

**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 June 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board (HDdUHB) – Month 2 (2021/22)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance (In association with all Executive Leads)
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The performance report is being developed to help Board and Committee members more easily identify areas of concern, to streamline the reporting process to make efficiency savings for staff and to make better use of technology. This is being addressed in a phased approach:

Phase	What it involves	When are we aiming to deliver?
1	<ul style="list-style-type: none"> Migrating our performance report from Word into a Power BI dashboard. Moving from RAG (red amber green) reporting to SPC (statistical process control) chart reporting. Developing short videos explaining why we are moving to SPC chart reporting and how the SPC charts should be interpreted. Gathering narrative from our senior reporting officers via Microsoft Teams. 	June 2021
2	<ul style="list-style-type: none"> Adding a new section to the performance report dashboard for our strategic objective outcome measures. 	First iteration October 2021
3	<ul style="list-style-type: none"> Automating as much of the processes as possible. This includes requests for narrative and updating the data in the dashboard. 	This will be actioned in a stepped approach over the next 18 months




Phase 1 is now complete. Therefore, the performance assurance report provided this month is now in the format of a Power BI dashboard which consists of the following sections:




- **Help** – click on the ‘?’ at the top right-hand corner of each page of the dashboard if you want to know more about SPC charts or if you want help navigating the report.
- **Summary** – an overview of performance for the latest period.
- **System measures** – statistical process control (15+ data points) / trend charts (less than 15 data points) for each metric.

- **Benchmarking** – how we compare to our peers across Wales.
- **COVID-19** – update on cases, patients in hospital and vaccinations.
- **Quadrants of harm** – a new section to monitor how we are performing against the four quadrants of harm. This section will be further developed over the coming months.
- **Essential services** – how we are performing against the essential services guidance.

The month 2 performance assurance report can be accessed via the following link: [IPAR PBI Report May2021 - Power BI](#). As this is a new style of reporting, for this month it is only available to HDdUHB staff, however will be made publicly available moving forward. *The dashboard works best when opened via Microsoft Edge by copying the link into the address bar.*

Each SPC chart produces 2 types of icons i.e. one for variation and another for assurance:

VARIATION How we are doing over time		Special cause concerning variation = a decline in performance that is unlikely to have happened by chance
		Common cause variation = a change in performance that is within our usual limits
		Special cause improving variation = an improvement in performance that is unlikely to have happened by chance

ASSURANCE* Performance against target		We will consistently fail the target without a review of the service
		We will randomly hit and miss the target without a review of the service
		We will consistently hit the target

* The assurance icon isn't shown for the small number of metrics that do not have a target

There are two short videos available to explain more about SPC charts available via the following links:

- [Why we are using SPC charts for performance reporting](#)
- [How to interpret SPC charts](#)

Senior reporting officers have provided narrative for those metrics showing cause for concern, via Microsoft Teams for the first time this month. It is acknowledged there are gaps in the narrative which will need to be strengthened for Board reporting next month.

If you require assistance in navigating the performance assurance report dashboard, please contact:

- Tracy Price, Performance Manager – Tracy.Price2@wales.nhs.uk
- Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk

Cefndir / Background

The interim NHS Wales Delivery Framework 2020/21 (<https://hduhb.nhs.wales/about-us/performance-targets/performance-documents/2020-21-delivery-framework>) published in May 2020 has migrated and modelled on 'A Healthier Wales' quadruple aims as part of the 'Single Integrated Outcomes Framework for Health and Social Care'.

Asesiad / Assessment

- COVID-19 Vaccinations**

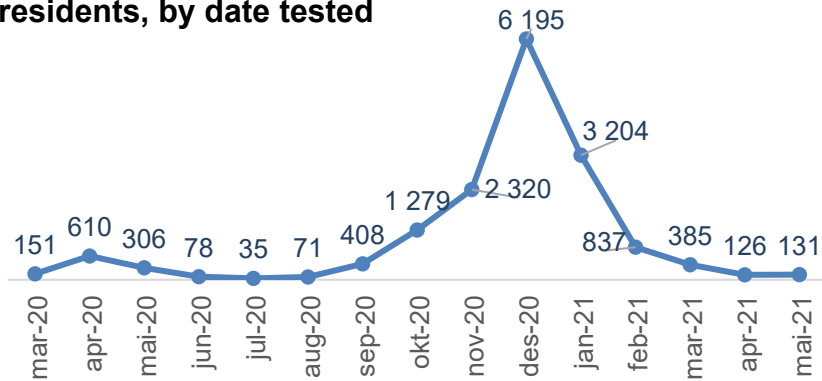
As at 31st May 2021, the total number of vaccinations administered was 405,942. 260,357 patients received their first dose, with 145,585 having received their second dose. Progress made to date is summarised in the table below:

