

# Performance update for Hywel Dda University Health Board

## as at 31<sup>st</sup> August 2020

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## Executive summary

Due to the current COVID-19 pandemic the format of this report has been temporarily amended to account for changes in performance management across Wales and to provide an update on COVID-19 for the Hywel Dda area.

COVID-19			
Confirmed COVID cases as at 31 <sup>st</sup> August 2020	Suspected & confirmed COVID patients admitted 1 <sup>st</sup> -31 <sup>st</sup> August	Confirmed COVID patients discharged 1 <sup>st</sup> -31 <sup>st</sup> August	Confirmed COVID patients who died in one of our hospitals in August
1,246	183	165	1

## Non-COVID

To provide staff with more capacity to deal with the COVID-19 pandemic, we have only included narrative within this report for our key deliverable areas. However, we continue to collect and monitor data across all areas, see the [performance overview matrix](#) for the latest data. Below is a summary for our key deliverable areas:

- **Where are we meeting target?**
  - 95.5% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1<sup>st</sup> birthday between Jan and Mar;
  - In August, 96.7% of stroke patients were assessed within 24 hours by a specialist stroke consultant (target 85.3%).
- **Where have improvements been made?**
  - The percentage of urgent suspected cancer patients who commenced treatment within 62 days of referral improved by 3.5% from the previous month to 86%;
  - The number of patients waiting more than 8 weeks for a diagnostic test decreased from 6,626 (July) to 6,380 (August);
  - The number of patients waiting more than 14 weeks for a specific therapy decreased from 998 (July) to 946 (August). Waits for all Therapies improved in August except in Audiology which have risen from 401 in July to 409 in August;
  - Performance for complaints receiving a final or interim reply within 30 working days as risen this month (70%) and is on a par with the same compliance rate as in August 2019 (71%);
  - Staff appraisals are below target with a 0.6% deterioration from the previous month;
  - 84.2% of staff have completed their mandatory training;
  - There has been a small reduction in sickness absence between June (5.33%) and July (5.27%).
- **Where is improvement needed?**
  - The percentage of non-urgent suspected cancer patients who commenced treatment within 31 days of referral has declined from 95.2% in July to 92.2%;
  - Performance in respect of the Single Cancer Pathway decreased by 1% from the previous month;
  - 15 planned procedures were cancelled by us in July for non-clinical reasons;
  - The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (54.5%);
  - 117 ambulance handovers were reported as taking longer than 1 hour during August 2020;
  - 80.2% of patients were seen within 4 hours in A&E/MIU (target 95%) and 306 patients spent longer than 12 hours (target 0);
  - 56.9% of stroke patients were admitted to a stroke unit within 4 hours in August 2020, compared to 59.3% in July;
  - The target was not met for speech and language therapy for stroke patients at only 9.6% this month. This is a decline of 34% compared with the same month in 2019;
  - 42.8% of high risk Ophthalmology patients waited no more than 25% over their clinical target date which is below the 95% target;
  - Between January and March, 90% of children had 2 MMR doses by age 5;
  - Performance for Consultants and SAS Doctors with a current Job Plan fell to 35% in July, this rose to 42% in August. Due to the impact of COVID-19, this is still significantly below the target of 90%;
  - Reporting has been stood down until Sep '20 for of non-mental health patients with delayed transfers of care. However, census day patient count for Mental Health has continued and saw 11 patients delayed in August '20. i.e. they were medically okay to leave hospital but needed another form of support in place for them to leave;
  - In August we reported 16 C.difficile infections, 23 E.coli infections and 8 S.aureus infections;
  - There were 38,057 patients in August who had a delayed follow-up outpatient appointment, this is an increase of 1,075 from the previous month;
  - The percentage of patients waiting less than 26 weeks from referral to treatment declined by 33% from the same month in 2019 (54.5% in Aug '20);
  - The number of patients waiting over 36 weeks from referral to treatment increased from 12,450 (July) to 15,698 (August);
  - In July 21.6% % of children/young people received a neurodevelopmental assessment within 26 weeks, a 2.3% decline from the previous month and considerably below the 80% target;
  - In July 33.2% of adults waited less than 26 weeks for a psychological therapy, declining by around 5% from the previous month;
  - We have a financial plan with a year-end projected deficit of £25.0m. The current financial position at the end of August is £31.8m deficit against a deficit plan of £10.4m.
- **Impact of COVID-19**
  - Staff absence increased due to COVID initially but this is slowly reducing, around 2% of staff are self-isolating but this should reduce from 16<sup>th</sup> August when shielding will be paused in Wales;
  - Some staff have been deployed from their substantive posts to assist with COVID-19 planning (e.g. field hospitals) and reset plans (i.e. restarting elective procedures);
  - Most elective procedures and outpatient appointments were cancelled to create capacity for staff training and COVID-19 patient admissions, we are now restarting these where it is safe and feasible to do so (see the [Planned Care section](#) for further details);
  - Staff are taking additional time for donning and doffing personal protection equipment;
  - To avoid inpatient admission where appropriate, the temporary physical redesign of acute hospital facilities to accommodate separate COVID & Non-COVID pathways has led to some patients receiving extended clinical assessments within Emergency Departments beyond the 4 hour threshold;
  - Where possible, staff have shifted to working from home which has required additional IT infrastructure and resources;
  - Since April 2020, we have commissioned Werndale Hospital to support urgent cancer outpatient and surgical pathways. Plans are being progressed in accordance with the Welsh Government guidance to further increase the volume of cancer diagnostic and surgical cases undertaken at acute sites;
  - Mental Health and Learning Disability patients have had reduced leave (i.e. attending social activities or shopping) to limit their risk of exposure.

### Our 35 key deliverable measures

#### Latest data

26

3

3

#### All Wales rank

All Wales data is available for 32 of the 36 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 53% of measures:

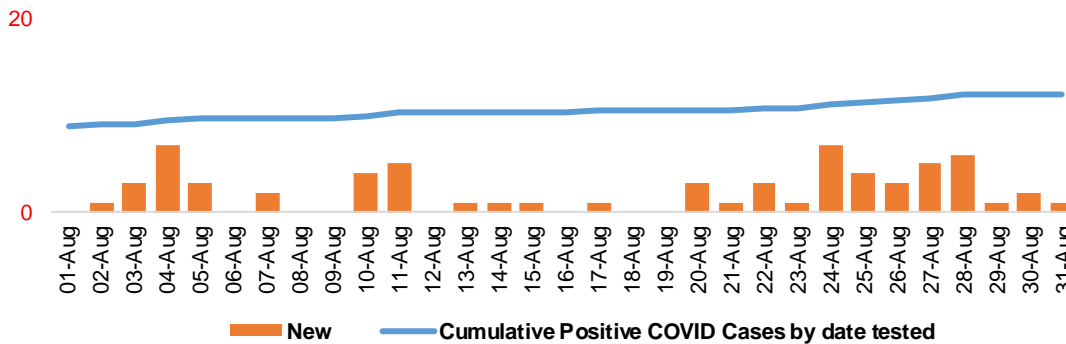
- ① 2 measures
- ② 9 measures
- ③ 6 measures
- ④ 5 measures
- ⑤ 4 measures
- ⑥ 4 measures
- ⑦ 2 measures

The COVID-19 pandemic has already had a massive impact on our staff and services and we expect that this will continue well into 2020/21. As an organisation we are rising to the challenge and we will do so for as long as is needed.

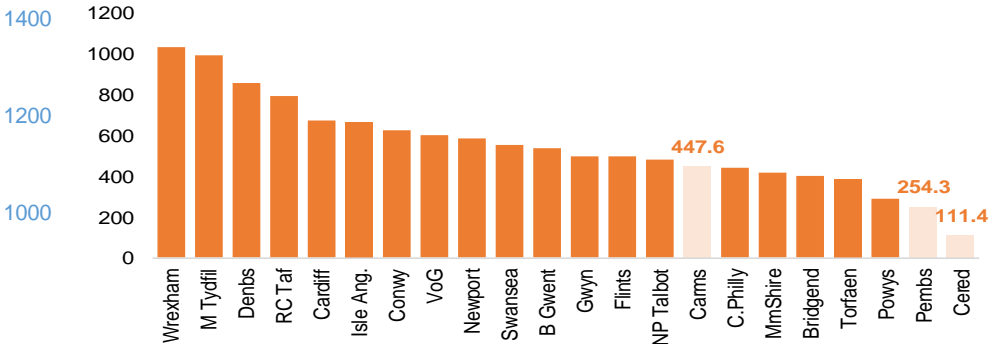
Confirmed cases

As at 31<sup>st</sup> August 2020, there were 1,246 confirmed cases of COVID-19 for Hywel Dda residents, an increase of 66 cases from 31<sup>st</sup> July 2020. The highest number of new positive cases tested was on 4<sup>th</sup> and 24<sup>th</sup> August with 7 new cases reported on each day. Population rates for confirmed cases are seen to be lower in Hywel Dda than in many other local authority areas. On 31<sup>st</sup> August 2020, Ceredigion and Pembrokeshire had the lowest local authority rates in Wales (Ceredigion: 111.4 per 100,000 population, Pembrokeshire: 254.3 per 100,000 population). It is important to note that the local authority rates may be skewed due to testing variation in each area and therefore should be used as a proxy.

Daily and cumulative confirmed cases for Hywel Dda by date of testing



Confirmed cases per 100,000 resident population



Supporting our staff

We have established a COVID command centre which is open 7 days a week. Staff are able to contact the command centre by email or phone with all COVID related queries e.g. staff testing, personal protective equipment (PPE), wellbeing support. In August the command centre had on average, 52 calls per day from staff (1,615 in August overall). In addition, our Staff Psychological Wellbeing Service has changed the way they work to offer one to one support services to staff.

