

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 July 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 3 2021/22
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Performance Report is being developed to aid in easier identification of areas of concern, to streamline the reporting process to make efficiency savings for staff and to make better use of technology. This is being addressed in a phased approach:

Phase	What it involves	When are we aiming to deliver?
1	<ul style="list-style-type: none"> Migrating our performance report from Word into a Power BI dashboard. Moving from RAG (red amber green) reporting to SPC (statistical process control) chart reporting. Developing short videos explaining why we are moving to SPC chart reporting and how the SPC charts should be interpreted. Gathering narrative from our senior reporting officers via Microsoft Teams. 	June 2021
2	<ul style="list-style-type: none"> Adding a new section to the performance report dashboard for our strategic objective outcome measures. 	First iteration October 2021
3	<ul style="list-style-type: none"> Automating as much of the process as possible. This includes requests for narrative and updating the data in the dashboard. 	This will be actioned in a stepped approach over the next 18 months

Phase 1 is now complete. Therefore, the performance assurance report provided this month is now in the format of a Power BI dashboard which consists of the following sections:

Help	Click on the '?' at the top right-hand corner of each page of the dashboard if you want to know more about SPC charts or if you want help navigating the report
Summary	An overview of performance for the latest period.
System Measures	Statistical process control (15+ data points)/trend charts (less than 15 data points) for each metric.
Benchmarking	How we compare to our peers across Wales.
COVID-19	Update on cases, patients in hospital and vaccinations.




Quadrants of Harm	A new section to monitor how we are performing against the four quadrants of harm. This section will be further developed over the coming months.
Essential Services	How we are performing against the essential services guidance.




The Month 3 Performance Assurance Report can be accessed via the following link: [IPAR as at 30th June 2021 - Power BI](#).

The dashboard can be best accessed in two ways:

- Desktop / laptop – copy the link above into Microsoft Edge
- Mobile device – download the Power BI app to access the link. Instructions on how to do this can be accessed here: <https://docs.microsoft.com/en-us/power-bi/consumer/mobile/>

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

VARIATION How we are doing over time		Special cause concerning variation = a decline in performance that is unlikely to have happened by chance
		Common cause variation = a change in performance that is within our usual limits
		Special cause improving variation = an improvement in performance that is unlikely to have happened by chance

ASSURANCE* Performance against target		We will consistently fail the target without a review of the service
		We will randomly hit and miss the target without a review of the service
		We will consistently hit the target

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

There are two short videos available to explain more about SPC charts available via the following links:

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

If you require assistance in navigating the performance assurance report dashboard, please contact:

- Tracy Price, Performance Manager – Tracy.Price2@wales.nhs.uk
- Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk

Cefndir / Background

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

Asesiad / Assessment

COVID-19 Vaccinations

As at 30th June 2021, the total number of vaccinations administered was 483,159. 278,274 patients had received their first dose, with 204,885 having received their second dose. Progress made to date is summarised in the table below:

Priority group	1 st dose	2 nd dose	Priority group	1 st dose	2 nd dose
Care home residents	93.3%	83.7%	High risk adults under 70	88.0%	84.3%
Care home workers	99.7%	92.1%	People aged 65-69	90.8%	88.5%
People aged 80+	99.9%	96.0%	Medium risk	87.1%	80.0%
Health care workers	98.3%	91.7%	People aged 60-64	68.9%	67.3%
Social care workers	99.8%	96.4%	People aged 55-59	80.1%	76.8%
People aged 75-79	95.7%	93.3%	People aged 50-54	92.2%	85.6%
People aged 70-74	95.2%	93.2%	Rest of the population	45.3%	14.7%

COVID-19 Update

From the start of the pandemic to 30th June 2021, there has been a total of 16,645 confirmed cases of COVID-19 amongst HDdUHB residents, of which 509 were confirmed during June 2021, this is the highest number of confirmed positive cases since February 2021.

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



Quadrants of harm

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

Each metric is colour coded:

orange = area of concern

blue = area of improvement

grey = within expected limits

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

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

See below for further details on the two metrics highlighted above as areas of concern i.e. patients waiting longer than 12 hours in our A&E departments and patients waiting more than 36 weeks from referral to treatment.

Indicators showing special cause for improvement

Hospital Initiated Cancellations - procedures postponed for non-clinical reasons.

Finance – savings plan

Therapies - all patients waiting over 14 weeks for a specific therapy.

Audiology – patients waiting over 14 weeks.

Physiotherapy - patients waiting over 14 weeks.

Podiatry - patients waiting over 14 weeks.

Diagnostics - Cardiology, patients waiting over 8 weeks.

Diagnostics - Physiological Measurement, patients waiting over 8 weeks.

Dementia training - NHS staff compliance.

Welsh Government have revised the research and development metrics, and this has been reflected within the IPAR. These metrics currently have data for Quarter 1, 2021/22 and performance will be monitored on a quarterly basis throughout the financial year.

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

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

Unscheduled Care

In June 2021, ambulance red calls saw the second highest demand since December 2017, whilst handovers were challenging due to the numbers of admissions still placed with the Accident & Emergency Departments (A&E)/Minor Injuries Units (MIU) whilst awaiting an inpatient bed and therefore reducing capacity with the emergency departments.

Demand at our A&E/MIU has been increasing since February 2021. During June 2021, Major patient types has seen the second highest demand over the last 3 years, and there were more Minor patient types attendances across all acute sites.

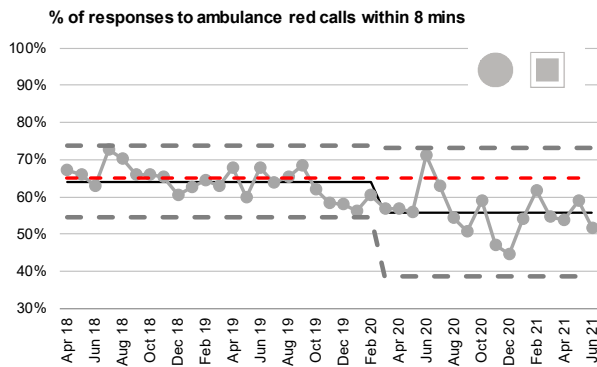
Within the departments, additional infection prevention control measures and social distancing guidance can impact the patient flow.

Patients waiting longer than 4 hours in A&E/MIU is primarily due to a lack of staff to meet the current demand and patients waiting longer than 12 hours due to a lack of staff and a lack of medical beds for admission and the reduction in bed numbers to accommodate social distancing guidance.

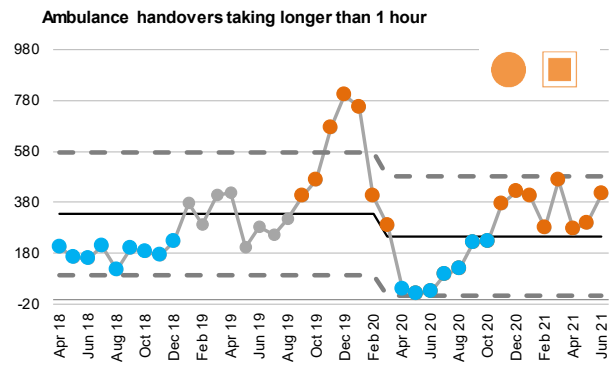
Capacity across the wider health & social care sector has become saturated, resulting in increasing delays for discharge.

Overall, the percentage of emergency admissions via A&E/MIU remains at 63%. County and Community services are reporting more cases of complex discharge requirements which can delay a medically optimised patient being discharged from acute sites. Actions being undertaken to improve performance are:

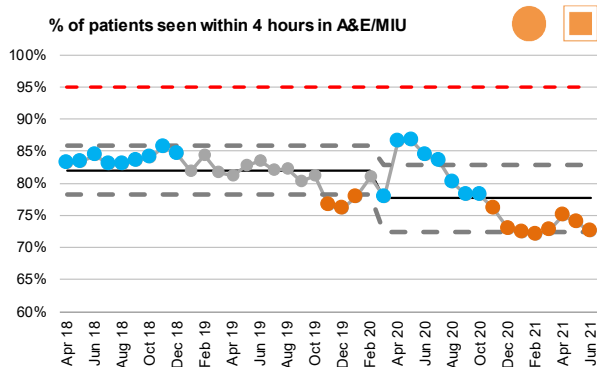
- Same Day Emergency Care (SDEC) is being progressed across all sites;
- We continue to develop our urgent primary care model to avoid unnecessary attendances to A&E;
- Review of staffing levels;
- Continued focus on maintaining and increasing flow out of inpatient ward areas as soon as patients are medically optimised.



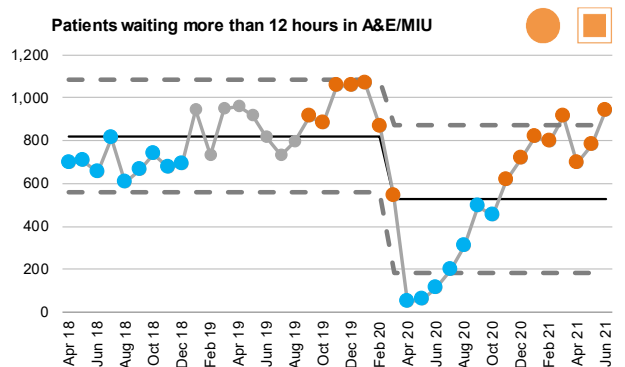
Performance in June 2021 shows common cause variation. The national target has only been met twice since September 2019 and will not be consistently met without a review of the service. Expected performance is between 39% and 73%.



Performance in June 2021 shows special cause concerning variation. Without a review of the service, we will consistently miss the national target. Expected performance is between 13 and 483.



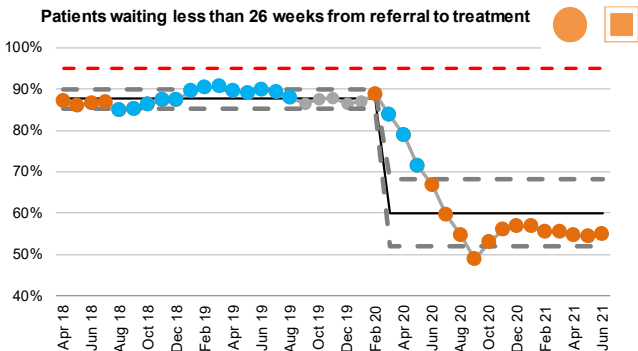
Performance in June 2021 shows special cause concerning variation. Without a review of the service, we will consistently miss the national target. Expected performance is between 72% and 83%.



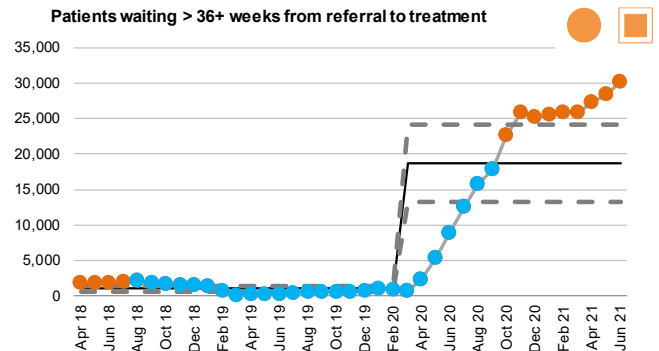
Performance in June 2021 shows special cause concerning variation. Without a review of the service, we will consistently miss the national target. Expected performance is between 185 and 874.

Planned Care

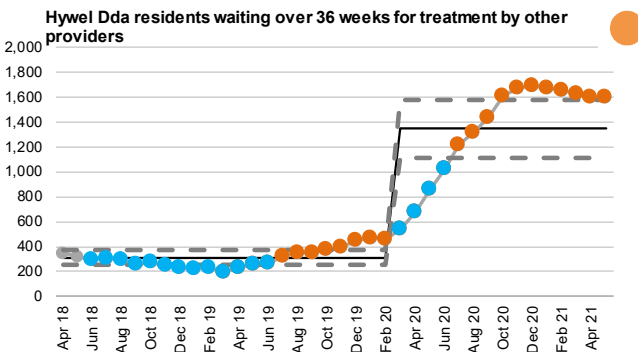
The service is still under pressure from the backlog created during the pandemic, and performance continues to be affected by the requirements of social distancing and infection control measures. Urgent cancer surgery and urgent cases continue to be treated. The service has started to treat a small number of routine patients and is looking to safely increase its theatre capacity in the coming months to provide activity. Orthopaedic and ophthalmology patients are being outsourced to the private sector to assist in reducing backlogs. Work is ongoing with clinical teams to regularly risk stratify waiting lists. Other Welsh Health Boards and English Trusts providing tertiary care for our residents had restricted ability to undertake planned care due to COVID-19. In May 2021, there were 1,595 HDdUHB residents waiting over 36 weeks in other NHS care providers.



Patients waiting less than 26 weeks from referral to treatment is showing special cause concerning variation since Summer 2020. However, performance has steadied in more recent months. Due to the pandemic, the national targets will not be met without a review of the service. Expected performance is between 52% and 68%.



Patients waiting over 36 weeks from referral to treatment is showing special cause concerning variation since October 2020. Performance has deteriorated further in recent months. Due to the pandemic, the national targets will not be met without a review of the service. Expected performance is between 13,283 and 24,156 breaches.

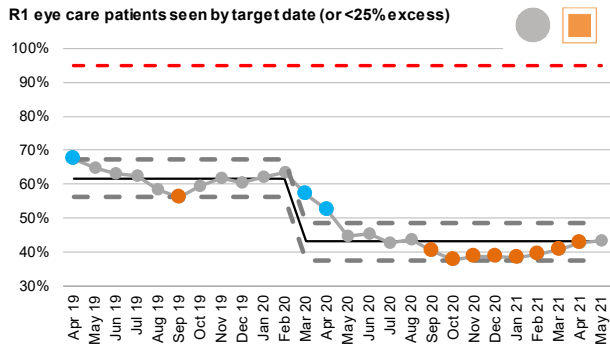


Patients waiting over 36 weeks for treatment by other providers is showing special cause concerning variation since Summer 2020. Expected performance is between 1,110 and 1,579 breaches.

Ophthalmology

Poor compliance is due to reduced outpatient and theatre capacity as a result of the COVID-19 pandemic. Emergency surgery and very urgent outpatient appointments are still being undertaken.

To ensure that the highest priority of risk of sight loss patients are cared for across the four sites within HDdUHB, all routine referrals received are screened and each referral is given a Health Risk Factor (HRF) status to ensure where there is imminent risk of harm, concerns are forwarded to the emergency eye care consultant for a further review.



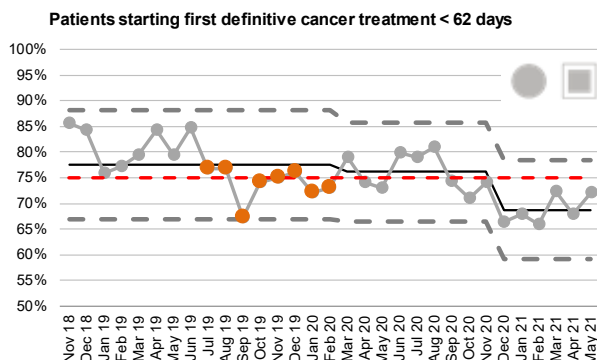
The performance data is showing common cause variation in May 21. However, due to the pandemic, the national targets will not be met without a review of the service. Expected performance is between 37% and 49%.

Cancer

The pandemic has negatively affected performance, e.g. patients are required to self-isolate pre-treatment. In addition, tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board are significantly compromising the service, as do local diagnostic service capacity pressures within Radiology and Endoscopy services. The Single Cancer Pathway (SCP) significantly increases the diagnostic phase of treatment, placing added pressure on diagnostic capacity, which is currently beyond capacity.

Our actions for improvement include:

- Escalation of concerns regarding tertiary centre capacity and associated delays;
- Investigation of current capacity for diagnostics to ensure a 7-day turnaround;
- FIT10 (Faecal Immunochemical Test) screening is being used in the management of urgent suspected cancer patients on the colorectal pathway;
- The SCP Diagnostics Group investigates and works to prevent bottlenecks;
- All urgent suspected cancer imaging investigations continue as usual;
- Elective surgery for high acuity cancer patients with green pathway and green Intensive Care Unit/High Dependency Unit for intermediate surgery began at PPH, BGH and WGH in July 2020 and continues.

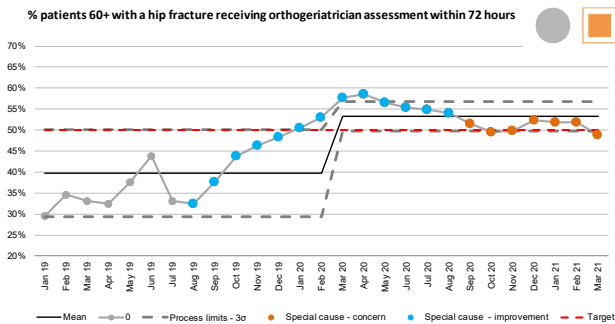


Patients starting definitive cancer treatment within 62 days is showing common cause variation from March 2020. Since December 2020, the target has not been met and we will randomly hit and miss the target without a review of the service to increase timely diagnostic capacity for patients on the cancer pathway.

Note: In December 2020, the indicator changed to exclude clinical suspensions.

Hip Fractures

As of March 2021, 48.9% of patients aged 60+ with a hip fracture received orthogeriatrician assessment within 72 hours. Performance has shown a gradual deterioration since April 2020. The recent appointment of a part-time orthogeriatric consultant has steadied performance, while monthly site hip fracture meetings are held to discuss issues and areas for improvement. Due to the impact of the pandemic and the restrictions imposed on face-to-face appointments, alternative virtual solutions are being sought.



The target has not been met 3 times in the last 7 months and will not be met without a review of the service. Special cause concerning variation has been shown since September 2020. Expected performance is between 50% and 57%.

Therapies

Capacity constraints relating to unplanned workforce gaps are starting to have an impact upon all therapy 14-week referral to treatment (RTT) breaches as services return to normal, due to lack of any additional or stretch capacity, and ongoing Infection & Prevention Control requirements. Ongoing constraint for Occupational Therapy continues to reduce capacity provision for identified face to face assessments. Additional hours and bank staff are being utilised to maintain position; however, it is not sustainable in the longer term. The service is attempting to source additional capacity via agency workers and is also exploring the potential for fixed term recruitment to provide additional capacity.

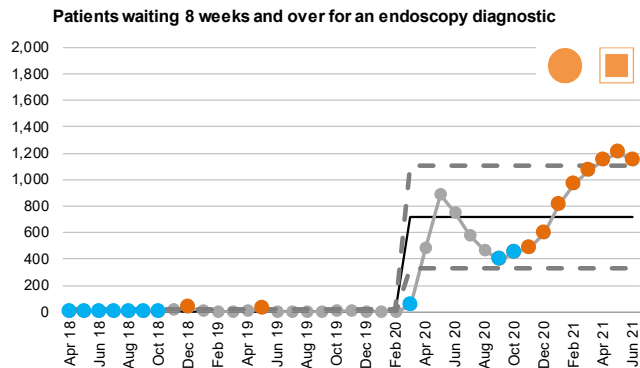
All services are reporting increased rates of referrals, with higher acuity and complexity within those referral cohorts due to the impact of lockdowns and patients delaying access to healthcare. This increased demand, combined with continued restricted capacity, will place additional demand upon services. Services are predicting capacity deficits emerging in July 2021 onwards, with concern around inability to meet the demand with current capacity. This will be further exacerbated by a planned reduction in clinical workforce availability during the summer period. Band 5 graduate streamlining is planned to provide additional clinical capacity from October 2021 onwards, although there will be a delay between on-boarding and the clinical impact of additional capacity.

Diagnostics

Overall, the performance for diagnostics is showing common cause variation; however, in June 2021; 5,791 patients were waiting 8 weeks or more for a specified diagnostic. Areas where sustained improvement has been made include; Cardiology and Physiological Measurement. Patients waiting for 8 weeks+ for Imaging is showing common cause variation - performance is within expected parameters. There are 3 areas where performance is showing cause for concern, see below for details.

Endoscopy

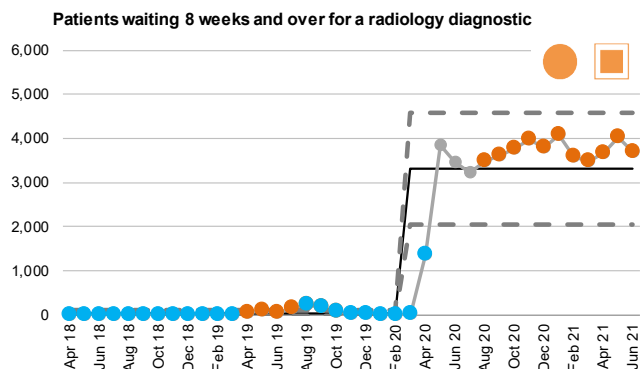
To improve compliance, we introduced a Green (non-COVID-19) pathway in June 2021, this has significantly reduced downtime to allow more capacity. 71% capacity was achieved in June 2021, our aim is to increase capacity to 81% of pre-COVID-19 levels by the end of August this year.



Patients waiting 8 weeks+ for Endoscopy has shown special cause concerning variation since November 2020. We will consistently fail the target of zero waits without a review of the service. Expected performance is between 328 and 1,105 patients waiting 8 weeks or over.

Radiology

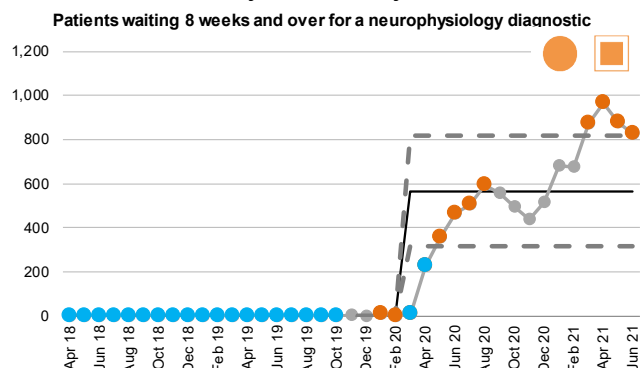
The service is seeing increasing demand as other services restart whilst competing with the backlog created by the pandemic. There is increasing pressure with the Single Cancer Pathway target and reduced capacity in imaging with necessary infection control procedures. To improve compliance, we have created additional capacity with staff working additional hours and extended days.



Patients waiting 8 weeks+ for Radiology has been showing special cause concerning variation since March 2021. We will consistently fail the target of zero waits without a review of the service. Expected performance is between 2,051 and 4,585 patients waiting 8 weeks or over.

Neurophysiology

Capacity is impacted considerably by social distancing measures and will be further stretched due to forthcoming staff retirement. To improve compliance, waiting list validation is underway, the senior team is training staff to undertake studies, we are undergoing recruitment and are working with Swansea Bay University Health Board for a regional plan to support the service.



Patients waiting 8 weeks+ for Neurophysiology has been showing special cause concerning variation since March 2021. We will consistently fail the target of zero waits without a review of the service. Expected performance is between 317 and 818 patients waiting 8 weeks or over.

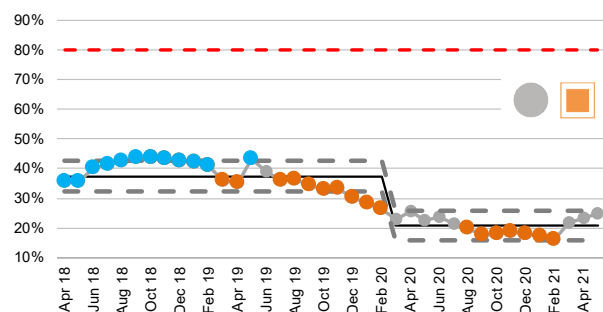
Neurodevelopment and psychological services

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

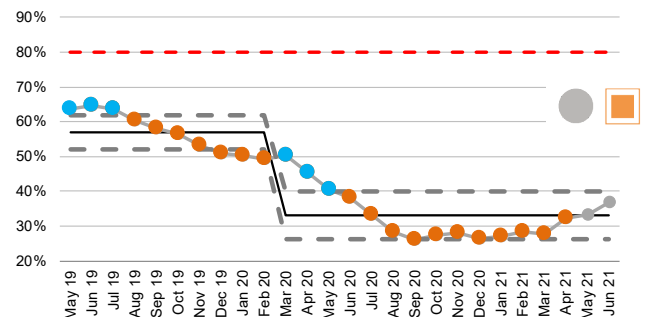
Accommodation is an issue across all mental health services as the mental health & learning disabilities (MHL) estate has reduced over the years, whereas demand for services has increased without alignment in investment in larger premises to meet the need. The current estate of properties are utilised by a multitude of services as there is very limited accommodation dedicated to each service. The further impact of COVID-19 restrictions has caused additional pressures, even though agile working is in place. Recent events have meant that accommodation at Bro Cerwyn, Haverfordwest, has been further restricted due to structural damage and the possibility of asbestos. Ty Llewelyn, Carmarthen, has now been closed due to structural issues and is awaiting works to be undertaken to enable the reestablishment of these premises. These pressures have impacted in the provision of services as limited availability of rooms and environment flaws including lack of sound proofing and leaks. Agile working has helped to reduce some pressures; however, it is crucial that dedicated accommodation areas are scoped to support the efficient and effective operation of services. Services need dedicated Outpatient Department clinic areas, with online booking systems and administrative support to streamline efficiencies.

Actions being taken to improve performance are constant recruitment bids, with recent recruitment of a fixed term Highly Specialist Psychologist to undertake demand and capacity planning and waiting list management, and implementation of new software (QbTest) to aid with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), with the first training on the software taking place on 14th June 2021.

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



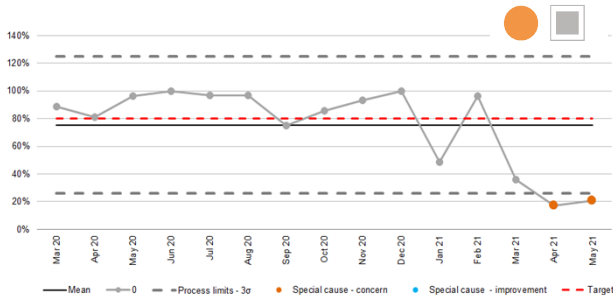
Adults waiting < 26 weeks to start a psychological therapy



Children and young adults waiting less than 26 weeks for a neurodevelopment assessment has shown common cause variation for the last 3 months. The 80% national target has never been achieved and will not be met without a review of the service. Expected performance is between 16% and 26%.

During June 2021, adults waiting less than 26 weeks for a psychological therapy continued to show common cause variation. The 80% national target has never been achieved and will not be met without a review of the service. Expected performance is between 26% and 40%.

% mental health assessments undertaken within 28 days (persons age 0-17)



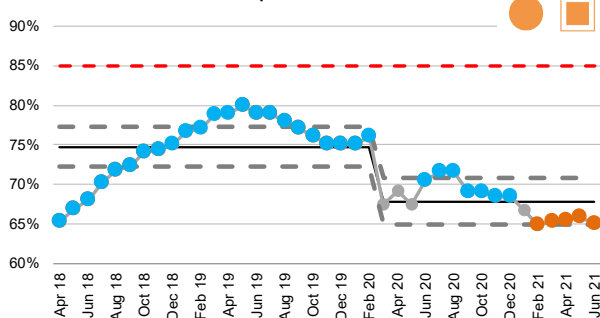
During May 2021, mental health assessments undertaken within 28 days for children and young adults under the age of 18 is showing special cause concerning variation. The 80% national target will not be met without a review of the service. Expected performance is between 26% and 100%.

Personal Appraisal and Development Review (PADR)

Compliance for staff having a PADR with their manager in the previous 12 months has shown a declining trend following winter pressures. The 'Managing Performance' action plan, paused due to COVID-19 pandemic pressures, has been re-established and the first resumed acute site visit took place in WGH on 28th June 2021. The Occupational Development team aim to simplify the document in response to feedback from these sessions.

To build engagement in the PADR process, Vyond software has been put in place to develop two animated videos on 'How to prepare for your PADR' and 'How to conduct a PADR', to be available bilingually, with an interim target to increase compliance to 70% by December 2021.

Staff who have had a PADR in the previous 12 months

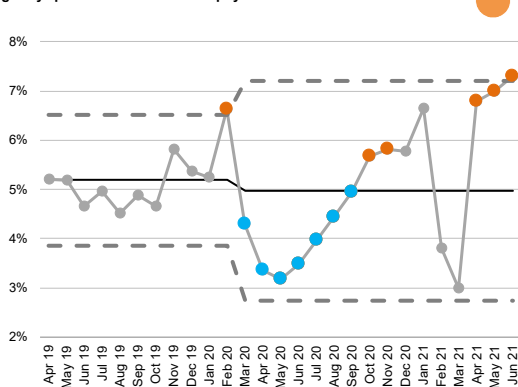


PADR compliance rates show common cause variation in June 2021, however, the 85% target has never been achieved and will not be met without a review of the service. Expected performance is between 65% and 71%.

Finance – Agency and variable pay spend

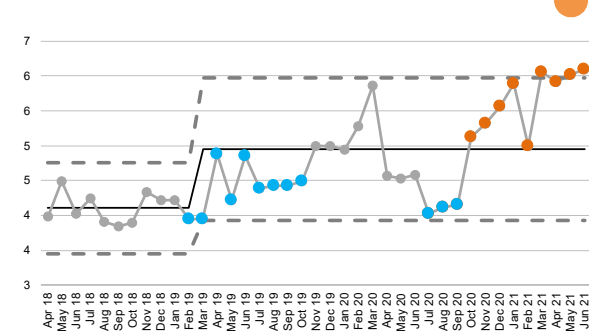
High agency and variable pay spend continues for premium agency medical and nursing staff, due to high vacancies, absence cover and continued pressures in A&Es across the four acute sites. Workforce issues will be further discussed at the Systems Engagement meetings. A potential improvement as a consequence of the implementation of the Allocate roster system is anticipated.

Agency spend as a % of the total pay bill



Performance in June 2021 shows special cause concerning variation. Review of agency spend in continually monitored. Expected performance is between 3% and 7%.

Variable pay £m (agency, locum, bank & overtime; monthly position)



Performance in June 2021 shows special cause concerning variation. Review of agency spend in continually monitored. Expected performance is between £3.93m and £5.97m.

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

- Patients waiting for a follow-up outpatient past their target date.
- Staff sickness absence rate.
- Staff completing level 1 information governance training.

Essential services

In-line with Welsh Government guidance, all essential services are being achieved, with the exception of General Practitioner (GP) Out of Hours. Shift fill is the major issue faced and actions are being taken to address this. For example, a reduction in bases open overnight to one per county and the nurse car pilot has been reintroduced supported by remote working GPs.

Argymhelliad / Recommendation

The Board is asked to consider the Performance Update report – Month 3 2021/22 and advise of any issues arising.

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

Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable