Bwrdd Iechyd Prifysgol Hywel Dda University Health Boardrd

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 April 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 12 (2020/21)
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

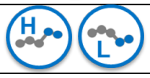
Sefyllfa / Situation

The performance report incorporates COVID-19 elements and focuses primarily on Hywel Dda University Health Board's (HDdUHB) key deliverable areas. As in previous months, this report is being brought to the People, Planning and Performance Assurance Committee's (PPPAC) attention to examine and consider HDdUHB's latest available performance data, achievements, risks, impact and actions during the COVID-19 pandemic. This update consists of:

- Executive summary.
- COVID-19 update.
- Key performance areas overview.
- Essential service update.
- Themed updates for our key deliverable areas.

To help provide additional context, supporting documents can be viewed by accessing the performance internet web page (https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/monitoring-our-performance):

To help improve our understanding and interpretation of the data, over the coming months we are migrating the performance report to use statistical process control (SPC) charts. The key below can be used to interpret the SPC charts.

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 that is unlikely to have happened by chance

ASSURANCE Performance against target		We will consistently fail the target without a system change
		We will randomly hit and miss the target without a system change
		We will consistently hit the target

Cefndir / Background

The interim NHS Wales Delivery Framework 20/21 (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

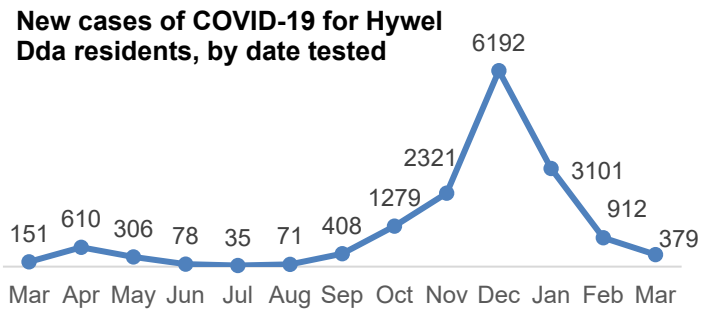
- **COVID-19 Vaccinations**

As at 14th April 2021, a total of 205,413 people had received at least one vaccination dose. Progress made to date is summarised in the table below:

Priority group	1st dose	2nd dose
1. Residents in a care home for older adults and their carers	96.7%	72.4%
2. All those 80 years of age and over and frontline health and social care workers	99.6%	62.6%
3. All those aged 75 to 79 years	94.4%	82.8%
4. All those 70 years of age and over and clinically extremely vulnerable individuals	92.1%	8.8%
5. All those aged 65 to 69 years	89.4%	1.3%
6. Individuals with underlying health conditions putting them at higher risk of serious disease and mortality	81.7%	3.5%
7. All those aged 60 to 64 years	67.2%	1.2%
8. All those aged 55 to 59 years	76.7%	1.3%
9. All those aged 50 to 54 years	60.9%	2.3%

- **COVID-19 Update**

From the start of the pandemic to 31st March 2021, there has been a total of 15,873 confirmed cases of COVID-19 amongst HDdUHB residents, of which 379 were confirmed during March 2021 which is a significant decrease from December 2020 when 6,192 new cases were confirmed.

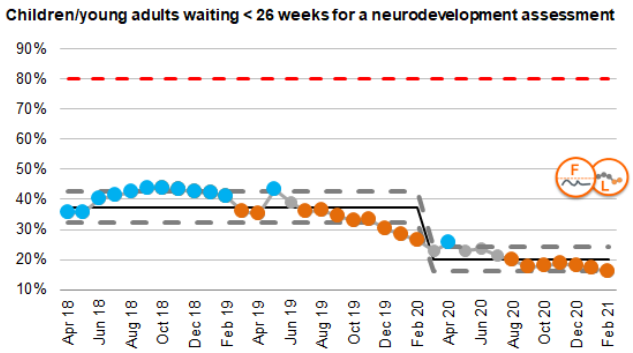


See the 'Situation' section for the full key to interpret the SPC icons. Essentially, the dots on the chart can be interpreted:

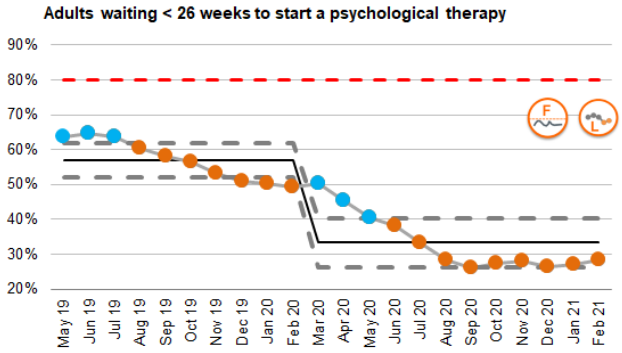
- orange = area of concern
- grey = within expected limits
- blue = area of improvement

- **Neurodevelopment and psychological services**

There is a growing demand for neurodevelopment assessments and psychological therapies, which coupled with limited resources and service vacancies have led to a decline in performance. See the Appendix below for further details.

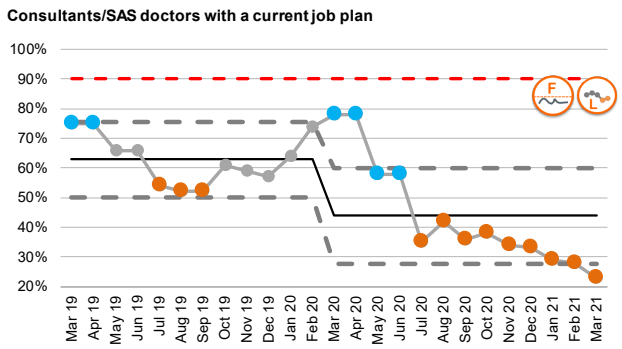


Children and young adults waiting less than 26 weeks for a neurodevelopment assessment is showing special cause concerning variation since August 2020. The 80% national target has never been achieved and will not be met without a system change. Expected performance is between 16% and 24%.



Adults waiting less than 26 weeks for a psychological therapy is showing special cause concerning variation since June 2020. The 80% national target has never been achieved and will not be met without a system change. Expected performance is between 26% and 40%.

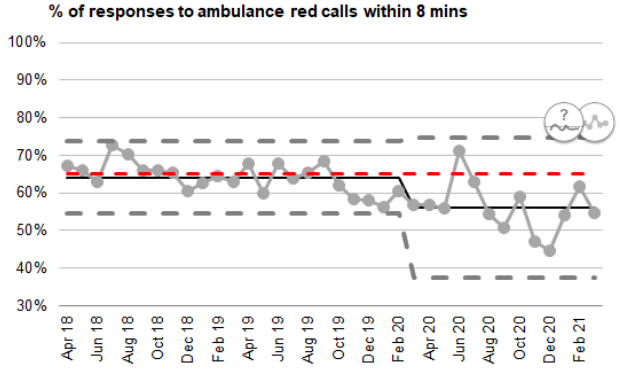
- **Job Planning**



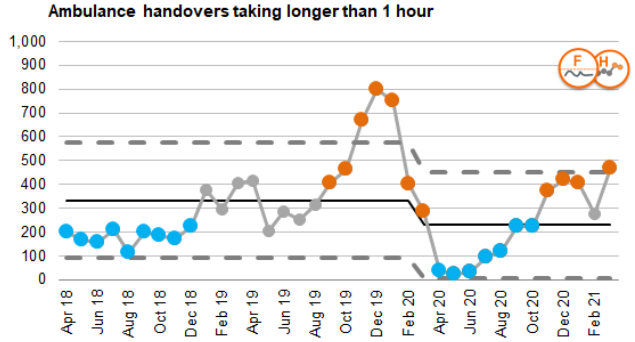
Service pressures across the HDdUHB have affected the number of job plan reviews being undertaken. Consultants/SAS Doctors with a current job plan consistently fail the target. Special cause concerning variation is apparent for the past 9 months. The 90% target is yet to be achieved and will not be met without a system change. Expected performance is between 28% and 60%.

- **Unscheduled Care**

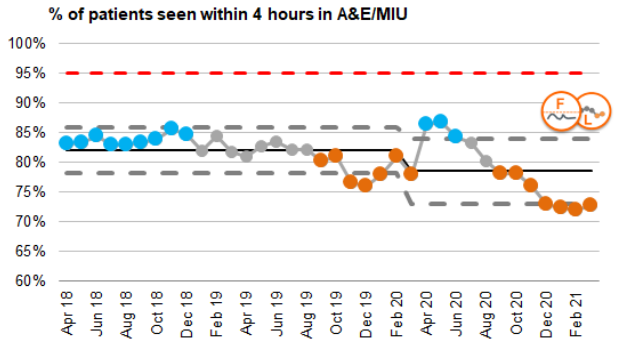
For the year 2020/21 to date, there has been approximately a 27% reduction in Accident and Emergency/Minor Injuries Unit (A&E/MIU) attendances compared to 2019/20. Attendances have fluctuated through the year in line with COVID-19 incidence, with higher numbers during the summer which reduced during the second COVID-19 wave and have now increased for March 2021. After the initial reduction of emergency admissions at the start of the pandemic, numbers increased during the summer, peaking in August 2020 with 3,527 and then reduced during winter until a significant increase in March 2021 similar to pre-COVID admissions levels.
COVID-19 has resulted in increased patient acuity, with patients needing enhanced respiratory support via continuous positive airway pressure (CPAP) and a marked increase in patients requiring oxygen support interventions and critical care. Patients are waiting longer in A&E/MIU, primarily due to not having enough A&E staff available and a lack of available medical beds, which negatively impacts the time taken to transfer patients from ambulances.



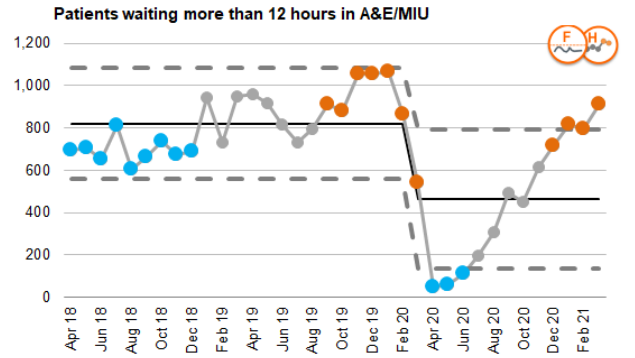
Performance for March 2021 shows common cause variation. The national target has only been met twice since September 2019 and will not be consistently met without a system change. Expected performance is between 38% and 75%.



Special cause concerning variation is shown for March 2021. At the start of the pandemic, the number of ambulances waiting over one hour decreased significantly. However, as A&E/MIU attendances and patient acuity have increased, the number of breaches have increased to levels seen before the start of the pandemic. Without a system change, we will consistently miss the national target. Expected performance is between 8 and 500.



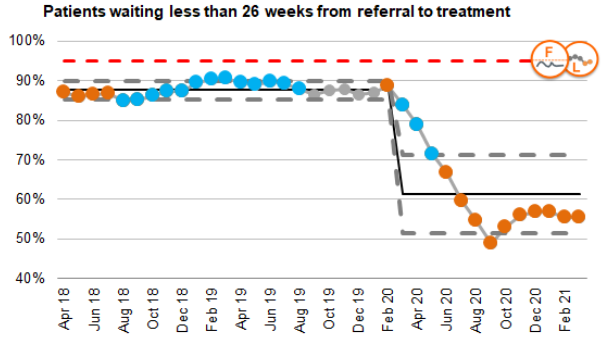
Special cause concerning variation since August 2020. The 95% national target has never been achieved and will not be met without a system change. Expected performance is between 73% and 84%.

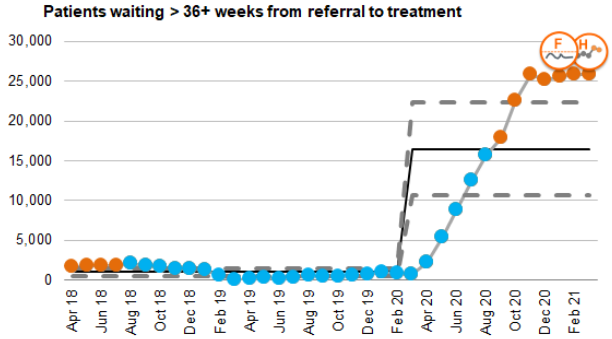


Special cause concerning variation is seen for the past 4 months. At the start of the pandemic, there were far fewer patients attending A&E, however, in more recent months there has been an increasing demand. Without a system change we will consistently fail to meet the national target. Expected performance is between 137 and 795.

- **Planned care**

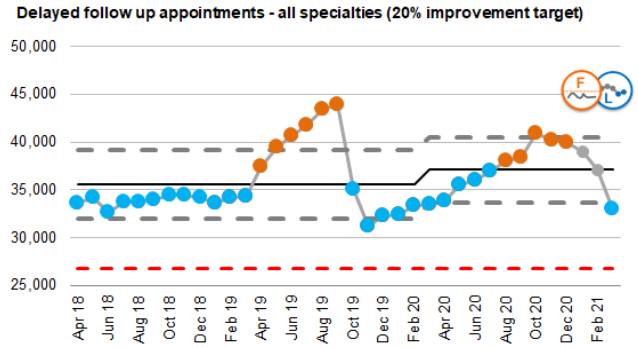
At the start of the pandemic, most elective procedures and outpatient appointments were cancelled, this subsequently created a backlog. As COVID-19 case numbers subsided, elective work recommenced, albeit at lower numbers than pre-pandemic due to social distancing and infection control measures. We have now recommenced urgent cancer surgery and urgent cases.





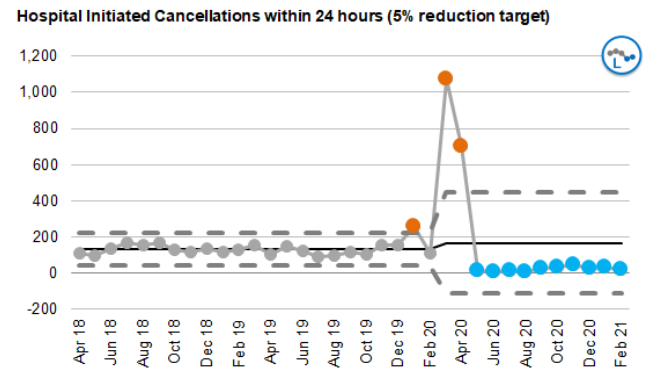
Both metrics performance show special cause concerning variation since summer 2020. However, performance has steadied in more recent months. Due to the pandemic, the national targets will not be met without a system change.

- **Delayed follow up appointments**



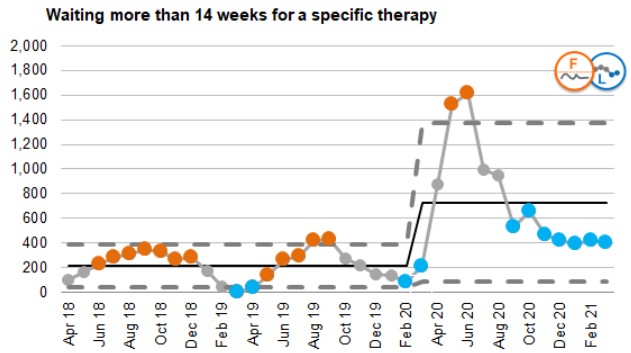
Unable to deliver previous service activity levels whilst COVID-19 restrictions remain in force. Initial recovery of the 2019/20 position will be slowed by lack of capacity. The latest performance data is showing special cause improvement. However, a system change is needed for the national target to be consistently met. Expected performance is currently between 33,659 and 40,537 breaches.

- **Hospital initiated cancellations within 24 hours**



Numbers of cancellations 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 latest performance data is showing special cause improvement. The cumulative 5% reduction target equates to a monthly average of 202. Expected performance is currently up to 445 breaches per month.

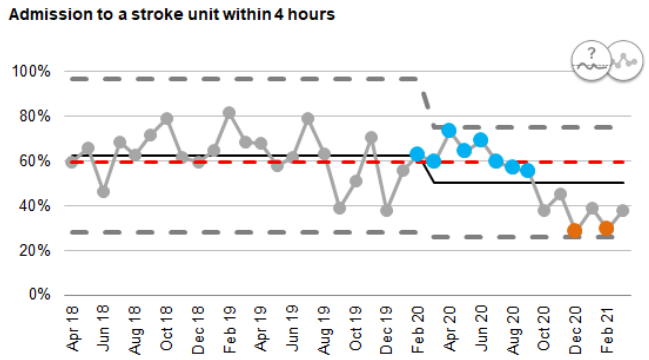
- **Therapies**



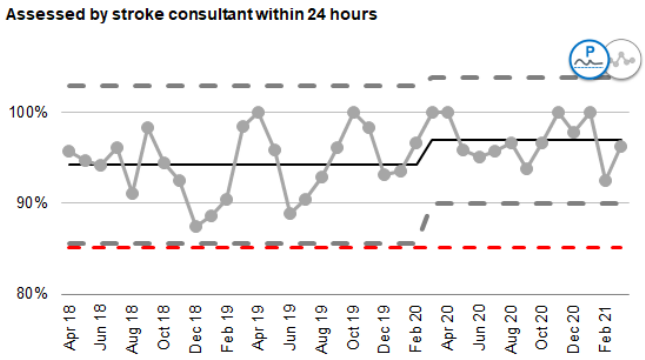
Capacity to see outpatients has increased due to a reduced demand for pre and post-operative inpatient support. Therefore, there is the potential for the number of breaches to increase when more planned operations restart. The latest performance data is showing special cause improvement. However, a system change is needed for the national target to be met. Expected performance is currently between 83 and 1,373 breaches.

- **Stroke**

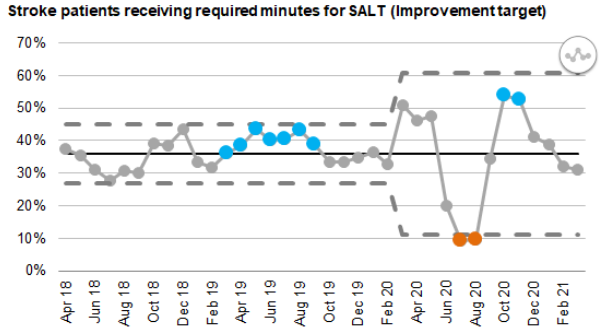
Stroke teams have seen new ways of working in 2020/21 in response to the COVID-19 pandemic, with a reduction in bed capacity due to social distancing, ward outbreaks and COVID-19 positive patients being treated in non-stroke wards all affecting the 4-hour admission to a stroke unit target as stroke teams provide care and interventions to patients regardless of where they are based. Despite the improvement target for Speech and Language Therapy (SALT) being met, low staffing levels in speech and language therapy and psychology carry the risk of poorer outcomes for patients due to the lack of timely rehabilitation.



Performance for March 2021 shows common cause variation. Without a system change to enable direct admission to a stroke unit we will not consistently meet the national target. Expected performance is between 26% and 75%.

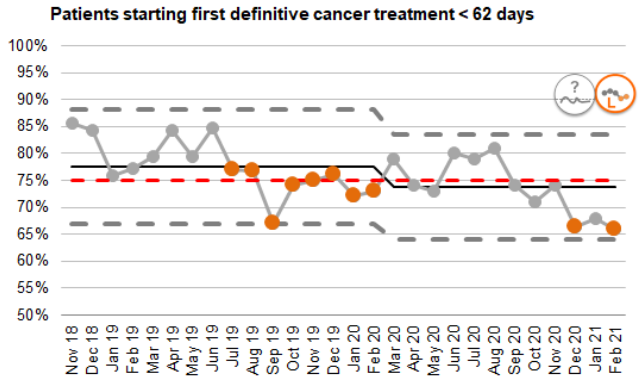


Performance for March 2021 shows common cause variation and continues to consistently meet the national target. Expected performance is between 90% and 100%.



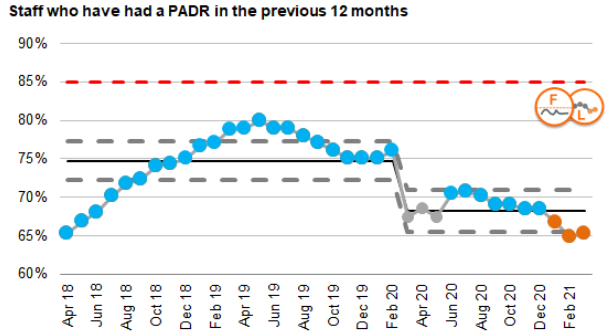
Performance for March 2021 shows common cause variation. Expected performance is between 11% and 61%.

- **Cancer**



The pandemic has negatively impacted on performance e.g. cancer patients required to self-isolate pre-treatment and the suspension of local surgery for patients requiring Intensive Treatment Unit/High Dependance Unit ITU/HDU and aerosol generated diagnostic investigations. In addition, tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board are significantly compromising the service. Performance for February 2021 is showing special cause concerning variation and the national target of 75% has not been met since November 2020. Since the start of the pandemic, performance has ranged between 64% and 84%.

- **PADR**



Service pressures and COVID-19 related challenges have affected the ability of line managers to find adequate time to complete the annual performance appraisal and development review (PADR) with staff. Compliance for staff having a PADR in the previous 12 months has seen special cause concerning variation since January 2021. The 85% target has never been achieved and will not be met without a system change. Expected performance is between 65% and 71%.

- **Financial Position**

The year-end position is currently still being finalised as part of the Year End account process. It will reported in the final year end M12 IPAR (May 2021).

Argymhelliad / Recommendation

PPPAC is required to consider the Performance Update report – Month 12 (2020/21) and advise of any issues arising.

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: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion 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

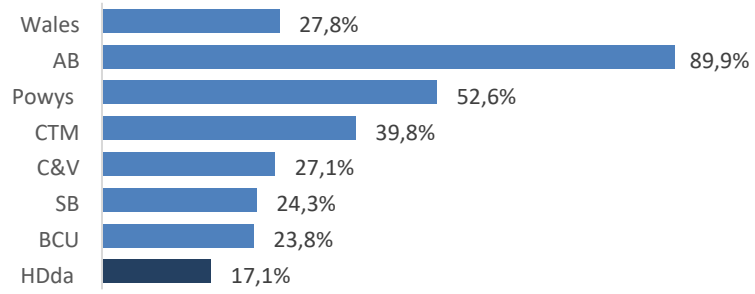
Cydraddoldeb: Equality:	Not applicable

APPENDIX A - CHILDREN / YOUNG PEOPLE WAITING UNDER 26 WEEKS FOR A NEURODEVELOPMENTAL ASSESSMENT

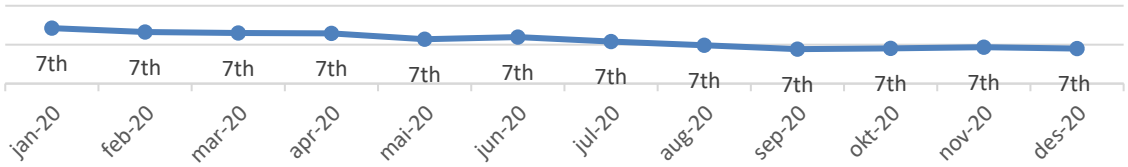
Performance in Comparison to Welsh Health Board Counterparts

Hywel Dda University Health Board is ranked the lowest in Wales with regards to performance on children/young people waiting for a neurodevelopmental assessment. This situation pre-dates the COVID-19 pandemic, dating back to February 2020. See the data section at the end of the report for further details.

All Wales Ranking (January 2021)



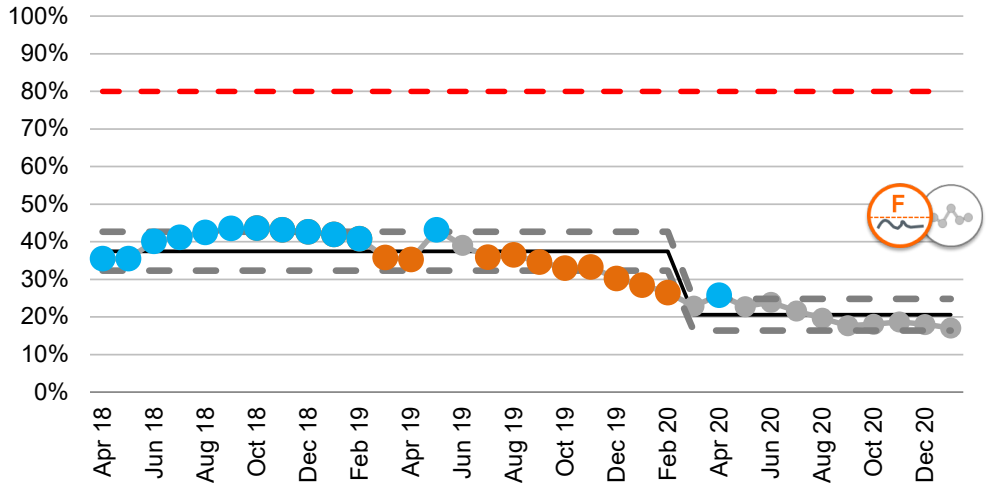
Hywel Dda's Ranking



Performance in Hywel Dda University Health Board

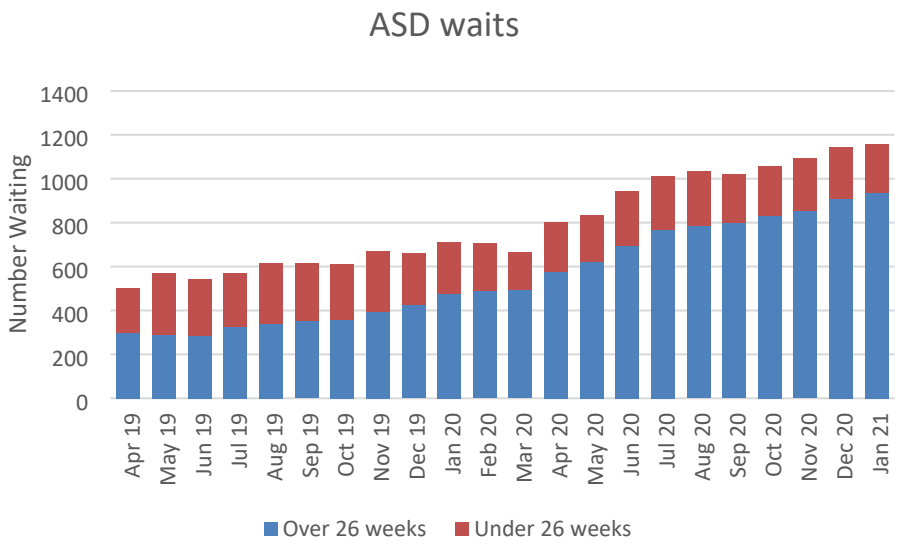
There is a growing demand for neurodevelopment assessments and psychological therapies, which coupled with limited resources and service vacancies have led to a decline in performance.
Children and young adults waiting less than 26 weeks for a neurodevelopment assessment is showing common cause variation. However, the chart shows performance has been declining since before the start of the pandemic. The 80% national target has never been achieved and will not be met without a system change. Expected performance is between 16% and 25%.

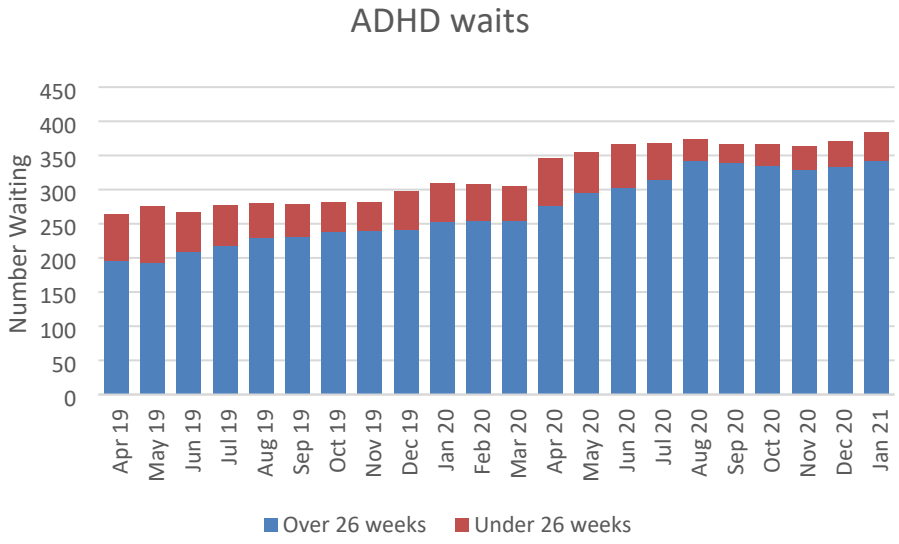
Children/young adults waiting <26 weeks for a neurodevelopment assessment



Breakdown of Figures

The target for measuring children/young people waiting under 26 weeks for a neurodevelopmental assessment includes patients referred who have a diagnosis of Autistic Spectrum Disorder (ASD) and also those with Attention Deficit Hyperactive Disorder (ADHD). A breakdown of the 2 diagnosis groups can be seen below. See the data section below for further details.





Data section

All Wales Data

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment															
LHB	**Target**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Rank**
Wales	**80%**	37.8%	40.8%	41.9%	39.2%	34.7%	32.1%	30.9%	27.5%	23.0%	24.4%	26.9%	27.7%	27.8%	-
AB		85.8%	90.8%	90.2%	91.3%	90.1%	88.6%	89.0%	82.3%	74.5%	78.2%	85.3%	77.6%	89.9%	1
BCU		26.0%	29.3%	29.2%	29.0%	26.5%	25.6%	25.8%	26.3%	19.6%	19.9%	22.7%	23.3%	23.8%	6
C&V		46.7%	48.7%	49.2%	44.9%	34.7%	28.8%	25.8%	21.8%	17.7%	18.4%	23.3%	27.5%	27.1%	4
CTM		62.5%	61.2%	59.7%	56.5%	55.7%	54.0%	49.0%	36.2%	34.4%	40.8%	41.6%	41.7%	39.8%	3
HDda		28.5%	26.5%	26.0%	25.8%	22.8%	23.9%	21.6%	19.7%	17.7%	18.1%	18.7%	18.0%	17.1%	7
Powys		99.0%	99.1%	93.4%	86.7%	75.2%	59.9%	45.0%	30.7%	23.0%	26.1%	36.0%	37.1%	52.6%	2
SB		27.9%	36.5%	38.4%	35.0%	30.0%	28.1%	30.4%	23.7%	20.9%	22.6%	24.2%	26.2%	24.3%	5

Source: Welsh Government

ASD & ADHD Performance figures

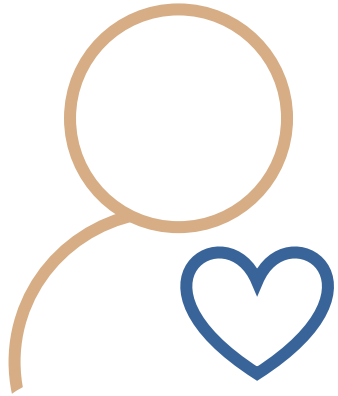
	No. Waiting	Apr 20	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
CAMHS	0 to 11 weeks	47	53	97	112	117	66	74	92	105	111
ASD	12 to 17 weeks	89	64	49	61	50	76	69	37	63	55
	18 to 25 weeks	90	95	102	72	79	77	83	109	68	56
	26 to 35 weeks	120	121	134	121	115	89	89	88	96	117
	36 to 51 weeks	143	158	169	181	198	191	185	165	168	132
	52 weeks +	313	343	390	464	474	520	557	602	643	687
	Total over 26 weeks	**576**	**622**	**693**	**766**	**787**	**800**	**831**	**855**	**907**	**936**
	% waiting <26 weeks	**28.2%**	**25.4%**	**26.4%**	**24.2%**	**23.8%**	**21.5%**	**21.4%**	**21.8%**	**20.6%**	**19.2%**
CAMHS	0 to 11 weeks	28	15	17	9	8	6	10	11	18	25
ADHD	12 to 17 weeks	14	19	16	14	5	7	17	11	3	6
	18 to 25 weeks	28	25	31	30	18	14	4	12	16	11
	26 to 35 weeks	27	37	30	30	32	29	23	14	12	13
	36 to 51 weeks	32	32	40	38	52	48	45	43	39	41
	52 weeks+	217	226	233	247	259	263	267	273	282	288
	Total over 26 weeks	**276**	**295**	**303**	**315**	**343**	**340**	**335**	**330**	**333**	**342**
	% waiting <26 weeks	**20.2%**	**16.7%**	**17.4%**	**14.4%**	**8.3%**	**7.4%**	**8.5%**	**9.3%**	**10.0%**	**10.9%**
ASD & ADHD	% waiting <26 weeks	**25.8%**	**22.8%**	**23.9%**	**21.6%**	**19.7%**	**17.7%**	**18.1%**	**18.7%**	**18.0%**	**17.1%**

Source: Mental Health & Learning Disabilities Services

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Performance update for Hywel Dda Univerity Health Board

as at 31st March 2021



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

- Executive summary
- COVID-19 vaccination
- COVID-19 update
- Key performance areas
- Essential services
- Unscheduled care
- Delayed transfers of care
- Stroke
- Cancer
- Planned care
- Diagnostics
- Therapies
- Quality and safety
- Mental health
- Population health
- Workforce and finance

Statistical process control (SPC) charts

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

Dose	Total vaccines given as at 14th April 2021	Priority groups – vaccines given								
		Care home residents and staff	All 80+ years and frontline health/social care workers	75 to 79 year olds	70 to 74 year olds and clinically extremely vulnerable individuals	65 to 69 year olds	Individuals with underlying health conditions	60 + year olds	55+ year olds	50+ year olds
1st	205,413	96.7%	99.6%	94.4%	92.1%	89.4%	81.7%	67.2%	76.7%	60.9%
2nd	57,588	72.4%	62.6%	82.8%	8.8%	1.3%	3.5%	1.2%	1.3%	2.3%

Confirmed COVID cases as at 31st March 2021	Suspected & confirmed COVID patients admitted 1st - 31st March	Confirmed COVID patients discharged 1st - 31st March	Confirmed COVID patients who died in our hospitals in March
15,873	100	63	14

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:

Our 34 key deliverable measures

Latest data

21	4	5

All Wales rank

All Wales data is available for 30 of the 34 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 53% of measures:

