



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 February 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 10 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 performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st January 2022](#).

An update on IPAR developments:

- A strategic objective filter has been added to the IPAR dashboard.
- 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.
- New Improving Together measures have been added to the IPAR dashboard, including:
 - Staff experience measures – accessible via the 'Workforce' topic filter.
 - Patient experience measures – accessible via the 'Quality' topic filter on the dashboard.
- The IPAR dashboard now includes Covid vaccination data for all local authority areas in Wales to enable us to benchmark against our peers.
- Statistical process control (SPC) calculations are now being completed using Structured Query Language (SQL) programming, rather than Excel.

The Strategic Development and Operational Delivery (SDOD) Committee are asked to advise on any issues that need to be escalated to the March 2022 Board meeting.

Following an action from the December SDOD meeting, an additional paper is provided to give an overview of how our performance compares to our peers across Wales for some of the key deliverable performance measures.

Please refer to the help pages on the performance report dashboard for a key to the icons used in the SPC charts. There are also 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:

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

Cefndir / Background

The [final NHS Wales Delivery Framework 21/22](#) was published in October 2021 and is 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](#). Both of these documents can also be accessed via the supporting documents section of the *Monitoring our performance* internet page - <https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/monitoring-our-performance/>.

The five key risks that are impacting our performance are:

Staff shortages



Vacancies, turnover, sickness and COVID-19 isolation are all impacting on our staff capacity to see and treat patients. In January 2022 some services were stood down (e.g. non-urgent outpatient appointments) so that staff could be released to assist in areas most greatly affected.

Apr 2018 – Jan 2022



Staff turnover (12m rolling)



Staff sickness (in-month)

Timely discharge



County and community services continue to report high numbers of cases with complex discharge requirements which result in discharge delays while arrangements are put in place to meet the patient's needs. This is further compounded by a shortage of domiciliary care to meet increasing demand from an ageing population.

As at 28th January 2022 we had 232 medically optimised patients and 117 were ready to leave (RTL).

Ambulance delays



We are seeing significant numbers of ambulance delays outside our emergency departments, which result in ambulances being unable to respond to calls in the community in a timely manner.

In January 2022, 882 ambulances waited for more than one hour outside our emergency departments. Improvements were seen towards the end of the month.

Patient acuity



Due to delays in patients coming forward for care during lockdown, many cases are now of greater acuity and complexity.

% in-patients with acuity level 4 (urgent care) or level 5 (one-to-one care)
Jan 2020 – 19%
Jan 2021 – 24%
Jan 2022 – 32%

Space to treat



Insufficient accommodation space to see, care for and treat the volume of patients needed. This is further impacted by the social distancing requirement resulting from the COVID-19 pandemic.

As at the 10th February 2022 our non-covid beds have been at 95%+ occupancy on all but 8 days in the previous 6-month period.

Asesiad / Assessment

Important changes to highlight since our previous report

Improving measures

Stroke - SALT	Percentage of stroke patients receiving the required minutes for speech and language therapy has reported its highest recorded performance of 68.6% in January 2022 against a target of 50% and is now showing special cause improving variation and above the upper expected performance limit.
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Declining measures

Mental Health assessments under 18	Mental health assessments within 28 days – under 18 years is showing a decline in performance and concerning variation with a run of 10 data points below the mean, with performance in December 2021 3.2% against a target of 80%.
Mental Health interventions under 18	Mental health therapeutic interventions within 28 days – under 18 years is showing a decline in performance and concerning variation with a run of 5 data points below the mean, with performance in December 2021 outside the lower expected performance limit at 18.2% against a target of 80%.
Ophthalmology R1 appointments	Following several months of common cause variation, performance in December 2021 declined to 39.1% against a target of 95%. This is the lowest recorded performance since April 2019.
Cancer	Against a target of 75%, in December 53% of patients starting their first definitive cancer treatment within 62 days from the point of suspicion. Performance has been declining for 5 months and is now showing special cause concerning variation.
Therapies	<p>During January, some therapy activity was paused to allow staff to be reallocated to roles to support the response to the pandemic. The services for which this has had the greatest impact are:</p> <ul style="list-style-type: none">• Physiotherapy - although showing common cause variation, performance has declined and is at the upper process limit for expected performance.• CMATs - in January 2022 the number of patients waiting 6 weeks and over for the service sharply increased, taking the measure to the upper process limit for expected performance.• Occupational therapy – breaches have increased for the fifth consecutive month and are now more than 50% above the upper expected limit.

New measures/measure changes/other

Patient safety incidents causing harm	This measure has changed from the number of incidents causing some level of harm in previous iterations to patient safety incidents causing moderate, severe or catastrophic harm (levels 3, 4 or 5) as a percentage of all patient safety incidents at both the reporting stage (open) and identified post investigation (closed).
Psychological Therapies	All data points for this measure have now been amended to exclude Adult Autism Spectrum Disorder (ASD). Previously, this was only excluded from April 2021.
Stroke – Mechanical Thrombectomy	In-line with the NHS Wales Delivery Framework for 2021/22, data for the percentage of stroke patients who receive mechanical thrombectomy is now reported.
Stroke – admissions within 4 hours	Target change – The new target for this measure is 46.8%. Previously, the target was 51.5%.

Staff with at least level 3 Welsh language	A new measure has been added for the percentage of staff with a level 3 (intermediate), level 4 (higher) or level 5 (proficiency) Welsh language competency recorded on ESR.
Patient Experience Measures	<p>11 new patient experience measures have been included in this month's IPAR and assigned the following targets:</p> <ul style="list-style-type: none"> • Overall patient experience score - 90% • I am treated with dignity, respect and kindness - 80% • I am listened to - 80% • I am involved in decisions about my health and care services - 80% • I feel supported to take more personal responsibility for my own health - 80% • I am supported and encouraged to share my experience of care - 90% • I feel safe and well cared for - 85% • Care is provided in most appropriate setting to meet my health needs - 90% • I was given all the information I needed in a format that met my individual communication needs – 90% • I was able to communicate in Welsh to staff - 80% • Number accessing the patient experience system - 200

Indicators showing improving special cause and common cause variation

	Improving special cause variation	Common cause variation
Will fail target without a review of the service	<p>Clinically coded - one month post discharge</p> <p>Follow-up appointments - delayed</p> <p>Follow-up appointments - delayed 100%</p> <p>Podiatry waits</p> <p>Cardiology waits</p> <p>Imaging waits</p> <p>Child neurodevelopment assessment waits</p> <p>COVID - complaints</p>	<p>Diagnostic waits - all</p> <p>Therapies - all</p> <p>Radiology waits</p> <p>Staff - PADRs</p> <p>Staff - core skills</p> <p>A Job plan</p> <p>Adult psychological therapy waits</p> <p>Follow-up appointments - patient waiting</p> <p>COVID - staff self-isolation</p>
Will not consistently hit or miss target	<p>New medications</p> <p>Audiology waits</p> <p>Physiological measurement waits</p> <p>Stroke - speech and language therapy</p> <p>LPMHSS assessments (18+)</p> <p>Hip fracture - orthogeriatrician assessment</p> <p>Patients feel safe & cared for</p>	<p>Sepsis - in-patients</p> <p>Sepsis - emergency department</p> <p>E.coli cases</p> <p>S.aureus cases</p> <p>C.difficile cases</p> <p>Concerns/complaints</p> <p>Nutrition score</p> <p>Hip fracture survival</p> <p>Crude hospital mortality rate</p> <p>COVID deaths</p> <p>Patients feel listened to</p> <p>Patients involved in decisions</p> <p>Patients can communicate in Welsh</p> <p>Physiotherapy waits</p> <p>CMATS waits</p> <p>Stroke unit admission</p> <p>CAMHS appointments</p> <p>MH - valid care and treat plan (18+)</p> <p>MH - assessments within 28 days (18+)</p> <p>NIIAS - own record</p>
Will consistently pass the target	<p>Staff - dementia training</p>	<p>Postponed procedures</p> <p>MH - valid care and treat plan (0-17)</p> <p>Patient experience score</p>

A&E = Accident & Emergency • MIU = Minor Injuries Unit • R1 = Risk 1 • CMATS = Clinical Musculoskeletal Assessment and Treatment Service • OOH = Out Of Hours • CAMHS = Child and Adolescent Mental Health Services • MH = Mental Health • LPMHSS = Local Primary Mental Health Support Services • PADR = Performance Appraisal Development Review

COVID-19 Vaccinations

In December 2021, our booster vaccination campaign was accelerated in line with Government guidelines and this continued into January. As at 9th February 2022, residents that had received:

First dose		Second dose		Booster dose	
Ages 12-15	54.0%	Ages 12-15	29.8%	Ages 18+	68.6%
Ages 16-17	74.3%	Ages 16-17	54.9%		
Ages 18+	88.0%	Ages 18+	85.3%		

Uptake of the booster dose in the clinically extremely vulnerable group is lower than many of the other priority groups. This pattern is seen across Wales and is due to members of this group requiring a third dose and therefore many not yet being eligible for a booster dose due to the 13-week gap needed between doses.

When we take into account the number of people who are eligible for a booster dose vaccination, as at 1st February 2022, 76.8% of eligible adults had received a booster dose vaccination.

We continue to use public communications to encourage uptake of COVID-19 vaccination in our community and we are continuing to use a 'leave no one behind' strategy to revisit those groups who have not yet come forward. The programme is using a mixture of Mass Vaccination Centres and Primary Care services, supported by home visits where needed and a mobile unit for hard to reach communities.

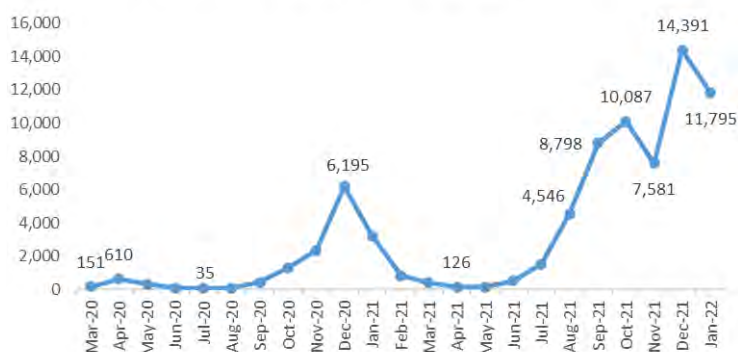
For further details see the [Rapid COVID-19 virology dashboard](#) published by Public Health Wales.

COVID-19 Update

From the start of the pandemic to 31st January 2022, there has been a total of 75,363 confirmed cases of COVID-19 amongst HDdUHB residents, of which 11,795 were confirmed during January 2022.

It is important to note that on 6th January 2022 the COVID-19 testing policy in Wales changed, removing the requirement for asymptomatic individuals and unvaccinated contacts of cases to have a PCR test. These individuals are required to undertake a lateral flow test and report the results online. This policy change is likely to have impacted the true number of cases being reported.

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



- Positivity rates remain higher in males than females, with females undertaking substantially more tests than males;
- Despite the greater levels of incidence, hospital admissions remain relatively 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

blue area of improvement

grey

within expected limits

gold

more data points needed to determine the trend

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	New never events	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	Confirmed C. diff cases	Cancer treatment within 62 days		MMR vaccine
COVID related deaths					6 in 1 vaccine
COVID related incidents					
COVID related complaints					

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

COVID related risks

- We had 92 COVID-related risks in January 2022, with 27 extreme risks, 54 high risks, 10 moderate risks and 1 low risk;
- 8 COVID-related risks are on the Corporate Risk Register, with no risks closed in January 2022.

New never events

- We had 0 never events in January 2022.

MMR vaccine

- As of September 2021, 89.6% of children had received 2 doses of the MMR vaccine by age 5 (target 95%).

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 (target 95%).

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

The impact of the Omicron COVID variant, revised Welsh Government safety guidance and staff abstraction due to sickness or the requirement to self-isolate, has resulted in extreme whole system pressure. Where appropriate, staff have been redeployed from other service areas to maintain critical services and some performance initiatives have been temporarily paused.

In January 2022, ambulance red calls saw an increase in demand, and this was reflected across the whole of Wales. Welsh Ambulance Service Trust (WAST) clinicians are being supported with Military personnel, undertaking vehicle driving roles, under the Military Aid to Civil Authority (MACA). Operational hours have been lost due to ambulance crews being diverted to hospitals outside of the Hywel Dda area, and delayed patient handovers at acute hospitals, which has resulted in 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 3,294 hours in January at our 4 acute hospital sites primarily due to patient handover delays. However, improvements were seen towards the end of January across all four acute sites.

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.

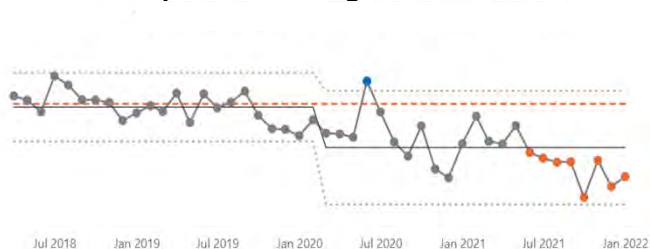
Acute sites are reporting more cases of complex discharge requirements which can delay a medically optimised patient being discharged together with a significant reduction in available intermediate care such as bridging care, domiciliary care, re-ablement capacity and shortfalls in social worker capacity to support discharge recover and some care homes placements.

Actions being undertaken to improve performance are:

- 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 safe and appropriate to do so.
- Establishment of Contact First 111. Memorandum of Understanding pending sign off by WAST and Health Board. '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).
- 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.

- Patient Triage Assessment and Streaming (PTAS) of the WAST Clinical Stack Review is ongoing and targeted at the hours which would provide us with greatest impact on our acute hospital front doors (10am – 2pm).
- Urgent consideration has been undertaken of opportunities to create additional community-based step-down/surge capacity by each county;
- 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



Target Aim

Higher

Assurance

Variance

Performance in January 2022 was 44.9% and shows special cause concerning 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 37% and 69%.

No. ambulance handovers taking over 1 hour



Target Aim

Lower

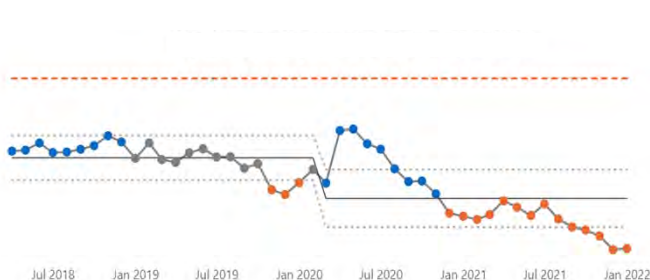
Assurance

Variance

Performance in January 2022 shows special cause concerning variation, with 882 ambulance handovers taking over 1 hour. Without the transformation/improvements above, we will consistently miss the national target (0 breaches).

Expected performance is between 150 and 634 breaches.

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



Target Aim

Higher

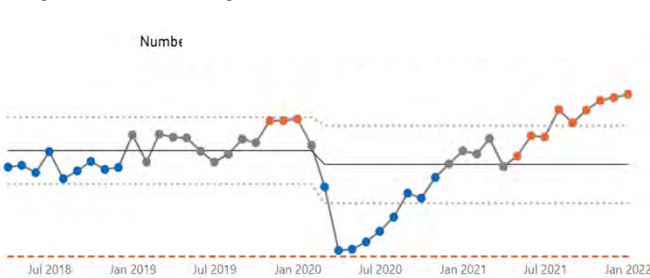
Assurance

Variance

Performance in January 2022 was 67% and shows special cause concerning variation. Without the transformation/improvements above, we will consistently miss the 95% national target.

Expected performance is between 71% and 80%.

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



Target Aim

Lower

Assurance

Variance

Performance in January 2022 shows special cause concerning variation, with 1,259 patients waiting over 12 hours. Without the transformation/improvements above, we will consistently miss the national target (0 breaches).

Expected performance is between 412 and 1,015 breaches.

