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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	15 December 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Performance Assurance Report Update for Hywel Dda University Health Board – Month 8 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 full Integrated Performance Assurance Report (IPAR) is made available in the format of a Power BI dashboard which can be accessed via the following link: Performance report dashboard as at 30th November 2021.

Due to early reporting this month, some adjustments have been made:

- All data has been reviewed and added to the dashboard. However, narrative has only been requested from service leads for our key deliverable areas that are showing cause for concern.
- The deadline for publishing the IPAR on our internet site (English and Welsh) is postponed until after the Committee meeting to allow time for translation. The dashboard will be made publicly available on our websites on Friday 17th December 2021.
- Adding the strategic objective filter to the dashboard has been postponed until January 2022. This change will now be included as part of a wider piece of work to further automate the Statistical Process Control (SPC) calculations using Structured Query Language (SQL) programming and to add measure summaries for each of the six strategic objectives.

Planning objectives have been assigned to all measures. The planning objective reference numbers have been added in brackets at the end of each measure name within the IPAR dashboard.

The following bi-annual update reports have been submitted to Welsh Government (WG) and will be accessible via our internet site (English and Welsh) from 17th December 2021:

- Welsh language 'More Than Just Words'
- Learning Disability – Improving Lives WG Programme.

Within the dashboard, each SPC chart produces two types of icons i.e., one for variation and another for assurance:

The measures included in the IPAR have been reviewed. A paper summarising the changes can be accessed via the Performance Assurance Report – Measure changes planned for December 2021. Measures no longer included in the Delivery Framework are being stood down and the new Improving Together outcome, qualitative and quantitative measures are being incorporated. In relation to this Committee, Individual Patient Funding Requests and Continuing Health Care are no longer reported as part of the IPAR.

Within the dashboard, each SPC chart produces two types of icons i.e., one for variation and another for assurance:

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

ASSURANCE Performance against target	▣ (orange)	We will consistently fail the target until improvement actions are identified and successfully embedded
	▣ (grey)	We will randomly hit and miss the target until improvement actions are identified and successfully embedded
	▣ (blue)	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 assistance is required in navigating the IPAR dashboard, please contact the Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk

Cefndir / Background

The final NHS Wales Delivery Framework 2021/22 (https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/monitoring-our-performance/) published in October 2021 has migrated and modelled on 'A Healthier Wales' quadruple aims as part of the 'Single Integrated Outcomes Framework for Health and Social Care'. New metrics have been added and a number have either been amended or retired. A summary of the changes can be found here.

Asesiad / Assessment

Important changes to highlight since our previous report

Improving measures	
Diagnostics	Patients waiting over 8 weeks for a specific diagnostic is now showing common cause variation. This follows 8 successive months of concerning variation. Further improvements are needed, as at 30th November 2021 there were still 5,532 patients waiting over the target 8 weeks.
Hip fractures	Patients aged 60 or over who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours has shown special cause improving variation for the last 8 data points, with latest performance recorded as 100%.
Mental Health	Mental health assessments within 28 days – 18 years and over is now showing common cause variation. Performance has improved since a low point in August 2021 of 78.8% which was outside the lower process limits and missed target. Performance in October 2021 has improved to 93.4% and above the mean.
Biosimilar Medicines	Prescribing of biosimilar medicines increased from 80% in Q4 2020/21 to 92% in Q1 2021/22.

Declining measures

Mental Health	Mental health assessments within 28 days – under 18 years is showing a decline in performance and concerning variation with a run of 8 data points below the mean.
Therapies	Patients waiting over 14 weeks for a specified therapy is now showing common cause variation. This follows 11 successive months of special cause improvement. As at 30th November 2021, there were 756 patients waiting over the 14 week target.

New measures/measure changes/other

Mortality	Crude hospital mortality rate (aged under 75 and excluding day cases) now reports in-month figures. Previously we were reporting on 12 month averages. This allows for accurate use of Statistical Process Control (SPC) charts and this measure now shows special cause improving variation. Additionally, the target has been changed to a 12 month reduction from the March 2021 average reported position. The new target is 1.56%.
Occupational Therapy	In previous reports MH&LD was excluded from reporting. The performance for all patients across the Health Board waiting 14+ weeks for Occupational Therapy are is included in the Performance Assurance Report.

Non-key deliverable indicators showing cause for concern

Due to the limited timescales for reporting this month, only narrative for our key deliverables that are showing special cause for concern (statistically and/or operationally) has been included in this month's report.

Measure	Target	Latest data	Variance	Assurance
Mental Health assessments within 28 days (Under 18 years)	80%	9.1%		
COVID related incidents	0	53		
New COVID cases	0	7,579		

Indicators showing special cause for improvement

Training	NHS staff dementia training compliance
Hip fracture	Orthogeriatrician assessments within 72 hours
Audiology	Patients waiting over 14 weeks
Podiatry	Patients waiting over 14 weeks
Physiological Measurement	Patients waiting over 8 weeks
Imaging	Patients waiting over 8 weeks
Cardiology	Patients waiting over 8 weeks
Mortality	Crude hospital mortality rate

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

Follow-ups	Delayed past their target date
Follow-ups	Delayed by over 100% past their target date
Mental Health	Child neurodevelopment assessment waits less than 26 weeks
Mental Health	Adult psychological therapy waits less than 26 weeks
Digital	Clinically coded 1 month post discharge
COVID	COVID-19 related staff self-isolation
COVID	COVID-19 related complaints

COVID-19 Vaccinations

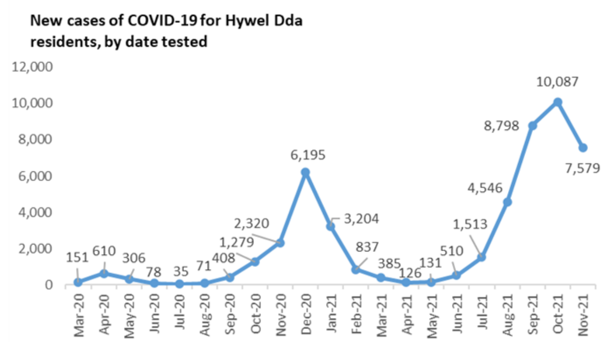
Progress made in vaccination of Hywel Dda University Health Board (HDdUHB) residents to date is set out in the table below from the COVID-19 Vaccination Weekly Surveillance Summary provided by Public Health Wales for the week ending 5th November 2021 available in the Rapid COVID-19 virology dashboard:

Priority group	1st dose	2nd dose	Booster dose
Care home residents	98.5%	97.4%	76.8%
People aged 80+	96.5%	95.7%	80.1%
People aged 75-79	96.9%	96.4%	85.1%
People aged 70-74	96.2%	95.5%	81.6%
High risk adults under 70	95.3%	94.0%	43.4%
People aged 65-69	94.9%	94.0%	71.4%
Medium risk adults under 65	89.9%	86.2%	33.3%
People aged 60-64	93.3%	92.0%	48.9%
People aged 55-59	91.6%	90.2%	31.1%
People aged 50-54	89.4%	87.8%	24.2%
People aged 40-49	84.6%	81.9%	17.8%
People aged 30-39	78.4%	73.9%	11.8%
People aged 18-29	76.8%	69.5%	6.9%
People aged 16-17	74.4%	29.8%	n/a
People aged 12-15	52.6%	n/a	n/a

COVID-19 Update

From the start of the pandemic to 30th November 2021, there has been a total of 49,169 confirmed cases of COVID-19 amongst HDdUHB residents, of which 7,579 were confirmed during November 2021.

- Positivity rates remain higher in males than females, with females undertaking substantially more tests than males at present;
- Despite the greater levels of incidence, hospital admissions remain below those observed at the peak of the second wave;
- Average length of stay for COVID admissions continues to decrease.



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-19 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-19 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-19 related staff absence	Confirmed E. coli cases	Hospital acquired pressure damage	Cancer treatment within 62 days		MMR vaccine
COVID-19 related deaths	Confirmed C. diff cases	New never events			6 in 1 vaccine
COVID-19 related incidents					
COVID-19 related complaints					

Update on the 4 metrics (colour coded gold) for which we need more data points to determine trends:

COVID-19 related risks

- We had 91 COVID-19-related risks in November 2021, with 26 extreme risks, 54 high risks, 10 moderate risks and 1 low risk;
- 7 COVID-19-related risks are on the Corporate Risk Register, with no risks closed in November 2021.

New never events

- We had 0 never events in November 2021.

MMR vaccine

- As of September 2021, 89.6% of children had received 2 doses of the MMR vaccine by age 5.

6 in 1 vaccine

- As of September 2021, 95% of children had received 3 doses of the hexavalent ‘6 in 1’ vaccine by age 1.

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 November 2021, ambulance red calls saw an increase in demand, and this was reflected across the whole of Wales. Operational lost hours due to ambulance crews being diverted to hospitals outside of the HDdUHB area, delayed patient handovers at acute hospitals, and Welsh Ambulance Service Trust (WAST) staff abstraction due to COVID-19, resulted as a risk to the timely response to patients waiting in the community.

Ambulance handovers were extremely challenging due to hospital staffing shortages, and high numbers of admissions still placed within the Accident & Emergency Departments (A&E)/Minor Injuries Units (MIU) whilst awaiting an inpatient bed and therefore reduced capacity within the emergency departments. This is a direct consequence of reduced flow through the inpatient system due to severe challenges in the discharge pathway. Ambulance crews lost 2,628 hours in November 2021 at our 4 acute hospital sites primarily due to patient handover delays.

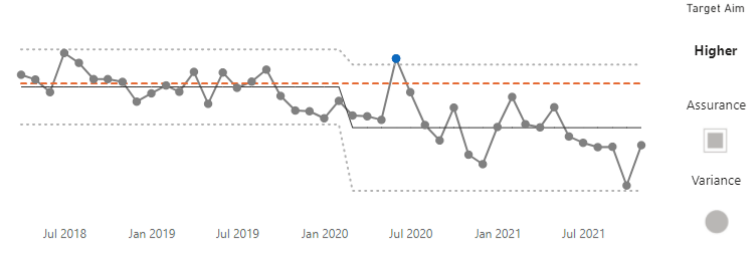
Demand at our A&E/MIU started to increase from February 2021, peaked during the summer and is now reducing. Patients waiting longer than 4 hours in A&E/MIU is primarily due to a lack of staff to meet the current demand and the use of assessment rooms/bays to house patients with major conditions whilst patients waiting longer than 12 hours were primarily due to a lack of medical beds for admission and lack of staff and the reduction in bed numbers to accommodate social distancing guidance. Capacity across the wider health and social care sector has become saturated, resulting in increasing delays for discharge.

County and Community services are reporting more cases of complex discharge requirements which can delay a medically optimised patient being discharged from acute sites, together with a significant reduction in available domiciliary care and re-ablement capacity and high numbers of care homes placed under embargo status due to levels of COVID-19 incidence. Actions being undertaken to improve performance are:

- WAST Resource Escalation Action Plan (REAP) Level 4 (extreme pressure) actions instigated to deploy all clinicians to patient facing duties.

