



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 November 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Assurance Report – Month 7 2021/22
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 full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: [Performance report dashboard as at 31st October 2021](#).

From October 2021, the measures within the performance assurance report have been assigned to strategic objectives and are being reported to the relevant lead committee. The performance report dashboard is currently being updated to allow Members to filter by strategic objective. This new functionality will be available from December 2021.

The measures included in the performance assurance report have been reviewed. The plan is to present a revised set of performance measures in the performance assurance dashboard from December 2021 onwards. A paper summarising the changes can be accessed [Performance Assurance Report – Measure changes planned for December 2021](#). Measures no longer included in the Delivery Framework are being stood down and the new Improving Together outcome, qualitative and quantitative measures are being incorporated.







A number of bi-annual update reports have been submitted to Welsh Government and can be accessed along with the performance report dashboard via our internet site in [English](#) and [Welsh](#). They include:

- Equality and good relations
- Accessible information for people with sensory loss
- Health and well-being of homeless and vulnerable groups
- Welsh language 'More Than Just Words'
- Dementia learning and development framework
- Service user experience and improving services

All NHS Wales organisations were asked to submit their decarbonisation baseline assessment by 29th October 2021. Hywel Dda was the only organisation to make the submission deadline.

Moving forward, it is proposed that only key measures will be highlighted in the performance assurance report SBAR for Board, along with those measures escalated to Board by the People, Organisational Development and Culture Committee (PODCC), the Strategic Development and Operational Committee (SDODC) or the Sustainable Resources Committee (SRC).

Within the dashboard, each SPC chart produces two types of icons i.e. one for variation and another for assurance:

VARIATION How we are doing over time		Special cause concerning variation = a decline in performance that is unlikely to have happened by chance
		Common cause variation = a change in performance that is within our usual limits
		Special cause improving variation = an improvement in performance that is unlikely to have happened by chance
ASSURANCE Performance against target		We will consistently fail the target until improvement actions are identified and successfully embedded
		We will randomly hit and miss the target until improvement actions are identified and successfully embedded
		We will consistently hit the target

* The assurance icon is not shown for the small number of metrics that do not have a target.

There are two short videos available to explain more about SPC charts:

- [Why we are using SPC charts for performance reporting](#)
- [How to interpret SPC charts](#)

If assistance is required in navigating the performance assurance report dashboard, please contact: Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk

Cefndir / Background

The final NHS Wales Delivery Framework 21/22 (<https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/monitoring-our-performance/>) published in October 2021 has migrated and modelled on 'A Healthier Wales' quadruple aims as part of the 'Single Integrated Outcomes Framework for Health and Social Care'. New metrics have been added and a number have either been amended or retired. A summary of the changes can be found [here](#).

Asesiad / Assessment

Important changes to highlight since our previous report

Improving measures

Digital Episodes clinically coded one month post discharge is showing an improving trend.

Declining measures

Mental Health	Mental health assessments within 28 days – under 18 years is showing a decline in performance and concerning variation with a run of 7 data points below the mean.
COVID	COVID cases, COVID related incidents and COVID related inpatient deaths all sharply increased.
Hospital Initiated Cancellations	Performance in September 2021 shows special cause concerning variation and is outside the upper process limit for the first time since March 2020.
Pressure sores - hospital	Performance for October 2021 shows special cause concerning variation and is above the upper process limit.

NIIAS	Notifications for staff accessing their own record or family records rose to 33 and 23 respectively in October. This is due to NIIAS gathering information from additional clinical apps and an issue raised nationally that family records notifications were zero for the last few months. The software company has been working on the issue.
Complaints	The percentage of complaints receiving a regulated reply within 30 working days is now showing special cause concern variation, this is following a sustained level of common cause variation since 2018.
Physiotherapy	The number of patients waiting 8 weeks+ for physiotherapy has gone from special cause improvement to showing common cause variation. Waits have been rising monthly, from 15 in July 2021 to 198 in October.
Dietetics	Waits for Dietetics has seen a sharp rise since August 2021 going from 46 patients waiting in August to 170 in October.
Podiatry	Although the number of patients waiting 14 weeks+ for podiatry is showing improvement, the number of cases has been steadily rising, from 1 in July 2021 to 139 in October.

New measures/measure changes/other

Ophthalmology	In line with the published NHS Wales Delivery Framework for 2021-2022, the reporting for this measure has been revised to appointments attended which were within their clinical target date or within 25% beyond their clinical target date. With a subsequent revision of excluding those without a target date. The previous measure focussed on R1 patients who were waiting within their target date. This means that previous performance was reporting 57.5% against a target of 95% but with the additional revisions, performance is now 71.6% against a target of 95%.
Hip fractures	Orthogeriatrician assessments within 72 hours now reports in-month figures. Previously we were reporting on the 12 month averages. This allows for accurate use of Statistical Process Control (SPC) charts and this measure now shows special cause improving variation.
Occupational Therapy	In previous reports MH&LD was excluded from reporting. From this month on, the performance for all patients across the Health Board waiting 14+ weeks for Occupational Therapy are included in the Performance Assurance Report.

Indicators showing special cause for improvement

Training	NHS staff dementia training compliance
Mental Health	Therapeutic interventions within 28 days post LPMHSS assessment (age 18+)
Audiology	Patients waiting over 14 weeks
Physiological Measurement	Patients waiting over 8 weeks
Hip fracture	Orthogeriatrician assessments within 72 hours
Imaging	Patients waiting over 8 weeks
Podiatry	Patients waiting over 14 weeks
Cardiology	Patients waiting over 14 weeks
Finance	Savings plan

Indicators showing improving special cause variation, but need a review of the service to meet target

Follow-ups	Delayed past their target date
Follow-ups	Delayed by over 100% past their target date
Mental Health	Child neurodevelopment assessment waits less than 26 weeks
Mental Health	Adult psychological therapy waits less than 26 weeks
Training	Staff completing level 1 information governance training
Digital	Clinically coded 1 month post discharge
COVID	COVID-19 related staff self-isolation
COVID	COVID-19 related complaints

See the relevant sections below for further details.

COVID-19 Vaccinations

Due to changes to data configuration to include booster vaccinations, the latest figures in the IPAR dashboard are only updated up to 31st August 2021. Work is taking place at a national level to address the data reporting issue and is awaiting sign-off by all Health Boards in Wales.

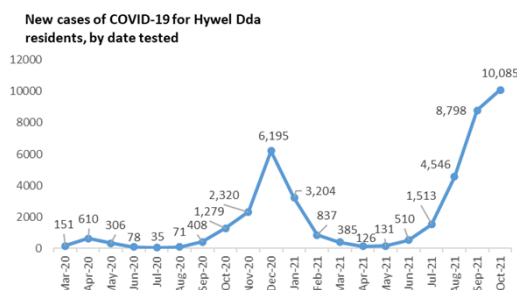
In the interim, progress made in vaccination of Hywel Dda residents to date is set out in the table below from the COVID-19 Vaccination Weekly Surveillance Summary provided by Public Health Wales as at 31st October 2021 available in the [Rapid COVID-19 virology dashboard](#):

Priority group	1 st dose	2 nd dose	Booster dose
Care home residents	98.5%	96.7%	60.0%
People aged 80+	96.5%	95.5%	61.6%
People aged 75-79	96.9%	96.3%	51.6%
People aged 70-74	96.1%	95.4%	23.3%
High risk adults under 70	95.2%	93.6%	16.4%
People aged 65-69	94.9%	93.9%	10.9%
Medium risk adults under 65	89.7%	85.8%	3.8%
People aged 60-64	93.2%	91.9%	10.4%
People aged 55-59	91.5%	90.0%	12.2%
People aged 50-54	89.4%	87.6%	12.2%
People aged 40-49	84.4%	81.3%	10.4%
People aged 30-39	78.0%	72.6%	7.5%
People aged 18-29	76.1%	67.6%	4.4%
People aged 16-17	72.2%	24.1%	n/a
People aged 12-15	49.1%	n/a	n/a

COVID-19 Update

From the start of the pandemic to 31st October 2021, there has been a total of 41,588 confirmed cases of COVID-19 amongst HDDUHB residents, of which 10,085 were confirmed during October 2021; this is the highest number of confirmed positive cases since the start of the pandemic.

