Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 May 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Board – Month 1 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

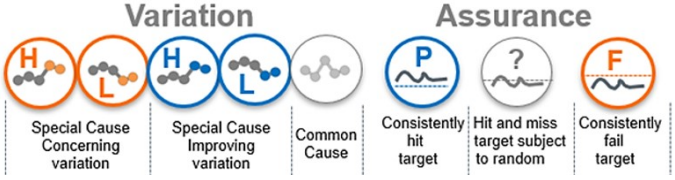
Sefyllfa / Situation

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

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

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

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



Cefndir / Background

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

Asesiad / Assessment

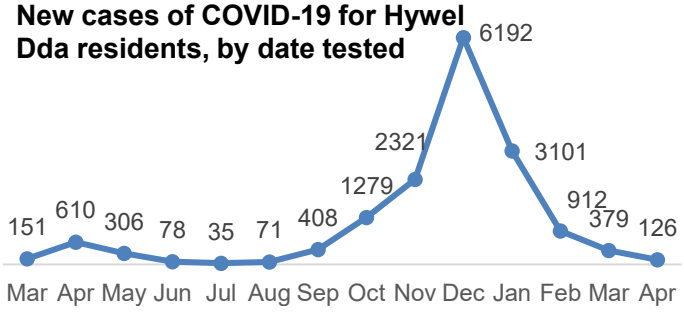
- **COVID-19 Vaccinations**

  As at 12th May 2021, a total of 236,464 people had received at least one vaccination dose. Progress made to date is summarised in the table below:

Priority group		1st dose	2nd dose
1.	Residents in a care home for older adults and their carers	97.4%	83.2%
2.	All those 80 years of age and over and frontline health and social care workers	99.7%	88.2%
3.	All those aged 75 to 79 years	95.3%	89.7%
4.	All those 70 years of age and over and clinically extremely vulnerable individuals	92.8%	80.0%
5.	All those aged 65 to 69 years	90.3%	30.8%
6.	Individuals with underlying health conditions putting them at higher risk of serious disease and mortality	84.0%	5.6%
7.	All those aged 60 to 64 years	68.3%	2.5%
8.	All those aged 55 to 59 years	78.9%	2.4%
9.	All those aged 50 to 54 years	87.5%	2.9%
10.	Other eligible adults	18.7%	0.6%

- **COVID-19 Update**

  From the start of the pandemic to 30th April 2021, there has been a total of 16,005 confirmed cases of COVID-19 amongst HDdUHB residents, of which 126 were confirmed during April 2021 which is a significant decrease from December 2020 when 6,192 new cases were confirmed.



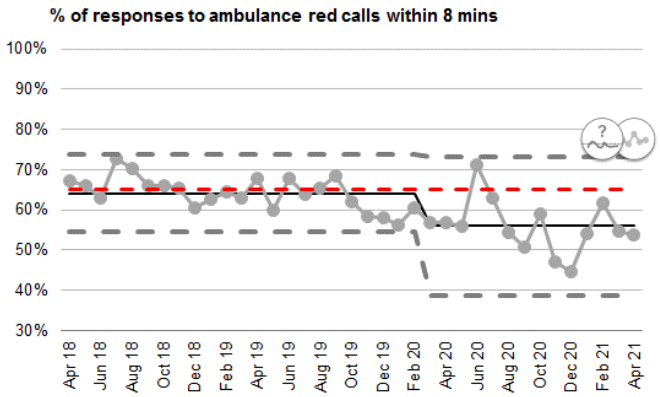
See the 'Situation' section for the full key to interpret the SPC icons. Essentially, the dots on the chart can be interpreted:

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

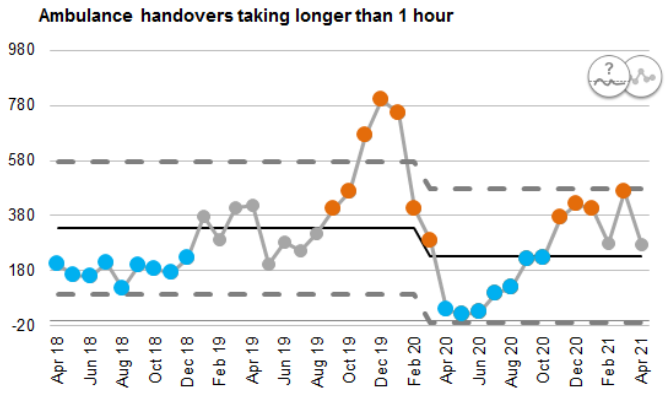
- **Unscheduled Care**
  New attendances at Emergency/Minor Injuries Unit (A&E/MIU) fluctuated through 2020/21 in line with COVID-19 incidence, with higher numbers during the summer, reduced during the second COVID-19 wave. New attendances have increased to pre COVID demand levels during March and April 2021 and during spring, BGH saw a change in the split of major to minor attendance type with a higher percentage of minor patient type whilst GGH & WGH have seen a higher proportion of major attendance type.

  Emergency admissions have followed a similar trend and are increasing towards pre COVID levels whilst the overall Health Board conversion rate from attendance to admission remains stable at 63%.

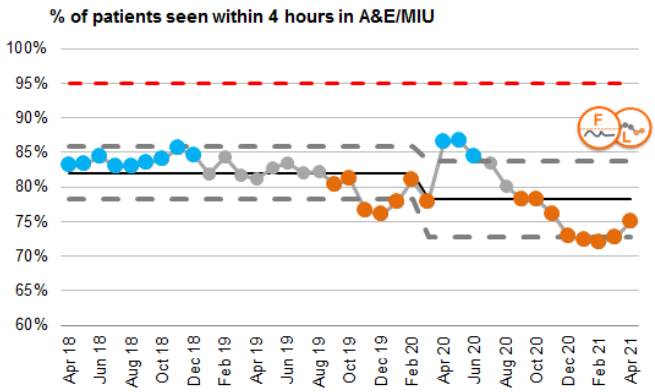
  COVID-19 resulted in increased patient acuity, with patients needing enhanced respiratory support. In the last quarter, non COVID demand has significantly increased with higher acuity. Patients are waiting longer in A&E/MIU, primarily due to not having enough A&E nursing staff available, not always having an A&E senior doctor overnight and a lack of available beds due to beds lost to social distancing guidance or bed reconfiguration as part of the COVID response. All of this can negatively impact the patient flow and can lead to delays in patient transfer from ambulances. Initial Lightfoot analysis suggests an increase in attendances to be the primary pressure driver. Additional analyses will be reviewed in the coming months to further examine other performance pressure drivers.

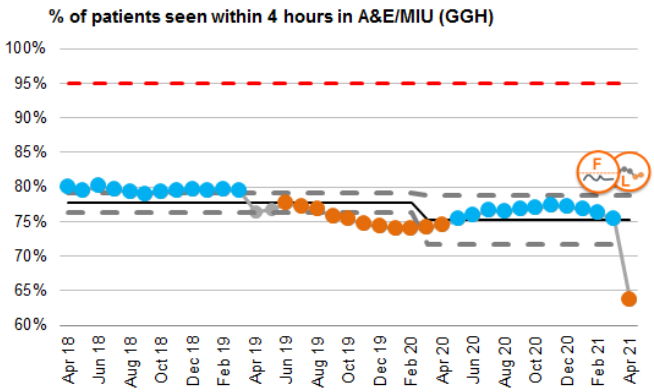


Performance in April 2021 shows common cause variation. The national target has only been met twice since September 2019 and will not be consistently met without a system change. Expected performance is between 39% and 73%.



Common cause variation is shown across the 4 acute sites for April 2021 performance. Without a system change, we will consistently miss the national target. Expected performance is between 0 and 475.

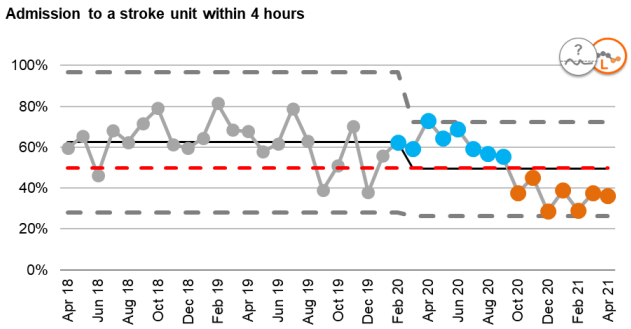




The overarching Health Board 4 hour performance is showing special cause concerning variation since September 2020. The 95% national target has never been achieved and will not be met without a system change. Expected performance is between 73% and 84%.
At BGH, PPH and WGH common cause variation is shown for April 2021 performance, whilst GGH shows special cause concerning variation, after a period of special cause improving performance since May 2020. As part of GGH's COVID response, 23 surgical beds were reallocated to respiratory. These beds cannot be reinstated until after the Autumn graduate staff recruitment. Lack of beds affects the patient flow through the ED, patients wait longer and this impacts performance.

- **Stroke**

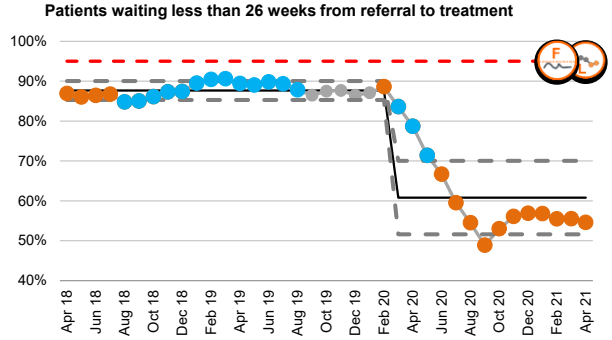
  The 4-hour admission to a stroke unit target is impacted by units losing bed capacity due to social distancing and staffing levels with nursing vacancies in the stroke units, however, stroke teams provide care and interventions to patients regardless of where they are based.

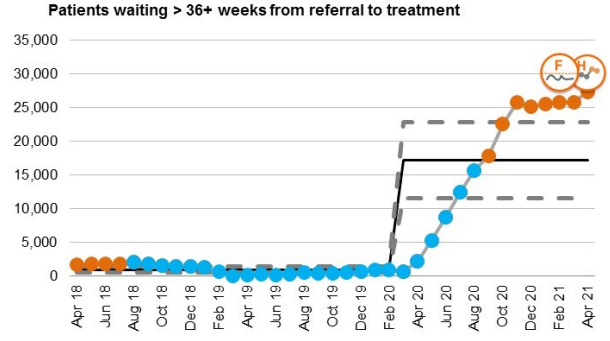


Performance for April 2021 shows special cause concerning variation. Without a system change we will not consistently meet the national target. Expected performance is between 26% and 72%.

- **Planned care**

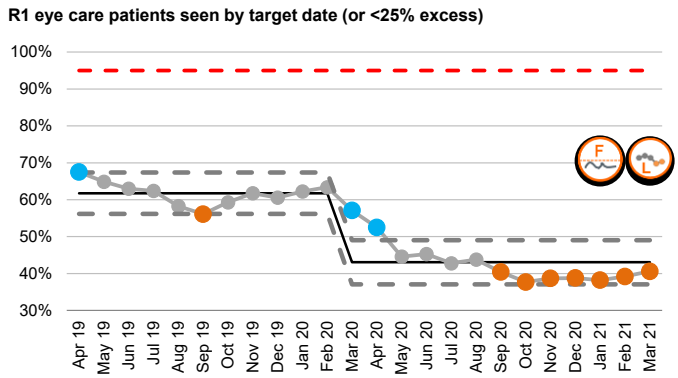
  At the start of the pandemic, most elective procedures and outpatient appointments were cancelled, this subsequently created a backlog. As COVID-19 case numbers subsided, elective work recommenced, albeit at lower numbers than pre-pandemic due to social distancing and infection control measures. We have now recommenced urgent cancer surgery and urgent cases.





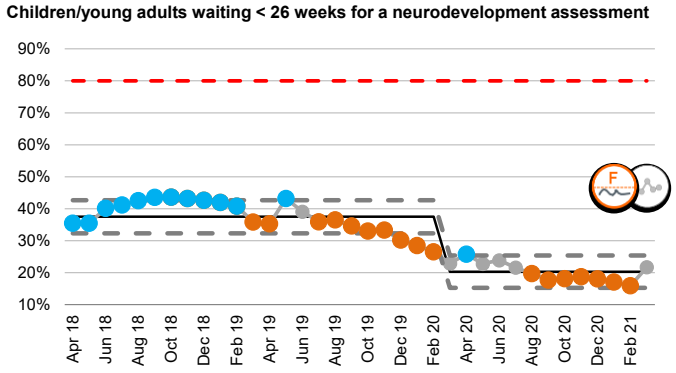
Both metrics performance show special cause concerning variation since summer 2020. However, performance has steadied in more recent months. Due to the pandemic, the national targets will not be met without a system change.

- **Ophthalmology**
  Poor compliance is due to reduced outpatient and theatre capacity as a result of the COVID pandemic. Opthalmology has had no on-site theatre sessions during the pandemic and outsourcing procedures reduced from 150 cataract procedures a month to 8. Additionally, the number of patients seen in an OPD session has had to be reduced from 12 to 5 due to Welsh Government social distancing advice. Both OPD and theatre capacity are gradually increasing but will not revert back to pre-COVID levels in the short term. The service is exploring regional outsourcing solutions for Cataract and Glaucoma patients. All urgent R1 patients have been seen and treated.

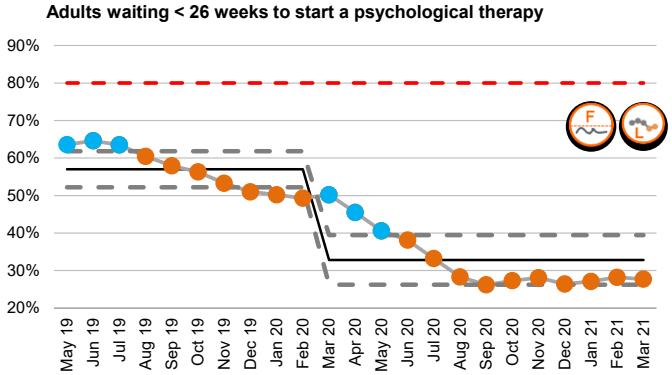


The performance data is showing special cause concerning variation since September 2020. Due to the pandemic, the national targets will not be met without a system change.

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



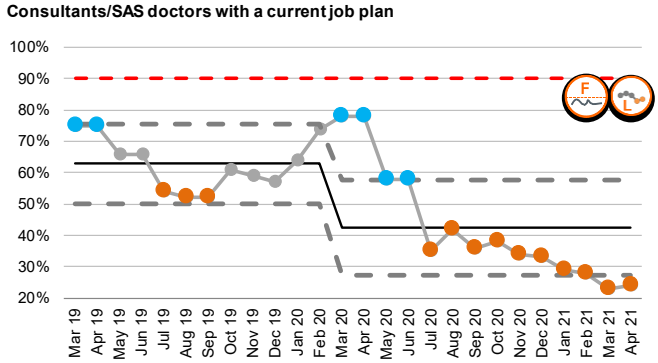
Children and young adults waiting less than 26 weeks for a neurodevelopment assessment is showing special cause concerning variation. The 80% national target has never been achieved and will not be met without a system change. Expected performance is between 16% and 24%.



Adults waiting less than 26 weeks for a psychological therapy is showing special cause concerning variation since June 2020. The 80% national target has never been achieved and will not be met without a system change. Expected performance is between 26% and 40%.

- **Job Planning**

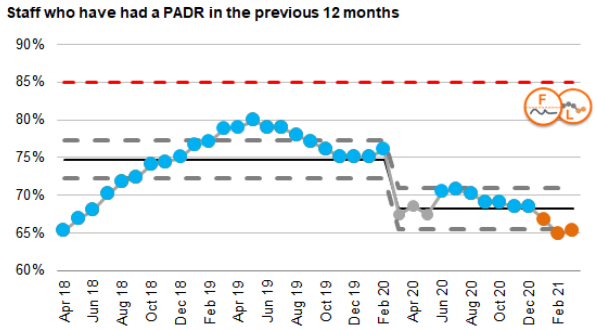
  On the 16th March 2020, the decision was taken to stand down all job plan review meetings, to allow clinicians and service managers to concentrate on the increased pressures caused by the pandemic. From this date, all job planning workshops were cancelled and no further reminders or general job planning information communicated. A delivery plan has been created to help ensure that the 90% target for Consultant & Specialty and Associate Specialist (SAS) doctor job plans can be achieved by the end of March 2022.



Consultants/SAS Doctors with a current job plan consistently fail the target. Special cause concerning variation has been shown since July 2020. The 90% target is yet to be achieved and will not be met without a system change. Expected performance is between 28% and 60%.

- **Performance Appraisal Development Review (PADR)**

  The previous 12 months have provided varying results in PADR compliance rates. The organisation was trending well but saw a sharp decline in March 2020. This decline is attributed to the extra pressures brought by the COVID pandemic and winter pressures. The organisation had a robust action plan in place that was developed in October 2019 due to the slight decline in results. These actions were paused through the COVID challenge, but are in the process of being re-established.



Compliance for staff having a PADR in the previous 12 months has seen special cause concerning variation since January 2021. The 85% target has never been achieved and will not be met without a system change. Expected performance is between 65% and 71%.

- **Indicators showing special cause for improvement**
  - Hospital initiated cancellations
  - Delayed Follow-up Appointments
  - Therapies

Argymhelliad / Recommendation

The Board is asked to consider the Performance Update report – Month 1 2021/22 and advise of any issues arising.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2020-21
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital GGH – Glangwili General Hospital PPH – Prince Philip Hospital WGH – Withybush General Hospital
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care People, Planning & Performance Assurance Committee
Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: **Workforce:**	Development of staff through pooling of skills and integration of knowledge
Risg: **Risk:**	Better use of resources through integration of reporting methodology
Cyfreithiol: **Legal:**	Better use of resources through integration of reporting methodology
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

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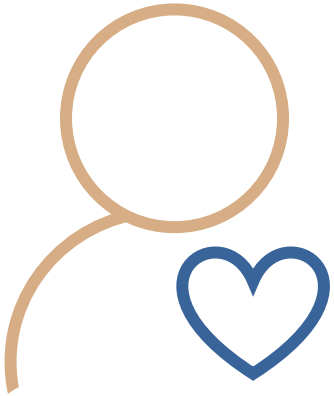
Hywel Dda
University Health Board

Performance update for Hywel Dda Univerity Health Board

as at 30th April 2021



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

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

Statistical process control (SPC) charts

Executive summary

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

COVID-19

Dose	Total vaccines given as at 12th May 2021	Priority groups – vaccines given									
		Care home residents and staff	All 80+ years and frontline health/social	75 to 79 year olds	70 to 74 year olds and clinically	65 to 69 year olds	Individuals with underlying health conditions	60 + year olds	55+ year olds	50+ year olds	Priority group 10 or unallocated
1st	236,464	97.4%	99.7%	95.3%	92.8%	90.3%	84.0%	68.3%	78.9%	87.5%	18.7%
2nd	106,455	83.2%	88.2%	89.7%	80.0%	30.8%	5.6%	2.5%	2.4%	2.9%	0.6%

Confirmed COVID cases as at 30th April 2021	Suspected & confirmed COVID patients admitted 1st - 30th April	Confirmed COVID patients discharged 1st - 30th April	Confirmed COVID patients who died in our hospitals in April
16,005	68	12	1

Non-COVID

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

- **Where are we meeting target?**
  - In April 98.4% of stroke patients were assessed <24 hours by a specialist stroke consultant (target 84.7%);
  - The 12-month improvement target has been met for stroke patients receiving speech and language therapy;
  - The improvement target for hospital initiated cancellations was met in March 2021;
  - In April the improvement target for delayed follow-up outpatient appointments was met;
  - In April, 2 serious incidents were due for closure and all were closed within the WG specified timescales;
  - 95.9% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday between Oct to Dec '20;
  - The 12-month reduction target for sickness absence was met in March 2021.
- **Where have improvements been made?**
  - In March, 72.3% of patients on the Single Cancer Pathway (SCP) were treated within 62 days of the point of suspicion. This is an increase of 6% from the previous month (68%);
  - 75.0% of patients were seen within 4 hours in A&E/MIU (target 95%) and 697 patients spent longer than 12 hours (target 0);
  - 275 ambulance handovers were reported as taking longer than 1 hour during April 2021;
  - In April, 271 patients were waiting more than 14 weeks for a specific therapy (401 waiting in March);
  - Year to date, October to December 2020, 2.67% of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is similar to the same period in the previous year.
- **Where is improvement needed?**
  - The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (53.9%);
  - Reporting has been stood down for of non-mental health patients with delayed transfers of care. However, census day patient count for Mental Health has continued and saw 8 patients delayed in April '21, i.e. they were medically fit to leave hospital but needed another form of support in place for them to leave;
  - 36.4% of stroke patients were admitted to a stroke unit within 4 hours in April '21 (target 49.9%);
  - In March, 40.6% of ophthalmology R1 patients were seen by their clinical target date or within 25% in excess of their clinical target date. This is significantly below the 95% target;
  - In April, 5,989 patients were waiting over 8 weeks for access to diagnostic services;
  - In April, referral to treatment targets failed to be met. 27,299 patients waited in excess of 36 weeks from referral to treatment (0 target), and 54.6% of patients were treated in under 26 weeks from the date of referral;
  - In April, we reported 10 C.difficile infections, 30 E.coli infections and 11S.aureus infections;
  - 60% of Complaints were resolved within 30 working days in April;
  - Neurodevelopment and Psychological Therapy services continue to be significantly below target (80%). In March, 21.7% of children/young people received a neurodevelopmental assessment in under 26 weeks. 27.7% of adults waited less than 26 weeks for a psychological therapy;
  - Between Oct and Dec '20, 90.1% of children had 2 MMR doses by age 5;
  - Staff appraisals are below target at 65.4% (target 85%);
  - 81.8% of staff have completed their mandatory training (target 85%);
  - 24% of Consultants and SAS Doctors had a current Job Plan in April 2021 (target 90%);
  - We have a financial plan with a year-end projected deficit of £57.4m. The current financial position at the end of April is £4.8m deficit against a deficit plan of £4.8m.
- **Impact of COVID-19**

  The current impact of COVID is rapidly changing and while the information provided is up to date as at 30th April, the picture is changing daily.
  - 0.57% of staff were absent due to COVID sickness in March with 2% of staff were self-isolating;
  - Some staff have been deployed from their substantive posts to assist with COVID-19 planning (e.g. field hospitals) and reset plans (i.e. restarting elective procedures);
  - At the start of the pandemic, most elective procedures and outpatient appointments were cancelled to create capacity for staff training and COVID-19 patient admissions, this subsequently created a backlog. When COVID case numbers subsided, elective work did recommence albeit at lower numbers than were treated before the pandemic due to social distancing and infection control measures. Due to a sharp increase in cases, a temporary pause was put on elective operations from the 18th December until the 20th January. We have now recommenced urgent cancer surgery and urgent cases (see the Planned Care section for further details);
  - Staff are taking additional time for donning and doffing personal protection equipment;
  - To avoid inpatient admission where appropriate, the temporary physical redesign of acute hospital facilities to accommodate separate COVID & Non-COVID pathways has led to some patients receiving extended clinical assessments within Emergency Departments beyond the 4-hour threshold;
  - Where possible, staff have shifted to working from home which has required additional IT infrastructure and resources;
  - Since April 2020, we have commissioned Werndale Hospital to support urgent cancer outpatient and surgical pathways. Plans are being progressed in accordance with the Welsh Government guidance to further increase the volume of cancer diagnostic and surgical cases undertaken at acute sites;
  - Of the 6 Field Hospitals set up at the beginning of the pandemic, 4 have been decommissioned and 1 is being held in reserve. Selwyn Samuel in Llanelli is currently being used for non-COVID step-down patients.

Our 34 key deliverable measures

Latest data

21	3	7

All Wales rank

All Wales data is available for 30 of the 34 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 53% of measures:

①	0 measures
②	9 measures
③	7 measures
④	4 measures
⑤	3 measures
⑥	2 measures
⑦	4 measures
⑧	1 measure

COVID-19 vaccination

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

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

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

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

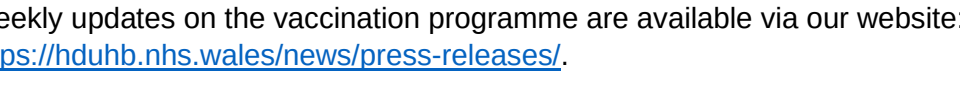
Progress for the 10 priority groups
as at 12th May 2021

Since our report in April, an additional 31,051 people have received the 1st dose and additional 48,867 have received 2nd dose of the COVID-19 vaccine.

Priority group	Number vaccinated 1st dose	Number vaccinated 2nd dose	Percentage of cohort vaccinated with at least 1 dose
1. Residents in a care home for older adults and their carers	5,920	5,055	97.4%
2. All those 80 years of age and over and frontline health and social care workers	48,280	42,694	99.7%
3. All those 75 years of age and over	18,593	17,499	95.3%
4. All those 70 years of age and over and clinically extremely vulnerable individuals	33,609	28,968	92.8%
5. All those 65 years of age and over	21,573	7,367	90.3%
6. All individuals aged 16-64 years with underlying health conditions*	37,475	2,515	84.0%
7. All those 60 years of age and over	13,286	496	68.3%
8. All those 55 years of age and over	14,669	452	78.9%
9. All those 50 years of age and over	14,222	465	87.5%
10. Priority group 10 or unallocated	28,836	944	18.7%
Total vaccines given to date	**236,464**	**106,455**	

* which put them at higher risk of serious disease and mortality
** Following issues identified with the initial data uploads to the immunisation system, NWIS are working with Health Boards across Wales to ensure the accuracy of the priority group allocation.

Vaccine type
We are currently using three vaccines approved for use in the United Kingdom, namely Pfizer-BioNtech, Oxford-AstraZeneca and Moderna (current uptake 4%). The chart below gives a summary of the vaccines we have used as at 12th May 2021:



Uptake by local authority area of residence
The uptake by local authority as at 12th May is included below:

	Carmarthenshire	Ceredigion	Pembrokeshire
1st dose	59%	58.7%	60.5%
2nd dose	26.8%	26.1%	26.7%

Summary by GP cluster
The table below shows the uptake by GP cluster area as at 12th May 2021. It is important to note that the data in this section relates to the GP cluster where individuals are registered. The GP practices are not responsible for vaccinating all patients within their cluster; vaccinations will also be delivered by pharmacies, within care homes and vaccination centres (within the community and our acute hospitals).

GP cluster	1st dose		2nd dose	
	Number vaccinated	Percentage vaccinated	Number vaccinated	Percentage vaccinated
Taf/Towy (2Ts)	36,489	62%	18,084	30.7%
South Ceredigion	28,973	61.5%	13,126	27.9%
North Pembrokeshire	39,170	59%	17,572	26.5%
South Pembrokeshire	33,504	61.3%	14,550	26.6%
Amman/Gwendraeth	34,658	57.3%	15,745	26%
Llanelli	35,275	56.9%	14,299	23.1%
North Ceredigion	23,837	51.9%	10,479	22.8%

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

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

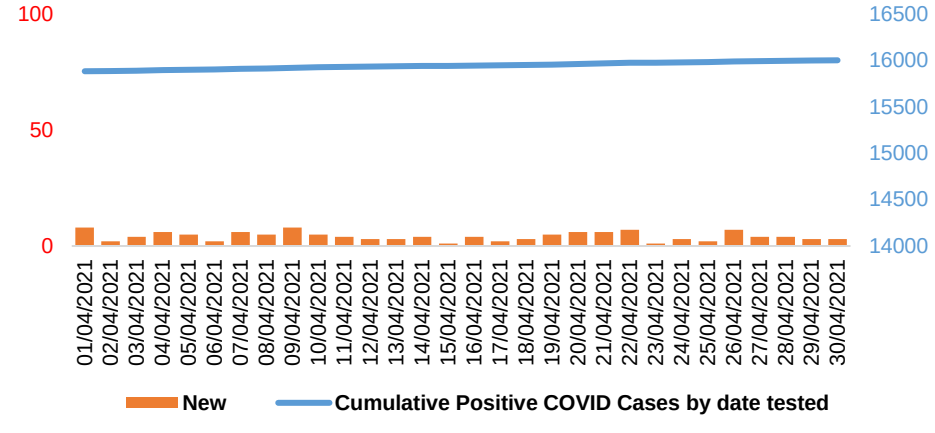
COVID-19 update

The COVID-19 pandemic has already had a massive impact on our staff and services and we expect that this will continue well into 2021/22. As an organisation we are rising to the challenge and we will do so for as long as is needed.

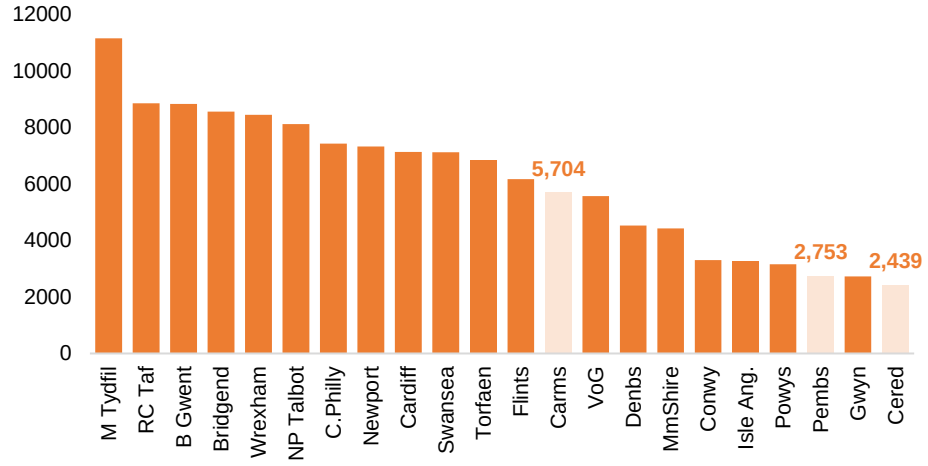
Confirmed cases

As at 30th April 2021 16,005 confirmed cases of COVID for Hywel Dda residents were reported, of these, 126 were confirmed during April. The highest number of new positive cases tested were reported at the beginning of the month, 8 new cases were reported on 1st of and the 9th April. On 2nd May 2021, population rates for confirmed cases were lower in Ceredigion (2,439 per 100,000 population) and Pembrokeshire (2,754 per 100,000 population) than most of the other local authority areas in Wales. It is important to note that the local authority rates may be skewed due to testing variation in each area and therefore should be used as a proxy.

Daily and cumulative confirmed cases for Hywel Dda by date of testing as at 30th April 2021



Confirmed cases per 100,000 resident population



Supporting our staff

We have established a COVID command centre which is open 7 days a week. Staff are able to contact the command centre by email or phone with all COVID related queries e.g. staff testing, personal protective equipment (PPE), wellbeing support, vaccination. In April, the command centre had on average 672 calls per day (20,166 calls in April overall). In addition, our Staff Psychological Wellbeing Service has changed the way they work to offer one to one support services to staff.

Personal Protective Equipment (PPE)

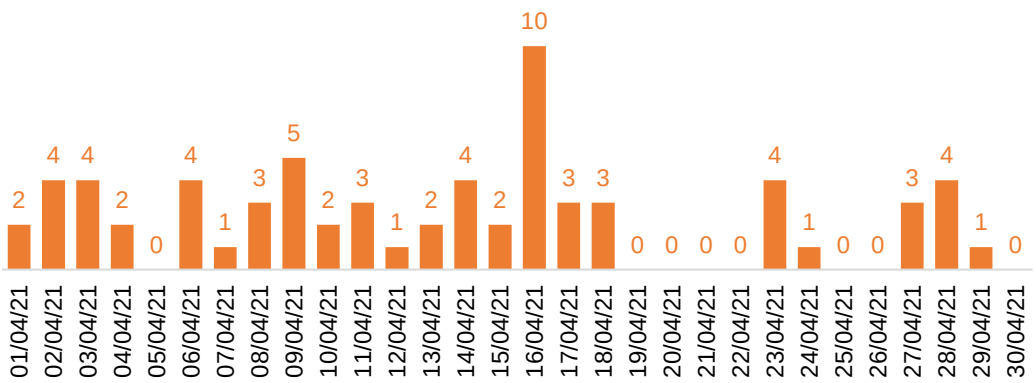
We continue to closely monitor our PPE stock levels and orders to ensure sufficient levels are maintained to protect our staff and patients.

Admissions

The number of COVID (confirmed and suspected) admissions to our four acute hospital sites decreased from 100 in March to 68 in April; 1 in Bronglais General Hospital (BGH), 8 in Glangwili General Hospital (GGH), 6 in Prince Philip Hospital (PPH) and 53 in Withybush General Hospital (WGH). This is an average of 2 COVID admissions a day across the Health Board during April and approximately 2% of all inpatient admissions. Non-COVID inpatient admissions averaged 122 per day over the same period.

The Health Board have now decommissioned 4 of the field hospitals set up at the beginning of the pandemic. Carmarthen Leisure Centre is currently being held in reserve. Selwyn Samuel in Llanelli is currently being used for non-Covid step-down patients, to enable us to better manage patient capacity and flow in our acute hospital sites.

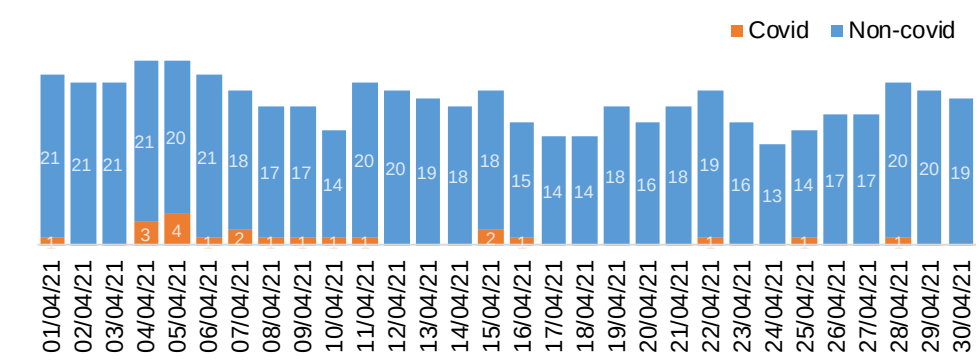
Hywel Dda daily COVID* admissions during April 2021



Critical care

The number of COVID patients requiring a critical care bed remained the same as March, with a daily average of 1 in April. We are monitoring ventilated bed use, consumables and medication requirements on a daily basis to maximise capacity across the Health Board. Additionally, we are modelling future capacity in order to accurately plan anticipated demand and availability of ventilated beds.

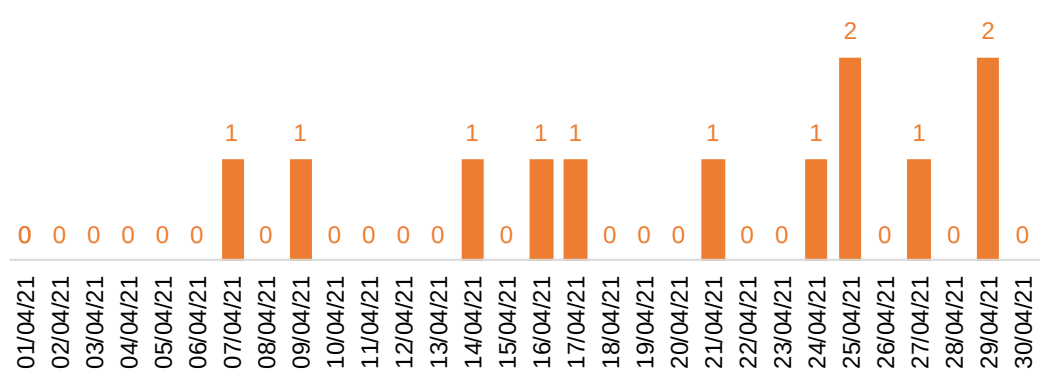
Number of patients in critical care bed during April 2021



Discharges and Deaths

Between 1st and 30th April, 12 COVID (confirmed and suspected) patients were discharged from hospital alive. Sadly, from the start of the pandemic to 30th April 2021, there have been 482 COVID-19 related deaths in our hospitals, of which 1 occurred during April 2021.

Number of COVID patients discharged during April 2021



For the latest figures on COVID-19 confirmed cases and deaths, see the Public Health Wales dashboard which is updated daily and can be accessed: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-COVID-19/

Key performance areas

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

		Target	12m previous	Previous period	Latest data	All Wales rank ♦	Notes **
Unscheduled care	Ambulance red calls	65%	56.7%	54.7%	53.9%	7th out of 7	Carms 50.4%, Cere 56.9%, Pembs 57.0%.
	Ambulance handovers over 1 hour	0	37	466	275	4th out of 6	Handovers over 1 hour have reduced this month are within pre COVID control limits.
	A&E/MIU 4 hour waits	95%	86.5%	72.7%	75.0%	4th out of 6	The main 4 hour breach reason was due to not having enough A&E Team available, 12 hour breach was lack of medical beds, reflecting whole system challenges
	A&E/MIU 12 hour waits	0	47	914	697	4th out of 6	
	Non-mental health delayed transfers of care	12m↓	n/a	n/a	n/a	3rd out of 7	Due to COVID-19, DTOC census patient number monitoring has been suspended. Latest Mental Health data is based on unverified numbers from the National DTOC database.
	Mental health delayed transfers of care	12m↓	11	13	8	5th out of 7	
Stroke and cancer	Admission to stroke unit <4 hours	49.9%	73.1%	37.8%	36.4%	2nd out of 6	Admission to a stroke unit performance is below target at GGH (28%) and WGH (21.4%), however, stroke teams provide care and intervention to patients even if not in a dedicated stroke ward. SALT compliance is 18% at PPH and 37.3% at BGH.
	Assessed by stroke consultant <24 hours	84.7%	100%	96.2%	98.4%	3rd out of 6	
	Stroke patients - speech & lang. therapy	12m↑	46.3%	31.1%	52.2%	5th out of 6	
	Single cancer pathway	75%	79%	66%	72.3%	2nd out of 6	Increase in demand for diagnostic investigations beyond capacity.
Planned care and therapies	Hospital initiated cancellations	5%↓	1,072	22	22	2nd out of 7	Admin error (3), staff (7), equipment (6), emergency (1), list overrun (1), other (4).
	Delayed follow-up appointments (all specialties)	12m↓	33,882	32,972	31,984	n/a	There has been a decrease of 988 patients waiting this month from last month.
	Ophthalmology patients seen by target date	95%	57.1%	39.2%	40.6%	6th out of 7	Performance affected by reduced capacity and social distancing requirements.
	RTT – patients waiting <=26 weeks	95%	78.7%	55.5%	54.6%	2nd out of 7	The number of patients waiting >36 weeks for treatment increased by 1,431 in April '21.
	RTT – patients waiting 36 weeks+	0	2,202	25,868	27,299	2nd out of 7	
	Diagnostic waiting times	0	3,501	5,702	5,989	3rd out of 7	Performance affected due to fewer patient seen due to COVID precautions.
	Therapy waiting times	0	880	401	271	2nd out of 7	Significant reductions seen in Audiology and Podiatry.
Quality and safety	C.difficile	<=25	31.55	35.79	31.42	5th out of 6	Case numbers in April '21 have increased compared to Apr '20 however rates per 1,000 admissions have decreased: C.diff – from 4.92 Apr '20 to 2.74 Apr'21 E.coli – from 12.3 Apr '20 to 8.22 Apr'21 S.aureus – from 4.92 Apr '20 to 3.02 Apr'21
	E.coli	<=67	78.88	77.54	94.25	6th out of 6	
	S.aureus	<=20	31.55	24.38	34.56	2nd out of 6	
	Serious incidents	90%	17%	29%	100%	n/a	2 serious incidents were due for closure in April, all of which were closed in WG timescales.
	Complaints	75%	61%	70%	60%	8th out of 10	Plan to be initiated to focus on timeliness of responding to complaints & address backlog.
MH +	Children/young people neurodevelopment waits	80%	22.9%	15.9%	21.7%	7th out of 7	363/1,674 of children/young people and 475/1,715 of adult psychological patients were seen in under 26 weeks in March 2021.
	Adult psychological therapy waits	80%	50.2%	28.2%	27.7%	7th out of 7	
Population Health	'6 in 1' vaccine	95%	96.3%	93.6%	95.9%	3rd out of 7	The school immunisation programme was restarted on 29th June 2020 as schools reopened.
	MMR vaccine	95%	91.7%	90.0%	90.1%	7th out of 7	
	Attempted to quit smoking	5%(ytd)	2.6%	1.82%	2.67%	2nd out of 7	COVID-19 presents a risk to smokers accessing cessation support services and due to the pandemic, CO levels are not currently recorded.
	Smoking cessation - CO validated as quit	40%	43.5%	n/a	n/a	3rd out of 7	
	Childhood obesity	n/a	n/a	n/a	13%	3rd out of 7	Carms 14.1%, Pembs 13.3% and Cere 8.8%
Workforce & finance	Sickness absence (R12m)	12m↓	5.19%	5.29%	5.20%	4th out of 10	Reduction target met in the rolling 12-month period. In-month sickness was 4.72% in March.
	Performance appraisals (PADR)	85%	69.2%	65.3%	65.4%	2nd out of 10	Action plan involving site visits to support PADR compliance and quality will resume in May.
	Core skills mandatory training	85%	83.6%	83.2%	81.8%	3rd out of 10	Lowest compliance in fire safety (69.8%), L1 moving and handling (75.5%) and IG (78%).
	Consultants/SAS doctors - current job plan	90%	78%	23%	24%	n/a	Increased services pressures continue to impact performance.
	Finance - deficit	£25m	£6.3m deficit	£25m deficit	£4.8m deficit	n/a	Board's financial YTD position at the end of Apr £4.8m deficit against a deficit plan of £4.8m.

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

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

Essential services update as at 31st April 2021

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

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

Out of Hours services

- Currently the overall service risk remains at level 12 (elevated);
- Shift fill has not increased sufficiently to return all five bases to being open overnight;
- Glangwili and Bronglais Hospitals' base rotas remain stable. Prince Philip Hospital's cover remains limited during weekend, afternoon and evening periods. Pembrokeshire continues with shortfalls overnight during weekends and Mondays. Support of Advanced Practice Practitioners and goodwill of doctors prepared to move bases without much notice helps mitigate this persistent shortfall;
- The majority of Out of Hours contact continues to be telephone advice (approximately 80%). Return to increased face to face consultations could see service escalation and constraints in capacity causing delays in the delivery of patient care and increase demand impacting on other services;
- Options for virtual consultations remain unresolved. Work continues to find a suitable solution and one which will be used by clinicians;
- A salaried GPs advert will be posted this week;
- RotaMaster and Locum Hub Wales are in development and will aim to improve options of filling vacant shifts. Locum Hub Wales is due to go live in one week and RotaMaster will continue to be built over approximately the next three months.

❷ Essential services that are being maintained in line with guidance

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

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

Other infectious conditions (sexual and non-sexual)
Other infectious conditions
Urgent services for patients

Mental health (MH), learning disability services & substance
Crisis services (including perinatal care)
Inpatient services at various levels of acuity
Community MH services that maintain a patient's condition stability
Substance misuse services that maintain a patient's condition

Therapies e.g. tissue viability/wound care, rehabilitation increase in functional decline, therapy (maintenance) to try and prevent further deterioration and increased dependency, patients not appropriate for remote or digital support, admission avoidance.

Palliative care

Blood and transfusion services

Safeguarding services

Acute services
Urgent eye care
Urgent surgery
Urgent cancer treatments

Life-saving medical services
Interventional cardiology
Acute coronary syndromes
Gastroenterology
Stroke care
Diabetic care
Neurological conditions
Rehabilitation

Termination of pregnancy

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

Renal care-dialysis

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

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

Diagnostics

❸ Intermediate services that are being delivered

Maternity services

❹ Normal services that are continuing

Emergency ambulance services

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

Unscheduled care

Executive Lead: Director of Operations

Senior Responsible Officer(s): General Managers

How did we do in April 2021?

53.9% of ambulances arrived to patients with life threatening conditions within the 8 minute target. Performance is showing common cause variation.

275 ambulances waited more than 1 hour at our hospitals to handover their patient to an Accident and Emergency (A&E) department/Minor Injury Unit (MIU). Performance is showing common cause variation.

12,634 patients attended an A&E/MIU as a new attender. Of these patients, **75.0%** were seen and treated within 4 hours of arrival but **1,302** patients waited longer and **697** patients waited over 12 hours. In April, 4 hour performance is showing special cause concerning variation since September 2020 whilst 12 hour performance is showing common cause variation. New attendance numbers are back to a similar pre COVID demand however a significant proportion of cases are of a higher acuity at GGH and WGH.

In April there were 3,787 emergency admissions compared to 1,920 in Apr '20, to our hospitals of which 2,381 (63%) were admitted via A&E/MIU. On average, medical emergency patients stayed in hospital for 10 days Apr '21.

How do we compare to our all Wales peers?

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

Impact of COVID

- Ambulance Service
  - Additional COVID infection control requirements continue to affect efficiency;
  - Ambulance staff must don PPE for all calls and higher specification PPE where procedures produce airborne particles or respiratory droplets;
  - Modelling has shown red calls requiring full level 3 PPE will add 4+ minutes as a result of the donning process;
  - There was a significant reduction in handover delays during April with 662 lost hours (March 1021 lost hours notification to hand over) across our 4 acute sites which is the equivalent of 57 x 11.5 double manned crews).

- Unscheduled Care
  - COVID cases have significantly reduced across all sites, however non-COVID activity increased significantly during March and April;
  - Staffing - absence through shielding, self-isolation and sickness has improved in line with COVID prevalence in the community;
  - Staff are exhausted following the 2nd wave due to managing with increased staff sickness and vacancies;
  - COVID swabs results can take over 12 hours and often discharges are lost as transport cannot be arranged in time after the result;
  - Increasing number of medically optimised patients, length of stay and some delays in re-ablement and Long Term Care (LTC) package availability due to both COVID concerns, staff shortages, Local Authority and LTC assessment/placement delays. See details in the DTOC report.
  - Nursing and residential homes unable to accept patients back from the acute hospitals in a timely way. The ability to transfer patients to Community Hospitals, intermediate care beds and Field Hospitals limited due to COVID transfer requirements, patient eligibility criteria and staffing levels.

Risks

- Ambulance Service
  - Vehicles needing deep clean have to go to Singleton;
  - The time taken for ambulances to become operational post patient handover extended due PPE removal and vehicle cleaning;
  - Increasing staff abstractions;
  - Increase in demand following easing of COVID restrictions.

- Unscheduled Care
  - Existing vacancies and staffing for both Red and Green zones in Emergency Departments (ED) with Registered Nurses (RN) and Health Care Support Workers (HCSW). In accordance with the Nurse Staffing escalation matrix, we have at times had to stretch nurse ratios in a risk assessed way to cover daily staffing deficits caused by COVID related staff absence and sickness. Absence rates have almost doubled for COVID related reasons affecting all staff groups;
  - The combination of multiple factors; increased activity, significant staffing deficits and difficulties in discharges has resulted in the service struggling to provide the level of care it would want, for example:
    - Excessive waits to offload ambulances;
    - Overcrowded EDs with difficulty to properly monitor patients who are asked to wait in cars;
    - Challenges in maintaining social distancing on wards due to the need to treat patients and offload ambulances;
    - Developing elective surgery recovery plan but inpatient capacity is significantly constrained due to RN staffing levels in acute wards;
  - Staff are reporting increased stress, anxiety and exhaustion which combined with work pressures increases risks of serious clinical incidents;
  - Vacancies and sickness in Community Teams/Hospitals negatively impact the efficient transfer of some patients from acute sites;
  - Numbers of medically optimised patients awaiting transfer/discharge out of acute beds remains significantly higher than levels deemed manageable to support effective patient flow;
  - The GP Out of Hours service is often not fully covered at the weekend.

What are we doing?

- Ambulance Service
  - 18 Duty Operational Managers have been appointed across the Health Board area, and are currently undergoing an induction programme;
  - 4 Senior Paramedics were appointed in April, and will undergo extensive training to enhance their clinical skills and support staff;
  - Local and senior pandemic teams remain in place;
  - Revised performance plan introduced;
  - The decontamination site at Singleton remains open which continues to reduce down time of vehicles requiring deep cleaning;
  - The revised *Tactical Plan to Production* has been signed off. Mid and West Wales Fire and Rescue utilised to uplift our resource levels;
  - Lateral flow test have been rolled out for all staff since January. Tests are undertaken twice weekly.

- Unscheduled Care
  - A bid for funding from the Urgent Primary Care Fund will be submitted in early May for ambulance call screening, an expansion of *Same Day Emergency Care* (SDEC) and wrap around community services;
  - SDEC continues to expand on all sites and increase capacity to see patients and appropriate patients are sent from A&E. WGH ran 7 day service throughout March and are now exploring the potential to extend opening hours into the evening;
  - Joint planning with GGH, PPH and Carmarthenshire County to close the field hospital capacity as soon as possible to help with the nurse staffing issues on both sites.
  - Consultant and triumvirate (clinical, nursing and management leads) presence at bed management meetings in GGH and PPH, to aide flow and decision making in regard to confirmed/suspected COVID patients and weekend plans;
  - At GGH and PPH, detailed patient reviews (deep dives) in place as '*to treatment and discharge*' plan reinstated, led by the triumvirate with community and local authority presence twice weekly escalation meetings in place chaired by Head of Nursing. BGH are in the process of implementing these on a weekly basis.
  - The 3 counties have a negligible number of nursing/care homes under embargo as COVID cases reduce;
  - Working with *Lightfoot Solutions* and analytic review to provide a detailed understanding of A&E activity by condition, geographic locality and age to further inform service.

Bronglais

- Elective (planned) work is continuing successfully. We continue to ring fence 14 beds on Rhiannon ward for planned care. Colorectal cancer surgery has commenced and is supported by a ward based post anaesthetic care unit (PACU) and orthopaedic surgery has recommenced. Further work is needed with the scheduling team to fully optimise the use of the dedicated Green zones for elective work in order to maximise capacity;
- The 12 bedded side room, formerly a COVID ward has been given over to respiratory with a ward based team supporting;
- The work associated with operationalising the BGH clinical strategy continues and a project board has been established. A joint paper with Planned Care is being submitted to the Mid Wales Committee and to our internal silver command.

Glangwili

- Minimal elective activity taking place as unable to staff a closed ward for increased activity. Working with recruitment to look at agency options. Planning to increase electives mid-April and have 10 ring-fenced beds and Tysul ward handed back to Ophthalmology;
- Significant nurse deficits across all wards (75 whole time equivalent (WTE) RNs) with a daily focus on moving staff within the hospital. Ongoing recruitment campaigns in place;
- A&E staffing review based on Royal College of Nursing/Royal College of Emergency Medicine being undertaken with recommendations being produced in May;
- Expansion of SDEC service in place by increasing staffing which will enable higher patient throughput;
- Late shifts continue for the management team ensuring senior on-site presence Monday to Wednesday.

Prince Philip

- Due to decreased COVID activity in the Llanelli area the number of COVID beds was reduced to just 3 side rooms;
- Planned orthopaedic inpatient surgery has now restarted placing additional pressure on ward based capacity and staffing;
- Strong recruitment drive ongoing to address the high number of vacant nurse posts which has now exceeded 50 WTEs;
- Support systems for staff in place;
- Business case to further expend the successful SDEC service w submitted in early April.

Withybush

- Green/Red Clinical Decision Units maintained although length of stay is increased due to shortfall in available inpatient capacity. Continued screening of General Medicine (GM) referrals and ambulance conveyances to avoid unnecessary admissions or channel to SDEC for more timely review;
- Inpatient COVID capacity reduced to 1 ward;
- An additional GM junior doctor continues to be requested to cover weekend day shift to reduce patient waits for assessment and onward referral/discharge;
- Safety huddles continue in the ED to improve timely assessment processes and flow. This needs continued further focus and reinforcement;
- A strong drive continues on medical recruitment together with a developing medical workforce plan to include appointments into alternative roles;
- The multi-disciplinary team field hospital panel has changed to a daily general patient flow panel which facilitates escalation of persistent challenges. An example of an issue taken forward is that of the Learning Disability complex discharge pathway;
- Acute Frailty Assessment Unit reopened in March 2021 accommodating those patients expected to be turned around within 72 hours. More focus required on getting the right patient to the right place for discharge or further community care;
- Significant RN vacancies continue, total of 88 WTE deficit against revised model and 75 WTE against establishment. This presents significant challenges in maintaining safe and efficient care delivery on a day to day basis.

Delayed Transfers of Care

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

How did we do in April 2021?

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

Mental Health DTOC census delays are being captured, there were **8** in April 2021.

How do we compare to our all Wales peers?

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

Impact of COVID

- The full impact of COVID on DTOC can be demonstrated in the following areas:
  - Changes to regulatory frameworks – with the introduction of Welsh Government (WG) Hospital Discharge Service Requirements. Discharge 2 Recover and Assess (D2RA) pathways have enabled us to expedite the implementation of these new ways of working. Capacity of the Long Term Care team has an impact on patient flow;
  - Staffing - staff groups across all services have been affected by COVID transmission. Self-isolation periods, quarantine, test, trace, and protect will all have an effect on the staff resource available to support patient care, which may ultimately have an impact on DTOC into those services; A significant proportion of Health and Social Care staff have received the COVID vaccination with some now receiving their second vaccination, and it is anticipated in time we will see the impact of this. Lateral flow testing (LFT) within community nursing teams will also minimise disruption to service provision;
  - Care home sector – there has in the last month been a significant decrease in the number of homes unable to accept new admissions due to COVID outbreaks;
  - COVID testing – processes remain in place to support patient transfer to community hospital, community, care home with appropriate testing to ensure safe delivery of care;
  - Capacity of services and acuity of patients' care requirements – insufficient capacity to meet demand. The demand for Domiciliary Care Provision is increasing and remains a high risk factor;
  - Outbreaks within Community Hospitals have improved. These had affected hospital admission/closure with the result of delays in transfer of care;
  - Impact of Lockdown - Community transmission has shown signs of improving. This had impacted on available staffing in the community services, care homes, commissioned services and domiciliary care;
  - COVID positive cases in hospitals – each acute site is now experiencing a marked decrease in positive cases. The increased length of stay associated with positive status had impacted on timely hospital discharge;
  - Field Hospitals – the number of sites has been rationalised across the Health Board footprint with Selwyn Samuel remaining operational.

Risks

- Non-mental health
  - Test, Track and Protect - the impact of positive results meaning whole community teams are unable to deliver care to vulnerable patients within the community, which may result in increased admissions to hospitals. The introduction of LFT in community teams will mitigate this;
  - New variant of virus – impact not fully known;
  - Acuity of patients has increased with complex discharge requirements;
  - Medically optimised patients remaining in acute and community hospital beds, with access to long term packages of care and placements re-emerging as a significant constraint to discharge.
- Mental health
  - Challenges around identification of placements resulting from actions to reduce spread of COVID;
  - Increased acuity levels within inpatient settings;
  - Patient pathway delay due to COVID patients requiring a 14 day window of negative tests prior to transfer or admittance.

What are we doing?

- Non-mental health
  - Working collaboratively with the Local Authorities to further develop capacity within D2RA pathways, to ensure attainment of standards as outlined in the Welsh Government Discharge Requirements and Primary Care & Community Framework (PCCF);
  - Continuing to support our staff through this second wave of COVID and implications of new virus strain and ongoing psychological impact on staff groups;
  - New regular panel taking place on each acute site focusing on patient flow across the system; incorporating field hospital, community hospital and step down provision;
  - Enhancing rapid response to bridging care and sustain by embedding into D2RA pathway;
  - Strengthening Intermediate Care response in the community;
  - Increasing Intermediate Care beds as part of Discharge to Assess, activity is ongoing to commission additional beds in readiness for the closure of Field Hospitals;
  - Continuation of hospital same day based swab testing and processing for patients requiring placement;
  - Embedding Telehealth solutions where possible and appropriate to support Intermediate, Palliative and Proactive Care pathway;
  - Improved integration of end of life care across the healthcare system and ensure adherence to palliative care principles and standards;
  - Collaborative working with key partners in managing outbreaks in care homes, including local authorities, infection prevention and control, environmental health, county management officers and care home providers;
  - Targeted approach of winter funding to support patient flow across the system, outcomes of which are being evaluated through Regional Partnership Board. Bids under D2RA Transformation Scaling Fund are currently being considered through the Regional Partnership Board to support development of D2RA pathways.
- Mental health
  - Community Teams focusing on providing support to avoid admission where possible with a multidisciplinary approach to review patient flow;
  - Remote working and improved digital technology/platforms have been embraced which has assisted in maintaining links and improving attendance at care planning meetings;
  - An Integrated Care Fund bid has been submitted for increased capacity to facilitate discharge and liaison. Improvements have been made to internal and external pathways to reduce delays as far as possible;
  - Closer working with Long Term Care to deal with more complex cases and collate more detailed information regarding placement challenges and budget constraints.

Stroke

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

How did we do in April 2021?

36.4% of patients presenting at our hospitals in April with a stroke were then admitted to a dedicated stroke unit within 4 hours. Performance for April 2021 shows special cause concerning variation.

98.4% of patients admitted with a stroke in April were assessed by a specialist stroke consultant within 24 hours. Performance for April 2021 continues to consistently meet the national target and is showing common cause variation.

52.2% of stroke patients had the recommended amount of speech and language therapy (SALT) in hospital during April. Performance for April 2021 shows common cause variation.

How do we compare to our all Wales peers?

	Admission to stroke unit within 4 hours	Feb 2021	2nd out of 6
	Assessed by stroke consultant within 24 hours	Feb 2021	3rd out of 6
	Stroke patients - speech and language therapy	Feb 2021	5th out of 6

Impact of COVID

- All stroke patients being admitted are being screened for COVID;
- Some units have lost bed capacity due to social distancing and beds are being lost due to contacts/isolation within the units;
- SALT is impacted upon the removal of capacity from group therapy and site movements of staff due to COVID measures;
- We sought alternative ways of working in outpatient clinics.

Risks

- Reduction in therapy and rehabilitation due to staffing levels with poorer outcomes for patients due to the lack of timely rehabilitation;
- Inability to meet performance targets due to staffing levels;
- Higher rate of mortality due to a COVID outbreak;
- Nurse vacancies in the stroke units;
- Lack of therapy staff as per guidance in, e.g. speech and language therapy and psychology;
- The HB stroke re-design has been suspended due to COVID, no date to restart work at present;
- Training of non-stroke staff relating to, for example, thrombolysis and the first line swallowing assessment.
- Stroke admissions have returned to pre-COVID numbers, there are some delays on discharges due to limited domiciliary resources.

What are we doing?

- The HB Stroke Steering Group (SSG) is meeting on a regular basis;
- The thrombectomy pathway is now fully embedded. The service is now available 7 days a week via North Bristol NHS Trust. The HB pathway has now been signed off by the SSG;
- Biotronics, the new IT platform to speed up the transfer time of scans to the North Bristol Radiology department has been completely installed and is now in the testing stage;
- Face to face stroke clinics are now available for new and follow up reviews on all 4 sites, however, virtual clinics also are continuing;
- Transient Ischemic Attack clinics continue at all four sites both face to face and virtually. They do not require outpatient staff to manage clinics;
- All four sites continue to thrombolyse;
- Therapies are reviewing working between adult and children SALT with the aim of pulling resources together;
- SALT is reviewing the opportunity to utilise new band 5 graduate starters to increase capacity.

Cancer

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

How did we do in March 2021?

In March, **72.3%** of patients on the Single Cancer Pathway (SCP) were treated within 62 days of the point of suspicion. Reporting parameters changed in December, the figure is now without adjustments and reflects an increase in demand for diagnostic investigations beyond capacity available in the period.

How do we compare to our all Wales peers?

	Single cancer pathway	Jan 2021	2nd out of 6

Impact of COVID

- Tertiary surgery was suspended due to COVID in late March 2020;
- Suspension of any aerosol generated diagnostic tests and surgery, in-line with the Royal College guidance, has caused delays;
- Suspension of local surgery for those patients requiring intensive care/high dependency (ITU/HDU) support post operatively and further restrictions in clinical criteria that apply;
- As per the *Wales Bowel Cancer Initiative*, the Faecal Immunochemical Test (FIT10) in the management of urgent patients on the colorectal pathway, as an alternative, was introduced on 15th June 2020;
- Urgent Suspected Cancer imaging has been reduced for certain aerosol generating procedures;
- Bronchoscopies have been limited in-line with national guidance;
- As per the 6 levels of *Systemic Anti-cancer Therapy* (SACT), all levels are still currently being treated across the Health Board on all 4 sites;
- Werndale Hospital has been commissioned to support cancer outpatient and surgical pathways from April 2020;
- Joint working progressed with regional multi-disciplinary teams for tertiary centre surgeons to provide outreach surgery in Gynaecology and Urology.

Risks

- Complex pathway delays: the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment due to the need for multiple investigations and multi-disciplinary team reviews;
- Tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board continue to significantly compromise the service;
- Local diagnostic service capacity pressures within Radiology and Endoscopy services;
- The Single Cancer Pathway significantly increases diagnostic phase, placing added pressure on diagnostic capacity; since 1st December we are only reporting on the SCP target without adjustments;
- Suspension of local surgery for patients requiring ITU/HDU and aerosol generated diagnostic investigations.

What are we doing?

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

Planned care

Executive Lead: Director of Operations

Senior Responsible Officer(s): General Manager Scheduled Care

How did we do?

22 patients had their procedure cancelled within 24 hours in March 2021. Performance is showing special cause improving variation, however, the low number of booked patients is a reflection of elective surgery restrictions due to the pandemic.

In April, **54.6%** waited less than 26 weeks from referral to being treated (RTT) and **27,299** patients waited beyond 36 weeks. Performance is showing special cause concerning variation and both targets are consistently failing to be met.

In March, **40.6%** of eye care patients (4864/11976) were waiting in or within 25% of their target date. 97.7% of patients have been allocated a high risk factor (HRF) status leaving 405 (2.3%) patients waiting for an allocated HRF status. The target is consistently not achieved. Performance is showing special cause variation.

In April, there were **31,984** delayed outpatients of which **19,472** waited beyond 100% of their target date for a follow up appointment (all specialities). Performance is showing special cause improving variation. A system change is required to achieve the target.

How do we compare to our all Wales peers?

Hospital initiated cancellations	Jan 2021	2nd out of 7
Referral to treatment (RTT) <=26 weeks	Feb 2021	2nd out of 7
RTT – patients waiting 36 weeks or more	Feb 2021	2nd out of 7
Ophthalmology patients seen by target date	Feb 2021	6th out of 7
Patients waiting for a follow up who are delayed by 100% of their target date	Feb 2021	3rd out of 7

Impact of COVID

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

- RTT
  - Decreased capacity due to stringent infection control requirements;
  - The need to prevent patients having major surgery whilst they have COVID; except for life, limb or sight-saving procedures;
  - Significant public concern about attending acute hospitals;
  - Work continues with Informatics regarding waiting list risk stratification.

- Eye care
  - Some patients choosing not to attend hospital appointments due to pandemic;
  - Ophthalmology services reconfigured to meet essential urgent care where required;
  - Routine surgery and face to face outpatient activity has been postponed;
  - Due to population demographics, most patients require hospital transport which has affected attendance;
  - The telephone triage of *Emergency Eye Casualty* by a senior clinician has reduced attendance by 50% with patients being managed via other routes, including independent prescribers in optometric practices;
  - Increase in collaborative working with community optometric practices.

- Follow-up appointments
  - Unable to deliver previous service levels whilst restrictions remain in force. Initial recovery of the 2019/20 position will be slowed by lack of capacity.

Risks

- Hospital initiated cancellations
  - Numbers are affected by the current restrictions on safe elective surgery bed availability and fluctuating pressures relating to pandemic demands including appropriate safe bed distancing and consistent availability of protected locations for elective patients who have been self-isolating;
  - To date there is no stepping down of any urgent or cancer surgery.

- RTT
  - The team are currently identifying risks due to reduced capacity across all stages including diagnostics;
  - There is a significant risk regarding ward staffing vacancies to support elective activity.

- Eye care
  - New patients are experiencing longer waits due to the combined impact of pandemic related restrictions and a shortage of consultant ophthalmologists. Capacity being used to cover the Emergency Eye Care service can impact on waiting times;
  - Glaucoma patients (on the follow up review) have not had regular diagnostic tests as these cannot be undertaken virtually.

- Follow-up appointments
  - Reduction in capacity has impacted the follow-up list. This is being addressed with the rollout of virtual functionality. The team are working with both governance and safeguarding to ensure safety on the process of virtual work.

What are we doing?

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

- RTT
  - The Health Board has now recommenced urgent cancer surgery and urgent cases. We continue to plan to return to the 2/3 category in the coming months;
  - Capacity is being prioritised for category 1 and cancer patients following urgent pathways;
  - Patients will be offered treatments in-line with policy across the sites to enable equity of time and care delivery;
  - Complex pre-assessment and screening pathways are in place including social isolation pre and post operatively with pre-COVID screens at 72 hours for large operative cases with social distancing and testing for all other cases;
  - Revised post-COVID watchtower monitoring programme in place.

- Eye care
  - A new Senior Nurse Manager is reviewing the enhanced cataract pathway and orthoptic activity to maximise efficiency;
  - A business case is being developed to provide a sustainable Age-Related Macular Degeneration service with care closer to home;
  - Maintaining treatments and reviews for imminently sight threatening or life-threatening conditions (prioritising R1 patients);
  - Clinicians are triaging patients waiting beyond 25% of their target date;
  - Urgent Cataract procedures are being treated in Werndale;
  - Patients waiting over 100% of their target date have their notes reviewed by a doctor to determine the appropriate action;
  - Senior input available via telephone/email and a consultant is on site at GGH on weekdays. Service provided 24 hours a day, via an on-call consultant rota for emergencies;
  - Clinicians review clinics and contact patients in advance of treatment with Pre-op procedures requiring a negative COVID result;
  - Clinical team continue to see all ages of patients in the intravitreal injection therapy service;
  - Working closely with Swansea Bay UHB to develop a regional response and solutions for the short/mid and long term;
  - The AMD service has implemented a one-stop service which has increased the number of patients seen;
  - Phased plans being developed to increase capacity whilst adhering to national guidelines;
  - Reinstatement of theatre sessions has commenced and the team are looking at how to increase the number of patients on each list;
  - Recommenced ARCH workshops to scope Regional solutions for Ophthalmology in South West Wales;
  - Reviewing Ophthalmology footprint to maximise capacity.

- Follow-up appointments
  - We are encouraging virtual functionality. Face to face contact only used if necessary for urgent patients;
  - Developing a patient communication programme for all stages;
  - We have been adding patients to the See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways in two ways. Firstly as part of validation and secondly after a patient has had a follow up appointment. Delays of implementation have been due to the creation and approval of new outcome forms. Next steps include ongoing monitoring of how many patients call back for a consultation. Service managers have been working directly with clinicians to ensure outcome forms are completed correctly including compliance auditing;
  - We continue to work on reduction of the follow up waiting list and the majority of specialities have achieved the 35% target with work continuing in the others.

Diagnostics

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

How did we do in April 2021?

5,989 patients waited over 8 weeks for a diagnostic. Performance data shows common cause variation since December 2020. This reflects that current performance is within our usual limits. Diagnostic waiting times have consistently failed to meet target since the COVID pandemic started. A system change is needed to achieve the target.

How do we compare to our all Wales peers?

	Diagnostic waiting times	Feb 2021	3rd out of 7

Impact of COVID

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

- Radiology
  - Imaging capacity significantly reduced due to infection control procedures required;
  - Increased referrals marked as urgent or urgent suspected cancer possibly due to late presentation;

- Endoscopy
  - We are currently delivering 52% of overall activity following the 2nd wave of COVID. Endoscopy activity prior to the 2nd wave increased to 50% in-line with the National average;
  - All priority one (P1) patients are dated within 2 weeks. All sites are dating the P2 Urgent Suspected Cancer patients as priority. P2 backlog dated by highest risk/longest waits;
  - Faecal Immunochemical Tests continue in-line with National programme guidelines. Currently only 21% converting to an endoscopy procedure; Overall 55% referral rate in comparison to pre-COVID.

- Cardiology
  - Some services have been moved off-site to facilitate social distancing;
  - 6 day working established to maintain social distancing and increase diagnostic tests undertaken in some Cardio-physiology teams;
  - Cardio-physiology service demand/capacity issues continue.

Risks

- Capacity pressures, equipment failure and COVID precautions impact the service's ability to meet target.

What are we doing?

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

- Radiology
  - Maintained services for urgent and suspected cancer work;
  - Most referrals have been kept and are monitored and reviewed regularly in discussion with other services;
  - Additional capacity for computerised tomography (CT) acquired but finding staff via locum agencies has been problematic;
  - Staff undertaking extra sessions to provide additional capacity.

- Cardiology
  - Cardiac CT resumed at BGH and scoping work progressing to increase sessions/sites to reduce waits and avoid invasive angiogram procedures (where clinically indicated);
  - Outsourcing of Cardiac CT and MRI being considered to deal with longest and most urgent waits;
  - Using locum and in-sourcing of echocardiograms;
  - Diagnostic Angiography endeavouring to increase from 3 to 4 patients per list at PPH;
  - Plans to initiate Transoesophageal Echocardiogram (TOE) and Dobutamine Stress Echocardiogram (DSE) lists in PPH in June 2021 and scoping in progress to support their initiation in WGH and BGH in summer/autumn 2021;
  - Cardio-physiology demand and capacity review on-going;
  - Cardiology Pathway Transformation Project to initiate in June 2021 in support of whole-system patient pathway review.

- Endoscopy
  - Waiting lists being increased in-line with COVID restrictions;
  - Single Cancer Pathway target of endoscopy date within 7 days of referral being reviewed, with a view to implement; with currently 20% patients being dated in 7 working days and 64% in 10 working days;
  - Capsule Endoscopy Service scheduled for introduction on May 13th to reduce demand for scoping capacity, with a view to introduce colon capsules in the future to help address the backlog;
  - Screens purchased for all 4 sites, for endoscopy waiting and recovery areas, to help increase capacity safely;
  - Discussion around introducing air filtration units to reduce downtime in-between each patient and increase capacity.

Therapies

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

How did we do in April 2021?

271 patients waited longer than 14 weeks for a therapy appointment. Services with the longest waits include; Audiology (74), Podiatry (85), Occupational Therapy (OT) (110). The latest performance data is showing special cause improvement.

How do we compare to our all Wales peers?

	Therapy waiting times	Feb 2021	2nd out of 7

Impact of COVID

- Trajectory of 0 therapy waits was on track to be achieved prior to the pandemic. Constraints for OT achieving 0 breaches included the availability of Paediatric OT. These posts have now been appointed but a backlog remains with no additional capacity in the system to address this. Service is actively scoping and securing fixed term additional resource to address the backlog of patients requiring initial assessment. An improved position is anticipated by July/August. Constraints for Podiatry includes the reduced clinical efficiency due to PPE and Infection Prevention and Control (IPAC) measures for and in-between patients requiring physical 'hands on' treatment. Continued improvement in Podiatry position is anticipated in May/June. All services are developing detailed service restart plans;
- Use of digital technology to support access and virtual and remote digital service provision is now embedded within services;
- Continued reduced capacity is still affecting the waiting lists although Audiology is now up to a 60-65% capacity level;
- 'Inclusion' criteria used to triage urgent face-to-face hearing aid repairs;
- Audiology referral rates are still below pre-pandemic levels.
- Reassessment waiting lists continue to grow as there is more pressure to regain control of government reported waiting lists.

Risks

- Most referral rates have now returned to pre-COVID levels but with an increase in complexity as patients have been avoiding seeking GPs/care during COVID. This will continue to impact upon the number and complexity of the presentations as services return to 'normal';
- A reduction in clinical staff workforce due to a continuation of at risk staff groups and non-patient contact risk assessments for vulnerable/high risk staff;
- Loss of therapy accommodation, which has been repurposed either as part of the COVID response, or new developments in acute sites, is impacting upon the ability to see patients if facilities are not reinstated or suitable alternative accommodation provided. This includes access to community facilities;
- Increased Audiology waiting lists for new/re-assessments due to limited appointment slots;
- Vestibular assessments have not been re-started due to the IPAC Team condemning the equipment as not fit for purpose. This will result in the lengthening of existing waiting times.
- Communication challenges caused by face coverings/virtual consultation due to lip-reading limitations.

What are we doing?

- To address face-to-face clinical treatment requirements, appropriate measures have been undertaken to ensure physical distancing compliance, infection prevention and control practice, including physical decontamination between patients and clinical estate availability. Where appropriate and safe to do so, services have restarted pathways although capacity is significantly reduced due to these operational requirements;
- Virtual and remote service provision is now mainstream and has been successfully implemented within Therapy services with a positive impact on RTT. Improvements made for first appointment waiting times as a result of online consultations. Services are continuing to monitor waiting list growth of follow-up patients that require hands on review/diagnostics and will include within restart plans;
- Virtual consultations used where appropriate and *Attend Anywhere* used for tinnitus and balance patients;
- Urgent and 'soon' pre-school paediatric audiology appointments on track;
- Substantive Band 5 Audiology post out to advert for Ceredigion;
- New Audiology testing facility at GGH completed;
- Inroads starting to be made into the Audiology re-assessment waiting lists.

Quality and safety

Executive Lead: Director of Nursing, Quality and Patient Experience

Senior Responsible Officer(s): Assistant Directors of Quality

How did we do in April 2021?

Clostridioides difficile *(C. difficile*) Infection. In April 2021, we reported 10 cases and identified a further case of cross-infection on a ward. This is the same number as was seen in April 2020, however our rate per 1,000 admissions is lower, from 4.92 in April 2020 to 2.74 in Apr 2021. The population rate for Hywel Dda is **31.42** per 100,000 population.

Escherichia coli (*E. coli*) blood stream infection (BSI). In April 2021, we reported 30 cases, this is an increase of 5 cases from April 2020 however, our rate per 1000 admissions is lower, from 12.30 in April 2020 to 8.22 in Apr 2021. Population rate for Hywel Dda is **94.25** per 100,000 population.

Staphylococcus aureus (*S. aureus*) BSI. In April 2021 we reported 11 cases (1 case incorrectly reported, to be removed from the report). Two of which are MRSA (1x Community and 1x Hospital case). This is currently 1 more case than in April 2020 however, our rate per 1000 admissions is lower, from 4.92 in April 2020 to 3.02 in Apr 2021. Population rate is currently **34.56** per 100,000 population.

In April, we reported **1,239** incidents of which 1072 were patient safety related. Welsh Government asks Health Boards to ensure that there is timely and proportionate investigation of all incidents, and wherever possible, serious incidents are reviewed and closed within 60 working days. There were **2** serious incidents due for closure in April of which **2** were closed in the agreed timescale (**100%**). **No** Never Events were reported in April 2021.

60% of complaints were closed within 30 working days in April. Over the last 3 years performance data has consistently shown common cause (expected) variation.

How do we compare to our all Wales peers?

	C.difficile infections	Mar 2021	5th out of 6
	E.coli infections	Mar 2021	6th out of 6
	S.aureus bacteraemias (MRSA and MSSA) infections	Mar 2021	2nd out of 6
	Serious incidents assured in a timely manner	Not available	
	Timely responses to complaints	Q3 20/21	8th out of 10

Impact of COVID

- Infection Prevention
  - Collaborative working with Carmarthenshire County Council over the COVID Pandemic has led to the development of an Integrated Senior Infection Prevention Nurse post. This post is now permanent and a substantive appointment has been made;
  - The Team has stretched to 7 day working across Acute and Community to support the COVID response. This has been enabled despite the daily infection prevention workload that continues across the Health Board.

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

- Complaints
  - More meetings are being held virtually over MS Teams between persons raising complaints and the clinical team, which is helping to improve the management and response timeframes;
  - Use of telephone and attend anywhere platforms ensuring that any clinical complaints escalating can be managed in a virtual environment to reassure the patient.

Risks

- Infection Prevention
  - As patient flow increases through the hospitals and healthcare settings, services are required to work harder to maintain social distancing in all areas. The Infection Prevention Team are working with services to work through options and support Risk Assessments.

- Incidents
  - It is essential that there is a timely and proportionate formal review of each serious incident undertaken and that an improvement and learning action plan is developed and implemented to address the care and service delivery problems identified through the formal review.

- Complaints
  - Delays in progressing some complaints, extending beyond the 6 month time period;
  - New *Once for Wales* Datix system introduced – revised complaints process to be rolled out following initial testing period in unison with training on new complaints management.

What are we doing?

- Infection Prevention
  - Working with the Antimicrobial Pharmacists in the rollout of Antibiotic Review Kit (ARK) Prescription Charts. The charts are currently being rolled out in WGH, which was chosen due to having the highest usage of intravenous antibiotics in Wales. These prescription charts will give added support to good practise around antibiotic stewardship;
  - Work is continuing with wards and services to complete action plans that have been developed from *C. difficile* Periods of Increased Incidence;
  - Appropriate Glove Usage will be piloted on two wards in Glangwili and Withybush. This should lead to improved hand hygiene compliance and reduce unnecessary glove usage;
  - As part of World Health Organisation Hand Hygiene Day on May 5th, the use of patient wipes at mealtimes was audited. These results are currently being collated;
  - Review of current Aseptic Non Touch Technique training, identifying gaps in acute, community and care providers. This will support work to reduce S.aureus BSI cases associated with skin infections 50% of which are Community.

- Incidents
  - As at 30th April, there were 33 serious incidents open over 60 days. This is a slight increase on the position reported last month where 29 serious incidents were overdue. On analysis, it has been identified that 67% are open to Mental Health and Learning Disabilities. These incidents are usually complex in nature and often involve HM Coroner;
  - The Quality Assurance and Safety Team continue to monitor and scrutinise the quality of investigations as well as the robustness of improvement and learning action plans. A review of closure of improvement and learning actions is being undertaken by Internal Audit.

- Complaints
  - Implementation of new complaints management process ongoing;
  - Active recruitment of vacant posts;
  - Regular meetings continue with directorates to drive forward the timeliness of responding to complaints;
  - Plan to be initiated with each directorate/speciality to focus on the backlog of complaints;
  - Recruitment of vacant posts ongoing.

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

How did we do in March 2021?

21.7% of children and young people (363/1,674) met target and waited less than 26 weeks to start a neurodevelopment assessment; combined figure for autistic spectrum disorder (ASD, 25.5%, 334/1,309) and attention deficit hyperactivity disorder (ADHD, 7.9% 29/365). The target has consistently failed to be met. This month, performance shows special cause concerning variation.

27.7% of adults (475/1,715) met target and waited less than 26 weeks to start a psychological therapy with our Specialist Mental Health Service. The target has consistently fail to be met and performance is showing special cause concerning variation.

How do we compare to our all Wales peers?

	Children/young people neurodevelopment waits	Feb 2021	7th out of 7
	Adult psychological therapy waits	Feb 2021	7th out of 7

Impact of COVID

- Neurodevelopmental assessments
  - Face-to-face ASD appointments have resumed;
  - Young people approaching transition are prioritised;
  - Delayed recruitment and anxiety to engage in face-to-face assessments;
  - New ways of working include exploring virtual clinics for new patients - telephone or *Attend Anywhere.*

- Psychological therapies
  - Increased the number of telephone assessments undertaken for adult psychological therapies;
  - *Attend Anywhere* successfully implemented as an alternative platform to deliver adult psychological services.

Risks

- Neurodevelopmental assessments
  - Delays can impact on the quality of life for patients and their families;
  - ASD: growing demand verses resources;
  - ADHD: historical referral backlog and vacancies within the team.
- Psychological therapies
  - Increased demand from primary and secondary care;
  - Vacancies and inability to recruit into specialist posts;
  - High waiting lists for both individual and group therapy;
  - Lack of a robust IT infrastructure.

What are we doing?

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

- Neurodevelopmental assessments
  - Each mental health team is working with the all Wales performance Delivery Unit to undertake demand and capacity exercises;
  - Additional resources identified for a sustainable ASD service;
  - Actively reviewing and managing referrals and referral pathways;
  - A process mapping exercise is underway alongside the Delivery Unit;
  - An active recruitment plan is being developed;
  - Weekend clinics are being considered to increase assessment;
  - Validation exercises are underway within the ADHD service;
  - Agency practitioners are being utilised to address the waiting list;
  - Development of a business case to address the long waits for ADHD;
  - Planned introduction of new software to aid the process/accuracy of diagnosis of ADHD is underway. Initial training for the new software is expected to take place in June 2021 and to be based in Carmarthenshire;
  - The use of *See On Symptom/Parent Initiated Follow Up* across Paediatrics is ensuring that waiting lists are 'clean' and those children and young people on the waiting list are appropriate;
  - Highly specialist Clinical Psychologist has been recruited to start in July on a fixed term contract to assist with demand and capacity planning and to address the waiting list.

- Psychological therapies
  - Assessments are being undertaken either face to face or virtually;
  - Waiting list initiatives are being utilised;
  - A demand and capacity exercise will be undertaken with all staff to ascertain capacity in caseloads;
  - A review of all modalities will be undertaken to ensure prudent delivery of therapy in line with local and national policies/guidelines.

Executive Lead: Director of Public Health

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

How did we do?

Between October and December 2020, **95.9%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, an increase in uptake on the previous quarter.

The MMR vaccine is also given as a single injection and protects against mumps, measles and rubella (German measles). It is given within a month of a baby's first birthday then again when the child is around 3 years 4 months. In Hywel Dda, between October and December 2020, **90.1%** of children received 2 doses of the MMR vaccine by their 5th birthday.

Year to date, October to December 2020, **2.67%** (1487/5,554) of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is similar to the same period in the previous year.

Due to the COVID-19 pandemic, carbon monoxide (CO) levels were not recorded but **57.8%** of recorded patients self-reported a quit during October to December 2020.

Obesity is a risk factor for many life-threatening conditions including diabetes, heart disease, bowel cancer and stroke. The most recent data) 2018/19 shows that **13%** of 4-5 year olds and **25.0%** of adults aged 16+ living in Hywel Dda are obese.

How do we compare to our all Wales peers?

	3 doses of the '6 in 1' vaccine by age 1	Q3 20/21	3rd out of 7
	2 doses of the MMR vaccine by age 5	Q3 20/21	7th out of 7
	Smokers who attempted to quit	Q2 20/21	2nd out of 7
	Smokers CO validated as quit	Q4 19/20	3rd out of 7
	Children aged 4-5 year who are obese	2018/19	4th out of 7

Impact of COVID

- Vaccines
  - Routine childhood immunisation programmes are a high priority and have continued, albeit in line with social distancing and PPE requirements in place;
  - The schools immunisation programme was restarted on 29th June 2020 as schools reopened.

- Smoking
  - Smokers are no longer CO validated at 4 weeks post quit date due to the potential risk of COVID-19 transmission in exhaled air;
  - All consultations are now provided via telephone;
  - Medical Humanities Research Centre (MHRC) approval received to supply Nicotine Replacement Therapy (NRT) via post in case there was an issue with access to community pharmacies and supply. This has yet to be fully implemented. Those unable to access NRT via a local pharmacy were posted their medication directly by their advisor by recorded delivery. Calls were made to each pharmacy to check their capacity and all stated they are still happy to process pharmacy letters for the smokers' clinic.

- Obesity
  - The 2018/19 Child Measurement Programme report and the release of official statistics has recently been published.
  - Children will not have been measured universally in 2019/20 so the latest data that we have on childhood obesity in Wales is for 2018/19;

Risks

- Vaccines
  - Both vaccines are safe and effective, however pockets of the population resist childhood vaccination for cultural and ethical reasons;
  - Rurality causes difficulty for some families to attend clinics due to a lack of transport and the road networks in some parts of the counties;
  - The need for social distancing has significantly impacted on the way 'baby clinics' are traditionally run. Less infants, children and their families can safely attend their GP surgeries/clinics at any given time, hence more time is required for clinics. This can impact on uptake.

- Smoking
  - Ensuring clear pathways are in place and used to help people quit smoking. This is especially important for inpatients and Primary Care.

- Obesity
  - Develop a weight management service/approach for children and families.
  - Ensuring that there is sufficient capacity within the weight management services to support adults to manage their weight.
  - Both will need to align to the revised all Wales obesity pathway due to be published in April 2021.

What are we doing?

- Vaccines
  - We will aim to share vaccination uptake data with GPs as Public Health Wales are looking at providing enhanced localised uptake data throughout the COVID pandemic. This will enable GPs to more easily identify, plan, and target specific groups of patients;
  - Maintaining immunisation programmes is a key priority to protect public health from other preventable infections at this time. Welsh Government have advised that immunisations should continue in line with clinical advice and scheduled timings during this period as far as possible, as set-out in both a Joint Committee on Vaccination and Immunisation(JCVI) statement and in the Welsh Health Circular below:
    Link to JCVI statement
    Link to Welsh Health Circular
  - This advice has been shared with all those providing the childhood immunisation programme in Hywel Dda UHB. Advice on social distancing and use of PPE has also been shared with those providing this service. By being able to reassure parents/guardians that social distancing measures are in place will hopefully address their concerns, minimising the risk of them non-attending, and ensure continued high uptake rates.

- Smoking
  - Staff have recommenced their talks to Pulmonary Rehabilitation groups via Teams and training has been provided to Pre-op staff in this manner. Secondary Care referrers have been contacted to encourage electronic referral of patients;
  - In Primary Care, a revised pathway was created and following a successful pilot in a GP practice in Llanelli, 4 further practices came on board, this has allowed the direct recruitment of smokers with a chronic disease from the GP's in-house database;
  - Paused recruitment of pharmacists and pharmacy technicians;
  - Local Community and Secondary Care teams are offering telephone support and the referrals are being spread evenly throughout the teams and weekly team catch ups are taking place. Staff have been provided with new chairs and IT equipment for their comfort whilst working from home. Due to unprecedented demand a recruitment drive is underway.
  - The current situation for community pharmacists is that CO validation is no longer provided. Level 3 services are continuing where pharmacists are comfortable taking on new clients and have the facilities to hold consultations, taking into account social distancing requirements.
  - As CO readings are currently suspended, a document has been produced to ensure that support is still offered to pregnant women and that the impact of CO exposure is still discussed even where a reading is not being taken;
  - The team is now responsibility for the Smoke free sites legislation;
  - Four new Senior Practitioners in Smoking & Wellbeing came into post in December 2020. The posts will lead further development of the smoking and health improvement agenda in key priority areas such as maternity services, mental health, drug and alcohol services, hospitals and primary care;
  - Continued to deliver training for junior doctors across the three counties;
  - Audit – C, an alcohol screening tool has been added to the *QM10 smoking cessation* information system and from January 2021 all smoking referrals will also be screened for alcohol;
  - Team involved in the mass vaccination centre planning which impacted on capacity.

- Obesity
  - On the 4th August Welsh Government wrote to Health Boards outlining the current position regarding the *Healthy Weight Healthy Wales* delivery plan. The first two years of the plan placed a significant emphasis on early years, children and families to influence healthier choices. However, in light if the impact of coronavirus, a number of the interventions planned through the £5.5m allocation have had to be paused or postponed until a future date. The allocation will be used to strengthen the specialist level 3 multi-discipline team weight management service in line with the revised National Obesity Pathway (publication awaited) and to extend the reach of the service for the benefit of children and families, recognising there is currently no provision for them;
  - In addition, a proportion of the Hywel Dda allocation has been used to fund the digitalisation of the *Nutrition Skills for Life* programme with a particular focus on the early years;
  - Weight management services are offered to adults with chronic conditions.

Workforce and finance

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

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

How did we do?

5.20% of full time equivalent (FTE) staff days were lost due to sickness in the cumulative 12 month period April 2020 to March 2021. The actual in-month rate for March 2021 was 4.72%. This is within expected limits and the rolling 12-month reduction target has been met

65.4% of our non-medical staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months. Performance has seen special cause concerning variation since January 2021 and without a system change, the target will never be met.

Medical appraisals have now resumed after an option for an 'approved missed' appraisal period was extended. The compliance rates will be available for future updates.

81.8% of our staff have completed their level 1 training which consists of the UK Core skills mandatory training modules such as manual handling, safeguarding and information governance.

24% of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan. The latest performance data is showing special cause variation and without a system change, the target will not be met.

The Health Board's financial position in the month of April is a **£4.779m deficit** (year to date (YTD) **£4.779m deficit**) against a deficit plan of £4.779m (YTD £4.799m).

How do we compare to our all Wales peers?

	Sickness absence	Oct 2020	4th out of 10
	Performance appraisal and development review	Oct 2020	5th out of 10
	Level 1 core skills training framework completed	Oct 2020	3rd out of 10
	Medical staff with a current job plan	Not available	
	Finance	Not available	

Impact of COVID

- Absence
  - There was an initial increase in COVID related absence levels in the first wave of COVID; these reduced to more normal levels although rose again in the second wave; however, sickness rates are now reducing to near pre-COVID levels;
  - Staff who are self-isolating and not able to work at home are not included in these figures as they are recorded as medical exclusion rather than sickness.
- PADR
  - The challenges have increased for leaders to find adequate time for regular performance reviews including their annual PADR.
- Core skills
  - As an anticipated effect of the COVID mass recruitment drive, compliance has fallen by 1.4% this month.
- Job planning
  - Service pressures across the Health Board sites affected the numbers of job plan reviews being undertaken and the need to prioritise clinical work at this time.
- Finance
  - Aligning the strategic response to current demand modelling indicators between Welsh Government, Gold Command and operational teams; Further developing the Opportunities Framework to revisit the way in which our services were delivered pre-COVID-19 in the context of accelerating the Health Board's Strategy.

Risks

- Absence
  - Whilst the COVID pandemic continues, there is a risk that we will experience fluctuations in staff absence.
- PADR
  - Lack of confidence amongst leaders in completing PADRs successfully;
  - Leaders not being released to attend training in managing performance – a recent session saw a drop out of 40%;
  - Lack of engagement in the performance feedback process;
  - Leaders taking accountability for quality and compliance rates;
  - Staff taking accountability for carrying out their PADR within the timeframe;
  - The validity of data within ESR for compliance rates;
  - Staff missing the opportunity to gain feedback on their performance and be recognised, valued and gain extra meaning from their role;
  - Staff not having open, honest dialogue with a leader on any issues that they can support them with, especially regarding health and wellbeing. This could drive low engagement, morale and possible increases in sickness absence and turnover.
- Core skills
  - There is a risk that the decrease in compliance could fall further in the following months as the last of the recruits come through the system.
- Job planning
  - Consultants and SAS doctors are not working to current job plans.
- Finance
  - We have a Financial Plan with a year-end of £57.351m deficit. Following confirmation of COVID-19 sustainability and programme funding from WG, the Health Board is forecasting to deliver the planned deficit of £57.351m. The risk to the in-year delivery is considered to be low, recognising that the Health Board has limited risk of any significant increase in workforce expenditure given the restricted supply.

What are we doing?

- Absence
  - The Operational Workforce teams have re-commenced sickness reviews with line managers;
  - Online 'Managing Attendance at Work' training to help support managers with absence is continuing with good attendance;
  - All staff are being encouraged to complete the COVID Risk Assessment tool and discuss it with their managers to ensure that they are adequately supported in the workplace and the right adjustments;
  - Programme of attendance management audits will recommence shortly.
- PADR
  - Organisational Development (OD) have revisited the Managing Performance action plan that was paused due to COVID. Quarterly acute site visits will resume in May, with the first site being PPH (26th May) and will look to support leaders in low compliance areas and quality checks for completed PADRs;
  - Vyond software has been purchased for OD to develop 2 animated videos on *'How to prepare for your PADR'* and *'How to conduct a PADR'*. These will be available bilingually by end of July 2021;
  - Managing performance sessions are now being held monthly and will increase in numbers so more can attend, however, leaders will still need to be released to complete this session;
  - OD are continuing to complete bespoke sessions for services;
  - OD will need time in building engagement to the PADR process, which will improve quality and compliance across the organisation.
- Core skills
  - The position of Education and Compliance Advisor has now been filled and once fully trained, work will commence to target non-compliance and attainment of the 85% goal for core skills level 1 training.
- Job planning
  - A further 15% are awaiting full sign off on the online system with 22% draft awaiting review;
  - Allocate e-job planning virtual training sessions arranged during May to July 2021.
  - Support for the review of job plans continues to be available where required.
  - A Job Planning Working Group is in the process of being established to bring together directorate representatives to share decision making and to work more collaboratively to achieve target.
- Finance
  - Internal budget holder accountability statements in relation to the 2021/22 have been issued to Budget Holders within the Health Board. These clarify the continuation of existing financial control principles and the importance of existing governance processes and frameworks, stating the significance of decision making in response to, and the accurate recording of the financial impact of COVID-19;
  - Performance monitored monthly through System Engagement meetings for the highest risk Directorates;
  - An extensive review of savings and cost reduction opportunities is to be established as we plan to return to exit the current pandemic;
  - Feedback/clarity from Welsh Government is being sought as to the levels of additional revenue and capital funding available.

Performance Trend Charts: data as at 30th April 2021

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

Better Prevention & Self-Management

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

Motivated & Sustainable Workforce

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

Higher Value, Rapid Improvement & Innovation

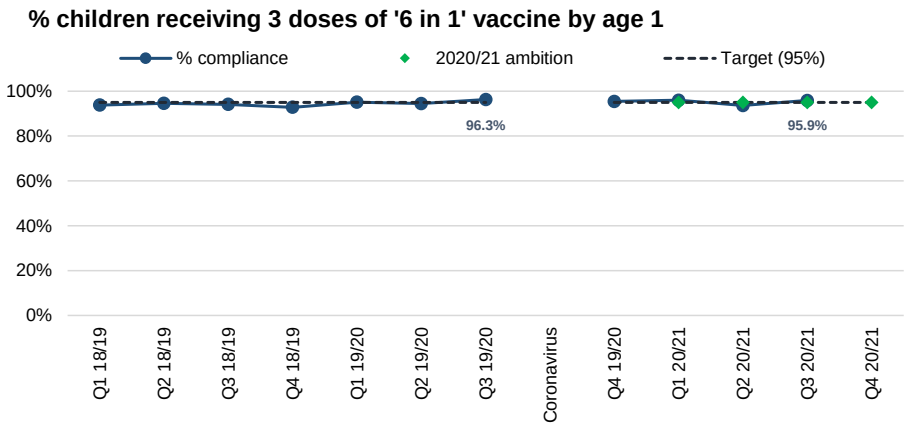
- Hospital initiated cancellations
- Agency spend
- Finance

Quality and Accessible Services

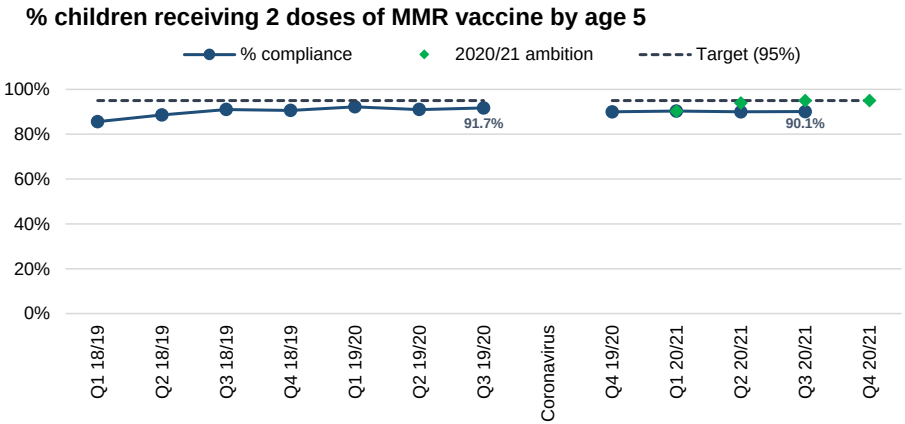
- C.difficile
- E.coli
- S.aureus
- Mental health delayed transfers of care (DTOC)
- Non-mental health DTOC
- Ambulance red calls
- Ambulance handovers over 1 hour
- A&E/MIU 4 hour waits
- A&E/MIU 12 hour waits
- Admission to stroke unit <4 hours
- Assessed by stroke consultant <24 hours
- Stroke patients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

Additional resources (intranet access needed):

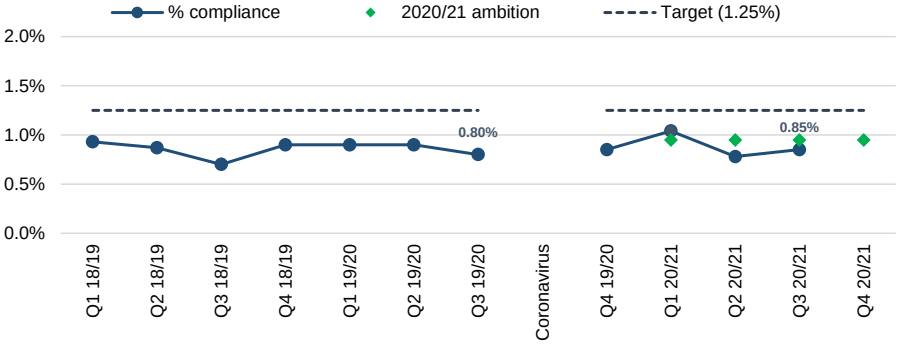
Integrated Performance Assurance Reports (IPAR) and performance overview



% children receiving 3 doses of '6 in 1' vaccine by age 1	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	93.8%	94.6%	94.1%	92.8%	95.1%	94.5%	96.3%		95.5%	96.0%	93.6%	95.9%	
2020/21 ambition										95%	95%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%

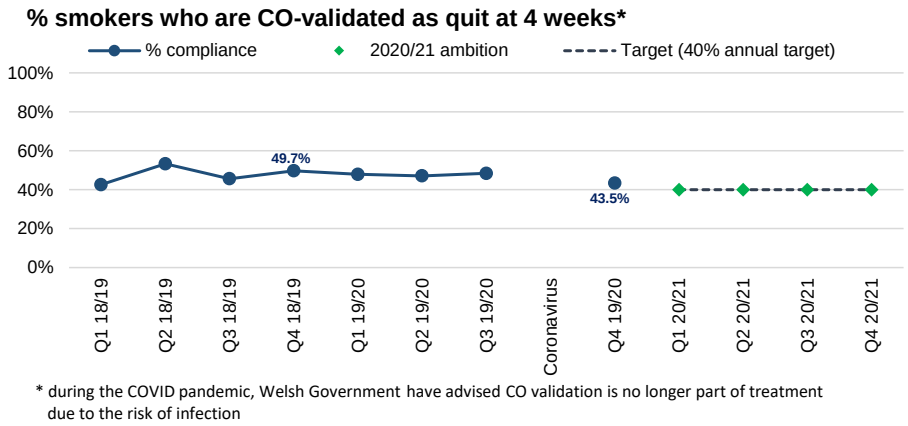


% children receiving 2 doses of MMR vaccine by age 5	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	85.6%	88.6%	91.0%	90.6%	92.2%	91.0%	91.7%		90.0%	90.3%	90%	90%	
2020/21 ambition										90%	94%	95%	95%
Target (95%)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



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

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

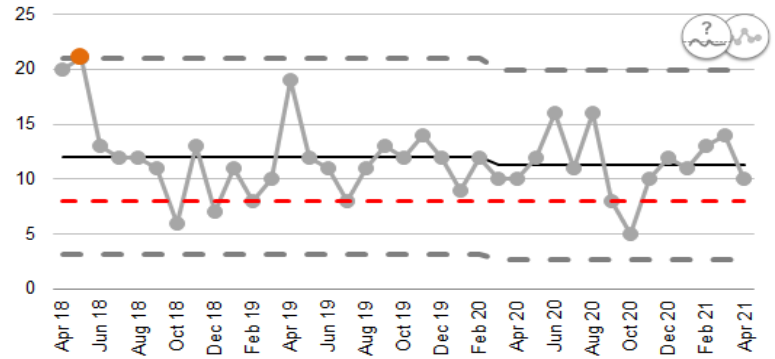


* during the COVID pandemic, Welsh Government have advised CO validation is no longer part of treatment due to the risk of infection

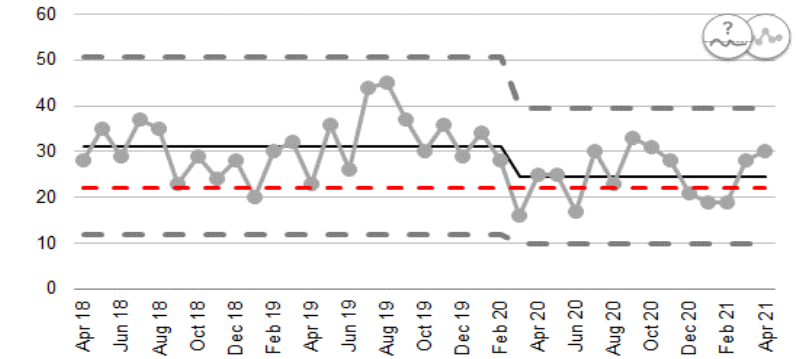
% smokers who are CO-validated as quit at 4 weeks*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	42.6%	53.3%	45.6%	49.7%	47.9%	47.1%	48.4%		43.5%				
2020/21 ambition										40%	40%	40%	40%
Target (40% annual target)										40%	40%	40%	40%

Infections

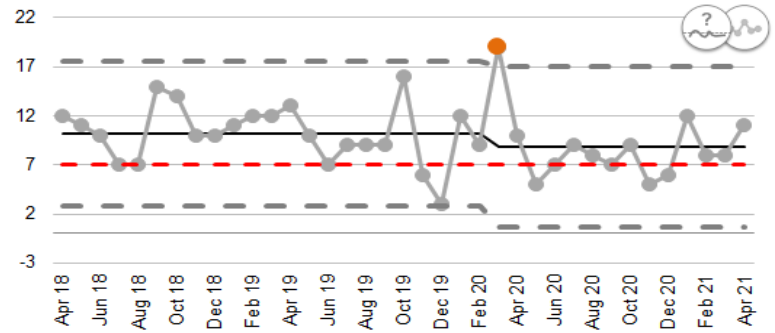
Number of cases of C.diff (in month)



Number of cases of E.Coli (in month)



Number of cases of S.aureus (in month)



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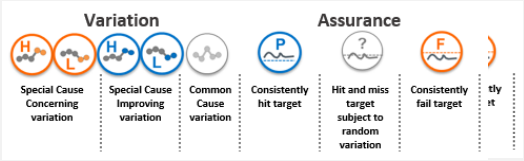
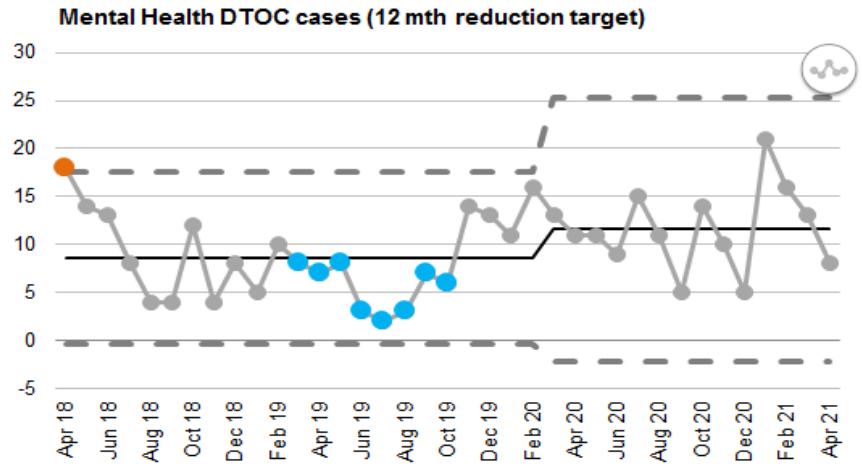


Chart markers (dots)

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



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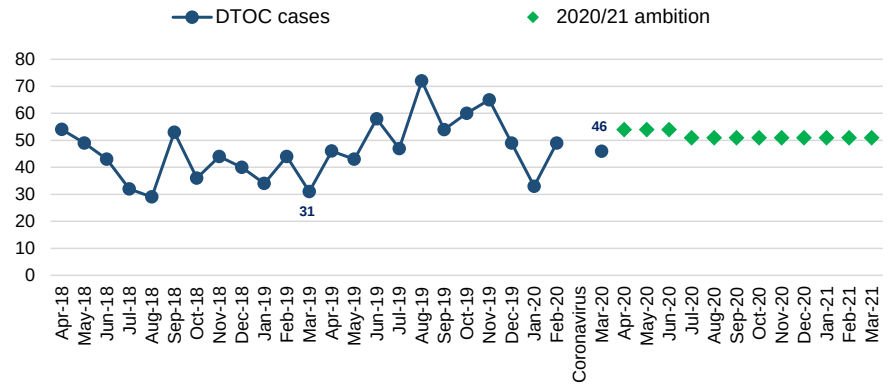
Non Mental Health DTOC cases (12 mth reduction target)

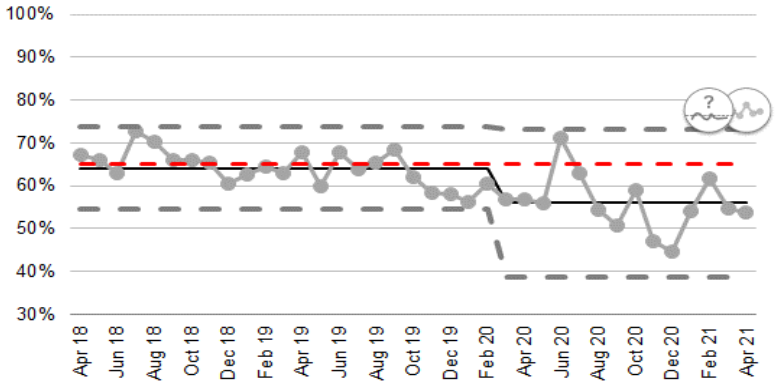


Non Mental Health DTOC cases (12 mth reduction target)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21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

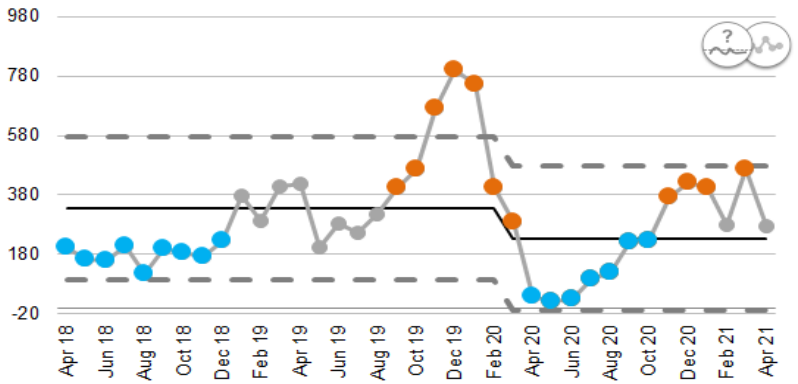
Due to COVID-19, DTOC census patient number monitoring has been suspended

Emergency Care

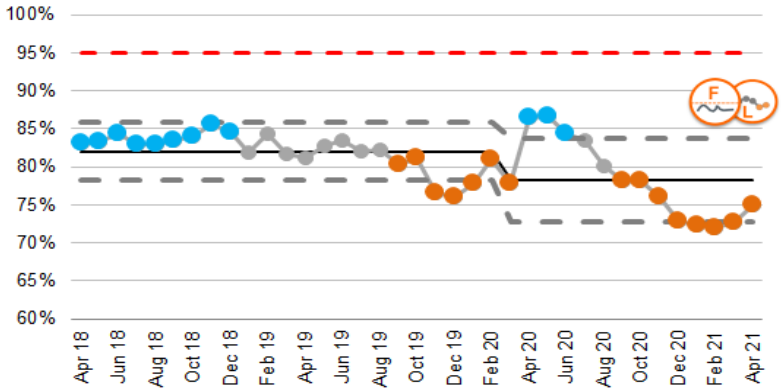
% of responses to ambulance red calls within 8 mins



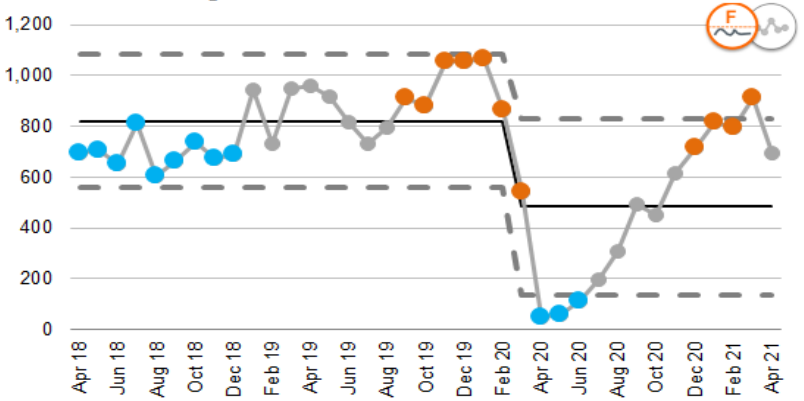
Ambulance handovers taking longer than 1 hour



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



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



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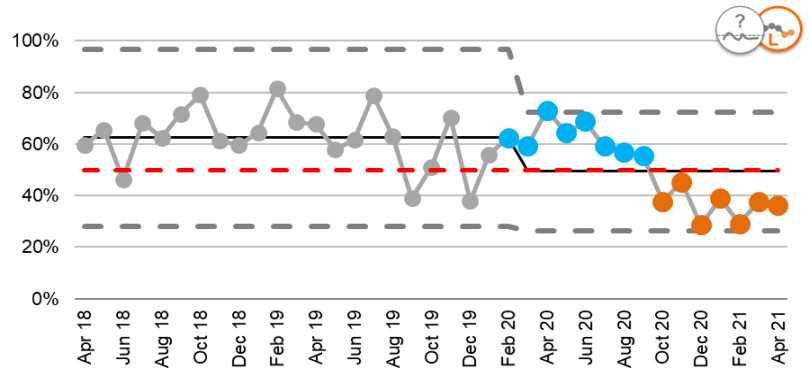
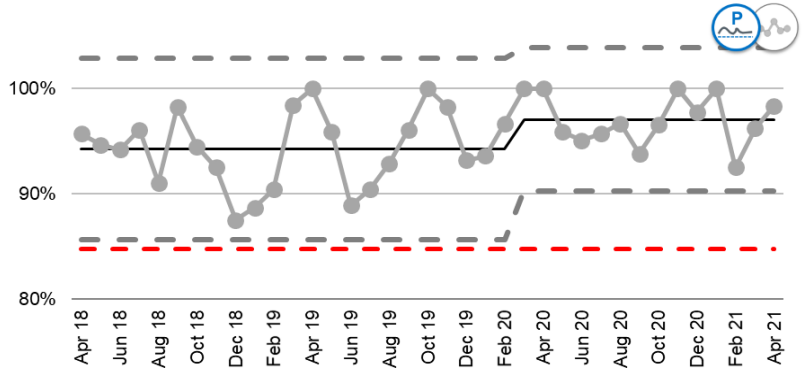
Stroke

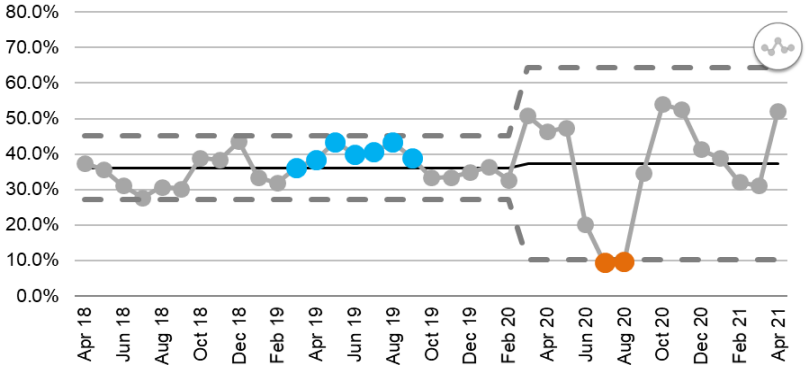
Admission to a stroke unit within 4 hours



Assessed by stroke consultant within 24 hours



Stroke patients receiving required minutes for SALT (Improvement target)



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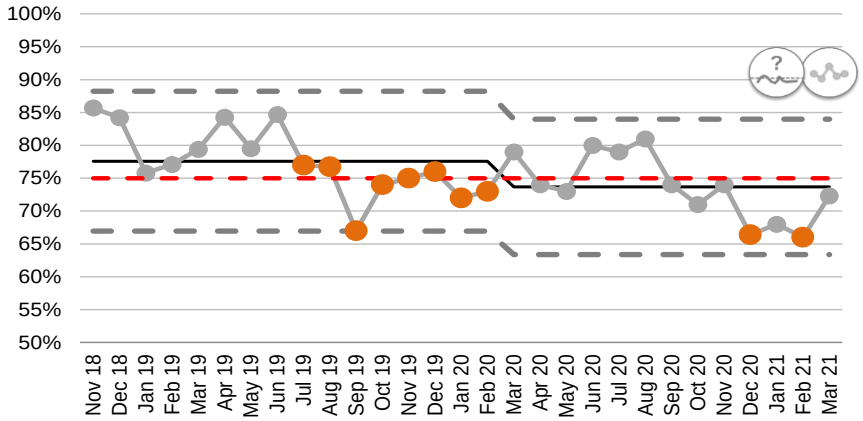
Patients starting first definitive cancer treatment < 62 days



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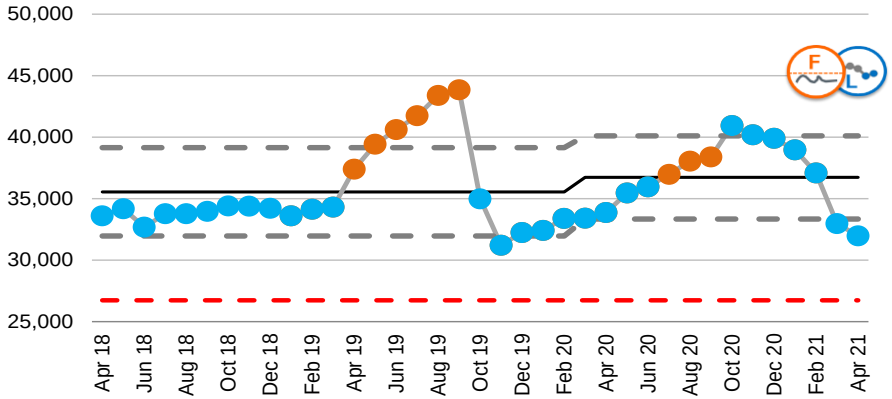
Delayed follow up appointments - all specialties (20% improvement target)



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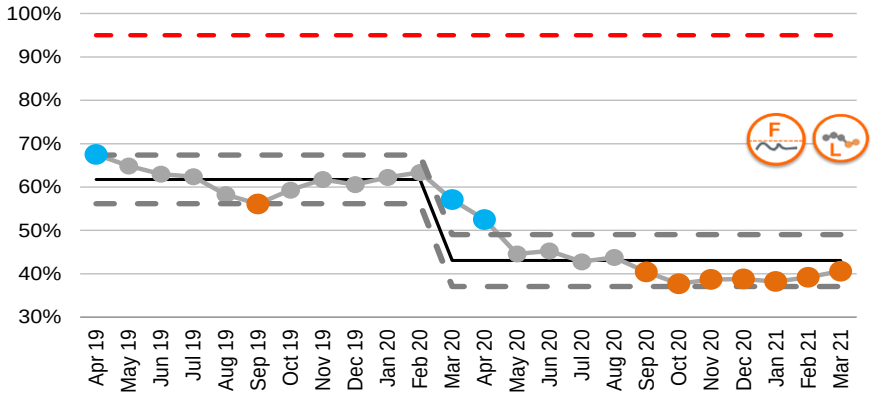
R1 eye care patients seen by target date (or <25% excess)



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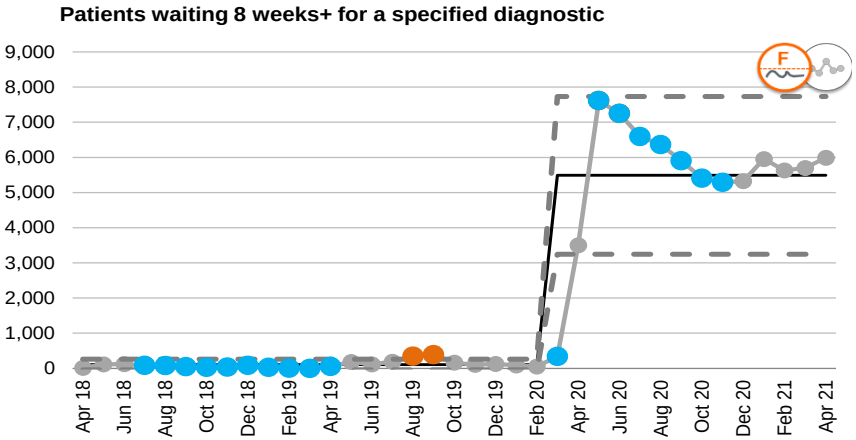

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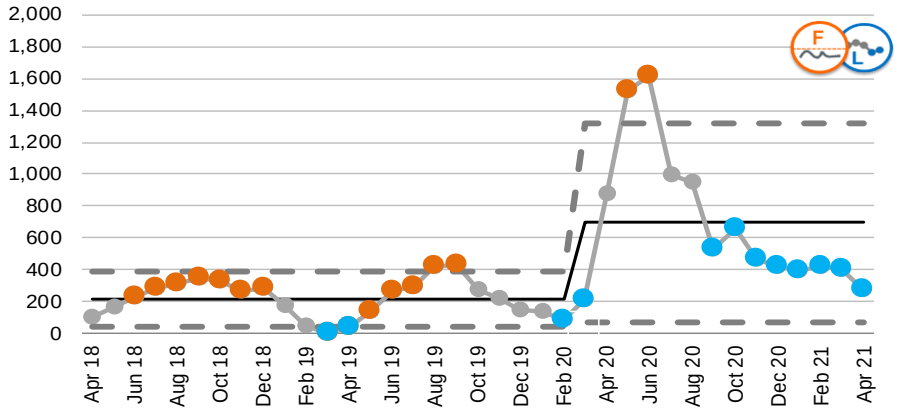
Waiting more than 14 weeks for a specific therapy



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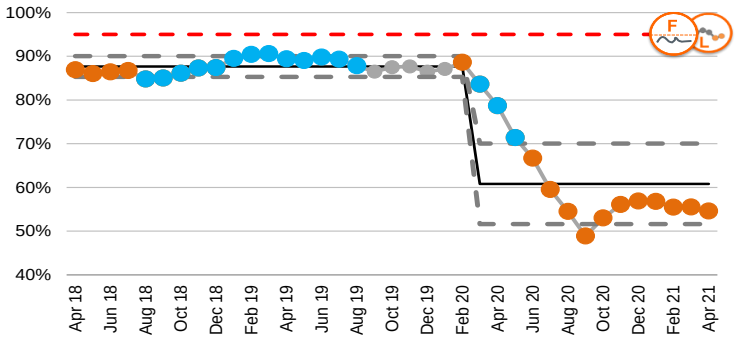
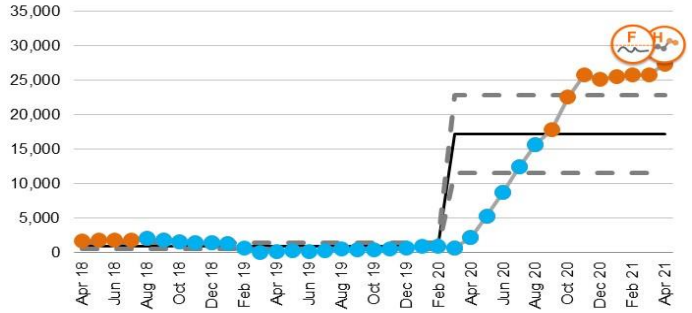
- blue = area of improvement

Patients waiting less than 26 weeks from referral to treatment



Patients waiting > 36+ weeks from referral to treatment



KEY

Chart icons

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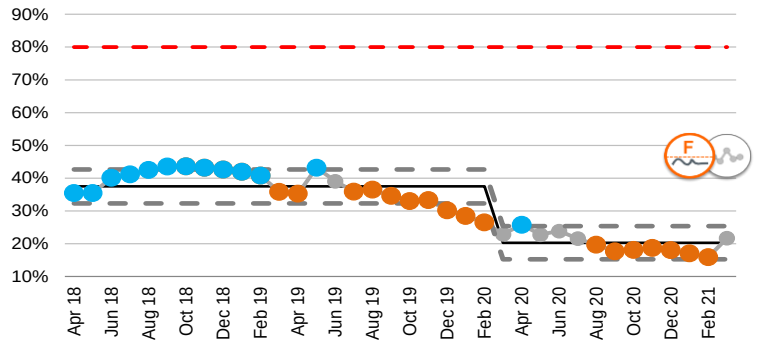
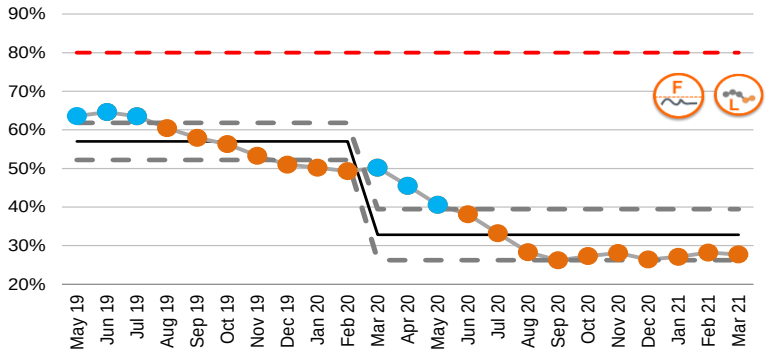
Neurodevelopment and psychological services

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



Adults waiting < 26 weeks to start a psychological therapy



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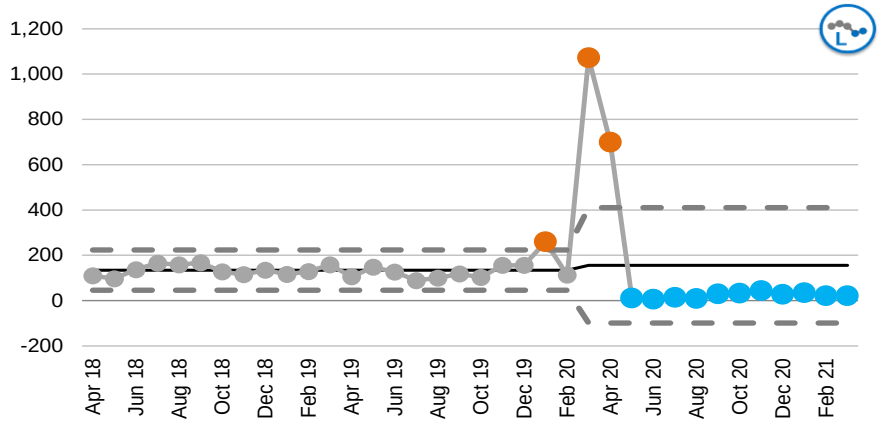
Hospital Initiated Cancellations within 24 hours (5% reduction target)



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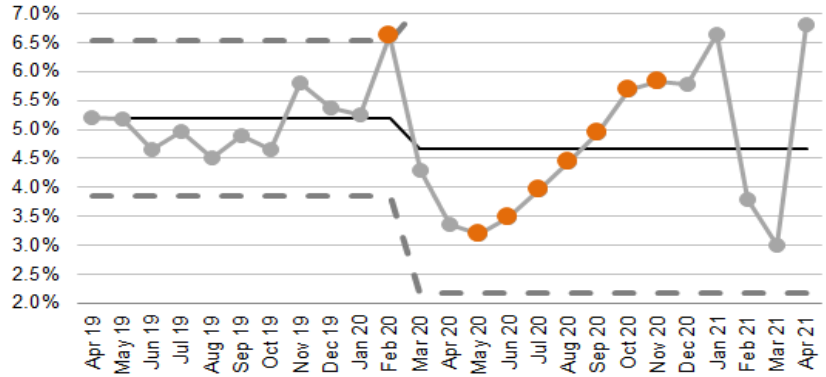
Agency spend as a % of the total pay bill



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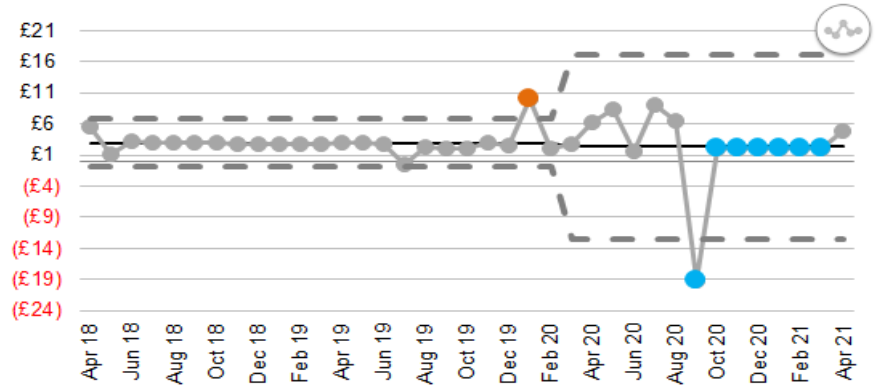
Financial in month deficit (£m)



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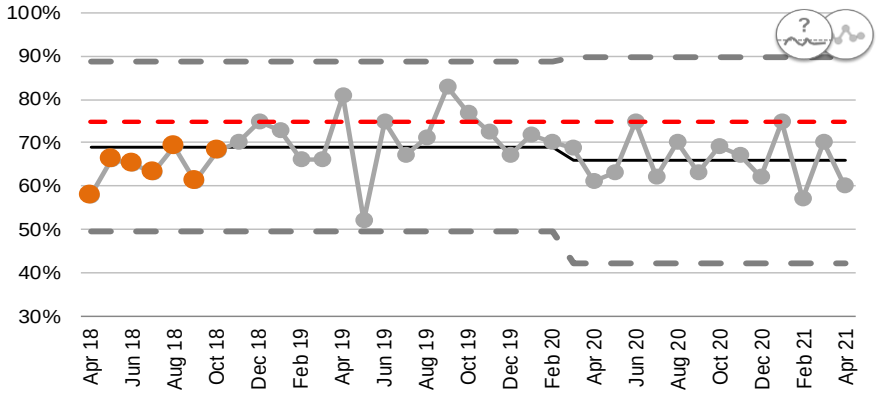
% complaints with final or interim reply <= 30 working days



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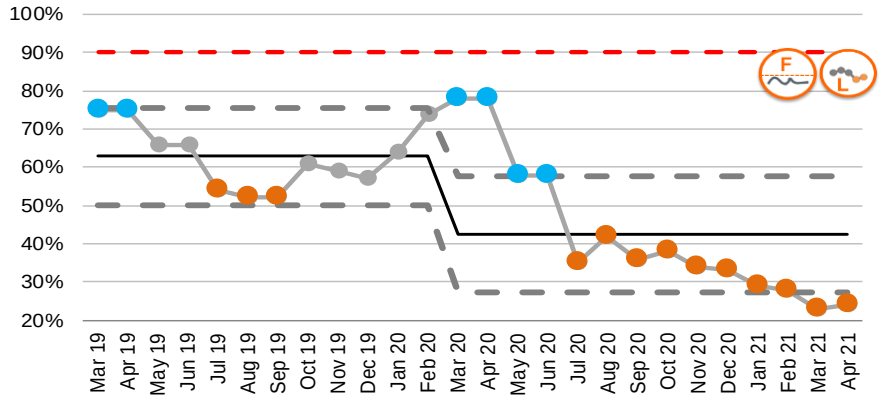
Consultants/SAS doctors with a current job plan



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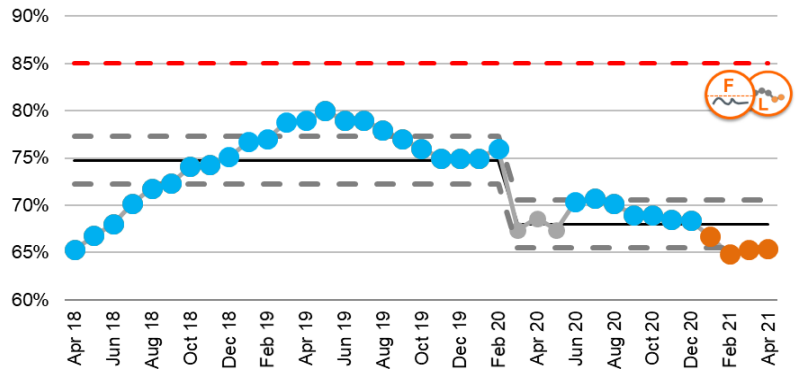
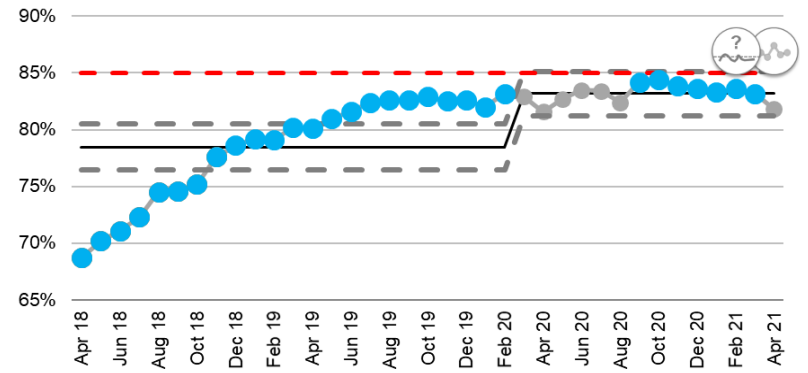
Workforce

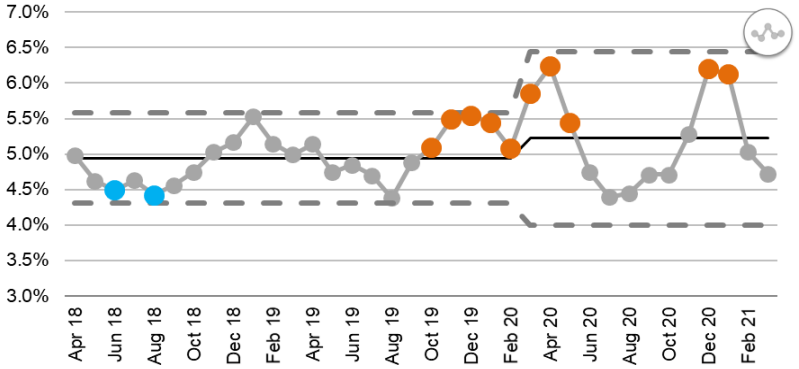
Staff who have had a PADR in the previous 12 months



Core Skills Training Framework



Sickness absence in month (reduction target)



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