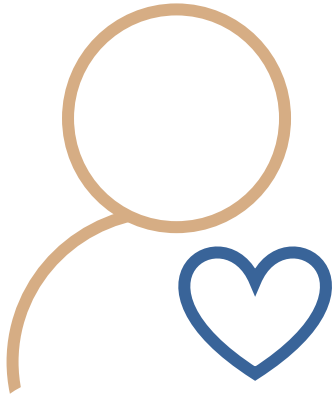
# Performance update for Hywel Dda Univerity Health Board

*as at 30th November 2020*



**Click one of the boxes below to navigate to that section of the report**

# Executive summary

Due to the current COVID-19 pandemic the format of this report has been temporarily amended to account for changes in performance management across Wales and to provide an update on COVID-19 for the Hywel Dda area.

## COVID-19

| Confirmed COVID cases as at 30th November 2020 | Suspected & confirmed COVID patients admitted 1st-30th November | Confirmed COVID patients discharged 1st-30th November | Confirmed COVID patients who died in one of our hospitals in November |
|---|---|---|---|
| 5,004 | 318 | 147 | 45 |

## Non-COVID

To provide staff with more capacity to deal with the COVID-19 pandemic, we have only included narrative within this report for our key deliverable areas. However, we continue to collect and monitor data across all areas, see the performance overview matrix for the latest data. Below is a summary for our key deliverable areas:

- **Where are we meeting target?**
  - In November, 100% of stroke patients were assessed < 24 hours by a specialist stroke consultant (target 85.9%).
  - 96% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday between Apr and Jun;
  - 99.1% of non-urgent suspected cancer patients commenced treatment within 31 days of being referred.

- **Where have improvements been made?**
  - The percentage of patients waiting less than 26 weeks from referral to treatment improved from 53% to 56.1%;
  - There were 40,201 patients in November who had a delayed follow-up outpatient appointment, which is a decrease of 752 from the previous month;
  - The number of patients waiting more than 14 weeks for a specific therapy improved for the 5th sequential month from 1,613 in June to 463 in November;
  - During April '20 to June '20, 1.04% (582) of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is higher than the same period in the previous year;
  - There has been a small reduction in sickness absence between September (5.23%) and October (5.19%).

- **Where is improvement needed?**
  - The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (47%);
  - 374 ambulance handovers were reported as taking longer than 1 hour during November 2020;
  - 76.1% of patients were seen within 4 hours in A&E/MIU (target 95%) and 614 patients spent longer than 12 hours (target 0);
  - Reporting has been stood down for of non-mental health patients with delayed transfers of care. However, census day patient count for Mental Health has continued and saw 10 patients delayed in November '20. i.e. they were medically okay to leave hospital but needed another form of support in place for them to leave;
  - The % of urgent suspected cancer patients who commenced treatment within 62 days of referral declined by 7.5% from the previous month to 69% and Single Cancer Pathway performance decreased by 3% from the previous month;
  - 33 planned procedures were cancelled by us in October for non-clinical reasons;
  - 37.7% of high risk Ophthalmology patients waited no more than 25% over their clinical target date which is well below the 95% target;
  - The number of patients waiting over 36 weeks from referral to treatment increased from 22,571 (October) to 25,785 (November);
  - 45.3% of stroke patients were admitted to a stroke unit within 4 hours in November '20 (target 54%), an increase from October '20 (37.7%);
  - Stroke patients receiving speech and language therapy decreased to 52.6% this month, compared with 54% in October;
  - Although below target small improvements were made in Neurodevelopment and Psychological Therapy services in October with 18.1% of children/young people receiving a neurodevelopmental assessment < 26 weeks (0.4% improvement) and 27.3% of adults waiting less than 26 weeks for a psychological therapy (1.1% improvement);
  - 67% of complaints received a final or interim reply within 30 working days, this is a 2% decline from last month;
  - In November we reported 10 C.difficile infections, 28 E.coli infections and 5 S.aureus infections;
  - During November 4 serious incidents were reported to Welsh Government, of which none (0%) were assured within the agreed timescales.
  - Between April and June, 90.3% of children had 2 MMR doses by age 5;
  - Staff appraisals are below target at 68.5%, a 0.5% drop from the previous month;
  - 83.9% of staff have completed their mandatory training (target 85%);
  - Performance for Consultants and SAS Doctors with a current Job Plan declined by 4% this month to 34%. Due to the impact of COVID and service pressures, performance continues to remain significantly below the target of 90%;
  - We have a financial plan with a year-end projected deficit of £25.0m. The current financial position at the end of November is £16.7m deficit against a deficit plan of £16.7m.

- **Impact of COVID-19**

  The current impact of COVID is rapidly changing and while the information provided is up to date as at 30th November, the picture is changing daily.
  - Staff absence increased due to COVID initially but is slowly reducing, around 1.3% of staff are self-isolating and 0.7% are off due to COVID sickness;
  - Some staff have been deployed from their substantive posts to assist with COVID-19 planning (e.g. field hospitals) and reset plans (i.e. restarting elective procedures);
  - Most elective procedures and outpatient appointments were cancelled to create capacity for staff training and COVID-19 patient admissions, this subsequently created a backlog. We are now increasing the volume of urgent patients assessed and treated where it is safe and feasible to do so (see the Planned Care section for further details);
  - Staff are taking additional time for donning and doffing personal protection equipment;
  - To avoid inpatient admission where appropriate, the temporary physical redesign of acute hospital facilities to accommodate separate COVID & Non-COVID pathways has led to some patients receiving extended clinical assessments within Emergency Departments beyond the 4 hour threshold;
  - Where possible, staff have shifted to working from home which has required additional IT infrastructure and resources;
  - Since April 2020, we have commissioned Werndale Hospital to support urgent cancer outpatient and surgical pathways. Plans are being progressed in accordance with the Welsh Government guidance to further increase the volume of cancer diagnostic and surgical cases undertaken at acute sites;
  - From mid-November, to better manage patient flow, 30 beds will be used from the Health Board field hospitals for non-COVID step down patients;
  - Mental Health and Learning Disability patients have had reduced leave (i.e. attending social activities or shopping) to limit their risk of exposure.

### Our 36 key deliverable measures

**Latest data**

| 25 | 2 | 4 |
|---|---|---|

**All Wales rank**

All Wales data is available for 32 of the 36 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 50% of measures:

| | |
|---|---|
| ① | 2 measures |
| ② | 7 measures |
| ③ | 7 measures |
| ④ | 6 measures |
| ⑤ | 4 measures |
| ⑥ | 5 measures |
| ⑦ | 1 measures |

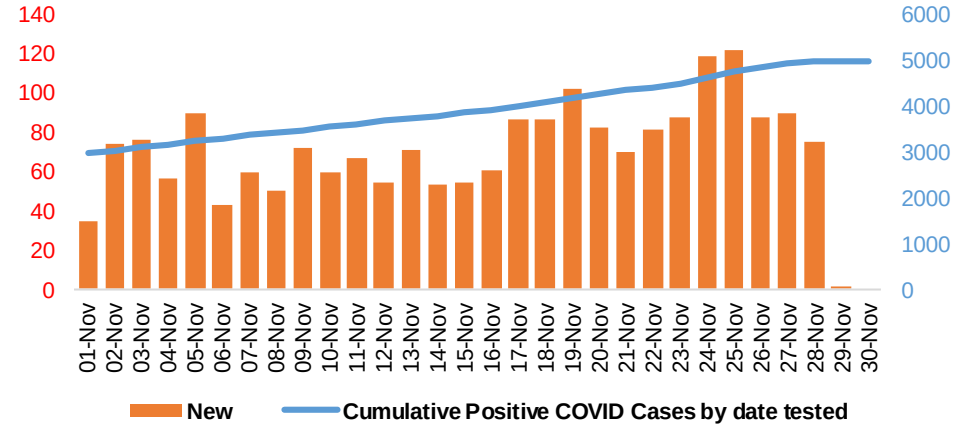
# COVID-19

The COVID-19 pandemic has already had a massive impact on our staff and services and we expect that this will continue well into 2020/21. As an organisation we are rising to the challenge and we will do so for as long as is needed.

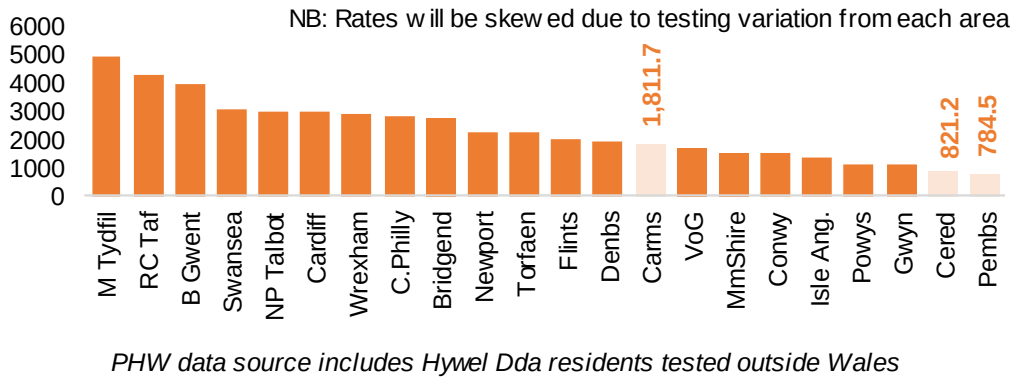
## Confirmed cases

As at 30th November 2020, there were 5,004 confirmed cases of COVID-19 for Hywel Dda residents, an increase of 2,135 cases from 31st October 2020. The number of cases reported in November accounts for 43% of all cases reported since March 2020. The highest number of new positive cases tested were on 25th November with 122 new cases reported. On 30th November 2020, population rates for confirmed cases were lower in Pembrokeshire (785 per 100,000 population) and Ceredigion (821 per 100,000 population) than the other local authority areas in Wales. Up until mid-November, Ceredigion recorded the lowest rates in Wales. It is important to note that the local authority rates may be skewed due to testing variation in each area and therefore should be used as a proxy.

Daily and cumulative confirmed cases for Hywel Dda by date of testing as at 1st December 2020




Confirmed cases per 100,000 resident population




*PHW data source includes Hywel Dda residents tested outside Wales*

## Supporting our staff

We have established a COVID command centre which is open 7 days a week. Staff are able to contact the command centre by email or phone with all COVID related queries e.g. staff testing, personal protective equipment (PPE), wellbeing support. In November the command centre had on average 90 calls per day which is an increase from 75 per day in October (2,691 calls in November overall). In addition, our Staff Psychological Wellbeing Service has changed the way they work to offer one to one support services to staff.

## Personal Protective Equipment (PPE)

We continue to closely monitor our PPE stock levels and orders to ensure sufficient levels are maintained to protect our staff and patients.

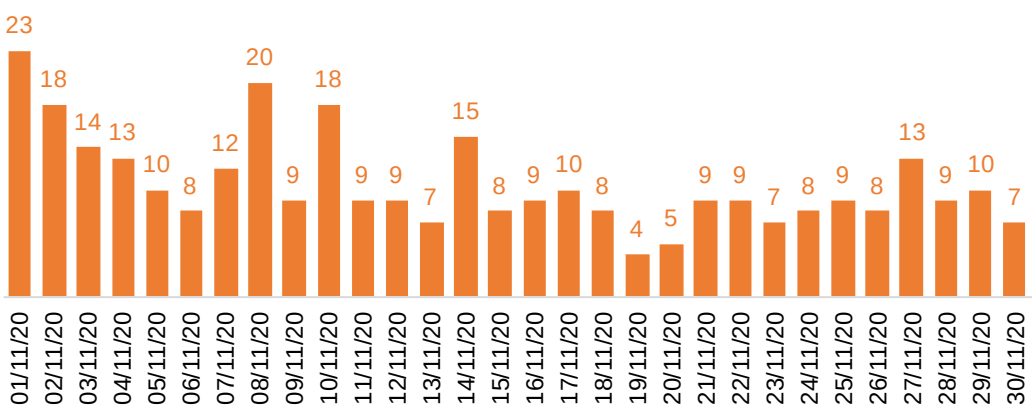
## Admissions

The number of COVID (confirmed and suspected) admissions to our four acute hospital sites decreased from 357 in October to 318 in November; 13 in Bronglais General Hospital (BGH), 79 in Glangwili General Hospital (GGH), 113 in Prince Philip Hospital (PPH) and 113 in Withybush General Hospital (WGH). This is an average of 11 COVID admissions a day across the Health Board during November and approximately 11% of all inpatient admissions. Non-COVID inpatient admissions averaged 86 per day over the same period.

The Health Board have 5 field hospitals across Hywel Dda to provide increased capacity should the need arise. During mid-November, 14 beds were opened in Ysbyty Enfys Selwyn Samuel in Llanelli. In early to mid December, we are planning to open an additional 14 beds in Ysbyty Enfys Selwyn Samuel plus another 14 beds in Ysbyty Enfys Carreg Las in Bluestone, Pembrokeshire. The field hospital beds will be used for non-Covid step-down patients, to enable us to better manage patient capacity and flow in our acute hospital sites.

* It is important to note some of the suspected COVID cases were shown to be negative when tested.

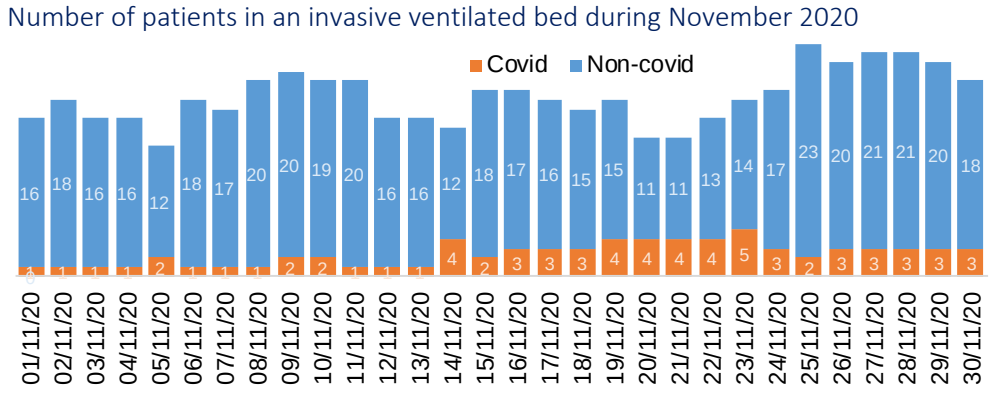
Hywel Dda daily COVID* admissions during November 2020




## Critical care

In November we had sufficient capacity to treat all patients (COVID and non-COVID) who required ventilating. The Health Board is monitoring ventilated bed use, consumables and medication requirements on a daily basis to ensure sufficient capacity continues. Additionally we are modelling future capacity in order to accurately plan anticipated demand for and availability of ventilated beds.

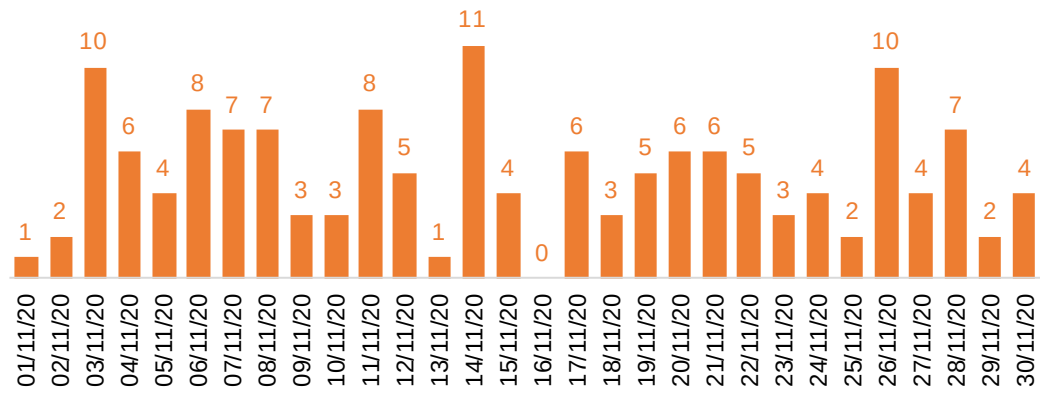
Number of patients in an invasive ventilated bed during November 2020




## Discharges and deaths

Between 1st and 30th November, 147 COVID (confirmed and suspected) patients were discharged from hospital alive. Sadly 45 patients died in our hospitals during November after being admitted and subsequently having a confirmed diagnosis of COVID-19.

Number of COVID patients discharged during November 2020




For the latest figures on COVID-19 confirmed cases and deaths, see the Public Health Wales dashboard which is updated daily and can be accessed: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-COVID-19/

# Key performance areas

This section includes summary information on some of the key areas that we prioritised to make improvements in 2019/20, we continue to monitor these in 2020/21 during the COVID-19 pandemic. The impact of COVID on performance is detailed within each service report below. The reporting time period and frequency differs by indicator. See the performance overview matrix for details.

