

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 August 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board (HDdUHB) – Month 4 (2021/22)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance (In association with all Executive Leads)
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion







ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The performance assurance report is in the format of a Power BI dashboard which can be accessed via the following link: [Performance report dashboard as at 31st July 2021](#).

Indicators have been reallocated to the Strategic Development and Operational Delivery Committee (SDODC) and the People, Culture and Organisational Development Committee (PCODC) to reflect the remit of strategic objectives in the new committee structure.

The dashboard uses statistical process control (SPC) charts. Each SPC chart produces two types of icons i.e. one for variation and another for assurance:

VARIATION How we are doing over time		Special cause concerning variation = a decline in performance that is unlikely to have happened by chance
		Common cause variation = a change in performance that is within our usual limits
		Special cause improving variation = an improvement in performance that is unlikely to have happened by chance
ASSURANCE Performance against target*		We will consistently fail the target without a review of the service
		We will randomly hit and miss the target without a review of the service
		We will consistently hit the target

* The assurance icon is not shown for the small number of metrics that do not have a target.

There are two short videos available to explain more about SPC charts:

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

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

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

- Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk

Cefndir / Background

The interim NHS Wales Delivery Framework 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

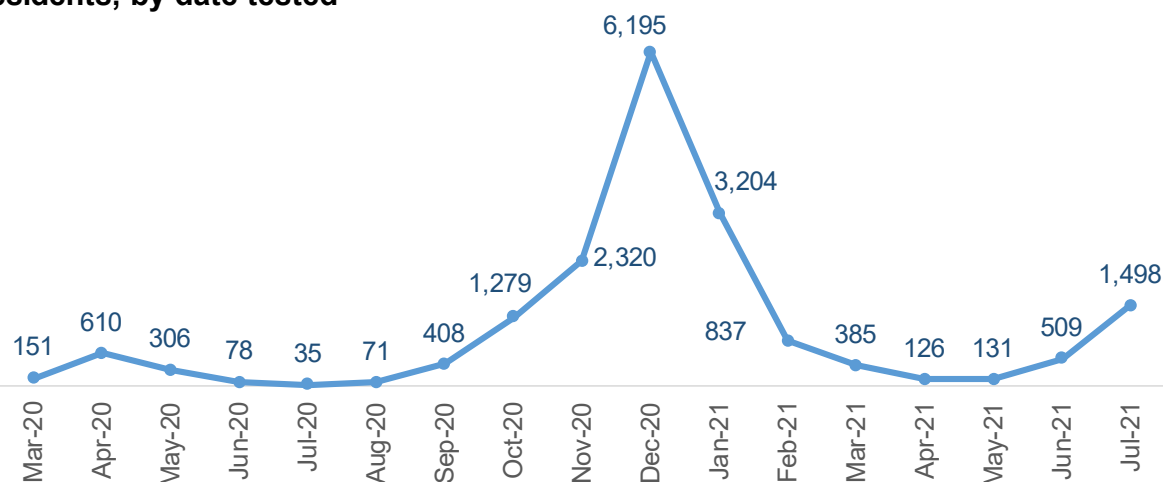
As at 31st July 2021, the total number of vaccinations administered was 531,658. 283,396 patients had received their first dose, with 248,262 having received their second dose. Progress made to date is summarised in the table below:

Priority group	1 st dose	2 nd dose	Priority group	1 st dose	2 nd dose
Care home residents	93.3%	83.8%	High risk adults under 70	88.1%	84.9%
Care home workers	99.9%	93.6%	People aged 65-69	91.0%	89.2%
People aged 80+	100%	96.4%	Medium risk	87.5%	82.4%
Health care workers	98.7%	93.7%	People aged 60-64	69.1%	67.9%
Social care workers	99.7%	97.3%	People aged 55-59	80.4%	78.2%
People aged 75-79	95.8%	93.8%	People aged 50-54	94.2%	90.8%
People aged 70-74	95.3%	93.6%	Rest of the population	47.6%	33.8%

COVID-19 Update

From the start of the pandemic to 31st July 2021, there has been a total of 18,143 confirmed cases of COVID-19 amongst HDdUHB residents, of which 1,498 were confirmed during July 2021, this is the highest number of confirmed positive cases since February 2021.

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



Quadrants of harm

The diagram below shows our progress against the four quadrants of harm, as outlined in the NHS Wales Operating Framework issued on 6th May 2020.

