improvement trend since June 2022, with 193 breaches in April 2023 (compared with a high of 677 breaches in May 2022).
 - Imaging: Continuing improvement trend showing, however there were six breaches of the 8-week target in April 2023.
- **Therapies:**
 - Occupational Therapy: There were 437 breaches in April. Breaches have been steadily reducing for the last six months; however, staffing and vacancies remain a challenge across the service. Within Children's services we have seen a significant increase in social care referrals in Carmarthenshire and due to the complexity of cases this has a significant impact on capacity.
- **Workforce:**
 - In April 2023, performance is showing special cause improving variation for the whole-time equivalent of nursing and midwifery staff in post: 2,968 (2023/24 ambition: 2,965)
 - Compliance for level 1 competencies of the core skills and training framework exceeded the target of 85% for the 2nd consecutive month in April with 85.9%, this is the highest level of compliance achieved to date.
 - Personal Appraisal and Development Review (PADR compliance) has improved every month in the last year with 74% achieved in April 2023 (target 85%).
 - Current Job Planning compliance is also showing improving variation with 60% in April 2023 (target 90%).

Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in April 2023:**
 - Ambulance handovers over one hour: 904 (target 0). Performance has further improved in April and is the lowest since March 2022. WH has seen the greatest improvement with a reduction of 127 handovers more than one hour compared to March 2023.
 - Lost Ambulance handover hours: 3,054. Performance is above the trajectory (2,899), however has improved since March 2023. All sites except for BH have seen a reduction in lost ambulance handover hours with WG showing the greatest improvement.
 - A&E 4 hour waits: 70.7% (target 95%). Lowest performance in WGH (61%).
 - Accident & Emergency 12 hour waits: 1,199 (target 0). The longest wait in April was 194 hours at BH. All acute sites are showing concerning variation, however performance has improved from March except for BH.
- **Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within one hour of their initial call being completed: 89.95% (target 90%) in April 2023.** Performance is just marginally below target this month and has been steadily improving over the past 3 months.
- **Cancer:** The trajectories submitted to Welsh Government have been updated to take into account the significant backlog that was created as a result of the pandemic. Sustained improvements in addressing the backlog will support headline Single Cancer Pathway (SCP) performance improvements in the months ahead. In March 2023, 45% of patients started their first definitive cancer treatment within 62 days of the point of suspicion, there were an additional 173 referrals in March compared to the previous month.

The latest benchmarking data (February 2023) shows Hywel Dda performing fourth out of six other Welsh Health Boards.

March 2023		
No. of patients who received their 1 st treatment within 62 days from the point of suspicion	Total number of patients waiting for their first cancer treatment	Referrals in March 2023
126	281	1,920



- Mental Health: In March 2023, performance is showing special cause concerning variation for the following measure:
 - Child Neurodevelopment Assessments waits under 26 weeks: 19.9% (target 80%). The overall position is driven by:
 - Autism Spectrum Disorder (ASD) – 19.5%, showing special cause concerning variation
 - Attention Deficit Hyperactivity Disorder (ADHD) – 28.9%, showing improving cause variation

- Diagnostics: In April 2023, there were 6,767 patients waiting 8 weeks and over. The latest benchmarking data (February 2023) shows Hywel Dda performing fifth out of seven other Welsh Health Boards.
 - Endoscopy: Breaches have been rising continuously for over a year; however some improvement has been realised from the high 2,491 in January, there were 2,340 patients waiting 8 weeks and over in April. Recovery Money funding has been secured until the end of June 2023 for 36 additional lists. This equates to 216 additional endoscopies in this period. A regional plan for Endoscopy is being developed with initial proposals shared with Welsh Government. A local plan for Hywel Dda is being drafted with an intended completion date of Quarter 2, 2023. A draft proposal to address the local backlog in Hywel Dda is currently being developed which also involves a longer-term plan to sustain future waiting list positions. The updated regional plan is being presented on the 10/05/2023. The latest benchmarking data (February 2023) shows Hywel Dda performing fourth out of seven other Welsh Health Boards.
 - Cardiology: There is an improved position from the high of 1,941 patients waiting over 8 weeks in December 2022 to 1,280 in April 2023. Echocardiography is the main diagnostic driving the overall breach position, we anticipate the breach position to decrease with plans for additional in-sourcing and in-house capacity during Q1 of 23/23. Additional substantive establishment will be required to maintain a breach-free position once the current backlog is cleared utilising additional funded short-term capacity.
 - Radiology: Following a continuous month-on-month reduction in performance from May to November 2022, breaches of the 8-week target have been rising each month with 2,921 breaches in April. The service has experienced increased referrals and reduced capacity since December 2022, which has impacted the waiting list. Although there was a decrease in referrals in April, the 8 week+ position has not shown improvement, due in part to the increased referrals received in March (highest on record, since September 2019), the Easter bank holidays and school holidays which resulted in less overtime activity.

