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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>26<sup>th</sup> March 2020</b>	<b>Agenda Item</b>	<b>2.5</b>
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Hannah Roan, Performance and Contracting Manager		
<b>Report Sponsor</b>	Darren Griffiths, Interim Director of Finance and Performance		
<b>Presented by</b>	Darren Griffiths, Interim Director of Finance and Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2019/20 NHS Wales Delivery Framework.		
<b>Key Issues</b>	<p>This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><b>Unscheduled Care-</b> In February 2020 the Minor Injuries Unit in Neath Port Talbot Hospital continued to exceed the national 4 hour waiting times target of 95% and Morriston Hospital's performance improved from 60.73% in January to 63.52% in February 2020. Overall, the Health Board's performance against the 4 hour target improved from 71.6% in January 2020 to 74.08% in February 2020. This was mirrored in improved performance against the 12 hour A&amp;E target, ambulance handovers over 1 hour and ambulance response to red calls within 8 minutes.</p> <p><b>Planned Care-</b> Waiting times for outpatient appointments improved in February 2020 however, waiting times for elective treatment deteriorated. The planned care position continues to be robustly managed in order to deliver the best possible position at the end of quarter 4.</p> <p><b>Diagnostic waiting times-</b> The number of patients waiting over 8 weeks for Echo Cardiograms in February 2020 significantly reduced in line with the recovery plan developed by the service.</p> <p><b>Therapy waiting times-</b> In February 2020 there was 1 patient waiting over 14 weeks for Occupational Therapy (Learning</p>		

	<p>Disabilities). Therapy services are usually maintained below weeks, therefore a nil position should be expected for March 2020.</p> <p><b>Child and Adolescent Mental Health Services (CAMHS)-</b> In February 2020, 0% of routine assessments were undertaken within 28 days of referral. This was due to reduced capacity in the Swansea area which resulted in a reduction in activity. The service continue to aim to significantly improve this position by the end of March 2020 and is making every effort to improve performance through Waiting List initiatives and recruitment of staff.</p> <p><b>GP OOH-</b> Data continues to be omitted from this report until signed off by the Primary Care and Community Services Unit Board. This was delayed due to the Christmas period however there is now a further delay in releasing the data as the service has identified an issue with the electronic system (Adastra) which has resulted in inaccuracies for January and February 2020. Informatics is currently implementing a solution and it is anticipated that the data will be available for the next performance report in April 2020.</p> <p><b>Public Health Measures-</b> Following feedback from Performance &amp; Finance Committee, discussions have commenced with the Local Public Health Team to identify alternative measures that would provide a better assessment of performance for public health as the vast majority of measures currently reported are not captured frequently. Discussions will continue with Public Health however it is recognised that progress may be impacted by the COVID 19 outbreak as Public Health colleagues are heavily involved managing the imminent outbreak.</p>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>note current Health Board performance against key measures and targets and the actions being taken to improve performance.</li> </ul>			

# INTEGRATED PERFORMANCE REPORT

## 1. INTRODUCTION

The purpose of this report is to provide an update on current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2019/20 NHS Wales Delivery Framework.

## 2. BACKGROUND

The NHS Wales Delivery Framework 2019/20 sets out 20 outcome statements and 96 measures under 7 domains, against which the performance of the Health Board is measured. Appendix 1 provides an overview of the Health Board's latest performance against the Delivery Framework measures along with key local quality and safety measures. In Appendix 1, the targeted intervention priorities (i.e. unscheduled care, stroke, RTT, cancer and healthcare acquired infections) are drawn out in more detail as well as key measures for public health; primary and community services, mental health & learning disabilities, quality & safety, workforce; and finance).

## 3. GOVERNANCE AND RISK ISSUES

**Appendix 1** of this report provides an overview of how the Health Board is performing against the National Delivery measures and key local measures. Mitigating actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.

## 4. FINANCIAL IMPLICATIONS

At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board has received additional funding for backlog reduction from Welsh Government and there is the possibility of a clawback at year-end however discussions are ongoing with Welsh Government.

## 5. RECOMMENDATION

Members are asked to:

- note current Health Board performance against key measures and targets and the actions being taken to improve performance.

Governance and Assurance		
Link to Enabling Objectives (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
Financial Implications		
<p>At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board has received additional funding for backlog reduction from Welsh Government and there is the possibility of a clawback at year-end however discussions are ongoing with Welsh Government.</p>		
Legal Implications (including equality and diversity assessment)		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
Staffing Implications		
<p>A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.</p>		

## Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The '5 Ways of Working' are demonstrated in the report as follows:

- **Long term** – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2019/20 which provides focus on the expected delivery for every month as well as the year end position in March 2020.
- **Prevention** – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being.
- **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward.

<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in February 2020. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated performance report

## Performance report cycle

For ease of reference the following table sets out the cycle of reports for 2020 and highlights the format of the report that is contained within this iteration of the integrated performance report.

Month of report	Type of update
Mar-20	Monthly action updates
Apr-20	Monthly action updates
May-20	2019/20 Q4 report cards
Jun-20	Monthly action updates
Jul-20	Monthly action updates
Aug-20	2020/21 Q1 report cards
Sep-20	Monthly action updates
Oct-20	Monthly action updates
Nov-20	2020/21 Q2 report cards
Dec-20	Monthly action updates



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## 1. OVERVIEW

The following summarises the key successes, along with the priorities, risks and threats to achievement of the quality, access and workforce standards.

Successes	Priorities
<ul style="list-style-type: none"> <li>The number of outpatients waiting longer than 26 weeks for first appointment reduced from 1,453 in January 2020 to 1,306 in February 2020.</li> <li>97% of stroke patients were assessed by a stroke specialist consultant physician within 24 hours in February 2020.</li> <li>In February 2020 Endoscopy waiting times were sustained below 8 weeks.</li> <li>Internal targets were achieved for healthcare acquired infections in February 2020 including E.Coli, S.aureus bacteraemia, Klebsiella and Aeruginosa.</li> <li>In January 2020 SBU achieved 99% for patients newly diagnosed with cancer not via the urgent route, who received treatment within 31 days. Draft figure for February 2020 is not as high but is above 90%.</li> </ul>	<ul style="list-style-type: none"> <li>Implement all actions necessary to deliver services to meet the system demands arising from COVID19</li> <li>Support staff health and wellbeing</li> <li>Maintain core services where safe to do so</li> <li>Ensure that recruitment processes are able to proceed, in particular for clinical posts</li> <li>Strengthen partnership working further in response to COVID19 demands</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Morrison to lead on Emergency Department Quality &amp; Delivery Framework (EDQDF).</li> <li>Explore potential to cohort patients outside Morrison Emergency Department (ED) and feasibility of utilising a mobile unit.</li> <li>Further GP practices gave come forward to extend their multi-disciplinary teams through the Welsh Government Transformation Programme.</li> <li>Increase theatre staffing numbers along with ward ring-fencing to provide improved efficiency and RTT capacity for both Morrison and Singleton Units.</li> </ul>	<ul style="list-style-type: none"> <li>The increasing risk of COVID19 will have a significant impact on the Health Board's ability to meet increasing demands. Extensive work is being undertaken to prepare for the outbreak however likely areas of impact include: <ul style="list-style-type: none"> <li>Increasing pressure on the unscheduled care system including community and secondary/ tertiary services as well as ambulance services.</li> <li>Increased demand on the 111 service</li> <li>Reduction in outpatient appointments and elective treatments</li> <li>Increased infection control requirements</li> <li>Potential staffing implications due to sickness and redeployment of staff into pressure areas.</li> </ul> </li> </ul>

## 2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – February 2020

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			All-Wales benchmark position
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Jan-20
Unscheduled Care	4 hour A&E waits	Actual	74.5%	75.9%	75.0%	74.5%	74.3%	71.4%	71.0%	73.2%	70.9%	71.6%	74.1%		6th
		Profile	77.1%	80.0%	81.9%	83.8%	84.6%	85.5%	72.4%	74.5%	77.3%	78.4%	80.2%	80.4%	
	12 hour A&E waits	Actual	653	602	644	642	740	939	890	927	1,018	1,038	781		4th
		Profile	484	374	273	283	266	238	799	693	656	612	444	297	
	1 hour ambulance handover	Actual	732	647	721	594	632	778	827	821	868	848	704		5th**
		Profile	320	233	201	220	193	200	673	634	508	451	388	291	
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%	57.0%	56.8%	41.8%	28.6%	55.1%	55.1%	39.0%	23.5%	61.8%		2nd ** (Dec-19)
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%	
	CT scan within 1 hour	Actual	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%	38%		
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%	
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%	97%		1st** (Dec-19)
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%	
	Thrombolysis door to needle within 45 minutes	Actual	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%	0%		
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
	Patients receiving the required minutes for Speech and Language Therapy	Actual	57%	47%	41%	48%	48%	50%	49%	45%	38%	33%	28%		6th** (Dec-19)
		Profile													
Planned care	Outpatients waiting more than 26 weeks	Actual	236	323	297	479	925	1,039	1,152	1,120	1,305	1,453	1,306		2nd (Dec-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	Treatment waits over 36 weeks	Actual	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623	5,729		6th (Dec-19)
		Profile	1,970	1,894	1,904	1,856	1,763	1,686	1,450	1,393	1,435	1,247	1,061	938	
	Diagnostic waits over 8 weeks	Actual	401	401	295	261	344	294	223	226	569	628	424		5th (Dec-19)
		Profile	480	400	390	370	330	250	180	150	130	100	50	0	
	Therapy waits over 14 weeks	Actual	0	0	0	0	1	0	1	0	0	0	1		Joint 1st (Dec-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
Cancer	NUSC patients starting treatment in 31 days	Actual	91%	91%	94%	91%	93%	91%	98%	95%	92%	99%	91%		6th** (Dec-19)
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	87%	80%	81%	76%	84%	86%	84%	86%	92%	86%	73%		1st** (Dec-19)
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	11	10	13	10	10	19	17	11	11	15		3rd
		Profile	17	12	12	15	12	9	12	12	12	13	14	11	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11	11	17	7	8	13	11	11	13	8		5th
		Profile	11	14	12	13	12	11	11	15	15	10	16	11	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	27	22	29	35	22	23	25	15	32	33	31		6th
		Profile	41	36	37	40	38	39	40	32	34	40	36	39	

\*RAG status derived from performance against trajectory

\*\* All-Wales benchmark highlights the Health Board's position in comparison with the other seven Health Boards however some measures are only applicable to six of the seven Health Board as Powys HB has been excluded

### 3. MONTHLY PERFORMANCE DASHBOARD

The following dashboard provides an overview of the Health Board's performance against all NHS Wales Delivery Framework measures and key local measures where monthly data is available.

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm															
Sub Domain	Measure	ABMU		SBU											Performance Trend
		Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	78.6	80.8	82.5	
	Number of E.Coli bacteraemia cases (Hospital)	15	21	10	7	7	14	9	5	10	5	12	15	15	
	Number of E.Coli bacteraemia cases (Community)	16	22	17	15	22	21	13	18	15	10	20	18	16	
	Total number of E.Coli bacteraemia cases	31	43	27	22	29	35	22	23	25	15	32	33	31	
	Cumulative cases of S.aureus bacteraemias per 100k pop	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	35.2	35.6	34.8	
	Number of S.aureus bacteraemias cases (Hospital)	9	4	11	8	6	8	4	3	11	8	7	6	6	
	Number of S.aureus bacteraemias cases (Community)	7	7	3	3	5	9	3	5	2	3	4	7	2	
	Total number of S.aureus bacteraemias cases	16	11	14	11	11	17	7	8	13	11	11	13	8	
	Cumulative cases of C.difficile per 100k pop	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	35.6	35.3	36.5	
	Number of C.difficile cases (Hospital)	4	3	2	8	6	9	5	8	13	13	7	6	11	
	Number of C.difficile cases (Community)	3	5	1	3	4	4	5	2	6	4	4	5	4	
	Total number of C.difficile cases	7	8	3	11	10	13	10	10	19	17	11	11	15	
	Cumulative cases of Klebsiella per 100k pop		28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	21.9	22.1	21.0	
	Number of Klebsiella cases (Hospital)	15	4	2	4	7	1	8	7	4	4	4	7	2	
	Number of Klebsiella cases (Community)	5	4	3	1	4	4	3	2	0	4	2	1	1	
	Total number of Klebsiella cases	20	8	5	5	11	5	11	9	4	8	6	8	3	
	Cumulative cases of Aeruginosa per 100k pop		5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	7.9	8.0	7.6	
	Number of Aeruginosa cases (Hospital)	0	0	3	1	2	1	2	2	1	1	1	2	1	
	Number of Aeruginosa cases (Community)	2	0	0	2	4	0	2	0	0	0	1	1	0	
	Total number of Aeruginosa cases	2	0	3	3	6	1	4	2	1	1	2	3	1	
Incidents & Risks	Hand Hygiene Audits - compliance with WHO 5 moments	96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	96%	97%	93%	
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	38%	28%	29%	
	Number of new Never Events	0	1	0	1	1	1	1	0	1	0	1	1	0	
	Number of risks with a score greater than 20	54	51	72	66	75	81	88	103	104	105	109	111	114	
	Number of risks with a score greater than 16			167	151	162	164	175	197	204	200	202	205	204	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	17	15	3	9	8	2	6	5	19	6	4	5		
Pressure Ulcers	Number of Safeguarding Children Incidents	7	7	6	10	6	7	6	3	5	13	8	13	7	
	Number of pressure ulcers acquired in hospital	45	64	29	16	13	18	14	9	20	22	24	30		
	Number of pressure ulcers developed in the community	62	47	34	33	23	33	37	25	29	31	24	26		
	Total number of pressure ulcers	107	111	63	49	36	51	51	34	49	53	48	56		
	Number of grade 3+ pressure ulcers acquired in hospital	10	7	1	2	1	2	0	1	2	2	2	2		
	Number of grade 3+ pressure ulcers acquired in community	11	10	10	6	6	7	8	8	2	8	3	5		
Inpatient Falls	Total number of grade 3+ pressure ulcers	21	17	11	8	7	9	8	9	4	10	5	7		
	Number of Inpatient Falls	276	326	210	226	189	186	227	241	255	240	297	249	207	




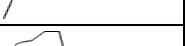


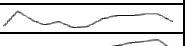



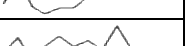
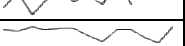
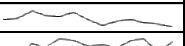

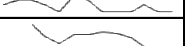


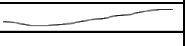

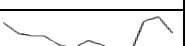

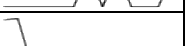


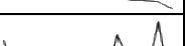

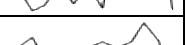


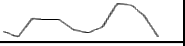

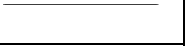

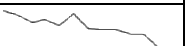
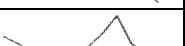
  

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful															
Sub Domain	Measure	ABMU		SBU											Performance Trend
		Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	
DTCs	Number of mental health HB DTCs	26	21	18	23	27	20	18	19	22	22	22	23	16	
	Number of non-mental health HB DTCs	87	112	49	67	70	61	69	69	76	61	53	52	69	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	95.9%	100.0%	98.5%	98.4%		
	Stage 2 mortality reviews required	10	22	18	13	13	13	9	9	17	9	15	16		
	% stage 2 mortality reviews completed	20.0%	50.0%	68.4%	84.6%	92.9%	71.4%	60.0%	89.0%	64.7%	78.0%	67.0%			
	Crude hospital mortality rate (74 years of age or less)	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%	0.79%	0.71%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	93.7%	96.4%	97.7%	98.0%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	84%	85%	84%	84%	83%	84%	85%	85%	84%	84%	85%	86%	87%	
Coding	% of episodes clinically coded within 1 month of discharge	95%	92%	96%	96%	96%	96%	96%	96%	96%	93%	95%	96%		
E-TOC	% of completed discharge summaries	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%	63.0%	65.0%	66.0%		

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same															
ABMU				SBU											
Sub Domain	Measure	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Performance Trend
Patient Experience	Number of new formal complaints received	96	114	93	95	118	138	114	110	159	137	87	142	113	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	83%	79%	85%	83%	85%	81%	84%	85%	83%	76%	75%			
	% of acknowledgements sent within 2 working days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities															
ABMU				SBU											
Sub Domain	Measure	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Performance Trend
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	91%	93%		
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476	3,187	3,014	
	% of who would recommend and highly recommend	95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%	95%	95%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%	86%	81%	

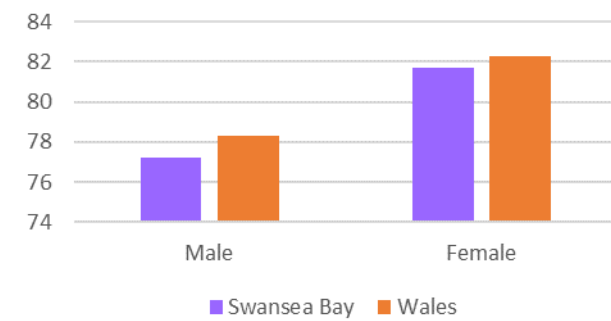
OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them															
ABMU				SBU											
Sub Domain	Measure	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Performance Trend
DNAs	% of patients who did not attend a new outpatient appointment	5.4%	5.4%	5.9%	6.7%	6.2%	6.5%	6.6%	6.4%	6.4%	6.6%	7.4%	6.4%		
	% of patients who did not attend a follow-up outpatient appointment	6.7%	6.6%	7.3%	7.6%	7.4%	7.9%	7.5%	8.0%	8.0%	7.4%	8.0%	7.7%		
Theatre Efficiencies	Theatre Utilisation rates	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%	63%	66%	
	% of theatre sessions starting late	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%	44%	43%	
	% of theatre sessions finishing early	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%	41%	42%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	70%	69%	69%	70%	70%	71%	71%	71%	67%	69%	70%	72%	74%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	74%	75%	74%	75%	75%	77%	78%	78%	79%	80%	80%	81%	82%	
	% workforce sickness and absent (12 month rolling)	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%	6.05%	6.09%	6.15%		

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care															
Sub Domain	Measure	ABMU		SBU											
		Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Performance Trend
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	88%	89%	86%	86%	86%	88%	88%	88%	88%	88%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	95%	97%	96%	96%	96%	95%	95%	95%	97%	97%	97%	97%	97%	
Out of Hours/Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	92%	96%	98%	98%	97%	97%								
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	60%	80%	83%	100%	100%	-								
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	62%	67%	69%	
	Number of ambulance handovers over one hour	619	928	732	647	721	594	632	778	827	821	868	848	704	
	Handover hours lost over 15 minutes	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	3,361	3,545	2,247	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	71%	72%	74%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	685	862	653	602	644	642	740	939	890	927	1,018	1,038	781	
	% of survival within 30 days of emergency admission for a hip fracture	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%	75.4%	95.6%	75.6%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%	62%	
	CT Scan (<1 hrs)	48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%	38%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%	97%	
	Thrombolysis door to needle <= 45 mins	20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%	0%	
	% patients receiving the required minutes for speech and language therapy			57%	47%	41%	48%	48%	50%	49%	45%	38%	33%	28%	
Planned Care	% of patients waiting < 26 weeks for treatment	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	83%	82%	82%	
	Number of patients waiting > 26 weeks for outpatient appointment	315	207	236	323	297	479	925	1,039	1,152	1,120	1,305	1,453	1,306	
	Number of patients waiting > 36 weeks for treatment	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623	5,729	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment				64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%	75.9%	78.5%	
	Number of patients waiting > 8 weeks for a specified diagnostics	558	437	401	401	295	261	344	294	223	226	569	628	424	
	Number of patients waiting > 14 weeks for a specified therapy	0	0	0	0	0	0	1	0	1	0	0	0	1	
	The number of patients waiting for a follow-up outpatient appointment	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	131,090	128,674	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579	19,969	17,747	
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	97%	93%	91%	91%	94%	91%	93%	91%	98%	95%	92%	99%	91%	
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	82%	84%	87%	80%	81%	76%	84%	86%	84%	86%	92%	86%	73%	
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)			73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	71.0%	77.0%	71%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	87%	77%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	95%	90%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	36%	28%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	4%	0%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	100%	94%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	100%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	69%	87%		

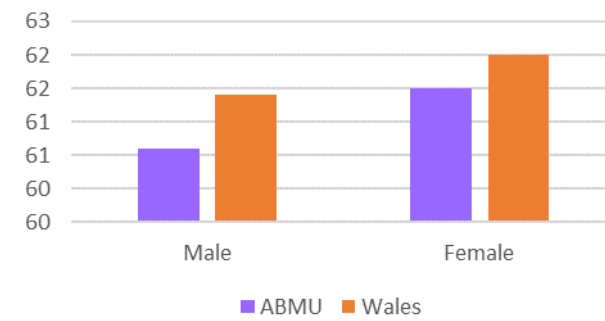


## 4.1 Public Health- Overview

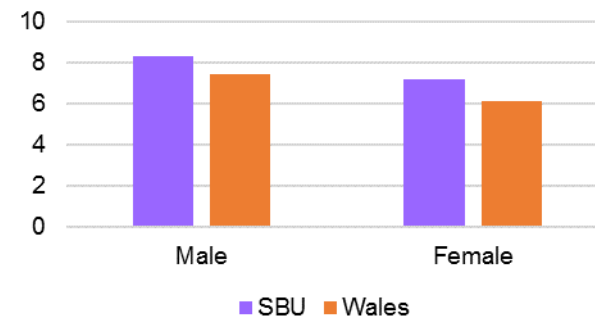
**Chart 1: Life expectancy at birth (2015 to 2017)**



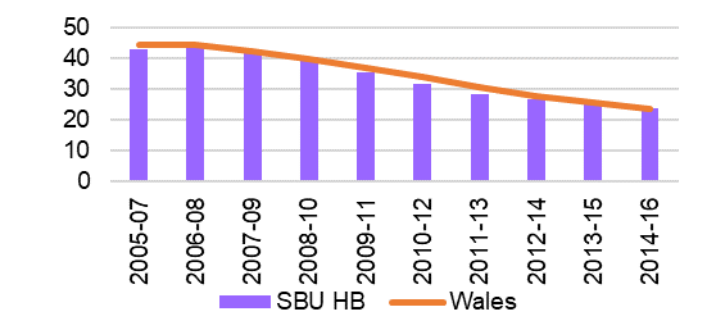
**Chart 2: Healthy Life expectancy at birth (2015 to 2017)**



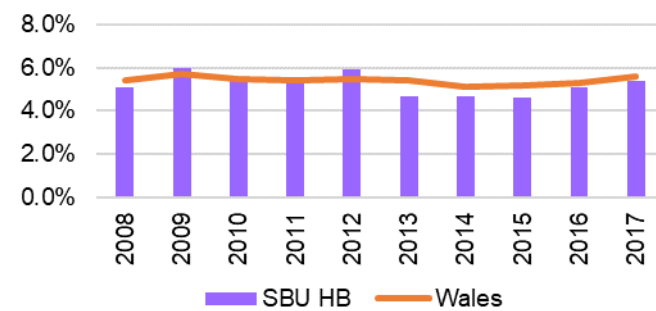
**Chart 3: Gap in life expectancy at birth between the most and least deprived fifth, 2015-2017**



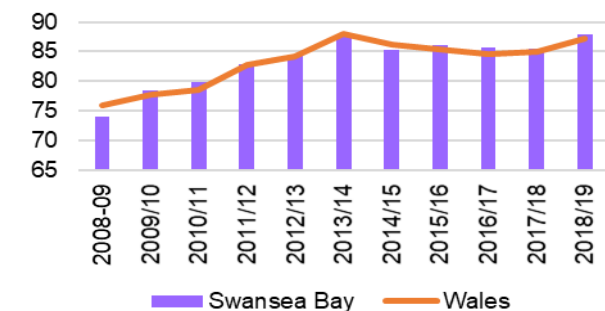
**Chart 4: Teenage pregnancies (rate per 1,000, females aged under 18, Swansea Bay UHB and local authorities)**



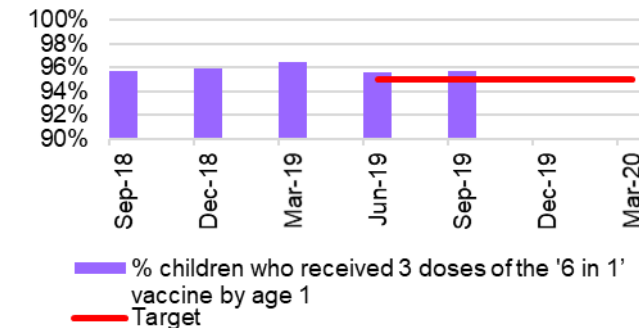
**Chart 5: Low birth weight (% , birth weight below 2500g)**



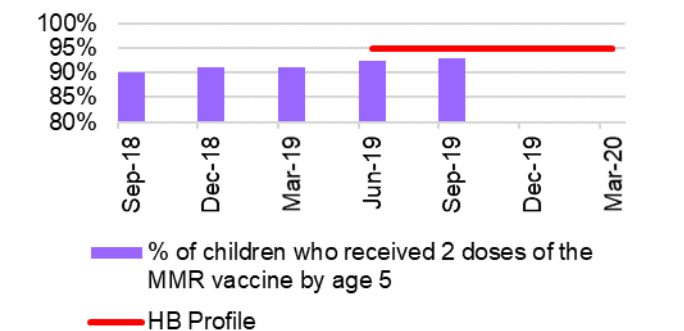
**Chart 6: Vaccination rates at age 4**



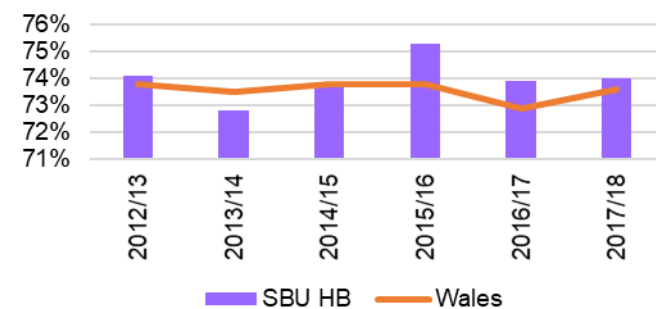
**Chart 7: Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1**



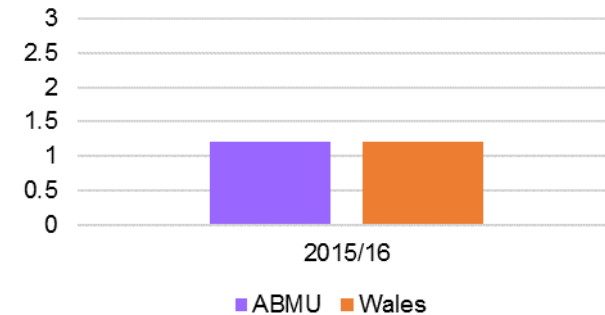
**Chart 8: Percentage of children who received 2 doses of the MMR vaccine by age 5**



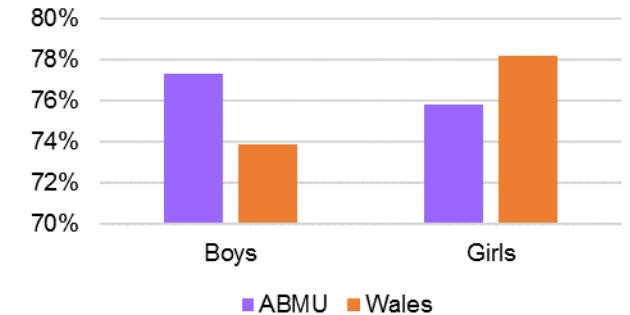
**Chart 9: Children age 5 of healthy weight**



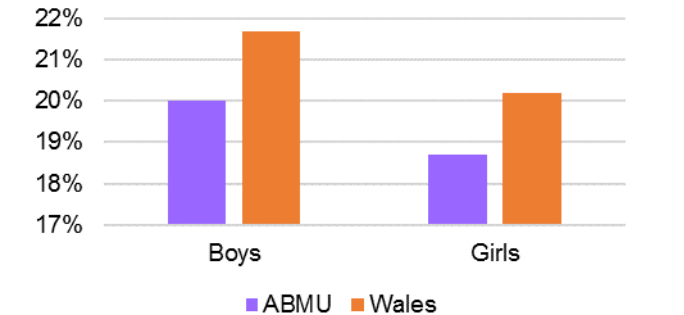
**Chart 10: Tooth decay among 5 year olds (Decayed, missing or filled teeth, average) 2015/16**



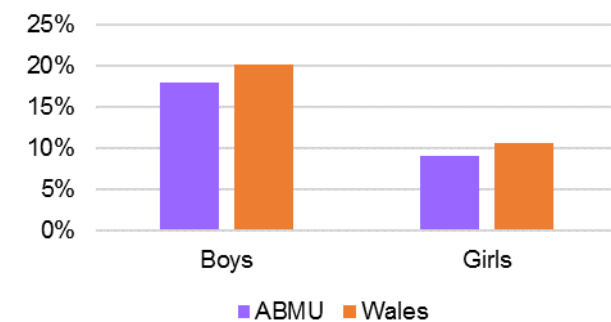
**Chart 11: Adolescents of healthy weight (% , children aged 11-16) 2013/14**



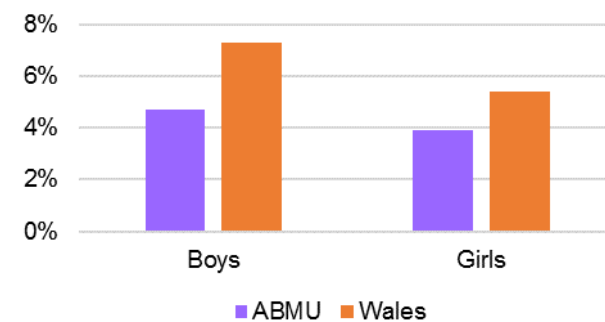
**Chart 12: Adolescents drinking sugary drinks once or more a day (% , children aged 11-16) 2013/14**



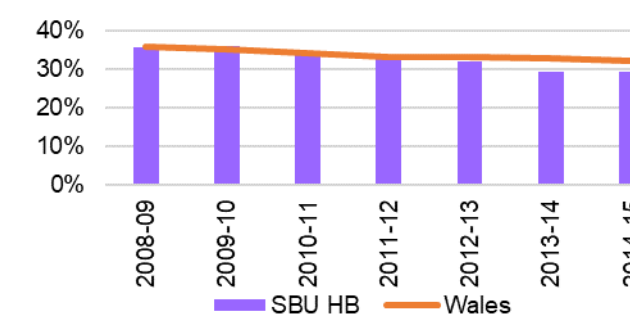
**Chart 13: Physical activity in adolescents (% , children aged 11-16) 2013/14**



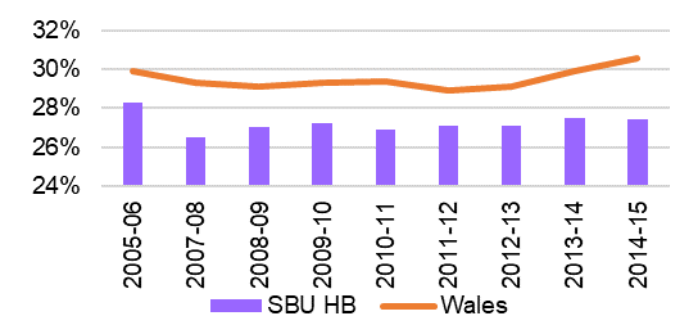
**Chart 14: Adolescents using alcohol (% , children aged 11-16) 2013/14**



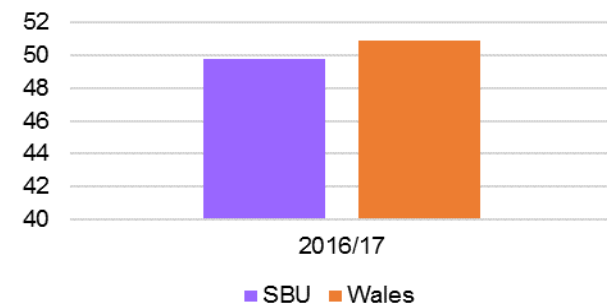
**Chart 15: Adults eating five fruit or vegetable portions a day (Age-standardised percentage, persons aged 16+)**



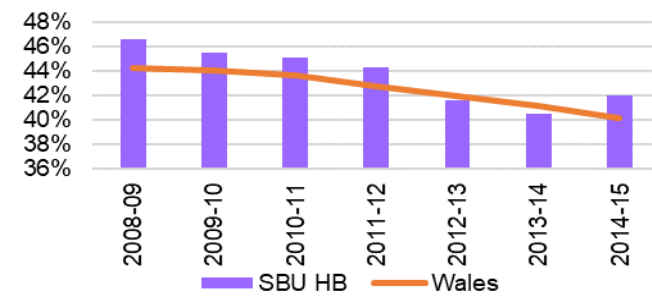
**Chart 16: Adults meeting physical activity guidelines (Age-standardised percentage, persons aged 16+)**



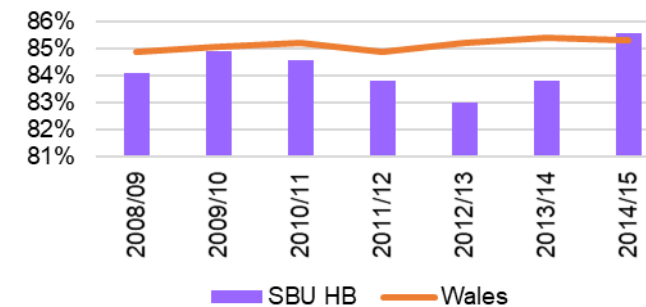
**Chart 17: Mental well-being among adults**  
(Age-standardised average total score, persons aged 16+)



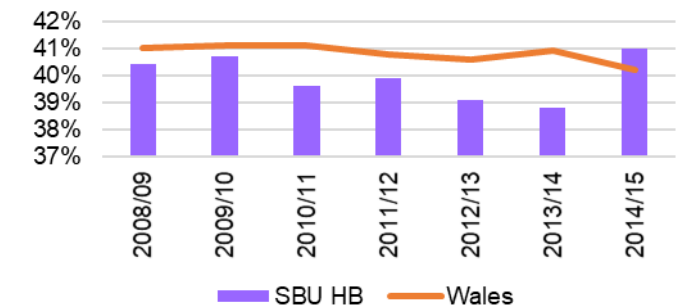
**Chart 18: Adults drinking above guidelines**  
(Age-standardised %, persons aged 16+)



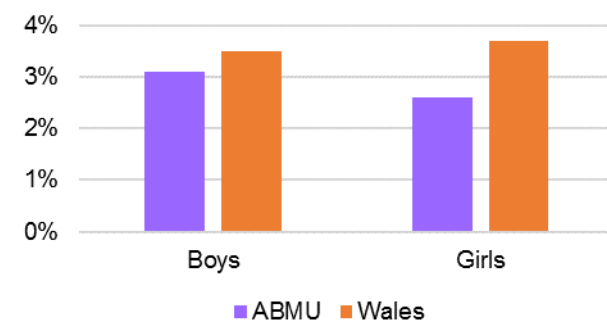
**Chart 19: Working age adults in good health** (% , persons aged 16-64)



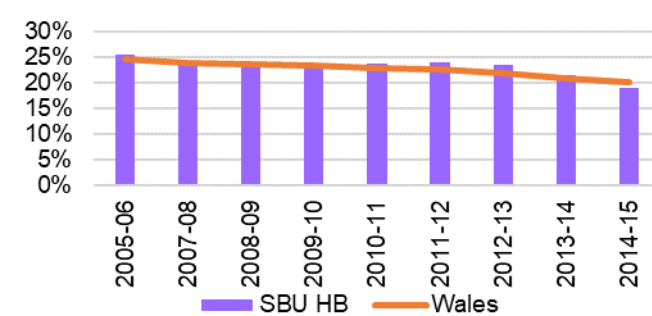
**Chart 20: Working age adults of healthy weight** (% , persons aged 16-64)



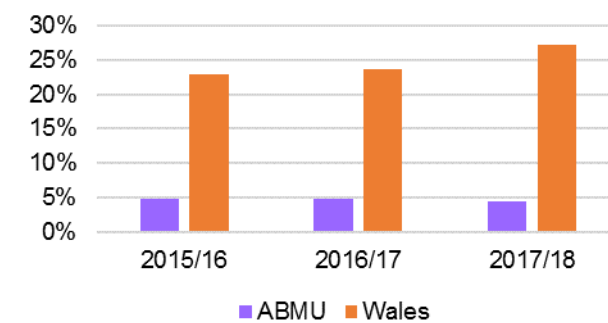
**Chart 21: Adolescents who smoke** (% , children aged 11-16) 2013/14



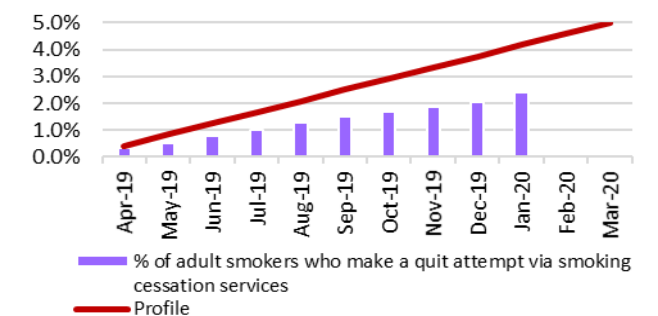
**Chart 22: Adults who smoke** (Age-standardised %, persons aged 16+)



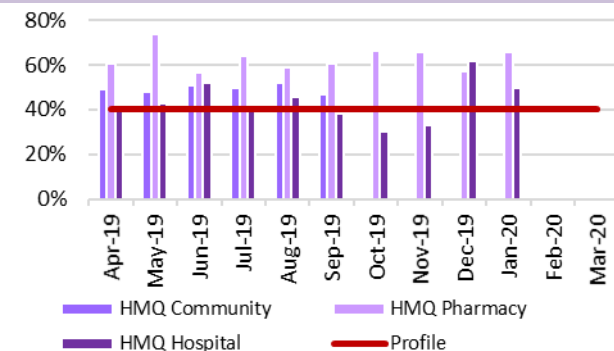
**Chart 23: Percentage of women who gave up smoking during pregnancy** (by 36-38 weeks of pregnancy)



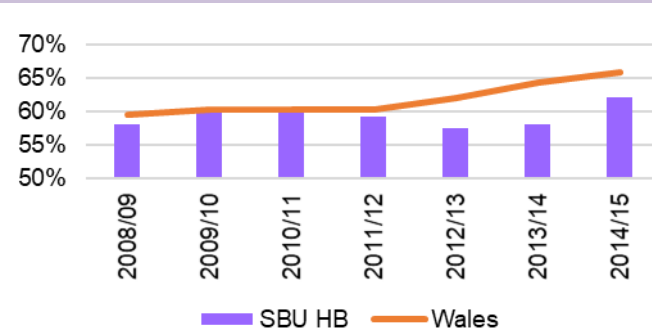
**Chart 24: The percentage of adult smokers who make a quit attempt via smoking cessation services**



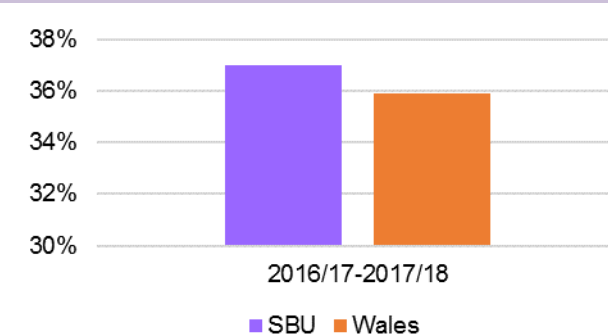
**Chart 25: The percentage of those smokers who are CO-validated as quit at 4 weeks**



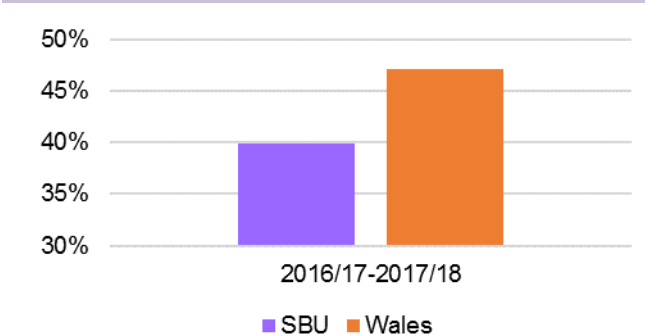
**Chart 26: Older people in good health** (% , persons aged 65+)



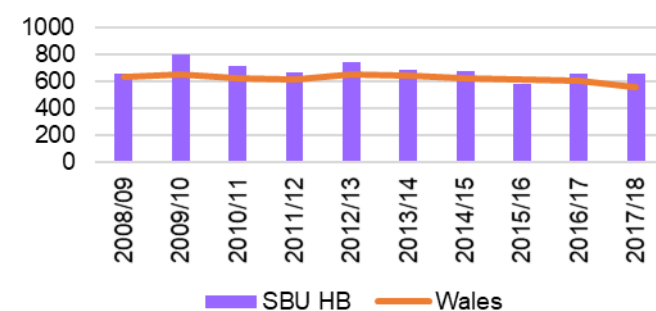
**Chart 27: Older people of healthy weight** (% , persons aged 65+) 2016/17-2017/18



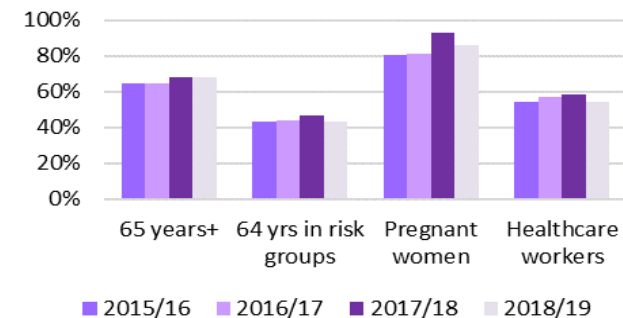
**Chart 28: Older people free from limiting long term illness** (% , persons aged 65+) 2016/17-2017/18



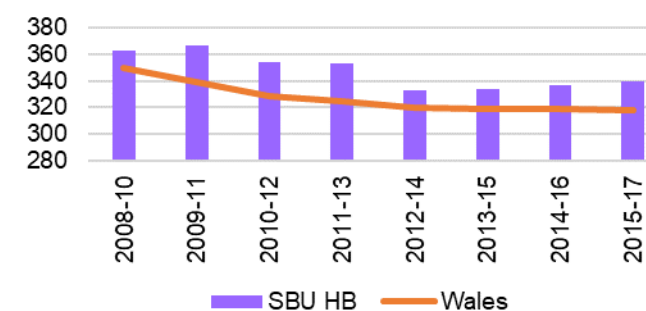
**Chart 29: Hip fractures among older people** (European age-standardised rate (EASR) per 100,000, persons aged 65+)



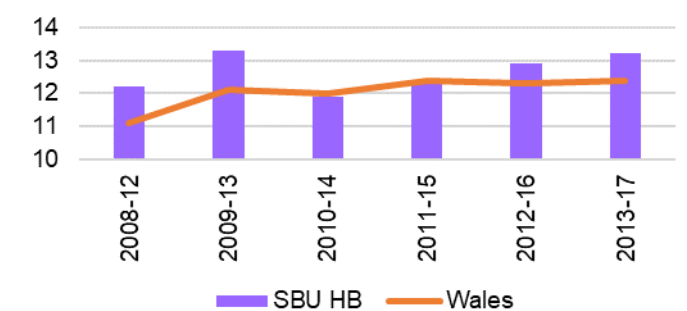
**Chart 30: Percentage uptake of influenza vaccination**



**Chart 31: Premature death from key non communicable diseases** (European age-standardised 3 year rolling rate (EASR) per 100,000, persons aged 30-70)



**Chart 32: Suicides** (European age-standardised 5 year rolling rate (EASR) per 100,000, persons aged 10)

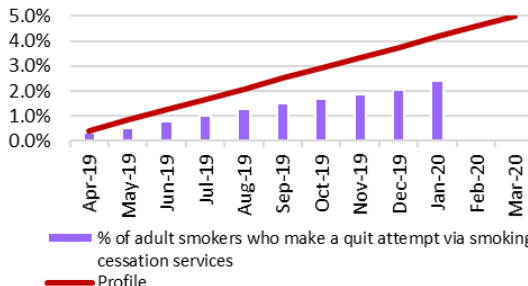
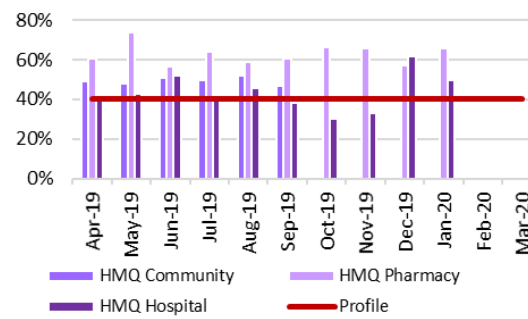


## 4.2 Public Health- Updates and Actions

This section of the report provides further detail on key Public Health measures.

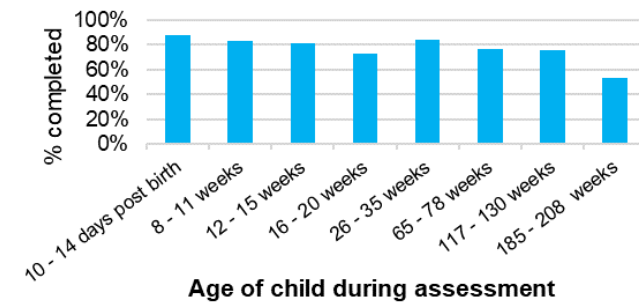
This section of the report provides further detail on key Public Health measures.																																						
Description	Current Performance	Trend	Actions planned for next period																																			
<b>Influenza vaccination-</b> % uptake of the influenza vaccination among:  1. 65 year olds and over 2. Under 65s in risk groups 3. Children 2 to 3 year olds 4. Health care workers.	<p>Measure 1. In February 2020, the uptake amongst 65 year olds and over is 68% which is below the all-Wales average of 69.2%.</p> <p>Measure 2. Uptake amongst under 65 year olds in risk groups is 43.7% in February 2020. SBUHB has achieved the target for patients with chronic diabetes (58.4%). Six practices have achieved the 55% national target.</p> <p>Measure 3. Uptake is 50.6%, above the Welsh uptake of 50%. No national uptake target for 2 and 3 year olds. Uptake by cluster ranges from 43.3% to 51.6%.</p> <p>Measure 4. Uptake of staff with direct patient contact is 58% (Feb-20), above the Welsh uptake of 57.8% (Feb-20).</p>	<p><b>% uptake of influenza campaign</b></p> <table><thead><tr><th>Year</th><th>65 years and older</th><th>6 months to 64 years @ Risk</th><th>2 &amp; 3 yr olds</th><th>Healthcare Workers</th></tr></thead><tbody><tr><td>2014/15</td><td>65%</td><td>45%</td><td>40%</td><td>40%</td></tr><tr><td>2015/16</td><td>65%</td><td>45%</td><td>45%</td><td>55%</td></tr><tr><td>2016/17</td><td>65%</td><td>45%</td><td>45%</td><td>58%</td></tr><tr><td>2017/18</td><td>68%</td><td>45%</td><td>48%</td><td>58%</td></tr><tr><td>2018/19</td><td>68%</td><td>42%</td><td>45%</td><td>55%</td></tr><tr><td>2019/20</td><td>68%</td><td>40%</td><td>45%</td><td>58%</td></tr></tbody></table>	Year	65 years and older	6 months to 64 years @ Risk	2 & 3 yr olds	Healthcare Workers	2014/15	65%	45%	40%	40%	2015/16	65%	45%	45%	55%	2016/17	65%	45%	45%	58%	2017/18	68%	45%	48%	58%	2018/19	68%	42%	45%	55%	2019/20	68%	40%	45%	58%	<ul style="list-style-type: none"><li>All actions in Primary Care Flu Plan completed or in progress, including focus on 2-3 year old 'super spreaders' (targeted support for practices in this; and Health Visitor 'mop up' pilot in one Flying Start area) as well as an innovative communications campaign to support the staff immunisation campaign.</li><li>Lessons learned from 2019/20 campaign will be utilised to inform 2020/21 campaign.</li></ul>
Year	65 years and older	6 months to 64 years @ Risk	2 & 3 yr olds	Healthcare Workers																																		
2014/15	65%	45%	40%	40%																																		
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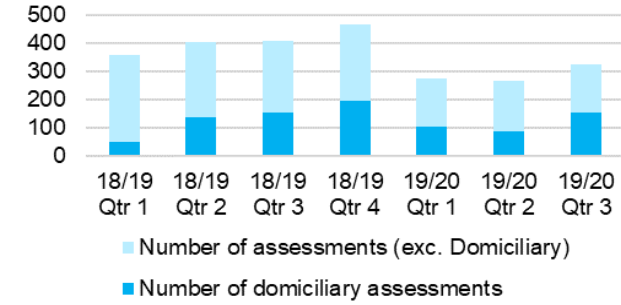
Description	Current Performance	Trend	Actions planned for next period
<b>Smoking Cessation</b>  1. % of adult smokers who make a quit attempt via smoking cessation services  2. % of those smokers who are CO-validated as quit at 4 weeks	<p>Measure 1: In January 2020, 2.4% of adult smokers made a quit attempt via smoking cessation services. This was below the internal target of 4.2%.</p> <p>Measure 2: In January 2020, the percentage of smokers who are co-validated as quit at 4 weeks is:</p> <ul style="list-style-type: none"> <li>Help me quit (community)= 66%</li> <li>Help me quit (Hospital)= 50%</li> </ul>	<p><b>Measure 1.% of adult smokers who make a quit attempt via smoking cessation</b></p>  <p><b>Measure 2. % of those smokers who are CO-validated as quit at 4 weeks</b></p> 	<ul style="list-style-type: none"> <li>Implement an integrated cessation system and service model is progressing with plans in place.</li> <li>Development of a Tobacco Needs Assessment to inform service planning for the Help Me Quit (HMQ) integrated cessation service model in line with population need</li> <li>Review of the management, service delivery and performance of the HMQ community service is being undertaken. Improvement plans in progress. Primary care engagement work with clusters has commenced.</li> <li>Service improvement work with HMQ community pharmacies continues with 30 of the 62 commissioned pharmacies now providing the service and average CO validated quit rate in this setting 63% (40% target). Patient Group Directive for smoking cessation pharmacotherapy (varenicline) in development which will allow pharmacies to issue this medication to clients to support their quit attempt, and address prescribing issues</li> <li>Maternal smoking action plan developed and in progress. Initial discussions held with Public Health Wales 1000 lives team to support Quality Improvement work on Tobacco agenda</li> <li>3 tobacco funding proposals developed and submitted to the Regional Partnership Board for the Prevention and Early Years funding, to expand the HMQ service (HMQ service manager), and provide service provision for priority groups- maternal cessation and mental health.</li> </ul>

## 5.1 Primary Care & Community Services- Overview

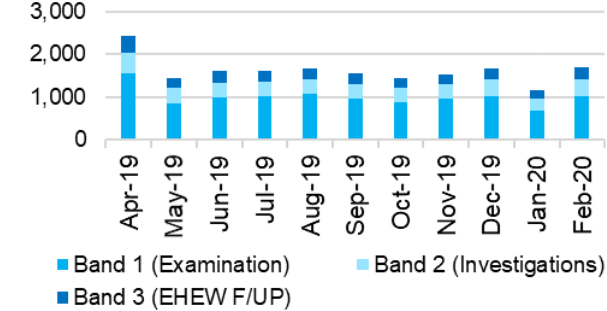
**Chart 1: Compliance with the Healthy Child Wales Programme (November 2019)**



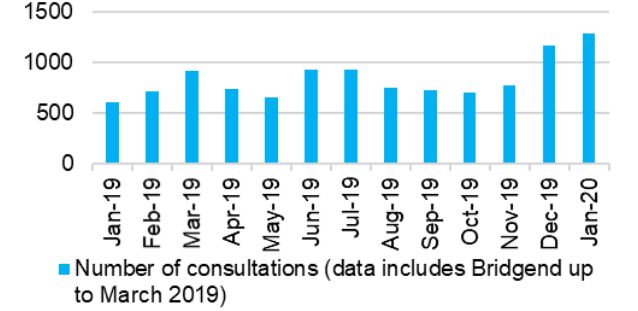
**Chart 2: % The number of patients receiving care from Low Vision services**



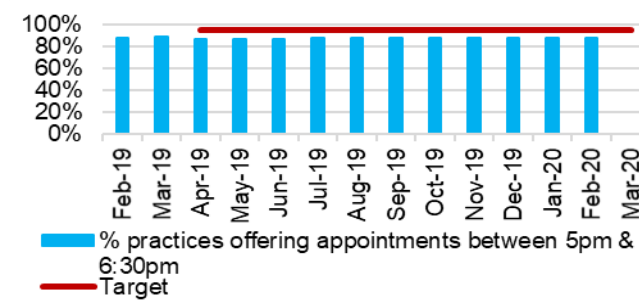
**Chart 3: Number of patients receiving care from Eye Health Examination Wales (EHEW)**



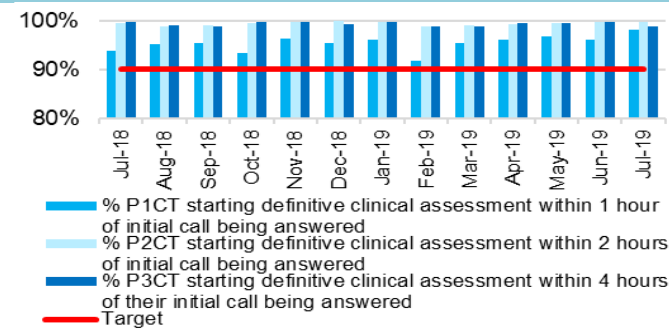
**Chart 4: Common Ailment Scheme - Number of consultations provided**



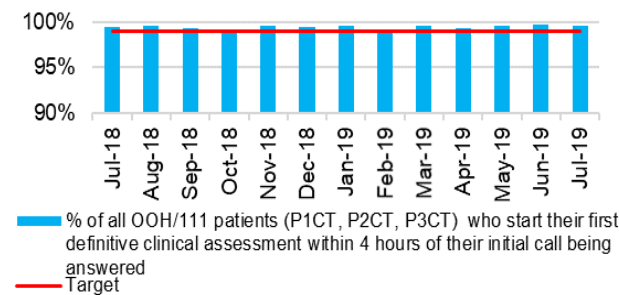
**Chart 5: % GP practices offering daily appointments between 5pm- 6:30pm**



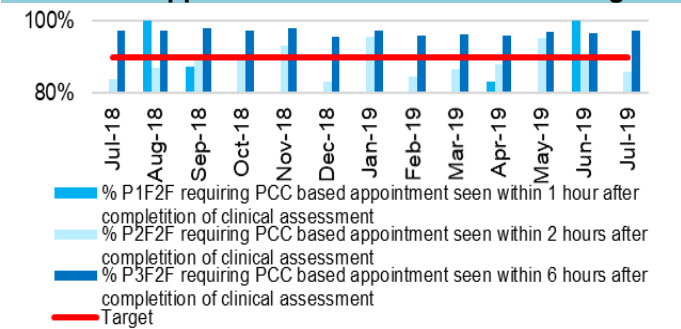
**Chart 6: GP Out of Hours/111 Service- Timely clinical triage of patients**



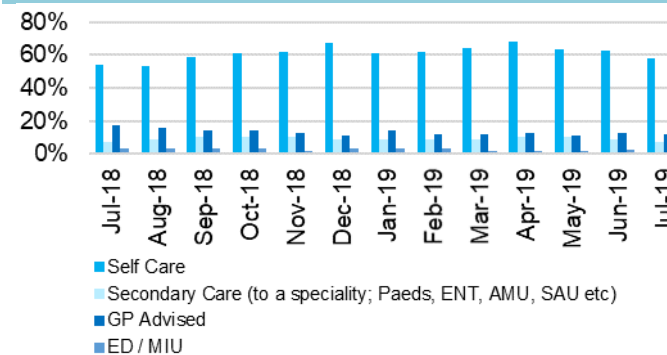
**Chart 7: GP Out of Hours/111 Service- Timely clinical triage of patients**



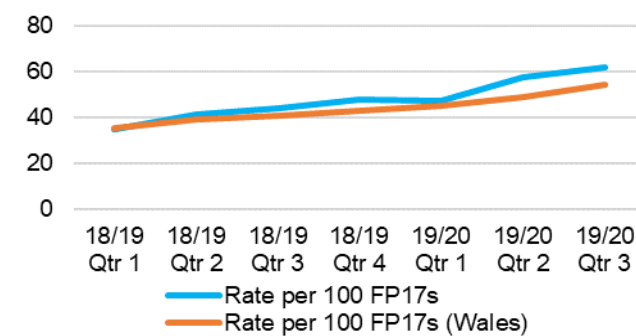
**Chart 8: GP Out of Hours/111 Service- Face to Face - Timely assessment of patients who require face to face appointment at base or home visiting**



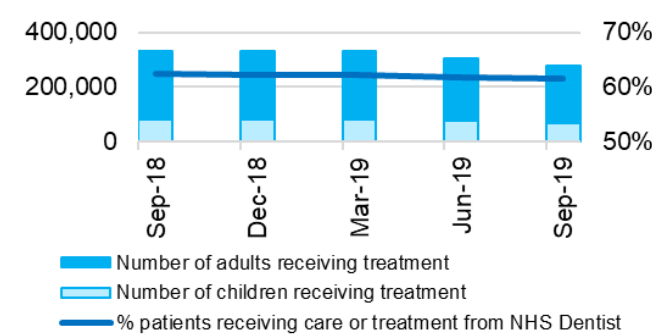
**Chart 9: GP Out of Hours/111 Service- Outcome activity - List of common outcome disposition by LHB**



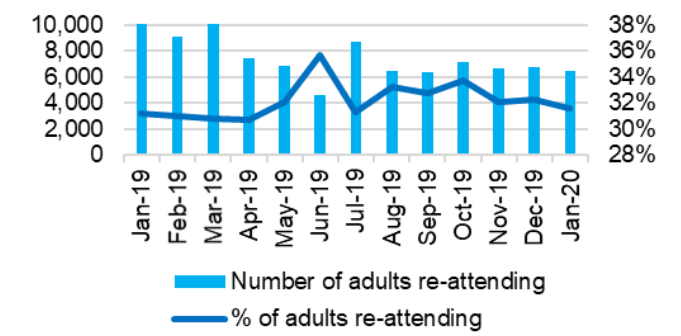
**Chart 10: Fluoride Varnish Rate per 100 FP17s (3 - 16 year old patients)**



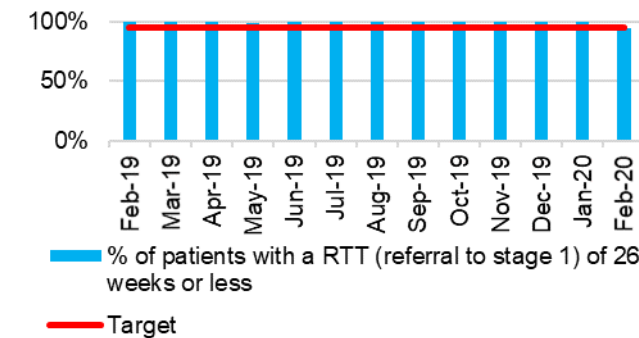
**Chart 11: Population regularly accessing NHS Dental Service**



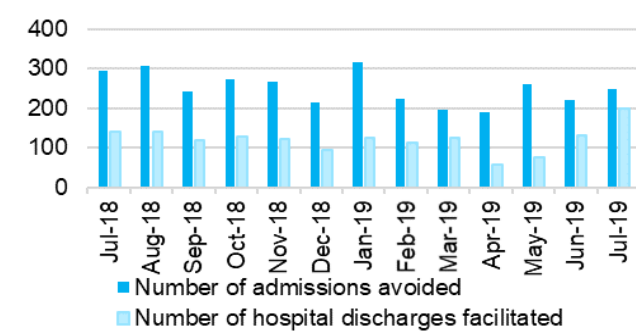
**Chart 12: Adult dental patients re-attending NHS primary dental care between 6-9 months**



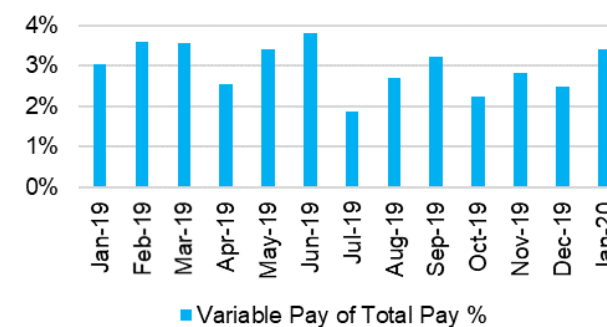
**Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



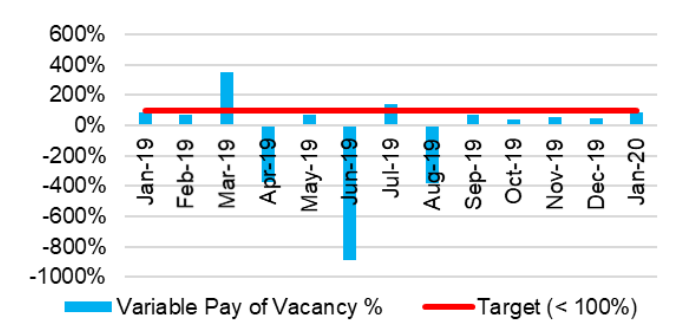
**Chart 14: Number of hospital admissions or USC admissions avoided**



**Chart 15: Variable Pay of Total Pay %**



**Chart 16: Variable Pay of Vacancy %**



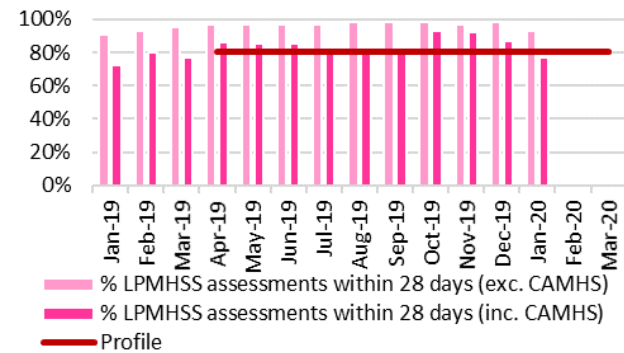
## 5.2 Primary and Community Services- Updates and Actions

This section of the report provides further detail on key primary and community services measures.

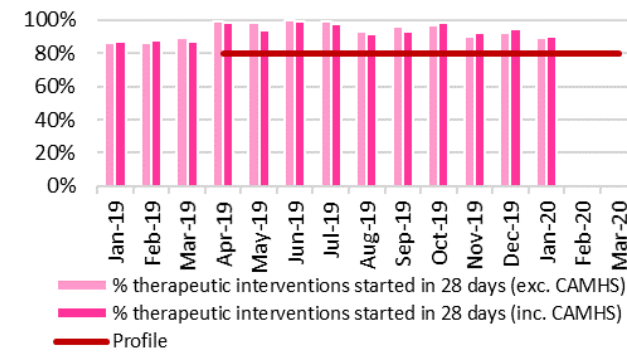
Description	Current Performance	Trend	Actions planned for next period
<b>Adult dental patients re-attending NHS primary dental care between 6-9 months</b>	<ul style="list-style-type: none"> <li>The data indicates a reduction in frequency of re-attendance for dental treatment. The % spike was at the time of demographic change due to Bridgend Boundary.</li> <li>There will be occasions where patients return after short intervals when there is a problem with a tooth, or teeth, that was not apparent during the previous course of treatment e.g. damage to a filling, or an unrelated episode of trauma.</li> <li>Other outline factors such as the type of contract held and/or other services offered at the practice, will also result in appropriate re-attendance.</li> </ul>	<p><b>Adult dental patients re-attending NHS primary dental care between 6-9 months (2019)</b></p> <p>Number of adults re-attending % of adults re-attending</p>	<ul style="list-style-type: none"> <li>Continue to implement the Unit Dental Contract Monitoring Framework document to ensure compliance with the dental contract and seek assurance that quality driven services are provided within general dental practice i.e. in line with NICE guidelines.</li> <li>Continue to lead dental contract reform within Health Board area, supporting the additional seven practices (total 26) on contract reform to reducing oral health inequities, deliver improved patient experience and outcomes and introduce evidence-based prevention and to develop a culture of continuous improvement.</li> </ul>
<b>Restorative Dentistry - % of patients with a RTT (referral to stage 1) of 26 weeks or less</b>	<ul style="list-style-type: none"> <li>94.9% of patients with a RTT of 26 weeks or less. There were 13 patients waiting ver 26 weeks in February 2020.</li> </ul>	<p><b>% of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry</b></p> <p>% of patients with a RTT (referral to stage 1) of 26 weeks or less Target</p>	<ul style="list-style-type: none"> <li>Following successful recruitment to consultant, speciality dentist and DCT posts continue to maintain and develop current workforce. Priority now to further reduce waiting times in prosthodontics and endodontic.</li> </ul>

## 6.1 Mental Health and Learning Disabilities- Overview

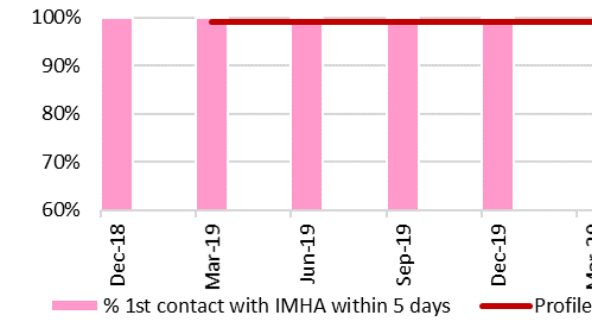
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



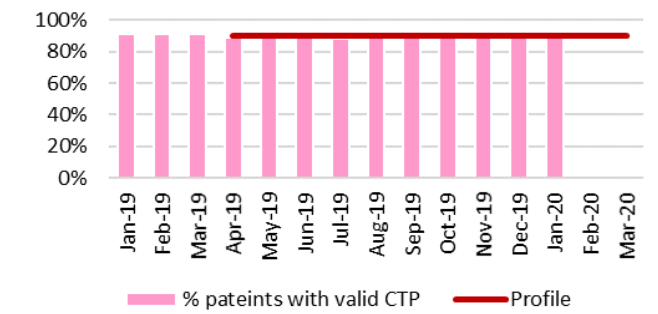
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



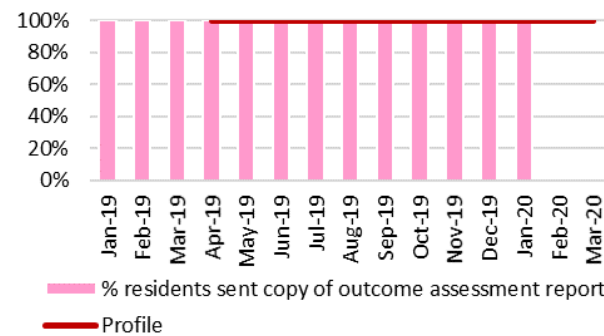
**Chart 3: % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days**



**Chart 4: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)**



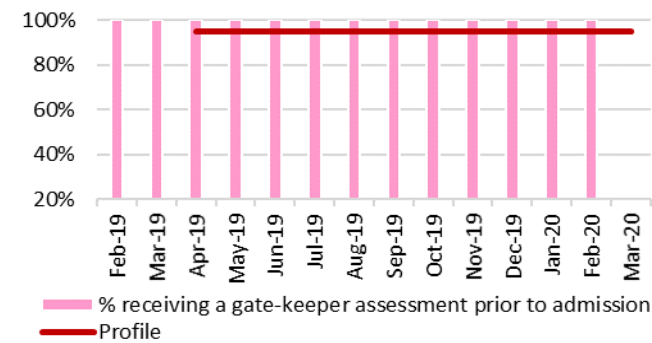
**Chart 5: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment**



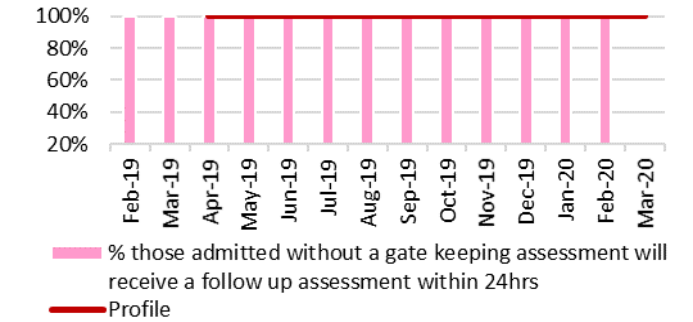
**Chart 6: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



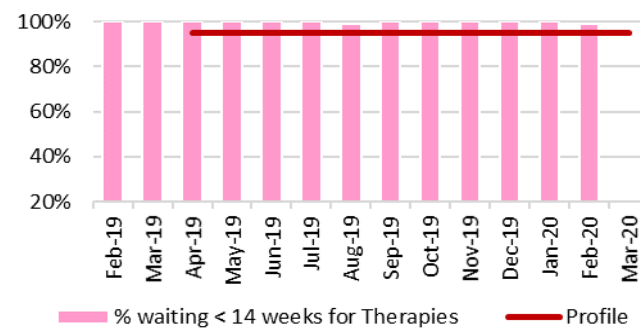
**Chart 7: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



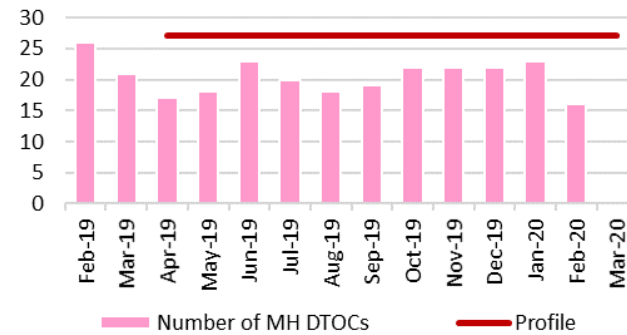
**Chart 8: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



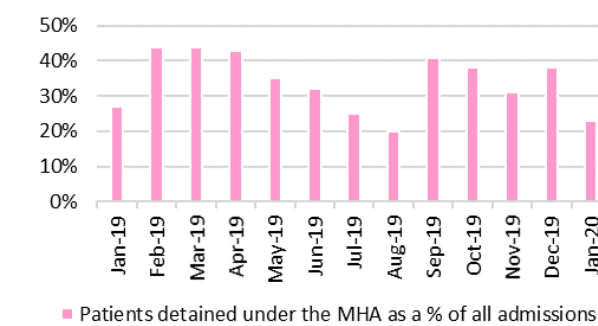
**Chart 9: % of patients waiting under 14 weeks for Therapies**



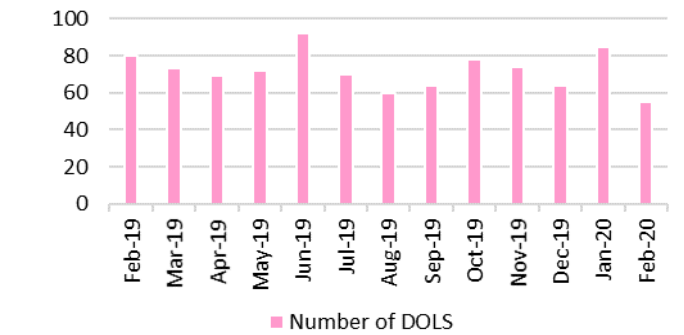
**Chart 10: Number of Mental Health Delayed Transfers of Care (DTOCs)**



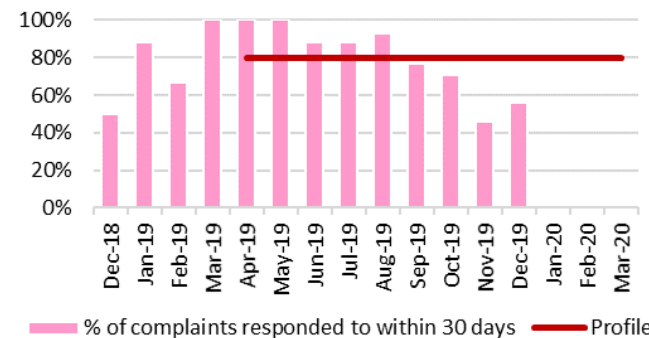
**Chart 11: Number of patients detained under the Mental Health Act as a percentage of all admissions**



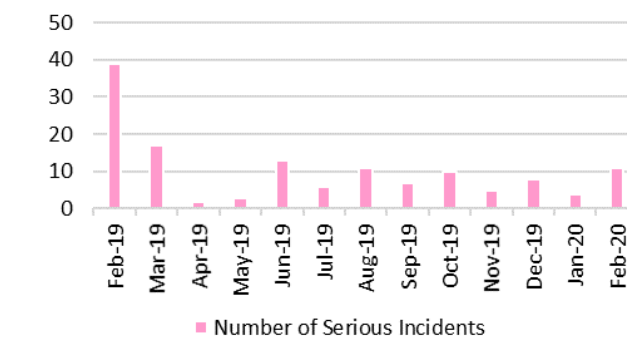
**Chart 12: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



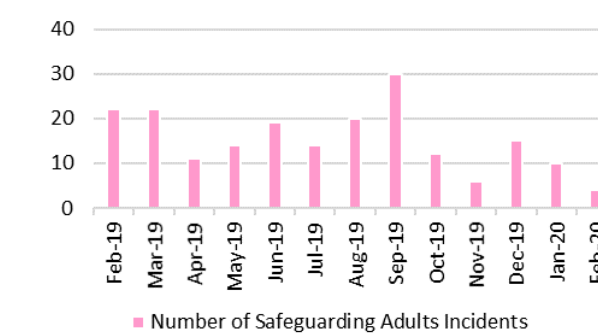
**Chart 13: % of complaints responded to within 30 days**



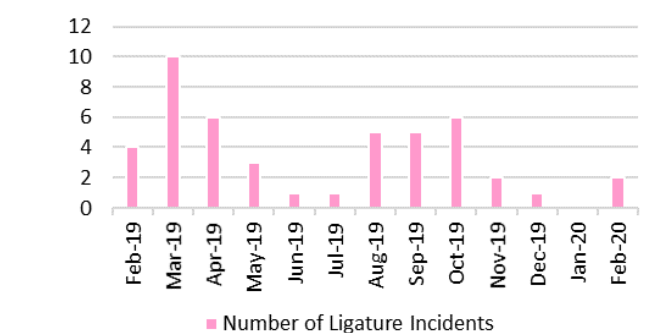
**Chart 14: Number of Serious Incidents**



**Chart 15: Number of safeguarding adult incidents**



**Chart 16: Number of ligature incidents**



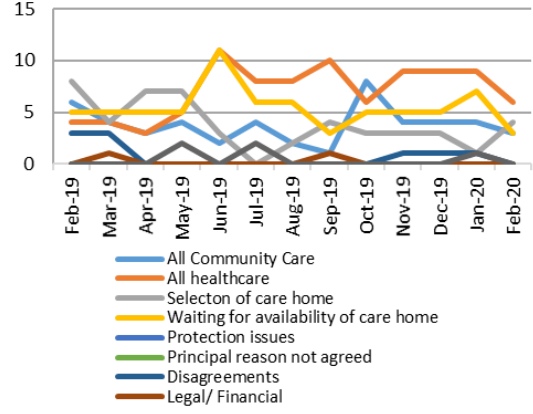
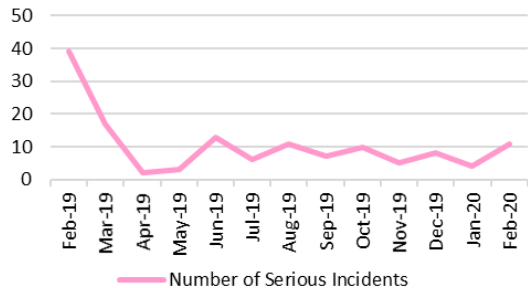


## 6.2 Mental Health & Learning Disabilities- Updates and Actions

This section of the report provides further detail on key Mental Health & Learning Disabilities measures.

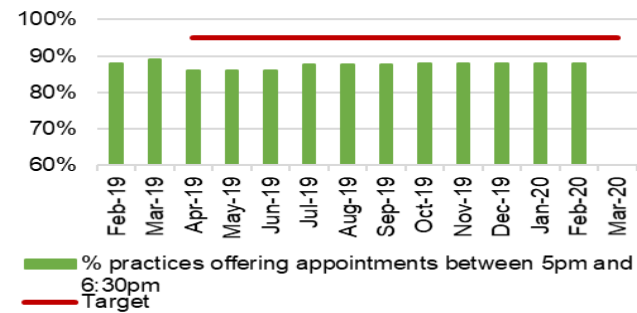
Description	Current Performance	Trend	Actions planned for next period
<b>Mental Health Measures:</b> <ol style="list-style-type: none"> <li>1) % of MH assessments undertaken within 28 days from the date of receipt of referral</li> <li>2) % of therapeutic interventions started within 28 days following an assessment by LPMHSS</li> <li>3) % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days</li> <li>4) % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)</li> <li>5) All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment</li> </ol>	<ol style="list-style-type: none"> <li>1) In January 2020, the percentage of assessments undertaken with 28 days was 93% excluding CAMHS and 77% including CAMHS.</li> <li>2) In January 2020, the percentage of therapeutic interventions started within 28 days was 89% excluding CAMHS and 90% including CAMHS.</li> <li>3) The % of qualifying patients who had their first contact with IMHA with 5 working days in December 2019 was 100%.</li> <li>4) In January 2020, 93% of residents in receipt of secondary care MH services had a valid care and treatment plan against a target of 90%</li> <li>5) In January 2020, 100% of residents assessed under part 3 of the MH measure were sent a copy of their outcome assessment report within 10 working days of the assessment taking place</li> </ol>	<p><b>Mental Health assessments and therapeutic interventions undertaken within 28 days</b></p> <p><b>Patients having 1<sup>st</sup> contact with IMHA within 5 days</b></p> <p><b>Residents in receipt of a Care Treatment Plan and their outcome assessment</b></p>	<ul style="list-style-type: none"> <li>• An analysis of part 1 referral data is to be undertaken by SBUHB as at a recent meeting with the NHS Wales Delivery Unit the Health Board was identified as an outlier due to a high number of referrals.</li> <li>• SBUHB is continuing to develop a sustainable model to ensure the timely delivery of therapeutic interventions, including high intensity psychological therapies.</li> <li>• The database introduced to ensure performance against Care and Treatment Plan (CTP) target is maintained is up and running and monitored monthly.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																												
<b>Crisis Resolution Home Treatment Team (CRHT)</b> <ul style="list-style-type: none"><li>Percentage of those admitted between 9am and 9pm receiving a gate-keeping assessment by the CRHTS prior to admission</li><li>Percentage of those admitted without a gate keeping assessment who received a follow up assessment by CRHTS within 24 hours of admission</li></ul>	<ul style="list-style-type: none"><li>In February 2020, 100% of those admitted between 9am and 9pm received a gate-keeping assessment by the CRHTS prior to admission</li><li>In February 2020, 100% of those admitted without a gate keeping assessment received a follow up assessment by CRHTS within 24 hours of admission</li></ul>	<p><b>95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission</b></p> <table><caption>Data for Gate-keeping assessment (0900-2100)</caption><thead><tr><th>Month</th><th>% receiving a gate-keeper assessment prior to admission</th></tr></thead><tbody><tr><td>Feb-19</td><td>100%</td></tr><tr><td>Mar-19</td><td>100%</td></tr><tr><td>Apr-19</td><td>100%</td></tr><tr><td>May-19</td><td>100%</td></tr><tr><td>Jun-19</td><td>100%</td></tr><tr><td>Jul-19</td><td>100%</td></tr><tr><td>Aug-19</td><td>100%</td></tr><tr><td>Sep-19</td><td>100%</td></tr><tr><td>Oct-19</td><td>100%</td></tr><tr><td>Nov-19</td><td>100%</td></tr><tr><td>Dec-19</td><td>100%</td></tr><tr><td>Jan-20</td><td>100%</td></tr><tr><td>Feb-20</td><td>100%</td></tr><tr><td>Mar-20</td><td>100%</td></tr></tbody></table> <p><b>100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission</b></p> <table><caption>Data for Follow up assessment (within 24hrs)</caption><thead><tr><th>Month</th><th>% those admitted without a gate keeping assessment will receive a follow up assessment within 24hrs</th></tr></thead><tbody><tr><td>Feb-19</td><td>100%</td></tr><tr><td>Mar-19</td><td>100%</td></tr><tr><td>Apr-19</td><td>100%</td></tr><tr><td>May-19</td><td>100%</td></tr><tr><td>Jun-19</td><td>100%</td></tr><tr><td>Jul-19</td><td>100%</td></tr><tr><td>Aug-19</td><td>100%</td></tr><tr><td>Sep-19</td><td>100%</td></tr><tr><td>Oct-19</td><td>100%</td></tr><tr><td>Nov-19</td><td>100%</td></tr><tr><td>Dec-19</td><td>100%</td></tr><tr><td>Jan-20</td><td>100%</td></tr><tr><td>Feb-20</td><td>100%</td></tr><tr><td>Mar-20</td><td>100%</td></tr></tbody></table>	Month	% receiving a gate-keeper assessment prior to admission	Feb-19	100%	Mar-19	100%	Apr-19	100%	May-19	100%	Jun-19	100%	Jul-19	100%	Aug-19	100%	Sep-19	100%	Oct-19	100%	Nov-19	100%	Dec-19	100%	Jan-20	100%	Feb-20	100%	Mar-20	100%	Month	% those admitted without a gate keeping assessment will receive a follow up assessment within 24hrs	Feb-19	100%	Mar-19	100%	Apr-19	100%	May-19	100%	Jun-19	100%	Jul-19	100%	Aug-19	100%	Sep-19	100%	Oct-19	100%	Nov-19	100%	Dec-19	100%	Jan-20	100%	Feb-20	100%	Mar-20	100%	<ul style="list-style-type: none"><li>Mental Health &amp; Learning Disabilities (MH &amp; LD) Delivery Unit review of Crisis Resolution Home Treatment Team (CRHT) Teams has commenced; with a draft report scheduled for April 2020.</li><li>The MH &amp; LD DU continue to work with partners on the development of a sanctuary facility, tendering process is complete and a decision for the successful provider to be made mid to late March.</li></ul>
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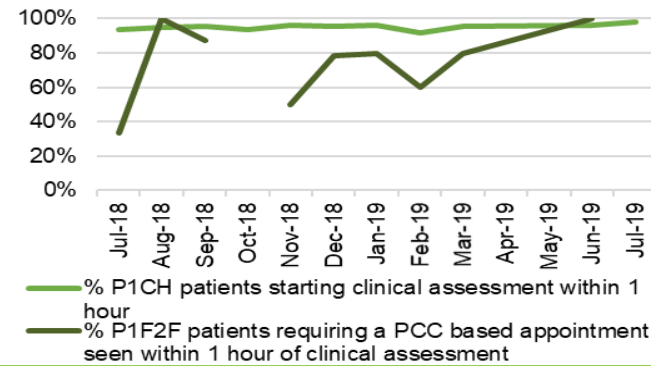
Description	Current Performance	Trend	Actions planned for next period
<b>Delayed Transfers of Care (DTOC)</b> The number of DTOCs per Health Board- Mental Health (all ages)	The number of mental health related delayed transfers of care in February 2020 was 16, which is below the internal profile of 27.	<b>Number of Mental Health DTOCs</b> 	<ul style="list-style-type: none"> <li>Weekly discharge meetings will continue to take place in all Localities with Local Authority representation</li> <li>A monthly DTOC scrutiny meeting continues to take place in the DU led by the Head of Operations and is well attended.</li> <li>From November the Unit have inputted the DTOC data in the WG Database and will use this as part of the Senior DTOC validation process.</li> <li>These activities combined will continue to ensure that there is robust management of all DTOC cases.</li> </ul>
<b>Serious Incidents</b> The number of Serious Incidents recorded against Mental Health and Learning Disabilities Delivery Unit	<p>In February 2020, there were 11 serious incidents attributed to the Mental Health and Learning Disabilities Delivery Unit. This is 7 more than January 2020.</p> <p>The increase in serious incidents since February 2019 is attributed to the retrospective reporting of deaths following Welsh Governments change in reporting criteria.</p>	<b>Number of Serious Incidents</b> 	<ul style="list-style-type: none"> <li>Continue to report all deaths of patients in contact with mental health services with the 12 months prior to their deaths as Serious Incident (SI's)</li> <li>2 additional part time investigators addressing root cause analysis (RCA) investigations working alongside the Serious Incident Investigator.</li> <li>Monitoring of Serious Incident (SI) cases to ensure proactive approach with weekly assessment of new and updated cases to ensure investigation proportionate to risks identified.</li> <li>Business Case being constructed to secure additional, permanent support where possible into the Quality and Safety Team to support with SI investigations.</li> </ul>

## 7.1 Unscheduled Care- Overview

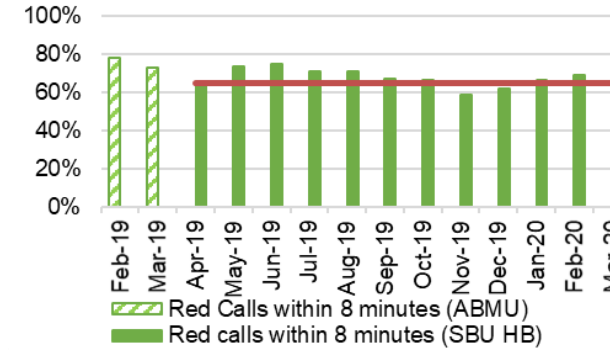
**Chart 1: % GP practices offering daily appointments between 5pm- 6:30pm**



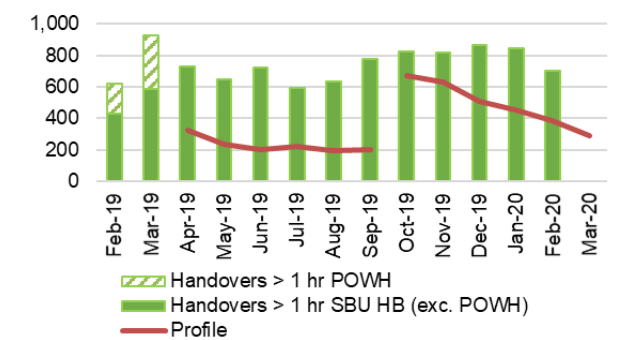
**Chart 2: GP Out of Hours/ 111**



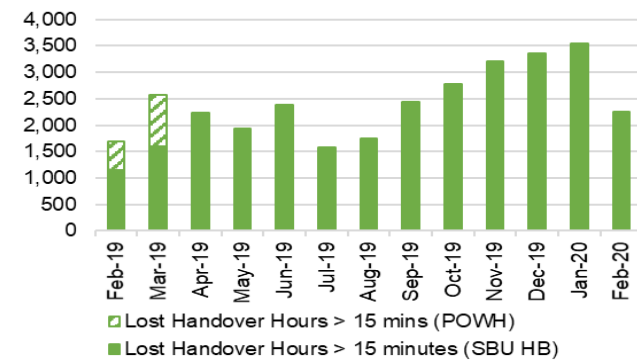
**Chart 3: % red calls responded to within 8 minutes**



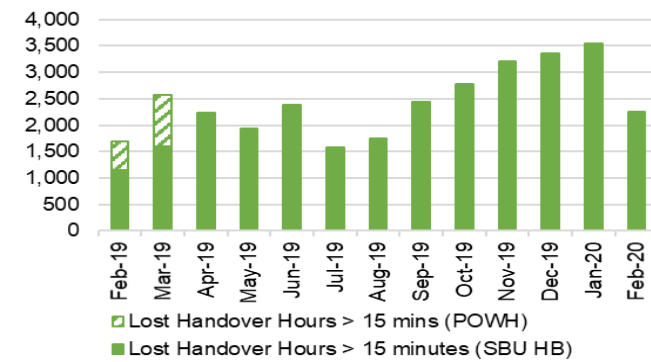
**Chart 4: Number of ambulance handovers over 1 hour**



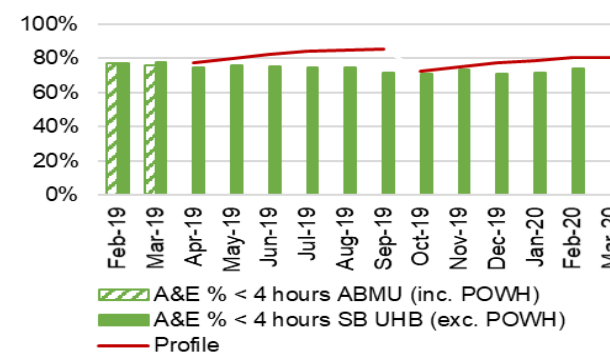
**Chart 5: Lost hours- notification to ambulance handover over 15 minutes**



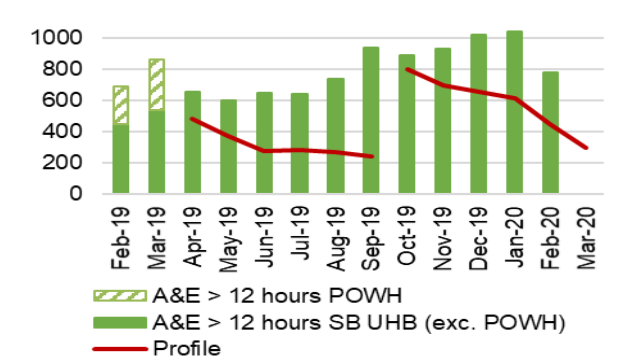
**Chart 6: A&E Attendances**



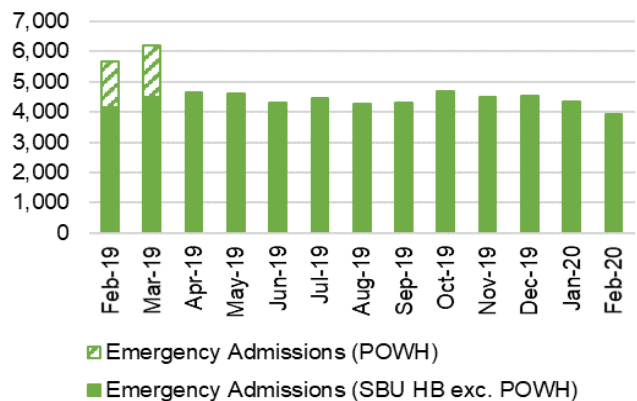
**Chart 7: % patients who spend less than 4 hours in A&E**



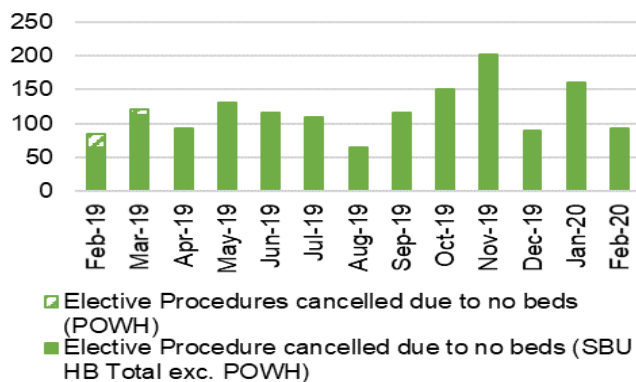
**Chart 8: Number of patients waiting over 12 hours in A&E**



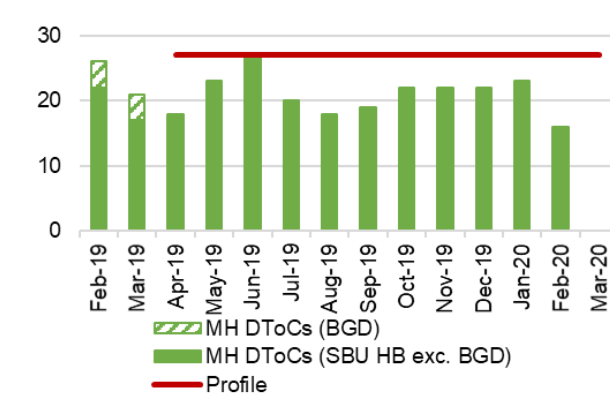
**Chart 9: Number of emergency admissions**



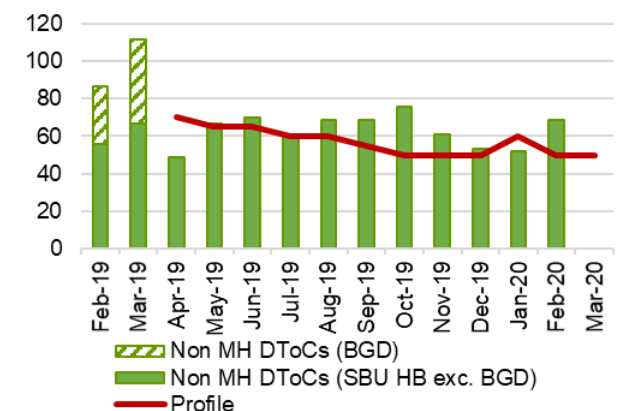
**Chart 10: Elective procedures cancelled due to lack of beds**



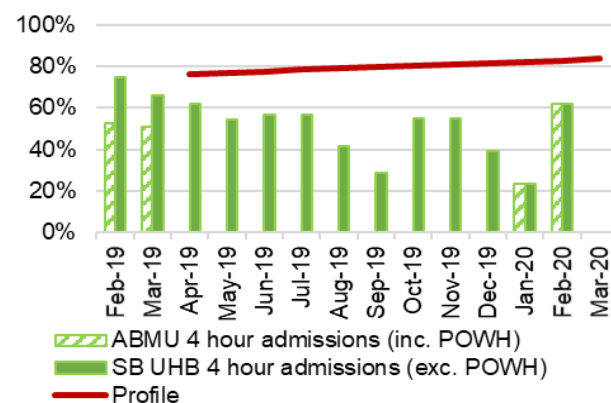
**Chart 11: Number of mental health delayed transfers of care**



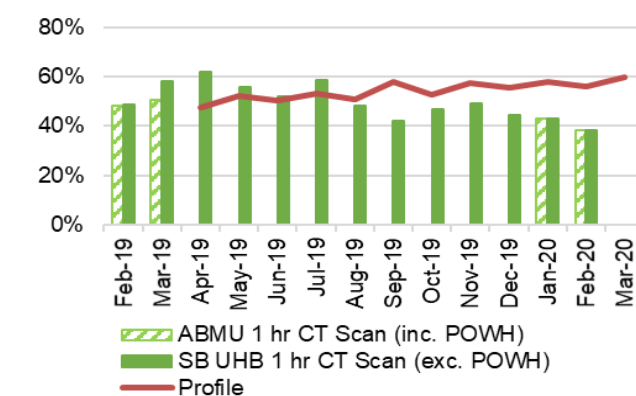
**Chart 12: Number of non- mental health delayed transfers of care**



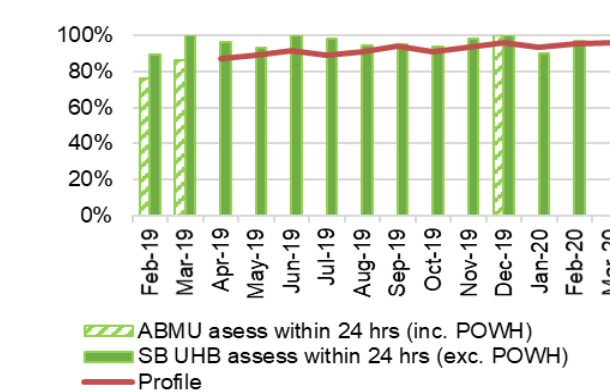
**Chart 13: % of patients who have a direct admission to an acute stroke unit within 4 hours**



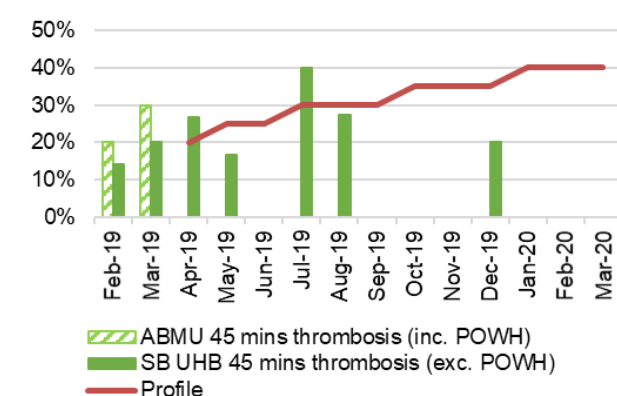
**Chart 14: % of patients who receive a CT scan within 1 hour**



**Chart 15: % patients who are assessed by a stroke specialist consultant physician within 24 hours**



**Chart 16: % of thrombolysed stroke patients with a door to door needle time of ≤45 minutes**





## Unscheduled Care Overview (February 2020)

Primary Care Access		Ambulance	Emergency Department	
<b>97% (→)</b> GP practices open during daily core hours	<b>88% (→)</b> GP practices offering appointments between 5pm-6:30pm	<b>68.6% (2%↑)</b> Red calls responded to within 8 minutes	<b>9,137 (8%↓)</b> A&E attendances	<b>74.1% (2.53%↑)</b> Waits in A&E under 4 hours
<b>98% (2%↑)</b> % of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered ( <i>July-19</i> )	<b>100% (50%↑)</b> % of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment ( <i>Jun-19</i> )	<b>704 (17%↓)</b> Ambulance handovers over 1 hour	<b>781 (25%↓)</b> Waits in A&E over 12 hours	<b>1,309 (8%↓)</b> Patients admitted from A&E
<b>2,915 (9%↓)</b> Amber calls		<b>308 (15%↓)</b> Red calls		
Emergency Activity		Patient Flow		
<b>3,917 (10%↓)</b> Emergency Inpatient Admissions	<b>388 (4%↓)</b> Emergency Theatre Cases	<b>16 (30%↓)→)</b> Mental Health DTOCs	<b>69 (33%↑)</b> Non-Mental Health DTOCs	
<b>248 (18%↓)</b> Trauma theatre cases	<b>92 (43%↓)</b> Elective procedures cancelled due to no beds	<b>2,099 (21%↓)</b> Days lost due to medically fit ( <i>Morrison only</i> )	<b>182 (19%↓)</b> Medically fit patients	

\*RAG status and trend is based on in month-movement

## 7.2 Unscheduled Care- Updates and Actions

This section of the report provides further detail on key unscheduled care measures.

Description	Current Performance	Trend	Actions planned for next period																																										
<b>A&amp;E waiting times</b> <i>The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i>	<p>In February 2020, the Health Board's performance against the 4 hour metric improved by 2.5% compared with January 2020 (from 71.6% to 74.1%).</p> <p>Performance at Morriston hospital was below profile, achieving 63.52% in February 2020.</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95%.</p>	<p><b>% patients waiting under 4 hours in A&amp;E</b></p> <table><caption>% patients waiting under 4 hours in A&amp;E</caption><thead><tr><th>Month</th><th>Morriston</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>68%</td><td>98%</td></tr><tr><td>Mar-19</td><td>69%</td><td>97%</td></tr><tr><td>Apr-19</td><td>66%</td><td>95%</td></tr><tr><td>May-19</td><td>67%</td><td>97%</td></tr><tr><td>Jun-19</td><td>65%</td><td>96%</td></tr><tr><td>Jul-19</td><td>66%</td><td>95%</td></tr><tr><td>Aug-19</td><td>65%</td><td>96%</td></tr><tr><td>Sep-19</td><td>62%</td><td>94%</td></tr><tr><td>Oct-19</td><td>63%</td><td>96%</td></tr><tr><td>Nov-19</td><td>64%</td><td>98%</td></tr><tr><td>Dec-19</td><td>62%</td><td>95%</td></tr><tr><td>Jan-20</td><td>63%</td><td>94%</td></tr><tr><td>Feb-20</td><td>64%</td><td>97%</td></tr></tbody></table>	Month	Morriston	NPTH	Feb-19	68%	98%	Mar-19	69%	97%	Apr-19	66%	95%	May-19	67%	97%	Jun-19	65%	96%	Jul-19	66%	95%	Aug-19	65%	96%	Sep-19	62%	94%	Oct-19	63%	96%	Nov-19	64%	98%	Dec-19	62%	95%	Jan-20	63%	94%	Feb-20	64%	97%	<ul style="list-style-type: none"><li>Continued utilisation of the new GP in Morriston ED undertaking triage and supporting the education of nursing staff triage in day time hours.</li><li>Maintain all surge bed capacity that can be staffed on all our hospital sites.</li><li>Only cancer, urgent elective admissions and some long waiting elective patients to be treated at times of high escalation.</li><li>Monitor the impact of the implementation of hospital to home pathway 1.</li><li>Review impact of winter plans to informs schemes to be include for funding for 2020/21.</li></ul>
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<b>A&amp;E waiting times</b> <i>The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge</i>	<p>In February 2020, performance against this measure improved compared with January 2020 reducing from 1,038 to 781. All patients waiting over 12 hours in February 2020 were in Morriston Hospital.</p>	<p><b>Number of patients waiting over 12 hours in A&amp;E</b></p> <table><caption>Number of patients waiting over 12 hours in A&amp;E</caption><thead><tr><th>Month</th><th>Morriston</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>450</td><td>10</td></tr><tr><td>Mar-19</td><td>550</td><td>10</td></tr><tr><td>Apr-19</td><td>650</td><td>10</td></tr><tr><td>May-19</td><td>600</td><td>10</td></tr><tr><td>Jun-19</td><td>650</td><td>10</td></tr><tr><td>Jul-19</td><td>650</td><td>10</td></tr><tr><td>Aug-19</td><td>750</td><td>10</td></tr><tr><td>Sep-19</td><td>950</td><td>10</td></tr><tr><td>Oct-19</td><td>900</td><td>10</td></tr><tr><td>Nov-19</td><td>950</td><td>10</td></tr><tr><td>Dec-19</td><td>1050</td><td>10</td></tr><tr><td>Jan-20</td><td>1050</td><td>10</td></tr><tr><td>Feb-20</td><td>781</td><td>10</td></tr></tbody></table>	Month	Morriston	NPTH	Feb-19	450	10	Mar-19	550	10	Apr-19	650	10	May-19	600	10	Jun-19	650	10	Jul-19	650	10	Aug-19	750	10	Sep-19	950	10	Oct-19	900	10	Nov-19	950	10	Dec-19	1050	10	Jan-20	1050	10	Feb-20	781	10	
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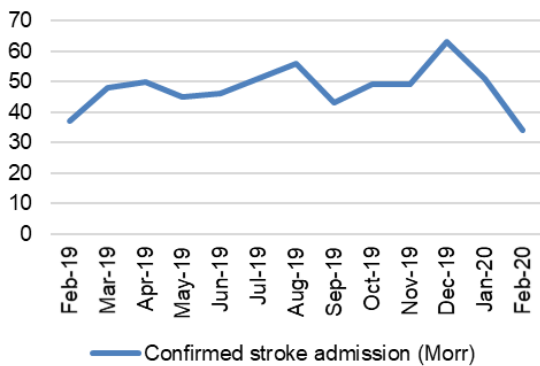
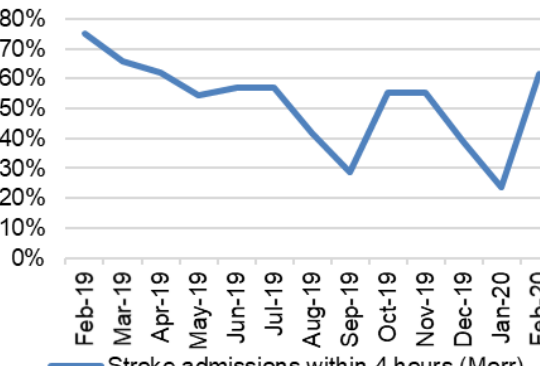
Description	Current Performance	Trend	Actions planned for next period
<b>Ambulance responses</b> <i>The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</i> <i>The number of responses to ambulance calls.</i>	<p>Ambulance response times are traditionally above the national target and local profile of 65%. Performance against this measure fell below the 65% target in November and December 2019 however the position recovered in January and February 2020 achieving 66.6% and 68.6%.</p>	<p><b>Number of ambulance call responses</b></p> <p>— Red Calls — Amber Calls — Green Calls</p> <p><i>Data prior to April 2019 relates to ABMU Health Board.</i></p>	<ul style="list-style-type: none"> <li>Implement the ambulance handover improvement plan which has been jointly agreed between WAST and the Health Board. The plan includes: <ul style="list-style-type: none"> <li>The completion of the Health Board's escalation plan, which will link into planned changes to the National Escalation planned to be in place in February 2020.</li> <li>A WAST patient liaison officer commenced to be maintained to end of March 2020.</li> <li>Maximise the benefit of the second falls vehicle commissioned in November to scale up capacity in the non-injury falls service.</li> <li>Continue the development of additional pathways that avoid conveyance to hospital, including respiratory/COPD patients and patients requiring lower level advice and support.</li> <li>Continue to explore the opportunities for co-horting of patients outside ED; the feasibility of a mobile unit to be scoped.</li> <li>Continued use of the acute GP service to review and redirect patients requesting a 999 ambulance response to alternative appropriate pathways of care.</li> </ul> </li> </ul>
<b>Ambulance handovers</b> <i>The number of ambulance handovers over one hour</i>	<p>The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the increased pressures felt across the wider unscheduled care system.</p> <p>In February 2020, Morriston Hospital saw a reduction of 277 &gt;1 hour ambulance handover waits, compared with February 2019 (from 387 to 664). Singleton saw a reduction from 41 in February 2019 to 40 in February 2020.</p>	<p><b>Number of ambulance handovers over one hour</b></p> <p>— Morriston handovers &gt; 1 hour — Singleton Handovers &gt; 1 hour</p>	

Description	Current Performance	Trend	Actions planned for next period
<b>A&amp;E Attendances</b> <i>The number of attendances at emergency departments in the Health Board</i>	<p>Overall ED/MIU attendances in February 2020 were lower by 95 patients compared with February 2019 (from 9,232 to 9,137).</p>	<p><b>Number of A&amp;E attendances</b></p> <p>Legend: Morriston (blue line), NPTH (yellow line)</p>	<ul style="list-style-type: none"> <li>GP out of hours service continues to be well placed to manage demand.</li> <li>111 awareness campaign programme and communication of Choose Well pathways.</li> <li>Encourage and promote the use of the Health Board's community pharmacies, 95% of whom are now in a position to offer the Common Ailment Service.</li> <li>Maximise impact of acute care team referral pathways to reduce the number of unnecessary attendances to hospital</li> </ul>
<b>Emergency Admissions</b> <i>The number of emergency admissions across the Health Board by site</i>	<p>In February 2020, there were 3,917 emergency admissions across the Health Board which is 416 (-10%) less admissions than in January 2020.</p> <p>Surgical, Medical and Orthopaedic admissions continue to account for the biggest increases in Morriston over the last 12 months.</p>	<p><b>Number of emergency admissions</b></p> <p>Legend: Morriston (blue line), Singleton (orange line), NPTH (yellow line)</p>	<ul style="list-style-type: none"> <li>Establish an ambulatory care model in Morriston and day unit facilities, hot clinics and direct to speciality admission pathways.</li> <li>Gatekeeping function of the Crisis Teams and Psychiatric Liaison across Swansea and Neath Port Talbot to ensure all USC admissions meet threshold for admissions.</li> <li>Implement the agreed winter plans which have a focus this year on primary and community care support and interventions.</li> <li>Continue to progress the implementation of the acute medicine model in Swansea Bay.</li> <li>Assess the impact of the assistant practitioners working on Wards 3, 4 and 7 in Singleton and Ward C in NPTH (frailty/stroke wards).</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																								
<b>Medically Fit</b> <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In February 2020, there were on average 182 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p>	<p><b>The number of discharge/ medically fit patients by site</b></p> <table border="1"> <caption>Estimated data for Discharge/medically fit patients</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-19</td><td>100</td><td>50</td><td>10</td></tr> <tr><td>Mar-19</td><td>110</td><td>60</td><td>15</td></tr> <tr><td>Apr-19</td><td>105</td><td>80</td><td>10</td></tr> <tr><td>May-19</td><td>90</td><td>70</td><td>10</td></tr> <tr><td>Jun-19</td><td>95</td><td>60</td><td>15</td></tr> <tr><td>Jul-19</td><td>110</td><td>50</td><td>15</td></tr> <tr><td>Aug-19</td><td>110</td><td>50</td><td>15</td></tr> <tr><td>Sep-19</td><td>110</td><td>55</td><td>35</td></tr> <tr><td>Oct-19</td><td>140</td><td>55</td><td>10</td></tr> <tr><td>Nov-19</td><td>110</td><td>60</td><td>10</td></tr> <tr><td>Dec-19</td><td>100</td><td>65</td><td>30</td></tr> <tr><td>Jan-20</td><td>120</td><td>70</td><td>35</td></tr> <tr><td>Feb-20</td><td>100</td><td>55</td><td>30</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Feb-19	100	50	10	Mar-19	110	60	15	Apr-19	105	80	10	May-19	90	70	10	Jun-19	95	60	15	Jul-19	110	50	15	Aug-19	110	50	15	Sep-19	110	55	35	Oct-19	140	55	10	Nov-19	110	60	10	Dec-19	100	65	30	Jan-20	120	70	35	Feb-20	100	55	30	<ul style="list-style-type: none"> <li>Full Implementation of the Hospital to Home (H2H) Pathway 1 will be in place by February 2020. Ongoing assessment of the impact of the H2H will be undertaken including an analysis of the caseload being held by the team.</li> <li>Roll out of the SIGNAL system in Morriston Hospital, acute wards completed of February Roll out to NPTH to be undertaken in March and April.</li> </ul>
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<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In February 2020, there were 89 elective procedures cancelled due to lack of beds on the day of surgery. This is 43% less than in January 2020 (from 161 to 92). In February 2020, 72 of the 92 cancelled procedures were attributed to Morriston Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table border="1"> <caption>Estimated data for Elective procedures cancelled</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-19</td><td>40</td><td>20</td><td>10</td></tr> <tr><td>Mar-19</td><td>85</td><td>25</td><td>10</td></tr> <tr><td>Apr-19</td><td>90</td><td>10</td><td>10</td></tr> <tr><td>May-19</td><td>115</td><td>15</td><td>10</td></tr> <tr><td>Jun-19</td><td>105</td><td>10</td><td>10</td></tr> <tr><td>Jul-19</td><td>95</td><td>10</td><td>10</td></tr> <tr><td>Aug-19</td><td>60</td><td>10</td><td>10</td></tr> <tr><td>Sep-19</td><td>105</td><td>10</td><td>10</td></tr> <tr><td>Oct-19</td><td>130</td><td>10</td><td>20</td></tr> <tr><td>Nov-19</td><td>140</td><td>10</td><td>60</td></tr> <tr><td>Dec-19</td><td>80</td><td>10</td><td>10</td></tr> <tr><td>Jan-20</td><td>145</td><td>10</td><td>10</td></tr> <tr><td>Feb-20</td><td>85</td><td>15</td><td>10</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Feb-19	40	20	10	Mar-19	85	25	10	Apr-19	90	10	10	May-19	115	15	10	Jun-19	105	10	10	Jul-19	95	10	10	Aug-19	60	10	10	Sep-19	105	10	10	Oct-19	130	10	20	Nov-19	140	10	60	Dec-19	80	10	10	Jan-20	145	10	10	Feb-20	85	15	10	<ul style="list-style-type: none"> <li>Continued implementation of models of care that mitigate the impact of unscheduled care pressures on elective capacity – such as ambulatory emergency care models and enhanced day of surgery models.</li> <li>Maximise utilisation of surgical unit at NPTH hospital, which is generally unaffected by emergency pressures.</li> <li>Maintain ring fenced orthopaedic ward at Morriston hospital which was reinstated in November.</li> </ul>
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Jan-20	145	10	10																																																								
Feb-20	85	15	10																																																								

Description	Current Performance	Trend	Actions planned for next period
<b>Delayed Transfers of Care (DTOC)</b>  <i>The number of DTOCs per Health Board- Mental Health (all ages)</i>	<p>The number of mental health related delayed transfers of care in February 2020 was 16. This is the best position so far in 2019/20.</p>	<p><b>Number of Mental Health DTOCs</b></p>	<ul style="list-style-type: none"> <li>Complete roll out of the SIGNAL system during Q4, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge. This will support provision of more accurate information on the reasons why patients who are medically stable for discharge remain in hospital, enabling more targeted approaches to unblock system delays. Review of a more standardised approach to the screens content across the HB supporting use of EDD and Red2Green days in particular. Signal HB wide workshop to be arranged.</li> <li>Update Choice of Accommodation Policy to provide a policy, which is simpler, easily read, understood and utilised. Aim to take final revision to USC board April 2020</li> <li>Monitor the impact of the regulation changes for social care staff (registration of Dom care workers) by April 2020.</li> <li>Implementation of phase 1 (pathway one) of the Hospital to Home service and the trusted assessor model (Hospital to Home Navigator) complete. Further communication (updated to status of H2H) to be circulated in various formats by the Corporate Communications Team.</li> <li>Consistent use of SAFER, Effective PSAG Board Rounds, EDD and Red to Green days. Incorporated into the SIGNAL system</li> <li>Continue to check and challenge DTOC through the senior validation audio meetings (after the monthly census).</li> </ul>
<b>Delayed Transfers of Care (DTOC)</b>  <i>The number of DTOCs per Health Board - Non Mental Health (age 75+)</i>	<p>In February 2020, the number of non-mental health and learning disability delayed transfers of care was 69.</p> <p>Historically Morriston Hospital accounted for the largest number of delayed patients, however in February 2020 Neath Port Talbot had (similar to January 2020) the largest number of non-MH delays with 30 whilst Morriston had 20. The remaining 19 delayed patients were split between Singleton, Gorseinon and Learning Disability Services.</p>	<p><b>Number of Non Mental Health DTOCs</b></p>	



Description	Current Performance	Trend	Actions planned for next period																												
<b>Stroke Admissions</b> <i>The total number of stroke admissions into the Health Board</i>	<p>In February 2020, there were 34 confirmed acute stroke admissions in Morriston Hospital. This number is low following Consultant validation which determined a high number of sub-acute stroke diagnosis (reducing the number of acute stroke patients).</p>	<p><b>Total number of stroke admissions</b></p>  <table><caption>Total number of stroke admissions (Morr)</caption><thead><tr><th>Month</th><th>Admissions</th></tr></thead><tbody><tr><td>Feb-19</td><td>38</td></tr><tr><td>Mar-19</td><td>48</td></tr><tr><td>Apr-19</td><td>50</td></tr><tr><td>May-19</td><td>45</td></tr><tr><td>Jun-19</td><td>46</td></tr><tr><td>Jul-19</td><td>52</td></tr><tr><td>Aug-19</td><td>55</td></tr><tr><td>Sep-19</td><td>43</td></tr><tr><td>Oct-19</td><td>48</td></tr><tr><td>Nov-19</td><td>48</td></tr><tr><td>Dec-19</td><td>62</td></tr><tr><td>Jan-20</td><td>50</td></tr><tr><td>Feb-20</td><td>34</td></tr></tbody></table>	Month	Admissions	Feb-19	38	Mar-19	48	Apr-19	50	May-19	45	Jun-19	46	Jul-19	52	Aug-19	55	Sep-19	43	Oct-19	48	Nov-19	48	Dec-19	62	Jan-20	50	Feb-20	34	<ul style="list-style-type: none"><li>Ongoing clinical validation to separate acute and sub-acute stroke diagnosis.</li></ul>
Month	Admissions																														
Feb-19	38																														
Mar-19	48																														
Apr-19	50																														
May-19	45																														
Jun-19	46																														
Jul-19	52																														
Aug-19	55																														
Sep-19	43																														
Oct-19	48																														
Nov-19	48																														
Dec-19	62																														
Jan-20	50																														
Feb-20	34																														
<b>Stroke 4 hour access target</b> <i>% of patients directly admitted to a stroke unit within 4 hours of clock start</i>	<p>ASU access performance in MH increased in February 2020 to 62%.</p> <p>All- Wales ASU performance in January 2020 was 37.8%. The national February 2020 reports are scheduled for circulation w/c 16<sup>th</sup> March.</p> <p>Performance against this measure deteriorated significantly through the winter period. There is limited assurance around sustaining the recent improvement given ongoing site pressures.</p>	<p><b>Percentage of patients admitted to stroke unit within 4 hours</b></p>  <table><caption>Stroke admissions within 4 hours (Morr)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-19</td><td>75%</td></tr><tr><td>Mar-19</td><td>65%</td></tr><tr><td>Apr-19</td><td>60%</td></tr><tr><td>May-19</td><td>55%</td></tr><tr><td>Jun-19</td><td>58%</td></tr><tr><td>Jul-19</td><td>58%</td></tr><tr><td>Aug-19</td><td>40%</td></tr><tr><td>Sep-19</td><td>30%</td></tr><tr><td>Oct-19</td><td>55%</td></tr><tr><td>Nov-19</td><td>55%</td></tr><tr><td>Dec-19</td><td>35%</td></tr><tr><td>Jan-20</td><td>25%</td></tr><tr><td>Feb-20</td><td>62%</td></tr></tbody></table>	Month	Percentage	Feb-19	75%	Mar-19	65%	Apr-19	60%	May-19	55%	Jun-19	58%	Jul-19	58%	Aug-19	40%	Sep-19	30%	Oct-19	55%	Nov-19	55%	Dec-19	35%	Jan-20	25%	Feb-20	62%	<ul style="list-style-type: none"><li>Actions to improve 4 hour target has seen improvements on the Morriston site but increased unscheduled care pressures is impacting on its performance – particularly in accessing beds.</li><li>Ongoing focus to prospectively identify suspected stroke patients in ED to expedite transfer to the Acute Stroke Unit (ASU). This process is led by Stroke Clinical Nurse Specialists and has delivered improvement in Feb-20.</li><li>Weekly patient breach analysis and remedial actions assigned to key pathway stakeholders to improve access performance.</li></ul>
Month	Percentage																														
Feb-19	75%																														
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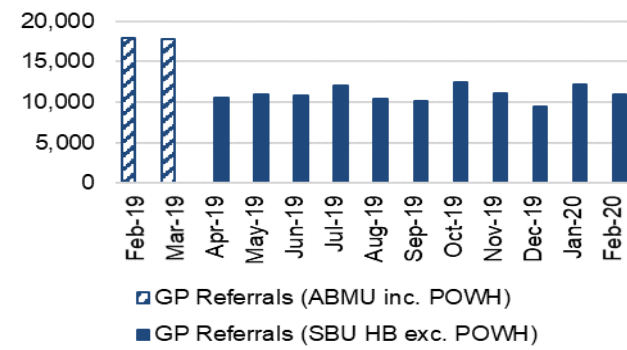
Description	Current Performance	Trend	Actions planned for next period																												
<b>Stroke CT scan</b> <i>Percentage of patients who receive a CT scan within 1 hour</i>	<p>In February 2020, the Health Board achieved 38%, which was below the internal profile of 56%.</p> <p>High volumes of ED WIP over recent months has resulted in delayed assessment times to patients which has affected the lead time to initial CT.</p> <p>A dedicated stroke assessment team, based in ED, is required to deliver sustainable improvement against all early pathway interventions (such as CT request).</p>	<p><b>Percentage of patients receiving CT scan within 1 hour</b></p> <table><caption>Ct scan within 1 hour (Morr)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-19</td><td>48%</td></tr><tr><td>Mar-19</td><td>58%</td></tr><tr><td>Apr-19</td><td>62%</td></tr><tr><td>May-19</td><td>55%</td></tr><tr><td>Jun-19</td><td>52%</td></tr><tr><td>Jul-19</td><td>58%</td></tr><tr><td>Aug-19</td><td>48%</td></tr><tr><td>Sep-19</td><td>42%</td></tr><tr><td>Oct-19</td><td>48%</td></tr><tr><td>Nov-19</td><td>48%</td></tr><tr><td>Dec-19</td><td>42%</td></tr><tr><td>Jan-20</td><td>42%</td></tr><tr><td>Feb-20</td><td>38%</td></tr></tbody></table>	Month	Percentage	Feb-19	48%	Mar-19	58%	Apr-19	62%	May-19	55%	Jun-19	52%	Jul-19	58%	Aug-19	48%	Sep-19	42%	Oct-19	48%	Nov-19	48%	Dec-19	42%	Jan-20	42%	Feb-20	38%	<ul style="list-style-type: none"><li>IMTP business case being developed to invest in a dedicated stroke in-reach team to expedite patient management in the ED.</li></ul>
Month	Percentage																														
Feb-19	48%																														
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Jan-20	42%																														
Feb-20	38%																														
<b>Stroke assessment within 24 hours</b> <i>Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours</i>	<p>In February, the Health Board achieved 97%, which was above the internal profile of 95% and above the Sentinel Stroke National Audit Programme (SSNAP) average of 83.9%.</p>	<p><b>Percentage of patients assessed by stroke consultant within 24 hours</b></p> <table><caption>Consultant assessment within 24 hours (Morr)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-19</td><td>89%</td></tr><tr><td>Mar-19</td><td>99%</td></tr><tr><td>Apr-19</td><td>95%</td></tr><tr><td>May-19</td><td>93%</td></tr><tr><td>Jun-19</td><td>99%</td></tr><tr><td>Jul-19</td><td>97%</td></tr><tr><td>Aug-19</td><td>94%</td></tr><tr><td>Sep-19</td><td>95%</td></tr><tr><td>Oct-19</td><td>93%</td></tr><tr><td>Nov-19</td><td>97%</td></tr><tr><td>Dec-19</td><td>99%</td></tr><tr><td>Jan-20</td><td>90%</td></tr><tr><td>Feb-20</td><td>97%</td></tr></tbody></table>	Month	Percentage	Feb-19	89%	Mar-19	99%	Apr-19	95%	May-19	93%	Jun-19	99%	Jul-19	97%	Aug-19	94%	Sep-19	95%	Oct-19	93%	Nov-19	97%	Dec-19	99%	Jan-20	90%	Feb-20	97%	<ul style="list-style-type: none"><li>Stroke Physician cross cover is planned well in advance to ensure patients reviews are provided ASAP. The absence of a 7-day service means that full compliance is not always possible</li></ul>
Month	Percentage																														
Feb-19	89%																														
Mar-19	99%																														
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Oct-19	93%																														
Nov-19	97%																														
Dec-19	99%																														
Jan-20	90%																														
Feb-20	97%																														



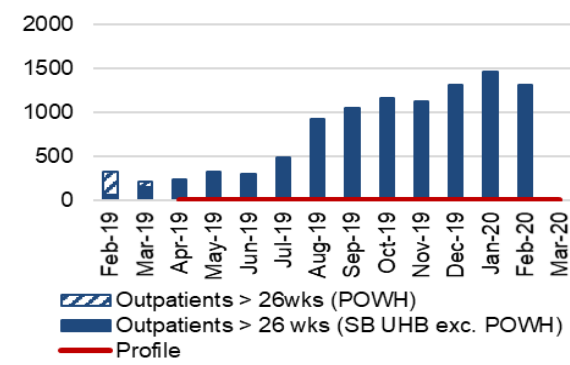
Description	Current Performance	Trend	Actions planned for next period																												
Thrombolysed Patients with Door-to-Needle <= 45 mins	<p>In February 2020, 14.7% were thrombolysed (5 out of 34). However, no patients were thrombolysed within the 45 minutes (door to needle) standard (20%). This is below the internal profile of 40%.</p>	<p><b>Percentage of eligible thrombolysed patients within 45 minutes</b></p> <table><caption>Data for Percentage of eligible thrombolysed patients within 45 minutes</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-19</td><td>14%</td></tr><tr><td>Mar-19</td><td>20%</td></tr><tr><td>Apr-19</td><td>26%</td></tr><tr><td>May-19</td><td>16%</td></tr><tr><td>Jun-19</td><td>0%</td></tr><tr><td>Jul-19</td><td>40%</td></tr><tr><td>Aug-19</td><td>28%</td></tr><tr><td>Sep-19</td><td>0%</td></tr><tr><td>Oct-19</td><td>0%</td></tr><tr><td>Nov-19</td><td>0%</td></tr><tr><td>Dec-19</td><td>20%</td></tr><tr><td>Jan-20</td><td>0%</td></tr><tr><td>Feb-20</td><td>0%</td></tr></tbody></table> <p>— Door to needle within 45 minutes (Morr)</p>	Month	Percentage	Feb-19	14%	Mar-19	20%	Apr-19	26%	May-19	16%	Jun-19	0%	Jul-19	40%	Aug-19	28%	Sep-19	0%	Oct-19	0%	Nov-19	0%	Dec-19	20%	Jan-20	0%	Feb-20	0%	<ul style="list-style-type: none"><li>IMTP business case being developed to invest in a dedicated stroke in-reach team to expedite thrombolysis treatment in ED.</li></ul>
Month	Percentage																														
Feb-19	14%																														
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Oct-19	0%																														
Nov-19	0%																														
Dec-19	20%																														
Jan-20	0%																														
Feb-20	0%																														

## 8.1 Planned Care- Overview

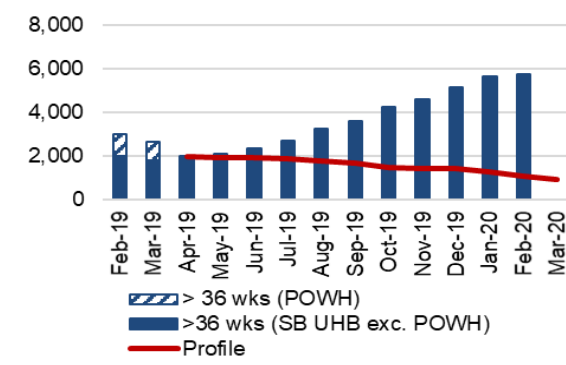
**Chart 1: Number of GP Referrals into secondary care**



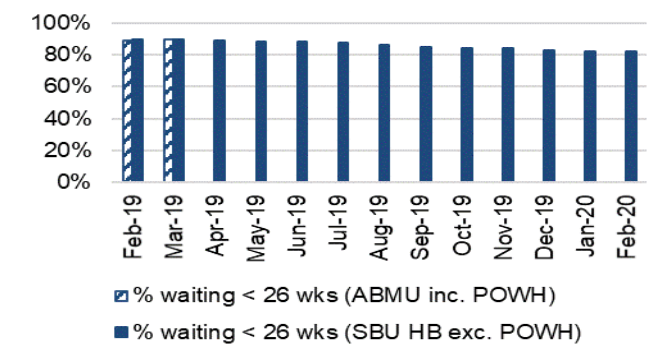
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



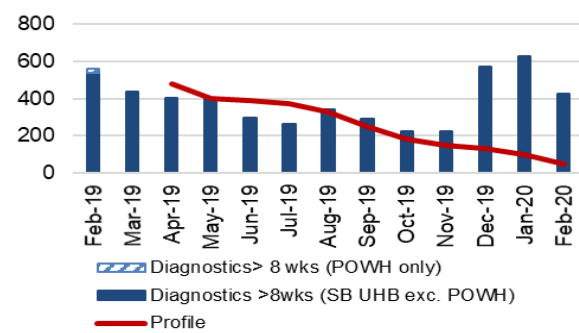
**Chart 3: Number of patients waiting over 36 weeks for treatment**



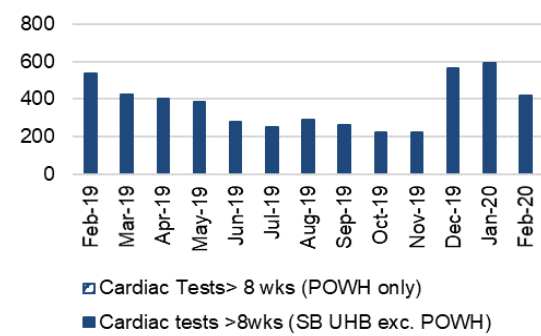
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



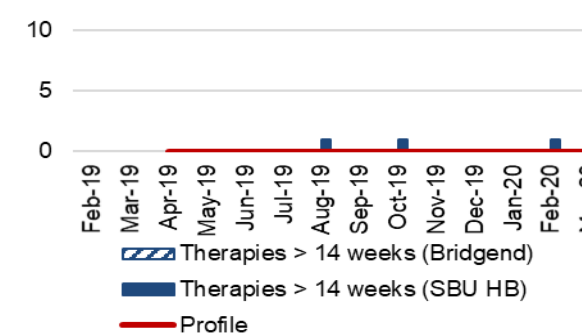
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



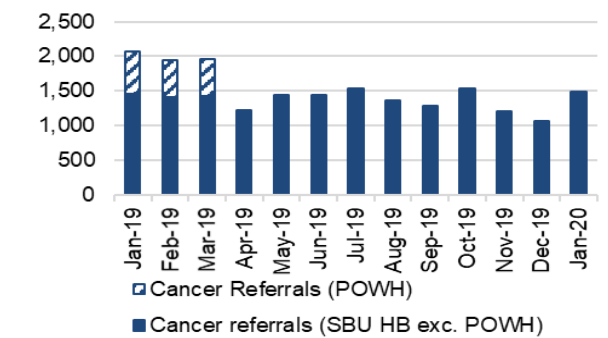
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



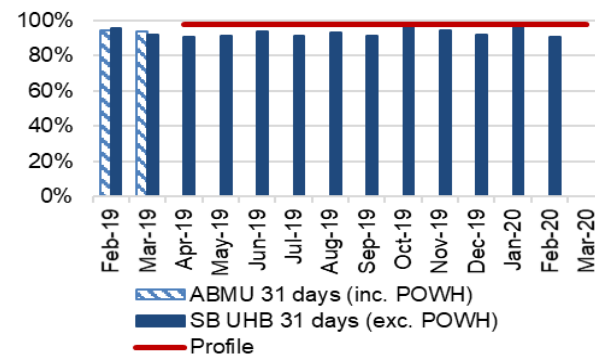
**Chart 7: Number of patients waiting less than 14 weeks for Therapies**



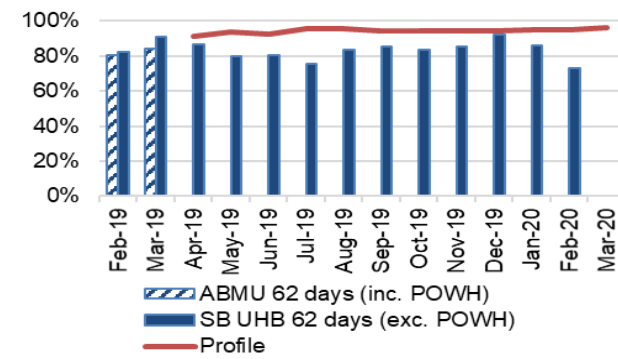
**Chart 8: Cancer referrals**



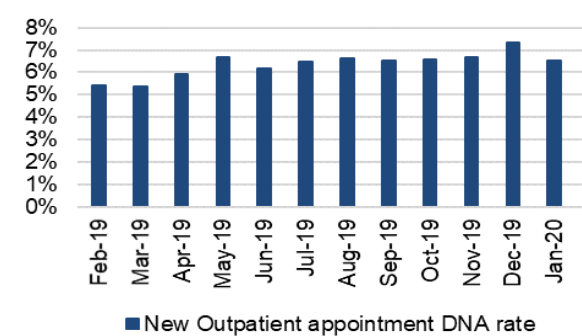
**Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days**



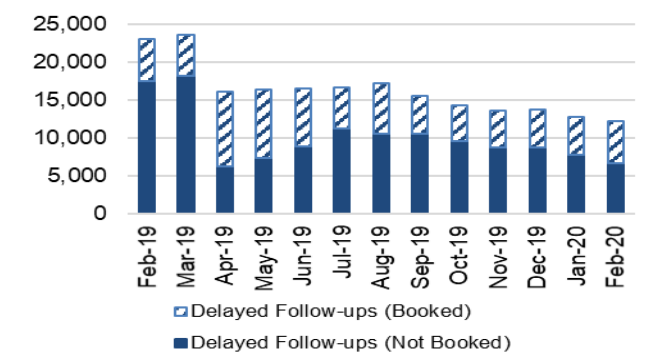
**Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral**



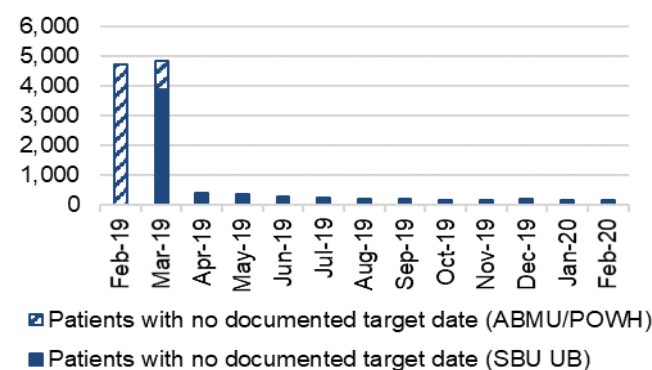
**Chart 11: % of patients who did not attend a new outpatient appointment (for all specialties)**



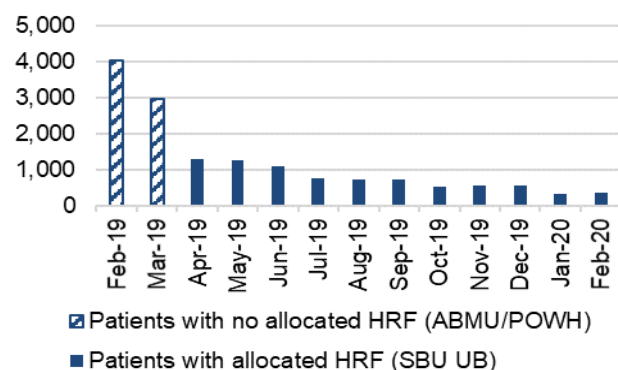
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialties only)**



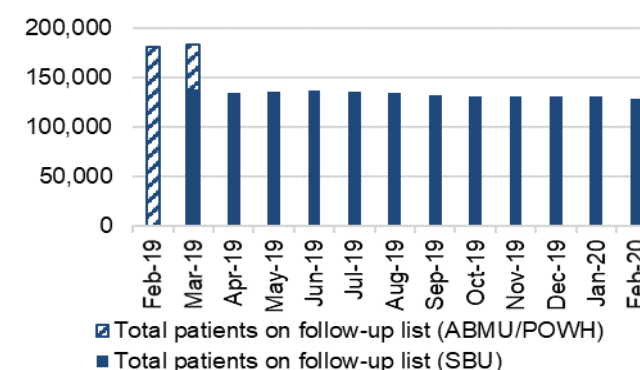
**Chart 13: Number of patients without a documented clinical review date**



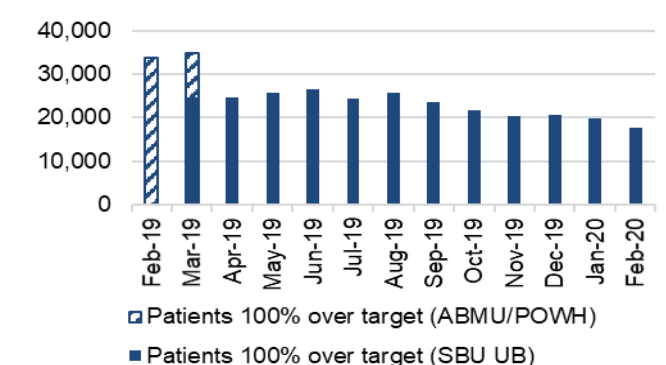
**Chart 14: Ophthalmology patients without an allocated health risk factor**



**Chart 15: Total number of patients on the follow-up waiting list**



**Chart 16: Number of patients delayed by over 100%**



## Planned Care- Overview (February 2020)

Demand	Waiting Times			Outpatient Efficiencies
<b>11,000 (10%↓)</b> Total GP referrals	<b>1,306 (10%↓)</b> Patients waiting over 26 weeks for a new outpatient appointment	<b>5,729 (2%↑)</b> Patients waiting over 36 weeks for treatment	<b>2,227 (8%↑)</b> Patients waiting over 52 weeks for treatment	<b>6.0% (0.5%↓)</b> % of patients who did not attend a new outpatient appointment (all specialties)
<b>6,005 (6%↓)</b> Routine GP referrals	<b>82.3% (0.5%↑)</b> Patients waiting under 26 weeks from referral to treatment	<b>424 (32%↓)</b> Patients waiting over 8 weeks for all reportable diagnostics	<b>417 (30%↓)</b> Patients waiting over 8 weeks for Cardiac diagnostics only	<b>6.9% (0.8%↓)</b> % of patients who did not attend a follow-up outpatient appointment (all specialties)
<b>4,995 (15%↓)</b> Urgent GP referrals	<b>1 (100%↑)</b> Patients waiting over 14 weeks for reportable therapies	<b>128,674 (2%↓)</b> Patients waiting for a follow-up outpatient appointment	<b>17,747 (11%↓)</b> Patients waiting for a follow-up outpatients appointment who are delayed over 100%	
Cancer		Theatre Efficiencies		
<b>1,484 (39%↑)</b> Number of USC referrals received (Oct-19)	<b>85 (30%↓)</b> USC backlog over 52 days	<b>66% (3%↑)</b> Theatre utilisation rate	<b>42% (1%↓)</b> % of theatres sessions finishing early	
<b>91% (8%↓) draft</b> NUSC patients receiving treatment within 31 days	<b>73% (13%↓) draft</b> USC patients receiving treatment within 62 days	<b>43% (1%↓)</b> % of theatres sessions starting late	<b>34% (7%↓)</b> Operations cancelled on the day	

\*RAG status and trend is based on in month-movement

## 8.2 Theatre Efficiencies Dashboard

						ABMU		SBU											
Measure		Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Number of cancelled operations	Morriston			↓	●	↓	443	472	484	527	492	481	462	499	575	554	557	563	442
	NPTH			↑	●	↑	179	164	132	150	161	161	123	174	207	228	138	168	189
	Singleton			↑	●	↑	243	250	165	222	221	274	211	237	270	311	272	330	332
	HB Total (inc. POWH up to Mar-			↓	●	↓	1,202	1,258	781	899	874	916	796	910	1,052	1,093	967	1,061	963
% of cancelled operations on the day	Morriston	10%	✗	↓	●	↓	41%	35%	49%	43%	44%	37%	44%	50%	52%	51%	44%	48%	43%
	NPTH		✗	↓	●	↑	21%	22%	29%	21%	30%	30%	25%	34%	23%	21%	31%	40%	33%
	Singleton		✗	↓	●	↓	43%	40%	45%	44%	35%	36%	22%	25%	33%	30%	25%	29%	23%
	HB Total (inc. POWH up to Mar-		✗	↓	●	→	35%	32%	45%	40%	39%	36%	35%	41%	41%	39%	37%	41%	34%
Reasons for cancellations on the day	Hospital Clinical			↓	↓	↓	30%	28%	25%	33%	28%	25%	31%	26%	24%	20%	25%	27%	23%
	Hospital Non-Clinical			↑	↑	↑	52%	53%	47%	49%	52%	57%	51%	54%	54%	59%	56%	53%	54%
	Other			↑	↑	↑	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
	Patient			↑	↑	↑	18%	18%	26%	17%	18%	17%	17%	16%	19%	20%	16%	19%	21%
	Unknown			→	→	→	1%	1%	1%	1%	1%	1%	1%	4%	3%	1%	3%	1%	1%
Late Starts	Morriston	<25%	✗	→	●	↑	42%	37%	43%	44%	43%	42%	39%	43%	41%	50%	46%	45%	45%
	NPTH		✗	↑	●	↑	42%	36%	36%	31%	41%	37%	37%	40%	41%	50%	47%	43%	45%
	Singleton		✗	↓	●	↓	52%	41%	46%	51%	48%	46%	36%	43%	44%	54%	44%	43%	40%
	HB Total (inc. POWH up to Mar-		✗	↓	●	↓	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%	44%	43%
Early Finishes	Morriston	<20%	✗	↑	●	↑	35%	38%	32%	36%	40%	37%	35%	39%	38%	37%	44%	38%	39%
	NPTH		✗	↓	●	↑	58%	51%	61%	64%	49%	57%	62%	68%	54%	67%	61%	73%	61%
	Singleton		✗	↑	●	↑	30%	34%	30%	40%	30%	34%	31%	33%	31%	33%	30%	31%	33%
	HB Total (inc. POWH up to Mar-		✗	→	●	↑	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%	41%	42%
Theatre Utilisation Rate	Morriston	90%	✗	↑	●	↓	78%	74%	83%	76%	76%	73%	63%	75%	76%	78%	65%	71%	74%
	NPTH		✗	↑	●	↓	64%	60%	64%	62%	72%	60%	47%	63%	63%	56%	44%	50%	63%
	Singleton		✗	↓	●	↓	63%	62%	63%	57%	62%	53%	43%	50%	56%	59%	38%	52%	49%
	HB Total (inc. POWH up to Mar-		✗	↑	●	↓	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%	63%	66%
Theatre Activity Undertaken	Morriston	Day cases		↓	↑	↓	305	344	324	316	339	395	326	379	394	349	387	467	446
		Emergency cases		↓	↑	↑	247	340	371	374	348	389	406	367	390	396	366	361	351
		Inpatients		↑	↓	↓	498	486	469	474	438	479	392	419	463	454	368	409	422
	NPTH	Day cases		↓	↑	↓	240	260	224	274	266	290	226	278	315	326	236	397	368
		Emergency cases		↓	↑	↑	3	9	8	9	1	9	2	5	4	9	4	11	7
		Inpatients		↑	↓	↓	113	115	120	113	115	118	102	106	113	65	39	32	56
	Singleton	Day cases		↓	↓	↓	486	523	465	478	464	445	380	375	478	360	267	436	375
		Emergency cases		↓	→	↑	30	23	26	38	28	39	30	33	21	30	28	33	30
		Inpatients		↓	↓	↓	105	97	100	95	111	108	64	89	105	120	83	123	100

### 8.3 Planned Care Updates and Actions

This section of the report provides further detail on key planned care measures.

Description	Current Performance	Trend	Actions planned for next period																																																																						
<b>Outpatient waiting times</b> <i>The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</i>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In February 2020, there were 1,306 patients waiting over 26 weeks compared with 1,453 in January 2020. Gastroenterology accounted for 816 breaches) and Orthopaedics/ Spinal accounted for 405 breaches).</p>	<p><b>Number of stage 1 over 26 weeks</b></p> <table border="1"><caption>Estimated data for Number of stage 1 over 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>100</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>150</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>150</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>350</td><td>400</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>450</td><td>550</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>500</td><td>600</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>550</td><td>650</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>500</td><td>650</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>550</td><td>750</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>600</td><td>850</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>400</td><td>850</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Feb-19	100	0	0	0	Mar-19	150	0	0	0	Apr-19	200	0	0	0	May-19	200	0	0	0	Jun-19	150	100	0	0	Jul-19	350	400	0	0	Aug-19	450	550	0	0	Sep-19	500	600	0	0	Oct-19	550	650	0	0	Nov-19	500	650	0	0	Dec-19	550	750	0	0	Jan-20	600	850	0	0	Feb-20	400	850	0	0	<ul style="list-style-type: none"><li>Gastroenterology continues to recruit to achieve sustainability.</li><li>Additional insourcing capacity secured in gastroenterology to recover 26 week position.</li><li>Combined consultant and APP weekend clinic tested for spines in February (WLI). To be rerun March. Business case being developed for 2020/21</li><li>Scoping 'straight to test' model in General Surgery to relieve outpatient demand.</li><li>Business planning continues for COVID19</li></ul>
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Feb-19	100	0	0	0																																																																					
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<b>Total waiting times</b> <i>The number of patients waiting more than 36 weeks for treatment</i>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In February 2020 there were 5,729 patients waiting over 36 weeks compared with 5,623 for January 2020.</p> <p>Orthopaedics/ Spinal accounted for 43% of the breaches, followed by Ophthalmology with 16%.</p>	<p><b>Number of patients waiting longer than 36 weeks</b></p> <table border="1"><caption>Estimated data for Number of patients waiting longer than 36 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>2000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>1800</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>2000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>2200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>2500</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>2800</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>3000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>3200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>3500</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>3800</td><td>1000</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>4000</td><td>1200</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>4100</td><td>1400</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>4200</td><td>1500</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Feb-19	2000	0	0	0	Mar-19	1800	0	0	0	Apr-19	2000	0	0	0	May-19	2200	0	0	0	Jun-19	2500	0	0	0	Jul-19	2800	0	0	0	Aug-19	3000	0	0	0	Sep-19	3200	0	0	0	Oct-19	3500	500	0	0	Nov-19	3800	1000	0	0	Dec-19	4000	1200	0	0	Jan-20	4100	1400	0	0	Feb-20	4200	1500	0	0	<ul style="list-style-type: none"><li>Recruitment programme for 10 permanent Anaesthetists continues. Led by MDU</li><li>Ophthalmology being addressed through outsourcing and additional lists in NPTH.</li><li>Opened 10 protected Orthopaedic beds on Clydach Ward, maintaining throughput.</li><li>New clinical model to be scoped for General Surgery to meet the demand on the service.</li><li>Maximising the benefit of the trolleys at Singleton remains.</li><li>Scoping model change to overnight Anaesthetic cover at Singleton to increase range of cases that can be undertaken on the site.</li><li>Business planning continues for COVID19</li></ul>
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Description	Current Performance	Trend	Actions planned for next period																																																																						
<b>Total waiting times</b> <i>The number of patients waiting more than 52 weeks for treatment</i>	<p>The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics accounting for the vast majority of breaches. In February 2020 there were 2,227 patients waiting over 52 weeks compared with 2,065 in January</p>	<p><b>Number of patients waiting longer than 52 weeks</b></p> <table border="1"><caption>Estimated data for Number of patients waiting longer than 52 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>750</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>700</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>700</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>800</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>850</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>950</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>1050</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>1150</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>1300</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>1400</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>1600</td><td>150</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>1800</td><td>350</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>1950</td><td>400</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Feb-19	750	0	0	0	Mar-19	700	0	0	0	Apr-19	700	0	0	0	May-19	800	0	0	0	Jun-19	850	0	0	0	Jul-19	950	0	0	0	Aug-19	1050	0	0	0	Sep-19	1150	0	0	0	Oct-19	1300	10	0	0	Nov-19	1400	50	0	0	Dec-19	1600	150	0	0	Jan-20	1800	350	0	0	Feb-20	1950	400	0	0	<ul style="list-style-type: none"><li>• The actions relating to &gt;52 week patients are aligned with the plans for 36 week patients.</li><li>• Orthopaedics established a patient contact line for the 200 longest waiting patients</li><li>• General Surgery planning scoping the possibility to redo a similar contact line</li><li>• Top 15 longest waiting patients for each speciality have been reviewed and actions identified.</li><li>• Targeted treat in turn and clinical discussions to prioritise longest waiting patients.</li></ul>
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Feb-19	750	0	0	0																																																																					
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<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2018/19 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 89%. However, this level of performance has not been maintained in 2019/20.</p> <p>In February 2020, the percentage was 82.3%.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <table border="1"><caption>Estimated data for Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>84%</td><td>93%</td><td>99%</td><td>99%</td></tr><tr><td>Mar-19</td><td>85%</td><td>91%</td><td>99%</td><td>99%</td></tr><tr><td>Apr-19</td><td>83%</td><td>90%</td><td>99%</td><td>99%</td></tr><tr><td>May-19</td><td>83%</td><td>90%</td><td>99%</td><td>99%</td></tr><tr><td>Jun-19</td><td>83%</td><td>89%</td><td>99%</td><td>99%</td></tr><tr><td>Jul-19</td><td>83%</td><td>88%</td><td>99%</td><td>99%</td></tr><tr><td>Aug-19</td><td>81%</td><td>86%</td><td>99%</td><td>99%</td></tr><tr><td>Sep-19</td><td>80%</td><td>84%</td><td>99%</td><td>99%</td></tr><tr><td>Oct-19</td><td>79%</td><td>83%</td><td>99%</td><td>99%</td></tr><tr><td>Nov-19</td><td>79%</td><td>82%</td><td>99%</td><td>99%</td></tr><tr><td>Dec-19</td><td>78%</td><td>81%</td><td>99%</td><td>99%</td></tr><tr><td>Jan-20</td><td>78%</td><td>81%</td><td>99%</td><td>99%</td></tr><tr><td>Feb-20</td><td>78%</td><td>82%</td><td>95%</td><td>99%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Feb-19	84%	93%	99%	99%	Mar-19	85%	91%	99%	99%	Apr-19	83%	90%	99%	99%	May-19	83%	90%	99%	99%	Jun-19	83%	89%	99%	99%	Jul-19	83%	88%	99%	99%	Aug-19	81%	86%	99%	99%	Sep-19	80%	84%	99%	99%	Oct-19	79%	83%	99%	99%	Nov-19	79%	82%	99%	99%	Dec-19	78%	81%	99%	99%	Jan-20	78%	81%	99%	99%	Feb-20	78%	82%	95%	99%	<ul style="list-style-type: none"><li>• Plans as outlined in previous tables.</li></ul>
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Description	Current Performance	Trend	Actions planned for next period																																																																																																																
<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In February 2020, there were 424 patients waiting over 8 weeks for specified diagnostics, compared to 628 for January 2020.</p> <p>A range of cardiology diagnostics account for 417 of these with MR (136), CT (119) and echocardiogram (122) being most notable</p>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <table><caption>Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th></tr></thead><tbody><tr><td>Feb-19</td><td>550</td><td>10</td></tr><tr><td>Mar-19</td><td>450</td><td>10</td></tr><tr><td>Apr-19</td><td>400</td><td>10</td></tr><tr><td>May-19</td><td>380</td><td>10</td></tr><tr><td>Jun-19</td><td>280</td><td>10</td></tr><tr><td>Jul-19</td><td>250</td><td>10</td></tr><tr><td>Aug-19</td><td>350</td><td>10</td></tr><tr><td>Sep-19</td><td>300</td><td>10</td></tr><tr><td>Oct-19</td><td>220</td><td>10</td></tr><tr><td>Nov-19</td><td>220</td><td>10</td></tr><tr><td>Dec-19</td><td>580</td><td>10</td></tr><tr><td>Jan-20</td><td>628</td><td>10</td></tr><tr><td>Feb-20</td><td>424</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	Feb-19	550	10	Mar-19	450	10	Apr-19	400	10	May-19	380	10	Jun-19	280	10	Jul-19	250	10	Aug-19	350	10	Sep-19	300	10	Oct-19	220	10	Nov-19	220	10	Dec-19	580	10	Jan-20	628	10	Feb-20	424	10	<ul style="list-style-type: none"><li>Endoscopy insourcing commenced with new Provider in December and working well, maintaining a Nil breach position.</li><li>Cystoscopy capacity increased as a result of two new Urology consultants.</li><li>Cardiology diagnostics remain balancing requirements of unscheduled care demand with OP demand.</li></ul>																																																																						
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<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In February 2020 there was one breach (occupational therapy/learning disabilities).</p> <p>In January 2020 there were no patients waiting over 14 weeks.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table><caption>Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Occ Therapy/ LD (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Speech &amp; Language</th><th>Dietetics</th><th>Phsyio</th><th>Podiatry</th></tr></thead><tbody><tr><td>Feb-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>	Month	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Podiatry	Feb-19	0	0	0	0	0	0	0	Mar-19	0	0	0	0	0	0	0	Apr-19	0	0	0	0	0	0	0	May-19	0	0	0	0	0	0	0	Jun-19	0	0	0	0	0	0	0	Jul-19	0	0	0	0	0	0	0	Aug-19	1	0	0	0	0	0	0	Sep-19	0	0	0	0	0	0	0	Oct-19	0	0	1	0	0	0	0	Nov-19	0	0	0	0	0	0	0	Dec-19	0	0	0	0	0	0	0	Jan-20	0	0	0	0	0	0	0	Feb-20	1	0	0	0	0	0	0	<ul style="list-style-type: none"><li>Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.</li></ul>
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Feb-20	1	0	0	0	0	0	0																																																																																																												

Description	Current Performance	Trend	Actions planned for next period
<b>Cancer- NUSC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>February 2020 figures will be finalised on the 2<sup>nd</sup> April 2020. Draft figures indicate a possible achievement of 91% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches across the Health Board in February 2020:</p> <ul style="list-style-type: none"> <li>• 4 Urology (1 suspected)</li> <li>• 3 Gynaecology (1 suspected)</li> <li>• 1 Lung</li> <li>• 1 Upper GI</li> </ul> <p>(9 pathways to be validated)</p>	<p><b>Percentage of NUSC patients starting treatment within 31 days of diagnosis</b></p> <p>Legend: Morriston (blue), Singleton (orange), NPTH (yellow)</p>	<ul style="list-style-type: none"> <li>• Work is ongoing with MSD/Ge companies to look at our capacity and demand planning for SACT.</li> <li>• 1 new Anaesthetic Consultant commencing post in March, and another going through pre-employment checks</li> <li>• 5 RCP approvals for substantive anaesthetic posts - going to corporate panel.</li> </ul>
<b>Cancer- USC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</i>	<p>February 2020 figures will be finalised on the 2<sup>nd</sup> April 2020. Draft figures indicate a possible achievement of 73% of patients starting treatment within 62 days. At the time of writing this report there are 27 breaches in total across the Health Board in February 2020:</p> <ul style="list-style-type: none"> <li>• 7 Gynaecology</li> <li>• 5 Lower GI</li> <li>• 5 Breast</li> <li>• 5 Urology</li> <li>• 3 Upper GI</li> <li>• 1 Lung</li> <li>• 1 Sarcoma</li> </ul> <p>(7 pathways to be validated)</p>	<p><b>Percentage of USC patients starting treatment within 62 days of receipt of referral</b></p> <p>Legend: Morriston (blue), Singleton (orange), NPTH (yellow)</p>	<ul style="list-style-type: none"> <li>• Meeting held on the 13th January 2020 with colleagues in Cwm Taff regarding the PMB Service and reporting arrangements – additional information required, meeting cancelled on the 3rd February 2020, rearranged for 19th March 2020.</li> <li>• Locum Consultant Gynae-Oncology Surgeon post to be made permanent – plan for post to be presented at vacancy panel in March.</li> <li>• 2nd Sarcoma Consultant interviews 5<sup>th</sup> March, new appointment made and planned to start Summer 2021, Locum appointment made in the interim. Awaiting start date.</li> <li>• RALP capacity - SBU will be allocated an additional Monday list at C&amp;V on alternate weeks. Additional lists to commence on the 13th April 2020.</li> </ul>



Description	Current Performance	Trend	Actions planned for next period																																																																																				
<b>USC backlog</b> <i>The number of patients with an active wait status of more than 53 days</i>	<p>End of February 2020 backlog by tumour site:</p> <table><tr><th>Tumour Site</th><th>53 - 62 days</th><th>63 &gt;</th></tr><tr><td>Breast</td><td>0</td><td>2</td></tr><tr><td>Gynaecological</td><td>6</td><td>10</td></tr><tr><td>Haematological</td><td>1</td><td>4</td></tr><tr><td>Head and Neck</td><td>0</td><td>2</td></tr><tr><td>Lower GI</td><td>2</td><td>8</td></tr><tr><td>Lung</td><td>2</td><td>4</td></tr><tr><td>Other</td><td>5</td><td>6</td></tr><tr><td>Skin</td><td>0</td><td>6</td></tr><tr><td>Upper GI</td><td>4</td><td>3</td></tr><tr><td>Urological</td><td>10</td><td>10</td></tr><tr><td><b>Grand Total</b></td><td><b>30</b></td><td><b>55</b></td></tr></table>	Tumour Site	53 - 62 days	63 >	Breast	0	2	Gynaecological	6	10	Haematological	1	4	Head and Neck	0	2	Lower GI	2	8	Lung	2	4	Other	5	6	Skin	0	6	Upper GI	4	3	Urological	10	10	<b>Grand Total</b>	<b>30</b>	<b>55</b>	<p><b>Number of patients with a wait status of more than 53 days</b></p> <p>53-62 days (ABMU HB) 53-62 days (SBU HB) 63 days+ (ABMU) 63 days+ (SBU HB)</p>	<ul style="list-style-type: none"><li>Long term sickness within Breast and Gynae affecting tracking arrangements have improved and is supported by staff member from Cancer Information Team for Gynae.</li><li>Temporary move of experienced Manager from Cancer Services to join the surgical team from April 1st, however a transition period will commence 1st March. Temporary post of Service Manager for Surgical Services appointed to and waiting start date.</li></ul>																																																
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<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>Week to week through February 2020 the percentage of patients seen within 14 days to first appointment/assessment ranged between 37% and 43%.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of February 2020</b></p> <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>&gt;31</th><th>Total</th></tr><tr><td>Breast</td><td>0</td><td>1</td><td>18</td><td>46</td><td>65</td></tr><tr><td>Children cancer</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Gynaecological</td><td>4</td><td>13</td><td>59</td><td>2</td><td>78</td></tr><tr><td>Haematological</td><td>2</td><td>1</td><td>0</td><td>0</td><td>3</td></tr><tr><td>Head and Neck</td><td>26</td><td>17</td><td>0</td><td>2</td><td>45</td></tr><tr><td>Lower GI</td><td>4</td><td>2</td><td>4</td><td>1</td><td>11</td></tr><tr><td>Lung</td><td>1</td><td>1</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Other</td><td>20</td><td>18</td><td>67</td><td>5</td><td>110</td></tr><tr><td>Sarcoma</td><td>2</td><td>0</td><td>0</td><td>1</td><td>3</td></tr><tr><td>Skin</td><td>24</td><td>67</td><td>7</td><td>2</td><td>100</td></tr><tr><td>UGI</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td></tr><tr><td>Urology</td><td>3</td><td>4</td><td>1</td><td>2</td><td>10</td></tr><tr><td><b>Total</b></td><td><b>86</b></td><td><b>125</b></td><td><b>157</b></td><td><b>62</b></td><td><b>430</b></td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	0	1	18	46	65	Children cancer	0	0	0	1	1	Gynaecological	4	13	59	2	78	Haematological	2	1	0	0	3	Head and Neck	26	17	0	2	45	Lower GI	4	2	4	1	11	Lung	1	1	0	0	2	Other	20	18	67	5	110	Sarcoma	2	0	0	1	3	Skin	24	67	7	2	100	UGI	0	1	1	0	2	Urology	3	4	1	2	10	<b>Total</b>	<b>86</b>	<b>125</b>	<b>157</b>	<b>62</b>	<b>430</b>	<ul style="list-style-type: none"><li>Additional clinic capacity requested and arranged to support outpatient waiting times.</li><li>Surgical specialties waits to first appointments, however, this should improve due to WLI clinics recommencing and the outsourcing of some first outpatient appointments to Sancta Maria Hospital within Lower GI.</li><li>To support Gastroenterology outpatient waits and an increase in demand, Service Tendering agreement for Insourcing 1000 patients to end of March 20 to commence weekend lists on the 29th February 2020.</li><li>Plan to advertise substantive Consultant Gastroenterologist post – job description currently with Medical Director for approval.</li></ul>
	≤10	11-20	21-30	>31	Total																																																																																		
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Description	Current Performance	Trend	Actions planned for next period
<p><b>Delayed follow-ups</b>  <i>The number patients delayed past their target date for a follow-up</i></p>	<p>In February 2020 there was a total of 41,417 patients waiting for a follow-up past their target date. This is a 6% reduction compared with January 2020 (from 43,979 to 41,417).</p> <p>Of the 41,417 delayed follow-ups in February 2020, 14,993 had appointment dates and 26,424 were still waiting for an appointment. In addition, 17,747 were waiting 100%+ over target date in February 2020. This is a 11% increase when compared with January 2020.</p> <p>In February 2020, the overall size of the follow-up waiting list reduced by 2% compared with January 2020 (from 131,090 to 128,674).</p>	<p><b>Delayed follow-ups: Planned Care specialties</b></p> <p><b>Delayed follow-ups: Number of patients waiting over target date</b></p>	<ul style="list-style-type: none"> <li>To date the validation team have validated over 50,000 follow up waiting list entries</li> <li>The DNA policy refresh was agreed and rolled out across SBUHB outpatient Services as an administrative intervention, performance managing the effects of this roll out.</li> <li>The Outpatients Letter validation has commenced with the approach to managing longest waiters on the follow up waiting lists and engaging directly with patients to ascertain their need for an outpatient follow up appointment.</li> <li>Gold Command activities – Ophthalmology to continue to support changes to service and reduce activity pressures through change management and additional resources – i.e. ODTG development in Cwmtawe Cluster (Mar-20).</li> <li>Participation in National Outpatient Modernisation Board.</li> <li>Develop Planned Care Programme activities in introducing best practice / digitalisation of activities – i.e. PKB / PROMs / In Touch etc.</li> <li>Project plans for 2020/21 are being scoped out</li> </ul>

## 9. QUALITY AND SAFETY INDICATORS

This section of the report provides further detail on key quality and safety measures.

Description	Current Performance	Trend	Actions planned for next period
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> <li>31 cases of <i>E. coli</i> bacteraemia were identified in February; 5 cases below the monthly IMTP profile. Cumulative cases to February 10% fewer than the number of cases in the equivalent period of 2018/19.</li> <li>52% of cases in February were considered community acquired Infections.</li> <li>In 44% of all cumulative cases, the urinary tract was identified as the primary source of the infection.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <p>Legend:   <span style="display:inline-block; width:10px; height:10px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); border:1px solid black;"></span> Number E.Coli Cases Bridgend  <span style="display:inline-block; width:10px; height:10px; background-color: grey; border:1px solid black;"></span> Number E.Coli cases SBU UHB (exc. POWH)  <span style="color:red">—</span> Profile </p>	<ul style="list-style-type: none"> <li>Continue with initiatives to reduce presence of invasive devices across the Health Board.</li> <li>Support Primary Care to develop a process relating to the reporting via Datix of community acquired bacteraemia – by 30 June 2020.</li> <li>Recruitment to vacant domestic cleaning hours continues.</li> <li>Reduction initiatives by over-crowding and the use of pre-emptive beds, reliance on temporary staff where there are staffing vacancies, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.</li> </ul>
<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"> <li>8 cases of <i>Staph. aureus</i> bacteraemia in February - 8 cases below the projected monthly IMTP profile. Cumulative cases to February 2% fewer than the number of cases in the equivalent period of 2018/19.</li> <li>75% of cases in February were hospital acquired infections (HAI). There was one case of MRSA bacteraemia, associated with Morriston Hospital, during February.</li> </ul>	<p><b>Number of healthcare acquired S.aureus bacteraemias cases</b></p> <p>Legend:   <span style="display:inline-block; width:10px; height:10px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); border:1px solid black;"></span> Number S.Aureus Cases Bridgend  <span style="display:inline-block; width:10px; height:10px; background-color: grey; border:1px solid black;"></span> Number S.Aureus cases SB UHB (exc. POWH)  <span style="color:red">—</span> Profile </p>	<ul style="list-style-type: none"> <li>Continue with initiatives to reduce presence of invasive devices across the Health Board.</li> <li>Aseptic Non Touch Technique (ANTT) awareness sessions continue to increase the ANTT competency assessors to achieve month-on-month improvements.</li> <li>Reduction initiatives by over-crowding and the use of pre-emptive beds, reliance on temporary staff where there are staffing vacancies, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> Number of laboratory confirmed C.difficile cases	<ul style="list-style-type: none"> <li>There were 15 <i>Clostridium difficile</i> toxin positive cases in February. This was 1 case above the IMTP projected profile; cumulative cases 4% higher than the number of cases in the same reporting period in 2018/19</li> <li>73% of the cases in February were considered to be hospital acquired. Of these, 82% were associated with Morriston Hospital, 9% with Singleton Hospital, and 9% with Gorseinon Hospital.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction</i></p>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <p>Number C.Diff Cases Bridgend Number C.Diff cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> <li>ARK (Antibiotic Review Kit) now being utilised on all wards in Morriston.</li> <li>Ultraviolet-C use is dependent on the ability to decant patient care areas.</li> <li>The increased incidence of C. difficile has been added to the Risk Register, with associated actions.</li> <li>Recruitment to vacant domestic cleaning hours continues.</li> <li>Reduction initiatives by over-crowding and the use of pre-emptive beds, reliance on temporary staff where there are staffing vacancies, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections. Provision of decant facilities is a critical priority for Morriston.</li> </ul>
<b>Serious Incidents-</b> Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	<ul style="list-style-type: none"> <li>The Health Board reported 14 Serious Incidents for the month of January 2020 and 20 in February 2020 to Welsh Government.</li> <li>The last Never Event reported was on 13<sup>th</sup> January 2020.</li> <li>In January, the performance against the 80% target of submitting closure forms within 60 working days was 28% and in February it was 29%. This is due to a high number of the closures being for MH &amp; LD Delivery Unit.</li> </ul>	<p><b>Serious incidents closed within 60 days</b></p> <p>% SIs assured ABMU (inc. Bridgend) % SIs assured SB UHB (exc. Bridgend) Profile</p>	<ul style="list-style-type: none"> <li>Changes to Pressure Ulcer Serious Incidents reporting has reduced the denominator for the Health Board plus we now report on all MH &amp; LD deaths (regardless of cause of death) and the combination of the two has resulted in the decrease in performance. Corporate Nursing together with the NHS Wales Delivery Unit has developed an improvement action plan for MH/LD services, specifically to improve MH/LD reporting and management of death related Serious Incidents. The plan will see increased capacity within the service to improve investigation timeframes and quality.</li> <li>Serious Incident Team is supporting Units to ensure their compliance improves against the 60 working day target.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<b>30 day response rate for concerns-</b> <i>Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<ul style="list-style-type: none"> <li>The overall Health Board response rate for responding to concerns within 30 working days was 76% in November 2019 and 75% in December 2019 against the Welsh Government target of 75% and Health Board target of 80%. Work will continue in the Service Delivery Units to monitor and improve compliance of the Health Board target of 80%.</li> </ul>	<b>Response rate for concerns within 30 days</b> <p>30 day response rate (ABMU up to March 2019)</p> <p>Profile</p>	<ul style="list-style-type: none"> <li>Performance is discussed at all Unit performance meetings.</li> <li>'Once for Wales' new complaints guidance has been presented at Risk Management User Group and to all of the Unit Governance Teams.</li> <li>Ombudsman and Once for Wales training for Governance Teams based on themes and trends completed in the Units.</li> <li>Learning Event that was scheduled for March 2020 during Patient Safety Week to ensure learning from Complaints and Ombudsman cases to be cascaded throughout the Health Board will now take place during Patient Experience Week on the 28<sup>th</sup> April 2020</li> </ul>
<b>Number of pressure ulcers</b> <i>Total number of grade 3, grade 4 and unstageable pressure ulcers developed in hospital and in the community</i>	<ul style="list-style-type: none"> <li>In January 2020, there were 56 cases of healthcare acquired pressure ulcers, of which 26 were community acquired and 30 were hospital acquired.</li> <li>The number of grade 3+ pressure ulcers in January 2020 was 7. Of which 5 were community acquired and 2 were hospital acquired.</li> </ul>	<b>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</b> <p>Grade 3+ pressure ulcers (ABMU inc. Bridgend)</p> <p>Grade 3+ pressure ulcers (SBU HB exc. Bridgend)</p>	<ul style="list-style-type: none"> <li>PUPSG meet quarterly and continue to steer the organisations pressure ulcer prevention work. The last meeting was held in Feb 2020</li> <li>Work is continuing to assist SDU's to assurance rate their strategic quality improvement plans (SQulP's) to ensure that their work streams are effective in reducing risk.</li> <li>SQulP development events were held in December and February supported by Welsh Risk Pool and Senior TVN</li> <li>The change to PURPOSE T risk assessment for in-patients is on target to be implemented by May 2020 A new "red bag scheme" for nursing home patients coming to hospital will improve communication regarding pressure ulcer risk and skin condition.</li> </ul>



Description	Current Performance	Trend	Actions planned for next period
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 208 in February 2020 compared with 249 in January 2020.</li> <li>The Health Board has agreed a targeted action to reduce Falls by 10%.</li> <li>Serious Incidents, Falls resulting in severe harm / Death 2018= 17, 2019= 10.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <p>Legend:  Inpatient Falls (POWH)  Inpatient Falls (SBU HB exc. POWH)  Profile</p>	<ul style="list-style-type: none"> <li>Policy and procedure for prevention and management of inpatient falls launched 2<sup>nd</sup> September. This included a Bulletin and Video on the intranet and screen savers to raise awareness.</li> <li>A Strategic Quality Improvement plan (SQulP) is being developed as a monitoring process. A Causal Factors Matrix will also be developed. First draft will be trialled at Morriston &amp; Neath and Port Talbot Scrutiny panels.</li> </ul>
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in January 2020, the percentage of completed discharge summaries was 66%.</p> <p>In January 2020, compliance ranged from 61% in Singleton Delivery Unit to 73% in Mental Health and Learning Disabilities Delivery Unit.</p>	<p><b>% discharge summaries approved and sent</b></p> <p>Legend:  % completed discharge summaries (SBU HB)  % completed discharge summaries (ABMU HB)</p>	<ul style="list-style-type: none"> <li>Electronic Transfer of Notification (ETOC) reports are discussed by UMDs with clinical leaders and staff every month, at the direction of the executive MD.</li> <li>Discussed in quarterly performance reviews.</li> <li>New software for producing Electronic Discharge Notifications is being introduced into SBUHB in April into surgical specialities. Current software does not integrate well with theatre reporting software</li> <li>Clinical Nurse Specialists (CNS) are completing ETOCs to a high standard in many specialties (e.g. cardiology), whereas pharmacists can complete parts of the ETOCs.</li> <li>A unique feedback process has been pioneered by SBUHB GPs in collaboration with the PCS Unit to report breaches of the CMO's Standards of Communication, including delayed ETOCs. Data on delays is reported by Datix to UMDs and consultants as part of a feedback loop. This initiative is supported by the LMC.</li> <li>Internal Audit are planning a review of discharge summaries in Spring 2020</li> </ul>

## 10. WORKFORCE UPDATES AND ACTIONS

This section of the report provides further detail on key workforce measures.

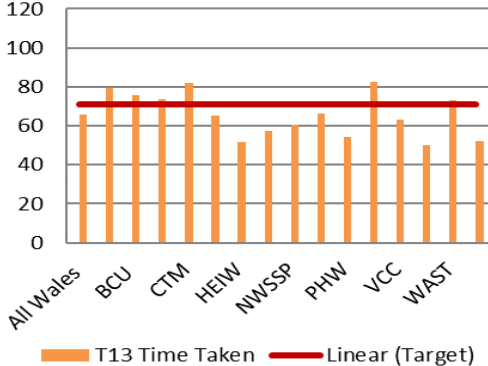
This section of the report provides further detail on key workforce measures:																																														
Description	Current Performance	Trend	Actions planned for next period																																											
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none"><li>Our in-month performance for January 2020 has increased from 6.96% in December 2019 to 7.12% in January 2020.</li><li>The 12-month rolling performance to the end of January 2020 increased from 6.09% to 6.15%.</li></ul>	<p><b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</b></p> <table><caption>Estimated data for Staff Sickness Rates</caption><thead><tr><th>Month</th><th>% sickness rate (12 month rolling)</th><th>% sickness rate (in-month)</th></tr></thead><tbody><tr><td>Jan-19</td><td>6.10</td><td>-</td></tr><tr><td>Feb-19</td><td>6.10</td><td>-</td></tr><tr><td>Mar-19</td><td>6.00</td><td>-</td></tr><tr><td>Apr-19</td><td>6.05</td><td>-</td></tr><tr><td>May-19</td><td>6.00</td><td>-</td></tr><tr><td>Jun-19</td><td>6.00</td><td>-</td></tr><tr><td>Jul-19</td><td>6.00</td><td>-</td></tr><tr><td>Aug-19</td><td>6.00</td><td>-</td></tr><tr><td>Sep-19</td><td>6.05</td><td>-</td></tr><tr><td>Oct-19</td><td>6.10</td><td>-</td></tr><tr><td>Nov-19</td><td>6.10</td><td>-</td></tr><tr><td>Dec-19</td><td>6.10</td><td>6.96</td></tr><tr><td>Jan-20</td><td>6.15</td><td>7.12</td></tr></tbody></table> <p>— % sickness rate (12 month rolling) — ♦ % sickness rate (in-month)</p>			Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Jan-19	6.10	-	Feb-19	6.10	-	Mar-19	6.00	-	Apr-19	6.05	-	May-19	6.00	-	Jun-19	6.00	-	Jul-19	6.00	-	Aug-19	6.00	-	Sep-19	6.05	-	Oct-19	6.10	-	Nov-19	6.10	-	Dec-19	6.10	6.96	Jan-20	6.15	7.12
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<ul style="list-style-type: none"><li>Further four MAAW training workshops to be delivered in January. To-date Swansea Bay has trained 643 managers on the new policy.</li><li>A revised MAAW Health Board data scorecard has been developed and shared with Senior HRMs who will develop local scorecards based on the same performance areas.</li><li>Further analysis of October's performance is being undertaken to identify if there was any effect on performance due to half term and the rugby world cup falling within October.</li><li>Further discussions are taking place with operational managers from Health Records re the implementation of the early intervention process piloted within Morriston Facilities department, with a view to implement by the end of March 2020.</li><li>Further implementation of the communication process used within the above pilot to take place.</li><li>Operational Workforce team have completed the initial implementation of the "Adopt a Manager" approach following MAAW training. Workforce colleagues have been assigned managers from specific hot spot areas and will now be providing specific coaching and support back in the workplace following completion of training of managers</li><li>Occupational Health (OH) Improvement Plan completed with targets for reductions in waiting times approved by Executive Board. Allied Health Professionals have been recruited to OH using Targeted Intervention (TI) monies, resulting in reduced waiting times for management referrals to three weeks for Doctors and Nurses. Scanning of all OH records has commenced to enable an e-record</li></ul>																																														

			<p>by February 2020 with planned increased efficiencies.</p> <ul style="list-style-type: none"> <li>• Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSk) and Mental Health, with first contact within 5 days (100+ referrals monthly) and expediting to MSk diagnostics and surgery when required. A business case has been developed to ensure continuation funding after Invest to Save funds end March 2020.</li> <li>• 350 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach.</li> <li>• 'Menopause wellbeing workshops delivered across the main hospital sites, supporting the All Wales menopause Policy.</li> <li>• New pilot course delivered to staff aimed at reducing effects of stress related to experiencing trauma at work/home, based on EMDR therapy. Group traumatic episode protocol (G-Tep) allows staff to safely process distressing emotions over 2 x 1 hour sessions. Results of the pilot show a significant reduction in symptoms of 13 staff in the cohort of 16. Plans to roll out wider are being developed.</li> <li>• 2019/20 Staff Flu campaign has commenced with refreshed marketing and promotion campaign from Communications department with support from Charitable Funds. At the end of week 8 (22/11/19), 4575 vaccinations had been administered with 52% of frontline staff having been vaccinated.</li> </ul>
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Description	Current Performance	Trend	Actions planned for next period																																													
<b>Mandatory &amp; Statutory Training- Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation</b>	<ul style="list-style-type: none"><li>Over the past month compliance against the core competencies has seen a slight increase from 81.0% to 81.9%. This is a 0.9% increase from the previous month and a 7.7% rise since April 2019.</li><li>This takes into account both current employees who are maintaining their compliance as well as those who are new to the Health Board.</li><li>Medical &amp; Dental are currently the lowest performing area, which stands at 44.99% compliance.</li><li>Other than Medical and Dental there is only one remaining area that fall below the 85% benchmark (Estates and Ancillary: 71.92%).</li><li>Allied Health Professionals remain the highest performing area, which stands at 92.63%</li></ul>	<p><b>% of compliance with Core Skills and Training Framework</b></p> <table><caption>% of compliance with Core Skills and Training Framework</caption><thead><tr><th>Month</th><th>% Level 1 compliance (ABMU HB)</th><th>% Level 1 compliance (SBU HB)</th></tr></thead><tbody><tr><td>Feb-19</td><td>75%</td><td>81.0%</td></tr><tr><td>Mar-19</td><td>75%</td><td>81.5%</td></tr><tr><td>Apr-19</td><td></td><td>81.0%</td></tr><tr><td>May-19</td><td></td><td>81.5%</td></tr><tr><td>Jun-19</td><td></td><td>81.8%</td></tr><tr><td>Jul-19</td><td></td><td>82.0%</td></tr><tr><td>Aug-19</td><td></td><td>82.2%</td></tr><tr><td>Sep-19</td><td></td><td>82.5%</td></tr><tr><td>Oct-19</td><td></td><td>82.8%</td></tr><tr><td>Nov-19</td><td></td><td>83.0%</td></tr><tr><td>Dec-19</td><td></td><td>83.2%</td></tr><tr><td>Jan-20</td><td></td><td>83.5%</td></tr><tr><td>Feb-20</td><td></td><td>83.8%</td></tr><tr><td>Mar-20</td><td></td><td>81.9%</td></tr></tbody></table> <p>▨ % Level 1 compliance (ABMU HB) ▮ % Level 1 compliance (SBU HB)</p>	Month	% Level 1 compliance (ABMU HB)	% Level 1 compliance (SBU HB)	Feb-19	75%	81.0%	Mar-19	75%	81.5%	Apr-19		81.0%	May-19		81.5%	Jun-19		81.8%	Jul-19		82.0%	Aug-19		82.2%	Sep-19		82.5%	Oct-19		82.8%	Nov-19		83.0%	Dec-19		83.2%	Jan-20		83.5%	Feb-20		83.8%	Mar-20		81.9%	<ul style="list-style-type: none"><li>E-learning drop in sessions are continuing across the current Health Board and all sites on a regular basis, information has been posted on the main intranet page and sent to areas where low ESR Mandatory &amp; Statutory training compliance occurs.</li><li>Follow up meeting is planned for Feb-20 to discuss the recording of face to face Mandatory training</li><li>All relevant Subject Matter Experts are continuing to examine the current Mandatory Training Framework to ensure it is fit for purpose and to comment on any changes required. A meeting will be held in February to review this.</li><li>Identification of essential training within pilot areas is planned that will identify essential training required above the corporate requirements. This will also reduce the number of active position numbers within ESR currently over 7000. Pilot areas identified are Midwifery, Radiology, Physiotherapy and Speech &amp; Language together with the ESR Team. Some preliminary meetings have been held and will continue throughout the year. Other issues that have been identified so far concentrates on required training, competencies that may be in need to being created and to ensure subject areas are recorded.</li><li>Meetings are being held via Shared Services regarding the working of IAT for Mandatory training which transfers training records when staff change from one NHS organisation to another and will reduce the need to complete Mandatory training unnecessarily. Following on from an all-Wales Workshop on IAT, further work is being completed to understand what each section within the recruitment processes needs to work together to ensure any IAT for NHS employed staff can have their information transferred automatically</li></ul>
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<b>Vacancies</b> <i>Medical and Nursing and Midwifery</i>	<ul style="list-style-type: none"><li>Continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ:</li><li>EU Nurses employed at Band 5 = 70</li><li>Philippine nurses arrived in 17/18 &amp; employed at Band 5 = 30</li><li>Regionally organised nurse recruitment days which ensure we are not duplicating efforts across hospital sites. These are heavily advertised across social media platforms via our communications team.</li><li>11 Health Care Support Workers (HCSW's) recruited to part time degree in nursing. 7 commenced in Sept-17 on a 4 year programme, the remainder commenced in Jan-18 on a 2 year 9 month programme.</li><li>A further 13 of our HCSW's are currently undertaking a 2 year master's programme.</li></ul>	<b>Vacancies as at Oct/Nov/Dec 2019.</b> <table><tr><th>Grade - Medical &amp; Dental</th><th>Oct-19</th><th>Nov-19</th><th>Dec-19</th></tr><tr><td>21000-Consultant (M&amp;D)</td><td>-49.18</td><td>-51.53</td><td>-54.22</td></tr><tr><td>21100-Locum Consultant (M&amp;D)</td><td>0.60</td><td>2.45</td><td>3.40</td></tr><tr><td>22110-Associate Specialist (M&amp;D)</td><td>-8.34</td><td>-8.24</td><td>-8.24</td></tr><tr><td>22250-Specialist Dental Officer</td><td>0.40</td><td>0.40</td><td>0.40</td></tr><tr><td>22260-Senior Dental Officer</td><td>-0.80</td><td>-0.80</td><td>-0.80</td></tr><tr><td>22270-Dental Officer</td><td>-3.52</td><td>-1.66</td><td>-1.76</td></tr><tr><td>22310-Speciality Doctor (M&amp;D)</td><td>-19.56</td><td>-19.26</td><td>-17.46</td></tr><tr><td>22320-Locum Speciality Doctor (M&amp;D)</td><td>-0.60</td><td>-0.60</td><td>-0.60</td></tr><tr><td>23100-Specialty Registrar (M&amp;D)</td><td>-60.18</td><td>-63.92</td><td>-59.92</td></tr><tr><td>23120-Locum Specialty Registrar (M&amp;D)</td><td>9.90</td><td>11.90</td><td>11.90</td></tr><tr><td>23200-Specialist Registrar (M&amp;D)</td><td>-6.00</td><td>-6.00</td><td>-6.00</td></tr><tr><td>23300-Locum Specialist Registrar (M&amp;D)</td><td>-0.40</td><td>-0.40</td><td>-0.40</td></tr><tr><td>24100-F2 foundation year 2 (M&amp;D)</td><td>-1.65</td><td>-2.97</td><td>-1.05</td></tr><tr><td>24400-F1 foundation year 1 (M&amp;D)</td><td>-6.40</td><td>-6.19</td><td>-7.19</td></tr><tr><td>24900-Dental Trainees in Hosp Post</td><td>3.56</td><td>3.56</td><td>3.56</td></tr><tr><td>25000-Clinical Assistant (M&amp;D)</td><td>-1.09</td><td>-0.27</td><td>-0.27</td></tr><tr><td>25100-Senior Lecturer (M&amp;D)</td><td>-1.08</td><td>-1.90</td><td>-1.90</td></tr><tr><td>25300-G.P.Sessions / Staff Fund</td><td>5.76</td><td>5.94</td><td>6.81</td></tr><tr><td><b>Total</b></td><td><b>-138.58</b></td><td><b>-139.48</b></td><td><b>-133.74</b></td></tr></table> <table><tr><th>Grade - Nursing &amp; 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We have agreed to extend the HCL contract until August 2020 who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline.</li><li>We are developing a WG Invest to Save bid to significantly increase the number of nurses we are recruiting per month from abroad in line with the KPMG recommendations.</li><li>Work is underway to develop a medical recruitment strategy in partnership with the Medical Director/ Deputy Medical Director team. The initial plans were presented to the Workforce and OD committee in February. This is due for discussion at the May Local Nursing Committee (LNC) with regular updates to the Workforce &amp; OD Committee.</li><li>Successfully participated in the November 19 Bapio initiative and successfully recruited 25 doctors.</li><li>Working with Medacs and other Agencies to secure permanent recruit to a number of hard to fill medical posts.</li></ul>
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<b>Recruitment</b> <i>Metrics provided by NWSSP. Comparison with all-Wales benchmarking</i>	<ul style="list-style-type: none"> <li>Swansea Bay UHB overall performance has increased in December 2019. The main internal and external KPIs show very little movement but the time from Notice to Vacancy creation increased from 40 to 62 days. This is part will be attributed to SBU internal vacancy control and delays in managers obtaining approval to start the recruitment process.</li> </ul>	<b>Vacancy Creation to Unconditional Offer October 2019 (working days: including outliers) T13</b>  <p>Legend: T13 Time Taken (Orange bars), Linear (Target) (Red line)</p>	<ul style="list-style-type: none"> <li>Outlier data is passed to Delivery Units for review.</li> <li>If Outliers (activity well outside the normal expected timescale) are excluded SBU HB remains under the 71 day target. Action to sanitise the data will improve accuracy of the reports.</li> </ul>																																												
<b>Turnover</b> <i>% turnover by occupational group</i>	<ul style="list-style-type: none"> <li>After a period of little change overall turnover headcount turnover has dropped to close to 7.5% FTE turnover has reduced again and is now below 8%.</li> <li>After Nurse headcount increasing in the last four months to close to 9.5%, the figure has reduced to close to 9.0%</li> </ul>	<b>Period Turnover Rate - 01 January 2019 - 31 December 2019</b> <table border="1"> <thead> <tr> <th>Staff Group</th><th>FTE</th><th>Headcount</th><th>Change Headcount</th></tr> </thead> <tbody> <tr> <td>Add Prof Scientific and Technic</td><td>7.58%</td><td>8.96%</td><td>↓</td></tr> <tr> <td>Additional Clinical Services</td><td>6.01%</td><td>6.27%</td><td>↓</td></tr> <tr> <td>Administrative and Clerical</td><td>8.42%</td><td>8.63%</td><td>↓</td></tr> <tr> <td>Allied Health Professionals</td><td>8.10%</td><td>8.23%</td><td>↑</td></tr> <tr> <td>Estates and Ancillary</td><td>5.25%</td><td>5.15%</td><td>↓</td></tr> <tr> <td>Healthcare Scientists</td><td>6.21%</td><td>6.59%</td><td>↓</td></tr> <tr> <td>Medical and Dental</td><td>9.26%</td><td>10.11%</td><td>↑</td></tr> <tr> <td>Nursing and Midwifery Registered</td><td>8.47%</td><td>9.04%</td><td>↓</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Overall Rate</th><th>FTE</th><th>Headcount</th><th>Change Headcount</th></tr> </thead> <tbody> <tr> <td>Overall Rate</td><td>7.58%</td><td>7.93%</td><td>↓</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific and Technic	7.58%	8.96%	↓	Additional Clinical Services	6.01%	6.27%	↓	Administrative and Clerical	8.42%	8.63%	↓	Allied Health Professionals	8.10%	8.23%	↑	Estates and Ancillary	5.25%	5.15%	↓	Healthcare Scientists	6.21%	6.59%	↓	Medical and Dental	9.26%	10.11%	↑	Nursing and Midwifery Registered	8.47%	9.04%	↓	Overall Rate	FTE	Headcount	Change Headcount	Overall Rate	7.58%	7.93%	↓	<ul style="list-style-type: none"> <li>Roll out of exit interviews across the Health Board following the pilot in Nursing is being looked into as well as the use of ESR exit interview functionality. This is being managed on an all-Wales basis.</li> </ul>
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Description	Current Performance	Trend	Actions planned for next period																																													
<b>PADR</b> <i>% staff who have a current PADR review recorded</i>	<ul style="list-style-type: none"><li>Staff who have had a Personal Appraisal and Development Review (PADR) as of February 2020 stands at 73.66%. This is an increase of 2% compared with January 2020.</li><li>Allied Health Professionals currently stand as the highest performing area with 80.96%. Whereas, Healthcare Scientist are the lowest performing area with 70.82% in February 2020.</li></ul>	<p><b>% of staff who have had a PADR in previous 12 months</b></p> <table><caption>PADR Compliance Data (Estimated from Chart)</caption><thead><tr><th>Month</th><th>PADR Compliance (ABMU HB)</th><th>PADR Compliance (SBU HB)</th></tr></thead><tbody><tr><td>Feb-19</td><td>70%</td><td>65%</td></tr><tr><td>Mar-19</td><td>70%</td><td>65%</td></tr><tr><td>Apr-19</td><td>70%</td><td>66%</td></tr><tr><td>May-19</td><td>70%</td><td>67%</td></tr><tr><td>Jun-19</td><td>70%</td><td>68%</td></tr><tr><td>Jul-19</td><td>70%</td><td>69%</td></tr><tr><td>Aug-19</td><td>70%</td><td>70%</td></tr><tr><td>Sep-19</td><td>70%</td><td>71%</td></tr><tr><td>Oct-19</td><td>70%</td><td>72%</td></tr><tr><td>Nov-19</td><td>70%</td><td>73%</td></tr><tr><td>Dec-19</td><td>70%</td><td>74%</td></tr><tr><td>Jan-20</td><td>70%</td><td>75%</td></tr><tr><td>Feb-20</td><td>70%</td><td>76%</td></tr><tr><td>Mar-20</td><td>70%</td><td>77%</td></tr></tbody></table>	Month	PADR Compliance (ABMU HB)	PADR Compliance (SBU HB)	Feb-19	70%	65%	Mar-19	70%	65%	Apr-19	70%	66%	May-19	70%	67%	Jun-19	70%	68%	Jul-19	70%	69%	Aug-19	70%	70%	Sep-19	70%	71%	Oct-19	70%	72%	Nov-19	70%	73%	Dec-19	70%	74%	Jan-20	70%	75%	Feb-20	70%	76%	Mar-20	70%	77%	<ul style="list-style-type: none"><li>With Pay Progression changing as of April 2020, a working group has been set-up to look at the impact of this, with regards to the PADR Policy, guidelines and paperwork. There will also be discussions had on the basis of placing PADR paperwork onto ESR.</li><li>The NWSSP are yet to provide guidance on the Pay Progression policy.</li><li>Work is being completed from various HB's in Wales regarding PADR paperwork. The idea is to create a generic PADR document to be used across NHS Wales, which can be adapted at HB level to include values.</li><li>In anticipation of Pay Progression information, the PADR policy review meeting will be delayed until relevant details that are pertinent to completing the review in the most robust way possible.</li><li>PADR training continues to be delivered as part of the Managers Pathway as well as the wider Learning &amp; OD portfolio. Reviews of the training will be determined by the outcome of the Pay Progression Policy as well as any PADR paperwork developments including the transition over into ESR.</li><li>Recent evaluations of PADR training have been very positive with managers being appreciative of the guidance they have received.</li><li>The continuing difficulties in implementing Supervisor Self Service will have implications in the eventuality of PADR paperwork being ESR driven.</li><li>The results of the deep dives on Estates and facilities are yet to be explored. That said, there are and have been additional PADR training sessions put on for Estates staff.</li></ul>
Month	PADR Compliance (ABMU HB)	PADR Compliance (SBU HB)																																														
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Description	Current Performance	Trend	Actions planned for next period
<b>Operational Casework</b> <i>Number of current operational cases.</i>	<ul style="list-style-type: none"> <li>There has been a steady and noticeable reduction in live Employee Relations (ER) cases over the last 5 months but volume of activity is still significantly increased on averages pre Mid 2016.</li> <li>There has been a reduction in both Disciplinary cases over time. Numbers of grievances continue to reduce.</li> </ul>	<p><b>Number of Operational Cases</b></p> <p>Number of Disciplinary cases</p> <p>Staff suspended (inc. suspended &gt; 6 mths)</p> <p>Staff suspended &gt; 6mths</p> <p>Cases continuing &gt; 2yrs</p> <p>Dignity at work</p> <p>Grievances</p> <p>ET's</p> <p>Capability</p> <p>Whistleblowing</p>	<ul style="list-style-type: none"> <li>ER Tracking System has now gone live following resolution of the IG issues identified.</li> <li>The IO team has started work and cases are now being allocated to them for action.</li> <li>Following ACAS supported training looking at improving partnership working and a programme of work with managers to look at bullying and harassment a summary post events is being prepared.</li> </ul>

## 11. FINANCE UPDATES AND ACTIONS

This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend	Actions planned for next period																										
<b>Revenue Financial Position – expenditure incurred against revenue resource limit</b>	<ul style="list-style-type: none"><li>The reported revenue financial position for February 2020 is an in-month overspend of £1.197m, resulting in a cumulative overspend of £13.5m.</li><li>The key drivers of the overspend continue to be operational pressures primarily linked to unscheduled care impacts on workforce and ChC pressures, Savings Delivery Slippage and Diseconomies of Scale following Bridgend Boundary Change.</li></ul>	<table border="1"><caption>Reported Variance Data (M1-M12)</caption><thead><tr><th>Month</th><th>Reported Variance (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>875</td></tr><tr><td>M2</td><td>1,037</td></tr><tr><td>M3</td><td>1,497</td></tr><tr><td>M4</td><td>1,295</td></tr><tr><td>M5</td><td>1,291</td></tr><tr><td>M6</td><td>1,250</td></tr><tr><td>M7</td><td>1,408</td></tr><tr><td>M8</td><td>1,192</td></tr><tr><td>M9</td><td>1,256</td></tr><tr><td>M10</td><td>1,195</td></tr><tr><td>M11</td><td>1,197</td></tr><tr><td>M12</td><td>-</td></tr></tbody></table>	Month	Reported Variance (£'000)	M1	875	M2	1,037	M3	1,497	M4	1,295	M5	1,291	M6	1,250	M7	1,408	M8	1,192	M9	1,256	M10	1,195	M11	1,197	M12	-	<ul style="list-style-type: none"><li>Actions agreed by Health Board in November continue to be driven.</li><li>Robust grip and control measures in place and being further tested</li><li>Identification of further non-recurrent opportunities underway as we approach the end of the financial year.</li></ul>
Month	Reported Variance (£'000)																												
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<b>Forecast Position – delivery of a breakeven position</b>	<ul style="list-style-type: none"><li>The year-end forecast was re-assessed in P8 from financial balance to a deficit of £12.3m, which reflected the in-year operational pressures and also further actions to improve financial performance.</li><li>The forecast was further adjusted to a deficit of £16.3m in P10 to reflect the impact of further savings slippage and delivery confidence of further actions.</li></ul>	<table border="1"><caption>Forecast Deficit, Outturn, and Revised Forecast Data (P08-P12)</caption><thead><tr><th>Period</th><th>Forecast Deficit (£'000)</th><th>Outturn (£'000)</th><th>Revised Forecast (£'000)</th></tr></thead><tbody><tr><td>P08</td><td>-9,845</td><td>-9,845</td><td>-9,845</td></tr><tr><td>P09</td><td>-10,465</td><td>-11,101</td><td>-10,465</td></tr><tr><td>P10</td><td>-11,076</td><td>-12,306</td><td>-12,296</td></tr><tr><td>P11</td><td>-11,607</td><td>-13,493</td><td>-13,544</td></tr><tr><td>P12</td><td>-12,300</td><td>-16,300</td><td>-16,300</td></tr></tbody></table>	Period	Forecast Deficit (£'000)	Outturn (£'000)	Revised Forecast (£'000)	P08	-9,845	-9,845	-9,845	P09	-10,465	-11,101	-10,465	P10	-11,076	-12,306	-12,296	P11	-11,607	-13,493	-13,544	P12	-12,300	-16,300	-16,300	<ul style="list-style-type: none"><li>Focus on the delivery of the £16.3m year end forecast.</li></ul>		
Period	Forecast Deficit (£'000)	Outturn (£'000)	Revised Forecast (£'000)																										
P08	-9,845	-9,845	-9,845																										
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Description	Current Performance	Trend	Actions planned for next period
<b>Savings Delivery – Performance against the £21.3m savings requirement</b>	<ul style="list-style-type: none"> <li>The Health Board financial plan set out a requirement to identify and deliver £21.3m.</li> <li>The forecast delivery against the planned savings is £19.3m, which is below the plan savings requirement and does not provide mitigation of the operational pressures.</li> <li>To date £16.8m savings have been delivered.</li> </ul>	<p>Horizontal bar chart showing savings delivery by month. The x-axis represents the amount of savings, ranging from 0 to 4,000. The y-axis lists the months from April to February. The chart is divided into four categories: Active (green), In-Progress (yellow), Pipeline Ideas (red), and Unidentified (black). The values for each month are: April (877), June (900), August (1,243), October (1,619), December (1,776), and February (1,850). A total of 2,021 is also indicated.</p>	<ul style="list-style-type: none"> <li>Focus now on 2020/21 savings and efficiency opportunities, including the recurrent full year effects of this year's schemes.</li> <li>Review of schemes slipped or not delivering to ensure lessons learnt for future planning and development.</li> </ul>
<b>Workforce Spend – workforce expenditure profile</b>	<ul style="list-style-type: none"> <li>Workforce expenditure prior year trends have been adjusted for Bridgend Boundary Change.</li> <li>The overall workforce expenditure increased in P11. This was linked to the payment of Christmas enhancements in February salaries, which was anticipated and matched by budget phasing and additional costs associated with seasonal planning.</li> </ul>	<p>Stacked bar chart titled 'Variable Pay Expenditure This Year and Last Year'. The x-axis shows periods from P01 to P12. The y-axis shows expenditure from 0 to 5,000,000. The chart compares Variable Pay - Last Year (grey line) and Average Variable Pay - Last Year (pink line). The bars are stacked with categories: Bank (blue), Overtime (red), Agency - Non Medical (green), Agency - Medical (yellow), VMLI (light green), Irregular Sessions (dark green), and Variable Pay (brown).</p>	<ul style="list-style-type: none"> <li>Further analysis of the key factors driving the use of variable pay outside of planned budget.</li> <li>Enhanced grip and control measures agreed by Board.</li> <li>Support to Workforce workstreams to ensure efficiency benefits are delivered.</li> </ul>



Description	Current Performance	Trend	Actions planned for next period
<b>Capital Financial Position – expenditure incurred against capital resource limit</b>	<ul style="list-style-type: none"> <li>The cumulative position to end of February 2020 is a £1.910m underspend to plan. Underspend to date is not anticipated to impact on cumulative year end position.</li> <li>The forecast outturn shows a breakeven position with no outstanding anticipated allocations from WG.</li> </ul>	<p><b>Capital - In-Month Performance to Plan</b></p> <p><b>Capital - Cumulative Performance to Plan</b></p>	<ul style="list-style-type: none"> <li>A number of schemes are reported as high and medium risk of achieving planned spend.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																							
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none"><li>In-month performance in February 2020 was 95.29% which was above the 95% target. This reflected the confirmed availability of further cash support from WG.</li><li>This in-month performance resulted in the cumulative performance increasing to 93.92%.</li><li>Due to the December and January performance levels linked to cash balance pressures, the Health Board will not achieve the 95% target for the financial year.</li></ul>	<table><thead><tr><th>Month</th><th>In Month PSPP (%)</th><th>Cumulative PSPP (%)</th></tr></thead><tbody><tr><td>April</td><td>96.10</td><td>96.10</td></tr><tr><td>May</td><td>95.79</td><td>95.84</td></tr><tr><td>June</td><td>95.67</td><td>95.79</td></tr><tr><td>July</td><td>96.26</td><td>96.59</td></tr><tr><td>August</td><td>95.29</td><td>95.29</td></tr><tr><td>September</td><td>93.65</td><td>93.65</td></tr><tr><td>October</td><td>93.65</td><td>93.65</td></tr><tr><td>November</td><td>94.29</td><td>94.29</td></tr><tr><td>December</td><td>87.02</td><td>87.02</td></tr><tr><td>January</td><td>89.16</td><td>89.16</td></tr><tr><td>February</td><td>95.29</td><td>93.92</td></tr><tr><td>March</td><td>93.92</td><td>93.92</td></tr></tbody></table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	96.10	96.10	May	95.79	95.84	June	95.67	95.79	July	96.26	96.59	August	95.29	95.29	September	93.65	93.65	October	93.65	93.65	November	94.29	94.29	December	87.02	87.02	January	89.16	89.16	February	95.29	93.92	March	93.92	93.92	<ul style="list-style-type: none"><li>Develop clear compliance reporting with NWSSP to ensure necessary corrective action is able to be taken.</li><li>Identify and target areas of poor performance.</li></ul>
	Month	In Month PSPP (%)	Cumulative PSPP (%)																																							
April	96.10	96.10																																								
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## 12. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

### 12.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	64.2%	65.2%	63.4%	64.0%	63.7%	60.5%	60.9%	62.2%	60.2%	60.7%	63.5%	
		Profile	66%	70%	73%	75%	72%	73%	62%	65%	69%	69%	71%	71%
	12 hour A&E waits	Actual	653	602	644	642	740	939	889	926	1,017	1,038	781	
		Profile	484	374	273	283	266	238	799	693	656	612	444	297
	1 hour ambulance handover	Actual	669	629	681	550	599	746	802	799	830	820	664	
		Profile	320	233	201	220	193	200	643	614	488	451	388	291
Stroke	Direct admission within 4 hours	Actual	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%	62%	
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%
	CT scan within 1 hour	Actual	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%	38%	
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%	97%	
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%
	Thrombolysis door to needle within 45 minutes	Actual	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%	0%	
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
Planned care	Outpatients waiting more than 26 weeks	Actual	172	201	155	112	361	431	486	460	539	593	421	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	1,952	2,076	2,198	2,449	2,819	2,893	3,298	3,529	3,896	4,067	4,087	
		Profile	1,970	1,894	1,904	1,843	1,737	1,647	1,418	1,368	1,417	1,236	1,057	938
	Diagnostic waits over 8 weeks	Actual	401	393	289	259	337	294	223	226	569	628	424	
		Profile	480	400	390	370	330	250	180	150	130	100	50	0
Cancer	NUSC patients starting treatment in 31 days	Actual	82%	91%	92%	88%	90%	84%	98%	93%	88%	98%	83%	
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	88%	95%	85%	84%	83%	92%	81%	82%	91%	96%	71%	
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	3	5	4	3	6	6	9	3	3	9	
		Profile	8	5	6	8	6	5	6	6	6	7	6	6
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	7	7	2	6	2	2	7	4	4	4	3	
		Profile	4	5	3	4	4	3	3	4	3	4	4	4
Quality & Safety Measures	Discharge Summaries	Actual	66%	67%	70%	65%	64%	61%	61%	59%	60%	65%		
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	97%	97%	96%	95%	100%	98%	100%	96%	91%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.11%	6.13%	6.10%	6.11%	6.14%	6.08%	6.15%	6.18%	6.20%	6.22%		
		Profile			5.97%			5.84%			5.72%			5.59%
	Personal Appraisal Development Review	Actual	65%	65%	64%	65%	64%	66%	61%	66%	68%	70%	71%	
		Profile			72%			77%			80%			85%
	Mandatory Training	Actual	70%	71%	71%	72%	75%	74%	74%	75%	75%	76%	77%	
		Profile			78%			85%			85%			85%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories

## 12.1 Morrision Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• Louise Norgrove Finalist in the NCBC Award 2020 for Service Improvement and Good Practice for the Inherited Cardiac Conditions service.</li> <li>• 1 day test of change completed as part of the Heath Care Systems Engineering surgical flow project – new way of working adopted by HCSWs in Pre-assessment Clinic.</li> <li>• Ambulatory Emergency Care (AEC) Unit build complete; handover 9/3.</li> <li>• Award of two Transformational Funding bids linked to Renal Services totalling circa £1.5m.</li> <li>• Appointment of 1.0wte Acute Care Physician with renal sub specialty.</li> <li>• 128 Wellbeing Champions based at Morrision across Departments.</li> <li>• Locum hand consultant post in Plastic Surgery has reduced the number of long waiters by over 30% in 4 months.</li> </ul>	<ul style="list-style-type: none"> <li>• Finalise workforce plan for MRI &amp; CT for Radiology, with next priority being Ultrasound.</li> <li>• Complete implementation of the MpMRI sustainable plan.</li> <li>• Develop proposal to repatriate POW / NPT HSDU work into SBUHB.</li> <li>• Secure recurrent funding for Acute Care Model.</li> <li>• Agree strategy with WRCN to increase dialysis capacity to the east of Swansea.</li> <li>• Implement recruitment programme within ED, including recruitment into recently approved ANP posts.</li> <li>• Lead on Emergency Department Quality &amp; Delivery Framework (EDQDF) work</li> <li>• Extend outsourcing of pancreatic surgery cases and explore internal capacity options</li> <li>• Revised on call rota arrangements for T&amp;O services in line with 4 replacement posts starting Aug 2020 to improve trauma access.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Plans to develop Radiographer Hot Reporting in ED underway.</li> <li>• Re-design of PICC and midline catheter insertion packs.</li> <li>• Develop a part time ODP training programme in UWS.</li> <li>• AEC – Benefits realisation (12hr waits, ambulance offloads down, bed days and outliers down and throughput up).</li> <li>• Planned ED recruitment open days 3<sup>rd</sup> &amp; 4<sup>th</sup> April.</li> <li>• Engage with WG Delivery Unit Unscheduled Care Intervention Workplan.</li> <li>• Roll out of Allocate and Locums on Duty.</li> <li>• Training underway for Foam Sclerotherapy for CNS.</li> <li>• CNS lead community training for blocked nephrostomies preventing admission to secondary care.</li> <li>• Inherited Cardiac Conditions Strategic Planning Event scheduled for March 2020</li> </ul>	<ul style="list-style-type: none"> <li>• Fragile IR &amp; Paediatric Services.</li> <li>• Inability to provide sustainable secondary/tertiary care services as a result of COVID-19.</li> <li>• MR Replacement at Neath delayed due to structural issues.</li> <li>• Vascular access (Renal) remains a fragile service.</li> <li>• Significant impact of infection outbreak on hospital core capacity with increasing on the day cancellations including cancer cases</li> <li>• Nursing Vacancies particularly at Band 5</li> <li>• Anaesthetics availability for core surgical capacity incl. trauma.</li> <li>• Reduced capacity to operate on Morrision only orthopaedic cases that require a clean elective ward</li> <li>• Mortality rates for fractured neck of femur pathway.</li> <li>• Bed capacity and repatriation expectations linked to the development of the Major Trauma Network.</li> </ul>

## 12.2 Neath Port Talbot Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	95.2%	97.4%	97.4%	95.7%	96.4%	94.6%	95.3%	99.0%	97.4%	95.1%	98.7%	
		Profile	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	12 hour A&E waits	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	-	100%	-	100%	100%	-	100%	100%	-	-	100%	
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	-	100%	100%	20%	100%	67%	100%	100%	100%	67%	100%	
		Profile	76%	95%	89%	96%	97%	87%	89%	90%	87%	82%	83%	94%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0	0	1	1	1	1	2	1	0	0	
		Profile	3	3	0	0	0	0	1	1	1	0	1	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	1	0	1	1	0	1	1	0	0	1	1	
		Profile	0	0	0	1	1	0	1	0	1	1	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	0	0	0	1	0	3	1	1	0	1	
		Profile	0	2	1	2	1	1	3	1	2	2	1	0
Quality & Safety Measures	Discharge Summaries	Actual	82%	74%	81%	81%	72%	64%	75%	71%	67%	68%		
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	86%	83%	75%	67%	67%	83%	82%	64%	100%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.38%	5.41%	5.41%	5.34%	5.19%	5.07%	5.12%	5.06%	5.00%	5.04%		
		Profile			5.00%			4.80%			4.60%			4.30%
	Personal Appraisal Development Review	Actual	80%	79%	77%	77%	74%	75%	71%	73%	73%	73%	75%	
		Profile			75%			80%			85%			90%
	Mandatory Training	Actual	83%	84%	85%	87%	88%	88%	88%	88%	88%	89%	89%	
		Profile			75%			80%			85%			90%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories



## 12.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>Advancing Health care Awards Wales – Amanda Atkinson Paediatric OT lead – “leading change in paediatric services” - winner of her category and overall winner of the awards</li> <li>OT Fibromyalgia accepted as a Bevan exemplar project</li> <li>RDC has been nominated for a BMJ Award for Cancer Team of the year</li> <li>DLN’s recognised during a Welsh Audit for quality of assessment submissions</li> <li>Shortlisted for the British Society of Rheumatologist Innovation Award for the triaging system introduced</li> <li>Electronic prescribing implemented on NRU</li> <li>3 Embryology posters, 1 embryology oral presentation and 1 clinical poster accepted for Fertility 2020</li> <li>Embryology peer review journal</li> <li>WFI CDF Nominated for Patient Choice Award</li> <li>Successful charitable bid received for environmental update in WFI CDF</li> <li>Successful Counsellor re-accreditation</li> <li>RC Path Part 1 Diplomat Membership – Deputy Laboratory Manager</li> <li>Improved clinical outcomes reported on HFEA website</li> </ul>	<ul style="list-style-type: none"> <li>Roll out of Stroke ESD</li> <li>SOS and HVO for Therapies</li> <li>Roll out of Signal on all wards</li> <li>Maintain HFEA licence for both centres</li> <li>Maintain ISO 15189 for andrology service</li> <li>Maintain ISO 9001 for quality management system</li> <li>WFI - Clinical job planning to reflect needs of service</li> <li>WFI - Establish WPAS on both sites to ensure accurate data reporting</li> <li>WFI - Developing strategies to ensure delivery of commissioners contract</li> <li>PSSU Aseptic facility refurbishment complete–Performance Qualification of facility and equipment ongoing.</li> <li>Installation of Omnicell cabinets in Tonna and Glanrhyd hospitals.</li> <li>Development of BC for sustainable Pharmacist working in ILD clinic (no funding currently provided) ensuring all pirfenidone (Esbriet) nintedanib (Ofev) prescriptions are now provided via Homecare AT initiation-continuing to deliver savings (£1k/month).</li> <li>Improve compliance with discharge summaries</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Implementation of cognitive model of care with an Older Peoples Mental Health Occupational Therapy NPTH</li> <li>Improve the booking pathway for outpatient Neuro Rehab clinics</li> <li>Increase the number of Diabetic patients registered with PKB</li> <li>WFI - Investigate feasibility of advertising for fee paying eg. adverts</li> <li>WFI staff to attend Fertility Network Support Groups to promote NHS and fee paying services</li> <li>Implementation of Meditex</li> <li>Electronic consenting platform</li> <li>WFI - Develop staffing model that supports delivery of service</li> <li>Development of pharmacy specialty teams to support inpatients and specialist clinics. Priorities: Morriston - Critical care, cardiac and nutrition team. Singleton- further development of pharmacist NMP in cancer clinics</li> <li>Implement Vanguard model and improve USC pathway- pharmacy role at front door to reduce admissions, facilitate discharge and shorten LOS</li> </ul>	<ul style="list-style-type: none"> <li>Major trauma/ spinal/ thoracic / paed major trauma network- repatriation of patients without additional workforce and skills.</li> <li>Remodelling of ED/ AMAU in Morriston additional OT resource required</li> <li>Surge beds across HB with no additional therapy capacity to support – leading to extended stays and delays in discharge</li> <li>H2H roll out across wards with limited navigators fully competent for pathway 1/ model of delivery to be reviewed</li> <li>Additional Medical patients within NPTH, requiring extra flow/discharge coordination and additional Medical and Nursing staff</li> <li>WFI - Capital required for end of life equipment replacement</li> <li>Risk due to Coronavirus remains undefined</li> <li>WFI - Non fulfilment of commissioners contract requirements</li> <li>Covid 19 virus – potential issues of staff availability, service delivery and drug shortages</li> <li>Implications of ‘no deal’ Brexit on medicine supply chain</li> </ul>

## 12.3 Singleton Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	1 hour ambulance handover	Actual	63	18	40	44	33	32	25	22	38	28	40	
		Profile	0	0	0	0	0	0	30	20	20	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	64	117	142	367	564	608	666	659	766	860	872	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	24	28	120	241	444	672	958	1,058	1,245	1,556	1,642	
		Profile	0	0	0	13	26	39	32	25	18	11	4	0
	Diagnostic waits over 8 weeks	Actual	0	8	6	2	7	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	98%	91%	95%	94%	96%	98%	97%	96%	96%	100%	87%	
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	86%	70%	77%	74%	83%	81%	85%	87%	93%	81%	58%	
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	5	1	4	1	1	5	2	3	3	1	
		Profile	2	1	3	3	1	1	2	2	2	2	2	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1	3	1	2	0	3	4	3	1	2	
		Profile	2	0	1	2	1	2	1	1	2	0	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	4	0	2	3	0	2	1	4	5	8	
		Profile	5	4	4	4	4	4	4	2	2	1	1	2
Quality & Safety Measures	Discharge Summaries	Actual	55%	70%	68%	59%	59%	59%	66%	58%	67%	61%		
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	70%	62%	77%	69%	67%	80%	73%	83%	53%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.05%	6.10%	6.06%	6.08%	6.06%	6.03%	6.07%	6.04%	6.09%	6.15%		
		Profile			5.00%			5.00%			5.00%			5.00%
	Personal Appraisal Development Review	Actual	69%	70%	70%	71%	71%	71%	67%	66%	68%	69%	72%	
		Profile			70%			75%			80%			85%
	Mandatory Training	Actual	76%	76%	77%	78%	80%	80%	79%	79%	80%	81%	83%	
		Profile			70%			75%			80%			85%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories

### 12.3 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>Continued achievement of diagnostic waits target for Endoscopy Q1, Q2, Q3 and Q4 2019/20 to date.</li> <li>Ambulance Stack Review project within AGPU implemented.</li> <li>Neonatal team shortlisted for BMJ award for 50% reduction in antibiotic use across Wales.</li> <li>Ward 12 has returned to the original template, the ward has been refurbished which has increased patient satisfaction and staff morale</li> <li>The waiting times in CDU has reduced significantly.</li> <li>Haematology dayunit now working with electronic chemocare diary in place of paper trail.</li> <li>HEIW have approved 2 new HB funded national training numbers to start in August 2020 one in medical oncology and one in clinical oncology.</li> </ul>	<ul style="list-style-type: none"> <li>Manage RTT pressures Cancer Performance and scoping of impact of Single Cancer pathway.</li> <li>Develop a plan to support Radiotherapies waiting times.</li> <li>Ophthalmology sustainable plan as part of GOLD command.</li> <li>Programme Business Case for SWWC - develop with Hywel Dda.</li> <li>Work plan to achieve IQUILS Phase 1 assessment for the Liver Service.</li> <li>Plan for shutdown of Obstetric theatres to replace obsolete Air Handling Unit.</li> <li>IV Access service for Singleton.</li> <li>The need to expand capacity for delivering SACT.</li> <li>ARCH Pathology Development – OBC stage.</li> <li>Complete option appraisal to create a Paediatric Urgent care centre at Morriston.</li> <li>Expansion of Neonatal 12hr transport to 24 hrs.</li> <li>Relocation of Child Health from Central Clinic.</li> <li>Sustainable capacity plan for Neurodevelopmental service.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Income opportunities are being realised through new PUPIS activity.</li> <li>SBUHB wide re-launch of SAFER.</li> <li>Develop regional Paediatric Ophthalmology services with Hywel Dda HB.</li> <li>Develop elective C-section lists to improve efficiency and patient experience in maternity.</li> <li>North Campus and key BC's – PET,SPECT-CT.</li> <li>Completion of Neonatal Transitional Care Unit</li> <li>Ongoing collaboration with Philips Healthcare for RT pathway work and Artificial Intelligence within 'Horizon 2020' EU programme.</li> <li>To develop Specialist Palliative Care support for chronic conditions starting with Heart Failure through Heart Failure redesign work.</li> <li>To support Morriston front door/unscheduled care by integrating Palliative Medicine.</li> </ul>	<ul style="list-style-type: none"> <li>Site environment &amp; cladding.</li> <li>Workforce deficits across specialties – Consultant, Medical Junior and Middle Grade gaps and Nursing across specialties.</li> <li>Increase in radiotherapy capacity - waiting times remains unsatisfactory.</li> <li>Ongoing issues with Anaesthetics cover for theatre lists.</li> <li>No critical care outreach service in SDU. No Specialist palliative care Service on Site in SDU. No central line service provided for medical patients for Singleton.</li> <li>Resident surgical officer is regularly withdrawn to support Morriston.</li> <li>Coronavirus and lack of isolation facilities</li> <li>Lack of 24 hours transport service Neonates</li> <li>Access to emergency CAMHS services and placements 7 – 18</li> <li>An increased delay in radiology reporting from HDD patients has been observed by the CNS team which is having an impact on the MDT discussions.</li> <li>Middle grade cover in Pall Care Department.</li> </ul>

## 12.4 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Mental Health Measures (excluding CAMHS)	% MH assessments undertaken within 28 days	Actual	97%	97%	97%	97%	98%	98%	98%	97%	98%	93%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	99%	98%	100%	99%	93%	96%	97%	90%	92%	89%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% of qualifying patients who had 1st contact with an Independent MH Advocacy (IMHA)	Actual			100%			100%			100%			
		Profile			100%			100%			100%			100%
	% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	89%	89%	89%	88%	91%	92%	92%	92%	91%	93%		
		Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	1	0	0	0	1	0	0	0	0
	Discharge Summaries completed and sent	Actual	74%	74%	71%	67%	71%	69%	66%	79%	75%	73%		
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Quality & Safety Measures	Concerns responded to within 30 days	Actual	100%	100%	88%	88%	93%	77%	71%	46%	56%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Sickness rate (12 month rolling)	Actual	6.22%	6.24%	6.29%	6.29%	6.29%	6.38%	6.48%	6.50%	6.63%	6.86%		
		Profile			5.73%			5.63%			5.53%			5.43%
Workforce Measures	Personal Appraisal Development Review	Actual	68%	67%	67%	66%	67%	68%	68%	77%	78%	79%	77%	
		Profile			80%			82%			83%			85%
	Mandatory Training (all staff- ESR data)	Actual	81%	81%	81%	82%	83%	84%	83%	85%	85%	86%	86%	
		Profile			80%			82%			83%			85%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories

## 12.4 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• The Delivery Unit can report the continued improvement of compliance with all the sections of the Mental Health Measure.</li> <li>• All access targets continue to be consistently met by the Delivery Unit, including the high intensity psychological therapies waiting times.</li> <li>• All patients referred into CDAT services were seen within 20 days in January 2020.</li> <li>• The workshop held in January, with stakeholders, staff and service users which aimed at confirming the service model and identifying preferred service solutions for Strategic Outline case for Adult Acute inpatient Re-provision was a success.</li> <li>• There is an Outpatient Modernisation plan going forward that came from the Outpatient modernisation time out session that took place on 20<sup>th</sup> January.</li> <li>• Dermot Nolan (NPT Locality Manager) awarded the SWP Partnership Award 2019 in recognition of the partnership work regarding the Police Triage Service.</li> <li>• Launch of the nurse hero recognition award scheme across the DU.</li> <li>• 90.1% Compliance for Information Governance training in the DU.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilise the individual projects of the Transforming Mental Health service programme to identify and implement specific changes with partners that will deliver improvements for service users and carers.</li> <li>• Develop a strategic forum for learning disabilities with partners in the West Glamorgan regional partnership.</li> <li>• The developing a long term plan for older people's MH services with local authorities.</li> <li>• Take further action to appoint in a timely manner to any medical, nursing and allied health professional vacancies.</li> <li>• Environmental improvements will need to take place within the LD units in the near future.</li> <li>• Implementation of CHC expansion and continuing to work with commissioning for complex care programme as part of West Glamorgan Partnership to review and resize packages of care to deliver.</li> <li>• Inputting of the PADR data onto ESR, once PADR's have been completed, in all localities of the delivery unit, in order to improve compliance. Latest figure has risen again but needs improvement in the last month of 2019/20 to reach 85% and the current position is 80%.</li> <li>• Construction of the medical workforce recruitment plan with operational managers, human resources and medical staff input.</li> <li>• Further reduction in the number of patients deemed a DTOC.</li> <li>• Improvement of the ETOC rates for 24 hour and 5 day performance.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• The agreement of the transformation programme through the West Glamorgan transformation board.</li> <li>• Additional funding for substance misuse services as part of SMAF.</li> <li>• Establishment of a formal project group that will incorporate review of CRHT services and relationship to Sanctuary service.</li> <li>• Preparation of ICF bids to support implementation of dementia action plan.</li> <li>• Advertising and recruiting into Operational Business Planning Manager role to support the senior management team on a short term basis.</li> <li>• Student streamlining recruitment opportunities will arrive in March 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Demand and capacity constraints are still prevalent in CMHT's across the SBUHB footprint.</li> <li>• Continuing to suitably manage the ongoing demand that is visible for Continuing Healthcare (CHC) placements and resultant financial risks.</li> <li>• Senior management staffing absences are still prevalent in some areas due to long term sickness.</li> <li>• Increasing demands and waiting times for OST service within Substance Misuse services, particularly in Swansea. Services are struggling with the current demand. The Delivery Unit is continuing to work with the wider APB services in relation to the remodelling of the whole substance misuse service within the APB area.</li> </ul>

## 12.5 Primary Care & Community Services Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Planned Care	Outpatients waiting more than 26 weeks	Actual	0	5	0	0	0	0	0	0	0	0	13	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0	0	0	0	0	1	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Access	% of GP practices offering daily appointments between 17:00 and 18:30	Actual	86%	86%	86%	88%	88%	88%	88%	88%	88%	88%	88%	
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% population regularly accessing NHS primary dental care- 2 year rolling position	Actual			62%									
		Profile												
	% of adult dental patients re-attending NHS Primary Dental Care between 6-9 months	Actual	31%	32%	36%	31%	33%	33%	34%	32%	32%	32%		
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	1	3	4	4	5	2	6	4	4	5	4	
		Profile	4	3	3	4	4	3	3	3	3	4	4	3
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0	0	0	0	0	1	0	0	0	1	
		Profile	0	0	0	0	1	0	0	0	0	0	1	0
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	3	3	5	9	3	5	2	3	4	7	2	
		Profile	5	9	8	5	5	5	6	10	9	5	11	6
	Staph.Aueurs bacteraemia cases - (Community Hospitals)	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	1	1	0	0	0	0	0	0
	E.Coli cases (Community acquired)	Actual	17	15	22	21	13	18	15	10	20	18	16	
		Profile	29	27	26	29	27	30	29	22	24	29	30	32
	E.Coli cases (Community Hospitals)	Actual	0	0	1	0	1	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety	Concerns responded to within 30 days	Actual	63%	73%	64%	53%	100%	70%	63%	64%	71%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.37%	5.40%	5.44%	5.43%	5.26%	5.21%	5.24%	5.24%	5.31%	5.34%		
		Profile			5.28%			5.15%			5.08%			5.00%
	Personal Appraisal Development Review	Actual	79%	79%	80%	80%	79%	83%	84%	83%	82%	81%	80%	
		Profile			80%			82%			83%			85%
	Mandatory Training	Actual	85%	85%	85%	87%	87%	88%	88%	88%	89%	89%	90%	
		Profile			85%			85%			85%			85%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories



## 12.5 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>Swansea Bay University Health Board has the highest % of child population accessing primary dental care (78%) Adults are the second highest in Wales (57.3%) and overall at 61.5% the highest access % in Wales</li> <li>Penclawdd surgery successfully re-opened on the 24th February 2020. A drop-in clinic was held on 26th February which was attended by patients and the Community Health Council</li> <li>The first month of the Sore Throat Test and Treat provision saw nearly 1,000 patients within community pharmacy with a further 700 being seen in January</li> <li>A further two community pharmacy colleagues have qualified as independent prescribers, bringing the total within the Health Board to 11</li> <li>Belinda Hanna has had an article printed in the January edition of the Health Visiting journal</li> </ul>	<ul style="list-style-type: none"> <li>Preparations made for the roll-out of the Sore Throat Test and Treat service with another 23 pharmacies starting the service on 1st March 2020</li> <li>One large care home in NPT is under contract management; meetings planned to manage developments.</li> <li>Community staff identified to support Corona Virus testing and establishment of the Community Testing Unit</li> <li>Sexual Health service has been under pressure with Pregnancy Advisory Service waiting lists, but these are now coming down and are just outside the recommended waiting times</li> <li>MMR Vaccinations are a priority for the Health Visiting teams</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Further practices have come forward to extend their multi-disciplinary teams through the Welsh Government Transformation programme.</li> <li>A UTI and a transitional service have been commissioned from pharmacies with independent prescribers, and the Health Board will consider the commissioning of acute conditions shortly.</li> <li>Implementation of the Red Bag Scheme where care home residents will have a red bag containing all essential items and documentation for admission to hospital and discharge back to the care home has been extended till December 2020.</li> <li>Incubators purchased and moving towards cultures being taken for gonorrhoea in the Sexual Health service</li> <li>A meeting is being set up for April for a Swansea Bay Sexual Health forum</li> <li>Healthy Child Wales Programme data collection pilot – planning electronic transfer of data forms for one team for one month from April in order to streamline process and provide audit trail.</li> </ul>	<ul style="list-style-type: none"> <li>Some community pharmacies have raised concerns over the provision of the sore throat test and treat service in light of COVID-19</li> <li>Staff released to support Corona Virus Screening, will impact on core workload, patient FNC and CHC reviews will not take place in line with the CHC Framework.</li> <li>Risk of a care home closure in the NPT area, being managed under contracting management.</li> <li>Concerns raised from CHC regarding the delay of the transfer of Child General Anaesthetic services into Morriston Hospital due to Parkway Clinic confirming that they do not wish to progress with hybrid model which would have facilitated April 2020 transfer. Revised timescales subject to successful paediatric anaesthetic recruitment. Cwm Taf Morgannwg have confirmed their position to repatriate service on 1st April for Bridgend residents.</li> </ul>

APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

The following dashboard provides an overview of the Health Board’s performance against all NHS Wales Delivery Framework measures and key local measures.

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 19/20	96%	95%			95.1%			97%			96%		96%						
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 19/20	93%	95%			92.4%			91%			93%		93%						
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q2 19/20	92%	4 quarter ↑ trend			93.7%			82%					92%						
Influenza	% uptake of influenza among 65 year olds and over	National	Feb-20	68.0%	75%			67.1%			68.1%						49.3%	62.0%	66.2%	68.7%	68.0%	
	% uptake of influenza among under 65s in risk groups	National	Feb-20	43.4%	55%			39.7%			43.0%						14.7%	32.0%	39.2%	42.8%	43.4%	
	% uptake of influenza among pregnant women	National	2018/19	86.1%	75%			46.6%			86.1%											
	% uptake of influenza among children 2 to 3 years old	National	Feb-20	50.3%				41.5%			47.7%						0.8%	24.0%	42.1%	48.2%	50.3%	
	% uptake of influenza among healthcare workers	National	Jan-20	58.7%	60%			56%			54.5%						42.0%	55.0%	56.0%	58.7%	58.7%	
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2018/19	5.1%	Annual ↑			17.4%		2018/19=5.1%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Jan-20	2.4%	5% annual target	4.2%	✗	1.8%		2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.3%	1.5%	1.7%	1.9%	2.0%	2.4%	
	% of those smokers who are co-validated as quit at 4 weeks	National	Q2 19/20	55.3%	40% annual target	40.0%	✔	42.8%			56%			56%			55%					
Learning Disabilities	% people with learning disabilities with an annual health check	National	2018/19	29.3%	75%			28.2%		2018/19= 29.3%												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q2 19/20	425.9	4 quarter ↓			449.4						441.9			425.9					

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
DTCs	Number of mental health HB DTCs	National	Feb-20	16	12 month ↓	27	✓	74		26	21	18	23	27	20	18	19	22	22	22	23	16
	Number of non-mental health HB DTCs	National	Feb-20	69	12 month ↓	50	✗	380		87	112	49	67	70	61	69	69	76	61	53	52	69
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Jan-20	98%	95%	95%	✓	71%		99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	95.9%	100.0%	98.5%	98.4%	
	Stage 2 mortality reviews required	Local	Jan-20	16						10	22	18	13	13	13	9	9	17	9	15	16	
	% stage 2 mortality reviews completed	Local	Dec-19	67%		100%				20.0%	50.0%	68.4%	84.6%	92.9%	71.4%	60.0%	89.0%	64.7%	78.0%	67.0%		
	Crude hospital mortality rate (74 years of age or less)	National	Jan-20	0.71%	12 month ↓			0.73%		0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%	0.79%	0.71%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Feb-20	98%		98%	✓			98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	93.7%	96.4%	97.7%	98.0%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Feb-20	87%	85%			75.4%		84%	85%	84%	84%	83%	84%	85%	85%	84%	84%	85%	86%	87%
Coding	% of episodes clinically coded within 1 month of discharge	National	Jan-20	96%	95%	95%	✓	86.0%		95%	92%	96%	96%	96%	96%	96%	96%	96%	93%	95%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2019/20	91%	Annual ↑			93.9%		2018/19= 91.2%		2019/20= 91.4%										
E-TOC	% of completed discharge summaries	Local	Jan-20	66%		100%	✗			60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%	63.0%	65.0%	66.0%	
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q2 19/20	98.5%	100%	100%	✗	98%			96.4%			98.5%			98.5%					
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q3 19/20	84	10% annual ↑	77	✓				43525			27			57			84		
	Number of Health and Care Research Wales commercially sponsored studies		Q3 19/20	31	5% annual ↑	28	✓				43525			5			26			31		
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q3 19/20	1,109	10% annual ↑	1,561	✗				43,525			491			618			1,109		
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q3 19/20	179	5% annual ↑	104	✓				43,525			86			93			179		

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Prescribing	Opioid average daily quantities per 1,000 patients	National	Q2 19/20	4,486	4 quarter ↓			4,613			4,447			4,451			4,486					
	Patients aged 65 years or over prescribed an antipsychotic		Q2 19/20	1,470	qtr on qtr ↓			9810						1,433			1,470					
	Total antibacterial items per 1,000 STAR-PUs		Q2 19/20	279.1	4 quarter ↓			260.8			327.5			294.0			279.1					
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients		Q2 19/20	13.3	4 quarter ↓			12.0			16.0			13.9			13.3					
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jan-20	90%		95%	✗				92.4%		87.0%		91.0%		87.0%		92.0%		90.0%	
	% stop or review date documented on medication chart		Jan-20	57%		95%	✗				55.2%		52.0%		54.0%		63.0%		51.0%		57.0%	
	% of antibiotics prescribed on stickers		Jan-20	81%		95%	✗				75.0%		61.0%		81.0%		81.0%		86.0%		81.0%	
	% appropriate antibiotic prescriptions choice		Jan-20	97%		95%	✓				95.9%		98.0%		97.0%		96.0%		99.0%		97.0%	
	% of patients receiving antibiotics for >7 days		Jan-20	12%		<20%	✓				6.9%		8.0%		11.0%		15.0%		10.0%		12.0%	
	% of patients receiving surgical prophylaxis for > 24 hours		Jan-20	33%		<20%	✗				39.1%		6.0%		18.0%		40.0%		50.0%		33.0%	
	% of patients receiving IV antibiotics > 72 hours		Jan-20	57%		<30%	✗				30.8%		35.0%		46.0%		41.0%		48.0%		57.0%	
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Feb-20	82.5	<67			85.13		95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	78.6	80.8	82.5
	Number of E.Coli bacteraemia cases (Hospital)		Feb-20	15		6	✗			15	21	10	7	7	14	9	5	10	5	12	15	15
	Number of E.Coli bacteraemia cases (Community)			16		30	✓			16	22	17	15	22	21	13	18	15	10	20	18	16
	Total number of E.Coli bacteraemia cases			31		36	✓			31	43	27	22	29	35	22	23	25	15	32	33	31
	Cumulative cases of S.aureus bacteraemias per 100k pop		Feb-20	34.8	<20			25.99		35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	35.2	35.6	34.8
	Number of S.aureus bacteraemias cases (Hospital)		Feb-20	6		5	✗			9	4	11	8	6	8	4	3	11	8	7	6	6
	Number of S.aureus bacteraemias cases (Community)			2		11	✓			7	7	3	3	5	9	3	5	2	3	4	7	2
	Total number of S.aureus bacteraemias cases			8		16	✓			16	11	14	11	11	17	7	8	13	11	11	13	8
	Cumulative cases of C.difficile per 100k pop		Feb-20	36.5	<26			26.22		35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	35.6	35.3	36.5
	Number of C.difficile cases (Hospital)		Feb-20	11		10	✗			4	3	2	8	6	9	5	8	13	13	7	6	11
	Number of C.difficile cases (Community)			4		4	✓			3	5	1	3	4	4	5	2	6	4	4	5	4
	Total number of C.difficile cases			15		14	✗			7	8	3	11	10	13	10	10	19	17	11	11	15
	Cumulative cases of Klebsiella per 100k pop		Feb-20	21.0				21.75			28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	21.9	22.1	21.0
	Number of Klebsiella cases (Hospital)		Feb-20	2		5	✓			15	4	2	4	7	1	8	7	4	4	4	7	2
	Number of Klebsiella cases (Community)			1		5	✓			5	4	3	1	4	4	3	2	0	4	2	1	1
	Total number of Klebsiella cases			3		10	✓			20	8	5	5	11	5	11	9	4	8	6	8	3
	Cumulative cases of Aeruginosa per 100k pop		Feb-20	7.6				6.35			5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	7.9	8.0	7.6
	Number of Aeruginosa cases (Hospital)		Feb-20	1		1	✓			0	0	3	1	2	1	2	2	1	1	1	2	1
	Number of Aeruginosa cases (Community)			0		1	✓			2	0	0	2	4	0	2	0	0	0	1	1	0
	Total number of Aeruginosa cases			1		2	✓			2	0	3	3	6	1	4	2	1	1	2	3	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Feb-20	93%		95%	✗			96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	96%	97%	93%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q3 19/20	1	0			1			1			0			1			1		
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Feb-20	29%	90%	80%	✗	46.0%		68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	38%	28%	29%
	Number of new Never Events	National	Feb-20	0	0	0	✗	1		0	1	0	1	1	1	1	0	1	0	1	1	0
	Number of risks with a score greater than 20	Local	Feb-20	114		12 month ↓	✗			54	51	72	66	75	81	88	103	104	105	109	111	114
	Number of risks with a score greater than 16	Local	Feb-20	204		12 month ↓						167	151	162	164	175	197	204	200	202	205	204
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Jan-20	5		Monitor				17	15	3	9	8	2	6	5	19	6	4	5	
	Number of Safeguarding Children Incidents	Local	Feb-20	7		Monitor				7	7	6	10	6	7	6	3	5	13	8	13	7
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jan-20	30		12 month ↓	✓			45	64	29	16	13	18	14	9	20	22	24	30	
	Number of pressure ulcers developed in the community		Jan-20	26		12 month ↓	✓			62	47	34	33	23	33	37	25	29	31	24	26	
	Total number of pressure ulcers		Jan-20	56		12 month ↓	✓			107	111	63	49	36	51	51	34	49	53	48	56	
	Number of grade 3+ pressure ulcers acquired in hospital		Jan-20	2		12 month ↓	✓			10	7	1	2	1	2	0	1	2	2	2	2	
	Number of grade 3+ pressure ulcers acquired in community		Jan-20	5		12 month ↓	✓			11	10	10	6	6	7	8	8	2	8	3	5	
	Total number of grade 3+ pressure ulcers		Jan-20	7		12 month ↓	✓			21	17	11	8	7	9	8	9	4	10	5	7	
Inpatient Falls	Number of Inpatient Falls	Local	Feb-20	207		12 month ↓	✓			276	326	210	226	189	186	227	241	255	240	297	249	207
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2017/18= 3.15, 2018/19= 3.34												
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9	Annual ↓			131.4		2016= 143.9 2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		1		2		0								

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																						
										ABMU		SBU										
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Patient Experience	Number of new formal complaints received	Local	Feb-20	113		12 month ↓ trend	✖			96	114	93	95	118	138	114	110	159	137	87	142	113
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Dec-19	75%	75%	80%	✖	68.5%		83%	79%	85%	83%	85%	81%	84%	85%	83%	76%	75%		
	% of acknowledgements sent within 2 working days	Local	Feb-20	100%		100%	✔			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑			96.30%		2016/17= 95.8%, 2018/19= 96.5%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2017/18= 83.4%, 2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑			93.3%		2017/18= 89.0%, 2018/19= 92.9%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Dec-19	3,313	> 5% annual ↓			15,815		3,373	3,350	3,320				3,288	3,174			3,308	3,313	
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2017/18= 57.6%, 2018/19= 59.4%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2016/17= 16.7%, 2017/18= 16.2%												

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jan-20	93%	90%	90%	✓	87.1%		91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	91%	93%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Jan-20	100%	100%	100%	✓	96.9%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Local	Feb-20	3,014		12 month ↑	✗			4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476	3,187	3,014
	% of who would recommend and highly recommend	Local	Feb-20	95%		90%	✓			95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%	95%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Feb-20	81%		90%	✗			78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%	86%	81%

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
DNAs	% of patients who did not attend a new outpatient appointment	Local	Feb-20	6.0%	12 month ↓					5.4%	5.4%	5.9%	6.7%	6.2%	6.5%	6.6%	6.5%	6.6%	6.7%	7.4%	6.5%	6.0%
	% of patients who did not attend a follow-up outpatient appointment	Local	Feb-20	6.9%	12 month ↓					6.7%	6.6%	7.3%	7.6%	7.4%	7.9%	7.5%	8.0%	7.9%	7.5%	8.0%	7.7%	6.9%
Theatre Efficiencies	Theatre Utilisation rates	Local	Feb-20	66.0%		90%	✗			72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%	63%	66%
	% of theatre sessions starting late	Local	Feb-20	43.4%		<25%	✗			45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%	44%	43%
	% of theatre sessions finishing early	Local	Feb-20	41.5%		<20%	✗			37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%	41%	42%
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Feb-20	73.7%	85%	83%	✗	69.7%		70%	69%	69%	70%	70%	71%	71%	71%	67%	69%	70%	72%	74%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Feb-20	81.9%	85%	84%	✗	78.9%		74%	75%	74%	75%	75%	77%	78%	78%	79%	80%	80%	81%	82%
	% workforce sickness and absent (12 month rolling)	National	Jan-20	6.15%	12 month ↓			5.45%		5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%	6.05%	6.09%	6.15%	



TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Feb-20	88%	Annual ↑	95%	✗	86.2%		88%	89%	86%	86%	86%	88%	88%	88%	88%	88%	88%	88%	88%
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Feb-20	97%	Annual ↑	95%	✓			95%	97%	96%	96%	96%	95%	95%	95%	97%	97%	97%	97%	97%
	% of population regularly accessing NHS primary dental care	National	Sep-19	61.5%	4 quarter ↑			55%			62.2%			61.8%			61.5%					
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	97%	90%					92%	96%	98%	98%	97%	97%							
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					60%	80%	83%	100%	100%	-							
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Feb-20	69%	65%	65%	✗	66%		78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	62%	67%	69%
	Number of ambulance handovers over one hour	National	Feb-20	704	0	388	✗	4,486		619	928	732	647	721	594	632	778	827	821	868	848	704
	Handover hours lost over 15 minutes	Local	Feb-20	2,247						1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	3,361	3,545	2,247
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Feb-20	74%	95%	80.2%	✗	74.6%		77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	71%	72%	74%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Feb-20	781	0	444	✗	6,882		685	862	653	602	644	642	740	939	890	927	1,018	1,038	781
	% of survival within 30 days of emergency admission for a hip fracture	National	Nov-19	75.6%	12 month ↑			81.7%		72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%	75.4%	95.6%	75.6%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Feb-20	61.8%	56.3%	83%	✗	38.6%		53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%	62%
	CT Scan (<1 hrs)	Local	Feb-20	38.2%		56%	✗			48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%	38%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Feb-20	97.1%	83.9%	95%	✓	82.2%		76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%	97%
	Thrombolysis door to needle <= 45 mins	Local	Feb-20	0.0%	12 month ↑	40%	✗			20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%	0%
	% patients receiving the required minutes for speech and language therapy	National	Feb-20	28.2%	12 month ↑			50.7%				57%	47%	41%	48%	48%	50%	49%	45%	38%	33%	28%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Feb-20	82.3%	95%			84.7%		89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	83%	82%	82%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Feb-20	1,306	0	0	✗	31,463		315	207	236	323	297	479	925	1,039	1,152	1,120	1,305	1,453	1,306
	Number of patients waiting > 36 weeks for treatment	National	Feb-20	5,729	0	1,061	✗	22,879		2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623	5,729
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Feb-20	78.5%	95%			65.4%					64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%	75.9%	78.5%
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Feb-20	424	0	100	✗	3,883		558	437	401	401	295	261	344	294	223	226	569	628	424
	Number of patients waiting > 14 weeks for a specified therapy	National	Feb-20	1	0	0	✗	287		0	0	0	0	0	0	1	0	1	0	0	0	1
	The number of patients waiting for a follow-up outpatient appointment	National	Feb-20	128,674	15% reduction by March 2020	116,671	✗	870,738		181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	131,090	#####
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Feb-20	17,747	15% reduction by March 2020	21,282	✓	191,259		33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579	19,969	17,747
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	National	Feb-20	91.0%	98%	98%	✗	96.5%		97%	93%	91%	91%	94%	91%	93%	91%	98%	95%	92%	99%	91%
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	National	Feb-20	73.0%	95%	95%	✗	80.6%		82%	84%	87%	80%	81%	76%	84%	86%	84%	86%	92%	86%	73%
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Jan-20	71%	12 month ↑			74.9%				73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	71.0%	77.0%	71%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Jan-20	77%	80%	80%	✗	78.4%		80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	87%	77%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Jan-20	90%	80%	80%	✓	84.9%		88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	95%	90%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Dec-19	100%	100%	100%	✓	100.0%			99%			100%			100%			100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jan-20	100%	95%	95%	✓	68.1%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jan-20	100%		100%	✓			97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jan-20	28%	80%	80%	✗	39.9%		50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	36%	28%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Jan-20	0%		80%	✗			27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	4%	0%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Jan-20	94%		80%	✓			91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	100%	94%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Jan-20	100%		90%	✓			92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jan-20	87%		80%	✓			76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	69%	87%	

## APPENDIX 2: LIST OF ABBREVIATIONS

ABMU HB	Abertawe Bro Morgannwg University Health Board
ACS	Acute Coronary Syndrome
ALN	Additional Learning Needs
AOS	Acute Oncology Service
ARK	Antibiotic Kit Review
ASHICE	Age/Name & Date of Birth, Sex, History, Injuries, Condition, Estimated time of Arrival
CAMHS	Child and Adolescent Mental Health
CBC	County Borough Council
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CRT	Community Resource Team
CTM UHB	Cwm Taf Morgannwg University Health Board
CT	Computerised Tomography
DEXA	Dual Energy X-Ray Absorptiometry
DNA	Did Not Attend
DU	Delivery Unit
EASC	Emergency Ambulance Services Committee
ECHO	Emergency Care and Hospital Operations
ED	Emergency Department
ENT	Ear, Nose and Throat
ESD	Early Supported Discharge
ESR	Electronic Staff Record
eTOC	Electronic Transfer of Care
EU	European Union
FTE	Full Time Equivalent
FUNB	Follow Up Not Booked
GA	General Anaesthetic
GMC	General Medical Council
GMS	General Medical Services
HB	Health Board
HCA	Healthcare acquired
HCSW	Healthcare Support Worker

HD UHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HEPMA	Hospital Electronic Prescribing and Medicines Administration
HMQ	Help Me Quit (smoking cessation service)
HYM	Hafan Y Mor
IBG	Investments and Benefits Group
ICOP	Integrated Care of Older People
IMTP	Integrated Medium term Plan
INR	International Normalised Ratio (Blood clotting)
IPC	Infection Prevention and Control
IV	Intravenous
JCRF	Joint Clinical Research Facility
LA	Local Authority
M&S training	Mandatory and Statutory training
MAAW	Managing Absence At Work
MIU	Minor Injuries Unit
MMR	Measles, Mumps and Rubella
MSK	Musculoskeletal
NCSO	No Cheaper Stock Obtainable
NDD	Neurodevelopmental disorder
NEWS	National Early Warning Score
NICE	National Institute of Clinical Excellence
NMB	Nursing Midwifery Board
NPTH	Neath Port Talbot Hospital
NUSC	Non Urgent Suspected Cancer
NWIS	NHS Wales Informatics Service
NWSSP	NHS Wales Shared Services Partnership
OD	Organisational Development
ODTC	Ophthalmology Diagnostics Treatment Centre
OH	Occupational Health
OPAS	Older Persons Assessment Service
OT	Occupational Therapy



PA	Physician Associate
PALS	Patient Advisory Liaison Service
P-CAMHS	Primary Child and Adolescent Mental Health
PCCS	Primary Care and Community Services
PDSA	Plan, Do, Study, Act
PEAS	Patient Experience and Advice Service
PHW	Public Health Wales
PKB	Patient Knows Best
PMB	Post-Menopausal Bleeding
POVA	Protection of Vulnerable Adults
POWH	Princess of Wales Hospital
PROMS	Patient Reported Outcome Measures
PSA	Prostate Specific Antigen (test)
PTS	Patient Transport Service
Q&S	Quality and Safety
R&S	Recovery and Sustainability
RCA	Root Cause Analysis
RDC	Rapid Diagnostic Centre
RMO	Resident Medical Officer
RRAILS	Rapid Response to Acute Illness Learning Set
RRP	Recruitment Retention Premium
RTT	Referral to Treatment Time
SACT	Systematic Anti-Cancer Therapy
SAFER	Senior review, All patients, Flow, Early discharge, Review
SARC	Sexual Abuse Referral Centre
SBAR	Situation, Background, Analysis, Recommendations
SBU HB	Swansea Bay University Health Board
S-CAMHS	Specialist Child and Adolescent Mental Health
SCP	Single Cancer Pathway
SDU	Service Delivery Unit
SI	Serious Incidents
SLA	Service Level Agreement

SLT	Speech and Language Therapy
SMART	Specific, Measurable, Agreed upon, Realistic, Time-based
SOC	Strategic Outline Case
StSP	Spot The Sick Patient
TAVI	Transcatheter aortic valve implantation
TIA	Transient Ischaemic Attack
UDA	Unit of Dental Activity
UMR	Universal Mortality Review
USC	Urgent Suspected Cancer
WAST	Welsh Ambulance Service Trust
WCCIS	Welsh Community Care Information System
WFI	Welsh Fertility Institute
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WLI	Waiting List Initiative
W&OD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System