Each metric is colour coded:

orange	area of concern	grey	within expected limits
blue	area of improvement	gold	we need more data points to determine if the trend is concerning or improving

Harm from COVID itself	Harm from overwhelmed NHS and Social Services		Harm from a reduction in non-COVID activity		Harm from wider societal actions/ lockdown
New COVID cases	A&E waits over 12 hours	Stroke consultant within 24 hours	Waiting over 36 weeks for treatment	Waiting over 14 weeks for a therapy	Psychological therapy waits
COVID related risks	Ambulances for life threatening calls	Confirmed S. aureus cases	Waiting for a follow-up outpatient appointment	Waiting over 8 weeks for a diagnostic	Neuro development assessment
COVID related staff absence	Confirmed E. coli cases	Hospital acquired pressure damage	Cancer treatment within 62 days		MMR vaccine
COVID related deaths	Confirmed C. diff cases	New never events			6 in 1 vaccine
COVID related incidents					
COVID related complaints					

See below for further details on the four metrics highlighted above as areas of concern i.e. patients waiting longer than 12 hours in our A&E departments, pressure sores in a hospital setting, patients waiting more than 36 weeks from referral to treatment and patients waiting more than 8 weeks for a specific diagnostic.

Indicators showing special cause for improvement

- Therapies - all patients waiting over 14 weeks for a specific therapy
- Audiology – patients waiting over 14 weeks
- Physiotherapy - patients waiting over 14 weeks
- Podiatry - patients waiting over 14 weeks
- Diagnostics - Cardiology, patients waiting over 8 weeks
- Diagnostics - Physiological Measurement, patients waiting over 8 weeks
- Dementia training - NHS staff compliance

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

Unscheduled Care

In July 2021, ambulance red calls saw the third highest demand since the introduction of the clinical model, handovers were challenging due to staffing shortages and the numbers of admissions still placed with the Accident & Emergency Departments (A&E)/ Minor Injuries Units (MIU) whilst awaiting an inpatient bed reduced capacity with the emergency departments.

Demand at our A&E/ MIU has been increasing since February 2021. During July 2021, Major patient types saw the highest demand over the last 3 years and there were more Minor patient types attendances across all acute sites.

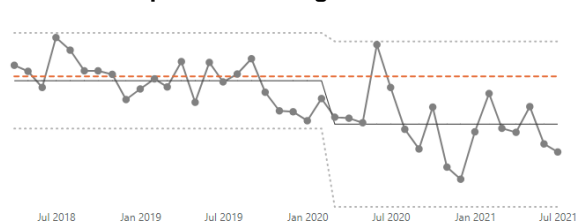
Within the departments, additional infection prevention control measures and social distancing guidance can impact the patient flow.

Patients waiting longer than 4 hours in A&E/ MIU is primarily due to a lack of staff to meet the current demand and patients waiting longer than 12 hours due to a lack of staff and a lack of medical beds for admission and the reduction in bed numbers to accommodate social distancing guidance. Capacity across the wider health & social care sector has become saturated, resulting in increasing delays for discharge.

Overall, the percentage of emergency admissions via A&E/ MIU remains at 63%. County and Community services are reporting more cases of complex discharge requirements which can delay a medically optimised patient being discharged from acute sites. Actions being undertaken to improve performance are:

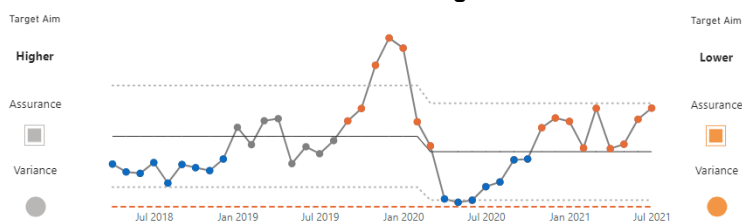
- Same Day Emergency Care (SDEC) is being progressed across all sites;
- Implementation of Patient Transport Advice Service (PTAS) by the end of August;
- Establishment of Contact First 111 from September;
- Application of telehealth as a pilot to identify deteriorating patients in the community and in care homes early, and intervene to avoid hospital attendance and admission;
- Review of options to provide step down care to a growing number of patients awaiting domiciliary care due to the fragility of that workforce in social care and the independent sector;
- Carmarthenshire system improvement plan in progress;
- We continue to develop our urgent primary care model to avoid unnecessary attendances to A&E;
- Review of staffing levels;
- Continued focus on maintaining and increasing flow out of inpatient ward areas as soon as patients are medically optimised.

% red call responses arriving within 8 minutes



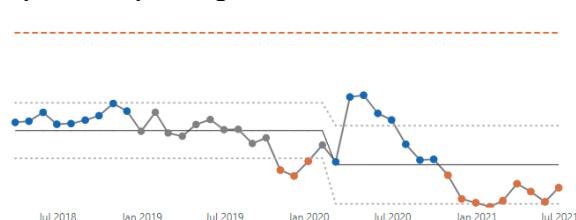
Performance in July 2021 shows common cause variation. The national target has only been met twice since September 2019 and will not be consistently met without the transformation/improvements above. Expected performance is between 39% and 72%.