① 2 measures
② 8 measures
③ 6 measures
④ 2 measures
⑤ 5 measures
⑥ 3 measures
⑦ 3 measures
⑧ 1 measure

- **Where are we meeting target?**
  - In March 96.2% of stroke patients were assessed <24 hours by a specialist stroke consultant (target 85.2%);
  - The 12-month improvement target has been met for stroke patients receiving speech and language therapy;
  - The improvement target for hospital initiated cancellations was met in February 2021. However, the low number of booked patients is a reflection of elective surgery restrictions due to the pandemic;
  - The 12-month reduction target for sickness absence was met in March 2021, the first time in the rolling 12 month period.
- **Where have improvements been made?**
  - There were 32,972 patients in March who had a delayed follow-up outpatient appointment, which is a decrease of 4,125 from the previous month. However, the target failed to be met;
  - Year to date, October to December 2020, 2.67% of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is similar to the same period in the previous year.
- **Where is improvement needed?**
  - The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (54.7%);
  - 72.7% of patients were seen within 4 hours in A&E/MIU (target 95%) and 914 patients spent longer than 12 hours (target 0);
  - 466 ambulance handovers were reported as taking longer than 1 hour during March 2021;
  - 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 13 patients delayed in March '21, i.e. they were medically fit to leave hospital but needed another form of support in place for them to leave;
  - 37.8% of stroke patients were admitted to a stroke unit within 4 hours in March '21 (target 59.3%);
  - In February, 66% of patients on the Single Cancer Pathway (SCP) were treated within 62 days of the point of suspicion. This is a decrease of 2% from the previous month (68%). Performance reflects the continued increase in demand for diagnostic investigations beyond available capacity.
  - In February, 39.2% of ophthalmology R1 patients were seen by their clinical target date or within 25% in excess of their clinical target date. This is significantly below the 95% target;
  - In March, 5,702 patients were waiting over 8 weeks for access to diagnostic services;
  - In March, 401 patients were waiting more than 14 weeks for a specific therapy;
  - In March, referral to treatment targets failed to be met. 25,868 patients waited in excess of 36 weeks from referral to treatment (0 target), and 55.5% of patients were treated in under 26 weeks from the date of referral;
  - In March, we reported 14 C.difficile infections, 28 E.coli infections and 8 S.aureus infections;
  - In March, 7 serious incidents were due for closure and 2 were closed within the WG specified timescales. It should be noted that 71% of these incidents were reported by the Mental Health service. These incidents are usually complex in nature and often involve HM Coroner;
  - 70% of Complaints were resolved within 30 working days in March;
  - Neurodevelopment and Psychological Therapy services continue to be significantly below target (80%). In February, 15.9% of children/young people received a neurodevelopmental assessment in under 26 weeks. 28.2% of adults waited less than 26 weeks for a psychological therapy;
  - Between Oct and Dec '20, 90.1% of children had 2 MMR doses by age 5;
  - 95.9% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday between Oct to Dec '20;
  - Staff appraisals are below target at 65.3% (target 85%);
  - 82.8% of staff have completed their mandatory training (target 85%);
  - Performance for Consultants and SAS Doctors with a current Job Plan continues to decline with only 23% compliance in March (target 90%);
  - We have a financial plan with a year-end projected deficit of £25.0m. The current financial position at the end of February is £22.9m deficit against a deficit plan of £22.9m.
- **Impact of COVID-19**

  The current impact of COVID is rapidly changing and while the information provided is up to date as at 31st March, the picture is changing daily.
  - Staff absence due to COVID has decreased since January, with 0.57% of staff off due to COVID sickness. 2% of staff are self-isolating;
  - 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);
  - At the start of the pandemic, most elective procedures and outpatient appointments were cancelled to create capacity for staff training and COVID-19 patient admissions, this subsequently created a backlog. When COVID case numbers subsided, elective work did recommence albeit at lower numbers than were treated before the pandemic due to social distancing and infection control measures. Due to a sharp increase in cases, a temporary pause was put on elective operations from the 18th December until the 20th January. We have now recommenced urgent cancer surgery and urgent cases (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;
  - Of the 6 Field Hospitals set up at the beginning of the pandemic, 4 have been decommissioned and 1 is being held in reserve. Selwyn Samuel in Llanelli is currently being used for non-COVID step-down patients.

COVID-19 vaccination

This section provides a progress update of the COVID-19 mass vaccination programme across Carmarthenshire, Ceredigion and Pembrokeshire. Due to the high importance of this programme and the speed at which it is being delivered, data presented within this section are the most up-to-date available at the time of writing as opposed to the position at the end of the previous month.

What are we aiming to achieve?

In line with the rest of Wales, as determined by the COVID-19 Vaccination Strategy, we are working to three key milestones:

- **By mid-February** – all in priority groups 1, 2 and 3 were offered vaccination (i.e. care home residents and staff; frontline health and social care staff; everyone over 70 and everyone who is clinically extremely vulnerable).
- **By the spring** – vaccination will have been offered to all the other phase one priority groups (4-9). This is everyone over 50 and everyone who is at risk because they have an underlying health condition. Vaccination of groups 4, 5 and 6 has already started. The other phase one priority groups will be vaccinated:
    - Group 7, people aged 60 - 64 years - starting 8 March
    - Group 8, people aged 55 - 59 years - starting 22 March
    - Group 9, people aged 50 - 54 years - starting 5 April
- **By the autumn** – vaccination will have been offered to all other eligible adults in Wales, in line with any guidance issued by the Joint Committee on Vaccination and Immunisation (JCVI).

Progress for the 9 priority groups

as at 14th April 2021

Since our report in March, an additional 73,179 people have received the 1st dose and additional 40,488 have received 2nd dose of the COVID-19 vaccine.

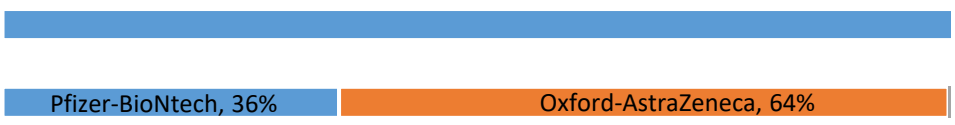
Priority group	Number vaccinated 1st dose	Number vaccinated 2nd dose	Percentage of cohort vaccinated with at least 1 dose
1. Residents in a care home for older adults and their carers	5,875	4,401	96.7%
2. All those 80 years of age and over and frontline health and social care workers	47,739	29,996	99.6%
3. All those 75 years of age and over	18,421	16,163	94.4%
4. All those 70 years of age and over and clinically extremely vulnerable individuals	53,346	3,179	89.9%
5. All those 65 years of age and over	21,355	309	89.4%
6. All individuals aged 16-64 years with underlying health conditions*	36,458	1,580	81.7%
7. All those 60 years of age and over	13,084	238	67.2%
8. All those 55 years of age and over	14,263	250	76.7%
9. All those 50 years of age and over	9,899	371	60.9%
Priority group waiting to be assigned/validated**	4,973	11,01	
Total vaccines given to date	**205,413**	**57,588**	

* which put them at higher risk of serious disease and mortality

** Following issues identified with the initial data uploads to the immunisation system, NWIS are working with Health Boards across Wales to ensure the accuracy of the priority group allocation.

Vaccine type

We are currently using three vaccines approved for use in the United Kingdom, namely Pfizer-BioNtech, Oxford-AstraZeneca and as of 7th April, Moderna (current uptake 3%). The chart below gives a summary of the vaccines we have used as at 15th April 2021:



Uptake by local authority area of residence

The uptake by local authority as at 15th April 2021 is included below:

	Carmarthenshire	Ceredigion	Pembrokeshire
1st dose	51.4%	51.8%	53.4%
2nd dose	14.4%	15%	14.8%

Summary by GP cluster

The table below shows the uptake by GP cluster area as at 15th April 2021. It is important to note that the data in this section relates to the GP cluster where individuals are registered. The GP practices are not responsible for vaccinating all patients within their cluster; vaccinations will also be delivered by pharmacies, within care homes and vaccination centres (within the community and our acute hospitals).

GP cluster	1st dose		2nd dose	
	Number vaccinated	Percentage vaccinated	Number vaccinated	Percentage vaccinated
Taf/Towy (2Ts)	31,710	53.9%	10,169	17.3%
South Ceredigion	25,736	54.6%	6,865	14.6%
North Pembrokeshire	34,900	52.6%	10,250	15.5%
South Pembrokeshire	29,399	53.8%	7,485	13.7%
Amman/Gwendraeth	30,562	50.6%	7,989	13.2%
Llanelli	30,284	48.8%	7,477	12.1%
North Ceredigion	20,900	45.5%	6,469	14.1%

Weekly updates on the vaccination programme are available via our website: https://hduhb.nhs.wales/news/press-releases/.

Vaccination figures for all of Wales are published by Public Health Wales on their COVID surveillance dashboard: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-COVID-19/

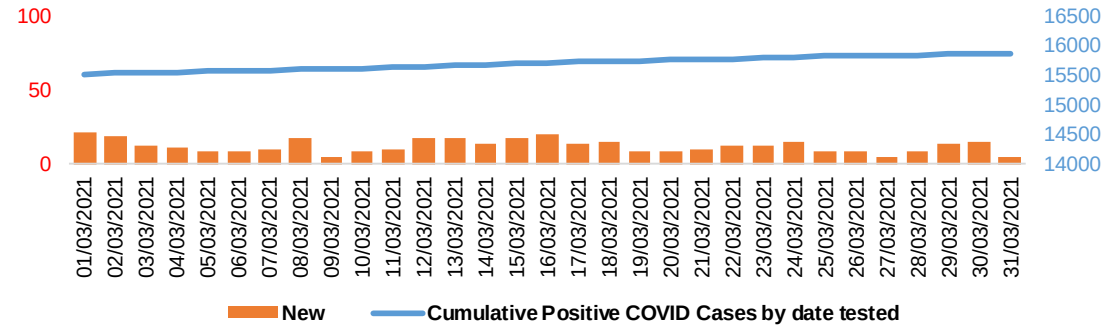
COVID-19 update

The COVID-19 pandemic has already had a massive impact on our staff and services and we expect that this will continue well into 2021/22. As an organisation we are rising to the challenge and we will do so for as long as is needed.

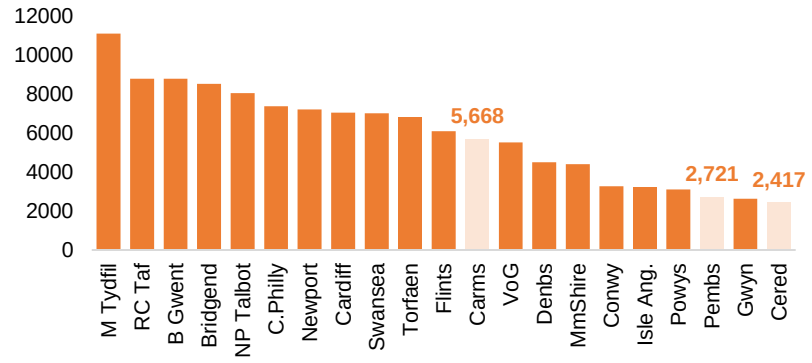
Confirmed cases

As at 31st March 2021 15,873 confirmed cases of COVID for Hywel Dda residents were reported, of these, 379 were confirmed during March. The highest number of new positive cases tested was on 1st March with 22 new cases reported. On 31st March 2021, population rates for confirmed cases were lower in Ceredigion (2,417 per 100,000 population) and Pembrokeshire (2,721 per 100,000 population) than most of the other local authority areas 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 31st March 2021



Confirmed cases per 100,000 resident population



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, vaccination. In March, the command centre had on average 825 calls per day (25,577 calls in March 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)

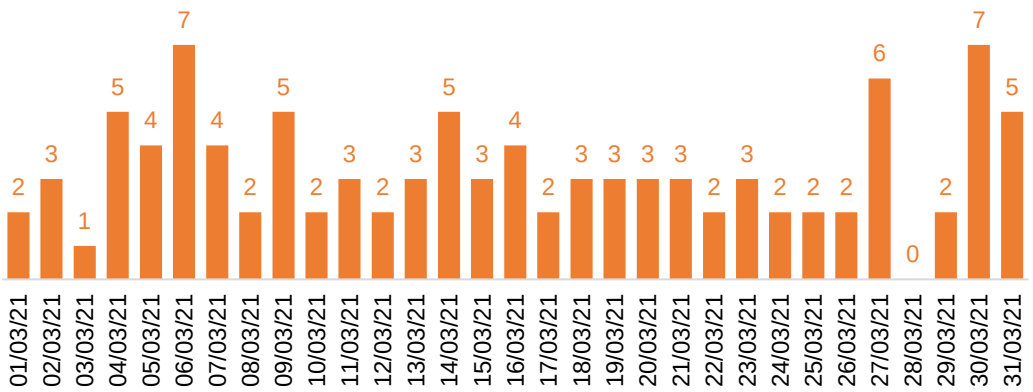
We continue to closely monitor our PPE stock levels and orders to ensure sufficient levels are maintained to protect our staff and patients.

Admissions

The number of COVID (confirmed and suspected) admissions to our four acute hospital sites decreased from 138 in February to 100 in March; 5 in Bronglais General Hospital (BGH), 17 in Glangwili General Hospital (GGH), 16 in Prince Philip Hospital (PPH) and 62 in Withybush General Hospital (WGH). This is an average of 3 COVID admissions a day across the Health Board during March and approximately 3% of all inpatient admissions. Non-COVID inpatient admissions averaged 111 per day over the same period.

The Health Board have now decommissioned 4 of the field hospitals set up at the beginning of the pandemic. Carmarthen Leisure Centre is currently being held in reserve. Selwyn Samuel in Llanelli is currently being used for non-Covid step-down patients, to enable us to better manage patient capacity and flow in our acute hospital sites.

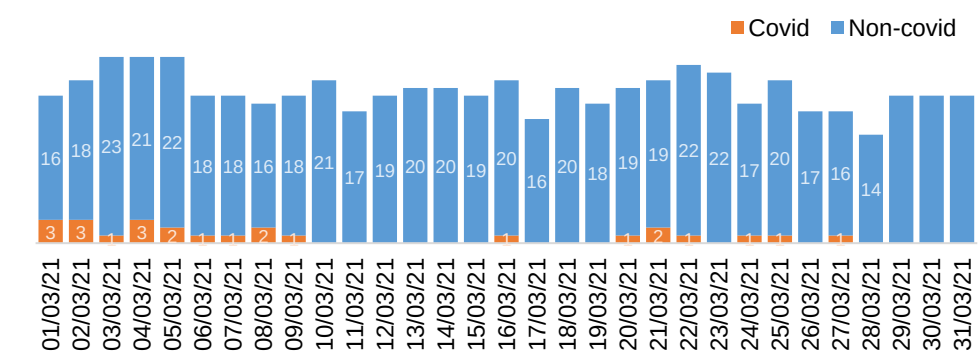
Hywel Dda daily COVID* admissions during March 2021



Critical care

The number of COVID patients requiring a critical care bed decreased from a daily average of 5 in February to 1 in March. We are monitoring ventilated bed use, consumables and medication requirements on a daily basis to maximise capacity across the Health Board. Additionally, we are modelling future capacity in order to accurately plan anticipated demand and availability of ventilated beds.

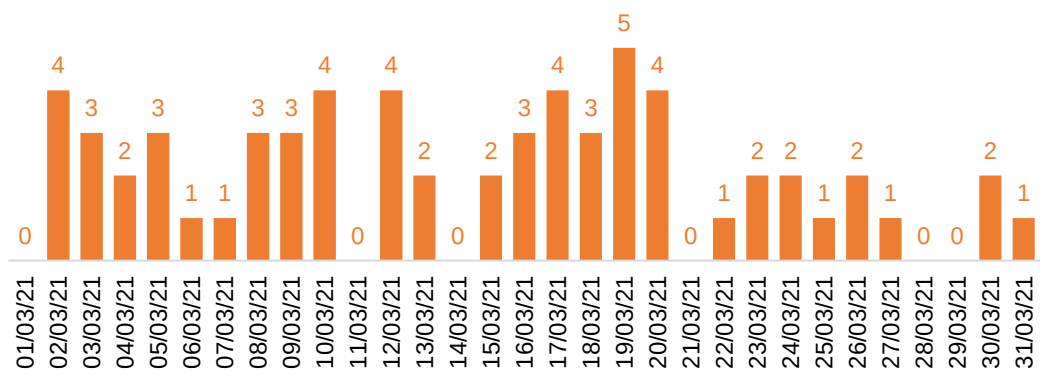
Number of patients in critical care bed during March 2021



Number of COVID patients discharged during March 2021

Discharges and Deaths

Between 1st and 31st March, 63 COVID (confirmed and suspected) patients were discharged from hospital alive. Sadly, from the start of the pandemic to 31st March 2021, there have been 475 COVID-19 related deaths in our hospitals, of which 14 (3%) occurred during March 2021.



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%	56.9%	61.6%	54.7%	No	6th out of 7	Carms 52.6%, Cere 59.0%, Pembs 56.2%.
	Ambulance handovers over 1 hour	0	288	278	466	No	4th out of 6	Ambulance handover delays deteriorated considerably from March 2020 (+178).
	A&E/MIU 4 hour waits	95%	77.9%	71.9%	72.7%	No	5th out of 6	53% of total attendances were Major in Mar '21 compared to 43% in Mar '20. The main 4 hour breach reason was due to not having enough A&E Team available, 12 hour breach was lack of medical beds, reflecting whole system challenges
	A&E/MIU 12 hour waits	0	540	795	914	No	3rd out of 6	
	Non-mental health delayed transfers of care	12m↓	46	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↓	13	16	13	No	5th out of 7	
Stroke and cancer	Admission to stroke unit <4 hours	59.3%	59.4%	29.2%	37.8%	No	1st out of 6	Admission to a stroke unit performance is below target at GGH (21.1%), PPH (40%) and WGH (40%), however, stroke teams provide care and intervention to patients even if not in a dedicated stroke ward. SALT compliance is 29.4% at GGH and 24.6% at PPH.
	Assessed by stroke consultant <24 hours	85.2%	100%	92.5%	96.2%	Yes	1st out of 6	
	Stroke patients - speech & lang. therapy	12m↑	50.8%	32.1%	31.1%	No	5th out of 6	
	Single cancer pathway	75%	73.0%	68.0%	66.0%	No	2nd out of 6	Increase in demand for diagnostic investigations beyond capacity.
Planned care and therapies	Hospital initiated cancellations	5%↓	113	35	22	Yes	2nd out of 7	Admin error (5), staff (5), Cancelled by hospital (4), ICU/HDD beds unavailable (3), other (5).
	Delayed follow-up appointments (all specialties)	12m↓	33,420	37,097	32,972	No	n/a	There has been a decrease of 4,125 patients waiting this month from last month
	Ophthalmology patients seen by target date	95%	63.4%	38.2%	39.2%	No	6th out of 7	Performance affected by patient cancellations & inability to attend. High risk treatment continues.
	RTT – patients waiting <=26 weeks	95%	83.6%	55.5%	55.5%	No	2nd out of 7	The number of patients waiting >36 weeks for treatment increased by 75 in March '21. However, the rate of increase is slower than seen in previous months.
	RTT – patients waiting 36 weeks+	0	722	25,793	25,868	No	2nd out of 7	
	Diagnostic waiting times	0	336	5,628	5,702	No	2nd out of 7	Performance affected due to fewer patient seen due to COVID precautions.
	Therapy waiting times	0	212	417	401	No	2nd out of 7	Highest waits include Audiology (155), Podiatry (127) and Occupational Therapy (112).
Quality and safety	C.difficile	<=25	37.08	35.14	35.79	No	5th out of 6	The cumulative case numbers compared to Apr-'19 – Mar '20: - C.diff cases reduced by 4% - E.coli cases reduced by 24% - S.aureus cases reduced by 23%
	E.coli	<=67	99.58	76.80	77.54	No	6th out of 6	
	S.aureus	<=20	31.64	24.37	24.38	No	2nd out of 6	
	Serious incidents	90%	42%	0%	29%	n/a	n/a	7 serious incidents were due for closure in March of which 2 were closed in WG timescales.
	Complaints	75%	68.9%	57%	70%	No	8th out of 10	Increasing volume of COVID related enquiries continued in March.
MH +	Children/young people neurodevelopment waits	80%	26.5%	17.1%	15.9%	No	7th out of 7	239/1,500 of children/young people and 477/1,689 of adult psychological patients were seen in under 26 weeks in February 2021.
	Adult psychological therapy waits	80%	49.3%	27.1%	28.2%	No	7th out of 7	
Population Health	'6 in 1' vaccine	95%	96.3%	93.6%	95.9%	Yes	3rd out of 7	The schools immunisation programme was restarted on 29th June 2020 as schools reopened.
	MMR vaccine	95%	91.7%	90.0%	90.1%	No	7th out of 7	
	Attempted to quit smoking	5%(ytd)	2.6%	1.82%	2.67%	n/a	2nd 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%	43.5%	n/a	n/a	n/a	3rd out of 7	
	Childhood obesity	n/a	n/a	n/a	13%	n/a	3rd out of 7	Carms 14.1%, Pembs 13.3% and Cere 8.8%
Workforce & finance	Sickness absence (R12m)	12m↓	5.08%	5.29%	5.29%	No	4th out of 10	Reduction target met for the first time in the R12 month period. In-month sickness was 5.03%.
	Performance appraisals (PADR)	85%	67.4%	64.8%	65.3%	No	5th out of 10	Acute site visits to support managers to improve PADR compliance and quality resume in May.
	Core skills mandatory training	85%	82.9%	83.2%	82.8%	No	3rd out of 10	Lowest compliance in fire safety (71.2%), L1 moving and handling (77.1%) and IG (78.8%).
	Consultants/SAS doctors - current job plan	90%	78%	28%	23%	No	n/a	Increased services pressures continue to impact performance.
	Finance - deficit	£25m	£32.2m deficit	£20.8m deficit	£22.9m deficit	Yes	n/a	Board's financial YTD position at the end of Feb is £22.9m deficit against a deficit plan of £22.9m.

+ 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

♦ See individual report for all Wales ranking details. Note: All Wales data is usually reported for data from the previous period, however, due to the COVID pandemic the rankings published for a number of indicators have not been updated for some time.

Essential services update as at 28th February 2021

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 Glangwilli and Bronglais base rotas remain stable throughout the week. Cover remains limited during weekend afternoon and evening periods in Prince Philip. Pembrokeshire's position remains fragile with a trend of significant shortfalls overnight during weekends and Mondays. Continued long term sickness is a significant factor. Mitigation has been achieved by the good will of staff moving base to spread cover in a geographically appropriate way. The job description for salaried GPs has been reviewed and a job advert is to be launched on Trac imminently. There are a number of GPs who have contacted the service to enquire about salaried positions. If these GPs can be recruited this will help to stabilise the particularly fragile position of the Pembrokeshire cover. Presently the overall service risk remains elevated.
- Shift fill has not increased sufficiently to safely and consistently return to an increase in overnight cover in all five bases. Engagement exercises and planning have commenced to develop a strategy to overcome this longstanding problem.
- Over the past year overall demand is down by 12%. Calls completed by telephone consultation have increased by 26%. Face to face consultations have reduced by 66% in treatment centres and 48% home visits. This change in practice compared to pre-COVID times means service escalation levels are often lower than predicted. A return to service provision as seen prior to the COVID-19 pandemic could see service escalation combined with constraints in capacity causing delays in patient care and possible increases in demand within emergency departments or WAST.
- The new clinical operating system (Salus) has a projected go live date of September 2021. Funding and licencing have been secured to maintain Adastra alongside Salus to prevent the risk of delays or technical issues at the changeover point.
- The options for virtual consultations remain unresolved. Conversations continue around suitability and governance issues in the use of WhatsApp. *Attend Anywhere* is available in the Treatment Centres and Call Centre, however, use continues to be very limited due to lack of experience and difficulty to record consultations.
- The new IT rota system (RotaMaster) is being developed. Meetings have begun to build the system bespoke to the needs of OOH. This will allow vacant shifts to be advertised and booked 24 hours a day resulting in a more efficient system for clinical and operational staff to cover vacancies.

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, therapy (maintenance) to try and prevent further deterioration and increased dependency, 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 conditions

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 March 2021?

54.7% of ambulances arrived to patients with life threatening conditions within the 8 minute target.

466 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), largely reflecting increased demand above staffed capacity within the whole system. Performance is showing special cause concerning variation.

10,973 patients attended an A&E/MIU in March as a new attender. Of these patients, **72.7%** were seen and treated within 4 hours of arrival but **1,413** patients waited longer and **914** patients waited over 12 hours. Performance is showing special cause concerning variation. There has been a 17% increase in the number of new attendances compared to Mar '20, although a 27% decrease year to date. Attendances have fluctuated through the year in line with COVID incidence, with higher numbers during the summer which reduced with the 2nd COVID wave and have now increased for March '20.

In March there were 3,669 emergency admissions compared to 2,996 in Mar '20, to our hospitals of which 2,307 (63%) were admitted via A&E/MIU. After the initial reduction of emergency admissions at the start of the pandemic, numbers increased during the summer, peaking in August with 3,527 and then reduced during winter until a significant increase in March '20 similar to pre-COVID admissions. On average, medical emergency patients stayed in hospital for 10 days Mar '21.

How do we compare to our all Wales peers?

	Ambulance reaching patients with life threatening conditions within 8 minutes	Feb 2021	6th out of 7
	Ambulances waiting > 1 hour to handover a patient	Feb 2021	4th out of 6
	Patients being seen and treated within 4 hours in A&E/MIU	Jan 2021	5th out of 6
	Patients waiting more than 12 hours in A&E/MIU	Jan 2021	3rd out of 6

Impact of COVID

- Ambulance Service
  - Additional COVID infection control requirements affect efficiency;
  - Staff shielding and an increase of staff reporting COVID like symptoms reduced our ability to deploy the maximum number of resources. The number of staff withdrawn from service (abstraction) remains higher than during the first wave of COVID. There has been an increase in staff reporting high temperature and feeling generally unwell following the 2nd inoculation and subsequent abstraction;
  - Ambulance staff must don PPE for all calls and higher specification PPE where procedures produce airborne particles or respiratory droplets;
  - Modelling has shown red calls requiring full level 3 Personal Protective Equipment (PPE) will add 4+ minutes as a result of the donning process;
  - There was a significant increase in handover delays during March with 1021 lost hours (notification to hand over) (February 673 hours lost) across our 4 acute sites which is the equivalent of 88 x 11.5 double manned crews lost from production (February 58 x 11.5 hour double manned crews).
- Unscheduled Care
  - COVID cases have significantly reduced across all sites, however non-COVID activity has increased significantly during March;
  - Staffing - absence through shielding, self-isolation and sickness has improved in line with COVID prevalence in the community;
  - Staff are exhausted following the 2nd wave due to managing with increased staff sickness and vacancies;
  - COVID swabs results can take over 12 hours and often discharges are lost as transport cannot be arranged in time after the result;
  - Increasing number of medically optimised patients, length of stay and some delays in re-ablement and Long Term Care (LTC) package availability due to both COVID concerns, staff shortages, Local Authority and LTC assessment/placement delays. See details in the DTOC report.
  - Nursing and residential homes unable to accept patients back from the acute hospitals in a timely way. The ability to transfer patients to Community Hospitals, intermediate care beds and Field Hospitals limited due to COVID transfer requirements, patient eligibility criteria and staffing levels.

Risks

- Ambulance Service
  - 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 abstractions.
  - Increase in demand following easing of COVID restrictions
- Unscheduled Care
  - Existing vacancies and staffing for both Red and Green zones in Emergency Departments (ED) with Registered Nurses (RN) and Health Care Support Workers (HCSW). In accordance with the Nurse Staffing escalation matrix, we have at times had to stretch nurse ratios in a risk assessed way to cover daily staffing deficits caused by COVID related staff absence and sickness. Absence rates have almost doubled for COVID related reasons affecting all staff groups;
  - The combination of multiple factors: COVID demand, increased activity, significant staffing deficits and difficulties in discharges has resulted in the service struggling to provide the level of care it would want, for example:
    - Excessive waits to offload ambulances;
    - Overcrowded EDs with difficulty to properly monitor patients who are asked to wait in cars;
    - Last minute struggles for facilities and staffing whenever an additional patient requires CPAP or ventilation;
    - Challenges in maintaining social distancing on wards due to the need to treat patients and offload ambulances;
    - Developing elective surgery recovery plan but inpatient capacity is significantly constrained due to RN staffing levels in acute wards;
  - Staff are reporting increased stress, anxiety and exhaustion which combined with work pressures increases risks of serious clinical incidents;
  - Vacancies and sickness in Community Teams/Hospitals negatively impact the efficient transfer of some patients from acute sites;
  - Numbers of medically optimised patients awaiting transfer/discharge out of acute beds remains significantly higher than levels deemed manageable to support effective patient flow;
  - The GP Out of Hours service is often not fully covered at the weekend;
  - Winter funding monies ceased end of March and will have an impact on patient flow.

What are we doing?

- Ambulance Service
  - 18 Duty Operational Managers have been appointed across the Hywel Dda Health Board area;
  - Local and senior pandemic teams have been stood up;
  - Revised performance plan introduced;
  - 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 uplift our resource levels.
  - The Military Aid to the Civil Authorities (MACA) was activated in December and will be scaled down during and ceased at the end of March;
  - Lateral flow test have been rolled out for all staff since January. Tests are undertaken twice weekly.
- Unscheduled Care
  - *Same Day Emergency Care* (SDEC) continues to expand and increase capacity to see patients and appropriate patients are sent from A&E; WGH ran 7 day service throughout March and are now exploring the potential to extend opening hours into the evening. This system is also operating in PPH and GGH, with BGH planning implementation in May;
  - Joint planning with GGH, PPH and Carmarthenshire County services with Selwyn Samuel Field Hospital operational at 28 beds and ongoing planning discussion to increase available beds, if required;
  - 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;
  - At GGH and PPH, detailed patient reviews (deep dives) in place as '*to treatment and discharge*' plan reinstated, led by the triumvirate with community and local authority presence twice weekly escalation meetings in place chaired by Head of Nursing. BGH are in the process of implementing these on a weekly basis.

Bronglais

- Continuing to evolve and develop the discharge hub team. Powys Teaching Health Board have recently reappointed their discharge liaison nurse vacancy;
- Colorectal cancer surgery, supported by a ward based post anaesthesia care unit facility will go live this month;
- Orthopaedic elective work to recommence imminently on site;
- Winter plan review underway to better understand the impact and success or otherwise of schemes;
- The site COVID-19 plan has been significantly flexed back to green capacity to maximise the number of beds available and take account of the significantly reduced incidence of COVID-19 cases at this time. A small red area is still maintained within the ward base and in the clinical decisions unit;
- Community Team position is much improved. All homes are now out of embargo and staffing levels have recovered to a degree. Tregaron Hospital is now operating 20 beds;
- Cardigan Minor Injury Unit has reopened;
- The pace of work associated with operationalising the BGH clinical strategy has increased. A paper with timelines and required investment at service level will go to Board in the next few months. This will include opportunities for working more closely with Powys THB and South Gwynedd at Betsi Cadwaladr University Health Board. Scheduled Care team are involved and engaged.

Glangwili

- Minimal elective activity taking place as unable for staff on closed ward to increase activity, working with recruitment to look at agency options. Planning to increase electives mid-April and have 10 ring-fenced beds and Tysul ward handed back to Ophthalmology;
- Significant nurse deficits across all wards (75 whole time equivalent (WTE) RNs) with a daily focus on moving staff within the hospital. Ongoing recruitment campaigns in place.
- A&E staffing review based on Royal College of Nursing/Royal College of Emergency Medicine being undertaken with recommendations being produced in April;
- Working with *Lightfoot Solutions* and analytic review to provide a detailed understanding of A&E activity by condition, geographic locality and age to further inform service;
- Late shifts continue for the management team ensuring senior on-site presence Monday to Wednesday.

Prince Philip

- Due to decreased COVID activity in the Llanelli area the number of COVID beds was reduced to just 3 side rooms;
- Planned orthopaedic inpatient surgery has now restarted placing additional pressure on ward based capacity and staffing;
- Strong recruitment drive ongoing to address the high number of vacant nurse posts which has now exceeded 50WTEs;
- Support systems for staff in place.
- Business case to further expend the successful SDEC service will be submitted in early April;
- Risk Assessment completed (with measures to mitigate associated risk) to support utilisation of social distancing beds in extremis situations when in hospital capacity is exhausted.

Withybush

- Green/Red Clinical Decision Units maintained although length of stay is increased due to shortfall in available inpatient capacity. Continued screening of General Medicine (GM) referrals and ambulance conveyances to avoid unnecessary admissions or channel to SDEC for more timely review;
- Inpatient COVID capacity reduced to 1 ward;
- An additional GM junior doctor continues to be requested to cover weekend day shift to reduce patient waits for assessment and onward referral/discharge;
- Safety huddles continue in the ED to improve timely assessment processes and flow. This needs continued further focus and reinforcement;
- A strong drive continues on medical recruitment together with a developing medical workforce plan to include appointments into alternative roles;
- The multi-disciplinary team field hospital panel has changed to a general patient flow panel in February 2021 and enables escalation of persistent challenges;
- Significant RN vacancies continue, total of 88 WTE deficit against revised model and 75 WTE against establishment. This presents significant challenges in maintaining safe and efficient care delivery on a day to day basis.

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 March 2021?

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 **13** in March 2021. Performance is showing common cause variation and is within normal performance limits.

How do we compare to our all Wales peers?

