



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 October 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Assurance Report Update for Hywel Dda University Health Board – Month 6 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

From October 2021, the measures within the performance assurance report have been assigned to strategic objectives and are being reported to the relevant lead committee. As such, all measures relating to the strategic objectives below are being reported to the Strategic Development and Operational Delivery Committee (SDODC):

- The best health and wellbeing for our communities
- Safe, sustainable, accessible and kind care

The performance report dashboard is currently being updated to allow Members to filter by strategic objective. This new functionality will be available from December 2021.




The measures included in the performance assurance report are currently under review. Measures no longer included in the Delivery Framework are being stood down and the new Improving Together outcome, qualitative and quantitative measures are being incorporated. This revised set of performance measures will be presented in the performance assurance report dashboard from December 2021 onwards.




For this month, traditional performance report measures are being reported. For SDODC these include measures relating to:

- Unscheduled care
- Stroke
- Cancer
- Planned care
- Therapies and diagnostics
- Quality and safety
- Mental health and neurodevelopment
- Population health.

The full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: [Performance report dashboard as at 30th September 2021.](#)

This performance report dashboard is also available via our internet site in [English](#) and [Welsh](#).

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

ASSURANCE Performance against target		We will consistently fail the target until improvement actions are identified and successfully embedded
		We will randomly hit and miss the target until improvement actions are identified and successfully embedded
		We will consistently hit the target

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

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

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

If assistance is required in navigating the performance assurance report dashboard, please contact: Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk

Cefndir / Background

The final NHS Wales Delivery Framework 21/22 (<https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/monitoring-our-performance/>) published in October 2021 has migrated and modelled on 'A Healthier Wales' quadruple aims as part of the 'Single Integrated Outcomes Framework for Health and Social Care'. New metrics have been added and a number have either been amended or retired. A summary of the changes can be found [here](#).

Asesiad / Assessment

Important changes to highlight since our previous report

Improving measures

- Stroke patients receiving speech and language therapy is showing an improving trend, with a run of 7 data points above the mean.
- NIIAS notifications for staff accessing their own record had the lowest recorded number of breaches in September 2021.

Declining measures

- E.coli cases are showing a concerning trend, with a run of 7 data points above the mean.
- Although the therapy waits measure is showing an improvement due to performance being below the mean, the number of breaches increased from 299 in August to 570 in September. There are 4 therapies that are driving this:
 - Dietetics and occupational therapy breaches are increasing and both measures are showing cause for concern;
 - Physiotherapy and podiatry breaches are increasing.
- The following mental health measures are showing declines in performance and concerning variation:
 - First CAMHS outpatient appointment
 - Mental health assessment within 28 days – children and adults.
- COVID cases, COVID related incidents and COVID related inpatient deaths all sharply increased.

New measures / measure changes / other

- In line with the latest Delivery Framework changes, Ophthalmology now reports on appointments attended rather than patients waiting to be seen. This means that previous performance was reporting 45.3% against a target of 95% but with the revisions, performance is 57.5% against a target of 95% (the highest level of performance recorded).
- The national outpatient follow-up targets have reduced considerably, meaning we are significantly away from achieving the new targets.

See the relevant sections below for further details.

COVID-19 Vaccinations

Due to changes to data configuration to begin reporting booster vaccinations, the latest figures in the IPAR Dashboard are only updated up to 31st August 2021. Work is taking place at a National level and revised data to reflect this is planned to be made available in November 2021.

In the interim, progress made to date is set out in the table below from the COVID-19 Vaccination Weekly Surveillance Summary provided by Public Health Wales as at 3rd October 2021 available in the [Rapid COVID-19 virology dashboard](#):

Priority group	1 st dose	2 nd dose
Care home residents	98.2%	95.7%
People aged 80+	96.4%	95.3%
People aged 75-79	96.9%	96.1%
People aged 70-74	96.0%	95.2%
High risk adults under 70	95.1%	93.5%
People aged 65-69	94.8%	93.8%
Medium risk adults under 70	90.0%	86.8%

Priority group	1 st dose	2 nd dose
People aged 60-64	93.2%	91.8%
People aged 55-59	91.4%	89.8%
People aged 50-54	89.2%	87.3%
People aged 40-49	84.2%	80.7%
People aged 30-39	77.4%	71.5%
People aged 18-29	75.2%	65.4%
People aged 16-17	68.4%	16.9%

COVID-19 Update

From the start of the pandemic to 30th September 2021, there has been a total of 31,483 confirmed cases of COVID-19 amongst HDdUHB residents, of which 8,778 were confirmed during September 2021; this is the highest number of confirmed positive cases since the start of the pandemic.

- Positivity rates are higher in males than females, with females taking substantially more tests than males and positive cases being reasonably similar between genders.
- Positive cases remain highest among 10 - 19 year olds.

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 we need more data points to determine if the trend is concerning or improving

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

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

COVID related risks

- We had 94 COVID-related risks in September 2021, with 20 extreme risks, 58 high risks, 15 moderate risks and 1 low risk;
- 6 COVID-related risks are on the Corporate Risk Register, with 1 risk closed in September 2021.

New never events

- We had 0 never events in September 2021.

MMR vaccine

- As of June 2021, 90.1% of children had received 2 doses of the MMR vaccine by age 5.

6 in 1 vaccine

- As of June 2021, 95.5% of children had received 3 doses of the hexavalent '6 in 1' vaccine by age 1.

Please refer to the section below for details regarding the metrics showing as an 'area of concern' (colour coded orange).