No. ambulance handovers taking over 1 hour



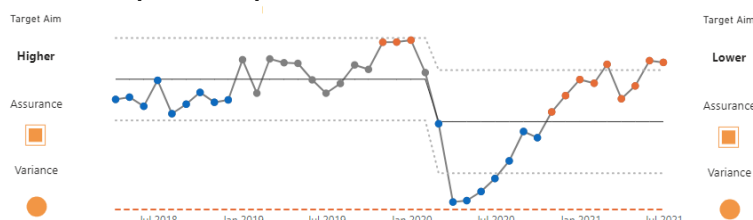
Performance in July 2021 shows special cause concerning variation. Without the transformation/ improvements above, we will consistently miss the national target. Expected performance is between 31 and 490.

% patients spending less than 4 hours in A&E/MIU



Performance in July 2021 shows special cause concerning variation. Without the transformation/ improvements above, we will consistently miss the national target. Expected performance is between 72% and 83%.

No. pts. who spent 12 hours or more in A&E/MIU



Performance in July 2021 shows special cause concerning variation. Without the transformation/ improvements above, we will consistently miss the national target. Expected performance is between 228 and 877.

Cancer

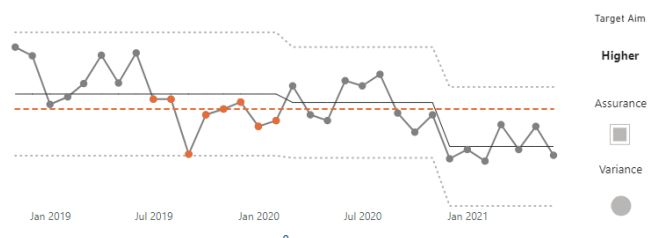
The pandemic has negatively affected performance, e.g. patients are required to self-isolate pre-treatment. In addition, tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board are significantly compromising the service, as are local diagnostic service capacity pressures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

Our actions for improvement include:

- Escalation of concerns regarding tertiary centre capacity and associated delays;
- Investigation of current capacity for diagnostics to ensure a 7-day turnaround;
- FIT10 (Faecal Immunochemical Test) screening is being used in the management of urgent suspected cancer patients on the colorectal pathway;
- The Single Cancer Pathway (SCP) Diagnostics Group investigates and works to prevent bottlenecks;
- All urgent suspected cancer imaging investigations continue as usual;

- Elective surgery for high acuity cancer patients with green pathway and green Intensive Care Unit/ High Dependency Unit for intermediate surgery began at PPH, BGH and WGH in July 2020 and continues.

% patients starting 1st definitive cancer treatment within 62 days of point of suspicion



Patients starting definitive cancer treatment within 62 days is showing common cause variation since August 2020. Since December 2020, the target has not been met and we will randomly hit and miss the target without a review of the service to increase timely diagnostic capacity for patients on the cancer pathway.

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

Planned Care

The service is still under pressure from the backlog created during the pandemic with referral rates increasing as lockdown restrictions ease. Performance continues to be affected by the requirements of social distancing and infection control measures. In July 2021, 55.5% of patients were waiting less than 26 weeks for treatment, with a total of 31,471 patients waiting more than 36 weeks.

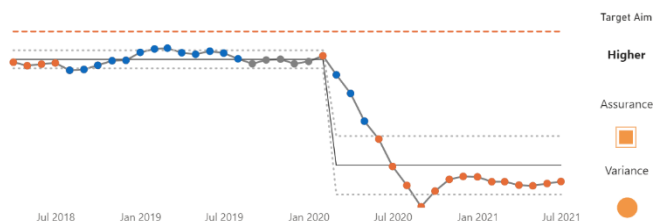
In order to address this backlog, a recovery plan has been developed following a detailed review of the service. There are a range of options for accelerating this recovery depending on funding availability and capacity availability in the independent sector. The expectation is for the plan to start showing demonstrable impact over the second half of the year when our commissioned independent sector activity scales up.

Orthopaedic and Ophthalmology patients are already being outsourced to the private sector and the service is currently undertaking a tendering process with external providers for further outsourcing. As of August 202, awards for specialties such as Dermatology are being finalised but have not yet commenced.

Urgent cancer surgery and urgent cases continue to be treated. The service has started to treat a small number of routine patients and is looking to safely increase its theatre capacity in the coming months to provide activity; however theatre utilisation continues to be constricted by ongoing site-specific emergency pressures. Work is ongoing with clinical teams to regularly risk-stratify waiting lists. Validation of waiting lists continues, however with such large volumes the initial focus is on patients waiting in stages 2 and 3. A communication exercise with patients is underway, with the intention of communicating with all patients waiting more than 52 weeks by late September.

