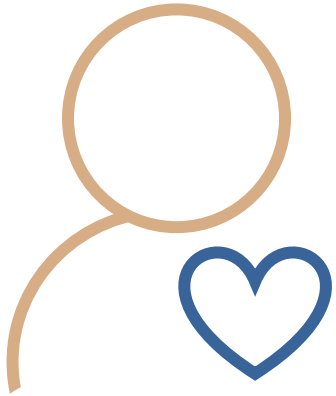
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

# Performance update for Hywel Dda Univerity Health Board

*as at 31st July 2020*



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

# Executive summary

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

## COVID-19

| Confirmed COVID cases as at 31st July 2020 | Suspected & confirmed COVID patients admitted 1st-31st July | Confirmed COVID patients discharged 1st-31st July | Confirmed COVID patients who died in one of our hospitals in July |
|---|---|---|---|
| 1,178 | 231 | 191 | 1 |

## Non-COVID

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

- **Where are we meeting target?**
  - 95.5% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday between Jan and Mar;
  - In July, 95.7% of stroke patients were assessed within 24 hours by a specialist stroke consultant (target 84.2%).

- **Where have improvements been made?**
  - The percentage of urgent suspected cancer patients who commenced treatment within 62 days of referral improved by 13.7% from the previous month to 82.5%;
  - Performance in respect of the Single Cancer Pathway increased by 7% from the previous month;
  - 6 planned procedures were cancelled by us in June for non-clinical reasons;
  - The number of patients waiting more than 8 weeks for a diagnostic test decreased from 7,293 (June) to 6,626 (July);
  - The number of patients waiting more than 14 weeks for a specific therapy decreased from 1,613 (June), to 998 (July). Waits for physiotherapy have significantly reduced from 437 to 15;
  - Staff appraisals are below target but a 0.4% improvement has been made from the previous month;
  - 84.3% of staff have completed their mandatory training;
  - There has been a small reduction in sickness absence between May (5.35%) and June (5.33%).

- **Where is improvement needed?**
  - The percentage of non-urgent suspected cancer patients who commenced treatment within 31 days of referral has declined from 98.8% in June to 95.2% in July;
  - The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (62.8%);
  - 95 ambulance handovers were reported as taking longer than 1 hour during July 2020;
  - 83.4% of patients were seen within 4 hours in A&E/MIU (target 95%) and 195 patients spent longer than 12 hours (target 0);
  - 59.3% of stroke patients were admitted to a stroke unit within 4 hours in July 2020, compared to 68.9% in June;
  - Performance for complaints receiving a final or interim reply within 30 working days declined from 75% (target) in June to 62% in July;
  - The 12 month improvement target was not met for speech and language therapy for stroke patients, declining by 31% from the same month in 2019;
  - 45.3% of high risk Ophthalmology patients waited no more than 25% over their clinical target date which is below the 95% target;
  - Between January and March, 90% of children had 2 MMR doses by age 5;
  - Due to COVID-19, no medical job plan reviews have taken place since mid-March and compliance for consultants and SAS doctors to have a current job plan has fallen by 23%, from 58% in June to 35% in July (target 90%);
  - Reporting has been stood down until Sep'20 for of non-mental health patients with delayed transfers of care. However, census day patient count for Mental Health has continued and saw 15 patients delayed in July '20. i.e. they were medically okay to leave hospital but needed another form of support in place for them to leave;
  - In July we reported 11 .difficile infections, 30 E.coli infections and 9 S.aureus infections;
  - There were 36,982 patients in July who had a delayed follow-up outpatient appointment, this is an increase of 1,014 from the previous month;
  - The percentage of patients waiting less than 26 weeks from referral to treatment declined by 30% from the same month in 2019 (59.5% in Jul '20);
  - The number of patients waiting over 36 weeks from referral to treatment increased from 8,758 (June) to 12,450 (July);
  - In June 23.9% of children/young people received a neurodevelopmental assessment within 26 weeks, a 1.1% improvement from the previous month but considerably below the 80% target;
  - In June 38.1% of adults waited less than 26 weeks for a psychological therapy, declining by 26.5% from the same month in 2019;
  - We have a financial plan with a year-end projected deficit of £25.0m. The current financial position at the end of June is £16.2m deficit against a deficit plan of £6.3m.

- **Impact of COVID-19**
  - Staff absence has increased due to COVID. In addition it is estimated 2-3% of staff are self-isolating but this should reduce from 16th August when shielding will be paused in Wales;
  - Some staff have been deployed from their substantive posts to assist with COVID-19 planning (e.g. field hospitals);
  - Most elective procedures and outpatient appointments were cancelled to create capacity for staff training and COVID-19 patient admissions, we are now restarting these where it is safe and feasible to do so (see the Planned Care section for further details);
  - Staff are taking additional time for the putting on and taking off (donning and doffing) of 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 with the current backlog of surgical cases to be addressed by August 2020;
  - Mental Health and Learning Disability patients have had reduced leave (i.e. attending social activities or shopping) to limit their risk of exposure.

### Our 35 key deliverable measures

**Latest data**

| 20 | 5 | 4 |
|---|---|---|

**All Wales rank**

All Wales data is available for 32 of the 35 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 47% of measures:

| | |
|---|---|
| ① | 1 measures |
| ② | 8 measures |
| ③ | 6 measures |
| ④ | 6 measures |
| ⑤ | 4 measures |
| ⑥ | 5 measures |
| ⑦ | 2 measures |

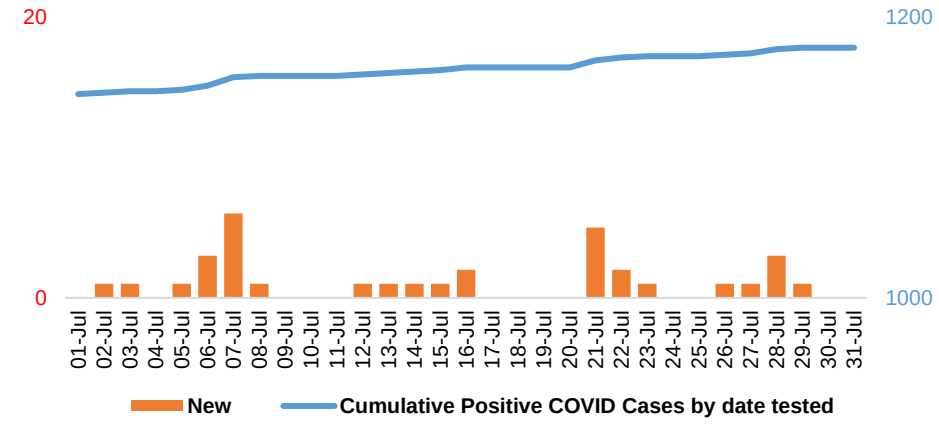
# COVID-19

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

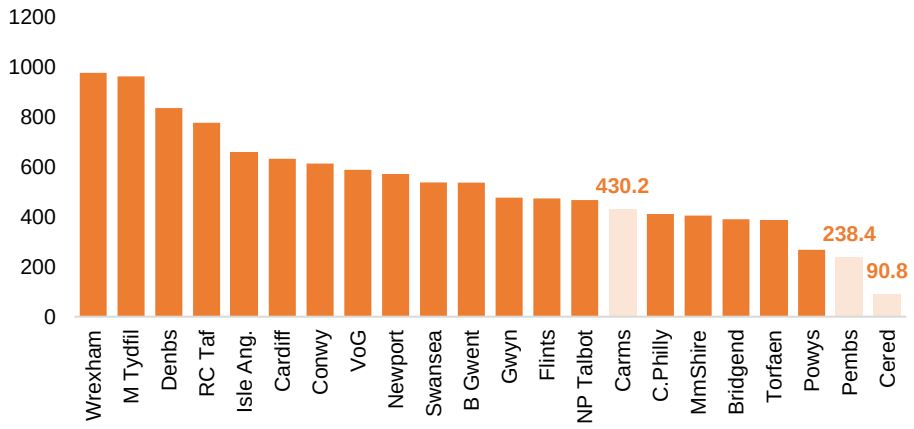
## Confirmed cases

As at 31st July 2020, there were 1,178 confirmed cases of COVID-19 for Hywel Dda residents, an increase of 58 cases from 30th June 2020. The highest number of new positive cases tested was on 7th July with 6 new cases. Population rates for confirmed cases are seen to be lower in Hywel Dda than in many other local authority areas. On 31st July 2020, Ceredigion had the lowest local authority rate in Wales (90.8 per 100,000 population). 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




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. In July the command centre had on average, 122 calls per day from staff (3,775 in July 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)

The availability of PPE is a concern for all key workers during the COVID pandemic. We are closely monitoring our PPE stock levels and orders to ensure sufficient levels are maintained to protect our staff and patients. We are grateful for the overwhelming support we have received from the community (e.g. local companies, schools, individuals) to help us with this.

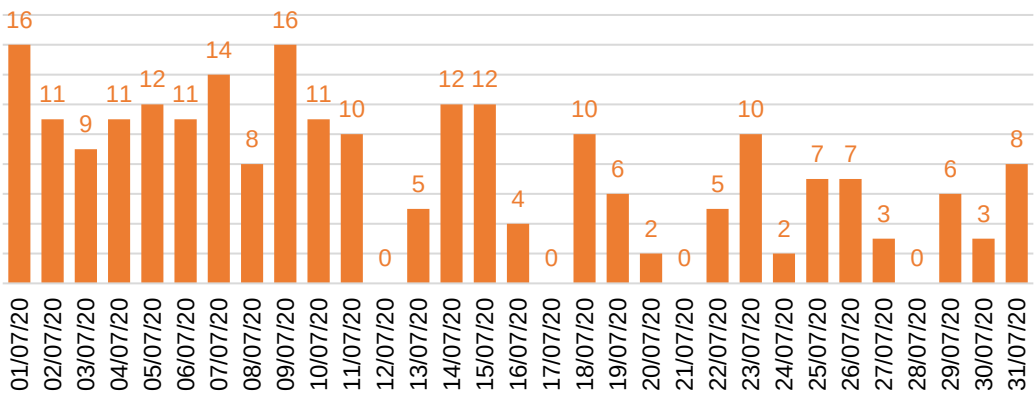
## Admissions

Between the 1st and 31st July there were 231 COVID (confirmed and suspected*) admissions to our acute hospital sites; 1 in Bronglais General Hospital (BGH), 96 in Glangwili General Hospital (GGH), 28 in Prince Philip Hospital (PPH) and 106 in Withybush General Hospital (WGH). This is an average of 7 COVID admissions a day across the Health Board and approximately 6.7% of all inpatient admissions. Non-COVID inpatient admissions averaged 105 per day over the same period.

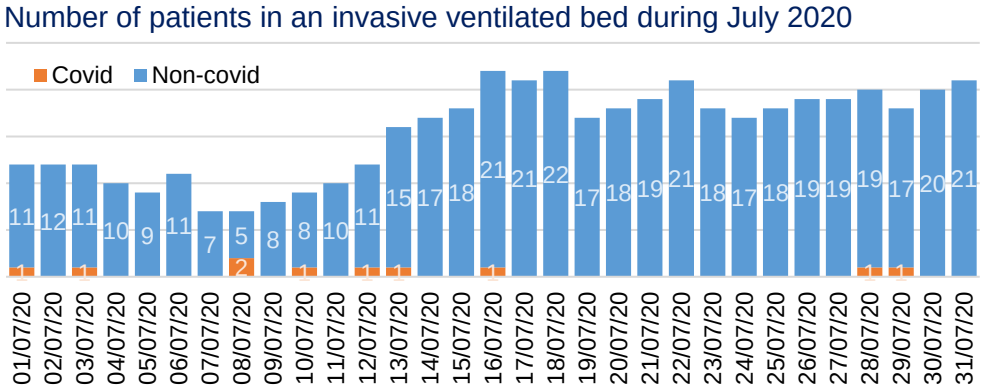
We have worked hard over the last 3 months to create 9 field hospitals across Hywel Dda. These new sites offer important flexibility for us to care for additional patients if the demand for acute hospital capacity exceeds threshold levels. Carmarthen Leisure Centre is now partially operational with 24 open beds to support non-COVID patients.

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

Hywel Dda daily COVID* admissions during July 2020



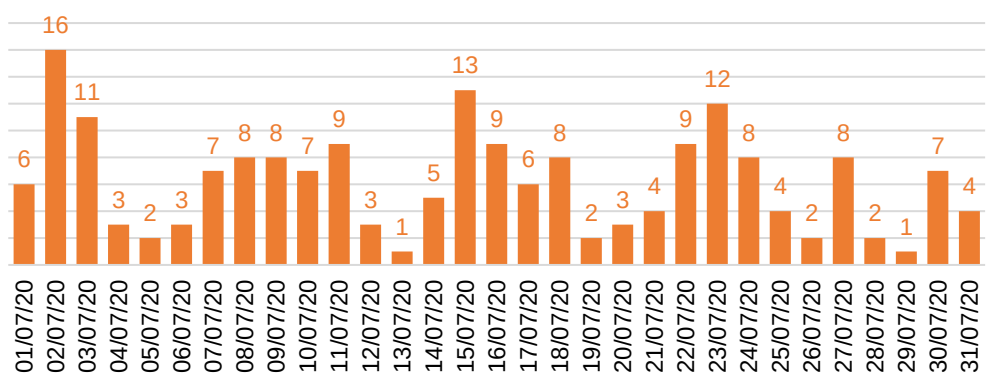

Number of patients in an invasive ventilated bed during July 2020




## Intensive care

During this pandemic, the availability of ventilated beds in intensive care is an international concern. In July we had more than sufficient capacity to treat all patients (COVID and non COVID) who required ventilating. The Health Board is monitoring ventilated bed use, consumables and medication requirements on a daily basis to ensure sufficient capacity continues. Additionally we are modelling future capacity in order to accurately plan anticipated demand for ventilated beds.

Number of COVID patients discharged during July 2020




## Discharges and deaths

Between 1st and 31st July, 191 COVID patients were discharged from hospital alive. Sadly, 1 patient died in our hospitals during July after being admitted and subsequently having a confirmed diagnosis of COVID-19.

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% | 63.9% | 71.3% | 62.8% | No | 4th out of 7 | Carms 61.3%, Cere 65%, Pembs 65%. |
| | Ambulance handovers over 1 hour | 0 | 251 | 31 | 95 | Yes | 2nd out of 6 | Ambulance arrivals decreased considerably from July 2019 (-156). |
| | A&E/MIU 4 hour waits | 95% | 82.1% | 84.3% | 83.4% | Yes | 4th out of 6 | In Jul '20 there was a 26% reduction in the number of new attendances compared to Jul '19. PPH had the highest 4 hour performance in July '20 (92.4%), trajectories were met for 4 &12 hour. |
| | A&E/MIU 12 hour waits | 0 | 732 | 113 | 195 | Yes | 3rd out of 6 | |
| | Non-mental health delayed transfers of care | 12m↓ | 47 | N/A | N/A | n/a | 3rd out of 7 | Due to COVID-19, DTOC census patient number monitoring has been suspended until Sep'20. Latest Mental Health data is based on unverified numbers from the National DTOC database. |
| | Mental health delayed transfers of care | 12m↓ | 2 | 9 | 15 | No | 5th out of 7 | |
| Stroke and cancer | Admission to stroke unit <4 hours | 59.8% | 78.9% | 68.9% | 59.3% | No | 1st out of 6 | Compliance for admissions to a stroke unit within 4 hours is below target at GGH (38.9%) and speech & language minutes sees a sustained decline attributable to infection control and PPE measures due to Covid. |
| | Assessed by stroke consultant <24 hours | 84.2% | 90.4% | 95.1% | 95.7% | Yes | 2nd out of 6 | |
| | Stroke patients - speech & lang. therapy | 12m↑ | 40.6% | 20.2% | 9.3% | No | 5th out of 6 | |
| | Urgent suspected cancer | 95% | 83.9% | 68.8% | 82.5% | No | 6th out of 6 | Latest reported performance relates to June '20. There were 4 Non Urgent and 14 Urgent Suspected Cancer breaches in June '20. |
| | Non urgent suspected cancer | 98% | 98.3% | 98.8% | 95.2% | No | 3rd out of 6 | |
| | Single cancer pathway | 12m↑ | 84.7% | 73.0% | 80% | n/a | 2nd out of 6 | |
| Planned care and therapies | Hospital initiated cancellations | 5%↓ | 127 | 12 | 6 | No | 2nd out of 7 | During Jun '20, all cancellations stated as due to "other" non-clinical reasons. |
| | Delayed follow-up appointments (all specialties) | 12m↓ | 41,742 | 35,968 | 36,982 | No | 2nd out of 7 | Non-urgent outpatient appointments postponed due to pandemic. |
| | Ophthalmology patients seen by target date | 95% | 62.4% | 44.6% | 45.3% | No | 6th out of 7 | Lower performance primarily due to patient cancellations, high risk treatment is continuing. |
| | Diagnostic waiting times | 0 | 192 | 7,293 | 6,626 | No | 2nd out of 7 | 667 fewer breaches. Clinically led validation arrangements are prioritising urgent referrals. |
| | RTT – patients waiting 36 weeks+ | 0 | 264 | 8,758 | 12,450 | No | 2nd out of 7 | The number of patients waiting > 36 weeks for treatment increased by 3,692 from June to July '20 and is 12,186 higher than July '19. |
| | RTT – patients waiting <=26 weeks | 95% | 89.3% | 66.7% | 59.5% | No | 2nd out of 7 | |
| | Therapy waiting times | 0 | 297 | 1,613 | 998 | No | 4th out of 7 | Highest numbers for Podiatry (449), Audiology (401) & Occupational Therapy (126). |
| Quality and safety | C.difficile | <=25 | 24.49 | 50.48 | 33.59 | Yes | 5th out of 6 | Cumulative reduction rate reporting has been stood down due to COVID19. Interim measure we are reporting the in month rate per 100,000 population of infections. |
| | E.coli | <=67 | 134.72 | 53.64 | 91.60 | No | 6th out of 6 | |
| | S.aureus | <=20 | 27.56 | 22.09 | 27.48 | No | 3rd out of 6 | |
| | Serious incidents | 90% | 7.1% | 12.5% | 80% | n/a | n/a | In July '20, 4 out of 5 SIs were closed within the WG timescale. |
| | Complaints | 75% | 67% | 75% | 62% | No | 5th out of 9 | Increased Early Resolution cases closed (within 2 days). Focussed on closing older cases in July. |
| MH + | Children/young people neurodevelopment waits | 80% | 39.1% | 25.4% | 23.9% | No | 7th out of 7 | The service is expected to have an increased waiting list going forward as the number of therapeutic intervention face to face appointments has been reduced. |
| | Adult psychological therapy waits | 80% | 64.6% | 40.6% | 38.1% | No | 6th out of 7 | |
| Population Health | '6 in 1' vaccine | 95% | 92.8% | 96.3% | 95.3% | n/a | 6th out of 7 | The risk of COVID-19 has caused a decrease in uptake of all childhood immunisations, including the 6 in1 & MMR. |
| | MMR vaccine | 95% | 90.6% | 91.7% | 91.1% | n/a | 7th out of 7 | |
| | Attempted to quit smoking | 5%(ytd) | 3.4% | 2.6% | 3.5% | n/a | 3rd out of 7 | COVID-19 presents a risk to smokers accessing cessation support services and to be CO validated as quit. |
| | Smoking cessation - CO validated as quit | 40% | 49.7% | 48.4% | 30.3% | n/a | 3rd out of 7 | |
| Workforce & finance | Sickness absence (R12m) | 12m↓ | 4.92% | 5.35% | 5.33% | No | 4th out of 10 | In-month sickness has declined from 4.89% in June '19 to 4.74% in June '20. |
| | Performance appraisals (PADR) | 85% | 79.0% | 70.4% | 70.8% | No | 4th out of 10 | Medical appraisals remain suspended until September '20. |
| | Core skills mandatory training | 85% | 82.4% | 83.5% | 84.3% | Yes | 4th out of 10 | E-learning module contributed to 32.1% increase in fire safety compliance (74.7%) since July '19. |
| | Consultants/SAS doctors - current job plan | 90% | 54% | 58% | 35% | No | n/a | No job plan reviews since mid-March due COVID-19, to be resumed as soon as possible. |
| | Finance - deficit | £25m | £8.3m deficit | £16.2m deficit | £25.2m deficit | No | n/a | Board's financial position at the end of July is £25.2m deficit against a deficit plan of £8.3m. |

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

# Essential services update as at 31st July 2020

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

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

**Out of Hours services**

- Ceredigion and Carmarthenshire continue to be a challenge where clinical staffing is concerned, especially at weekends.
- 'Attend Anywhere' online has been purchased to support virtual consultations, thus reducing potential risk for staff and patients. Furthermore, additional IT equipment has been procured to support more flexible working in an attempt to increase service readiness. The benefit of this investment is unlikely to be seen prior to winter where risks to service provision are likely to increase - especially if any further reduction in lockdown restrictions are announced;
- The decision to support rationalisation of overnight base cover has been a success in improving service stability for 6 nights of the week. Saturday is the exception and predominantly in Carmarthenshire. A reduction in overall service risk for most of the operating hours has been noted and a reduction in base closures observed;
- Efforts to secure medical staffing for the Carmarthenshire rota have been reviewed by one of the sessional GPs and weekends look to be improved from September onwards. To support rota provision and improve communication, the service is also investigating the potential to procure the IT software 'Allocate' and become the pilot before it is rolled out across the Health Board.

**Additional services: school nursing service**

- This service does not operate during the 6 week school summer holidays.

## 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, functional decline, patients not appropriate for remote of digital support.

**Palliative care**

**Blood and transfusion services**

**Safeguarding services**

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

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

**Termination of pregnancy**

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

**Renal care-dialysis**

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

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

**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 July 2020?

**62.8%** of ambulances arrived to patients with life threatening conditions within the 8 minute target.

**95** 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).

**11,211** patients attended an A&E/MIU in July as a new attender. Of these patients, **83.4%** were seen and treated within 4 hours of arrival but **460** patients waited longer and **195** patients waited over 12 hours; There has been a 26% reduction in the number of new attendances compared to July '19 and 37% year to date.

In July there were 3,504 emergency admissions compared to 3,892 in July '19, to our hospitals of which 2,078 (59%) were admitted via A&E/MIU. On average medical emergency patients stayed in hospital for 8 days (Jul '19 - Jul '20).

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

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

## Impact of COVID

- Ambulance Service
  - Performance is negatively affected by COVID-19 infection control requirements. However, the number of staff self-isolating / sickness and shielding due to COVID-19 has improved slightly;
  - Staff usually tested within 24 hours and results confirmed within 48 hours;
  - The service has incorporated the following new ways of working:
    - Working/partnership across teams to problem solve and innovate;
    - Ensuring communicating channels are clear and regular;
    - Huge steps forward in digital e.g. Office 365, iPads, Teams, Zoom;
    - Redesign and transformation of recruitment and training processes.
- Unscheduled Care
  - COVID incidents have reduced but there has been an impact to capacity:
    - Maintaining COVID and non-COVID streams at front door and on the wards. Creation of a 3rd stream for planned (elective) surgery;
    - Donning / doffing and COVID swabs results taking up to 36 hours;
    - Maintaining social distancing for staff and patients has reduced bed capacity by around 25%;
    - Staffing - absence through shielding, self-isolation and sickness;
    - Non-COVID emergency demand returning to normal activity levels;
    - Early evidence from clinical staff of higher acuity of patients who have presented late – potentially due to fear of COVID.
  - Delay in discharge to care homes who require a negative COVID swab for any hospital stay over 10 hours. Due to testing capacity it is not possible to guarantee a swab results within the required 24 hours;
  - Nursing and residential homes are not taking admissions for 28 days if there is a COVID positive patient or staff member;
  - There are some delays in reablement and long term care package availability due to both COVID-19 concerns and staff shortages.

## Risks

- Ambulance Service
  - Ambulance staff must don Personal Protective Equipment (PPE) for all calls, and higher specification PPE where procedures produce airborne particles or respiratory droplets;
  - Military support has now been withdrawn, and vehicles needing deep cleaned have go to Tredegar;
  - The time taken for ambulances to become operational post patient handover extended due the need to remove PPE and clean vehicles.
- Unscheduled Care
  - Existing vacancies, staffing of the field hospitals and staffing for both the Red (suspected COVID19 symptoms) and Green (no suspected COVID19 symptoms) zones in EDs with Registered Nurses (RN) and Health Care Support Workers (HCSW);
  - Junior doctors assigned to ED are being called back to their speciality rotas which will increase waiting times in ED;
  - Agency RN and doctor availability has improved but this will change if COVID cases begin to increase. In addition, a high proportion of agency RNs fit into the Black, Asian, Minority Ethnicity (BAME) group and would be exempt from working in high risk areas. This will place additional stress upon existing teams;
  - General and Emergency Medicine rotas in WGH are extremely fragile;
  - Increased numbers of medically optimised patients with a longer length of stay due to delays in long term care assessment/capacity;
  - The GP Out of Hours service is often not covered at the weekend.
  - Numbers of medically optimised patients in acute beds are increasing across all sites due to delays in accessing care home facilities, care packages & long term care assessments;
  - Vacancies and sickness in Community Teams/Hospitals negatively impact the efficient transfer of some patients from acute sites;

## What are we doing?

- Ambulance Service
  - A deep dive analysis has been completed and is awaiting final sign off;
  - Funding has been secured to replace 5 staff currently completing the full time MSc in advanced clinical practice;
  - A number of Mid and West Wales Fire and Rescue staff have been trained to support WAST clinicians;
  - Collaboration with the Blue Team in Pembrokeshire has resulted in the best month on month performance within the locality.
- Unscheduled Care
  - Patient screened at the front door for potential COVID-19 symptoms;
  - HCSW recruitment above normal levels to provide staff for acute and community hospitals;
  - Reduced COVID-19 incidence has allowed conversion of Red back to Green capacity across all sites;
  - Elective surgery re-commenced in July, focusing on cancer patients, a positive development but has reduced unscheduled care capacity.

<u>Bronglais</u>

- Interviews for 2 Colorectal Consultant Surgeons to take place mid-August. Additional interviews for further Physician Associate posts;
- The Acute Stroke Physician retired at the end of July. The post is out to advert and a robust service continuation plan is in place;
- Enhanced team and processes around discharge management continue. Socially distanced daily safety huddles have recommenced. A daily teams meeting is held with stakeholders to maximise opportunities for discharge and ensure plans progress.

<u>Glangwili</u>

- Consultant presence at bed management meetings to aide flow and decision making;
- Awaiting a decision on capital funding for a portable cabin to replace the ED tent to ensure all patients potentially COVID-19 positive are assessed outside of the Green ED department;
- Joint A&E/CDU meeting to reinstate ambulatory care maintaining Red and Green pathways and to progress Welsh Government urgent and emergency pathway guidance;
- Field hospital Ysbyty Enfys opened in June with senior nursing and medical staff to take medically optimised patients from GGH;
- Revised medically optimised patient review with escalation meeting led by acute/community and local authority with field hospital representation to identify suitable patients for admission;
- Ambulatory care due to reopen September '20 to enable GP assessment outside of A&E;
- Carmarthenshire system planning fortnightly meeting (GGH, PPH, Community, Local Authority and Primary Care) to plan service/pathway improvement and seasonal planning.

<u>Prince Philip</u>

- Re-opening of the Acute Medical Admission unit to non-COVID emergencies during July;
- Consultant geriatric support for to care homes since March '20;
- Re-establishment of "stranded" patient (length of stay >7 days) reviews during July;
- Develop plans for a same day emergency care service as the previous ambulatory care unit cannot function due to social distancing;
- Encourage Minor Injury Unit patients to wait in cars if possible to maintain social distancing in the waiting room;
- Re-opening of discharge lounge during July;
- New Red and Green streaming pathway unit to be finalised and ordered, to replace temporary structure;
- Prioritise PPH space for acute services and develop plans to move non-acute and administrative services off hospital sites;
- Consider options to change infrastructure of wards to minimise the number of beds lost due to social distancing;
- Plans to address registered nursing recruitment;
- Work with Community to develop escalation plans that may include use of Field Hospitals.

<u>Withybush</u>

- Established a Green 'Non COVID' Clinical Decisions Unit in mid-June '20 to enable GP direct and ED medicine referrals to access this facility directly, reducing the attendance and length of stay in the ED;
- Screen all referrals to General Medicine and ambulance conveyances to hospital to avoid unnecessary admissions;
- Establish a rapid access ambulatory care unit in August 2020;
- Surgical Assessment Unit (SAU) open. This facilitates avoidance of/quicker patient flow out of the ED;
- Work continues to establish discharge pathways, e.g. discharge with voluntary sector support, discharge to assess;
- Pit stop model to be implemented into the ED in August '20 to improve timely assessment processes and flow;
- Strong drive on medical recruitment including short term locum cover until appointed candidates arrive from overseas.

See the Delayed Transfers of Care section below for further details.

## 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 July 2020?

Due to COVID-19, non-mental health DTOC census patient number monitoring has been suspended until September 2020.

Mental Health DTOC census delays are being captured, there were **15** in July 2020.

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

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

### Impact of COVID

- Experiencing a community response allowed our population to develop a trust and understanding that care can be delivered safely at home. We have also cared for an increased number of people at end of life at home;
- Increased capacity for Intermediate Care assessment and rapid response to care provision, also to support patient 'turnaround at front door' and increased care availability to maintain people in their own homes;
- Relaxation of lawful/regulatory frameworks has reduced DTOC resulting from the assessment and commissioning processes, this has led to reduced DTOC from family disputes;
- The service has retained its robust response to the provision of care and support across all three counties;
- Fragility of the independent care sector could be further compromised due to workforce retention;
- Resilience of the care home sector has been compromised due to outbreaks (financial and workforce issues). It has been further impacted due to no admissions until 28 days after last positive test result and meeting Infection Prevention and Control requirements;
- Staff absences;
- Limited capacity for rapid processing of same day swab testing prior to discharge compromises patient discharge and flow;
- Lack of Elderly Mental Illness nursing bed availability.

### Risks

- Non-mental health
- Retaining staff in the independent care sector;
- COVID outbreaks in the care home sector;
- Public Health Wales guidance for no admissions from care homes until 28 days after last positive test result;
- Residential and care homes requiring:
  - residents to have a same day negative COVID19 test before they are returned from hospital (ward or ED);
  - residents to be returned to the home within 6 hours of being discharged from an ED;
- Staff absences (shielding, vulnerable, child care) across community – it is anticipated this position will improve in August when implications of shielding guidance ceases and schools return;
- Length of time it takes to receive swab results compromises patient discharge and flow;
- Acuity of patients has increased with complex discharge requirements;
- Medically optimised patients remaining in acute and community hospital beds, with access to long term packages of care re-emerging as a significant constraint to discharge;
- Lack of Elderly Mental Illness nursing beds causing delays for these vulnerable individuals with specialist needs.
- Changes to isolation period for COVID-19 - from 30th July, people who have tested positive for coronavirus will have to self-isolate for 10 days instead of 7 days. The 10 day period starts from the day symptoms start, or if asymptomatic from the day a test is taken.
- Mental health
- Challenges around identification of placements resulting from actions to reduce spread of COVID-19;
- Increased acuity levels within inpatient settings alongside limited medical cover due to staff absence and vacancies.

