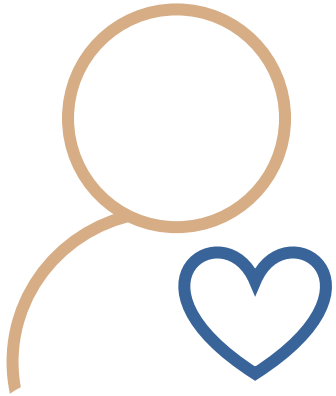
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Performance update for Hywel Dda Univerity Health Board

as at 31st December 2020



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

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

Total vaccines given as at 14th January 2021	Priority groups – vaccines given	
	Care home residents and staff	All those 80 years of age and over and frontline health and social care workers
14,353	**1,068**	**8,752**

Confirmed COVID cases as at 31st December 2020	Suspected & confirmed COVID patients admitted 1st-31st December	Confirmed COVID patients discharged 1st-31st December	Confirmed COVID patients who died in one of our hospitals in December
11,451	**325**	**195**	**134**

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 December, 97.7% of stroke patients were assessed <24 hours by a specialist stroke consultant;
  - The 12-month improvement target has been met for stroke patients receiving speech and language therapy.
- **Where have improvements been made?**
  - Single Cancer Pathway performance increased by 3% from the previous month (Nov '20 74%, Oct '20 71%);
  - The percentage of patients waiting less than 26 weeks from referral to treatment improved from 56.1% to 56.9%;
  - There were 39,903 patients in December who had a delayed follow-up outpatient appointment, which is a decrease of 298 from the previous month;
  - The number of patients waiting more than 14 weeks for a specific therapy improved for the 6th sequential month from 1,613 in June to 415 in December;
  - Year to date, April to September '20, 1.82% of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is similar to the same period in the previous year;
  - There has been a small reduction in sickness absence between October (5.19%) and November (5.17%).
- **Where is improvement needed?**
  - The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (44.6%);
  - 420 ambulance handovers were reported as taking longer than 1 hour during December 2020;
  - 72.9% of patients were seen within 4 hours in A&E/MIU (target 95%) and 717 patients spent longer than 12 hours (target 0);
  - Reporting has been stood down for of non-mental health patients with delayed transfers of care. However, census day patient count for Mental Health has continued and saw 5 patients delayed in December '20. i.e. they were medically okay to leave hospital but needed another form of support in place for them to leave;
  - 26.8% of stroke patients were admitted to a stroke unit within 4 hours in December '20 (target 54%), a decrease from November '20 (45.3%);
  - 97.3% of non-urgent suspected cancer patients commenced treatment within 31 days of being referred.
  - The % of urgent suspected cancer patients who commenced treatment within 62 days of referral increased by 1% from the previous month to 70% but is still considerably below the 95% target;
  - 44 planned procedures were cancelled by us in November within 24 hours of admission for non-clinical reasons;
  - 38.7% of high risk Ophthalmology patients waited no more than 25% over their clinical target date which is well below the 95% target;
  - The number of patients waiting over 36 weeks from referral to treatment decreased from 25,785 (November) to 25,182 (December) but remains significantly below target;
  - In December, 5,326 patients were waiting over 8 weeks for access to diagnostic services. Waits for diagnostic services were reducing each month following the rise to 7,669 patients waiting in May 2020. However, December saw the first increase (38) from the previous month.
  - In December we reported 12 C.difficile infections, 21 E.coli infections and 6 S.aureus infections;
  - 28.6% of serious incidents were closed within the WG specified timescales, this is significantly below the 90% target
  - 62% of complaints received a final or interim reply within 30 working days, this is a 5% decline in performance from last month;
  - Neurodevelopment and Psychological Therapy services are still significantly below target. In November only 18.7% of children/young people received a neurodevelopmental assessment < 26 weeks (0.7% improvement from October). 28.1% of adults waited less than 26 weeks for a psychological therapy (1.1% improvement from October);
  - Between Jul and Sep, 90% of children had 2 MMR doses by age 5;
  - 93.6% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday between Jul and Sep;
  - Staff appraisals are below target at 68.4%, a 0.1% drop from the previous month;
  - 83.6% of staff have completed their mandatory training (target 85%);
  - Performance for Consultants and SAS Doctors with a current Job Plan declined by 1% this month to 33%. Due to the impact of COVID and service pressures, performance continues to remain significantly below the target of 90%;
  - We have a financial plan with a year-end projected deficit of £25.0m. The current financial position at the end of December is £18.8m deficit against a deficit plan of £18.8m.

Our 36 key deliverable measures

Latest data

25	4	2

All Wales rank

All Wales data is available for 32 of the 36 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 47% of measures:

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

- **Impact of COVID-19**

The current impact of COVID is rapidly changing and while the information provided is up to date as at 31st December, the picture is changing daily.

  - Staff absence due to COVID has increased since December, with around 2% of staff self-isolating and 1.3% off due to COVID sickness.
  - Some staff have been deployed from their substantive posts to assist with COVID-19 planning (e.g. field hospitals) and reset plans (i.e. restarting elective procedures);
  - Most elective procedures and outpatient appointments were cancelled to create capacity for staff training and COVID-19 patient admissions, this subsequently created a backlog. We are now increasing the volume of urgent patients assessed and treated where it is safe and feasible to do so (see the Planned Care section for further details);
  - Staff are taking additional time for donning and doffing personal protection equipment;
  - To avoid inpatient admission where appropriate, the temporary physical redesign of acute hospital facilities to accommodate separate COVID & Non-COVID pathways has led to some patients receiving extended clinical assessments within Emergency Departments beyond the 4 hour threshold;
  - Where possible, staff have shifted to working from home which has required additional IT infrastructure and resources;
  - Since April 2020, we have commissioned Werndale Hospital to support urgent cancer outpatient and surgical pathways. Plans are being progressed in accordance with the Welsh Government guidance to further increase the volume of cancer diagnostic and surgical cases undertaken at acute sites;
  - From mid-November, to better manage patient flow, Health Board field hospitals bed were opened for non-COVID step down patients;
  - Mental Health and Learning Disability patients have had reduced leave (i.e. attending social activities or shopping) to limit their risk of exposure.

COVID-19 vaccination

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

What are we aiming to achieve?

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

- By mid-February – all care home residents and staff; frontline health and social care staff; everyone over 70 and everyone who is clinically extremely vulnerable will have been offered vaccination.
- By the spring – vaccination will have been offered to all the other phase one priority groups. This is everyone over 50 and everyone who is at risk because they have an underlying health condition.
- By the autumn – vaccination will have been offered to all other eligible adults in Wales, in line with any guidance issued by the Joint Committee on Vaccination and Immunisation (JCVI).

In total, around 2.5m people throughout Wales could be offered COVID vaccines by September 2021, depending on further advice from the JCVI.

Progress for the 9 priority groups

as at 14th January 2021

Priority group	Total number in cohort	Number vaccinated	Percentage of cohort vaccinated
1. Residents in a care home for older adults and their carers	6,209	1,068	17.2%
2. All those 80 years of age and over and frontline health and social care workers	43,711	8,752	20.0%
3. All those 75 years of age and over	19,516	-	
4. All those 70 years of age and over and clinically extremely vulnerable individuals	36,199	-	
5. All those 65 years of age and over	23,881	-	
6. All individuals aged 16-64 years with underlying health conditions*	44,617	-	
7. All those 60 years of age and over	19,456	-	
8. All those 55 years of age and over	18,600	-	
9. All those 50 years of age and over	16,257	-	
Priority group waiting to be assigned/validated**		4,533	
Total vaccines given to date		**14,353**	

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

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

Vaccine type

We are currently using two vaccines approved for use in the United Kingdom, namely Pfizer-BioNtech and Oxford-AstraZeneca. The chart below gives a summary of the vaccines we have used as at 14th January 2021:

Uptake by local authority area of residence

As at 14th January 2021, 3.4% of all Hywel Dda residents had received the COVID-19 vaccine. The uptake by local authority is included below:

Hywel Dda	Carmarthenshire	Ceredigion	Pembrokeshire
3.4%	3.5%	2.9%	3.6%

Summary by GP cluster

The table below shows the uptake by GP cluster area as at 14th January 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	Locality population	Number vaccinated	Percentage vaccinated
Taf/Towy (2Ts)	58,812	2,369	4.0%
North Pembrokeshire	66,337	2,494	3.8%
South Pembrokeshire	54,633	1,906	3.5%
Amman/Gwendraeth	60,450	2,021	3.3%
Llanelli	62,021	1,867	3.0%
North Ceredigion	45,938	1,302	2.8%
South Ceredigion	47,093	1,256	2.7%