- WAST Clinical Support Desk recruitment currently open, to increase hear and treat paramedics/nurses.
- Review and increase where possible alternative care pathways, to support hospital avoidance where clinically appropriate.
- WAST reimplementation of the Tactical Approach to Production (TAP) utilising alternative grades of staff to improve Unit Hour Production, to include Military Support to add growth of Emergency Ambulance resources (Unit Hour Production).
- Same Day Emergency Care (SDEC) is being progressed across all sites, to minimise admissions, with wrap around care from the community available to support admission avoidance where assessment and diagnostics have determined it is safe and appropriate to do so. Ceredigion are implementing a community SDEC model which went live at the beginning of November 2021.
- Patient Triage Assessment and Streaming (PTAS) of the WAST Clinical Stack Review is ongoing and targeted at the hours which would provide us with the greatest impact on our acute hospital front doors (10am – 2pm).
- Establishment of Contact First 111. Memorandum of Understanding pending sign off by WAST and HDdUHB. 'Go Live' pending WAST agreement and anticipated to be fully operational from Q4 2021/22.
- Virtual Urgent Primary Care Centre – Majority of GP practices have signed up to delivery and will 'Go Live' once 111 First and our Local Flow Hub is operational (anticipated as above i.e., Q4).
- North Pembrokeshire implemented a home visiting service at the end of November 2021 with planned delivery of 12-15 visits per day.
- Application of Telehealth as a pilot for early identification of deteriorating patients in the community and in care homes, and intervention to avoid hospital attendance and admission pending Information Governance sign off and approval.
- Urgent consideration has been undertaken of opportunities to create additional community-based step-down/surge capacity by each County; 8 bedded facility in Llanelli has opened with further beds coming online mid-December 2021 (up to 14) and recruitment progressing to increase bed capacity in Aman Valley Hospital (additional 8 beds). In Pembrokeshire staffing constraints means that the Cleddau Ward in South Pembrokeshire Hospital remains in hibernation, but work is ongoing to commission additional beds through the independent sector.
- County system improvement plans in place.
- 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 November 2021 was 49% and shows common cause variation. The national target (65%) has only been met twice since September 2019 and will not be consistently met without the transformation/improvements above.

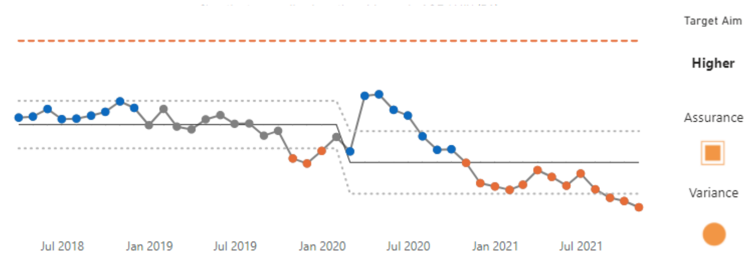
Expected performance is between 38% and 70%.

No. ambulance handovers taking over 1 hour

Performance in November 2021 shows concerning special cause variation, with 856 ambulance handovers taking over 1 hour. Without the transformation/ improvements above, we will consistently miss the national target (0 breaches).

Expected performance is between 87 and 602

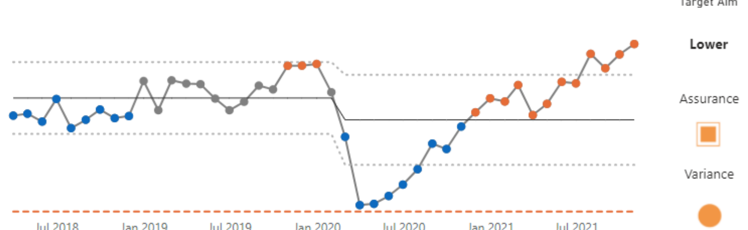
% patients spending less than 4 hours in A&E/MIU



Performance in November 2021 was 69% and shows concerning special cause variation. Without the transformation/ improvements above, we will consistently miss the 95% national target.

Expected performance is between 71% and 81%.

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



Performance in November 2021 shows concerning special cause variation, with 1,210 patients waiting over 12 hours. Without the transformation/improvements above, we will consistently miss the national target (0 breaches).

Expected performance is between 338 and 988.

Planned Care

The service is still under pressure from the backlog created during the pandemic. Performance continues to be affected by limitations on available capacity due to the requirements of social distancing and infection control measures. In November 2021, 56.5% of patients were waiting less than 26 weeks for treatment, with a total of 30,893 patients waiting more than 36 weeks.

Whilst Planned Care teams have worked hard to increase the volume of core internal activity delivered beyond the levels outlined in the Annual Recovery Plan, the impact on the number of patients waiting continues to remain static in the most recent reporting period as these gains have been mitigated by significant limitations to the ability to increase any internal capacity at present due to exceptional levels of urgent pressure. Theatre utilisation has been constricted by emergency pressures, with Orthopaedic inpatient surgery currently suspended at both the Withybush Hospital (WGH) and Prince Philip Hospital (PPH) sites. This has been relayed to the public by the communications team. There are now significant plans to recommence inpatient Orthopaedics at PPH in late January 2022. However, planning for a restart of inpatient Orthopaedic surgery at the WGH site is further delayed due to the ongoing significant staffing challenges. This plan to increase internal activity is phased across Q4 2021/22, which involves the reinstatement of Ward 6 PPH as well as a plan to open a protected green ward at WGH. Additionally, a demountable unit (due to be completed in late Q4 21/22 or early Q1 22/23) will increase capacity for day surgery access for HDdUHB.

In order to reduce the backlog, an additional activity plan has been developed and agreed and is supported by non-recurrent WG funding. This plan is heavily dependent on delivery of treatments via

a range of independent sector providers to supplement the core capacity delivered across our four hospitals. Due to the timelines associated with the NHS Wales Shared Service Partnership (NWSSP) tender & commissioning framework, the majority of these additional volumes will impact during the second half of the year when our commissioned independent sector activity scales up.

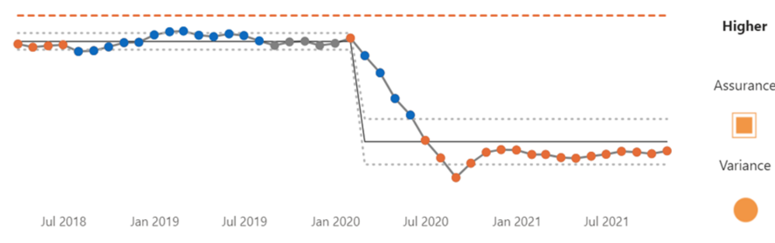
The WG funded outsourcing programme is being actively progressed although significant theatre staffing pressures are being felt in the private sector which is having an impact on initial outsourcing levels. Patients are currently being outsourced to external providers in Orthopaedics and Urology, with plans to outsource Gynaecology and Endoscopy and the service are currently extending the Ophthalmology outsourcing to another provider which commenced in November 2021.

Work is ongoing with clinical teams to regularly risk stratify waiting lists and validation of waiting lists continues. Additional work HDdUHB is undertaking as part of the recovery plan;

- Engagement with a technical validation service which commenced in November 2021 within a structured process with regular review;
- Waiting List Support Service (WLSS) are beginning to contact all stage 4 patients in a structured process which has been clinically ratified. The service has commenced with Orthopaedics and ENT and will be triangulated with the external validation process so patients are contacted appropriately;
- Work has commenced with an external agency (Lightfoot) and extensive work is taking place on modelling the backlog recovery.

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 October 2021, there were 1,789 HDdUHB residents waiting over 36 weeks in other NHS care providers. This figure does not currently included new outpatient appointments, these will be included from November 2021 onwards. This target continues to be impacted by COVID-19 as case rate numbers remain high with the additional concern of the increased growth rate of the new Omicron variant. Additionally, demand from all NHS bodies on Outsourcing providers remains exceptional. There is currently limited capacity available to re-direct or re-commission many of the services that are under extreme pressure. A Regional Commissioning Group is set up at Swansea Bay UHB working collaboratively with HDdUHB Commissioning Team to fulfil regional solutions which benefit both organisations. WG is working with all Health Boards regarding waiting list management and how to minimise risk going forward. Validation of waiting lists continues.

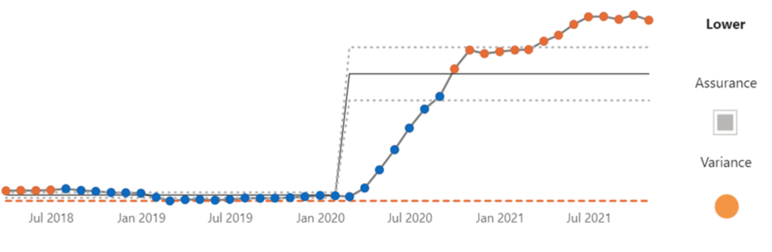
% patients waiting less than 26 weeks for treatment



Patients waiting less than 26 weeks from referral to treatment is showing special cause concerning variation since July 2020. A detailed review of the service has been undertaken to address the backlog, with partial improvement expected over the second half of the year.

Expected performance is between 53% and 66%.

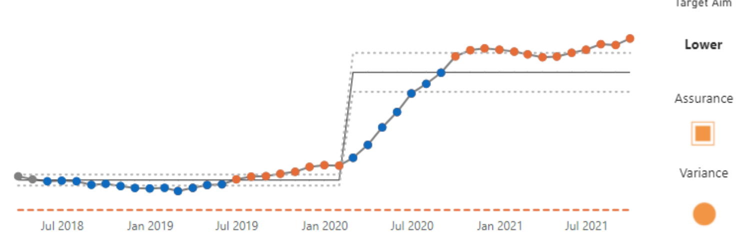
% patients waiting more than 36 weeks for treatment



Patients waiting over 36 weeks from referral to treatment is showing special cause concerning variation since October 2020. A detailed review of the service has been undertaken to address the backlog, with partial improvement expected over the second half of the year.

Expected performance is between 17,188 and 26,261 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 October 2020.

Expected performance is between 1,234 and 1,639 breaches.

Follow-up appointments

The service is still under pressure and performance continues to be affected by the impact of the COVID-19 pandemic with restrictions such as social distancing and infection control measures remaining in force. However, capacity will be increased from December 2021 due to restrictions reducing to 1 metre following the latest Public Health Wales (PHW) guidance. This will not take capacity back to pre-COVID-19 levels, although the outpatient department will be able to accommodate slightly more patients. In November 2021, 67,024 patients were waiting for a follow-up appointment. Work continues on the reduction of the follow-up waiting list, and the services are targeting patients who are delayed and waiting over 100% of their target, which is slowly reducing the number of patients in this bracket.