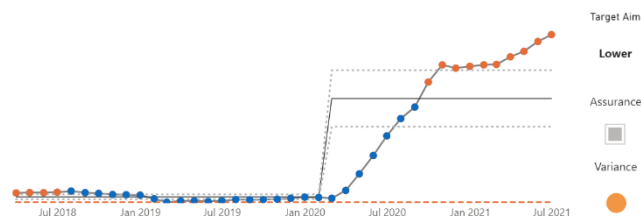
Other Welsh Health Boards and English Trusts providing tertiary care for our residents had restricted ability to undertake planned care due to COVID-19. In June 2021, there were 1,640 HDdUHB residents waiting over 36 weeks in other NHS care providers. Targeted intentions are being discussed with external Health Boards as part of the on going Long Term Agreement (LTA) meetings.

% patients waiting less than 26 weeks for treatment



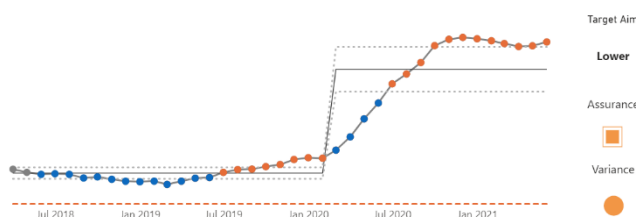
Patients waiting less than 26 weeks from referral to treatment is showing special cause concerning variation since Summer 2020. However, performance has steadied in more recent months. A detailed review of the service has been undertaken to address the backlog, with demonstrable impact expected over the second half of the year. Due to the pandemic, the national targets will not be met without a review of the service. Expected performance is between 52% and 68%.

% patients waiting more than 36 weeks for treatment



Patients waiting over 36 weeks from referral to treatment is showing special cause concerning variation since October 2020. Performance has deteriorated further in recent months. A detailed review of the service has been undertaken to address the backlog, with demonstrable impact expected over the second half of the year. Expected performance is between 14,157 and 24,783 breaches.

Pts. waiting >36wks for treatment by other providers



Patients waiting over 36 weeks for treatment by other providers is showing special cause concerning variation since Summer 2020. Expected performance is between 1,136 and 1,590 breaches.

Ophthalmology

Poor compliance is due to reduced outpatient and theatre capacity as a result of the COVID-19 pandemic. Additionally, sickness and staffing issues have continued to provide a challenge around the recovery of clinic sessions. Emergency surgery and very urgent outpatient appointments are still being undertaken.

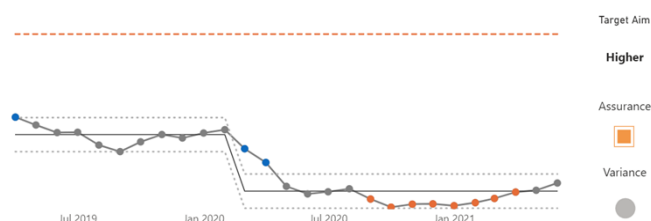
To ensure that the highest priority of risk of sight loss patients are cared for across the four sites within HDdUHB, all routine referrals received are screened and each referral is given a Health Risk Factor (HRF) status to ensure that where there is imminent risk of harm, concerns are forwarded to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

A comprehensive plan has been jointly developed with Swansea Bay University Health Board (SBUHB) which is aimed at recovering the Ophthalmology service across both health boards. This work with SBUHB around the development of a Regional Glaucoma Service to support with the reduction of waits has been agreed and patients with a condition of Glaucoma will be virtually reviewed in an Optometric practice setting in the first instance (to commence in October 2021), with visiting Consultant Ophthalmologists from SBUHB providing a face-to-face outpatient facility for those who need Consultant review.

The service continues to explore opportunities to change practice and deliver services differently in order to mitigate the reduction in hospital capacity, including the development of Ophthalmic Diagnostic and Treatment Centres and virtual clinics. Theatre capacity will be addressed through

independent sector commissioned activity with the aim to clear the 36 week wait position by March 2023 or within 18 months.

% high-risk eyecare pts. seen within 25% of target date



Ophthalmology performance data is showing common cause variation for June 2021. A detailed review of the service has been undertaken and a plan developed to improve performance. Expected performance is between 37% and 49%.

Follow-ups

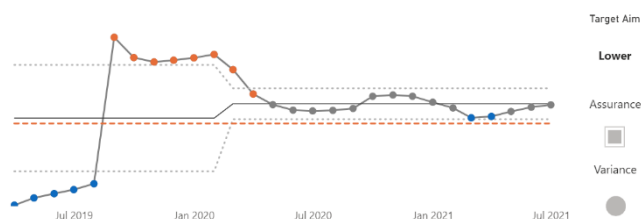
The service is still under pressure from the backlog created during the pandemic and performance continues to be affected by the requirements of social distancing and infection control measures. Virtual functionality is being utilised as much as possible alongside governance and safeguarding requirements, however, many patients require ongoing monitoring (diagnostics) in a face-to-face environment which impacts on the number of patients that are suitable for a virtual follow-up.