Priority group	1 st dose	2 nd dose
Care home residents	93%	82%
Care home workers	99%	88%
People aged 80+	100%	95%
Health care workers	97%	86%
Social care workers	100%	83%
People aged 75-79	95%	92%
People aged 70-74	95%	92%
High risk adults	88%	81%
People aged 65-69	90%	82%
Moderate risk adults	85%	39%
People aged 60-64	68%	30%
People aged 55-59	79%	4%
People aged 50-54	86%	4%
People aged 40-49	68%	2%
People aged 30-39	56%	1%
People aged 20-29	28%	1%
People aged 15-19	6%	1%

- COVID-19 Update**

From the start of the pandemic to 31st May 2021, there has been a total of 16,136 confirmed cases of COVID-19 amongst HDdUHB residents, of which 131 were confirmed during May 2021 which is a significant decrease from December 2020 when 6,192 new cases were confirmed.

New cases of COVID-19 for Hywel Dda residents, by date tested



See the 'Situation' section for the full key to interpret the SPC icons. Essentially, the dots on the chart can be interpreted:

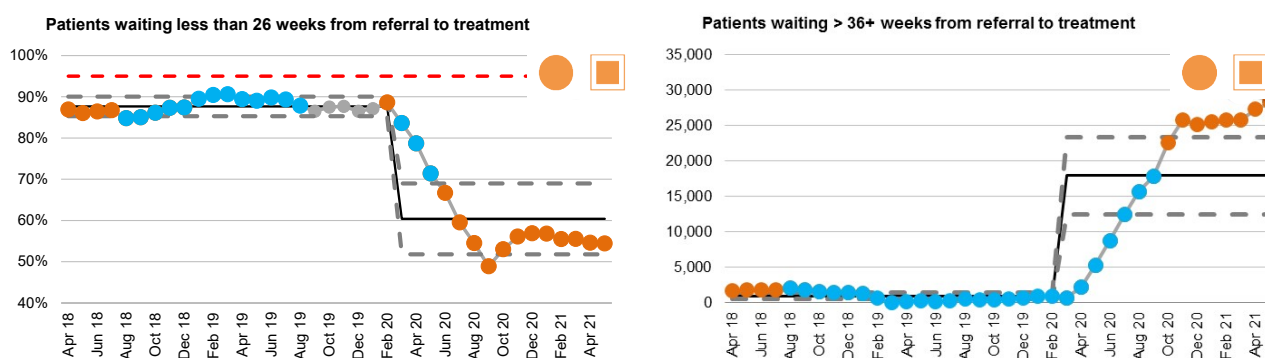
- orange = area of concern
- grey = within expected limits
- blue = area of improvement

• **Indicators showing special cause for improvement**

- Delayed outpatient follow-up appointments - past target date.
- Stroke - Consultant assessment in less than 24 hours.
- Hospital Initiated Cancellations - procedures postponed for non-clinical reasons.
- Therapies - all patients waiting over 14 weeks for a specific therapy.
- Audiology - patients waiting over 14 weeks.
- Dietetics - patients waiting over 14 weeks.
- Physiotherapy - patients waiting over 14 weeks.
- Podiatry - patients waiting over 14 weeks.
- Diagnostics - Cardiology, patients waiting over 14 weeks.
- Diagnostics - Physiological Measurement, patients waiting over 14 weeks.
- Information Governance training - NHS staff compliance.
- Dementia training - NHS staff compliance.

• **Planned care**

The service is still under pressure from the backlog created during the pandemic, and performance continues to be affected by the requirements of social distancing and infection control measures. Urgent cancer surgery and urgent cases continue to be treated. The service has started to treat a small number of routine patients. Small volumes of orthopaedic and ophthalmology patients are being outsourced to the private sector to assist in reducing backlogs. Other Welsh Health Boards and English Trusts providing tertiary care for our residents had restricted ability to undertake planned care due to COVID-19. In May 2021, there were 1,558 HDdUHB residents waiting over 36 weeks in other NHS care providers.