- Positivity rates remain higher in males than females, with females undertaking substantially more tests than males at present.
- Positive cases remain highest among 10-19 year olds.



Quadrants of harm

The diagram below shows our progress against the four quadrants of harm, as outlined in the NHS Wales Operating Framework issued on 6th May 2020.

Each metric is colour coded:

orange area of concern

grey within expected limits

Blue area of improvement

gold we need more data points to determine if the trend is concerning or improving

Harm from COVID itself	Harm from overwhelmed NHS and Social Services		Harm from a reduction in non-COVID activity		Harm from wider societal actions/ lockdown
New COVID cases	A&E waits over 12 hours	Stroke consultant within 24 hours	Waiting over 36 weeks for treatment	Waiting over 14 weeks for a therapy	Psychological therapy waits
COVID related risks	Ambulance s for life threatening calls	Confirmed S. aureus cases	Waiting for a follow-up outpatient appointment	Waiting over 8 weeks for a diagnostic	Neuro development assessment
COVID related staff absence	Confirmed E. coli cases	Hospital acquired pressure damage	Cancer treatment within 62 days		MMR vaccine
COVID related deaths	Confirmed C. diff cases	New never events			6 in 1 vaccine
COVID related incidents					
COVID related complaints					

Update on the 4 metrics (colour coded gold) for which we need more data points to determine trends:

COVID related risks

- We had 91 COVID-related risks in October 2021, with 19 extreme risks, 55 high risks, 16 moderate risks and 1 low risk;
- 6 COVID-related risks are on the Corporate Risk Register, with 1 risk closed in October 2021.

New never events

- We had 0 never events in October 2021.

MMR vaccine

- As of June 2021, 90.1% of children had received 2 doses of the MMR vaccine by age 5.

6 in 1 vaccine

- As of June 2021, 95.5% of children had received 3 doses of the hexavalent '6 in 1' vaccine by age 1.

Please refer to the section below for details regarding the metrics showing as an 'area of concern' (colour coded orange).

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

In October 2021, ambulance red calls continued to see the highest demand since the introduction of the clinical response model. Ambulance handovers were challenging due to staffing shortages, and high numbers of admissions still placed within the Accident & Emergency Departments (A&E)/Minor Injuries Units (MIU) whilst awaiting an inpatient bed and therefore reduced capacity within the emergency departments. This is a direct consequence of reduced flow through the inpatient system due to severe challenges in the discharge pathway.

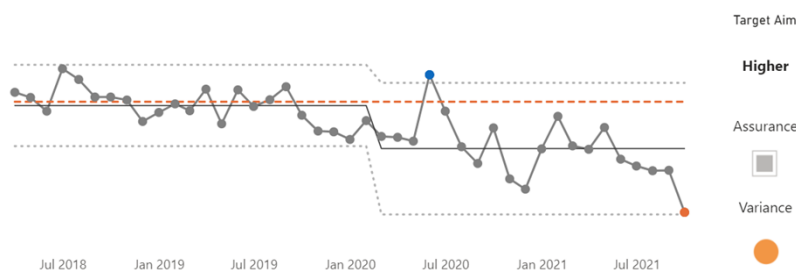
Demand at our A&E/MIU has been increasing since February 2021 and peaked during the summer. Patients waiting longer than 4 hours in A&E/MIU is primarily due to a lack of staff to meet the current demand and the use of assessment rooms / bays to house patients with major conditions whilst patients waiting longer than 12 hours were primarily due to a lack of medical beds for admission and lack of staff and the reduction in bed numbers to accommodate social distancing guidance. Capacity across the wider health and social care sector has become saturated, resulting in increasing delays for discharge.

County and Community services are reporting more cases of complex discharge requirements which can delay a medically optimised patient being discharged from acute sites, together with a significant reduction in available domiciliary care and re-ablement capacity and high numbers of care homes placed under embargo status due to levels of COVID-19 incidence. Actions being undertaken to improve performance are:

- WAST Resource Escalation Action Plan (REAP) Level 4 (extreme pressure) actions instigated to deploy all clinicians to patient facing duties;

- WAST Operational Managers deployed to hospital sites to facilitate timely handover, adopting revised COVID guidance for healthcare workers who have been double vaccinated whenever possible.
- WAST reimplementation of the Tactical Approach to Production (TAP) utilising alternative grades of staff to improve Unit Hour Production, implementing a TAP from 26th October 2021 to include Military Support to add growth of Emergency Ambulance resources (Unit Hour Production).
- Same Day Emergency Care (SDEC) is being progressed across all sites, to minimise admissions. Bronglais General Hospital (BGH) and Withybush General Hospital (WGH), together with Community services are focussed around our frail and high-risk adult cohorts, taking a “population-based” approach;
- Soft launch of the Patient Triage Assessment and Streaming (PTAS) via the WAST Clinical Stack Review is ongoing;
- Establishment of Contact First 111. Memorandum of Understanding being signed off and anticipated to be fully operational from Q4 2021/22;
- Application of Telehealth as a pilot for early identification of deteriorating patients in the community and in care homes, and intervention to avoid hospital attendance and admission;
- Urgent consideration of opportunities to create community based step-down/surge capacity supported by a joint Local Authority/Health Board staffing model;
- County system improvement plans in place;
- We continue to develop our urgent primary care model to avoid unnecessary attendances to A&E;
- Review of staffing levels;
- Continued focus on maintaining and increasing flow out of inpatient ward areas as soon as patients are medically optimised.

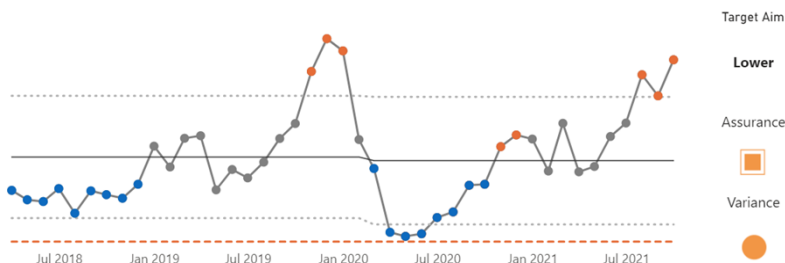
% red call responses arriving within 8 minutes



Performance in October 2021 shows concerning special cause variation. The national target (65%) has only been met twice since September 2019 and will not be consistently met without the transformation/improvements above.

Expected performance is between 39% and 69%.

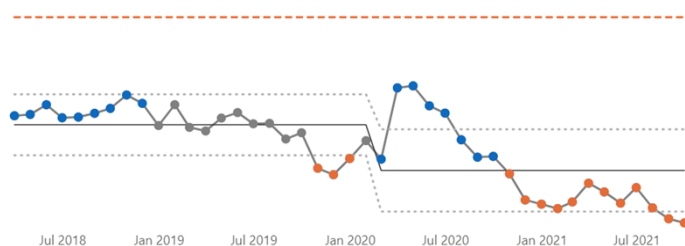
No. ambulance handovers taking over 1 hour



Performance in October 2021 shows concerning special cause variation. Without the transformation/improvements above, we will consistently miss the national target (0 breaches).

