Integrated Performance Assurance Report (IPAR)

Position as at 30th September 2019 (Month 6)

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

Supporting documents

- Performance matrix
- Run charts
- Performance dashboards

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda 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.

Which targets are we achieving?

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

- Performance for the percentage of ambulances responding to **red calls** within 8 minutes met the 65% target;
- **Stroke** patients assessed by a stroke consultant <24 hours and the proportion of patients receiving the required minutes of speech and language therapy;
- All **Mental Health Act Measure** targets have been achieved (LPMHSS Assessments & Referral, Advocacy Service offered, CRHT gate keeping assessments). The mental health delayed transfers of care target was also met in September;
- Hospital initiated cancellations (**HICs**) <24 hours has decreased over the last 12 months;
- The 75% target was met in September (83%) for settling **concerns** within 30 days;
- The percentage of **smokers CO validated** as quit at 4 weeks has exceeded the 40% target at 47.9%;
- **Crude mortality** for patients <75 years has improved consistently since September 2018;
- No **Never events** have been reported since October 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 September;
- The percentage of staff **sickness** continues to show a 12 month reduction trend;
- There were no 8 week **diagnostic** breaches in endoscopy, imaging, neurophysiology and physiological measurement;
- There were no 14 week **therapy** breaches in podiatry or speech & language;
- 92% of **desktop infrastructure** patches have been updated , meeting the 90% target;
- 1 year olds having their **3rd '6 in 1' vaccine** has improved from 92.8% in Q4 18/19 to 95.10% in Q1 19/20;
- The National Intelligent Integrated Audit Solution (NIIAS) targets were met in September for both the number of staff **accessing their own** (6 with a target of 8) or **a family member's record** (7 with a target of 13).

In addition, Hywel Dda ranked 1st in Wales for 10 national indicators including sepsis screening in emergency departments, staff appraisals and mental health assessments.

Key deliverable targets

21	2	8

All targets+

66	10	62

+ 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 36.1% of indicators which is 2.0% higher than the previous month's position.

1. 10 indicators
2. 9 indicators
3. 11 indicators
4. 12 indicators
5. 12 indicators
6. 11 indicators
7. 16 indicators
8. 2 indicators

Where have improvements been made?

- The zero target was not met for **referral to treatment**. However, performance improved from 506 breaches in August to 452 in September;
- Performance for staff completing **level 1 Core Skills** training increased from 74.6% in September 2018 to 82.6% in September 2019;
- There has been a 12 month improvement in the number of **hospital initiated cancellations** for operations;
- The 4 quarter improvement target for **Health Child Wales Programme** was met despite staff shortages and conflicting contractual priorities;
- 5 year olds having their **2nd MMR** vaccine has improved from 90.6% in Q4 18/19 to 92.20% in Q1 19/20.

Where are improvements needed?

- One hour **ambulance handover** declined from 313 delays in July to 406 delays in Sep;
- There was a decline in performance for patients waiting less than **4 hours** in A&E/MIU from 82.2% in July to 80.3% in Sep;
- The number of patients waiting more than **12 hours** in A&E/MIU has increased from 793 in July to 910 in Sep;
- Performance for **stroke** patients admitted to a stroke unit within 4 hours has missed target and declined from 71.7% in September 2018 to 39.0% in September 2019;
- Performance for **serious incidents** assured within timescale has been declining since July 2018. With timely serious incident investigations, patients and their families can be assured that measures are being put in place to avoid reoccurrence and services are learning to ensure improved patient care. Work is on going with Welsh Government to resolve this issue;
- The **eyes care** target (95%) was not met in August with 58.3% of ophthalmology R1 patients being seen by (or within 25% of) their clinical target date;
- In September, there were 426 patients waiting over 14 weeks for a specific **therapy** and the target was not met. The majority of these were in physiotherapy (420) with breaches also seen in audiology, dietetics and occupational therapy;
- The **urgent suspected cancer** target (95%) was not met in August with only 75.7% of patients starting definitive treatment <62 days of receipt of referral;
- Similarly, the **non-urgent suspected cancer** target (98%) was not met in August with 96.4% of patients starting treatment within the agreed timescale;
- The non-mental health **delayed transfers of care** 12 month reduction target was not met, with 54 delays reported in Sep;
- The Health Board's **PADR** compliance was 77% in September 2019 which is a 3% decline in performance since May 2019;
- Consultants and SAS (staff grade and associate specialist) doctors are required as part of their contract to have an up to date **job plan**. The 90% target was not met in September, with 52% 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 September (59);
- The cumulative annual target for adult **smokers making a quit attempt** via smoking cessation is 5%, at Q1 19/20; performance is 0.87%;
- The improvement targets were not met for inpatients and patients in emergency departments receiving the **sepsis six bundle** within 1 hour;
- The new **neurodevelopment** wait target was not met in August for children and young people being seen within 26 weeks (actual 36.5%, target 80%);
- The target for **hand hygiene** compliance was not met in Sep (actual 91%, target 95%);
- The Health Board's agreed interim **financial plan** for 2019/20 is to not exceed a £15m deficit by 31st March 2020;
- 72% of **Server infrastructure** patches have been updated, not meeting the 90% target;
- Completed L1 **Information Governance** performance is at 80.57% in September and has not net the target of 85%.

Potential challenges for the future

- The zero **diagnostics** target was missed with 391 patients (cardiology & radiology) waiting over 8 weeks, compared to 345 the previous month;
- In September, there were 21,235 patients with **delayed follow-up** across trauma & orthopaedics, ear nose & throat, urology, dermatology or ophthalmology outpatient appointments. This was an increase for the sixth consecutive month and the 12-month reduction target was not met. However, data validation services have been commissioned and the forecast position for October is below 40,000 delayed follow-ups;
- **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. However, it is very unlikely that these targets will be met at the end of this financial year.

Improvements / additions / future developments

- The **run charts** have been reviewed by a statistician and adjustments have been made to ensure they are more statistically robust.

Latest performance overview - key deliverables

Domain	Indicator	Target	Previous period	Latest data	12 month trend	Non-random variation?	Latest all Wales rank	Notes
	‘6 in 1’ vaccine	95%	92.8%	95.1%	↑	n/a	7th out of 7	Quarter 1 2019/20 saw a 2.3% improvement in performance
	MMR vaccine	95%	90.6%	92.2%	↑	n/a	7th out of 7	Quarter 1 2019/20 saw a 1.6% improvement in performance
	C.difficile	<=25	37.84	38.38	↑	No	6th out of 6	Number of cases increased from 8 in July to 13 in Sep ’19
	E.coli	<=67	107.84	109.44	↓	No	6th out of 6	Number of cases decreased from 45 in August to 37 in Sep ’19
	S.aureus	<=20	29.78	29.56	↑	No	5th out of 6	Number of cases has been static at 9 from July to Sep’ 19
	Serious incidents	90%	23.8%	53.8%	↑	n/a	2nd out of 8	Performance has improved by 30% from the previous month
	Hospital initiated cancellations	5%↓	89	100	n/a	No	3rd out of 7	Unscheduled care improvement plan is helping patient flow
	Concerns and complaints	75%	71%	83%	↑	n/a	5th out of 10	Highest % achieved in the last 12 months
	Mental health delayed transfers of care (DTOC)	12m↓	3	7	↑	No	1st out of 7	Target has been consistently met in 201/20
	Non-mental health DTOC	12m↓	72	54	↓	No	4th out of 8	28 DTOCs in Carmarthenshire in September
	Ambulance red calls	65%	65.5%	68.5%	↑	No	6th out of 7	Poorest performance seen in Ceredigion in September (58%)
	Ambulance handovers over 1 hour	0	313	406	↓	No	2nd out of 6	WGH only site to see a decrease in delays (-33) to last month
	A&E/MIU 4 hour waits	95%	82.2%	80.3%	↓	No	2nd out of 6	Performance declined and Annual Plan ambition not met
	A&E/MIU 12 hour waits	0	793	910	↓	No	4th out of 6	WGH only site to see a decrease (-43) to last month
	Admission to stroke unit <4 hours	58.9%	63.0%	39.0%	↓	Yes	1st out of 6	Only BGH met target, WGH lowest with 18.8%
	Assessed by stroke consultant <24 hours	84.4%	92.9%	96.1%	↑	No	3rd out of 6	All 4 hospital sites met target
	Stroke patients - speech and language therapy	↑	43.3%	38.9%	↑	No	5th out of 6	Lowest compliance WGH (13.9%), highest GGH (71.1%)
	Delayed follow-up appointments 5 specialties	12m↓	21736	21235	↓	n/a	3rd out of 5	Number decreased this month, following 5 months increasing
	Ophthalmology patients seen by target date	95%	62.0%	58.3%	n/a	n/a	7th out of 7	This is a new measure with 5 months of reported data
	Urgent suspected cancer	95%	74.0%	75.7%	↓	n/a	6th out of 6	26 out of 107 patients breached
	Non urgent suspected cancer	98%	97.6%	96.4%	↓	n/a	4th out of 6	5 out of 138 patients breached
	Diagnostic waiting times	0	345	391	↓	n/a	4th out of 7	Highest number of diagnostic breaches since October 2015
	Therapy waiting times	0	424	426	↓	n/a	7th out of 7	420 breaches in physiotherapy
	Referral to treatment (RTT) <=26 weeks	95%	87.8%	86.5%	↑	n/a	3rd out of 7	The 2019/20 Annual Plan ambitions were not met for September (90.6% and 187)
	RTT – patients waiting 36 weeks+	0	506	452	↑	n/a	2nd out of 7	
	Children/young people neurodevelopment waits	80%	35.9%	36.5%	n/a	n/a	n/a	In August 2019 there were 568 patients waiting over 26 weeks
	Adult psychological therapy waits	80%	63%	60%	n/a	n/a	n/a	In August 2019 there were 896 adults waiting over 26 weeks
	Finance	£15.0m	£10.6m	£12.6m	↑	n/a	n/a	Health Board Control Total requirement is £15.0m deficit.
	Sickness absence	12m↓	4.92%	4.90%	↑	n/a	4th out of 10	National reduction target has been met
	Performance appraisals (PADR)	85%	78%	77%	↑	n/a	1st out of 10	Slight dip in performance (3%), since May 2019
	Consultants/SAS doctors - current job plan	90%	52%	52%	n/a	n/a	n/a	Target increased to 90% by Executive Team

Target delivered
Within 5% of target
Target not delivered

↑ improving
↓ declining

Staying Healthy	Safe	Dignified	Effective	Timely		Individual	Staff & Resources	
Smoking Cessation	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	GP Out of Hours <60 mins	Mental Health Outpatients	Cyber compliance: server	Information governance: NIIAS
	Patient Safety Alerts/Notices	Dementia Training	Clinical Coding	Therapy waits: - Audiology - Dietetics - Occupational	Ambulance amber calls		Cyber compliance: desktop	Facilities: fire safety
	Klebsiella sp. & Pseudomonas aeruginosa		Information governance: core training	Therapy waits: - Pulm. rehab - Physiotherapy	External RTT		Planned Preventative Maintenance	Clinical Eng: Acute: High, Low Com: Low
	Sepsis Six Bundle						Facilities cleanliness standards - soft	Clinical Eng: Acute: Med
	Never Events						Facilities cleanliness standards - hard	Clinical Eng: Com: Med, High

KEY

- Target delivered
- Within 5% of target
- Target not delivered

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 September 2019

Lead Executive - Joe Teape

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

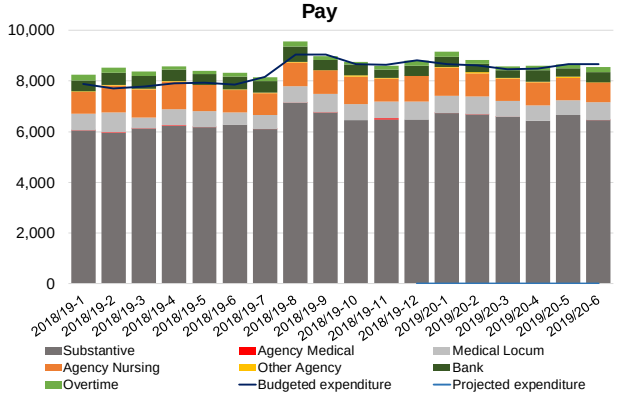
Performance Metric	Latest Performance	Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
Red Calls (estimate)	68.5%	65.5%	69.0%	6th out of 7	Aug-19
Ambulance handovers >1 hour	406	313	3,130	2nd out of 6	Aug-19
A&E / MIU wait <4 hours	80.3%	82.2%	77.2%	2nd out of 6	Aug-19
A&E / MIU waits >12 hours	910	793	4,847	4th out of 6	Aug-19
Direct to Stroke Unit <4 hours	39.0%	-	-	-	-
% of stroke patients receiving the required mins for SALT	38.9%	-	-	-	-
Assessed by Stroke Consultant <24 hours	96.1%	-	-	-	-
Number of Non Mental Health DTOC (in month)	54	47	357	4th out of 8	Jul-19

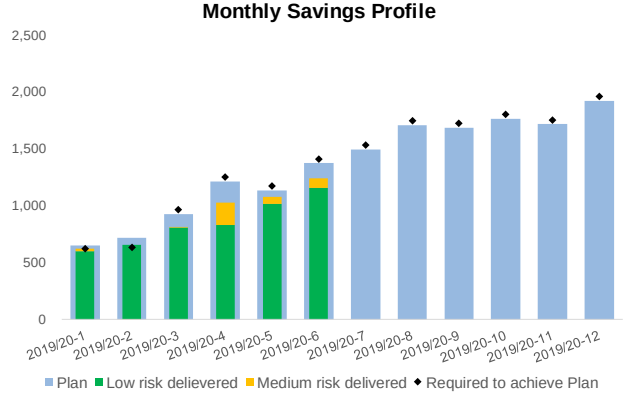
Staffing

Sickness (R12m end Aug 2019)	Proxy vacancies (budget vs actual wte) (Month 6)
4.56%	296.56

Finance (Year to Date - Month 6) - excludes Pathology & Radiology

In month RAG variance (Green favourable; Amber >0%; Red >3%)	3.15%	Variance against YTD ave (↑ deterioration; ↓ improvement)	↓	In month variance (£'m) (adverse is positive)	0.308
				Cumulative variance (£'m)	2.490
				Projected variance (£'m)	4.272





Scheduled Care September 2019

Lead Executive - Joe Teape | **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	57,936	452		264	15,543	2nd out of 7	Jul-19
Waits <26 Wks	50,104		86.5%	89.3%	87.3%	3rd out of 7	Jul-19
Diagnostics Waits >8 weeks		391		192	4,158	4th out of 7	Jul-19
Hospital Inititated Cancellations		100		-	-	-	-
Delayed Follow Ups [5 planned care specialties]		21,235		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		58.26%		63.0%	58.3%	7th out of 7	Aug-19

Staffing

Sickness (R12m end Aug 2019)

4.66%

Proxy vacancies (budget vs actual wte) (Month 6)

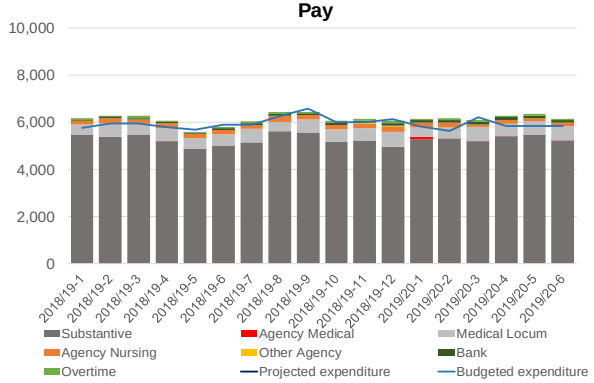
100.9

Finance (Year to Date - Month 6

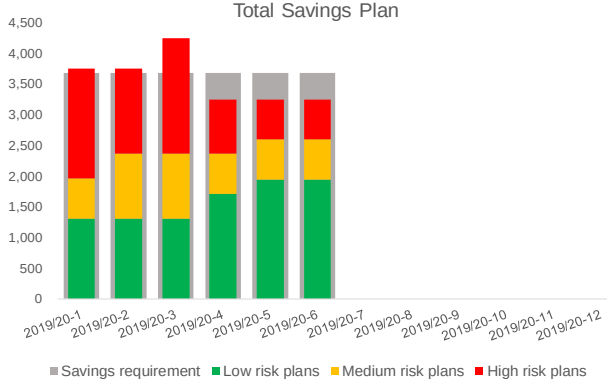
In month RAG variance (Green favourable; Amber >0%; Red >3%)	-0.13%	Variance against YTD ave (↑ deterioration; ↓ improvement)	↓

In month variance (£'m) (adverse is positive)	-0.011
Cumulative variance (£'m)	0.383
Projected variance (£'m)	0.421

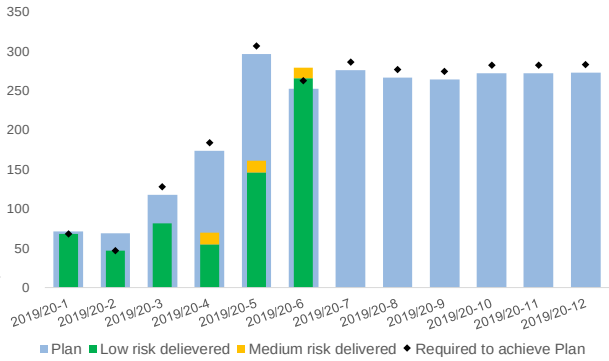
Pay



Total Savings Plan



Monthly Savings Profile



Oncology September 2019

Lead Executive - Joe Teape

Responsible Officers - Keith Jones

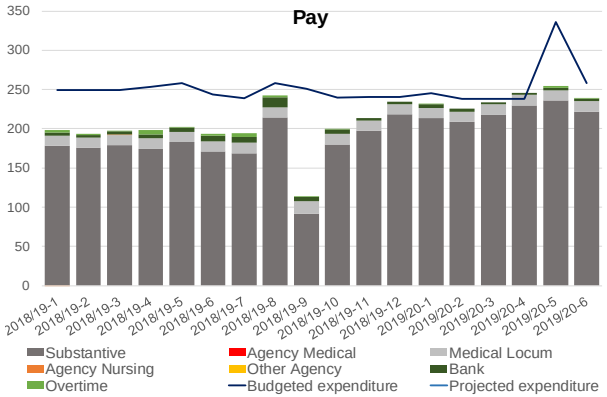
Performance (August 2019)		Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
Urgent suspect cancer	75.7%	74.0%	79.8%	6th out of 6	Jul-19
Non urgent suspect cancer	96.4%	97.6%	97.4%	4th out of 6	Jul-19

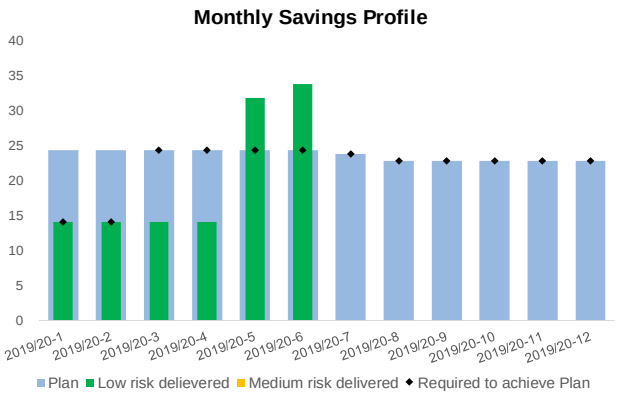
Staffing

Sickness (R12m end Aug 2019)	Proxy vacancies (budget vs actual wte) (Month 6)
1.34%	1.09

Finance (Year to Date - Month 6)

In month RAG variance (Green favourable; Amber >0%; Red >3%)	Variance against YTD ave (↑ deterioration; ↓ improvement)		
2.16%	↓	In month variance (£'m) (adverse is positive)	-0.021
		Cumulative variance (£'m)	0.158
		Projected variance (£'m)	0.132





Healthcare Acquired Infections September 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)	38.38	37.84	26.22	6th out of 6	Apr 19 - Aug 19
S.aureus bacteraemias (MRSA and MSSA) <=20 cases per 100,000 population (cumulative)	29.56	29.78	25.99	5th out of 6	Apr 19 - Aug 19
E.coli bacteraemias <= 67 caes cases per 100,000 population (cumulative)	109.44	107.94	85.13	6th out of 6	Apr 19 - Aug 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:

- Smoking cessation

Staying Healthy – Smoking cessation services

Lead committee: BPPAC **Executive Lead: Ros Jervis** **Senior Responsible Officer: Dawn E. Davies**

Metrics (targets): **Status as at Q1 2019/20** **Performance the past 12 months**

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

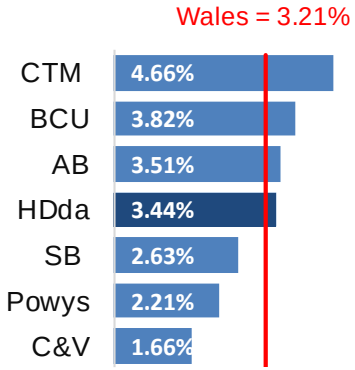
Latest data

	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19	2019/20 Q1	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%			YTD* 0.87%

* YTD = year to date

Benchmarking (2018/19)

% of adult smokers who make a quit attempt



Where are we against target?

- During quarter 1 2019/20, 486 (0.87%) 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 47.9% of treated smokers being CO validated as quit in quarter 1.

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* ● Joe Teape - *Deputy Chief Executive*

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):

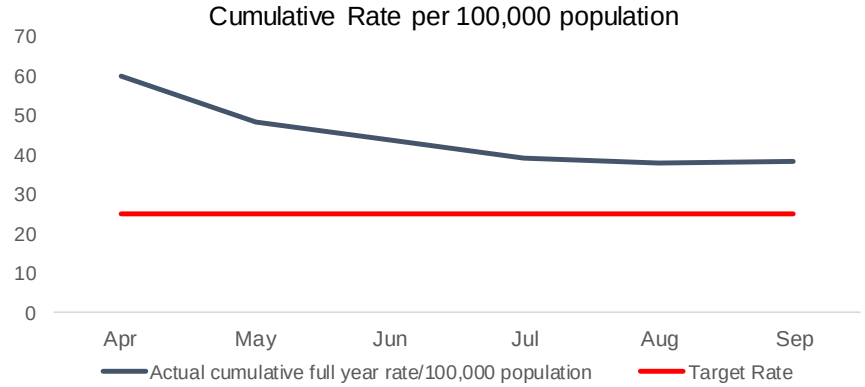
- Cumulative rate of *C.difficile* cases (<=25 cases per 100,000 population)

Status as at Sep 2019: ●

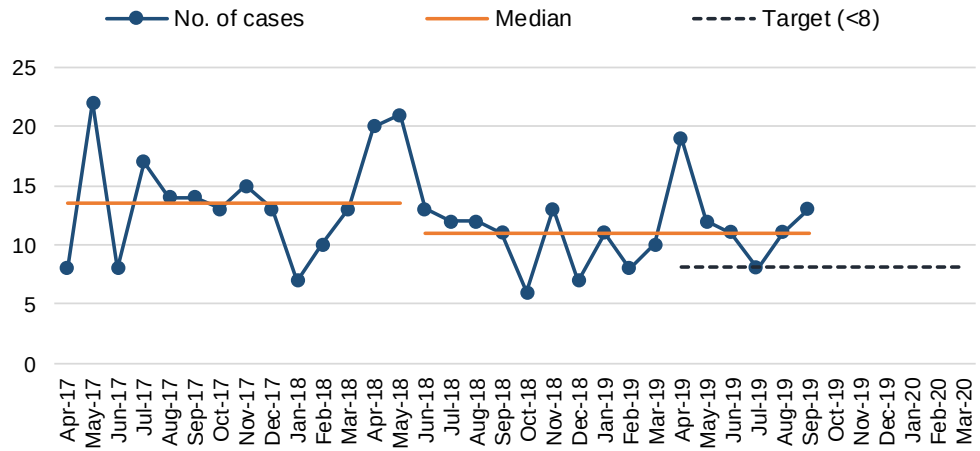
Performance the past 6 months: Improving

Latest data

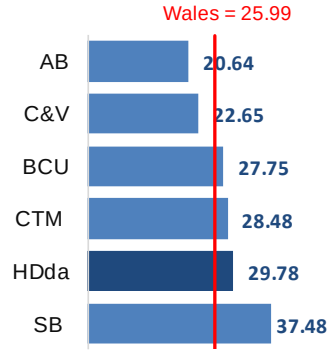
See the HCAI dashboard for a full set of Health Board (HB) and acute site tables and charts.



Number of cases of C.diff



Benchmarking (Apr 2019 – Aug 2019)



Where are we and are we on target?

Performance at the end of September 2019 shows the Health Board's (HB) in-month number of *C. difficile* Infections (CDI) is 13 and a cumulative reduction rate of 38.38. The HB is not achieving the Welsh Government (WG) reduction rate and are currently 25 cases above target.

Why has this occurred?

The table below shows the reasons for infection:

	Healthcare Associated Infection	Community Associated Infection
HAI[1]	**September – 2** • 1x antibiotics for infected wound; • 1x multiple antibiotics; previously for pneumonia.	**September – 1** • 1x antibiotics for complicated fractured leg.
HCAI[2]	**September – 5** • 1x antibiotics previously for pneumonia; • 1x GP sample, previous antibiotics for appendicitis; • 1x GP sample, previous antibiotics for cholecystitis; • 1x antibiotics for colitis; • 1x antibiotics for cholecystitis.	**September – 2** • 1x GP sample, antibiotics for sepsis, end stage cancer; • 1x GP sample, antibiotics for urine infection.
CAI[3]	**September – 0**	**September – 3** • 1x GP sample, no details; • 2x GP samples, no previous.

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 in previous 30 days; received medical treatment in the last 30 days; lives in a nursing home or alternate care facility.*
3. *Community Associated Infection – Positive stool sample, 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 are;

- Pembrokeshire are continuing to stand out as having a higher rate than other counties with 3 cases from GP's and 3 in hospital. Despite the challenging year that Withybush General Hospital (WGH) have had, they are only reporting one case above last year's figures.

What is being done?

- Improvement has been noted in Antibiotic Stewardship and engagement with the Antibiotic Pharmacist in WGH;
- Antibiotic review data from WGH fed back to consultants;
- Antibiotic Pharmacist in WGH bases her work in the admissions unit to target review, education and discussion with clinicians;
- Targeted Jabs to Tabs training delivered in Bronglais General Hospital (BGH);
- Primary Care achieved their antibiotic reduction target for 2018/19 and are on trajectory to achieve the 25% reduction by 2024;
- 3rd Faecal Microbiota Transplant has been completed, with all 3 patients now testing clear. The service has been provided on Glangwili General Hospital (GGH) & Prince Philip Hospital (PPH) sites to date.

When can we expect improvement and by how much?

The Health Board is continuing on a reduction trajectory in comparison with 2018/19 figures currently 17% less, equivalent to 15 less cases, this reduction trajectory is expected to continue. The adoption of the new antibiotic guidelines continues to progress well but the impact on CDI would not be immediate.

How does this impact on both patients and finances?

The impact of prolonged and or broad spectrum antibiotics can be longlasting as it can take up to six months for the bowels microbiome to recover. If the patient recieves any additional medication which disrubts the bowel in this time the impact may be a CDI.

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):

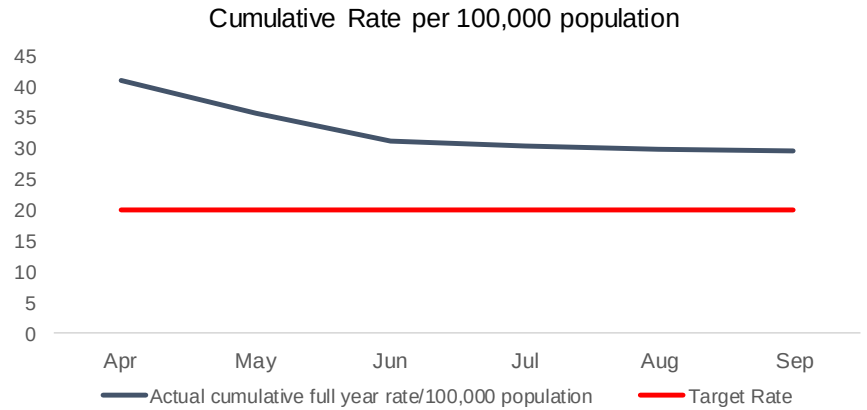
- Cumulative rate of *S.aureus* cases (<=20 cases per 100,000 population)

Status as at Sep 2019: ●

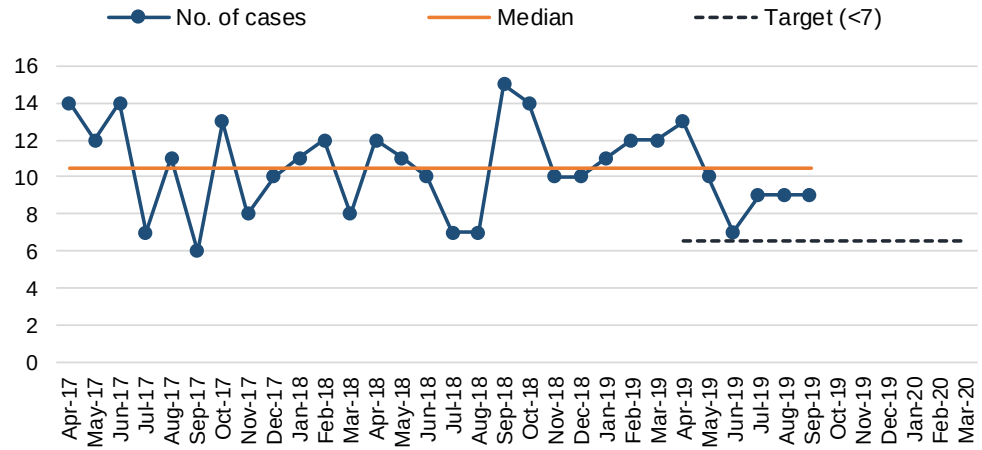
Performance the past 6 months: Improving

Latest data

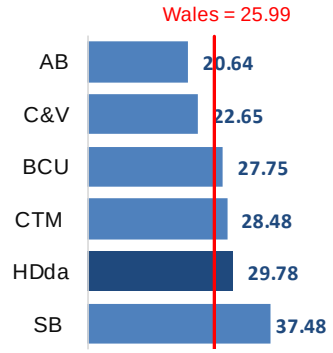
See the HCAI dashboard for a full set of Health Board (HB) and acute site tables and charts.



Number of cases of S.aureus



Benchmarking (Apr 2019 – Aug 2019)



Where are we and are we on target?

Performance at the end of September 2019 shows the Health Board's in month number of *S. aureus* BSI is 9; all of which were Meticillin Sensitive Staphylococcus aureus (MSSA). The cumulative reduction rate is 29.56 at September 2019, which is not achieving the Welsh Government (WG) target and is 17 cases above the target.

Why has this occurred?

The table below shows the reasons for infection:

	Healthcare Associated Infection	Community Associated Infection
HAI[4]	**September - 2** • 1x contaminant – followed up with the service; • 1x infected pacemaker, Serious Incident to WG.	**September - 1** • 1x deteriorating foot wound;
HCAI[5]	**September - 0**	**September - 0**
CAI[6]	**September - 1** • 1x infected aneurysm.	**September - 5** • 1x recurred infected knee; • 1x sepsis, unknown source; • 1x infected elbow wound; • 1x infected thigh ulcer; • 1x infected boil.

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;

- A contaminated sample from A&E, followed up with the service;
- 3 community cases from infected wounds that did not have contact with healthcare. These infections are unavoidable and we would have limited influence on these patients.

What is being done?

- Improvement has been seen in the reduction of contaminated blood culture samples. This is supported by the data from Public Health Wales Top 10 Bacteraemia Data published, Coagulase-Negative Staph BSI are no longer in the HB top 10 (only HB in Wales showing this change). Coagulase-Negative generally indicates contaminated blood culture specimens, this result implies that the work done with Blood culture packs and vascular access trolleys has had impact and improved practise in taking blood cultures across the HB.

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 6 less cases (57% reduction in MRSA BSI, 4 less cases than in 2018/19).

How does this impact on both patients and finances?

A contaminated sample will potentially lead to a prolonged course of antibiotics for the patient. If the patient remains unwell it may delay the correct diagnosis and treatment; increasing length of stay and the patients risk of acquiring and infection.

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):

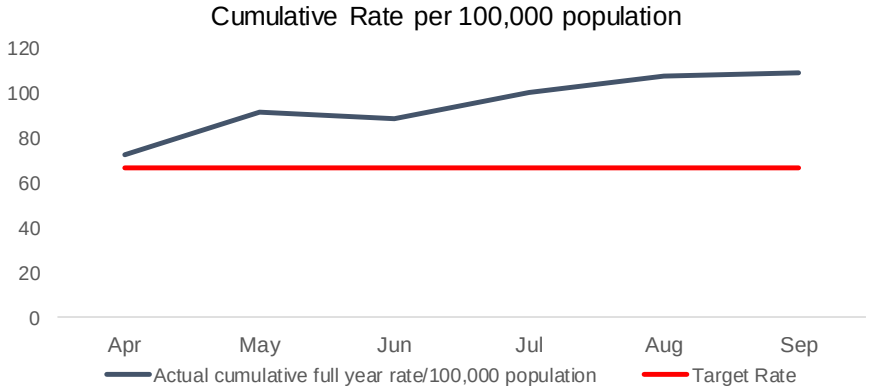
- Cumulative rate of *E.coli* cases (<=67 cases per 100,000 population)

Status as at Sep 2019: ●

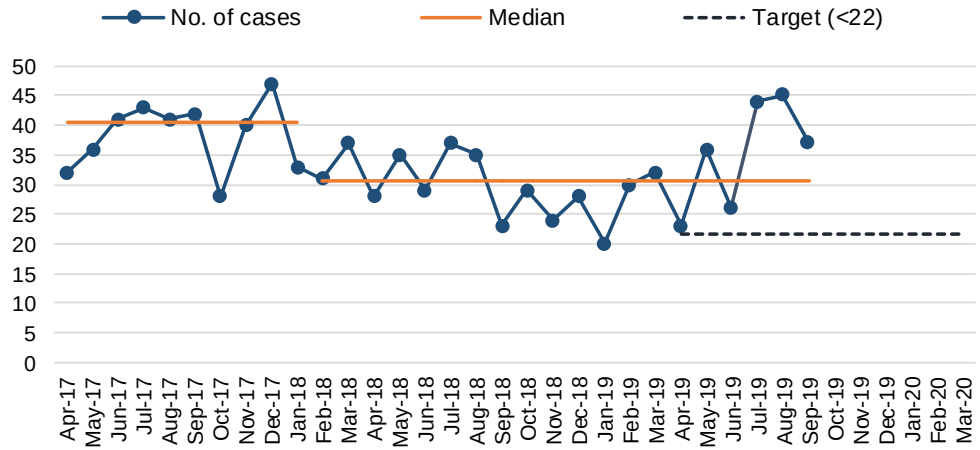
Performance the past 6 months: Declining

Latest data

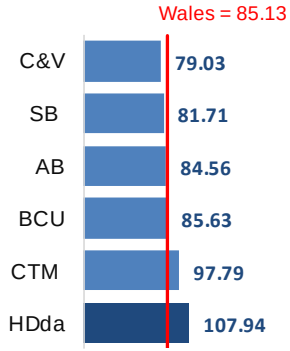
See the HCAI dashboard for a full set of Health Board and acute site tables and charts.



Number of cases of E.coli



Benchmarking (Apr 2018 – Aug 2019)



Where are we and are we on target?

Performance at the end of September 2019 shows the Health Board's in month number of *E. coli* Blood Stream Infections (BSI) is 37 and a cumulative reduction rate of 109.44. The HB is not achieving the Welsh Government (WG) reduction rate target and are currently 81 cases above target.

Why has this occurred?

The table below shows the reasons for infection:

	Healthcare Associated Infection	Community Associated Infection
HAI[4]	**September - 4** • 3x Urinary; • 1x biliary sepsis.	**September - 2** • 1x biliary abscess; • 1x Liver cirrhosis.
HCAI[5]	**September - 6** • 5x Urinary, (3x Urinary catheters, 2x Urinary procedures); • 1x Maternity.	**September - 6** • 5x Urinary, patients with co-morbidities; • 1x gastroenteritis.
CAI[6]	**September – 6** • 3x Urinary (3x diabetic); • 3x Hepatobiliary related to cancers.	**September - 13** • 4x Urinary (1x pyelonephritis); • 4x Abdominal; • 4x Hepatobiliary (3x biliary sepsis); • 1x 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 cases that have had no contact with healthcare in the weeks leading to admission;
- 81% cases are on admission to hospital;
- 10 x cases related to hepatobiliary;
- 4 x cases from holidaymakers;
- Prolonged warm weather over the 2nd quarter may have influenced hydration of patients/public. Difficult for the Infection Prevention (IP) Team to have impact and heavily reliant on public messaging.

What is being done?

- Educational sessions on dipsticking of urine samples delivered across Emergency units, this has been supported with additional Aseptic Non Touch Technique (ANTT) work in those areas;
- Awareness of plastic pollution has led to improved availability of free water and hydration stations at public events; e.g. Cardiff Half Marathon.

When can we expect improvement and by how much?

The high rise in case numbers in July and August has slowed in September and this reduction should continue for the 3rd quarter with reduced weather temperature and improved hydration.

How does this impact on both patients and finances?

The impact that the increased number of holidaymakers has on the hospitals and infection rates can be difficult to measure. The impact on the holidaymaker can be dramatic as many do not take out insurance when having a ‘staycation’ so families either travel home reducing the patients support or incur additional costs.

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

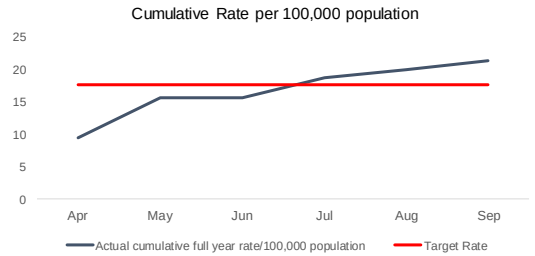
Lead committee: QSEAC **Executive Lead: Mandy Rayani** **Senior Responsible Officer: Sharon Daniel**

Metrics (targets):	Status as at Sep 2019	Performance the past 6 months
• Cumulative rate of Klebsiella sp. bacteraemia (10% baseline reduction to 2017/18)	●	Declining
• Cumulative rate of Pseudomonas aeruginosa bacteraemia (10% baseline reduction to 2017/18)	●	Declining

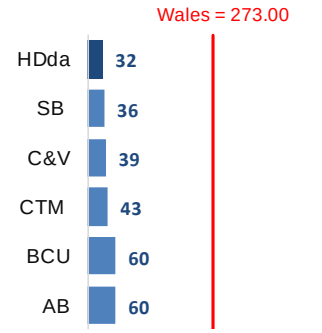
Latest data

See the HCAI dashboard for a full set of Health Board and acute site tables and charts.

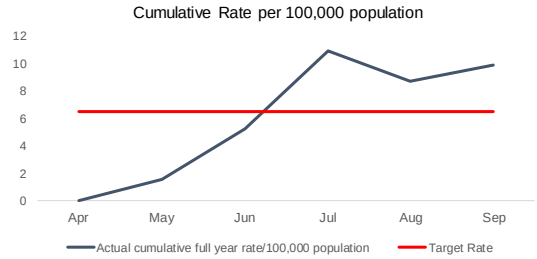
***Klebsiella* sp**



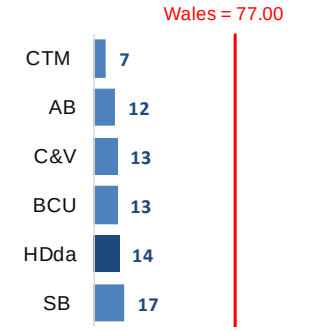
Benchmarking (Apr '18–Aug '19)



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 9 cases this month, this takes our total to 41 cases, 7 above the Welsh Government (WG) reduction expectation and a provisional rate of 21.26 per 100,000 population.

Pseudomonas aeruginosa reported 5 cases this month, this takes 2019/20 total to 19, 6 cases above WG reduction expectation and a provisional rate of 9.85 per 100,000 population.

Why has this occurred?

- 3 cases of *Klebsiella* BSI are previously positive, relapsed due to disease process;
- 3 of the 9 *Klebsiella* cases were related to urinary source;
- All *P. aeruginosa* were community associated and positive on admission;
- 1 *P. aeruginosa* cases was related to an urinary catheters in the community.

What are the challenges?

- All *P. aeruginosa* cases and 6 from 9 of *Klebsiella* BSI were from community this month;
- The rise in *Klebsiella* BSI emulates what has been seen with *E.coli* and may be related to the warm weather.

What is being done?

Increased surveillance data is currently being collected and will be reviewed this month.

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):

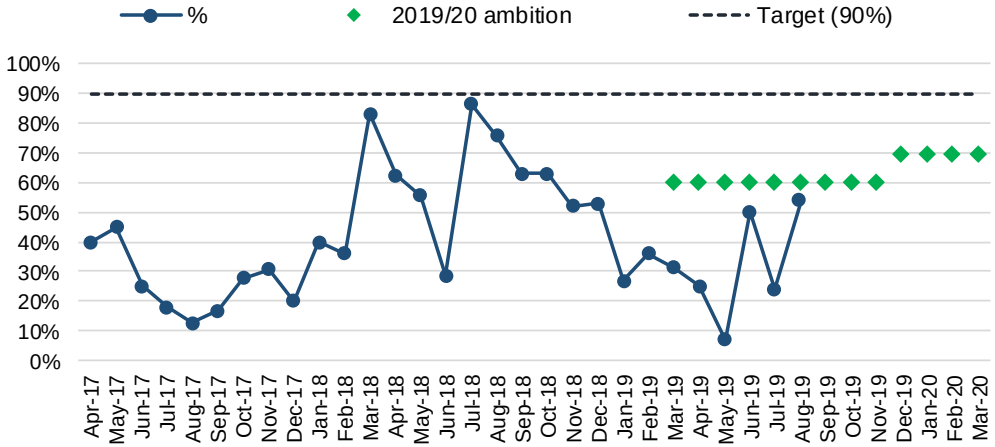
- Percentage of serious incidents (SIs) assured within the agreed timescales (90%)
- Number of new never events (0)

Status as at Sep 19	Performance the past 12 months
●	Declining
●	Not Applicable

Latest data

On 30th September 2019, **68** SI remain **OPEN**	Total
Absconded Patient	9
Alleged Abuse	3
Infection Control	2
Procedural Response Unexpected Deaths in Childhood (PRUDiC)	3
Self-Harm	3
Serious Harm	4
Serious Harm (inpatient falls)	18
Suspected Suicide	12
Under 18 admission (Child on Adult Mental health Ward)	1
Unexpected Death	10
Women & Children Directorate	3
Total	**68**

Serious incidents assured within timescale



Where are we and are we on target?

The most recent Health Board (HB) data indicates that 68 serious incidents (SIs) currently remain open. The Welsh Government (WG) compliance rate (in month rate) for August 2019 is 53.8% (7/13) assured by WG within the agreed timescale; 1 Serious Incident has since been closed within the timescale, 2 have been closed but outside the defined timescale and 3 remain open.

As at 16 September 2019, there were currently 38 serious incidents open over the proposed 60 day target (there are a further 48 incidents where confirmation from WG of closure is awaited). On analysis, it has been identified that over half of these, 18, are open to Mental Health and Learning Disabilities (which is an improved position for the Directorate). 14 incidents are open due to the complexity of the incident or due to processes outside the control of the HB e.g. Procedural Response to Unexpected Deaths in Childhood (PRUDIC).

There were no never events in September 2019 (the last Never Event was reported in October 2018).

Why has this situation occurred?

The number of overall open SIs has decreased in September with an increase in the 60 working day compliance. Meaning that learning and actions taken are identified in a timely manner.

What are the challenges?

Timely review of root cause analysis, development of SMART actions plans and closure forms by Directorates.

What is being done?

Improvement work continues to ensure that there is timely and appropriate review of serious incidents. This has included discussion of all open and new level 4 and 5 incidents and incidents reported to Welsh Government at the Assurance, Safety and Improvement Team meeting. The Formal Quality Panel continues to meet on a monthly basis.

The number of days that an incident remains overdue for closure with Welsh Government is also monitored. This step has been introduced so ensure that these incidents remain a priority for closure.

A meeting has been held with members of the Welsh Government Improving Patient Safety Team to discuss closure compliance and disparity between HB data and WG data. Further work is being undertaken.

When can we expect improvement and by how much?

Work is continuing to improve compliance with the 60 day WG target. This is being monitored with a timescale of December for a sustainable picture.

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):

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

Status as at Sep 2019: ●

Performance the past 12 months: Declining

Latest data

	Welsh Government Patient Safety Alerts	Welsh Government Safety Notices
Issued since June 2014	9	50
Overdue compliance	0	4
Alerts and notices not due	0	1
Compliance	9/9 (100%)	45/50 (90%)

Where are we and are we on target

The All Wales target of the number of Patient Safety Alerts (PSA) and Notices (PSN) assured within agreed timescales is collected quarterly. In Quarter 2 (19/20) one alert/notice wasn't assured within the agreed timeline. The table above includes all PSA/PSNs.

Why has this situation occurred?

Regarding the non-compliant notices, these are reported to the Quality, Safety and Experience Assurance Committee (QSEAC) as exceptions:

- **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. This alert was discussed at a recent meeting with the Delivery Unit Quality Team; a reassessment of compliance is underway and will be discussed at the Medication Error Review Group in October 2019;
- **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 2 outstanding actions have been discussed at the NatSSIP meeting on 21 June, 2019. Minor adjustments and further piloting of the Theatre Peri Operative Care Plan are being finalised. A handover policy is in the process of being developed which will support the Theatre Peri Operative Care Plan and is due to be finalised by the end of November 2019. This document will also cover PSN 040 – Confirming Removal or Flushing of Lines and Cannulae after Procedures. The remaining outstanding action is to establish an audit process which will be discussed at the NaTSSIPs group on 8 October 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 health board policy has been newly developed and is going through the official Health Board policy process before ratification;
- **Patient Safety Notice PSN049** Supporting the introduction of the Tracheostomy Guidelines for Wales – Adults and Children (compliance date 01/07/2019). The notice has been circulated to all relevant staff. 3 of the 5 actions are complete. The guidance has been reviewed and the teaching packages have been updated in line with the notice. The remaining outstanding actions are to ensure that standard information is recorded for transfer and establish an audit process. Implementation of these actions is being led by the Women and Children Directorate but have Health Board wide implications.

What are the challenges?

These are detailed above.

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?

These are detailed above.

How does this impact on both patients and finances?

Achieving compliance with Patient Safety Alerts and Safety Notices will minimise the risk of harm to patients. Robust investigations and learning from events will improve the quality of care delivered to patients. Significant investment is required to bring the Health Board into compliance with at least 2 of the Patient Safety Solutions.

Safe Care – Healthcare acquired pressure sores

Lead committee: QSEAC | **Executive Lead: Mandy Rayani** | **Senior Responsible Officer: Sian Passey**

Metrics (targets):	**Status as at Sep 19**	**Performance the past 12 months**
• Number of healthcare acquired pressure sores in a hospital setting (12 month reduction)	●	Declining
• Number of healthcare acquired pressure sores in a community setting (12 month reduction)	●	Improving

Latest data

Hospital Acquired	**Apr 19**	**May 19**	**Jun 19**	**Jul 19**	**Aug 19**	**Sept 19***
Avoidable						
Category 1	3	1	1	1	1	2
Category 2	11	5	5	7	2	5
Category 3	0	1	2	1	0	1
STDI	5	0	0	2	1	4
Unstageable	1	2	1	0	0	3
Category 4	0	0	0	0	0	0
Sub total	20	9	9	11	4	15
Unavoidable						
Category 1	2	0	1	0	0	0
Category 2	4	2	3	4	1	4
Category 3	0	0	0	0	0	0
STDI	2	1	3	1	1	4
Unstageable	0	0	0	0	1	0
Category 4	0	0	1	0	0	0
Sub total	8	3	8	5	3	8
Unknown	3	1	2	6	11	36
Total	31	13	19	22	18	59
Community Acquired	**Apr 19**	**May 19**	**Jun 19**	**Jul 19**	**Aug 19**	**Sept 19**
Category 1	6	11	12	9	6	7
Category 2	30	34	30	32	37	18
Category 3	5	2	1	4	4	1
STDI	5	7	11	6	4	3
Unstageable	6	5	3	5	5	4
Category 4	0	0	0	0	0	0
Sub total	52	59	57	56	56	33
Total Healthcare Acquired Pressure Ulcers	83	71	76	79	74	92

Please note: The number of pressure sores reported for September varies from the DATIX information as the above reflects those patients who had more than one pressure sore reported on one DATIX incident.

Where are we against target?

The overall number of health care acquired pressure ulcers for September 2019 was 92. This is an increase of 18 from August 2019.

Why has this situation occurred?

Hospital Acquired: The data for September currently indicates an increase in hospital acquired pressure damage. However, this data is yet to be validated and is likely to change following the scrutiny process by the Operational teams.

Community Acquired: The data indicates a decrease in community acquired pressure damage in September, which may be linked to the improved scrutiny processes by the community teams.

What are the challenges?

The challenges are multifactorial and multidisciplinary and include:

- Recognition of pressure damage;
- Assessment of risk skin assessments and reassessments;
- Accurate documentation; and
- Off loading pressure from heels.

What is being done?

The Pressure Damage Improvement Group, set up by Assistant Director for Quality Improvement meets on a monthly basis. There are plans to introduce a new pressure damage risk assessment tool during 2019/20 which is included in the all Wales e-documentation work and aims to standardise the documents being used across Wales as the first step to introducing an electronic patient record

When can we expect improvement and by how much?

The aim for 2019/20 is to reduce the number of pressure ulcers by looking at incidents from a whole system approach.

How does this impact on both patients and finances?

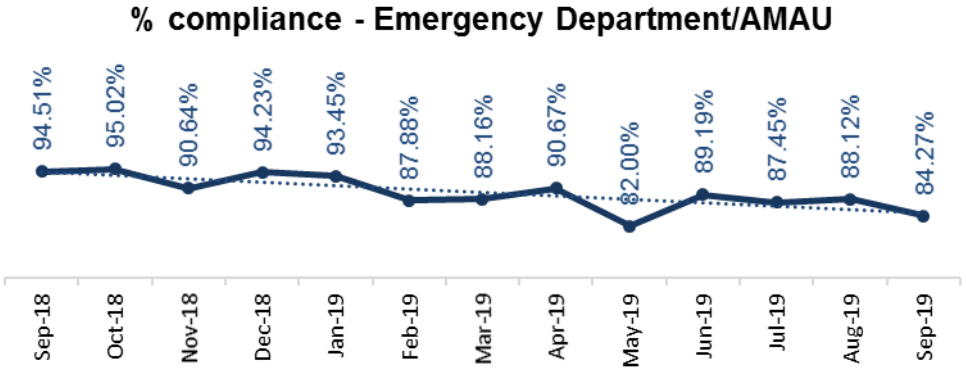
Pressure sores remain a serious and potentially life-threatening problem across all age groups, from the very young to the very old and across all medical specialties and care settings. The pressure ulcer productivity calculator was developed and published by the Department of Health 2010 to help NHS 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 has been between £1.492m to £2.229m. In addition, there is the additional cost to the patient in terms of pain, loss of dignity and impact on long term quality of life. Link to the calculator here.

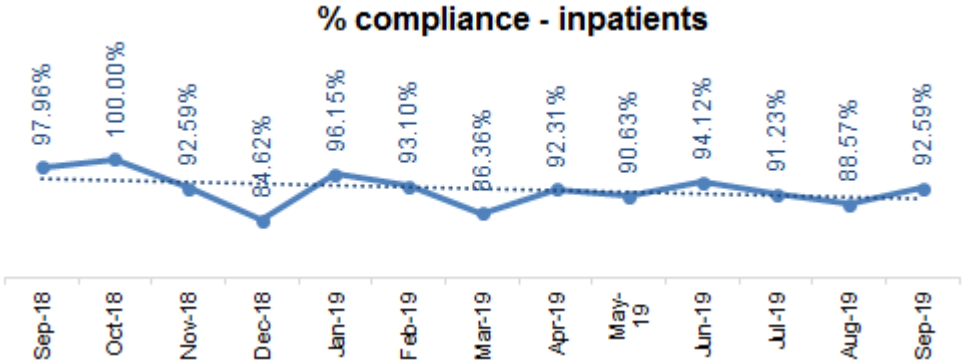
Safe Care – RRAILS Sepsis Six Bundle applied within 1 hour

Lead Committee: QSEAC | **Executive Lead: Mandy Rayani** | **Senior Responsible Officer: Sian Hall**

Metrics (targets):	Status as at Sep 2019	Performance the past 12 months
• % RRAILS applied < 1 hr in Emergency Units/AMAU (Target – 12 month improvement trend)	●	Declining
• % RRAILS Sepsis Six Bundle applied < 1 hr in Wards (Target – 12 month improvement trend)	●	Declining

Latest data





Where are we and are we on target?

The Sepsis Six Bundle applied < 1 hr in wards has not met the 12-month improvement target but has improved from 88.57% in August 2019 to 92.59% in September 2019. The Sepsis Six Bundle applied < 1 hr of emergency admission has not met the 12-month improvement target and has declined from 88.1% in August 2019 to 84.3% in September 2019.

Why has this situation occurred?

There were only 2 non-compliant cases on the wards in September. One was due to a delay to treatment due to unavoidable patient specific reasons;

Two emergency admission units achieved over 90% compliance. All nine non-compliant cases were due to 1-2 hr delay for IV (Intravenous) antibiotics due to increased activity and acuity within the departments;

One unit reported a drop in compliance to 83%. All 8 cases were due to 1-2 hr delay to IV antibiotics, due to an increase in acuity and activity;

The remainder unit reported a drop to 67% compliance where 8 out of 11 cases were again due to 1-2 hr delays to IV antibiotics where 50% were due to increase in activity.

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 taking place 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 (September) compliance.

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* ● Joe Teape - *Deputy Chief Executive*

Exception reports:

- DTOC - non mental health - Carmarthenshire
- DTOC - non mental health - Ceredigion
- DTOC - non mental health - Pembrokeshire
- Mortality
- Clinical Coding
- Information Governance – Core Training

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

Lead Committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Rhian Dawson**

Metrics (targets):

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

HD Status as at Sep 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 September 2019, the Health Board (HB) did not meet the revised National target of a 12-month reduction. The number of in month patients for Carmarthenshire was 28, which is 13 fewer than August 2019.

The main reasons for the delay are as follows:

- Waiting for nursing place (including Elderly Medically Ill) availability in care home of choice, 5 patients;
- Awaiting start of new home care package, 6 patients;
- Awaiting reablement, 3 patient (NB: these are out of county residents);
- Awaiting occupational therapy assessment, 4 patients resting with HB;
- Housing 3 patients;
- 7 patients were resident from out of county (Pembrokeshire, Ceredigion, Neath Port Talbot);
- Other reasons included completion of Decision Support Tool process (Continuing NHS Care Wales assessment);

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

Why has this situation occurred?

As previously reported in M4 IPAR (page 27)

- There are continuing difficulties in commissioning domiciliary care in very rural and remote areas. However, reablement within Carmarthenshire is working effectively in facilitating timely discharges;
- Home of choice, although this number is a significant improvement from August where upon a series of measures were introduced to address the unprecedented number of delays associated with the care home sector;
- Occupational therapy assessment;

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 to 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 previously reported in M4 IPAR (page 27)

- Sharepoint Length of Stay (LOS) reporting
- Earlier identification of complex patients;
- The Local Authority (LA) is developing its domiciliary care model;
- Care in the community to facilitate discharges and prevention of admissions;
- Breaking the Cycle improvement plans will contribute to reducing LOS.

Actions since last report

- Work has been undertaken by the commissioning team to work with the care home sector, its Registered Managers and to analyse LA processes, working with families and the homes to ensure patients are being discharged as timely and as efficiently as possible;
- 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;
- "A Healthier Carmarthenshire" programme with emphasis on whole system redesign with implementation of key actions has commenced e.g. engagement of all key partners, recruitment of District Nurses and Healthcare Support Workers.

Actions for next period

- Progress with recruitment for key position for delivery of Transformation Fund;
- Facilitating meetings to aid seamless joint working: between Senior Housing Manager with Head of Nursing, between Senior Broker and hospital (pathway) staff;
- Forum with care providers planned for late October/early November;
- Progress on the LA domiciliary care commissioning project and links to the Right sizing lessons.

When can we expect improvement and by how much?

As previously reported in M4 IPAR (page 27).

How does this impact on both patients and finances?

As previously reported in M4 IPAR (page 27).

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

Lead Committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Peter Skitt**

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

HD Status as at Sep 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 September 2019, the Health Board did not meet the National target of a 12-month reduction. The number of in month patients for Ceredigion is 11.

Of these 11, the main reason for delays as follows:
- Awaiting package of care, 5 patients;
- Awaiting resolution of a housing issue,1 patient;
- Awaiting for nursing 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.

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
- Availability of Nursing Home placements;
- One Ceredigion Nursing Home remains under embargo;
- 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. A Senior Nurse has been recruited to assist with discharge in Bronglais.
- The Breaking the Cycle improvement plans will contribute to reduce Length Of Stay (LOS);
- Porth Gofal Multi agency triage is improving flow;
- Porth Gofal is relocating into the new Aberaeron Integrated Care Centre. This will enable closer working with the wider Community Resource Team (CRT), which will improve communication between organisations;
- Community CRT provides in reach into the acute sites enabling timely discharge;
- The Local Authority via Integrated Care Fund (ICF) commissioning rapid access domiciliary care provision service.

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 and Transformation fund has been agreed. The recruitment will now commence;
- Aberaeron Integrated Care Centre has been transferred back to the Health Board after refurbishment. All Porth Gofal staff have completed their training in preparation for when the service will be transferring into Aberaeron Integrated Care Centre which is due to open on 16th October;
- CRT North Ceredigion will be integrating with the Acute response team, increasing capacity to enable prompt discharge. All these services will be based in the new Aberaeron Integrated care centre.

Actions for next period:
- Recruitment for a Locality Lead to drive the transformation agenda;
- Work with the Acute site managers to start planning for additional pressures placed on the whole health and social care system during Winter periods, the service aims to continually improve. This planning will now also need to include the Winter money being channelled via the Regional Partnership Board;
- All ICF projects have been reviewed and decisions with some services now transfering into core funding.

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 create 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: Joe Teape** **Senior Responsible Officer: Elaine Lorton**

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

HD Status as at Sep 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 September 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 14 compared to 19 in August and 10 in July 2019. The reduction between months is within the range of normal variation however, capacity for reablement was released the week prior to the census date.
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 Ill (EMI) and general nursing;
- Other related reasons, completion of process, family patient related and legal issues.

Why has this situation occurred?
The main reasons for the delays as noted above relate to:
- Availability of domiciliary care packages;
- Availability of care home placements;
- Challenging family and home situations and expectations.

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 30), there remains an overall lack of domiciliary care in Pembrokeshire, resulted in longer time spent in an inpatient setting in acute and community hospitals

What is being done?
As previously reported in M4 IPAR (page 30),
- A variety of initiatives are being undertaken with the support of the Delivery Unit and learning from best practice; ‘
- Development of micro enterprises within Pembrokeshire;
- Work fairs to encourage recruitment;
- Daily, Joint Discharge Team/Community Pull (Mon – Fri) reviews;
- LA continue to commission step down beds;
- The LA are in the process of transferring the reablement service to an in-house provision which will commence in November, The LA have appointed to the Reablement and Home Care Manager position;
- Improvement Programme across the Pembrokeshire Health and Social Care system;
- Stranded patient (where patient’s length of stay >7 days) ward rounds in acute with support of social services, voluntary sector and Community Long Term Condition team;
- Community Hospital weekly Stranded Patient Review meetings continue. Further areas for improvement are progressing with partner agencies;
- ‘Right-size community services’ work to determine capacity in community in support of flow and complex discharge continues;
- The LA are increasing capacity of their in house domiciliary care provision service and have recruited an additional 6 workers who will complement the existing service following 8 week induction period.

Actions since last report:
- A KPMG facilitated Pembrokeshire County workshop attended by staff representatives of Acute, Primary Care, Community, 3rd sector staff was held on 10th September. The focus on improvements in Avoiding Admissions and Readmissions; Enhance Primary, Community Care and links with Social Care; Reducing Length of Stay (LOS) in hospital pathway and reducing DTOC and delays of medically optimised patients. Recommendations for action will be shared following all County workshops.
- Progress with recruitment for key positions for Intermediate Care services through the Transformation fund in support of pathways for rapid response, fallers and community support are in train. The Integrated Assessment and Co-ordination Hub is due to go live in November;
- Bridging care recruitment through Winter 19/20 funding in support of patient packages awaiting domiciliary care who have a delay in discharge, recruitment completed and additional staff to support flow from October;
- The Intermediate Care Fund have supported a development officer to

work with the domiciliary home care sector to develop more capacity within the sector. The officer will focus on attracting people to the sector, supporting them through the new national induction program & Disclosing and Barring Service (DBS) checks, and then arranging with the sector for interviews for permanent positions within a range of providers including LA and independent sector;
- Co-ordination with Legal Services to resolve one outstanding case;
- Renewed focus on using SharePoint as a tool to drive communication, identify delays in a timely way and proactively manage patient flow across the whole system. This will include developing electronic referrals, which will reduce delays in process and enhance accountability;
- Development of a proactive system wide escalation plan to support flow. This will include the sharing of information on capacity and constraint as well as actions expected by different departments or organisations where delays are identified;
- Ensure ward staff and discharge liaison teams are aware of and encouraging patients and families to utilise the Findaplace.wales website when choosing a care home within the Region. This is a website updated daily by the Care Homes to identify vacancies that are available.

Actions for next period:

- Bridging Care Support Workers to commence October 2019 to offer home based care for patients ready to leave hospital but where care is not yet available;
- Development of system dashboard to facilitate health and social care actions to improve DTOC delays;
- Feedback pending from the KPMG review to support further targetted actions across Pembrokeshire;
- Continue to work with Legal Services to resolve outstanding case
- Implementation of the Integrated Assessment and Co-ordination Hub in November with the aim of reducing admissions by 3 per day from February/March 2020;
- Implementation of System Escalation Plan by mid-October.

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;
- New reporting available through SharePoint enables close tracking of the number of complex patients, the delay in waiting for MDT review once medically optimised and transfer once ready to leave. Work is ongoing to identify a reasonable target to improve the number of days waiting transfer;
- 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 – Mortality Indicators

Lead Committee: QSEAC | **Executive Lead: Phil Kloer** | **Senior Responsible Officer: John Davies**

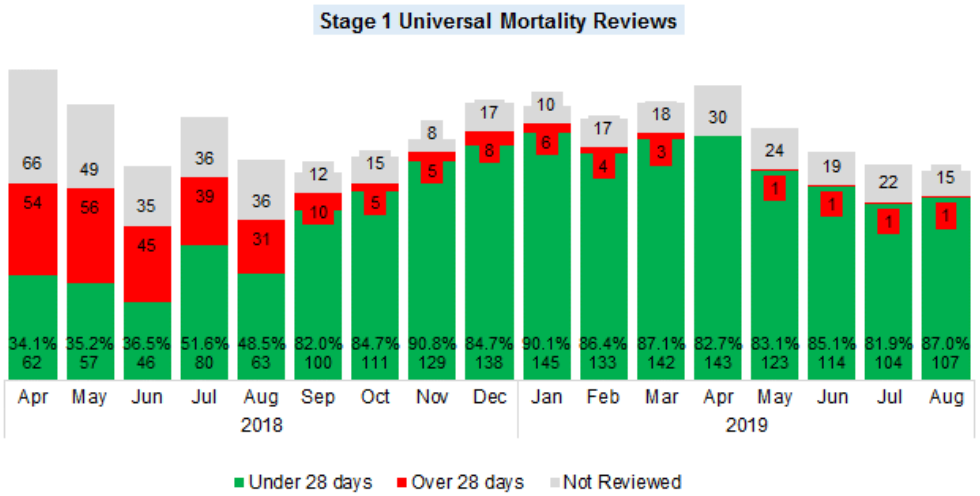
Metrics (Target):

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

Status as at Aug 2019: ●

Performance the past 12 months: Declining

Latest data



Where are we against target?

Universal Mortality Review performance is improving but not yet at the 95% target with 87% (107 out of 123) case notes reviewed within the 28 days during August 2019. This is an improved position compared to last month (81.09%).

Why has this situation occurred?

Bronglais General Hospital (BGH), although dropping to below 40% in July, have re-established an improved position in August 2019 of 62.5%. Prince Philip Hospital (PPH) have increased to 100% and Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) have recorded 86.7% and 85.5% accordingly.

What are the challenges?

The actions agreed at the recent the Mortality Review Group (MRG) and the focus on BGH is expected to make further improvements in Stage 1 review performance. The BGH Hospital Director responsible for Mortality reviews has created an action plan which is currently being implemented across the site and will be fed back at the next MRG meeting.

What is being done?

- A 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;
- 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 BGH and will monitor the implementation of the BGH 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.

Effective Care – Clinical Coding

Lead Committee: BPPAC | **Executive Lead: Karen Miles** | **Senior Responsible Officer: Anthony Tracey**

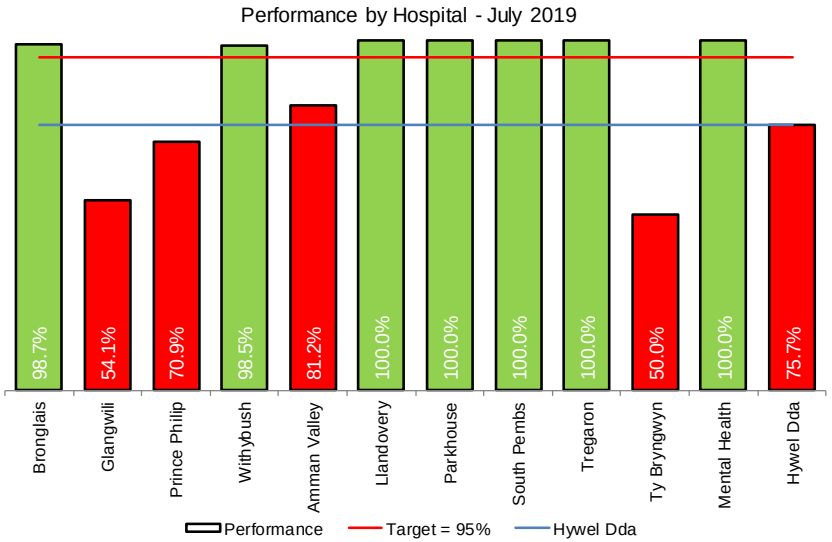
Metrics (targets):

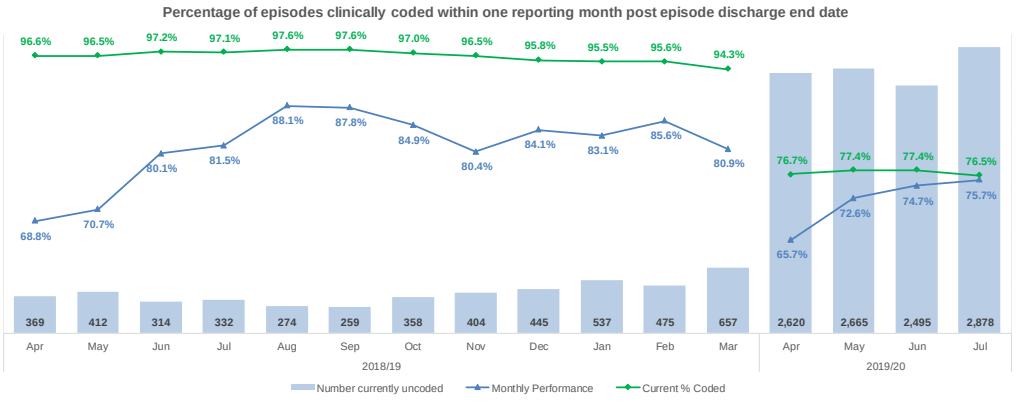
- % of episodes clinically coded within one month of episode end date (95%)

Status as at Jul 2019: ●

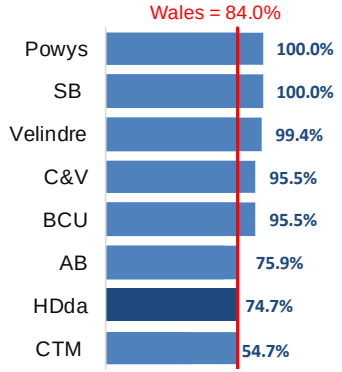
Performance the past 12 months: Declining

Latest data





Benchmarking (June 2019)



Where are we against target?

Hywel Dda University Health Board (HDUHB) performance improved by 1% in July 2019 with 75.7% of episodes coded within one month, compared to 74.7% in June 2019. The Health Board (HB) is below the all Wales average of 84% for June 2019. Performance for Bronglais General Hospital (BGH), Withybush General Hospital (WGH), Llandovery Hospital, Parkhouse Court, South Pembs Hospital and Tregaron Hospital has achieved the 95% target for July 2019 episodes alongside Mental Health. HDUHB ranked 7th out of 8 across the Welsh Health Boards for June 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 WTE clinical coder will code 30 episodes a day, if activity continues at the same level as in 2018/19 we can expect a backlog of approximately 25,000 for 2019/20. On average just over 2,000 FCEs each month remain uncoded, which adds to the backlog. The HB still have 11,678 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 challenges 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 then end they coded 8,294 episodes. As a result we are looking to restart 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?

In the coming months there is an expectation that performance will be between 80% - 85% on a consistent basis, though this has its challenges, however the backlog as outlined previously will still be present until sustained funding.

How does this impact on both patients and finances?

There is no direct impact upon patients or finances in the achievement of this target. However, there is currently overtime being offered to staff so that the department can try and code as much of the current month's activity as they can to help performance. The use of contract coders will also have an impact upon finances as well as the cost in using Medical Records/Coding staff to pull case notes, which are needed to code the episodes.

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 Sep 19: ●

Performance the past 12 months: NA

Latest data

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Information Governance (Wales) - 2 Years|	10,095	10,095	8,134	80.57%

Staff Group	Assignment Count	Required	Achieved	Compliance %
Add Prof Scientific and Technic	386	386	304	78.76%
Additional Clinical Services	2,122	2,122	1,792	84.45%
Administrative and Clerical	1,901	1,901	1,623	85.38%
Allied Health Professionals	656	656	558	85.06%
Estates and Ancillary	953	953	877	92.03%
Healthcare Scientists	190	190	163	85.79%
Medical and Dental	736	736	216	29.35%
Nursing and Midwifery Registered	3,143	3,143	2,598	82.66%
Students	8	8	3	37.50%

Where are we against target?

Currently the Health Board (HB) is attaining 80.57% 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 74.8%.

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 IG team have received feedback that there is a lack of time, equipment and 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. There has been a significant improvement over the last year, an improvement from 45% to 80.6%. 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 our 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).

Dignified Care

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

Lead Executives: Joe Teape - *Deputy Chief Executive* ● 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: Joe Teape** | **Senior Responsible Officer: Acute Site General Managers**

Metrics (targets):

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

Status as at Aug 19

Performance the past 12 months

Improving

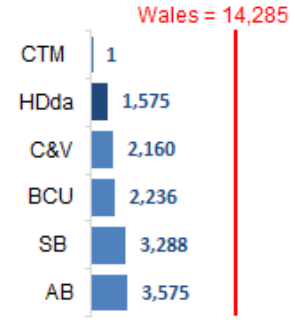
Latest Data

Hospital Initiated Cancellations within 24 hours

Where are we and are we on target?

In August 2019, the number of Hospital Initiated Cancellations (HICs) was 100, nearly half of which were in Prince Philip Hospital (48). The Health Board has shown a 12 month improvement and achieved fewer cancellations than the 2019/20 ambition.

Benchmarking data (July 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% (1,587 patients) on the previous financial year. The latest all Wales data ranks Hywel Dda 2nd in this measure.

In August 2019, following validation, 14 patients fell within the government postponed admitted procedure commitment. 5 patients were treated within the 14 day government target (in-month performance is therefore 35.7%). The remaining 9 patients have subsequently all been treated.

Why has this occurred?

The most common reason for HICs for August 2019 was the absence of junior orthopaedic medical staff to support of the wards at Prince Philip Hospital (PPH). It was not safe to support patient care post-op without appropriate medical support. There remains an element of HICs related to bed availability, predominantly at Withybush General Hospital.

What are the challenges?

The issues at PPH lasted approximately 4 weeks. Staff availability and their impact were reviewed daily. This concern has since been resolved. The challenge of emergent bed demand pressures remains a concern, the process of optimising theatre lists and giving patients adequate notice does limit available rebooking capacity which does impact 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 Sep 19: ●

Performance the past 12 months: Improving

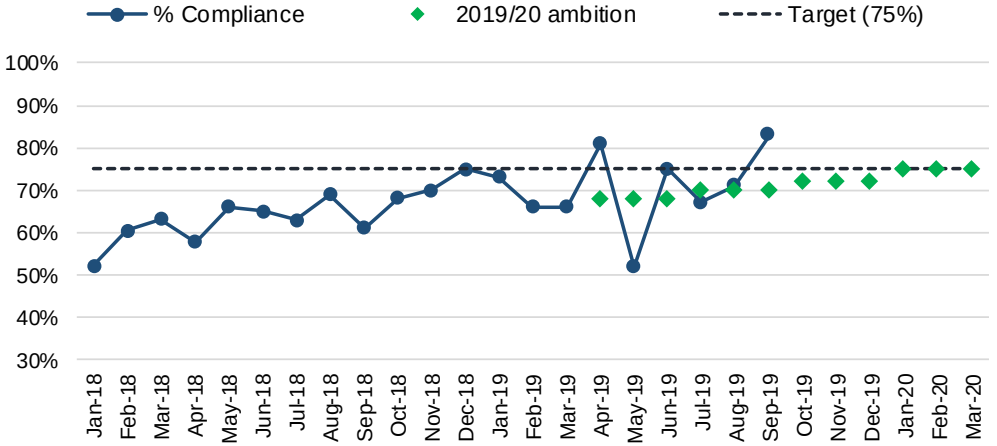
Latest data

Closed Complaints Managed Through PTR Regulations (MTPTR):	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Managed as MTPTR **Formal**	39	37			
Managed as MTPTR **Informal**	85	93			
Total Number of Complaints Closed MTPTR	**124**	**130**			
Managed Through **Early Resolution**	95	43			
Total Number of Complaints Closed	**221**	**173**			
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			
30-127 WD (6 months) of the date first received	28	14			
>127 WD (6 months) of the date first received	8	9			
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			
30-127 WD (6 months) of the date first received	1	0			
>127 WD (6 months) of the date first received	0	0			
>253 WD (12 months) of the date first received	0	0			
% of MT PTR complaints closed within 30 WD (Target 75%)	**70.5**	**83**			
Total Number of New Complaints Received to be MTPTR	**114**	**113**			
Total number of New Complaints Received	250	253			
No. **awaiting response**	-	163			
No. **re-opened**	1	3			
No. **breaching 30 working days**	-	161			
No. **breaching 3 months**	-	107			
No. **breaching 12 months**	-	7			

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

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

% concerns with final or interim reply <= 30 working days



Where are we against target?

There has been an increased percentage in the number of concerns settled within 30 working days in September, the performance against the agreed trajectory is as follows:

- Q1 for 2018-2019 was reported to Welsh Government at 75%;
- The current end of month position has achieved 83% against the trajectory of 70% for this month.
- The 'All Wales Reporting Framework' project has now concluded and work has also now concluded on aligning the Hywel Dda Complaints Datix module and reports to the information requested from Welsh Government, as demonstrated in the above table;
- There are 7 concerns which have been open over 12 months (6 of which are in the final stage of the complaints investigation process).

Why has this situation occurred?

- Target was exceeded in September due, in part, to the changes now put in place, following the recommended restructure of complaints reporting by Welsh Government ('All Wales Reporting Framework'). Increased staffing levels within the Patient Support Contact Centre has also enabled more complaints cases to be dealt with, in accordance with the Managed Through PTR/Informal process.
- Staff absence in the department (due to sickness) during September has resulted in a lower number of cases being closed, in comparison to the previous month.
- Concerns alleging harm, and are graded 3 and above, are consistently taking longer than 30 working days.
- Significant efforts are being made by the teams involved to resolve matters at the earliest possible stage where appropriate.

What are the challenges?

In addition to previously reported in M4 IPAR (pg. 35)

- Capacity within the PALS team is preventing the enhancement of pro-active work within clinical areas and in the community
- Lessons learnt processes require strengthening to prevent repeated events

What is being done?

- In addition to previously reported in M4 IPAR (pg. 36)
- Consistent updating of clients on a regular monthly basis has proved challenging for the team due to capacity and has been difficult to audit/report. However, newly implemented auditing of the complaints cases is underway to ensure compliance and these are included in the KPIs.
- There is increased focus on the need to conclude all complaint investigations within 6 months, regular monitoring of the oldest cases continues.
- 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?

There has been an exceptional increase in the percentage of cases closed within 30 working days in September (the highest percentage seen this year) and, whilst it is anticipated that percentages over 68% will continue to be reported, given that the 'All Wales Reporting Framework' has only just been implemented, along with increased staffing levels, more data capture is required over the next few months to provide an accurate projection.

How does this impact on both patients and finances?

As reported in the M4 IPAR, timely resolution of complaints, strong communication and involvement of families in the process has a positive impact on patients. This is evidenced during weekly reviews and audits of the case management.

If the concern is not managed effectively, this has a negative impact for the patient and/or family. Additionally, there is a negative financial impact for the Health Board if cases are referred to the Ombudsman.

Dignified Care – Percentage Compliance with Hand Hygiene

Lead committee: QSEAC | **Executive Lead: Mandy Rayani** | **Senior Responsible Officer: Sharon Daniel**

Metrics (targets): | **Status as at Sep 2019** | **Performance the past 12 months**

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

Latest data

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

Bare Below the Elbow

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

Where are we and are we on target?

The Health Board compliance has improved to 91% for August from the data submitted on Nursing Indicators. There has been a 9% improvement in compliance with 'Bare Below the Elbow' in Bronglais General Hospital (BGH) and results have remained steady on the other 3 sites.

Why has this occurred?

There has been some improvement in the majority of areas; this is likely linked to the increased teaching of medical staff during induction over the summer months.

What are the challenges?

Reviewing the '5 moments of hand hygiene' the priority is before patient contact in moments 1&2. Reviewing the breakdown from the Infection Prevention hand hygiene results of the 795 opportunities 36 were missed in moments 1&2 = 4.5%. Ensuring that hand hygiene is performed at these times and ensuring staff understanding of this is the challenge.

What is being done?

The appropriate glove awareness campaign was seen to have affect and this is something that we wish to extend, as an improvement in hand hygiene was linked to the campaign. This has been slow to extend on the Prince Philip Hospital (PPH) site as the workload has been overtaken by the TB screening.

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?

While the risk of developing a hospital acquired infection increases with poor hand hygiene compliance, there is also the affect that it has on patient perception. If staff are noted not to be washing their hands then this can impact negatively on the patient and their recovery.

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: Joe Teape - *Deputy Chief Executive* ● 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
- Occupational therapy
- Pulmonary rehabilitation
- Physiotherapy
- Delayed follow-ups
- GP Out of Hours
- External RTT

Timely Care – Red calls

Lead Committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Rob Jeffery (WAST)**

Metrics (targets):

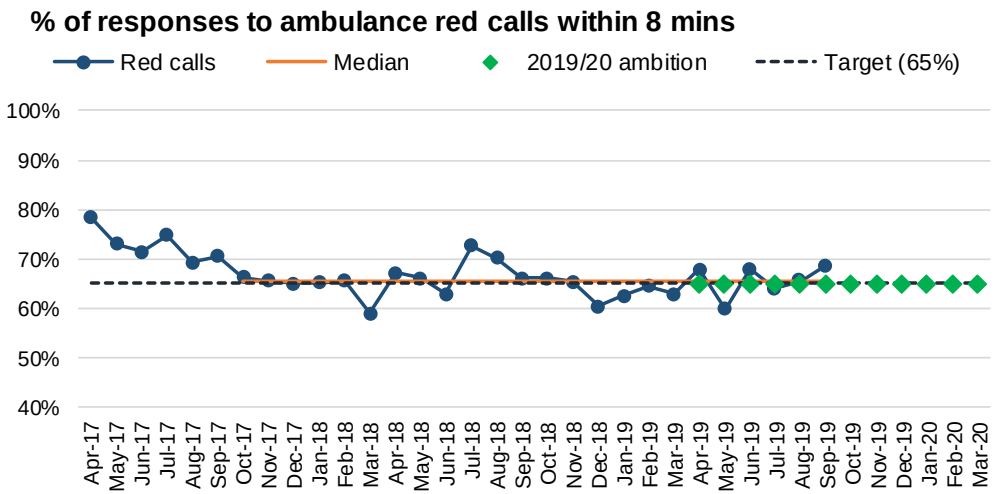
- % of Red Calls responded to within 8 minutes (65%)

Status as at Sep 2019: ●

Performance the past 12 months: Improving

Latest data

See the supporting unscheduled care performance charts.



Where are we against target?

Provisional figures for September 2019:

	Wales	Hywel Dda	Carms	Cere	Pembs
Red 8 min	68.4%	68.5%	67.9%	58.0%	75.3%
Red 9 min		72.2%	71.6%	60.0%	79.8%
Red 10 min		74.7%	75.4%	62.0%	80.9%
Median red	00:05:39	00:05:11			
95th percentile	00:16:59	00:17:59			

Red call volume accounted for 7.3% of total call volume, 273 incidents, of which 187 met the 8-minute target with 86 being outside.

Amber median response time for Hywel Dda University Health Board (HDUHB) was 00:23:53, with all Wales at 00:26:08 minutes. 95th percentile 01:57:57 minutes with all Wales at 02:18:43. Amber 1 call volume accounted for 42.9%, 1,906 incidents. Amber 2 call volume accounted for 23.9%% of call volume 904 incidents

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

	Hywel Dda	Carms	Cere	Pembs
Conveyance	68.5%	71.5%	64.7%	66.4%
Treat at Scene	10.7%	9.6%	8.9%	13.1%
Referral to alternative provider	9.7%	8.0%	13.7%	9.9%

Why has this situation occurred?

Notification to handover across Wales saw an increase in lost hours. The recent downward trend in HDUHB has not been maintained during September with 797:15:41hours lost. A further 78:06;31 hours were lost by HDUHB vehicles delayed outside Swansea Bay University Health Board (SBUHB) hospitals and a further 3 hours at University Hospital of Wales (UHW)

For Hand over to clear (H2C), Hywel Dda crews lost a further 31:13:24 hours

What are the challenges?

- In addition to the 797 hours lost to handover delays, and 31 hours H2C the continued upward trend for inter-hospital transfers remained static during September, there was a slight increase in short term diverts;
- Sickness decreased slightly to 6.81% which remains above the Welsh Ambulance Service Trust (WAST) target of 5.86%;
- Uniformed First Responders (UFR) and Community First Responders (CFR), contributed 1.75% Red call performance;

- Of the 86 Red calls missed:
  - 68 were due to distance to travel or outside National Deployment Plan (NDP);
  - 10 calls had no vehicle available at time of call due to demand;
  - 1 call due to crews being unavailable returning to base, outside rest break window;
  - 1 delayed allocation;
  - 2 due to slow mobilisation;
  - 4 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 14 vacancies and 7 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;
- 4 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 will be agreed shortly, 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: Joe Teape** | **Senior Responsible Officer: Rob Jeffery (WAST)**

Metrics (targets):	**Status as at Jul 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 September 2019 Hywel Dda University Health Board (HDUHB) Amber 1, (20 minutes) closed at 42.9% of total call volume 1,906 calls. Amber 2, (30 minutes) closed at 23.9% of call 904 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 September accounted for 797 lost hours or 69 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 commenced;
- Emergency Ambulance Service Committee (EASC) commissioned transfer vehicle from Aberystwyth
- 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 HDUHB 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 HDUHB;
- 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

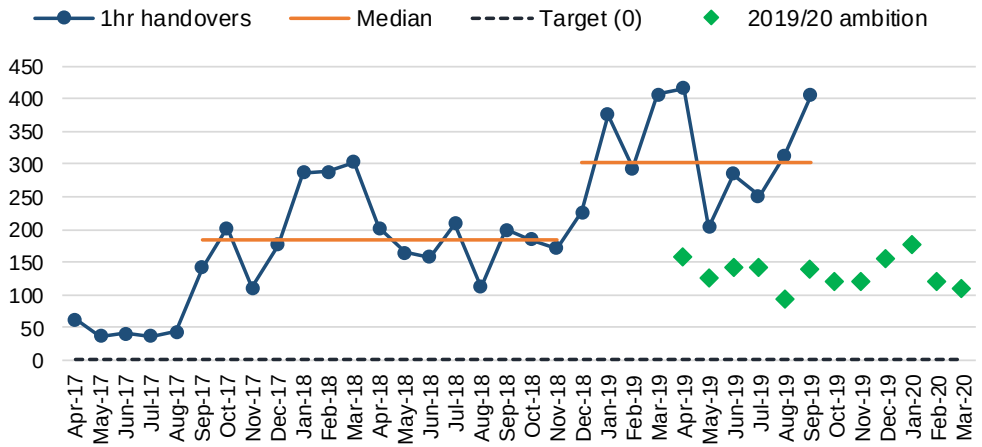
Lead Committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Acute Site General Managers**

Metrics (targets):	Status as at Sep 2019	Performance the past 12 months
• Number of ambulance handovers over one hour (0 target)	●	Declining
• % of patients who spend less than 4 hours in A&E/MIU (95% target)	●	Declining
• The number of patients who spend 12 hours or more in A&E/MIU (0 target)	●	Declining

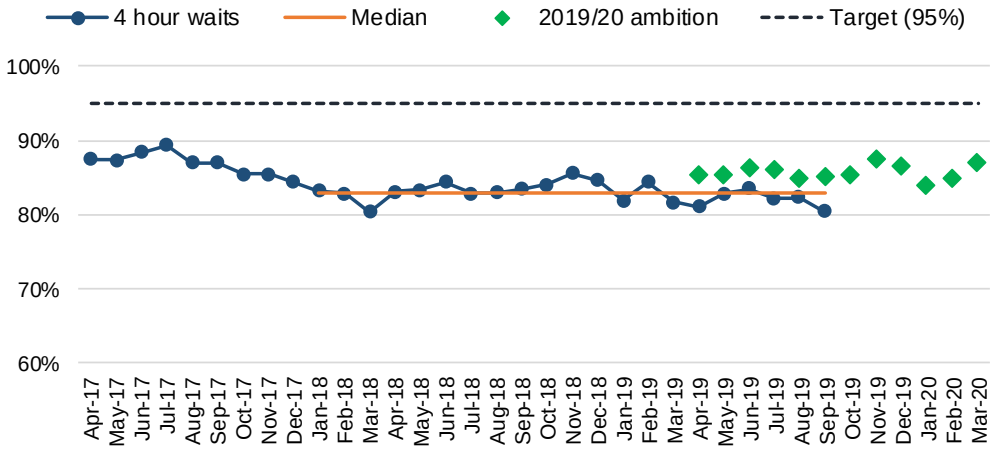
Latest data - USC

See the unscheduled care charts and dashboard for a full set tables and charts.

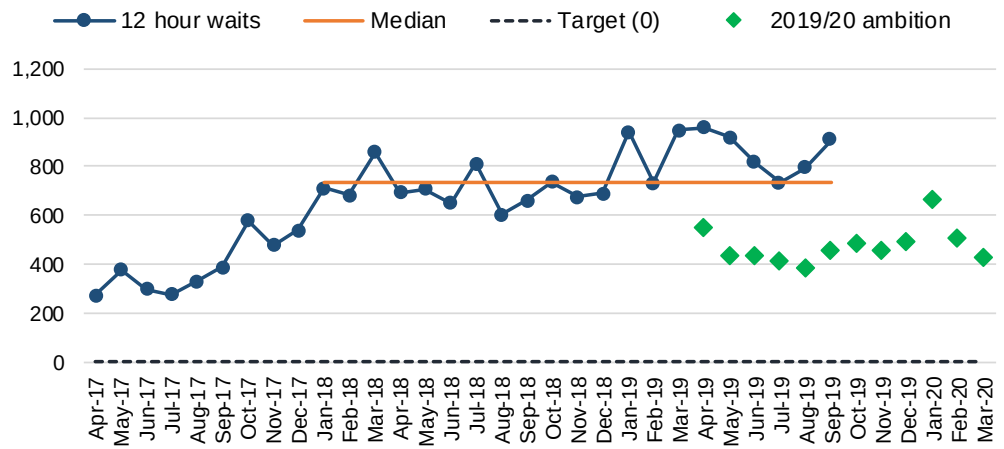
Ambulance handovers taking longer than 1 hour



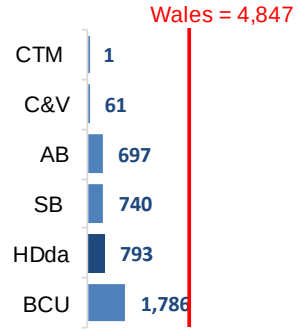
% of patients seen within 4 hours in A&E / MIU



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



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



Where are we against target?

- The daily average ambulance arrivals in September 2019 have decreased to 92.13 compared to 93.7 in the previous month and 94.1 in September 2018;
- 85.3% of patients conveyed to the emergency care facilities by Ambulance during September 2019 were handed over within 1 hour. Bronglais General Hospital (BGH) was 74.6%;
- There were 406 Ambulance handovers over 1 hour in September 2019, deterioration to the previous month (313) and compared to September 2018 with 200. During September 2019, Withybush General Hospital (WGH) decreased the number of handover over 1 hour compared to the previous month from 125 to 92;
- September 2019 new A&E/MIU attendances compared to September 2018 have increased from 13,189 to 13,803, an increase of 4.7%; Both Prince Philip Hospital (PPH) and WGH had increases of 6.7%;
- New Major attendances have increased from 4,837 in September 2018 to 5,029 in September 2019; an increase of 4%. PPH increased from 377 to 475, 26%;
- 80.3% of patients spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge. This is a deterioration from 83.4% in September 2018;
- Conversion rates for new attendances to admitted patients has decreased from 17.6% in September 2018 to 15.5% in September 2019, the number of admitted patients decreased from 2,326 to 2,133, 8.3%;
- The highest breach reason for the Health Board continues to be lack of A&E/ED Clinicians, this has been the case since July 2019. At BGH and WGH it is still lack of Medical Beds causing breaches;
- 910 patients spent 12 hours or more in an emergency care facility from arrival until admission, transfer or discharge. This is deterioration from 663 patients in September 2018;
- The average Length of Stay (LOS) for medical emergency inpatients has deteriorated from 9.2 in September 2018 to 9.6 in September 2019.

Why has this situation occurred?

BGH	GGH	PPH	WGH
• Increase in A&E demand and increased acuity. Performance does not recover as quickly due to back door block – reduced discharges which is driven to an extent by a reduction in social care capacity and a corresponding increase in patients with complex discharge needs; • Continued weekend GP Out of Hours (OOH) deficits have continued, though overall improvement since the last report; • September 2019, 4 hour performance 81.9%, deterioration to same time last year 85.1%; • September 2019, 12 hour performance and ambulance delays have deteriorated since this time last year and no further in month improvement was achieved; • Average Length Of Stay (LOS) deteriorated from 6.9 in August 2019 to 8.4 in September; • Two peak days for attendances, topping 100/112 per day in September; • Pressure points in the North of Ceredigion, the Betsi Cadwaladr University Health Board (BCUHB) continue to intermittently impact on BGH due to demand from South Gwynedd area – especially when there is a local GP OOH deficit.	• Continued weekend GP OOH deficits not improving; • 1 x A&E consultant medium to long term sick and 1 consultant returned to associate specialist leaving 1.6 Whole Time Equivalent (WTE) in work; • A&E Middle Grade (MG) and junior deficits with only 1 substantive experienced MG in post and 1 MG long term sick. 3 MG's recruited but overseas and being supported; • 4 hour performance deteriorated from 77.4% to 70.5% compared to the same time last year; • LOS has increased in particular those greater than 28 days which is linked to assessment delays and Packages of Care (POC) and placement availability; • Medicine MG 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 increase in majors attendances are variable by the day of week; • No A&E MG on nights and variation of expertise leading to long waits especially overnight to be seen by a doctor which can increase to 8 hours.	• In September 2019, the PPH Minor Injuries Unit (MIU) saw 6.7% more patients than in September 2018. The MIU staffing is based on seeing a maximum of 90 patients a day however during September there were 14 days when attendances were 100 or more; • GP Out of Hours (OOH deficits) in Carmarthenshire with regular closures of the OOH service in Llanelli; • The higher rate of demand from emergency admissions via the Acute Medical Admissions Unit (AMAU) continued into September with an increase of 10% compared to September 2018; • Patients delayed in MIU waiting for mental health beds; • The number of patients attending MIU who cannot be treated by the Emergency Nurse Practitioner (ENP) has led to long waits to see the single handed GP. This accounts for 51% of the 4 hour breaches.	• 225 increase in new attendances compared with the same period last year; Decrease of 15 in ambulance arrivals compared with the same period last year. This indicates an increase in demand but not via ambulance arrivals to the Emergency Department (ED); • GP out of hours shortfalls continue with several overnight shortfalls per month; • Increased 12 hour breaches reflect the continued challenges to timely discharge of medically optimised patients; • Sustained high number of medically optimised patients with prolonged stays whilst waiting assessment for, and availability of POC (both short & long term);

What are the challenges?

BGH	GGH	PPH	WGH
• 2 Clinical Fellow and 4 junior doctor vacancies in A&E; • Single A&E doctor rota past midnight continues to be a concern though supported by Hospital at Night team; • Medically optimised averages 15 but medically fit for discharge remains low at 7; • Registered Nurse vacancies slight deteriorated to 72 WTE due to natural attrition though mitigated by backfill from partnership arrangement; • Discharge profile has slowed significantly compared to recent months due to deficits in community and social services capacity. High caseload for local social work support worker;	• Medical and A&E doctor vacancies; • Medically fit running at 60-70 patients with a high number of frail and complex patients; • Long LOS 28 days and over increased in September for medicine to 63 days where 42 patients accounted for 55% of the inpatient bed days; • Challenges with provision of services such as care homes to meet demand to support discharge profile for the site; • Registered Nurse (RN) vacancies which will improve in October as newly qualified will have had preceptorship and be on the rota reducing site to 66 WTE; • A&E Nurse vacancies 10 WTE; • Clinical Decisions Unit RN vacancies at 40% of establishment.	• Increases in demand described above; • OOH service provision described above; • Daily variation in demand described above; • Cardiology consultant capacity with 2 of the 3 posts vacant; • The number of patients deemed medically fit remains high with up to 38 patients delayed in hospital at any one time; • Variation in daily ambulance arrivals during the month.	• 1 functional substantive middle grade in ED (out of a rota of 7). Very high reliance on locum staff; • 2 doctors in ED middle grade posts but not clinically competent to undertake the role (undergoing competency assessments & review); • 5 doctors in General Medical middle grade posts which have not been clinically competent to undertake the on call aspects of the role. This has now improved with 2 remaining as ‘double running’; • Medically optimised patients remain in the region of 40 (21% of total bed base) with 10 ‘ready to go’. Most common constraints to being discharged are reablement, long-term POC and care placement availability. A large number continue to take prolonged periods to have care requirement assessments completed once declared medically optimised; • Shortfall in therapies to inpatient areas; • RN vacancies remain in the region of 60WTE with 12 having commenced in September.

What is being done?

BGH	GGH	PPH	WGH
• Focus on Frailty and Ambulatory emergency Care (AEC) as well as planning for Autumn implementation of Daily Safety Huddle; • Safety Huddle goes live on 1st October led by new Acute Physician; • Recruiting to 2 x B7 therapy posts to be based in A&E and support admission avoidance; • Agency partnership arrangement continues – 38 assigned to rosters providing average 49 WTE cover for vacancies plus bank and over time; increase in numbers planned from October to cover increased vacancies; • Site efficiency plan will include each ward having an individualised plan with LOS targeted reduction; It's development is linked to the Frailty Team being in place by November and a Frailty Consultant joining in January 2020; • Plan for dedicated BGH social worker, funded from community, as part of Winter plan. Recruitment is planned for November 2019.	• Weekly task and finish group in place for medical recruitment to expedite staff into post; • Weekly A&E meeting with all staff groups to provide support and actions to improve performance and quality of care; • Weekly medical consultant chaired by medical director to address significant MG gaps; • LOS meeting continues now with therapy support and service improvement support; • A&E process review undertaken by service improvement team awaiting recommendations; • Quality Improvement (QI) collaborative in place to review ambulatory care and actions for improvement; • Review of MIU 24/7 opening to manage GP OOH's deficits; • Locum cover being sought for A&E consultant deficits; • Continued deep dive all inpatients each Monday with Head of Nursing (HON) review of medically fit patients each Wednesday with escalation of complex cases; • Active recruitment campaign starting for Clinical Decisions Unit (CDU) and will then roll out to A&E for RN; • Working with local authority broker as point of contact to support families to identify Care. Home placements.	• Undertaking an ambulatory care review. Key staff from PPH have visited other Health Boards in September to review best practice ambulatory care provision; • Introducing Advanced Nurse Practitioners (ANP) into the MIU to reduce the demands on the single handed GP. Job descriptions have been finalised and recruitment is expected to be complete in October; • Continued weekly meetings to review stranded patients(patients with LOS >7 days) and all medically optimised patients in PPH; • Cardiology consultants have been shortlisted and it is expected the 2 vacancies will be filled; • Working with Carmarthenshire County and Local Authority to implement the new crisis response service that will provide an alternative to emergency admission; • The pathways for deep vein thrombosis is being reviewed as QI Collaborative.	• Flow improvement programme commenced August 2019 focussing on increasing flow through general medical wards – early completion of prescription & discharge letter; patient understanding of, and ability to answer, the 4 questions; relatives clinics; anticoagulation counselling and frailty pathways; • Weekly stranded patient reviews in addition to a QI collaborative initiative to focus on this (commenced July 2019); • Transient Ischaemic Attack (TIA) clinic QI collaborative initiative (commenced July 2019); • Frailty pathway review including front door screening (Oct 2019), early multidisciplinary team comprehensive assessment (Oct 2019), identification of functional criteria for discharge (Oct 2019) and development of a frailty assessment unit (Dec 2019); • Review of ambulatory care utilisation and revision of way of managing medical take (starting Oct 2019); • Development & implementation of ED streaming initiative (under development; implement from Dec 2019); • Recruitment of a chronic conditions AP to work at the front door, rotating with existing staff in the community (Advertise Oct 2019); • Extension of the Home Support Team requested to enable more patients to be discharged from hospital at an earlier stage; • Request for additional OT & Physio to support inpatient flow & frailty pathways; • Request for recruitment of HCSW to install 'pit stop' model in ED to support timely assessment and investigation (funding requested from winter monies)

When can we expect improvement and by how much?

- BGH - The appointment of the front door Frailty Team (ANP, dedicated therapy support and from January dedicated consultant) is expected to have a significant improvement in 4 hour performance;
- The safety huddle will drive better planning for discharge; criteria led discharge, wards pulling a patient from CDU each morning to create capacity to empty out A&E. This will drive the recovery and further improvement in Average LOS at BGH;
- BGH - Performance and financial improvement can be expected to align with improved flow due to less reliance on unfunded flex capacity;
- BGH - Also as short term small scale recruitment and full implementation of the BGH nursing strategy over the next 3-5 years will ensure recruitment potential improves (local training and education) and thus reliance on high cost agency staff will reduce;
- WGH - timescales listed above;
- GGH - Winter planning is underway to ensure areas that provided additional assurance and improvement are in place for 2109/20 also additional areas identified;
- GGH - Medical recruitment or experienced locums being in place are essential to providing on call and ward cover;
- 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 considered across Carmarthenshire.

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.

Timely Care – Stroke Quality Improvement Measure

Lead Committee: QSEAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Bethan Andrews**

Metrics (targets):

- % of patients directly admitted to a stroke unit within 4 hours of clock start (Target – 58.9%)
- % of patients assessed by a stroke specialist consultant <24 hours of clock start (Target – 84.4%)
- % of stroke patients receiving the required minutes for SALT (Target - 12 month improvement)

Status as at Sep 2019	Performance the past 12 months
●	Declining
●	Improving
●	Improving

Latest data

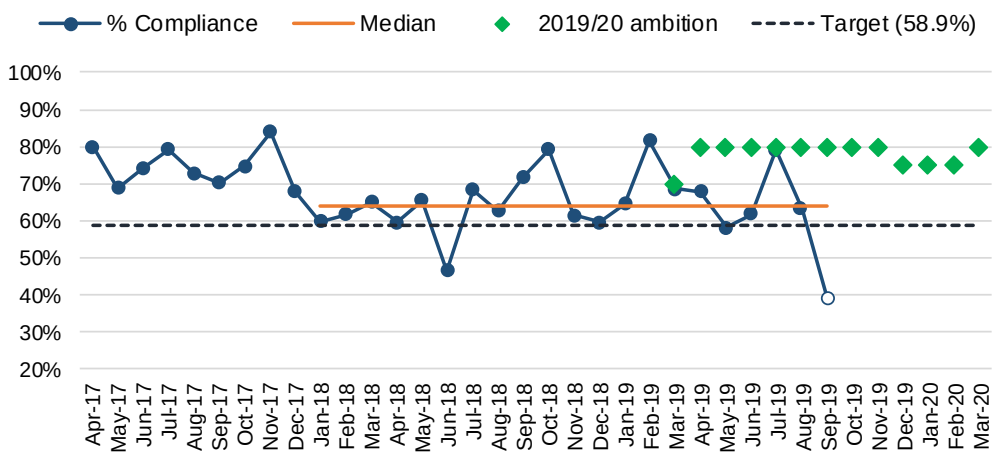
Admission to Stroke Unit < 4 hours (Target: 58.9%)			
UHB/Site	**No. met target**	**No. eligible**	**Performance**
HDUHB	16	41	39.0%
Bronglais	5	8	62.5%
Glangwili	4	10	40.0%
Prince Philip	4	7	57.1%
Withybush	3	16	18.8%
Assessed by a stroke specialist consultant physician <24 hours of clock start (84.4%)			
UHB/Site	**No. met target**	**No. eligible**	**Performance**
HDUHB	49	51	96.1%
Bronglais	9	10	90.0%
Glangwili	12	12	100.0%
Prince Philip	9	9	100.0%
Withybush	19	20	95.0%
% of stroke patients receiving the required minutes for speech and language therapy (12 month improvement)			
UHB/Site	**No. met target**	**No. eligible**	**Performance**
HDUHB	6.26	16.10	38.9%
Bronglais	6.55	16.10	40.7%
Glangwili	11.45	16.10	71.1%
Prince Philip	3.29	16.10	20.4%
Withybush	2.23	16.10	13.9%

Where are we against target?

As a Health Board (HB), the targets were met in September 2019 for all measures apart from admission to stroke unit < 4 hours. The admission to the stroke unit <4 hours in September 2019 did not meet the target (58.9%) with performance of 39.0%. The percentage compliance is shown in the latest data table. All sites have been under immense pressure regarding patient flow. WGH especially, have had issues regarding discharging medically optimised patients waiting for packages of care;

- The percentage of patients assessed by a stroke consultant in September 2019 met the target (84.4%) with performance of 96.1%. The target was met in all sites;
- The percentage of stroke patients receiving the required minutes for speech and language therapy met the rolling 12 month improvement trend target for the HB (38.9%). The target was met in all sites apart from PPH (20.4%) and WGH (13.9%).

Admission to a stroke unit within 4 hours



Why has this situation occurred?

There is concern regarding September's figures for admitting patient into the Stroke units within 4 hrs:

- Is the inability of discharging patients home 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.

Additional capacity is needed to be able to achieve the recommend time spent with the stroke patients.

What are the challenges?

- The teams across the sites are still adjusting to the new targets. The challenge going forward is to reduce the variation in the performance between sites.
- Patient flow and site pressures also add their own challenges to the Stroke units. The units have difficulties in discharging patients home with suitable packages of care due to lack of provision in the community. In addition, the individual sites find it difficult to secure and ring fence the beds in the stroke units.

What is being done?

- The redesign of stroke services and the application of resources in order to make meaningful improvements;
- In addition to the status reported in M4 IPAR, close liaison with the site teams, particularly in GGH and WGH to ensure that stroke pathway beds are protected on a regular basis, this does need to be discussed with the General Managers;
- Closure working relationship with the Delivery Unit, to aid in understanding the measures and help reduce variations;
- To work with the measures and to use the data using to quality improvement methodology. To be discussed and coordinated through the individual site team performance meetings and the HB wide Stroke Steering Group meetings.

When can we expect improvement and by how much?

In addition to the status reported in M4 IPAR, compliance with the 4 hour target is expected to improve in excess of the target of 58.9% in the coming months, although should the patient flow pressures on the acute sites continue into October and winter this may be challenging.

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

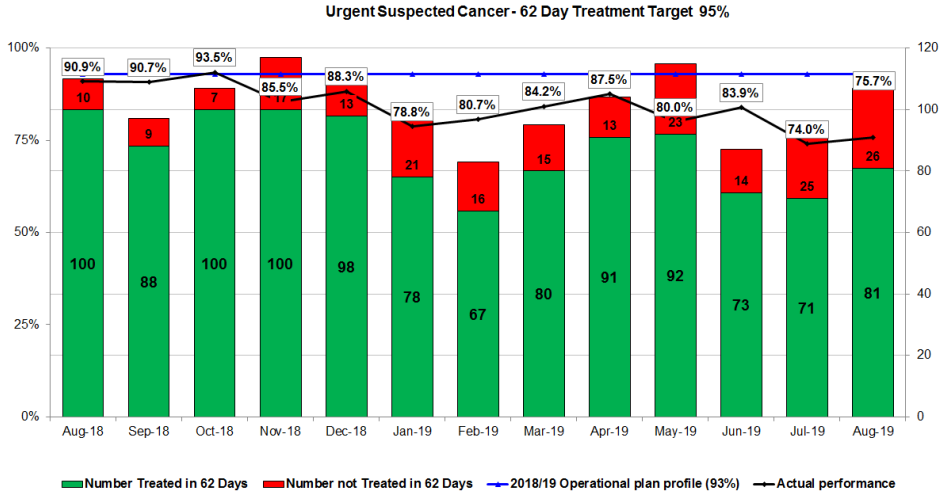
Lead committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Keith Jones**

Metrics (targets):	**Status as at Aug 19**	**Performance the past 12 months**
• % of patients referred as urgent suspected cancer seen within 62 days – Target 95%	🔴	Declining
• % of patients referred as non-urgent suspected cancer seen within 31 days – Target 98%	🟡	Declining

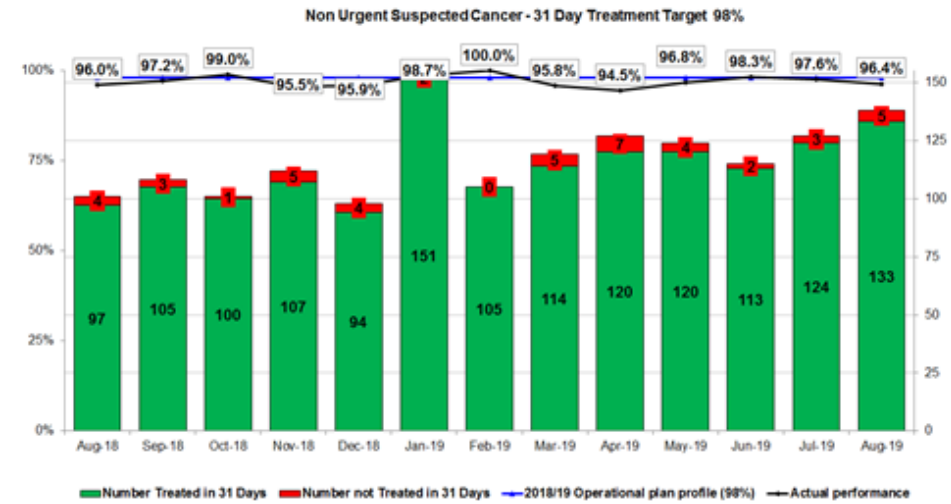
Latest data

Where are we and are we on target?

USC – confirmed August 2019 USC performance was 75.7%:



NUSC – confirmed August 2019 NUSC performance was 96.4%:



Why has this occurred?

USC – performance in the month improved by 1.7%. Reported breaches are summarised below:

- 3 x breaches due to tertiary surgery delays (1 x LGI, 1 x Lung & 1 x Gynaecology pathways)
- 2 x breaches due to tertiary oncology delays (2 x LGI pathways)
- 6 x breaches due to complex diagnostic pathways (1 x UGI, 1 x Haematology, 2 x LGI, 1 x Lung, 1 x Gynaecology pathways)
- 2 x breaches due to local surgery delays (2 x Urology pathways)
- 3 x breaches due to multi-factoral reasons with no single identifiable cause (2 x Urology, 1 x Gynaecology pathways)
- 1 x breach due to a clinical administrative error (1 x Breast pathway)
- 2 x breaches due to clinical downgrading of patient pathways which were subsequently confirmed as positive diagnoses (2 x Urology pathways)
- 7 x breaches due to local diagnostic delays (6 x urology, 1 x Lung pathways)

NUSC – reported breaches were as follows:

- 1 x Delay to local surgery (1x LGI)
- 3 x Delay to tertiary surgery (2x Skin, 1 Gynae)
- 1 x Delay to tertiary radiotherapy (1x Lung)

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.
- **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 and associated delays continue to be escalated at operational and executive levels.
- **Local diagnostic service capacity pressures** – capacity pressures 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. In August 2019, of the 7 breaches due to local diagnostic delays, 6 impacted the Urology pathway, relating to delays for scans / reports and the failure of specialist fusion biopsy equipment.

What is being done?

The table below highlights key actions designed to improve capacity and reduce current delays:

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 underway.
Urology
Replacement equipment to support specialist fusion biopsies at Prince Philip Hospital has been procured. Detailed review of Urology pathway completed with new Wales Cancer Network approved optimal diagnostic pathway implemented designed to improve the timely diagnosis of patients on the prostate pathway. This is designed to reduce the total volume of Urology pathway delays during Autumn 2019.
Gynaecology
As reflected in previous IPAR reports, a 4th Gynaecology Cancer Surgeon has been appointed and will join the Swansea Bay University Health Board (SBUHB) service in September 2019. This will remain a risk to sustained performance improvement during Autumn 2019 until the backlog of delayed procedures at SBUHB has been addressed; No available interim capacity at alternative units in Wales.
Oncology
Recent recruitment of oncologists at SBUHB to improve support for Lung & Breast & LGI pathways; Of the 2 consultant oncologist appointments scheduled to commence at SBUHB in October & November 2019, 1 candidate has withdrawn with the 2nd candidate scheduled to commence in October 2019. Tertiary centre risks re timely access to Radiotherapy remain due to pressure on physical capacity at the South West Wales Cancer Centre in Singleton Hospital.

When can we expect an improvement and by how much?

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. However, due to the nature of the USC performance target (breaches are reported in the month patients receive their treatment) and current backlog of patients waiting greater than 62 days for treatment, recovery of monthly performance levels to those achieved during 2018/19 is not expected until Qtr 4 (19/20). The table below summarises the current backlog of patients with a confirmed diagnosis waiting greater than 62 days:

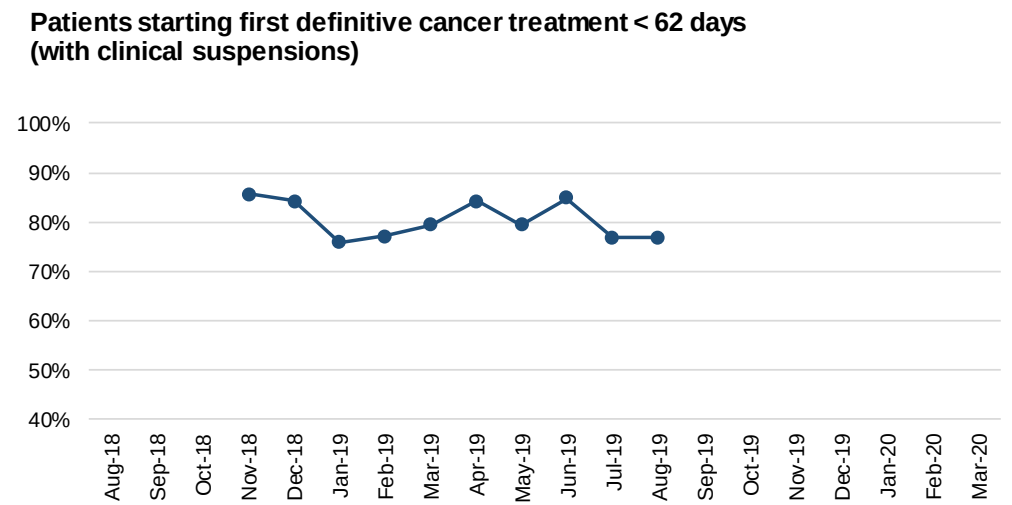
Profile of 62 Day Backlog with confirmed diagnosis			Comment:
Tumour Pathway	Current Pathway Location		
	HDUHB	Tertiary	
Breast	1	0	Complex diagnostic pathway
Gynaecology	0	11	Awaiting tertiary surgery
Head & Neck	0	3	Awaiting tertiary surgery
Lower GI	3	0	Complex diagnostic pathways (treatment plans not yet confirmed)
Lung	2	1	Complex diagnostic pathways / Awaiting tertiary surgery
Other	0	1	Awaiting tertiary surgery
Skin	0	0	Awaiting tertiary surgery
Upper GI	1	1	Complex diagnostic pathways (treatment plans not yet confirmed)
Urology	12	3	Impact of local diagnostic capacity pressures / tertiary surgery delays
Total	19	20	

Although the number of patients in the backlog has reduced by 3 since the end of September 2019, the above data further highlights the likely impact of tertiary surgery delays, complex diagnostic pathways and local diagnostic capacity pressures on performance in the next period. It should be noted that the above patients and their respective pathways will be subject to clinical validation in accordance with WG pathway rules and guidance regarding cancer pathways. The residual number of qualifying breaches in the months ahead is expected to be less than the total number shown above. USC estimated performance for September 2019 is expected to be 80-85%. NUSC performance is expected to be between 96-98%, dependent upon capacity pressures within tertiary / externally provided services.

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.

Single Cancer Pathway



From August 2019, all Health Boards (HB) commenced formal shadow reporting of monitoring data in respect of the Single Cancer Pathway (SCP), in parallel with USC & NUSC performance data. SCP monitoring data is reported two months in arrears (e.g. data for August 2019 was reported in October 2019).

The above graph shows shadow reporting monitoring data (with clinical suspensions applied) for the period November 2018 (85.7%) to August 2019 (76.7%).

A SCP performance target has not yet been agreed; this will be informed by monitoring data reported by all HBs during 2019/20. Reported data for Hywel Dda UHB shows compliance levels that compares positively with other HBs in Wales.

As monitoring returns in respect of the SCP involve several metrics (including component pathway waits), a separate more detailed report will be included in future IPARs.

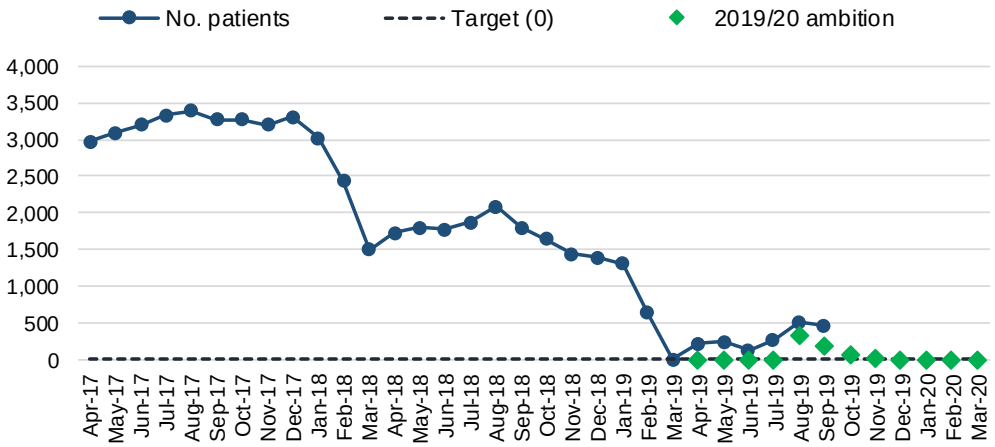
Timely Care – Referral to Treatment (RTT)

Lead Committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Keith Jones/Steph Hire**

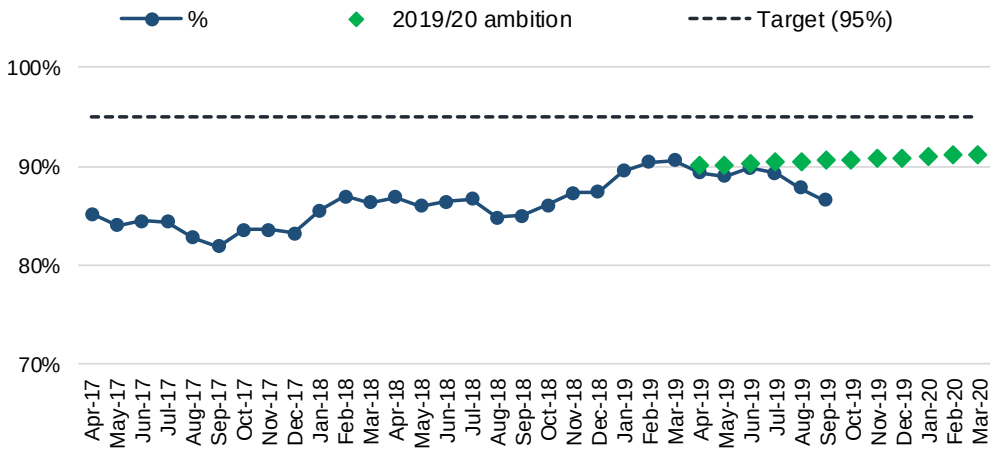
Metrics (targets):	Status as at Sep 2019	Performance the past 12 months
• % patients waiting less than 26 weeks from referral to treatment (target = 95%)	●	Improving
• Number of patients waiting 36 weeks and over (target = 0)	●	Improving

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 September 2019 was 452, which represents an improvement of 54 compared to the end August 2019 position. The percentage of patients waiting less than 26 weeks from Referral To Treatment (RTT) was 86.5% in September 2019 (50,104 patients). The table below highlights those specialties where the volume of 36 week + breaches was above profile for the month:

Specialty	Sep-19		
	Profile	Actual	Variance
General Surgery	6	26	20
Urology	12	30	18
Trauma & Orthopaedics	20	69	49
ENT	50	135	85
Ophthalmology	5	36	31
Pain Management	0	2	2
General Medicine / COTE	10	17	7
Cardiology	30	56	26
Dermatology	50	61	11
Neurology	0	3	3
Gynaecology	0	17	17
Total	**183**	**452**	

What are the challenges?

Reported breaches in September 2019 were due to several factors which could not be mitigated during the month:

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;

Urology – reported breaches reduced by over 50% compared to the end August 2019 position with remaining breaches due to the volume of patients at stage 1 which is being addressed;

Orthopaedics – the combined impact of the theatre refurbishment at Withybush General Hospital (WGH) and specific casemix requirements are contributing to the reported breaches;
ENT – Recruitment issues at GGH are having a significant effect on stage 1 capacity. The Clinical Team is now exploring external solutions to address the capacity gap;
Ophthalmology – reduced clinical availability below that previously anticipated to cover planned annual leave, vacancies and reduced clinician availability due to the impact of new pension arrangements. The current vacancy position is impacting on stage 1 cataract capacity;
Cardiology – an improving position in month despite the 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 October 2019;
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 in development to address the backlog of cases from WGH due to restricted access to the theatre suite during the summer period;
ENT – resolution of middle grade sickness / absence and provision of additional clinic capacity during September. Following the deferred appointment of a consultant (failure of the English language examination), options are being explored for external capacity solutions;
Ophthalmology – planned clinical availability during October 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 September 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 recover the Health Board position back to recovery to zero 36 week breaches anticipated by the end of Quarter 3.

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: Joe Teape** | **Senior Responsible Officer: Nick Davies**

Metrics (targets):	Status as at Sep 2019	Performance the past 12 months
• % patient started clinical assessment <20 minutes of initial call (98%)	●	Not available
• % urgent calls seen <60 minutes following clinical assessment/triage (90%)	●	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%
Since Nov	**6,482**	**3,000**	**9,482**	**68.4%**	**12**	**14**	**26**	**46%**

Where are we and are we on target?

In September 2019, 65.5% (690) of patients started a clinical assessment within 20 minutes of the original call, overall compliance since November 2018 is 68.4% (6,482 patients). The number of urgent call patients seen within 60 minutes following a clinical assessment is 46% (12 out of 26 calls) since November 2018. In September, there were 2 applicable patients 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 September 2019, there were 3,340 hours of clinical time offered. Of this, 695 hours resulted in suboptimal clinical staffing (or 21% of capacity). Of these, 318 hours resulted in base closures within the OOH setting - or 9.5% of available capacity. It is clear that staffing issues (even when in terms of low percentages) can have a profound effect on capacity and performance.

What is being done?

Delivery Unit (DU) has conducted a detailed review of capacity and demand following 111 launch. Data was been supplied to them in June 2019 to assist with their objective the report was received in September 2019. An Out of Hours project is now being 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. The initial (scoping) meeting for the project is due to take place on 17 October 2019. Please see M2 IPAR for details, page 62.

When can we expect improvement and by how much?

In terms of winter planning and preparation (and in view of the recent summer period), the service leads are reviewing potential options for service provision to improve resilience.

How does this affect our patients and finance?

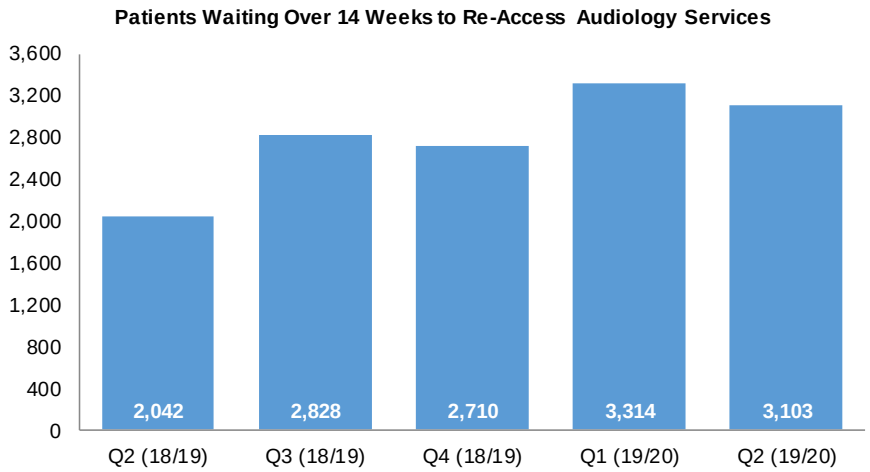
Any changes will be designed to maximise the opportunities for patients to access urgent primary care.

Timely Care – Audiology - Therapy waits over 14 weeks

Lead Committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Caroline Lewis**

Metrics (targets):	Status as at Sep 2019	Performance the past 12 months
• Number of patients waiting 14 weeks plus for Audiology (Target = 0)	●	Improving
• Access Times for Re-Accessing Audiology Services >14wks (Target = 0)	●	Declining
• Access Times for Re-Accessing Audiology Services - Longest wait in weeks (Target = 0)	●	Declining

Latest data



Where are we and are we on target?

At the end of September 2019, there was 1 patient waiting longer than 14 weeks for an Audiology appointment.

The number of patients waiting over 14 weeks to re-access Audiology services decreased in Quarter 2 by 211.

Why has this occurred?

RTT - this breach occurred through an administrative error by a new staff member. The patient was omitted from the hearing aid fitting list by the Administration team.

Re-assessment: the waiting list has reduced due to reviewing the current staff timetable and providing more Re-assessment slots. Band 4 clinicians are now competent to perform Re-assessment appointments, which has helped to reduce numbers and wait times.

What are the challenges?

RTT: the challenge has been training 3 new administration staff members.

What is being done?

RTT: The importance of booking within the RTT timeframe has been re-emphasised to all staff together with the importance of careful data input and monitoring of waiting lists.

Re-assessment: the length of Re-assessment appointments has reduced from 60 minutes to 45 minutes (with the exception of the three Band 4 clinicians who will still have 60 minutes) to improve capacity. The use of template questionnaires has been replaced with a 'hot-key' function, which will be more time efficient to complete.
An additional full-time Band 6 Adult Audiologist has been recruited who should commence employment in December 2019, which will positively impact on Re-assessment waiting lists.

When can we expect improvement and by how much?

The training of the administration new staff members is almost complete and with the reinforcement of the importance of the time frames, the service does not anticipate a breach occurring in this manner in the future.

Re-assessment: Across the Health Board Audiology, on average, has 20 Re-assessment clinics per week. With the revised appointment length, this will permit, on average 20 extra patients seen each week.

How does this impact on both patients and finances?

The impact on the patient waiting longer than 14 weeks for an Audiology appointment was minimal. The patient has been listed for one week longer than the 14 week time frame. There has been no complaint received from this patient.

Timely Care – Dietetics - Therapy waits over 14 weeks

Lead Committee: BPPAC	Executive Lead: Joe Teape	Senior Responsible Officer: Zoe Paul-Gough / Karen Thomas

Metrics (targets):	Status as at Sep 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 September 2019 was 2.

Why has this occurred?
A dietetic gastroenterology clinic was unavoidably cancelled at short notice resulting in 2 patients breaching the 14 week waiting time target.

What are the challenges?
The service is consistently challenged to maintain waiting times below 14 weeks because demand exceeds capacity resulting in waiting times pressures. This means that even a small reduction in clinic capacity due to absence can result in breaches.

What is being done?
The service aims to maintain clinic capacity including offering staff extra sessions to deliver additional clinics and using intermittent locum support.

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.

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: Joe Teape** | **Senior Responsible Officer: Alison Shakeshaft/Claire Sims**

Metrics (targets):	**Status as at Sep 2019**	**Performance the past 12 months**
• Number of patients waiting 14 weeks plus for Occupational Therapy (Target = 0)	●	Improving

Latest data
The latest available data can be viewed within the therapies graphs.

Where are we against target?
There were 2 patients, waiting over 14 weeks at the end of September 2019.

Why has this situation occurred?
The children's occupational therapy team has had recurrent capacity challenges with achieving a 0 breach position and has sustained improvement through additional hours and overtime. This has provided insufficient capacity for the demand in September, resulting in two children not being seen within the 14 week target. In learning disabilities, the long term absence of 1 staff member in a Health Board wide team of 4 occupational therapists has impacted on the capacity available.

What are the challenges?
- Sustaining the improvement in Paediatric Occupational Therapy without additional capacity is a challenge. 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, as well as the nature of the caseload. 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 agreement to reinstate ongoing funding, this increases service demand without funding additional capacity to address;
- Learning Disabilities service has 4 occupational therapists across the Health Board, leaving it particularly vulnerable to fluctuations in capacity. One member of the team is new and is currently unable to undertake the full scope of this specialist role.

What is being done?
- Progressing agreement with Carmarthenshire Social Care & Housing to fund capacity (verbal agreement in place, working through Service Level Agreement (SLA) currently);
- Care Aims approach is being implemented in paediatric service, which will contribute to managing service demand in the longer term;
- Use of additional hours and overtime and bank staff to maintain position;
- Support for required training for learning disability occupational therapist to build capacity.

When can we expect improvement and by how much?
If no further significant challenges in workforce capacity arise, both paediatric and learning disability occupational therapy will recover position to 0 breaches by the end of October 2019. 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 additional/overtime hours 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: Joe Teape** | **Senior Responsible Officer: Alison Shakeshaft/Vicky Stevenson**

Metrics (targets):

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

Status as at Sep 2019: ●

Performance the past 12 months: Improving

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	11	7	2	0	9
Glangwili	24	31	9	20	60
Prince Philip	46	17	14	30	61
North Ceredigion	6	5	1	12	18
South Ceredigion	5	2	4	5	11
Withybush	37	36	0	0	36
Total	**129**	**98**	**30**	**67**	**195**

Where are we against target?

At present, there are 67 patients waiting in excess of 52 weeks. The total number of patients waiting over 14 weeks has increased from 164 at the end of August 2019 to 195 at the end of September 2019.

There are also 129 referrals waiting under 14 weeks. The total number of patients waiting has increased from 289 in August to 324 in September.

Why has this occurred?

Exceptional circumstances have impacted on increasing waits. There are vacant posts within the system and significant gaps due to long term sickness absence.

What are the challenges?

Pulmonary rehabilitation for patients with COPD (Chronic Obstruction Pulmonary Disease) has been historically under resourced to meet demand. The challenge in addressing waiting lists and implementing the VIPAR (Virtual Pulmonary Rehabilitation - based on value based business plan using video conference technology within a hub and spoke model across the Health Board) is initially related to the logistics of appointing to staff; ensure relevant training and skill; and ensuring the service is embedded into core services in order to provide a safe and sustainable programme into the future. The key clinical lead for the service is currently absent.

What is being done?

Interview dates are in place in October for qualified and support staff as identified within the Business case. Linking with the 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?

There is an expectation that the current programmes continue. Pending successful appointment to posts and following a period of training and up skilling, the service envisages a shift in trend to be recognised from December 2019/January 2020.

How does this impact on both patients and finances?

Pulmonary Rehabilitation is for people with COPD. 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.

Timely Care – Physiotherapy - Therapy waits over 14 weeks

Lead committee: BPPAC | **Executive Lead: Alison Shakeshaft** | **Senior Responsible Officer: Helen Annandale**

Metrics (targets):

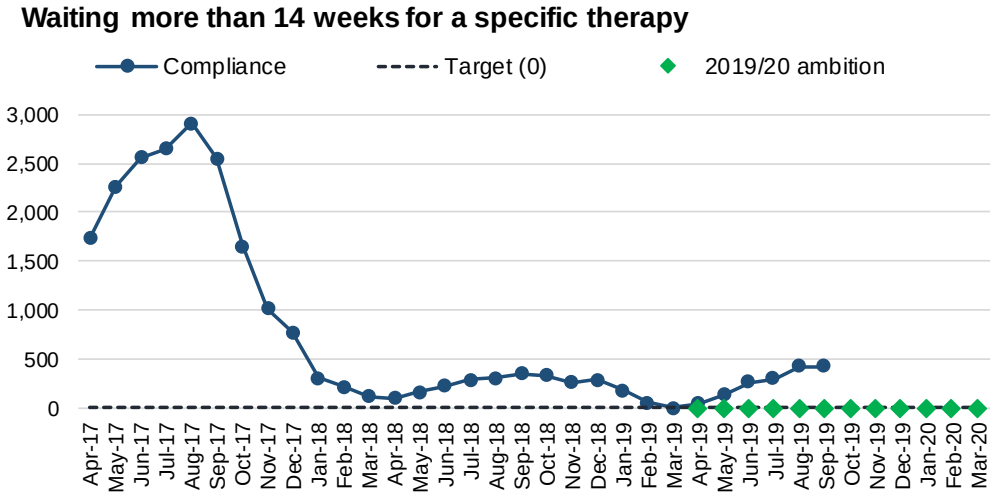
- Number of patients waiting 14 weeks plus for Physiotherapy (Target = 0)

Status as at Sep 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 426 breaches of the 14 week target in September 2019 (see chart above), of which 420 breaches were in physiotherapy. These are within the Musculoskeletal Physiotherapy (MSK) specialty. In September 2018, 20 breaches were reported. The overall 12 month trend is showing a decline in performance.

Why has this occurred?

Demand on the service has increased over the last 3 years as services have modernised to shift demand off Primary Care GPs and Secondary Care Consultant specialties. Short-term funding in recent financial years has supported the service in absorbing some of the demand but there has still been a steady increase in the volume of patients on waiting lists. This has led to a position where there is a higher risk of breaches with small fluctuations in workforce.

What are the challenges?

- Service capacity is challenged due to baseline staffing compounded by recruitment challenges and vacancies (9.4 whole time equivalent (WTE) in MSK) e.g. maternity leave and availability of newly qualified staffing. The latter is a national issue. There are 5.5 WTE qualified staff on maternity in MSK which directly impact 14 weeks targets;
- The MSK Physiotherapy service has been running with consistent agency workforce of between 7 and 9 WTE for >3 years. Agency recruitment is currently challenging in all areas, which is reducing service capacity;
- Increasing service demand including transforming services to focus on prevention e.g. increasing access with self-referral services, alternative services to Consultant assessment, pilot projects to support Primary Care MSK caseloads;
- Clinical Musculoskeletal Assessment and Treatment Service (CMATS), new Primary Care first contact practitioner roles and the core MSK physiotherapy service are interlinked and capacity has been flexed between the services e.g. service cover for maternity leave. This decreases capacity within core MSK services, which compounds the capacity issue;
- Fixed term nature of funding for new roles in Primary Care is a limiting factor in successful external recruitment causing internal workforce shift.

What is being done?

Service redesign including:

- Skill mix review;
- Signposting/delegation to partners e.g. National Exercise Referral Scheme (NERS);
- Development of integrated community based education and rehab programs collaboratively delivered with local authority (NERS);
- Empowering self-management of chronic conditions;
- Recruitment and retention strategy to attract and support skilled practitioners to service;
- Appropriate utilisation of agency staffing via direct engagement;

- Continue performance management strategies e.g. patient management in line with national standards, electronic systems, and template based clinical diary systems;
- The service is working collaboratively with Primary Care to develop new roles in GP practices to allow early expert first point of contact support, improve quality, and reduce some of the demand into core MSK Physiotherapy/CMAT services;
- Overtime available to all MSK staff to increase service capacity;
- Over-recruitment strategy for junior grades;
- The service has submitted capacity demand reports to highlight workforce challenges in support of Integrated Medium Term Plan (IMPT) to lift base line staffing levels;
- The service is developing a paper proposing a strategy of over recruitment at a variety of grades to offset impact on service capacity caused by recruitment processes, turnover and maternity. This will reduce reliance on current levels of agency going forward improving stability in the system.

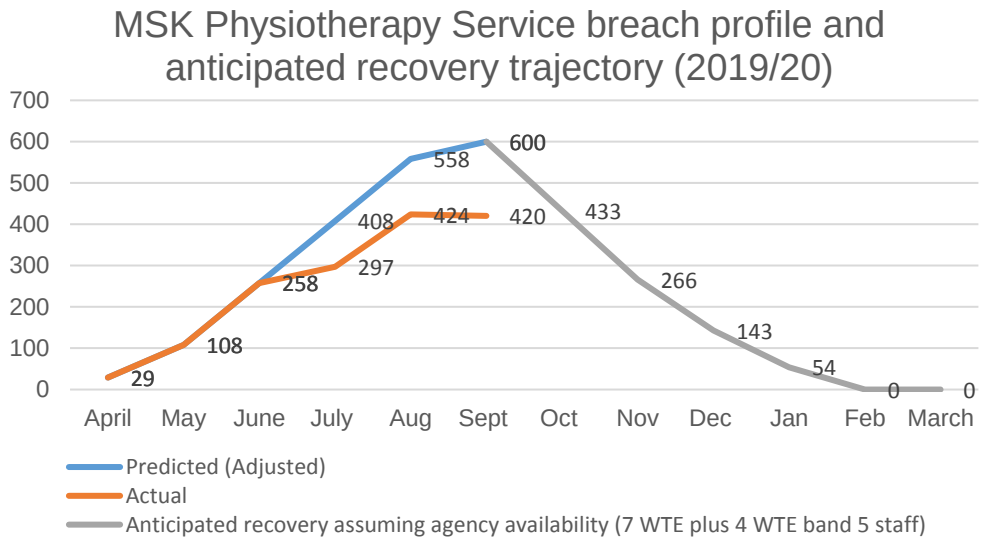
When can we expect improvement and by how much?

It is anticipated that the breach position will start to improve from October 2019 as newly qualified staff come into post. It will continue to improve towards a 0 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 on the right provides a waiting times prediction relating to these workforce changes.

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: Joe Teape** | **Senior Responsible Officer: Sarah Perry**

Metrics (targets):

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

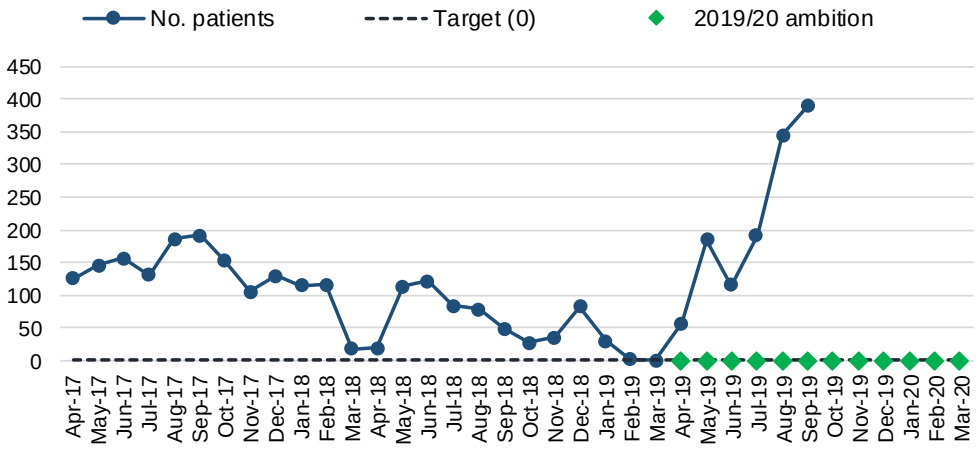
Status as at Sep 2019: ●

Performance the past 12 months: Declining

Latest data

Reported Diagnostic Tests	Waiting List > 8 Weeks
Cardiology (Total = 205)	
Diagnostic Angiography	1
Echo Cardiogram	123
Heart Rhythm Recording	17
Dobutamine Stress Echocardiogram (DSE)	33
Myocardial Perfusion Scanning	31
Radiology (Total = 186)	
Non Cardiac Computed Tomography	78
Non Cardiac Magnetic Resonance Imaging (MRI)	106
Non-Obstetric Ultrasound	2
Total	**391**

Patients waiting 8 weeks+ for a specified diagnostic



Where are we and are we on target?

In September 391 breaches were reported (205 Cardiology and 186 Radiology). This is an increase of 46 patients waiting over 8 weeks compared to August (77 more cardiology and 31 fewer radiology breaches). There have been no Endoscopy breaches since May 2019.

Why has this occurred & what are the challenges?

Cardiology - Breaches occurred due to:

- ECHO Sonographer capacity pressures at GGH set against a backdrop of increasing demand 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. A zero breach position in ECHO at WGH is only being managed through the use of a regular Locum and at PPH through 2-4 days per month of overtime work;
- Inadequate in-house Physiologist capacity to meet the in-month Heart Rhythm Recording analysis;
- Reduced Cardiologist capacity for Myocardial Perfusion Scanning at WGH due to prioritisation of acute cross-cover for annual leave;
- Reduced Cardiologist capacity for Dobutamine Stress Echo at GGH due to prioritisation of acute cross-cover for annual leave and study leave;
- Diagnostic Angiography - 1 breach at PPH due to X-ray machine malfunction and unavailability of Cardiologist to re-schedule.

Radiology – The 186 radiology breaches occurred due to:

- Increased demand in Withybush for CTs which outweighed capacity despite staff working extended days on an overtime basis
- Ongoing reduction of capacity in MRI at Bronglais has impacted on Glangwili due to the movement of more complex cases.
- The ultrasound breaches occurred because of continued lack of specialised specific consultant availability;
- Current waiting times in all modalities remain very close to the 8 week targets;
- The backlog from the issues caused by implementation of single Radis and extra staffing shortages over summer has proven difficult to pull back

- There have been issues with patients agreeing appointments on other sites not local to their homes due to patient expectation and reluctance to travel; the HB Access Policy is applied but patients remain on the waiting lists which impact on available capacity
- Increased staff sickness due to stress and in the workplace, that is not unrelated to workload demands continues to impact. Several staff in key areas are on phased return or reduced duties.
- Increasing numbers scanned puts pressures on reporting turnaround times which are increasing due to capacity of radiologists.

What is being done?

Cardiology

We are 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:

- 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 meet weekly for performance monitoring of diagnostic RTT and early identification of potential breaches and measures to manage these;
- Cardiology service is currently out-sourcing 300 Echocardiograms between October and December (approximately 100 per month)
- Cardiology SDM undertaking Cardio-physiology demand/capacity review to evaluate current resource utilisation, identify scope for improvement/efficiencies and ascertain if there is prevailing deficit in core establishment – particular focus on GGH in September and October 2019;
- 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 – anticipate full implementation by end of September 2019;
- Introduction of Cardiologist clinical validation of all GGH ECHO requests from September 2019 and up-skilling of Cardio-physiologists to undertake this in future;
- GGH Cardio-physiology Manager to undertake increased ECHO activity from 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 a start in post in November 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;
- Reintroduction of Cardiologist Imaging session at PPH from October 2019 will assist in reducing future Dobutamine Stress Echo and Trans Oesophageal Echo breaches;
- Urgent review of WGH Cardiologist capacity in October 2019 with support of Cardiology Clinical Lead to better understand local capacity pressures and needed support to achieve zero breaches in Myocardial Perfusion Scanning at WGH.

Radiology

- Support has been given from the programme management office to assist with demand optimisation capacity however the impact will not be felt for several months, therefore the waiting times will continue to be close to 8 weeks and limited room for rebooking due to service loss.
- Improvements have been made within radiology and informatics in the retrieval of waiting times from the radiology system. This allows more accurate predictions and potential breaches can be identified This month is the first full use of this forecasting model but its anticipated there will be another positive improvement in breach numbers next month
- Staff have put on additional overtime and weekend sessions to try and stem the number of breaches however this is unsustainable and relies on staff good will.
- Single Cancer Pathway (SCP) will require a shift in waiting times with increasing pressures on the front end of the pathway. Despite some funding agreed the recruitment into posts is problematic due to vacancies in all areas , However this will increase capacity and monitoring
- Ongoing issues with aging equipment leads to unpredicted downtime especially for CT and MRI

When can we expect improvement and by how much?

It is anticipated that waiting time pressures within both services will continue through the autumn period and a return to a zero breach position will not be achieved until 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.

Endoscopy Surveillance

To reflect the increased focus of the National Endoscopy Implementation Board on waiting times for endoscopy surveillance procedures as well as new investigations, the reporting suite for Endoscopy will be expanded from next month to include surveillance figures.

Whilst the Health Board is able to report total numbers waiting for surveillance procedures, development work is underway (supported by a specialist senior analyst and in partnership with the Capacity and Demand subgroup of the National Endoscopy Team) to deliver a detailed assessment of current demand and available capacity for surveillance procedures.

The total number of patients waiting for surveillance procedures for September 2019 from WPAS (Welsh Patient Administration System) is shown below:

BGH	724
GGH	1,243
PPH	801
WGH	885
TOTAL	3,653

Total number of patients waiting longer than 8 weeks for surveillance procedures as at September 2019 is shown below.

BGH	0
GGH	103
PPH	114
WGH	152
TOTAL	369

Pending completion of the detailed demand and capacity assessment referred to above, current estimates indicate 58 additional surveillance lists.

Timely Care – Eye Care Outcome Measures

Lead Committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Stephanie Hire/Keith Jones**

Metrics (targets):

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

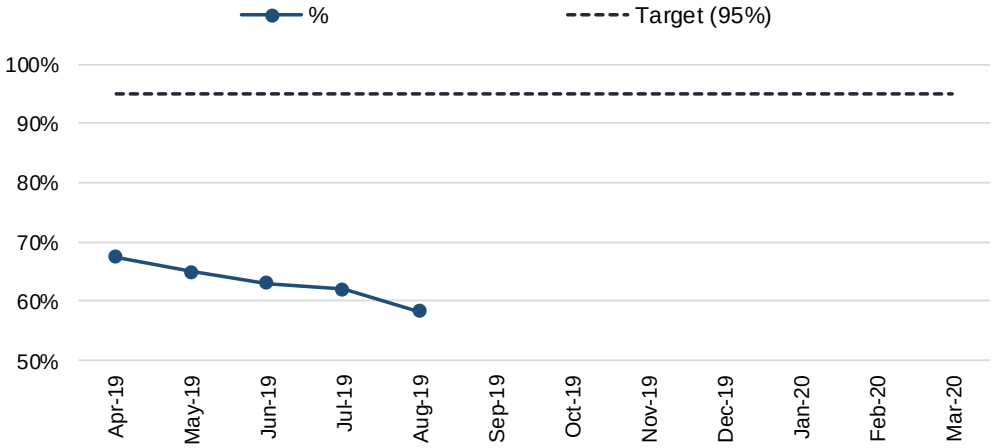
Status as at Jul 2019: ●

Performance the past 12 months: Not Available

Latest data

Status	Total number of pathways without a target date allocated waiting at the end of the month	Total number of pathways within target date at the end of the month	Total number of pathways beyond target date (end of month census snapshot)					Total number of open pathways on the combined waiting list at the end of the month
			Up to 25% beyond target date	> 25% up to 50% beyond target date	>50% up to 100% beyond target date	>100% beyond target date	Total **Beyond Target Date**	
R1	0	6,455	907	683	1,055	3,536	6,181	12,636
R2	0	1,502	171	118	203	637	1,129	2,631
R3	0	249	52	46	104	448	650	899
No HRF	353	21	320	240	325	3,393	4,278	4,652
Total	**353**	**8,227**	**1,450**	**1,087**	**1,687**	**8,014**	**12,238**	**20,818**

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



Where are we and are we on target?

- In August, the percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their target date is 58.26% (7,362 out of 12,636 patients) against a Welsh Government (WG) target of 95%.
- The number of new patients seen within target or within 25% of their target date is 612 out of 2,326 patients (26%). The number of follow up patients seen within target or within 25% of their target date is 6,750 out of 10,310 patients (65%).
- Of the 12,636 patients 2,326 (18%) relate to new patients and 10,310 (82%) relate to follow ups.
- The WG target is to achieve 95% by December 2019. In August 16,166 out of 20,818 (78%) patients have been allocated a clinical risk factor.

Data is broken down into three 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.

Why has this occurred?

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

Why has this occurred?

This data consists of both new & follow up patients and therefore the occurrences will be for different reasons.

- New patient breaches occur because of a 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 Treat (RTT) targets whilst managing eye care measures. We are aware that approximately 50% of our referrals are for R1 conditions and the remaining 50% a mixture of R2 & R3 Cataract patients.
- Follow up breaches are 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 impact of reduced capacity has started to effect the position in August and will continue into September.
- The number of R1 patients who are referred into the Hospital Eye Service continues to be greater than the capacity we have to see them.
- Delivery of a zero RTT breach position for first outpatient appointments reduces available capacity to meet eye care measures.
- The ability to cover our emergency eye casualty was compromised during August due to the vacancy factor, therefore clinicians were removed from Outpatient activity to ensure full emergency cover was maintained.

Follow Up Patients

Some patients on the Follow up waiting list will have undergone subsequent appointments under a different Consultant name and discharged; however, due to the volume of duplicate open pathways this gives an incorrect picture of the position with follow ups.

- 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. The impact of reduced capacity has started to effect the position in August and will continue into September.

What is being done?

New Patients

- The Cataract Referral Refinement scheme has now commenced therefore this should release capacity within Secondary Care for us to make improvements towards the target. We hope to be able to quantify this scheme as the referrals increase and the numbers are sufficient to review progress. Of the initial 25 referrals approx. 85% of patients were suitable to direct listed for surgery;
- The service have 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 will now reduce and in turn release secondary care capacity to see other follow up patients. We hope to be able to quantify this scheme as the first patients are reviewed in the Community Optometric Practices and will report further in future updates.

When can we expect improvement and by how much?

- The Service plans to have all Ophthalmology records, both new and retrospective updated with HRF status by October 2019.
- Improvements due to the changes in pathways should start to be recognised during October 2019, which in turn will inform the overall trajectory of improvement which will be developed in early November 2019.

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: Joe Teape** | **Senior Responsible Officer: Stephanie Hire/Keith Jones**

Metrics (targets):

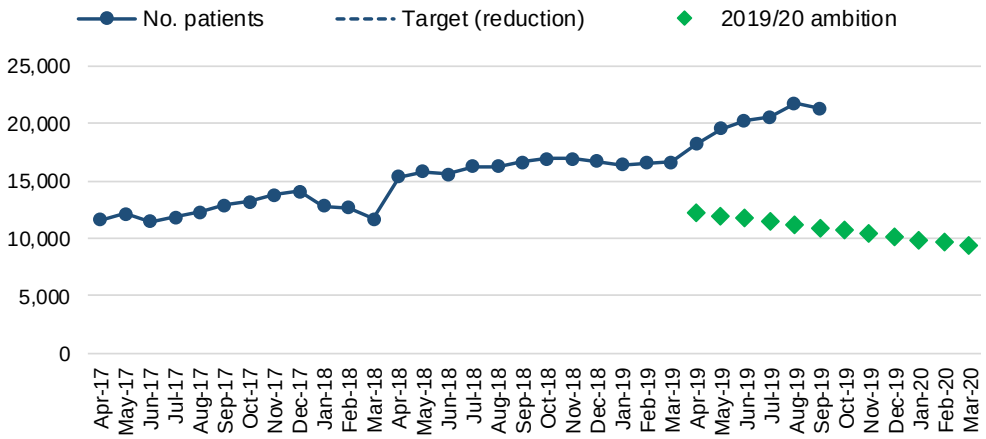
- Delayed follow-up appointments booked & not booked (12 month reduction target)

Status as at Sep 2019: ●

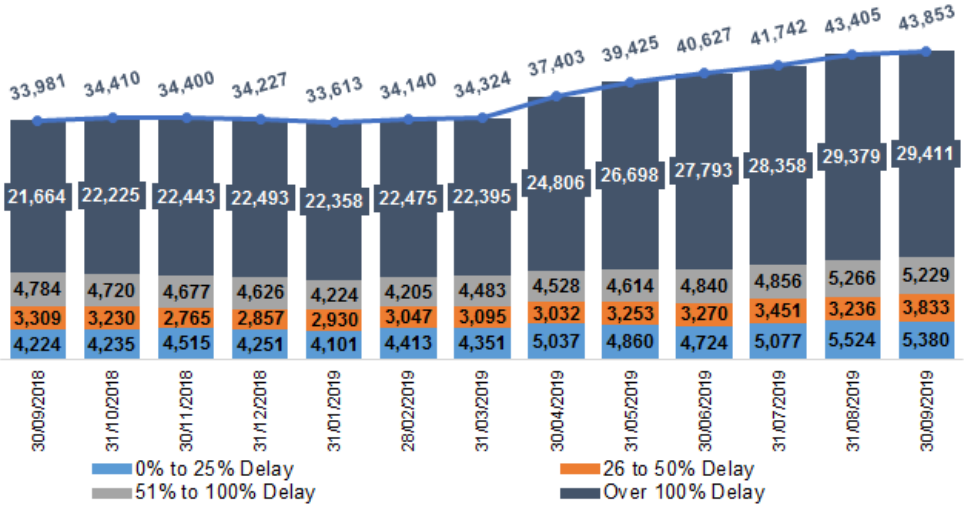
Performance the past 12 months: Declining

Latest data

Delayed follow up appointments (5 planned care specialties)



All Specialties



Where are we and are we on target?

The total number of reported delayed follow-ups (booked/unbooked) in September 2019 was 43,853. In the 5 planned care programme specialties (Trauma and Orthopaedics, Ear, Nose and Throat, Urology, Dermatology and Ophthalmology) there were 21,235 delayed follow ups, a decrease of 501 compared to the previous month (21,736).

Both the above metrics do not reflect the positive impact of targeted validation commenced from 26th September 2019 to date. Forecast performance for end October 2019 is expected to reduce below 40,000 delayed follow-ups.

Why has this occurred?

Since April 2019, a sharp increase in the number of delayed follow-ups has been reported (for both the all specialty and 5 Planned Care Specialties metrics). This contrasts with reported performance through 2018/19. In respect of both metrics, the increase in reported numbers primarily related to the 100% delayed category. After detailed review and investigation undertaken by the Health Board's Informatics Service and Scheduled Care teams, the underlying cause for this unexpected increase in the reported number of delayed follow-ups has recently been attributed to an unintended consequence of the upgrade of the Welsh Patient Administration System (WPAS) version 18.2 implemented in early 2019/20.

What are the challenges?

WPAS Upgrade impact – historically, the former Myrddin / WPAS system enabled the recording of an outcome of 'follow-up' for some patients without the requirement for a target follow-up date to be entered. In parallel with the upgrade of the WPAS system earlier this year, the system was amended to mandate the entry of a target follow-up date or timescale. Subsequent analysis of recorded follow-up data has highlighted the alternative use by administrative staff of the new 'ASAP' function within WPAS, which automatically defaults to a target date the next calendar day. Those follow-up patients with a default target date of 1 day who are not seen within 24 hours of the default date are immediately categorised as 100% delayed on the WPAS system. This explains the sharp increase in patients reported as 100% delayed since April 2019.

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?

WPAS Upgrade impact – the following corrective actions have been agreed and are in the process of being implemented:

- Administrative staff have been directed not to utilise the 'ASAP' function in WPAS unless explicitly requested by a clinician (and arrangements made for the patient in question to be given an appointment date within 24 hours);
- Clinical teams to be advised to minimise the use of the 'ASAP' function as a clinical outcome unless follow-up appointments are confirmed within 24 hours;
- A new suite of weekly follow-up data reports have been introduced for use by clinical teams (including reports identifying newly created follow-ups and their respective target dates / timescales);
- Priority retrospective validation of 100% delayed follow-ups created since April 2019 to correct the reported increase during this period;
- The appropriateness of the 'ASAP' function within WPAS will be further reviewed & considered via the Outpatient Transformation Group.

Delayed Follow-Ups Improvement Plan – the Health Board has recently 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 to wider roll-out of Patient Reported Outcome Measures (PROMS) questionnaires in 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 more sustainable models with local GPs / primary care teams to support the ongoing review and assessment of patients as alternatives to traditional follow-up models.

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?

Following WG confirmation of support for the Health Board's Delayed Follow-Ups Improvement Plan, plans are now being progressed to implement the various elements referenced above. External validation capacity has been commissioned and will commence in September 2019. It is anticipated that performance will improve from October 2019 as reflected above.

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.

How does this impact on both patients and finances?

See the Month 9 IPAR (page 37) for details.

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 Aug 2019** **Performance the past 12 months**

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

Latest Data

Where are we against target?

As at the 31st August 2019, there were 5,058 Hywel Dda University Health Board (HDUHB) residents on open pathways at other provider sites, 98% are waiting to be treated in Wales. Of these 5,058 residents, 348 patients were breaching the maximum backstop of 36 weeks (348 in Wales; 0 in England).

Welsh Provider Sites:

Swansea Bay University Health Board (SBUHB)

81% of HDUHB 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 University Health Board to the Cwm Taf University Health Board and this has resulted in these breaches now showing under Cwm Taf University Health Board.

Outpatients - At the end of August 2019, there were 49 patients waiting at stage 1 over 26 weeks as follows:

Specialty	Total Patients	Longest Week Wait
Oral Sugery	10	39
Trauma And Orthopaedics	36	34
Gastroenterology	2	33
Orthodontics	1	27
Total	49	

36 Week Target – At the end of August 2019, there were 317 patients with waiting times in excess of 36 weeks with the longest wait being 105 weeks:

Specialty	Total Patients	Longest Week Wait
Oral Surgery	53	105
Trauma And Orthopaedics	216	105
General Surgery	10	93
Plastic Surgery	21	81
ENT	6	53
Gynaecology	2	49
Cardiology	1	40
Ophthalmology	3	39
Cardiothoracic Surgery	3	37
Urology	2	36
Total	317	

Swansea Bay UHB has confirmed that due to increased non-elective pressures and some issues over sufficient capacity to meet the Referral to Treatment 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 - 16% of Hywel Dda patients waiting to be treated in Wales are in Cardiff & Vale.

Outpatients - At the end of August 2019, there were 49 patients waiting at stage 1 over 26 weeks as follows:

Specialty	Total Patients	Longest Week Wait
Ophthalmology	5	36
Clinical Immunology & Allergy	18	35
Trauma And Orthopaedics	5	34
Paediatric Surgery	12	34
Neurology	3	32
Clinical Pharmacology	2	31
ENT	1	31
Dermatology	2	30
Clinical Haematology	1	28
Total	49	

36 Week Target – At the end of August 2019, there were 17 patients with waiting times in excess of 36 weeks with the longest week wait being 89.

Specialty	Total Patients	Longest Week Wait
Trauma And Orthopaedics	13	89
Ophthalmology	1	41
Paediatric Surgery	2	38
General Surgery	1	36
Total	17	

Although the number of patients exceeding the Referral to Treatment Time (RTT) pathway has reduced for HDUHB, despite an increase in elective activity in February and August, the Health Board experienced some capacity issues to meet the Welsh Government targets, but like SBUHB, all patients are seen in strict date order irrespective of residency.

Other Providers in Wales - There are 14 breaches reported in other providers in Wales.

- Aneurin Bevan University Health Board, there are 2 patients with the longest weeks wait at 41 weeks in Ophthalmology and in Trauma & Orthopaedics there is one patient waiting 38 weeks;
- Betsi Cadwaladr University Health Board, there is 1 patient with the longest weeks wait at 57 weeks in Dermatology, 2 patients with the longest weeks wait at 45 weeks in Trauma & Orthopaedics and 1 patient waiting 41 weeks in Pain Management;
- Cwm Taf Morgannwg University Health Board there is 1 patient breaching at 105 weeks in Sports & Exercise Medicine, two patients with the longest weeks wait at 89 weeks in Trauma & Orthopaedics, two patients with the longest weeks wait at 65 weeks in ENT and two patients in Urology with the longest week's wait of 45 weeks. All these patients were previously shown 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 (RJAH) and University Hospital Birmingham.

- There no reported patients breaching in English Trusts, but Robert Jones & Agnes Hunt and University Hospital Birmingham have not submitted their data to NWIS.

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: Joe Teape** | **Senior Responsible Officer: Liz Carrol/Keith Jones**

Metrics (targets):

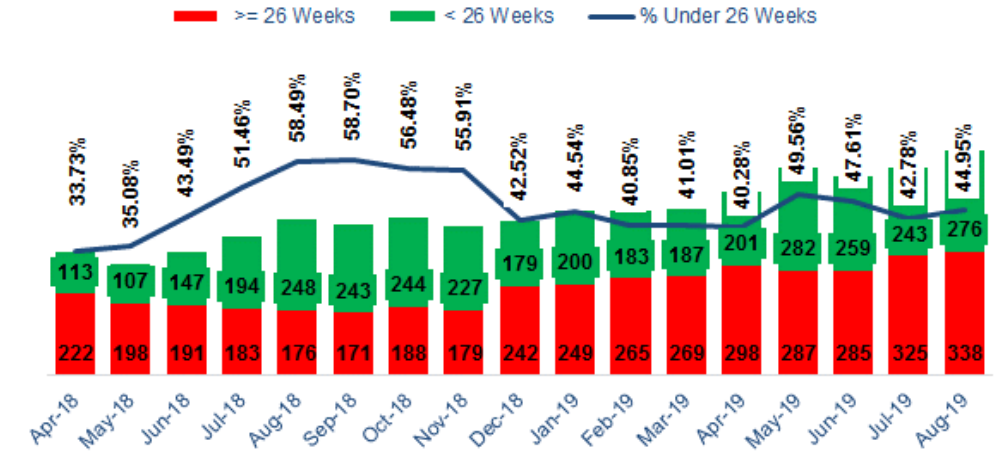
- Percentage waiting < 26 weeks to start a neurodevelopment assessment (target 80%)

Status as at Aug 2019: ●

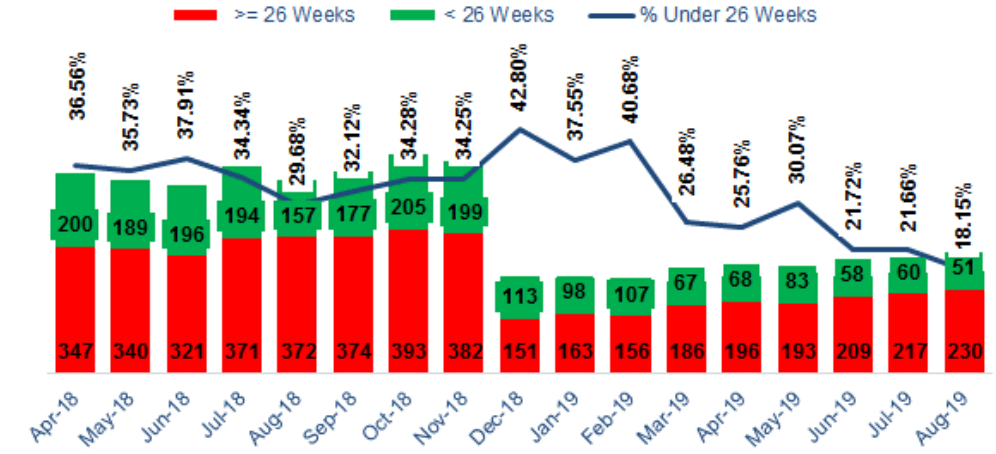
Performance the past 12 months: Not available

Latest data

Autistic Spectrum Disorder (ASD)



Attention Deficit Hyperactivity Disorder (ADHD)



Where are we and are we on target?

The percentage of patients waiting less than 26 weeks to start a Neurodevelopment assessment is 36.5% (327 out of 895 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 338 individuals are waiting in excess of 26 weeks for an appointment to begin the assessment process. Although performance against the 26-week target has improved since December 2018 from 42.52% to 44.95%, the number of patients has increased from 421 to 614.

ADHD - Currently 230 patients are waiting in excess of 26 weeks for an appointment. Although percentage performance against the target has declined, the number of patients delayed has reduced significantly from 382 breaches in November 2018 to 230 in August 2019.

Why has this situation occurred?

As previously reported in M4 IPAR (page 73).

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).

ADHD - As previously reported in M4 IPAR (page 73). In parallel, the service has recently recruited a part time General Practitioner with Specialist Interest due to commence mid-November.

When can we expect improvement and by how much?

ASD - A Situation, Background, Assessment and Recommendation (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 as previously reported in M4 IPAR (page 73).

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: Joe Teape** | **Senior Responsible Officer: Angela Lodwick**

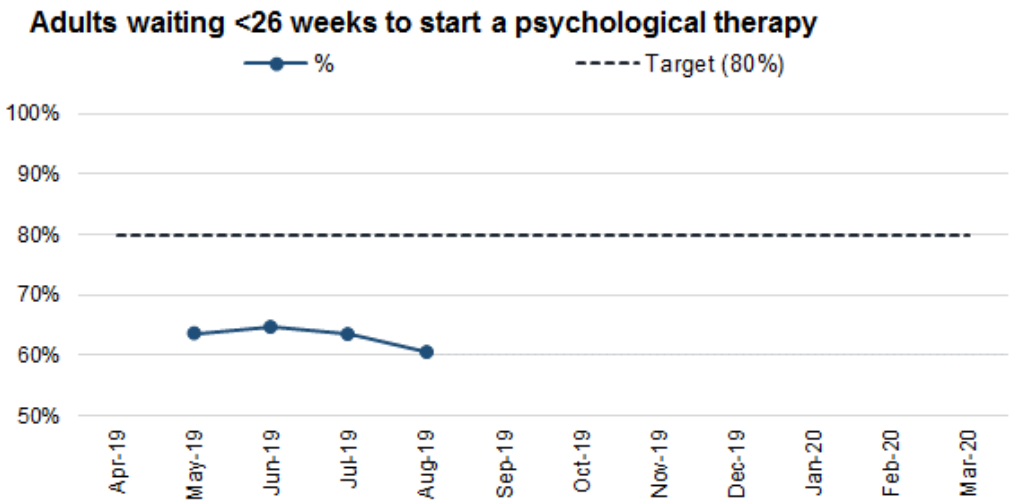
Metrics (targets):

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

Status as at Aug 2019: ●

Performance the past 12 months: Not available

Latest data



Where are we against target?

In August 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 60.46% (896 out of 1,482 patients). This is deterioration compared to July, where 969 out of 1,527 (63.46% patients were seen within 26 weeks. Due to this being a new measure Hywel Dda University Health Board (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?

The Psychological Therapy Service within HDUHB historically consisted of a range of services which provided both low and high intensity psychological therapy. Following the publication of the Matrics Cymru 2015, the service has undergoing a restructure and from 1st July 2019 only provide high intensity psychological therapy in line with the Matrics. Confirmation from Welsh Government with regards to the waiting list initiative was not confirmed until September 2019 impacting on the ability to improve on our current performance position.

What are the challenges?

- Increased demand for Psychological Therapy from Primary and Secondary Care Mental Health Services;
- Vacant posts and inability to recruit into specialist posts;
- Service still providing a range of low intensity Psychological interventions / therapy for 6 months from 1st July 2019;
- High waiting lists for both individual and group psychological therapy;
- Lack of robust IT infrastructure.

What is being done?

The service has a new Head of Service in post and there is a restructure underway to ensure the delivery of timely psychological therapy in line with the Welsh Government (WG) Standards. The service model is being developed and will be an Integrated Psychological Therapy Service (IPTS), which provides high intensity psychological therapy.

Low intensity therapy is being discontinued from 1st July 2019 however there will be a 6 month period when the groups are completed and all referrals for low intensity therapy receive a psychological therapy. The service stopped accepting referrals for Emotional Cognitive Scale (ECS) (low Intensity) on the 1st July 2019, there were clients who had been referred/assessed specifically for ECS prior to 1st July 2019, who would need intervention. The decision was made that any client referred into the service prior to the 1st July 2019, but not assessed would have the opportunity to go through this intervention. Once these clients have been seen and assessed, no further ECS groups will be run by IPTS 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?

- There is a 6 month plan in place to address the waiting list for Low intensity psychological therapy financially supported by Welsh Government;
- The Service also have a 6 month recovery plan in place to address the waits for individual therapy as all modalities have now been separated and these can be scrutinised and performance monitored;
- Plan underway for the restructure of the psychological therapy service and integration of Acute Psychology Services by 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.

Individual Care

I am treated as an individual.

Lead Executive: Joe Teape - *Deputy Chief Executive*

Exception reports:

- Mental Health Outpatient Waiting Times

Individual Care – Mental Health Outpatient Waiting Times

Lead Committee: BPPAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Liz Carroll**

Metrics (targets):

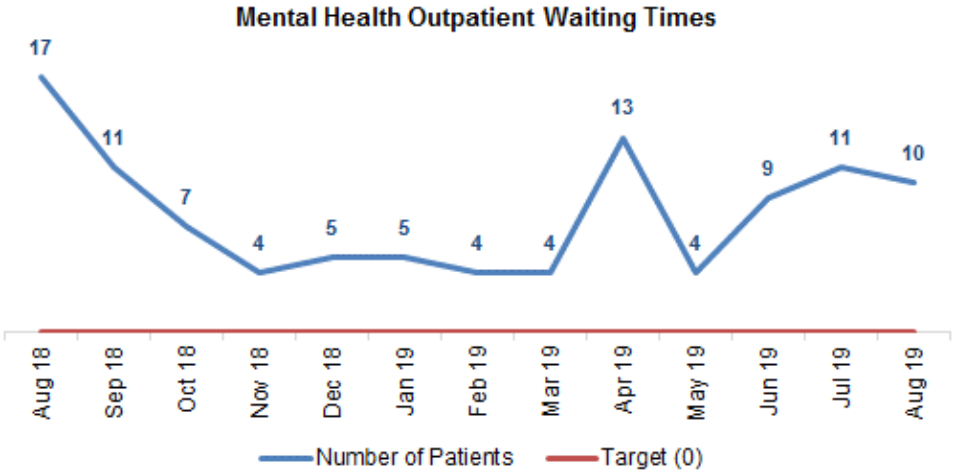
- To maintain a maximum waiting time for first outpatient appointments of 10 weeks (Target = zero patients waiting more than 10 weeks)

Status as at Aug 2019

Performance the past 12 months

Improving

Latest data



Where are we and are we on target?

The number of individuals waiting longer than 10 weeks for an appointment in August 2019 was 10. All patients were from adult services.

Why has this situation occurred?

See the Month 2 IPAR for details, link included below.

What are the challenges?

See the Month 2 IPAR for details, link included below.

What is being done?

See the Month 2 IPAR for details, link included below.

When can we expect improvement and by how much?

See the Month 2 IPAR for details, link included below.

How does this impact on both patients and finances?

The impact on patients and finances remains the same and can be viewed in more detail in the Month 2 IPAR (see page 81).

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* ● Joe Teape - *Deputy Chief Executive* ● 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):

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

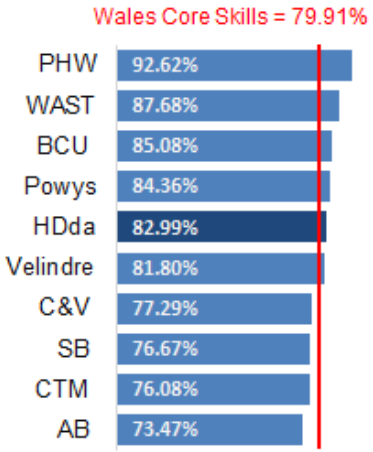
Status as at Sep 2019: ●

Performance the past 12 months: Improving

Latest data

Monthly Measures: Our Staff		Historical Data		
Target >85%	**Sep 2019**	Aug 2019	Sep 2018	**Trend**
Core Skills Training Framework	**82.6**	**82.6**	**73.3**	⇔
Equality, Diversity & Human Rights	84.1	83.8	74.2	⇧
Fire Safety	70.1	71.1	55.4	⇩
Health, Safety and Welfare	83.6	83.2	74.1	⇧
Infection Prevention & Control Level 1	81.9	82.2	79.7	⇩
Information Governance	80.7	81.0	72.6	⇩
Moving and Handling - Level 1	81.6	81.7	73.5	⇩
Resuscitation - Level 1	86.5	86.4	78.0	⇧
Safeguarding Adults - Level 1	84.9	84.3	74.6	⇧
Safeguarding Children - Level 2	82.1	81.7	69.4	⇧
Violence & Aggression - Module A	90.8	90.6	81.7	⇧

Benchmarking (July 2019)



Where are we and are we on target?

The Health Board is now only 2.4% short of the 85% target. The latest all Wales Benchmarking for July 2019 puts Hywel Dda 5th in Wales for this measure.

Why has this situation occurred?

Detailed reports have revealed that when medical and Dental staff were removed from the overall report, the compliance level rose to 86.4%.
A separate report showed that medical and dental staff are only 34.3% compliant which highlighted 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 attend mandatory training.

What is being done?

To support this, the service will arrange mandatory training days whereby a number of subjects can be accessed on the same day. These face–to-face sessions will concentrate on the Core Skills subjects, which will assist the rise in compliance. 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?

All previous reports have shown month on month improvement so the extra focus on medical and dental staff should take the Health Board to full compliance.

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, able to work safely.

Our Staff & Resources – Finance

Executive Lead: Huw Thomas | **Senior Responsible Officer: Rebecca Hayes**

Metrics : | **Status as at Sep 2019**

- 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)

Latest data

Metric	Target	Sep-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	£12.560m deficit
Stay Within Capital Resource Limit (cumulative year to date position)	<=0	0
Cash Expenditure is less than the Cash Limit	Year end	£15.000m
The Savings Plan is on target (cumulative year to date position)	100%	98.91%
Variable pay (Agency, Locum, Bank & Overtime)	Achievement of 2019/20 variable pay savings plans	£4.431m
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. Welsh Government have confirmed that the Health Board has a Control Total requirement of £15.0m deficit;
- The Health Board's financial position at the end of Month 6 represented a adverse operational variance to plan of £3.8m Year To Date (YTD), with £0.7m in-month; Month 6 YTD variance to breakeven is £12.6m;
- £1.9m of Savings schemes were delivered in Month 6, YTD slippage on identified schemes is £0.5m. The total required savings is £25.2m for the year. The current gap in identified assured savings schemes is £6.5m, including £1.5m projected slippage on identified schemes, against which there are some identified pipeline opportunities. The Health Board is working in conjunction with KPMG to identify further opportunities;
- 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 October 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 significantly in order to achieve the full savings requirement.

What is being done?

The actions being taken through increased control, Holding to Account process and the Turnaround process 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**	£10.587m deficit £15.000m deficit	£1.973m deficit	£12.560m deficit £15.000m deficit	Stay within Revenue Resource Limit
Capital: **Ytd** **Forecast/Outturn** **Current CRL**	£12.731m £38.359m £38.359m	£3.979m	£16.710m £38.359m £38.359m	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 **Full Year Forecast/Outturn – Green and Amber schemes** **Requirement**	£5.134m £19.239m £25.2m	£1.889m	£7.023m £18.662m £25.2m	These are gross savings as reported to Welsh Government, excluding the impact of cost pressures.
Closing Cash Balance	£1.007m	n/a	£3.048m	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)

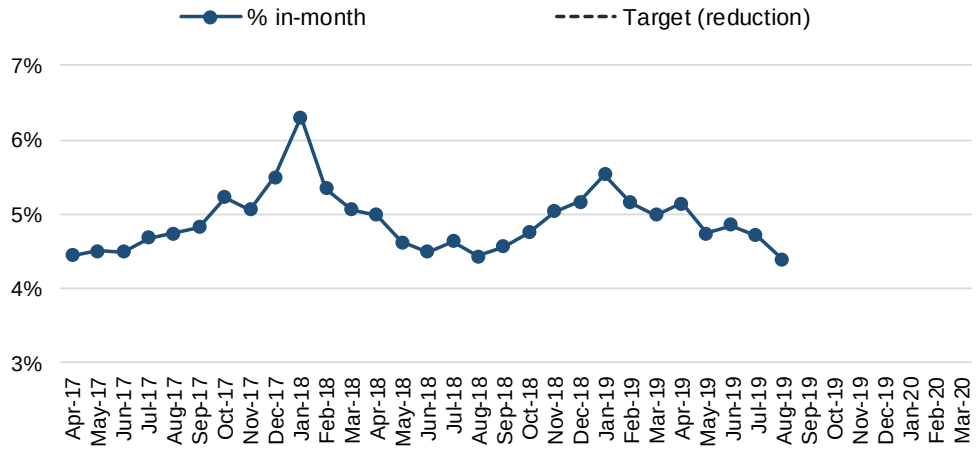
Status as at Aug 19: ●

Performance the past 12 months: Improving

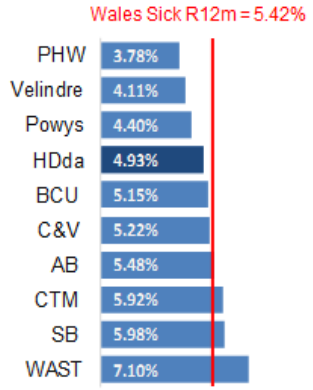
Latest data

Monthly Measures: Our Staff	Current	Historical Data	
% of full time equivalent (FTE) days lost to sickness absence for rolling 12 month period	**Aug 2019**	Jul 2019	Aug 2018
Health Board Total	4.90	4.93	5.04
Unscheduled Care	4.56	4.62	5.07
Planned Care	4.66	4.60	4.74
Women & Children	4.67	4.66	5.15
Oncology & Cancer Care	2.16	2.35	3.70
Monthly Measures: Our Staff	**Current**	**Historical Data**	
% of full time equivalent (FTE) days lost to sickness absence – in month	**Aug 2019**	Jul 2019	Aug 2018
Health Board Total	4.38	4.70	4.40
Unscheduled Care	4.16	4.21	4.76
Planned Care	4.17	4.70	3.54
Women & Children	4.69	3.95	4.39
Oncology & Cancer Care	1.34	0.88	3.38

Sickness absence



Benchmarking (July 2019)



Where are we against target?

The sickness information reported relates to the position as at 31st August 2019. The in month figure for August 2019 is 4.38% which is a decrease on the previous month (4.70%) and also a slight decrease compared to August 2018 (4.40%). The rolling 12 month rate amounts to 4.90%. 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):

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

Status as at Sep 19

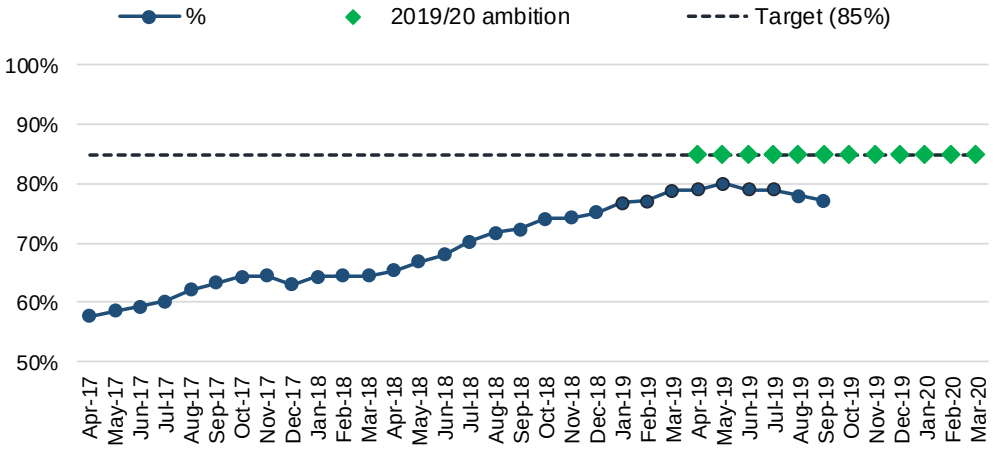
Performance the past 12 months

Improving

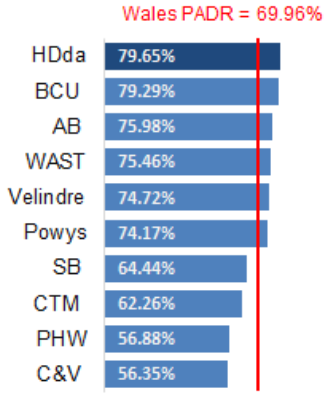
Latest data

Appraisal	% Sep '19	% Aug '19	% Sep '18	Trend
Health Board Total (Combined)	**77**	**78**	**71**	⇩
Total Medical Appraisal	96	98	93	⇩
Total Non-medical appraisal	74.98	76.24	68.72	⇩
Medical Appraisal				
Unscheduled Care	93	97	88	⇩
Planned Care	96	99	97	⇩
Women & Children	97	99	95	⇩
Mental Health & Learning Disabilities	98	100	97	⇩
Non-Medical Appraisal				
Unscheduled Care Bronglais	49.68	53.04	65.99	⇩
Unscheduled Care Glangwili	66.19	69.44	53.20	⇩
Unscheduled Care Prince Philip	83.80	86.45	86.92	⇩
Unscheduled Care Withybush	80.46	82.70	70.11	⇩
Pathology	81.33	82.92	35.10	⇩
Radiology	50.93	56.34	43.89	⇩
Planned Care	68.69	72.64	62.62	⇩
Women & Children	82.09	80.03	74.96	⇧
Mental Health & Learning Disabilities	78.96	79.63	74.28	⇩
Estates and Facilities	**85.43**	87.38	71.83	⇩
Carmarthenshire County	77.58	84.05	93.43	⇩
Ceredigion County	63.74	63.37	62.50	⇧
Pembrokeshire County	**92.28**	90.51	83.39	⇧
Director of Therapies & Health Science	75.18	73.43	75.39	⇧
Deputy CEO/DOE	75.63	77.42	68.94	⇩
Corporate Governance	**90.00**	90.00	60.00	⇔
Director of Finance	72.45	69.79	85.37	⇧
Director of PPIC	**87.27**	80.37	85.53	⇧
Director of Partnerships and Corporate	78.72	78.26	48.89	⇧
Medical Director	69.14	72.50	71.05	⇩
Director Nursing, Quality & Experience	51.72	52.94	40.16	⇩
Director of Public Health	60.59	60.87	48.95	⇩
Director of Workforce & OD	84.71	88.17	84.24	⇩

Staff who have had a PADR in the previous 12 months



Benchmarking (July 2019)



Where are we against target?

It is disappointing to discover so many decreases for PADR compliance rates across Hywel Dda University Health Board (HDUHB). The organisation has seen a drop by another 1% but is still performing above the all Wales average against July 2019 figures. HDUHB has been the best in Wales for PADR compliance for some time but this may now not be the case with other Health Boards improved rates. Non-medical appraisals have seen a decline of 1.26% with many of the services occurring decreases of 1-5% from last month with exceptions being Radiology (5.41%) and Carmarthenshire County (6.47%).

There have been increases in only 7 non–medical areas, with only 4 now above national target of >85%. Medical Appraisal has also seen a decline of 2% but continues to remain well above target.

Why has this situation occurred?

PADR performance is declining from the excellent progression achieved over the last 12 months. There are many challenges in the system that provide barriers for the process to be held effectively. There has also been a shift to focus on a quality process rather than just compliance. It would be futile to achieve the Welsh target for PADR's if a large majority were not exemplary with relevant Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) targets and meaningful conversations taking place around individual performances.

What are the challenges?

There are many challenges in getting PADRs completed efficiently and within timescales. The conflicting demands of leader's roles means that people performance management gets pushed down an ever growing list of priorities which results 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 having a workforce that understands what is required from them and how they are achieving these targets.

What is being done?

Hywel Dda continues to achieve a higher compliance rate than the national average and will continue to build on this until it reaches the required target. There have been two bespoke PADR training sessions following the last report, both of which were fully attended, and fully booked up within hours of being promoted through the Global email system. There is another training session arranged for the 6th December which is fully booked. The Organisation Development (OD) team are also facilitating a performance management training session on 22nd October for facilities In Withybush General Hospital.

Hywel Dda are in conversations with Velindre NHS Trust and Welsh Ambulance Service Trust (WAST) to review the existing policy and are meeting this month. A collaborative approach with these and other health boards may see an all Wales Policy that would provide consistency to performance management across NHS Wales. Velindre NHS Trust are also developing an e-learninig package and Hywel Dda have asked to review and assess if this would be suitable to support the workforce in performance management/ PADR's.

When can we expect improvement and by how much?

The W&OD team are currently reviewing various support mechanisms to try and build on the excellent improving position to help the organisation achieve the desired target of 85%. The team will also review options in how the organisation will take random audits to assess quality 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 who have a job plan (Target 90%)
- Consultants/SAS Doctors with an up to date job plan (reviewed within the last 12 months) (Target 90%)

Status as at Sep 2019

Performance the past 12 months

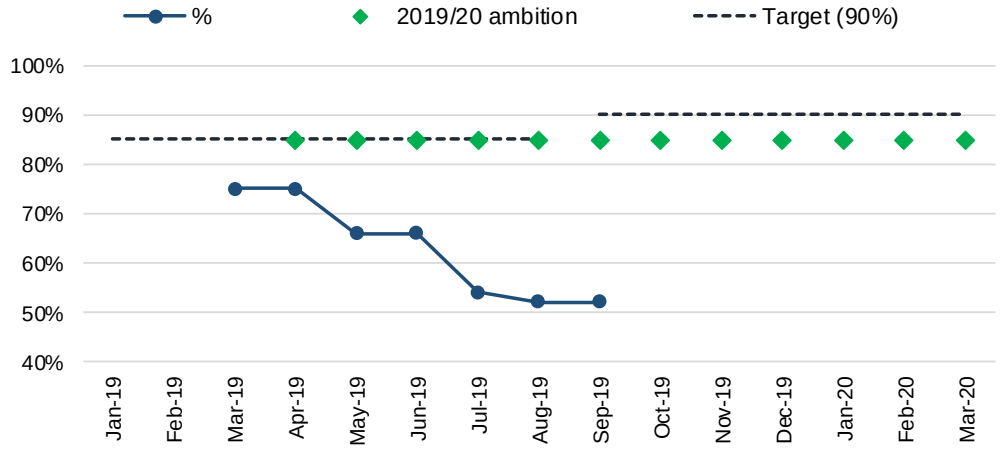
Improving

Latest Data

Role	% in September 2019				% in September 2018			
	No job plan	With a job plan (needs review)	Up to date Job plan in place	Current + Needs review	No job plan	With a job plan (needs review)	Up to date Job plan in place	Current + Needs review
Cons.	0%	43%	57%	100%	5%	47%	48%	95%
SAS Drs.	36%	22%	42%	64%	64%	21%	15%	36%
Total	14%	35%	52%	86%	27%	37%	36%	73%

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

Consultants/SAS doctors with a current job plan



Where are we and are we on target?

The Health Board is on target (100%) in terms of the numbers of job plans in place for Consultants however, the numbers of job plans in place for SAS doctors needs further improvement (64%). The numbers of signed off, current job plans in place for both Consultants and SAS doctors needs further improvement to meet target (86%).

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):

- Drop in workshops have been arranged to support staff – 22 dates have been confirmed across all sites until the end of March 2020;
- On the 23rd September a meeting took place between representatives from Hywel Dda, Swansea Bay, Betsi Cadwaladr and Cwm Taf Health Boards to discuss the job planning process and it was agreed that a formal forum will be convened twice a year to discuss the process and to share ideas and good practice.

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?

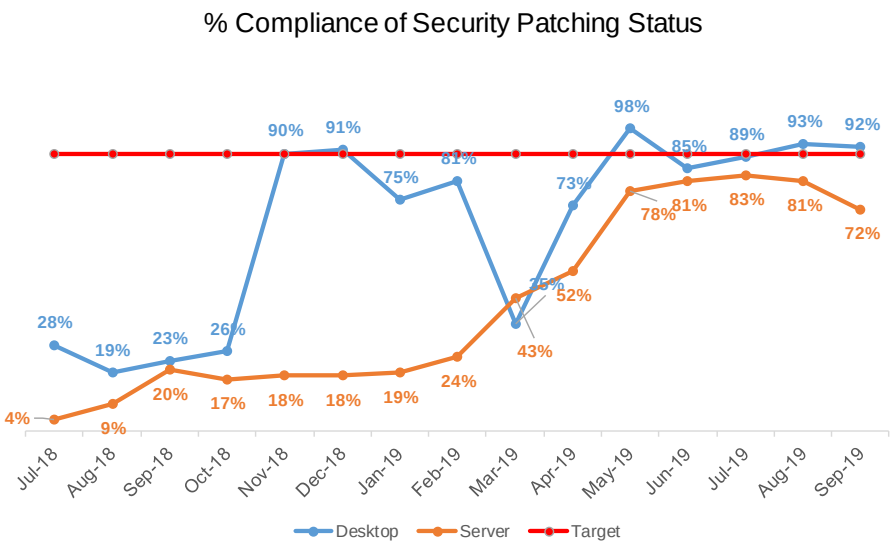
Effective job planning results in the alignment of individual's work, departmental objectives and strategic objectives resulting in a much more cost effective delivery of healthcare.

Our Staff & Resources – Cyber Compliance - Security Patching Status

Lead Committee: BPPAC | **Executive Lead: Karen Miles** | **Senior Responsible Officer: Anthony Tracey**

Metrics (targets):	Status as at Sep 19	Performance the past 12 months
• 90% of Server infrastructure patched with the latest updates	●	Improving
• 90% of Desktop infrastructure patch with the latest updates	●	Improving

Latest data



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 September 2019 remain static in that 92% of all desktops have been patched and the target has been met;
- Server patching levels for September 2019 is 72%, which is below the 90% target.

Why has this situation occurred?

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

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 Health Board 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.

Staff and Resources – NHS external providers – direct patient care

Lead Committee: Finance Committee **Executive Lead: Huw Thomas** **Senior Responsible Officer: Shaun Ayres**

Latest data

Month 6 - Current and Forecast Position – Financial Position – All Providers

Direct Patient Care Summary	Annual Budget	M6 YTD Budget	YTD Expenditure	YTD Variance
	£'000	£'000	£'000	£'000
Swansea Bay	33,004	16,502	16,899	397
Cardiff & Vale	5,293	2,646	2,839	193
WHSSC - Specialised Services	71,865	35,932	35,552	(380)
WHSSC - EASC	22,596	11,298	11,298	0
Aneurin Bevan	266	133	141	7
Betsi Cadwaladr	271	136	118	(18)
Cwm Taf	451	226	241	16
Powys	182	91	92	1
Velindre	964	482	457	(25)
Welsh Ambulance	1,080	540	540	0
Public Health Wales	60	30	30	(0)
Other UK NHS Trusts	930	465	495	30
NCA	812	406	461	55
IPC	650	325	421	96
TOTAL - Direct Patient Care	**138,424**	**69,212**	**69,583**	**371**

The main providers of Health Care for Hywel Dda University Health Board are Swansea Bay and Cardiff & Vale University Health Boards, their performance is highlighted in table A overleaf, alongside the smaller health care agreements with other Health Organisations in both Wales and England. The other area of substantial expenditure is the risk share arrangements with the Welsh Health Specialised Services Commission (WHSSC) who contract on an all Wales basis for high cost or specialised treatments not contracted on an individual Health Board basis.

Swansea Bay University Health Board (SBUHB):
The Long Term Agreement (LTA) activity (August) is under-performing to the value of £0.200m (net benefit £140k), this is demonstrated in table A overleaf. Despite the underperformance in activity, there is currently a projected over performance against plan of £1.5m (£0.206m at Month 6) in respect of the National Institute for Health and Care Excellence (NICE) and High Cost Drugs (estimated costs based on quarter 1) and therefore the overall position is £0.397m over-spent at Month 6 with a forecast outturn estimated at £0.793m.
The activity and prescribing of high drug costs within the contract will be scrutinised and monitored due to the financial risk. This will be in-conjunction with the Medicines Management Team within Hywel Dda University Health Board.

Cardiff and the Vale University Health Board (C&V UHB):
Activity within the LTA has increased between Months 5 and 6, which has resulted in a net movement of £0.47m. The main driver is Orthopaedics, which has increased over the last month and has resulted in the slow-down of the underperformance to £0.666m. This coupled with High Cost Services, which are above the LTA plan to the sum of £0.471m. This is due to a Critical Care Patient (Pembrokeshire) and High Cost Drugs. Overall, the Cardiff and Vale LTA is over-performing at Month 6 by £0.047m. Consequently, the forecast outturn is a £0.386m overspend.

Contract Area	Activity Variance	Forecast Marginal Cost £k
Main LTA	(39)	242
Orthopaedics		(666)
High Cost Services (ie. ICU & NICE/HCD)		471
Total	**(39)**	**47**

Table A: Current and Forecast Position: Activity (to Month 05 2019/20)

Organisation	Agreed Activity	Activity to Month 5	Actual Activity	Variance
Swansea Bay				
Elective Inpatients	1,316	548	466	(82)
Emergency Inpatients	3,116	1,298	1,344	46
Total Inpatients	*4,432*	*1,847*	*1,810*	*(37)*
Day Cases	2,035	848	870	22
Regular Day Attendances	1,123	468	328	(140)
Neurology Patient Days	439	183	445	262
Total Outpatients	28,738	11,974	11,627	(347)
Other	25,306	10,543	10,551	8
Total Activity	**62,073**	**25,863**	**25,631**	**(232)**
Cardiff & the Vale				
Elective Inpatients	348	145	113	(32)
Emergency Inpatients	324	135	127	(8)
Total Inpatients	*672*	*280*	*240*	*(40)*
Day Cases	300	560	480	(80)
Regular Day Attendances	48	20	193	173
New Outpatients	1,152	480	415	(65)
Follow Up Outpatients	3,864	1,610	1,438	(172)
Outpatient Procedures	168	70	53	(17)
Total Outpatients	5,184	2,160	1,906	(254)
Orthopaedics	255	106	48	(58)
Mental Health Daycare	36	15		(15)
Mental Health Beddays			92	92
Total Activity	**6,495**	**3,141**	**2,867**	**(274)**
Aneurin Bevan				
Elective Inpatients	8	3	7	4
Emergency Inpatients	48	20	33	13
Total Inpatients	*56*	*23*	*40*	*17*
Day Cases	55	23	11	(12)
New Outpatients	44	18	34	16
Total Activity	**155**	**65**	**85**	**20**
Betsi Cadwaladr				
Total Inpatients	*51*	21	*6*	(15)
Day Cases	16	7		(7)
New Outpatients	152	63	16	(47)
Critical Care - Days	95	40		(40)
Excess Bed days	49	20	11	(9)
Total Activity	**363**	**151**	**33**	**(118)**
Cwm Taf				
Elective Inpatients	74	31	6	(25)
Emergency Inpatients	37	15	38	23
Total Inpatients	*111*	*46*	*44*	*(2)*
Day Cases	98	41	23	(18)
New Outpatients	300	125	152	27
Follow Up Outpatients	195	81		(81)
Outpatient Procedures	66	28		(28)
Total Activity	**770**	**321**	**219**	**(102)**
Powys				
Total Inpatients	*5*		4	4
Day Cases	164	68	33	(35)
New Outpatients	188	*68*	*66*	(2)
Allied Health Professionals (AHP)	1,545	644	405	(239)
Total Activity	**1,902**	**780**	**508**	**(272)**
Velindre				
Inpatient Admissions	63	26	20	(6)
Chemo Daycases	189	79	36	(43)
Day Cases Procedures	72	30	13	(17)
Outpatient Attendances	565	235	169	(66)
Oral Chemotherapy	14	6	26	20
Radiotherapy (Outpatients)	883	368	241	(127)
Total Activity	**1,786**	**744**	**505**	**(239)**

Welsh Health Specialised Services Commission (WHSSC) and Emergency Ambulance Services Committee (EASC)

WHSSC and EASC Long Term Agreements (LTA) are agreed through the all Wales lead commissioner process. The change in the risk share agreement has been enacted in 2019/20. The risk share is financially volatile, due to the range of specialist services commissioned on behalf of the Health Boards in Wales.

For the purposes of forecasting, the Healthcare Contracting team is using the information provided by WHSSC to ascertain a year end forecast. This is due to the volatility in using an internal model during 2018/19, which resulted in a significant adverse variance at year-end. The Contracting Team are working closer with WHSSC to try to understand and pre-empt any additional swings in the activity/performance of specialised contracts managed by WHSSC.

The month 6 risk share forecast from WHSSC shows a net underspend of £0.547m at September. However, this is due mainly to the release of non-recurring reserves relating to 2018/19 with the year-end forecast underspend increasing to £0.856m. Although there is a forecast outturn underspend, due to the construction of the contracts and budgets the year-end position is likely to be an under-spend of circa £0.380m. The drivers affecting the forecast are:

Adverse Issues - £372k deterioration in C&VUHB provider position, particularly in specialised cardiology for Aneurin Bevan University Health Board, immunology, spinal implants and Artificial Limb and Appliance Centre (ALAC); £231k deterioration in SBUHB provider position mainly related to renal activity; £288k further deterioration of the Velindre University NHS Trust drugs forecast (Melanoma Drug).

Positive Issues -£272k England forecast related to North Wales commissioned activity; £461k improvement in Mental Health forecast as medium secure placements continue to underspend.

The position in M6 also includes anticipated slippage of £850k from assessed Clinical Impact Assessment Group (CIAG) schemes (Genetics and Positron Emission Tomography **(**PET) new indications) and further secured reserves of £2.3m are released into the position relating to NHS England contract settlements and IPC provisions.

Table B: WHSSC Risk Share Analysis

	Allocation of Variance £'000	End Of Year Forecasts £'000
Income		
Welsh Local Health Boards		
Hywel Dda Health Board	0	0
Total Income Position	**0**	**0**
Expenditure		
NHS Wales		
Cardiff & Vale University Health Board	51	180
Swansea Bay University Health Board	(174)	(235)
Cwm Taf Morgannwg University Health Board	(40)	(12)
Aneurin Bevan Health Board	(13)	(12)
Hywel Dda Health Board	29	29
Betsi Cadwaladr University Health Board Provider	(12)	(12)
Velindre NHS Trust	19	38
Sub-total NHS Wales	**(141)**	**(26)**
Non Welsh SLAs	46	36
IPFR	62	35
IVF	(2)	(3)
Mental Health	(121)	(162)
Renal	(40)	(33)
Prior Year Developments	(57)	(124)
2019/20 Plan Developments	(69)	(140)
Direct Running Costs	11	36
2018/19 Reserves	(237)	(473)
Phasing adjustment for Developments not yet implemented	0	0
EASC (incl WAST and EASC/QAT team costs)	0	0
Total Expenditure	**(547)**	**(856)**
Grand Total - WHSSC Month 5	**(547)**	**(856)**
Distance to Plan	**165**	**476**
WHSSC movement	**(382)**	**(380)**

What are the challenges?

- The information contained within this report is based upon Month 5 2019/20 for activity and Month 6 for the financial position. The LTA Activity is currently showing an underperformance but given the additional requirements of NICE or High Cost Drugs, there is a current year- end forecast deficit position of £1.1m at September 2019;
- The 2019/20 LTAs were agreed in line with the Welsh Government target date of 31st May 2019. All Welsh LTAs have been uplifted by 2% for inflation but an additional 1% uplift for 'A Healthier Wales' has been included within the financial quantum, but the application of this additional funding is to be agreed based on the Provider's ability to demonstrate a positive impact for the relevant commissioner population.

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;
- More detailed analysis of the NICE/High Cost Drug costs at Swansea Bay, Cardiff & Vale and Velindre;
- 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.

When can we expect improvement and by how much?

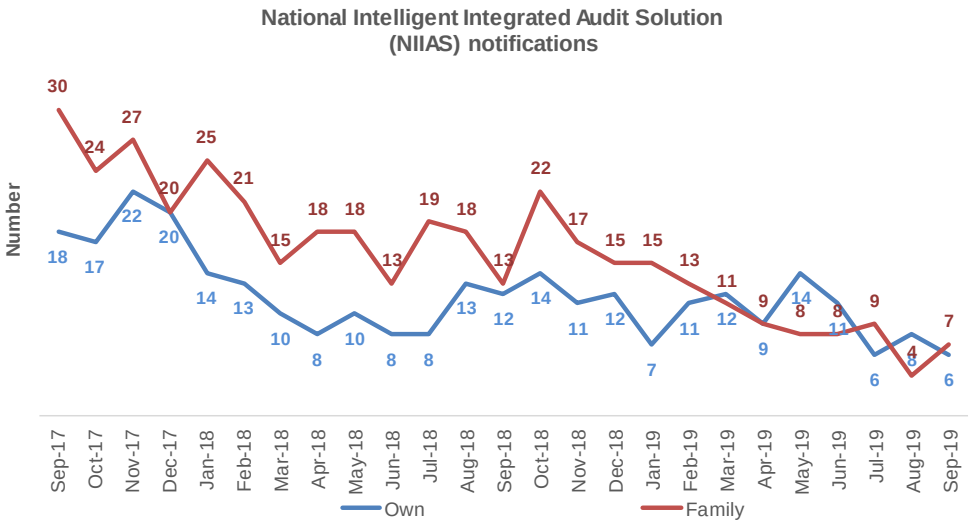
Direct patient care is closely monitored by both the Health Board and the providers under the LTA contract mechanisms, which regulate costs and service developments. In order to achieve any significant reductions in costs over and above what has already been achieved, there needs to be a significant 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):	Status as at Sep 19	Performance the past 12 months
• Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Own Record (target = 8)	●	Improving
• Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Family Record (target = 13)	●	Improving

Latest



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 record and family record, which is reflected within the graph above.

Own Record - Inappropriate access to own records has shown an overall decrease of 100% over the rolling 12 months. The average number of data breaches has decreased since the last reporting period to 6 breaches within the month, this 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 of 86% over a rolling 12 month period. The HB is still seeing an average of 7 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 the medical record inappropriately.

What is being done?

- Regular communications to staff through global e-mails, newsletters, posters, road shows, 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 period, 4 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?

Following the deep dive during May 2019 around the number staff breach notifications, targeted communication has been developed and approved by Information Governance Sub Committee (IGSC) and will be released after the flu campaign. Following the review of July figures, the increase was attributed to the system error within NIIAS and a change request has been submitted to and we are awaiting a fix. A manual process is in place until the system fix has been applied.

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 our 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).

Additional Reports

Welsh Health Specialised Services Committee (WHSSC)

Welsh Health Specialised Services Committee (Welsh Health Specialised Services Committee) Management Group meeting

The information below is an update from 26th September 2019 Welsh Health Specialised Services Management Group meeting:

Welcome and Introductions
The Chair welcomed members to the meeting.

Briefing from Previous Meeting and Action Log
Members noted the action log and received updates on:

- MG157 – MG19/061 Hereditary Anaemias – The work is more complicated than originally envisaged the action is therefore deferred to November 2019;
- MG158 – MG19/064 Policy Group – Post Implementation Review of Policies - The September Policy Group meeting was been postponed the action is therefore deferred to November 2019;
- MG164 – MG19/076 Tier 4 Specialist Perinatal Mental Health in Wales – Clinical Model - The revised paper was only been received from Swansea Bay University Health Board on 24 September, so the action is deferred to October 2019;
- MG168 – MG19/082 Cardiff & Vale University Health Board Cardiac Surgery Waiting List - The Welsh Health Specialised Services Committee Team had become concerned about the increasing number of patients waiting more than 36 weeks; the improvement expected in September 2019 had not materialised. The Welsh Health Specialised Services Team will be writing the Chief Operating Officer at Cardiff & Vale University Health Board, stressing the importance of agreeing a performance management plan.

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

In Vitro Fertilisation (IVF) Shrewsbury - No patients are waiting more than 52 weeks and the previously discussed error in calculating waiting periods has been rectified. De-escalation is expected to take place after completion of the August data analysis.

Paediatric Imaging - Due to the complicated nature of the work involved, consideration of the business case is postponed from this financial year to the development of the Welsh Health Specialised Services Committee 2020-23 Integrated Commissioning Plan.

Vulnerable Persons Resettlement Scheme. The Home Office has confirmed that the number of refugees taken in by Welsh local authorities is expected to remain at around four cases per month and 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 the Welsh Health Specialised Services Team advises on cases with medical conditions to confirm if they can be treated in Wales to inform the resettlement process.

Critically Ill Implementation Group – Paediatric Critical Care Provision, Stabilisation and Retrieval Welsh Government intends to undertake work relating to paediatric critical care provisions and the stabilisation and retrieval of paediatric patients including services commissioned by Welsh Health Specialised Services Committee.

Welsh Health Specialised Services Committee Office Move – Information Technology connectivity was achieved on 18 September 2019 following initial difficulties after the move at the end of August.

Foetal Medicine
Members welcomed colleagues from Cardiff and the Vale University Health Board and received a presentation covering:

- Foetal Medicine Service;
- Historical Perspective;
- Existing Service and Infrastructure ;
- Service Shortfal;l
- Proposed Plans to Address Service Shortfall;
- Benefits of Proposed Plan;
- Patient Story;
- Potential for Further Development.

Sentinel Node Biopsy
Members welcomed colleagues from Swansea Bay University Health Board and received a presentation on Sentinel Node Biopsy with slides covering:

- Recap of service;
- Why we do it;

- Recent changes;
- Patient pathway;
- Workload;
- Tracer safety issues;
- Sentinel Mode Biopsy in Melanoma.

Interim Changes to the Delivery of the Cochlear Implant and Bone Anchored Hearing Aid (BAHA) Service for South Wales

Members received a paper the purpose of which was to provide an update on the interim changes to the delivery of Cochlear Implant and Bone Anchored Hearing Aid service for south Wales. The Cochlear service at Bridgend had been placed at Escalation Level 4 and suspended, pending further information and a meeting with the Cwm Taf Morgannwg University Health Board Executive Team to seek assurance around the areas of concern. It was reported that Cwm Taf Morgannwg University Health Board had worked to source two audiologist in the past week and that a second Ear Nose and Throat surgeon was being sought, all with a view to addressing the issues at Bridgend.

Members:

- Supported the interim changes that have been put in place to manage patients with immediate clinical need;
- Noted that until the management of patients requiring surgery was resolved, there was a risk that the south Wales Cochlear Implant programme would not meet the Referral to Treatment Time (RTT) waiting time target by 31 March 2020 and implement the National Institute for Clinical Excellence (NICE) TA566;
- Noted that a letter had been sent to the Chief Operating Office at Cwm Taf Morgannwg University Health Board asking for plans to ensure that Referral to Treatment Time (RTT) could be achieved;
- Noted the options available for addressing the immediate commissioning concerns with the south Wales Cochlear Implant Programme; and
- Considered the long-term solution that had been proposed by Cardiff and Vale University Health Board.

Proposed Timelines for the Development and Submission of the 2020-23 Welsh Health Specialised Services Committee Integrated Commissioning Plan

A first draft of the 2020-23 Welsh Health Specialised Services Committee Integrated Commissioning Plan will be presented to members for consideration at the October meeting and the final version presented to the Joint Committee on 12 November 2019 for approval.

Funding Release for Neurosurgery Referral to Treatment

Members received a paper the purpose of which was to seek approval to release the funding allocated within the 2019-22 Integrated Commissioning Plan for the Neurosurgery Referral to Treatment scheme. Members approved the release of the funding allocated within the 201922 Integrated Commissioning Plan for the Neurosurgery Referral to Treatment scheme.

Radiofrequency Ablation for Barrett's Oesophagus (RFA): Cardiff and Vale University Health Board Business Case

Members received a paper the purpose of which was to confirm that the Radiofrequency Ablation business case provided assurance that a safe service that met the quality standards of the service specification can be provided for patients; outlined the value for money of the proposal described in the business case for a Radiofrequency Ablation service in Cardiff; outlined the implementation plan for Cardiff and Vale University Health Board to deliver a Radiofrequency Ablation service; and provided an assessment to inform the commissioning arrangements for provision of Radiofrequency Ablation for the population of south Wales.

Members:

- Noted that the Joint Committee had confirmed that Welsh Health Specialised Services Committee would commission the Radiofrequency Ablation service;
- Noted that Joint Committee had supported implementation of the Radiofrequency Ablation service as an in-year development;
- Noted that the business case outlined a service model that had sufficient capacity to treat expected demand for the south Wales population under current indications;
- Noted that the proposed service would provide better value for money than the current service provider in NHS England;
- Noted while the business case demonstrated compliance with key aspects of the Radiofrequency Ablation service specification, Cardiff and Vale University Health Board had been asked to complete an explicit assessment against each aspect of the service specification to ensure that all the requirements of the specification were met;
- Approved the business case from Cardiff and Vale University Health Board to deliver Radiofrequency Ablation for the mid and south Wales population subject to submission of a completed self-assessment against the service specification; and
- Noted that health boards would need to give notice to the current provider, Gloucester.

Chimeric Antigen Receptor T Cell (CAR-T) Therapy: Cardiff and Vale University Health Board Business Case
Members received a report the purpose of which was to notify the Management Group that the additional information required from Cardiff and Vale University Health Board for approval of the CAR-T business case. Which had been submitted to Welsh Health Specialised Services Committee and to confirm that Welsh Health Specialised Services Committee Corporate Directors Group Board had approved the business case and released funding for the Chimeric Antigen Receptor T Cell (CAR-T) service development at Cardiff and Vale University Health Board. The Members noted the content of the report.

South Wales Sarcoma Service: Update on Action to Address Risks to Sustainability and Quality
Members received the paper the purpose of which was to provide a position report on the status of the risks in the south Wales Soft Tissue Sarcoma service and the actions being taken to address them. Members noted a business case for a second sarcoma specialist was being considered internally by Swansea Bay University Health Board. Members noted the status of the risks in the South Wales Soft Tissue Sarcoma service and the actions being taken to address them.

Funding Release for Neuro-Oncology
Members received a paper that sought approval for the release of funding allocated within the 2019-22 Integrated Commissioning Plan for the Neuro-oncology scheme. Members approved the release of funding allocated within the 2019-22 Integrated Commissioning Plan for the Neuro-oncology scheme.

Major Trauma Centre: Tranche 2 Recruitment
Members received a paper the purpose of which was to provide an update on the discussion regarding tranche 2 early recruitment for the Major Trauma Network at Joint Committee on 16 September 2019 and further action delegated to Management Group. The paper also provided a synopsis of further discussion with Cardiff and Vale University Health Board and agreement to make further changes to the business case, subject to approval by health boards and recommended support for the remaining tranche 2 posts for early recruitment.

Members:
- Noted the information presented in the report;
- Noted the outcome from Joint Committee and the additional scrutiny of the Major Trauma Centre with the agreed position with Cardiff and Vale University Health Board; and
- Approved the early recruitment to the remaining tranche 2 posts, with the caveat that appointments are not made until end of October 2019 at the earliest and when health boards had considered the programme business case.

Welsh Health Specialised Services Committee 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. It was noted that 36 new clinical policies were in development.

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

Finance Report 2019-20 Month 5
Members received a report that set out the financial position for Welsh Health Specialised Services Committee for the fifth month of 2019-20, being an under spend of £455k and forecast underspend of £1,069k for the full year.

Any Other Business
Advanced Therapy Medicinal Products ('ATMPs')
It was reported that the long-term financial forecast for Advanced Therapy Medicinal Products (ATMPs) had been updated for Welsh Government.

Commissioning & Value Based Procurement Workshop
The Welsh Health Specialised Services Committee Planning Team will be presenting a masterclass at the workshop on 29 November 2019.

Positron Emission Tomography (PET) (CIAG)
Papers for the Clinical Impact Assessment Group meeting, which is taking place on 3 October 2019, would be circulated later in the day.

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

Health care acquired infections

Stroke

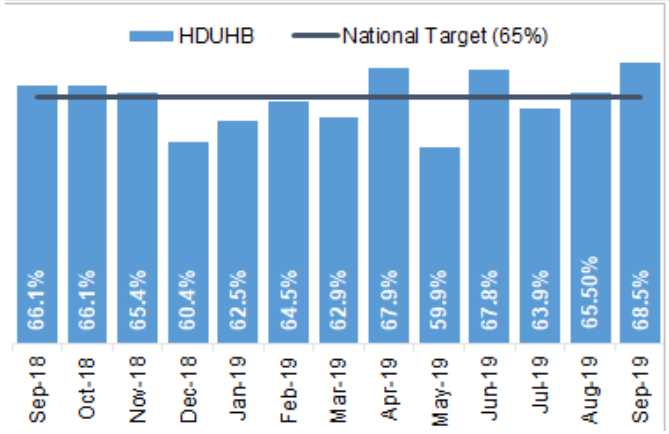
The dashboards can be accessed on the Hywel Dda University Health Board intranet site (NHS only) here.

Unscheduled care

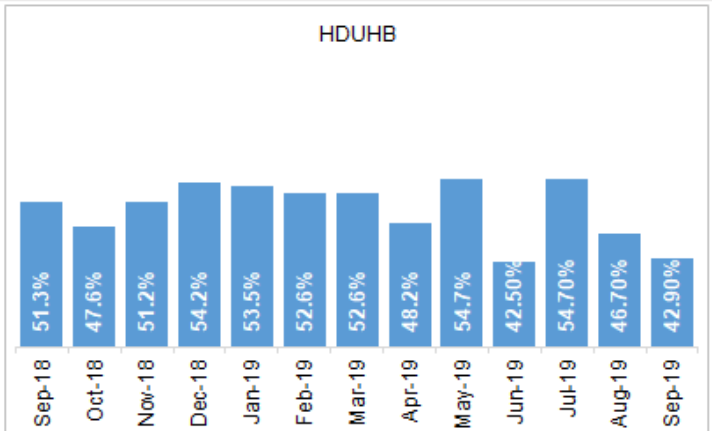
The charts below show the Health Board's position. Charts are also available by acute site in the unscheduled care dashboard.

Red & Amber Calls

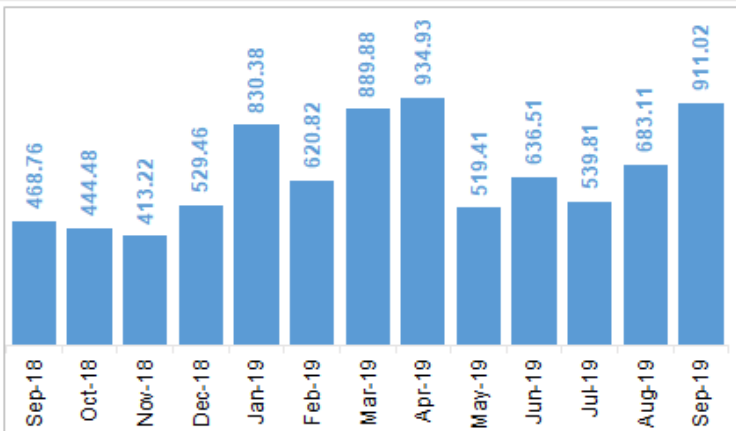
% of Red call responses within 8 minutes



Amber call responses within 20 minutes

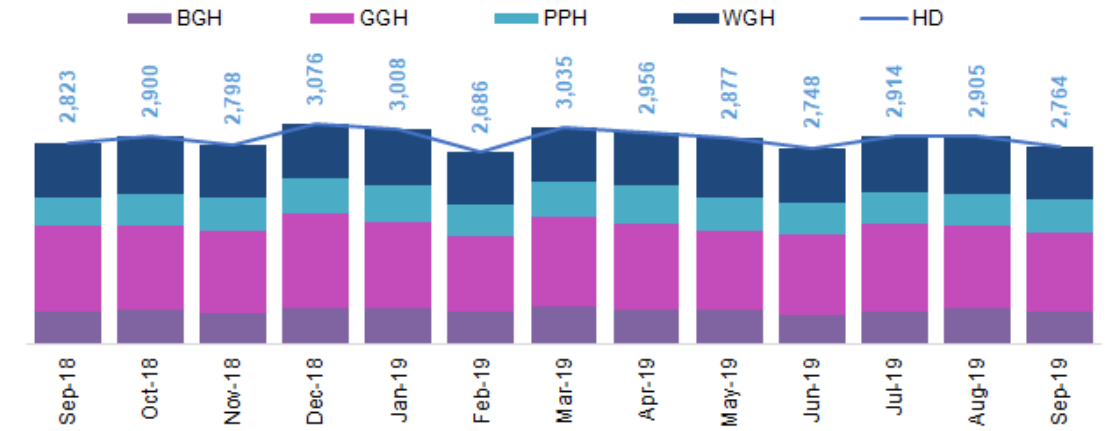


Ambulance lost hours > 15 mins (all WAST crews)

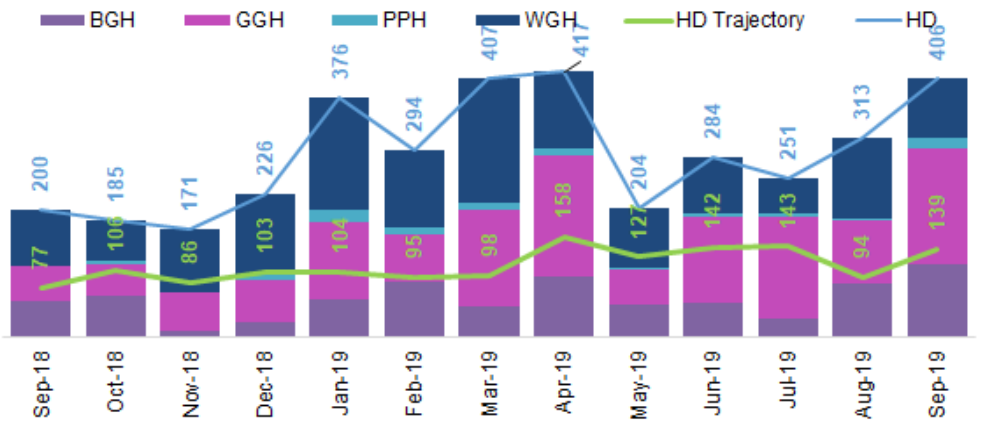


Ambulance arrivals and handovers

Number of arrivals at acute sites

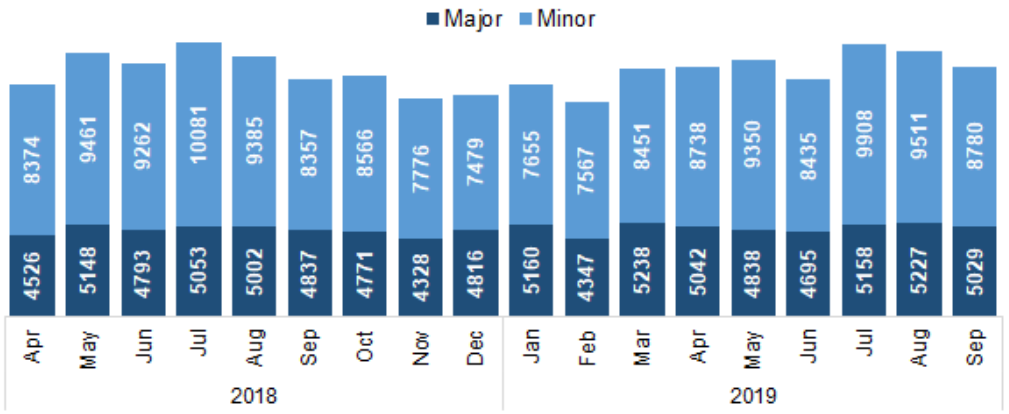


Number of ambulance handovers waiting over 1 hour by acute sites

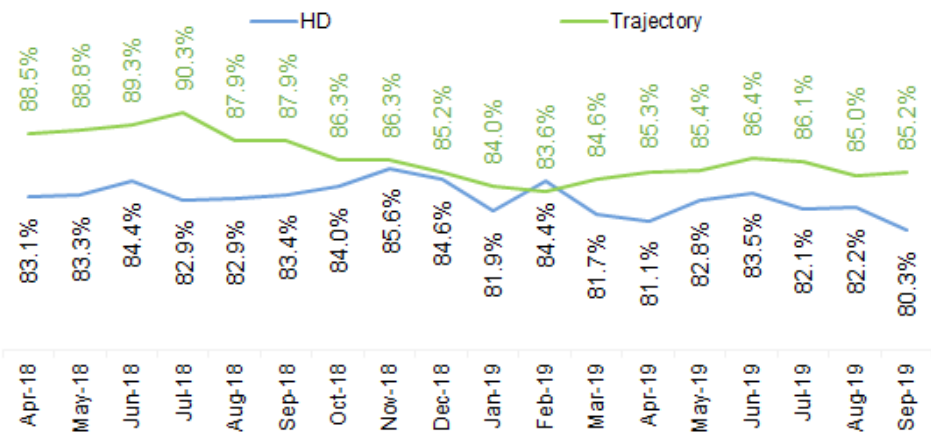


A&E and MIU attendances

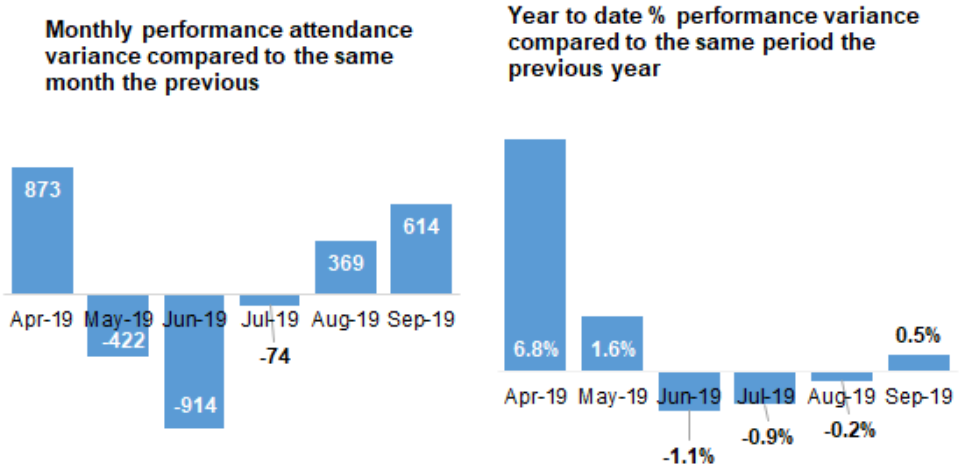
A&E and MIU new attendances by type



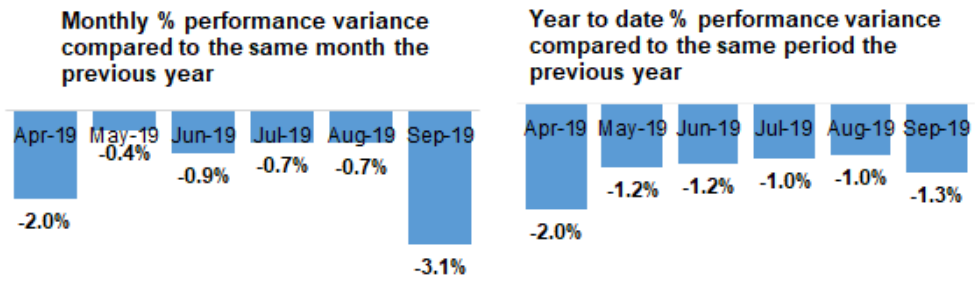
% new patients spending < 4 hours in A&E and MIU



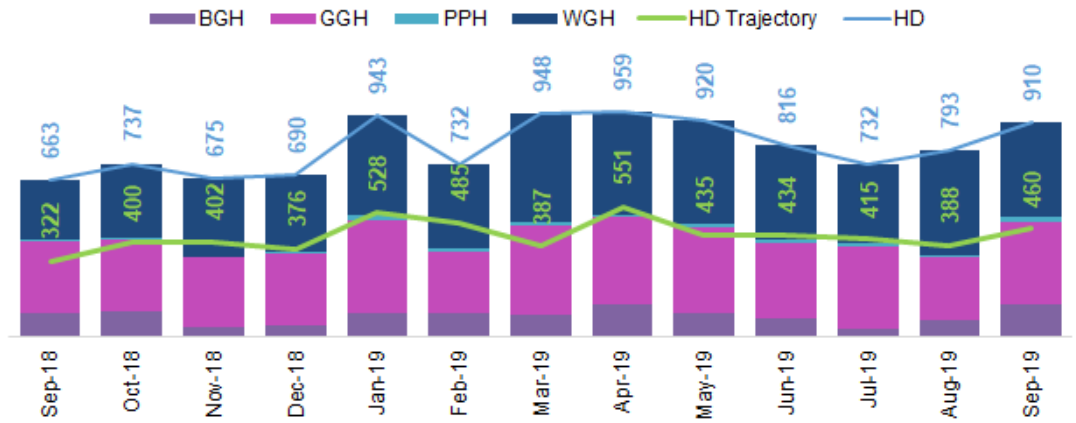
A&E and MIU new attendance - 2 year comparison 19/20 to 18/19



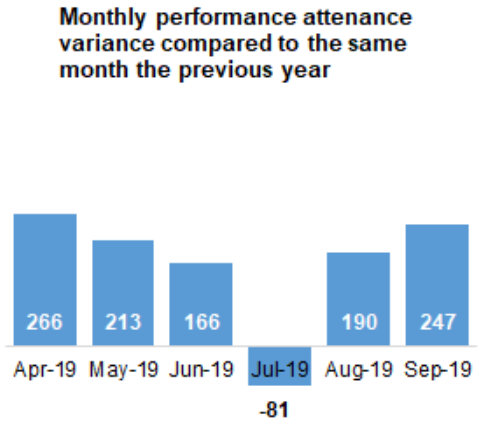
% new patients spending < 4 hours in A&E/MIU - 2 year comparison 19/20 to 18/19

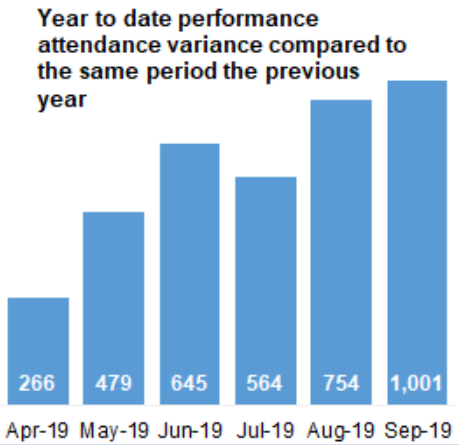


Number of new patients spending > 12 hours in A&E and MIU by acute site

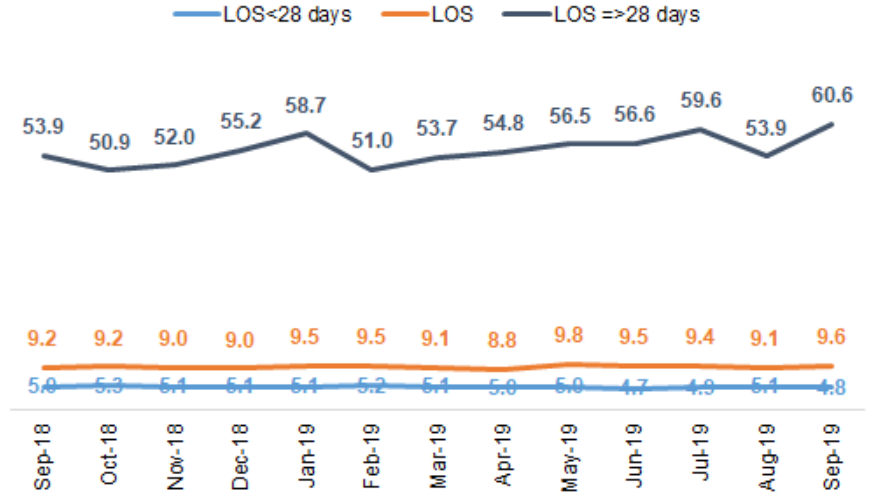


New patients spending >12 hours in A&E/MIU - 2 year comparison 19/20 to 18/19



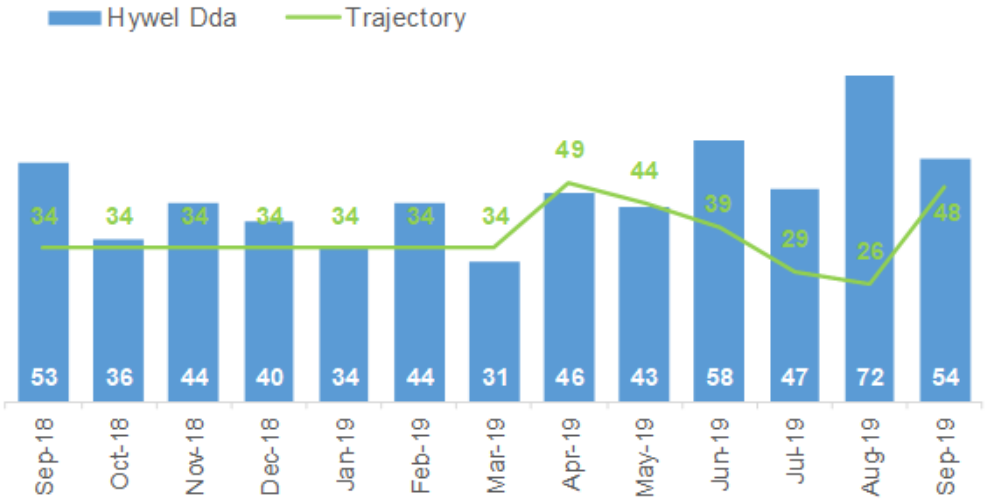


Average length of stay (LOS) - medical emergency in patients including zero days



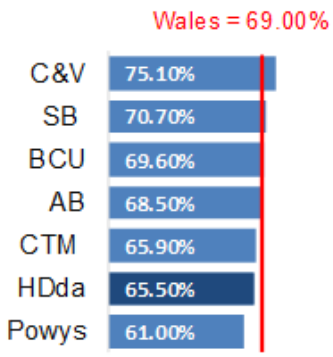
Teifi ward is not included

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



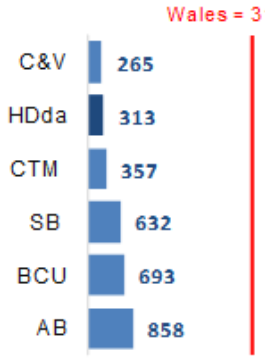
Red calls

% of Red call responses within 8 minutes (Aug-19)



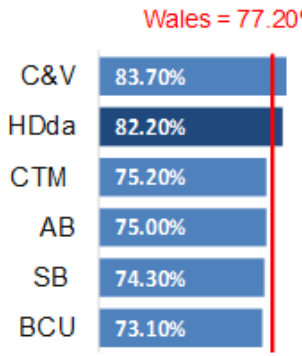
Ambulance handovers

Number of ambulance handovers waiting over 1 hour by Health Board (Aug-19)

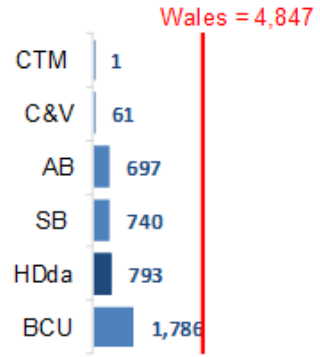


Accident and emergency (A&E) and Minor injury unit (MIU) attendances

% new patients spending less than 4 hours in A&E and MIU by Health Board (Aug-19)



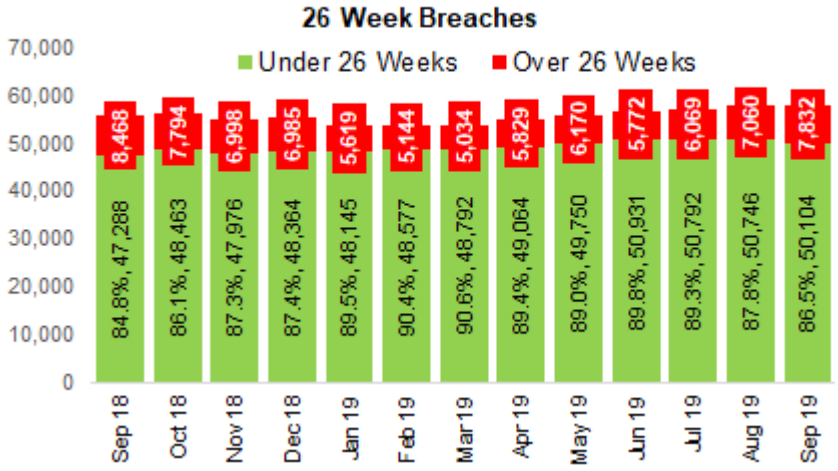
Number of new patients spending more than 12 hours in A&E and MIU by Health Board (Aug-19)

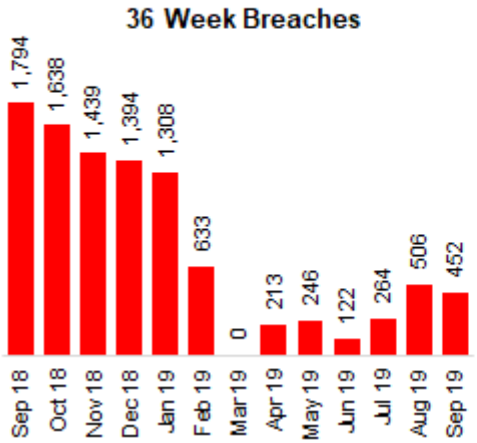


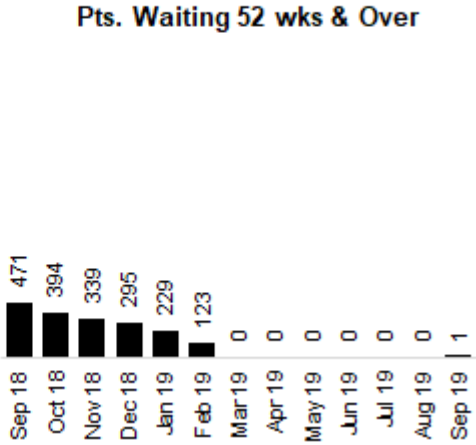
Referral to treatment (RTT)

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)

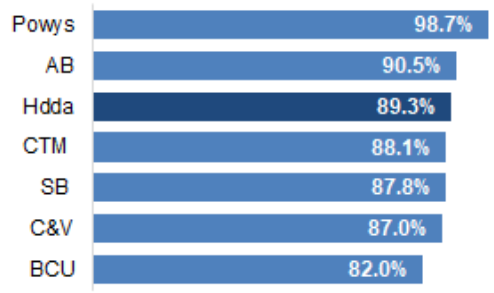




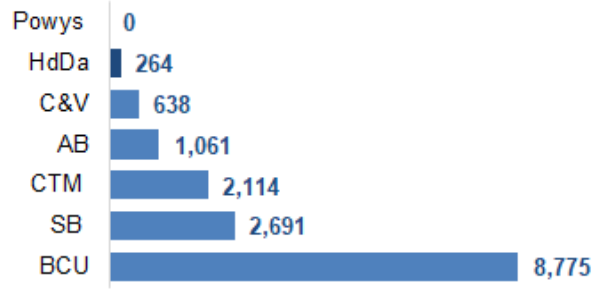


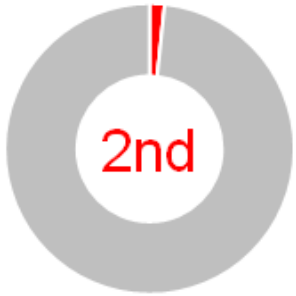
All Wales Benchmarking – July 2019

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



Number of 36 week breaches (Target: 0)





Longest Weeks Wait for Pathway Stage (All)

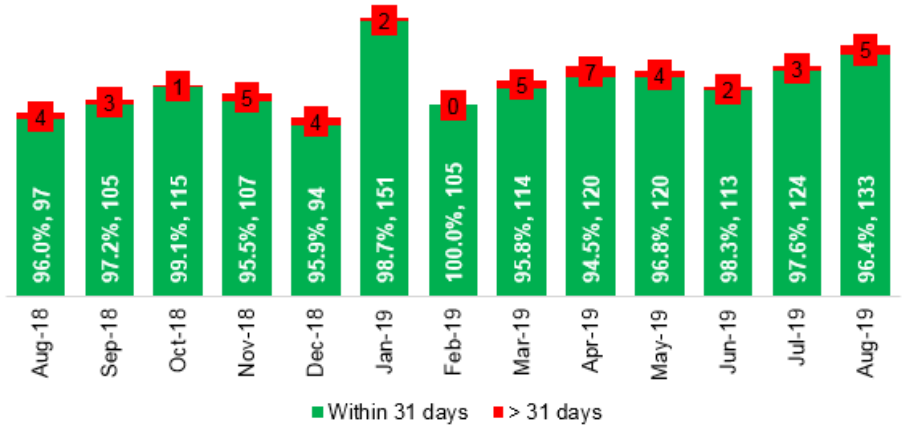
Specialty	Longest Weeks Wait
Breast Surgery	38
Cardiology	49 - 52
Chemical Pathology	30
Clinical Haematology	35
Clinical Neuro-physiology	34
Colorectal Surgery	45 - 48
Dermatology	45 - 48
Diabetic Medicine	30
Endocrinology	35
ENT	45 - 48
Gastroenterology	35
General Medicine	41 - 44
General Surgery	45 - 48
Geriatric Medicine	39
Gynaecology	45 - 48
Nephrology	29
Neurology	40
Neurosurgery	5
Ophthalmology	45 - 48
Oral Surgery	20
Orthopaedics	53 - 56
Paediatrics	35
Pain	39
Rheumatology	35
Stroke Medicine	28
Unknown (998)	20
Upper Gastro	1
Urology	49 - 52
Vascular	45 - 48
Grand Total	53 - 56

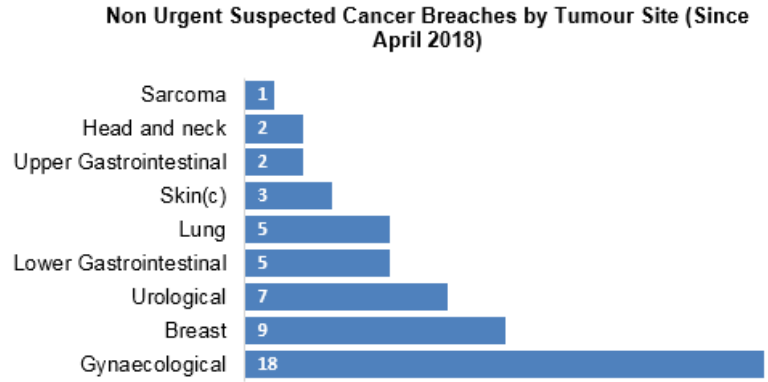
In the RTT dashboard, the longest weeks wait chart above can also be viewed by pathway stage and month.

Cancer

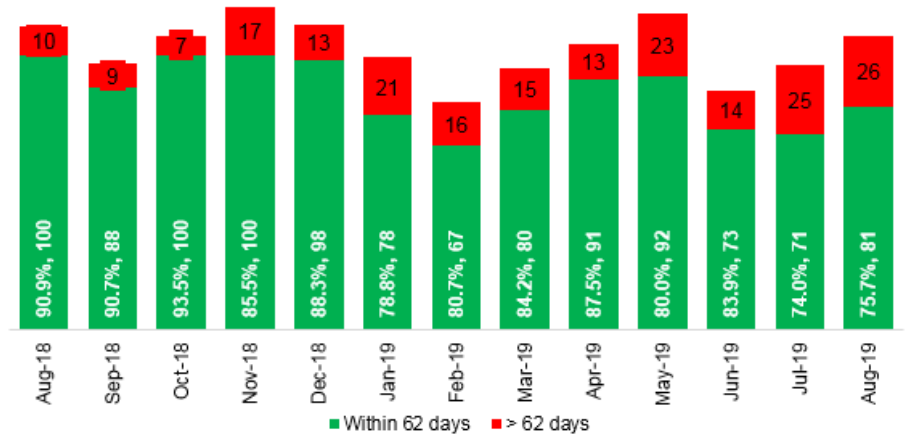
In the Cancer dashboard, the Health Board charts below can be also be displayed by Tumour site and month.

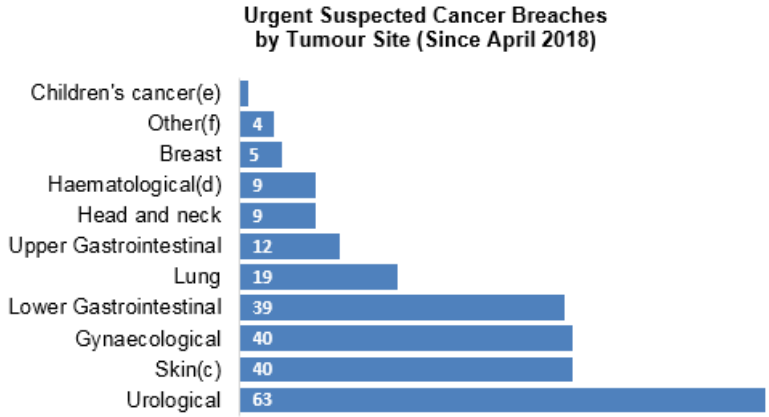
Non Urgent Suspected Cancer Tumor Site: (Multiple Items)



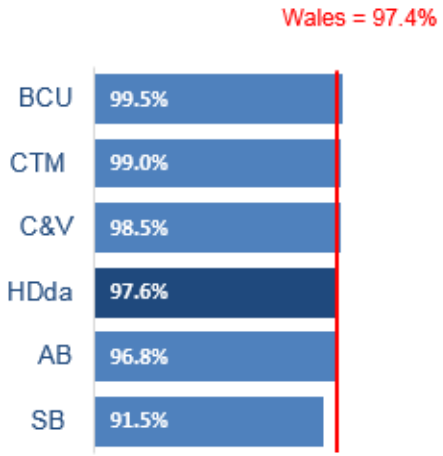


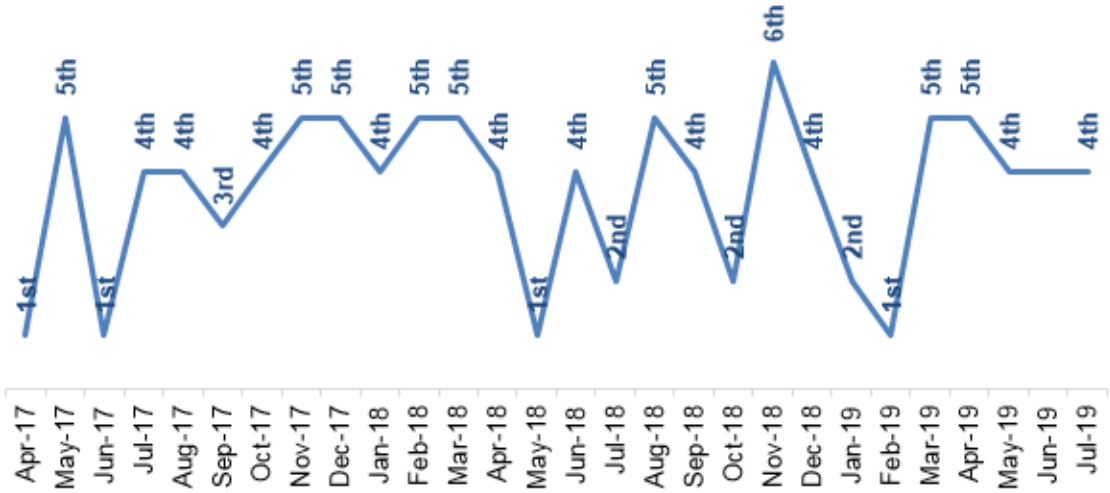
Urgent Suspected Cancer Tumor Site: (All)



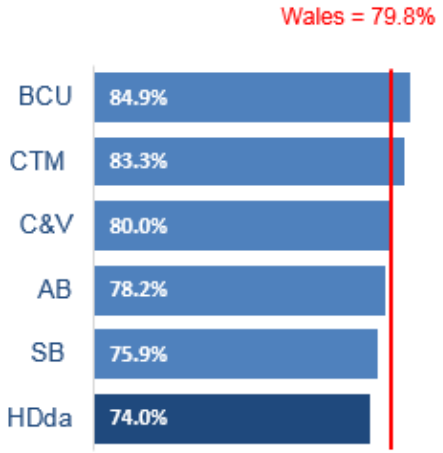


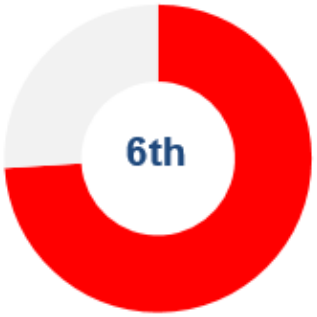
Percentage of patients referred as non-urgent suspected cancer seen within 31 days – Target 98%

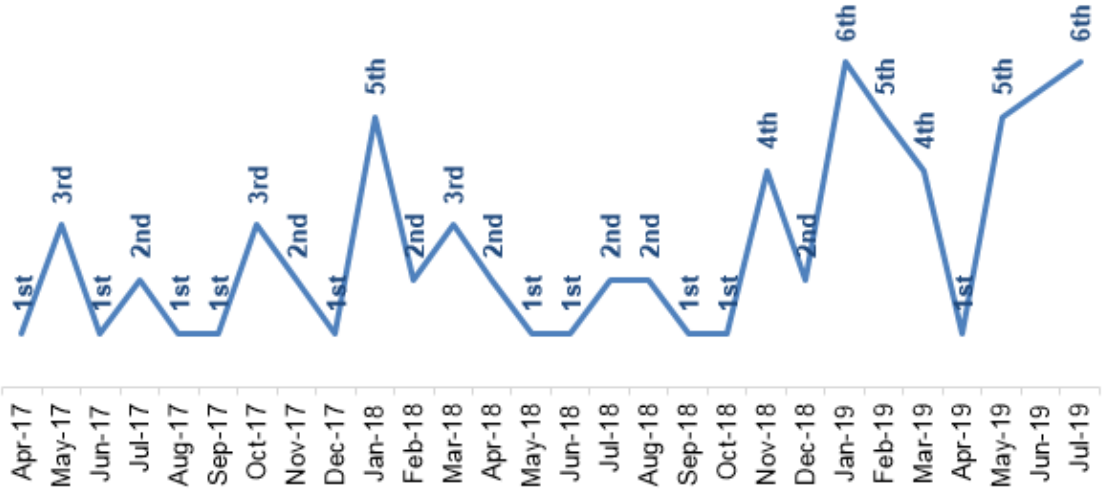




Percentage of patients referred as urgent suspected cancer seen within 62 days – Target 95%



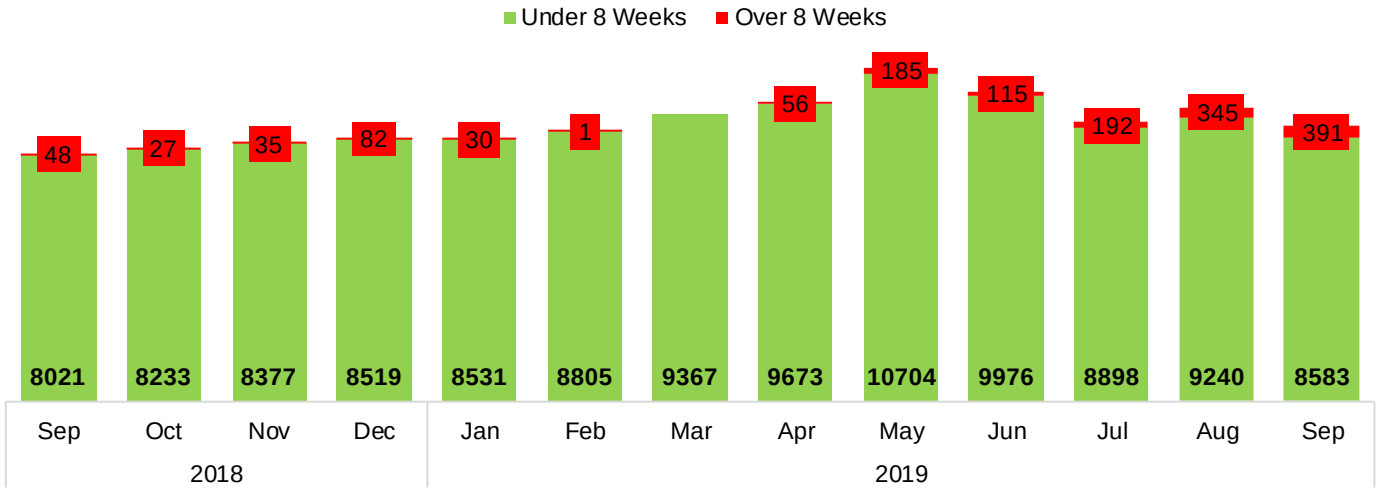




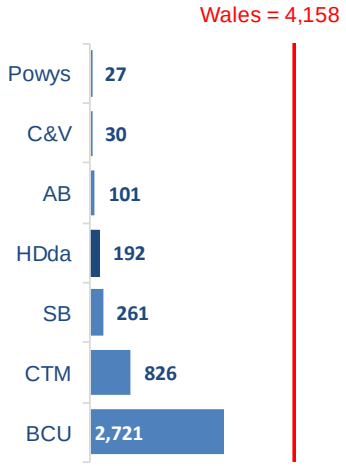
Diagnostics

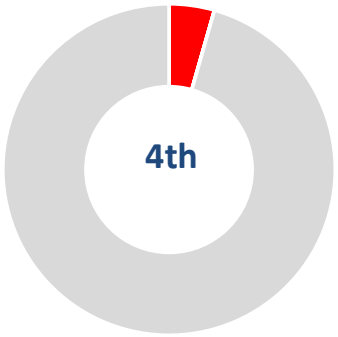
In the Diagnostics and Therapies dashboard the diagnostics metric can also be shown by acute hospital and service area.

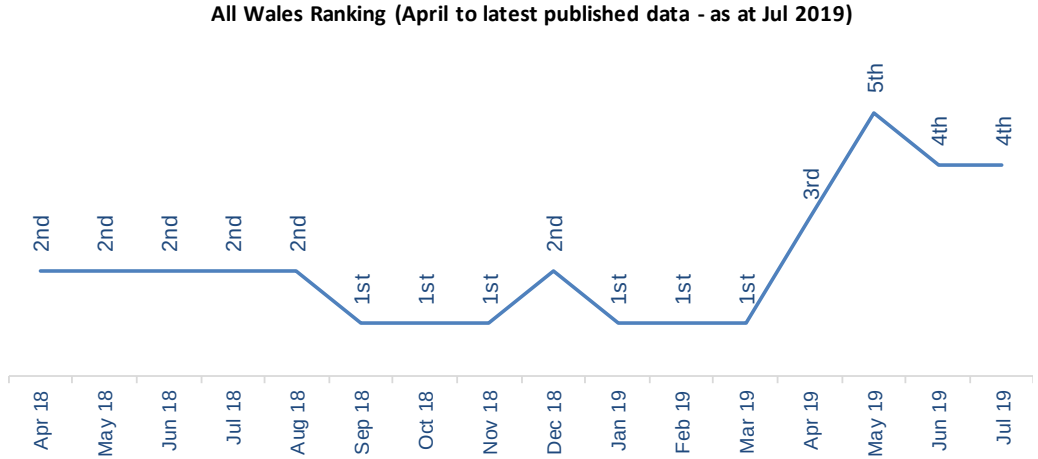
Total number of patients waiting for all diagnostics (Target – 0)



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

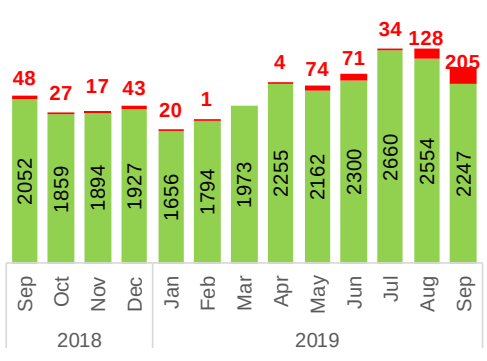




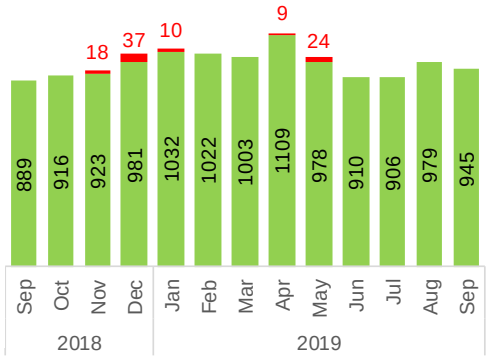


Number of patients waiting 8 weeks and over for a specified diagnostic (Target – 0)

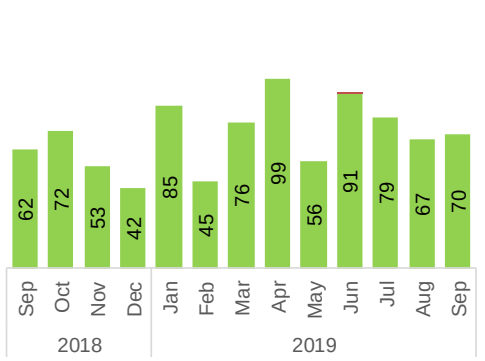
Cardiology* (Target = 0)



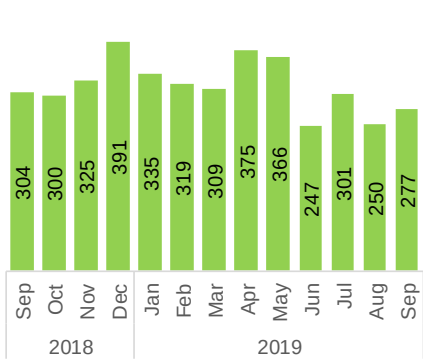
Diagnostic Endoscopy (Target = 0)



Imaging (Target = 0)

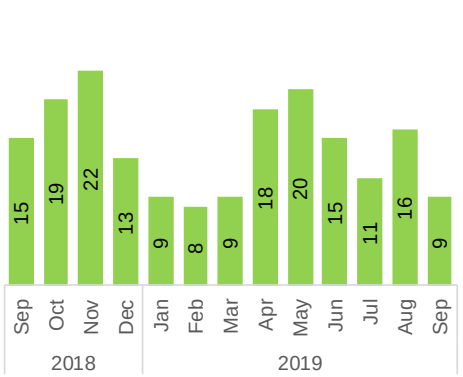


Neurophysiology (Target = 0)

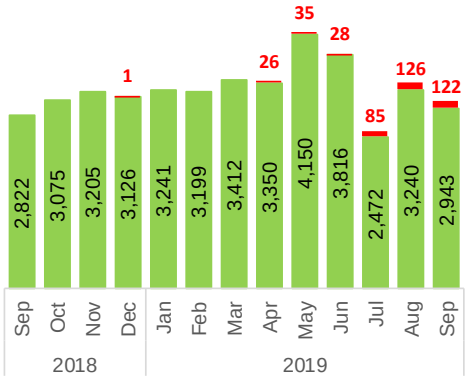


* See the 'Home' tab for information on definition change.

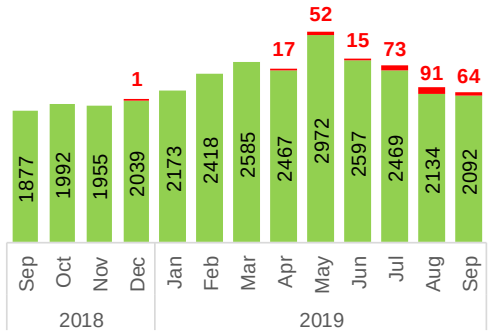
Physiological Measurement (Target = 0)



Radiology - Consultant referral (Target = 0)



Radiology - GP referral (Target = 0)



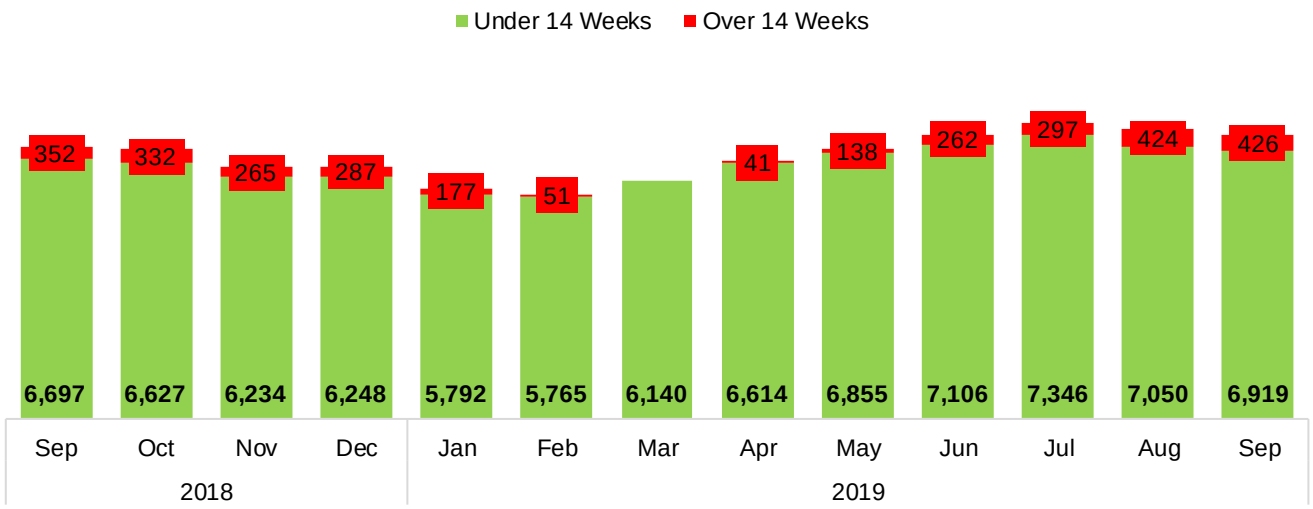
Longest Weeks Wait for Diagnostics

Specialty	Longest Weeks Wait
Arts Therapies	4
Audiology (Adult hearing aids)	15
Dietetics	14
Occupational Therapy	16
Physiotherapy	28
Podiatry	13
Speech Language	13
Grand Total	28

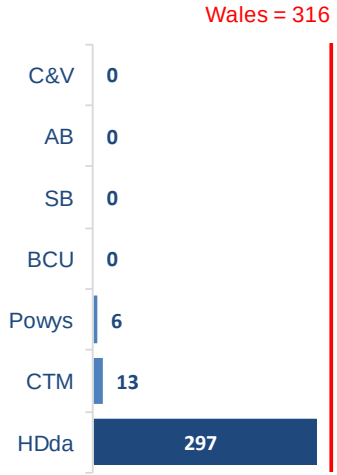
Therapies

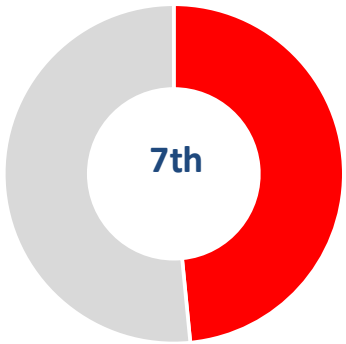
In the Diagnostics and Therapies dashboard the therapy waits metric can also be shown by acute hospital and service area.

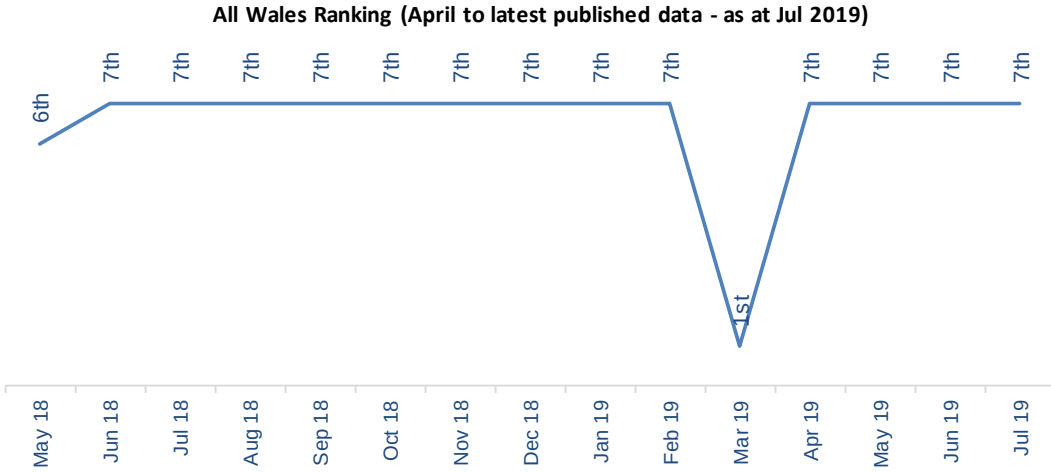
Total number of patients waiting for all Therapies (Target - 0)



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

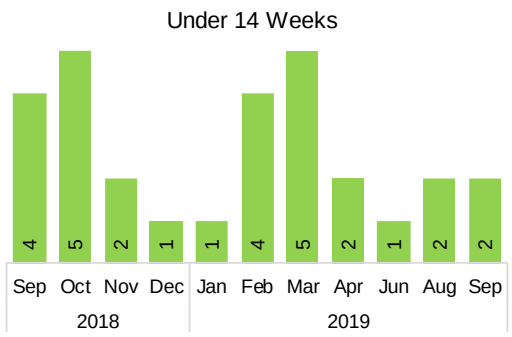




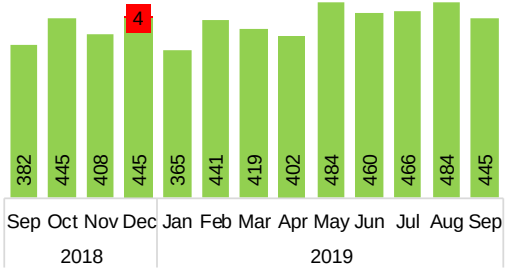


Number of patients waiting more than 14 weeks for specific therapy (Target – 0)

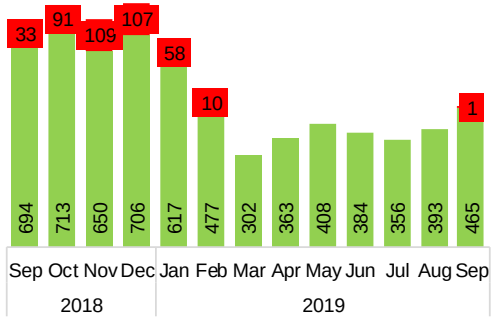
Arts Therapies (Target = 0)



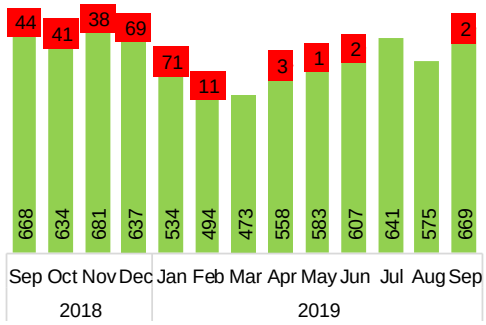
Speech Language (Target = 0)



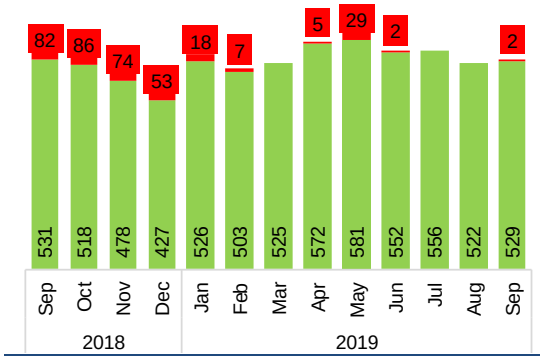
Audiology (Adult hearing aids) (Target = 0)



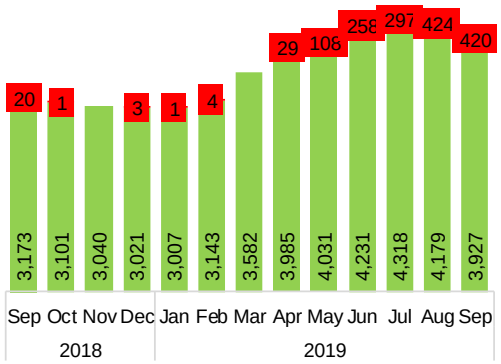
Dietetics (Target = 0)



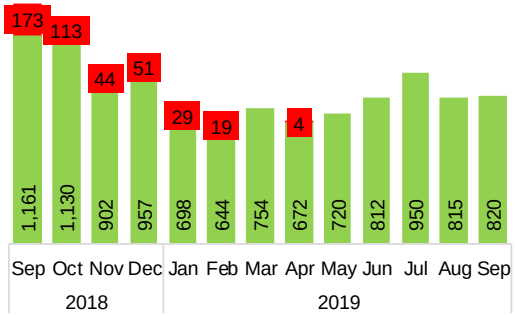
Occupational Therapy (Target = 0)



Physiotherapy (Target = 0)



Podiatry (Target = 0)

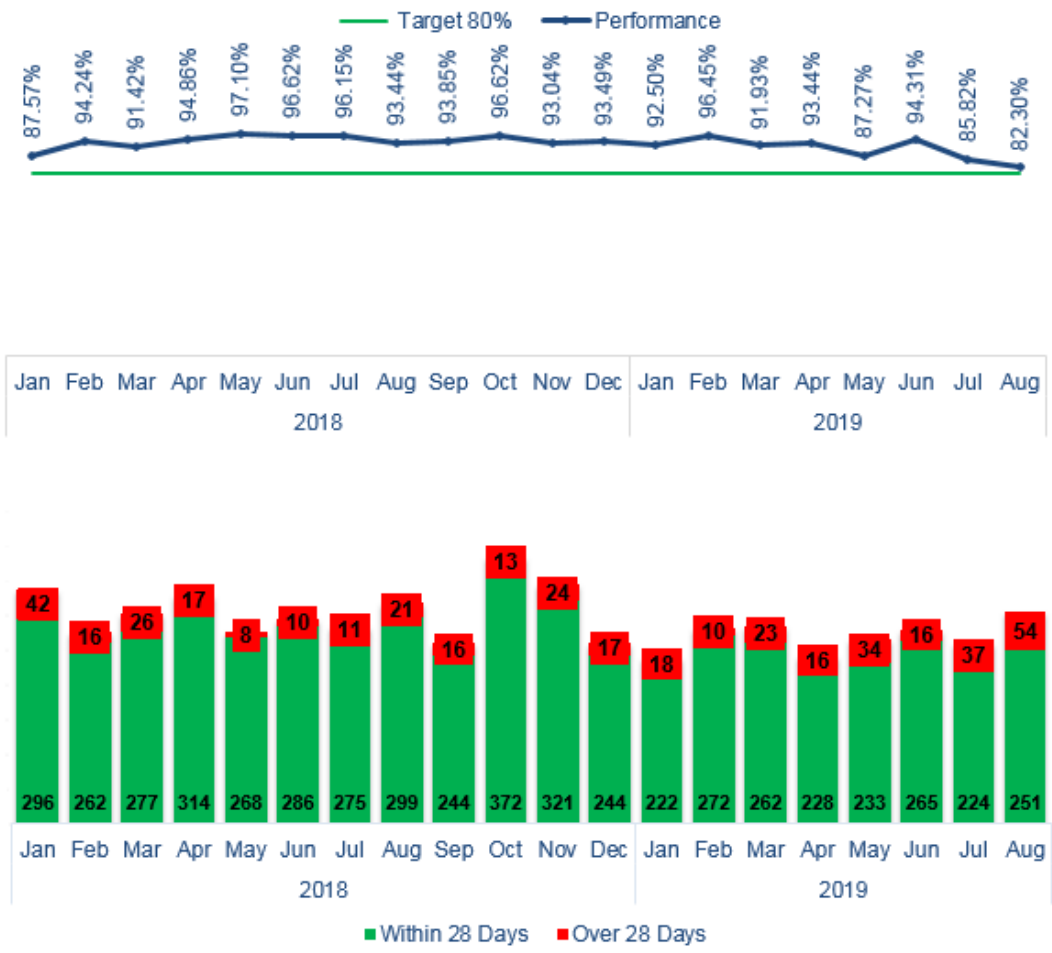


Longest Weeks Wait for Therapies

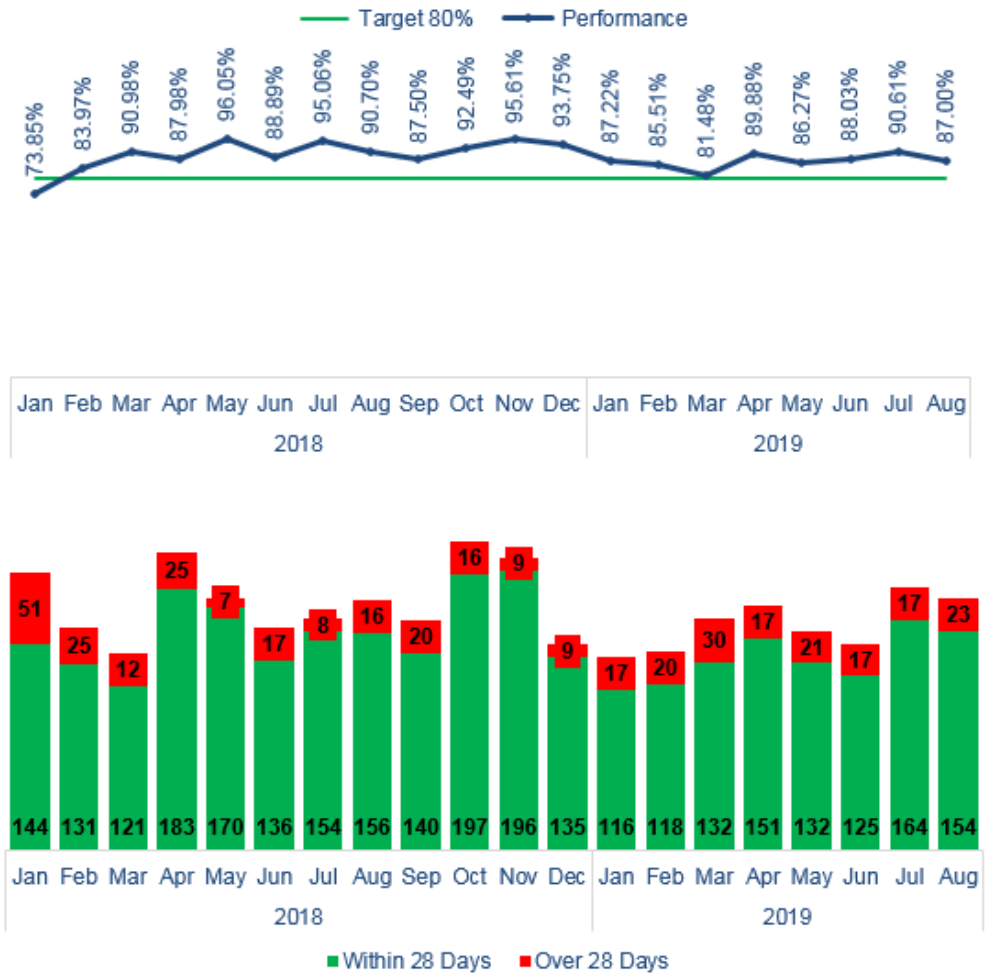
Specialty	Longest Weeks Wait
Arts Therapies	4
Audiology (Adult hearing aids)	15
Dietetics	14
Occupational Therapy	16
Physiotherapy	28
Podiatry	13
Speech Language	13
Grand Total	28

Mental Health

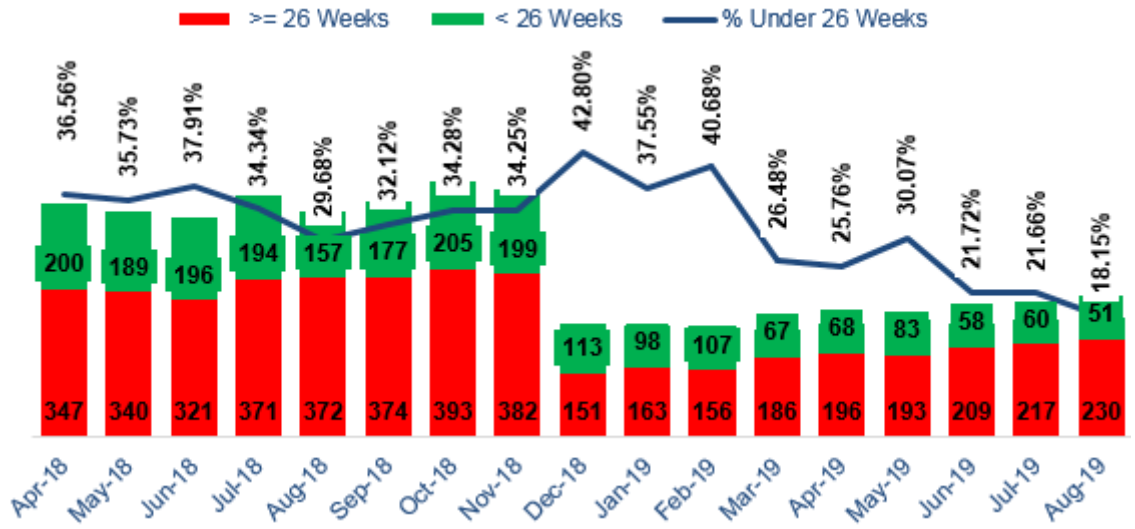
Part 1 (A) - assessed within 28 days of referral



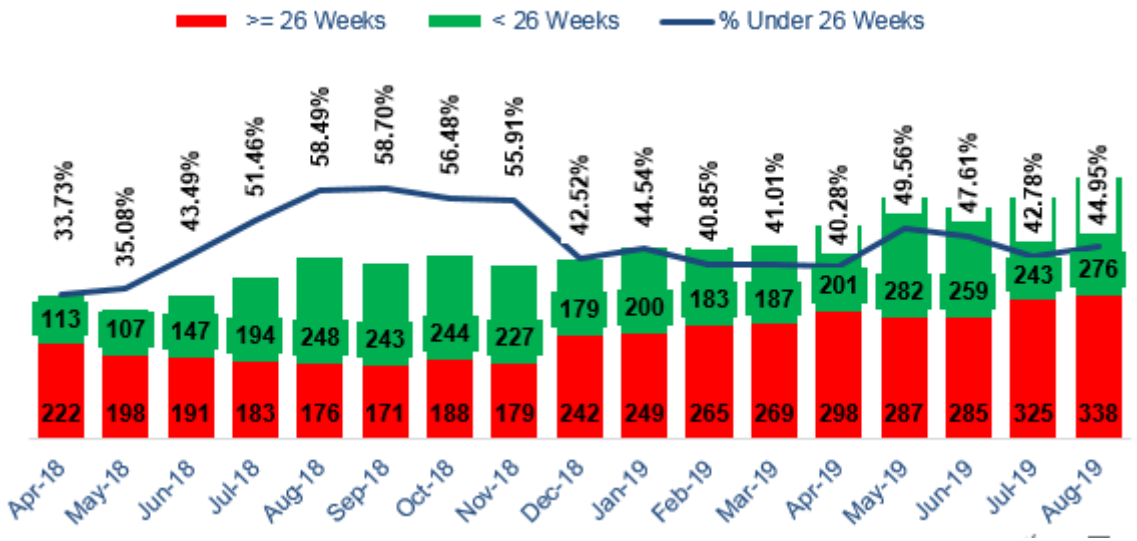
Part 1 (B) - treated within 28 days of assessment



CAMHS ADHD - Neurodevelopment Assessment Waiting Times

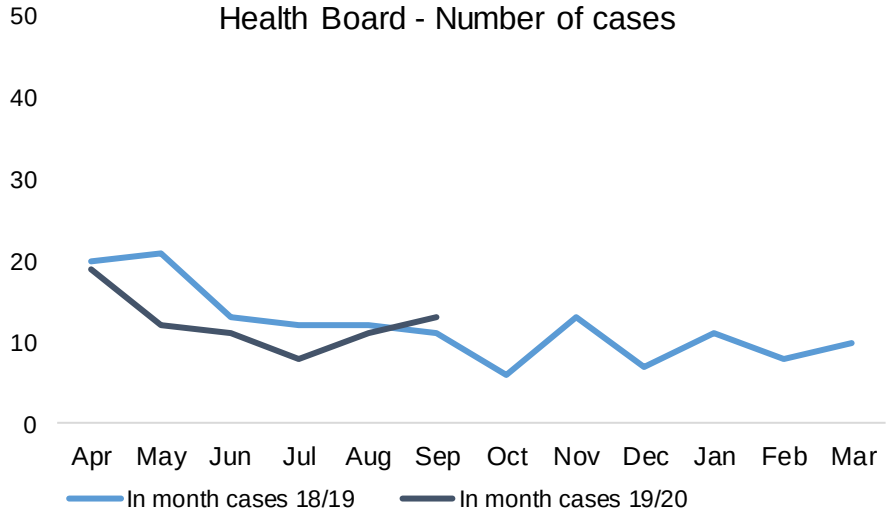


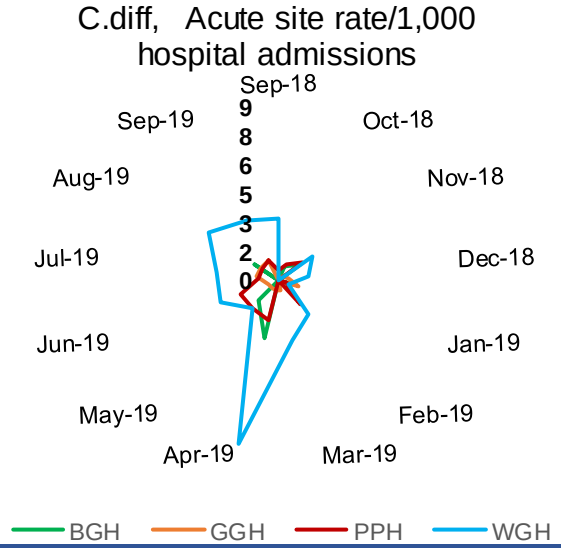
CAMHS ASD - Neurodevelopment Assessment Waiting Times



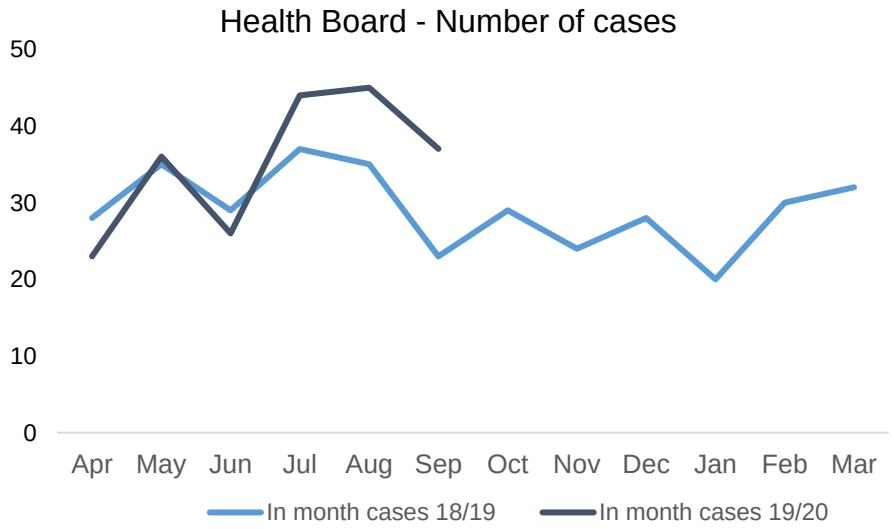
Healthcare acquired infections

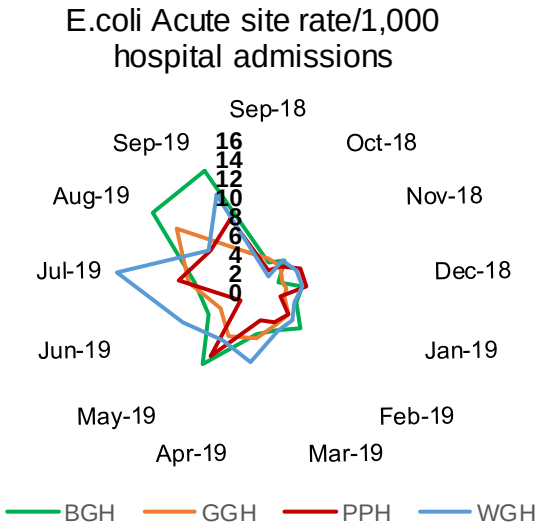
C.difficile



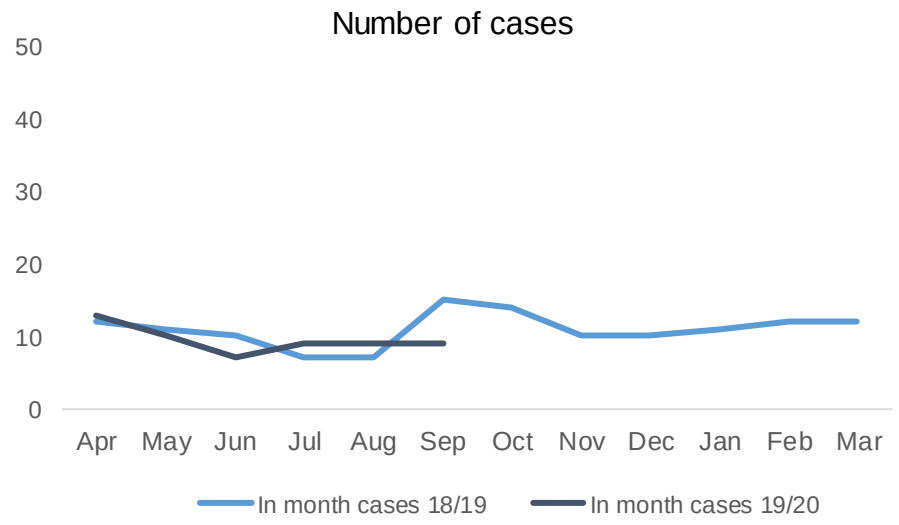


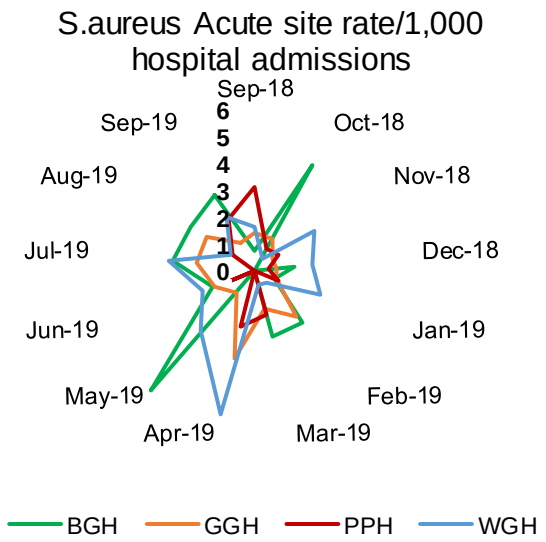
E.coli



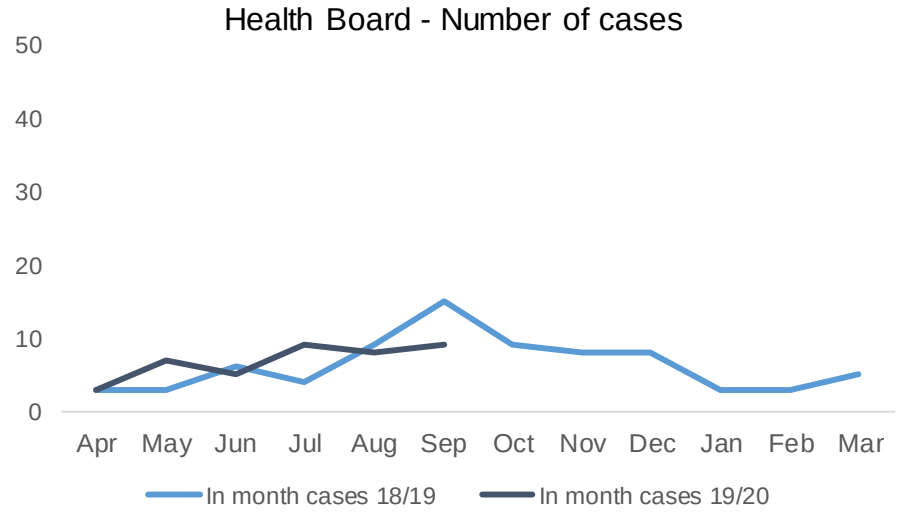


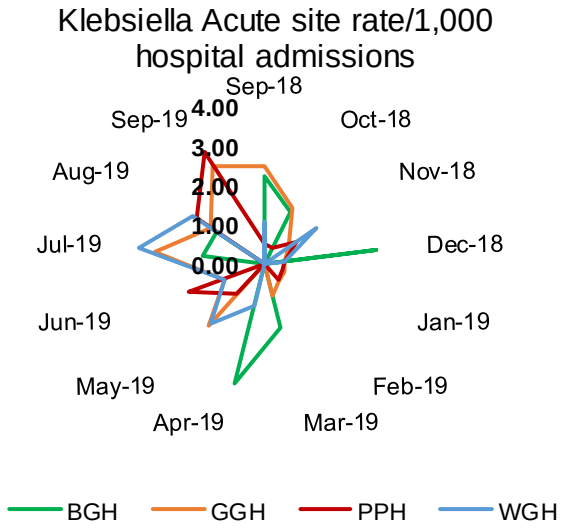
S.aureus



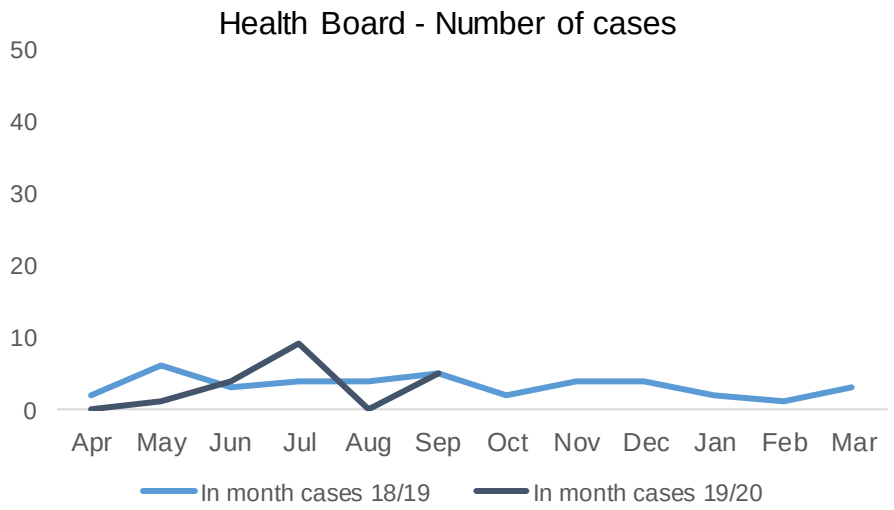


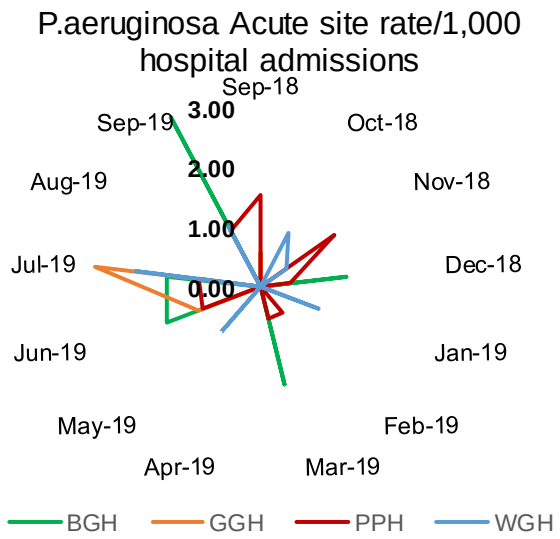
Klebsiella.sp





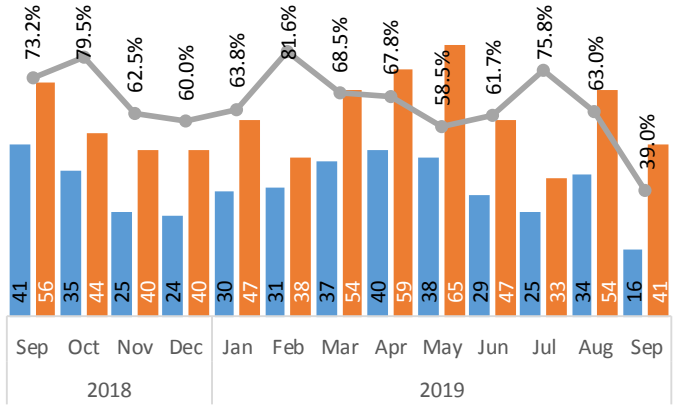
P.aeruginosa

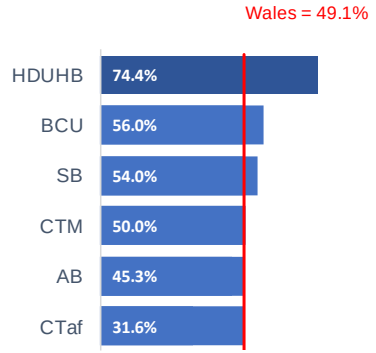


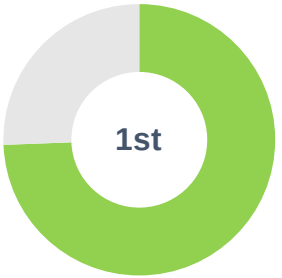


Stroke

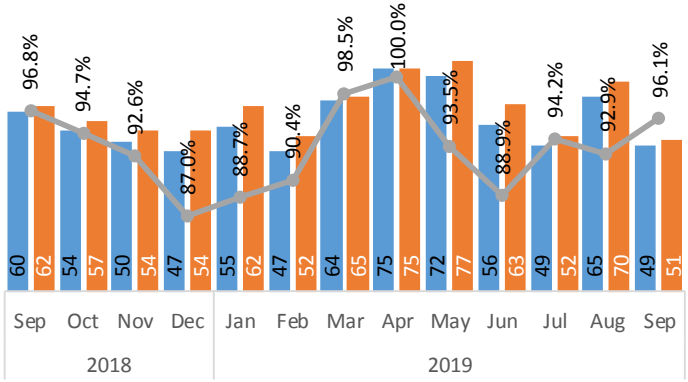
Admission to Stroke Unit < 4 hours (Target:58.9%)

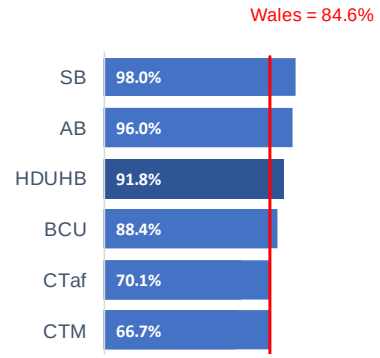


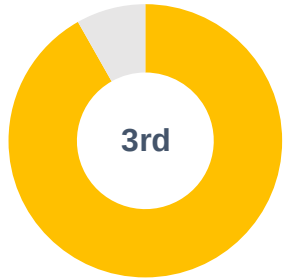




Assessed by a Stroke Consultant < 24 hours of Admission (Target: 84.4%)







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