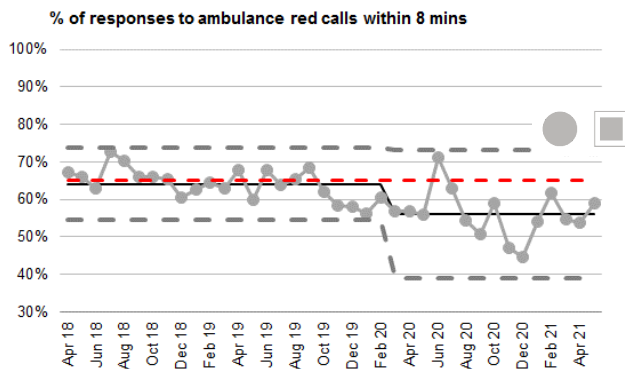
Both metrics performance demonstrate special cause concerning variation since Summer 2020. However, performance has steadied in more recent months. Due to the pandemic, the national targets will not be met without a review of the service.

• **Unscheduled Care**

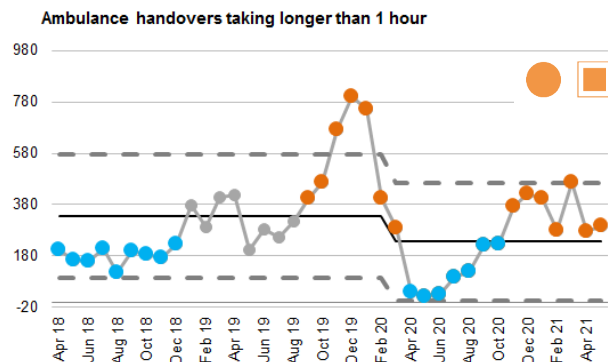
Red calls performance is still impacted by personal protective equipment (PPE). COVID-19 safety protocols and demand has increased since the easing of the lockdown restriction on the general public. Demand at our Accident & Emergency Departments (A&E)/Minor Injuries Units (MIU) have increased since February 2021 and ambulance arrivals and attendances are back to pre-pandemic levels. During May 2021, the major patient type A&E/MIU attendances increased to its highest levels since 2019 at Prince Philip Hospital (PPH), Glangwili General Hospital (GGH) and Wyllybush General Hospital (WGH). Within the department, additional infection prevention

control measures and social distancing guidance can impact the patient flow. Patients waiting longer than 4 hours in A&E/MIU is primarily due to a lack of staff to meet the current demand and patients waiting longer than 12 hours due to a lack of medical beds for admission and the reduction in bed numbers to accommodate social distancing guidance. Overall, the percentage of emergency admissions via A&E/MIU remains at 63%. County and Community services are reporting more cases of complex discharge requirements which can delay a medically optimised patient from being discharged from acute sites. Actions being undertaken to improve performance are:

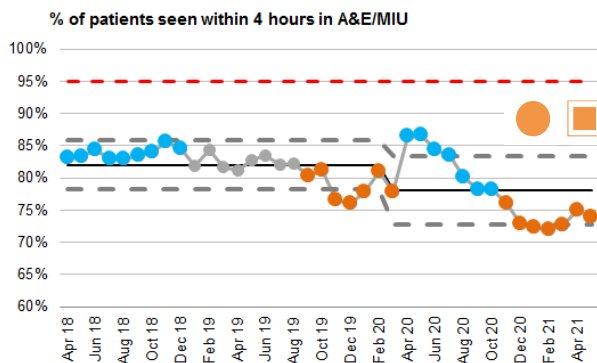
- Same Day Emergency Care (SDEC) is being progressed across all sites.
- We continue to develop our urgent primary care model to avoid unnecessary attendances to A&E.
- Continued focus on maintaining and increasing flow out of inpatient ward areas as soon as patients are medically optimised.



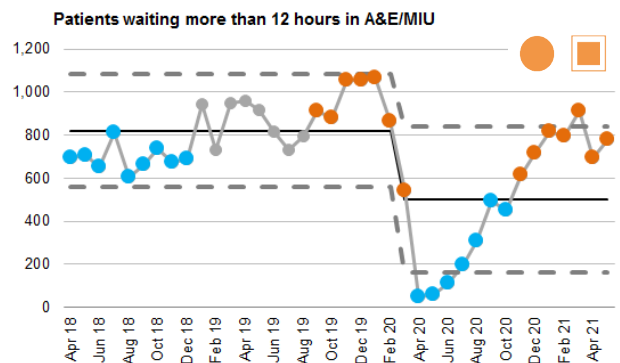
Performance in May 2021 shows common cause variation. The national target has only been met twice since September 2019 and will not be consistently met without a review of the service. Expected performance is between 39% and 73%.



Performance in May 2021 shows special cause concerning variation. Without a review of the service, we will consistently miss the national target. Expected performance is between 7 and 466.



Performance in May 2021 shows special cause concerning variation. Without a review of the service, we will consistently miss the national target. Expected performance is between 73% and 83%.



Performance in May 2021 shows special cause concerning variation. Without a review of the service, we will consistently miss the national target. Expected performance is between 163 and 841.

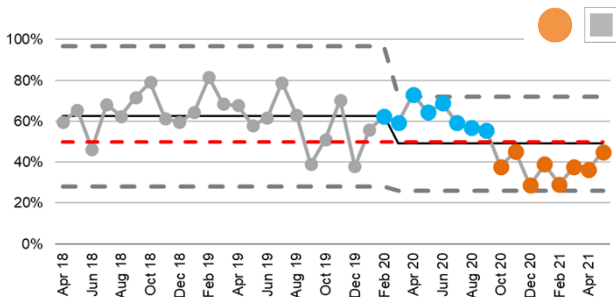
• **Stroke**

The 4-hour direct admission to a stroke unit target was impacted by a higher level of patient acuity, discharge issues and staff shortages in stroke units in May 2021. Surge beds were unable to accommodate stroke patients due to staffing issues and additional front door issues affected

referral times to stroke teams. A lack of beds in units mean stroke teams continue to review and support patients in non-stroke wards and even in A&E.

To improve compliance, local stroke teams flag front door issues with A&E teams during local stroke meetings, staffing levels are reviewed to support surge beds where required and issues relating to discharge planning are raised at the next Stroke Steering Group.

Admission to a stroke unit within 4 hours



Performance for May 2021 shows special cause concerning variation. Without a review of the service we will not consistently meet the national target. Expected performance is between 26% and 72%.

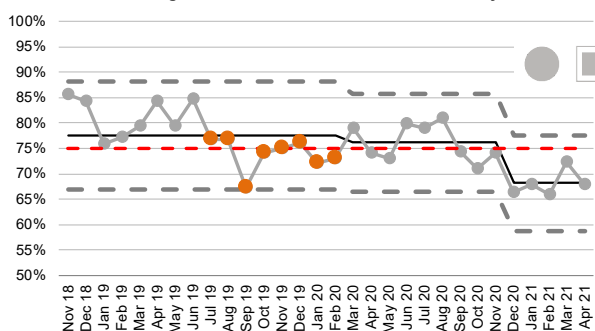
• **Cancer**

The pandemic has negatively affected performance, e.g. patients are required to self-isolate pre-treatment. In addition, tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board (SBUHB) are significantly compromising the service, as do local diagnostic service capacity pressures within Radiology and Endoscopy services. The Single Cancer Pathway (SCP) significantly increases the diagnostic phase of treatment, placing added pressure on diagnostic capacity which is currently beyond capacity.

Our actions for improvement are:

- Continue to escalate concerns regarding tertiary centre capacity and associated delays.
- Investigate current capacity for diagnostics to ensure a 7-day turnaround.
- FIT10 screening is being used in the management of urgent suspected cancer patients on the colorectal pathway.
- Green critical care support is being provided to address the backlog of patients awaiting surgery.
- The SCP Diagnostics Group investigates and works to prevent bottlenecks.

Patients starting first definitive cancer treatment < 62 days



Patients starting definitive cancer treatment within 62 days is showing common cause variation from March 2020. Since December 2020, the target has not been met and we will randomly hit and miss the target without a review of the service.

Note: In December 2020, the indicator changed to exclude clinical suspensions.

