



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 March 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Assurance Report – Month 11 2022/23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 11 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 11 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 28th February 2023](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

Following a review of the IPAR measures, to streamline the IPAR content, from this month forward narrative is only being provided for areas relating to enhanced monitoring, ministerial priorities, urgent & emergency care (UEC), diagnostics, therapies, staff sickness, stroke and hip fractures. Therefore only data (no narrative) is provided for the topic areas below:

- PADR, core skills, Welsh language and staff turnover
- Research and development
- Vaccinations
- Medicines management
- Patient experience (excludes in emergency departments which needed for TUEC)
- Staff experience
- Mortality
- Self harm
- Alcohol misuse
- Carbon
- Diabetes
- COVID-19

Note: The Health Board's Executive Team receive weekly updates on the planned care and UEC performance targets as outlined within our accountability conditions from Welsh Government. A summary of our position as of 31st January 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 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	
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 February 2023: <ul style="list-style-type: none"> New outpatients – we completed 13% less appointments than our monthly average in 2019/20 Inpatients –over half of inpatient procedures (61%) were undertaken compared to our average monthly activity levels in 2019/20 Day cases – more than three quarters of day case procedures (78%) were undertaken compared to our average monthly activity levels in 2019/20. Activity levels in February have been impacted and reduced due to industrial action.
All	Planned care recovery: Deliver zero 52 weeks wait for first outpatient appointments by June 2023	Blue	Improving	Consistently missing	Exceeded	The number of patients waiting over 52 weeks for a 1 st outpatient appointment is expected to be below 4,000 at the end of March 2023. The actual number of patients breaching 52 weeks for an outpatient appointment is 4,760 as of 13 th March 2023.

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 February 2023 with 4,113 patients waiting over 104 weeks for treatment against our trajectory of 4,429. The number of patients waiting over 104 weeks for treatment is expected to be below 4,000 at the end of March 2023.
All	Urgent and emergency care: Eradicate ambulance handovers to emergency departments taking longer than 4 hours by 31 st March 2023	Grey	Usual variation	Hit and miss	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. Despite these difficulties, in February 2023 16.2% of ambulance handovers took more than 4 hours, this is an improvement from January (18.1%), as each site strives to achieve the target.</p> <p>Significant number of patients (295 as at 28th February 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>
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>SCP performance is expected to be compromised whilst the 62+ days backlog reduces, and then significantly improve to meet the 75% national target.</p> <p>As 31st January 2022: 2,549: Total number on the Single Cancer Pathway 241: Awaiting Diagnostics (Radiology & Endoscopy) 139: Awaiting Tertiary Treatment 37: Awaiting surgery</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.</p> <p>Oncology and surgical cancer treatments have exceeded pre-pandemic levels. The total number of patients waiting on the single cancer pathway has reduced by 23% since summer 2022.</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	Orange	n/a	n/a	n/a	February overall backlog decreased by 73 from previous month. 24 less than internal prediction including: <ul style="list-style-type: none"> Lung - 6 above prediction Breast - 3 above prediction Gynae - 9 above prediction Urology - 9 above prediction Haem - 4 above prediction 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 January 2023, 57 out of 64 (89.1%) children and young people were seen within 28 days from referral to first CAMHS appointment. While 56.6% 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 DNAs with inability to fill at short notice. Actions: recruitment drives, improved team communication and commenced weekend waiting list initiative in Pembs.
AC	Mental health: Meet the agreed improvement trajectory for psychological therapies by 31 st March 2023	Grey	Usual variation	Consistently Missing	n/a	In January 2023, 482 out of 1,097 (43.9%) 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 st March 2023 and have clear plans in place to improve neurodevelopmental services	Orange	Concerning	Consistently Missing	n/a	In January 2023, 363 out of 2,388 (15.2%) children and young people were waiting under 26 weeks for an Autism Spectrum Disorder (ASD) assessment while 86 out of 423 (20.3%) 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 February 2023, 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 February 2023, we had 22 cases which is slightly lower 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

- Excluding the impact of industrial action in recent months, 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.
- 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.
- Mental Health have introduced group therapy sessions; however, uptake is low due to patients preferring one-to-one appointments.

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 needing care. Validation has accounted for 5,537 waiting list removals since April 2022 (1,227 in February).

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 Glangwilli, 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 February 2023. Capacity was reduced due to the proposed industrial action by the Royal College of Nursing (RCN), Royal College of Midwifery (RCM) and Chartered Society of Physiotherapy (CSP) which were subsequently suspended. This also had an impact on appointments that were unable to be filled at short notice.

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.
- 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. However, in February 2023 this reduced to 24% which is the first time it's been at this level since April 2021.

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 28th February, 295 of our inpatients were ready to leave, 237 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. PPH and BGH experienced significant challenges due to infection control issues which restricted flow on both sites. On the morning of 10th March, we had 59 unplaced patients (awaiting admission) in our emergency departments (EDs) but only had spaces for 35 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 EDs due to patient flow issues described above. Glangwili 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 28th February 2023, 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), February 2023:
 - Percentage of patients waiting under 26 weeks: 59.3% (target 95%). This measure is showing common cause variation.
 - Patients waiting 26 weeks and over: 39,827 breaches and special cause concerning variation showing.
 - Patients waiting 36 weeks and over: 28,041 (target 0). The number of in-month breaches has reduced for the 6th consecutive month and February's position reports the lowest number of breaches since April 2021.
 - Patients waiting over 104 weeks: 4,113 (target 0). The number of in-month breaches has reduced for the 11th consecutive month and February's position reports the lowest number of breaches since October 2021.
 - Patients waiting over 52 weeks for a new outpatient appointment: 5,017 (target 0). The number of in-month breaches has reduced for the 7th consecutive month and February's position reports the lowest number of breaches since November 2020.
 - Patients waiting over 104 weeks for a new outpatient appointment: 357 (target 0). The number of in-month breaches has reduced for the 11th consecutive month and February's position reports the lowest number of breaches since August 2021.
 - Residents waiting over 36 weeks for treatment by other providers: In January, the number of patients waiting (3,187) was showing special cause concerning variation, however, the number of breaches has reduced for the 5th consecutive month and January's position reports the lowest number of breaches since September 2021. No data is available for November 2022 for Hywel Dda residents waiting for treatment at University Hospitals Bristol NHS Foundation Trust.
- Outpatient follow ups: Both delayed follow ups metrics showing special cause improving variation in February 2023 and performance is now consistently better than pre-pandemic levels:
 - Follow ups delayed by over 100%: 16,271 (target 14,066).
 - Follow ups delayed past target date: 27,520 (target 23,080).
 - Total number of patients waiting for a follow up appointment: 66,318 (target 43,297) with common cause variation showing.
- Ophthalmology: In January 2023, 62.5% 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, 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 6 largest Health Boards in Wales (excluding Powys), where data is available, our Planned Care performance ranks:
 - 1st out of 6 for RTT waits over 36 weeks in December 2022
 - 1st out of 6 for outpatient waits over 52 weeks in December 2022
 - 1st out of 6 for follow ups delayed over 100% in January 2023
 - 2nd out of 6 for RTT waits over 104 weeks in December 2022
 - 2nd out of 6 for % waits less than 26 weeks for RTT in December 2022
 - 3rd out of 6 for Ophthalmology R1 performance in January 2023

Measures to highlight which are showing statistical improvements

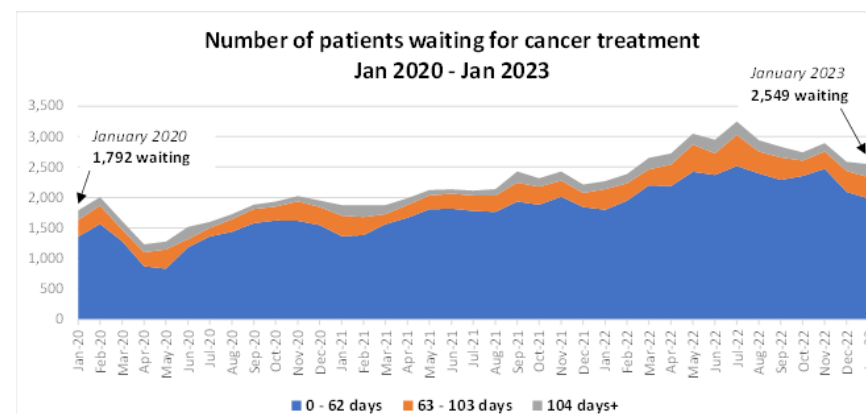
- **Unscheduled care: improving cause variation performance in February 2023:**
 - Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission: 539 patients. Performance has continued to improve and is showing improving cause variation for the 1st time.
- **Mental Health: In January 2023, performance is showing improving cause variation for the following measures:**
 - Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18): 95.7% (target 90%). Performance continues to improve and is above the mean for the 4th 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 251 breaches in February.
 - Imaging: Continuing improvement trend showing, however there were 9 breaches of the 8-week target in February 2023.
- **Workforce:**
 - Staff receiving a PADR within the previous 12 months: Continued improving variation with 71.63% compliance against a target of 85% in February. 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 February we achieved 84.8% compliance against the national target of 85%.
- **Patient Experience:**
 - Emergency Departments: In February 93.1% of patients reported that they had a positive experience when attending emergency departments in our Health Board.
 - Overall Patient Experience: In February 94.8% of patients reported that they would recommend our services to friends and family should they need similar care or treatment.

