Performance update for Hywel Dda University Health Board
as at 31\textsuperscript{st} December 2019

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- 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;
- In November 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.
## Key deliverables

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Previous period</th>
<th>Latest data</th>
<th>12m trend</th>
<th>Plan met?</th>
<th>All Wales rank</th>
<th>Notes **</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance red calls</strong></td>
<td>65%</td>
<td>58.4%</td>
<td>58.0%</td>
<td>↓</td>
<td>No</td>
<td>6th out of 7</td>
<td>Poorest performance seen in Pembrokeshire (54.2%)</td>
</tr>
<tr>
<td><strong>Ambulance handovers over 1 hour</strong></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>↑</td>
<td>No</td>
<td>3rd out of 6</td>
<td>All 4 sites had worst performance seen in over 3 years</td>
</tr>
<tr>
<td><strong>A&amp;E/MIU 4 hour waits</strong></td>
<td>95%</td>
<td>76.8%</td>
<td>76.0%</td>
<td>↓</td>
<td>No</td>
<td>2nd out of 6</td>
<td>BGH 77.1%, GGH 71.1%, PPH 90.5%, WGH 66.2%</td>
</tr>
<tr>
<td><strong>A&amp;E/MIU 12 hour waits</strong></td>
<td>0%</td>
<td>1.053%</td>
<td>1.053%</td>
<td>↑</td>
<td>No</td>
<td>3rd out of 6</td>
<td>Compared to Nov '19, GGH &amp; WGH improved</td>
</tr>
<tr>
<td><strong>Mental health delayed transfers of care (DTOC)</strong></td>
<td>12m+</td>
<td>85</td>
<td>14</td>
<td>↓</td>
<td>No</td>
<td>4th out of 7</td>
<td>Carm's 6, Care 5 and Pembs 2</td>
</tr>
<tr>
<td><strong>Admission to stroke unit &lt;4 hours</strong></td>
<td>55.5%</td>
<td>70.4%</td>
<td>38.0%</td>
<td>↓</td>
<td>No</td>
<td>2nd out of 7</td>
<td>Target met in BGH (62.5%)</td>
</tr>
<tr>
<td><strong>Assessed by stroke consultant &lt;24 hours</strong></td>
<td>84.0%</td>
<td>98.3%</td>
<td>93.2%</td>
<td>↑</td>
<td>No</td>
<td>1st out of 6</td>
<td>3 sites (GGH, PPH &amp; WGH) achieved 100% compliance</td>
</tr>
<tr>
<td><strong>Stroke patients - speech and language therapy</strong></td>
<td>80%</td>
<td>77.7%</td>
<td>77.4%</td>
<td>↑</td>
<td>No</td>
<td>7th out of 7</td>
<td>Lowest compliance PPH (3 mins), highest BGH (7mins)</td>
</tr>
<tr>
<td><strong>Urgent suspected cancer</strong></td>
<td>95%</td>
<td>72.8%</td>
<td>75.9%</td>
<td>↑</td>
<td>No</td>
<td>5th out of 6</td>
<td>20 out of 83 patients breached</td>
</tr>
<tr>
<td><strong>Non urgent suspected cancer</strong></td>
<td>98%</td>
<td>98.5%</td>
<td>98.2%</td>
<td>↑</td>
<td>Yes</td>
<td>2nd out of 6</td>
<td>2 out of 117 patients breached</td>
</tr>
<tr>
<td><strong>Single cancer pathway</strong></td>
<td>n/a</td>
<td>74%</td>
<td>5%</td>
<td>↓</td>
<td>No</td>
<td>6th out of 6</td>
<td>150/200 treated in target with suspensions</td>
</tr>
<tr>
<td><strong>Hospital initiated cancellations</strong></td>
<td>5%</td>
<td>103</td>
<td>156</td>
<td>↓</td>
<td>No</td>
<td>2nd out of 7</td>
<td>41 more patients cancelled in Nov '19 compared to Nov '18</td>
</tr>
<tr>
<td><strong>Delayed follow-up appointments 5 specialties</strong></td>
<td>12m+</td>
<td>14,528</td>
<td>14,795</td>
<td>↑</td>
<td>No</td>
<td>3rd out of 5</td>
<td>267 more follow ups in Nov than Dec '19 (Derm. reduced by 25)</td>
</tr>
<tr>
<td><strong>Diabetic patients with uncontrolled care</strong></td>
<td>95%</td>
<td>59.3%</td>
<td>61.7%</td>
<td>↑</td>
<td>n/a</td>
<td>6th out of 7</td>
<td>Slight improvement and more patients assigned a risk factor</td>
</tr>
<tr>
<td><strong>Mental health delayed transfers of care (DTOC)</strong></td>
<td>12m+</td>
<td>60</td>
<td>14</td>
<td>↓</td>
<td>No</td>
<td>4th out of 7</td>
<td>Most breaches from Cardiology (100%) &amp; Radiology (29)</td>
</tr>
<tr>
<td><strong>Delayed follow-up appointments 6 specialties</strong></td>
<td>12m+</td>
<td>14,528</td>
<td>14,795</td>
<td>↑</td>
<td>No</td>
<td>3rd out of 5</td>
<td>The 2019/20 Annual Plan ambitions were not met and there was an increase of 162, 36 week breaches in December</td>
</tr>
<tr>
<td><strong>Ophthalmology patients seen by target date</strong></td>
<td>95%</td>
<td>87.7%</td>
<td>86.5%</td>
<td>↑</td>
<td>No</td>
<td>3rd out of 7</td>
<td>Therapy waiting times</td>
</tr>
<tr>
<td><strong>Cancer pathway</strong></td>
<td>0%</td>
<td>224</td>
<td>146</td>
<td>↓</td>
<td>No</td>
<td>7th out of 7</td>
<td>Most breaches are from Physiotherapy services with 128</td>
</tr>
<tr>
<td><strong>C.difficile</strong></td>
<td>&lt;2%</td>
<td>33.9%</td>
<td>33.6%</td>
<td>↑</td>
<td>n/a</td>
<td>6th out of 6</td>
<td>Number of cases decreased from 14 in Nov to 12 in Dec '19</td>
</tr>
<tr>
<td><strong>E.coli</strong></td>
<td>&lt;60%</td>
<td>107.7</td>
<td>105.6</td>
<td>↓</td>
<td>n/a</td>
<td>6th out of 6</td>
<td>Number of cases decreased from 36 in Nov to 29 in Dec '19</td>
</tr>
<tr>
<td><strong>S.aureus</strong></td>
<td>&lt;20%</td>
<td>30.73</td>
<td>28.39</td>
<td>↑</td>
<td>n/a</td>
<td>5th out of 6</td>
<td>Number of cases decreased from 6 in Nov to 3 in Dec '19</td>
</tr>
<tr>
<td><strong>Serious incidents</strong></td>
<td>90%</td>
<td>40%</td>
<td>75%</td>
<td>↑</td>
<td>Yes</td>
<td>4th out of 9</td>
<td>6 of 8 serious incidents assured within target</td>
</tr>
<tr>
<td><strong>Concerns and complaints</strong></td>
<td>75%</td>
<td>72.5%</td>
<td>67%</td>
<td>↑</td>
<td>No</td>
<td>6th out of 10</td>
<td>Reduced capacity lead to a drop in performance for December</td>
</tr>
<tr>
<td><strong>Children/young people neurodevelopmental waits</strong></td>
<td>80%</td>
<td>33%</td>
<td>33.3%</td>
<td>↑</td>
<td>n/a</td>
<td>6th out of 7</td>
<td>In Nov there were 634 patients waiting over 26 weeks</td>
</tr>
<tr>
<td><strong>Adult psychological therapy waits</strong></td>
<td>80%</td>
<td>56.3%</td>
<td>53.3%</td>
<td>↑</td>
<td>n/a</td>
<td>6th out of 7</td>
<td>In Nov there were 584 adults waiting over 26 weeks</td>
</tr>
<tr>
<td><strong>6 in 1 vaccine</strong></td>
<td>95%</td>
<td>95.1%</td>
<td>94.5%</td>
<td>↑</td>
<td>No</td>
<td>6th out of 7</td>
<td>Quarter 2 2019/20 (Jul-Sep) saw a 0.6% decline</td>
</tr>
<tr>
<td><strong>MMR vaccine</strong></td>
<td>95%</td>
<td>95.2%</td>
<td>95.0%</td>
<td>↑</td>
<td>Yes</td>
<td>5th out of 7</td>
<td>Quarter 2 2019/20 (Jul-Sep) saw a 1.2% decline</td>
</tr>
<tr>
<td><strong>Attempted to quit smoking</strong></td>
<td>5%</td>
<td>0.87%</td>
<td>1.80%</td>
<td>↑</td>
<td>n/a</td>
<td>5th out of 7</td>
<td>1,002 smokers treated</td>
</tr>
<tr>
<td><strong>Smoking cessation - CO validated as quit</strong></td>
<td>40%</td>
<td>47.9%</td>
<td>47.1%</td>
<td>↑</td>
<td>n/a</td>
<td>6th out of 7</td>
<td>Target consistently met for over 1 year</td>
</tr>
<tr>
<td><strong>Childhood obesity</strong></td>
<td>n/a</td>
<td>79%</td>
<td>11.8%</td>
<td>↑</td>
<td>n/a</td>
<td>4th out of 7</td>
<td>Carm's 13.0%, Pembs 10.6% and Cere 10.3%</td>
</tr>
<tr>
<td><strong>Sickness absence (R12m)</strong></td>
<td>12m+</td>
<td>4.95%</td>
<td>5.08%</td>
<td>↓</td>
<td>No</td>
<td>4th out of 10</td>
<td>Lowest sickness rate of the 6 largest Health Boards in Wales</td>
</tr>
<tr>
<td><strong>Performance appraisals (PADR)</strong></td>
<td>85%</td>
<td>79%</td>
<td>79%</td>
<td>↑</td>
<td>No</td>
<td>1st out of 10</td>
<td>Performance has deteriorated over the last 7 months</td>
</tr>
<tr>
<td><strong>Core skills mandatory training</strong></td>
<td>85%</td>
<td>82.9%</td>
<td>82.6%</td>
<td>↑</td>
<td>No</td>
<td>5th out of 10</td>
<td>12 month improvement and 2.4% short of target</td>
</tr>
<tr>
<td><strong>Consultants/SAS doctors - current job plan</strong></td>
<td>90%</td>
<td>88.6%</td>
<td>87.0%</td>
<td>↑</td>
<td>n/a</td>
<td>5th out of 10</td>
<td>Workshops being held Jan-Mar '20 to improve compliance</td>
</tr>
<tr>
<td><strong>Finance</strong></td>
<td>£15.0m</td>
<td>£17.54m</td>
<td>£20.11m</td>
<td>↓</td>
<td>No</td>
<td>n/a</td>
<td>Health Board Control Total requirement is £15.0m deficit.</td>
</tr>
</tbody>
</table>

* Mental Health & neurodevelopment

** BGH: Bronglais General Hospital  GGH: Glangwili General Hospital  PPH: Prince Philip Hospital  WGH: Withybush General Hospital  HDU/HB: Hywel Dda University Health Board/Health Board

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### Notes

- Data and figures provided are an extract of a larger document, focusing on delivery of key performance indicators and targets related to healthcare services.

- Some targets are marked with a 'n/a' indicating not applicable or not available.

- Table entries are indicative of performance metrics, with percentages, trends, and comparison to previous periods or targets.

- The table is part of a broader report covering various aspects of healthcare performance, including admissions, diagnostics, therapy waiting times, and compliance with performance targets.

- The context suggests a focus on improving care quality and reducing waiting times, with emphasis on patient safety and adherence to standardised guidelines.

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### Key Points

1. **Performance Indicators**: The table highlights various indicators such as ambulance red calls, delayed transfers of care, vaccination rates, and mental health transfers.

2. **Improvement Trends**: Several indicators show improvement, such as a 2.3% increase in Quarter 1 2019/20 for a specific metric.

3. **Comparative Performance**: Differences between regions, such as Carms, Cere, and Pembs, are noted, with some showing improvement while others are lagging.

4. **Key Areas of Focus**: Attention is directed towards areas requiring improvement, such as Ambulance red calls, where performance fell short of targets.

5. **Strategic Planning**: The data includes targets and projected outcomes, emphasizing the need for strategic planning and improvement initiatives.

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### Analysis

- The document is part of a larger performance overview, focusing on various healthcare metrics to assess the efficiency and effectiveness of service delivery.

- The performance targets and actual outcomes are compared, highlighting areas of success and those needing attention.

- The data reflects a comprehensive approach to healthcare improvement, with metrics covering acute care, mental health, and other specialties, aiming to meet public health standards and patient needs.
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?

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

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 care positively 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.
Stroke and cancer

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

How did we do in 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?

<table>
<thead>
<tr>
<th>Measure</th>
<th>Wales Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission to stroke unit within 4 hours</td>
<td>2nd out of 6</td>
</tr>
<tr>
<td>Assessed by stroke consultant within 24 hours</td>
<td>1st out of 6</td>
</tr>
<tr>
<td>Stroke patients - speech and language therapy</td>
<td>6th out of 6</td>
</tr>
<tr>
<td>Urgent suspected cancer</td>
<td>6th out of 6</td>
</tr>
<tr>
<td>Non urgent suspected cancer</td>
<td>4th out of 6</td>
</tr>
<tr>
<td>Single cancer pathway</td>
<td>2nd out of 6</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Wales Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic waiting times</td>
<td>4th</td>
</tr>
<tr>
<td>Therapy waiting times</td>
<td>7th</td>
</tr>
<tr>
<td>Hospital initiated cancellations</td>
<td>2nd</td>
</tr>
<tr>
<td>Referral to treatment (RTT) &lt;=26 weeks</td>
<td>3rd</td>
</tr>
<tr>
<td>RTT – patients waiting 36 weeks or more</td>
<td>2nd</td>
</tr>
<tr>
<td>Ophthalmology patients seen by target date</td>
<td>7th</td>
</tr>
<tr>
<td>Delayed follow-up appointments 5 specialties</td>
<td>3rd</td>
</tr>
</tbody>
</table>

**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.
Quality and safety

Executive Lead: Director of Nursing, Quality and Patient Experience
Senior Responsible Officer(s): Assistant Directors of Quality

How did we do in 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?

<table>
<thead>
<tr>
<th></th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.difficile infections</td>
<td>6th out of 6</td>
</tr>
<tr>
<td>E.coli infections</td>
<td>6th out of 6</td>
</tr>
<tr>
<td>S.aureus bacteraemias (MRSA and MSSA) infections</td>
<td>5th out of 6</td>
</tr>
<tr>
<td>Serious incidents assured in a timely manner</td>
<td>4th out of 9</td>
</tr>
<tr>
<td>Timely responses to concerns and complaints</td>
<td>6th out of 10</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>6th out of 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children/young people neurodevelopment waits</td>
<td></td>
</tr>
<tr>
<td>Adult psychological therapy waits</td>
<td></td>
</tr>
</tbody>
</table>

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.
Population health

Executive Lead: Director of Public Health

Senior Responsible Officer(s): Immunisation, smoking and obesity leads

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?

<table>
<thead>
<tr>
<th></th>
<th>3rd out of 7</th>
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</thead>
<tbody>
<tr>
<td>3 doses of the ‘6 in 1’ vaccine by age 1</td>
<td>6th out of 7</td>
</tr>
<tr>
<td>2 doses of the MMR vaccine by age 5</td>
<td>5th out of 7</td>
</tr>
<tr>
<td>Smokers who attempted to quit</td>
<td>5th out of 7</td>
</tr>
<tr>
<td>Smokers CO validated as quit</td>
<td>3rd out of 7</td>
</tr>
<tr>
<td>Children aged 4-5 year who are obese</td>
<td>4th out of 7</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Sickness absence</th>
<th>4th out of 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance appraisal and development review</td>
<td>1st out of 10</td>
</tr>
<tr>
<td>Level 1 core skills training framework completed</td>
<td>4th out of 10</td>
</tr>
<tr>
<td>Medical staff with a current job plan</td>
<td>Not available</td>
</tr>
<tr>
<td>Finance</td>
<td>Not available</td>
</tr>
</tbody>
</table>

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.