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

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

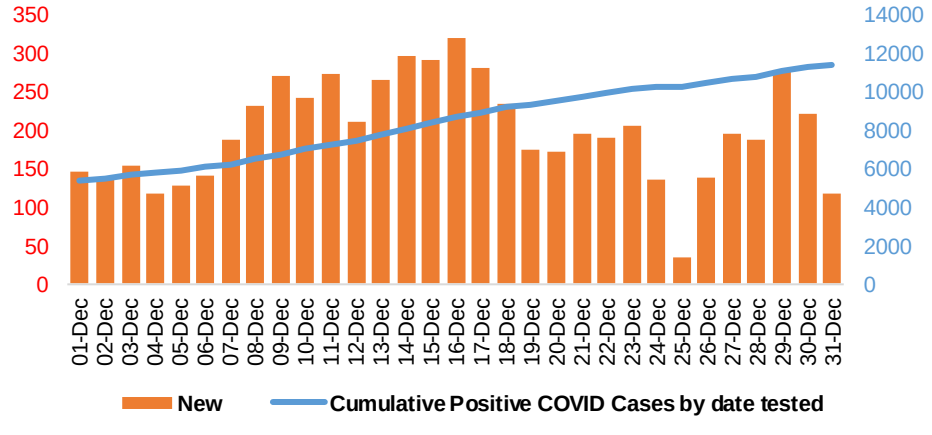
COVID-19 update

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

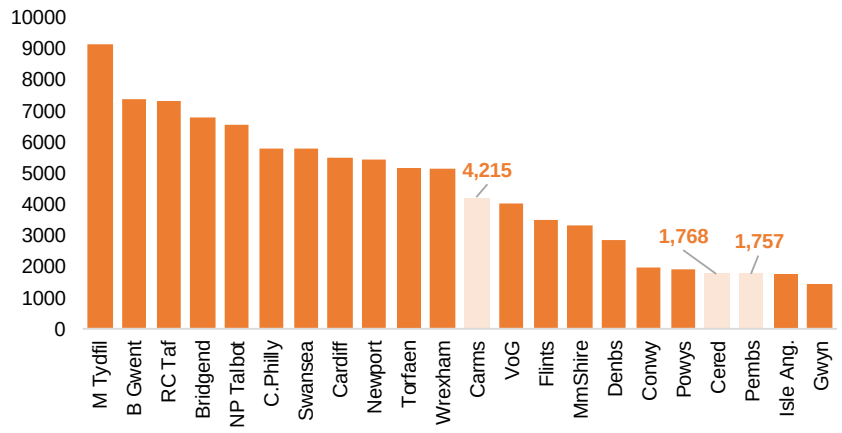
Confirmed cases

As at 31st December 2020 there was a total of 11,451 confirmed cases of COVID for Hywel Dda residents. Of these, 6,192 (54%) were confirmed during December, an increase of 1,188 cases from November 2020. The highest number of new positive cases tested were on 16th December with 320 new cases reported. On 31st December 2020, population rates for confirmed cases were lower in Pembrokeshire (1,757 per 100,000 population) and Ceredigion (1,768 per 100,000 population) than most of the other local authority areas in Wales, however, these rates have more than doubled since the end of November. 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 31st December 2020



Confirmed cases per 100,000 resident population



Supporting our staff

We have established a COVID command centre which is open 7 days a week. Staff are able to contact the command centre by email or phone with all COVID related queries e.g. staff testing, personal protective equipment (PPE), wellbeing support. In December the command centre had on average 87 calls per day (2,696 calls in December 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)

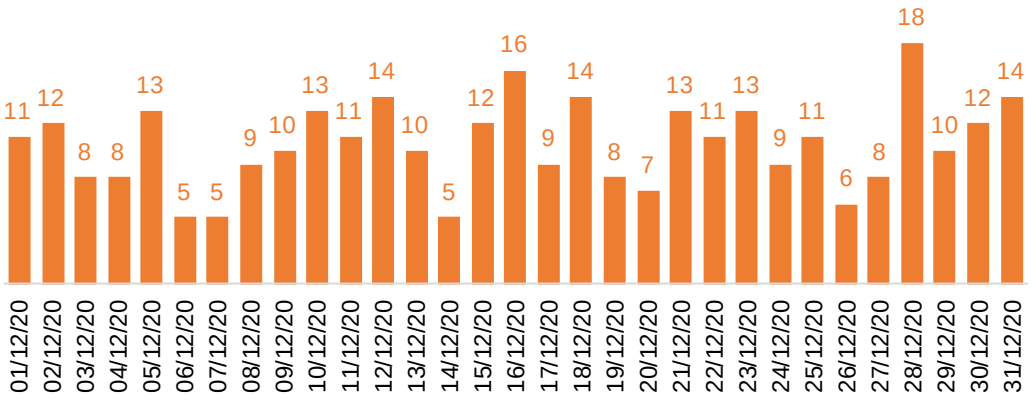
We continue to closely monitor our PPE stock levels and orders to ensure sufficient levels are maintained to protect our staff and patients.

Admissions

The number of COVID (confirmed and suspected) admissions to our four acute hospital sites increased from 318 in November to 325 in December; 10 in Bronglais General Hospital (BGH), 110 in Glangwili General Hospital (GGH), 92 in Prince Philip Hospital (PPH) and 113 in Withybush General Hospital (WGH). This is an average of 10 COVID admissions a day across the Health Board during December and approximately 11% of all inpatient admissions. Non-COVID inpatient admissions averaged 83 per day over the same period.

The Health Board have 5 field hospitals across Hywel Dda to provide increased capacity should the need arise. As at 31st December, 28 beds were open in Ysbyty Enfys Selwyn Samuel in Llanelli (an increase of 14 beds from the previous month). During December, an additional 14 beds were also opened in Ysbyty Enfys Carreg Las in Bluestone, Pembrokeshire. The field hospital beds are used for non-Covid step-down patients, to enable us to better manage patient capacity and flow in our acute hospital sites.

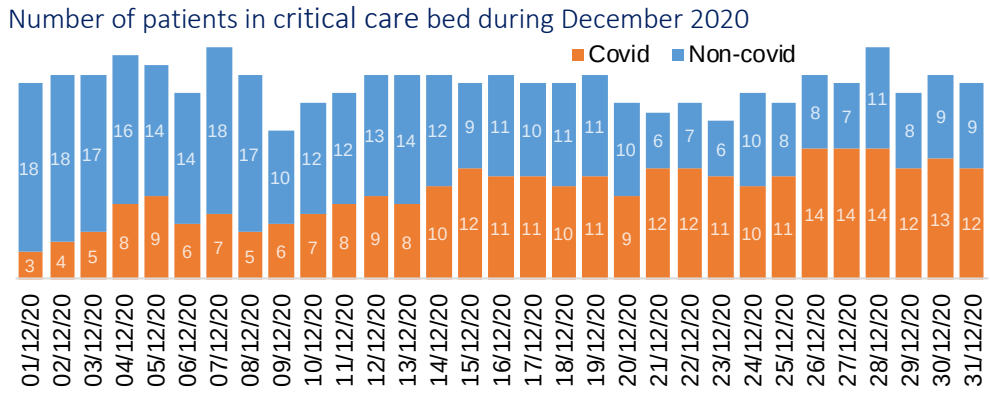
Hywel Dda daily COVID* admissions during December 2020



Critical care

The number of COVID patients requiring a critical care bed increased considerably from an average of 2 per day in November to 9 per day in December. 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.