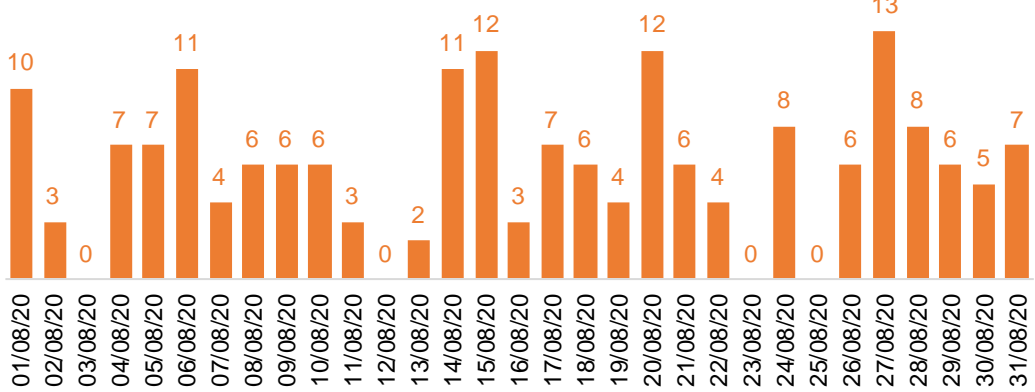
Personal Protective Equipment (PPE)

The availability of PPE is a concern for all key workers during the COVID pandemic. We are closely monitoring our PPE stock levels and orders to ensure sufficient levels are maintained to protect our staff and patients. We are grateful for the overwhelming support we have received from the community (e.g. local companies, schools, individuals) to help us with this.

Admissions

Between the 1<sup>st</sup> and 31<sup>st</sup> August there were 183 COVID (confirmed and suspected\*) admissions to our acute hospital sites; 0 in Bronglais General Hospital (BGH), 92 in Glangwili General Hospital (GGH), 4 in Prince Philip Hospital (PPH) and 87 in Wylabush General Hospital (WGH). This is an average of 5-6 COVID admissions a day across the Health Board and approximately 5% of all inpatient admissions. Non-COVID inpatient admissions averaged 112 per day over the same period.

Hywel Dda daily COVID\* admissions during August 2020



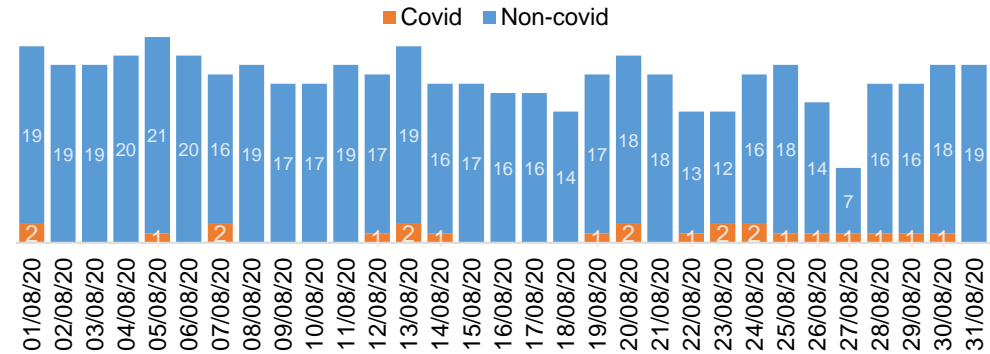
The Health Board have 5 field hospitals across Hywel Dda to provide increased capacity should the need arise. This additional capacity will provide flexibility to care for additional COVID patients if demand for acute hospital care exceeds threshold levels. To be fully operational, a small lead in time would be required, however contingency plans are in place should this potential capacity be required.

\* It is important to note some of the suspected COVID cases were shown to be negative when tested.

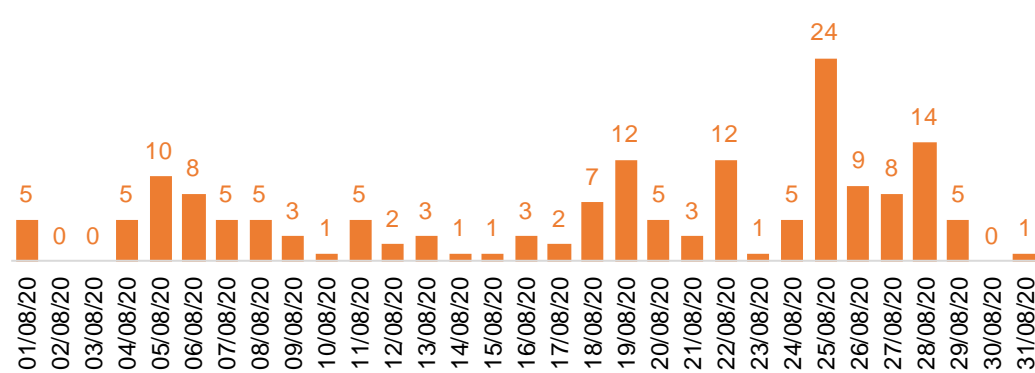
Intensive care

During this pandemic, the availability of ventilated beds in intensive care is an international concern. In August we had more than sufficient capacity to treat all patients (COVID and non-COVID) who required ventilating. The Health Board is monitoring ventilated bed use, consumables and medication requirements on a daily basis to ensure sufficient capacity continues. Additionally we are modelling future capacity in order to accurately plan anticipated demand for ventilated beds.

Number of patients in an invasive ventilated bed during August 2020



Number of COVID patients discharged during August 2020



Discharges and deaths

Between 1<sup>st</sup> and 31<sup>st</sup> August, 165 COVID patients were discharged from hospital alive. Sadly, 1 patient died in our hospitals during August after being admitted and subsequently having a confirmed diagnosis of COVID-19.





## Key performance areas

This section includes summary information on some of the key areas that we prioritised to make improvements in 2019/20, we continue to monitor these in 2020/21 during the COVID-19 pandemic. The impact of COVID on performance is detailed within each service report below. The reporting time period and frequency differs by indicator. See the [performance overview matrix](#) for details.

		Target	12m previous	Previous period	Latest data	Met plan?	All Wales rank	Notes **
Unscheduled care	Ambulance red calls	65%	65.5%	62.8%	54.5%	No	6 <sup>th</sup> out of 7	Carms 52.8%, Cere 63.8%, Pembs 52.6%.
	Ambulance handovers over 1 hour	0	313	95	117	No	2 <sup>nd</sup> out of 6	Ambulance arrivals decreased considerably from August 2019 (-196).
	A&E/MIU 4 hour waits	95%	82.2%	83.4%	80.2%	No	2 <sup>nd</sup> out of 6	In Aug '20 there was a 13% reduction in the number of new attendances compared to Aug '19. PPH had the highest 4 hour performance in Aug '20 (94.9%), trajectory was met for 12 hour.
	A&E/MIU 12 hour waits	0	793	195	306	Yes	2 <sup>nd</sup> out of 6	
	Non-mental health delayed transfers of care	12m↓	72	n/a	n/a	n/a	3 <sup>rd</sup> out of 7	Due to COVID-19, DTOC census patient number monitoring has been suspended until Sep'20.
	Mental health delayed transfers of care	12m↓	3	15	11	No	5 <sup>th</sup> out of 7	Latest Mental Health data is based on unverified numbers from the National DTOC database.
Stroke and cancer	Admission to stroke unit <4 hours	54.0%	63.0%	59.3%	56.9%	No	1 <sup>st</sup> out of 6	Compliance for admissions to a stroke unit within 4 hours is below target at GGH (27.8%) and speech & language minutes continues to be a major risk in relation to therapy input for stroke patients, in part due to infection control requirements.
	Assessed by stroke consultant <24 hours	85.3%	92.9%	95.7%	96.7%	Yes	2 <sup>nd</sup> out of 6	
	Stroke patients - speech & lang. therapy	12m↑	43.3%	9.3%	9.6%	No	5 <sup>th</sup> out of 5	
	Urgent suspected cancer	95%	74.0%	82.5%	86%	No	2 <sup>nd</sup> out of 6	Latest reported performance relates to July '20. There were 8 Non Urgent and 14 Urgent Suspected Cancer breaches in July '20. SCP compliance has dropped by 1%.
	Non urgent suspected cancer	98%	97.6%	95.2%	92.2%	No	3 <sup>rd</sup> out of 6	
	Single cancer pathway	12m↑	76.7%	80%	79%	n/a	1 <sup>st</sup> out of 6	
Planned care and therapies	Hospital initiated cancellations	5%↓	89	6	15	No	2 <sup>nd</sup> out of 7	Cancellations due to admin error (4), staffing (2), Emergency Admission (4) & Other (6).
	Delayed follow-up appointments (all specialties)	12m↓	43,405	36,982	38,057	No	n/a	Reduced outpatient capacity due to social distancing requirements.
	Ophthalmology patients seen by target date	95%	62.5%	45.3%	42.8%	No	6 <sup>th</sup> out of 7	Lower performance primarily due to patient cancellations, high risk treatment is continuing.
	Diagnostic waiting times	0	345	6,626	6,380	No	2 <sup>nd</sup> out of 7	246 fewer breaches. Clinically led validation arrangements are prioritising urgent referrals.
	RTT – patients waiting 36 weeks+	0	506	12,450	15,698	No	2 <sup>nd</sup> out of 7	The number of patients waiting > 36 weeks for treatment increased by 3,248 from July '20 to August '20 and is 15,192 higher than August '19.
	RTT – patients waiting <=26 weeks	95%	87.8%	59.5%	54.5%	No	2 <sup>nd</sup> out of 7	
	Therapy waiting times	0	424	998	946	No	3 <sup>rd</sup> out of 7	Audiology waiting times continue to increase: 401 in July, 490 in August.
Quality and safety	C.difficile	<=25	37.84	38.02	40.21	No	5 <sup>th</sup> out of 6	The cumulative reduction rate has been reinstated Apr 20 –Aug 20. Compared to April 19 – Aug 19: <ul style="list-style-type: none"> <li>C.diff cases increased by 7%</li> <li>E.coli cases reduced by 31%</li> <li>S.aureus cases reduced by 19%</li> </ul>
	E.coli	<=67	107.94	75.26	74.24	Yes	5 <sup>th</sup> out of 6	
	S.aureus	<=20	29.78	24.05	24.13	Yes	3 <sup>rd</sup> out of 6	
	Serious incidents	90%	53.8%	80%	50%	n/a	n/a	In August '20, 1 out of 2 SIs were closed within the WG timescale. There was 1 Never Event.
	Complaints	75%	71%	62%	70%	No	4 <sup>th</sup> out of 9	An increase of 8% against last month's performance.
MH +	Children/young people neurodevelopment waits	80%	35.9%	23.9%	21.6%	No	7 <sup>th</sup> out of 7	The service is expected to have an increased waiting list going forward as the number of therapeutic intervention face to face appointments has been reduced.
	Adult psychological therapy waits	80%	63.5%	38.1%	33.2%	No	6 <sup>th</sup> out of 7	
Population Health	'6 in 1' vaccine	95%	92.8%	96.3%	95.3%	n/a	6 <sup>th</sup> out of 7	The risk of COVID-19 has caused a decrease in uptake of all childhood immunisations, including the 6 in1 & MMR.
	MMR vaccine	95%	90.6%	91.7%	91.1%	n/a	7 <sup>th</sup> out of 7	
	Attempted to quit smoking	5%(ytd)	3.4%	2.6%	3.5%	n/a	4 <sup>th</sup> out of 7	COVID-19 presents a risk to smokers accessing cessation support services and to be CO validated as quit.
	Smoking cessation - CO validated as quit	40%	49.7%	48.4%	30.3%	n/a	3 <sup>rd</sup> out of 7	
	Childhood obesity	n/a	n/a	11.8%	n/a	n/a	4 <sup>th</sup> out of 7	Carms 13.0%, Pembs 10.6% and Cere 10.3%
Workforce & finance	Sickness absence (R12m)	12m↓	4.90%	5.33%	5.27%	Yes	4 <sup>th</sup> out of 10	In-month sickness has declined from 4.88% in July '19 to 4.39% in July '20.
	Performance appraisals (PADR)	85%	78.0%	70.8%	70.2%	No	3 <sup>rd</sup> out of 10	Medical appraisals remain suspended until September '20.
	Core skills mandatory training	85%	84.1%	83.4%	84.2%	Yes	4 <sup>th</sup> out of 10	E-learning module contributed to a 29.6% increase in fire safety compliance since Aug '19.
	Consultants/SAS doctors - current job plan	90%	52%	35%	42%	No	n/a	The numbers of up-to-date job plans in August 2020 have risen by 7% since July 2020.
	Finance - deficit	£25m	£10.6m deficit	£25.2m deficit	£31.8m deficit	No	n/a	Board's financial position at the end of August is £31.8m deficit against a deficit plan of £10.4m.