As part of the recovery plan, virtual functionality, which includes See On Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways, 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. Of the 14,636 follow-up appointments undertaken in November 2021, 4,096 were virtual (28%) against the WG target of 50%.

The first Virtual Hub opened within HDdUHB on 1st November 2021, providing a dedicated protected area for virtual activity only. This has released rooms within the Outpatients department to provide additional activity face-to-face as required. These actions led to a 1% increase use of virtual functionality in November 2021 compared to October 2021. The directorate is continuing to rollout Consultant Connect, Attend Anywhere, Microsoft Teams and are in the process of implementing virtual group consultations/video group clinics.

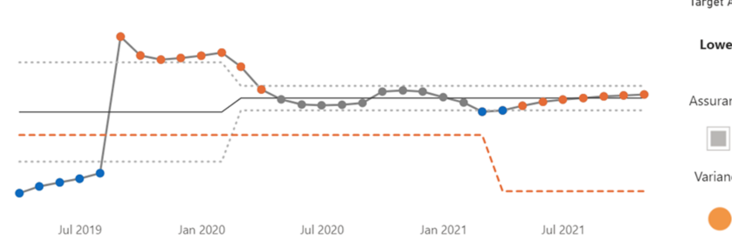
Other work being undertaken as part for the recovery plan;

- In Ophthalmology the review of Glaucoma patients in primary care (up to 500 a month) will begin in January 2022;
- External validation of the entire waiting list has begun with a view to completing in March 2022;
- Internal validation continues with a dedicated team;
- Improved clinical condition compliance and development of a compendium of clinical condition pathways, with the aim of ensuring every follow-up appointment adds value to a patient’s experience with all unnecessary follow-up appointments being avoided.

Several transformation and service improvement projects supported by the outpatient transformation team along with the project leads are being funded via WG. The following projects have had funding approved and are in the planning stages:

- The Virtual Orthopaedic Prehabilitation project aims to reduce follow-ups by introducing health optimisation and tailored support/advice to patients following their procedure. This will also incorporate the use of technology enabled care.
- The Virtual Ophthalmology Retinopathy Service project will use the existing Consultant Connect application (which is funded to May 2022) to undertake required tests for all Diabetic Retinopathy patients in Primary Care for virtual review and triage in Secondary Care;
- In Trauma and Orthopaedics, a Patient Recorded Outcome Measures (PROMs) co-ordinator is being appointed to support a pilot digital platform for the collection of PROMS;
- The prostate Cancer Prehabilitation project aims to reduce the numbers of patients waiting for a follow-up appointment through better utilisation of self-management pathways and use of group consultations.

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



The number of patients waiting for a follow-up appointment is showing special cause concerning cause variation. A detailed review of the service has been undertaken and a plan has been developed to improve performance.

Expected performance is between 62,263 and 69,603 waiting for an appointment.

Ophthalmology

Reduced outpatient and theatre capacity as a result of the COVID-19 pandemic continues to affect the service. Additionally, sickness and staffing issues have provided a challenge around the recovery of lost clinic sessions. In October 2021, 75.2% of Ophthalmology R1 appointments attended (excluding those without a target date allocated) were within their clinical target or within 25% in excess of their target. To ensure that the highest priority of risk of sight loss patients are cared for across the four sites within HDdUHB, all referrals received are screened and each referral is given a Health Risk Factor (HRF) status. R1 patients at imminent risk of harm continue to be prioritised.

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 through the A Regional Collaboration for Health (ARCH) programme board. The plan has been agreed and supported by HDdUHB Executive Team and a Service Level Agreement (SLA) for SBUHB Consultant sessions is being finalised with sessions to commence once honorary contracts have been finalised.

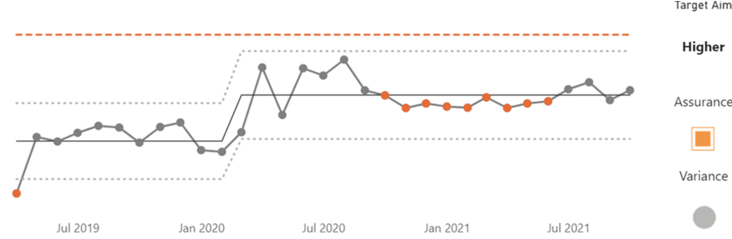
The service continues to explore opportunities to change practice and deliver services differently in order to mitigate the reduction in hospital capacity, including the development of Ophthalmic Diagnostic and Treatment Centres (ODTCs) and virtual clinics as well as the development of alternate pathways to support Diabetic Retinopathy, Age-Related Macular Degeneration (AMD) and Glaucoma.

Theatre capacity will be addressed through independent sector commissioned activity with the aim of clearing the 36 week wait position by March 2023. Outsourcing of approximately 5,000 cataract procedures has commenced from both stages 1 and 4 as part of the Phase 1 and 2 WG funded

outsourcing programme and is gathering pace. We have two new contracts in place, one with Spa Medica and another with Community Health Eye Care. This will aid with recovery and ensure Hospital Eye Service (HES) capacity is maintained for those R1 patients with sight threatening conditions.

Additionally, a regional Cataract recovery plan has been developed with SBUHB to utilise capacity in both Health Board locations to increase the number of Cataract procedures we are able to deliver. This plan has been submitted to WG for consideration. Capital funding has been secured to transform the outpatients area at Amman Valley Hospital which will allow the Intravitreal Therapy (IVT) injection service to move and release capacity for patients requiring Cataract operations. Work is to start from December 2021.

% R1 eye care patients appts attended within target date (or <25% excess)



Ophthalmology performance data is showing common cause variation for October 2021. A detailed review of the service has been undertaken and a plan developed to improve performance.

