

Performance update for Hywel Dda University Health Board

as at 31st October 2019

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Overview

Unscheduled care

Stroke and cancer

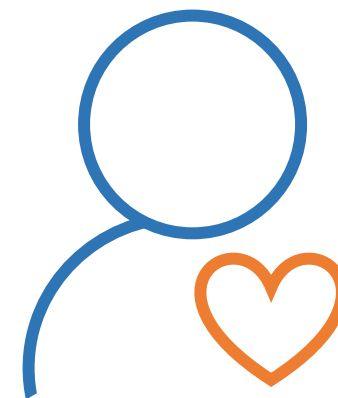
Planned care and therapies

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neurodevelopmental

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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.

Which targets have we achieved?

- The target has been consistently met since April 2019 for delayed transfers of care of mental health patients;
- In October, all 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;
- The reduction target was met for operations cancelled for non-clinical reasons within 24 hours of a patient's procedure date;
- Responses to concerns within 30 working days of the complaint being received by us exceeded the 75% target in October;
- Between April and June, 95.1% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday;
- We have the lowest staff sickness rate of the 6 largest Health Boards in Wales.

Where have we made improvements?

- Despite early winter pressures, our A&E/MIU waiting times improved slightly in October compared to September;
- The number of patients waiting more than 8 weeks for a diagnostic test reduced from 391 in September to 164 in October;
- The number of patients waiting more than 14 weeks for a specific therapy reduced from 426 in September to 277 in October;
- 51.2% of stroke patients were admitted to a stroke unit within 4 hours in October, compared to 39.0% in September;
- 97% of patients on a non-urgent suspected cancer pathway started treatment within 31 days of it being agreed;
- There were 4,720 fewer patients in October having a delayed planned care specialty follow up outpatient appointment;
- There was a 1.6% improvement in April-June for children having the recommended doses of the MMR vaccine;
- There has been a 12 month improvement in the number of staff completing their core skills training and staff having a performance appraisal development review;
- At the end of October, 9% more consultants and SAS doctors had an up-to-date job plan than the previous month;

Where is improvement needed?

- The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions;
- 465 ambulance handovers were reported as taking longer than 1 hour which is a deterioration from 406 the previous month;
- The census count day in October 2019 saw high numbers of delayed transfers of care for patients aged 75+ (60 patients);
- During September 2019, 73.9% (68/92) of urgent suspected cancer patients commenced treatment within 62 days of referral;
- The number of patients waiting over 36 weeks from referral to treatment increased from 452 in September to 476 in October;
- Only 58.1% of high risk Ophthalmology patients waited no more than 25% over their clinical target date;
- Performance for serious incidents assured within timescale has been declining away from target since July 2018;
- In September there were 585 children / young people waiting over 26 weeks for a neurodevelopmental assessment and 625 adults waiting over 26 weeks for a psychological therapy;
- We are unlikely to achieve the end of year deficit of no more than £15m that was previously agreed with Welsh Government.

Spotlight on infection control

- Our healthcare acquired infection rates are higher than we would like with mixed results over the past month. We are working hard to address this.
 - C.difficile - number of cases decreased from 13 in September to 12 in October;
 - E.coli - number of cases decreased from 37 in September to 30 in October;
 - S.aureus - number of cases increased from 9 in September to 16 in October.

Our 32 key deliverable measures

Latest data

20

5

7

All Wales rank

All Wales data is available for 30 of the 32 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 40% of measures:

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



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Latest performance overview		Target	Previous period	Latest data	12m trend	Plan met?	All Wales rank	Notes **
Unscheduled care	Ambulance red calls	65%	68.5%	61.9%	↑	No	3 rd out of 7	Poorest performance seen in Carmarthenshire (59.9%)
	Ambulance handovers over 1 hour	0	406	465	↓	No	3 rd out of 6	BGH only site to see a decrease in delays (-46) to last month
	A&E/MIU 4 hour waits	95%	80.3%	81.1%	↓	No	2 nd out of 6	Compared to Sep '19, all acute sites improved except PPH
	A&E/MIU 12 hour waits	0	910	882	↓	No	3 rd out of 6	Compared to Sep '19, all acute sites improved except PPH
	Non-mental health DTOC	12m↓	54	60	↓	No	6 th out of 8	27 in Carmarthenshire and 20 in Pembrokeshire in Oct '19
	Mental health delayed transfers of care (DTOC)	12m↓	7	6	↑	No	1 st out of 7	Target has been consistently met in 2019/20
Stroke and cancer	Admission to stroke unit <4 hours	55.5%	39.0%	51.2%	↓	No	1 st out of 6	Target not met in GGH (30.8%) or PPH (42.9%)
	Assessed by stroke consultant <24 hours	84.0%	96.1%	100%	↑	Yes	3 rd out of 6	Best performance since April 2019
	Stroke patients - speech and language therapy	12m↑	38.9%	33.3%	↑	n/a	5 th out of 6	Lowest compliance WGH (25.4%) and highest GGH (51.5%)
	Urgent suspected cancer	95%	75.7%	73.9%	↓	No	6 th out of 6	24 out of 92 patients breached
	Non urgent suspected cancer	98%	96.4%	97.0%	↓	No	4 th out of 6	4 out of 140 patients breached
	Single cancer pathway	12m↑	76.7%	76.7%	n/a	n/a	2 nd out of 6	Not enough data to do a 12 month trend
Planned care and therapies	Hospital initiated cancellations	5%↓	100	118	n/a	Yes	2 nd out of 7	50 fewer patients cancelled in Sep '19 compared to Sep '18
	Delayed follow-up appointments 5 specialties	12m↓	21,235	16,515	↓	No	3 rd out of 5	There was 22% improvement in Oct '19 (4,720 patients) to Sep.
	Ophthalmology patients seen by target date	95%	58.3%	58.1%	n/a	n/a	7 th out of 7	This is a new measure with 6 months of reported data
	Diagnostic waiting times	0	391	164	↓	No	5 th out of 7	227 fewer breaches in October compared to previous month
	RTT – patients waiting 36 weeks+	0	452	476	↑	No	2 nd out of 7	The 2019/20 Annual Plan ambitions were not met and there was a decline in performance for both RTT metrics
	Referral to treatment (RTT) <=26 weeks	95%	86.5%	87.5%	↑	No	3 rd out of 7	
	Therapy waiting times	0	426	277	↓	No	7 th out of 7	261 Physiotherapy, 13 Occupational Therapy & 3 Dietetics
Quality and safety	C.difficile	<=25	38.38	38.14	↑	n/a	6 th out of 6	Number of cases decreased from 13 in Sep to 12 in Oct '19
	E.coli	<=67	109.44	106.89	↓	n/a	6 th out of 6	Number of cases decreased from 37 in Sep to 30 in Oct '19
	S.aureus	<=20	29.56	32.38	↑	n/a	5 th out of 6	Number of cases increased from 9 in Sep to 16 in Oct '19
	Serious incidents	90%	53.8%	30.8%	↓	No	6 th out of 9	Further decline in performance (8 out of 26 met target)
	Concerns and complaints	75%	83.0%	76.5%	↑	Yes	4 th out of 10	Performance improved by 8.5% since Oct '18
MH +	Children/young people neurodevelopment waits	80%	36.5%	34.6%	n/a	n/a	7 th out of 7	In Sep' 19 there were 585 patients waiting over 26 weeks
	Adult psychological therapy waits	80%	60.0%	57.94%	n/a	n/a	6 th out of 7	In Sep' 19 there were 625 adults waiting over 26 weeks
Population Health	'6 in 1' vaccine	95%	92.8%	95.1%	↑	Yes	7 th out of 7	Quarter 1 2019/20 (Apr-Jun) saw a 2.3% improvement
	MMR vaccine	95%	90.6%	92.2%	↑	Yes	7 th out of 7	Quarter 1 2019/20 (Apr-Jun) saw a 1.6% improvement
	Attempted to quit smoking	5%	3.40%	0.87%	↔	n/a	5 th out of 7	486 smokers treated
	Smoking cessation - CO validated as quit	40%	49.70%	47.90%	↓	n/a	3 rd out of 7	Target consistently met for over 1 year
	Childhood obesity		13.3%	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↓	4.90%	4.95%	↑	n/a	4 th out of 10	Lowest sickness rate of the 6 largest Health Boards in Wales
	Performance appraisals (PADR)	85%	77.0%	76.0%	↑	No	1 st out of 10	12 month improvement despite recent 2 months dipping 1%
	Core skills mandatory training	85%	82.6%	82.9%	↑	No	5 th out of 10	12 month improvement and 2.1% short of target
	Consultants/SAS doctors - current job plan	90%	52.0%	61.0%	n/a	No	n/a	Current improvement rate must continue to achieve year-end
	Finance	£15.0m	£12.56m	£14.53m	↓	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.



How did we do in October 2019?



61.9% of ambulances arrived to patients with life threatening conditions within the 8 minute target.



465 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 two and a half times the handover delays that we reported in October 2018 (185).



13,309 patients attended an A&E/MIU in October as a new attender. Of these patients, **81.1%** were seen and treated within 4 hours of arrival but 2,522 patients waited longer and **882** patients waited over 12 hours; this is an improvement from September but much higher than we want. From April to October there has been a 3.2% increase in attendances for major illness compared to 2018.



In October there were 3,498 emergency admissions to our hospitals of which 2,101 (60%) were admitted via A&E / MIU. On average medical emergency patients stayed in hospital for 9 days (Apr-Sep).



On October census count day there were **60** patients (aged 75 plus) and **6** 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. The average daily number of medically optimised patients in October was 95 which equates to 15% of our adult funded beds. Delayed discharges have a direct impact on patients waiting in A&E.

How did we compare to our all Wales peers in Aug/Sep 2019?

	Ambulance reaching patients with life threatening conditions within 8 minutes	3 rd 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	6 th out of 8
	Mental health patients DTOC	1 st out of 7

Risks

- Staff vacancies in our hospitals lead to difficulty filling doctor and nursing shift rotas which impacts on our ability to treat patients in a prompt manner;
- High sickness levels in the Wales Ambulance Service Trust (WAST) have a negative impact on ambulance response times;
- Delays in handing over patients at our hospitals means ambulances are not always immediately available to respond to life threatening calls;
- At times there are not enough GPs to run the Out of Hours service which often results in an increase in A&E / MIU attendances;
- Long inpatient waits for temporary care (reablement) and long term care;
- Depleted nursing home beds and the closure of an elderly mentally ill nursing home during October meant the transfer of care out of hospital was delayed for some patients across the 3 counties;
- Recruitment into the community care sector, medical, therapist and nursing positions is challenging;
- Vacancies in community hospitals are negatively impacting on the efficient transfer of some patients from our main hospitals.

What are we doing?

- A local action plan has been developed to improve ambulance response times. This includes recruitment of additional paramedics;
- Ambulatory care is medical care provided as an outpatient and includes observation, investigations, diagnosis, treatment and rehabilitation. 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;
- We are planning in advance of when patients are medically optimised to reduce the delay of them being able to leave hospital;
- Patients affected by the elderly mentally ill nursing home closure were found alternative placements in Hywel Dda, Swansea or Powys;
- We received £12m from the national transformation fund. This will be used for technology-enabled care for people in their homes, integration of health and care services and to support people to remain independently.
- The Health Board and Local Authorities are actively recruiting into vacant care, medical and nursing positions;
- Planning our services to meet additional pressures during winter.



How did we do in September/October 2019?



51.2% of patients presenting at one of our 4 acute hospitals in October with a stroke were then admitted to a dedicated stroke unit within 4 hours.



All (**100%**) of the 53 patients admitted with a stroke in October were assessed by a specialist stroke consultant within 24 hours.



Only a third (**33.3%**) of stroke patients had the recommended amount of speech and language therapy in hospital during October 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 business case will be completed by March 2020 for consideration by the Board early in 2020-21



During September 2019, **73.9%** (68/92) of cancer patients who were referred by their GP as urgent with suspected cancer, commenced treatment within 62 days of their referral.



97% (136/140) 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 their cancer is suspected until their treatment starts. The new pathway increases the number of patients who will be monitored during the diagnostic phase of their pathways. In August, **76.7%** of patients covered by the SCP were treated within 62 days of the point of suspicion.

How did we compare to our all Wales peers in Aug 2019?

	Admission to stroke unit within 4 hours	1 st out of 6
	Assessed by stroke consultant within 24 hours	3 rd out of 6
	Stroke patients - speech and language therapy	5 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.
 - 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;
 - Funding has been secured to support a 7-day working in our CT pathway and the provision of additional MRI capacity to cover BGH patients;
 - SBUHB has appointed an additional gynaecology cancer surgeon;
 - SBUHB are recruiting oncologists to help address the tertiary centre capacity issue.
 - A group has been established to coordinate planning activities in respect of the SCP. Investment has been secured from Welsh Government to support partial expansion of diagnostic service capacity.



How did we do in September/October 2019?



164 patients waited over 8 weeks for a diagnostic test in October which is a 227 reduction since the previous month.



277 patients waited longer than 14 weeks for a therapy appointment, which is a 149 reduction from September.



118 patients had their procedure cancelled within 24 hours in September and the 5% reduction target was met;



In October, **87.5%** were waiting less than 26 weeks from referral to being treated (RTT) and **476** patients waited beyond 36 weeks.



58.1% of R1 Ophthalmology patients waited no more than 25% over their clinical target date. A patient is classed as R1 if there is risk of irreversible harm or a significant patient adverse outcome if their target date is missed. 7.2% (361) patients are yet to be allocated a risk factor.



In October, 34,989 outpatients waited twice as long as their proposed wait for a follow up appointment. This includes **16,515** patients waiting for a Trauma & Orthopaedics, Ear, Nose & Throat, Urology, Dermatology or Ophthalmology outpatient appointment. In total there are 8,864 less patients delayed since the previous month.

How did we compare to our all Wales peers in Apr-Aug 2019?

	Diagnostic waiting times	5 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 from capacity being impacted by unexpected issues e.g. fire regulations, vacancies, sickness and unexpected annual leave;
- 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;
- Our eye care service is improving cataract referral to enable a direct surgery listing process as well as increasing the number of 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 September/October 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 October, a slight reduction from 13 in September.



Escherichia coli (E.coli) is a blood stream infection. The number of diagnosed E.coli infections reduced from 37 in September to **30** in October. The high number of cases seen over the summer months has not been sustained.



Staphylococcus aureus (S. aureus) is also a blood stream infection. The number of cases of S.aureus increased from 9 cases in September to **16** in October. Half of the cases in October were related to skin and bone infections and were unavoidable.



In September there were 1,120 incidents reported of which 12 were reported as serious incidents. Welsh Government ask Health Boards to review and close serious incidents within 60 working days. In September, **30.8%** of our serious incidents were closed in this agreed timescale.



We responded to **76.5%** of concerns within the agreed timescales and achieved the 75% target.

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	6 th out of 9
	Timely responses to concerns and complaints	4 th out of 10

Risks

- Antibiotics are often necessary to treat infections in the community and in hospital but broad spectrum antibiotics can disturb the good bacteria in the bowel which can take up to 6 months to recover putting the patient at risk of developing c.diff.
- Management of urine infections in the community remains an issue with one third of E.coli cases being urine related and positive on admission to hospital.
- We are now going in to winter months and seeing an increasing number of infections related to respiratory infections which may then lead to secondary blood stream infections.
- 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 capacity in our Patient Advice and Liaison Service (PALS) is affecting the amount or proactive work we are able to do with our clinical staff and in the community.

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 urinary tract infections (UTI), hydration and antibiotic usage.
 - In WGH there has been improved engagement with both pharmacists and consultants on patients' antibiotics management;
 - 'Jabs to Tabs' training has been delivered to our staff across all acute sites as part of World Antibiotic Awareness Week.
 - Education sessions have been delivered to all admission units on management of UTI's 'Do Not Dipstick over 65's'
 - Faecal Microbiota Transplant (FMT) is now available as a service across the health board.
- A review into our serious incident closures has identified a number of factors which we are working very closely with colleagues in Welsh Government to improve. Following each serious incident a full review is undertaken and 'learning from events' meetings are held to support wider learning within the teams. A number of safety posters have been developed to support wider learning.
- Increased staffing levels in our Patient Support Contact Centre has enabled some complaint cases to be dealt with more efficiently.



How did we do in September 2019?



34.6% of children and young people (310 out of 895) waited less than 26 weeks to start a neurodevelopmental assessment. This is the combined figure for autistic spectrum disorder (ASD, 42.5%) and attention deficit hyperactivity disorder (ADHD, 17.2%) referrals.



57.9% of adults (861 out of 1,486) 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 all Wales peers in Aug 2019?

	Children/young people neurodevelopment waits	7 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). The launch date is planned for January 2020 and 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.
- 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 April and June 2019, 95% of children had received 3 doses of the '6 in 1' vaccine by their first birthday, an improvement of 2.3% from the previous quarter.



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 April and June 2019, 92% of children received 2 doses of the MMR vaccine by their 5th birthday. This is an improvement of 1.6% from the previous quarter.



In April to June 2019, 0.87% (486) of adults attempted to quit smoking using a smoking cessation service.



47.9% of smokers who quit had the carbon monoxide (CO) levels in their blood confirm they has quit in April to June 2019.



Obesity is a risk factor for many life-threatening conditions including diabetes, heart disease, bowel cancer and stroke. The most recent data 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	7th out of 7
	2 doses of the MMR vaccine by age 5	7th out of 7
	Smokers who attempted to quit	5th 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 the MMR and '6 in 1' 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 network in some parts of Carmarthenshire, Ceredigion and Pembrokeshire.
- Ensuring clear pathways are in place and used to help people quit smoking. This is especially important for inpatients and patients seen in primary care;
- Ensuring that there is sufficient capacity within the weight management services to support adults to manage their weight.
- We need to develop a weight management service/approach for children.

What are we doing?

- We have a pilot scheme in place to improve the uptake of MMR for children living in the Hywel Dda area. Those children identified as having outstanding MMR are offered immunisation in an alternative venue (e.g. a nursery) to give parents more flexibility with venue and time to have their child immunised;
- We have employed 2 community nurse immunisers;
- We are sharing vaccination uptake data with our GPs to allow them to have a greater understanding of the uptake in their practice and how they perform to other GP practices in their area. This will enable to the GPs to more easily identify, plan, and target specific groups of patients where uptake is low.
- 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 integrated into the Hywel Dda;
- Pregnant women are CO validated during their antenatal appointments;
- All pregnant women with a CO reading above 4PPM (parts per million) are offered specialist support to quit smoking;
- We offer weight management services to adults with chronic conditions;
- We are awaiting the publication of a Welsh Government action plan (January 2020) to help implement the priorities in the new *Healthy Weight: Healthy Wales* strategy. We will develop a local response to this plan.



How did we do in September/October 2019?



4.95% of full time equivalent (FTE) staff days were lost due to sickness in the 12 month period October 2018 to September 2019.



76% of our staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months.



82.9% of our staff have completed their level 1 core skills training which includes topics such as manual handling, safeguarding and information governance.



61% 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 October is **£14.5m deficit** for the financial year to date. In October we delivered £1.6m of savings schemes. The Health Board is working in conjunction with KPMG to identify further savings opportunities.

How did we compare to our all Wales peers in July 2019?

	Sickness absence	4 th out of 10
	Performance appraisal and development review	1 st out of 10
	Level 1 core skills training framework completed	5 th out of 10
	Medical staff with a current job plan	Not available
	Finance	Not available

Risks

- The current all Wales sickness policy encourages more management discretion than was permitted in our previous policy. This is better for staff and gives managers more autonomy to make suitable adjustments. We did see a temporary increase in sickness when the policy was originally introduced but that has since improved;
- Achieving the PADR target requires managers to overcome conflicting demands on their leadership roles. 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;
- Given our year to date position, we are unlikely to achieve the end of year deficit of no more than £15m that was previously agreed with Welsh Government.

What are we doing?

- We are continuing to closely monitor and manage sickness. Compliance with the policy is being audited where sickness rates are at their highest and training on the new All Wales policy is ongoing;
- Additional PADR training sessions have been organised and discussions are in place to develop an e-learning package. We are also reviewing our available 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.