+ Mental Health & neurodevelopment \*\* BGH: Bronglais General Hospital GGH: Glangwili General Hospital PPH: Prince Philip Hospital WGH: Withybush General Hospital. HDUHB/HB: Hywel Dda University Health Board/Health Board



# Essential services update as at 31<sup>st</sup> August 2020

This section provides an overview on essential service provision in Hywel Dda during the COVID-19 pandemic. Essential services guidance has been produced by the Welsh Government and can be accessed on their website: <https://gov.wales/nhs-wales-COVID-19-operating-framework-quarter-2-2020-2021>.

## 1 Essential services that we are currently unable to maintain and our actions to address

### Out of Hours services

- Ceredigion and Carmarthenshire continue to be a challenge where clinical staffing is concerned, especially at weekends, though a new approach to staffing in Carmarthenshire appears to be bringing some increased resilience - service leads are monitoring closely;
- *Attend Anywhere* online software has been purchased to support virtual consultations, thus reducing potential risk for staff and patients. Furthermore, additional IT equipment has been procured to support more flexible working in an attempt to increase service readiness. The benefits of this investment are unlikely to be seen prior to winter where risks to service provision are likely to increase - especially if any further reduction in lockdown restrictions is announced;
- The decision to support rationalisation of overnight base cover has been a success in improving service stability for 6 nights of the week. Saturday is the exception and predominantly in Carmarthenshire - but this is being closely monitored with potential for improvement ahead of winter;
- In recent weeks, staffing has been further adversely affected by annual leave as well as retirement leave (prior to return). Some weekends have resulted in 45% shift fill and this will have a detrimental impact on performance. However, this is mitigated by a shift in GP working to support demand (in the region of 80%) for telephone consultation as opposed to face to face assessment;
- As reported above, efforts to secure medical staffing for the Carmarthenshire rota have been reviewed by one of the sessional GPs and weekends look to be improved from September onwards. Leave etc. will have an impact on this. To support rota provision and improve communication, the service is also investigating the potential to procure a new IT solution which will enhance access to Out of Hours (OOH) clinicians and improve governance of rota provision within the OOH teams.

### Additional services: school nursing service

- This service does not operate during the 6 week school summer holidays.

## 2 Essential services that are being maintained in line with guidance

### Access to primary care services

General Medical Services  
Community pharmacy services  
Red alert urgent/emergency dental services  
Optometry services  
Community Nursing/Allied Health Professionals services  
111

### Life-saving or life-impacting paediatric services

Paediatric intensive care and transport  
Paediatric neonatal emergency surgery  
Urgent cardiac surgery (at Bristol)  
Paediatric services for urgent illness  
Immunisations and vaccinations  
Infant screening (blood spot, new born, hearing, 6 week physical)  
Community paediatric services for children

### Other infectious conditions (sexual and non-sexual)

Other infectious conditions  
Urgent services for patients

### Mental health (MH), learning disability services & substance

Crisis services (including perinatal care)  
Inpatient services at various levels of acuity  
Community MH services that maintain a patient's condition stability  
Substance misuse services that maintain a patient's condition

**Therapies** e.g. tissue viability/wound care, increase in functional decline, patients not appropriate for remote or digital support, admission avoidance.

### Palliative care

### Blood and transfusion services

### Safeguarding services

### Acute services

Urgent eye care  
Urgent surgery  
Urgent cancer treatments

### Life-saving medical services

Interventional cardiology  
Acute coronary syndromes  
Gastroenterology  
Stroke care  
Diabetic care  
Neurological conditions  
Rehabilitation

### Termination of pregnancy

### Neonatal services

Surgery for neonates  
Isolation facilities for COVID-19 positive neonates  
Usual access to neonatal transport and retrieval

### Renal care-dialysis

### Urgent supply of medications and supplies including those required for the ongoing management of chronic

### Additional services

Health visiting service - early years  
Community neuro-rehabilitation team  
Self-management & wellbeing service

### Diagnostics

## 3 Intermediate services that are being delivered

### Maternity services

## 4 Normal services that are continuing

### Emergency ambulance services

For further details see the July 2020 Board paper entitled '9. COVID-19 Report including ratification of COVID-19 Operational Plan for Quarter 2 2020/21, Field Hospitals and Winter Plan' and accessible: <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/>.





## How did we do in August 2020?



**54.5%** of ambulances arrived to patients with life threatening conditions within the 8 minute target.



**117** ambulances waited more than 1 hour at our hospitals to handover their patient to an Accident and Emergency (A&E) department/Minor Injury Unit (MIU).



**12,810** patients attended an A&E/MIU in August as a new attender. Of these patients, **80.2%** were seen and treated within 4 hours of arrival but **738** patients waited longer and **306** patients waited over 12 hours; There has been a 13% reduction in the number of new attendances compared to Aug '19 and 32% year to date.



In August there were 3,518 emergency admissions compared to 3,668 in Aug '19, to our hospitals of which 2,278 (65%) were admitted via A&E/MIU. On average medical emergency patients stayed in hospital for 8 days (Aug '19 - Aug '20).

## How do we compare to our all Wales peers?

	Ambulance reaching patients with life threatening conditions within 8 minutes	6 <sup>th</sup> out of 7
	Ambulances waiting > 1 hour to handover a patient	2 <sup>nd</sup> out of 6
	Patients being seen and treated within 4 hours in A&E/MIU	2 <sup>nd</sup> out of 6
	Patients waiting more than 12 hours in A&E/MIU	2 <sup>nd</sup> out of 6

## Impact of COVID

- Ambulance Service
  - Additional COVID-19 infection control requirements affect efficiency;
  - Staff shielding (following WG risk assessment) and an increase of staff reporting COVID like symptoms, which has further reduced our ability to deploy the maximum number of resources.
- Unscheduled Care
  - COVID incidents have reduced but there has been an impact to capacity:
    - Maintaining COVID and non-COVID streams at front door and on the wards. Creation of a 3<sup>rd</sup> stream for planned (elective) surgery;
    - Donning, doffing and COVID swabs results taking up to 36 hours;
    - Maintaining social distancing for staff and patients reduced bed capacity by around 25%;
    - Staffing: absence through shielding, self-isolation and sickness;
    - Non-COVID emergency demand returning to normal activity levels;
    - Early evidence from clinical staff of higher acuity of patients who have presented late – potentially due to fear of COVID;
    - WGH Emergency Department (ED): the number of 'Major' stream patients increased by 903 patients compared to Aug '19. This is despite direct pathways for the majority of GP referrals to the appropriate Clinical Decisions Unit;
    - Increasing COVID testing demands from care homes/agencies, nursing and residential homes are reducing flow and causing delays in discharge;
    - There are some delays in reablement and long term care package availability due to both COVID concerns and staff shortages. Delays in Long Term Care assessment and placement.

## Risks

- Ambulance Service
  - Ambulance staff must don PPE for all calls, and higher specification PPE where procedures produce airborne particles or respiratory droplets;
  - Military support has now been withdrawn, and vehicles needing deep cleaning have to go to Tredegar;
  - The time taken for ambulances to become operational post patient handover extended due to the need to remove PPE and clean vehicles.
  - Increase in staff reporting COVID like symptoms, however, if symptoms persist staff are required to self-isolate for a further 10 days from onset of symptoms.
- Unscheduled Care
  - Existing vacancies, and staffing for both the Red (suspected COVID symptoms) and Green (no suspected COVID symptoms) zones in EDs with Registered Nurses (RN) and Health Care Support Workers (HCSW);
  - Vacancies and sickness in Community Teams/Hospitals negatively impact the efficient transfer of some patients from acute sites;
  - Increased waiting times in ED - Junior doctors called back to their speciality rotas;
  - Agency RN and doctor availability has improved but this will change if COVID cases begin to increase. In addition, a high proportion of agency RNs fit into the Black, Asian, Minority Ethnicity (BAME) group and would be exempt from working in high risk areas. This will place additional stress upon existing teams;
  - General and Emergency Medicine rotas in WGH are extremely fragile, lack of middle grades in A&E GGH;
  - Increased numbers of medically optimised patients with a longer length of stay due to delays in accessing care home facilities, care packages and long term care assessment/capacity;
  - The GP Out of Hours service is often not covered at the weekend.

## What are we doing?

- Ambulance Service
  - A deep dive analysis completed and shared with the Health Board;
  - Funding secured to replace 5 staff currently completing the full time MSc in advanced clinical practice. Additionally, as a result of the demand and capacity review a further 19 staff above establishment will be joining within this financial year;
  - An accelerated role out of Public Access Defibrillators (PAD) sites has commenced;
  - All staff are currently undergoing e-learning in readiness for the launch of the trauma network in September.
- Unscheduled Care
  - Patients screened at the front door for potential COVID symptoms;
  - HCSW recruitment above normal levels to provide staff for acute and community hospitals;
  - Reduced COVID incidence has allowed conversion of Red back to Green capacity across all sites;
  - Elective surgery re-commenced in July, focusing on cancer patients, a positive development but has reduced unscheduled care capacity.
- Bronglais
  - A Consultant Colorectal Surgeon, two Physician Associates and one Middle Grade Doctor have been recruited. One applicant for the post of Acute Stroke Physician and Interview for Care of the Elderly Physician is set for 28<sup>th</sup> September;
  - Planned Care activity will increase over the coming months, the initial post COVID return of scheduled activity has been a success;
  - Relocation of the Cardiorespiratory service to larger premises on site will enable greater throughput for cardiac and respiratory diagnostics;
  - Winter plan, including the ability to flex the site plan should a second wave of COVID occur, is in the final stages of development;
  - Capital plan for provision of additional streaming space to support Red and Green ED flow through winter is in hand. Decision on capital funding awaited;
  - Site patient flow improvement is continuing – detailed operational plan underpins this, with better planning for discharge on the wards.
- Glangwili
  - Consultant presence at bed management meetings to aid flow and decision making;
  - Awaiting a decision on capital funding for a portable cabin to replace the ED tent, if funding is agreed this will not be in place until end January 2021, interim solution will reduce A&E assessment capacity;
  - Revised medically optimised patient review with escalation meeting led by acute/community and local authority to identify suitable patients for discharge and escalation of delays. Multidisciplinary Discharge workshop to be held September 2020;
  - Revised expected discharge date implemented with consultant engagement;
  - Ambulatory care has reopened 31/8/2020 to enable GP assessment outside of A&E;
  - Carmarthenshire System Planning meetings are underway to design service/pathway improvement and seasonal planning.
- Prince Philip
  - Developing plans for a same day emergency care service to enable social distancing within ambulatory care;
  - Encouraging Minor Injury Unit patients to wait in cars if possible to maintain social distancing in the waiting room;
  - New Red and Green streaming pathway unit to be finalised and ordered, to replace temporary structure;
  - Prioritising PPH space for acute services and develop plans to move non-acute and administrative services off hospital sites;
  - Plans to address registered nursing recruitment.
- Withybush
  - Established a Green Clinical Decisions Unit enabling access for GP direct and ED medicine referrals reducing the attendance and length of stay in the ED.
  - An additional doctor requested to cover a twilight shift to reduce patient waits, for assessment and onward referral/discharge;
  - Screening referrals to General Medicine and ambulance conveyances to hospital, to avoid unnecessary admissions;
  - Established a Rapid Access Ambulatory Care facility in August 2020;
  - Surgical Assessment Unit opened to facilitate quicker patient flow out of the ED;
  - Work continues to establish discharge pathways, e.g. discharge with voluntary sector support, discharge to assess, return to care home;
  - Pit Stop* model to be implemented into the ED in September 2020 to improve timely assessment processes and flow. This has been delayed due to HCSW shortfalls;
  - Strong drive continues on medical recruitment including short term locum cover until appointed candidates arrive from overseas;
  - Acute Frailty Assessment Unit (short stay) planned to open in September 2020. This team will filter patients out of the General medical take.

See the Delayed Transfers of Care section below for further details.

**How did we do in August 2020?**

Due to COVID, non-mental health DTOC census patient number monitoring has been suspended until September 2020.



Mental Health DTOC census delays are being captured, there were **11** in August 2020.

**How do we compare to our all Wales peers?**

	Non-mental health patients aged 75+ DTOC	3 <sup>rd</sup> out of 7
	Mental health patients DTOC	5 <sup>th</sup> out of 7

**Impact of COVID**

- Experiencing a community response allowed our population to develop a trust and understanding that care can be delivered safely at home. We have also cared for an increased number of people at end of life at home;
- Increased capacity for *Intermediate Care Assessment* and *Rapid Response to Care* provision, also to support patient 'turnaround at front door' and increased care availability to maintain people in their own homes;
- Relaxation of lawful/regulatory frameworks has reduced DTOC resulting from the assessment and commissioning processes, this has led to reduced DTOC from family disputes;
- The service has retained its robust response to the provision of care and support across all three counties, however, services will need to be reviewed in light of expected winter pressures;
- Fragility of the domiciliary care sector could be further compromised due to workforce retention;
- Staff absences across all sectors due to COVID: shielding, quarantine, track and trace;
- Limited capacity for rapid processing of same day swab testing prior to discharge compromises patient discharge and flow. This might become more of an issue if COVID numbers rise and the ability to reassure Homes that they are safe to accept discharges will impact on patient flow;
- Lack of *Elderly Mental Illness* nursing bed availability and Nursing Homes who are able to provide care to patients with higher levels of complexity;
- Capacity of the Long Term Care team to undertake *Nursing Needs Assessments* which will impact on patient flow.

**Risks**

- Non-mental health
  - Retaining staff in the domiciliary care sector;
  - Any new COVID outbreaks in the care home sector;
  - Public Health Wales guidance for no admissions from care homes until 28 days after last positive test result and limited admissions during recovery period once the 28 days is lifted;
  - Residential and care homes requiring:
    - o residents to have a recent negative COVID test before they are returned from hospital (ward or ED);
    - o residents to be returned to the home within 6 hours of being discharged from an ED;
  - Staff absences (shielding, vulnerable, child care) across community is anticipated to improve with schools returning. However, if there is an outbreak in a school this could have a further impact as staff will need to provide urgent childcare;
  - Staff returning into the work place remains challenging as guidance is not clear in relation to staff who are providing face to face care;
  - Length of time it takes to receive swab results compromises patient discharge and flow;
  - Acuity of patients has increased with complex discharge requirements;
  - Medically optimised patients remaining in acute and community hospital beds, with access to long term packages of care re-emerging as a significant constraint to discharge;
  - Lack of *Elderly Mental Illness* nursing beds causing delays for these vulnerable individuals with specialist needs;
  - Changes to isolation period for COVID: from 30<sup>th</sup> July, people who have tested positive for coronavirus will have to self-isolate for 10 days instead of 7 days. The 10 day period starts from the day symptoms start, or if asymptomatic from the day a test is taken. Quarantine regulations could also impact on staffing levels.
- Mental health
  - Challenges around identification of placements resulting from actions to reduce spread of COVID;
  - Increased acuity levels within inpatient settings alongside limited medical cover due to staff absence and vacancies.

**What are we doing?**

- Non-mental health
    - Work collaboratively with the Local Authorities to further develop capacity within *Discharge 2 Recover and Assess* (D2RA) pathways, to ensure attainment of standards as outlined in the Welsh Government *Discharge Requirements and Primary Care & Community Framework* (PCCF). A specific task group has been established to focus on D2RA pathway 3 and 4;
    - Enhance rapid response to bridging care and sustain by embedding into D2RA pathway;
    - Increase *Intermediate Care* beds for people not yet able to return to embargoed care and residential homes;
    - Implementation of hospital same day based swab testing and processing for patients requiring placement;
    - Strengthen intermediate care response in the community through embedding of standards outlined in the National Institute for Health and Care Excellence, National Audit of Intermediate Care, COVID-19 PCCF to support conveyance/admission avoidance where appropriate;
    - Integrate essential service provision between Primary Care and Community services for Long Term/Chronic Conditions management;
    - Embed *Telehealth* solutions where possible and appropriate to support Intermediate, Palliative and Proactive Care pathways;
    - Improved integration of end of life care across the healthcare system and ensure adherence to palliative care principles and standards;
    - Develop population approach to D2RA pathways and our Discharge Teams i.e. ensure they are equally applicable to vulnerable adults, frail older patients and those with Mental Health/Learning Disabilities;
    - Scoping is being undertaken looking at the capacity within the existing provider in supporting individuals with greater complexity.
  - Mental health
    - Community Teams focusing on providing support to avoid admission where possible with a multidisciplinary approach to review patient flow;
    - Remote working and improved digital technology/platforms have been embraced which has assisted in maintaining links and improving attendance at care planning meetings;
    - An ICF bid has been submitted for increased capacity to facilitate discharge and liaison. Improvements have been made to internal and external pathways to reduce delays as far as possible;
- Closer working between with the Long Term Care to deal with more complex cases and collate more detailed information regarding placement challenges and budget constraints.





## How did we do in August 2020?



**56.9%** of patients presenting at our 4 acute hospitals in August with a stroke were then admitted to a dedicated stroke unit within 4 hours (a 6.1% decline over August 2019).



71 of the 74 (**96.7%**) patients admitted with a stroke in August were assessed by a specialist stroke consultant within 24 hours (a 3.8% improvement over August 2019).



Only a tenth (**9.6%**) of stroke patients had the recommended amount of speech and language therapy (SALT) in hospital during August, therefore, the 12 month improvement target was not met.

## How do we compare to our all Wales peers?

	Admission to stroke unit within 4 hours	1 <sup>st</sup> out of 6
	Assessed by stroke consultant within 24 hours	2 <sup>nd</sup> out of 6
	Stroke patients - speech and language therapy	5 <sup>th</sup> out of 5

## Impact of COVID

- Some teams feel that patients have been discharged safely but may have poorer outcomes due to a lack of in-patient rehabilitation as a result of the COVID pandemic. Community teams are reviewing post discharge to provide additional rehabilitation at home where appropriate;
- During the height of COVID all sites had an increase in therapy on site due to a lack of out-patient activity. This is now under review with multiple professionals returning to their substantive roles to support the Health Board into, and through, its recovery phase;
- A swallowing assessment is now deemed as an aerosol generated procedure. Speech and language teams are required to carry out therapy in an AGP room with staff dressed in full PPE. This has impacted on the time spent with the patient on actual therapy;

- Medical staffing rotas changed to accommodate the two COVID streams. Even with the changes, the HB saw a positive increase for patients being seen by a consultant within 24 hours.

## Risks

- There continue to be issues regarding complex discharges back into the community which leads to reduced capacity within the units. None of the 4 sites has an *Early Supported Discharge Team* that could help with reducing length of stay;
- Since COVID there has been a reduction in admissions, however, we are now seeing normal unscheduled care activity returning and units are unable to ring fence beds. There is an added risk with a reduction of beds in the units due to social distancing guidance;
- Insufficient therapy resource impacts on our ability to provide the recommended levels of rehabilitation support;
- Due to COVID and the infection control measures needed, SALT needs to be in full PPE to carry out the therapy which does impact the time spent with each patient; SALT remains a major risk in relation to therapy input for stroke patients;
- Each site has seen a significant rise in admissions which adds pressure to the stroke units;

## What are we doing?

- The HB is reviewing its advert for a stroke lead to ensure eligibility inclusion of all appropriate staff groups. The stroke lead will support the service delivery manager to achieve a safe, effective and efficient delivery of services, including implementation of best practice and guidance, ensuring that the principles of prudent healthcare are at the forefront of service planning and delivery;
- The Stroke Steering Group has now been reinstated with the first meeting held on the 12<sup>th</sup> August. The new agenda will be formalised alongside a review on the terms of reference for the group;
- The Delivery Unit have completed a formal review of the therapy service in Hywel Dda and an action plan will be completed by the end of September;
- WGH is working on an *Early Supported Discharge* project as part of the discharge pathway planning work. It is expected that this report will outline a business case and requirements by the end of September 2020;
- Site meetings to discuss performance and outcomes are to be reinstated.



**How did we do in June 2020?**

During July 2020, **86%** (86/100) of cancer patients who were referred by their GP as urgent with suspected cancer, commenced treatment within 62 days of their referral. This represents a 3.5% improvement compared to the previous month.



**92.2%** (94/102) of patients who were not on an 'urgent suspected cancer' pathway commenced treatment within 31 days from the date the patient agrees to the treatment plan being offered to them.



In July, **79 %** (1% decrease to previous month) of patients covered by the SCP were treated within 62 days of the point of suspicion.

**How do we compare to our all Wales peers?**

	Urgent suspected cancer	2 <sup>nd</sup> out of 6
	Non urgent suspected cancer	2 <sup>nd</sup> out of 6
	Single cancer pathway	1 <sup>st</sup> out of 6

**Impact of COVID**

- Tertiary surgery was suspended due to COVID in late March;
- Suspension of any aerosol generated diagnostic tests and surgery in line with Royal College guidance has caused delays;
- Suspension of local surgery for those patients requiring intensive care/high dependency (ITU/HDU) support post operatively and further restrictions in clinical criteria that apply e.g. patients whose BMI (body mass index) exceeds 35 and have existing comorbidities;
- As per the *Wales Bowel Cancer Initiative*, the Faecal Immunochemical Test (FIT10) in the management of urgent patients on the colorectal pathway, as an alternative was introduced on the 15<sup>th</sup> June;
- USC imaging reduced for certain aerosol generating procedures;
- Bronchoscopies have been limited in line with national guidance;
- As per the 6 levels of *Systemic Anti-cancer Therapy* (SACT), all levels are still currently being treated across the Health Board on all 4 sites;

- Werndale Hospital has been commissioned to support cancer outpatient and surgical pathways from April 2020;
- Joint working progressed with regional multi-disciplinary teams for tertiary center surgeons to provide outreach surgery in Gynaecology and Urology.

**Risks**

- Complex pathway delays: the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment due to the need for multiple investigations and multi-disciplinary team reviews;
- Tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board continue to significantly compromise service;
- Local diagnostic service capacity pressures within our Radiology service;
- The new *Single Cancer Pathway* significantly increases patients monitored during the diagnostic phase, placing added pressure on diagnostic capacity;
- Suspension of local surgery for patients requiring ITU/HDU and aerosol generated diagnostic investigations.

**What are we doing?**

- We are continuing to escalate our concerns regarding tertiary centre capacity and associated delays;
- The HB has secured recurrent investment from Welsh Government (£340k per annum) to invest in diagnostic and tracking teams;
- We are logging all patients who are not having treatment due to patient choice or cancelled by hospital on clinical grounds due to COVID; There are currently 6 patients who are still refusing to attend the hospital due to COVID;
- All urgent suspected cancer and imaging investigations continue as usual;
- 32 cases of high acuity surgical procedures were carried out during June at GGH. Weekly operating list continues for high acuity and emergency surgery at GGH;
- Elective surgery for high acuity cancer patients with green pathway and green ITU/HDU commenced at PPH and BGH on 6<sup>th</sup> July 2020;
- Further lower acuity surgery and some major gynaecology surgery that does not require ITU/HDU commenced 13<sup>th</sup> July 2020 at WGH.
- We currently have 2 patients on our surgical backlog. One patient has been offered a number of dates but has been unable to attend, and one patient that can't be dated due to medical reasons.



## How did we do in August 2020?



**15** patients had their procedure cancelled within 24 hours in July 2020. The low number of booked patients is a reflection of the current restrictions to elective surgery due to the pandemic.



In August **54.5%** waited less than 26 weeks from referral to being treated (RTT) and **15,698** patients waited beyond 36 weeks.



In July 2020 **42.8%** of eye care patients (4,795/11,191) were waiting in or within 25% of their target date. 97.9% of patients have been allocated a high risk factor (HRF) status leaving 334 (2.1%) patients waiting for an allocated HRF status.



In August **21,031** outpatients waited beyond 100% of their target date for a follow up appointment (all specialities).

## How do we compare to our all Wales peers?

	Hospital initiated cancellations	2 <sup>nd</sup> out of 7
	Referral to treatment (RTT) <=26 weeks	2 <sup>nd</sup> out of 7
	RTT – patients waiting 36 weeks or more	2 <sup>nd</sup> out of 7
	Ophthalmology patients seen by target date	6 <sup>th</sup> out of 7
	Delayed follow-up appointments	Not available

## Impact of COVID

- Hospital initiated cancellations
  - Increased due to cancellation of elective procedures and are now reduced because of less activity.
- RTT
  - Decreased capacity due to stringent infection control requirements;
  - The need to prevent patients having major surgery while they have COVID except for life, limb or sight-saving procedures, as their outcomes are likely to be poor;
  - Significant public concern about attending acute hospitals.
- Eye care
  - A drop in compliance is partly due to the COVID pandemic which has led to some patients choosing not to attend hospital appointments;
  - The provision of Ophthalmology services have been swiftly reconfigured to meet essential urgent care where required;
  - Routine surgery and face to face outpatient activity has been postponed;
  - Due to the population demographics, the majority of patients require hospital transport which has affected attendance;
  - The telephone triage of *Emergency Eye Casualty* by a senior clinician which has reduced attendance by 50% with patients being managed via other routes, including Independent Prescribers in Optometric Practices;
  - Increased collaborative working with Community Optometric practices;
  - Ophthalmology relocated to Werndale to support the emergency service.
- Follow-up appointments
  - We are unable to deliver previous services, initial recovery of the 2019/20 position will be slowed by lack of capacity, infection control requirements and continued peaks of COVID.

## Risks

- Hospital initiated cancellations
  - Numbers are affected by the current restrictions on safe elective surgery bed availability and fluctuating pressures relating to pandemic demands including appropriate safe bed distancing, and consistent availability of protected locations for elective patients who have been self-isolating.
- RTT
  - The team are currently identifying risks due to reduced capacity across all stages inclusive reduced diagnostics. This will clearly identify the gap which will need a Health Board forward plan to resolve once we are confident cancer/urgent elective care is sustainable;
  - There is a significant risk regarding ward staffing vacancies to support elective activity.

- Eye care
  - New patients can wait longer due to a shortage of consultant ophthalmologists. Capacity being used to cover the *Emergency Eye Care* service can also impact on waiting times;
  - Outpatient appointments have been lost with approximately 166 new and 392 follow up appointments not taking place.
- Follow-up appointments
  - Reduction in capacity albeit face to face capacity has impacted on the follow up list, this is being addressed with the rollout of virtual functionality, this is not without clinical challenge mainly due to confidence levels. The list continues to be validated virtually to ensure clean data. The team are working with both governance and safeguarding to ensure safety on process of virtual work.

## What are we doing?

- Hospital initiated cancellations
  - Working to optimise available elective theatre lists, focusing on cancer pathways. Planning and collaborating with local patient flow teams to provide safe havens that promote safe elective patient stay.
- RTT
  - There is a work programme in place to establish all urgent and category 1 patients and we are also scoping category 2 patients;
  - A full capacity appraisal is being undertaken across the sites and the private hospital with regard to cancer very urgent (category 1) and then residual routine capacity;
  - Patients will be offered treatments in-line with policy across the sites to enable equity of time and care delivery;
  - Complex pre-assessment and screening pathways are in place including social isolation pre and post operatively with pre COVID screens at 72 hours;
  - The Health Board now have a revised post COVID watchtower monitoring programme.
- Eye care
  - Maintained treatments and reviews for imminently sight threatening or life threatening conditions;
  - Although compliance had dropped, clinicians have been triaging patients waiting beyond 25% of their target date. This has led to an overall reduction in the number of patients on the R1 waiting list. This has ensured the correct clinical prioritisation of high risk patients is being undertaken and high risk patients are offered appointments first;
  - Postponed any patients on longer than an 8 week follow up. These patients have been put onto a COVID crisis holding category which is being reviewed by clinicians going forward;
  - Patients due back at 8 weeks or less are having their notes reviewed by a doctor to determine the appropriate action;
  - Senior input is available via telephone or email at all times and a consultant is on site at GGH from Monday to Friday;
  - All clinicians are reviewing clinics and contacting patients in advance;
  - The clinical team continue to see all ages of patients in the intravitreal injection therapy service including *wet aged macular degeneration*, *retinal vein occlusion* and *diabetic macular oedema*. This only applies if the patient is well and has no symptoms of COVID. Some patients do not want to attend due to risks, therefore there is a virtual clinical review happening weekly. This will change if and when the Royal College of Ophthalmology guidelines change.
- Follow-up appointments
  - We are encouraging virtual functionality, this is being rolled out but limiting factors include supporting staff at the pace of delivery and rollout. Face to face contact is being used if absolutely necessary for urgent patients.



## How did we do in August 2020?



**6,380** patients waited over 8 weeks for a diagnostic test in August 2020 which is 246 fewer compared to the previous month.

## How do we compare to our all Wales peers?



Diagnostic waiting times

2<sup>nd</sup> out of 7

## Impact of COVID

Performance has been affected because the number of patients that can be seen are reduced due to COVID precautions.

- Radiology
  - Some AGP (aerosol-generating procedures) investigations have been changed to alternative imaging;
  - Imaging capacity has significantly reduced due to infection control procedures required;
  - There are increases in referrals marked as urgent or urgent suspected cancer possibly due to late presentation.
- Endoscopy
  - Some AGP investigations have been changed to alternative imaging;
  - Imaging capacity has significantly reduced due to infection control procedures required.
- Cardiology
  - Some services have been moved off site e.g. cardiac monitors to facilitate 2 metre distancing for staff and patients;
  - 7 day working has been established to maintain social distancing and increase the number of diagnostic tests undertaken;
  - Recent increased number of referrals for Cardiology Diagnostics following the initial reduction in referrals at the height of COVID;
  - No resumption of Trans-oesophageal Echo or Dobutamine Stress Echo due to staff capacity and space constraints.

## Risks

- For all areas capacity pressures, equipment failure and COVID precautions are impacting the service's ability to meet the 8 week diagnostic target.

## What are we doing?

For all areas demand and capacity optimisation, outsourcing, clinical validation, recruitment and revising pathways continues.

- Radiology
  - Maintained services for urgent and suspected cancer work;
  - Most referrals have been kept and are monitored and reviewed regularly in discussion with other services;
  - We have maintained dialogue with colleagues across Wales for a review of the overall picture and possible solution to assist with the recovery. There is opportunity to evaluate referral pathways and ways of working to establish the new normal;
  - Additional capacity for computerised tomography (CT) has been acquired but delays in implementing the demountable solution has delayed recovery.
- Cardiology
  - Consultant review of diagnostic referrals on waiting list;
  - Cardiac CT is resuming at BGH and being scoped for PPH to reduce waiting times and avoid an invasive angiogram procedure (where clinically indicated);
  - Current in-sourcing of echocardiograms to support internal capacity to meet demand;
  - Diagnostic Angiography capacity increasing for 3 to 4 patient lists at PPH;
  - Cardio-physiology demand and capacity review on-going to identify prioritised actions to support further resumption of cardiology diagnostics.





## How did we do in August 2020?



**946** patients waited longer than 14 weeks for a therapy appointment. Services with the longest waits include; Podiatry (336), Audiology (490), Pulmonary Rehabilitation (255) Occupational Therapy (116)\*.

*\* Waiting times for MH&LD patients are not included in this report as the data is not currently available due to a change in reporting systems this month.*

## How do we compare to our all Wales peers?



Therapy waiting times

3<sup>rd</sup> out of 7

## Impact of COVID

- Audiology pathways have been reviewed to enable streamlining of appointment content to provide a more efficient service;
- Audiology telephone follow-up consultations were introduced. Only those patients who require a face to face (F2F) appointments remain on the list;
- Patients continue to report the virtual consultation part of their assessment as a positive experience;
- Paediatric Audiology have contacted the majority of their caseloads to ensure children are managing their hearing aids satisfactorily;
- Audiology patients whose appointments were cancelled at the start of the pandemic are now being seen;
- Audiology GP Assessment referrals continue to be lower than pre-COVID, with only 33 new referrals received in August 2020;
- Some staff up-skilled to complete telephone consultations for tinnitus work;
- The Podiatry patients waiting are those non-urgent who require physical therapy, due to service restrictions as a result of the COVID pandemic; This has significantly affected the 14 week waiting time target, but is an improvement of 113 from last month. Occupational Therapy continues to be affected for the same reason although the service is exploring use of digital technology to support access e.g. *Remote Environmental Assessments*;
- Our virtual and remote service provision is being effectively trialled within therapy services.

## Risks

- Reduction in clinical estate availability for therapy services due to estates being repurposed as part of acute COVID response;
- Reduction in clinical staff workforce due to shielding, and non-patient contact risk assessments for vulnerable/high risk staff;
- Reduced clinical efficiency due to infection, prevention and control requirements to operate safely;
- Access to suitable digital platforms at scale to support virtual therapeutic interventions, particularly applicable for Occupational Therapy;
- The cessation of routine Audiology clinical activity (assessment and subsequent hearing aid fittings) impairing the service's ability to meet RTT diagnostic targets;
- Delay in Audiology being provided due to lack of screens for reception areas at PPH and WGH.

## What are we doing?

- Service plans to restart include identifying appropriate PPE resource, physical distancing compliance and clinical estate availability to address F2F clinical treatment requirements. Where appropriate, services are testing restart pathways. Wider routine restarts across other services are planned for September;
- Virtual and remote service provision being successfully implemented within therapy services with positive impact on RTT. Requires additional information and communication technology and deployment of digital platforms at scale as part of phase II deployments;
- Phased reintroduction of Audiology services, at all locations (approx. 40% of pre-COVID activity);
- Audiology
  - Agreed pathways developed for pre-appointment contact, patient attendance and appointment content;
  - Postal hearing aid repair service to remain in place;
  - Urgent adult patients continue to be seen;
  - Urgent and routine paediatric appointments continue to be arranged
  - Support for Ear, Nose and Throat (ENT) clinics at GGH, PPH & WGH;
  - Patients who are referred by their GP for an assessment to complete telephone consultations to reduce the duration of their F2F assessment/fitting;
  - Tinnitus assessments and follow-ups conducted by phone.



## How did we do in August 2020?



*Clostridioides difficile* (*C.difficile*) Infection is caused by a bacteria in the bowel that releases a toxin causing diarrhoea and bowel damage. August 2020 saw 16 cases, currently we have had 65 cases (Apr-Aug), this is a 7% increase in numbers (4 cases) compared to the same period for 2019/20. Cumulative rate is **40.21** per 100,000 population. The increase in case numbers has been seen in Glangwili General Hospital and is reflective of what has been seen in other Health Boards across Wales.



*Escherichia coli* (*E.coli*) blood stream infection (BSI). Aug 2020 saw 23 cases, giving 120 cases so far this year, a 31 % reduction, 54 less cases than in 2019/20. Cumulative rate is **74.24** per 100,000 population. Withybush General Hospital (WGH) have had the highest numbers for July and Aug the majority of these cases were present on admission.



*Staphylococcus aureus* (*S. aureus*) BSI. Aug 2020 saw 8 MSSA cases, 39 cases so far this year, 19% fewer, 9 cases less than in 2019/20. Cumulative rate is **24.13** per 100,000 population. 2 cases this month were intravenous (IV) line related, one in community and one in hospital.



In August, we reported 1,289 incidents of which 1,106 were patient safety related. Welsh Government ask Health Boards to ensure that there is timely and proportionate investigation of all incidents, and wherever possible, serious incidents are reviewed and closed within 60 working days. There were 2 serious incidents due for closure in August of which 1 was closed in the agreed timescale (**50%**), and 1 breached the agreed timescale. 1 Never Event was reported in August 2020.



**70%** of complaints were closed within 30 working days in August.

## How do we compare to our all Wales peers?

	C.difficile infections	5 <sup>th</sup> out of 6
	E.coli infections	5 <sup>th</sup> out of 6
	S.aureus bacteraemias (MRSA and MSSA) infections	3 <sup>rd</sup> out of 6
	Serious incidents assured in a timely manner	Not available
	Timely responses to complaints	4 <sup>th</sup> out of 9

## Impact of COVID

- Infections
  - The rise in *C.difficile* infections has been seen across other parts of Wales, we don't currently have the antibiotic data to review and identify a possible link. It may be that antibiotics were prescribed through phone consultation that would not have been given if the patient had been seen.
- Incidents
  - At the most recent meeting of the senior members of the Quality Assurance and Safety Team and Quality Improvement Team, discussions took place regarding the remit of the Health Board wide Falls Improvement Group and the Pressure Damage Working Group (these groups have not met during the COVID pandemic). It was agreed that the meetings of these groups would restart and the terms of reference be revisited to ensure that there is a focus on system wide learning and improvement, which includes the review of trends and themes Health Board wide. Services and specialties will be required to scrutinise their own data and report into the Health Board wide groups.
- Complaints
  - The Complaints team continue to receive a large number of enquiries/complaints in relation to COVID.

## Risks

- Infections
  - There is now an increasing number of patients coming through Emergency Units as activity in hospital returns to pre-COVID numbers. Safely managing social distancing and patient flow in these areas is becoming increasingly difficult;
  - Acute sites have to breach 2m social distancing in admitting additional patients to bays;
  - Increasing numbers of *C.difficile*, possibly related to difficulty in managing antibiotic stewardship.
- Incidents
  - It is essential that there is a timely and proportionate formal review of each serious incident undertaken and that an improvement and learning action plan is developed and implemented to address the care and service delivery problems identified through the formal review.
- Complaints
  - Confusion amongst the community remains a common theme, particularly as some services are being reinstated. We saw a marked increase in call volumes at the latter end of August and there is concern that this is an ongoing and potentially increasing trend, with more support being required to manage the central phone lines.

## What are we doing?

- Infections
  - Developing guidance (in the form of flow diagrams) for acute sites, to minimise the risk to patients where the 2m social distance is breached;
  - Developing a risk assessment for patients so they do not need to be wearing masks while they are in-patients due to the increased risk of dehydration, malnutrition and increased risk of face to mouth contact;
  - Providing support whilst teams safely recommence services, advising to start slowly, review regularly and escalate patient numbers in a safe way;
  - Period of increased incidence of *C.difficile* on Teifi Ward GGH - incident meeting with engagement from Clinical Team, Ward Staff, Hotel Services and Estates. Actions in progress and learning to be shared. Orthopaedic Team have identified a doctor to complete regular antibiotic audits going forward. Education of new pharmacists, doctors and nurses in progress;
  - Incident meeting to review root cause analysis of IV related *S.aureus* BSI, learning taken from this incident and improvements made;
  - Link with Amman Valley Hospital (AVH) to identify a safe way for relatives to visit;
  - Work with Ophthalmology service in increasing patient flow through AVH and GGH;
  - Work with Endoscopy in developing clear patient guidance for self-isolation and social distancing;
  - Continue to work with Procurement in reviewing new sources of PPE to ensure continued safe supply for staff and patients;
  - Working with Public Health Wales and Local Authorities in dealing with COVID positive results in individual cases, associated with schools and outbreaks.
- Incidents
  - As at 31<sup>st</sup> August 2020, there were 26 serious incidents open over 60-days. This is an improvement on the position reported last month where 30 serious incidents were overdue. The Quality Assurance and Safety Team continue to monitor and scrutinise the quality of these investigations;
  - Since 1<sup>st</sup> April 2020, 4 never events have been reported to Welsh Government (3 wrong site surgery and 1 retained foreign object post procedure). 3 formal reviews have concluded and the relevant directorates have developed improvement and learning plans to address the issues identified. One review (the most recent case) is ongoing. At the July 2020 meeting of the *Listening and Learning Sub-Committee*, reports were received on two of these never events: retained foreign object (swab) post procedure incident and wrong site surgery (invasive procedure) incident.
- Complaints
  - COVID related updates are shared widely amongst the team to enable any COVID complaints/enquiries to be dealt with swiftly and efficiently. Audits continue on a weekly basis to monitor those complaints which are *Managed Through Putting Things Right* to ensure timescales are being adhered to, as much as possible, and that any cases which are not progressing are escalated appropriately.

**How did we do in July 2020**

**21.6%** of children and young people (298/1,379) waited less than 26 weeks to start a neurodevelopment assessment; combined figure for autistic spectrum disorder (ASD, 24.2%, 245/1,011) and attention deficit hyperactivity disorder (ADHD, 14.4% 53/368).



**33.2%** of adults (534/1,607) waited less than 26 weeks to start a psychological therapy with our Specialist Mental Health Service.

**How do we compare to our all Wales peers?**

	Children/young people neurodevelopment waits	7 <sup>th</sup> out of 7
	Adult psychological therapy waits	6 <sup>th</sup> out of 7

**Impact of COVID**

- Neurodevelopmental assessments
  - No face-to-face ASD/ADHD clinics held since the end of March 2020;
  - Delayed recruitment and anxiety to engage in face to face assessments.
  - New ways include exploring virtual clinics for new patients (telephone or attend anywhere).
- Psychological therapies
  - Increased the number of telephone assessments undertaken for adult psychological therapies;
  - Piloting *Attend Anywhere* as an alternative platform to deliver adult psychological services.

**Risks**

- Neurodevelopmental assessments
  - Delays can impact on the quality of life for patients and their families;
  - ASD: growing demand verses resources and difficulties in recruitment;
  - ADHD: historical referral backlog and vacancies within the team.
- Psychological therapies
  - Increased demand from primary and secondary care;
  - Vacancies and inability to recruit into specialist posts;

- High waiting lists for both individual and group therapy;
- Lack of a robust IT infrastructure.

**What are we doing?**

We are transferring our mental health patient records to a new system called *Wales Patient Administration System* (WPAS) to allow timelier reporting.

- Neurodevelopmental assessments
  - Each mental health team is working with the all Wales performance Delivery Unit to undertake demand and capacity exercises;
  - Waiting list initiatives have been utilised;
  - Additional resources identified for a sustainable ASD service;
  - Efficiency and productivity opportunities are being explored;
  - An additional part-time community GP post has been recruited.
  - Actively reviewing and managing referrals and referral pathways;
  - A process mapping exercise is underway alongside the Delivery Unit;
  - An active recruitment plan is being developed;
  - Weekend clinics are being considered to increase assessment;
  - Commissioning with external providers is being considered to increase the number of available assessments;
  - ADHD service recruiting consultant paediatrician & speciality doctor;
  - Validation exercises are underway within the ADHD service;
  - Agency practitioners are being utilised to address the waiting list.
- Psychological therapies
  - A team restructure is underway.
  - Assessments are being undertaken either face to face or virtually;
  - Therapeutic appointments have been commenced utilising a blended approach of *Attend Anywhere*, *Face to Face* and *Walk and Talk* therapy;
  - Waiting list initiatives are being utilised;
  - A demand and capacity exercise will be undertaken with all staff to ascertain capacity in caseloads;
  - A review of all modalities will be undertaken to ensure prudent delivery of therapy in line with local and national policies/guidelines;
  - The use of evidence based group work is being evaluated to consider increasing capacity and reduce time waiting for therapies.



**How did we do?**

Between January and March 2020, **95.5%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, consistent with uptake in the previous quarter (96.3%).



The MMR vaccine is also given as a single injection and protects against mumps, measles and rubella (German measles). It is given within a month of a baby's first birthday then again when the child is around 3 years 4 months. In Hywel Dda, between January and March 2020, **90.0%** of children received 2 doses of the MMR vaccine by their 5<sup>th</sup> birthday, compared to 91.7% in the previous quarter.



During April '19 to March '20, **3.5%** (1,922) of adults attempted to quit smoking using a smoking cessation service.



**30.3%** of smokers who quit had the carbon monoxide (CO) levels in their blood confirm they had quit in January to March 2020.



Obesity is a risk factor for many life-threatening conditions including diabetes, heart disease, bowel cancer and stroke. The most recent data (2017/18) shows that **11.8%** of 4-5 year olds and **23.0%** of adults aged 16+ living in Hywel Dda are obese.

**How do we compare to our all Wales peers?**

	3 doses of the '6 in 1' vaccine by age 1	6 <sup>th</sup> out of 7
	2 doses of the MMR vaccine by age 5	7 <sup>th</sup> out of 7
	Smokers who attempted to quit	4 <sup>th</sup> out of 7
	Smokers CO validated as quit	3 <sup>rd</sup> out of 7
	Children aged 4-5 year who are obese	Not available

**Impact of COVID**

- Vaccines
  - Routine childhood immunisation programmes are a high priority and have continued, albeit in line with social distancing and PPE requirements in place;
  - The schools immunisation programme is temporarily suspended.
- Smoking
  - Smokers are no longer CO validated at 4 weeks post quit date due to the potential risk of COVID transmission in exhaled air;
  - All consultations are now provided via telephone;
  - Medical Humanities Research Centre (MHRC) approval was received to supply Nicotine Replacement Therapy via post just in case there was an issue with access to community pharmacies and supply. This has yet to be fully implemented. Those unable to access *Nicotine Replacement Therapy* via a local pharmacy are being posted their medication directly by their advisor by recorded delivery. Calls were made to each pharmacy to check their capacity and all stated they are still happy to process pharmacy letters for the smokers' clinic;
  - Following the transfer of *Stop Smoking Wales* staff from Public Health Wales to the HB, a new integrated smoking cessation service has been created to provide continuity of care across secondary care, primary care and community.
- Obesity
  - Managing the COVID pandemic has been and remains, an organisational priority for Public Health Wales. As such, the 2018/19 Child Measurement Programme report and the release of official statistics has not been possible;
  - Children will not have been measured universally in 2019/20 so the latest data that we have on childhood obesity in Wales is for 2017/18;
  - It is likely that school health nursing teams will focus (rightly) on immunisations and vaccinations going forward in 2020/21, so again, measurements for the coming year may not be done universally across Wales.

**Risks**

- Vaccines
  - Both vaccines are safe and effective, however pockets of the population resist childhood vaccination for cultural and ethical reasons;
  - Rurality causes difficulty for some families to attend clinics due to a lack of transport and the road networks in some parts of the counties;
  - The risk of COVID has raised concerns among parents/guardians, who may delay bringing infants and children for routine childhood immunisations, leading to a decrease in uptake of all childhood immunisations, including the 6in1 and MMR;
  - The need for social distancing has significantly impacted on the way Baby Clinics are traditionally run. Less infants, children and their families can safely attend their GP surgeries/clinics at any given time, hence more time is required for clinics. This can impact on uptake.

- Smoking
  - Ensuring clear pathways are in place and used to help people quit smoking. This is especially important for inpatients and primary care.
- Obesity
  - Develop a weight management service/approach for children.
  - Ensuring that there is sufficient capacity within the weight management services to support adults to manage their weight.

**What are we doing?**

- Vaccines
  - We will aim to share vaccination uptake data with GPs as Public Health Wales are looking at providing enhanced localised uptake data throughout this COVID pandemic. This will enable GPs to more easily identify, plan, and target specific groups of patients;
  - Maintaining immunisation programmes is a key priority to protect public health from other preventable infections at this time. Welsh Government have advised that immunisations should continue in line with clinical advice and scheduled timings during this period as far as possible, as set-out in both a Joint Committee on Vaccination and Immunisation(JCVI) statement and in the Welsh Health Circular below: [Link to JCVI statement](#) [Link to Welsh Health Circular](#)
  - This advice has been shared with all those providing the childhood immunisation programme in Hywel Dda. Advice on social distancing and use of PPE has also been shared with those providing this service. By being able to reassure parents/guardians that social distancing measures are in place will hopefully address their concerns, minimising the risk of them non-attending, and ensure continued high uptake rates.
- Smoking
  - Posters were produced and delivered to wards along with a programme of training to ward staff and F1 foundation doctors. This work will need to be revisited post-COVID as many of the posters have been removed due to infection control concerns. We are also looking into lanyard prompts to assist staff with the pathway and prescribing guidance. Posters have been produced in a plastic covering to allow enable them to be cleaned;
  - In primary care a revised pathway has been created to remind referrers that the service is still able to provide support during COVID. Following a successful pilot in a GP practice in Llanelli, we worked with 4 further practices to allow instant booking of support through their in-house computer system;
  - Paused recruitment of pharmacists and pharmacy technicians into the *Pharmacy Level 3 Smoking Cessation Scheme* to ensure services are provided across the Health Board area; Referrals usually directed to pharmacies are being processed via community and secondary care who are able to provide telephone support to relieve the burden on pharmacies;
  - Local *Stop Smoking Wales* services have been integrated. As both the community and secondary care teams are offering telephone support the referrals are being spread evenly throughout the teams and weekly team catch ups are taking place via Microsoft Teams;
  - The current situation for community pharmacists is CO validation is no longer provided. Level 3 services are continuing where pharmacists are comfortable taking on new clients and have the facilities to hold consultations taking into account the social distancing requirements. Some pharmacies are developing innovative practice to ensure smoking cessation support continues;
  - As CO readings are currently suspended a document has been produced to ensure that support is still offered to pregnant women and that the impact of carbon monoxide exposure is still discussed even where a reading is not being taken.
- Obesity
  - On the 4<sup>th</sup> August Welsh Government wrote to Health Boards outlining the current position regarding the *Healthy Weight Healthy Wales* delivery plan. The first two years of the plan placed a significant emphasis on early years, children and families to influence healthier choices. However, in light of the impact of coronavirus, a number of the interventions planned through the £5.5m allocation have had to be paused or postponed until a future date. The allocation will be used to strengthen the specialist level 3 multi-discipline team weight management service in line with National Standards and to extend the reach of the service for the benefit of children and families, recognising there is currently no provision for them;
  - In addition, a proportion of the Hywel Dda allocation would be used to fund the digitalisation of the *Nutrition Skills for Life* programme with a particular focus on the early years;
  - Weight management services are offered to adults with chronic conditions.

**How did we do?**

**5.27%** of full time equivalent (FTE) staff days were lost due to sickness in the cumulative 12 month period August 2019 to July 2020. Whilst sickness rates have been somewhat higher due to COVID, the actual in-month rate for July 2020 was 4.39% which represented an improvement from the previous month (4.68%).



**70.16%** of our staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months.



**84.2%** of our staff have completed their level 1 training which consists of the UK Core skills mandatory training modules such as manual handling, safeguarding and information governance.



**42%** of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan.



The Health Board's financial position at the end of August is a **£6.5m (year to date (YTD) £31.8m) deficit** against a deficit plan of £2.1m (YTD £10.4m). The additional costs of COVID-19 in the month was £10.7m. The improvement in Month 5 from Month 4 is due to a reduction in the fixed term cohort, negotiated rent reduction at a Field Hospital site and improvement in Central Income as lockdown restrictions eased.

**How do we compare to our all Wales peers?**

	Sickness absence	4 <sup>th</sup> out of 10
	Performance appraisal and development review	3 <sup>rd</sup> out of 10
	Level 1 core skills training framework completed	4 <sup>th</sup> out of 10
	Medical staff with a current job plan	Not available
	Finance	Not available

**Impact of COVID**

- Absence
  - There was an increase in COVID related absence levels in April and May 2020, however, this reduced in June and in July.
- PADR
  - The compliance rate has fallen slightly for non-clinical roles from the previous month;
  - All clinical supervisions have been suspended until September 2020.
- Core skills
  - The core skills compliance rate has remained stable throughout COVID.
- Job planning
  - The total number of job plans has reduced as reviews were suspended during the early stages of the pandemic. This has been further impacted due to staff changeover which occurred at the beginning of August. However, despite a reduction in the total number of job plans, the number of up to date job plans has risen, indicating that there is engagement with the process and that a number of job plan reviews have gone ahead.
- Finance
  - Aligning the strategic response to current demand modelling indicators between Welsh Government, Gold Command and operational teams; Further developing the Opportunities Framework to revisit the way in which our services were delivered pre-COVID in the context of accelerating the Health Board's Strategy.

**Risks**

- Absence
  - There has been a notable increase in sickness rates since the new All Wales Management of Attendance Policy was introduced;
  - Whilst the COVID pandemic continues, there is a risk that we will experience fluctuations in staff absence.

- PADR
  - Achieving the PADR target has become slightly more difficult with COVID due to employees being redeployed and assigned to different services. This may cause delays with PADRs being completed to timescale as notifications are not necessarily being received by the existing line manager.
- Core skills
  - Despite an increase in core skill compliance, this could drop. The situation will be closely monitored.
- Job planning
  - Consultants and SAS doctors are not working to current job plans.
- Finance
  - We have a Financial Plan with a year-end of £25.0m deficit. A refined full year financial forecast was completed during August, further refining a 'realistic' assessment of the cost base and assumptions. Welsh Government have funded certain additional costs incurred as a direct consequence of COVID, however, there is no certainty of future funding arrangements. Without additional funding from WG, the Health Board will not achieve its revenue funding limit. Similarly, discussions are ongoing for additional funding to support the non-delivery of the Health Board's savings target.

**What are we doing?**

- Absence
  - The Operational Workforce teams are now beginning to re-commence sickness reviews with Line Managers;
  - Sickness audits are due to start again shortly;
  - Creating online *Managing Attendance at Work* training to help support managers with absence;
  - Managers are being actively encouraged to complete Risk Assessments with staff to ensure that they are adequately supported in the workplace and the right adjustments are in place to support staff as a preventative measure to absence;
  - The sickness audit paperwork has been tailored so they can be completed via Teams;
  - Assisting in reviews and risk assessments for staff who are returning from shielding.
- PADR
  - Organisational Development (OD) has been communicating to leaders the importance of continuous performance conversations and review meetings which provide clarity of purpose and individuals roles;
  - Work is ongoing to develop a virtual PADR training resource for managing performance. The OD team is evaluating the most suitable platform with Microsoft Teams being the preferred option;
  - A PADR training video for managers will be available by the end of September. Online meetings to review performance culture are planned for October/November.
- Core skills
  - Continuing to offer on-line/telephone support;
  - Reminding managers of the importance of allowing staff the time to complete their mandatory e-learning modules.
- Job planning
  - The Consultant and SAS doctor job planning toolkits are in the process of being updated;
  - The Medical Directorate continue to support the job planning process through providing updates and support as required.
- Finance
  - Internal budget holder accountability statements in relation to the 2020/21 budget were replaced with a *Delegations and Finance Delivery* letter, in light of the COVID pandemic. These clarify the continuation of existing financial control principles and the importance of existing governance processes and frameworks, stating the significance of decision making in response to, and the accurate recording of the financial impact of COVID;
  - Performance monitored monthly through System Engagement meetings for the highest risk Directorates;
  - An extensive review of savings and cost reduction opportunities is to be established as we plan to, 'return to exit' the current pandemic; Feedback/clarity from Welsh Government is being sought as to the levels of additional revenue and capital funding available.