Expected performance is between 58% and 89%.

Cancer

In October 2021, 61% of patients started their first definitive cancer treatment within 62 days from point of suspicion.

The influencing factors include:

- A 13% decrease in referral from primary care, a 37% increase in outpatient priority upgrade from urgent, to urgent suspected cancer (USC) and a 3% decrease in demand for diagnostic investigations.
- A decrease in capacity for appointments and results reporting within radiology, due to COVID-19 related sickness and planned annual leave within two of the four health board sites. This has been compounded by the vacant position for Head of Radiology. Patients have been offered alternative appointments on other sites, however some patients have not agreed to attend and have requested an appointment close to home.
- Critical care demand increased due to higher number of patients who required COVID-19 related care. This has impacted access to critical care following planned surgery, resulting in short notice cancellations affecting 12 patients in October 2021.
- Access to tertiary care remains a challenge for lung, skin, UGI and urology.

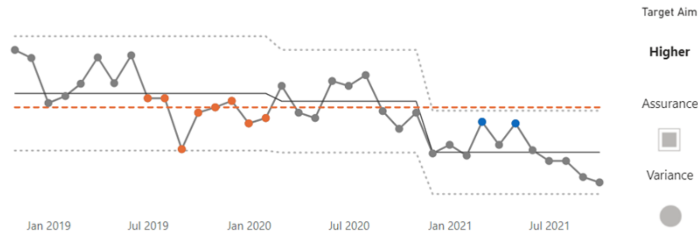
The trajectory for improvement is being reviewed to include improvement actions in order to reach 75% compliance in March 2022.

Our actions for improvement include:

- Work with the newly appointed Head of Radiology to explore outsourcing opportunities and internal solutions to increase capacity to appointments and reporting utilising non recurrent recovery money.
- Recruit 1 WTE within the cancer tracking team to address backlogs and facilitate earlier booking. This post has been appointed to and will start January 2022.
- Auditing outpatient appointment booked beyond 10 days to identify common themes. Improvement plans have been developed.

- Review access to green surgical pathway across all sites to include access to green critical care.
- Continuing to escalate concerns regarding tertiary centre capacity and associated delays.
- Investigating current capacity for diagnostics to ensure a 7-day turnaround as per the National Optimal Pathways.
- The Wales Cancer Network are employing Single Cancer Pathway (SCP) Project Managers for each health board across Wales to support.

% 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 March 2020. Since August 2021, the target has not been met. We will randomly hit and miss the target until a review of the service is embedded to increase timely diagnostic capacity for patients on the cancer pathway.

Expected performance is between 59% and 75%.

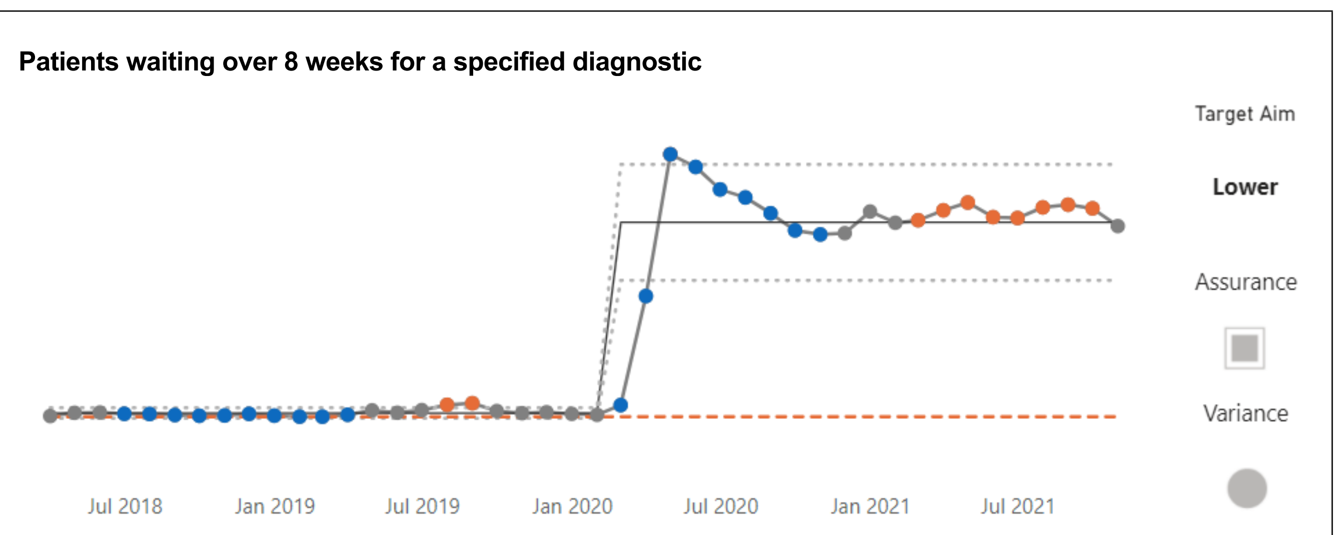
Diagnostics

Overall, the performance for diagnostics is now showing common cause variation; in November 2021, 5,532 patients were waiting 8 weeks or more for a specified diagnostic.