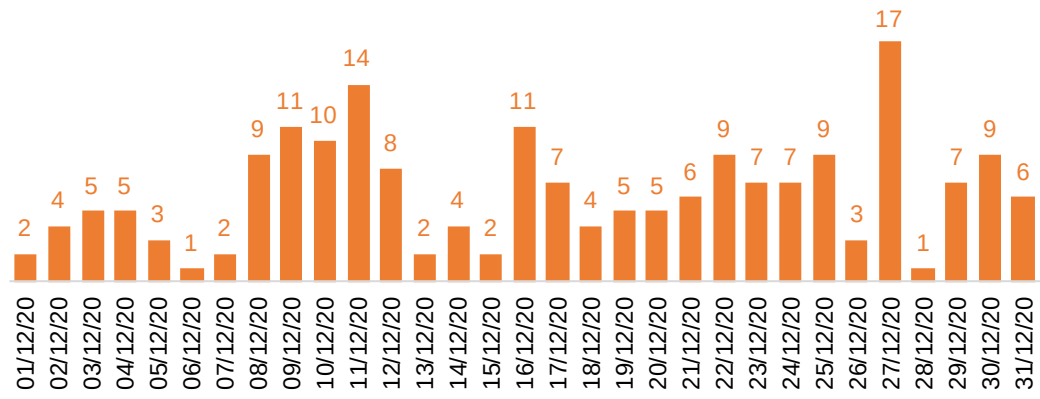
Number of patients in critical care bed during December 2020



Discharges

Between 1st and 31st December, 195 COVID (confirmed and suspected) patients were discharged from hospital alive.

Number of COVID patients discharged during December 2020



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

Key performance areas

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

		Target	12m previous	Previous period	Latest data	Met plan?	All Wales rank	Notes **
Unscheduled care	Ambulance red calls	65%	58.0%	47%	44.6%	No	6th out of 7	Carms 41.5%, Cere 48.5%, Pembs 48.9%.
	Ambulance handovers over 1 hour	0	799	374	420	No	2nd out of 6	Ambulance handover delays decreased considerably from December 2019 (-379).
	A&E/MIU 4 hour waits	95%	76%	76.1%	72.9%	No	3rd out of 6	In Dec '20 there was a 33% reduction in the number of new attendances compared to Dec '19.
	A&E/MIU 12 hour waits	0	1054	614	717	No	2nd out of 6	
	Non-mental health delayed transfers of care	12m↓	49	n/a	n/a	n/a	3rd out of 7	Due to COVID-19, DTOC census patient number monitoring has been suspended. Latest Mental Health data is based on unverified numbers from the National DTOC database.
	Mental health delayed transfers of care	12m↓	13	10	5	Yes	5th out of 7	
Stroke and cancer	Admission to stroke unit <4 hours	54.0%	37.3%	45.3%	26.8%	No	1st out of 6	Compliance for admissions to a stroke unit within 4 hours remains significantly below target at GGH (9.1%) and PPH (22.2%). SALT target met and WGH 65%, however performance decreased in BGH (36%) and GGH (53%).
	Assessed by stroke consultant <24 hours	85.9%	91.7%	100.0%	97.7%	Yes	2nd out of 6	
	Stroke patients - speech & lang. therapy	12m↑	34.8%	52.6%	45.9%	Yes	5th out of 6	
	Urgent suspected cancer	95%	75.9%	69.0%	70.0%	No	3rd out of 6	In November, there were 3 non-urgent and 34 urgent suspected cancer breaches. Single cancer pathway compliance increased by 3%.
	Non-urgent suspected cancer	98%	98.3%	99.1%	97.3%	No	2nd out of 6	
	Single cancer pathway	12m↑	75%	71%	74%	n/a	4th out of 6	
Planned care and therapies	Hospital initiated cancellations	5%↓	156	33	44	Yes	4th out of 7	Staffing (13), Emergency Admissions (9), COVID (6), Admin error (2), Other Non-clinical (14).
	Delayed follow-up appointments (all specialties)	12m↓	32,250	40,201	39,903	No	n/a	Reduced outpatient capacity due to COVID infection control and increased cases.
	Ophthalmology patients seen by target date	95%	61.8%	37.7%	38.7%	No	6th out of 7	Lower performance primarily due to patient cancellations, high risk treatment is continuing.
	RTT – patients waiting 36 weeks+	0	726	25,785	25,182	No	2nd out of 7	The number of patients waiting >36 weeks for treatment decreased by 603 from Nov '20 to Dec '20. This is the first reduction seen since the start of the pandemic.
	RTT – patients waiting <=26 weeks	95%	86.5%	56.1%	56.9%	No	2nd out of 7	
	Diagnostic waiting times	0	129	5,288	5,326	No	2nd out of 7	38 additional breaches. Clinically led validation arrangements are prioritising urgent referrals.
	Therapy waiting times	0	146	463	415	No	4th out of 7	Podiatry: 26 fewer patients waiting. Audiology: 31 fewer patients waiting than Nov '20.
Quality and safety	C.difficile	<=25	38.66	34.14	34.42	No	5th out of 6	The cumulative reduction rate compared to Apr 19 – Dec 19: - C.diff cases reduced by 11% - E.coli cases reduced by 24% - S.aureus cases reduced by 20%
	E.coli	<=67	105.61	82.24	80.20	Yes	6th out of 6	
	S.aureus	<=20	28.30	23.28	22.72	Yes	2nd out of 6	
	Serious incidents	90%	66.7%	0%	28.6%	n/a	n/a	There were 14 serious incidents due for closure in Dec, 4 were closed within the WG timescale.
	Complaints	75%	67%	67%	62%	No	7th out of 9	127 cases closed in December, of which 79 were closed within 30 working days.
MH +	Children/young people neurodevelopment waits	80%	33.3%	18.1%	18.7%	No	7th out of 7	1,185 child/young person neurodevelopment and 1,226 adult psychological patients were waiting over 26 weeks for an assessment or therapy (respectively) in November 2020.
	Adult psychological therapy waits	80%	53.3%	27.3%	28.1%	No	6th out of 7	
Population Health	'6 in 1' vaccine	95%	94.5%	96.0%	93.6%	No	5th out of 7	The schools immunisation programme was restarted on 29th June 2020 as schools reopened.
	MMR vaccine	95%	91.0%	90.3%	90.0%	No	7th out of 7	
	Attempted to quit smoking	5%(ytd)	1.8%	1.04%	1.82%	n/a	4th out of 7	COVID-19 presents a risk to smokers accessing cessation support services and due to the pandemic, CO levels are not currently recorded.
	Smoking cessation - CO validated as quit	40%	43.5%	n/a	n/a	n/a	3rd out of 7	
	Childhood obesity	n/a	n/a	n/a	n/a	n/a	4th out of 7	Carms 13.0%, Pembs 10.6% and Cere 10.3%
Workforce & finance	Sickness absence (R12m)	12m↓	5.08%	5.19%	5.17%	No	4th out of 10	Decline in in-month sickness from 5.57% in October '19 to 5.28% in October '20.
	Performance appraisals (PADR)	85%	75%	68.5%	68.4%	No	2nd out of 10	The need for quality PADRs is increasingly critical due to staff working remotely.
	Core skills mandatory training	85%	81.7%	83.9%	83.6%	No	3rd out of 10	Lowest compliance in fire safety (70.5%), L1 moving and handling (78.1%) and IG (78.7%).
	Consultants/SAS doctors - current job plan	90%	57%	34%	33%	No	n/a	Increased services pressures have impacted performance.
	Finance - deficit	£25m	£20.1m deficit	£16.7m deficit	£18.8m deficit	Yes	n/a	Board's financial YTD position at the end of Dec is £18.8m deficit against a deficit plan of £18.8m.

+ 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

Essential services update as at 31st December 2020

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

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

Out of Hours services

- The Carmarthenshire and Ceredigion base rotas remain stable during the evening and overnight period across most of the working week. Additionally, cover at the Llanelli base is starting to improve during the morning sessions at weekends but cover remains limited in the afternoon and into the evening on Saturday and Sunday. Pembrokeshire's position remains fragile with significant shortfalls identified (predominantly at weekends). Contributing factors include long-term sickness absence as well as Covid-19 shielding within the salaried workforce in addition to staff who need to isolate due to COVID-19 infection control guidance. Therefore, the overall service risk remains elevated;
- The ongoing rationalisation of overnight base cover continues to support service stability in the overnight period. As reflected by remaining service shortfalls, capacity has not been generated to safely and consistently return to an increase in overnight cover at this time;
- Ongoing shortages in shift fill remain mitigated by a continued focus amongst clinicians to complete in the region of 80% of activity at the telephone consultation stage, as opposed to face to face assessment. This has increased the capacity available. Predicted service escalation levels are often lower than initially identified because of this increase in capacity. The outcome of service escalation and constraints in capacity would result in delays in patient care and possible increased in demand within the emergency departments or WAST EMS (Emergency Medical Services);
- To support enhanced activity from remote working clinicians and the Clinical Support Hub within the 111 service, an enhanced pharmacy model is in place at weekends to support with winter pressures. This allows GPs to consult with patients and arrange the dispensing of prescribed medication without the need for a face-to-face appointment, increasing access where community pharmacy may not be available. GPs are now able to complete entire episodes of care from their base which is often from within their home environment;
- Attend Anywhere online software is in place to support virtual consultations, reducing potential risk for staff and patients;
- Work by service leads to procure a new IT rota system solution is nearing conclusion with a decision anticipated ahead of the festive period. This will enhance access to vacant sessions for OOH clinicians and improve governance of rota provision within the OOH teams.

