Meeting Date	**28th November 2019**	**Agenda Item**	**2.2**
Report Title	**Integrated Performance Report**		
Report Author	Hannah Roan, Performance and Contracting Manager		
Report Sponsor	Darren Griffiths, Associate Director of Performance		
Presented by	Darren Griffiths, Associate Director of Performance		
Freedom of Information	Open		
Purpose of the Report	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.		
Key Issues	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. The new cycle of reporting will see the usual report format for months one and two in the quarter and the presentation of performance via report cards for the third month in the quarter. As this is a quarterly report, the narrative sections have been replaced by a suite of performance report cards that provide a detailed summary of end of 2019/20 quarter two performance. Due to the availability of data and the lengthy process involved in co-ordinating/ completing the cycles for updating the report cards, it is possible that the summary tables and dashboards will have more up to date data than the report cards as the data only became available after the report cards were finalised. The report cards can be found in Appendix 1 of this report. Key high level issues to highlight this month are as follows: **Unscheduled Care**- October 2019 was another challenging month reporting the lowest performance for the 4 hour target in 2019/20 with 70.99%. Early signs for November are showing some improvement. **Planned Care**- Waiting times for outpatient appointments and elective treatment continued to increase in October 2019 and the percentage of patients waiting under 26 weeks decreased. Plans are being put into place to stabilise the		

<table>
<tr><td></td><td colspan="4">position. The profiles included in this report reflect the revised performance trajectories for 2019/20.
Healthcare acquired infections- October 2019 had the highest number of c.difficile cases in 2019/20 with 19 cases against an internal profile of 12. High activity, over occupancy, nursing and cleaning staff vacancies are considered to be significant contributors. The concerning increasing trend is continuing into November 2019. Weekly cross site c.difficile meetings have been established by the Infection Prevention and Control Team (IPCT).
GP OOH- No new data has been included in the report whilst the service address the data accuracy issues raised by Internal Audit. Local data, backdated to April 2019, is currently in the process of being validated and will be included in this report once the service is content with its accuracy.
Serious Incidents closures- Performance against the 80% target has improved from 20 in September 2019 to 47% in October 2019. Mental Health & Learning Disabilities continue to be the most significant influence on the Health Board's position due to the high volume of cases assigned to the Unit. The Unit has been tasked with developing an improving trajectory for when the 80% will be reached and sustained.
Research Studies- No report card has been included in this report as data for 2019/20 is still to be published. There is ongoing work nationally to ensure that the new Local Portfolio Management System (LPMS) has complete information from all NHS organisation. It is anticipated that quarter 2 data will be released shortly and that the new LPMS will produce more regular data extracts which will increase the reporting of the research studies measures from quarterly to monthly.</td></tr>
<tr><td rowspan="2">Specific Action Required</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
<tr><td></td><td></td><td>✓</td><td></td></tr>
<tr><td>Recommendations</td><td colspan="4">Members are asked to:
• NOTE current Health Board performance against key measures and targets and the actions being taken to improve performance.</td></tr>
</table>

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)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

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.

There are no directly related Equality and Diversity implications as a result of this report.

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.

Legal Implications (including equality and diversity assessment)

A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.

Staffing Implications

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.

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.

Report History	The last iteration of the Integrated Performance Report was presented to Health Board in September 2019. This is a routine report.
Appendices	Appendix 1: Integrated performance report

Appendix 1- Integrated Performance Report
November 2019

CONTENTS PAGE

1. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – October 2019

			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	Sep-19
Unscheduled Care	4 hour A&E waits	Actual	74.5%	75.9%	75.0%	74.5%	74.3%	71.4%	71.0%						6th
		Profile	*77.1%*	*80.0%*	*81.9%*	*83.8%*	*84.6%*	*85.5%*	*85.7%*	*84.3%*	*84.4%*	*85.0%*	*86.2%*	*86.0%*	
	12 hour A&E waits	Actual	653	602	644	642	740	939	890						5th
		Profile	*484*	*374*	*273*	*283*	*266*	*238*	*273*	*279*	*211*	*185*	*187*	*180*	
	1 hour ambulance handover	Actual	732	647	721	594	632	778	827						4th**
		Profile	*320*	*233*	*201*	*220*	*193*	*200*	*208*	*248*	*241*	*176*	*148*	*145*	
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%	57.0%	56.8%	41.8%	28.6%	55.1%						4th** *(Aug-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%*						
		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%						2nd** *(Aug-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%*						
		Profile	*20%*	*25%*	*25%*	*30%*	*30%*	*30%*	*35%*	*35%*	*35%*	*40%*	*40%*	*40%*	
	Patients receiving the required minutes for Speech and Language Therapy	Actual	*0%*	*0%*	*0%*	*0%*	*0%*	*0%*	*0%*						4th** *(Aug-19)*
		Profile													
Planned care	Outpatients waiting more than 26 weeks	Actual	*236*	*323*	*297*	*479*	*925*	*1,039*	*1,152*						2nd *(Aug-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*						5th *(Aug-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*						4th *(Aug-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*						Joint 1st *(Aug-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%	96%						6th** (Aug-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%	77%						3rd** *(Aug-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						7th
		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						4th
		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						1st
		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 positon 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*

2. 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															
		ABMU						SBU							
Sub Domain	Measure	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Performance Trend
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	
	Number of E.Coli bacteraemia cases (Hospital)	*17*	*23*	*15*	*11*	*15*	*21*	*10*	*7*	*7*	*14*	*9*	*5*	*10*	
	Number of E.Coli bacteraemia cases (Community)	*24*	*30*	*23*	*17*	*16*	*22*	*17*	*15*	*22*	*21*	*13*	*18*	*15*	
	Total number of E.Coli bacteraemia cases	41	53	38	28	31	43	27	22	29	35	22	23	25	
	Cumulative cases of S.aureus bacteraemias per 100k pop	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	
	Number of S.aureus bacteraemias cases (Hospital)	*7*	*7*	*5*	*9*	*9*	*4*	*11*	*8*	*6*	*8*	*4*	*3*	*11*	
	Number of S.aureus bacteraemias cases (Community)	*5*	*10*	*6*	*9*	*7*	*7*	*3*	*3*	*5*	*9*	*3*	*5*	*2*	
	Total number of S.aureus bacteraemias cases	12	17	11	18	16	11	14	11	11	17	7	8	13	
	Cumulative cases of C.difficile per 100k pop	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	
	Number of C.difficile cases (Hospital)	*15*	*9*	*5*	*3*	*4*	*3*	*2*	*8*	*6*	*9*	*5*	*8*	*13*	
	Number of C.difficile cases (Community)	*4*	*1*	*11*	*4*	*3*	*5*	*1*	*3*	*4*	*4*	*5*	*2*	*6*	
	Total number of C.difficile cases	19	10	16	7	7	8	3	11	10	13	10	10	19	
	Cumulative cases of Klebsiella per 100k pop						28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	
	Number of Klebsiella cases (Hospital)	11	5	11	10	15	4	2	4	7	1	8	7	4	
	Number of Klebsiella cases (Community)	9	9	1	6	5	4	3	1	4	4	3	2	0	
	Total number of Klebsiella cases	20	14	12	16	20	8	5	5	11	5	11	9	4	
	Cumulative cases of Aeruginosa per 100k pop						5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	
	Number of Aeruginosa cases (Hospital)	2	4	2	0	0	0	3	1	2	1	2	2	1	
	Number of Aeruginosa cases (Community)	0	2	3	0	2	0	0	2	4	0	2	0	0	
	Total number of Aeruginosa cases	2	6	5	0	2	0	3	3	6	1	4	2	1	
	Hand Hygiene Audits- compliance with WHO 5 moments	97%	97%	98%	96%	96%	95%	97%	98%	97%	97%	96%	96%	97%	
Incidents & Risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	56%	82%	89%	80%	68%	43%	70%	12%	40%	60%	71%	20%	47%	
	Number of new Never Events	0	0	0	0	0	1	0	1	1	1	1	0	0	
	Number of risks with a score greater than 20	66	45	48	53	54	51	72	66	75	81	88	103	104	
	Number of risks with a score greater than 16	New local measure for 2019/20						167	151	162	164	175	197	204	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	13	8	12	6	17	15	3	9	8	2	6	5	19	
	Number of Safeguarding Children Incidents	10	9	3	13	7	7	6	10	6	7	6	3	7	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	47	40	40	50	45	64	29	16	13	18	14	9		
	Number of pressure ulcers developed in the community	60	63	58	77	62	47	34	33	23	33	37	25		
	Total number of pressure ulcers	*107*	*103*	*98*	*127*	*107*	*111*	*63*	*49*	*36*	*51*	*51*	*34*		
	Number of grade 3+ pressure ulcers acquired in hospital	6	3	3	4	10	7	1	2	1	2	0	1		
	Number of grade 3+ pressure ulcers acquired in community	9	12	13	16	11	10	10	6	6	7	8	8		
	Total number of grade 3+ pressure ulcers	*15*	*15*	*16*	*20*	*21*	*17*	*11*	*8*	*7*	*9*	*8*	*9*		
Inpatient Falls	Number of Inpatient Falls	293	291	300	341	276	326	210	226	189	186	227	241	255	

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful															
		ABMU						SBU							
Sub Domain	Measure	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Performance Trend
DTOCs	Number of mental health HB DToCs	28	26	25	29	26	21	18	23	27	20	18	19	22	
	Number of non-mental health HB DToCs	84	125	117	104	87	112	49	67	70	61	69	69	76	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%		
	Stage 2 mortality reviews required	16	22	17	7	10	22	18	13	13	13	9	9		
	% stage 2 mortality reviews completed	25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	68.4%	61.5%	57.1%	38.5%	40.0%	22.2%		
	Crude hospital mortality rate (74 years of age or less)	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	97.5%	99.0%	98.4%	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	78%	81%	83%	83%	84%	85%	84%	84%	83%	84%	85%	85%	84%	
Coding	% of episodes clinically coded within 1 month of discharge	95%	88%	91%	93%	95%	92%	96%	96%	96%	96%	96%	96%		
E-TOC	% of completed discharge summaries	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%	

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same															
		ABMU						SBU							
Sub Domain	Measure	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Performance Trend
Patient Experience	Number of new formal complaints received	140	91	84	138	96	114	93	95	118	138	114	110	159	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	88%	90%	80%	84%	83%	79%	85%	83%	85%	81%	84%			
	% 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	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Performance Trend
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	92%	91%	91%	91%	91%	91%	89%	89%	89%	88%	91%	92%		
	% 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	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	
	% of who would recommend and highly recommend	96%	96%	94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	86%	88%	82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%	

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	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Performance Trend
DNAs	% of patients who did not attend a new outpatient appointment	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%	
	% of patients who did not attend a follow-up outpatient appointment	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%	
Theatre Efficiencies	Theatre Utilisation rates	73%	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	68%	
	% of theatre sessions starting late	41%	41%	44%	46%	45%	39%	43%	43%	43%	41%	39%	44%	44%	
	% of theatre sessions finishing early	39%	40%	43%	40%	37%	39%	39%	42%	39%	39%	39%	41%	38%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	67%	69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	67%	65%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	67%	71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	80%	80%	
	% workforce sickness and absent (12 month rolling)	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%		

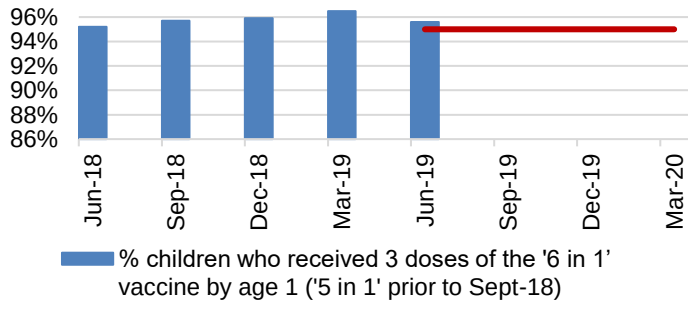
TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care															
		ABMU						SBU							
Sub Domain	Measure	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Performance Trend
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	88%	88%	88%	88%	88%	89%	86%	86%	86%	88%	88%	88%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	95%	95%	95%	95%	95%	97%	96%	96%	96%	95%	95%	95%		
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	93%	96%	95%	96%	92%	96%	96%	97%	96%	98%				
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	0%	50%	79%	80%	60%	80%	83%	50%	100%	-				
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	75%	75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	66%	
	Number of ambulance handovers over one hour	590	628	842	1,164	619	928	732	647	721	594	632	778	827	
	Handover hours lost over 15 minutes	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	
	% 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	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	71%	71%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	680	665	756	986	685	862	653	602	644	642	740	939	890	
	% of survival within 30 days of emergency admission for a hip fracture	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	56%	56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%	
	CT Scan (<1 hrs)	53%	48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	83%	75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%	
	Thrombolysis door to needle <= 45 mins	18%	15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%	
	% patients receiving the required minutes for speech and language therapy							57%	47%	41%	48%	48%	50%	49%	
Planned Care	% of patients waiting < 26 weeks for treatment	89.1%	88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	
	Number of patients waiting > 26 weeks for outpatient appointment	65	125	94	153	315	207	236	323	297	479	925	1,039	1,152	
	Number of patients waiting > 36 weeks for treatment	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	
	% 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%		
	Number of patients waiting > 8 weeks for a specified diagnostics	735	658	693	603	558	437	401	401	295	261	344	294	223	
	Number of patients waiting > 14 weeks for a specified therapy	0	0	0	0	0	0	0	0	0	0	1	0	1	
	The number of patients waiting for a follow-up outpatient appointment	178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	
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)	96%	96%	96%	98%	97%	93%	91%	91%	94%	91%	93%	91%	96%	
	% 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	84%	88%	88%	85%	82%	84%	87%	80%	81%	76%	84%	86%	77%	
	% of patients starting definitive treatment within 62 days from point of suspicion							73.1%	67.8%	73.1%	69.0%	68.0%	73.0%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	84%	78%	83%	73%	80%	77%	86%	85%	85%	81%	79%	82%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	92%	88%	85%	87%	88%	87%	98%	94%	99%	98%	92%	93%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	42%	48%	84%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	96%	98%	98%	88%	97%	97%	100%	100%	96%	100%	98%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	76%	68%	62%	47%	50%	47%	43%	44%	41%	47%	39%	38%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	25%	13%	4%	2%	27%	16%	3%	3%	3%	8%	12%	32%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	83%	91%	91%	92%	91%	85%	92%	92%	93%	93%	89%	87%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	74%	79%	96%	91%	92%	92%	100%	99%	98%	99%	99%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	69%	66%	56%	70%	76%	90%	62%	75%	76%	59%	64%	98%		

3.0 QUARTERLY PERFORMANCE REPORT CARDS
3.1 STAYING HEALTHY

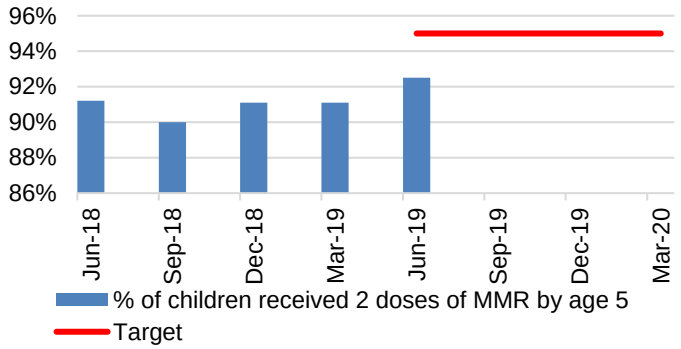
CHILDHOOD IMMUNISATIONS			
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	My children have a good healthy start in life
Health Board Strategic Aim:	Support better health and wellbeing by actively promoting and empowering people to love well in resilient communities	**Health Board Enabling Objective:**	Co-production and Health Literacy
Executive Lead:	Keith Reid, Interim Director of Public Health		

	Annual Plan Profile	WG Target	**Period:** June 2019 Current Status *(against target):*	Movement: *(12 month trend)*
Measure 1: % of children who received 3 doses of the '6 in 1' vaccine by age 1	N/A	95%	✓	↑
Measure 2: % of children who received 2 doses of the MMR vaccine by age 5	93%	95%	✗	↑

(1) % of children who received 3 doses of the '6 in 1' vaccine by age 1

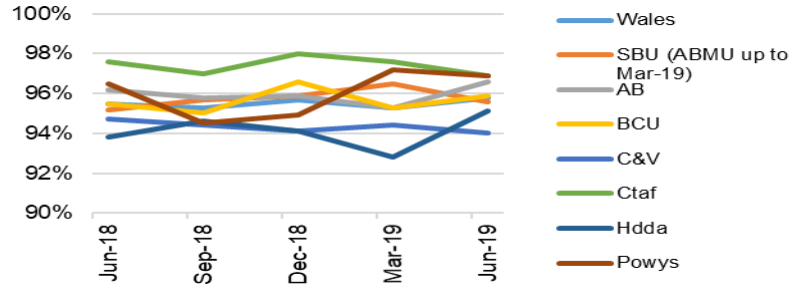


(2) % of children who received 2 doses of the MMR vaccine by age 5

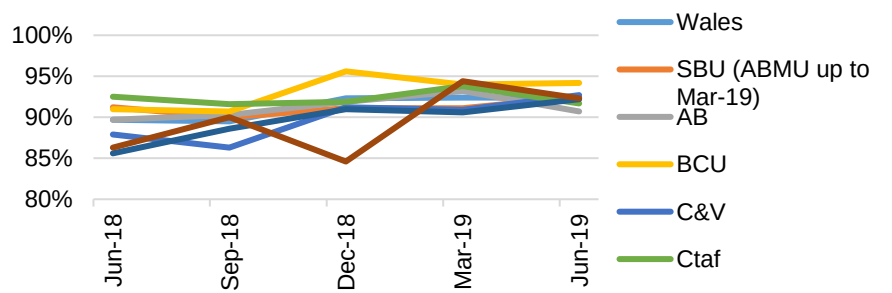


Benchmarking

(1) Benchmark – '6 in 1' Vaccine by Age 1



(2) Benchmark – MMR Vaccine by Age 5



Source: Public Health Wales COVER Report June 2019

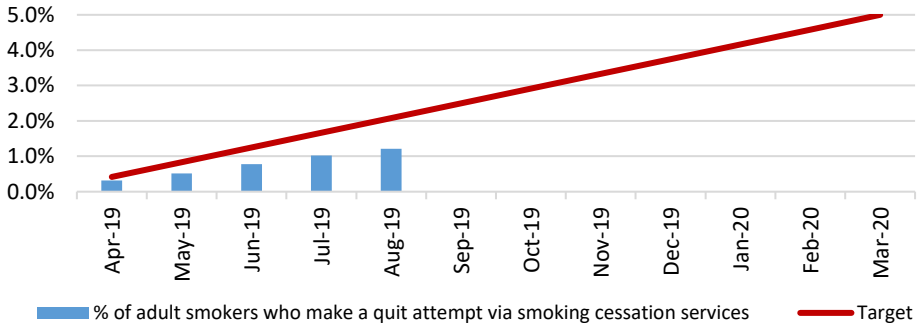
Measure 1: % of children who received 3 doses of the '6 in 1' vaccine by age 1 Measure 2: % of children who received 2 doses of the MMR vaccine by age 5
How are we doing?
• Measure 1- Health Board continues to achieve WG target of > 95% of resident children who have received all required immunisations by age 1 year. All Local Authority (LA) areas achieved over 96%. Rotavirus vaccine in Swansea LA area remains outside target with 94.3% coverage for quarter 4. (NPT: 95%, Bridgend: 96.8%). Swansea overall has least coverage for 6:1, MenB2 and PCV2. • Measure 2 – during this reporting quarter there has been a 1% increase in the percentage of resident children who have received 2 doses of the MMR vaccine by age 5, with the COVER report indicating overall uptake rates of 92.5%.
What actions are we taking?
• Waiting lists and cancelled clinics continue to be monitored closely by the primary care team. • The Strategic Immunisation Group received an SBAR from the Child Health Department in relation to recommendations made following the internal audit in respect of additional resource to perform routine data cleansing to ensure data held on the Child Health Information System is the same as that on GP records. This will improve confidence in the COVER data, whilst enabling health care professionals to target areas with low uptake rates. The SBAR to be progressed by the Interim Unit Nurse Director for Primary and Community Services. • The School Health Service is rolling out the expanded HPV vaccine offer over the next academic year • Health professionals (GP's/HV/SN/PN) are advised to check the immunisation status at every contact. • Monthly runs of children without consent on the CYPrIS system are being reviewed by HV service and removed if no longer resident in area. This should ensure a more robust reporting denominator for COVER reports.
What are the main areas of risk?
• During this reporting quarter despite a small increase of resident children who have received 2 doses of the MMR by 5 years this remains below the required 95% for herd immunity and leaves the population vulnerable to an outbreak. This is concerning with the withdrawal of the UK from measles free status. The MMR 2 uptake at 5 yrs in 2012/13 measles outbreak was 86.4% for ABMU HB. Swansea is currently 91.3%, well below the 95% target. • Child Health information System SBAR progression stalled as unable to identify resource to perform routine data cleansing. Remains on the Internal Audit register as an action to be undertaken. Has been raised at Quality and Safety Forum that action to reduce health inequalities in immunisation uptake remains hampered by the Child Health Information System not being able to cleanse data regularly.
How do we compare with our peers?
• Measure 1 – SBUHB is ranked 5th in comparison to the other Welsh Health Boards for 6:1 and above the Welsh average of 95.8% during this reporting quarter • Measure 2 – SBUHB is ranked 3th in comparison to the other Welsh Health Boards for MMR x2 slightly above the Welsh average of 92.4% during this reporting quarter

SMOKING CESSATION

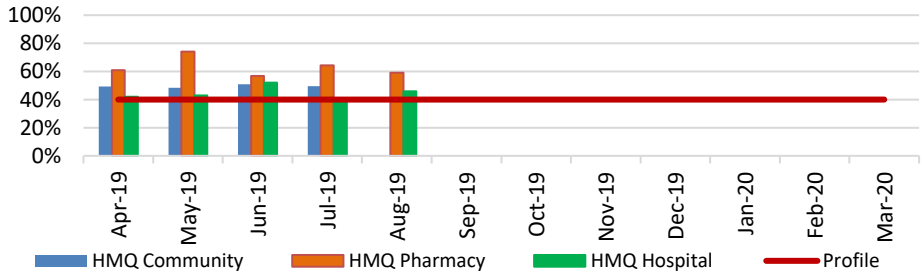
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	I am healthy and active and do the things to keep myself healthy
Health Board Strategic Aim:	Support better health and wellbeing by actively promoting and empowering people to live well in resilient communities	**Health Board Enabling Objective:**	Co-production and Health Literacy
Executive Lead:	Keith Reid, Interim Director of Public Health		

	Annual Plan Profile	WG Target	**Period:** August 2019 Current Status *(against target):*	Movement: *(12 month trend)*
Measure 1: % Welsh resident smokers make a quit attempt via Smoking Cessation Services	N/A	5%	✗	↑ ●
Measure 2: % Welsh resident smokers who are CO validated as successfully quitting at 4 weeks	N/A	40%	✓	↑ ●

(1) % Welsh resident smokers make a quit attempt via Smoking Cessation Services



(2) % Welsh resident smokers who are CO validated as successfully quitting at 4 weeks



Benchmarking

% making a quit attempt

LHB	Current Q1-Q4 18/19	Previous Q1-Q4 17/18
Wales	3.21%	3.11%
AB	3.51%	3.49%
BCU	3.82%	3.79%
C&V	1.66%	1.67%
CTM	4.66%	4.61%
HDda	3.44%	2.67%
Powys	2.21%	2.16%
SB	2.63%	2.56%

% CO Validated at 4 weeks

LHB	Current Q1-Q4 18/19	Previous Q1-Q4 17/18
Wales	43.3%	43.0%
AB	42.6%	40.1%
BCU	37.0%	32.4%
C&V	54.6%	60.3%
CTM	34.2%	36.9%
HDda	47.9%	55.6%
Powys	36.4%	44.4%
SB	55.7%	54.8%

Please note that SB related to ABMU data and CTM relates to Cwm Taf data.

Source : NHS Wales outcomes framework, all-Wales performance summary (September 2019)

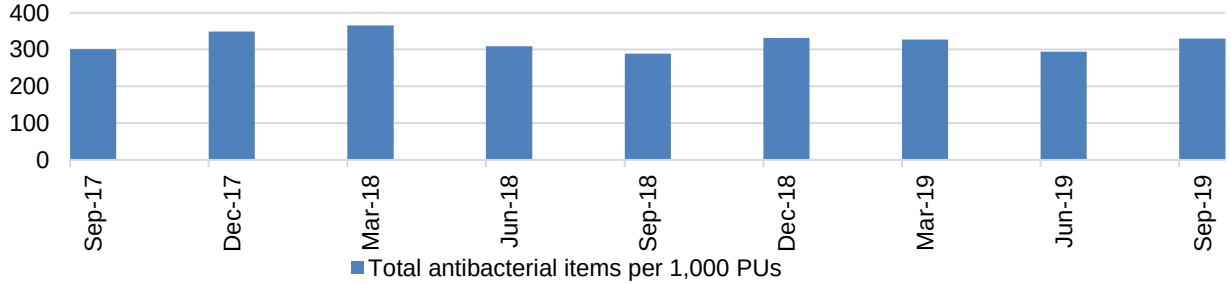
Measure 1: % Welsh resident smokers make a quit attempt via Smoking Cessation Services Measure 2: % Welsh resident smokers who are CO validated as successfully quitting at 4 weeks
How are we doing?
• To achieve the 5% smoking cessation target approximately 3115 smokers need to be treated in Swansea Bay 'Help me quit' stop smoking services per year, with an average of 260 smokers treated per month. Swansea Bay 'Help me quit' services have treated 784 smokers (monthly activity data) against the cumulative monthly target of 1558 achieving to August 2019 1.3% of the overall target (2.1% expected). • The 40% WG target of CO validated 4 week quits has been achieved for all Swansea Bay 'Help me quit' services. • The most recent data from the National Survey for Wales 2018/19 estimates that 19% of Swansea Bay UHB's population smoke (aged 16+). Prevalence for Swansea is 18%, whilst Neath Port Talbot is 22% - this is the joint highest prevalence of all county areas in Wales (Merthyr Tydfil 22%)
What actions are we taking?
• The Health Board's Performance and Finance Committee received an update paper on smoking cessation at its meeting on 22nd October 2019. This includes recommendations for system leadership for a co-ordinated approach to tobacco control • Work to implement an integrated cessation system and service model is progressing with plans in place. • The former Stop Smoking Wales service, now Help me Quit (HMQ) community, was moved from Public Health Wales under the management of the Health Board on 1st October 2019. Primary care and community services delivery unit (PCC DU) now host this service. An Organisational Change Process will commence to bring across the HMQ hospital service from Pharmacy under PCC DU management. Following this a service review will be undertaken to establish a single Swansea Bay HMQ brand, and new service model in line with population need and that improves performance • A HMQ community pharmacy task & finish group has been established to identify the poor community pharmacy delivery of smoking cessation support within areas of high smoking prevalence. Service improvement work is being undertaken. • Work is progressing with primary care to address cessation in a primary care setting. This includes projects to increase the increase in the rate of referral to Help me quit. A text messaging pilot is being trialled in GP practices as a method of invitation to cessation support • Broader work to create supportive smoke free environments including hospital sites in line with legislation is being scoped.
What are the main areas of risk?
• Both the HMQ community (former SSW) and HMQ hospital services are under resourced due to staff shortages, vacancy or sickness. This is significantly affecting the capacity of the services to deliver and achieve required performance; with little capacity for any service improvement work to be undertaken in order to grow the numbers of smokers seen in services and to improve performance against the cessation target. Unlike other Health Board services, there is currently no managerial structure in place (e.g. band 8a service lead; Band 7 operational lead; Band 6 senior staff) for smoking cessation services. • Migration in the host Delivery Unit for the HMQ hospital service to Primary care will require an Organisation change process to be commenced. This may affect staff morale and performance in the interim, and will take time to achieve • Once all services have transferred to Primary care and communities Delivery unit, the unit will require to undertake a review of current service, including operational capacity and recruitment issues; and plan for service provision and improvement in service delivery, taking into account the needs of the smoker, population need and prudent principles, and deploy service capacity more effectively according to need. There is a risk to service delivery and performance during this period until a new service model is agreed • The focus on cessation services has meant the broader Tobacco control agenda has received little attention • Visibility of smoking on hospital grounds continues to be a widespread issue despite Health Board smoke free site policy and normalises smoking, undermining clinical interventions.
How do we compare with our peers?
• At the time of writing this report the latest benchmarking available was March 19 which related to ABMU Health Board. The latest published data available from Welsh Government shows that ABMU had improved performance in 18/19 compared to 17/18 on both Measures 1 and 2.

3.2 SAFE CARE

TOTAL ANTIBACTERIAL ITEMS PER 1,000 STAR-PUs			
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Primary and Community Care

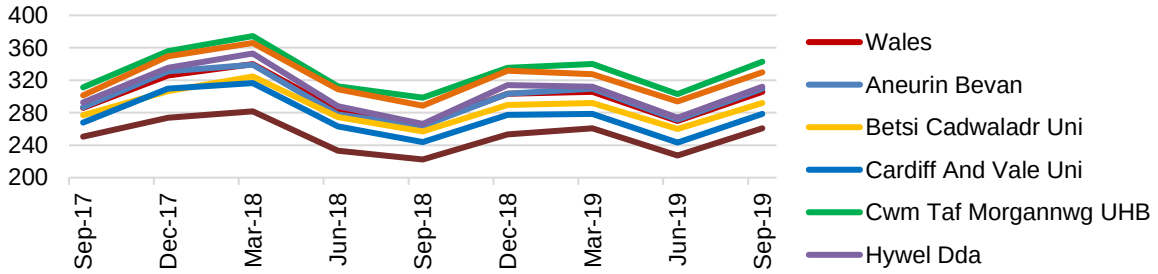
Executive Lead:	Chris White, Chief Operating Officer	**WG Target**	**Local Target**	**Period:** September 2019		
				Current Status		**Movement:** *(12 month trend)*
				Against profile	*Against local target*	
Measure 1: Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)		4 Quarter reduction trend	Annual Improvement	N/A	✓	↑ ●

(1) Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)



Benchmarking

(1) Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)



Source: NHS Wales Outcome Framework, All-Wales Performance Summary (September 2019)

Measure 1: Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)

How are we doing?

- September 2019 is showing a fairly comparable position to September 2018. This is the most appropriate comparison measure as the suggested four quarter reduction trend does not take into account seasonality.

What actions are we taking?

To maintain focus and build on the legacy of the ABMU Big Fight Campaign, the following are in place:

- Feedback of co-amoxiclav audit was given to prescribing leads in September 2019, as well as a talk by the consultant microbiologist.
- Inclusion in the 2019-20 Prescribing Management Scheme, which practices are working on up to March 2020.
- Highlighted in every practice's annual prescribing visit for 2019-20 which are now completed.
- Top 10 prescribing practices targeted for additional support.
- Guidelines are regularly updated.
- Regular updates via prescribing leads.
- Highlighting links and resources to national campaigns, such as the WHO antibiotic awareness week and antibiotic awareness day on the 18th November 2019.
- Working with Primary Care & Community Services delivery unit with a focus on care homes and other projects including UTI's/CP enhanced services pilot.
- AMR National Action Plan 2019-2024 added to Cluster Plans, with the following prescribing goals:
  - All prescribers should document indications for all antimicrobial prescriptions; it is expected that an appropriate read code will be entered whenever antimicrobials are prescribed, Primary Care clusters should ensure urgent dental cases are seen by dental services rather than by GMS
  - Wales Quality Improvement: Antimicrobial Stewardship – Supporting measures to improve UTI prevention, multidisciplinary diagnosis and management of UTI, making use of 'UTI 9' standards, Materials are available to support GPs and clusters review MDT diagnosis and management of adults with UTI.
  - To continue to reduce overall antimicrobial consumption by 25% from baseline year of 2013 by 2024. Nationally a 12% reduction has been seen by 2013 to 2017.

What are the main areas of risk?

- The main risk is to maintain and build on progress made. Any increases could increase risk of resistance and C.Diff.
- Recently lost antibiotic pharmacist, and whilst recruitment has taken place to replace with two pharmacists, there will be a delay in starting and training will be required.

How do we compare with our peers?

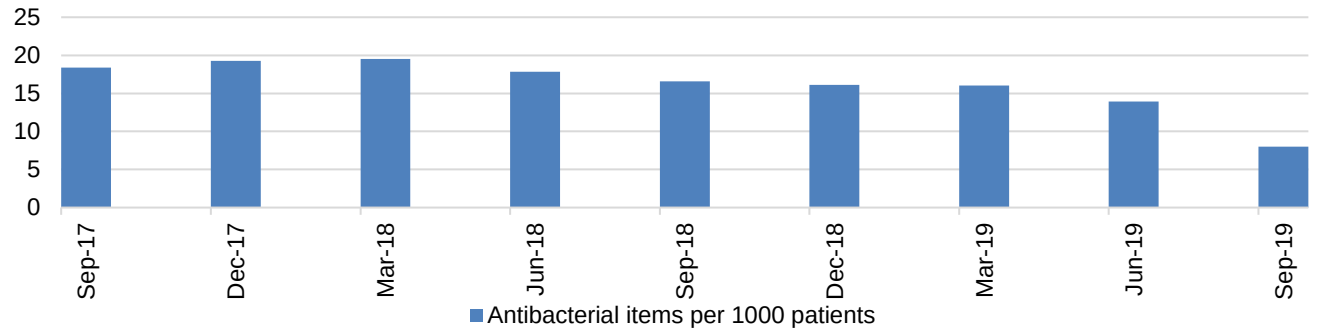
- SBU is currently 6th highest performing Health Board in Wales.
- SBU has shown significant progress over the last 2-3 years and is no longer the highest in Wales. However, there is still much to do to continue to improve appropriate prescribing.