Diagnostic	Patients waiting 8 weeks +	Variance / latest trend	Assurance
Radiology	3,169	● (grey)	The target will not be consistently met until improvement actions are fully identified and embedded.
Endoscopy	1,225	● (orange)	
Neurophysiology	706	● (orange)	
Cardiology	412	● (blue)	
Imaging	14	● (blue)	
Physiological Measurement	6	● (blue)	

An increase in demand and reduced capacity due to staff shortages and COVID-19 measures has been seen across our diagnostic services, particularly for Radiology, Endoscopy and Neurophysiology. Waiting lists continue to be validated and recruitment drives are in progress. In Radiology, additional activity is taking place on weekends to address the backlogs, and where possible patients are offered CT and MRI scans across HDdUHB sites. Weekly meetings are held with the National Endoscopy Programme to scope out regional work, particularly how we can develop a Regional Endoscopy service in conjunction with SBUHB, recognising that HDdUHB is regularly identified as service leaders for Endoscopy. Equipment issues for nerve conduction studies and the lack of interest from any external workforce in Neurophysiology remains a challenge. The potential for additional weekend/evening activity within our own workforce is currently being scoped.

Patients waiting over 8 weeks for a specified diagnostic



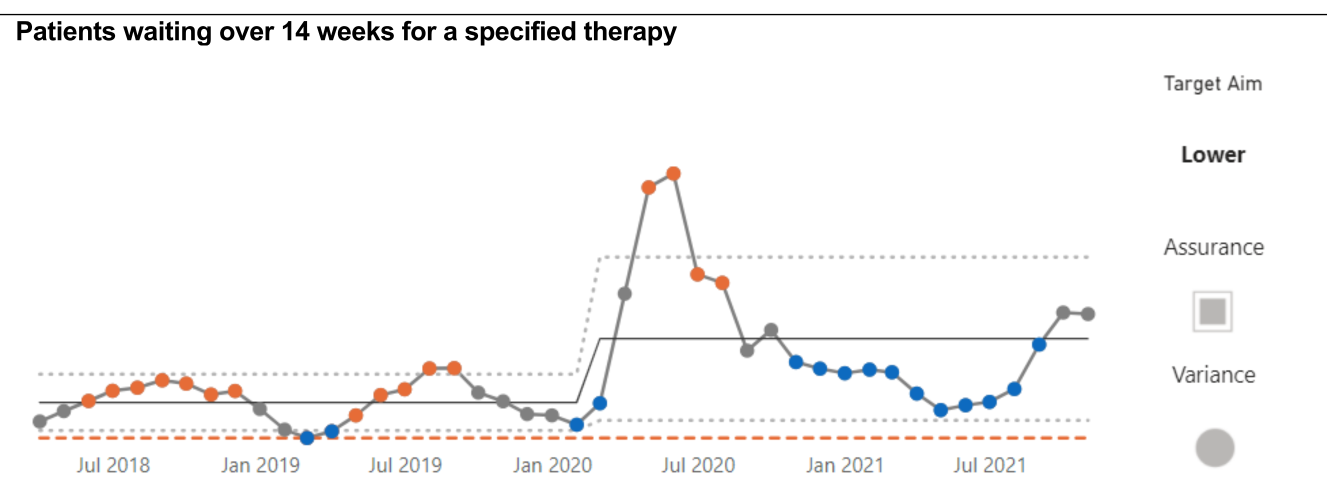
Therapies

On 30th November 2021, there were a total of 756 patients waiting over 14 weeks for a specified therapy.

Therapy	Patients waiting 12 weeks +	Variance / latest trend	Assurance against target
Occupational Therapy	283	● (orange)	The target will not be consistently met until improvement actions are fully identified and embedded.
Physiotherapy	185	● (grey)	
Dietetics	180	● (orange)	
Podiatry	103	● (blue)	
Audiology	4	● (blue)	
Speech & Language	1	● (grey)	
Art	0	● (grey)	

All therapy referrals are triaged and identified as urgent or routine. Urgent patients are then prioritised. Referral rates into therapy services have normalised back to pre-pandemic levels although the waiting list is increasing due to the greater acuity and complexity of referrals following lockdown when routine services for paediatrics, diabetes, paediatrics and eating disorders were disrupted.

Whilst Physiotherapy and Podiatry are not showing cause for concern this month, the number of patients waiting over 14 weeks for Occupational Therapy and Nutrition and Dietetic services are steadily rising in these services. Within Dietetics this is specifically in the specialist areas of Mental Health, Eating Disorders, and Weight Management services and within Occupational Therapy in the specialist areas of Children and Family Occupational Therapy and Older Adult Mental Health. Recruitment is progressing to vacant posts to address the shortfall in Paediatrics, Older Adult Mental Health, Weight Management and Diabetes.



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. At the end of October 2021, 42.8% of adults were waiting less than 26 weeks to start a psychological therapy, while 27.1% of children and young adults were waiting less than 26 weeks to start a neurodevelopment assessment.

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. These accommodation issues are being considered as part of the recovery plan, and include;

- Repair works being undertaken in Bro Cerwyn, Pembrokeshire to remedy roof issues;
- Neurodevelopment accommodation is being reviewed. The current lease expires in March 2022, therefore plans are underway with Estates to consider alternative accommodation that will increase capacity;
- Preseli Building for S-CAMHS – an application has been made to Estates to commence a formal process to replace the current building with a 2-storey replacement which will increase capacity. The Directorate are exploring options to convert revenue to capital funding to progress this and discussions are ongoing with WG;
- Ongoing discussions continue within the Directorate regarding Tudor House/Ty Bryn and Bro Myrddin in respect of repurpose, dependant on service needs and opportunities to create additional clinical space.