Expected performance is between 68 and 570

% patients spending less than 4 hours in A&E/MIU

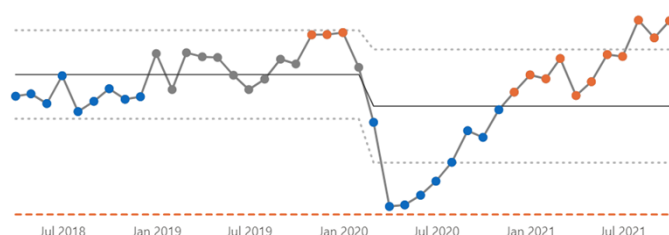


Target Aim
Higher
Assurance
Variance

Performance in October 2021 shows concerning special cause variation. Without the transformation/improvements above, we will consistently miss the 95% national target.

Expected performance is between 72% and 82%.

No. pts. who spent 12 hours or more in A&E/MIU



Target Aim
Lower
Assurance
Variance

Performance in October 2021 shows concerning special cause variation. Without the transformation/improvements above, we will consistently miss the national target (0 breaches).

Expected performance is between 304 and 967.

Planned Care

The service is still under pressure from the backlog created during the pandemic. Performance continues to be affected by limitations on available capacity due to the requirements of social distancing and infection control measures. In October 2021, 55.7% of patients were waiting less than 26 weeks for treatment, with a total of 31,769 patients waiting more than 36 weeks.

Whilst Planned Care teams have worked hard to increase the volume of core internal activity delivered beyond the levels outlined in the Annual Recovery Plan, the impact on the number of patients waiting has remained static in the most recent reporting period as these gains have been mitigated by significant limitations to the ability to increase any internal capacity at present due to exceptional levels of urgent pressure. Theatre utilisation has been constricted by emergency pressures on the WGH site which has extended to Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH) and continues to impact into November 2021. Orthopaedic inpatient surgery is currently suspended at both the Withybush Hospital (WGH) and PPH sites. This has been relayed to the public by the communications team.

In order to reduce the backlog, an additional activity plan has been developed and agreed and is supported by non-recurrent Welsh Government (WG) funding. This plan is heavily dependent on delivery of treatments via a range of independent sector providers to supplement the core capacity delivered across our four hospitals. Due to the timelines associated with the NHS Wales Shared Service Partnership (NWSSP) tender & commissioning framework, the majority of these additional volumes will impact during the second half of the year when our commissioned independent sector activity scales up.

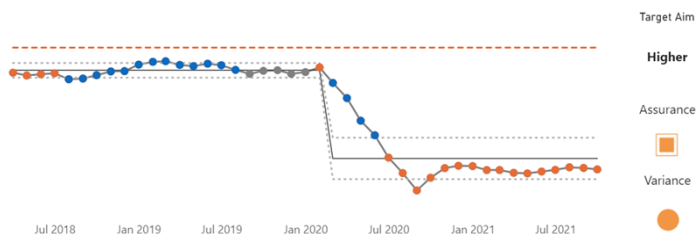
The Welsh Government funded outsourcing programme is being actively progressed although significant theatre staffing pressures are being felt in the private sector which is having an impact on initial outsourcing levels.

Work is ongoing with clinical teams to regularly risk stratify waiting lists and validation of waiting lists continues. The Health Board have now engaged with a technical validation service and this will commence in late November 2021. Additionally, Waiting List Support Service (WLSS) formerly known as Single Point of Contact (SPOC) are now in the phasing position to start contacting all stage 4 patients in a structured process which has been clinically approved.

Other Welsh Health Boards and English Trusts providing tertiary care for our residents had restricted ability to undertake planned care due to COVID-19. In September 2021, there were 1,716

HDdUHB residents waiting over 36 weeks in other NHS care providers. Targeted interventions are being discussed with external Health Boards as part of the on going Long Term Agreement (LTA) meetings. Swansea Bay University Health Board longer term recovery plans are being finalised for submission to Welsh Government. Their short-term plans are based on increasing capacity by a combination of outsourcing and bringing internal capacity back to pre-COVID-19 levels.

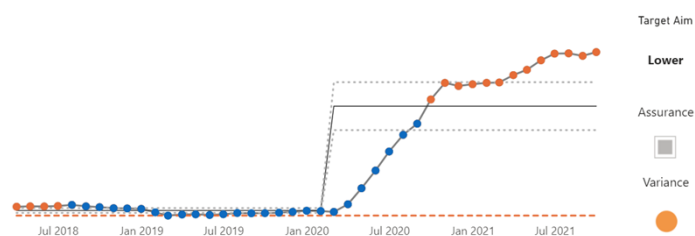
% patients waiting less than 26 weeks for treatment



Patients waiting less than 26 weeks from referral to treatment is showing special cause concerning variation since July 2020. A detailed review of the service has been undertaken to address the backlog, with partial improvement expected over the second half of the year.

Expected performance is between 53% and 66%.

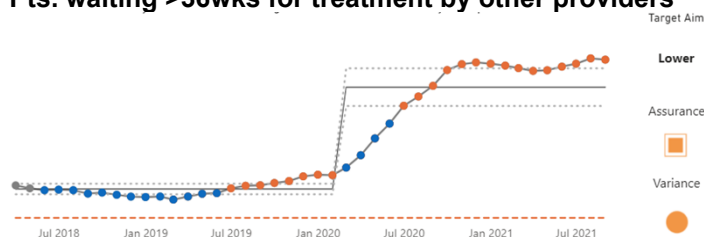
% patients waiting more than 36 weeks for treatment



Patients waiting over 36 weeks from referral to treatment is showing special cause concerning variation since October 2020. A detailed review of the service has been undertaken to address the backlog, with partial improvement expected over the second half of the year.

Expected performance is between 16,614 and 25,919 breaches.

Pts. waiting >36wks for treatment by other providers



Patients waiting over 36 weeks for treatment by other providers is showing special cause concerning variation since Summer 2020.

Expected performance is between 1,213 and 1,622 breaches.

Ophthalmology

Reduced outpatient and theatre capacity as a result of the COVID-19 pandemic continues to affect the service. Additionally, sickness and staffing issues have provided a challenge around the recovery of lost clinic sessions. In September 2021, 71.6% of Ophthalmology R1 appointments attended (excluding those without a target date allocated) were within their clinical target or within 25% in excess of their target.

To ensure that the highest priority of risk of sight loss patients are cared for across the four sites within HDdUHB, all referrals received are screened and each referral is given a Health Risk Factor (HRF) status. R1 patients at imminent risk of harm continue to be prioritised.

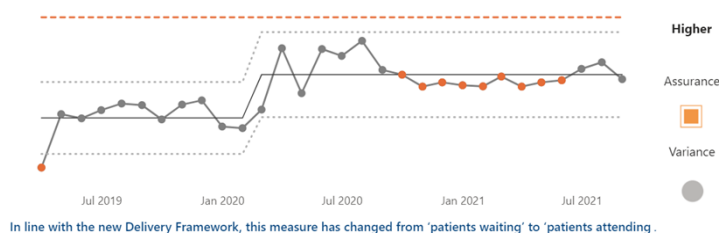
A comprehensive plan has been jointly developed with Swansea Bay University Health Board (SBUHB) which is aimed at recovering the Ophthalmology service across both health boards. This work with SBUHB around the development of a Regional Glaucoma Service to support with the reduction of waits has been agreed through the A Regional Collaboration for Health (ARCH) programme board. The plan has been agreed and supported by HDUHB Executive Team and a Service Level Agreement (SLA) for SBUHB Consultant sessions is being finalised with sessions to commence once honorary contracts have been finalised. A dedicated Project Change Manager has been appointed and commenced in November 2021 to help move this project forward at pace.

The service continues to explore opportunities to change practice and deliver services differently in order to mitigate the reduction in hospital capacity, including the development of Ophthalmic Diagnostic and Treatment Centres (ODTCs) and virtual clinics as well as the development of alternate pathways to support Diabetic Retinopathy, AMD (Age-Related Macular Degeneration) and Glaucoma.

Theatre capacity will be addressed through independent sector commissioned activity with the aim of clearing the 36 week wait position by March 2023. Outsourcing of Cataract procedures has commenced as part of the Phase 1 Welsh Government funded outsourcing programme and will gather pace in the coming weeks. It is hoped that Phase 2 will see further capacity for Stage 1 patients to be managed in the private sector to aid with recovery and ensure Hospital Eye Service capacity is maintained for those R1 patients with sight threatening conditions.

Additionally, a regional Cataract recovery plan has been developed with SBUHB to utilise capacity in both Health Board locations to increase the number of Cataract procedures we are able to deliver. This plan has been submitted to Welsh Government for consideration. Capital funding has been secured to transform the outpatient area at Amman Valley Hospital which will allow the Intravitreal Therapy (IVT) injection service to move and release capacity for patients requiring Cataract operations. Work is to start from December 2021.

% R1 eye care patients appts attended within target date (or <25% excess)



Ophthalmology performance data is showing common cause variation for September 2021. A detailed review of the service has been undertaken and a plan developed to improve performance.

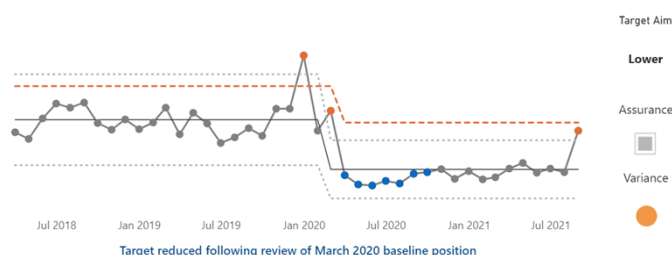
Expected performance is between 57% and 89%.

Hospital Initiated Cancellations

In September 2021, there were 113 procedures postponed within 24 hours for non-clinical reasons. Very high ward and critical care acuity across sites has necessitated the utilisation of the elective bed base to support flow. This is significantly impacting on the ability to support elective inpatient flow leading to cancellations at PPH, GGH and WGH.

Bi-weekly meetings are ongoing to review up and coming elective flow and workload, which involves working with sites regarding confidence in bed availability. Patients are prioritised and where plausible, moved to other sites, potentially with theatre teams, surgeons, and anaesthetics. This is done to manage flow across the sites. Day case flow is also being optimised at WGH and BGH.

Postponed procedures within 24 hours



Performance in September 2021 shows special cause concerning variation and is outside the upper process limit for the first time since March 2020.

Expected performance is between 0 and 94 procedures postponed within 24 hours for non-clinical reasons.

Follow-up appointments

The service is still under pressure and performance continues to be affected by the impact of the COVID-19 pandemic with restrictions such as social distancing and infection control measures remaining in force. In October 2021, 66,738 patients were waiting for a follow-up appointment. We continue to work on the reduction of the follow-up waiting list, and specialities including Pain Management, General Surgery and Vascular have achieved the target with work continuing in other specialities.

As part of the recovery plan, the service continues to roll out See On Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways as an alternative to a follow-up pathway and this is being supported by a Digital Design pathway manager.

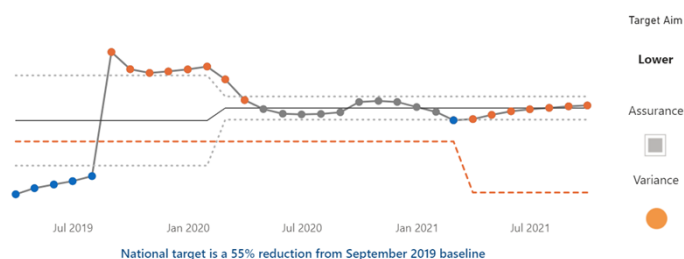
Virtual functionality is being utilised as much as possible alongside governance and safeguarding requirements, however, many patients require ongoing monitoring (diagnostics) in a face-to-face environment which impacts on the number of patients that are suitable for a virtual follow-up. Of the 12,459 follow-up appointments undertaken in October 2021, 3,762 were virtual (26.5%) against the Welsh Government target of 50%. The first Virtual Hub opened within the Health Board on the 1st November 2021, providing a dedicated protected area for virtual activity only. This will release rooms within the Outpatients department to provide additional activity face-to-face as required.

Several transformation and service improvement projects supported by the outpatient transformation team along with the project leads are being funded via Welsh Government. The following projects have had funding approved and are in the planning stages:

- The Virtual Orthopaedic Prehabilitation project aims to reduce follow-ups by introducing health optimisation and tailored support/advice to patients following their procedure. This will also incorporate the use of technology enabled care.
- The Virtual Ophthalmology Retinopathy Service project will use the existing Consultant Connect application (which is funded to May 2022) to undertake required tests for all Diabetic Retinopathy patients in Primary Care for virtual review and triage in Secondary Care;
- In Trauma and Orthopaedics, a Patient Recorded Outcome Measures (PROMs) co-ordinator is being appointed to support a pilot digital platform for the collection of PROMs;
- A receptionist has been employed to oversee virtual appointments and a Group Consultation co-ordinator role (1st in Wales) is being advertised to facilitate group medical appointments delivered by a clinician to a group of patients with similar health issues. All Scheduled Care administration staff are attending a Virtual Group Consultation symposium to learn and share best practice.
- The prostate Cancer Prehabilitation project aims to reduce the numbers of patients waiting for a follow-up appointment through better utilisation of self-management pathways and use of group consultations.

The Health Board is also undertaking a review of social distancing measures following advice provided by the Deputy Chief Medical Officer and Interim Chief Nursing Officer.

Pts. waiting for a follow-up out-patient appt.



The number of patients waiting for a follow-up appointment is showing special cause concerning cause variation. A detailed review of the service has been undertaken and a plan has been developed to improve performance.

Expected performance is between 62,055 and 69,701 waiting for an appointment.

Cancer

In September 2021, 62% of patients started their first definitive cancer treatment within 62 days from point of suspicion. This is 8% lower than the internal projected target of 70%.

The influencing factors include:

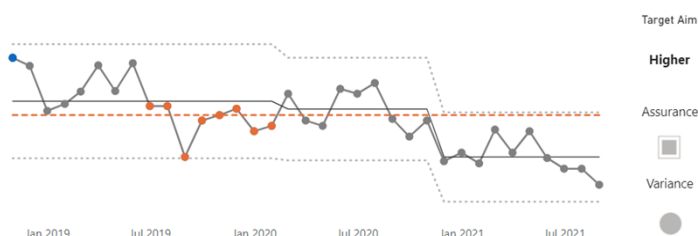
- A 15% increase in referral from primary care, a 48% increase in outpatient priority upgrade from urgent to urgent suspected cancer (USC) and a 30% increase in demand for diagnostic investigations.
- A decrease in capacity for appointments and results reporting within radiology, due to COVID related sickness and planned annual leave within two of the four health board sites. This has been compounded by the vacant position for Head of Radiology. Patients have been offered alternative appointments on other sites, however some patients have not agreed to attend and have requested an appointment close to home.
- Critical care demand increased due to higher number of patients who required COVID related care. This has impacted access to critical care following planned surgery, resulting in short notice cancellations affecting 10 patients in September 2021.
- Access to tertiary care remains a challenge for lung, skin and urology.

The trajectory for improvement will be reviewed to include improvement actions in order to reach 75% compliance in March 2022.

Our actions for improvement include:

- Work with newly appointed Head of Radiology to explore outsourcing opportunities and internal solutions to increase capacity to appointments and reporting utilising non recurrent recovery money.
- Recruit 1 WTE within the cancer tracking team to address backlogs and facilitate earlier booking.
- Auditing outpatient appointment booked beyond 10 days to identify common themes.
- Review access to green surgical pathway across all sites to include access to green critical care.
- 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.
- The Wales Cancer Network are employing Single Cancer Pathway (SCP) Project Managers for each health board across Wales to support.

% patients starting 1st definitive cancer treatment within 62 days of point of suspicion

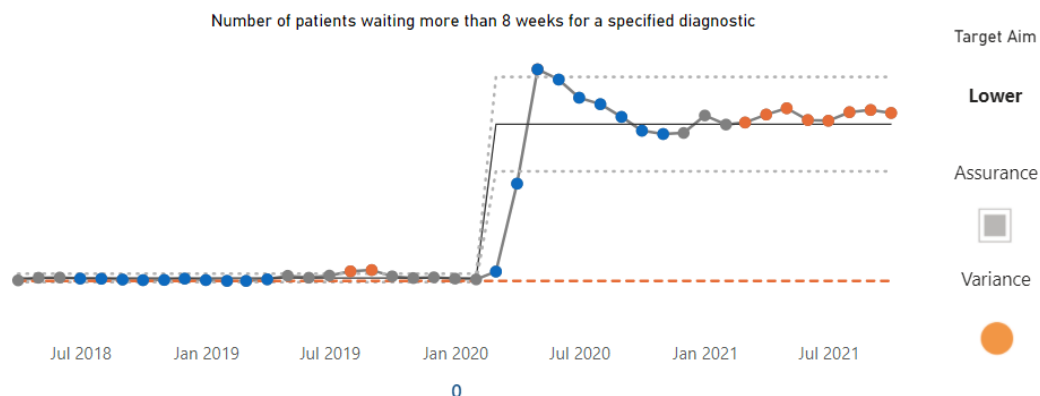


Patients starting definitive cancer treatment within 62 days is showing common cause variation since March 2020. Since December 2020, the target has not been met and we will randomly hit and miss the target until a review of the service is embedded to increase timely diagnostic capacity for patients on the cancer pathway.

Expected performance is between 59% and 76%.

Diagnostics

Overall, the performance for diagnostics is showing special cause concerning variation; in October 2021, 6,046 patients were waiting 8 weeks or more for a specified diagnostic. Areas where sustained improvement has been made include Physiological Measurement. Cardiology continues to show special cause improvement, however, waits have been increasing month on month since June 2021. Patients waiting for 8 weeks+ for imaging is showing special cause improving variation - performance is within expected parameters. There are 3 areas where performance is showing cause for concern, see below for details.



Radiology

In October 2021, there were a total of 3,527 patients waiting 8 weeks and over for Radiology.

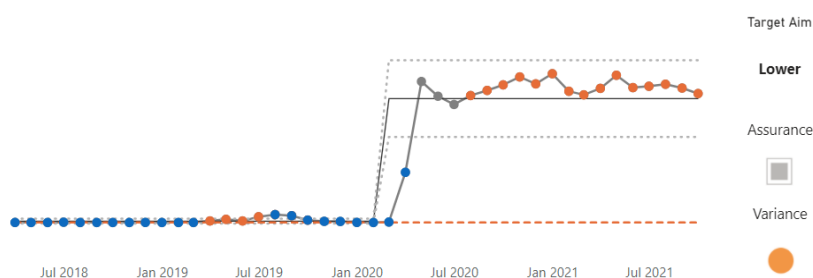
Contributing factors and issues include:

- The service is seeing increasing demand as other services increase their referrals, whilst competing with the backlog created by the pandemic.
- Capacity has increased, however, this is still restricted due to the necessary infection control procedures.
- WGH are projecting ultrasound increased waits due to staff sickness and vacancies.
- Increased downtime for CT due to ageing equipment. Insufficient staff to perform obstetric ultrasound and growth scans.

To improve performance we are:

- Creating additional capacity with staff working additional hours and extended days.
- Working with referring clinicians on pathway design to rationalise scanning.
- Reducing inequity between sites and offer appointments at other sites.
- Working with maternity to deliver midwife led ultrasound.

Pts. waiting 8 weeks+ for radiology diagnostic



Patients waiting 8 weeks+ for Radiology has been showing special cause concerning variation since August 2020. We will consistently fail the target of zero waits until a review of the service is embedded.

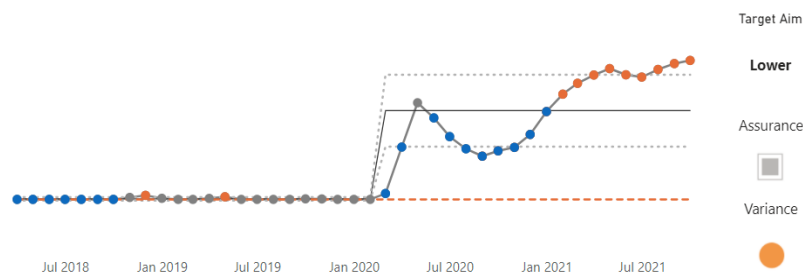
Expected performance is between 2,341 and 4,439 patients waiting 8 weeks or over.

Endoscopy

In October 2021, there were a total of 1,277 patients waiting 8 weeks and over for Endoscopy.

Staffing and recruitment issues remain a challenge particularly in BGH and WGH. We are utilising bank/agency nursing staff, backfilling sessions and working with the hospital sterilisation and decontamination units. With WG Recovery funding support, plans are being progressed to secure outsourced independent sector capacity through the remainder of 2021/22. Robust validation of endoscopy referrals continues.

Pts. waiting 8 weeks+ for endoscopy diagnostic



Patients waiting 8 weeks+ for Endoscopy has shown special cause concerning variation since February 2021. We will consistently fail the target of zero waits without a significant uplift in available capacity to support recovery. The service continues to explore opportunities for additional capacity in partnership with the National Endoscopy Programme.

Expected performance is between 485 and 1,146 patients waiting 8 weeks or over.

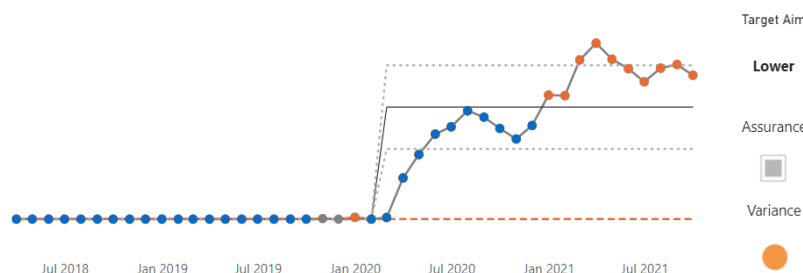
Neurophysiology

In October 2021, there were a total of 790 patients waiting 8 weeks and over for Neurophysiology.

Capacity continues to be impacted considerably by breakdowns in essential equipment, with only 1 of the 2 electromyography (EMG) machines operational.

We currently have 700 patients waiting over 8 weeks for Nerve Conduction Studies. As part of Reset and Recovery, our funding proposals to Welsh Government to outsource all 700 patients to allow us to meet the diagnostic 8-week target by March 2022 has been successful. We are currently going through the tender process.

Pts. waiting 8 weeks+ for neuro. phys. diagnostic



Despite the number of breaches for patients waiting 8 weeks+ for Neurophysiology having reduced between April and October 2021, the measure is showing special cause concerning variation since January 2021. We will consistently fail the target of zero waits without additional activity to be delivered via the independent sector.

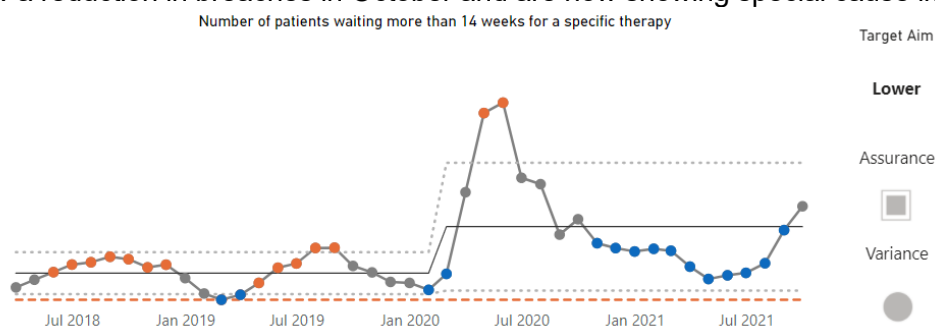
Expected performance is between 385 and 844 patients waiting 8 weeks or over.

