On 13th March 2020, the Welsh Government (WG) announced that during the COVID-19 pandemic, they would be relaxing targets and performance monitoring arrangements across health and social care in order to support front line services. This performance report has subsequently changed its format to incorporate COVID-19 elements and reflect the relaxed performance monitoring arrangements.

This report is being brought to the People, Planning and Performance Assurance Committee’s (PPPAC) attention to examine and consider Hywel Dda University Health Board’s latest available performance data, achievements, risks, actions, impact and reset plans during the COVID-19 pandemic. This update consists of:

- Executive summary – a one page summary of key points;
- COVID-19 summary – a one page summary of key points;
- Non COVID-19 summary – a one page summary of key deliverables;
- Impact of COVID-19 and our plans to reset – a four page summary of key deliverables;

To help provide additional context, a performance overview matrix can be viewed by accessing the performance internet web page. This contains all available data during the COVID-19 pandemic whether this is locally collected or formally reported.

On 9th June 2020, WG further announced for all NHS organisations to reinstate their monthly patient level data sets (back dated as required), to demonstrate that essential service delivery is being undertaken to provide assurance on the management of potential harm. For the month 3 IPAR, the following reporting will be reinstated:

- Mental Health measures (1-4) data;
- Neurodevelopment and psychological services;
- Child and Adolescent Mental Health Services (CAMHS);
- Stroke audit reporting via the Sentinel Stroke National Audit Programme (SSNAP);
- The National Hip Fracture Database (NHFD) database entry.
Cefndir / Background

The interim NHS Wales Delivery Framework 20/21 published in May 2020 has migrated, and modelled on “A Healthier Wales” quadruple aims as part of the “Single Integrated Outcomes Framework for Health and Social Care.” Performance metrics have been mapped to these aims with several new metrics, revisions and certain metrics no longer reported.

New metrics for 2020/21 are:
- Percentage of babies who are exclusively breastfed at 10 days old;
- Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse;
- Uptake of cancer screening for bowel, breast and cervical cancer;
- Qualitative report detailing progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme;
- Percentage of eligible individuals with Hepatitis C infection who have commenced treatment;
- Percentage of practices that have achieved all standards set out in the National Access Standards for In-Hours GMS Services;
- Percentage of children regularly accessing NHS primary dental care;
- Percentage of patients waiting less than 28 days for a first outpatient appointment for CAMHS;
- Qualitative report providing evidence of providing learning and development in line with the Good Work - Dementia Learning and Development Framework;
- Percentage of deaths scrutinised by an independent medical examiner
- Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours;
- Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age;
- Agency spend as a percentage of total pay bill.

Asesiad / Assessment

Despite reduced national performance monitoring requirements, we continue to record and monitor data for all areas bar a few exceptions:

<table>
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<tr>
<th>Metric</th>
<th>Notes</th>
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| Stroke                        | The requirement to submit data to SSNAP was suspended on 20th March 2020. Whilst all 4 acute hospital sites have been collecting stroke audit data locally, there have been practical difficulties in maintaining a complete dataset in some areas due to staffing demands. Current position for each site:  
  - WGH – all available for March, April and May 2020.  
  - GGH – all available for May 2020. The Clinical Nurse Specialist (CNS) has identified 4 patients from the Clinical Decisions Unit (CDU) in late March and early April 2020 who have been missed from the SSNAP data and has requested their medical records be updated accordingly.  
  - PPH – data gaps for April and May 2020 are currently being investigated.  
  - BGH – all available for March, April and May 2020  
  Normal reporting will resume for June 2020 onwards.                                      |
| Patient satisfaction catering audits | May 2020 data was not available from all sites, due to the COVID-19 situation and a reluctance from catering staff to visit wards. Data for June 2020 will be available in July 2020. Where catering staff were unable to visit wards, surveys were sent to ward staff for distribution. The questionnaire has recently been revised to include 4 measures of satisfaction categories, satisfaction levels of good and above will be used as indication of achievement for this metric. |
Substance misuse: Due to the impact of COVID-19 and the exceptional demand on substance misuse services, WG have suspended the publication of key performance indicators (KPIs) and statistics until September 2020. We continue to record the information locally and have asked NWIS if capacity is available to resume publication before September 2020.

Mortality: The Universal Mortality Review (UMR) data for April 2020 will be delayed due to reduced Clinical Audit staff (deployment, sickness and vacancies). However, UMR is not on this year’s Delivery Framework and has been replaced by the percentage of deaths scrutinised by an independent medical examiner. Data hasn’t been collected on this as yet because it is dependent on Medical Examiners being recruited which hasn’t happened to date due to COVID-19.

External RTT 36 week breaches: In March 2020, WG suspended referral to treatment (RTT) reporting so data for this has not been available from other Health Boards and English Trusts. However, WG have issued new guidance for data reporting to recommence this month so the data should be available for June 2020 onwards.

Healthy Child Wales: We usually obtain this data from StatsWales, however it is not currently being updated. Information is being sought as to when this will be reinstated.

In terms of data availability, an improved position is expected next month for stroke, external RTT, substance misuse and Health Child Wales.

Some performance metrics have been collected locally without validation due to the clinical input required. An example being pressure ulcers in the hospital and community setting.

Healthcare acquired infections: interim infection rates per 100,000 population have been published by Public Health Wales (PHW) and are included in the performance overview. It is anticipated that as more PHW resource become available, cumulative reduction rates will be published.

Sickness absence – The absent figures provided to WG are missing large amounts of data due to excluding the rostering data. Health Education and Improvement Wales/WG are aware of shortfalls from Hywel Dda and for other Health Boards. Our Workforce and Informatics Teams are currently working to develop a digital solution to correct this issue;

 Unscheduled care metrics are showing improved performance (meeting trajectory), however despite demand for red calls being reduced, their performance has deteriorated. Welsh Ambulance Service NHS Trust (WAST) are carrying out a deep dive to investigate why.

Argymhelliad / Recommendation

PPPAC is asked to discuss the revised report format in light of the current COVID-19 pandemic requirements and advise of any issues arising from its content or format changes required going forward.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: 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 Tier 1 targets and the financial control total, giving early warning on
potential performance issues and making recommendations for action to continuously improve the performance and the financial position of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.

| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not applicable |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | All Health & Care Standards Apply |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-20 | 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners |

| Gwybodaeth Ychwanegol: Further Information: | |
| Ar sail tystiolaeth: Evidence Base: | NHS Wales Delivery Framework 2019-20 |
| Rhestr Termau: Glossary of Terms: | Contained within the body of the report |
| Partiôn / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee: | Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care |

<p>| Effaith: (rhaid cwbllhau) Impact: (must be completed) | |
| 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 |</p>
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<thead>
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<tr>
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