• **Neurodevelopment and psychological services**

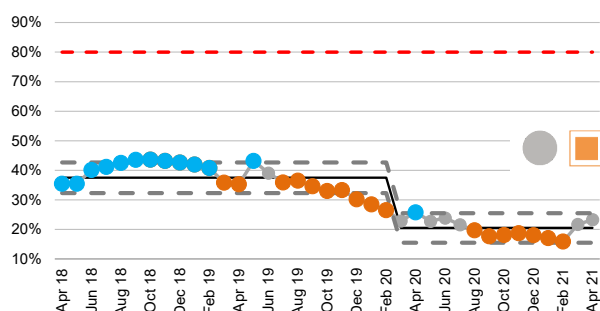
There is a growing demand for neurodevelopment assessments and psychological therapies, which coupled with limited resources, service vacancies and restrictions imposed by the pandemic have led to a decline in performance.

Accommodation is an issue across all mental health services as the mental health & learning disabilities (MHL) estate has reduced over the years, whereas demand for services has

increased without alignment in investment into larger premises to meet the need. The current estate of properties are utilised by a multitude of services as there is very limited accommodation dedicated to each service. The further impact of COVID-19 restrictions has caused further pressures, even though agile working is in place. Recent events has meant that accommodation at Bro Cerwyn, Haverfordwest, has been further restricted due to structural damage and the possibility of asbestos. Ty Llewelyn, Carmarthen, has now been closed due to structural issues and is awaiting works to be undertaken to enable the reestablishment of these premises. These pressures have impacted in the provision of services as limited availability of rooms and environment flaws in lack of sound proofing and leaks. Agile working has helped reduce some pressures, however it is crucial that dedicated accommodation areas are scoped to support the efficient and effective running of services. Services should have dedicated Out Patient Department clinic areas with online booking systems and administrative support to streamline efficiencies.

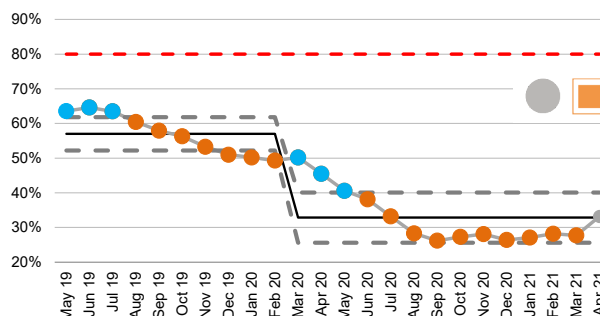
Actions being taken to improve performance are constant recruitment bids with recent recruitment of a fixed term Highly Specialist Psychologist to undertake demand and capacity planning and waiting list management, and the implementation of new software (QbTest) to aid with diagnosis of ADHB with training on the software taking place on 14th June 2021.

Children/young adults waiting < 26 weeks for a neurodevelopment assessment



Children and young adults waiting less than 26 weeks for a neurodevelopment assessment has shown common cause variation for the last 2 months. The 80% national target has never been achieved and will not be met without a review of the service. Expected performance is between 16% and 24%.

Adults waiting < 26 weeks to start a psychological therapy



During May 2021, adults waiting less than 26 weeks for a psychological therapy is showing common cause variation after many months of special cause concerning variation. The 80% national target has never been achieved and will not be met without a review of the service. Expected performance is between 26% and 40%.

• **Diagnostics**

Overall the performance for diagnostics is showing common cause variation. Indeed, there are areas where performance is showing special cause improvement, such as cardiology and physiological measurement. However, there are 3 areas where performance is a concern:

○ **Endoscopy**

The service is delivering 52% overall activity, with all capacity being utilised by urgent suspected cancer demand and capacity is affected by social distancing. To improve compliance, we introduced a green (non-COVID-19) pathway on 8th June 2021, significantly reducing downtime to allow more capacity and introducing Perspex screens in recovery and waiting areas. Our aim is to increase capacity to 80% of pre-COVID-19 levels by the end of June 2021.