Therapies

In October 2021, there were a total of 765 patients waiting over 14 weeks for a specified therapy. All referrals are triaged and identified as urgent or routine. Urgent patients are then prioritised. The waiting list is increasing due to the greater acuity and complexity of referrals following lockdown when routine services for diabetes, paediatrics and eating disorders were disrupted. In addition, approximately 100 routine therapy appointments per week have been cancelled to create staff capacity to prioritise patients for discharge from our acute hospital sites. This action has been taken in accordance with the NHS Wales Local Choices Framework.

Increased waits were seen in Occupational Therapy and Dietetics, please see sections below. Whilst Physiotherapy and Podiatry are not showing cause for concern this month, the number of patients waiting over 14 weeks are steadily rising in these services.

Audiology saw a reduction in breaches in October and are now showing special cause improvement.



Occupational Therapy

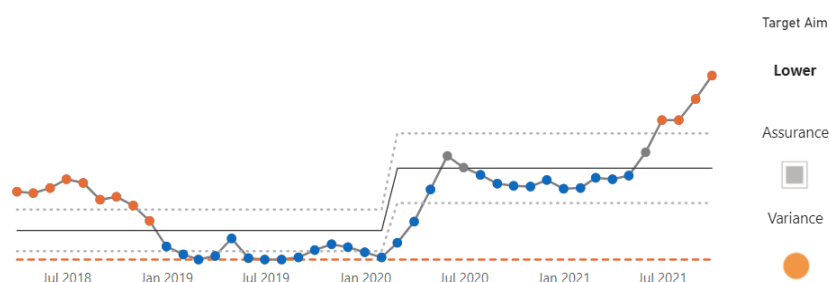
In October 2021, there were a total of 252 patients waiting 14 weeks and over for Occupational Therapy, which can be broken down by service:

Children's	166
Adults	8
Older Adult Mental Health	60
Adult Mental Health	3
Learning disabilities	15

Current capacity of the children's team is insufficient to address the backlog developed during the pandemic as well as increased demand. A Recovery Plan for the Children's team is in place. A number of vacancies in our mental health & learning disability (MH&LD) services are currently being advertised. Waiting list targets will continue to breach until we recruit. Some additional activity has been sourced from within the team and recruitment into fixed term posts is progressing. Agency staff have continued to be sourced.

NOTE: Previous reports excluded waits for MH&LD, this report includes all patients waiting for Occupational Therapy across HDdUHB.

Patients waiting 14 weeks+ for Occupational Therapy



Patients waiting 14 weeks+ for Occupational Therapy is showing special cause concerning variation. We will consistently fail the target of zero until a review of the service is undertaken and the resulting improvement actions are embedded.

Expected performance is between 77 and 173 patients waiting 14 weeks or over.

Dietetics

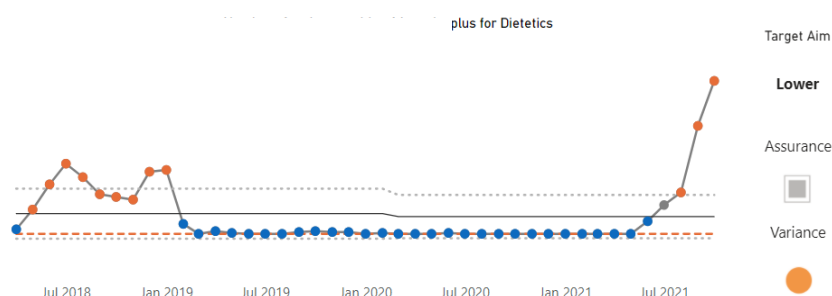
In October 2021, there were a total of 170 patients waiting 14 weeks and over for Dietetics.

Increased urgent demand for Nutrition and Dietetic services and a lack of capacity within services supporting Diabetes, Paediatrics and Specialist CAMHS have impacted performance.

In addition to the demand and capacity issues, pending maternity leave and short-term secondment of staff into other Health Board service priority areas from the Weight Management Service will further impact the service. The number of patients waiting are expected to further increase in December 2021.

To improve performance, additional temporary junior capacity has been secured in Paediatrics and upskilling has commenced. In Diabetes recruitment has commenced and senior post interviews are to be held in November with the aim of increasing capacity. In SpCAMHS the service has been unable to recruit, an alternative staffing model has been agreed with a short-term post to be advertised.

Patients waiting 14 weeks+ for Dietetics



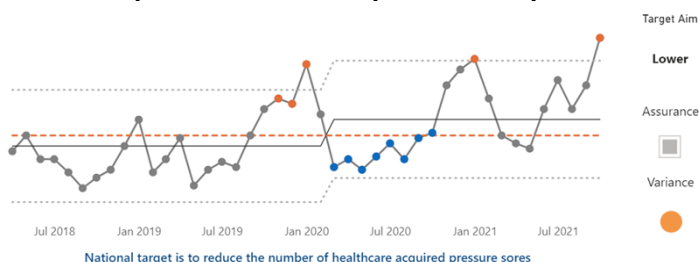
Patients waiting 14 weeks+ for Dietetics is showing special cause concerning variation. We will consistently fail the target of zero until a review of the service is undertaken and the resulting improvement actions are embedded.

Expected performance is between 0 and 43 patients waiting 14 weeks or over.

Pressure Sores – Hospital

The Quality Assurance Information and System Team continue to support the services with accurate and up to date data to enable them to undertake regular monthly review/scrutiny meetings, where the pressure ulcers acquired in a hospital setting are captured on the Health Board's Datix Cymru System and are discussed in detail. Following the review, the figures may alter. As part of our Enabling Quality Improvement in Practice (EQIIP) programme, improvement work has commenced to ensure that there is timeliness and consistency of investigation and approval of pressure ulcer incidents. This will help ensure that reported data is accurate and learning is captured and shared.

Number of pressure sores acquired in hospital



Performance in October 2021 shows special cause concerning variation. Improvement actions need to be embedded for the target to be consistently met.

Expected performance is between 16 and 60.

Complaints

In October 2021, performance decreased to 54%.

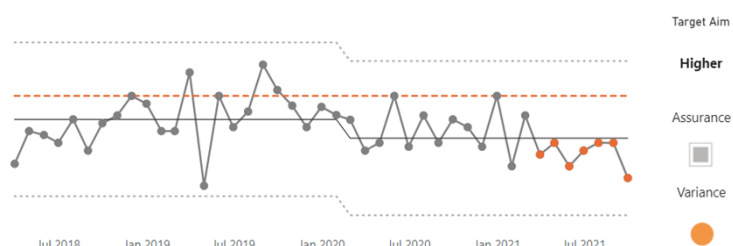
The issues which affect performance include;

- The Concerns Hub has been responding to a higher number of enquiries and calls, with a lower level of cases managed through the Putting Things Right process.
- The complaint investigation team has also been focussing on the cases that have been open over the longest period, so that all cases received prior to April 2021 are closed as soon as possible. This has had an impact on the 30 working day closure rate, as well as the current pressures on the services and reduced ability to undertake timely clinical reviews.

Our actions for improvement include:

- Weekly audit of cases by Complaints Manager.
- Regular correspondence/contact with complainants.
- Additional recruitment of temporary staff to provide further capacity, due to staff absence.
- Active case management with services with regular review meetings to ensure progression of cases.
- The Patient Advice and Liaison Service (PALS) team is working with the hub to address any concerns as they arise and where appropriate at first contact.

•
% complaints receiving a regulated reply within 30 working days from date received



Performance for complaints is showing is showing special cause concerning variation. We will consistently fail the target of zero until a review of the service is undertaken and the resulting improvement actions are embedded.

Expected performance is between 45% and 84%.

Neurodevelopment and psychological services

There is a growing demand for neurodevelopment assessments and psychological therapies which, coupled with limited resources, service vacancies and restrictions imposed by the pandemic, have led to a decline in performance. At the end of September 2021, 39.5% of adults were waiting less than 26 weeks to start a psychological therapy, while 24.8% of children and young adults were waiting less than 26 weeks to start a neurodevelopment assessment.

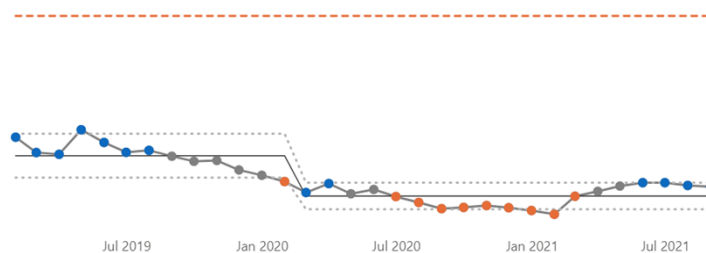
Accommodation is an issue across all mental health services as the Mental Health & Learning Disabilities (MHLD) estate has reduced over the years, whereas demand for services has increased, without alignment in investment in larger premises to meet the need. The current estate of properties are utilised by a multitude of services as there is very limited accommodation dedicated to each service. The further impact of COVID-19 restrictions has caused additional pressures, even though agile working is in place which has helped to reduce some pressures. Despite this, it is crucial that dedicated accommodation areas are scoped to support the efficient and effective operation of services, as this has continued to impact upon our face-to-face appointment capacity. The service is undertaking ongoing reviews of accommodation, but due to funding are seeking internal solutions to reconfigure spaces to maximise capacity.

The service is currently reviewing the IT infrastructure, with full implementation of Welsh Patient Administration System (WPAS) estimated within 12-18 months. The service is now beginning to roll out phase 2 of the implementation of WPAS, prioritising areas with greatest need within Mental Health Services. Once WPAS is in place, we will be able to progress Demand and Capacity planning within services.

Recruitment into the Neurodevelopment service is a priority area of focus in dealing with the backlog, with a new fixed term Highly Specialist Psychologist post (which commenced in August 2021) to undertake demand and capacity planning and waiting list management. Additionally, two Assistant Psychologists have been recruited and are due to commence in Q3 2021/22. The Psychological Therapies service is scoping out new ways to reduce the waiting list, with the aim of implementing group therapies to support clients on waiting lists and running group therapies in conjunction with 1:1 sessions. Did Not Attend (DNA) rates are being monitored to reduce clinical inefficiencies, although this is a complex area due to nature of clients' wellbeing.

Implementation of new software (QbTest) will aid with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), and is now up and running in Carmarthenshire and will be rolled out further in the next few weeks.

Neurodevelopment waits, less than 26 weeks

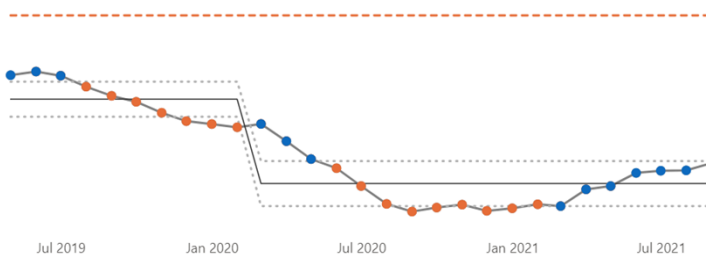


Target Aim
Higher
Assurance
Variance

Children and young adult neurodevelopment assessment waits is showing special cause improving variation since June 2021. However, the 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is between 18% and 26%.

Psychological therapy waits, less than 26 weeks

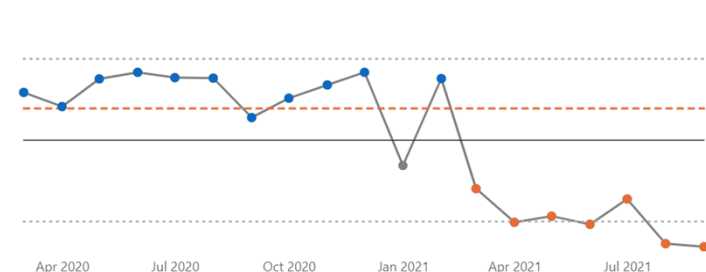


Target Aim
Higher
Assurance
Variance

Adult psychological therapy waits is showing special cause improving variation since March 2021. However, the 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is between 28% and 40%.

% of mental health assessments within 28 days (under 18 years)

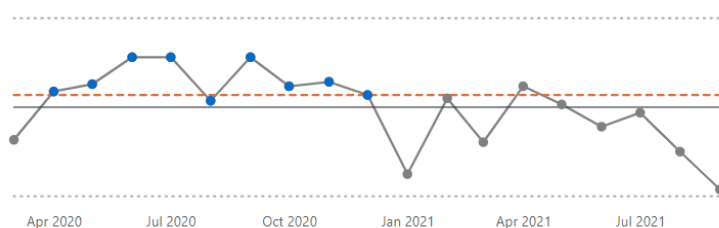


Target Aim
Higher
Assurance
Variance

Mental Health Assessments within 28 days under 18 years is showing special cause concerning variation in September 2021.

Expected performance is between 18% and 100%.

% therapeutic interventions started within 28 days following a LPMHSS assessment (under 18 years)



Target Aim

Higher

Assurance

Variance

Therapeutic interventions for children and young people following a LPMHSS assessment is showing common cause variation. However, performance is September (30%) was the lowest seen in over 18 months.

Expected performance is between 26% and 100%.

Staff sickness absence

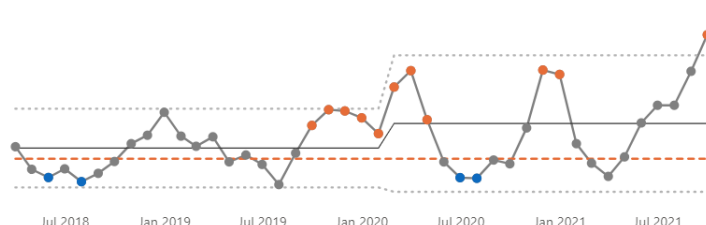
Overall staff sickness absence is higher by comparison than previous years (includes COVID-19 sickness absence).

Whilst the COVID pandemic continues, there is a risk that we will continue to experience fluctuations in staff absence and data shows that absence levels may continue to rise the longer it continues. We also have a number of staff experiencing long Covid and each case is being assessed individually to ensure we can tailor the most appropriate support in line with the latest guidance, which includes an extension to full sick pay arrangements to 31st March 2022.

The main reason for non-COVID-19 sickness absence has been identified as stress. Staff are taking longer to recover and we are monitoring reasons for absence closely for trends of fatigue and burnout.

The upward trend is not unique to Hywel Dda as other Health Boards are also seeing similar increases.

% sickness absence rate of staff



Target Aim

Lower

Assurance

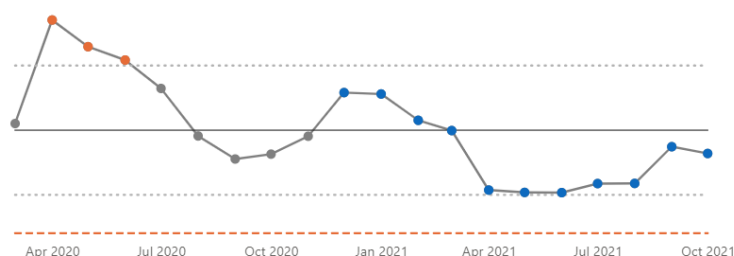
Variance

Staff sickness absence rates show special cause concerning variation.

In October 2021, 6.76% of staff were absent due to sickness (includes COVID-19).

Expected performance is between 4.3% and 6.4%.

% COVID related staff shielding/self-isolation rate for staff



Target Aim

Lower

Assurance

Variance

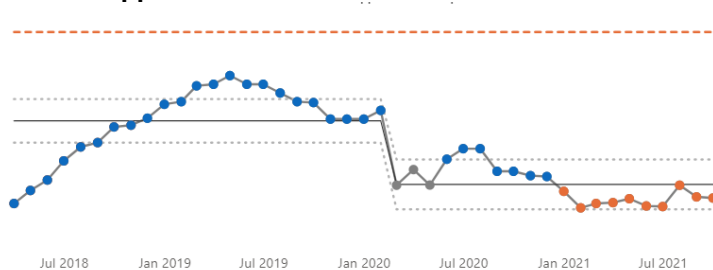
COVID-19 related staff shielding/self-isolation shows special cause improving variation. In October 2021, 1.48% of staff were self-isolating.

Rates for December 2020 to March 2021 include staff shielding.

Personal Appraisal and Development Review (PADR)

Compliance for staff having a PADR with their manager in the previous 12 months continues to show a declining trend. A support video to support completion of PADRs is in its final stages and will be available in late November, 'Managing Performance' training continues to run, and the second quarterly acute site visit to promote PADRs took place on 3rd November at Bronglais General Hospital. This included training on how to input correct dates into ESR.

% staff appraisal in the last 12 months



Target Aim
Higher
Assurance
Variance

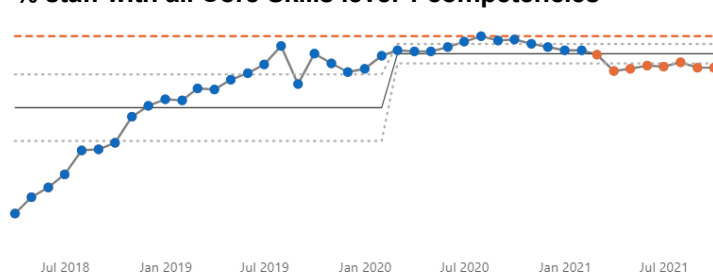
PADR compliance rates show special cause concerning variation in October 2021. The national target will not be consistently met until improvement actions and fully identified and embedded.

Expected performance is between 64.6% and 70.4%.

Core Skills and Training Framework (CSTF)

Compliance for staff completing all level 1 competencies of the CSTF continues to show a declining trend. A new post has now been embedded within the Learning & Development department with a main focus to monitor and improve learning compliance. They will be delivering a support package to target departments/services with low compliance through working with managers to improve compliance offering support via telephone and user-friendly support guides.

% staff with all Core Skills level 1 competencies



Target Aim
Higher
Assurance
Variance

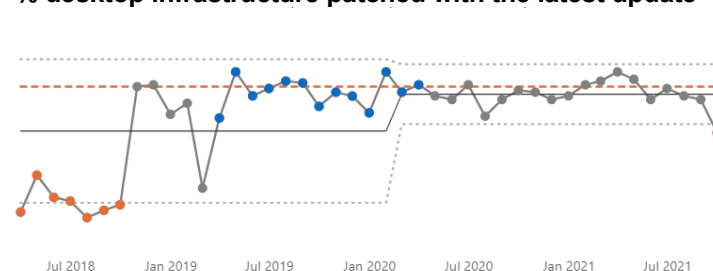
Core skills compliance rates show special cause concerning variation in October 2021. The national target will not be consistently met until improvement actions are fully identified and embedded.

Expected performance is between 82.5% and 84.3%.

Desktop infrastructure patching

Cyber compliance for desktop infrastructure patched with the latest update showed special cause concerning variation in October 2021. This is due to a large Microsoft update for Windows 10 being deployed across the Health Board which takes up to 3 hours per device and therefore is being staged across the organisation to mitigate the impact.

% desktop infrastructure patched with the latest update



Target Aim
Higher
Assurance
Variance

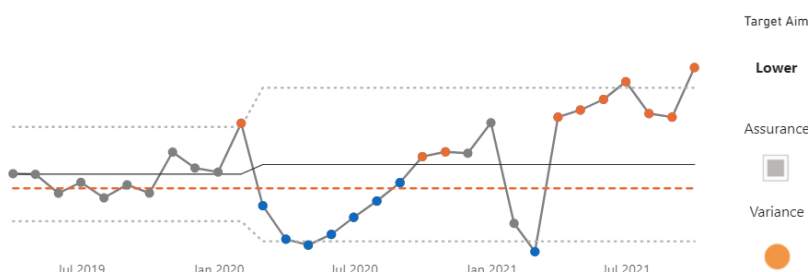
Cyber compliance for desktop infrastructure showed special cause concerning variation in October 2021 (65%). The target will not be consistently met until improvement actions are fully identified and embedded.

Expected performance is above 69.7%.

Finance – Agency spend

High agency spend continues for premium agency Medical and Nursing staff due to high vacancies, absence cover and continued pressures in emergency departments across the four acute sites. Workforce issues will be further discussed at the Systems Engagement meetings. A potential improvement as a consequence of the implementation of the Allocate roster system is anticipated. Reduction in variable pay is a key strategic aim for the Workforce department.

% Agency spend of total pay bill



Performance in October 2021 shows special cause concerning variation. Review of agency spend is continually monitored.

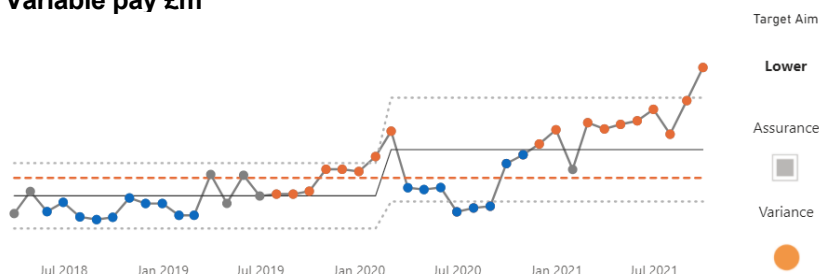
Expected performance is between 3% and 8%.

Finance – Variable pay

High variable pay costs are being incurred across a wide range of staff professions due to a combination of high vacancy rates, absence cover for leave and continued pressures across all four acute sites emergency departments. Nurse Agency expenditure continues its upward trajectory this month as pressures continue in Unscheduled Care. This has been further impacted this month by the recognition of enhanced rates of payment made to Specialist categories and the Executive agreement to offer enhanced rates of overtime to substantive and bank staff.

Workforce issues are discussed in Systems Engagement meetings and there is potential improvement as a consequence of the implementation of the Allocate roster system. Reduction in variable pay is a key strategic aim for the Workforce department.

Variable pay £m



Performance in October 2021 shows special cause concerning variation. Review of variable pay is continually monitored.

Expected performance is between £4m and £7m.

Essential services

In line with Welsh Government guidance, all essential services are being achieved, with the exception of General Practitioner (GP) Out of Hours (OOH). Shift fill is the major issue faced, particularly during the weekend periods, and actions are being taken to provide stability of core OOH rotas. Five GPs are currently in the enrolment process and a further two GPs were interviewed on 2nd November for salaried positions and recruited. RotaMaster is nearing completion and will improve options of filling vacant shifts. Work continues to enhance the use of Red Areas on all sites by the OOH service to allow symptomatic COVID-19 patients to be assessed in a face-to-face consultation in a safe manner.

Argymhelliad / Recommendation

The Board is asked to consider and advise of any issues arising from:

- The Performance Update report – Month 7 2021/22;
- Proposed changes to performance measures from December 2021;
- Proposed change to report only key measures in future reports to Board, along with performance measures escalated from PODCC, SDODC or SRC.

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):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2021-22
Rhestr Termau: Glossary of Terms:	PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee
Partion / 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 Strategic Development & Operational Delivery Committee People, Organisational Development & Culture 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