Indicators showing special cause for improvement

- Stroke patients receiving required speech and language time
- Dementia training - NHS staff compliance
- Digital - % server infrastructure patched with the latest updates
- Mental Health - therapeutic interventions within 28 days post LPMHSS assessment (age 18+)
- Audiology – patients waiting over 14 weeks
- Podiatry - patients waiting over 14 weeks
- Cardiology - patients waiting over 8 weeks
- Physiological Measurement – patients waiting over 8 weeks
- Therapies - all patients waiting over 14 weeks for a specific therapy

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

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

Unscheduled Care

In September 2021, ambulance red calls continued to see the highest demand since the introduction of the clinical response model. Ambulance handovers were challenging due to 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.

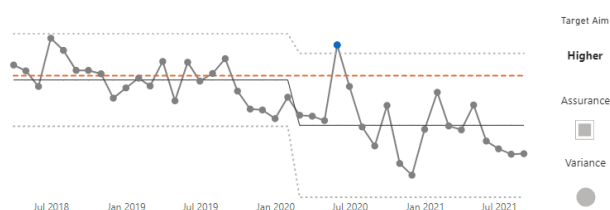
Demand at our A&E/MIU has been increasing since February 2021. Patients waiting longer than 4 hours in A&E/MIU is primarily due to a lack of staff to meet the current demand and the use of assessment rooms / bays to house patients with major conditions whilst patients waiting longer than 12 hours were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

Overall, the percentage of emergency admissions via A&E/MIU remains at 62%. County and Community services are reporting more cases of complex discharge requirements which can delay a medically optimised patient being discharged from acute sites, together with a significant reduction in available domiciliary care and re-ablement capacity and high numbers of care homes placed under embargo status due to levels of COVID-19 incidence. Actions being undertaken to improve performance are:

- WAST Resource Escalation Action Plan (REAP) Level 4 (extreme pressure) actions instigated to deploy all clinicians to patient facing duties;
- WAST Operational Managers deployed to hospital sites to facilitate timely handover, adopting revised COVID guidance for healthcare workers who have been double vaccinated whenever possible.
- WAST -Re-implementation of the Tactical Approach to Production (TAP) utilising alternative grades of staff to improve Unit Hour Production, implementing a TAP from 18th October 2021 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. Bronglais General Hospital (BGH) and Worthybush General Hospital (WGH), together with Community services are focussed around our frail and high-risk adult cohorts, taking a "population-based" approach;

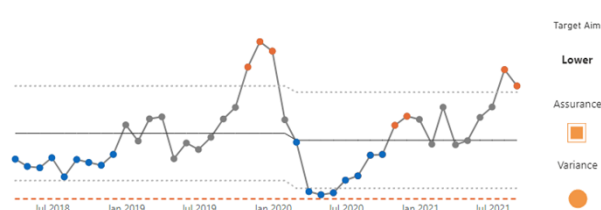
- Soft launch of the Patient Triage Assessment and Streaming (PTAS) via the WAST Clinical Stack Review is ongoing during October 2021;
- Establishment of Contact First 111. Memorandum of Understanding being signed off and anticipated to be fully operational from Q4 2021/22;
- Application of Telehealth as a pilot for early identification of deteriorating patients in the community and in care homes, and intervention to avoid hospital attendance and admission;
- Review of options to provide step down care to a growing number of patients awaiting domiciliary care due to the fragility of that workforce in social care and the independent sector. Task and Finish group being established to scope potential development of a health employed workforce to deliver home based care where there are resource constraints. Draft paper for Executive Director review expected late October 2021;
- Urgent consideration of opportunities to create community based step-down/surge capacity supported by a joint Local Authority/Health Board staffing model;
- County system improvement plans in place;
- We continue to develop our urgent primary care model to avoid unnecessary attendances to A&E;
- Review of staffing levels;
- Continued focus on maintaining and increasing flow out of inpatient ward areas as soon as patients are medically optimised.

% red call responses arriving within 8 minutes



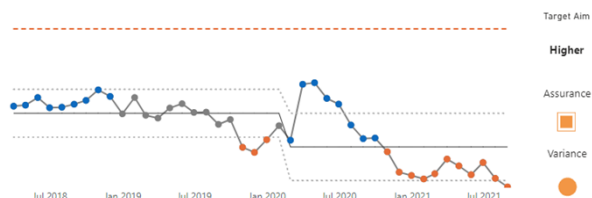
Performance in September 2021 shows common cause variation. The national target has only been met twice since September 2019 and will not be consistently met without the transformation/improvements above. Expected performance is between 40% and 70%.

No. ambulance handovers taking over 1 hour



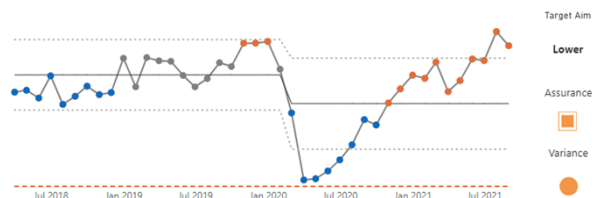
Performance in September 2021 shows special cause concerning variation. Without the transformation/improvements above, we will consistently miss the national target. Expected performance is between 54 and 542.

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



Performance in September 2021 shows special cause concerning variation. Without the transformation/improvements above, we will consistently miss the national target. Expected performance is between 72% and 82%.

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



Performance in September 2021 shows special cause concerning variation. Without the transformation/improvements above, we will consistently miss the national target. Expected performance is between 274 and 944.