| | | Target | 12m previous | Previous period | Latest data | Met plan? | All Wales rank | Notes ** |
|---|---|---|---|---|---|---|---|---|
| Unscheduled care | Ambulance red calls | 65% | 58.2% | 58.9% | 47.0% | No | 5th out of 7 | Carms 41.9%, Cere 54.2%, Pembs 50.6%. |
| | Ambulance handovers over 1 hour | 0 | 670 | 226 | 374 | No | 2nd out of 6 | Ambulance handover delays decreased considerably from November 2019 (-296). |
| | A&E/MIU 4 hour waits | 95% | 76.8% | 78.2% | 76.1% | No | 3rd out of 6 | In Nov '20 there was a 27% reduction in the number of new attendances compared to Nov '19. Trajectory was met for 12 hour waits. |
| | A&E/MIU 12 hour waits | 0 | 1053 | 452 | 614 | Yes | 2nd out of 6 | |
| | Non-mental health delayed transfers of care | 12m↓ | 65 | n/a | n/a | n/a | 3rd out of 7 | Due to COVID-19, DTOC census patient number monitoring has been suspended. Latest Mental Health data is based on unverified numbers from the National DTOC database. |
| | Mental health delayed transfers of care | 12m↓ | 14 | 14 | 10 | No | 5th out of 7 | |
| Stroke and cancer | Admission to stroke unit <4 hours | 54.0% | 70.4% | 37.7% | 45.3% | No | 1st out of 6 | Compliance for admissions to a stroke unit within 4 hours remains significantly below target at GGH (15.4%) and PPH (25%). SALT minutes has seen a drop in WGH from 63.4% in Oct '20 to 46.2%, however, this still represents an increase from Oct '19 (26.9%). |
| | Assessed by stroke consultant <24 hours | 85.9% | 98.3% | 96.6% | 100.0% | Yes | 3rd out of 6 | |
| | Stroke patients - speech & lang. therapy | 12m↑ | 33.4% | 54.0% | 52.6% | Yes | 6th out of 6 | |
| | Urgent suspected cancer | 95% | 72.8% | 76.5% | 69% | No | 3rd out of 6 | In October there was 1 Non-urgent and 35 Urgent Suspected Cancer breaches. SCP compliance has decreased by 3%. |
| | Non-urgent suspected cancer | 98% | 98.5% | 98.9% | 99.1% | Yes | 2nd out of 6 | |
| | Single cancer pathway | 12m↑ | 74% | 74% | 71% | n/a | 2nd out of 6 | |
| Planned care and therapies | Hospital initiated cancellations | 5%↓ | 103 | 30 | 33 | No | 4th out of 7 | HICs due to staffing (10), Emergency Admission (3), Equipment (5), Covid (1) & Other (14) |
| | Delayed follow-up appointments (all specialties) | 12m↓ | 31,218 | 40,953 | 40,201 | No | n/a | Reduced outpatient capacity due to social distancing requirements. |
| | Ophthalmology patients seen by target date | 95% | 59.3% | 40.4% | 37.7% | No | 6th out of 7 | Lower performance primarily due to patient cancellations, high risk treatment is continuing. |
| | Diagnostic waiting times | 0 | 102 | 5,407 | 5,288 | No | 2nd out of 7 | 119 fewer breaches. Clinically led validation arrangements are prioritising urgent referrals. |
| | RTT – patients waiting 36 weeks+ | 0 | 564 | 22,571 | 25,785 | No | 2nd out of 7 | The number of patients waiting > 36 weeks for treatment increased by 3,214 from Oct '20 to Nov '20 and is 25,221 higher than Nov '19. |
| | RTT – patients waiting <=26 weeks | 95% | 87.7% | 53% | 56.1% | No | 3rd out of 7 | |
| | Therapy waiting times | 0 | 224 | 659 | 463 | No | 2nd out of 7 | Podiatry: 104 fewer patients waiting. Audiology: 92 fewer patients waiting than Oct '20. |
| Quality and safety | C.difficile | <=25 | 38.90 | 34.50 | 34.14 | No | 5th out of 6 | The cumulative reduction rate compared to Apr 19 – Nov 19:<br>• C.diff cases reduced by 12%<br>• E.coli cases reduced by 23%<br>• S.aureus cases reduced by 25% |
| | E.coli | <=67 | 107.75 | 81.38 | 82.24 | Yes | 6th out of 6 | |
| | S.aureus | <=20 | 30.73 | 24.33 | 23.28 | Yes | 3rd out of 6 | |
| | Serious incidents | 90% | 41.2% | 25% | 0% | n/a | n/a | In Nov '20, none of the 4 SIs were closed within the WG timescale. There were no Never Events. |
| | Complaints | 75% | 72.5% | 69% | 67% | No | 4th out of 9 | More cases 'managed through putting things right' were closed in November. |
| MH + | Children/young people neurodevelopment waits | 80% | 33% | 17.7% | 18.1% | No | 6th out of 7 | 1,166 Neurodevelopment and 1,206 Psychological patients are waiting over 26 weeks for an assessment or therapy (respectively). |
| | Adult psychological therapy waits | 80% | 56.3% | 26.2% | 27.3% | No | 6th out of 7 | |
| Population Health | '6 in 1' vaccine | 95% | 95.1% | 95.5% | 96.0% | Yes | 5th out of 7 | The schools immunisation programme was restarted on 29th June 2020 as schools reopened. |
| | MMR vaccine | 95% | 92.2% | 90.0% | 90.3% | Yes | 7th out of 7 | |
| | Attempted to quit smoking | 5%(ytd) | 0.87% | 3.45% | 1.04% | n/a | 4th out of 7 | COVID-19 presents a risk to smokers accessing cessation support services and due to the pandemic, CO levels are not currently recorded. |
| | Smoking cessation - CO validated as quit | 40% | 30.3% | n/a | n/a | n/a | 3rd out of 7 | |
| | Childhood obesity | n/a | n/a | 11.8% | n/a | n/a | 4th out of 7 | Carms 13.0%, Pembs 10.6% and Cere 10.3% |
| Workforce & finance | Sickness absence (R12m) | 12m↓ | 5.04% | 5.23% | 5.19% | No | 4th out of 10 | Decline in in-month sickness from 5.32% in October '19 to 4.71% in October '20. |
| | Performance appraisals (PADR) | 85% | 75% | 69.0% | 68.5% | No | 1st out of 10 | Despite a drop in compliance, continues to be the highest in Wales since June |
| | Core skills mandatory training | 85% | 82.5% | 84.4% | 83.9% | No | 4th out of 10 | Lowest compliance in fire safety (71.4%), IG (78.5%) and L1 moving and handling (79%). |
| | Consultants/SAS doctors - current job plan | 90% | 59% | 38% | 34% | No | n/a | Increased services pressures have impacted performance. |
| | Finance - deficit | £25m | £17.5m deficit | £14.6m deficit | £16.7m deficit | Yes | n/a | Board's financial YTD position at the end of Nov is £16.7m deficit against a deficit plan of £16.7m. |

+ Mental Health & neurodevelopment ** BGH: Bronglais General Hospital GGH: Glangwili General Hospital PPH: Prince Philip Hospital WGH: Withybush General Hospital. HDUHB/HB: Hywel Dda University Health Board/Health Board

# Essential services update as at 30th November 2020

This section provides an overview on essential service provision in Hywel Dda during the COVID-19 pandemic. Essential services guidance has been produced by the Welsh Government and can be accessed on their website: https://gov.wales/nhs-wales-COVID-19-operating-framework-quarter-2-2020-2021.

## ❶ Essential services that we are currently unable to maintain and our actions to address

**Out of Hours services**

- The Carmarthenshire and Ceredigion base rotas remain stable during the evening and overnight period across most of the working week. Additionally, cover at the Llanelli base is starting to improve during the morning sessions at weekends but cover remains limited in the afternoon and into the evening on Saturday and Sunday. Pembrokeshire's position remains fragile with significant shortfalls identified (predominantly at weekends). Contributing factors include sickness absence within the salaried workforce and staff who need to isolate due to COVID. Therefore, the overall service risk remains elevated;
- The decision to support rationalisation of overnight base cover continues to support service stability in the overnight period. As reflected by remaining service shortfalls, capacity has not been generated to safely and consistently return to an increase in overnight cover at this time;
- Ongoing shortages in shift fill remain mitigated by a continued focus amongst clinicians to complete in the region of 80% of activity at the telephone consultation stage, as opposed to face to face assessment. This has increased the capacity available. Predicted service escalation levels are often lower than initially identified because of this increase in capacity. The outcome of service escalation and constraints in capacity would result in delays in patient care and possible increased in demand within the emergency departments or WAST EMS (Emergency Medical Services);
- To support enhanced activity from remote working clinicians and the Clinical Support Hub within the 111 service, an enhanced pharmacy model has been negotiated to support with winter pressures. This allows GPs to consult with patients and arrange the dispensing of prescribed medication without the need for a face-to-face appointment, increasing access where community pharmacy may not be available. GPs are now able to complete entire episodes of care from their base which is often from within their home environment;
- Attend Anywhere online software is in place to support virtual consultations, reducing potential risk for staff and patients;
- Work by service leads to procure a new IT rota system solution is nearing conclusion with a decision anticipated ahead of the festive period. This will enhance access to vacant sessions for OOH clinicians and improve governance of rota provision within the OOH teams.

## ❷ Essential services that are being maintained in line with guidance

**Access to primary care services**
General Medical Services
Community pharmacy services
Red alert urgent/emergency dental services
Optometry services
Community Nursing/Allied Health Professionals services
111

**Life-saving or life-impacting paediatric services**
Paediatric intensive care and transport
Paediatric neonatal emergency surgery
Urgent cardiac surgery (at Bristol)
Paediatric services for urgent illness
Immunisations and vaccinations
Infant screening (blood spot, new born, hearing, 6 week physical
Community paediatric services for children

**Other infectious conditions (sexual and non-sexual)**
Other infectious conditions
Urgent services for patients

**Mental health (MH), learning disability services & substance**
Crisis services (including perinatal care)
Inpatient services at various levels of acuity
Community MH services that maintain a patient's condition stability
Substance misuse services that maintain a patient's condition

**Therapies** e.g. tissue viability/wound care, rehabilitation increase in functional decline, patients not appropriate for remote or digital support, admission avoidance.

**Palliative care**

**Blood and transfusion services**

**Safeguarding services**

**Acute services**
Urgent eye care
Urgent surgery
Urgent cancer treatments

**Life-saving medical services**
Interventional cardiology
Acute coronary syndromes
Gastroenterology
Stroke care
Diabetic care
Neurological conditions
Rehabilitation

**Termination of pregnancy**

**Neonatal services**
Surgery for neonates
Isolation facilities for COVID-19 positive neonates
Usual access to neonatal transport and retrieval

**Renal care-dialysis**

**Urgent supply of medications and supplies including those required for the ongoing management of chronic**

**Additional services**
Health visiting service - early years
Community neuro-rehabilitation team
Self-management & wellbeing service
School nursing services

**Diagnostics**

## ❸ Intermediate services that are being delivered

**Maternity services**

## ❹ Normal services that are continuing

**Emergency ambulance services**

For further details see the July 2020 Board paper entitled '*9. COVID-19 Report including ratification of COVID-19 Operational Plan for Quarter 2 2020/21, Field Hospitals and Winter Plan*' and accessible: https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/'.

# Unscheduled care

**Executive Lead:** Director of Operations

**Senior Responsible Officer(s):** General Managers

## How did we do in November 2020?

**47%** of ambulances arrived to patients with life threatening conditions within the 8 minute target.

**374** ambulances waited more than 1 hour at our hospitals to handover their patient to an Accident and Emergency (A&E) department/Minor Injury Unit (MIU).

**9,371** patients attended an A&E/MIU in November as a new attender. Of these patients, **76.1%** were seen and treated within 4 hours of arrival but **975** patients waited longer and **614** patients waited over 12 hours; There has been a 27% reduction in the number of new attendances compared to Nov '19 and 29% year to date.

In November there were 2,969 emergency admissions compared to 4,011 in Nov '19, to our hospitals of which 1,783 (60%) were admitted via A&E/MIU. On average, medical emergency patients stayed in hospital for 10 days (Nov '19 -Nov '20).

