

Performance update for Hywel Dda University Health Board

as at 31st December 2019

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

Executive summary

Overview

Unscheduled care

Stroke and cancer

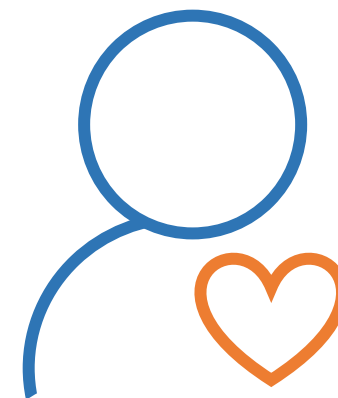
Planned care and therapies

Quality and safety

Mental health and
neurodevelopmental

Population health

Workforce and finance



Executive summary

This report includes summary information on some of the key areas that we have prioritised to make improvements in 2019/20.

Spotlight on unscheduled care

November and December were extremely challenging months across our unscheduled care pathway. We are continuing to implement our Winter Plan and work with our partners to reduce the pressure on our services and provide safe care for patients. The latest figures for December show we had our poorest performance in over 3 years:

- The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (58%);
- 799 ambulance handovers were reported as taking longer than 1 hour;
- 76% of patients were seen within 4 hours in A&E/MIU (target 95%) and 1,053 patients spent longer than 12 hours (target 0);
- The census count day in December 2019 saw 13 mental health patients and 49 non-mental health patients with delayed transfers of care i.e. they were medically okay to leave hospital but needed another form of support in place for them to leave.

Which targets have we achieved?

- In December, 93.2% of stroke patients were assessed within 24 hours by a specialist stroke consultant;
- The 12 month improvement target was met for speech and language therapy for stroke patients;
- 98.3% of patients on a non-urgent suspected cancer pathway started treatment within 31 days of it being agreed;
- The reduction target was met for operations cancelled for non-clinical reasons within 24 hours of a patient's procedure date;

Where have we made improvements?

- The number of patients waiting more than 14 weeks for a specific therapy reduced from 224 in November to 146 in December;
- There has been a 12 month improvement in the number of staff completing their core skills training;
- Performance for serious incidents assured within timescale has improved from 40% in November to 75% in December;
- The percentage of urgent suspected cancer patients who commenced treatment within 62 days of referral improved by 3.1%;
- Performance in respect of the Single Cancer Pathway improved by 1% from the previous month;
- 61.8% of high risk Ophthalmology patients waited no more than 25% over their clinical target date, an improvement from November 2019.

Where is improvement needed?

- 38% of stroke patients were admitted to a stroke unit within 4 hours in December 2019, compared to 59.5% in December 2018;
- The number of patients waiting more than 8 weeks for a diagnostic test increased from 102 in November to 131 in December;
- There were 14,795 patients in December having a delayed planned care specialty follow up outpatient appointment, which is 1,885 less than December 2018;
- The number of patients waiting over 36 weeks from referral to treatment increased from 564 in November to 726 in December;
- In November, 634 children/young people waiting over 26 weeks for a neurodevelopmental assessment and 684 adults waiting for a psychological therapy;
- In December we reported 12 C.difficile infections, 29 E.coli infections and 3 S.aureus infections;
- Our sickness rate has increased over the past 2 months but we still have the lowest staff sickness rate of the 6 largest Health Boards in Wales;
- 75% of staff have had a performance appraisal development review, which is a 5% decrease since May 2019 and the 85% target has not been met;
- Between July and September, 94.5% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday and 91% of 5 years had 2 MMR doses;
- We need a more efficient process for signing off our consultant and SAS doctors job plans for the 90% target to be met by March 2020;
- Due to staff shortages, only 67% of concerns received a final reply within the agreed 30 working days;
- We have a year-end Control Total requirement of £15.0m deficit. The current forecast is £25.0m deficit.

Our 36 key deliverable measures

Latest data

26

3

5

All Wales rank

All Wales data is available for 34 of the 36 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 38% of measures:

- 1 2 measures
- 2 5 measures
- 3 6 measures
- 4 5 measures
- 5 5 measures
- 6 10 measures
- 7 1 measure

All Wales Benchmarking data is latest published from Welsh Government and relates to historic data that is 1 or 2 months behind Hywel Dda figures.

Overview

Key deliverables

	Target	Previous period	Latest data	12m trend	Plan met?	All Wales rank	Notes **
Unscheduled care	Ambulance red calls	65%	58.4%	58.0%	↓	No	6 th out of 7 Poorest performance seen in Pembrokeshire (54.2%)
	Ambulance handovers over 1 hour	0	670	799	↓	No	3 rd out of 6 All 4 sites had worst performance seen in over 3 years
	A&E/MIU 4 hour waits	95%	76.8%	76.0%	↓	No	2 nd out of 6 BGH 77.1%, GGH 71.1%, PPH 90.5%, WGH 66.2%
	A&E/MIU 12 hour waits	0	1,053	1,053	↓	No	3 rd out of 6 Compared to Nov '19, GGH & WGH improved
	Non-mental health DTOC	12m↓	65	49	↓	No	3 rd out of 8 Carms 29, Cere 5, Pembs 13 and patients from out of county 2
	Mental health delayed transfers of care (DTOC)	12m↓	14	13	↓	No	4 th out of 7 Carms 6, Cere 5 and Pembs 2
Stroke and cancer	Admission to stroke unit <4 hours	55.5%	70.4%	38.0%	↓	No	2 nd out of 6 Target met in BGH (62.5%)
	Assessed by stroke consultant <24 hours	84.0%	98.3%	93.2%	↑	No	1 st out of 6 3 sites (GGH, PPH & WGH) achieved 100% compliance
	Stroke patients - speech and language therapy	12m↑	33.4%	34.8%	↑	n/a	6 th out of 6 Lowest compliance PPH (3 mins), highest BGH (7mins)
	Urgent suspected cancer	95%	72.8%	75.9%	↓	No	5 th out of 6 20 out of 83 patients breached
	Non urgent suspected cancer	98%	98.5%	98.3%	↑	Yes	2 nd out of 6 2 out of 117 patients breached
	Single cancer pathway	n/a	74%	75%	↓	n/a	6 th out of 6 150/200 treated in target with suspensions
Planned care and therapies	Hospital initiated cancellations	5%↓	103	156	↑	No	2 nd out of 7 41 more patients cancelled in Nov '19 compared to Nov '18
	Delayed follow-up appointments 5 specialties	12m↓	14,528	14,795	↑	No	3 rd out of 5 267 more follow ups in Nov than Dec '19 (Derm. reduced by 25)
	Ophthalmology patients seen by target date	95%	59.3%	61.75%	n/a	n/a	6 th out of 7 Slight improvement and more patients assigned a risk factor
	Diagnostic waiting times	0	102	131	↓	No	4 th out of 7 Most breaches from Cardiology (100) & Radiology (29)
	RTT – patients waiting 36 weeks+	0	564	726	↑	No	2 nd out of 7 The 2019/20 Annual Plan ambitions were not met and there was an increase of 162, 36 week breaches in December
	RTT – patients waiting <=26 weeks	95%	87.7%	86.5%	↓	No	3 rd out of 7
	Therapy waiting times	0	224	146	↓	No	7 th out of 7 Most breaches are from Physiotherapy services with 128
Quality and safety	C.difficile	<=25	38.90	38.66	↑	n/a	6 th out of 6 Number of cases decreased from 14 in Nov to 12 in Dec '19
	E.coli	<=67	107.75	105.61	↓	n/a	6 th out of 6 Number of cases decreased from 36 in Nov to 29 in Dec '19
	S.aureus	<=20	30.73	28.30	↑	n/a	5 th out of 6 Number of cases decreased from 6 in Nov to 3 in Dec '19
	Serious incidents	90%	40%	75%	↑	Yes	4 th out of 9 6 out of 8 serious incidents assured within target
	Concerns and complaints	75%	72.5%	67%	↑	No	6 th out of 10 Reduced capacity lead to a drop in performance for December
MH +	Children/young people neurodevelopment waits	80%	33%	33.3%	n/a	n/a	6 th out of 7 In Nov 19 there were 634 patients waiting over 26 weeks
	Adult psychological therapy waits	80%	56.3%	53.3%	n/a	n/a	6 th out of 7 In Nov 19 there were 684 adults waiting over 26 weeks
Population Health	'6 in 1' vaccine	95%	95.1%	94.5%	↑	No	6 th out of 7 Quarter 2 2019/20 (Jul-Sep) saw a 0.6% decline
	MMR vaccine	95%	92.2%	91.0%	↑	Yes	5 th out of 7 Quarter 2 2019/20 (Jul-Sep) saw a 1.2% decline
	Attempted to quit smoking	5%	0.87%	1.80%	n/a	n/a	5 th out of 7 1,002 smokers treated
	Smoking cessation - CO validated as quit	40%	47.9%	47.1%	↑	n/a	3 rd out of 7 Target consistently met for over 1 year
	Childhood obesity	n/a	n/a	11.8%	n/a	n/a	4 th out of 7 Carms 13.0%, Pembs 10.6% and Cere 10.3%
Workforce & finance	Sickness absence (R12m)	12m↓	4.95%	5.08%	↓	n/a	4 th out of 10 Lowest sickness rate of the 6 largest Health Boards in Wales
	Performance appraisals (PADR)	85%	75%	75%	↓	No	1 st out of 10 Performance has deteriorated over the last 7 months
	Core skills mandatory training	85%	82.5%	82.6%	↑	No	5 th out of 10 12 month improvement and 2.4% short of target
	Consultants/SAS doctors - current job plan	90%	59.0%	57.0%	n/a	No	n/a Workshops being held Jan-Mar '20 to improve compliance
	Finance	£15.0	£17.54m	£20.11m	↓	n/a	n/a Health Board Control Total requirement is £15.0m deficit.

+ Mental Health & neurodevelopment

** BGH: Bronglais General Hospital GGH: Glangwili General Hospital PPH: Prince Philip Hospital WGH: Witybush General Hospital. HDUHB/HB: Hywel Dda University Health Board/Health Board

How did we do in December 2019?



58.0% of ambulances arrived to patients with life threatening conditions within the 8 minute target.



799 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). This is almost three and a half times the handover delays that we reported in December 2018 (226).



12,406 patients attended an A&E/MIU in December as a new attender. Of these patients, **76%** were seen and treated within 4 hours of arrival but 2,978 patients waited longer and **1,053** patients waited over 12 hours; From April to December there has been a 6% increase in attendances for major illness compared to 2018.



In December there were 3,857 emergency admissions to our hospitals of which 2,156 (56%) were admitted via A&E/MIU. On average medical emergency patients stayed in hospital for 10 days (Apr-Dec).



On December census count day there were **49** patients (aged 75 plus) and **13** mental health patients in our hospitals that no longer needed medical support (medically optimised) but their discharge was delayed. These numbers are a small proportion of all patient discharge delays. Delayed discharges have a direct impact on patients waiting in A&E.

How do we compare to our all Wales peers?

	Ambulance reaching patients with life threatening conditions within 8 minutes	6 th out of 7
	Ambulances waiting > 1 hour to handover a patient	3 rd out of 6
	Patients being seen and treated within 4 hours in A&E/MIU	2 nd out of 6
	Patients waiting more than 12 hours in A&E/MIU	3 rd out of 6
	Non-mental health patients aged 75+ DTOC	3 rd out of 8
	Mental health patients DTOC	4 th out of 7


Risks


- Staff vacancies in our hospitals lead to difficulty filling shift rotas, impacting our ability to promptly treat patients ;
- An exceptional number of ambulance hours lost result in delayed response to patients in the community. In December, 2,183 hours were lost which equates to 187 double crewed ambulances being taken out of the system for a full shift;
- High sickness levels in the Wales Ambulance Service Trust (WAST) have a negative impact on ambulance response times;
- Ambulatory care pathway congested increases patients seen in A&E/MIU;
- Norovirus and Influenza cases in PPH & GGH impacted upon patient discharges and due to ward/hospital closures reduced our bed capacity by the equivalent of one whole ward for most of December;
- Long waits for reablement and long term care packages risk availability of beds for new patients;
- Depleted nursing home/community hospital beds delays the transfer of care out of hospital for some of our patients;
- Recruitment into the community care sector, medical, therapist and nursing positions is challenging;
- Vacancies in community hospitals negatively impact the efficient transfer of some patients from main hospitals.


What are we doing?


- A local action plan has been developed to improve ambulance response times. This includes recruitment of additional paramedics; WAST also introduced an incentive scheme to increase staffing levels;
- We are focusing efforts on developing our ambulatory care services to avoid unnecessary admissions to hospital;
- Frailty pathways and assessment units are being developed to help avoid hospital admission where appropriate;
- We are appointing advanced practitioners to support more timely patient care and assessment through an alternative workforce; Carmarthenshire has a senior nurse to improve complex discharges;
- We are planning in advance of when patients are medically optimised to reduce the delay of them being able to leave hospital;
- £12m from the national transformation fund will be used for technology-enabled care for people in their homes, integration of health and care services and to support people to remain independent;
- Active recruitment for vacant care, medical and nursing positions.


How did we do in November/December 2019?


 **38%** of patients presenting at one of our 4 acute hospitals in December with a stroke were then admitted to a dedicated stroke unit within 4 hours.

 All (**93.2%**) of the 59 patients admitted with a stroke in December were assessed by a specialist stroke consultant within 24 hours.







 Only a third (**34.8%**) of stroke patients had the recommended amount of speech and language therapy in hospital during December and the 12 month improvement target was met. However, this is lower than we would like and we are reviewing our stroke services to determine how this can be improved. The stroke redesign business case will be completed by March 2020 for consideration by the Board early in 2020-21.

 During November 2019, **75.9%** (63/83) 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 3.1% improvement over the previous month.

 **98.3%** (115/117) of patients who were not on an ‘urgent suspected cancer’ pathway commenced treatment within 31 days of the date the requirement for treatment was agreed with them.

 We are working towards implementation of the new single cancer pathway (SCP) to monitor progress of all newly referred cancer patients from the point of suspicion until treatment starts. The new pathway increases the number of patients who will be monitored during the diagnostic phase. In November, **75%** of patients covered by the SCP were treated within 62 days of the point of suspicion, a 1% improvement on the previous month.

How do we compare to our all Wales peers?

	Admission to stroke unit within 4 hours	2 nd out of 6
	Assessed by stroke consultant within 24 hours	1 st out of 6
	Stroke patients - speech and language therapy	6 th out of 6
	Urgent suspected cancer	6 th out of 6
	Non urgent suspected cancer	4 th out of 6
	Single cancer pathway	2 nd out of 6







Risks

- Stroke
 - Lack of suitable care packages in the community results in stroke patient discharge delays which impacts admitting patients to a stroke unit within the 4 hour target;
 - High demand for inpatient beds can lead to hospitals not being able to ring fence beds in the stroke units solely for stroke patients;
 - Insufficient therapy resource impacts on our ability to provide the recommended levels of rehabilitation support.
- Cancer
 - 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 (SBUHB) continue to significantly compromise our performance across a number of cancer pathways;
 - Local diagnostic service capacity pressures within our Radiology service continue to present a risk to recovery.
 - The new pathway significantly increases the number of patients who will be monitored during the diagnostic phase of their pathways, placing added pressure on capacity within our diagnostic services.








What are we doing?

- Stroke
 - We are redesigning our stroke services and how we use resources in order to make meaningful improvements for our patients;
 - We are reviewing our stroke data to identify issues, putting plans in place to address and therefore improve the quality of care we provide for our stroke patients.
- Cancer
 - We are continuing to escalate our concerns regarding tertiary centre capacity and associated delays;
 - SBUHB has appointed an additional gynaecology cancer surgeon and are recruiting oncologists to address tertiary centre capacity issues;
 - The Health Board has secured recurrent investment from WG (£340k per annum) to invest in key diagnostic service capacity (Radiology, Endoscopy, Pathology, Dermatology) and cancer tracking teams.

How did we do in November/December 2019?

-  **131** patients waited over 8 weeks for a diagnostic test in December which is an increase of 29 since the previous month.
-  **146** patients waited longer than 14 weeks for a therapy appointment, which is a 78 reduction from November. There has been a significant improvement for Physiotherapy.
-  **156** patients had their procedure cancelled within 24 hours in November and the 5% reduction target was met;
-  In December, **86.5%** were waiting less than 26 weeks from referral to being treated (RTT) and **726** patients waited beyond 36 weeks.
-  **61.75%** of high risk (R1) Ophthalmology patients waited no more than 25% over their clinical target date, a 2.45% improvement over the previous month. 1,272 (6.7%) patients are yet to be allocated a risk factor.
-  In December, **32,250** outpatients waited beyond their target date for a follow up appointment. This includes **14,785** patients waiting for a Trauma & Orthopaedics, Ear, Nose & Throat, Urology, Dermatology or Ophthalmology outpatient appointment. In total there are 1,032 more patients delayed since November.

How do we compare to our all Wales peers?

	Diagnostic waiting times	4 th out of 7
	Therapy waiting times	7 th out of 7
	Hospital initiated cancellations	2 nd out of 7
	Referral to treatment (RTT) <=26 weeks	3 rd out of 7
	RTT – patients waiting 36 weeks or more	2 nd out of 7
	Ophthalmology patients seen by target date	7 th out of 7
	Delayed follow-up appointments 5 specialties	3 rd out of 5


Risks


- Capacity pressures and equipment failure can impact the service’s ability to meet the 8 week diagnostic target;
- Therapy breaches are mainly due to staff capacity challenges and increasing demand within our physiotherapy service;
- Hospital Initiated Cancellation numbers are affected by staffing (particularly for post-operative care) and bed availability pressures;
- RTT risks arise predominantly from the impact of cancellations due to unscheduled care pressures and vacancies in key specialties.
- New Eye Care 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;
- Historical clinical practice and supporting administrative systems promote the planning of a follow-up outpatient appointment without full consideration of alternatives and/or the clinical necessity.


What are we doing?


- Diagnostic actions include demand and capacity optimisation, outsourcing, clinical validation, recruitment and revising pathways;
- Therapy actions include skill mix/service reviews, signposting, self-management, community musculoskeletal initiatives, recruitment and agency utilisation;
- The service is reducing hospital initiated cancellations (<24 hours) by optimising theatre lists, liaising daily with patient flow teams and realising the benefits from unscheduled care improvement plans;
- RTT delivery plans are in place across all specialties and recovery actions are being progressed, including scoping of additional outsource opportunities in Orthopaedics to mitigate the continuing impact of bed pressure related cancellations
- Our eye care service is improving the cataract referral pathway to enable a direct surgery listing process as well as increasing the number of glaucoma patients who can be reviewed by a community optometrist;
- Delayed follow up appointment actions include improved reporting/validation and a range of clinical transformation plans to increase the number of reviews which can be undertaken outside of the traditional clinic setting. Examples include Patient Reported Outcome Measures (PROMs) and Patient Know Best (PKB) modules.

How did we do in November/December 2019?


 Clostridium difficile (C.diff) is an infection of the bowel that is generally associated with the use of antibiotics. Hywel Dda diagnosed **12** cases of C.diff in December, a slight reduction from 14 in November.

 Escherichia coli (E.coli) is a blood stream infection. The number of diagnosed E.coli infections reduced from 36 in November to **29** in December.






 Staphylococcus aureus (S. aureus) is also a blood stream infection. The number of cases of S.aureus decreased from 6 cases in November to **3** in December.

 In December, we reported 1,410 incidents of which 1,178 were patient safety related. We also reported 11 serious incidents to Welsh Government, all of which are due for closure with Welsh Government in March 2020. Welsh Government ask Health Boards to review and close serious incidents within 60 working days.

There were 8 serious incidents due for closure with Welsh Government in December (these were originally reported in September 2019), of which **75%** (6/8) were closed in the agreed timescale.

 We responded to **67%** of concerns within the agreed timescales. We did not meet the target of 75% as there was reduced staff capacity from mid-December through to January.

How do we compare to our all Wales peers?

	C.difficile infections	6 th out of 6
	E.coli infections	6 th out of 6
	S.aureus bacteraemias (MRSA and MSSA) infections	5 th out of 6
	Serious incidents assured in a timely manner	4 th out of 9
	Timely responses to concerns and complaints	6 th out of 10

Risks

- Increasing number of patients admitted with diarrhoea over the last month and the risk of developing C.difficile increases for these patients;
- E.coli numbers may rebound in January as we tend to see an increase in cases related to Cholecystitis following Christmas;
- The high numbers of patient activity in the HB is likely to mean an increased number of blood cultures being taken, which will inevitably lead to an increased number of positive samples and infections identified;
- It is essential that a root cause analysis is undertaken promptly for each serious incident for action plans to be prepared and learning identified in a timely manner;
- Reduced staff capacity contributes to decline in concerns and complaints performance as information is not obtainable during this time.

What are we doing?

- We want to reduce the number of infections in hospitals and the community by educating the public and our health professionals on management of Norovirus, urinary tract infections (UTI), hydration and antibiotic usage.
- Media office have been supporting the public and staff with self-care messages during the Norovirus outbreak periods, reminding the public not to visit hospitals if they are or have been unwell;
- The high numbers of patient activity and ward outbreaks have meant that the Infection Prevention Team are constantly on the wards reminding staff of the need for good practise related to Hand Hygiene, Personal Protective Equipment and cleaning of equipment;
- A new Epidemiologist, commenced post in December.
- A review into serious incident closures has identified a number of factors which we are working very closely with Welsh Government to improve. Following each serious incident review is undertaken and meetings are held to support wider learning within the teams.
- Complaints case monitoring measures have been introduced to ensure that cases which do not require investigation are dealt with within 30 working days.

How did we do in November 2019?





33.3% of children and young people (316 out of 950) waited less than 26 weeks to start a neurodevelopment assessment. This is the combined figure for autistic spectrum disorder (ASD, 41.02% 274/668) and attention deficit hyperactivity disorder (ADHD, 14.89% 42/282) referrals.



53.3% of adults (780 out of 1,464) waited less than 26 weeks to start a psychological therapy with our Specialist Mental Health Service. Psychological therapies are used for common problems such as stress, anxiety, depression, obsessive compulsive disorder and phobias.

How do we compare to our all Wales peers?

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

Risks

Neurodevelopmental assessments:

- Delays in assessments can impact on the quality of life for patients and their families
- ASD - growing demand compared to current resources and difficulties in recruitment;
- ADHD – historical referral backlog and vacancies within the team.


Psychological therapies


- Increased demand for psychological therapy from primary and secondary care mental health services;
- Vacancies and inability to recruit into specialist posts;
- Service still providing a range of low intensity psychological interventions/therapy due to backlog of referrals;
- 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 Wales Patient Administration System (WPAS) which once implemented will allow timelier reporting. At that point we will undertake a review of the indicators available and enhance this briefing accordingly;
- Neurodevelopmental assessments
 - Each mental health service team is working with the all Wales performance Delivery Unit to undertake demand and capacity exercises;
 - Waiting list initiatives have been utilised;
 - Additional hours have been offered to current members of staff to increase capacity;
 - A part-time speech and language therapist has been recruited;
 - An investigation has been undertaken and a report written outlining the additional resources required for a sustainable ASD service;
 - Efficiency and productivity opportunities are being explored;
 - An additional part-time community GP post has been recruited.
 - The service is actively reviewing and managing referrals and referral pathways.
- Psychological therapies
 - A team restructure is underway;
 - A new service model is being developed;
 - Referrals from emotional cognitive scale (ECS) are no longer accepted in order for us to concentrate on high intensity therapy;
 - Waiting list initiatives are being utilised;
 - A single point of contact has been created for all referrals to ensure improved coordination and response.


How did we do?

 The '6 in 1' vaccine is given as a single injection to protect babies against 6 serious childhood diseases: diphtheria, hepatitis B, Haemophilus influenzae type b (Hib), polio, tetanus and whooping cough. The '6 in 1' vaccine is given at 8, 12 and 16 weeks old. Between July and Sept 2019, **94.5%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, consistent with uptake in the previous quarter (95.1%).






 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 Sept 2019, **91.0%** of children received 2 doses of the MMR vaccine by their 5th birthday, compared to 92.2% in the previous quarter.

 During April to September 2019, **1.80%** (1,002) of adults attempted to quit smoking using a smoking cessation service.

 **47.1%** of smokers who quit had the carbon monoxide (CO) levels in their blood confirm they has quit in July to September 2019.

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






Risks

- 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;
- Ensuring clear pathways are in place and used to help people quit smoking. This is especially important for inpatients and primary care;
- Ensuring that there is sufficient capacity within the weight management services to support adults to manage their weight;
- Develop a weight management service/approach for children.






What are we doing?

- There is a pilot scheme in place to improve the uptake of MMR for children. Those children identified as having outstanding MMR are offered immunisation in an alternative venue or at a more appropriate time (e.g. a nursery) to give parents more flexibility;
- 2 recently employed community immunisers have been focussed on flu vaccination throughout autumn, but from January 2020 will be supporting the childhood immunisation programme;
- Vaccination uptake data is shared with GPs to allow them to have a greater understanding of the uptake in their practice and how they benchmark against other GPs. This will enable GPs to more easily identify, plan, and target specific groups of patients;
- Ongoing recruitment of pharmacists and pharmacy technicians into the Pharmacy Level 3 Smoking Cessation Scheme to ensure services are provided across the Health Board area;
- Local Stop Smoking Wales services have been integrated;
- Pregnant women are CO validated during antenatal appointments;
- All pregnant women with a CO reading above 4PPM (parts per million) are offered specialist support to quit smoking;
- Weight management services are offered to adults with chronic conditions;
- The Health Board is awaiting the publication of a Welsh Government action plan (January 2020) to help implement the priorities in the new *Healthy Weight: Healthy Wales* strategy to develop a local response.

How did we do in November/December 2019?

-  **5.08%** of full time equivalent (FTE) staff days were lost due to sickness in the 12 month period December 2018 to November 2019. Hywel Dda Health Board has the lowest sickness rates of all of the larger Health Boards in Wales.
-  **75%** of our staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months.
-  **82.6%** 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.
-  **57%** of our consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan. Further improvement is needed over the coming months to meet the 90% target by March 2020.
-  The Health Board’s financial position at the end of December is **£20.1m deficit** for the financial year to date. In December we delivered £1.9m of savings schemes. The Health Board is working to identify further savings opportunities.

How do we compare to our all Wales peers?

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

Risks

- The current All Wales Management of Attendance Policy offers managers more discretion when escalating staff through the policy and emphasises a more compassionate approach to the management of attendance than was permitted in the previous policy. There have been some delays in Occupational Health (OH) referrals due to vacancies and sickness within the OH team which has contributed. In addition, there are long waits for counselling appointments in Employee Psychological Wellbeing. There has also been an increase in short term absences due to seasonal colds/flu type illness;
- Achieving the PADR target requires managers to overcome conflicting demands on their leadership roles and have adequate knowledge and skills to complete effectively. Additional risks arise from the lack of feasible training options;
- Medical and dental staff have difficulty securing time away from the workplace to attend mandatory level one training;
- The job planning process requires a number of phases to achieve finalisation, this needs to be effectively planned and coordinated around clinical time;
- We have a year-end Control Total requirement of £15.0m deficit. The current forecast is £25.0m deficit.

What are we doing?

- We are continuing to monitor and manage sickness closely. Sickness auditing is targeted to the wards and departments with the highest levels of absence and training in the new All Wales policy is ongoing. The performance assurance process is continuing to maintain a focus on sickness;
- Additional PADR training sessions will be organised throughout 2020 with discussions in place to develop an All Wales process that will bring consistency. We are currently reviewing our available internal; support mechanisms;
- Same day multi-subject training, face to face sessions, skills guides, telephone support and facilitated e-learning sessions are provided for staff;
- Job planning workshops have been arranged to take place across Hywel Dda between now and the end of March 2020. We have a collaborative approach to sharing best practise with the other Welsh Health Boards;
- The financial “Turnaround / Holding to Account” process provides a high level of scrutiny and challenge to our Directorate Leads in terms of adherence to assigned budget and delivery and identification of robust savings schemes.