### What are we doing?

- Non-mental health
- Work 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 PCCF;
- Enhance rapid response to bridging care and sustain by embedding into D2RA pathway;
- Increase Intermediate Care beds for people not yet able to return to embargoed care and residential homes;
- Implementation of hospital same day based swab testing and processing for patients requiring placement;
- Strengthen intermediate care response in the community through embedding of standards outlined in the National Institute for Health and Care Excellence, National Audit of Intermediate Care, COVID-19 PCCF to support conveyance/admission avoidance where appropriate;
- Integrate essential service provision between Primary Care and Community services for Long Term/Chronic Conditions management;
- Embed 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;
- Develop population approach to D2RA pathways and our Discharge Teams i.e. ensure they are equally applicable to vulnerable adults, frail older patients and those with Mental Health/Learning Disabilities.
- Mental health
- Community Teams focusing on providing support to avoid admission where possible with a multidisciplinary approach to review patient flow;
- Remote working and improved digital technology/platforms have been embraced which has assisted in maintaining links and improving attendance at care planning meetings;
- An ICF bid has been submitted for increased capacity to facilitate discharge and liaison. Improvements have been made to internal and external pathways to reduce delays as far as possible;
- Closer working between with the 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 July 2020?

**59.3%** of patients presenting at our 4 acute hospitals in July with a stroke were then admitted to a dedicated stroke unit within 4 hours (a 19.6% decline over July 2019).

66 of the 69 (**95.7%**) patients admitted with a stroke in July were assessed by a specialist stroke consultant within 24 hours (a 5.3% improvement over July 2019).

Only a tenth (**9.3%**) of stroke patients had the recommended amount of speech and language therapy (SALT) in hospital during July, therefore, the 12 month improvement target was not met.

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

| | |
|---|---|
| Admission to stroke unit within 4 hours | 1st out of 6 |
| Assessed by stroke consultant within 24 hours | 2nd out of 6 |
| Stroke patients - speech and language therapy | 5th out of 6 |

## Impact of COVID

- Some teams feel that patients have been discharged safely but may have poorer outcomes due to a lack of in-patient rehabilitation as a result of the COVID pandemic. Community teams are reviewing post discharge to provide additional rehabilitation at home where appropriate;
- During the height of COVID all sites had an increase in therapy on site due to a lack of out-patient activity. This has seen an increase in physiotherapy and occupational therapy;
- SALT is now deemed as an aerosol generated procedure. Speech and language teams are required to carry out therapy in an AGP room with staff dressed in full PPE. This has impacted on the time spent with the patient on actual therapy;
- Medical staffing rotas changed to accommodate the two COVID streams. Even with the changes the UHB saw a positive increase on patient being seen by a consultant within 24 hours.

## Risks

- There continue to be issues regarding complex discharges back into the community which leads to reduced capacity within the units. None of the 4 sites has an Early Supported Discharge Team that could help with reducing length of stay;
- Since COVID there has been a reduction in admissions, however, we are now seeing normal unscheduled care activity returning and units are unable to ring fence beds. There may be an added risk with a reduction of beds in the units due to social distancing guidance;
- Insufficient therapy resource impacts on our ability to provide the recommended levels of rehabilitation support;
- Due to COVID and the infection control measures needed, SALT needs to be in full PPE to carry out the therapy which does impact on the time spent with each patient; SALT remains a major risk regarding the therapy input for stroke patients;
- Each site has seen a significant rise in admissions which adds pressure onto the stroke units;
- During COVID some therapists were pulled back into acute care, they have now have returned to their own jobs.

## What are we doing?

- The advert has closed for a HB stroke lead, with interviews scheduled for the 26th August. The stroke lead will support the service delivery manager to achieve a safe, effective and efficient delivery of services, including implementation of best practice and guidance, ensuring that the principles of prudent healthcare are at the forefront of service planning and delivery;
- The Stroke Steering Group has now been reinstated with the first meeting held on the 12th August. The new agenda is to be formalised alongside a review on the terms of reference for the group;
- The Delivery Unit have completed a formal review of the therapy service in Hywel Dda and an action plan will be completed by the end of September;
- WGH is working on an Early Supported Discharge project as part of the discharge pathway planning work;
- Site meetings to discuss performance and outcomes are to be reinstated.

# Cancer

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

## How did we do in June 2020?

During June 2020, **82.5%** (66/80) of cancer patients who were referred by their GP as urgent with suspected cancer, commenced treatment within 62 days of their referral. This represents a 13.7% improvement compared to the previous month and an approximate 50% reduction in the volume of patients treated.

**95.2%** (80/84) of patients who were not on an 'urgent suspected cancer' pathway commenced treatment within 31 days from the date the patient agrees to the treatment plan being offered to them.

We are working towards implementation of the new single cancer pathway (SCP) to monitor progress of all newly referred patients from the point of suspicion until treatment starts. The pathway increases the number of patients during the diagnostic phase. In June, 80% (7% improvement to previous month) of patients covered by the SCP were treated within 62 days of the point of suspicion.

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

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

## Impact of COVID

- Tertiary surgery was suspended due to COVID-19 in late March;
- Suspension of any aerosol generated diagnostic tests and surgery in line with Royal College guidance has caused delays;
- Suspension of local surgery for those patients requiring HDU/ITU support post operatively and further restrictions in clinical criteria that apply e.g. patients whose BMI exceeds 35 and have existing comorbidities;
- As per the Wales Bowel Cancer Initiative, the use of FIT10 screening in the management of urgent suspected cancer patients on the colorectal pathway, as an alternative introduced on the 15th June;
- USC imaging reduced for certain aerosol generating procedures;
- Bronchoscopies have been limited in line with national guidance. This service was recommenced at PPH week commencing 11th May 2020;
- As per the 6 levels of Systemic Anti-cancer Therapy (SACT), all levels are still currently being treated across the Health Board;
- Werndale Hospital has been commissioned to support cancer outpatient & surgical pathways from April 2020;
- Joint working progressed with regional multi-disciplinary teams for tertiary center surgeons to provide outreach surgery in Gynaecology and Urology.

## Risks

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

## What are we doing?

- We are continuing to escalate our concerns regarding tertiary centre capacity and associated delays;
- The HB has secured recurrent investment from Welsh Government (£340k per annum) to invest in diagnostic and tracking teams;
- We are logging all patients who are not having treatment due to patient choice or cancelled by hospital on clinical grounds due to COVID-19;
- All urgent suspect cancer and imaging investigations continue as usual;
- The HB has commissioned Werndale Hospital to support cancer outpatient and surgical pathways since April 2020;
- 32 cases of high acuity surgical procedures have been carried during June at GGH; Weekly operating list continue for high acuity and emergency surgery at GGH;
- Elective surgery for high acuity cancer patients with green pathway and green ITU/HDU commenced at PPH and BGH on 6th July 2020;
- Further lower acuity surgery and some major gynaecology surgery that does not require ITU/HDU commenced 13th July 2020 at WGH.

# Planned care

**Executive Lead:** Director of Operations

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

## How did we do in July 2020?

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

In July **59.5%** waited less than 26 weeks from referral to being treated (RTT) and **12,450** patients waited beyond 36 weeks.

In June 2020 **45.3%** of eye care patients (4,179/9,231) were waiting in or within 25% of their target date. 98.8% of patients have been allocated a high risk factor (HRF) status leaving 183 (1.2%) patients waiting for an allocated HRF status.

In July **20,183** outpatients waited beyond 100% of their target date for a follow up appointment (all specialities).