Planned Care – Referral To Treatment

The service is still under pressure from the backlog created due to the pandemic. Performance continues to be affected by limitations on available capacity due to the requirements of social distancing and infection control measures. The increase in cases of the Omicron variant further impacted this target during December 2021 and January 2022 due to the volume of staff isolating. Pressure has since decreased, however, unscheduled care pressure continues to affect the bed base. In January 2022, 55.2% of patients (49,395) were waiting less than 26 weeks for treatment, with a total of 31,207 patients (34.9%) 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 as these gains have been mitigated by significant limitations to increase any internal capacity due to exceptional levels of urgent pressure, including the impact of the recent increase in Omicron cases. Whilst dealing with the impact of the Omicron variant, inpatient cancer and urgent surgery resources in December and January had been concentrated at Prince Philip Hospital (access for all Health Board patients) with cancer and urgent surgical pathways suspended at Worthybush, Bronglais and Glangwili (with exception of head and neck surgery). Additionally, outpatient and therapy appointments and clinics had been prioritised for the most urgent patients, with face-to-face outpatient appointments for routine patients postponed to enable the release of staff to support urgent and emergency care pathways. This situation has now returned to pre-Omicron normal, with cancelled patients being prioritised for rebooking.

There are significant plans to increase internal activity in the period ahead:

- Reinstatement of Ward 6 PPH for Orthopaedics by mid-March 2022;
- A demountable unit (due to open in April 2022), increasing capacity for day surgery access for the Health Board;
- The reinstatement of Ward 9 WGH for General Surgery, Colorectal and Gynaecology by early March 2022;
- Active development of an Enhanced Care Unit at WGH and PPH will help to reduce critical care demand for elective patients.

In order to reduce the backlog, an additional activity plan has been developed and agreed and is supported by non-recurrent Welsh Government (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. The outsourcing programme is being actively progressed, with most specialties now commenced. This work continues as per plan, however, extensions to these arrangements further than March 2022 remain to be confirmed. Significant theatre staffing pressures are still being felt in the private sector which continues to impact on delivered outsourcing levels.

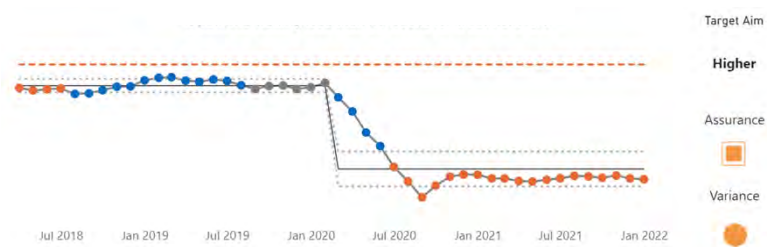
Work is ongoing with clinical teams to regularly risk stratify waiting lists and validation of waiting lists continues. Additional work the Health Board is undertaking as part of the recovery plan;

- Engagement with a technical validation service which commenced in November 2021 within a structured process with regular review. The expectation is that the validation exercise will be complete by the 2nd week of April 2022;
- 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;
- Extensive work continues with an external agency (Lightfoot) and a programme being developed for the management and modelling of 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 December 2021, there were 3,360 HDdUHB residents waiting over 36 weeks in other NHS care providers. This target continues to be impacted by COVID as case rate numbers remain high. 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 the HDdUHB Commissioning Team to fulfil regional solutions which benefit both organisations. WG are working with all Health Boards regarding waiting list management and how to minimise risk going forward. Validation of waiting lists continues.

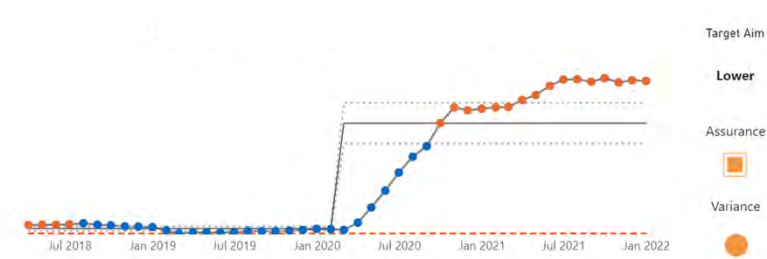
% patients waiting less than 26 weeks for treatment



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 improvement expected once recovery actions are embedded.

Performance in January 2022 was 55.2%. Expected performance is between 53% and 65%.

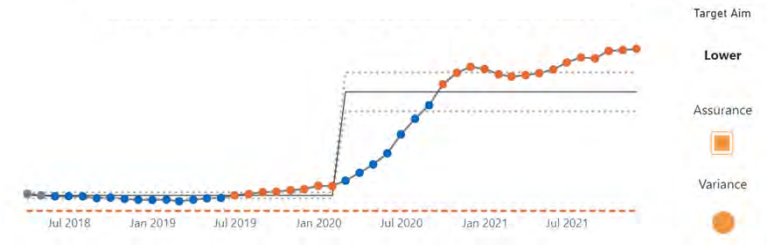
% patients waiting more than 36 weeks for treatment



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 improvement expected once recovery actions are embedded.

Performance in January 2022 was 31,207 breaches. Expected performance is between 18,364 and 26,745 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.

Performance in December 2021 was 3,360 breaches. Expected performance is between 2,067 and 2,871 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. Additionally, capacity in January 2022 was further affected by some appointments being cancelled to release staff to work in areas most impacted by the Omicron variant. In January 2022, 65,929 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, are being utilised as much as possible alongside governance and safeguarding requirements. The Health Board's outpatient leads are members of the newly developed Welsh Government SOS & PIFU National Development Group and the Health Board has a directorate clinical lead to champion virtual work. However, many patients still 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.

The first Virtual Hub opened within the Health Board on the 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. 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. A Virtual Group Consultation Co-Ordinator has been appointed and started. This post will facilitate group sessions which will positively impact the follow up lists further.

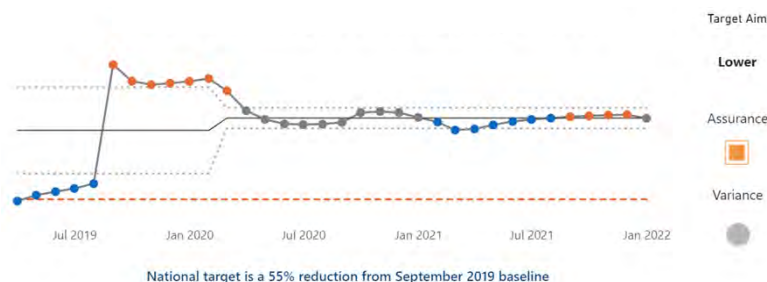
Other work being undertaken as part of the recovery plan;

- An Infection Prevention and Control (IPC) review is being undertaken across all outpatient sites to increase capacity following installation of social distancing screens;
- In Ophthalmology the review of Glaucoma patients in Primary Care (up to 500 a month) has begun with 4 Optometrists risk stratifying records. This is being led by a new Glaucoma consultant who has just started working for Hywel Dda and consultant led clinics commenced in January 2022;
- External validation of the entire waiting list continues with a view to completing in March 2022 with the aim of making significant improvements towards the target;
- 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 are being funded via Welsh Government. These include:

- 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 to undertake required tests for all Diabetic Retinopathy patients in Primary Care for virtual review and triage in Secondary Care. This commenced in February 2022, while virtual triaging is also being rolled out for AMD patients;
- 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 common cause variation in January 2022. A detailed review of the service has been undertaken and a plan has been developed to improve performance.

Performance in January 2022 was 65,929. Expected performance is between 62,487 and 69,484 waiting for an appointment.

Ophthalmology

Reduced outpatient and theatre capacity as a result of the COVID-19 pandemic continues to affect the service. During December 2021, service capacity was further affected by sickness, end of year annual leave, periods of COVID isolation for both medical and administrative staff and several weeks of cancellations of both community and hospital based clinical time to allow for greater medical cover across the Health Board.

In December 2021, 39.1% of high clinical risk (R1) Ophthalmology patients attended their appointment within or up to 25% over their clinically allocated target date. 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 are those at risk of irreversible harm or a significant adverse outcome if their target date is missed.

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 and has been agreed through the *A Regional Collaboration for Health* (ARCH) programme board and supported by HDdUHB Executive Team. This work includes;

- Continued work with SBUHB around the development of a Regional Glaucoma Service to support with the reduction in waiting list. Consultant-led clinics commenced in HDdUHB in January 2022. Additionally, new developments within Glaucoma pathways and clinical treatments are being designed through workshops under ARCH projects with clinical leads assigned;
- A regional Cataract recovery plan has been developed with SBUHB to utilise capacity in both locations to increase the number of Cataract procedures we are able to deliver. Work has commenced in Amman Valley Hospital to enable Age-related Macular Degeneration (AMD) to be relocated into the Outpatients (OPD) footprint and free up Day Theatre capacity to undertake 5 days a week Cataract operating. Work commenced in February 2022 and is due to be complete by the start of April 2022;
- Recommencement of ARCH workshops to scope other regional solutions for Ophthalmology in South West Wales.

Subject to confirmation of an agreed resourcing plan, theatre capacity will be further addressed through independent sector commissioned activity with the aim of clearing the 36-week breach 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 Welsh Government 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. In December 2021, 824 Cataract procedures were outsourced. A designated outsourcing team has been developed to process the administration of outsourcing and maximise the number of patients that can be contacted and seen by our outsourcing partners. Additionally, we are reinstating internal capacity with Cataract theatres in Ceredigion and Carmarthenshire. Following recently

updated guidelines, bi-lateral and sequential Cataract surgery are being considered with the clinical leads in order to maximise theatre time whilst also minimising patient attendances.

The service continues to explore opportunities to change practice and deliver services differently in order to mitigate the reduction in hospital capacity and ensure available capacity is maintained for those patients who can only be seen and treated in a secondary care setting. In February 2022, virtual clinics will commence, using the Consultant Connect virtual platform to review all Diabetic Retinopathy patients. Utilisation of other virtual technologies to assist with the care of our patients and to create fast flowing pathways is under way, with ongoing projects such as Open Eyes and T-pro being rolled out across the service to better optimise efficiency. We continue to validate all patient pathways to clinically prioritise as per national guidelines. The development of medical job plans to include additional clinics in areas that require most attention have been agreed with clinicians and will maximise service capacity going forward.

% R1 Ophthalmology appointments attended within or up to 25% over their target date



Ophthalmology performance data is showing special cause concerning variation in December 2021. A detailed review of the service has been undertaken and a plan developed to improve performance.

Performance in December 2021 was 39.1%. Expected performance is between 53% and 91%.

Cancer

In December 2021, 53% of patients started their first definitive cancer treatment within 62 days from point of suspicion.

As at 31st December 2021:

Total number on the SCP pathway	2,347
Number awaiting Diagnostics (Radiology & Endoscopy)	287
Number awaiting surgery	100 (majority are skin 73)
Number awaiting Tertiary Treatment	94

Locally, patients are booked into the next available slot for treatment. The current wait for systematic anti-cancer treatment (SACT) is 2 weeks across all four of our main hospital sites.

The influencing factors include:

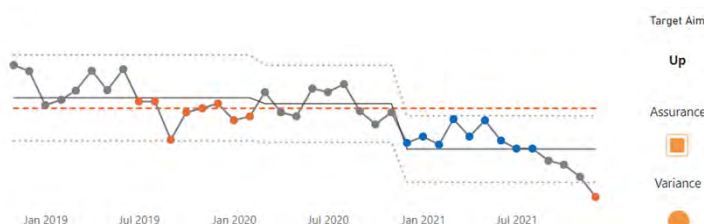
- Complex patient pathways. This includes:
 - Patients who may have more than 1 primary tumour,
 - patients that are referred to a number of specialities before a diagnosis is made,
 - patients who require tissue diagnosis which can take multiple attempts to obtain etc.;
- Reduced capacity is still an issue in diagnostics. However, as of the end of December 2021 there was a decrease of 67 patients awaiting diagnostic investigations compared to November. The number of referrals decreased in December by 225 (14%), this has an effect on the number of patients referred for diagnostics. Delays were due to staffing including: vacancies, annual leave/ sickness and COVID-19, which meant lists had to be cancelled. Waiting times for Radiology at the end of December for urgent suspected cancer (USC):
 - CT – 4 weeks,
 - MRI – 3 weeks,
 - Ultrasound – 2-3 weeks

- A decrease in capacity for appointments and results reporting within radiology due to COVID related sickness and planned annual leave within two of the four health board sites. 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 related care and staffing issues. This has impacted access to ward and critical care beds following planned surgery, resulting in short notice cancellations affecting 6 patients in December 2021. Also, Cancer Elective surgery was moved to PPH with the exception of head and neck in GGH;
- Access to tertiary care remains a challenge for lung, skin, Upper Gastrointestinal (UGI) and urology;
- We also have an issue with out-patient appointment capacity. Some first outpatient appointments for USC are not being booked within the national guidance of 10 days;
- During December we saw a decrease of 14% in referrals;
- Going forward, this will affect future performance unless the situation changes.

Our actions for improvement include:

- Weekly validation meetings with the tumour site specific clinical teams are being implemented, starting with Lower Gastrointestinal (LGI), Gynaecology and Urology. This has been previously carried out with the Lung team and has helped move the patients through their pathways in a timelier manner. This will then be rolled out to the other tumour site specific teams;
- 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, the Hywel Dda post was appointed in January 2022 and is due to take up post mid-March 2022;
- Working with Radiology to explore outsourcing opportunities and internal solutions to increase capacity for appointments and reporting utilising non recurrent recovery money;
- Auditing outpatient appointment booked beyond 10 days to identify common themes;
- Improvement plans have been developed;
- Continuing to escalate concerns regarding tertiary centre capacity and associated delays.

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



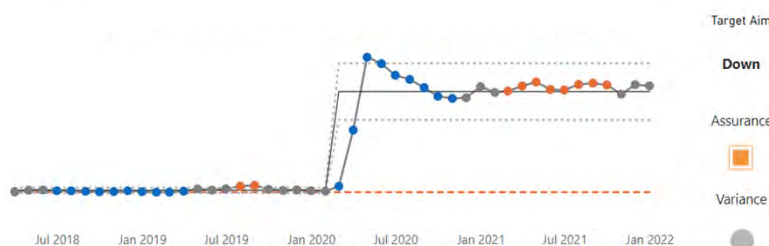
Patients starting definitive cancer treatment within 62 days is showing special cause concerning variation. Since August 2020, the target has not been met. We will not meet the target until a review of the service is embedded to increase timely diagnostic capacity for patients on the cancer pathway.

Expected performance is between 57% and 73%.

Diagnostics

The performance for diagnostics is showing common cause variation, in January 2022; 5,997 patients were waiting 8 weeks or more for a specified diagnostic.

Patients waiting 8 weeks+ for a specified diagnostic



Target Aim	Radiology	3,129
Down	Endoscopy	1,490
Assurance	Neurophysiology	754
Variance	Cardiology	602
	Imaging	15
	Physiological Measurement	7

Radiology

In January 2022, there were a total of 3,129 patients waiting 8 weeks and over for Radiology.

Contributing factors and issues include:

- A backlog for MRI, CT and Ultrasound due to reduction in capacity as a result of pandemic;
- Increased referrals especially urgent suspected cancer (USC);
- There are chronic Radiographer and Radiologist staff shortages across the Health Board.

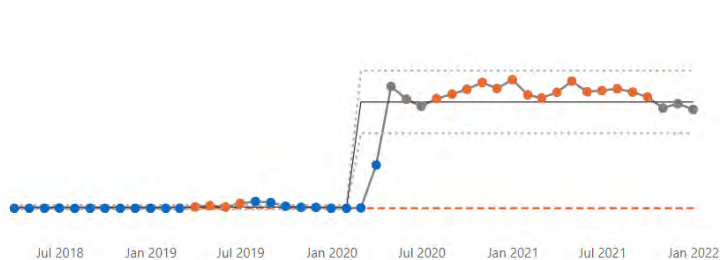
We saw an improved position last month with 185 fewer patients waiting 8 weeks and over in January 2022. This was due to a number of factors:

- Continued use of Elective Recovery Funding (ERF) funding to increase capacity during weekends;
- Cross site sharing of staff and referrals to utilise capacity;
- Use of locum consultant on weekends to help with ultrasound backlog;
- housekeeping validation exercise has been undertaken whereby Site and Modality Leads have reviewed 20+ week referrals to identify if tests are still required/ have been carried out by other means. This work is ongoing.

