

Integrated Performance Assurance Report (IPAR)

Position as at 30th November 2019 (Month 8)

Click one of the circles to navigate to that section of the report



Supporting documents

[Performance matrix](#)

[Run charts](#)

[Performance dashboards](#)



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University Health Board



Executive summary

This report includes detailed information on the key deliverable targets, workforce, finance, therapies and other local targets where new data are available. Exception reports are included where targets have not been met or there is a cause for concern. Background information on the [2019/20 NHS Delivery Framework](#) is available via the Welsh Government website.

Spotlight on unscheduled care

November was a very challenging month for the four acute sites and performance declined as a result. There is ongoing discussion with Welsh Government and the Delivery Unit on our Winter Preparedness Plan.

- Ambulances responding to **red calls** within 8 minutes did not meet the 65% target;
- The number of **ambulance handover** taking more than one hour increased from 465 delays in October to 670 delays in November. This is the highest number seen over the last 3 years;
- The percentage of patients waiting less than **4 hours** in A&E/MIU decreased from 81.1% in October to 76.8% in November;
- The number of patients waiting more than **12 hours** in A&E/MIU increased from 882 in October to 1,053 in November. This is deterioration from 675 patients in November 2018 (56% increase);
- Delayed transfers of care for non-mental health patients increased from 60 in October to 65 in November. The main reason for these delays was medically optimised patients awaiting the start of new home care package;
- Delayed transfers of care also increased for mental health patients from 6 in October to 14 in November with the main reason being a lack of availability of elderly mentally ill beds in nursing homes.

Which targets are we achieving?

The latest data shows Hywel Dda has achieved the following targets:

- **Stroke** patients admitted to a stroke unit within 4 hours and stroke patients assessed by a stroke consultant within 24 hours;
- All **Mental Health Act Measure** targets have been achieved (LPMHSS Assessments & Referral, Advocacy Service offered, CRHT gate keeping assessments);
- **Non-urgent suspected cancer** target (98%) was met in October with 98.5% of patients starting treatment within 62 days;
- Hospital initiated cancellations (**HICs**) within 24 hours of admission have decreased over the last 12 months;
- The improvement target was met for inpatients receiving the **sepsis six bundle** within 1 hour;
- The percentage of **smokers CO validated** as quit at 4 weeks has exceeded the 40% target at 47.1%;
- **Crude mortality** for patients <75 years has improved consistently since September 2018;
- Reporting of injuries, diseases and dangerous occurrences to **RIDDOR** within the required timeframe;
- **Dementia training** for staff met the 85% target;
- The reduction target for **pressure sores in the community** was met in October;
- There were no 14 week **therapy** breaches in podiatry, art therapy, audiology, speech & language or lymphedema. Also, there were no 6 week breaches for Clinical Musculoskeletal Assessment and Treatment (CMAT);
- The National Intelligent Integrated Audit Solution (NIAS) targets were met in November for both the number of staff **accessing their own** and a **family member's record**.

In addition, Hywel Dda ranked 1st in Wales for 6 national indicators including making new medicines available within NICE guidelines, staff appraisals and Klebsiella bacteraemia infections.

Key deliverable targets

25

3

6

All targets⁺

65

10

64

+ Only those indicators for which it is possible to assign a red, amber or green rating are included here.

All Wales rank

Hywel Dda UHB ranked in the top 3 for 37.5% of indicators which is a 1% reduction from the previous month's position.

1 6 indicators

2 16 indicators

3 11 indicators

4 7 indicators

5 15 indicators

6 15 indicators

7 14 indicators

8 3 indicators

9 1 indicator

Where have improvements been made?

- The number of patients waiting more than 8 weeks for a diagnostic test improved from 164 in October to 102 in November, lowest breaches since April;
- The 75% target for settling **concerns** within 30 days was narrowly missed in November (72.5%);
- In November, there were 224 patients waiting over 14 weeks for a specific **therapy** and the target was not met. However, this is a reduction of 202 breaches since September and plans are in place to eliminate all breaches by the end of March 2020;
- Over the past 2 months there has been around a 30% reduction in the number of patients waiting for a **delayed follow-up outpatient** appointment in all specialities and the 5 planned care specialties;
- The **hand hygiene** target was not met in October (actual 92%, target 95%) but a 6% improvement has been made over the past 12 months;
- 87% of **desktop infrastructure** patches have been updated;

Where are improvements needed?

- 33.4% of **stroke patients received the required minutes for speech and language therapy**;
- The zero target was not met for patients waiting <36 weeks from **referral to treatment** and performance declined from 476 in October to 564 in November;
- Performance for **serious incidents** assured within timescale has been below 60% for over 1 year (target is 90%);
- The **eyes care** target (95%) was not met in October with 59.3% of ophthalmology R1 patients being seen by (or within 25% of) their clinical target date;
- The **urgent suspected cancer** target (95%) was not met in October with only 72.8% of patients starting definitive treatment <62 days of receipt of referral;
- One **never event** was reported in November, this is the first since October 2018;
- The 90% target was not met in November, with 59% of consultants / SAS doctors identified as having a current **job plan**;
- The reduction target was not met for **pressure sores in a hospital setting** in October (34);
- The cumulative annual target for adult **smokers making a quit attempt** via smoking cessation is 5%; at the end of Q2 19/20, performance is 1.8%;
- The improvement target was not met for patients in emergency departments receiving the **sepsis six bundle** within 1 hour;
- The new **neurodevelopment** wait target was not met in October for children and young people being seen within 26 weeks (actual 33%, target 80%);
- The Health Board's agreed interim **financial plan** for 2019/20 is to not exceed a £15m deficit by 31st March 2020;
- 78% of **Server infrastructure** patches have been updated, not meeting the 90% target;
- At the end of November, 79.1% of staff had completed the level 1 **Information Governance** training (target 85%);

Potential challenges for the future

- Performance for staff sickness, appraisals and core training has been declining or relatively static in recent months:
 - The percentage of staff **sickness** has increased since August;
 - The Health Board's **PADR** compliance was 75% in November, a 5% decline in performance since May 2019;
 - Performance for staff completing **level 1 Core Skills** training has been between 82.4% and 82.9% since July 2019;
- **Health care acquired infections** (E.coli, C.difficile, S.aureus, Klebsiella sp. and Pseudomonas aeruginosa) continue to be closely monitored and an improvement plan is in place. Due to our performance to date, it is not possible to achieve the Welsh Government targets this financial year.

Improvements / additions / future developments

- The following NHS Delivery Framework update reports were submitted to Welsh Government in October/November 2019: Dementia Training, Responding to Service User Experience to Improve Services, Implementation of the Welsh Language Actions Improving the Health and Well-being of Homeless & Specific Vulnerable Groups, Accessible Communication and Information for People with Sensory Loss and Advancing Equality and Good Relations.



Latest performance overview

<div></div>	Target delivered	↑ improving
<div></div>	Within 5% of target	
<div></div>	Target not delivered	↓ declining

Key deliverables

		Target	Previous period	Latest data	12m trend	Plan met?	All Wales rank	Notes **
Unscheduled care	Ambulance red calls	65%	61.9%	58.4%	↑	No	6 th out of 7	Poorest performance seen in Carmarthenshire (55.6%)
	Ambulance handovers over 1 hour	0	465	670	↓	No	2 nd out of 6	PPH only site to see a decrease in delays (-1) to last month
	A&E/MIU 4 hour waits	95%	81.1%	76.8%	↓	No	2 nd out of 6	Compared to Oct '19, all acute sites deteriorated
	A&E/MIU 12 hour waits	0	882	1,053	↓	No	3 rd out of 6	Compared to Oct '19, all acute sites deteriorated
	Non-mental health DTOC	12m↓	60	65	↓	No	5 th out of 8	40 in Carmarthenshire in Nov '19
	Mental health delayed transfers of care (DTOC)	12m↓	6	14	↓	No	4 th out of 7	Target has been consistently met in 2019/20 until November
Stroke and cancer	Admission to stroke unit <4 hours	55.5%	51.2%	70.4%	↓	No	3 rd out of 6	Target not met in GGH (50%)
	Assessed by stroke consultant <24 hours	84.0%	100%	98.3%	↑	Yes	2 nd out of 6	3 sites exceeded target to achieve 100%
	Stroke patients - speech and language therapy	12m↑	33.3%	33.4%	↓	n/a	5 th out of 6	Lowest compliance PPH (6.58%), highest GGH (87.2%)
	Urgent suspected cancer	95%	73.9%	72.8%	↓	No	5 th out of 6	27 out of 103 patients breached
	Non urgent suspected cancer	98%	97.0%	98.5%	↑	Yes	2 nd out of 6	2 out of 136 patients breached
	Single cancer pathway	12m↑	67.2%	74%	n/a	n/a	6 th out of 6	Not enough data to do a 12 month trend
Planned care and therapies	Hospital initiated cancellations	5%↓	118	103	n/a	Yes	2 nd out of 7	25 fewer patients cancelled in Oct '19 compared to Oct '18
	Delayed follow-up appointments 5 specialties	12m↓	16,515	14,528	↓	No	3 rd out of 5	There was 12% improvement in Nov '19 (1,987 patients) to Oct.
	Ophthalmology patients seen by target date	95%	56.1%	59.3%	n/a	n/a	7 th out of 7	Slight improvement and more patients assigned risk factor
	Diagnostic waiting times	0	164	102	↓	No	5 th out of 7	62 fewer breaches in November compared to previous month
	RTT – patients waiting 36 weeks+	0	476	564	↑	No	2 nd out of 7	The 2019/20 Annual Plan ambitions were not met and there was an increase of 88, 36 week breaches compared to October.
	RTT – patients waiting <=26 weeks	95%	87.5%	87.7%	↓	No	3 rd out of 7	
	Therapy waiting times	0	277	224	↓	No	7 th out of 7	Most breaches are from Physiotherapy services with 201
Quality and safety	C.difficile	<=25	38.14	38.90	↑	n/a	6 th out of 6	Number of cases increased from 12 in Oct to 14 in Nov '19
	E.coli	<=67	106.89	107.75	↓	n/a	6 th out of 6	Number of cases increased from 30 in Oct to 36 in Nov '19
	S.aureus	<=20	32.38	30.73	↑	n/a	5 th out of 6	Number of cases decreased from 16 in Oct to 6 in Nov '19
	Serious incidents	90%	38.1%	40.0%	↑	No	7 th out of 9	8 out of 20 serious incidents assured within target
	Concerns and complaints	75%	76.5%	72.5%	↑	No	6 th out of 10	128 complaints received a final reply within 30 working days
MH +	Children/young people neurodevelopment waits	80%	34.6%	33%	n/a	n/a	7 th out of 7	In Oct 19 there were 599 patients waiting over 26 weeks
	Adult psychological therapy waits	80%	57.94%	56.3%	n/a	n/a	6 th out of 7	In Oct' 19 there were 659 adults waiting over 26 weeks
Population Health	'6 in 1' vaccine	95%	92.8%	95.1%	↑	Yes	6 th out of 7	Quarter 1 2019/20 (Apr-Jun) saw a 2.3% improvement
	MMR vaccine	95%	90.6%	92.2%	↑	Yes	5 th out of 7	Quarter 1 2019/20 (Apr-Jun) saw a 1.6% improvement
	Attempted to quit smoking	5%	0.87%	1.80%	n/a	n/a	5 th out of 7	1,002 smokers treated
	Smoking cessation - CO validated as quit	40%	47.90%	47.10%	↑	n/a	3 rd out of 7	Target consistently met for over 1 year
	Childhood obesity		n/a	11.8%	n/a	n/a	4 th out of 7	Carms 13.0%, Pembs 10.6% and Cere 10.3%
Workforce & finance	Sickness absence (R12m)	12m↓	4.95%	4.95%	↓	n/a	4 th out of 10	Lowest sickness rate of the 6 largest Health Boards in Wales
	Performance appraisals (PADR)	85%	76%	75%	↓	No	1 st out of 10	Performance has deteriorated slightly for the last 6 months
	Core skills mandatory training	85%	82.9%	82.5%	↑	No	5 th out of 10	12 month improvement and 2.5% short of target
	Consultants/SAS doctors - current job plan	90%	61.0%	59.0%	n/a	No	n/a	33% Consultants, 54% SAS Drs without a current job plan
	Finance	£15.0	£14.53m	£17.54m	↓	n/a	n/a	Health Board Control Total requirement is £15.0m deficit.

+ Mental Health & neurodevelopment

** BGH: Bronglais General Hospital GGH: Glangwili General Hospital PPH: Prince Philip Hospital WGH: Withybush General Hospital HDUHB/HB: Hywel Dda University Health Board/Health Board

Local Metrics

Staying Healthy	Safe	Dignified	Effective	Timely		Individual	Staff & Resources	
Flu vaccination	Hospital Acquired Thrombosis	Hand hygiene	Hospital crude mortality	Therapy waits: Art CMATS Lymphoedema	GP Out of Hours <20 mins	% Mental Health patients offered advocacy	Mandatory training	NHS external providers
	Healthcare acquired pressure sores	Nutrition scores	Mortality reviews undertaken <28 days	Therapy waits Podiatry SALT Audiology	GP Out of Hours <60 mins	Mental Health Outpatients	Cyber compliance: server	Information governance: NNAS
	Patient Safety Alerts/Notices	Dementia Training	Clinical Coding	Therapy waits Dietetics Occupational	Ambulance amber calls	Substance Misuse	Cyber compliance: desktop	Fire safety
	Klebsiella sp. & Pseudomonas aeruginosa		Information governance: core training	Therapy waits Pulm. rehab Physiotherapy	External RTT	MH Therapy Waits Occupational	Planned Preventative Maintenance	Clinical Eng: Acute: High Acute: Low Com: Low
	Sepsis Six Bundle		Health & Care Research Wales	CHC & LTC			Facilities C4C: Soft	Clinical Eng: Acute: Med Com: Med
	Never Events						Facilities C4C: Hard	Clinical Eng: Com: High



Integrated performance management dashboards

A set of four dashboards have been included in an attempt to contextualise the Directorates' overall performance:

- [Unscheduled care](#);
- [Scheduled care](#);
- [Oncology](#)
- [Healthcare acquired infections](#).

The dashboards include

- 1) Current performance for key metrics;
- 2) Latest sickness data;
- 3) Hywel Dda University Health Board (HDUHB) performance against All Wales.

In time, we aim to add a section to capture patient outcomes and experience.



Unscheduled Care November 2019

Lead Executive - Andrew Carruthers

Responsible Officers - Sarah Perry, Hazel Davies, Brett Denning, Janice Cole Williams

Performance Metric	Latest Performance	Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
Red Calls (estimate)	58.4%	61.9%	66.3%	6th out of 7	Oct-19
Ambulance handovers >1 hour	670	465	4,009	2nd out of 6	Oct-19
A&E / MIU wait <4 hours	76.8%	80.3%	75.0%	2nd out of 6	Sep-19
A&E / MIU waits >12 hours	1053	910	5,708	3rd out of 6	Sep-19
Direct to Stroke Unit <4 hours	70.4%	39.0%	39.3%	3rd out of 6	Sep-19
% of stroke patients receiving the required mins for SALT	33.4%	38.9%	47.8%	5th out of 6	Sep-19
Assessed by Stroke Consultant <24 hours	98.3%	96.1%	86.6%	2nd out of 6	Sep-19
Number of Non Mental Health DTOC (in month)	65	54	422	5th out of 8	Sep-19

Staffing

Sickness (R12m end Oct 2019)

4.74%

Proxy vacancies (budget vs actual wte) (Month 8)

284.3

Finance (Year to Date - Month 8) - excludes Pathology & Radiology

In month RAG variance
(Green favourable; Amber >0%; Red >3%)

7.22%

Variance against YTD ave
(↑ deterioration; ↓ improvement)

↑

In month variance (£'m)
(adverse is positive)

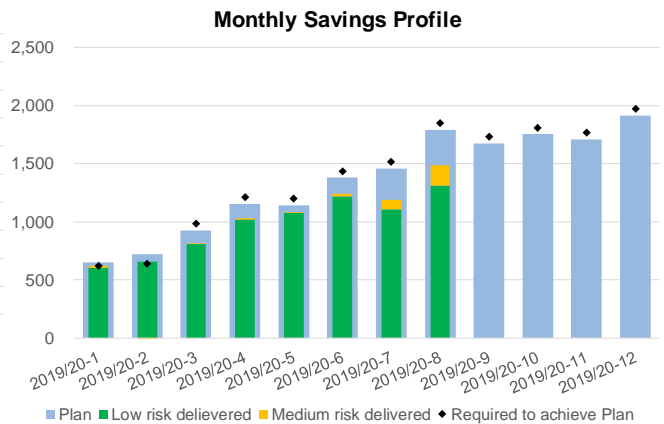
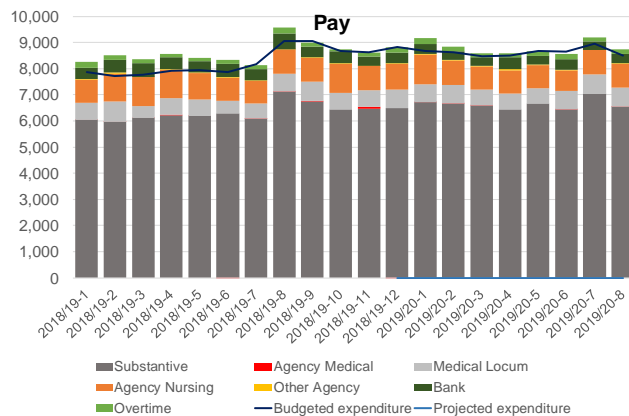
0.242

Cumulative variance (£'m)

1.885

Projected variance (£'m)

2.619





Scheduled Care November 2019

Lead Executive - Andrew Carruthers

Responsible Officers - Stephanie Hire

Performance				Last available All Wales data Ranking (1st being the best and 7th being the worst)			
				Hywel Dda	All Wales	Ranking	Time Period
Referral to Treat	Total open pathways		Breaches				
	Waits >36 wks	55,707	564	452	18,776	2nd out of 7	Sep-19
	Waits <26 Wks	48,835	6,872	86.5%	84.8%	3rd out of 7	Sep-19
Diagnostics Waits >8 weeks			102	391	4,633	5th out of 7	Sep-19
Hospital Initiated Cancellations			103	1,516	14,605	2nd out of 7	Sep 18 - Aug 19
Delayed Follow Ups [5 planned care specialties]			14,528	18,199	NA	3rd out of 5	Apr-19
% Ophthalmology R1 patients to be seen by their clinical target date (and < 25% in excess) of clinical target date			59.3%	56.1%	63.1%	7th out of 7	Sep-19
Staffing							

Sickness (R12m end Oct 2019)

4.85%

Proxy vacancies (budget vs actual wte) (Month 8)

84.75

Finance (Year to Date - Month 8)

In month RAG variance
(Green favourable; Amber >0%; Red >3%)

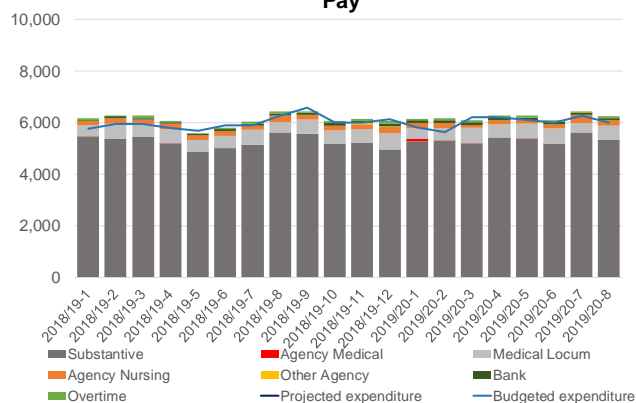
1.18%

Variance against YTD ave
(↑ deterioration; ↓ improvement)

↑

In month variance (£'m)
(adverse is positive) 0.104
Cumulative variance (£'m) 0.755
Projected variance (£'m) 1.285

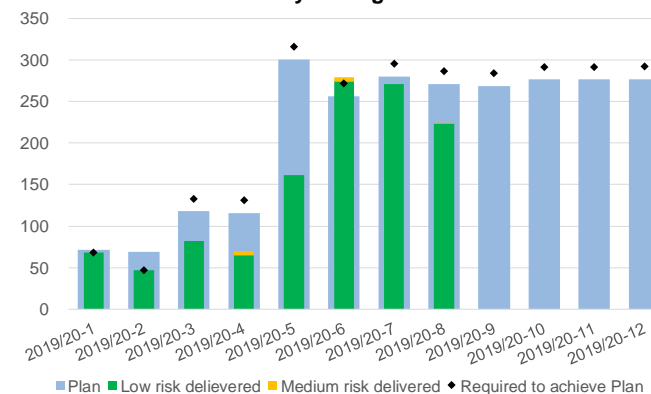
Pay



Total Savings Plan



Monthly Savings Profile





Oncology November 2019

Lead Executive - Andrew Carruthers

Responsible Officers - Keith Jones

Performance (August 2019)

Urgent suspect cancer

72.8%

Non urgent suspect cancer

98.5%

Last available All Wales data

Ranking (1st being the best and 7th being the worst)

Hywel Dda	All Wales	Ranking	Time Period
73.9%	80.2%	5th out of 6	Sep-19
97.1%	96.2%	2nd out of 6	Sep-19

Staffing

Sickness (R12m end Oct 2019)

2.20%

Proxy vacancies (budget vs actual wte) (Month 8)

-0.11

Finance (Year to Date - Month 8)

In month RAG variance

(Green favourable; Amber >0%; Red >3%)

-4.28%

Variance against YTD ave
(↑ deterioration; ↓ improvement)



In month variance (£'m)
(adverse is positive)

-0.049

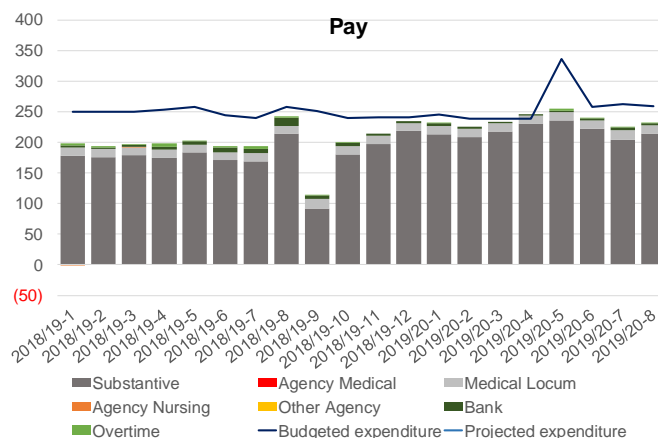
Cumulative variance (£'m)

1.147

Projected variance (£'m)

-0.015

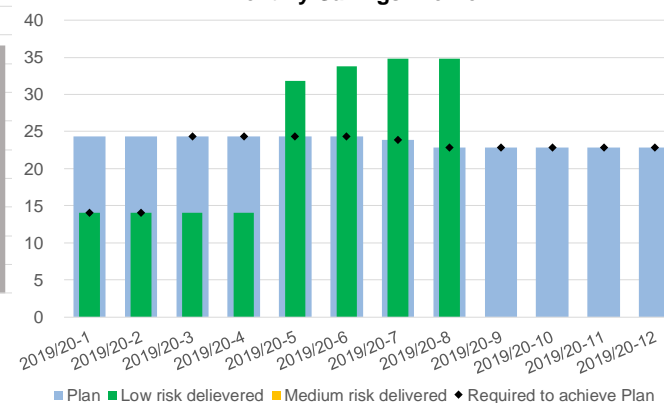
Pay



Total Savings Plan



Monthly Savings Profile





Healthcare Acquired Infections November 2019

Lead Executive - Mandy Rayani

Responsible Officers - Sharon Daniel

Performance		Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
C.difficile <= 25 cases per 100,000 population (cumulative)	38.90	38.14	27.95	6th out of 6	Apr 19 - Oct 19
S.aureus bacteraemias (MRSA and MSSA) <=20 cases per 100,000 population (cumulative)	30.73	32.38	26.32	5th out of 6	Apr 19 - Oct 19
E.coli bacteraemias <= 67 caes cases per 100,000 population (cumulative)	107.75	106.89	82.39	6th out of 6	Apr 19 - Oct 19



Staying Healthy

I am well informed and supported to manage my own physical and mental health.

Lead Executive: Ros Jervis - *Director of Public Health*

Exception reports:

- [Childhood Vaccinations – 6 in 1](#)
- [Childhood Vaccinations - MMR](#)
- [Smoking cessation](#)
- [Influenza vaccination uptake](#)



Staying Healthy – Childhood vaccinations

Lead Committee : BPPAC

Executive Lead: Ros Jervis

Senior Responsible Officer: Jo McCarthy

Metrics (targets):

- % of children who received 3 doses of '6 in 1' vaccine by age 1 (95%)
- % of children who received 2 doses of the MMR vaccine by age 5 (95%)

Status as at June 2019



Performance the past 12 months

Improving
Improving

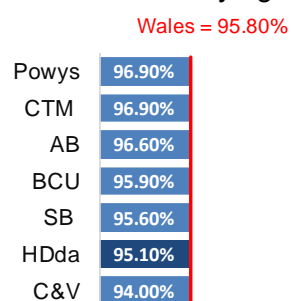
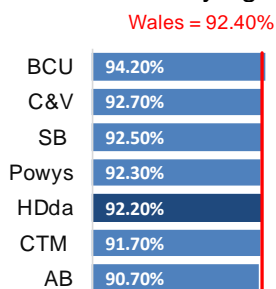
Latest data

The latest [COVER report](#) published in October 2019 includes data for quarter 1 (Q1), April to June 2019.

Benchmarking (Q1 2019/20)

MMR vaccine by age 5.

"6 in 1 vaccine by age 1.



Where are we against target?

Uptake of the 3 doses of the "6 in 1" vaccine by age 1 was slightly above the 95% Welsh Government (WG) target, in April to June 2019 at 95.1 % compared to the all Wales uptake of 95.8%. Broken down at county level, Ceredigion Local Authority (LA) uptake has increased to 95.9%. Pembrokeshire LA has decreased to 92.9% and Carmarthenshire LA has increased for the fourth consecutive quarter and is above the 95% WG target at 96.3%. Pembrokeshire LA has the lowest uptake in Wales.

Uptake of 2 doses of the Measles, Mumps and Rubella (MMR) vaccine by age 5 remains below the 95% target, but with a continued increased uptake for April to June 2019 to 92.2%. All Wales uptake is 92.4%. Broken down to LA level, Carmarthenshire uptake has increased again to 92.6%, Ceredigion has increased to 92.3%, and Pembrokeshire has increased to 91.6%.

Public Health Wales Vaccine Preventable Disease Programme and Communicable Disease Surveillance Centre, working with Powys Teaching Health Board and the NHS Wales Informatics Service, have recently carried out a COVER data quality assurance project. This project has led to improvements in completeness of vaccination data in the national

COVER dataset. The impact is that reported vaccination uptake has increased; primarily in children aged 4 years and older.

Why has this situation occurred?

- Hywel Dda University Health Board (H DUHB) has similar challenges to other Health Boards (HB), with pockets of the population resisting childhood vaccination for cultural and ethical reasons;
- The rurality of many areas in H DUHB also impacts on uptake rates, with families having difficulty accessing clinics due to lack of transport and other issues with infrastructure throughout the area.

What are the challenges?

There are variations in the delivery of the Childhood Immunisation Programme across the HB: in Ceredigion, with the exception of 1 GP practice, Health Visitors (HV) vaccinate, along with 3 practices in Carmarthenshire; in all other Carmarthenshire practices and in all Pembrokeshire surgeries, the Practice Nurses (PN) immunise. HVs, whether they vaccinate or not, play a pivotal role in promoting Childhood Immunisations reflected in the Healthy Child Wales Programme (HCWP). There is currently a deficit of HVs across H DUHB which will impact on the delivery of the HCWP and the promotion and delivery of the Immunisation Programme. The deficit also impacts on the capacity to follow up with families who are not attending clinics.

What is being done?

Following a review of the Executive Immunisation and Vaccination (I&V) Group, 3 sub groups have been reorganised in order to develop delivery plans across specific work streams:

- Primary Care and Children's I&V Group: meets and reports quarterly;
- Workforce I&V Group: meets and reports by exception;
- IN-FLU Group: meets and reports monthly August-March, formal reports to the Exec I&V Group quarterly.

The uptake in relation to the childhood vaccinations above is scrutinised in the Primary Care Children's I&V Group, where operational work streams to

increase vaccine uptake are discussed and taken forward.

The following recommended work streams are already actioned to address some of the areas of low uptake identified from the COVER report:

- In relation to MMR, a 'Think-Tank' was established to scrutinise uptake at local level, and address any areas of concern. From this a pilot scheme is now in place to improve the uptake of MMR locally: children identified as having outstanding MMR (having not attended on more than 3 occasions for MMR) are offered bespoke immunisation sessions in alternative venues i.e. nurseries, giving parents more flexibility with venue and time to have their children immunised. There have been positive responses from parents so far, in relation to the improvement in accessibility of vaccination sessions;
- Development of a Community Nurse Immunising team continues. 2 community immunisers have been employed since April 2019 and the Acting Immunisation and Vaccination Co-ordinator is now in the substantive post;
- Discussions between stakeholders concluded that there may be a benefit to sharing very localised, individualised and bespoke uptake data with clinical leads in primary care. This will allow them to have a greater understanding of their own uptake at GP practice level and cluster level, leading to a sense of ownership, and the ability to identify, plan, and target specific cohorts, ultimately improving uptake within their practices. This is being taken forward with primary care partners;
- The use of the 'Superprotectors' branding, developed in 2018 by the local Public Health Team, and HB Communication Department, for use in the flu campaign, is being considered for use with routine childhood immunisations too. This will be particularly relevant for vaccines immunisations whereby herd immunity is achieved if uptake of 95% and above is achieved.

When can we expect improvement and by how much?

Once flu season 2019-20 is over, Community Vaccinators will be free to take on more focused and targeted vaccination session; covering clinics, minimising queue lists, providing domiciliary service and alternative venues for immunisation for hard to reach families. The use of alternative venues for immunisations will continue, the focus being the MMR pilot discussed earlier. This use of these alternative sessions will be audited and 'rolled-out' Health Board wide if found to be beneficial for families by improving accessibility, resulting in improvements in uptake. This will facilitate a focused and targeted approach to Childhood I&V.

How does this impact on both patients and finances?

The uptake in vaccination measures will improve, to protect and prevent infection and support children to have a healthy start to life.



Staying Healthy – Influenza vaccination uptake

Lead Committee : BPPAC

Executive Lead: Ros Jervis

Senior Responsible Officer: Jo McCarthy

Metrics (targets):

- % uptake of vaccination – 65 years and older (75%)
- % uptake of vaccination – under 65 years in risk groups (55%)
- % uptake of vaccination – health workers with direct patient contact (60%)

Status as at Nov 2019

NA
NA
NA

Performance the past 12 months

NA
NA
NA

Latest data

The latest [IVOR report](#) published on 3rd December 2019 includes data for this year's campaign.

Where are we against target?

% uptake of vaccination	Hywel Dda		All Wales
	Dec 2018	3rd Dec 2019	3rd Dec 2019
65 years and older	52.5%	58.8%	63.6%
Under 65 years in risk groups	29.8%	31.9%	33.7%
Children 2-3	35.4%	27.2%	28.0%
Schools programme	68.7%	64.4%	70.9%
Health Board staff	41.8%	43.0%	awaited

Why has this situation occurred?

Over 65's

The difference in uptake this year reflects last year's slow start (due to the introduction of the adjuvanted trivalent vaccine (aTIV)). This year the vaccine of choice has been the quadrivalent inactivated cell based vaccine (QIVc) and there have not been any supply or start date issues for the over 65's programme. However, due to the children's and under 65's vaccines being delayed some surgeries may have started all of their flu clinics later than usual. Alongside promoting pharmacy and GP based vaccination, the Health Board is focussing on over 65's as part of our inpatient and outpatient vaccination programmes in secondary care. Both programmes commenced on 1st December.

Under 65's at risk (including pregnant women)

Early season supply issues with the quadrivalent inactivated egg based vaccine (QIVe) have affected uptake across Wales, however despite these issues, uptake in under 65's at risk is up on this time last year. This can be partially attributed to two new programmes running in Hywel Dda, one supporting GPs to undertake call and recall of at risk patients and one promoting and delivering vaccination in secondary care antenatal clinics.

Children 2-3 years

The significant difference between this and last year's uptake demonstrates the impact of vaccine supply issues. As there have only been 4 weeks where there has been sufficient live attenuated influenza vaccines (LAIV) to immunise 2-3 year olds, it is difficult to accurately say how the Health Board is doing or where the Health Board may be by the end of season.

Schools programme

Vaccine supply issues have disproportionately affected our schools programme this year, as Hywel Dda normally vaccinate children early (as per Welsh Government advice) and had to cancel many schools due to a lack of vaccine early in the season. While all schools have been rescheduled, some have not yet had their vaccination sessions. Vaccine was initially capped at enough to hit 70% uptake, which led to school nurses not being able to actively chase consent forms, and the schools programme nationally was suspended for 2 weeks in November due to supply issues.

Health Board staff

Staff uptake is up compared to this time last year, despite significant supply issues early in the season. This is partially due to an active programme and communications campaign, additional flu champions this year and team based uptake data being available to managers. For frontline staff uptake was 44% as of the end of November, for all staff uptake was 43%. Call and recall of unvaccinated staff is due to begin imminently.

The detailed reports below cover the challenges of the programme, what is being done and by when and a further report is going to December 2019 Quality, Safety, Experience, Assurance Committee (QSEAC).

[Sep'19 BPPAC - Influenza Plan 2019/20 SBAR](#)

[Sep '19 BPPAC - Influenza Plan 2019/20](#)

[Oct'19 BPPAC Flu Vaccine Supply Issues SBAR](#)



Staying Healthy – Smoking cessation services

Lead committee: BPPAC

Executive Lead: Ros Jervis

Senior Responsible Officer: Dawn E. Davies

Metrics (targets):

- % of adult smokers who make a quit attempt via smoking cessation services (5% annually)

Status as at Q2 2019/20

Performance the past 12 months

NA

Latest data

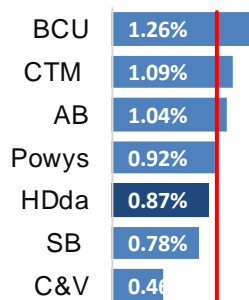
	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19	Q1	2019/20 Q2	Q3	Q4
% of adult smokers who make a quit attempt via smoking cessation services (5% annually)	1.40%	2.00%	2.60%	2.70%	3.44%	0.87%	1.80%		
							YTD*		
							1.80%		

* YTD = year to date

Benchmarking (Q1 2019/20)

% of adult smokers who make a quit attempt

Wales = 0.95%



Where are we against target?

- During the first 2 quarters of 2019/20, 1,002 (1.8%) smokers were treated by specialist smoking cessation services in Hywel Dda;
- Carbon Monoxide (CO) validated quit rates continue to be above the 40% target with 47.1% of treated smokers being CO validated as quit in quarter 2.

Why has this situation occurred?

- All local cessation services have seen an increase in the number of smokers accessing support and becoming treated;
- Increased awareness of services.

What are the challenges?

- Ensuring clear referral pathways are in place and utilised, especially for inpatients and patients seen in Primary Care;

- Delays in implementing changes to Patient Administration System, Myrddin, to improve capture of maternal smoking prevalence and cessation data (NWIS update is pending).

What is being done?

Community Services:

- Ongoing recruitment of pharmacists and pharmacy technicians into the Pharmacy Level 3 Smoking Cessation Scheme to ensure services are provided across the Health Board area;
- Integration of Stop Smoking Wales services into the Health Board (Transfer by October 1st 2019).

Hospital SmokeFree Service:

- Improving referral pathways for inpatients;
- Improving opt out referral pathways for outpatients;
- Improving service integration for smokers who may start their cessation journey in one service but finish in another.

Maternity Services:

- CO validating all pregnant women during antenatal appointments;
- Opt Out Referral Pathway to ensure all pregnant women with a CO reading above 4PPM (parts per million) have an opportunity to receive specialist smoking cessation support;
- Research to improve uptake of the smoking cessation service by pregnant women.

When can we expect improvement and by how much?

Approximately 0.5% annually.

How does this impact on both patients and finances?

While overall death rates from smoking are falling, it continues to be the largest single preventable cause of ill health and premature death. Reducing smoking has an immediate benefit for individuals and health care services through reduced rates of infection and length of hospital stay.



Safe Care

I am protected from harm and protect myself from known harm.

Lead Executives: Mandy Rayani - *Director of Nursing, Quality & Patient Experience* ● Andrew Carruthers – *Director of Operations*

Exception reports:

- [HCAIs - C.difficile](#)
- [HCAIs - E.coli](#)
- [HCAIs - S.aureus](#)
- [HCAIs - Klebsiella sp. & Pseudomonas aeruginosa](#)
- [Serious incidents and never events](#)
- [Healthcare acquired pressure sores](#)
- [Patient safety alerts and notices](#)
- [Sepsis six bundle](#)

Safe Care – Healthcare Acquired Infections (HCAI) – cases per 100,000 population

Lead committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Sharon Daniel

Metrics (targets):

Status as at Nov 2019

Performance the past 8 months

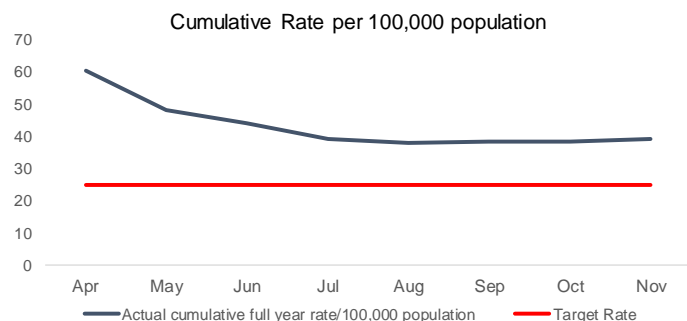
- Cumulative rate of *C.difficile* cases (≤ 25 cases per 100,000 population)



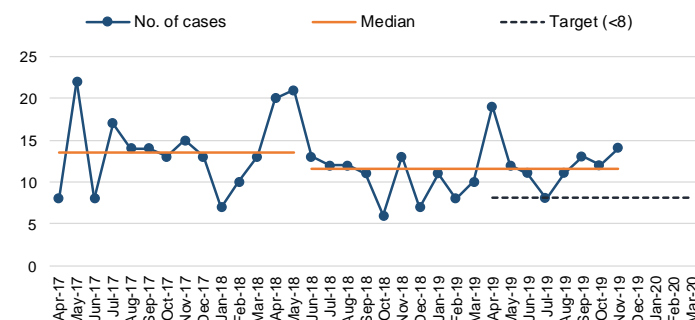
Improving

Latest data

See the [HCAI dashboard](#) for a full set of Health Board (HB) and acute site tables and charts.

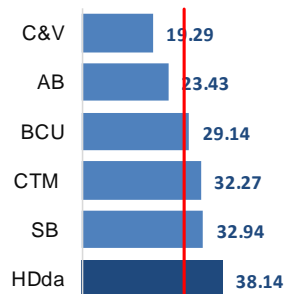


Number of cases of C.diff



Benchmarking (Apr 2019 – Oct 2019)

Wales = 27.95



Where are we and are we on target?

Performance at the end of November 2019 shows the Health Board's (HB) in-month number of *C. difficile* Infections (CDI) is 14. The HB can no longer achieve the Welsh Government (WG) reduction target.

Why has this occurred?

The table below shows the reasons for infection:

	Healthcare Associated Infection	Community Associated Infection
HAI ¹	November – 2 <ul style="list-style-type: none"> 1x antibiotics for TB treatment; 1x RELAPSE multiple antibiotics. 	November – 1 <ul style="list-style-type: none"> 1x antibiotics for community pneumonia.
HCAI ²	November – 4 <ul style="list-style-type: none"> 1x GP sample, recent discharge Swansea Bay UHB; 3x recent discharge with history of antibiotics. 	November – 3 <ul style="list-style-type: none"> 1x RELAPSE, GP sample; 1x GP sample, antibiotics for urosepsis; 1x GP sample, antibiotics for cellulitis
CAI ³	November – 1 <ul style="list-style-type: none"> 1x bowel obstruction, no antibiotics. 	November – 3 <ul style="list-style-type: none"> 2x no details 1x no current antibiotics, historic treatment for urine infection

1. Positive Stool Sample, patient admitted for more than 48 hours.

2. Healthcare Associated Infection - Positive Stool Sample, patient admitted within 48 hours of sample: Has been hospitalised or received medical treatment in the last 30 days; lives in a care home

3. Community Associated Infection – Positive stool sample, patient admitted within 48 hours of sample

What are the challenges?

Detailed in the above table, the challenging cases are;

- 2x relapses; following up one case with GP;
- 2x cases related to 1 GP Practice; referred to Community Infection Prevention Nurse (IPN).

What is being done?

- All sites participated in World Antibiotic Awareness Week, Pharmacy stands and 'Jabs to Tabs' training delivered;

- Antibiotic Point Prevalence Audit carried out across all sites in November. Initial data from Withybush General Hospital (WGH) shows a decrease in antibiotic usage and an improvement in appropriateness;
- Collaborative work in WGH Ambulatory care with Clinician, Acute Response Team and Antibiotic Pharmacist;
- Work underway to develop a programme to check and replace mattresses and reduce the risk of cross infection.

When can we expect improvement and by how much?

The Health Board is continuing on a reduction trajectory in comparison with 2018/19 figures but is unable to achieve the 2019/20 Welsh Government (WG) reduction target.

How does this impact on both patients and finances?

In reviewing our successful Faecal Microbiota Transplant (FMT) cases it is estimated that £52,000 was spent on hospitalisation last year. Since having FMT the patient has been well with improved quality of life. This service is now available across all our acute sites.