- Therapies as a whole service is showing special cause concern variation, in April 2023 there were 1,882 patients waiting 14 weeks and over for a specific therapy. The latest benchmarking data (February 2023) shows Hywel Dda performing sixth out of seven Health Boards.
 - Physiotherapy: In April 2023, there were 981 patients waiting 14 weeks and over, the majority of these are within the Musculoskeletal (MSK) specialty and Community services. Between September and January 2023 we saw a reduction in the number of breaches, largely due to recovery within the MSK specialty. There was reversal of this recovery trajectory through February and March, which levelled off during April.
 - Dietetics: This service has seen a fluctuating position over the last two years with five significant peaks and troughs seen in performance since May 2021. In April 2023 there were 194 breaches with the majority for weight management services where there has been the biggest increase in demand. The impact of service delivery over the next few months will be monitored to understand the level of complexity of referrals received by the service.

- HCAI: In March 2023, performance is showing special cause concerning variation for the following measures:
 - C.difficile cases:
 - Number of confirmed cases (in-month): 14 (target 8). Performance has been above target since November 2020.
 - Cumulative rate per 100,000 population: 52.4 (target 25). Performance is higher when compared to the same period for 2021/22.
 - Klebsiella bacteraemia:
 - Number of confirmed cases (in-month): 10 (target 6). Performance is above target for the eighth consecutive month.
 - Cumulative number of cases: 117 (target 64). Performance is higher when compared to the same period for 2021/22.
- Stroke: In April 2023, performance is showing special cause concerning variation for the following measure:
 - Percentage of stroke patients receiving 45 mins of Speech and Language Therapy; 24.3% (target 50%). Performance continues to decline month on month and has been below target for 11 consecutive months. A Speech and Language Therapy (SALT) therapist for stroke is now in post so performance should steadily improve over the forthcoming months.
 - Percentage of stroke patients having direct admission to a stroke unit within four hours; 40.9% (target 40.9%). Performance has improved in recent months and achieved target this month, however it is still showing special cause concerning variation.
- Number of never events: 1 in April 2023. This is the third instance since November 2022 that we have had a never event.
- Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported): 348 in April 2023, which is the highest recorded since July 2021. Performance is showing special cause concerning variation.
- Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19: 45.6% (target 42.1%) in February 2023. Target is a reduction against the same month in 2021-22.
- Workforce:

Two measures are showing a concerning variation:

 - Staff sickness: 6.43% 12-month rolling, 5.76% in-month
 - Staff Welsh language skills level 2 and above: 35.7%

Other important areas/changes to highlight

- **Unscheduled Care:** Common cause variation is showing in April 2023 for the following measures:
 - Red call responses within eight minutes: 46.8% (target 65%). Hywel Dda is fifth out of the seven Health Boards, with the lowest performance in Ceredigion at 44.9%. Performance is showing common cause variation for the third consecutive month.
 - Ambulance handovers over four hours: 246 (target 0), a reduction of 101 handovers from March 2023. All sites except BH have shown an improvement.
 - BH: 28 handovers
 - GH: 169 handovers
 - PPH: 33 handovers
 - WH: 16 handovers

The longest handover was 22 hours at GH.

 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12-month reduction) is showing 49 minutes for February 2023. This has slightly increased from the previous month, however, is the third lowest time.
 - Median time from arrival at an emergency department to triage by a clinician (target 12-month reduction) is showing 26 minutes for February 2023.
- **Mental Health:** Common cause variation is showing in March 2023 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 45.1% (target 80%). The overall position is driven by:
 - Integrated Psychological Therapy (IPTTS) – 46.2%, showing improving cause variation
 - Adult Psychology – 43.4%, showing common cause concerning variation
 - Learning Disabilities Psychology – 35.7%, showing improving cause variation
 - Percentage of Mental Health Assessments undertaken within 28 days (over 18): 86.6% (target 80%), performance has been above target for the third consecutive month.
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (over 18): 90.3% (target 90%), performance has recovered and achieved the target.
 - Percentage of Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 92.2% (target 80%), performance has been above target for the fourth consecutive month.
 - Mental Health therapeutic interventions within 28 days (under 18): 47.4% (target 80%), performance is below the trajectory (80%) for the fourth consecutive month.
 - Mental Health therapeutic interventions within 28 days (over 18): 100% (target 80%), performance has been consistently above target since February 2021.

- Therapies:
 - Podiatry: In January 2023, there were 377 patients waiting 14 weeks and over for podiatry services, this has reduced monthly to 153 in April 2023. This measure has now moved from special cause concerning variation to performing within expected parameters.
 - Art Therapy: The number of patients waiting 14 weeks and over for Art Therapy began to rise in August 2022 due to increase in referrals following the promotion of the service within multi-disciplinary team (MDT) meetings. In April, the number of breaches rose again to 41. The service only has one Art Therapist and whilst group therapy sessions are being piloted, demand is exceeding capacity and additional resource is needed.
 - Speech and Language: The majority of the breaches of the 14-week target for Speech and Language Therapy (9 in April 2023) are within our Learning Disabilities service. The decline in performance in recent months is due to; increased demand, vacancies within the service and prioritising dysphagia referrals.
 - Audiology: There were 67 patients waiting 14 weeks and over in April.
- Diagnostics:
 - Physiological measurement: This measure has gone from consistently showing improving variation to showing common cause variation. In April 2023, 27 patients were waiting 14 weeks and over. Equipment used in out-patients was unavailable for over six weeks, resulting in patients being diverted to the clinical nurse specialist (CNS) Flow clinic, where demand outstripped capacity causing a backlog of waits. The flow machine has now been recommissioned in out-patients. Additional clinics will be arranged during May and June 2023 to increase capacity, improved performance is expected by mid-June 2023.
- HCAI: Common cause variation is showing in March 2023 for the following measures:
 - S.aureus cases;
 - Number of confirmed cases (in-month): 12 (target 7).
 - Cumulative rate per 100,000 population: 29 (target 20). Performance is lower when compared to the same period for 2021/22
 - E.coli cases:
 - Number of confirmed cases (in-month): 30 (target 22).
 - Cumulative rate per 100,000 population: 86 (target 67). Performance is lower when compared to the same period for 2021/22.
 - Pseudomonas aeruginosa cases;
 - Number of confirmed cases (in-month): 3 (target 2).
 - Cumulative number of cases: 29 (target 24). Performance is slightly lower when compared to the same period for 2021/22.
- Stroke: In April 2023, performance is showing common cause variation for the following measure:
 - Percentage of stroke patients who receive mechanical thrombectomy; 0% (target 10%). This is the fifth consecutive month that we are showing performance as common cause variation.

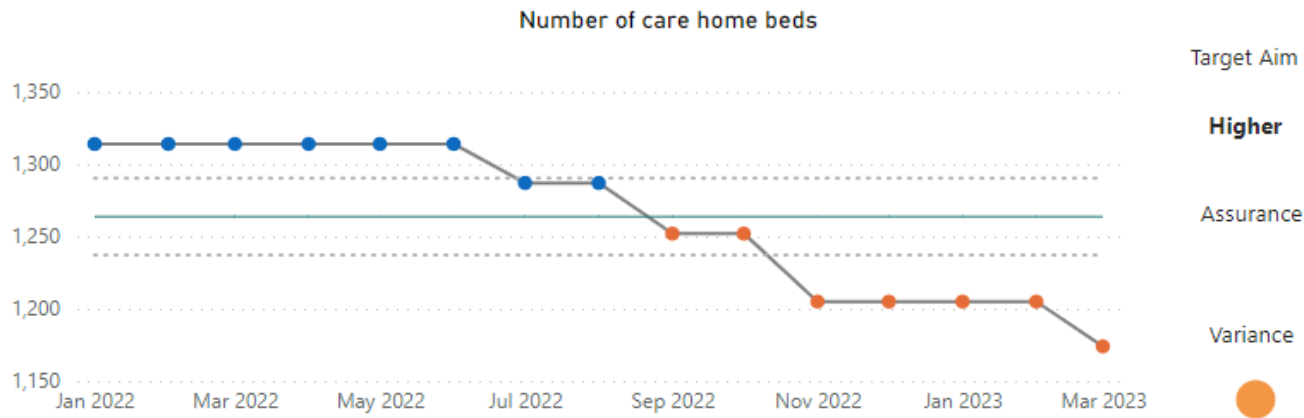
- Finance: In April 2023;
 - In month deficit is £11.732m against a plan of £9.408m. The forecast for the financial year 2023/24 is an end of year deficit of £112.9m.
 - Agency spend as a percentage of the total pay bill is 7.7% (target 4.79%) and showing common cause variation.
 - Variable pay is £7.1m (target £4.8m) and showing common cause variation.
- Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified): 89 in April 2023. Performance has improved since March 2023 and is showing common cause variation.
- Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19; 24.6% (target 15.7%) in February 2023. Target is a reduction against the same month in 2021-22.
- Hip Fractures: Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 54% (target 50%) for April 2023. Performance has improved from a low point of 15% in January 2023. Common cause variation is showing. WH shows as 0%, however performance should improve further in the forthcoming months as a new Specialist Registrar commenced in April.
- Patient Experience: Overall patient experience exceeded the target of 90%, with 95% of patients reporting a positive response in April. However, there are a couple of areas where a concerning variation is showing including:
 - I am listened to: 78.9% (target 80%)
 - My care is provided in the most appropriate setting to meet my health needs: 75.4% (target 90%)

The areas which have exceeded the target include:

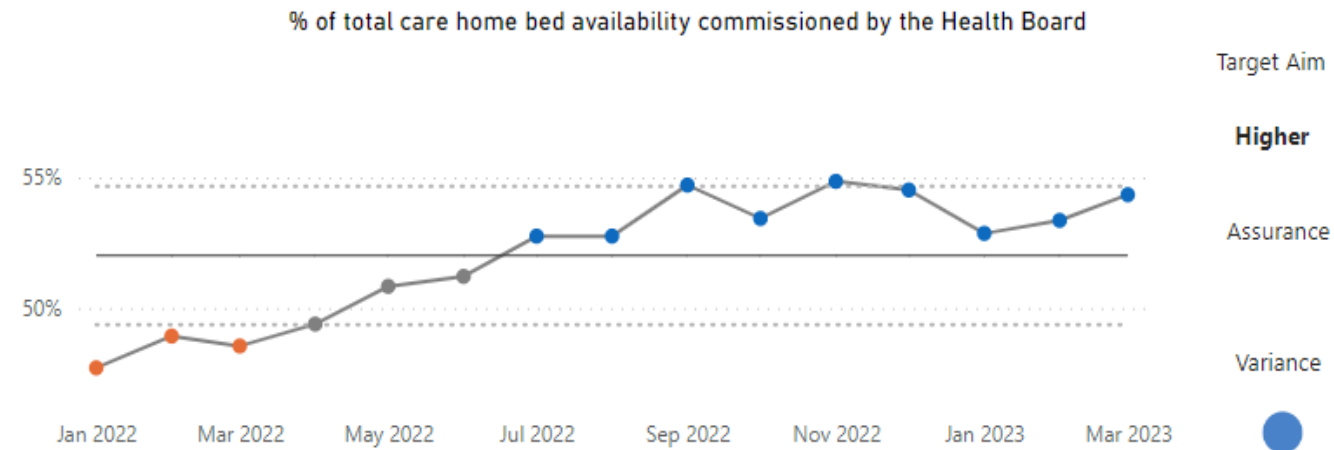
- I am treated with dignity, respect and kindness
- % patients reporting a positive experience attending emergency departments

- Data has been included for the following new measures as of March 2023:

- Number of care home beds: 1,174. This has been steadily reducing since June 2022 and is showing special cause concerning variation.



- Percentage of total care home bed availability commissioned by the Health Board: 54.3%. The percentage of beds commissioned by the Health Board has increased from 47.7% in January 2022.



Argymhelliad / Recommendation

The Board is asked to consider whether an assurance, or otherwise, can be taken from the IPAR – Month 1 2023/2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All 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 2021-2022	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:	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
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:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A