To improve performance, we are:

- Continuing to access ERF funding for additional activity where possible;
- Continuing with transfers of referrals cross-site where appropriate;
- Exploring options for the Health Board to utilise an NHS Wales staffed MRI scanner to increase capacity further;
- Continuing to use locum Radiographers and Radiologists. We have had recent success in appointing to 4 long term Radiographer vacancies at Glangwili Hospital.
- Utilising the new second computerised tomography (CT) scanner at Glangwili to increase capacity;
- Continuing the administrative review of patient referrals who have been waiting 20 weeks and over.

Patients waiting 8 weeks+ for a radiology diagnostic



Patients waiting 8 weeks+ for Radiology is showing common cause variation. Improvement actions need to be identified and successfully embedded for the target to be consistently met.

Expected performance is between 2,377 and 4,355 patients waiting 8 weeks or over.

Endoscopy

In January 2022, there were a total of 1,490 patients waiting 8 weeks and over for Endoscopy.

Our breach position remains high due to reduced capacity in endoscopy units following the COVID-19 pandemic which gradually increased back to 87% capacity. In January, we were operating at 70% capacity due to Endoscopist On call, annual leave and sickness, however, we have now returned to 87% capacity.

We are currently dating longest wait urgent patients, which stands at:

- 8 months - WGH,

- 4 months - BGH and PPH
- 6 weeks - GGH

Patients are offered dates across sites; however, most are unwilling/unable to travel further than WGH for an appointment.

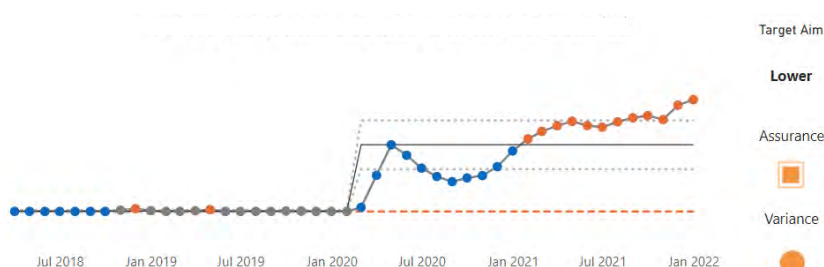
The service continues to use faecal immunochemical test (FIT test) to manage referrals into endoscopy. Work continues on securing funding for FIT test in primary care, the second draft Situation, Background, Assessment, Recommendation report (SBAR) has been written and clinical pathways developed for consultation. Lists in the current template have been increased with the return of a Clinical Endoscopist and funding has been given for additional endoscopy lists across Health Board sites. Scoping of regional working with Swansea Bay University Health Board has begun.

Urgent Suspected Cancer (USC) patients prioritised and dated within 10 working days.

Currently validating active and surveillance waiting lists and contacting patients in relation to whether they can travel to outsource hospitals. St. Joseph's Hospital, Newport, Gwent can undertake 430 procedures and Spire Hospital, Bristol, who can undertake 200 colonoscopies. Activity in St Josephs, Newport Gwent has commenced on the 8th January with 25 patients having had their endoscopy. Activity in Spire Hospital, Bristol commenced 31st January 2022.

We continue to meet with the National Endoscopy Programme (NEP) on a weekly basis to scope out regional work, particularly how we can develop a Regional Endoscopy service in conjunction with Swansea Bay, recognising that Hywel Dda are regularly identified as service leaders for Endoscopy.

Patients waiting 8 weeks+ for an endoscopy diagnostic



Endoscopy has shown special cause concerning variation since February 2021. We will consistently fail the target of zero waits without a significant uplift in available capacity to support recovery. The service continues to explore opportunities for additional capacity in partnership with the National Endoscopy Programme.

Expected performance is between 565 and 1,212 patients waiting 8 weeks or over.

Neurophysiology

In January 2022, there were a total of 754 patients waiting 8 weeks and over for Neurophysiology.

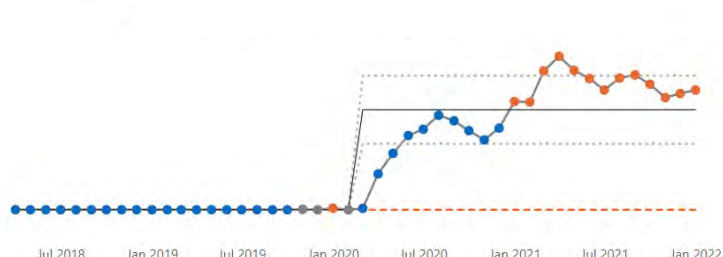
Our breach position for routine Nerve Conduction Studies (NCS) remains high. We continue to see urgent patients waiting for an Electroencephalogram (EEG).

Capacity continues to be impacted considerably by breakdowns in essential equipment, with only 1 of the 2 electromyography (EMG) machines operational. The EMG machine has been placed on capital register/risk register and we are prioritising patients and scoping regional work with Swansea Bay.

We are looking to increase the NCS clinic activity, but this is very much workforce dependant, currently there is no appetite for evening and weekend work. Our capacity also remains restricted due to downtime for cleaning between patients.

We continue to robustly validate our waiting lists, we are making contact with patients prior to their appointment as a reminder, this in turn reduces the Did Not Attend (DNA) rate and under-utilisation of capacity.

Patients waiting 8 weeks+ for a neurophysiology diagnostic



Target Aim
Down
Assurance
Variance

Neurophysiology is showing special cause concerning variation since January 2021. We will consistently fail the target of zero waits without additional activity to be delivered via the independent sector.

Expected performance is between 416 and 844 patients waiting 8 weeks or over.

Cardiology

In January 2022, there were a total of 602 patients waiting 8 weeks and over for Cardiology.

Despite a slight rise in December 2021, Dobutamine Stress Echocardiogram (DSE) breaches overall have reduced over the last 6 months. Issues continuing to drive breaches include:

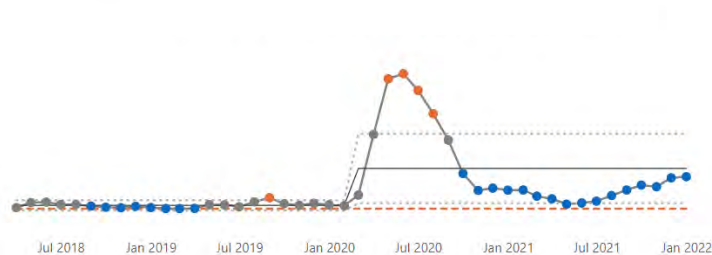
- Inadequate Cardiologist job plan capacity for DSE and absence of adequate in-house Coronary Angiography as an alternative diagnostic;
- Inadequate Cardiac Physiologist capacity for fitting and analysis (monitors);
- A historic deficit in in-house Echocardiography (ECHO) Cardiac Physiologist capacity;
- Increase in ECHO demand as a result of both additional Stage 1 and Follow-Up recovery work;
- Backlog of non-RTT, check-ECHO demand now competing with new ECHO referrals;
- Inability to continue in-sourcing ECHO as part of overall recovery plan.

Additionally, further in-house DSE capacity was lost in January 2022 due to stepping down of DSE lists to focus Cardiologist capacity on acute/Omicron pressures at GGH. We anticipate a breach position of approximately 100 patients at the end of March 2022.

Actions that are being undertaken include:

- Robust triage of referrals;
- Conversion of DSE referrals onto St Joseph's CT Coronary Angiography pathway;
- Provision of additional in-house lists via recovery monies through February and March 2022;
- Development of additional DSE capacity at WGH in March 2022 and PPH in April 2022;
- Scoping work on-going to identify potential to develop CT Coronary Angiography service/capacity at GGH during summer 2022;
- Investment for additional roles for DSE, monitoring and ECHO identified in Integrated Medium Term Plan (IMTP);
- Development of additional capacity in community hubs;
- Plan in place to in-source an additional 150 ECHO tests via in-sourcing during February and March 2022;

Patients waiting 8 weeks+ for a cardiology diagnostic



Cardiology has shown special cause improvement since October 2020, however, the number of patients waiting over 8 weeks has been rising since June 2021.

Expected performance is between 103 and 1,413 patients waiting 8 weeks or over.

Therapies

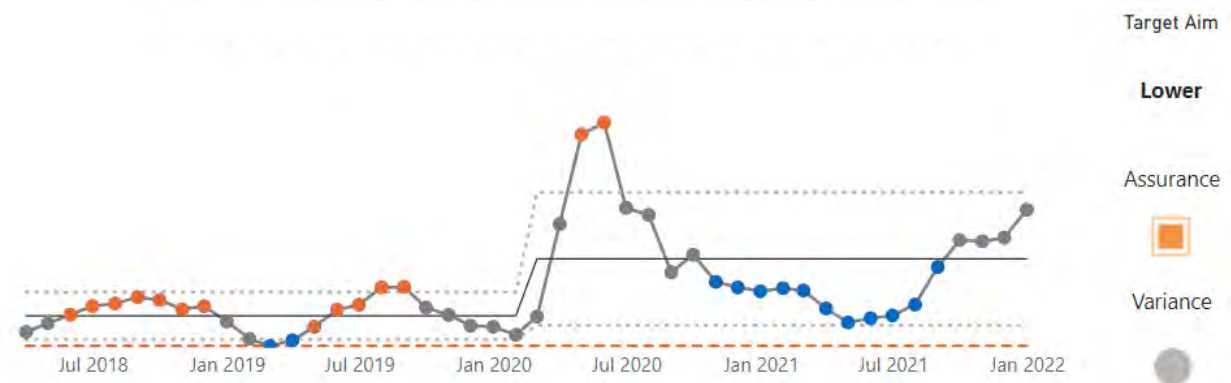
On 31st January 2022, there were a total of 984 patients waiting over 14 weeks for a specified therapy.

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 but the waiting list is increasing due to the greater acuity and complexity of referrals following lockdown when routine services for paediatrics, diabetes, weight management and eating disorders were disrupted.

The number of patients waiting over 14 weeks for Physiotherapy, Podiatry, Occupational Therapy and Nutrition and Dietetic services have risen due to a number of systemic and recent operational impacts. As highlighted in last month's report, recent cessation of planned activity and the redeployment of planned care therapy teams to support acute flow, admission avoidance and discharge teams during the recent wave of Omicron variant surge, combined with sickness related absences, has resulted in a reduction of planned therapy capacity and increased waiting lists. Due to the nature of the high-volume activity within outpatient Physiotherapy and Podiatry services, this has resulted in a significant increase in waiting lists.

Systemically continued capacity constraints remain within key speciality areas in Therapy Services. Within Dietetics this is 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 and Learning Disability. Recruitment has progressed to vacant posts to address the shortfall in Paediatrics, Older Adult Mental Health, Weight Management and Diabetes.

Patients waiting 14 weeks+ for a specified therapy



Occupational Therapy

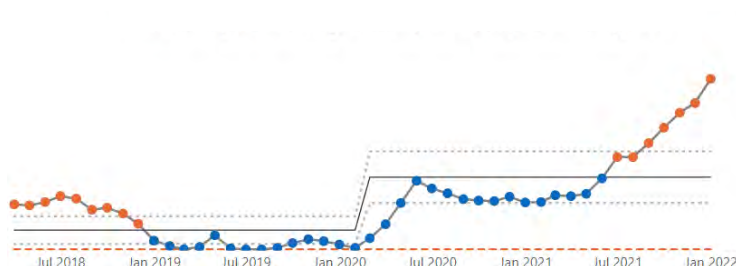
In January 2022, there were a total of 353 patients waiting 14 weeks and over for Occupational Therapy.

The performance of this service was negatively impacted due to the rise in the Omicron variant in January and the subsequent cessation of some planned activity, staff deployment and other staffing issues. There is a high risk of service not achieving 14-week target by the end of March 2022, with continued workforce constraints following staff turnover, poor agency availability and prioritisation of acute/urgent service provision.

Actions to improve performance include:

- Continuing with agreed action plan to increase capacity in our children's service.
- Exploring a new waiting list initiative for our mental health patients, which will enable some service users to access occupational therapy interventions based on assessment information gathered during the diagnostic period without requiring an assessment of motor and processing skills.
- Within learning disabilities, we continue to prioritise referrals based on clinical need and workforce modelling is part of a wider system transformation process currently underway, vacant posts are part of this review process.
- Where possible routine work is being restarted, for our adult community service, however, where staffing and system pressures remain challenging, deployments from this group of services and impact on routine waits will continue into February 2022. We will continue with plan to build capacity with additional hours/overtime to recover performance.

Patients waiting 14 weeks+ for Occupational Therapy



Patients waiting 14 weeks+ for Occupational Therapy is showing special cause concerning variation. We will consistently fail the target of zero until a review of the service is undertaken and the resulting improvement actions are embedded.

Expected performance is between 96 and 203 patients waiting 14 weeks or over.

Dietetics

In January 2022, there were a total of 178 patients waiting 14 weeks and over for Dietetics.

Many of the long waits over 14 weeks are for Weight Management and Diabetes. This reflects the fact that routine work was stood down from mid-January and paused with deployment of urgent capacity to urgent service delivery. Further breaching is likely as the pausing of routine work will add to existing pressures within these specialist areas as a consequence of vacancies.

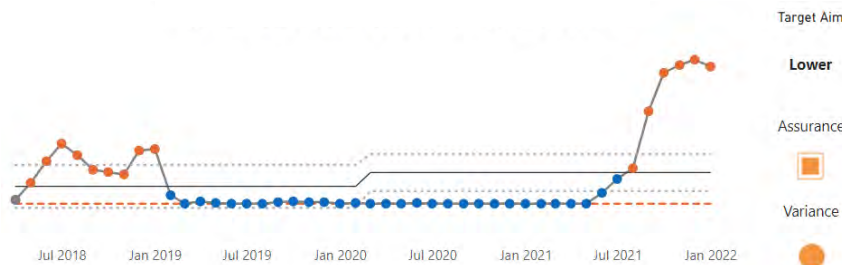
There are 18 breaches for mental health patients - 8 for Specialist Child and Adolescent Mental Health (SPCAMHS). This continues to be a challenge due to:

- Increasing demand;
- Level of complexity and urgency;
- Reduced Dietetic capacity to meet demand.

As yet we have been unable to recruit to SPCAMHS Eating Disorder role.

Actions to improve performance include:
Routine work is now being resumed; however realisation of performance improvement is likely to take some time due to existing service pressures. The existing team have been offered extra hours/sessions to support with this.

We will also continue to endeavour to recruit to additional capacity for our weight management/diabetes and mental health services.
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 until a review of the service is undertaken and the resulting improvement actions are embedded.

Expected performance is between 16 and 64 patients waiting 14 weeks or over.

Physiotherapy

In January 2022, there were a total of 311 patients waiting 14 weeks and over for Physiotherapy.

Following cessation of routine therapy services in early January 2022, the workforce were incrementally deployed back to their usual specialty areas from the 24th January.

There was already an increasing trend prior to this requirement as a consequence of:

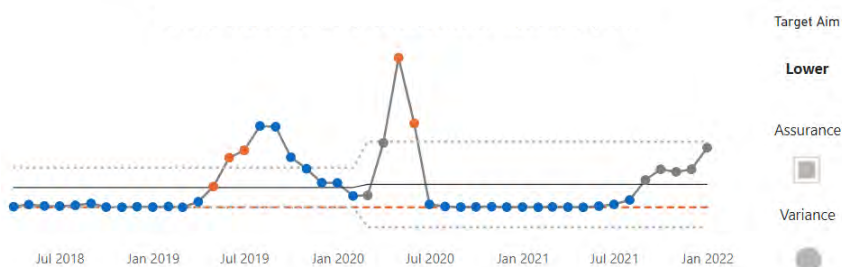
- Service vacancies;
- Impact of fixed term secondments;
- Poor agency availability and
- Normal levels of staff sickness.

Campaigns for difficult to recruit vacancies were successful in November 2021, in securing overseas candidates, however there are substantial delays in visa processes.

Additional occupational therapy posts are out to advert to pick up the assessments required; however, we are experiencing difficulty recruiting.

The full impact of recent redeployment on routine lists is still being determined. Waiting times improvement will likely occur towards the end of March 2022. Recovery of the target will take longer.