## How do we compare to our all Wales peers?

| | | |
|---|---|---|
| | Ambulance reaching patients with life threatening conditions within 8 minutes | 5th out of 7 |
| | Ambulances waiting > 1 hour to handover a patient | 2nd out of 6 |
| | Patients being seen and treated within 4 hours in A&E/MIU | 3rd out of 6 |
| | Patients waiting more than 12 hours in A&E/MIU | 2nd out of 6 |

## Impact of COVID

- Ambulance Service
  - Additional COVID infection control requirements affect efficiency;
  - Staff shielding (following Welsh Government (WG) risk assessment) and an increase of staff reporting COVID like symptoms has further reduced our ability to deploy the maximum number of resources. The number of staff abstracted remains higher than that seen during the 1st wave of COVID; 31 staff as of 1st December, with an abstraction rate between 38-40%;
  - Modelling has shown red calls requiring full level 3 Personal Protective Equipment (PPE) will add 4+ minutes as a result of the donning process.
- Unscheduled Care
  - The number of inpatients with a confirmed COVID diagnosis exceeded the first wave. This is a combination of increased COVID admissions from the community and outbreaks within hospital sites;
  - GGH taking COVID patients for Pembrokeshire and Ceredigion who would potentially need intensive care facilities if their condition deteriorated although this pathway has been suspended from WGH in December;
  - Maintaining COVID and non-COVID streams at front door and on the wards. Creation of a third stream for planned (elective) surgery;
  - COVID swabs results taking up to 36 hours with faster turnaround in WGH but results can still take up to 12 hours;
  - Staffing - absence through shielding, self-isolation and sickness;
  - Early evidence from clinical staff of higher acuity of patients who have presented late – potentially due to fear of COVID especially elderly patients;
  - Major attendances to the ED in WGH increased by 46% compared to Nov '19, despite an overall reduction in attendances. Other acute sites had a reduction in major attendances compared to Nov '19;
  - Increasing COVID testing demand from residential/care homes and nursing agencies, is reducing flow, causing discharge delays and additional workload pressure on the acute sites for COVID testing;
  - Increasing number of medically optimised patients and some delays in re-ablement and Long Term Care (LTC) package availability due to both COVID concerns, staff shortages and LTC assessment / placement delays;
  - Nursing and residential homes under pressure with staff sickness and unable to accept patients back from the acute hospitals;
  - Staff are reporting increased stress, anxiety and exhaustion.

## Risks

- Ambulance Service
  - Ambulance staff must don PPE for all calls and higher specification PPE where procedures produce airborne particles or respiratory droplets;
  - Lost hours from notification to handover has remained consistent and resulted in the equivalent of 77 x 11.5 hour double manned shifts (Oct 43 shifts) being lost from production. GGH presented particular challenges with 352 hours lost (Oct 292 hours) during the month with a number of delays over 3 hours. 49 hours were lost at Morriston Hospital;
  - Military support withdrawn and vehicles needing deep clean have to go to Singleton;
  - The time taken for ambulances to become operational post patient handover extended due the need to remove PPE and vehicle cleaning;
  - Increasing staff numbers reporting COVID like symptoms and therefore self-isolation. Increased abstractions following the opening of schools, with children being sent home with COVID like symptoms.
- Unscheduled Care
  - Existing vacancies and staffing for both the Red (suspected COVID symptoms) and Green (no suspected COVID symptoms) zones in Emergency Departments (ED) with Registered Nurses (RN) and Health Care Support Workers (HCSW);
  - Vacancies and sickness in Community Teams/Hospitals negatively impact the efficient transfer of some patients from acute sites;
  - Increased waiting times in ED - junior doctors called back to their speciality rotas. In addition, a high proportion of agency RNs fit into the Black, Asian, Minority Ethnicity (BAME) group and would be exempt from working in high risk areas. This will place additional stress upon existing teams;
  - General and Emergency Medicine rotas in WGH are extremely fragile; lack of middle grades in A&E GGH;
  - The GP Out of Hours service is often not fully covered at the weekend.

## What are we doing?

- Ambulance Service
  - Local and senior pandemic teams have been stood up;
  - Revised performance plan introduced;
  - An accelerated role out of *Public Access Defibrillators* continues;
  - The decontamination site at Singleton has reopened which will reduce down time of vehicles requiring deep cleaning;
  - The *Tactical Plan to Production* has been signed off. Mid and West Wales Fire and Rescue utilised to up lift our resource levels.
- Unscheduled Care
  - Portable cabins for external streaming facilities to work in conjunction with A&E. WGH, PPH and GGH operational from 7th December;
  - Further ongoing planning reviews to implement *Same Day Emergency Care* (SDEC) service to reduce emergency admissions WG approved;
  - Revised major incident plans (addendums) devised for COVID;
  - Winter plans agreed and are being operationalised. Staff are being recruited for additional services;
  - Joint planning with GGH, PPH and Carmarthenshire County services with Selwyn Samuel Field Hospital operational at 18 beds and plan to increase to 28 beds from 7th December. At PPH this may increase the risks to service delivery as nursing and medical staff are released from PPH to support the field hospital;
  - Consultant and triumvirate (clinical, nursing and management leads) presence at bed management meetings in GGH and PPH, to aide flow and decision making in regard to confirmed/suspected COVID patients and weekend plans.

Bronglais

- Recruitment – Locum A&E Consultant post now closed, interviews scheduled. Acute Medicine consultant interview held, post offered;
- Planned care activity going very well. Running dual lists on Monday and Tuesday to increase throughput and enable patients to have surgery;
- Working closely with Powys Teaching Health Board on elective work;
- Winter plan operationalised with additional discharge vehicle and support staff, plus additional medics across weekends in line with winter plan. The middle grade on call rota remains fragile;
- Dual junior rota back in place following outbreak to support red zone with consultant support;
- Active liaison with community colleagues to support complex discharges for medically optimised patients;

Glangwili

- Detailed patient reviews (deep dives) in place as '*to treatment and discharge*' plan reinstated, led by the triumvirate with community and local authority presence with Senior Discharge Lead post created;
- COVID outbreak during November affecting 4 wards and 100 staff;
- SDEC steering group in place with Primary and Community Services representation to be in operation during December;
- Additional 2nd Medical Consultant and Middle Grade on at weekends to manage emergency demand;

Prince Philip

- On-site testing for COVID started in November;
- Due to increased COVID activity in the Llanelli area another ward was converted into a COVID ward during November;
- Encouraging MIU patients to wait in cars, if possible, to maintain social distancing in the waiting room;
- A pilot of the new SDEC service ran in November and will be rolled out.

Withybush

- Green/Red Clinical Decision Units established, reducing attendance and length of stay in the ED. Continued screening of General Medicine (GM) referrals and ambulance conveyances to avoid unnecessary admissions;
- Second COVID ward identified but achieving the required reduction in Green inpatients to commission this is a challenge;
- An additional GM junior doctor requested to cover weekend day shift to reduce patient waits for assessment and onward referral/discharge;
- Exploring potential to secure staff to run Ambulatory Care 7 days a week;
- *Pit Stop* model and safety huddles implemented into the ED in week commencing 12th October, to improve timely assessment processes and flow. This needs further focus and reinforcement;
- Strong drive continues on medical recruitment;
- Multi discipline team - daily panel commenced to identify suitable patients to transfer to Ysbyty Enfys Carreg Las (Field Hospital) in December

## Delayed Transfers of Care

**Executive Lead:** Director of Therapies & Health Science/Director of Operations **Senior Responsible Officer(s):** Service Delivery Manager/Assistant Director

### How did we do in November 2020?

Due to the COVID pandemic, non-mental health DTOC census patient number monitoring has been suspended.

Mental Health DTOC census delays are being captured, there were **10** in November 2020.

### How do we compare to our all Wales peers?

| | | |
|---|---|---|
| | Non-mental health patients aged 75+ DTOC | 3rd out of 7 |
| | Mental health patients DTOC | 5th out of 7 |

### Impact of COVID

As we are now in the second wave of COVID, the full impact of COVID on DTOC can be demonstrated in the following areas:

- Changes to regulatory frameworks – with the introduction of WG Hospital Discharge Service Requirements. *Discharge 2 Recover and Assess* (D2RA) pathways have enabled us to expedite the implementation of these new ways of working. Capacity of the Long Term Care team has an impact on patient flow;
- Staffing - staff groups across all services have been affected by COVID transmission. Self-isolation periods, quarantine, test, trace, and protect will all have an effect on the staff resource available to support patient care, which may ultimately have an impact on DTOC into those services;
- Care home sector – there are increasing numbers of homes who have been unable to accept new admissions. This is as a result of outbreaks within the home, awaiting test results, positive result of a resident or staff member which has resulted in a period of time where admissions are delayed. Following an outbreak, Public Health Wales guidance states no admissions into care homes until 28 days after the last positive test result and limited admissions during recovery period once the 28 days is lifted;
- COVID testing – capacity within acute sites is increasing to accommodate testing of patients prior to discharge into care homes. To ensure protection of residents within care homes, a COVID negative swab must be obtained prior to transfer from a hospital setting to that of a home; Occasional delays obtaining same day results remains an ongoing issue, which can delay arrangement of transport, medication etc. in enabling transfer;
- Health and social care staff availability has been impacted due to the lack of structured availability and timely COVID test and results;
- Capacity of services and acuity of patient's care requirements – insufficient capacity to meet demand. The demand for Domiciliary Care Provision is increasing and remains a high risk factor;
- Significant outbreaks within Community Hospitals, both patients and staff, have resulted in hospital closure with the result of delays in transfer of care;
- Impact of Lockdown/Firebreak - Community transmission has significantly increased since lockdown, which is having an impact on available staffing in the community services, care homes, commissioned services and domiciliary care;
- New increase in COVID positive cases in hospitals – each acute site is increasing their Red zones due to increased cases in hospitals. This is putting increased pressure on timely hospital discharge.

### Risks

- Non-mental health
- Test, Track and protect - impact of positive result meaning whole community teams are unable to deliver care to vulnerable patients within the community, which may result in increased admissions to hospitals;
- Deployment of core community staff to support care home sector, resulting in reduced visits to existing caseload;
- Increasing COVID outbreaks in the care home sector;
- Staff absence due to COVID test trace protect guidance;
- Length of time it takes to receive swab results compromises patient discharge and flow;
- Acuity of patients has increased with complex discharge requirements;
- Medically optimised patients remaining in acute and community hospital beds, with access to long term packages of care re-emerging as a significant constraint to discharge.
- Mental health
- Challenges around identification of placements resulting from actions to reduce spread of COVID;
- Increased acuity levels within inpatient settings;
- Patient pathway delay due to COVID patients requiring a 28 day window of negative tests prior to transfer or admittance.

### What are we doing?

- Non-mental health
- Working collaboratively with the Local Authorities to further develop capacity within D2RA pathways, to ensure attainment of standards as outlined in the Welsh Government Discharge Requirements and Primary Care & Community Framework (PCCF);
- Continuing to support our staff through this second wave of COVID;
- Enhancing rapid response to bridging care and sustain by embedding into D2RA pathway;
- Strengthening intermediate care response in the community
- Increasing Intermediate Care beds for people not yet able to return to embargoed care and residential homes;
- Implementation of hospital same day based swab testing and processing for patients requiring placement;
- Embedding *Telehealth* solutions where possible and appropriate to support Intermediate, Palliative and Proactive Care pathway;
- Improved integration of end of life care across the healthcare system and ensure adherence to palliative care principles and standards;
- Collaborative working with key partners in managing outbreaks in care homes, LA, IP&C, Environmental health, County Management officers and Care Home providers.
- Targeted approach of winter funding to support patient flow across the system.

- Mental health
- Community Teams focusing on providing support to avoid admission where possible with a multidisciplinary approach to review patient flow;
- Remote working and improved digital technology/platforms have been embraced which has assisted in maintaining links and improving attendance at care planning meetings;
- An ICF bid has been submitted for increased capacity to facilitate discharge and liaison. Improvements have been made to internal and external pathways to reduce delays as far as possible;
- Closer working with Long Term Care to deal with more complex cases and collate more detailed information regarding placement challenges and budget constraints.

# Stroke

**Executive Lead:** Director of Therapies & Health Science/Director of Operations **Senior Responsible Officer(s):** Service Delivery Manager/Assistant Director

## How did we do in November 2020?

**45.3%** of patients presenting at our hospitals in November with a stroke were then admitted to a dedicated stroke unit within 4 hours (a 7.6% increase from October 2020).

**100%** of patients admitted with a stroke in November were assessed by a specialist stroke consultant within 24 hours (a 3.4% increase from October 2020).

**52.6%** of stroke patients had the recommended amount of speech and language therapy (SALT) in hospital during November (deterioration of 1.4% from October 2020).

## How do we compare to our all Wales peers?

| | |
|---|---|
| Admission to stroke unit within 4 hours | 1st out of 6 |
| Assessed by stroke consultant within 24 hours | 3rd out of 6 |
| Stroke patients - speech and language therapy | 6th out of 6 |

## Impact of COVID

- All four sites are now in the second wave of COVID;
- Further restrictions have been applied to discharge planning due to care agencies and care homes requiring negative screening on all patients being discharged back into the community;
- There has been sickness within the MDT (multidisciplinary team) due to COVID which impacts on therapy and nursing time for stroke patients;
- There does not seem to be a reduction of admissions to the stroke units due to COVID;
- Some staff have been re-deployed elsewhere in the Health Board to manage site pressures.

## Risks

- One of our stroke units reported an outbreak of COVID, this led to the unit being closed to new admissions and patients being redirected to another ward;
- Discharging complex patients back into the Community remains a major issue;
- All sites are reporting high unscheduled care activity placing further pressure on the stroke units to admit medical patients;
- There has been a slight improvement of stroke patients being admitted onto the units within 4 hours in November. However, as it is only at 45.3% it still demonstrates the increasing pressure units are under;
- Due to increased prevalence of COVID, there is a risk of decreased staffing levels due to self-isolating and sickness;
- There is still an issue with insufficient therapy resource to provide the recommended levels of rehabilitation support;
- Some sites had CT issues which meant patients were redirected for their scans.

## What are we doing?

- A new Clinical Lead has been appointed;
- Funding has been agreed to support the *Early Supported Discharge* project through winter planning at WGH;
- Awaiting feedback from therapy leads on the workshop *How best to provide therapy and improve outcomes for patients*;
- Discussion is underway with the Psychology Team and Service Delivery Manager on how to provide a psychology service for stroke patients;
- Discussion between the Welsh Health Specialised Services Committee (WHSCC) and the HB regarding improving the IT platform for images sent to North Bristol for Thrombectomy.

## How did we do in October 2020?

During October 2020, **69%** (78/113) of cancer patients who were referred by their GP as urgent with suspected cancer, commenced treatment within 62 days of their referral. This represents a 7.5% decrease compared to the previous month.

**99%** (107/108) of patients who were not on an 'urgent suspected cancer' pathway commenced treatment within 31 days from the date the patient agrees to the treatment plan being offered to them.

In October, 71**%** (3% decrease to previous month) of patients covered by the SCP were treated within 62 days of the point of suspicion.

## How do we compare to our all Wales peers?

| | |
|---|---|
| Urgent suspected cancer | 3rd out of 6 |
| Non urgent suspected cancer | 2nd out of 6 |
| Single cancer pathway | 2nd out of 6 |

## Impact of COVID

- Tertiary surgery was suspended due to COVID in late March 2020;
- Suspension of any aerosol generated diagnostic tests and surgery in line with the Royal College guidance, has caused delays;
- Suspension of local surgery for those patients requiring intensive care/high dependency (ITU/HDU) support post operatively and further restrictions in clinical criteria that apply e.g. patients whose BMI (body mass index) exceeds 35 and have existing comorbidities;
- As per the *Wales Bowel Cancer Initiative*, the Faecal Immunochemical Test (FIT10) in the management of urgent patients on the colorectal pathway, as an alternative was introduced on the 15th June 2020;
- USC imaging reduced for certain aerosol generating procedures;
- Bronchoscopies have been limited in line with national guidance;
- As per the 6 levels of *Systemic Anti-cancer Therapy* (SACT), all levels are still currently being treated across the Health Board on all 4 sites;
- Werndale Hospital has been commissioned to support cancer outpatient and surgical pathways from April 2020;
- Joint working progressed with regional multi-disciplinary teams for tertiary center surgeons to provide outreach surgery in Gynaecology and Urology.

## Risks

- Complex pathway delays: the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment due to the need for multiple investigations and multi-disciplinary team reviews;
- Tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board continue to significantly compromise the service;
- Local diagnostic service capacity pressures within Radiology service;
- The new *Single Cancer Pathway* significantly increases diagnostic phase, placing added pressure on diagnostic capacity;
- Suspension of local surgery for patients requiring ITU/HDU and aerosol generated diagnostic investigations.

## What are we doing?

- We are continuing to escalate our concerns regarding tertiary centre capacity and associated delays;
- The HB has secured recurrent investment from Welsh Government (£340k per annum) to invest in diagnostic and tracking teams;
- We are logging all patients who are not having treatment due to patient choice or cancelled by hospital on clinical grounds due to COVID; As of October 2020 there are currently 4 patients who are refusing to attend the hospital due to COVID;
- All urgent suspected cancer imaging investigations continue as usual;
- Elective surgery for high acuity cancer patients with green pathway and green ITU/HDU commenced at PPH and BGH on 6th July 2020, and at WGH 13th July 2020 for intermediate surgery;
- We currently do not have a surgical backlog. This was cleared as of the beginning of September 2020;
- As per the *Wales Bowel Cancer Initiative*, the use of FIT10 screening in the management of urgent suspected cancer patients on the colorectal pathway during the COVID-19 pandemic has been implemented. This has significantly cut back on the number of patients requiring Endoscopy or any further investigations.

## Planned care

**Executive Lead:** Director of Operations

**Senior Responsible Officer(s):** General Manager Scheduled Care

### How did we do?

**33** patients had their procedure cancelled within 24 hours in October 2020. The low number of booked patients is a reflection of elective surgery restrictions due to the pandemic.

In November **56.1%** waited less than 26 weeks from referral to being treated (RTT) and **25,785** patients waited beyond 36 weeks.

In October 2020 **37.7%** of eye care patients (3,774/10,008) were waiting in or within 25% of their target date. 98% of patients have been allocated a high risk factor (HRF) status leaving 342 (2%) patients waiting for an allocated HRF status.

In November **24,330** outpatients waited beyond 100% of their target date for a follow up appointment (all specialities).

### How do we compare to our all Wales peers?

| | |
|---|---|
| Hospital initiated cancellations | 4th out of 7 |
| Referral to treatment (RTT) <=26 weeks | 3rd out of 7 |
| RTT – patients waiting 36 weeks or more | 2nd out of 7 |
| Ophthalmology patients seen by target date | 6th out of 7 |
| Delayed follow-up appointments | Not available |

### Impact of COVID

- Hospital initiated cancellations
  - Emergent on the day challenges relating to patient flow and staff availability;
  - Supporting stringent infection control pathways reduces usual flexibility of staff and environment.
- RTT
  - Decreased capacity due to stringent infection control requirements;
  - The need to prevent patients having major surgery while they have COVID except for life, limb or sight-saving procedures, as their outcomes are likely to be poor;
  - Significant public concern about attending acute hospitals;
  - We are continuing to work with Informatics on the risk stratification of the waiting lists which we will share once complete;
  - The Chief Executives in Wales have requested a full review of patient volumes waiting over 36 weeks and projected recovery times, this data is not available as it is currently being updated.

- Eye care
  - A drop in compliance is partly due to the COVID pandemic which has led to some patients choosing not to attend hospital appointments;
  - The provision of Ophthalmology services have been swiftly reconfigured to meet essential urgent care where required;
  - Routine surgery and face to face outpatient activity has been postponed;
  - Due to the population demographics, the majority of patients require hospital transport which has affected attendance;
  - The telephone triage of *Emergency Eye Casualty* by a senior clinician has reduced attendance by 50% with patients being managed via other routes, including Independent Prescribers in Optometric Practices;
  - There has been an increase in collaborative working with Community Optometric practices.

- Follow-up appointments
  - We are unable to deliver previous services, initial recovery of the 2019/20 position will be slowed by lack of capacity, infection control requirements and continued peaks of COVID.

### Risks

- Hospital initiated cancellations
  - Numbers are affected by the current restrictions on safe elective surgery bed availability and fluctuating pressures relating to pandemic demands including appropriate safe bed distancing and consistent availability of protected locations for elective patients who have been self-isolating;
  - The current second wave of COVID is being monitored regularly however to date there is no stepping down of any urgent or cancer surgery.

- RTT
  - The team are currently identifying risks due to reduced capacity across all stages including reduced diagnostics. This will clearly identify the gap which will need a Health Board forward plan to resolve once we are confident cancer/urgent elective care is sustainable;
  - There is a significant risk regarding ward staffing vacancies to support elective activity.
  - Eye care
  - New patients can wait longer due to a shortage of consultant ophthalmologists. Capacity being used to cover the *Emergency Eye Care* service can also impact on waiting times;
  - Outpatient appointments have been lost with approximately 166 new and 392 follow-up appointments not taking place.

- Follow-up appointments
  - Reduction in capacity, albeit face to face capacity, has impacted on the follow up list. This is being addressed with the rollout of virtual functionality, this is not without clinical challenge mainly due to confidence levels. The list continues to be validated virtually to ensure clean data. The team are working with both governance and safeguarding to ensure safety on process of virtual work.

### What are we doing?

- Hospital initiated cancellations
  - Working to optimise available elective theatre lists, prioritizing on cancer and urgent care pathways. Promoting 'GREEN' pathways for elective surgery flow;
  - Planning and collaborating with local patient flow teams to provide safe havens that promote a safe elective patient stay.

- RTT
  - Capacity is being prioritised for category 1 & 2 patients following urgent pathways;
  - Patients will be offered treatments in line with policy across the sites to enable equity of time and care delivery;
  - Complex pre-assessment and screening pathways are in place including social isolation pre and post operatively with pre-COVID screens at 72 hours;
  - The Health Board now have a revised post-COVID watchtower monitoring programme;
  - Our plans for Q3/4 will enable the recommencement of urgent orthopaedic treatments;
  - Each patient is being risk assessed in order to prioritise those with the greatest need. Regular review of progress is undertaken at the weekly RTT watchtower meeting. The service aims to report initial risk stratification data from next month, with the long term aim of standardised reporting once WPAS data recording is fully embedded.

- Eye care
  - Maintained treatments and reviews for imminently sight threatening or life threatening conditions;
  - Although compliance had dropped, clinicians have been triaging patients waiting beyond 25% of their target date. This has led to an overall reduction in the number of patients on the R1 waiting list. This has ensured the correct clinical prioritisation of high risk patients is being undertaken and high risk patients are offered appointments first;
  - Postponed any patients on longer than an 8 week follow up. These patients have been put onto a COVID crisis holding category which is being reviewed by clinicians going forward;
  - Patients due back at 8 weeks or less are having their notes reviewed by a doctor to determine the appropriate action;
  - Senior input is available via telephone or email at all times and a consultant is on site at GGH from Monday to Friday;
  - All clinicians are reviewing clinics and contacting patients in advance;
  - The clinical team continue to see all ages of patients in the intravitreal injection therapy service including *wet aged macular degeneration, retinal vein occlusion* and *diabetic macular oedema*; this only applies if the patient is well and has no symptoms of COVID. Some patients do not want to attend due to risks, therefore there is a virtual clinical review happening weekly. This will change if and when the Royal College of Ophthalmology guidelines change;
  - The Rapid Access Eye Casualty service RACE, will resume services back on the GGH site after the 18th December, this delivers 24 hour care to emergency patients;
  - The Health Board is working closely with Swansea Bay UHB to develop a regional response and a potential temporary solution, as we acknowledge the importance of sight for our population;
  - All Eye Care patients are prioritised in line with the Welsh Government Eye Care Measures. This means those people at highest risk of eye disease who need be seen quickly due to their condition, should experience fewer delays. We are also giving due consideration to strategies to maximise efficiency in these challenging times, such as one-stop services, appropriate adoption of immediately sequential bilateral cataract surgery.
- Follow-up appointments
  - We are encouraging virtual functionality, this is being rolled out but limiting factors include supporting staff at the pace of delivery and rollout. Face to face contact is being used if absolutely necessary for urgent patients.

# Diagnostics

**Executive Lead:** Director of Operations **Senior Responsible Officer(s):** General Manager Scheduled Care

## How did we do in November 2020?

**5,288** patients waited over 8 weeks for a diagnostic which is **119** fewer to the previous month.

## How do we compare to our all Wales peers?

| | | |
|---|---|---|
| | Diagnostic waiting times | 2nd out of 7 |

## Impact of COVID

Performance has been affected because the number of patients that can be seen is reduced due to COVID precautions.

- Radiology
  - Imaging capacity has significantly reduced due to infection control procedures required;
  - There are increases in referrals marked as urgent or urgent suspected cancer possibly due to late presentation;
- Endoscopy
  - We are currently delivering 46% overall activity in line with the National average of 40-50% due to the COVID pandemic;
  - All priority one (P1) patients are dated within 2 weeks;
  - Faecal Immunochemical Tests continue in line with National Endoscopy programme guidelines;
  - Business case completed and approved for introduction of capsule endoscopy service to further support reduce demand for scoping capacity.
- Cardiology
  - Some services have been moved off site e.g. cardiac monitors to facilitate 2 metre distancing for staff and patients;
  - 7 day working has been established to maintain social distancing and increase the number of diagnostic tests undertaken;
  - Recent increased number of referrals for Cardiology Diagnostics following the initial reduction during the first wave of the COVID pandemic;
  - No resumption of Trans-oesophageal Echo or Dobutamine Stress Echo due to staff capacity and space constraints.

## Risks

- Capacity pressures, equipment failure and COVID precautions are impacting the service's ability to meet target.

## What are we doing?

For all areas demand and capacity optimisation, outsourcing, clinical validation, recruitment and revising pathways continues.

- Radiology
  - Maintained services for urgent and suspected cancer work;
  - Most referrals have been kept and are monitored and reviewed regularly in discussion with other services;
  - We have maintained dialogue with colleagues across Wales for a review of the overall picture and possible solution to assist with the recovery. There is opportunity to evaluate referral pathways and ways of working to establish the new normal;
  - Additional capacity for computerised tomography (CT) has been acquired but finding staff via locum agencies has been problematic;
  - Staff are undertaking extra sessions on top of their working hours to provide additional capacity but this depends on staff availability and infection rates.
- Cardiology
  - Consultant review of diagnostic referrals on waiting list;
  - Cardiac CT is resuming at BGH and being scoped for PPH to reduce waiting times and avoid an invasive angiogram procedure (where clinically indicated);
  - Current in-sourcing of echocardiograms to support internal capacity to meet demand;
  - Diagnostic Angiography increasing for 3 to 4 patient lists at PPH;
  - Cardio-physiology demand and capacity review on-going to identify prioritised actions to resume cardiology diagnostics.
- Endoscopy
  - Maintaining our target of dating our priority one (P1) patients;
  - Faecal Immunochemical Tests continue in line with National Endoscopy programme guidelines currently only 17% converting to an endoscopy procedure;
  - Business case completed and approved for introduction of capsule endoscopy service to further support reduce demand for scoping capacity. Introduction of capsule endoscopy is imminent.

# Therapies

**Executive Lead:** Director of Therapies & Health Science **Senior Responsible Officer(s):** Assistant Director

## How did we do in November 2020?

**463** patients waited longer than 14 weeks for a therapy appointment. Services with the longest waits include; Podiatry (215), Audiology (145), Occupational Therapy (100)*.

** Waiting times for MH&LD patients are not included in this report as the data is not currently available due to a change in reporting systems this month.*

## How do we compare to our all Wales peers?

| | | |
|---|---|---|
| | Therapy waiting times | 2nd out of 7 |

## Impact of COVID

- Reduced capacity due to service restrictions have affected waiting times for Podiatry and Occupational Therapy. The Podiatry patients waiting continue to be only the non-urgent referrals and require physical therapy. Delays in recruitment continue to impact Occupational Therapy capacity and remain due to Occupational Health Check backlog. The services have been deploying use of digital technology to support access e.g. *Remote Environmental Assessments*;
- Virtual and remote digital service provision is now embedded within therapy services;
- Audiology restrictions remain in place with only 45-50% of pre-COVID appointment slots available;
- Adult hearing aid issue follow-up consultations are now routine practice, resulting in robust waiting list management. Patients are now offered a virtual follow up consultation wherever possible. Patients who require a face to face appointment are still able to have these;
- Audiology GP Assessment referrals are gradually increasing but continue to be lower than pre-pandemic numbers;
- The *Hearing Aid Re-assessment* list continues to grow as only limited appointment slots are available and the appointment type necessitates face-to-face interaction;
- Reduction in face to face clinical workforce as 2 members of staff currently only perform non face-to-face work and non-patient contact for higher risk staff in Audiology.

## Risks

- Reduction in clinical estate availability for therapy services provision due to estates being repurposed as part of acute COVID response;
- Reduction in clinical staff workforce due to shielding, and non-patient contact risk assessments for vulnerable/high risk staff;
- Reduced clinical efficiency due to physical distancing, infection, prevention and control requirements to operate safely;
- Access to technology and suitable digital platforms at scale to support virtual therapeutic interventions;
- Audiology waiting lists for reassessment continue to grow;
- Audiology balance assessment waiting lists are increasing as full assessments (caloric testing) are currently not being performed throughout Wales.

## What are we doing?

- To address face-to-face clinical treatment requirements appropriate measures have been undertaken to ensure physical distancing compliance, infection prevention and control practice, including physical decontamination between patients and clinical estate availability. Where appropriate, services are restarting pathways although capacity is reduced;
- Virtual and remote service provision is being successfully implemented within therapy services with a positive impact on RTT. Requires additional information and communication technology and deployment of digital platforms at scale as part of phase II deployments;
- Appointment slots available for adult urgent and routine audiology patients;
- Minimal waiting times for tinnitus consultations;
- Urgent and 'soon' paediatric audiology appointments continue to be booked;
- Support for ENT clinics at GGH, PPH, WGH and Aberaeron Integrated Care Centre;
- When clinically appropriate, new patients are assessed and fitted with hearing aids on the same day;
- Patients now issued with a year's supply of hearing aid batteries;
- We are assessing if *Attend Anywhere* would be a suitable option for some appointments.

**Executive Lead:** Director of Nursing, Quality and Patient Experience

**Senior Responsible Officer(s):** Assistant Directors of Quality

## How did we do in November 2020?

*Clostridioides difficile (C.difficile*) Infection is caused by a bacteria in the bowel that releases a toxin causing diarrhoea and bowel damage. For November 2020 we reported 10 cases, GGH continue to be low number cases with 1 this month. This is 12% fewer than in the same timeframe of 2019/20, while the all Wales figure shows an increase of 5% in the number of cases. Cumulative rate for Hywel Dda has reduced for the third month to **34.14** per 100,000 population.

Escherichia coli (E.coli) blood stream infection (BSI). In November 2020 we reported 28 cases, a total of 212 cases this year, 23% fewer cases than in the same timeframe for 2019/20. Cumulative rate for Hywel Dda is **82.24** per 100,000 population, increased from last month. This is similar to the picture being seen across Wales where there has been a decrease of 24% in the number of cases.

Staphylococcus aureus (S. aureus) BSI. November 2020 reported 5 cases all MSSA BSI. This gives a total of 60 cases year to date, 19 cases (25%) fewer than in 2019/20, while the all Wales figure shows a decrease of 7% in the number of cases. Cumulative rate is currently reducing to **23.28** per 100,000 population.

In November, we reported **1,470** incidents of which 1,269 were patient safety related. Welsh Government asks Health Boards to ensure that there is timely and proportionate investigation of all incidents, and wherever possible, serious incidents are reviewed and closed within 60 working days. There were **4** serious incidents due for closure in November of which **0** were closed in the agreed timescale (**0%**). **No** Never Events were reported in November 2020.

**67%** of complaints were closed within 30 working days in November. A high number of the complaints closed this month were cases which were 'Managed Through Putting Things Right' which required an investigation (typically closed within 3 months).

## How do we compare to our all Wales peers?

| | |
|---|---|
| C.difficile infections | 5th out of 6 |
| E.coli infections | 5th out of 6 |
| S.aureus bacteraemias (MRSA and MSSA) infections | 3rd out of 6 |
| Serious incidents assured in a timely manner | Not available |
| Timely responses to complaints | 4th out of 9 |

## Impact of COVID

- Infections
  - The Health Board is currently dealing with 5 hospital COVID outbreaks in addition to having 7 COVID wards open to manage the acute and post viral stages of COVID;
  - Management of staff on the COVID wards has been very challenging for hospital leads.

- Incidents
  - Senior members of the Quality Assurance and Safety Team and Quality Improvement Team continue to meet regularly to ensure that there is connection between incident themes and the quality improvement work.

- Complaints
  - Due to the continued disruption to some services during the pandemic, we are seeing an increasing number of complaints regarding clinical treatment and assessment, communication and appointments. More patients are becoming increasingly anxious about the wait for treatment, lack of communication about their treatment and their current health status. This trend is unlikely to change in the near future, given the current circumstances.

## Risks

- Infections
  - Risks continue as highlighted previously;
  - The demand on PPE remains high;
  - We are currently seeing higher case numbers of COVID in hospital and community settings;
  - The difficulties in discharging patients post-COVID will make them more susceptible to developing a secondary infection if they remain in hospital.

- Incidents
  - It is essential that there is a timely and proportionate formal review of each serious incident undertaken and that an improvement and learning action plan is developed and implemented to address the care and service delivery problems identified through the formal review.

- Complaints
  - We are seeing a rise in the number of patients who are unhappy with the waiting times/management of their health conditions and this is putting increased pressure on current resources as well as the services, as they do need to provide the relevant information for complaint resolution in a timely manner.

## What are we doing?

- Infections
  - We have seen reduction in case numbers in all our reduction expectation infections in comparison with last year's figures;
  - Working with our Community Infection Prevention Team we have supported discharge of post-COVID patients;
  - Review of hospital and community outbreaks to identify learning has led to us recommending visors for all staff in outbreak areas without risk assessment to provide an added layer of protection for staff;
  - Discussions underway with staff about the COVID vaccine which is being viewed positively across staff groups.

- Incidents
  - As at 30th November 2020, there were 26 serious incidents open over 60 days. This is a slight deterioration on the position reported last month where 25 serious incidents were overdue;
  - The Quality Assurance and Safety Team continue to monitor and scrutinise the quality of investigations as well as the robustness of improvement and learning action plans. A review of closure of improvement and learning actions is being undertaken by Internal Audit

- Complaints
  - The Patient Support Services telephone helpline continues to be supported by other teams within the department to assist with the high number of phone calls received. Recruitment is underway for an additional two Patient Support Services Contact Centre Officers to assist, following one member of the team leaving the organisation in September.

## Mental health

**Executive Lead:** Director of Operations

**Senior Responsible Officer(s):** Director of Mental Health/Assistant Director

### How did we do in October 2020?

Only **18.1%** of children and young people (257/1,423) met target and waited less than 26 weeks to start a neurodevelopment assessment; combined figure for autistic spectrum disorder (ASD, 21.4%, 226/1,057) and attention deficit hyperactivity disorder (ADHD, 8.5% 31/366).

Only **27.3%** of adults (454/1,660) met target and waited less than 26 weeks to start a psychological therapy with our Specialist Mental Health Service.

### How do we compare to our all Wales peers?

| | |
|---|---|
| Children/young people neurodevelopment waits | 6th out of 7 |
| Adult psychological therapy waits | 6th out of 7 |

### Impact of COVID

- Neurodevelopmental assessments
  - Face-to-face ASD appointments have resumed and the waiting list is being prioritised;
  - Young people approaching transition are prioritised;
  - Delayed recruitment and anxiety to engage in face-to-face assessments;
  - New ways of working include exploring virtual clinics for new patients (telephone or attend anywhere). ADHD: telephone and *Attend Anywhere*, urgent face-to-face conducted together with monitoring supported by Health Care Support Workers for efficacy and potential side effects of medication in the Llanelli area.
- Psychological therapies
  - Increased the number of telephone assessments undertaken for adult psychological therapies;
  - *Attend Anywhere* successfully implemented as an alternative platform to deliver adult psychological services.

### Risks

- Neurodevelopmental assessments
  - Delays can impact on the quality of life for patients and their families;
  - ASD: growing demand verses resources;
  - ADHD: historical referral backlog and vacancies within the team.
- Psychological therapies
  - Increased demand from primary and secondary care;
  - Vacancies and inability to recruit into specialist posts;
  - High waiting lists for both individual and group therapy;
  - Lack of a robust IT infrastructure.

### What are we doing?

We are transferring our mental health patient records to a new system called *Welsh Patient Administration System* (WPAS) to allow timelier reporting.

- Neurodevelopmental assessments
  - Each mental health team is working with the all Wales performance Delivery Unit to undertake demand and capacity exercises;
  - Waiting list initiatives have been utilised;
  - Additional resources identified for a sustainable ASD service;
  - Efficiency and productivity opportunities are being explored;
  - Actively reviewing and managing referrals and referral pathways;
  - A process mapping exercise is underway alongside the Delivery Unit;
  - An active recruitment plan is being developed;
  - Weekend clinics are being considered to increase assessment;
  - ADHD service advertising for consultant paediatrician. Speciality doctor recruited, due to commence January 2021;
  - Validation exercises are underway within the ADHD service;
  - ADHD, from December 2020, Health Care Support Worker monitoring clinic to commence at GGH site to improve patient flow. Further work required to replicate for Pembrokeshire;
  - Agency practitioners are being utilised to address the waiting list.
- Psychological therapies
  - A team restructure is underway and a new Service Delivery Manager appointed and expected in post Jan 2021;
  - Assessments are being undertaken either face to face or virtually;
  - Therapeutic appointments have been commenced utilising a blended approach of *Attend Anywhere, Face-to-Face* and *Walk and Talk* therapy;
  - Waiting list initiatives are being utilised;
  - A demand and capacity exercise will be undertaken with all staff to ascertain capacity in caseloads;
  - A review of all modalities will be undertaken to ensure prudent delivery of therapy in line with local and national policies/guidelines.

# Population Health

**Executive Lead:** Director of Public Health

**Senior Responsible Officer(s):** Immunisation, Smoking and Obesity Leads

## How did we do?

Between April and June 2020, **96.0%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, an increase in uptake on the previous quarter (95.5%).

The MMR vaccine is also given as a single injection and protects against mumps, measles and rubella (German measles). It is given within a month of a baby's first birthday then again when the child is around 3 years 4 months. In Hywel Dda, between April and June 2020, **90.3%** of children received 2 doses of the MMR vaccine by their 5th birthday, compared to 90% in the previous quarter.

During April '20 to June '20, **1.04%** (582) of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is higher than the same period in the previous year.

Due to the COVID-19 pandemic, carbon monoxide (CO) levels were not recorded but 63.4% of recorded patients self-reported a quit during April '20 – June '20.

Obesity is a risk factor for many life-threatening conditions including diabetes, heart disease, bowel cancer and stroke. The most recent data (2017/18) shows that **11.8%** of 4-5 year olds and **23.0%** of adults aged 16+ living in Hywel Dda are obese.

## How do we compare to our all Wales peers?

| | |
|---|---|
| 3 doses of the '6 in 1' vaccine by age 1 | 5th out of 7 |
| 2 doses of the MMR vaccine by age 5 | 7th out of 7 |
| Smokers who attempted to quit | 4th out of 7 |
| Smokers CO validated as quit | 3rd out of 7 |
| Children aged 4-5 year who are obese | Not available |

## Impact of COVID

- Vaccines
  - Routine childhood immunisation programmes are a high priority and have continued, albeit in line with social distancing and PPE requirements in place;
  - The schools immunisation programme was restarted on 29th June 2020 as schools reopened.

- Smoking
  - Smokers are no longer CO validated at 4 weeks post quit date due to the potential risk of COVID-19 transmission in exhaled air;
  - All consultations are now provided via telephone;
  - Medical Humanities Research Centre (MHRC) approval received to supply Nicotine Replacement Therapy (NRT) via post in case there was an issue with access to community pharmacies and supply. This has yet to be fully implemented. Those unable to access NRT via a local pharmacy were posted their medication directly by their advisor by recorded delivery. Calls were made to each pharmacy to check their capacity and all stated they are still happy to process pharmacy letters for the smokers' clinic.

- Obesity
  - Managing the COVID pandemic has been and remains, an organisational priority for Public Health Wales. As such, the 2018/19 Child Measurement Programme report and the release of official statistics has not been possible;
  - Children will not have been measured universally in 2019/20 so the latest data that we have on childhood obesity in Wales is for 2017/18;
  - It is likely that school health nursing teams will focus (rightly) on immunisations and vaccinations going forward in 2020/21, so again, measurements for the coming year may not be done universally across Wales.

## Risks

- Vaccines
  - Both vaccines are safe and effective, however pockets of the population resist childhood vaccination for cultural and ethical reasons;
  - Rurality causes difficulty for some families to attend clinics due to a lack of transport and the road networks in some parts of the counties;
  - The risk of COVID19 has raised concerns among parents/guardians, who may delay bringing infants and children for routine childhood immunisations,
  - leading to a decrease in uptake of all childhood immunisations, including the 6in1 and MMR;
  - The need for social distancing has significantly impacted on the way 'baby clinics' are traditionally run. Less infants, children and their families can safely attend their GP surgeries/clinics at any given time, hence more time is required for clinics. This can impact on uptake

- Smoking
  - Ensuring clear pathways are in place and used to help people quit smoking. This is especially important for inpatients and primary care.

- Obesity
  - Develop a weight management service/approach for children.
  - Ensuring that there is sufficient capacity within the weight management services to support adults to manage their weight.

## What are we doing?

- Vaccines
  - We will aim to share vaccination uptake data with GPs as Public Health Wales are looking at providing enhanced localised uptake data throughout this COVID19 pandemic. This will enable GPs to more easily identify, plan, and target specific groups of patients;
  - Maintaining immunisation programmes is a key priority to protect public health from other preventable infections at this time. Welsh Government have advised that immunisations should continue in line with clinical advice and scheduled timings during this period as far as possible, as set-out in both a Joint Committee on Vaccination and Immunisation(JCVI) statement and in the Welsh Health Circular below:
    Link to JCVI statement
    Link to Welsh Health Circular
  - This advice has been shared with all those providing the childhood immunisation programme in Hywel Dda UHB. Advice on social distancing and use of PPE has also been shared with those providing this service. By being able to reassure parents/guardians that social distancing measures are in place will hopefully address their concerns, minimising the risk of them non-attending, and ensure continued high uptake rates.

- Smoking
  - Posters and training delivered to hospital sites. This work will need to be revisited post COVID. We are also looking into lanyard prompts to assist staff with the pathway and prescribing guidance.
  - In Primary Care, a revised pathway was created and following a successful pilot in a GP practice in Llanelli, 4 further practices came on board;
  - Paused recruitment of pharmacists and pharmacy technicians; Pharmacy referrals processed via Community and Secondary Care who are able to provide telephone support to relieve the burden on pharmacies;
  - Local Community and Secondary Care teams are offering telephone support and the referrals are being spread evenly throughout the teams and weekly team catch ups are taking place;
  - The current situation for community pharmacists is that CO validation is no longer provided. Level 3 services are continuing where pharmacists are comfortable taking on new clients and have the facilities to hold consultations taking into account social distancing requirements.
  - As CO readings are currently suspended, a document has been produced to ensure that support is still offered to pregnant women and that the impact of CO exposure is still discussed even where a reading is not being taken.

- Obesity
  - On the 4th August Welsh Government wrote to Health Boards outlining the current position regarding the *Healthy Weight Healthy Wales* delivery plan. The first two years of the plan placed a significant emphasis on early years, children and families to influence healthier choices. However, in light if the impact of coronavirus, a number of the interventions planned through the £5.5m allocation have had to be paused or postponed until a future date. The allocation will be used to strengthen the specialist level 3 multi-discipline team weight management service in line with National Standards and to extend the reach of the service for the benefit of children and families, recognising there is currently no provision for them;
  - In addition, a proportion of the Hywel Dda allocation would be used to fund the digitalisation of the *Nutrition Skills for Life* programme with a particular focus on the early years;
  - Weight management services are offered to adults with chronic conditions.

## Workforce and finance

**Executive Lead:** Director of Workforce/Medical Director/Director of Finance

**Senior Responsible Officer(s):** Assist. Directors/Reval. & Appraisal Manager

### How did we do?

**5.19%** of full time equivalent (FTE) staff days were lost due to sickness in the cumulative 12 month period November 2019 to October 2020. The actual in-month rate for October 2020 was 4.71% which is the same as the previous month (4.71%), although a decrease from the same month last year (5.32%). Our rates continue to remain the lowest of the larger Health Boards in Wales.

**68.5%** of our non-medical staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months.

Medical appraisals were suspended in March 2020 due to COVID, but doctors who have not been able to undertake an appraisal between March and December 2020 due to the pandemic have been granted an "approved missed" appraisal for this year. We await confirmation in the new year as to whether it may be extended. The medical appraisal process recommenced in October 2020 with a focus on well-being and support for doctors who are due for revalidation in the next year.

**83.9%** of our staff have completed their level 1 training which consists of the UK Core skills mandatory training modules such as manual handling, safeguarding and information governance.

**34%** of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan.

The Health Board's financial position in the month of November is a **£2.083m deficit** (year to date (YTD) **£16.667m deficit**) against a deficit plan of £2.083m (YTD £16.667m). The additionality of costs incurred during the month is due to the impact of the COVID pandemic is £7.8m, with underspends repurposed of £2.0m and WG funding drawn into the position to match YTD COVID-19 expenditure totalling £5.8m, of which £1.9m was ring fenced.

### How do we compare to our all Wales peers?

| | |
|---|---|
| Sickness absence | 4th out of 10 |
| Performance appraisal and development review | 1st out of 10 |
| Level 1 core skills training framework completed | 4th out of 10 |
| Medical staff with a current job plan | Not available |
| Finance | Not available |

### Impact of COVID

- Absence
  - There was an initial increase in COVID related absence levels in the first wave of COVID, however, this has reduced to more normal sickness rates;
  - Although sickness absence rates are relatively low, it is evident that staff who are self-isolating and not able to work at home are not included in these figures as they are recorded as medical exclusion rather than sickness.
- PADR
  - Covid is negatively impacting time for opportunities in holding regular feedback meetings taking place which includes the annual PADR;
  - There are many challenges within the organisation around the ongoing challenge the pandemic poses that restrict leaders to hold these discussions.
- Core skills
  - The core skills compliance rate has improved and is now only 1.1% below the 85% target. Covid phase 2 recruits are being supported through their e-learning using Microsoft Teams, phone calls and emails.
- Job planning
  - Service pressures across the Health Board sites and the need to prioritise clinical work are affecting the numbers of job plan reviews being undertaken.
- Finance
  - Aligning the strategic response to current demand modelling indicators between Welsh Government, Gold Command and Operational Teams;
  - Further developing the Opportunities Framework to revisit the way in which our services were delivered pre-COVID in the context of accelerating the Health Board's Strategy.

### Risks

- Absence
  - Whilst the COVID pandemic continues, there is a risk that we will experience fluctuations in staff absence.
- PADR
  - Whilst compliance rate has remained around the 70% mark, there is still a question around the quality of PADRs. There is a need for regular meaningful conversations for colleagues to gain insights into how they are performing. The need for these conversations is even more critical with increasing daily challenges and staff now working remotely. There is also the need to check in for colleagues wellbeing, especially with regards to anxiety within the workforce.
- Core skills
  - Despite an increase in core skill compliance, this could drop. The situation will be closely monitored.
- Job planning
  - Consultants and SAS doctors are not working to current job plans.
- Finance
  - We have a Financial Plan with a year-end of £25.0m deficit. Following confirmation of additional funding from WG, the Health Board is currently forecasting to deliver the planned deficit of £25.0m, recognising the need to manage a number of risks in respect of Winter Planning, reinstating elective services and any unprecedented further impact of the pandemic. Discussions are on-going for recurrent funding to support the non-delivery of the Health Board's savings target.

### What are we doing?

- Absence
  - The Operational Workforce teams have re-commenced sickness reviews with Line Managers;
  - Online Managing Attendance at Work training to help support managers with absence is continuing with good attendance;
  - All staff are encouraged to complete the COVID Risk Assessment tool and discuss it with their managers to ensure that they are adequately supported in the workplace and the right adjustments are in place to support staff as a preventative measure to absence.
- PADR
  - Organisational Development (OD) is continuing to hold informal virtual meetings to support leaders with PADRs where requested. This is in light of the Managers Passport and bespoke Performance Management development opportunities being stood down due to Covid;
  - There are challenges in completing the PADR training video for managers as software is required which allows subtitles and possible Welsh translation. This is proving difficult with a number of different options reviewed but costs are an issue;
  - OD is holding a second performance management training session this month with all of the services that were highlighted in the recent audit being invited to attend;
  - OD is still being restricted in completing many of the actions from the recent audit as informal site visits to check the quality of PADRs is delayed due to the COVID pandemic. These will reconvene once it is deemed safe to do so.
- Core skills
  - Continuing to offer on-line/telephone support;
  - Reminding managers of the importance of allowing staff the time to complete their mandatory e-learning modules.
- Job planning
  - A further 12% are awaiting full sign off on the online system with an additional 24% drafted and awaiting review;
  - Allocate e-job planning training sessions have been arranged to take place virtually from January 2020;
  - Support for the review of job plans continues to be available where required.
- Finance
  - Internal budget holder accountability statements in relation to the 2020/21 budget were replaced with a Delegations and Finance Delivery letter, in light of the COVID pandemic. These clarify the continuation of existing financial control principles and the importance of existing governance processes and frameworks, stating the significance of decision making in response to, and the accurate recording of the financial impact of COVID;
  - Performance monitored monthly through System Engagement meetings for the highest risk Directorates;
  - An extensive review of savings and cost reduction opportunities is to be established as we plan to return to exit the current pandemic;
  - Feedback/clarity from Welsh Government is being sought as to the levels of additional revenue and capital funding available.