	Non-mental health patients aged 75+ DTOC	Feb 2020	3rd out of 7
	Mental health patients DTOC	Feb 2020	5th out of 7

Impact of COVID

The full impact of COVID on DTOC can be demonstrated in the following areas:

- Changes to regulatory frameworks – with the introduction of Welsh Government (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; A significant proportion of Health and Social Care staff have received the COVID vaccination with some now receiving their second vaccination, and it is anticipated in time we will see the impact of this. Lateral flow testing (LFT) within community nursing teams will also minimise disruption to service provision;
- Care home sector – there has in the last month been a significant decrease in the number of homes unable to accept new admissions due to COVID outbreaks;
- COVID testing – processes remain in place to support patient transfer to community hospital, community, care home with appropriate testing to ensure safe delivery of care;
- Capacity of services and acuity of patients' care requirements – insufficient capacity to meet demand. The demand for Domiciliary Care Provision is increasing and remains a high risk factor;
- Outbreaks within Community Hospitals have improved. These had affected hospital admission/closure with the result of delays in transfer of care;
- Impact of Lockdown - Community transmission has shown signs of improving. This had impacted on available staffing in the community services, care homes, commissioned services and domiciliary care;
- COVID positive cases in hospitals – each acute site is now experiencing a marked decrease in positive cases. The increased length of stay associated with positive status had impacted on timely hospital discharge;
- Field Hospitals – a number of sites are being rationalised across the Health Board footprint.

Risks

- Non-mental health
- Test, Track and Protect - the impact of positive results meaning whole community teams are unable to deliver care to vulnerable patients within the community, which may result in increased admissions to hospitals. The introduction of LFT in community teams will mitigate this;
- New variant of virus – impact not fully known;
- 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 and placements 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 and implications of new virus strain and ongoing psychological impact on staff groups;
- New regular panel taking place on each acute site focusing on patient flow across the system; incorporating field hospital, community hospital and step down provision;
- Enhancing rapid response to bridging care and sustain by embedding into D2RA pathway;
- Strengthening Intermediate Care response in the community;
- Increasing Intermediate Care beds as part of Discharge to Assess; activity is ongoing to commission additional beds in readiness for the closure of Field Hospitals;
- Continuation 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, including local authorities, infection prevention and control, environmental health, county management officers and care home providers;
- Targeted approach of winter funding to support patient flow across the system, outcomes of which are being evaluated through Regional Partnership Board. Bids under D2RA Transformation Scaling Fund are currently being considered through the Regional Partnership Board to support development of D2RA pathways.

- 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 Integrated Care Fund 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 March 2021?

37.8% of patients presenting at our hospitals in March with a stroke were then admitted to a dedicated stroke unit within 4 hours. Performance for March 2021 shows common cause variation.

96.2% of patients admitted with a stroke in March were assessed by a specialist stroke consultant within 24 hours. Performance for March 2021 continues to consistently meet the national target.

31.1% of stroke patients had the recommended amount of speech and language therapy (SALT) in hospital during March. Performance for March 2021 shows common cause variation.

How do we compare to our all Wales peers?

	Admission to stroke unit within 4 hours	Jan 2021	1st out of 6
	Assessed by stroke consultant within 24 hours	Jan 2021	1st out of 6
	Stroke patients - speech and language therapy	Jan 2021	5th out of 6

Impact of COVID

- We are now starting to see a positive impact of the lower prevalence of COVID in the community;
- All stroke patients being admitted are being screened for COVID;
- Some units have lost bed capacity due to social distancing and beds are being lost due to contacts/isolation within the units;
- SALT is impacted upon the removal of capacity from group therapy and site movements of staff due to Covid measures;
- We sought alternative ways of working in outpatient clinics.

Risks

- Reduction in therapy and rehabilitation due to staffing levels with poorer outcomes for patients due to the lack of timely rehabilitation;
- Inability to meet performance targets due to staffing levels;
- Higher rate of mortality due to a COVID outbreak;
- Nurse vacancies in the stroke units;
- Lack of therapy staff as per guidance in, e.g. speech and language therapy and psychology;
- The HB stroke re-design has been suspended due to COVID, no date to restart work at present;
- Training of non-stroke staff relating to, for example, thrombolysis and the first line swallowing assessment.

What are we doing?

- The HB Stroke Steering Group is meeting on a regular basis;
- Work is ongoing regarding the Thrombectomy pathway. The service is now available 7 days a week via North Bristol. The HB pathway is in draft and will be signed off at the next Stroke Steering Group meeting;
- The HB had funding agreed for a new IT platform to speed up the transfer time of scans to the North Bristol Radiology department. The server has already been built by our IT team;
- Whilst face to face stroke clinics are suspended, virtual clinics continue;
- Transient Ischemic Attack clinics continue at all four sites both face to face and virtually. They do not require outpatient staff to manage clinics;
- All four sites continue to thrombolyse;
- Therapies are reviewing working between adult and children SALT with the aim of pulling resources together;
- SALT is reviewing the opportunity to utilise new band 5 graduate starters to increase capacity;
- WGH had winter funding to pilot an Early Supported Discharge team. Out of the 11 early supported discharges supported, 5 were on the same day as the person identified as suitable for early discharge and 6 were discharged on the next day. There have been no reported readmissions.

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

How did we do in February 2021?

In February, **66%** of patients on the Single Cancer Pathway (SCP) were treated within 62 days of the point of suspicion, a slight decrease of 2% from the previous month. Reporting parameters changed in December. The figure is now without adjustments and reflects an increase in demand for diagnostic investigations beyond capacity available in the period.

How do we compare to our all Wales peers?

	Single cancer pathway	Jan 2021	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;
- 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 15th June 2020;
- Urgent Suspected Cancer imaging has been 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 centre 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 and Endoscopy services;
- The Single Cancer Pathway significantly increases diagnostic phase, placing added pressure on diagnostic capacity; since 1st December we are only reporting on the SCP target without adjustments.
- Suspension of local surgery for patients requiring ITU/HDU and aerosol generated diagnostic investigations.

What are we doing?

- Continuing to escalate concerns regarding tertiary centre capacity and associated delays;
- Investigating current capacity for diagnostics to ensure a 7 day turnaround as per the National Optimal Pathways;
- Implementing a SCP Diagnostics Group to identify the investigation bottlenecks, and how we can address them going forward;
- We are logging all patients who are not having treatment due to patient choice or cancelled by hospital on clinical grounds 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 on 13th July 2020 for intermediate surgery;
- A pause on elective cancer surgery for 4 weeks from 21st December has impacted further delays on individual patient waits. Green HDU/ITU support is being reintroduced to accommodate the backlog of patients awaiting surgery
- 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 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?

22 patients had their procedure cancelled within 24 hours in February 2021. Performance is showing special cause improving variation, however, the low number of booked patients is a reflection of elective surgery restrictions due to the pandemic.

In March, **55.5%** waited less than 26 weeks from referral to being treated (RTT) and **25,868** patients waited beyond 36 weeks. Performance is showing special cause concerning variation and both targets are consistently failing to be met as a consequence of the pandemic.

In February, **39.2%** of eye care patients (4674/11926) were waiting in or within 25% of their target date. 98% of patients have been allocated a high risk factor (HRF) status leaving 349 (2%) patients waiting for an allocated HRF status. The target is consistently not achieved. Performance is showing common cause variation.

In March, there were **32,972** delayed outpatients of which **20,094** waited beyond 100% of their target date for a follow up appointment (all specialities). Performance is showing special cause improving variation. This is improvement that is unlikely to have happened by chance. A system change is required to achieve the target.

How do we compare to our all Wales peers?

Hospital initiated cancellations	Jan 2021	2nd out of 7
Referral to treatment (RTT) <=26 weeks	Jan 2021	2nd out of 7
RTT – patients waiting 36 weeks or more	Jan 2021	2nd out of 7
Ophthalmology patients seen by target date	Jan 2021	6th out of 7
Patients waiting for a follow up who are delayed by 100% of their target date	Jan 2021	3rd out of 7

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;
  - Significant public concern about attending acute hospitals;
  - Work continues with Informatics regarding waiting list risk stratification;
- Eye care
  - Some patients choosing not to attend hospital appointments due to pandemic;
  - Ophthalmology services reconfigured to meet essential urgent care where required;
  - Routine surgery and face to face outpatient activity has been postponed;
  - Due to population demographics, most 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;
  - Increase in collaborative working with community optometric practices.
- Follow-up appointments
  - Unable to deliver previous service levels whilst restrictions remain in force. Initial recovery of the 2019/20 position will be slowed by lack of capacity.

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 diagnostics. ;
  - There is a significant risk regarding ward staffing vacancies to support elective activity.
  - Eye care
  - New patients are experiencing longer waits due to the combined impact of pandemic related restrictions and a shortage of consultant ophthalmologists. Capacity being used to cover the Emergency Eye Care service can impact on waiting times;
  - Glaucoma patients (on the follow up review) have not had regular diagnostic tests as these cannot be undertaken virtually.
  - Follow-up appointments
  - Reduction in capacity, has impacted on the follow up list. This is being addressed with the rollout of virtual functionality. The team are working with both governance and safeguarding to ensure safety on the 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
  - The Health Board has now recommenced urgent cancer surgery and urgent cases. We continue to plan to return to the 2/3 category in the coming months;
  - Capacity is being prioritised for category 1 and cancer 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;
  - Revised post-COVID watchtower monitoring programme in place;
  - Eye care
  - A new Senior Nurse Manager is reviewing the enhanced cataract pathway and orthoptic activity to maximise efficiency;
  - A business case is being developed to provide a sustainable Age-Related Macular Degeneration service with care closer to home;
  - Maintaining treatments and reviews for imminently sight threatening or life-threatening conditions (prioritising R1 patients);
  - Clinicians are triaging patients waiting beyond 25% of their target date;
  - Urgent Cataract procedures are being treated in Werndale;
  - Patients waiting over 100% of their target date have their notes reviewed by a doctor to determine the appropriate action;
  - Senior input available via telephone/email and a consultant is on site at GGH on weekdays. Service provided 24 hours a day, via an on-call consultant rota for emergencies;
  - Clinicians review clinics and contact patients in advance of treatment with Pre-op procedures requiring a negative COVID result;
  - Clinical team continue to see all ages of patients in the intravitreal injection therapy service;
  - Working closely with Swansea Bay UHB to develop a regional response and solutions for the short/mid and long term;
  - The AMD service has implemented a one-stop service which has increased the number of patients seen;
  - Phased plans being developed to increase capacity whilst adhering to national guidelines. ;
  - Reinstatement of theatre sessions has commenced and the team are looking at how to increase the number of patients on each list;
  - Recommenced ARCH workshops to scope Regional solutions for Ophthalmology in South West Wales;
  - Reviewing Ophthalmology footprint to maximise capacity.
  - Follow-up appointments
  - We are encouraging virtual functionality. Face to face contact only used if necessary for urgent patients;
  - Developing a patient communication programme for all stages;
  - We have been adding patients to the See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways in two ways. Firstly as part of validation and secondly after a patient has had a follow up appointment. In March 2021 there were 920 patients added to an SOS/PIFU pathway. Delays of implementation have been due to the creation and approval of new outcome forms. Next steps include ongoing monitoring of how many patients call back for a consultation. Service managers have been working directly with clinicians to ensure outcome forms are completed correctly including compliance auditing.

Diagnostics

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

How did we do in March 2021?

5,702 patients waited over 8 weeks for a diagnostic. Performance data shows common cause variation since December 2020. This reflects a change in performance that is within our usual limits. Diagnostic waiting times have consistently failed to meet target since the COVID pandemic started. A system change is needed to achieve the target.

How do we compare to our all Wales peers?

	Diagnostic waiting times	Jan 2021	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 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 48% of overall activity following the 2nd wave of COVID. Endoscopy activity prior to the 2nd wave increased to 50% in line with the National average;
  - All priority one (P1) patients are dated within 2 weeks. All sites have now started to date P2 Urgent Suspected Cancer patients;
  - Faecal Immunochemical Tests continue in line with national programme guidelines. Currently, only 20% converting to an endoscopy procedure; overall 55% referral rate in comparison to pre-COVID.
- Cardiology
  - Some services have been moved off-site to facilitate social distancing;
  - 7 day working established to maintain social distancing and increase diagnostic tests undertaken;
  - Recent increase in referrals for Cardiology diagnostics following the initial reduction during the 1st 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 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;
  - Maintained dialogue with colleagues across Wales for a review of the overall picture and possible solution to assist with the recovery;
  - Additional capacity for computerised tomography (CT) acquired but finding staff via locum agencies has been problematic;
  - Staff undertaking extra sessions to provide additional capacity. Dependant on staff availability and infection rates.
- Cardiology
  - On-going robust triage of Cardiology diagnostic waiting list;
  - Cardiac CT resumed at BGH and scoping work progressing to increase sessions/sites to reduce waits and avoid invasive angiogram procedures (where clinically indicated);
  - Outsourcing of Cardiac CT and MRI being considered to deal with longest and most urgent waits;
  - Using locum and in-sourcing of echocardiograms;
  - Diagnostic Angiography endeavouring to increase from 3 to 4 patients per list at PPH;;
  - Cardio-physiology demand and capacity review on-going.
- Endoscopy
  - Lists being increased to 52% activity by start of May 2021 with return of staff from ward areas and re-introduction of endoscopy lists;
  - Single Cancer Pathway target of endoscopy date within 7 days of referral being reviewed, with a view to implement; with currently 20% patients being dated in 7 working days and 64% in 10 working days;
  - Implementation of capsule endoscopy service due in April to reduce demand for scoping capacity; with a view to introduce colon capsules in the future to help address the backlog;
  - Screens have now been purchased for all 4 sites, for endoscopy waiting and recovery areas, to help increase capacity safely;
  - Discussion around introducing air filtration units to reduce downtime in-between each patient and increase capacity.

Therapies

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

How did we do in March 2021?

401 patients waited longer than 14 weeks for a therapy appointment. Services with the longest waits include; Audiology (155), Podiatry (127), Occupational Therapy (OT) (112). The latest performance data is showing special cause improvement.

How do we compare to our all Wales peers?

	Therapy waiting times	Jan 2021	2nd out of 7

Impact of COVID

- Trajectory of 0 therapy waits was on track to be achieved prior to pandemic. Constraint for OT achieving 0 breaches included the availability of Paediatric OT. These posts have now been appointed but a backlog of patients require initial assessment. An improved position is anticipated by July/August. Constraint for Podiatry includes the reduced clinical efficiency due to PPE & IPAC measures for and in-between patients requiring physical 'hands on' treatment. Continued improvement in Podiatry position is anticipated in May/June. All services are developing detailed service restart plans;
- Use of digital technology to support access and Virtual and remote digital service provision is now embedded within services;
- Continued reduced capacity affects waiting lists. Although Audiology services have been reintroduced following the 2nd lockdown this is at a 50-55% capacity level;
- 'Inclusion' criteria used to triage urgent face-to-face hearing aid repairs;
- Referral rate is 23% down on the same period in 2020. Based on a 3-month extrapolation of pre-pandemic levels we are only receiving 48% of the number of referrals.
- Reassessment waiting lists continue to grow as there is more pressure to regain control of government reported waiting lists.

Risks

- Referral rates have now returned to pre COVID levels but with an increase in complexity as patients have been avoiding seeking attending GPs/care during COVID. This will continue to impact upon the number and complexity of the presentations as services return to 'normal';
- A reduction in clinical staff workforce due to continued at risk staff groups and non-patient contact risk assessments for vulnerable/high risk staff;
- Loss of therapy accommodation, which has been repurposed either as part of COVID response, or new developments in acute sites, is impacting upon ability to see patients if facilities are not reinstated or suitable alternative accommodation provided. This includes access to community facilities;
- Increased Audiology waiting lists for new/re-assessments due to limited appointment slots;
- Vestibular assessments have not been re-started due to the IP&C Team condemning the equipment as not fit for purpose. This will result in the lengthening of existing wait times.
- Communication challenges caused by face coverings/virtual consultation due to lip-reading limitations.

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 and safe to do so, services are restarting pathways although capacity is significantly reduced due to these operational requirements;
- Virtual and remote service provision is being successfully implemented within Therapy services with a positive impact on RTT. Improvements made for first appointment waiting times as a result of online consultations. Services are continuing to monitor growth of follow-up patients that require hands on review/diagnostics and will include within restart plans;
- Audiology Clinical pathways reintroduced;
- Hearing aid follow-up appointments and tinnitus consultations on track;
- Virtual consultations used where appropriate and Attend Anywhere to be introduced for tinnitus and balance patients (trial April 2021);
- Urgent and 'soon' pre-school paediatric audiology appointments on track;
- Band 5 (Fixed Term Contract) in post to cover adult work in Pembrokeshire and Ceredigion;
- Building work for additional room at GGH nearing completion.

Executive Lead: Director of Nursing, Quality and Patient Experience

Senior Responsible Officer(s): Assistant Directors of Quality

How did we do in March 2021?

Clostridioides difficile (C. difficile) Infection. For March 2021 we reported 14 cases, and currently have 5 wards across Community and Acute hospital sites with increased case numbers. This is an increase that has been seen in other health boards in Wales following on from high COVID cases. This is a cumulative reduction of 4% than in the same timeframe of 2019/20, rate for Hywel Dda is **35.79** per 100,000 population.

Escherichia coli (*E. coli*) blood stream infection (BSI). In March 2021 we reported 28 cases, a total of 299 cases this year, cumulative reduction of 22% reduction, 85 fewer cases than in the same timeframe for 2019/20. Cumulative rate for Hywel Dda is reduced to **77.54** per 100,000 population. 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. March 2021 reported 8 cases of *S. aureus* BSI, one of which was an MRSA. This gives a total of 94 cases year to date. This is 30 cases less, cumulative reduction of 23% fewer than in 2019/20, while the all Wales figure shows a decrease of 6% in the number of cases. Cumulative rate is currently reducing to **24.38** per 100,000 population.