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

| | |
|---|---|
| Hospital initiated cancellations | 2nd out of 7 |
| Referral to treatment (RTT) <=26 weeks | 2nd out of 7 |
| RTT – patients waiting 36 weeks or more | 2nd out of 7 |
| Ophthalmology patients seen by target date | 6th out of 7 |
| Delayed follow-up appointments 5 specialties | 3rd out of 7 |

## Impact of COVID

- Hospital initiated cancellations
  - Increased due to cancellation of elective procedures and are now reduced because of less activity.

- RTT
  - Decreased capacity due to stringent infection control requirements;
  - The need to prevent patients having major surgery while they have coronavirus except for life, limb or sight-saving procedures, as their outcomes are likely to be poor;
  - Significant public concern about attending acute hospitals.

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

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

## Risks

- Hospital initiated cancellations
  - Numbers are affected by the current restrictions on safe elective surgery bed availability and fluctuating pressures relating to pandemic demands including appropriate safe bed distancing, and consistent availability of protected locations for elective patients who have been self-isolating.

- RTT
  - The team are currently identifying risks due to reduced capacity across all stages inclusive reduced diagnostics. This will clearly identify the gap which will need a Health Board forward plan to resolve once we are confident the cancer/urgent elective care is sustainable;
  - There is a significant risk regarding ward staffing vacancies to support elective activity.

- Eye care
  - New patients can wait longer due to a shortage of consultant ophthalmologists. Capacity being used to cover the Emergency Eye Care service can also impact on waiting times;
  - Outpatient appointments have been lost with approximately 166 new and 392 follow up appointments not taking place.

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

## What are we doing?

- Hospital initiated cancellations
  - Working to optimise available elective theatre lists, focusing on cancer pathways; planning and collaborating with local patient flow teams to provide safe havens that promote safe elective patient stay.

- RTT
  - There is a work programme in place to establish all urgent and category 1 patients and we are also scoping category 2 patients;
  - A full capacity appraisal is being undertaken across the sites and the private hospital with regard to cancer very urgent (category 1) and then residual routine capacity;
  - Patients will be offered treatments in line with policy across the sites to enable equity of time and care delivery;
  - Complex pre assessment and screening pathways are in place including social isolation pre and post operatively with pre COVID screens at 72 hours;
  - The Health Board now have a revised post COVID watchtower monitoring programme.

- Eye care
  - Maintained treatments and reviews for imminently sight threatening or life threatening conditions;
  - Although compliance had dropped, clinicians have been triaging patients waiting beyond 25% of their target date. This has led to an overall reduction in the number of patients on the R1 waiting list. This has ensured the correct clinical prioritisation of high risk patients is being undertaken and high risk patients are offered appointments first;
  - Postponed any patients on longer than an 8 week follow up. These patients have been put onto a COVID crisis holding category which is being reviewed by clinicians going forward;
  - Patients due back at 8 weeks or less are having their notes reviewed by a doctor to determine the appropriate action;
  - Senior input is available via phone or email at all times and a consultant is on site at Glangwili General Hospital from Monday to Friday;
  - All Clinicians are reviewing clinics and contacting patients in advance;
  - The clinical team continue to see all ages of patients in the intravitreal injection therapy service including wet aged macular degeneration, retinal vein occlusion and diabetic macular oedema. This only applies if the patient is well and has no symptoms of COVID-19. Some patients do not want to attend due to risks, therefore there is a virtual clinical review happening weekly. This will change if and when the Royal College of Ophthalmology guidelines change.

- Follow-up appointments
  - We are encouraging virtual functionality, this is being rolled out but limiting factors include supporting staff at the pace of delivery and rollout. Face to face contact is being used if absolutely necessary for urgent patients.

# Diagnostics

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

## How did we do in July 2020?

**6,626** patients waited over 8 weeks for a diagnostic test in July 2020 which is 667 fewer compared to the previous month.

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

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

## Impact of COVID

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

- Radiology
  - Some AGP (aerosol-generating procedures) investigations have been changed to alternative imaging;
  - Imaging capacity has significantly reduced due to infection control procedures required.

- Endoscopy
  - Some AGP (aerosol-generating procedures) investigations have been changed to alternative imaging;
  - Imaging capacity has significantly reduced due to infection control procedures required.

- Cardiology
  - Some services have been moved off site e.g. cardiac monitors and echo to facilitate 2 metre distancing for staff and patients;
  - 7 day working has been established to maintain social distancing and increase the number of diagnostic tests undertaken.

## Risks

- For all areas capacity pressures, equipment failure and COVID precautions are impacting the service's ability to meet the 8 week diagnostic target.

## What are we doing?

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

- Radiology
  - Maintained services for urgent and suspected cancer work;
  - Most referrals have been kept and are monitored and reviewed regularly in discussion with other services;
  - We have maintained dialogue with colleagues across Wales for a review of the overall picture and possible solution to assist with the recovery; opportunity to evaluate referral pathways and ways of working to establish the new normal.

- Cardiology
  - Consultant review of diagnostic referrals to vet waiting list;
  - Cardiac Computerised Tomography is resuming at BGH and being scoped for PPH to reduce waiting times and avoid an invasive angiogram procedure (where clinically indicated).

# Therapies

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

## How did we do in July 2020?

**998** patients waited longer than 14 weeks for a therapy appointment. Services with the longest waits include; Podiatry (449), Audiology (401) and Occupational Therapy (126).

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

| | | |
|---|---|---|
| | Therapy waiting times | 4th out of 7 |

## Impact of COVID

- Afforded an opportunity to review current Audiology pathways resulting in the streamlining of appointment content to provide a more efficient service;
- The introduction of telephone follow-up consultations continues to reduce the hearing aid follow-up lists at all locations. Only those patients who require a face to face (F2F) appointment remain on the list;
- Paediatric Audiology have contacted the majority of their caseloads to ensure children are managing their hearing aids satisfactorily;
- The Podiatry patients waiting are those who require physical therapy due to service restrictions as a result of the COVID pandemic. This has significantly affected the 14 week waiting time target, but is an improvement upon last month. Occupational Therapy is also affected;
- Currently, only our Urgent/Essential service is being provided;
- Audiology GP Assessment referrals continue to be lower than pre-COVID, with only 44 new referrals received in July;
- Patients continue to report the virtual consultation part of their assessment as a positive experience;
- Some staff up-skilled to complete telephone consultation;
  Our virtual and remote service provision is being effectively trialled within therapy services. This has been successful in managing waiting times in therapy services such as Speech & Language, Musculoskeletal Physiotherapy and Dietetics.

## Risks

- Reduction in clinical estate availability for therapy services due to estates being repurposed as part of acute COVID response;
- Reduction in clinical staff workforce due to shielding, and non-patient contact risk assessments for vulnerable/high risk staff;
- Reduced clinical efficiency due to IP&C requirements to operate safely;
- Access to suitable digital platforms at scale to support virtual therapeutic interventions, particularly applicable for Occupational Therapy;
- The cessation of routine Audiology clinical activity (assessment and subsequent hearing aid fittings) resulting in a negative impact on the service's ability to meet RTT diagnostic targets;
- Reduction in staff due to continued shielding and increased staff anxiety about starting to see patients again.

## What are we doing?

- Planning for service restarts to identify appropriate PPE resource, physical distancing compliance and clinical estate availability to address face to face clinical treatment requirements. Where appropriate, services testing restart pathways, with wider service routine service restarts planned for September;
- Virtual and remote service provision being successfully implemented within therapy services with positive impact on RTT. Requires additional intensive care treatment equipment and deployment of digital platforms at scale. Occupational Therapy to commence trailing;
- Phased reintroduction of services, at all locations, request submitted;
- Agreed pathways developed for pre-appointment contact, patient attendance and appointment content;
- Postal hearing aid repair service still in place;
- Urgent adult patients continue to be seen;
- Paediatric 'causes for concern' appointments continue to be arranged
- Support for ENT clinic at GGH & WGH (PPH pending);
- Telephone contact has been attempted for all patients on the 'GP Assessment' lists to complete a telephone consultations (medical history, discuss the psychosocial impact of their hearing loss and their expectations of amplification) to reduce the duration of their F2F assessment/fitting;
- Tinnitus assessments and follow-ups now conducted by phone.

**Executive Lead:** Director of Nursing, Quality and Patient Experience **Senior Responsible Officer(s):** Assistant Directors of Quality

## How did we do in July 2020?

*Clostridioides difficile (C.difficile*) Infection is due to a bacteria in the bowel that releases a toxin causing diarrhoea and bowel damage. July 2020 had 11 cases, this currently gives us 49 cases (Apr-Jul), 2% or 1 less case than in the same period for 2019/20. We would have hoped for lower case numbers due to the drop in admissions in Quarter 1 but this has not been reflected.

Escherichia coli (E.coli) blood stream infection (BSI). July 2020 saw 30 cases, giving 97 cases so far this year, a 25% reduction or 31 less cases than in 2019/20. As a Health Board we start from a poor position due to our elderly patient demographic but we are currently continuing on a reduction trajectory.

Staphylococcus aureus (S. aureus) BSI. July 2020 saw 9 cases (8 MSSA & 1 MRSA), 31 cases so far this year, 21% or 8 cases fewer than in 2019/20.

In July, we reported **1,265** incidents of which **1,110** were patient safety related. Welsh Government ask Health Boards to review and close serious incidents within 60 working days. There were **5** serious incidents due for closure with Welsh Government in July of which **80% (4)** were closed in the agreed timescale. One never event was reported in July 2020.

**62%** of complaints were closed within 30 working days in July. Whilst the 75% target was not achieved, there has been a marked increase in the number of older cases closed.

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

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

## Impact of COVID

- Infections
  - As a service, we are in the process of resetting, with Team members going back in to previous roles from community and shielding. There is a need for recognition of staff anxieties and the ability for various opportunities to access support and boost resilience;
  - Collaborative work with Carmarthenshire County Council has led to the development of an integrated post and appointment into a new post of Senior Infection Prevention Nurse in the Community;
  - Hydrogen Peroxide Vapour (HPV) environmental decontamination machines have been purchased for each site and education of staff will progress over the next couple of months.

- Incidents
  - Whilst there appears to be a significant drop in the number of patient safety incidents reported between March and June 2020, this can be correlated to the reduction in the number of admitted patients. Using the patient safety incident data from the Quality Dashboard and the admitted patient data in IRIS, the data shows that on the acute sites there has been a rise in the number of incidents per 1,000 patients in this period compared to the same period in 2019. This is potentially due to the acuity of the patients during the COVID-19 period;
  - Work is underway to explore whether the number of patient safety incidents per 1,000 bed days can be routinely reported in the Quality Dashboard in order that a comparison can be made to publically available National Reporting and Learning System (NRLS) reports for other district general hospitals;
  - The NHS in Wales has, as well as reporting incident data to the NRLS, starting reporting incident data to the Once for Wales Concerns Management Team. Work is underway to theme this data and provide organisational reports for comparison against the national (Welsh) data.

- Complaints
  - The Complaints team continue to work from home, as well as from the office (maintaining social distancing measures) and this continues to work well. It is likely that this has contributed to the higher number of cases closed in July as those team members who are working from home have less disturbances and are showing a higher level of productivity.

## Risks

- Infections
  - There is a risk that self-isolation will lead to reduced fluid intake in the elderly leading to an increase in urinary tract infections and E.coli BSI;
  - There is a risk that there will be fluctuations in the supply and demand of Personal Protective Equipment (PPE) that cannot be met by the Health Board. We are working with Procurement and Health and Safety Teams to identify alternate sources, suppliers and reusable PPE to ensure staff safety is maintained.

- 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
  - There is still some confusion amongst the community regarding when services will resume and we are anticipating a high level of complaints to be received later in the year for those patients who have had treatment cancelled/postponed as a result of COVID-19.

## What are we doing?

- Infections

Infection Prevention activity in Community and Acute Hospitals continues to be driven by new requirements related to COVID-19.

  - Use ICNet to identify clusters of hospital infections and work with hospital lead clinician, nurse and general managers (triumvirates) to attain learning;
  - Work with the Antimicrobial Pharmacists in identifying education gaps and training needs;
  - Engage with all training opportunities with the 'New Doctors' starting in the HB;
  - Arrange meetings with multi-disciplinary teams to review cases of hospital acquired C.difficile and S.aureus infections;
  - Support the Assurance, Safety and Improvement Team in their review of Covid-19 cases.
  - Environment
  - Work being completed with Estates to prioritise areas where improvement is required;
  - Support Hotel Services with training and use of HPV machines ensuring staff, patient and visitor safety at all times;
  - As part of the Infection Prevention Team reset Quality Indicator Audits across the Health Board have been completed with scrutiny meetings.

- Incidents
  - As at 30th July 2020, there were **30** serious incidents open over 60-days. This is a significant improvement on the position reported to the June QSEAC where 41 serious incidents were overdue. The Quality Assurance and Safety Team continue to monitor and scrutinise the quality of these investigations;
  - The Listening and Learning from Events sub-committee is newly established and will receive a summary of the formal review and improvement and learning actions plans following a serious incident.

- Complaints
  - The team continue to progress their individual cases and are very mindful of the need to respond within target timescale. Audits continue. In addition to this, some of the team have been identified as Complaints Champions and will work more closely with those individual Specialties where complaints have breached six months or where the investigation is struggling to progress. It is anticipated that this will see a reduction in their number of open complaints cases.

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

## How did we do in July 2020

**23.9%** of children and young people (312/1,308) waited less than 26 weeks to start a neurodevelopment assessment; combined figure for autistic spectrum disorder (ASD, 26.4%, 248/941) and attention deficit hyperactivity disorder (ADHD, 17.4% 64/367).

**38.1%** of adults (589/1,545) waited less than 26 weeks to start a psychological therapy with our Specialist Mental Health Service.

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

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

## Impact of COVID

- Neurodevelopmental assessments
- No face-to-face ASD/ADHD clinics held since the end of March 2020;
- Delayed recruitment and anxiety to engage in face to face assessments.
- New ways include exploring virtual clinics for new patients (telephone or attend anywhere).
- Psychological therapies
- Increased the number of telephone assessments undertaken for Adult psychological therapies;
- Piloting Attend Anywhere 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 and difficulties in recruitment;
- 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 Wales 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;
  - Successful recruitment of two full time posts within ASD Service;
  - Additional hours offered to members of staff to increase capacity;
  - Additional resources identified for a sustainable ASD service;
  - Efficiency and productivity opportunities are being explored;
  - An additional part-time community GP post has been recruited.
  - 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;
  - Commissioning with external providers is being considered to increase the number of available assessments;
  - ADHD service recruiting consultant paediatrician & speciality doctor;
  - Validation exercises are underway within the ADHD service;
  - Agency practitioners are being utilised to address the waiting list.

- Psychological therapies
  - A team restructure is underway and the Local Primary Mental Health Support Service is being relocated under Psychological therapies which will ensure the delivery of low and high intensity therapy according to need and strengthen the clinical Governance across services;
  - 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 single point of contact has been created for all referrals to ensure improved coordination and response;
  - 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;
  - The use of evidence based group work is being evaluated to consider increasing capacity and reduce time waiting for therapies.

**Executive Lead:** Director of Public Health

**Senior Responsible Officer(s):** Immunisation, smoking and obesity Leads

## How did we do?

Between January and March 2020, **95.5%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, consistent with uptake in the previous quarter (96.3%).

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 January and March 2020, **90.0%** of children received 2 doses of the MMR vaccine by their 5th birthday, compared to 91.7% in the previous quarter.

During April '19 to March '20, **3.5%** (1,922) of adults attempted to quit smoking using a smoking cessation service.

**30.3%** of smokers who quit had the carbon monoxide (CO) levels in their blood confirm they had quit in January to March '20 2019.

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

| | |
|---|---|
| 3 doses of the '6 in 1' vaccine by age 1 | 6th out of 7 |
| 2 doses of the MMR vaccine by age 5 | 6th out of 7 |
| Smokers who attempted to quit | 4th out of 7 |
| Smokers CO validated as quit | 3rd 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 is temporarily suspended.

- 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 was received to supply Nicotine Replacement Therapy via post just in case there was an issue with access to community pharmacies and supply. This has yet to be fully implemented. Those unable to access Nicotine Replacement Therapy (NRT) via a local pharmacy are being 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;
  - Following the transfer of Stop Smoking Wales staff from Public Health Wales to the HB, a new integrated smoking cessation service has been created to provide continuity of care across secondary care, primary care and community.

## Risks

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

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

## What are we doing?

- Vaccines
  - We will aim to share vaccination uptake data with GPs as Public Health Wales are looking at providing enhanced localised uptake data throughout this COVID19 pandemic. This will enable GPs to more easily identify, plan, and target specific groups of patients;
  - Maintaining immunisation programmes is a key priority to protect public health from other preventable infections at this time. Welsh Government have advised that immunisations should continue in line with clinical advice and scheduled timings during this period as far as possible, as set-out in both a Joint Committee on Vaccination and Immunisation(JCVI) statement and in the Welsh Health Circular below:
    Link to JCVI statement
    Link to Welsh Health Circular
  - This advice has been shared with all those providing the childhood immunisation programme in Hywel Dda UHB. Advice on social distancing and use of PPE has also been shared with those providing this service. By being able to reassure parents/guardians that social distancing measures are in place will hopefully address their concerns, minimising the risk of them non-attending, and ensure continued high uptake rates.
- Smoking
  - Posters were produced and delivered to wards along with a programme of training to ward staff and F1 foundation doctors. This work will need to be revisited post COVID as many of the posters have been removed due to infection control concerns. We are also looking into lanyard prompts to assist staff with the pathway and prescribing guidance. Posters have been produced in a plastic covering to allow enable them to be cleaned;
  - In Primary Care a revised pathway has been created to remind referrers that the service is still able to provide support during COVID. Following a successful pilot in a GP practice in Llanelli, we worked with 4 further practices to allow instant booking of support through their in-house computer system;
  - Paused recruitment of pharmacists and pharmacy technicians into the Pharmacy Level 3 Smoking Cessation Scheme to ensure services are provided across the Health Board area; Referrals usually directed to pharmacies are being processed via Community and Secondary Care who are able to provide telephone support to relieve the burden on pharmacies;
  - Local Stop Smoking Wales (SSW) services have been integrated; SSW staff are now fully integrated and known as the 'Community' team in the Healthy Lifestyle & Wellbeing Team – Smoking. As both the Community and Secondary Care teams are offering telephone support the referrals are being spread evenly throughout the teams and weekly team catch ups are taking place via Microsoft Teams;
  - The current situation for community pharmacists is 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 the social distancing requirements. Some Pharmacies are developing interesting practice to ensure smoking cessation support continues. For example, one pharmacist asks the clients to park outside the pharmacy so that they can use the pharmacy Wi-Fi and have a video call over Messenger with the pharmacist. The pharmacist then puts the Nicotine Replacement Therapy (NRT) indicated in a bag and takes it outside to the car;
  - 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 Carbon Monoxide exposure is still discussed even where a reading is not being taken.

## 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 in June/July 2020?

**5.33%** of full time equivalent (FTE) staff days were lost due to sickness in the cumulative 12 month period July 2019 to June 2020. Whilst sickness rates have been somewhat higher due to Covid, the actual in-month rate for June 2020 was 4.74% which represented a significant improvement on the previous month (5.44%).

**70.79%** of our staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months.

*Figure does not include medical appraisals that have been suspended until Sept '20*

**84.3%** 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.

**35%** of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan.

The Health Board's financial position at the end of July is a **£9.0m** (year to date (YTD) £25.2m) **deficit** against a deficit plan of £2.1m (YTD £8.3m). The impact of COVID-19 in the month was £8.9m; the deterioration in Month 4 from Month 3 is due to Welsh Government (WG) Pay funding recognised in Month 3, which is not assumed in the Month 4 position

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

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

### Impact of COVID

- Absence
  - There was an increase in Covid-related absence levels in April and May 2020 although rates have reduced again in June.
- PADR
  - The compliance rate has fallen for non-clinical roles;
  - All clinical supervisions have been suspended until September 2020.
- Core skills
  - The core skills compliance rate continues to improve across mandatory training modules with the overall percentage just 0.7% off target.
- Job planning
  - Job plan reviews were suspended during the earlier stages of the pandemic and this affected the momentum which was gained in the job planning process towards the end of 2019/beginning of 2020. The need to transform practices in response to the pandemic has led to a number of changes in clinician activity and this has resulted in challenges around the formulation of annual job plans for many specialties, especially when considering future uncertainties relating to how Covid might manifest over coming months;
  - Despite these challenges, there is clear engagement from clinicians and managers and where possible job plan reviews are going ahead. There are a further 11% of job plans awaiting sign off on the online system, with a further 26% in draft awaiting completion, bringing the total job plans in current process to 72%;
  - It should also be noted that the changeover of medical staffing will affect the number of job plan reviews carried out over the next couple of months, to allow for new staff members to settle into new routines and for activity to be recorded accurately.
- 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
  - There has been a notable increase in sickness rates since the new All Wales Management of Attendance Policy was introduced;
  - The Covid pandemic has also led to increased levels of staff absence levels.
- PADR
  - There has been a notable increase in sickness rates since the new All Wales Management of Attendance Policy was introduced;
  - The Covid pandemic has also led to increased levels of staff absence levels.
- Core skills
  - There has been a notable increase in sickness rates since the new All Wales Management of Attendance Policy was introduced;
  - The Covid pandemic has also led to increased levels of staff absence levels.
- 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. A refined full year financial forecast was completed during July, moving from assumptions based on a 'reasonable worst case scenario' to a more 'realistic' assessment. Welsh Government have funded certain additional costs incurred as a direct consequence of COVID-19 however, there is no certainty of future funding arrangements. This means that there is a significant risk that the Health Board's financial position may be adversely affected.

### What are we doing?

- Absence
  - The Operational Workforce teams are now beginning to re-commence sickness reviews with Line Managers;
  - Sickness audits are due to start again shortly;
  - The team are in the process of creating online Managing Attendance at Work training to help support managers with absence;
  - Managers are being actively encouraged to complete Risk Assessments with staff to ensure that they are adequately supported in the workplace and the right adjustments are in place to support staff as a preventative measure to absence;
  - The sickness audit paperwork has also been tailored so they can be completed via Teams.
- PADR
  - The Operational Workforce teams are now beginning to re-commence sickness reviews with Line Managers;
  - Sickness audits are due to start again shortly;
  - The team are in the process of creating online Managing Attendance at Work training to help support managers with absence;
  - Managers are being actively encouraged to complete Risk Assessments with staff to ensure that they are adequately supported in the workplace and the right adjustments are in place to support staff as a preventative measure to absence;
  - The sickness audit paperwork has also been tailored so they can be completed via Teams.
- Core skills
  - Fire training level 1 has reverted to the e-learning module which is seeing compliance levels rise. Since April fire safety training compliance has increased by 11.1%.
- Job planning
  - Further staff members from within the Medical Directorate have been trained in using the online e-job planning system to increase the support provided to clinicians and managers;
  - A job plan sign off process has been developed to support the timely completion of job plans.
- 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;
  - An extensive review of savings and cost reduction opportunities is to be established as we plan to return to exit the current pandemic; Feedback/clarity from Welsh Government is being sought as to the levels of additional revenue and capital funding available.