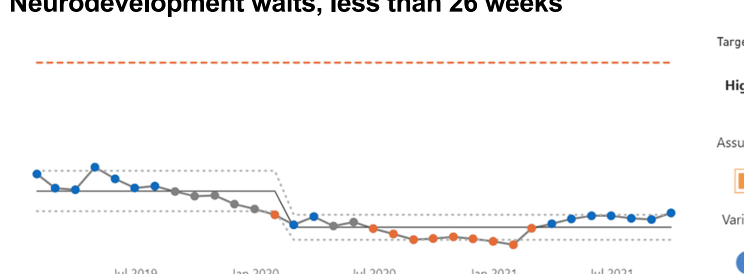
The service is currently reviewing the IT infrastructure, with full implementation of Welsh Patient Administration System (WPAS) awaiting a confirmed commencement timescale. Once WPAS is fully in place, we will be able to progress Demand and Capacity planning within services and enable better monitoring of the waiting list.

Recruitment into the Neurodevelopment service is a priority area of focus in dealing with the backlog. Two new Assistant Psychologists have recently commenced and are working with the team under the supervision of the Psychologist, while there has been successful recruitment of two additional staff to address the waiting list for Autism Spectrum Disorder (ASD). The Psychological Therapies service is scoping out new ways to reduce the waiting list, with the aim of implementing group therapies to support clients on waiting lists and running group therapies in conjunction with 1:1 sessions. A waiting list review is due to be undertaken within the Narrative Exposure Therapy (NET) modality to validate the waiting list although this may impact on other areas of the waiting list.

Additionally, procurement is underway to develop an external contract for ASD assessments by an external agency to help with waiting lists, while expressions of interest are due to be advertised for possible Waiting List Initiative (WLI) to an external provider if any available for the Cognitive Behavioural Therapy (CBT) modality.

Implementation of new software (QbTest) will aid with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), this is now fully up and running.

Neurodevelopment waits, less than 26 weeks

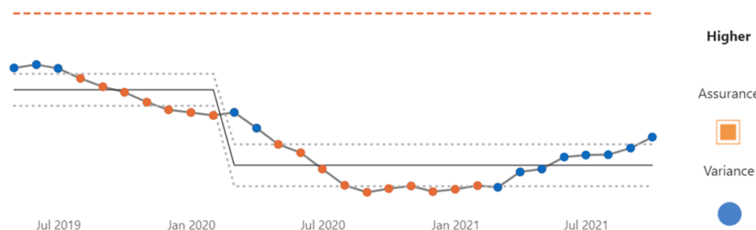


Target Aim
Higher
Assurance
Variance

Children and young adult neurodevelopment assessment waits is showing special cause improving variation since April 2021. However, the 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is between 18% and 27%.

Psychological therapy waits, less than 26 weeks



Target Aim
Higher
Assurance
Variance

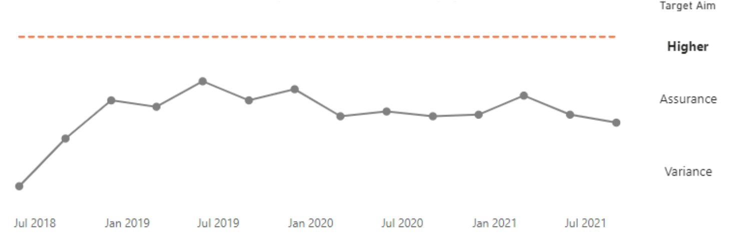
Adult psychological therapy waits is showing special cause improving variation since March 2021. However, the 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is between 28% and 41%.

Childhood Vaccination - MMR

The effects of the workforce and face to face contacts with parents and children in this age group due to the COVID-19 pandemic, means performance has been lower than expected. There are additional risks to the delivery of the target due to the spread of the COVID-19 Delta variant throughout the HDdUHB area and the impact on staff and parents hesitancy in accessing health care services. The Immunisation Teams continue to engage with Primary Care Practices to ensure that we immunise as many children in this age group as quickly and safely as possible in line with COVID-19 legislation. This area is also addressed through the Health Board's Childhood Immunisation and Primary Care Immunisation Group Meeting to resolve any operational/resource issues.

% of children who received 2 doses of the MMR vaccine by age 5



Target Aim
Higher
Assurance
Variance

Performance for July – September 2021 is 89.6%.

The trend chart shows that the national target has yet to be achieved. At quarter 3 2021/22, the required 15 data points needed for an SPC chart will be available, where assurance and performance variation will be shown.

Essential Services
In line with WG guidance, all essential services are being achieved, with the exception of General Practitioner (GP) Out of Hours (OOH). Shift fill is the major issue faced, particularly during the weekend periods, and projections around the Christmas and New Year periods suggest further declining rotas despite enhanced rates of remuneration and flexibility in rota population. Actions to provide stability of core OOH rotas include the recent recruitment of seven GPs (5.6 WTE) and the completion of the RotaMaster system which is planned to be in full use by the end of the financial year to improve options of filling vacant shifts. 70% of OOH contact continues to be through telephone advice and work continues to identify a suitable option for virtual consultations which complies with Information Governance policy. Work also continues to enhance the use of Red Areas on all sites by the OOH service to allow symptomatic COVID-19 patients to be assessed in a face-to-face consultation in a safe manner.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- Consider the Performance Update Report – Month 8 2021/22
- Advise of any issues arising, including issues that need to be escalated to the January 2022 Public Board meeting.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against HDdUHB 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. 3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A). 3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Safon(au) Gofal ac Iechyd:	All Health & Care Standards Apply

Health and Care Standard(s):	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2021-22
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: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care People, Organisational Development and Culture Committee

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