Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 March 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Board – Month 11 2020/21
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

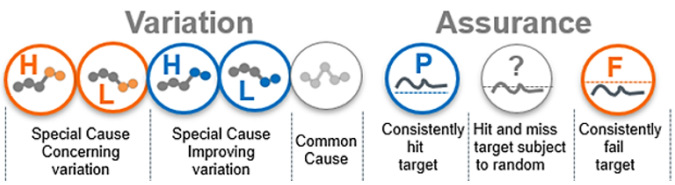
Sefyllfa / Situation

The performance report incorporates COVID-19 elements and focuses primarily on Hywel Dda University Health Board's (HDdUHB) key deliverable areas. As in previous months, this report is being brought to the Board's attention to examine and consider HDdUHB's latest available performance data, achievements, risks, impact and actions during the COVID-19 pandemic. This update consists of:

- Executive summary and key deliverables overview.
- COVID-19 vaccinations and overview.
- Essential service update.
- Themed updates for key deliverables.
- Performance overview matrix.
- Trend charts.

To help provide additional context, supporting documents can be viewed by accessing the performance internet web page (https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/monitoring-our-performance):

To help improve our understanding and interpretation of the data, over the coming months we are migrating the performance report to incorporate the Making Data Count approach developed by NHS Improvement England. This approach is focused around the use of statistical process control (SPC) charts, some of which have been included below and in the trend charts (see link above). The key below can be used to interpret the SPC charts.



Cefndir / Background

The interim NHS Wales Delivery Framework 20/21 (https://hduhb.nhs.wales/about-us/performance-targets/performance-documents/2020-21-delivery-framework) published in May 2020 has migrated and modelled on 'A Healthier Wales' quadruple aims as part of the 'Single Integrated Outcomes Framework for Health and Social Care'.

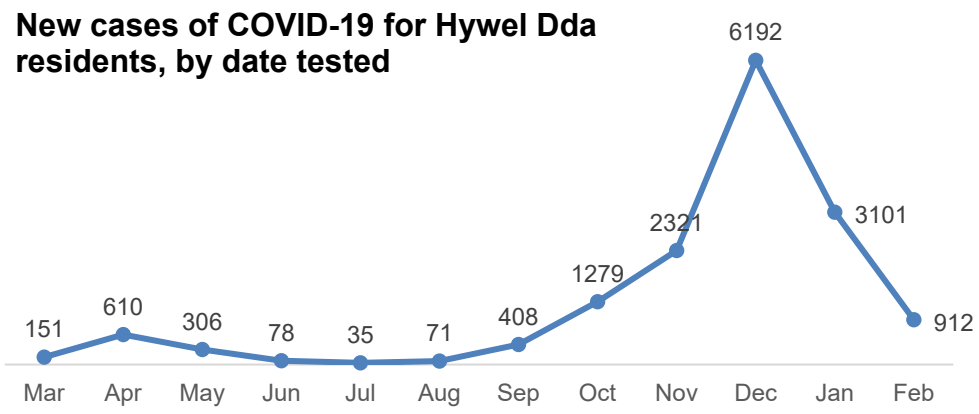
Asesiad / Assessment

- **COVID-19 Vaccinations** – as at 10th March 2021, a total of 132,234 people had received at least one vaccination dose. Progress made to date is summarised in the table below:

Priority group	1st dose	2nd dose
1. Residents in a care home for older adults and their carers	93.1%	32.8%
2. All those 80 years of age and over and frontline health and social care workers	98.1%	30.3%
3. All those aged 75 to 79 years	92.9%	0.2%
4. All those 70 years of age and over and clinically extremely vulnerable individuals	90.3%	0.2%
5. All those aged 65 to 69 years	82.3%	0.1%
6. Individuals with underlying health conditions putting them at higher risk of serious disease and mortality	19.2%	1.1%
7. All those aged 60 to 64 years	Starting 8th March	
8. All those aged 55 to 59 years	Starting 22nd March	
9. All those aged 50 to 54 years	Starting 5th April	

- **COVID-19 Update**

From the start of the pandemic to 28th February 2021, there has been a total of 15,467 confirmed cases of COVID-19 amongst HDdUHB residents, of which 912 were confirmed during February 2021 which is a significant decrease from December 2020 when 6,192 new cases were confirmed.

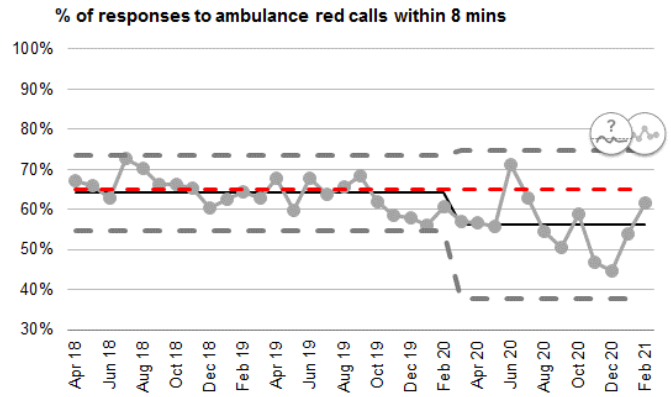


See the 'Situation' section for the full key to interpret the SPC icons. Essentially, the dots on the chart can be interpreted:

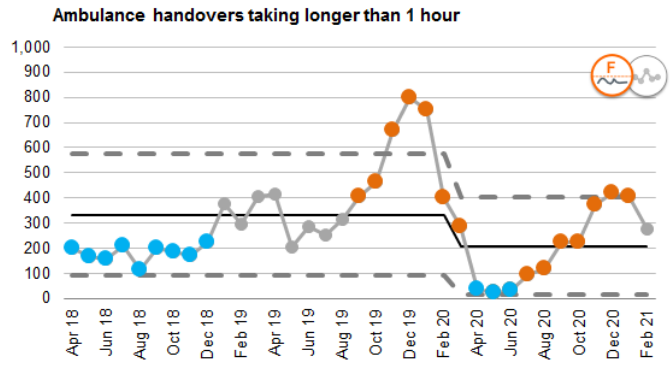
- orange = area of concern
- grey = within expected limits
- blue = area of improvement

- **Unscheduled Care**

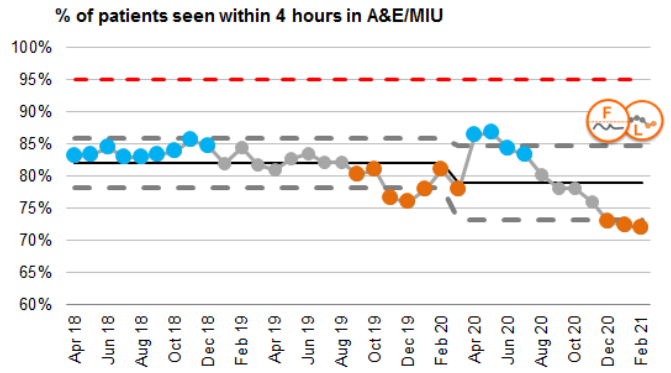
  For 2020/21 to date, there has been approximately a 30% reduction in A&E/MIU attendances compared to 2019/20. COVID has resulted in increased patient acuity, with patients needing enhanced respiratory support via continuous positive airway pressure (CPAP) and a marked increase in patients requiring oxygen support interventions and critical care. Patients are waiting longer in A&E/MIU, primarily due to a lack of available medical beds, which negatively impacts the time taken to offload patients from ambulances.



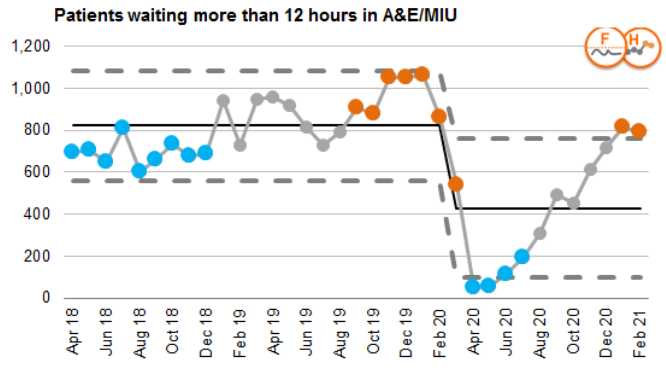
Performance for February 2021 shows common cause variation. The national target has only been met twice since September 2019 and won't be consistently met without a system change. Expected performance is between 38% and 75%.



Common cause variation is present for February 2021. However, without a system change, we will consistently miss the national target. Expected performance is between 14 and 405.

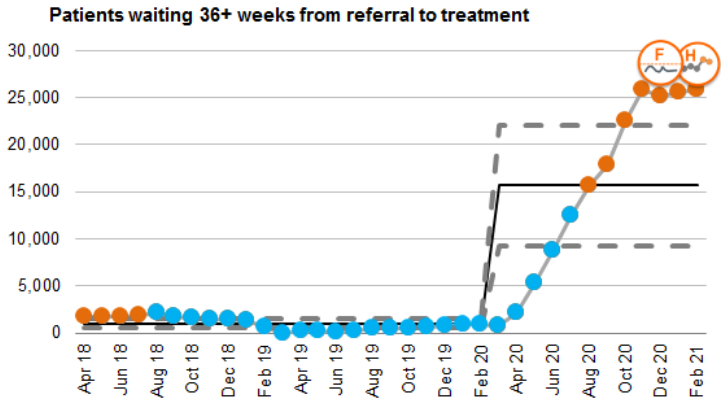


Special cause concerning variation since August 2020. The 95% national target has never been achieved and will not be met without a system change. Expected performance is between 73% and 85%.



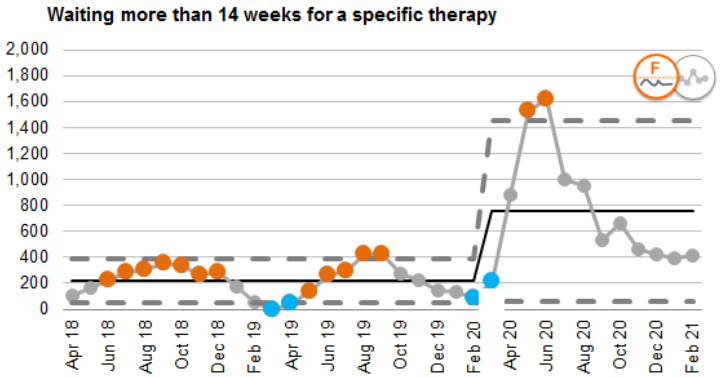
Common cause variation is seen for the past 3 months. However, without a system change we will consistently fail to meet the national target. Expected performance is between 98 and 759.

- **Planned care**
  At the start of the pandemic, most elective procedures and outpatient appointments were cancelled to create capacity for staff training and COVID-19 patient admissions, this subsequently created a backlog. When COVID case numbers subsided, elective work did recommence albeit at lower numbers than were treated before the pandemic due to social distancing and infection control measures. Due to a sharp increase in cases, a temporary pause was put on elective operations from the 18th December 2020 until the 20th January 2021. We have now recommenced urgent cancer surgery and urgent cases. The referral rate has dropped slightly over the last few months and the Health Board has been able to provide capacity to manage this level of referrals. This has ensured that outpatient activity has matched the referral rate.



The chart shows special cause concerning variation.

- **Therapies**
  Capacity to see outpatients has increased due to a reduced demand for pre and post-operative inpatient support. Therefore, there is the potential for the number of breaches to increase when more planned operations restart.



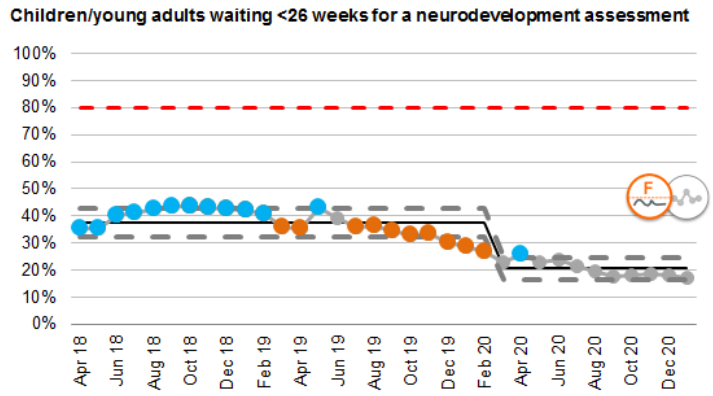
Therapy wait breaches have reduced from 1,613 in June 2020 to 417 in February 2021. However, the chart shows this is common cause variation and without a system change the national target (0) will be consistently missed.

- **Cancer** - during January 2021, 68% of patients on the Single Cancer Pathway (SCP) were treated within 62 days of the point of suspicion (national target 75%). The requirement for cancer patients to self-isolate pre-treatment continues to impact on performance across Wales.

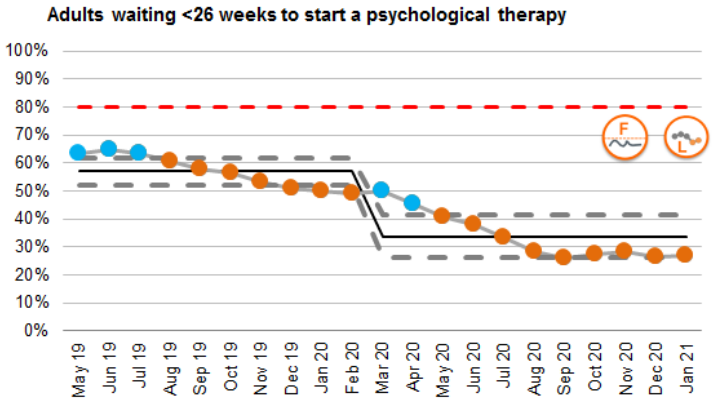
- **Stroke -** The percentage of patients admitted to a stroke unit within 4 hours missed the target for the fifth consecutive month. COVID-19 positive patients are unable to be transferred to a stroke unit which impacts the 4-hour target of direct admission to a stroke unit. However, the target for stroke patients to be seen within 24 hours by a stroke consultant has been consistently met throughout the COVID-19 pandemic.

- **Neurodevelopment and psychological services**

  There is a growing demand for neurodevelopment assessments and psychological therapies, which coupled with limited resources and service vacancies have led to a decline in performance.



Children and young adults waiting less than 26 weeks for a neurodevelopment assessment is showing common cause variation. However, the chart shows performance has been declining since before the start of the pandemic. The 80% national target has never been achieved and will not be met without a system change. Expected performance is between 16% and 25%.



Similarly, adults waiting less than 26 weeks for a psychological therapy has shown special cause concerning variation since May 2020. The 80% national target has never been achieved and will not be met without a system change. Expected performance is between 26% and 41%.

Argymhelliad / Recommendation

The Board is asked to consider the Performance Update report – Month 11 2020/21 and advise of any issues arising.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

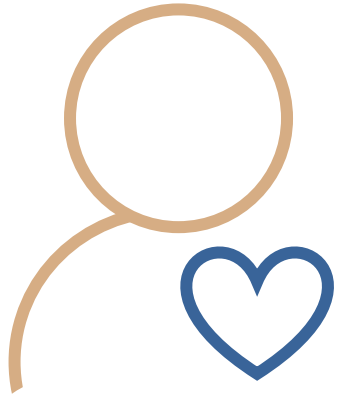
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2020-21
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care People, Planning & Performance Assurance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Performance update for Hywel Dda Univerity Health Board

as at 28th February 2021



Click one of the boxes below to navigate to that section of the report

- Executive summary
- COVID-19 vaccination
- COVID-19 update
- Key performance areas
- Essential services
- Unscheduled care
- Delayed transfers of care
- Stroke
- Cancer
- Planned care
- Diagnostics
- Therapies
- Quality and safety
- Mental health/neurodevelopment
- Population health
- Workforce and finance

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

Dose	Total vaccines given as at 10th March 2021	Priority groups – vaccines given					
		Care home residents and staff	All 80+ years and frontline health/social care workers	75 to 79 year olds	70 to 74 year olds and clinically extremely vulnerable individuals	65 to 69 year olds	Individuals with underlying health conditions
1st	132,234	93.1%	98.1%	92.9%	90.3%	82.3%	19.2%
2nd	17,100	32.8%	30.3%	0.2%	0.2%	0.1%	1.1%

Confirmed COVID cases as at 28th February 2021	Suspected & confirmed COVID patients admitted 1st - 28th February	Confirmed COVID patients discharged 1st - 28th February	Confirmed COVID patients who died in our hospitals in February
15,467	138	113	79

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?**
  - In February, 92.5% of stroke patients were assessed <24 hours by a specialist stroke consultant (target 85.9%);
  - The improvement target for hospital initiated cancellations was met in January 2021;
  - The 12-month improvement target has been met for stroke patients receiving speech and language therapy.
- **Where have improvements been made?**
  - There were 37,097 patients in February who had a delayed follow-up outpatient appointment, which is a decrease of 1,871 from the previous month;
  - Year to date, April to September '20, 1.82% of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is similar to the same period in the previous year;
  - 278 ambulance handovers were reported as taking longer than 1 hour during February 2021;
  - In February, 5,628 patients were waiting over 8 weeks for access to diagnostic services, a decrease of 326 from the previous month,
  - In January, 68% of patients on the Single Cancer Pathway (SCP) were treated within 62 days of the point of suspicion. Although below target level, this is a 1.6% increase from the previous month (66.4%). Performance reflects the sustained increase in demand for diagnostic investigations beyond available capacity;
- **Where is improvement needed?**
  - The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (61.6%);
  - 71.9% of patients were seen within 4 hours in A&E/MIU (target 95%) and 795 patients spent longer than 12 hours (target 0);
  - Reporting has been stood down for of non-mental health patients with delayed transfers of care. However, census day patient count for Mental Health has continued and saw 16 patients delayed in February '21. i.e. they were medically fit to leave hospital but needed another form of support in place for them to leave;
  - 29.2% of stroke patients were admitted to a stroke unit within 4 hours in February '21 (target 54%), a decrease from February '20 (62.5%);
  - In February, only 38.2% of ophthalmology R1 patients were seen by their clinical target date or within 25% in excess of their clinical target date. This is significantly below the 95% target. Performance has been affected by patient cancellations and patients' inability to attend;
  - In February, 417 patients were waiting more than 14 weeks for a specific therapy;
  - In February, referral to treatment targets failed to be met. 25,793 patients waited in excess of 36 weeks from referral to treatment (0 target), and 55.5% of patients were treated in under 26 weeks from the date of referral (95% target);
  - In February, we reported 13 C.difficile infections, 19 E.coli infections and 8 S.aureus infections;
  - In February, 9 serious incidents were due for closure but none were closed within the WG specified timescales. However, it should be noted that 78% of these incidents were reported by the Mental Health service. These incidents are usually complex in nature and often involve HM Coroner;
  - 57% of Complaints were resolved within 30 working days in February, however, more Early Resolution cases were handled this month;
  - Neurodevelopment and Psychological Therapy services are still significantly below target (80%). In January, only 17.1% of children/young people received a neurodevelopmental assessment in under 26 weeks. Only 27.1% of adults waited less than 26 weeks for a psychological therapy;
  - Between Jul and Sep, 90% of children had 2 MMR doses by age 5;
  - 93.6% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday between Jul and Sep;
  - There has been a small increase in sickness absence between December (5.23%) and January (5.29%);
  - Staff appraisals are below target at 64.8%, a 11.2% drop from February '20;
  - 83.6% of staff have completed their mandatory training (target 85%);
  - Performance for Consultants and SAS Doctors with a current Job Plan continues to decline with only 28% compliance in February (target 90%);
  - We have a financial plan with a year-end projected deficit of £25.0m. The current financial position at the end of February is £22.9m deficit against a deficit plan of £22.9m.
- **Impact of COVID-19**

  The current impact of COVID is rapidly changing and while the information provided is up to date as at 31st December, the picture is changing daily.
  - Staff absence due to COVID has decreased since January, with 0.74% of staff off due to COVID sickness and around 1.6% of staff self-isolating;
  - 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);
  - At the start of the pandemic, most elective procedures and outpatient appointments were cancelled to create capacity for staff training and COVID-19 patient admissions, this subsequently created a backlog. When COVID case numbers subsided, elective work did recommence albeit at lower numbers than were treated before the pandemic due to social distancing and infection control measures. Due to a sharp increase in cases, a temporary pause was put on elective operations from the 18th December until the 20th January. We have now recommenced urgent cancer surgery and urgent cases (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;
  - From mid-November, to better manage patient flow, Health Board field hospital beds were opened for non-COVID step down patients. We currently have up to 24 beds open in Ysbyty Enfys Selwyn Samuel (Llanelli) and up to 21 beds in Ysbyty Enfys Carreg Las (Narberth) although daily/weekly capacity has varied due to staffing challenges.

Our 34 key deliverable measures

Latest data

22	4	3

All Wales rank

All Wales data is available for 30 of the 34 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 50% of measures:

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

COVID-19 vaccination

This section provides a progress update of the COVID-19 mass vaccination programme across Carmarthenshire, Ceredigion and Pembrokeshire. Due to the high importance of this programme and the speed at which it is being delivered, data presented within this section are the most up-to-date available at the time of writing as opposed to the position at the end of the previous month.

What are we aiming to achieve?

In line with the rest of Wales, as determined by the COVID-19 Vaccination Strategy, we are working to three key milestones:

- **By mid-February** – all in priority groups 1, 2 and 3 were offered vaccination (i.e. care home residents and staff; frontline health and social care staff; everyone over 70 and everyone who is clinically extremely vulnerable).
- **By the spring** – vaccination will have been offered to all the other phase one priority groups (4-9). This is everyone over 50 and everyone who is at risk because they have an underlying health condition. Vaccination of groups 4, 5 and 6 has already started. The other phase one priority groups will be vaccinated:
    - Group 7, people aged 60 - 64 years - starting 8 March
    - Group 8, people aged 55 - 59 years - starting 22 March
    - Group 9, people aged 50 - 54 years - starting 5 April
- **By the autumn** – vaccination will have been offered to all other eligible adults in Wales, in line with any guidance issued by the Joint Committee on Vaccination and Immunisation (JCVI).

Progress for the 9 priority groups

as at 10th March 2021

Since our report in February, an additional 50,672 people have received the first dose of the COVID-19 vaccine.

Priority group	Number vaccinated 1st dose	Number vaccinated 2nd dose	Percentage of cohort vaccinated with at least 1 dose
1. Residents in a care home for older adults and their carers	5,657	1,991	93.1%
2. All those 80 years of age and over and frontline health and social care workers	44,645	13,782	98.1%
3. All those 75 years of age and over	18,126	40	92.9%
4. All those 70 years of age and over and clinically extremely vulnerable individuals	32,678	79	90.3%
5. All those 65 years of age and over	19,643	23	82.3%
6. All individuals aged 16-64 years with underlying health conditions*	8,584	487	19.2%
7. All those 60 years of age and over	-	-	
8. All those 55 years of age and over	-	-	
9. All those 50 years of age and over	-	-	
Priority group waiting to be assigned/validated**	2,901	698	
Total vaccines given to date	**132,234**	**17,100**	

* which put them at higher risk of serious disease and mortality

** Following issues identified with the initial data uploads to the immunisation system, NWIS are working with Health Boards across Wales to ensure the accuracy of the priority group allocation.

Vaccine type

We are currently using two vaccines approved for use in the United Kingdom, namely Pfizer-BioNtech and Oxford-AstraZeneca. The chart below gives a summary of the vaccines we have used as at 10th March 2021:

Uptake by local authority area of residence

The uptake by local authority as at 10th March 2021 is included below:

	Carmarthenshire	Ceredigion	Pembrokeshire
1st dose	32.8%	33.1%	33.7%
2nd dose	4.2%	3.5%	4.3%

Summary by GP cluster

The table below shows the uptake by GP cluster area as at 10th March 2021. It is important to note that the data in this section relates to the GP cluster where individuals are registered. The GP practices are not responsible for vaccinating all patients within their cluster; vaccinations will also be delivered by pharmacies, within care homes and vaccination centres (within the community and our acute hospitals).

GP cluster	1st dose		2nd dose	
	Number vaccinated	Percentage vaccinated	Number vaccinated	Percentage vaccinated
Taf/Towy (2Ts)	20,809	35.4%	2,939	5.0%
South Ceredigion	16,198	34.4%	1,551	3.3%
North Pembrokeshire	22,407	33.8%	3,190	4.8%
South Pembrokeshire	18,109	33.1%	2,005	3.7%
Amman/Gwendraeth	19,270	31.9%	2,185	3.6%
Llanelli	18,932	30.5%	2,265	3.7%
North Ceredigion	13,481	29.3%	1,604	3.5%

Weekly updates on the vaccination programme are available via our website: https://hduhb.nhs.wales/news/press-releases/.

Vaccination figures for all of Wales are published by Public Health Wales on their COVID surveillance dashboard: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-COVID-19/

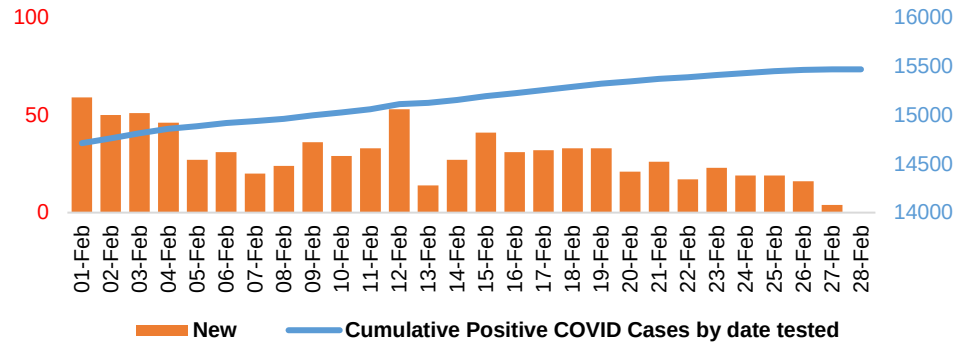
COVID-19 update

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.

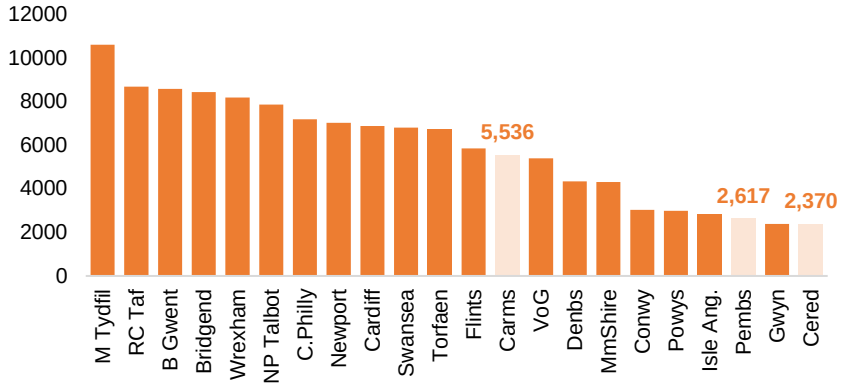
Confirmed cases

As at 28th February 2021 15,467 confirmed cases of COVID for Hywel Dda residents were reported, of these, 912 were confirmed during February. The highest number of new positive cases tested was on 1st February with 59 new cases reported. On 28th February 2021, population rates for confirmed cases were lower in Ceredigion (2,370 per 100,000 population) and Pembrokeshire (2,617 per 100,000 population) than most of the other local authority areas in Wales. 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 as at 28th February 2021



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, vaccination. In February, the command centre had on average 620 calls per day (17,367 calls in February 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)

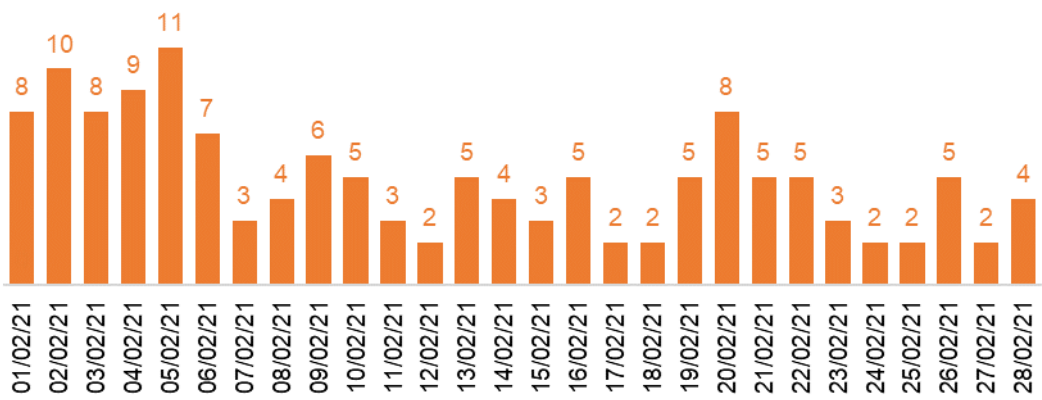
We continue to closely monitor our PPE stock levels and orders to ensure sufficient levels are maintained to protect our staff and patients.

Admissions

The number of COVID (confirmed and suspected) admissions to our four acute hospital sites decreased from 286 in January to 138 in February; 9 in Bronglais General Hospital (BGH), 31 in Glangwili General Hospital (GGH), 27 in Prince Philip Hospital (PPH) and 71 in Withybush General Hospital (WGH). This is an average of 5 COVID admissions a day across the Health Board during February and approximately 5% of all inpatient admissions. Non-COVID inpatient admissions averaged 94 per day over the same period.

The Health Board have 5 field hospitals across Hywel Dda to provide increased capacity should the need arise. As at 28th February, 45 beds were open in our field hospitals, 24 in Ysbyty Enfys Selwyn Samuel in Llanelli and 21 in Ysbyty Enfys Carreg Las in Bluestone, Pembrokeshire. The field hospital beds are used for non-Covid step-down patients, to enable us to better manage patient capacity and flow in our acute hospital sites.

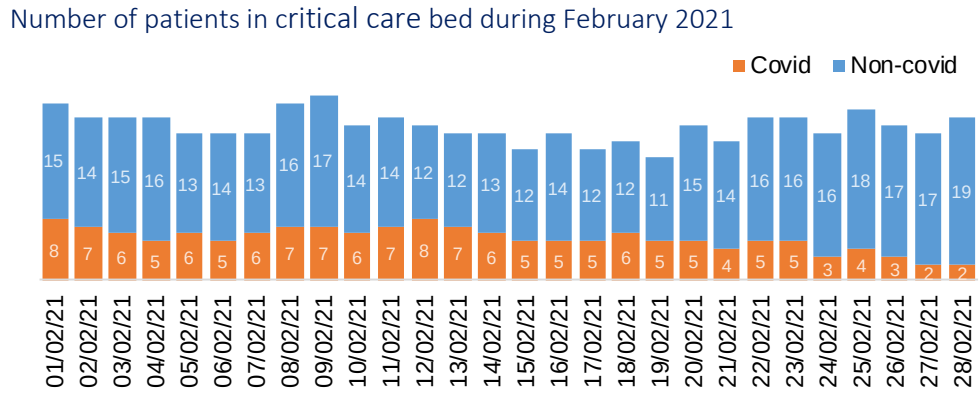
Hywel Dda daily COVID* admissions during February 2021



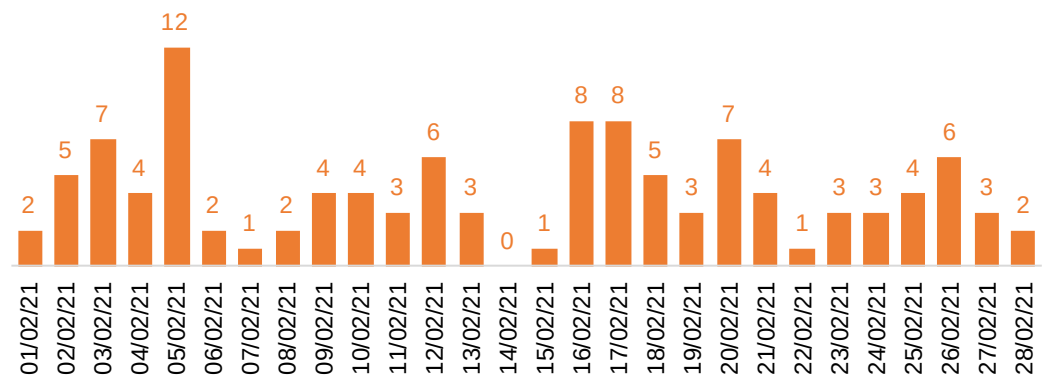
Critical care

The number of COVID patients requiring a critical care bed decreased from a daily average of 13 in January to 5 in February. We are monitoring ventilated bed use, consumables and medication requirements on a daily basis to maximise capacity across the Health Board. Additionally, we are modelling future capacity in order to accurately plan anticipated demand and availability of ventilated beds.

Number of patients in critical care bed during February 2021



Number of COVID patients discharged during February 2021



Discharges and Deaths

Between 1st and 28th February, 113 COVID (confirmed and suspected) patients were discharged from hospital alive. Sadly, from the start of the pandemic to 28th February 2021, there have been 472 COVID-19 related deaths in our hospitals, of which 79 (17%) occurred during February 2021.

For the latest figures on COVID-19 confirmed cases and deaths, see the Public Health Wales dashboard which is updated daily and can be accessed: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-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%	60.6%	54.0%	61.6%	No	6th out of 7	Carms 58.8%, Cere 65.9%, Pembs 62.9%.
	Ambulance handovers over 1 hour	0	402	404	278	Yes	4th out of 6	Ambulance handover delays improved considerably from February 2020 (-124).
	A&E/MIU 4 hour waits	95%	80.1%	72.4%	71.9%	No	5th out of 6	58% of total attendances were Major in Feb '21 compared to 42% in Feb '20. The main breach reason was due to lack of medical beds.
	A&E/MIU 12 hour waits	0	862	818	795	No	3rd out of 6	
	Non-mental health delayed transfers of care	12m↓	49	n/a	n/a	n/a	3rd out of 7	Due to COVID-19, DTOC census patient number monitoring has been suspended. Latest Mental Health data is based on unverified numbers from the National DTOC database.
	Mental health delayed transfers of care	12m↓	16	21	16	No	5th out of 7	
Stroke and cancer	Admission to stroke unit <4 hours	54.0%	62.5%	39.0%	29.2%	No	2nd out of 6	Admission to a stroke unit performance is below target at GGH (11.8%), PPH (12.5%) and WGH (15.4%), however, stroke teams provide care and intervention to patients even if not in a dedicated stroke ward. SALT compliance is highest at WGH (58.2%) and lowest at PPH (5.3%).
	Assessed by stroke consultant <24 hours	85.9%	96.7%	100.0%	92.5%	Yes	1st out of 6	
	Stroke patients - speech & lang. therapy	12m↑	32.7%	38.8%	32.1%	No	5th out of 6	
	Single cancer pathway	75%	72.0%	66.4%	68.0%	No	2nd out of 6	There is an increase in demand for diagnostic investigations beyond current capacity.
Planned care and therapies	Hospital initiated cancellations	5%↓	260	28	35	Yes	2nd out of 7	Emergency admissions (5), COVID (1), admin error (4), staffing (2), equipment (9), other (14)
	Delayed follow-up appointments (all specialties)	12m↓	33,402	38,968	37,097	No	n/a	There has been a decrease of 1,871 patients waiting this month .from last month
	Ophthalmology patients seen by target date	95%	62.3%	38.8%	38.2%	No	6th out of 7	Performance affected by patient cancellations & inability to attend. High risk treatment continues.
	RTT – patients waiting <=26 weeks	95%	88.6%	56.8%	55.5%	No	2nd out of 7	The number of patients waiting >36 weeks for treatment increased by 271 from Jan to Feb '21. However, the rate of increase is slower than seen in previous months.
	RTT – patients waiting 36 weeks+	0	883	25,522	25,793	No	2nd out of 7	
	Diagnostic waiting times	0	54	5,954	5,628	No	2nd out of 7	Reduced activity due to COVID precautions. A decrease of 326 from Jan to Feb '21.
	Therapy waiting times	0	81	395	417	No	3rd out of 7	Highest waits include Audiology (193), Podiatry (126) and Occupational Therapy (97).
Quality and safety	C.difficile	<=25	37.68	34.34	35.14	No	5th out of 6	The cumulative reduction rate compared to Apr-'19 – Feb '20: - C.diff cases reduced by 7% - E.coli cases reduced by 26% - S.aureus cases reduced by 17%
	E.coli	<=67	104.26	77.95	76.80	Yes	6th out of 6	
	S.aureus	<=20	29.18	24.13	24.37	Yes	2nd out of 6	
	Serious incidents	90%	11.1%	54.5%	0%	n/a	n/a	9 serious incidents were due for closure in February of which none were closed.
	Complaints	75%	70.1%	75%	57%	No	7th out of 9	High numbers of COVID related enquiries were received and closed in February.
MH +	Children/young people neurodevelopment waits	80%	28.5%	18.0%	17.1%	No	7th out of 7	Only 264/1542 of children/young people and only 473/1745 of adult psychological patients were seen in under 26 weeks in Jan 2021.
	Adult psychological therapy waits	80%	50.2%	26.4%	27.1%	No	7th out of 7	
Population Health	'6 in 1' vaccine	95%	94.5%	93.6%	93.6%	No	7th out of 7	The schools immunisation programme was restarted on 29th June 2020 as schools reopened.
	MMR vaccine	95%	91.0%	90.0%	90.0%	No	7th out of 7	
	Attempted to quit smoking	5%(ytd)	1.8%	1.82%	1.82%	n/a	2nd out of 7	COVID-19 presents a risk to smokers accessing cessation support services and due to the pandemic, CO levels are not currently recorded.
	Smoking cessation - CO validated as quit	40%	43.5%	n/a	n/a	n/a	3rd out of 7	
	Childhood obesity	n/a	n/a	n/a	n/a	n/a	4th out of 7	Carms 13.0%, Pembs 10.6% and Cere 10.3%
Workforce & finance	Sickness absence (R12m)	12m↓	5.08%	5.23%	5.29%	No	4th out of 10	Increase in in-month sickness from 5.44% in January '20 to 6.13% in January '21.
	Performance appraisals (PADR)	85%	76.0%	66.7%	64.8%	No	2nd out of 10	Monthly sessions, training videos and planning of acute site visits are sought to reverse decline.
	Core skills mandatory training	85%	83.2%	83.3%	83.6%	No	3rd out of 10	Lowest compliance in fire safety (71.6%), L1 moving and handling (77.6%) and IG (79.1%).
	Consultants/SAS doctors - current job plan	90%	74%	29%	28%	No	n/a	Increased services pressures continue to impact performance.
	Finance - deficit	£25m	£32.2m deficit	£20.8m deficit	£22.9m deficit	Yes	n/a	Board's financial YTD position at the end of Feb is £22.9m deficit against a deficit plan of £22.9m.

+ 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

♦ See individual report for all Wales ranking details. Note: All Wales data is usually reported for data from the previous period, however, due to the COVID pandemic the rankings published for a number of indicators have not been updated for some time.

Essential services update as at 28th February 2021

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.

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

Out of Hours services

- The Carmarthenshire and Ceredigion base rotas remain stable throughout the week. Cover remains limited during weekends in the afternoon and evening periods in Llanelli. Pembrokeshire's position remains fragile with a trend of significant shortfalls overnight during weekends and Monday. Continued long term sickness is a significant factor but shielding absence has reduced. Mitigation has been achieved by the good will of staff moving base to spread cover in a geographically appropriate way. The overall service risk remains elevated.
- Shift fill has not increased sufficiently to safely and consistently return to an increase in overnight cover in all five bases. Engagement exercises and planning have commenced to develop a strategy to overcome this longstanding problem.
- 82% of consultations over the past month were completed by telephone with 12% in treatment centres and home visits making up 6% of overall demand. This change in practice compared to pre-COVID times means service escalation levels are often lower than initially predicted. Service escalation and constraints in capacity would mean delays in patient care and possible increases in demand within emergency departments or WAST.
- Lateral Flow Testing has been provided to 21 patient facing colleagues who consented to participating. Other colleagues are already covered by their other areas of work including the 12 Advanced Paramedic Practitioners involved in the pilot in partnership with WAST.
- The new clinical operating system (Salus) continues to be developed to make it suitable for the OOH service. Funding and licencing have been secured to maintain Adastra alongside Salus to prevent the risk of delays or technical issues at the changeover point.
- OOH staff have been invited to discuss options for virtual consultations. The general desire is to utilise readily available software such as WhatsApp. Conversations continue around suitability and governance issues and the purchase of dedicated mobile phones is being pursued. *Attend Anywhere* remains an option in the Treatment Centres and Call Centre however use is limited due to lack of experience and difficulty to record consultations.
- The new IT rota system (RotaMaster) has been purchased. A training package and bespoke development of required functions has begun and the go live date could be seen early in the new financial year. RotaMaster will allow vacant shifts to be advertised and booked 24 hours a day resulting in a more efficient system for clinical and operational colleagues to cover vacancies.

❷ 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, rehabilitation increase in functional decline, therapy (maintenance) to try and prevent further deterioration and increased dependency, 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 conditions

Additional services
Health visiting service - early years
Community neuro-rehabilitation team
Self-management & wellbeing service
School nursing services

Diagnostics

❸ Intermediate services that are being delivered

Maternity services

❹ 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/'.

Unscheduled care

Executive Lead: Director of Operations

Senior Responsible Officer(s): General Managers

How did we do in February 2021?

61.6% of ambulances arrived to patients with life threatening conditions within the 8 minute target.

278 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), representing an improvement over January 2021

7,974 patients attended an A&E/MIU in February as a new attender. Of these patients, **71.9%** were seen and treated within 4 hours of arrival but **1,163** patients waited longer and **795** patients waited over 12 hours. There has been a 30% reduction in the number of new attendances compared to Feb '20 and 30% year to date.

In February there were 2,751 emergency admissions compared to 3,542 in Feb '20, to our hospitals of which 1,756 (64%) were admitted via A&E/MIU. On average, medical emergency patients stayed in hospital for 12 days Feb '21.

How do we compare to our all Wales peers?

	Ambulance reaching patients with life threatening conditions within 8 minutes	Jan 2021	6th out of 7
	Ambulances waiting > 1 hour to handover a patient	Jan 2021	4th out of 6
	Patients being seen and treated within 4 hours in A&E/MIU	Jan 2021	5th out of 6
	Patients waiting more than 12 hours in A&E/MIU	Jan 2021	3rd out of 6

Impact of COVID

- Ambulance Service
  - Additional COVID infection control requirements affect efficiency;
  - Staff shielding and an increase of staff reporting COVID like symptoms reduced our ability to deploy the maximum number of resources. The number of staff withdrawn from service (abstraction) remains higher than during the first wave of COVID. There has been a slight increase in staff reporting high temperature following the 2nd inoculation and subsequent abstraction;
  - Ambulance staff must don PPE for all calls and higher specification PPE where procedures produce airborne particles or respiratory droplets;
  - Modelling has shown red calls requiring full level 3 Personal Protective Equipment (PPE) will add 4+ minutes as a result of the donning process;
  - Reduction in handover delays continued during February with 673 hours lost (notification to handover) across our 4 acute sites which is the equivalent of 58 x 11.5 hour double manned crews (January 92 x 11.5 hours) being lost from production.
- Unscheduled Care
  - The 2nd wave has shown a higher acuity of patients presenting; needing enhanced respiratory support via continuous positive airway pressure (CPAP) and a marked increase in patients requiring oxygen support interventions and critical care. Presenting our senior clinicians with critical decision making requirements (such as ceiling of care) on a constant basis;
  - Staffing - absence through shielding, self-isolation and sickness has improved in line with COVID prevalence in the community;
  - The COVID mortality rate is proving to be a significant emotional burden for staff working on COVID wards with several areas regularly faced with up to 4 deaths per day;
  - COVID swabs results can take over 12 hours;
  - Increasing number of medically optimised patients, length of stay and some delays in re-ablement and Long Term Care (LTC) package availability due to both COVID concerns, staff shortages and LTC assessment/placement delays;
  - Nursing and residential homes under pressure with staff and resident sickness. Unable to accept patients back from the acute hospitals in a timely way. The ability to transfer patients to Community Hospitals, intermediate care beds and Field Hospitals limited due to COVID transfer requirements, patient eligibility criteria and staffing levels.

Risks

- Ambulance Service
  - Vehicles needing deep clean have to go to Singleton;
  - The time taken for ambulances to become operational post patient handover extended due the need to remove PPE and vehicle cleaning;
  - Increasing staff abstractions.
- Unscheduled Care
  - Existing vacancies and staffing for both Red and Green zones in Emergency Departments (ED) with Registered Nurses (RN) and Health Care Support Workers (HCSW). In accordance with the Nurse Staffing escalation matrix, we have at times had to stretch nurse ratios in a risk assessed way to cover daily staffing deficits caused by COVID related staff absence and sickness. Absence rates have almost doubled for COVID related reasons affecting all staff groups;
  - The combination of multiple factors: COVID demand, winter pressures, significant staffing deficits and difficulties in discharges has resulted in the service struggling to provide the level of care it would want, for example:
    - Excessive waits to offload ambulances;
    - Overcrowded EDs with difficulty to properly monitor patients who are asked to wait in cars;
    - Last minute struggles for facilities and staffing whenever an additional patient requires CPAP or ventilation;
    - Challenges in maintaining social distancing on wards due to the need to treat patients and offload ambulances;
    - Multiple COVID outbreaks on non-COVID wards;
    - Developing elective surgery recovery plan but inpatient capacity is significantly constrained due to RN staffing levels in acute wards;
  - Staff are reporting increased stress, anxiety and exhaustion which combined with work pressures increases risks of serious clinical incidents;
  - Vacancies and sickness in Community Teams/Hospitals negatively impact the efficient transfer of some patients from acute sites;
  - Numbers of medically optimised patients awaiting transfer/discharge out of acute beds remains significantly higher than levels deemed manageable to support effective patient flow;
  - The GP Out of Hours service is often not fully covered at the weekend.
  - Winter funding monies cease end of March and will have an impact on patient flow.

What are we doing?

- Ambulance Service
  - 16 Duty Operational Managers have been appointed across the Hywel Dda health board area with a further two vacancies out to advert;
  - Local and senior pandemic teams have been stood up;
  - Revised performance plan introduced;
  - The decontamination site at Singleton has reopened which will reduce down time of vehicles requiring deep cleaning;
  - The *Tactical Plan to Production* has been signed off. Mid and West Wales Fire and Rescue utilised to uplift our resource levels.
  - The Military Aid to the Civil Authorities (MACA) was activated in December and will be scaled down during and cease at the end of March;
  - Lateral flow test have been rolled out for all staff since January. Tests will be undertaken twice weekly.
- Unscheduled Care
  - *Same Day Emergency Care* continues to expand and increase capacity to see patients and appropriate patients are sent from A&E; WGH *Blue Team* 7 day pilot started Feb;
  - Revised major incident plans (addendums) devised for COVID;
  - Joint planning with GGH, PPH and Carmarthenshire County services with Selwyn Samuel Field Hospital operational at 28 beds and ongoing planning discussion to increase available beds, if required. At PPH this has increased the risks to service delivery as nursing and medical staff are released from PPH to support the field hospital;
  - Consultant and triumvirate (clinical, nursing and management leads) presence at bed management meetings in GGH and PPH, to aide flow and decision making in regard to confirmed/suspected COVID patients and weekend plans.

Bronglais

- Working closely with Community and LTC team to implement the '*home first*' principle and escalate the pace of LTC planning, though this has been critically hampered by COVID situation and care homes needing additional support due to COVID;
- Planned care activity stood down for an agreed review period and elective Cancer surgery recommenced;
- Winter plan continues with close monitoring of impact of schemes to deliver benefit to patients. Additional consultant sessions, doctors on A&E rota and additional weekend middle grade are in place where staffing allows;
- Dual junior rota back in place as we continue to see increased COVID admissions;
- Community Team is significantly depleted due to supporting Red status Care Homes (28 day embargo) and bolster their staffing. Resulting in the need to temporarily close Cardigan MIU and has significantly restricted opportunities for discharge, resulting in BGH having high numbers of medically optimised for discharge patients who are unable to transfer;
- Plans to open the local Field Hospital by the end of February continues subject to staffing, though BGH are engaging in the southern Field Hospital daily panels to affect transfer if clinically appropriate.

Glangwili

- Detailed patient reviews (deep dives) in place as '*to treatment and discharge*' plan reinstated, led by the triumvirate with community and local authority presence with Senior Discharge Lead post created. Twice weekly escalation meetings in place chaired by Head of Nursing;
- COVID outbreak closed end of February with plans in place to reduce COVID capacity and increase Green capacity as COVID numbers decrease;
- Minimal elective activity taking place as unable for staff on closed ward to increase activity, working with recruitment to look at agency options;
- Significant nurse deficits across all wards (75 WTE RNs) with a daily focus on moving staff within the hospital;
- Additional 2nd Medical Consultant at weekends.
- *Microsoft Teams* bed meetings in place at weekends for on call managers;
- Late shifts introduced for the management team ensuring senior on-site presence Monday to Wednesday.

Prince Philip

- Due to increased non-COVID activity in the Llanelli area the number of COVID wards has been reduced to just one;
- Planned care activity stood down for an agreed review period and elective Cancer surgery recommenced in Jan' 21, placing additional pressure on ward based capacity and staffing;
- Encouraging MIU patients to wait in cars, if possible, to maintain social distancing in the waiting room;
- Allocation of outpatient and theatre staff to wards to slightly offset staffing deficits;
- Releasing medical consultants from Planned Care duties has allowed increased senior presence on wards and at the front door and at evenings and weekends;
- Active management of outbreaks;
- Support systems for staff in place.

Withybush

- Green/Red Clinical Decision Units maintained although length of stay is increased due to shortfall in available inpatient capacity. Continued screening of General Medicine (GM) referrals and ambulance conveyances to avoid unnecessary admissions;
- Inpatient COVID capacity reduced to 1 ward due to an outbreak in 2 wards;
- COVID outbreaks in non-COVID wards provide significant ongoing operational challenges for 'Green' patient pathways;
- An additional GM junior doctor continues to be requested to cover weekend day shift to reduce patient waits for assessment and onward referral/discharge;
- Safety huddles continue in the ED to improve timely assessment processes and flow. This needs continued further focus and reinforcement;
- A strong drive continues on medical recruitment together with a developing medical workforce plan to include appointments into alternative roles;
- The multi-disciplinary team field hospital panel has changed to a general patient flow panel in February 2021 and enables escalation of persistent challenges.

Delayed Transfers of Care

Executive Lead: Director of Therapies & Health Science/Director of Operations **Senior Responsible Officer(s):** Service Delivery Manager/Assistant Director

How did we do in February 2021?

Due to the COVID pandemic, non-mental health DTOC census patient number monitoring has been suspended.

Mental Health DTOC census delays are being captured, there were **16** in February 2021.

How do we compare to our all Wales peers?

	Non-mental health patients aged 75+ DTOC	Feb 2020	3rd out of 7
	Mental health patients DTOC	Feb 2020	5th out of 7

Impact of COVID

The full impact of COVID on DTOC can be demonstrated in the following areas:

- Changes to regulatory frameworks – with the introduction of Welsh Government (WG) Hospital Discharge Service Requirements. *Discharge 2 Recover and Assess* (D2RA) pathways have enabled us to expedite the implementation of these new ways of working. Capacity of the Long Term Care team has an impact on patient flow;
- Staffing - staff groups across all services have been affected by COVID transmission. Self-isolation periods, quarantine, test, trace, and protect will all have an effect on the staff resource available to support patient care, which may ultimately have an impact on DTOC into those services; A significant proportion of Health and Social Care staff have received the COVID vaccination with some now receiving the 2nd vaccination and it is anticipated in time, we will see the impact of this. Lateral flow testing (LFT) within community nursing teams will also minimise disruption to service provision;
- Care home sector – there have in the last month been a decrease in the number of homes unable to accept new admissions due to outbreaks. Following an outbreak, Public Health Wales guidance states no admissions into care homes until 28 days after the last positive test result and limited admissions during recovery period once the 28 days is lifted;
- COVID testing – processes are in place to support patient transfer to community hospital, community, care home with appropriate testing to ensure safe delivery of care;
- Capacity of services and acuity of patient's care requirements – insufficient capacity to meet demand. The demand for Domiciliary Care Provision is increasing and remains a high risk factor;
- Outbreaks within Community Hospitals have improved. These had affected hospital admission/closure with the result of delays in transfer of care;
- Impact of Lockdown - Community transmission has shown signs of improving. This had impacted on available staffing in the community services, care homes, commissioned services and domiciliary care;
- COVID positive cases in hospitals – each acute site is now experiencing a decrease in positive cases. The increased length of stay associated with positive status had impacted on timely hospital discharge.

Risks

- Non-mental health
- Test, Track and Protect - impact of positive result meaning whole community teams are unable to deliver care to vulnerable patients within the community, which may result in increased admissions to hospitals. It is anticipated the introduction of LFT in community teams will mitigate this;
- Deployment of core community staff to support care home sector, resulting in reduced visits to existing caseload;
- New variant of virus – impact not fully known;
- 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 and placements re-emerging as a significant constraint to discharge;
- Delays in transfer to Care homes whilst 28 day embargo in place as Public Health Wales sign off is required for risk assessing transfers.

- Mental health
- Challenges around identification of placements resulting from actions to reduce spread of COVID;
- Increased acuity levels within inpatient settings;
- Patient pathway delay due to COVID patients requiring a 28 day window of negative tests prior to transfer or admittance.

What are we doing?

- Non-mental health
- Working collaboratively with the Local Authorities to further develop capacity within D2RA pathways, to ensure attainment of standards as outlined in the Welsh Government Discharge Requirements and Primary Care & Community Framework (PCCF);
- Continuing to support our staff through this second wave of COVID and implications of new virus strain and ongoing psychological impact on staff groups;
- New daily panel taking place on each acute site focusing on patient flow across the system; incorporating field hospital, community hospital and step down provision;
- Enhancing rapid response to bridging care and sustain by embedding into D2RA pathway;
- Strengthening intermediate care response in the community;
- Field Hospitals operational across Health Board to support patient flow;
- Increasing 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;
- Embedding Telehealth solutions where possible and appropriate to support Intermediate, Palliative and Proactive Care pathway;
- Improved integration of end of life care across the healthcare system and ensure adherence to palliative care principles and standards;
- Collaborative working with key partners in managing outbreaks in care homes, LA, IP&C, Environmental health, County Management officers, Care Home providers;
- Targeted approach of winter funding to support patient flow across the system.

- 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;
- ICF funding has enabled additional staffing and capacity to facilitate discharge and liaison. Improvements have been made to internal and external pathways to reduce delays as far as possible;
- Closer working with Long Term Care to deal with more complex cases and collate more detailed information regarding placement challenges and budget constraints.

Stroke

Executive Lead: Director of Therapies & Health Science/Director of Operations **Senior Responsible Officer(s):** Service Delivery Manager/Assistant Director

How did we do in February 2021?

29.2% of patients presenting at our hospitals in February with a stroke were then admitted to a dedicated stroke unit within 4 hours (33.3% decrease from February 2020).

92.5% of patients admitted with a stroke in February were assessed by a specialist stroke consultant within 24 hours (4.2% decrease from February 2020).

32.1% of stroke patients had the recommended amount of speech and language therapy (SALT) in hospital during February (0.6% decrease from February 2020).

How do we compare to our all Wales peers?

	Admission to stroke unit within 4 hours	Dec 2020	2nd out of 6
	Assessed by stroke consultant within 24 hours	Dec 2020	1st out of 6
	Stroke patients - speech and language therapy	Dec 2020	5th out of 6

Impact of COVID

- Three of the four stroke units were impacted by COVID last month, and as a result the majority of new stroke patients were diverted to other wards and not onto the units. This is illustrated by the reduction in the 4 hours admission target to a dedicated stroke unit;
- Stroke teams provide care and interventions to stroke patients even if it is not in a dedicated stroke ward;
- Some stroke consultants have been off sick which negatively impacted on the target, as reflected in the data;
- We sought alternative ways of working regarding out-patients clinics;
- Staff sickness within the MDT (multidisciplinary team) due to COVID, does impact on therapy for stroke patients, including SALT;
- Some units have lost bed capacity due to social distancing and beds are being lost due to contacts/isolation within the units;
- All stroke patients being admitted are being screened for COVID.

Risks

- Stroke units being closed due to COVID outbreaks;
- Reduction in staff due to self-isolation and sickness;
- Reduction in therapy and rehabilitation due to staffing levels with poorer outcomes for patients due to the lack of timely rehabilitation;
- Inability to meet performance targets due to staffing levels;
- Higher rate of mortality due to a COVID outbreak;
- Nurse vacancies in the stroke units;
- Lack of therapy staff as per guidance, e.g. SALT and psychology;
- The HB stroke re-design has been suspended due to COVID, no date to restart work at present;
- Training of non-stroke staff relating to, for example, thrombolysis and the first line swallowing assessment.

What are we doing?

- The stroke teams continue to manage and support stroke patients outside the stroke units;
- The HB Stroke Steering Group (SSG) is meeting on a regular basis;
- Work is ongoing regarding the Thrombectomy pathway. The service is now available 7 days a week via North Bristol. The HB pathway is in draft and will be signed off at the next SSG meeting;
- The HB had funding agreed for a new IT platform to speed up the transfer time of scans to the North Bristol Radiology department. The server has already been built by our IT team;
- Whilst face to face stroke clinics are suspended, virtual clinics continue;
- Transient Ischemic Attack clinics continue at all four sites both face to face and virtually. They do not require outpatient staff to manage clinics;
- All four sites continue to thrombolyse;
- WGH had winter funding to pilot an Early Supported Discharge (ESD) team. Out of the 11 ESD discharges supported, 5 were on the same day as the person identified as suitable for ESD and 6 were discharged on the next day. There have been no reported readmissions;
- Stroke review, referral and diagnostic waiting times:
  - 22 patients are awaiting their stage 1 stroke review with the longest waits being 7 weeks (waits are reducing);
  - All suspected stroke referrals are being validated;
  - 62 patients who are classified as ‘routine’ are still waiting for diagnostics by radiology services as only ‘urgent’ patients are being seen at present.

Cancer

Executive Lead: Director of Therapies & Health Science/Director of Operations **Senior Responsible Officer(s):** Service Delivery Manager/Assistant Director

How did we do in January 2021?

In January, **68%** of patients on the Single Cancer Pathway (SCP) were treated within 62 days of the point of suspicion, an improvement of 1.6% over the previous month. Reporting parameters changed in December. The figure is now without adjustments and reflects an increase in demand for diagnostic investigations beyond capacity available in the period.

How do we compare to our all Wales peers?

	Single cancer pathway	Dec 2020	2nd out of 6

Impact of COVID

- Tertiary surgery was suspended due to COVID in late March 2020;
- Suspension of any aerosol generated diagnostic tests and surgery, in-line with the 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;
- 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 15th June 2020;
- Urgent Suspected Cancer imaging has been 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 centre 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 the service;
- Local diagnostic service capacity pressures within Radiology and Endoscopy services;
- The Single Cancer Pathway significantly increases diagnostic phase, placing added pressure on diagnostic capacity; since 1st December we are only reporting on the SCP target without adjustments.
- Suspension of local surgery for patients requiring ITU/HDU and aerosol generated diagnostic investigations.

What are we doing?

- Continuing to escalate concerns regarding tertiary centre capacity and associated delays;
- Investigating current capacity for diagnostics to ensure a 7 day turnaround as per the National Optimal Pathways;
- Implementing a SCP Diagnostics Group to identify the investigation bottlenecks, and how we can address them going forward;
- We are logging all patients who are not having treatment due to patient choice or cancelled by hospital on clinical grounds due to COVID;
- All urgent suspected cancer imaging investigations continue as usual;
- Elective surgery for high acuity cancer patients with green pathway and green ITU/HDU commenced at PPH and BGH on 6th July 2020, and at WGH on 13th July 2020 for intermediate surgery;
- A pause on elective cancer surgery for 4 weeks from 21st December has impacted further delays on individual patient waits. Plans to increase urgent capacity across sites to reintroduce green HDU/ITU support are being progressed to help reduce the number of patients awaiting cancer surgery i
- As per the *Wales Bowel Cancer Initiative*, the use of FIT10 screening in the management of urgent suspected cancer patients on the colorectal pathway during the COVID pandemic has been implemented. This has significantly cut back on the number of patients requiring Endoscopy or any further investigations.

Planned care

Executive Lead: Director of Operations

Senior Responsible Officer(s): General Manager Scheduled Care

How did we do?

35 patients had their procedure cancelled within 24 hours in January 2021. The low number of booked patients is a reflection of elective surgery restrictions due to the pandemic.

In February, **55.5%** waited less than 26 weeks from referral to being treated (RTT) and **25,793** patients waited beyond 36 weeks.

In February, **38.2%** of eye care patients (4547/11909) were waiting in or within 25% of their target date. 98.7% of patients have been allocated a high risk factor (HRF) status leaving 229 (1.3%) patients waiting for an allocated HRF status.

In February, there were **37,097** delayed outpatients of which **23,124** 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	Dec 2020	2nd out of 7
Referral to treatment (RTT) <=26 weeks	Dec 2020	2nd out of 7
RTT – patients waiting 36 weeks or more	Dec 2020	2nd out of 7
Ophthalmology patients seen by target date	Dec 2020	6th out of 7
Patients waiting for a follow up who are delayed by 100% of their target date	Jan 2021	3rd out of 7

Impact of COVID

- Hospital initiated cancellations
  - Emergent on the day, challenges relating to patient flow and staff availability;
  - Supporting stringent infection control pathways reduces usual flexibility of staff and environment.

- 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;
  - We are continuing to work with Informatics on the risk stratification of the waiting lists which we will share once complete;

- Eye care
  - A reduction 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 has been swiftly reconfigured to meet essential urgent care where required;
  - Routine surgery and face to face outpatient activity has been postponed;
  - Due to population demographics, most patients require hospital transport which has affected attendance;
  - The telephone triage of *Emergency Eye Casualty* by a senior clinician has reduced attendance by 50% with patients being managed via other routes, including independent prescribers in optometric practices;
  - There has been an increase in collaborative working with community optometric practices.

- Follow-up appointments
  - Despite in-month improvement, we are unable to deliver previous service levels whilst restrictions remain in force. Initial recovery of the 2019/20 position will be slowed by lack of capacity, infection.

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;
  - The current second wave of COVID is being monitored regularly, however, to date there is no stepping down of any urgent or cancer surgery.

- RTT
  - The team are currently identifying risks due to reduced capacity across all stages including 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 are experiencing longer waits due to the combined impact of pandemic related restrictions and a shortage of consultant ophthalmologists. Capacity being used to cover the Emergency Eye Care service can impact on waiting times;
  - Approximately 192 new and 663 follow-up outpatient appointments have not taken place. Glaucoma patients (on the follow up list for review purposes) have not been able to have their regular diagnostic tests as these cannot be undertaken virtually.

- 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 but 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 the process of virtual work.

What are we doing?

- Hospital initiated cancellations
  - Working to optimise available elective theatre lists, prioritizing on cancer and urgent care pathways. Promoting 'GREEN' pathways for elective surgery flow;
  - Planning and collaborating with local patient flow teams to provide safe havens that promote a safe elective patient stay.

- RTT
  - Due to a temporary pause being put in from the 18th December for a short period until the 20th January, the Health Board has now recommenced urgent cancer surgery and urgent cases. We continue to plan to return to the 2/3 category in the coming months but the date is not confirmed;
  - Capacity is being prioritised for category 1 and cancer patients following urgent pathways;
  - 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 has a revised post-COVID watchtower monitoring programme;
  - Our plans for Q3/4 seek to enable the recommencement of urgent orthopaedic treatments;
  - Each patient is being risk assessed in order to prioritise those with the greatest need. Regular review of progress is undertaken at the weekly RTT watchtower meeting. The service aims to report initial risk stratification data from next month, with the long-term aim of standardised reporting once WPAS data recording is fully embedded.

- Eye care
  - A new Senior Nurse Manager is reviewing the enhanced cataract pathway and orthoptic activity to maximise efficiency;
  - A business case is being developed to provide a sustainable AMD service with care closer to home;
  - Maintaining treatments and reviews for imminently sight threatening or life-threatening conditions (prioritising R1 patients);
  - Although compliance dropped, clinicians have been triaging patients waiting beyond 25% of their target date. This ensures the correct clinical prioritisation of high-risk patients is undertaken and they are offered appointments first. Patients referred for urgent Cataract procedures are being treated in Werndale;
  - Patients waiting over 100% of their target date have their notes reviewed by a doctor to determine the appropriate action;
  - Senior input is always available via telephone/ email and a consultant is on site at GGH on weekdays. The service is covered 24 hours a day, via an on-call consultant rota for emergencies;
  - Clinicians review clinics and contact patients in advance of treatment with Pre-op procedures requiring a negative COVID result;
  - The clinical team continue to see all ages of patients in the intravitreal injection therapy service;
  - Some patients do not want to attend due to risks; there is a weekly virtual clinical review. This will change if the Royal College of Ophthalmology guidelines change;
  - Working closely with Swansea Bay UHB to develop a regional response and a potential temporary solution;
  - All patients are prioritised in line with the WG Eye Care Measures. This ensures people at highest risk of eye disease who need to be seen quickly should experience fewer delays. We are also giving due consideration to strategies to maximise efficiency in these challenging times, such as one-stop services and appropriate adoption of immediately sequential bilateral cataract surgery.
  - The Age Related Macular Degeneration service has implemented a one-stop service which has maximised the number of patients being seen.

- 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.
  - We are in the process of developing a communication programme for all patients across the stages and will report as this progresses.

Diagnostics

Executive Lead: Director of Operations **Senior Responsible Officer(s):** General Manager Scheduled Care

How did we do in February 2021?

5,628 patients waited over 8 weeks for a diagnostic which is a decrease of 326 from the previous month.

How do we compare to our all Wales peers?

	Diagnostic waiting times	Dec 2020	2nd out of 7

Impact of COVID

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

- Radiology
  - Imaging capacity 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
  - We are currently delivering 48% overall activity following the 2nd wave of COVID. Endoscopy activity prior to the 2nd wave was increased to 50% activity in line with the National average;
  - All priority one (P1) patients are dated within 2 weeks; BGH and GGH have now started to date P2 Urgent Suspected Cancer patients.
  - Faecal Immunochemical Tests continue in line with national programme guidelines. Currently, only 17% converting to an endoscopy procedure; overall 55% referral rate in comparison to pre-COVID.
- Cardiology
  - Some services have been moved off-site to facilitate social distancing;
  - 7 day working established to maintain social distancing and increase diagnostic tests undertaken;
  - Recent increase in referrals for Cardiology diagnostics following the initial reduction during the 1st wave of the COVID pandemic;
  - No resumption of Trans-oesophageal Echo or Dobutamine Stress Echo due to staff capacity and space constraints.

Risks

- Capacity pressures, equipment failure and COVID precautions impacting the service's ability to meet 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;
  - Maintained dialogue with colleagues across Wales for a review of the overall picture and possible solution to assist with the recovery;
  - Additional capacity for computerised tomography (CT) has been acquired but finding staff via locum agencies has been problematic;
  - Staff are undertaking extra sessions to provide additional capacity. Dependant on staff availability and infection rates.
- Cardiology
  - On-going robust triage of Cardiology diagnostic waiting list;
  - Cardiac CT resumed at BGH and scoping work progressing to increase sessions/sites to reduce waits and avoid invasive angiogram procedures (where clinically indicated);
  - Outsourcing of Cardiac CT and Cardiac MRI being considered to deal with longest and most urgent waits;
  - Using locum and in-sourcing of echocardiograms;
  - Diagnostic Angiography endeavouring to increase from 3 to 4 patients per list at PPH;
  - Llanelli Leisure Centre utilised to provide off-site Cardio-physiology heart rhythm and blood pressure monitoring diagnostics;
  - Cardio-physiology demand and capacity review on-going.
- Endoscopy
  - Lists being increased back to 53% activity with return of staff from ward areas and re-introduction of endoscopy lists;
  - Single Cancer Pathway target of endoscopy date within 7 days of referral being reviewed, with a view to implement;
  - Awaiting I.T. support to implement capsule endoscopy service to further reduce demand for scoping capacity;
  - Review of endoscopy waiting and recovery areas to introduce screens to help increase capacity safely;
  - Discussion around introducing air filtration units to reduce downtime in-between each patient and increase capacity.

Therapies

Executive Lead: Director of Therapies & Health Science **Senior Responsible Officer(s):** Assistant Director

How did we do in February 2021?

417 patients waited longer than 14 weeks for a therapy appointment. Services with the longest waits include; Audiology (193), Podiatry (126), Occupational Therapy (OT) (97). However, considerable improvements have been made since June 2020 when we had 1,613 patients (+1,218) waiting over 14 weeks.

How do we compare to our all Wales peers?

	Therapy waiting times	Nov 2020	3rd out of 7

Impact of COVID

- Trajectory of 0 therapy waits was on track to be achieved prior to pandemic. Constraint for OT achieving 0 breaches included the availability of Paediatric OT but these posts have now been appointed. An improved position is anticipated by July/August. Constraint for Podiatry has been the reduced clinical efficiency due to PPE & IPAC measures for and in-between patients requiring physical 'hand on' treatment. Continued improvement in Podiatry position is anticipated in May/June.
- The services have been deploying use of digital technology to support access e.g. *Remote Environmental Assessments*; and Virtual and remote digital service provision is now embedded within services;
- Continued reduced capacity affects waiting lists. Although Audiology services have been reintroduced following the 2nd lockdown this is at a 50% capacity level;
- 'Inclusion' criteria in place to help triage urgent face-to-face hearing aid repairs;
- Delays in Audiology recruitment process;
- Audiology GP Assessment referrals continue to be significantly below pre-pandemic levels. During February 2021, the service only received 39% of the number of new referrals that were being received in February 2020.

Risks

- Referral rates have been significantly reduced, and that patients have been avoiding attending GPs/care during COVID. This may impact upon the number and complexity of the presentations as services return to 'normal';
- A reduction in clinical staff workforce due to shielding, and non-patient contact risk assessments for vulnerable/high risk staff;
- Loss of therapy accommodation, which has been repurposed either as part of COVID response, or new developments in acute sites, will impact upon ability to see patients if facilities are not reinstated or suitable alternative accommodation provided;
- Increased Audiology waiting lists for new/re-assessments due to limited appointment slots;
- Vestibular assessment waiting times increasing as currently not performing tests due to infection control issues with equipment;
- Communication challenges caused by face coverings/virtual consultation due to lip-reading limitations.

What are we doing?

- To address face-to-face clinical treatment requirements, appropriate measures have been undertaken to ensure physical distancing compliance, infection prevention and control practice. Including physical decontamination between patients and clinical estate availability. Where appropriate and safe to do so, services are restarting pathways although capacity is reduced;
- Virtual and remote service provision is being successfully implemented within Therapy services with a positive impact on RTT. Improvements made for first appointment waiting times as a result of online consultations. However, we have a growing list of follow-up patients that require hands on review/diagnostics;
- Audiology patient care pathways reintroduced for routine adult service and face-to-face appointments follow social distancing guidelines;
- Hearing aid follow-up appointments and tinnitus consultations on track;
- Virtual consultations used where appropriate and Attend Anywhere to be introduced for tinnitus and balance patients (trial is to start in March 2021);
- Urgent and 'soon' pre-school paediatric audiology appointments continue to be booked;
- Urgent new patients are assessed and fitted with hearing aids on the same day;
- Postal hearing aid repair service with same day return;
- Patients issued with a year's supply of hearing aid batteries;
- Recruitment to two Fixed Term Contract positions for 2 years to cover retire and return.

Quality and safety

Executive Lead: Director of Nursing, Quality and Patient Experience

Senior Responsible Officer(s): Assistant Directors of Quality

How did we do in February 2021?

Clostridioides difficile (C. difficile) Infection. For February 2021 we reported 13 cases, and currently have 5 wards across Community and Acute hospital sites with increased case numbers. This is an increase that has been seen in other health boards in Wales following on from high COVID cases. This is a cumulative reduction of 7% than in the same timeframe of 2019/20, rate for Hywel Dda is **35.14** per 100,000 population.

Escherichia coli (*E. coli*) blood stream infection (BSI). In February 2021 we reported 19 cases, a total of 271 cases this year, cumulative reduction of 26% reduction, 97 fewer cases than in the same timeframe for 2019/20. Cumulative rate for Hywel Dda is reduced to **76.80** per 100,000 population. This is similar to the picture being seen across Wales where there has been a decrease of 26% in the number of cases.

Staphylococcus aureus (*S. aureus*) BSI. February 2021 reported 8 cases of *S. aureus* BSI, one of which was an MRSA. This gives a total of 86 cases year to date. This is 17 cases less, cumulative reduction of 17% fewer than in 2019/20, while the all Wales figure shows a decrease of 6% in the number of cases. Cumulative rate is currently reducing to **24.37** per 100,000 population.

In February, we reported **1,373** incidents of which 1,167 were patient safety related. Welsh Government asks 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 **9** serious incidents due for closure in February of which none were closed in the agreed timescale (**0%**). **No** Never Events were reported in February 2021.

57% of complaints were closed within 30 working days in February. Although a high number of complaints MT PTR (*managed through putting things right*) formal cases were closed in February, a much higher number of enquiries/early resolution contacts were received and closed by the department which has affected the overall % figure.

How do we compare to our all Wales peers?

	C.difficile infections	Dec 2020	5th out of 6
	E.coli infections	Dec 2020	6th out of 6
	S.aureus bacteraemias (MRSA and MSSA) infections	Dec 2020	2nd out of 6
	Serious incidents assured in a timely manner	Not available	
	Timely responses to complaints	Q2 20/21	7th out of 9

Impact of COVID

- Infection Prevention
  - Increased numbers of *C. difficile*, we are currently reviewing 5 areas where there is period of increased incidence (PII) in case numbers, root cause analysis (RCA) is being completed on all cases. Indications are that this may be due to antibiotic usage, report awaited as prescribing data is reported retrospectively;
  - Due to COVID workload basic auditing was suspended, we are now looking to reset as a team, review PPE training and provide additional education;
  - Relook at the Environment audit programme and restart audit work.

- Incidents
  - Senior members of the Quality Assurance and Safety Team and Quality Improvement Team continue to meet regularly to ensure that there is connection between incident themes and the quality improvement work.

- Complaints
  - Increased number of contacts are now being received from patients due to the impact of COVID upon their healthcare;
  - Members of the team continue to work from home and this, overall, has proved to work well.

Risks

- Infection Prevention
  - Glove shortages are a possibility due to shortage of raw materials.
  - Increasing cases of C. difficile infections (CDI) and C. difficile carriage seen over the last quarter in acute and community hospitals.

- 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
  - If the number of contacts regarding COVID continues to remain high, this will have a detrimental effect on the performance figures. Early resolution cases are not included in the performance figures, as they are opened/closed within 2 working days and fall outside of PTR.

What are we doing?

- Infection Prevention
  - Incident meetings being held to support areas with PII of C. difficile, with engagement from Triumvirates, Clinical Teams and Hotel Services. All C. difficile samples sent for genotyping;
  - PIIs are a combination of patients with CDI and some that are C. difficile carriers. RCAs being completed on the carriers, not normally done and these are counted in the PII cases;
  - Awareness of C. difficile cases raised with Consultant Microbiologists and Antimicrobial Pharmacists especially regarding antibiotic reviews and use of Proton Pump Inhibitors;
  - C. difficile learning resource file developed and disseminated across the Health board;
  - *Appropriate Glove Usage* project proposal has been accepted by Improvement Academy in promoting behaviour change to reduce COVID transmission.

- Incidents
  - As at 28th February 2021, there were 34 serious incidents open over 60 days. This is an increase on the position reported last month where 26 serious incidents were overdue. On analysis, it has been identified that 62% are open to Mental Health and Learning Disabilities.
  - Of the serious incidents due for closure in February, 7 (78%) incidents were reported by the Mental Health service. These incidents are usually complex in nature and often involve HM Coroner. A meeting has been scheduled with the Head of Nursing to discuss whether assistance can be given to the directorate from the corporate team;
  - The Quality Assurance and Safety Team continue to monitor and scrutinise the quality of investigations as well as the robustness of improvement and learning action plans. A review of closure of improvement and learning actions is being undertaken by Internal Audit.

- Complaints
  - Recruitment of 2 new members Contact Centre staff to support the telephone central line;
  - Regular meetings continue with the Directorate to drive forward the timeliness of responding to complaints;
  - The Complaints Team continue to close a high number of complaints (40-60) per month.

Executive Lead: Director of Operations **Senior Responsible Officer(s):** Director of Mental Health/Assistant Director

How did we do in January 2021?

Only **17.1%** of children and young people (264/1,542) met target and waited less than 26 weeks to start a neurodevelopment assessment; combined figure for autistic spectrum disorder (ASD, 19.2%, 222/1,158) and attention deficit hyperactivity disorder (ADHD, 10.9% 42/384).

Only **27.1%** of adults (473/1,745) met target and 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	Nov 2020	7th out of 7
	Adult psychological therapy waits	Nov 2020	7th out of 7

Impact of COVID

- Neurodevelopmental assessments
  - Face-to-face ASD appointments have resumed and the waiting list is being prioritised;
  - Young people approaching transition are prioritised;
  - Delayed recruitment and anxiety to engage in face-to-face assessments;
  - New ways of working include exploring virtual clinics for new patients - telephone or *Attend Anywhere*.
- Psychological therapies
  - Increased the number of telephone assessments undertaken for adult psychological therapies;
  - *Attend Anywhere* successfully implemented 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;
  - 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 *Welsh 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;
  - 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;
  - Validation exercises are underway within the ADHD service;
  - ADHD, from December 2020, Health Care Support Worker monitoring clinic commenced at GGH site to improve patient flow. Further work required to replicate for Pembrokeshire;
  - Agency practitioners are being utilised to address the waiting list;
  - A Business case is being developed to address the long waits for ADHD.
- Psychological therapies
  - A team restructure is underway and a new Service Delivery Manager appointed;
  - 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.

Population Health

Executive Lead: Director of Public Health

Senior Responsible Officer(s): Immunisation, Smoking and Obesity Leads

How did we do?

Between July and September 2020, **93.6%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, a decrease in uptake on the previous quarter (96.0%).

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 July and September 2020, **90.0%** of children received 2 doses of the MMR vaccine by their 5th birthday, compared to 90.3% in the previous quarter.

Year to date, April to September '20, **1.82%** (1,011/5,554) of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is similar to the same period in the previous year.

Due to the COVID-19 pandemic, carbon monoxide (CO) levels were not recorded but 59.4% of recorded patients self-reported a quit during July '20 – Sept '20.

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	Q2 20/21	7th out of 7
	2 doses of the MMR vaccine by age 5	Q2 20/21	7th out of 7
	Smokers who attempted to quit	Q2 20/21	2nd out of 7
	Smokers CO validated as quit	Q4 19/20	3rd out of 7
	Children aged 4-5 year who are obese	2017/18	4th out of 7

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 was restarted on 29th June 2020 as schools reopened.

- Smoking
  - Smokers are no longer CO validated at 4 weeks post quit date due to the potential risk of COVID-19 transmission in exhaled air;
  - All consultations are now provided via telephone;
  - Medical Humanities Research Centre (MHRC) approval received to supply Nicotine Replacement Therapy (NRT) via post in case there was an issue with access to community pharmacies and supply. This has yet to be fully implemented. Those unable to access NRT via a local pharmacy were 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.

- 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 COVID19 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 COVID19 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 UHB. 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
  - Staff have recommenced their talks to Pulmonary Rehabilitation groups via Teams and training has been provided to Pre-op staff in this manner. Secondary care referrers have been contacted to encourage electronic referral of patients.
  - In Primary Care, a revised pathway was created and following a successful pilot in a GP practice in Llanelli, 4 further practices came on board, this has allowed the direct recruitment of smokers with a chronic disease from the GP's in-house database.
  - Paused recruitment of pharmacists and pharmacy technicians; Pharmacy referrals processed via Community and Secondary Care who are able to provide telephone support to relieve the burden on pharmacies. Plans have been made to engage the 3 services in the development of the smoking agenda post COVID. Plans have been made to unify service feedback and electronic access for client satisfaction.
  - Local Community and Secondary Care teams are offering telephone support and the referrals are being spread evenly throughout the teams and weekly team catch ups are taking place. Staff have been provided with new chairs and IT equipment for their comfort whilst working from home. Due to unprecedented demand a recruitment drive is underway.
  - The current situation for community pharmacists is that 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 social distancing requirements.
  - 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 CO exposure is still discussed even where a reading is not being taken.
  - The team is also taking responsibility for the Smoke free sites legislation.

- Obesity
  - On the 4th 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 if 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.

Workforce and finance

Executive Lead: Director of Workforce/Medical Director/Director of Finance

Senior Responsible Officer(s): Assist. Directors/Reval. & Appraisal Manager

How did we do?

5.29% of full time equivalent (FTE) staff days were lost due to sickness in the cumulative 12 month period February 2020 to January 2021. The actual in-month rate for January 2021 was 6.13% which is slightly lower than the previous month (6.20%), and an increase from the same month last year (5.44%).

64.8% of our non-medical staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months. The compliance rate continues to drop and we can contribute this to various challenges.

Medical appraisals have had the option for an 'approved missed' appraisal period extended to the end of March 2021 in recognition of the increasing pressures on services.

83.6% 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.

28% of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan.

The Health Board's financial position in the month of February is a **£2.083m deficit** (year to date (YTD) **£22.917m deficit**) against a deficit plan of £2.083m (YTD £22.917m). The additionality of costs incurred during the month due to the impact of the COVID-19 pandemic is £12.6m, with underspends repurposed of £1.4m and WG funding drawn into the position to match YTD COVID-19 expenditure totalling £11.2m, of which £1.9m was ring fenced.

How do we compare to our all Wales peers?

	Sickness absence	Aug 2020	4th out of 10
	Performance appraisal and development review	Aug 2020	2nd out of 10
	Level 1 core skills training framework completed	Aug 2020	3rd out of 10
	Medical staff with a current job plan	Not available	
	Finance	Not available	

Impact of COVID

- Absence
  - There was an initial increase in COVID related absence levels in the first wave of COVID; these reduced to more normal levels although have risen again in the most recent wave;
  - Staff who are self-isolating and not able to work at home are not included in these figures as they are recorded as medical exclusion rather than sickness.
- PADR
  - The challenges have increased for leaders to find adequate time for regular performance reviews including their annual PADR;
  - There are still staff absent through long term sickness and shielding who are unable to fulfil the PADR.
- Core skills
  - To date, COVID has not had a negative impact on core skills compliance but an improvement to meet the 85% target has not yet been met.
- Job planning
  - Service pressures across the Health Board sites are affecting the numbers of job plan reviews being undertaken and the need to prioritise clinical work at this time.
- 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-19 in the context of accelerating the Health Board's Strategy.

Risks

- Absence
  - Whilst the COVID pandemic continues, there is a risk that we will experience fluctuations in staff absence;
  - Shielding guidance has been reviewed and staff in extremely vulnerable categories have once again been told to shield and stay at home.
- PADR
  - There is a risk that colleagues do not get an opportunity to gain valuable feedback on their performance and be recognised, valued and gain extra meaning from their role;
  - A risk of colleagues not having open, honest dialogue with a leader on any issues that they can support them with, especially regarding health and wellbeing. This could drive low engagement, morale and possible increases in sickness absence and turnover.
- Core skills
  - There is a risk that compliance will drop due to the mass COVID recruitment drive.
- 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. Following confirmation of additional funding from WG, the Health Board is currently forecasting to deliver the planned deficit of £25.0m, recognising the need to manage a number of risks in respect of Winter Planning, reinstating elective services and any unprecedented further impact of the pandemic. Discussions are on-going for recurrent funding to support the non-delivery of the Health Board's savings target.

What are we doing?

- Absence
  - The Operational Workforce teams have re-commenced sickness reviews with line managers;
  - Online 'Managing Attendance at Work' training to help support managers with absence is continuing with good attendance;
  - All staff are being encouraged to complete the COVID Risk Assessment tool and discuss it with their managers to ensure that they are adequately supported in the workplace and the right adjustments.
- PADR
  - Organisational Development (OD) are revisiting the action plan that was developed and paused due to COVID which included quarterly acute site visits to support leaders in low compliance areas and quality checks for completed PADRs;
  - Software is being purchased for OD to develop 2 animated videos on 'How to prepare for your PADR' and 'How to conduct a PADR'. These will be available bilingually;
  - Managing performance sessions are now being held monthly with 12 in attendance. The next one is arranged for 31st March;
  - OD are continuing to complete bespoke sessions for services, including Speech and Language Therapy and Dietetics.
- Core skills
  - A new post has been recruited into the Learning and Development department with the main focus of monitoring and improving learning compliance. This will support attainment of the 85% target of the Core Skills framework level 1.
- Job planning
  - A further 13% are awaiting full sign off on the online system and a further 24% are in draft awaiting review;
  - Allocate e-job planning virtual training sessions were provided in January and February with further sessions arranged to take place in March 2021.
  - Support for the review of job plans continues to be available where 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-19 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-19;
  - 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.

Performance Trend Charts: data as at 28th February 2021

Click a link below to view the trend chart and data for that indicator

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Better Prevention & Self-Management

- '6 in 1' vaccine
- MMR vaccine
- Attempt to quit smoking
- CO validated as quit smoking

Motivated & Sustainable Workforce

- Performance appraisals (PADR)
- Core Skills Training Framework (CSTF)
- Sickness absence
- Complaints
- Consultants/SAS doctors - current job plan

Higher Value, Rapid Improvement & Innovation

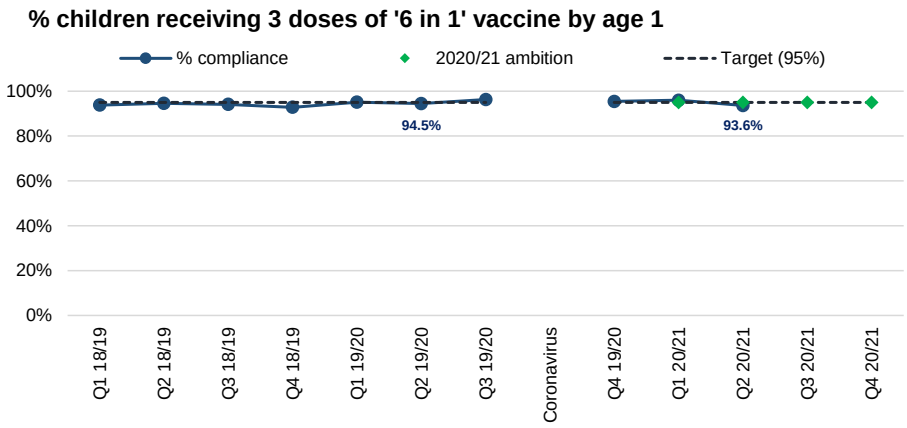
- Hospital initiated cancellations
- Agency spend
- Finance

Quality and Accessible Services

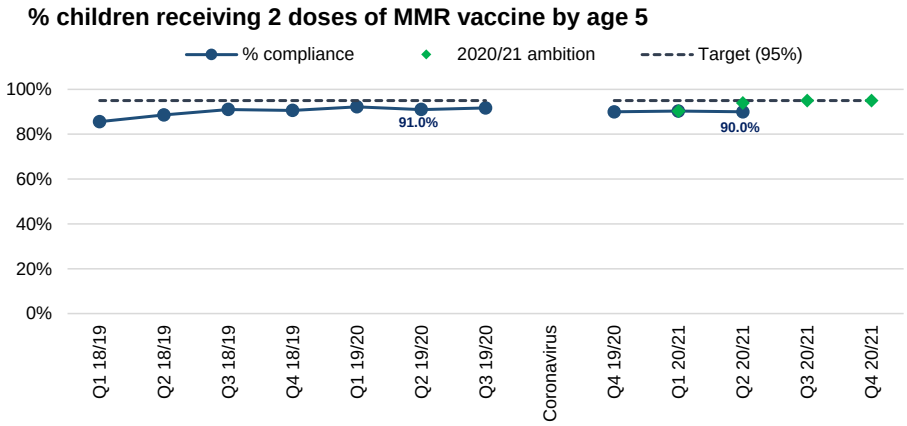
- C.difficile
- E.coli
- S.aureus
- Mental health delayed transfers of care (DTOC)
- Non-mental health DTOC
- Ambulance red calls
- Ambulance handovers over 1 hour
- A&E/MIU 4 hour waits
- A&E/MIU 12 hour waits
- Admission to stroke unit <4 hours
- Assessed by stroke consultant <24 hours
- Stroke patients - speech and language therapy
- Single cancer pathway
- Delayed follow-ups - all specialties
- Ophthalmology patients seen by target date
- Diagnostic waiting times
- Therapy waiting times
- Referral to treatment (RTT) <=26 weeks
- RTT patients waiting 36 weeks+
- Neurodevelopment assessment
- Psychological therapy - adults

Additional resources (intranet access needed):

Integrated Performance Assurance Reports (IPAR) and performance overview

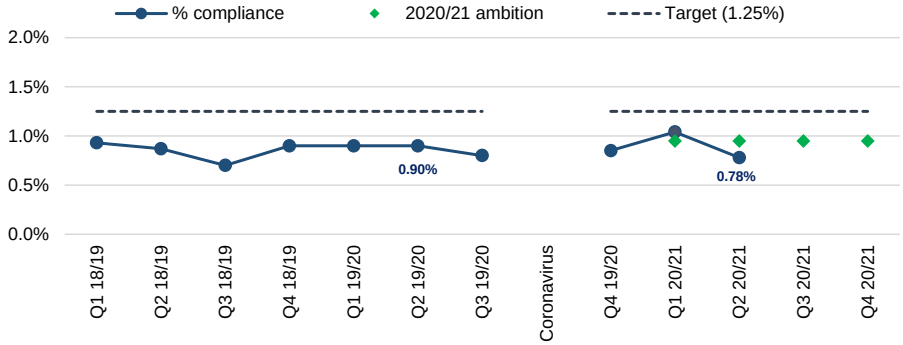


% children receiving 3 doses of '6 in 1' vaccine by age 1	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	93.8%	94.6%	94.1%	92.8%	95.1%	94.5%	96.3%		95.5%	96.0%	93.6%		
2020/21 ambition										95%	95%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%



% children receiving 2 doses of MMR vaccine by age 5	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	85.6%	88.6%	91.0%	90.6%	92.2%	91.0%	91.7%		90.0%	90.3%	90%		
2020/21 ambition										90%	94%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%

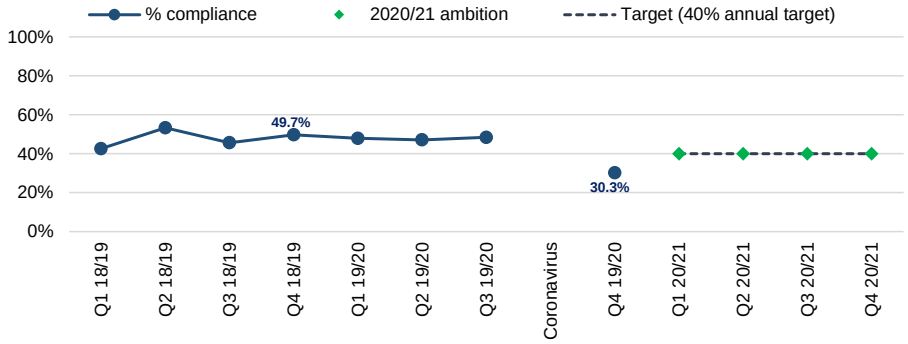
% of adult smokers who make a quit attempt via smoking cessation services (in quarter)*



* quarterly figures are provided to show the trend; actual target is 5% cummulative by 31st March 20201

% of adult smokers who make a quit attempt via smoking cessation services (in quarter)*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	0.93%	0.87%	0.70%	0.90%	0.90%	0.90%	0.80%		0.85%	1.04%	0.78%		
2020/21 ambition										0.95%	0.95%	0.95%	0.95%
Target (1.25%)	1.25%	1.25%	1.25%	1.25%	1.25%	1.25%	1.25%		1.25%	1.25%	1.25%	1.25%	1.25%
Data Labels						0.90%					0.78%		

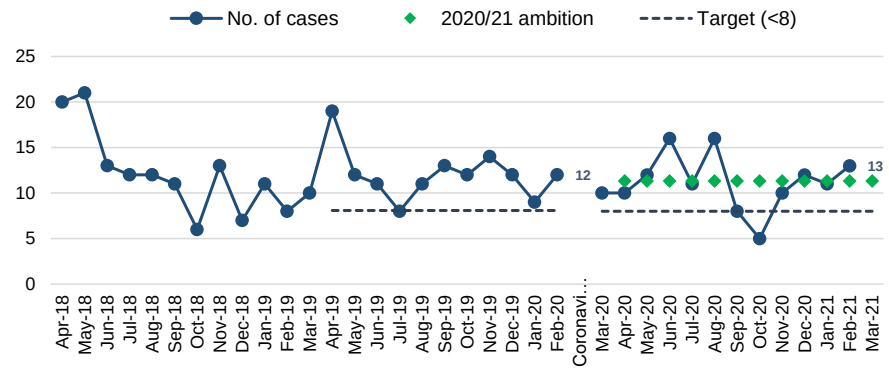
% smokers who are CO-validated as quit at 4 weeks*



* during the COVID pandemic, Welsh Government have advised CO validation is no longer part of treatment due to the risk of infection

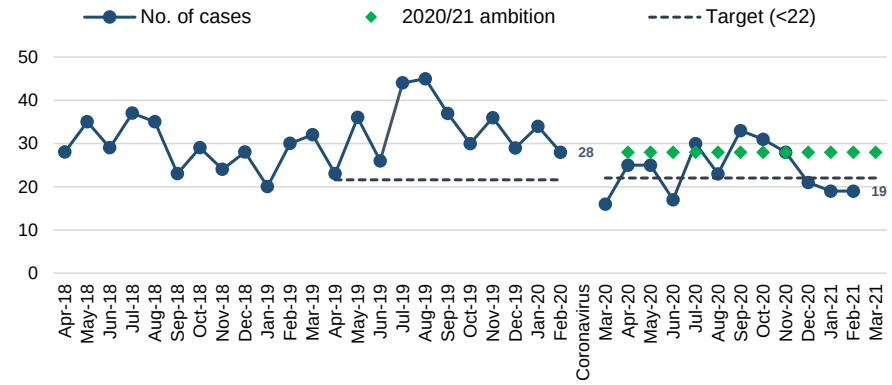
% smokers who are CO-validated as quit at 4 weeks*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	42.6%	53.3%	45.6%	49.7%	47.9%	47.1%	48.4%		30.3%				
2020/21 ambition										40%	40%	40%	40%
Target (40% annual target)										40%	40%	40%	40%

Number of cases of C.diff



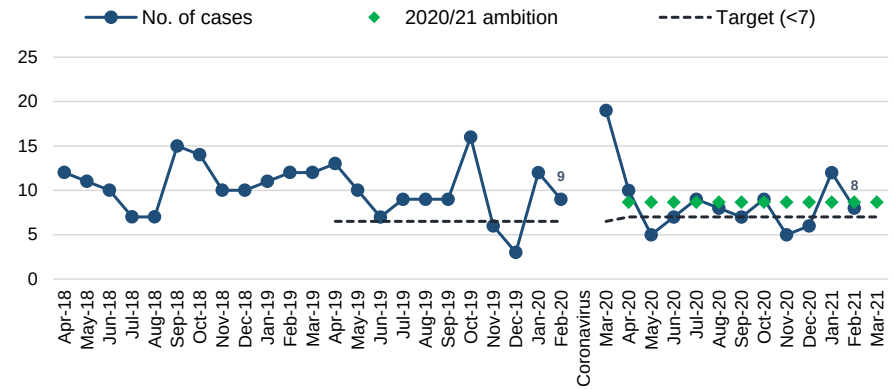
Number of cases of C.diff	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
No. of cases	20	21	13	12	12	11	6	13	7	11	8	10	19	12	11	8	11	13	12	14	12	9	12		10	10	12	16	11	16	8	5	10	12	11	13	
2020/21 ambition																										11.3	11.3	11.3	11.3	11.3	11.3	11.3	11.3	11.3	11.3	11.3	11.3
Target (<8)													8	8	8	8	8	8	8	8	8	8	8		8	8	8	8	8	8	8	8	8	8	8	8	8

Number of cases of E.coli



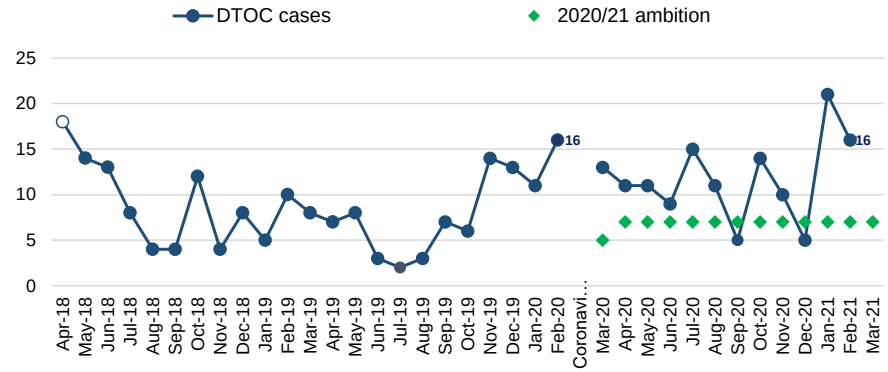
Number of cases of E.coli	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
No. of cases	28	35	29	37	35	23	29	24	28	20	30	32	23	36	26	44	45	37	30	36	29	34	28		16	25	25	17	30	23	33	31	28	21	19	19	
2020/21 ambition																										28	28	28	28	28	28	28	28	28	28	28	28
Target (<22)													22	22	22	22	22	22	22	22	22	22	22		22	22	22	22	22	22	22	22	22	22	22	22	22

Number of cases of S.aureus



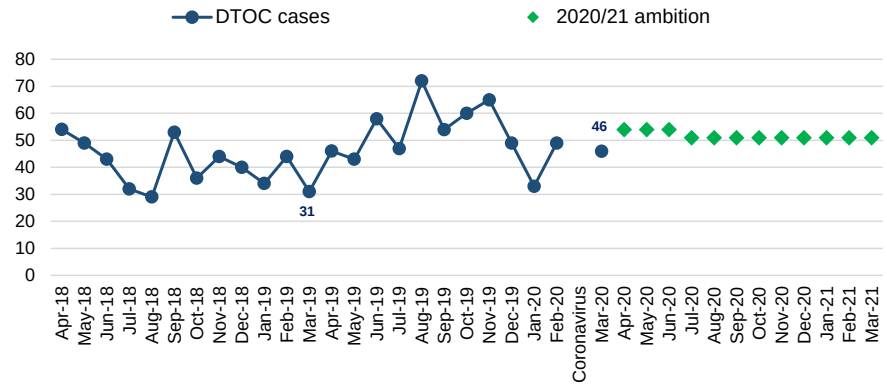
Number of cases of S.aureus	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
No. of cases	12	11	10	7	7	15	14	10	10	11	12	12	13	10	7	9	9	9	16	6	3	12	9		19	10	5	7	9	8	7	9	5	6	12	8	
2020/21 ambition																										8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7
Target (<7)													7	7	7	7	7	7	7	7	7	7	7		7	7	7	7	7	7	7	7	7	7	7	7	7

Mental Health DTOC cases (12 mth reduction target)



Mental Health DTOC cases (12 mth reduction target)	Apr-18	May-18	Jun-18	Jul-18	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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
DTOC cases	18	14	13	8	4	4	12	4	8	5	10	8	7	8	3	2	3	7	6	14	13	11	16		13	11	11	9	15	11	5	14	10	5	21	16	
2020/21 ambition																									5	7	7	7	7	7	7	7	7	7	7	7	7

Non Mental Health DTOC cases (12 mth reduction target)

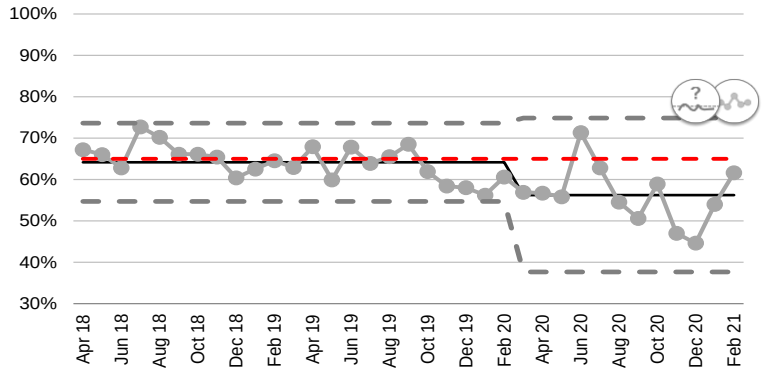


Non Mental Health DTOC cases (12 mth reduction target)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
DTOC cases	54	49	43	32	29	53	36	44	40	34	44	31	46	43	58	47	72	54	60	65	49	33	49		46												
2020/21 ambition																										54	54	54	51	51	51	51	51	51	51	51	51

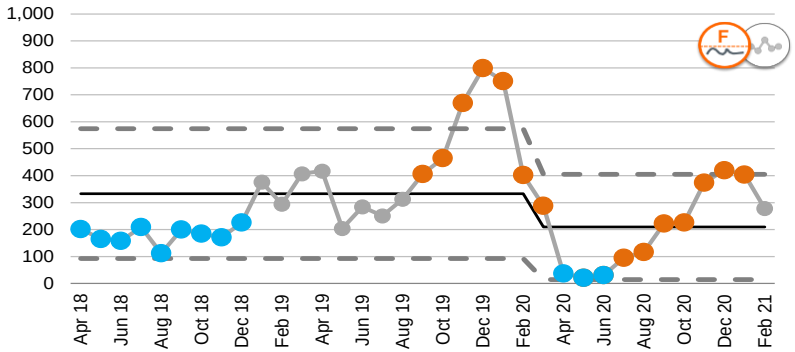
Due to COVID-19, DTOC census patient number monitoring has been suspended

Emergency Care

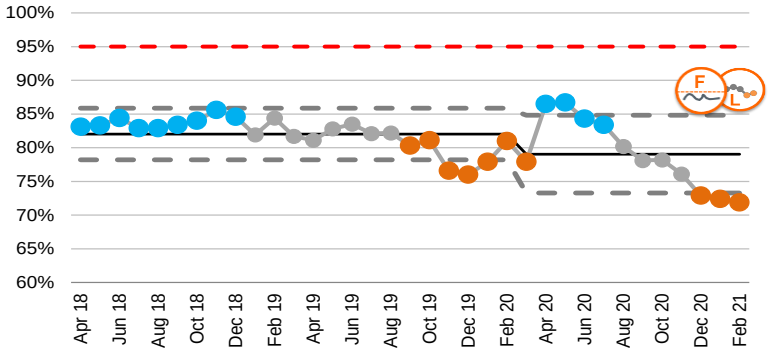
% of responses to ambulance red calls within 8 mins



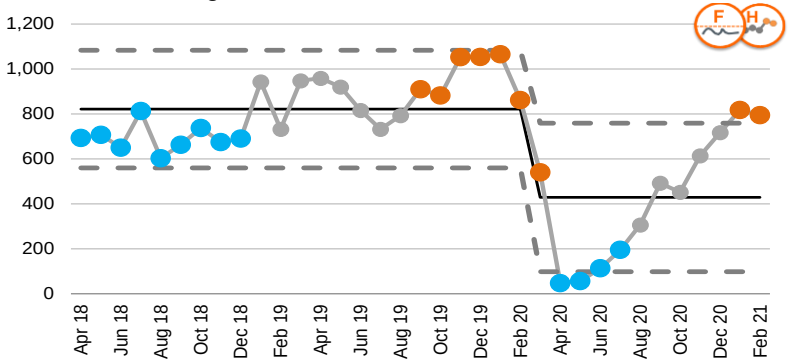
Ambulance handovers taking longer than 1 hour



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



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



KEY

Chart icons:

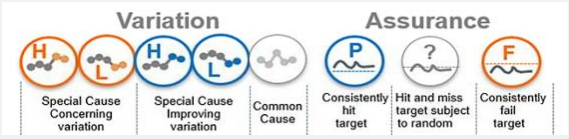
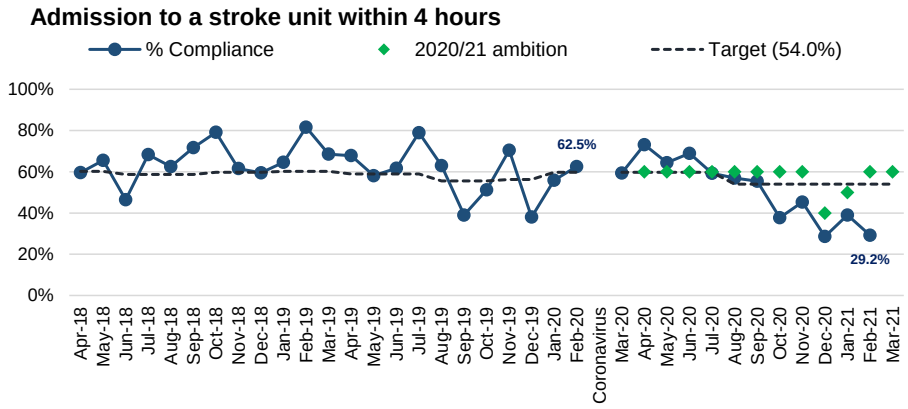
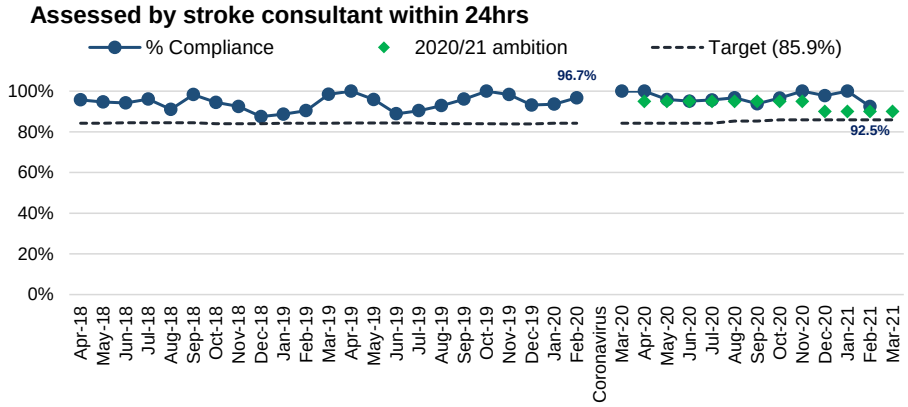


Chart markers (dots):

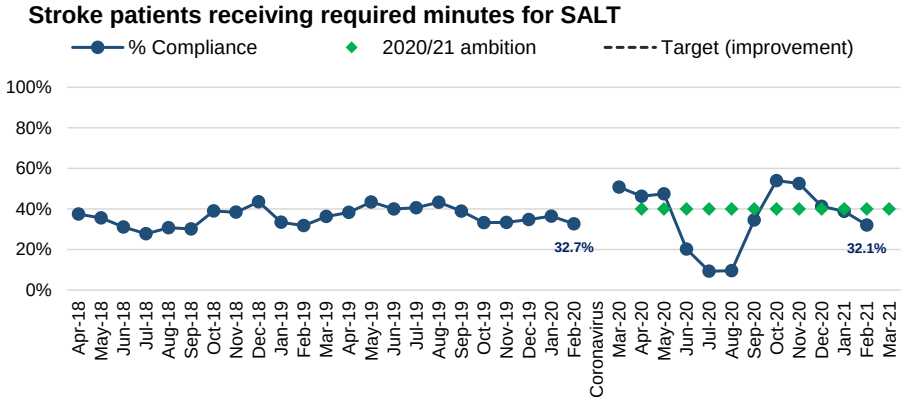
- orange = area of concern
- grey = within expected limits
- blue = area of improvement



Admission to a stroke unit within 4 hours	Apr-18	May-18	Jun-18	Jul-18	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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
% Compliance	59.6%	65.5%	46.4%	68.3%	62.5%	71.7%	79.1%	61.5%	59.5%	64.6%	81.6%	68.5%	67.8%	58.1%	61.7%	78.9%	63.0%	39.0%	51.2%	70.4%	38.0%	55.9%	62.5%		59.4%	73.1%	64.4%	68.9%	59.3%	56.9%	55.4%	37.7%	45.3%	28.6%	39.0%	29.2%	
2020/21 ambition																										60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	40.0%	50.0%	60.0%	60.0%
Target (54.0%)	60.2%	60.2%	58.7%	58.7%	58.7%	58.7%	59.7%	59.7%	59.7%	60.2%	60.2%	60.2%	58.9%	58.9%	58.9%	58.9%	55.5%	55.5%	55.5%	56.3%	56.3%	59.8%	59.8%		59.8%	59.8%	59.8%	59.8%	59.8%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%

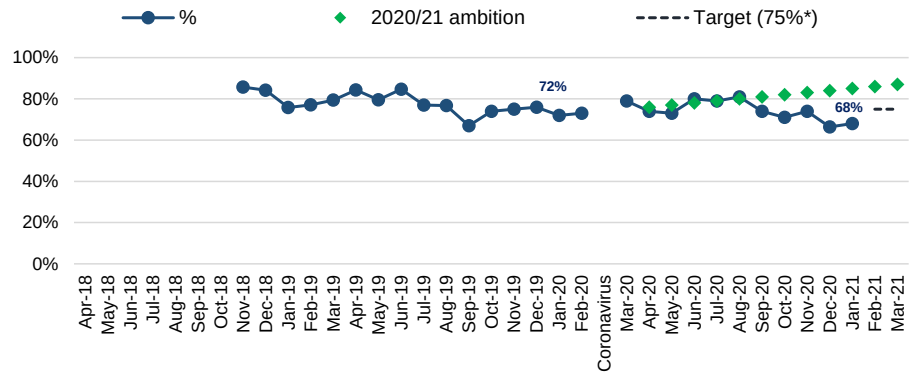


Assessed by stroke consultant within 24hrs	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
% Compliance	95.7%	94.7%	94.2%	96.1%	91.0%	98.3%	94.5%	92.5%	87.5%	88.7%	90.4%	98.5%	100.0%	95.9%	88.9%	90.4%	92.9%	96.1%	100.0%	98.3%	93.2%	93.6%	96.7%		100%	100%	95.9%	95.1%	95.7%	96.7%	93.8%	96.6%	100.0%	97.8%	100.0%	92.5%	
2020/21 ambition																										95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	90.0%	90.0%	90.0%	90.0%
Target (85.9%)	84.2%	84.2%	84.5%	84.5%	84.5%	84.5%	84.0%	84.0%	84.0%	84.2%	84.2%	84.2%	84.4%	84.4%	84.4%	84.4%	84.0%	84.0%	84.0%	83.9%	83.9%	84.2%	84.2%		84.2%	84.2%	84.2%	84.2%	84.2%	85.3%	85.3%	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%



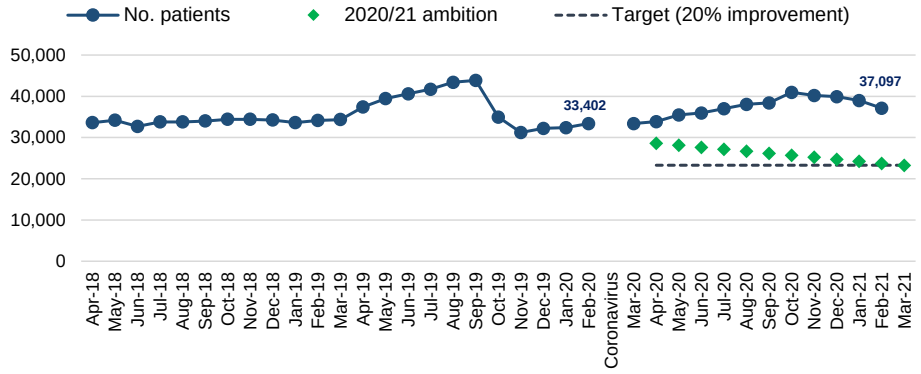
Stroke patients receiving required minutes for SALT	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
% Compliance	37.4%	35.6%	31.1%	27.7%	30.8%	30.2%	39.0%	38.4%	43.5%	33.4%	31.8%	36.2%	38.3%	43.4%	40.0%	40.6%	43.3%	38.9%	33.3%	33.4%	34.8%	36.5%	32.7%		50.8%	46.3%	47.5%	20.2%	9.3%	9.6%	34.6%	54.0%	52.6%	41.3%	38.8%	32.1%	
2020/21 ambition																										40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%
Target (improvement)																																					

Patients starting first definitive cancer treatment < 62 days

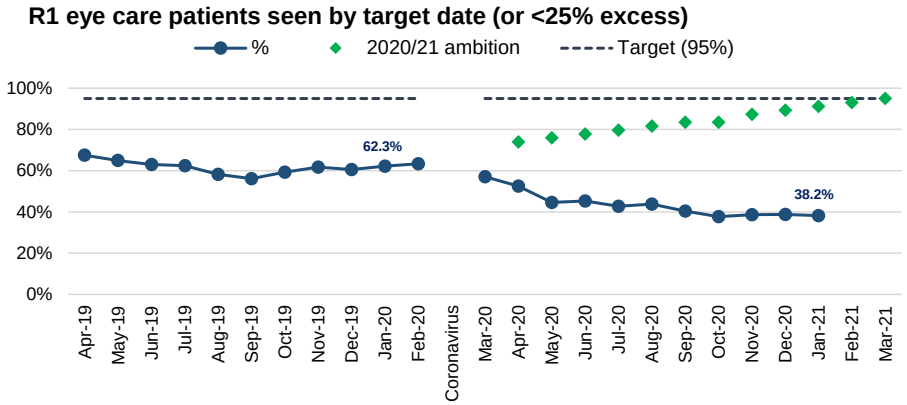


Patients starting first definitive cancer treatment < 62 days (with clinical suspensions)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%								86%	84%	76%	77%	79%	84%	80%	85%	77%	77%	67%	74%	75%	76%	72%	73%		79%	74%	73%	80%	79%	81%	74%	71%	74%	66%	68%		
2020/21 ambition																										76.0%	77.0%	78.0%	79.0%	80.0%	81.0%	82.0%	83.0%	84.0%	85.0%	86.0%	87.0%
Target (75%*)																																			75%	75%

Delayed follow up appointments (all specialties)

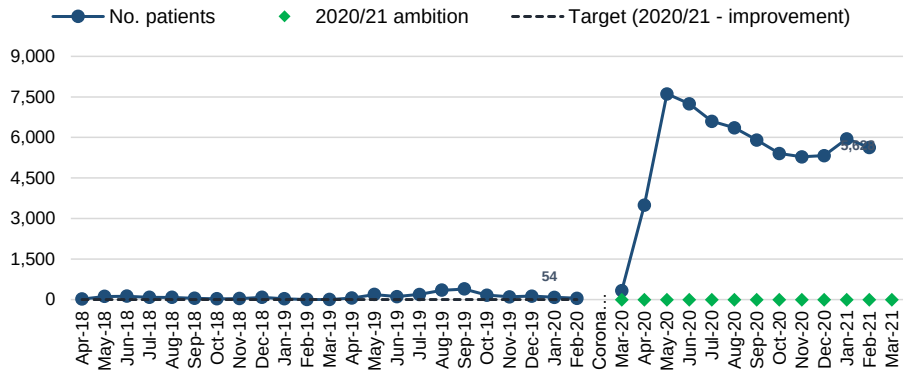


Delayed follow up appointments (all specialties)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
No. patients	33,599	34,186	32,690	33,772	33,772	33,981	34,410	34,400	34,227	33,613	34,140	34,324	37,403	39,425	40,627	41,742	43,405	43,853	34,989	31,218	32,250	32,422	33,402		33,420	33,882	35,471	35,968	36,982	38,057	38,399	40,953	40,201	39,903	38,968	37,097	
2020/21 ambition																										28,613	28,127	27,641	27,155	26,669	26,183	25,697	25,211	24,725	24,239	23,753	23,272
Target (20% improvement)																										23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279



R1 eye care patients seen by target date (or <25% excess)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	67.5%	64.9%	63.0%	62.4%	58.3%	56.1%	59.3%	61.8%	60.6%	62.3%	63.4%		57.1%	52.5%	44.6%	45.3%	42.8%	43.8%	40.4%	37.7%	38.7%	38.8%	38.2%		
2020/21 ambition														73.9%	75.9%	77.8%	79.7%	81.6%	83.5%	83.5%	87.3%	89.3%	91.2%	93.1%	95.0%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

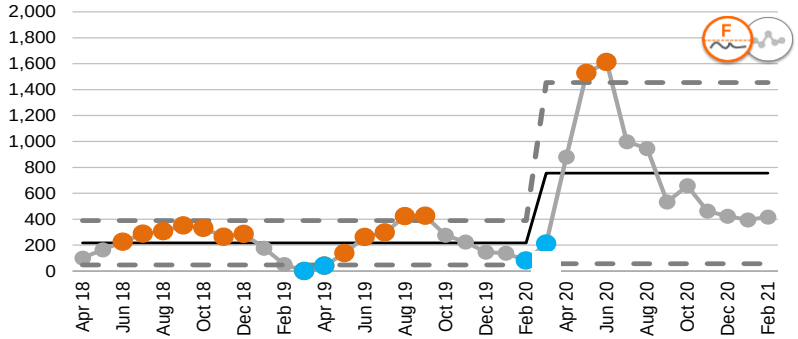
Patients waiting 8 weeks+ for a specified diagnostic



Patients waiting 8 weeks+ for a specified diagnostic	Apr-18	May-18	Jun-18	Jul-18	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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
No. patients	19	113	122	84	78	48	27	35	82	30	1	0	56	185	115	192	345	391	164	102	129	82	54		336	3,501	7,615	7,248	6,595	6,362	5,904	5,407	5,288	5,326	5954	5628	
2020/21 ambition																									0	0	0	0	0	0	0	0	0	0	0	0	0
Target (2020/21 - impro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0													

Therapies

Waiting more than 14 weeks for a specific therapy



KEY

Chart icons:

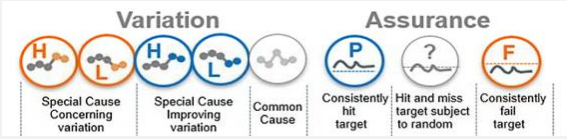
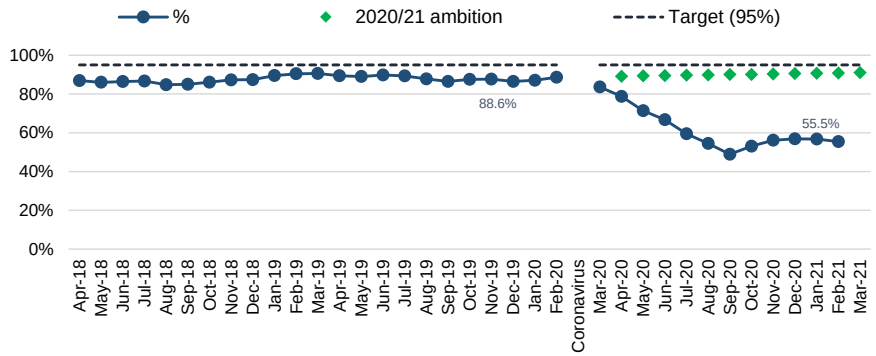


Chart markers (dots):

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

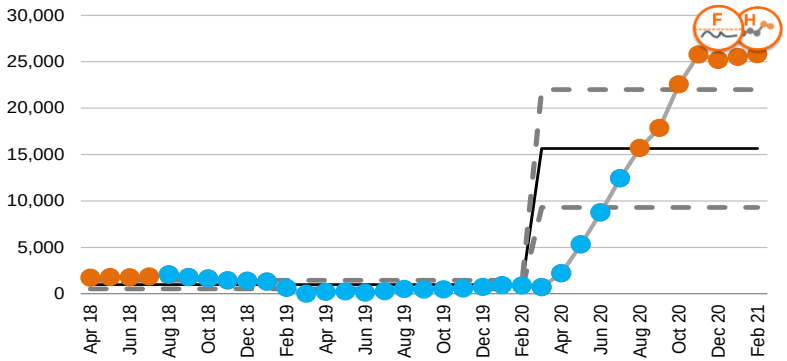
Patients waiting less than 26 weeks from referral to treatment



Patients waiting less than 26 weeks from referral to treatment	Apr-18	May-18	Jun-18	Jul-18	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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	86.9%	86.0%	86.4%	86.7%	84.8%	85.0%	86.1%	87.3%	87.4%	89.5%	90.4%	90.6%	89.4%	89.0%	89.8%	89.3%	87.8%	86.5%	87.5%	87.7%	86.5%	87.1%	88.6%		83.6%	78.7%	71.4%	66.7%	59.5%	54.5%	48.9%	53.0%	56.1%	56.9%	56.8%	55.5%	
2020/21 ambition																										89.1%	89.3%	89.5%	89.7%	89.8%	90.0%	90.1%	90.3%	90.5%	90.6%	90.8%	91.0%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Referral to treatment

Patients waiting 36+ weeks from referral to treatment



KEY

Chart icons:

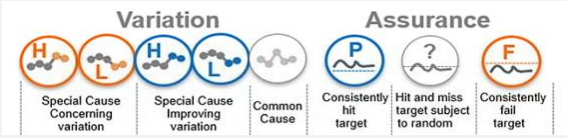
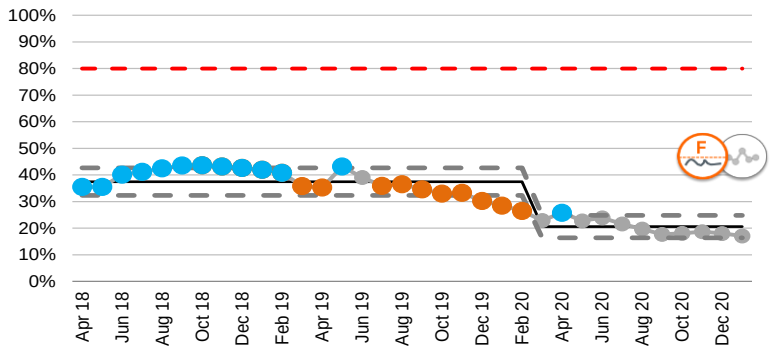


Chart markers (dots):

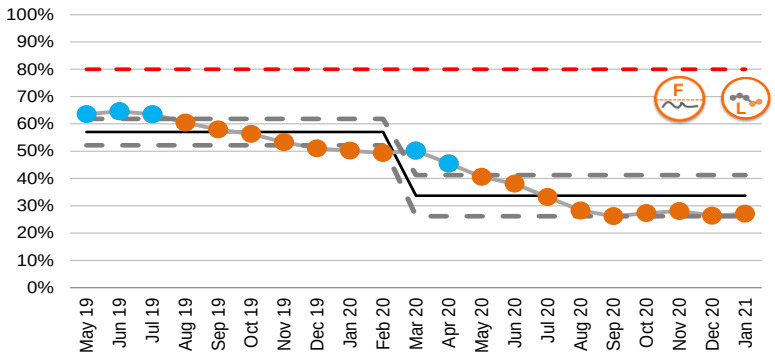
- orange = area of concern
- grey = within expected limits
- blue = area of improvement

Neurodevelopment and psychological services

Children/young adults waiting <26 weeks for a neurodevelopment assessment



Adults waiting <26 weeks to start a psychological therapy



KEY

Chart icons:

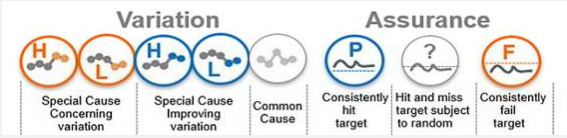
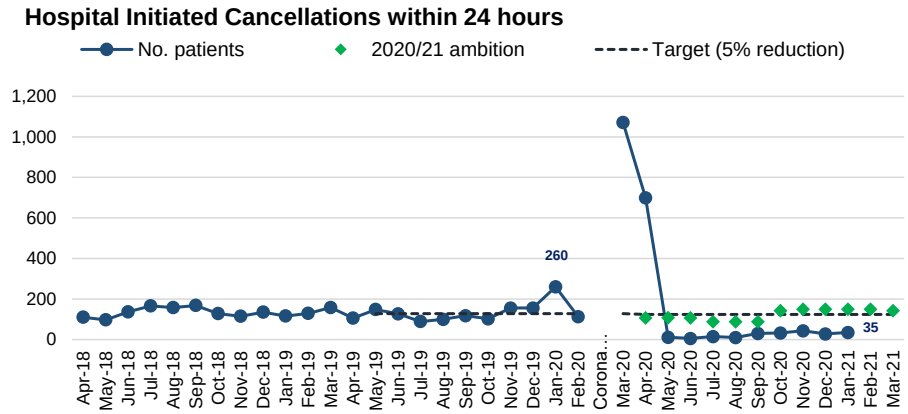


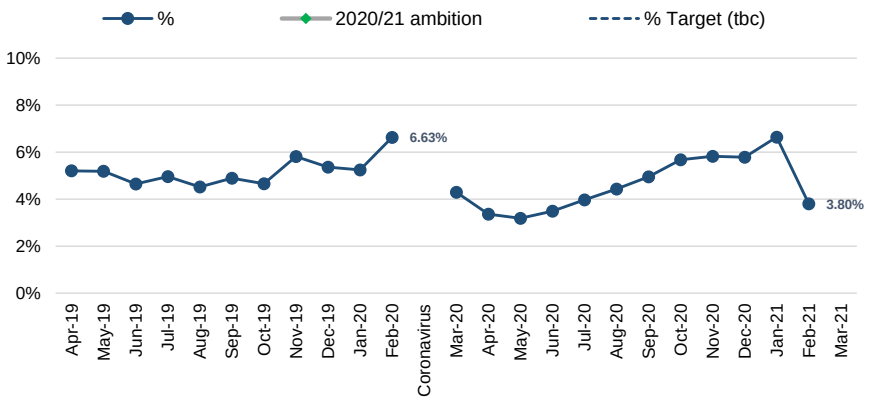
Chart markers (dots):

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



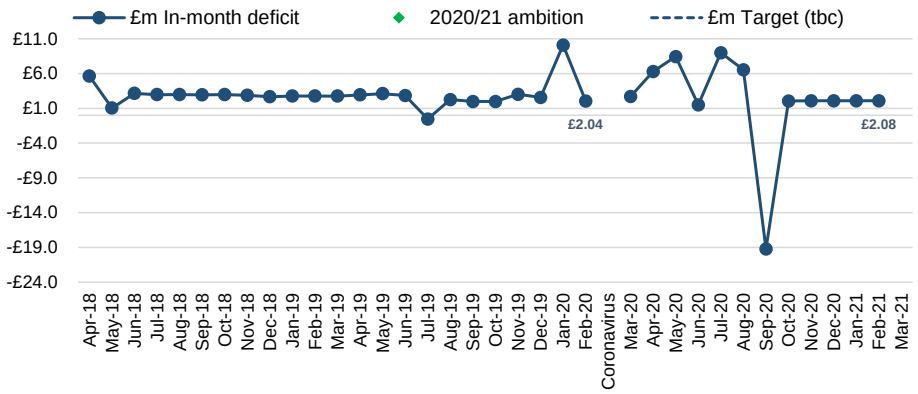
Hospital Initiated Cancellations within 24 hours	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
No. patients	110	97	137	166	158	168	128	115	135	116	129	158	106	148	127	89	100	118	103	156	156	260	113		1072	700	12	6	15	10	30	33	44	28	35		
2020/21 ambition																										108	109	108	88	88	89	143	150	150	150	150	143
Target (5% reduction)														128	128	128	128	128	128	128	128	128	128		128	124	124	124	124	124	124	124	124	124	124	124	124

Agency spend as a % of the total pay bill



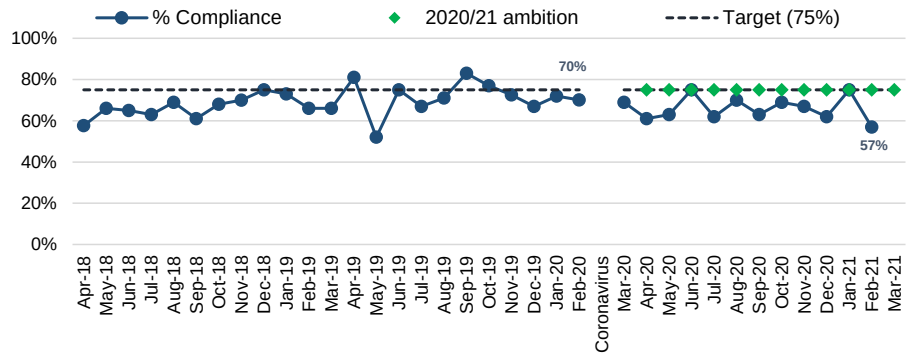
Agency spend as a % of the total pay bill	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	5.20%	5.19%	4.65%	4.96%	4.52%	4.89%	4.65%	5.81%	5.36%	5.25%	6.63%		4.3%	3.4%	3.2%	3.5%	4.0%	4.43%	4.95%	5.68%	5.82%	5.78%	6.64%	3.80%	
2020/21 ambition																									
% Target (tbc)																									

Financial balance



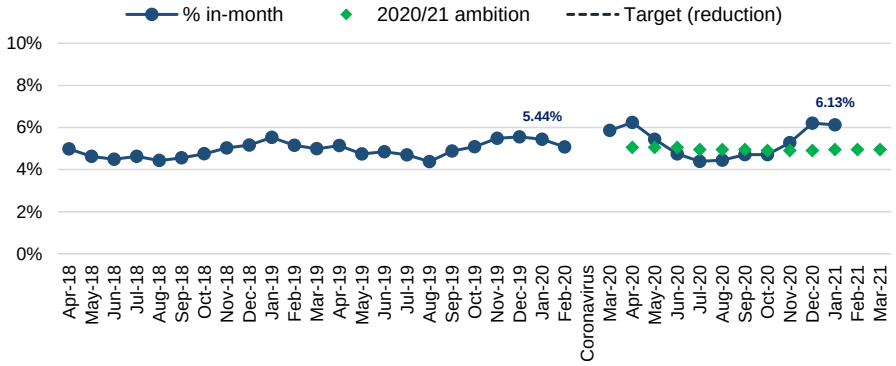
Financial balance	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
£m In-month deficit	£5.63	£1.03	£3.14	£2.95	£2.97	£2.93	£2.97	£2.87	£2.66	£2.76	£2.76	£2.75	£2.92	£3.10	£2.85	-£0.53	£2.25	£1.97	£1.97	£3.01	£2.56	£10.10	£2.04		£2.70	£6.29	£8.45	£1.50	£9.00	£6.53	-£19.23	£2.04	£2.08	£2.08	£2.08	£2.08	
2020/21 ambition																																					
£m Target (tbc)																																					

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



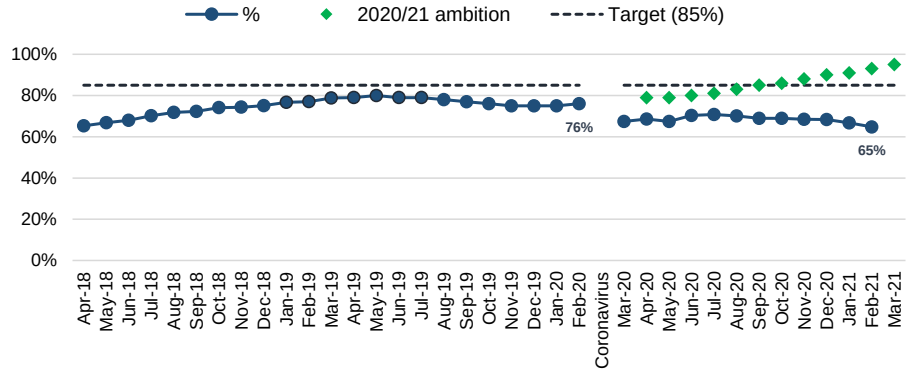
% complaints with final or interim reply <= 30 working days	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
% Compliance	58%	66%	65%	63%	69%	61%	68%	70%	75%	73%	66%	66%	81%	52%	75%	67%	71%	83%	77%	73%	67%	72%	70%		69%	61%	63%	75%	62%	70%	63%	69%	67%	62%	75%	57%	
2020/21 ambition																										75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Target (75%)	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%		75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Sickness absence



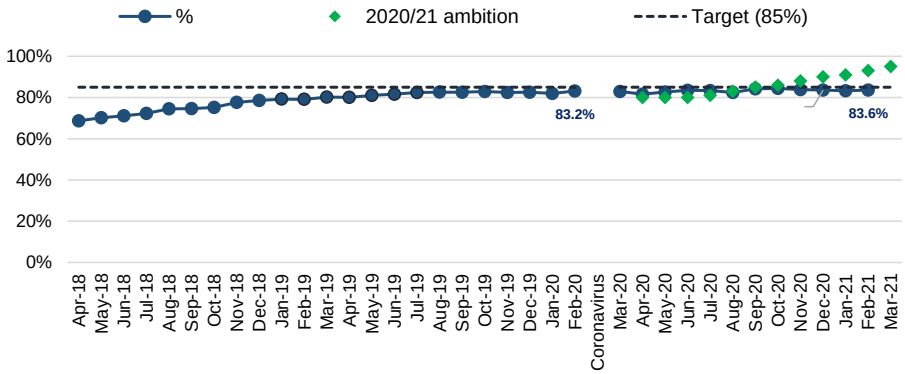
Sickness absence	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
% in-month	4.98%	4.62%	4.49%	4.63%	4.43%	4.56%	4.75%	5.03%	5.16%	5.53%	5.15%	4.99%	5.14%	4.74%	4.85%	4.70%	4.38%	4.88%	5.09%	5.49%	5.55%	5.44%	5.08%		5.86%	6.24%	5.44%	4.74%	4.39%	4.45%	4.71%	4.71%	5.28%	6.20%	6.13%		
2020/21 ambition																										5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Target (reduction)																																					

Staff who have had a PADR in the previous 12 months

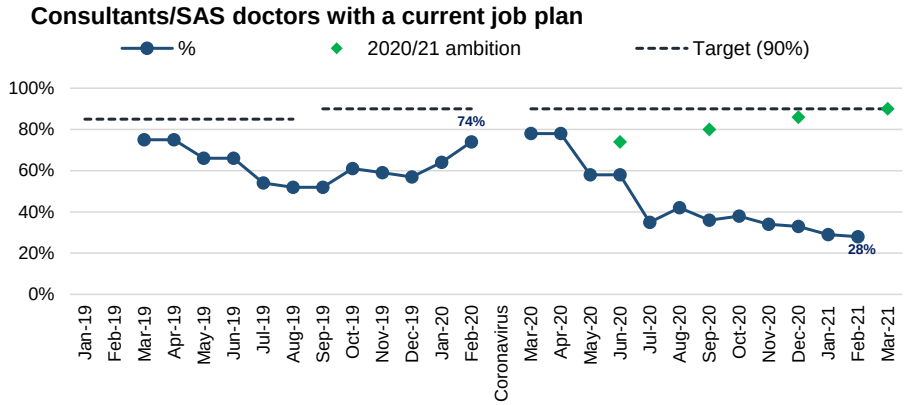


Staff who have had a PADR in the previous 12 months	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	65%	67%	68%	70%	72%	72%	74%	74%	75%	77%	77%	79%	79%	80%	79%	79%	78%	77%	76%	75%	75%	75%	76%		67%	69%	67%	70%	71%	70%	69%	69%	69%	68%	67%	65%	
2020/21 ambition																										79%	79%	80%	81%	83%	85%	86%	88%	90%	91%	93%	95%
Target (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Core Skills Training Framework



Core Skills Training Framework	Apr-18	May-18	Jun-18	Jul-18	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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	68.7%	70.2%	71.1%	72.3%	74.5%	74.6%	75.2%	77.6%	78.6%	79.2%	79.1%	80.2%	80.1%	81.0%	81.6%	82.4%	82.6%	82.6%	82.9%	82.5%	82.6%	82.0%	83.2%		82.9%	81.6%	82.7%	83.5%	83.4%	82.4%	84.2%	84.4%	83.9%	83.6%	83.3%	83.6%	
2020/21 ambition																										80%	80%	80%	81%	83%	85%	86%	88%	90%	91%	93%	95%
Target (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%



Consultants/SAS doctors with a current job plan	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%			75%	75%	66%	66%	54%	52%	52%	61%	59%	57%	64%	74%		78%	78%	58%	58%	35%	42%	36%	38%	34%	33%	29%	28%	
2020/21 ambition																			74%			80%			86%			90%
Target (90%)	85%	85%	85%	85%	85%	85%	85%	85%	90%	90%	90%	90%	90%	90%		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

* target increased from 85% to 90% from September 2019