Planned Care

The service is still under pressure from the backlog created during the pandemic. Performance continues to be affected by limitations on available capacity due to the requirements of social distancing and infection control measures in addition to the current emergency pressures being faced on each site which has impacted upon Planned Care.

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 has remained static in the most recent reporting period as these gains have been mitigated by increasing rates of referral as lockdown restrictions ease. In September 2021, 56.2% of patients were waiting less than 26 weeks for treatment, with a total of 31,039 patients waiting more than 36 weeks.

Theatre utilisation has been constricted by emergency pressures on the WGH site which has extended to Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH) and continues to impact into October 2021. The Health Board continues to experience exceptional levels of urgent pressure and Orthopaedic inpatient surgery is currently suspended at both the WGH and PPH sites. This has been relayed to the public by the communications team.

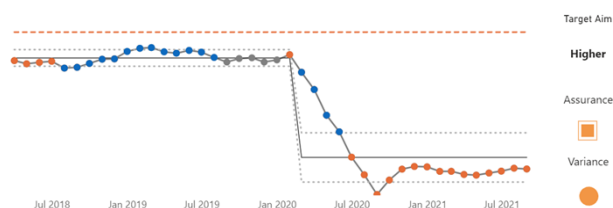
In order to reduce the backlog, an additional activity plan has been developed and agreed and is supported by non-recurrent Welsh Government (WG) funding. This plan is heavily dependent on delivery of treatments via a range of independent sector providers to supplement the core capacity delivered across our four hospitals. Due to the timelines associated with the NHS Wales Shared Service Partnership (NWSSP) tender & commissioning framework, the majority of these additional volumes will impact during the second half of the year when our commissioned independent sector activity scales up. In addition, the Health Board has submitted further plans for delivery of additional activity to be delivered prior to March 2022 which are currently being assessed by Welsh Government as part of an anticipated second tranche of recovery monies.

The initial phase of the Welsh Government funded outsourcing programme is being actively progressed and is starting to gather pace with most specialities due to commence in October 2021, although significant theatre staffing pressures are being felt in the private sector which is having an impact on initial outsourcing levels.

Work is ongoing with clinical teams to regularly risk stratify waiting lists. Validation of waiting lists continues, however, with such large volumes, the initial focus is on patients waiting in stages 2 and 3. A communication exercise with patients undertaken in September 2021 is now complete, we have now contacted all patients waiting more than 52 weeks. This has had some impact on the waiting list, however, further validation is required on a large scale. Additionally, Waiting List Support Service (WLSS) formerly known as Single Point of Contact (SPOC) are now in the phasing position to start contacting all stage 4 patients in a structured process which has been clinically approved.

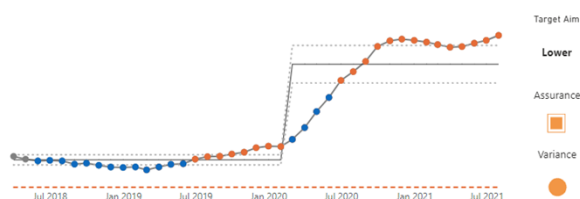
Other Welsh Health Boards and English Trusts providing tertiary care for our residents had restricted ability to undertake planned care due to COVID-19. In August 2021, there were 1,729 HDdUHB residents waiting over 36 weeks in other NHS care providers. Targetted intentions are being discussed with external Health Boards as part of the on going Long Term Agreement (LTA) meetings. Swansea Bay University Health Board longer term recovery plans are being finalised for submission to Welsh Government. Their short-term plans i.e. from the first £100m allocation, are based on increasing capacity by a combination of outsourcing and bringing internal capacity back to pre-COVID-19 levels.

% patients waiting less than 26 weeks for treatment

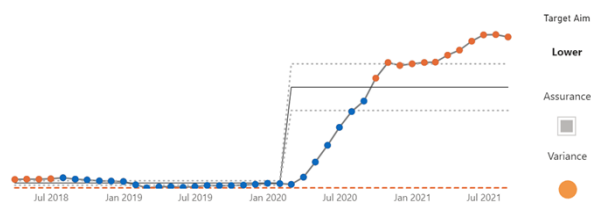


Patients waiting less than 26 weeks from referral to treatment is showing special cause concerning variation since July 2020. A detailed review of the service has been undertaken to address the backlog, with demonstrable impact expected over the second half of the year. Expected performance is between 52% and 66%.

Pts. waiting >36wks for treatment by other providers



% 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 demonstrable impact expected over the second half of the year. Expected performance is between 15,910 and 25,517 breaches.

Patients waiting over 36 weeks for treatment by other providers is showing special cause concerning variation since Summer 2020. Expected performance is between 1,187 and 1,615 breaches.

Follow-up appointments

In line with the published NHS Wales Delivery Framework for 2021-2022, targets for follow-ups have been revised to a 55% reduction against a baseline of March 2019. Previously this was a 35% reduction. This change is effective from April 2021.

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. Virtual functionality is being utilised as much as possible alongside governance and safeguarding requirements, however, many patients require ongoing monitoring (diagnostics) in a face-to-face environment which impacts on the number of patients that are suitable for a virtual follow-up. In September 2021, 66,445 patients were waiting for a follow-up appointment, of which 27,777 were booked and 38,668 were not booked. We continue to work on the reduction of the follow-up waiting list, and specialities including Pain Management, General Surgery and Vascular have achieved the target with work continuing in other specialities. The service is targeting patients who are delayed and waiting over 100% of their target. This is evidenced by these numbers showing special cause improving variation for this measure.

As part of the recovery plan, the service continues to roll out See On Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways as an alternative to a follow-up pathway and this is being supported by a Digital Design pathway manager. In September 2021 a total of 822 patients were discharged to an SOS (543) or PIFU (279) pathway which is the 2nd largest figure in 2021 and a 1% increase compared to the previous month.

In Ophthalmology (which has the largest number of follow-ups) there is a regional plan being developed for Glaucoma patients which should ensure circa 7,500 Glaucoma patients are monitored within their target date. The directorate is also continuing to rollout Consultant Connect, Attend Anywhere, Microsoft Teams and are in the process of implementing Virtual Group Consultations/Video Group Clinics. A virtual receptionist has been employed to oversee virtual appointments.

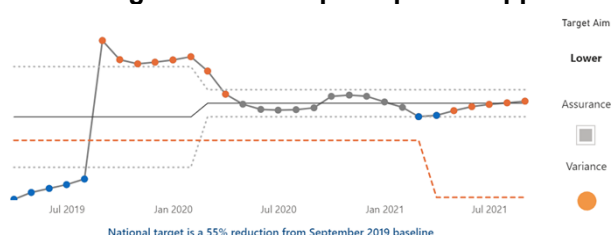
Several transformation and service improvement projects are being funded via Welsh Government. The following projects have had funding approved and are in the planning stages:

- The Virtual Orthopaedic Prehabilitation project aims to reduce follow-ups by introducing health optimisation and tailored support/advice to patients following their procedure. This will also incorporate the use of technology enabled care.
- The Virtual Ophthalmology Retinopathy Service project will use the existing Consultant Connect application (which is funded to May 2022) to undertake required tests for all Diabetic Retinopathy patients in Primary Care for virtual review and triage in Secondary Care;
- In Trauma and Orthopaedics, a Patient Recorded Outcome Measures (PROMs) co-ordinator is being appointed to support a pilot digital platform for the collection of PROMS;
- A receptionist has been employed to oversee virtual appointments and a Group Consultation co-ordinator role (1st in Wales) is being advertised to facilitate group medical appointments delivered by a clinician to a group of patients with similar health issues. All Scheduled Care administration staff are attending a Virtual Group Consultation symposium to learn and share best practice.
- 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.

These projects are supported by the Outpatient Transformation team alongside individual project leads.

The Health Board is also undertaking a review of social distancing measures following advice provided by the Deputy Chief Medical Officer and Interim Chief Nursing Officer.

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

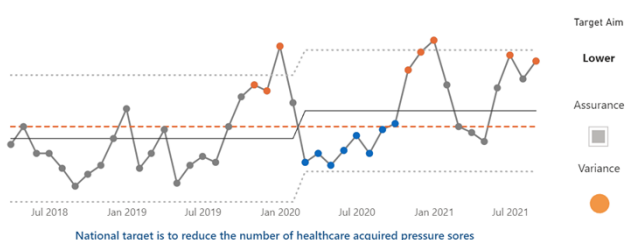


The number of patients waiting for a follow-up appointment is showing special cause concerning cause variation. A detailed review of the service has been undertaken and a plan has been developed to improve performance. Expected performance is between 61,841 and 69,825 waiting for an appointment.

Pressure Sores – Hospital

The Quality Assurance Information and System Team continue to support the Services with accurate and up to date data to enable them to undertake regular monthly review/scrutiny meetings, where the pressure ulcers acquired in a hospital setting are captured on the Health Board's Datix Cymru System and are discussed in detail. Following the review, the figures may alter. Improvement work has commenced to ensure that there is timeliness and consistency of investigation and approval of pressure ulcer incidents, in order that reported data is accurate.

Number of pressure sores acquired in hospital



Performance in September 2021 shows special cause concerning variation. Improvement actions need to be embedded for the target to be consistently met. Expected performance is between 17% and 58%.

Ophthalmology

In line with the published NHS Wales Delivery Framework for 2021-2022, the reporting for this measure has been revised to appointments attended which were within their clinical target date or within 25% beyond their clinical target date. The previous measure focussed on R1 patients who were waiting within their target date.

Reduced outpatient and theatre capacity as a result of the COVID-19 pandemic continues to affect the service. Additionally, sickness and staffing issues have provided a challenge around the recovery of lost clinic sessions. Emergency surgery and very urgent outpatient appointments are still being undertaken. In August 2021, 57.5% of Ophthalmology R1 appointments attended were within their clinical target or within 25% in excess of their target.

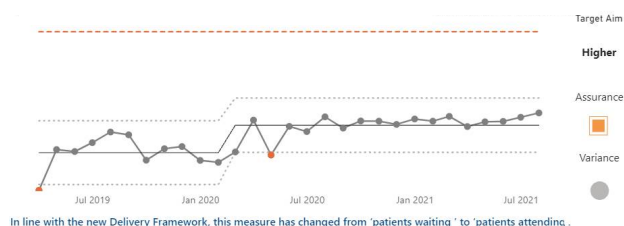
To ensure that the highest priority of risk of sight loss patients are cared for across the four sites within HDdUHB, all referrals received are screened and each referral is given a Health Risk Factor (HRF) status. R1 patients at imminent risk of harm continue to be prioritised.

A comprehensive plan has been jointly developed with Swansea Bay University Health Board (SBUHB) which is aimed at recovering the Ophthalmology service across both health boards. This work with SBUHB around the development of a Regional Glaucoma Service to support with the reduction of waits has been agreed through the A Regional Collaboration for Health (ARCH) programme board. The plan has been agreed and supported by HDUHB Executive Team and a Service Level Agreement (SLA) for SBUHB Consultant sessions is being finalised, with sessions to commence in November 2021.

