



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 January 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Assurance Report – Month 9 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: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st December 2021.](#)

Following the decision at the November 2021 Public Board meeting, narrative has only been included in this SBAR for key measures. Data and narrative are included in the IPAR dashboard. No performance issues were escalated to the Board this month from the People, Organisational Development and Culture Committee, the Strategic Development and Operational Delivery Committee or the Sustainable Resources Committee.

An update on IPAR developments:

- New Improving Together measures have been added to the IPAR dashboard, including:
 - Staff experience measures – accessible via the 'Workforce' topic filter.
 - Patient experience measures – accessible via the 'Quality' topic filter on the dashboard.
- The new Delivery Framework measure for stroke patients receiving mechanical thrombectomy has also been added to the dashboard.
- The IPAR dashboard now includes Covid vaccination data for all local authority areas in Wales to enable us to benchmark against our peers.
- Due to technical issues, completion of adding the strategic objective filter alongside strategic objective summaries to the IPAR dashboard and automating the statistical process control (SPC) calculations using Structured Query Language (SQL) programming have been postponed until February 2022.
- Planning objectives have been assigned to all measures. The planning objective reference numbers have been added in brackets at the end of each measure name within the IPAR dashboard.

Please refer to the help pages on the performance report dashboard for a key to the icons used in the SPC charts. There are also 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 IPAR 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](#).

The five key risks that are impacting our performance are:

Staff shortages



Vacancies, turnover, sickness and COVID-19 isolation are all impacting on our staff capacity to see and treat patients.

Apr 2018 – Dec 2021



Staff turnover (12m rolling)



Staff sickness (in-month)

Timely discharge



County and community services are reporting more cases of complex discharge requirements which result in discharge delays while arrangements are put in place to meet the patient's needs. This is further compounded by a shortage of domiciliary care to meet increasing demand from an ageing population.

As at 6th January 2021 we had 239 medically optimised patients and 120 were ready to leave (RTL).

Increase in demand



We are seeing demand increases across various services including ambulance red calls, cancer, radiology and mental health.

11% more cancer referrals from primary care.

Patient acuity



Due to delays in patients coming forward for care during lockdown, many cases are now of greater acuity and complexity.

% in-patients with acuity level 4 (urgent care) or level 5 (one-to-one care)
Dec 2019 – 19%
Dec 2020 – 25%
Dec 2021 – 28%

Space to treat



Insufficient accommodation space to see, care for and treat the volume of patients needed. This is further impacted by the social distancing requirement resulting from the COVID-19 pandemic.

As at the 10th Jan 2022 our non-covid beds have been at 95%+ occupancy on all bar 6 days in the previous 6-month period.

Asesiad / Assessment

Important changes to highlight since our previous report

Improving measures

Diagnostics	Patients waiting over 8 weeks for a specific diagnostic is now showing common cause variation. This follows 8 successive months of concerning variation. Further improvements are needed, as at 31 st December 2021 there were still 6,063 patients waiting over the target 8 weeks.
Radiology	Patients waiting over 8 weeks for a specific diagnostic is now showing common cause variation. This follows 15 successive months of concerning variation. Further improvements are needed, as at 31 st December 2021 there were still 3,312 patients waiting over the target 8 weeks.
Digital	Episodes clinically coded within one reporting month post discharge has shown special cause improving variation for the last 7 data points. The latest performance is 96.7% which is the first time we have achieved target since before April 2019.
Hip fractures	Patients aged 60 or over who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours has shown special cause improving variation for the last 9 data points.
Stroke - SALT	Percentage of stroke patients receiving the required minutes for speech and language therapy has reported its highest recorded performance of 62.7% against a target of 50% and is now showing special cause improving variation.

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 9 data points below the mean, with performance in November 2021 2.5% against a target of 80%.
Cancer	Against a target of 75%, in November 58% of patients starting their first definitive cancer treatment within 62 days from the point of suspicion. Performance has been declining for 4 months and is now showing special cause concerning variation.

New measures/measure changes/other

Mortality	Crude hospital mortality rate (aged under 75 and excluding day cases) now reports in-month figures. Previously we were reporting on 12-month averages. This allows for accurate use of Statistical Process Control (SPC) charts and this measure now shows special cause improving variation. Additionally, the target has been changed to a 12-month reduction from the March 2021 average reported position. The new target is 1.56%.
Patient Experience Measures	10 new patient experience measures have been included in this month's IPAR. Each of the measures have been assigned an interim target: <ul style="list-style-type: none">• Overall patient experience score - 90%• I am treated with dignity, respect and kindness - 80%• I am listened to - 80%• I am involved in decisions about my health and care services - 80%• I feel supported to take more personal responsibility for my own health - 80%• I am supported and encouraged to share my experience of care - 90%• I feel safe and well cared for - 85%• Care is provided in most appropriate setting to meet my health needs - 90%• I was able to communicate in Welsh to staff - 80%• Number accessing the patient experience system - 200

Staff Experience Measures	<p>18 new staff experience measures from the new staff survey have been included in this month's IPAR.</p> <ul style="list-style-type: none"> From the first December 2021 staff survey, the highest scores were in relation to environmental issues, with 95% agreeing that they behave responsibly in this regard, and 91% of staff agree that they are happy to go the extra mile at work when required. 81% of staff feel they are able to make a difference to patient's experience and 80% are enthusiastic about their job which are positive scores given the pressures our staff continue to face due to the pandemic. The lowest scores were for staff who believe they are involved in deciding on the changes affecting their area (52%), feeling genuinely listened to (53%) and feeling valued and appreciated at work (54%).
Psychological Therapies	All data points for this measure have now been amended to exclude Adult Autism Spectrum Disorder (ASD). Previously, this was only excluded from April 2021.
Stroke – Mechanical Thrombectomy	In-line with the NHS Wales Delivery Framework for 2021/22, data for the percentage of stroke patients who receive mechanical thrombectomy is now reported.

Indicators showing improving special cause and common cause variation

	Improving special cause variation	Common cause variation
Will fail target without a review of the service	<p>Follow-up appointments – delayed</p> <p>Follow-up appointments - delayed 100%</p> <p>Adult psychological therapy waits</p> <p>Child neurodevelopment assessment waits</p> <p>COVID – complaints</p> <p>COVID - staff self-isolation</p>	<p>Ambulance handovers – GGH</p> <p>Under 4 hours waits in A&E/MIU – BGH</p> <p>Under 4 hours waits in A&E/MIU – WGH</p> <p>Ophthalmology - R1 eyecare appointments</p> <p>COVID – incidents</p> <p>Staff - PADR</p>
Will not consistently hit or miss target	<p>Audiology waits</p> <p>Podiatry waits</p> <p>Cardiology waits</p> <p>Imaging waits</p> <p>Physiological measurement waits</p> <p>Stroke - speech and language therapy</p> <p>LPMHSS assessments (18)</p> <p>Hip fracture -orthogeriatrician assessment</p> <p>Crude hospital mortality rate</p> <p>Clinically coded - one month post discharge</p> <p>Staff - dementia training</p>	<p>Ambulance handovers – PPH</p> <p>Under 4 hours waits in A&E/MIU – PPH</p> <p>OOH/111 priority 1 clinical assessments</p> <p>Postponed procedures</p> <p>Stroke - stroke unit admission</p> <p>Diagnostic waits – all</p> <p>Radiology waits</p> <p>Therapies – all</p> <p>Physiotherapy waits</p> <p>Speech & Language Therapy waits</p> <p>CMATS waits</p> <p>Sepsis - in-patients</p> <p>Sepsis - emergency department</p> <p>E.coli, S.aureus and C.difficile cases</p> <p>P.aeruginosa and Klebsiella cases</p> <p>Hip fracture admission</p> <p>Concerns/complaints</p> <p>COVID - deaths positive test</p> <p>Patients - listened to</p> <p>Decisions in my health care</p> <p>Patients - safe & cared for</p> <p>Patients - Welsh communication</p> <p>Patient experience system</p> <p>Nutrition score</p> <p>CAMHS appointments</p> <p>MH - valid care and treat plan (18+)</p> <p>Non-NHS invoices paid</p>

	Improving special cause variation	Common cause variation
Will consistently pass the target		Patient experience score Financial balance MH - valid care and treat plan (0-17)

A&E = Accident & Emergency • MIU = Minor Injuries Unit • R1 = Risk 1 • CMATS = Clinical Musculoskeletal Assessment and Treatment Service • OOH = Out Of Hours • CAMHS = Child and Adolescent Mental Health Services • MH = Mental Health • LPMHSS = Local Primary Mental Health Support Services • PADR = Performance Appraisal Development Review

COVID-19 Vaccinations

In December 2021, our booster vaccination campaign was accelerated in line with Government guidelines. As at 2nd January 2021, residents that had received:

First dose		Second dose		Booster dose	
Ages 12-15	54.6%	Ages 12-15	5.9%	Ages 12-15	n/a
Ages 16-17	76.5%	Ages 16-17	57.6%	Ages 16-17	n/a
Ages 18+	87.9%	Ages 18+	85.2%	Ages 18+	57.6%

Uptake of the booster dose in the clinically extremely vulnerable group is lower than many of the other priority groups. This pattern is seen across Wales and is due to members of this group requiring a third dose and therefore many not yet being eligible for a booster dose due to the 13-week gap needed between doses.

When we take into account the number of people who are eligible for a booster dose vaccination, as at 11th January 2022, 70.7% of eligible adults had received a booster dose vaccination. In addition, the capacity available throughout January is sufficient to provide a booster to everyone who is eligible if they come forward for their booster.

We continue to use public communications to encourage uptake of COVID-19 vaccination in our community and we are continuing to use a 'leave no one behind' strategy to revisit those groups who have not yet come forward. The programme is using a mixture of Mass Vaccination Centres and Primary Care services, supported by home visits where needed and a mobile unit for hard to reach communities. We have also supported Swansea Bay residents to receive their vaccinations within Hywel Dda.

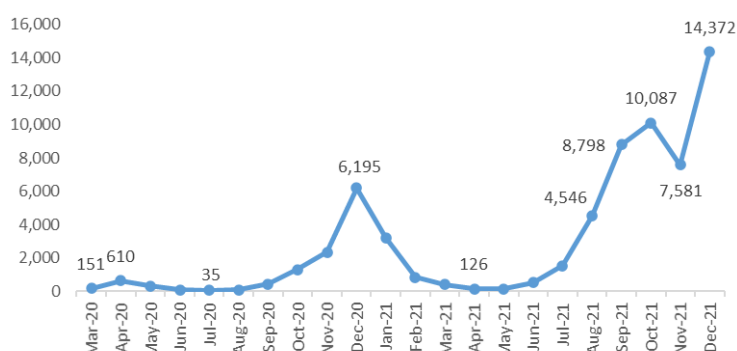
For further details see the [Rapid COVID-19 virology dashboard](#) published by Public Health Wales.

COVID-19 Update

From the start of the pandemic to 31st December 2021, there has been a total of 63,544 confirmed cases of COVID-19 amongst HDdUHB residents, of which 14,372 were confirmed during December 2021.

- Positivity rates remain higher in males than females, with females undertaking substantially more tests than males at present;
- Despite the greater levels of incidence, hospital admissions remain relatively below those observed at the peak of the second wave;
- Average length of stay for COVID admissions continues to decrease.

New cases of COVID-19 for Hywel Dda residents, by date tested



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	more data points needed to determine the trend

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	New never events	Waiting over 36 weeks for treatment	Waiting over 14 weeks for a therapy	Psychological therapy waits
COVID related risks	Ambulances 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	Confirmed C. diff cases	Cancer treatment within 62 days		MMR vaccine
COVID related deaths					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 December 2021, with 26 extreme risks, 54 high risks, 10 moderate risks and 1 low risk;
- 7 COVID-related risks are on the Corporate Risk Register, with no risks closed in December 2021.

New never events

- We had 0 never events in December 2021.

MMR vaccine

- As of September 2021, 89.6% of children had received 2 doses of the MMR vaccine by age 5 (target 95%).

6 in 1 vaccine

- As of September 2021, 95% of children had received 3 doses of the hexavalent '6 in 1' vaccine by age 1 (target 95%).

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

The impact of the Omicron COVID variant, revised Welsh Government safety guidance and staff abstraction due to sickness or the requirement to self isolate, has resulted in extreme whole system pressure. Where appropriate, staff have been redeployed from other service areas to maintain critical services and some performance initiatives have been temporarily paused.

In December 2021, ambulance red calls saw an increase in demand, and this was reflected across the whole of Wales. Welsh Ambulance Service Trust (WAST) clinicians are being supported with Military personnel, undertaking vehicle driving roles, under the Military Aid to Civil Authority (MACA). Operational hours have been lost due to ambulance crews being diverted to hospitals outside of the Hywel Dda area, delayed patient handovers at acute hospitals, and WAST staff abstraction due to COVID, which has resulted in a risk to the timely response to patients waiting in the community.

Ambulance handovers were extremely challenging due to hospital 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. Ambulance crews lost 2,978 hours in December at our 4 acute hospital sites primarily due to patient handover delays.

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.

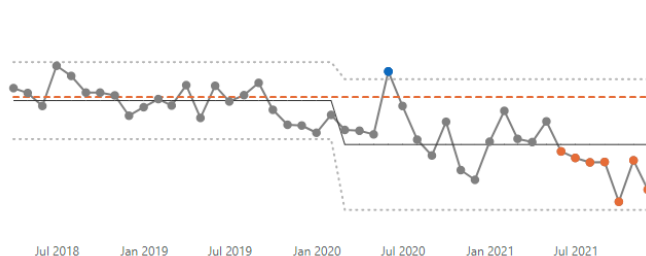
County and Community services are reporting more cases of complex discharge requirements which can delay a medically optimised patient being discharged from acute sites, together with a significant reduction in available domiciliary care and re-ablement capacity and some care homes placed under embargo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

Actions being undertaken to improve performance are:

- WAST Clinical Support Desk recruitment currently open, to increase *Hear and Treat* paramedics/nurses.
- Review and increase where possible alternative care pathways, to support hospital avoidance where clinically appropriate.
- WAST reimplementation of the Tactical Approach to Production (TAP) utilising alternative grades of staff to improve Unit Hour Production, 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 with wrap around care from the community available to support admission avoidance where assessment and diagnostics have determined safe and appropriate to do so.
- Establishment of Contact First 111. Memorandum of Understanding pending sign off by WAST and Health Board. 'Go Live' pending WAST agreement and anticipated to be fully operational from Q4 2021/22.
- Virtual Urgent Primary Care Centre – Majority of GP practices have signed up to delivery and will 'Go Live' once 111 First and our Local Flow Hub is operational (anticipated as above i.e., Q4).
- 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 pending Information Governance sign off and approval.

- Patient Triage Assessment and Streaming (PTAS) of the WAST Clinical Stack Review is ongoing and targeted at the hours which would provide us with greatest impact on our acute hospital front doors (10am – 2pm).
- Urgent consideration has been undertaken of opportunities to create additional community-based step-down/surge capacity by each county;
- 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

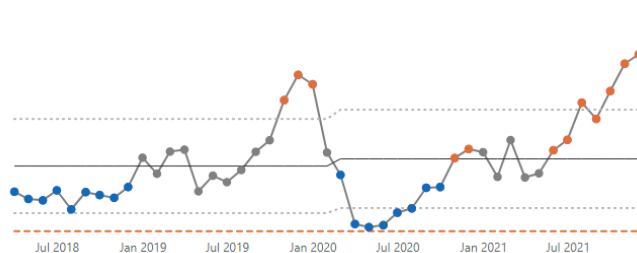


Target Aim
Higher
Assurance
Variance

Performance in December 2021 was 42.2% and shows special cause concerning 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 37% and 69%.

No. ambulance handovers taking over 1 hour

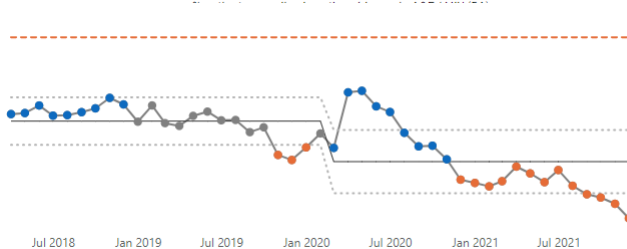


Target Aim
Lower
Assurance
Variance

Performance in December 2021 shows special cause concerning variation, with 904 ambulance handovers taking over 1 hour. Without the transformation/improvements above, we will consistently miss the national target (0 breaches).

Expected performance is between 119 and 621 breaches.

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

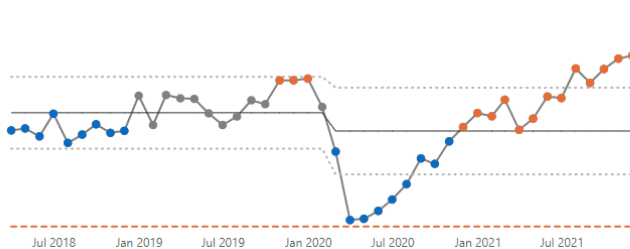


Target Aim
Higher
Assurance
Variance

Performance in December 2021 was 67% and shows special cause concerning variation. Without the transformation/improvements above, we will consistently miss the 95% national target.

Expected performance is between 71% and 81%.

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



Target Aim
Lower
Assurance
Variance

Performance in December 2021 shows special cause concerning variation, with 1,232 patients waiting over 12 hours. Without the transformation/improvements above, we will consistently miss the national target (0 breaches).

Expected performance is between 376 and 1001 breaches.

Planned Care

The service is still under pressure from the backlog created due to the pandemic. Performance continues to be affected by limitations on available capacity due to the requirements of social distancing and infection control measures. The increase in cases of the Omicron variant has further impacted this target due to the volume of staff isolating. In December 2021, 55.5% of patients were waiting less than 26 weeks for treatment, with a total of 31,325 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 continues to remain static as these gains have been mitigated by significant limitations to increase any internal capacity due to exceptional levels of urgent pressure, including the impact of the recent increase in Omicron cases. Outpatient & therapy appointments and clinics will be prioritised for the most urgent patients over the next few weeks. With the exception of a small number of emergency cases and some children's appointments, face to face outpatient appointments for routine patients will be postponed enabling the release of staff to support the urgent and emergency care pathways. Patients will be re-booked according to clinical urgency in subsequent weeks. Inpatient cancer and urgent surgery resources at the time of writing are concentrated at Prince Philip Hospital (to provide access for all Health Board patients) with cancer and urgent surgical pathways suspended at Wthybush, Bronglais & Glangwili Hospitals (with exception of head and neck surgery).

There are significant plans to increase internal activity, which are phased across Q4 2021/22. These plans strive to be delivered near to their original planned timescales despite the current additional pressures being faced and involve;

- Reinstatement of Ward 6 PPH for Orthopaedics as soon as circumstances allow;
- A demountable unit (due to open in April 2022), increasing capacity for day surgery access for the Health Board;
- The reinstatement of Ward 9 WGH for General Surgery, Colorectal and Gynaecology as soon as circumstances allow;
- Active development of an Enhanced Care Unit at WGH and PPH will help to reduce critical care demand for elective patients.

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. The outsourcing programme is being actively progressed, with most specialties now commenced, although significant theatre staffing pressures are still being felt in the private sector which continues to impact on delivered outsourcing levels.

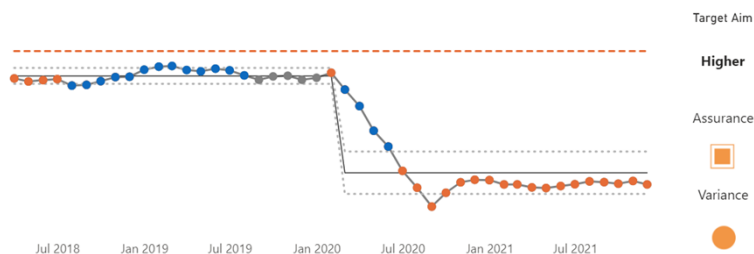
Work is ongoing with clinical teams to regularly risk stratify waiting lists and validation of waiting lists continues. Additional work the Health Board is undertaking as part of the recovery plan;

- Engagement with a technical validation service which commenced in November 2021 within a structured process with regular review;
- Waiting List Support Service (WLSS) are beginning to contact all stage 4 patients in a structured process which has been clinically ratified. The service has commenced with Orthopaedics and ENT and will be triangulated with the external validation process so patients are contacted appropriately;
- Work continues with an external agency (Lightfoot) and extensive work is taking place on modelling the backlog recovery.

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 November 2021, there were 3,333 HDdUHB residents waiting over 36 weeks in other NHS care providers. This figure has now been adjusted to include new outpatient appointments. This target continues to be impacted by COVID as case rate numbers remain high with the additional concern of the increased growth rate of the new Omicron variant. Additionally, demand from all NHS Bodies on Outsourcing providers remains exceptional. There is currently limited capacity available to re-direct or re-commission many of the

services that are under extreme pressure. A Regional Commissioning Group is set up at Swansea Bay UHB working collaboratively with the HDdUHB Commissioning Team to fulfil regional solutions which benefit both organisations. WG are working with all Health Boards regarding waiting list management and how to minimise risk going forward. Validation of waiting lists continues.

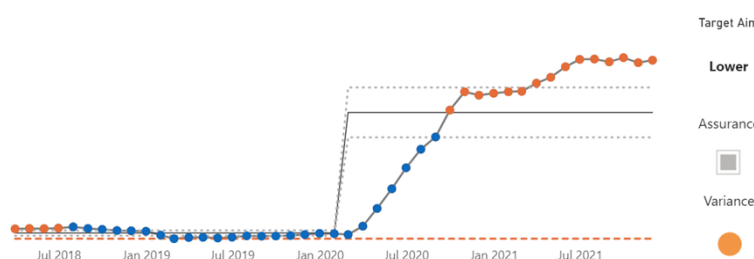
% patients waiting less than 26 weeks for treatment



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 65%.

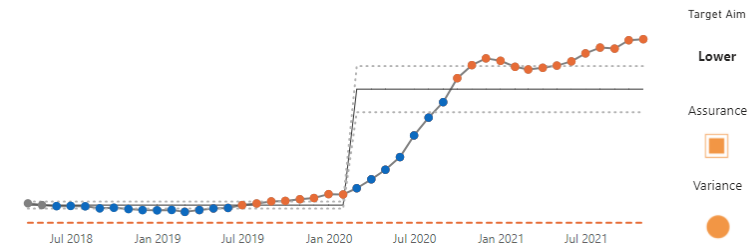
% patients waiting more than 36 weeks for treatment



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 17,786 and 26,536 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 October 2020.

Expected performance is between 2,008 and 2,845 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 November 2021, 72.3% 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.

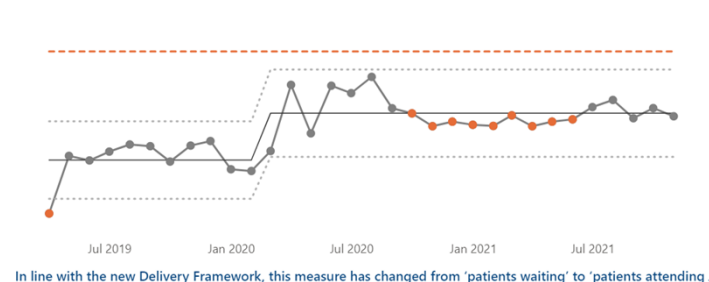
A comprehensive plan has been jointly developed with Swansea Bay University Health Board (SBUHB) which is aimed at recovering the Ophthalmology service across both health boards. This work with SBUHB around the development of a Regional Glaucoma Service to support the reduction of waits has been agreed through the A Regional Collaboration for Health (ARCH) programme board and agreed and supported by HDdUHB Executive Team. Honorary contracts with SBUHB consultants have now been agreed and finalised, clinics are being set up and sessions are due to commence towards the end of January 2022.

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, Age-Related Macular Degeneration (AMD) and Glaucoma. This will release Hospital Eye Service (HES) capacity for those patients who can only be seen and treated in a secondary care setting. In February 2022, virtual clinics will commence, using the ConsultantConnect virtual platform to review all Diabetic Retinopathy patients.

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 approximately 5,000 cataract procedures has commenced from both stages 1 and 4 as part of the Phase 1 and 2 Welsh Government funded outsourcing programme and is gathering pace. We have two new contracts in place, one with Spa Medica and another with Community Health Eye Care. This will aid with recovery and ensure Hospital Eye Service (HES) capacity is maintained for those R1 patients with sight threatening conditions. To date 487 patients have been seen for first appointments and 312 patients have been treated externally as part of this outsourcing activity.

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 outpatients 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 was due to be completed by the end of March 2022 but due to the rise in Covid cases, delays are highly likely due to potential sickness and/or supply chain issues.

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



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

Expected performance is between 58% and 89%.

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. Additionally, the recent increase in Omicron cases is further impacting on the number of appointments that can be provided. In December 2021, 67,147 patients were waiting for a follow-up appointment.

Work continues on the reduction of the follow-up waiting list, and the services are targeting patients who are delayed and waiting over 100% of their target, which is slowly reducing the number of patients in this bracket.

As part of the recovery plan, virtual functionality, which includes See On Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways, is being utilised as much as possible alongside governance and safeguarding requirements. However, many patients still 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.

The first Virtual Hub opened within the Health Board on the 1st November 2021, providing a dedicated protected area for virtual activity only. This has released rooms within the Outpatients department to provide additional activity face-to-face as required. These actions have led to an increase in the use of virtual functionality in December 2021 compared to November 2021. The directorate is continuing to rollout Consultant Connect, Attend Anywhere, Microsoft Teams and are

in the process of implementing virtual group consultations/video group clinics, with a Virtual Group Consultation Co-Ordinator due to commence in January 2022. This post will facilitate group sessions which will positively impact the follow up lists further.

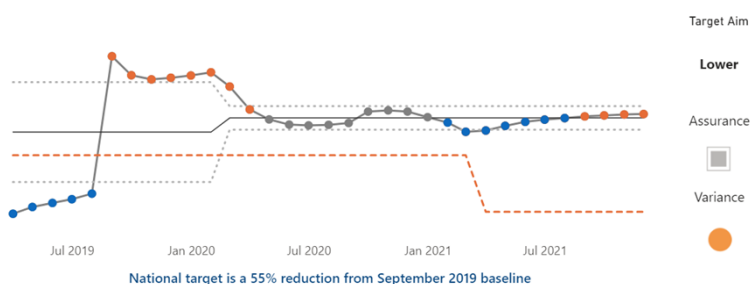
Other work being undertaken as part for the recovery plan;

- In Ophthalmology the review of Glaucoma patients in primary care (up to 500 a month) is due to begin in January 2022;
- Use of ConsultantConnect to review Ophthalmology Diabetic Retinopathy patients will commence in February 2022;
- External validation of the entire waiting list continues with a view to completing in March 2022 with the aim of making significant improvements towards the target;
- Internal validation continues with a dedicated team;
- Improved clinical condition compliance and development of a compendium of clinical condition pathways, with the aim of ensuring every follow-up appointment adds value to a patient's experience with all unnecessary follow-up appointments being avoided.

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;
- 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.

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 62,477 and 69,499 waiting for an appointment.

Cancer

In November 2021, 58% of patients started their first definitive cancer treatment within 62 days from point of suspicion.

The influencing factors include:

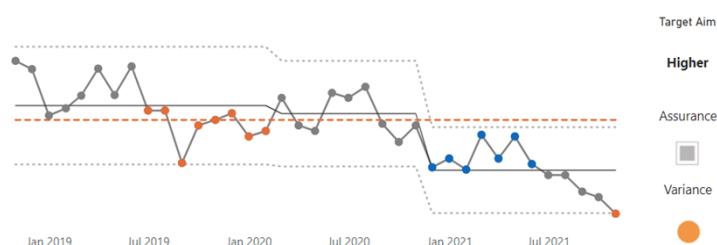
- Complex patient pathways;
- Reduced capacity is still an issue in diagnostics. As of the end of November there was an increase of 100 patients awaiting diagnostic investigations compared to October;
- A decrease in capacity for appointments and results reporting within radiology, due to COVID related sickness and planned annual leave within two of the four health board sites. 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 and staffing issues. This has impacted access to ward and critical care beds following planned surgery, resulting in short notice cancellations affecting 10 patients in November 2021;
- Access to tertiary care remains a challenge for lung, skin, Upper Gastrointestinal (UGI) and urology;
- We also have an issue with out-patient appointment capacity. Some first outpatient appointments for urgent suspected cancer (USC) are not being booked within the national guidance of 10 days.
- During November we saw an increase of 9% in referrals;
- Going forward, this will affect future performance unless the situation changes.

Our actions for improvement include:

- Weekly validation meetings with the tumour site specific clinical teams are being implemented, starting with Lower Gastrointestinal (LGI), Gynaecology and Urology. This has been previously carried out with the Lung team and has helped move the patients through their pathways in a timelier manner. This will then be rolled out to the other tumour site specific teams.
- 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, interviews for the Hywel Dda post are due to take place in January 2022;
- Working with Radiology to explore outsourcing opportunities and internal solutions to increase capacity to appointments and reporting utilising non recurrent recovery money;
- Auditing outpatient appointment booked beyond 10 days to identify common themes;
- Improvement plans have been developed;
- Continuing to escalate concerns regarding tertiary centre capacity and associated delays.

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

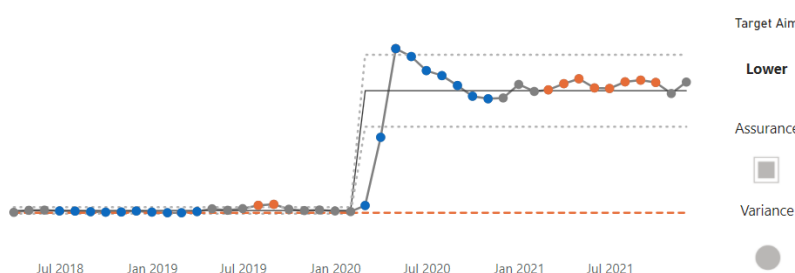


Patients starting definitive cancer treatment within 62 days is showing special cause concerning variation. Since August 2020, the target has not been met. We will randomly hit and miss the target until a review of the service is embedded to increase timely diagnostic capacity for patients on the cancer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

Expected performance is between 58% and 74%.

Diagnostics

The performance for diagnostics is now showing common cause variation, in December 2021; 6,063 patients were waiting 8 weeks or more for a specified diagnostic.



Target Aim	Radiology	3,312
Lower	Endoscopy	1,417
Assurance	Neurophysiology	732
	Cardiology	580
Variance	Imaging	17
	Physiological Measurement	5

Radiology

In December 2021, there were a total of 3,312 patients waiting 8 weeks and over for Radiology.

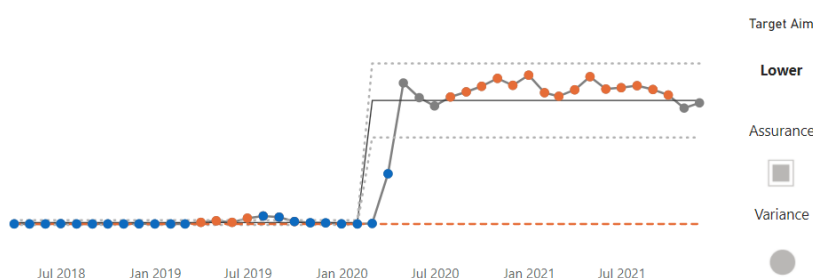
Contributing factors and issues include:

- A backlog for MRI, CT and Ultrasound due to reduction in capacity as a result of pandemic;
- Increased referrals;
- There are chronic Radiographer and Radiologist staff shortages across the Health Board, which has been made worse by sickness/COVID self-isolation measures which has been exacerbated due to the prevalence of the Omicron variant.

To improve performance, we are:

- Continuing to share modality referrals between sites where feasible to assist with backlogs;
- Continue to work with referring clinicians on pathway redesign and appropriate referral criteria;
- Creating additional capacity with staff working additional hours and extended days;
- Looking to access Elective Recovery Plan (ERP) funding to increase activity further and incentivise staff;
- Reducing inequity between sites and offer appointments at other sites;
- Exploring options for the Health Board to utilise an NHS Wales staffed MRI scanner to increase capacity further.

Pts. waiting 8 weeks+ for radiology diagnostic



Patients waiting 8 weeks+ for Radiology is showing common cause variation. Improvement actions need to be identified and successfully embedded for the target to be consistently met.

Expected performance is between 2,364 and 4,489 patients waiting 8 weeks or over.

Endoscopy

In December 2021, there were a total of 1,417 patients waiting 8 weeks and over for Endoscopy

Our breach position remains high due to reduced capacity in endoscopy units following the COVID-19 pandemic which has been gradually increased back to 87% activity.

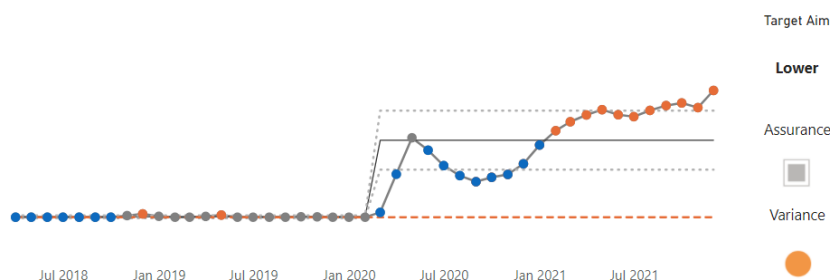
Urgent Suspected Cancer (USC) patients are prioritised and dated within 10 working days and capacity for urgent patients is being increased. Urgent activity has recently been stopped to cope with the Omicron wave. We hope to return to urgent activity in the next few weeks.

We are validating active and surveillance waiting lists and contacting patients regarding travel to alternative hospitals. Activity in St Joseph's, Newport Gwent commenced on the 8th January with 25 patients having had their endoscopy.

The service continues to use faecal immunochemical test (FIT test) to manage referrals into endoscopy. Work continues on securing funding for FIT test in primary care, the second draft Situation, Background, Assessment, Recommendation report (SBAR) has been written and clinical pathways developed for consultation. Lists in the current template have been increased with the return of a Clinical Endoscopist and funding has been given for additional endoscopy lists across Health Board sites. Scoping of regional working with Swansea Bay University Health Board has begun.

We continue to meet with the National Endoscopy Programme (NEP) on a weekly basis to scope out regional work, particularly how we can develop a Regional Endoscopy service in conjunction with Swansea Bay, recognising that Hywel Dda are regularly identified as service leaders for Endoscopy.

Pts. waiting 8 weeks+ for endoscopy diagnostic



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 531 and 1,191 patients waiting 8 weeks or over.

Neurophysiology

In December 2021, there were a total of 732 patients waiting 8 weeks and over for Neurophysiology.

Our breach position for routine Nerve Conduction Studies (NCS) remains high. We continue to see urgent patients waiting for an Electroencephalogram (EEG).

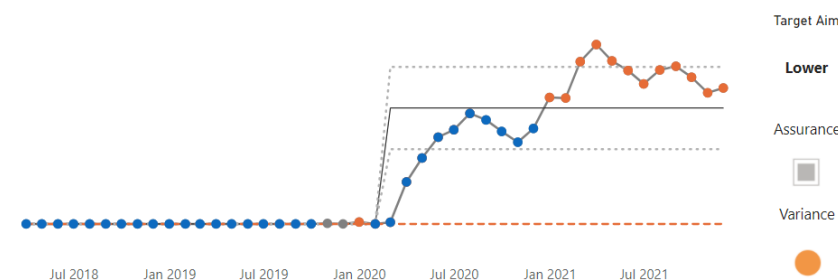
Capacity continues to be impacted considerably by breakdowns in essential equipment, with only 1 of the 2 electromyography (EMG) machines operational.

We are looking to increase the NCS clinic activity, but this is very much workforce dependant. Our capacity remains restricted due to downtime for cleaning between patients.

We continue to robustly validate our waiting lists, we are making contact with patients prior to their appointment as a reminder, this in turn reduces the Did Not Attend (DNA) rate and under-utilisation of capacity.

EMG machine has been placed on capital register/risk register.

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



Neurophysiology 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 403 and 846 patients waiting 8 weeks or over.

Cardiology

In December 2021, there were a total of 580 patients waiting 8 weeks and over for Cardiology.

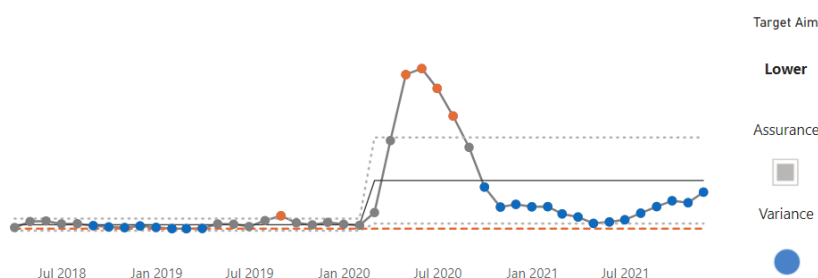
Although the service has been showing special cause improvement for over a year, the number of breaches has been rising since June 2021. Issues include:

- Inadequate Cardiologist job plan capacity for Dobutamine Stress Echocardiogram (DSE) and absence of adequate in-house Coronary Angiography as an alternative diagnostic;
- Inadequate Cardiac Physiologist capacity for fitting and analysis (monitors);
- A historic deficit in in-house Echocardiography (ECHO) Cardiac Physiologist capacity;
- Increase in ECHO demand as a result of both additional Stage 1 and Follow-Up recovery work;
- Backlog of non-RTT check-ECHO demand now competing with new ECHO referrals.;
- Inability to continue in-sourcing ECHO as part of overall recovery plan.

Actions that are being undertaken include:

- Robust triage of referrals;
- Conversion of DSE referrals onto St Joseph's CT Coronary Angiography pathway;
- Provision of additional in-house lists via recovery monies;
- Development of additional DSE capacity at PPH, WGH and BGH;
- Investment for additional roles for DSE, monitoring and ECHO identified in Integrated Medium Term Plan (IMTP);
- Development of additional capacity in community hubs;
- Provision of additional in-house ECHO lists via recovery monies.

Pts. waiting 8 weeks+ for cardiology diagnostic



Cardiology has shown special cause improvement since October 2020, however, the number of patients waiting over 8 weeks has been rising since June 2021.

Expected performance is between 81 and 1,148 patients waiting 8 weeks or over.

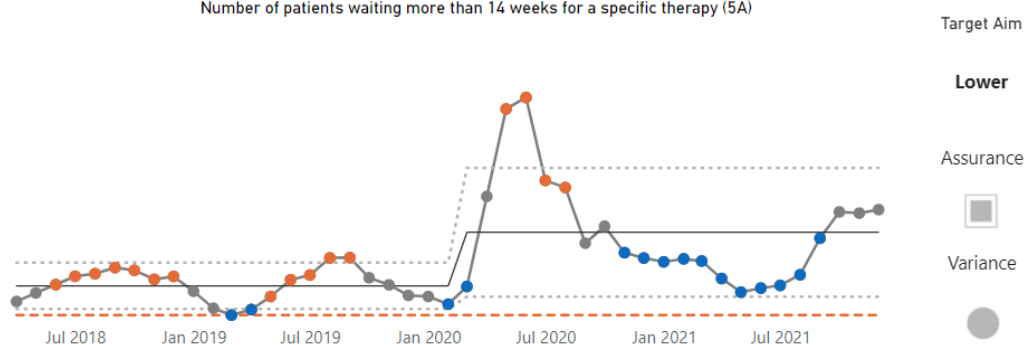
Therapies

On 31st December 2021, there were a total of 782 patients waiting over 14 weeks for a specified therapy.

All therapy referrals are triaged and identified as urgent or routine. Urgent patients are then prioritised. Referral rates into therapy services have normalised back to pre-pandemic levels but the waiting list is increasing due to the greater acuity and complexity of referrals following lockdown when routine services for paediatrics, diabetes, weight management and eating disorders were disrupted.

The number of patients waiting over 14 weeks for Physiotherapy, Occupational Therapy and Nutrition and Dietetic services are steadily rising in these services. Within Dietetics this is specifically in the specialist areas of Mental Health, Eating Disorders, and Weight Management services and within Occupational Therapy in the specialist areas of Children and Family Occupational Therapy and Older Adult Mental Health and Learning Disability. Recruitment is progressing to vacant posts to address the shortfall in Paediatrics, Older Adult Mental Health, Weight Management and Diabetes. However, following routine services being stood down in January 2022 and workforce redeployments to support critical areas, there is a high risk of services not achieving 14-week target by the end of March 2022, with continued workforce constraints following staff turnover, poor agency availability and prioritisation of acute/urgent service provision.

Number of patients waiting more than 14 weeks for a specific therapy (5A)



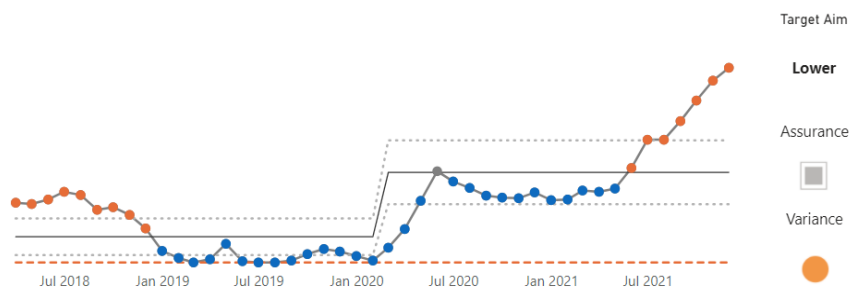
Occupational Therapy

In December 2021, there were a total of 303 patients waiting 14 weeks and over for Occupational Therapy.

All referrals are actively validated and identified as urgent or routine. The escalating breach position is due to a deteriorating position within Mental Health & Learning Disability services (131). A Recovery Plan for the Children's Team is in place, including additional non-recurring activity sourced from within the team and recruitment into fixed term posts. Agency staff have continued to be sourced.

Following routine services being stood down in January 2022 and workforce redeployments to support critical areas, there is a high risk of service not achieving 14-week target by the end of March 2022, with continued workforce constraints following staff turnover, poor agency availability and prioritisation of acute/urgent service provision.

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 91 and 190 patients waiting 14 weeks or over.

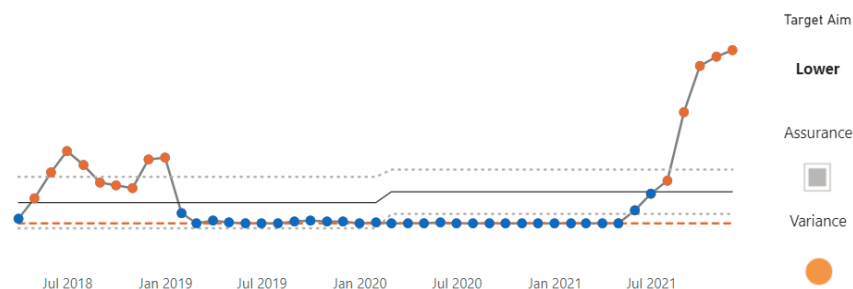
Dietetics

In December 2021, there were a total of 187 patients waiting 14 weeks and over for Dietetics.

All referrals are actively validated and identified as Urgent or Routine. The escalating breach position remains predominantly within the Weight Management Service due to increasing emerging demand, maternity leave and short-term secondment of staff into other Health Board service priority areas and continued urgent demand to support eating disorders within Specialist Child and Adolescent Mental Health (SpCAMHS). Breaches will increase through January, February and March 2022, following routine services being stood down and workforce redeployments to support critical areas.

There is a moderate to high risk of service not achieving 14-week target by the end of March 2022, due to the requirement to cease routine work during January 2022, continued workforce constraints following staff turnover, poor agency availability and prioritisation of acute/urgent service provision.

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 10 and 58 patients waiting 14 weeks or over.

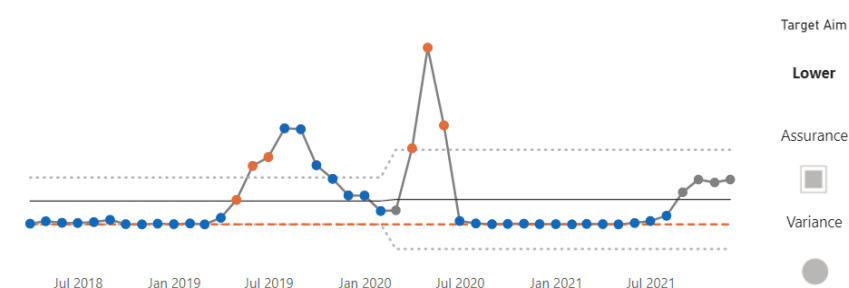
Physiotherapy

In December 2021, there were a total of 198 patients waiting 14 weeks and over for Physiotherapy, with an escalating breach position across the service as a whole and particularly within Community and Musculoskeletal (MSK) specialties. Increased MSK waiting times are due to workforce constraints following staff turnover, poor agency availability and prioritisation of acute and community vacancies to maintain patient flow.

Breaches will increase through January, February and March 2022, following routine services being stood down and workforce redeployments to support critical areas, and relocation of the outpatient Physiotherapy department from the Glangwili Outpatient site to accommodate expansion of Same Day Emergency Care (SDEC) services.

There is a moderate to high risk of service not achieving the 14-week target by the end of March 2022, due to the requirement to cease routine work during January 2022. However, assuming routine services resume, an improved workforce position is anticipated for February and March supporting stabilisation and recovery of waiting times

Patients waiting 14 weeks+ for Physiotherapy



Patients waiting 14 weeks+ for Physiotherapy is showing common cause 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 329 patients waiting 14 weeks or over.

Mental health – includes neurodevelopment and psychological services

There is a growing demand for mental health services within the Health Board which, coupled with limited resources, service vacancies and restrictions imposed by the pandemic, have led to a decline in performance.

Accommodation is an issue across all mental health services as the Mental Health & Learning Disabilities (MHL) 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. These accommodation issues are being considered as part of the recovery plan, and include;

- Repair works being undertaken in Bro Cerwyn, Pembrokeshire to remedy roof issues. The building is hoped to be safe and secure for return on the 4th February 2022;

- Neurodevelopment accommodation is being reviewed. The current lease expires in March 2022, therefore plans are underway with Estates to consider alternative accommodation that will increase capacity;
- Preseli Building for S-CAMHS – an application has been made to Estates to commence a formal process to replace current building with a 2-storey replacement which will increase capacity. Initial plans to convert revenue to capital were rejected by Welsh Government, however, the directorate are continuing to explore options and secure the necessary capital support to replace the current facilities in a strategic way to future-proof the service needs. Regular discussions are held with Welsh Government, with the scheme now on the capital list with a view to it coming forward as a business case at some point in the future;
- Ongoing discussions continue within the Directorate regarding Tudor House/Ty Bryn and Bro Myrddin in respect of repurpose, dependant on service needs and opportunities to create additional clinical space.

In order to mitigate the risks associated with the accommodation issues, the following actions are underway to maximise service delivery:

- Monthly accommodation strategy meetings are held with Estates and other property partners;
- Review of use of Tudor House is ongoing depending upon COVID Command Centre moving;
- Linking with colleagues in Primary Care to use rooms for example within GP practices for Mental Health appointments. This is underway within some services and is helping to deliver additional capacity within community settings and is being actively scoped to increase future capacity;
- Discussions are ongoing with Local Authorities to identify any surplus estate that they may be willing to lease or alternatively increase available capacity in current properties within Local Authorities for Mental Health services;
- Outsourcing opportunities are being investigated across services to mitigate the reductions in accommodation currently available and deliver increased capacity (more detail included in the child neurodevelopment/psychological therapies section below);
- Use of virtual platforms such as Attend Anywhere and virtual group consultations to deliver capacity without the need for accommodation. However, due to the nature of client conditions and issues sourcing staff IT equipment, this has been difficult to progress;
- 7-day working is underway in several services to maximise the use of current estate resources;
- Recruitment of additional staff is actively being progressed, however progress has slowed due to lack of estate which is constricting ability to onboard new staff.

Child Neurodevelopment service

At the end of November 2021, 23.6% of children and young adults were waiting less than 26 weeks to start a neurodevelopment assessment.

Recruitment into the Neurodevelopment service continues to be an area of focus in dealing with the backlog. A fixed term Service Delivery Manager has been appointed and going through employment checks with anticipated commencement in March 2022, two additional qualified posts fixed term are to be recruited, with anticipated commencement end of Q4 21/22. A procurement exercise is underway to develop an external contract for Autism Spectrum Disorder (ASD) assessments by an external agency. It is anticipated that it will take around 3 months to procure, but once finalised the contract should deliver approximately 150 assessment per year over a 3 year period. This will contribute to addressing the backlog within the waiting list. Risk stratification of waiting lists continues to be undertaken across the directorate to mitigate risk associated with the backlog.

Implementation of new software (QbTest) will aid with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD); this is now fully up and running and is contributing to increased capacity.

Other Child and Adolescent Mental Health Services (CAMHS) measures showing special cause concerning variation in November 2021:

Mental Health assessments within 28 days (under 18)

- Referral numbers have continued to exceed capacity, partly due to missed and cancelled assessment appointments;

- We currently have 4.4 whole time equivalent (WTE) vacancies, of which 3.6 have been recruited but will not be filled for the next month at least. Once these staff members are all in post and inducted, we will be able to 'over assess' (i.e. reduce the waiting list) for the first time since early 2021 and hopefully maintain this for a sustained period;
- In the short term we continue to book assessments to capacity and we currently have a bank member of staff to mitigate the impact of vacancies on assessment capacity;
- Additional sessions and weekend clinics have been set up to address waiting lists;
- Therapeutic groups are being developed;
- Current assessment time is around 2 months, which is affecting compliance against the target. Assessments are undertaken in chronological order of referral, therefore, even when we are over-assessing it will take time to catch up on the waiting list.

Mental Health therapeutic interventions within 28 days (under 18)

- Increased demand, staff vacancies and staff retention continue to impact performance;
- Waiting list management and risk stratification of waiting list is in place;
- All children and young people are offered the online counselling support service 'Kooth', whilst waiting for interventions;
- 7-day working is in place in some parts of the service.

Psychological Therapies service

At the end of November 2021, 44.5% of adults were waiting less than 26 weeks to start a psychological therapy.

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. However, not all clients are suitable for virtual appointments so require face to face appointments. If the pandemic worsens, clients will be offered virtual appointments as a means of receiving therapy and walk and talk where possible. If they decline, this will further impact on the waiting list backlog. Expressions of interest are due to be advertised for possible Waiting List Initiative (WLI) to an external provider if any available for the Cognitive Behavioural Therapy (CBT) modality.

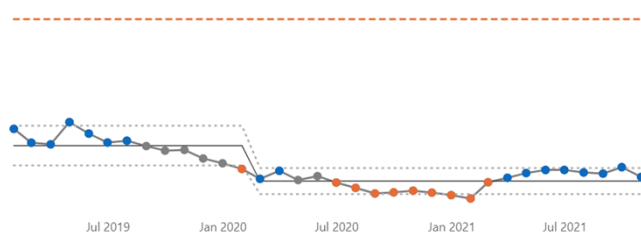
The service is currently reviewing the IT infrastructure, with full implementation of Welsh Patient Administration System (WPAS) planned across the directorate. The plan in the short term is to begin the rollout within the Integrated Psychological Therapies Services (IPTs). Regular meetings are held with Information Services to scope individual service requirements and timescales for delivery. At the point of 'go live', all cases will need to have all data available on the system, therefore a significant amount of data migration work will be required as part of the process. A number of services will then commence with the implementation of WPAS following the rollout in IPTs. Timescales for implementation cannot be confirmed at this point whilst the scoping work is underway. Once WPAS is fully in place, we will be able to progress Demand and Capacity planning within services and enable better monitoring of the waiting list. Risk stratification of waiting lists continues to be undertaken across the directorate to mitigate risk associated with the backlog.

Other adult Mental Health measures showing special cause concerning variation in November 2021:

Mental Health assessments within 28 days (over 18)

- Performance has slightly dropped this month, due to various circumstances. The recent wave of the Omicron variant lead to increases in COVID-19 staff sickness and client Did Not Attend (DNA) rates, in some cases due to concerns around COVID-19. This has resulted in delays and staffing issues;
- We continue to move towards a tiered approach to service delivery with the implementation of group therapy sessions, subject to restrictions;
- Recruitment continues, however, there are difficulties, which in some cases lead to losing staff in one service to fill another service gap.

Neurodevelopment waits, less than 26 weeks



Target Aim

Higher

Assurance



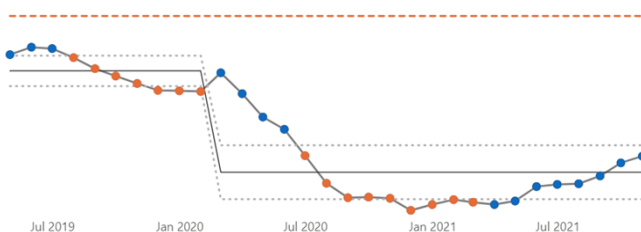
Variance



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

Expected performance is between 18% and 27%.

Psychological therapy waits, less than 26 weeks



Target Aim

Higher

Assurance



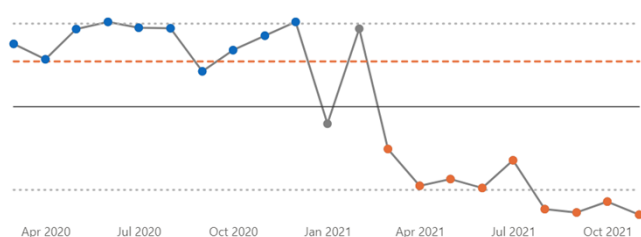
Variance



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 34% and 47%.

Mental Health Assessments within 28 days (under 18 years):



Target Aim

Higher

Assurance



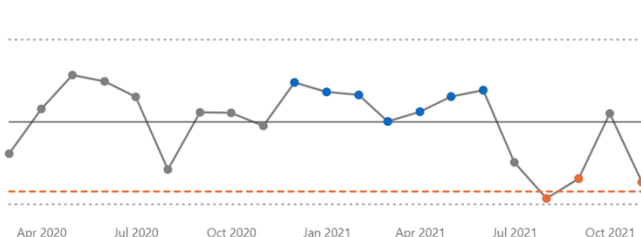
Variance



Mental health assessment waits for under 18s is showing special cause concerning variation since March 2021. The 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is between 15% and 99%.

Mental Health Assessments within 28 days (18 years+):



Target Aim

Higher

Assurance



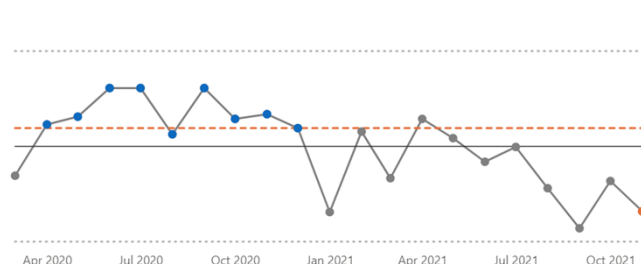
Variance



Mental health assessment waits for adults is showing special cause concerning variation. The 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is between 78% and 106%.

Mental Health Therapeutic Interventions within 28 days (under 18 years):



Target Aim

Higher

Assurance



Variance



Mental health therapeutic interventions waits for under 18s is showing special cause concerning variation. The 80% national target will not be achieved until improvement actions are successfully embedded.

Expected performance is between 23% and 118%.

Staff sickness absence

Overall staff sickness absence is higher by comparison than previous years (includes COVID-19 sickness absence) and we expect this figure to further increase as absence entries continue to be entered for the period.

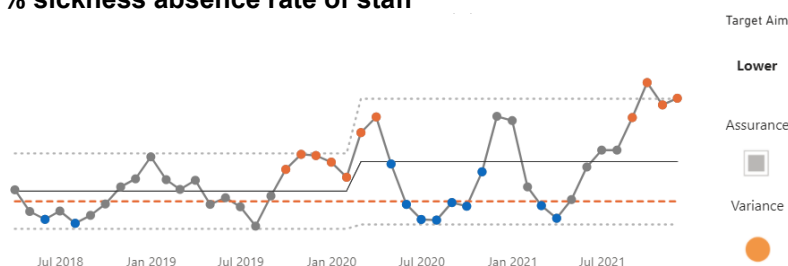
There is work ongoing at present to provide real-time data in terms of staff absences in general and specifically in relation to Covid to support Welsh Government decision making and the impact on essential services impacting on business continuity at an organisational level. Systems and resources have therefore been allocated to enable this data capture on a daily basis for the next 3-4 weeks.

Absences may continue to rise over the winter period due to the fatigue being experienced by staff manifesting itself in more absences due to stress and physical illness, and the prevalence of the Omicron variant.

We hope that revised guidance from Welsh Government in terms of testing and isolation periods may assist in reducing absence levels, however, increasing rates of absence due to stress, fatigue and burnout need to be closely monitored and additional measures considered to alleviate the pressures being experienced on the ground.

Workforce teams continue to support managers with undertaking sickness reviews, training and sickness audits where requested and signposting the support and resources available in relation to staff wellbeing on a case by case basis.

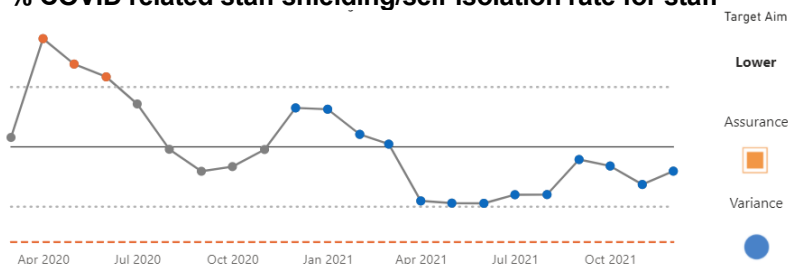
% sickness absence rate of staff



Staff sickness absence rates show special cause concerning variation. In December 2021, 6.5% of staff were absent due to sickness (includes COVID-19).

Expected performance is between 4.4% and 6.5%.

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



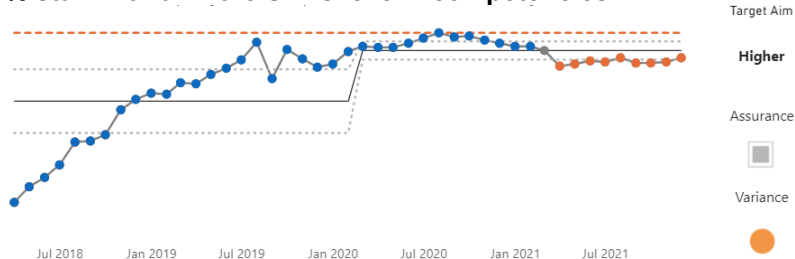
COVID-19 related staff shielding/self-isolation shows special cause improving variation. In December 2021, 1.38% of staff were self-isolating.

Rates for December 2020 to March 2021 include staff shielding.

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 role is now embedded within Learning & Department and has started working on improving compliance through delivering targeted support packages to departments/services with low compliance and working with managers offering support via telephone and user-friendly guides.

% staff with all Core Skills level 1 competencies



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

Expected performance is between 82.4% and 84.2%.

Job Planning

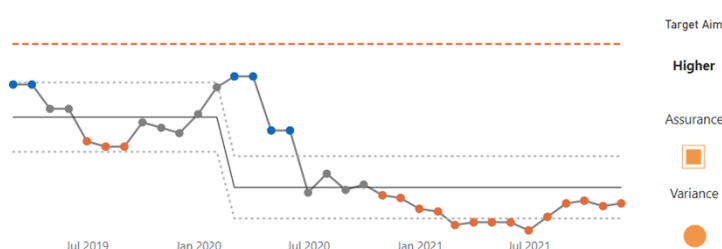
In December 2021, 31% of Consultants and Specialty & Associate Specialty (SAS) doctors had a current job plan.

Time constraints and service change resulting from the COVID pandemic continue to affect job planning activities. However, there is considerable job plan activity being undertaken:

- An additional 51% have a job plan in place that is not current;
- 24% of updated job plans are awaiting sign off on the online system;
- A further 17% are in process and are awaiting completion.

To help support the management of the job planning process across the Health Board, an additional staff member has been appointed into the Medical Directorate.

% Consultants/SAS doctors with a current job plan



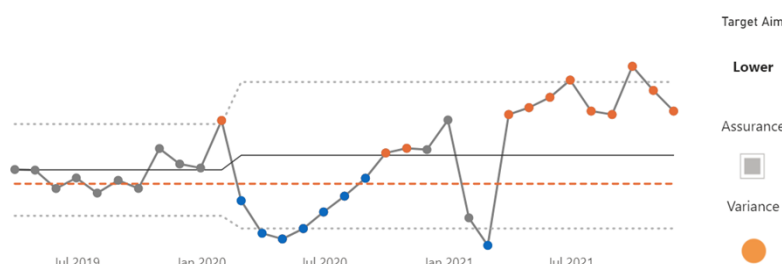
Job planning compliance shows special cause concerning variation since November 2020. The 90% target has never been achieved. Improvement actions need to be identified and successfully embedded for the target to be met.

Expected performance is between 25% and 49%.

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 December 2021 shows special cause concerning variation. Review of agency spend is continually monitored.

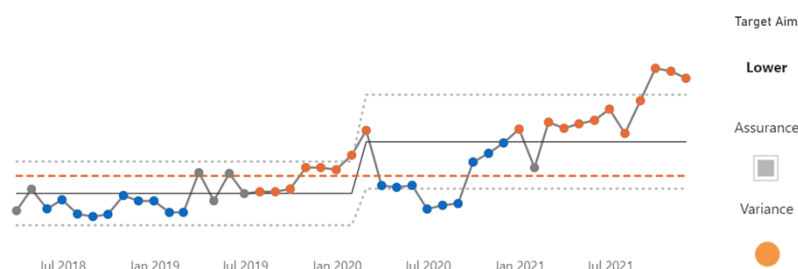
Expected performance is between 3.5% and 7.7%.

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 December 2021 shows special cause concerning variation. Review of variable pay is continually monitored.

Expected performance is between £5m 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 declined from the predominant level 2 (above 80%) across the three counties during weekday evenings, to a consistent level 4 (below 60%) in both weekdays and weekends. Shift fill has not increased in the week post New Year and current projections suggest a limited increase in the immediate future. Recently recruited GPs are nearing their commencement dates and the seven individuals, increasing the salaried GPs by 5.6 WTE, will provide some stability of core rotas. A further GP has accepted a salaried contract in addition to their sessional work for one session per week. The RotaMaster system is planned to be in full use by the end of the financial year and this system will improve options of filling vacant shifts.

Argymhelliad / Recommendation

The Board is asked to:

- Consider and advise of any issues arising from the IPAR – Month 9 2021/22;
- Review the proposed interim targets for the new patient experience measures (page 3) and advise of any changes required.

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 Termiau: Glossary of Terms:	PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee
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 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