In March, we reported **1,123** incidents of which 992 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 **7** serious incidents due for closure in March of which 2 were closed in the agreed timescale (**29%**). **No** Never Events were reported in March 2021.

70% of complaints were closed within 30 working days in March. Over the last 3 years performance data has consistently shown common cause (expected) variation.

How do we compare to our all Wales peers?

	C.difficile infections	Feb 2021	5th out of 6
	E.coli infections	Feb 2021	6th out of 6
	S.aureus bacteraemias (MRSA and MSSA) infections	Feb 2021	2nd out of 6
	Serious incidents assured in a timely manner	Not available	
	Timely responses to complaints	Q3 20/21	8th out of 10

Impact of COVID

- Infection Prevention
  - Increased numbers of C. difficile, we are currently reviewing 5 areas where there is period of increased incidence (PII) in case numbers, root cause analysis (RCA) is being completed on all cases. Indications are that this may be due to antibiotic usage, report awaited as prescribing data is reported retrospectively;
  - Due to COVID workload basic auditing was suspended, we are now looking to reset as a team, review PPE training and provide additional education;
  - Relook at the Environment audit programme and restart audit work.

- 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
  - Increasing number of complaints raised, due to COVID or form part of complaints received;
  - More meetings are being held virtually over MS Teams between persons raising complaints and the clinical team, which is helping to improve the management and response timeframes;
  - Use of telephone and attend anywhere platforms ensuring that any clinical complaints escalating can be managed in a virtual environment to reassure the patient.

Risks

- Infection Prevention
  - Glove shortages are a possibility due to shortage of raw materials.
  - Increasing cases of C. difficile infections (CDI) and C. difficile carriage seen over the last quarter in acute and community hospitals.

- 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
  - Delays in progressing some complaints, extending beyond the 6 month time period;
  - Increasing number of concerns regarding COVID, delays in treatments
  - Staff absence/delays in recruitment impacting on capacity within the team
  - New *Once for Wales* Datix system introduced – revised complaints process to be rolled out following initial testing period in tandem with training on new complaints management.

What are we doing?

- Infection Prevention
  - Incident meetings being held to support areas with PII of C. difficile, with engagement from Triumvirates, Clinical Teams and Hotel Services. All C. difficile samples sent for genotyping;
  - PIIs are a combination of patients with CDI and some that are C. difficile carriers. RCA being completed on the carriers, not normally done and these are counted in the PII cases;
  - Awareness of C. difficile cases raised with Consultant Microbiologists and Antimicrobial Pharmacists especially regarding antibiotic reviews and use of Proton Pump Inhibitors;
  - *C. difficile* learning resource file developed and disseminated across the Health Board;
  - *Appropriate Glove Usage* project proposal has been accepted by Improvement Academy in promoting behaviour change to reduce COVID transmission. The project is to commence on one of the acute wards on 6th April 2021.

- Incidents
  - As at 31st March, there were 32 serious incidents open over 60 days. This is a decrease on the position reported last month where 34 serious incidents were overdue. On analysis, it has been identified that 75% are open to Mental Health and Learning Disabilities.
  - Of the serious incidents due for closure in March, 5 (71%) incidents were reported by the Mental Health service. These incidents are usually complex in nature and often involve HM Coroner. Monthly reports have been introduced to ensure that Directorates are aware of what serious incidents are overdue in their area and what serious incidents are due for closure within four weeks;
  - 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
  - Implementation of new complaints management process ongoing;
  - Active recruitment of vacant posts;
  - Recruitment of 2 new members Contact Centre staff to support the telephone central line to manage the increased number of enquiries regarding waiting times and COVID, as well as general health concerns;
  - Regular meetings continue with directorates to drive forward the timeliness of responding to complaints;
  - Plan to be initiated with each directorate/speciality to focus on the backlog of complaints;
  - The Complaints Team continue to close a high number of complaints (40-60) per month.

How did we do in February 2021?

15.9% of children and young people (239/1,500) met target and waited less than 26 weeks to start a neurodevelopment assessment; combined figure for autistic spectrum disorder (ASD, 18.2%, 205/1,129) and attention deficit hyperactivity disorder (ADHD, 9.2% 34/371).

28.2% of adults (477/1,689) met target and waited less than 26 weeks to start a psychological therapy with our Specialist Mental Health Service.

Both national targets consistently fail to be met and performance is showing special cause concern variation.

How do we compare to our all Wales peers?

	Children/young people neurodevelopment waits	Jan 2021	7th out of 7
	Adult psychological therapy waits	Jan 2021	7th out of 7

Impact of COVID

- Neurodevelopmental assessments
  - Face-to-face ASD appointments have resumed;
  - 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*.
- 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;
  - 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;
  - Validation exercises are underway within the ADHD service;
  - Agency practitioners are being utilised to address the waiting list;
  - Development of a business case to address the long waits for ADHD;
  - Planned introduction of new software to aid the process/accuracy of diagnosis of ADHD is underway;
  - The use of *See On Symptom/Parent Initiated Follow Up* across Paediatrics is ensuring that waiting lists are 'clean' and those children and young people on the waiting list are appropriate.
- Psychological therapies
  - A team restructure is underway and a new Service Delivery Manager appointed;
  - 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 October and December 2020, **95.9%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, an increase in uptake on the previous quarter.

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 October and December 2020, **90.1%** of children received 2 doses of the MMR vaccine by their 5th birthday.

Year to date, October to December 2020, **2.67%** (1487/5,554) of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is similar to the same period in the previous year.

Due to the COVID-19 pandemic, carbon monoxide (CO) levels were not recorded but **57.8%** of recorded patients self-reported a quit during October to December 2020.

Obesity is a risk factor for many life-threatening conditions including diabetes, heart disease, bowel cancer and stroke. The most recent data) 2018/19 shows that **13%** of 4-5 year olds and **25.0%** 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	Q3 20/21	3rd out of 7
	2 doses of the MMR vaccine by age 5	Q3 20/21	7th out of 7
	Smokers who attempted to quit	Q2 20/21	2nd out of 7
	Smokers CO validated as quit	Q4 19/20	3rd out of 7
	Children aged 4-5 year who are obese	2018/19	4th out of 7

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
- The 2018/19 Child Measurement Programme report and the release of official statistics has recently been published.
- Children will not have been measured universally in 2019/20 so the latest data that we have on childhood obesity in Wales is for 2018/19;

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 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 and families.
- Ensuring that there is sufficient capacity within the weight management services to support adults to manage their weight.
- Both will need to align to the revised all Wales obesity pathway due to be published in April 2021.

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 the COVID 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
- Staff have recommenced their talks to Pulmonary Rehabilitation groups via Teams and training has been provided to Pre-op staff in this manner. Secondary Care referrers have been contacted to encourage electronic referral of patients;
- 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, this has allowed the direct recruitment of smokers with a chronic disease from the GP's in-house database;
- Paused recruitment of pharmacists and pharmacy technicians;
- 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. Staff have been provided with new chairs and IT equipment for their comfort whilst working from home. Due to unprecedented demand a recruitment drive is underway.
- 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;
- The team is now responsibility for the Smoke free sites legislation;
- Four new Senior Practitioners in Smoking & Wellbeing came into post in December 2020. The posts will lead further development of the smoking and health improvement agenda in key priority areas such as maternity services, mental health, drug and alcohol services, hospitals and primary care;
- Continued to deliver training for junior doctors across the three counties;
- Audit – C, an alcohol screening tool has been added to the *QM10 smoking cessation* information system and from January 2021 all smoking referrals will also be screened for alcohol;
- Team involved in the mass vaccination centre planning which impacted on capacity.

- 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 the revised National Obesity Pathway (publication awaited) 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 has been 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?

5.29% of full time equivalent (FTE) staff days were lost due to sickness in the cumulative 12 month period March 2020 to February 2021. The actual in-month rate for February 2021 was 5.03%. Despite performance data showing special cause concerning variation in December 2020 and January 2021, this is now within expected limits and the rolling 12-month reduction target has been met for the first time since September 2019.

65.3% of our non-medical staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months. Performance has seen special cause concerning variation since January 2021 and without a system change, the target will never be met.

Medical appraisals have had the option for an 'approved missed' appraisal period extended to the end of March 2021 in recognition of the increasing pressures on services.

82.8% 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.

23% of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan. The latest performance data is showing special cause variation and without a system change, the target will not be met.

The Health Board's financial position in the month of February is a **£2.083m deficit** (year to date (YTD) **£22.917m deficit**) against a deficit plan of £2.083m (YTD £22.917m). The additionality of costs incurred during the month due to the impact of the COVID-19 pandemic is £12.6m, with underspends repurposed of £1.4m and WG funding drawn into the position to match YTD COVID-19 expenditure totalling £11.2m, of which £1.9m was ring fenced.

How do we compare to our all Wales peers?

	Sickness absence	Oct 2020	4th out of 10
	Performance appraisal and development review	Oct 2020	5th out of 10
	Level 1 core skills training framework completed	Oct 2020	3rd 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; these reduced to more normal levels although have risen again in the most recent wave;
  - 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
  - The challenges have increased for leaders to find adequate time for regular performance reviews including their annual PADR.
- Core skills
  - There has been a slight drop in the compliance rate of the core skills modules.
- Job planning
  - Service pressures across the Health Board sites are affecting the numbers of job plan reviews being undertaken and the need to prioritise clinical work at this time.
- 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-19 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;
  - Shielding guidance has been reviewed and staff in extremely vulnerable categories have once again been told to shield and stay at home.
- PADR
  - There is a risk that colleagues do not get an opportunity to gain valuable feedback on their performance and be recognised, valued and gain extra meaning from their role;
  - A risk of colleagues not having open, honest dialogue with a leader on any issues that they can support them with, especially regarding health and wellbeing. This could drive low engagement, morale and possible increases in sickness absence and turnover.
- Core skills
  - There is a risk that compliance will drop further due to the mass COVID recruitment drive.
- 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 being 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.
- PADR
  - Organisational Development (OD) have revisited the Managing Performance action plan that was developed and paused due to COVID. The quarterly acute site visits will resume in May, the first site will be PPH and will look to support leaders in low compliance areas and quality checks for completed PADRs;
  - Vyond software now purchased for OD to develop 2 animated videos on '*How to prepare for your PADR*' and '*How to conduct a PADR*'. These will be available bilingually by end of June 2021;
  - Managing performance sessions are now being held monthly with 12 in attendance. The one arranged for 31st March had 12 attendees with further session planned for 20th April 2020. The waiting list is growing every week so the team may be putting on extra sessions once new team members join;
  - OD are continuing to complete bespoke sessions for services, including Speech and Language Therapy and Dietetics.
- Core skills
  - A new post will be starting in the Learning and Development department at the end of this month with the main focus being to monitor and improve learning compliance. This will support attainment of the 85% target of the Core Skills framework level 1.
- Job planning
  - A further 12% are awaiting full sign off on the online system and a further 26% are in draft awaiting review;
  - Allocate e-job planning virtual training sessions were provided during January to March 2021 with future sessions to be arranged;
  - 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-19 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-19;
  - 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.

Performance Trend Charts: data as at 31st March 2021

Click a link below to view the trend chart and data for that indicator

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Better Prevention & Self-Management

- '6 in 1' vaccine
- MMR vaccine
- Attempt to quit smoking
- CO validated as quit smoking

Motivated & Sustainable Workforce

- Performance appraisals (PADR)
- Core Skills Training Framework (CSTF)
- Sickness absence
- Complaints
- Consultants/SAS doctors - current job plan

Higher Value, Rapid Improvement & Innovation

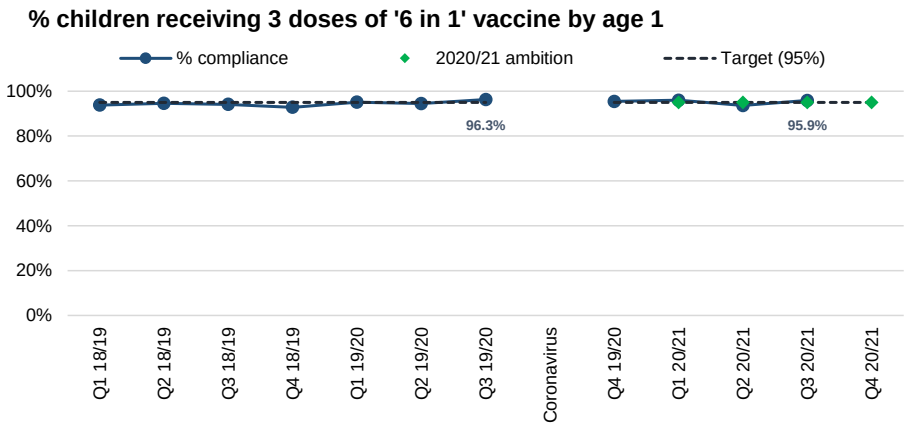
- Hospital initiated cancellations
- Agency spend
- Finance

Quality and Accessible Services

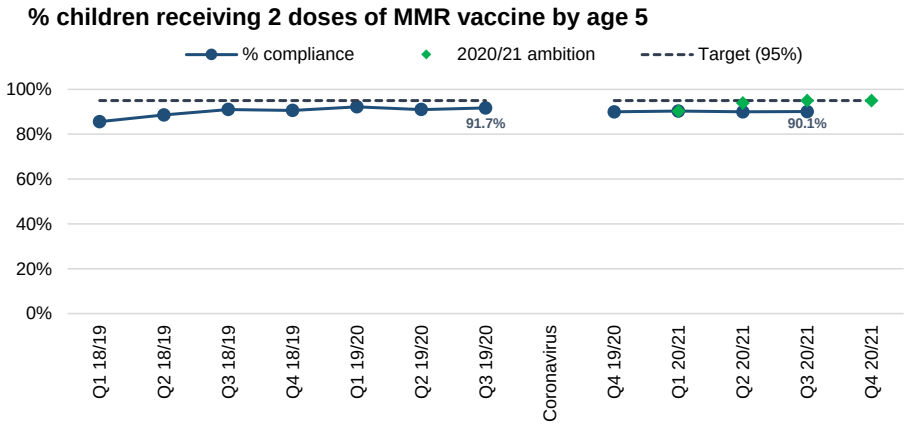
- C.difficile
- E.coli
- S.aureus
- Mental health delayed transfers of care (DTOC)
- Non-mental health DTOC
- Ambulance red calls
- Ambulance handovers over 1 hour
- A&E/MIU 4 hour waits
- A&E/MIU 12 hour waits
- Admission to stroke unit <4 hours
- Assessed by stroke consultant <24 hours
- Stroke patients - speech and language therapy
- Single cancer pathway
- Delayed follow-ups - all specialties
- Ophthalmology patients seen by target date
- Diagnostic waiting times
- Therapy waiting times
- Referral to treatment (RTT) <=26 weeks
- RTT patients waiting 36 weeks+
- Neurodevelopment assessment
- Psychological therapy - adults

Additional resources (intranet access needed):

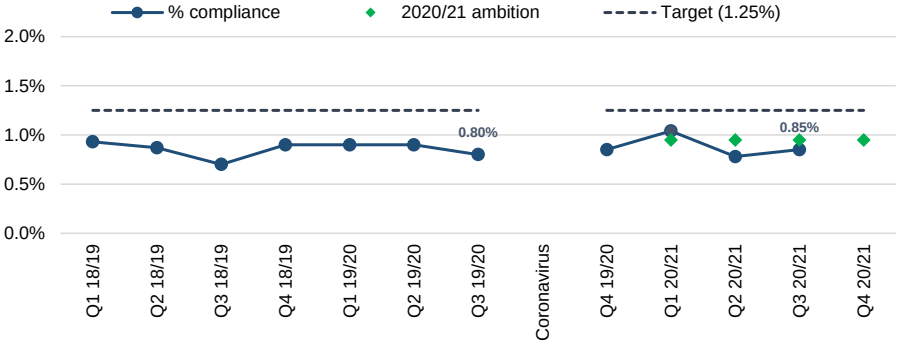
Integrated Performance Assurance Reports (IPAR) and performance overview



% children receiving 3 doses of '6 in 1' vaccine by age 1	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	93.8%	94.6%	94.1%	92.8%	95.1%	94.5%	96.3%		95.5%	96.0%	93.6%	95.9%	
2020/21 ambition										95%	95%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%

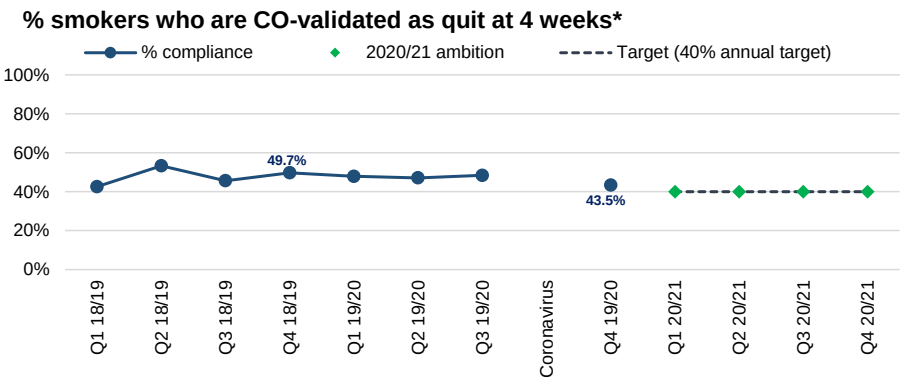


% children receiving 2 doses of MMR vaccine by age 5	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	85.6%	88.6%	91.0%	90.6%	92.2%	91.0%	91.7%		90.0%	90.3%	90%	90%	
2020/21 ambition										90%	94%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%



* quarterly figures are provided to show the trend; actual target is 5% cummulative by 31st March 20201

% of adult smokers who make a quit attempt via smoking cessation services (in quarter)*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	0.93%	0.87%	0.70%	0.90%	0.90%	0.90%	0.80%		0.85%	1.04%	0.78%	0.85%	
2020/21 ambition										0.95%	0.95%	0.95%	0.95%
Target (1.25%)	1.25%	1.25%	1.25%	1.25%	1.25%	1.25%	1.25%		1.25%	1.25%	1.25%	1.25%	1.25%
Data Labels							0.80%					0.85%	

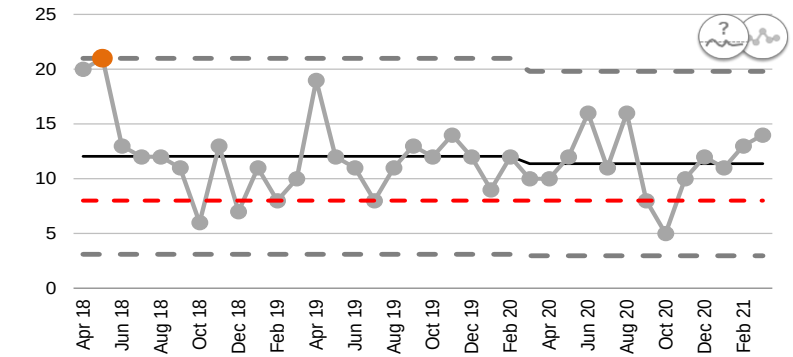


* during the COVID pandemic, Welsh Government have advised CO validation is no longer part of treatment due to the risk of infection

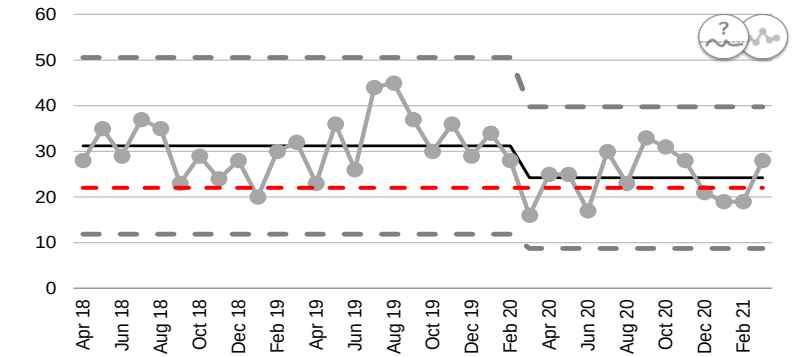
% smokers who are CO-validated as quit at 4 weeks*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	42.6%	53.3%	45.6%	49.7%	47.9%	47.1%	48.4%		43.5%				
2020/21 ambition										40%	40%	40%	40%
Target (40% annual target)										40%	40%	40%	40%

Infections

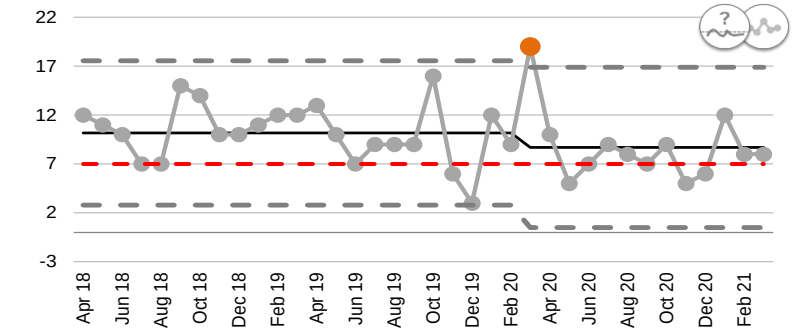
Number of cases of C.diff (in month)



Number of cases of E.Coli (in month)

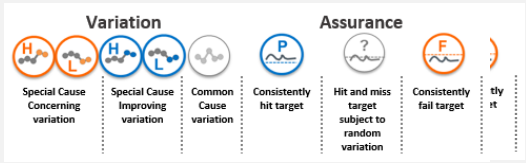


Number of cases of S.aureus (in month)



KEY

Chart icons



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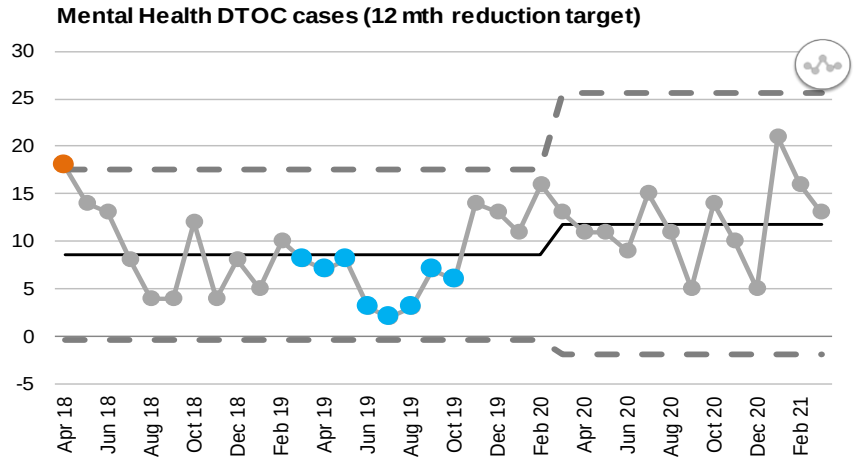

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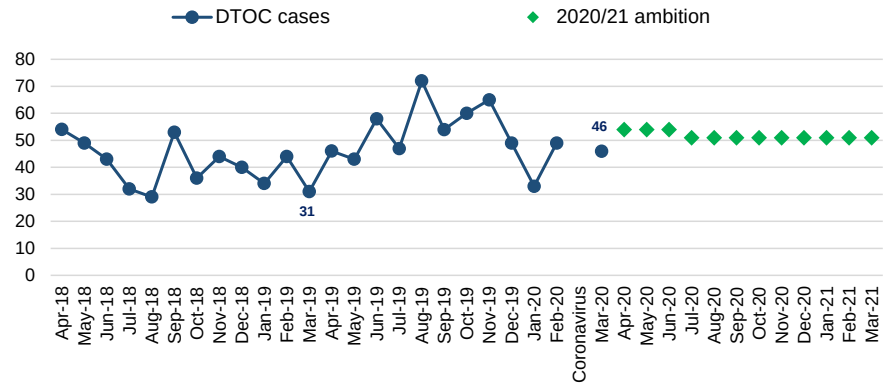
Non Mental Health DTOC cases (12 mth reduction target)

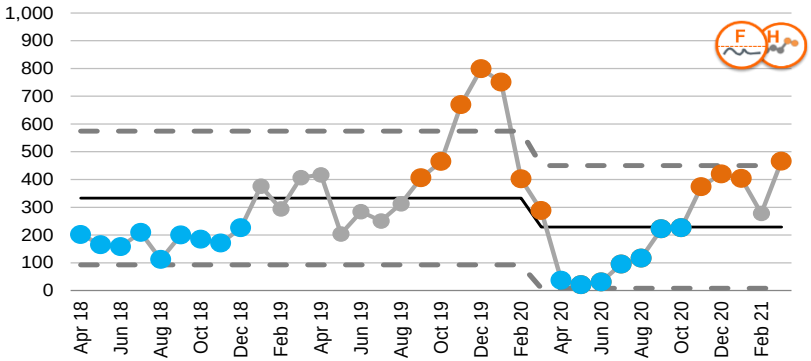


Non Mental Health DTOC cases (12 mth reduction target)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
DTOC cases	54	49	43	32	29	53	36	44	40	34	44	31	46	43	58	47	72	54	60	65	49	33	49		46												
2020/21 ambition																										54	54	54	51	51	51	51	51	51	51	51	51

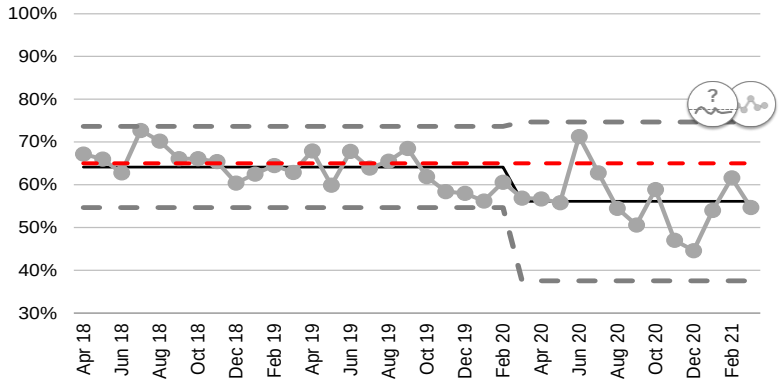
Due to COVID-19, DTOC census patient number monitoring has been suspended

Emergency Care

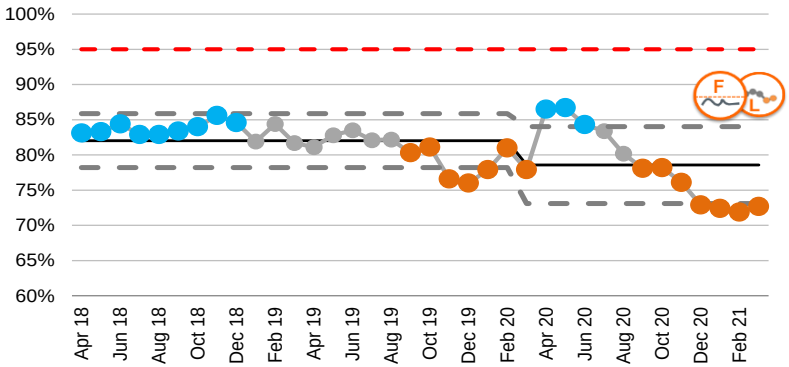
Ambulance handovers taking longer than 1 hour



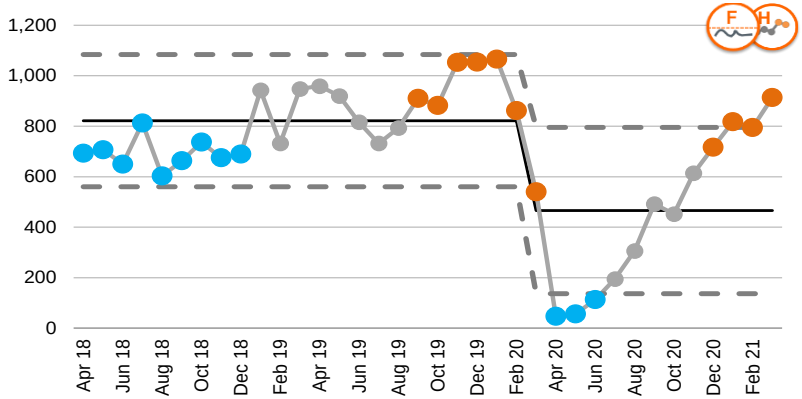
% of responses to ambulance red calls within 8 mins



% of patients seen within 4 hours in A&E/MIU



Patients waiting more than 12 hours in A&E/MIU



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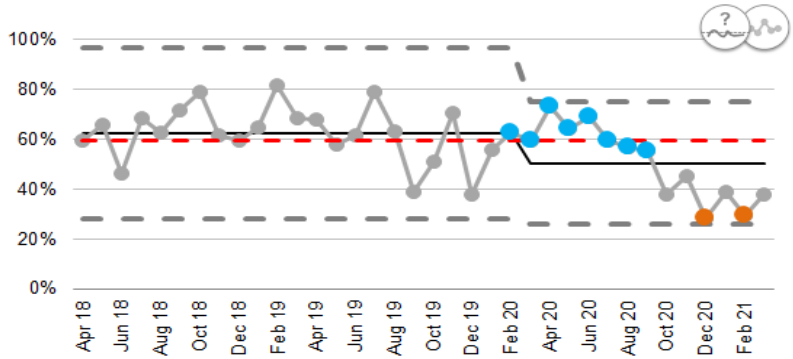
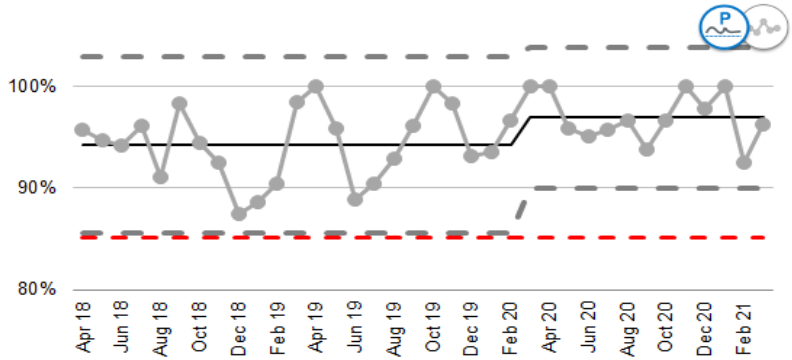
Stroke

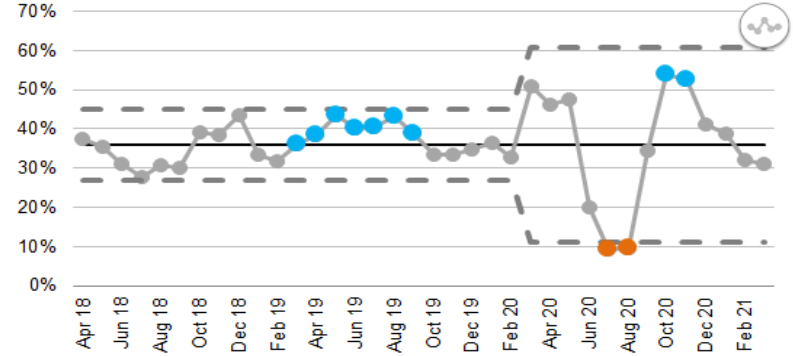
Admission to a stroke unit within 4 hours



Assessed by stroke consultant within 24 hours



Stroke patients receiving required minutes for SALT (Improvement target)



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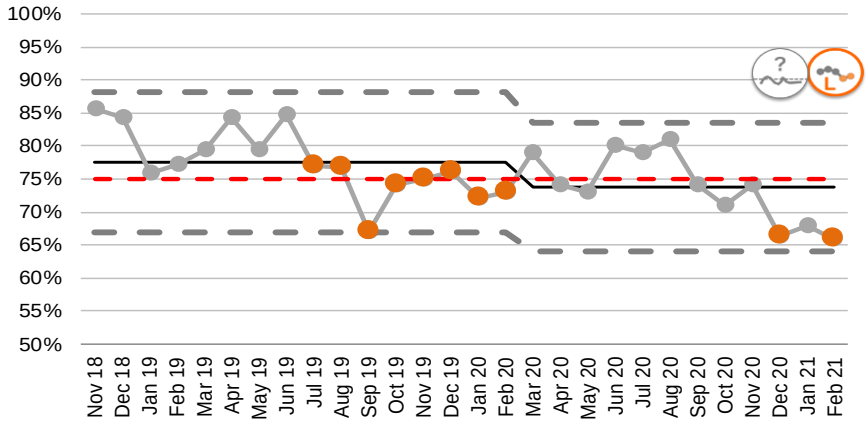
Patients starting first definitive cancer treatment < 62 days



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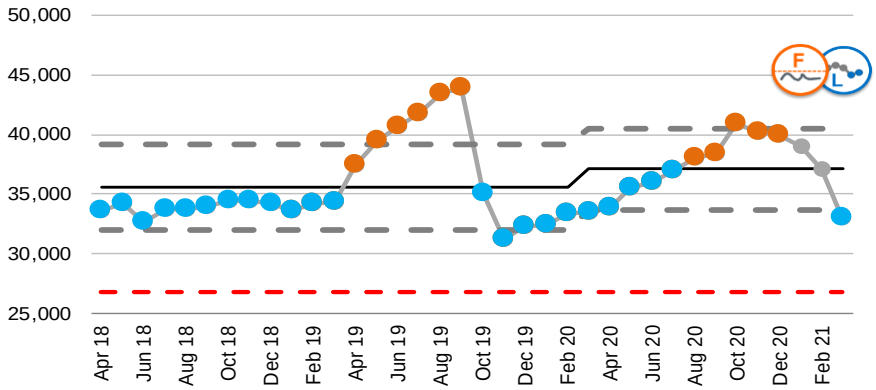
Delayed follow up appointments - all specialties (20% improvement target)



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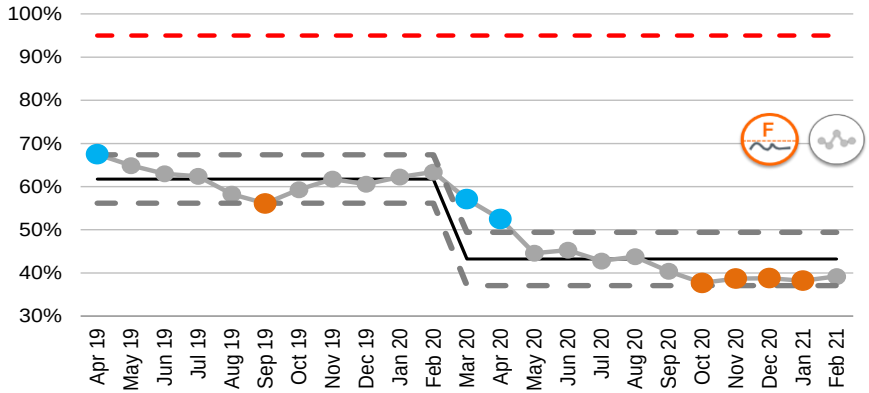
R1 eye care patients seen by target date (or <25% excess)



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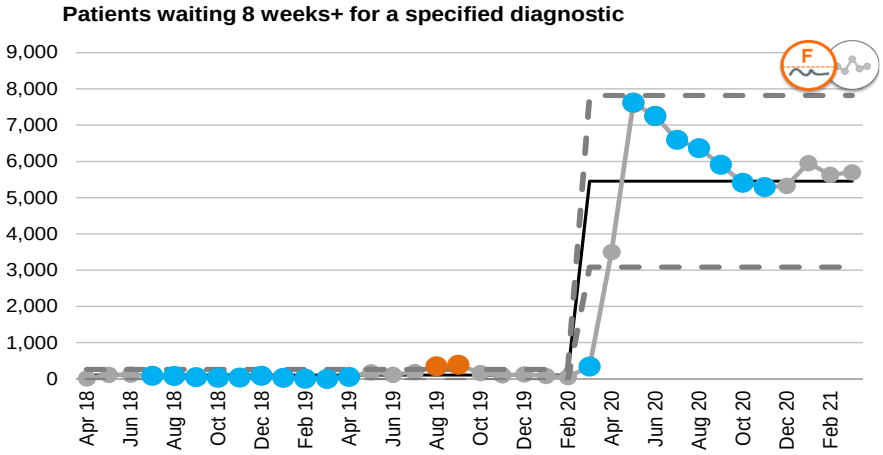

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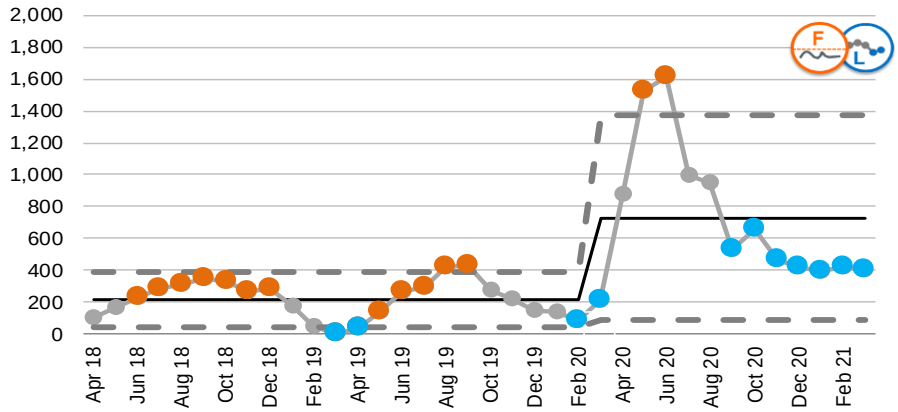
Waiting more than 14 weeks for a specific therapy



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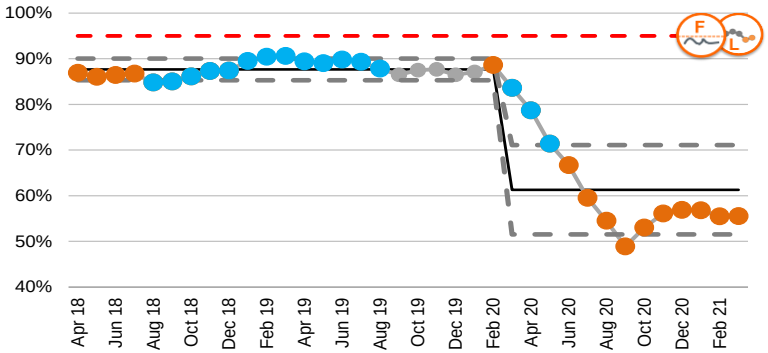
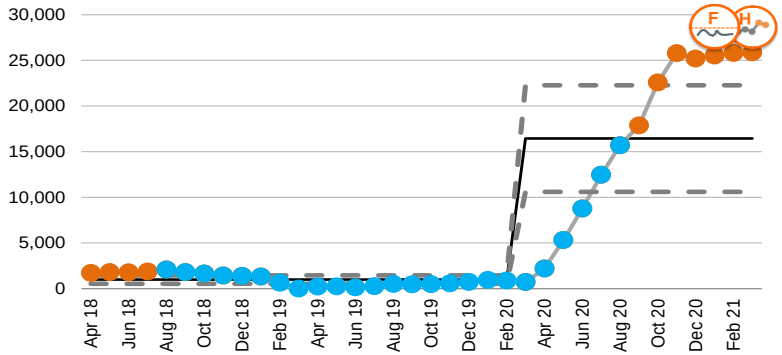
Patients waiting less than 26 weeks from referral to treatment



Patients waiting > 36+ weeks from referral to treatment



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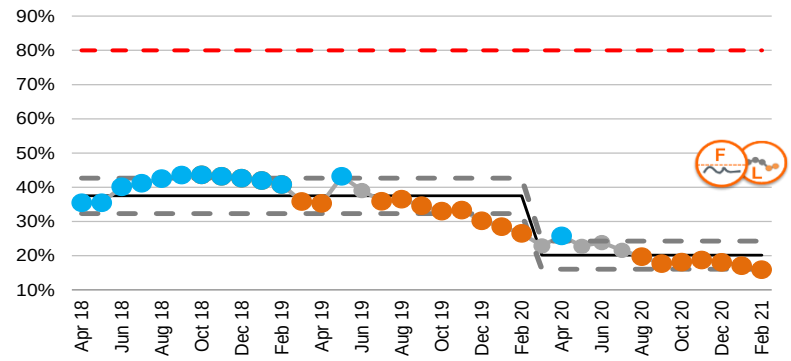
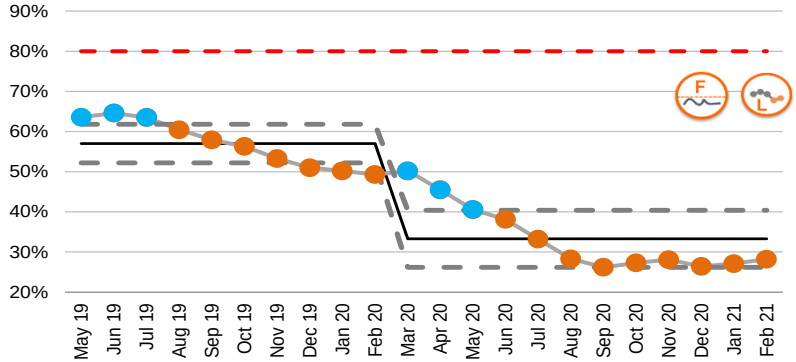
Neurodevelopment and psychological services

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



Adults waiting < 26 weeks to start a psychological therapy



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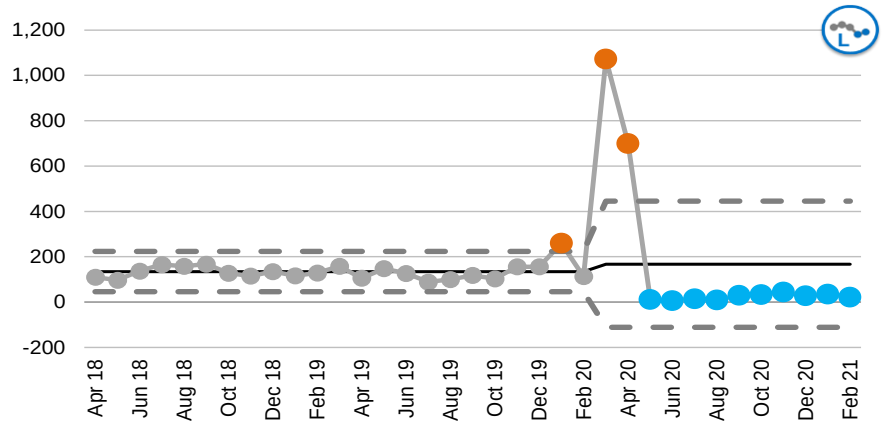
Hospital Initiated Cancellations within 24 hours (5% reduction target)



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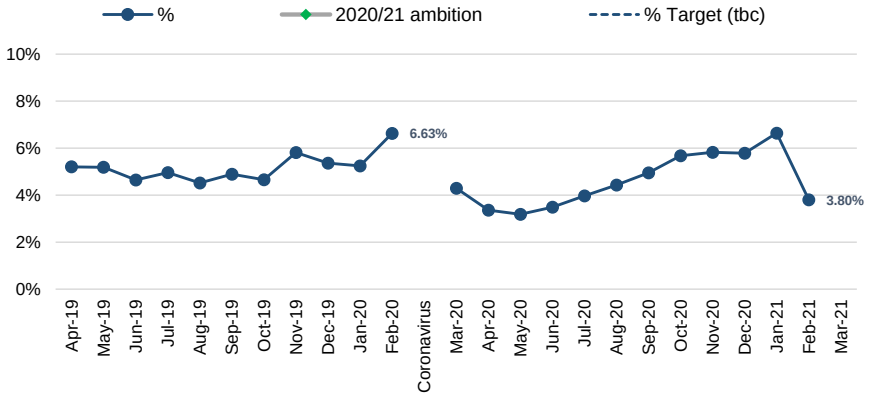
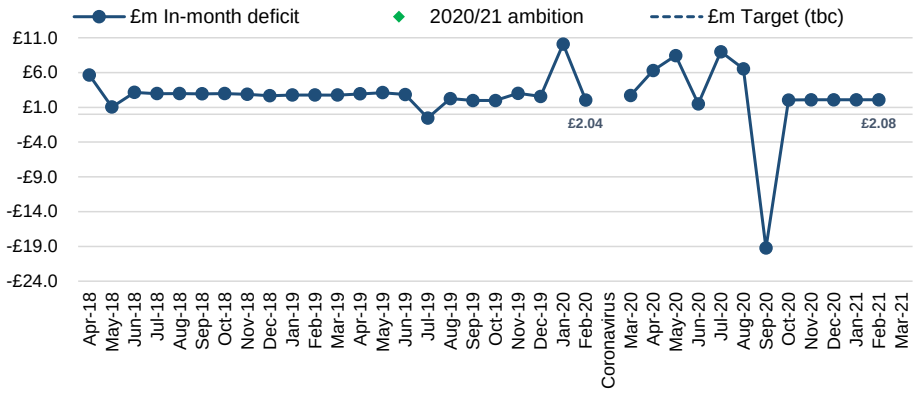
Agency spend as a % of the total pay bill

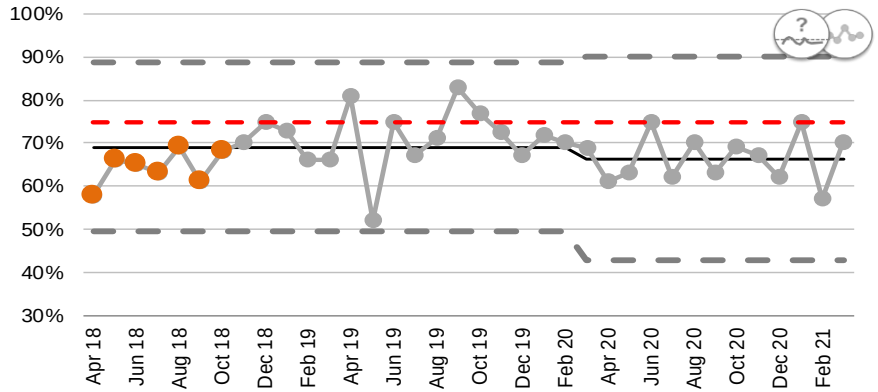


Agency spend as a % of the total pay bill	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	5.20%	5.19%	4.65%	4.96%	4.52%	4.89%	4.65%	5.81%	5.36%	5.25%	6.63%		4.3%	3.4%	3.2%	3.5%	4.0%	4.43%	4.95%	5.68%	5.82%	5.78%	6.64%	3.80%	
2020/21 ambition																									
% Target (tbc)																									



Financial balance	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
£m In-month deficit	£5.63	£1.03	£3.14	£2.95	£2.97	£2.93	£2.97	£2.87	£2.66	£2.76	£2.76	£2.75	£2.92	£3.10	£2.85	-£0.53	£2.25	£1.97	£1.97	£3.01	£2.56	£10.10	£2.04		£2.70	£6.29	£8.45	£1.50	£9.00	£6.53	-£19.23	£2.04	£2.08	£2.08	£2.08	£2.08	
2020/21 ambition																																					
£m Target (tbc)																																					

% complaints with final or interim reply <= 30 working days



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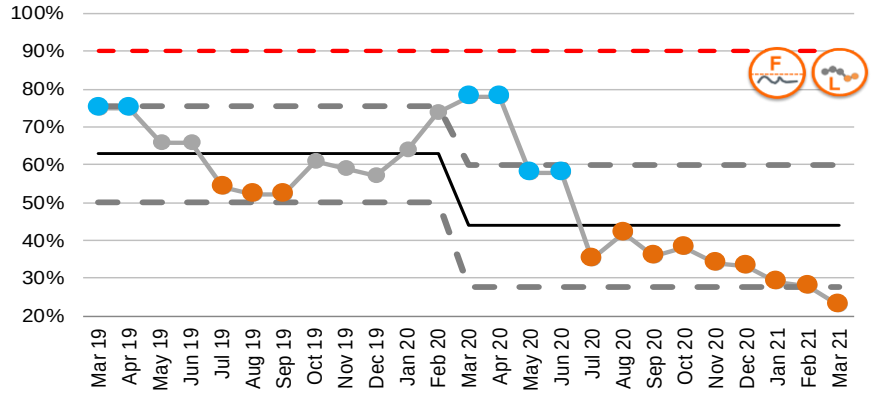
Consultants/SAS doctors with a current job plan



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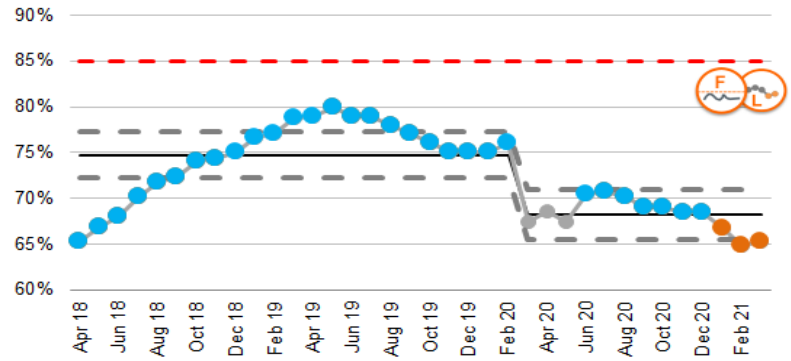
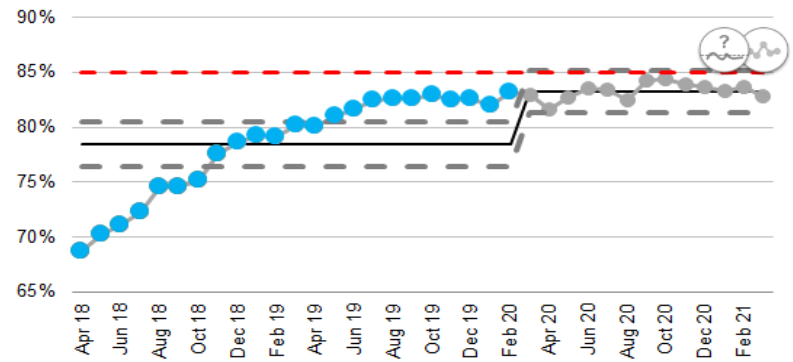
Workforce

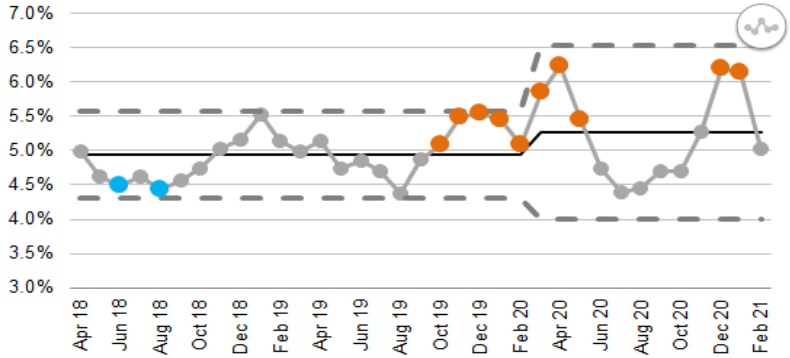
Staff who have had a PADR in the previous 12 months



Core Skills Training Framework



Sickness absence in month (reduction target)



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