Patients waiting 14 weeks+ for Physiotherapy



Patients waiting 14 weeks+ for Physiotherapy is showing common cause variation. We will consistently fail the target of zero until a review of the service is undertaken and the resulting improvement actions are embedded.

Expected performance is between 0 and 342 patients waiting 14 weeks or over.

Clinical Musculoskeletal Assessment and Treatment (CMATs)

In January 2022, there were 116 patients waiting for CMATs.

There are a number of contributing factors that led to the sudden increase in patients waiting 6 weeks and over:

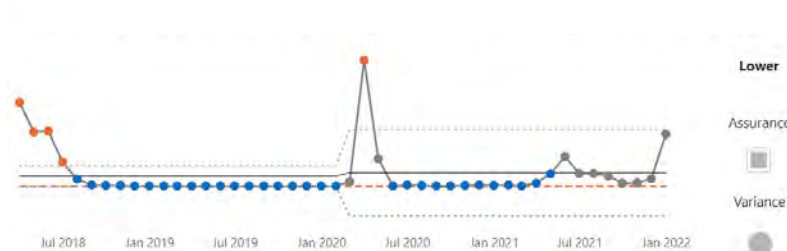
- A range of organisational and COVID related challenges have led to limited service capacity, both in terms of clinical and administrative posts. Staff leave, maternity and long-term sickness (LTS) has affected the routine capacity to manage the current waiting list.
- This month, the recent whole Musculoskeletal (MSK) service move in Carmarthen affected capacity for the service to manage the non-urgent case load.
- Alongside this, the temporary cessation of service for staff redeployment (to support acute care due to the demands from COVID), directly affected the service's capacity to manage the waiting list.

Actions to improve performance include:

- The temporary cessation of routine out-patient services and staff redeployment has finished, and routine clinics are back at capacity (excluding those affected by maternity or LTS).
- The Carmarthenshire MSK service move has been completed and full clinical capacity has been reinstated.
- Clinical caseloads and job plans are being managed to ensure efficiency.

It is anticipated that current waiting times will slowly improve, however, the service is vulnerable to small changes in service due to small base line staffing numbers.

Patients waiting 6 weeks and over for CMATs



Patients waiting 6 weeks+ for CMATs is showing common cause variation. However, there was a large increase in breaches (Jan '22 = 116). We will consistently fail the target of zero until a review of the service is undertaken and the resulting improvement actions are embedded.

Expected performance is between 0 and 127.

Mental Health

There is a growing demand for mental health services within the Health Board 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 (MHLDD) 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. The building is hoped to be safe and secure for full return to use by the beginning of March 2022;
- 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 current building with a 2-storey replacement which will increase

capacity. Initial plans to convert revenue to capital were rejected by Welsh Government, however, the directorate are continuing to explore options and secure the necessary capital support to replace the current facilities in a strategic way to future-proof the service needs. Regular discussions are held with Welsh Government. The capital bid has now been completed and the service is currently seeking WG funding.

- 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.

In order to mitigate the risks associated with the accommodation issues, the following actions are underway to maximise service delivery:

- Monthly accommodation strategy meetings are held with Estates and other property partners;
- Review of use of Tudor House is ongoing depending upon COVID Command Centre moving;
- Linking with colleagues in Primary Care to use rooms for example within GP practices for Mental Health appointments. This is underway within some services and is helping to deliver additional capacity within community settings and is being actively scoped to increase future capacity;
- Discussions are ongoing with Local Authorities to identify any surplus estate that they may be willing to lease or alternatively increase available capacity in current properties within Local Authorities for Mental Health services;
- Outsourcing opportunities are being investigated across services to mitigate the reductions in accommodation currently available and deliver increased capacity (more detail included in the child neurodevelopment/psychological therapies section below);
- Use of virtual platforms such as Attend Anywhere and virtual group consultations to deliver capacity without the need for accommodation. However, due to the nature of client conditions and issues sourcing staff IT equipment, this has been difficult to progress;
- 7-day working is underway in several services to maximise the use of current estate resources;
- Recruitment of additional staff is actively being progressed, however progress has slowed due to lack of estate which is constricting ability to onboard new staff.

Child Neurodevelopment service

Neurodevelopment waits, less than 26 weeks

At the end of December 2021, 24.5% of children and young adults were waiting less than 26 weeks to start a neurodevelopment assessment. COVID is impacting on service provision in respect of the additional safety measures staff need to have in place i.e. social distancing, limited face-to-face capacity and current accommodation pressures. In addition to this, Omicron has had a further negative impact on the number of outpatient sessions available in December 2021 and January 2022. The individual waits associated with this measure for December 2021 are included below;

Child Neurodevelopment – numbers waiting	Under 26 weeks	26 to 51 weeks	Over 52 weeks	Waiting more than 26 weeks	% waiting more than 26 weeks
Autism Spectrum Disorder (ASD)	427	419	805	1224	74.1%
Attention Deficit Hyperactivity Disorder (ADHD)	69	36	267	303	81.5%
Total combined	496	455	1072	1527	75.5%

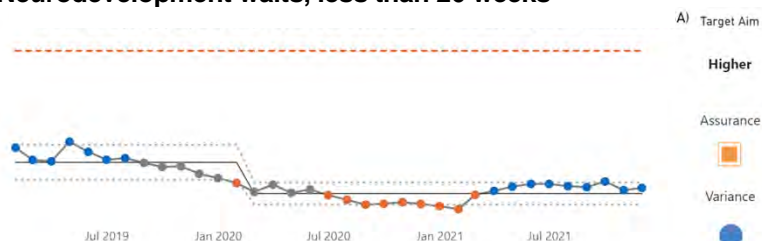
In order to address current performance levels, improvement actions within the child neurodevelopment service include;

- Recruitment in order to deal with the backlog of patients waiting. A fixed term Service Delivery Manager within the ASD service has been appointed and going through pre- employment checks with anticipated commencement in March 2022. All other posts for ASD have been

recruited into, however they are awaiting onboarding into the service and therefore will not positively impact on performance levels until they are in post and inducted into the service;

- A Locum Consultant has successfully been recruited into the ADHD service, awaiting onboarding which will hopefully be in April 2022;
- A procurement exercise is underway to develop an external contract for Autism Spectrum Disorder (ASD) assessments by an external agency. It is anticipated that it will take around 3 months to procure, but once finalised the contract should deliver approximately 150 assessment per year over a 3-year period . This will contribute to addressing the backlog within the waiting list. This exercise is awaiting final sign-off, with a view to commencing by the end of Q1 2022/23.
- Risk stratification of waiting lists continues to be undertaken across the directorate to mitigate risk associated with the backlog.
- Work with Children and Young People Working Group is exploring a 'sharing' of funds to support development for the ADHD Team.
- Business case for ADHD electronic prescribing is in development.
- New referral pathway for ADHD has been published and distributed.

Neurodevelopment waits, less than 26 weeks



Children and young adult neurodevelopment assessment waits is showing special cause improving variation since April 2021 compared to the previous 9 months. However, performance is well below the 80% national target (Dec 21 = 24.5%). Improvement actions need to be fully identified and successfully embedded for the target to be met.

Expected performance is between 18% and 27%.

Mental Health assessments within 28 days (under 18)

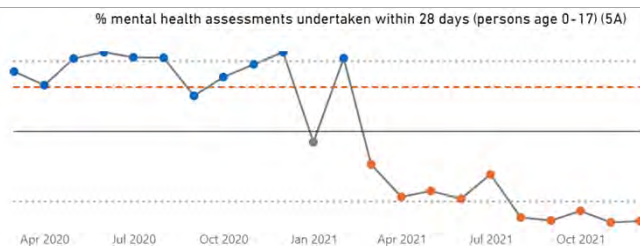
In December 2021, 3.2% of patients under 18 received a mental health assessment within 28 days. Referral numbers have continued to exceed capacity, partly due to missed and cancelled assessment appointments. The impact of Covid in terms of school closures has increased demand for Mental Health services, while staff vacancies and retention have also impacted.

Several actions are in place to address these issues, and include:

- Successful recruitment of 4 staff, however onboarding into the service is expected in approximately 3 months (Mid Q1 2022/23). Once these staff members are all in post and inducted, we will be able to 'over assess' (i.e. reduce the waiting list) for the first time since early 2021 and hopefully maintain this for a sustained period;
- 7-day working is in place, however uptake is limited due to staffing pressures;
- Working with the Health Board Bank service to mitigate staffing issues, however specialist staff are not always available;
- Additional sessions and weekend clinics have been set up to address waiting lists;
- Use of digital online counselling support service 'Kooth' offered to all referrals who do not meet threshold criteria. This is being extended for another year, running from April 2022 to March 2023.
- Current assessment time is around 2 months, which is affecting compliance against the target. Assessments are undertaken in chronological order of referral, therefore, even when we are over-assessing it will take time to catch up on the waiting list.

Mental Health Assessments within 28 days (under 18 years):

Mental health assessment waits for under 18s is showing special



Target Aim
Higher
Assurance
Variance

cause concerning variation since March 2021. The 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is between 15% and 95%.

Mental Health therapeutic interventions within 28 days (under 18)

In December 2021, 18.2% of patients under 18 received a therapeutic intervention within 28 days.

- Increased demand, staff vacancies and staff retention continue to impact performance;
- A recruitment campaign is currently underway within the Health Board. This will help mitigate the risks around staffing issues.
- Waiting list management and risk stratification of waiting list is in place;
- Use of digital online counselling support service 'Kooth' offered to all referrals who do not meet threshold criteria. This is being extended for another year, running from April 2022 to March 2023.
- Therapeutic groups are being developed;
- 7-day working is in place in some parts of the service.

Mental Health Therapeutic Interventions within 28 days (under 18 years):



Target Aim
Higher
Assurance
Variance

Mental health therapeutic interventions waits for under 18s is showing special cause concerning variation. The 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is above 21%.

Psychological Therapies service

Psychological therapy waits, less than 26 weeks

At the end of December 2021, 40% of adults were waiting less than 26 weeks to start a psychological therapy. COVID is impacting on service provision in respect of the additional safety measures staff need to have in place i.e. social distancing, limited face-to-face capacity and current accommodation pressures. In addition to this, Omicron has had a further negative impact on the number of outpatient sessions available in December 2021 and January 2022. Did Not Attend (DNA) rates continue to impact service provision due to nature of the clients health. The individual waits associated with this measure for December 2021 are included below;

Psychological Therapies – numbers waiting	Under 26 weeks	26 to 51 weeks	Over 52 weeks	Waiting more than 26 weeks	% waiting more than 26 weeks
Total	389	255	329	584	60%

In order to address current performance levels, improvement actions within the psychological therapies service include;

- Following repair works, it is hoped Bro Cerwyn will be safe and secure for full return to use by the beginning of March 2022.
- Recruitment continues to strengthen the workforce but this is impacting upon other service areas as staff move between posts. In addition to this, 5 posts are currently out to advert with a further 2 staff awaiting onboarding into the service.
- 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. This will ensure clients are offered an appropriate evidence-based intervention and

is currently in the pilot stage within skills only Dialectical Behavioural Therapy (DBT) in order to determine whether the delivery method influences outcomes and following this a decision will be made on whether to continue to offer this intervention.

- Services continue to offer face to face and virtual appointments including the use of digital platforms, telephone and walk and talk sessions, however, not all clients are suitable for virtual appointments so require face to face appointments.
- Measures are currently being put in place to monitor DNA rates for improved efficiencies with available capacity.
- 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.
- The service is currently reviewing the IT infrastructure, with full implementation of Welsh Patient Administration System (WPAS) planned across the directorate. The plan in the short term is to begin the rollout within the Integrated Psychological Therapies Services (IPTS). Regular meetings are held with Information Services to scope individual service requirements and timescales for delivery. At the point of 'go live', all cases will need to have all data available on the system, therefore a significant amount of data migration work will be required as part of the process. A number of services will then commence with the implementation of WPAS following the rollout in IPTS. Timescales for implementation cannot be confirmed at this point whilst the scoping work is underway.
- 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. Risk stratification of waiting lists continues to be undertaken across the directorate to mitigate risk associated with the backlog.

Psychological therapy waits, less than 26 weeks



Target Aim
Higher
Assurance
Variance

Adult psychological therapy waits is showing common cause variation in December 21. The 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is between 33% and 48%.

Essential Services

In line with Welsh Government guidance, all essential services are being achieved, with the exception of General Practitioner (GP) Out of Hours (OOH). The overall service risk for OOH remains at level 12 (elevated), however, since the reduced shift fill over Christmas and New Year, there has been some stability and levels of cover have returned to previously seen levels. Covid absences have eased over the past month, however, non-Covid absence has increased over this period in both the clinical and non-clinical teams. Recently recruited GPs are beginning to take up their positions on the rotas and this has already provided some stability and predictability of the rota.

Argymhelliad / Recommendation

The Committee is asked to consider the Performance Update report – Month 10 2021/22 and advise of any issues arising, including issues that need to be escalated to the March 2022 Public Board meeting.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.4 Provide support to the Board 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.</p> <p>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).</p> <p>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.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 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 Strategic Development and Operational Delivery Committee People, Organisational Development and Culture 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

Benchmarking Report - February 2022

Purpose

This report has been produced in response to an action from the Strategic Development and Operational Delivery (SDOD) Committee to undertake a benchmarking exercise for comparison between Hywel Dda and other health boards across Wales to help determine if our performance in light of the COVID-19 pandemic is inline with our peers and to inform the scale of the recovery challenge.

Note: all Wales benchmarking data is reported in arrears to the Hywel Dda data that is included in our Integrated Performance Assurance Report. The contents table below shows the most recent benchmarking data available at the time this report was produced.

Contents

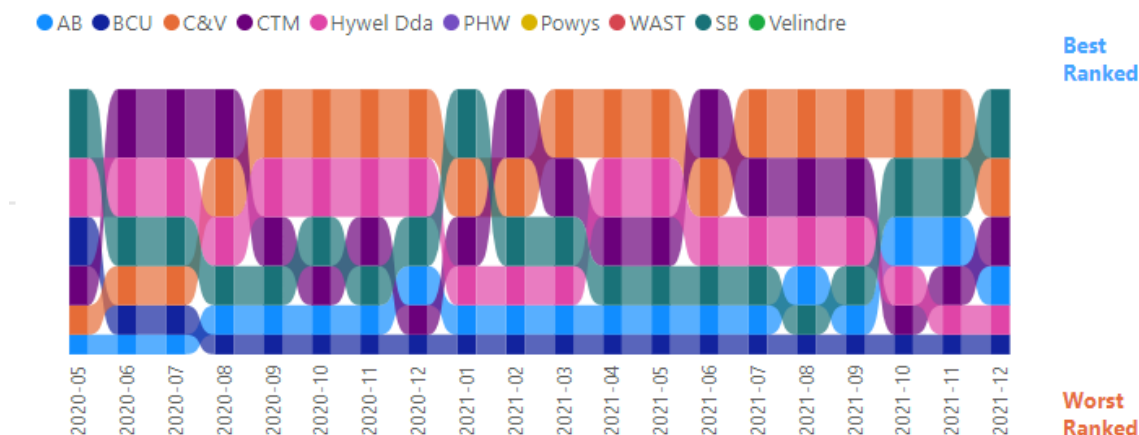
Emergency Care	Ambulance handovers over one hour	Dec '21
	Patients spending over 12 hours in A&E/MIU	Dec '21
Planned Care	Patients waiting over 36 weeks from referral to treatment	Nov '21
	Number of follow-ups delayed by over 100%	Dec '21
	Ophthalmology R1 appointments	N/A
Cancer & Stroke	Patients who have started their first definitive cancer treatment	Nov '21
	Stroke patients - direct admission to a stroke unit within 4 hours	Nov '21
Diagnostics & Therapies	Patients waiting more than 8 weeks for a specified diagnostic	Nov '21
	Patients waiting more than 14 weeks for a specified therapy	Nov '21
MH&LD	Children waiting <26 weeks to start a neurodevelopment assessment	Nov '21
	Adults waiting <26 weeks to start a psychological therapy	Nov '21
Finance	Agency spend as a % total pay bill	Aug '21

Number of ambulance handovers over one hour

How we compare to our peers across Wales

Throughout the pandemic our rank compared to other Welsh Health Boards (HB) has varied and our lowest rank has been during November and December 2021 at 5th out of 6 HBs.

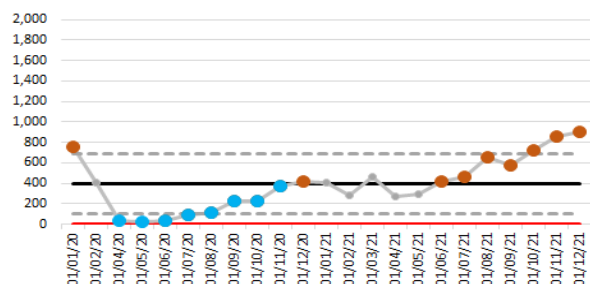
Number of ambulance handovers taking over one hour (5A)



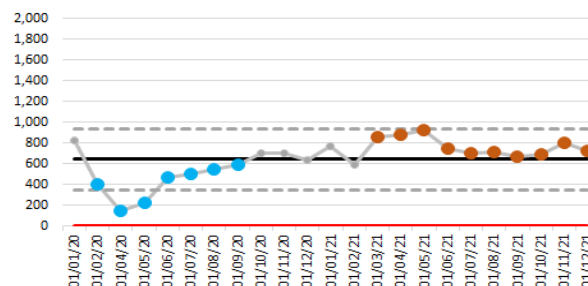
Our trend compared to our peers (Jan '20 – Dec '21)

In December 2021, our Health Board reported 904 ambulances taking over 1 hour to handover their patient. All Health Boards are showing special cause concerning variation for December 2021 and for several prior months during 2021.

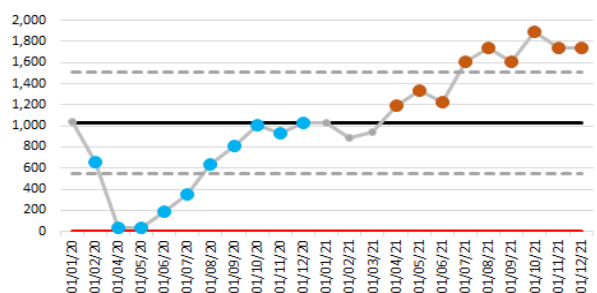
Hywel Dda



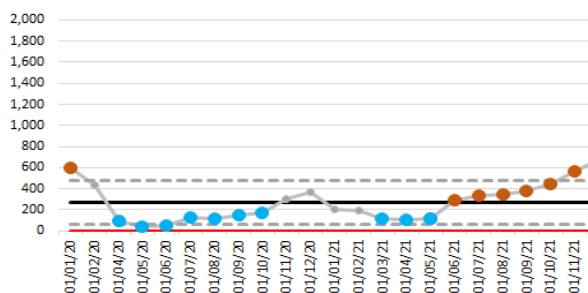
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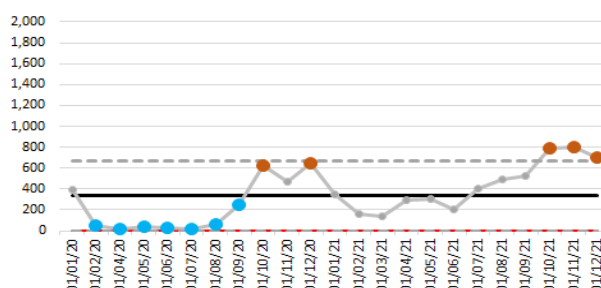
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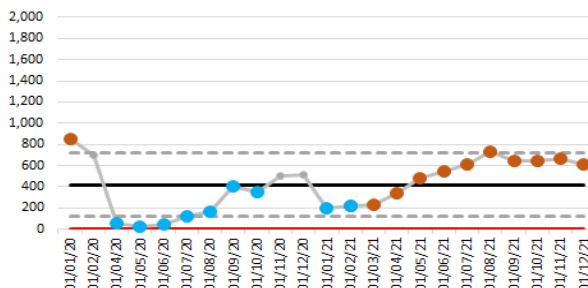
Cardiff & Vale



Cwm Taf Morgannwg



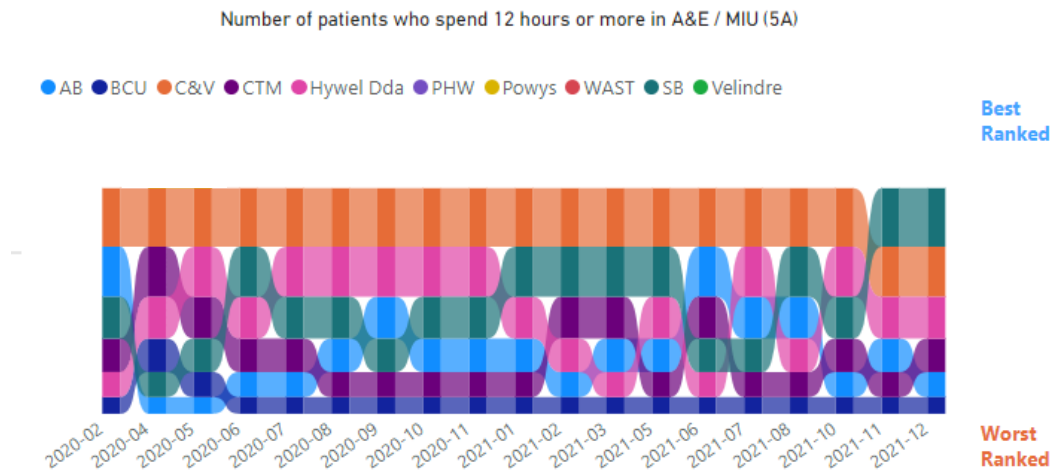
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The number of patients who spend 12 hours or more in A&E/MIU

How we compare to our peers across Wales

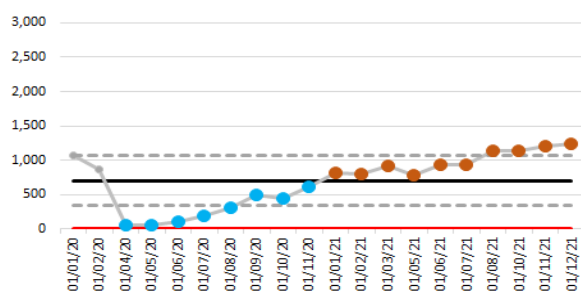
Throughout the pandemic our rank compared to other Welsh Health Boards (HB) has varied and our rank during November and December 2021 was 3rd out of 6 HBs. Powys Teaching Health Board has been excluded as it does not have an A&E/MIU for comparison.



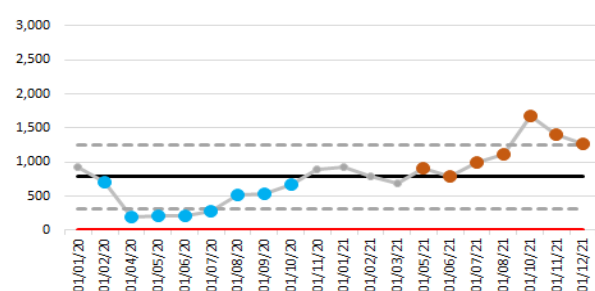
Our trend compared to our peers (Jan '20 – Dec '21)

In December 2021, our Health Board reported 1,232 patients waiting over 12 hours in A&E/MIU. All Health Boards are showing special cause concerning variation for December 2021 and for several prior months during 2021.

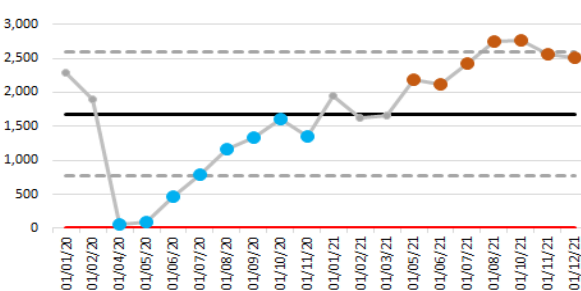
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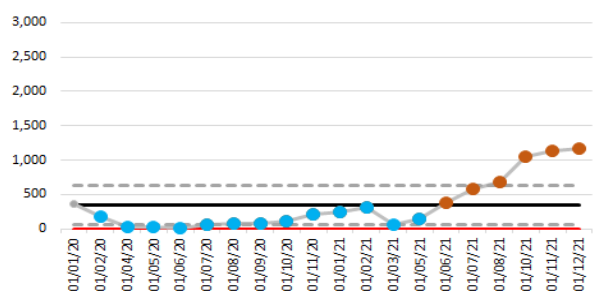
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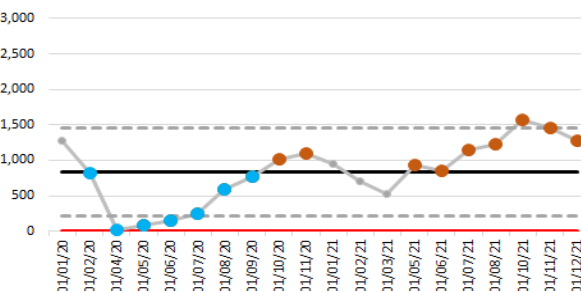
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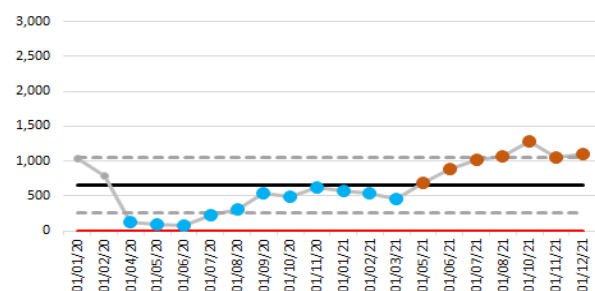
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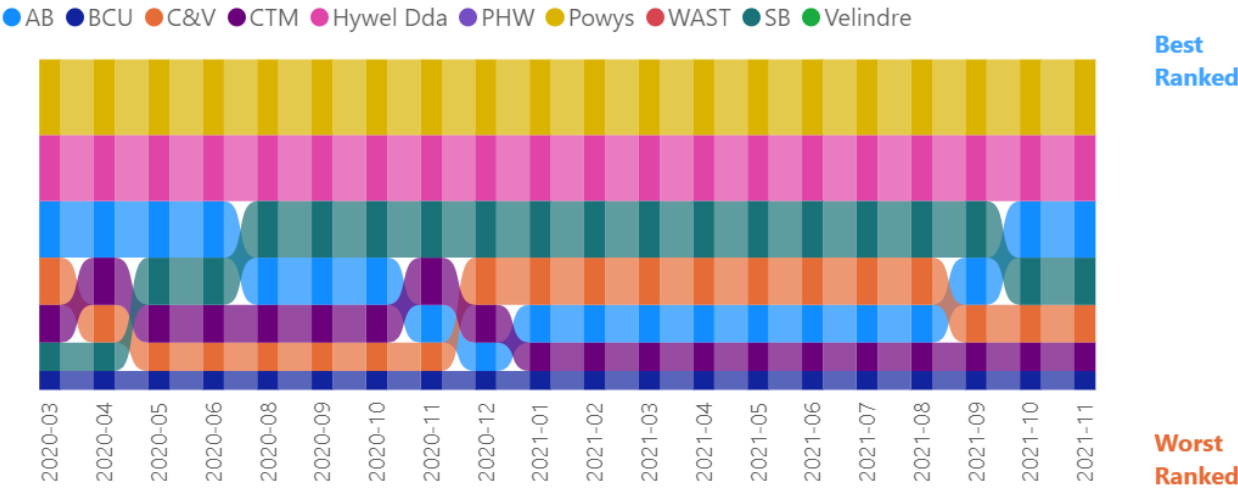
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Number of patients waiting over 36 weeks from referral to treatment

How we compare to our peers across Wales

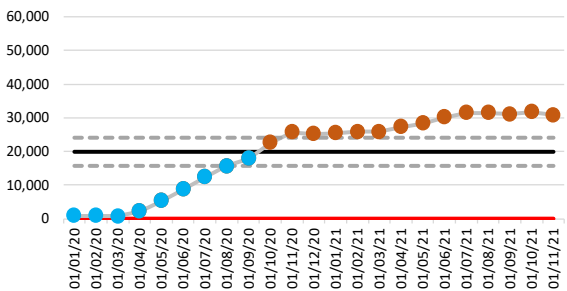
Throughout the pandemic we have consistently ranked 2nd in Wales for the number of patients waiting over 36 weeks from referral to treatment. We have the lowest number of 36 weeks breaches out of the 6 large Health Boards.



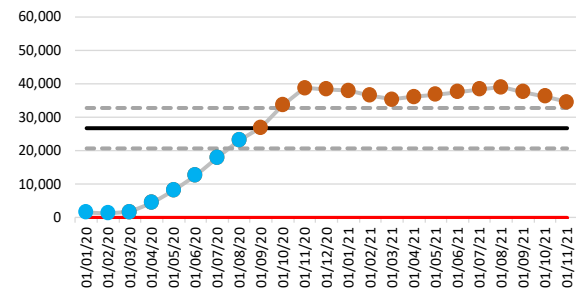
Our trend compared to our peers (Jan '20 – Nov '21)

In November 2021, 30,871 patients at Hywel Dda were waiting over 36 weeks from referral to treatment. In November 2021, all Welsh Health Boards were showing special cause concerning variation with similar trends displayed.

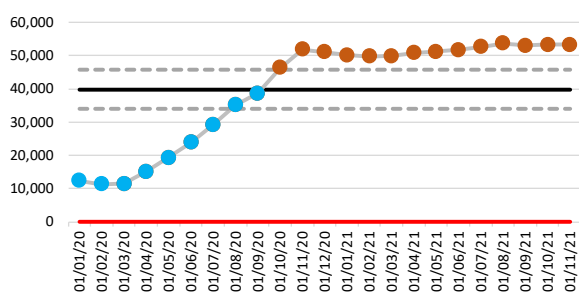
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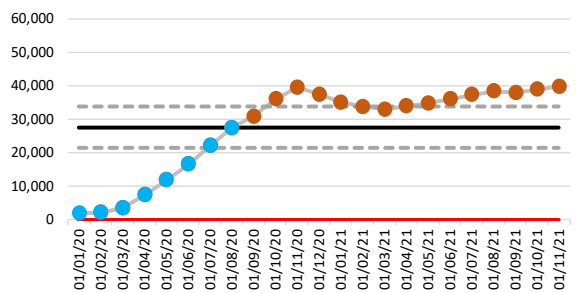
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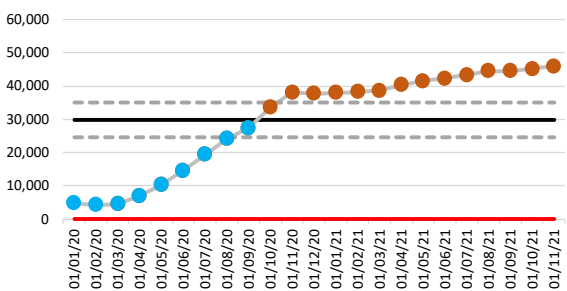
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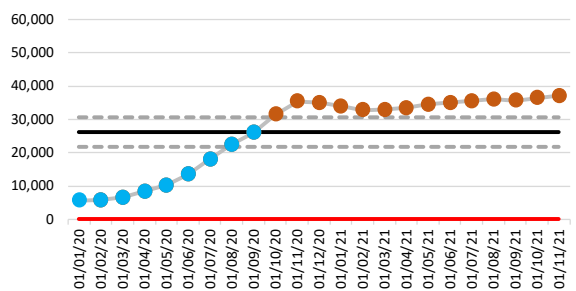
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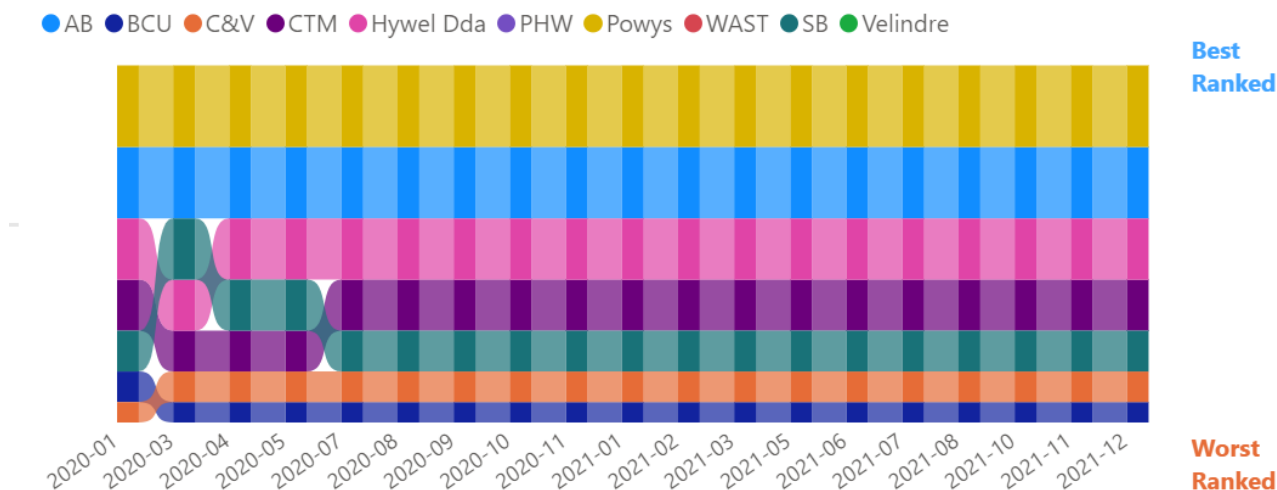
Swansea Bay



Number of follow-ups delayed by over 100%

How we compare to our peers across Wales

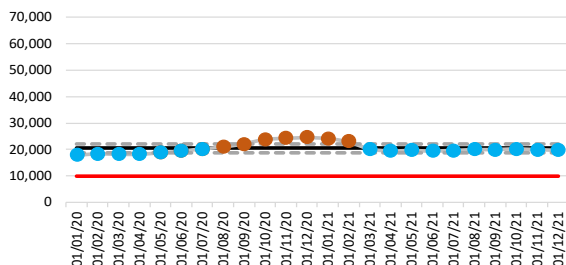
Throughout the pandemic we have consistently ranked 3rd or 4th in Wales for the number of follow ups delayed by over 100%. We have the 2nd lowest number of over 100% delayed follow ups out of the 6 largest Health Boards.



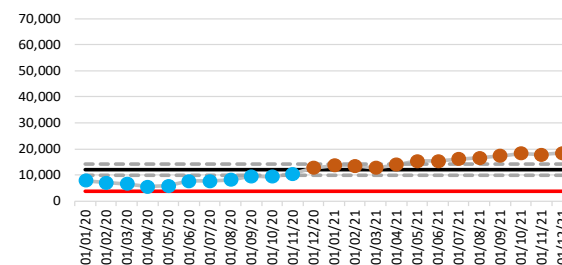
Our trend compared to our peers (Jan '20 – Dec '21)

In December 2021, our Health Board had 19,762 follow up patients delayed over 100%. Including Hywel Dda, in December 2021, there were 3 Health Boards showing special cause improving variation for several months, with the remaining 3 showing special cause concerning variation.

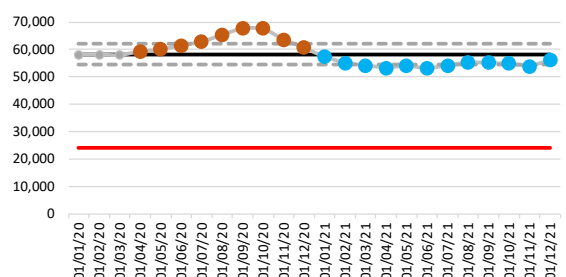
Hywel Dda



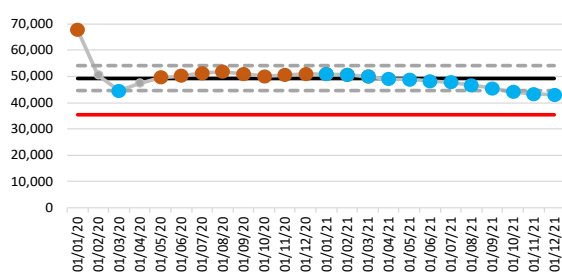
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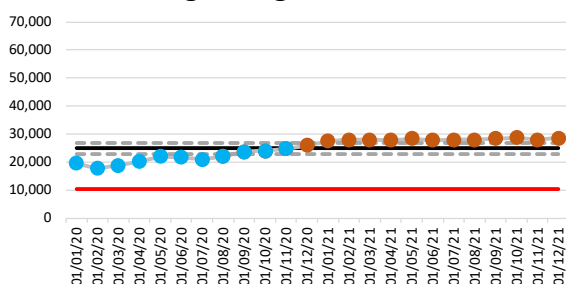
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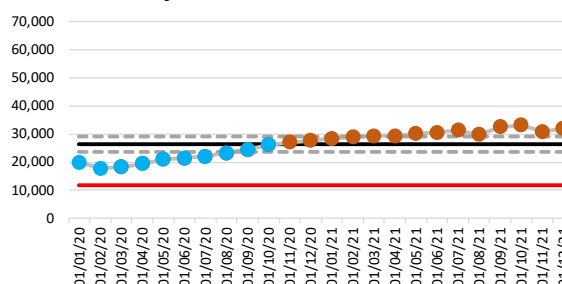
Cardiff & Vale



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Swansea Bay



Percentage of Ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

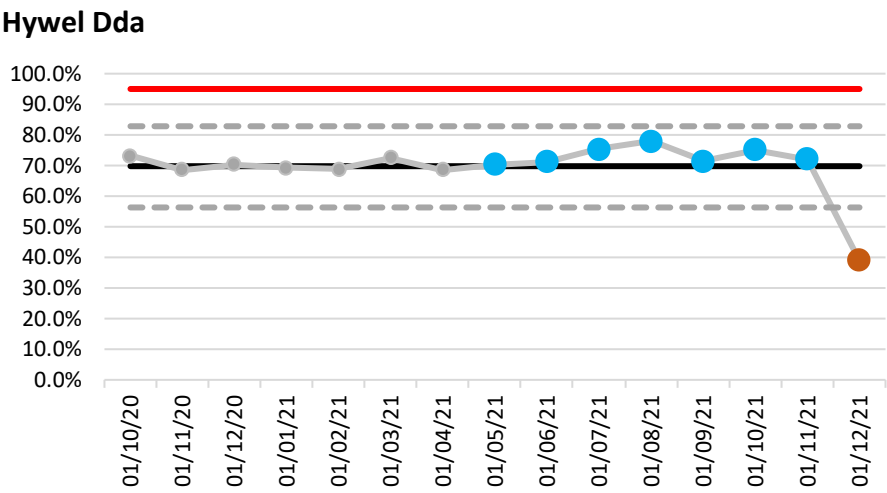
How we compare to our peers across Wales

Due to a change in the definition of this measure in the NHS Wales Delivery Framework 2021/22, there is insufficient data to provide a long-term benchmarking comparison. However, the latest data for December 2021 places Hywel Dda 7th and lowest amongst the Welsh Health Boards.

<div>Latest Ranking Hywel Dda</div> <div>7</div> <div>Actual HDDA</div> <div>39.1%</div>	<div>Latest Ranking AB</div> <div>3</div> <div>Actual AB</div> <div>69.0%</div>	<div>Latest Ranking BCU</div> <div>6</div> <div>Actual BCU</div> <div>57.6%</div>	<div>Latest Ranking C&V</div> <div>1</div> <div>Actual C&V</div> <div>76.2%</div>
<div>Latest Ranking CTM</div> <div>4</div> <div>Actual CTM</div> <div>64.1%</div>	<div>Latest Ranking PHW</div> <div>0</div> <div>Actual PHW</div> <div></div>	<div>Latest Ranking Powys</div> <div>2</div> <div>Actual Powys</div> <div>69.1%</div>	<div>Latest Ranking WAST</div> <div>0</div> <div>Actual WAST</div> <div></div>
	<div>Latest Ranking SB</div> <div>5</div> <div>Actual SB</div> <div>61.2%</div>	<div>Latest Ranking Velindre</div> <div>0</div> <div>Actual Velindre</div> <div></div>	

Our trend (Oct '20 – Dec '21)

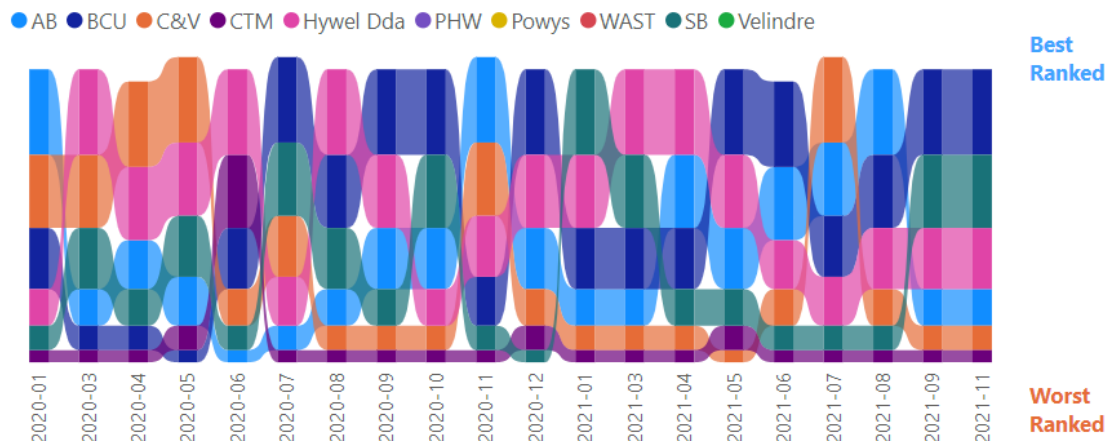
In December 2021, 39.1% of Ophthalmology R1 appointments attended at Hywel Dda were within their clinical target date or within 25% beyond their clinical target date. Following a sustained period of special cause improving variation, performance in December 2021 is now showing special cause concerning variation.



Percentage of patients who have started their first definitive cancer treatment within 62 days from point of suspicion

How we compare to our peers across Wales

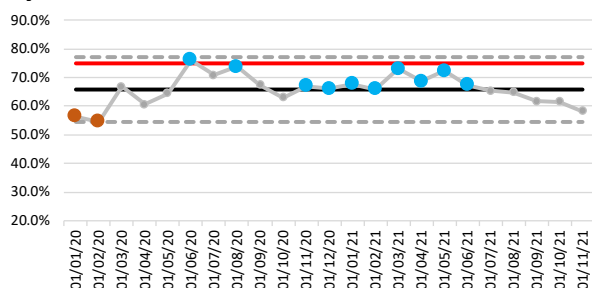
Throughout the pandemic we have held between the 1st and 4th positions out of 6 in Wales for the % of patients who have started their first definitive cancer treatment within 62 days from point of suspicion. In November 2021, we were ranked in 3rd position.



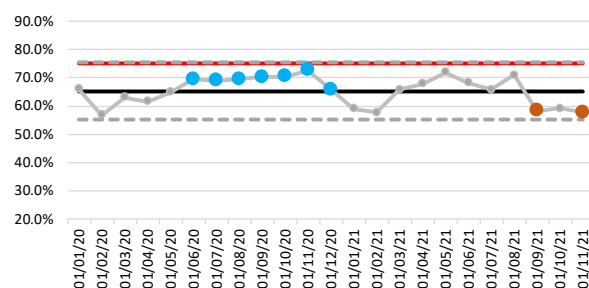
Our trend compared to our peers (Jan '20 – Nov '21)

In November 2021, 58% of patients started their first definitive cancer treatment within 62 days from point of suspicion. Including Hywel Dda, in November 2021, there were 3 Health Boards showing common cause variation, with the remaining 3 showing special cause concern variation.

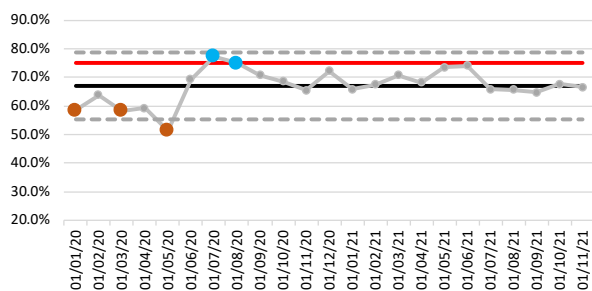
Hywel Dda



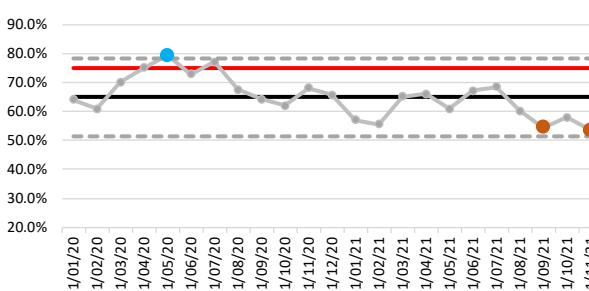
Aneurin Bevan



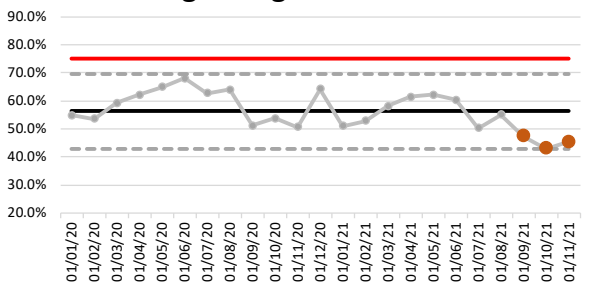
Betsi Cadwaladr



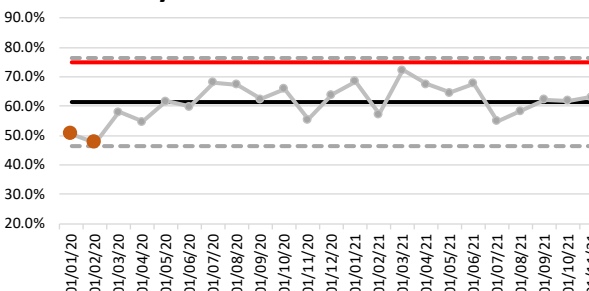
Cardiff & Vale



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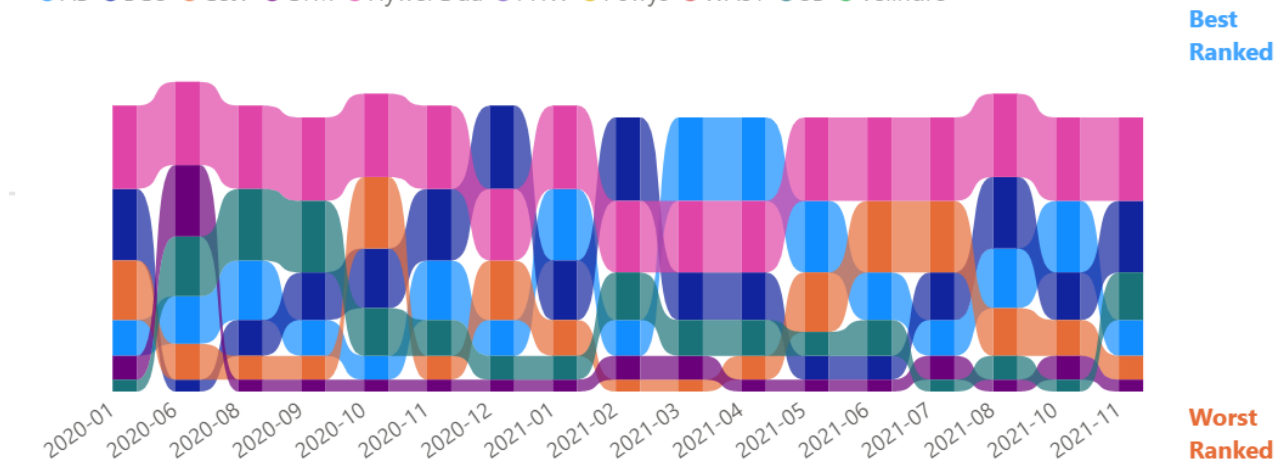


Percentage of stroke patients having direct admission to a stroke unit within 4 hours

How we compare to our peers across Wales

Throughout the pandemic we have consistently ranked 1st or 2nd in Wales for the percentage of stroke patients having direct admission to a stroke unit within 4 hours. In November 2021, we recorded the best performance out of the 6 large Health Boards in Wales.

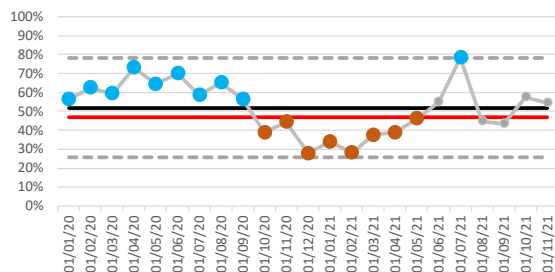
AB BCU C&V CTM Hywel Dda PHW Powys WAST SB Velindre



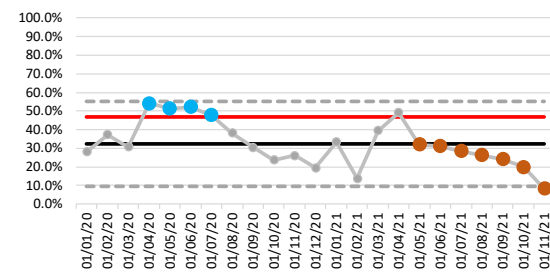
Our trend compared to our peers (Jan '20 – Nov '21)

In November 2021, 54.5% of patients at Hywel Dda were directly admitted to a stroke unit within 4 hours. We were 1 of 3 Health Boards in Wales showing common cause variation in November 2021. The 3 other Health Boards have shown special cause concerning variation for several months.

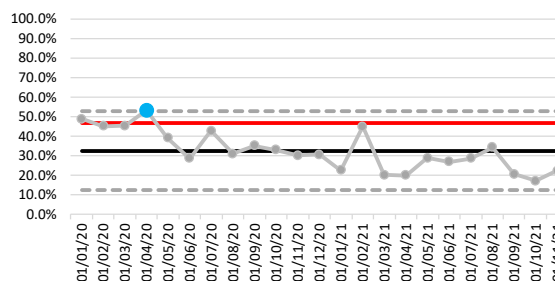
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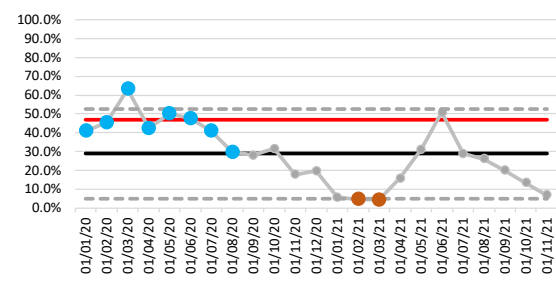
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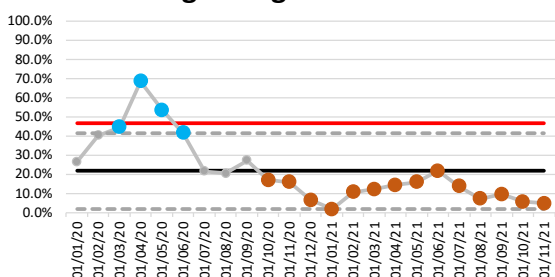
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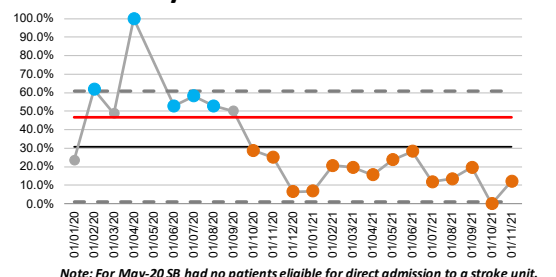
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Cwm Taf Morgannwg



Swansea Bay

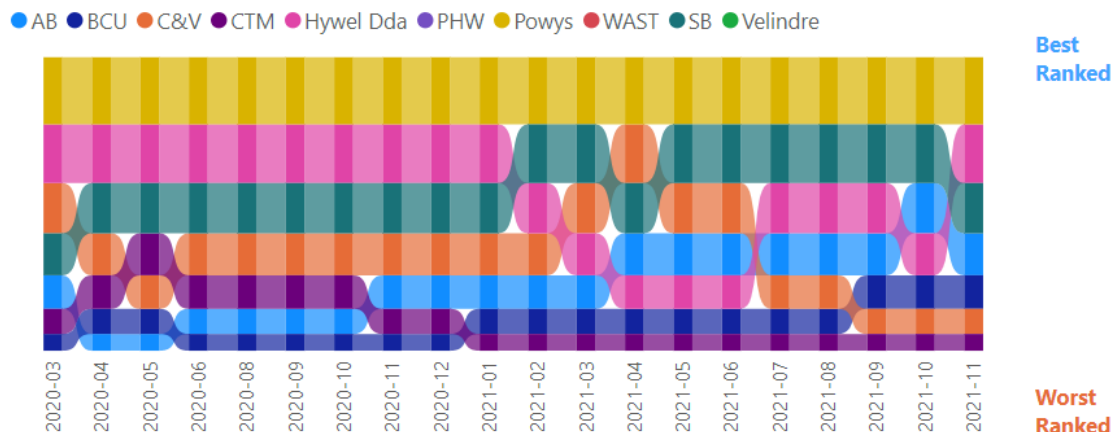


Note: For May-20 SB had no patients eligible for direct admission to a stroke unit.

Number of patients waiting more than 8 weeks for a specified diagnostic

How we compare to our peers across Wales

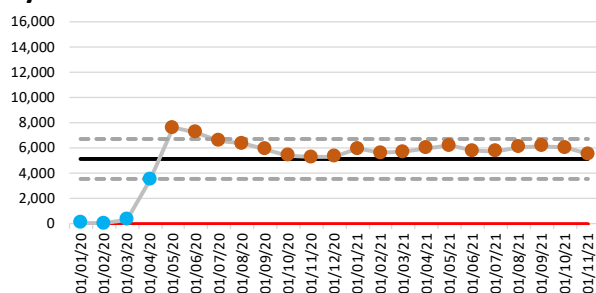
Throughout the pandemic, until February 2021 we held 2nd position out of 7 in Wales for the patients waiting over 8 weeks for a diagnostic. This was followed by lower positions for several months. In November 2021, we were again ranked in 2nd position.



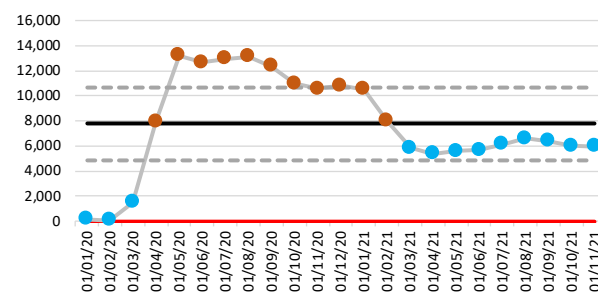
Our trend compared to our peers (Jan '20 – Nov '21)

In November 2021, 5,532 patients were waiting over 8 weeks for a diagnostic. Performance differs across Wales, with 2 health boards showing improving variation, 1 showing common cause and 3 (including Hywel Dda) showing concerning variation.

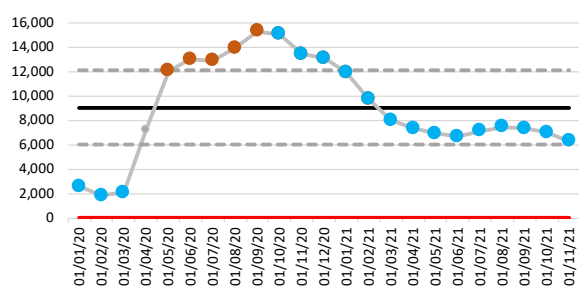
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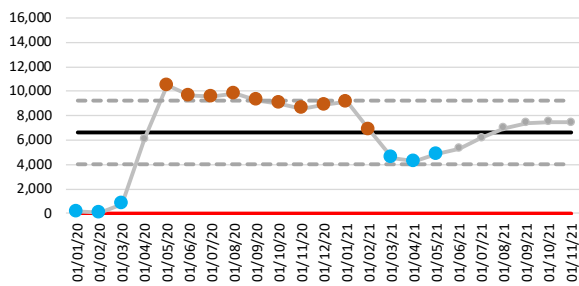
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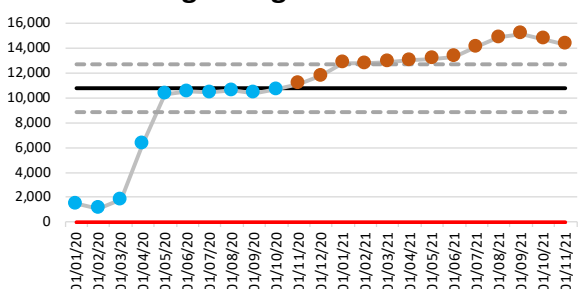
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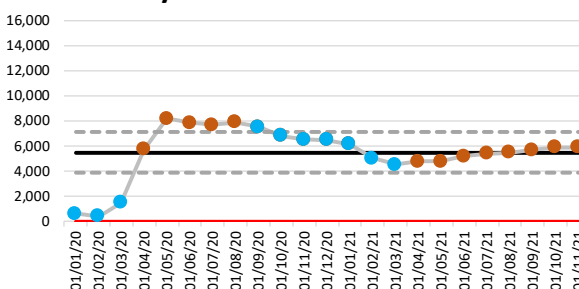
Cardiff & Vale



Cwm Taf Morgannwg



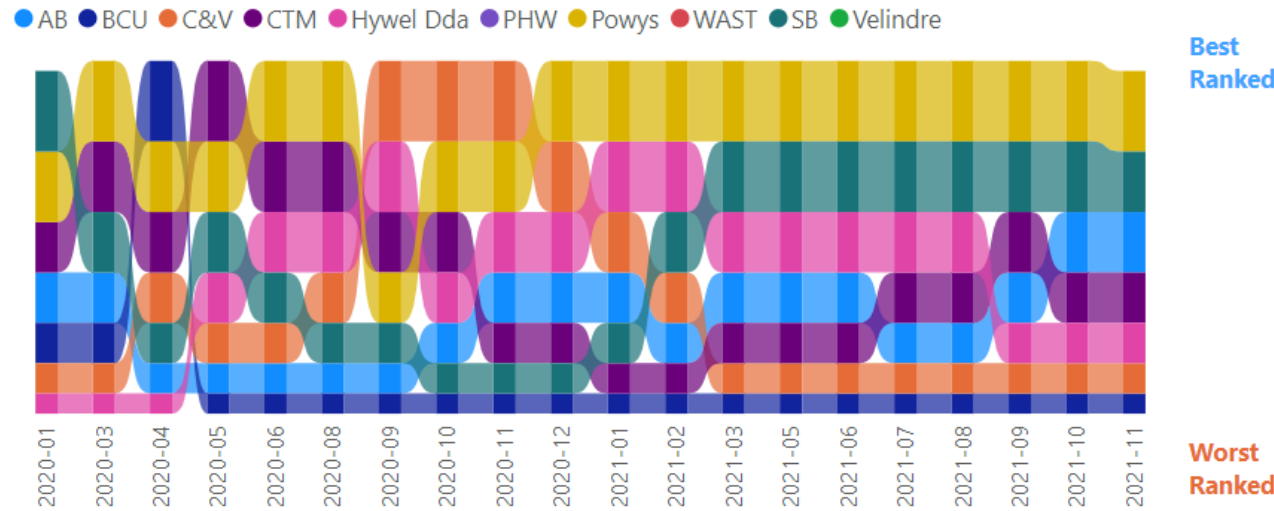
Swansea Bay



Number of patients waiting more than 12 weeks for a specified therapy

How we compare to our peers across Wales

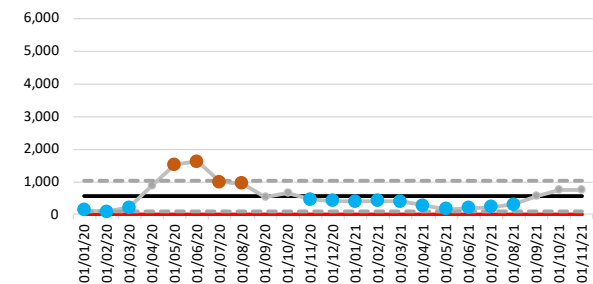
Throughout the pandemic, our health board's rank has varied for the number of patients waiting over 12 weeks for a specified therapy. In November 2021 we were ranked 5th out of 7.



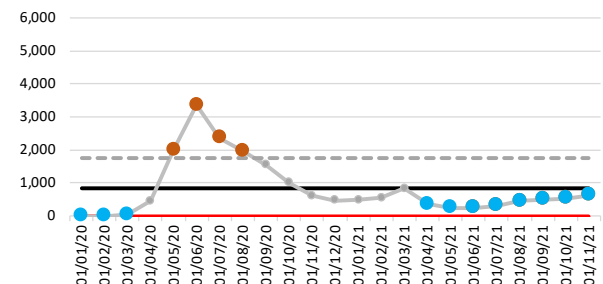
Our trend compared to our peers (Jan '20 – Nov '21)

In November 2021, 756 patients were waiting over 12 weeks for a specified therapy. Performance differs across Wales, in November 2021, 4 health boards show common cause variation (including Hywel Dda), 1 shows special cause concerning variation and 1 shows improving variation.

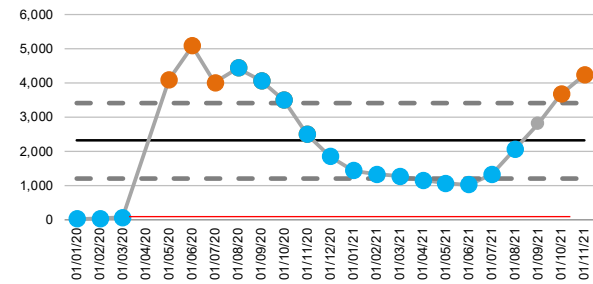
Hywel Dda



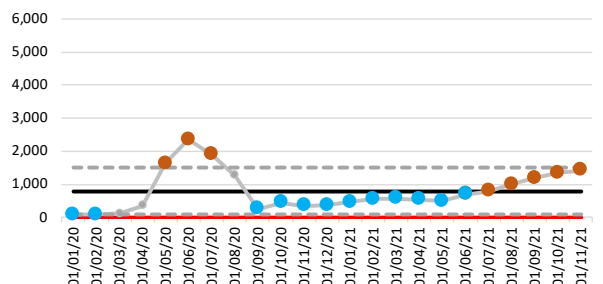
Aneurin Bevan



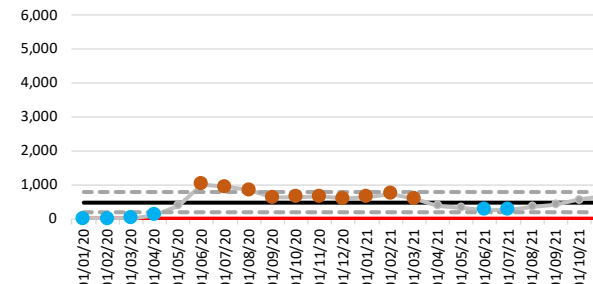
Betsi Cadwaladr



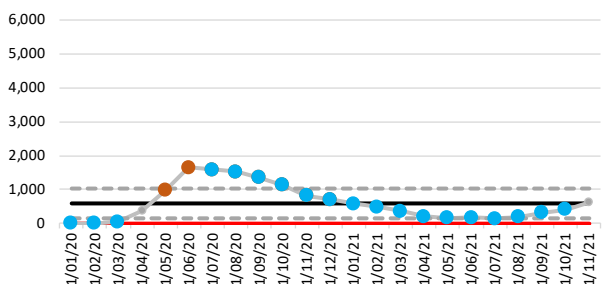
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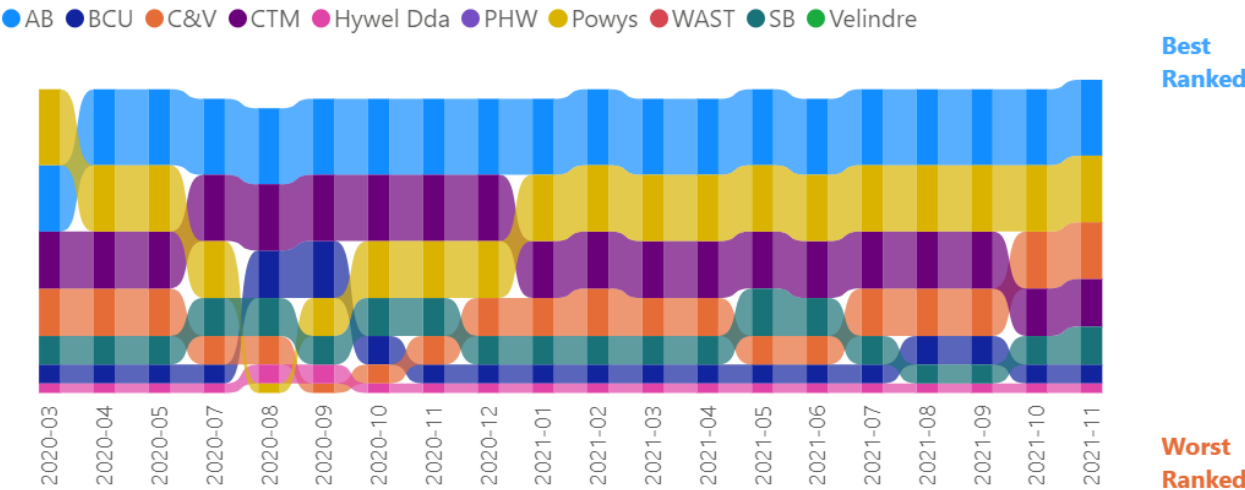


Note: For Betsi Cadwaladr, there was no data available for April 2020.

Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment

How we compare to our peers across Wales

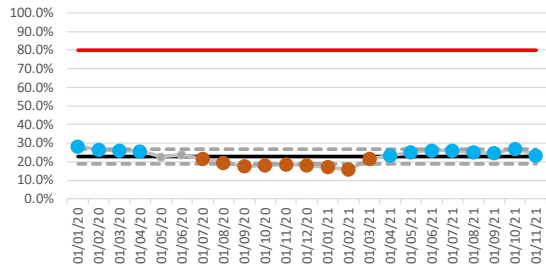
Throughout the pandemic we have consistently ranked 6th or 7th in Wales for the percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment. Out of the 6 largest Health Boards, in November 2021, we had the lowest recorded performance.



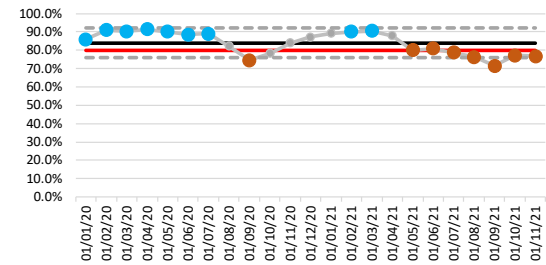
Our trend compared to our peers (Jan '20 – Nov '21)

In November 2021, 23.6% of children and young people at Hywel Dda were waiting less than 26 weeks for a neurodevelopment assessment. In November 2021, Hywel Dda was one of 3 Health Boards showing special cause improving variation.

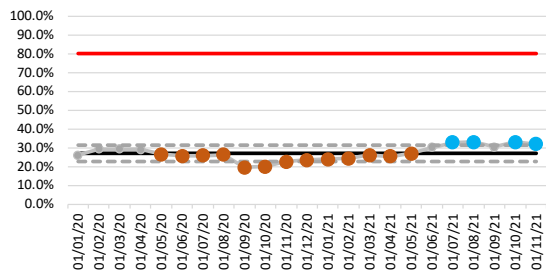
Hywel Dda



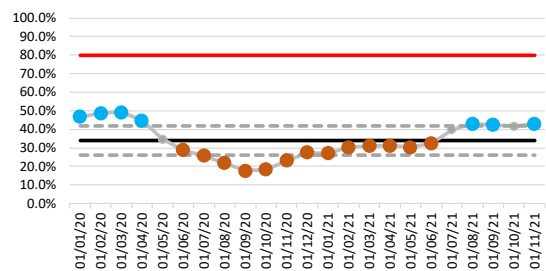
Aneurin Bevan



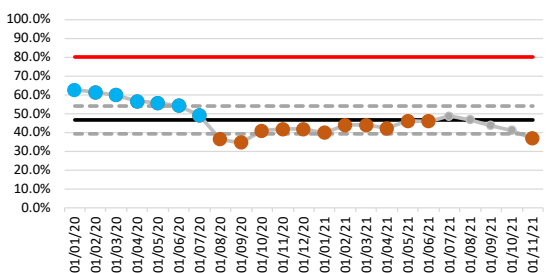
Betsi Cadwaladr



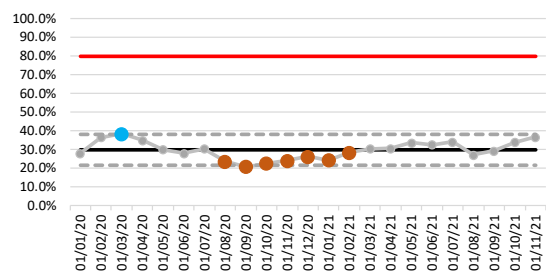
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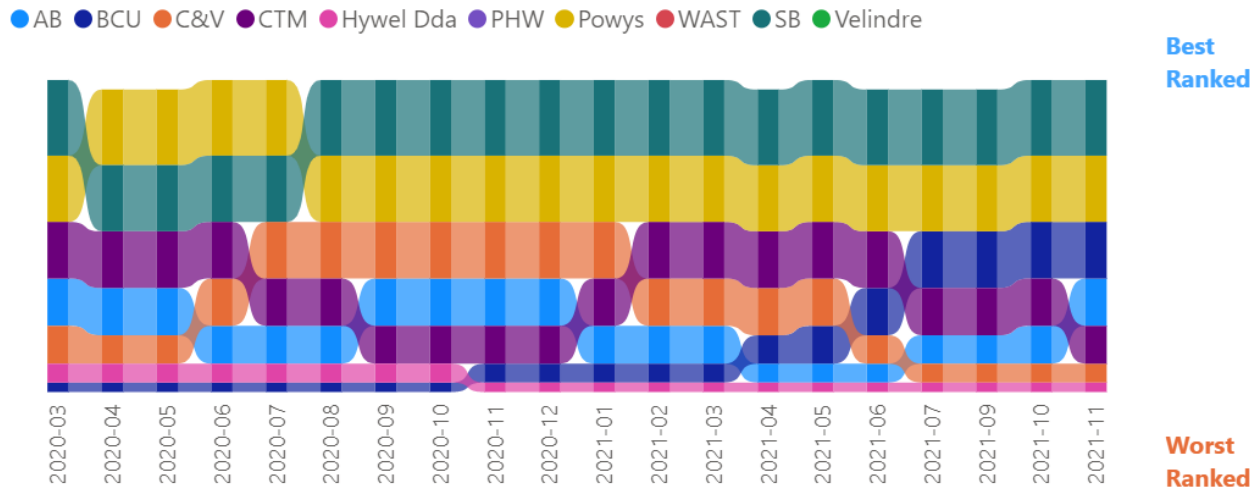
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Percentage of adults waiting less than 26 weeks to start a psychological therapy

How we compare to our peers across Wales

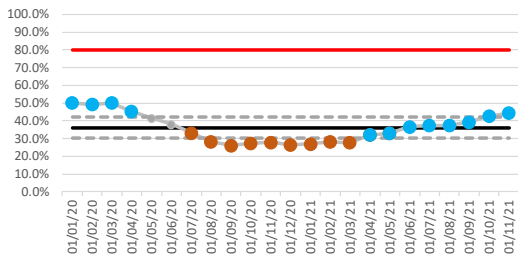
Throughout the pandemic we have consistently ranked 6th or 7th in Wales for the percentage of adults waiting less than 26 weeks to start a psychological therapy. Out of the 6 large Health Boards, in November 2021, we had the lowest recorded performance.



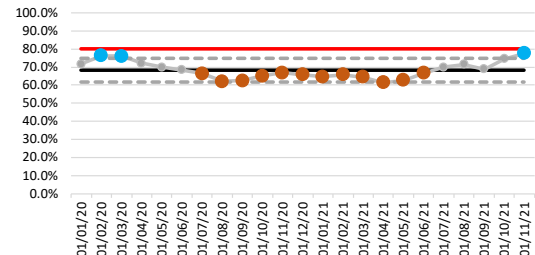
Our trend compared to our peers (Jan '20 – Nov '21)

In November 2021, 44.5% of adults at Hywel Dda were waiting less than 26 weeks for a psychological therapy. In November 2021, Hywel Dda was one of 5 Health Boards showing special cause improving variation.

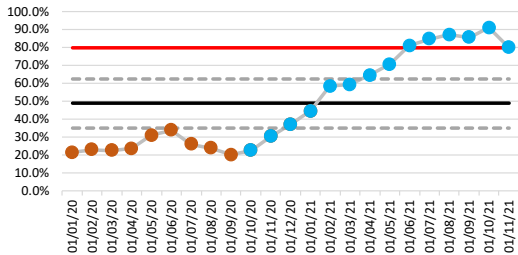
Hywel Dda



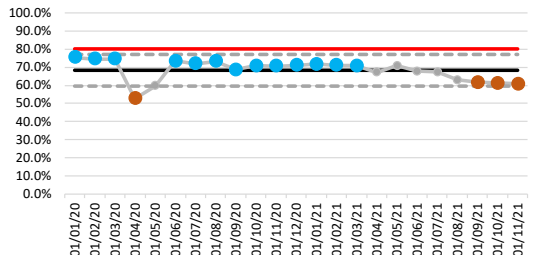
Aneurin Bevan



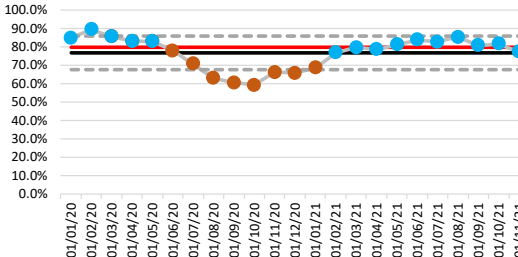
Betsi Cadwaladr



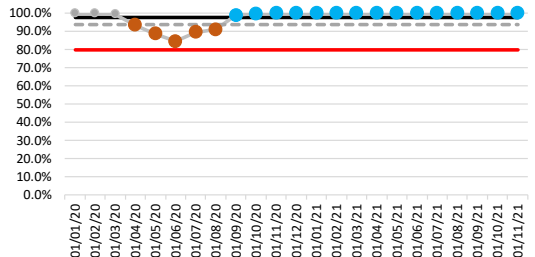
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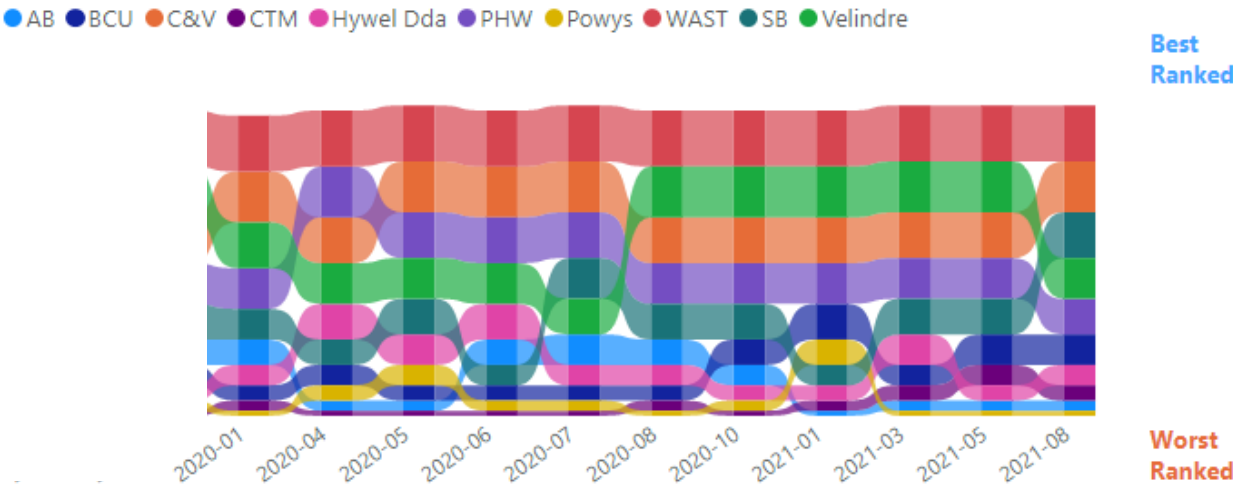


Agency spend as a % total pay bill

How we compare to our peers across Wales

Throughout the pandemic our rank compared to peer organisations has varied but has been in the lower ranks.

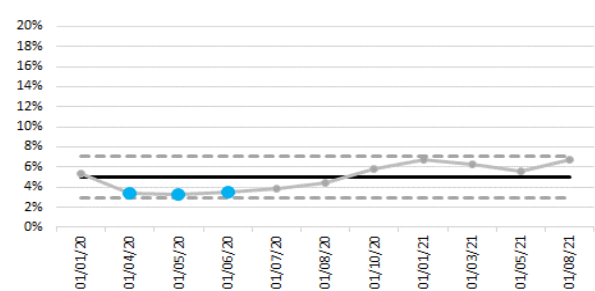
Agency spend as a % total pay bill (3A)



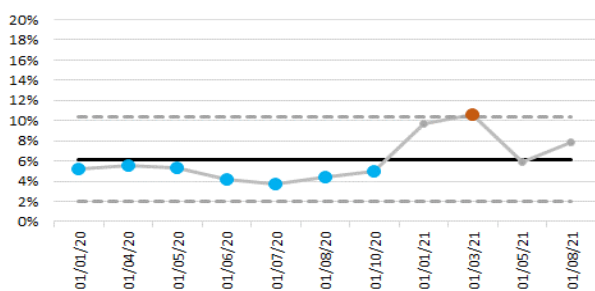
Our trend compared to our peers (Jan '20 – Aug '21)

Health Boards are indicating that agency spend is within normal parameters and the charts are showing common cause variation (expected).

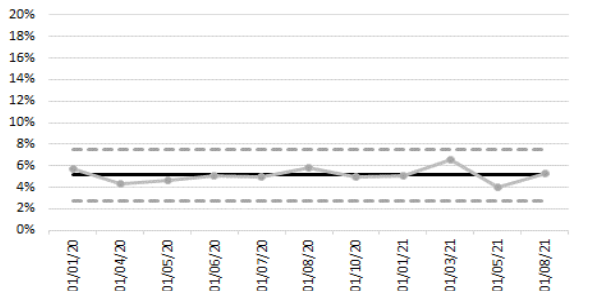
Hywel Dda



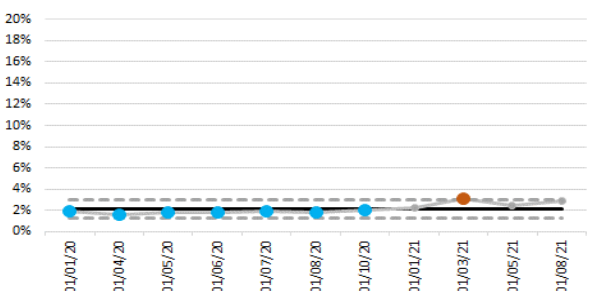
Aneurin Bevan



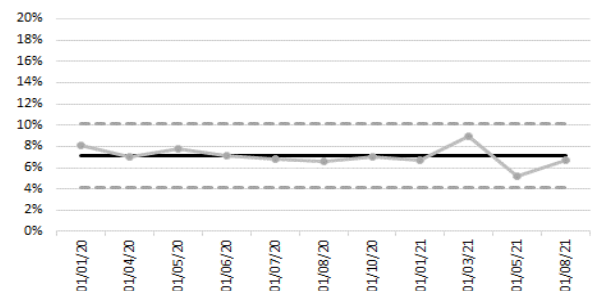
Betsi Cadwaladr



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