ANTIBACTERIAL ITEMS DISPENSED IN THE COMMUNITY

NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Primary and Community Care
Executive Lead:	Chris White, Chief Operating Officer		

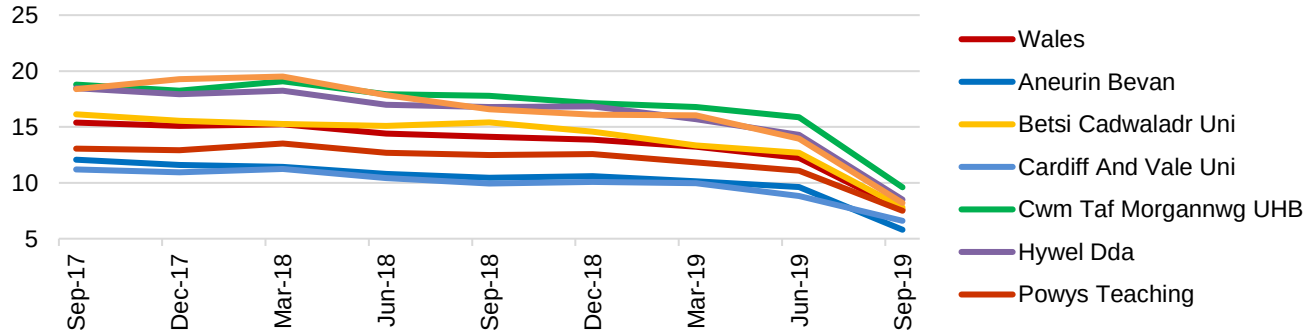
	Annual Plan Profile	WG Target	**Period:** September 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients.	N/A	Quarter on quarter improvement	✓	↓ ●

(1) Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1000 patients



Benchmarking

(1) Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients



Source: NHS Wales Delivery Framework, all-Wales performance Summary (September 2019)

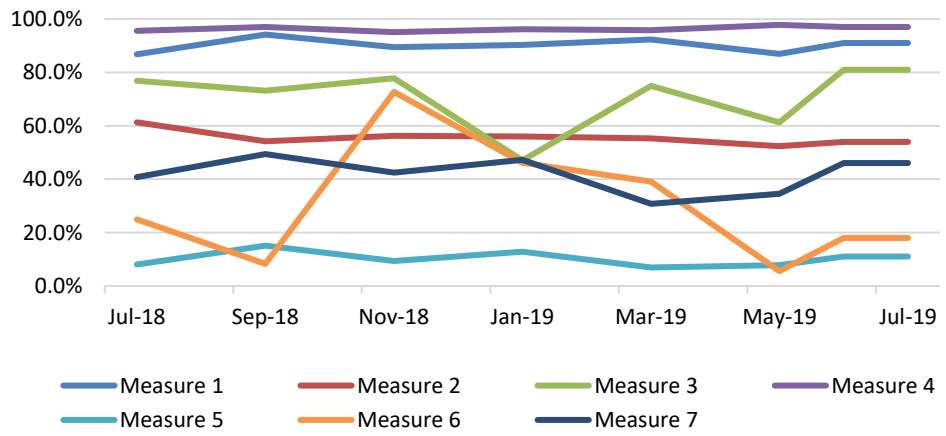
Measure 1: Fluroquinolone, cephalosoporin, clinamycin and co-amoxiclav items per 1000 patients.
How are we doing?
• After an initial significant reduction 2-3 years ago, these antibiotics did show some increases. However, recent actions are now achieving a reduction in key areas, in particular co-amoxiclav.
What actions are we taking?
To maintain focus, the following are in place: • Re-audit of co-amoxiclav added as a qualifier for Prescribing Management Scheme (PMS) 19-20. • Inclusion in the 2019-20 Prescribing Management Scheme, which practices are working on up to March 2020. • Feedback of co-amoxiclav audit to prescribing leads in March 19. This has been delayed to fit in with the attendance of a consultant microbiologist at the September leads meeting. • Highlighted in every practice's annual prescribing visit which are now completed. • Top 10 prescribing practices targeted for additional support. • Guidelines are regularly updated. • Regular updates via prescribing leads meetings including presentation from microbiologist. • Significant changes in co-amoxiclav use in acute will also impact on primary care prescribing culture.
What are the main areas of risk?
• The main risk is to maintain and build on progress made. Any increases could increase risk of resistance and C.Diff. • Recently lost antibiotic pharmacist, and whilst recruitment has taken place to replace with two pharmacists, there will be a delay in starting and training will be required.
How do we compare with our peers?
• June 1209 has seen SBU move from 6th highest to 5th highest performing Health Board in Wales • SBU performance needs to show further improvements as we are above the Welsh average. Co-amoxiclav usage seems to be falling.

Antimicrobial Audits

NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Local Target	**Period:** July 2019 Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % indication for antibiotic documented on medication chart	>95%	✗	↑
Measure 2: % stop or review date documented in medication chart	>95%	✗	↓
Measure 3: % of antibiotics prescribed on stickers	>95%	✗	↓
Measure 4: % appropriate antibiotic prescriptions choice	>95%	✓	↑
Measure 5: % of patients receiving antibiotics for more than 7 days	≤20%	✓	↓
Measure 6: % of patients receiving surgical prophylaxis for more than 24 hours	≤20%	✓	↓
Measure 7: % of patients receiving IV antibiotics > 72 hours	≤30%	✗	↑

% compliance with Antimicrobial Audits (ABMU up to Mar-19



Jul-19	Morriston	Singleton	NPTH	MH & LD	HB Total
(1) % indication for antibiotic documented on medication chart	94.0%	85.0%	100.0%	100.0%	91.0%
(2) % stop or review date documented on medication chart	52.0%	52.0%	100.0%	100.0%	54.0%
(3) % of antibiotics prescribed on stickers	0.0%	100.0%	100.0%	88.0%	81.0%
(4) % appropriate antibiotic prescriptions choice	97.0%	95.0%	100.0%	100.0%	97.0%
(5) % of patients receiving antibiotics for more than 7 days	13.0%	4.0%	9.0%	0.0%	11.0%
(6) % of patients receiving surgical prophylaxis for more than 24 hours	33.0%	-	0.0%	-	18.0%
(7) % of patients receiving IV antibiotics > 72 hours	50.0%	33.0%	0.0%	-	46.0%

Source: SBU Pharmacy

Measure 1: % indication for antibiotic documented on medication chart, Measure 2: % stop or review date documented in medication chart, Measure 3: % of antibiotics prescribed on stickers, Measure 4: % appropriate antibiotic prescriptions choice, Measure 5: % of patients receiving antibiotics for more than 7 days, Measure 6: % of patients receiving surgical prophylaxis for more than 24 hours, Measure 7: % of patients receiving IV antibiotics > 72 hours

How are we doing?

- Compliance to guidelines and documentation of indication continue to be at or near target. Further improvements are required for review of IV antibiotics and documentation of stop/review dates. Surgical prophylaxis regimens continued for longer than the guidelines recommend, continue to be observed and is a particular issue in Morriston hospital.

What actions are we taking?

- Initial audits of surgical prophylaxis regimens conducted via ward pharmacists highlighted disparity between levels of compliance to guidelines amongst the different surgical specialities. In terms of antibiotic choice compliance was good amongst colorectal, gynaecological and general surgeries but poorer for max-fax, urology and particularly vascular surgeries. In terms of duration, urology, gynaecology and vascular used single doses in the majority of procedures. Max-fax used a minimum of 24 hours for all prophylaxis regimens audited and there was a big variability in practice within colorectal and general surgery. A more comprehensive audit is planned via recovery staff and this will add to this data to allow a more detailed picture around surgical prophylaxis practices, including hopefully to a surgeon level. This paper will be discussed in the next Antimicrobial Stewardship Group and other relevant committees and a plan made for engagement with these specialities to better understand the reasons behind the non-compliance to the guidelines.
- ARK (Antibiotic Review Kit) project being rolled out across Morriston Delivery Unit from August 2019. Initial evaluation has demonstrated an increase in stop rates and improvement in number of antimicrobial prescriptions reviewed within 72 hours. Ongoing evaluation of project will continue following roll out and investigate the introduction of ARK to other acute sites.
- Princess of Wales are introducing pharmacist prompt stickers for the medical notes to highlight patients on antibiotics but without a documented review by 72 hours to prescribers. They have agreed to share any evaluation and if positive, this could also be considered for Swansea Bay sites.

What are the main areas of risk?

- Over use of antibiotics via unnecessarily prolonged surgical prophylaxis regimens
- Lack of review of IV antibiotics

How do we compare with our peers?

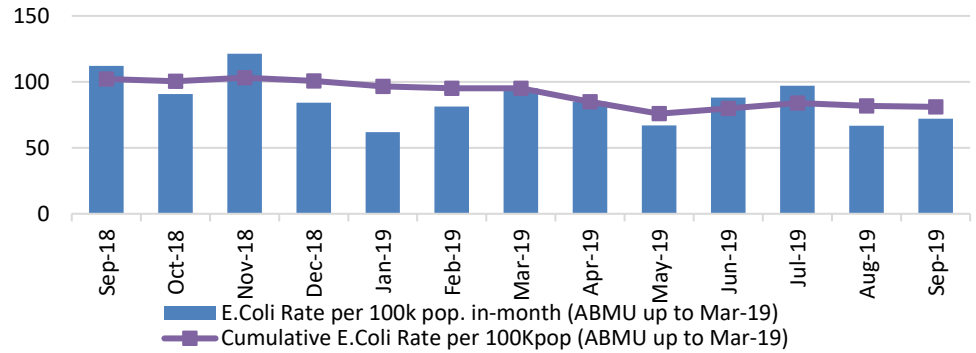
No comparable data available

E. COLI Bacteraemia

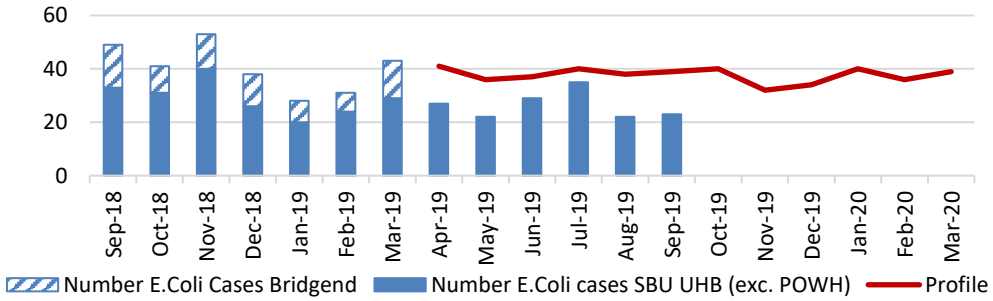
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Annual Plan Profile	WG Target	**Period:** September 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of E.*coli* bacteraemia cases per 100,000 of the population	N/A	N/A		↑ 🔴
Measure 2: Number of E.*coli* bacteraemia cases	39	N/A	✓	↓ 🟢
Measure 3: Number of cumulative cases of E.*coli* bacteraemia against March 2020 reduction expectation	N/A	108	✗	

(1) Rate of E.coli bacteraemia per 100,000 of the population



(2) Number of E.coli bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Sept 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	1319	1052	+267
SBU	158	131	+27
AB	240	199	+41
BCU	292	234	+58
C&V	202	167	+35
CTM	208	150	+58
Hdda	211	130	+81

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (September 2019)

Measure 1: Rate of E.coli bacteraemia cases per 100,00 of the population
Measure 2: Number of E.coli bacteraemia cases
Measure 3: Number of cumulative cases of E.coli against March 2020 reduction expectation

How are we doing?

- The number of *E. coli* bacteraemia in September (23 cases) was 16 cases below the projected IMTP monthly profile; 1 case above the Welsh Government monthly expectation. Of these cases, 22% were hospital acquired; 78% were community acquired.
- The cumulative number of cases (April – September 2019/20) was 158, which was approximately 16% fewer than the cumulative number of cases for the same period in 2018/19. Of these cumulative cases for 2019/20, 67% were community acquired.

What actions are we taking?

- The pilot of the bedside review of cases requires refinement and will be relaunched in October/November 2019.
- The IPCT are delivering Aseptic Non Touch Technique (ANTT) awareness sessions at ward level and across the Delivery Units to increase the ANTT competency assessors to achieve month-on-month improvements.
- Improvement programmes on reducing the prevalence of invasive devices, including urinary catheters, in inpatients continues across sites.
- Successful first Matron Development Event took place on 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level. Initial feedback positive.
- IPC conference planned for **April 2020**.

What are the main areas of risk?

- A large proportion of *E. coli* bacteraemia is community acquired, with many patient related contributory factors, particularly in relation to urinary tract infection and biliary tract disease. As such, it will be a challenge to prevent a significant proportion of these.
- Use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which is frequently close to, or exceeds, 90%.

How do we compare with our peers?

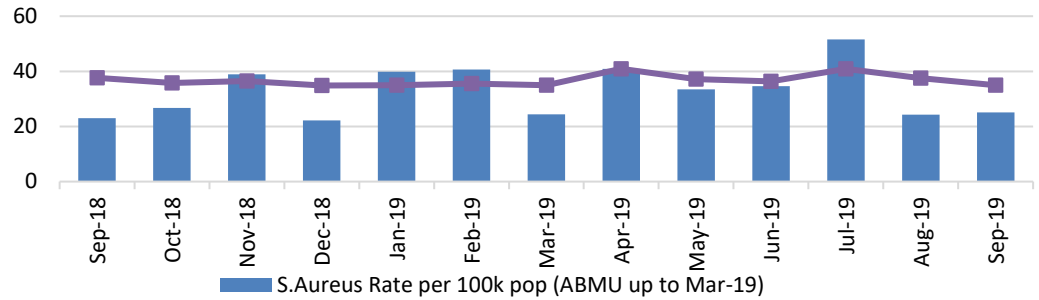
- The incidence of *E. coli* bacteraemia per 100,000 population for September 2019 was 72.06; the third highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *E. coli* bacteraemia within the Health Board for the year 2019/20 was 81.16/100,000 population, the lowest cumulative incidence for the major acute Health Boards in Wales.

S. AUREUS Bacteraemia

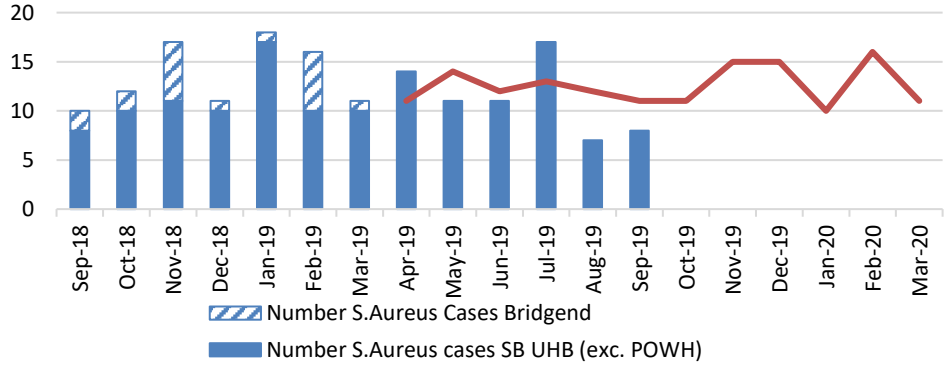
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	IMTP Profile	WG Target	**Period:** September 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of *S.aureus* bacteraemia cases per 100,000 of the population	N/A	N/A		↓ ●
Measure 2: Number of *S. aureus bacteraemia* cases	11	N/A	✓	↓ ●
Measure 3: Number cumulative cases of *S.aureus* bacteraemia against March 2020 reduction expectation	N/A	32	✗	

(1) Rate of *S. aureus* bacteraemia per 100,000 of the population.



(2) Number of *S.aureus* bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Sept 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	411	314	+97
SBU	68	39	+29
AB	66	60	+6
BCU	100	70	+30
C&V	55	50	+5
CTM	60	45	+15
Hdda	57	39	+18

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (September 2019)

Measure 1: Rate of S.aureus cases per 100,00 of the population

Measure 2: Number of S.aureus cases
Measure 3: Number of cumulative cases of S.aureus against March 2020 reduction expectation

How are we doing?

- There were 8 cases of *Staph. aureus* bacteraemia in September 2019; 3 cases below the projected monthly IMTP profile; exceeding by 1 case the Welsh Government monthly expectation of no more than 7 cases. None of these cases was an MRSA bacteraemia.
- The cumulative number of cases from April to September 2019/20 was 68 (5 cases below the IMTP profile, but 29 cases above the Welsh Government infection reduction expectation).
- The cumulative number of cases for April to September 2019 was approximately 3% fewer than the cumulative number of cases for the same period in 2018/19.
- Of the total number of *Staph. aureus* bacteraemia cases for the 2019/20 FY, 41% were community acquired; 59% were hospital acquired.

What actions are we taking?

- The pilot of the bedside review of cases requires refinement and will be relaunched in October/November 2019.
- The IPCT are delivering Aseptic Non Touch Technique (ANTT) awareness sessions at ward level and across the Delivery Units to increase the ANTT competency assessors to achieve month-on-month improvements.
- The IPC Quality Improvement Matron will liaise with Renal, Oncology and Haematology units to support them in refreshing their quality improvement programmes relating to *Staph. aureus* bacteraemia in November 2019.
- Successful first Matron Development Event took place on 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level. Initial feedback positive.
- IPC conference planned for **April 2020**.

What are the main areas of risk?

- A significant proportion of *Staph. aureus* bacteraemia is community acquired, with many patient related contributory factors, such as recreational drug use, arthritis, chronic conditions, etc. As such, it is a challenge to prevent a significant proportion of these.
- Use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which frequently is close to, or exceeds, 90%. Analysis by the Department of Health, reported in Tackling Healthcare associated infections through effective policy action (BMA, June 2009), suggested that when all other variables are constant, an NHS organisation with an occupancy rate above 90 per cent could expect a 10.3% higher MRSA rate compared with an organisation with occupancy levels below 85%.
- High bed turnover: in the same BMA report, the impact on MRSA rates of turnover intervals were suggested to have a greater impact on MRSA rates than bed occupancy levels.

How do we compare with our peers?

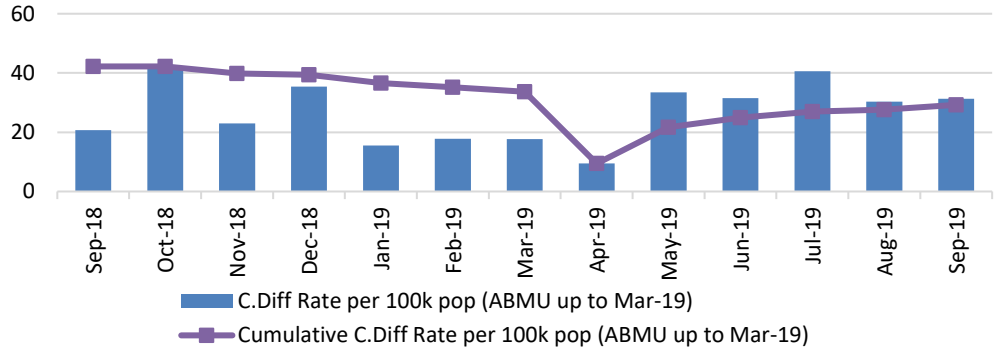
- The incidence of *Staph.aureus* bacteraemia within the Health Board in September 2019 was 25.07/100,000 population.
- The cumulative incidence of *Staph.aureus* bacteraemia within the Health Board for the year 2019/20 was 34.93/100,000 population, the highest incidence for the major acute Health Boards in Wales.

C.*DIFFICILE*

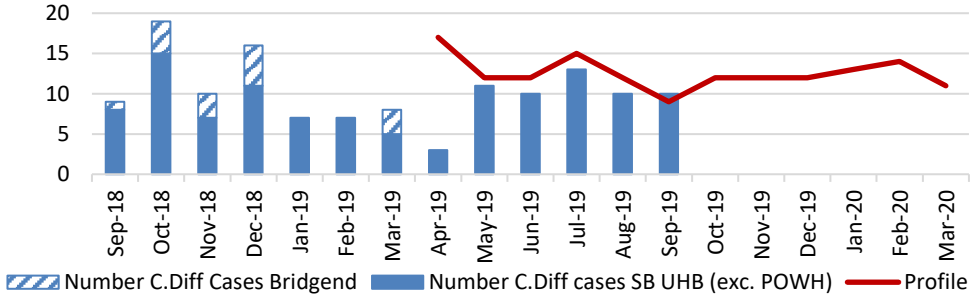
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Annual Plan Profile	WG Target	**Period:** September 2019 Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Cumulative rate of C.*difficile* cases per 100,00 of the population	N/A	N/A		↑ 🔴
Measure 2: Number of C.*difficile* cases	9	N/A	✓	↓ 🟢
Measure 3: Number of cumulative cases of C.*difficile* against March 2020 reduction expectation	N/A	40	✗	

(1) Rate of C.*difficile cases* per 100,000 of the population



(2) Number of C.*difficile cases*



Benchmarking

LHB	Cumulative Cases (Apr - Sept 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	423	393	+30
SBU	57	49	+8
AB	65	74	-9
BCU	97	77	+20
C&V	49	48	+1
CTM	70	47	+23
Hdda	74	49	+25

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (September 2019)

Measure 1: Rate of C.difficile cases per 100,00 of the population

Measure 2: Number of C.difficile cases
Measure 3: Number of cumulative cases of C.difficile against March 2020 reduction expectation

How are we doing?

- There were 10 *Clostridium difficile* toxin positive cases in September; this was one case above the IMTP monthly profile, and two cases more than the Welsh Government monthly infection reduction expectation.
- The cumulative position from April - September 19/20 was 57 cases. This was 20 below the IMTP projected cumulative profile, and the cumulative number of cases for the year was approximately 36% fewer cases compared with the same period in 2018/19.
  Morriston Hospital continues to have an increased incidence of *C. difficile* across the site. High occupancy continues to be a challenge to improvement and reduction. The situation in Singleton had improved in September.

What actions are we taking?

- The pilot of the bedside review of cases requires refinement and will be relaunched in **October/November 2019**.
- ARK (Antibiotic Review Kit) now being utilised on all wards in Morriston.
- Executive support for cleaning technologies proposals – first stage provision of Ultraviolet-C technology has commenced in Singleton Hospital and subsequently will be introduced in Neath Port Talbot following appropriate training and competence assessment – **by 30/11/19**
- Successful first Matron Development Event took place on 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level. Initial feedback positive.
- IPC conference planned for **April 2020**.

What are the main areas of risk?

- Contributory factors: secondary care antibiotic prescribing; lack of decant facilities which restricts ability to undertake deep-cleaning of clinical areas; impact of high numbers of outliers on good antimicrobial stewardship; use of additional beds in already full bays as part of the pre-emptive bed protocols.
- *C. difficile* spores may be found in 49% rooms of patients with *C. difficile* infection; 29% rooms of asymptomatic carriers.
- The current ratio of *C. difficile* carriers to *C. difficile* infection cases is approximately 4:1. In all cases where there are patients who are either carriers of, of infected with, *C. difficile*, it is critical that the care environment is thoroughly deep cleaned using the '4D' cleaning/decontamination process if the safety of the care environment is not to be compromised. To facilitate this, decant facilities and appropriately funded cleaning hours are priorities.

How do we compare with our peers?

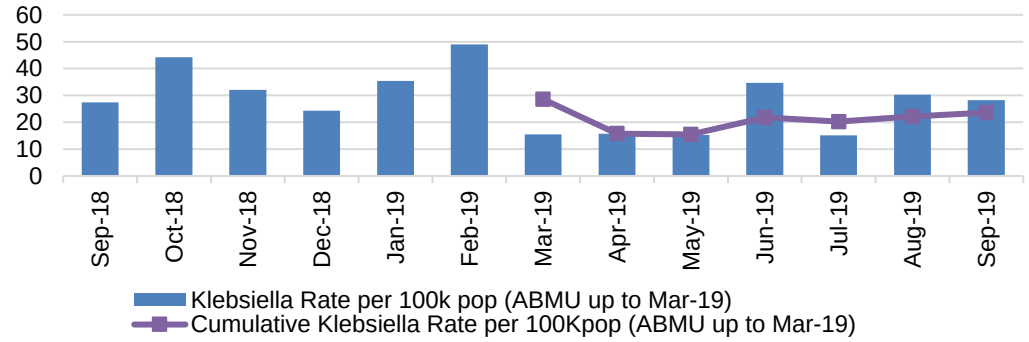
- The Health Board incidence per 100,000 population for September 2019 was 31.33/100,000 population.
  The Health Board cumulative incidence to 30 September was 29.28; there has to be continued and significant improvement if Health Board performance is to be comparable with peers.

Klebsiella spp. *Bacteraemia*

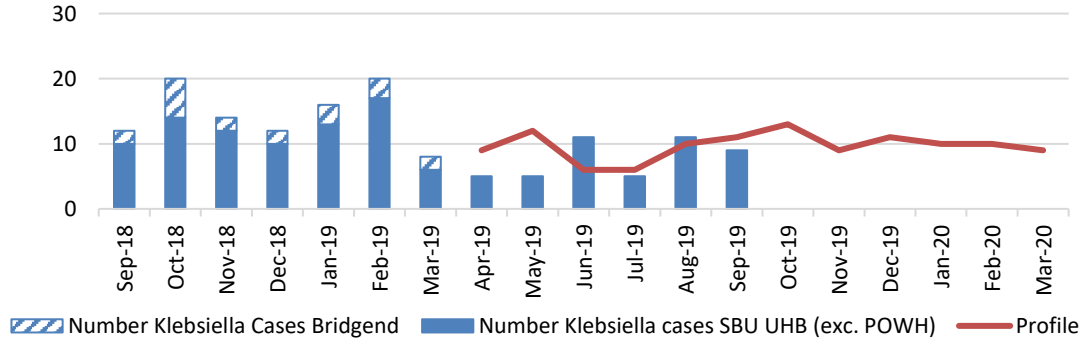
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Annual Plan Profile	WG Target	**Period:** September 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of Klebsiella spp. bacteraemia cases per 100,000 of the population	N/A	N/A		
Measure 2: Number of Klebsiella spp. Bacteraemia cases	11	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of Klebsiella against March 2020 reduction expectation	N/A	37	✓	

(1) Rate of Klebsiella spp. bacteraemia per 100,000 of the population.



(2) Number of Klebsiella spp. bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Sept 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	333	270	+63
SBU	46	46	0
AB	75	48	+27
BCU	74	54	+20
C&V	45	41	+4
CTM	49	35	+14
Hdda	41	34	+7

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (September 2019)

Measure 1: Rate of Klebsiella spp. Bacteraemia cases per 100,00 of the population
Measure 2: Number of Klebsiella spp. bacteraemia cases
Measure 3: Number of cumulative cases of Klebsiella against March 2020 reduction expectation

How are we doing?

- In September 2019, there were 9 cases of *Klebsiella spp*. bacteraemia in Swansea Bay University Health Board; this was two cases fewer than the IMTP profile for the month and 1 case above the Welsh Government infection reduction expectation.
- The cumulative number of *Klebsiella spp*. bacteraemia cases, April 2019 to September 2019, was 46 cases; this was approximately 18% below the number of cases for the equivalent period in 2018/19. The cumulative cases to September were 8 cases lower than the IMTP cumulative profile and 1 case more than the Welsh Government expectation.
- Of the 46 cases to 31 September 2019, 63% were hospital acquired; 37% were community acquired. Of the hospital acquired cases, 59% were associated with Morriston Hospital Delivery Unit; 13% with Neath Port Talbot Delivery Unit, and 28% with Singleton Delivery Unit.

What actions are we taking?

- The pilot of the bedside review of cases requires refinement and will be relaunched in October/November 2019.
- The IPCT are delivering Aseptic Non Touch Technique (ANTT) awareness sessions at ward level and across the Delivery Units to increase the ANTT competency assessors to achieve month-on-month improvements.
- Improvement programmes on reducing the prevalence of invasive devices, including urinary catheters, in inpatients continues across sites.
- Successful first Matron Development Event took place on 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level. Initial feedback positive.
- IPC conference planned for **April 2020**.

What are the main areas of risk?

- Current increased use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which is frequently close to, or exceeds, 90%.

How do we compare with our peers?

The incidence of *Klebsiella spp.* bacteraemia per 100,000 population for September 2019 was 28.20; this was the third highest incidence for the major acute Health Boards in Wales.

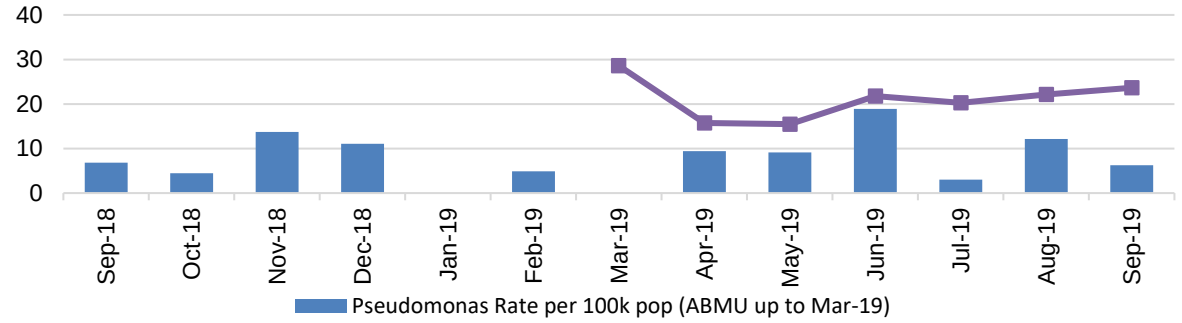
The cumulative incidence of *Klebsiella spp.* bacteraemia within the Health Board for the year 2019/20 was 23.63/100,000 population; this was the second highest incidence for the major acute Health Boards in Wales.

Pseudomonas Aeruginosa *Bacteraemia*

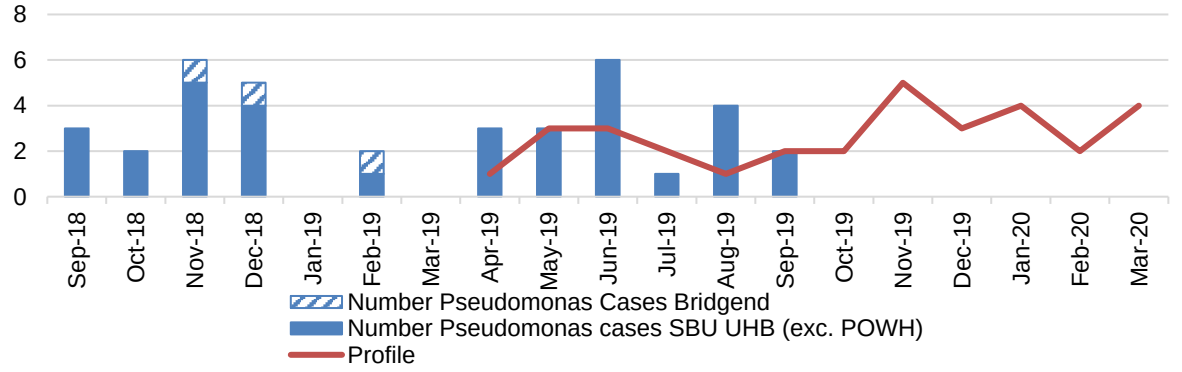
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	IMTP Profile	WG Target	**Period:** September 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of P.aeruginosa bacteraemia cases per 100,000 of the population	N/A	N/A		
Measure 2: Number of P.aeruginosa bacteraemia cases	2	N/A	✗	↓ ●
Measure 3: Number of cumulative cases of P.aeruginosa against March 2020 reduction expectation	N/A	9	✗	

(1) Rate of Pseudomonas aeruginosa bacteraemia per 10 0,000 of the population.



(2) Number of Psuedomonas aeruginosa bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Sept 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	98	83	+15
SBU	19	12	+7
AB	15	14	+1
BCU	19	14	+5
C&V	13	16	-3
CTM	7	10	-3
Hdda	12	13	-1

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (September 2019)

Measure 1: Rate of Pseudomonas aeruginosa Bacteraemia cases per 100,00 of the population
Measure 2: Number of Pseudomonas aeruginosa bacteraemia cases
Measure 3: Number of cumulative cases of Pseudomonas against March 2020 reduction expectation

How are we doing?

- In September 2019, there were 2 cases of *Pseudomonas aeruginosa* bacteraemia in Swansea Bay University Health Board.
- The cumulative number of bacteraemia cases, April 2018 to September 2019, was 19 cases. This was approximately 46% higher than the number of cases in the equivalent period in 2018/19.
- Of the 19 cumulative cases, 58% were hospital acquired; 42% were community acquired.
- Of the 11 hospital acquired cases, there have been 7 associated with Morriston Delivery Unit and 4 with Singleton Delivery Unit; these were associated with 10 different wards and had the following sources: 4 respiratory sources, 5 wound sources, 2 urinary sources, and 1 neutropenic sepsis.

What actions are we taking?

- The pilot of the bedside review of cases requires refinement and will be relaunched in October/November 2019.
- The IPCT are delivering Aseptic Non Touch Technique (ANTT) awareness sessions at ward level and across the Delivery Units to increase the ANTT competency assessors to achieve month-on-month improvements.
- Improvement programmes on reducing the prevalence of invasive devices, including urinary catheters, in inpatients continues across sites.
- Successful first Matron Development Event took place on 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level. Initial feedback positive.
- IPC conference planned for **April 2020**.

What are the main areas of risk?

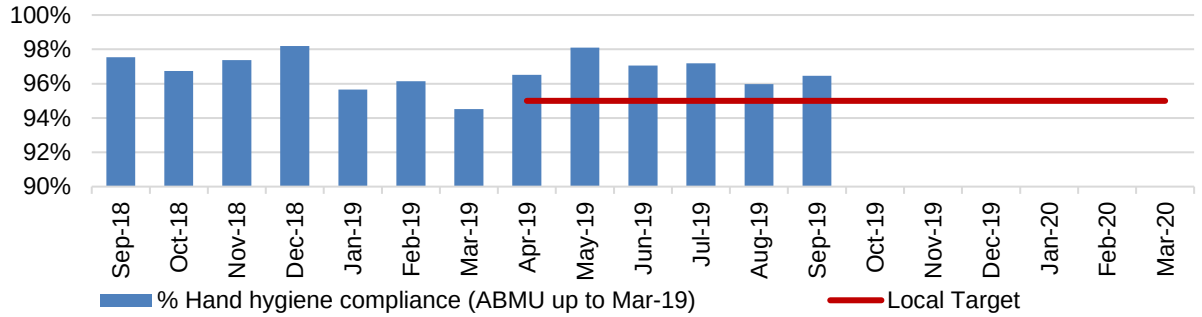
- Current increased use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which is frequently close to, or exceeds, 90%.

How do we compare with our peers?

- The incidence of *Pseudomonas aeruginosa* bacteraemia per 100,000 population for September 2019 was 6.27.
- The cumulative incidence of *Pseudomonas aeruginosa* bacteraemia within the Health Board for the year 2019/20 was 9.76/100,000 population, the second highest incidence for the major acute Health Boards in Wales.

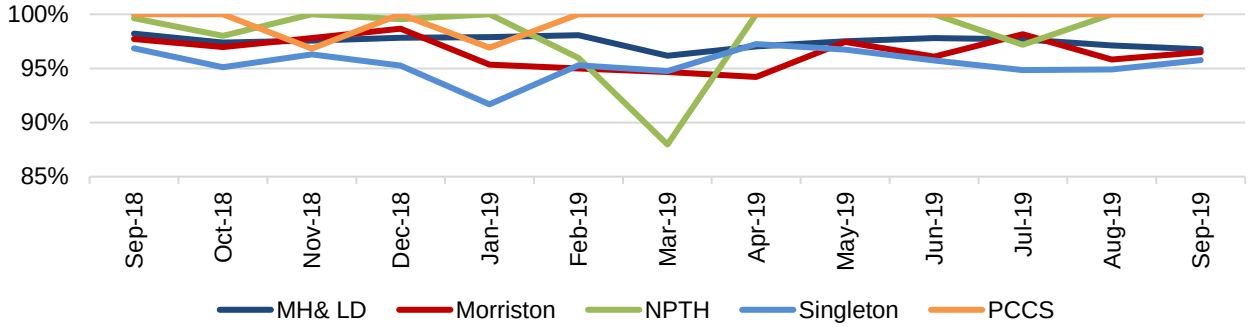
HAND HYGIENE						
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience			
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience			**Local Target**	**WG Target**	**Period:** September 2019
					Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % compliance with Hand Hygiene Audits				95%	N/A	✓ ↓

(1) % compliance with Hand Hygiene Audits.



Benchmarking

(1) % compliance with Hand Hygiene Audits.



Source: Nursing Care Metrics (September 2019)

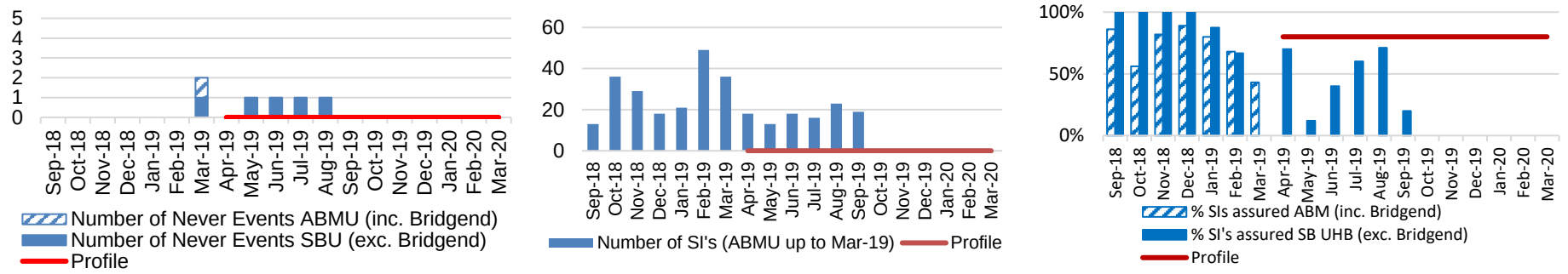
Measure 1: % compliance with Hand Hygiene Audits
How are we doing?
For 2019/20, all data excludes those wards and departments that were previously in the Bridgend area, and which transferred to Cwm Taf Morgannwg University Health Board in April 2019. • Compliance with hand hygiene (HH) for September 2019 was 96.5%. • For September 2019, 71 wards/units (62%) reported compliance ≥95%. • 7 wards/departments (6%) reported compliance between 90% and 94%; 14 wards/units (13%) reported compliance of 89% or below. • 22 wards/departments had not uploaded the results of their audits undertaken in September 2019 at the time of updating this report. • Four of the five Service Delivery Units (SDU) reported compliance ≥95% in September 2019 (Morriston compliance was very close at 92.11%). • Results over time indicate there are challenges to achieving sustained improvements in compliance however, there are recognised limitations with self-assessment.
What actions are we taking?
• Delivery Units can agree internal peer review audit programmes, undertaking these between wards, specialties or Delivery Units. • The updated Hand Hygiene Training programme is being delivered. • Training of ward Hand Hygiene Coaches continues and these continue to deliver approved training at ward level.
What are the main areas of risk?
• Main route of infection transmission is by direct contact, particularly by hands of staff. • Poor compliance with good hand hygiene practice is likely to result in transmission of infection. • Current scoring system may be giving an overly assuring picture of compliance; greater validation of the scores needs to be undertaken. • The current system and format of scoring fails to highlight particular staff groups with lower compliance rates than others.
How do we compare with our peers?
• The Hand Hygiene score has been removed from the all-Wales dashboard because of the inherent difficulty in using one score to represent a whole Health Board.

SERIOUS INCIDENTS

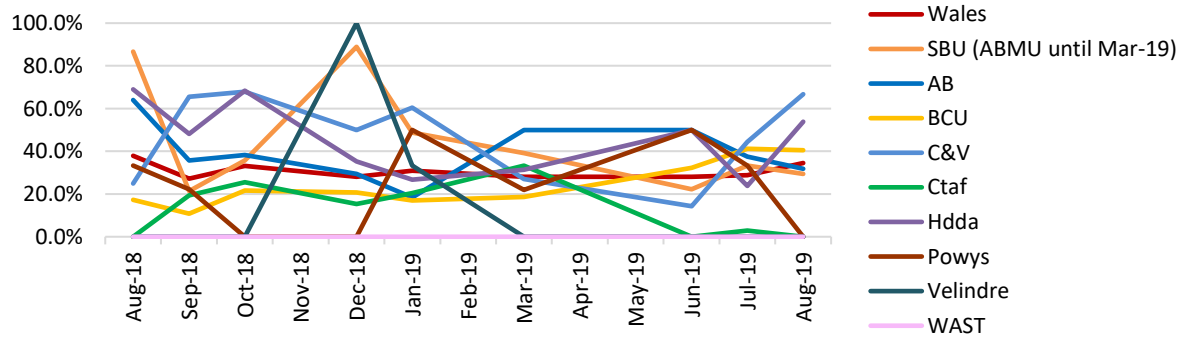
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Annual Plan	WG Target	**Period:** September 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of new Never Events	0	0	✕	↑
Measure 2: Number of new Serious Incidents (SI's)	0	N/A	✕	↓
Measure 3: % Serious Incidents Assured Within The Agreed Timescales	80%	90%	✕	N/A

(1) Number of new Never Events, (2) Number of new Serious Incidents (SI's), (3) % SI's Assured Within The Agreed Timescales



Serious Incidents Assured Within The Agreed Timescales



Never Events

Aug-19	
Wales	5
AB	2
BCU	0
C&V	1
CTM	1
Hdda	0
Powys	0
SB	1
PHW	0
Velindre	0
WAST	0

Source : NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

Measure 1: Number of new Never Events
Measure 2: Number of new Serious Incidents (SI's)
Measure 3: % Serious Incidents Assured Within The Agreed Timescales

How are we doing?

SI Scorecard – completed on 21 October 2019.

- Total number of incidents reported in September 2019 was 2,079. This compares to 2,115 reported in September 2018.
- 19 Serious Incidents (SI's) were reported to Welsh Government (WG) in September 2019. Of the 19 new serious incidents reported to WG in September 2019, 8 (42%) related to unexpected deaths, 5 (26%) Pressure Ulcers, 1 (5.3%) Patient Accident/Falls, 1 (5.3%) Neonatal/Perinatal Care, 1 (5.3%) Maternity Care, 1 (5.3%) Infection Control, 1 (5.3%) Diagnostic Processed/Procedures, 1 (5.3%) Behaviour.
- In terms of severity of incidents, there were 4 incidents resulting in severe harm recorded for the month of September. The Health Board's target for incidents resulting in severe harm is 0.5% of the total number of incidents reported.
- There was no new Never Events reported for the month of September.
- Performance against the WG target of closing SI's within 60 working days for September 2019 was 20% against the WG target of 80%. This was due to a high number of Mental Health closures due within that month and the Unit are working on their improvement plan to improve compliance which will be submitted to the Senior Leadership Team.

What actions are we taking?

- SI training plan being co-ordinated for Units. Mental Health SI training day undertaken on 15th July 2019.
- Serious Incident SI training has been provided at a Concerns and Complaints Management Consultant Development Programme on the 5th June 2019.
- A revised toolkit supporting the approach to SI investigations will be rolled-out across the Health Board once the revised toolkit has been ratified.
- The reduction in performance against WG target of closing SI's within 60 working days was anticipated following the change to Pressure Ulcer reporting and the increase in Mental Health reporting in accordance with Welsh Government criteria. The Mental Health & Learning Disabilities Unit have recruited to two new posts: Serious Incident Investigator and Serious Incident Investigator Support Officer who will both form part of the Unit's Quality and Safety Team.
- All Units performance against the WG SI target are discussed with the Executive Directors during the performance reviews.

What are the main areas of risk?

- Maintaining Welsh Government 80% target closure date whilst ensuring quality of investigation reports and robust learning from the incidents.
- Differences between WG data and HB data.

How do we compare with our peers?

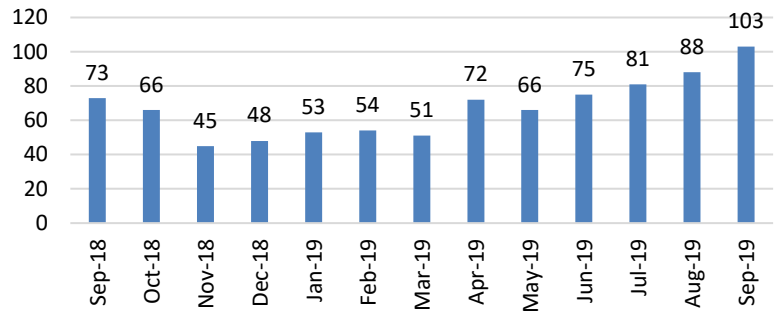
- Comparison data from peer organisations not available

RISKS

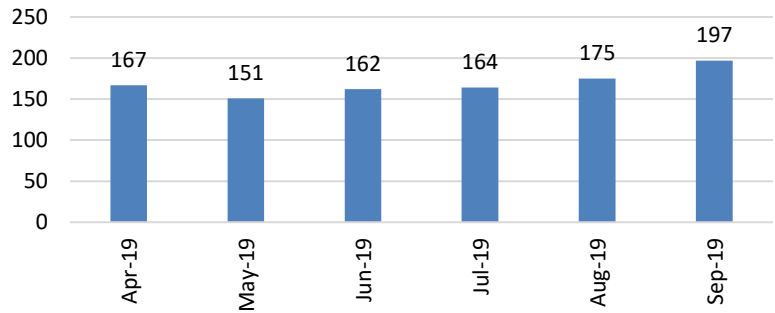
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Annual Plan Profile	WG Target	**Period:** September 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of risks with score ≥ 20	Reduce	N/A	✕	↑
Measure 2: Number of risks with score ≥ 16	Reduce	N/A	Trend unavailable	

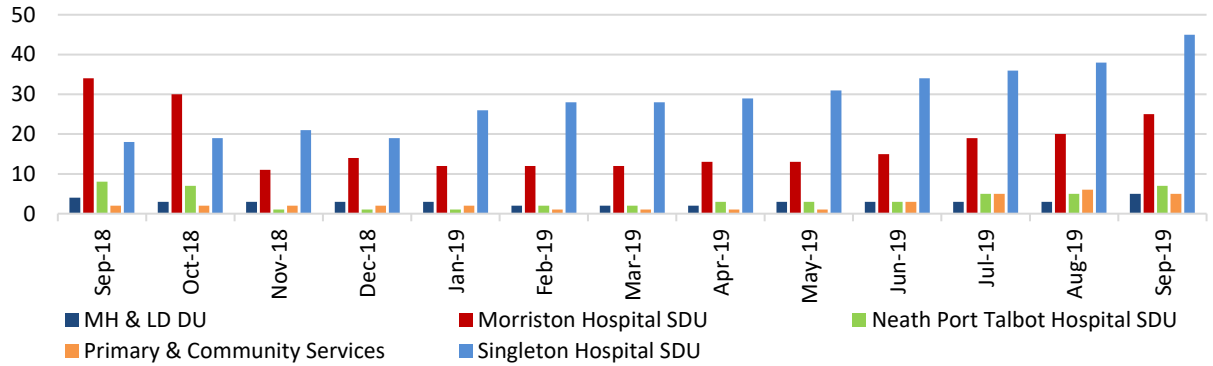
(1) Number of risks with score ≥ 20 (ABMU up to Mar-19)



(2) Number of risks with score ≥ 16 (ABMU up to Mar-19)



(1) Number of risks with score ≥ 20 (by Service Delivery Unit)



Source : Datix System

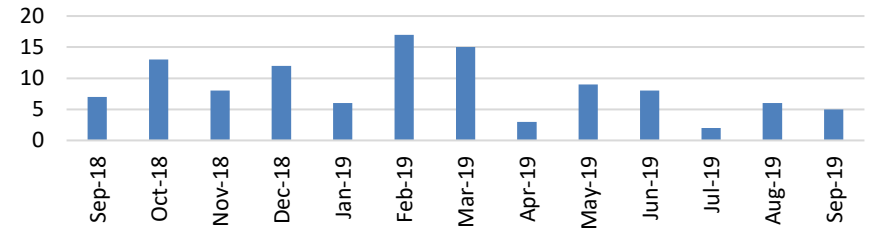
Measure 1: Number of risks with score ≥ 20
How are we doing?
• 75 operational risks, rated 20 or above. • Singleton Unit has the highest number of risks rated at 20 or above.
What actions are we taking?
• Monthly scrutiny panels have been set up to review any escalated risks • Service Delivery Units to attend the quarterly Risk Management Group (RMG) to review any escalated risks on their Unit Risk Registers. • The operational risks rated 16 and above have now been linked to an overarching risk(s) in the HBRR will be reported to the sub Committees of the Board in Q2 of 2019/20. • The Health Board's Risk Management Policy has been amended and will be reviewed by the Risk Management Group and submitted to Audit Committee and Board for ratification.
What are the main areas of risk?
Where risks are identified, corresponding mitigating actions are implemented to ensure risks/concerns are managed as well as escalated if the mitigation does not prevent harm to patients or staff. The Risk and Assurance team continue to review all high-level risks on the risk register in conjunction with the appropriate Health Board Executives and Service Directors. Executive Directors have updated their risk entries and discussed the full HBRR. Highest risks recorded in the HBRR are rated 20 and relate to: ➢ Unscheduled Care ➢ Infection Control ➢ TAVI Service ➢ Ophthalmology Clinic Capacity ➢ Access and Planned Care ➢ Access to Cancer Services ➢ Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) ➢ H&S Infrastructure ➢ Integrated Medium Term Plan Statutory Responsibility ➢ Financial Plan ➢ Sustainable Corporate Services
How do we compare with our peers?
• No comparable data available.

SAFEGUARDING ADULTS

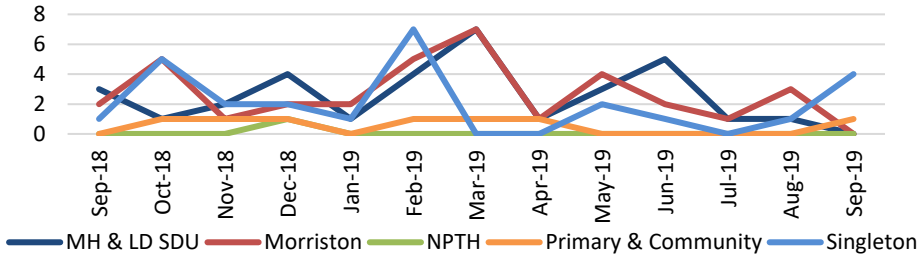
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Local Target	**Period:** September 2019	
		Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of Safeguarding Adult referrals relating to Health Board staff/services	Reduce	✓	↓ ●
Measure 2: Number of Safeguarding Adult referrals relating to Health Board staff/services by Service Delivery Unit	Reduce	✓	↓ ●
Measure 3: Themes of Safeguarding Adult reports (Health Board Total)	Monitor	N/A	N/A
Measure 4: Themes of Safeguarding Adult reports by Service Delivery Unit	Monitor	N/A	N/A

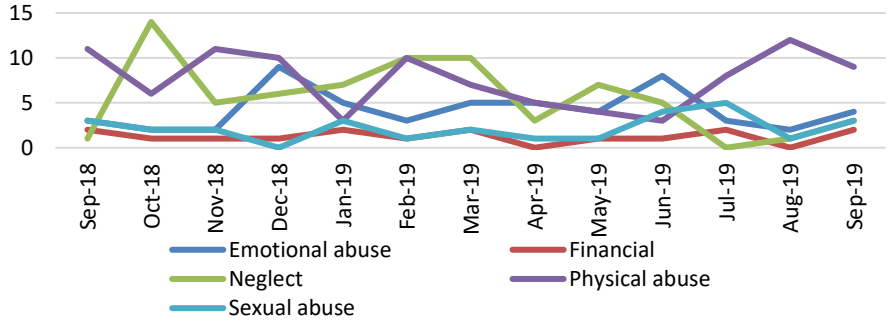
(1) Number of Safeguarding Adult referrals relating to Health Board staff/services (ABMU up to Mar-19)



(2) Number of Safeguarding Adult referrals relating to Health Board staff/ services by Service Delivery Unit



(3) Themes of Safeguarding Adult reports (ABMU up to Mar-19)



(4) Themes of Safeguarding Adult reports (by SDU)

Sep-19						
	Emotional abuse	Financial	Neglect	Physical abuse	Sexual abuse	Total
MH & LD SDU	0	2	0	9	3	14
Morriston Hospital SDU	0	0	0	0	0	0
NPT Hospital SDU	0	0	0	0	0	0
Singleton Hospital SDU	2	0	3	0	0	5
P & CC SDU	1	0	0	1	0	2
Total	3	2	3	10	3	21

Source : Datix System

Measure 1: Number of Safeguarding Adult referrals relating to Health Board staff/ services
Measure 2: Number of Safeguarding Adult referrals relating to Health Board staff/ services by Service Delivery Unit
Measure 3: Themes of Safeguarding Adult reports (Health Board Total)
Measure 4: Themes of Safeguarding Adult reports by Service Delivery Unit

How are we doing?

- There is a downward trend in the number of safeguarding adult at risk referrals relating to Health Board (HB) staff or services.
- The trend indicates a slight decrease in the level of referrals in comparison to the previous quarter.
- There has been a sharp rise in reported cases of alleged physical abuse over the last quarter.
- (4) Mental Health & Learning Disabilities Service Delivery Unit consistently have the highest number of Adult at Risk referrals, which can be expected due to the complexities and vulnerabilities of the client group.

What actions are we taking?

- Service Delivery Units report on lessons identified from closed safeguarding cases in their Unit performance reports to the Safeguarding Committee, which allows learning from specific cases to be shared across the Health Board. In addition, quarterly rotational learning events have been implemented across the SDUs to ensure wider dissemination of learning. The Corporate Safeguarding Team has issued its inaugural Quarterly Safeguarding Newsletter, which contains a section regarding 'lessons learned'. Themes and trends of adult safeguarding cases across the Health Board are monitored and analysed by the Corporate Safeguarding team, and a quarterly Safeguarding Report is submitted to the Safeguarding Committee and the Quality and Safety Committee.

What are the main areas of risk?

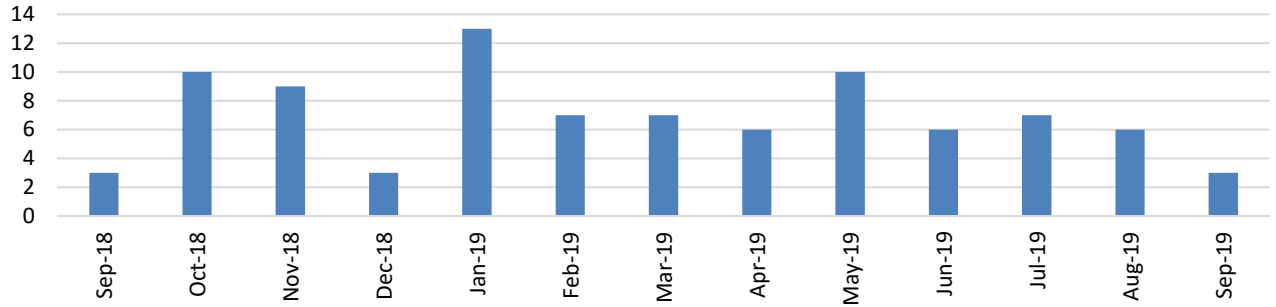
- Achieving the legislative timescale requirements in relation to the completion of initial enquiries for Safeguarding Adult referrals – this is recorded within the Corporate Safeguarding Team, and Service Delivery Units are required to report breaches on their performance reports.
- The Health Board is engaging with Local Authority partners to implement a robust process in order to fulfil its "Duty to Report" Adults at Risk to Local Authorities. A Regional Integrated Referral/Reporting form has been developed and will be implemented following the launch in November of the All Wales Safeguarding Procedures. The Health Board continues to engage with its Local Authority partners outside the HB footprint to ensure due processes are followed.

How do we compare with our peers?

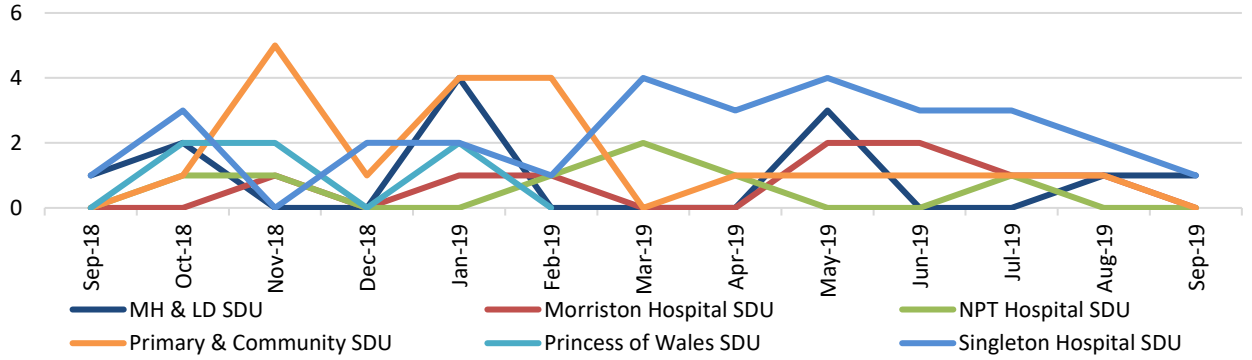
- Peer information is not available for comparison.

SAFEGUARDING CHILDREN							
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm		**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience			
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience			**Annual Plan Profile**	**WG Target**	**Period:** September 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of Safeguarding Children Incidents				Reduce	N/A	✓	↓

(1) Number of Safeguarding Children Incidents (ABMU up to Mar-19)



(1) Number of Safe guarding Children Incidents



Source : Datix System

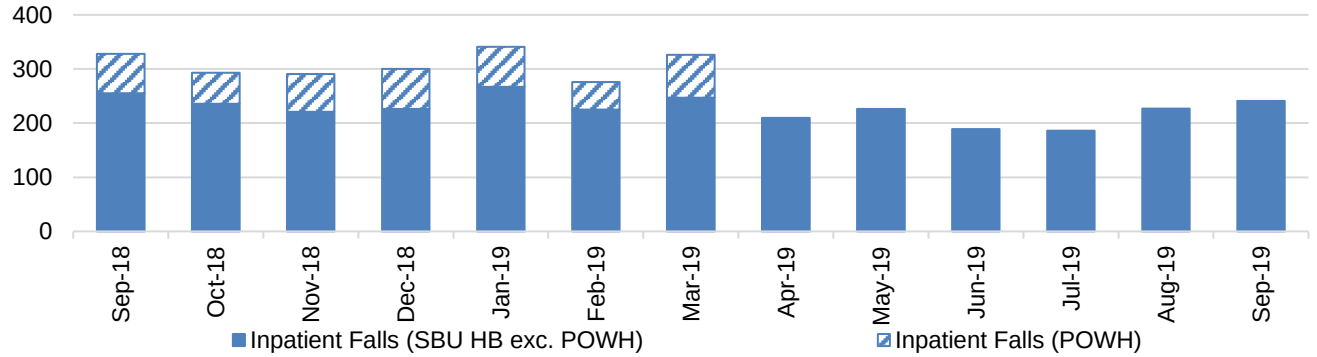
Measure 1: Number of Safeguarding Children Incidents
How are we doing?
• During the last quarter there has been a further reduction in the overall mean number of reported safeguarding children incidents. In terms of the types of incidents reported, there has been a greater spread across different categories of incidents with the largest proportion being in relation to information sharing and lack of service provision. • The Health Board does not currently capture any Safeguarding Children referrals to Local Authority (LA) Children's Services originating from Health, and therefore this activity is not visible on the Report Cards as it is for adult safeguarding. Referral data is currently obtained by contacting the relevant LA and requesting the information.
What actions are we taking?
• The Children's Trigger list is revised on an annual basis to ensure its appropriateness in capturing relevant information. There a link on Datix that provides guidance for incident approvers Safeguarding Children Incident Alerts. Staff receive updates regarding the use of safeguarding children incident triggers via Safeguarding Level 3 training. • Lessons learned from Safeguarding Children Incidents are shared via reporting to Safeguarding Committee, Quality & Safety Committee, rotational learning events within the SDUs and the Corporate Safeguarding newsletter. • In order to capture the number of Safeguarding Children referrals made by HB staff that are sent directly to the Local Authority, the SDU's currently report on any Safeguarding Children referrals within their quarterly performance reports to the Safeguarding Committee. Progress has been made with the development of a Regional Integrated Referral/Reporting form with anticipated implementation from Autumn 2019 following the launch of the Wales Safeguarding Procedures. Following this a process will be implemented to ensure the Health Board is able to collate its own Safeguarding Children referral information.
What are the main areas of risk?
• There is currently no robust method to accurately capture all Safeguarding Children activity across the Health Board.
How do we compare with our peers?
• Comparison data from peer organisations not available.

INPATIENT FALLS

NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

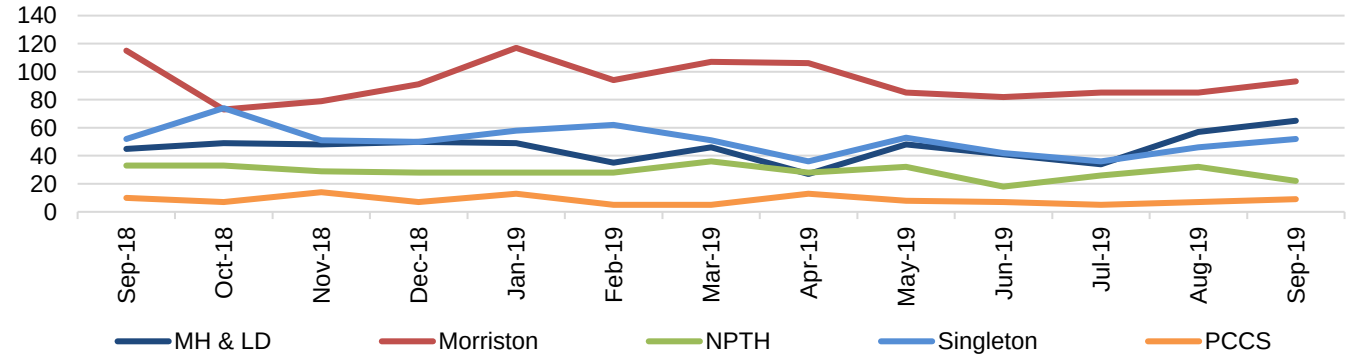
	Annual Plan Profile	Local Target	**Period:** September 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of Inpatient Falls	N/A	Reduce	✓	↓ ●

(1) Total number of Inpatient Falls



Benchmarking

(1) Total number of Inpatient Falls (by Service Delivery Unit)



Source : Incident data from DATIX

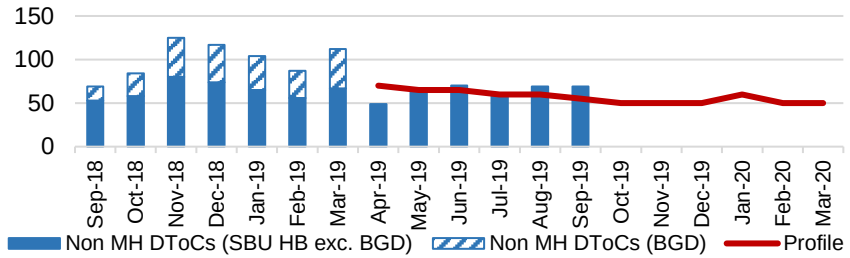
Measure 1: Total Number of Inpatient Falls
How are we doing?
• September 2018 shows 255 falls, September 2019 has 241 falls overall. In the last quarter July August September • Morriston had a slight rise 85, 85 & 93 falls per month • Singleton has a slight rise 36, 57 & 65 falls per month • NPT has shown a slight decrease 26, 46 & 22 falls per month • MH /LD recorded an increase 36, 57 & 65 falls per month
What actions are we taking?
• The strategic falls group (HFIPSG) met Oct 2019 and continued work on development of 2 investigation tools for use at local Delivery Unit falls scrutiny panels. The aim being to provide standardised investigative tools which will be available within DATIX as part of the strategic improvement plan. • The investigation tools will be trialled at Morriston & Neath and Port Talbot site prior to the next meeting and are focussed on patient falls from bed and falls from chair.
What are the main areas of risk?
• The Health Board (HB) policy was launched in September 2019. • A project group is reviewing the total bed management contract, which will include Hi-Lo beds.
How do we compare with our peers?
• The Health Board (HB) policy includes the recommended guidance from NICE and the recommendations from the 2017 National inpatient Falls Audit, which is in line with the All Wales approach. • 'The policy and procedure for the prevention and management of adult inpatient falls' was launched in September 2019.

3.3 EFFECTIVE CARE

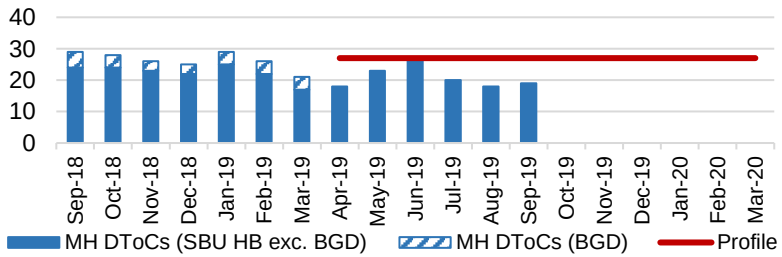
DELAYED TRANSFERS OF CARE (DTOCS)			
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Health care and support are delivered at or as close to my home as possible
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Unscheduled Care & Stroke
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	**WG Target**	**Period:** September 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of Delayed Transfers of Care for non-mental health specialities	55	12 month reduction trend	✗	↑
Measure 2: Number of Delayed Transfers of Care for mental health (all ages)	27	12 month reduction trend	✓	↓

Measure 1

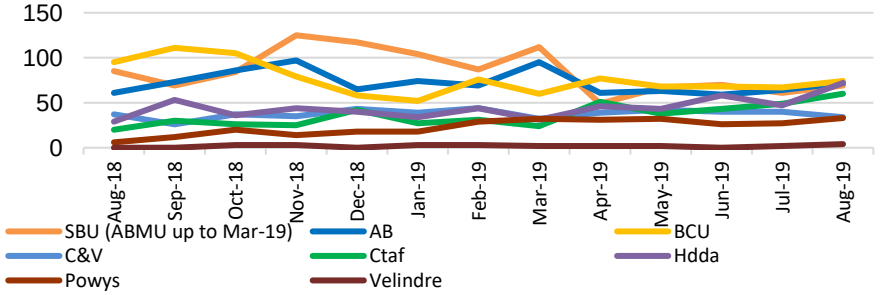


Measure 2

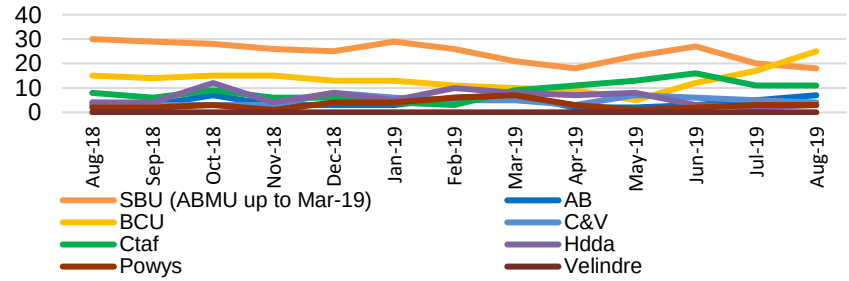


Benchmarking

(1) Number of non-mental health Delayed Transfers of care



(2) Number of mental health Delayed Transfers of Care



Source : NHS Delivery Framework, all-Wales performance summary (October 2019)

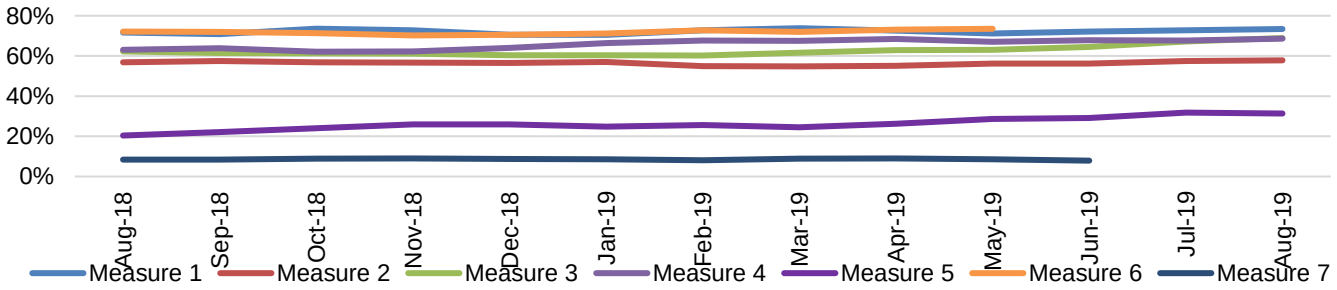
Measure 1: Number of Delayed Transfers of Care for non-mental health specialities Measure 2: Number of Delayed Transfers of Care for mental health (all ages)
How are we doing?
The total number of residents reported as a delayed discharge at a Health Board (HB) site in September was 88. The number of patients delayed in July was 81 and August was 87. Health associated delays reduced in July 27% and then increased in August to 37%, September 28% Social Services associated delays increased to 54% in July (66% waiting POC) and decreased to 38% in August (82% waiting POC), September 45% (36% POC). Overall, legal challenges over the three months was low at around 1%. Per 10,000 LA population Swansea for July 49% non-MH, 26& MH, August 44% non-MH, 26% MH, September 43% non-MH, 21% MH Per 10,000 LA population NPT for July 28 % non-MH 1% MH, August 30% non-MH, 7% MH, September 24% non-MH, 4% MH Delays across the system remain within the top section across Wales however; other HB's across Wales's increases are evident through July, August and September
What actions are we taking?
Implementing the DToC improvement programme focussing on reducing DTOC within our HB. This is a clinically led programme and the key aims are: • Standardise the approach taken across all Units to weekly stranded patient meetings has embedded. This action is complete. • Establish centralised senior manager monthly DTOC validation scrutiny meeting and monthly debrief meeting is now a continuous process and embedded with a few teething issues remaining. This action is complete. • Delivery Units to directly update WG DToC database (currently update spreadsheet, informatics then update WG database). Training commencing, all units able by December census • Collecting and collating harm to patients caused by discharge delays through improved DATIX process <u>Wider actions taken through the Hospital to Home (H2H) and Good Hospital Care (GHC) transformational groups. DToC is a sub group of H2H.These actions are NOT specific to the DToC sub group but will have a positive impact on DToC numbers.</u> Improve and quicken the assessment process between organisations. This action is dependent on the other transformation work streams progression – H2H and Good Hospital Care. This will ultimately have an impact on patient discharge delays (DToCs) Improve communication between organisations. As above. The senior DToC validation meeting has improved communications between health and LA therefore from a DToC sub group perspective this action is complete however, the H2H and GHC transformational work streams will have a far wider impact. Implement and develop new pathways of care to support discharge, e.g. ESD service at NPT. Transformational work streams ongoing with significant progress. This is NOT a specific DTOC sub group action but will support the reduction in delays. Hospital to Home transformation bid developed to improve system capacity and is awaiting formal feedback from WG. Alternative plans are being progressed to develop discharge capacity in the community during 2019/20 if WG support for the transformation bid is not secured. This is a H2H action not DTOC subgroup. Again this action will support the reduction in patient discharge delays.
What are the main areas of risk?
Capacity in the care home sector and fragility and capacity of the domiciliary care market across the Health Board. Risks of patient de-conditioning in the frail elderly population if hospital stays are prolonged. Workforce capacity including social work capacity. Capacity to support ongoing care needs and patient placements out of area.
How do we compare with our peers?
SBU HB is seeing a trend, which has plateaued sitting between 80 to 90 DToCs each month. The transformational patient flow and discharge / community changes once initiate and embed will support the decrease in DToC. SBU HB remains outside of the designated improvement trajectory in DTOC figures each month

FRACTURED NECK OF FEMUR (NOF)

NHS Wales Domain:	**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	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Richard Evans, Executive Medical Director		

	WG Target	**Period:** August 2019	
		Current Status *(against target):*	**Movement:** *(12 month trend)*
(1) Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	75%	X	↑
(2) Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture	75%	X	↓
(3) NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	75%	X	↑
(4) Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	75%	X	↑
(5) Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	75%	X	↑
(6)Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	75%	X	↑
(7) 30 day mortality rate	TBC		↓

Morriston Hospital compliance against NOF measures



Benchmarking

Measure	Period	Morriston	All-Wales	England, Wales & N. Ireland
(1) Prompt orthogeriatric assessment	Aug-19	73.4%	55.7%	90.8%
(2) Prompt surgery	Aug-19	57.8%	64.1%	68.9%
(3) NICE compliant surgery	Aug-19	68.9%	75.4%	74.7%
(4) Prompt mobilisation after surgery	Aug-19	68.6%	73.9%	81.6%
(5) Not delirious when tested-	Aug-19	31.4%	45.2%	70.7%
(6)Return to original residence	May-19	73.5%	75.5%	70.8%
(7) 30 day mortality	Jun-19	7.9%	6.9%	6.0%

Source: National Hip Fracture Database

Measure 1 Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation. Measure 2 Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture. Measure 3 NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124. Measure 4 Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation Measure 5 Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation. Measure 6 Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up. Measure 7 30 day mortality rate

How are we doing?

The current orthogeriatric medical establishment is less than 1 WTE equivalent split between: 1 Consultant, 1 Associate Specialist and 1 Specialty Doctor.
Hip fracture patients are operated on as a priority over fitter and younger trauma patients that are stable, but the lack of trauma capacity restricts doing all in a timely fashion - particularly the inability to upscale when there is a spike in activity. There is a trauma list running 8am-8pm every day (incl. weekends and bank holidays). However, the 3rd session (5pm-8pm) is not always guaranteed due to anaesthetic shortages and staffing being reallocated to overrunning elective lists on an ad hoc basis. NICE compliant surgery: Surgical procedure consistent with the recommendations of NICE CG124
All patients receive a physio assessment within 24hours of surgery Mon-Fri. Currently, there is no weekend service commissioned for physio to this cohort of patients and reviews are undertaken on an ad hoc basis dependant on the level of weekend inpatient physio cover. Data is captured for all patients who do not sit out of bed Mon-Fri e.g. low haemoglobin, low blood pressure by the physiotherapy service.
Performance is poor and mainly because the delirium test is not always carried out by the junior doctors.
Ensuring daily operational meetings on Ward B is a priority aiding early discussion around packages of care and placements to nursing residential homes.

What actions are we taking?

In the interim period the job plan of the part time orthogeriatric Associate Specialist has been increased by 2 sessions per week from 01.09.19 to improve coverage. Discussion with Executive Team on 18/10/19 agreed to look at increased trauma capacity in the short to medium term linked into increased elective capacity via a modular build ward and theatre set up on the Morriston Hospital site. This work needs to link in with options for increasing trauma operating capacity that are being reviewed as part of Major Trauma Network developments.
NICE compliant surgery - process being monitored through monthly audit/governance meetings
Fixed term funding has been secured to appoint additional physio cover to provide weekend cover for #NOF patients; advert closes 25/10/19 with recruitment process to be expedited thereafter. Work is being undertaken to train nursing staff in mobilising patients and provide additional resources for physiotherapy to support the early mobilisation of patients, particularly on the weekend.
The department are looking to train more individuals to perform delirium assessments. A Wednesday afternoon every 4 months to coincide with the normal turnover of junior medical staff. Mr Dodd (T&O Consultant and #NOF Lead) and Dr Jackson (Anaesthetic Consultant, and #NOF Lead) have agreed to run this session. Further work is planned to explore options for involving nurse practitioners in the process.
Further improvement is required in relation to greater involvement of rehabilitation sites in pathway discussions and planning. Ensuring that a conversation about home circumstances, improved use of discharge planning sheets to capture family / patient discussions about expected destination on discharge and involving social workers (when appropriate) at an early stage, are priorities.

What are the main areas of risk?

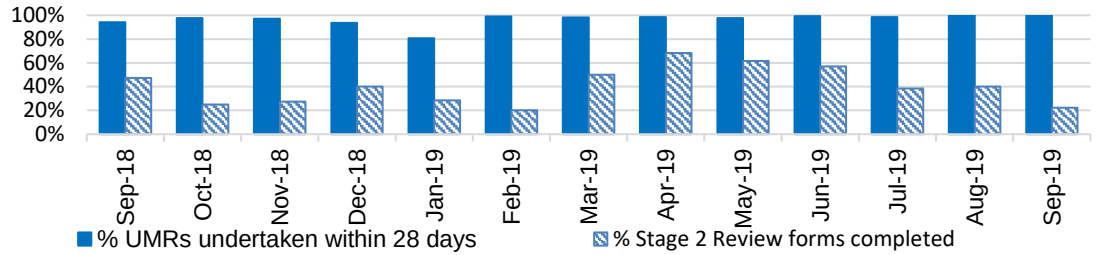
30 day mortality remains a concern and the outcomes and mortality data are reviewed at the departmental arthroplasty meetings. All cases of mortality are cross-referenced with the department's morbidity and mortality database and presented at the monthly meeting to review any points for learning. The Unit Medical Director reviews the medical records of all deaths linked to a fractured neck of femur independent from the above and is overseen by a Gold Command #NOF meeting chaired by the Executive Medical Director.

How do we compare with our peers?

- Included within the benchmarking table above

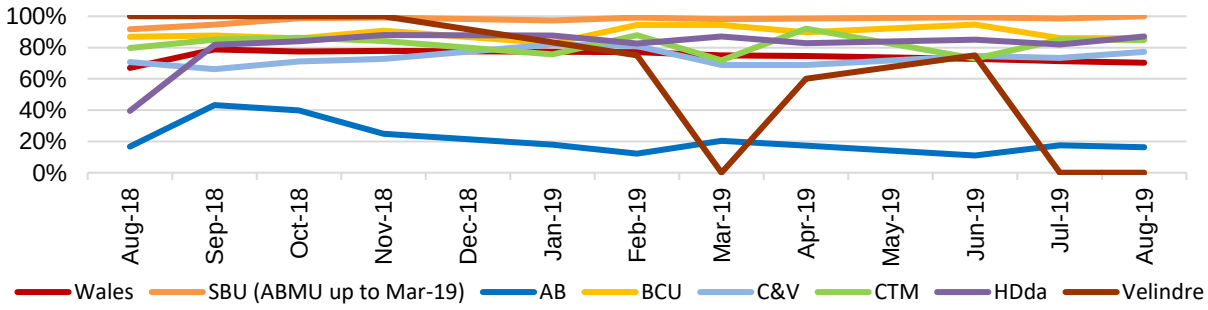
UNIVERSAL MORTALITY REVIEWS (UMR)							
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful		**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research and best practice			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		**Health Board Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience			
Executive Lead:	Richard Evans, Executive Medical Director			**Annual Plan Profile**	**WG Target**	**Period:** September 2019 **Current Status** *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % Universal Mortality Reviews (UMR) undertaken within 28 days of death.				N/A	95%	✓	↑
Measure 2: % Stage 2 Review forms completed.				N/A	N/A		

(1) % Universal Mortality Reviews (UMR) undertaken within 28 days of death (2) % Stage 2 Review forms completed (ABMU up to Mar-19)



Benchmarking

(1) % Universal Mortality Reviews (UMR) undertaken within 28 days of death



Source: NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

Measure 1: % Universal Mortality Reviews (UMR) undertaken within 28 days of death.
Measure 2: % Stage 2 Review forms completed.

How are we doing?

- Welsh Government Mortality Review Performance - SBU achieved 99.3% completion of UMRs within 28 days of death in July 2019.
- The Health Board UMR rate reported in September 2019 was 100%.
- There were no missing UMR forms for the Health Board.
- Completion of Stage 2 reviews for August 2019 deaths was at 40%.
- Mental Health and Community data remains unavailable via the eMRA application at present. This is being addressed by Informatics.

What actions are we taking?

- In Medicine, all the Stage 2 reviews are discussed at their regular audit meetings.
- Mental Health & Learning Disabilities (MH&LD) report that all inpatient deaths in the Delivery Unit are Stage 1 reviewed at time of death and are allocated by the QI team as necessary to consultants for Stage 2 review. The outcomes are presented initially to the Serious Incident Group and then to the Quality & Safety Committee. Older Persons Mental Health Services also hold quarterly Mortality Review meetings to discuss findings. A modified Stage 1 form introduced in Jan 2018 allows for identification of patients who have a mental health, dementia or learning disability diagnosis across the Health Board.
- The Unit Medical Director (UMD) in Morriston is currently revisiting Mortality Reviews on fractured neck of femur patients. From Jan 2019 any deaths occurring with a reason for admission as fractured neck of femur are to be highlighted to the UMD. Responsibility for completion of outstanding Stage 2 reviews has been allocated to a consultant, which has had a positive impact.

What are the main areas of risk?

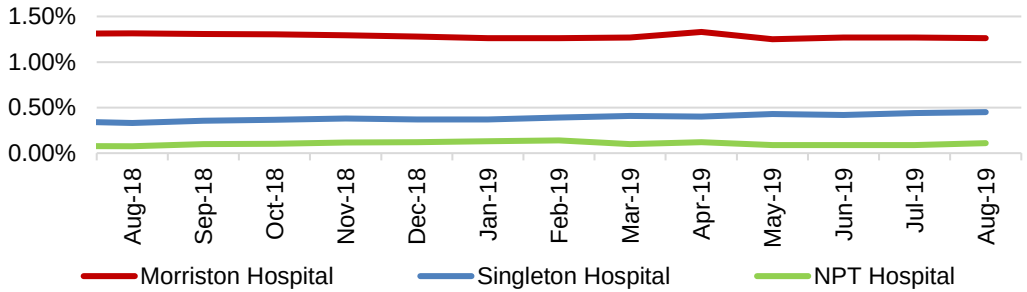
- Timeliness of Stage 2 completion.
- Future implementation of the Medical Examiner role is accompanied by risk of increased numbers of ‘Stage 2’ reviews required: the Medical Examiner role will effectively deliver Stage 1 reviews. It is recognised that phased implementation and as yet uncertain recruitment means that the impact will be similarly phased.
- A number of IT issues continue with eMRA.

How do we compare with our peers?

- SBU remains the top ranking Health Board for the percentage of stage one mortality reviews undertaken within 28 days of death.

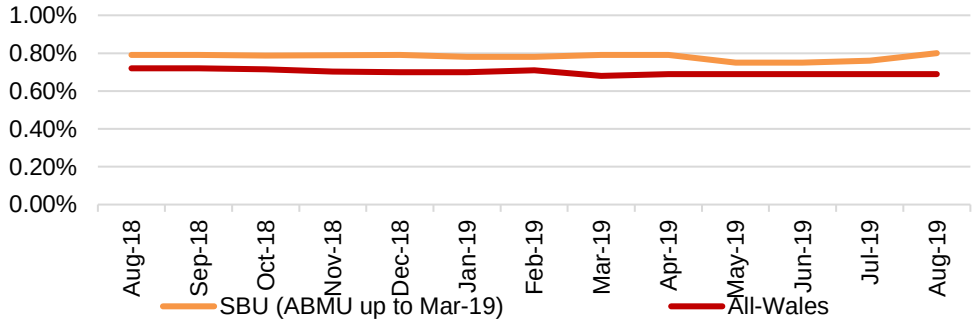
CRUDE HOSPITAL MORTALITY RATE						
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research and best practice			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience			
Executive Lead:	Richard Evans, Executive Medical Director	**Annual Plan Profile**	**WG Target**	**Period:** August 2019		
				Current Status *(against target):*	**Movement:** *(12 month trend)*	
Measure 1: Crude hospital mortality rate (less than 75 years of age)		N/A	12 month reduction trend	✗	↑ ●	

(1) Crude hospital mortality rate (less than 75 years of age)



Benchmarking

(1) Crude hospital mortality rate (less than 75 years of age)

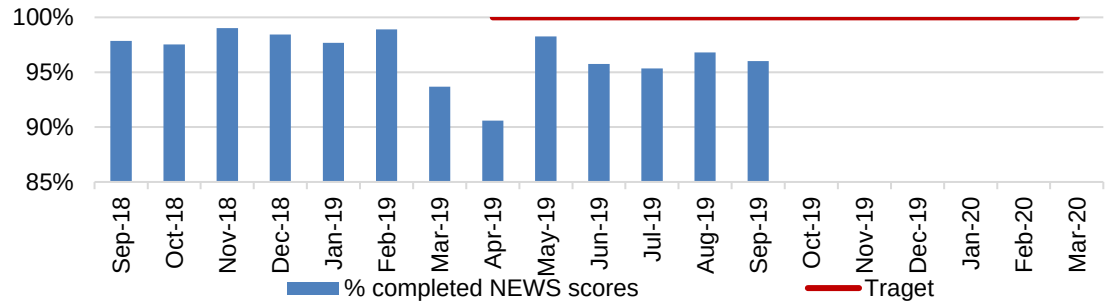


Source: CHKS and NHS Wales Delivery Framework, all- Wales performance summary (September 2019)

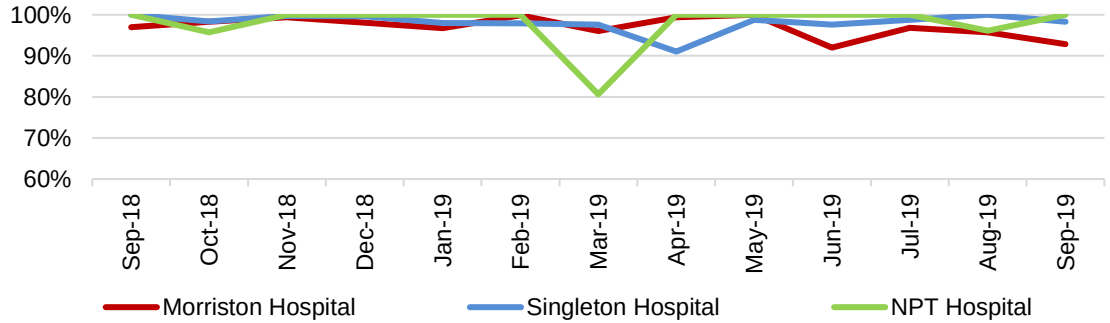
Measure 1: Crude hospital mortality rate (less than 75 years of age)
How are we doing?
• The SB UHB Crude Mortality Rate for under 75s in the 12 months to August 2019 was 0.76%, compared with 0.72% for the same period last year. • Site level performance is as follows: (previous year in brackets) Morriston 1.26% (1.31%), Neath Port Talbot 0.11% (0.08%), Singleton 0.45% (0.33%). Site comparison is not possible due to different service models being in place. • There were 76 in-hospital Deaths in this age group in September 2019 and 76 in September 2019: Morriston 49 (50), Neath Port Talbot Hospital 0 (3), and Singleton 25 (20). • The number of deaths for Surgical and Elective cases remains consistently low for this age group.
What actions are we taking?
• All Unit Medical Directors have access to the Mortality Dashboard to enable them to review mortality data and mortality review performance and learning. • Reporting and assurance arrangements for mortality review performance and learning will be reviewed by the Executive Medical Director.
What are the main areas of risk?
• There is a risk of harm going undetected resulting in lessons not being learned. Our approach is designed to mitigate this risk and ensure effective monitoring, learning and assurance mechanisms are in place.
How do we compare with our peers?
• SB UHB are above the all-Wales Mortality rate for the 12 months to August 2019 – 0.76% compared with 0.70%. • SB UHB is the best Performing Health Board in respect of UMRs completed within 28 days of the patient's death

NEWS SCORES						
NHS Wales Domain:	**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	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research and best practice			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Quality & Safety and Patient Experience: Quality & Safety and Patient Experience			
Executive Lead:	Richard Evans, Executive Medical Director			**Local Target**	**Period:** September 2019 **Current Status** *(against Target):*	**Movement:** *(12 month trend)*
Measure 1: % patients with completed NEWS score and appropriate responses actioned				100%	✗	↓ ●

(1) % patients with completed NEWS score and appropriate responses actioned



(2) % patients with completed NEWS score and appropriate responses actioned (by Service Delivery Unit)



Source: Nursing Care Metrics (September 2019)

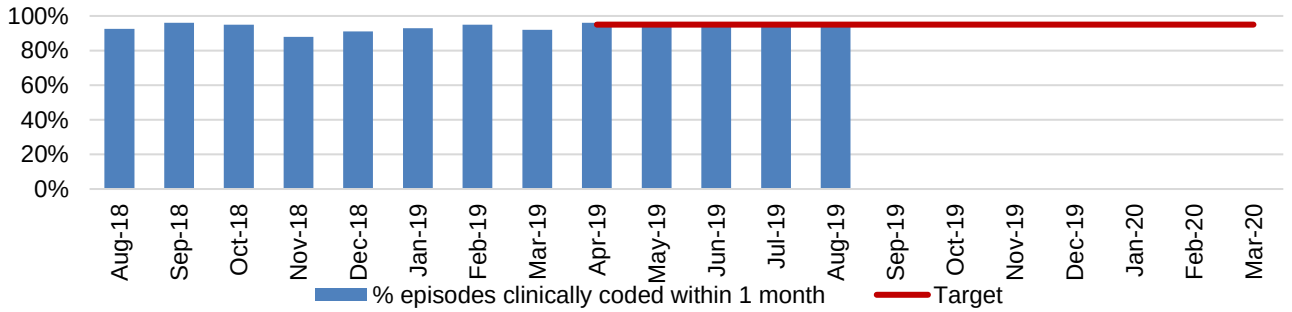
Measure 1: % patients with completed NEWS score and appropriate responses actioned
How are we doing?
• The overall Health Board percentage of patients with a completed NEWS Score in June 2019 was 95.8% compared with 98.3% in May 2019. • The RADAR group will continue to monitor NEWS and responses.
What actions are we taking?
• Delivery Unit Quality & Safety groups continue to regularly review the percentage of patients with a completed NEWS score. • The Recognising Acute Deterioration and Resuscitation (RADAR) Group has received and considered the draft Peer Review Report and have already implemented many of the key recommendations within the report. We will continue to develop an action plan that will focus on identifying a single lead for acute deterioration within the Health Board as recommended within the report. The group has agreed a meaningful metric (Deterioration Dashboard) for monitoring clinical areas response to acute deterioration including; sepsis, AKI, outreach activity, cardiac arrest/2222 calls. The group have also requested regular updates on resuscitation training. • There continues to be no funding for the Sepsis work at Morriston and Singleton Units. Data reporting to Welsh Government has stopped. • The AKI steering group have suggested introducing telephone alerts for patients identified with stage three AKI. This will be reviewed/considered by RADAR group. • A trial of a new NEWS chart has taken place at Singleton and NPT. Early indication show a significant improvement accuracy. Full results will be presented to RADAR group and nation RRAILS steering group, before roll out within the HB. Roll out planned for January 2020, subject to HB Q&S approval. • All defibrillators at Morriston & NPT have been replaced. Singleton to follow early 2020. • No updates received from Unit Medical Directors.
What are the main areas of risk?
• Suboptimal data collection and submission of sepsis screening and management.
How do we compare with our peers?
• The establishing of the RADAR group has set the HB ahead of our peers in Wales. SBHB has been the first to create a governance structure that allows the organisation to have oversight of acute deterioration.

CLINICAL CODING

NHS Wales Domain:	**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	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research and best practice
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Matt John, Associate Director of Informatics		

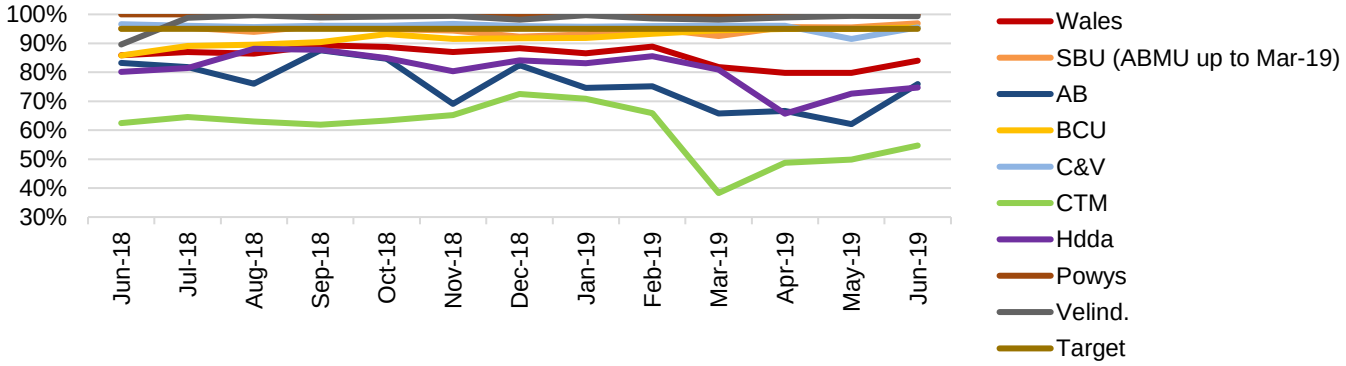
	Annual Plan Profile	**WG Target**	**Period:** August 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % episodes clinically coded within one month post episode end date	N/A	95%	✓	↑

(1) % episodes clinically coded within one month post episode end date



Benchmarking

(3) % episodes clinically coded within one month post episode end date



Source: NWIS Clinical Coding Extract September 2019

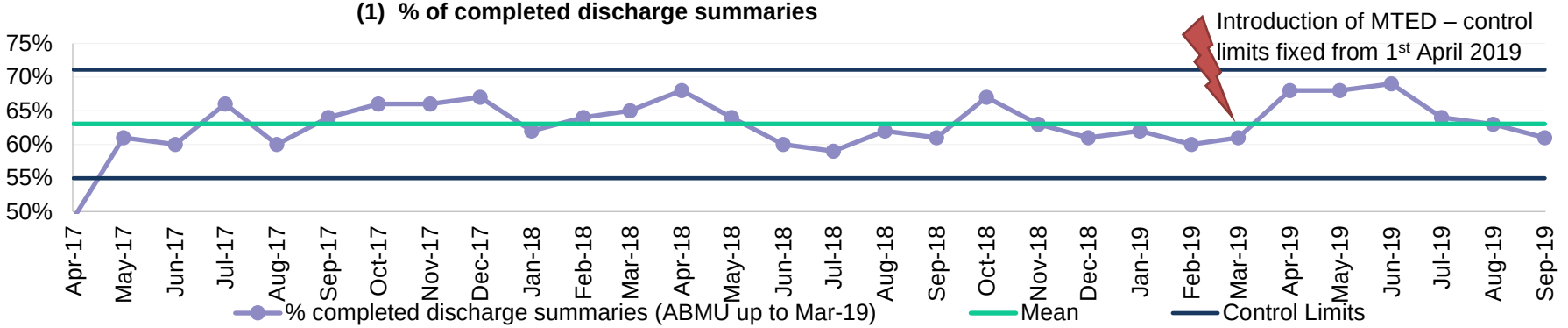
Measure 1: % episodes clinically coded within one month post episode end date
How are we doing?
• For August the team exceeded the 95% clinical coding completeness WG target • The completeness within 30 days for 2019/20 (snapshot position) was April 96%, May 96%, June 97%, July 96% and August 96%. • The cumulative coding completeness for 2019/20 financial year is so far, April 98%, May 98%, June 99% and July 98%. • The overall cumulative coding completeness for 2019/2020 continues to improve due to the sustained effort of the coding and health records management team and health records & coding teams to increase completeness. • 3 clinical coding trainees passed NCCQ exams to attain Accredited Clinical Coder status, increasing capacity in the department. • Swansea Bay UHB is the best performing organisation in Wales in August
What actions are we taking?
• Review of roles and responsibilities in the department to ensure that communication and working processes continue at optimum levels. • Overtime undertaken by staff who have completed their training in specific specialties to support the experienced coder's also undertaking overtime to support the overall performance and effectiveness of the clinical coding service. • Detailed audit and improvement plans are being proactively managed. • Completion of the WAO 2018 Clinical Coding Review action plan.
What are the main areas of risk?
• Availability of the Health Records in a timely manner, however joint working and support is address and mitigating this risk currently.
How do we compare with our peers?
• The indicator above is now showing performance against the new target introduced for 2016/17 - 95% complete within 30 days (shown as a snapshot). SBUHB is the top performing Health Board in August. .

DISCHARGE SUMMARIES

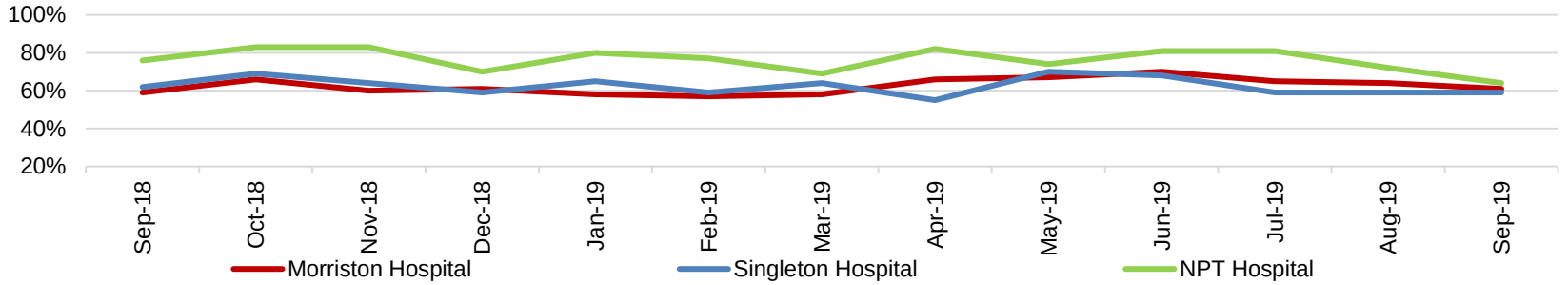
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research and best practice
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Quality & Safety and Patient Experience: Quality and Safety and Patient Experience
Executive Lead:	Richard Evans, Executive Medical Director		

	Annual Plan Profile	**Local Target**	**Period:** September 2019 **Current Status** *(against Target):*	**Movement:** *(12 month trend)*
Measure 1: % of completed discharge summaries	Improve	100%	✗	↑ ●

(1) % of completed discharge summaries



(4) % of completed discharge summaries (by Service Delivery Unit)



Source: ETOC Dashboard

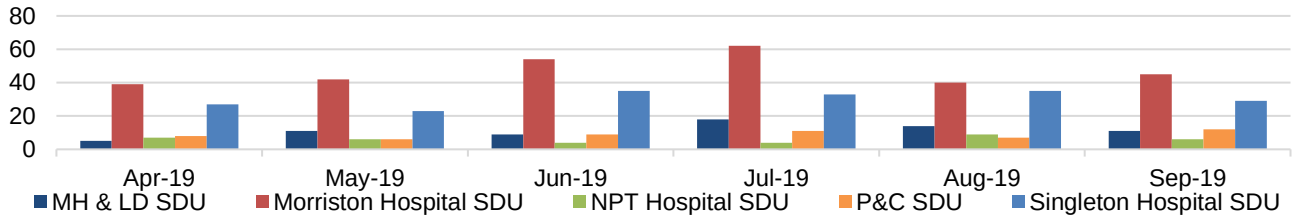
Measure 1: % of completed discharge summaries
How are we doing?
• Performance has been within control limits over the last 12 months, with the majority of discharge notifications being completed • The overall Health Board performance in September 2019 was 61% of discharges ever completed • In September 2019, 36% of electronic discharge notifications were sent to GPs within 24 hours of discharge and 55% within 5 days. • The Mental Health and Learning Disabilities Unit performance is highest performer with 94% being sent within 5 days, but this is also the unit with the lowest rate of discharge (just 36 in one month) compared with Morriston (3409) in the same period. Please note that concerns as to the accuracy of the ETOC dashboard have been raised by clinical managers.
What actions are we taking?
• The Executive Medical Director (MD) has asked a Deputy Medical Director to oversee a relaunch of the programme of work to improve Electronic Transfer of Notification (ETOC) performance. • New software for producing Electronic Discharge Notifications is being introduced into SBUHB. This is a national product, called 'MTED' (Medicines Transcribing and E-discharge), and has some advantages over the existing software including that it is easier to use. However, there are concerns in that it does not link to the existing surgical electronic records (TOMS) and so requires duplication in theatre settings, and also has no dashboard features. • Furthermore, the implementation of MTED across surgical wards has been delayed by NWIS due to a delay in the release of WCP probably until April 2020. James Chess to submit an escalation report to Matt John to take to NWIS with the objective of attempting to obtain an earlier release • Unit Medical Directors (UMDs) have been asked to consider how, and by whom, discharge summaries are completed and to invite members of the clinical teams other than doctors to contribute to them to ensure the highest quality and timely summary gets to the patient's GP. Clinical Nurse Specialists (CNS) are completing eToCs to a high standard in many specialties. • E-Discharge - this is on the Work Programme for Morriston's Clinical Cabinet and Quality & Safety Meetings. It is hoped that the MTeD functionality due to be rolled out from Welsh Clinical Portal will support E-Discharges for Medicine. • The Executive MD and the relevant UMDs met with Trauma & Orthopaedics Leads at Morriston and POWH to emphasise the need to prioritise discharge summaries. • Singleton is undertaking an improvement project in relation to discharge summaries and how the Physician's Associate role could improve communication. • MH&LD report that they have identified areas that have not been trained in completing eTOCs and are arranging training. The areas where there is little medical cover to complete will receive training allowing ward managers to complete. The Business and Performance Manager now regularly checks compliance and chases up inpatient areas as required. Oversight of the process and action plan is provided by the UMD and Service Director. • The LMC Chair is involved in discussions regarding the problems caused by incomplete or late ETOCs
What are the main areas of risk?
• Risk to patient care and the need for readmission. • MTED, although a national solution, is clearly incomplete. A change request has been submitted to NWIS to support improvements in its developments. • Concerns as to the accuracy of the ETOC dashboard have been raised by clinical managers. • The General Medical Practitioner Indemnity Scheme, starting 1st April 2019, which will make the health board the defendant in all GP negligence cases, will provide a sharp focus on the quality and quantity of information that is being shared with GP colleagues and their teams.
How do we compare with our peers?
• Swansea Bay University Health Board is the only health board to publish its performance

3.4 DIGNIFIED CARE

COMPLAINTS			
NHS Wales Domain:	**DIGNIFIED CARE:** People in Wales are treated with dignity and respect and treat others the same	**NHS Wales Outcome Statement:**	My voice is heard and listened to
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		**Period:** September 2019

	Annual Plan Profile	**WG Target**	**Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of new formal complaints received	Reduce	N/A	✗	↑
Measure 2: % of responses sent within 30 working days	80%	75%	✓	↓
Measure 3: % of acknowledgements sent within 2 working days	100%	N/A	✓	→

(1) Number of new formal complaints received



(2) % of responses sent within 30 working days

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
MH & LD SDU	100%	100%	83%	91%	50%	88%	67%	100%	100%	100%	88%	88%	93%
Morriston Hospital SDU	84%	92%	95%	100%	89%	98%	92%	92%	97%	97%	96%	95%	100%
NPT Hospital SDU	75%	83%	44%	100%	100%	63%	86%	71%	86%	83%	75%	67%	67%
P&C SDU	38%	76%	79%	50%	88%	50%	55%	55%	63%	73%	64%	53%	100%
Singleton Hospital SDU	94%	63%	100%	86%	67%	89%	75%	59%	70%	62%	77%	69%	67%
Health Board Total	81%	83%	88%	90%	80%	84%	83%	79%	85%	83%	85%	81%	84%

(3) % of acknowledgements sent within 2 working days

Percentage Acknowledgements Sent ≤ 2 Working Days	2018				2019								
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Datix and NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

Measure 1: Number of new formal complaints received
Measure 2: % of responses sent within 30 working days
Measure 3: % of acknowledgements sent within 2 working days

How are we doing?

- The Health Board received 111 formal complaints in September 2019 compared with 116 for September 2018.
- The overall Health Board response rate for responding to concerns within 30 working days was 84% for August 2019, which is above the Welsh Government target of 80%.
- The Health Board continues to consistently maintain the 2 day acknowledgement target at 100%.
- Patient Advice Liaison Service (PALS) activity for September 2019, identified 153 contacts of which 0.7% (1) converted to formalised complaints

What actions are we taking?

- Performance of the 30 day response target is addressed consistently at all Service Delivery Unit (SDU) performance reviews. August's performance for the Health Board was 84%.
- Currently there are 40 open Ombudsman investigation cases; Morriston 16, Princess of Wales 4, Singleton 6, Mental Health & Learning Disabilities 3, NPT 2 and ; Primary Care and Community Service 9. There has been a slight decrease in complaints which the Ombudsman has investigated in relation to the Health Board in 2018/19, 35 compared to 37 in 2017/18. From the 1st April 2019 – 30th September 2019 we have received 16 new investigations.
- On a monthly basis, the Health Board conducts a Concerns Redress Assurance Group (CRAG) where the Corporate Complaints Team review recently closed complaints. Each month a 'deep dive' review is undertaken on each Service Delivery Unit in turn, as well as the review of a selection of closed complaints from the other Service Delivery Units. During this review, any agreed actions by the Service Delivery Units are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance. CRAG commenced in 2016 and is continually developing and evolving to ensure that the best possible learning and assurance is attained by the Health Board.
- The Health Board has also introduced CRAG workshops where learning is shared with senior members of the Service Delivery Units.
- A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, is being arranged for early 2020. Learning from other Health Board's Section 16 Ombudsman Reports will also be presented in the Learning Event, which is being supported and attended by the Health Board's Ombudsman Improvement Officer.

What are the main areas of risk?

- Improve Quality of Complaint responses while achieving the 30 day response rate target, and decrease the number of complaints referred to and upheld by the Public Service Ombudsman.

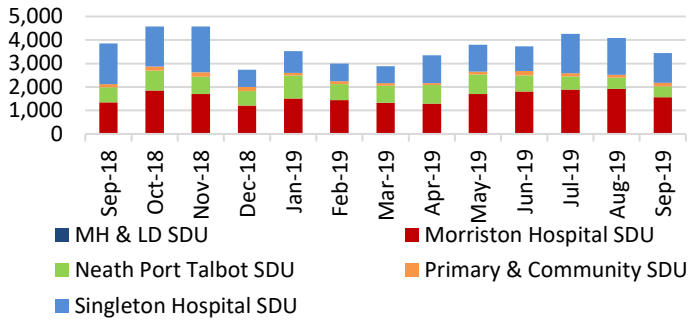
How do we compare with our peers?

- No monthly all-Wales data to compare.

3.5 INDIVDIUAL CARE

PATIENT EXPERIENCE						
NHS Wales Domain:	**INDIVIDUAL CARE**: People in Wales are treated as individuals with their own needs and responsibilities		**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support		
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience		
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience				**Period:** September 2019	
		Local Target		**WG Target**	**Current Status** *(against target):*	**Movement:** *(12 month trend)*
Measure 1: Number of friends and family surveys completed		Increase		N/A	✗	↓ ●
Measure 2: % of who would recommend and highly recommend		90%		N/A	✓	↓ ●
Measure 3: % of all-Wales surveys scoring 9 or 10 on overall satisfaction		90%		N/A	✗	↓ ●

(1) Number of friends and family surveys completed



Measure 2	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
MH & LD SDU	90%	93%	80%	75%	50%	73%	73%	73%	76%	81%	67%	68%	61%
Morriston Hospital SDU	93%	95%	95%	91%	94%	94%	94%	93%	94%	95%	95%	93%	93%
Neath Port Talbot SDU	98%	98%	99%	99%	98%	98%	99%	98%	99%	99%	98%	98%	98%
Primary & Community SDU	94%	96%	95%	92%	97%	98%	99%	96%	96%	96%	98%	89%	94%
Singleton Hospital SDU	97%	96%	95%	96%	92%	95%	94%	96%	97%	94%	97%	96%	95%
HB Total	**96%**	**96%**	**96%**	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**

Measure 3	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
MH & LD SDU				0%	-	-	-	-	0%	0%	0%	-	-
Morriston Hospital SDU	92%	83%	91%	74%	86%	72%	89%	90%	86%	77%	74%	78%	86%
Neath Port Talbot SDU	100%	94%	100%	80%	98%	96%	83%	92%	85%	78%	71%	72%	71%
Primary & Community SDU	87%	95%	88%	90%	94%	100%	95%	92%	100%	-	93%	90%	100%
Singleton Hospital SDU	79%	88%	83%	90%	88%	70%	86%	90%	76%	82%	84%	86%	87%
HB Total	**89%**	**86%**	**88%**	**82%**	**90%**	**78%**	**89%**	**91%**	**81%**	**79%**	**77%**	**81%**	**85%**

Benchmarking

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
SBU (ABMU up to Mar-19) Response %	26.8%	21.8%	22.9%	24.1%	18.0%	17.8%	21.2%	20.7%	24.2%	22.8%	24.6%	27.5%	24.2%
SBU (ABMU up to Mar-19) Recommendation %	96.2%	96.3%	96.5%	96.3%	95.3%	95.9%	95.2%	94.0%	95.5%	95.7%	95.6%	96.6%	95.5%
Top Equivalent Organisation Response %	19.8%	17.0%	18.3%	20.3%	16.4%	18.6%	31.4%	24.3%	29.3%	26.9%	27.8%	29.1%	29.0%
Top Equivalent Organisation Recommendation %	97.1%	92.9%	93.2%	95.5%	95.3%	94.1%	95.7%	95.7%	95.0%	93.0%	94.2%	95.2%	96.0%
NHS England Benchmark Response %	24.6%	24.2%	24.5%	24.2%	21.7%	23.7%	24.2%	24.1%	23.4%	24.1%	24.6%	25.4%	24.9%
NHS England Benchmark Recommendation %	95.5%	95.5%	95.5%	95.5%	95.3%	95.4%	95.5%	95.5%	95.7%	95.7%	95.7%	95.7%	95.7%

Source : NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

Measure 1: Number of friends and family surveys completed, Measure 2: % of who would recommend and highly recommend, Measure 3: % of all-Wales surveys scoring 9 or 10 on overall satisfaction

How are we doing?

- Health Board Friends & Family patient satisfaction level in September was 95%.
- Neath Port Talbot Hospital (NPTH) completed 454 surveys for September, with a recommended score of 98%.
- Singleton Hospital completed 1,267 surveys for September, with a recommended score of 95%.
- Morriston Hospital completed 1,566 surveys for September, with a recommended score of 93%.
- Mental Health & Learning Disabilities completed 18 surveys for September, with a recommended score of 61%.
- Primary & Community Care completed 154 surveys for September, with a recommended score of 94%.

What actions are we taking?

Morriston Service Delivery Unit (SDU) has the highest returns rate for the month of September with 1,566 completed Friends and Family Test.
NPTH SDU had the highest satisfaction rate for August at 98%.
Ward 3 Singleton Hospital: You said: Patient unable to communicate food choices to canteen staff. Therefore meals ordered on patient's behalf were not always eaten. **We did:** Spoke with Catering Manager who supplied the patient's husband with menus in advance. This ensured the patient received the meal she most liked to eat.
Ward 6 Singleton Hospital, You said: Patient feeling very lonely, they did not have any family members to visit them. As a result, they were suffering with low mood.
We did: The PALS team arranged for our volunteers to visit the patient and spend time talking with them.

The Welsh Dermatology Board requested all Health Boards run the all-Wales Outpatient Dermatology Survey. The aim to capture the same data and enable benchmarking of the dermatology services across Wales. This was undertaken during September and the results report agreed by SB and sent across to the Planned Care Programme Board at WG.

What are the main areas of risk?

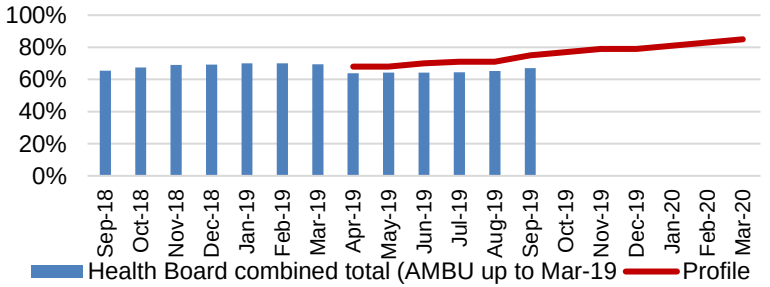
- Development of new patient feedback system, with regards to the once for Wales System.

How do we compare with our peers?

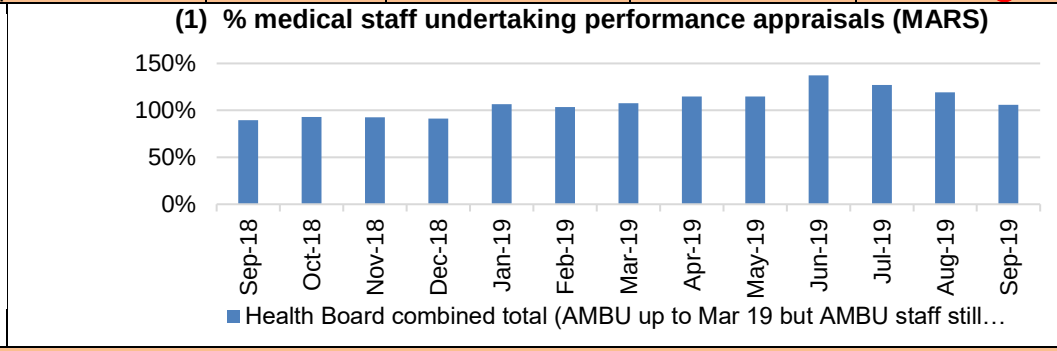
- Monthly/bi monthly data not available on an all Wales basis to compare.

3.6 OUR STAFF AND RESOURCES

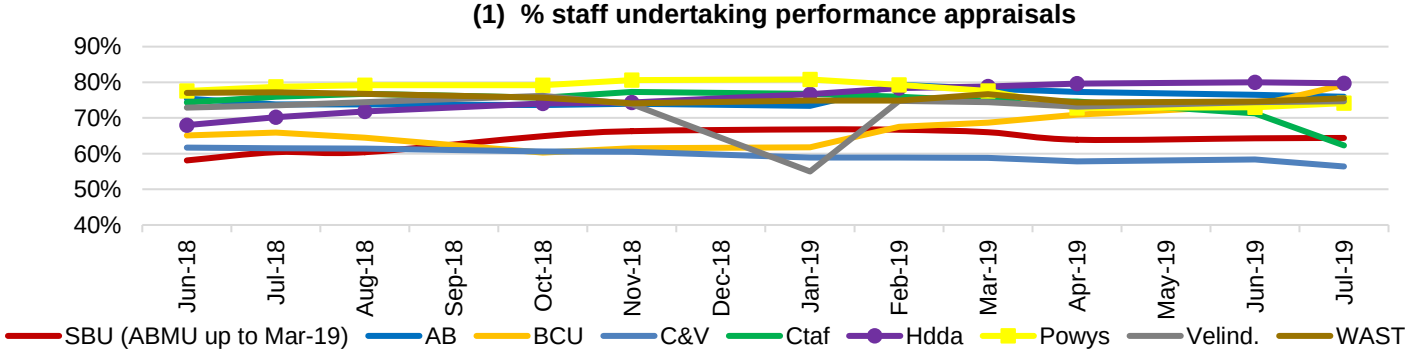
PERSONAL APPRAISAL AND DEVELOPMENT REVIEW (PADR)						
NHS Wales Domain:	**OUR STAFF AND RESOURCES:** People in Wales can find information about how their NHS is resourced and make careful use of them	**NHS Wales Outcome Statement:**	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family			
Health Board Strategic Aim:	Excellent Staff	**Health Board Enabling Objective:**	Leadership, Culture and Staff Development			
Executive Lead:	Hazel Robinson, Director of Workforce & Organisational Development	**Annual Plan Profile**	**WG Target**	**Period:** September 2019		
				Current Status *(against profile):*	**Movement:** *(12 month trend)*	
Measure 1: % staff (medical & non-medical) undertaking performance appraisals		75%	85%	✕	↓ ●	



(1) % staff undertaking performance appraisals (ESR)



Benchmarking



Source : Electronic Staff Record (ESR), NHS Wales Delivery Framework, all-Wales performance summary (August 2019)

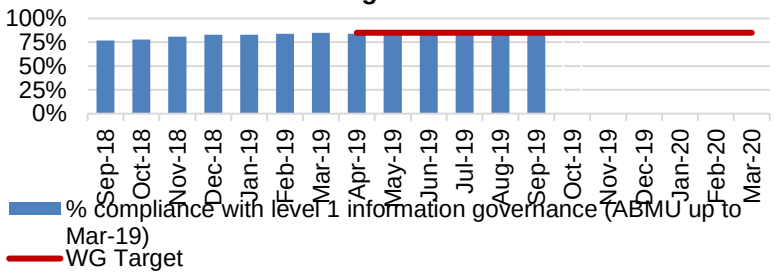
Measure 1: % staff (medical & non-medical) undertaking performance appraisals
How are we doing?
Medical: The rate for the rolling period to September 2019 is 95%. As the boundary change occurred on 1st April 2019 the rolling data still includes doctors who undertook appraisals prior to 1 April 2019 that have now transferred to CTM UHB. Some doctors may undertake more than 1 appraisal within the 12 month period due to late completion their annual appraisal. Percentages are based on 1,055 'connected' doctors: Primary 357, Secondary (including 1 x management post) 698. The number of prescribed doctors has decreased since 2018/19 due to the HB boundary changes – doctors connected from 1 April 2018 was 1369. Statistics are calculated based on doctors connected as at 1 April, for consistency (numbers may fluctuate slightly throughout the year for starters/leavers). **Non- Medical:** Reporting figures demonstrate an increase in PADR compliance from July 2019 64.28% - October 2019 67.00%. This has been an increase in compliance from July 2019 to October 2019 by 2.72%. From the 6 Service Delivery Units (SDUs): Mental Health & Learning Disabilities (MHLD) 67.61% a slight increase of 0.33% on the last results, Morriston Delivery Unit (MSDU) 65.51% an increase of 1.07%, Neath Port Talbot (NPT) 75.41% a decrease of 1.98%, Primary & Community Care (PCC) 83.11% an increase of 3.33%, Singleton Delivery Unit (SSDU) 71.12% an increase of 1.60%.
What actions are we taking?
Medical: Maintain current performance levels through continuing engagement with Unit Medical Directors, GP Appraisal Co-ordinators and Medical Appraisal Leads - undertaking quarterly exception management process, providing doctors with training and advice. Ongoing enhancements to MARS (Medical Appraisal and Revalidation System) continue to improve functionality in line with identified changes/developments. Ensuring and appraisers are kept up to date with changes, training provided at local and regional levels, and quality assurance of appraisals. Improving local processes to ensure robust systems are in place to manage annual appraisal. Data is reported from ESR which only includes secondary care doctors and the primary care information is reported directly from MARS. MARS users are provided training/support and are monitored through the exception management process. **Non-Medical**: There is a continuation of focus on training Managers to complete Values Based PADR/use ESR to improve reporting figures on a request basis with bespoke sessions for teams/units when requested. All Delivery Units have been asked to provide a plan to achieve compliance with the 85% target. A steering group is in the process of being set up, whereby discussions will be had about PADR paperwork and processes being completed through ESR and how this relates to pay progression, which changes in April 2020. An initial meeting has been booking for the 5th November. Work is being carried out on an all Wales basis, which is being led from Sarah Patmore from Aneurin Bevan, on looking at re-vamping a generic PADR process that can be applied to all HB's. Initial meetings for this are yet to be had. There will be a review of the PADR policy, which will look to be completed and signed off by the 07/01/20 in preparation for the Partnership Forum on 21/01/20
What are the main areas of risk?
Medical: Doctors falling behind on appraisal timescales for revalidation: stress for doctor; diversion of doctor's and management time/resource; potential delayed revalidation; ultimately, consequences for licence to practise if failure to engage. Poor quality appraisals - lack of personal/service development and progression; continuation of sub-optimal practices; resistance to change. Ensuring new starters and ad hoc doctors are engaged with the annual appraisal process and relevant information received from previous Responsible Officer Doctors misunderstanding the requirement of WPA and not including all elements of work undertaken using their GMC licence within their annual appraisals. **Non-Medical:** Misunderstanding around timings of PADR aligning with increment date. Dependence on roll out of Supervisor self-service for PADR Reporting data accuracy, double reporting, use of ESR, accuracy of ESR, IT skills of staff. Time and resource to complete PADR's - risk around the quality of PADR versus the target figures Local administrators and locally held data – change of culture and the time scales to do this. NHS pay scales/ increment linked to PADR Perception of the paperwork being too onerous and therefore not enough time to complete PADR's. Understanding of the impact of automatic pay progression and the PADR process. Changes in processes in alignment with PADR Policy review and the steering group regarding PADR & Pay progression in ESR.
How do we compare with our peers?
• **Medical:** Awaiting benchmark information from the Revalidation Support Unit (RSU), HEIW **Non-Medical:** As of July 2019 SBU are ahead of C&V (56.4%) and Ctaf at 62.3%. Out of the 6 large Health Boards this means SBU are 4th (excluding Powys).

MANDATORY AND STATUTORY TRAINING

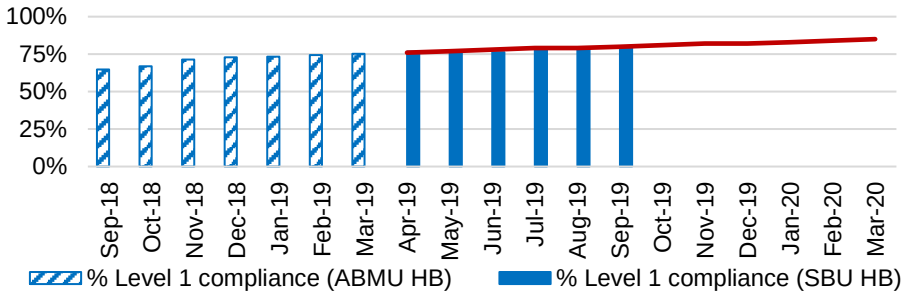
NHS Wales Domain:	**OUR STAFF AND RESOURCES:** People in Wales can find information about how their NHS is resourced and make careful use of them	**NHS Wales Outcome Statement:**	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family
Health Board Strategic Aim:	Excellent Staff	**Health Board Enabling Objective:**	Leadership, Culture and Staff Development
Executive Lead:	Hazel Robinson, Director of Workforce & Organisational Development		

	Annual Plan Profile	WG Target	**Period:** September 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % compliance for the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	N/A	85%	✗	↑ ●
Measure 2: % compliance for all completed Level 1 competencies within the Core Skills and Training Framework	80%	85%	✗	↑ ●

(1) % compliance for the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework

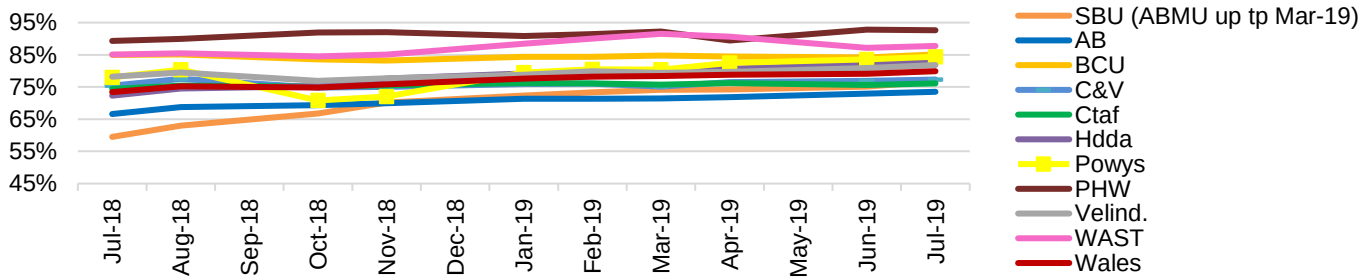


(2) % compliance for all completed Level 1 competencies within the Core Skills and Training Framework



Benchmarking

(2) % compliance for all completed Level 1 competencies within the Core Skills and Training Framework



Source : NHS WALES Delivery Framework, all-Wales performance summary (September 2019)

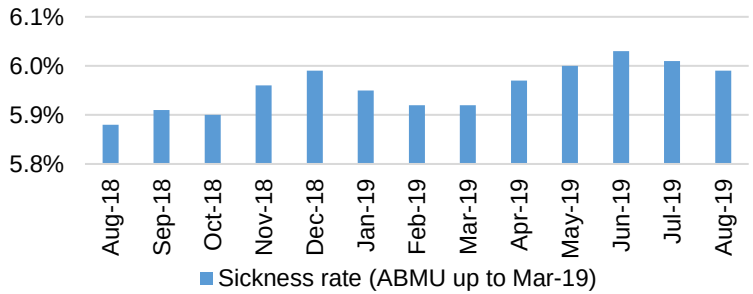
Measure 1: % compliance for the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework Measure 2: % compliance for all completed Level 1 competencies within the Core Skills and Training Framework
How are we doing?
Information Governance: The Current Compliance for IG Level 1 training is 85%, the Information Governance Department has produced a training video that staff can access to undertake their mandatory Information Governance training. The video can be used as an alternative to the e-learning package available via the ESR portal. There is also continued IG compliance monitoring by a dedicated IG Training Lead and awareness raising via the Information Governance Group Leads, bulletins, IG intranet pages, and IG Audits. Proactive targeting of non-compliant staff has continued to take place via monthly checks on all staff, complemented by mailshot to non-compliant staff. A supplementary ESR user guide specific for accessing IG e-learning has been continually distributed and a Training Video Bulletin has been posted with the mailshot. **All Level 1 Competencies:** The current level of compliance for Mandatory and Statutory stands at 79.60%. This is an improvement on the last reported compliance level of 76% in July 2019. A continuation of proactive targeting of non-compliant staff has worked since October 2018 to ensure the compliance level has risen. Furthermore, there has been some recent work completed with facilities in order to raise compliance levels, which has in part been successful. That said, the support that the health board lead for ESR & M&S compliance has provided, through e-learning workshops and over the phone trouble shooting, has been attributable to the percentage increase.
What actions are we taking?
Information Governance •Continue to send compliance lists for IG Training compliance to directorates and service delivery units. •Continue to report IG training compliance formally to the Information Governance Group and to Audit Committee & include it in the annual public facing SIRO Report. •The IG training video as an alternative to e-learning or face to face sessions has been widely distributed. **All Level 1 Competencies**- •Investigate Inter Authority Transfer Process to ensure records transfer with employees. •Update outstanding individual records from Action Point and use additional resources such as apprentices to reduce the backlog on Action Point. •Continue to deliver e-learning workshops across the Health Board. Sessions are being held in Singleton on 8th Oct, NPT on 22nd Oct, 19th Nov, 4th Dec in Morriston all sessions are open for all staff. •Investigate where compliance in higher level training mitigates the need for level 1 training and implement automatic sign off of competencies. •A review of the Mandatory Training framework is currently being undertaken with all relevant Subject Matter Experts examining the current Mandatory Training Framework to ensure it is fit for purpose and to comment on any changes required. It is expected to have all comments returned by Friday 4th October ready for a meeting. A further meeting is being organised to meet to discuss the feedback to maximise the recording of Mandatory training delivered via face to face classroom based and to examine alternative ways of recording compliance. •Level 2 training updates level 1 automatically on all Mandatory Training subjects. Meetings are now being planned to investigate the identification of training requirements for specific roles. •A NWSSP Audit is took Monday 30th Sept, I.T. were on standby to assist with any identified issues. The audit reviewed access issues identified with e-learning and others conditions relating to the running of ESR & e-learning. NWIS will examine how the Welsh Language competencies can be uploaded to raise Swansea Bay Health Board compliance. The aim would be to make all staff enter their abilities when they access ESR. Other HB's have ESR set up in different ways which may make compliance easier.
What are the main areas of risk?
• **All level 1 Competencies** Lack of resources (highlighted at Audit Committee). •ESR self-service and supervisor self-service roll out and usage. • IT infrastructures and lack of computer literacy amongst staff. Time and access to computers for community based staff. • Potential changes to pay progression and increments. • Retire & Returning employees recruited via Direct Hire processes require manual update of training records if available • Face to Face recording Level 1 Competencies can take considerable time to manually update and indicate a misinterpretation of compliance
How do we compare with our peers?
All Level 1 Competencies At the time of writing this report the latest benchmarking available was July 19 which related to SBUHB which showed consistent improvement over the 12 month period reflected and compliance for the 10 core skills Mandatory Training Framework is matching the NHS Wales average.

SICKNESS ABSENCE

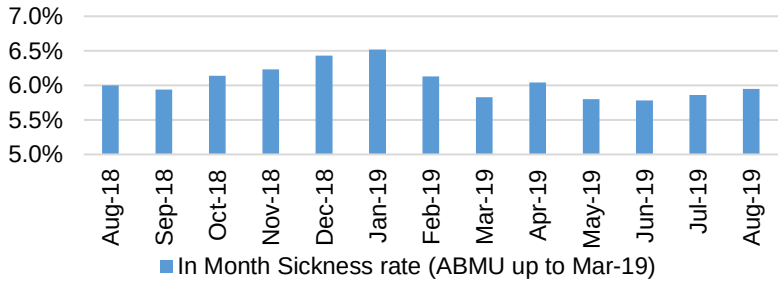
NHS Wales Domain:	**OUR STAFF AND RESOURCES:** People in Wales can find information about how their NHS is resourced and make careful use of them	**NHS Wales Outcome Statement:**	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family
Health Board Strategic Aim:	Excellent Staff	**Health Board Enabling Objective:**	Workforce Efficiency
Executive Lead:	Hazel Robinson, Director of Workforce & Organisational Development		

	Annual Plan Profile	WG Target	**Period:** August 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % workforce sickness absence (Rolling 12 months)	N/A	12 Month Reduction Trend	✗	↑
Measure 2: % workforce sickness absence (In-month)	N/A	12 Month Reduction Trend	✓	↓

(3) % workforce sickness absence (Rolling 12 months)

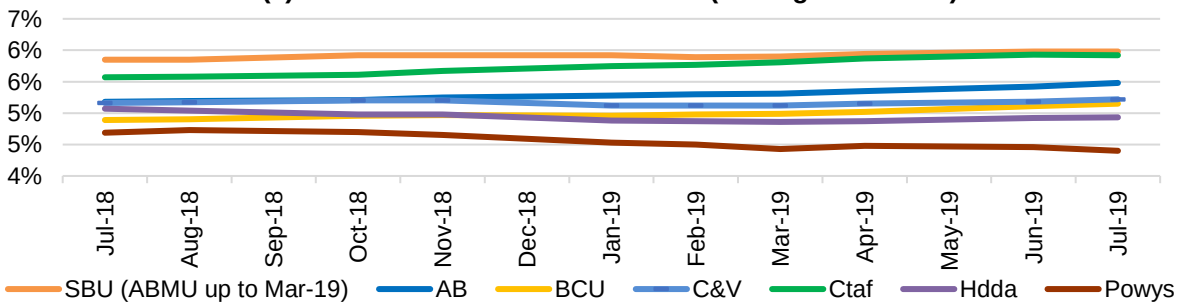


(4) % workforce sickness absence (In-Month)



Benchmarking

(1) % workforce sickness absence (Rolling 12 months)



Source : NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

Measure 1: % workforce sickness absence (Rolling 12 months) Measure 2: % workforce sickness absence (In-month)

How are we doing?

Rolling 12 month performance:

- Sept 17 – Aug 18 = 5.86%
- Aug 18 - July 19 = 5.98%
- Sept 18 – Aug 19 = 5.96%

In Month performance:

- July 19 = 5.85%
- Aug 19 = 5.94% (was 5.98% in Aug 18)

- The 12-month rolling performance to end of Aug 19 improved slightly by 0.02% and stands at 5.96%. In month performance in August 19 declined slightly by 0.09% on the previous month to 5.94% although this was an slight improvement of 0.04% on the previous August performance
- The in month increase in sickness was due to short-term absence which increased by 0.29% in Aug 19 compared to the previous month.
- Long-term absence in Aug 19 reduced by 0.15% on the previous month to 4.17%. All Delivery units saw long term absence improve in Aug 19 compared to the previous month.Our highest reason for absence continues to be stress related absence accounting for 37.6% of absence in August 19.

What actions are we taking?

- The outputs from the pilot using early intervention techniques within Morriston Facilities department will be formally reported. This approach is being rolled out across the entire Facilities dept and a plan to accelerate this rollout is being worked on.
- Additional areas that may be able to adopt the above approach are to be identified with a view to adopt this approach where practicable.
- Singleton Delivery Unit absence deep dive review has been completed: overall learnings & best practice are to be shared across other units.
- MAAW policy training – circa 200 more managers are planned to be trained throughout October/November. An all Wales e-learning package to support this policy training is due to be released by the end of the year which will increase our coverage of this training.
- Four further Work Related Stress Awareness workshops for managers are planned for October/November for circa 60 managers. Four further Mental Health Awareness workshops for managers are planned for October/November for circa 60 managers.
- Monthly ‘Menopause wellbeing workshops’ continue to be run across the main hospital sites.
- Monthly ‘Menopause wellbeing workshops’ commenced March 2019 across the main hospital sites.
- The third Staff Wellbeing Week took place across the main sites and HQ between16-20th September and was attended by a large number of staff including 420 who booked on special wellbeing-related sessions held at four Health Board sites during the week.
- The Health Board re-signed the Time to Change Wales pledge as Swansea Bay after initially signing the pledge in 2016 as ABMU.
- This year’s Health Board Flu campaign has commenced supported by a series of short, social media videos and posters developed by the Communications and Medical Illustration teams that capitalise on the popularity of the Game of Thrones TV series and the series catchphrase: “Winter is coming”. The Welsh Government target is to vaccinate 60% of staff.

What are the main areas of risk?

- Failure to maintain continued focus on sickness absence performance may lead to levels increasing.
- Singular focus on sickness management without measured attention on supporting staff attendance through health and wellbeing interventions congruent with our organisational values.
- Direct effect on costs in terms of bank, agency and overtime.
- Increasing levels of sick absence increases pressure on those staff who remain at work.
- Levels of service change likely to affect health and wellbeing with most likely impact on mental health and stress related sickness.

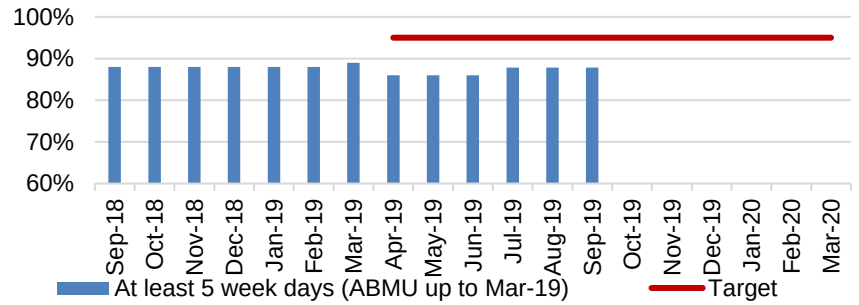
How do we compare with our peers?

- In July 19, the 12-month cumulative differential between Swansea Bay and the all-Wales performance was 0.56%.

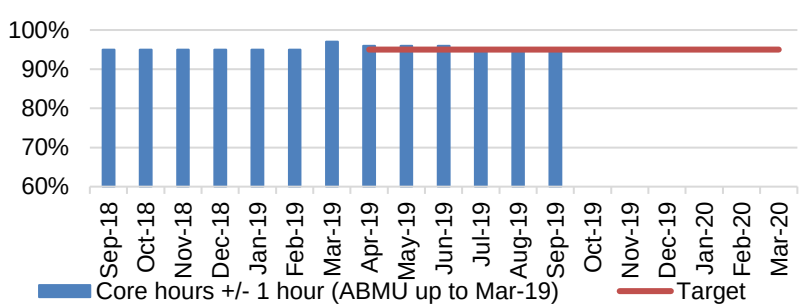
3.7 TIMELY CARE

ACCESS TO GENERAL MEDICAL SERVICES (GP ACCESS)						
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care		**NHS Wales Outcome Statement:**	I have easy and timely access to primary care services		
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		**Health Board Enabling Objective:**	Best value outcomes from high quality care: Primary & Community Care		
Executive Lead:	Chris White, Chief Operating Officer		**Annual Plan Profile**	**WG Target**	**Period:** September 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % GP practices offering appointments between 17:00 & 18:30 at least 5 week days			95%	95%	✗	↑
Measure 2: % GP practices open during the daily core hours or within 1 hour of daily core hours			95%	N/A	✓	↑

% GP practices offering appointments between 17:00 & 18:30 at least 5 week days

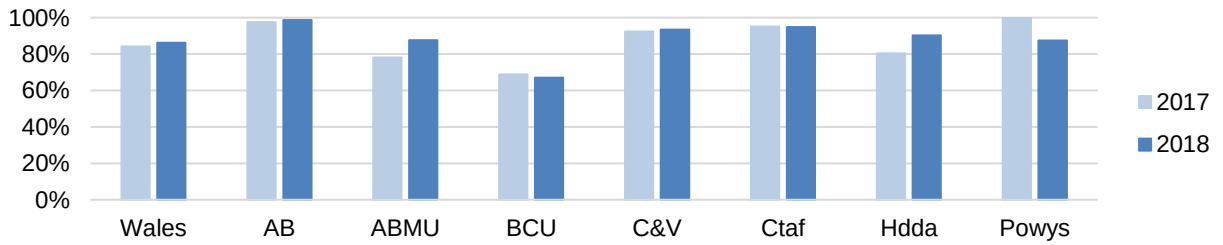


(2) % GP practices open during the daily core hours or within 1 hour of daily core hours



Benchmarking

% GP practices offering appointments between 17:00 & 18:30 at least 5 week days



Source : NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

Measure 1: % GP practices offering appointments between 17:00 & 18:30 at least 5 week days
Measure 2: % GP practices open during the daily core hours or within 1 hour of daily core hours

How are we doing?

- As at September 2019 88% practices are offering appointments between 17.00 and 18.30 at least 5 nights per week. This decrease position is reflective of the Bridgend boundary change, prior to April 1st 2019, there was a steady increase. 95% practices are now open during daily core hours or within 1 hour of daily core hours.
- No change reported at last Access and Sustainability forum which received sustainability report and reviewed the new access standards. Whilst the Primary Care Teams continue to support practices in improving assess in line with the existing requirements, the discussion focussed on the proactive approach being taken to mitigate against sustainability issues. Much work will be required from the Primary Care Teams in supporting practices in understanding, benchmarking and improving practice and cluster performance against the new access standards, as part of QAIF.

What actions are we taking?

- Sustainability scores have been updated and continue to be monitored.
- Clusters supported in extending MDT primary care teams including cluster pharmacists, Physicians Associate, phlebotomist, physiotherapists, cluster nurses, paramedics, audiology, occupational therapists, early years worker, mental health workers - in many cases clusters are reporting that these professionals are reducing the pressure on GPs.
- Practices have been formally written to with regard to achieving level 1 standards agreed with Local Medical Committee (LMC).
- Access achievement discussed at all standard and in depth governance review practice visits undertaken in 18-19.
- Telephone First Development Tool drafted and being tested. Supported last person standing practice in successfully recruiting a new partner.

What are the main areas of risk?

- Sustainability of general practice will result in poorer access if practices fail or take action to reduce access whilst still being compliant with their contractual requirements.
- Sustainability issues attributed to lack of ability to recruit, retain and poor locum availability.

How do we compare with our peers?

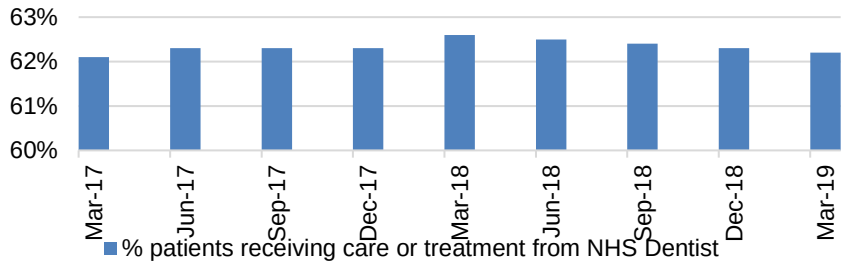
- At the time of writing this report the latest benchmarking available was for 2018 which related to ABMU Health Board.
- Compared to the other welsh Health Board's ABMU was ranked 5th for the percentage of practices offering appointments between 17:00 and 18:30 in 2018.

ACCESS TO GENERAL DENTAL SERVICES (DENTAL ACCESS)

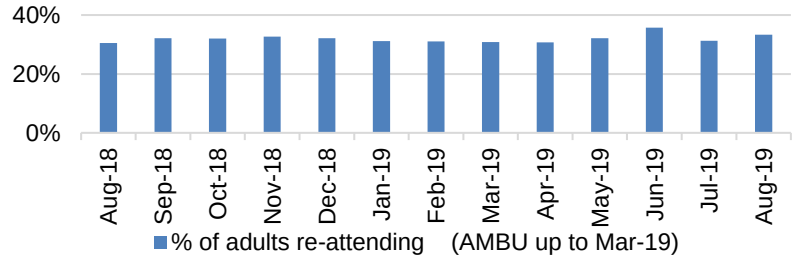
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	I have easy and timely access to primary care services
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Primary & Community Care
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** Mar 19 / Aug 19	
			Current Status *(against Target):*	**Movement:** *(12 month trend)*
Measure 1: % Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population	N/A	Improvement	✗	→ ●
Measure 2: % of adult dental patients in health board population re-attending NHS primary dental care between 6 and 9 months	N/A	Reduction	✓	↓ ●

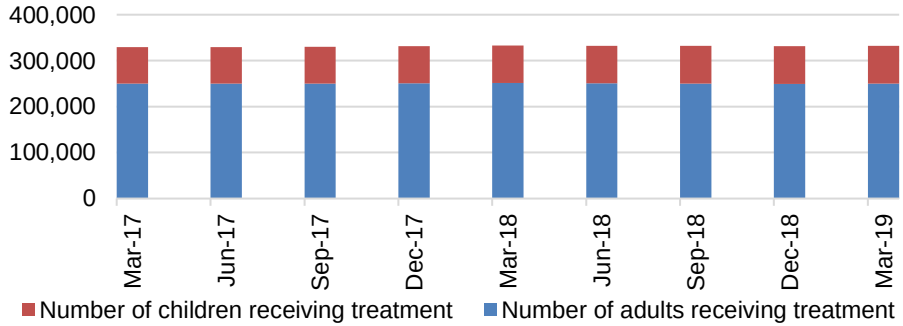
(1) % Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population



(2) Adult dental patients re-attending NHS primary dental care between 6-9 months



Number of Patients receiving NHS treatment



Benchmarking

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Mar-19	Dec-17	Dec-16	Mar-18	Mar-17
Wales	55.0%	54.8%	54.7%	55.0%	54.9%
AB	58.0%	56.9%	56.5%	57.3%	56.9%
BCU	49.3%	49.3%	49.8%	49.5%	49.8%
C&V	56.3%	55.8%	55.9%	56.0%	56.4%
CTM	60.2%	59.0%	57.9%	59.5%	58.2%
HDda	45.6%	45.8%	45.9%	45.6%	46.0%
Powys	54.8%	56.8%	57.5%	57.1%	57.5%
SB	62.2%	62.3%	61.9%	62.6%	62.1%

Note: SB data relates to ABMU and CTM data relates to Cwm Taf

Source: All Wales Performance Report (September 2019)

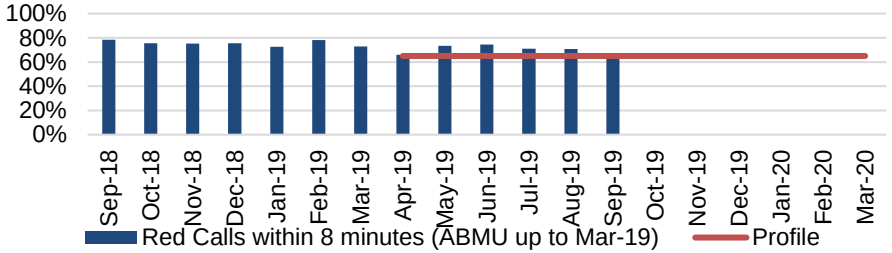
Measure 1: % Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population
How are we doing?
• NHSBSA data confirms we have maintained a steady 62% of patients (adults and children) received NHS dental treatment in SBUHB. • Demand on the urgent dental care services continued to remain high: usage of dental Out Of Hours increased by 4.6 % in September.-December 2018 compared to the same period in 2017/18 and +6.1% in usage of In Hours Urgent Access. • 18 practices have joined the contract reform programme, this equate to 29% of all SBUHB practices, and this is in line with the Welsh Government target.
What actions are we taking?
• Continuing to signposting/encouraging patients to use mainstream dental service rather than making unnecessary use of the urgent care services to ensure the latter can focus on those who need it. • Continuing to provide additional in-hours access sessions through the Educational Supervisors at the Dental Teaching Unit (DTU), maintaining clinical skills and increasing access to NHS dental care. Exploring possibilities to extend services at DTU utilising skills of ES trainers i.e. sedation/complex extractions. • Paediatric GA pathway rolled out in January 2018 to include urgent referrals, anticipated further reduction in GAs provided. Service change is being project managed. • Review of GDS/CDS domiciliary services completed. New integrated model/service spec developed for housebound patients and care homes to receive timely access to oral health care treatment. • New pathway has been developed and implemented to ensure Syrian refuges have timely access to routine and urgent care. Service has been in place since June 2019. • From October 2019, 18 practices are included on the GDS reform practice (29%). This programme is scheduled to be rolled out further in April 2020 to meet the Welsh Government target of 50% of practices.
What are the main areas of risk?
• Parkway GA service to be moved within a secondary care setting.
How do we compare with our peers?
• SBUHB continue to have highest access levels to GDS across Wales [62.3%] compared to Welsh average [55%] • SBUHB early adopter of national dental e-referral system which will improve quality/processing of GDP referrals/collation of referral data /waiting times/outcomes. SBU HB is 1 of only 2 Health Boards in Wales currently using the new electronic system.

AMBULANCE RESPONSE TIMES AND HANDOVERS

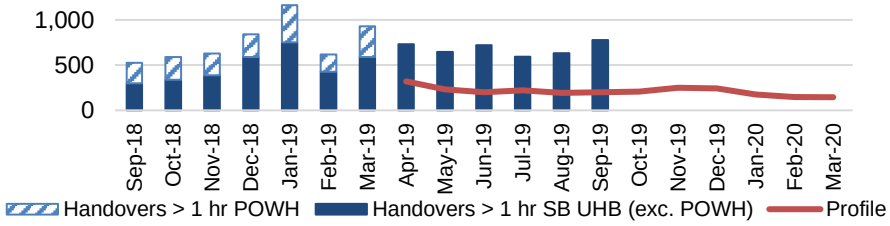
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Unscheduled Care & Stroke
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	**WG Target**	**Period:** September 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%	✓	↑ ●
Measure 2: Number of patients waiting more than 1 hour for an ambulance handover	200	0	✗	↑ ●

(1) % of emergency responses to red calls arriving within (up to and including) 8 minutes

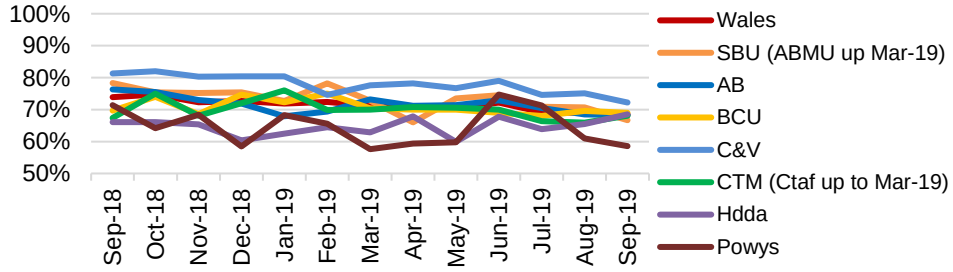


(2) Number of patients waiting more than 1 hour for an ambulance handover

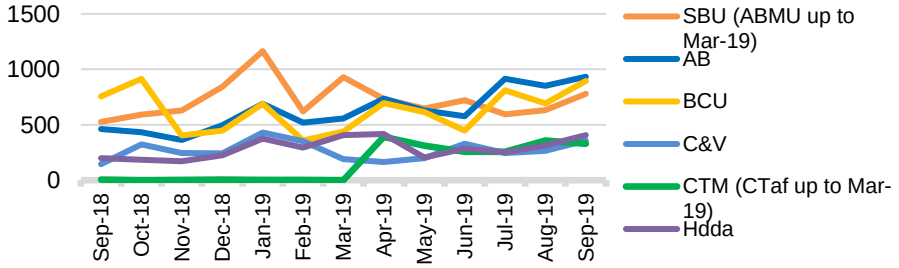


Benchmarking

(1) % of emergency responses to red calls arriving within (up to and including) 8 minutes



(2) Number of patients waiting more than 1 hour for an ambulance handover



Source : StatsWales (data extracted 17.10.2019)

Measure 1: % of emergency responses to red calls arriving within (up to and including) 8 minutes
Measure 2: Number of patients waiting more than 1 hour for an ambulance handover

How are we doing?

- The Health Board's Category A (Red response) was 66.7% in September 2019, which exceeded the National shared target of 65%. When compared with September 2018, performance against this measure deteriorated by 11.6%.
- 1 hour ambulance handover performance remained challenging during September, and deteriorated when compared with the same period in 2018. When compared with September 2018, the number of >1 hour handover delays increased by 479 in September 2019.
- 261 fewer patients were conveyed to our hospital front doors by ambulance in September 2019 compared with September 2018.
- Red call ambulance conveyances increased by 5% when compared with September 2019, whilst Green (health care professional) call conveyances reduced by 25% and amber calls reduced by 15.6%.

What actions are we taking?

- Continuation of the falls response service which is resulting in a reduction in the number of patients who need to be conveyed to hospital as a result of the intervention of this service. Ongoing financial support is being provided to WAST to expand capacity in this service over the winter months.
- Developing new pathways that reduce the need to convey patients to hospital by ambulance e.g. respiratory and mental health. The further development of the respiratory pathway has been supported by the approval of the Phase 2 COPD business case in September. Recruitment into this expanded service has now been initiated.
- Implementing the recommendations of the WAST internal audit report on hospital handover that are applicable to Swansea Bay UHB.
- Working with the National Collaborative Commissioning Unit (NCCU) on the implementation of a handover improvement plan to target a reduction in the longer ambulance handover delays at Morriston hospital, which have a disproportionate impact on ambulance lost hours. A number of actions have now been implemented, including support for the Acute GP ambulance triage service, and the provision of an ambulance liaison role at Morriston ED. Both proposals are being worked up for implementation over the winter period and supported through additional winter monies (October/ November)
- Singleton hospital to continue to support Morriston through the downgraded 999 and treat and transfer protocols to redirect appropriate demand. The revised ambulance pathway to Singleton SAU was agreed and implemented in early September.
- Contributing to and influencing national discussions regarding the All Wales escalation processes with the aim of reducing prolonged ambulance handover waits using a system wide response. National workshop undertaken on 15th October to inform implementation plan. Executive meetings are in the process of being scheduled with Hywel Dda HB to support changes to the national escalation processes.
- Implementation of the Keep me at Home transformation programme to maximise the number of patients who can be cared for in their own home. WAST is a key partner in this improvement work. The work programme is supported by an agreed project plan.

What are the main areas of risk?

- Ambulance resourcing to respond to demand within the 8 minute response time.
- Hospital and social care system wide patient flow and discharge constraints which impact upon the Emergency Department's ability to receive timely handover. This results in increased risk to patients in the community and at hospital if there are prolonged ambulance handover times.

How do we compare with our peers?

- The Health Board delivered the second lowest Category A response time performance in Wales in September 2019, achieving 66.7%, which was below the all-Wales performance of 68.4% in September 2019.
- The Health Board continues to experience a high number of handover delays and accounted for 20.8% of all handover delays in Wales in September 2019.

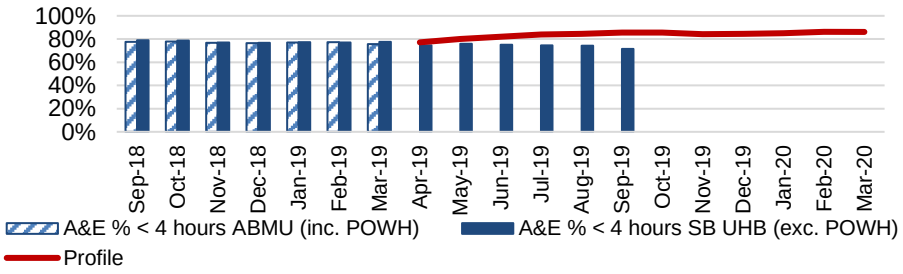
A&E WAITING TIMES

NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Unscheduled Care & Stroke
Executive Lead:	Chris White, Chief Operating Officer		

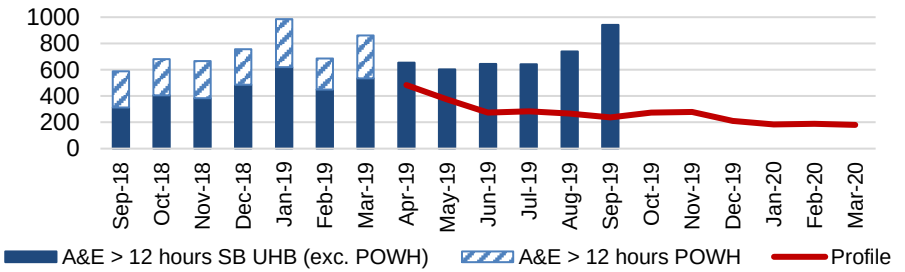
Period: September 2019

	Annual Plan Profile	WG Target	Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: % new patients spending no longer than 4 hours in an Emergency Department	86%	95%	✗	↓
Measure 2: Number of patients spending more than or equal to 12 hours in A&E	238	0	✗	↑

(1) % new patients spending no longer than 4 hours in an Emergency Department

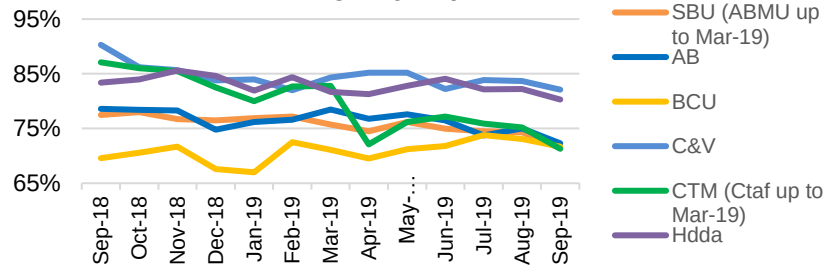


(2) Number of patients spending more than or equal to 12 hours in A&E

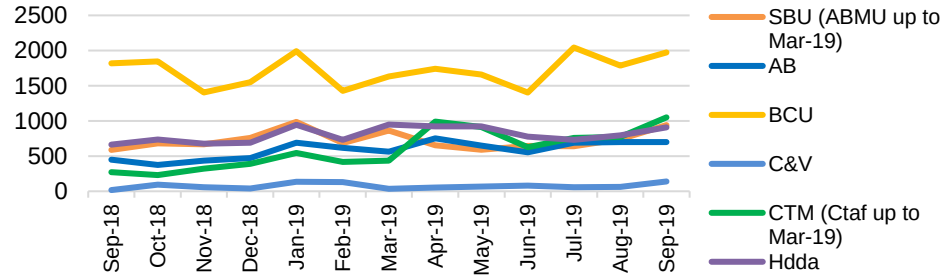


Benchmarking

(1) % new patients spending no longer than 4 hours in an Emergency Department



(2) Number of patients spending more than or equal to 12 hours in A&E



Source : Stats Wales (data extracted 21.10.19)

Measure 1: % new patients spending no longer than 4 hours in an Emergency Department
Measure 2: Number of patients spending more than or equal to 12 hours in A&E

How are we doing?

- Unscheduled care performance against the 4 hour target in August 2019 was 71.4%, against the all-Wales performance of 75%.
- In September 2019, 91.4% of patients were admitted, discharged, or transferred from Morriston Emergency Department within 12 hours. 941 patients stayed longer than 12 hours in the Emergency Department during September 2019, which represents a significant increase of 627 patients when compared with September 2018.
- The overall number of patients attending the Health Board emergency department and minor injuries unit in September 2019, increased by 632 attendances or 6.1%, when compared with the same month in 2018.

What actions are we taking?

- In addition to the implementation of the HB Unscheduled care improvement plan further additional improvement actions for Quarter 3 have been identified and agreed between service directors and the Executive team in September to arrest the deterioration in patient flow and USC performance. Progress against the delivery of this plan is being monitored on a weekly basis. This includes supporting additional capacity within the system such as the COPD phase 2 business case and investment into the expansion of community capacity to support an increased number of patients receiving reablement support at home (December 2019).
- Inpatient surge bed capacity is being sustained on all of our major hospital sites.
- Ongoing recruitment to staff vacancies in critical service areas, and the development of new roles to assist with emergency and urgent care demand management (October 2019)
- Responding to the Kendall Bluck report recommendations on ED/MIU staffing. Approval to proceed with the recruitment of 2 additional consultant posts in ED at Morriston hospital was confirmed in mid-September.
- Progressing the work programmes implemented to improve patient flow and discharge in line with the agreed project plans -specifically reducing delayed transfers of care and consistent implementation of the SAFER patient flow principles under the transformation of care hospital to home programme. Progress updates on the respective Hospital to Home transformation projects are reported to the monthly USC board.
- Developing winter planning arrangements with WG and partner organisations with the Health Board's winter plan now agreed.

What are the main areas of risk?

- Capacity gaps in Care Homes, Community Resource Teams and capacity and fragility of private domiciliary care providers, leading to an increase in the number and length of wait of patients in hospital who are 'discharge fit'.
- Workforce - with ongoing challenges in general nursing and medical roles in some key specialities and service areas such as the Emergency Department.
- Peaks in demand/patient acuity above predicted levels of activity.
- The impact of infection on available capacity and patient flow.

How do we compare with our peers?

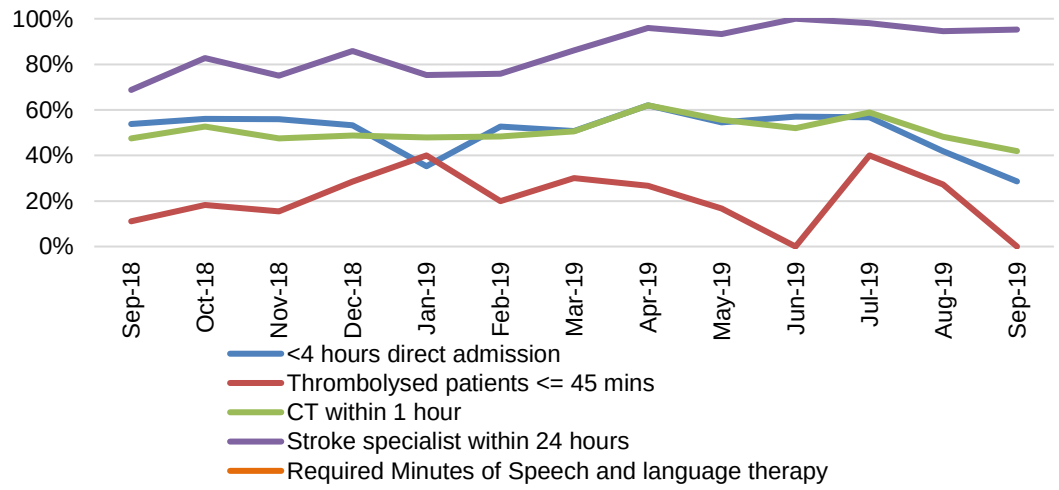
- The Health Board's 4 hour performance was 71.4% in September 2019, which was below the all-Wales 4 hour performance of 75% for this period.
- In September 2019, 91.4% of all patients in Swansea Bay UHB were assessed, treated and transferred from the Emergency Department within 12 hours, which was below the all-Wales position of 93.8%.

STROKE

NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** September 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % of patients who have a direct admission to an acute stroke unit within 4 hours	80%	59%	✗	↓ ●
Measure 2: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	30%	12 ↑ trend	✗	↓ ●
Measure 3: % of patients who receive a CT scan within 1 hour	58%	55%	✗	↑ ●
Measure 4: % of patients who are assessed by a stroke specialist consultant physician within 24 hours	94%	95%	✓	↑ ●
Measure 5: % of patients receiving the required minutes for speech and language therapy	N/A	12 ↑ trend		

Acute Stroke Quality Improvement Measures (ABMU up to Mar-19)



Benchmarking

Quality Improvement Measures Aug-19)	1. Direct Admission to Acute Stroke Unit < 4 hours	4. Assessed by Stroke consultant < 24 hours	5. Patients receiving minutes for SALT
AB	40.0%	100.0%	50.8%
BCU	59.3%	75.9%	62.3%
C&V	56.3%	81.1%	54.0%
CTM	31.6%	68.7%	30.9%
Hywel Dda	63.0%	92.9%	44.6%
SBU	41.8%	94.6%	48.2%

Source : All-Wales performance summary (September 2019) & Acute stroke quality improvement measures Delivery Unit report

Measure 1: % of patients who have a direct admission to an acute stroke unit within 4 hours. Measure 2: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes. Measure 3: % of patients who receive a CT scan within 1 hour. Measure 4: % of patients who are assessed by a stroke specialist consultant within 24 hours. Measure 5: % of patients receiving the required minutes for speech and language therapy

How are we doing?

- Our door to needle time within 45 minutes remains low. Direct admissions over the last 4 weeks to a stroke unit bed within 4 hours continues to be under target at 32.4% which is mainly due to unscheduled care pressures. 94.7% was achieved for the end of September for Assessment by a Consultant and 86.8% compliance achieved for Physio, OT and SALT assessment. Our access to CT scanning within 1 hour has dropped from 52% in June 19 to 47.4% in September.
- Gaps in overall out of hours medical cover has impacted on our ability to make the desired improvements and our unscheduled care pressures has also impacted on our delivery against these targets.

What actions are we taking?

- Weekly multi-disciplinary meetings are held in Morriston - the Clinical leads and managers for the service review individual patient pathways to identify opportunities for improvement. Actions being progressed in 2019/20 include:
- Medical cover for Stroke patients is provided by the General Medical team out of hours – there is currently no dedicated stroke medical team that covers 24 hours. The additional medical staffing reported previously has allowed some improvement to service but it can't be sustained due to gaps at lower grades which these colleagues have to cover, therefore not allowing them time to commit to improved stroke performance. The unit makes best endeavours to cover the junior gaps in rota and looks to sustainable recruitment in a difficult to recruit area. The creation of a dedicated Stroke rota is key and needs to be agreed as part of the HASU Business case development as described below and as part of the 2020/21 IMTP plan. This work is led by the Medical Directorate management team.
- Business cases for a Stroke Retrieval team and an Early Supported Discharge team have been developed and agreed within the delivery units and will be included for consideration within the 2020/21 IMTP for investment. Previous bids have been unsuccessful and no additional funding made available.
- Discussions to improve access to CT scanning and reporting to enable the Unit to achieve the desired target time within 1 hour are continuing between Radiology, Medicine and ED. Incremental actions continue to be implemented over Quarters 3 and 4.
- Arising from the NHS Wales Delivery Units review of Stroke Thrombolysis – an Action plan has been developed within the Morriston and is in place. Cross directorate meetings with the Emergency department leads, Clinical support services leads and Medicine colleagues are taking place to improve various pathways.
- A Business Case for a "Hyper-acute Stroke Unit" model to be completed by the end of Q4 of 2019/20 is under development jointly with Hywel Dda HB.
- A review of TIA service arrangements is planned over the next quarter to address availability / cover arrangements in Neath Port Talbot Hospital. Service Directors from NPT and Morriston are leading this work with support from their management and clinical teams with a view to recommend a way forward as part of the 2020/21 IMTP.

What are the main areas of risk?

- Insufficient capacity and workforce resilience to support 7 day working which will ultimately require a strategic change to centralise acute stroke services.
- Not having a dedicated Stroke Consultant out of hour's rota.
- Unscheduled care pressures and increasing waits for transfers of care affecting stroke care capacity.

How do we compare with our peers?

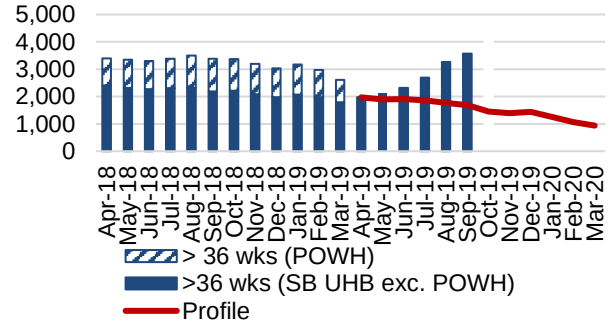
- Over the three month period ending in August - The Health Boards performance dropped in comparison to the other Hospitals delivering direct admissions in under 4 hours with a number of other hospital performing better than Morriston.
- The Health Board needs to develop dedicated Consultant Stroke out of hours cover and improved ring fenced / dedicated stroke beds in order to deliver further improvements.

REFERRAL TO TREATMENT TIMES (RTT)

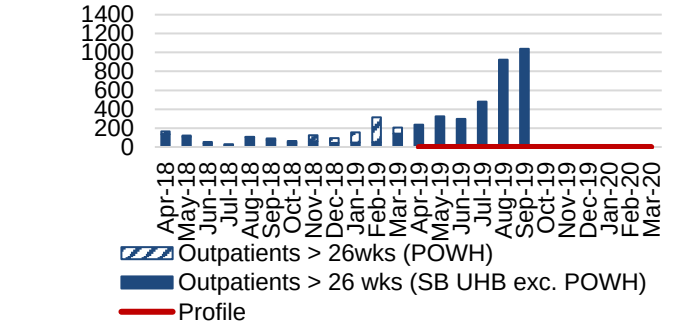
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** September 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 36 weeks for referral to treatment (RTT)	1,686	0	✗	↑ ●
Measure 2: Number of patients waiting more than 26 weeks for first OP appointment	0	0	✗	↑ ●
Measure 3: % patients waiting less than 26 weeks for referral to treatment (RTT)	N/A	95%	✗	↓ ●

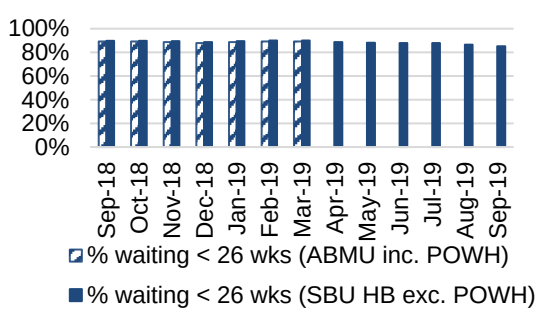
Measure 1



Measure 2

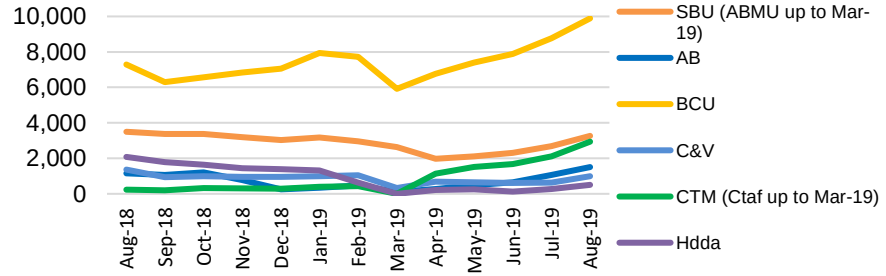


Measure 3

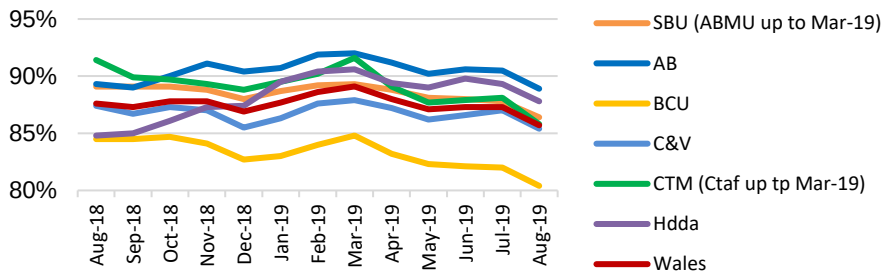


Benchmarking

(1) Number of patients waiting more than 36 weeks for RTT



(2) % patients waiting less than 26 weeks for RT



Source : StatsWales (data extracted 21.10.19)

Measure 1: Number of patients waiting more than 36 weeks for referral to treatment (RTT)
Measure 2: Number of patients waiting more than 26 weeks for first OP appointment
Measure 3: % patients waiting less than 26 weeks for referral to treatment (RTT)

How are we doing?

- In September 2019 there were 1,039 patients waiting over 26 weeks for a new outpatient appointment. This was an in-month deterioration of 114 compared with August 2019 and is largely contained within Gastroenterology (47%) and Orthopaedics (24%).
- There were 3,565 patients waiting over 36 weeks for treatment in September 2019 compared with 3,263 in August 2019, this is a deterioration of 302 and above the internal target of 2,137. ENT, General Surgery, Ophthalmology, OMFS, Orthopaedics and Plastic Surgery collectively account for 3,288 of the 3,565 over 36 weeks at September 2019.
- 1,107 patients are waiting over 52 weeks in September 2019, which is 85 more than August 2019.
- The overall Health Board RTT target deteriorated from 86.41% in August 2019 to 85.14% in September 2019.

What actions are we taking?

The Health Board has been allocated £6.5m by Welsh Government from the NHS Performance Fund. The allocation will complement the funding within the Health Board's Annual Plan which is being used to support the provision of sustainable surgical capacity. As a result of the additional funding and a review of the cohort, the profiles have been revisited and key actions agreed by specialty where relevant. The weekly RTT meetings are focusing solely on delivery against the cohort plans:-

- Recruitment of 10 permanent Anaesthetists and interim plan to recruit 8 locums to increase core capacity and reduce reliance on flexible working. Morriston SDU to lead recruitment programme in October.
- All day, long waiting patient list at Morriston in place for general surgery and pancreatic cancer patients commencing in October. Morriston SDU to lead.
- Increase elective throughput at Singleton Hospital through enhanced trolley area during October. Morriston and Singleton SDUs to jointly lead.
- Recover element of elective orthopaedic ward and consider options for the protected further orthopaedic capacity. 10 beds re-opened on 4th November.
- Oral Medicine model coming on line in October. Primary Care SDU leading the final negotiations with the providers.
- Recruitment exercise underway for two Gastroenterology consultants as part of the sustainable plan. Singleton SDU already progressing.
- Monthly MDT approach in gynaecology to review and disperse single consultant cases to other consultant colleagues commenced in July and ongoing. Singleton SDU managing the process.
- Front loading the outsourcing programme to deliver higher throughput to December being managed by Morriston SDU, supported by Planning.

What are the main areas of risk?

- The HMRC Pension Taxation changes resulting in Consultants and Anaesthetists withdrawing from backfill and waiting list initiatives in addition to reducing their job planned sessions down to 10.
- Constraints in the case-mix of suitable cases to outsource as the lists become smaller.
- Administrative vacancy gaps and sickness impacting on the ability to target robust validation.
- Sickness amongst key clinical staff affecting sub-speciality areas and nurse-led clinics.
- Staff fatigue to continue to undertake additional clinics and lists.
- Theatre nurse staffing pressures affecting cancellations and under-utilised lists.
- Demand of cancer and urgent surgical cases utilising planned routine elective capacity and protecting elective bed.

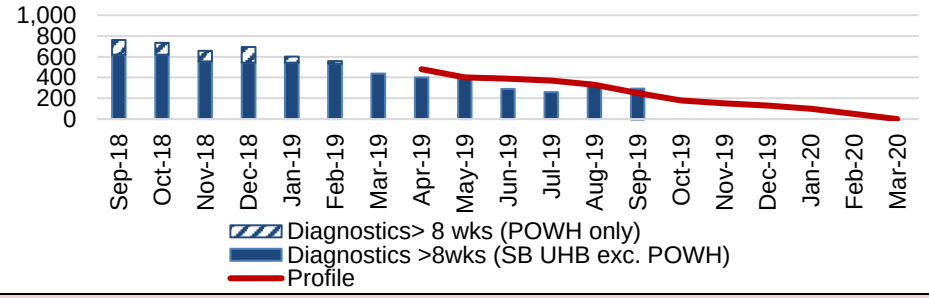
How do we compare with our peers?

As at the end of August 2019, which is the latest published data available, the Health Board was below the all-Wales position for the percentage of patients waiting less than 26 weeks for referral to treatment (RTT) (86.4% compared with 85.7%) and however, was the second worst Health Board in Wales for the number of patients waiting over 36 weeks.

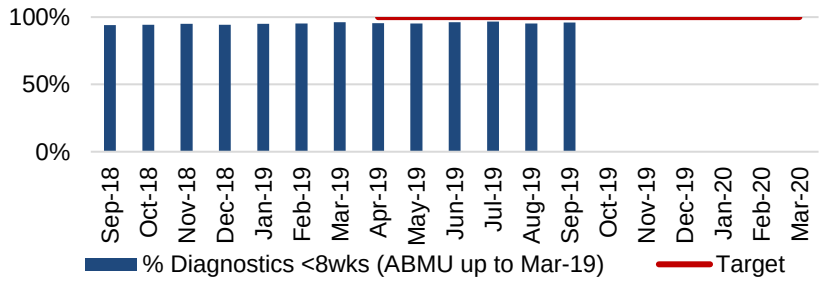
DIAGNOSTIC WAITING TIMES (*EXCLUDING ENDOSCOPY*)			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care
Executive Lead:	Chris White, Chief Operating Officer		**Period:** September 2019

	Annual Plan Profile	WG Target	Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 8 weeks for specific diagnostics (excluding Endoscopy)	250	0	✗	↓ ●
Measure 2: % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)		100%		↑ ●

(1) Number of patients waiting more than 8 weeks for specific diagnostics (excluding Endoscopy)

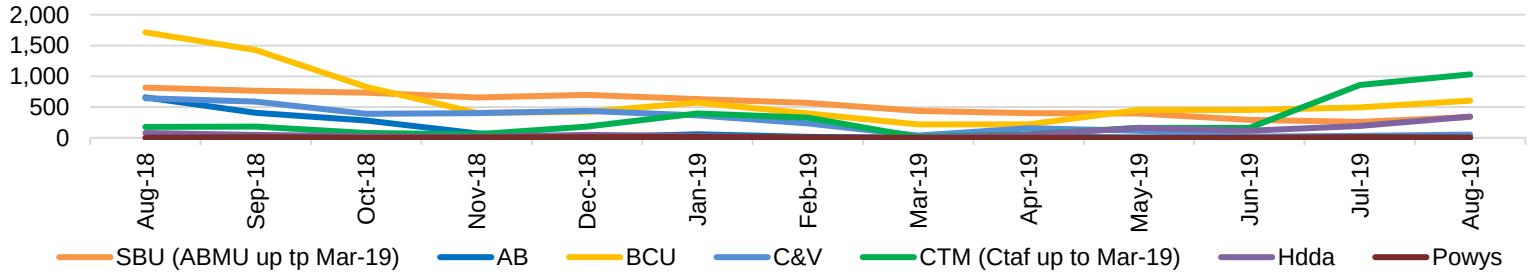


(2) % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)



Benchmarking

(1) Number of patients waiting more than 8 weeks for specific diagnostics (excluding Endoscopy)



Source : Stats Wales (data extracted 21.10.2019)

Measure 1: Number of patients waiting more than 8 weeks for specific diagnostics (excluding Endoscopy)
Measure 2: % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)

How are we doing?

- There were 294 patients waiting over 8 weeks for reportable diagnostics as at the end of September 2019, this is a 15% improvement when compared with August 2019 (337 to 294). The breakdown for September 2019 is as follows:
- Cardiac Diagnostic Tests:
  - Diagnostic Angiography = 4
  - Trans Oesophageal Echocardiogram (TOE)= 6
  - Myocardial Perfusion Scan= 13
  - Cardiac Magnetic Resonance Imaging (Cardiac MRI)= 119
  - Cardiac Computed Tomography (Cardiac CT)= 122
- Cystoscopy = 30
- All other diagnostic areas maintained a zero breach position in September 2019

What actions are we taking?

- Two Urology Consultants took up their posts in September 2019 which will now support the recovery of the Cystoscopy breach position through Quarter 3. There are no breaches currently anticipated for the end of October.
- The Myocardial Perfusion breaches are as a result of a vacancy at Singleton Hospital. Plans are in place to recover this position to Nil by year-end.
- Continuation of the Cardiac MRI and CT plan to deliver an improved year-end position on March 2019.

What are the main areas of risk?

- Late clinic cancellations due to unforeseen absence of key clinical staff.
- Breakdown of equipment.
- Workforce constraints in key professional groups (nationally and locally).

How do we compare with our peers?

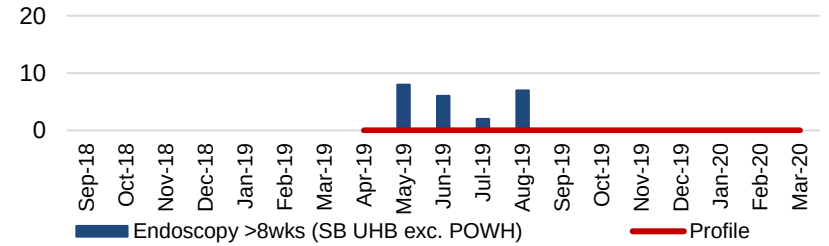
- At the end of August 2019, which is the latest published data available at the time of writing this report, the Health Board was the fourth worst performing Health Board.

ENDOSCOPY

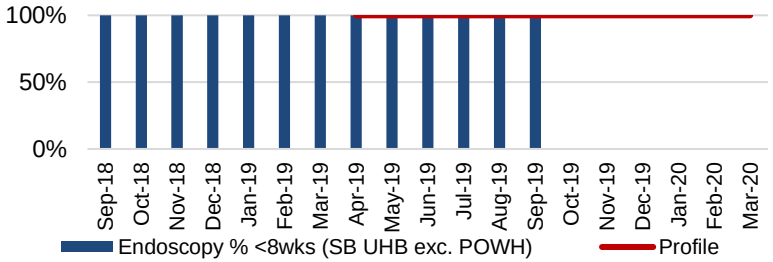
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** August 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 8 weeks for Endoscopy	0	0	✗	↑
Measure 2: % patients waiting less than 8 weeks for Endoscopy	100%	100%	✗	↓

(1) Number of patients waiting more than 8 weeks for Endoscopy

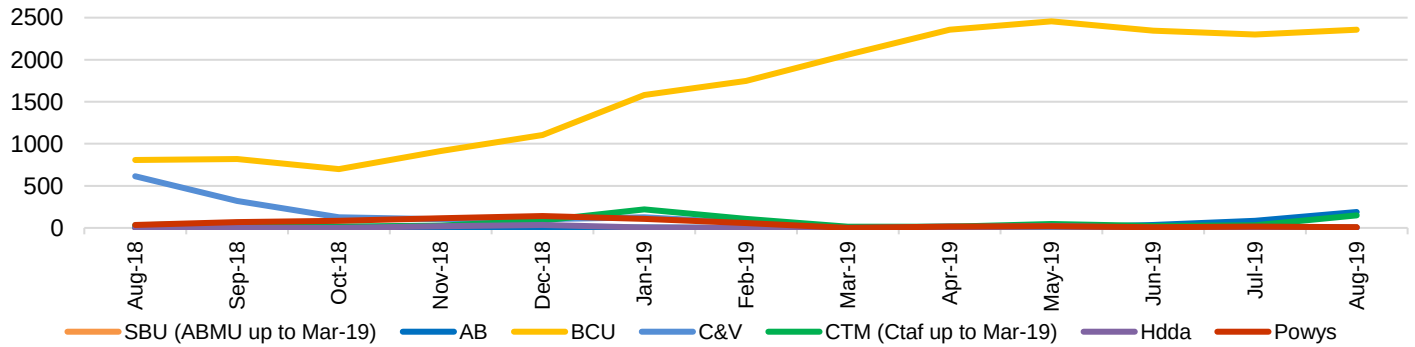


(2) % patients waiting less than 8 weeks for Endoscopy



Benchmarking

(1) Number of patients waiting more than 8 weeks for Endoscopy



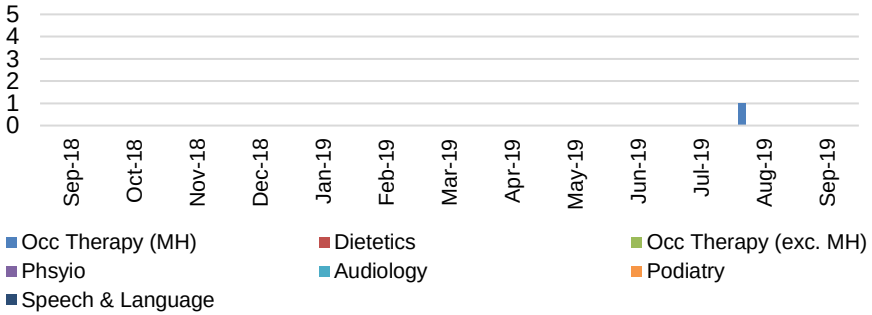
Source: NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

Measure 1: Number of patients waiting more than 8 weeks for Endoscopy Measure 2: % patients waiting less than 8 weeks for Endoscopy
How are we doing?
• The Health Board has achieved zero position for patients waiting over 8 weeks for endoscopy as of the end of September 2019. Quarter 2 2019/20 has been challenging but the 8 week performance in the main has been maintained. • Endoscopy continues to see a significant increase in urgent suspected cancer referrals. The majority of these continue to be in the area of Lower Gastroenterology referrals internally from surgical specialties. • DNA rates continue to remain low at 3%. • Surveillance waits for upper GI Endoscopy are back within standard.
What actions are we taking?
• Utilising all available capacity with an average of 20 backfill lists undertaken per month across three sites. Current agreement for funding until the end of March 2020. The National Pension issues are impacting on the HB's ability to secure internal backfill if lists. • Ongoing additional insourcing support confirmed in Q2 and 3 2109/20 to maintain the zero position. • Continued focus on effective triage of referrals • An Endoscopy Capacity and Demand Plan has been submitted for 2019/20 for SBUHB and provides a plan to address current capacity issues and provide assurances that the health board will deliver a maximum waiting time for Endoscopy of 8 weeks. The plan is a combination of a more sustainable approach to achievement of the waiting time targets as well as a continued but decreased short- term capacity solution. The plan combines efficiency gains, increased productivity with increasing workforce to allow the service to move towards a closure of the known gap in capacity and also supports the move towards management of demand in a more robust and effective way. Initial analysis of the Swansea/Neath Post Talbot demand clearly demonstrates a capacity gap of 124 Endoscopy points per week to maintain the zero position against the 8- week target. A national focus on developing an agreed all Wales capacity and demand tool is underway and SBUHB are active members of the National Endoscopy Demand and Capacity sub-group and represented at the National meeting scheduled for 23rd September 2019. • The HB team are active participants of the National Workforce Subgroup and have attended all scheduled meetings. A workforce survey has been undertaken recently upon the request of the National Endoscopy Programme Lead. • The HB team have been working with the JAG assessors and agreed on a pre-JAG visit on the 20th and 21st of November 2019. • Surveillance Endoscopic waits in the HB are a risk and immediate action planned and implemented to review how high risk patients are managed. This includes a clinical review of the longest waiting surveillance patients by the three clinical leads. Upper GI Surveillance waits are back within standard. • Clear and dedicated leadership for Endoscopy services will be key to drive through the changes required to ensure transformation of Endoscopy services. Within SBUHB, we have successfully recruited a Service Improvement Manager to drive Endoscopy transformation and have appointed three Clinical leads (one for each Singleton, Morriston and Neath Port Talbot Endoscopy Units) with the responsibility to develop and facilitate the implementation of the Endoscopy service improvement action plan required as part of the National Programme. • Bid submitted against the National Single Cancer Pathway funding to implement straight to test for Endoscopy referrals. This has been approved and a task and finish group developed to project manage the process.
What are the main areas of risk?
• Routine activity being displaced by cancer, urgent and RTT patients with significant pressures in Gastroenterology and an increase in USC referrals. • Ability to maintain the number of additional sessions undertaken with a very small group of Endoscopists. • Workforce constraints and pension issues.
How do we compare with our peers?
• SBU compare well to peers in Wales in relation to waiting times performance.

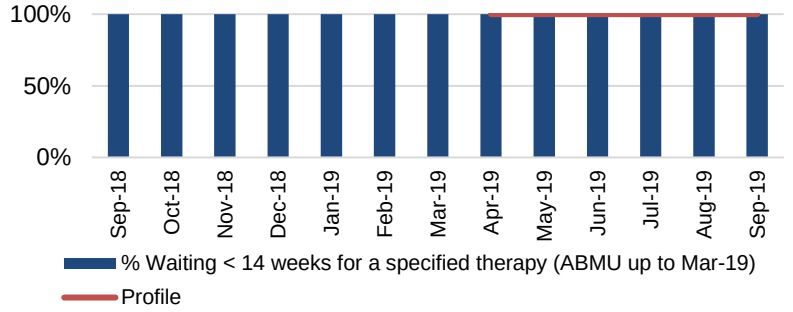
THERAPY WAITING TIMES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** September 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 14 weeks for a specified Therapy	0	0	✓	➔
Measure 2: % of patients waiting less than 14 weeks for a specified Therapy	100%	N/A	✓	➔

(1) Number of patients waiting more than 14 weeks for a specified Therapy

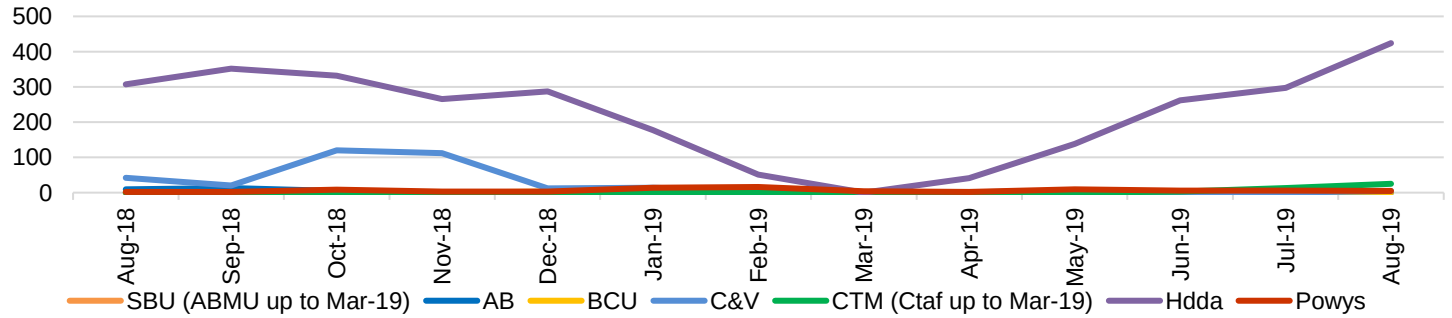


(2) % of patients waiting less than 14 weeks for a specified Therapy



Benchmarking

(1) Number of patients waiting more than 14 weeks for a specified Therapy



Aug-19	
SBU	1
AB	0
BCU	0
C&V	5
CTM	25
Hdda	424
Powys	5

Source : Stats Wales (data extracted 21.10.2019)

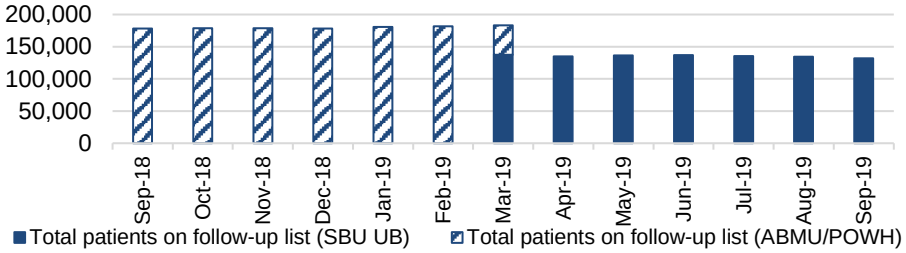
Measure 1: Number of patients waiting more than 14 weeks for a specified Therapy
How are we doing?
• Waiting times targets achieved a nil position at the end of September 2019 and all therapy services are being sustainably met recurrently. Walk in Clinics are supporting therapies such as Physiotherapy and Podiatry to manage new demand on the day and telephone services are also available to provide advice and offer intervention as required.
What actions are we taking?
• Teams continue to support each other across the Health Board to manage equity in waiting lists. • Proactive waiting list tool implemented which enables services to have an overview to flex staff across the Health Board to address 'hot spots' or an influx of referrals in one area. • In house developments continue, redesigning service models to utilise alternative skill mix wherever possible. • Ensuring booking is completed well in advance to provide sufficient headroom to re-book should patients cancel in month. • Ongoing validation of the waiting lists.
What are the main areas of risk?
• Planned maternity leave and inability to backfill with temporary posts. • Increasing demand on Walk in Clinics. • Vacancies and national shortage of qualified therapists.
How do we compare with our peers?
• The Health Board is performing as well as or above our peers

DELAYED FOLLOW-UP APPOINTMENTS

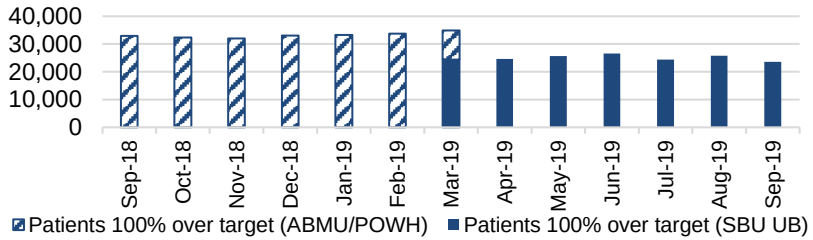
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** September 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: The number of patients waiting for a follow-up outpatient appointment	TBC	15% ↓ by Mar-20		↓
Measure 2: The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	TBC	15% ↓ by Mar-20		↑

(1) Number of patients waiting for an outpatient follow- who are delayed past their agreed target date for all specialties



(2) Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%



Benchmarking

(1) Number of patients waiting for an outpatient follow- who are delayed past their agreed target date for all specialties

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Aug-19	Aug-18		Mar-19	Mar-18
Wales	883,452	720,528		891,436	787,855
AB	154,091	149,109		153,928	137,606
BCU	203,737	198,186		202,741	185,964
C&V	236,351	314,914		234,871	395,644
CTM	107,739				
HDda	39,002	33,772		34,324	62,351
Powys	8,169	5,818		8,586	6,194
SB	134,363				

(2) Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Aug-19	Aug-18		Mar-19	Mar-18
Wales	216,909	246,403		212,319	197,599
AB	10,192	9,038		8,673	8,941
BCU	55,307	51,181		53,417	48,945
C&V	79,599	118,135		78,516	76,531
CTM	19,257				
HDda	26,329	21,229		22,395	18,238
Powys	467	200		446	239
SB	25,759				

Source: NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

Measure 1: The number of patients waiting for a follow-up outpatient appointment
Measure 2: The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

How are we doing?

- It is important to note that there have been changes in overall numbers due to the boundary changes that took place from the 1st April and the creation of the new Swansea Bay UHB. The implications of these changes in numeric activity are still being finalised to reflect the new service delivery profiles.
- The overall size of the follow-up waiting list has reduced slightly from 137,353 patients waiting in April 2019 to 133,251 in September 2019.
- There have been a number of issues with the NWIS algorithm which have since been resolved but which have impacted on the reporting arrangements. This has led to significant shift in reporting of Delayed follow up – not booked and booked patients: **Delayed Follow Up (Not Booked):** The number of not booked patients waiting for a follow up appointment delayed past their target date has increased from 22,261 (April 19) to 33,613 (Sept 19). **Delayed Follow Up (Booked):** The number of booked patients waiting for a follow up appointment delayed past their target date from 27,068 (April 19) to 15,079 (Sept 19).
- The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% has improved in month from 25,758 in August 2019 to 23,537 in September 2019.

What actions are we taking?

- Additional funding has been released by the Health Board to support medium term validation reviews of the Follow up lists – being led by the Morriston delivery unit.
- The Health Board has further been successful in gaining approval for a number of additional bids totalling almost £500K to introduce additional initiatives over the next 6 months. These bids have been supported by Delivery and corporate units and who are currently acting on these investments to realise their potential over quarters 3 and 4 – key initiatives are as follows: **Ophthalmology** - AMD - Community Referral Refinement Centre - Reduce the waiting list by 25 patients per month through the removal of inappropriate referrals. **Orthopaedics / Gastro / Paeds** - ADOPT: Action to Deliver Outpatient Transformation - Prevent 2,000 follow up patients being added to the waiting list between March 20 and March 21 by March 2020. **Neurology** - Regional Coordinator for Epilepsy Services - Reduction in patients waiting over target date from 416 patients 100% over target in SBUHB to 0 by March 2020. **Gynae- Oncology** - Reducing FUNB & increasing use of virtual reviews - To reduce the FUNB backlog from 300 to 0 by March 2020. **Dentistry** - Pathway Change for Validated FUNB Patients to Primary Care Based Health (Dental) Care Professionals with Enhanced Skills to Provide Sustainability. Reduce 700 FUNB patients to 450 by March 2020. **Urology** - PKB Co-ordinators - Reduce urology patients on the follow up waiting list by 250 by March 2020. **Dermatology** - Implementation of the new dermatology pathway in primary care. - Reduce FUNB patients by 100 by March 2020 and 250 per year thereafter
- The National Outpatient Modernisation Working Group has been refreshed and actively taking forward new measures to address these pressures which are being seen across Wales. Actions include improved coding, clarification of virtual clinic patients, shared learning, and stronger information reporting by specialty – these will be delivered during Quarters 3 and 4.
- The Health Board has refreshed the Outpatient Modernisation Group and developed a more clinically engaged and clinically led Outpatient Transformation Board. The Chair of which is Dr Phil Coles – Consultant Anaesthetist and QI Lead. Its first meeting took place in October 19.

What are the main areas of risk?

- Wales Audit Office review (2015 & 2017) has highlighted that that there is a need for greater clinician engagement in the recording of clinical risks associated with delayed follow up appointments; there are insufficient mechanisms in place to routinely report these clinical risks to the Board; and that issues persist with the management of the FUNB list.
- Need to better prioritise validation activities. Service Delivery Units to provide regular assurance reports to Health Board Quality & Safety Committee and Outpatient Transformation Work stream.

How do we compare with our peers?

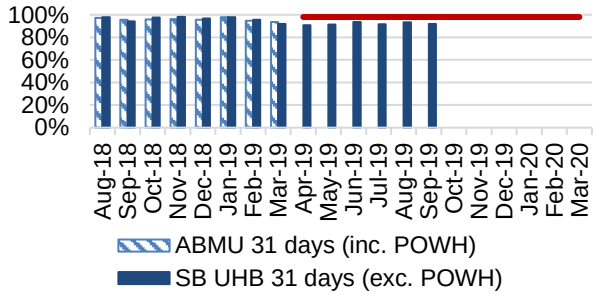
- Most Health Boards have experienced a deteriorating position in the number of patients waiting for an outpatient follow up (booked and not booked) who are delayed past their target date for planned care specialties and are as SBUHB implementing new plans with traction and pace.

CANCER WAITING TIMES

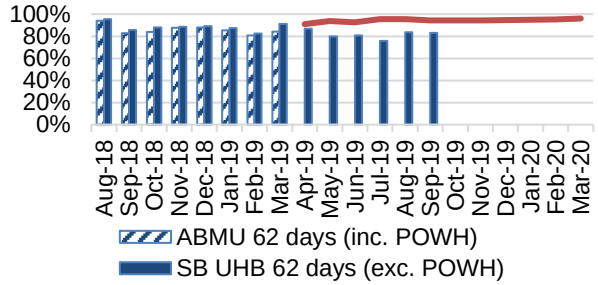
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Cancer
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** September 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: % patients newly diagnosed with cancer not via the urgent route that started definitive treatment within 31 days	98%	98%	✗	↓ ●
Measure 2: % patients newly diagnosed with cancer via the urgent suspected route that started definitive treatment within 62 days	94%	95%	✗	↓ ●
Measure 3: % patients starting 1st definitive cancer treatment within 62 days from point of suspicion		12 month ↑		

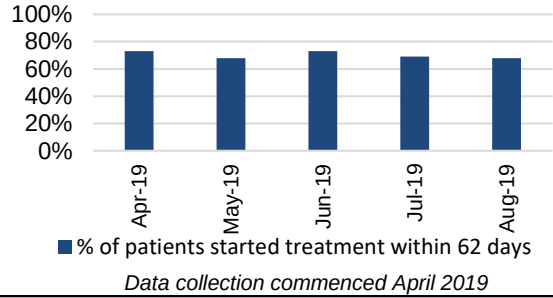
Measure 1



Measure 2



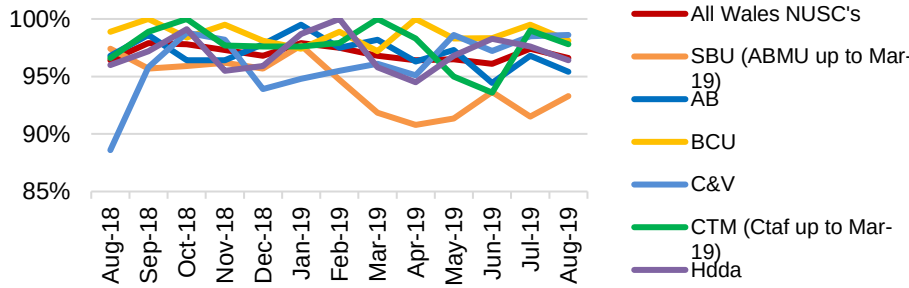
Measure 3



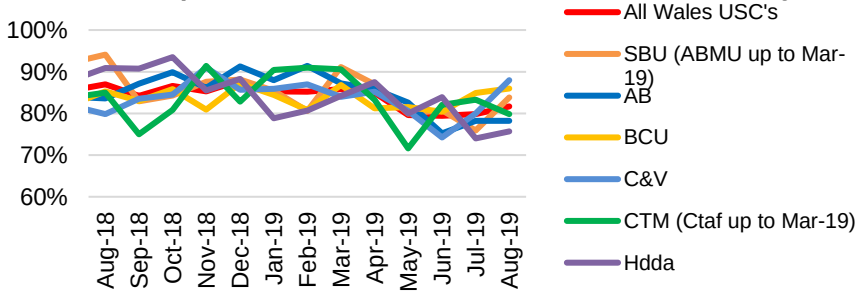
Data collection commenced April 2019

Benchmarking

(1) % of patients newly diagnosed with cancer not via the urgent route that started treatment within 31 days



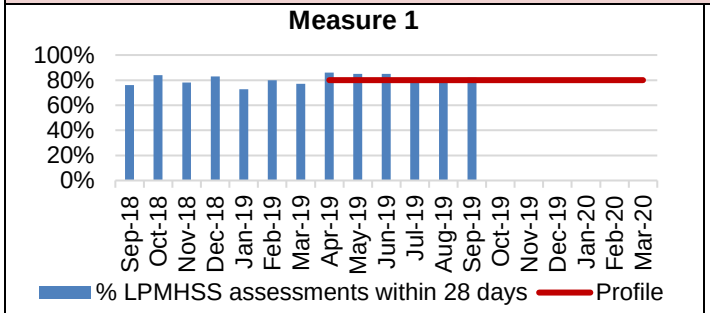
(2) % of patients newly diagnosed with cancer via the urgent suspected route that started treatment within 62 days

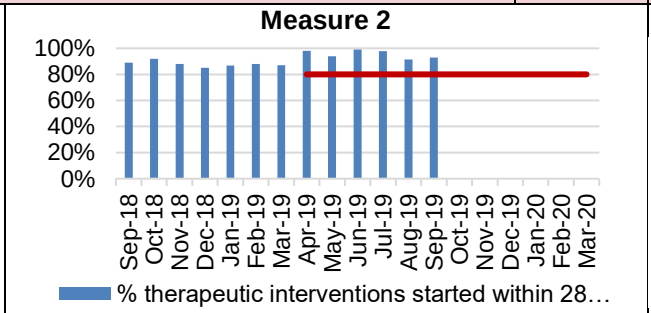


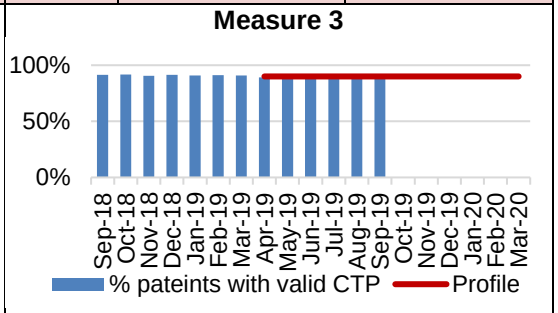
Source : NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

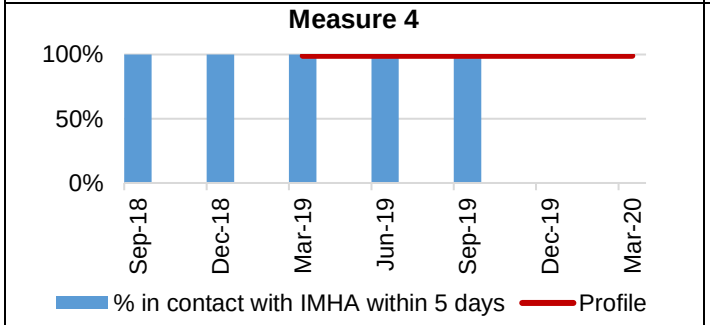
Measure 1: % patients newly diagnosed with cancer not via the urgent route that started definitive treatment within 31 days Measure 2: % patients newly diagnosed with cancer via the urgent suspected route that started definitive treatment within 62 days
How are we doing?
NUSC performance for September 2019 is projected to be is 92% (8 breaches). USC performance for September 2019 is projected to be 84% (17 breaches). Patients waiting over 62 days in backlog was variable through September, 43 patients were reported on the 29th September, the lowest number since April 19. However, backlog has increased significantly through October, reporting 53 most recently.
What actions are we taking?
Breast • The wait to 1st assessment has been maintained at around 4 weeks. Meeting to be arranged (date not confirmed) between Breast and Radiology to consider options/requirements to increase capacity further and reduce waiting times. •Two Breast Clinical Fellows to be advertised in the coming weeks to support pathway improvements. • A business meeting is planned for 8/11/19 to discuss pathway improvement. **Gynae** • The new results clinic at Neath for patient seen within the PMB service who are confirmed to have malignancy was successfully introduced in September. Pathways to reduce by 7 days and also improve patient experience. PMB CNS has handed notice in, the post will be advertised on TRAC shortly. • Surgical Services did not meet in September to review possibility of swapping theatre lists between sites on Mondays in order to increase Morriston capacity. Meeting to be rearranged. • There is no CNS cover within the Gynae-oncology team due to vacancy and sickness, the Service are working on a short term solution to ensure support to patients. Macmillan patient pathway co-ordinator post is going vacancy panel on 24/09/19. The post will support the team and CNS's to pull patients through pathway. • A meeting has been arranged for w/c 4/11/2019 with CTMUHB to discuss the management and reporting of patients referred Gynaecology and seen within the PMB service at Neath **Urology** • Backlog of TURBT's caused by a combination of theatre issues and long term sick leave. Additional theatres have been requested but declined due to staffing. • There are issues in regard to RALP capacity as SBMU only have access to one all day theatre per week in Cardiff. A meeting was held with on the 20th September with Cardiff to progress discussions to secure additional capacity. Cardiff are currently considering options. **Gastroenterology** • Funding has been confirmed and agreed for a further two consultant Gastroenterologists and recruitment process is in progress – advert for Locum Consultant is on TRAC. **Pancreas:** • 6 patients have been referred to Kings, the last two having had surgery planned w/c 14 & 21/10/19. There are a number of patients still waiting pancreatic surgery and have breached target already.
What are the main areas of risk?
Anaesthetic cover across all sites that has been further impacted due to annual leave. The gaps are affecting all services/specialities. Theatre capacity on the Morriston site due to staffing deficits for long and short-term sickness as well as annual leave. Unscheduled Care pressures are having an impact on bed capacity although site management processes aim to minimise impact on cancer cases. Challenges to appoint to vacant posts and time lag in developing new workforce models Growing waiting times in radiotherapy – changes in guidelines for the management of prostate cancer will put significant pressure on available capacity and risk to increased volume of breaches in the Urological tumour group as hormones will not be the first line treatment for newly diagnosed cancers. Options to outsource prostate work to the Rutherford Cancer Centre are being considered. Consultants unwilling/reluctant to run additional clinics due to pension implications. Ongoing issues with delivery of Breast services, particularly waits to triple assessment (4 weeks to first appointment). ENT Consultant only able to undertake office based activities for 6-8 weeks due to injury. 2nd ENT Consultant is also on sick, returning to work in November. Pleural Service has seen an increase in demand, Singleton are developing a business case to support expansion of this service. Waiting times for PET at Cardiff are reported over 10 days – currently 12-13 days.
How do we compare with our peers?
USC performance in August saw SBUHB report 83.8% (3rd best of Welsh HB's), above the Wales average of 81.7%. NUSC performance in August saw the HB report 93.3% (the lowest of all Welsh HB's). The Wales average was 96.6%

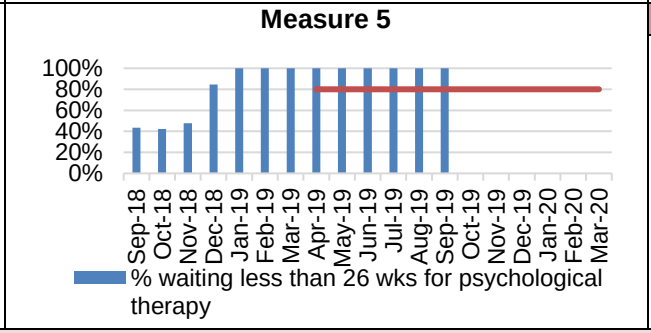
MENTAL HEALTH MEASURES						
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Mental Health & Learning Disabilities			
Executive Lead:	Chris White, Chief Operating Officer			**Annual Plan Profile**	**WG Target**	**Period:** September 2019 **Current Status** *(against target):* / **Movement:** *(12 month trend)*
Measure 1: % of assessment by the Local Primary Mental Health Support Service (LPMHSS) undertaken within 28 days from receipt of referral				80%	80%	✓ / ↑ ●
Measure 2: % of therapeutic interventions started within 28 days following assessment by LPMHSS				80%	80%	✓ / ↑ ●
Measure 3: % of Health Board residents in receipt of secondary Mental Health services (all ages) to have a valid Care and Treatment Plan (CTP)				90%	90%	✓ / ↑ ●
Measure 4: % of qualifying patients (compulsory & informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request				100%	100%	✓ / ↑ ●
Measure 5: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health				N/A	80%	✓ / ↑ ●

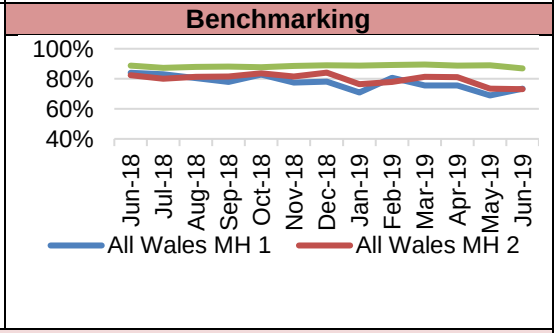












Source: NHS Wales Delivery Framework, all-Wales performance summary (September 2019)

Measure 1: % of assessment by the Local Primary Mental Health Support Service (LPMHSS) undertaken within 28 days from receipt of referral
Measure 2: % of therapeutic interventions started within 28 days following assessment by LPMHSS
Measure 3: % of Health Board residents in receipt of secondary Mental Health services (all ages) to have a valid Care and Treatment Plan (CTP)
Measure 4: % of qualifying patients (compulsory & informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA
Measure 5: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.

How are we doing?

- **Measure 1** - SBU met the target for 10 of the 13 months shown. This data includes CAMHS which is collated by Cwm Taf Health Board. Excluding CAMHS data we met the target for the 13 months. It should be noted that actual waiting time is irrespective of weekends and bank holidays.
- **Measure 2** - Intervention levels met the target for 13 months shown. This data includes CAMHS, which is collated by Cwm Taf HB. Meeting the target does not tell you how many people are waiting or the length of longest waits, but we manage and monitor the lists locally.
- **Measure 3** - This data covers Adult, Older People, CAMHS and Learning Disability Services. SBU met the target for 9 of the 13 months shown. There was a slight dip in compliance from April to July but has been back above target from August and shown an increase in September.
- **Measure 4** - The % of qualifying patients who had their first contact with IMHA within 5 working days in March 2019 was 100%.
- **Measure 5** - The % of patients waiting to start a psychological therapy at end of July 2019 was 100%, as defined as high intensity or specialist psychological therapies (as defined in Matrics Cymru). Referrals for low intensity interventions are excluded.

What actions are we taking?

- The LMPHSS has benefited from recent additional Welsh Government resources to develop teams and this is allowing them to recruit additional assessors and therapists.
- The LPMHSS is in the process of developing a further range of group interventions, in order to offset the demand for 1:1 therapy.
- The LPMHSS is supporting the GP cluster networks as they seek to develop bespoke mental health interventions.

What are the main areas of risk?

- The increasing demand for assessments under Part 1 of the MHM continues to place pressure on the LPMHSS to meet the 28 day target.
- CTP compliance remains above target but requires constant monitoring in order to maintain performance

How do we compare with our peers?

July 2019

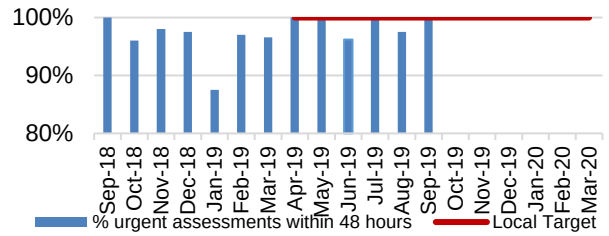
- All-Wales MH1 measure ranged from 42% to 87% including CAMHS 81% SB
- All-Wales MH2 measure ranged from 62% to 98% including CAMHS 98% SB
- All-Wales MH3 measure ranged from 80% to 94% including CAMHS 88% SB
- All-Wales MH5 measure ranged from 20% to 100% 100% SB

CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

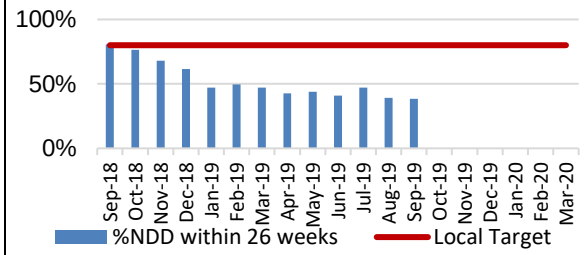
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Mental Health & Learning Disabilities
Executive Lead:	Siân Harrop-Griffiths, Director of Strategy		

*****All data relates to ABMU up to Mar-19*****	**Local Target**	**Period:** September 2019 **Current Status** *(against target):*	**Movement:** *(12 month trend)*
(1) Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	100%	✓	↑
(2) NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	80%	✗	↓
(3) P-CAMHS - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	80%	✗	↑
(4) P-CAMHS - % Therapeutic interventions started within 28 days following assessment by LPMHSS	80%	✓	↑
(5) S-CAMHS - % ABMU residents in receipt of CAMHS to have a valid Care and Treatment Plan	90%	✓	↑
(6) S-CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	80%	✗	↑

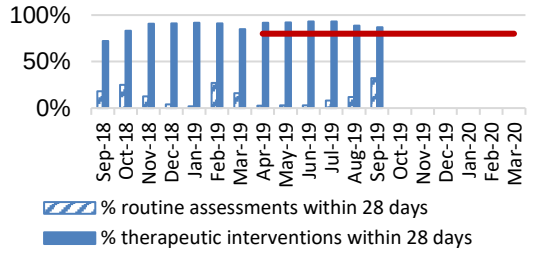
Crisis



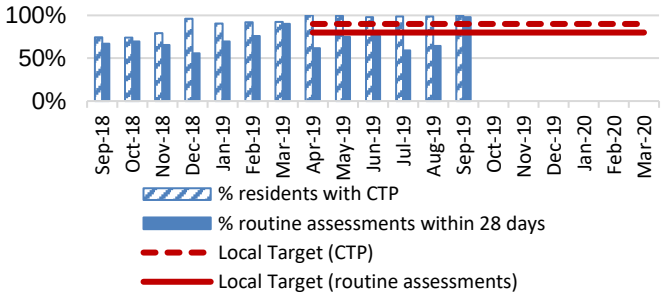
NDD



P-CAMHS



S-CAMHS



Benchmarking (SCAMHS)

Date: 11th October	Swansea Bay	Neath Port Talbot	Swansea	Cwm Taf
Total WL	61	26	35	130
> 4 Weeks	1	0	1	20
Compliance	98.4%	100.0%	97.1%	84.7%
Average Weeks	0.9	0.8	1.0	1.6

Source: Cwm Taf LHB

(1) Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral
(2) NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks
(3) P-CAMHS - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral
(4) P-CAMHS - % Therapeutic interventions started within 28 days following assessment by LPMHSS
(5) S-CAMHS - % ABMU residents in receipt of CAMHS to have a valid Care and Treatment Plan
(6) S-CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral

How are we doing?

- Measure 1: Crisis - Service now operates 7 days a week, and the performance trend shows that compliance against the target is good, and when performance does deteriorate this is down to staff vacancies. Compliance for September is at 100%.
- Measure 2: NDD – The referral rate has stabilised, however large fluctuations are still experienced making future projections difficult. Compliance against the target has stabilised during Q2, with a slight deterioration in September to 38% compared to 47% in July.
- Measure 3: P-CAMHS – Compliance against the assessment within 28 days remains low and will remain so until all CYP are being seen within 28 days. The average waiting time for patients has dropped significantly and the average wait is now an average of 1 week. The workload of P-CAMHS has now stabilised unlike other areas in Wales.
- Measure 4: P-CAMHS – Compliance against the 80% target for therapeutic interventions has consistently been achieved during Q1 & Q2 of 2019/ 20. The service prioritises this target since it is seen as a key quality indicator that once young people start their interaction with CAMHS they are seen quickly.
- Measure 5: S-CAMHS – Compliance against the Care and Treatment Plan target of 90% was achieved.
- Measure 6: S-CAMHS - Compliance against the 80% target in September was at 98%. Performance against this target has been variable over the last 12 months, due to staff vacancies but has improved significantly since this reporting period with the target being achieved for the first time since March 2019. This has been sustained into October 2019.

What actions are we taking?

- NDD –The referral rate has stabilised somewhat at around 100 per month on average. Breach position will continue into early 2020/21 financial year. This situation remains similar across Wales and is being escalated through the all-Wales National ND Steering Group and through Swansea Bay UHB Executive team. Accommodation issues are now resolved, with the team centralised on the Neath Port Talbot site from September 2019. Additional funding has been provided to expand the clinical team, with an 8a clinical lead currently advertised, together with a band 5 administrator. Further roles are being explored including pharmacy input for medication monitoring and expansion of nursing team.
- CAMHS –The variation in performance experienced is consistently related to the number of vacancies across the services. Swansea Bay have agreed to the utilisation of vacancy underspend to fund waiting list initiatives to improve the position – this spend is reviewed every three months. During 2018/ 19 all partners have progressed work programmes to understand the challenges for CAMHS including a demand & capacity exercise, and a review of P-CAMHS by the NHS Wales Delivery Unit. A multi-agency three year plan for Swansea Bay has been agreed which includes the development of a single integrated PCAMHS and SCAMHS service for the whole of Swansea and Neath Port Talbot. This work programme is progressing well, and by June 2020 the new service model will be implemented for CAMHS. In the meantime the range of actions taken including the CAMHS Liaison service in Children's Social Services' Intake teams and more input and support for schools has improved access to services.

What are the main areas of risk?

- The inability to recruit and retain staff is a recurring theme, and the relatively small size of the different specialist teams in CAMHS is a concern that Swansea Bay is addressing with Cwm Taf via formal commissioning meetings and the introduction of the new service model.

How do we compare with our peers?

- There is limited comparative data for CAMHS, except for the SCAMHS target which is shown in the benchmarking section above.

FINANCE- MONTH 7

In Month

£ 1,405,726 overspent

	Cur Month Budget (£'000)	Cur Month Actual (£'000)	Cur Month Variance (£'000)	% Variance
Income	(22,437)	(22,942)	(506)	-2.25%
Pay	47,651	47,296	(356)	-0.75%
Non Pay	49,811	52,078	2,267	4.55%
Total	75,026	76,432	1,406	1.87%

Cumulative

£ 8,652,760 overspent

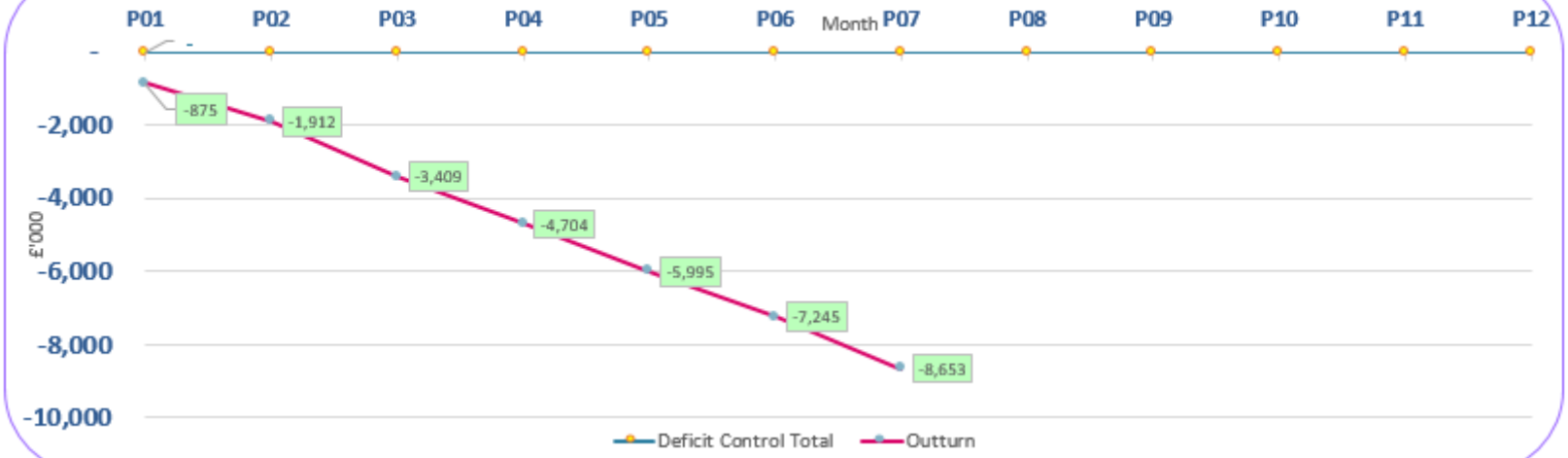
Type	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	% Variance
Income	(152,494)	(153,575)	(1,082)	-0.71%
Pay	320,671	320,585	(86)	-0.03%
Non Pay	337,447	347,267	9,820	2.91%
Total	505,624	514,277	8,653	**1.71%**

Forecast

Breakeven

Type	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)	% Variance
Income	(242,653)	(243,640)	(987)	(0.41%)
Pay	527,657	527,657	0	0%
Non Pay	564,764	565,751	987	0.17%
Total	**849,768**	**849,768**	**0**	**0%**

Full Year Financial Performance and Projection



FINANCE- MONTH 7

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	**Value £'000**	**Trend**
Reported in-month financial position – deficit/(surplus)	1,406	↑
Reported year to date financial position – deficit/(surplus)	8,653	↑
Current reported year end forecast – deficit/(surplus)	0	→

Capital		
Capital KPIs: To ensure that costs do not exceed the Capital resource limit set by Welsh Government		
Current reported year end forecast – deficit/(surplus) – Forecast Green	Breakeven	→
Reported in-month financial position – deficit/(surplus) – Forecast Amber	(438)	↓

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	**Value %**	**Trend**
Cumulative year to date % of invoices paid within 30 days (by number) – Forecast Green	96.1	↓

Revenue Narrative

- The Health Board is committed to achieving financial balance in 2019/20. The Health Board has a balanced core financial plan, this however excludes the impact of the diseconomies of scale associated with the clinical and corporate management costs following the Bridgend Boundary Change, which were identified as £5.4m. This adds a significant additional pressure to the Health Board's delivery requirement and will require significant support to deliver savings of this.
- The Month 7 reported position is an in-month overspend of £1.4m, which is a deterioration on the previous three month's performance. The lack on tangible improvement in financial performance is disappointing given the focus on financial grip and control and recovery actions supported by the Delivery Support Team. The KPMG support must be maximised to drive improvements in performance.
- The key drivers of the position continue to be:
  - Operational pressures, most significantly workforce costs, ChC and activity related income.
  - Identified savings being below required level and slippage against planned savings.
  - Bridgend Boundary Change diseconomies of scale impact.
- It must be highlighted that the Health Board has now over-committed against the planned winter spend and whilst the HB is hopeful of receiving additional funding from WG, if this is not received then the financial position will further deteriorate.

Capital Narrative

1. Approved CRL value for 19/20 issued on 11/11/19 is £23.490m which includes Discretionary Capital and the schemes under the All Wales Capital Programme.
2. Underspend to date relates to a number of schemes as detailed in the Annex, there is no anticipated impact on the year end forecast due to these underspends to date.
3. There is 1 All Wales Capital scheme reported to Welsh Government as high risk. There are 2 other high risk schemes that we anticipate receiving funding for. There is 1 scheme classified as medium risk. These are being closely monitored and discussed at the monthly progress meeting with Welsh Government.
4. The forecast outturn of breakeven is dependent of assumed income of £5.091m being received from WG.

PSPP Narrative

1. The number of invoices paid within 30 days in October was below the 95% target, with in month performance being only 92.65% This resulted in the cumulative compliance for the year reducing from 95.5% at the end of September to 95.1% at the end of October. The main issues impacting the PSPP performance in October were delays in receipting and delays in the processing of pharmacy and nurse bank invoices. The processing of pharmacy invoices may be impacting on PSPP performance as the JAC system which generates the payment file for accounts payable can only record a single date and pharmacy require this to be the invoice date for audit purposes. The PSPP measure starts from the invoice received date which will always be later than the invoice date and using the invoice date rather than invoice received date on pharmacy invoices may be adversely impacting on PSPP.

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

										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**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q1 19/20	96%	95%			95.8%				96%			97%			96%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q1 19/20	93%	95%			92.4%				91%			91%			93%				
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q4 18/19	82%	4 quarter ↑ trend			92.3%				89%			82%							
Influenza	% uptake of influenza among 65 year olds and over	National	2019/20	49.3%	75%			46.5%							68.1%							49.3%
	% uptake of influenza among under 65s in risk groups	National	2019/20	14.7%	55%			14.7%							43.0%							14.7%
	% 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	Local	2019/20	0.8%				0.8%							47.7%							0.8%
	% uptake of influenza among healthcare workers	National	2019/20	42.0%	60%										54.5%							42.0%
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	Aug-19	1.2%	5% annual target	2.1%	✖	2.2%		1.5%	1.7%	1.9%	2.1%	2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.2%		
	% of those smokers who are co-validated as quit at 4 weeks	National	Q1 19/20	55.7%	40% annual target	40.0%	✔	42.9%				55%			56%			56%				
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	Q1 19/20	441.9	4 quarter ↓			417.2										441.9				

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful

										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**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
DTOCs	Number of mental health HB DToCs	National	Oct-19	22	12 month ↓	27	✔	71		28	26	25	29	26	21	18	23	27	20	18	19	22
	Number of non-mental health HB DToCs	National	Oct-19	76	12 month ↓	50	✖	418		84	125	117	104	87	112	49	67	70	61	69	69	76
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Sep-19	100%	95%	95%	✔	70%		98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	
	Stage 2 mortality reviews required	Local	Sep-19	9						16	22	17	7	10	22	18	13	13	13	9	9	
	% stage 2 mortality reviews completed	Local	Sep-19	40%		100%				25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	68.4%	61.5%	57.1%	38.5%	40.0%	22.2%	
	Crude hospital mortality rate (74 years of age or less)	National	Sep-19	0.77%	12 month ↓			0.72%		0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Sep-19	96.0%		98%	✖			97.5%	99.0%	98.4%	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Oct-19	84%	85%			75.8%		78%	81%	83%	83%	84%	85%	84%	84%	83%	84%	85%	85%	84%
Coding	% of episodes clinically coded within 1 month of discharge	National	Sep-19	96%	95%	95%	✔	85.6%		95%	88%	91%	93%	95%	92%	96%	96%	96%	96%	96%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2018/19	91%	Annual ↑			92.3%		2018/19= 91.2%												
E-TOC	% of completed discharge summaries	Local	Oct-19	63%		100%	✖			67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q4 18/19	96%	100%	100%	✖	98%				100%			96%							
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 18/19	97	10% annual ↑	106	✖					78			97							
	Number of Health and Care Research Wales commercially sponsored studies		Q4 18/19	37	5% annual ↑	46	✖					31			37							
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q4 18/19	2,276	10% annual ↑	2,428	✖					1,463			2,276							
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 18/19	136	5% annual ↑	421	✖					99			136							

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 Oct-18	ABMU Nov-18	ABMU Dec-18	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-19
Prescribing	Opioid average daily quantities per 1,000 patients	National	Q1 19/20	4,451	4 quarter ↓			4521				4,612			4,447			4,451				
	Patients aged 65 years or over prescribed an antipsychotic				qtr on qtr ↓					New measure for 2019/20- awaiting publication of data.												
	Total antibacterial items per 1,000 STAR-PUs		Q1 19/20	294	4 quarter ↓			267.79				330.7			327.5			294.0				
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q1 19/20	14	4 quarter ↓			12.31				16.1			16.0			13.9				
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jul-19	54%		*95%*	✗				*90%*		*90%*		*55%*		*52%*		*54%*			
	% stop or review date documented on medication chart		Jul-19	81%		*95%*	✗				*56%*		*56%*		*75%*		*61%*		*81%*			
	% of antibiotics prescribed on stickers		Jul-19	97%		*95%*	✗				*78%*		*47%*		*96%*		*98%*		*97%*			
	% appropriate antibiotic prescriptions choice		Jul-19	11%		*95%*	✓				*95%*		*96%*		*7%*		*8%*		*11%*			
	% of patients receiving antibiotics for >7 days		Jul-19	18%		*<20%*	✓				*9%*		*13%*		*39%*		*6%*		*18%*			
	% of patients receiving surgical prophylaxis for > 24 hours		Jul-19	46%		*<20%*	✓				*73%*		*46%*		*31%*		*35%*		*46%*			
	% of patients receiving IV antibiotics > 72 hours		Jul-19	0%		*<30%*	✗				*42%*		*47%*		*0%*		*0%*		*0%*			
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Oct-19	80.8	<67			85.13		100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8
	Number of E.Coli bacteraemia cases (Hospital)		*Oct-19*	*10*		*11*	✓			*17*	*23*	*15*	*11*	*15*	*21*	*10*	*7*	*7*	*14*	*9*	*5*	*10*
	Number of E.Coli bacteraemia cases (Community)			*15*		*29*	✓			*24*	*30*	*23*	*17*	*16*	*22*	*17*	*15*	*22*	*21*	*13*	*18*	*15*
	Total number of E.Coli bacteraemia cases			*25*		40	✓			41	53	38	28	31	43	27	22	29	35	22	23	25
	Cumulative cases of S.aureus bacteraemias per 100k pop		Oct-19	35.6	<20			25.99		35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6
	Number of S.aureus bacteraemias cases (Hospital)		*Oct-19*	*11*		*5*	✗			*7*	*7*	*5*	*9*	*9*	*4*	*11*	*8*	*6*	*8*	*4*	*3*	*11*
	Number of S.aureus bacteraemias cases (Community)			*2*		*6*	✓			*5*	*10*	*6*	*9*	*7*	*7*	*3*	*3*	*5*	*9*	*3*	*5*	*2*
	Total number of S.aureus bacteraemias cases			*13*		11	✗			12	17	11	18	16	11	14	11	11	17	7	8	13
	Cumulative cases of C.difficile per 100k pop		Oct-19	33.4	<26			26.22		42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4
	Number of C.difficile cases (Hospital)		*Oct-19*	*13*		*9*	✗			*15*	*9*	*5*	*3*	*4*	*3*	*2*	*8*	*6*	*9*	*5*	*8*	*13*
	Number of C.difficile cases (Community)			*6*		*3*	✗			*4*	*1*	*11*	*4*	*3*	*5*	*1*	*3*	*4*	*4*	*5*	*2*	*6*
	Total number of C.difficile cases			*19*		12	✗			19	10	16	7	7	8	3	11	10	13	10	10	19
	Cumulative cases of Klebsiella per 100k pop		Oct-19	22.0				21.75							28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0
	Number of Klebsiella cases (Hospital)		*Oct-19*	*4*		9	✓			11	5	11	10	15	4	2	4	7	1	8	7	4
	Number of Klebsiella cases (Community)			*0*		4	✓			9	9	1	6	5	4	3	1	4	4	3	2	0
	Total number of Klebsiella cases			*4*		13	✓			20	14	12	16	20	8	5	5	11	5	11	9	4
	Cumulative cases of Aeruginosa per 100k pop		Oct-19	8.8				6.35							5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8
	Number of Aeruginosa cases (Hospital)		*Oct-19*	*1*		2	✓			2	4	2	0	0	0	3	1	2	1	2	2	1
	Number of Aeruginosa cases (Community)			*0*		0	✓			0	2	3	0	2	0	0	2	4	0	2	0	0
	Total number of Aeruginosa cases			*1*		2	✓			2	6	5	0	2	0	3	3	6	1	4	2	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Oct-19	97%		95%	✓			97%	97%	98%	96%	96%	95%	97%	98%	97%	97%	96%	96%	97%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q1 19/20	0	0			3				0			1			0				
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Oct-19	47%	90%	75%	✗	37.9%		56%	82%	89%	80%	68%	43%	70%	12%	40%	60%	71%	20%	47%
	Number of new Never Events	National	Oct-19	0	0	0	✓	2		0	0	0	0	0	1	0	1	1	1	1	0	0
	Number of risks with a score greater than 20	Local	Oct-19	104		12 month ↓	✗			66	45	48	53	54	51	72	66	75	81	88	103	104
	Number of risks with a score greater than 16	Local	Oct-19	204		12 month ↓				New local measure for 2019/20						167	151	162	164	175	197	204
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Oct-19	19		12 month ↓	✓			13	8	12	6	17	15	3	9	8	2	6	5	19
	Number of Safeguarding Children Incidents	Local	Oct-19	7		Monitor				10	9	3	13	7	7	6	10	6	7	6	3	7
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Sep-19	9		12 month ↓	✓			47	40	40	50	45	64	29	16	13	18	14	9	
	Number of pressure ulcers developed in the community		Sep-19	25		12 month ↓	✓			60	63	58	77	62	47	34	33	23	33	37	25	
	Total number of pressure ulcers		Sep-19	34		12 month ↓	✓			*107*	*103*	*98*	*127*	*107*	*111*	*63*	*49*	*36*	*51*	*51*	*34*	
	Number of grade 3+ pressure ulcers acquired in hospital		Sep-19	1		12 month ↓	✓			6	3	3	4	10	7	1	2	1	2	0	1	
	Number of grade 3+ pressure ulcers acquired in community		Sep-19	8		12 month ↓	✓			9	12	13	16	11	10	10	6	6	7	8	8	
	Total number of grade 3+ pressure ulcers		Sep-19	9		12 month ↓	✓			*15*	*15*	*16*	*20*	*21*	*17*	*11*	*8*	*7*	*9*	*8*	*9*	
Inpatient Falls	Number of Inpatient Falls	Local	Oct-19	255		12 month ↓	✓			293	291	300	341	276	326	210	226	189	186	227	241	255
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		2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		2			1			0			0			
Sepsis	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	National	Jun-19	25%	12 month ↑			85%		50%	40%	53%	18%	43%	43%			25%				
	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	National	Nov-18	55%	12 month ↑			59%		75%	55%	-	-	-	-							

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same

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 Oct-18	ABMU Nov-18	ABMU Dec-18	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-19
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2018/19	6.4	Annual ↑			6.31		2016/17= 5.97, 2018/19=6.40												
	Number of new formal complaints received	Local	Oct-19	159		12 month ↓ trend	✔			140	91	84	138	96	114	93	95	118	138	114	110	159
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Aug-19	84%	75%	78%	✔	62.9%		88%	90%	80%	84%	83%	79%	85%	83%	85%	81%	84%		
	% of acknowledgements sent within 2 working days	Local	Oct-19	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	Aug-19	3,174	> 5% annual ↓			14,605		3,332		3,364		3,373	3,350	3,320			3,288	3,174		
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 Oct-18	ABMU Nov-18	ABMU Dec-18	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q1 19/20	198.0	4 quarter ↑			183.5				120.0			146.8			198.0				
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q1 19/20	4.0	4 quarter ↑			5.2				8.3			6.2			4.0				
	Rate of calls to the DAN helpline per 100k pop.	National	Q1 19/20	41.3	4 quarter ↑			41.7				24.4			39.3			41.3				
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Sep-19	92%	90%	90%	✔	88.7%		92%	91%	91%	91%	91%	91%	89%	89%	89%	88%	91%	92%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Sep-19	100%	100%	100%	✔	98.0%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Local	Oct-19	3,918		12 month ↑	✖			5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918
	% of who would recommend and highly recommend	Local	Oct-19	94%		90%	✔			96%	96%	94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Oct-19	83%		90%	✖			86%	88%	82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%

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 Oct-18	ABMU Nov-18	ABMU Dec-18	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-19
DNAs	% of patients who did not attend a new outpatient appointment	Local	Oct-19	6.4%	12 month ↓					6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%
	% of patients who did not attend a follow-up outpatient appointment	Local	Oct-19	7.9%	12 month ↓					7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%
Theatre Efficiencies	Theatre Utilisation rates	Local	Oct-19	68.0%		90%	✖			73%	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	68%
	% of theatre sessions starting late	Local	Oct-19	44.2%		<25%	✖			41%	41%	44%	46%	45%	39%	43%	43%	43%	41%	39%	44%	44%
	% of theatre sessions finishing early	Local	Oct-19	38.4%		<20%	✖			39%	40%	43%	40%	37%	39%	39%	42%	39%	39%	39%	41%	38%
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q1 19/20	31.3%	Quarter on quarter ↓			22.5%					18.4%					31.3%				
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 18/19	62.6%	Quarter on quarter ↑			63.1%				56.9%			62.6%							
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q2 19/20	32.2%	4 quarter ↓			32.8%							31.1%			32.2%			32.2%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Oct-19	65%	85%	77%	✖	70.0%		67%	69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	67%	65%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54%		2018= 55%												
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82		2018= 3.81												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Oct-19	80%	85%	81%	✔	79.9%		67%	71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	80%	80%
	% workforce sickness and absent (12 month rolling)	National	Sep-19	5.98%	12 month ↓			5.42%		5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2018	72%	Improvement			73%		2018= 72%												

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care

										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**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Sep-19	88%	Annual ↑	95%	✗	86.2%		88%	88%	88%	88%	88%	89%	86%	86%	86%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Sep-19	95%	Annual ↑	95%	✓			95%	95%	95%	95%	95%	97%	96%	96%	96%	95%	95%	95%	
	% of population regularly accessing NHS primary dental care	National	Mar-19	62.2%	4 quarter ↑			55%				62.3%			62.2%							
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	96%	90%					93%	96%	95%	96%	92%	96%	96%	97%	96%	98%			
	% 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%					0%	50%	79%	80%	60%	80%	83%	50%	100%	-			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Oct-19	66%	65%	65%	✓	68.4%		75%	75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	66%
	Number of ambulance handovers over one hour	National	Oct-19	827	0	200	✗	3,741		590	628	842	1,164	619	928	732	647	721	594	632	778	827
	Handover hours lost over 15 minutes	Local	Oct-19	2,778						1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778
	% 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	Oct-19	71%	95%	85.7%	✗	75.0%		78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	71%	71%
	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	Oct-19	890	0	273	✗	5,708		680	665	756	986	685	862	653	602	644	642	740	939	890
	% of survival within 30 days of emergency admission for a hip fracture	National	Jul-19	77.8%	12 month ↑			77.0%		83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Oct-19	55%	55.5%	80%	✗	48.3%		56%	56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%
	CT Scan (<1 hrs)	Local	Oct-19	47%		53%	✗			53%	48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Oct-19	94%	84.1%	91%	✓	84.6%		83%	75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%
	Thrombolysis door to needle <= 45 mins	Local	Oct-19	0%	12 month ↑	35%	✗			18%	15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%
	% patients receiving the required minutes for speech and language therapy	National	Oct-19	49%	12 month ↑			48.7%								57%	47%	41%	48%	48%	50%	49%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Oct-19	84%	95%			85.7%		89.1%	88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Oct-19	1,152	0	0	✗	29,640		65	125	94	153	315	207	236	323	297	479	925	1,039	1,152
	Number of patients waiting > 36 weeks for treatment	National	Oct-19	4,256	0	1,450	✗	19,100		3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Sep-19	65.7%	95%			63.0%									64.3%	62.4%	64.4%	63.6%	65.7%	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Oct-19	223	0	180	✗	5,091		735	658	693	603	558	437	401	401	295	261	344	294	223
	Number of patients waiting > 14 weeks for a specified therapy	National	Oct-19	1	0	0	✓	460		0	0	0	0	0	0	0	0	0	0	1	0	1
	The number of patients waiting for a follow-up outpatient appointment	National	Oct-19	131,471	15% reduction by March 2020			887,855		178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Oct-19	21,778	15% reduction by March 2020			219,959		32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778
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	Oct-19	96%	98%	98%	✗	96.6%		96%	96%	96%	98%	97%	93%	91%	91%	94%	91%	93%	91%	96%
	% 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	Oct-19	77%	95%	94%	✗	81.7%		84%	88%	88%	85%	82%	84%	87%	80%	81%	76%	84%	86%	77%
	% of patients starting definitive treatment within 62 days from point of suspicion	National	Sep-19	73%	12 month ↑			75.5%								73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Sep-19	82%	80%	80%	✗	73.7%		84%	78%	83%	73%	80%	77%	86%	85%	85%	81%	79%	82%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Sep-19	93%	80%	80%	✓	73.9%		92%	88%	85%	87%	88%	87%	98%	94%	99%	98%	92%	93%	
	% 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	Sep-19	100%	100%	100%	✓	100.0%				100%			99%			100%			100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Sep-19	100%	95%	95%	✓	70.2%		42%	48%	84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Sep-19	100%		100%	✓			96%	98%	98%	88%	97%	97%	100%	100%	96%	100%	98%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Sep-19	38%	80%	80%	✗	46.4%		76%	68%	62%	47%	50%	47%	43%	44%	41%	47%	39%	38%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Sep-19	32%		80%	✗			25%	13%	4%	2%	27%	16%	3%	3%	3%	8%	12%	32%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Sep-19	87%		80%	✓			83%	91%	91%	92%	91%	85%	92%	92%	93%	93%	89%	87%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Sep-19	100%		90%	✓			74%	79%	96%	91%	92%	92%	100%	99%	98%	99%	99%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Sep-19	98%		80%	✗			69%	66%	56%	70%	76%	90%	62%	75%	76%	59%	64%	98%	

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
MTED	Medicines Transcribing and E-discharge
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 Heath Specialised Services Committee
WLI	Waiting List Initiative
W&OD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System