We continue to work on the reduction of the follow-up waiting list and most specialities have achieved the target with work continuing in other specialties. The service continues to roll out See On Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways as an alternative to a follow-up pathway and this is being led by a Digital Design pathway manager. In Ophthalmology (which has the largest number of follow-ups) there is a regional plan being developed for Glaucoma patients which should ensure circa 7,500 Glaucoma patients are monitored within their target date. The directorate is also continuing to rollout Consultant Connect, Attend Anywhere, Microsoft Teams and are in the process of implementing Virtual Group Consultations/Video Group Clinics. A virtual receptionist has been employed to oversee virtual appointments.

The new Delivery Framework for 2021-2022 set out by Welsh Government has revised targets from 35% to a 55% reduction against a baseline of March 2019. Therefore, in line with these new targets we are working through the COVID-19 recovery planning to maximise available capacity by embedding new and efficient ways of working and working alongside Service Teams to ensure continued validation of the follow up lists:

- Admin validation
- Clinical validation
- Discharge if able
- SOS/PIFU if able

Pts. waiting for a follow-up out-patient appt.

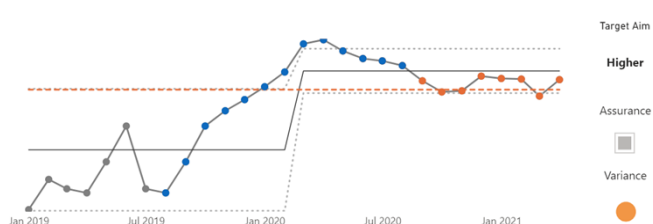


The number of patients waiting for a follow-up appointment is showing common cause variation. A detailed review of the service has been undertaken and a plan has been developed to improve performance. Expected performance is between 61,459 and 70,122 waiting for an appointment.

Hip Fractures

As of April 2021, 51.7% of patients aged 60+ with a hip fracture received orthogeriatrician assessment within 72 hours. Performance has shown a gradual deterioration since April 2020, although it has steadied in recent months. The recent appointment of a part-time Orthogeriatric Consultant has contributed to this steadying of performance, while monthly site hip fracture meetings are held to discuss issues and areas for improvement. Due to the impact of the pandemic and the restrictions imposed on face-to-face appointments, alternative virtual solutions are being sought. The issues are further compounded by site-specific pressures, particularly around WGH where the Orthogeriatrician is currently non-clinical. To mitigate this, the medical on-call team are contactable for any medical concerns, however this review would not fit the categorisation on the National Hip Fracture Database as 'seen by Orthogeriatrician'.

% pts. 60+ with hip fracture receiving Ortho. assess. within 72 hrs



Hip fracture performance data is showing special cause concerning variation since September 2020. The target has been achieved recently but will not be consistently met without a review of the service. Expected performance is between 49% and 57%.

Hospital Initiated Cancellations

The number of procedures postponed either on the day or the day before for specified non-clinical reasons – an issue was identified with the reported performance data. Cases cancelled due to COVID were previously included in the data. These have now been excluded, meaning cancellation numbers have reduced and therefore our performance is now showing common cause variation.

Therapies

Capacity constraints impact upon all therapy 14 week referral to treatment (RTT) breaches, therapy services are reporting that as services return to normal, this is due to a lack of any additional or stretch capacity and ongoing Infection & Prevention Control requirements.

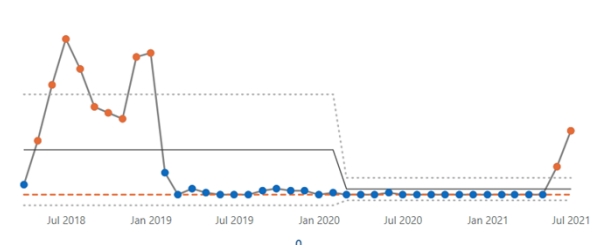
Ongoing constraint for Occupational Therapy continues to reduce capacity provision for identified face to face assessments. Additional hours and bank staff are being utilised to maintain position; however, it is not sustainable in the longer term. The service is attempting to source additional capacity via agency workers and progressing fixed term recruitment to provide additional capacity.

Nutrition and Dietetic services reported a lack of capacity within services supporting Diabetes, Paediatrics and Specialist CAMHS is due to an increase in referrals relating to diabetes complications, paediatrics and eating disorders. Funding for additional capacity has been identified via Local Delivery Plan for Diabetes, and temporary fixed term funding for paediatrics. Service has been out to advert for 3 rounds but has not been able to recruit to specialist CAMHS post so a review of skill mix and options for revised delivery model being is explored. Based upon the current capacity and demand plan, there is a projection of increasing waiting times until January 2022 and then reduction to end of year based upon additional recruited clinical capacity.

All services are reporting increased rates of referrals, with higher acuity and complexity within those referral cohorts due to the impact of lockdowns and patients delaying access to healthcare. This increased demand, combined with continued restricted capacity, will place

additional demand upon services. Services predicted capacity deficits emerging in July 2021 onwards associated with inability to meet the demand with current capacity, exacerbated by a planned reduction in clinical workforce availability during the summer period. Band 5 graduate streamlining was planned to provide additional clinical capacity from October 2021 onwards, although with the delay between on-boarding and the clinical impact of additional referral acuity, this capacity will be consumed within emerging Band 5 vacancies.

Patients waiting 14 weeks+ for Dietetics



Patients waiting 14 weeks+ for Dietetics is showing special cause concerning variation. We will consistently fail the target of zero waits without a review of the service. Expected performance is between 0 and 8 patients waiting 14 weeks or over.

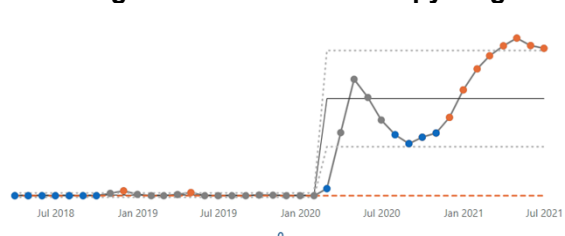
Diagnostics

Overall, the performance for diagnostics is showing special cause concerning variation, in July 2021; 5,765 patients were waiting 8 weeks or more for a specified diagnostic. Areas where sustained improvement has been made include; Cardiology and Physiological Measurement. Patients waiting for 8 weeks+ for Imaging is showing common cause variation - performance is within expected parameters. There are 3 areas where performance is showing cause for concern, see below for details.

Endoscopy

To improve compliance, we introduced a Green (non-COVID) pathway in June 2021; this has reduced downtime to allow more capacity. Delays with swab results and staffing deficits remain a challenge.

Pts. waiting 8 weeks+ for endoscopy diagnostic

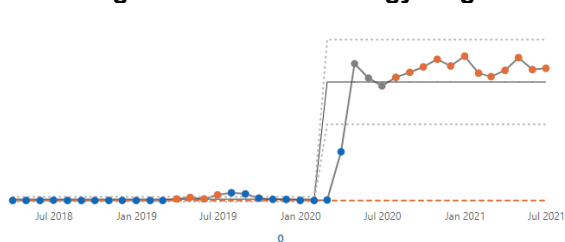


Patients waiting 8 weeks+ for Endoscopy has shown special cause concerning variation since December 2020. We will consistently fail the target of zero waits without a review of the service. Expected performance is between 373 and 1,107 patients waiting 8 weeks or over.

Radiology

The service is seeing increasing demand as other services restart whilst competing with the backlog created by the pandemic. Capacity has increased; however, this is still restricted due to the necessary infection control procedures. To improve compliance, we have created additional capacity with staff working additional hours and extended days.

Pts. waiting 8 weeks+ for radiology diagnostic

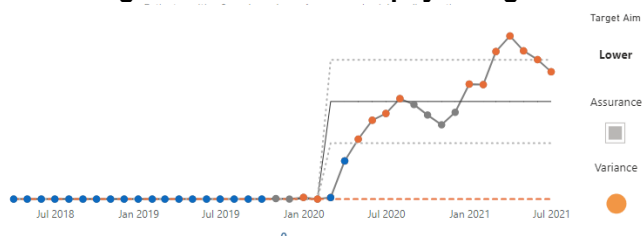


Patients waiting 8 weeks+ for Radiology has been showing special cause concerning variation since August 2020. We will consistently fail the target of zero waits without a review of the service. Expected performance is between 2,148 and 4,536 patients waiting 8 weeks or over.

Neurophysiology

Capacity is impacted considerably by breakdowns in equipment, with only 1 of the 2 EMG machines operational. This risk has been added to the capital bid and risk register. To improve compliance, waiting list validation is underway and we are undergoing recruitment activities.

Pts. waiting 8 weeks+ for neuro. phys. diagnostic

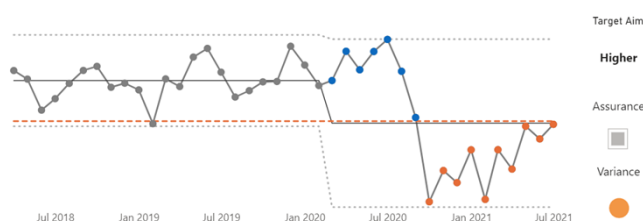


Patients waiting 8 weeks+ for Neurophysiology has been showing special cause concerning variation since January 2021. We will consistently fail the target of zero waits without a review of the service. Expected performance is between 331 and 825 patients waiting 8 weeks or over.

Nutrition Score

Calculating of patient BMI for bed-bound patients and nursing staff shortages on some wards are proving challenging and impacting negatively on continuity and quality of care and performance. Poor compliance is discussed at the acute site level with ward sisters/charge nurses.

% nutrition score within 24 hrs of admission

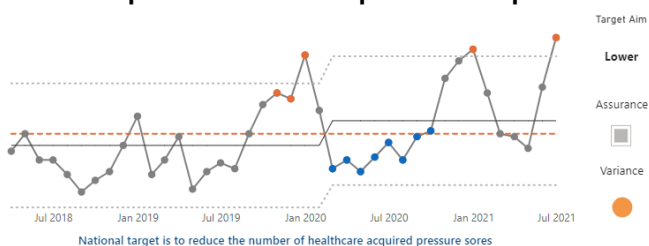


Performance in July 2021 shows special cause concerning variation. Without a review of the service, we will consistently miss the national target. Expected performance is between 77% and 93%.

Pressure Sores

The Quality Assurance Information and System Team continue to support the Services with accurate and up to date data to enable them to undertake regular monthly review/scrutiny meetings, where the Pressure Ulcers acquired in a hospital setting are captured on the health board's Datix Cymru System and are discussed in detail. Following the review, the figures may alter.

Number of pressure sores acquired in hospital



Performance in July 2021 shows special cause concerning variation. Expected performance is between 14 and 59.

Neurodevelopment and psychological services

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

Accommodation is an issue across all mental health services as the mental health & learning disabilities (MHLD) estate has reduced over the years, whereas demand for services has increased without alignment in investment in larger premises to meet the need. The current

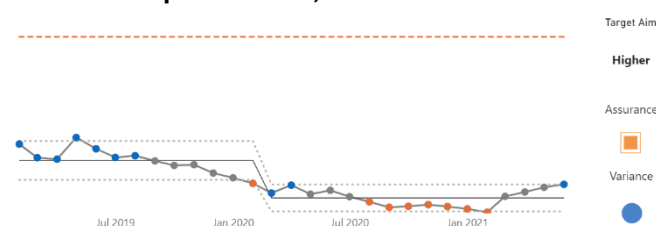
estate of properties are utilised by a multitude of services as there is very limited accommodation dedicated to each service. The further impact of COVID-19 restrictions has caused additional pressures, even though agile working is in place which has helped to reduce some pressures. Despite this, it is crucial that dedicated accommodation areas are scoped to support the efficient and effective operation of services, as this has continued to impact upon our face-to-face appointment capacity. The service is undertaking ongoing reviews of accommodation, but due to funding are seeking internal solutions to reconfigure spaces to maximise capacity.

Services need dedicated Outpatient Department clinic areas, with online booking systems and administrative support to streamline efficiencies. The service is currently reviewing its I.T. infrastructure, with the implementation of Welsh PAS estimated within 12-18 months.

Actions being taken to improve performance are constant recruitment bids, with recent recruitment of a fixed term Highly Specialist Psychologist to undertake demand and capacity planning and waiting list management, and implementation of new software (QbTest) to aid with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), with the first clinics being planned for September 2021.

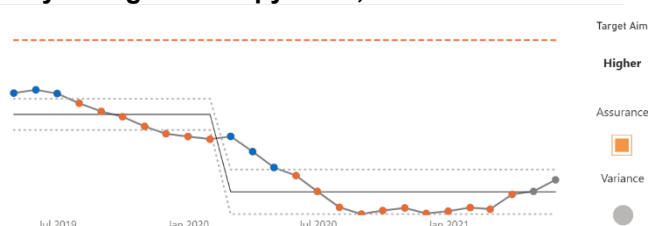
Psychological therapies have recently undertaken a waiting list validation exercise for Cognitive Behavioural activation Therapy (CBT), with a 22% reduction to the waiting list. The aim is to undertake this validation within other modalities to further reduce waiting lists.

Neurodevelopment waits, less than 26 weeks



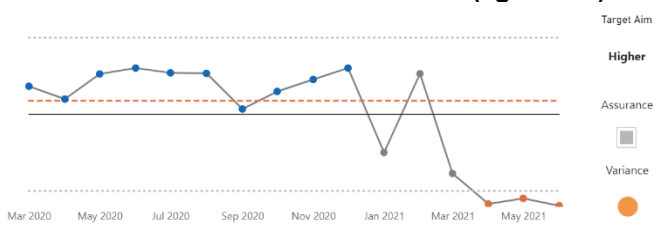
Children and young adults waiting less than 26 weeks for a neurodevelopment assessment is showing special cause improving variation for June 2021. However, the 80% national target has never been achieved and will not be met without a review of the service. Expected performance is between 16% and 26%.

Psychological therapy waits, less than 26 weeks



Adults waiting less than 26 weeks for a psychological therapy is showing common cause variation. The 80% national target has never been achieved and will not be met without a review of the service. Expected performance is between 26% and 40%.