Safe Care – Healthcare Acquired Infections (HCAI) – cases per 100,000 population

Lead committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Sharon Daniel

Metrics (targets):

Status as at Nov 2019

Performance the past 8 months

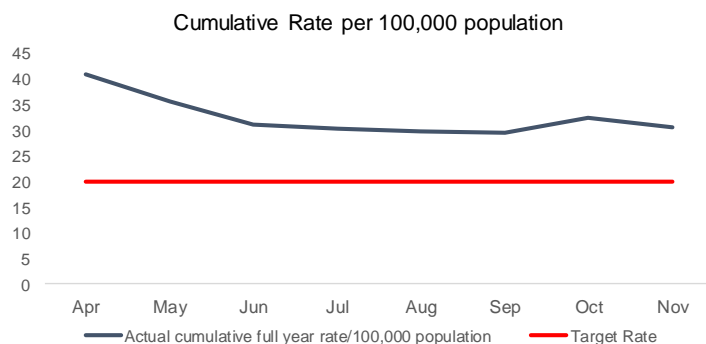
- Cumulative rate of *S.aureus* cases (≤ 20 cases per 100,000 population)



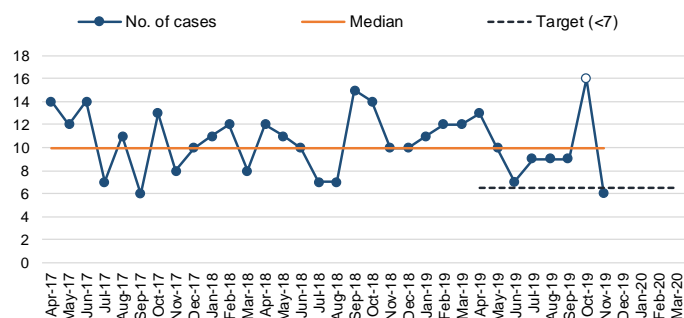
Improving

Latest data

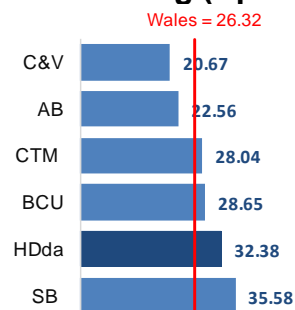
See the [HCAI dashboard](#) for a full set of Health Board (HB) and acute site tables and charts.



Number of cases of S.aureus



Benchmarking (Apr 2019 – Oct 2019)



Where are we and are we on target?

Performance at the end of November 2019 shows the Health Board's in month number of *S. aureus* BSI is 6; all of which were Metcillin Sensitive Staphylococcus aureus (MSSA). The HB can no longer achieve the WG reduction target.

Why has this occurred?

The table below shows the reasons for infection:

	Healthcare Associated Infection	Community Associated Infection
HAI ⁴	November – 3 <ul style="list-style-type: none"> 3x skin infections 	November – 0
HCAI ⁵	November – 0	November – 0
CAI ⁶	November – 0	November – 3 <ul style="list-style-type: none"> 1x discitis 2x skin infections

4. Hospital Acquired Infection - Positive Blood Culture, patient admitted for more than 48 hours

5. Healthcare Associated Infection - Positive Blood Culture, patient admitted within 48 hours of sample: has been hospitalised in previous 30 days; has received medical treatment in last 30 days; has a long-term indwelling device; lives in a nursing home or alternate care facility.

6. Community Associated Infection - Positive Blood Culture, patient admitted within 48 hours of sample who does not fulfil HCAI Criteria

What are the challenges?

Detailed in the above table, the challenging cases were;

- Increased number of skin infections, 5 cases, 2 of these from diabetic patients.

What is being done?

- Work continues in progressing the number of staff who have completed Aseptic Non Touch Technique (ANTT) competency, improving the management of wounds and devices in hospital and the community;
- WG supporting an ANTT study day for community staff.

When can we expect improvement and by how much?

The HB is seeing a reduction of 8% on last year's figures, which translates to 7 less cases but is unable to achieve the WG reduction target. The current reduction trajectory is expected to continue.

How does this impact on both patients and finances?

The standardisation of ANTT across the HB ensures that patients will receive the same management for medical devices whether they are seen in an acute ward, specialist unit, GP practice or their own home. This will provide the patient with confidence in care practitioners that provide their treatment.

Safe Care – Healthcare Acquired Infections (HCAI) – cases per 100,000 population

Lead committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Sharon Daniel

Metrics (targets):

Status as at Nov 2019

Performance the past 8 months

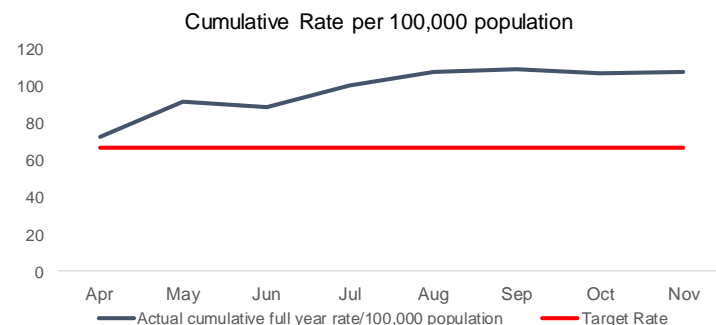
- Cumulative rate of *E.coli* cases (≤ 67 cases per 100,000 population)



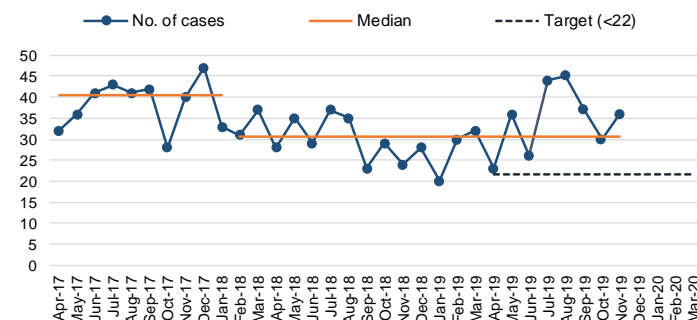
Declining

Latest data

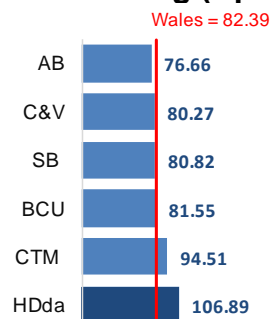
See the [HCAI dashboard](#) for a full set of Health Board and acute site tables and charts.



Number of cases of E.coli



Benchmarking (Apr 2018 – Oct 2019)



Where are we and are we on target?

Performance at the end of November 2019 shows the Health Board's in month number of *E. coli* Blood Stream Infections (BSI) is 36. The HB can no longer achieve the Welsh Government (WG) reduction target.

Why has this occurred?

The table below shows the reasons for infection:

	Healthcare Associated Infection	Community Associated Infection
HAI ⁴	November – 4 <ul style="list-style-type: none"> 1x urinary catheter infection; 1x abdominal sepsis due to cancer; 1x pancreatic cancer; 1x colorectal surgery. 	November – 1 <ul style="list-style-type: none"> 1x abdominal sepsis due to obstruction.
HCAI ⁵	November – 2 <ul style="list-style-type: none"> 2x urinary catheter. 	November – 9 <ul style="list-style-type: none"> 2x Urinary; 4x Hepatobiliary; 1 x recent discharge Swansea Bay UHB; 2x unknown source.
CAI ⁶	November – 0	November – 20 <ul style="list-style-type: none"> 8x Urinary; 6x Hepatobiliary; 1x abdominal; 5x unknown source.

4. Hospital Acquired Infection - Positive Blood Culture, patient admitted for more than 48 hours

5. Healthcare Associated Infection -Positive Blood Culture, patient admitted within 48 hours of sample: has been hospitalised in previous 30 days; has received medical treatment in last 30 days; has a long-term indwelling device; lives in a nursing home or alternate care facility.

6. Community Associated Infection - Positive Blood Culture, patient admitted within 48 hours of sample who does not fulfil HCAI Criteria

What are the challenges?

Detailed in the above table, the challenging cases were:

- 13 x urinary source, 3 of which are catheter related;
- 70% cases are on admission to hospital;

- 10 x cases related to hepatobiliary source;
- 6-month review of Bronglais General Hospital cases identified 36% of cases are from out of area.

What is being done?

- Ground work done on management of urinary infections in community and hospital;
- Work to be done in quarter 4 to identify improvements in urinary catheter management.
- Work completed on age standardisation of E.coli blood stream infections, report expected in January.

When can we expect improvement and by how much?

The high number of cases seen this month was not expected, but work continues with the team to reduce inappropriate urine sampling and improve management of urine infections. Work will start in Q4 on improving care of urinary catheters. The HB can no longer achieve the WG reduction target.

How does this impact on both patients and finances?

While the number of out of area cases is small compared to the HB overall figure, these are cases that the HB has no impact upon. This increases the importance of public health messages around hydration and kidney health.

Safe Care – Healthcare Acquired Infections (HCAI) – cases per 100,000 population

Lead committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Sharon Daniel

Metrics (targets):

- Cumulative rate of *Klebsiella* sp. bacteraemia (10% baseline reduction to 2017/18)
- Cumulative rate of *Pseudomonas aeruginosa* bacteraemia (10% baseline reduction to 2017/18)

Status as at Nov 2019



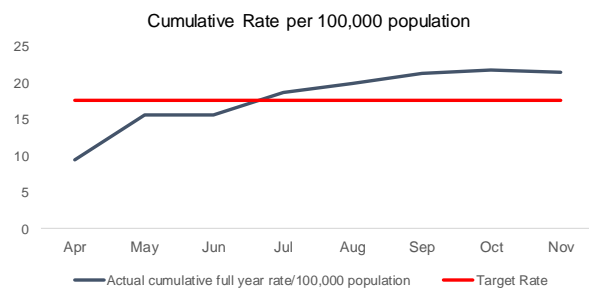
Performance the past 8 months

Declining
Improving

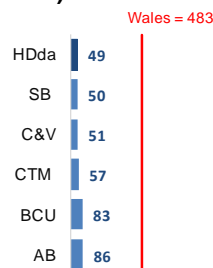
Latest data

See the [HCAI dashboard](#) for a full set of Health Board and acute site tables and charts.

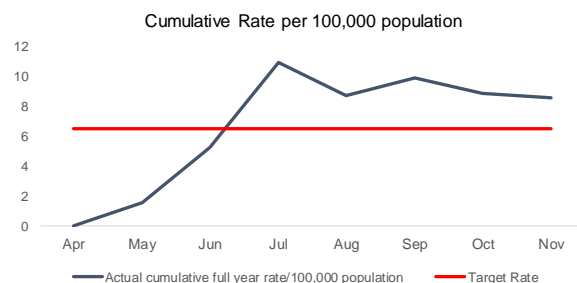
Klebsiella sp



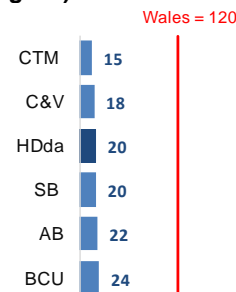
Benchmarking (Apr '18–Oct '19)



Pseudomonas aeruginosa



Benchmarking (Apr '18–Aug '19)



Where are we against target?

Klebsiella sp. and *Pseudomonas aeruginosa* have a 2019/20 reduction expectation of 10% to the 2017/18 baseline. This equates to a year end rate of 17.63 per 100,000 population for *Klebsiella* sp and a rate of 6.48 for *Pseudomonas aeruginosa*.

Klebsiella sp. reported 6 cases this month, this takes our total to 55 cases, 9 above the WG reduction expectation

Pseudomonas aeruginosa reported 2 cases this month, this takes 2019/20 total to 22, 5 cases above WG reduction expectation

Why has this occurred?

- 1 case of *Klebsiella* BSI related to an urinary catheter;
- 5 of the 6 *Klebsiella* cases were positive on admission to hospital;
- 2 *P. aeruginosa* cases were community associated and positive on admission.

What are the challenges?

An exceptionally high workload this month has prevented any in-depth data on these cases being collected.

What is being done?

When the existing outbreaks improve all cases will have further review.

When can we expect improvement and by how much?

The review of cases may identify areas to target for improvement and this would be expected to show a reduction percentage by the end of quarter 4.



Safe Care – Serious Incidents and Never Events

Lead Committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Cathie Steele / Sian Passey

Metrics (targets):

- Percentage of serious incidents (SIs) assured within the agreed timescales (90%)
- Number of new never events (0)

Status as at Nov 2019



Performance the past 12 months

Improving
Declining

Latest data

On 3 rd December 2019, 79 SI remain OPEN	Total
Absconded Patient	6
Alleged Abuse	3
Infection Control	2
Pressure Damage	7
Procedural Response Unexpected Deaths in Childhood (PRUDIC)	2
Self-Harm	4
Serious Harm	1
Serious Harm (inpatient falls)	15
Suspected Suicide	17
Under 18 admission (Child on Adult Mental health Ward)	4
Unexpected Death	12
Women & Children Directorate	5
Wrong Site Surgery	1
Total	79

Where are we and are we on target?

The most recent Health Board (HB) data indicates that 79 serious incidents (SIs) currently remain open. The Welsh Government (WG) compliance rate (in month rate) for November 2019 is 40% (8/20) assured by WG within the agreed timescale.

As at 3rd December 2019, there were currently 56 serious incidents open over the proposed 60 day target (there are a further 43 incidents where confirmation from WG of closure is awaited). On analysis, it has been identified that just under half of these, 38, are open to Mental Health and Learning Disabilities (which is an improved position for the Directorate).

One never event has been reported in November 2019, this is the first never event reported in over a year, and has been managed in accordance with due process.

Why has this situation occurred?

There is a variety of reasons as to why the incidents are not being closed in line with the 60-day target. However, September, October and November have seen an improving picture. Although, still not meeting the WG target, the increased focus on closures and partnership working with services to meet the closure date has seen a continual improving picture over the last 3 months.

What are the challenges?

The challenges include complex cases requiring, in-depth investigations, and cases outside of the HB control e.g. PRUDICS, and coroner cases. Capacity in some teams to support the number of investigations requiring review has been limited.

What is being done?

A business partner model between corporate and operational teams is in the process of being implemented. This will provide extra support to these teams. There is focused attention on the review of investigations to ensure timely information is available. Communication with WG colleagues to reconcile open new level 4 and 5 incidents. Formal Quality Panel meetings chaired by the Director of Nursing. At these meetings, services are asked to advise on all open SI and a requirement to give an update as to actions being taken forward to support timely closure of incidents. There is an emphasis on early contact with families and patients to keep them informed and updated on the investigations that are being undertaken, this ensures good communication channels exist.

When can we expect improvement and by how much?

There will be a sustained improvement by April 2020.

How does this impact on both patients and finances?

Early engagement with patients and their families, timely investigations and sharing of learning can provide assurance that measures are being put in place to reduce reoccurrence and demonstrate early learning.



Safe Care – Patient Safety Alerts and Notices

Lead Committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Sian Passey

Metrics (targets):

Status as at Nov 2019

Performance the past 12 months

- Patient Safety Solutions Wales Alerts & Notices not assured within the agreed timescales (0)



Improving

Latest data

	Welsh Government Patient Safety Alerts	Welsh Government Safety Notices
Issued since June 2014	9	50
Overdue compliance	0	3
Alerts and notices not due	0	0
Compliance	9/9 (100%)	47/50 (94%)

Where are we and are we on target

The All Wales target for Patient Safety Alerts (PSA) and Notices (PSN) assured within agreed timescales is collected quarterly. 2 notices have thus far declared compliant in Quarter 3 (19/20). PSN049 was declared compliant outside of the agreed timescale, but actions were being monitored to ensure full compliance. PSN050 was declared compliant within the agreed timescale. The table above includes all PSAs and PSNs. For the Welsh Government quarterly standard, there was 1 PSA/PSN that wasn't assured within the agreed timescale in Q2 (19/20).

Why has this situation occurred?

There are a number of reasons as to why the PSNs did not meet the agreed target date for compliance; these are in more detail below:

- **Patient Safety Notice PSN030** The safe storage of medicines: cupboards (compliance date 26/08/16). There are issues across Wales with compliance against this Notice. The Medicines Management Senior Nurse advises that a further PSN was issued for comments to the MARRS group. The All Wales medicines safety pharmacist will look at these comments before a revised PSN030 is issued to HBs before Christmas;
- **Patient Safety Notice PSN040** Confirming removal or flushing of lines and cannulae after procedures (compliance date 12/09/18). This Notice, which is applicable to all hospitals and other units that undertake surgical interventions or other procedures involving anaesthesia or intravenous sedation, is being led by the National Safety Standards for Invasive

Procedures (NatSSIPs) implementation group. 2 of the 4 actions are complete. The remaining outstanding actions are to be discussed at the NatSSIPs group in December 2019;

- **Patient Safety Notice PSN046** Resources to support safer bowel care for patients at risk of autonomic dysreflexia (compliance date 29/03/19). 2 of the 4 actions are complete. The 2 recommendations where further action is required relate to reviewing the local guidance, in light of this PSN, and communicating the key messages of the revised guidance. The current HB policy has been newly developed and is going through the official HB policy process before ratification with a view to it being approved and published on the HB's Intranet by the end of December.

What are the challenges?

External sources outside of the control of the HB, environmental issues, are concerns relating to PSN030. With regards to PSN046, the HB initially sought guidance in relation to a national stance on a policy and the HB is now in the process of updating their own policy which is required to go through internal process for policies being ratified.

What is being done?

Each Patient Safety Solution has been reviewed, RAG (Red, Amber, and Green) rated and allocated to an appropriate subcommittee of QSEAC for assistance in implementation.

When can we expect improvement and by how much?

It is anticipated that the HB will be compliant with 2 of the 3 PSNs by end March 2020. However, the HB is awaiting further guidance from outside HB sources with regards to PSN030.

How does this impact on both patients and finances?

Achieving compliance with PSAs and PSNs will minimise the risk of harm to patients. Robust investigations and learning from events will improve the quality of care delivered to patients.



Safe Care – Healthcare acquired pressure sores

Lead committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Sian Passey

Metrics (targets):

- Number of healthcare acquired pressure sores in a hospital setting (12 month reduction)
- Number of healthcare acquired pressure sores in a community setting (12 month reduction)

Status as at Oct 19



Performance the past 12 months

Declining
Improving

Latest data

For November 2019, there have been 54 hospital acquired pressure ulcers and 52 community acquired pressure ulcers reported. This is unverified data and is subject to change once each incident is reviewed and scrutinised by the Scrutiny Panels. As such, this report will concentrate on the October figures.

Hospital Acquired	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19
Avoidable							
Category 1	3	1	1	1	1	0	0
Category 2	11	5	5	7	2	3	5
Category 3	0	1	2	1	0	1	0
STDI	5	0	0	2	1	4	4
Unstageable	1	2	1	0	0	4	0
Category 4	0	0	0	0	0	0	0
Sub total	20	9	9	11	4	12	9
Unavoidable							
Category 1	2	0	1	0	0	0	2
Category 2	4	2	3	4	1	5	7
Category 3	0	0	0	0	0	0	0
STDI	2	1	3	1	1	4	0
Unstageable	0	0	0	0	1	0	0
Category 4	0	0	1	0	0	0	0
Sub total	8	3	8	5	3	9	9
Unknown	3	1	2	6	11	12	16
Total	31	13	19	22	18	33	34
Community Acquired	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19
Category 1	6	11	12	9	6	7	11
Category 2	30	34	30	32	37	18	29
Category 3	5	2	1	4	4	1	6
STDI	5	7	11	6	4	3	2
Unstageable	6	5	3	5	5	4	2
Category 4	0	0	0	0	0	0	1
Sub total	52	59	57	56	56	33	51
Total Healthcare Acquired Pressure Ulcers	83	71	76	79	74	66	85

Where are we against target?

In October, 34 hospital acquired incidents were reported which is an increase of one in month. Whilst the community there have been 51 reported incidents. In the hospital setting there were no category 4 incidents reported.

Why has this situation occurred?

There are a number of reasons why pressure damage incidents occur across hospital and community settings and these are reported to the Quality, Safety and Experience Assurance Committee (QSEAC). The Quality Improvement (QI) teams are working alongside the hospital operational teams to support QI projects, and reports submitted to QSEAC advising on the projects and progress.

In September, there was a change in process in relation to how incidents are validated on the risk management system. This new process needs to be monitored and evaluated, as this could be one of the reasons for an increase in incidents.

What are the challenges?

There has been a requirement to identify a new process to input the validated data for each service. Previously the Tissue Viability Specialist Teams undertook this practice; however, due to the small resource within these teams, this was no longer sustainable. Due to the current operational challenges, some of the teams are finding it difficult to update the risk management system to reflect the outcome of the Scrutiny Panel meetings. This does mean that there is a possibility of a pressure damage incident reported as an incident, when following scrutiny this is not the case. This delay in updating the risk management system may affect the accuracy of the data being reported.

What is being done?

The QI teams are working alongside the operational teams to introduce and evaluate a number of schemes, which are reported in-depth to QSEAC. The QSEAC assurance report can be found [here \(page 15\)](#).

When can we expect improvement and by how much?

The QI work needs to be evaluated. The aim is that by end of year 2020, there will be a 10% reduction in incidents of this nature reported.

How does this impact on both patients and finances?

Pressure sores remain a serious and potentially life-threatening problem across all age groups, from the very young to the very old and across all specialties and care settings. There is a cost to the patient in terms of pain, loss of dignity and impact on long term quality of life. The pressure ulcer productivity calculator was developed and published by the Department of Health 2010_ to help NHS organisations and commissioners understand the productivity and cost elements associated with treating patients with pressure ulcers. The tool was developed using the results of research into the cost of pressure ulcers in the UK. By entering the Health Board (HB) figures for 2017/18 it is estimated that the potential financial cost of the incidents of pressure ulcers to the HB was between £1.492m to £2.229m. Link to the calculator can be found [here](#).



Safe Care – RRAILS Sepsis Six Bundle applied within 1 hour

Lead Committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Sian Hall

Metrics (targets):

- % RRAILS applied < 1 hr in Emergency Units/AMAU (Target – 12 month improvement trend)
- % RRAILS Sepsis Six Bundle applied < 1 hr in Wards (Target – 12 month improvement trend)

Status as at Nov 2019

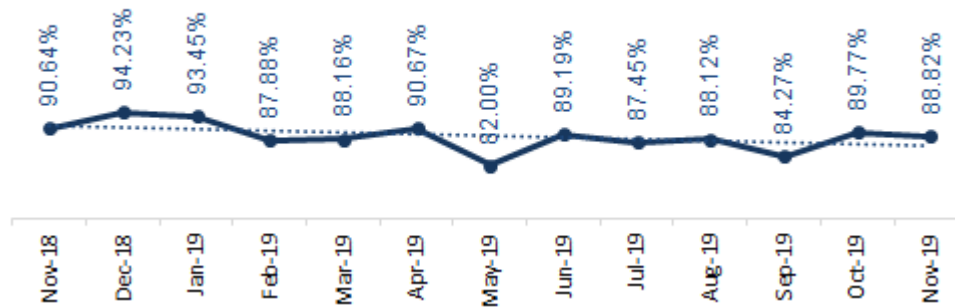


Performance the past 12 months

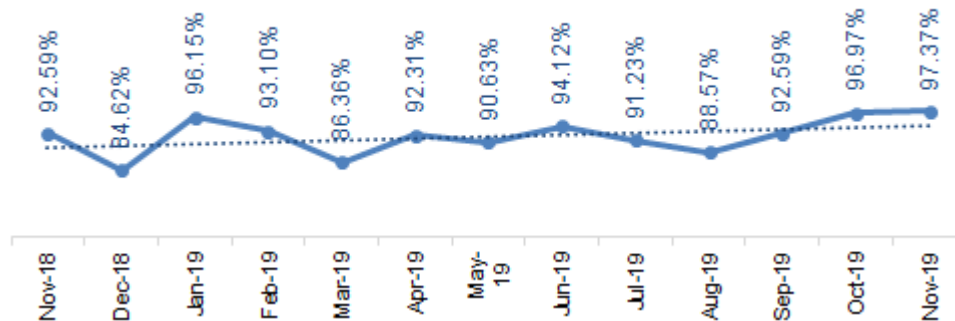
Declining
Improving

Latest data

% compliance - Emergency Department/AMAU



% compliance - inpatients



Where are we and are we on target?

On the inpatient wards, 37 out of 38 patients (97.37%) received the SEPSIS Six bundle within 1 hour, which has met the Welsh Government 12-month improvement target. In the Emergency departments 135 out of 152 patients, (88.82%) received the SEPSIS Six Bundle within < 1 hr which has not met the 12-month improvement target and has declined from 89.77% in October 2019 to 88.82% in November 2019.

Why has this situation occurred?

Two emergency units reported a decline in compliance. A majority of cases were due to 1- 2 hr delays to antibiotic treatment. All four areas have reported extreme clinical pressures that have resulted in the delays.

What are the challenges?

- Increased activity and acuity of patients within the admission units result in a delayed response;
- Sepsis treatment can be unavoidably delayed due to specific reasons already noted;
- Clinical workload can result in staff not being released for mandatory training to reinforce principles of sepsis recognition and management.

What is being done?

Further meetings are ongoing with the clinical leads in one emergency department to review current improvement plans. The Resuscitation/Quality Improvement team are continuing to work closely with the other 3 teams to avoid a further drop in compliance.

When can we expect improvement and by how much?

Dependant on clinical activity, the service expect to see a 1% or more improvement from this month's (November) compliance for emergency departments / acute medical admission units.

How does this impact on both patients and finances?

Delays in Sepsis Six treatment may result in increased bed stays, transfers to the Adult Critical Care Unit (ACCU) and an increase in mortality.



Effective Care

I receive the right care & support as locally as possible and I contribute to making that care successful.

Lead Executives: Phil Kloer - *Medical Director & Director of Clinical Strategy* ● Jill Paterson - *Director of Primary Care, Community and Long Term Care* ● Mandy Rayani - *Director of Nursing, Quality & Patient Experience* ● Karen Miles - *Director of Planning, Performance & Commissioning* ● Andrew Carruthers – *Director of Operations*

Exception reports:

- [DTOC - non mental health - Carmarthenshire](#)
- [DTOC - non mental health - Ceredigion](#)
- [DTOC - non mental health – Pembrokeshire](#)
- [DTOC – Mental Health](#)
- [Mortality](#)
- [Clinical Coding](#)
- [Information Governance – Core Training](#)
- [Health & Care Research Wales](#)



Effective Care – Delayed transfers of care (DTOC) – non mental health – Carmarthenshire

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Rhian Dawson

Metrics (targets):

- Number of Health Board DTOC in month (12 month reduction)

HD Status as at Nov 2019



HD Performance the past 12 months

Declining

Latest data

See the [unscheduled care dashboard](#) for the DTOC monthly trend chart.

Where are we against target?

At the end of November 2019, the Health Board (HB) did not meet the revised national target of showing a 12-month reduction. The number of in-month patients for Carmarthenshire was 40, which is 13 more than October 2019.

The main 2 reasons for the delay are as follows:

- Awaiting start of new home care package;
- Selecting nursing care placement of choice (EMI);

21 of these patients were discharged in the days following census date including those waiting for domiciliary care and care homes.

Why has this situation occurred?

- There are continuing difficulties in commissioning domiciliary care in certain parts of the County that are rural, remote or in areas where labour is scarce. However, reablement within Carmarthenshire is working effectively in facilitating timely discharges;
- Home of choice. This is not necessarily linked to availability of residential and nursing care home placements as there is a high level of vacancies across the County. However, Nursing Elderly Mentally Ill (EMI) provision is challenging in light of a Nursing EMI closure in a neighbouring Authority in October 2019 whose residents have been largely placed within Carmarthenshire's nursing homes;

The above picture accords closely with the findings of the National Complex Discharge Review undertaken by the NHS Wales Delivery Unit (2018) that considered factors responsible for delays in hospital discharges.

What are the challenges?

The challenge is to reduce not only the number of DTOCs, but to also reduce the associated number of days lost and improve other discharge rates for patients where the acute medical episode has ended.

What is being done?

A variety of initiatives are being undertaken with the support of the Delivery Unit and learning from best practice 'Every Day Counts'. Ongoing actions are in place with Acute, Community and Local authority partners, as follows:

- A Winter Pressures plan has been actioned to address the said issues, in particular: the commencement of a countywide (domiciliary care) bridging service; increased investment in acute services to improve hospital flow; the development of step down beds; investment in the British Red Cross discharge service; and investment in community equipment;
- The Crisis Response service, funded through the Transformation Fund, has commenced on a staged basis to avoid hospital admissions and pull out people as appropriate from hospital;
- Reviewing the purpose and criteria of community hospitals to improve their effectiveness in patient flow.

In addition, we are continuing to implement the following measures

- Sharepoint (IT system) to support early identification;
- Sharepoint Length of Stay (LOS) reporting is being monitored on a weekly basis to identify what measures need to be taken to improve performance;
- Discharge liaison and access to social workers is proving beneficial in earlier identification of complex patients;
- The Local Authority is implementing a series of initiatives to protect and recycle its domiciliary care capacity by targeting reductions in double handed care and calls requiring 26 calls or more per week; it is also developing a continence project with nursing and physiotherapy input for similar reasons;
- Care in the community is co-ordinated to facilitate discharges and prevention of admissions through the Acute Response Team working in partnership with British Red Cross, Care and Repair and other Third Sector organisations to meet the needs of the patients and their carers;

Actions since last report

- The Winter Pressures Plan and its series of measures has been prepared and implementation commenced on several of the measures;
- The recruitment of Nursing staff and Healthcare worker in line with "A Healthier Carmarthenshire" programme with emphasis on whole system redesign with implementation of key actions. This has enabled the Crisis Response service to commence as noted above;
- A forum with care home providers has taken place to discuss winter planning (including flu vaccination);
- The Monthly Whole System Review group has continued to meet to

evaluate and review the system, capacity of the market and consider innovative ideas to aid discharge decision planning;

- Development of a detailed brokerage database detailing hospital referral and discharges for social care (reablement, domiciliary care, residential and nursing care);
- Improved business processes in ordering and delivering community equipment via Carmarthenshire's Integrated Community Equipment Store (CICES).

Actions for next period

- Continued recruitment for key appointments, in particular medical cover for Crisis Response service, for delivery of Transformation Fund;
- Continued implementation and monitoring of the Winter Pressures Plan;
- Progress on the LA domiciliary care commissioning project and links to the Right sizing lessons.

When can we expect improvement and by how much?

Ongoing improvement is expected and is measured, both in terms of the number of delayed patients, but also in terms of the number of stranded patients and reduced bed days. Moreover, the service is aiming to improve performance going forward with more effective reablement interventions and other strategies to improve domiciliary care capacity as noted above.

How does this impact on both patients and finances?

Financial impact in Carmarthenshire relates to the costs of surge and emergency department pressures in both hospitals and the unfunded cost of Community Care Beds. The objective is to improve outcomes for patients and the performance of the health and social care organisations.



Effective Care – Delayed transfers of care (DTOC) – non mental health – Ceredigion

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Peter Skitt

Metrics (targets):

- Number of Health Board DTOC in month (12 month reduction)

HD Status as at Nov 2019



HD Performance the past 12 months

Declining

Latest data

See the [unscheduled care dashboard](#) for the DTOC monthly trend chart.

Where are we against target?

At the end of November 2019, the Health Board did not meet the National target of a 12-month reduction. The number of in-month patients for Ceredigion is 10.

Of these 10, the main reason for delays as follows:

- Awaiting package of care, 1 patients;
- Awaiting resolution of a housing issue, 1 patient;
- Awaiting for EMI nursing/residential home placements in home of choice, 3 patients;
- Awaiting for General nursing/residential home placements in home of choice, 4 patients
- Mental capacity related issue, 1 patient.

Why has this situation occurred?

As previously reported in [M4 IPAR \(page 29\)](#)

- Availability of domiciliary care packages in remote areas;
- Challenges with family and home situations;
- Availability of Nursing Home placements, which has been compounded by the closure of an Elderly Mentally Ill (EMI) Nursing Home on the Pembrokeshire/Ceredigion border therefore reducing choice for patients and their families.

The above picture accords closely with the findings of the National Complex Discharge Review.

What are the challenges?

As previously reported in [M4 IPAR \(page 29\)](#)

- Cross-border challenges;
- Fragility of the care home market and the impact of home closures on availability of placements and the lack of choice for patients and their families. Availability of Nursing Home placements;
- Recruitment into domiciliary care in rural areas.

What is being done?

A variety of initiatives are being undertaken continuously throughout the region. Best practice is being shared by each county and practice modified to improve performance.

As previously reported in [M4 IPAR \(page 29\)](#)

- In-reach support to acute sites enabling early identification of any issues that may occur. Community staff provide daily support to acute sites;
- The Breaking the Cycle improvement plans will contribute to reduce Length Of Stay (LOS);
- Porth Gofal Multi agency triage is improving flow; Porth Gofal has relocated into the new Aberaeron Integrated Care Centre. This has enabled closer working with the wider Community Resource Team (CRT), improving communication between organisations;
- Community CRT provides in-reach into the acute sites enabling timely discharge;
- Initiatives funded by winter pressures money are in place to assist with patient discharge and to prevent Hospital admission.

Actions since last report:

- Community staff continue to in-reach into the Acute sites daily;
- Intermediate Care, Rapid Response and Frailty unit business case submitted, Transformation fund has been agreed and recruitment into posts is progressing;
- Meetings have taken place with the Director of Operations and Director of Primary Care, Community & Long Term Care to discuss care homes and unscheduled care. An action plan is being developed to look at immediate, mid-term and long-term issues;
- Community Nursing staff in Aberaeron are piloting the Welsh Information Community System (WICS) which will improve communication with partner organisations in relation to information sharing;
- Progress with recruitment into key posts funded via the Transformation fund have taken place.

Actions for next period:

- Meetings are taking place with Ceredigion County Management Team and local care home providers;
- Locality Managers, funded via the Transformation fund, commence in post in January;
- On 9th December the new Cardigan Integrated Care Centre will open. The new facility will provide patients with increased access to Community services therefore preventing visits to acute sites.

When can we expect improvement and by how much?

The opportunity of developing Community teams via the Transformation fund should improve patient flow both in terms of DTOC and reduced bed days.

How does this impact on both patients and finances?

Extended stays for patients not only potentially adversely affect their functional independence and well-being, but also creates a need for surge beds, which has a financial impact.



Effective Care – Delayed transfers of care (DTOC) – non mental health – Pembrokeshire

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Elaine Lorton

Metrics (targets):

HD Status as at Nov 2019

HD Performance the past 12 months

- Number of Health Board DTOC in month (12 month reduction)



Declining

Latest data

See the [unscheduled care dashboard](#) for the DTOC monthly trend chart.

Where are we against target?

At the end of November 2019, the Hywel Dda University Health Board (HDUHB) 12 month reduction target was not met and the number of in month patients for Pembrokeshire was 11 compared to 20 in October and 14 in September 2019. The reduction between months is within the range of normal variation, however; this does not fully reflect the overall pressure in the system as not all delays are DTOCs.

Why has this situation occurred?

In comparison to other months, the main reasons for delay remain consistent.

- Awaiting start of new home care package or reablement;
- Waiting for care home of choice for Elderly Medical III (EMI) and general nursing;
- Other related reasons, completion of process, family patient related and legal issues.

What are the challenges?

As previously reported in, there remains an overall lack of domiciliary care in Pembrokeshire, resulted in longer time spent in an inpatient setting in acute and community hospitals. This has been compounded by the recent closure of a nursing home, taking 22 beds out of the Pembrokeshire system.

What is being done?

There have been many initiatives previously reported and the action below relate to those undertaken since the last report:

- Development of micro enterprises within Pembrokeshire – Community Catalysts have been appointed to support, a launch event has been held;
- Review of the community pull, attendance at bed meetings, MDTs and Board rounds by the Joint Discharge Team to support more joined up activity with site teams;
- An extension to the spot purchased commissioned beds by the Local

Authority (LA);

- The LA have brought the reablement service in-house, with very limited resource transferring across creating capacity constraints;
- Continued recruitment by the LA for both their in-house domiciliary care service and their new reablement service;
- Intermediate Occupational Therapists have been appointed to the Intermediate Care Service;
- Bridging care capacity by the Care at Home and Acute Response Teams has commenced;
- Legal support enabled 1 very long standing and complex delayed patient to move into residential care;
- 'Findaplace.wales' website launched to support discussions with patients and their families;
- Improved activity and capacity reporting from the LA to support improvement activity and system assurance;
- Community and Local Authority Escalation Plan in place;
- Increased Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT) support in place and available until 10pm to support discharge home.

Actions for next period:

- Implementation of the Integrated Assessment and Co-ordination Hub with the aim of reducing admissions by 3 per day from February/March 2020;
- Recruitment of the Intermediate Care Service Manager post to support with the rapid implementation of the new rapid response pathways;
- Implementation of the Technology Enabled Care service from February 2020 – recruitment of Wellbeing Officer posts in December;
- Review of SharePoint to support Co-ordinator role for community beds;
- Further rolling recruitment and onboarding to LA in house services;
- Validation of reablement waiting list by new Occupational Therapists;
- Extension of domiciliary care payments to secure package when patient goes into hospital for 2 weeks;

- LA to work with care assessors and in-patient health services to reduce over prescription of care, particularly on discharge from hospital;
- Refocus on Expected Date of Discharge and Clinical Criteria for Discharge setting followed by aligning work activity.

When can we expect improvement and by how much?

- Ongoing improvement is expected and is measured, both in terms of the number of delayed patients but also in terms of the number of stranded patients and reduced bed days;
- There is a risk that better data recording and monitoring of process will enable patients to become ready for transfer sooner, if care in the community capacity does not improve, the number of DTOCs could grow;
- The Transformation Fund benefits and impact will be monitored through the Regional partnership on behalf of all partner agencies with the aim of reducing admissions, supporting flow and maximising availability of rapid response care across Pembrokeshire.

How does this impact on both patients and finances?

Extended stays for patients not only potentially adversely affect their functional independence and well-being, but also creates a need for surge beds, which has a financial impact



Effective Care – Delayed transfers of care (DTOC) – mental health

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Liz Carroll

Metrics (targets):

Status as at Nov 2019

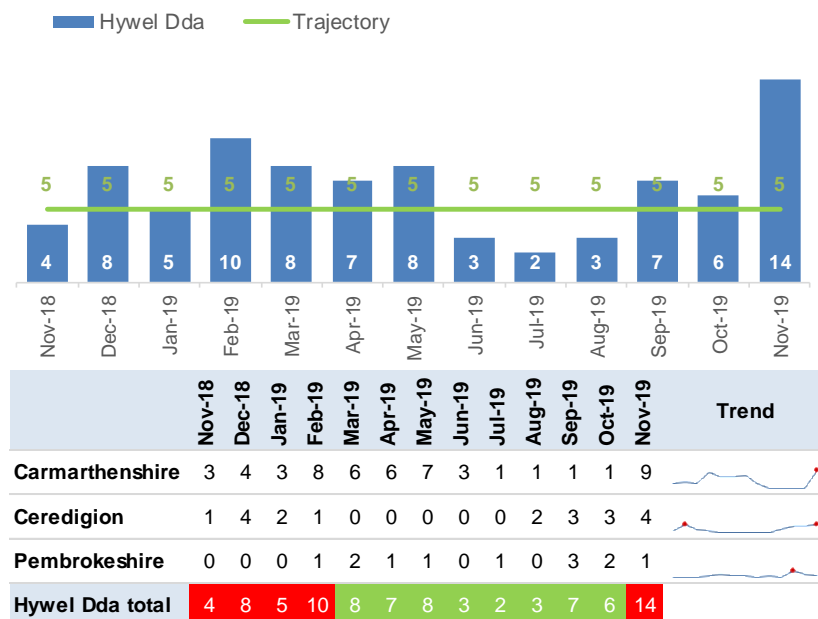
Performance the past 12 months

- Number of Health Board DTOC (12 month reduction)

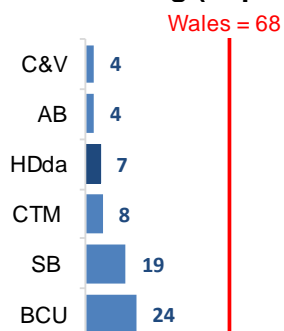


Declining

Latest data



Benchmarking (Sep 2019)



Where are we against target?

At the end of November 2019, the Health Board (HB) did not meet the revised national target of showing a 12-month reduction. The number of

delays increased from 6 in October to 14 in November 2019, which is the highest number of mental health delays seen since May 2018.

Why has this situation occurred?

The in-month position can be attributed to the Older Adult Mental Health wards (OAMH). The position within Adult Mental Health wards has remained stable over the last 6 months.

What are the challenges?

- Availability of providers for those who require OAMH care is particularly challenging with one large Elderly Mentally Ill (EMI) nursing provider leaving the market in the last 2 months resulting in lack of capacity elsewhere;
- Placement of choice by patient or family is not available;
- Difficulty of obtaining package, which is bespoke to particular patient requirements;
- Availability of domiciliary care across the region is particularly challenging.

What is being done?

- Regular monitoring of the DTOC position is key within services;
- A health lead meeting to discuss the crisis around availability of bed in sector has been held and discussions are ongoing about additional funding for nursing homes to support viability of local providers;
- Care co-ordinators focus on discharge planning as early on in the patient pathway as possible.

When can we expect improvement and by how much?

The OAMH inpatient services are working with the long term care team and now all three OAMH inpatient services are being supported by the Discharge Liaison Nurses and utilising Share Point.

How does this impact on both patients and finances?

The impact is that patients may end up having to stay in environments that are more restrictive than they require for longer periods.



Effective Care – Mortality Indicators

Lead Committee: QSEAC

Executive Lead: Phil Kloer

Senior Responsible Officer: John Davies

Metrics (Target):

- % of Universal Mortality Reviews undertaken within 28 days (95%)

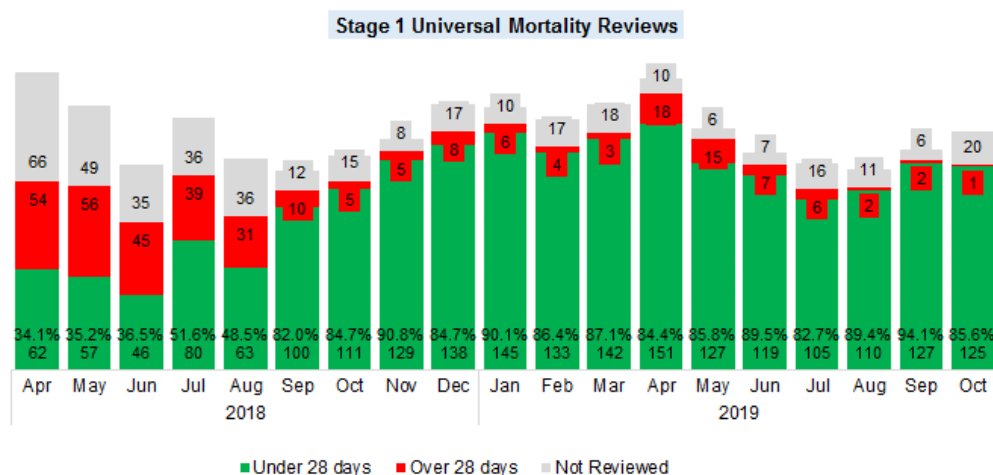
Status as at Oct 2019



Performance the past 12 months

Declining

Latest data



- It has been previously reported that a consistent Stage 1 process is in place and that this was expected to ensure an improvement in the 28-day target. The MRG will next meet in GGH and will monitor the implementation of the GGH action plan and ask for assurances where targets are not met.

When can we expect improvement and by how much?

Improvements are being seen with the target for crude mortality and a significant improvement since September 2018 has been seen in the 28-day Stage 1 review target. The MRG will continue to drive improvement throughout 2019/20.

How does this impact on both patients and finances?

Improving outcomes has a clear impact on patients. The improvements highlighted over the past 12 months have led to better outcomes for patients and more effective use of resources.

Where are we against target?

Universal Mortality Review performance is improving but not yet at the 95% target. September showed considerable improvement at 94.1% but declined to 85.6% (125 out of 146) of case notes reviewed within the 28 days during October 2019.

Why has this situation occurred?

BGH improved markedly from previous months with 86.7% reviewed within the target date of 28 days; PPH have maintained 100% and WGH reaching 85.7%. GGH however, have recorded a drop from 85.5% in July 2019 to 75% in October.

What are the challenges?

The actions agreed at the recent Mortality Review Group (MRG) and the focus on BGH has made considerable improvements in Stage 1 review performance.

What is being done?

- An MRG has been established and this group is driving the Stage 1 process, taking forward the Stage 2 process and ensuring that learning is embedded;



Effective Care – Clinical Coding

Lead Committee: BPPAC

Executive Lead: Karen Miles

Senior Responsible Officer: Anthony Tracey

Metrics (targets):

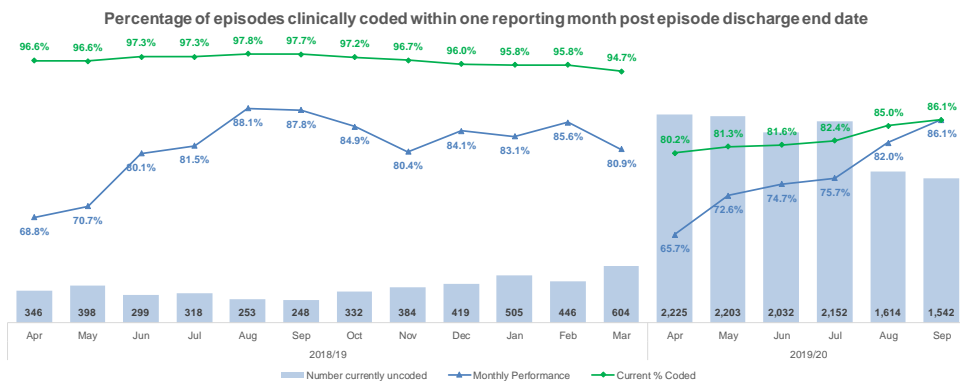
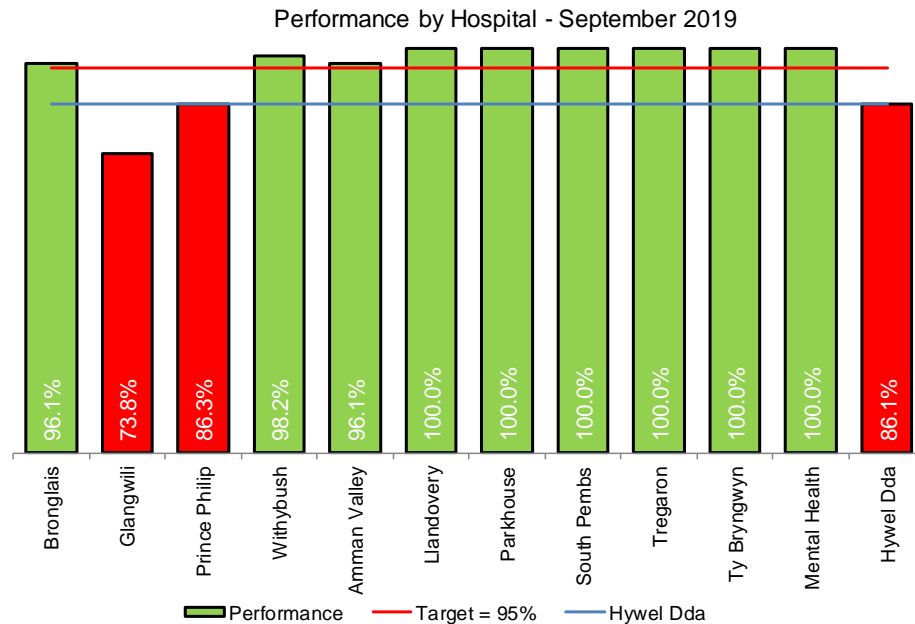
- % of episodes clinically coded within one month of episode end date (95%)

Status as at Sep 2019

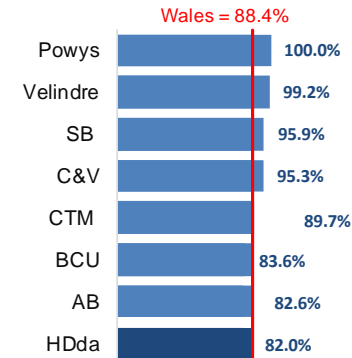
Performance the past 12 months

Declining

Latest data



Benchmarking (August 2019)



Where are we against target?

Performance improved by 4.1% in September 2019 with 86.1% of episodes coded within one month, compared to 82.0% in August 2019. The Health Board, however, is 6.4% below the all Wales average of 88.4% for August 2019. Performance for all sites except Glangwili and Prince Philip has achieved the 95% target for September 2019 episodes with all community hospitals except Amman Valley achieving 100%. Withybush achieved 98.2% and Bronglais 96.1%. HDUHB ranked 8th out of 8 across the Welsh Health Boards for August 2019 performance.

Why has this situation occurred?

As previously reported in [M2 IPAR \(page 37\)](#).

What are the challenges?

In addition to challenges previously reported in [M2 IPAR \(page 37\)](#): Based on the expectation that 1 whole time equivalent clinical coder will code 30 episodes a day, if activity continues at the same level as in 2018/19 the department can expect a backlog of approximately 25,000 for 2019/20. On average just over 2,000 Finished Consultant Episodes each month remain uncoded, which adds to the backlog. The HB still have 11,142 uncoded episodes from 2016/17, 2017/18, 2018/19 and with potential for 25,000 this year, and are looking at around 37,000 uncoded at the end of the year.

What is being done?

In addition to actions previously reported in [M2 IPAR \(page 37\)](#):

From the period 6th April 2019 to 26th June 2019, the HB employed contract coders to help code the 2018/19 backlog before the year-end submission in June 2019. The contract coders were employed with the aim of completing 20,000 episodes during this period. However, by the end they coded 8,294 episodes. As a result, the department have restarted using contract coders during October 2019 on weekends to help us code the 2019/20 backlog which should put the Health Board in a better position at the end of June 2020.

When can we expect improvement and by how much?

As previously reported in [M6 IPAR \(page 32\)](#).

How does this impact on both patients and finances?

As previously reported in [M6 IPAR \(page 32\)](#).



Effective Care – Information Governance Core Training

Lead Committee: BPPAC

Executive Lead: Karen Miles

Senior Responsible Officer: Anthony Tracey

Metrics (targets):

- % compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework (85%)

Status as at Nov 2019 Performance the past 12 months



NA

Latest data

Assignment Count	Required	Achieved	Compliance %
10,171	10,171	8,048	79.13%

Staff Group	Assignment Count	Required	Achieved	Compliance %
Add Prof Scientific and Technical	392	392	314	80.10%
Additional Clinical Services	2,147	2,147	1,834	85.42%
Administrative and Clerical	1,921	1,921	1,621	84.38%
Allied Health Professionals	666	666	544	81.68%
Estates and Ancillary	951	951	766	80.55%
Healthcare Scientists	195	195	170	87.18%
Medical and Dental	744	744	221	29.70%
Nursing and Midwifery Registered	3,147	3,147	2,575	81.82%
Students	8	8	3	37.50%

Where are we against target?

Currently the HB is attaining 79.13% of all staff trained in Information Governance. Although below the required 85%, Hywel Dda is ranked 5th out of 10 in NHS Wales, with Welsh Ambulance Service Trust (WAST), Velindre, Public Health Wales (PHW), Betsi Cadwaladr, and Swansea Bay ranked higher. The Welsh average is 76.3%.

Why has this situation occurred?

There are a number of reasons as to why staff are not able to undertake their mandatory training, which are outlined within the [Mandatory Training](#) exception report. However, the Information Governance (IG) team have received feedback that there is a lack of time, equipment and that the eLearning module is slow.

What are the challenges?

As noted within the table, compliance rates within the medical and dental staff group is the biggest challenge. The IG team are working with the medical directorate to see whether they would be able to undertake bespoke training at a whole hospital audit meeting rather than colleagues having to log onto the e-learning package to complete.

What is being done?

The IG team are undertaking a further communication exercise with staff to improve their compliance. They are working with the Workforce and OD department to target specific areas, i.e. medical staffing.

The Team are also contacting those HBs and Trusts that are above the 85% target to see whether any lessons learnt can be implemented within Hywel Dda.

When can we expect improvement and by how much?

The IG team are continuing with the communications work, and targeted improvements. The focus of the IG team will be working with the medical directorate to improve their usage. If the IG team are able to get the medical and dental staff group to an 85% compliance rate, then this would make a 4-5% overall improvement to the compliance rate. The timescale for this improvement is 4-6 months.

How does this impact on both patients and finances?

The impact on patients is a reduced confidence that the HB is effectively looking after their records and ensuring staff are not accessing them inappropriately. As the access of a health record is seen as a significant data breach; and it is reportable to the Information Commissioners Office under the new General Data Protection Regulations, there is a possibility of significant penalties. Smaller offences could result in fines of up to €10 million or 2% of HB turnover (whichever is greater). Those with more serious consequences can have fines of up to €20 million or 4% of the Health Board's global turnover (whichever is greater).



Effective Care – Health and Care Research Wales

Lead Committee: BPPAC

Executive Lead: Phil Kloer

Senior Responsible Officer: Lisa Seale

Metrics (targets):

- Number of Health and Care Research Wales clinical research portfolio studies (10% annual improvement)
- Number of Health and Care Research Wales commercially sponsored studies (5% annual improvement)
- Number of patients recruited in Health and Care Research Wales clinical research portfolio studies (10% annual improvement)
- Number of patients recruited in Health and Care Research Wales commercially sponsored studies (5% annual improvement)

Status as at Nov 2019

NA

NA

NA

NA

Performance the past 12 months

NA

NA

NA

NA

Latest data

Reporting Frequency - Quarterly	Annual target	Year to date (Dec '19)	% target achieved
C1: Number of Health and Care Research Wales clinical research portfolio studies	64	31	48%
C2: Number of Health and Care Research Wales commercially sponsored studies	5	3	60%
D1: Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	1,194	526	44%
D2: Number of patients recruited in Health and Care Research Wales commercially sponsored studies	45	10	22%

Health Board data and comparisons between Health Boards can be viewed in this [dashboard link](#). This data is updated at least weekly.

Where are we against target?

Based on information at the beginning of December 2019, the C2 target is likely to achieve the annual improvement of 5%. The 3 other targets are unlikely to be met.

Why has this situation occurred?

- C1 and D1: The target number of, and recruitment into portfolio studies were achieved last year which due to the annual 10% increase has made the new target unachievable;
- Recruitment targets for new studies have tended to be low. Large sample studies are becoming less usual;
- Key indicators are based on participant recruits however, for the majority of studies there are follow-up visits. In the year/s following achieving recruitment targets there is therefore a large burden on staff conducting follow-up visits, reducing their ability to recruit;

- Issues with space in some locations (especially GGH) have reduced the ability to optimise recruitment.

What are the challenges?

- A potential reduction in staff numbers may impact on achieving the targets;
- Increasing the number of Chief and Principal Investigators has proven difficult, hence the team are limited in the number of new studies being opened;
- Dedicated clinical space for research activity continues to be an issue throughout the Health Board.

What is being done?

- Promotion of Research and the Research and Development (R&D) department to new or potentially new researchers is on-going;
- The Health and Care Research Wales pilot of the 'Expressions of Interest' scheme has been adopted by Hywel Dda which will help identify commercial research trials for new and existing investigators;
- The R&D department is developing a strategy to increase the numbers of new Chief and Principal Investigators;
- Issues with space are being escalated and discussed at a high level.

When can we expect improvement and by how much?

- The service hopes to achieve the target number of commercial studies (C2) by the end of Q4 2019/20;
- The service is unlikely to achieve its targets for C1, D1 and D2 in the 2019/20 period. Due to a subsequent lower target next year there will be a better chance of achieving these targets in 2020/21, however this will be dependent upon a stable workforce and issues with clinical space being resolved.

How does this impact on both patients and finances?

Not achieving the research activity targets means fewer than the anticipated numbers of research studies and clinical trials being available to patients, some of which may have offered them the most up-to-date treatments. Financially this may mean a reduction in Hywel Dda's future R&D Activity Based Funding allocation from Health and Care Research Wales, Welsh Government, reducing our ability to employ R&D staff, develop new researchers (Chief and Principal Investigators) and run research studies/clinical trials.



Dignified Care

I am treated with dignity and respect and treat others the same.

Lead Executives: Andrew Carruthers – *Director of Operations* ● Mandy Rayani - *Director of Nursing, Quality & Patient Experience*

Exception reports:

- [Hospital initiated cancellations \(HICs\)](#)
- [Concerns & Complaints](#)
- [Compliance with Hand hygiene \(World Health Organisation \(WHO\) 5 moments\)](#)



Dignified Care – Hospital Initiated Cancellations

Lead Committee: QSEAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Acute Site General Managers

Metrics (targets):

Status as at Oct 19

Performance the past 12 months

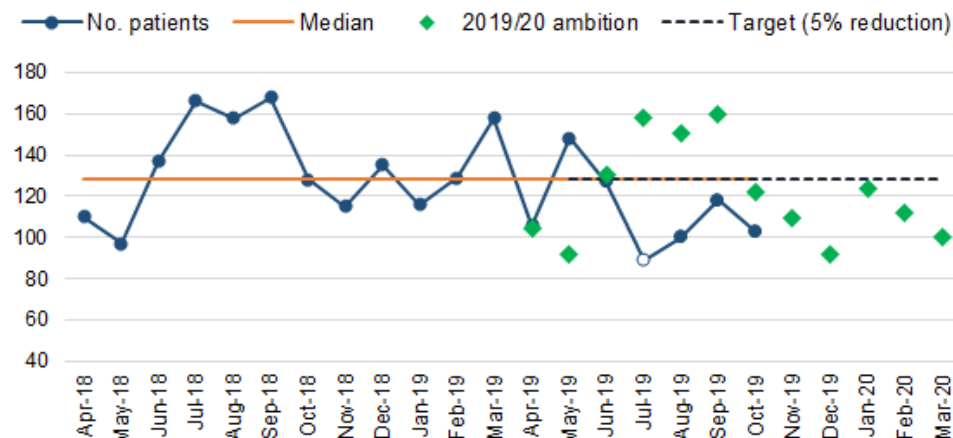
- Reduction in Hospital Initiated Cancellations (5% reduction to previous year).



Improving

Latest Data

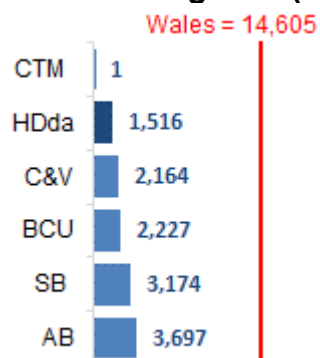
Hospital Initiated Cancellations within 24 hours



Where are we and are we on target?

In October 2019, the number of Hospital Initiated Cancellations (HICs) was 103, mainly from Glangwili (40) and Withybush (35) General Hospitals. The Health Board has shown a 12 month improvement and achieved fewer cancellations than the 2019/20 ambition.

Benchmarking data (Sep to Aug 2019)



The above benchmarking chart reflects the cumulative 12 month rolling number of procedures postponed either on the day of or the day before for specified non-clinical reasons. The target is to reduce by at least 5% on the previous financial year. The latest all Wales data ranks Hywel Dda 2nd in this measure (1,516 patients).

In October 2019, following validation, 15 patients fell within the government postponed admitted procedure commitment. 9 patients were treated within the 14 day government target (in-month performance is therefore 60%). The remaining 6 patients have subsequently all been treated.

Why has this occurred?

In month there has been a number of routine endoscopies which have been cancelled to allow capacity for patients on the USC pathway.

There have also been cancellations due to bed availability, with some sites challenged with long periods of emergency bed demand and utilising surgical ward beds in support of patient need and timely patient flow.

What are the challenges?

There is a recent increase in patients under the Endoscopy USC pathway, which has required cancellation of routine patients. This, coupled with the inability to regularly staff White Light Imaging (WLI), is compounding the problem.

The challenge of emergency bed demand pressures remains a concern. The process of optimising theatre lists and giving patients adequate notice limits available rebooking capacity which impacts overall compliance with this measure.

What is being done?

As previously reported in [M4 IPAR](#), page 34.

When can we expect improvement and by how much?

As previously reported in [M4 IPAR](#), page 34.

How does this impact on both patients and finances?

As previously reported in [M4 IPAR](#), page 34.



Dignified Care – Concerns and Complaints

Lead committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Louise O'Connor

Metrics (targets):

- 75% of concerns that have received a final reply (under Reg. 24) or an interim reply (under Reg. 26) ≤ 30 working days from the date the concern was first received by the organisation

Status as at Nov 19



Performance the past 12 months

Improving

Latest Data

Closed Complaints Managed Through PTR Regulations (MTPTR):	Aug 19	Sep 19	Oct 19	Nov 19
Managed as MTPTR Formal	39	37	79	66
Managed as MTPTR Informal	85	93	167	114
Total Number of Complaints Closed MTPTR	124	130	246	180
Managed Through Early Resolution	95	43	57	47
Total Number of Complaints Closed	221	173	303	227
Complaints managed through the PTR Regs, which received a final reply under Regulation 24				
≤ 30 WD (working days) of the date first received	87	107	188	128
30-127 WD (6 months) of the date first received	28	14	37	36
> 127 WD (6 months) of the date first received	8	9	13	12
Complaints managed through the PTR Regs, which received a final reply under Regulation 26				
≤ 30 WD (working days) of the date first received	0	0	6	2
30-127 WD (6 months) of the date first received	1	0	2	2
> 127 WD (6 months) of the date first received	0	0	0	0
> 253 WD (12 months) of the date first received	0	0	0	0
% of MT PTR complaints closed within 30 WD (Target 75%)	70.5	83	76.5	72.5
Total Number of New Complaints Received to be MTPTR	114	113	115	136
Total number of New Complaints Received	250	253	314	271
No. awaiting response	-	163	-	166
No. re-opened	1	3	4	0
No. breaching 30 working days	-	161	-	138
No. breaching 3 months	-	107	-	100
No. breaching 12 months	-	7	-	7

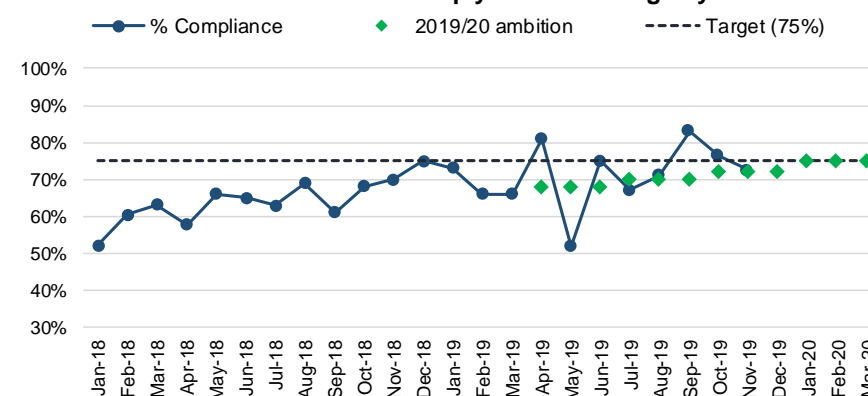
*compliance dashboard is currently being compiled – additional data will be available in next report

Ombudsman	Aug 19	Sep 19	Oct 19	Nov 19
Cases proceeded to Investigation	13	14	16	19
Cases received during the month	5	1	2	3
Final investigation reports received	2	1	0	3
Cases upheld or partly upheld	1	1	0	2
Cases not upheld	1	0	0	0
Early settlements/quick fixes	0	0	0	0
Cases currently under investigation	24	24	24	22
Final report received, but awaiting closure	3	2	2	2
Number of recommendations breaching PSOW deadline	0	0	0	0

Where are we against target?

Although there has been a decline in the percentage of number of concerns settled within 30 working days since September; the performance (72.5%) has maintained above the agreed trajectory (72%), as follows:

% concerns with final or interim reply ≤ 30 working days



- Q1 and Q2 for 2019-2020 were reported to Welsh Government at 75%; Q3 is currently on course to achieve 76%;
- The current end of month position has achieved 72.5% against the target of 75% for this month. 5 additional cases closed within 30 working days would have achieved the target of 75%;
- There are 7 concerns which have been open over 12 months (only 2 of which are awaiting comment from the Service);
- The 'All Wales Reporting Framework' project has now concluded and work has also now concluded on aligning Hywel Dda's Complaints Datix module and reports to the information requested from Welsh Government, as demonstrated in the above table;
- A meeting is scheduled with Welsh Government for 20th December 2019 to review the drafted version of the new Datix Complaints Module, which is due to be implemented in Spring 2020.

Why has this situation occurred?

- In some cases, concerns which should be handled within 30 working days (Managed through PTR Informal) are taking longer, due to a lack of prompt response from the Specialties.
- Concerns alleging harm, and are graded 3 and above (managed through PTR Formal), are consistently taking longer than 30 working days.

What are the challenges?

- Obtaining prompt responses to Early Resolution and Informal complaints;
- The main challenge continues to be the completion of a complaint investigation within 30 working days, particularly where the cases are complex (suggestion that harm has been caused) and span a number of clinical areas, but this continues to be addressed by a strengthened escalation process, an executive level overview and a revised training programme;
- Reduced capacity within the PALS team is preventing the enhancement of pro-active work within clinical areas and in the community although recent recruitment should address this in the coming months;
- Lessons learnt processes require strengthening to prevent repeated events.

What is being done?

- Additional staffing in the Patient Support Contact Centre has contributed to the number of concerns cases settled within 30 working days;
- Staff are reminded of the expected timescale to provide a response when complaints are brought to their attention (2 days or 30 working days);

- Improved escalation procedures to senior level continue as well as weekly reporting/meetings with Heads of Nursing and three weekly meetings with the Director of Nursing, Quality and Patient Experience;
- There is increased focus on the need to conclude all complaint investigations within 6 months, regular monitoring of the oldest cases continues. Significant efforts continue to be made by the teams involved to resolve matters at the earliest possible stage where appropriate.
- The Complaints Call Handlers Hub continue to provide 'on the spot' resolution to concerns received via the telephone and via email;
- A review of the investigation processes and revised training programme introduced will be implemented across all areas;

When can we expect improvement and by how much?

- The trajectory above demonstrates compliance with the WG target per quarter for 75% of concerns settled within 30 working days;
- In addition to the revised WG reporting template, revised key performance indicators have been implemented and are audited within the Concerns department, to ensure compliance with performance measures and more accurately measure outcomes and levels of satisfaction.

How does this impact on both patients and finances?

Timely resolution of complaints and strong communication and involvement of families in the process has a positive impact on patients and remains a priority for the Concerns Team (evidenced during weekly review and audit of the case management). There is a negative impact on the experience of families if the concern is not managed effectively and a financial impact if cases are referred to the Ombudsman as these can result in recommendations being made of financial redress or cases progressing to a formal claim.



Dignified Care – Percentage Compliance with Hand Hygiene

Lead committee: QSEAC

Executive Lead: Mandy Rayani

Senior Responsible Officer: Sharon Daniel

Metrics (targets):

Status as at Oct 2019

Performance the past 12 months

- % compliance with Hand hygiene (World Health Organisation (WHO) 5 moments) (95%)



Improving

Latest data

Hand Hygiene Compliance Update	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19
Bronglais	83%	79%	72%	81%	81%	86%	91%	90%	83%	78%	86%	87%	89%
Glangwili	87%	89%	84%	91%	90%	93%	90%	87%	92%	87%	90 %	91%	92%
Prince Philip	88%	81%	85%	87%	81%	84%	84%	89%	85%	88%	86%	85%	88%
Withybush	95%	89%	91%	90%	93%	91%	91%	89%	92%	91%	95%	96%	92%
Community	91%	92%	100%	91%	80%	88%	88%	86%	89%	93%	92%	89%	95%
MH&LD	100%	96%	92%	95%	96%	100%	99%	99%	98%	98%	98%	99%	99%
Health Board	90%	86%	85%	89%	87%	91%	90%	90%	90%	89%	91%	92%	92%

Bare Below the Elbow Sept 2019

BGH	GGH	PPH	WGH
79%	92%	96%	97%

Where are we and are we on target?

Health Board (HB) compliance has improved to 92% for October from the data submitted on Nursing Indicators. Improvement has been seen in 4 out of the 6 areas, with Mental Health and Learning Disabilities maintaining 99%. Additional education and awareness carried out in Bronglais General Hospital (BGH) since the summer has had a positive effect, improving their results by 11% since July.

Why has this occurred?

Targeted hand hygiene training has been provided in BGH with improved compliance.

What are the challenges?

All service areas are currently under considerable pressure with surge beds opened across the sites. While influenza has not yet had an impact, the HB is seeing considerable numbers of patients with diarrhoea which is circulating in schools and the community.

What is being done?

Pilot wards in Glangwili General Hospital and Prince Philip Hospital for 'Appropriate Glove Use' have seen improvements in Hand Hygiene compliance – this initiative will be rolled out across the HB in 2020.

When can we expect improvement and by how much?

The service expect the hand hygiene results to continue to be above 90% going forward.

How does this impact on both patients and finances?

At this time of year the number of circulating viruses increases and hand hygiene from staff, patients and visitors is essential in reducing the spread of infection. Closure of wards due to outbreaks can be very isolating and lonely for patients due to restrictions placed on visiting.



Timely Care

I have timely access to the services based on clinical need and I am actively involved in decisions about my care.

Lead Executives: Andrew Carruthers – *Director of Operations* ● Karen Miles - *Director of Planning, Performance & Commissioning*

Exception reports:

- [Red & Amber calls](#)
- [Unscheduled care](#)
- [Delayed follow-up appointments - 5 Specialties](#)
- [Ophthalmology R1 patients seen by target date](#)
- [Stroke quality improvement measures](#)
- [Cancer](#)
- [Referral to treatment](#)
- [Diagnostic waiting times](#)
- [Children ASD/ADHD waits](#)
- [Adult psychological therapy waits](#)
- [Dietetics](#)
- [Occupational therapy](#)
- [Pulmonary rehabilitation](#)
- [Physiotherapy](#)
- [GP Out of Hours](#)
- [External RTT](#)
- [Continuing Health Care & NHS Funded Long Term Care](#)



Timely Care – Red calls

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Rob Jeffery (WAST)

Metrics (targets):

- % of Red Calls responded to within 8 minutes (65%)

Status as at Nov 2019



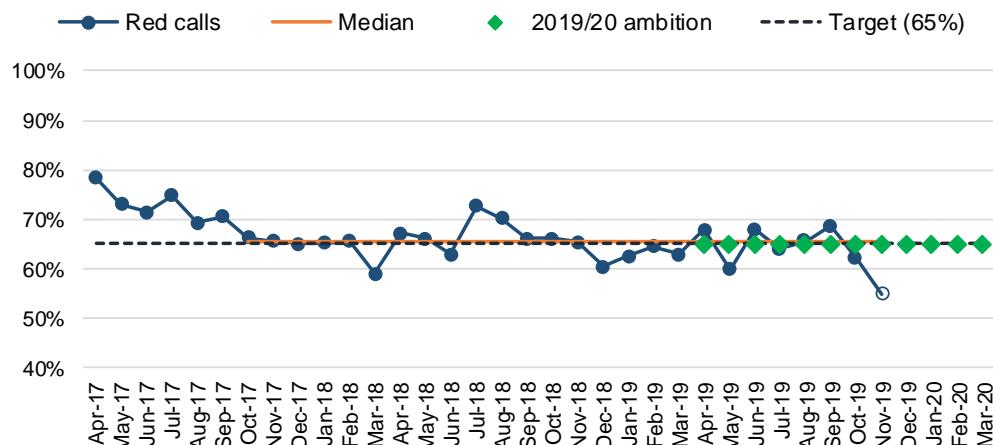
Performance the past 12 months

Improving

Latest data

See the supporting [unscheduled care performance charts](#).

% of responses to ambulance red calls within 8 mins



Where are we against target?

Provisional figures for November 2019:

	Wales	Hywel Dda	Carms	Cere	Pembs
Red 8 min	61.4%	58.4%	55.6%	57.6%	63.0%
Red 9 min	67.7%	63.3%	61.7%	60.0%	67.4%
Red 10 min	72.9%	67.3%	66.0%	62.5%	71.7%
Median red	00:06:39	00:06:25			
95 th percentile	00:18:06	00:21:46			

Red call volume accounted for 7.8% of total call volume, 294 incidents, of which 171 met the 8-minute target with 123 being outside.

Amber median response time for Hywel Dda University Health Board (H DUHB) was 00:27:05, with all Wales at 00:31:03 minutes. H DUHB 95th percentile 02:17:00 minutes with all Wales at 02:51:42. Amber 1 call volume

accounted for 38.5%, 1,937 incidents. Amber 2 call volume accounted for 20.2% of call volume, 887 incidents

Total demand for November 2019 including Green and Health Care Professional (HCP) calls accounted 3,394 responses.

	Hywel Dda	Carms	Cere	Pembs
Conveyance	66.0%	70.5%	62.4%	61.6%
Treat at Scene	11.2%	9.7%	9 %	14.3%
Referral to alternative provider	9.7%	7.1%	11.6%	12.3%

Why has this situation occurred?

Notification to handover across Wales saw an increase in lost hours. The recent increase in lost hours in H DUHB has continued during November with 1637:52:44 hours lost. A further 107:28:31 hours were lost by H DUHB vehicles delayed outside Swansea Bay University Health Board (SBUHB) hospitals and a further 03:45:12 hours at other hospitals

From handover to clear (H2C), Hywel Dda crews lost a further 38:33:30 hours.

What are the challenges?

- In addition to the 1,749 hours lost to handover delays, and 38 hours H2C the continued upward trend for inter-hospital transfers accelerated during November there was also an increase in short term diverts;
- Sickness increased slightly to 7.81% which remains above the Welsh Ambulance Service Trust (WAST) target of 5.86%;
- Uniformed First Responders (UFR) and Community First Responders (CFR) contributed 2.2% Red call performance;
- Of the 123 Red calls missed:
 - 72 were due to distance to travel or outside National Deployment Plan (NDP);
 - 21 calls had no vehicle available at time of call due to demand;

- 9 calls due to crews being unavailable returning to base, outside rest break window;
- 4 delayed allocation;
- 5 due to slow mobilisation;
- 12 due to late booking on, due to shift overrun from previous shift (11 hour break);
- In addition to the current sickness rate, the service has 9 vacancies and 6 staff on maternity leave.

What is being done?

As previously reported in [M4 IPAR \(page 40\)](#):

- A local recovery plan;
- The service will go over establishment with Newly Qualified Paramedics (NQP) following our recruitment process;
- Additional resources are being targeted and all shifts are being extended;
- 3 Paramedics have been successful in gaining a full time place on the MSc in Advanced Clinical Practice and will be operational in May 2020;
- Focused deployment of resources;
- A feasibility task and finish group has been formed to develop a standalone station in Milford Haven;
- The allocation of NQP has been agreed, together with the Technician to Paramedic conversion students.

When can we expect improvement and by how much?

As previously reported in [M4 IPAR \(page 40\)](#).

How does this impact on both patients and finances?

As previously reported in [M4 IPAR \(page 40\)](#).



Timely Care – Amber calls

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Rob Jeffery (WAST)

Metrics (targets):

Status as at Nov 2019

Performance the past 12 months

- % of Amber Calls responded to within 20 minutes (Amber 1) and 30 minutes (Amber 2)

Not applicable

Not applicable

Latest data

See the supporting [unscheduled care performance charts](#).

Where are we against target?

Amber calls are not officially reported

Provisional November 2019 Hywel Dda University Health Board (H DUHB)

Amber 1, (20 minutes) closed at 38.5 % of total call volume 1,937 calls.

Amber 2, (30 minutes) closed at 20.2% of call 887 of call volume. Amber median response reported in the [Red calls report](#).

Why has this situation occurred?

The requirement to retain ambulance resource at P1 & P2 (Priority 1&2) cover points across the three localities does have a marginal impact on the ability to respond to the Amber category of patients. It should be noted that calls could be upgraded to Red if the patient's condition deteriorates.

What are the challenges?

- Handover delays in November reached record levels and equates to over 151 double manned crews being removed from the Unit Hour Production (UHP);
- Challenges covering shifts particularly at weekends;
- Slow development of additional pathways within Welsh Ambulance Service Trust (WAST) and HB area;
- Upskilling WAST staff over the next 3 years – challenges with portfolio submissions by registrants.

What is being done?

As previously reported in [M4 IPAR \(page 40\)](#):

- A further demand and capacity review has been submitted ;
- Development and expansion of the Advanced Practitioner (AP) rotational model to support Out of Hours (OOH) Service and provide capacity to target top 5 presenting conditions;
- Reinforce regular engagement and dialogue with H DUHB colleagues;
- Advanced Practitioner (AP) rotational model with OOH, and Clinical

Contact Centre (CCC);

- Implement audit report findings;
- Duel Pin system activated across all four sites;
- Status Plan Management;
- Multi-Disciplinary Team (MDT) forum to regularly review frequent service users (report will be refined);
- Identify the high volume activity nursing homes/residential homes across H DUHB;
- Integrated seasonal plans, supported by Local Development Plan.

When can we expect improvement and by how much?

As previously reported in [M4 IPAR \(page 40\)](#).

How does this impact on both patients and finances?

As previously reported in [M4 IPAR \(page 40\)](#).



Timely Care – Unscheduled Care

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Acute Site General Managers

Metrics (targets):

- Number of ambulance handovers over one hour (0 target)
- % of patients who spend less than 4 hours in A&E/MIU (95% target)
- The number of patients who spend 12 hours or more in A&E/MIU (0 target)

Status as at Nov 2019



Performance the past 12 months

Declining

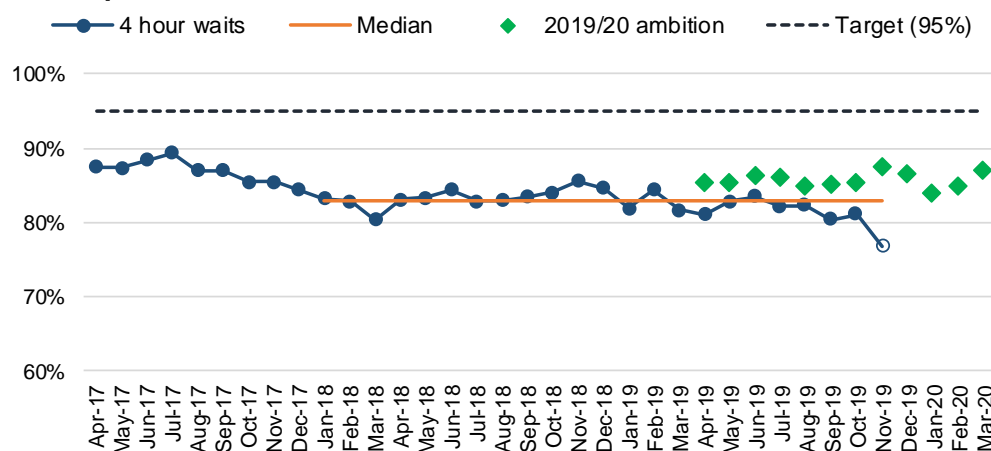
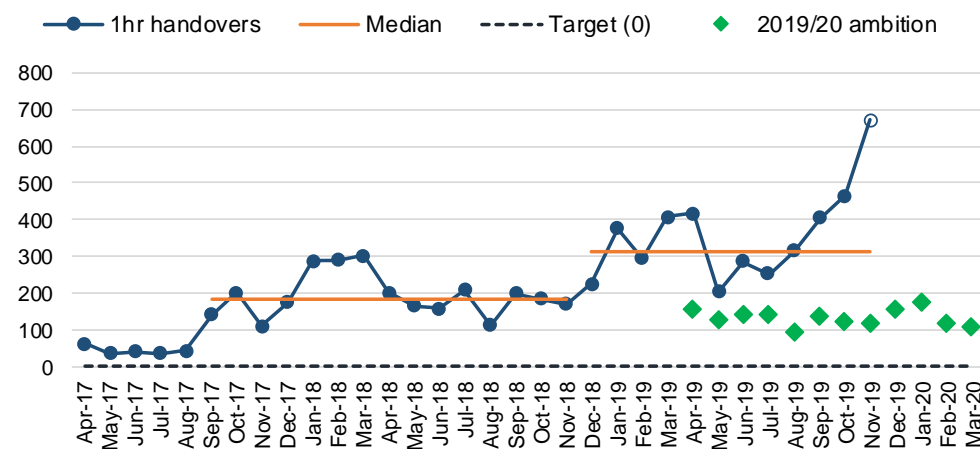
Declining

Declining

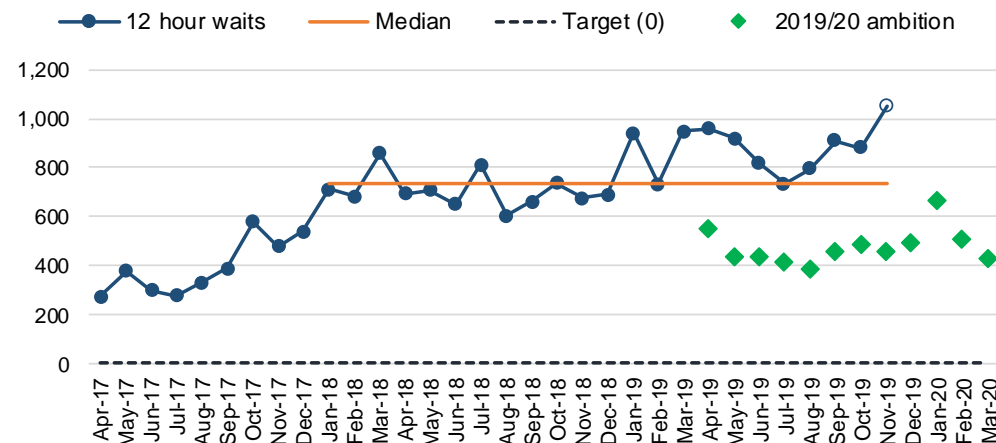
Latest data

See the [unscheduled care charts](#) and dashboard for a full set tables and charts.

Ambulance handovers taking longer than 1 hour

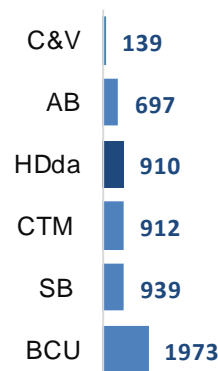


Patients waiting more than 12 hours in A&E / MIU



All Wales Patients spending >12 hours in A&E and MIU (Sep 2019)

Wales = 5708



Where are we against target?

- The daily average ambulance arrivals in November 2019 have decreased to 87.4 compared to 92.5 in the previous month and 93.2 in November 2018; Prince Philip Hospital (PPH) reduced by 13% (62 arrivals) to November 2018 whilst Bronglais General Hospital (BGH) increased by 5% (22 arrivals);
- 74.5% of patients conveyed to the emergency care facilities by Ambulance during November 2019 were handed over within 1 hour. GGH was 69.1%;
- There were 670 Ambulance handovers over 1 hour in November 2019. This is the highest number seen over the last 3 years, a deterioration to the previous month (465) and to November 2018 (171). All acute sites had an increase in delayed handovers;
- November 2019 new A&E/MIU attendances increased from 12,096 in November 2018 to 12,765 in November 2019, an increase of 5.5%; GGH, PPH and WGH all had growth of 6-8%;
- New Major attendances have increased from 4,326 in November 2018 to 5,294 in November 2019, an increase of 22.4%. All acute sites except WGH had significant increases (25% - 38%) to Major attendances compared to November 2018;
- Comparing cumulative new attendances, April to November 2019, there has been a 5.4% increase in the number of Major attendances compared to the same period in 2018;
- 76.8% of patients spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge. This is a deterioration from 85.6% in November 2018. Both BGH and PPH were above 80%;
- Conversion rates for new attendances to admitted patients has decreased from 18.8% in November 2018 to 17.6% in November 2019, the number of admitted patients decreased from 2,271 to 2,241, 1.3%;
- The highest 4 hour breach reason for the Health Board continues to be lack of A&E/MIU clinicians; this has been the case since July 2019. At BGH it is still lack of Medical Beds causing breaches; 12 hour breach reasons are due to lack of Medical Beds;
- 1,053 patients spent 12 hours or more in an emergency care facility from arrival until admission, transfer or discharge. This is deterioration from 675 patients in November 2018;
- The average Length of Stay (LOS) for medical emergency inpatients has deteriorated from 9.0 in November 2018 to 10.8 in November 2019. LOS for patient staying =>28 days increased to 62.9 in November 2019 from 52.0 in November 2018.

Why has this situation occurred?