Key declining and concerning measures to highlight

- **Unscheduled care: special cause concerning variation performance continued in February 2023:**
 - Ambulance handovers over 1 hour: 917 (target 0). Performance has been above the upper control limit since March 2022.
 - Lost Ambulance handover hours: 3,314. All acutes sites except for PPH have reported a reduction in lost ambulance handover hours in February.
 - A&E 4 hour waits: 70.2% (target 95%). Lowest performance in Withybush General Hospital (WGH) (61.3%).
 - Accident & Emergency 12 hour waits: 1,144 (target 0). The longest wait in January was 165 hours at BGH. All acute sites are showing concerning variation. However, reductions in 12 hour waits have been seen across all 4 sites during January and February.
 - Median time from arrival at an emergency department to triage by a clinician (target 12-month reduction) is showing 33 minutes for December 2022.
- **Mental Health: In January 2023, performance is showing special cause concerning variation for the following measure:**
 - Child Neurodevelopment Assessments waits under 26 weeks: 16% (target 80%). The overall position is driven by:
 - Autism Spectrum Disorder (ASD) – 15.2%, showing special cause concerning variation
 - Attention Deficit Hyperactivity Disorder (ADHD) – 20.3%, showing improving cause variation
- **Cancer: In January 2023, 38% of patients started their first definitive cancer treatment within 62 days of the point of suspicion. An average of 123 patients were treated from the backlog between January – December 2022. This increased by 22% in January 2023 to 157, therefore, performance deterioration has correlated with increased breach treatment volumes. Early indication shows performance will improve in February 2023 with 45-50% predicted. The trajectories submitted to Welsh Government have been updated 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 (December 2022) shows Hywel Dda performing 5th out of 6 other Welsh Health Boards.

January 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 January 2023
97	254	1,717



- Diagnostics: In February 2023, there were 6,295 patients waiting 8 weeks and over. The latest benchmarking data (December 2022) shows Hywel Dda performing 5th out of 7 other Welsh Health Boards.
 - Endoscopy: Breaches have been rising continuously for over a year, however there was a reduction to 2,369 in February from 2,491 in January. Recovery Money funding has been secured until the end of March 2023 for 42 additional lists. This has equated to 252 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. Both Hywel Dda and Swansea Bay University Health Board are due to meet within the next month to review the regional proposals shared with Welsh Government. It should be noted that recovery of endoscopy capacity will require additional investment above levels committed for 2022/2023. A plan and timescales for implementation on both a local and regional footprint are yet to be agreed. The latest benchmarking data (December 2022) shows Hywel Dda performing 4th out of 7 other Welsh Health Boards.
 - Cardiology: Breaches continued to reduce in February 2023 with 1,453 patients waiting over 8 weeks. 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 March 2023 and 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 rose to 2,190 in February. The service has experienced increased referrals and reduced capacity since December.

