

Performance update for Hywel Dda University Health Board

as at 31st January 2020

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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 to January were extremely challenging months across our unscheduled care pathway. We continue to implement our Winter Plan and work with partners to reduce the pressure on our services and provide safe care for patients. January performance showed some improvement for ambulance handovers and 4 hour A&E/MIU but is not where we want performance to be:

- The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (56%);
- 751 ambulance handovers were reported as taking longer than 1 hour;
- 77.9% of patients were seen within 4 hours in A&E/MIU (target 95%) and 1,066 patients spent longer than 12 hours (target 0);
- The census count day in January 2020 saw 11 mental health patients and 33 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 January, 93.6% of stroke patients were assessed within 24 hours by a specialist stroke consultant;
- 98.3% of patients on a non-urgent suspected cancer pathway started treatment within 31 days of it being agreed;

Where have we made improvements?

- The number of patients waiting more than 8 weeks for a diagnostic test decreased from 131 in December to 82 in January;
- 55.9% of stroke patients were admitted to a stroke unit within 4 hours in January 2020, compared to 64.6% in January 2019;
- The number of patients waiting more than 14 weeks for a specific therapy reduced from 146 in December to 138 in January;
- There has been a 12 month improvement in the number of staff completing their core skills training;
- Performance in respect of the Single Cancer Pathway improved by 1% from the previous month;
- 62.3% of high risk Ophthalmology patients waited no more than 25% over their clinical target date, an improvement from Dec 19;
- There were 14,785 patients in January having a delayed planned care specialty follow up outpatient appointment;
- 72% of concerns received a final reply within the agreed 30 working days, improvement from 67% in December.

Where is improvement needed?

- The 12 month improvement target was not met for speech and language therapy for stroke patients, continuous improvement is n
- The reduction target was not met for operations cancelled for non-clinical reasons within 24 hours of a patient's procedure date.
- The number of patients waiting over 36 weeks from referral to treatment increased from 726 in December to 940 in January;
- The percentage of urgent suspected cancer patients who commenced treatment within 62 days of referral reduced by 4.5%;
- In December 670 children/young people waiting over 26 weeks for a neurodevelopmental assessment and 735 adults waiting for a psychological therapy;
- In January we reported 9 C.difficile infections, 34 E.coli infections and 12 S.aureus infections;
- Performance for serious incidents assured within timescale declined from 67% in December to 44% in January;
- 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;
- We have a year-end Control Total requirement of a £25.0m deficit. The current forecast is a £35.0m deficit.

Our 36 key deliverable measures

Latest data

25

4

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 41% of measures:

- 1 4 measures
- 2 5 measures
- 3 5 measures
- 4 6 measures
- 5 4 measures
- 6 9 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.



Key deliverables

	Target	Previous period	Latest data	12m trend	Plan met?	All Wales rank	Notes **
Unscheduled care	Ambulance red calls	65%	58.0%	56.2%	↓	No	6 th out of 7 Poorest performance seen in past 12 month
	Ambulance handovers over 1 hour	0	799	751	↓	No	3 rd out of 6 BGH (101), GGH (405), PPH (66), WGH (179)
	A&E/MIU 4 hour waits	95%	76.0%	77.9%	↓	No	2 nd out of 6 BGH 77.8%, GGH 71.9%, PPH 92.1%, WGH 69.9%
	A&E/MIU 12 hour waits	0	1,053	1,066	↓	No	5 th out of 6 Poorest performance in over 3 years
	Non-mental health DTOC	12m↓	49	33	↓	Yes	5 th out of 8 Carms 15, Cere 5, Pembs 12 and 1 patient from out of county
	Mental health delayed transfers of care (DTOC)	12m↓	13	11	↓	No	5 th out of 7 Carms 4, Cere 5 and Pembs 2
Stroke and cancer	Admission to stroke unit <4 hours	59.8%	38.0%	55.9%	↓	No	1 st out of 6 Target met in BGH (73.7%) and PPH (83.3%)
	Assessed by stroke consultant <24 hours	84.2%	93.2%	93.6%	↑	No	1 st out of 6 WGH achieved 100% compliance
	Stroke patients - speech and language therapy	12m↑	34.8%	36.5%	↓	n/a	6 th out of 6 Lowest compliance PPH (13.0%), highest BGH (56.3%)
	Urgent suspected cancer	95%	75.9%	71.4%	↓	No	4 th out of 6 24 out of 84 patients breached
	Non urgent suspected cancer	98%	98.3%	99.3%	↑	Yes	1 st out of 6 1 out of 139 patients breached
	Single cancer pathway	12m↑	75%	76%	↓	n/a	4 th out of 6 Performance improved for the 3 rd consecutive month
Planned care and therapies	Hospital initiated cancellations	5%↓	156	156	↓	No	2 nd out of 7 84/156 due to ward beds being unavailable
	Delayed follow-up appointments 5 specialties	12m↓	14,795	14,785	↑	No	3 rd out of 5 1,624 fewer follow ups compared to January 2019
	Ophthalmology patients seen by target date	95%	60.6%	62.3%	n/a	n/a	6 th out of 7 459 additional patients with HRF status allocated
	Diagnostic waiting times	0	131	82	↓	No	2 nd out of 7 Most breaches from Cardiology (70)
	RTT – patients waiting 36 weeks+	0	726	940	↓	No	2 nd out of 7 The 2019/20 Annual Plan ambitions were not met and there was an increase of 214, 36 week breaches in January
	RTT – patients waiting <=26 weeks	95%	86.5%	87.1%	↓	No	3 rd out of 7
	Therapy waiting times	0	146	138	↓	No	7 th out of 7 127 in Physio, 10 in Occ. Therapy & 1 in Audiology
Quality and safety	C.difficile	<=25	38.66	37.53	↑	n/a	6 th out of 6 Number of cases decreased from 12 in Dec to 9 in Jan '20
	E.coli	<=67	105.61	105.46	↓	n/a	6 th out of 6 Number of cases increased from 29 in Dec to 34 in Jan '20
	S.aureus	<=20	28.30	29.16	↑	n/a	3 rd out of 6 Number of cases increased from 3 in Dec to 12 in Jan '20
	Serious incidents	90%	66.7%	44%	↑	No	2 nd out of 8 7 out of 16 serious incidents assured within target
	Concerns and complaints	75%	67%	72%	↑	No	6 th out of 10 Increased capacity led to a rise in performance for January.
MH +	Children/young people neurodevelopment waits	80%	33.3%	30.21%	n/a	n/a	6 th out of 7 In Dec 19 there were 670 patients waiting over 26 weeks
	Adult psychological therapy waits	80%	53.3%	51%	n/a	n/a	6 th out of 7 In Dec 19 there were 735 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	4 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↓	5.08%	5.12%	↓	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 remained at 75% since November
	Core skills mandatory training	85%	82.6%	82.7%	↑	No	4 th out of 10 12 month improvement and 2.3% short of target
	Consultants/SAS doctors - current job plan	90%	57.0%	64.0%	n/a	No	n/a Further work is needed to streamline the current process
	Finance	£15m	£20.11m	£30.2m	↓	n/a	n/a Health Board Control Total requirement is a £25.0m deficit.

+ Mental Health & neurodevelopment

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



How did we do in January 2020?



56.2% of ambulances arrived to patients with life threatening conditions within the 8 minute target. This is our poorest performance in over 2 years.



751 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 an improvement of 48 from December 2019.



12,237 patients attended an A&E/MIU in January as a new attender. Of these patients, **78%** were seen and treated within 4 hours of arrival but 2,699 patients waited longer and **1,066** patients waited over 12 hours. From April to January there has been a 5% increase in attendances for major illness compared to 2018.



In January there were 3,824 emergency admissions to our hospitals of which 2,159 (57%) were admitted via A&E/MIU. On average medical emergency patients stayed in hospital for 10 days (Apr-Jan).



On January census count day there were **33** patients (aged 75 plus) and **11** 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	5 th out of 6
	Non-mental health patients aged 75+ DTOC	5 th out of 8
	Mental health patients DTOC	5 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 (2,023 hours) result in delayed response to patients;
- High sickness levels in the Wales Ambulance Service Trust (WAST) have a negative impact on ambulance response times;
- Ambulatory care pathway congestion, increases the number of patients seen in A&E/MIU;
- 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; BGH has re-established a formal ambulatory care area;
- [Improvement Cymru](#) are supporting GGH with real time demand and capacity planning to be rolled out in March;
- 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;
- We are planning in advance of when patients are medically optimised to reduce the delay of them being able to leave hospital. BGH has re-established a formal discharge team;
- £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;
- Winter pressures funding has been used to source alternative forms of care provision;
- Active recruitment for vacant care, medical and nursing positions.



How did we do in December 2019/January 2020?

-  **55.9%** of patients presenting at our 4 acute hospitals in January with a stroke were then admitted to a dedicated stroke unit within 4 hours.
-  73 of the 78 (**93.6%**) patients admitted with a stroke in January were assessed by a specialist stroke consultant within 24 hours.
-  Only a third (**36.5%**) of stroke patients had the recommended amount of speech and language therapy in hospital during January, therefore, the 12 month improvement target was not met.
-  During December 2019, **71.4%** of cancer patients who were referred by their GP as urgent with suspected cancer, commenced treatment within 62 days of their referral.
-  1 out of 139 (**99.3%**) 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 December, 76% of patients covered by the SCP were treated within 62 days of the point of suspicion, a 1% improvement on previous month.

How do we compare to our all Wales peers?

	Admission to stroke unit within 4 hours	1 st 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	4 th out of 6
	Non urgent suspected cancer	1 st out of 6
	Single cancer pathway	4 th 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 (7 breaches) – the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment due to the need for multiple investigations / 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 (7 breaches)
 - Diagnostic service capacity pressures within our Radiology service present a risk to recovery. Diagnostic delays have been identified as the cause of 10 reported breaches of patients treated in December 2019
 - 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. The stroke redesign business case is in progress and will be completed by the end of 2020 for consideration by the Board in early 2021.
 - 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 December/January 2019?



82 patients waited over 8 weeks for a diagnostic test in January which is 49 fewer compared to the previous month.



138 patients waited longer than 14 weeks for a therapy appointment, (127 Physiotherapy, 10 Occ. Therapy and 1 Audiology).



156 patients had their procedure cancelled within 24 hours in December and the 12 month trend is showing a decline.



In January, **87.1%** were waiting less than 26 weeks from referral to being treated (RTT) and 940 patients waited beyond 36 weeks.



In January **62.25%** of high risk (R1) Ophthalmology patients waited no more than 25% over their clinical target date, a 1.66% improvement over the previous month. The number of patients yet to be allocated a risk factor further reduced to 487 (2.6%).



In January, **32,422** 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.

How do we compare to our peers?

	Diagnostic waiting times	2 nd 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	6 th out of 7
	Delayed follow-up appointments 5 specialties	2 nd out of 7

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 resulting from maternity and sickness.
- 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;
- Additional capacity has been secured for Therapies from redeployment of staff from within existing teams across counties and from agency. Delivery Unit providing support for longer term Therapy Informed Sustainable Demand & Capacity Planning;
- 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. WG support has been secured for additional outsource capacity 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 clinical transformation plans to undertaken appointments outside the traditional clinic setting.





How did we do in January 2020?

 Clostridium difficile (C.diff) is an infection of the bowel that is generally associated with the use of antibiotics. Hywel Dda diagnosed **9** cases of C.diff in January, a slight reduction from 12 in December.






 Escherichia coli (E.coli) is a blood stream infection. The number of diagnosed E.coli infections increased from 29 in December to **34** in January.

 Staphylococcus aureus (S. aureus) is also a blood stream infection. The number of cases of S.aureus increased from 3 cases in December to **12** in January.

 In January, we reported **1,379** incidents of which **1,189** were patient safety related. We also reported **13** serious incidents to Welsh Government. Welsh Government ask Health Boards to review and close serious incidents within 60 working days. There were **16** serious incidents due for closure with Welsh Government in January of which **44 % (7/16)** were closed in the agreed timescale.

 We responded to **72%** of concerns within 30 working days (30WD). This has been achieved due to a full complement of staff and regular audits of all cases, particularly those Graded 1-3 which do not require an RCA as part of the investigation.

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	3 rd out of 6
	Serious incidents assured in a timely manner	2 nd out of 8
	Timely responses to concerns and complaints	6 th out of 10

Risks

- There has been a decrease in C.difficile infections during January which was not expected given the large amount of diarrhoea circulating in the community and hospitals;
- There has been a rebound increase in E.coli which was predicted as these infections do follow on from festive periods due to excessive celebrations;
- It is essential that formal review (root cause analysis) of each serious incident is undertaken and that improvement and a learning action plan is prepared and implemented in a timely manner;
- Potential for delay in service responses to the lower graded complaints cases which are being handled by the PSCC (Patient Support Contact Centre) or the PALS team.

What are we doing?

- Currently all Infection Prevention activity in Community and Acute is focused on Coronavirus preparedness:
 - Fitting staff for respiratory masks;
 - Ensuring staff are competent in donning and doffing procedures;
 - Training staff in current sampling requirements;
 - Training staff in sample and waste handling.
- 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;
- Communicating the need to reply promptly to the lower graded concerns so that the 30WD target is achieved. Continued weekly audits of the PSCC data is assisting in highlighting any cases which are close to the target date of 30WD, which are then escalated appropriately. Monthly and quarterly audits of cases being investigated through PTR. Cases which are approaching/exceed 6 months are escalated appropriately for urgent actions.



How did we do in December 2019?



30.21% of children and young people (290 out of 960) waited less than 26 weeks to start a neurodevelopment assessment. This is the combined figure for autistic spectrum disorder (ASD, 35.35% 234/662) and attention deficit hyperactivity disorder (ADHD, 18.79% 56/298) referrals.



51% of adults (765 out of 1,500) 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 did we compare to our 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	6th out of 7
	2 doses of the MMR vaccine by age 5	5th out of 7
	Smokers who attempted to quit	4th out of 7
	Smokers CO validated as quit	3rd out of 7
	Children aged 4-5 year who are obese	4th out of 7

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 December 2019/January 2020?

 **5.12%** of full time equivalent (FTE) staff days were lost due to sickness in the 12 month period January 2019 to December 2019. Hywel Dda Health Board still 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.

 **82.7%** 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.

 **64%** of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan. The numbers of current job plans has risen by 7% since last month which is encouraging but further improvement is required.

 The Health Board's financial position at the end of January is a **£30.2m deficit** for the financial year to date after recognising 10/12ths of the £10.0m clawback (see Risks below). In January 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 managing attendance than was permitted in the previous policy – there has been a notable increase in rates since the new policy was introduced. In addition, there has been an increase in short term absence due to seasonal colds/flu type illness and outbreak of Norovirus;
- 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. Performance Management and PADRs will need to be completed to required standards consistently throughout the organisation to ensure successful implementation of the new Pay Progression Policy;
- Fire training compliance has fallen to 67.1% impacting on the overall 85% target for core skills due to a lack of provision of face to face fire safety 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 a £25.0m deficit. The current forecast is a £35.0m deficit, following the clawback of £10.0m additional WG funding which was based on delivering a £15.0m 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 this year. The first quarterly visit will be held in Prince Philip Hospital on 12th March where the Organisational Development team will systematically review PADR compliance rates and quality. This will then provide opportunities to review ongoing support for leaders to progress effective performance management in that acute site;
- Fire training level 1 is reverting to the e-learning module which should see compliance levels raise;
- Job Planning workshops continue to be held across Health Board sites and the Senior Medical Workforce Manager has been actively involved in the job planning process to support the job plan reviews being undertaken;
- 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 budgets and delivery and identification of robust savings schemes.