The service continues to explore opportunities to change practice and deliver services differently in order to mitigate the reduction in hospital capacity, including the development of Ophthalmic Diagnostic and Treatment Centres (ODTCs) and virtual clinics as well as the development of alternate pathways to support Diabetic Retinopathy, AMD (Age-Related Macular Degeneration) and Glaucoma. Theatre capacity will be addressed through independent sector commissioned activity with the aim of clearing the 36 week wait position by March 2023. Outsourcing of Cataract procedures has commenced as part of the Phase 1 Welsh Government funded outsourcing programme and will gather pace in the coming weeks. It is hoped that Phase 2 will see further capacity for Stage 1 patients to be managed in the private sector to aid with recovery and ensure Hospital Eye Service capacity is maintained for those R1 patients with sight threatening conditions. Additionally, a regional Cataract recovery plan has been developed with SBUHB to utilise capacity in both Health Board locations to increase the number of Cataract procedures we are able to deliver. This plan has been submitted to Welsh Government for consideration.

The introduction of virtual clinics made possible through outpatient transformation funding will increase Hospital Eye Service Capacity to treat patients. A review of the doctor triage for the Rapid Access Eye Casualty is about to commence, with a view to change the pathway to nurse triage, further increasing medical practitioner availability to undertake face-to-face patient care.

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



Ophthalmology performance data is showing common cause variation for August 2021. A detailed review of the service has been undertaken and a plan developed to improve performance. Expected performance is between 39% and 64%.

Cancer

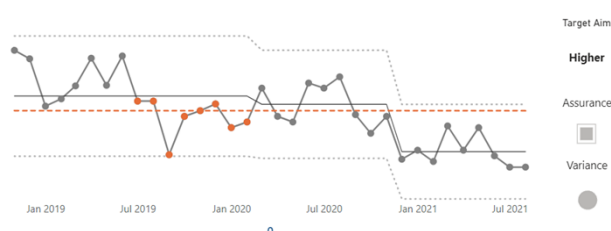
The issues which affect performance include;

- Complex patient pathways. The nature and complexity of tumours for some patients do not support rapid diagnosis and treatment due to the need for multiple investigations and multi-disciplinary team reviews.
- Tertiary (specialist) centre capacity. Pressures at Swansea Bay University Health Board continue to significantly compromise the service.
- Radiology and endoscopy capacity. The Single Cancer Pathway (SCP) significantly increases the diagnostic phase of treatment, placing added pressure on diagnostic capacity, which is currently beyond capacity.

Our actions for improvement include:

- Introduction of a rapid diagnosis clinic within the Health Board for patients with vague symptoms, who do not meet the criteria for the Site Specific Tumour pathways.
- Escalation of concerns regarding tertiary centre capacity and associated delays;
- Investigation of current capacity for diagnostics to ensure a 7-day turnaround;
- Regular meetings with Swansea Bay University Health Board.
- The SCP Diagnostics Group investigates and works to prevent bottlenecks;
- All urgent suspected cancer imaging investigations continue as usual;
- Radiology are trying to secure mobile computerised tomography/magnetic resonance imaging (CT/MRI) scanners, subject to equipment and staffing availability.

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



Patients starting definitive cancer treatment within 62 days is showing common cause variation since March 2020. Since December 2020, the target has not been met and we will randomly hit and miss the target until a review of the service is embedded to increase timely diagnostic capacity for patients on the cancer pathway. Expected performance is between 59% and 76%.

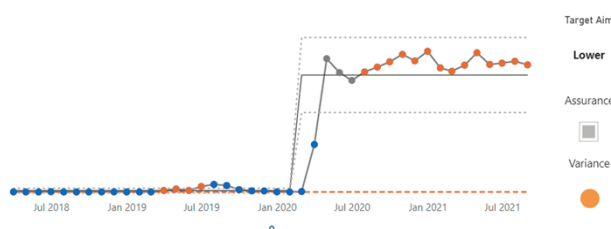
Diagnostics

Overall, the performance for diagnostics is showing special cause concerning variation; in September 2021, 6,152 patients were waiting 8 weeks or more for a specified diagnostic. Areas where sustained improvement has been made include Cardiology and Physiological Measurement. Patients waiting for 8 weeks+ for imaging is showing common cause variation - performance is within expected parameters. There are 3 areas where performance is showing cause for concern, see below for details.

Radiology

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

Pts. waiting 8 weeks+ for radiology diagnostic

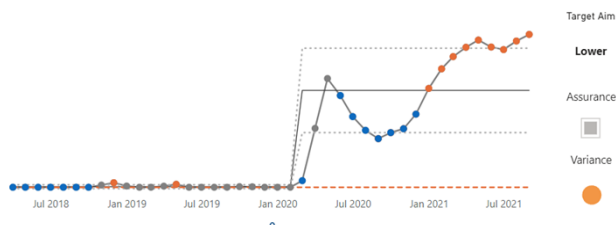


Patients waiting 8 weeks+ for Radiology has been showing special cause concerning variation since August 2020. We will consistently fail the target of zero waits until a review of the service is embedded. Expected performance is between 2,298 and 4,468 patients waiting 8 weeks or over.

Endoscopy

Staffing issues remain a challenge particularly in BGH and WGH. We are utilising bank/agency nursing staff, backfilling sessions and working with the hospital sterilisation and decontamination units. With WG Recovery funding support, plans are being progressed to secure outsourced independent sector capacity through the remainder of 2021/22.