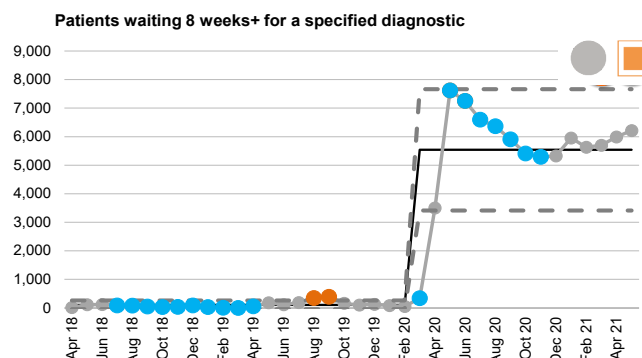
○ **Radiology**

The service is seeing increasing demand as other services restart whilst competing with the backlog created by the pandemic. There is increasing pressure with the SCP target and reduced capacity in imaging with necessary infection control procedures. To improve

compliance we have created additional capacity with staff working additional hours and extended days.

- **Neurophysiology**

Capacity is impacted considerably by social distancing measures, and will be further stretched due to forthcoming staff retirement. To improve compliance, waiting list validation is underway, the senior team is training staff to undertake studies, we are undergoing recruitment and are working with SBUHB for a regional plan to support the service.



Patients waiting 8 weeks+ for a specified diagnostic has been showing common cause variation since December 2020. However, the target of 0 has never been met and will not be met without a review of the service. Expected performance is between 3,413 and 7,663 patients waiting at any given time.

- **Therapies**

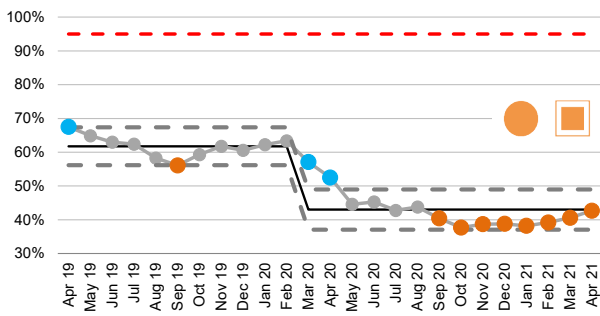
Continued sustained improvement across all therapy 14 week referral to treatment (RTT) breaches, with the exception of Occupational Therapy (OT). Ongoing constraint for OT continues to reduce capacity provision for identified face to face assessments. Additional hours and bank staff are being utilised to maintain position, however it is not sustainable in the longer term. The Service is attempting to source additional capacity via agency workers, and is also exploring potential for fixed term recruitment to provide additional capacity. All services are reporting increased rates of referrals, with higher acuity and complexity within those referral cohorts due to the impact of lockdowns and patients delaying access to healthcare. This increased demand, combined with continued restricted capacity, will place additional demand upon services. Services are predicting capacity deficits emerging in July onwards, with concern for inability to meet the demand with current capacity. This will be further exacerbated with a planned reduction in clinical workforce availability during Summer period. Band 5 graduate streamlining is planned to provide additional clinical capacity from October 2021 onwards, although there will be a delay between on-boarding and clinical impact of additional capacity.

- **Ophthalmology**

Poor compliance is due to reduced outpatient and theatre capacity as a result of the COVID-19 pandemic. Emergency surgery and very urgent outpatient appointments are still being undertaken. During March 2021, service capacity was affected by sickness and end of year annual leave and this has impacted into April 2021.

To ensure that the highest priority of risk of sight loss patients are cared for across the four sites within HDdUHB, all routine referrals received are screened and each referral is given a high risk factor (HRF) status to ensure there is imminent risk of harm with concerns forwarded to the emergency eye care consultant for a further review.

R1 eye care patients seen by target date (or <25% excess)

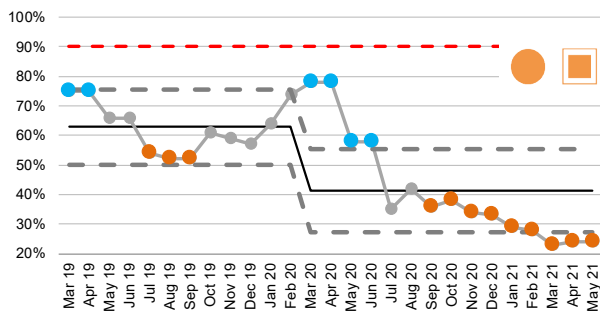


The performance data is showing special cause concerning variation since September 2020. Due to the pandemic, the national targets will not be met without a review of the service. Expected performance is between 37% and 49%

Job Planning

81% of consultants/speciality and associate specialist (SAS) doctors have a job plan, however only 24% are up to date. Training sessions for managers have been scheduled throughout May to July 2021. A Job Planning Working Group is being established where improvement actions will be determined with directorate representatives to increase performance within the job planning process.