- Therapies as a whole service is showing special cause concern variation, in February breaches rose to 1,764 patients waiting 14 weeks and over for a specific therapy. The latest benchmarking data (December 2022) shows Hywel Dda performing 5th out of 7 Health Boards.
 - Physiotherapy: The overall number of breaches across the service had been reducing as capacity improved due additional staffing. However, in February 2023, there was a sharp increase 761 patients waiting 14 weeks and over, issues included: the impacts associated with standing-down and then rebooking of scheduled activity due to industrial action, an increase in annual leave, post graduate study leave and increase in short term illness. It is likely that some of these effects will be seen through into March.
 - Occupational Therapy: There were 493 breaches in February. Breaches have been steadily reducing for the last 4 months; however, sickness and vacancies remain a challenge across the service.
 - Podiatry: In February 2023, there were 305 patients waiting 14 weeks and over, with the majority within Carmarthenshire. New staffing appointments and continued validation of the waiting list has contributed to reducing the number of breaches.

- HCAI: In February 2023, performance is showing special cause concerning variation for the following measures:
 - C.difficile cases:
 - Number of confirmed cases (in-month): 16 (target 8). Performance has been above target since November 2020.
 - Cumulative rate per 100,000 population: 53.3 (target 25). Performance is higher when compared to the same period for 2021/22.
 - Klebsiella bacteraemia:
 - Number of confirmed cases (in-month): 8 (target 6). Performance is above target for the 7th consecutive month.
 - Cumulative number of cases: 107 (target 64). Performance is higher when compared to the same period for 2021/22.

- Percentage of confirmed COVID cases within hospital which had a definite hospital onset of COVID-19: 49.3% (target 49.4%). Target is a reduction against the same month in 2021-22.
- Stroke: In February 2023, performance is showing special cause concerning variation for the following measure:
 - Percentage of stroke patients receiving 45 mins of Speech and Language Therapy; 21% (target 50%). Performance continues to decline month on month and is now below the lower control limit for the 3rd consecutive month. However, a SALT therapist for stroke is now in post so performance should steadily improve over the forthcoming months.
The GGH SSNAP report is incomplete for December, January, and February, it will be uploaded to IRIS once available.
- Workforce:
 - Staff sickness: In January there were 6.58% of full-time equivalent days lost to sickness absence for the rolling 12-month period (5.85% in-month).
- Hip Fractures: Percentage of patients 60+ with a hip fracture receiving an orthogeriatric assessment within 72 hours: 20% (target 50%) for February 2023. Concerning performance is driven by:
 - WGH (0%): awaiting onboarding of speciality registrar, currently using locum and agency cover where available in the interim.
 - GGH (14%): Orthogeriatric Consultant sickness.
- Medicine Management: quarter ended December 2022; performance is showing special cause concerning variation for the following measures:
 - Number of patients aged 65 years or over prescribed an antipsychotic: 1313 (target). Performance has been above target since quarter ended December 2021.
 - Total antibacterial items per 1,000 STAR-PU: 362.9 (target 250). Performance has been above target since quarter ended September 2021.
- Research & Development: % Open recruiting to time and target (commercial); 33% (target 100%) for February 2023. Performance is showing special cause concerning variation for the 9th consecutive month.

Other important areas/changes to highlight

- **Unscheduled Care:** Common cause variation is showing in February 2023 for the following measures:
 - Red call responses within 8 minutes: 53.1% (target 65%). Lowest performance Carmarthen 47.9%, although all sites have improved. Performance is showing common cause variation for the first time since February 2022
 - Ambulance handovers over 4 hours: 294 (target 0), 3 acute sites have shown an improvement since January 2023 with PPH being the exception.
 - BGH: 23 handovers
 - GGH: 163 handovers
 - PPH: 63 handovers
 - WGH: 45 handovers

The longest handover was 18 hours at PPH.

 - Median time from arrival at an emergency department to assessment by a senior clinical decision maker (target 12-month reduction) is showing 61 minutes for December 2022.
- **Mental Health:** Common cause variation is showing in January 2023 for the following measures:
 - Adult Psychological Therapies waits under 26 weeks: 43.9% (target 80%). The overall position is driven by:
 - Integrated Psychological Therapy (IPTs) – 46.3%, showing improving cause variation
 - Adult Psychology – 38.5%, showing common cause variation
 - Learning Disabilities Psychology – 25%, showing common cause variation
 - Percentage of Mental Health assessments undertaken within 28 days (under 18): 56.6% (target 80%), performance has dropped below the trajectory (60%) for the 1st time since May 2022.
 - Percentage of Mental Health Assessments undertaken within 28 days (over 18): 81% (target 80%), performance has improved and now above target.
 - 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 4th consecutive month.
 - Percentage of Specialist Child and Adolescent Mental Health Services (SCAMHS) patients waiting less than 28 days for first appointment: 89.1% (target 80%), 2nd highest performance since December 2021.
 - Mental Health therapeutic interventions within 28 days (under 18): 54.9% (target 80%), performance has fallen below the trajectory (70%)
 - Mental Health therapeutic interventions within 28 days (over 18): 92.4% (target 80%)
- **Finance:** Financial plan figures have been updated to reflect the resubmitted financial plan for 2022/23.
 - In month deficit is £6.545m against a plan of £5.515m. Cumulative position is £52.896m against a plan of £56.194m.
 - Agency spend as a percentage of the total pay bill (target 4.79%) is showing special cause concerning variation, with 6.8% in month for February 2023.
 - Variable pay (target £4.8m) is showing common cause variation, with £6.6m in month.

- Therapies:
 - 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 February, the number of breaches rose again to 30. The service only has 1 Art Therapist and whilst group therapy sessions are being piloted, demand is exceeding capacity and additional resource is needed.
 - Dietetics was showing sustained improvement from a peak of 204 patients waiting 14 weeks and over in June 2022, however there were 90 breaches of the target (0) in February 2023. The majority of patients waiting over 14 weeks are for Weight Management, this increase was due to the cumulative impact of an increase in demand with referrals for November 2022 to January 2023, 15% higher than the preceding 3-month period. Vacancies in the team, and a two-week reduction in clinical capacity during the Christmas period also contributed to the breach position.
 - Audiology has consistently shown special cause improving variation, however there was a rise in breaches to 79 in February due to an unpredictable spike in referral rates. There is no capacity within the standard working week to increase the number of appointments offered, however. funding has recently been approved to offer a number of Saturday clinics to improve the waiting list.
 - Speech and Language: Breaches of the 14-week target for Speech and Language Therapy are within our Adult Learning Disabilities service (6 in February). The majority of patients waiting are for services within Pembrokeshire, where there are a number of vacancies following retirements.

- Diagnostics:
 - Physiological measurement: This measure has gone from consistently showing improving variation to showing common cause variation, however breaches in February (23) are relatively low compared to other diagnostic services.

- Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed: 85.8% (target 90%), performance has been below target since October 2022.

- HCAI: Common cause variation is showing in February 2023 for the following measures:
 - S.aureus cases:
 - Number of confirmed cases (in-month): 5 (target 7).
 - Cumulative rate per 100,000 population: 28.3 (target 20). Performance is lower when compared to the same period for 2021/22
 - E.coli cases:
 - Number of confirmed cases (in-month): 22 (target 22).
 - Cumulative rate per 100,000 population: 85.5 (target 67). Performance is lower when compared to the same period for 2021/22.
 - Aeruginosa cases:
 - Number of confirmed cases (in-month): 2 (target 2).
 - Cumulative number of cases: 26 (target 24). Performance is lower when compared to the same period for 2021/22.

- Patient safety Incidents: Common cause variation showing in February 2023 for the following measures:
 - Number of reported patient safety incidents causing moderate, severe, or catastrophic harm (initially reported): 191, which is the highest since June 2022.
 - Number of closed patient safety incidents causing moderate, severe, or catastrophic harm (finally classified): 76, performance is above the mean for the 4th consecutive month.
- Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19; 16.4% (target 10.8%). Target is a reduction against the same month in 2021-22.
- Stroke: In February 2023, performance is showing common cause variation for the following measure:
 - Percentage of stroke patients having direct admission to a stroke unit within 4 hours; 20% (target 40.9%). Performance is showing common cause variation for the 3rd time since February 2023. The GGH SSNAP report is incomplete for December, January, and February, it will be uploaded to IRIS once available
 - Percentage of stroke patients who receive mechanical thrombectomy; 2.70% (target 10%). This is the 2nd consecutive month that we have been above the mean.
- Total number of Hywel Dda resident deaths: following a significant increase at the end of December to early January, the total number of Hywel Dda resident deaths and returned to usual levels.

Argymhelliad / Recommendation

The Board is asked to consider whether an assurance, or otherwise, can be taken from the IPAR – Month 11 2022/2023.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
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 Termau: Glossary of Terms:	PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development & Operational Delivery Committee People, Organisational Development & Culture Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A