% MH assess. undertaken within 28d (ages 0-17)



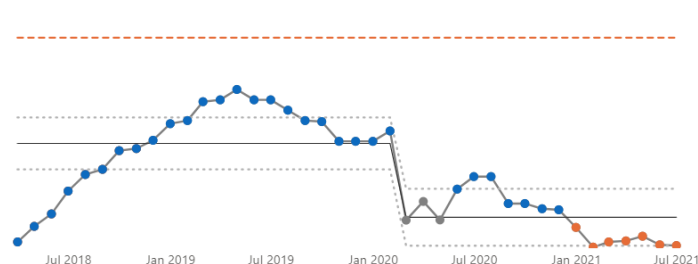
Mental health assessments undertaken within 28 days for children and young adults under the age of 18 is showing special cause concerning variation since April 2021, failing to hit the lower expected limit for performance for the last 3 months. The 80% national target will not be met without a review of the service. Expected performance is between 25% and 100%.

Personal Appraisal and Development Review (PADR)

Compliance for staff having a PADR with their manager in the previous 12 months continues to show a declining trend. The Occupational Development team are amending the values based PADR form following feedback from the first resumed acute site visit in WGH and plan to run more virtual 'Managing Performance' training sessions when recruitment of key roles is

complete. Videos to support how to complete PADR will be finalised by the end of September, with an interim target to increase compliance to 70% by December 2021.

% staff appraisal in the last 12 months

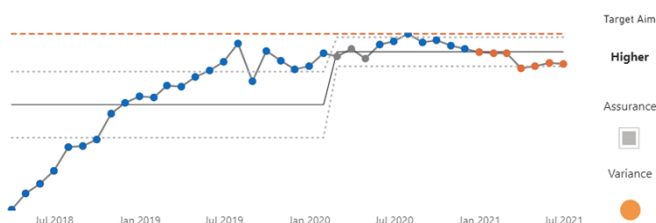


PADR compliance rates show special cause concerning variation in July 2021. Without a review of the service, we will consistently miss the national target. Expected performance is between 64.9% and 70.4%.

Core Skills and Training Framework (CSTF)

Compliance for staff completing all level 1 competencies of the CSTF shows a declining trend. This is attributed to a lack of support to carry out e-learning on Electronic Staff Record (ESR) amid the mass Covid recruitment drive and a dependency on the national ESR e-learning system which has reliability issues. A new post has been recruited into with a focus on improving learning compliance.

% staff with all Core Skills level 1 competencies

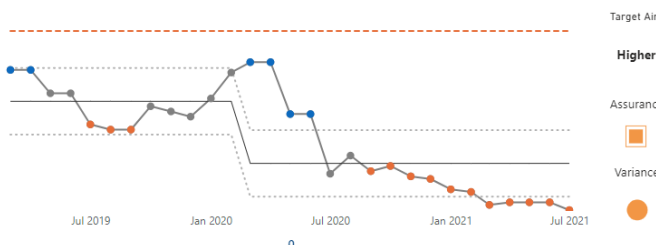


Core skills compliance rates show special cause concerning variation in July 2021. The national target has only been met once since April 2018 and will not be consistently met without a review of the service. Expected performance is between 82% and 84.7%.

Job Planning

81% of consultants/speciality and associate specialist (SAS) doctors have a job plan, however, only 21% are up to date. Performance for current job plans has been failing to meet the lowest expected process limit for the last 5 months. Meetings with stakeholders have been arranged with a view to improve performance. Compliance information is being communicated to managers across the Health Board and a Microsoft Teams channel has been created for job planning information. The new SAS doctor contract means that those SAS doctors wanting to move to the new contract will need to have an up to date job plan in place, which has been fully signed off.

Consultants/SAS Drs. with current job plan



Consultants/SAS Doctors with a current job plan is consistently failing the target. Special cause concerning variation has been shown since September 2020. The 90% target is yet to be achieved and will not be met without a review of the service. Expected performance is between 26% and 52%.

Indicators showing improving special cause variation, but need a review of the service to meet target

- Follow-up appointments – delayed past their target date
- Follow-up appointments – delayed over 100% of their target date
- Staff completing level 1 information governance training

- Child Neurodevelopment assessment waits less than 26 weeks

Essential services

In-line with Welsh Government guidance, all essential services are being achieved, with the exception of General Practitioner (GP) Out of Hours. Shift fill is the major issue faced and actions are being taken to address this. Five GPs have been recruited and are currently in the enrolment process, the nurse car pilot has been reintroduced supported by remote working GPs, and Locum Hub Wales is now live with RotaMaster in the uploading phase of development to improve options for filling vacant shifts.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.7 Provide support to the Committee in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and	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:	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 Datblygu Strategol a Chyflenwi Gweithredol:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care

Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	
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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