Pts. waiting 8 weeks+ for endoscopy diagnostic

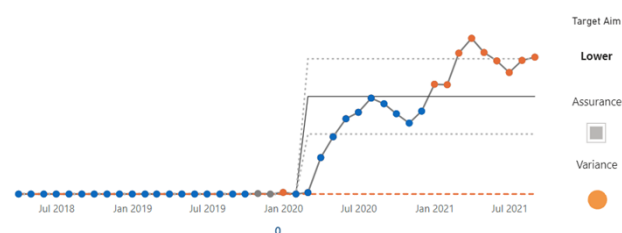


Patients waiting 8 weeks+ for Endoscopy has shown special cause concerning variation since January 2021. We will consistently fail the target of zero waits until a review of the service is embedded. Expected performance is between 446 and 1,136 patients waiting 8 weeks or over.

Neurophysiology

We currently have 700 patients waiting over 8 weeks for Nerve Conduction Studies. As part of Reset and Recovery, our funding proposals to Welsh Government to outsource all 700 patients to allow us to meet the diagnostic 8-week target by March 2022 has been successful. We are currently going through the tender process. Capacity is impacted considerably by breakdowns in essential equipment, with only 1 of the 2 electromyography (EMG) machines operational.

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



Patients waiting 8 weeks+ for Neurophysiology has been showing special cause concerning variation since January 2021. We will consistently fail the target of zero waits without additional activity to be delivered via the independent sector. Expected performance is between 372 and 839 patients waiting 8 weeks or over.

Therapies

Capacity constraints continue to impact upon all therapy 14-week referral to treatment (RTT) breaches with therapy services reporting that as services return to normal, lack of any additional or stretch capacity and ongoing Infection and Prevention Control requirements are impacting upon our ability to maintain the 14-week target. The position will deteriorate further for Podiatry, Occupational Therapy and Physiotherapy next month as staff are redeployed to support acute hospital discharge and admission avoidance teams, with around 100 non urgent out-patient appointments a week being cancelled, pushing more routines into the breach position.

All services are reporting increased rates of referrals back to pre-pandemic levels, with the conversion to urgent following triage being higher, due to disruption in routine services relating to diabetes, paediatrics and eating disorders along with higher acuity and complexity within those referral cohorts due to the impact of lockdowns and patients delaying access to healthcare. This increased demand, combined with the continued restricted capacity, places additional demand upon services. Services predicted capacity deficits emerging in July 2021 onwards associated with inability to meet the demand with current capacity, exacerbated by a planned reduction in clinical workforce availability during the summer period, and no additional bank or agency availability and constriction in labour market making fixed term recruitment unattractive. Band 5 graduate streamlining had been planned to provide additional clinical capacity from October 2021 onwards, however with the delay between the Health and Care Professions Council (HCPC) registration, onboarding and the clinical impact of additional referral acuity, this capacity will be consumed within emerging core Band 5 vacancies.

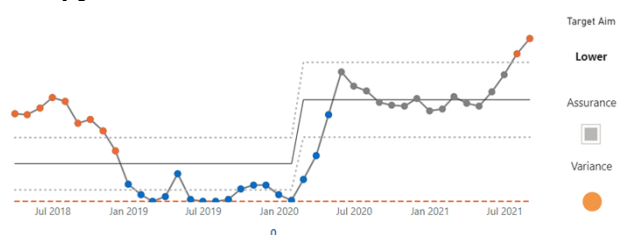
Occupational Therapy

Of the patients waiting over 14 weeks for Occupational Therapy (OT), 167 waits are for children's services. Current capacity of the children's team is insufficient to address the backlog developed during the pandemic as well as increased demand. To address the challenge, the children's OT service is out to recruitment for fixed term posts, currently on TRAC, to increase capacity. Also continuing to try to source agency staff, additional hours, and bank.

Measures in place to manage the waiting list, include triage and validation as well as longer term service review and redesign. Pending fixed term recruitment, the plan is to reduce to 97 breaches by end of March 2022.

Four of the over 14-week waits are for our adult service in areas where there have been vacancies, however vacancies in both areas have now been filled and staff are due to come into post within the next month, with a plan to deliver 0 breaches by December 2021.

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 67 and 146 patients waiting 14 weeks or over.

Dietetics

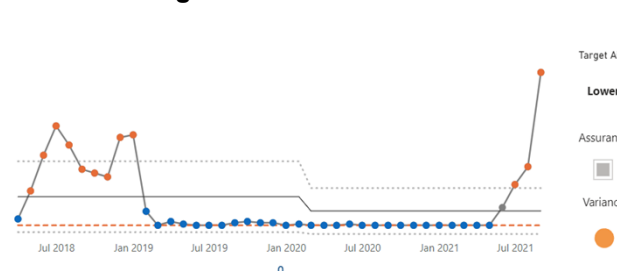
Nutrition and Dietetic services reported a lack of capacity within services supporting Diabetes, Paediatrics and Specialist CAMHS due to an increase in referrals relating to diabetes complications, paediatrics and eating disorders.

Funding for additional capacity has been identified via the Local Delivery Plan for Diabetes which is being progressed, and temporary fixed term funding for paediatrics. Additional fixed term capacity in paediatrics is expected to support a steady reduction in breaches between November 2021 and March 2022, however this will be dependent upon no additional acute paediatric demand as a result of the respiratory syncytial virus (RSV) surge.

A specialist for CAMHS has also been out to advert for 3 rounds but we have not been able to recruit to this specialist CAMHS post, and we have not able to recruit via agency. The service is reviewing skill mix and options for a revised delivery model which will require consultation with Mental Health colleagues.

Based upon the current capacity and demand plan, there is a projection of increasing waiting times until January 2022 and then a reduction to end of year based upon additional recruited clinical capacity

Patients waiting 14 weeks+ for Dietetics



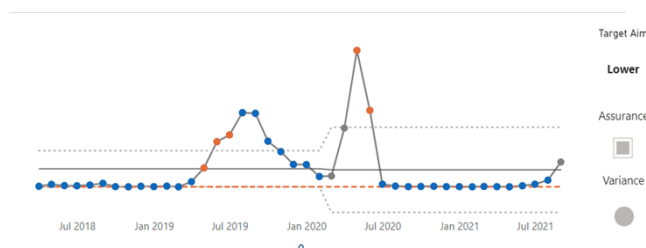
Patients waiting 14 weeks+ for Dietetics is showing special cause concerning variation. We will consistently fail the target of zero until a review of the service is undertaken and the resulting improvement actions are embedded. Expected performance is between 0 and 29 patients waiting 14 weeks or over.

Physiotherapy

Whilst the chart shows common cause variation, the number of patients waiting over 14 weeks has increased to 142 in September 2021.

Recent redeployment of musculoskeletal physiotherapy clinical staff to support acute patient flow pressures within acute hospital sites and admission avoidance services have caused a deterioration in the Physiotherapy 14-week wait position. The service is out to recruitment via agency, bank and additional hours.

Patients waiting 14 weeks+ for Physiotherapy



Patients waiting 14 weeks+ for Dietetics is showing special cause concerning variation. Expected performance is between 0 and 29 patients waiting 14 weeks or over.

Neurodevelopment and psychological services

There is a growing demand for neurodevelopment assessments and psychological therapies which, coupled with limited resources, service vacancies and restrictions imposed by the pandemic, have led to a decline in performance. At the end of August 2021, 37.5% of adults were waiting less than 26 weeks to start a psychological therapy, while 25.2% of children and young adults were waiting less than 26 weeks to start a neurodevelopment assessment.

Accommodation is an issue across all mental health services as the Mental Health & Learning Disabilities (MHLD) estate has reduced over the years, whereas demand for services has increased, without alignment in investment in larger premises to meet the need. The current estate of properties are utilised by a multitude of services as there is very limited accommodation dedicated to each service. The further impact of COVID-19 restrictions has caused additional pressures, even though agile working is in place which has helped to reduce some pressures. Despite this, it is crucial that dedicated accommodation areas are scoped to support the efficient and effective operation of services, as this has continued to impact upon our face-to-face appointment capacity. The service is undertaking ongoing reviews of accommodation, but due to funding are seeking internal solutions to reconfigure spaces to maximise capacity.

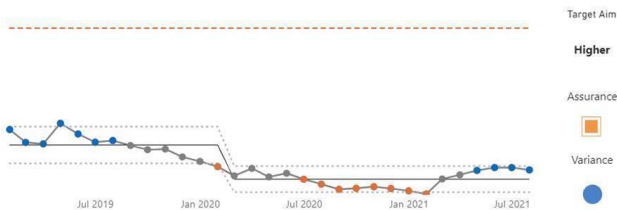
The service is currently reviewing the IT infrastructure, with full implementation of Welsh Patient Administration System (WPAS) estimated within 12-18 months. The service is now beginning to roll out phase 2 of the implementation of WPAS, prioritising areas with greatest need within Mental Health Services. Once WPAS is in place, we will be able to progress Demand and Capacity planning within services.

Recruitment into the Neurodevelopment service is a priority area of focus in dealing with the backlog, with a new fixed term Highly Specialist Psychologist post (which commenced in August 2021) to undertake demand and capacity planning and waiting list management. Additionally, two Assistant Psychologists have been recruited and are due to commence in Q3 2021/22. The

Psychological Therapies service is scoping out new ways to reduce the waiting list, with the aim of implementing group therapies to support clients on waiting lists and running group therapies in conjunction with 1:1 sessions. Did Not Attend (DNA) rates are being monitored to reduce clinical inefficiencies, although this is a complex area due to nature of clients' wellbeing.

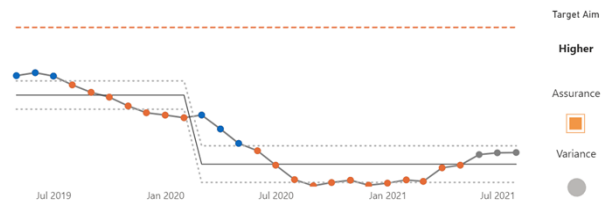
Implementation of new software (QbTest) will aid with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), and is now up and running in Carmarthenshire and will be rolled out further in the next few weeks.

Neurodevelopment waits, less than 26 weeks



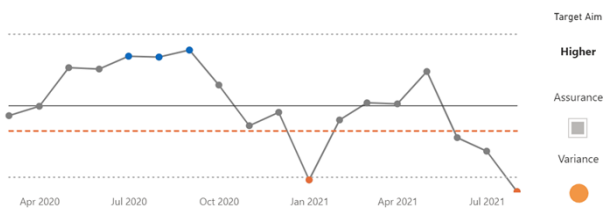
Children and young adults waiting less than 26 weeks for a neurodevelopment assessment is showing special cause improving variation since May 2021. The 80% national target will not be achieved until improvement actions are successfully embedded. Expected performance is between 17% and 26%.

