



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 January 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Assurance Report – Month 9 2021/22
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 9 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 November 2022](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

The Health Board's Executive Team receive weekly updates on the performance targets as outlined within our accountability conditions from Welsh Government. A summary of our position as of 31st December 2022 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

Both = AC & EM

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 in targeted intervention for planning and finance, as well as enhanced monitoring (EM) for performance. In addition, Welsh Government 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 we have in post. For further details see the 'System measures' section of the [IPAR dashboard](#).

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes												
			Over time	National target	Local trajectory													
Both	<p>Planned care recovery: Ensure actual activity realised is back to 19/20 levels especially in surgical specialties</p>	Orange	n/a	n/a	n/a	<p>December 2022 was a very challenging month and activity has been impacted compared to the previous month due to the quantity of bank holidays and industrial action. Therefore, November's activity is also included for comparison. For surgical specialties activity when compared to our baseline average monthly activity for 2019/20 (pre-pandemic) saw us experience a:</p> <table border="1"> <thead> <tr> <th></th> <th>Nov 22</th> <th>Dec 22</th> </tr> </thead> <tbody> <tr> <td>New outpatients</td> <td>17% increase</td> <td>2% decrease</td> </tr> <tr> <td>Inpatients</td> <td>36% reduction</td> <td>50% reduction</td> </tr> <tr> <td>Day cases</td> <td>25% reduction</td> <td>36% reduction</td> </tr> </tbody> </table> <p>It is expected activity levels will recover over the coming weeks.</p>		Nov 22	Dec 22	New outpatients	17% increase	2% decrease	Inpatients	36% reduction	50% reduction	Day cases	25% reduction	36% reduction
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Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
Both	Planned care recovery: Deliver zero 104 weeks waits for treatment by Spring 2023	Blue	Improving	Consistently missing	Exceeded	<p>When compared to other Health Boards in Wales, we rank 1st for both Ministerial Measures targets for 52+ week outpatient and 104+ week treatment waits. Additionally, we have achieved the greatest percentage improvement over the course of 2022 in respect of both measures and we have significantly fewer specialties with breaches remaining than any other Health Board in Wales.</p> <p>We exceeded our draft 3-year plan aim for December 2022 with 4,907 patients waiting over 104 weeks for treatment against our trajectory of 5,326.</p> <p>For the total cohort of patients that will be waiting over 104 weeks at the end of March 2023, we are ahead of our improvement trajectory. The total cohort has reduced by 15,060 since April 2022 (from 21,312 in April to 6,252 in December). We are on course to exceed our year end local delivery trajectory for this measure.</p>
Both	Planned care recovery: Deliver zero 52 weeks wait for first outpatient appointments by December 2022	Blue	Improving	Consistently missing	Exceeded	<p>We agreed a revised in-year trajectory with the Delivery Unit which was to reach between 5,061 and 7,788 breaches by 31st December 2022. This has been achieved with 5,452 breaches as at 31st December.</p>
Both	Urgent and emergency care: Eradicate ambulance handovers to emergency departments taking longer than 4 hours by 31 st March 2023	Orange	Concerning	Consistently missing	Not achieved	<p>Timely ambulance handovers remain a challenge with our emergency departments consistently escalated and overcrowded. All ambulance conveyances are triaged upon arrival. Staffing deficits are challenging and have an impact. Hospital capacity was significantly impacted during December due to COVID, Flu and other respiratory illnesses causing closures to wards and blocked beds, impacting the overall flow. Significant number of patients (117 as at 9th January 2023) are ready to leave hospital but are unable to be discharged due to a lack of social care and domiciliary support.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Over time	National target	Local trajectory	
Both	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	Orange	n/a	n/a	n/a	<p>In December, the overall backlog of cancer patients awaiting treatment increased to 579 from 523 in the previous month. All of these patients are awaiting a new outpatient, diagnostic and/or treatment within Hywel Dda. However, 85 of these patients will receive treatment in a tertiary centre. The reasons for the increase include:</p> <ul style="list-style-type: none"> • 40 patients choosing to defer appointments to January • Lost capacity due to sickness in key tumour sites • Impact of Industrial action (circa 1,000 appointments total) • Impact of postal strike on FIT test returns (LGI). • Impact of UEC and COVID/Flu/IP&C outbreaks on capacity for Urology GA diagnostic patients • Lost planned CT Guided Biopsy capacity for Lung patients due to Consultant sickness <p>Plans are in place to reduce the backlog through January 2023. NOTE: Not all backlog patients will become breaches on the single cancer pathway (SCP).</p>
Both	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>SCP performance is expected to be compromised whilst the 62+ days backlog reduces, and then significantly improve to meet the 75% national target by March 2023.</p> <p>Issues: Complex patient pathways, radiology, endoscopy, out-patient appointment & tertiary capacity.</p> <p>Actions: Introduction of a rapid diagnosis clinic (RDC). PPH Gastroenterologist post recruited expected start date January 2023. Regional meetings with SBUHB to discuss further capacity solutions. Endoscopy secured 60 additional lists from January to March 2023. GGH have recruited into one of their two radiology vacancies. FIT Testing in Primary Care - pilot in January, full roll out in April 2023</p> <p>Joint bid to Wales Cancer Network to enable digital pathology imaging for Gynaecology, which will improve the turnaround time of digital imaging within a week from 50% to 90% and shorten pathways by up to 3 weeks.</p>

Report	Area for Improvement	Current status	Performance (statistical process control)			Notes
			Overtime	National target	Local trajectory	
Both	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 November 2022, 69 of 104 (66.3%) children and young people were seen within 28 days from referral to appointment. Main Issues: Onboarding of new staff, sickness and annual leave impacted availability of initial assessments slots and increase in DNA's. Actions: recruitment drives and commenced weekend waiting list initiative in Pems.
AC	Mental health: Meet the agreed improvement trajectory for psychological therapies by 31 st March 2023	Grey	Usual variation	Consistently Missing	n/a	In November 2022, 481 out of 1,076 (44.7%) 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.
Both	Neurodevelopmental services: Submit an improvement trajectory to demonstrate how we will meet the national target by 31 st March 2023 and have clear plans in place to improve neurodevelopmental services	Orange	Concerning	Consistently missing	n/a	In November 2022, 326 out of 2,258 (14.4%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 91 out of 412 (22.1%) 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
			Overtime	National target	Local trajectory	
Both	C.Difficile: Reduce the number of cases	Orange	Concerning	Hit and miss	n/a	In December 2022, there were 16 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 & control. Progress against the Improvement Plan will be monitored and reported monthly. The plan has 5 core commitments: changing the culture, leadership, improving quality and safety, measuring success and public health. Each of these 5 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 December 2022, we had 20 cases which is lower compared to the same period in 2021. Cases have fallen below target for the first time since July 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 2,854 nursing and midwifery staff in post by the end of Q3 2022. 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

- Activity has almost been returned to pre-COVID levels for new outpatient appointments and is expected to improve over the coming weeks.
- 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.
- 2 new day surgical theatres opened on the 5th December 2022 at Prince Philip Hospital.
- A 'CT in a box' has been installed at Withybush. This is a mobile unit used to increase capacity.
- Introduction of text reminder for mental health appointments to alleviate the number of Did Not Attend (DNAs). No timeframe of commencement at present.

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

- Having a positive effect on reducing the number of breaches by removing those patients who no longer need care. Validation has accounted for 3,362 waiting list removals since April 2022 (197 in December).

Same Day Emergency Care

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



Key issues impacting our performance

Business continuity incidents

- Due to extreme system pressures, there were 5 business continuity incidents (BCI) declared in December 2022 (GGH 2, WGH 3). As at 16th January 2023, there have been an additional 2 BCIs declared (GGH 2).

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 across the Health Board. In addition, our capacity was impacted further by industrial action in December 2022 and additional industrial action is scheduled for January.
- A noticeable reduction in availability of agency staff across all therapy services which has previously given significant additional capacity.

Patient acuity

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

Patient flow

- The 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 various pathway assessments, domiciliary care provision, availability of reablement packages and care home placements. As of 9th January, 117 of our inpatients were ready to leave, most 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 and assessment units, with a number of patients waiting for an inpatient bed. On the morning of 10th January, we had 82 unplaced patients (awaiting admission) in our emergency departments (EDs). On that day, we had spaces for 48 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.

Demand and capacity

- Insufficient accommodation space to treat new patients arriving in our emergency departments due to patient flow issues described above. Glangwilli Hospital considered the introduction of a pod to create additional space, however we have been unable to secure a robust and sustainable staffing model with WAST to support the unit, and the Emergency Department does not currently have sufficient staffing resources. The plan now is to redirect some of the medical patients from the emergency department and into the Same Day Emergency Care or Medical Admissions Unit.
- As of 31st December 2022, our acute hospitals have been at 95%+ occupancy on all except 2 days in the previous 12 months. Capacity was at 98% in December except from 1 day.
- High demand across various areas including referrals for mental health services, single cancer pathway, endoscopy and echocardiography. 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.

Spotlight on our planned care recovery

- Referral to treatment (RTT), December 2022:
 - Percentage of patients waiting under 26 weeks: 58.8% (target 95%). This measure is now showing common cause variation.
 - Number of patients waiting 26 weeks: 40,347 breaches and special cause concerning variation showing.
 - Patients waiting 36 weeks and over: 28,334 (target 0). The number of in-month breaches has reduced for the 4th consecutive month and reduced by 1,788 from November's position. This is the lowest number of breaches recorded since May 2021.
 - Patients waiting over 52 weeks for a new outpatient appointment: 5,452 (target 0). The number of in-month breaches has reduced for the 5th consecutive month and reduced by 3,576 from November's position.
 - Patients waiting over 104 weeks: 4,907 (target 0). The number of in-month breaches has reduced for the 9th consecutive month and reduced by 1,179 from November's position.
 - Patients waiting over 104 weeks for a new outpatient appointment: 511 (target 0). The number of in-month breaches has reduced for the 9th consecutive month and reduced by 1,276 from November's position.
 - Residents waiting over 36 weeks for treatment by other providers: In November, the number of patients waiting (3,387) was showing special cause concerning variation, however, the number of breaches has reduced for the 3rd consecutive month.
- Outpatient follow ups: All measures showing special cause improving variation in December 2022. Performance for delayed follow ups is now consistently better than pre-pandemic levels:
 - Follow ups delayed by over 100%: 16,560 (target 14,066).
 - Follow ups delayed past target date: 27,576 (target 23,080).
 - Total number of patients waiting for a follow up appointment: 65,197 (target 43,297)
- Procedures postponed within 24 hours for non-clinical reasons: 113 in November 2022. Because of the sustained position above the mean, we have recalculated the process limits. Expected performance was between 0 and 81, it is now between 21 and 145. As we reinstate more theatre sessions when compared to the early stages of the pandemic, we will naturally see more cancellations. This is reflected in our performance now becoming closer to pre-pandemic levels.
- Ophthalmology: In November 2022, 66.8% of R1 appointments attended were within their clinical target date or within 25% delay to their target. The target (95%) has never been achieved. Following an improvement in performance seen during the early stages of the pandemic, we are now closer to pre-pandemic levels of performance 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 over 52 weeks to 0 by December 2022.

Measures to highlight which are showing statistical improvements

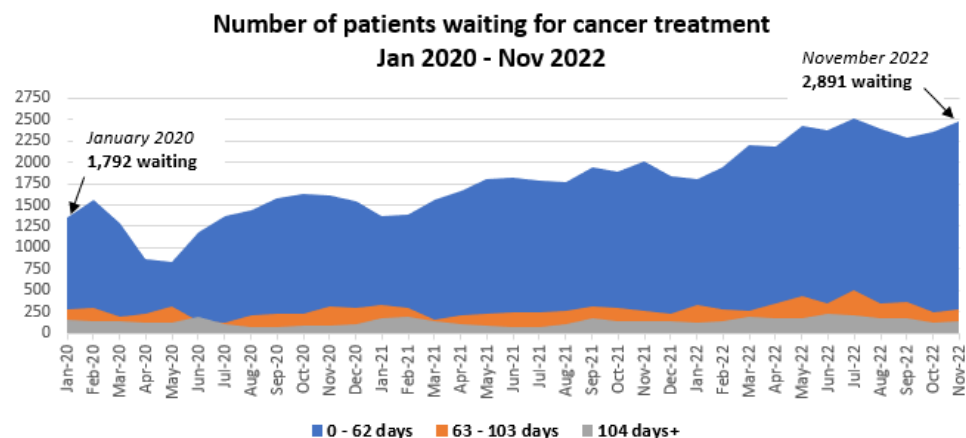
- **Mental Health:** In November 2022, performance is showing improving cause variation for the following measures:
 - Percentage of Mental Health assessments undertaken within 28 days (under 18): 86.8% (target 80%), performance continues to improve and is above target for the 2nd consecutive month, it is also above the trajectory (50%).
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18): 88.7% (target 90%). Performance continues to improve and is above the mean for the 2nd 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.
- **Therapies:** Dietetics is showing sustained improvement from a peak of 204 patients waiting 14 weeks and over in June 2022 to 23 patients in December 2022
- **Workforce:**
 - Staff receiving a PADR within the previous 12 months: Continued improving variation with 69.6% compliance against a target of 85% in December, the increase in performance is attributed to the new Pay Progression Policy and Performance Management training sessions which are available for all Health Board staff.
 - Core skills: In December we achieved 84.3% compliance against the national target of 85%
- **Patient Experience:**
 - Emergency Departments: In December 89.8% of patients reported that they had a positive experience when attending emergency departments in our Health Board.
 - Welsh language: In December 97.2% of patients reported that they were able to communicate in Welsh to Health Board staff.

Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in December 2022:**
 - Red call responses within 8 minutes: 36.6% (target 65%). Lowest performance Ceredigion 30.1%.
 - Ambulance handovers over 1 hour: 1,140 (target 0). Performance has been above the upper control limit since March 2022.
 - Ambulance handovers over 4 hours: 518 (target 0). The longest handover was 35.7 hours at GGH.
 - Lost Ambulance handover hours is 5,576, all acutes sites have increased with the exception of PPH.
 - A&E 4 hour waits: 67.8% (target 95%). Lowest performance in Wthybush General Hospital (WGH) (56%)
 - Accident & Emergency 12 hour waits: 1,527 (target 0). All acute sites are showing concerning variation. The longest wait in December was 282 hours at BGH.
- **Mental Health: In November 2022, performance is showing special cause concerning variation for the following measure:**
 - Child Neurodevelopment Assessments waits under 26 weeks: 15.6% (target 80%). The overall position is driven by:
 - Autism Spectrum Disorder (ASD) – 14.4%, showing special cause concerning variation
 - Attention Deficit Hyperactivity Disorder (ADHD) – 22.1%, showing improving cause variation
- **Cancer: In November 2022, 48% of patients started their first definitive cancer treatment within 62 days of the point of suspicion. The trajectories submitted to Welsh Government have been reviewed with a shadow performance prediction generated to take in to 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.**

The latest benchmarking data (October 2022) shows Hywel Dda performing 6th out of 6 other Welsh Health Boards.

November 2022		
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 November 2022
114	239	1,713



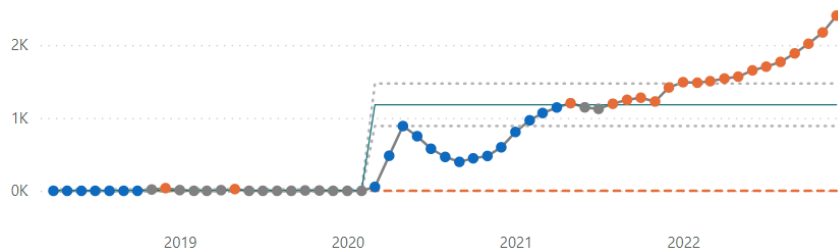
- Finance

- In month deficit is £6.817m against a plan of £2.083m. Cumulative position is £40.15m against a plan of £25m.
- Agency spend as a percentage of the total pay bill (target 4.79%) is showing special cause concerning variation, with 6.3% in month for December 2022.
- Variable pay (target £4.8m) is showing common cause variation, with £4.889m in month.

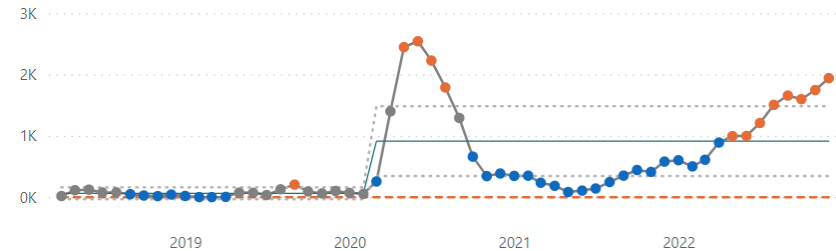
- In December 2022, all sub-services within Diagnostics experienced a rise in breaches with a total of 6,650 patients waiting 8 weeks and over. The latest benchmarking data (October 2022) shows Hywel Dda performing 5th out of 7 other Welsh Health Boards.

- Endoscopy: Breaches have been rising monthly for the past 12 months with a total of 2,403 patients waiting 8 weeks and over for endoscopy services in December 2022. It is anticipated that without the additional capacity, the number of patients waiting over 8 weeks will continue to rise. In the interim, an addition 36 in-house lists have been secured for January and March 2023. A regional plan for Endoscopy is being developed with initial proposals shared with Welsh Government. However, it should be noted that recovery of endoscopy capacity will require additional investment above levels committed for 2022/2023.
- Cardiology: In December 2022 there were 1,941 patients waiting over 8 weeks. Echocardiography is the main diagnostic driving the overall increasing breach position this is due to on-going capacity constraints. Without additional capacity, the breach position is expected to continue to rise. An Expression of Interest has been submitted to Procurement, identifying market capacity for in/out-sourcing of 2,000 ECHOs during 2022/2023.

Patients waiting 8 weeks and over for an endoscopy diagnostic (5A)



Patients waiting 8 weeks and over for a cardiology diagnostic (5A)



- Radiology: Last month the number of breaches rose for the first time since May 2022, in December there were 1,925 patients waiting 8 weeks and over. This was due mainly to reduced staffing available over the weekends and bank holidays, however it should be noted that the urgent suspected cancer performance for this month has shown improvement.

- Therapies as a whole service is showing special cause concern variation, in December there were 1,143 patients waiting 14 weeks and over for a specific therapy, however, there was a continued reduction in breaches across Therapy services in December. The latest benchmarking data (October 2022) shows Hywel Dda performing 6th out of 7 Health Boards.
 - Occupational Therapy: There were 565 breaches in December. The growth of the backlog of patients on the waiting list, with a diagnosis of dementia, was due to a change in service pathway which requires additional Occupational Therapy staff in the memory assessment service. Before the service was able to recruit these additional staff, there was a blanket approach to referrals, which did not take into consideration the clinical suitability for intervention of the referral. The service has undertaken numerous rounds of recruitment campaigns, however not all posts have been filled yet. A clear pathway with improved clinical governance has now been introduced. A detailed waiting list validation exercise was conducted in December which resulted in identifying nearly 200 invalid referrals. Actions need to be taken before the figures will reflect this on the system, this will be prioritised in January 2023.
 - Physiotherapy: In December 2022, there were 556 patients waiting 14 weeks and over. There are an increasing number of breaches within Community services for routine waiting times, especially in Carmarthenshire. Additionally, there was a significant increase in urgent referrals in Carmarthenshire community in December which has stalled the recovery of urgent waiting times and has led to an increased number of breaches.
- Stroke: In December 2022, performance is showing special cause concerning variation for the following measure:
 - Percentage of stroke patients receiving 45 mins of Speech and Language Therapy; 25.3% (target 50%). Performance continues to decline month on month, and is now below the lower control limit, for the first time since July 2020. The GGH SSNAP report is incomplete and will be uploaded to IRIS once available.
- Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed: 77% (target 90%), performance has been below target since June 2022 although data is missing for August & September 2022 due to Adastra outage.
- HCAI: In December 2022, performance is showing special cause concerning variation for the following measures:
 - Number of confirmed C.difficile cases: 16 (target 8). The year-to-date cumulative rate is also higher compared to the same time last year.
- Workforce:
 - Staff sickness: In December there were 6.60% of full-time equivalent days lost to sickness absence for the rolling 12-month period (7.53% in-month).
- Research & Development: % Open recruiting to time and target (commercial); 17% (target 100%) for December 2022. Performance is showing special cause concerning variation for the 7th consecutive month.

Other important areas/changes to highlight

- **Unscheduled Care:**
 - Median time from arrival at an emergency department to triage by a clinician (target 12-month reduction) is showing 27 minutes for October 2022.
 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12-month reduction) is showing 62 minutes for September 2022.
- **Mental Health:** Common cause variation is showing in November 2022 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 44.7% (target 80%). The overall position is driven by:
 - Integrated Psychological Therapy (IPTS) – 48.6%, showing improving cause variation
 - Adult Psychology – 51.9%, showing common cause variation
 - Learning Disabilities Psychology – 13.0%, showing special cause concerning variation
 - Percentage of Mental Health Assessments undertaken within 28 days (over 18): 80.4% (target 80%), performance has been above the target for the 4th consecutive month.
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (over 18): 92.4% (target 90%), above target for 2nd consecutive month.
 - Percentage of Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 66.4% (target 80%), performance below target for 2nd consecutive month.
 - Mental Health therapeutic interventions within 28 days (under 18): 63.6% (target 80%), 2nd consecutive month performance is showing common cause variation since June 2021 and is above trajectory (63%)
 - Mental Health therapeutic interventions within 28 days (over 18): 96.0% (target 80%)
- **Therapies:**
 - Audiology has consistently shown special cause improving variation, however there was a rise in breaches (101) in October due to an unpredictable spike in referral rates and staff absences due to COVID, performance is now recovering with a reduction to 10 breaches in December.
 - Art Therapy: The number of patients waiting 14 weeks and over for Art Therapy began to rise in August 2022 due to the recent an increase in referrals following the promotion of the service within multi-disciplinary team (MDT) meetings. Increasing referrals may cause further breaches as the service currently includes only one therapist. In December, there were 13 breaches for the service.
 - CMATS: Breaches of the 6-week target rose in December with the majority for Podiatry clinics. Additional clinic time has been secured for February 2023 to reduce the number of patients waiting.

- Stroke: In December 2022, performance is showing common cause variation for the following measure:
 - Percentage of stroke patients having direct admission to a stroke unit within 4 hours; 54.5% (target 40.2%). Performance is showing common cause variation for the first time since December 2021.
 - Percentage of stroke patients who receive a mechanical thrombectomy: 0% (target 10%), no instances in month.
 NOTE: The GGH SSNAP report is incomplete and will be uploaded to IRIS once available.

- Patient safety Incidents: Common cause variation showing in November 2022 for the following measures:
 - Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported): 130, which is the 3rd highest position since April 2022.
 - Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified): 73, which is the 4th highest position since April 2022.

- HCAI: Common cause variation is showing in December 2022 for the following measures:
 - Number of confirmed S.aureus cases: 9 (target 7). The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22.
 - Number of confirmed E.coli cases: 20 (target 22), first time below target since July 2022. The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22.
 - Number of cases of Klebsiella bacteraemia: 12 (target 6). The year-to-date cumulative rate is higher compared to the equivalent period in 2021/22.
 - Number of Pseudomonas aeruginosa cases: 1 (target 2). The year-to-date cumulative rate is lower compared to the equivalent period in 2021/22

- Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19; 13% (target 5.47%). 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: 39% (target 50%) for December 2022, however, the WGH position (0%) is impacting as they await onboarding of speciality registrar, currently using locum and agency cover where available in the interim. The position at GGH (37%) has also impacted overall performance this month due to sickness and annual leave.

- Percentage of complaints that have received a final reply or an interim reply up to and including 30 working days from the date the complaint was first received by the organisation: Although this measure is showing common cause variation with 69% achieved in December, the target of 75% has not been achieved for 2 years.

- Patient Experience: A new local measure has been introduced into our performance reporting framework – ‘Things were explained to me in a way I could understand’. The target for this measure has been set at 85%.

- Data has been included for the following measures: trend charts will be developed further once there are 15 data points for a SPC chart:
 - Number of new patients (children aged under 18 years) accessing NHS dental services
 - Number of new patients (adults aged 18 years and over) accessing NHS dental services
 - Number of existing patients accessing NHS dental services

Argymhelliad / Recommendation

The Board is asked to consider and advise of any issues arising from the IPAR – Month 9 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:	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: 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