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, 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 December 2020?

44.6% of ambulances arrived to patients with life threatening conditions within the 8 minute target.

420 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).

8,299 patients attended an A&E/MIU in December as a new attender. Of these patients, **72.9%** were seen and treated within 4 hours of arrival but **1,110** patients waited longer and **717** patients waited over 12 hours; There has been a 33% reduction in the number of new attendances compared to Dec '19 and 29% year to date.

In December there were 2,880 emergency admissions compared to 3,860 in Dec '19, to our hospitals of which 1,739 (60%) were admitted via A&E/MIU. On average, medical emergency patients stayed in hospital for 12 days Dec '20.

How do we compare to our all Wales peers?

Ambulance reaching patients with life threatening conditions within 8 minutes	6th out of 7
Ambulances waiting > 1 hour to handover a patient	2nd out of 6
Patients being seen and treated within 4 hours in A&E/MIU	3rd out of 6
Patients waiting more than 12 hours in A&E/MIU	2nd out of 6

Impact of COVID

- Ambulance Service
  - Additional COVID infection control requirements affect efficiency;
  - Staff shielding and an increase of staff reporting COVID like symptoms reduced our ability to deploy the maximum number of resources. The number of staff withdrawn from service (abstraction) remains higher than during the 1st wave of COVID; 40 staff as of 31st December, with a staff abstraction rate between 40 and 48%;
  - Ambulance staff must don PPE for all calls and higher specification PPE where procedures produce airborne particles or respiratory droplets;
  - Modelling has shown red calls requiring full level 3 Personal Protective Equipment (PPE) will add 4+ minutes as a result of the donning process;
  - Due to hospital pressures, significant increase in handover delays, with 1,127 hours (notification to handover) lost across our 4 acute sites by Hywel Dda crews which is the equivalent of 98 x 11.5 hour double manned shifts (Nov 77 shifts) being lost from production. GGH presented particular challenges with 810 hours lost (Nov 352 hours) during the month with a number of delays over 3 hours. Additionally, 64 hours were lost at Morriston Hospital;
- Unscheduled Care
  - At the end of December, there were significantly more patients with a positive COVID diagnosis in hospital beds, than in the 1st wave;
  - The 2nd wave has shown a higher acuity of patients presenting; needing enhanced respiratory support via continuous positive airway pressure (CPAP) and a marked increase in patients requiring oxygen support interventions and critical care. Presenting our senior clinicians with critical decision making requirements (such as ceiling of care) on a constant basis;
  - Staffing - absence through shielding, self-isolation and sickness continues to increase in line with COVID prevalence in the community;
  - The COVID mortality rate is proving to be a significant emotional burden for staff working on COVID wards with several areas regularly faced with up to 4 deaths per day;
  - COVID swabs results can take over 12 hours;
  - Increasing number of medically optimised patients, length of stay and some delays in re-ablement and Long Term Care (LTC) package availability due to both COVID concerns, staff shortages and LTC assessment/placement delays;
  - Nursing and residential homes under pressure with staff and resident sickness. Unable to accept patients back from the acute hospitals in a timely way. The ability to transfer patients to Community Hospitals, intermediate care beds and Field Hospitals limited due to COVID transfer requirements, patient eligibility criteria and staffing levels;
  - Maintaining Red (COVID) and Green (non-COVID) streams at front door and on the wards has proven difficult as community incidence has increased.

Risks

- Ambulance Service
  - Vehicles needing deep clean have to go to Singleton;
  - The time taken for ambulances to become operational post patient handover extended due the need to remove PPE and vehicle cleaning;
  - Increasing staff abstractions.
- Unscheduled Care
  - Existing vacancies and staffing for both Red and Green zones in Emergency Departments (ED) with Registered Nurses (RN) and Health Care Support Workers (HCSW); In accordance with the Nurse Staffing escalation matrix, we have at times had to stretch nurse ratios in a risk assessed way to cover daily staffing deficits caused by covid related staff absence and sickness. Absence rates have almost doubled for covid related reasons effecting all staff groups.
  - The combination of multiple factors: COVID demand, winter pressures, significant staffing deficits and difficulties in discharges has resulted in the service struggling to provide the level of care it would want, for example:
    - Excessive waits to offload ambulances;
    - Overcrowded EDs with difficulty to properly monitor patients who are asked to wait in cars;
    - Last minute struggles for facilities and staffing whenever an additional patient requires CPAP or ventilation;
    - Challenges in maintaining social distancing on wards due to the need to treat patients and offload ambulances;
    - Multiple COVID outbreaks on non-COVID wards;
    - Elective surgery has been cancelled with a minimal amount of cancer elective work taking place;
  - 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;
  - The GP Out of Hours service is often not fully covered at the weekend.

What are we doing?

- Ambulance Service
  - Local and senior pandemic teams have been stood up;
  - Revised performance plan introduced;
  - An accelerated role out of *Public Access Defibrillators* continues;
  - The decontamination site at Singleton has reopened which will reduce down time of vehicles requiring deep cleaning;
  - The *Tactical Plan to Production* has been signed off. Mid and West Wales Fire and Rescue utilised to uplift our resource levels.
  - The Military Aid to the Civil Authorities (MACA) has been activated with soldiers deployed as of the 23rd December;
  - Lateral flow test will be rolled out for all staff during January.
- Unscheduled Care
  - Vaccination of staff started in December '20;
  - Further ongoing planning reviews to implement *Same Day Emergency Care* (SDEC) service to reduce emergency admissions WG approved;
  - Revised major incident plans (addendums) devised for COVID;
  - Joint planning with GGH, PPH and Carmarthenshire County services with Selwyn Samuel Field Hospital operational at 24 beds and plan to increase to 42 beds from 11th January '21. At PPH this has increased the risks to service delivery as nursing and medical staff are released from PPH to support the field hospital;
  - Consultant and triumvirate (clinical, nursing and management leads) presence at bed management meetings in GGH and PPH, to aide flow and decision making in regard to confirmed/suspected COVID patients and weekend plans.

Bronglais

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

Glangwili

- Detailed patient reviews (deep dives) in place as '*to treatment and discharge*' plan reinstated, led by the triumvirate with community and local authority presence with Senior Discharge Lead post created. Field Hospital panel identify patients suitable for Selwyn Samuel each day;
- COVID outbreak during December affecting all medical and surgical wards;
- Significant nurse and medical deficits across all wards with daily focus on moving staff within the hospital;
- SDEC steering group in place with Primary and Community Services representation service to commence 11/01/2021;
- Additional 2nd Medical Consultant and Middle Grade on at weekends to manage emergency demand; Orthopaedic senior Dr. working in MIU at weekends.

Prince Philip

- Due to increased COVID activity in the Llanelli area a 3rd ward was converted into a COVID ward during December;
- Encouraging MIU patients to wait in cars, if possible, to maintain social distancing in the waiting room;
- Allocation of outpatient and theatre staff to wards to slightly offset staffing deficits;
- A SDEC service started in December based in the MIU;
- Releasing medical consultants from Planned Care duties has allowed increased senior presence on wards and at the front door and at evenings and weekends;
- Active management of outbreaks;
- Support systems for staff.

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;
- Second COVID ward opened;
- COVID outbreaks in non-COVID wards provide significant ongoing operational challenges for 'Green' patient pathways;
- An additional GM junior doctor requested to cover weekend day shift to reduce patient waits for assessment and onward referral/discharge;
- Exploring potential to secure staff to run SDEC 7 days a week. Data extracted from ED attendances to identify potential demand, proof of concept trial being planned to commence in January 2021;
- *Pit Stop* model and safety huddles implemented into the ED in October '20, to improve timely assessment processes and flow. This needs continued further focus and reinforcement;
- Strong drive continues on medical recruitment;
- Multi discipline team - daily panel in place to identify suitable patients to transfer to Ysbyty Enfys Carreg Las (Field Hospital) but eligibility varies depending upon patient condition and inability to transfer out of outbreak areas.

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 December 2020?

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 **5** in November 2020.

How do we compare to our all Wales peers?

	Non-mental health patients aged 75+ DTOC	3rd out of 7
	Mental health patients DTOC	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; Further WG guidance in relation to shielding and vulnerable staff was received at the end of December 2020 and will further impact on patient flow;
- Care home sector – there are increasing numbers of homes who have been unable to accept new admissions due to outbreaks. Following an outbreak, Public Health Wales guidance states no admissions into care homes until 28 days after the last positive test result and limited admissions during recovery period once the 28 days is lifted. This guidance is under local review;
- COVID testing – processes are in place to support patient transfer to community hospital, community, care home with appropriate testing to ensure safe delivery of care;
- Capacity of services and acuity of patient's care requirements – insufficient capacity to meet demand. The demand for Domiciliary Care Provision is increasing and remains a high risk factor;
- Significant outbreaks within Community Hospitals, both patients and staff, have resulted in hospital admission/closure with the result of delays in transfer of care;
- Impact of Lockdown - Community transmission has significantly increased, which is having an impact on available staffing in the community services, care homes, commissioned services and domiciliary care;
- New increase in COVID positive cases in hospitals – each acute site is increasing their Red zones due to increased cases. This is putting increased pressure on timely hospital discharge.

Risks

- Non-mental health

- Test, Track and Protect - impact of positive result meaning whole community teams are unable to deliver care to vulnerable patients within the community, which may result in increased admissions to hospitals;
- Deployment of core community staff to support care home sector, resulting in reduced visits to existing caseload;
- Increasing COVID outbreaks in the care home sector;
- 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 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 28 day window of negative tests prior to transfer or admittance.

What are we doing?

- Non-mental health

- Working collaboratively with the Local Authorities to further develop capacity within D2RA pathways, to ensure attainment of standards as outlined in the Welsh Government Discharge Requirements and Primary Care & Community Framework (PCCF);
- Continuing to support our staff through this second wave of COVID and implications of new virus strain and ongoing psychological impact on staff groups;
- Enhancing rapid response to bridging care and sustain by embedding into D2RA pathway;
- Strengthening intermediate care response in the community;
- Field Hospitals operational across Health Board to support patient flow;
- Increasing Intermediate Care beds for people not yet able to return to embargoed care and residential homes;
- Implementation of hospital same day based swab testing and processing for patients requiring placement;
- Embedding Telehealth solutions where possible and appropriate to support Intermediate, Palliative and Proactive Care pathway;
- Improved integration of end of life care across the healthcare system and ensure adherence to palliative care principles and standards;
- Collaborative working with key partners in managing outbreaks in care homes, LA, IP&C, Environmental health, County Management officers, Care Home providers;
- Targeted approach of winter funding to support patient flow across the system.

- Mental health

- Community Teams focusing on providing support to avoid admission where possible with a multidisciplinary approach to review patient flow;
- Remote working and improved digital technology/platforms have been embraced which has assisted in maintaining links and improving attendance at care planning meetings;
- An ICF bid has been submitted for increased capacity to facilitate discharge and liaison. Improvements have been made to internal and external pathways to reduce delays as far as possible;
- Closer working 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 December 2020?

26.8% of patients presenting at our hospitals in December with a stroke were then admitted to a dedicated stroke unit within 4 hours (an 18.5% decrease from November 2020).

97.7% of patients admitted with a stroke in December were assessed by a specialist stroke consultant within 24 hours (a 2.3% decrease from November 2020).

45.9% of stroke patients had the recommended amount of speech and language therapy (SALT) in hospital during December (a 6.7% decrease from November 2020).

How do we compare to our all Wales peers?

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

Impact of COVID

- All stroke patients are being screened on admission for COVID;
- Due to admission screening, non-symptomatic patients are being identified as positive for COVID;
- Units are reporting small outbreaks; no units have been closed or reallocated at present;
- Some units have lost bed space due to social distancing;
- Some beds are being lost due to contacts/isolation within the units;
- There has been sickness within the MDT (multidisciplinary team) due to COVID which impacts on therapy, nursing and medical time for stroke patients;
- Face2face outpatient appointments have been suspended;
- Medically/rehabilitation optimised patients waiting for community support are now being discussed at the Field Hospital panel meetings for the possibility of transfer.

Risks

- Due to a high rate of prevalence of COVID in the community there is a higher risk that the stroke pathway may be disrupted due to positive patients being admitted into the units, causing lost beds or even units being shut if an outbreak occurs;
- Reduction in staff due to self-isolation and sickness;
- Reduction in therapy and rehabilitation due to staffing levels;
- Poor outcomes for patients due to lack of timely rehabilitation due to lack of staff;
- Unable to meet the targets due to staffing levels;
- Higher rate of mortality due to an outbreak.

What are we doing?

- Although face2face stroke clinics have been suspended, virtual clinics continue;
- All four sites have continued with their TIA clinics both face2face and virtually, they do not require outpatient staff to manage clinics;
- All waiting list patients are being validated;
- All four sites continue to thrombolyse;
- Therapy staff are using the SSNAP data as a quality improvement aid;
- Waiting times:
    - Currently there are 33 patients waiting to be seen with only 6 undated. In discussion with the consultant as patients have already been seen in 2019, the 6 may come off the waiting list as inappropriate referrals;
    - 62 patients waiting diagnostics, many waiting MRI scans, have been prioritised as routine.

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

How did we do in November 2020?

During November 2020, **70%** (79/113) of cancer patients who were referred by their GP as urgent with suspected cancer, commenced treatment within 62 days of their referral. This represents a 1% increase compared to the previous month.

97.3% (108/111) of patients who were not on an 'urgent suspected cancer' pathway commenced treatment within 31 days from the date the patient agrees to the treatment plan being offered to them.

In November, 74**%** (3% increase to previous month) of patients covered by the SCP were treated within 62 days of the point of suspicion.

How do we compare to our all Wales peers?

Urgent suspected cancer	3rd out of 6
Non urgent suspected cancer	2nd out of 6
Single cancer pathway	4nd 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 e.g. patients whose BMI (body mass index) exceeds 35 and have existing comorbidities;
- As per the *Wales Bowel Cancer Initiative*, the Faecal Immunochemical Test (FIT10) in the management of urgent patients on the colorectal pathway, as an alternative was introduced on the 15th June 2020;
- USC imaging reduced for certain aerosol generating procedures;
- Bronchoscopies have been limited in line with national guidance;
- As per the 6 levels of *Systemic Anti-cancer Therapy* (SACT), all levels are still currently being treated across the Health Board on all 4 sites;
- Werndale Hospital has been commissioned to support cancer outpatient and surgical pathways from April 2020;
- Joint working progressed with regional multi-disciplinary teams for tertiary center surgeons to provide outreach surgery in Gynaecology and Urology.

Risks

- Complex pathway delays: the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment due to the need for multiple investigations and multi-disciplinary team reviews;
- Tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board continue to significantly compromise the service;
- Local diagnostic service capacity pressures within Radiology and Endoscopy services;
- The new *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?

- We are continuing to escalate our concerns regarding tertiary centre capacity and associated delays;
- We have secured recurrent investment from Welsh Government (£340k per annum) to invest in diagnostic and tracking teams;
- Recording figures for cancellations due to patient choice or by hospital on clinical grounds due to COVID. Last month there was an increase in patients refusing to attend 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 13th July 2020 for intermediate surgery;
- We currently do not have a surgical backlog. This was cleared as of the beginning of September 2020;
- 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-19 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?

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

In December, **56.9%** waited less than 26 weeks from referral to being treated (RTT) and **25,182** patients waited beyond 36 weeks.

In November, **38.7%** of eye care patients (4598/11872) were waiting in or within 25% of their target date. 97.8% of patients have been allocated a high risk factor (HRF) status leaving 391 (2.2%) patients waiting for an allocated HRF status.

In December, **24,580** outpatients waited beyond 100% of their target date for a follow up appointment (all specialities).

How do we compare to our all Wales peers?

Hospital initiated cancellations	4th out of 7
Referral to treatment (RTT) <=26 weeks	2nd out of 7
RTT – patients waiting 36 weeks or more	2nd out of 7
Ophthalmology patients seen by target date	6th out of 7
Delayed follow-up appointments	Not available

Impact of COVID

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

- RTT
  - Decreased capacity due to stringent infection control requirements;
  - The need to prevent patients having major surgery while they have COVID except for life, limb or sight-saving procedures, as their outcomes are likely to be poor;
  - Significant public concern about attending acute hospitals;
  - We are continuing to work with Informatics on the risk stratification of the waiting lists which we will share once complete;
  - The Chief Executives in Wales have requested a full review of patient volumes waiting over 36 weeks and projected recovery times, this data is not available as it is currently being updated.

- Eye care
  - A reduction in compliance is partly due to the COVID pandemic which has led to some patients choosing not to attend hospital appointments;
  - The provision of Ophthalmology services has been swiftly reconfigured to meet essential urgent care where required;
  - Routine surgery and face to face outpatient activity has been postponed;
  - Due to the population demographics, most patients require hospital transport which has affected attendance;
  - The telephone triage of *Emergency Eye Casualty* by a senior clinician has reduced attendance by 50% with patients being managed via other routes, including Independent Prescribers in Optometric Practices;
  - There has been an increase in collaborative working with Community Optometric practices.

- Follow-up appointments
  - We are unable to deliver previous services. Initial recovery of the 2019/20 position will be slowed by lack of capacity, infection control requirements and continued peaks of COVID.

Risks

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

- RTT
  - The team are currently identifying risks due to reduced capacity across all stages including diagnostics. This will clearly identify the gap which will need a Health Board forward plan to resolve once we are confident cancer/urgent elective care is sustainable;
  - There is a significant risk regarding ward staffing vacancies to support elective activity.

- Eye care
  - New patients can wait longer due to a shortage of consultant ophthalmologists. Capacity being used to cover the *Emergency Eye Care* service can also impact on waiting times;
  - Outpatient appointments have been lost with approximately 192 new and 663 follow-up appointments not taking place.

- Follow-up appointments
  - Reduction in capacity, albeit face to face capacity, has impacted on the follow up list. This is being addressed with the rollout of virtual functionality, this is not without clinical challenge mainly due to confidence levels. The list continues to be validated virtually to ensure clean data. The team are working with both governance and safeguarding to ensure safety on the process of virtual work.

What are we doing?

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

- RTT
  - Capacity is being prioritised for category 1 & 2 patients following urgent pathways;
  - Patients will be offered treatments in line with policy across the sites to enable equity of time and care delivery;
  - Complex pre-assessment and screening pathways are in place including social isolation pre and post operatively with pre-COVID screens at 72 hours;
  - The Health Board now have a revised post-COVID watchtower monitoring programme;
  - Our plans for Q3/4 will enable the recommencement of urgent orthopaedic treatments;
  - Each patient is being risk assessed in order to prioritise those with the greatest need. Regular review of progress is undertaken at the weekly RTT watchtower meeting. The service aims to report initial risk stratification data from next month, with the long-term aim of standardised reporting once WPAS data recording is fully embedded.

- Eye care
  - Maintained treatments and reviews for imminently sight threatening or life-threatening conditions;
  - Although compliance had dropped, clinicians have been triaging patients waiting beyond 25% of their target date. This has led to an overall reduction in the number of patients on the R1 waiting list. This has ensured the correct clinical prioritisation of high risk patients is being undertaken and these patients are offered appointments first;
  - Postponed any patients on longer than an 8 week follow up. These patients have been put onto a COVID crisis holding category which is being reviewed by clinicians going forward;
  - Patients due back at 8 weeks or less are having their notes reviewed by a doctor to determine the appropriate action;
  - Senior input is available via telephone or email at all times and a consultant is on site at GGH from Monday to Friday;
  - All clinicians are reviewing clinics and contacting patients in advance;
  - The clinical team continue to see all ages of patients in the intravitreal injection therapy service including *wet aged macular degeneration, retinal vein occlusion* and *diabetic macular oedema*; this only applies if the patient is well and has no symptoms of COVID. Some patients do not want to attend due to risks, therefore there is a virtual clinical review happening weekly. This will change if and when the Royal College of Ophthalmology guidelines change;
  - The Rapid Access Eye Casualty service RACE, will resume services back on the GGH site after the 18th December; this delivers 24 hour care to emergency patients;
  - The Health Board is working closely with Swansea Bay UHB to develop a regional response and a potential temporary solution, as we acknowledge the importance of sight for our population;
  - All Eye Care patients are prioritised in line with the Welsh Government Eye Care Measures. This means those people at highest risk of eye disease who need to be seen quickly due to their condition, should experience fewer delays. We are also giving due consideration to strategies to maximise efficiency in these challenging times, such as one-stop services, appropriate adoption of immediately sequential bilateral cataract surgery.

- Follow-up appointments
  - We are encouraging virtual functionality; this is being rolled out but limiting factors include supporting staff at the pace of delivery and rollout. Face to face contact is being used if absolutely necessary for urgent patients.

Diagnostics

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

How did we do in December 2020?

5,326 patients waited over 8 weeks for a diagnostic which is 38 greater than the previous month.

How do we compare to our all Wales peers?

	Diagnostic waiting times	2nd out of 7

Impact of COVID

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

- Radiology
  - Imaging capacity has significantly reduced due to infection control procedures required;
  - There are increases in referrals marked as urgent or urgent suspected cancer possibly due to late presentation;
- Endoscopy
  - We are currently delivering 46% overall activity in line with the National average of 40-50% due to the COVID pandemic;
  - All priority one (P1) patients are dated within 2 weeks;
  - Faecal Immunochemical Tests continue in line with National Endoscopy programme guidelines. Currently, only 17% converting to an endoscopy procedure;
- Cardiology
  - Some services have been moved off site e.g. cardiac monitors to facilitate 2 metre distancing for staff and patients;
  - 7 day working has been established to maintain social distancing and increase the number of diagnostic tests undertaken;
  - Recent increased number of referrals for Cardiology Diagnostics following the initial reduction during the first wave of the COVID pandemic;
  - No resumption of Trans-oesophageal Echo or Dobutamine Stress Echo due to staff capacity and space constraints.

Risks

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

What are we doing?

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

- Radiology
  - Maintained services for urgent and suspected cancer work;
  - Most referrals have been kept and are monitored and reviewed regularly in discussion with other services;
  - We have maintained dialogue with colleagues across Wales for a review of the overall picture and possible solution to assist with the recovery. There is opportunity to evaluate referral pathways and ways of working to establish the new normal;
  - Additional capacity for computerised tomography (CT) has been acquired but finding staff via locum agencies has been problematic;
  - In December, additional CT capacity was purchased for 2 weeks but patients' reluctance to travel was problematic. Higher than usual downtime on scanners due to breakdowns;
  - Staff are undertaking extra sessions to provide additional capacity. Dependant on staff availability and infection rates.
- Cardiology
  - On-going robust triage of Cardiology diagnostic waiting list;
  - Cardiac CT resumed at BGH and scoping work progressing to increase sessions/sites to reduce waits and avoid invasive angiogram procedures (where clinically indicated);
  - Outsourcing of Cardiac CT and Cardiac MRI being considered to deal with longest and most urgent waits;
  - Using locum and in-sourcing of echocardiograms to support internal capacity to meet demand;
  - Diagnostic Angiography endeavouring to increase from 3 to 4 patients per list at PPH;
  - Llanelli Leisure Centre utilised to provide off-site Cardio-physiology heart rhythm and blood pressure monitoring diagnostics;
  - Cardio-physiology demand and capacity review on-going to identify prioritised actions to resume cardiology diagnostics.
- Endoscopy
  - Business case approved for introduction of capsule endoscopy service to further support reduced demand for scoping capacity. Introduction is imminent.

Therapies

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

How did we do in December 2020?

415 patients waited longer than 14 weeks for a therapy appointment. Services with the longest waits include; Podiatry (189), Audiology (114), Occupational Therapy (109).

How do we compare to our all Wales peers?

	Therapy waiting times	4nd out of 7

Impact of COVID

- Reduced capacity due to service restrictions continuing to affect waiting times for Podiatry and Occupational Therapy. Those Podiatry patients waiting continue to be only the non-urgent referrals and require physical therapy. The delays in recruitment continue to impact Occupational Therapy capacity (especially within Paediatrics and Children). The services have been deploying use of digital technology to support access e.g. *Remote Environmental Assessments*;
- Virtual and remote digital service provision is now embedded within therapy services;
- A Scheduled Care directive following the 2nd wave of Covid-19 resulted in Audiology appointments being cancelled from 21st December, until earliest estimated re-start date is 11th January 2021.
- Before 21st December, Audiology was providing 50-60% of pre-COVID appointment slots for both adult and paediatric patients;
- Reduced capacity for face-to-face appointments has resulted in longer waiting lists for new and re-assessment patients as these appointment types necessitate face-to-face interaction.
- Embedding of an 'inclusion' criteria process to triage face-to-face repairs;
- Introduction of virtual follow-up consultations wherever possible;
- Audiology GP Assessment referrals are gradually increasing but continue to be lower than pre-pandemic numbers;
- Reduction in face-to-face clinical workforce – higher 'risk' staff only performing non face-to-face activity;
- No waiting areas for patients.

Risks

- Staff redeployment to support acute surge capacity e.g. Critical Care & CPAP;
- Reduction in clinical estate availability for therapy services provision due to estates being repurposed as part of acute COVID response;
- Reduction in clinical staff workforce due to shielding, and non-patient contact risk assessments for vulnerable/high risk staff;
- Reduced clinical efficiency due to physical distancing, infection, prevention and control requirements to operate safely;
- Access to technology and suitable digital platforms at scale to support virtual therapeutic interventions;
- Audiology waiting lists for reassessment continue to grow;
- Audiology balance assessment waiting times increasing.
- Communication challenges caused by face coverings/virtual consultation due to lip-reading limitations;
- Reduction in staff availability due to self-isolating and school closures.

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, services are restarting pathways although capacity is reduced;
- Virtual and remote service provision is being successfully implemented within therapy services with a positive impact on RTT. Requires additional technology and digital platforms as part of phase II;
- Spaced appointment slots to allow time for PPE change/room clean;
- Minimal waiting times for tinnitus consultations;
- Urgent and 'soon' paediatric audiology appointments continue to be booked;
- Support for ENT clinics across the health board;
- When clinically appropriate, new patients are assessed and fitted with hearing aids on the same day;
- Patients now issued with a year's supply of hearing aid batteries;
- Attend Anywhere to be introduced for tinnitus and balance patients (trial to start in January 2021);
- Recruitment for 2 Fixed Term Contract staff.

Executive Lead: Director of Nursing, Quality and Patient Experience

Senior Responsible Officer(s): Assistant Directors of Quality

How did we do in December 2020?

Clostridioides difficile (C.difficile) Infection. For December 2020 we reported 12 cases. This is 11% fewer than in the same timeframe of 2019/20, while the all Wales figure shows an increase of 3% in the number of cases. Cumulative rate for Hywel Dda is **34.42** per 100,000 population.

Escherichia coli (E.coli) blood stream infection (BSI). In December 2020 we reported 21 cases, a total of 233 cases this year, 24% reduction, 73 fewer cases than in the same timeframe for 2019/20. Cumulative rate for Hywel Dda is reduced to **80.20** per 100,000 population. This is similar to the picture being seen across Wales where there has been a decrease of 25% in the number of cases.

Staphylococcus aureus (S. aureus) BSI. December 2020 reported 6 cases all MSSA BSI. This gives a total of 66 cases year to date. This is 16 cases, 20% fewer than in 2019/20, while the all Wales figure shows a decrease of 7% in the number of cases. Cumulative rate is currently reducing to **22.72** per 100,000 population.

In December, we reported **1,347** incidents of which 1,171 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 **14** serious incidents due for closure in December of which 4 were closed in the agreed timescale (**28.6%**). **No** Never Events were reported in December 2020.

62% of complaints were closed within 30 working days in December. A high number of the complaints closed this month were cases which were 'Managed Through Putting Things Right' which required an investigation (typically closed within 3 months).

How do we compare to our all Wales peers?

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

Impact of COVID

- Infections
  - The Health Board is currently dealing with multiple COVID outbreaks in addition to Red COVID wards opened to manage the acute and post viral stages of COVID;
  - Management of staffing levels on the COVID wards has been very challenging for hospital leads across all disciplines;
  - Weekend cover is provided by the IP Team across Acute and Community in addition to normal working hours;
  - Community teams are supporting Community Hospitals and multiple Care Homes under COVID restrictions;
  - The increased mortality rate with COVID-19 is emotionally demanding;
  - Staff returning post-COVID infection may have residual health problems and fatigue.

- 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
  - 24% of the cases which were closed in December were COVID related. 77% of which were closed within 30 working days;
  - The department continues to work predominantly from home and this is working well.

Risks

- Infections
  - Risks continue as highlighted previously - PPE procurement, and post COVID patients susceptible to developing a secondary infection if they remain in hospital;
  - Patient flow remains challenging, discharge of post-COVID patients is complex and there is the additional challenge of the number of Care Homes under restriction;
  - Staffing levels are difficult within outbreak wards but also due to high levels of family and community cases.

- 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
  - We are now starting to receive more complaints/enquiries about patients contracting COVID during their admission to hospital. In addition to this, more contacts are being received in relation to the vaccination programme and more complaints about the delays to their care and treatment;
  - Staff are being redeployed in other areas which results in responses to enquiries/complaints taking longer than expected in some circumstances.

What are we doing?

- Infections
  - We continue to see a reduction in case numbers in all our reduction expectation infections in comparison with last year's figures;
  - Review of Hospital Acquired Infections (HAI) continues despite the focus of work being COVID;
  - Supporting Acute and Community leads with risk assessments to aid patient flow, staff management and management of demanding situations;
  - Opportunity for enhanced working with Local Authority, Primary Care, Care Homes and Community Hospitals;
  - Supporting discussion around the COVID vaccine across the Health Board;
  - Cleaning standards in the HB have been reviewed against National standards and we are working to support colleagues with implementation while recognising the challenges.

- Incidents
  - As at 31st December 2020, there were 18 serious incidents open over 60 days. This is an improvement on the position reported last month where 26 serious incidents were overdue;
  - 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
  - All serious complaints regarding COVID are being reviewed by the Quality, Safety & Assurance Teams and are being appropriately investigated.

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

How did we do in November 2020?

Only **18.7%** of children and young people (272/1,457) met target and waited less than 26 weeks to start a neurodevelopment assessment; combined figure for autistic spectrum disorder (ASD, 21.8%, 238/1,093) and attention deficit hyperactivity disorder (ADHD, 9.3% 34/364).

Only **28.1%** of adults (478/1,704) met target and waited less than 26 weeks to start a psychological therapy with our Specialist Mental Health Service.

How do we compare to our all Wales peers?

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

Impact of COVID

- Neurodevelopmental assessments
  - Face-to-face ASD appointments have resumed and the waiting list is being prioritised;
  - Young people approaching transition are prioritised;
  - Delayed recruitment and anxiety to engage in face-to-face assessments;
  - New ways of working include exploring virtual clinics for new patients (telephone or attend anywhere). ADHD: telephone and *Attend Anywhere*, urgent face-to-face conducted together with monitoring supported by Health Care Support Workers for efficacy and potential side effects of medication in the Llanelli area.
- Psychological therapies
  - Increased the number of telephone assessments undertaken for adult psychological therapies;
  - *Attend Anywhere* successfully implemented as an alternative platform to deliver adult psychological services.

Risks

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

What are we doing?

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

- Neurodevelopmental assessments
  - Each mental health team is working with the all Wales performance Delivery Unit to undertake demand and capacity exercises;
  - Waiting list initiatives have been utilised;
  - Additional resources identified for a sustainable ASD service;
  - Efficiency and productivity opportunities are being explored;
  - Actively reviewing and managing referrals and referral pathways;
  - A process mapping exercise is underway alongside the Delivery Unit;
  - An active recruitment plan is being developed;
  - Weekend clinics are being considered to increase assessment;
  - ADHD service advertising for consultant paediatrician. Speciality doctor recruited, due to commence January 2021;
  - Validation exercises are underway within the ADHD service;
  - ADHD, from December 2020, Health Care Support Worker monitoring clinic commenced at GGH site to improve patient flow. Further work required to replicate for Pembrokeshire;
  - Agency practitioners are being utilised to address the waiting list.
- Psychological therapies
  - A team restructure is underway and a new Service Delivery Manager appointed and expected in post January 2021;
  - Assessments are being undertaken either face to face or virtually;
  - Therapeutic appointments have been commenced utilising a blended approach of *Attend Anywhere, Face-to-Face* and *Walk and Talk* therapy;
  - Waiting list initiatives are being utilised;
  - A demand and capacity exercise will be undertaken with all staff to ascertain capacity in caseloads;
  - A review of all modalities will be undertaken to ensure prudent delivery of therapy in line with local and national policies/guidelines.

Population Health

Executive Lead: Director of Public Health

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

How did we do?

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

The MMR vaccine is also given as a single injection and protects against mumps, measles and rubella (German measles). It is given within a month of a baby's first birthday then again when the child is around 3 years 4 months. In Hywel Dda, between July and September 2020, **90.0%** of children received 2 doses of the MMR vaccine by their 5th birthday, compared to 90.3% in the previous quarter.

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

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

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

How do we compare to our all Wales peers?

3 doses of the '6 in 1' vaccine by age 1	5th out of 7
2 doses of the MMR vaccine by age 5	7th out of 7
Smokers who attempted to quit	4th out of 7
Smokers CO validated as quit	3rd out of 7
Children aged 4-5 year who are obese	4th out of 7

Impact of COVID

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

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

- Obesity
  - Managing the COVID pandemic has been and remains, an organisational priority for Public Health Wales. As such, the 2018/19 Child Measurement Programme report and the release of official statistics has not been possible;
  - Children will not have been measured universally in 2019/20 so the latest data that we have on childhood obesity in Wales is for 2017/18;
  - It is likely that school health nursing teams will focus (rightly) on immunisations and vaccinations going forward in 2020/21, so again, measurements for the coming year may not be done universally across Wales.

Risks

- Vaccines
  - Both vaccines are safe and effective, however pockets of the population resist childhood vaccination for cultural and ethical reasons;
  - Rurality causes difficulty for some families to attend clinics due to a lack of transport and the road networks in some parts of the counties;
  - The risk of COVID19 has raised concerns among parents/guardians, who may delay bringing infants and children for routine childhood immunisations,
  - leading to a decrease in uptake of all childhood immunisations, including the 6in1 and MMR;

    The need for social distancing has significantly impacted on the way 'baby clinics' are traditionally run. Less infants, children and their families can safely attend their GP surgeries/clinics at any given time, hence more time is required for clinics. This can impact on uptake.

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

- Obesity
  - Develop a weight management service/approach for children.
  - Ensuring that there is sufficient capacity within the weight management services to support adults to manage their weight.

What are we doing?

- Vaccines
  - We will aim to share vaccination uptake data with GPs as Public Health Wales are looking at providing enhanced localised uptake data throughout this COVID19 pandemic. This will enable GPs to more easily identify, plan, and target specific groups of patients;
  - Maintaining immunisation programmes is a key priority to protect public health from other preventable infections at this time. Welsh Government have advised that immunisations should continue in line with clinical advice and scheduled timings during this period as far as possible, as set-out in both a Joint Committee on Vaccination and Immunisation(JCVI) statement and in the Welsh Health Circular below:
    Link to JCVI statement
    Link to Welsh Health Circular
  - This advice has been shared with all those providing the childhood immunisation programme in Hywel Dda UHB. Advice on social distancing and use of PPE has also been shared with those providing this service. By being able to reassure parents/guardians that social distancing measures are in place will hopefully address their concerns, minimising the risk of them non-attending, and ensure continued high uptake rates.

- Smoking
  - Staff have recommenced their talks to Pulmonary Rehabilitation groups via Teams and training has been provided to Pre-op staff in this manner. Secondary care referrers have been contacted to encourage electronic referral of patients.
  - In Primary Care, a revised pathway was created and following a successful pilot in a GP practice in Llanelli, 4 further practices came on board, this has allowed the direct recruitment of smokers with a chronic disease from the GP's in-house database.
  - Paused recruitment of pharmacists and pharmacy technicians; Pharmacy referrals processed via Community and Secondary Care who are able to provide telephone support to relieve the burden on pharmacies. Plans have been made to engage the 3 services in the development of the smoking agenda post COVID. Plans have been made to unify service feedback and electronic access for client satisfaction.
  - Local Community and Secondary Care teams are offering telephone support and the referrals are being spread evenly throughout the teams and weekly team catch ups are taking place. Staff have been provided with new chairs and IT equipment for their comfort whilst working from home. Due to unprecedented demand a recruitment drive is underway.
  - The current situation for community pharmacists is that CO validation is no longer provided. Level 3 services are continuing where pharmacists are comfortable taking on new clients and have the facilities to hold consultations, taking into account social distancing requirements.
  - As CO readings are currently suspended, a document has been produced to ensure that support is still offered to pregnant women and that the impact of CO exposure is still discussed even where a reading is not being taken.
  - The team is also taking responsibility for the Smoke free sites legislation.

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

Workforce and finance

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

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

How did we do?

5.17% of full time equivalent (FTE) staff days were lost due to sickness in the cumulative 12 month period December 2019 to November 2020. The actual in-month rate for November 2020 was 5.28% which is higher than the previous month (4.71%), although a decrease from the same month last year (5.57%).

68.4% of our non-medical staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months.

83.6% of our staff have completed their level 1 training which consists of the UK Core skills mandatory training modules such as manual handling, safeguarding and information governance.

33% of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan.

The Health Board's financial position in the month of December is a £2.083m deficit (year to date (YTD) £18.750m deficit) against a deficit plan of £2.083m (YTD £18.750m). The additionality of costs incurred during the month due to the impact of the COVID-19 pandemic is £7.9m, with underspends repurposed of £1.9m and WG funding drawn into the position to match YTD COVID-19 expenditure totalling £6.0m, of which £2.2m was ring fenced.

How do we compare to our all Wales peers?

Sickness absence	4th out of 10
Performance appraisal and development review	2nd out of 10
Level 1 core skills training framework completed	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 are now rising again;
  - 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 pressures of Covid is reducing the time in holding regular feedback meetings which includes the annual PADR; it is encouraging that the health board have maintained the compliance rate through the pandemic.
- Core skills
  - The core skills compliance rate has improved and is now only 1.4% below the 85% target. Covid phase 3 recruits are being supported through their e-learning using Microsoft Teams, phone calls and emails.
- Job planning
  - Ongoing service pressures across the Health Board sites are affecting the numbers of job plan reviews being undertaken and the need to prioritise clinical work at this time.
- Finance
  - Aligning the strategic response to current demand modelling indicators between Welsh Government, Gold Command and operational teams; Further developing the Opportunities Framework to revisit the way in which our services were delivered pre-COVID-19 in the context of accelerating the Health Board's Strategy.

Risks

- Absence
  - Whilst the COVID pandemic continues, there is a risk that we will experience fluctuations in staff absence;
  - Shielding guidance has been reviewed and staff in extremely vulnerable categories have once again been advised to shield.
- PADR
  - Whilst compliance rate has remained around the 70% mark, there is still a question around the quality of PADRs. There is a need for regular meaningful conversations for colleagues to gain insights into how they are performing. The need for these conversations is even more critical with increasing daily challenges and staff now working remotely. There is also the need to check in for colleagues' wellbeing, especially with regards to anxiety within the workforce.
- Core skills
  - Despite an increase in core skill compliance, this could drop. The situation will be closely monitored.
- Job planning
  - Consultants and SAS doctors are not working to current job plans.
- Finance
  - We have a Financial Plan with a year-end of £25.0m deficit. Following confirmation of additional funding from WG, the Health Board is currently forecasting to deliver the planned deficit of £25.0m, recognising the need to manage a number of risks in respect of Winter Planning, reinstating elective services and any unprecedented further impact of the pandemic. Discussions are on-going for recurrent funding to support the non-delivery of the Health Board's savings target.

What are we doing?

- Absence
  - The Operational Workforce teams have re-commenced sickness reviews with Line Managers;
  - Online Managing Attendance at Work training to help support managers with absence is continuing with good attendance;
  - All staff are 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 are in place to support staff as a preventative measure to absence.
- PADR
  - Organisational Development are scheduling monthly training sessions on managing performance. The first one to take place on 21st Jan. This is in light of the Managers Passport and bespoke Performance Management development opportunities being stood down due to Covid;
  - A number of options are being reviewed to complete PADR training video for managers with suitable software proving problematic.
- Core skills
  - Continuing to offer on-line/telephone support.
- Job planning
  - A further 13% are awaiting full sign off on the online system with an additional 24% drafted and awaiting review;
  - Allocate e-job planning training sessions have been arranged to take place virtually from January 2021;
  - Support for the review of job plans continues to be available where required.
- Finance
  - Internal budget holder accountability statements in relation to the 2020/21 budget were replaced with a Delegations and Finance Delivery letter, in light of the COVID-19 pandemic. These clarify the continuation of existing financial control principles and the importance of existing governance processes and frameworks, stating the significance of decision making in response to, and the accurate recording of the financial impact of COVID;
  - 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.