Psychological therapy waits, less than 26 weeks



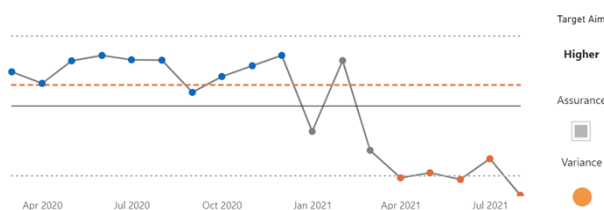
Adults waiting less than 26 weeks for a psychological therapy is showing common cause variation. The 80% national target will not be achieved until improvement actions are successfully embedded. Expected performance is between 27% and 40%.

CAMHS outpatient appt: % of patients waiting less than 28 days for a first appointment



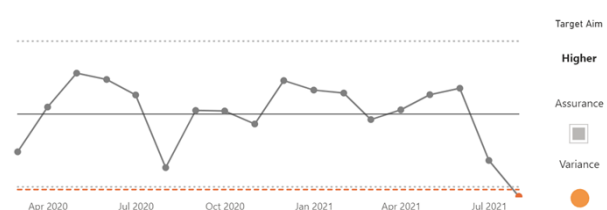
% of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS) is showing special cause concerning variation in August 2021. Expected performance is between 69% and 100%.

MH Assess 28 days <18 years: % of mental health assessments within 28 days (under 18 years)



% of Mental Health Assessments undertaken within 28 days (under 18 years) is showing special cause concerning variation in August 2021. Expected performance is between 18% and 100%.

MH Assess 28 days <18 years: % of mental health assessments within 28 days (over 18 years)



% of Mental Health Assessments undertaken within 28 days (over 18 years) is showing special cause concerning variation in August 2021. Expected performance is between 81% and 100%.

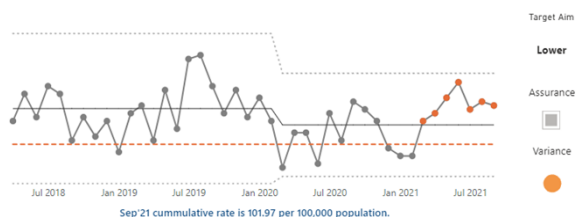
Healthcare Acquired Infections – E.coli

During September 2021, the current cumulative rate per 100,000 population was 101.97, the number of in-month cases are reflected in the SPC chart below. The older population demographic will make the reduction target difficult to achieve. The Infection Prevention Team continues to have a heavy workload relating to the COVID-19 Pandemic.

Antimicrobial resistance (AMR) and Healthcare Acquired Infections (HCAI) Improvement Goals for 2021/22 were published on 1st October 2021, the main actions relating to E.coli are:

- 1) Review of patient information on E.coli Blood Stream Infection (BSI) related to Urosepsis.
- 2) Development of patient letter and information pack to be sent when results are positive.

Number of cases of E.coli



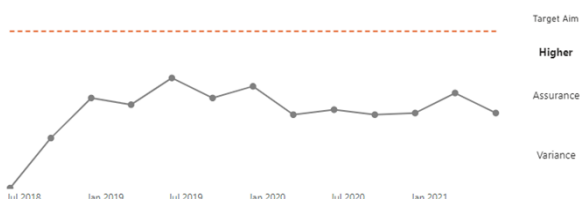
Performance in September 2021 shows special cause concerning variation and it is hit and miss whether the target is achieved. Review of case numbers is continually monitored. Expected performance is between 14 and 40.

Smoking Cessation - quit attempt

Numbers of treated smokers continued to rise from the same quarter in previous years. 2019/20 0.87% to 1.5% in 2021/22. Level 3 pharmacy activity reduced during the pandemic although is rising again.

Following a recruitment drive, we have increased capacity across target areas, most recently prioritising accessing hard to reach groups such as smokers using drug and alcohol services, smokers accessing mental health services and young smokers. Four staff have been trained to deliver tobacco dependency support to their service users. We have resumed face to face support in some areas such as inpatients and with young people in schools and colleges. We have delivered talks to various hospital departments as we sought to improve visibility post COVID lockdown and stimulate referrals. With extra staff now in place we anticipate further increases in treated smokers next quarter.

% Adult smokers attempting to quit



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

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

- Follow-up appointments – delayed past their target date
- Follow-up appointments – delayed by over 100% past their target date
- Staff completing level 1 information governance training
- Workforce – COVID related staff self-isolation
- Mental Health - child Neurodevelopment assessment waits less than 26 weeks

Essential services

In line with Welsh Government guidance, all essential services are being achieved, with the exception of General Practitioner (GP) Out of Hours (OOH). Shift fill is the major issue faced, particularly during the weekend periods, and actions are being taken to provide stability of core OOH rotas. Five GPs are currently in the enrolment process and the advert for salaried GPs has been put out since this recruitment with interest from potential applicants. RotaMaster continues in the construction/uploading phase to improve options of filling vacant shifts. Work continues to develop Red Areas on all sites for use by the OOH service effectively to allow symptomatic COVID-19 patients to be assessed in a face-to-face consultation.

Argymhelliad / Recommendation

The Committee is asked to consider the Performance Update report – Month 6 2021/22 and advise of any issues arising, including issues that need to be escalated to the November 2021 Public Board meeting.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against 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.

3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A).

3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

Risks are outlined throughout the report

Safon(au) Gofal ac Iechyd: 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 dystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2021-22
Rhestr Termiau: 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

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