BGH	GGH	PPH	WGH
<ul style="list-style-type: none"> • Lack of social care availability (package of care, reablement, nursing and residential home capacity) has resulted in an increase in length of stay (LOS) for November 2019 compared to October; • General Practitioner Vocational Training Scheme vacancy in Emergency Medicine junior rota; • Lack of senior doctor in Emergency Department (ED) after midnight leading to long waits; • Lack of senior doctor due to sickness; • Continued high level of vacancies in nursing and medical workforce; • Recording of Major new attendances to ED has risen from 633 in November 2018 to 791 in November 2019, an increase of 25%; • Inpatients delayed in Minors areas awaiting acute beds. 	<ul style="list-style-type: none"> • Continued weekend GP Out of Hours (OOH) deficits not improving; • 0.6 Whole Time Equivalent (WTE) A&E consultant in post during November also with Middle Grade (MG) gaps with no cover after 2 am; • LOS has increased in particular those greater than 28 days which is linked to assessment delays and Packages of Care (POC) and placement availability; LOS over 28 days accounted for 53% of medicine bed days LOS; • Medicine middle grade staffing gaps with only 5 on a 12 person rota. Consultants have acted down leading to cancellation of day time activity including ward rounds; • Variation in A&E attendances and significant increase in Majors attendances. New Major attendances have increased from 1,993 in November 2018 to 2,619 in November 2019; an increase of 31%; • No A&E middle grade on nights and variation of expertise leading to long waits especially overnight to be seen by a doctor which can increase to 8 hours; • 11 WTE Registered Nurse (RN) vacancies in A&E and 12.47 WTE in Clinical Decisions Unit (CDU). 	<ul style="list-style-type: none"> • In November 2019, PPH Minor Injuries Unit (MIU) saw 6% more new patients than in November 2018. The MIU staffing is based on seeing a maximum of 90 patients a day however during November there were 16 days when attendances were over 90; • GP OOH deficits in Carmarthenshire with regular closures of the OOH service in Llanelli; • Patients delayed in MIU waiting for mental health beds; • The number of patients attending PPH MIU who cannot be treated by the Emergency Nurse Practitioner (ENP) has led to long waits to see the single-handed GP; • Long LOS for a small number of patients e.g. in November patients who stayed more than 28 days were only 7% of patients but represented 55% of total inpatient bed days. 	<ul style="list-style-type: none"> • Middle Grade shortfalls continue across General Medicine & the Emergency Department (ED); • Continued increased LOS with delays in social work allocation & assessment, long term care placement availability, reablement and long term care packages; • 13.4 WTE registered nurse (RN) shortfall to required RN staffing levels in ED; • Continued high level of RN vacancies across the site (in the region of 55 WTE).

What are the challenges?

BGH	GGH	PPH	WGH
<ul style="list-style-type: none"> • Medical and nursing vacancies; • High number of medically optimised; • Ongoing challenges within social care due to lack of capacity; • Reduction in community hospital beds; • Local residential and nursing home temporary closures; • Permanent closure of Elderly Mentally Ill (EMI) nursing home and therefore lack of EMI beds; • Ambulatory Care/Minors blocked with admitted patients; • Transport availability. 	<ul style="list-style-type: none"> • Medical and A&E doctor vacancies; • Medically optimised running at 60-70 patients with a high number of frail and complex patients; • Challenges with provision of services such as Care Homes to meet demand to support discharge profile for the site; • Reduction in Community Hospital beds at Llandovery; • A&E having 20 - 24 unplaced patients overnight requiring admission; • Ambulatory Care blocked so GP referrals are being seen in A&E. 	<ul style="list-style-type: none"> • Nursing vaccines have increased on the PPH site and now stand at 32 WTE; • Medically optimised peaked at 50 during November which is the highest number ever recorded; • Challenges with provision of services such as care homes to meet demand to support discharge profile for the site; • Delays in access to mental health beds; • At the end of November PPH has suffered from a Noro Virus outbreak. 	<ul style="list-style-type: none"> • Medical staff vacancies; • Medically optimised and those waiting transfer for tertiary care occupying approximately 30-35% of total bed base; • Challenges with Community services limiting flow from acute and community hospitals; • Starting the day with between 18-24 patents in the ED waiting an inpatient bed; • Acute CDU functioning as a ward which creates a default for GP referrals to medicine to be seen in the ED.

What is being done?

BGH	GGH	PPH	WGH
<ul style="list-style-type: none"> • Weekly meetings with Social Services and Porth Gofal; • Weekly meetings with Betsi Cadwaladr and Powys University Health Boards in relation to admitted patients from out of county; • Daily detailed review of all complex discharges with discharge liaison manager and senior nurse manager; • Frailty at the front door model recruited to, frailty consultant due to start in January 2020; • Additional A&E night doctor; • Additional senior medical discharge doctor; • Additional discharge vehicle sourced; • Ongoing sourcing of locum cover; • Liaison with district nurses upon patient admission; • Ongoing recruitment. 	<ul style="list-style-type: none"> • Weekly task and finish group in place for medical recruitment to expedite staff into post; • Weekly A&E meeting in place with actions to improve performance and quality of care; • Additional band 2 to support triage to ensure patients have timely assessment on presenting to ED; • Weekly medical consultant group chaired by medical director to address significant middle grade gaps; • Quality Improvement (QI) collaborative in place to review ambulatory care and actions for improvement. Change of ambulatory care to commence 2/12/19; • Locum cover being sought for A&E consultant deficits; • Continued deep dive all inpatients each Monday with General Manager review of medically fit patients each Wednesday with escalation of complex cases; • Frailty development underway linked to ambulatory care supported by community. Workshop 3/12/19; • Additional medical SHO on nights to manage demand. 	<ul style="list-style-type: none"> • Weekly review of all patients who have been in for 7 days or more; • Recruitment of Advanced Nurse Practitioners to support the GPs Minor Injuries Unit; • Daily outbreak control group established in December. 	<ul style="list-style-type: none"> • Weekly URG focussing on General Medical and ED Middle Grade shortfall coverage and permanent recruitment; • Bi-weekly ED forum reviewing ways in which the workings of the department can be improved to support a better patient experience; • Ambulatory Care unit scope for utilisation being reviewed to include a wider number from the medical take; • Improvement work streams focussing on flow out of medical inpatient areas; • Frailty pathway review and implementation of frailty screening in the ED; • Development of a short stay Frailty Assessment Unit. Recruitment commenced November 2019; • Twice weekly review of medically optimised patients with community and LA colleagues.

When can we expect improvement and by how much?

BGH	GGH	PPH	WGH
<ul style="list-style-type: none"> Improvements are already being seen within Ceredigion due to the daily interaction with Social Services, Porth Gofal and Bronglais. Week commencing 18/11/19 saw a high of 18 complex discharges transferred to alternative areas for ongoing care; The additional resource put in place has provided an improved working environment in ED with a low percentage of breaches first thing in the morning as well as support for junior staff; Frailty model is working well at the front door with the Clinical Nurse Specialist (CNS) firmly established. Admissions have been prevented during November as well as a reduced LOS for some patients. The expectation is that from January 2020 the model will further establish itself with the start of the new frailty consultant. 	<ul style="list-style-type: none"> The safety huddle in A&E held 5 times each day to escalate and action delays; The frailty model development will reduce long LOS and avoid hospital admissions for social reasons also leading to improvement in 4 hour performance; The Carmarthenshire admission avoidance and discharge to assess plans are key to reducing LOS and 12-18 medical patients in A&E each morning. Staff are being recruited and will be in place from December 2019; RN recruitment in place for future student nurse cohorts in March 2020 with recruitment drives across all Universities both inside and outside of Wales. Rotational posts being progressed across Carmarthenshire. 	<ul style="list-style-type: none"> 4 hours to improve when the Advanced Nurse Practitioners (ANP) start ideally early in the new year; Wider patient flow improvement when the Carmarthenshire intermediate care service begins to have an impact. 	<ul style="list-style-type: none"> Pembs system plan in place that expects to start to see a reduction of 14 in the number of patients awaiting an inpatient bed in ED and 2 surge beds throughout the hospital by February 2020. This plan focuses on development of an intermediate care service that will avoid admission and support discharge as well as facilitate enhanced flow through an acute episode of illness. The impact of this is not yet evident due to delays in recruitment into the intermediate care team and constraints with the LA re-establishing a reablement service following take back from an external agency.

How does this impact on both patients and finances?

- Improved recruitment across all sites will lead to improved team working and better focus which impacts positively on patient experience;
- It is very difficult for all sites to absorb large increases in demand without affecting finances and patient care;
- Improved patient flow has a positive impact on both patients and finances. Elimination of unnecessary stays in hospital reduces the risk of iatrogenic events such as falls or hospital acquired infections. It also saves money by reducing or eliminating the need for surge capacity staffed by agency.
- Improved working environment for staff, reduced waiting times for patients.



Timely Care – Stroke Quality Improvement Measure

Lead Committee: QSEAC

Executive Lead: Alison Shakeshaft

Senior Responsible Officer: Bethan Andrews

Metrics (targets):

- % of patients directly admitted to a stroke unit within 4 hours of clock start (Target – 56.3%)
- % of patients assessed by a stroke specialist consultant <24 hours of clock start (Target – 83.9%)
- % of stroke patients receiving the required minutes for SALT (Target - 12 month improvement)

Status as at Nov 2019



Performance the past 12 months

Declining
Improving
Declining

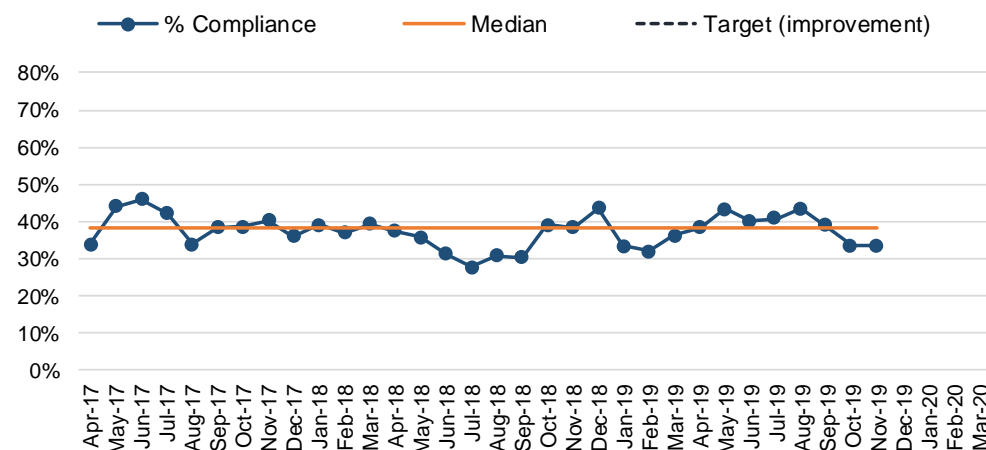
Latest data

Admission to Stroke Unit < 4 hours (Target: 56.3%)			
UHB/Site	No. met target	No. eligible	Performance
HUHB	38	54	70.4%
Bronglais	6	6	100%
Glangwili	9	18	50.0%
Prince Philip	11	11	100%
Withybush	12	19	63.2%
Assessed by a stroke specialist consultant physician <24 hours of clock start (83.9%)			
UHB/Site	No. met target	No. eligible	Performance
HUHB	58	59	98.3%
Bronglais	6	7	85.7%
Glangwili	18	18	100.0%
Prince Philip	13	13	100.0%
Withybush	21	21	100.0%
% of stroke patients receiving the required minutes for speech and language therapy (SALT) (12 month improvement)			
UHB/Site	No. met target	No. eligible	Performance
HUHB	5.37	16.10	33.4%
Bronglais	5.35	16.10	33.2%
Glangwili	14.04	16.10	87.2%
Prince Philip	1.06	16.10	6.58%
Withybush	4.33	16.10	26.9%

Where are we against target?

- 70.4% of patients were admitted to the stroke unit within 4 hours. Although GGH did not reach the target of 56.3%, BGH & PPH exceeded the target and attained 100%;
- The HB exceeded the target of 83.9% for all patients assessed by a stroke consultant within 24 hours. Of the 4 hospital sites, 3 achieved 100%;
- 33.4% of stroke patients received the required minutes for speech and language therapy. Improvement is needed, additional support will be sought from the Delivery Unit.

Stroke patients receiving required minutes for SALT



Why has this situation occurred?

- Issues regarding patient discharge, due to lack of suitable care packages in the community;
- Sites unable to ring fence beds in the units due to bed pressure/poor patient flow;
- The SALT service continue to have staffing pressures.

What are the challenges?

In addition to the challenges detailed in [M6 IPAR](#):

- Discharge needs for complex patients, including cognitive/psychological support requirements.

What is being done?

- The Health Board is undertaking a whole system re-design of its stroke services, which will culminate in a business case in March 2020 for consideration by the Board in early 2020-21;
- Continuing the close working relationship with the site/patient flow team

- Continue with a working relationship with the Delivery Unit, to aid in understanding the measures and help reduce variations.

When can we expect improvement and by how much?

All efforts are being pursued in improving our targets. Due to the continuing bed pressures for the winter months will be extremely challenging for all sites. Regarding the SALT in put, this again will be challenging to improve due to staffing.

How does this impact on both patients and finances?

Evidence shows that the right care at the right time aids in recovery and improves the outcome for the patients.

The Quality Improvement Measures recognise the need to transfer stroke patients onto a Stroke Unit as quickly as possible in order to benefit from the input from the Stroke Specialist Teams.



Timely Care – Cancer

Lead committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Keith Jones

Metrics (targets):

- % of patients starting first definitive cancer treatment <62 days (Single Cancer Pathway)
- % of patients referred as urgent suspected cancer (USC) seen within 62 days – Target 95%
- % of patients referred as non-urgent suspected cancer (NUSC) seen within 31 days – Target 98%

Status as at Aug 19



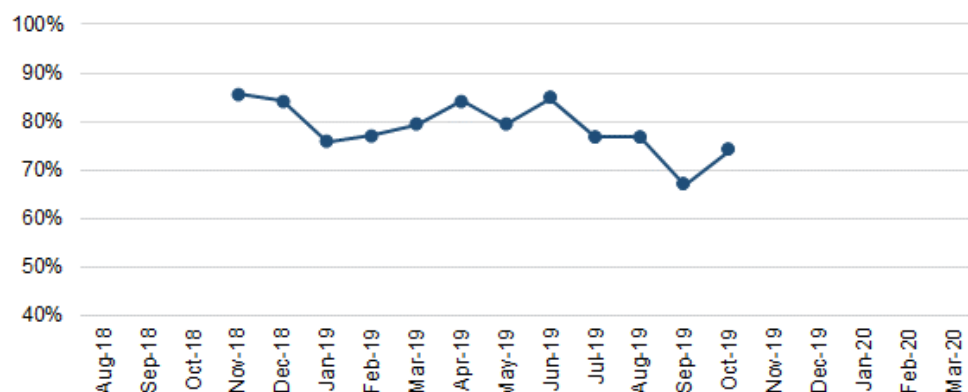
Performance the past 12 months

Declining
Declining
Improving

Latest data

See the supporting [cancer performance charts](#).

Patients starting first definitive cancer treatment < 62 days (with clinical suspensions)



The above graph shows reported single cancer pathway compliance from November 2018 (85.7%) to October 2019 (74%). It should be noted that a change in Welsh Government reporting definitions was applied in September 2019 which renders historical monthly performance comparisons unreliable. No target has been set for the Single Cancer Pathway and Health Boards are expected to demonstrate continuous monthly improvement.

Where are we and are we on target?

- **USC** – confirmed October 2019 USC performance was 72.8%:
- **NUSC** – confirmed October 2019 NUSC performance was 98.5%:

Why has this occurred?

USC reported breaches are summarised below:

- 2 x Whole Pathway delays (1 x Gynaecology, 1 x Upper Gastrointestinal/UGI);

- 7 x Complex diagnostic pathways (2 x Lung, 1 x Head & Neck, 1 x UGI, 2 x Urology, 1 x Gynaecology);
- 10 x local diagnostic delays (8 x Urology, 1 x Dermatology, 1 x Lower Gastrointestinal/LGI);
- 3 x Tertiary Surgery delays (2 x Gynaecology, 1 x LGI);
- 2 x Tertiary Oncology delays (1 x Head & Neck, 1 x Breast);
- 3 x Local Surgery delays (1 x Dermatology, 1 x Sarcoma (Skin), 1 x Urology);
- 1 x External specialist diagnostic delay (1 x Breast).

NUSC – reported breaches were as follows:

- 1 x delay to local surgery (1 x Urology);
- 1 x delay to tertiary surgery (1 Gynae).

What are the challenges?

- **Complex pathway delays** – the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment as these patients are often subject to multiple investigations and MDT reviews to determine the most appropriate clinical management plan. 7 breaches in the month were attributable to this reason.
- **Tertiary centre capacity pressures** - continue to significantly compromise the Health Board's performance across a number of USC and NUSC pathways. Concerns regarding Tertiary Centre capacity for surgery and oncology continue to be escalated at operational and executive levels. 6 breaches in the month (5 x USC / 1 x NUSC) were attributable to this reason.
- **Local diagnostic service capacity pressures** – capacity pressures, primarily within the Radiology service, continue to present a risk to the timely assessment and treatment of patients on the Urology and Lower Gastrointestinal pathways in particular. 10 breaches in the month were attributable to this reason. It should be noted that the majority of these delays occurred during the summer / early Autumn period and reflect the impact of reduced MRI capacity within the Health Board following the failure

of the Bronglais Hospital (BGH) MRI scanner.

- **Local surgery delays** – primarily related to delays in securing timely Dermatology surgery during the late summer / early Autumn period. These delays have since been resolved. 2 Urology breaches (1 x USC 1 x NUSC) were reported due to a cancelled operation due to unscheduled care related bed pressures.

What is being done?

USC / NUSC - the table below highlights key actions designed to improve capacity and reduce reported delays and associated breaches:

Radiology:
Funding successfully secured from the Welsh Government (WG) Single Cancer Pathway Fund to support 7-day working for CT scans (additional 100 scans per month), additional Nuclear Medicine Capacity (additional 40 scans per week) and the appointment of a dedicated Cancer referral tracker within the Radiology service. Recruitment efforts are underway with additional hours offered to staff in advance of confirmed appointments.
Urology
Replacement equipment to support specialist fusion biopsies at Prince Philip Hospital has been procured. Detailed review of the Urology pathway has been completed with the new Wales Cancer Network approved optimal diagnostic pathway implemented and designed to improve the timely diagnosis of patients on the prostate pathway. Reduced capacity for MRI scans will remain a risk to delivery until the replacement scanner at BGH is secured (February 2020) although current improvement work and access to mobile scanning capacity is designed to reduce the total volume of Urology pathway delays during Winter 2019/20.
Gynaecology
As reflected in previous IPAR reports, a 4 th Gynaecology Cancer Surgeon has been appointed to the Swansea Bay University Health Board (SBUHB) service. This appointment has not improved access to the tertiary surgical service due to the developmental nature of this post and continuing rates of cancelled surgery due to unscheduled care pressures at Morriston Hospital. This will remain a risk to sustained performance improvement during Winter 2019/20 until the backlog of delayed procedures at SBUHB has been addressed. There is no available interim capacity at alternative units in Wales.
Oncology
Recent recruitment of oncologists at SBUHB to improve support for Lung, Breast & LGI pathways. Tertiary centre risks regarding timely access to

Radiotherapy remain due to pressure on physical capacity (LINAC Radiotherapy Machines) at the South West Wales Cancer Centre in Singleton Hospital. SBUHB is progressing a long term strategy to increase the number of Radiotherapy Machines at Singleton Hospital but this is not expected to be achieved until 2022/23.

SCP – the Health Board has secured recurrent funding from WG (£340k per annum) to invest in key diagnostic service capacity (Radiology, Endoscopy, Pathology, Dermatology) and cancer tracking teams. This investment is being utilised to supplement the Health Board's SCP Implementation Plan which cover the following workstreams:

- Reporting;
- Information / intelligence;
- Demand & capacity;
- Quality improvement;
- Communications & engagement;
- Primary care;
- Person centred care.

When can we expect an improvement and by how much?

USC / NUSC - The actions outlined in the table above are expected to improve the timeliness of diagnostic and treatment pathways and support a reduction in reported breaches in the months ahead. Recovery of monthly performance levels to those achieved during 2018/19 is not expected until quarter 4 (January-March 19/20).

SCP – as reflected above, all Health Boards are expected to achieve continuous monthly improvement in respect of the SCP. Performance in October improved over the previous reported month.

How does this impact on both patients and finances?

Evidence suggests early diagnosis and treatment of cancer can significantly influence longer term clinical outcomes for patients. The impact of diagnostic and treatment pathways for individual patients will reflect a number of different factors including length of time between development of symptoms and initial presentation, the relative stage/progression of the tumour at the time of presentation, the nature of the tumour and treatment options available.



Timely Care – Referral to Treatment (RTT)

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Keith Jones/Steph Hire

Metrics (targets):

- % patients waiting less than 26 weeks from referral to treatment (target = 95%)
- Number of patients waiting 36 weeks and over (target = 0)

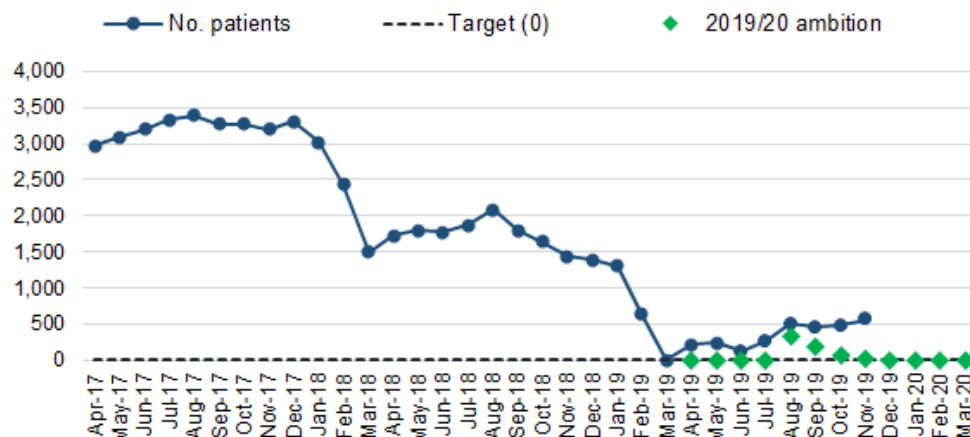
Status as at Nov 2019

Performance the past 12 months

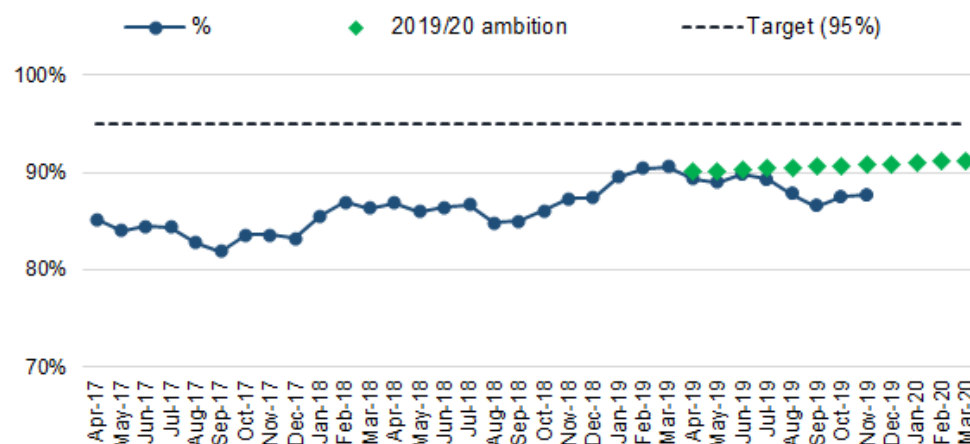
Improving
Improving

Latest data

Patients waiting 36 weeks+ from referral to treatment



Patients waiting less than 26 weeks from referral to treatment



Where are we and are we on target?

The number of 36 week+ breaches in November 2019 increased by 88 cases to a total of 564 breaches, as a direct consequence of a sharp increase in the number of cancellations in the month. The percentage of patients waiting less than 26 weeks from Referral To Treatment (RTT) was 87.7% (48,835 patients). The table below highlights those specialties where the volume of 36 week + breaches was above zero profile for the month:

Specialty	NOV-19	
	Actual	Cancelled
General Surgery	46	26
Urology	49	22
Trauma & Orthopaedics	95	55
ENT	163	5
Ophthalmology	71	5
Pain Management	23	8
General Medicine / COTE	3	
Cardiology	44	
Dermatology	43	
Neurology	0	
Gynaecology	25	13
Respiratory	2	
Total	563	134

What are the challenges?

The increase in reported breaches in November 2019 were exclusively due to unscheduled care pressure related bed cancellations. Underlying challenges in each specialty are listed below:

General Surgery – continued restricted access to the Preseli operating theatre at Glangwili General Hospital (GGH) (due to new fire regulations) and capacity pressures within the Thyroid pathway;

Orthopaedics – the combined impact of the theatre refurbishment at

Withybush General Hospital (WGH) and specific case mix requirements are contributing to the reported breaches;

ENT – Recruitment issues at GGH are having a significant effect on stage 1 capacity;

Ophthalmology – reduced clinical availability below that previously anticipated to cover planned annual leave, vacancies and reduced clinician availability due to the current vacancy position;

Cardiology – continued challenge in the diagnostics pathway impacting on RTT pathways;

Gynaecology – combined impact of short notice sickness / absence at middle grade and consultant level has contributed to the backlog in this speciality inclusive of cancelled lists due to unscheduled care pressures.

More generally, the potential impact of the new pension arrangements on planned levels of additional internally delivered capacity has been noted as an increasing risk in several specialties, although the impact is difficult to quantify at present due to the variable impact on individual clinicians.

What is being done?

Delivery plans are in place across all specialties and recovery actions are being progressed for the specialties highlighted:

General Surgery – focus on both vascular and thyroid capacity in January 2020;

Urology – improved clinician availability and capacity delivered at stage 1 is expected to lead to further improvements;

Orthopaedics – Continue to maximise work on all sites where possible with a recovery plan to address the backlog of cases from WGH due to restricted access to the theatre suite during the summer period; external capacity solutions are also being explored;

ENT – Following the deferred appointment of a consultant, options are being explored for external capacity solutions;

Ophthalmology – planned clinical availability during January to enhance activity volumes plus continued utilisation of outsourced capacity at Werndale Hospital;

Cardiology – improved outpatient capacity at WGH to be supplemented by additional outpatient sessions provided by clinicians across the wider team;

Gynaecology – partial improvement in sickness / absence within clinical team and provision of extra theatre capacity to support recovery of the November backlog.

Discussions to identify potential solutions / mitigations to the adverse impact of the new pension arrangements for clinical staff are continuing at a national

level. Failure to resolve this issue may require recruitment of additional capacity within specialties and/or commissioning of additional externally provided activity.

When can we expect improvement and by how much?

All specialties have been targeted to achieve zero 36 week breaches by March 2020. Recovery plans are being progressed in the specialties listed above to achieve this.

How does this impact on both patients and finances?

Achievement of zero 36-week breaches represents a significant improvement in service quality and experience for our patients. Specialty teams continue to work on efficiency and productivity plans to address capacity pressures and improve sustainability in the shorter term whilst working on regional collaboration with regard to some specialties in the mid and long term. The Health Board is working closely with Swansea Bay University Health Board and Welsh Government to address this.



Timely Care – GP Out of Hours Call Handling

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Nick Davies

Metrics (targets):

- % patient started clinical assessment <20 minutes of initial call (98%)
- % urgent calls seen <60 minutes following clinical assessment/triage (90%)

Status as at Nov 2019

●
N/A

Performance the past 12 months

Declining
Not available

Latest data

Month	< 20 Mins	> 20 Mins	Total	% < 20 Mins	< 60 Mins	> 60 Mins	Total	% < 60 Mins
Nov-18	630	248	878	71.8%	2	3	5	40%
Dec-18	721	298	1,019	70.8%	0	1	1	0%
Jan-19	607	216	823	73.8%	2	0	2	100%
Feb-19	515	272	787	65.4%	0	1	1	0%
Mar-19	500	291	791	63.2%	0	1	1	0%
Apr-19	506	273	779	65.0%	2	3	5	40%
May-19	508	175	683	74.4%	1	2	3	33%
Jun-19	398	181	579	68.7%	2	0	2	100%
Jul-19	669	333	1,002	66.8%	3	0	3	100%
Aug-19	738	349	1,087	67.9%	0	1	1	0%
Sep-19	690	364	1,054	65.5%	0	2	2	0%
Oct-19	764	452	1,216	62.8%	0	0	0	NA
Nov-19	702	405	1,107	63.4%	1	1	2	50%
Since Nov-18	7,948	3,857	11,805	67.3%	13	15	28	46%

Where are we and are we on target?

In November 2019, 63.4% (702) of patients started a clinical assessment within 20 minutes of the original call, overall compliance since November 2018 is 67.3% (7,948 patients). The number of urgent call patients seen within 60 minutes following a clinical assessment is 46% (13 out of 28 calls) since November 2018. In November 2019, there was 1 applicable patient who didn't receive a clinical assessment within 60 minutes.

Why has this situation occurred?

Please see [M2 IPAR](#) for details, page 62.

What are the challenges?

Not meeting performance targets is largely workforce led. Constraints within staffing levels mean reduced capacity in dealing with time-critical calls effectively. Issues affecting the provision of a stable rota continue with the summer period proving the most challenging to date. Although rota fill has improved since September, shortfalls are still prevalent and these are escalated on a regular basis. In November 2019, there were 3,332 hours of clinical time offered. Of this, 624.5 hours resulted in suboptimal clinical staffing (or 19% of capacity). These resulted in 37 base closures of varying durations.

What is being done?

The Delivery Unit (DU) has conducted a detailed review of capacity and demand following the 111 launch. Data was supplied to them in June 2019 to assist with their objective and the report was received in September 2019.

An Out of Hours (OOH) project group has now been implemented and a project team secured to assess the future plan around the service – the capacity and demand data will form a crucial part of this. This will lead to the production of a workforce plan. Initial meetings have been held to plan and then to review an OOH workshop. The project team are now reviewing contingencies and actions in line with winter planning (in preparation of Q4 service restrictions related to tax thresholds), prior to developing a service and workforce plan. It is envisaged that a plan will be circulated in spring 2020, but service sustainability is likely to take several years to achieve.

When can we expect improvement and by how much?

In terms of winter planning and preparation (and in view of a review of the summer period), the Executive Team has agreed to the assessment and implementation of winter contingencies. Engagement is expected to begin early in January 2020.

How does this affect our patients and finance?

Any changes will be designed to maximise the opportunities for patients to access urgent primary care.



Timely Care – Dietetics - Therapy waits over 14 weeks

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Zoe Paul-Gough/Karen Thomas

Metrics (targets):

Status as at Nov 2019

Performance the past 12 months

- Number of patients waiting 14 weeks plus for Dietetics (Target = 0)



Improving

Latest data

The latest available data can be viewed within the [therapies graphs](#).

Where are we and are we on target?

The number of patients waiting over 14 weeks in November 2019 was reported as 2.

Why has this occurred?

Unfortunately it appears there was an administration error and the 2 reported breeches, were not true breeches, and had not been appropriately taken off the system in line with agreed pathway administration. This was not discovered in a timely way due to staff absence.

What are the challenges?

The service is consistently challenged to maintain waiting times below 14 weeks. This means that any temporary reduction in administration capacity can result in untimely management of the waiting list.

What is being done?

The service has regular leadership meetings and this has been added to the agenda for resolution. Agreement will be reached to enable assurance that relevant process will be established aiming to prevent this from re-occurring.

When can we expect an improvement and by how much?

The trajectory is maintenance below 14 weeks based on current demand and capacity, this is predicated on being able to continue to offer additional sessions and secure periodic agency support to cover vacancies and peaks in demand. This may include access to administration support should staffing levels compromise the ability to administer the waiting list in a timely manner.

How does this impact on both patients and finances?

Delays in dietetic access can result in increasing clinical risk for patients whose nutritional status is declining leading to potential escalation of healthcare needs. Being unable to respond in a timely way to patients referred for weight management services can adversely impact on subsequent engagement.



Timely Care – Occupational Therapy (OT) – Therapy waits over 14 weeks (excludes MHLD)

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Alison Shakeshaft/Claire Sims

Metrics (targets):

- Number of patients waiting 14 weeks plus for Occupational Therapy (Target = 0)

Status as at Nov 2019



Performance the past 12 months

Improving

Latest data

The latest available data can be viewed within the [therapies graphs](#).

Where are we against target?

There were 17 patients, waiting over 14 weeks at the end of November 2019 all children, (not including Mental Health & Learning Disabilities Directorate).

Why has this situation occurred?

New planned and unplanned absence within the children's occupational therapy team has resulted in reduced capacity to sustain or improve waiting times position, despite measures taken. The Health Board wide team of 11.59wte currently has 16.25% reduction in capacity due to long term sickness and maternity leave.

What are the challenges?

- Sustaining the improvement in Paediatric Occupational Therapy without additional capacity. This service has a small workforce (11.59 whole time equivalent) across 3 counties which is vulnerable to fluctuations in capacity due to recruitment, planned and unplanned leave;
- The caseload is predominantly complex and progressive, often requiring long term service involvement;
- Service continues to undertake activity for social care and housing in Carmarthenshire within core capacity, pending final agreement to reinstate an additional post.

What is being done?

- Agreement with Carmarthenshire Social Care & Housing to fund one additional occupational therapist due to be signed off in December 2019;
- Recruitment to this post is already in progress via Health Board;
- Use of additional hours, overtime and bank support staff to maintain position;
- Agreement with Pembrokeshire County Council Education Service suspended temporarily from December 2019 to April 2020 by mutual agreement. This will release capacity back to Health Board service;

- Locum is being sought, but availability for this speciality is limited;
- Bank occupational therapist vacancy created as an alternative to locum;
- Absence from work being managed in line with Health Board policies;
- Care Aims approach is being implemented in paediatric service, which is contributing to managing service demand in the longer term.

When can we expect improvement and by how much?

If a locum can be secured and no further significant challenges in workforce capacity arise, paediatric occupational therapy will recover position to zero breaches by the end of February 2020. Longer-term sustainability will be dependent on agreement with Carmarthenshire County Council and subsequent recruitment and predicted impact of Care Aims approach and other strategies being realised.

How does this impact on both patients and finances?

Children now have more timely access to Occupational Therapy to support them to overcome significant problems participating in everyday activities that are vital for their health, well-being, and development, this may include developing skills in self-care, having a bath, learning to feed, being able to play with their friends or engage in education. This improvement also impacts on the health and well-being of the child's family and carers, who may experience significant challenges physically and psychologically caring for the child. Earlier occupational therapy assessment and subsequent intervention/rehabilitation for children can resolve issues and improve lifelong outcomes, reducing need and costs of treatment, equipment, and long term care. Deterioration in the waiting times position impacts on these improvements.

Funding for locum to address waits is not within core service budget and may result in overspend on OT budget.



Timely Care – Therapy waits - Pulmonary Rehabilitation

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Alison Shakeshaft/ Vicky Stevenson

Metrics (targets):

Status as at Nov 2019

Performance the past 12 months

- Number of patients waiting 14 weeks plus for Pulmonary Rehabilitation (Target = 0)



Declining

Latest data

Location	Under 14 Weeks	14 to 35 Weeks	36 to 52 Weeks	Over 52 Weeks	Total Waiting more than 14 weeks
Amman Valley	13	10	2	1	13
Glangwili	16	35	7	21	63
Prince Philip	36	41	7	38	86
North Ceredigion	2	9	0	13	22
South Ceredigion	5	7	3	6	16
Withybush	38	12	0	0	12
Total	110	114	19	79	212

Where are we against target?

The total number of patients waiting over 14 weeks has increased from 193 at the end of October 2019 to 212 at the end of November 2019. There are 79 patients waiting in excess of 52 weeks and 110 referrals waiting under 14 weeks. The total number of patients waiting is 322.

Why has this occurred?

Extremely long waits are due to very limited staffing capacity for demand in this speciality and significant variation in service delivery across the Health Board localities. This continues to be the trend. A reduction in delivery of programmes has occurred due to staff vacancies and long term sickness.

What are the challenges?

Virtual Pulmonary Rehabilitation (VIPAR) model funding allocated but delays in recruitment and start dates for posts

What is being done?

VIPAR posts clinical and administration roles are now allocated. Workshop planned for December 10th 2019 to ensure streamlining of process through centralising referrals across 3 counties and confirming next cohort throughput in order to reduce waiting times whilst beginning to address competency and training needs of new staff. Linking with Value based health care team in order to scope and identify benefit outcomes and funding source.

When can we expect an improvement and by how much?

Realistically the service is expecting shift in trend following running of groups and continuous validation of waits by the end of February 2020.

How does this impact on both patients and finances?

Pulmonary Rehabilitation is for people with Chronic Obstruction Pulmonary Disease. It is evidenced to:

- Reduce mortality;
- Support earlier discharge from Acute hospital care;
- Reduce unplanned readmissions;
- Increase positive health behaviours;
- Increase engagement with social and vocational activities.

Evidence supports that Pulmonary rehabilitation increases time at home and through the VIPAR hub and spoke model will provide care closer to home and impact positively on our carbon footprint.



Timely Care – Physiotherapy - Therapy waits over 14 weeks

Lead committee: BPPAC

Executive Lead: Alison Shakeshaft

Senior Responsible Officer: John Davies

Metrics (targets):

- Number of patients waiting 14 weeks plus for Physiotherapy (Target = 0)

Status as Nov 2019



Performance the past 12 months

Declining

Latest data

The latest available data can be viewed within the [therapies graphs](#).

Where are we against target?

There were 201 breaches of the 14 week target in November 2019. These are within the Musculoskeletal Physiotherapy (MSK) specialty. There were no breaches in November 2018. The overall 12 month trend is showing a decline in performance however a trajectory of recovery can be seen over the last 4 months.

Why has this occurred?

As detailed in [M6 IPAR](#) page 61.

What are the challenges?

In addition to the challenges detailed in the M6 IPAR, page 61:

- Service capacity is challenged due to baseline staffing compounded by recruitment challenges and vacancies (8.7 WTE in MSK) e.g. maternity leave and availability of newly qualified staffing. The latter is a national issue. There are 5 WTE qualified staff on maternity in MSK which directly impact 14 weeks targets;
- The MSK Physio service has been running with consistent agency workforce of between 7 and 9 WTE for >3 years. Agency availability is seasonal and poor availability over the summer has now improved.

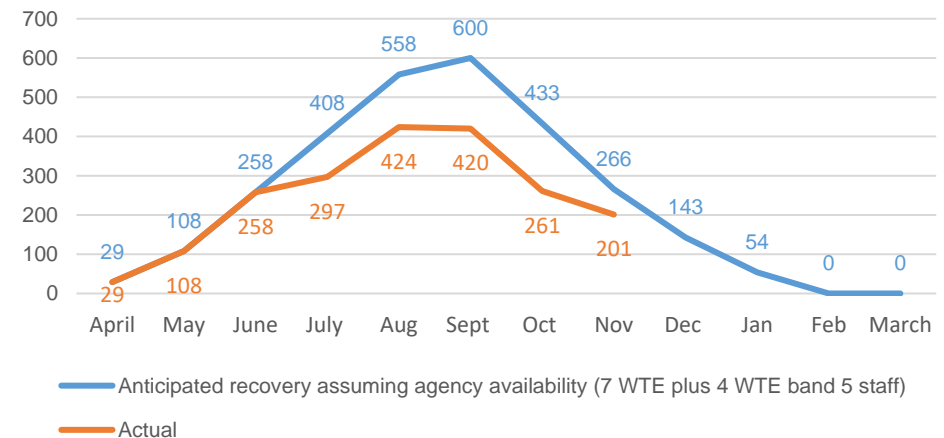
What is being done?

Service redesign as detailed in the M6 IPAR, page 61.

When can we expect improvement and by how much?

The previous escalating breach position has slowed and a steady improvement is occurring. It will continue to improve towards a zero breach position by February 2020. The extent is dependent on the availability of agency workforce to back fill for service vacancies and maternity. Agency availability is improving compared to the last financial quarter. The graph below provides a waiting times prediction relating to these workforce changes.

MSK Physiotherapy Service breach profile and anticipated recovery trajectory (2019/20)



How does this impact on both patients and finances?

Longer waiting times result in:

- Poorer patient experience;
- Poorer self-management of condition;
- Higher risk of developing chronic conditions;
- Increase referral behaviour e.g. utilisation of inappropriate imaging, repeat attendances to GPs, A&E or referral to secondary care;
- Increase in dependency can result in increased care package costs, loss of function and work;
- Utilisation of agency staffing does result in significant pressure on service budget and governance arrangements.



Timely Care – Diagnostic wait 8 weeks and over

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Sarah Perry

Metrics (targets):

- Diagnostic wait 8 weeks and over (Target = 0)

Status as at Nov 2019



Performance the past 12 months

Declining

Latest data

Reported Diagnostic Tests	> 8 Weeks
Cardiology (Total = 61)	
Myocardial Perfusion Scanning	39
Dobutamine Stress Echocardiogram (DSE)	21
Trans Oesophageal Echocardiogram (TOE)	1
Radiology (Total = 34)	
Non Cardiac Magnetic Resonance Imaging (MRI)	32
Imaging	2
Endoscopy (Total = 4)	
Cystoscopy	4
Neurophysiology (Total = 3)	
Electromyography	3
Total	102

Where are we and are we on target?

In November 2019 a total of 102 breaches were reported, which is a decrease of 62 patients waiting over 8 weeks compared to October 2019 (164). In November 61 breaches were from Cardiology, 34 from Radiology, 4 from Endoscopy and 3 from Neurophysiology.

Why has this occurred?

Breaches in all diagnostics have occurred due to a number of challenges outlined below.

What are the challenges?

Cardiology

Whilst a continuing improvement compared with previous months, challenges remain in respect of:

- Backlog of Myocardial Perfusion Scanning (MPS) at WGH due to a combination of (a) prioritisation of Consultant Cardiologist capacity for acute ward cover for annual leave in the summer months, and (b) equipment failure in previous months. Some of the fragility and

constraints of this service is due to the fact that MPS is undertaken by only one Health Board Cardiologist and can only be undertaken at WGH. In addition to the back log and current outstanding/un-booked waiting list for 51 patients, MPS will pose a risk from February 2020 given the only Health Board Cardiologist licenced to undertake this diagnostic test will leave their current role;

- Backlog of Dobutamine Stress Echo (DSE) at GGH due to a combination of (a) prioritisation of Consultant Cardiologist capacity for acute ward cover for annual leave in summer months, and (b) increased referrals/demand in recent weeks. Some of the fragility and constraints of this service is due to the fact that DSE is undertaken by only two Health Board Cardiologist at GGH.
- Although there are no ECHO breaches reported for November, it is worth noting that this has been achieved through continued use of locum and overtime activity across all 4 hospital sites, as well as in-sourcing of 300 Echocardiograms between October and December (approximately 100 per month). The ECHO capacity pressures across all 4 hospital sites remain an area of concern. These pressures are set against a backdrop of increasing demand and an on-going capacity deficit due to vacancies and reduced levels of staff undertaking overtime work in recent months due to undertaking locum work with other Health Boards in off-duty time.

Radiology

Whilst a continuing improvement compared with previous months, the 34 radiology breaches occurred due to:

- The ongoing reduction of capacity of MRI at BGH which has impacted on GGH due to the movement of more complex cases. This has resulted in a backlog which, although decreasing, remains an outstanding challenge
- The fluoroscopy breaches occurred because of lack of specialised specific consultant availability for paediatric examinations;
- Current waiting times in all modalities remain close to the 8 week targets;
- The increasing demand to scan patients has put pressure on timely reporting due to limited radiologist capacity;
- Ongoing issues with aging equipment leads to unpredicted downtime especially for CT and MRI.

What is being done?

Cardiology

The service is actively employing a range of measures aimed at managing in-month pressures as well as driving future service improvements to achieve a sustained zero breach position. These include:

- Urgent review of WGH future MPS service provision from February 2020, with potential need to out-source all Health Board MPS activity – meetings planned with Service Delivery Manager, Heads of Service and Health Board commissioning representatives in December 2019;
- Surplus coronary angiography Consultant Cardiologist capacity is being redirected to support additional DSE activity in December 2019, with a view to continuing this in coming weeks/months when/if possible;
- Reintroduction of Cardiologist Imaging session at PPH since October 2019 is assisting in reducing Trans Oesophageal Echo breaches;
- Discussions on-going with Consultant Cardiologists around the potential to initiate DSE service at BGH and PPH to reduce pressures on GGH as currently the only site undertaking DSE;
- Currently in-sourcing 300 Echocardiograms between October and December (approximately 100 per month). A decision will be needed in December as to whether further in-sourcing will be required to maintain a zero breach position between January and March 2020;
- Establishment of Cardio-physiologist clinical validation/triage of all ECHO requests from November 2019;
- GGH/BGH Cardio-physiology Manager undertaking increased ECHO activity since September 2019;
- Ongoing sourcing of Locum support and offer of extra/overtime payment to in-house Cardio-physiology staff to target ECHO waiting times;
- Fast-tracking of Band 7 recruitment through TRAC process to support ECHO capacity at WGH, anticipating advertisement in December 2019;
- Review of Shortness of Breath/suspected Heart Failure pathway (in-hospital and Primary Care referral) underway with work continuing to identify improved use of NT-proBNP blood test in hospital and Primary Care as a means of reducing un-necessary ECHO requests/demand. Other Health Boards have observed up to 15% reduction in Primary Care echo requests with more rigorous use of this approach. Health Board-wide Cardiologist discussion scheduled in October 2019;

- Cardiology SDM/Cardiology RTT Support Manager undertake tri-weekly reviews of each site's Cardio-physiology diagnostic demand and prioritise cross-site capacity to achieve a zero breach position;
- Cardiology SDM and Cardio-physiology Service Leads bi-monthly for performance monitoring of diagnostic RTT and early identification of potential breaches and measures to manage these;
- Cardiology SDM undertaking Cardio-physiology demand/capacity review to evaluate current resource utilisation, identify scope for improvement/efficiencies and quantify deficit in core establishment;
- Project Group continuing to support Health Board roll-out of WPAS/Myrddin booking of all activity and referrals in Cardio-physiology diagnostics as a means of improved demand/capacity management;

Radiology

- Staff have undertaken additional overtime and weekend sessions to reduce backlogs.
- Single Cancer Pathway (SCP) funding agreed to support recruitment and subsequently increase capacity and monitoring;
- Despite remaining breaches, lengths of wait have significantly reduced to now under 10 weeks'

Endoscopy

There are 4 Endoscopy breaches for November as a result of being upgraded from outpatient wait to direct to test from Medical records. These were a clinical decision for one patient and lack of capacity due to lateness in the month of being identified to require a diagnostic. This practice is being reviewed and streamlined to prevent further breaches going forwards

When can we expect improvement and by how much?

The Health Board is on track to achieve a zero breach position during Quarter 4 2019/20.

How does this impact on both patients and finances?

Early diagnosis can positively influence longer term clinical outcomes for the patients. The financial impact relates to the additional cost of any agency, locum, overtime, or bank working required to avoid breaches. Delays in diagnostic also contribute to delays in the outpatient Referral to Treatment (RTT) position. Whilst utilising capacity across the Health Board, patients are being asked to travel further from home.



Timely Care – Eye Care Outcome Measures

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Stephanie Hire/Keith Jones

Metrics (targets):

Status as at Oct 2019

Performance the past 12 months

- % R1 patients waiting within (or <25% beyond) clinical target date (target=95%)



Not Available

Latest data

Status	Total number of pathways without a target date allocated waiting at the end of the month (end of month census snapshot)	Total number of pathways within target date at the end of the month (end of month census snapshot)	Total number of pathways <u>beyond</u> target date (end of month census snapshot)				Total number of open pathways on the combined waiting list at the end of the month (end of month census snapshot)
			Up to 25% beyond target date	> 25% up to 50% beyond target date	>50% up to 100% beyond target date	>100% beyond target date	
R1	0	7,222	897	696	1,092	3,778	13,685
R2	0	1,492	176	138	142	1,401	3,349
R3	0	305	57	96	222	857	1,537
No allocated HRF status	593	6	1	6	15	665	1,286
Total	593	9,025	1,131	936	1,471	6,701	19,857

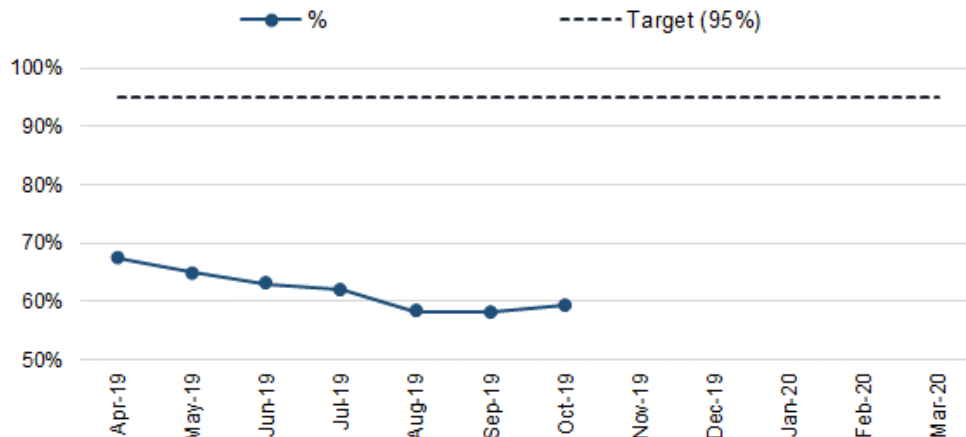
target of 95%. This represents a 3.23% improvement over September 2019. The WG target is to achieve 95% by December 2019. In October 18,571 out of 19,857 (94%) patients have been allocated a clinical risk factor. This is a significant improvement compared to previous months.

Data is broken down into 3 risk factors (R1, R2, R3) and HRF (Health Risk Factor). Definitions for these are as follows:

- R1 - risk of irreversible harm or significant patient adverse outcome if target date is missed;
- R2 - risk of reversible harm or adverse outcome if target date is missed;
- R3 - no risk of significant harm or adverse outcome;
- No Allocated HRF - A Health Risk Factor has not yet been allocated.

The data relates to all ophthalmology pathways (new and follow up) where patients are waiting for an outpatient appointment with the same consultant or a member of his or her team.

R1 eye care patients seen by target date (or <25% excess)

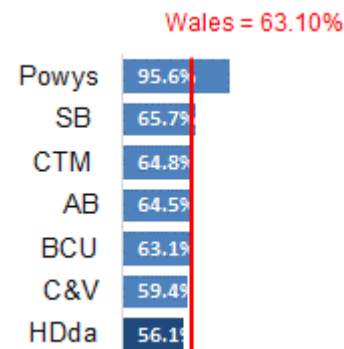


Where are we and are we on target?

In October, the percentage of Ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their target date is 59.33% (8,119 out of 13,685 patients) against a Welsh Government (WG)

All Wales Benchmarking (September 2019)

The latest All Wales benchmarking data ranks Hywel Dda last in this measure.



Why has this occurred?

This data consists of both New & Follow up data and therefore the occurrences will be for different reasons.

New Patients

73% of new patients identified as R1 are waiting over 25% beyond their target date. This is occurring because of capacity pressures across the Hospital Eye service. This deficit is due to vacancies and reduced levels of staff available to undertake backfill or initiative work. Another contributory factor is the requirement to deliver Referral To Treatment (RTT) and Eye Care Measures targets in parallel. Approximately 50% of our referrals are for R1 conditions and the remaining 50% a mixture of R2 & R3 Cataract patients.

Follow Up Patients

34% of follow up patients identified as R1 are waiting over 25% beyond their target date. Again this is caused due to the current capacity and recruitment deficit across the service.

What are the challenges?

New Patients

- Shortages in Consultant Ophthalmologists continue to be an issue for the delivery of services;
- The number of R1 patients who are referred into the Hospital Eye Service has exceeded available capacity to see treat them within required timescales;
- The continuing requirement to prioritise capacity for lower clinical priority RTT patients alongside higher clinical priority ECM (Eye Care Measures) R1/2 patients;
- The legacy impact of reduced outpatient capacity during August 2019 due to the need to reprioritise capacity to cover the emergency eye pathway.

Follow Up Patients

- Historical volume of duplicate pathways open as some patients will have received subsequent appointments under a different Consultant;
- Shortages in Consultant Ophthalmologists continue to be an issue for the delivery of services. Across Wales there is a difficulty in recruiting Consultant Ophthalmologists and the Health Board have not been successful in recent recruitment to find appropriate applicants to fill the vacant positions.

What is being done?

New Patients

- The Cataract Referral Refinement scheme has now commenced which is designed to reduce demand for new outpatient appointments and release capacity to be prioritised for R1 patients. Initial results indicate approximately 85% of patients were suitable to be direct listed for surgery;
- The service has launched a recruitment campaign to support filling the gaps caused by a number of our Consultants leaving.

Follow up Patients

- The Glaucoma Data Capture Programme commenced at the end of September 2019, therefore the delay experienced by this cohort of patients is expected to steadily reduce and in turn release secondary care capacity to be prioritised for other R1 patients.

When can we expect improvement and by how much?

Monthly incremental improvements due to the changes in pathways are expected during the remainder of 2019/20. The rate of improvement will be dependent upon successful recruitment to current vacant posts to supplement the capacity benefits associated with the pathway changes described above.

How does this impact on both patients and finances?

Patients may suffer harm or an adverse outcome if a target review date is missed.



Timely Care – Delayed Follow Up Appointments

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Stephanie Hire/Keith Jones

Metrics (targets):

Status as at Nov 2019

Performance the past 12 months

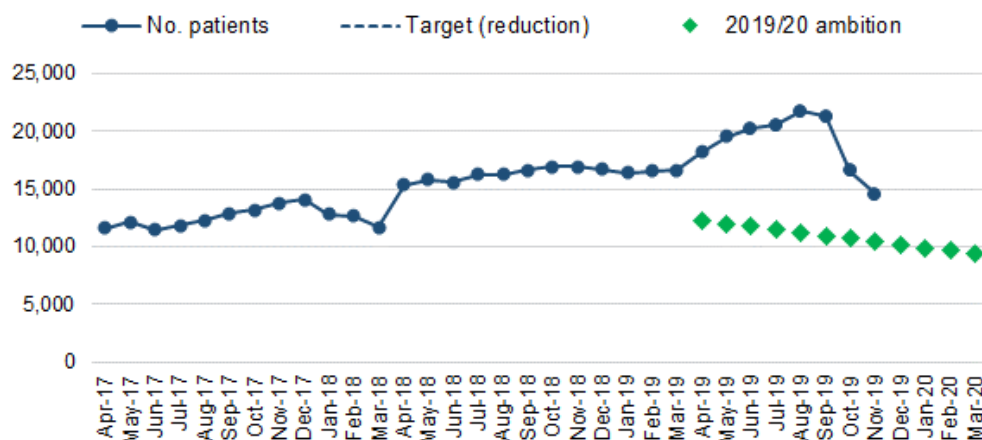
- Delayed follow-up appointments booked & not booked (12 month reduction target)



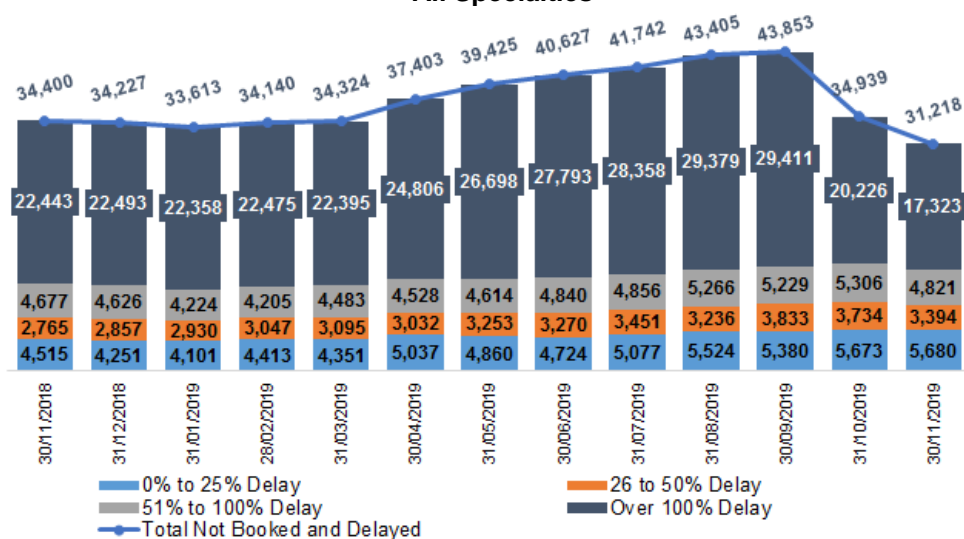
Declining

Latest data

Delayed follow up appointments (5 planned care specialties)



All Specialties



Where are we and are we on target?

In the 5 planned care programme specialties (Trauma and Orthopaedics, Ear, Nose and Throat, Urology, Dermatology and Ophthalmology) the number of delayed follow ups has reduced from 21,235 in September 2019 to 14,528 in November 2019. The total number of reported delayed follow-ups in November 2019 has reduced by 12,635 from 43,853 since September to 31,218 in November 2019. Both metrics are on track to meet the 12 month reduction target.

Why has this occurred?

The improvement in the number of reported delayed follow-ups achieved since September 2019 is a consequence of the Health Board's improvement plan which includes targeted action in respect of pathway management and clinical transformation.

What are the challenges?

Pathway Management – continuing requirement to ensure accurate recording of patients on the follow-up waiting lists and avoidance of duplicate pathways.

Service / clinical transformation – historical clinical practice and supporting administrative systems promote the planning of outpatient department (OPD) based follow-up reviews without full consideration of alternatives and/or the clinical necessity of planned reviews.

What is being done?

Delayed Follow-Ups Improvement Plan – the Health Board has received Welsh Government (WG) approval and a funding allocation of £500k to support implementation of its Delayed Follow-Ups Improvement Plan. The plan, which has been highlighted as an exemplar by WG, includes the following elements:

- Expansion of the Health Board's validation capacity (including commissioning of external validation expertise in the short term);
- Appointment of dedicated service improvement and informatics leads to coordinate the clinical & service improvement and informatics priorities highlighted in the plan;

- Investment to support the wider roll-out of Patient Reported Outcome Measures (PROMS) questionnaires since April 2019 as an alternative to routine clinic based follow up review of major joint replacement patients;
- Support for an Audiology direct referral system to help minimise traditional follow-up appointments;
- Procurement of the Patient Knows Best (PKB) modules to support the introduction of self-care pathways in Urology & Dermatology;
- Scope to develop partnership approaches with local GPs / primary care teams to support the ongoing review and clinical validation of patients listed for follow-up care.

Pathway Management – targeted training and administrative / clinical validation activities to support improvement compliance with the Access Policy and a reduction in the volume of follow-up pathways which remain open unnecessarily.

Clinical Transformation – work being progressed across several specialties to review and update clinical guidance regarding follow-ups and the promotion of alternatives to traditional clinic based reviews including adoption of self-management programmes for some patient groups, expansion of 'See on Symptom' review protocols and expanded use of virtual clinics.

Text validation - plans are also being expedited to extend the text validation service to delayed follow-up patients.

Community Based Glaucoma Reviews - commencement of the community based review of glaucoma patients via commissioned optometry practices from September 2019.

When can we expect improvement and by how much?

WG has proposed the following improvement targets for NHS Wales to be shadow reported during 2019/20 with formal reporting from April 2020:

- All Health Boards to have allocated a clinical review date to all patients on a follow-up waiting list from September 2019;
- All Health Boards to have allocated a clinical risk factor to patients on the eye care measures from September 2019;
- All Health Boards to report accurately see on symptom patient pathways from September 2019;
- All Health Boards to reduce the overall size of the follow up waiting list by at least 15% by March 2020;
- Reduce the number of patients delayed by over 100% by at least 15% by March 2020.

The Health Board is on target to achieve these milestone by March 2020.

How does this impact on both patients and finances?

This work is a priority in assessing those who have come to harm, improving patient experience, communication and expectation and providing a better service now and in the future. Financially, the impact is ensuring there are appropriate resources to complete this work, particularly regarding validation of the current waits.



Timely Care – External Health Board Referral to Treat (RTT)

Lead Committee: BPPAC

Executive Lead: Huw Thomas

Senior Responsible Officer: Shaun Ayers

Metrics (targets):

Status as at Oct 2019

Performance the past 12 months

- RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers (0)



Declining

Latest Data

Where are we against target?

As at the 31st October 2019, there were 5,261 Hywel Dda University Health Board residents on open pathways at other provider sites, 97% are waiting to be treated in Wales. Of these 5,261 residents, 378 patients were breaching the maximum backstop of 36 weeks (370 in Wales; 8 in England).

Welsh Provider Sites:

Swansea Bay University Health Board (SBUHB)

80% of Hywel Dda patients waiting to be treated outside Hywel Dda in Wales are within SBUHB. In April 2019, a transfer took place of the Bridgend element of the former Abertawe Bro Morgannwg to the Cwm Taf University Health Board and this has resulted in these breaches now showing under Cwm Taf Morgannwg University Health Board.

Outpatients - At the end of October 2019 there were 89 patients waiting at stage 1 over 26 weeks as follows:

Specialty	Total Patients	Longest Week Wait
Oral Surgery	8	48
Trauma And Orthopaedics	71	40
Ophthalmology	1	30
Cardiothoracic Surgery	1	37
Cardiology	1	44
Gastroenterology	4	34
General Surgery	3	29

36 Week Target – At the end of October 2019 there were 337 patients with waiting times in excess of 36 weeks for treatment with the longest wait being 105 weeks.

Specialty	Total Patients	Longest Week Wait
Oral Surgery	58	105
Trauma And Orthopaedics	221	105
General Surgery	9	104
Plastic Surgery	30	92
ENT	6	48
Gynaecology	1	52
Cardiology	3	44
Ophthalmology	7	48
Urology	2	48

SBUHB has confirmed that due to increased non-elective pressures and some issues over sufficient capacity to meet the Referral To Treatment (RTT) time targets, not all patients could be seen. It was confirmed that all patients are seen in strict date order irrespective of residency.

Cardiff & Vale University Health Board (C&VUHB) - 16% of Hywel Dda patients waiting to be treated in Wales are in Cardiff & Vale.

Outpatients - At the end of October 2019 there were 62 patients waiting at stage 1 over 26 weeks as follows:

Specialty	Total Patients	Longest Week Wait
Ophthalmology	9	39
Clinical Immunology & Allergy	29	36
Trauma And Orthopaedics	7	35
Paediatric Surgery	1	31
Oral Surgery	1	27
Neurology	5	31
Clinical Pharmacology	3	36
ENT	1	26

36 Week Target – At the end of October 2019 there were 22 patients with waiting times in excess of 36 weeks with the longest week wait being 100.

Specialty	Total Patients	Longest Week Wait
Trauma And Orthopaedics	12	100
Ophthalmology	3	52
Cardiothoracic Surgery	1	37
Gynaecology	1	39
Paediatric Surgery	4	48
General Surgery	1	48

Other Providers in Wales - There are 10 breaches reported in other providers in Wales.

- Aneurin Bevan University Health Board, there is 1 patient breaching the 36 week target;
- Betsi Cadwaladr University Health Board, there is 1 patient with the longest weeks wait at 68 weeks in Dermatology, 1 patient with the longest weeks wait at 52 weeks in Trauma & Orthopaedics and 1 patient waiting 52 weeks in Pain Management;
- Cwm Taf Morgannwg University Health Board there are 2 patients with the longest weeks wait at 64 weeks in Trauma & Orthopaedics, 2 patients with the longest weeks wait at 76 weeks in ENT, 2 patients in Urology with the longest week's wait of 56 weeks and 1 patient in General Surgery with a 36 week wait. Aside from the patient in General

Surgery the rest were previously included within Abertawe Bro Morgannwg in March 2019.

English Provider Sites:

The main three hospitals in England treating Hywel Dda residents are, University Hospital Bristol, Robert Jones & Agnes Hunt (RJA) and University Hospital Birmingham. There are 8 reported patients breaching in English Trusts.

What is being done?

- The Health Care Contracting Team continue to closely monitor the number of Referral to Treatment Time (RTT) patients waiting for an outpatient appointment or treatment at all Providers in Wales and England.
- The number of patients waiting for treatment are discussed with the respective providers with a view to reducing the number of patients waiting at each stage of the Referral to Treatment Time pathways in line with the current performance of the agreed LTA.



Timely Care – ADHD/ASD Neurodevelopment Assessment Waiting times

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Liz Carrol/Keith Jones

Metrics (targets):

Status as at Oct 2019

Performance the past 12 months

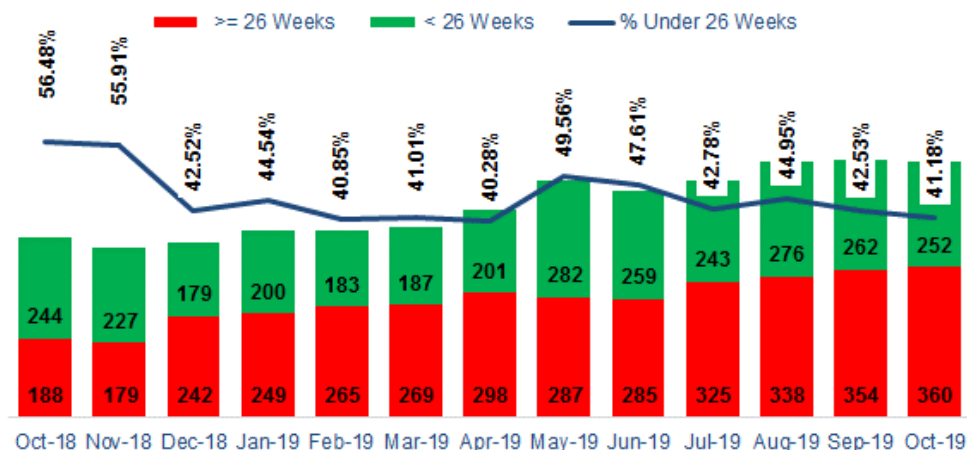
- Percentage waiting < 26 weeks to start a neurodevelopment assessment (target 80%)



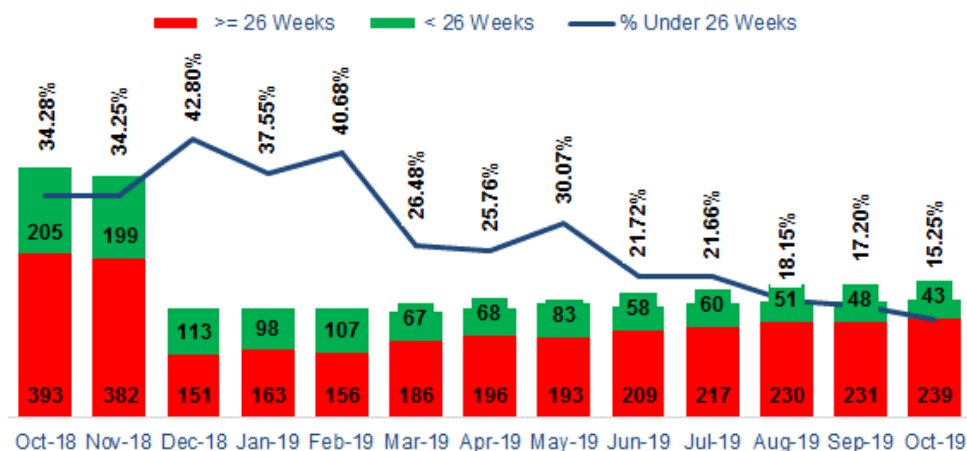
Not available

Latest data

ASD



ADHD



Where are we and are we on target?

The percentage of patients waiting less than 26 weeks to start a Neurodevelopment assessment is 33% (295 out of 894 patients). This figure is reported to Welsh Government and is the combined figure for the ASD and ADHD services that are detailed below:

- ASD** - Currently 252 out of 612 individuals are waiting in excess of 26 weeks for an appointment to begin the assessment process. Performance against the 26-week target is 41.2%.
- ADHD** - Currently 239 out of 282 patients are waiting in excess of 26 weeks for an appointment. Performance against the 26-week target is 15.3%.

Why has this situation occurred?

As previously reported in [M4 IPAR](#) (page 73). Also, for ASD services additional sickness absence within a small team has contributed to a deteriorating position.

What are the challenges?

As previously reported in [M4 IPAR](#) (page 73).

What is being done?

ASD – As previously reported in [M4 IPAR](#) (page 73), and:

- Additional funding has enabled the service to advertise additional clinical posts;
- A waiting list recovery plan has been approved and will be in force post recruitment with additional staff employed and substantive staff working extra hours to address the waiting list, this will include Saturday clinics;
- Ten ASD team members have received specialist training in ADOS (Autism Diagnostic Observation Schedule) from an external provider and therefore the skills and experience within the core team further developed;
- Plans are underway to offer secondments to colleagues in Education to join the ASD team 1 day per week;

- The Delivery Unit have provided Demand & Capacity training for core staff and the service has further support planned for January in order to provide a detailed plan to address the waiting list and provide a trajectory outlining how to address this.

ADHD - As previously reported in M4 IPAR (page 73). Also, the service has recently recruited a part time General Practitioner with Specialist Interest who commenced mid-November. An outcome from the review of service demand and capacity, is capacity within the Ceredigion based service will be utilised to address backlogs across Pembrokeshire and Carmarthenshire.

When can we expect improvement and by how much?

ASD - An SBAR has been completed which outlines the additional recruitment that would be required to provide a service that did not incur waiting times. Once recruitment is complete and staff are trained, the service will be in a position to determine when an improvement will be seen. Further improvements are as previously reported in the M4 IPAR (page 73).

ADHD - Recruitment efforts continue into vacant medical posts alongside the implementation of processes to improve efficiency. The rate of improvement will be dependent upon successful recruitment into vacant posts.

How does this impact on both patients and finances?

As previously reported in M4 IPAR (page 73).



Timely Care – Psychological therapy in Specialist Adult Mental Health

Lead committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Angela Lodwick

Metrics (targets):

- Patients waiting less than 26 weeks to start a psychological therapy (Target = 80%)

Status as at Oct 2019

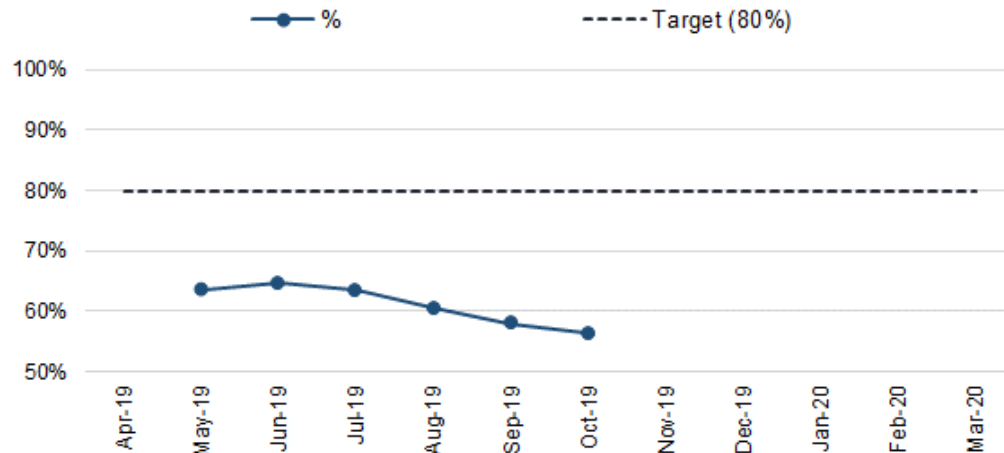


Performance the past 12 months

Not available

Latest data

Adults waiting <26 weeks to start a psychological therapy



Where are we against target?

In October 2019, the percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health did not meet the target (80%) with performance of 56.3% (848 out of 1,507 patients). This is a deterioration compared to September, where 861 out of 1,486 (57.9%) patients were seen within 26 weeks. Due to this being a new measure HDUHB does not currently have sufficient historic data to provide a median or identify if there is evidence of an unusual variation.

Why has this occurred?

As previously reported in [M6 IPAR](#) (Page 73).

What are the challenges?

As previously reported in [M6 IPAR](#) (Page 73).

What is being done?

As previously reported in [M6 IPAR](#) (Page 73). The service has experienced challenges in the recruitment of planned Cognitive Behaviour Therapy posts which have resulted in a long delays in the process. Currently the service is waiting on panel to approve the recruitment and the service will then

progress to advertisement following agreement to advertise under Agenda for Change (Annexe 21). As previously indicated, the service no longer offers Emotional Coping Skills (ECS) as a therapeutic intervention, however, a plan has been in place to continue with the intervention to honour those referrals that were in our system prior to the 1st July 2019 cut-off date. Once these clients have been seen and assessed, no further ECS groups will be run by the Intensive Psychological Therapy Service across the three counties.

The IPTS has also introduced a Single Point of Contact (SPoC) for all referrals which will ensure improved coordination and timely response. There is also a plan for Acute Psychology Services to be integrated into the new model which will improve responsiveness and reduce variation in respect of referrals from multiple sources.

When can we expect improvement and by how much?

As previously reported in [M6 IPAR](#) (Page 73). Within Pembrokeshire, all ECS programmes will be completed by January 2020, with both Ceredigion and Carmarthenshire completing by March 2020.

How does this impact on both patients and finances?

- Increased waiting times for clients;
- Additional finance costs to address waiting lists;
- Restructure of both services will ensure prudent approach to service delivery and timely psychological interventions at the right intensity.



Timely Care – Continuing Healthcare and NHS Funded Long Term Care

Lead Committee: BPPAC

Executive Lead: Jill Paterson

Senior Responsible Officer: Heledd Bingham

Metrics (targets):

- Continuing Healthcare (CHC) - 479 Number of CHC packages delivered
- Continuing Healthcare (CHC) - £20.35m Total Health Board CHC spend (full year forecasts)

Status as at Sep 2019

Not applicable

Performance the past 3 months

Not applicable

Latest data

	Category	Case Numbers (30.9.19)	Year-end forecasts (at 30.9.19)	%spend (against total HB CHC spend).
Number of current CHC packages delivered by category and by proportion of total CHC spend (data excludes in-house provision, NHS-Funded Nursing Care (FNC) and joint funded Mental Health and Learning Disabilities (MH/LD)).	Nursing Homes (inc Section 117 aftercare)	346	£14.87m	73%
	Community (inc Palliative Care CHC)	98	£2.59m	13%
	Children Continuing Care	20	£0.881m	4%
	MH/LD CHC	15	£2.01m	10%
Total number and spend of CHC packages delivered (a) in a registered setting and (b) in the community. (Excludes Children / FNC and joint-funded MH/LD).	Setting	Numbers	Forecast Spend	
	Residential / Nursing	352	£15.51m	
	Community	107	£3.96m	
% of case reviews undertaken at 3 months	Category	%		
	General CHC (inc Section 117 aftercare)	95%		
	Mental Health (CHC)	100%		
	Learning Disabilities	100%		
	Children Continuing Care (CC)	100%		
% of case reviews undertaken at 12 months	Category	%		
	General CHC	90%		
	Mental Health CHC	100%		
	Learning Disabilities	57%		
	Children CC	95%		
Number of staff who have received update training on the CHC framework in Q4	Department	Numbers		
	Long Term Care (LTC)	Bespoke 121 training being provided in line with the roll out of the LTC Pathway.		
	MH/LD	15		
	Children	0		
Performance re Retrospective Reviews (Q4)	9 new case received; 18 cases were completed; 4 activated cases to be carried over to Q3 2019/20.			

Why has this situation occurred?

Welsh Government (WG) issued a revised policy document on Continuing NHS Healthcare (CHC) in 2014. The 2014 CHC National Framework included a Performance Framework specific to CHC, with a key requirement that each Health Board (HB) receive a formal quarterly CHC Position Report. This was subsequently revised in 2015 to require consideration either at Health Board or at an appropriate Board level Committee if this route allows for more detailed scrutiny and analysis. The quarterly reporting requirement has been supported by Wales Audit Office (WAO) in their 2013 and 2014 Reports, and compliance is required by the Assembly Public Accounts Committee (PAC).

What are the challenges?

- Closure of 35 bedded Elderly Mentally Ill (EMI) nursing home. Patients are currently being rehomed;
- Shortage in EMI Nursing Home bed stock across the Health Board following the closure of an EMI home. This will have an impact on the HBs winter plans in respect of the HBs plans to purchase nursing beds within care homes across the Health Board footprint;
- Domiciliary Care. Limited capacity within the market, both for NHS and Local Authority (LA) packages of care. This is likely to impact the winter plan specifically around plans around bridging initiative as there is a lack of capacity both with providers and with the in-house teams;
- Increase flow and demand from acute services is further impacting on capacity and on spend;
- Growth in activity has increased full year financial forecasts;
- Financial pressure from inflationary CHC fee increases anticipated in 2019/20;
- The fragility of the Care Home sector across Hywel Dda University Health Board and a number of homes in Escalating Concerns or subject to Embargo;
- Limited capacity with providers especially for EMI Nursing care home bed provision and domiciliary care providers;

- High cost packages of care will be coming through in Q3 2019/20. This will impact on the available capacity within the market to commission other packages and on financial forecasts going forward;
- Availability of Social Workers to attend Multidisciplinary teams (MDTs) where “Cease to Fund” cases have been identified, this is especially the case on Older Adult Mental Health (OAMH) Wards;
- Out-of-panel requests for CHC funding at times when hospitals are on red/black status.

What is being done?

- LTC staff working with families and providers to re-home the HB funded residents from the Care Home that is closing;
- Paper drafted for Executive Team re proposal to undertake a joint tendering process with Carmarthenshire County Council and Pembrokeshire County Council. It is anticipated that a new framework will attract new entries into the market;
- General LTC pathway (implemented July 2018);
- Holding to account meetings taking place;
- Weekly caseload scrutiny meetings continue on a monthly basis;
- Weekly review of 1-1 care (General LTC);
- Actively ceasing to fund cases where statutory reviews have identified change in need;
- Close scrutiny of new applications to ensure process has been followed to avoid retrospective claims;
- Reduction of packages of care where equipment can provide an element of care required;
- Closer scrutiny of the sustainability of packages of care within the community setting. Long Term Care Specialist Nurse (LTCSN) has been reviewing long terms packages of care within the community in Pembrokeshire;
- Increased use of NHS in-house teams to deliver End of Life care within the home environment.

When can we expect improvement and by how much?

There is no improvement target; however, it is the role of the LTC department to consider each case on individual merit and to report on a quarterly basis in order to facilitate detailed scrutiny and analysis. The actions listed above set out the regular actions taken to address these issues. In addition, LTC/CHC remains subject to the Turnaround process, which commenced in August/September 2017 and continues into the 2019/20 financial year through the Cost Improvement Plan (CIP) monitoring arrangements.

How does this impact on both patients and finances?

NHS continuing healthcare (CHC) is also known as "fully funded NHS care" is on-going care arranged, delivered and funded by the NHS - either within a hospital setting, a care home or a community setting. Care provision is determined on eligibility and assessed on-going needs. The Health Board has a process and pathway in place to ensure consistent, fairness and equity for all patients across the Health Board footprint, both in terms of assessment and care provision. Work is ongoing to ensure that packages of care continue to be safe and sustainable into the future, and proportionate to assessed need.



Individual Care

I am treated as an individual.

Lead Executive: Andrew Carruthers – *Director of Operations*

Exception reports:

- [Mental Health - Outpatient Waiting Times](#)
- [Mental Health - Therapy Waiting Times](#)
- [Substance Misuse](#)



Individual Care – Mental Health Outpatient Waiting Times

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Liz Carroll

Metrics (targets):

- Maximum waiting time for first outpatient appointments of 10 weeks (Target = 0)

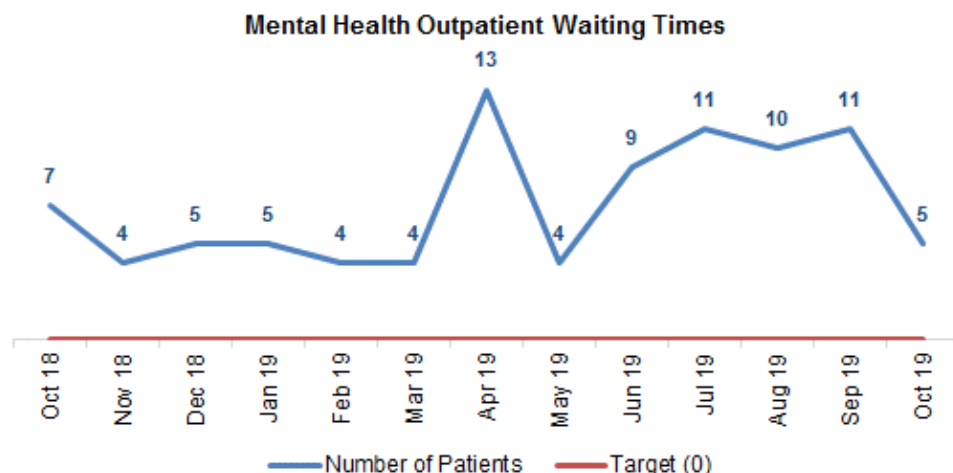
Status as at Oct 2019



Performance the past 12 months

Declining

Latest data



Where are we and are we on target?

The number of individuals waiting longer than 10 weeks for an appointment in October 2019 was 5 (3 from adult and 2 from Older Adult Mental Health Services).

Why has this situation occurred?

There continues to be significant challenges in terms of the Directorate's ability to recruit and retain medical staff across all specialties. This challenge is compounded by reduced availability at a national level. However, given the current level of medical vacancies within the Directorate the number of waits is lower than the service would have anticipated.

What are the challenges?

Sustaining consistency in improvement is difficult as vacancies change frequently which impacts capacity. The medical workforce position continues to create significant challenges within the Directorate. This has been escalated through the Quality Safety Experience Assurance Committee.

What is being done?

The Mental Health Directorate continues to work very closely with the corporate Medical Staffing and Medical Recruitment teams to secure substantive appointments. Agency Locums cover the current vacant posts wherever possible to ensure the delivery of safe services. A Directorate specific recruitment campaign has been launched.

The Mental Health Learning Disability Directorate continues to invest in expanding the Advanced Nurse Practitioner (ANP) and Non-Medical Prescribers (working with Pharmacy colleagues to progress alternatives) training opportunities within the service. The Directorate is also exploring Physician Associate opportunities. This is an investment in building a more sustainable workforce for the future and will not have an impact on the current waiting time challenges. In addition, the Directorate are out to advert for a Consultant Nurse – a focus of the role will be to look at non-medical roles that complement the medical profession.

The Associate Medical Director provides regular updates to the Workforce Panel and Executive Team in relation to medical staffing.

When can we expect improvement and by how much?

Additional capacity will continue to be sourced until a sustained achievement of the target is seen.

How does this impact on both patients and finances?

The impact on patients are the direct consequences of waiting longer to be seen by an appropriate qualified and experienced clinician, and the indirect consequences of a delay in diagnoses and the initiation of appropriate treatment. There is therefore a risk to the organisation with regard to the deteriorating position.

The financial implications and risks to the Directorate and organisation are significant both in terms of the cost implications of sustaining essential medical services by employing Agency Locums and in the context of not having Substantive Consultants that will drive forward further service improvements and service innovation within their Multi-Disciplinary Teams. Medical recruitment challenges are on the Directorate risk register.



Individual Care – Substance Misuse

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Joanna Dainton

Metrics (targets):

- Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date (Target <20%)
- Achieve a waiting time of less than 20 working days between referral and treatment (Target >80%)
- Substance misuse is reduced for problematic substance between start and most recent review/exit (Target >=86.5%)
- Quality of life is improved between start and most recent review/exit Treatment Outcome Profile (Target >=84.2%)
- Number/percentage of cases closed (with a treatment date) as treatment completed (Target >=76.9%)

Latest data

KPIs	Target	Jul-19			Aug-19			Sep-19			Oct-19		
		Carms	Cere	Pembs	Carms	Cere	Pembs	Carms	Cere	Pembs	Carms	Cere	Pembs
1- Post Assessment DNA	< 20%	2.94%	9.09%	7.50%	3.33%	7.69%	9.76%	5.00%	7.32%	9.09%	3.19%	3.28%	10.94%
2- Referral to Treatment	> 80%	90.22%	96.88%	90.32%	92.41%	88.89%	96.23%	90.91%	90.63%	93.65%	90.00%	92.06%	96.00%
3- Problematic substance reduced (TOP)	>=86.5%	88.95%	89.61%	88.15%	80.87%	86.02%	85.71%	86.49%	85.00%	89.47%	83.63%	90.60%	89.80%
4- Quality of Life improved (TOP)	>=84.2%	76.92%	75.00%	79.39%	71.43%	83.67%	76.19%	89.66%	76.09%	84.93%	93.27%	85.96%	89.77%
5- Case closures as treatment complete	>=76.9%	95.40%	91.23%	92.21%	96.25%	94.12%	82.86%	95.45%	88.89%	91.94%	94.81%	94.55%	88.46%

Where are we and are we on target?

All key performance indicators (KPIs) relating to waiting times, did not attend (DNAs) and closures as treatment complete scored green across all regions.

KPI 3 - Problematic Substance Reduced Treatment Outcome Profile (TOP)
all regions scored green during July, however, during August and September all regions scored red at least once. There was a noticeable improvement in Carmarthenshire during September up to 86.49%, which scored amber as it fell just short of the 86.5% Welsh Government target. Carmarthenshire saw its percentage drop again in October to 83.6% resulting in it being the only region not to meet the Welsh Government target during October.

KPI 4 - Percentage of clients showing an improved quality of life (TOP)
recorded as red or amber across all regions during July and August. This improved in September with only Ceredigion scoring red and this improvement continued in October with all regions achieving green.

Why has this situation occurred?

The baselines for the KPIs relating to quality of life and reduction of problematic substance misuse are raised each year, which results in services having to meet increased targets year on year. In addition to this, the Tier 2 services are recording against the TOP and inputting onto the

database, but the tool is only validated for Tier 3 structured treatment, which has an impact on the overall figures.

What are the challenges?

Services continue to work to improve the outcomes achieved by individuals accessing their services whilst recognising the challenges of continually improving upon an already high baseline position and note the work undertaken by Welsh Government to review this position. Dyfed APB continue to request Tier 2 services to input data on the quality of life TOP to ensure that outcome data continues to be captured. The challenge remains to separate the Tier 2 TOP data and capture it in a way, which does not affect the KPI.

What is being done?

TOP scores are being scrutinised by team leaders in all areas to look for anomalies and a national working groups been set up by Welsh Government to review the KPI percentage targets to ensure that services are working to realistic targets. Dyfed APB are working with providers to find a solution to extract the TOP data from the data entered onto the database, which will provide a more accurate KPI result.

When can we expect improvement and by how much?

Improvement is expected by the end of Q3 and the expectation is that all KPIs will be reporting as meeting Welsh Government baseline targets.

How does this impact on both patients and finances?

Service providers are constantly striving to improve to ensure; treatments are meeting individual client needs and to maintain the delivery of quality services. The expected improvement in the percentage of clients reporting an improvement in their quality of life in Q3 will have a positive impact on clients in treatment. No impact on finances expected.



Individual Care – Mental Health Therapy Waiting Times

Lead Committee: BPPAC

Executive Lead: Andrew Carruthers

Senior Responsible Officer: Liz Carroll

Metrics (targets):

- Maximum waiting time for first therapy appointments of 14 weeks (Target = 0)

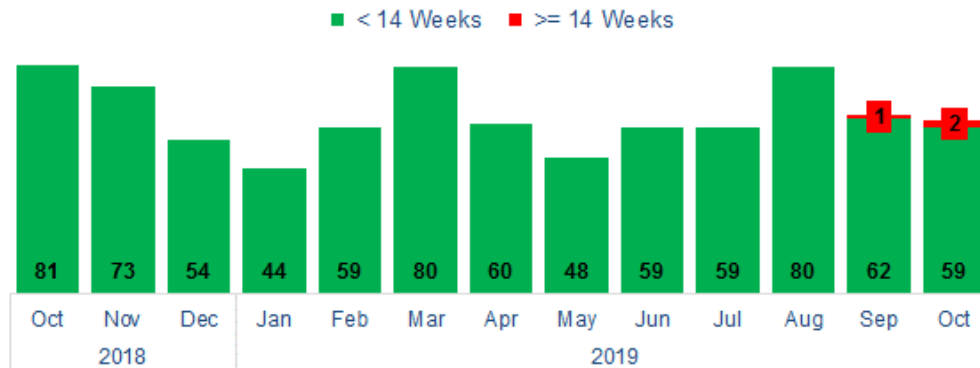
Status as at Oct 2019



Performance the past 12 months

Declining

Latest data



The patients waiting for an OT assessment were already being care coordinated so had support available to them, however it is important that patients are seen in a timely way.

Where are we and are we on target?

The number of individuals waiting longer than 14 weeks for an occupational therapy appointment in October 2019 was 2.

Why has this situation occurred?

The service has had an Occupational Therapy (OT) vacancy in South Ceredigion for the past 2 years. 1 OT was managing all OT referrals. This OT had a period of long-term sickness in the summer this year that has led to the breaches. She is now back in work. The service has recently recruited into this post and the successful applicant is in their induction period.

What are the challenges?

There were recruitment challenges that have now been resolved.

What is being done?

Appointments have now been made with the service users involved. Appointments were delayed as the care coordinator needed to be present during the initial assessment.

When can we expect improvement and by how much?

Improvement will be seen by the next month, as the new OT will be taking on their own caseload.

How does this impact on both patients and finances?



Staff and Resources

I can find information about how the NHS is open and transparent on its use of resources and I can make careful use of them.

Lead Executives: Lisa Gostling - *Director of Workforce & Organisational Development* ● Andrew Carruthers - *Director of Operations* ● Karen Miles - *Director of Planning, Performance & Commissioning* ● Huw Thomas - *Director of Finance*

Exception reports:

- [Finance](#)
- [Mandatory training](#)
- [Sickness absence](#)
- [Medical Appraisal/Performance Appraisal and Development Review](#)
- [Consultant/SAS Doctor Job Planning](#)
- [NHS external providers – direct patient care](#)
- [Information Governance](#)
- [Cyber Compliance](#)



Our Staff & Resources – Mandatory Training

Lead Committee: QSEAC

Executive Lead: Lisa Gostling

Senior Responsible Officer: Cheryl Raymond/Sian Hall

Metrics (targets):

Status as at Nov 2019

Performance the past 12 months

- % compliance for each completed Level 1 competency with Core Skills & Training (>85%)



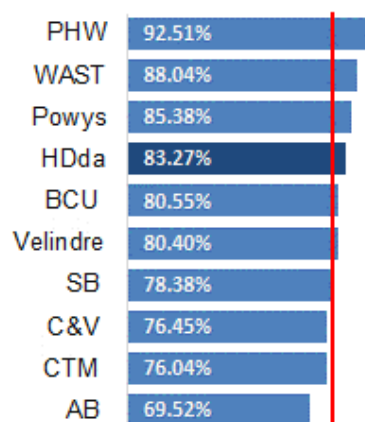
Improving

Latest data

Monthly Measures: Our Staff		Historical Data		
Target >85%	Nov 2019	Oct 2019	Nov 2018	Trend
Core Skills Training Framework	82.5	82.9	77.3	↓
Equality, Diversity & Human Rights	85.0	84.7	78.1	↑
Fire Safety	66.8	68.6	64.4	↓
Health, Safety and Welfare	84.2	84.0	77.6	↑
Infection Prevention & Control Level 1	81.6	81.9	82.1	↓
Information Governance	79.1	80.8	76.5	↓
Moving and Handling - Level 1	80.8	81.6	77.5	↓
Resuscitation - Level 1	87.6	87.3	80.8	↑
Safeguarding Adults - Level 1	85.6	85.5	77.5	↑
Safeguarding Children - Level 2	83.1	83.0	73.6	↑
Violence & Aggression - Module A	91.4	91.2	85.2	↑

Benchmarking (September 2019)

Wales Core Skills = 78.34%



Where are we and are we on target?

The Health Board is only 2.5% short of the 85% target despite a fall of 0.4% from last month.

Why has this situation occurred?

Fire training is affecting the overall percentage. This is due to the e-learning module being replaced with face-to-face training which has not been adequately facilitated owing to sickness in the team.

In addition, medical and dental staff are showing low compliance of 34.3% across all modules, highlighting a need to concentrate on supporting this group of staff to improve their compliance.

What are the challenges?

Medical and dental staff have difficulty securing time away from the workplace to complete the e-learning modules.

What is being done?

- Full day, face-to-face training events concentrating on the Core Skills subjects are taking place for medical and dental staff across all sites, which will assist the rise in compliance.
- The Fire team are now back to full capacity allowing for an increase in training courses.
- There remains focus through guides, on-line and telephone support, along with facilitated e-learning sessions.

When can we expect improvement and by how much?

The extra focus on medical and dental staff should see an improvement to the overall percentage over the next few months.

How does this impact on both patients and finances?

Completion of mandatory training underpins all other staff development, ensuring the Health Board has a skilled and trained workforce who are able to work safely.



Our Staff & Resources – Finance

Executive Lead: Huw Thomas

Senior Responsible Officer: Rebecca Hayes

Metrics :

- Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years (as agreed by the Planned Care Board)
- Stay Within Capital Resource Limit (cumulative year to date position)
- Cash Expenditure is less than the Cash Limit
- The Savings Plan is on target (cumulative year to date position)
- Variable pay (Agency, Locum, Bank & Overtime)
- Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)

Status as at November 2019



Latest data

Metric	Target	Nov-19
Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years (as agreed by the Planned Care Board) (cumulative year to date position)	<=0	£17.542m deficit
Stay Within Capital Resource Limit (cumulative year to date position)	<=0	0
Cash Expenditure is less than the Cash Limit	Year end	£25.368m shortfall
The Savings Plan is on target (cumulative year to date position)	100%	90.33%
Variable pay (Agency, Locum, Bank & Overtime)	Achievement of 2019/20 variable pay savings plans	£4.996m
Metric	Target	Jul-Sep 19
Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	95%	95.4%

Where are we against target?

- It is a statutory duty to achieve financial breakeven. The Health Board (HB) has a Control Total requirement of £15.0m deficit. The current

forecast is £25.0m deficit, given the cumulative financial position and on-going operational pressures. The Board formally ratified the change in forecast in November 2019. This places significant risk on the £10m WG funding;

- The HB's financial position at the end of Month 8 represented an adverse operational variance to plan of £6.7m (year to date (YTD)), with £2.0m in-month (£1.1m of which related to the recognition of the Welsh Risk Pool risk share); Month 8 YTD variance to breakeven is £17.5m;
- £1.9m of Savings schemes were delivered in Month 8, YTD slippage on identified schemes is £1.2m. The total required savings is £25.2m for the year. The current gap in identified assured savings schemes is £6.2m, including £1.7m projected slippage on identified schemes;
- Control Total requirements of £2.8m have been issued to Directorates to identify and implement action plans to reduce expenditure in future months;
- This deficit position will need to be recovered through a turnaround and recovery programme over the medium term.

What are the challenges?

- The detailed narrative setting out the key changes in the month and the main drivers affecting this position is contained within a separate paper on the agenda of the December 2019 Finance Committee;
- The risk of delivering the forecast is rated High given the YTD financial position and the balance remaining of unidentified savings schemes and in recognition of the critical need for the delivery profile to accelerate.

What is being done?

The actions being taken through increased control, the Holding to Account and the Turnaround processes are detailed in the separate paper on the agenda.

Performance Against Key Financial Targets Current Month (Statutory Financial Duties on Revenue & Capital)				
	Cumulative to Previous Month	Current Month	Cumulative to Current Month	Statutory Financial Duty
Revenue: Ytd Forecast/Outturn	£14.533m deficit £25.000m deficit	£3.010m deficit	£17.542m deficit £25.000m deficit	Stay within Revenue Resource Limit
Capital: Ytd Forecast/Outturn Current CRL	£17.501m £30.267m £30.267m	£2.953m	£20.454m £30.267m £30.267m	Stay within Capital Resource Limit
Performance Against Key Financial Targets Current Month (Other Financial Duties) Public Sector Payment Performance				
Year to Date Forecast Year End	95.4% >95%	This information is completed quarterly	95.4% >95%	Pay 95% of Non NHS Invoices within 30 days (basis of calculation changed in Nov 2015 to exclude Primary Care Contractor payments)
Savings Requirement				
	Cumulative to Previous Month	Current Month	Cumulative to Current Month	Savings Plans to achieve Statutory Duty
Ytd	£8.630m	£1.939m	£10.569m	These are gross savings as reported to Welsh Government, excluding the impact of cost pressures.
Full Year Forecast/Outturn – Green and Amber schemes	£19.301m		£18.987m	
Requirement	£25.2m		£25.2m	
Closing Cash Balance	£3.228m	n/a	£3.500m	Cash management plans aim to deliver the 'best practice' period end balance 5% of the forecast monthly cash draw down from WG.



Our Staff & Resources – Sickness absence

Lead Committee: QSEAC

Executive Lead: Lisa Gostling

Senior Responsible Officer: Steve Morgan

Metrics (targets):

- % of full time equivalent (FTE) days lost to sickness absence for rolling 12 months (Target = reduction)

Status as at Oct 2019 Performance the past 12 months

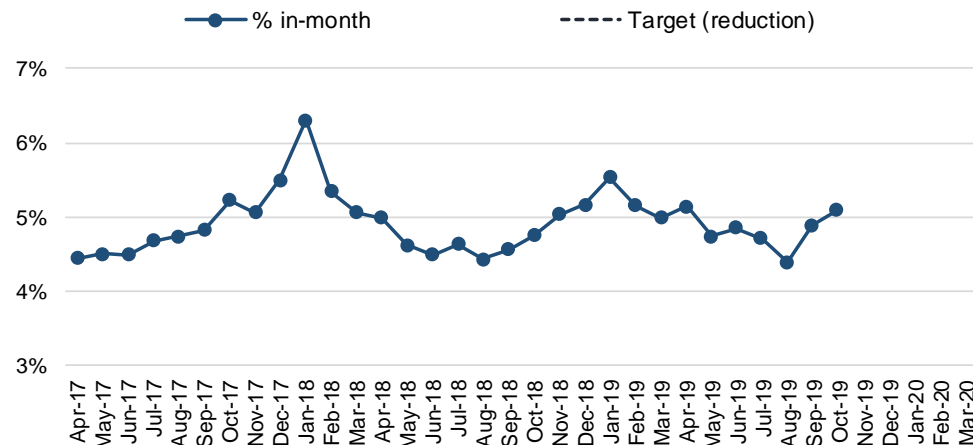
Improving

Latest data

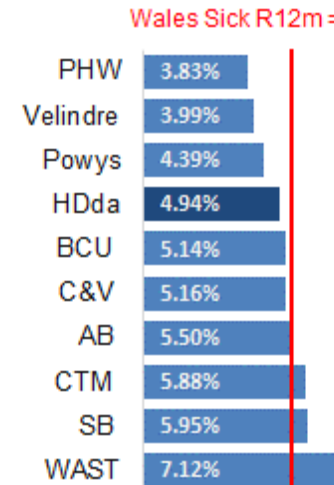
Monthly Measures: Our Staff	Current	Historical Data	
% of full time equivalent (FTE) days lost to sickness absence for rolling 12 month period	Oct 2019	Sep 2019	Oct 2018
Health Board Total	4.95	4.95	4.97
Unscheduled Care	4.74	4.67	5.06
Planned Care	4.85	4.79	4.57
Women & Children	4.90	4.82	4.91
Oncology & Cancer Care	2.20	2.05	3.02

Monthly Measures: Our Staff	Current	Historical Data	
% of full time equivalent (FTE) days lost to sickness absence – in month	Oct 2019	Sep 2019	Oct 2018
Health Board Total	5.09	4.88	4.70
Unscheduled Care	5.17	4.61	4.38
Planned Care	5.42	5.04	4.53
Women & Children	5.42	5.56	4.20
Oncology & Cancer Care	2.68	1.49	0.83

Sickness absence



Benchmarking (September 2019)



Where are we against target?

The sickness information reported relates to the position as at 31st October 2019. The in month figure for October 2019 is 5.09% which is an increase on the previous month (4.88%) and also an increase compared to October 2018 (4.70%). The rolling 12 month rate amounts to 4.95%. Hywel Dda Health Board has the lowest sickness rates of all of the larger Health Boards (HB) in Wales.

Why has this situation occurred?

The all Wales Attendance Policy training is being rolled out across the HB. This policy offers managers more discretion when escalating staff through the policy and emphasises a more compassionate approach to the management of attendance.

What are the challenges?

The challenge is to attain and sustain the Welsh Government (WG) target especially in light of the new policy which provides and encourages more management discretion.

What is being done?

The HB is continuing to monitor and manage sickness closely throughout the organisation; sickness auditing is targeted to the wards and departments with the highest levels of absence and training is continuing. In addition, the performance assurance process is continuing to maintain a focus on sickness. Training in the new all Wales policy is ongoing.

When can we expect improvement and by how much?

It is anticipated that the rolling 12 month rate will continue to remain one of the lowest of the larger Health Boards in Wales.

How does this impact on both patients and finances?

Poor sickness impacts on quality of care for patients and variable pay costs.



Our Staff & Resources – Medical Appraisal/Performance Appraisal and Development Review (PADR)

Lead Committee: QSEAC

Executive Lead: Lisa Gostling

Senior Responsible Officer: Rob Blake

Metrics (targets):

Status as at Nov 2019

Performance the past 12 months

- % staff undertaking PADR: Medical and Non Medical (Target > 85%)

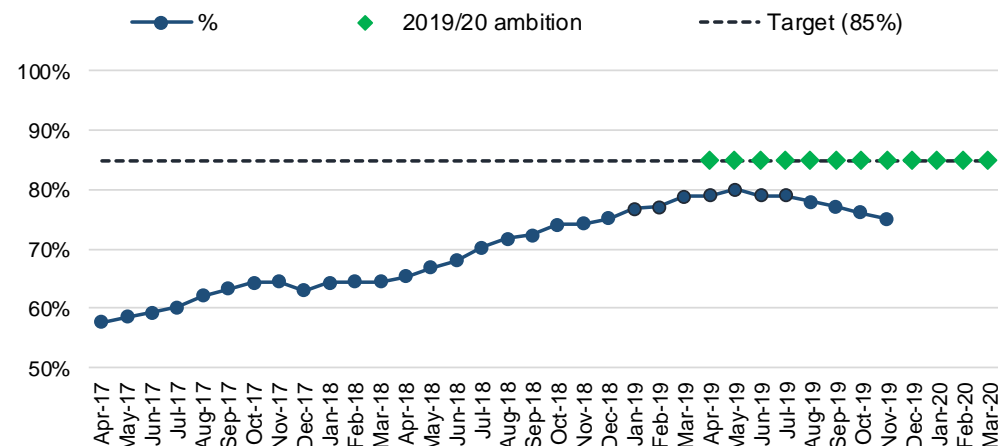


Declining

Latest data

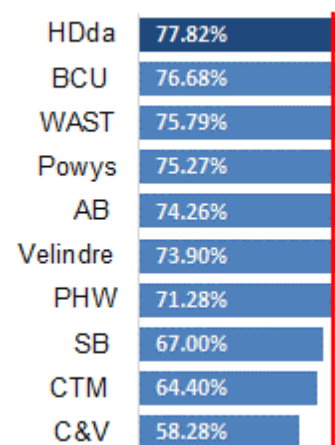
Appraisal	% Nov '19	% Oct '19	% Nov 18	Trend
Health Board Total (Combined)	75	76	73	↓
Total Medical Appraisal	96	96	94	↔
Total Non-medical appraisal	73.20	74.13	71.27	↓
Medical Appraisal				
Unscheduled Care	92	93	92	↓
Planned Care	96	97	96	↓
Women & Children	96	99	93	↓
Mental Health & Learning Disabilities	100	98	95	↑
Non-Medical Appraisal				
Unscheduled Care Bronglais	43.44	40.82	71.23	↑
Unscheduled Care Glangwili	57.35	59.55	67.44	↓
Unscheduled Care Prince Philip	83.98	82.77	84.33	↑
Unscheduled Care Withybush	83.33	80.50	67.25	↑
Pathology	77.08	81.33	43.32	↓
Radiology	51.60	51.13	48.40	↑
Planned Care	63.60	66.13	65.11	↓
Women & Children	76.76	79.68	76.63	↓
Mental Health & Learning Disabilities	80.46	78.63	76.87	↑
Estates and Facilities	78.53	80.65	75.10	↓
Carmarthenshire County	80.97	81.30	89.88	↓
Ceredigion County	76.33	79.53	68.86	↓
Pembrokeshire County	86.81	91.18	82.55	↓
Director of Therapies & Health Science	77.58	78.00	78.67	↓
Deputy CEO/DOE	73.12	73.86	71.67	↓
Corporate Governance	55.56	60.00	90.00	↓
Director of Finance	94.74	95.74	85.37	↓
Director of PPIC	91.41	88.34	84.42	↑
Director of Partnerships and Corporate	64.44	76.60	68.09	↓
Medical Director	73.86	72.94	72.15	↑
Director Nursing, Quality & Experience	46.09	50.86	45.90	↓
Director of Public Health	58.23	59.32	47.39	↓
Director of Workforce & OD	85.63	89.82	84.71	↓

Staff who have had a PADR in the previous 12 months



Benchmarking (September 2019)

Wales PADR = 70.29%



Where are we against target?

It is disappointing to discover that the compliance rate for PADRs has again dropped for Hywel Dda University Health Board (HDUHB) by another 1% over the month. The organisation has seen significant drops in non-medical appraisals in 16 directorates with only 7 increases. The decline in compliance rates has resulted in the organisation being only 7.5% better than the all Wales average for September 2019, and 12 % off the required target of 85% in non-medical areas. There are only 4 non-medical areas who are achieving the target rate of >85%.

Medical Appraisal remains constant at 96% and continues to remain well above target, despite decreases in compliance in 3 directorates over the month.

Why has this situation occurred?

It is difficult to pinpoint exact reasons for this decline in compliance rates without seeking data from appraisers. There is stress in the system in finding time and adequate rooms to have the formal performance meeting effectively. The other issue the team are hearing about is lack of confidence in appraisers doing the process properly.

What are the challenges?

There are many challenges in getting PADRs completed efficiently and within timescales. The conflicting demands of leaders' roles mean that people performance management gets pushed down an ever-growing list of priorities that result in slippage. There is a continued lack of training options with Managers Passport being completed every 3 months and not enough resources to facilitate enough bespoke training sessions on a frequent ongoing basis. The need for meaningful performance conversations with employees is integral in supporting the organisation to have a workforce that understands what is required from them and how they are achieving these targets.

What is being done?

Training continues to take place where capacity in the team allows. The Occupational Development (OD) team delivered training for Estates (Withybush) in November. The December Performance Management training session was completed early last week with full attendance and excellent feedback and there is a plan to run these more frequently in 2020. Emails to all Directorates with under 50% compliance rates have been sent asking them to signify how they can improve and offering support. So far, none have replied to this communication. The OD team will also start to look

for PADR champions in the worst performing areas in early 2020. These colleagues will be the points of contact and will drive improvements in these areas with the team's support.

The first conversation with Velindre NHS Trust and Welsh Ambulance Service Trust (WAST) to review the existing policy has taken place and NHS Employers will be asked to sponsor this work which will sit alongside the new Pay Progression Policy. The OD team is still in the process of drafting an updated policy following feedback from the first draft and will look to get this completed by w/c 23rd December 2019.

When can we expect improvement and by how much?

The Workforce & OD team are currently reviewing various support mechanisms to try to build the organisation back to the position it found itself 6 months ago and support the organisation to achieve the desired target of 85%. The team will also review options in how the organisation will take random audits to assess the quality of PADRs.

How does this impact on both patients and finances?

The need for effective regular performance conversations enables staff to know what they are doing and more importantly, why they are doing it. Research shows that staff having these conversations feel far more valued and this supports staff engagement, which directly links to quality of care and patient experience. Research also supports that staff working in a positive, far more engaged state has direct impacts to financial savings.



Our Staff & Resources – Job Planning

Lead Committee: QSEAC

Executive Lead: Phil Kloer

Senior Responsible Officer: John Evans/Helen Williams

Metrics (targets):

- Consultants/SAS Doctors with an up to date job plan (reviewed within the last 12 months) (Target 90%)
- Consultants/SAS Doctors who have a job plan (Target 90%)

Status as at Nov 2019

Performance the past 12 months



NA
Improving

Latest Data

	Nov '18	Nov '19					
	Current Job Plan	Current Job Plan		No Job Plan		Current or Needs Review	
	%	%	Number	%	Number	%	Number
Consultants	48%	67%	179	0%	0	100%	267
SAS Drs	20%	46%	79	34%	58	66%	113
TOTAL	37%	59%	258	13%	58	87%	380

NOTE: 02/10/2019 - Target increased from 85% to 90%

Where are we and are we on target?

Consultants and SAS Drs with a current job plan:

59% of Consultants & SAS Drs have a current Job Plan, which is an increase of 22% on the same month last year. The current figure needs to rise by at least 31% to meet the target of 90% and although job plans reviews are steadily being undertaken, this pace needs to increase.

Consultants and SAS Drs with a job plan (current & needs review):

87% of Consultants & SAS Drs have a job plan that is either current or needs review. Further improvement is needed in terms of the 34% of SAS Drs who do not have a job plan.

SAS Drs account for the 13% of the total number with no job plan.

Why has this situation occurred?

Please see [M4 IPAR](#) (pg. 80) exception report.

What are the challenges?

In addition to the challenges detailed in M4 IPAR (pg. 80):

- Delays in the process in terms of creating the job plan, having the review meeting, confirming job plan activities and negotiation, drafting the final job plan, sign off by all parties, providing copies to relevant individuals.

What is being done?

In addition to the items detailed in M4 IPAR (pg. 80):

- Job plan workshops continue to be held across the Health Board sites;
- An escalation process has been created to help deal with job plan reviews which are not carried out within agreed timescales;
- Internal audit of the job planning process has been completed and recommendations will be reported at the next ARAC (Audit & Risk Assurance) meeting on the 19th December.

When can we expect improvement and by how much?

The Health Board will continue to drive improvements in the process and hope to reach the target of 100% Consultant and SAS doctor job plans by the end of March 2020.

How does this impact on both patients and finances?

Effective job planning results in the alignment of individual's work, departmental objectives and strategic objectives resulting in a much more cost effective delivery of healthcare.

The number of patches that are released and the timings of those releases affects the ability of the ICT team to continue to update servers/desktop.



Our Staff & Resources – Cyber Compliance - Security Patching Status

Lead Committee: BPPAC

Executive Lead: Karen Miles

Senior Responsible Officer: Anthony Tracey

Metrics (targets):

- 90% of Server infrastructure patched with the latest updates
- 90% of Desktop infrastructure patch with the latest updates

Status as at Nov 2019

Performance the past 12 months



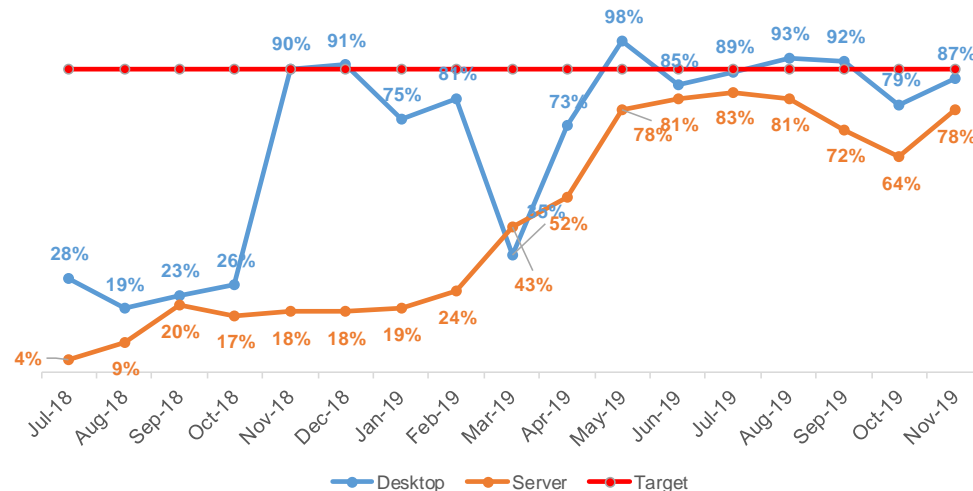
Improving



Improving

Latest data

% Compliance of Security Patching Status



Where are we against target?

From September 2017, the Health Board (HB) has been capturing monthly key performance indicators (KPIs) of the critical security patching status of the desktop equipment (PCs/laptops) and servers hosting a range of administrative and clinical systems. The graph above highlights the patching levels for the ICT (Information Communications Technology) infrastructure:

- General patching levels for November 2019 remain static in that 87% of all desktops have been patched and is slightly below the target;
- Server patching levels for November 2019 is 77.6%, which is below the 90% target.

Why has this situation occurred?

What are the challenges?

On average it takes 2-3 weeks for patches to be released to all PCs/laptops. Many of the major software and hardware suppliers release patches/bugs on the second Tuesday of every month. Patch Tuesday (also known as Update Tuesday) which occurs is an unofficial term used to refer to when Microsoft regularly releases security patches for its software products.

What is being done?

The HB is continuing to work with suppliers to remove legacy systems. Additional capital and revenue has recently been announced by the Minister which will allow the Health Board to hire additional staff to improve the server patching status.

The anti-virus software has been removed from the information above as this is always at 100%. The update to this software has been given the highest priority as this is the first line of defence against an attack.

The ICT team have developed a cyber-security dashboard within Power BI, which allows the team to target servers/desktops which have outdated security updates.

When can we expect improvement and by how much?

Improvements in the desktop patching levels is dependent upon the number of patches released by the vendors. With the movement to Windows 10, these updates will become more frequent, and therefore will affect the users' experience.

How does this impact on both patients and finances?

Limited impact upon patients, as the server/desktop updates are planned with the service owner to be undertaken out of hours. However, when critical patches are required, the ICT infrastructure could be affected, which in turn could have an effect upon patient services.

**Latest data****Month 8 - Current and Forecast Position – Financial Position – All Providers**

Direct Patient Care Summary	Annual Budget	M8 YTD Budget	YTD Expenditure	YTD Variance
	£'000	£'000	£'000	£'000
Swansea Bay	33,004	22,003	22,531	528
Cardiff & Vale	5,270	3,513	3,656	143
WHSSC - Specialised Services	72,091	48,061	47,341	(720)
WHSSC - EASC	22,596	15,064	15,064	0
Aneurin Bevan	266	178	186	8
Betsi Cadwaladr	271	181	151	(30)
Cwm Taf Morgannwg	451	301	299	(2)
Powys	182	121	125	4
Velindre	964	642	610	(32)
Welsh Ambulance	1,080	720	720	(0)
Public Health Wales	60	40	40	0
Other UK NHS Trusts	930	760	1,099	339
Non Commissioned Activity	812	541	634	93
Individual Patient Care	650	433	458	25
TOTAL - Direct Patient Care	138,628	92,559	92,914	355

Swansea Bay University Health Board (SBUHB) M7 Activity:

- Swansea Bay as at Month 7 activity is above the contract plan to the sum of £190,649, this equates to £133,455 after the marginal rate rule is applied. This is a step change between months of £195,833 at marginal cost. The key drivers are Critical Care, Cardiology, Neurology, Vascular Surgery and Spinal Surgery;
- The additional cost pressures remain within High Cost Drugs leading to a total spend above planned amounts of £528k;
- SBUHB is still forecasted to be the highest contract overspend in 2019/20.

Cardiff and the Vale University Health Board (C&V UHB) M7**Activity:**

- Cardiff and Vale year to date position is above the financial plan by £143k. This is an improvement of £63k compared to the Month 7 report. This is due to activity being below plan in Orthopaedics, the general Long Term Agreement (LTA) and a reduction in Adult Critical Care utilisation;
- HIV activity is above the Year To Date (YTD) plan, this run rate is forecasted to continue for the remainder of 2019/20;
- As at Month 7 High Cost Drugs are £80k above the financial plan;
- Haematology day-cases volume remain above plan by 2,540%. However, this area is to be re-modelled as part of the 1920/21 LTA, as the run rate has been consistently high for several years.

Welsh Health Specialist Services Committee (WHSSC) M7 Activity:

- The forecast position includes £473k of non-recurrent reserve releases related to 2018/19;
- £324k is related to slippage from developments;
- Excluding the reserves and developments slippage, this approximates to a position on plan at year-end for Hywel Dda across the main portfolio of services. This is with a forecast £174k over plan position with Welsh providers balanced off by a £175k under planned spend from out of area Mental Health services. All other areas are broadly breakeven cumulatively. As at Month 8 the cumulative position against the WHSSC budget stands at £720k under plan with a forecast, spend under plan of £542k at year end.

Table A: Current and Forecast Position: Activity (to Month 07 2019/20)

Organisation	Agreed Activity	Activity to Month 7	Actual Activity	Variance
Swansea Bay				
Elective Inpatients	1,316	768	633	(135)
Emergency Inpatients	3,116	1,818	1,878	60
<i>Total Inpatients</i>	<i>4,432</i>	<i>2,585</i>	<i>2,511</i>	<i>(74)</i>
Day Cases	2,035	1,187	1,260	73
Regular Day Attendances	1,123	655	429	(226)
Outpatient Procedures	2,340	1,365	2,215	850
Total Outpatients	28,738	16,764	16,628	(136)
<i>Other</i>	<i>25,306</i>	<i>14,761</i>	<i>15,084</i>	<i>323</i>
Total Activity	62,073	36,208	36,520	312
Cardiff & the Vale				
Elective Inpatients	348	203	161	(42)
Emergency Inpatients	324	189	154	(35)
<i>Total Inpatients</i>	<i>672</i>	<i>392</i>	<i>315</i>	<i>(77)</i>
Day Cases	300	175	56	(154)
Regular Day Attendances	48	28	283	255
New Outpatients	1,152	672	582	(90)
Follow Up Outpatients	3,864	2,254	2,043	(211)
Outpatient Procedures	168	98	69	(29)
Total Outpatients	5,184	3,024	2,694	(330)
Orthopaedics	255	149	96	(53)
Mental Health Daycare	36	21		(21)
Mental Health Beddays			153	153
Total Activity	6,495	3,789	3,444	(380)

What are the challenges?

The information contained within this report is based upon Month 7 2019/20 for activity and Month 8 for the financial position. The LTA activity is currently showing activity below plan but given some budget shortfalls and additional requirements for National Institute for Health and Care Excellence (NICE) or High Cost Drugs, there is a current year-end forecast deficit position of £1.070m at November 2019.

What is being done?

- Regular communications with WHSSC to understand the potential future impact of the Risk Sharing Arrangements for the services managed on the Health Board's behalf;
- Regular LTA meetings with Providers to review activity, resolve any capacity or service issues and to develop better working relationships;
- Working with SBUHB to get real time data analytics for Mental Health and Neurology;
- More detailed analysis of the NICE/High Cost Drug costs at SBUHB, C&V UHB and Velindre University NHS Trust;
- Greater liaison with the Referral Management Centre in respect of Individual Patient Funding Requests;
- Validation of LTA performance activity and Non Commissioned Activity (NCA) invoices backing information to identify and challenge inappropriate charges;
- Reviewing minimum data sets to ensure accuracy of coding.

When can we expect improvement and by how much?

Direct patient care is closely monitored by both the Health Board and the providers under the LTA contract mechanisms, which regulate costs and service developments. In order to achieve any significant reductions in costs over and above what has already been achieved, there needs to be a significant reduction in referrals to out of area providers. To deliver this, a fundamental review of the referral processes is needed in collaboration with the Referral Management Centre, Primary and Secondary Care Clinicians.



Our Staff & Resources – Information Governance

Lead Committee: BPPAC

Executive Lead: Karen Miles

Senior Responsible Officer: Anthony Tracey

Metrics (targets):

- Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Own Record (target = 8)
- Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Family Record (target = 13)

Status as at Nov 2019 **Performance the past 12 months**

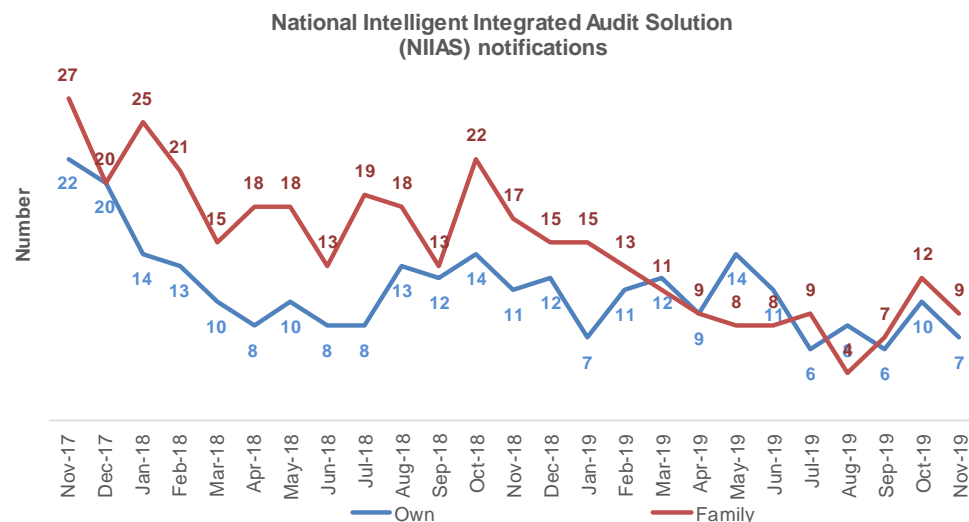


Improving



Improving

Latest data



Where are we against target?

The NIIAS reporting tool has been active across the Health Board (HB) since January 2016 and monitoring of staff access to systems has taken place since this date. The Information Governance (IG) team are now actively enforcing access to own records and family records, which is reflected within the graph above.

Own Record - Inappropriate access to own records has shown an overall decrease. The average number of data breaches has decreased since the last reporting period to 7 breaches within the month, which is below the agreed target of 8 per month.

Family Record - The number of inappropriate accesses by staff to family records has shown a decrease. The HB is still seeing an average of 9 breaches over the reporting period, which is below the target of 13 breaches per month.

Why has this situation occurred?

Accessing your own or family health record is contrary to the Data Protection Act 2018 and HB policy. This is because, before sharing any health information with an individual, the HB has a legal duty to determine, in liaison with a relevant clinician, whether access to the information will cause damage or distress to you or any other individual. By accessing your own record without going through the formal HB process for access to medical records, staff are preventing the HB from fulfilling this legal duty.

What are the challenges?

The challenge is to ensure that all staff comply with the requirements of not viewing medical records inappropriately.

What is being done?

- Regular communications to staff through global e-mails, newsletters, posters, road shows and drop in events to promote the appropriate access to patient records;
- A number of confidentiality breaches have been used to further highlight the importance of appropriate access to patient records by staff (including their own record) through media, global e-mail and messages from the Senior Information Risk Owner (SIRO);
- During the reporting period, 3 NIIAS training awareness sessions have been held across HB sites and key messages reiterated to staff, including the escalation process if any further breaches are reported against a staff member.

When can we expect improvement and by how much?

As previously reported in [M6 IPAR](#), page 91.

How does this impact on both patients and finances?

As previously reported in [M6 IPAR](#), pages 91/92.



Additional Reports

[Welsh Health Specialised Services Committee \(WHSSC\)](#)



Welsh Health Specialised Services Committee (WHSSC) Management Group meeting

The information below is an update from 24 October 2019 Welsh Health Specialised Services Management Group meeting:

Welcome and Introductions

The Chair welcomed members to the meeting.

Minutes from Previous Meeting and Action Log

The Minutes from the meetings held on 26 September 2019 were noted.

Members noted that updates to the Action Log were covered in the Managing Director's Report.

Draft Integrated Commissioning Plan 2020-23 (ICP)

Members received a presentation and the Draft Integrated Commissioning Plan. The Draft Integrated Commissioning Plan had been shared with Welsh Government who would be providing feedback on 5 November. Members provided feedback and the Welsh Health Specialised Services Team undertook to circulate a list of actions the following day, which would need to be addressed in advance of the Integrated Commissioning Plan being shared with Joint Committee for consideration at its meeting on 12 November.

Report from the Managing Director

Members received the Managing Director's report, which included:

Welsh Health Specialised Services Committee Assistant Director of Planning

Claire Nelson has been appointed to the substantive role;

Perinatal Mental Health - Mother and Baby Unit

Work is continuing with Swansea Bay University Health Board in relation to the business case for a new Mother and Baby Unit but Welsh Government has asked the Welsh Health Specialised Services Team to look at an interim solution at an existing facility that could be available from 2020-21, given that a new unit is unlikely to come online before 2021-22;

Shropshire and Mid Wales Fertility Centre Service De-escalation

The service has been taken out of escalation having demonstrated that there were no patients waiting >26 weeks to start fertility treatment and that it is compliant with policy and Referral To Treatment guidelines;

Vulnerable Person's Resettlement Scheme

The Welsh Health Specialised Services Team has resumed discussions with the Home Office, Welsh Strategic Migration Partnership and Welsh Government about a pilot project, proposing that Welsh Health Specialised Services Committee advises on cases with complex medical conditions to confirm whether they can be treated in Wales.

Health Technology Wales and Policy Audits

The Welsh Health Specialised Services Team is discussing the possibility of a joint project with Health Technology Wales to audit implementation and compliance of providers to all new Welsh Health Specialised Services Committee commissioning policies.

Funding Release for Neurosurgery Referral to Treatment

Due to cancellation of a scheduled meeting it had not been possible to obtain details of current demand and how investment was being used to address this. This would be brought back to a future meeting following a Service Level Agreement meeting with the service.

Inherited Metabolic Disorders

A policy was being drafted which would strengthen the processes for the administering and stopping of the high cost therapies.

Blueteq

The Cell & Gene Therapy Team at Welsh Blood Service will be working with all Wales Therapeutics and Toxicology Centre and Welsh Health Specialised Services Committee on the phased roll out of the Blueteq package across all health boards and Velindre. The package will enable better management of high cost drugs.

Cardiac Surgery Waiting Times

The latest position had been reviewed at a recent joint meeting with Cardiff and Vale University Health Board and Swansea Bay University Health Board. Urgent work was required on pathway start dates at Swansea Bay University Health Board to enable an understanding of the impact on Referral To Treatment targets. A collaborative approach had been agreed to consider prioritisation and/or outsourcing of patients from both providers through a risk based process.

Vulnerable Groups Portfolio

At the request of Welsh Government Welsh Health Specialised Services Committee will be taking forward the commissioning of an All Wales

Traumatic Stress Service and support the further development of the Gender Service, Forensic Adolescent Consultation and Treatment Service as well as refugee resettlement. Welsh Government will be providing funding for Welsh Health Specialised Services Committee to facilitate this for an initial 18 month project.

Members noted the contents of the report.

Adult Congenital Heart Disease (CHD)

Members received a paper that provided an update on the investment made in 2015 in Phase 1 Adult Congenital Heart Disease.

Members:

- Noted the investment made for the Phase 1 Adult Congenital Heart Disease service;
- Noted the benefits of the investments to date;
- Noted the risks around ongoing sustainability of the service; and
- Supported the development of a service specification for Congenital Heart Disease.

Funding Release – Cochlear Implants and Bone Anchored Hearing Aids (BAHAs)

Members received a paper that requested the release of funding for replacement and upgrade of Bone Anchored Hearing Aids and Cochlear Implants which was included in the Intermediate Care Plan 2019-22 prioritisation process to ensure the provision of a safe, sustainable and effective clinical service for patients in the South Wales region.

Members:

- Noted the information presented within the report; and
- Supported the proposed release of funding for the replacement and upgrade of Bone Anchored Hearing Aids and Cochlear Implants.

WHSSC Policy Group Update

Members received a paper on the work of the Welsh Health Specialised Services Committee Policy Group and noted the information presented within the report.

Integrated Performance Report

Members received a report on the performance of services commissioned by Welsh Health Specialised Services Committee for August 2019 and noted the services in escalation and actions being undertaken to address areas of non-compliance.

Finance Report 2019-20 Month 6

Members received a report that set out the financial position for Welsh Health Specialised Services Committee for the sixth month of 2019-20, following a full review and release of reserves, being an under spend of £2,048k and forecast underspend of £3,862k for the full year.

Any Other Business

- **CTMUHB Business Case for PCI** It was reported that the Percutaneous Coronary Intervention Business Case had been approved by the Cwm Taf Morgannwg University Health Board and would now be forwarded to Welsh Health Specialised Services Committee;
- **PET Commissioning** It was noted that while Betsi Cadwaladr University Health Board has commenced an engagement exercise on medical physics for north Wales, Positron Emission Tomography commissioning is an all Wales process led by Welsh Health Specialised Services Committee.



Supporting data

Supplementary dashboards have been developed for the areas listed below. Currently some users are unable to access the dashboards due to an IT issue so a selection of charts from each dashboard have been made available here as an interim solution.

[Unscheduled care](#)

[Referral to treatment](#)

[Cancer](#)

[Diagnostics](#)

[Therapies](#)

[Mental Health](#)

[Hospital Initiated Cancellations](#)

[Health care acquired infections](#)

[Stroke](#)

The dashboards can be accessed on the Hywel Dda University Health Board intranet site (NHS only) [here](#).

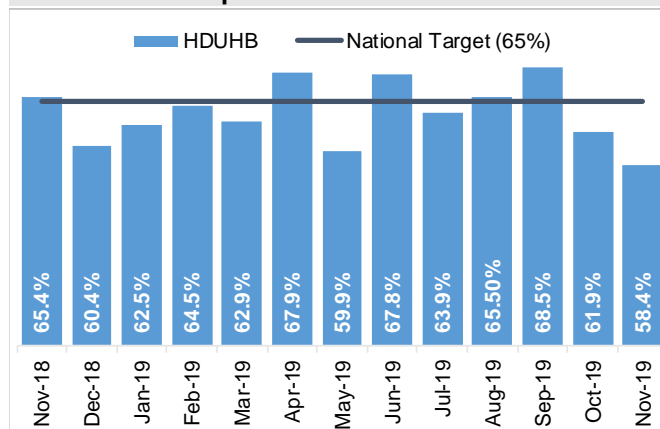


Unscheduled care

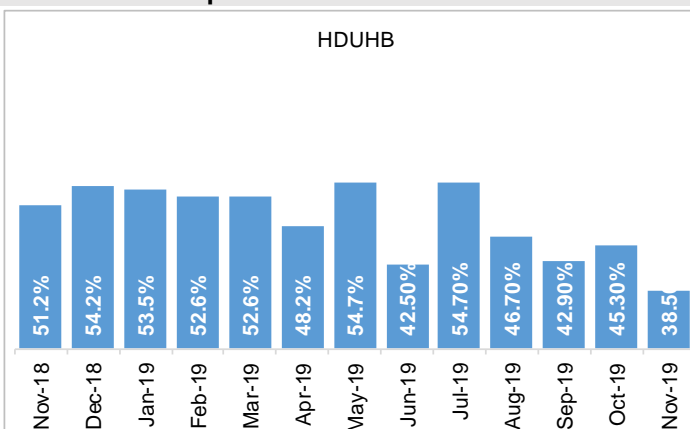
The charts below show the Health Board's position. Charts are also available by acute site in the unscheduled care dashboard.

Red & Amber Calls

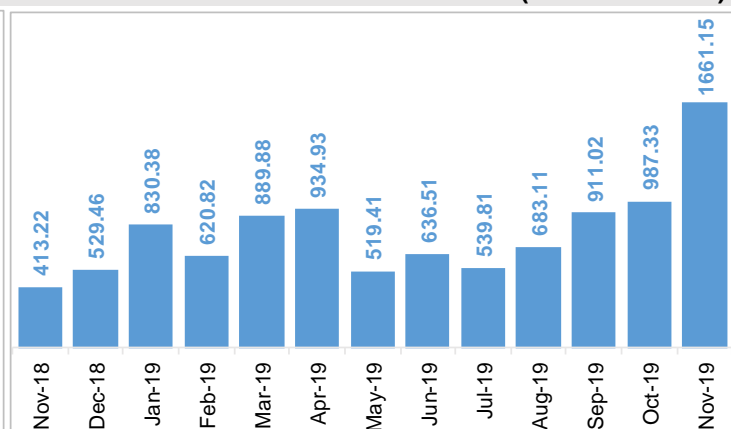
% of Red call responses within 8 minutes



Amber call responses within 20 minutes

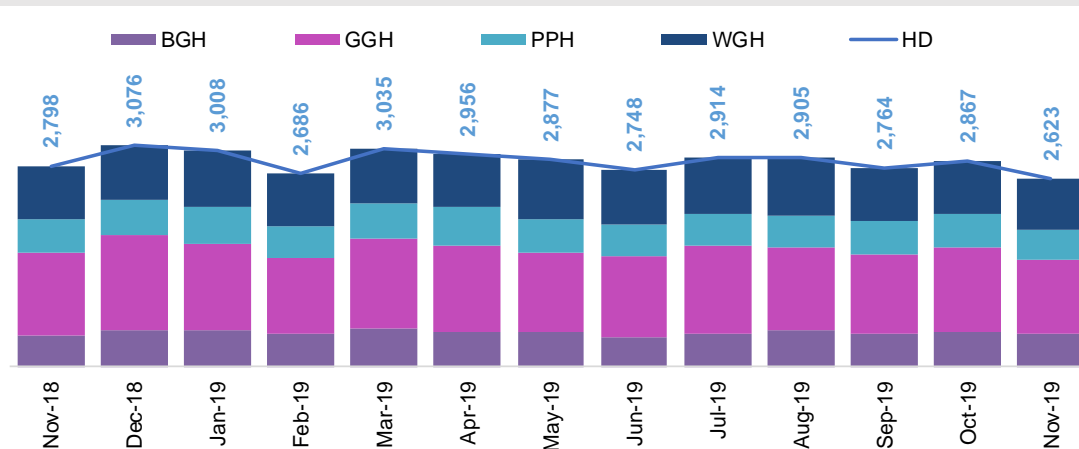


Ambulance lost hours > 15 mins (all WAST crews)

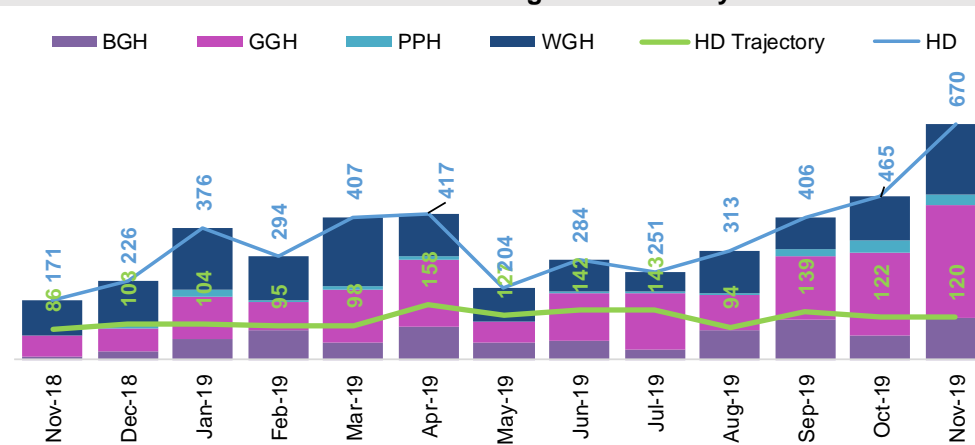


Ambulance arrivals and handovers

Number of arrivals at acute sites

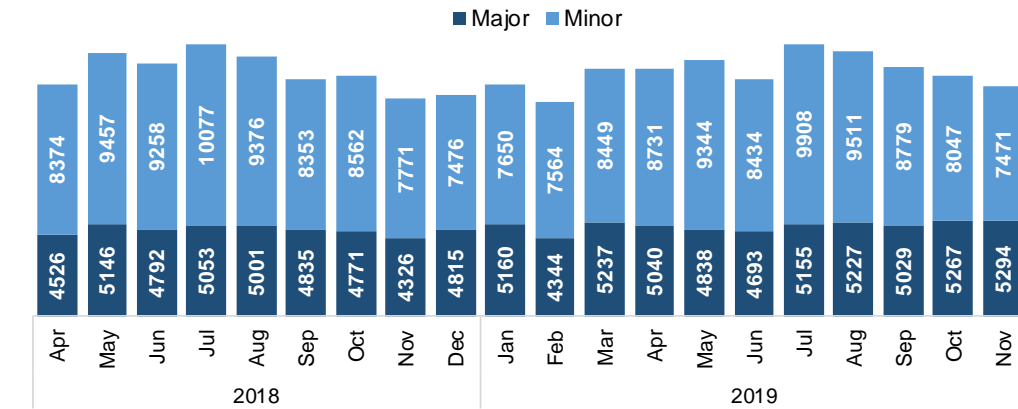


Number of ambulance handovers waiting over 1 hour by acute sites

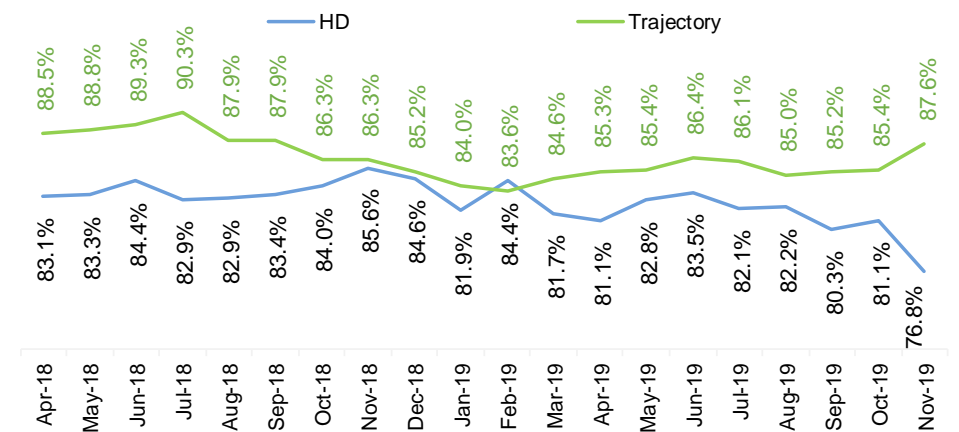


A&E and MIU attendances

A&E and MIU new attendances by type



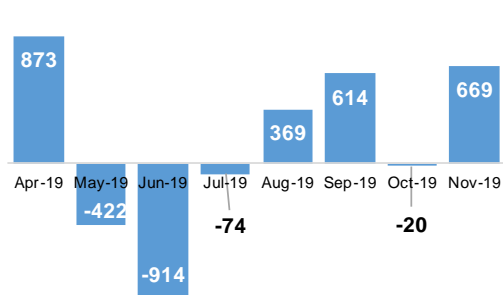
% new patients spending < 4 hours in A&E and MIU



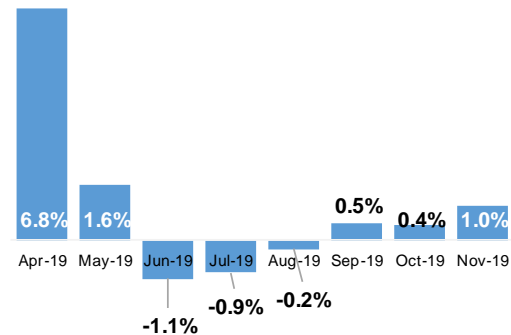
A&E and MIU new attendance - 2 year comparison 19/20 to 18/19

% new patients spending < 4 hours in A&E/MIU - 2 year comparison 19/20 to 18/19

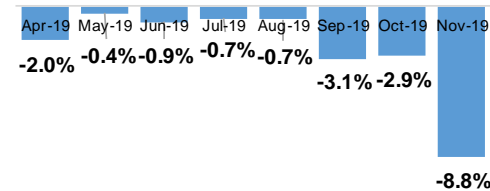
Monthly performance attendance variance compared to the same month the previous



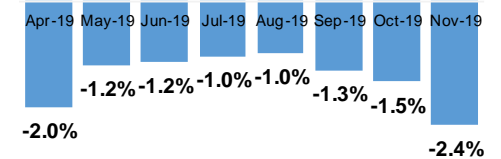
Year to date % performance variance compared to the same period the previous year



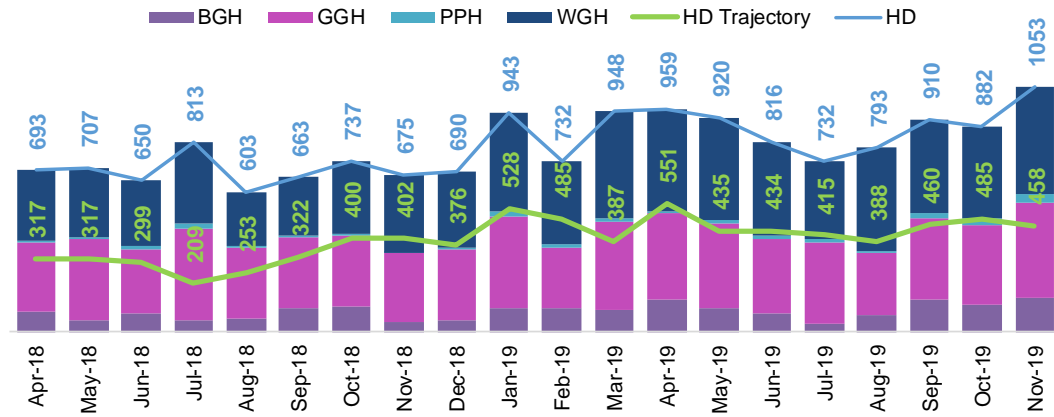
Monthly % performance variance compared to the same month the previous year



Year to date % performance variance compared to the same period the previous year

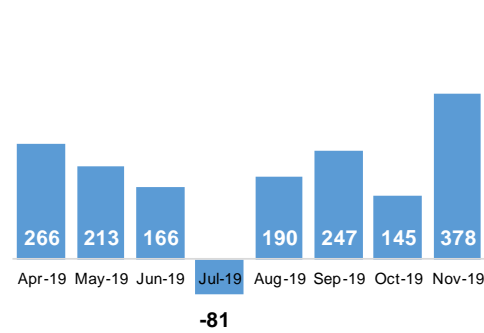


Number of new patients spending > 12 hours in A&E and MIU by acute site

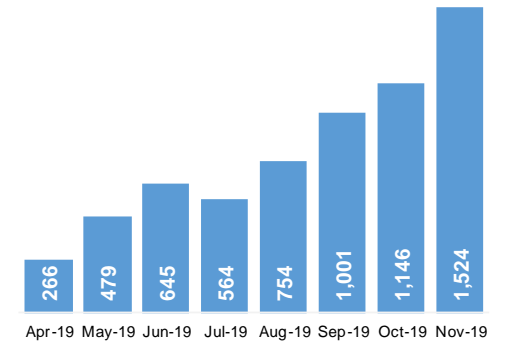


New patients spending >12 hours in A&E/MIU - 2 year comparison 19/20 to 18/19

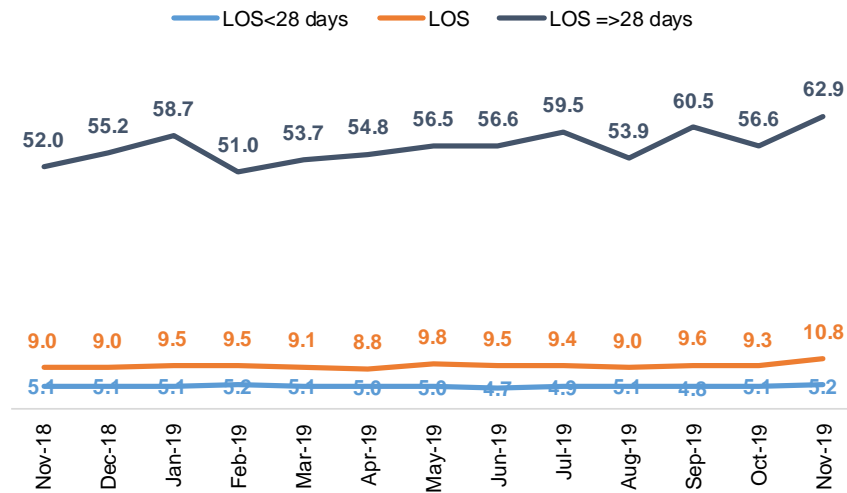
Monthly performance attendance variance compared to the same month the previous year



Year to date performance attendance variance compared to the same period the previous year

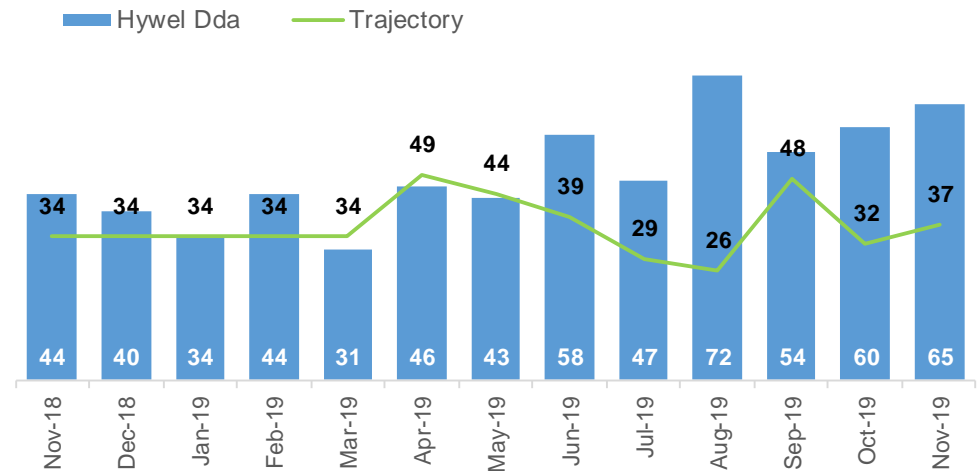


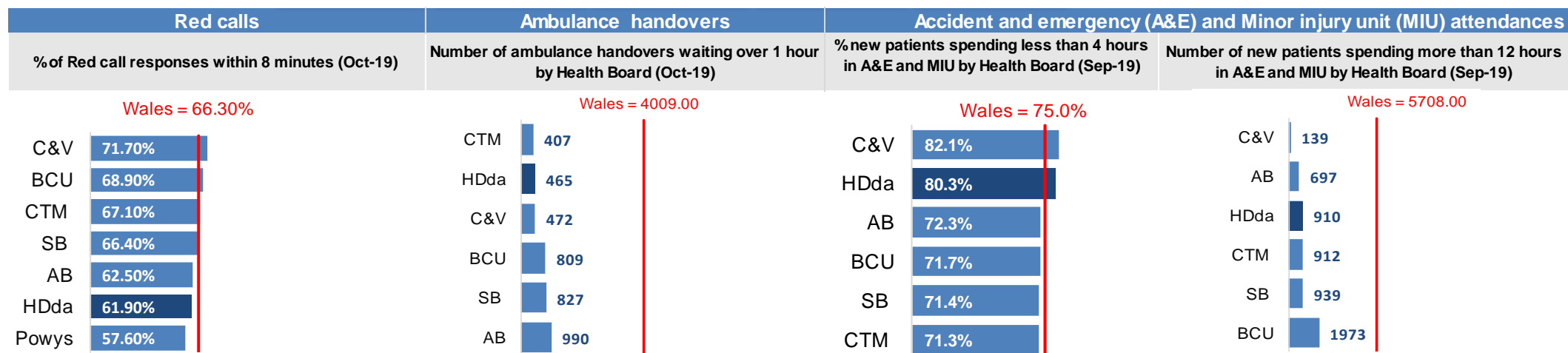
Average length of stay (LOS)
- medical emergency in patients including zero days



Teifi ward is not included

Non mental health delayed transfer of care (DTOC)
In month numbers



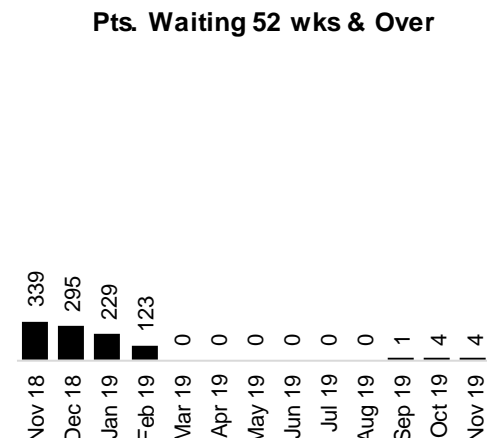
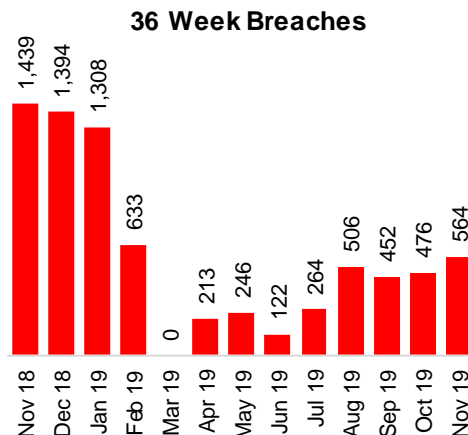
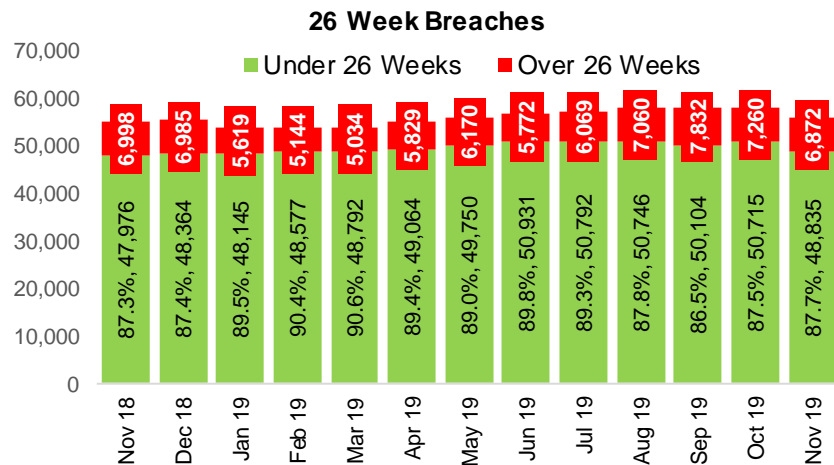




Referral to treatment (RTT)

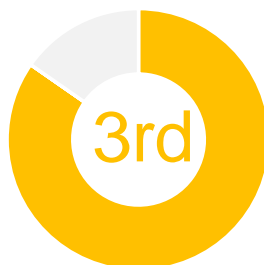
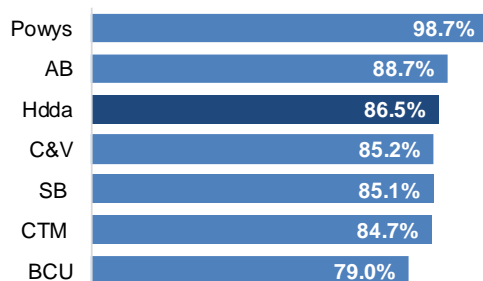
The charts below show the Health Board's position. In the RTT dashboard the 36 and 26 week charts below can be viewed by pathway stage and specialty.

Specialty: (All) - Pathway Stage - (All)

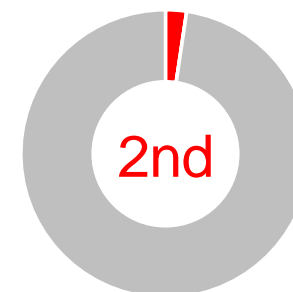
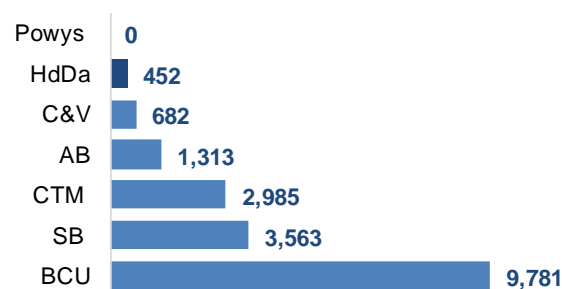


All Wales Benchmarking – September 2019

% of patients referred for treatment within 26 weeks (Target: 95%)



Number of 36 week breaches (Target: 0)



Longest Weeks Wait for Pathway Stage (All)

Specialty	Longest Weeks Wait
Breast Surgery	37
Cardiology	57 - 60
Chemical Pathology	28
Clinical Haematology	35
Clinical Neuro-physiology	15
Colorectal Surgery	41 - 44
Dermatology	49 - 52
Diabetic Medicine	29
Endocrinology	35
ENT	49 - 52
Gastroenterology	33
General Medicine	39
General Surgery	49 - 52
Geriatric Medicine	35
Gynaecology	57 - 60
Nephrology	35
Neurology	35
Neurosurgery	14
Ophthalmology	53 - 56
Oral Surgery	0
Orthopaedics	61 - 64
Paediatrics	35
Pain	41 - 44
Rheumatology	35
Stroke Medicine	32
Unknown (998)	13
Upper Gastro	10
Urology	49 - 52
Vascular	41 - 44
Grand Total	61 - 64

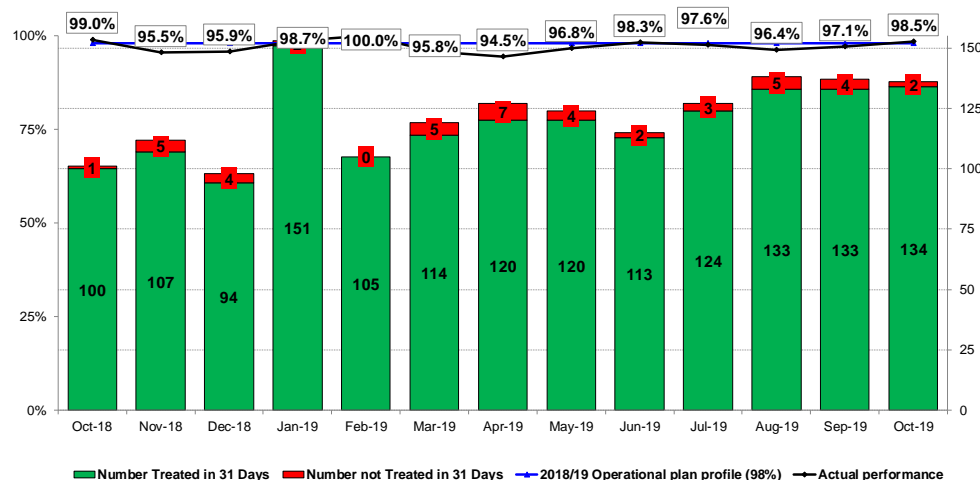
In the RTT dashboard, the longest weeks wait chart above can also be viewed by pathway stage and month.



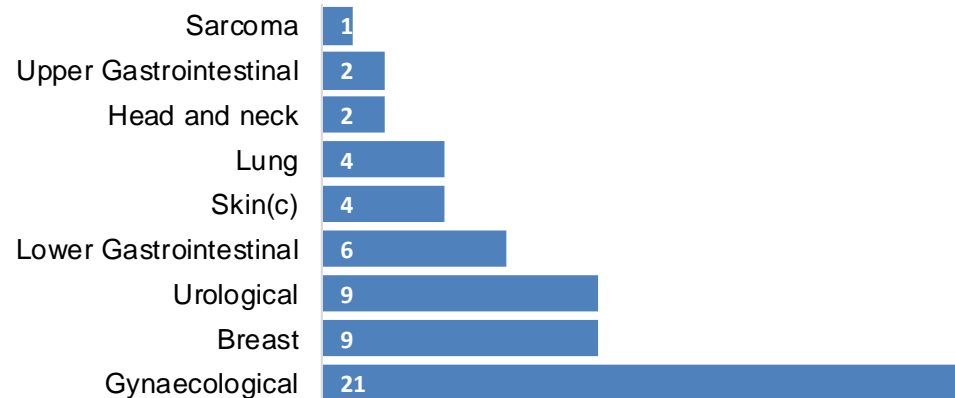
Cancer

In the Cancer dashboard, the Health Board charts below can be also be displayed by Tumour site and month.

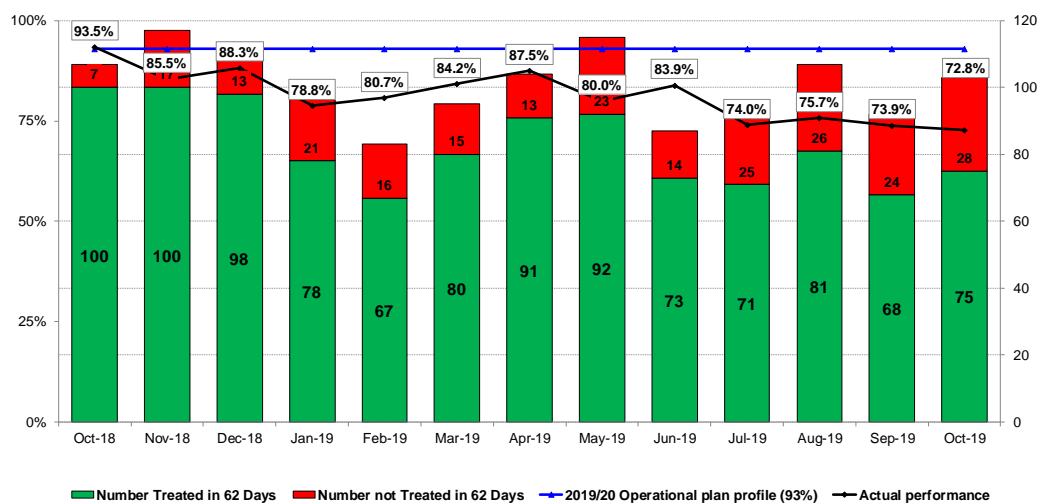
Non-Urgent Suspected Cancer – 31 day treatment (Target 98%)



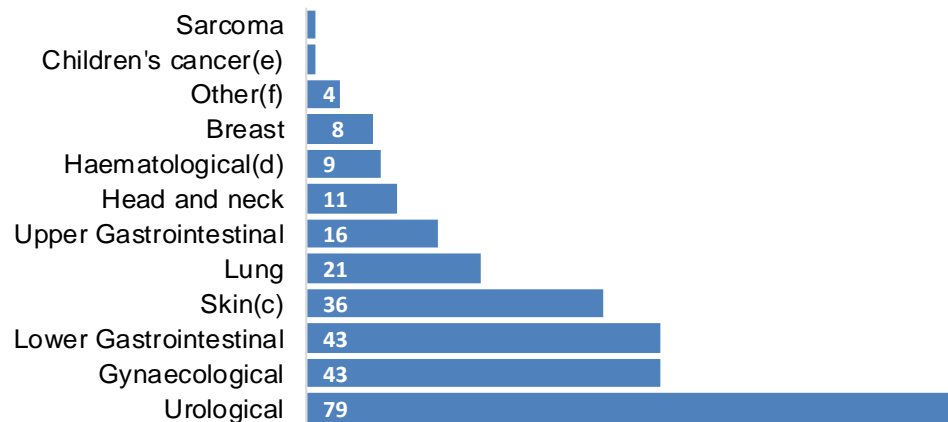
NUSC - Breeches by tumour site (April 2018 – Sept 2019)



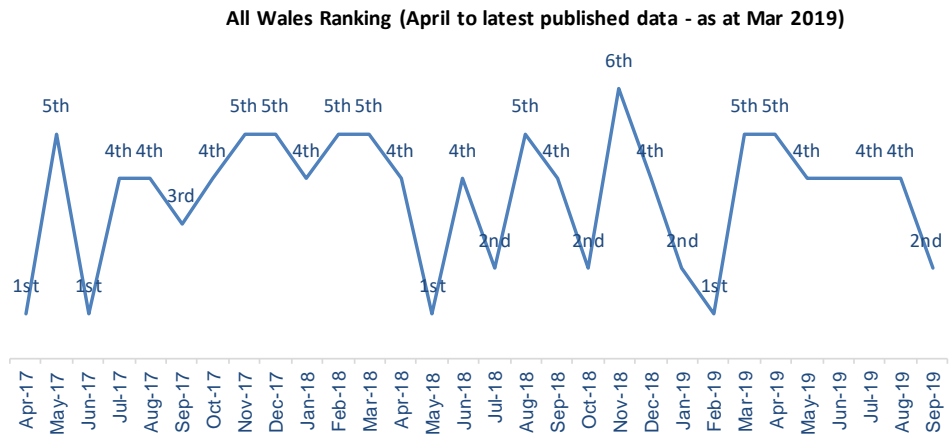
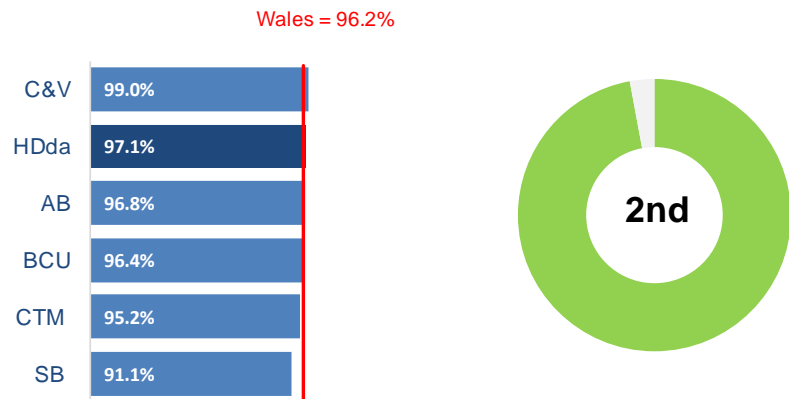
Urgent Suspected Cancer – 62 day treatment (Target 95%)



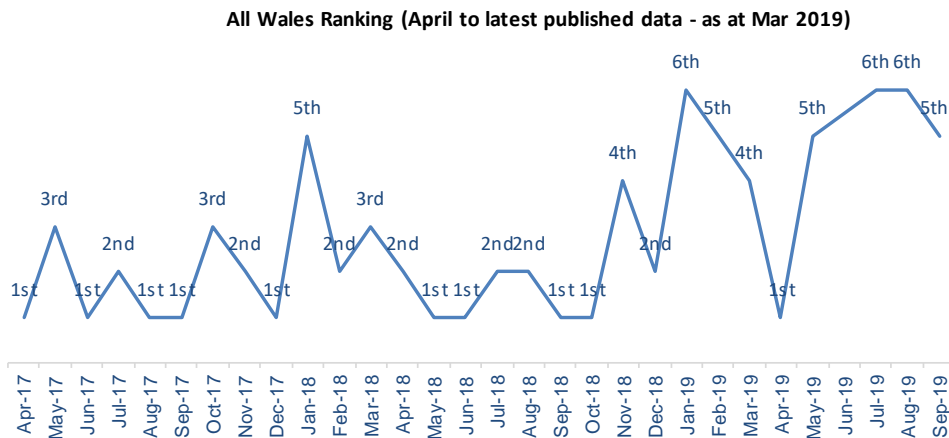
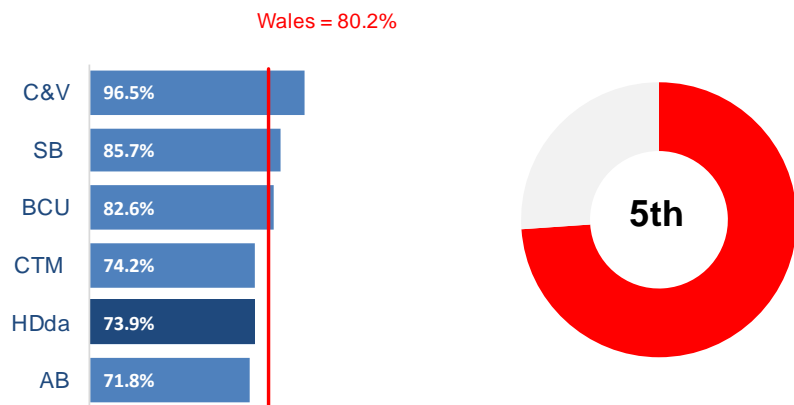
USC - Breeches by tumour site (April 2018 – Sept 2019)



% of patients referred as non-urgent suspected cancer seen within 31 days (Target 98%)



% of patients referred as urgent suspected cancer seen within 62 days (Target 95%)

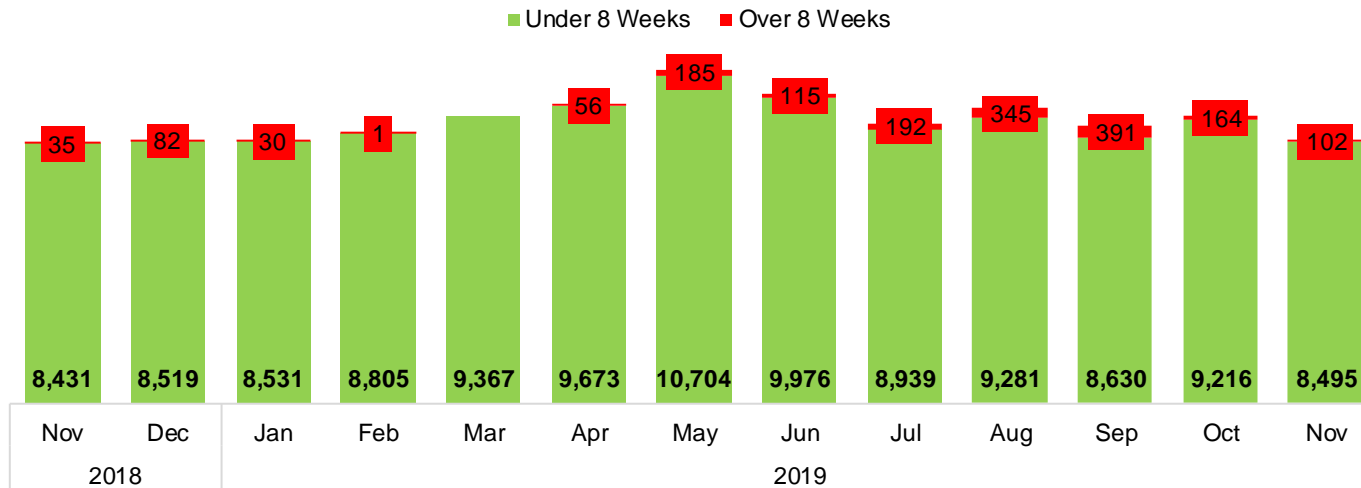




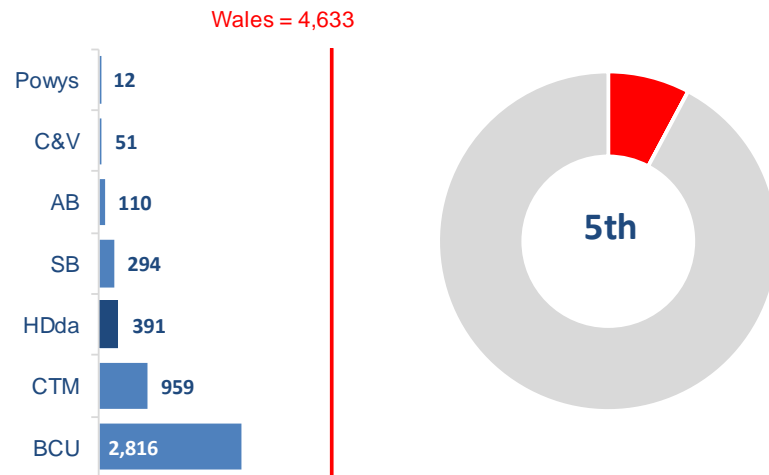
Diagnostics

In the Diagnostics and Therapies dashboard the diagnostics metric can also be shown by acute hospital and service area.

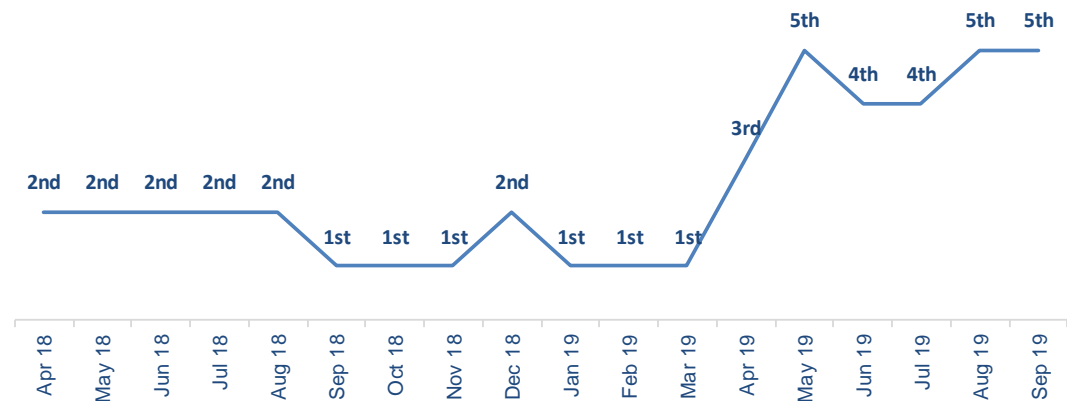
Total number of patients waiting for all diagnostics (Target – 0)



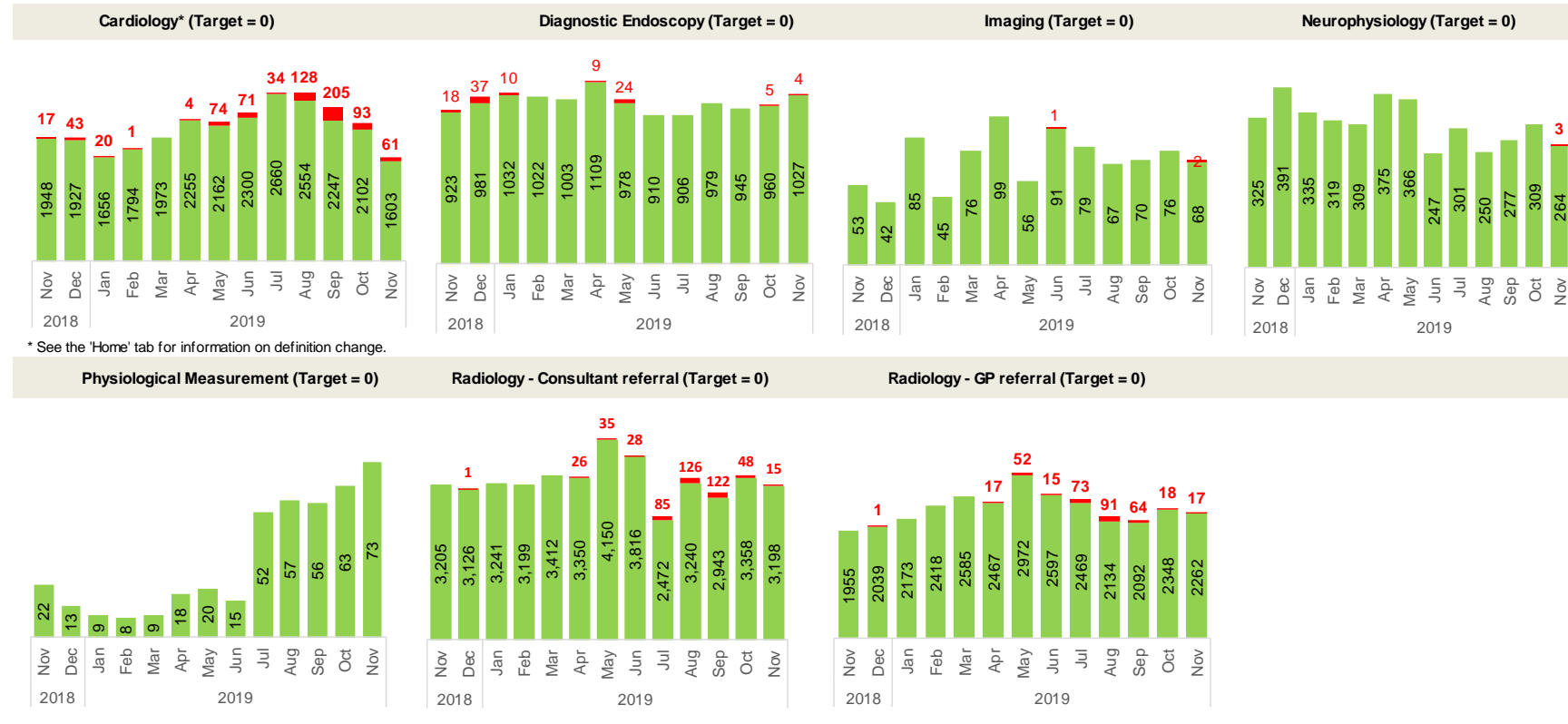
Number of patients waiting 8 weeks and over for a specified diagnostic (Target – 0)



The number of patients waiting 8 weeks and over for a specified diagnostic (Target = 0)



Number of patients waiting 8 weeks and over for a specified diagnostic (Target = 0)



Longest Weeks Wait for Diagnostics

Specialty	Longest Weeks Wait
Cardiology	18
Diagnostic Endoscopy	33
Imaging	11
Neurophysiology	8
Physiological Measurement	6
Radiology - Consultant referral	8
Radiology - GP referral	8
Grand Total	33

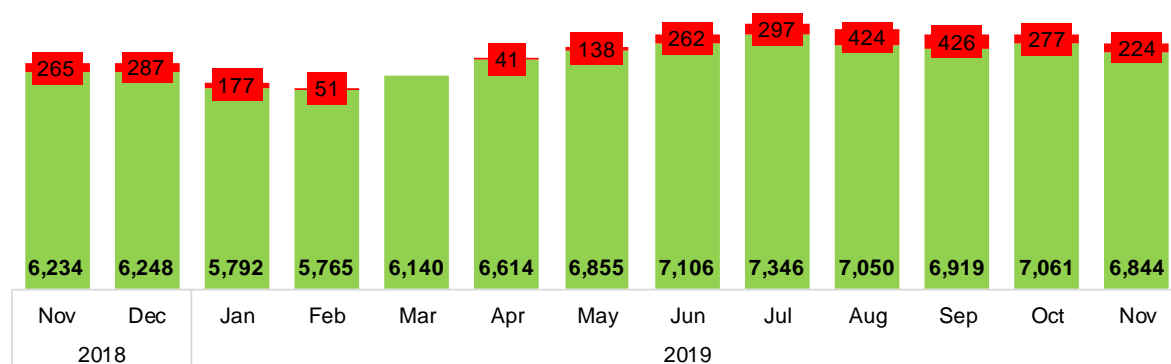


Therapies

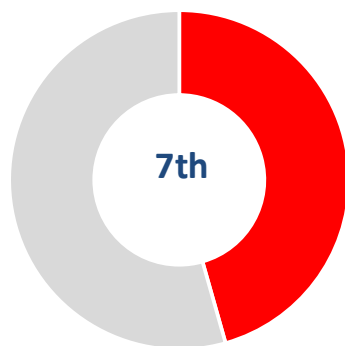
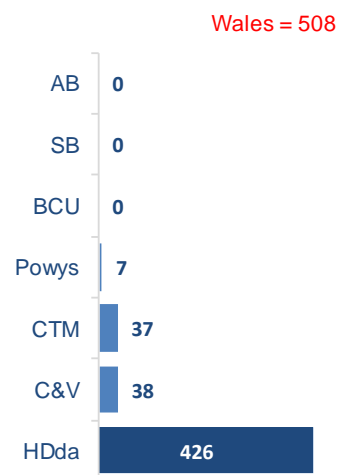
In the Diagnostics and Therapies dashboard the therapy waits metric can also be shown by acute hospital and service area.

Total number of patients waiting for all Therapies (Target - 0)

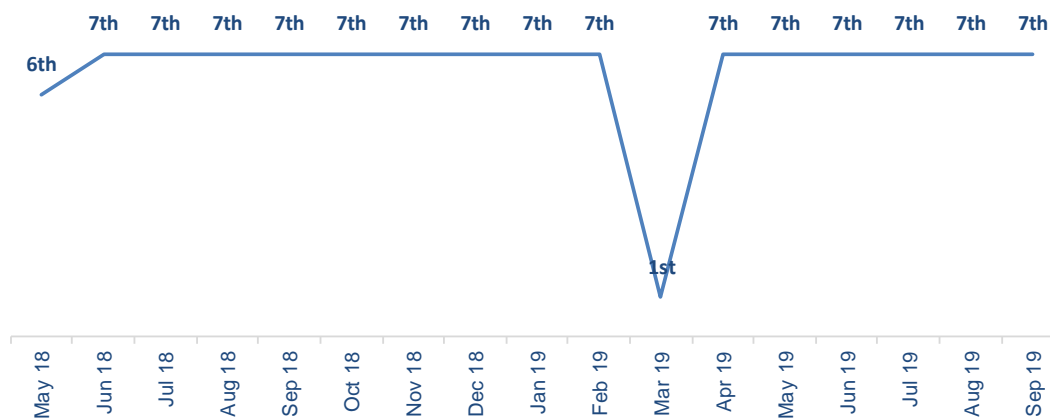
■ Under 14 Weeks ■ Over 14 Weeks



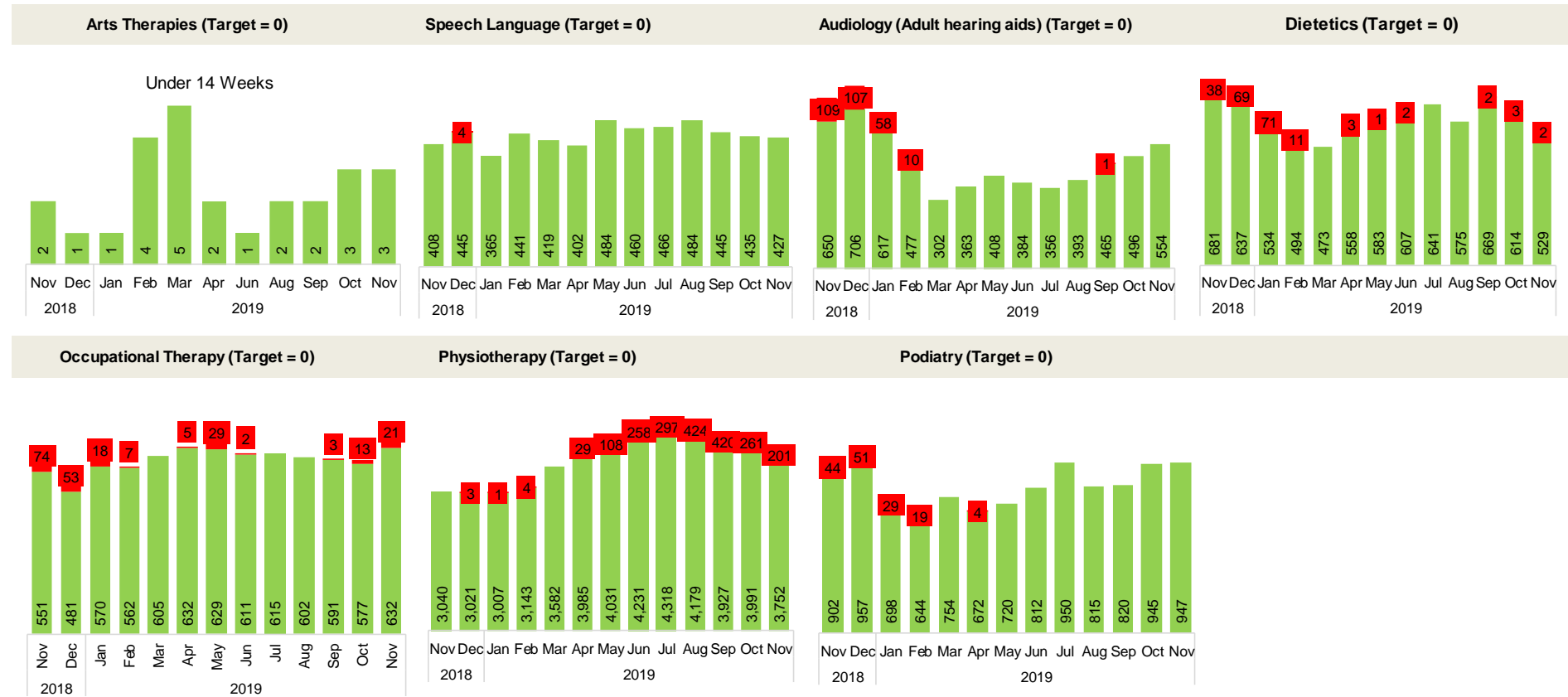
Number of patients waiting more than 14 weeks for specific therapy (Target – 0)



Number of patients waiting more than 14 weeks for specific therapy (Target=0)



Number of patients waiting more than 14 weeks for specific therapy (Target = 0)



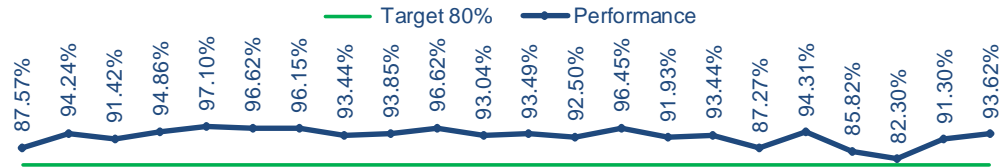
Longest Weeks Wait for Therapies

Specialty	Longest Weeks Wait
Arts Therapies	2
Audiology (Adult hearing aids)	13
Dietetics	14
Occupational Therapy	21
Physiotherapy	23
Podiatry	13
Speech Language	13
Grand Total	23

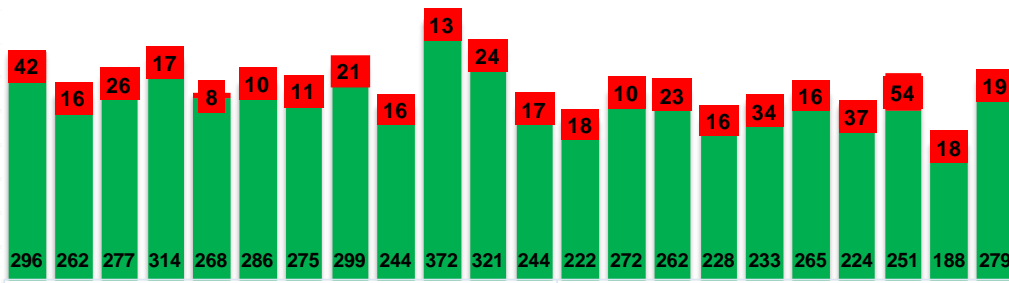


Mental Health

Part 1 (A) - assessed within 28 days of referral



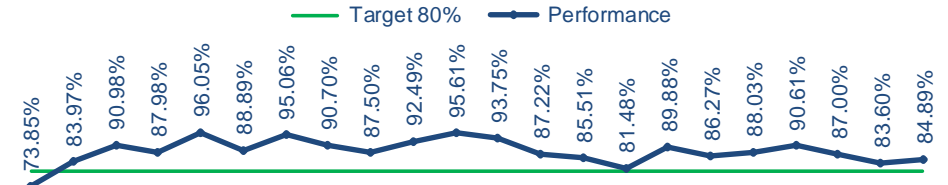
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 2018 Jan Feb Mar Apr May Jun Jul Aug Sep Oct 2019



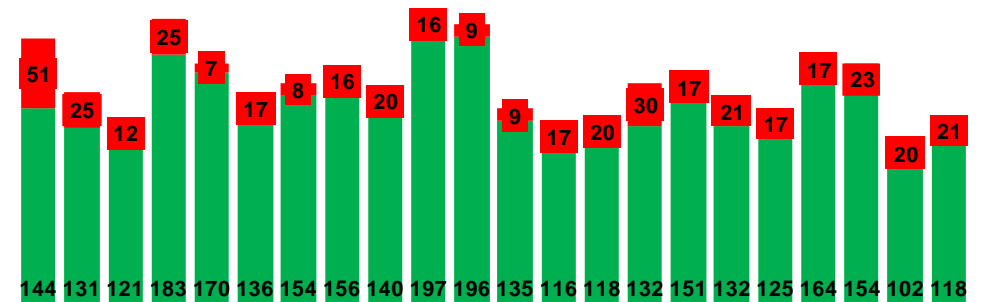
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 2018 Jan Feb Mar Apr May Jun Jul Aug Sep Oct 2019

■ Within 28 Days ■ Over 28 Days

Part 1 (B) - treated within 28 days of assessment



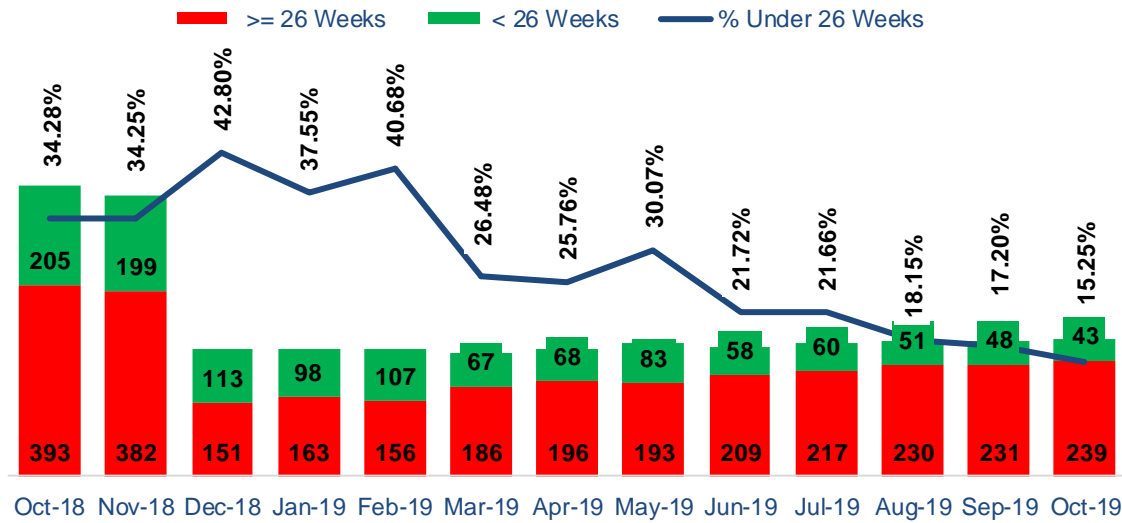
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 2018 Jan Feb Mar Apr May Jun Jul Aug Sep Oct 2019



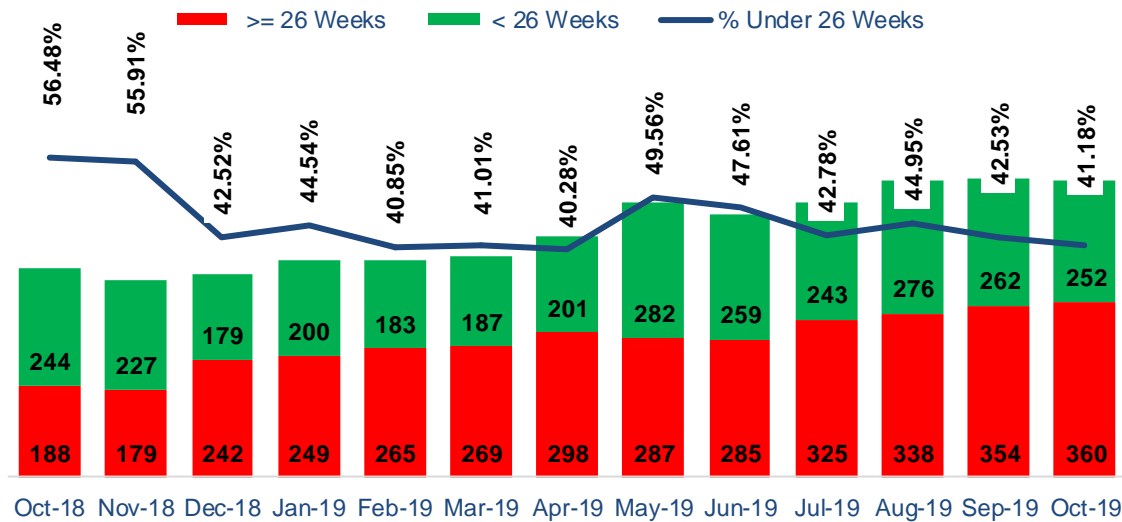
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 2018 Jan Feb Mar Apr May Jun Jul Aug Sep Oct 2019

■ Within 28 Days ■ Over 28 Days

CAMHS ADHD - Neurodevelopment Assessment Waiting Times

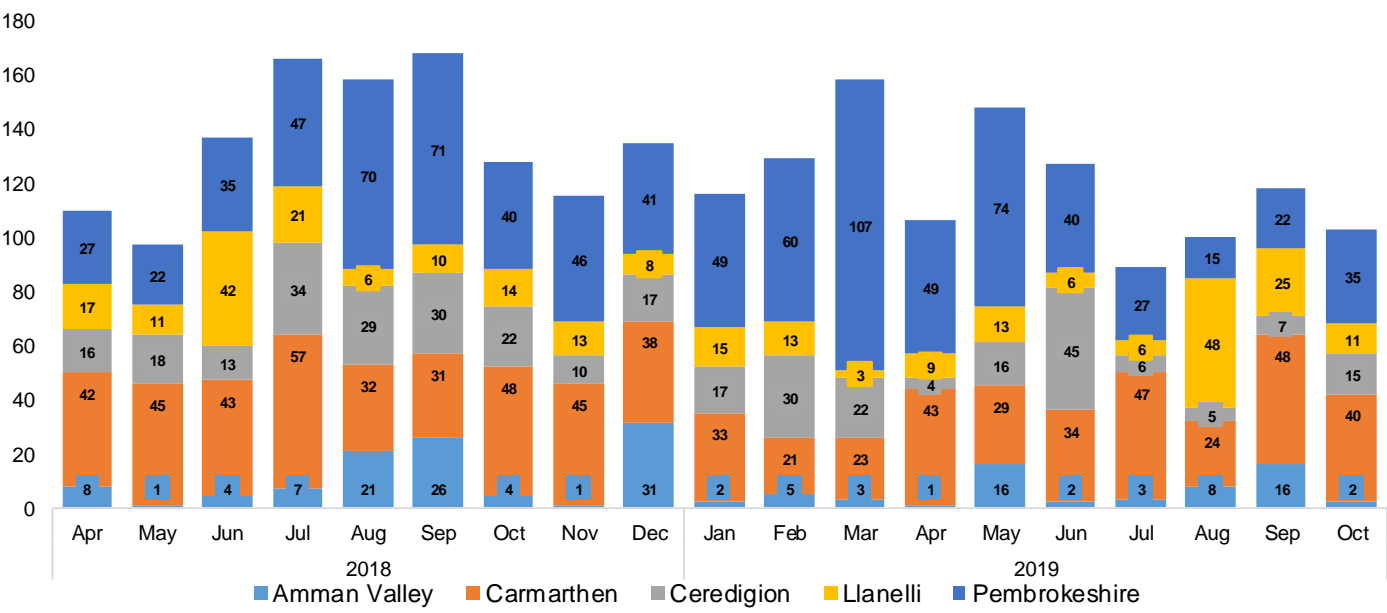
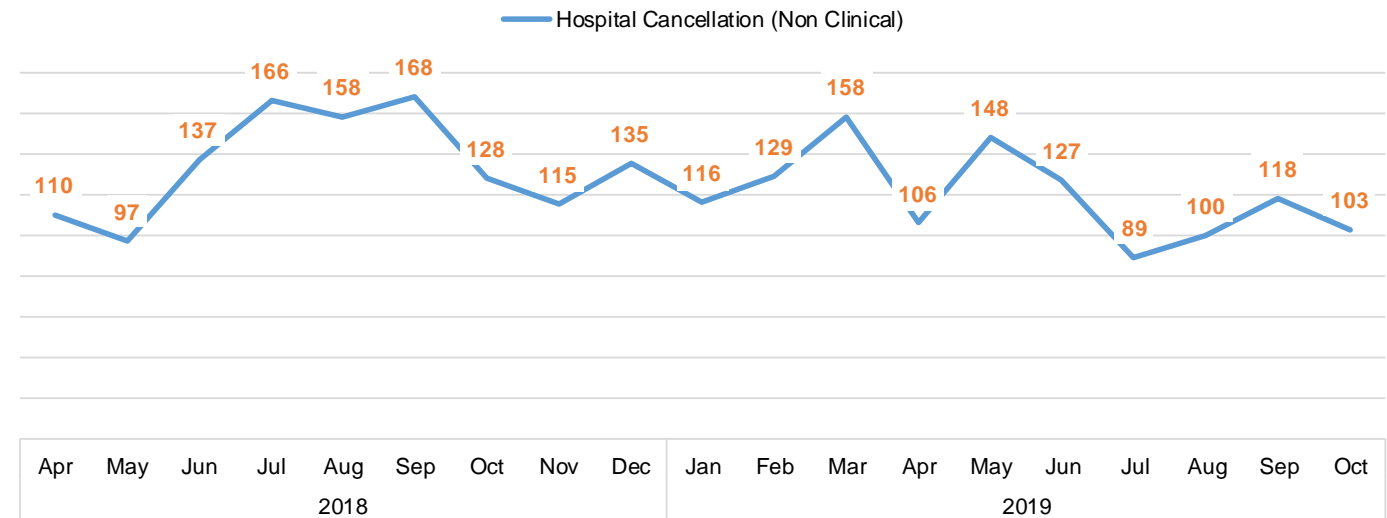


CAMHS ASD - Neurodevelopment Assessment Waiting Times





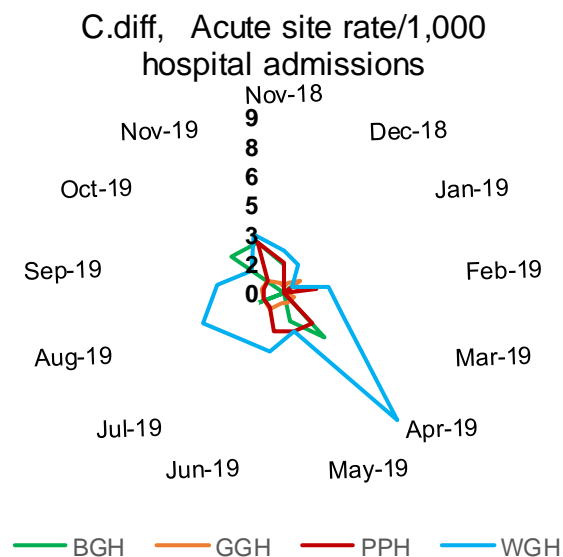
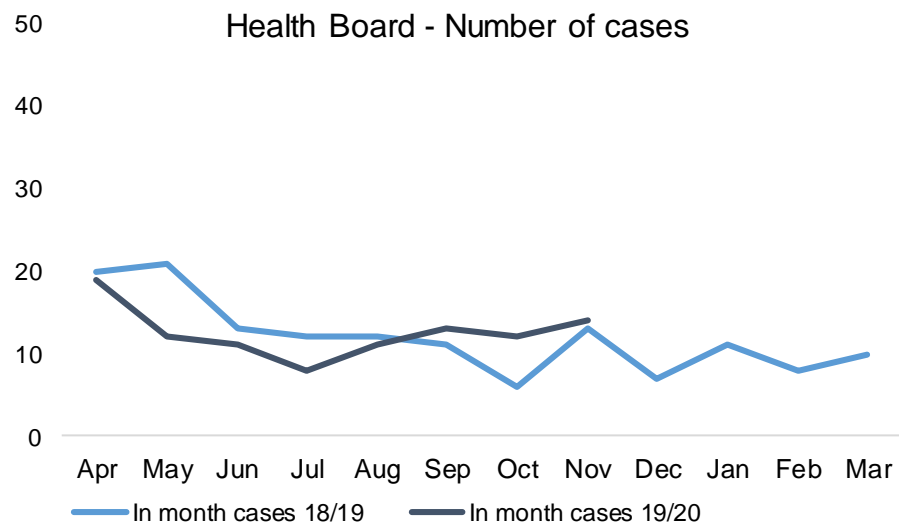
Hospital Initiated Cancellations



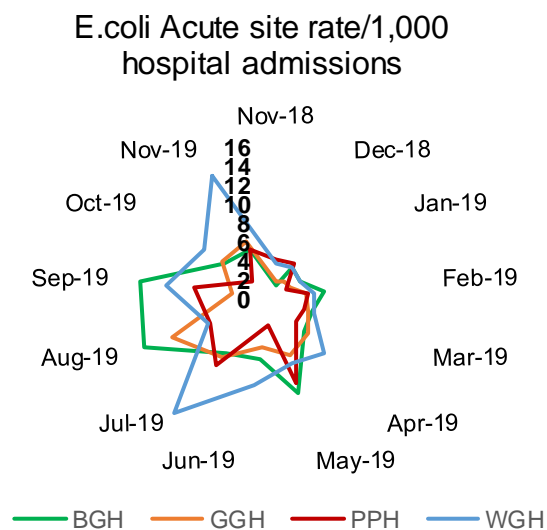
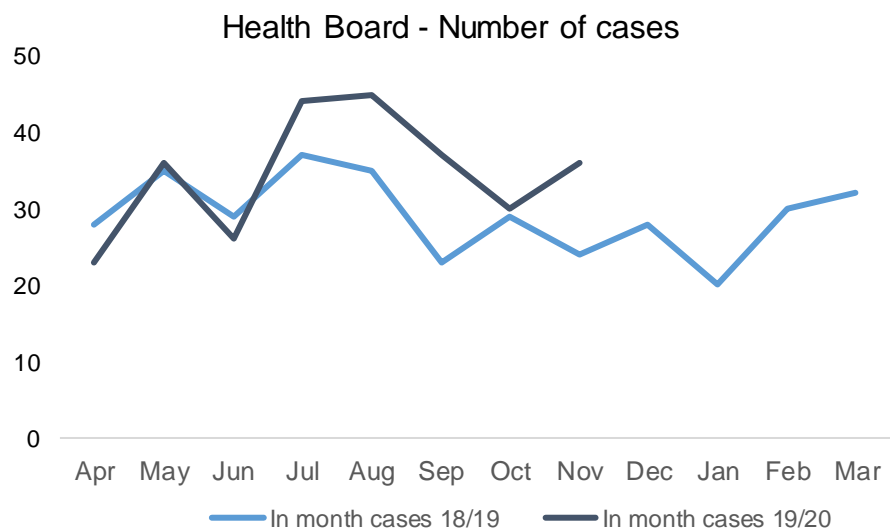


Healthcare acquired infections

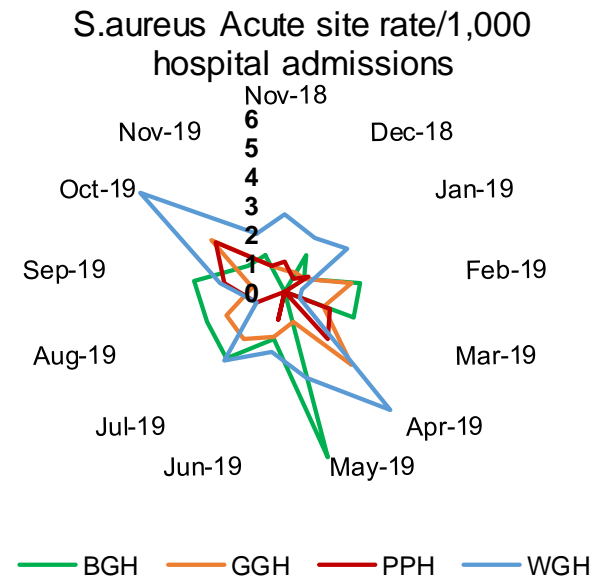
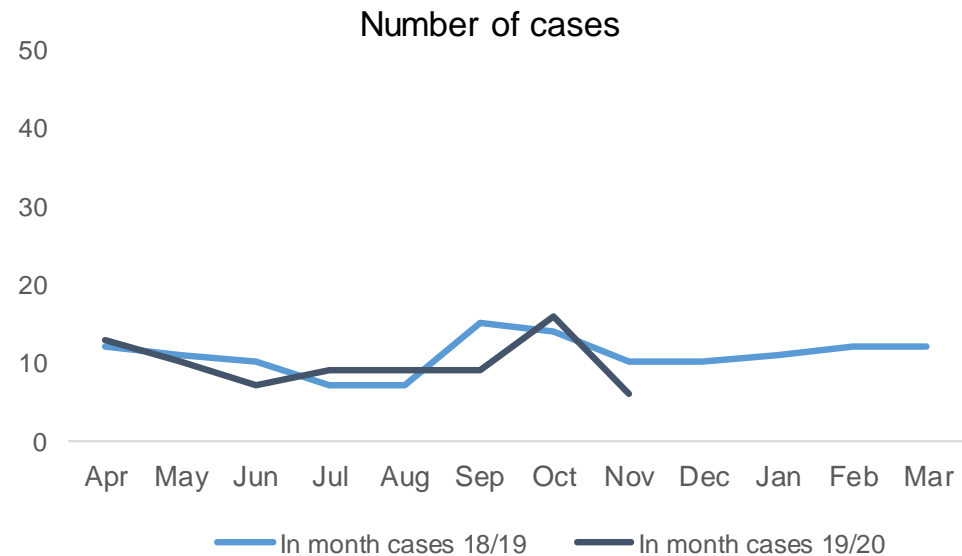
C.difficile



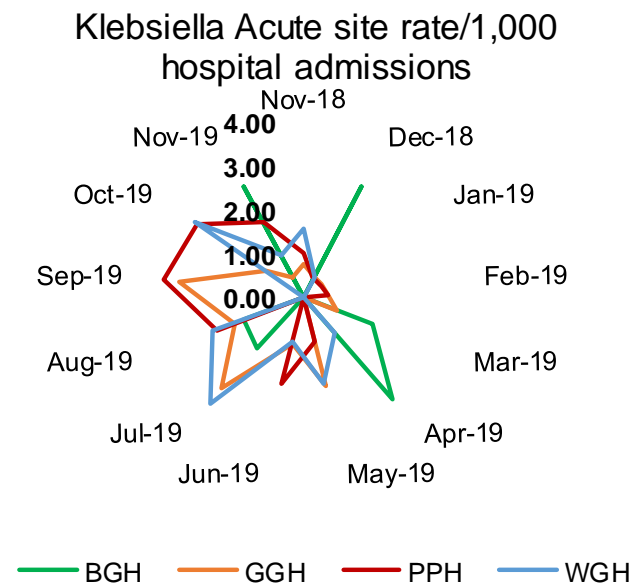
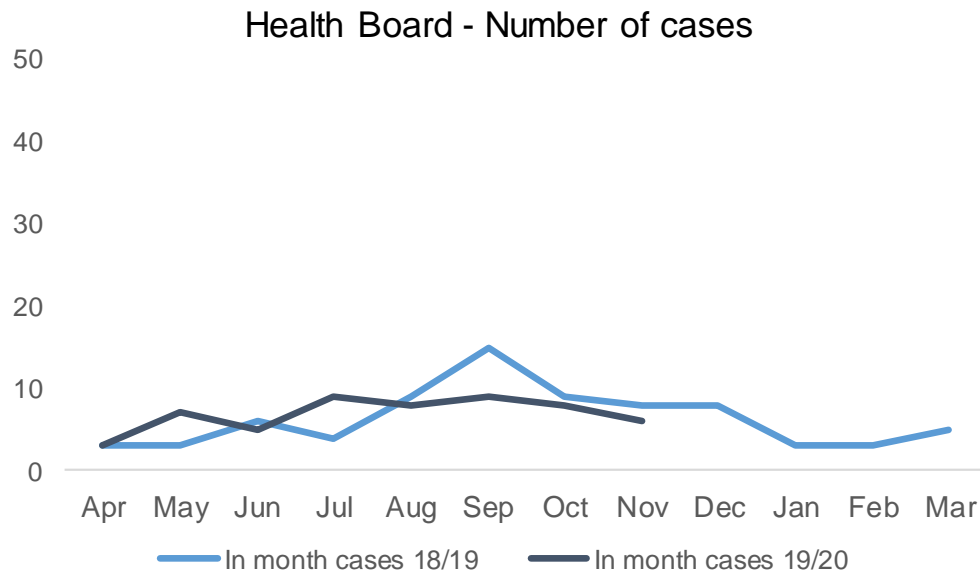
E.coli



S.aureus

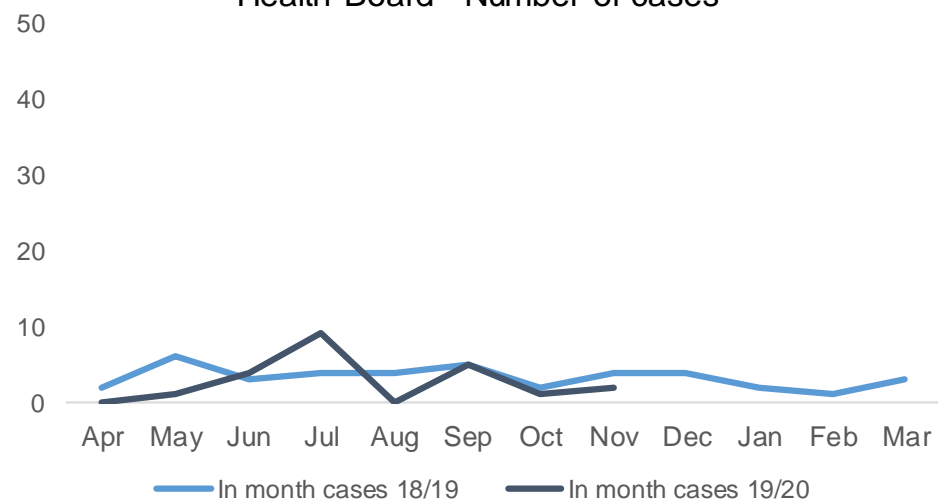


Klebsiella.sp

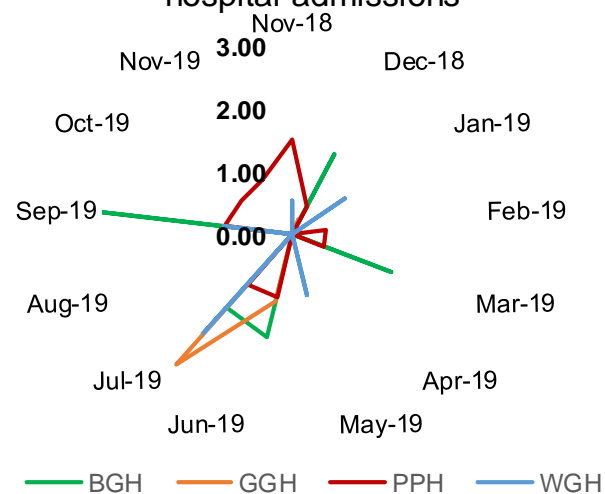


P.aeruginosa

Health Board - Number of cases



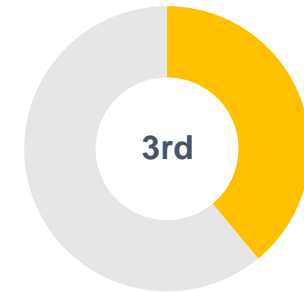
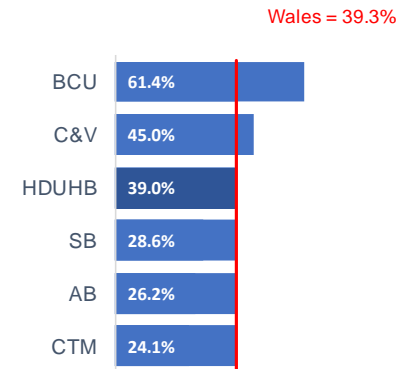
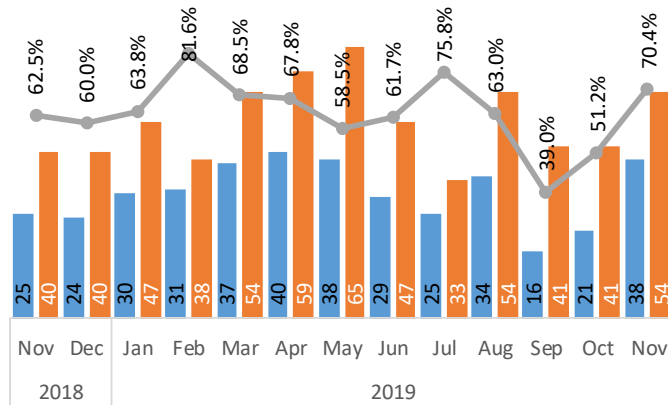
P.aeruginosa Acute site rate/1,000 hospital admissions



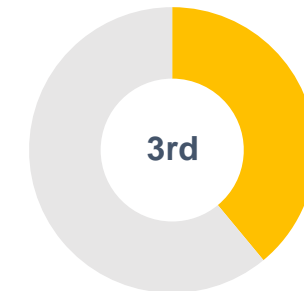
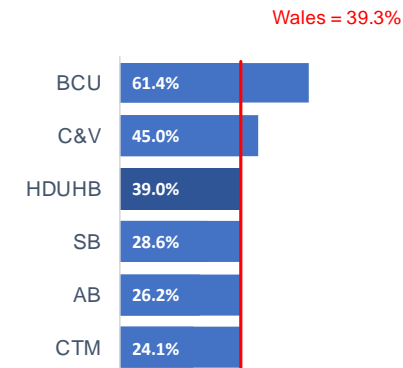
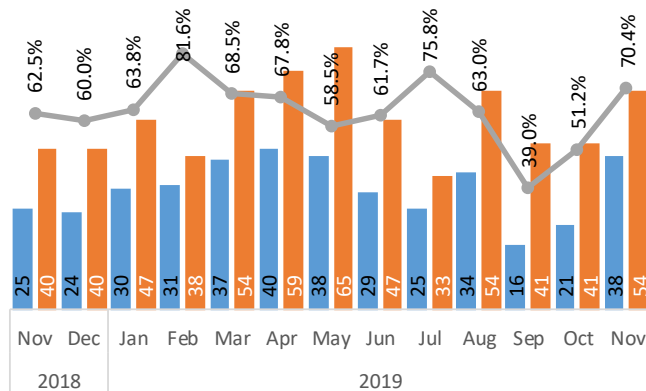


Stroke

Admission to Stroke Unit < 4 hours (Target: 56.3%)



Assessed by a Stroke Consultant < 24 hours of Admission (Target: 83.9%)



Stroke Patients receiving the required minutes for SALT (Target: 12 improvement)