Consultants/SAS doctors with a current job plan



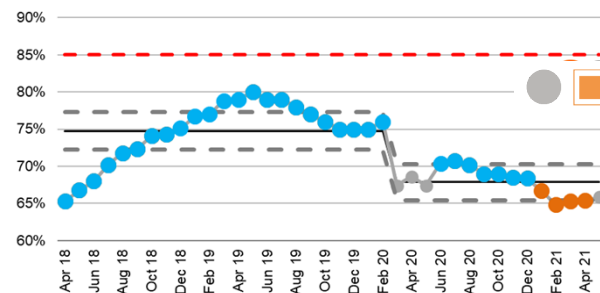
Consultants/SAS Doctors with a current job plan consistently fail the target. Special cause concerning variation has been shown since July 2020. The 90% target is yet to be achieved and will not be met without a review of the service. Expected performance is between 28% and 60%.

Personal Appraisal and Development Review (PADR)

Compliance for staff having a PADR with their manager in the previous 12 months highlighted a sharp decline in March 2020. The 'Managing Performance' action plan was paused due to COVID-19 pandemic pressures and has since been re-established. However, quarterly acute site visits which were due to resume on 26th May 2021 at PPH were cancelled due to continuing site pressures. The next planned acute site visit is due to take place in WGH on 28th June 2021.

To build engagement in the PADR process, two animated videos on 'How to prepare for your PADR' and 'How to conduct a PADR' will be made available bilingually by end of July 2021, 'Managing Performance' sessions are being increased and bespoke sessions for services will continue.

Staff who have had a PADR in the previous 12 months

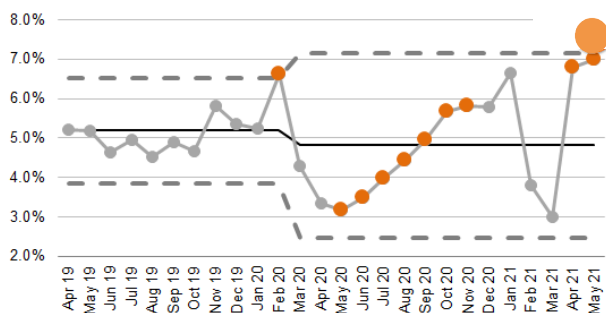


PADR compliance rates show common cause variation in May 2021, however, the 85% target has never been achieved and will not be met without a review of the service. Expected performance is between 65% and 70%.

• **Finance – Agency spend**

High agency spend continues for premium agency medical and nursing staff due to high vacancies, absence cover and continued pressures in A&Es across the four acute sites. Workforce issues will be further discussed at the Systems Engagement meetings. A potential improvement as a consequence of the implementation of the Allocate roster system is anticipated.

Agency spend as a % of the total pay bill



Performance in May 2021 shows special cause concerning variation. Review of agency spend is continually monitored. Expected performance is between 2% and 7%.

• **Quadrants of harm**

The NHS Wales Operating Framework issued on 6th May 2020 acknowledged the substantial impact COVID-19 was having on NHS and social care and the need for us to do our best to minimise harm. 21 metrics have been identified to measure potential for harm and we shall be considering increasing this list over the coming months. Of the 21 metrics currently being monitored, for the most recent period the following are showing cause for concern:

- Number of patients waiting more than 36 weeks for treatment.
- Percentage of adults waiting less than 26 weeks for a psychological therapy.

See the relevant sections above for more details.

• **Essential services**

In line with Welsh Government guidance, all essential services are being achieved, with the exception of General Practitioner (GP) Out of Hours. Shift fill is the major issue faced and actions are being taken to address this. For example, a reduction in bases open overnight (from five to four), the nurse car pilot has been reintroduced supported by remote working GPs.

Argymhelliad / Recommendation

PPPAC is requested to review the report, consider any issues and actions arising and escalate areas of concern to the Board

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y
Pwyllgor:

2.7 Provide support to the Committee in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:

Not applicable

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2020-21
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care People, Planning & Performance Assurance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable