

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 5 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 assurance report is in the format of a Power BI dashboard which can be accessed via the following link: [Performance report dashboard as at 31st August 2021](#).

This month the performance report dashboard is also being made available in Welsh and will be published on our website on the day of the Board meeting ([internet English](#), [internet Welsh](#)).

Indicators have been provisionally reallocated to the new committee structure below and we will work with lead Executives to finalise ahead of the November 2021 Board meeting to reflect the remit of strategic objectives in the new committee structure.

- Strategic Development and Operational Delivery Committee (SDODC),
- People, Organisational Development and Culture Committee (PCODC),
- Sustainable Resources Committee (SRC),
- Mental Health Legislation Committee (MHLC) and
- Quality, Safety and Experience Committee (QSEC)

The dashboard uses statistical process control (SPC) charts. 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:

- [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 31st August 2021, the total number of vaccinations administered was 558,654. 290,250 patients had received their first dose, with 268,404 having received their second dose. Progress made to date is summarised in the table below:

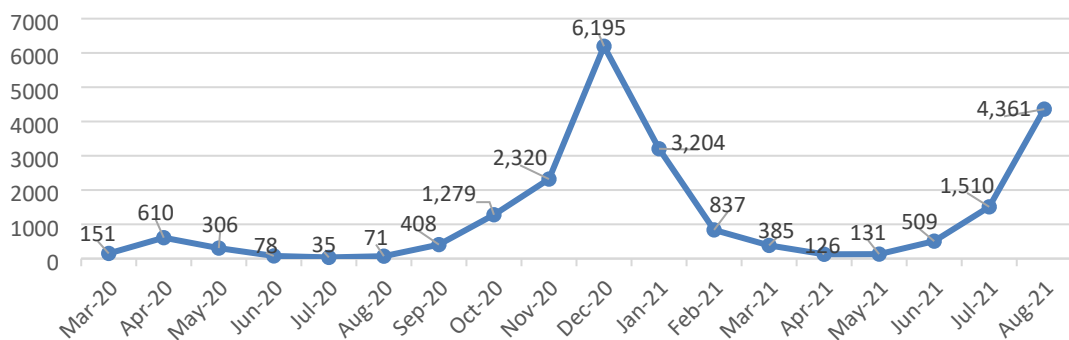
Priority group	1 st dose	2 nd dose
Care home residents	93.3%	84%
Care home workers	100%	94.9%
People aged 80+	100%	96.6%
Health care workers	99%	94.8%
Social care workers	99.8%	97.6%
People aged 75-79	95.9%	94.1%
People aged 70-74	95.4%	93.9%
High risk adults under 70	88.7%	85.3%
People aged 65-69	91%	89.5%

Priority group	1 st dose	2 nd dose
Medium risk	87.9%	83.6%
People aged 60-64	69.2%	68.2%
People aged 55-59	80.6%	78.8%
People aged 50-54	87%	85%
People aged 40-49	70%	66%
People aged 30-39	68%	59%
People aged 20-29	66%	51%
People aged 15-19	64%	26%
People aged under 15	0%	0%

COVID-19 Update

From the start of the pandemic to 31st August 2021, there has been a total of 22,516 confirmed cases of COVID-19 amongst HDdUHB residents, of which 4,361 were confirmed during August 2021, this is the highest number of confirmed positive cases since December 2020.

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
COVID related incidents					
COVID related complaints					

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

COVID related risks

- We had 93 COVID-related risks in August, with 15 extreme risks, 60 high risks, 17 medium risks and 1 low risk;
- 7 COVID-related risks are on the Corporate Risk Register, with 0 risks closed in August.

New never events

- We had 0 never events in August.

MMR vaccine

- As of March 2021, 91.3% of children had received 2 doses of the MMR vaccine by age 5.

6 in 1 vaccine

- As of March 2021, 92.7% of children had received 3 doses of the hexavalent '6 in 1' vaccine by age 1.

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

Indicators showing special cause for improvement

- 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
- Stroke patients receiving required speech and language time
- Dementia training - NHS staff compliance

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

Demand at our A&E/MIU has been increasing since February 2021. During August 2021, Major patient types saw the highest demand over the last 3 years.

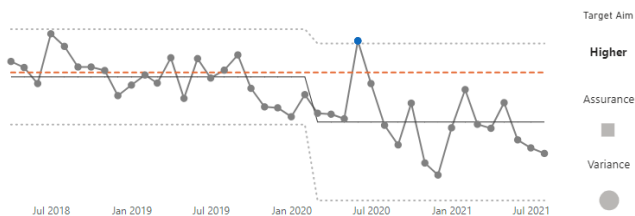
Patients waiting longer than 4 hours in A&E/MIU is primarily due to a lack of staff to meet the current demand and patients waiting longer than 12 hours due to a lack of staff and a lack of medical beds for admission and the reduction in bed numbers to accommodate social distancing guidance. Capacity 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 along with a significant reduction in available domiciliary care and re-ablement capacity and high numbers of care homes placed under embargo status due to levels of COVID-19 incidence. Actions being undertaken to improve performance are:

- WAST Resource Escalation Action Plan (REAP) Level 4 (extreme pressure) actions instigated to deploy all clinicians to patient facing duties;
- Same Day Emergency Care (SDEC) is being progressed across all sites, to minimise admissions. BGH & WGH, along with Community services are focussed around our frail and high-risk adult cohorts, taking a "population-based" approach.
- Implementation of Patient Transport Advice Service (PTAS) is ongoing and due end of September;
- Establishment of Contact First 111. Memorandum of understanding being signed off and anticipated to be fully operational from Q4, 2021/22;

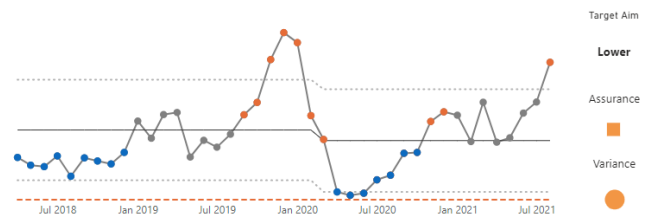
- Application of telehealth as a pilot to identify deteriorating patients in the community and in care homes early, and intervene to avoid hospital attendance and admission;
- Review of options to provide step down care to a growing number of patients awaiting domiciliary care due to the fragility of that workforce in social care and the independent sector; Task and finish group being established to scope potential development of a health employed workforce to deliver home based care where there are resource constraints. Draft paper for Executive review expected late October;
- Urgent consideration of opportunities to create community based step-down / surge capacity supported by a joint Local Authority/Health Board staffing model;
- County system improvement plans in place;
- We continue to develop our urgent primary care model to avoid unnecessary attendances to A&E;
- Review of staffing levels;
- Continued focus on maintaining and increasing flow out of inpatient ward areas as soon as patients are medically optimised.

% red call responses arriving within 8 minutes



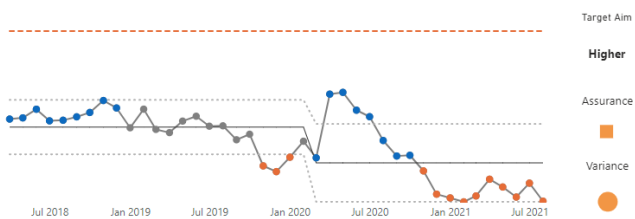
Performance in August 2021 shows common cause variation. The national target has only been met twice since September 2019 and will not be consistently met without the transformation/improvements above. Expected performance is between 40% and 71%.

No. ambulance handovers taking over 1 hour



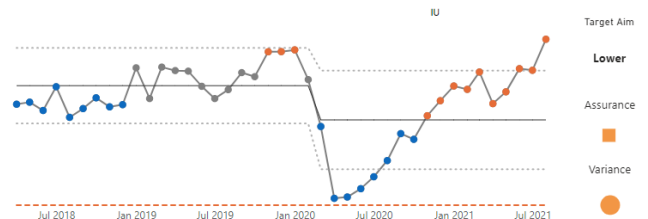
Performance in August 2021 shows special cause concerning variation. Without the transformation/improvements above, we will consistently miss the national target. Expected performance is between 37 and 528.

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



Performance in August 2021 shows special cause concerning variation. Without the transformation/improvements above, we will consistently miss the national target. Expected performance is between 72% and 82%.

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



Performance in August 2021 shows special cause concerning variation. Without the transformation/improvements above, we will consistently miss the national target. Expected performance is between 247 and 924.

Planned Care

The service is still under pressure from the backlog created during the pandemic. Performance continues to be affected by limitations on available capacity due to the requirements of social distancing and infection control measures in addition to the current emergency pressures being faced on each site which has impacted upon Planned Care.

Whilst Planned Care teams have worked hard to increase the volume of core internal activity delivered beyond the levels outlined in the Annual Recovery Plan, the impact on the number of patients waiting has remained static in the most recent reporting period as these gains have been mitigated by increasing rates of referral as lockdown restrictions ease. In August 2021, 56.4% of patients were waiting less than 26 weeks for treatment, with a total of 31,529 patients waiting more than 36 weeks.

Theatre utilisation has been constricted by emergency pressures on the WGH site which has extended to GGH and PPH during September. At the time of writing, the Health Board is under extreme pressure and Orthopaedic inpatient surgery is currently suspended at both the WGH and PPH site and some cancer surgery. The cancer surgery that has been suspended is due to staff being required to support the critical care surge position where a temporary Enhanced Care Unit (PACU) has had to be put in place at GGH to support level 1 patients due to pressure in the actual unit.

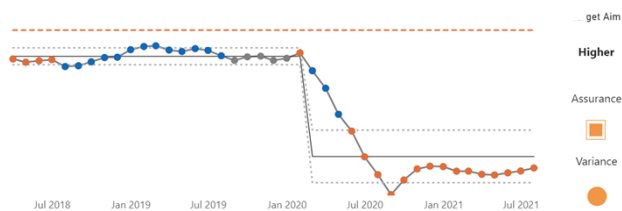
In order to reduce this backlog, an additional activity plan has been developed and agreed and is supported by non-recurrent Welsh Government funding. This plan is heavily dependent on delivery of treatments via a range of independent sector providers to supplement the core capacity delivered across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

In addition, the Health Board has submitted further plans for delivery of additional activity to be delivered prior to March 2022 which are currently being assessed by Welsh Government as part of an anticipated second tranche of recovery monies. The outcome of this additional activity delivery plan will be highlighted in the next report.

Work is ongoing with clinical teams to regularly risk stratify waiting lists. Validation of waiting lists continues; however, with such large volumes, the initial focus is on patients waiting in stages 2 and 3. A communication exercise with patients is underway, with the intention of communicating with all patients waiting more than 52 weeks by late September 2021. Additionally, Waiting List Support Service (WLSS) formerly known as Single Point of Contact (SPOC) are now in the phasing position to start contacting all stage 4 patients in a structured process which has been clinically ratified.

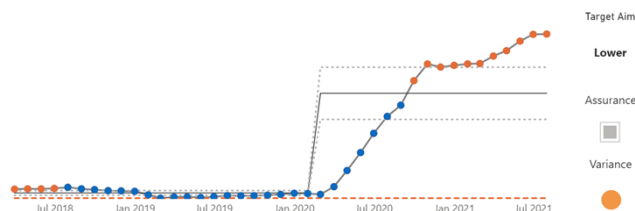
Other Welsh Health Boards and English Trusts providing tertiary care for our residents had restricted ability to undertake planned care due to COVID-19. In July 2021, there were 1,657 HDdUHB residents waiting over 36 weeks in other NHS care providers. Targetted intentions are being discussed with external Health Boards as part of the on going Long Term Agreement (LTA) meetings. Swansea Bay UHB longer term recovery plans are being finalised for submission to Welsh Government. Their short term plans i.e. from the first £100m allocation are based on increasing capacity by a combination of outsourcing and bringing internal capacity back to pre-COVID levels.

% patients waiting less than 26 weeks for treatment



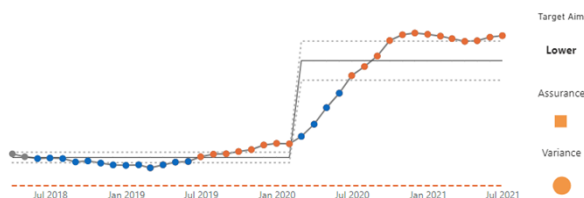
Patients waiting less than 26 weeks from referral to treatment is showing special cause concerning variation since Summer 2020. A detailed review of the service has been undertaken to address the backlog, with demonstrable impact expected over the second half of the year. Expected performance is between 52% and 67%.

% patients waiting more than 36 weeks for treatment



Patients waiting over 36 weeks from referral to treatment is showing special cause concerning variation since October 2020. A detailed review of the service has been undertaken to address the backlog, with demonstrable impact expected over the second half of the year. Expected performance is between 15,131 and 25,149 breaches.

Pts. waiting >36wks for treatment by other providers



Patients waiting over 36 weeks for treatment by other providers is showing special cause concerning variation since Summer 2020. Expected performance is between 1,165 and 1,599 breaches.

Follow-up appointments

The service is still under pressure and performance continues to be affected by the impact of the COVID-19 pandemic with restrictions such as social distancing and infection control measures remaining in force. Virtual functionality is being utilised as much as possible alongside governance and safeguarding requirements, however, many patients require ongoing monitoring (diagnostics) in a face-to-face environment which impacts on the number of patients that are suitable for a virtual follow-up. In August 2021, 65,944 patients were waiting for a follow-up appointment, of which 27,505 were booked and 38,439 were not booked. We continue to work on the reduction of the follow-up waiting list and specialities including Pain Management, General Surgery and Vascular have achieved the target with work continuing in other specialities.

As part of the recovery plan, the service continues to roll out See On Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways as an alternative to a follow-up pathway and this is being led by a Digital Design pathway manager. In Ophthalmology (which has the largest number of follow-ups) there is a regional plan being developed for Glaucoma patients which should ensure circa 7,500 Glaucoma patients are monitored within their target date. The directorate is also continuing to rollout Consultant Connect, Attend Anywhere, Microsoft Teams and are in the process of implementing Virtual Group Consultations/Video Group Clinics. A virtual receptionist has been employed to oversee virtual appointments. Several transformation and service improvement projects are being funded via Welsh Government. The following projects have had funding approved and are in the planning stages:

- The Virtual Orthopaedic Prehabilitation project aims to reduce follow-ups by introducing health optimisation and tailored support/advice to patients following their procedure;
- The Virtual Ophthalmology Retinopathy Service project will use the existing Consultant Connect application (which is funded to May 2022) to undertake required tests for all

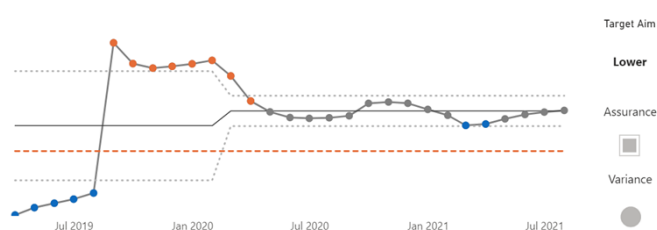
Diabetic Retinopathy patients in Primary Care for virtual review and triage in Secondary Care;

- In Trauma and Orthopaedics, a Patient Recorded Outcome Measures (PROMs) co-ordinator is being appointed to support a pilot digital platform for the collection of PROMS;
- A virtual receptionist has been employed to oversee virtual appointments and a Group Consultation co-ordinator role (1st in Wales) is being advertised to facilitate group medical appointments delivered by a clinician to a group of patients with similar health issues;
- The prostate Cancer Prehabilitation project aims to reduce the numbers of patients waiting for a follow-up appointment through better utilisation of self-management pathways and use of group consultations.

These projects are supported by the Outpatient Transformation team alongside individual project leads.

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

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



The number of patients waiting for a follow-up appointment is showing common cause variation. A detailed review of the service has been undertaken and a plan has been developed to improve performance. Expected performance is between 61,651 and 69,948 waiting for an appointment.

Ophthalmology

Poor compliance is due to reduced outpatient and theatre capacity as a result of the COVID-19 pandemic. Additionally, sickness and staffing issues have continued to provide a challenge around the recovery of clinic sessions. Emergency surgery and very urgent outpatient appointments are still being undertaken. In July 2021, 45.3% of Ophthalmology R1 patients were seen within their clinical target or within 25% in excess of their target.

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

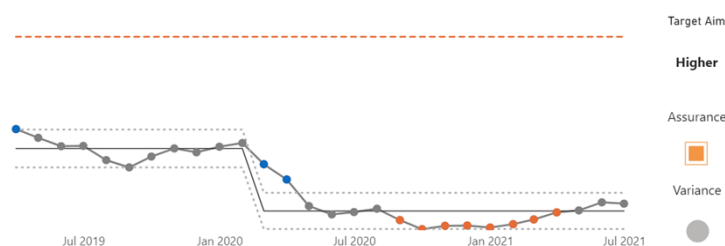
A comprehensive plan has been jointly developed with Swansea Bay University Health Board (SBUHB) which is aimed at recovering the Ophthalmology service across both health boards. This work with SBUHB around the development of a Regional Glaucoma Service to support with the reduction of waits has been agreed through the A Regional Collaboration for Health (ARCH) programme board and patients with a condition of Glaucoma will be virtually reviewed in an Optometric practice setting in the first instance (to commence in October 2021), with visiting Consultant Ophthalmologists from SBUHB providing a face-to-face outpatient facility for those who need Consultant review.

The service continues to explore opportunities to change practice and deliver services differently in order to mitigate the reduction in hospital capacity, including the development of Ophthalmic Diagnostic and Treatment Centres and virtual clinics. A successful recruitment drive for non-medical staff (nurses, orthoptists and optometrists) was carried out during the month of August 2021, and these staff will be on-boarding to the service shortly. Theatre capacity will be addressed through independent sector commissioned activity with the aim of clearing the 36 week wait position by March 2023 or within 18 months. A successful tender process has been

completed to enable a contract with a private provider for Cataract treatment to commence from September 2021. This will result in a reduction in waiting times and improvement in hospital capacity to treat other conditions. Additionally, a regional Cataract recovery plan has been developed with SBUHB to utilise capacity in both Health Board locations to increase the number of Cataract procedures we are able to deliver.

The introduction of virtual clinics made possible through outpatient transformation funding, will increase Hospital Eye Service Capacity to treat patients. A review of the doctor triage for the Rapid Access Eye Casualty is about to commence, with a view to change the pathway to nurse triage, further increasing medical practitioner availability to undertake face-to-face patient care.

% high-risk eyecare pts. seen within 25% of target date



Ophthalmology performance data is showing common cause variation for July 2021. A detailed review of the service has been undertaken and a plan developed to improve performance. Expected performance is between 38% and 49%.

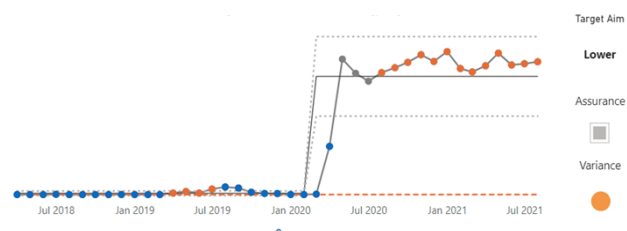
Diagnostics

Overall, the performance for diagnostics is showing special cause concerning variation, in August 2021; 6,074 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.

Radiology

The service is seeing increasing demand as other services restart, whilst competing with the backlog created by the pandemic. Capacity has increased; however, this is still restricted due to the necessary infection control procedures. To improve compliance, we have created additional capacity with staff working additional hours and extended days. We are also working with referring clinicians on pathway design to rationalise scanning.

Pts. waiting 8 weeks+ for radiology diagnostic



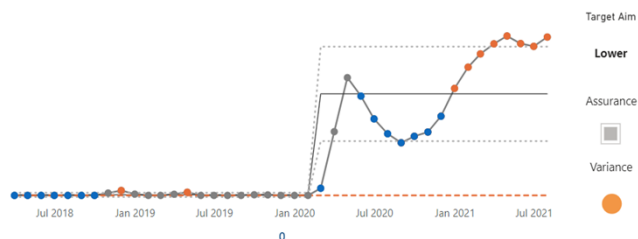
Patients waiting 8 weeks+ for Radiology has been showing special cause concerning variation since August 2020. We will consistently fail the target of zero waits until a review of the service is embedded. Expected performance is between 2,234 and 4,499 patients waiting 8 weeks or over.

Endoscopy

Staffing issues and delays in swab results remain a challenge particularly in BGH and WGH. We are utilising bank/agency nursing staff, backfilling sessions and working with the hospital sterilisation and decontamination units. As part of Reset and Recovery we have submitted

funding proposals to Welsh Government to outsource all priority 3 & 4 routine procedures and maintain unscheduled care/urgent work in-house with current capacity.

Pts. waiting 8 weeks+ for endoscopy diagnostic

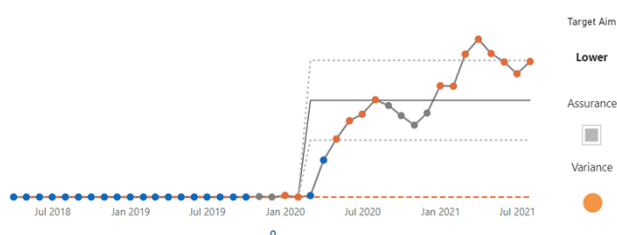


Patients waiting 8 weeks+ for Endoscopy has shown special cause concerning variation since January 2021. We will consistently fail the target of zero waits until a review of the service is embedded. Expected performance is between 409 and 1,122 patients waiting 8 weeks or over.

Neurophysiology

We currently have 700 patients waiting over 8 weeks for Nerve Conduction Studies, capacity is impacted considerably by breakdowns in essential equipment, with only 1 of the 2 electromyography (EMG) machines operational. As part of Reset and Recovery, we have submitted funding proposals to Welsh Government to outsource all 700 Nerve Conduction Studies patients to allow us to meet the diagnostic 8 week target by March 2022.

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



Patients waiting 8 weeks+ for Neurophysiology has been showing special cause concerning variation since January 2021. We will consistently fail the target of zero waits without additional activity to be delivered via the independent sector. Expected performance is between 348 and 836 patients waiting 8 weeks or over.

Therapies

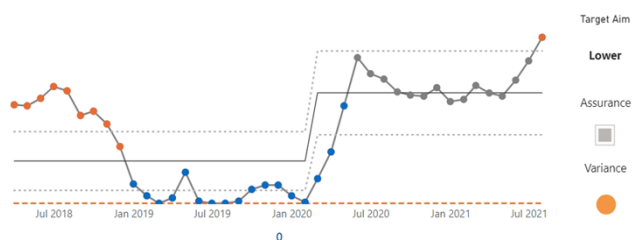
Capacity constraints impact upon all therapy 14 week referral to treatment (RTT) breaches, therapy services are reporting that as services return to normal, this is due to a lack of any additional or stretch capacity and ongoing Infection and Prevention Control requirements.

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 predicted capacity deficits emerging in July 2021 onwards associated with inability to meet the demand with current capacity, exacerbated by a planned reduction in clinical workforce availability during the summer period. Band 5 graduate streamlining was planned to provide additional clinical capacity from October 2021 onwards, although with the delay between on-boarding and the clinical impact of additional referral acuity, this capacity will be consumed within emerging Band 5 vacancies.

Occupational Therapy

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 by progressing fixed term recruitment.

Patients waiting 14 weeks+ for Occupational Therapy

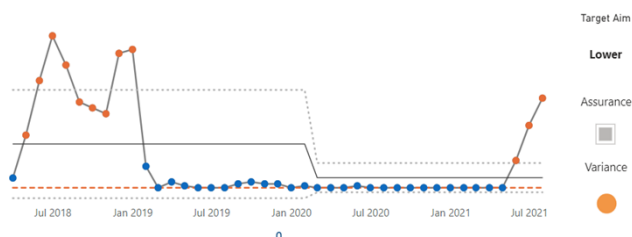


Patients waiting 14 weeks+ for Occupational Therapy is showing special cause concerning variation. We will consistently fail the target of zero until a review of the service is embedded. Expected performance is between 64 and 142 patients waiting 14 weeks or over.

Dietetics

Nutrition and Dietetic services reported a lack of capacity within services supporting Diabetes, Paediatrics and Specialist CAMHS is due to an increase in referrals relating to diabetes complications, paediatrics and eating disorders. Funding for additional capacity has been identified via Local Delivery Plan for Diabetes, and temporary fixed term funding for paediatrics. Service has been out to advert for 3 rounds but has not been able to recruit to specialist CAMHS post, so a review of skill mix and options for revised delivery model being is explored. Based upon the current capacity and demand plan, there is a projection of increasing waiting times until January 2022 and then reduction to end of year based upon additional recruited clinical capacity.

Patients waiting 14 weeks+ for Dietetics



Patients waiting 14 weeks+ for Dietetics is showing special cause concerning variation. We will consistently fail the target of zero until a review of the service is embedded. Expected performance is between 0 and 13 patients waiting 14 weeks or over.

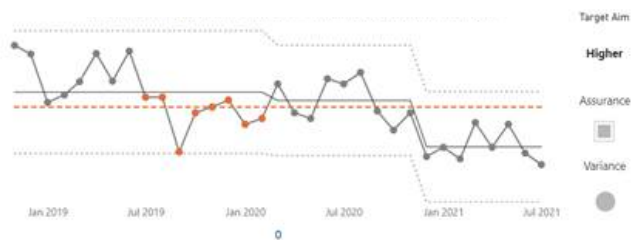
Cancer

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 Single Cancer Pathway (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 1st definitive cancer treatment within 62 days of point of suspicion



Patients starting definitive cancer treatment within 62 days is showing common cause variation since March 2020. Since December 2020, the target has not been met and we will randomly hit and miss the target until a review of the service is embedded to increase timely diagnostic capacity for patients on the cancer pathway. Expected performance is between 59% and 78%.

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

Neurodevelopment and psychological services

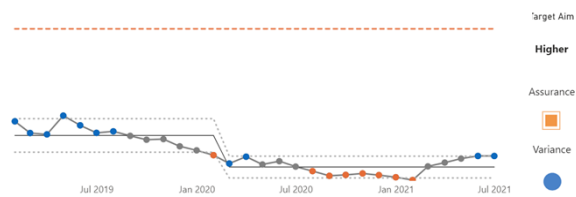
There is a growing demand for neurodevelopment assessments and psychological therapies which, coupled with limited resources, service vacancies and restrictions imposed by the pandemic, have led to a decline in performance. At the end of July 2021, 37.4% of adults were waiting less than 26 weeks to start a psychological therapy, while 26.1% of children and young adults were waiting less than 26 weeks to start a neurodevelopment assessment.

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

Services require dedicated Outpatient Department clinic areas, with online booking systems and administrative support to streamline efficiencies. The service is currently reviewing the IT infrastructure, with implementation of Welsh Patient Administration System (WPAS) estimated within 12-18 months. Recruitment into the Neurodevelopment service is a priority area of focus in dealing with the backlog, with a new fixed term Highly Specialist Psychologist post (which commenced in August 2021) to undertake demand and capacity planning and waiting list management. Additionally, two Assistant Psychologists have been recruited and are due to commence in Q3 2021/22. The Psychological Therapies service is scoping out new ways to reduce the waiting list, with the aim of implementing group therapies to support clients on waiting lists and running group therapies in conjunction with 1:1 sessions.

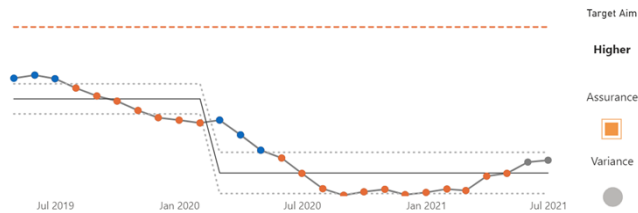
Implementation of new software (QbTest) will aid with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), with the first clinics being planned for September 2021. Psychological therapies have recently undertaken a waiting list validation exercise for Cognitive Behavioural activation Therapy (CBT), with a 22% reduction to the waiting list. The aim is to undertake this validation within other modalities to further reduce waiting lists.

Neurodevelopment waits, less than 26 weeks



Children and young adults waiting less than 26 weeks for a neurodevelopment assessment is showing special cause improving variation since June 2021. However, the 80% target will not be achieved until a review of the service is embedded. Expected performance is between 17% and 26%.

Psychological therapy waits, less than 26 weeks



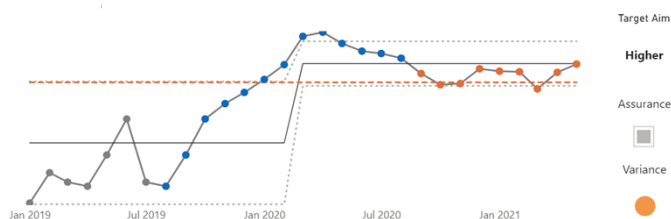
Adults waiting less than 26 weeks for a psychological therapy is showing common cause variation. The 80% national target will not be achieved until a review of the service is embedded. Expected performance is between 27% and 40%.

Hip Fractures

As at May 2021, 53.1% of patients aged 60+ with a hip fracture received Orthogeriatrician assessment within 72 hours. Performance continues to be impacted by the COVID-19 pandemic and the restrictions imposed on face-to-face appointments. These issues are further compounded by site-specific pressures, particularly around GGH where there is a lack of full-time Orthogeriatric support and at WGH, where the Orthogeriatric Consultant is currently non-clinical.

The recent appointment of a part-time Orthogeriatric Consultant at GGH has contributed to a steadying of performance in recent months. At WGH, the medical on-call teams are contactable for any medical concerns, however this review would not fit the categorisation on the National Hip Fracture Database as 'seen by Orthogeriatrician'. Monthly site hip fracture meetings continue to be held to discuss issues and areas for improvement and areas of concern are highlighted to the Delivery Unit on a quarterly basis at site level. This is utilised to make improvements wherever possible.

% pts. 60+ with hip fracture receiving Ortho. assess. within 72 hrs

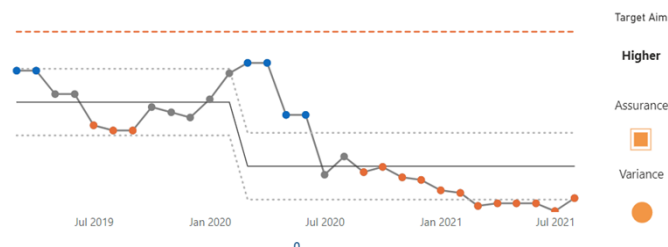


Hip fracture performance data is showing special cause concerning variation since September 2020. The target has been achieved recently but will not be consistently met without a review of the service. Expected performance is between 49% and 57%.

Job Planning

82% of consultants/speciality and associate specialist (SAS) doctors have a job plan, however, only 26% are up to date. An interim target of 70% compliance by 30th September 2021 has been set. A significant number of Job Plans are in the system awaiting finalisation and are due to be signed off this month. Once they have been signed off, it will bring the total of up to date job plans to 63%.

Consultants/SAS Doctors with current job plan

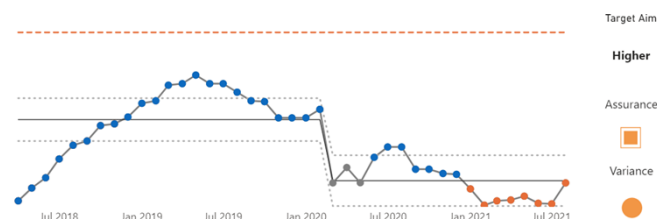


Performance has been consistently below 30% since January 2021. The 90% target is yet to be achieved and will not be met until a review of the service is embedded. Expected performance is between 25% and 51%.

Personal Appraisal and Development Review (PADR)

Compliance for staff having a PADR with their manager in the previous 12 months continues to show a declining trend. The Occupational Development team have increased virtual training sessions on 'Managing Performance' to twice monthly, development of support videos on how to complete PADRs are on track for completion by end of September 2021, and the next quarterly acute site visit to promote completion of PADRs has now been arranged for 18th October 2021 at BGH.

% staff appraisal in the last 12 months

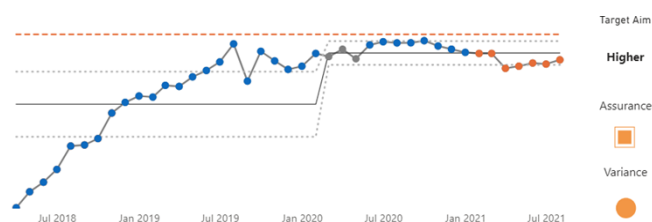


PADR compliance rates show special cause concerning variation in August 2021. The national target will not be consistently met until a review of the service is embedded. Expected performance is between 64.7% and 70.6%.

Core Skills and Training Framework (CSTF)

Compliance for staff completing all level 1 competencies of the CSTF shows a declining trend. Ongoing pressures have seen priorities shift from mandatory core skills training, however, a new post has now been recruited within the Learning and Development department with a focus on improving learning compliance and aim to target individual departments/services showing a decline in compliance through telephone support, user friendly guides and facilitating face to face sessions.

% staff with all Core Skills level 1 competencies

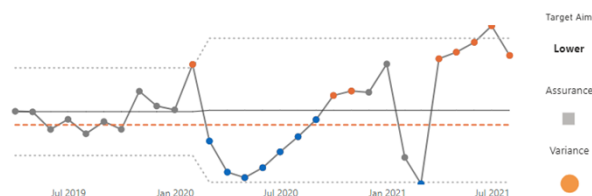


Core skills compliance rates show special cause concerning variation in August 2021. The national target will not be consistently met until a review of the service is embedded. Expected performance is between 82.1% and 84.4%.

Finance – Agency spend

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

% Agency spend of total pay bill



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

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

- Follow-up appointments – delayed past their target date
- Staff completing level 1 information governance training
- Child Neurodevelopment assessment waits less than 26 weeks
- COVID related complaints

Essential services

In line with Welsh Government guidance, all essential services are being achieved, with the exception of General Practitioner (GP) Out of Hours (OOH). Shift fill is the major issue faced and actions are being taken to provide stability of core OOH rotas. Five GPs are currently in the enrolment process with three GPs due to start in October 2021 and two by January 2022, dependent on the conclusion of their GP training. RotaMaster continues in the construction/ uploading phase to improve options of filling vacant shifts. Red Areas have been identified on all sites for use by the OOH service to allow symptomatic COVID patients to be assessed in a face-to-face consultation.

Argymhelliad / Recommendation

The Board is asked to consider the Performance Update report – Month 5 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
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development and Operational Delivery Committee People, Organisational Development and Culture Committee
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable